



CRIHB COVID-19 Updates March 16, 2021

*Please sign-in in the Group
Chat with your name and
Tribe or Indian Health
Program name*





Dr. Robert Schechter
CDPH

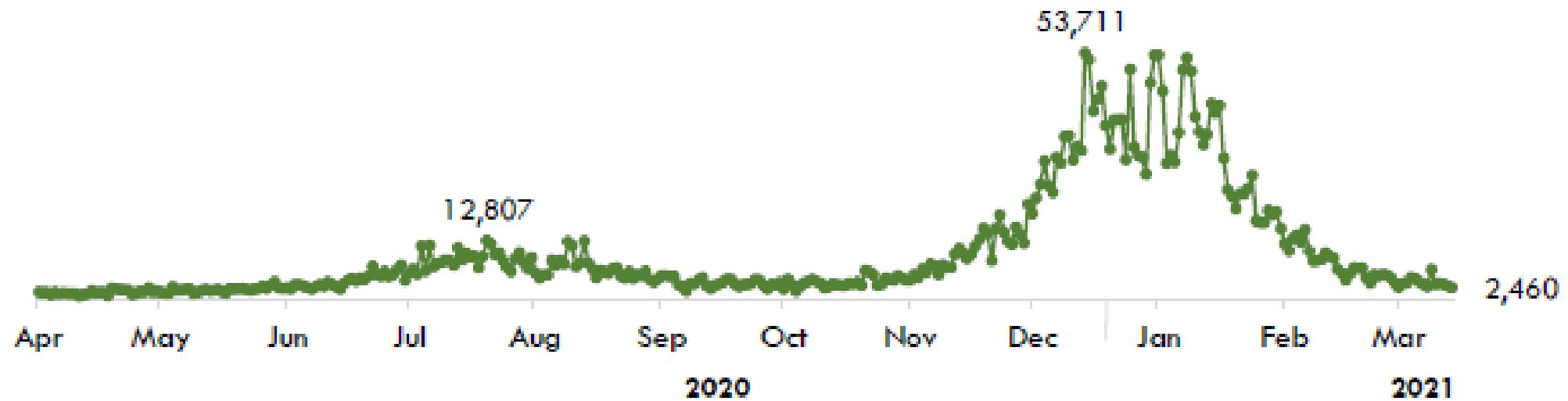
3,528,795 Cases

in California

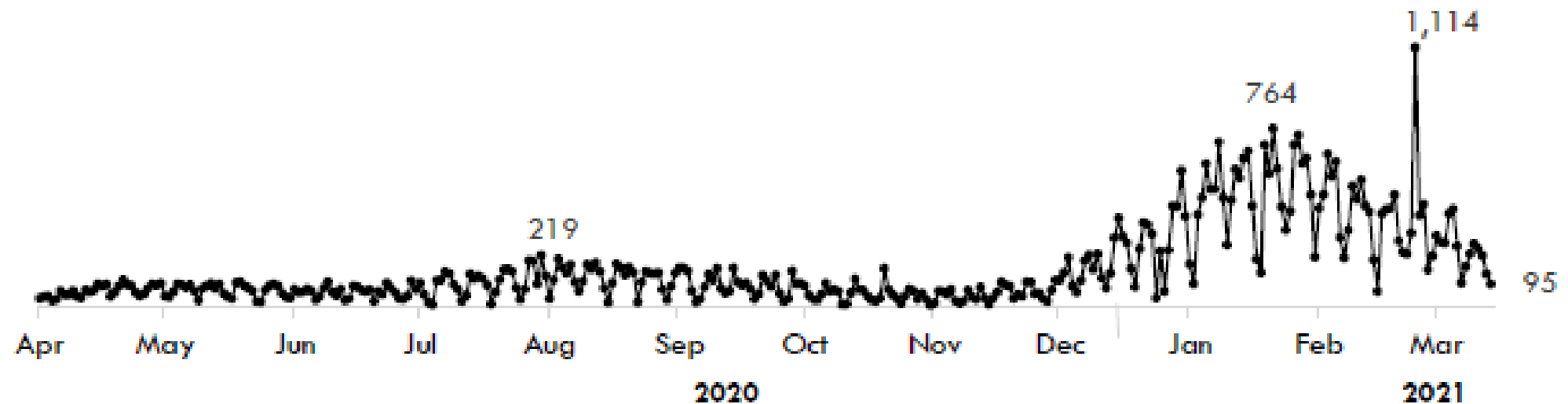
55,330 Deaths

in California

New Confirmed Cases in California by Date



New Confirmed Deaths in California by Date



As of 3/15/2021. Source: CDPH

California COVID-19 threat level: **Active outbreak**

DAILY NEW CASES

 **28.6** PER 100K

DANGEROUS NUMBER
OF NEW CASES

INFECTION RATE

 **0.75**

ACTIVE CASES ARE
DECREASING

POSITIVE TEST RATE

 **7.0%**

INDICATES ADEQUATE
TESTING

As of 2/12/2021. Source: COVID Act Now

California COVID-19 threat level: **Medium risk**

DAILY NEW CASES

 **8.5** PER 100K

COVID NOT CONTAINED,
BUT AT LOW LEVELS

INFECTION RATE

 **0.82**

ACTIVE CASES ARE
DECREASING

POSITIVE TEST RATE

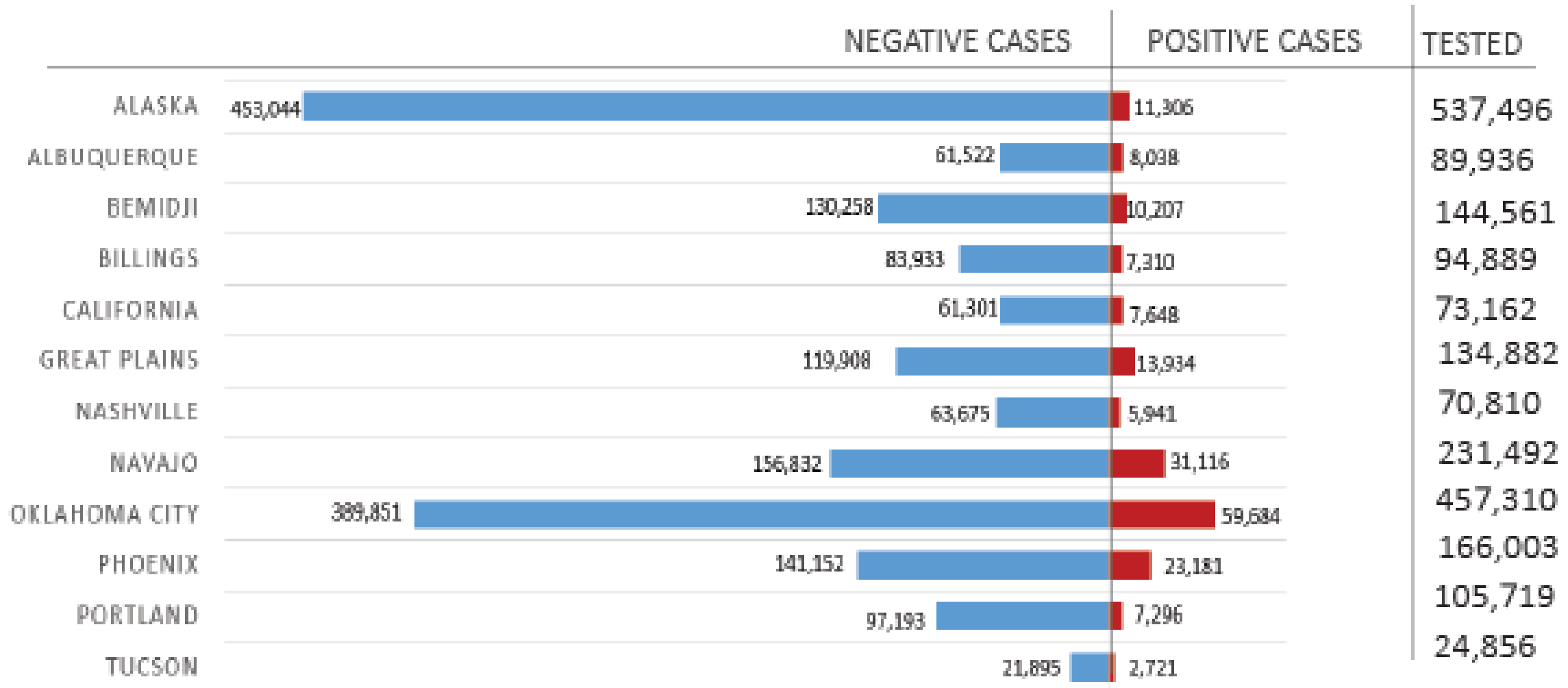
 **2.2%**

INDICATES WIDESPREAD
TESTING

As of 3/15/2021. Source: COVID Act Now



COVID-19 CASES BY IHS AREA

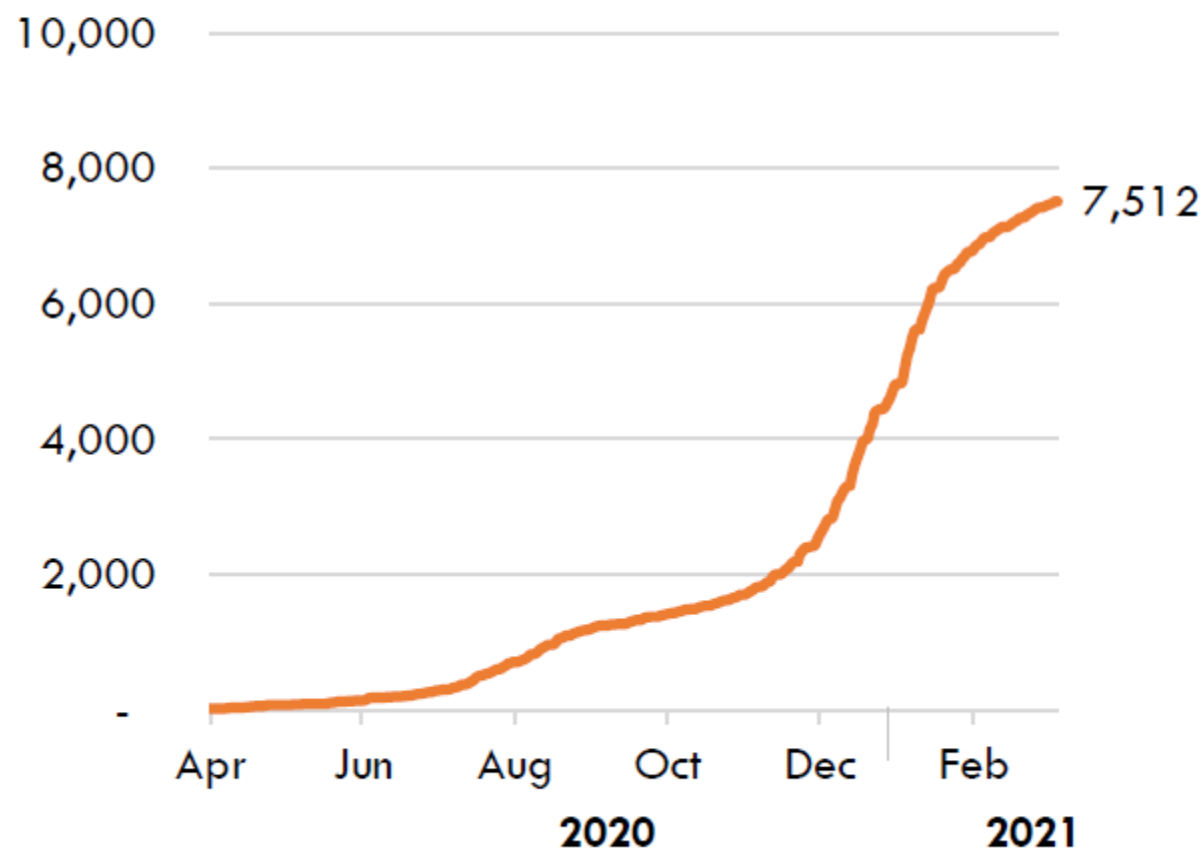


*as of 11:59PM EST March 13, 2021

Based on self-reported data to IHS

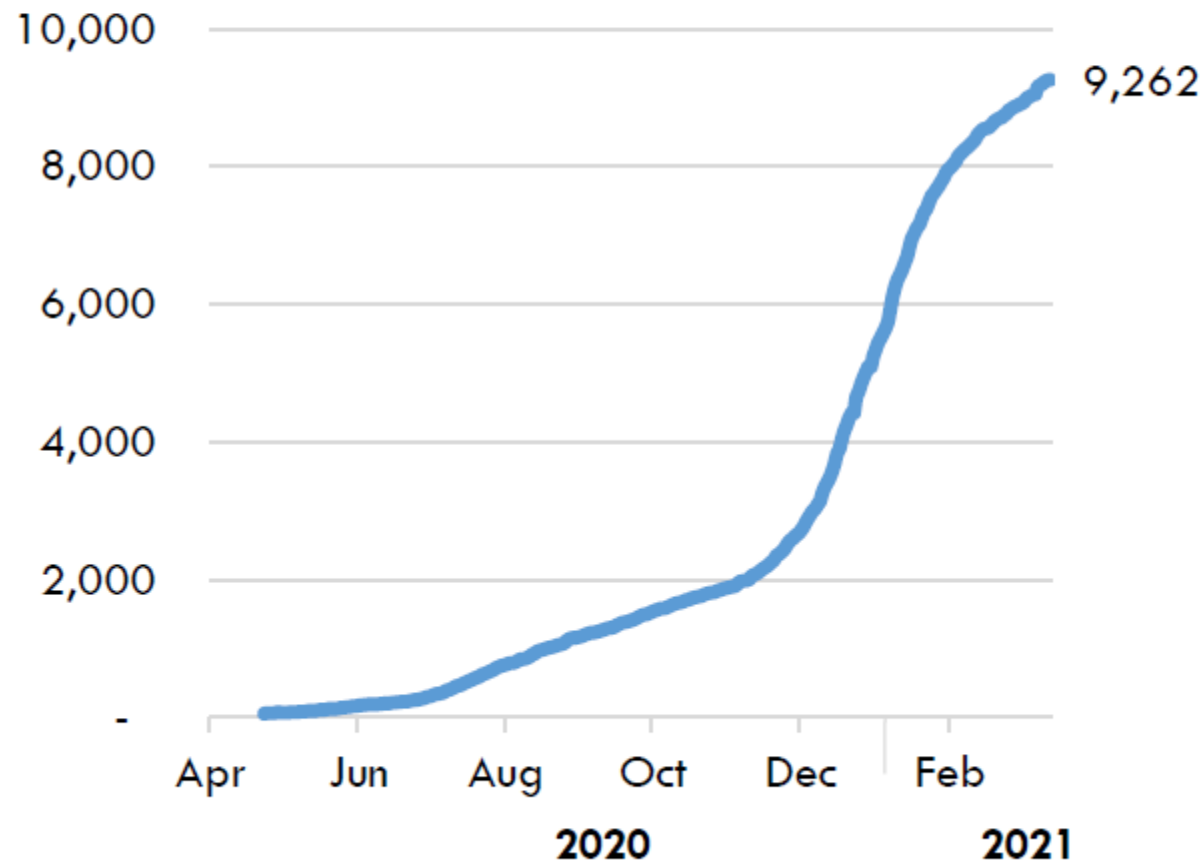
Two sources for tracking American Indian and Alaska Native (AIAN) cases reported in California

Data from the **Indian Health Service (IHS)** include positive cases reported by Tribal and Urban Indian Health Programs.



As of 3/10/2021. Source: IHS

Data from **California Department of Public Health (CDPH)** include all positive cases of AIAN diagnosed in California.



As of 3/15/2021. Source: CDPH

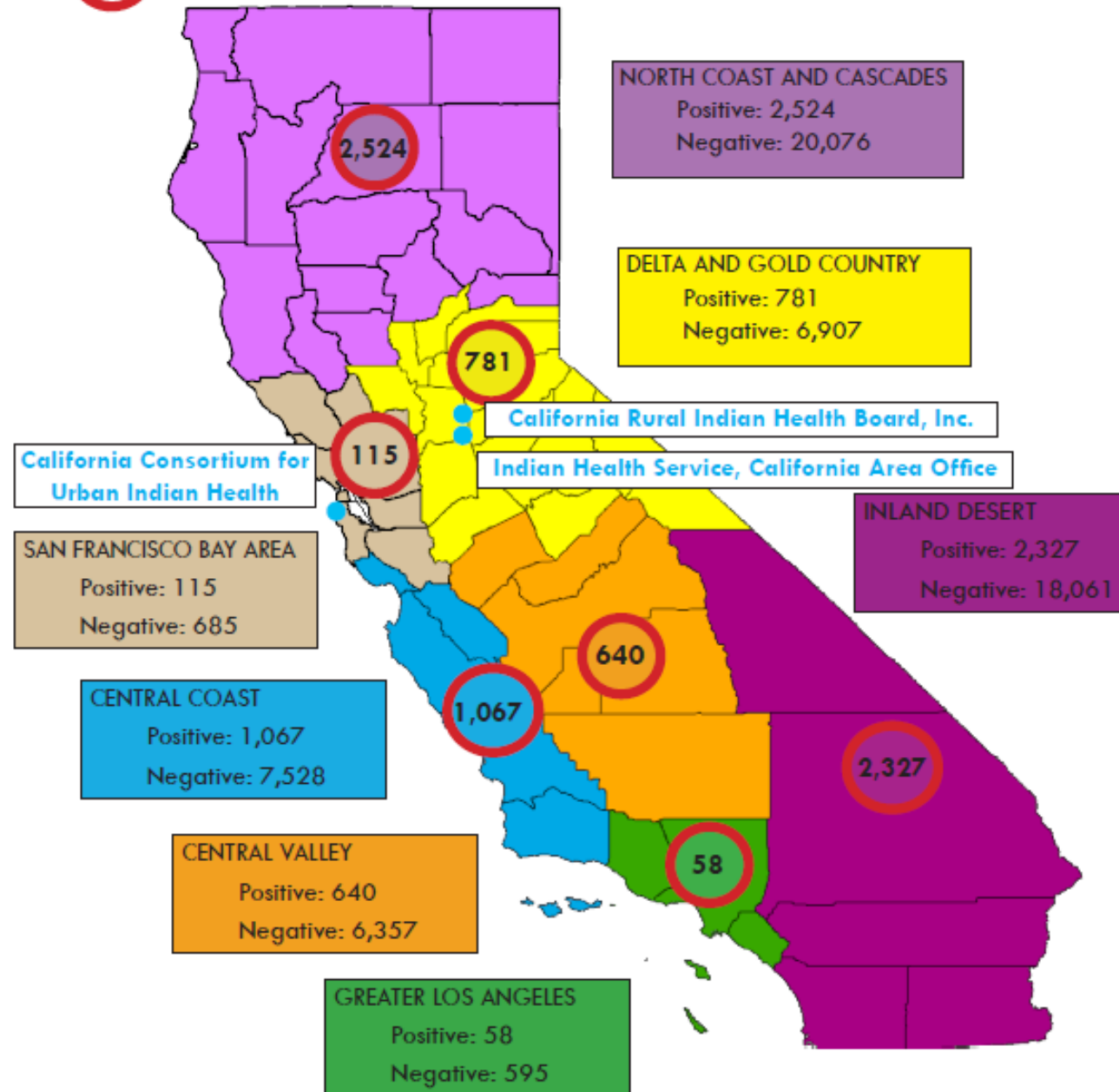


California Department of Public Health reports COVID-19 data on American Indian and Alaska Native (AIAN) people that only identify in one racial category. Below is a comparison using CDC's data on AIAN cases and deaths in California by racial classification, using a more restrictive definition (AIAN alone) versus a more comprehensive definition (AIAN in combination with other races/ethnicities).

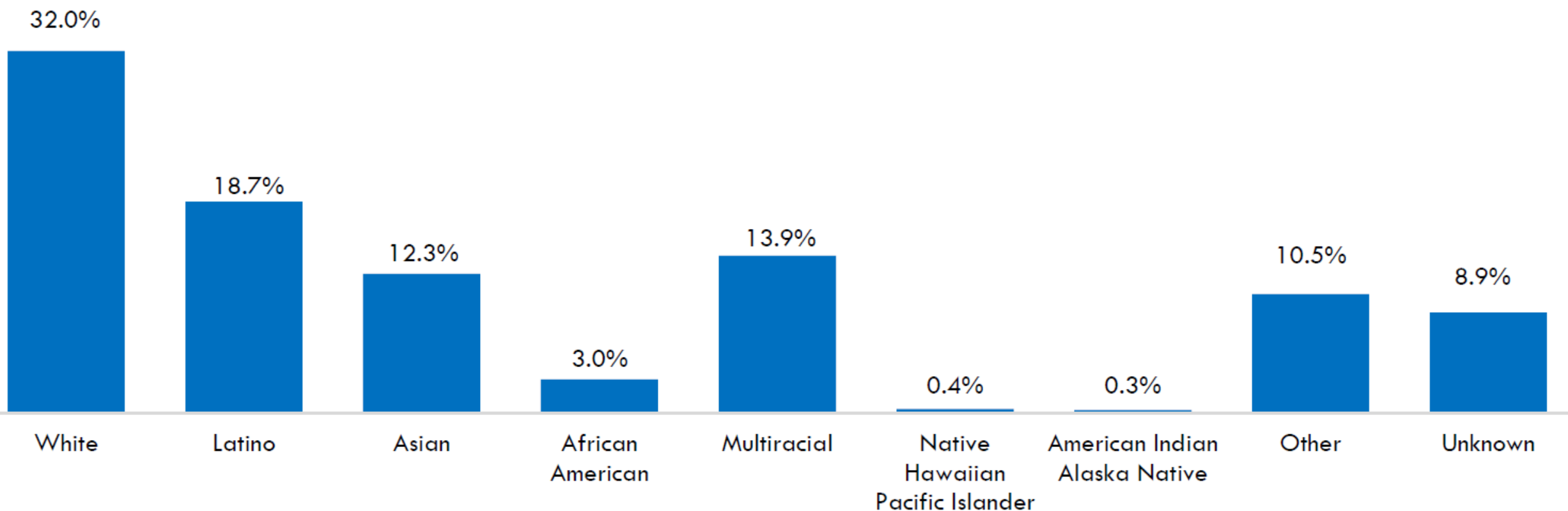
	Cases	Deaths
AIAN alone	4,968	142
AIAN in combination	22,021	348



Number of positive cases identified by region



Racial distribution of people with at least one dose of vaccine administered in California



Note: "Other" means those who don't fall under any race or ethnicity. "Unknown" includes those who declined to state or whose race and ethnicity information is missing. As of 3/15/2021. Source: CDPH



Data from the **Indian Health Service (IHS)** shows the total number of vaccine doses (Pfizer, Moderna, and Johnson & Johnson/Janssen) distributed and administered by IHS Area to date

Area	Total Doses Distributed	Total Doses Administered
Albuquerque	89,375	66,837
Bemidji	67,655	50,786
Billings	31,385	24,382
California	97,595	45,686
Great Plains	77,360	45,241
Nashville	43,995	28,513
Navajo	189,705	136,814
Oklahoma City	364,050	161,976
Phoenix	108,690	68,865
Portland	49,355	36,873
Tucson	6,400	4,420

As of 3/8/2021. Source: IHS

Vaccine related materials

COVID-19 VACCINE INFORMATION

CDC GUIDANCE	+
COVID-19 VACCINE (PFIZER/MODERNA) COMPARISON FLYERS	+
COVID-19 VACCINE UPDATE FLYERS	+
ADDITIONAL RESOURCES	+

WHAT IS A COVID-19 VARIANT?

Viruses constantly mutate (or change) over time which create new variants (or strains). A new variant occurs because of changes in the virus' genetic blueprint or mutation. Variants may result in a virus that acts the same, or it can cause the virus to become weaker or stronger in its ability to transmit or cause disease. The virus that causes COVID-19 is called SARS-CoV-2. Multiple SARS-CoV-2 variants are circulating globally. There are now documented cases of these COVID-19 variants in the United States, (U.S.), including California.

B.1.1.7 variant

- The B.1.1.7 variant was discovered in the United Kingdom (England, Scotland, Wales, and Northern Ireland). It is commonly called "the UK strain," but the official name is B.1.1.7. This variant was first detected in September 2020.
- There are documented B.1.1.7 variant cases in the U.S., including California.
- The B.1.1.7 variant spreads faster than the original SARS-CoV-2.

COVID-19 variants (B.1.1.7., P.1, and B.1.351) have been detected in the UK, U.S., South Africa, Brazil, and Japan and have quickly spread to over 30 countries. For many variants, we are still learning if they transmit more easily between people. The B.1.1.7 variant does transmit more efficiently between people. We are also learning if the variants cause more serious disease. Although still under investigation, Pfizer, Moderna, and Janssen COVID-19 vaccines are expected to be effective against these variants. The virus would have to mutate significantly for the vaccine not to work.

Please consider getting the COVID-19 vaccine to protect our vulnerable community members and to help end the pandemic. Talk to your health care provider if you have questions or concerns about the COVID-19 vaccine. Please continue to wear face coverings in public, practice physical distancing, and avoid large gatherings to stop the spread of COVID-19 and its variants in our communities.

The Moderna, Pfizer, and Janssen vaccines have mild and temporary side effects, including pain at the injection site, headache, fever, fatigue, chills, and muscle and joint pain. Individuals with severe allergic reactions to other vaccines should consult their doctor in case they may be allergic to a component of the vaccine. They should be observed for 30 minutes following injection rather than the usual 15 minutes. Individuals who carry an EpiPen for their allergies should bring it to their appointment. CDC notes that women who are pregnant or breastfeeding can be presented the option to vaccinate, but first talk to your health care practitioner if you have any concerns about whether you should receive it.

#CovidVaccineSavesLives
#EndThePandemic

For more information, go to:
<https://covid19.ca.gov/vaccines/>



California Rural Indian Health Board, Inc.
COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>

Vaccine related materials

COVID-19 VACCINE INFORMATION

CDC GUIDANCE

+

COVID-19 VACCINE (PFIZER/MODERNA)
COMPARISON FLYERS

+

COVID-19 VACCINE UPDATE FLYERS

+

ADDITIONAL RESOURCES

+

WHAT IS AN EMERGENCY USE AUTHORIZATION?

#CovidVaccineSavesLives
#StayHomeSaveLives



Vaccines are tested for safety through clinical trials before they are offered to the public. The COVID vaccines went through clinical trials but the process was much faster than usual because of the urgent need due to the pandemic. Each step in the clinical trial was performed according to the Food and Drug Administration (FDA) standards for developing any new vaccine. The process was accelerated because steps overlapped but no step was shortened or skipped.

An emergency use authorization (EUA) is used by the FDA to approve a product for use when the Secretary of Health and Human Services has declared a public health emergency. It is based on less information than a full FDA approval but with enough data to say that the benefit outweighs the risk. Right now, the Pfizer and Moderna COVID vaccines have received an EUA from the FDA. The EUA will end when the Secretary determines that its need no longer exists or when there is a change in authorization of the vaccine.

Source: <https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>

Moderna EUA Fact Sheet: <https://www.fda.gov/media/144637/download>

Pfizer-BioNTech EUA Fact Sheet: <https://www.fda.gov/media/144413/download>

Both the Moderna and Pfizer vaccines have mild and temporary side effects, including pain at the injection site, headache, fever, fatigue, chills, and muscle and joint pain. Individuals with severe allergic reactions to other vaccines should consult their doctor in case they may be allergic to a component of the vaccine. They should be observed for 30 minutes following injection rather than the usual 15 minutes. Individuals who carry an EpiPen for their allergies should bring it to their appointment. CDC notes that women who are pregnant or breastfeeding can be presented the option to vaccinate, but first talk to your health care practitioner if you have any concerns about whether you should receive it.



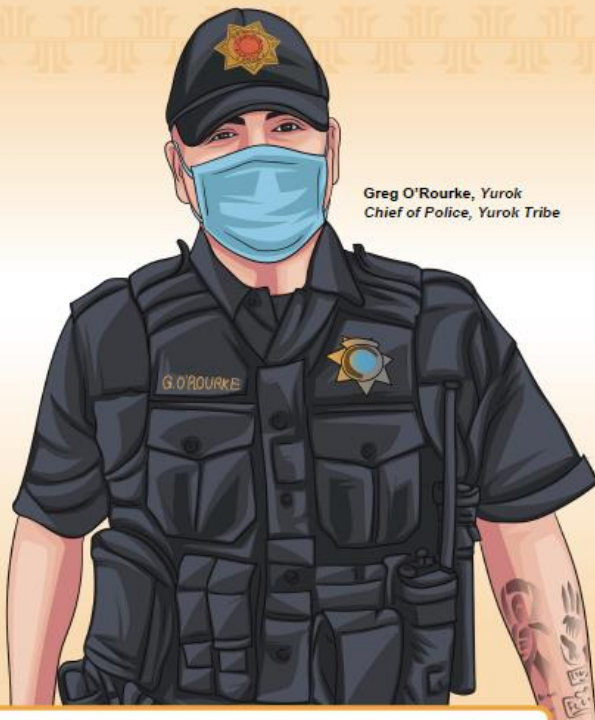
California Rural Indian Health Board, Inc.

COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>

For more information about the COVID-19 vaccine,
go to: <https://covid19.ca.gov/vaccines/>

#CovidVaccineSavesLives #ProtectOurElders



Greg O'Rourke, Yurok
Chief of Police, Yurok Tribe

“ As a police officer, I cannot create a cure for the COVID-19 disease, but I can do my part by taking the COVID-19 vaccine. This vaccine can help stop transmission and spread, one person and one family at a time. ”

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COVID-19 Resources:

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#ProtectOurElders #CovidVaccineSavesLives

“I chose to get the COVID-19 vaccine to protect my children and grandchildren, my patients, and all of our communities. We must turn the tide against COVID-19. Our people will survive this with your help.”

Antoinette Martinez, MD,
Chumash
Physician, United Indian
Health Services, Inc.



Both the Moderna and Pfizer vaccines have mild and temporary side effects, including pain at the injection site, headache, fever, fatigue, chills, and muscle and joint pain. Individuals with severe allergic reactions to other vaccines should consult their doctor in case they may be allergic to a component of the vaccine. They should be observed for 30 minutes following injection rather than the usual 15 minutes. It is recommended that individuals who carry an EpiPen for their allergies should bring it to their appointment. CDC notes that women who are pregnant or breastfeeding can be presented the option to vaccinate, but first talk to your health care practitioner if you have any concerns about whether you should receive it.



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#CovidVaccineSavesLives #ProtectOurElders

Daniel Calac, MD
Pauma Band of Luiseño Indians
Chief Medical Officer,
Indian Health Council, Inc.



“ As a physician, I am committed to the preservation of human life and as a community member, I have exhibited this by 20 years of health care service at the Indian Health Council, Inc. The COVID-19 vaccine is a chance to continue that mission to protect the community and empower their health. I hope you will join me in doing your part to protect your family and loved ones during this pandemic. Help me practice the “3 Ws” by Washing your hands, Wearing a face covering, and Watching your physical distancing of 6 feet. Please get vaccinated, protect yourself, and protect others to help slow the spread. ”

Both the Moderna and Pfizer vaccines have mild and temporary side effects, including pain at the injection site, headache, fever, fatigue, chills, and muscle and joint pain. Individuals with severe allergic reactions to other vaccines should consult their doctor in case they may be allergic to a component of the vaccine. They should be observed for 30 minutes following injection rather than the usual 15 minutes. Individuals who carry an EpiPen for their allergies should bring it to their appointment. CDC notes that women who are pregnant or breastfeeding can be presented the option to vaccinate, but first talk to your health care practitioner if you have any concerns about whether you should receive it.



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COVID-19 Resources:

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Jack Potter Jr., Chairman,
Redding Rancheria

“ I took the COVID-19 vaccine to help

#CovidVaccineSavesLives



#ProtectOurElders



Wear a face covering to
ni-wūkawa (protect us)

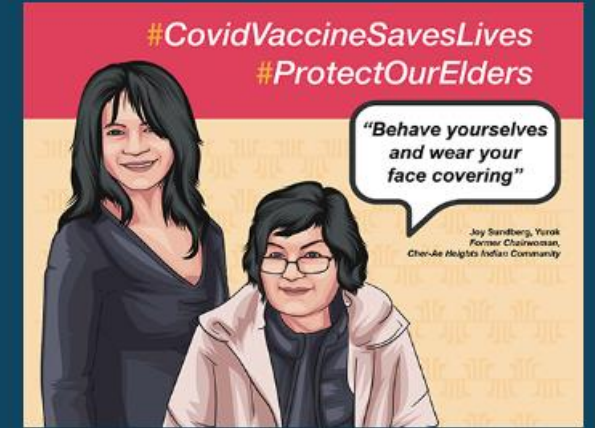
“

The COVID-19 vaccine can
protect our elders, families,
and children as they are
the future generation.
Wear a face covering
to protect our Tribal
communities.

”

Ü-Dübbá-neika a-woboa
(cover your mouth)

#CovidVaccineSavesLives

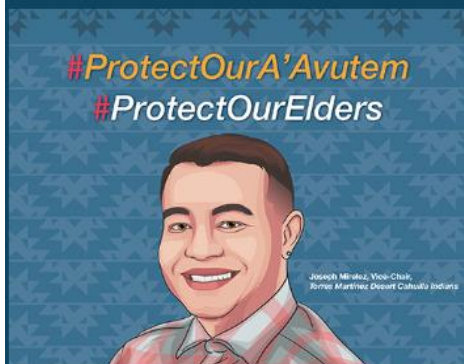


#CovidVaccineSavesLives
#ProtectOurElders

“Behave yourselves
and wear your
face covering”

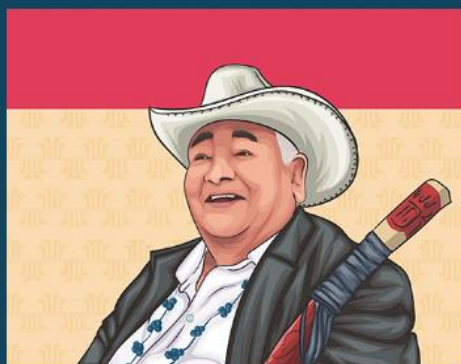
Joy Sandberg, Yurok
Former Chairwoman,
Cherokee Heights Indian Community

#CovidVaccineSavesLives



Joseph Mishau, Vice Chair,
Fort Mojave Desert Cahuilla Indians

#CovidVaccineSavesLives



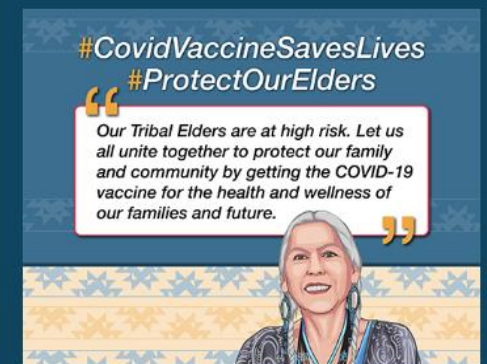
#CovidVaccineSavesLives



#ProtectOurElders



#ProtectOurElders



#CovidVaccineSavesLives
#ProtectOurElders

“ Our Tribal Elders are at high risk. Let us
all unite together to protect our family
and community by getting the COVID-19
vaccine for the health and wellness of
our families and future.

”

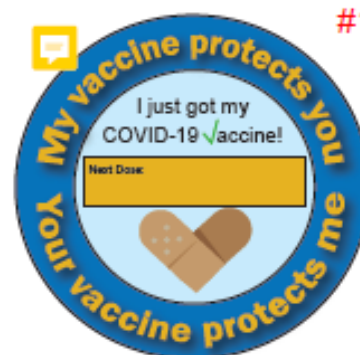
#ProtectOurElders



#7



#8



#1



#2



#9



#10



#3



#4



#11



#12



#5



#6



Next steps:

- Development of an Adult and Youth COVID Impact survey
- COVID Podcast series
- Youth community posters
- HRSA request: Does interact access impede Elder access to vaccination?
- Other vaccine hesitancy material needs?



Submit CTEC TA online request:
<https://crihb.org/technical-assistance-request-form/>

How to reach us for questions:

Clinical-related assistance:

Thomas Kim, MD, MPH

Medical Director/Epidemiologist

tkim@crihb.org

Community or grant-related assistance:

Vanesscia Cresci, MSW, MPA

Director, Research and Public Health

vcresci@crihb.org

PPE-related questions:

Rosario Arreola Pro, MPH

Director, Health Systems Development

rarreolapro@crihb.org

Epidemiologic or data-related assistance:

Aurimar Ayala, MPH

Epidemiology Manager

aayala@crihb.org

CRIHB COVID-19 Meeting Notes

<div>TRIBE AND THP</div> <div>ATTENDEES: (35 attendees)</div> <div><div>1. UIHS</div><div>2. Chapa-De Indian Health</div><div>3. Graton Rancheria</div><div>4. Pit River Health Service</div><div>5. Southern Indian Health Council</div><div>6. Riverside San Bernardino County Indian Health</div><div>7. Tule River Tribal Council</div><div>8. Jamul Indian Village</div></div>	<div><div>DATE: Tuesday March 16, 2021 (3:30PM-4:30PM, PST)</div><div>HOST: CRIHB</div><div>CRIHB staff:</div></div> <div>Meeting Recording: https://us02web.zoom.us/rec/share/MzfDKgq9XktNUELZ_uKKnHynxK0i1JTdYPZ5FlonHGDH7yN2g7Aer_nZuvn9vPJB.Zlt19Fmra-aP4cOn</div> <div>Access Passcode: 6F2%xb=F</div> <div><div>Topics discussed</div><div><div>○ Presentation from CDPH on Janssen vaccine efficacy</div><div>○ Current rates of COVID-19</div><div>○ CRIHB developed resources available for THPs and Tribes</div></div></div> <div><div>CDPH Presentation on Vaccine Efficacy</div><div><div>● Addressing concerns about Native people using vaccine – vaccine is safe and effective in preventing hospitalization and deaths from COVID-19. There do not appear to be racial and ethnic discrepancies in vaccine effectiveness.</div></div></div> <div><div>Links to the information about protection against hospitalization and death from the three Current COVID-19 vaccines - all three are highly effective</div><div><div>Pfizer</div><div>Slides 25-30 at https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/03-COVID-Gargano.pdf</div><div><div>Moderna</div><div>Slides 22-27 at https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-19/03-COVID-Gargano-508.pdf</div><div><div>Janssen</div><div>Slides 20-25 at https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/slides-12-11/COVID-03-Gargano.pdf</div></div></div><div><div><div>● Questions</div><div><div>○ Has Johnson & Johnson done studies on kids 16 and younger? Have they seen any adverse reactions like Moderna’s second dose for the J&J vaccine?<div><div>■ Side effect profile for Johnson & Johnson are similar to other vaccines but are less frequent. All 3 vaccines are being studied for preteen age, more information will come in late spring and summer. Janssen looking at what happens if you get a second dose, if there is a benefit.</div></div></div><div>○ Clarify that there is no concern for Janssen vaccine for Native people. We should encourage the use of this vaccine?<div><div>■ Yes, no info suggests that this vaccine would be any less effective. All 3 vaccines are very effective against severe outcomes, more info is needed on mild outcomes.</div></div></div><div>○ Efficacy for J&J is defined as efficacy for prevention of hospitalization and death. For other vaccines it is defined as prevention of any symptomatic infection?<div><div>■ J&J definition of moderate disease is broad. Moderna and Pfizer trials were happening when there was a lower proportion of variant strains. There are limitations to making direct number comparisons. For patients, all 3 prevent hospitalizations.</div></div></div><div>○ Vaccine acceptance rate?<div><div>■ CTEC has not been tracking that. PRHS does track that. If your clinic does track and is able to share please do so.</div></div></div></div></div></div><div><div>COVID Update</div><div><div>● Generally, confirmed case rates in CA have gone down significantly.</div><div>● Threat level has been lowered to medium risk.</div></div></div></div></div>
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CRIHB COVID-19 Meeting Notes

CRIHB Response

- Vaccine related materials available on CRIHB website.
- Posters available – CRIHB is looking for Native youth who want to participate in the #CovidVaccinesSavesLives campaign. Reach out to Vanessa if you have youth interested.
- Vaccine stickers are available. We can work with you to create a sticker in your tribal language.

Next Steps:

- Development of an adult and youth COVID impact survey. If your site is interested in promoting the survey people reach out.
- COVID podcast series coming out.
- Looking for youth to participate in community poster campaign.
- HRSA request: Does internet access impede elder access to vaccination? Let Vanessa know if you have noticed this in your community.
- Other vaccine hesitancy material needs?
 - Culturally sensitive way to get people to carry their vaccine cards with them and bring them to appointments
 - Concerns over vaccine causing sterilization
 - Are incentives being given out for vaccines? Besides stickers?
 - Shopping bags
 - Casino thinking about offering free play if you show your vaccine card