Please sign-in in the Group Chat with your name and Tribe or Indian Health Program name
3,618,695 Cases
in California

59,772 Deaths
in California

New Confirmed Cases in California by Date

New Confirmed Deaths in California by Date

As of 4/19/2021. Source: CDPH
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

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

**DAILY NEW CASES**
- **6.4 PER 100K**
  - COVID NOT CONTAINED, BUT AT LOW LEVELS

**INFECTION RATE**
- **0.99**
  - COVID IS STILL SPREADING, BUT SLOWLY

**POSITIVE TEST RATE**
- **1.7%**
  - INDICATES WIDESPREAD TESTING

As of 4/19/2021. Source: COVID Act Now
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.

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

As of 4/19/2021. Source: IHS

As of 4/19/2021. 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).

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAN alone</td>
<td>6,081</td>
<td>191</td>
</tr>
<tr>
<td>AIAN in combination</td>
<td>27,333</td>
<td>447</td>
</tr>
</tbody>
</table>

As of 4/16/2021. Source: CDC

**RISK FOR COVID-19 INFECTION, HOSPITALIZATION, & DEATH BY RACE/ETHNICITY, U.S.**

As of April 16, 2021, the table to the right shows that AIAN have higher rates of COVID-19 infection, hospitalizations, and death from COVID-19 than any other race/ethnicity group.

<table>
<thead>
<tr>
<th>Rate ratios compared to White, Non-Hispanic persons</th>
<th>American Indian or Alaska Native, Non-Hispanic persons</th>
<th>Asian, Non-Hispanic persons</th>
<th>Black or African American, Non-Hispanic persons</th>
<th>Hispanic or Latino persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases¹</td>
<td>1.6x</td>
<td>0.7x</td>
<td>1.1x</td>
<td>2.0x</td>
</tr>
<tr>
<td>Hospitalization²</td>
<td>3.5x</td>
<td>1.0x</td>
<td>2.8x</td>
<td>3.0x</td>
</tr>
<tr>
<td>Death³</td>
<td>2.4x</td>
<td>1.0x</td>
<td>1.9x</td>
<td>2.3x</td>
</tr>
</tbody>
</table>
Racial distribution of people with at least one dose of vaccine administered in California

- White: 30.8%
- Latino: 23.3%
- Asian: 13.7%
- African American: 3.2%
- Multiracial: 12.3%
- Native Hawaiian Pacific Islander: 0.4%
- American Indian Alaska Native: 0.3%
- Other: 9.6%
- Unknown: 6.5%

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 4/19/2021. 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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Doses Distributed</th>
<th>Total Doses Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque</td>
<td>114,955</td>
<td>106,747</td>
</tr>
<tr>
<td>Bemidji</td>
<td>138,525</td>
<td>99,545</td>
</tr>
<tr>
<td>Billings</td>
<td>56,355</td>
<td>36,067</td>
</tr>
<tr>
<td>California</td>
<td>210,695</td>
<td>106,935</td>
</tr>
<tr>
<td>Great Plains</td>
<td>119,470</td>
<td>69,172</td>
</tr>
<tr>
<td>Nashville</td>
<td>78,935</td>
<td>54,002</td>
</tr>
<tr>
<td>Navajo</td>
<td>247,165</td>
<td>192,927</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>438,790</td>
<td>308,411</td>
</tr>
<tr>
<td>Phoenix</td>
<td>162,740</td>
<td>120,010</td>
</tr>
<tr>
<td>Portland</td>
<td>83,255</td>
<td>62,243</td>
</tr>
<tr>
<td>Tucson</td>
<td>10,200</td>
<td>8,120</td>
</tr>
</tbody>
</table>

As of 4/19/2021. Source: IHS
Janssen vaccine update

• Dr. Thomas Kim, Medical Director/Medical Epidemiologist
Federal Response

5th funding package

• Coronavirus Response and Relief Supplemental Appropriations Act
  • Provides $1 Billion in funding for IHS, THPs, UIOs to prepare for, respond to, and recover from COVID-19. 5th Round of COVID-19 funding.
    • $790M: support testing, contact tracing, containment, and mitigation of COVID-19. This funding was transferred from Public Health and Social Services Emergency Fund to IHS.
      • $550M - IHS and THPs using existing distribution methodologies for program increases in Hospitals and Health Clinics, PRC, Alcohol and Substance Abuse, Mental Health, CHRs, and PHN. THPs will receive one-time, non-reoccurring funding through bilateral modifications and/or ISDEAA amendments. THPs are required to provide COVID-19 testing plans.
      • $50M - UIOs using existing IHCIA contracts. One time, equal payment for each UIO and an additional one-time payment based on each UIO’s total number of Urban Indian Users.
      • $190M - IHS will purchase COVID-19 tests, test kits, testing supplies, therapeutics, and PPE that will be distributed at no cost to IHS, THPs, and UIOs.
Federal Response

5th funding package

• Coronavirus Response and Relief Supplemental Appropriations Act
  • Provides $1 Billion in funding for IHS, THPs, UIOs to prepare for, respond to, and recover from COVID-19. 5th Round of COVID-19 funding.
  • $210M: For I/T/U to plan and prepare for COVID-19 vaccines to ensure broad-based distribution, access, and vaccine coverage.
    • $190M- IHS and THPs using existing distribution methodologies for program increases in Hospitals and Health Clinics, PRC, CHRs, and PHN. THPs will receive these one-time, non-recurring funds through unilateral modifications and/or ISDEAA agreement amendments.
    • $10M- UIOs using existing IHCIA contracts. One time, equal payment for each UIO and an additional one-time payment based on each UIO’s total number of Urban Indian Users.
  • $10M- additional public health support activities, including resources for Tribal Epidemiology Centers, development of culturally appropriate educational materials, partnerships with national AIAN organizations and academic institutions, and other critical support activities

Federal Response

• American Rescue Plan
  • Provides over $4 Billion to combat COVID-19 in Indian Country
    • $600M: increase COVID-19 vaccinations in Indian Country.
    • $1B: detect, diagnose, trace, monitor, and mitigate COVID-19 infections
      • Increase contact tracing, drive through testing sites, purchase of PPE, medical supplies, tests, and therapeutics
    • $2B: replace I/T/U lost revenue due to COVID-19 pandemic
    • $84M: UIOs
    • $140M: health IT, telehealth equipment
    • $500M: support overall health care services in Indian County

Vaccine related materials

COVID-19 VACCINE INFORMATION

- CDC GUIDANCE
- COVID-19 VACCINE (PFIZER/MODERNA) COMPARISON FLYERS
- COVID-19 VACCINE - 2ND DOSE
- COVID-19 VACCINE FAQs
- COVID-19 VACCINE UPDATE FLYERS
- MASKS ON TRANSPORTATION
- VACCINE APPROVAL: WHAT IS AN EMERGENCY USE AUTHORIZATION
- WHAT IS A COVID-19 VARIANT?
- WHAT'S IN THE COVID-19 VACCINE? FLYERS
- ADDITIONAL RESOURCES
Vaccine related materials

COVID-19 VACCINE INFORMATION

CDC GUIDANCE
COVID-19 VACCINE (PFIZER/MODERNA) COMPARISON FLYERS
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MASKS ON TRANSPORTATION
VACCINE APPROVAL: WHAT IS AN EMERGENCY USE AUTHORIZATION
WHAT IS A COVID-19 VARIANT?
WHAT'S IN THE COVID-19 VACCINE? FLYERS
ADDITIONAL RESOURCES

On February 27, 2021, Johnson and Johnson’s “Janssen” vaccine received an emergency use authorization (EUA) from the Food and Drug Administration (FDA) to make their vaccine available to the public. On the same day, the Advisory Committee on Immunization Practices voted to recommend the Janssen vaccine for adults, age 18 years and older. An EUA is used to approve a product for use during a public health emergency. It is based on less information than a full FDA approval but with enough data to say the benefits outweigh the risks.

Approval of this vaccine will significantly increase the supply of available COVID-19 vaccines for the American public with about an additional 150 million doses available by the end of June 2021.

While you are waiting for a COVID-19 vaccine, please continue to follow public safety guidelines, including physical distancing, frequent hand washing, limiting group gatherings, restricting nonessential travel, and wearing a face covering.

#CovidVaccineSavesLives
#StayHomeSaveLives

California Rural Indian Health Board, Inc.

The Janssen vaccine is a viral vector type of vaccine. This type of vaccine uses a modified version of a different virus, or vector, to send instructions to our cells. In the form of genetic material, to make a spike protein. This spike protein then triggers the production of antibodies. This vaccine does not use the SARS-CoV-2 virus that causes COVID-19. Viral vectors cannot cause infection with COVID-19. In addition, they do not integrate into our DNA in any way.

- This vaccine is a single dose vaccine. You will need one vaccination in order to be fully protected.
- It has been shown to be about 70 - 90% effective against mild to severe COVID-19 cases
- It is recommended for adults, age 18 years and older, regardless of race or ethnicity. For more information, visit https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/janssen-covid-19-vaccine

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 EpPen 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 provider if you have any concerns about whether you should receive it.

For more information about the COVID-19 vaccine, go to: https://covid19.ca.gov/vaccine/
#CovidVaccineSavesLives
#ProtectOurElders

**As leaders, it is our responsibility to maintain the health and safety of our Tribal people. Seeing our people sick from the COVID-19 virus has made me more responsive to getting the COVID-19 vaccine to protect our people.**

Norma Cowdron, Kuspeyap, Lakota, and Makwa Chairwoman, Le Jolde Band of Lakota Indians

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**I encourage everyone to learn about the COVID-19 vaccines and have all of their questions and concerns addressed so that they can make an informed decision about what is right for them. My patients, family, and friends have chosen to get the vaccine to protect their families, their elders, their children, and themselves. They also use it as an added layer of protection to be able to work and interact with the people they need to be with.**

Natalya A. Bush Sakuma, MD
Winnebago Tribe of Nebraska, Ho-Chunk
Native Doctor, Oglala Yotupa Tribal Health Clinic

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**“sqilikit a ’axiyip”**
(The medicine heals me)

I chose to get the vaccine because my community, my family and my elders are invaluable. We have a responsibility to care about the health and wellness of our people so we thrive for generations to come. If my 92-year-old grandma got the vaccine, I surely was going to follow her lead.

Lillian Metzler, St. Joseph Irving Hoopa Valley Tribal Member

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KeepHoopaHealthy
#ProtectOurElders

**“We get the flu shot every year, so why not get the COVID vaccine? It can help prevent us from getting severely sick.”**

Lillian Metzler, St. Joseph Irving Hoopa Valley Tribal Member
California Department of Social Services

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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 15 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:

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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 15 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:
CRHBS #COVIDVACCINESAVESLIVES AD CAMPAIGN

Click on the images below to view CRHBS and CTFR's #CovidVaccineSavesLives ad campaign posters.

ORDER A POSTER
Ask The Native Doctor

By RPH@CRIHB.ORG

Produced by Happy Valley Film Company and sponsored by the California Rural Indian Health Board, Inc., this podcast series will address myths and misinformation about COVID-19 disease, vaccines, and its impact on Indian Country. Guest speakers include Native doctors serving in Tribal communities.

Vaccination card holders


Your Clinic Health Services
1234 Your Address
City, CA 9XXXX
(XXX) XXX-XXXX

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

My vaccine protects you.
Your vaccine protects me.

Indigenous and vaccinated.

Your Clinic Indian Health
1234 Your Address, City, CA 9XXXX
(XXX) XXX-XXXX

For more information about the COVID-19 vaccine,
go to: https://covid19.ca.gov/vaccines/
Upcoming CRIHB COVID-19 related projects

• Public Health Institute
  • Expand upon existing COVID-19 related communication and education activities until November 2021
    • Link interested Tribes and Tribal Health Programs with media consultants, graphic designer, and physician consultant to create Tribal specific materials
Upcoming CRIHB COVID-19 related projects

• Northwest Portland Area Indian Health Board
  • Collaboration between Tribal Epidemiology Centers to increase vaccination coverage among AIAN over 5 years
    • Provide data on barriers to vaccine, hesitancy, and vaccination rates
    • Identify and train community influential messengers to assist with education that will increase vaccination
    • Develop flu vaccination educational materials with a media consultant
Upcoming CRIHB COVID-19 related projects

• California Department of Public Health
  • Increase contact tracing and case investigations activities to mitigate COVID-19 cases in Tribal communities for 2 years
    • Provide funding to Tribal Health Programs to increase their capacity to conduct CT/CI activities
Next steps:

• Development of an Adult and Youth COVID Impact survey
• Youth community posters
• Other vaccine hesitancy material needs?
How to reach us for questions:

Clinical-related assistance:
Thomas Kim, MD, MPH
Medical Director/Epidemiologist
tkim@crihb.org

PPE-related questions:
Rosario Arreola Pro, MPH
Director, Health Systems Development
rarreolapro@crihb.org

Community or grant-related assistance:
Vanesscia Cresci, MSW, MPA
Director, Research and Public Health
vcresci@crihb.org

Epidemiologic or data-related assistance:
Aurimar Ayala, MPH
Epidemiology Manager
aayala@crihb.org

Submit CTEC TA online request:
https://crihb.org/technical-assistance-request-form/
Johnson & Johnson (Janssen) Covid-19 Vaccine Pause and Thrombocytopenic Thrombosis Cases

Thomas J. Kim, MD, MPH
Health Systems Development
California Tribal Epidemiology Center
April 20, 2021
Johnson & Johnson Covid-19 Vaccine

- April 12 CDC/FDA recommended a pause
- Rare type of blood clots in six women, younger than age 50
- Almost 7 million doses given in US
- In March, Oxford-AstraZeneca vaccine use halted in European countries due to similar clots >100 cases (EU +UK)
- Both vaccines use an adenovirus vector

By Artem Podrez from Pexels.com
Cerebral Venous Sinus Thrombosis (CVST)

- Clotting in veins in the brain (relatively uncommon)
- Additionally with low platelets (very rare)
- + PF4 (HIT) antibodies
- 3/6 had clots in other areas
What we know

- 6 cases of CVST (identified through VAERS)
  - Median age: 33 (18-48); all white females
  - Symptom onset 1-2 weeks after vaccination: headache, focal neuro sx; encephalopathy
  - Pre-existing condition: obesity (3), estrogen (1), hypothyroid (1); all neg PCR, +PF4 Ab in five
  - 1 death; 3 hospitalized; 2 discharged (as of last week)

- Johnson & Johnson vaccine associated
  - 6.86 million doses administered
  - 0.87 cases/million doses
  - Crude analysis: observed rate ratio which is 4-15x than expected

- Pfizer has no reports with 98M doses given
- Moderna has 3 reports with 85M doses given (normal platelet level)
- Therefore J&J cases are a valid signal
- Need for enhanced surveillance and case finding with VAERS
Current Status

- CVST is potentially severe and life threatening
- No proof of causality
- Exceedingly rare
- Pause due to need for case finding, treatment (non-heparin anticoagulation)
- Unanimous agreement to continue mRNA vaccines
- Demonstrates vaccine safety surveillance is working as designed
- Likely resumption of use with some restrictions
Building COVID-19 Vaccine Confidence in Native communities

A 4-PART WEBINAR SERIES HOSTED BY JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH

TUESDAY, APRIL 20TH
12:30 - 2:00 PM MT | 2:30-4:00 ET
Featuring

Rupali Limaye, PhD
Epidemiologist at Johns Hopkins International Vaccine Access Center and expert in vaccine hesitancy.

Sophie Neuner, MD, MPH
(Karuk Tribe), Research Associate, Johns Hopkins Center for American Indian Health

Nina Ritchie, MD
Study Physician, Johns Hopkins Center for American Indian Health (Chinle Site)

REGISTRATION: bit.ly/VaccineConfidenceWebinar

WWW.CAIH.JHU.EDU
CRIHB COVID-19 Meeting Notes

DATE: Tuesday April 20, 2021 (3:30PM-4:30PM, PST)
HOST: CRIHB
CRIHB staff:

Meeting Recording: https://us02web.zoom.us/rec/share/cYmaLeH_8v1uETWF7rYBzVszkijKqDu-zhb18GbuZCixvPCPENIPSeG9hFQ3eU.RljadOeKH8q-MpUF Passcode: s?Sr9mV5

Topics discussed
- Current case and vaccine data
- Janssen vaccine update
- Funding
- CRIHB developed materials

Data Update
- Cases in CA 3,618,695 total
- CDC reports 6,081 cases in AIAN alone and 27,333 in AIAN in combination with other races
- IHS has reported 210,695 vaccine doses distributed with 106,935 doses administered in CA

Janssen Vaccine Update as of 4/20/21
- Current pause on vaccine due to 6 thrombocytopenic thrombosis cases identified through VAERS
- Clotting occurred in veins in the brain, exceedingly rare. Symptoms onset 1-2 weeks after vaccination: headache, stroke
- J&J 6.86 million doses administered
- No proof of causality, unanimous agreement to continue mRNA vaccines (J&J)

Funding Update
Federal response
- Coronavirus Response and Relief Supplemental Appropriations Act (5th funding package)
  - Provides $1 Billion in funding for IHS, THPS, UIOs to prepare for, respond to, and recover from COVID-19.
- American Rescue Plan (6th funding package)
  - Provides over $4 Billion to combat COVID-19 in Indian Country. $600M of that to increase vaccinations.
  - Details TBD

CRIHB Response
- Vaccine related educational materials available on CRIHB website.
- Posters available
- Vaccine stickers are available
- Podcast – Ask the Native Doctor https://anchor.fm/rphcrihborg/episodes/Ask-the-Native-Doctor-Episode-1--Dr--Antoinette-Martinez--COVID-19-Vaccines-eu066t
- Vaccination Card Holders are available to order

Upcoming CRIHB Projects
- Public Health Institute – expand upon exiting COVID-19 related communication and education activities until Nov. 2021. Will link interest Tribes and THPS with media consultants, graphic designer, and physician consultant to create Tribal specific materials
- Northwest Portland Area Indian Health Board – collaboration to increase vaccination coverage. Providing data on vaccine hesitation rates and developing educational materials. For all vaccines not just COVID-19
- CDPH – funding to increase case investigation and contact tracing for the next 2 years.

Next Steps
- Development of an adult and youth COVID impact survey
- Youth community posters
- Other vaccine hesitancy materials?