



CRIHB COVID-19 Updates April 20, 2021

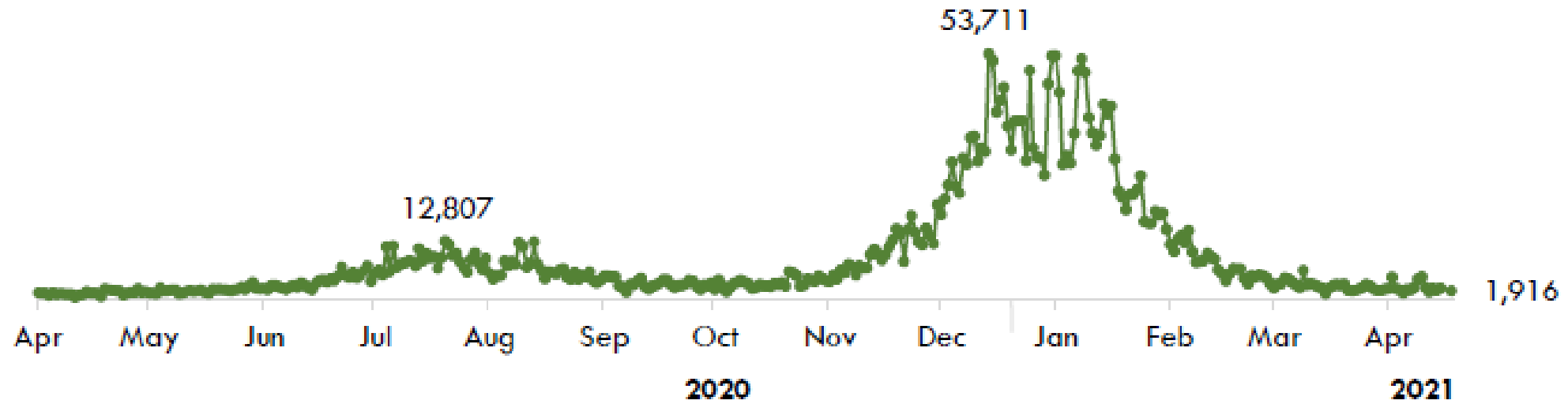
*Please sign-in in the Group
Chat with your name and
Tribe or Indian Health
Program name*



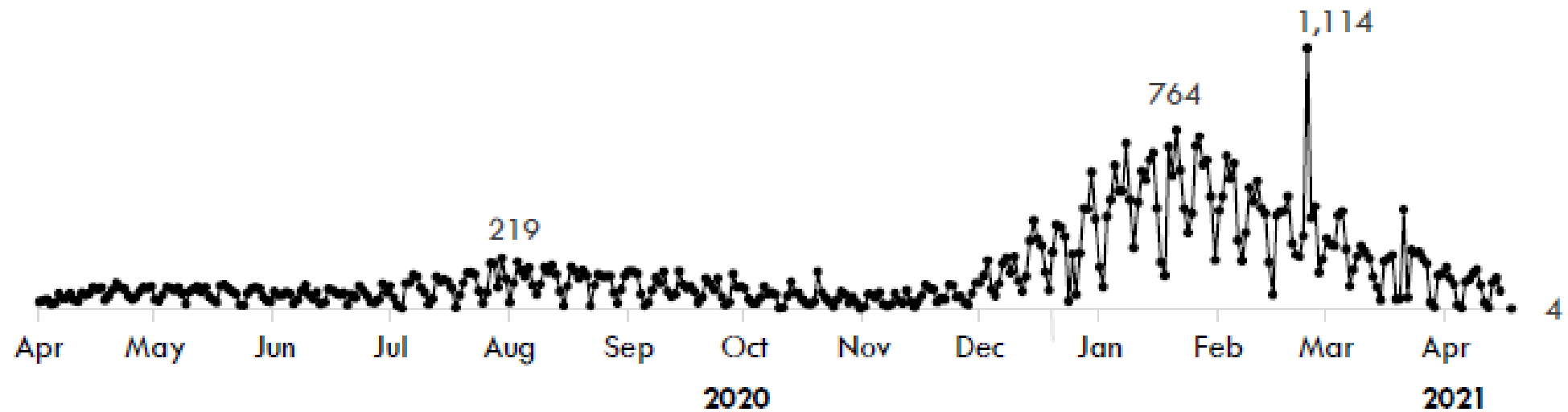
3,618,695 Cases
in California

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

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

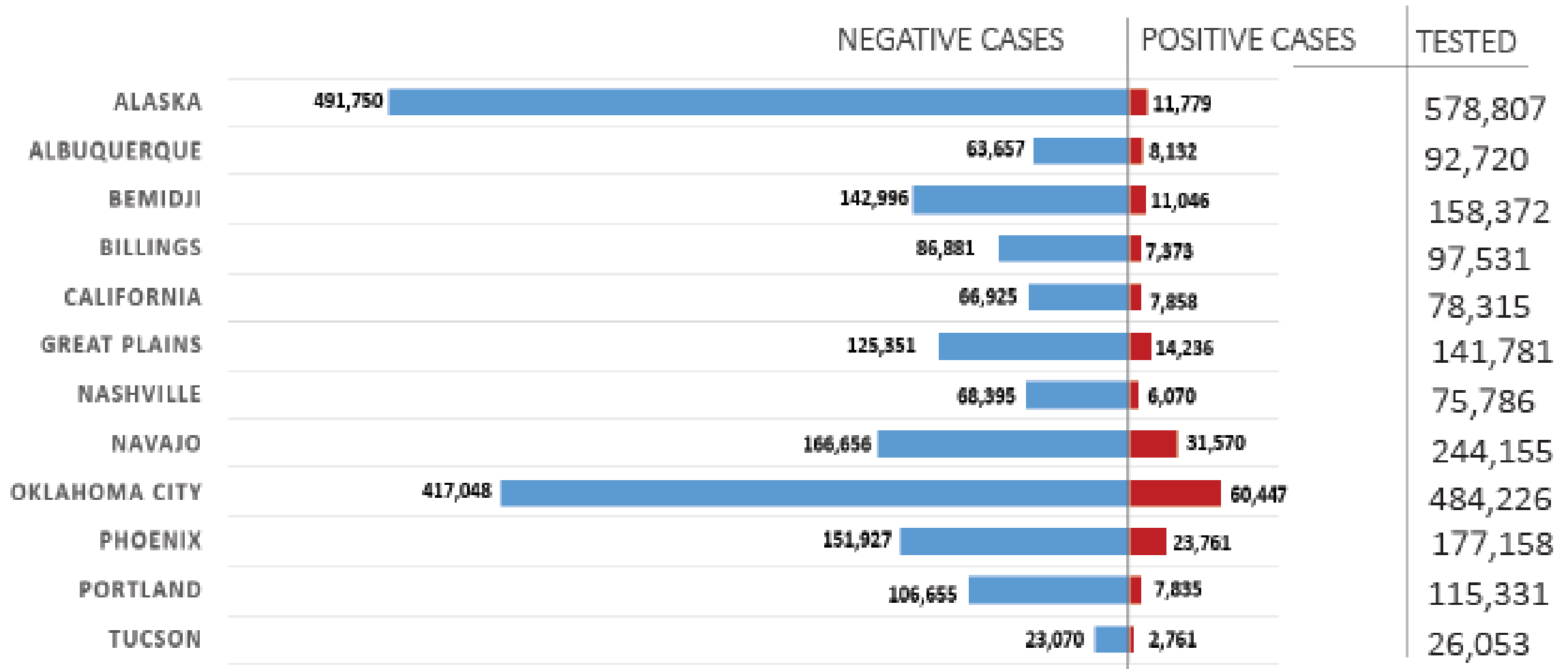
 **1.7%**

INDICATES WIDESPREAD
TESTING

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



COVID-19 CASES BY IHS AREA

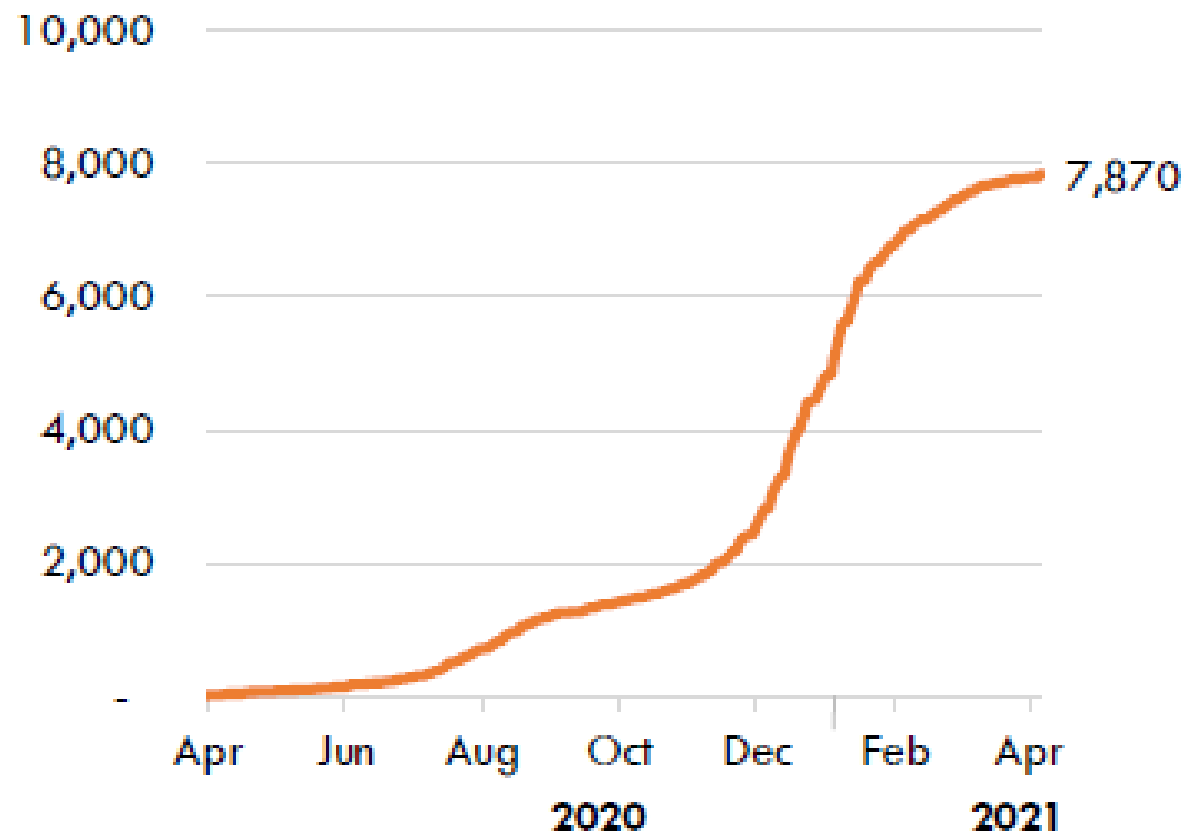


*as of 11:59PM EST April 17, 2021

Based on self-reported data to IHS

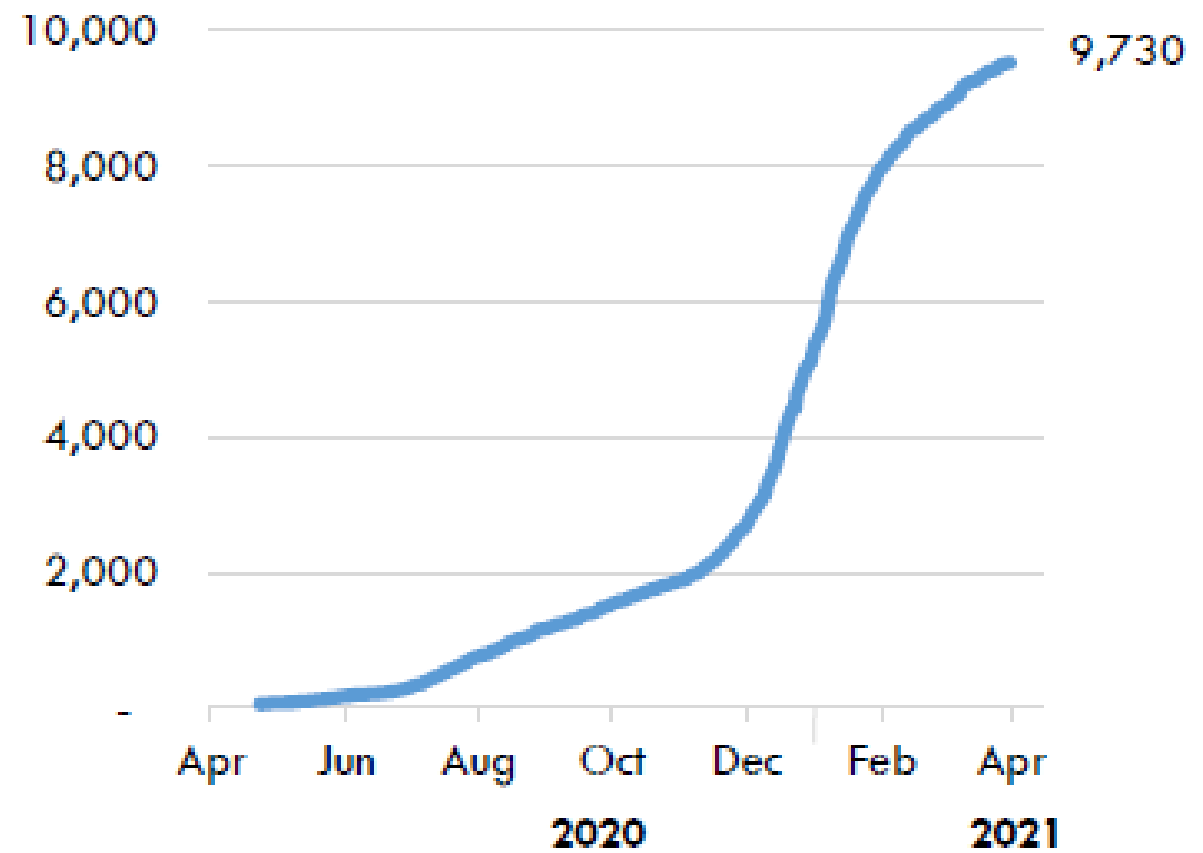
Two sources for tracking American Indian and Alaska Native (AIAN) cases reported in California

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



As of 4/19/2021. Source: IHS

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



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).

	Cases	Deaths
AIAN alone	6,081	191
AIAN in combination	27,333	447

As of 4/16/2021. Source: CDC

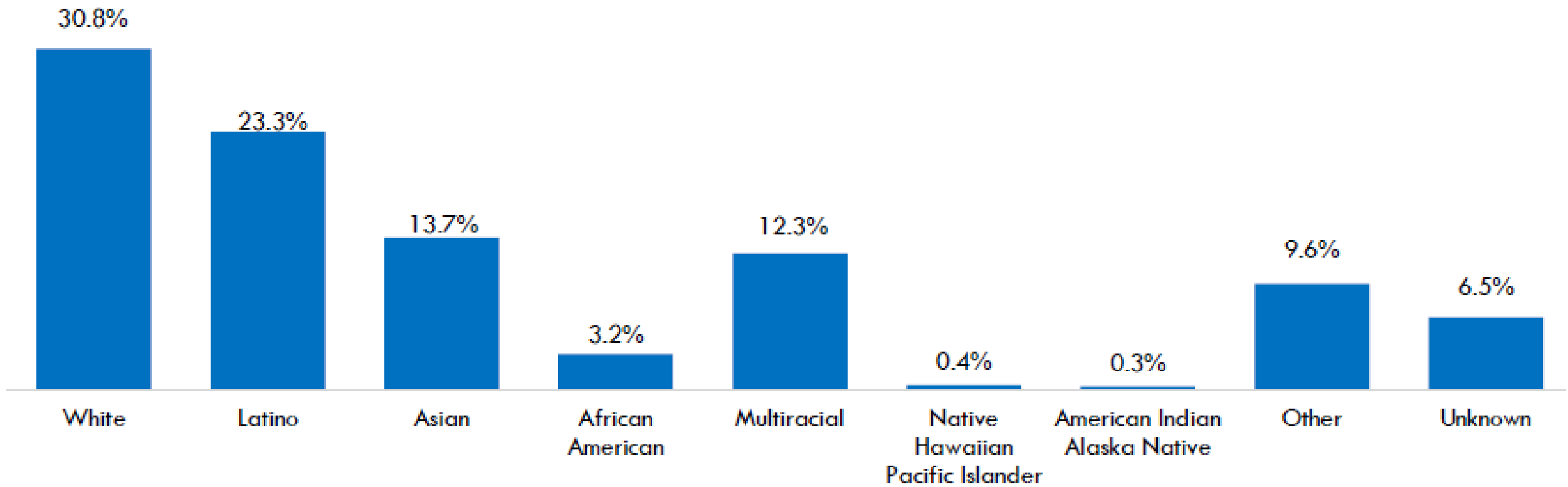
RISK FOR COVID-19 INFECTION, HOSPITALIZATION, & DEATH BY RACE/ETHNICITY, U.S.

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.


Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.6x	0.7x	1.1x	2.0x
Hospitalization ²	3.5x	1.0x	2.8x	3.0x
Death ³	2.4x	1.0x	1.9x	2.3x



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 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

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

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 IHClA 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 IHClA 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
 - https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2021_Letters/DTLL_DUIOLL_01152021.pdf
 - https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2021_Letters/DTLL_DUIOLL_02022021.pdf



Federal Response

6th funding package

- 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

<https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/16/fact-sheet-biden-administration-invests-4-billion-in-american-rescue-plan-funding-to-combat-covid-19-in-indian-country/>

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



COVID-19 2ND VACCINE DOSE

What if I don't get my second vaccine dose in time?

The Pfizer vaccine requires two doses, three weeks apart.

The Moderna vaccine requires two doses, four weeks apart.

The purpose of the second dose is to strengthen the immune response created by the first dose and "fine-tune" it to better counteract the real virus when your body is exposed to it.

Generally, it is not an issue if you are late getting your second dose. Just schedule a visit *as soon as possible*.

Your immune system will benefit from the second dose, even if it is late. The Centers for Disease Control and Prevention (CDC) say it is okay to take the second dose up to six weeks after receiving the first dose. This recommendation is based on what the CDC has learned about other vaccinations that include a series of doses.

Things to remember:

- Don't let side effects from the first dose keep you from taking the second dose, unless your health care provider says you should not take it.
- It takes both doses for most people to achieve greater than 90% effectiveness.
- Even after you are vaccinated, continue to:
 - Wear face coverings in public.
 - Wash your hands.
 - Practice physical distancing with people who do not live in your household.
 - Avoid large gatherings.

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



California Rural Indian Health Board, Inc.
COVID-19 Resources:
<https://crite.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 - 2ND DOSE

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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

COVID-19 JANSSEN VACCINE UPDATE



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 100 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.
COVID-19 Resources:
<https://crihb.org/prevention-and-education/public-health/>



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 - 80% 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>

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

A COVID-19 VACCINE IS NEEDED TO CONTROL THE PANDEMIC

#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 Contreras, Kumeyay, Luiseño, and Mojave Chairwoman, La Jolla Band of Luiseño Indians

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COVID-19 Resources:
<https://crihb.org/prevention-and-education/public-health/>



#CovidVaccineSavesLives #ProtectOurElders



Katya Adachi Serrano, MD
Winnebago Tribe of Nebraska, Ho-Chuck
Medical Director, Santa Ynez Tribal Health Clinic

“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.”

“sqilikit a 'axiyip”
(The medicine heals me)

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California Rural Indian Health Board, Inc.
COVID-19 Resources:
<https://crihb.org/prevention-and-education/public-health/>



#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 Hostler, 92, oldest living
Hoopa Valley Tribal Member

“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.”

Heather Hostler, Hoopa Valley Tribe
Office of Tribal Affairs Director,
California Department of Social Services

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CRIBB'S #COVIDVACCINESAVESLIVES AD CAMPAIGN

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

ORDER A POSTER



NEW PODCAST!

Ask the Native Doctor:

*Demystifying COVID-19
In California Indian Country*

Episode 1:

We Talk Vaccines!



Join Isaiah Meders and Hannah Redlich as they speak about the COVID-19 vaccine with Dr. Antoinette Martinez, a family practice physician from the Chumash Nation.

Produced by
Happy Valley Film Co.

Sponsored by
*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.



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.

Listen on  Spotify




 Message

<https://anchor.fm/rphcrihborg/episodes/Ask-the-Native-Doctor-Episode-1--Dr--Antoinette-Martinez--COVID-19-Vaccines-eu066t>

Vaccination card holders




*Natusooabe.
Weno?
Nat isu'upl.
Ánav.
Th'ōyox.
Medicine.*






**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/>




**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/>



**My vaccine
protects you.
Your vaccine
protects me.**



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

For more information about the COVID-19 vaccine,
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#7



#8



#9



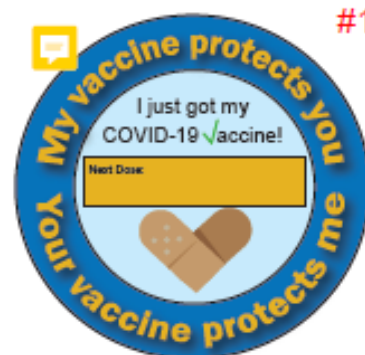
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#1



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#6



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?



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



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

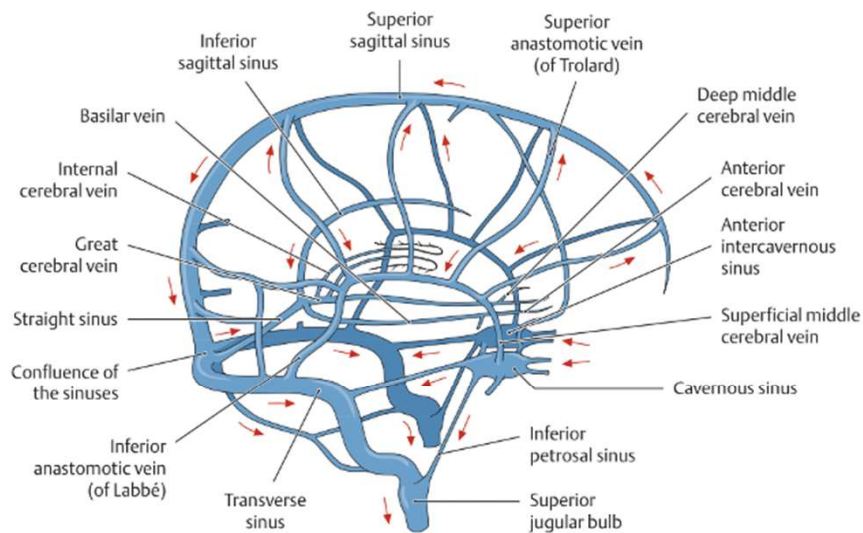
Johnson & Johnson Covid-19 Vaccine

- 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)



https://commons.wikimedia.org/wiki/File:Venous_Sinuses.png

- 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



by CDC from Pexels.com

- 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

TRIBE AND THP
ATTENDEES: (16
attendees)

1. Santa Ynez
2. Southern Indian Health Council
3. Fresno American Indian Health Project
4. Pit River Health Service
5. Quartz Valley Indian Reservation

CRIHB STAFF
ATTENDEES:

Vanesscia Cresci
Rosario Arreola Pro
Dr. Thomas Kim
Aurimar Ayala

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

Meeting Recording:

https://us02web.zoom.us/rec/share/cYmaLeH_8v1uETWF7ryYBzVzslkjKcDu-zhb18GbquZCixvPCPENiPSeBGhFQ3eU.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?