

COVID-19 ECHO update Jan 11 2021

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No disclosures

Opinions expressed only my own

Agenda

Data update

Vaccine uptake

Prevention

Testing/Screening

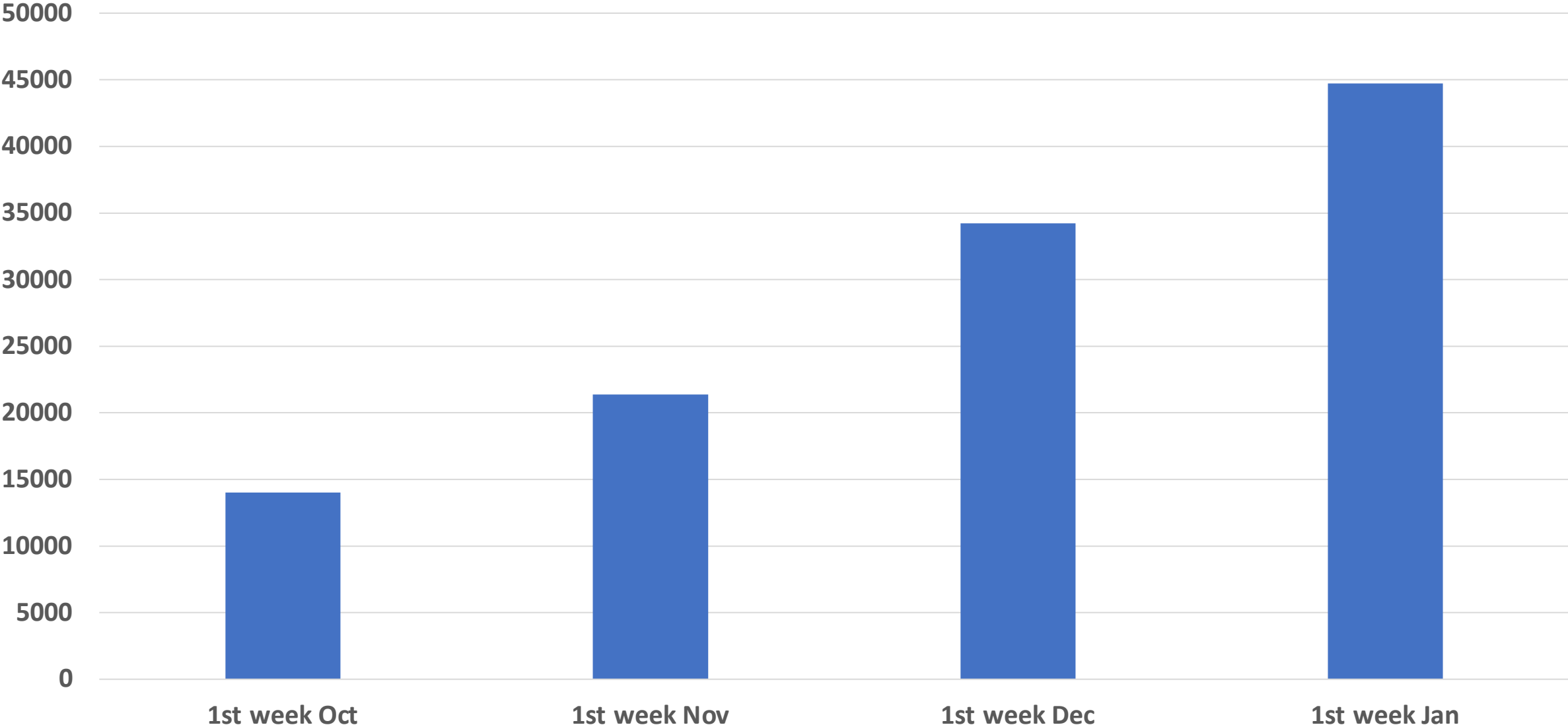


National and IHS Dashboard Data update

Daily New COVID-19 Cases Reported in the United States - Slopes of 3 Surges



Positive SARS-CoV-2 tests, IHS Dashboard, Oct 2020-Jan 2021



Area	+ tests Nov 7-Dec 5	+tests Dec 5-Jan 8	% change + tests Nov-Jan	7 day rolling average positivity
AK	2232	2026	-9%	3.8%
ABQ**	2441	1084	-55%	14.3%
BEM	2779	1966	-29%	10.5%
BIL	1282	610	-54%	11.8%
CA	1007	2503	+149%	18.9%
GP	3740	930	-75%	16.5%
NAS	505	1464	+189%	11.7%
NAV	5621	7723	+37%	20.8%
OKC	10287	18356	+78%	24.2%
PHX	2952	5398	+83%	20.7%
POR	1092	1462	+34%	10.9%
TUC	290	1189	+310%	20.0%

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**ABQ Area had recent data reconciliation

Vaccine uptake

Behavioral Science,

Peers, social proof

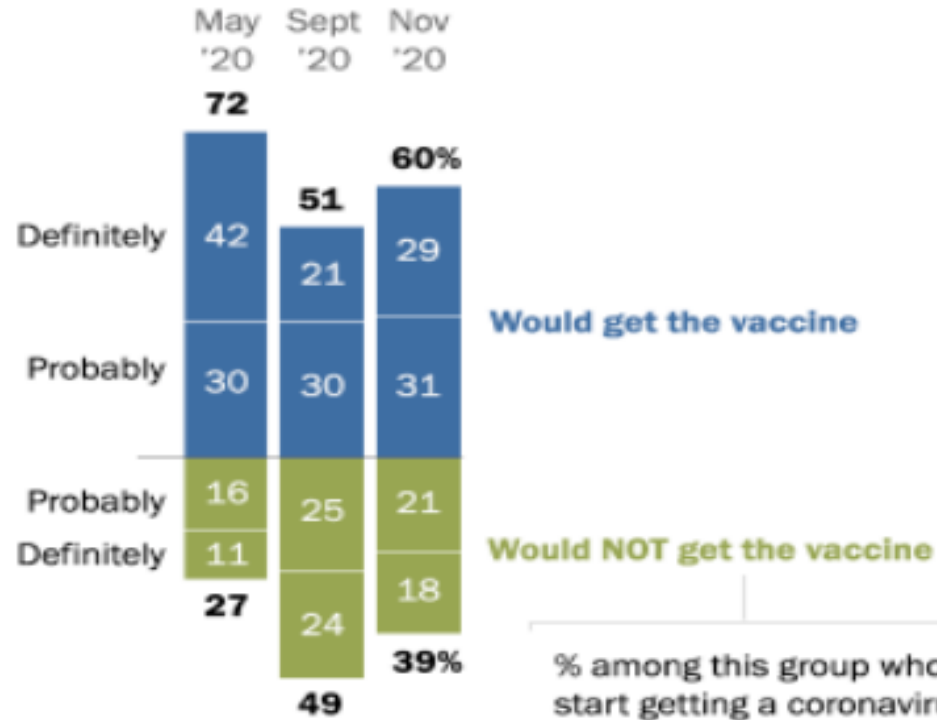
- Emphasize wide support rather than concentrate on naysayers
- The more visible each person's vaccination can be, the better



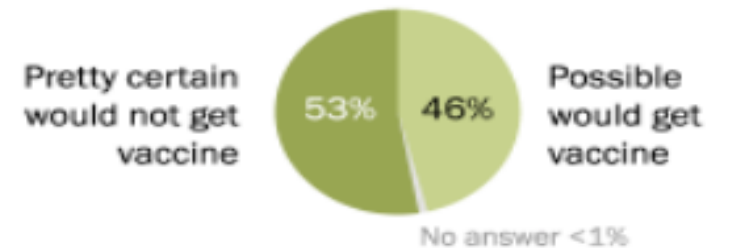
Vaccine Acceptance bounce in November

Majority of Americans now say they would get a vaccine for the coronavirus

% of U.S. adults who say if a vaccine to prevent COVID-19 were available today, they ...



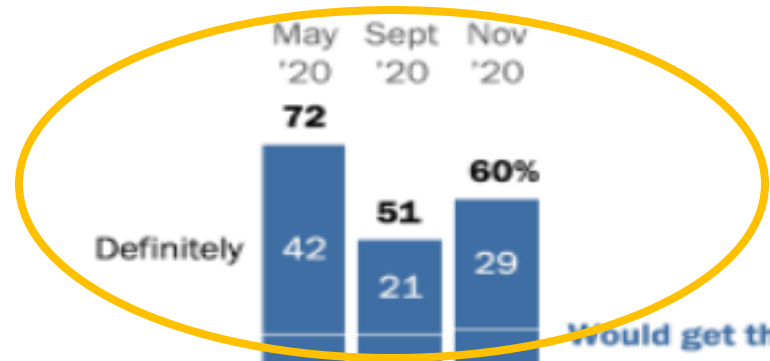
% among this group who say once others start getting a coronavirus vaccine and there is more information ...





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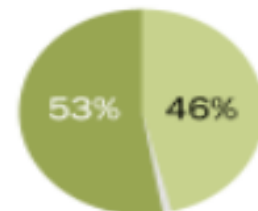


Vaccine Acceptance bounce in November

Would NOT get the vaccine

% among this group who say once others start getting a coronavirus vaccine and there is more information ...

Pretty certain would not get vaccine



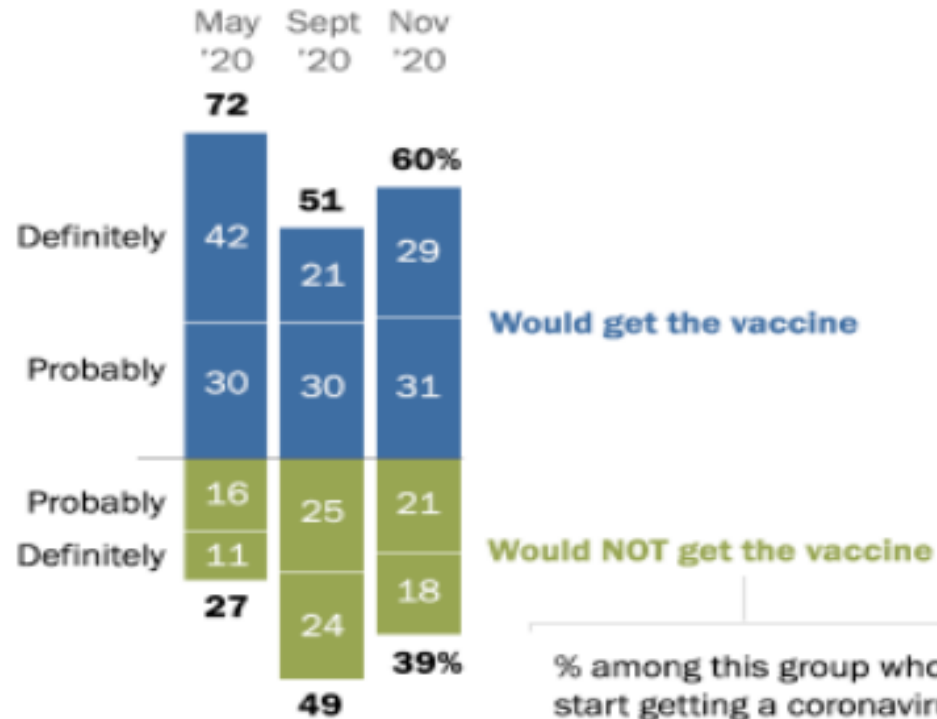
Possible would get vaccine

No answer <1%

Vaccine Acceptance bounce in November

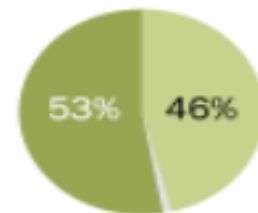
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Possible would get vaccine

No answer <1%

Higher acceptance recorded among:

- males
- persons who perceived themselves at high risk of severe disease
- person who trusted the research and development process

- some reluctance even among vaccine supporters to be the first

[Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases | Pew Research Center](#)

Interior Secretary Nominee Rep. Deb Haaland Gets the Covid-19 Vaccination



Rep. Deb Haaland receives the Covid-19 vaccination. - Photo from Facebook

BY NATIVE NEWS ONLINE STAFF | DECEMBER 25, 2020

At First Wary Of Vaccine, Cherokee Speaker Says It Safeguards Language, Culture

By STEVE INSKEEP • JAN 4, 2021

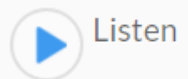
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[At First Wary Of Vaccine, Cherokee Speaker Says It Safeguards Language, Culture | WPSU](#)

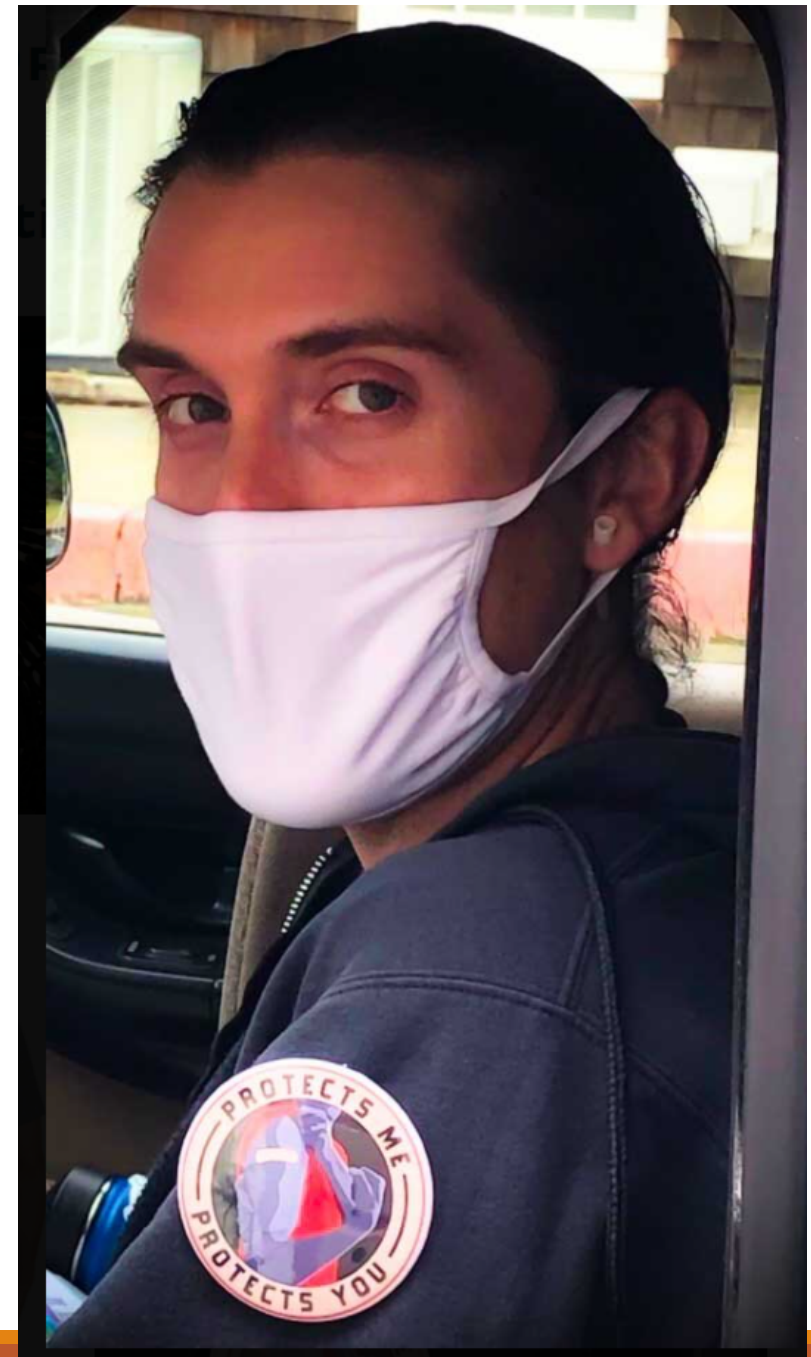


Meda Nix, a citizen of the Cherokee Nation and a Cherokee language speaker, receives a COVID-19 vaccine from Dr. Matthew Reece at the Cherokee Nation Outpatient Health Center Thursday, Dec. 17, 2020, in Tahlequah, Okla.

MIKE SIMONS / TULSA WORLD VIA AP



Shoshone-Bannock Health Education Program



NPAIHB designs



Prevention

Wildland firefighter crew guidelines

Home ventilation guidelines

JAMA low tech refresher

FAQs and Communication Resources for Wildland Firefighters

Updated Jan. 5, 2021

Languages ▾

Print



[FAQs and Communication Resources for Wildland Firefighters | CDC](#)



What steps can be taken by wildland fire personnel to prevent infection and spread of COVID-19? How can a crew, module, or resource “isolate as a unit” to better protect themselves? ▾

In many situations, fire personnel travel from many different geographic locations and live and work closely in shared living spaces, such as bunkhouses, during the fire season. In these situations, how do you prevent infection and spread of COVID-19 for co-workers or crewmates? ▾

Should wildfire management agencies screen personnel for signs and symptoms of COVID-19? ▾

Are first responders, like wildland firefighters, being prioritized for those who will be tested for COVID-19? ▾

Improving Ventilation in Your Home

Updated Jan. 7, 2021 Languages ▼ Print



Staying home with only members of your household is the best way to keep SARS-CoV-2 (the virus that causes COVID-19) particles out of your home. However, if a visitor needs to be in your home, improving ventilation (air flow) can help prevent virus particles from accumulating in the air in your home. Good ventilation, along with [other preventive actions](#), like staying 6 feet apart and wearing masks, can help prevent you from getting and spreading COVID-19.

Below are ways you can improve ventilation in your home. Use as many ways as you can (open windows, use air filters, and turn on fans) to help clear out virus particles in your home faster.



Ventilation 1 of 3

Bring in as much fresh air as possible

If you can, open **multiple** doors and windows

Filter the air

In homes where the HVAC fan operation is on a thermostat, **set the fan to the “on” position instead of “auto” when you have visitors.**

Ventilation 2 of 3

Turn on the exhaust fan in your bathroom and kitchen

Keep the exhaust fans turned on for an hour after your visitors leave to help remove virus particles that might be in the air.

Use fans to improve air flow

- Place a **fan as close as possible to** an open window blowing outside
- **Point fans away from people.**
- Use **ceiling fans** whether or not windows are open.

3 of 3: Limit the number of persons in your home and the time spent inside

The more people inside your home, and the longer they stay, the more virus particles can accumulate.

- Limit the number of visitors in your home.
- Try to gather in larger rooms or areas
- Be sure that visitors and residents wear masks while in your home.
- Follow additional recommendations for [hosting gatherings](#).

Prevention

Viewpoint



October 26, 2020

Preventing the Spread of SARS-CoV-2 With Masks and Other “Low-tech” Interventions

Andrea M. Lerner, MD, MS¹; Gregory K. Folkers, MS, MPH¹; Anthony S. Fauci, MD¹

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2020;324(19):1935-1936. doi:10.1001/jama.2020.21946



COVID-19 Resource Center

[Preventing the Spread of SARS-CoV-2 With Masks and Other “Low-tech” Interventions](#) | [Infectious Diseases](#) | [JAMA](#) | [JAMA Network](#)

“Masks should be used in combination with other modalities to prevent the spread of SARS-CoV-2, including physical distancing, hand hygiene, adequate ventilation, and avoiding crowded spaces. Widespread testing for SARS-CoV-2 infection is also important but insufficient on its own for pandemic control”

Testing and Screening

COVID-19 testing: One size does not fit all

Michael J. Mina^{1,2,3,4}, Kristian G. Andersen^{5,6}

+ See all authors and affiliations

Science 08 Jan 2021:

Vol. 371, Issue 6525, pp. 126-127

DOI: 10.1126/science.abe9187

-Diagnostic Testing

-Surveillance

-Entry testing/screening

Diagnostic Testing

- accurately identify infected patients to establish presence or absence of disease
- performed on symptomatic patients or asymptomatic individuals at high risk
- requires high specificity (to not wrongly diagnose negative individuals)
- requires high sensitivity (to not miss disease)
- requires high complexity labs with results in 12 to 48 hrs
- bottlenecks lead to results taking days and therefore useless in preventing transmission
- POC testing, including those that do not need requirements or skilled operators

Surveillance Testing

- Understand historical exposures (antibody testing)
- Understand real time community transmission (wastewater, swab or saliva, pooled testing)
- Goal is measure prevalence to inform public health policy and resource allocation, NOT find every case
- Can have different acceptability in testing thresholds than diagnostic

Screening 1 of 2

- testing of asymptomatic individuals to detect people who are likely infectious
- goal to identify and break most likely or consequential transmission chains
- Requires rapid results (ideally within 15 mins)
- Negative test alone may not be sufficient to enter nor reduce need to wear masks or physical distancing
- Positive test alone enough to deny entry in most settings
- Sensitivity and specificity required depend on context
 - -even one case at a nursing home can be catastrophic
 - -school screening may allow a compromise to balance resources and sensitivity

Screening 2 of 2: Large Scale

- Tests need to be easy to obtain and administer, fast, and cheap
- Tests must have low false-positive rates
- If lower specificity, pair with confirmatory testing
- Goal to identify persons at highest risk of transmitting
- Frequency and abundance of tests important
- Public messaging may need to include expectations of screening so that false positives and false negatives do not erode community trust

Personal health

Diagnostics

Symptomatic
At-risk

Testing

qPCR, LAMP, Ag

Key attributes

Sensitivity 

Specificity 

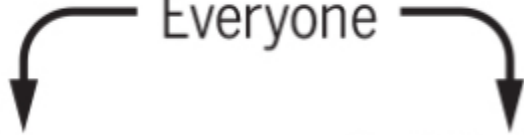
Frequency 

Population health

Surveillance

Asymptomatic
Wastewater
Surfaces

Screening

Everyone

Entrance **Public health**

Testing

qPCR, Ag, LAMP
Ab, pooling

Ag plus confirmation with Ag,
LAMP, or qPCR; LAMP

Key attributes

