

COVID update Sept 28 2020

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No disclosures

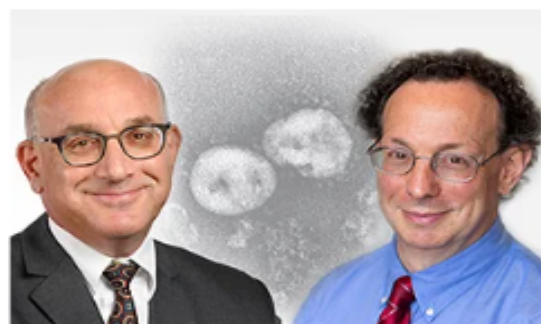
Opinions expressed only my own

EDITORIAL

Eight Months of Action and Inaction against Covid-19

E.J. Rubin, L.R. Baden, and S. Morrissey

In this audio interview conducted on September 23, as global deaths near 1 million and U.S. deaths pass 200,000, the editors reflect on 8 months of action and inaction against Covid-19.



FREE 

SEP 24

Eight months, what has happened

- Transmission
- Testing
- Treatment
- Vaccine

Transmission

- Droplet transmission
- Distancing and masks work for prevention
- Fomites can transmit, but their overall role unclear
- Aerosols can be generated in some situations, may drive superspreader events
- Pre-symptomatic and asymptomatic transmission important

Testing

- Testing for medical management, and for public health reasons
- PCR: best option. Improvements include shallow nasal swabs, saliva, some not need clinician, BUT availability, results lag time, expense, limitations
- PoC tests: antigen tests more available but less sensitive and only for certain contexts (false positives)
- Serologic tests: more available, but performance characteristics unknown, and more importantly not clear how to interpret true positive in terms of immunity
- Most micro-labs using culturing techniques from 1950s, possible acceleration to molecular testing

Treatment

- Mortality has come down
- Improvements in managing COVID, notably supportive care
- Remdesivir, dexamethasone, small effect but meaningful impact at scale
- Early signals of efficacy may not be borne out with subsequent data

Recent selected media

Indian Country and COVID



Getty Images

Briefing

Sep 26th 2020 edition >

One million and counting

The covid-19 pandemic is worse than official figures show

Sources: National statistics; Vital Strategies; *The Economist*

Sources: ECDC; ISARIC; Johns Hopkins CSSE; Our World In Data; WHO; *The Economist* *27 countries, population=480m

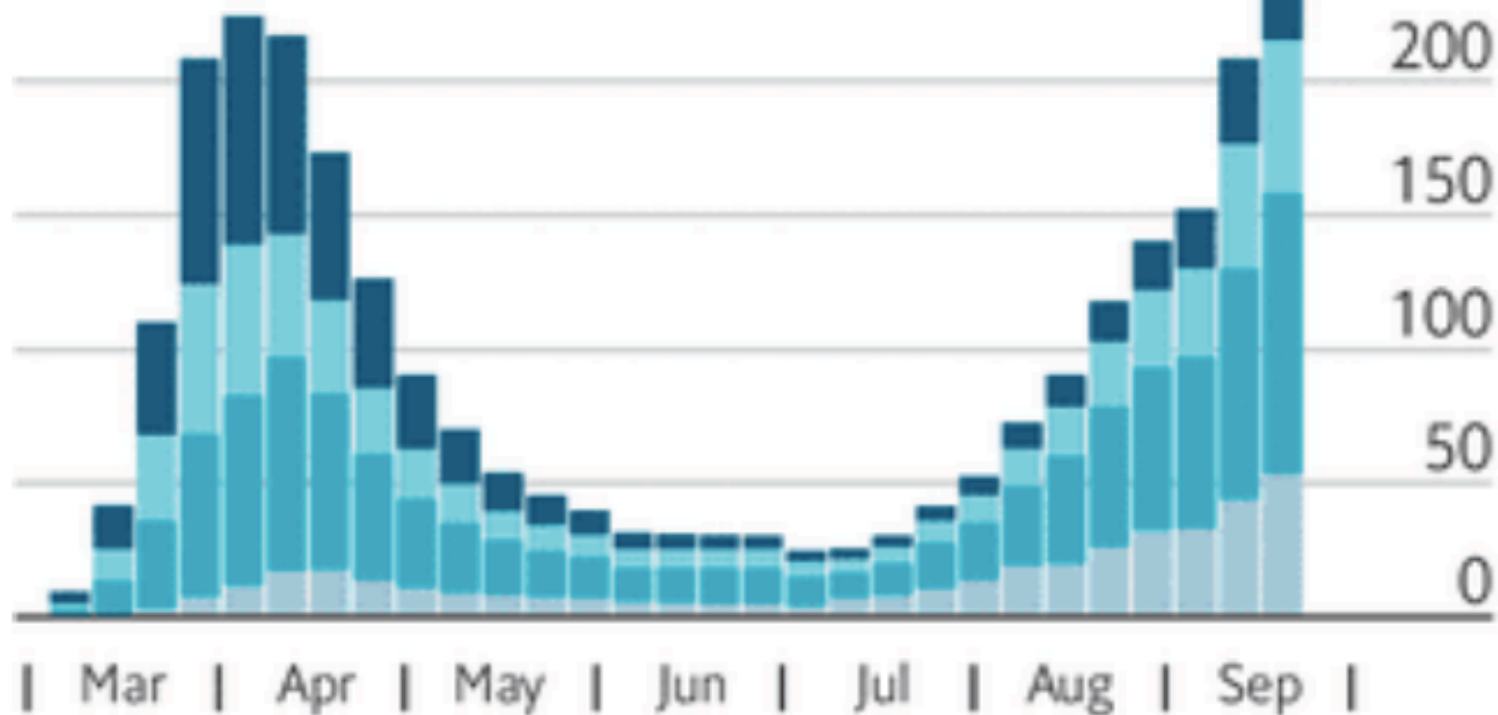
*Belgium, Britain, France, Germany, Italy, Netherlands, Spain and Sweden

†Brazil, Chile, Ecuador, Mexico and Peru

Age group 0-24 25-49 50-64 65+

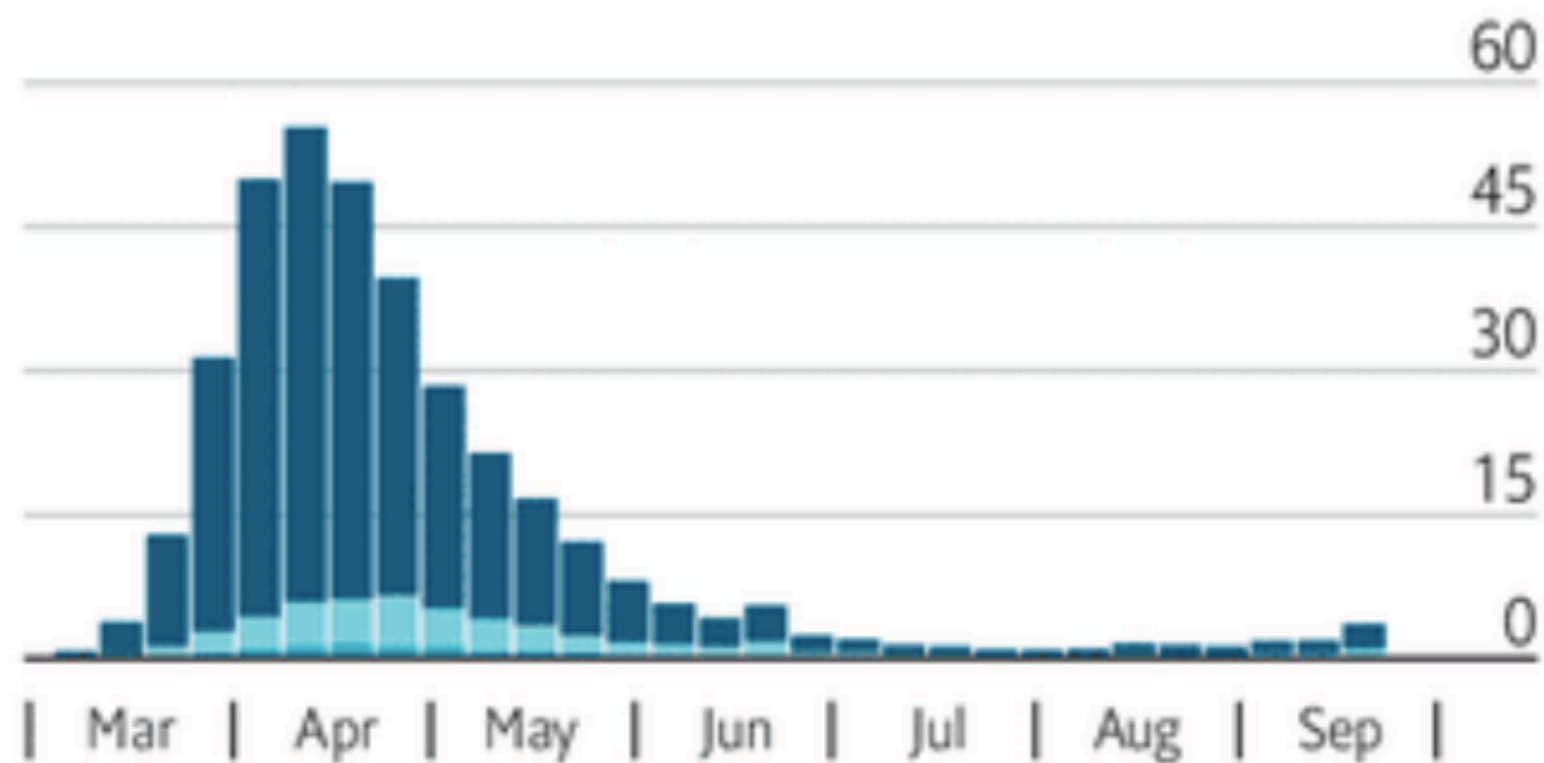
Covid-19 in western Europe*, to Sep 20th 2020

New confirmed cases per week, '000

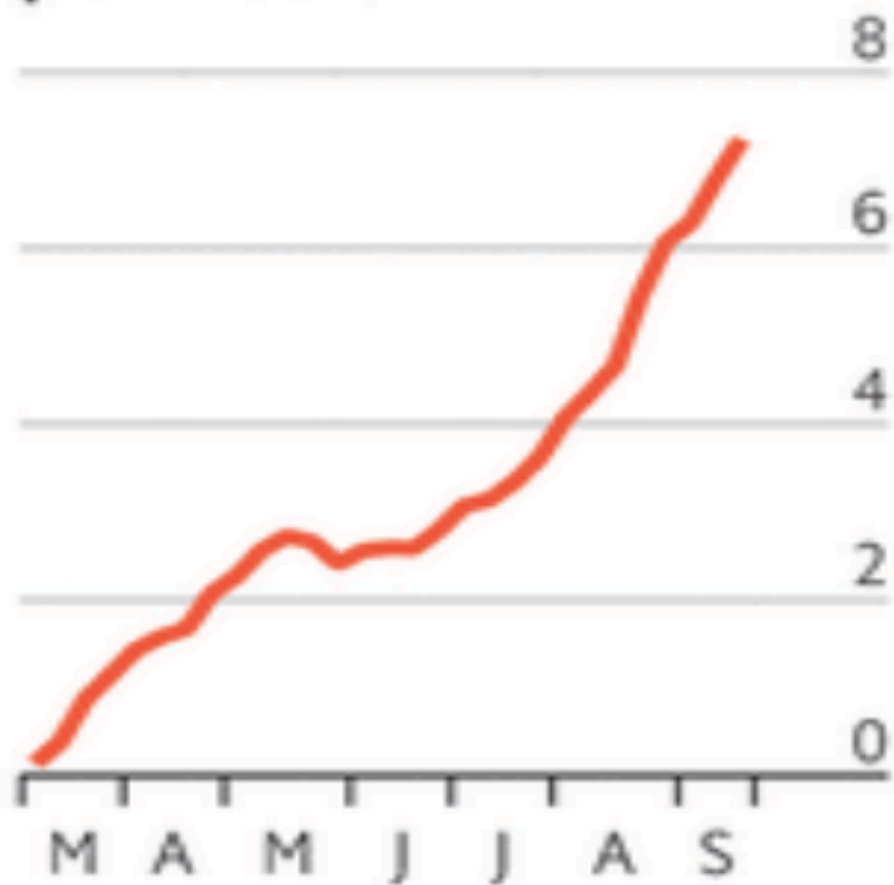


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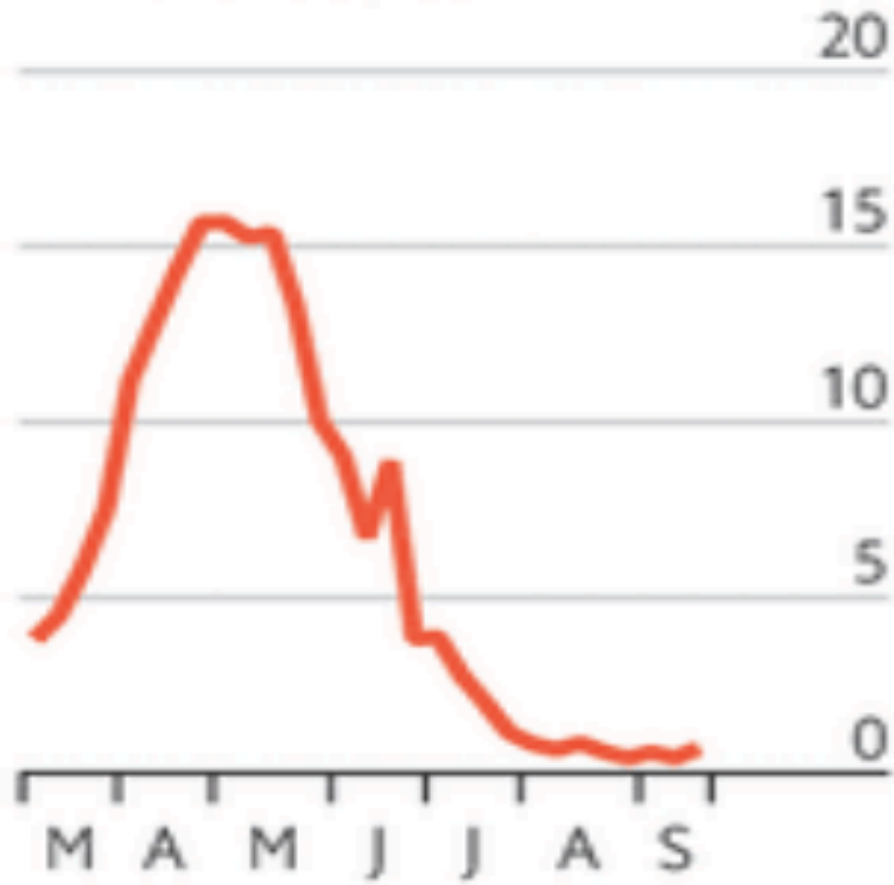
New confirmed deaths per week, '000



Tests performed per week, m

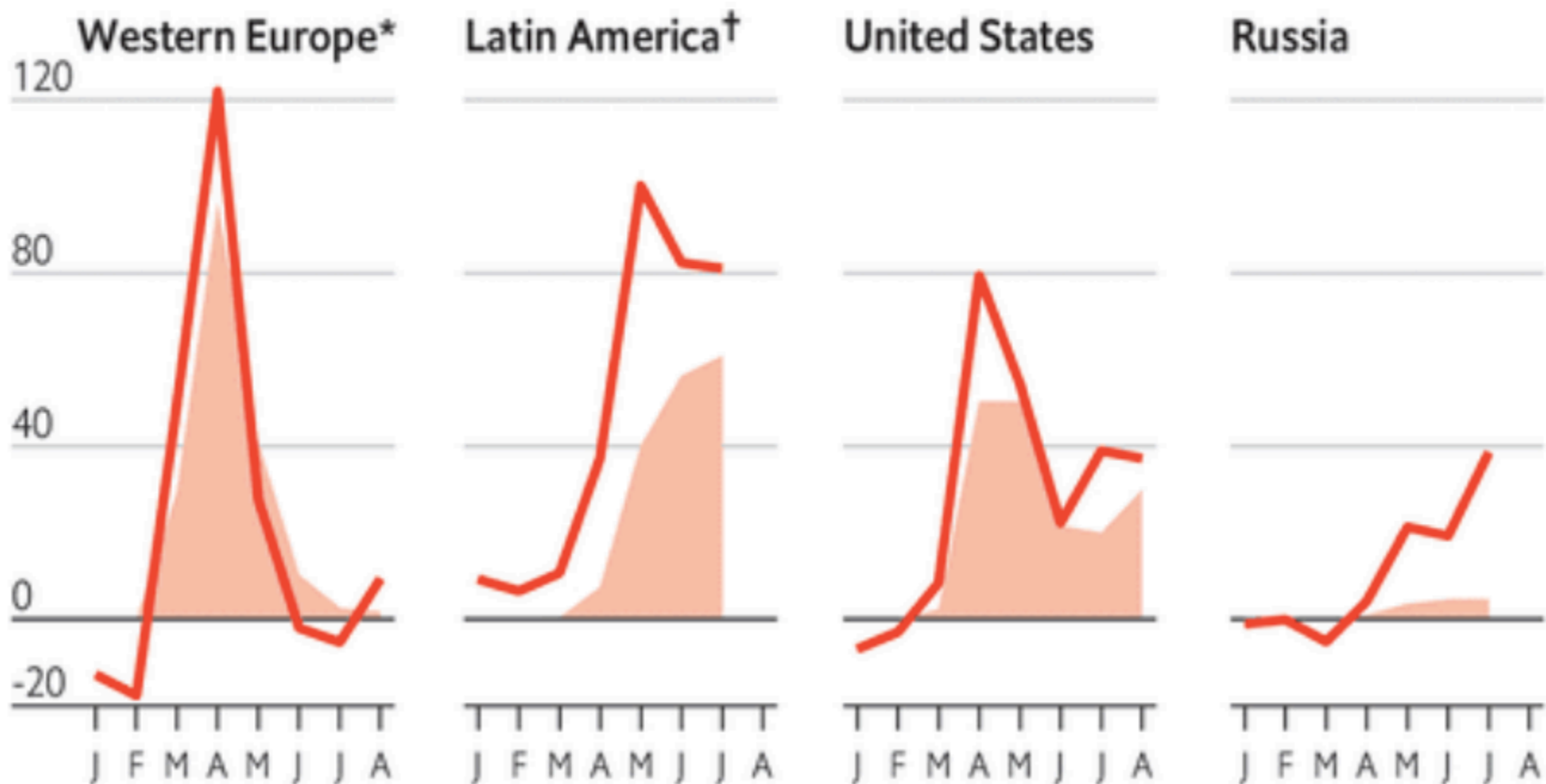


Confirmed cases who died, %



Deaths during the pandemic, 2020, '000

Confirmed covid-19 deaths Excess deaths (from all causes, above or below expected level)



The Bemidji Pioneer

<https://www.bemidjipioneer.com/indigenous-impacts/>

-Reporting on challenges such as COVID19 testing access

-Testimonials (Lt Governor from White Earth), essays, poems, videos

Indigenous Impacts

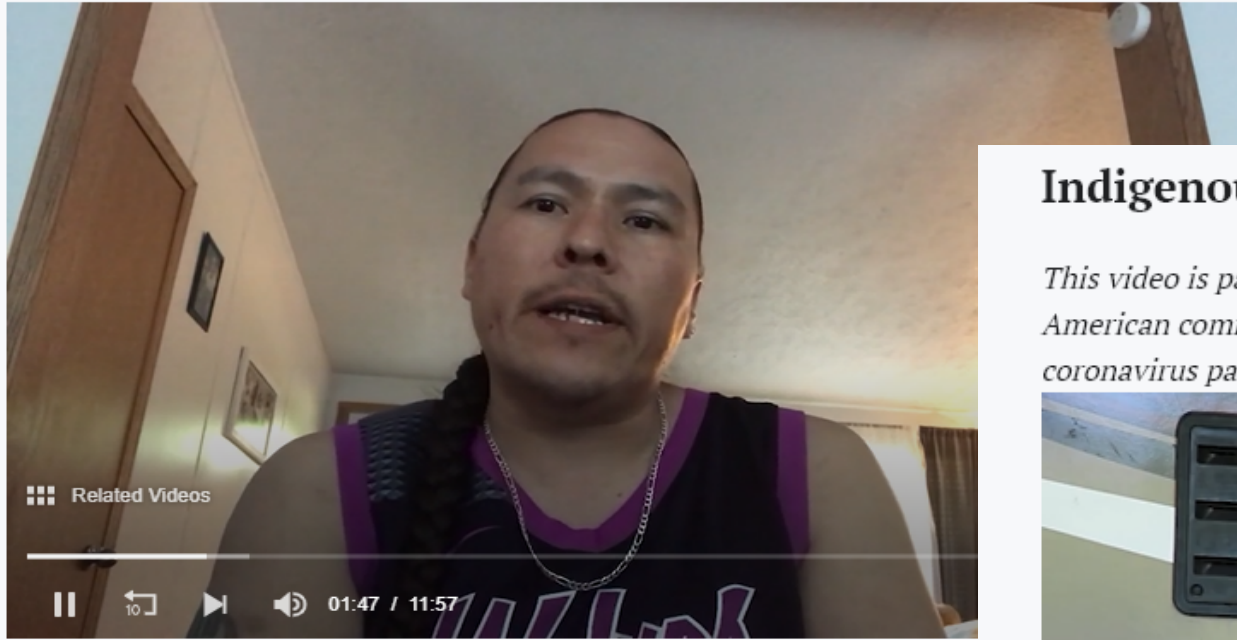


INDIGENOUS IMPACTS | Sep 25th 2020 - 9am

How has COVID-19 affected Native American communities, people? View the entire 'Indigenous Impacts' project here

Indigenous Voices

This video is part of the "Voices" portion of the "Indigenous Impacts" project. "Voices" features Native American community members as they discuss and write about personal and social effects of the coronavirus pandemic.



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SHARE



5



"If you eliminate us in the data, we no longer exist," says Abigail Echo-Hawk, a citizen of the Pawnee Nation of Oklahoma and director of the Urban Indian Health Institute. KATTY HUERTAS

COVID-19 data on Native Americans is 'a national disgrace.' This scientist is fighting to be counted

By [Lizzie Wade](#) | Sep. 24, 2020, 12:20 PM

<https://www.sciencemag.org/news/2020/09/covid-19-data-native-americans-national-disgrace-scientist-fighting-be-counted>

Abigail Echo-Hawk can't even count how many times she's been called a troublemaker. It's happened at conferences, workshops, and even after she testified before Congress—all places where she has advocated for the full and ethical inclusion of American Indians and Alaska Natives in public health data. "I didn't used to know what to say," she says. "Now, my answer is, 'Is calling for justice making trouble?'"

COVID-19 causes Native helpline to expand services

Domestic abuse issues compound disproportionate effect of virus on Native Americans

by Ivnn Mizner Sep 23 2020  0



StrongHearts Native Helpline -- a free, anonymous and culturally appropriate helpline for Native Americans, has expanded to serve that population. The organization has added online chat and sexual violence advocacy and is currently recruiting advocates to provide 24-hour services. Services will include referrals to resources such as legal advocacy, shelters and Native-centered domestic violence programs in each community as available.

Those interested in applying to be a StrongHearts Native Helpline advocate should visit www.strongheartshelpline.org/careers for more information. Any indigenous person in North America experiencing relationship violence or anyone who believes a Native American friend, family member or coworker may be in an abusive relationship is encouraged to contact the StrongHearts Native Helpline by calling 844-7NATIVE (844-762-8483) and visiting StrongHeartsHelpline.org to connect with an advocate.

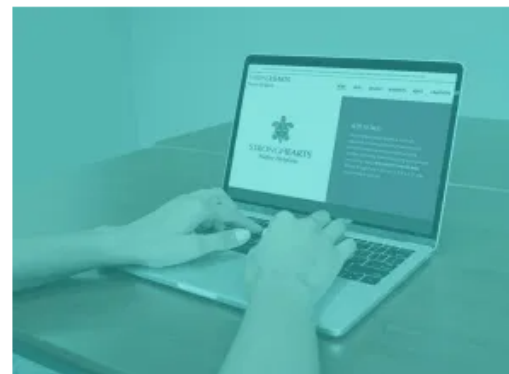


DOMESTIC, DATING AND SEXUAL VIOLENCE ARE NEVER OKAY.

StrongHearts Native Helpline **1-844-7NATIVE (762-8483)** is a safe domestic, dating and sexual violence helpline for American Indians and Alaska Natives, offering culturally-appropriate support and advocacy daily from 7 a.m. to 10 p.m. CT. Anonymous and confidential. Callers reaching out after hours may connect with The National Domestic Violence Hotline, a non-Native based 24-7 domestic violence helpline by selecting option one. Learn more about our services [here](#).

IMMEDIATE HELP: ONLINE CHAT ADVOCACY

Click on the **Chat Now** icon right now to connect one-on-one with a live advocate. Chatline users reaching out after hours will receive a message re-directing them to reach out during operating hours or to reach out to The National Domestic Violence Hotline, a non-Native based 24-7 domestic violence helpline. Learn more about chat advocacy [here](#).



SAFETY ALERT

Computer use can be monitored and is impossible to completely clear. If you are afraid your internet usage might be monitored, call StrongHearts Native Helpline at **1-844-7NATIVE (762-8483)**.

You may also click the "Escape" button at the top left to be redirected to another site.

StrongHearts Native Helpline is a project of the National Domestic Violence Hotline and the National Indigenous Women's Resource Center.

AP

Native Americans feel double pain of COVID-19 and fires 'gobbling up the ground'

By Miranda Green Kaiser Health News (TNS) Sep 23, 2020 

When the first fire of the season broke out on the Hoopa Valley Reservation in Northern California in July, Greg Moon faced a dilemma.

As Hoopa's fire chief and its pandemic team leader, Moon feared the impact of the blaze on the dense coniferous forests of the reservation, near Redwood National and State Parks, where 3,000 tribal members depend on steelhead trout and coho salmon fishing. He was even more terrified of a deadly viral outbreak in his tribe, which closed its land to visitors in March.

“We're a high-risk community because we have a lot of diabetes, heart disease and elders that live in multigenerational homes. If a young person gets it, the whole household is going to get it,” Moon said.



INDIAN HEALTH SERVICE

PRESS RELEASE

[Download](#) [PDF - 216 KB]

09/24/2020

FOR IMMEDIATE RELEASE

Contact: (301) 443-3593, newsroom@ihs.gov

Indian Health Service Receives 300,000 BinaxNOW COVID-19 Tests for Distribution

The Indian Health Service received 300,000 rapid Abbott BinaxNOW Ag Card Point of Care SARS-CoV-2 diagnostic tests to expand testing for COVID-19 across tribal communities.

This announcement is part of an historic initiative led by the U.S. Department of Health and Human Services and the Department of Defense and the Administration which awarded a contract for \$760 million to Abbott for delivery of 150 million rapid tests to expand strategic, evidence-based testing in the United States. Tests will be distributed to serve schools and to assist elder and other special needs populations.

Data update

COVID19: Numbers & Rates

- I/T/U sites reporting to IHS
- Number of sites reporting unknown
- Not to be used for evaluation or quality
- COVID19 numbers and trends can be intensely local within regions

IHS coronavirus dashboard

T1=Time 1, Aug 21-Sept 6, T2=Time 2, Sep 11-25 . T1 has +2 reporting days (Sat/Sun).

	T1 tests	T1 +tests	Positive %	T2 tests	T2+	Positive %
AK	28168	351	1.2	34228	495	1.4
ABQ	1858	45	2.4	2620	76	2.9
BEM	5792	165	2.8	6359	419	6.6
BIL	3098	366	11.8	3267	494	15.1
CA	1216	54	4.4	1268	56	4.4
GP	6024	357	5.9	7088	444	6.3
NAS	2125	59	2.8	2011	94	4.7
NAV	5458	269	4.9	6492	254	3.9
OKC	16896	1528	9.0	17658	1825	10.3
PHX	5421	329	6.1	4926	339	6.9
POR	3378	394	11.7	2875	133	4.6
TUC	502	12	2.4	458	20	4.4
Total	79936	3929	4.9	88440	4649	5.3




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COVID19: Rates

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Rates per 10,000, calculated based on published user pop 2014

	T1 test rate	T1+ rate	T2 test rate	T2+ rate
AK	2008.3	25.0	2440.3	35.3
ABQ	156.4	3.8	220.6	6.4
BEM	426.6	12.2	468.4	30.9
BIL	402.1	47.5	424.1	64.1
CA	61.4	2.7	64.1	2.8
GP	436.5	25.9	513.5	32.2
NAS	151.6	4.2	143.5	6.7
NAV	204.8	10.1	243.6	9.5
OKC	410.8	37.2	429.4	44.4
PHX	236.4	14.3	214.8	14.8
POR	148.0	17.3	126.0	5.8
TUC	124.6	3.0	113.7	5.0
Total	376.4	18.5	416.5	21.9

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National increase in testing rates,
3 Areas increase > 20%

IHS coronavirus dashboard: rates












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Final table: changes by Area

Changes T1 to T2

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	Tests per 10,000	New positive tests per 10,000	Proportion tests+
AK	+18%	+29%	+14%
ABQ	+29%	+41%	+17%
BEM	+9%	+61%	+57%
BIL	+5%	+26%	+22%
CA	+4%	+4%	-1%
GP	+15%	+20%	+5%
NAS	-6%	+37	+41%
NAV	+16%	-6%	-26%
OKC	+4%	+16	+12%
PHX	-10%	+3%	+12%
POR	-17%	-196%	-152%
TUC	-10%	+40%	+45%
Total	+10%	+15%	+6%

From Montana/BIL Area

Interim Analysis of COVID-19 cases in Montana (as of 9/18/2020)

This report is an interim epidemiological review of COVID-19 cases in Montana. Data is analyzed based on information available as of September 18, 2020. Current case count at the time of analysis is:

Case Count = 10,163

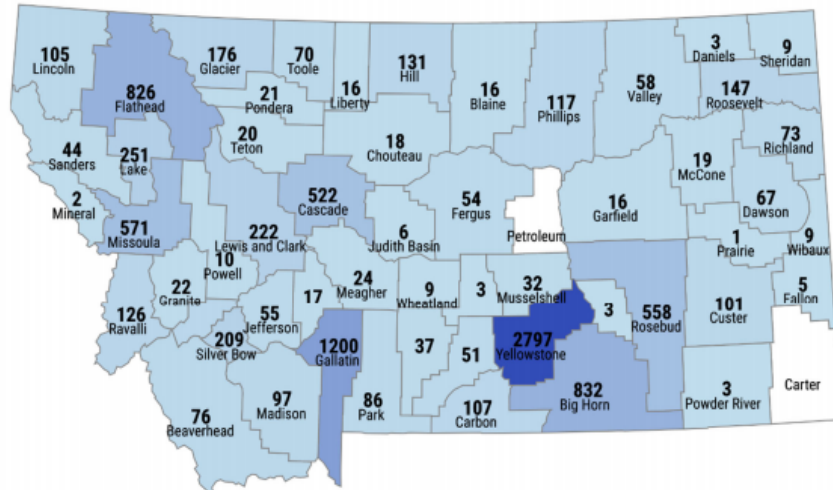
This report is completed using data that is available during the time of analysis and there may be a delay between current case count and this report, due to rapidly changing updates. When data is limited to available information, number of cases included in analysis is indicated in graphs.

Geographic Distribution

There are 10,163 cases of COVID-19 reported in 54 counties in Montana. Most cases are reported in more populous counties. Yellowstone County and Gallatin County have been the most impacted, reporting 28% and 12% of all reported cases, respectively. Big Horn (8%), Flathead (8%), Missoula (6%), Rosebud (5%) and Cascade (5%) counties report more than 500 cases each (Figure 1).

Figure 1: Map of Reported Montana COVID-19 cases*

Reported COVID-19 Cases in Montana as of 9/18//2020



“Persons who died were between 30 and 97 years of age, with a median age of 77 years old. Fifty-four percent were male. For those who died, and race was known, 80 (63%) of them identified as white and 47 (37%) as Native American. ”

New/Updated Guidance of Note

CDC and FDA COVID19 communication resources

<https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

<https://www.fda.gov/media/142400/download>

Communication Tools

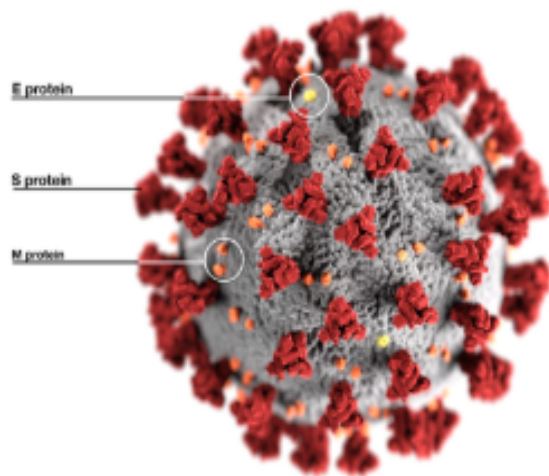


Social distancing means putting space between yourself and others.

Social Media Toolkit

Toolkit to help localize efforts in responding to the virus that causes COVID-19.

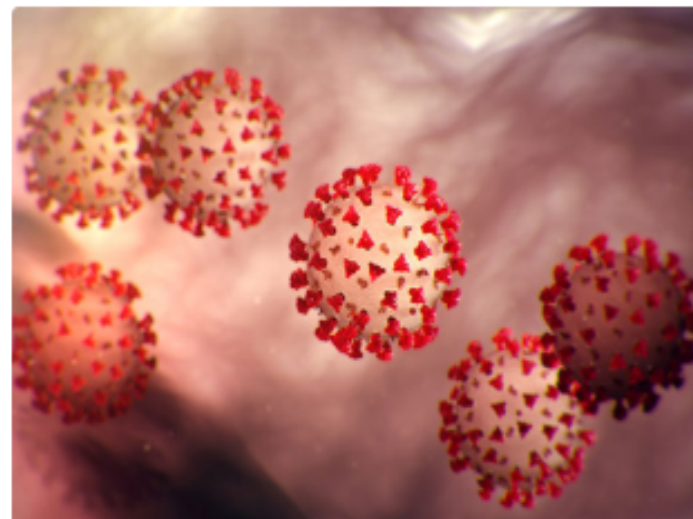
[Español](#)



COVID-19 Microsite

Real-time COVID-19 information added to your website.

[Español](#)



Digital Press Kit

A collection of media resources on COVID-19 response, published online.

FDA Approved Tweets for Stakeholders

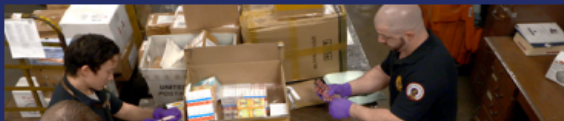


FDA has provided the following approved social media messages on topics related to COVID-19 to help as you share this important information with your members.

FRAUDULENT PRODUCTS

1. .@US_FDA is warning individuals and companies selling unapproved products with claims that they mitigate, prevent, treat, diagnose, or cure #COVID19. Learn more at <https://www.fda.gov/consumers/health-fraud-scams/fraudulent-coronavirus-disease-2019-covid-19-products>
2. Currently, there is no product approved, cleared, or licensed by FDA to treat or prevent #COVID19. Learn the facts at <https://www.fda.gov/consumers/health-fraud-scams/fraudulent-coronavirus-disease-2019-covid-19-products>
3. .@US_FDA has a dedicated task force closely monitoring for fraudulent products in the market as part of our #COVID19 response. Learn more at <https://www.fda.gov/safety/report-problem-fda/reporting-unlawful-sales-medical-products-internet>
4. DYK! You can report anyone claiming their product can prevent or cure #COVID19 to @US_FDA <https://www.fda.gov/safety/report-problem-fda/reporting-unlawful-sales-medical-products-internet>
5. Be careful. Don't believe everything you hear or read about #COVID19. Learn more from @US_FDA <https://www.fda.gov/consumers/consumer-updates/beware-fraudulent-coronavirus-tests-vaccines-and-treatments>

To include an accompanying image with any of the above tweets, click any of the images below to visit the websites where each image can be downloaded.



- Prevention and general messages
- Fraudulent products
- Medical countermeasures
- “Multicultural”

Online ECHO Clinic | September 17, 2020

Presentation Title: Emergent Therapies for COVID-19

In this presentation, Dr. Ryan Schupbach, Vice Chair of the IHS National Pharmacy & Therapeutics Committee, gives an update on emerging therapies for COVID-19.

<https://www.indiancountryecho.org/covid-19/topic-presentations/september-17-2020/>

CDC's Response to Support State, Tribal, Local, and Territorial Health Departments

A total of 671 CDC staff are currently working in state, tribal, local, and territorial health agencies. Of these, 26 with tribal nations:

7-deployed with the Northern Cheyenne Tribe,

4- Crow Tribe,

3- Navajo Nation,

2-Miwok Tribe, Muscogee Tribe, Paiute-Shoshone Tribe, San Carlos Apache, Shawnee Tribe,

1- Spirit Lake Tribe, Tohono O'odham Tribe

<https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/response-corps.html>

CDC COVID-19 response staff deployed across America

*These numbers reflect data from September 24, 2020 – number of staff can change daily.

Thank you

