

COVID update Oct 12 2020

Brigg Reilley MPH

Brigg.Reilley@ihs.gov

No disclosures

Opinions expressed only my own

Brief article updates

- Journal Infectious Diseases, HIV clusters and CDC advisory related to COVID
- MMWR mitigation measures/non-pharmaceutical interventions (NPIs) in Arizona
- Journal of General Internal Medicine, State Reopening Strategies and COVID-19
- Commonwealth fund report, lessons learned pandemic response Indian Country

[Article Navigation](#)

Responding to Outbreaks of Human Immunodeficiency Virus Among Persons Who Inject Drugs—United States, 2016–2019: Perspectives on Recent Experience and Lessons Learned

Sheryl B Lyss , Kate Buchacz, R Paul McClung, Alice Asher, Alexandra M Oster

The Journal of Infectious Diseases, Volume 222, Issue Supplement_5, 1 October 2020, Pages S239–S249,

<https://doi.org/10.1093/infdis/jiaa112>

Published: 02 September 2020

Recent HIV Clusters and Outbreaks Across the United States Among People Who Inject Drugs and Considerations During the COVID-19 Pandemic



Distributed via the CDC Health Alert Network

October 5, 2020, 11:00 AM ET

CDCHAN-00436

Summary

Since 2015, the Centers for Disease Control and Prevention (CDC) and health departments across the United States have identified several HIV clusters and outbreaks occurring predominantly among people who inject drugs (PWID). Long-term declining trends in HIV incidence among people who inject drugs have stalled. The purpose of this Health Advisory is to alert public health departments and healthcare providers to the possibility of new injection-related HIV infections and outbreaks. This HAN provides guidance for preventing, identifying, and responding to HIV among people who inject drugs. It also provides considerations for delivering services in the context of the COVID-19 pandemic.

<https://emergency.cdc.gov/han/2020/han00436.asp>

6 outbreaks documented

- Example: Lowell, MA. Five HIV+ detected in community health center. Contact tracing detected and linked 159 new diagnoses to this outbreak.
- Contact tracing and partner services resource intensive due to transient housing
- Unstable housing, incarceration, HCV exposure
- Outbreaks detected via HIV testing in Emergency Departments, Correctional Settings, Substance Use Disorder, Syringe Service exchanges
- Increases in risky behavior and decreased access to services during COVID-19
- Contact us for questions on HIV testing, linkage to care, SUD, Harm Reduction ECHOs, dstephens@npaihb.org and www.indiancountryecho.org



Morbidity and Mortality Weekly Report (MMWR)

CDC



Trends in COVID-19 Incidence After Implementation of Mitigation Measures — Arizona, January 22–August 7, 2020

Weekly / October 9, 2020 / 69(40);1460–1463

On October 6, 2020, this report was posted online as an MMWR Early Release.

M. Shayne Gallaway, PhD^{1,2}; Jessica Rigler, MPH¹; Susan Robinson, MPH¹; Kristen Herrick, MPH¹; Eugene Livar, MD¹; Kenneth K. Komatsu, MPH¹; Shane Brady, MPH¹; Jennifer Cunico¹; Cara M. Christ, MD¹ ([View author affiliations](#))

[View suggested citation](#)

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e3.htm>

NPIs updated in AZ in response to rising case finding

local governments the authority to implement mask policies and enforcement measures **tailored to local public health needs**; mask wearing had not been widely mandated or enforced.

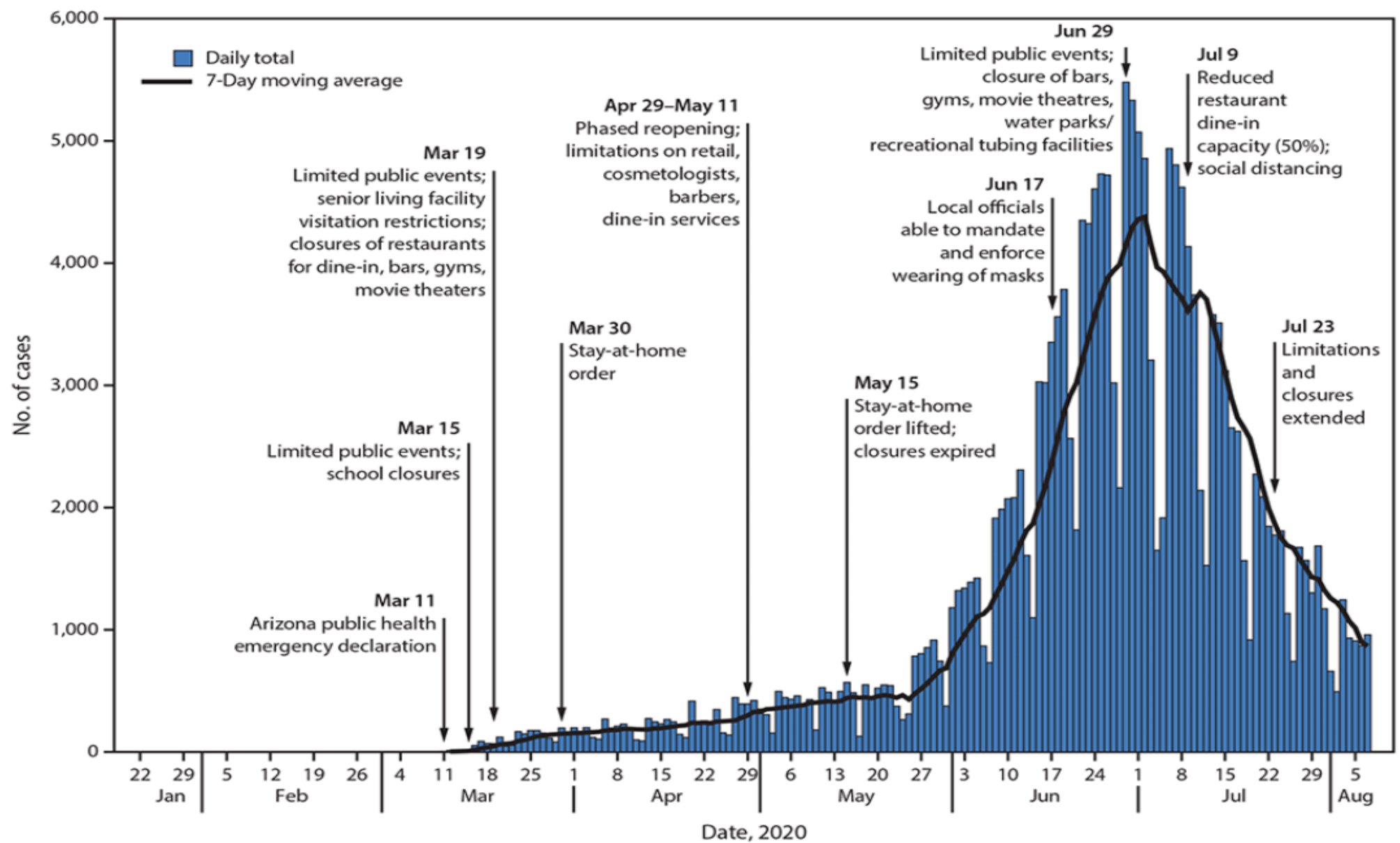
Limited organized public events to fewer than 50 persons (with some exceptions);

Closed bars, gyms, movie theaters, and water parks and recreational tubing facilities

Limited restaurants' indoor dining to <50% capacity, with at least 6 feet of separation between patrons

Combination of voluntary and enforceable measures

FIGURE. Selected community mitigation measures* and COVID-19 case counts† and 7-day moving averages§ — Arizona, January 22–August 7, 2020



Abbreviation: COVID-19 = coronavirus disease 2019.

Limitations

- Relationship of mitigation measures and case counts is temporal correlation, not causality
- Cannot discern which interventions most effective, adherence not assessed
- Other factors may have caused change (e.g. travel reductions)
- Not all AZ reported
- Experience in AZ may not apply to other settings

Arizona's prevention and control measures over the summer months helped slow the spread of COVID-19

151% 

in cases after stay-at-home order lifted

Number of cases stabilized then decreased after multiple statewide and local prevention measures implemented




75% 

in cases following sustained prevention efforts across the state

Original Research | Published: 06 October 2020

Comparing Associations of State Reopening Strategies with COVID-19 Burden

[Brystana G. Kaufman PhD](#) , [Rebecca Whitaker PhD](#), [Nirosha Mahendraratnam Lederer PhD](#), [Valerie A. Lewis DrPH](#) & [Mark B. McClellan MD, PhD](#)

[Journal of General Internal Medicine](#) (2020) | [Cite this article](#)

125 Accesses | **90** Altmetric | [Metrics](#)

<https://link.springer.com/article/10.1007/s11606-020-06277-0>



The
Commonwealth
Fund

What's Trending: COVID-19 Medicaid Work Requirements Non-ACA-Compliant Health Plans

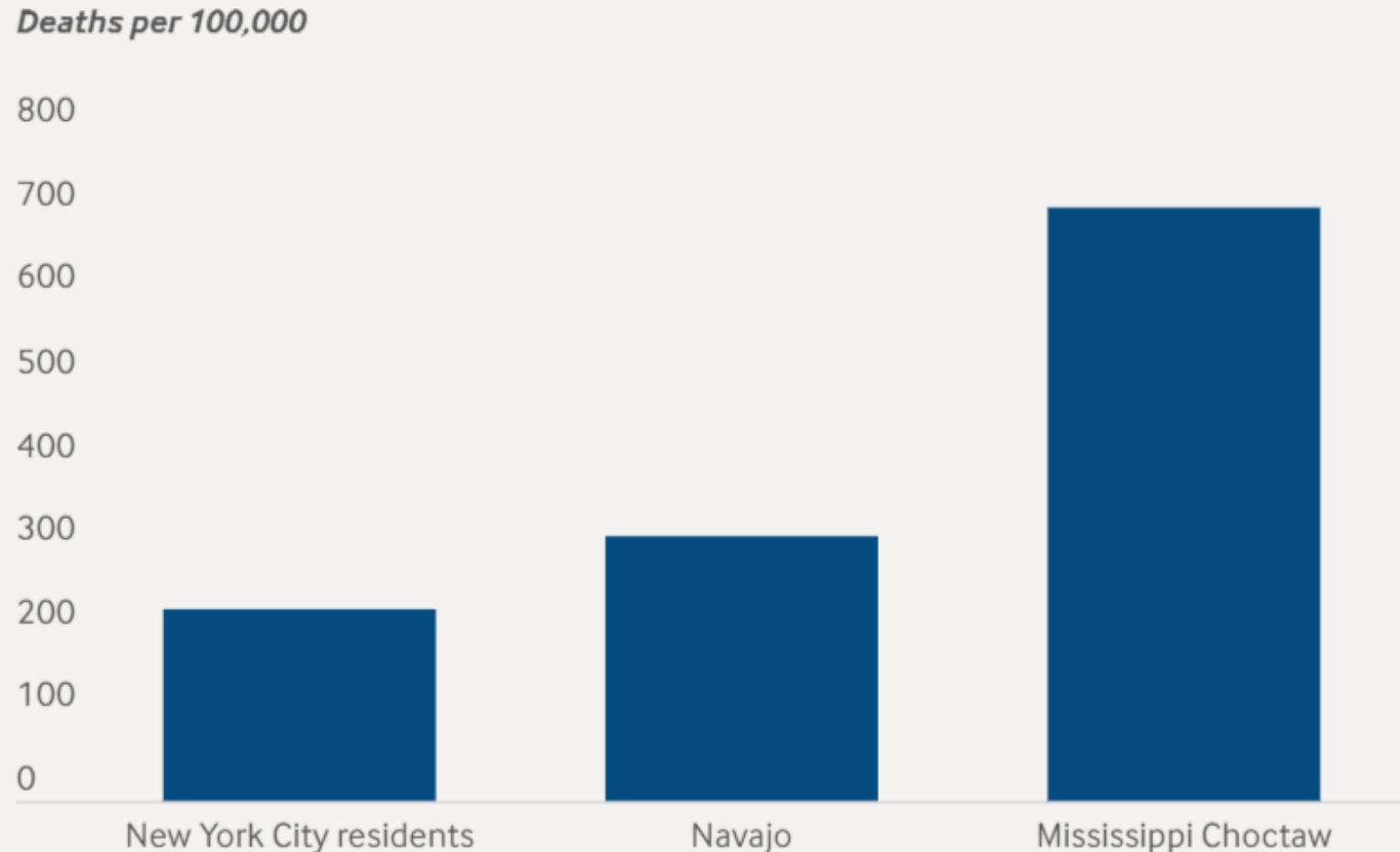
Learning from Pandemic Responses Across Indian Country

September 30, 2020 | Martha Hostetter and Sarah Klein

https://www.commonwealthfund.org/publications/newsletter-article/2020/sep/learning-pandemic-responses-across-indian-country?utm_source=mhsk&utm_medium=social&utm_campaign=Transforming%20Care

The Disparate Impact of COVID-19

As of September, 551 Navajos and 78 Mississippi Choctaw have died from COVID-19 – twice and three times the rate, respectively, of New York City, which reported 19,159 deaths linked definitively to COVID-19.

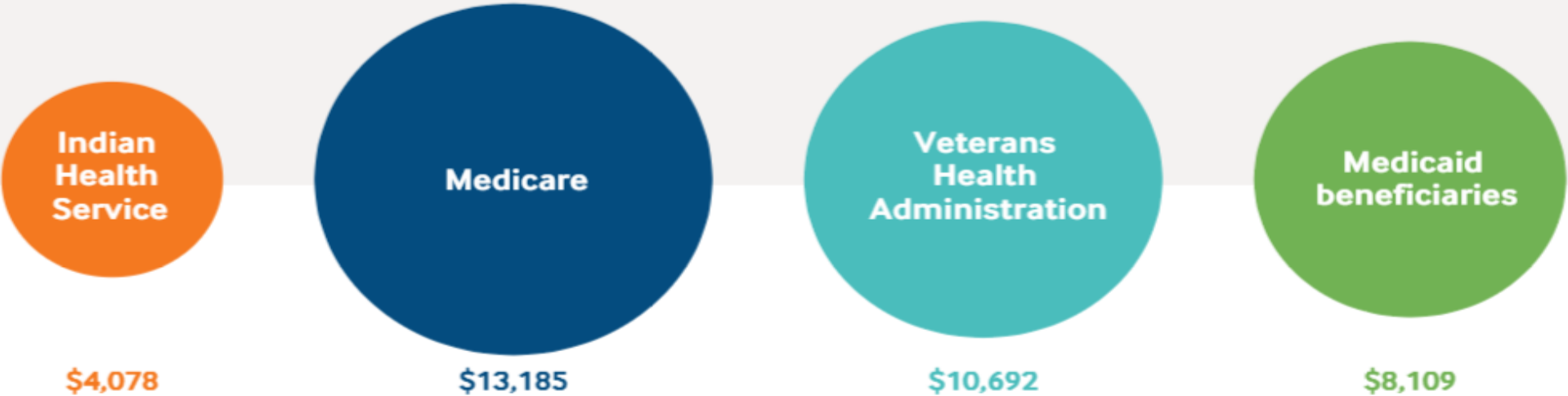


Underfunding of IHS a Perennial Problem

On a per capita basis, public funding to Indian Health Service is substantially lower than that of other programs.

This year the IHS budget is \$6 billion for 2.56 million American Indian and Alaska Natives. Tribal leaders estimate \$32 billion would be needed to meet patients' needs and update aging health care facilities.

Underfunding has made it difficult to fill health care leadership and clinical positions: 25% are vacant nationally; 30% are vacant in the Navajo Nation.



Note: Some American Indians and Alaska Natives also have health insurance coverage through Medicare, Medicaid, the V.H.A., or through private plans.

Source: <https://www.gao.gov/products/GAO-19-74R#summary>

Examples of Pandemic Response

- Wabanaki Public Health Dept, Maine
- Seattle Indian Health Board, Washington
- Tuba City Regional Health Care, Arizona
- Northern Cheyenne Nation, Montana
- Mississippi Band Choctaw, Mississippi

Wabanaki

Colored paper project: elders signal needs each day by placing paper in window

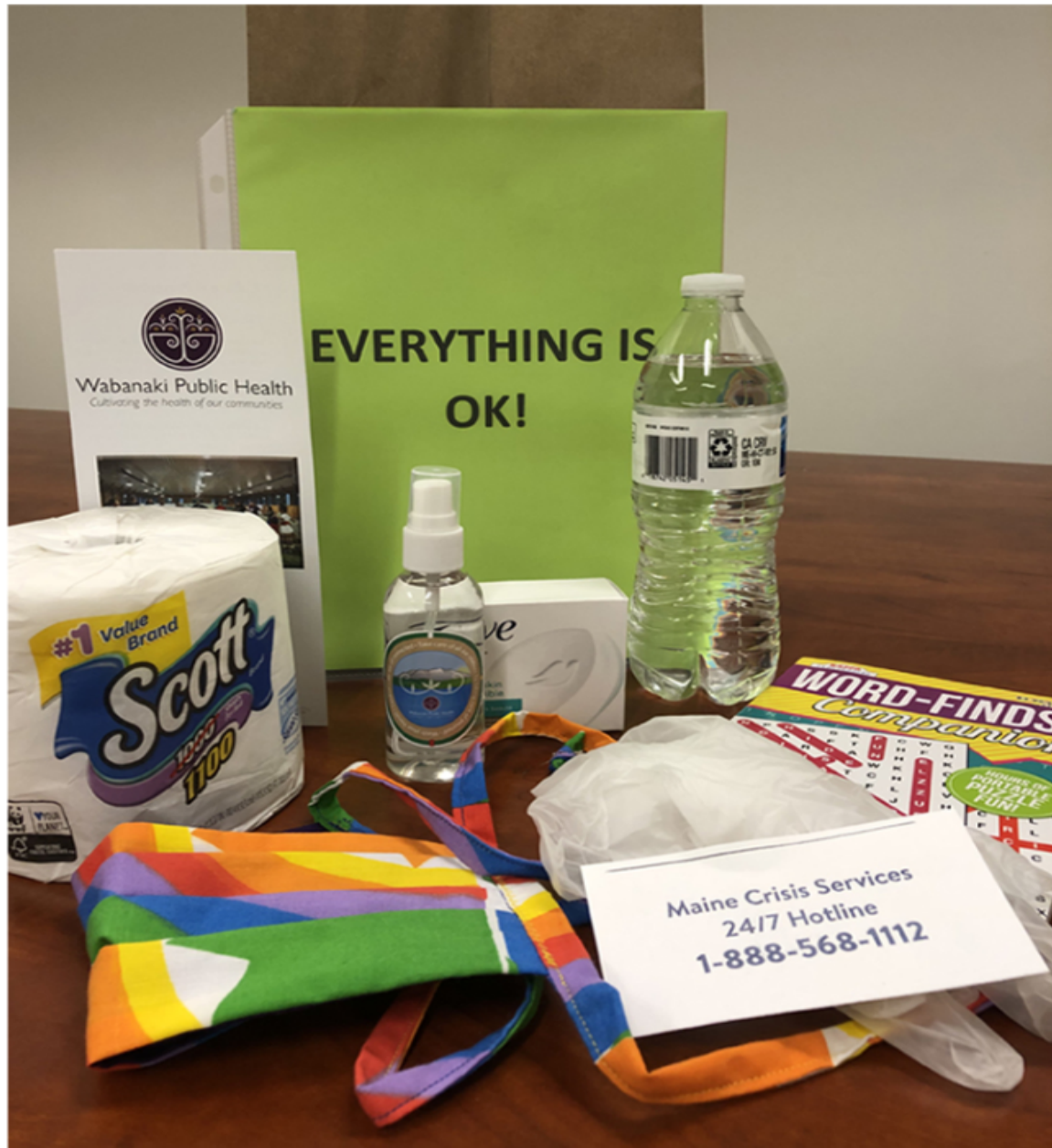
Red=Medical Help

Yellow=Need supplies (soap, toilet paper)

Blue=Need a friendly ear

Green=No needs

Drive-by checks twice a day



Seattle Indian Health Board

- 80 percent of medical visits virtual
- Dental staff redeployed as medical scribes
- Telemedicine kiosk outside clinic
- Pediatric visits Saturdays



Seattle Indian Health Board staff are providing coronavirus testing at the [Chief Seattle Club](#), which also offers meals, housing assistance, a legal clinic, Native art job training, and other services to American Indians and Alaska Natives experiencing homelessness. Source: Seattle Indian Health Board

Tuba City

- Nurse hotline for COVID19 questions established
- PCPs outreach to high risk patients for virtual visits
- Drive-through clinic for pediatric vaccinations
- Facebook Live events
- Public health nursing support for supplies, contact tracing *“we are not calling to make people do things they don’t want to do”*
- Outside staff for surge medical capacity via partnerships *“As an independent facility, we didn’t have to go through bureaucracy. We got our onboarding program down to two days rather having people sit in orientation for a week.”*

COVID-19
CORONAVIRUS DISEASE 2019

Sweat Lodge Guidance During COVID-19

No person with symptoms of COVID, exposure to COVID or pending COVID test results should participate. Do NOT mix households.



Only one person at a time in the sweat lodge.



Participants and helpers should wear masks where possible.



Bring individual drinking water in closed containers.



Don't share water cans, wash pans and drinking water cups.



Don't share towels or clothing.



Provide changeable personal seating, such as a towel to sit on and remove after use, hang in direct sunlight.



Make sure a knowledgeable sweat lodge person is available outside for any assistance.



Ventilate sweat lodge for at least 24 hours before re-use.

After Sweat Session



Remove and hang any fabric floor coverings in direct sunlight.



For plains style sweat lodge, take apart lodge coverings and lay out in direct sunlight



Tuba City
Regional Health Care Corporation

TELEHEALTH Mental Health Services

Telehealth Mental health services are available for children, adolescents, and adults during the COVID-19 pandemic. Services are confidential.



HOW TO RECEIVE SERVICES

- 1 Call 1-866-976-5941 to schedule an appointment.
- 2 Access Mental Health Services by your mobile device or computer, or through the TCRHCC Community Counseling Center.

For more information, call 1-866-976-5941



Tuba City
Regional Health Care Corporation

Partnerships

- Multi-agency and Area Office: FEMA, HHS, CDC for medical staff in Mississippi with Area Office
- Gallup/GIMC with state DoH, non-IHS health facilities, community non-profit, external medical surge support to repurpose motels as 'respiratory shelters' for homeless
- Holding the line: SIHB insisted on contacting patients with positive test results, rather than FEMA/National Call Center as stipulated by testing program. *"... no one in the American Indian and Alaska Native population is going to take a call from the federal government."*

Northern Cheyenne

- Successful testing program, large events, reached ½ population
- Countered by community pandemic fatigue, limits on ability for physical distancing

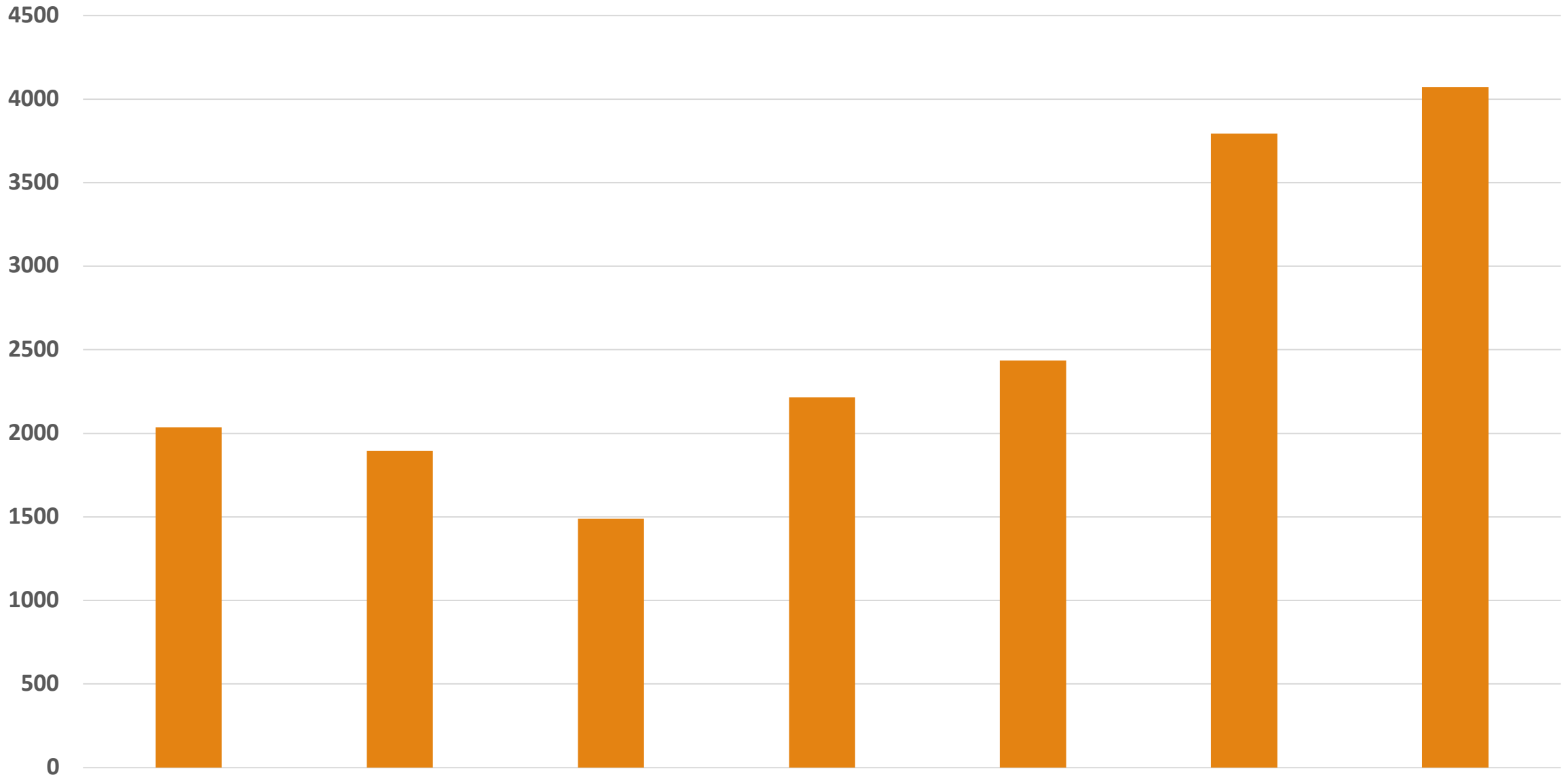
Data update

National data, Aug21-Oct 9, by week

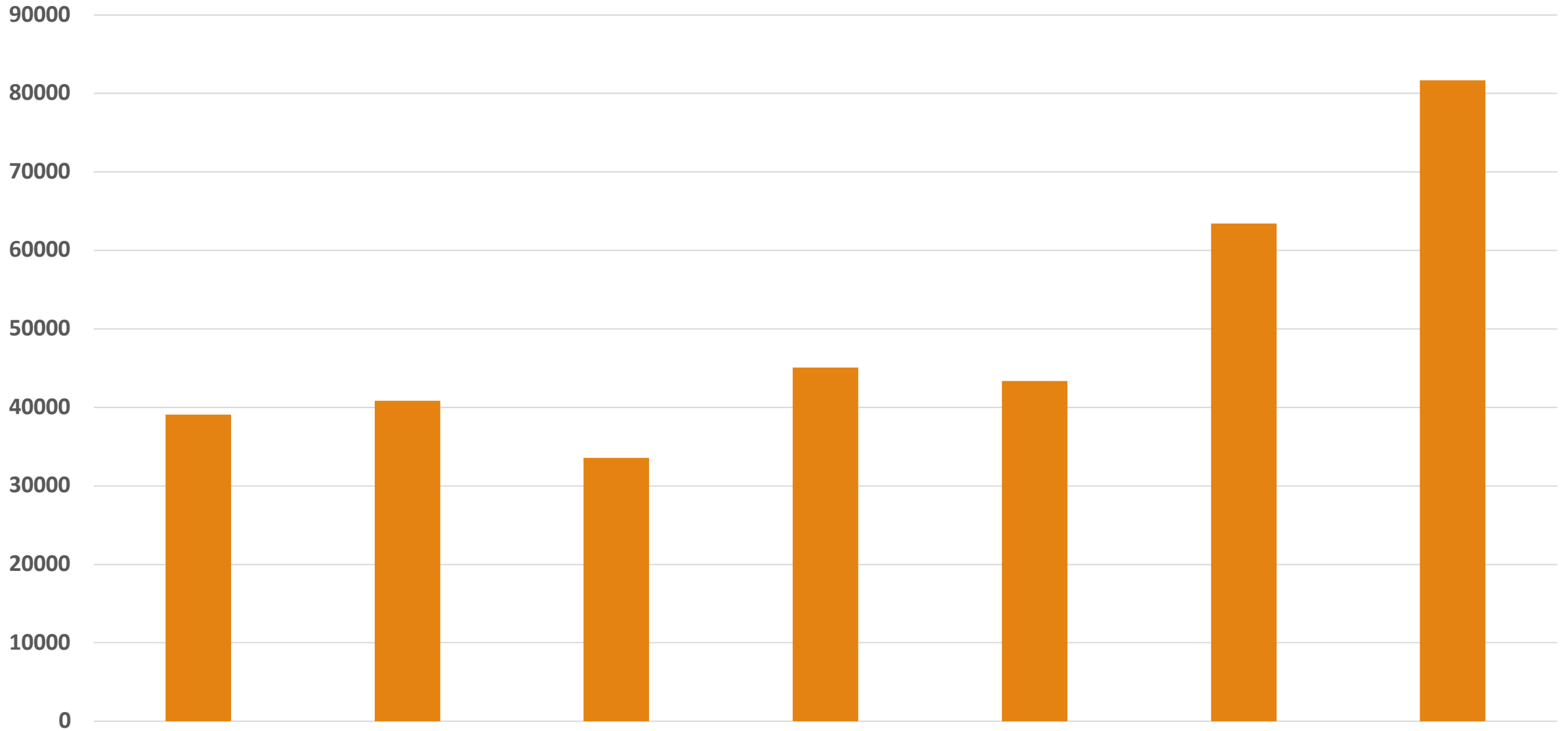
Area level data, Sept 25- Oct 9, by week

All taken or calculated from IHS Coronavirus dashboard

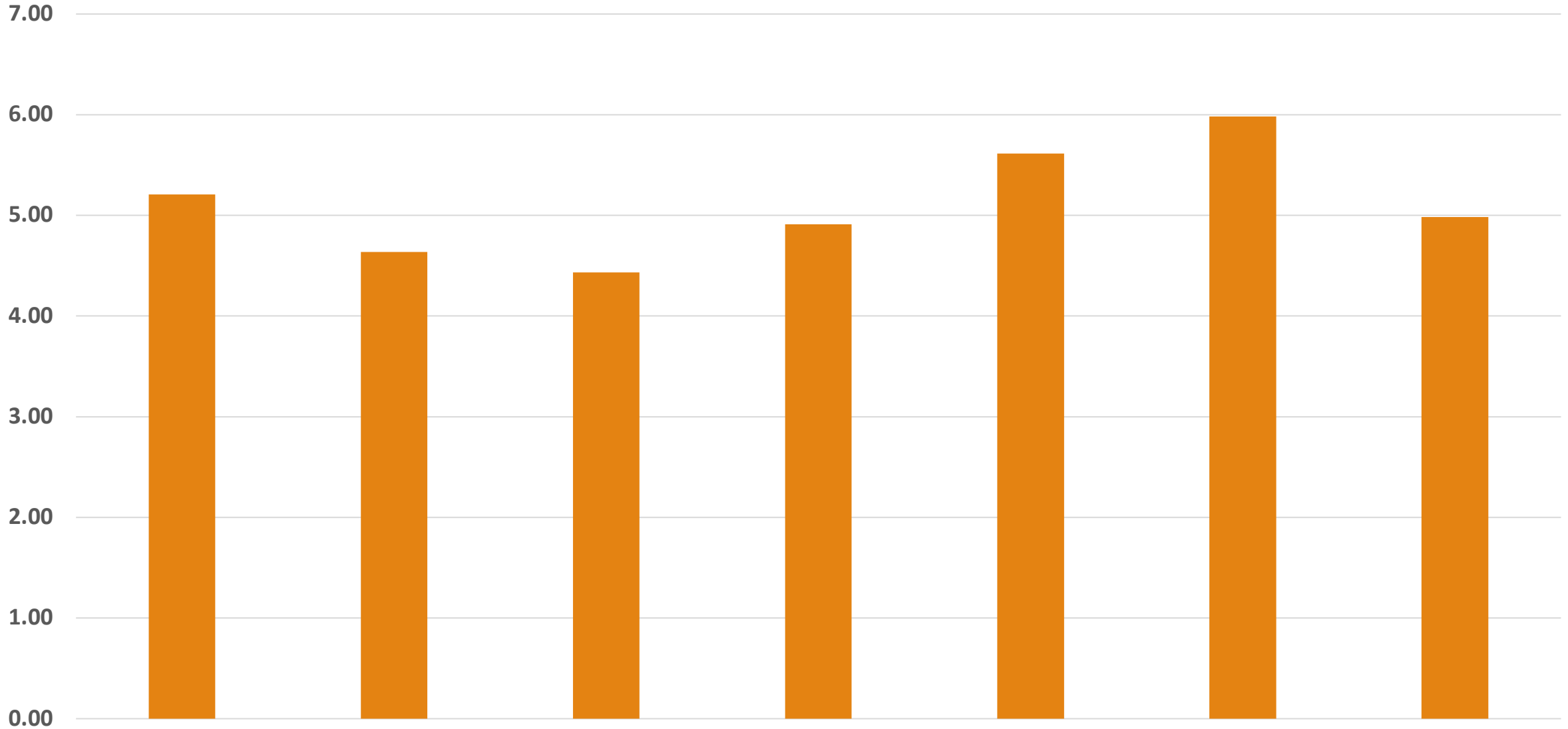
Positive Tests National IHS Dashboard Aug 21-Oct9, weekly



Total Tests, IHS Dashboard Aug 21-Oct 9, weekly



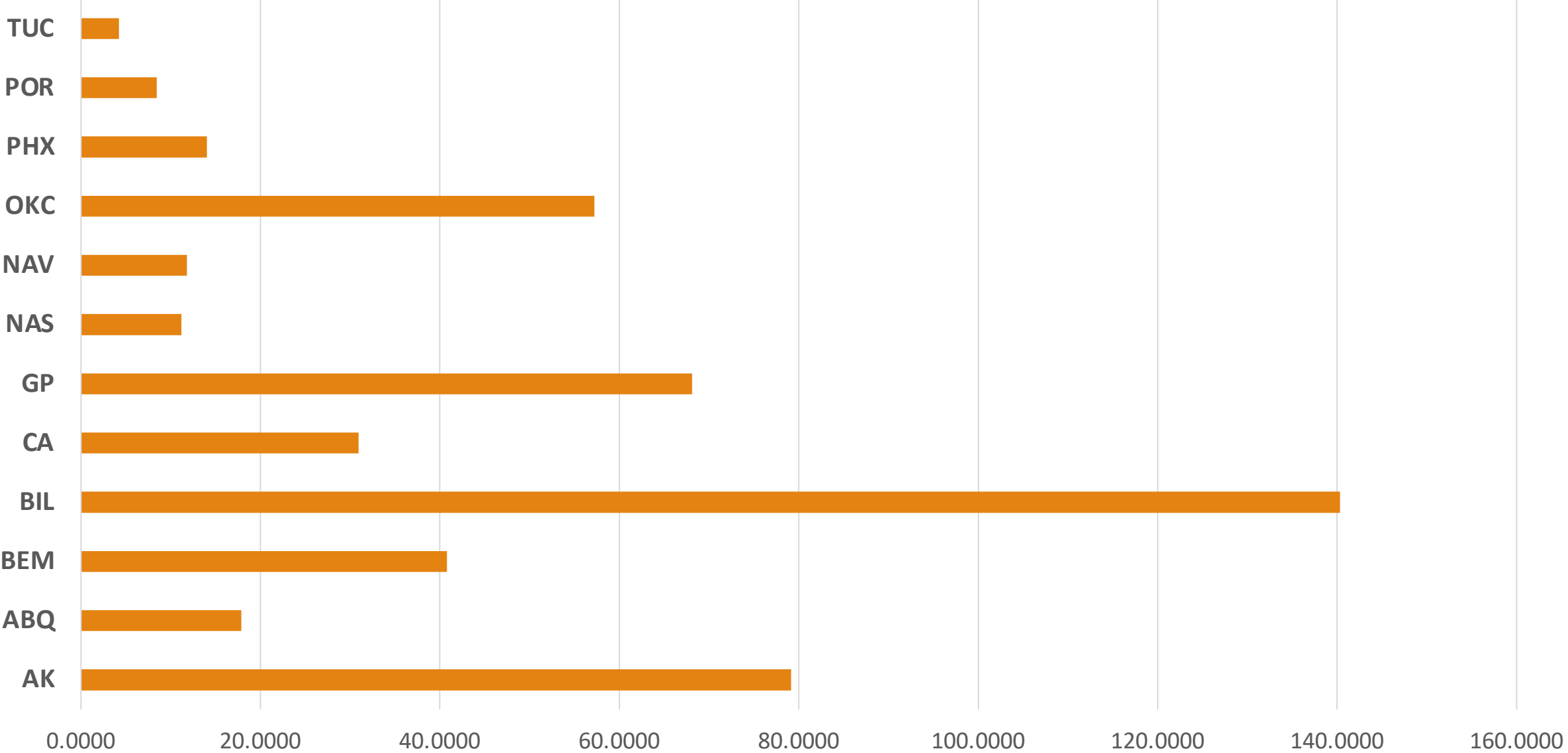
Postive test %, IHS National Dashboard, Aug 21-Oct 9 Weekly



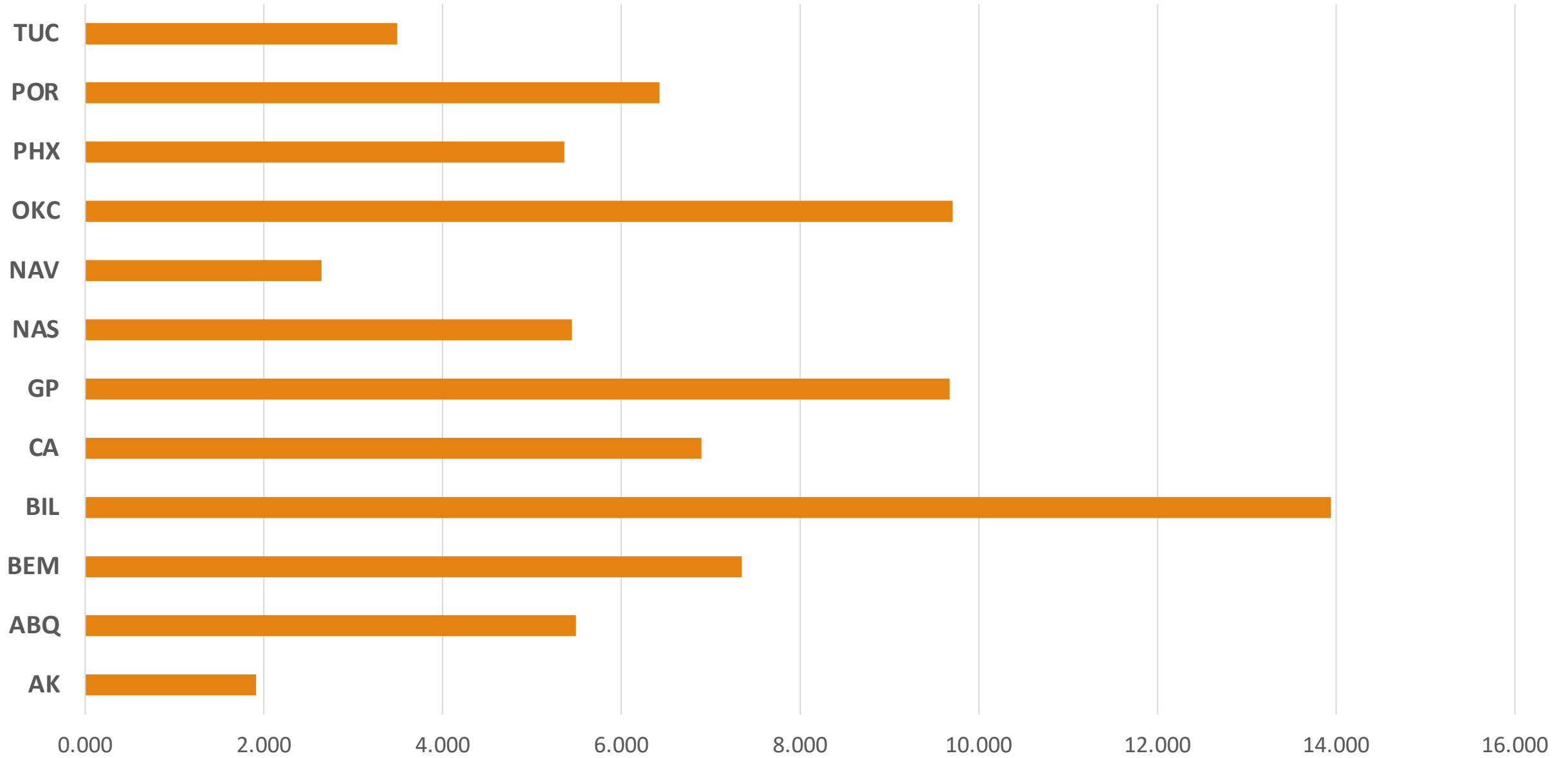
Reporting period Sept 25-Oct 9

By Area

Rate of New Positive Tests, Per 10,000 User Pop, Sept 25-Oct 9, By Area



% Tests Positive, Sept 25-Oct9, by Area



Of note Sept 25-Oct 9

- Rate of new positive tests vary widely by Area (BIL 35x higher than TUC)
- Positivity % of tests vary widely by Area (range 1.9% in AK, 13.9% in BIL)
- AK overweight in national calculations, increasing testing rates and decreasing positivity %% (*AK has 7% of user pop, but accounts for 40% of testing*)

New/Updated Guidance of Note

Recommendations on Providing Clear Instructions to Patients Who Self-Collect an Anterior Nares (Nasal) Sample in a Health Care Setting for SARS-CoV-2 Testing - Letter to Health Care Providers



October 7, 2020

<https://www.fda.gov/medical-devices/letters-health-care-providers/recommendations-providing-clear-instructions-patients-who-self-collect-anterior-nares-nasal-sample>

Testing:

-Saliva Direct, only 4 authorized laboratories, no major contract labs

-Binax: please share in chat/QandA your experience procuring or using this option

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

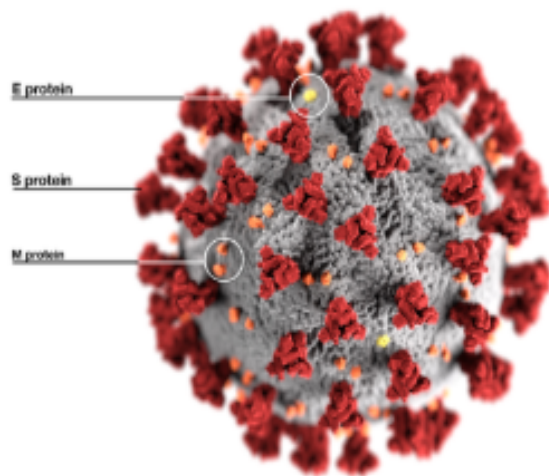


Social distancing means putting space between yourself and others.

Social Media Toolkit

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

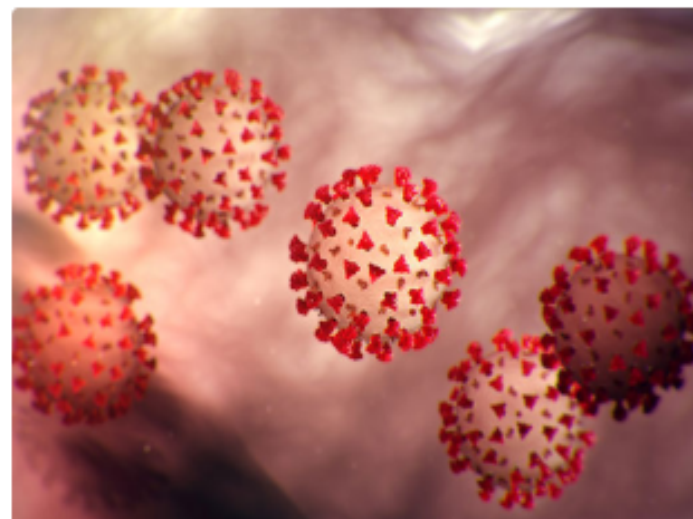
[Español](#)



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”

Thank you

