April 9, 2021

Dear Tribal Leaders, Public Health Officials, and Indian Country Professionals:

Today, the Biden Administration submitted to Congress the President’s priorities for Fiscal Year 2022 (FY 2022) discretionary spending. The funding request advances key HHS priorities, including public health preparedness, health equity, biomedical research, reducing maternal mortality and morbidity, and ending the opioid crisis. The request includes an increase of $2.2 billion in the Indian Health Service (IHS) and for the first time ever, includes advance appropriation for IHS in 2023! In addition, the request includes a commitment to a robust consultative process with Tribes, tribal organizations, urban Indian organizations, and relevant stakeholders to evaluate options, including mandatory funding, to provide adequate, stable, and predictable funding for IHS in the future.

In the coming months, the Administration will release the President’s Budget, which will provide more detailed information.

**HHS Departmental Updates**

**COVID-19 Public Education Campaign:** The U.S. Department of Health and Human Services (HHS) is announcing additional measures to encourage vaccinations and increase vaccine confidence as part of the next phase of its COVID-19 public education campaign. This phase of the public education campaign will take form in three parts:

- **Launching the COVID-19 Community Corps:** HHS is launching a nationwide, grassroots network of local voices people know and trust to encourage Americans to get vaccinated, with more than 275 founding member organizations that have the ability to reach millions of Americans. The Community Corps will be comprised of trusted voices in communities across the country, and the Administration will regularly share updated public health information and resources for them to use with their communities to help get friends, family, and followers vaccinated. Join the COVID-19 Community Corps here.

- **Launching Social Media Profile Frames to Build Grassroots Momentum for Vaccinations:** As part of this community-oriented focus on cultivating a nationwide network of trusted voices, HHS and CDC are launching new social frames on Facebook to empower Americans across the country to share with their friends, family, and followers that they plan to get vaccinated. Giving individuals and pages the opportunity to use their profile picture to share their support for COVID-19 vaccination—and seeing others they trust in a friend group doing the same—will help increase confidence in the vaccine as it becomes more widely available. As part of this effort, Facebook will promote the frames in News Feed and encourage influencers to utilize them.
• **Airing TV Ads to Encourage Vaccinations Among Key Eligible Groups:** HHS is beginning to air both English and Spanish language TV ads across the country to encourage vaccination among key groups currently eligible to receive vaccinations, including Americans age 65 and older. In addition to general market broadcast and cable advertising, HHS has also made multi-million-dollar ad buys in Black and Spanish-language media, as well as in outlets that reach AAPI and Tribal populations, to add an additional layer of outreach and messaging to hard-hit communities. The ads begin airing today, will run throughout the month of April, and will also run on digital outlets.

**IHS Update:** The IHS met its goal of administering one million vaccines across the Indian health system by the end of March. The IHS thanks those planning, hosting, and working at mass vaccine events in American Indian and Alaska Native communities, as well as those giving shots in hospitals and clinics on a daily basis. Moving forward in April, the IHS will focus on increasing vaccination rates of American Indians and Alaska Natives in line with its work to achieve community immunity. The IHS set a goal to fully vaccinate 44 percent of active adult patients by the end of this month. This will be an increase from the current rate of 31.5 percent. The IHS has reported over two million tests, and a 7-day average positivity rate has risen this week to 2.9 percent up from 2.7 percent last week. Regardless of vaccination availability and total number of COVID-19 cases, people who exhibit symptoms consistent with COVID should continue to get tested. The same is true for those who suspect that they’ve been exposed to someone with the disease, even if they themselves have been vaccinated or previously had COVID-19. Testing is still an indicator of where COVID is and where it is going.

**CDC Update:** CDC updated their information for tribal community members, tribal leaders, and tribal partners on COVID-19 prevention and support. CDC also updated their guidance for tribal communities in order to minimize risk of spreading COVID-19 when sharing personal vehicles. Also, CDC updated their guidance for people who have been fully vaccinated. After you’ve been fully vaccinated against COVID-19, you should keep taking precautions – like wearing a mask, staying 6 feet apart from others, and avoiding crowds and poorly ventilated spaces – in public places. These recommendations can help you make decisions about daily activities after you are fully vaccinated. For more information, visit the CDC science brief on the background rationale and evidence for public health recommendations for fully vaccinated people.

**ACF and ACL Update:** Please join the Administration of Children and Families (ACF), Administration for Community Living (ACL), and the United States Department of Agriculture (USDA) on April 12th from 3:00 – 4:30 PM EDT for a special webinar providing an overview of their food and nutrition programs, current flexibilities, and grant opportunities that can address food security. Many tribal nations have found creative ways to utilize existing federal programs to increase food security and improve access to healthy and traditional foods during the pandemic. Tribal leaders will share how they have established food security and food sovereignty initiatives in innovative ways. There will be time for Q&A and discussion at the end. You can register for the webinar here.
CMS Update: In partnership with the Center for Consumer Information and Insurance Oversight (CCIIO), the CMS Division of Tribal Affairs is co-hosting a webinar providing Marketplace updates on Thursday, April 8, at 1:00 PM ET. This presentation will highlight recent policy changes that may impact American Indian and Alaska Natives (AI/AN), including the special enrollment period (SEP) from February 15 to May 15, 2021, CMS outreach efforts, and the American Rescue Plan Act of 2021 (ARP). Additional information on enrollment of tribal citizens and other Indian Health Service (IHS) eligible individuals in health insurance coverage through a Marketplace, including use of Tribal Sponsorship, will also be presented. You can register here.

NIH Update: The National Institutes of Health released its All of Us Tribal Consultation Report. All of Us is a landmark health research effort that aims to find more precise ways to prevent and treat disease. In response to tribal leader input gathered from a nearly two-year consultation process, All of Us will initiate specialized education efforts for researchers, take steps to ensure the perspectives and needs of AI/AN communities are integrated into the program, and support ongoing engagement activities with Tribal Nations to pave the way for expanded collaborations in the future. To read the report and learn more, visit http://www.allofus.nih.gov/tribalengagement.

OIG Update: The HHS Office of Inspector General is alerting the public about fraud schemes related to the novel coronavirus (COVID-19). Scammers are using telemarketing calls, text messages, social media platforms, and door-to-door visits to perpetrate COVID-19-related scams. Fraudsters are offering COVID-19 tests, HHS grants, and Medicare prescription cards in exchange for personal details, including Medicare information. However, these services are unapproved and illegitimate. If you suspect COVID-19 health care fraud, report it immediately online or call 800-HHS-TIPS (800-447-8477).

Vaccine Updates

Expansion of COVID-19 Vaccine Program: HHS Secretary Xavier Becerra this week announced that all HRSA-funded health centers and Health Center Program look-alikes (LALs) will now be invited to participate in the Health Center COVID-19 Vaccine Program. These health centers will have the opportunity to join the program as soon as they are ready, increasing the total number of health centers that have been invited to 1,470 nationwide. This expansion will be made through the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). Approximately 70 percent of those who have received a vaccine through the Health Center COVID-19 Vaccine Program are racial or ethnic minorities.

Vaccination Toolkits: CDC updated their vaccination toolkits, which provide audience-specific information and language for healthcare teams and community administrators. The CDC also updated their information on promoting vaccine confidence.

Getting Your COVID-19 Vaccine: CDC updated their information regarding getting your COVID-19 vaccine. CDC reiterated that COVID-19 vaccines are not interchangeable. If you received a
Pfizer-BioNTech or Moderna COVID-19 vaccine, you should get the same product (or brand) for your second shot.

**Resources for Sharing Real-Time Vaccine Information:** CDC updated their resources for sharing real-time vaccine information. Virtual communication tools, like virtual town halls, livestreams, and social media, offer public health professionals the ability to engage and disseminate vital information to the public while maintaining social distancing. This page also includes non-CDC resources for virtual meetings.

**Customizable COVID-19 Vaccination Content:** CDC updated their information on customizable COVID-19 vaccination content for health departments and other public health partners. Health departments and other public health partners can use the content in a variety of formats. It can be customized for newsletters, emails, blogs, matte articles, or other forms of communication. Health departments and public health partners can add their own logos and customize the text to make it appropriate for their community.

**Research**

**COVID-19 Incidence and Mortality Among AI/AN and White Persons:** CDC released an MMWR on COVID-19 incidence and mortality among American Indian or Alaska Native (AI/AN) and White persons in Montana from March 2020 – November 2020. Aggregate analyses of data from selected U.S. states indicate that COVID-19 incidence and mortality are higher among AI/AN persons than they are among White persons. COVID-19 incidence and mortality rates among AI/AN persons in Montana were 2.2 and 3.8 times, respectively, those among White persons. The case-fatality rate among AI/AN persons was 1.7 times that among White persons. These findings reinforce importance of using state-level surveillance to develop state and tribal COVID-19 vaccine allocation strategies and to inform local implementation of culturally appropriate public health measures that might help reduce COVID-19 incidence and mortality in AI/AN communities.

**COVID-19 Transmission in the Blackfeet Tribal Reservation:** CDC released an MMWR on the use of stay-at-home orders and mask mandates to control COVID-19 transmission in the Blackfeet Tribal Reservation in Montana from June 2020 – December 2020. Community mitigation measures (e.g., stay-at-home orders and mask use), coupled with case investigation and contact tracing with immediate isolation or quarantine, are primary approaches to preventing and controlling community SARS-CoV-2 transmission. In the Blackfeet Tribal Reservation, enforcement of stay-at-home orders and mandated use of face coverings in public, with potential fines and jail for noncompliance, were associated with a thirty-three-fold reduction in COVID-19 incidence from its peak of 6.40 cases per 1,000 residents per day on October 5 to 0.19 on November 7, 2020. Enforcement of stay-at-home orders and mask use mandates, coupled with robust public health investigations, have been shown to reduce COVID-19 incidence.
Spirit Lake Tribe COVID-19 Case Investigation and Contact Tracing Program: CDC released an MMWR with notes from the field on a COVID-19 case investigation and contact tracing program within the Spirit Lake Tribe in North Dakota from September 2020 – November 2020. Through the Spirit Lake Tribe case investigation and contact tracing program, the tribe’s COVID-19 Incident Command System staff members conducted case investigations and contact tracing, provided COVID-19 education, followed up with patients regularly by telephone, and monitored daily symptoms of close contacts. Members of the Spirit Lake community served as contact tracers. Symptom monitoring was facilitated through CDC’s Text Illness Monitoring system (version TIM2), using a free, two-way text-messaging platform to query enrolled contacts about daily COVID-19 symptoms. The system also alerted Spirit Lake Tribal Health authorities when participants reported symptoms or did not respond. This tribally managed COVID-19 case investigation and contact tracing program effectively reached Spirit Lake tribal members to provide isolation, quarantine, symptom monitoring, and support services and contributed to timely case and contact management. This program might help guide similar programs in other tribes and the public health community.

Pfizer-BioNTech Announce Positive Topline Results with Adolescents: In participants aged 12-15 years old, the Pfizer-BioNTech COVID-19 vaccine demonstrated 100% efficacy and robust antibody responses, exceeding those reported in trial of vaccinated 16-25-year-old participants in an earlier analysis, and was well tolerated. The companies plan to submit these data to the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) as soon as possible to request expansion of the Emergency Use Authorization (EUA) and EU Conditional Marketing Authorization for the vaccine.

Testing and Treatment

COVID-19 Variants: CDC updated their fact sheet on the variants of the virus, as well as their information on variant cases and variants proportions in the U.S. Multiple variants of the virus that causes COVID-19 are circulating globally and within the United States. There are currently five variants of concern in the United States: B.1.1.7 (U.K.), B.1.351 (South Africa), P.1 (Brazil), B.1.427 (California), and B.1.429 (California). It is important to protect yourself and others against COVID-19 by wearing a mask, staying at least 6 feet apart, avoiding crowds, washing your hands, and getting vaccinated when it’s available to you.

FDA COVID-19 Update: On Friday, the FDA released an update on their ongoing response efforts to the COVID-19 pandemic. Following recent FDA actions to support test development, the FDA took swift action this week to get more tests for screening asymptomatic individuals on the market. The FDA also posted a new web page SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests for clinical laboratory staff and health care providers about the impact of viral mutations on COVID-19 molecular, antigen, and serology tests.

Contact Tracing Resources for Health Departments: CDC updated their contact tracing resources for health departments in order to stop the spread of COVID-19. CDC added a
resource on how to talk to your close contacts. It encourages people who have COVID-19 to notify their close contacts so that they can quarantine at home and get tested.

Other Resources

- ASPR Information on Healthcare Operations During a Pandemic
- CDC Updated Guidance for Office Building Employers
- CDC Updated Considerations for Program Managers and Public health officials
- CDC Updated Guidance for Wearing Masks
- CDC Updated Resources and Guidance for Public Health Workforce
- CDC Updated Guidance for Cleaning and Disinfecting
- CDC Updated Information for Domestic Travel during COVID-19
- CDC Updated Information for Older Adults
- CDC Updated Guidance for Managing Patients

Please don’t hesitate to contact us if you have any questions!

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