

May 5, 2021

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

While in Seattle last week, HHS Secretary Becerra met with Tribal leaders from the Northwest to listen to their policy and budget recommendations. Secretary Becerra shared updates about the President's FY 2022 budget request, stating "I see the budget as a statement of values and I hope you can see our commitment to Indian Country with the latest budget request," noting the \$2.2 billion increase in the Indian Health Service (IHS), as well as the request for advance appropriations for IHS in 2023.



Secretary Becerra also made time to visit the Seattle Indian Health Board, where he saw firsthand the unique ways that Urban Indian Health Programs deliver services to American Indians and Alaska Natives. Secretary Becerra looks forward to visiting more of Indian Country in the coming months.

HHS Tribal Consultation Updates

HHS Annual Regional Tribal Consultations: Today, the Department of Health and Human Services issued a Dear Tribal Leader Letter announcing the dates for its annual Regional Tribal Consultation sessions as well as the creation of an HHS Secretary's Tribal Advisory Committee (STAC) Workgroup to review feedback and recommendations received during its Tribal Consultation on President Biden's Presidential Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships. Tribal leaders will have additional opportunity to provide comments and feedback during this summer's annual Regional Tribal Consultations. Dates and registration for these sessions can be found in the attached Dear Tribal Leader Letter.

HHS Annual Tribal Budget and Policy Consultation: Friendly reminder that tribal testimony for the HHS [Annual Tribal Budget Consultation](#) is due on May 7th. If you have recommendations for the FY 2023 budget request, you can send your testimony to us at consultation@hhs.gov.

IHS Initiates Tribal Consultation on IHS Consultation Policy: This week the Indian Health Service (IHS) sent a [Dear Tribal Leader Letter](#) announcing Tribal Consultation to seek input and recommendations to improve the [Indian Health Service Tribal Consultation Policy](#). IHS is creating an IHS/Tribal workgroup to update their Policy. Please send nominations for Consultation Workgroup members to your respective IHS Area Director by Tuesday, June 15, 2021. IHS will be holding a [virtual consultation session](#) on Tuesday, June 8th at 1:00 pm – 2:30 pm et. Written comments can be submitted to consultation@ihs.gov by June 15, 2021.

IHS announces funding allocations from American Rescue Plan Act: On April 16, IHS issued a [Dear Tribal Leader Letter](#) announcing allocation decisions for approximately \$4.3 billion in new resources appropriated to the IHS in the American Rescue Plan Act of 2021.

Departmental Updates

IHS Update: The Biden Administration [completed its first 100 days in office](#). President Biden has delivered immediate relief for Indian Country including actions to control the COVID-19 pandemic, launching a national vaccination program to immunize everyone over the age of 16, efficiently and equitably, and to provide economic relief. These are critical steps in defeating the pandemic and a pathway to more equitable health care for American Indians and Alaska Natives. The IHS is grateful to Congress for supporting its efforts through the passage of several COVID-19 related laws that provided additional resources, authorities, and flexibilities that have helped the IHS to provide critical services throughout the pandemic. In particular, the American Rescue Plan Act, that makes a historic investment in Indian Country, providing \$6.1 billion in new funding to support IHS, tribal, and urban Indian health programs to combat COVID-19, expand services, and recover critical revenues.

CDC Update: CDC's COVID-19 Tribal Support Unit continues to be available to provide technical assistance in areas ranging from contact tracing to health and risk communications. CDC is also available to partner with tribal nations through remote support, CDC staff deployments, and protocol review. See Tribal Support Unit fact sheet attached to this email for more details on available opportunities for assistance and support. For more information you may also contact the Tribal Support Unit at eocevent362@cdc.gov or visit their [website](#).

Vaccine Updates

HHS and HUD Joint Effort to Increase Access to COVID-19 Vaccinations: U.S. Health and Human Service (HHS) Secretary Xavier Becerra and U.S. Housing and Urban Development (HUD) Secretary Marcia L. Fudge today [announced a joint-agency effort to increase access to COVID-19 prevention and treatment services](#), including testing and vaccinations, among disproportionately affected communities, including among HUD-assisted households and people experiencing homelessness. This program will leverage the Health Center COVID-19 health Vaccine Program which currently provides a direct supply of vaccines to nearly 800 health centers across the country. HHS and HUD expect the effort will reach over 6,000 multifamily housing properties, 6,700 homeless shelters, and approximately 7,500 public housing properties across the country to respond to and stop the spread of COVID-19.

President Biden Announces Goal to Administer at Least One Vaccine Shot to 70% of the U.S. Adult Population by July 4th: President Biden [announced a goal for 70% of the U.S. adult population to have one vaccine shot](#) and 160 million U.S. adults to be fully vaccinated by July 4th so that life can start to look closer to normal. In the next phase of the vaccination campaign, the Administration will make getting vaccinated more accessible than ever before, continuing to increase people's confidence in the vaccines and ensuring that everyone is reached in the response. The Administration is directing tens of thousands of pharmacies in the federal pharmacy program to offer walk-in appointments; redirecting Federal Emergency Management Agency (FEMA) resources to support more pop-up clinics, smaller community vaccination sites, and more mobile clinics; shipping new allocations of the vaccine to rural health clinics across the country; and providing additional funding to help communities do outreach and engagement to help get people vaccinated. The President announced an effort to get the nation's adolescents vaccinated as soon as possible, if a vaccine gains authorization for this age group from the Food and Drug Administration (FDA) and is recommended for use by the Centers for Disease Control and Prevention (CDC). The Administration will also deploy the expertise of the Office of the Surgeon General, CDC, National Institutes of Health (NIH) and other clinical leaders to help answer questions parents and teens may have about vaccination.

IHS Partners with FEMA: The Indian Health Service and FEMA are [partnering to provide COVID vaccination services to 13 communities](#) in North Dakota and South Dakota. Two mobile vaccinations units will be operating on schedules beginning April 19 and running through the end of May. The units will be making two stops in each community, so that both doses of the vaccine can be delivered.

Vaccine FAQs: CDC [updated their vaccine Frequently Asked Questions page](#), their [Key Things to Know page](#), and their [Reported Adverse Events page](#). The pages indicate that the CDC and FDA

have recommended that use of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine resume in the United States, effective April 23, 2021. However, women younger than 50 years old especially should be aware of the rare risk of blood clots with low platelets after vaccination, and that other COVID-19 vaccines are available where this risk has not been seen. If you received a J&J/Janssen vaccine, [here is what you need to know](#). Read the [CDC/FDA statement](#).

If You Need a Second Shot: CDC [updated their information for individuals who need a second shot](#) for their COVID-19 vaccine. If you receive a Pfizer-BioNTech or Moderna COVID-19 vaccine, you will need 2 shots to get the most protection. COVID-19 vaccines are not interchangeable. CDC provided more information on scheduling your second shot including the following: planning for your second shot is important; if you need help scheduling your vaccination appointment for your second shot, contact the location that set up your first appointment; if you are having trouble or have questions about using a vaccination management or scheduling system, reach out to the organization that enrolled you in the system; scheduling an appointment for your second shot at the time you get your first shot is recommended, but not required; if you need to get your second shot in a location that is different from where you received your first shot (for example, if you moved to a different state or attend school in a different state), there are several ways you can [find a vaccine provider](#) for your second dose.

Combatting COVID-19 Vaccine Hesitancy: The HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) [released a recording of a panel discussing combatting COVID-19 vaccine hesitancy](#). The COVID-19 pandemic has posed an incredible threat to public health and the economy. It has also magnified the systemic health and social disparities that have long existed for ethnic and racial minority communities. A panel of BARDA experts came together to talk about the different yet significant ways they have contributed to developing medical countermeasures against COVID-19. Watch our discussion about the issues surrounding COVID-19 vaccine and treatment hesitancy -- and what it means to contribute to the pandemic response as members of one of the communities that have been disproportionately affected by this disease.

Pre-vaccination Checklist for COVID-19 Vaccines: CDC [released a pre COVID-19 vaccination checklist](#) for individuals. This document will help providers determine if there is any reason that individuals should not get the COVID-19 vaccine that day.

Moderna COVID-19 Vaccine: CDC [released the standing orders](#) for administering the Moderna COVID-19 vaccine to persons 18 years of age and older.

Pfizer-BioNTech COVID-19 Vaccine: CDC [released the standing orders](#) for administering the Pfizer-BioNTech COVID-19 vaccine to persons 16 years of age and older.

Janssen COVID-19 Vaccine (Johnson & Johnson): CDC [released the standing orders](#) for administering the Janssen COVID-19 vaccine (Johnson & Johnson) to persons 18 years of age and older.

Pregnancy or Breastfeeding: CDC [updated their information for people who are pregnant or breastfeeding](#) to include information on Johnson & Johnson's Janssen COVID-19 vaccine. CDC and FDA have recommended that use of Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine resume in the United States, effective April 23, 2021. However, women younger than 50 years old especially should be aware of the rare risk of blood clots with low platelets after vaccination, and that other COVID-19 vaccines are available where this risk has not been seen. If you received a J&J/Janssen vaccine, [here is what you need to know](#). Read the [CDC/FDA statement](#).

Talking About Vaccines: CDC [updated their information on how to talk about COVID-19 vaccines](#) with family and friends. They added video resources on how to have COVID-19 vaccine conversations.

Guidance for Fully Vaccinated People: CDC [updated their guidance for fully vaccinated people](#). The CDC now provides [guiding principles](#) for fully vaccinated people. Fully vaccinated people [no longer need to wear a mask outdoors](#), except in certain crowded settings and venues. CDC provides clarification that fully vaccinated workers no longer need to be restricted from work following an exposure as long as they are asymptomatic. Fully vaccinated residents of non-healthcare congregate settings no longer need to quarantine following a known exposure. Fully vaccinated asymptomatic people without an exposure may be exempted from routine screening testing, if feasible. The CDC's guidance underscores that immunocompromised people need to consult their healthcare provider about these recommendations, even if fully vaccinated.

Request for Information/Recommendations: Do you have suggestions on how we can better tailor outreach and communications materials to boost vaccine confidence, especially in the Tribal community? Do you have suggestions on how we can tailor messaging to boost vaccine confidence in the Tribal youth community? Are there influencers and other partners that we should connect with? If you have recommendations or comments to any of the above, please send them to us at tribalaffairs@hhs.gov.

Data Access

Access to data and analysis to inform public policy decisions is of the utmost importance in responding to COVID-19. Coordinating these activities and data collection efforts will accelerate our work to protect the public and lessen the spread and impact of this pandemic. The Indian Health Service (IHS) supports providing tribes and tribal organizations with access to HHS Protect, and the IHS is committed to working in coordination with HHS to facilitate that access. On April 16th, IHS issued a [Dear Tribal Leader Letter](#) providing information on how Tribes can [request access](#) to the HHS Protect Environment in support of Public health activities to respond to COVID-19.

Research

Real-World Look at COVID-19 Vaccines Versus New Variants: NIH Director Dr. Francis Collins [posted an article on the NIH Director's Blog](#) looking at the real-world effectiveness of COVID-19 vaccines against new variants. Clinical trials have shown the COVID-19 vaccines now being administered around the country are highly effective in protecting fully vaccinated individuals from the coronavirus SARS-CoV-2. New data from Israel offers an early look at how the Pfizer/BioNTech vaccine is holding up in the real world against coronavirus “variants of concern,” including the B.1.1.7 “U.K. variant” and the B.1.351 “South African variant.” No evidence was found for increased breakthrough rates of B.1.1.7 a week or more after the second dose. In contrast, after the second vaccine dose, infection with the B.1.351 became slightly more frequent. The findings show that people remain susceptible to B.1.1.7 following a single dose of vaccine. They also suggest that the two-dose vaccine may be slightly less effective against B.1.351 compared to the original or B.1.1.7 variants.

Rapid Emergence and Epidemiologic Characteristics of the SARS-CoV-2 B.1.526 Variant: CDC released an *MMWR* on the [rapid emergence and epidemiologic characteristics of the SARS-CoV-2 B.1.526 variant](#) in New York City, New York from January 2021 – April 2021. B.1.526 emerged in November 2020 as a SARS-CoV-2 variant of interest in New York City (NYC). The presence of the E484K mutation is concerning because it has been shown to attenuate antibody neutralization in vitro. The NYC Department of Health and Mental Hygiene analyzed laboratory and epidemiologic data to characterize cases of B.1.526 infection and the associated potential for breakthrough infection and reinfection. Preliminary evidence suggests that, to date, B.1.526 does not lead to more severe disease or increased risk for infection after vaccination. Rapid integration of whole genome sequencing and population-based surveillance data is critical to characterizing new SARS-CoV-2 variants.

Modeling of Future COVID-19 Cases, Hospitalizations, and Deaths: CDC released an *MMWR* on the [modeling of future COVID-19 cases, hospitalizations, and deaths](#), by vaccination rates and nonpharmaceutical intervention scenarios in the United States from April 2021 – September 2021. Increases in COVID-19 cases in March and early April occurred despite a large-scale vaccination program. Increases coincided with the spread of SARS-CoV-2 variants and relaxation of nonpharmaceutical interventions (NPIs). Data from six models indicate that with high vaccination coverage and moderate NPI adherence, hospitalizations and deaths will likely remain low nationally, with a sharp decline in cases projected by July 2021. Lower NPI adherence could lead to substantial increases in severe COVID-19 outcomes, even with improved vaccination coverage. High vaccination coverage and compliance with NPIs are essential to control COVID-19 and prevent surges in hospitalizations and deaths in the coming months.

Identification of and Surveillance for the SARS-CoV-2 Variants B.1.427 and B.1.429: CDC released an *MMWR* on the [identification of and surveillance for the SARS-CoV-2 variants B.1.427 and B.1.429](#) in Colorado from January 2021 – March 2021. The B.1.427 and B.1.429 variants of SARS-CoV-2, the virus that causes COVID-19, were first described in Southern California on January 20, 2021 (1); on March 16 they were designated variants of concern* (2). Data on these variants are limited, but initial reports suggest that, compared with other lineages, they might be more infectious, cause more severe illness, and be less susceptible to neutralizing monoclonal antibody products such as bamlanivimab, an investigational treatment for mild-to-moderate COVID-19. On January 24, the Colorado Department of Public Health and Environment (CDPHE) identified the first Colorado case of COVID-19 attributed to these variants. CDPHE tracked a steady increase in the proportion of sequenced specimens that were B.1.427/B.1.429, from 3%–4% in late January to 20%–22% in early March; during this time, national genomic surveillance data were insufficient to provide variant prevalence estimates for Colorado. Establishing a state public health laboratory–based sequencing program and sentinel surveillance system in Colorado and merging laboratory and epidemiologic data has improved SARS-CoV-2 variant situational awareness and efforts to control the spread of variants, and also has provided data to guide Colorado clinicians and contributed timely data to inform important national clinical policy decisions.

Fully Vaccinated Adults 65 and Older are 94% Less Likely to Be Hospitalized with COVID-19: CDC released an *MMWR* on the [effectiveness of Pfizer-BioNTech and Moderna vaccines against COVID-19](#) among hospitalized adults 65 and older. Clinical trials suggest high efficacy for COVID-19 vaccines, but evaluation of vaccine effectiveness against severe outcomes in real-world settings and in populations at high risk, including older adults, is needed. In a multistate network of U.S. hospitals during January–March 2021, receipt of Pfizer-BioNTech or Moderna

COVID-19 vaccines was 94% effective against COVID-19 hospitalization among fully vaccinated adults and 64% effective among partially vaccinated adults aged ≥ 65 years. SARS-CoV-2 vaccines significantly reduce the risk for COVID-19–associated hospitalization in older adults and, in turn, might lead to commensurate reductions in post-COVID conditions and deaths. CDC also released a [press release](#) on this assessment.

Other Resources

- [CDC Updated Guidance for Operating Childcare Programs](#)
- [CDC Updated Guidance on Ending Hospital Isolation](#)
- [CDC Updated Guidance for Ending Home Isolation](#)
- [CDC Updated Information for People Living in Rural Communities](#)
- [CDC Updated Guidance for Healthcare Personnel.](#)
- [CDC Updated Toolkit for Employers of Essential Workers](#)
- [CDC Updated Interim Guidance for Health Departments for People Experiencing Homelessness](#)
- [CDC Updated Guidance for People with Medical Conditions](#)
- [CDC Updated Easy to read COVID-19 materials](#)

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

Tribal Affairs Team

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