

**November 3, 2021**

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

Presidential COVID-19 Health Equity Task Force presented two deliverables during their final public meeting. The first deliverable is the Final Report, which includes four overarching suggested outcomes as the Task Force vision for change, five proposed priority actions to spur this change and of course, 55 final recommendations intended to disrupt the predictability of who is harmed first and harmed worst in times of national crisis. This work was unanimously approved in the September 2021 Task Force meeting.

While this is the final public meeting for the Task Force, the work is not done. To effect change and monitor progress to advance health equity for all, the Task Force presented a second deliverable which includes a proposed implementation plan and suggested accountability framework. This proposed plan and framework were discussed and voted upon last week.

As part of the release of the Final Report and proposed implementation plan, the Task Force will be hosting stakeholder briefings with the Department of Health and Human Services (HHS) Office of Intergovernmental and External Affairs and with the White House Office of Public Engagement. During each briefing, you will hear from Members of the Task Force and other experts from across HHS and the White House. There will be an opportunity to ask questions about the recommendations during each briefing.

Please join us **Today, November 3 at 7:00 PM ET** for a special American Indian and Alaska Native specific briefing. You can [Register Here](#).

### **White House Initiatives**

**Nation-to-Nation Dialogue:** Thank you for joining us last week at the [Nation-to-Nation Dialogue on COVID-19 with Indian Country](#). It was a great turnout, headlined by Secretary Becerra, Secretary McDonough, Secretary Haaland, and Dr. Bechara Choucair from the White House COVID-19 response team.

The information shared from this event will inform the work of the Health Committee of the White House Council on Native American Affairs as it develops an interagency plan to improve health systems and infrastructure and to address the ongoing COVID-19 response but also to prepare for future Public Health Emergencies in Indian Country.

Tribes may also submit written comments by November 5<sup>th</sup> to [consultation@hhs.gov](mailto:consultation@hhs.gov).

**White House Tribal Nations Summit:** The 2021 White House Tribal Nations Summit is coming up on **November 15<sup>th</sup> and 16<sup>th</sup>**. This year the Summit will take place virtually. Please submit your registration by this Friday, November 5<sup>th</sup>. You can [register here](#).

**Native American Heritage Month:** President Biden issued a [proclamation that November 2021 is Native American Heritage Month](#), urging all Americans, as well as their elected representatives at the Federal, State, and local levels, to observe this month with appropriate programs, ceremonies, and activities, and to celebrate November 26, 2021, as Native American Heritage Day.

### **HHS Tribal Consultation Updates**

**Assistant Secretary for Planning and Evaluation (ASPE):** Tribal Consultation on the draft HHS draft Strategic Plan for Fiscal Years (FY) 2022-2026 has been initiated.

Every four years, HHS updates its strategic plan, which describes our work to address complex, multifaceted, and evolving health and human services issues, as well as strategic priorities for our Secretary, Xavier Becerra. On October 7, 2021, HHS published a notice in the [Federal Register](#) to request comments on the draft *HHS Strategic Plan FY 2022 – 2026*, as required by the Government Performance and Results Modernization Act of 2010 (P.L. 111-352), to enable stakeholders to provide input.

Written comments are due **November 22**. Please note that this comment deadline is extended for tribal consultation and is not the same as the comment deadline in the federal register. The draft Strategic Plan can be viewed online at: <https://www.hhs.gov/about/draft-strategic-plan/index.html>. Comments can be e-mailed to us at [consultation@hhs.gov](mailto:consultation@hhs.gov)

**Administration for Children and Families (ACF) Office of Head Start (OHS):** The OHS has scheduled three Tribal Consultation sessions. These one-day sessions will be held between HHS, ACF, and OHS leadership and the leadership of tribal governments operating Head Start and Early Head Start programs. The purpose of these consultation sessions is to discuss ways to better meet the needs of American Indian and Alaska Native (AIAN) children and their families, taking into consideration funding allocations, distribution formulas, and other issues affecting the delivery of Head Start services in their geographic locations. The dates of the virtual sessions are included below:

- National: Monday, November 15, 1:00 – 4:00 PM ET

Additional information can be found on the [ELCKC website](#). To register, [click here](#).

### **Departmental Updates**

**Indian Health Service (IHS) Update:** The IHS remains vigilant and committed to protecting our employees and American Indian and Alaska Native communities from COVID-19 with safe, effective vaccines. Vaccines remain the most powerful tool we have against COVID-19. To date, we have administered over 1.7 million vaccines across Indian Country, with over 52 percent of American Indian and Alaska Native adult patients fully vaccinated. Across the Indian health

system, over 57 thousand booster and third doses have been administered across Indian Country by those sites that chose IHS for distribution. Boosters represent another tool in our toolbox to fight the COVID pandemic in Indian Country, along with public health measures and the importance of primary COVID vaccination. While boosters offer the opportunity to reinforce vaccine protection, our primary goal remains -- to encourage vaccination of those who have not yet been vaccinated. Let's all keep doing our part to reach community immunity!

The IHS invites you to the following events:

- [IHS Contract Support Costs Advisory Group](#) – November 3 – 11:00 AM – 12:30 PM ET. The Contract Support Costs Advisory Group provides recommendations for a uniform and equitable system of determining, paying, and reconciling Contract Support Costs funds for new, expanded, and ongoing Indian Self-Determination and Education Assistance Act contracts and compacts.
- [IHS Tribal Self-Governance Advisory Committee Virtual Meeting](#) – November 9 – 1:00 – 5:00 PM ET. The Tribal Self-Governance Advisory Committee (TSGAC) is an advisory committee to the IHS Director. The TSGAC advocates for Self-Governance Tribes, suggests policy guidance on the implementation of the IHS Tribal Self-Governance Program, and advises the IHS Director on issues of concern for all Self-Governance Tribes.
- [IHS November All Tribal and Urban Indian Organization Leaders Call](#) – November 18 – 3:00 – 4:00 PM ET. The Indian Health Service invites you to join us on Thursday, November 18, for our monthly call for Tribal leaders and Urban Indian Organization leaders to provide important IHS updates and to extend an opportunity for leaders to share input with IHS officials.

**Office of Minority Health (OMH) Update:** OMH is recruiting primary and alternate delegates for the Center for Indigenous Innovation and Health Equity Tribal Advisory Committee (CIIHE TAC), in alignment with the 12 geographic areas served by the Indian Health Service. Information about CIIHE TAC membership can be found here: [American Indian/Alaska Native - The Office of Minority Health \(hhs.gov\)](#), including eligibility requirements, selection criteria, and nomination procedures. OMH has extended the deadline and encourages you to submit your nomination letter no later than **January 7<sup>th</sup>**.

If you have questions about the nomination process for delegates, please contact Violet Woo, Designated Federal Official, at [Violet.Woo@hhs.gov](mailto:Violet.Woo@hhs.gov). For all other questions related to Tribal Affairs, please contact CAPT Damion Killsback, OMH Senior Advisor for Tribal Affairs, at [Damion.Killsback@hhs.gov](mailto:Damion.Killsback@hhs.gov).

**National Institutes of Health Update:** Please join the NIH Tribal Health Research Office on Wednesday, November 17<sup>th</sup>, from 2:00-3:00PMET, for a special event honoring and celebrating American Indian and Alaska Native health, ingenuity, and culture. Dr. Donald Warne, Director, Indians Into Medicine and Public Health Programs, and Associate Dean, Diversity, Equity, and Inclusion, at the University of North Dakota, will offer a virtual lecture about the

interconnectedness of culture and science. This event will be live November 17<sup>th</sup> on NIH Videocast at <https://go.usa.gov/xerw2>.

In addition, NIH is pleased to share their [2019 Traditional Medicine Summit Report](#), marking a truly historic gathering and report for NIH.

### **Vaccine Updates**

**FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age:** On Friday, the U.S. Food and Drug Administration [authorized the emergency use of the Pfizer-BioNTech COVID-19 Vaccine](#) for the prevention of COVID-19 to include children 5 through 11 years of age. The authorization was based on the FDA's thorough and transparent evaluation of the data that included input from independent advisory committee experts who overwhelmingly voted in favor of making the vaccine available to children in this age group.

**Booster Doses:** Acting FDA Commissioner Janet Woodcock, M.D. and the Director of FDA's Center for Biologics Evaluation and Research Peter Marks, M.D., Ph.D., [discussed the FDA's actions to expand the use of a single booster dose for COVID-19 vaccines](#) in eligible populations. Specifically, they covered the use of a single booster dose of the Moderna and the Janssen (Johnson and Johnson) COVID-19 Vaccines, clarified the use of a single booster dose of the Pfizer-BioNTech COVID-19 Vaccine for eligible individuals and covered the use of each of the available COVID-19 vaccines as a heterologous (or "mix and match") booster dose in eligible individuals.

**ACIP Evidence to Recommendations for Use of an Additional COVID-19 Vaccine Booster Dose:** CDC [released information and evidence regarding the use of an additional COVID-19 vaccine booster dose](#). During September-October, 2021, the FDA amended the COVID-19 vaccine EUAs to allow for booster doses of Pfizer-BioNTech, Moderna, or Janssen COVID-19 in persons who completed primary vaccination with these vaccines, as well as use of each of the available COVID-19 vaccines as a heterologous (or "mix and match") booster dose in eligible individuals following completion of primary vaccination with a different COVID-19 vaccine. Furthermore, CDC [released additional information and evidence specifically regarding the ACIP recommendation](#) for use of an additional COVID-19 vaccine dose in immunocompromised people. Additional background information supporting [the Advisory Committee on Immunization Practices \(ACIP\) recommendation](#) on the use of additional or booster doses of COVID-19 vaccine can be found in the relevant publication of the recommendation referenced on the [ACIP website](#).

**COVID-19 Vaccine Ingredients:** CDC updated their vaccination pages for [Moderna](#), [Pfizer-BioNTech](#), and [Johnson & Johnson's Janssen COVID-19 vaccine](#) to reflect the full list of ingredients in the vaccines.

**COVID-19 Vaccination Field Guide:** [This guide](#) outlines selected strategies to help increase vaccine confidence and uptake. These 12 strategies are supported by positive outcomes from

evaluation research. The evidence-base for Strategy 7 focuses on serving those with substance use disorder among other disproportionately affected populations.

### **Testing, Tracing, and Treatment**

**Biden Administration Announces Additional Actions to Increase COVID-19 Screening Testing in Schools:** The White House [released a fact sheet outlining the Administration’s additional actions to help states, schools, and school districts establish screening testing programs in more schools](#): The Department of Education and CDC to partner with The Rockefeller Foundation to accelerate school-based screening testing for students and staff; holding weekly “office hours” to connect schools to national testing experts to set up and sustain screening testing programs; publishing a start-up guide for schools on how to launch screening testing programs; additional personnel available to help state health departments coordinate school-based screening testing through the CDC Foundation; directory for schools to identify a provider and get started with testing; and, guidance for school districts on providing incentives to parents and guardians to participate in screening testing programs.

**FDA Authorization of OTC COVID-19 Test:** The FDA authorized the 11th over-the-counter (OTC) COVID-19 test. The FDA is committed to increasing the availability of accurate and reliable at-home COVID-19 diagnostic tests and to facilitating consumer access to these tests. The FDA issued an emergency use authorization (EUA) for the [Detect Covid-19 Test](#) , an OTC COVID-19 diagnostic molecular test. The test requires the use of a compatible smartphone and a downloadable app to provide testing instructions and delivers results in about one hour.

The test can be used as:

- A single test for people with COVID-19 symptoms.
- A serial test for people without symptoms. A serial test means the test is done two times over three days.
- The test can be used for people:
  - Age 14 years or older with a self-collected nasal swab sample.
  - Age 2 years and older when an adult collects the nasal swab sample.

**Contact Tracing Communication Toolkit:** Successful contract tracing requires staff with [training](#) and access to social and medical support systems that can help patients and contacts. Health departments can use [CDC’s COVID-19 Contact Tracing Communication Toolkit](#) to spread the word about the importance of contact tracing and how we can work together to stop COVID-19.

### **Funding**

**HHS’ Administration for Children and Families Awards more than \$3.3 Billion to Help Individuals and Families with Heat Costs this Winter:** Yesterday, the U.S. Department of Health and Human Services (HHS), through the Office of Community Services (OCS) at the Administration for Children and Families (ACF), announced awarding \$3.37 billion in relief funds

through the Low Income Home Energy Assistance Program ([LIHEAP](#)) to help low-income individuals and families afford home heating costs this winter and cover unpaid utility bills. These funds will also help families make cost-effective home energy repairs. Along with \$4.5 billion in LIHEAP funds in the American Rescue Plan Act released in May, the historic level of resources available to grantees will help mitigate the impact felt by families from rising home energy prices this winter.

### Research

**Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity:** The CDC released an *MMWR* on [laboratory-confirmed COVID-19 among adults hospitalized with COVID-19–like illness with infection-induced or mRNA vaccine-induced SARS-CoV-2 immunity](#) in nine states between January – September 2021. Previous infection with SARS-CoV-2 or COVID-19 vaccination can provide immunity and protection against subsequent SARS-CoV-2 infection and illness. Among COVID-19–like illness hospitalizations among adults aged ≥18 years whose previous infection or vaccination occurred 90–179 days earlier, the adjusted odds of laboratory-confirmed COVID-19 among unvaccinated adults with previous SARS-CoV-2 infection were 5.49-fold higher than the odds among fully vaccinated recipients of an mRNA COVID-19 vaccine who had no previous documented infection (95% confidence interval = 2.75–10.99). All eligible persons should be vaccinated against COVID-19 as soon as possible, including unvaccinated persons previously infected with SARS-CoV-2. CDC [released a media statement](#) highlighting this study, as well.

**ACIP’s Interim Recommendations for Additional Primary and Booster Doses of COVID-19 Vaccines:** The CDC released an *MMWR* on [the Advisory Committee on Immunization Practices’ \(ACIP\) interim recommendations](#) for additional primary and booster doses of COVID-19 vaccines in 2021. In the United States, three COVID-19 vaccines are approved or authorized for primary vaccination against COVID-19. The Advisory Committee on Immunization Practices issued recommendations for an additional primary mRNA COVID-19 vaccine dose for immunocompromised persons and a COVID-19 vaccine booster dose in eligible groups. Health care professionals play a critical role in COVID-19 vaccination efforts, including for primary, additional primary, and booster vaccination, particularly to protect patients who are at increased risk for severe illness and death.

**Severity of Disease Among Adults Hospitalized with Laboratory-Confirmed COVID-19 Before and During the Period of Delta Predominance:** The CDC released an *MMWR* on [severity of disease among adults hospitalized with laboratory-confirmed COVID-19 before and during the period of SARS-CoV-2 B.1.617.2 \(Delta\) predominance](#) in 14 states between January – August 2021. This report was released as an *MMWR* Early Release on October 22. The SARS-CoV-2 B.1.617.2 (Delta) variant is highly transmissible; however, whether it causes more severe disease in adults has been uncertain. Analysis of COVID-NET data from 14 states found no significant increases in the proportion of hospitalized COVID-19 patients with severe outcomes during the Delta period. The proportion of hospitalized unvaccinated COVID-19 patients aged

18–49 years significantly increased during the Delta period. Lower vaccination coverage in adults aged 18–49 years likely contributed to the increase in hospitalized patients during the Delta period. COVID-19 vaccination is critical for all eligible adults, including adults aged <50 years who have relatively low vaccination rates compared with older adults.

**COVID-19 Vaccination and Non–COVID-19 Mortality Risk:** The CDC released an *MMWR* on [COVID-19 vaccination and non–COVID-19 mortality risk](#) in seven integrated health care organizations in the United States between December 14, 2020 – July 31, 2021. This report was released as an *MMWR* Early Release on October 22. Although deaths after COVID-19 vaccination have been reported to the Vaccine Adverse Events Reporting System, few studies have been conducted to evaluate mortality not associated with COVID-19 among vaccinated and unvaccinated groups. During December 2020–July 2021, COVID-19 vaccine recipients had lower rates of non–COVID-19 mortality than did unvaccinated persons after adjusting for age, sex, race and ethnicity, and study site. There is no increased risk for mortality among COVID-19 vaccine recipients. This finding reinforces the safety profile of currently approved COVID-19 vaccines in the United States. All persons aged ≥12 years should receive a COVID-19 vaccine.

**SARS-CoV-2 Infection-induced and Vaccine-induced Immunity:** CDC [released a Science Brief on SARS-CoV-2 infection-induced and vaccine-induced immunity](#). This brief provides an overview of the current scientific evidence regarding infection-induced and vaccine-induced immunity, including both peer-reviewed and preprint publications, as well as unpublished CDC data. Recovery from many viral infectious diseases is followed by a period of infection-induced immunologic protection against reinfection. This phenomenon is widely observed with many respiratory viral infections, including both influenza and the endemic coronaviruses, for which acquired immunity also wanes over time making individuals susceptible to reinfection. CDC continues to recommend COVID-19 vaccination for all eligible persons, including those who have been previously infected with SARS-CoV-2. Although comprehensive, it is neither a formal systematic review nor meta-analysis. New data continue to emerge, and recommendations will be updated periodically, as needed.

**Breakthrough Infections Occur in Those with Lower Antibody Levels, Israeli Study Shows:** NIH Director Dr. Francis Collins [posted a blog on an Israeli study providing insight into breakthrough infections](#). According to the study, data shows that those with a breakthrough infection had consistently lower levels of neutralizing antibodies circulating in their bloodstream to SARS-CoV-2, the coronavirus that causes COVID-19. In general, higher levels of neutralizing antibodies are associated with greater protection and lower infectivity—though other aspects of the immune system (memory B cells and cell-mediated immunity) also contribute. Importantly, in all cases for which there were relevant data, the source of the breakthrough infection was thought to be an unvaccinated person.

**Boosting Vaccine Response in People with Autoimmune Disease:** NIH [released information on a new trial](#) sponsored and funded by the National Institute of Allergy and Infectious Diseases (NIAID), which looks at ways to help people with autoimmune diseases benefit from COVID-19 vaccines. COVID-19 vaccines were rigorously tested for people with healthy immune systems.

The answers from this study are needed to ensure that people with autoimmune diseases can be protected from SARS-CoV-2, the virus that causes COVID-19.

### **Other Resources**

**Guide to Masks:** CDC [updated their guidance on wearing masks](#) to include specialized guidance for people with disabilities. CDC also included that as the weather cools, scarves, ski masks, and balaclavas are not substitutes for masks.

**Guide to Masks:** CDC [updated their guidance on wearing masks](#) to include specialized guidance for people with disabilities. CDC also included that as the weather cools, scarves, ski masks, and balaclavas are not substitutes for masks.

**Substance Use Disorder & COVID-19:** Check out the [recording](#) to learn more about the CDC's addition of substance use disorders (SUDs) to the list of medical conditions that can increase risk for becoming severely ill from COVID-19 and community-level initiatives to support persons who use drugs or persons have a substance use disorder (PWUD/SUD) during the COVID-19 pandemic. CDC presented at Addiction Policy Forum's webinar “

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

#### ***Tribal Affairs Team***

Office of the Secretary | Intergovernmental and External Affairs

Department of Health and Human Services

[TribalAffairs@hhs.gov](mailto:TribalAffairs@hhs.gov)