

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

AUGUST 4, 2022



Opening Remarks



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Tribal and Urban Leadership Call



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Strategy 1 - Prevent

- Get vaccinated, including boosters!!!
- Significant probability of this wave continuing
- Getting vaccinated is the key to decreasing the impact of another wave
- Wear a N95 or KN95 in closed, poorly ventilated place
- Keep your distance
- Good hand hygiene



Data reflective of 7/26/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least One Dose	Fully Vaccinated	% Fully Vaccinated Who Received (3 rd & Any Booster) Doses
Age 65+	90% (133,356)	70.8% (104,961)	60.6% (63,585)
Age 18+	75.5% (644,033)	56.8% (484,324)	45.7% (221,465)
Age 12-17	51% (74,479)	36.5% (53,238)	27% (14,359)
Age 5-11	22.3% (40,340)	16.7% (30,241)	7.8% (2,352)
Age <5	1.4% (1,525)	0	N/A

Peds Vaccines

- I/T/Us are actively vaccinating children <5yrs
 - Primarily administering vaccines in the medical home (pediatric or family practice clinic)
 - Uptake is gradual
 - Over 2400 doses administered to date in IHS
 - Rates may increase as fall approaches
 - Summer vacations ongoing/family travel this month
 - “Wait and see” families may begin uptake this fall
- Encourage local outreach, calls, texts, ongoing efforts in routine care
- Meet families where they are
 - Offer townhalls, educational sessions, Q&A sessions
 - Vaccination events at headstart programs, childcare facilities



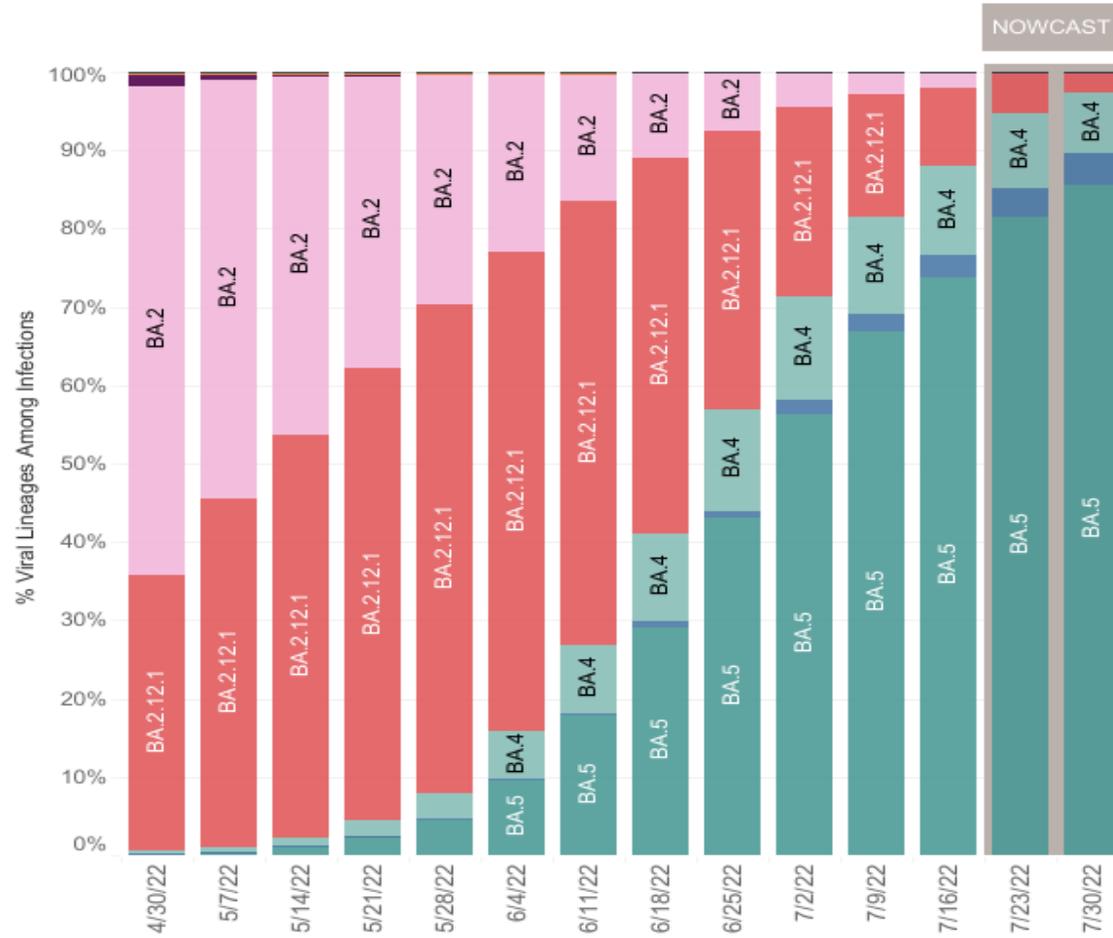
Omicron

- BA.5 accounts for 85.5% BA.4 is 7.7% Remember More transmissible!!
- Immune escape potential
- Vaccines are working to prevent severe illness and hospitalization
- Expect continued increase in cases



United States: 4/24/2022 – 7/30/2022

United States: 7/24/2022 – 7/30/2022 NOWCAST



USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	85.5%	83.8-87.0%
	BA.4	VOC	7.7%	7.0-8.5%
	BA.4.6	VOC	4.1%	3.2-5.4%
	BA.2.12.1	VOC	2.6%	2.4-2.8%
	BA.2	VOC	0.1%	0.1-0.1%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.

Monkeypox

- 6,326 cases in the United States
- In 48 states
- If there is a case in the household, use all precautions with disinfection of surfaces and separation of personal items



Monkeypox

- Meeting with CDC/ASPR for allocation of vaccines and countermeasures
- Public health testing labs for diagnosis
- Providing vaccines to areas with significant cases
- Antiviral: Tecovirimat (TPOXX)



Monkeypox

- Most risk is contact with someone who has Monkeypox
- Close sustained skin to skin contact with someone with an active rash or droplets
- Flu like symptoms
- Resolves in 2-4 weeks
- Low risk
- There are vaccines for Monkeypox



Strategy 2 - Detect

- 4.6 million tests have been performed, 11.7% positive
- Current 7-day rolling positivity is 21.4%
- Home testing: many kits sent out, supply is available and still encourage use



Strategy 3 - Treat

- Therapeutics: Monoclonal antibody therapy is available
 - Remdisivir is approved for outpatient treatment
 - Bebtelivomab is approved for outpatient treatment
- Evusheld used as a pre-exposure prevention
- The 2 oral antivirals are approved
 - Molnupiravir and **Paxlovid**



Test and Treat

- Established Test and Treat for our communities up to 65 sites now
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites

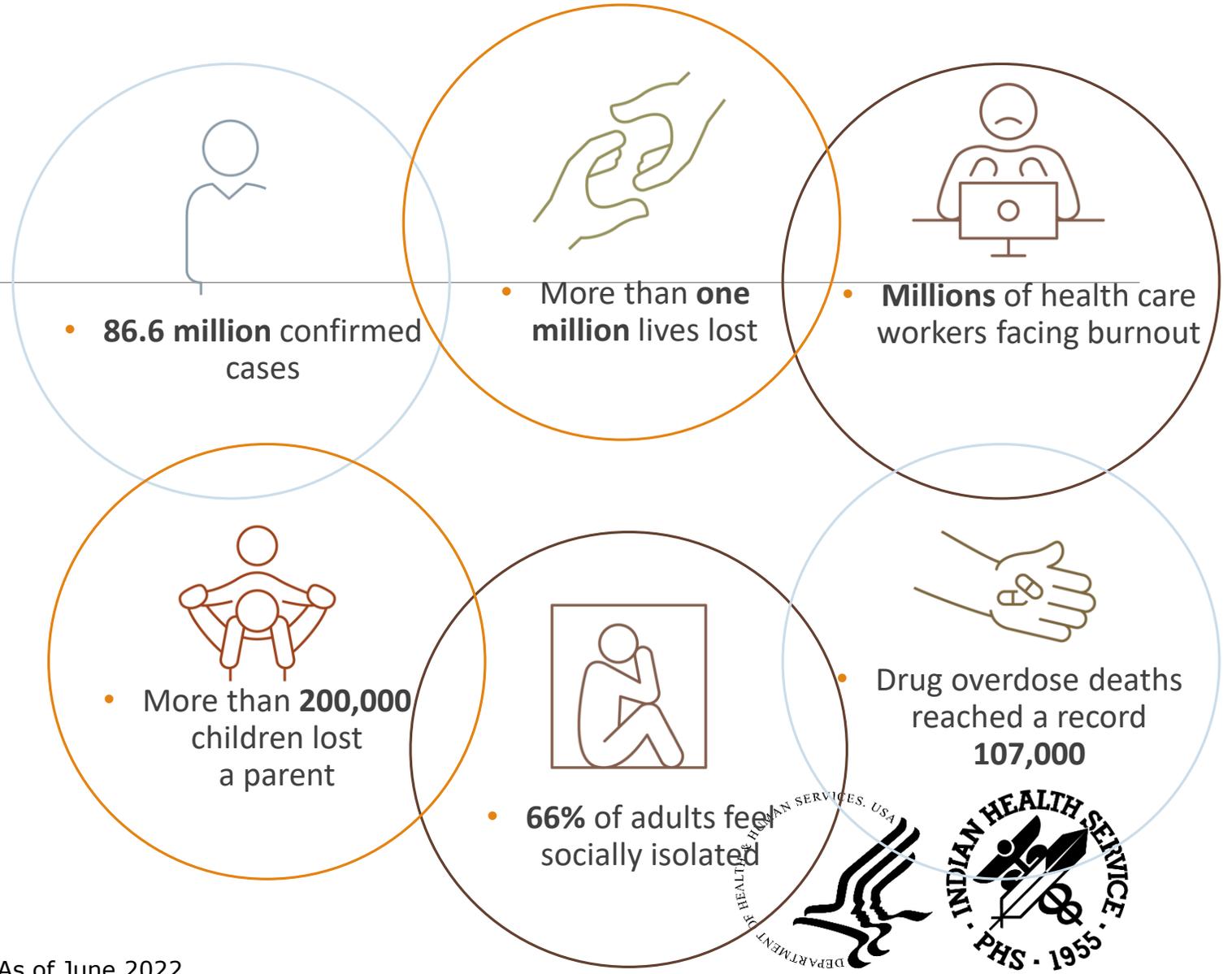


Strategy 4 - Recover

- Manage Long COVID
- Increase mental health services
- Isolation begins on day 1 after testing positive
- 5 days isolation and 5 days of limited activities with a mask
- Test negative and no symptoms



COVID-19 has affected many aspects of our lives



*As of June 2022



Recovery from
COVID-19 can vary
from person to
person

- Most people recover quickly and completely
- Others report symptoms lasting weeks or months after illness
- We call this **Long COVID**
- Term comes from the patient community and their lived experiences



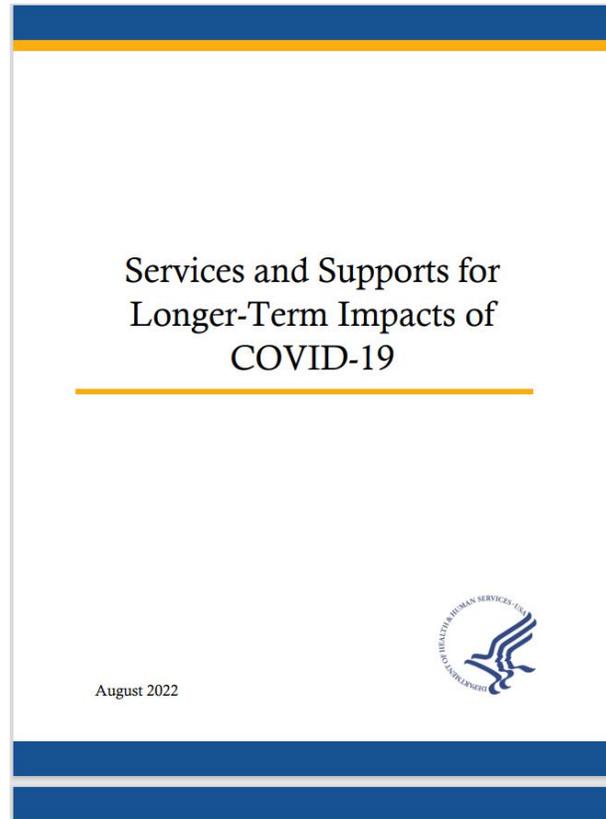


Long COVID is real

- Millions of people are living with it
- Risk estimates vary between 5 and 30%
- Can impact ability to work, go to school, participate in community life, and do everyday activities
- Some racial and ethnic minority groups, older adults, people with disabilities, and people with lower incomes may be more at risk for Long COVID due to the inequities that put them at risk for COVID-19



Interagency Long COVID Services and Support



www.covid.gov/longcovid





Questions & Answers

Next Tribal Leader and UIO Leader Call:

September 1, 2022



