Opening Remarks

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IHS COVID-19 Update

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INDIAN HEALTH SERVICE
Strategy 1 - Prevent

• Get vaccinated, including boosters!!!
• Continue to take all precautions!!!!
• The 3 W’s:
  • Wear a mask
  • Wait 6 feet apart
  • Wash your hands
AI/AN Vaccination Rates

• Over 2.1 million doses administered within the IHS jurisdiction
  ◦ Data Reflective of 1/25/2022

<table>
<thead>
<tr>
<th>AI/AN Age Group</th>
<th>At Least 1 Dose</th>
<th>Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18+</td>
<td>70.5% (601,404)</td>
<td>55.9% (476,268)</td>
</tr>
<tr>
<td>Age 12-17</td>
<td>44.3% (64,638)</td>
<td>35.1% (51,168)</td>
</tr>
<tr>
<td>Age 5-11</td>
<td>17.1% (30,993)</td>
<td>11% (20,015)</td>
</tr>
</tbody>
</table>

Data Limitations:
• A significant number of administered doses have been given to “Unknown Race”. Areas are actively working to determine if race data can be recovered.
• Some AI/AN patients may have been vaccinated outside of IHS; these doses are not reflected in this data.
3<sup>rd</sup> dose and boosters

- Administered 183,620 doses to AI/AN
- 33.5% of the fully vaccinated
- Studies show that the booster is highly effective and necessary to protect against Omicron
## COVID-19 Vaccine Recommendations*

<table>
<thead>
<tr>
<th>PRIMARY SERIES</th>
<th>ADDITIONAL (3RD) DOSE IN mRNA VACCINE PRIMARY SERIES</th>
<th>BOOSTER DOSE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone age 5+ (only Pfizer approved for ages 5-17)</td>
<td>People age 5+ who are moderately to severely immunocompromised, given 28 days after 2nd dose (only Pfizer approved for ages 5-17)</td>
<td>Everyone age 12+ (only Pfizer approved for ages 12-17)</td>
</tr>
</tbody>
</table>

*The CDC preferentially recommends the mRNA vaccines over the Janssen/J&J vaccine. Individuals who are unable or unwilling to receive a mRNA vaccine will continue to have access to Janssen/J&J vaccine.

+Available data show that boosters significantly reduce the risk of severe illness, hospitalization and death from COVID-19 infection.
## COVID-19 Vaccine Booster Dose Eligibility

<table>
<thead>
<tr>
<th>Which Primary Series Vaccine did you Receive?</th>
<th>Pfizer</th>
<th>Moderna</th>
<th>Janssen/J&amp;J</th>
</tr>
</thead>
<tbody>
<tr>
<td>You should get a booster if:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It’s been at least 5 months since completing your primary series AND you are:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age group:</td>
<td>Age 12+</td>
<td>Age 18+</td>
<td>Age 18+</td>
</tr>
<tr>
<td>If eligible, you can get a booster of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pfizer (For ages 12-17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Moderna</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Janssen/J&amp;J*</td>
<td></td>
<td></td>
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<td>• Pfizer</td>
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<td>• Janssen/J&amp;J*</td>
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</tr>
</tbody>
</table>

*The CDC preferentially recommends Pfizer and Moderna vaccine over the Janssen/Johnson & Johnson vaccine*
Strategy 2 - Detect

• 3.964 million tests have been performed, 11.1% positive
• IHS areas are in high transmission
  • The vast majority of these positive cases are the unvaccinated
• Current 7-day rolling positivity is 32.6%
• Home testing: QuickVue is available
Omicron

- Replicates at a high rate in the upper airway which increases the transmissibility
  - Coughing, talking etc will send the aerosol into the space

- Public health measures always are protective
  - Will need better masks or double masks in close spaces

- Omicron is now 99.9% of our cases
  - BA.2: variant of Omicron

- The vaccinations are effective at preventing severe illness, hospitalization and death
- The booster doses are very important
Stratgy 3 - Treat

- Therapeutics: Monoclonal antibody therapy is available
  - Sotrovimab is effective against Omicron but in limited allocation

- Critical Care Response Teams are still deploying

- The 2 oral antivirals are approved
  - Molnupiravir and Paxlovid
  - There is a limited supply at this time

*Remdisivir can be given in the outpatient setting to decrease hospitalization
Strategy 3 - Treat

- FDA issued an EUA for Evusheld (tixagevimab/cilgivamab)
- This is a long acting pre-exposure prevention of COVID-19
- Must still get vaccinated
- For immunocompromised patients or those on immuno-suppressive therapy or severe adverse reaction to available COVID-19 vaccinations
- Protection for 6 months
Strategy 4 - Recover

• Continue to address trauma, behavioral health, substance use disorder, grief and loss
• Monitoring and care of those who have had COVID-19 who may have Post-Covid or Long Covid syndrome
Post-acute/Long Covid

• Persistent symptoms and/or delayed or long term complications of SARS CoV-2 infection beyond 4 weeks from the onset of symptoms

  ◦ Subacute COVID-19 which includes symptoms and abnormalities present from 4-12 weeks acute COVID-19
  ◦ Chronic or post-COVID-19 syndrome, includes symptoms and abnormalities persistent or present beyond 12 weeks from the onset of acute COVID-19 and not attributable to alternative diagnosis
Cases of Long COVID

• It is estimated up to 80% of those hospitalized will have Long COVID symptoms
• Estimated that up to 35% of those treated as ambulatory patients will have Long COVID symptoms
• Important to plan for treatment of the Long COVID patients
Indian Health Service
Buy Indian Act

SANTIAGO ALMARAZ
DIRECTOR
OFFICE OF MANAGEMENT SERVICES, IHS
Buy Indian Act Authority

• Enacted by Congress on June 25, 1910 (25 U.S.C. 47)

• The Act authorizes the Secretary of the Interior, Bureau of Indian Affairs (BIA), to employ Indian labor and to purchase the products of Indian-owned and controlled firms without using the normal competitive process

• The Transfer Act of 1954 authorizes the IHS to use the Buy Indian act to carry out its health care responsibilities (25 U.S.C. 1633)

• The Act does not apply to contracts awarded under ISDEAA Public Law 93-638 and purchase orders for services obtained through the Purchased/Referred Care (PRC) program authorized pursuant to 42 CFR Part 136
Final Rule – Buy Indian Act

• The final rule amends the current Health and Human Services Acquisition Regulations (HHSAR), codified at 48 CFR 326, Subpart 326.6, and at 48 CFR 352

• This rule supplements the Federal Acquisition Regulations (FAR) and formalizes administrative procedures for ALL IHS acquisition activities and locations

• The rule establishes Buy Indian Act acquisition policies and procedures for IHS consistent with the Buy Indian Act rule established by the Department of the Interior

• The rule also supports harmonizing the Buy Indian Act procurement procedures between HHS and DOI as required by the Indian Community Economic Enhancement Act of 2020
Why the Buy Indian Act?

• Supports the overall growth of Native-owned and controlled businesses to provide commercial goods and services to include construction

• The IHS considers all contract dollars to be set-aside for Native-owned and controlled businesses to support the economic sustainability and development in Indian Country

• The IHS awards and obligates over $1 billion in commercial contract actions per year

• In fiscal year 2021, IHS awarded nearly $60 million in set-aside commercial contract actions to Indian Economic Enterprises (IEE)
Definition

INDIAN ECONOMIC ENTERPRISE (IEE) - Any business activity owned by one or more Indians, Federally Recognized Indian Tribes, or Alaska Native Corporations provided that:

• The combined Indian, Federally Recognized Indian Tribe or Alaska Native Corporation ownership of the enterprise constitutes not less than 51%;

• The Indian, Federal Recognized Indian Tribes, or Alaska Native Corporations must, together, receive at least 51% of the earnings from the contract; and

• The management and daily business operations must be controlled by one or more individuals who are Indians
Buy Indian Act Deviation

An approved exception to the requirement to use the Buy Indian Act

A deviation to the Buy Indian Act may occur if:

• The Contracting Officer determines after market research that there is no reasonable expectation of obtaining two or more ISBEE and/or IEE offers that will be competitive in terms of market prices, product quality, and delivery capability;

• Offers received in response to a Buy Indian set-aside are determined to be unacceptable upon price and/or technical evaluations;

• No responses received from IEEs to an IHS Sources Sought Notice; or

• No responsive offers to a Buy Indian set-aside are received from IEEs
Representation

Procedure to identify and support responsible IEEs and prevent circumvention or abuse of the Buy Indian Act

To be considered for award an offeror must:

• Certify that it meets the definition of an IEE in response to a specific solicitation set-aside;

• Identify the Federally Recognized Indian Tribe or Alaska Native Corporation upon which the offeror relies for its IEE status; and

• Representation must be made on the designated IHS Indian Economic Enterprise Representation form through which the offeror will self-certify eligibility
Challenges to Representation

The process in which an interested party can challenge the IEE Representation of an offer in response to a Buy Indian Act set-aside solicitation, Sources Sought Notice

• An interested party must file any challenge against an offeror’s representation with the cognizant IHS Contracting Officer.

• The challenge must be in writing and must contain the basis with accurate, complete and specific evidence.

• The Contracting Officer will investigate the representation of an offeror in response to an interested party challenge or in the event the Contracting Officer has any other reason to question the representation.