

Indian Health Service

All Tribal and Urban Indian Organization Leaders Call

DECEMBER 8, 2022



IHS Update



DARRELL LAROCHE

DEPUTY DIRECTOR FOR MANAGEMENT OPERATIONS

INDIAN HEALTH SERVICE







Indian Health Service Chief Medical Officer Updates

LORETTA CHRISTENSEN, MD MBA MSJ FACS
CHIEF MEDICAL OFFICER
INDIAN HEALTH SERVICE



Strategy 1 - Prevent

- Get vaccinated, get your bivalent (Omicron) booster
- Getting vaccinated is the key to decreasing the impact of COVID-19
- There is an increase in flu this season
- There is an early increase in cases of RSV
- Flu vaccinations are available!!!!





















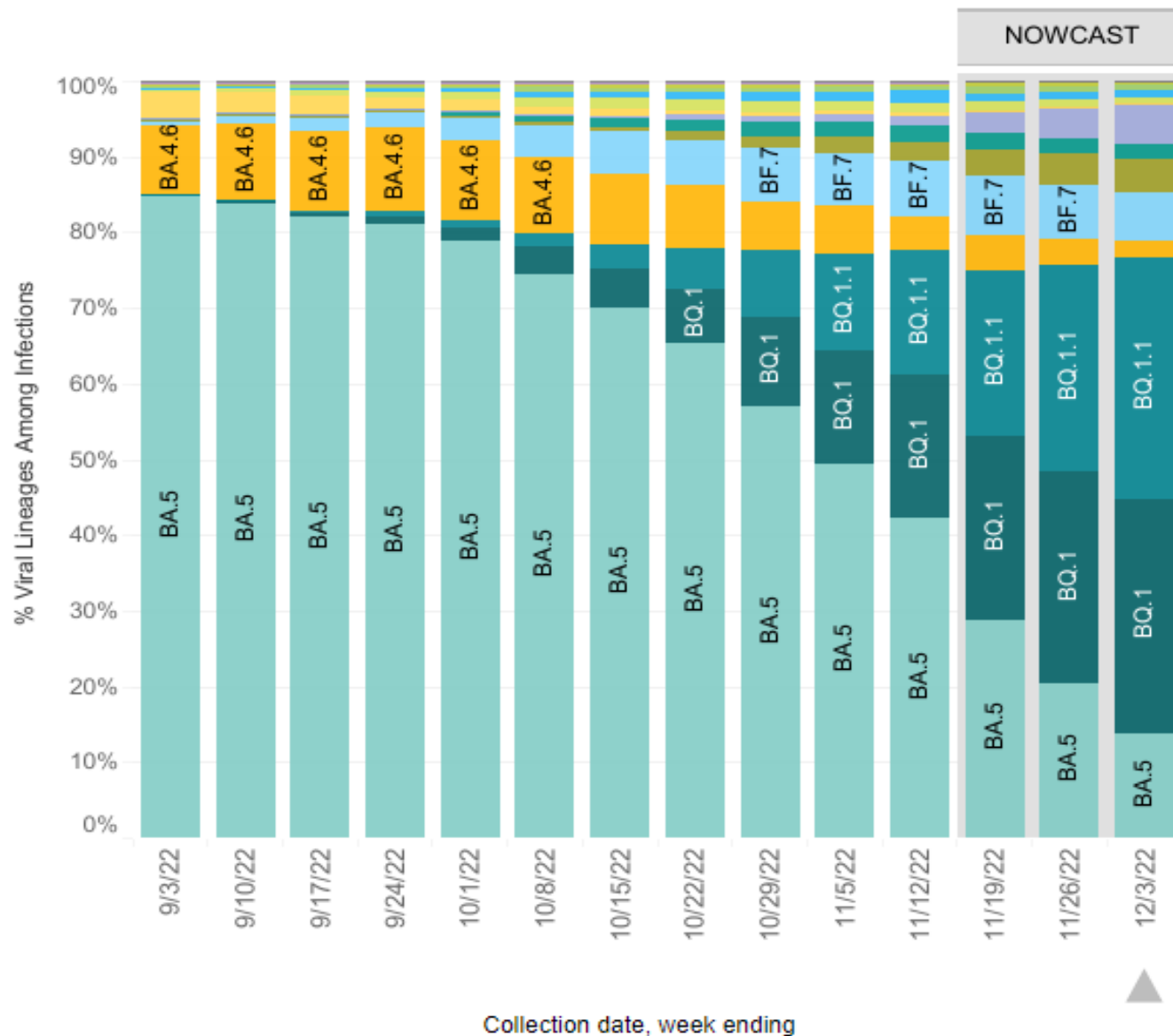
Omicron variants

- BQ 1: 31.9
- BQ 1.1: 30.9%
- BA.5: 13.8%
- BA.7: 6.3%



USA

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BQ.1.1	VOC	31.9%	29.7-34.3%	
	BQ.1	VOC	30.9%	28.7-33.3%	
	BA.5	VOC	13.8%	11.9-15.8%	
	BF.7	VOC	6.3%	5.4-7.3%	
	XBB	VOC	5.5%	2.7-10.6%	
	BN.1	VOC	4.6%	3.8-5.5%	
	BA.4.6	VOC	2.3%	2.0-2.6%	
	BA.5.2.6	VOC	1.8%	1.4-2.2%	
	BF.11	VOC	0.9%	0.7-1.2%	
	BA.2	VOC	0.8%	0.5-1.2%	
	BA.2.75	VOC	0.7%	0.6-0.9%	
	BA.2.75.2	VOC	0.5%	0.4-0.6%	
	BA.4	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
BA.2.12.1	VOC	0.0%	0.0-0.0%		
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.1%	



American Indian/Alaska Native Vaccination Rates

Data reflective of 11/29/22 for I/T/Us within the IHS jurisdiction

AI/AN Age Group	Received at Least 1 Dose	Primary Series Complete	Bivalent Boosters Administered to Fully Vaccinated AI/AN
Age 65+	93.7% (138,876)	71.7% (106,204)	26.2% (27,822)
Age 18+	78.4% (668,649)	57.9% (493,931)	17.1% (84,396)
Age 12-17	50.8% (74,187)	40% (58,330)	11.9% (6,908)
Age 5-11	25.1% (45,388)	18.4% (33,301)	8.5% (2,784)
Age <5	7.8% (8,670)	Not Validated	N/A

I/T/U Vaccination Activities:

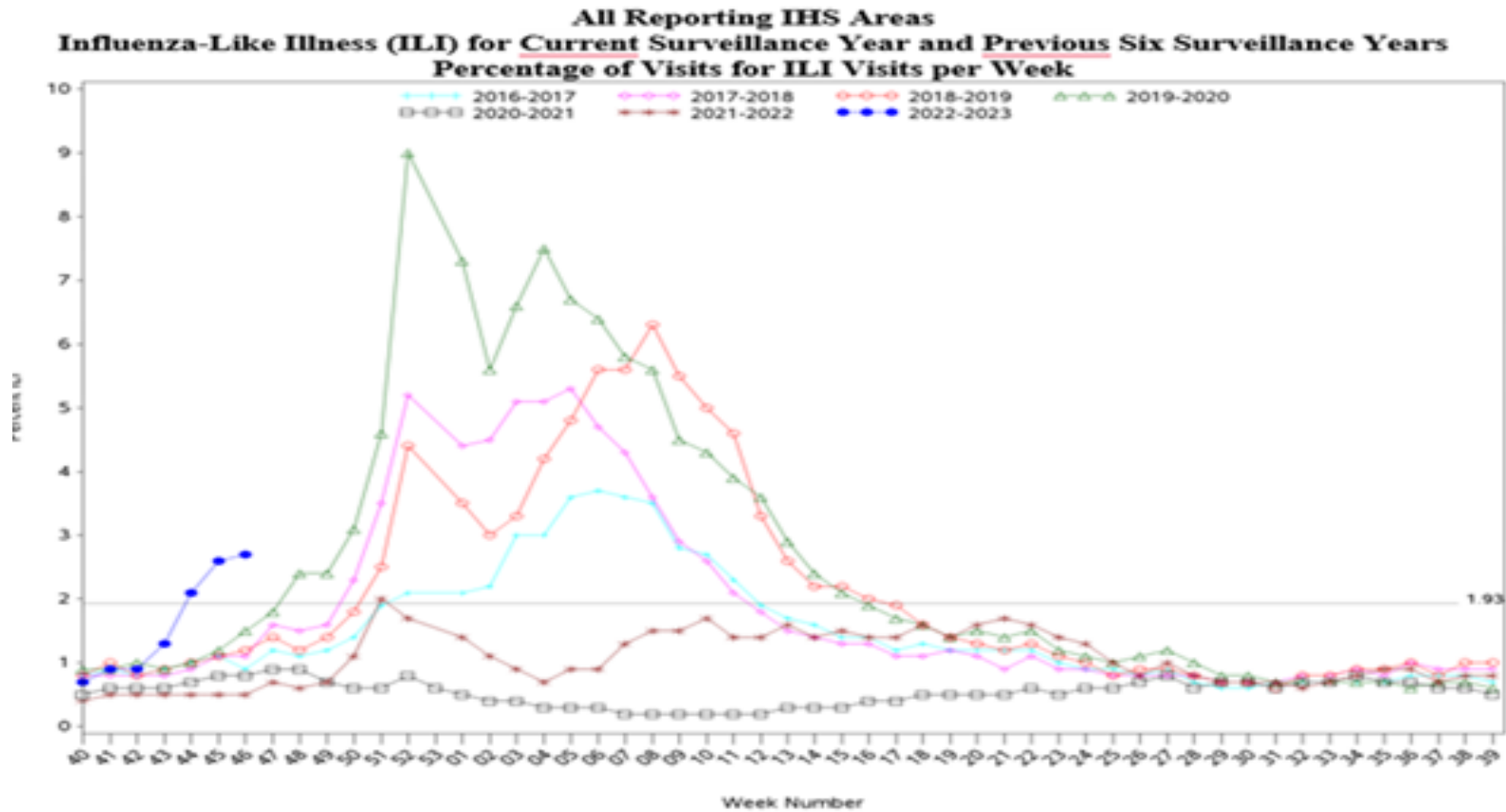
- Bivalent boosters are recommended for everyone 5 years+ that received a primary series and any number of booster doses.
- Immunization focus at I/T/Us:
 - Influenza vaccines
 - Routine immunizations for all ages
 - Bivalent boosters and primary COVID vaccines
 - 11,341 bivalent doses administered to all races
 - 94,094 bivalent doses administered to AI/ANs

Data Considerations: All data is from the IHS COVID-19 Dashboard

- Primary series vaccination data for children under 5 years are still being validated
- 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 facilities that chose the IHS for vaccination; these doses are not reflected in this data.



Flu



RSV



SYMPTOMS

Runny nose, decreased appetite, coughing, sneezing, fever, and wheezing



PREVENTION

Cover coughs and sneezes, wash hands often, avoid contact with sick people



STAY UP TO DATE WITH VACCINATIONS

COVID and flu vaccines

Prevent Spread of RSV

HELP PREVENT THE SPREAD OF RSV

- Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands
- Wash your hands often with soap and water for at least 20 seconds
- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others
- Clean frequently touched surfaces such as doorknobs and mobile devices



What is the E3 Vaccine Strategy?

- EVERY Patient
- EVERY Encounter
- EVERY Recommended Vaccine Offered, when appropriate



Target Population

- American Indian and Alaska Native tribal communities.
- IHS CMO directive to all federal direct-care IHS facilities.
- Encouraged for tribal and Urban Indian Organization facilities.



Background

- Impact of the COVID-19 pandemic.
- Vaccine misinformation and “fatigue.”
- Nationwide declines in vaccine coverage for all age, racial, and ethnic groups.
- Health disparities among AI/AN for vaccine preventable illness.



A Call to Action

- Comprehensive system of health care
- Vaccination is a highly effective prevention effort
- Pro-Active Approach
- Prioritization of vaccination at every visit
- System-based strategies



Every Patient

- Every season
- All age groups
- Regular and transient patients
- Community members and non-community members



Every Encounter

- Preventive, Chronic, Acute
- Ambulatory, ER/Urgent Care, Inpatient
- Medical, Pharmacy, etc
- Public Health
 - PHN/MCH Home Visits
 - Community Events
 - Head Start/School Events
 - Mass Vaccination Events



Every Recommended Vaccine Offered

- ALL ACIP-recommended vaccines
- No distinction between “routine” vaccines and those recommended in response to public health emergencies.
- Patient informed consent and autonomy.



When Appropriate

- Clinical Indications for the patient, encounter, and vaccine
- Subject to ACIP-recommended precautions and contraindications
- <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

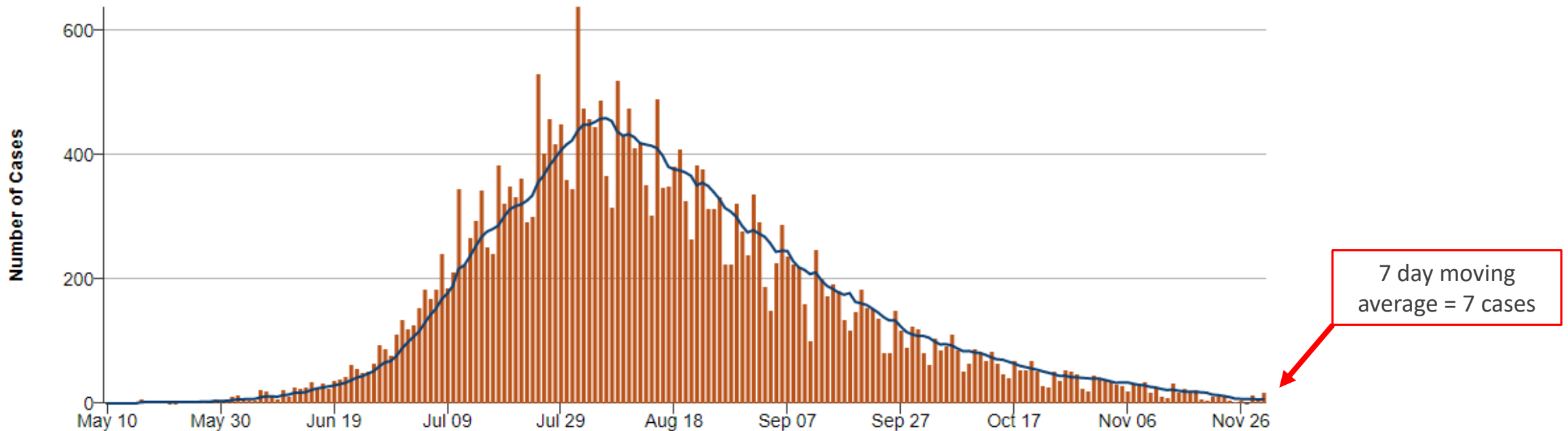


Spread the Word



Monkeypox U.S. Case Trends

Daily Monkeypox Cases Reported* and 7 Day Daily Average



- Continued downward trend in cases across the U.S.
 - No suspected or confirmed cases reported in IHS I/T/Us as of last week
 - Data from the NPTC bi-weekly survey of >250 I/T/Us

Strategy 2 - Detect

- 5.0 million tests have been performed, 11.8% positive
- Current 7-day rolling positivity is 12.5%
- 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 although not as effective with the new variants
- Evusheld used as a pre-exposure prevention, some weakness against one variant but still effective
- The oral antivirals are approved however **Paxlovid is provided at Test 2 Treat**



Test and Treat

- Established Test and Treat for our communities up to 81 registered sites with another 200 providing Test2Treat
- Closely follow the use of the anti-viral medications
- Clinical guidance was provided to the IHS areas
- Encourage the use of the Test2Treat sites



Behavioral Health

- Need for behavioral health services
- Development of Behavioral Health Aides
- Environmental scan of current healthcare facilities
- Consideration of converting some inpatient beds to address mental health and substance use disorder treatment
- We must look at how we are using our beds and the space in our healthcare facilities



NTAC

- Communication between IHS and the elected tribal leaders
- Improve behavioral health services in Nation to Nation dialogue
- We have several vacancies and need to have the full committee to support initiatives
- Without a quorum we will not be able to confirm a new co-chair



Additional projects

- Primary care retooling project
- Improving cancer care in tribal communities
- Increasing Graduate Medical Education programs



Happy Holidays



Indian Health Service

\$210M Additional ARPA Public Health Workforce Funding

JILLIAN E. CURTIS

CHIEF FINANCIAL OFFICER

INDIAN HEALTH SERVICE



American Rescue Plan Act

The American Rescue Plan Act appropriated \$7.7 billion to HHS for Public Health Workforce Activities.

- ❑ HHS allocated \$210 million of that amount to the IHS for specific purposes. The White House announced this allocation last fall, and the IHS conducted Tribal Consultation and Urban Confer earlier this year.
- ❑ These funds are in addition to the \$240 million for Public Health Workforce activities that the IHS received in direct appropriations from the ARPA.

Uses of Funds

The HHS allocation includes funding for the following activities:

- ❑ \$92 million to support nurses in Bureau of Indian Education Schools,
- ❑ \$47 million to enhance public health capacity and preparedness for IHS and Tribes,
- ❑ \$20 million to increase IHS emergency preparedness capacity,
- ❑ \$45 million for additional loan repayment awards, and
- ❑ \$6 million for core surveillance and epidemiology functions.

Nurses in Bureau of Indian Education Schools

The HHS allocation includes **\$92 million over four years to provide nursing support to the 181 Bureau of Indian Education funded K-12 schools.**

❖ Funding will:

- Support a Registered Nurse to focus on student health, immunizations, vaccinations, COVID-19 testing needs, mental health, and other related needs at each of the 181 BIE schools.
- Be allocated to IHS and Tribal Health Programs that support the identified schools.
- Provide for a Student Health Nurse program lead and an evaluation.

Public Health Capacity Building

The HHS allocation includes a total of \$47 million to enhance public health capacity in Indian Country.

❖ **Public Health Department Capacity Building in Tribal Communities (\$47 million)**

- These funds will support Tribes, Tribal organizations, and Urban Indian Health Programs in:
 - Conducting Public Health Department functions, services and activities, and
 - Developing their Public Health management capabilities.

IHS Emergency Preparedness Capacity

The HHS allocation includes a total of \$20 million to build emergency preparedness capacity at IHS.

❖ IHS Emergency Preparedness Team (\$20 million)

- ❑ These funds will support additional Emergency Management staff and training at IHS HQ, IHS Area Offices, and Service Units.
- ❑ Current emergency management activities are performed in addition to regular duties.
- ❑ COVID-19 experience makes it clear that dedicated planning, training, and staffing are necessary moving forward.

Additional Loan Repayment Awards

The HHS allocation includes **\$45 million to expand the IHS Loan Repayment Program** to recruit and retain high quality health care professionals.

- ❖ These resources will support approximately 200 additional two-year loan repayment contracts.
- ❖ The funds will support recruitment and retention of health care professionals in IHS, Tribal, and Urban Indian Health Programs.

Core Surveillance & Epidemiological Activities

The HHS allocation includes a total of \$6 million for core surveillance and epidemiological activities.

- ❖ **Increase IHS capacity to monitor for and respond to vaccine-preventable diseases (\$2.3 million)**
 - These funds will enhance IHS analytical capacity and establish or improve data tracking systems that support monitoring of vaccine-preventable diseases.
- ❖ **IHS Mortality and Natality Data Activities and Reporting (\$3.6 million)**
 - These funds will allow the IHS to update natality and mortality information for future analysis.



Questions & Answers

Next Tribal Leader and UIO Leader Call:

January 5, 2022

See you in the New Year!

