

We are in this Together: Tribal Covid-19 Response Update Collaboration and Partnerships

New Mexico Department of Health

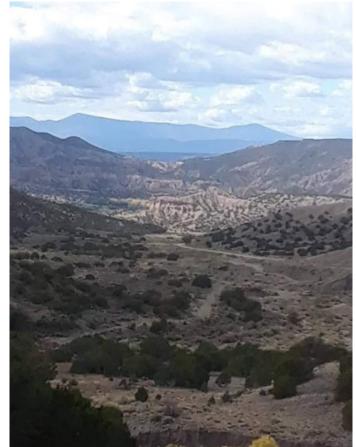
Laura Parajon, MD, MPH, Deputy Secretary Christine Ross, MD, MPH, State Epidemiologist Tierney Murphy, MD, MPH, Medical Epidemiologist Miranda Durham, MD, NW Region Health Officer Janet Johnson, Acting Tribal Liaison

October 1, 2021
Presentation to NM Indian Affairs Committee/LHHS Committee

Before we start...

On behalf of all colleagues at the Department of Health, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.

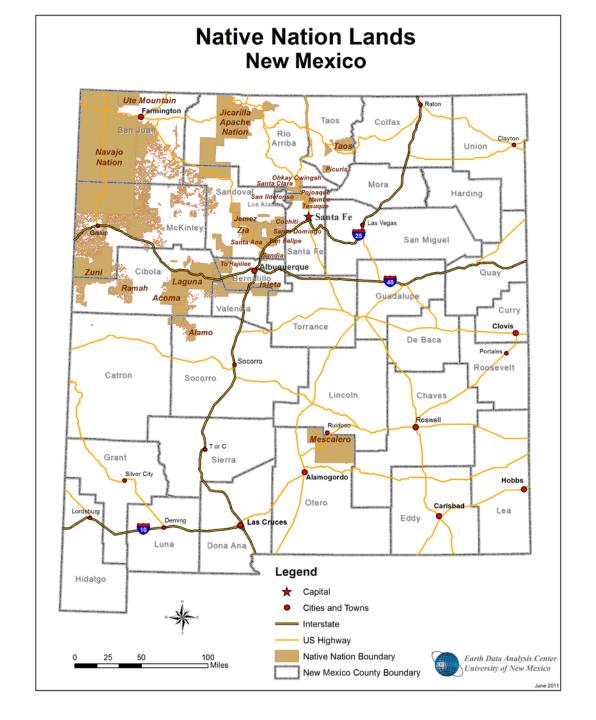






Public Health Authority

- HIPAA Privacy Rule recognizes the legitimate need for public health authorities to have access to protected health information (PHI)
- Public health authority is based on geographic boundaries, not tribal affiliation or race
- NMDOH respects tribes, pueblos, and nations' public health authority as sovereign nations and leverages government-togovernment partnerships to respond to this unique public health challenge



Mission

To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.

Goals



We expand equitable access to services for all New Mexicans



We ensure safety in New Mexico healthcare environments



We improve health status for all New Mexicans



We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals



COVID-19 Agency Response Overview

- Supported tribes, pueblos, and nations with:
 - Case notification, contact tracing, and case investigation
 - Testing
 - Sheltering
 - Vaccinations
- Maintained communications through:
 - NMDOH Office of Tribal Liaison tribal leader and IHS/638 clinician calls
 - Arizona DOH Tristate calls
 - NMIAD biweekly tribal leader calls

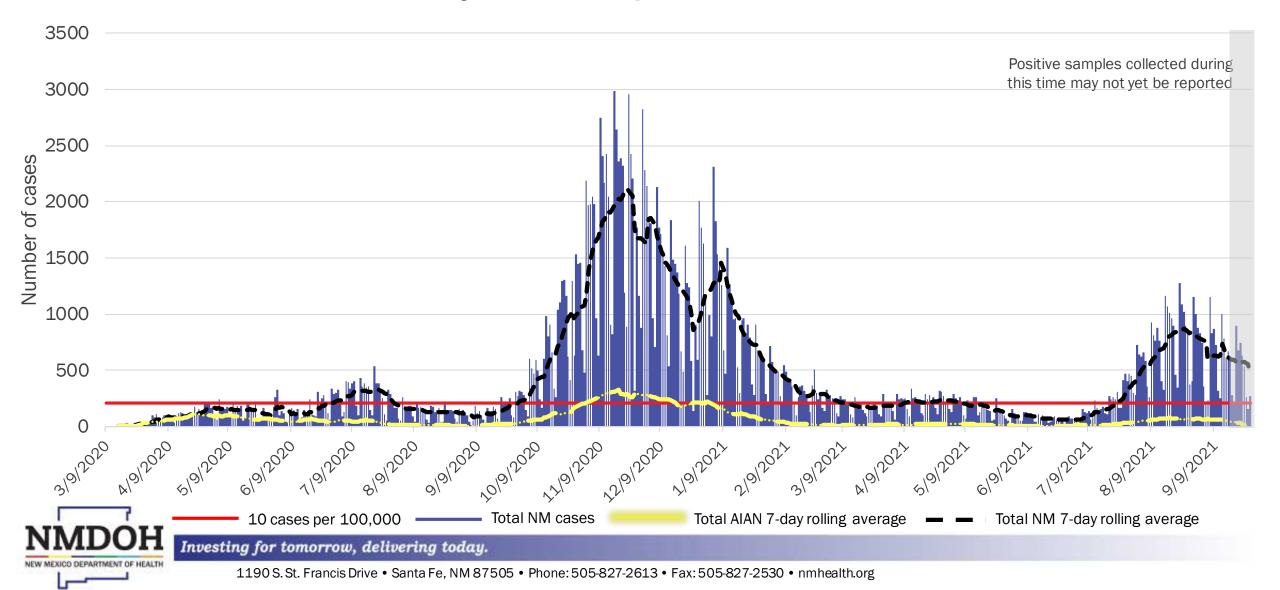




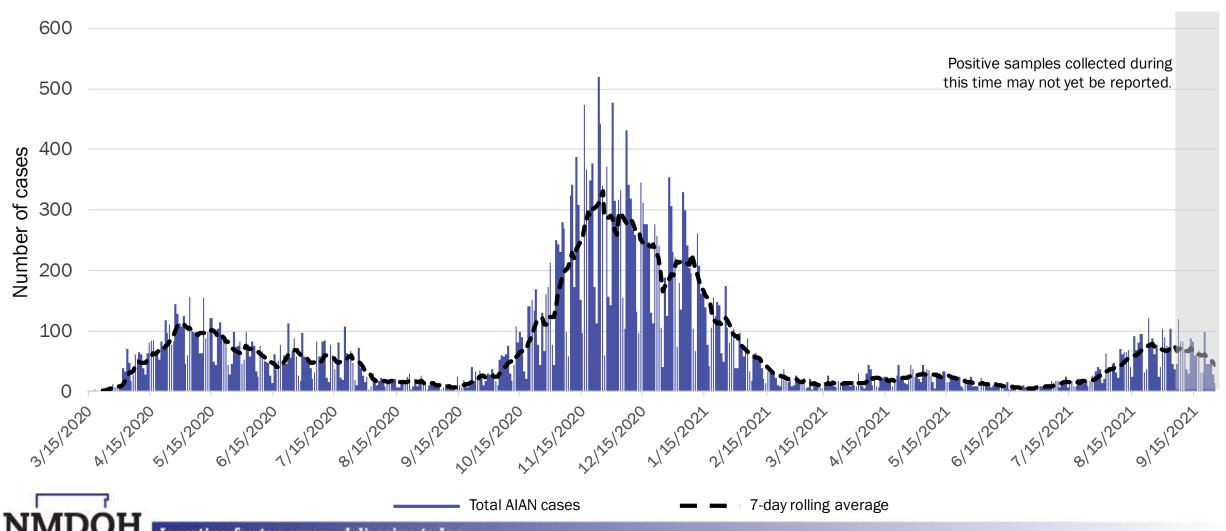


Tribal Covid-19 Response: Epidemiologic Update

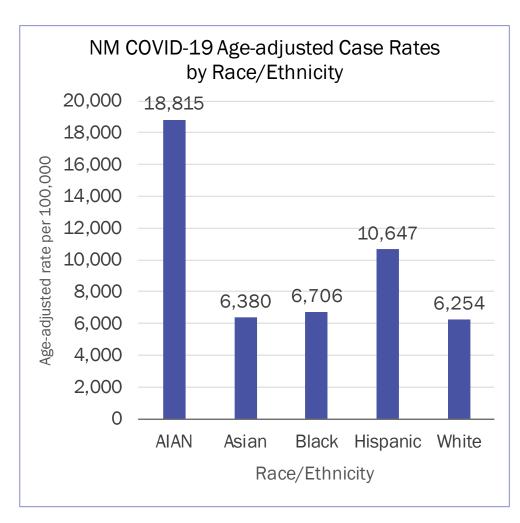
New Mexico Total and AlAN COVID-19 Cases by Date of Specimen Collection

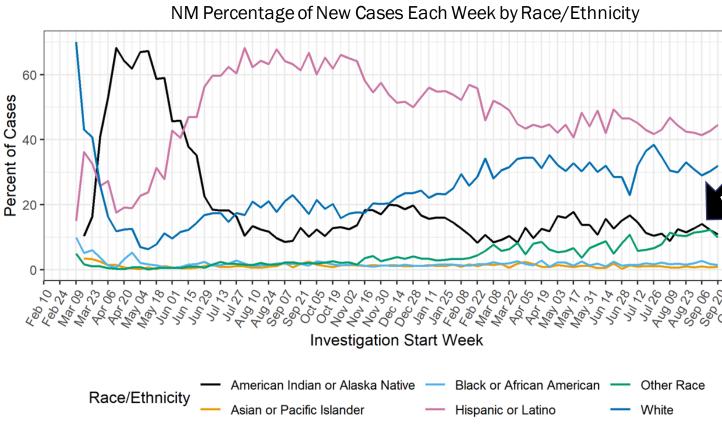


New Mexico AIAN COVID-19 Cases by Date of Specimen Collection



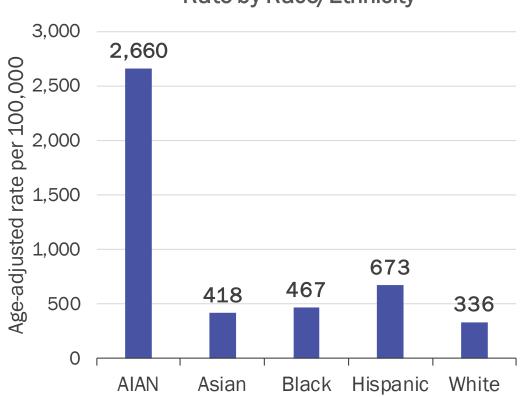
NM COVID-19 Cases by Race/Ethnicity



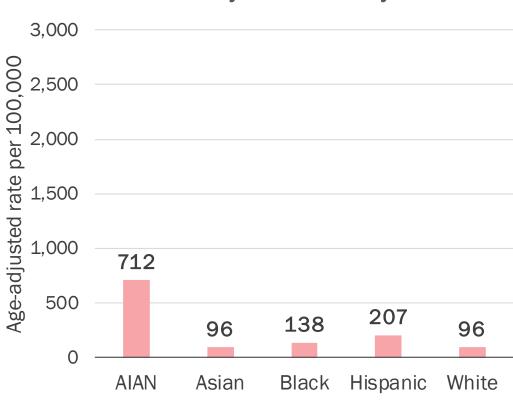


NM COVID-19 Hospitalizations and Deaths





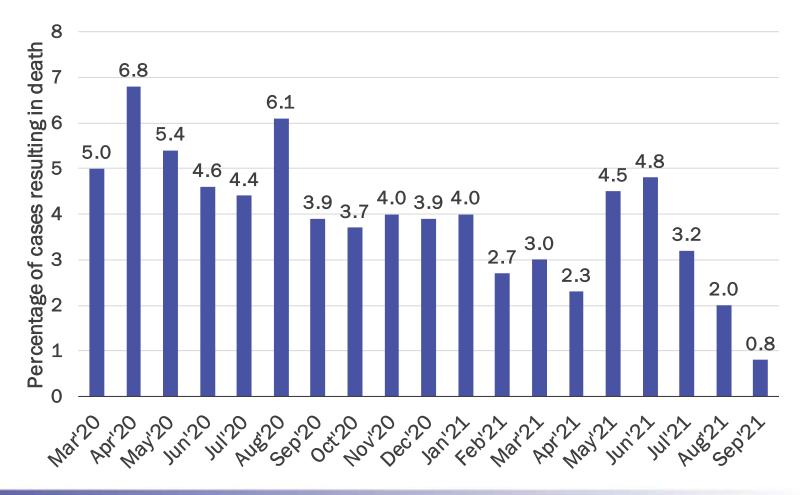
Cumulative Age-adjusted Mortality Rate by Race Ethnicity





AIAN Age-adjusted Case Fatality Rates by Month of First Positive COVID-19 Test

- Cumulative age-adjusted case fatality rate among AIAN is 4.2%
- AIAN age-adjusted case fatality rate is 1.5 – 2 times higher than other races/ethnicities

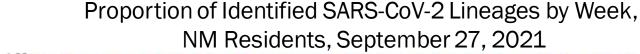


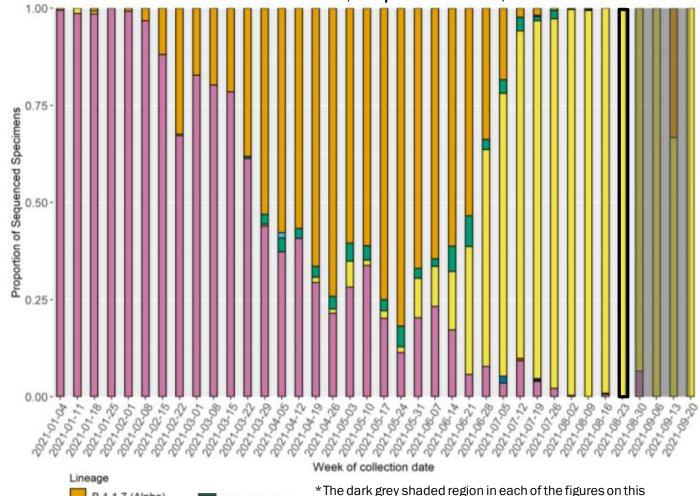


COVID-19 Variants of Concern in NM

• 9,291 COVID-19 specimens sequenced to date

- 82% matched to case data
- For the week of August 23, 2021, ~100% of sequenced samples in New Mexico were B.1.617.2 (Delta)
- 12.2% of samples sequenced with the Delta variant were AIAN



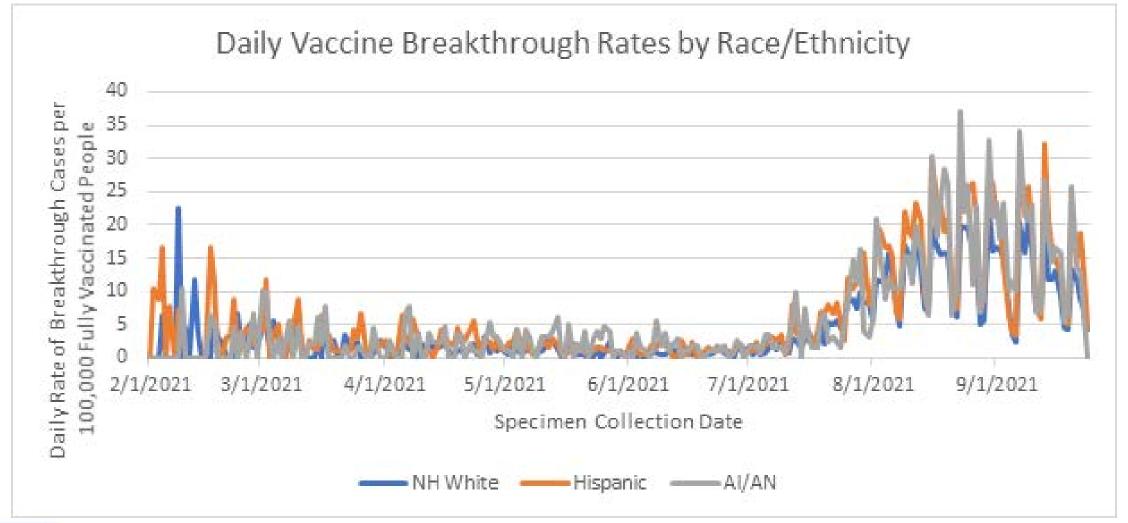




*The dark grey shaded region in each of the figures on this page represents the lag period between specimen collection and genomic sequencing results such that the results may look different when all specimens available for sequencing have been reported.

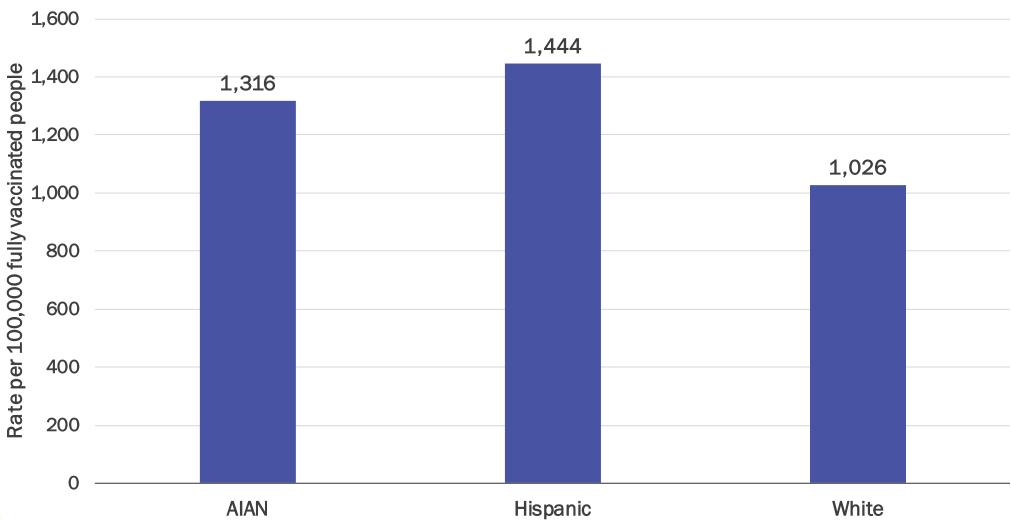
B.1.351 (Beta)

NM COVID-19 Vaccine Breakthrough Cases





NM COVID-19 Vaccine Breakthrough Rates by Race/Ethnicity, February 1 – September 28, 2021





NM COVID-19 Epidemiologic Response

NMDOH notified of positive COVID-19 test result

Case notification and investigation by tribally-designated public health authority (Tribe, IHS, AASTEC, or NMDOH)

Coordinating response to outbreaks in congregate care, school, and workplace settings

Contact tracing – collect close contacts of case during infectious period

Contact monitoring for 10 days from last exposure

Case monitoring for 10 days* from symptom onset or date of test if asymptomatic

*20 days for case with severe illness or severe immunosuppression





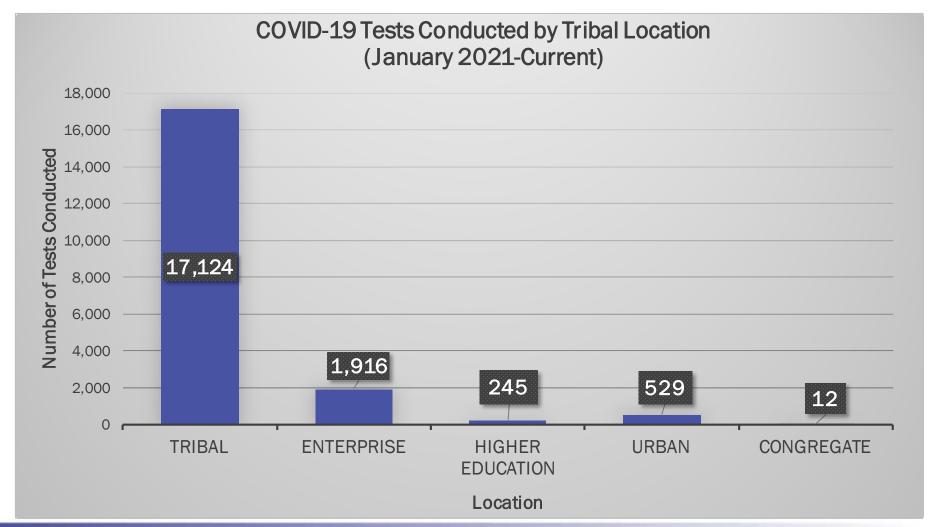
Tribal Covid-19 Response: Testing

Tribal COVID-19 Testing Events

 Events hosted by NMDOH and Presbyterian Healthcare Services

Since January 2021:

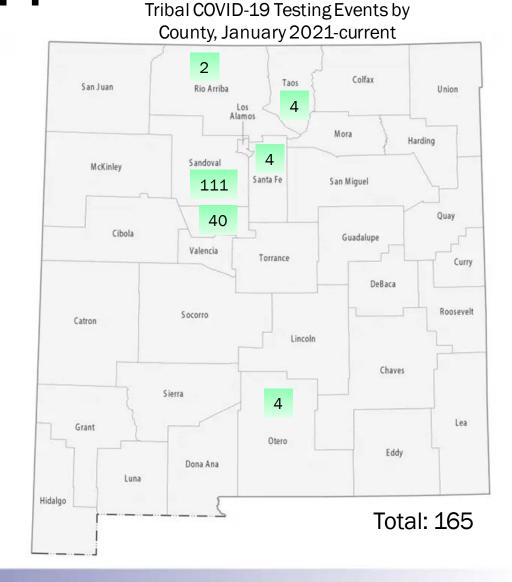
- 165 total events
- 19,826 total tests conducted





Tribal COVID-19 Testing Support

- Technical assistance for operating community-based and enterprise testing:
 - PCR (test sites and home-based)
 - Rapid tests
 - Testing for schools
- 3-agency team (NMDOH, FEMA, IHS) are available to support tribal leadership in implementing testing options





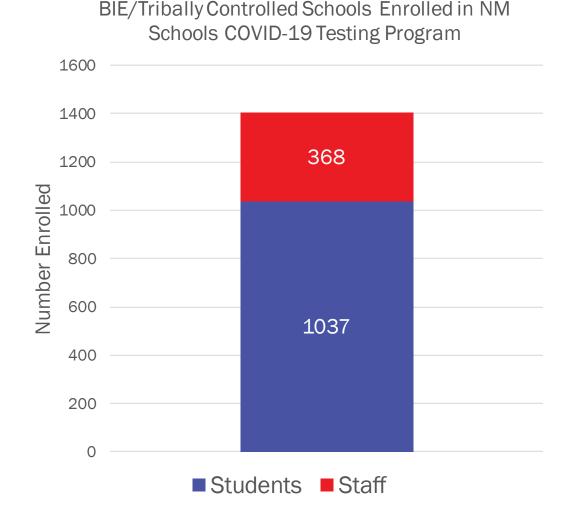
COVID-19 Testing for NM Schools

\$63M CDC grant to provide school testing resources to:

- Strengthen COVID-19 health services in New Mexico public school districts, public charters, nonpublic, BIE and tribally controlled schools
- Offer comprehensive COVID-19 testing services, technical assistance, and funding

Program administration is a collaborative effort between NMDOH, NMPED, Bureau of Indian Education (BIE), other tribal schools, and vendors

- 3 BIE/tribally controlled schools enrolled:
 - 1 full-service PCR/rapid testing
 - 1 testing training
 - 1 BinaxNOW and funding





Department of Health Operations Center

- Supplied 16,000 COVID-19 test kits to tribal partners through the DOH Scientific Laboratory Division
- Coordinated the processing of 75,118 N-95 masks for tribal partner medical staff using the Battelle decontamination system
- Continues to work with IHS and individual pueblos, tribes, and nations in emergency preparedness and COVID-19 requests



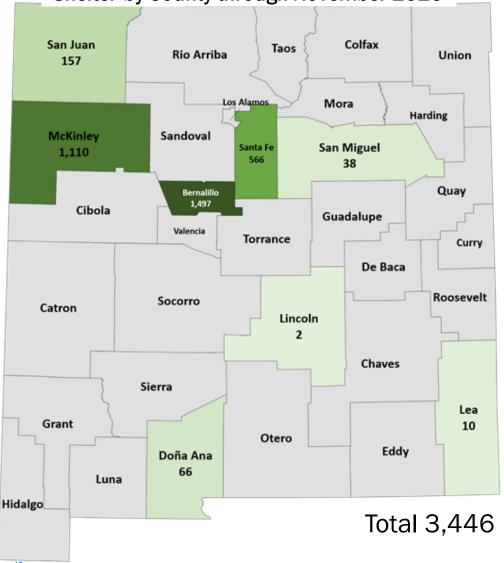


Tribal Covid-19 Response: Medical Shelters

COVID-19 Shelter Support

- Drafted Shelter Manual and testing protocols
- Provided NM Medical Reserve Corp (MRC) volunteers and staff to operate shelters
- Performed medical monitoring and triage

New Mexico Emergency Support Function (ESF) Total Sheltered with Non-Congregate Shelter by County through November 2020







Tribal Covid-19 Response: Vaccines

The Department of Health's mission is to vaccinate New Mexicans swiftly, efficiently, and equitably in order to save lives and stop the spread of the virus.

COVID-19 Vaccine Distribution and Administration

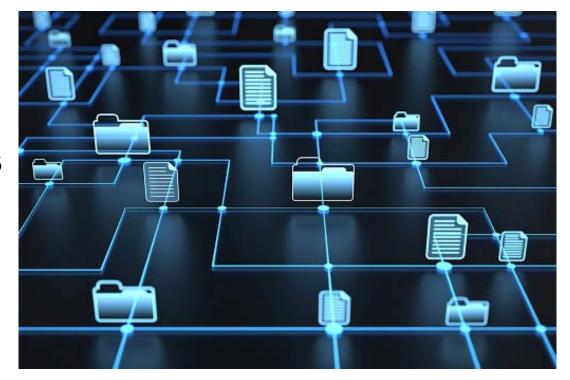
- NMDOH distributed and assisted with administration of vaccine for Acoma, Laguna, and Picuris Pueblos
- All other tribes, pueblos, and nations in NM were supported by IHS for vaccine distribution and administration





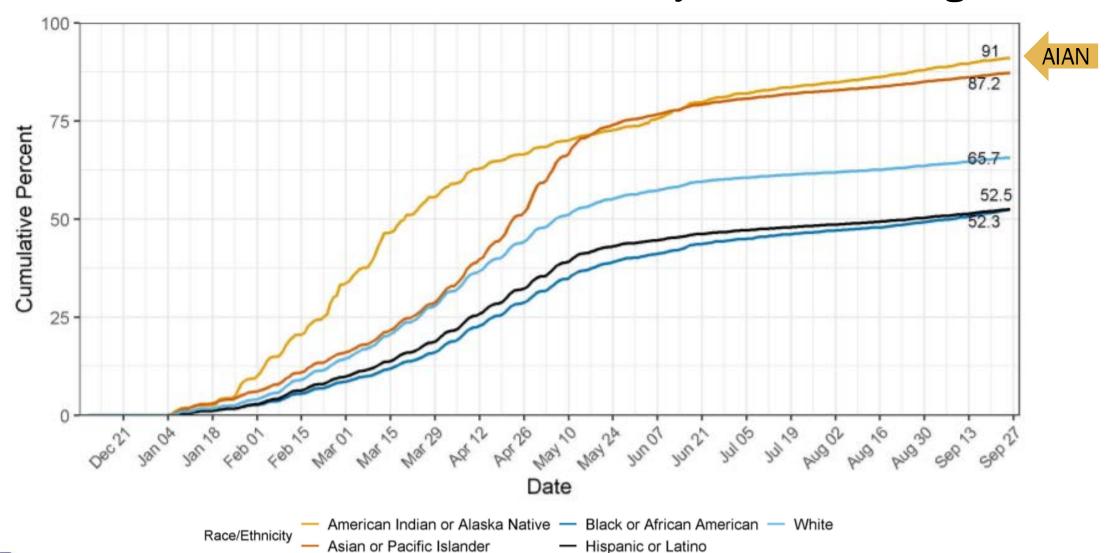
New Mexico Statewide Immunization Information System (NMSIIS) Data Exchange

- Building data exchange with IHS and tribal partners
- Began working with data exchange and integration of sites in 2012
- Progressing on bidirectional queries
- Retroactive reporting from IHS to NMSIIS as far as 5 years back is being planned out now
- Weekly meetings are held between IHS and NMSIIS teams to discuss updates and provide technical assistance
- 29 IHS locations report to NMSIIS





Cumulative Percent of New Mexicans Fully Vaccinated, ages 16+

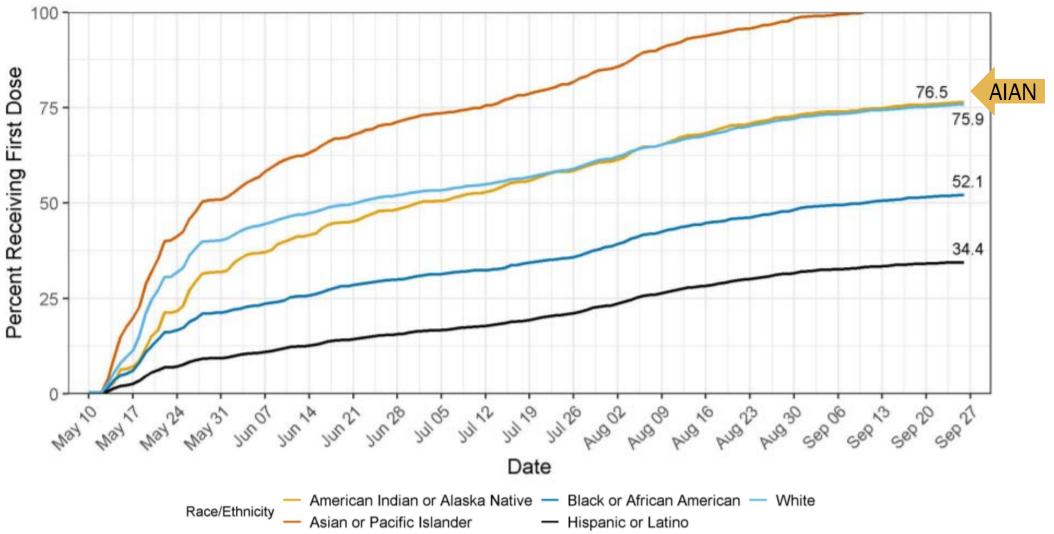




Data drawn from NMSIIS and Tiberius and include only residents of NM https://cv.nmhealth.org/vaccine-reports/ 09/27/21

Investing for tomorrow, delivering today.

Cumulative Percent of New Mexicans Fully Vaccinated, ages 12-15





Data drawn from NMSIIS and Tiberius and include only residents of NM https://cv.nmhealth.org/vaccine-reports/ 09/27/21

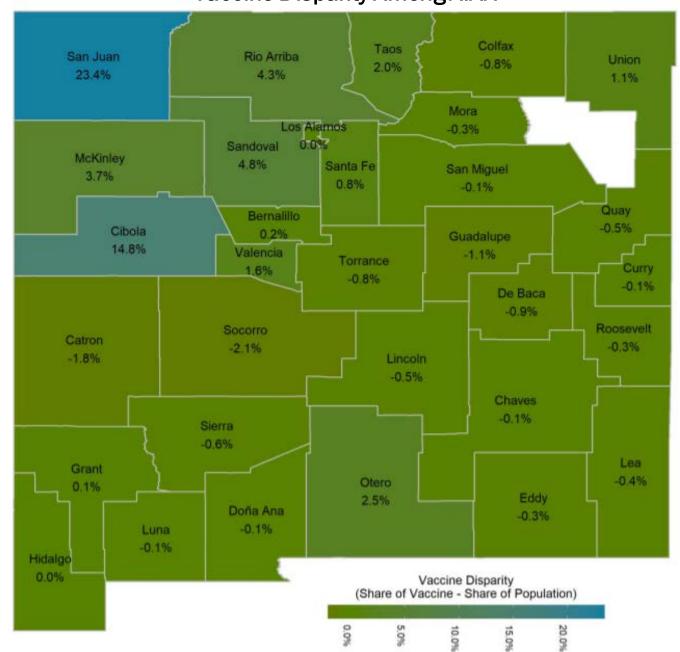
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Vaccine Disparity Among AIAN

Vaccine Disparity

How to read this Vaccine Disparity Among AIAN graph:

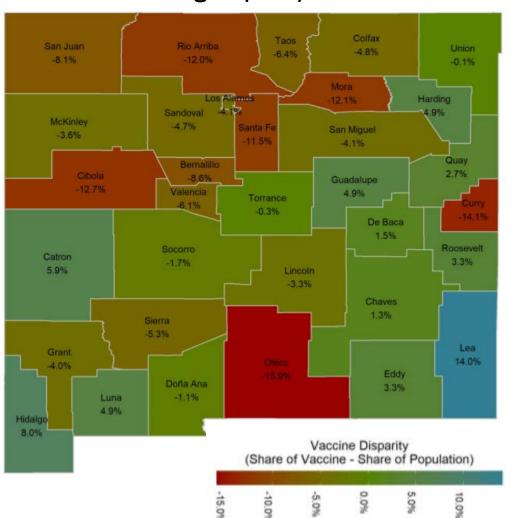
- In San Juan County, the share of vaccination for AIAN is 23.4% higher than the 'share' (proportion) of population
- In Catron County, the share of vaccination for AIAN is 1.8% lower than the 'share' (proportion) of population



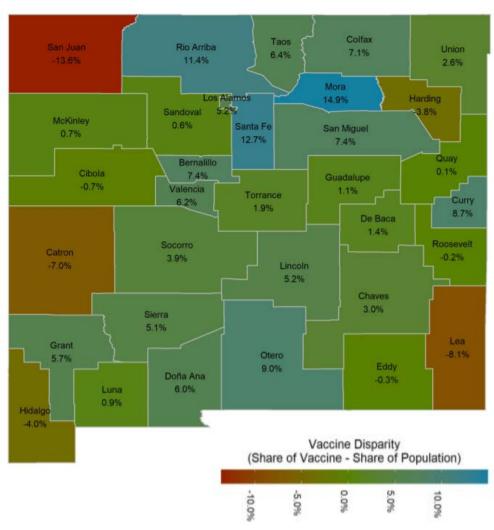


Vaccine Disparity Among Other Populations in NM

Among Hispanic/Latino



Among Whites

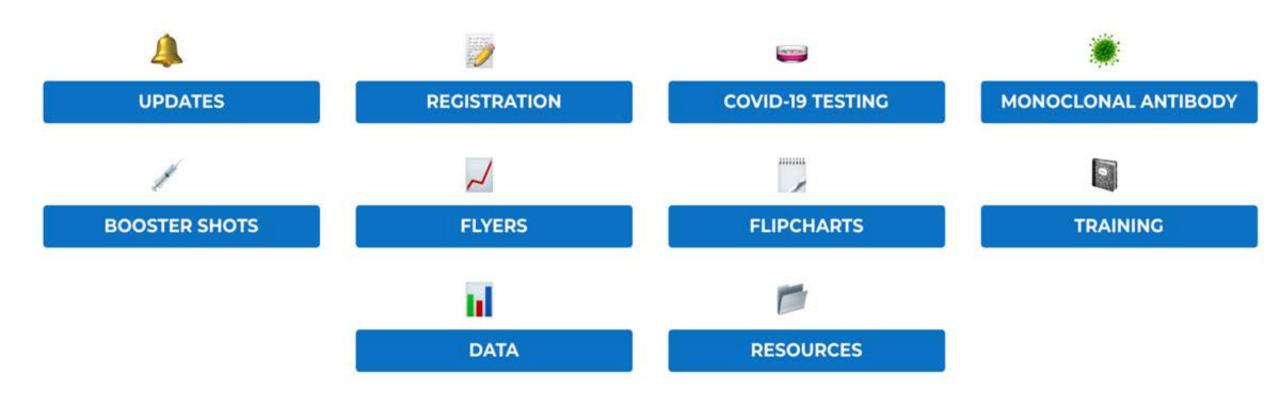




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NMDOH Community Resource Center



https://getthefacts.vaccinenm.org/chw/



Pfizer COVID-19 Booster Coordination

- NMDOH is working with Acoma, Laguna, and Picuris pueblos considering recent Federal guidance for booster doses
- Primary doses continue to be a high priority in planning statewide

Eligible Groups who SHOULD Get Vaccine	Reasons for Booster
People 65+	Risk increases with age
Residents in Long Term Care Facilities	Risk due to age and congregate setting
50-64 years old with underlying medical conditions	Risk due to age and medical conditions
Eligible Groups who MAY Get Vaccine	Reasons for Booster
18-49 years old with underlying medical conditions	Based on increased risk for COVID19 exposure and transmission
People 18-64 years old in high risk occupational and institutional settings	 Based on individual benefits and risks Those with mild disease may not be able to work





Thank you!