COVID-19 Data Briefing for Tribal Community X

Prepared by:
Prepared for:
Date:

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Objectives of this data report

Using the most up-to-date data available from the <<health facility>>, this report aims to:

- Describe the current burden of COVID-19 infections and current testing patterns
- Monitor trends in COVID-19 cases, hospitalizations, deaths, and testing over time
- Provide data to inform the Tribal leadership's decision-making about when and how to loosen or implement restrictions

DATA AND GRAPHS CAN BE PULLED FROM THE JHCAIH COVID DATA REPORTING TOOL

Community Gating Criteria and Metrics

Lifting and re-imposing mitigation policies should be guided by certain key criteria, also known as '**gating criteria'** Below are recommended phases and the metrics that can be used to guide re-opening or closing back down. Examples of types of re-opening corresponding to each phase can be found in the appendix. It is important to consider local context when considering the types and scopes of re-opening in each phase.

	Phase 0	Phase 1	Phase 2	Phase 3
Cases				
Downward trajectory		Downward trajectory	Downward trajectory and no evidence of sustained rebound	Downward trajectory and no evidence of sustained rebound
Average daily number of new cases per 100000 population over the last 14 days	≥25 cases per 100K	10-24 cases per 100K	1-9 cases per 100K	<1 cases per 100K
Testing	>10%	Percentage of positive tests equal to or less than 7-10%.	Percentage of positive tests equal to or less than 4-6%	Percentage of positive tests equal to or less than ≤3%
Hospital Capacity[1]		Inpatient or ICU beds <80%	Inpatient and ICU beds <75%	Inpatient and ICU beds <70%
Public Health Capacity	5 contact tracers/daily new case**	5 contact tracers/daily new case**	5 contact tracers/daily new case**	30 contact tracers/100,000 population**
Disease Spread	**Extensive Community Spread; Disease Risk High**	**Substantial Community Spread; Disease Risk High**	**Minimal to Moderate Community Spread; Disease Risk Moderate**	**Zero to Minimal Community Spread Disease Risk Low**
Recommended Control Effort to Reduce Spread	**Very Aggressive; Consider Types of Shelter in Place**	**Aggressive**	**Moderate**	**Baseline**
After each metric is achieved, there should be a two week period of monitoring to ensure sustained progress before proceeding to the next phase.				

[1] No data included on this metric at time of report

School Considerations

The Centers for Disease Control recommend the following indicators and thresholds for risk of introduction and transmission of COVID-19 in schools. The metrics included in this report can be considered against these thresholds.

Metric	**Lowest Risk**	**Lower Risk**	**Moderate Risk**	**Higher Risk**	**Highest Risk**
Number of new cases per 100,000 persons within last 14 days	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of positive tests during the last 14 days	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
Ability of school to implement 5 key infection control strategies 1. Consistent and correct use of masks 2. Social distancing to the largest extent possible 3. Hand hygiene and respiratory etiquette 4. Cleaning and disinfection 5. Contact tracing in collaboration with local health department	Implemented **all 5** strategies correctly and consistently	Implemented **all 5** strategies correctly but inconsistently	Implemented **3-4** strategies correctly and consistently	Implemented **1-2** strategies correctly and consistently	Implemented **no** strategies

COVID-19 on <<Tribal Community>> lands – as of <<date>>, 2020

1. Dashboard

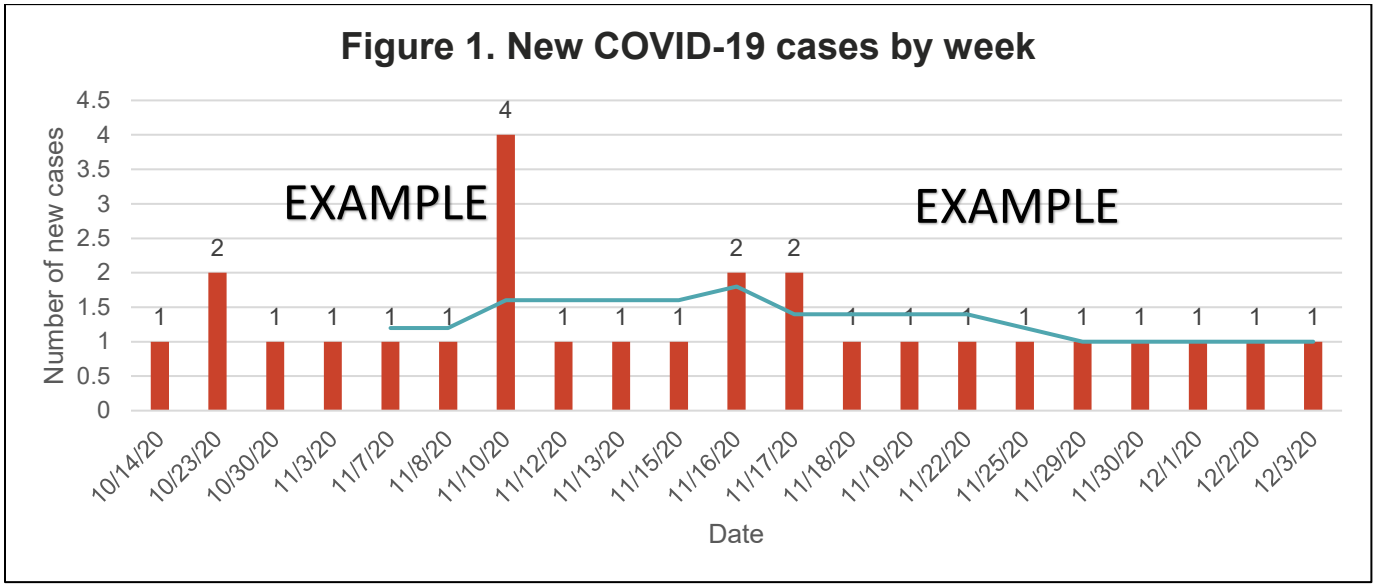
- All data in dashboard can be pulled from excel dashboard

CONFIRMED CASES	TESTING CAPACITY[1]	HOSPITALIZATIONS	DEATHS
Total Cases XXX	**Total Tests Completed** XXXX	**Total Hospitalizations** XX	**Total Deaths** XX
New Cases Last Week X X	**Tests Completed Last Week** XX		**Deaths Last Week** X
Rate per 100,000 XX.X	**Percent of Tests Positive Last Week** X.X%		**Case Fatality Ratio** X.X%

[1]Some (XXX) tests results are still pending.

2. New COVID-19 cases over time

<< INSERT EPIDEMIC CURVE HERE [FIGURE 1 in EXCEL DASHBOARD] – X axis is Date, the Y axis is new cases >>



Explanation of metric:

- Figure 1 is the epidemic curve, also called an 'epi curve' (this is the curve we want to "flatten").
- This graph shows the number of new COVID-19 cases identified over time.
- This graph shows the date the test was administered, which can be affected by day of the week, or concentrated testing activities (e.g. testing blitz, etc.).
- The number of new cases identified each day goes up and down.
- The blue line shows the trend and helps display the overall pattern despite these daily ups and downs.

[REPLACE WITH LOCAL INTERPRETATION] Example Interpretation of Data:

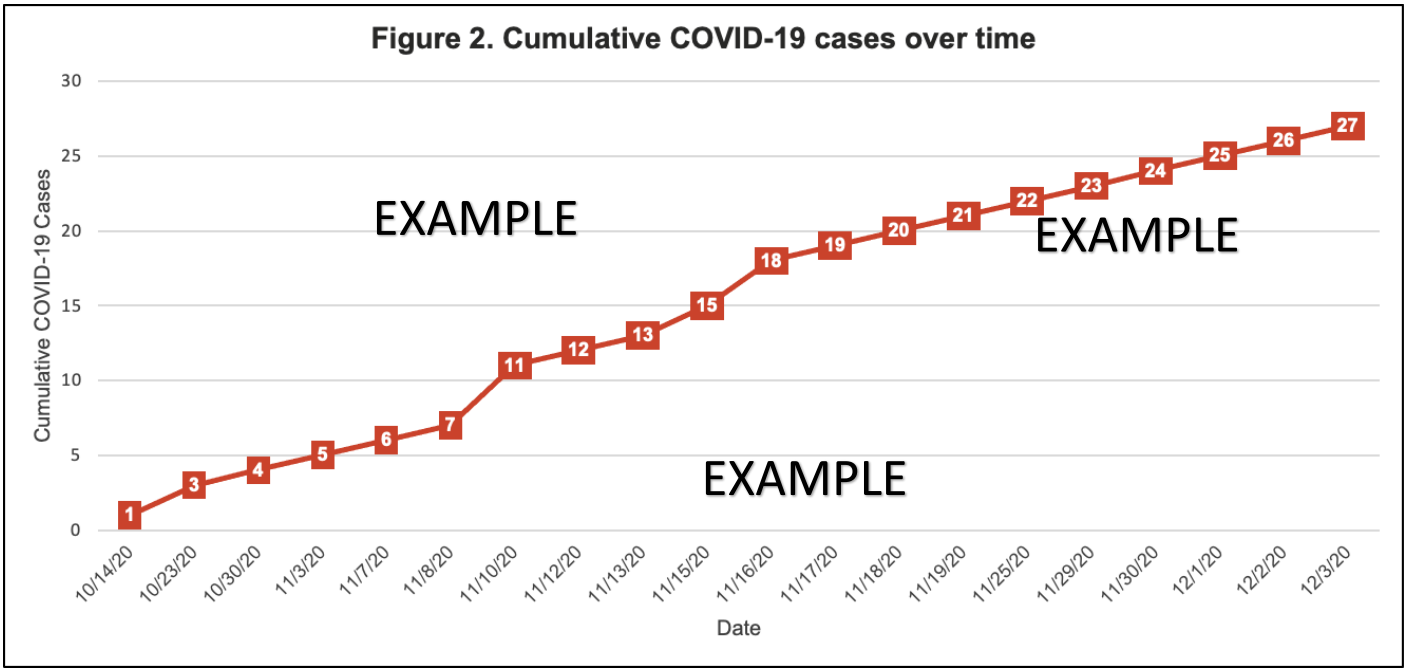
- As of 12/3/2020, the number of new cases identified overtime indicates continued stabilization of new cases.
- High test positivity rate indicates insufficient testing capacity.
- Continue to be monitored for two weeks before proceeding to a new phase.

Additional notes:

- As testing increases, more cases will be identified, but hospitalization data are not affected by testing rates in the same way. Looking at those numbers can provide helpful information about whether or not an increase in the number of cases detected is a factor of more testing, or if the disease is continuing to spread (in which case hospitalizations will also increase).
- An example graph of new cases by week that shows the shape we want to see is included in Appendix A. (Figure A1.)

3. Total COVID-19 cases

<< insert cumulative incidence figure here **[FIGURE 2 in EXCEL DASHBOARD]** >>



Explanation of metric:

- This graph shows the TOTAL number of confirmed COVID-19 cases that have been documented since the DATE (cumulative cases, or a running total).
- Because this graph shows the total number of cases that have happened in the community, this number will only increase over time, it will not decrease.
- We hope to slow down how *quickly* the total number of cases is growing.
- We want to see the line of this graph plateau. When the line levels off, that means that the spread of disease has slowed.

[REPLACE WITH LOCAL INTERPRETATION] Example Interpretation of Data:

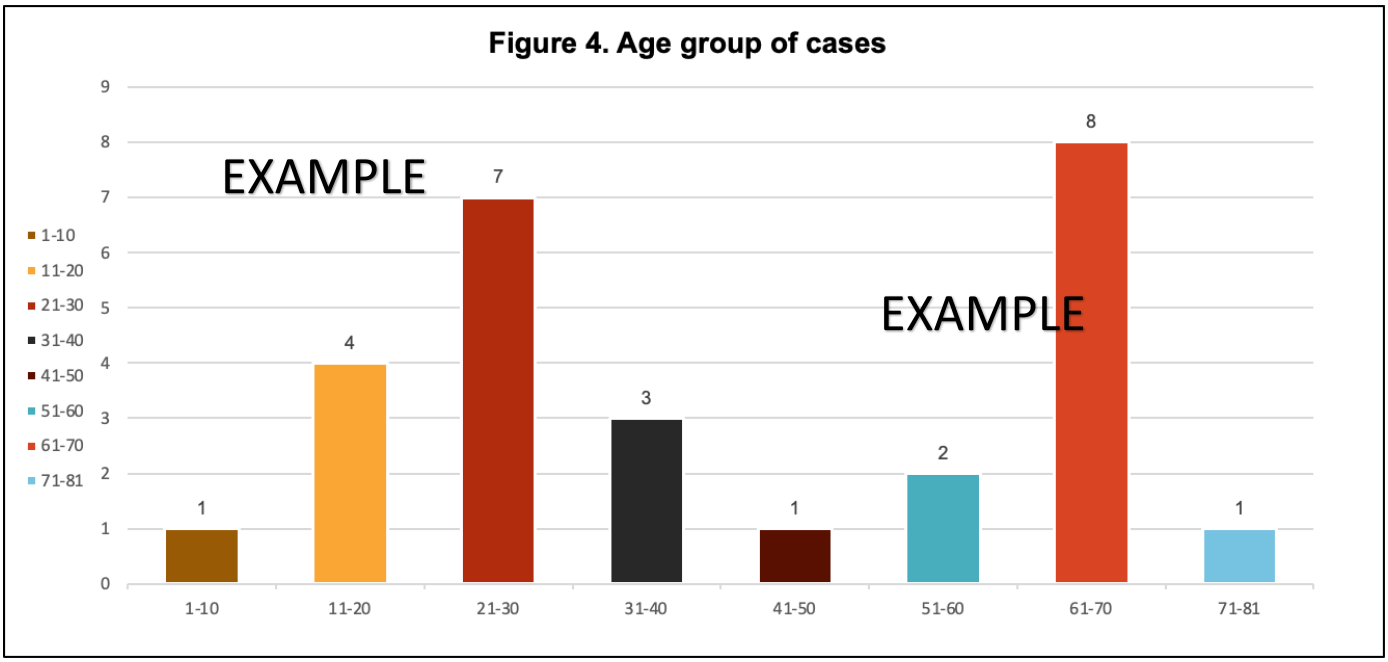
- As of 12/3/2020, the cumulative cases continues to grow and has not leveled off, indicating disease is continuing to spread.

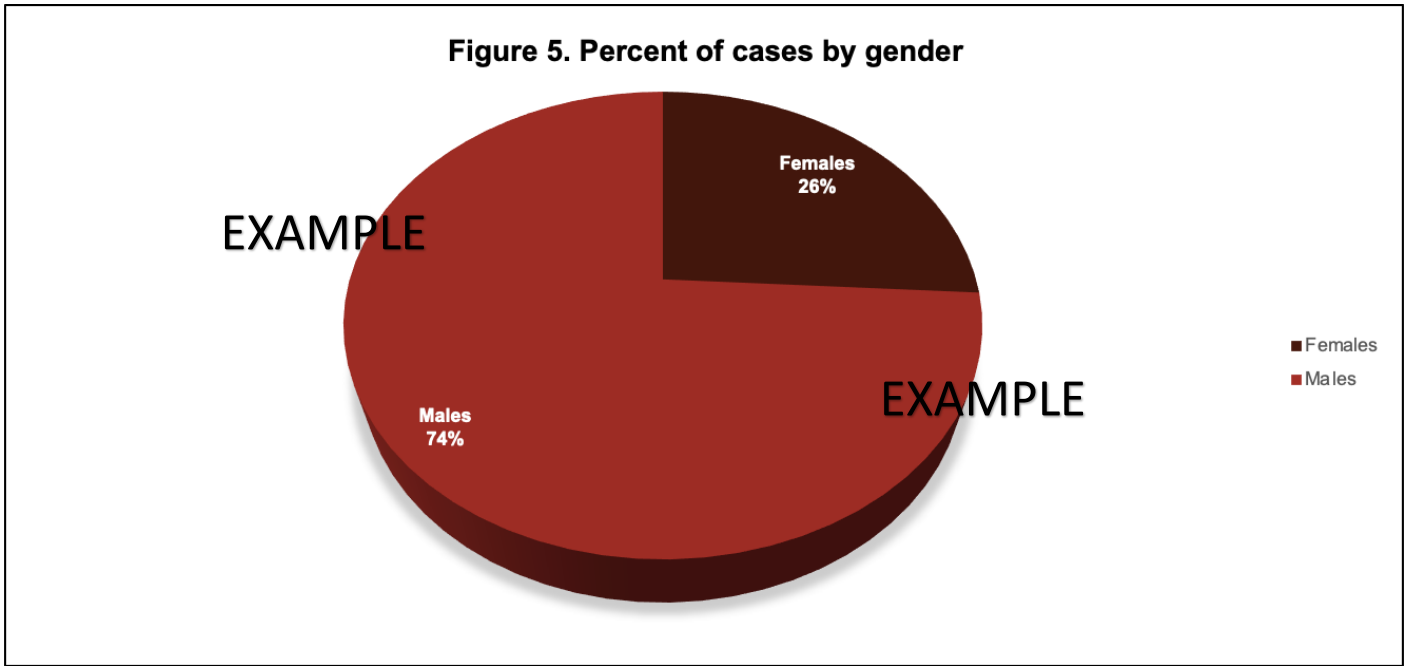
Additional Notes

An example graph of total number of cases that shows the shape we want to see with these data is included in Appendix B. (Figure B1.)

4. Total confirmed COVID-19 cases by age and gender

<< insert age and gender graphs here **[FIGURES 4 & 5 IN EXCEL DASHBOARD]** >>





Explanation of metric:

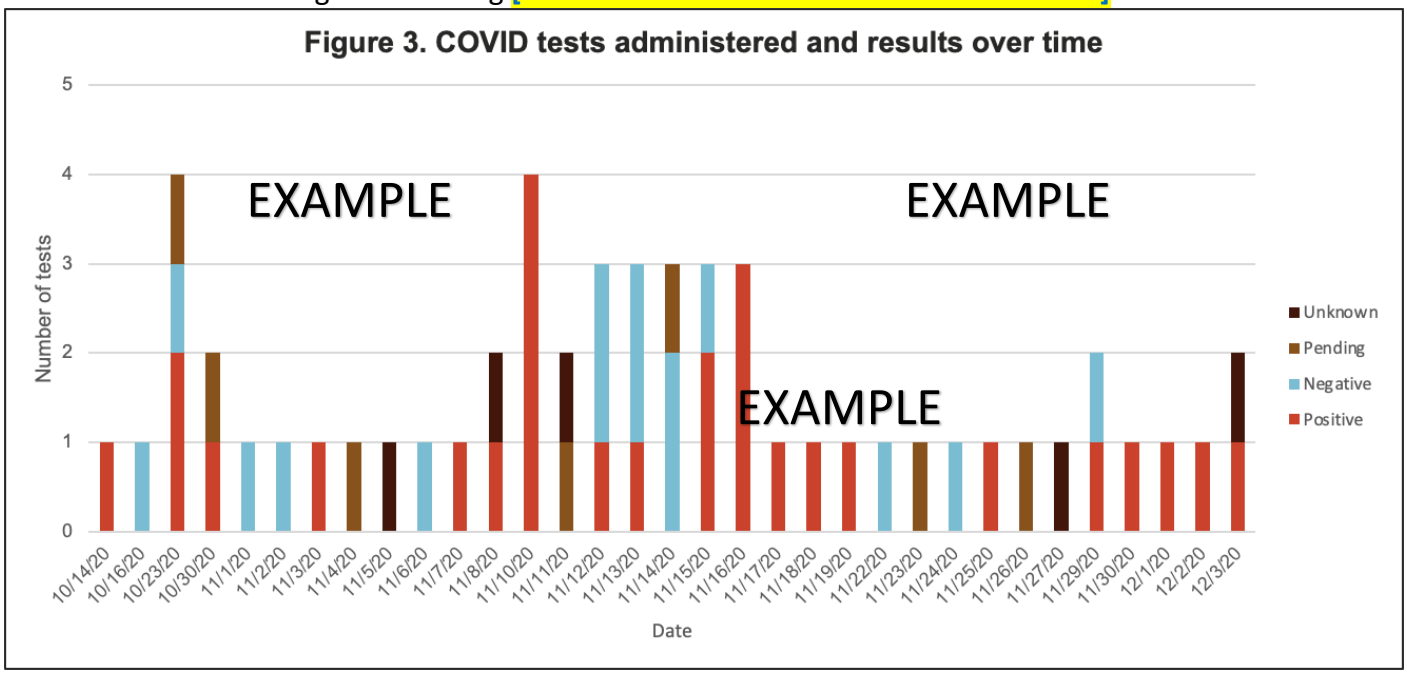
- These graph show the number and percentages of COVID positive cases by age, by sex.
- Examining these graphs can help detect patterns in new cases that may inform response decisions. For example, if many new cases are concentrated in young people, mitigation activities (e.g. restrictions on youth gathering places, targeted information outreach, targeted testing) way help stop the spread.
- Age patterns may also be partially attributed to increased testing in certain settings (e.g. detention center).

[REPLACE WITH LOCAL INTERPRETATION] Example Interpretation of Data:

- Sex and age information are available for 27 individuals (100%) of the <<27> confirmed COVID-19 cases.
- The highest percentage of cases (30%) was detected among those between the ages of <<61 and 70>> years of age.
- A higher proportion of cases occurred among <<males>>.

5. COVID Diagnostic Testing

<<figure of testing [INSERT FIGURE 3 FROM EXCEL DASHBOARD]>>



Explanation of metric:

- This graph includes data from rapid diagnostic tests performed at the hospital and tests that the hospital sends out to commercial labs.
- This does not include antibody testing or the testing performed by non-Tribal, non-IHS groups
- Going forward, we want to see the proportion of the tests that are positive be under 5%. This would indicate three things:
    1. There is enough testing available to test everyone who is sick
    2. There is enough testing available to test other community members who may have asymptomatic infection (infected but without feeling sick) such as contacts of COVID-19 cases or first responders.
    3. The pandemic is continuing to be under control
- The testing strategies (e.g. only testing symptomatic people, focusing on high-risk contacts of cases, community-wide testing events) used in X community will impact these results.

[REPLACE WITH LOCAL INTERPRETATION] Example Interpretation of Data:

- The graph above represents all nasal swab testing conducted by IHS between 10/14/20 and 12/3/20 to identify current COVID-19 cases.
- Testing capacity <<needs improvement / remains good>>. The number of COVID-19 diagnostic tests being administered has <<increased / decreased / stayed the same>> over the last week.
- The percent of tests that are positive has <<increased / decreased / stayed the same>>.
- Diagnostic testing needs to continue. Currently, the supply of test kits is <<good / not sufficient >>, but testing capability also depends on laboratory capacity and the number of people who can do swabbing and contact tracing.
- In the **last 14 days**, **<<XX.X% [INSERT PERCENTAGE IN THE TESTING CAPCITY COLUMN FOR LAST 14 DAYS]>> of all tests conducted were positive** for COVID-19. In the **last 7 days**, **<<XX.X% [INSERT PERCENTAGE IN THE TESTING CAPCITY COLUMN FOR LAST 7 DAYS]>> of all tests conducted were positive** for COVID-19.

Limitations

Using real data from a given community to inform decisions in that community is preferable to using modeled, simulated, or projected data for a number of reasons. Projection models are rarely accurate over the long-term (more than 1-2 weeks into the future) and human behavior and policies can have big impacts on the disease in ways that are often hard to predict. In addition, most existing models are not able to take into account important context-specific factors, so are less accurate at the community level. Most importantly, while modeled data can be useful for exploring possibilities under different scenarios, they do not represent reality.

That said, there are a number of important things to keep in mind about interpreting the data presented here:

1. The outbreak is ongoing; data are being generated every day; numbers reported previously may change slightly. Data from the most recent 1-2 weeks should be considered provisional.
2. Testing strategies and capacity (who gets tested, how many tests can be done) will impact all of these graphs and summaries.
3. There are two different categories of testing: nasal swabs to identify *current* infection and blood tests to look for evidence of *prior* infection. This report focuses on tests that identify current infections.
4. The course of COVID-19 illness can be long, lasting several weeks. Not all cases will have resolved at the time of the report. Not all deaths related to COVID-19 may have been identified or reported as COVID-19 related deaths.
5. Many individuals with COVID-19 will have no or mild symptoms. The true number of cases occurring in the community may be 8-10 times higher than the number of cases that are documented. This is true across the US. People without symptoms can still transmit disease.

Using data to inform next steps

This form is designed to assist the Tribal leadership with their discussions about how the pandemic is progressing. This information may also be helpful for the Tribal leadership when considering when COVID-19 community restrictions should be lifted and monitoring what happens afterward. The boxes checked on this form reflect data up to <<date>>. This form should be revisited regularly to monitor trends. Note: Answer choices in green indicate the desired finding. For example: we want to see that testing capacity has increased, that the number of new cases and deaths per day are each decreasing, and that the doubling time is increasing (slowing down).

Assessment of Gating Criteria

A. Testing capacity

Over the last 14 Days, COVID-19 testing capacity has:

☐ **Increased**
☐ Stayed the Same
☐ **Decreased**

Average % positive COVID-19 tests, last 7 days: ___X.X% Last 14 days: __X.X%

Provide interpretation here, such as: NOTE: Testing capacity remains good. The fact that the percent of tests that are positive has remained under 10% helps confirm this. The percent positive tests only include tests completed with available results. Pending tests were not included in the denominator.

B. Number of cases and how fast new cases are occurring

Overall trend in new daily confirmed COVID-19 cases has:

☐ **Increased**
☐ Stayed the Same
☐ **Decreased**

Provide interpretation here, such as: NOTE: The overall trend for the number of new cases <<look at the blue line in figure 1>> has increased over the last week.

Percent of hospital beds full in the last 7 days:

☐ **Increased**
☐ Stayed the Same
☐ **Decreased**

Provide interpretation here, such as: NOTE: There was slight increase in the number of occupied beds in the last week, but this is not yet, on its own, something to be concerned about, but we will continue to monitor this indicator.

C. Overall trend in daily confirmed COVID-19 deaths occurring by week has

☐ **Increased**
☐ Stayed the Same
☐ **Decreased**
☐ Not able to evaluate

For Tribal Council Use ONLY:

The following checklist may be helpful in assessing the level of preparedness for "re-opening":

Have the following preparedness criteria been met?
(see page 1 and guidance document)

- ☐ Phased re-opening plan is in place
- ☐ Robust testing and contact tracing capacity
- ☐ Sufficient PPE and medical equipment available to health care providers

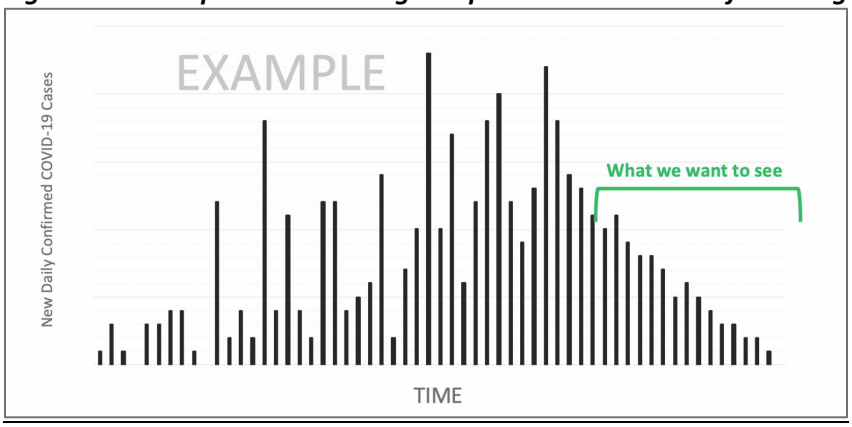
Tribal Council recommendations:

- ☐ Continue with current policies and directives while continuing to monitor the situation
- ☐ Proceed to the next phase of re-opening plan
- ☐ Go back to a previous phase in the re-opening plan

Appendix A. Example of what we want to see on the graph of new cases

Figure A1 (compare to Figure 1): An example graph illustrating the kind of trend we want to see with WMAT data. Once the number of new cases each day is consistently fewer than the day before, that will mean the spread of disease is slowing. At time of this report we are not yet seeing this on the Fort Apache Indian Reservation.

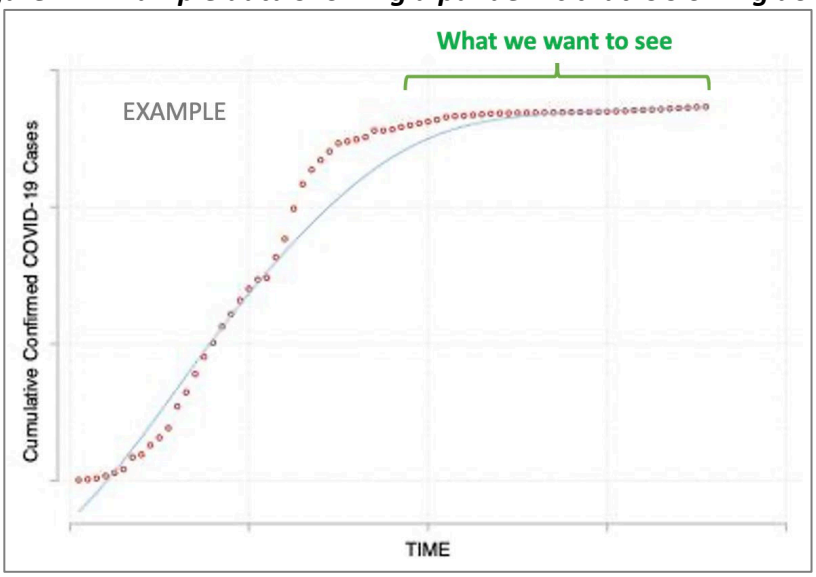
Figure A1: Example data showing an epidemic curve that is flattening



Appendix B. Example of what we want to see on the graph of total cases

Figure B1 (compare to Figure 2). An example graph of what we want to see with WMAT total case count data. The plateau seen on the curve below indicates that the total number of cases over time has stopped going up. At time of report we are not yet seeing this on the Fort Apache Indian Reservation.

Figure B1: Example data showing a pandemic that is slowing down



Appendix C. Example of a phased "re-opening" strategy

Phase 0	Phase 1	Phase 2	Phase 3
After each phase is implemented, monitor infections and testing for 14 days			
Only if gating criteria are met and preparedness plans are in place	**No evidence of rebound (e.g., cases are not again increasing) and all gating and preparedness criteria continue to be met**	**No evidence of rebound and all gating and preparedness criteria continue to be met**	**No evidence of rebound and all gating and preparedness criteria continue to be met**
Government: ▪ Ease restrictions on some outdoor activities ▪ Resume outdoor construction	**Government:** ▪ Ease restrictions on other outdoor activities with physical distancing and mask wearing ▪ Group ceremonies/gatherings can occur if held outside, involving 10 or fewer people with physical distancing and cleaning and sanitation	**Government:** ▪ Group ceremonies/gathering outside for 25 people or fewer with physical distancing and appropriate cleaning and sanitation are place	**All activity returns to normal with surveillance and contact tracing still in place. Tribe should expect periodic shutdowns or strategic shutdowns of certain areas if clusters of new cases are identified.**
Individuals ▪ Physical distance and masks outside home ▪ Vulnerable individuals shelter in place	**Individuals:** ▪ Physical distance and masks outside home ▪ Avoid social situations of 10 people or more. ▪ Vulnerable individuals shelter in place	**Individuals:** ▪ Physical distance and masks outside home ▪ Vulnerable individuals can resume public interactions but should maintain physical distance (6 ft or more), wear masks, and avoid situations where physical distancing is not possible	
Employers: ▪ In-person work resumes with 25% capacity and strict screening and cleaning protocols ▪ Continue to encourage work from home and considerations for vulnerable individuals	**Employers:** ▪ In person work resumes with 50% capacity and strict screening and cleaning protocols ▪ Continue to encourage work from home and considerations for vulnerable individuals	**Employers:** ▪ Resume employment as normal, with special considerations for vulnerable individuals	
Special types of employers: ▪ Schools, churches, religious cultural activities or ceremonies stay closed ▪ Restaurants remain closed to dining in ▪ Congregant living or health care settings continue to restrict non-essential visitors	**Special types of employers:** ▪ Schools/camps can open at 50% capacity and abiding by CDC guidance ▪ Restaurants can re-open at 50% capacity with strict physical distancing and sanitizing protocols in place ▪ Any congregant living or health care settings continue to restrict non-essential visitors ▪ Large venues (churches, sporting venues, etc.) can operate at 25% capacity and strict physical distancing requirements ▪ Elective medical procedures can resume ▪ Gyms can open at 50% capacity with strict physical distancing, and sanitation protocols	**Special types of employers:** ▪ Schools/camps and restaurants can fully re-open abiding by CDC guidance ▪ Any congregant living or health care settings can allow non-essential visitors but with strong enforcement of sanitation procedures ▪ Large venues (churches, sporting venues, etc.) can operate but with 50% capacity and strict physical distancing requirements ▪ Gyms can open with moderate physical distancing, and sanitation protocols in place	