COVID-19 Data – Situation Summary

The purpose of this update is to share publicly available data and trends related to the novel coronavirus (COVID-19) pandemic in Indian Country. The NCAI Policy Research Center views updates on various public sites in the early morning each day and records available data. The data shared in this update represents what has been shared publicly by the sources described below, and the NCAI Policy Research Center is not analyzing the primary sources of data. This update represents data posted at the time of viewing, and data may change during the course of the day or may otherwise need to be updated.

In reviewing this data, it is important to understand that current COVID-19 data is likely an underestimate of the actual data due to current lack of adequate testing availability. Tribal nations are encouraged to conduct their own surveillance locally in partnership with local, county, state and federal agencies.

Coronavirus (COVID-19) Cases

The total number of cases of COVID-19 is tracked daily by the Centers for Disease Control and Prevention (CDC) as they receive case reports from state and territorial health departments. They also post numbers of cases by states and territories and display case numbers on a map that shows a gradient of the number of cases in states across the country.


The NCAI Policy Research Center checks this CDC webpage daily in the early morning and tracks the total cases and deaths in the U.S. reported each day. In addition, the NCAI Policy Research Center also compares CDC case numbers with the *Johns Hopkins Coronavirus Resource Center COVID-19 Dashboard* at [https://coronavirus.jhu.edu/map.html](https://coronavirus.jhu.edu/map.html). The total U.S. cases of COVID-19 based on these two webpages from March 23, 2020 to present are displayed in Figure 1.
Total COVID-19 Cases in Indian Country

The primary public source of federal data on COVID-19 cases in American Indians and Alaska Natives (AI/ANs) is the Indian Health Service (IHS) Coronavirus (COVID-19) website located at the following link: https://www.ihs.gov/coronavirus/. This website publishes daily counts of COVID-19 cases overall and for each IHS Area. The data is displayed in a table that lists the number of individuals tested, positive COVID-19 tests, and negative COVID-19 tests overall and for each IHS Area.

Since March 23, 2020, the NCAI Policy Research Center has tracked daily counts of total COVID-19 cases each day from the IHS Coronavirus webpage in Figure 2. Total COVID-19 cases from IHS data have surpassed 10,000 and continue to increase.
Other Coronavirus (COVID-19) Data

New Cases Per Day

In addition to tracking the total cumulative count of COVID-19 cases, another useful way to track COVID-19 cases is the number of new cases per day. Tracking new cases per day helps determine the daily impact on the healthcare system and also helps determine if the number of cases is increasing or decreasing over time. One of the criteria cited by the White House Coronavirus Task Force to use in determining whether to reopen is seeing at least a 14-day decline in new cases per day.

This type of data is useful since the graph of total cumulative cases, as shown above, will never decrease; it will just level off, rather than decline. Figure 3 displays IHS new cases reported each day since March 25, 2020. The overall trend in this data shows daily fluctuations, but the daily case numbers are still significant and seem to still be trending up.
**Figure 3: IHS COVID-19 New Cases Reported Each Day since March 25, 2020**

The IHS Coronavirus (COVID-19) webpage also tracks COVID-19 cases by IHS Area. The NCAI Policy Research Center tracks daily 8:00 am counts from this webpage, and **Figure 4** displays IHS COVID-19 cases by IHS Area. The Navajo IHS Area is currently experiencing the highest number of cases. For graphs of each IHS Area COVID-19 cases, see our companion report, *NCAI COVID-19 Situation Summary IHS Area Data*.

Tribal Epidemiology Centers also track cases by IHS Area. For example, the IHS Navajo Area COVID-19 case count on the IHS webpage on June 3, 2020 was 6,481. On the *Navajo Epidemiology Center Coronavirus Response Hub*, the case count on the same day was 5,724: [https://navajo-nation-coronavirus-response-ndoh-nec.hub.arcgis.com/](https://navajo-nation-coronavirus-response-ndoh-nec.hub.arcgis.com/). While data sources varied widely early in the pandemic, case numbers are starting to be more consistent across sources, depending on time of reporting during the day.
COVID-19 Deaths

The number of COVID-19 deaths is reported by states to the CDC’s National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS). Weekly updates are provided on deaths by race and ethnicity with weighted population distributions to enable accurate comparisons among racial and ethnic groups. Data on deaths is complicated especially during this pandemic where the actual cause of death and race/ethnicity may be inaccurately reported or unknown. Prior to the pandemic there was well known evidence that AI/AN death rates are significantly underreported.

NVSS reports the percent distribution of deaths for major race and ethnic groups at this webpage: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/#Race_Hispanic. The reporting compares the percent distribution of deaths by race/ethnicity with the weighted population distributions in the geographic locations where outbreaks are occurring.

The most recent report on 6/3/2020 revealed that non-Hispanic AI/AN COVID-19 deaths are about 0.5 percent of all U.S. deaths, compared to being 0.3 percent of the weighted distribution of the U.S. population. States with results for non-Hispanic AI/ANs are listed in Table 1. Other listed states do not have data on non-Hispanic AI/AN COVID-19 deaths, but not all states are listed. Total numbers of AI/AN COVID-19 deaths for the United States overall are not listed.
Table 1. CDC Data on Percent Distribution of COVID-19 Deaths, AI/ANs

<table>
<thead>
<tr>
<th>State</th>
<th>Distribution of COVID-19 deaths (%)</th>
<th>Weighted distribution of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>21.4</td>
<td>2.0</td>
</tr>
<tr>
<td>California</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Minnesota</td>
<td>1.2</td>
<td>0.7</td>
</tr>
<tr>
<td>Mississippi</td>
<td>3.3</td>
<td>0.2</td>
</tr>
<tr>
<td>New Mexico</td>
<td>45.6</td>
<td>10.8</td>
</tr>
<tr>
<td>New York</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>11.9</td>
<td>4.9</td>
</tr>
</tbody>
</table>

*Table only lists states with available data on AI/ANs in the CDC table at the link provided.*

The CDC NCHS also now provides a table at https://data.cdc.gov/NCHS/Deaths-involving-coronavirus-disease-2019-COVID-19/ks3g-spdg with counts of deaths involving COVID-19 by race/ethnicity. The CDC data on COVID-19 deaths are reported weekly for deaths starting from 02/10/2020 by ICD-10 codes for COVID-19, and other related conditions (pneumonia, and influenza). The CDC data is 1-8 weeks or more behind actual deaths due to delays in receiving death certificate information from states.

The counting of deaths due to COVID-19 is complicated by the lack of available testing and sometimes unknown COVID-19 status at the time of death, and death certificates listing other diagnoses as the cause of death, such as pneumonia or influenza, when the COVID-19 status of the individual may or may not be a cause of the death, known, or recorded. Also, AI/AN race is undercounted on death certificates in regular circumstances by 20-30% in some estimates.

Considering all these limitations, we will start posting weekly updates on death counts for AI/ANs for the ICD-10 codes reported by CDC in Table 2 below, but with all the cautions listed above. These numbers are likely underestimates of the true number of deaths from COVID-19 in Indian Country.

These numbers are more consistent with recent news reports of Navajo COVID-19 deaths at 248. The most recent COVID-19 death count reported by ICT was 229, which is much less than CDC data at this point; therefore, we will no longer report ICT deaths unless they exceed CDC counts. Note that the right most column in Table 2 is total deaths from all causes for AI/ANs for reference, and not a sum of the data in the table. Numbers in each column should not be combined with other columns since COVID-19 status is unknown for pneumonia or influenza related deaths if the COVID-19 ICD-10 code is not also included on the individual’s death certificate. Table 2 illustrates that COVID-19 deaths for AI/ANs are at least equal to 463 deaths but are likely greater in number if COVID-19 contributed to the deaths with a cause of death listed on the death certificate from other ICD-10 codes.
Table 2. CDC Data on Deaths from COVID-19 and Other Related Conditions for American Indians and Alaska Natives (02/01/2020 – 05/30/2020, reported on 6/3/2020)

<table>
<thead>
<tr>
<th>ICD-10 codes</th>
<th>COVID-19 deaths</th>
<th>Pneumonia deaths</th>
<th>Pneumonia and COVID-19 deaths</th>
<th>Influenza deaths</th>
<th>Pneumonia, influenza or COVID-19 deaths</th>
<th>Total deaths, all causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic American Indians or Alaska Natives</td>
<td>463</td>
<td>658</td>
<td>244</td>
<td>66</td>
<td>943</td>
<td>5959</td>
</tr>
</tbody>
</table>

**COVID-19 Deaths by Age**

The same CDC NHSC table that provides deaths by race/ethnicity also sorts the data for each cause of death category by age. Looking just at the data for the ICD-10 COVID-19 code, **Figure 5** shows the distribution of COVID-19 deaths by age for Al/ANs. Again, this is likely an underestimate of the actual deaths but illustrates that the deaths occur more frequently in the older age groups, which are known to be at greater risk for severe disease.

**Figure 5: CDC – Number of COVID-19 Deaths by Age Groups for American Indians and Alaska Natives**
Measuring COVID-19 Impact

The impact of the COVID-19 pandemic on AI/ANs overall and in tribal communities can be measured by total cumulative cases over time, total new cases per day, total hospitalizations, percent positive tests, and total positive antibody tests, the latter of which may indicate whether individuals have been previously infected with COVID-19. Current data are likely underestimates due to current insufficient availability of testing and likely underreporting of AI/AN race. Tribal nations are encouraged to keep in close communication with their local city, county, and state public health departments and the IHS and CDC for the latest data, guidelines, and recommendations. IHS Area Offices have regular situation summaries that include additional data. Tribal Epidemiology Centers are also a great resource for regional data. The NCAI COVID-19 website provides updated information on administrative and legislative updates and includes a resource area for trusted sources of information on COVID-19.

Resources


Indian Health Service (IHS) Coronavirus (COVID-19) website: https://www.ihs.gov/coronavirus/

Tribal Epidemiology Centers: https://tribalepicenters.org/


Questions: NCAI Policy Research Center – email: research@ncai.org; website: http://www.ncai.org/prc