



NATIONAL CONGRESS OF AMERICAN INDIANS

POLICY RESEARCH CENTER

July 30, 2020



Research Policy Update

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. Starting 7/9/2020, this report will be published weekly on Thursdays.

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.

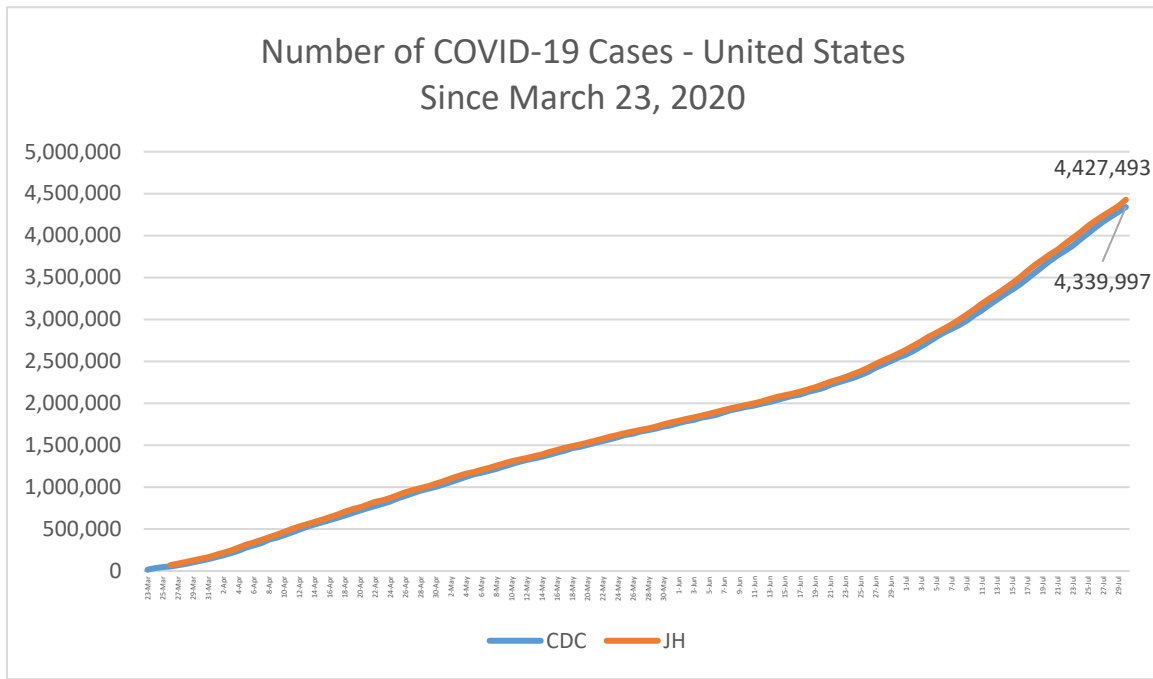
Coronavirus (COVID-19) Cases

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 CDC webpage, *Cases of Coronavirus Disease (COVID-19) in the U.S.*, can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.

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>. The total U.S. cases of COVID-19 based on these two webpages from March 23, 2020 to present are displayed in **Figure 1**. Note the curve trends up consistent with recent surge in cases.

Figure 1. National COVID-19 Cases from March 23, 2020

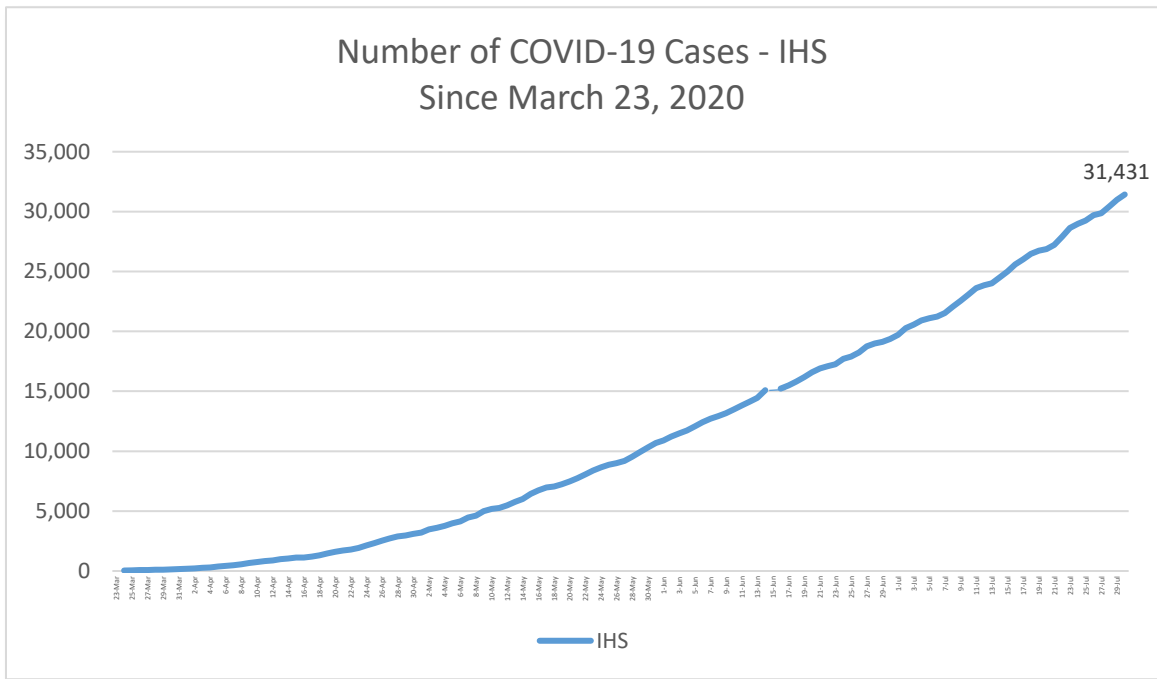


Total COVID-19 Cases in Indian Country

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 continue to increase.

Figure 2: Indian Health Service (IHS) COVID-19 Cases from March 23, 2020



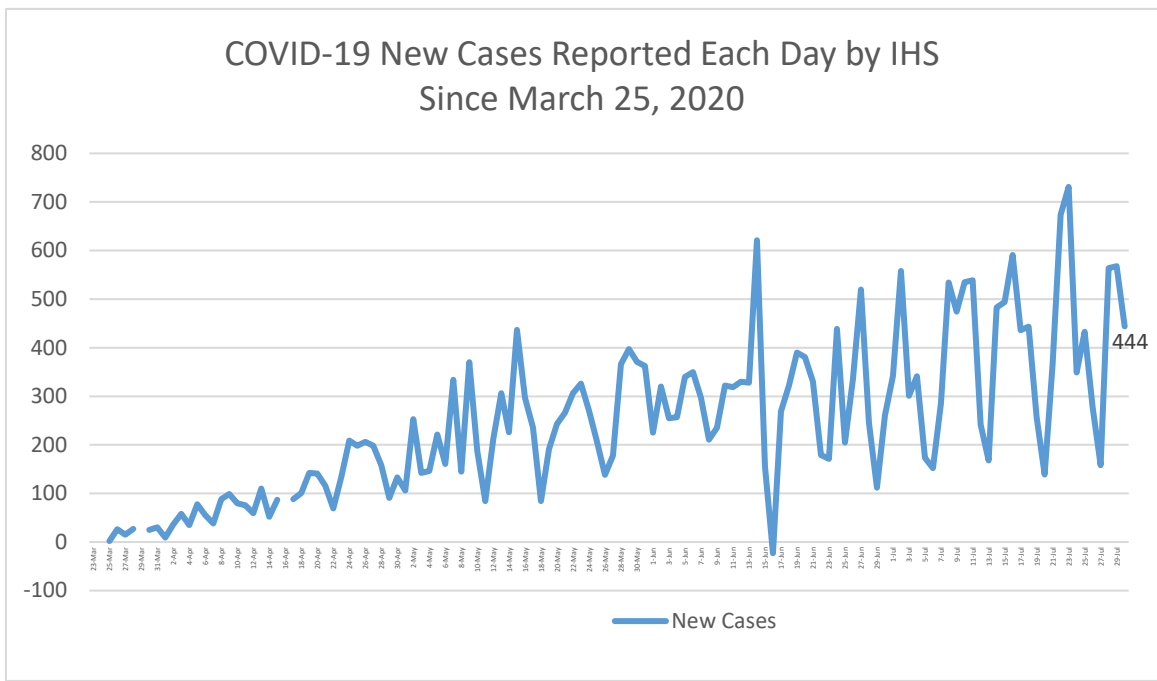
Other Coronavirus (COVID-19) Data

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 still trending up.

Figure 3: IHS COVID-19 New Cases Reported Each Day since March 25, 2020

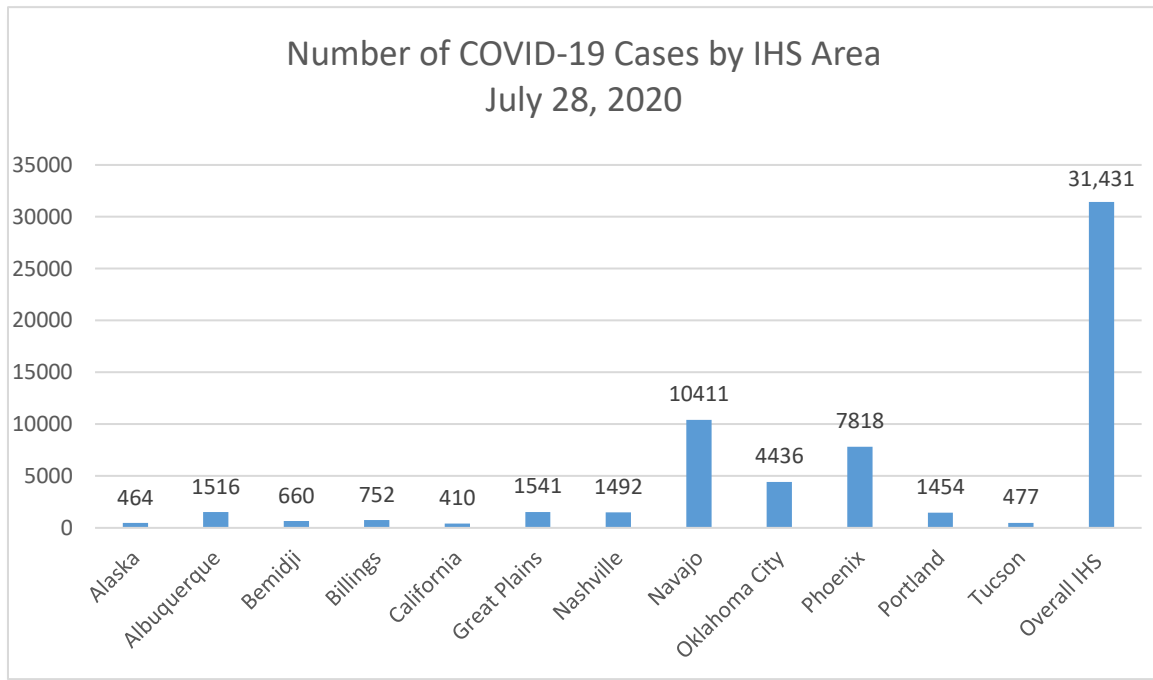


Cases by IHS Area

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 has the highest total number of cases, but other Area cases are trending up. 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 for July 28, 2020 was 10,441. On the *Navajo Epidemiology Center Coronavirus Response Hub*, the case count on the same day was 8,965: <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.

Figure 4: Indian Health Service COVID-19 Cases by Area



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 7/29/2020 revealed that non-Hispanic AI/AN COVID-19 deaths are at 1234, which is about 0.9 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**. Not all states are listed due to not having AI/AN COVID-19 deaths or suppression of counts from 1-9 for privacy purposes.

Table 1. CDC Data on Percent Distribution of COVID-19 Deaths, AI/ANs

State	Number of COVID-19 deaths	Distribution of COVID-19 deaths (%)	Weighted distribution of population
Arizona	442	15.7	1.8
California	22	0.3	0.2
Colorado	16	0.9	0.5
Illinois	10	0.1	0.1
Iowa	14	1.7	0.3
Louisiana	11	0.3	0.4
Minnesota	24	1.6	0.7
Mississippi	70	5.4	0.2
New Jersey	10	0.1	0.1
New Mexico	328	60.3	9.7
New York	20	0.2	0.2
North Carolina	14	1.1	0.7
North Dakota	14	12.7	1.3
Oklahoma	46	10.1	4.8
South Dakota	27	20.9	3.4
Texas	11	0.2	0.2
Utah	21	8.6	0.7
Washington	35	2.7	0.8
Total	1,135		

*Table only lists states with available data on AI/ANs in the CDC table at the link provided; Number of deaths is lower than total in next graph (1234), some of which may be due to suppression of death counts between 1-9 for confidentiality. Updated by CDC on July 29, 2020. Data now located at: <https://data.cdc.gov/NCHS/Provisional-Death-Counts-for-Coronavirus-Disease-C/pjzm-y5uh>

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 post 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.

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 1234 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 – 07/25/2020, reported on 07/29/2020)

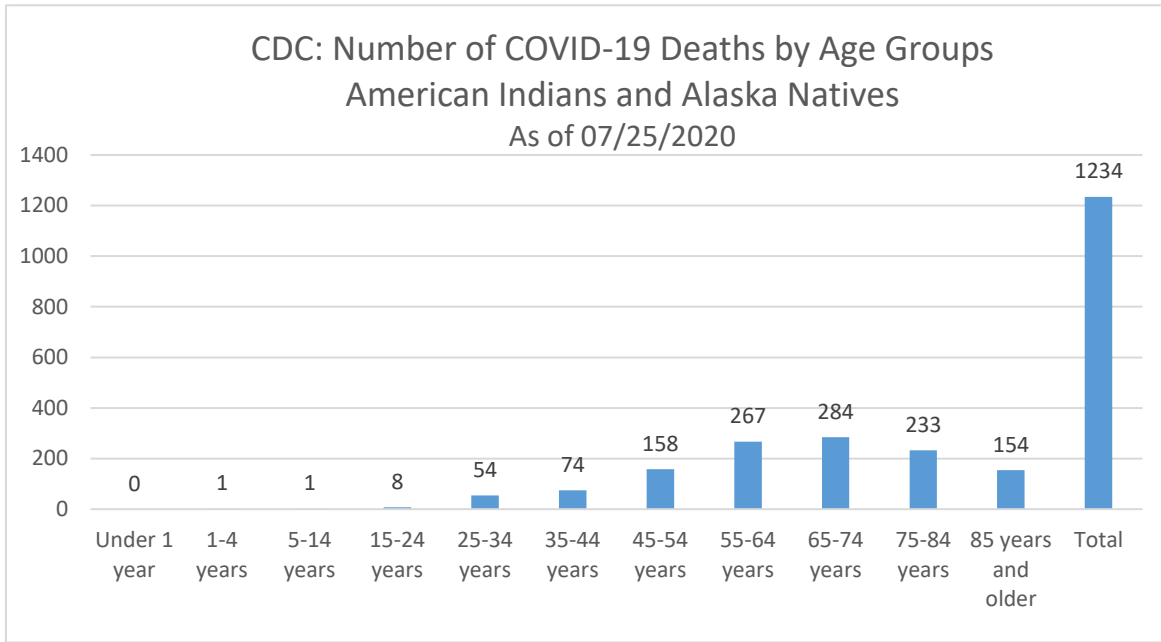
	COVID-19 deaths	Pneumonia deaths	Pneumonia and COVID-19 deaths	Influenza deaths	Pneumonia, influenza or COVID-19 deaths	Total deaths, all causes
ICD-10 codes	U07.1	J12.0-J18.9	J12.0-J18.9 and U07.1	J09-J11	U07.1 or J09-J18.9	
Non-Hispanic American Indians or Alaska Natives	1234	1258	671	69	1,890	9827

Reported on 7/29/2020; COVID-19 deaths = 1143 last week (+91)

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 AI/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. States or IHS Areas that have rising cases and a rising percent positive test value are likely true increases in cases and the increase is likely not just due to increased testing.

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, but states need to share data with them since they are also designated public health authorities. The NCAI COVID-19 website provides updated information on administrative and legislative updates and includes a resource section for trusted sources of information and guidelines on COVID-19.

Resources

Centers for Disease Control and Prevention (CDC) Coronavirus (COVID-19) website:
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

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

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

National Congress of American Indians (NCAI) COVID-19 website:
<http://www.ncai.org/covid-19>

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