



NATIONAL CONGRESS OF AMERICAN INDIANS

POLICY RESEARCH CENTER

February 4, 2021



Research Policy Update

COVID-19 Data – Situation Summary – IHS Vaccine Data

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 reviews updates on public websites in the early morning each day and records available data. The data 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 each day.

In reviewing this data, it is important to understand that current COVID-19 case data is likely an underestimate of the actual data due to current lack of adequate testing availability, underreporting of tribal and urban Indian health program data to the Indian Health Service (IHS), and underreporting of race/ethnicity data to states and the Centers of Disease Control and Prevention (CDC). Tribal nations are encouraged to conduct their own surveillance locally in partnership with local, county, state, and federal agencies.

This update focuses on IHS vaccine data. For data on COVID-19 cases and deaths based on IHS and CDC Data, view our weekly COVID-19 Situation Summaries at:
<https://www.ncai.org/Covid-19/resources-for-indian-country/other-resources>

IHS DATA – VACCINE DISTRIBUTION AND ADMINISTRATION

The CDC established a COVID Data Tracker on its website that now includes data on COVID-19 vaccinations in the United States at: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>. The data includes total doses of vaccine distributed, administered, and the number of people receiving one or more doses and two doses for the United States overall and for federal entities such as IHS.

The NCAI Policy Research Center began tracking this vaccine data daily since February 4, 2021. We calculated the total and percent for the following data: total doses distributed (as a percent of the eligible population, which for we used the IHS user population); total doses administered

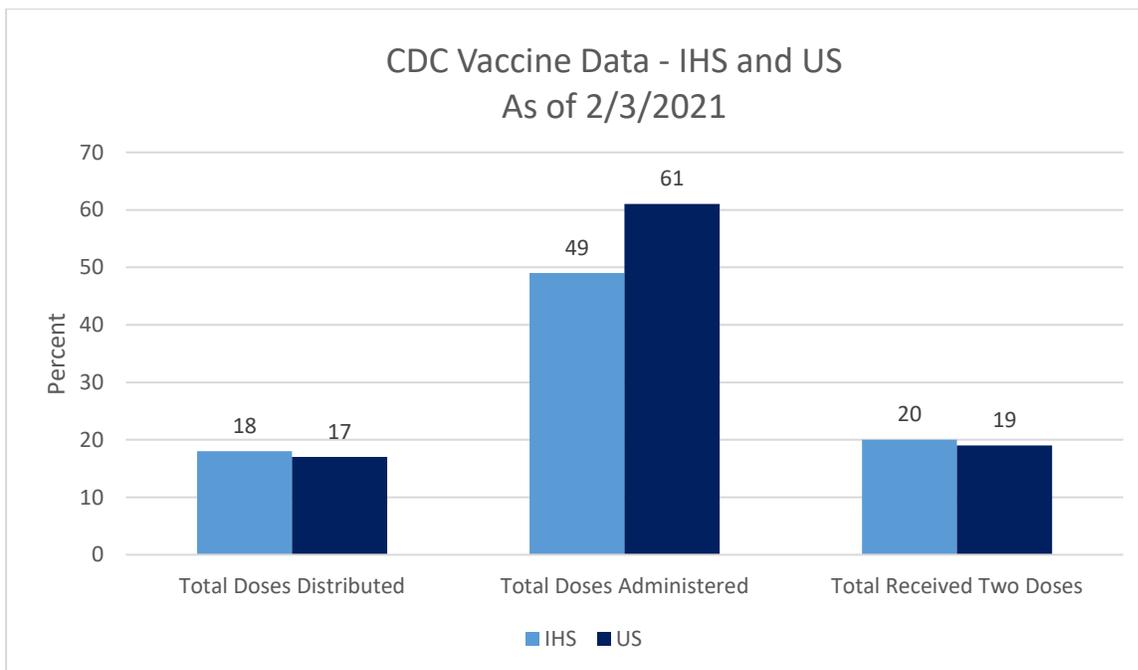
as a percent of total doses distributed; total people receiving one or more doses as a percent of total administered; and total people receiving two doses as a percent of total administered.

Multiple factors may impact the total of vaccine doses distributed and administered, and by using IHS data, we do not have the total number of American Indians and Alaska Natives who has received the vaccine in the United States since only a portion of them are counted in the IHS user population. The data on the CDC vaccine website roughly matched a verbal report by an IHS official within the same week, so these data appear to be the latest numbers. If the IHS service population were used in the calculations of percent doses distributed, the percent result would be lower.

IHS and US Vaccine Data

Figure 1 shows the percent vaccines distributed and administered for IHS and the United States overall. The numbers and percent results for each category are included in **Table 1**.

Figure 1. COVID-19 Vaccinations – Overall Results for IHS and US



Percent results calculated from data on CDC COVID-19 Vaccinations in the US website: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>. See Table 1 for data used in calculations of percent results.

Table 1. COVID-19 Vaccinations – Overall Results for IHS and US

	Indian Health Service	United States
Total doses distributed	461,000	55,943,800
percent of population*	18	17
Total doses administered	224,095	33,878,254
percent of distributed	49	61
People receiving one or more doses	174,664	27,154,956
percent of total administered	78	80
People receiving two doses	45,751	6,436,931
percent of total administered	20	19
*IHS user population 2020	2,560,000	
*US population 2020		331,000,000

Data on CDC COVID-19 Vaccinations in the US from website: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>.

The data reveal that the percent of total doses distributed per population is roughly the same for IHS and the United States overall. However, the percent of doses administered is lower for IHS than the overall United States. Of those dose administered, about the same percent have received two doses. The reasons for the lag in administration of doses in IHS compared to the United States is unknown at this time.

The NCAI Policy Research Center publishes trends in COVID-19 case data in its other reports, *NCAI COVID-19 Data Situation Summary* and *NCAI COVID-19 Data Situation Summary IHS Area Data*, which are published weekly on the NCAI COVID-19 website listed below under the “Other Resources” section. All results should be interpreted in the context of COVID-19 case trends and local public health efforts. Tribal nations are encouraged to track their own data in consultation with local, state, and federal partners.

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>

NCAI COVID-19 Situation Summary documents:

<http://www.ncai.org/Covid-19/resources-for-indian-country/other-resources>

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