



NATIONAL CONGRESS OF AMERICAN INDIANS

POLICY RESEARCH CENTER

May 27, 2021



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 reviews updates on 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, underreporting to IHS by tribes and urban Indian health programs, and underreporting of American Indian/Alaska Native race in the data. 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**.

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

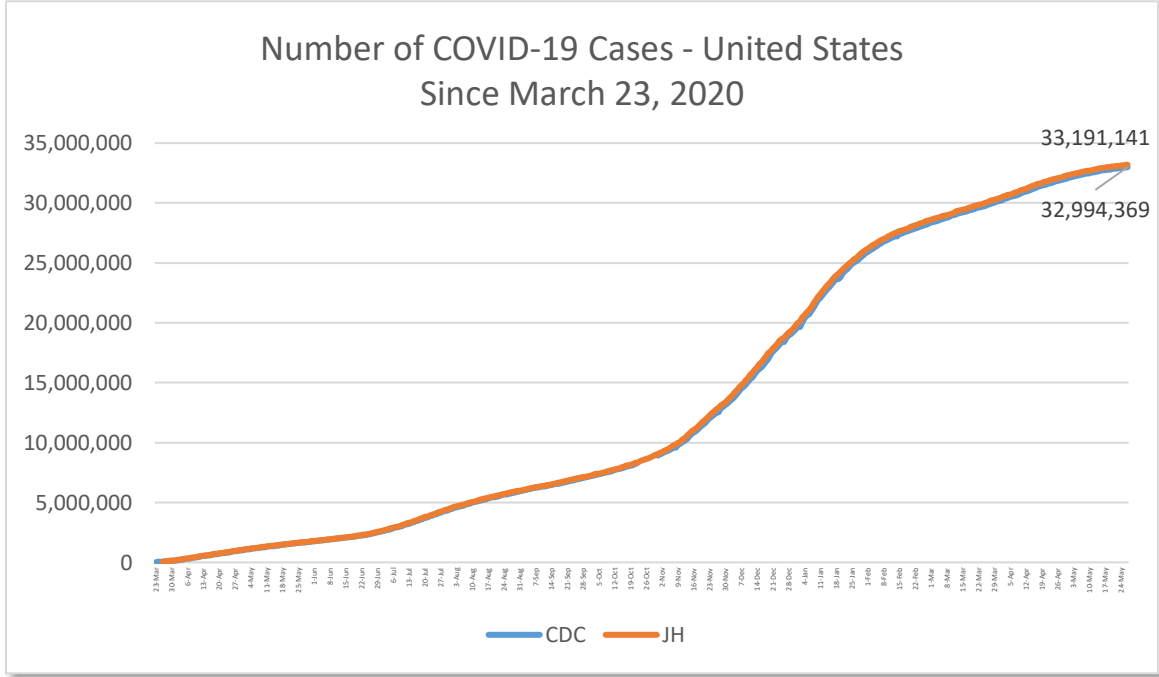
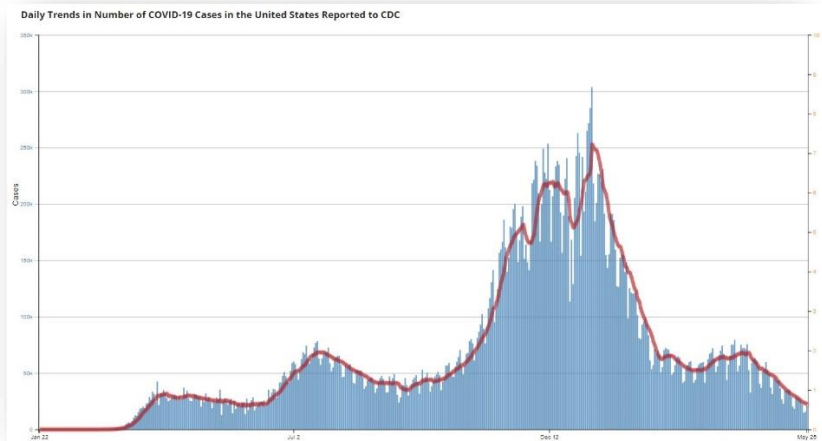


Figure 2 is the CDC graph of trends in the daily number of new cases of COVID-19 in the U.S., which shows the number of new cases per day is around 20,000 new cases per day and the trend is slowing.

Figure 2. Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC

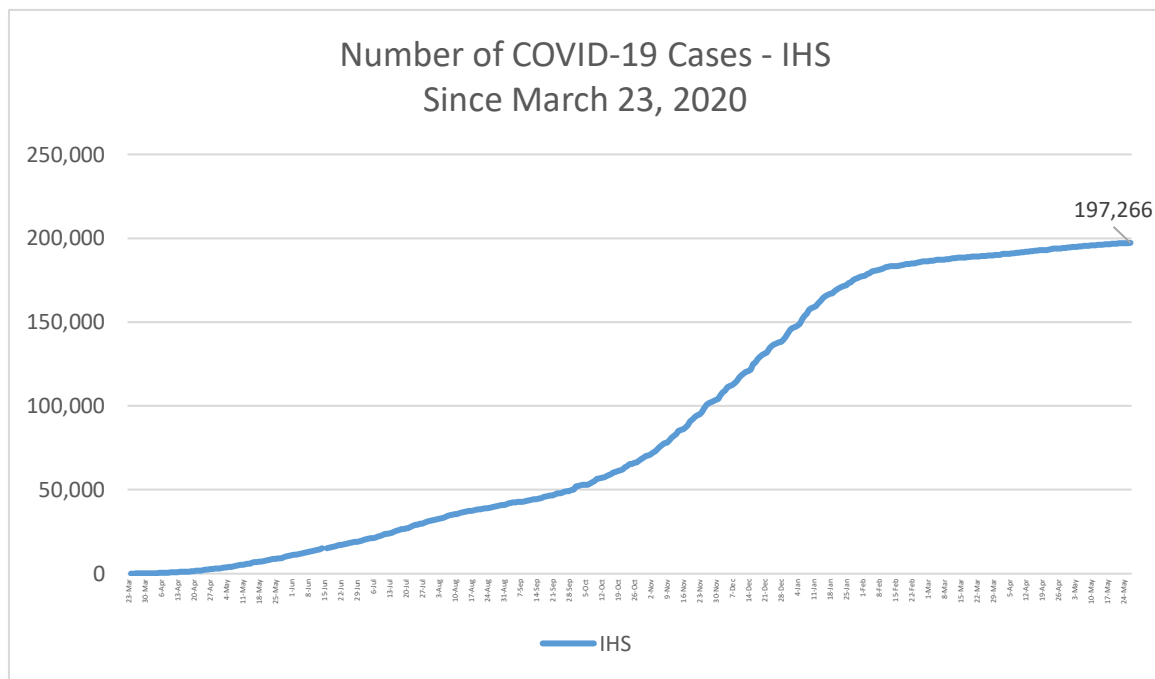


Total COVID-19 Cases in Indian Country

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 3**. Total COVID-19 cases from IHS data continue to increase but the trend is slowing.

Figure 3: Indian Health Service (IHS) COVID-19 Cases from March 23, 2020



Other Coronavirus (COVID-19) Data

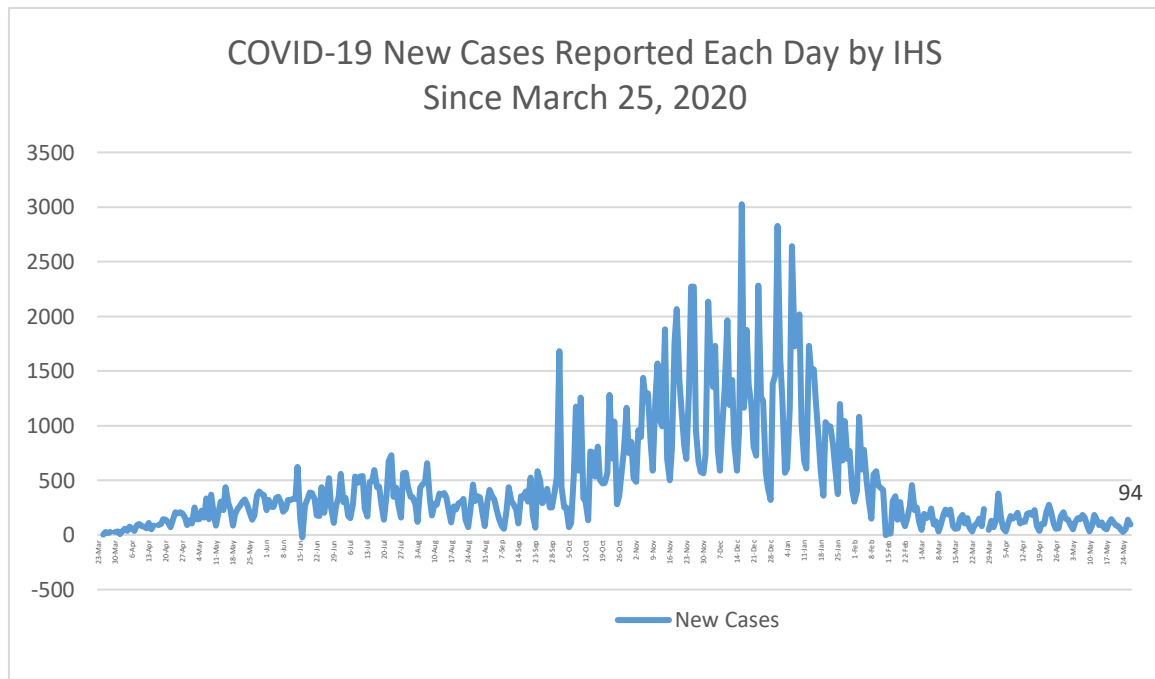
New Cases Per Day

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 4** displays IHS new cases reported each day since March 25, 2020. The overall trend is around 100 new cases per day.

Figure 4: IHS COVID-19 New Cases Reported Each Day since March 25, 2020



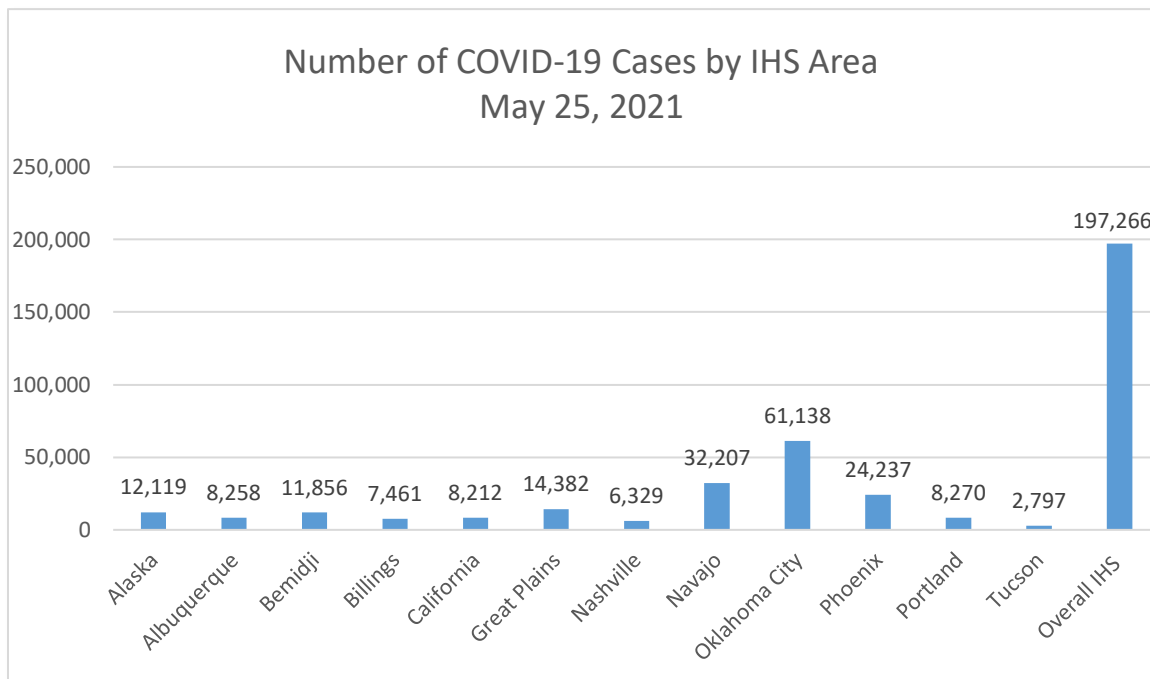
Cases by IHS Area

The IHS Coronavirus (COVID-19) webpage also tracks COVID-19 cases by IHS Area. The NCAI Policy Research Center tracks daily counts from this webpage, and **Figure 5** displays IHS COVID-19 cases by IHS Area. The Oklahoma City IHS Area now has the highest total number of cases. For graphs of the trends for 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 May 25, 2021 was 32,207. On the *Navajo Epidemiology Center Coronavirus Response Hub*, the case count on the same day was 30,774: <https://navajo-nation-coronavirus-response-ndoh-nec.hub.arcgis.com/>. The Navajo Epidemiology Center case numbers are only for the Navajo Nation, and the Navajo IHS Area

numbers include the entire Navajo IHS Area, including Hopi tribe numbers. While data sources varied widely early in the pandemic, case numbers are more consistent across sources, depending on time of reporting during the day.

Figure 5: 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/covid19/health_disparities.htm. 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 through 05/26/2021 revealed that non-Hispanic AI/AN COVID-19 deaths are at 6,541 which is 1.1 percent of all U.S. deaths, compared to being 0.4 percent of the

weighted distribution of the U.S. population in this data. 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
Alabama	17	0.2	0.4
Alaska	114	33.7	8.5
Arizona	1,609	10.2	1.8
Arkansas	40	0.7	0.7
California	298	0.5	0.2
Colorado	86	1.3	0.5
Florida	48	0.1	0.2
Georgia	14	0.1	0.2
Idaho	38	1.8	0.7
Illinois	17	0.1	0.1
Indiana	16	0.1	0.2
Iowa	46	0.8	0.3
Kansas	56	1.1	0.6
Louisiana	33	0.3	0.4
Maryland	13	0.1	0.2
Massachusetts	12	0.1	0.2
Michigan	72	0.4	0.3
Minnesota	102	1.4	0.7
Mississippi	117	1.6	0.2
Missouri	42	0.4	0.3
Montana	289	17.9	3.7
Nebraska	20	0.7	0.5
Nevada	66	1.2	0.5
New Jersey	18	0.1	0.1
New Mexico	1,259	31.0	6.5
New York	58	0.2	0.2
North Carolina	140	1.2	0.6
North Dakota	146	8.5	2.0
Ohio	14	0.1	0.2
Oklahoma	870	10.3	4.6
Oregon	54	2.2	0.8
Pennsylvania	10	0	0.2
South Carolina	25	0.3	0.3
South Dakota	238	11.6	3.4

Tennessee	11	0.1	0.2
Texas	96	0.2	0.2
Utah	93	3.8	0.6
Virginia	12	0.1	0.2
Washington	141	2.6	0.8
Wisconsin	98	1.2	0.6
Wyoming	47	7.4	1.9
Total	6,495		

*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 (6,541), some of which may be due to suppression of death counts between 1-9 for confidentiality. Updated by CDC on May 26, 2021 for data through May 22, 2021. Data now located at: <https://data.cdc.gov/NCHS/Provisional-Death-Counts-for-Coronavirus-Disease-C/pj7m-y5uh>

The CDC NCHS 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 01/01/2020 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 percent 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 6,541 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 (02/01/20 – 05/22/21, reported on 05/26/21)

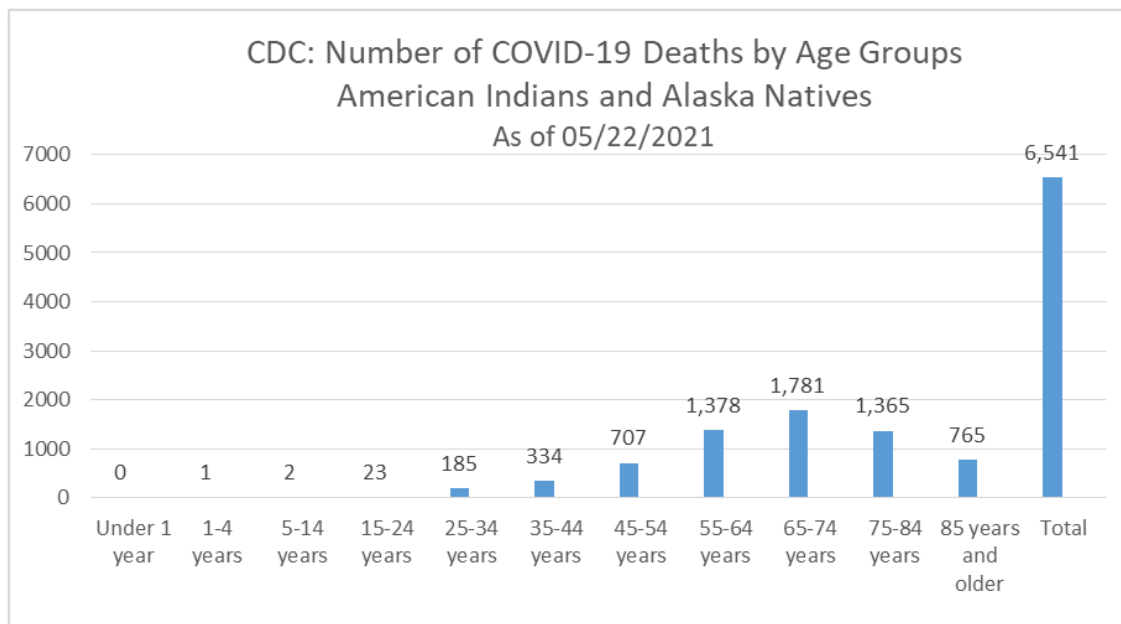
	COVID-19 deaths	Pneumonia deaths	Pneumonia and COVID-19 deaths	Influenza deaths	Pneumonia, influenza or COVID-19 deaths	Total deaths, all causes
ICD-10 codes	U07.1	J12.0-J18.9	J12.0-J18.9 and U07.1	J09-J11	U07.1 or J09-J18.9	
Non-Hispanic American Indians or Alaska Natives	6,541	5,363	3,698	102	8,303	33,293

Reported as of 05/22/2021; Last week COVID-19 deaths =6,486 (+55)

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 6** 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 6: 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 result 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>

NCAI COVID-19 Situation Summary documents:
<http://www.ncai.org/Covid-19/resources-for-indian-country/other-resources>

Citation: NCAI Policy Research Center (2021). *Research Policy Update: COVID-19 Data – Situation Summary*. Washington DC: National Congress of American Indians, May 27, 2021.

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