



HEHSC hears Navajo Nation Testing Coordination Team report on COVID-19 testing strategies and gating measures

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WINDOW ROCK, Ariz. - The Health, Education, and Human Services Committee (HEHSC) of the 24th Navajo Nation Council heard updates regarding coronavirus (COVID-19) testing strategy and gating measures from the Navajo Epidemiology Center (NEC) and COVID-19 Testing Coordination Team last week Wednesday, Jul. 8. Team members Dr. Jill Jim, director of the Navajo Department of Health (NDOH), Ramona Antone-Nez, director of the NEC, Dr. Laura Hammit, director of Infectious Disease Programs at the Johns Hopkins Center for American Indian Health and Del Yazzie, epidemiologist, were present for the report.

Dr. Hammit described the Navajo Nation's COVID-19 testing strategy, which she said is based on recommendations from neighboring states and from the Center for Disease Control and Prevention (CDC). "We're learning new information all the time, and we need to be able to adapt to that new information, and our recommendations may change," Dr. Hammit said.

Dr. Hammit explained that the two tests used to detect COVID-19 are a viral, or diagnostic, test and antibody, or serology, test. The viral test involves obtaining a nose or throat swab sample and can be used to identify current infections.

The viral test is not recommended when trying to determine whether someone has recovered from COVID-19, said Dr. Hammit. She added, "The test can remain positive for several weeks after someone has recovered." The test will detect a "dead virus" that remains in the body.

The antibody test detects antibodies made by the body's own immune system in response to infection with the virus that causes COVID-19, shared Dr. Hammit. This test involves taking a blood sample.

The Testing Coordination Team hopes to utilize antibody testing more in the future to determine the patterns of spread of the disease across the Navajo Nation. However, Dr. Hammit added, "We still have quite a bit to learn about how to interpret the results of the antibody tests."

The two tests have both benefits and constraints. The viral test is currently more widely used on the Navajo Nation. The antibody test provides information about a person's past exposure to COVID-19, however it is not ideal for high volume testing. Dr. Hammit hopes to use the antibody test for a study that needs Navajo Institutional Review Board (IRB) approval.

Dr. Hammit emphasized further that testing does not prevent future infections. Even with a negative test, wearing masks, hand washing and social distancing are still important in slowing the spread of COVID-19. False negative results appeared in a small number of people who were tested, she added. Those experiencing COVID-19 symptoms or those who have been exposed to COVID-19 who receive false negative results should still continue to self-isolate.

Testing on the Navajo Nation for COVID-19 is done in collaboration with local Indian Health Services and 638 facilities. Dr. Hammit emphasized local facilities as being among the best places for sharing information and education about COVID-19.

Outside entities can provide tests on the Navajo Nation, however they are required to notify the Testing Notification Team in order to ensure that outside tests meet a certain set of standards and are performed in a coordinated manner.

The Testing Coordination Team is working towards having testing available 7 days a week and accessible within 45 minutes of residences across Navajo Nation. Mobile outreach testing continues to be made available in underserved areas and “hot spots,” or areas with a higher-than-average increase of COVID-19 cases. Dr. Hammit reported the Navajo Nation currently has ‘excellent’ testing supply levels, adding that anybody who wants a test should be offered a test. Sites should be testing widely, she said.

Council Delegate Otto Tso (Tó Nanees Dizi) inquired about how the team will distinguish between the flu and COVID-19. Dr. Hammit responded that, fortunately, there is a way to test for the flu and flu vaccines and treatments are available. But, patients would have to be tested for both. “That is something that clinics are preparing for currently,” Dr. Hammit said.

Epidemiologist Del Yazzie presented on the Navajo Nation’s gating measures. In describing gating measures, Dr. Hammit said they are, “The measures we use to help us to determine when it’s safe to re-open and the phases of re-opening.”

The three factors that the team is considering for these gating measures are cases, testing and hospital capacity.

Regarding cases, there needs to be a “downward trajectory or no documented COVID-19 cases within the previous 14 days, and the speed of the epidemic needs to be slowing consistently as measured by doubling time,” Yazzie said. He continued, stating that the measures in regards to testing, “the proportion of tests that are positive has been decreasing over the previous 14 days and there is enough testing capacity such that 20% or fewer of all COVID-19 tests are positive for 14 days or more.” In terms of hospital capacity measures, Yazzie explained that hospitals have to be able “to treat all patients without crisis care, the [intensive care unit] beds need to be less than 80% full for 7 days, and sufficient supplies of [personal protective equipment] greater than 4 days.”

As of Jul. 2, Yazzie described a ‘rebound’ where the number of COVID-19 cases were up and are now going down. According to the CDC, there needs to be a continual downward trajectory for 14 days in order to meet their gating measures.

Yazzie noted that only two of eight service areas at Crownpoint and Gallup met the gating criterion. The 6 that did not meet the criterion either continue to see an upward trend or have had a rebound. These include the Chinle, Fort Defiance, Kayenta, Shiprock, Tuba City and Winslow service areas.

Yazzie pointed out that the neighboring states of Arizona, Colorado, New Mexico and Utah are all experiencing an increase in cases. While the Navajo Nation is currently under 80 percent ICU capacity, he pointed out that many high-risk patients are sent to hospitals off the Navajo Nation. In Arizona, ICU capacity was 90 percent ICU.

Yazzie expressed particular concern for people who leave the Navajo Nation and return after visiting places like Phoenix, where cases are surging.

“Let’s be careful and be cautious to consider re-opening the Navajo Nation,” Yazzie said, ensuring the committee that the Navajo Nation has achieved some of the gating measures, while also conveying the seriousness of the COVID-19 pandemic. “Everything surrounding us is surging and will impact our ability to reopen safely,” Yazzie said.

“It’s great to hear all of the inputs that are used to make these determinations. The more that this information is conveyed to the Council and the general public, it will strengthen the response, just in people’s minds,” said Council Delegate and HEHSC vice chair Carl R. Slater (Lukachukai, Rock Point, Round Rock, Tsaille/Wheatfields and Tsé Ch’izhi). He encouraged the team to continue to make this information available to the general public.

Vice Chair Slater asked, “How are you analyzing the various public health orders and other relief responses?” He also asked for available data to help the group make decisions regarding which wrap-around services should be provided.

Dr. Jill Jim responded saying, “Public orders put recommendations in place.” She added that, “The way the disease moves across the Navajo Nation is very unpredictable.”

The group is working on preparing materials to do modeling projections, Dr. Jim said. She emphasized that using the data available will help understand the virus and its trends.

Council Delegate Daniel E. Tso (Littlewater, Pueblo Pintado, Torreon, Whitehorse Lake, Baca/Brewitt, Casamero Lake, Ojo Encino, Counselor), chair of HEHSC, asked the team’s input on the re-opening of Navajo Nation schools. Dr. Hammit understood Chairman Tso’s concern, stating that the best thing to do is to continue to keep social distancing, wearing masks and washing hands. She stated that there is some data available to help make those decisions, but the team will have to continue to learn as they go. Dr. Hammit concluded.

In concluding the report, Chairman Tso suggested that Johns Hopkins, Dr. Hammit’s institution, collaborate with other local universities. He also requested an update regarding any studies going through the IRB be provided at the next HEHSC meeting. The report was accepted in a vote of 3 in favor and 0 opposed.

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