

**COVID-19 Tribal Leadership Session Minutes
June 11, 2020**

Angie Gorn, CEO, NSHC	Reba Lean, NSHC	Mark Peterson, MD, Medical Director, NSHC
Kelly Bogart, NSHC	Megan MacKiernan, NSHC	Cameron Piscoya, NSHC
Kristen Timbers, NSHC	Carol Charles, NSHC	Megan Alvanna-Stimpfle
Joleen Oleson, Kawerak	Amy Hollis, NSHC	Charles Swanson, Native Village of Koyuk
Joanne Keyes, Wales	Joel, City of Gambell	Daniel Harrelson, White Mountain
Deb, Wales	Opik Ahkinga, Diomede	John Bioff, Kawerak
John Waghiiyi, Savoonga	Axel Jackson, Shaktoolik	

*Over 40 participants attended today's meeting.

AGENDA ITEMS	DISCUSSION/RECOMMENDATION
Introduction to Meeting – Angie Gorn, NSHC CEO	<p>Today's Reminder:</p> <ul style="list-style-type: none"> - Please keep phone muted unless speaking or asking a question - Friday June 12th we will not have a call - Will resume call on Monday June 15th - Today we are going to specifically focus on any questions you may have for State of Alaska Epidemiology - We do have Dr. Rothoff and agreed to join us today - We are also going to schedule a call with tribal epidemiology; We will set a date for that and also announce the date of when that call will take place <p>1) Blessing 2) Medical Staff Briefing 3) Changes with Governors mandate for travel 4) Comments and Questions</p> <p>Note- Any questions may be sent to Reba Lean at rean@nshcorp.org anytime or text to 907-434-1927 and they will be answered during the 11:00 am call.</p>
Prayer	Prayer was given
Medical Staff Briefing – Dr. Mark Peterson, NSHC Medical Director	<p>Dr. Peterson gave medical staff update on the following:</p> <ul style="list-style-type: none"> • Dr. Rothoff is on the line with us today to answer questions and to give us some type updates for what the state is seeing • Alaska: 20 cases in the last 24 hours for the Wednesday time period, 593 cases, 392 recovered, 49 hospitalization, 11 deaths, total nonresident 58, new non-resident cases yesterday were 7 and that 5 of those were seafood industry, 2 were other, they were really pretty spread out, 4 in Anchorage, 1 Ketchikan, 1 Mat-Su, 1 Aleutian West Central Area • It continues to climb; We are seeing higher numbers then what we were previously seeing and we expect that as things open up • We need to continue social distancing, watching large groups, washing our hands • Update for the last 24 hours is 17 additional cases which is a total of 611 • ANMC: 0 inpatients, 42 outpatients, 10 employees • NSHC: 6,147 test done, 2,684 unique patients tested in our region, 4,830 negative, 4 positives, 3 recovered, 1 active, 1,313 pending

	<ul style="list-style-type: none"> • Not a lot of huge change here in the last 24 hours we kind of continue to see what we have been seeing • We appreciate Dr. Rhodeoff joining us
<p>Epidemiology – Dr. Michelle Rothoff, State of Alaska Epidemiology in Anchorage</p>	<p>Dr. Michelle Rothoff went over a few questions that Dr. Peterson sent in:</p> <ul style="list-style-type: none"> ○ What is your general statement about concerns you might with what you are seeing as the state is opening back up, also what appears reassuring? <ul style="list-style-type: none"> ▪ Will say that we are seeing an increase number of cases. Again that is something that we expected as we start to reopen our state. Of course we are keeping close tabs on that. The other thing that we are a little concerned about is as this things sort of drags on it is easy for people to sort of start to become somewhat complacent about some of the important prevention measures like social distancing, face covering, especially in Alaska so far we have been relatively spared so far of large numbers of cases. It’s easy when you haven’t maybe yet been personally affected for it to be kind of difficult to maintain some of these difficult measures. I think that is one thing we are keeping an eye on. How do we help people realize that this is going to be with us for a while, this is not the time to be letting our guard down or to become complacent, and we really need to stay vigilant. Things that I think are reassuring, you know the other things that we keep very close track on here at the state are our testing capacity and how many tests are being done across the state and Alaska has done a really great job on ramping up testing. We are about #8 in the nation on our testing rate which is great. The other things that we look at are what is are public health capacity to deal with cases and what is our healthcare system capacity and so far both of those things remain very robust and are not being over tacked. I think those are reassuring. ○ What are some threats and concerns of COVID with overcrowded housing and the lack of sanitization infrastructure? <ul style="list-style-type: none"> ▪ We know the virus spreads through close contact so the more people that are in close contact with each other for an extended period of times defiantly can enable transmission to occur where some people are living under the same roof. If someone would become infected the virus can easily spread throughout that house hold and that community so that is a concern. We also know that hand washing is very important. The virus we think can also be spread by someone touching a person or touching a surface that a person has touched that is infected and then touching their own eyes, nose, or mouth. So in places where there is not easy access to hand hygiene or other supplies to disinfect or clean surfaces that is also a concern. So in places where there are no running water for example people are going to need to be creative and use other means like dilute bleach solution potentially for hand cleaning and surface cleaning, alcohol base hand sanitizer and that kind of thing. ○ What indicators is the state monitoring to protect tribal health? <ul style="list-style-type: none"> ▪ So I already mentioned some of these. So some important matrix we are looking at and all of this is available to the public at the COVID

hub webpage. This is all available to look at, but things that we monitor are the case counts, and what characteristic, geographic distribution of these cases etc. What is our testing capacity, what is our public health capacity, what is the capacity of our health care system in terms of hospital beds, ventilators, and things like that. Also what is our epidemic curve doing meaning what is our case count doing over time. As we mentioned right now they are increasing, for a while they were pretty steady and low and then as we reopen not surprisingly those are starting to go up. Those are some of the main matrix's we are watching closely and continuously to make sure we are responding appropriately to what is happening in our state.

- **What makes you fearful and what makes you confident that we can overcome COVID? Are we likely to see an end to this in 9-12 months?**
 - That I think is the million dollar question that nobody really knows the answer to at this point. Our best hope of course is the development of an effective vaccine. There is defiantly some hopeful evidence coming out. There are 10 vaccines currently in critical trials. Some early data has shown some promising safety and immunogenicity of those vaccines. Again a vaccine does take time to develop and to deploy. Usually best case scenario somewhere between 12-18 month timeframe. So it's not something we are going to have within the next few months. I think that is our best hope to getting to the end of this and overcoming this pandemic.
- **What role does antibody testing serve?**
 - That's a great question. There's a lot of confusion about that. Basically antibody testing at this time is not recommended for diagnosis and it's really not recommended for wide spread clinical use. It may have some use from a public health stand point in terms of surveillance but it is not really recommended in a clinical setting at this time. There are a few reasons for that. One is that the antibody test can have a high false positive rate where the prevalence of COVID is low. If you are in an area where the case numbers are pretty low and you were to do an antibody test you would get a lot of false positives results meaning the test would be positive when in fact that person does not actually have antibodies against COVID. We also don't have enough information at this point to determine what those results really mean. We can detect the antibody but we don't know how protective those antibodies are against recurrent infection with COVID. If it does provide protection we don't know how long that protection lasts. So the utility of the antibody test is very limited.
- **What can NSHC and our region be doing more or less of to combat COVID?**
 - I would say it sounds like you are doing a great job at ramping up testing and think that is a really important component because the more testing we can do obviously the more quickly we can pick up cases and prevent further transmission and I think that is really important. Of course continuing to find creative ways to maintain those preventive

	<p>measures like social distancing, mask wearing, finding ways in your communities to help inspire each other, it's not easy, to continue those measures. Right now without a vaccine it's really the best and only tool we have against this virus.</p> <ul style="list-style-type: none"> ○ What other diseases are concerns in the villages? <ul style="list-style-type: none"> ▪ That's a great question and apologize because was unable to pull a lot of data on that. In your region particular tuberculous defiantly continues to be an ongoing concern. One thing to remember is that COVID-19 and tuberculous can have a lot of overlapping symptoms so it's important in your region to not forget about tuberculous during this time. Chlamydia is also another one that we continue to have a high rate of across the state and within the Northern Region as well.
<p>Survey</p>	<p>Megan announced the survey information:</p> <ul style="list-style-type: none"> - I encourage folks that have not texted in yet to text COVID to 833-321-0166 to enter the drawing - You can only enter once - Today's winner is from Unalakleet, Timothy Cassidy
<p>Question and Comments</p>	<ul style="list-style-type: none"> ○ We are hearing a little bit about patients who are without symptoms, asymptomatic patients, they may not spread the virus as readily, do you have any comments about that? <ul style="list-style-type: none"> ▪ I think that is something we still don't know. There has been documentation of asymptomatic transmission so we are pretty sure that it has happened in terms of the degree that happens is a little unclear. We are pretty confident that it happens to some degree which makes it an even more tricky disease to track down. ○ What point do you think the state start looking at going back on opening up or start restricting things again if we're seeing this upward trend and what would be your recommendations for our region? <ul style="list-style-type: none"> ▪ Those are great questions and I don't have an easy answer to that. I think that at the state level the governor as well as the health department everybody is watching the metrics I described. I don't know if there are exact cut off numbers that I can give you because I'm guessing that there probably aren't. I think it's looking at the whole picture so I cannot give you a concrete answer to that but do know that those metrics are being followed very closely and feel certain that the state would respond if any of those numbers reached a certain bench marks where we were concerned and needed to pull back. ○ Is the virus susceptible to any person who are obese or over weight? <ul style="list-style-type: none"> ▪ That's a great question. There are several health conditions that have been found to be associated with more severe disease if someone gets infected with this virus. Obesity is one of those. People who are obese, people with chronic conditions like diabetes or chronic heart or lung conditions, if they were to get infected they are more likely to have severe or worsen symptoms. I think it is important for everyone right now to do what they can to really maximize their health status, meaning taking care of your health, make sure you're eating a good diet, getting enough sleep, all of those things. If you do have a chronic

condition it is really important that you're doing everything that you can to minimize it like keeping your diabetes under control, taking your medication that controls your chronic condition. All of those things are really important and things that we do have control over. There are a lot of things about this virus that we cannot control but that is something that each of us can do to help protect ourselves.

- **We've had this increase in numbers and some of that has been due to specific situation like this Providence Extended Care unit and Whittier cluster. How much of this increase in numbers that we are seeing do you think are due to three or four different specific outbreaks? Do you see those situations getting under control and then are numbers coming down to less than 10 a day or is that wishful thinking?**
 - I would say that probably the majority of the recent cases that we've seen are related to those outbreak or clusters that you have mentioned. I would say that there's a lot of work being done around those entire cluster to make sure they are controlled and to prevent further transmission or spread outside of those clusters. I think unfortunately as we are reopening and people are interacting more outside of their households and more people are going to be coming into Alaska, I think that those increased cases are likely going to continue to occur.
- **What other recommendations or suggestions would you give for not spreading the virus, other than hand sanitizer, hand washing, or trying to be clean?**
 - That's a great point. It's difficult in places where there is no running water which makes it more difficult. I think you have to do the best you can with what you have so using a dilute bleach solution, and there are some instructions for that on the CDC COVID website, that can be used to clean hands and can be used to clean and disinfect surfaces around the house. So that is one fairly inexpensive measure that can be used. Other than that I think the social distancing and the masks wearing are both very important. Really trying to limit exposure to other's outside the household, keeping that 6 foot distance, trying to encourage everybody to wear face coverings too, those are measures that can help protect the whole community.
- **Does anybody know anything about the UV light business and COVID?**
 - I know that they are doing some studies on how effective UV light is against COVID-19 but I think that is something that is still under study and I don't know if we have definitive answers on that yet.
- **When folks test positive, they contact the virus, they ride it through, and they recover, when those folks are back home are they still at risk for people to be spreading the virus after they are recovered?**
 - That's a really good question, and that's something that we don't yet know the answer to. Meaning that we think when we look at other viruses that are similar to this virus them usually once you get infected usually you get some immunity against the virus meaning that you wouldn't be re-infected. In other viruses that are similar that immunity tends to last a few months but we just don't know yet for this virus.

Numbers 1 once you get infected are you immune from getting infected again? And if you are how long does that immunity last? At this point we just don't know and hopefully as we learn more about this virus we'll have some of those answers but at this point we just don't know for sure.

- **But specifically for folks that have recovered, are they still a danger to the rest of the population?**
 - No people that have recovered and that have completed their isolation period and they're symptoms have resolved they should not pose any risk to the people around them.
- **Once a person recovers what other health problems can they have?**
 - That's a question that is being looked at because this is a brand new virus that has never infected humans before we are having to learn as we go and at this point it hasn't been around long enough to study people who have had it and see kind of what some of the long term effects can be if any. That's another area at this point we just don't know but as we go forward and learn more then we will probably have more of that information.
- **When people catch this virus, if they stay at the hospital or at home, do they ask or track who they were in contact with?**
 - Yes. We, as the state, are notified of every single case that occurs in our state and we have a team here at section of Epidemiology work with public health across the state to do an investigation of every single case. We check into anyone who has come into close contact with that person during the period of time they were infectious and we monitor and check on all of those close contacts to make sure they don't get sick and spread it to other people. So that we have a team that is almost working around the clock and that is kind of what they do all time. We track that very closely.
- **Will the plasma be available in Anchorage if there is a big outbreak? Do you know if Providence is going to be looking at that therapeutic measure?**
 - I don't know what the current status of that is. I am sure that it is being looked at. I know that the blood banks here are defiantly taking volunteers to donate plasma from people that have recovered from the infection but in terms of the current status in the hospital here I am not sure where that is right now. I'm sure they are looking into it.
- **The relationship with state Epi, the governor, Dr. Zink, how does that work? Do you have kind of inside knowledge on that? Obviously the governor wants to open things up the economy, Dr. Zink in the middle, state Epi feels very strongly on protecting the state. Can you comment at all on how you influence what the governor says and does?**
 - I think nice thing about Alaska is that we are a small state in terms of people and so all of our agencies it's easier for us to kind of be in very close contact and work closely in partnership. I think Dr. Zink is the main link between the governor's office side of things and the department of public health. I know that she takes a lot of input from state Epi and think those two sides of things are working closely

together.

- **Does the state have any plans to do antibody testing in the rural area?**
 - There are no plans that I am aware of at this point but as we continue to learn more about how we can use that antibody testing that can certainly change in the future.
- **We know ANMC is doing and offering antibody testing, and think they are doing that to gather data and to get more information. Are you aware of that at all on how ANMC and ANTHC might be utilizing the data they can get from the antibody testing?**
 - I have not been involved with that and not sure what their plans are.
- **MAS: Are you separating Alaskan's from Non-Alaskans and how are you reporting potential exposures by the Alaskans to the Alaskans and why aren't you reporting those totals together?**
 - Good questions. We do report out the numbers of non-resident cases which I think is what you are referring too. We do report those out and we do report out if there's an associated with a certain industry for example the Seafood industry. Those numbers are separate from the total Alaskan case count. Those are reported and they are reported separately from Alaska cases.
- **Is there an easier place to go to look for non-resident cases? Where is the best site to look? Typically go to DHSS to look up reports but have to listen to the news for the non-resident reports.**
 - If you on the hub dashboard website and you go to the box in the upper right where it lists the total number of cases there's a little arrow at the bottom of the box and if you click, to the right it will show new cases and if you click it again it will show non-resident cases.
- **MAS: My concern is that if you're not appropriately or you are counting the cases for a period of time and then reporting totals, totals in the state and now you are changing the way you are reporting to only reporting Alaskans total and then making the other cases available at another data link. Alaskans aren't able to see in a comprehensive easy way the total risk that is opposed on our communities. If these are not Alaskans but they're in our restaurant, in our grocery stores, they're in the airports, I think some level of truth would be helpful for that you are sharing actual disease that lives in our state and not separated by resident vs non-resident. I don't think we'll be fully able to understand the risk to our communities if we don't have data that is easily understood or if we have to do research to what is really happening you're not really doing the public any service.**
 - I can understand your concern. The reason that it is reported that way, resident non-resident cases are counted separately, that's a nationwide thing that all states have to do because that is how it is reported to the CDC and that's how the national data is collected and so on a national level it's important to know how many cases are attributed to that state vs from people outside our states. So we do track both numbers but they are also kept separated for that reason. We do defiantly take all of the cases under account. As I said on the data hub website it is there, it just takes a little bit of digging around to see the numbers. I think we

are trying to make it as easily accessible and easily understandable as possible. There are some limitations to what we have to do on how the data gets reported on the national level.

- **MAS: Thank you. The only reason why I mention that is elected leaders of our communities make important decisions when appropriate information is made available and if it is not made available they can't protect our communities. I do encourage however, you have national requirements yes and have to fulfill them but if you are going to report to Alaskans what the press of the disease is in our state, I think reporting in an honest way is really going to be critical going forward as we live with this virus in our world.**
 - DS: As Dr. Rothoff has said you can just toggle over on the arrow button to find the non-resident cases and if you want to know more information you can actually click on the top of the webpage and it says click here to access raw data and you are able to view a lot more information and kind of the fastest way I like to find it is the drop down box on the left side that says tags and I like to go to COVID-19 cases and you can scroll down and see non-residents cases and that is going to give you what type of industry and so for example if it's seafood, a visitor, miner etc. So the information is defiantly on there and it is available. I guess it can be kind of hard to find but it is available on the state website. I know that Dr. Zink mentioned on her presentation yesterday that they may be potentially changing that dash board to kind of just have total Alaska cases and then the non-resident cases right next to it so you are able to view it.
- **If there's non-resident who test positive, like from Washington state, are those numbers reported in the Washington state totals?**
 - Yes. If we get a non-resident we are immediately in contact with their state of residence so that they can be reported in that state which is appropriate.
- **Are false positives being counted towards the counts?**
 - I can't comment on specific cases but can make some general statements. When is that we feel like the false positive rate of the test that are being done is extremely low. We worry much more about false negative rates and to that end we feel like if anyone tests positive at any point even if they have subsequence negative test we typically believe that positive results. With the current testing we have the chances of getting a false negative, meaning the test is negative when in fact the person is infected, is much higher than the opposite scenario where the test might be falsely positive. If we did find a case that was truly a false positive again would be extremely rare then no they would not be included in the case count.
- **Do you have a sense what the general false negative rate is for the Abbott ID now might be in good hands?**
 - I don't have numbers to give you. I do know that with the Abbott ID there has been some concern that it may have a higher false negative rate then some of the other available test which is why if a provider in

the state has a test they are suspicious based on clinical futures that they have COVID they test them with a Abbott ID and the result is negative they do have the ability to send that in to the state for confirmatively testing. I think the overall rate of the false negative in our state has been very well.

- Dr. P: NSHC has sent test to the state lab and have been identical results and feel pretty good about it.
- **Are the false positives getting tested again? Would the patient quarantine or isolate?**
 - Good question. If a test were determined to be a false positive result, again that is extremely rare and don't know that we have actually came across that yet in our state testing, but if the test were determined to be a false positive, it would depend on the situation, but I think that person would not be considered infected and would not need to isolate. Isolation is for people that are infected, quarantine is for those that are not infected but those who have been in contact. A lot of the decisions on whether someone needs isolation or quarantine is kind of individual based on the circumstances of the case.
- **We had a situation in our community where we had a community spread case but it was unaware of where it came from, than there was a long period of time where there were no cases, then we had cases again that were found to be community spread. There was a State Epi and NSHC theory that there could have been one individual in-between those two that carried the virus that we weren't aware of and that there was a connection there. IN a community that has community spread the patients that test positive are far between in time could there be additional cases that we're not aware of that are happening in between?**
 - One of the challenges of this virus is that number 1 people can be infected and not have any symptoms or that people can be infected and have very mild symptoms and never seek care or get tested so there are certainly going to be cases out there that we are not picking up because the people don't know they are infected, they're not very sick, they don't care, they don't get tested. We do know that they can transmit the virus to other. That's why we are really ramping up testing is really important and that's why continuing prevention measures for everyone is really important because we are never going to pick up every single case.
- **Out of the 500+ cases that have been reported throughout the state what is the ratio out of those cases of patients being asymptomatic and patients being symptomatic? If people hear that number they are more likely to take it serious.**
 - That's a good point. That's not something that we track directly in terms of numbers. But you are right that could be helpful to people to know that there is probably a significant of cases that have no symptoms and can still spread the illness in order for people to take it more seriously and making sure they are continuing these preventive measures.

- **It would be fair to say that a majority of patients are asymptomatic correct? I would think so.**
 - I don't know if I would say a majority the problem is that number keeps changing because it's a function on how many people we're testing because the portion of the asymptomatic people were not testing and we don't ever know about them so that's kind of a ever shifting number so I don't know if we can that it's a majority but I think we can say that it a significant number.
- **Of the 611 cases that are reported right now in the state, couldn't we say the majority are asymptomatic or not?**
 - I don't think we can necessary say that.
- **If that hasn't been tracked or traced at this point than what's the point of doing any other tracking or tracing? There's a hole in the system.**
 - There's always going to be limitation to the data that we can collect but I do appreciate your feedback and can certainly look into whether that is something we're following now or something we can follow in the future.
- **When the flu comes around again this fall is that false negative going to be increased with the regular flu vs the COVID-19 bug?**
 - The influenza virus that causes the flu and the virus that causes COVID-19 are very different viruses. They are two different virus families. We wouldn't expect there to be any sort of reactivity between those two tests. The bigger concern is that a lot of the symptoms can be similar between the two and can be difficult to determine on bases of the symptoms whether someone has COVID but that's where testing comes into play and as we get back into the flu season people are probably going to need to be tested for both.
 - Dr. P: Our providers will be aware that if a patient has symptoms that are consistent for COVID and are negative on their flu test and negative on their COVID-19 test we still have to still be thinking about flu and COVID-19 because there is a false negative rate and there's a chance the test could be falsely negative. So we still have to treat those patients as if they have COVID-19. If their flu test is positive we will treat them accordingly. If they are negative for flu we still have to be concerned with COVID-19 even if the COVID-19 test is negative. Tricky situation so as soon as they get that vaccine we are better.
- **Thank you Dr. Rothoff for joining us today.**
- **Dr. Peterson is working on having an epidemiologist from ANTHC to come on for the call and will try for next week sometime. They will have a little more perspective on what ANMC is doing and the data they are gathering. They are a little more tuned in to our system.**
- **What do you have in place for the QCC to protect the elders?**
 - Dr. P: QCC is our most valunerable population without question because they are all elders and they are all in the same facility. These are the things we have in place to try and prevent infection from happening in QCC:
 - No visitors are allowed we in fact put that in place before the

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	<p>state put that in place</p> <ul style="list-style-type: none"> • They're having to do all the social distancing inside, 6 feet or more • They have changed how they operate even with how meals are given etc. • As far as quarantine and staff, our most strick quarantine happens with QCC so any staff that is coming from outside the region or outside the state has to quarantine for 14 days and test before they are allowed to work in QCC; Any CNA, any Nurse, any Doctor has to quarantine for 14 days • In addition to that were not allowing staff that work in QCC work in any department within the hospital; There are other departments in the hospital where we are more likely to have virus so we are not allowing those who work in QCC to work in other departments • We have two physicians who work in QCC; When they are here they have to do 14 days of quarantine and testing before they work there and when they work in QCC that is the only place they can go in the hospital; They work in QCC and go out in the community of Nome but they are not allowed to go anywhere else in the hospital <ul style="list-style-type: none"> ▪ We are doing everything that we possibly can to prevent infection. Can infection happen in QCC? It's possible anything is possible but there is a balance and level. We have not allowed visitors and we do allow people to go online and do facetime and all of that. It does make it harder on the elders because their environment has changed just because of this family cannot get in like they could in the past. We are hopeful that this vaccine develops and that it will be successful for elders. ▪ MM: Life has changed for our elders in QCC but we have done as much as we can to keep the quality of life in QCC. Because we are not allowing visitors and other things we're able to kind of expand and allow our elders, in some facilities across the state elders have to stay in their room all the time and all day, we are able to have our residents out, they may be taking drives, one person at a time, their continuing activities and things like that. They are doing more facetime; we have ipad's and technology there for that. We encourage for anyone that has family at QCC if you are able to virtually visit with an elder, whether it's a friend or family member, we know how much they love visitors we encourage you to connect with our team there and let's see how we can set up a virtual visit. <ul style="list-style-type: none"> ○ Dr. Peterson stated that he was able to find the non-resident number and the non-resident cumulative cases within the state of Alaska is 58 but didn't say how many are within the last week. ○ When will the flu vaccine be coming out? <ul style="list-style-type: none"> ▪ MM: The flu vaccine the season this will be the 20-21 vaccine typically
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comes out from the manufactures mid-August and we will start to get it to the middle-end of September and were doing our big push out within the region towards the end of September and October.

- **Reba shared some information yesterday about the MyHealth Patient Portal where you can go online and check information about lab results. I shared that children 12 years and younger can be signed up which is true but did not know that our staff here has had trouble recently signing children up so a better process in the works to get children signed up so if you have tried calling registration to sign your kid(s) up you might have been told no in recent weeks, and I just want to let every know that that will be changing pretty soon.**
- **Can someone get COVID and the flu at the same time?**
 - Dr. P: I suppose you could. It's not very likely. I think if some does get sick and tested positive for flu we would test them also for COVID-19 and if it is negative for COVID-19 but positive for the flu we would treat them flu. If somebody tested positive for Flu and COVID-19 we would take that seriously that they have both. It's possible for it to happen and not very likely. We would test for both and treat for both. I think it's not very likely.
 - MM: When we look back at the end of this year's flu season with COVID testing there wasn't a lot of it. Originally the guidelines were we would test for COVID only if the test was negative for the flu if they had flu like symptoms. On retro-spec I looked back in some other communities they did find coinfection. There a big push to get your flu shot to make sure you wouldn't get coinfection. Certainly if your immune system is knocked down by one you don't want the second virus.
 - Dr. P: We could have surge of COVID during the flu season so we want to make sure and get the vaccine for the flu.
- **Where are the three analyzers going?**
 - Dr. P: We were able to get actually 4 more analyzer, 1 from IHS and three from ANTHC. We're running 7 analyzers right here in Nome to keep up with the numbers. We have 1 that is out now in Unalakleet. The next priority list is Savoonga because they have a dental program, Gambell because dental patients are treated there, and Teller has been on the list because it is on the road system. Those are the next three locations for the new units that we got.
- **Dr. Peterson mentioned that there is additional federal funding that we can get for broaden of testing capacity and capability in a program. This might allow us to purchase a large analyzer for COVID-19 and replace all the Abbott ID now analyzers. It's a larger unit that can run our entire test here in Nome and could free up all those analyzers so we can put them in the villages. So we are working on that right now and are a new thing that came to us this week. We would hope to get this in place before this fall.**