PACIFIC ISLANDERS COVID-19 NATIONAL TOWN HALL

Saturday, June 20 • 11 am - 1 pm PST

✓ Hear Stories from Survivors
✓ Get Expert Answers to Questions on COVID-19 Testing
✓ Learn What the Statistics Really Mean

With Hosts

Joey “Q” Quenga
Island Block Radio

Carl & Nackie
PolyByDesign

REGISTER FOR THIS VIRTUAL EVENT AT bit.ly/picovid19-townhall062020

Zoom

Featuring

Melisa Laelan, Arkansas Coalition of Marshallese
Dr. Kawika Liu, JFK Memorial Hospital
Dr. Sela Panapasa, University of Michigan • and More ...

www.facebook.com/PacificIslanderCovid19Response

For more information, contact ‘Alisi Tulua at alisi.tulua@gmail.com

Presented by Pacific Islander COVID-19 Response Team
JOEY ‘Q’ QUENGA
Island Block Radio

Joey was born in Long Beach, CA to a young couple from Guam. He is the first in both sides of his family to attend and college received his degree in Communications from San Francisco State University. Joey has held significant experiences in corporate, local government, and in community-based non-profit work. In addition to being published in public health journals, he is the former director of the Pacific Islander Epidemiology Center. He is the musical director for Kutturan Chamoru Foundation and transferred his collective skills into co-founding the Island Block Radio alongside Joe ‘Sav’ Fa’avae. He is currently the program director for Island Block Radio and Boomerang while also producing several other radio shows.
Pausa Kaio “PK” Thompson is a Samoan clergy, activist and theologian which is secondary to his role as a husband to wife Meilyn, and father to their 5 daughters. He is an alum of the Kanana Fou Theological Seminary in American Samoa, and holds Masters degrees from Columbia University’s Union Theological Seminary in the city of New York and Boston University in Massachusetts. He is currently a Ph.D. student at Claremont School of Theology in Claremont, CA.; while also serving as Head Pastor of the Dominguez Samoan Congregational Christian Church in Compton, CA. His scholarly work accentuates the theological discourse, indigenous culture and wisdom, and social justice issues of Samoa, and Samoans in diaspora. His ministry encourages people to be change agents in the world by invoking a more socially conscious ethic of Christian practice.
ANNETTE ‘NACKIE’ MOLI
PolyByDesign

Annette “Nackie” Moli is the co-founder of PolyByDesign and the Faika podcast. She serves as an on-air personality, emcee, public speaker, event coordinator and social media director. Nackie’s vision in founding PBD and Faika was to create a platform and vehicle to shine light on positive Pacific Islanders role models. Nackie is the proud mother of five, a defeater of cancer, and a vocal advocate for victims of sexual abuse. Deeply rooted in the Samoan community and culture, she thrives to build positive connections to lift her people up.
CARL L. JOHNSON
PolyByDesign

Carl is a husband, father, son, brother, and friend. He is the co-founder of PolyByDesign 501(c)(3) and the Faika podcast. Carl has held Regional and Director level positions during his 30 year retail career at companies such as Ross, Tower Records, Nordstrom’s and Big Lots. He is currently a Regional Human Resources Manager but most proud to be a member of the PolyByDesign team.

Carl is the proud father of 21-year-old triplets, a defeater of cancer and a believer in the life mantra of “waste no minutes”. Strong in his spirituality, Carl thrives to build positive connections to lift his people up.
Melisa Laelan is the founder and Chief Executive Director of Arkansas Coalition of Marshallese (ACOM), a not-for-profit, Marshallese-operated organization and focuses on health, leadership, education and culture. Her leadership has helped pass legislation that give Marshallese mothers and children protection against human trafficking and adoption schemes, as well as a resolution that allows Marshallese children to have access to the State Medicaid program. A native of the Marshall Islands, she became the first certified interpreter in the U.S in 2013 and was appointed to serve on the Arkansas Minority Health Commission, making her the first Marshall Islander to serve in a State agency capacity.
Pele Ili was born and raised in Long Beach, CA and graduated from UC San Diego in 2017. Full time, I work for ADP as a Service Operations Manager.

Pele shares, “I also have a blog where I actively share intimate stories about Pacific Islander experiences in very taboo aspects of life such as LGBTQ, Racial Inequalities, Death, Disease, and Imprisonment. The name of the blog is The Malaga which in Samoan language means "the journey." That is what I love capturing in these very humbling stories and experiences from a Pacific Islander perspective. The platform exists to highlight a lot of social issues our people face as Pacific Islanders but also to uplift those that are sharing similar struggles within our community. I also seek to highlight how beautiful our people are and the cultures and traditions that influence our everyday decisions.”
MALIK FUIMAOINO, M.D.
Skagit Valley Hospital

Dr. Malik Fuimaono is the Associate Chief Hospitalist at Skagit Valley Hospital in Mount Vernon, Washington. He serves as Core Faculty of Internal Medicine Residency Program and Adjunct Clinical Professor for PNW Medical School. He is Board certified in Internal Medicine and has been a frontline Health Care Provider since the onset of the pandemic, taking care of COVID 19 patients. Dr. Fuimaono is Samoan.
QUESTION
&
ANSWER
Dr. Sela Panapasa is an Associate Research Scientist, Research Center for Group Dynamics in the Institute for Social Research at the University of Michigan. Dr. Panapasa has expertise in health disparities during middle to late life, minority health, and population-level health data for racial and ethnic minorities, particularly among Native Hawaiian and Pacific Islanders. She has served on various committees, including the Census Bureau National Advisory Committee and HHS Advisory Committee on Minority Health. Dr Panapasa is a Pacific Islander of Rotuman, Tongan, and Tuvalu descent, originally from Fiji.
Dr. Liu is boarded in internal medicine, pediatrics and addiction medicine and has been the physician advisor for two hospitals in the Coachella Valley since 2020. Formerly, he has been medical director or CMO at a number of tribal and federally qualified health centers. He is committed to developing metrics of health that reflect international human rights and outcomes that are meaningful to patients and their communities. He is the proud father of two girls, Kealalani and Tanoelani.
SARS-CoV-2 and NHPI: virus, testing, and risk

Kawika Liu, MD, PhD, JD, FAAP, FASM

Pacific Islanders COVID-19 Town Hall

20 June, 2020
Objectives

- Understand SARS-CoV-2
- Understand types of testing
- Define criteria for testing
- Why should we follow precautions, particularly for the NHOPi community?
- Why test?
- What impact does following precautions and testing have on our communities/data?
SARS-CoV-2

- Novel coronavirus related to SARS
- RNA virus
- Attaches to human cells through ACE-2
- Effects primarily through...
Hijack
How SARS-CoV-2 replicates itself in the cells of those infected

1 Spike protein on the virion binds to ACE2, a cell-surface protein. TMPRSS2, an enzyme, helps the virion enter. The virion releases its RNA.
2 Some RNA is translated into proteins by the cell's machinery.
3 Some of these proteins form a replication complex to make more RNA.
4 Proteins and RNA are assembled into a new virion in the Golgi.
5 Released.
Epidemiologic principles

- Positive predictive value – likelihood that a positive test is a true positive
  - PPV higher when there are more cases of infection
  - PPV lower in low prevalence population

- Negative predictive value – likelihood that a negative test is a true negative
  - NPV higher in low prevalence population
  - NPV lower in high prevalence population

- Sensitivity – probability that a positive test is a true positive

- Specificity – probability that a negative test is a true negative

CDC 2020a
Three tests available

- PCR (diagnostic)
- IgM/IgG (serologic)
- Antigen
Based on RNA from the virus
Nasopharyngeal or oropharyngeal
Sensitivity (true positives)
Specificity (true negatives)
PCR testing - diagnosis

- Polymerase chain reaction – amplify RNA of virus
- 50% of people remain positive until day 22, some people may be positive for at least two months
  - Severe cases show longer persistence
  - Infectivity low after 8 days
- Sensitivity 63-78%
- Specificity 98+% 
- Point of care testing
  - Sensitivity 64%
  - Specificity 98%

Sun et al. 2020;
Bullard et al, 2020;
IDSA 2020; Zitek 2020; Ricco 2020
Antibody/serologic testing

Zhou, Zhao 2020
IgM/IgG (serologic) testing

- Antibodies to spike glycoprotein (S) and nucleocapsid phosphoprotein (N)
- Pharyngeal shedding of virus very high in first week
- Seroconversion after 7-13 days, but not followed by rapid decline in viral load
- Who has been infected by SARS-CoV-2, and who might be immune and potentially protected
- Support diagnosis of SARS-CoV-2 when person presents late, 9-14 days after onset of symptoms, in addition to PCR
- Establish diagnosis for people with late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children

Wolfel et al., 2020; Long et al., 2020; CDC, 2020
- Sensitivity 88.7 – 100% (claimed)
- Specificity 45 – 99.5% (claimed)
Antigen testing

- N and S antigens
- Sensitivity
- Specificity
Antigen testing

- N and S proteins
- May have very low sensitivity – 30.2%
  - FDA threshold 80%
  - Higher with higher viral loads (first week of illness)
    - Sensitivity 93.9%, specificity 100%

Schohy et al, 2020; Porte et al, 2020; Service 2020
Who should be tested and when?

- Problems with too restrictive initial CDC guidelines
- Testing, contact tracing, isolation
- Testing based on risk
  - Exposure
  - Frontline worker
- Testing for planning
  - Testing everyone
Why should we follow precautions

- Inequitable impact not based on race, but on socioeconomics/inequities
- NHPI tend to be frontline workers
  - difficult/impossible to practice social distancing, work from home
- NHPI tend to have poorer socioeconomic status
  - More risk because of crowded housing, segregated housing, inadequate access to healthcare and healthy foods
  - Multigenerational households
  - Overrepresentation in criminal justice system
  - Lack of paid sick leave
  - Stigma and systemic inequities

CDC 2020
Why follow precautions

- NHPI tend to have higher risk
  - Higher rates of smoking and vaping
  - Chronic lung disease or asthma
  - Heart conditions
  - Severe obesity
  - Diabetes mellitus
  - Chronic kidney disease
Why test?

- Social distancing, wearing masks, quarantine, contact tracing are best tools to prevent the spread of the virus until vaccines and treatments are available
- Responsibility to self, family and community
- Who is at risk
- Who is infected
- Who may have protection
  - Tracing infections
References

- Bullard J, Dust K, Funk D ... Poliquin. Predicting infectious SARS-CoV-2 from diagnostic samples, Clinical Infectious Diseases, ciaa638, https://doi.org/10.1093/cid/ciaa638


References 3


QUESTION & ANSWER
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<td>Let us work together</td>
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<td>E nā ‘ōiwi o Hawai‘i</td>
<td>Natives of Hawai‘i</td>
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<td>Nā pua mae ‘ole</td>
<td>The beautiful, handsome</td>
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S. Haunani Apoliona is a native Hawaiian business executive, social worker, teacher, composer, and activist for the Hawaiian sovereignty movement. She held federal offices, appointed to the President of the United States Advisory Commission on Asian American and Pacific Islanders and the United States Census Bureau Race Ethnic Advisory Council. Hawai`i residents also know her as an entertainer and performer with the Hawaiian music group Olomana.
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**ALU LIKE**

by Haunani Apoliona (1979)
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*by Haunani Apoliona (1979)*

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WE APPRECIATE & LOVE YOU.