Resolution No. 01-2008-05

RESOLUTION OF THE WHITE MOUNTAIN APACHE TRIBE OF THE FORT APACHE INDIAN RESERVATION

(Authorizing Publication of Certain Manuscripts by John Hopkins)

WHEREAS, pursuant to Article IV, Section 1(a) of the Constitution of the White Mountain Apache Tribe, *inter alia*, the Tribal Council has the authority to represent the Tribe and act in all matters that concern the welfare of the Tribe; and

WHEREAS, the health and well-being of Tribal Members is of paramount concern to the White Mountain Apache Tribe; and

WHEREAS, the Tribal Council supports carefully designed research projects to evaluate health problems which exist in the population and to develop appropriate interventions which seek to decrease or alleviate these problems; and

WHEREAS, Johns Hopkins is requesting permission to publish a manuscript entitled "***The incidence of community acquired pneumonia in a Native American community,***" "***Changing epidemiology of invasive pneumococcal disease among White Mountain,***" and "***Young infants can develop protective levels of neutralizing antibody following a first infection with respiratory syncytial virus,***" authored by Rochelle Lacapa, a member of the Tribe, and Johns Hopkins personnel, including, among others, Francene Larzelere-Hinton and Marridie Craig who are also members of the Tribe; and

WHEREAS, no personal identifiers are indicated or referenced in the manuscripts, and all information contained in the manuscripts is submitted for the purpose of developing strategies designed to intervene and diminish the problems associated with diseases occurring among members of the White Mountain Apache Tribe; and

WHEREAS, the manuscripts, if approved, will be submitted for publication in the **Clinical Infectious Disease Journal**; and

WHEREAS, the manuscripts identified herein were reviewed and approved by the Tribe's Health Board on December 17, 2007; and

WHEREAS, the Tribal Council finds that the publication of the manuscripts would be in the best interests of the Tribe and the prevention of pneumococcal and respiratory syncytial virus diseases among members of the Tribe.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that the manuscripts described herein are approved for publication in the Clinical Infectious Disease Journal.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that the Chairman, or in his absence, the Vice Chairwoman, is hereby authorized to execute any and all document necessary to effectuate the intent of this Resolution.

The foregoing resolution was on January 9, 2008, duly adopted by a vote of EIGHT for and ZERO against by the Tribal Council of the White Mountain Apache Tribe, pursuant to the authority vested in it by Article IV, Section 1 (a), (b), (s), (t), and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).

Chairman of the Tribal Council

Secretary of the Tribal Council

The incidence of community acquired pneumonia in a Native American community (first author James P Watt)

Lay Summary: The manuscript we are submitting here evaluates how commonly White Mountain Apache adults get sick with pneumonia. This is important to know because we know that pneumonia is a very common cause of illness among Apache adults but until now we have not known just how common, or what specific subgroups of people are at highest risk. We identified 193 episodes of possible community acquired pneumonia among 3,739 people. Pneumonia seen on CXR was more common among those older than 65 years than among those 40-64 years of age. Most people with CXR confirmed pneumonia were hospitalized and about 6% of them died. We found that overall pneumonia is about twice as common among Apache adults than in the general US population.

Relevance to the Community: Adults of the White Mountain Apache community have a greater risk of pneumonia than people in the general US population. Many cases result in hospitalization and about 6% of people die from their illness. This information will help to target improved vaccine and treatment efforts to reduce this health disparity.

If approved we will be submitting the manuscript to the following journal:

Clinical Infectious Disease
Sherwood L. Gorbach, M.D.
Editor, *Clinical Infectious Diseases*
Tufts University School of Medicine
136 Harrison Avenue
Boston, MA 02111
Telephone: 617-636-2780

Changing epidemiology of invasive pneumococcal disease among White Mountain (first author Rochelle Lacapa)

Lay Summary: The manuscript we are submitting here evaluates the change in the amount of pneumococcal disease among White Mountain Apache children and adults from 1991 through 2006. Over this time period a new vaccine for children (Prevnar) was developed, tested and implemented against pneumococcal disease and there were considerable efforts to improve the amount of immunization of WMA adults against pneumococcal disease. We found 246 pneumococcal cases over this 16 year period. However, pneumococcal disease was much less commonly found in the past 6 years since introduction of Prevnar, than prior to its introduction. In fact among children less than 5 years of age there hasn't been a single case of pneumococcal disease caused by strains in the vaccine since 2003. Unfortunately, among adults the disease has become more common. Pneumococcal disease remains 5-6 fold more common among Apache children than other children in the general US population. Among adults the disease remains far more common among Apache than those in the general US population in spite of significant success in getting adults vaccinated. New vaccine approaches that cover more of the pneumococcal strains causing disease are needed.

Relevance to the Community: Children in the White Mountain Apache community have benefited tremendously from the introduction of Prevnar, however, more work remains to be done. Children and adults still have more pneumococcal disease than people in the general US population in spite of great success in getting them vaccinated. What is needed are reductions in those conditions causing people to be at risk for pneumococcal disease (diabetes, alcohol abuse, cardiac disease) and vaccines that are more effective or cover a larger number of the pneumococcal types in the community.

If approved we will be submitting the manuscript to the following journal:

Clinical Infectious Disease
Sherwood L. Gorbach, M.D.
Editor, *Clinical Infectious Diseases*
Tufts University School of Medicine
136 Harrison Avenue
Boston, MA 02111
Telephone: 617-636-2780

Young infants can develop protective levels of neutralizing antibody following a first infection with respiratory syncytial virus (first author Joshua J. Shinoff)

Lay Summary: It has been generally believed in the scientific community that young infants are at risk for RSV respiratory illness in part because they are somehow unable to develop a strong immune reaction to the infection. We evaluated whether this is true for Navajo and White Mountain Apache infants who were hospitalized as a result of RSV respiratory illness. We round that in fact, these young infants develop antibodies to various parts of the RSV virus, and that even in the youngest infants they developed very high antibody concentrations. It turns out that if these infants had high amounts of antibody, then they didn't develop a very strong immune response to the infection, but if they had low amounts of antibody before their infection they responded to the infection very well. These findings are extremely important for RSV vaccine development because it disproves the general view that the immune system of young infants cannot respond to RSV.

Relevance to the Community: This study is important for the community because it shows that young American Indian infants have a very strong immune response to RSV infection and that vaccines against RSV should be possible for these young infants.

If approved we will be submitting the manuscript to the following journal:

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