



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

This call is off-the-record and is not intended for press or for reporting purposes.

# Training for Healthcare Professionals

Updated Dec. 28, 2020

[Print](#)

## Cross-Cutting Topics

### Search COVID-19 Trainings on TRAIN

Find COVID-19 trainings on infection control, self-care, personal protective equipment, and other topics via TRAIN. Note: Links to non-CDC courses do not constitute an endorsement by CDC. Only courses offered by CDC Course Providers have been verified and approved by CDC.

Varied formats: [COVID-19 Trainings on TRAIN](#)

## Vaccination

### COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers

Learn about COVID-19 Emergency Use Authorization (EUA) and safety as well as vaccine storage, handling, administration, and reporting. Free CE.

Self-paced online course: [COVID-19 Vaccine Training](#)

### Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know

Learn about the COVID-19 vaccine manufactured by Pfizer Pharmaceuticals, based on the recommendations of the Advisory Committee on Immunization Practices (ACIP) and guidance from the manufacturer. Free CE.

Self-paced online course: [Pfizer-BioNTech COVID-19 Vaccine](#)

# Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during Shortages

Updated Dec. 29, 2020

[Print](#)



This summary is intended to help healthcare facilities optimize supplies of disposable N95 filtering facepiece respirators when there is limited supply during the COVID-19 pandemic. The strategies are categorized in a continuum of care and further organized according to the hierarchy of controls, as defined below.

## Conventional Capacity Strategies (should be incorporated into everyday practices)

### Engineering Controls

Place patients with suspected or confirmed SARS CoV-2 infection in an airborne infection isolation room (AIIR) for aerosol generating procedures, if possible.

Use physical barriers such as glass or plastic windows at reception areas, curtains between patients, etc.

Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction

# Personal Protective Equipment

All requests for PPE from DOH must be:

- Emailed to [COVIDResourceRequests@state.sd.us](mailto:COVIDResourceRequests@state.sd.us),
- Faxed to **605.773.5942**, or
- Called in to **605.773.3048** to ensure prioritization and coordination of requests.
  
- Do not duplicate your request by using all three means of communication.
  
- Any requests received through any other email or number will all be directed to email [COVIDResourceRequests@state.sd.us](mailto:COVIDResourceRequests@state.sd.us) OR call **605.773.3048** and requesting entities must provide information regarding their current facility status.

# Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

## Infection Control & Testing Considerations

Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination?	+
A vaccine clinic is planned for a facility that is performing facility-wide testing of residents and staff because of an active SARS-CoV-2 outbreak. Should we reschedule the vaccination session?	+
There is an active SARS-CoV-2 outbreak at a facility where vaccination is not planned for several weeks or months. Should this facility receive priority for earlier vaccination as a strategy to mitigate the outbreak?	+
Should persons with a known SARS-CoV-2 exposure who are awaiting results of a test be vaccinated?	+
What are the COVID-19 testing requirements for pharmacy staff who are administering COVID-19 vaccine onsite at LTCFs?	+
After LTCF HCP are vaccinated, should they continue regular COVID-19 testing?	+

# Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination?

Yes. COVID-19 vaccines will be an important tool to help stop the pandemic. However, even after vaccination everyone should continue to follow all the [current guidance](#) to protect themselves and others. This includes wearing a [mask](#), [staying at least 6 feet away from others](#), avoiding crowds, following facility guidance on visitation and [infection control](#), and [clean hands often](#). CDC's current recommendations will continue to be the primary way that LTCF residents and HCP are protected until vaccination is widespread.

# Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

What are the COVID-19 testing requirements for pharmacy staff who are administering COVID-19 vaccine onsite at LTCFs? –

All pharmacy partner staff participating in onsite LTCF vaccine clinics must follow [CMS COVID-19 testing requirements](#)   for LTCF staff. Testing is to be done at the expense of the pharmacy partner.

<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>



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# Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

After LTCF HCP are vaccinated, should they continue regular COVID-19 testing? —

Yes, facilities should continue to follow recommendations for [COVID-19 testing](#) in nursing homes. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19.

[COVID-19 vaccination](#) will not influence the results of viral (nucleic acid or antigen) COVID-19 tests. Positive tests should not be attributed to the COVID-19 vaccine.

# Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination?

Yes. COVID-19 vaccines will be an important tool to help stop the pandemic. However, even after vaccination everyone should continue to follow all the [current guidance](#) to protect themselves and others. This includes wearing a [mask](#), [staying at least 6 feet away from others](#), avoiding crowds, following facility guidance on visitation and [infection control](#), and [clean hands often](#). CDC's current recommendations will continue to be the primary way that LTCF residents and HCP are protected until vaccination is widespread.

## Post Vaccine Considerations for Healthcare Personnel

(12/14/2020)

- Vaccinated HCP should continue to follow all [current infection prevention and control recommendations](#) to protect themselves and others from SARS-CoV-2 infection.
- *Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should **not** be attributed to the COVID-19 vaccine, as **vaccination does not influence the results of these tests.***

## COVID-19 Vaccine

### Expected Vaccine Availability in South Dakota

Phase	Population Group	January	February	March	April	May-December
1A	Frontline healthcare workers and long-term care facility healthcare workers	█	█	█	█	█
1B	Long-term care residents	█	█	█	█	█
1C <i>we are here</i>	EMS, public health workers, and other healthcare workers (lab & clinic staff)	█	█	█	█	█
	Law enforcement, correctional officers	█	█	█	█	█
1D	Persons with 2 or more underlying medical conditions	█	█	█	█	█
	Persons aged 65 years and older	█	█	█	█	█
	Residents in congregate settings	█	█	█	█	█
	Teachers and other school/college staff	█	█	█	█	█
	Funeral service workers	█	█	█	█	█
1E	Fire service personnel	█	█	█	█	█
	Includes public-facing workers in essential and critical infrastructure	█	█	█	█	█
Phase 2	All others 16 years and older	█	█	█	█	█

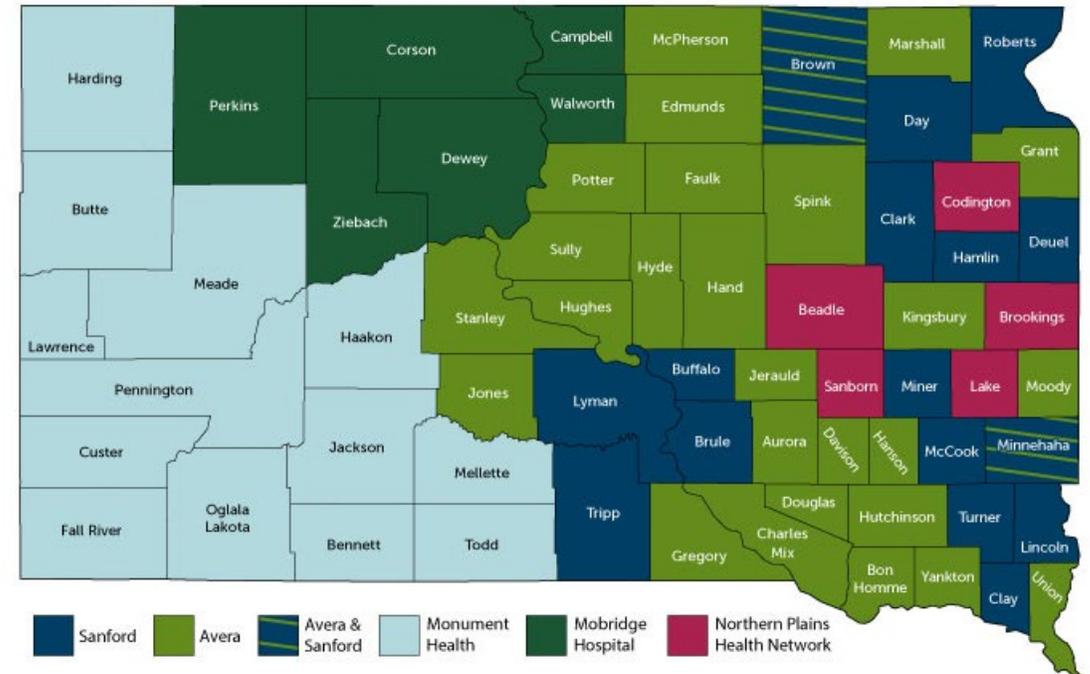
█ Estimated Vaccine Availability

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow recommendations from the Advisory Committee on Immunization Practices (ACIP) to guide which counties will receive the vaccine first.

## COVID-19 VACCINE PROVIDERS

### VACCINE PROVIDERS BY COUNTY

Best viewed on a desktop/laptop computer or in landscape mode on mobile (i.e. holding the phone sideways).



SOUTH DAKOTA  
**COVID-19 INFORMATION LINE**

Questions about COVID-19? We're here to help.

PLEASE  
CALL **1-800-997-2880**



# Laboratory Guidance



SOUTH DAKOTA DEPARTMENT OF HEALTH

# SDPHL 2021 Schedule

- Beginning the week of January 4, SDPHL will perform SARS-CoV-2 testing Monday-Friday each week.
  - Specimens shipped on Friday and received on Saturday will be tested the following business day which is typically Monday.
  - Specimens shipped on Saturday will be received and tested on the following business day which is typically Monday.

# FLU+COVID Multiplex Testing



- SDPHL is migrating to a new molecular test that will detect SARS-CoV-2, influenza A, and influenza B.
- Specimens submitted from symptomatic individuals will be eligible for testing with the FLU+COVID molecular test.
- Submitting laboratories should anticipate both SARS-CoV-2 and influenza results.
- There will be no charge for FLU+COVID testing offered by the SDPHL.

# Influenza-Like Illness Surveillance Program

- SDDOH is conducting an influenza-like illness surveillance program during the 2020-2021 influenza season.
- Some specimens from symptomatic individuals submitted to the SDPHL will be tested using a multiplex Respiratory Pathogens Panel (RPP).
  - The RPP detects both bacterial and viral agents including SARS-CoV-2.
- Submitters need to be aware that they may receive RPP results from the SDPHL and that result(s) may indicate infection with an agent other than SARS-CoV-2.
  - Examples of other circulating viruses in South Dakota include rhinovirus, enterovirus, and adenovirus.
- There is no charge for RPP testing offered by the SDPHL

## Viruses

Adenovirus  
Coronavirus HKU1  
Coronavirus NL63  
Coronavirus 229E  
Coronavirus OC43  
Human Metapneumovirus  
Human Rhinovirus/Enterovirus  
Influenza A  
Influenza A/H1  
Influenza A/H3  
Influenza A/H1-2009  
Influenza B  
Parainfluenza Virus 1  
Parainfluenza Virus 2  
Parainfluenza Virus 3  
Parainfluenza Virus 4  
Respiratory Syncytial Virus

## Bacteria

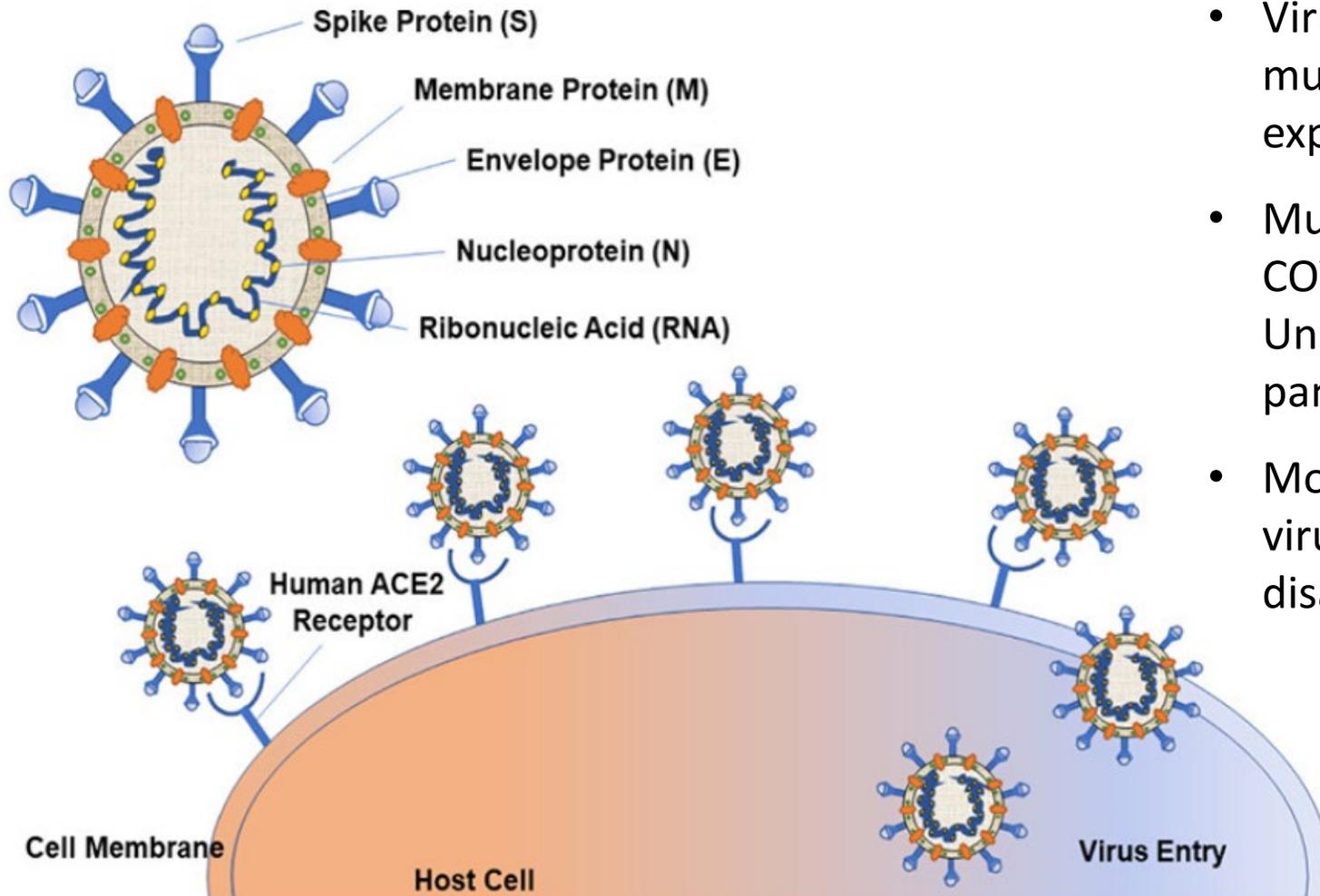
*Bordetella pertussis*  
*Bordetella parapertussis*  
*Chlamydia (Chlamydophila) pneumoniae*  
*Mycoplasma pneumoniae*



# SARS-CoV-2 Antibody Testing

- Beginning January 11, 2021, SDPHL will provide SARS-CoV-2 antibody testing. SDPHL will offer separate tests for IgM and IgG. Details are as follows:
  - Acceptable Specimen Types: Serum or plasma
  - Required Specimen Volume: Minimum 1.5 ml
  - Test Results: Positive; Negative
  - Turn-Around Time: 48-72 hours
  - Cost: Free while federal funds are available
- SARS-CoV-2 IgM and IgG testing can be requested using the updated [requisition](#) form on the SDPHL [website](#).

# SARS-CoV-2 Structure and Host Cell Entry



- Viruses constantly change through mutation, and new variants of a virus are expected to occur over time.
- Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic.
- Most variants do not change how the virus behaves and many, if not most, disappear.

# SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- Also known as: B.1.1.7 or 20B/501Y.V1.
- We are early in our efforts to understand this new variant
- Rapid spread of this new variant was recognized in the UK in mid-December 2020. At that time, public health experts cautioned that the virus was likely already in the United States.
- In addition to the reported case in 5 states, it is likely that we will find additional cases in the United states in the coming weeks.



# SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- Based on analysis of the variant's genome and the tracking of cases associated with it, the variant may spread more easily and quickly than previous strains. This could increase the overall spread of SARS-CoV-2.
- The variant does not appear to cause more severe disease or death than the previous circulating strain. However, a higher rate of transmission could lead to more cases, which would increase the number of people overall who need clinical care.

# SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- *Impact on immunity:* Based on studies with other viruses containing similar mutations, experts believe that immunity to this virus from either natural infection or from vaccination will be effective against this strain. Studies are pending to assess whether the immune response to infection with other variants or current vaccines will work as effectively with this strain.
- *Impact on monoclonal antibody treatment:* In theory, mutations in this virus might render some monoclonal antibodies less effective. However, there is no evidence yet that this is the case.
- *Impact on vaccines:* As noted above, experts anticipate little or no impact, although testing to confirm this is still pending.

# SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- *Impact on diagnostic tests:* CDC, together with FDA, is evaluating diagnostic test performance against the variant. Diagnostic tests detect current infections with the virus. We expect that all currently available diagnostic tests will detect the variant.

Manufacturer/Platform	Target(s)	UK Variant Detection
Hologic Panther	ORF1ab-1 and ORF1ab-2	Will Detect Variant
Thermofisher	ORF1ab, N gene, S gene	Will Detect Variant; SGTF
Cepheid	N gene and E gene	Will Detect Variant
Diasorin	S gene and ORF1ab	Will Detect Variant
BioFire 2.1	S gene and M gene	Will Detect Variant
Abbott BinaxNow/ID Now	RNA polymerase gene	Will Detect Variant

N gene, nucleocapsid gene; E gene, envelope gene; S gene, spike gene; M gene, membrane protein gene; SGTF, S gene target failure.



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