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

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

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 (AIR) 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,
- 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 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

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

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

https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html
Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

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.

SOUTH DAKOTA
COVID-19 INFORMATION LINE
Questions about COVID-19? We're here to help.

PLEASE CALL 1-800-997-2880
Laboratory Guidance
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.
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.
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.
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.

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