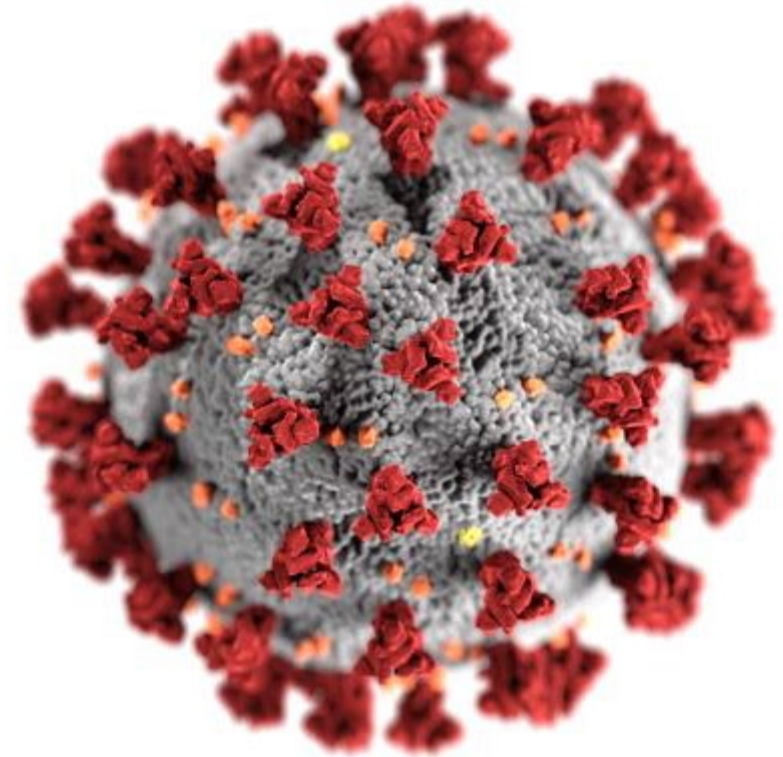


2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

January 7, 2021



We will begin in just a few moments. Thanks!

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 6, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

COVID.sd.gov

Not intended for press or for reporting purposes.

Agenda

- Situation Update
- Laboratory Guidance
- Long Term Care
- Vaccination Update
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session

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SOUTH DAKOTA DEPARTMENT OF HEALTH

UK Strain (B.1.1.7)

- Identified in five states: CO, CA, FL, NY, GA
- Has not been identified in South Dakota
- SD-DOH continues to partner with CDC for SARS-CoV-2 strain surveillance
- No concern the UK strain will impact vaccine effectiveness
- Concern: more transmissible which could further burden the US healthcare system & monoclonal antibody therapy

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-emerging-variant.html>

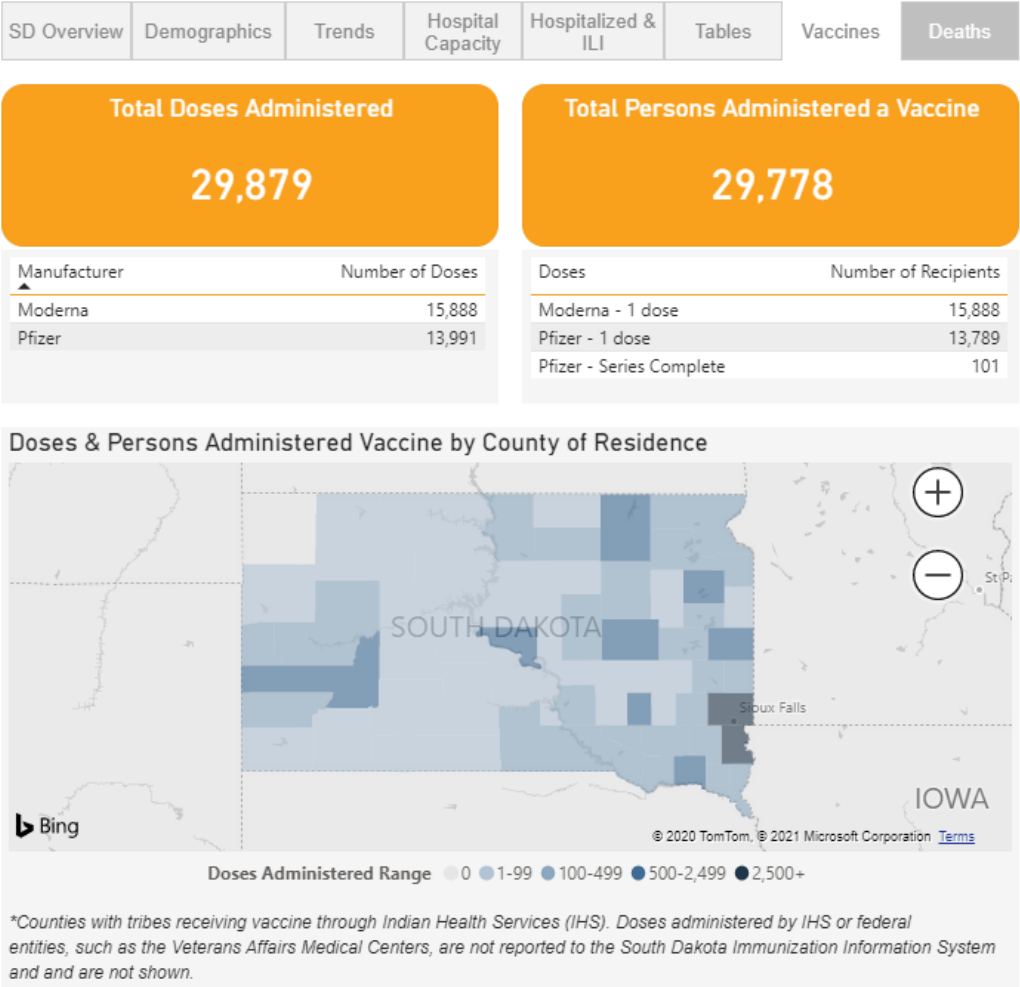
<https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-42-sars-cov-2-variant/>

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SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID-19 Dashboard Updates



As of January 6, 2021

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Coronavirus Situation (as of January 6, 2021)

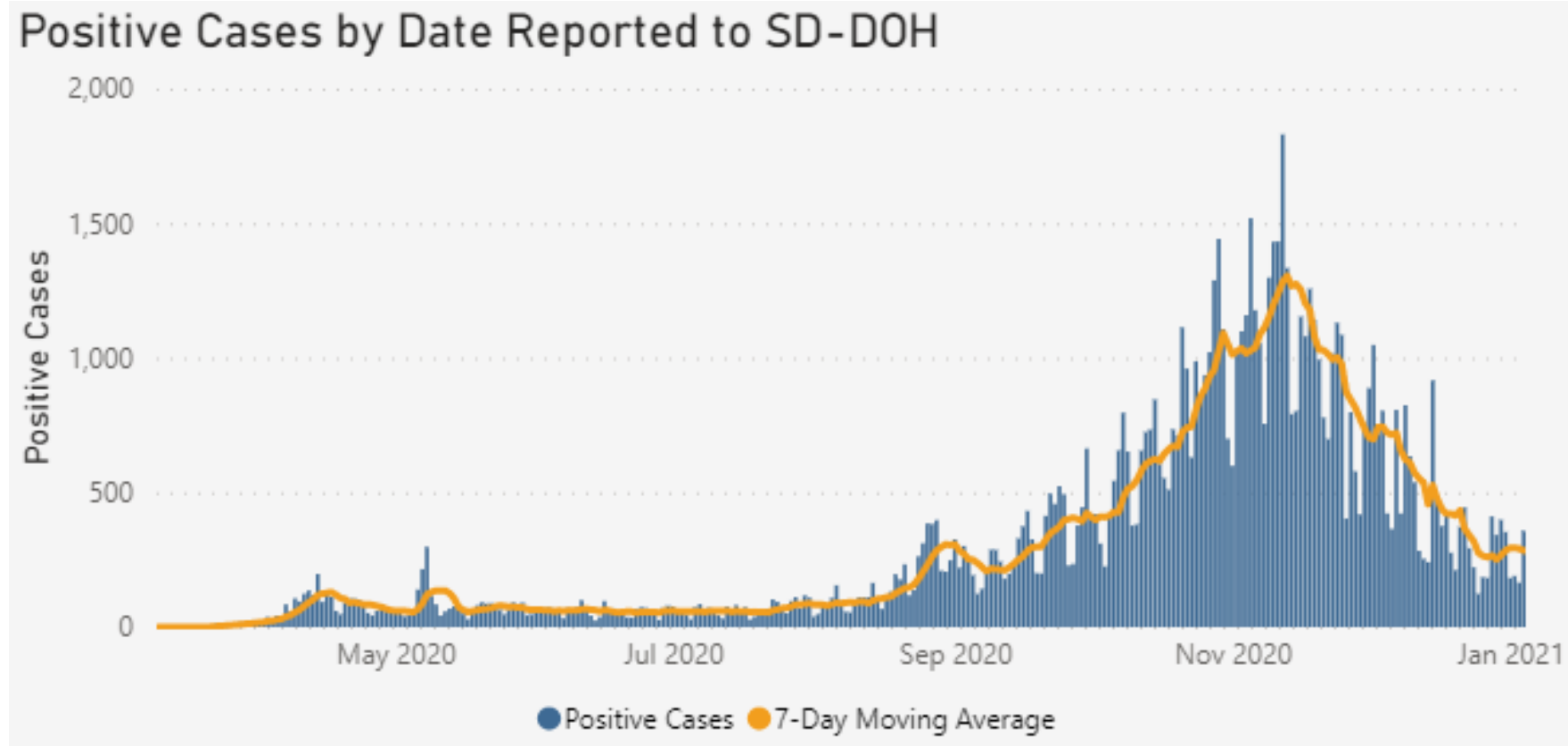
- [International](#)
 - 84,780,171 confirmed cases
 - 1,853,525 deaths
- [United States](#) (50 states + DC)
 - 20,732,404 confirmed cases
 - 352,464 deaths
- [South Dakota](#)
 - 101,684 confirmed and probable cases
 - 1,519 deaths
 - 93,778 recovered cases

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH



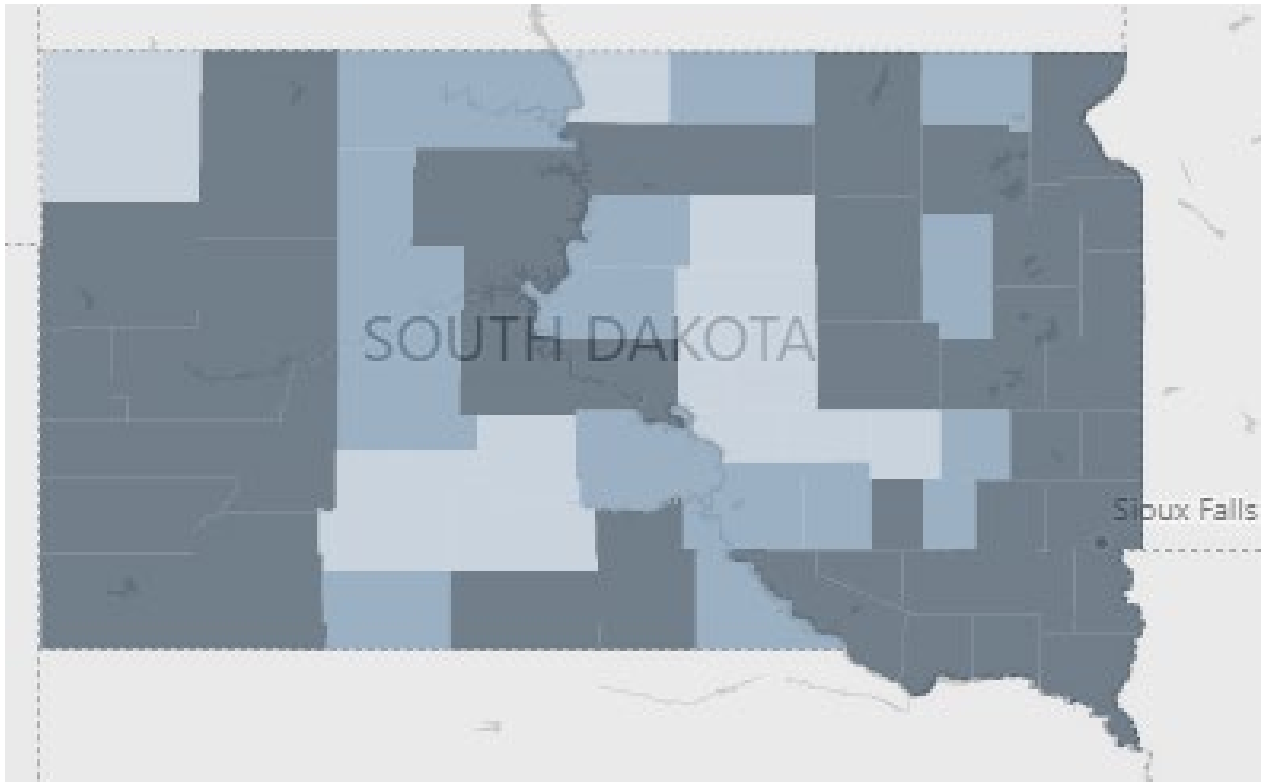
As of January 6, 2021

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID-19 Case Map, by County



As of January 6, 2021

Substantial Community Spread

Beadle	Fall River	Perkins
Bon Homme	Grant	Roberts
Brookings	Hamlin	Spink
Brown	Hughes	Stanley*
Butte	Hutchinson	Todd
Charles Mix	Kingsbury	Tripp
Clay	Lake	Turner
Codington	Lawrence	Union
Custer	Lincoln	Walworth
Davison	McCook	Yankton
Day	Meade	
Deuel	Minnehaha	
Dewey	Moody	
Douglas	Oglala Lakota	
Edmunds	Pennington	

Not intended for press or for reporting purposes.

General Testing Recommendations

Medical providers are recommended to test individuals with signs and symptoms compatible with COVID-19 infection, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

As of June 18, 2020

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Reporting COVID-19 Tests to SD-DOH

- **Reminder:** Coronavirus respiratory syndromes are a Category I disease
- Report ***immediately*** on suspicion of disease
- Reporting mechanisms:
 - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
 - Flat file (CSV) – Secure email
 - Disease reporting website – sd.gov/diseasereport
 - Fax – 605.773.5509

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Implications of Shortened Quarantine Among Household Contacts of Index Patients with Confirmed SARS-CoV-2 Infection – Tennessee and Wisconsin, April–September 2020

TABLE. Cumulative frequency and conditional probability of SARS-CoV-2 detection or symptoms over time among household contacts who received positive SARS-CoV-2 test results or developed symptoms — Tennessee and Wisconsin, April–September 2020

	No. of days from index patient's illness onset	No. of household contacts (% of total)			Conditional probability of remaining asymptomatic with negative test results until day 14 % (95% CI)*
		SARS-CoV-2 detected n = 109	Symptomatic n = 122	Symptomatic or SARS-CoV-2 detected n = 145	
Main analysis All households and all household contacts included [†]	5	68 (62)	101 (83)	119 (82)	71 (57–81)
	7	83 (76)	110 (90)	130 (90)	81 (67–90)
	10	94 (86)	116 (95)	138 (95)	93 (78–98)
	14	104 (95)	121 (99)	141 (97)	—

<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm695152a1-H.pdf>

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID-19 Cases, Hospitalizations, and Deaths Among American Indian and Alaska Native Persons — South Dakota, as of January 4, 2021

	Cases			Hospitalizations			Deaths		
	Native American	White	Rate/100,000 by Age Group	Native American	White	Rate/100,000 by Age Group	Native American	White	Rate/100,000 by Age Group
0-9y	860	2299	3154.77	16	22	38.49	0	0	0
10-19y	1851	7552	9451.66	49	35	77.66	0	0	0
20-29y	2458	12293	15745.49	101	141	251.46	3	0	3.42
30-39y	2454	10689	14736.31	149	176	338.67	9	3	11.41
40-49y	1766	10008	15232.31	184	231	509.38	15	8	28.24
50-59y	1453	10340	13451.64	215	485	752.25	31	35	72.89
60-69y	945	8927	10403.59	210	812	1047.58	49	115	168.88
70-79y	418	5011	9869.23	133	969	2003.70	54	234	528.91
80+y	151	4141	12145.08	61	1071	3239.74	30	774	2284.56

	Cases			Hospitalizations			Deaths		
	Native American	White	Rate/100,000 by Gender	Native American	White	Rate/100,000 by Gender	Native American	White	Rate/100,000 by Gender
Female	6761	38091	12112.07	606	1809	624.11	94	574	166.93
Male	5595	33169	10837.44	512	2133	673.97	97	595	173.92
Total	12356	71260		1118	3942		191	1169	
Rate/100,000 by Race	16816.147	9882.769		1521.5646	546.70045		259.945289	162.124	

https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a3.htm?s_cid=mm6949a3_x

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Selected CDC Updates

Available at: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

Updated Toolkits:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/tribal-communities.html>

<https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/older-adults-and-people-at-higher-risk.html>

<https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/colleges-and-universities.html>

US COVID-19 Cases Caused by Variants: <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>

Vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Laboratory Guidance

Not intended for press or for reporting purposes.



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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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

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SOUTH DAKOTA DEPARTMENT OF HEALTH

SARS-CoV-2 Antibody Testing

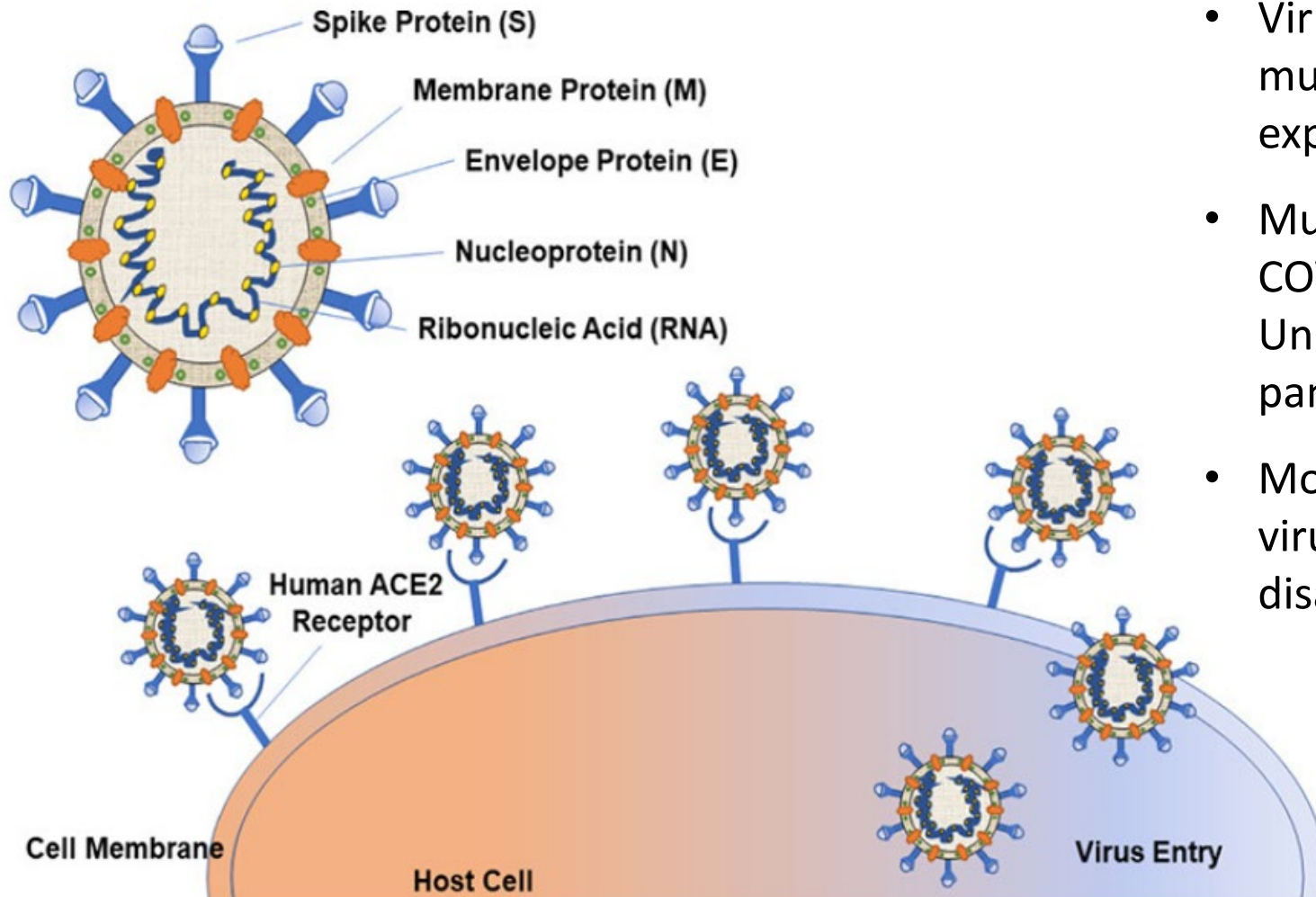
- Beginning January 11, 2021, SDPHL will provide SARS-CoV-2 antibody testing. SDPHL will offer separate tests for IgM and IgG. Details are as follows:
 - Acceptable Specimen Types: Serum or plasma
 - Required Specimen Volume: Minimum 1.5 ml
 - Test Results: Positive; Negative
 - Turn-Around Time: 48-72 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](#).

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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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SOUTH DAKOTA DEPARTMENT OF HEALTH

Long Term Care

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Disease Impact – United States

as of 12.20.20

Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

471,953

TOTAL RESIDENT COVID-19 DEATHS

92,373

TOTAL STAFF COVID-19 CONFIRMED CASES

402,956

TOTAL STAFF COVID-19 DEATHS

1,268

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- **Current Total of LTC Facilities with Case – 68***
- **Cumulative Total LTC Facilities with Case – 211**
- **Cumulative Total Resident Active Cases – 314***
- **Cumulative Total Resident Cases – 3,133**
- **Cumulative Total Resident Deaths – 713**
- **Total Active Cases in Staff – 135***
- **Cumulative Total Case in Staff – 1,147**
- **Cumulative Total Staff Hospitalized – 29**

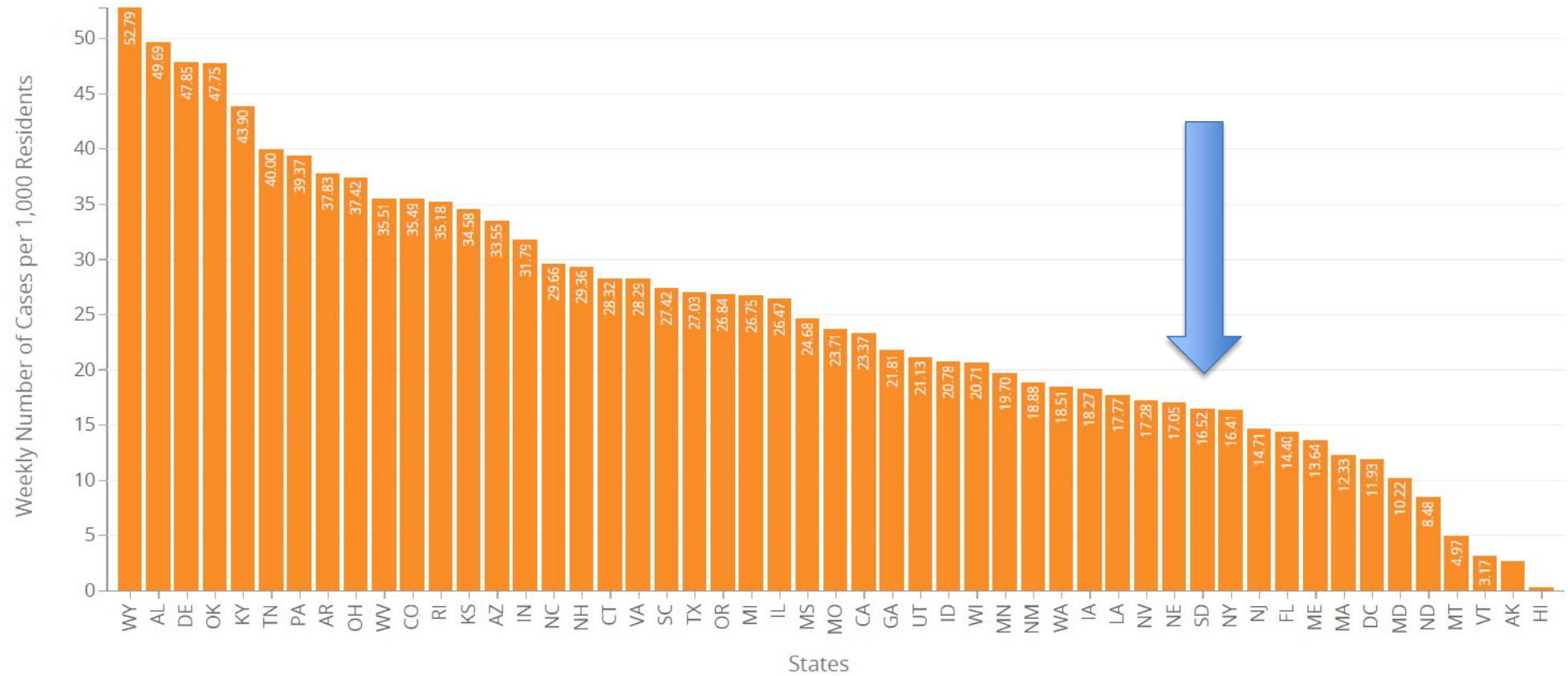
**self-reported by touch-base calls as of 1.5.2021 - all data is provisional*

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Weekly Resident Cases per 1,000 Residents

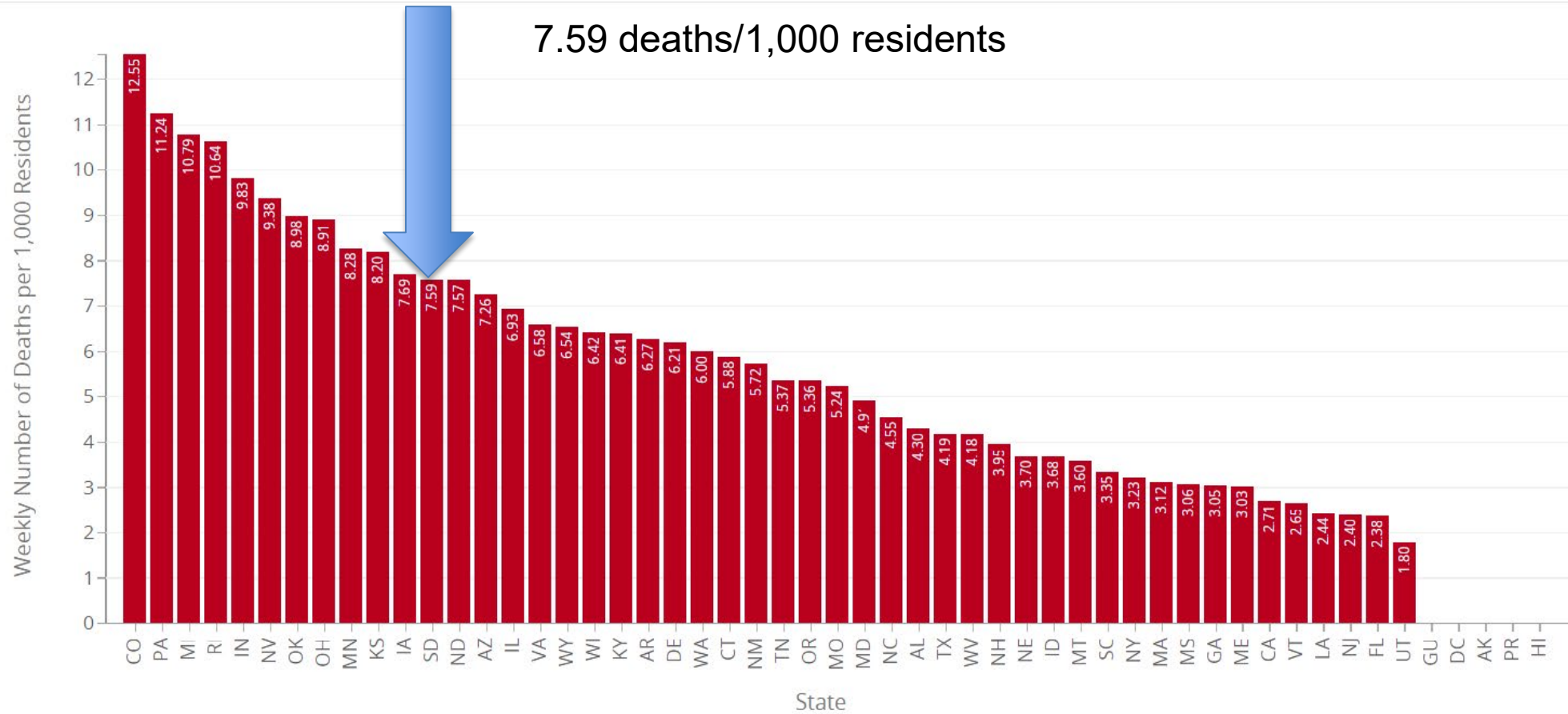


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SOUTH DAKOTA DEPARTMENT OF HEALTH

Weekly Resident Deaths per 1,000 Residents

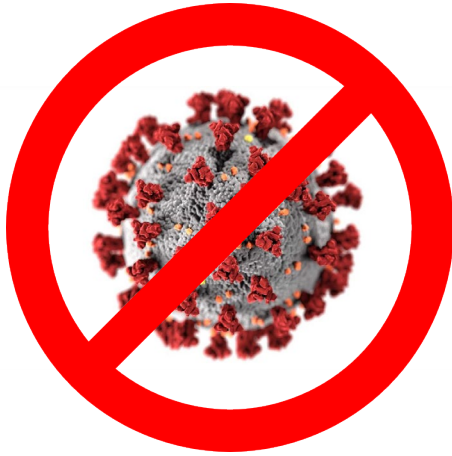



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SOUTH DAKOTA DEPARTMENT OF HEALTH


We must all remain vigilant.






PERSONAL PREVENTIVE MEASURES

Diligently practicing hand hygiene, respiratory etiquette, and physical distancing whenever possible at work, at home and in the community.




BUILDING CLEANING AND BARRIERS

Removing the sources of exposure as much as possible, by means such as environmental cleaning and physical barriers.



MODIFIED POLICIES, PROCEDURES AND PRACTICES

Containing and adjusting the movement of employees to minimize exposure to the virus, while taking into consideration functional and operational requirement and capacity, to support physical distancing.



PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is the last line of defence when all other measures are not practical, inadequate or exhausted. The use of PPE to prevent exposure should follow the Public Health Agency of Canada's public health guidance and Health Canada's Public Service Occupational Health Program advisories.

Not intended for press or for reporting purposes.

The Core Principles of COVID-19 Infection Prevention

The Core Principles of COVID-19 Infection Prevention

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose)
- **Social distancing** at least six feet between persons
- **Instructional signage** throughout the facility and proper **visitor education** on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- **Cleaning and disinfecting** high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of **Personal Protective Equipment (PPE)**
- **Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- **Resident and staff testing** are accessible

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Vaccination Update

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SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Received

Pfizer	Pfizer	Moderna	Pfizer	Moderna	Pfizer 2 nd	Pfizer	Pfizer 2 nd	Totals
12/13/2020	12/20/2020	12/20/2020	12/27/2020	12/27/2020	12/27/2020	01/03/2021	01/03/2021	
7,800	5,850	14,600	6,825	5,100	7,800	5,100	975	59,900

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Weekly Vaccine Allocation Cadence through the middle of January

Pfizer – 5,850

Moderna – 5,100

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Total Doses Distributed

17,020,575

Total Number of People Initiating Vaccination
(1st Dose Received)

4,836,469

CDC | Updated: Jan 05 2021 As of 9:00am ET

View:

- ☒ People Initiating Vaccination (1st dose received)
- ☐ Distributed

Metric:

- ☐ Count
- ☒ Rate per 100,000

Total Number of People Initiating Vaccination (1st Dose Received) Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000

Federal Pharmacy Partnership for Long-Term Care Program (Subset of Overall Numbers)

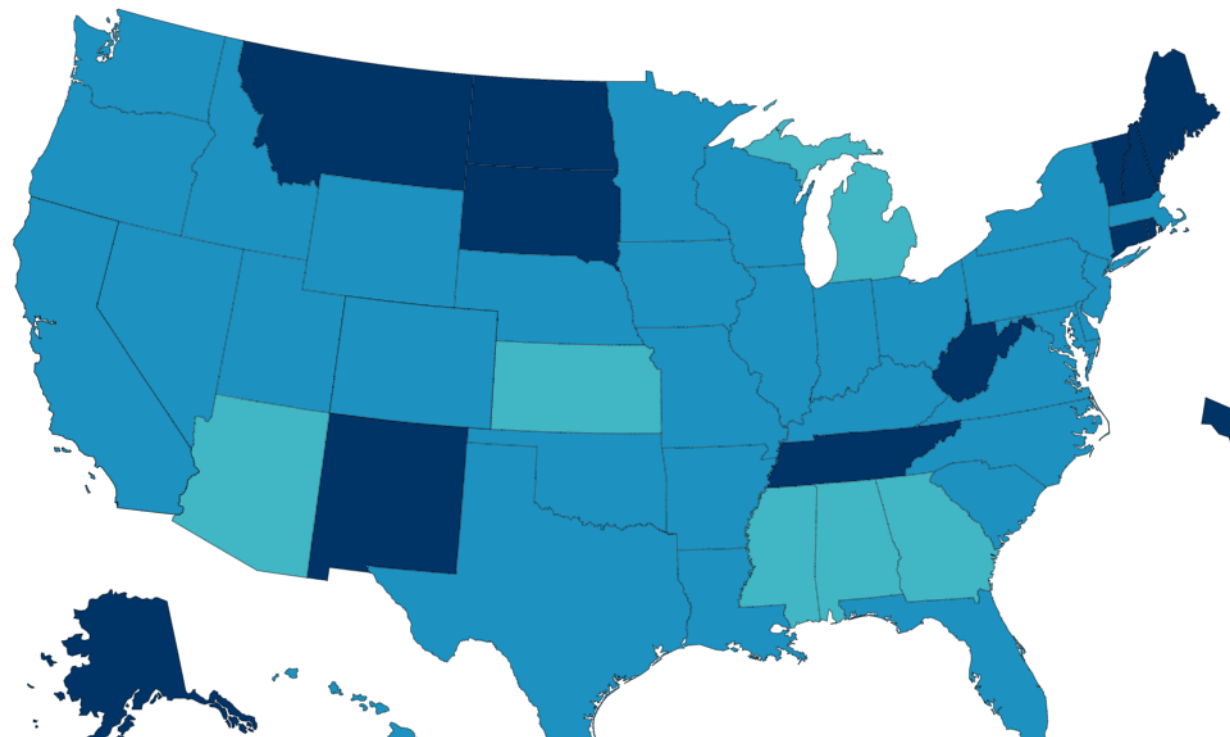
Doses Distributed for Use in Long-Term Care
Facilities

3,260,775

Number of People Initiating Vaccination (1st
Dose Received) in Long-Term Care Facilities

429,066

CDC | Updated: Jan 05 2021 As of 9:00am ET



<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

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Bonus Doses

Pfizer vaccine typically yields 1 or 2 extra doses

Moderna vaccine may yield 1 or 2 extra doses

DO NOT POOL VACCINE FROM MULTIPLE VIALS

FDA: We have been following the discussions and news reports about reducing the number of doses, extending the length of time between doses, changing the dose (half-dose), or mixing and matching vaccines in order to immunize more people against COVID-19. These are all reasonable questions to consider and evaluate in clinical trials. However, at this time, suggesting changes to the FDA-authorized dosing or schedules of these vaccines is premature and not rooted solidly in the available evidence. Without appropriate data supporting such changes in vaccine administration, we run a significant risk of placing public health at risk, undermining the historic vaccination efforts to protect the population from COVID-19

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Priority groups

https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution_Phase1.pdf

1A	19,265	18,278 Vaccinated
1B	10,867	824 Vaccinated-not including CVS/Walgreens
1C	49,642	4,637 Vaccinated
1D	265,561	
1E	227,448	

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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 <u>critical infrastructure</u>					
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.sd.gov

AS OF 01-06-21



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South Dakota Immunization Information System (SDIIS)

South Dakota Immunization Information System (SDIIS) System User Access Account Application

Please complete this form to request a user account for each staff member who has access to the SDIIS. Upon completion and return of this form, a USER ID and temporary PASSWORD will be assigned. Once the credentials have been assigned, users will be REQUIRED to change their password after they log in for the first time. **PLEASE DO NOT SHARE PASSWORDS AND USER ACCOUNTS.** If you have questions, please contact Brett Oakland at (605) 367-4902 or Radhi Saripalli at (605) 773-7473. Retain a copy of this form in your files and email the completed form to brett.oakland@state.sd.us or fax to (605) 367-5357.

SDIIS System User Access Account Information	
VFC PIN: _____	User's Phone Number: (____) _____ Ext. _____
Name of Clinic/Facility: _____	
Clinic/Facility Address: _____	
Individual Email Address: _____ (Shared email accounts are not acceptable)	
First Name: _____	Last Name: _____
(List your name as you'd like to see it displayed in the Immunization Information System)	
Access required:	
<input type="checkbox"/> View only - view and print record, but cannot add immunizations or edit record	
<input type="checkbox"/> Full Access - enter immunizations and edit patient records, but no access to inventory	
<input type="checkbox"/> Inventory Management - enter immunizations, edit patient records, access to facility inventory	
Does user float between clinic sites? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a separate application must be completed for each clinic)	
<input type="checkbox"/> New User	<input type="checkbox"/> Existing User

Password: Passwords must be AT LEAST 6 characters and should be a combination of letters (must be lower case), numbers and a special character.

Phone Number: Please make sure to enter your phone number, either a direct number to you or a clinic main number. If you have an extension, please include on the form. Please print or type clearly and fax this form to (605) 367-5357. When the form has been returned, we will email or call you with your USER ID and a temporary PASSWORD. It is very important that you DO NOT change your USER ID once it has been assigned.

• Reminders

- SDIIS Trainings, included on education webpage:
<https://doh.sd.gov/COVID/Vaccine/Providers.aspx>
- Staff should be trained in the Immunization Information System (IIS) for the tasks they will perform. The following trainings are available for new users and serve as a review for skilled users. Data Entry staff, whether vaccinators or ancillary staff, should view, at minimum, Trainings 1, 2, and 3. Staff tasked with Data Entry and Inventory Management, e.g. Vaccine Coordinators, should view all SDIIS trainings.
- User Application (at left) – submit now for anticipate users in later phases
 - Login and Settings (updated 12/02/20)
 - Search for Patients and Edit Information (updated 12/28/20)
 - Give Vaccine (updated 12/21/20)
 - Ordering and Receiving (updated 12/21/20)
 - Inventory Management (updated 12/28/20)
 - Vaccine Transfer

Reporting Pandemic Priority Groups to Qualtrics

PRIORITY GROUP(S)

COVID-19-MOD
Dose #1

Please specify the priority group(s) applicable to this vaccination.

- ☐ Frontline HCW (ED/ICU/COVID U)
- ☐ LTC Health Workers
- ☐ LTC Residents(NH/Asslt.Living)
- ☐ Priority 1c
- ☐ Priority 1d
- ☐ Priority 1e

UPDATE

CANCEL

- ***Pandemic Population Groups***

- A **PRIORITY GROUP(S)** screen will appear
- Select the box of population group that best defines the recipient
- Click **UPDATE**
- Vaccine recipient may belong to multiple population groups. **Please only choose the one highest priority option.**
- **HL7 INTERFACE**
- NOTE: You will need to report aggregate data daily to Qualtrics.
- You may also choose to manually update interfaced records.
- **FIRST DOSE ONLY:** Priority Groups must be counted every day and reported to the **Daily Qualtrics Survey** found here:
https://dohsd.sjc1.qualtrics.com/jfe/form/SV_5AN1S7ekyyQPovH.
All groups must report by first thing the following day.
- **SECOND DOSE:** Priority Groups **WILL NOT BE** reported to the **Daily Qualtrics Survey**.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Updates

- New CDC audio webinar by Clinician Outreach and Community Activities (COCA)
- New, COVID-19 Allergic Reactions
Contraindications and Precautions –
- Alternatives to Deltoid muscle vaccination site- no information from Manufacturers

Not intended for press or for reporting purposes.



SOUTH DAKOTA DEPARTMENT OF HEALTH

Pfizer-BioNTech

- Training: <https://www.cvdvaccine.com/>
 - New training dates January 4th-January 15th
 - No combining of multiple vials to make a dose

For Pfizer and Moderna 2nd dose

- Pfizer: 21 days
- Moderna: 28 days
- **Highly encouraged to follow these dates**
- If absolutely necessary, you may count the dose as valid if given up to 4 days before the second dose is due. We follow ACIP guidelines. Manufacturers may differ.

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Moderna Updates

New Training

- **Moderna COVID-19 Vaccine Webinar Dates:**
- **January 14 at 11:00 AM EST**
EST: https://ashfieldmeetings.zoom.us/webinar/register/WN_2pN_0snbTjCCbP7npLdUjA

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Vaccine Finder

- Registration Onboarding from:
- vaccinefinder@auth.castlighthealth.com
- Check SPAM / junk mail folder for VF registration email
- If you are receiving vaccines *within the next 2 weeks* or have received vaccine and have **not** received a registration email, please contact eocevent522@cdc.gov. or contact me

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Vaccine Finder

Provider registration email: When a provider is placed on list for onboarding initial VF registration email will go to organizational contact listed in **Section A** of the Provider Agreement that was previously filed with your jurisdiction.

- Please note that approval to receive vaccine by a state system does not automatically place a provider in the queue for onboarding to VaccineFinder.
- They are only automatically onboarding providers that order through VTrckS. So, any provider getting re-distributed vaccine will need to be sent to us.

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Infection Prevention

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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](#)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>

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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

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>

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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?	+

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



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Community Mitigation

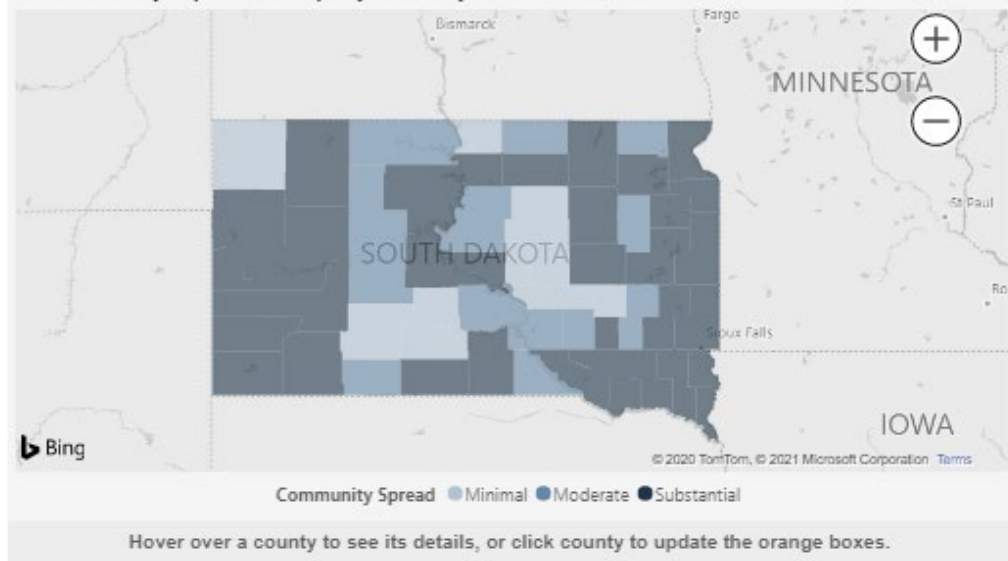
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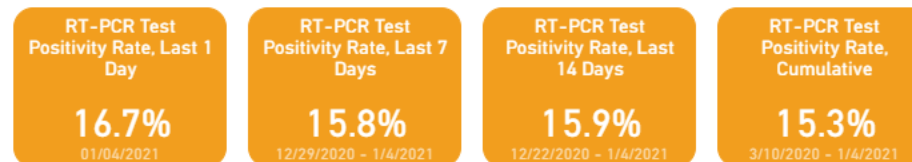
Community Spread Map by County of Residence



Dashboard

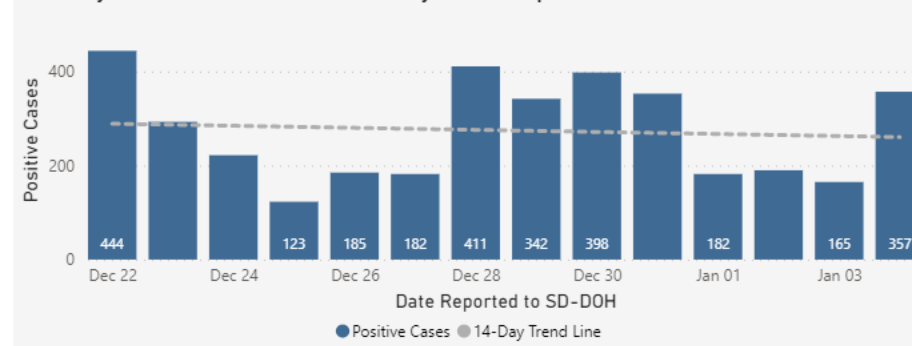
County

All



RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time. Date range includes last full day (24 hours) captured in the data set.

14-Day Trend of Positive Cases by Date Reported to SD-DOH



14-Day Trend of Positive Cases by Date Reported to SD-DOH: This graph shows the trend (increasing or decreasing) of COVID-19 positive cases (persons who meet the national surveillance case definition for COVID-19) at the state or county level.



Supply Chain Management

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PPE Request Procedure

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.



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On-going Communication

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Helpful sources of information:

covid.sd.gov

coronavirus.gov

- **SD COVID-19 Help Line: 800-997-2880**

SOUTH DAKOTA
COVID-19 INFORMATION LINE
Questions about COVID-19? We're here to help.
PLEASE CALL **1-800-997-2880**



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Communications

- SD-HAN: sdhan.sd.gov
- [Epi Listserv](#)
- [Lab Listserv](#)
- [HAI Listserv](#)
- [OLC Listserv](#)

Visit **covid.sd.gov** to subscribe

SOUTH DAKOTA
COVID-19 INFORMATION LINE
Questions about COVID-19? We're here to help.
PLEASE CALL **1-800-997-2880**



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Questions?

Follow-up after the webinar

COVID Helpline: 800-997-2880

Epidemiology: 605-773-3737

Laboratory: 605-773-3368

COVID.sd.gov

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