2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

January 13, 2022

We will begin in just a few moments. Thanks!

Not intended for press or for reporting purposes.
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 12, 2022. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://COVID.sd.gov)
Agenda

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

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Coronavirus Situation

- **International**
  - 308,458,509 confirmed cases
    - 5,492,595 deaths
- **United States** (50 states + DC)
  - 59,848,136 confirmed cases
    - 831,548 deaths
- **South Dakota**
  - 195,204 confirmed and probable cases
    - 2,528 deaths
    - 172,201 recovered cases

As of January 12, 2022

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

As of January 12th, 2022

Not intended for press or for reporting purposes.
### COVID-19 Case Map, by County

As of January 12th, 2022

Not intended for press or for reporting purposes.

<table>
<thead>
<tr>
<th>Community Spread</th>
<th>Number of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>0</td>
</tr>
<tr>
<td>Substantial</td>
<td>0</td>
</tr>
<tr>
<td>High</td>
<td>66</td>
</tr>
</tbody>
</table>
General Testing Recommendations

Medical providers are recommended to test individuals (1) identified as a close contact to a person with COVID-19 or (2) 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


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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](http://sd.gov/diseasereport)
    • **Ensure patient phone numbers are included**
  • Fax – 605.773.5509

*Not intended for press or for reporting purposes.*
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases (%)</th>
<th>Hospitalizations (%)</th>
<th>Deaths (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9y</td>
<td>6.21%</td>
<td>1.09%</td>
<td>0.04%</td>
</tr>
<tr>
<td>10-19y</td>
<td>12.08%</td>
<td>1.30%</td>
<td>0.00%</td>
</tr>
<tr>
<td>20-29y</td>
<td>17.61%</td>
<td>4.84%</td>
<td>0.43%</td>
</tr>
<tr>
<td>30-39y</td>
<td>16.97%</td>
<td>7.15%</td>
<td>1.70%</td>
</tr>
<tr>
<td>40-49y</td>
<td>14.05%</td>
<td>9.01%</td>
<td>2.69%</td>
</tr>
<tr>
<td>50-59y</td>
<td>13.04%</td>
<td>14.25%</td>
<td>7.39%</td>
</tr>
<tr>
<td>60-69y</td>
<td>10.81%</td>
<td>20.78%</td>
<td>15.40%</td>
</tr>
<tr>
<td>70-79y</td>
<td>5.58%</td>
<td>21.42%</td>
<td>23.06%</td>
</tr>
<tr>
<td>80+y</td>
<td>3.64%</td>
<td>20.17%</td>
<td>49.29%</td>
</tr>
</tbody>
</table>

As of January 11, 2022

Not intended for press or for reporting purposes.
Cases, Hospitalizations, and Deaths by Age Group
Omicron Variant – December 2021-January* 2022

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9y</td>
<td>8.25%</td>
<td>2.22%</td>
<td>0.00%</td>
</tr>
<tr>
<td>10-19y</td>
<td>11.32%</td>
<td>1.78%</td>
<td>0.00%</td>
</tr>
<tr>
<td>20-29y</td>
<td>20.73%</td>
<td>5.62%</td>
<td>0.00%</td>
</tr>
<tr>
<td>30-39y</td>
<td>18.82%</td>
<td>7.84%</td>
<td>3.95%</td>
</tr>
<tr>
<td>40-49y</td>
<td>14.44%</td>
<td>7.84%</td>
<td>6.58%</td>
</tr>
<tr>
<td>50-59y</td>
<td>11.52%</td>
<td>14.94%</td>
<td>9.21%</td>
</tr>
<tr>
<td>60-69y</td>
<td>8.85%</td>
<td>23.08%</td>
<td>26.32%</td>
</tr>
<tr>
<td>70-79y</td>
<td>4.03%</td>
<td>19.38%</td>
<td>23.68%</td>
</tr>
<tr>
<td>80+y</td>
<td>2.05%</td>
<td>17.31%</td>
<td>30.26%</td>
</tr>
</tbody>
</table>

Pct of Cases (distribution of cases across age groups)
Pct Hospitalized (of cases within age groups)
Pct Died (of cases within age groups)

*As of January 11, 2022

Not intended for press or for reporting purposes.
# Breakthrough, Variant, and Reinfection Cases

**Breakthrough Cases**

<table>
<thead>
<tr>
<th></th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>12,022</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>596</td>
</tr>
<tr>
<td>Died</td>
<td>142</td>
</tr>
</tbody>
</table>

**Variant Cases**

<table>
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<tr>
<th></th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1,255</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>74</td>
</tr>
<tr>
<td>Died</td>
<td>17</td>
</tr>
</tbody>
</table>

**Reinfection**

<table>
<thead>
<tr>
<th></th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>4,176</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>90</td>
</tr>
<tr>
<td>Died</td>
<td>18</td>
</tr>
</tbody>
</table>


As of January 12th, 2022
If you test positive for COVID-19
• Stay home for 5 days and isolate from others in the home.
• End isolation after 5 full days if you were asymptomatic OR have been fever-free for 24 hours and have shown symptom improvement
• From days 6 to 10, wear a well-fitted mask around others, both at home and in public
• Avoid travel and being around high-risk people

If you were exposed to COVID-19

<table>
<thead>
<tr>
<th>Up-to-date* with COVID-19 vaccine or positive for COVID-19 in past 90 days</th>
<th>Not vaccinated or not up-to-date* with COVID-19 vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>• You do not need to quarantine</td>
<td>• Stay home and quarantine for 5 days</td>
</tr>
</tbody>
</table>

Regardless of Vaccination Status
• Monitor for symptoms; isolate and get tested if they develop
• Get tested at least 5 days after your last exposure, regardless of symptom onset
• Wear a well-fitted mask for 10 full days when around others
• Avoid travel and being around high-risk people

*Up-to-date:
• Have been boosted
• Completed primary series Pfizer or Moderna vaccine within the last 6 months
• Complete the primary series of Janssen vaccine with the last 2 months

Update on the Omicron Variant and Vaccine Effectiveness

Pfizer mRNA vaccine effectiveness (VE) against infections with Delta and Omicron variants, United Kingdom

- Increased waning immunity for Omicron vs Delta—35% vs 64% at 25+ weeks
- 76% VE against Omicron 2 weeks after 3rd dose (93% for Delta)

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-12-16/06-COVID-Scobie-508.pdf

Not intended for press or for reporting purposes.

FIGURE 2. Frequency of risk factors in persons with COVID-19 after completion of a primary vaccination series, by outcome*; † — 465 health care facilities, United States, December 2020–October 2021

https://www.cdc.gov/mmwr/volumes/71/wr/mm7101a4.htm

Not intended for press or for reporting purposes.
### Benefits and risks after COVID-19 vaccine, by age group & sex

For every million doses of vaccine given with US exposure risk and hospitalization rates from June 19, 2021

<table>
<thead>
<tr>
<th>Age</th>
<th>Janssen COVID-19 vaccine</th>
<th>mRNA COVID-19 vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevented COVID-19 Outcomes</td>
<td>GBS Cases</td>
</tr>
<tr>
<td></td>
<td>Hospitalization</td>
<td>ICU</td>
</tr>
<tr>
<td>18-29 years</td>
<td>700</td>
<td>50</td>
</tr>
<tr>
<td>30-49 years</td>
<td>900</td>
<td>140</td>
</tr>
<tr>
<td>50-64 years</td>
<td>1600</td>
<td>350</td>
</tr>
<tr>
<td>65+ years</td>
<td>5,900</td>
<td>1250</td>
</tr>
<tr>
<td><strong>MALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29 years</td>
<td>300</td>
<td>60</td>
</tr>
<tr>
<td>30-49 years</td>
<td>650</td>
<td>150</td>
</tr>
<tr>
<td>50-64 years</td>
<td>1,800</td>
<td>480</td>
</tr>
<tr>
<td>65+ years</td>
<td>11,800</td>
<td>3300</td>
</tr>
</tbody>
</table>
COVID-19 Vaccine Safety in Children Aged 5–11 Years — United States, November 3–December 19, 2021

8.7 million* COVID-19 vaccinations have been given to children ages 5-11 years old

Health check-ins to v-safe completed for over 42,000 children after vaccination†

Side effects were common but mild and brief§
- Pain where shot was given
- Fatigue
- Headache

Mild side effects are a normal sign the body is building protection

Few myocarditis cases have been reported

Vaccination is the best way to protect children from COVID-19 complications

* As of December 18, 2021
† V-safe, a voluntary smartphone vaccine safety monitoring system
§ After the 2nd dose, about 2/3 children had a local reaction such as arm pain; 1/3 had a reaction beyond the injection site

https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a1.htm?s_cid=mm705152a1_w

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A recommendation from a health care provider helps to increase COVID-19 vaccination

Recommendations were associated with more vaccination among adults, including...

- younger adults
- some racial and ethnic minorities
- those living in rural areas
- those who did not have school or work requirements

Talk to your patients about getting vaccinated

bit.ly/mm7050a1
Selected CDC Updates

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

COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#datatracker-home


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COVID-19 Tests Reported to SDDOH by Month

Diagnostic Tests Reported to SDDOH

- Mar-20
- Apr-20
- May-20
- Jun-20
- Jul-20
- Aug-20
- Sep-20
- Oct-20
- Nov-20
- Dec-20
- Jan-21
- Feb-21
- Mar-21
- Apr-21
- May-21
- Jun-21
- Jul-21
- Aug-21
- Sep-21
- Oct-21
- Nov-21
- Dec-21
- Jan-22

Partial Month
SARS-CoV-2 Genomic Surveillance

- Monthly submission goal = **400** specimens
- SDPHL asks that laboratories send the following SARS-CoV-2-positive specimens each week:
  - Rural clinics, FQHCs, etc: **5**
  - Indian Health Services and tribal clinics: **5**
  - Critical access hospital laboratories: **10**
  - Higher-education partners: **10**
  - Large hospital laboratory partners: **25**
  - Reference laboratory partners: **25**
- Nasal or nasopharyngeal swab specimens should be submitted in viral transport medium, sterile saline or sterile PBS within 72 hours of collection.
On Friday, January 7, 2022, SDDOH purchased one million ACON Flowflex COVID-19 Antigen Home tests for distribution throughout South Dakota.

Kits are being made available due to the overwhelming market shortage of at-home antigen test kits across the country.

Flowflex kits will be made available to South Dakotans beginning this weekend through more than 30 distribution programs.

Most notable to DOH healthcare partners, Flowflex kits will be made available to hospitals, long-term care facilities, and other healthcare providers in South Dakota.
Q: **What is the ACON Flowflex COVID-19 At-Home Test?**  
A: Flowflex is a FDA EUA approved over-the-counter/at-home COVID-19 antigen test that can be used for testing of symptomatic or asymptomatic individuals. There is one test per kit and 288 kits per case.

Q: **How will Flowflex tests be made available to my facility?**  
A: SDDOH will ship Flowflex kits directly to your facility or, if you are part of a larger healthcare system, SDDOH may ship kits to a central system facility for distribution within the system footprint.

Q: **How are these at-home tests meant to be used?**  
A: Flowflex kits provided by the SDDOH should be distributed to employees, patients and their families for use at-home.

Q: **Can my facility use these tests as a replacement for CLIA-Waived or other advanced COVID testing?**  
A: The intent of this opportunity is to get Flowflex kits into the hands of employees, patients and families for use at home. These kits are not meant to replace other in-facility COVID testing opportunities. Some facilities such as FQHCs, CHCs, and Rural Clinics will also receive federally allocated antigen tests which may have different recommendations for use.
Q: Will SDDOH provide any educational materials to accompany the test?
A: Each kit will contain all instructions needed to perform specimen collection and testing. Additional information will be available on the SDDOH website and can be accessed quickly using a QR code.

Q: Do Flowflex results need to be reported to the SDDOH?
A: No. SDDOH does not require reporting of results from at-home or OTC antigen tests. However, notifying your healthcare provider of a positive result will aid follow-up care if your symptoms worsen. Please follow directions provided with each Flowflex kit for next steps following testing.

Q: Will other testing resources provided by SDDOH be impacted by this campaign?
A: SDDOH will continue to provide antigen testing supplies as available. BinaxNOW kits are in extremely short supply. The Quidel QuickVue OTC supply chain is still strong and SDDOH is doubling its monthly purchase.

Q: How does my hospital request Flowflex tests?
A: SDPHL is contacting all hospitals in South Dakota to determine need. If you are a hospital and have not been contacted about this opportunity, please email Tim.Southern@state.sd.us for more information.
SDDOH Testing Resources

- For questions about DOH antigen testing support, please contact:
  - FQHC, CHC, Rural Clinics:  Kaitlin.Thomas@state.sd.us
  - Long-term Care:  Denise.Broadbent@state.sd.us
  - Healthcare:  Laurie.Gregg@state.sd.us
  - EMS:  Marty.Link@state.sd.us
  - Pharmacies:  Bob.Coolidge@state.sd.us
  - K-12 Schools:  Joe.Moran@state.sd.us
  - Higher Education:  Laurie.Gregg@state.sd.us
  - Childcare Providers:  Laura.Nordbye@state.sd.us
  - Businesses:  John.Osburn@state.sd.us
  - Confinement Facilities:  Staci@southdakotasheriffs.org

- Inquiries for Abbott BinaxNOW and ID NOW should be sent to:
  Dorothy.Ahten@abbott.com

- Inquiries for COVID-19 testing resources can also be sent to:
  Matt.VanDam@McKesson.com
SDDOH Testing in Support of Long-Term Care

- SDDOH continues to support testing in long-term care facilities.
- Due to the unprecedented shortage of Abbott BinaxNOW antigen test kits, SDDOH has recommended LTCF migrate outbreak testing to the commercial laboratory LabCorp.
- Use of LabCorp has been a standard of SDDOH support for outbreak testing in LTCF since late 2020.
- LabCorp testing in support of LTCF is paid by SDDOH using federal funds.
- SDDOH will continue to provide CLIA Waived point-of-care test kits as they become available. However, extreme shortages of Abbott BinaxNOW require that LTCF consider other CLIA Waived testing options including:
  - Quidel QuickVue COVID Antigen Test (25 tests/kit)
  - InBios COVID Antigen Test (50 tests/kit)
- SDDOH will purchase alternative products this week and will make those products available to LTCF as soon as possible
- If not already signed-up, LTCF may receive a federal allocation for antigen testing kit by emailing ARDxUSGovernmentSupport@abbott.com
At-Home Antigen Tests...To Confirm or Not to Confirm. That is the Question.

• When used appropriately and according to the manufacturer’s instructions for use, users of antigen test kits should have confidence in the antigen test and its result.

• Positive OTC antigen tests DO NOT require confirmatory testing. However, healthcare employers and other employers may decide to require confirmatory testing.

• This decision is based on policies of each facility.

• CDC guidance is available here: Managing Healthcare Personnel
COVID Therapy Updates
FDA **EUA-Approved** COVID-19 Therapies

- The following EUA-approved monoclonal antibodies therapies are only available by federal allocation.
  - Four mAb therapies are currently available:
    - REGEN-CoV (Regeneron)
    - Bamlanivimab/Etesevimab (Ely Lilly)
    - Sotrovimab (GlaxoSmithKline)
    - Evusheld (AstraZeneca)
  - Two oral antiviral therapies currently available:
    - Molnupiravir (Merck/Ridgeback)
    - Paxlovid (Pfizer)
CDC variant monitoring indicates the Omicron variant is now the cause of 98% of SARS-CoV-2 cases in the United States and 95% of cases in Health and Human Services Region 8, which includes South Dakota.

In vitro studies indicate that the monoclonal antibody therapies bamlanivimab/etesevimab (Ely Lilly) and casirivimab/imdevimab (Regeneron) have little to no clinical utility for the treatment of COVID-19 infections caused by the Omicron variant.

At this time, the South Dakota Department of Health recommends that healthcare providers no longer administer bamlanivimab/etesevimab and REGEN-CoV.
The monoclonal antibody therapy sotrovimab (GlaxoSmithKline) should continue to be used to treat COVID-19 infections caused by the Omicron variant since this treatment maintains efficacy.

Additional therapies to treat COVID-19 infections caused by the Omicron variant include the antiviral medications remdesivir (Gilead), molnupiravir (Ridgeback), and nirmatrelvir/ritonavir (Pfizer).

Please consult FDA documentation for all therapeutics that have received emergency use authorization as well as NIH COVID-19 treatment guidelines to ensure appropriate use.

The recent CDC Health Alert Network communication (CDC HAN 461: Therapeutics to Prevent and Treat COVID-19) is available at: https://emergency.cdc.gov/han/2021/han00461.asp.
Long Term Care
# Disease Impact & Vaccine Status in LTC – United States

Data reported by nursing homes to the CDC’s National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module. (as of 01.06.2022)

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By the numbers

<table>
<thead>
<tr>
<th>National Percent of Vaccinated Residents per Facility</th>
<th>87.3%</th>
</tr>
</thead>
</table>

| National Percent of Vaccinated Staff per Facility    | 79.7% |

<table>
<thead>
<tr>
<th>Total Resident COVID-19 Confirmed Cases</th>
<th>754,538</th>
</tr>
</thead>
</table>

| Total Resident COVID-19 Deaths                        | 142,327 |

<table>
<thead>
<tr>
<th>Total Staff COVID-19 Confirmed Cases</th>
<th>712,619</th>
</tr>
</thead>
</table>

| Total Staff COVID-19 Deaths                           | 2,259   |

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Long Term Care in South Dakota

Trending of COVID-19 Disease in Nursing Homes and Assisted Living Centers

- 917 Deaths in LTC residents
- 36% of deaths among people with COVID-19 (trending downward)

Data is provisional

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This call is not intended for the press or for reporting purposes.
Long Term Care in South Dakota

Providers must continue to follow the **Core Principles of Infection Prevention.**

- Screening (active). Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for **quarantine**, should not enter the facility.
- **Hand hygiene**
- **Face coverings**
- Instructional signage and education
- Cleaning and disinfecting
- **Appropriate PPE**. *Please note: Use of N-95 respirator’s require medical clearance, training, and fit-testing.*
- Cohorting residents
- Appropriate testing

**CMS Memos**

- [QSO-20-39-NH](#) (revised 11.12.21) - Visitation
- [QSO-21-19-NH](#) (revised 05.11.21) - Vaccination
- [QSO-20-38-NH](#) (revised 09.10.21) - Testing

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Long Term Care in South Dakota - Testing

• Current State test allocation constraints (BinaxNOW antigen test kits) and the high demand for testing - Short term

• Use of Commercial labs – LabCorp, Avera, Sanford, Monument

• Continue testing support in LTC – DOH funding testing

• Federal allocation

• Survey – document attempt to meet the requirements

• Outbreak testing recommendations (in general) – Stewardship of resources is important
  • Contact tracing vs broad based testing
  • Test day 2 (initial round) and then 5-7 day – additional testing if positive cases are identified – continue testing 3-7 days
  • 14-day outbreak period – discontinue

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Percent of Current Residents with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.

Choose to get vaccinated. Protect yourself, your family, and our residents.

Percent of Current Staff (Healthcare Personnel) with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.


This call is not intended for the press or for reporting purposes.
Who to Contact with COVID Related Questions

Diana Weiland, RN, Nursing Home Advisor - phone 605-995-8057 or email Diana.Weiland@state.sd.us

Jennifer Maeschen, RN, Assisted Living Center Advisor – phone 605-995-8147 or email Jennifer.Maeschen@state.sd.us

Jill Rudloff, RN, COVID LTC Touch Base Contact - phone 605-394-1668 or email Jill.Rudloff@state.sd.us

Elaine Hanley, RN COVID LTC Touch Base Contact – phone 605-773-3497 or email Elaine.Hanley@state.sd.us

This call is not intended for the press or for reporting purposes.
Vaccination Update
### Doses Administered

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Doses Administered</th>
<th>Total Persons Administered a Vaccine</th>
<th>Percent of State Population with at least 1 Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/08/2021</td>
<td>1,027,920</td>
<td>482,631</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>Janssen</td>
<td>32,669</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>1,596</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pfizer</td>
<td>21,926</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>167,656</td>
<td></td>
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<tr>
<td></td>
<td>Moderna</td>
<td>58,028</td>
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<tr>
<td></td>
<td>Pfizer</td>
<td>33,906</td>
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<tr>
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<td>Pfizer</td>
<td>234,418</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pfizer</td>
<td>75,423</td>
<td></td>
</tr>
</tbody>
</table>

### 01/12/2022

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Doses Administered</th>
<th>Total Persons Administered a Vaccine</th>
<th>Percent of State Population with at least 1 Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/12/2022</td>
<td>1,112,775</td>
<td>501,177</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>Janssen</td>
<td>33,817</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>2,308</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>23,955</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>169,644</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>79,241</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pfizer</td>
<td>34,076</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pfizer</td>
<td>245,588</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pfizer</td>
<td>101,234</td>
<td></td>
</tr>
</tbody>
</table>

*Not intended for press or for reporting purposes.*
COVID Vaccine coverage by age as of 01/11/2022

Not intended for press or for reporting purposes.
SD DOSES Ordered All Partners

Pfizer, 819,180
Moderna, 669,520
Janssen, 87,500
Pediatric Pfizer, 82,900

Not intended for press or for reporting purposes.
SD DOSES Ordered All Partners

<table>
<thead>
<tr>
<th></th>
<th>Federal Entity</th>
<th>Jurisdiction</th>
<th>Pharmacy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordered</td>
<td>203,600</td>
<td>926,850</td>
<td>528,650</td>
<td>1,659,100</td>
</tr>
<tr>
<td>Shipped</td>
<td>202,900</td>
<td>923,450</td>
<td>523,380</td>
<td>1,649,730</td>
</tr>
<tr>
<td>Delivered</td>
<td>201,760</td>
<td>920,140</td>
<td>514,340</td>
<td>1,636,240</td>
</tr>
</tbody>
</table>

Not intended for press or for reporting purposes.
Vaccine Preference

In most situations, Pfizer-BioNTech or Moderna COVID-19 vaccines are preferred over the J&J/Janssen COVID-19 vaccine for primary and booster vaccination due to the risk of serious adverse events. Vaccine recipients must be informed of the risks and benefits of J&J/Janssen COVID-19 vaccination. The J&J/Janssen COVID-19 vaccine may be considered in some situations, including for persons who:

• Had a severe reaction after an mRNA vaccine dose or who have a severe allergy to an ingredient of Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines).
• Would otherwise remain unvaccinated for COVID-19 due to limited access to Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines).
• Wants to get the J&J/Janssen COVID-19 vaccine despite the safety concerns.

Not intended for press or for reporting purposes.
## Booster Updates

<table>
<thead>
<tr>
<th>IF YOU RECEIVED</th>
<th>Who should get a booster:</th>
<th>When to get a booster:</th>
<th>Which booster can you get:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>Everyone 12 years and older</td>
<td>At least 5 months after completing your primary COVID-19 vaccination series</td>
<td>Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most situations. Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster</td>
</tr>
</tbody>
</table>
Booster Updates

**IF YOU RECEIVED Moderna**

**Who should get a booster:**
- Adults 18 years and older

**When to get a booster:**
- At least 5 months after completing your primary COVID-19 vaccination series

**Which booster can you get:**
- Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most situations
## Booster Updates

**If you received Johnson & Johnson’s Janssen*:**

**Who should get a booster:**
- Adults 18 years and older

**When to get a booster:**
- At least 2 months after receiving your J&J/Janssen COVID-19 vaccination

**Which booster can you get:**
- Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations

---

*Not intended for press or for reporting purposes.*
Who Can Receive a 3\textsuperscript{rd} dose for their primary series?

<table>
<thead>
<tr>
<th>Eligible For</th>
<th>IF YOU RECEIVED Pfizer-BioNTech</th>
<th>IF YOU RECEIVED Moderna</th>
<th>IF YOU RECEIVED Johnson &amp; Johnson's Janssen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Primary Shot</td>
<td>People age 5+ who are moderately or severely immunocompromised should get an additional primary shot of Pfizer-BioNTech COVID-19 vaccine Given 28 days after 2\textsuperscript{nd} shot</td>
<td>People age 18+ who are moderately or severely immunocompromised should get an additional primary shot of Moderna COVID-19 vaccine Given 28 days after 2\textsuperscript{nd} shot</td>
<td>No additional primary shot is recommended at this time</td>
</tr>
</tbody>
</table>
Who is moderately or severely immunocompromised?

People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

People should talk to their healthcare provider about their medical condition, and whether getting an additional primary shot is appropriate for them.
Infection Prevention
• Ensure that SARS-CoV-2 testing is performed with a test that is capable of detecting SARS-CoV-2, even with currently circulating variants in the United States.

• Updated recommendations regarding when HCP with SARS-CoV-2 infection could return to work.

• The definition of higher-risk exposure was updated to include use of a facemask (instead of a respirator) by HCP if the infected patient is not also wearing a facemask or cloth mask.

• Added options that would allow asymptomatic HCP with a higher-risk exposure who have not received all COVID-19 vaccine doses, including booster dose, as recommended by CDC to return to work prior to the previously recommended 14-day post-exposure period of work restriction, assuming they do not develop symptoms or test positive for SARS-CoV-2.

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boosted, Vaccinated, or Unvaccinated</td>
<td>10 days OR 7 days with negative test¹, if asymptomatic or mildly symptomatic (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)</td>
</tr>
</tbody>
</table>

### Work Restrictions for Asymptomatic HCP with Exposures

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boosted</td>
<td>No work restrictions, with negative test on days 2¹ and 5–7</td>
<td>No work restrictions</td>
<td>No work restrictions</td>
</tr>
<tr>
<td>Vaccinated or Unvaccinated, even if within 90 days of prior infection</td>
<td>10 days OR 7 days with negative test</td>
<td>No work restriction with negative tests on days 1¹, 2, 3, 5–7</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
</table>

¹Negative test result within 48 hours before returning to work

For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
Additional CDC guidance and clarification on new IPC measures forthcoming:

*On Thurs., Jan. 13 at 2pm* CDC will host a COCA Call to review the recently updated COVID-19 quarantine and isolation recommendations for healthcare and non-healthcare settings. During this COCA Call, presenters will discuss the science supporting these changes, the populations and settings to which these changes apply, and additional precautions people should take at the end of quarantine or isolation.

More information can be found below and here: [Webinar January 13, 2022 - Updates to CDC’s COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings](#)
NETEC COVID19 WEBINAR SERIES

NETEC COVID-19 Webinar:

Join us Friday, January 14th, at 1pm EST/12pm CST for the NETEC COVID-19 Webinar Series presentation, Respiratory Protection Program (RPP) for the Non-Acute Healthcare Providers.

Registration Required at this link:
https://unmc.zoom.us/webinar/register/WN_YU0gKrCrS-G_ciFzO_8q6g

This call is not intended for the press or for reporting purposes
South Dakota Project Firstline is LIVE!
Check Out the Website:
https://www.sdprojectfirstline.org

PROJECT FIRSTLINE TRAINING VIDEOS:

TIMELY: containing the most up-to-date information from the CDC!
SHORT: to fit into your busy schedule, each video is about 5 minutes.
EASY TO UNDERSTAND: perfect for you whether you have completed many trainings, or this is your first.
FREE: Simply sign in with your email at www.sdProjectFirstline.org to access the free videos.

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WE ARE PROJECT FIRSTLINE

SD PROJECT FIRSTLINE.
IT’S NOT JUST TRAINING. IT’S TRAINING THAT CAN SAVE LIVES.

CONTACT US

SIMPLE THINGS WE CAN ALL DO to break the chain of infection -- wash hands often, cover your cough, stay home if sick, clean frequently touched surfaces at home/office (cell phones, laptops, car). Doing these things helps to prevent ANY infectious disease, from COVID-19 to the flu to a cold.

CHERI FAST
Project Firstline Program Manager
Cheri.fast@sdfmc.org

CHARLOTTE HOFER
Project Firstline Communications Director
Charlotte.hofer@sdfmc.org

SOUTH DAKOTA PROJECT FIRSTLINE
www.SDProjectFirstline.org
@ProjectFirstlineSouth Dakota

This call is not intended for the press or for reporting purposes
Infection Control Questions? Contact Us:

Kipp Stahl kipp.stahl@state.sd.us
Leah Bomesberger leah.bomesberger@state.sd.us

Contact Leah if you would like to sign your facility up for an ICAR!
Community Mitigation
Community Spread Map by County of Residence

Confirmed and 14-Day Trend Line by Date Reported to SD-DOH

Deaths among people with COVID-19
Deaths among long-term care residents with COVID-19
Deaths among people with COVID-19 by Date of Death

Staffed Hospital Bed Capacity
Staffed Adult ICU Bed Capacity
Staffed Adult + Pediatric ICU Bed Capacity

SOUTH DAKOTA DEPARTMENT OF HEALTH
Supply Chain Management
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
Helpful sources of information:

covid.sd.gov

coronavirus.gov

• SD COVID-19 Help Line: 800-997-2880

Not intended for press or for reporting purposes.
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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