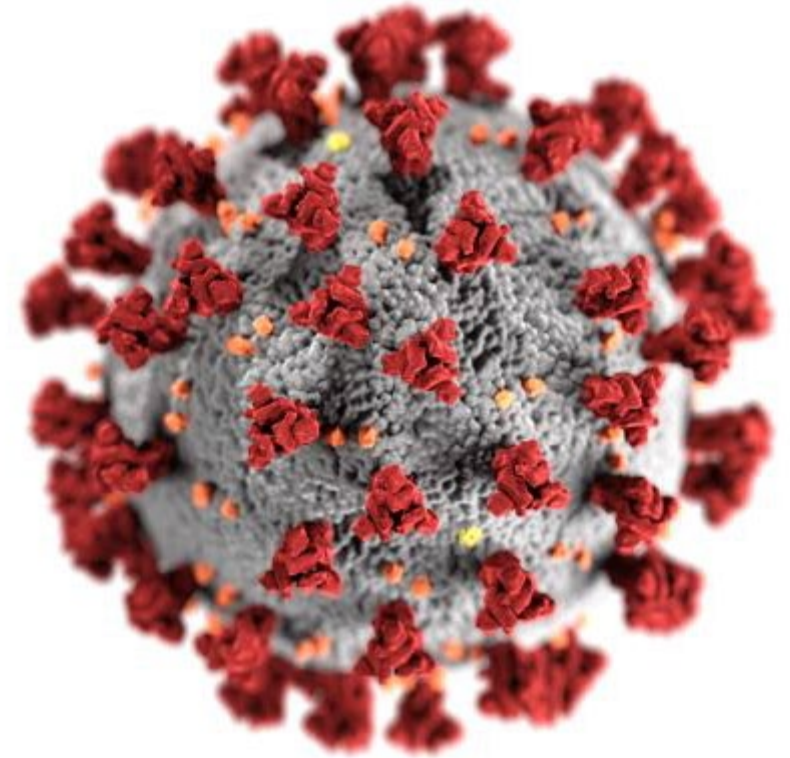


# 2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

January 21, 2021



**We will begin in just a few moments. Thanks!**



SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 20, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

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

*Not intended for press or for reporting purposes.*

# Agenda

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

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# Coronavirus Situation (as of January 20, 2021)

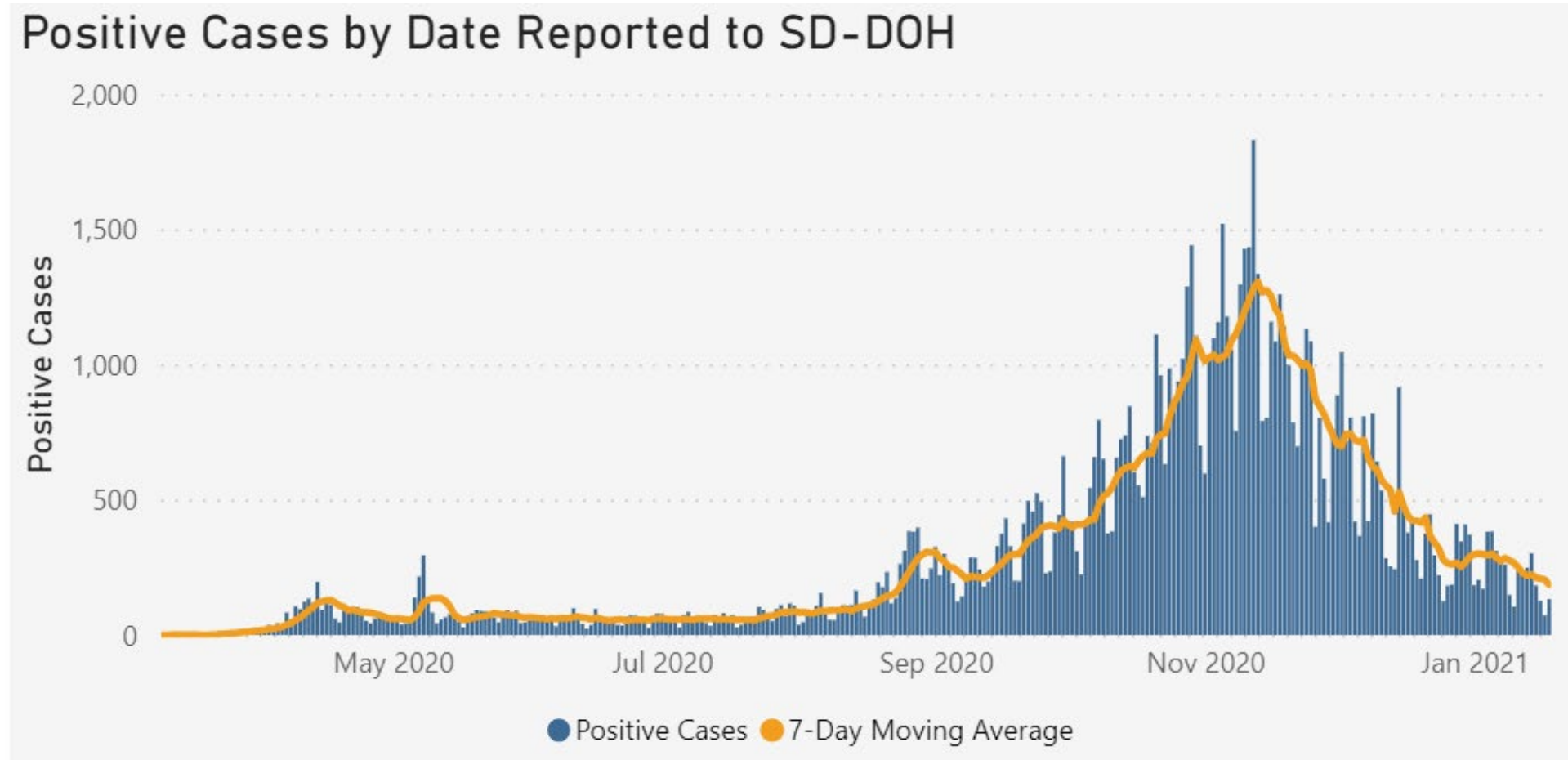
- [International](#)
  - 94,963,847 confirmed cases
  - 2,050,857 deaths
- [United States](#) (50 states + DC)
  - 24,135,690 confirmed cases
  - 400,306 deaths
- [South Dakota](#)
  - 106,063 confirmed and probable cases
  - 1,667 deaths
  - 100,293 recovered cases

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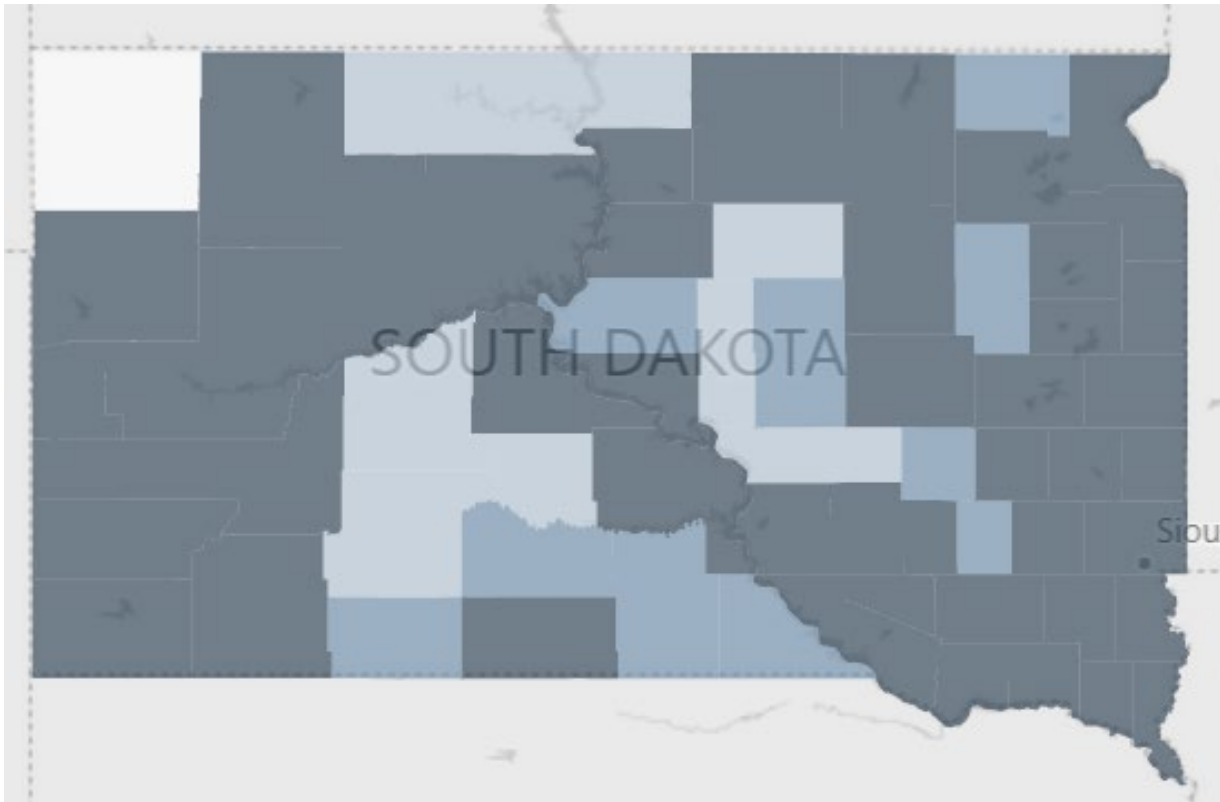
# Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH



As of January 20, 2021

*Not intended for press or for reporting purposes.*

# COVID-19 Case Map, by County



As of January 20, 2021

## Substantial Community Spread

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

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# 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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# 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](https://sd.gov/diseasereport)
  - Fax – 605.773.5509

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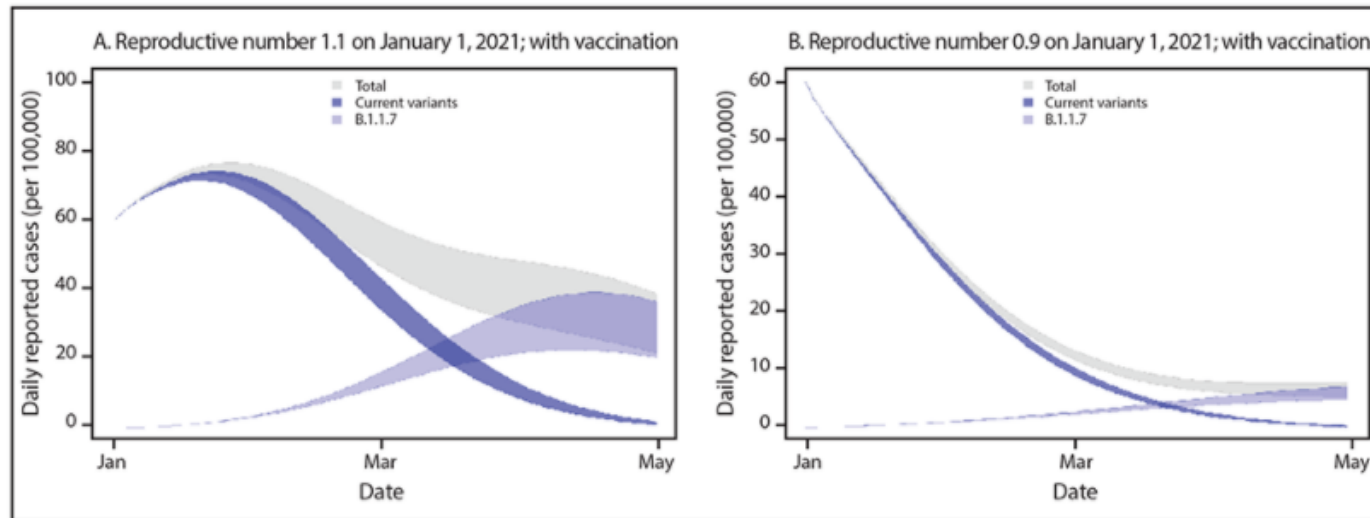


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# Emergence of SARS-CoV-2 B.1.1.7 Lineage — United States, December 29, 2020–January 12, 2021

**FIGURE 2. Simulated case incidence trajectories\* of current SARS-CoV-2 variants and the B.1.1.7 variant,† assuming community vaccination§ and initial  $R_t = 1.1$  (A) or initial  $R_t = 0.9$  (B) for current variants — United States, January–April 2021**



**Abbreviation:**  $R_t$  = time-varying reproductive number.

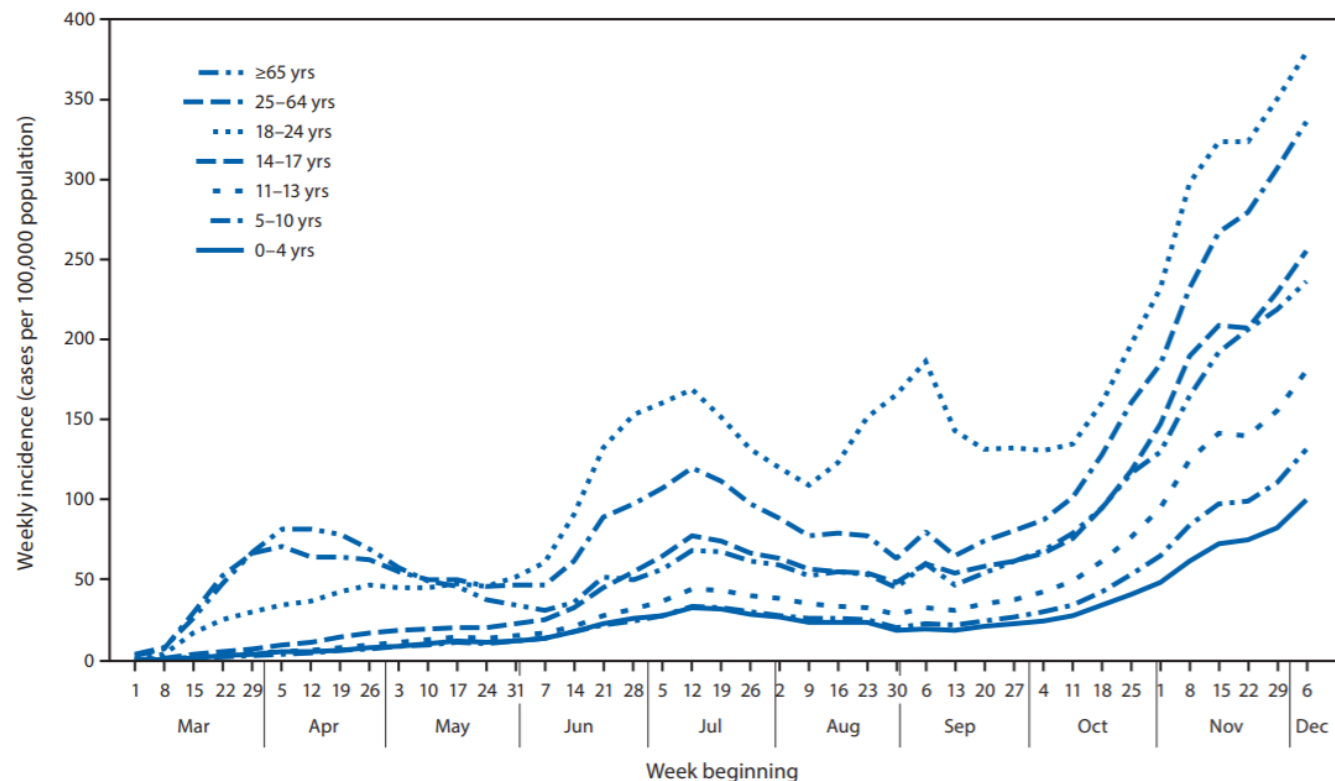
\* For all simulations, it was assumed that the reporting rate was 25% and that persons who were seropositive or infected within the simulation became immune. The simulation was initialized with 60 reported cases of SARS-CoV-2 infection per 100,000 persons (approximately 200,000 cases per day in the U.S. population) on January 1, 2021. Bands represent simulations with 10%–30% population-level immunity as of January 1, 2021.

† Initial B.1.1.7 prevalence is assumed to be 0.5% among all infections and B.1.1.7 is assumed to be 50% more transmissible than current variants.

§ For vaccination, it was assumed that 300 doses were administered per 100,000 persons per day (approximately 1 million doses per day in the U.S. population) beginning January 1, 2021, that 2 doses achieved 95% immunity against infection, and that there was a 14-day delay between vaccination and protection.

# COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020

FIGURE 1. COVID-19 weekly incidence,<sup>\*,†</sup> by age group — United States, March 1–December 12, 2020<sup>§</sup>



**Abbreviation:** COVID-19 = coronavirus disease 2019.

\* The 7-day moving average of new cases (current day + 6 preceding days/7) was calculated to smooth expected variation in daily case counts.

† Incidence was calculated per 100,000 population using 2019 U.S. Census population estimates obtained from Kids Count Data Center (<https://datacenter.kidscount.org/data>).

§ Data included through December 12, 2020, so that each week has a full 7 days of data.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e1.htm?s\\_cid=mm7003e1\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e1.htm?s_cid=mm7003e1_w)



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# South Dakota Data Among Persons Aged 0-24 Years

	0-24y	0-17y	0-4y	5-10y	11-13y	14-17y	18-24y
<b>Cases</b>	25720	12560	1838	2870	2627	5225	13160
<b>Female</b>	13522	6413	879	1415	1355	2764	7109
<b>Male</b>	12198	6147	959	1455	1272	2461	6051
<b>Native American</b>	3996	2392	441	595	524	833	1603
<b>Other</b>	2066	999	178	264	205	352	1067
<b>Unknown</b>	2143	894	137	178	182	397	1249
<b>White</b>	17515	8274	1082	1833	1716	3643	9241
<b>Hospitalizations</b>	274	107	33	15	11	48	167
<b>Deaths</b>	3	0	0	0	0	0	3



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# Selected CDC Updates

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

Requirement for Proof of Negative COVID-19 Test or Recovery from COVID-19 for All Air Passengers Arriving in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html>

Ensuring the Safety of COVID-19 Vaccines in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>

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# Laboratory Guidance

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# Specimen Collection Supply Availability

- SDPHL maintains significant stocks of supplies used for the collection of the following specimens:
  - Nasal swab
  - Nasopharyngeal swab
  - Oropharyngeal swab
  - Sputum
- Free available supplies include a variety of swab types (flocked, foam, etc.) and Remel M4RT medium (without beads)
- Requests for specimen collection supplies can be submitted to the following
  - [Laurie.Gregg@state.sd.us](mailto:Laurie.Gregg@state.sd.us)
  - [Tim.Southern@state.sd.us](mailto:Tim.Southern@state.sd.us)



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# QIAGEN QIAreach – EUA Withdrawn

- On January 20, 2021, QIAGEN withdrew from the Food and Drug Administration their EUA submission for the QIAreach SARS-CoV-2 antigen test citing the need for additional data.
- QIAGEN plans to resubmit two separate EUA applications in February and March and will likely bring the QIAreach SARS-CoV-2 antigen test to market in April.
- Given this development, SDPHL will not be able to place eHub devices and QIAGEN antigen tests in South Dakota.
- SDPHL will reevaluate SARS-CoV-2 antigen testing opportunities and needs in South Dakota in February.



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# SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH continues to accept requests for BinaxNOW antigen cards
  - [Joan.Adam@state.sd.us](mailto:Joan.Adam@state.sd.us)
  - [Laurie.Gregg@state.sd.us](mailto:Laurie.Gregg@state.sd.us)
  - [Tim.Southern@state.sd.us](mailto:Tim.Southern@state.sd.us)
- Inquiries for BinaxNOW resources can also be directed to:
  - [Dorothy.Ahten@abbott.com](mailto:Dorothy.Ahten@abbott.com)
- Studies are emerging about the performance of BinaxNOW:
  - [Pollock et al 2021](#)
  - [Perchetti et al 2020](#)
  - [Pilarowski et al 2020](#)




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# COVID-19 Testing Reminders...

- SDPHL now offers COVID-19 antibody testing. Criteria are as follows:
  - Tests: IgM; IgG
  - 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
- Please use the previously published [SDPHL PUI Form](#) when submitting specimens for SARS-CoV-2 diagnostic testing.

 <b>South Dakota Public Health Laboratory</b> 615 E. Fourth Street Pierre, SD 57501 Phone 605-773-3368 Fax 605-773-8201 <a href="http://www.state.sd.us/doh/Lab/index.htm">www.state.sd.us/doh/Lab/index.htm</a>		Lab Use Only
<b>Program Use Only</b> <input type="checkbox"/> Public Health Investigation <input type="checkbox"/> CD Billing Code <input type="checkbox"/> Flu Surveillance <input type="checkbox"/> Outbreak		Facility _____ Address _____ City _____ Phone _____ Physician/Clinician Name _____
<b>Patient Information: Patient ID</b> Patient Name: (Last) _____ (First) _____ (MI) _____		
Patient's Address _____ Date of Birth _____ Age _____ Sex _____ Race _____ Ethnicity _____ City _____ State _____ Zip Code _____ Phone Number _____ Medicaid/Medicare Number _____		
<b>Patient Data</b> Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 1 <sup>st</sup> COVID Test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of Onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Employed in Healthcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Diagnostic Code _____ Resident of congregate setting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Disease Suspected _____		
<b>Specimen Data:</b> Collection Date: ____/____/____ <input type="checkbox"/> Serum <input type="checkbox"/> Whole Blood (EDTA) Venous/Capillary <input type="checkbox"/> Quantiferon TB Gold Plus Blood <input type="checkbox"/> Plasma		
<b>Specimen Source:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Nasal <input type="checkbox"/> Rectal <input type="checkbox"/> Urethral <input type="checkbox"/> Bronch Wash <input type="checkbox"/> NP Aspirate <input type="checkbox"/> Spinal fluid CSF <input type="checkbox"/> Urine <input type="checkbox"/> Cervical <input type="checkbox"/> NP Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Vaginal <input type="checkbox"/> Ear <input type="checkbox"/> OP Swab <input type="checkbox"/> Stool isolate <input type="checkbox"/> Fluid <input type="checkbox"/> Eye <input type="checkbox"/> Pleural <input type="checkbox"/> Stool preserve <input type="checkbox"/> Tissue <input type="checkbox"/> Nail <input type="checkbox"/> Throat <input type="checkbox"/> Wound		
<b>SEROLOGY</b> <input type="checkbox"/> SBR <i>Brucella</i> Ab <input type="checkbox"/> STU <i>Francisella tularensis</i> Ab <input type="checkbox"/> HPS <i>Hantavirus IgG/IgM</i> Ab <input type="checkbox"/> HAM <i>Hepatitis A IgM</i> Ab <input type="checkbox"/> HAP <i>Hepatitis A IgG</i> Ab <input type="checkbox"/> HBD <i>Hepatitis B Acute Profile</i> <input type="checkbox"/> HBC <i>Hepatitis B Chronic Profile</i> <input type="checkbox"/> VHC <i>Hepatitis B Core Total Ab</i> <input type="checkbox"/> VCM <i>Hepatitis B Core IgM Ab</i> <input type="checkbox"/> VHG <i>Hepatitis B Surface Ab</i> <input type="checkbox"/> VSG <i>Hepatitis B Post Vac. Screen</i> <input type="checkbox"/> VSB <i>Hepatitis B Surface Ag</i> <input type="checkbox"/> HCV <i>Hepatitis C Ab</i>  <input type="checkbox"/> VLG <i>Lyme IgG Ab</i> <input type="checkbox"/> VLM <i>Lyme IgM Ab</i> <input type="checkbox"/> VRO <i>Measles IgG (Rubella) Ab</i> <input type="checkbox"/> VMM <i>Measles IgM (Rubella) Ab</i> <input type="checkbox"/> VMS <i>Mumps IgG Ab</i> <input type="checkbox"/> VUM <i>Mumps IgM Ab</i> <input type="checkbox"/> VQS <i>Q Fever IgG Ab</i> <input type="checkbox"/> VRK <i>Rickettsial Ab Panel</i> <input type="checkbox"/> VSF <i>Rocky Mt. Spotted Fever IgG Ab</i> <input type="checkbox"/> VRE <i>Rubella IgG Ab</i> <input type="checkbox"/> <b>COVID SARS-CoV-2 IgG</b> <input type="checkbox"/> <b>COVID SARS-CoV-2 IgM</b> <input type="checkbox"/> VTY <i>Typhus IgG Ab</i> <input type="checkbox"/> WNM <i>West Nile Virus IgM Ab</i> <input type="checkbox"/> WNG <i>West Nile Virus IgG Ab</i> <input type="checkbox"/> VNZ <i>Varicella Zoster IgG Ab</i>	<b>VIROLOGY</b> <input type="checkbox"/> IAB <i>Influenza A/B PCR</i> <input type="checkbox"/> COV <i>SARS-CoV-2 PCR</i> <input type="checkbox"/> GIP <i>Gastrointestinal Panel</i> <input type="checkbox"/> RPP <i>Respiratory Pathogen Profile</i> <input type="checkbox"/> PCR <i>Measles PCR</i> <input type="checkbox"/> MPCR <i>Mumps PCR</i> <input type="checkbox"/> DEN <i>Dengue IgM Ab</i> <input type="checkbox"/> ZIKA <i>Zika IgM Ab</i> <input type="checkbox"/> ZIKA <i>Zika PCR Serology</i> <input type="checkbox"/> VOI <b>OTHER</b>  <b>BLOOD LEAD</b> <input type="checkbox"/> BLT <i>Blood Lead</i>  <b>MYCOBACTERIOLOGY</b> <input type="checkbox"/> TTB <i>Mycobacteria Culture and Smear</i> <input type="checkbox"/> TOT <i>Mycobacteria Reference ID</i> <input type="checkbox"/> MTB <i>M. tuberculosis PCR</i> <input type="checkbox"/> QFT <i>Quantiferon TB Gold Plus</i>  <b>STD</b> <input type="checkbox"/> GPH <i>Chlamydia/Gonorrhea</i> <input type="checkbox"/> HIV <i>HIV</i> <input type="checkbox"/> RPR <i>Syphilis Non-treponemal</i> <input type="checkbox"/> TPPA <i>Syphilis Treponema pallidum</i>  <b>PARASITOLOGY</b> <input type="checkbox"/> BOP <i>Ova &amp; Parasite Exam</i> <input type="checkbox"/> BCP <i>Cryptosporidium</i> <input type="checkbox"/> BCS <i>Cyclospora</i>	<b>SPECIAL PATHOGENS</b> <input type="checkbox"/> Please contact the laboratory at 605-773-3368 before sending.  <b>BACTERIOLOGY</b> <input type="checkbox"/> BMD <i>Bacterial Misc. Culture ID</i> <input type="checkbox"/> PPR <i>B. pertussis PCR</i> <input type="checkbox"/> BPC <i>B. pertussis culture</i> <input type="checkbox"/> CAM <i>Campylobacter ID</i> <input type="checkbox"/> BSD <i>Corynebacterium diphtheriae</i> <input type="checkbox"/> BEE <i>E. coli 0157 confirmation</i> <input type="checkbox"/> HFLU <i>Haemophilus influenzae typing</i> <input type="checkbox"/> mCIM <i>CRE Screen</i> <input type="checkbox"/> BGR <i>Neisseria gonorrhoeae culture</i> <input type="checkbox"/> NMEN <i>Neisseria meningitidis serotyping</i> <input type="checkbox"/> SAL <i>Salmonella serotyping</i> <input type="checkbox"/> SHIG <i>Shigella serotyping</i> <input type="checkbox"/> STX <i>Shiga toxin EIA</i> <input type="checkbox"/> BEP <i>Enteric Stool Culture</i> <input type="checkbox"/> BYC <i>Fibrio culture ID</i> <input type="checkbox"/> BYC <i>Yersinia culture ID</i> <input type="checkbox"/> BHI <i>Yeast/Fungus ID</i>  <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/> Referral

# Tuberculosis Screening and COVID-19

**\*\*On January 7, CDC issued a “Dear Colleague Letter” that outlines processes for IGRA and TST for patients that may also receive a COVID mRNA vaccine.\*\***

- For [healthcare personnel](#) or patients who require baseline TB testing (at onboarding or entry into facilities) at the same time they are to receive a COVID-19 mRNA vaccine, [CDC recommends](#):
  - Perform [TB symptom](#) screening on all healthcare personnel or patients.
  - If using IGRA, draw blood prior to COVID-19 mRNA vaccination.
  - If using TST, place prior to COVID-19 mRNA vaccination.
  - If COVID-19 mRNA vaccination has already occurred, defer TST or IGRA until 4 weeks after completion of 2-dose COVID-19 mRNA vaccination.
- Additional information can be found in CDC’s [letter](#)

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# Long Term Care

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# Disease Impact – United States *as of 1.03.21*

## Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

522,516

TOTAL RESIDENT COVID-19 DEATHS

101,970

TOTAL STAFF COVID-19 CONFIRMED CASES

448,389

TOTAL STAFF COVID-19 DEATHS

1,313

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

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# Long Term Care in South Dakota

*Nursing Homes and Assisted Living Centers*

- **Current Number of LTC Facilities with Case – 62\* (35 case in staff only)**
- **Cumulative Total LTC Facilities with Case – 214**
- **Current Active Cases in a Resident – 281\***
- **Cumulative Total Resident Cases – 3,342**
- **Cumulative Total Resident Deaths – 801**
- **Current Active Cases in Staff – 66\***
- **Cumulative Total Case in Staff – 1,182**
- **Cumulative Total Staff Hospitalized – 29**

*\*self-reported by touch-base calls as of 01.19.2021 - all data is provisional*

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RT-PCR Test  
Positivity Rate, Last 1  
Day

9.3%

01/17/2021

RT-PCR Test  
Positivity Rate, Last 7  
Days

10.9%

1/11/2021 - 1/17/2021

RT-PCR Test  
Positivity Rate, Last  
14 Days

11.8%

1/4/2021 - 1/17/2021

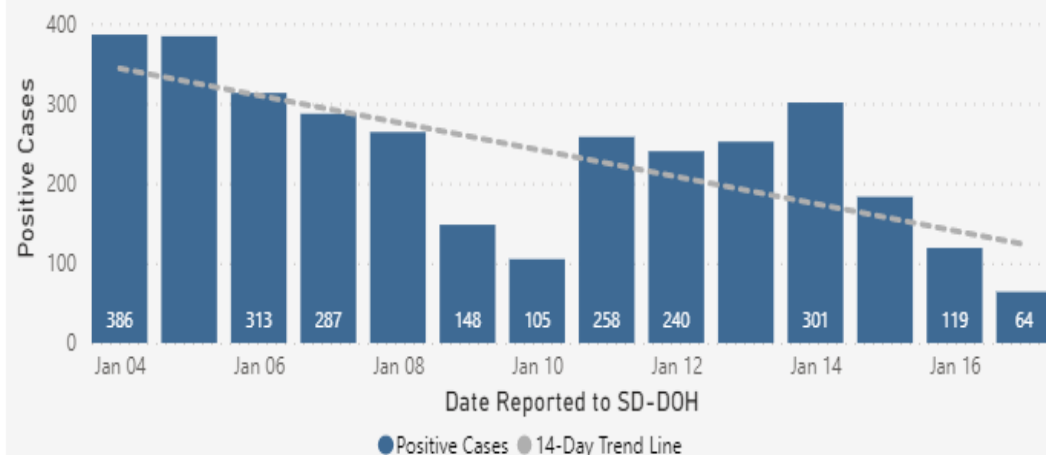
RT-PCR Test  
Positivity Rate,  
Cumulative

15.1%

3/10/2020 - 1/17/2021

**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.

### Positive Cases and 14-Day Trend Line 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.

Rate of Cases, Last 7 Days

245

(per 100,000)

Rate of Cases, Cumulative

10,771

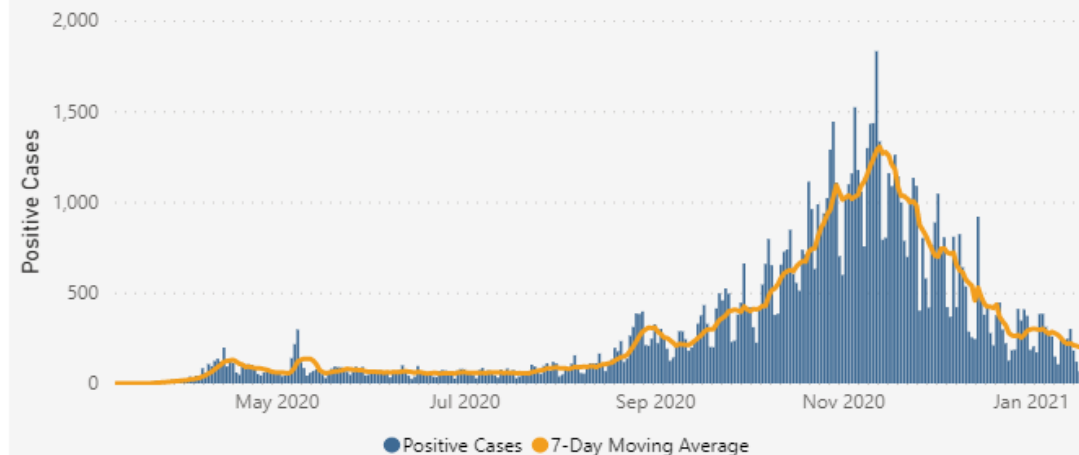
(per 100,000)

**Rate of Cases:** Number of positive cases (persons who meet the national surveillance case definition for COVID-19) reported to SD-DOH in the last 7 days (or cumulative) divided by the state or county population multiplied by 100,000. This is done to compare disease burden across geographic areas (eg. state or county).

### Date Reported to SD-DOH

3/10/2020 1/17/2021

### Positive Cases by Date Reported to SD-DOH



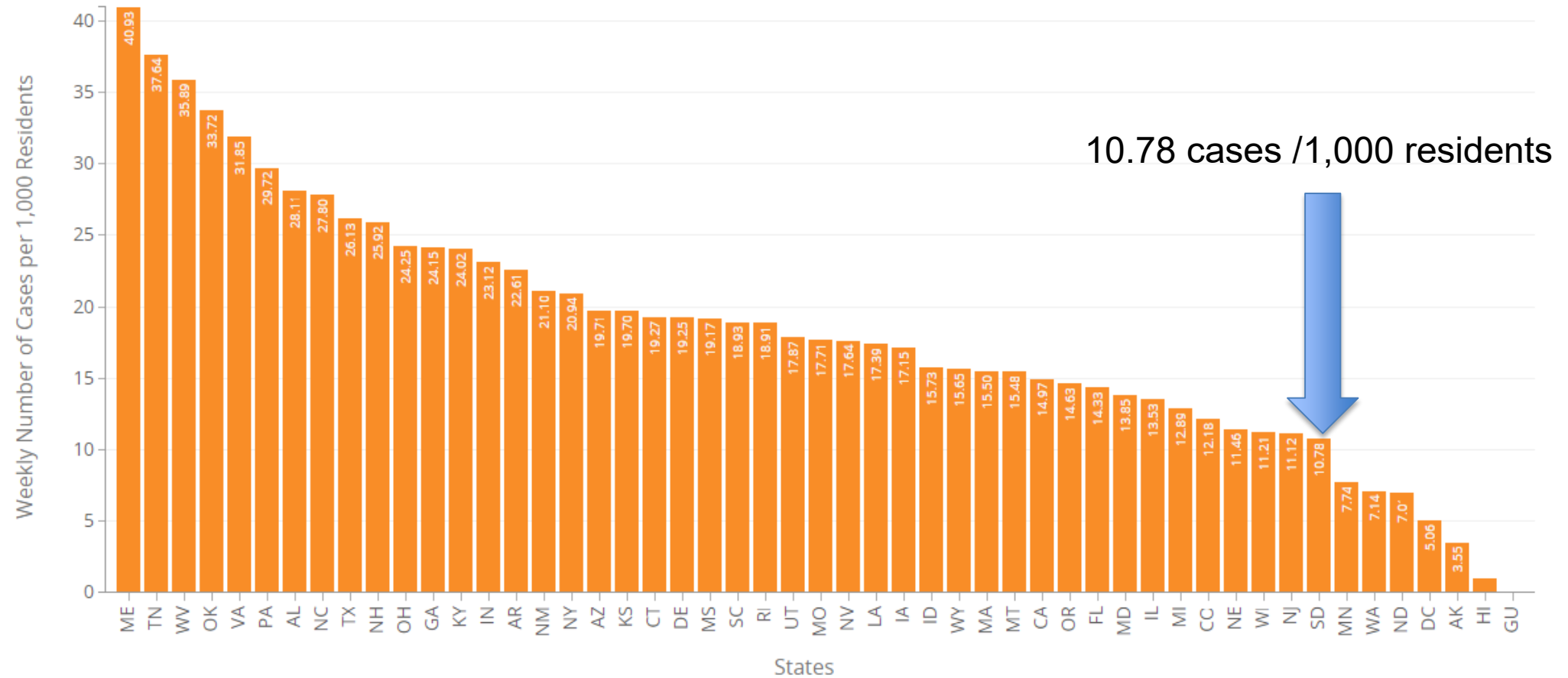
**Positive Cases by Date Reported to SD-DOH:** This graph shows positive cases (persons who meet the national surveillance case definition for COVID-19) over time includes results received by midnight and may not align with the daily data update.

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## Weekly Resident Cases per 1,000 Residents



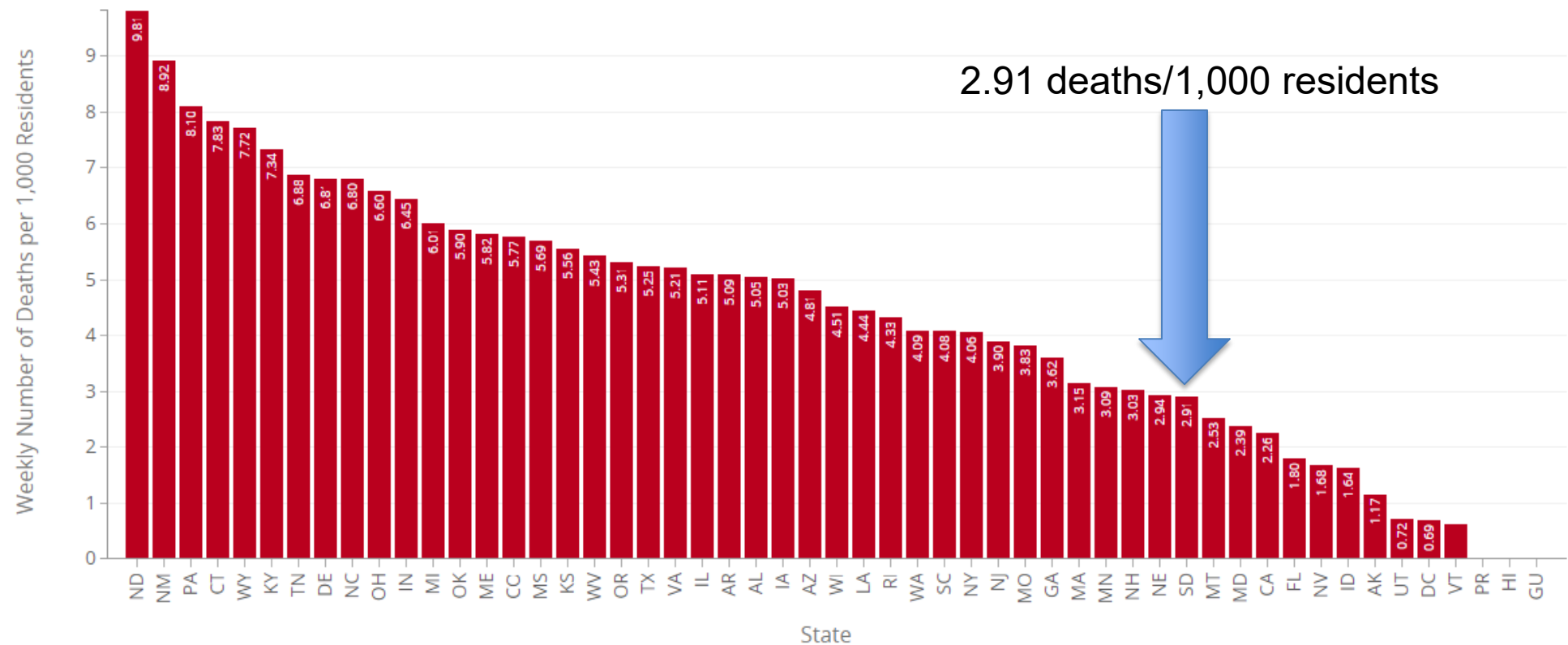
as of 01.03.2021

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Weekly Resident Deaths per 1,000 Residents



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# Continue to remain vigilant.

- Current CMS and CDC guidance, as of now, has not yet changed.
- Providers should continue to follow the Core Principles of Infection Control until updated guidance is issued by CMS and CDC.
- CMS guidance allows for visitation to be conducted through different means based on a facility's structure and residents' needs.
- Completed vaccination series should allow the Administrator and Governing Board confidence in allowing safe visitation as well as resident movement outside of the facility.
- Regardless of the vaccination status of residents and staff in your facility, continue to follow current Infection Control, PPE, and Visitation guidance.
- DOH will review and update the current Back to Normal Nursing Home Reopening Plan when new guidelines are provided by CMS and CDC.

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# 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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# BinaxNOW Testing Kits - Update



***! Please note - Federal direct allocation of BinaxNOW testing kits to providers in communities with high test positivity rates will continue until March 2021.***

- Testing for COVID-19 is one of the most important actions to reduce spread of disease, inform clinical care, and drive public health decision-making.
- State allocation was sent out Tuesday, January 19<sup>th</sup>.
- After March 2021, providers in communities with high test positivity rates may order BinaxNOW Kits from the state.
- Providers with an excess amount of BinaxNOW Testing supplies should contact Cindy Koopman-Viergets at email [Cindy.KoopmanViergets@state.sd.us](mailto:Cindy.KoopmanViergets@state.sd.us).

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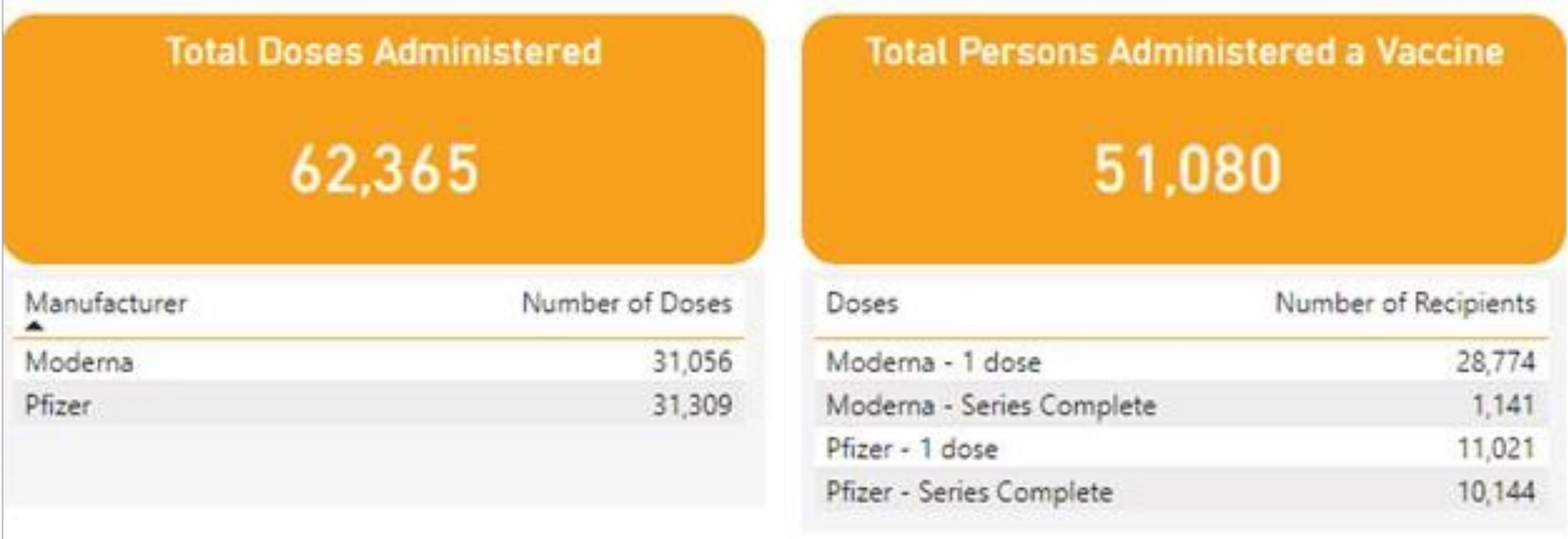
# Vaccination Update

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# Doses Administered



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# Weekly 1<sup>st</sup> Doses Projected

**Pfizer            5,850**

**Moderna    5,100**

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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**

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## Priority groups

[https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution\\_Phase1.pdf](https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution_Phase1.pdf)

1A	19,265	21,165 Vaccinated
1B	10,867	1,862 Vaccinated-not including CVS/Walgreens
1C	49,642	15,248 Vaccinated
1D	265,561	
1E	227,448	

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# 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					
we are here 1C	EMS, public health workers, and other healthcare workers (lab & clinic staff)					
	Law enforcement, correctional officers					
Starting January 18 1D	Persons aged 65 years and older <i>Starting w/those 80 years of age and older (Age to be lowered in coming weeks)</i>					
	High risk patients - dialysis, post-transplant, and active cancer					
	High risk residents in congregate settings					
1D	Persons with 2 or more underlying medical conditions					
	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**

Note: Tribal vaccine allocation & administration is handled by the [IHS](#)  
Veteran vaccine allocation & administration is handled by the [VA](#)

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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.



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[covid.sd.gov](https://covid.sd.gov)

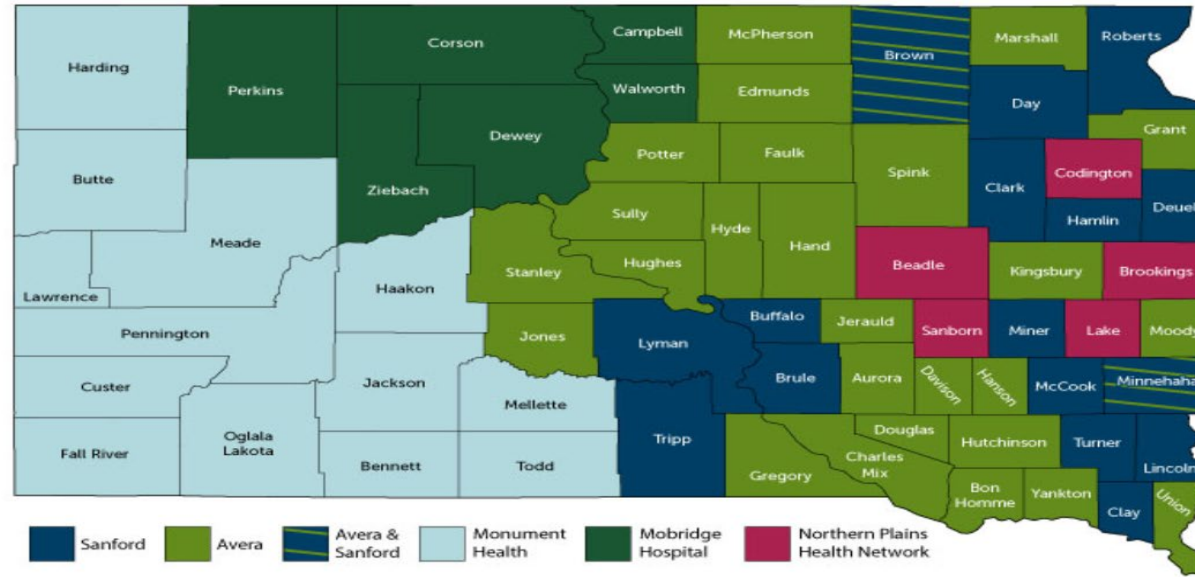
ASOF 01-13-21

## COVID-19 VACCINE PROVIDERS

Please check the [Priority Groups Infographic](#) to find out which group you are in (we are currently on Group C).

### VACCINE PROVIDERS BY COUNTY

The map below is best viewed on a desktop/laptop computer or in landscape mode on mobile (i.e. holding the phone sideways).



#### COVID-19 Vaccine Providers:

[Avera Health](#)      [Monument Health](#)      [Mobridge Hospital](#)      [Sanford Health](#)

Northern Plains Health Network: [Beadle & Sanborn](#) | [Brookings](#) | [Codington](#) | [Lake](#)

[VaccineFinder.org](#) will be updated once COVID-19 vaccination is widely available to the public to help direct people to find a vaccine provider near them.

# Community Mitigation

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# UPDATES

## BEHAVIORAL HEALTH

### For Parents

- [Talking to Children About COVID-19 \(Coronavirus\) A Parent Resource](#) (NASP)
- [Helping Children Cope with Stress during the 2019-nCoV Outbreak](#) (WHO)
- [Coronavirus Explained! \(for kids\) - \(CDC video\)](#)
- [Helping Children Cope During and After a Disaster: A Resource for Parents and Caregivers](#) (CDC)
- **NEW!** [COVID-19 Parental Resources Kit](#) (CDC)

### For Adults

- [Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation](#) (SAMHSA)
- [Handling COVID-19 Anxiety & Stress](#) (CDC)
- [Strategies for Self-Care and Resilience](#) (HHS)
- [Coping With Stress During Infectious Disease Outbreaks](#) (SAMHSA)
- [605strong.com](#) (SD Dept. of Social Services)
- **NEW!** [How Right Now: Finding What Helps](#)



COVID-19:  
TALK. SUPPORT. HELP.



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[doh.sd.gov/covid/](https://doh.sd.gov/covid/)

## COVID-19 VACCINE INFORMATION



**HEALTHCARE  
PROVIDERS**



**PUBLIC**

**Vaccine Providers  
by County**

**Vaccine Priority Groups  
Infographic & Timeline**

[South Dakota COVID-19 Vaccination Plan](#)

[COVID-19 Vaccination FAQs](#)

[Benefits of Getting a COVID-19 Vaccine \(CDC\)](#)

[Click here](#) to find out more about Operation Warp Speed from the U.S. Department of Defense.

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# Supply Chain Management

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# PPE Request Procedure

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.

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# On-going Communication

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# Helpful sources of information:

[covid.sd.gov](https://covid.sd.gov)

[coronavirus.gov](https://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](https://sdhan.sd.gov)
- [Epi Listserv](#)
- [Lab Listserv](#)
- [HAI Listserv](#)
- [OLC Listserv](#)

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

SOUTH DAKOTA  
**COVID-19 INFORMATION LINE**  
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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](https://COVID.sd.gov)**

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