2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

January 21, 2021

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

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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

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### COVID-19 Case Map, by County

As of January 20, 2021

#### Substantial Community Spread

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

* New counties

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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


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](http://sd.gov/diseasereport)
  • Fax – 605.773.5509

*Not intended for press or for reporting purposes.*
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 vaccination6 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 500 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.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e2.htm?s_cid=mm7003e2_w

Not intended for press or for reporting purposes.
COVID-19 Trends Among Persons Aged 0–24 Years — United States, March 1–December 12, 2020

https://www.cdc.gov/mmwr/volumes/70/wr/mm7003e1.htm?s_cid=mm7003e1_w

Not intended for press or for reporting purposes.
South Dakota Data Among Persons Aged 0-24 Years

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

Not intended for press or for reporting purposes.
Selected CDC Updates

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


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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
- Tim.Southern@state.sd.us

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QIAGEN QIAreach – EUAWithdrawn

• 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

- SD DOH continues to accept requests for BinaxNOW antigen cards
  - Joan.Adam@state.sd.us
  - Laurie.Gregg@state.sd.us
  - Tim.Southern@state.sd.us

- Inquiries for BinaxNOW resources can also be directed to:
  - Dorothy.Ahten@abbott.com

- Studies are emerging about the performance of BinaxNOW:
  - Pollock et al 2021
  - Perchetti et al 2020
  - Pilarowski et al 2020

Not intended for press or for reporting purposes.
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.

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**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](#)
Long Term Care
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

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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Weekly Resident Cases per 1,000 Residents

10.78 cases /1,000 residents

as of 01.03.2021

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Weekly Resident Deaths per 1,000 Residents

2.91 deaths/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.
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 COVID-19 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 19th.

- 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.

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Vaccination Update

Not intended for press or for reporting purposes.
Doses Administered

Total Doses Administered: 62,365
Total Persons Administered a Vaccine: 51,080

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Number of Doses</th>
</tr>
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<tbody>
<tr>
<td>Moderna</td>
<td>31,056</td>
</tr>
<tr>
<td>Pfizer</td>
<td>31,309</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Doses</th>
<th>Number of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna - 1 dose</td>
<td>28,774</td>
</tr>
<tr>
<td>Moderna - Series Complete</td>
<td>1,141</td>
</tr>
<tr>
<td>Pfizer - 1 dose</td>
<td>11,021</td>
</tr>
<tr>
<td>Pfizer - Series Complete</td>
<td>10,144</td>
</tr>
</tbody>
</table>

Not intended for press or for reporting purposes.
Weekly 1\textsuperscript{st} Doses Projected

Pfizer \hspace{1cm} 5,850

Moderna \hspace{1cm} 5,100
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
Priority groups


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*

<table>
<thead>
<tr>
<th>Phase</th>
<th>Population Group</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May-December</th>
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</thead>
<tbody>
<tr>
<td>1A</td>
<td>Frontline healthcare workers and long-term care facility healthcare workers</td>
<td></td>
<td></td>
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<tr>
<td>1B</td>
<td>Long-term care residents</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>1C</td>
<td>EMS, public health workers, and other healthcare workers (lab &amp; clinic staff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C</td>
<td>Law enforcement, correctional officers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons aged 65 years and older</td>
<td></td>
<td>Starting w/those 80 years of age and older (Age to be lowered in coming weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1D</td>
<td>High risk patients - dialysis, post-transplant, and active cancer</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>1D</td>
<td>High risk residents in congregate settings</td>
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<tr>
<td>1D</td>
<td>Persons with 2 or more underlying medical conditions</td>
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<td></td>
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<tr>
<td>1D</td>
<td>Teachers and other school/college staff</td>
<td></td>
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<tr>
<td>1D</td>
<td>Funeral service workers</td>
<td></td>
<td></td>
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<tr>
<td>1E</td>
<td>Fire service personnel</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>1E</td>
<td>Includes public-facing workers in essential and critical infrastructure</td>
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<tr>
<td>Phase 2</td>
<td>All others 16 years and older</td>
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</tbody>
</table>

Note: Tribal vaccine allocation & administration is handled by the IHS. Veteran vaccine allocation & administration is handled by the VA.

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.

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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.

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Community Mitigation
### 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

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COVID-19 VACCINE INFORMATION

HEALTHCARE PROVIDERS

Vaccine Providers by County

Vaccine Priority Groups Infographic & Timeline

PUBLIC

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
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:

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

[https://coronavirus.gov](https://coronavirus.gov)

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