This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 26, 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

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

Not intended for press or for reporting purposes.
Coronavirus Situation

- **International**
  - 352,796,704 confirmed cases
    - 5,600,434 deaths
- **United States** (50 states + DC)
  - 70,153,597 confirmed cases
    - 860,113 deaths
- **South Dakota**
  - 221,372 confirmed and probable cases
    - 2,609 deaths
    - 182,608 recovered cases

As of January 25th, 2022

*Not intended for press or for reporting purposes.*
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

Cases by Date Reported to SD-DOH

As of January 25th, 2022

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

As of January 25th, 2022

Community Spread | Number of Counties
--- | ---
Low | 0
Moderate | 0
Substantial | 0
High | 66

Not intended for press or for reporting purposes.
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


Not intended for press or for reporting purposes.
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.
Cases, Hospitalizations, and Deaths by Age Group
Cumulative

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage of Cases</th>
<th>Percentage of Hospitalizations</th>
<th>Percentage of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9y</td>
<td>6.48%</td>
<td>0.76%</td>
<td>0.01%</td>
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<tr>
<td>10-19y</td>
<td>12.21%</td>
<td>0.49%</td>
<td>0.00%</td>
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<td>20-29y</td>
<td>17.67%</td>
<td>1.28%</td>
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<td>30-39y</td>
<td>17.11%</td>
<td>1.91%</td>
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<td>40-49y</td>
<td>14.10%</td>
<td>2.80%</td>
<td>0.22%</td>
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<td>50-59y</td>
<td>12.90%</td>
<td>4.84%</td>
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<td>60-69y</td>
<td>10.56%</td>
<td>8.58%</td>
<td>1.77%</td>
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<td>70-79y</td>
<td>5.46%</td>
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<tr>
<td>80+y</td>
<td>3.51%</td>
<td>25.27%</td>
<td>16.26%</td>
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</table>

As of January 25th, 2022

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

As of January 25, 2022

<table>
<thead>
<tr>
<th>Breakthrough Cases</th>
<th>#</th>
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<tbody>
<tr>
<td>Cases</td>
<td>14,529</td>
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<tr>
<td>Hospitalized</td>
<td>661</td>
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<tr>
<td>Died</td>
<td>155</td>
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<table>
<thead>
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<th>Variant Cases</th>
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<td>Cases</td>
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<td>Died</td>
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<table>
<thead>
<tr>
<th>Reinfection</th>
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<tr>
<td>Hospitalized</td>
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<td>Died</td>
<td>20</td>
</tr>
</tbody>
</table>

Effectiveness of BNT162b2 (Pfizer-BioNTech) mRNA Vaccination Against Multisystem Inflammatory Syndrome in Children Among Persons Aged 12–18 Years - United States, July-December 2021

https://www.cdc.gov/mmwr/volumes/71/wr/mm7102e1.htm?s_cid=mm7102e1_w

Not intended for press or for reporting purposes.
Risk for Newly Diagnosed Diabetes >30 Days After SARS-CoV-2 Infection Among Persons Aged <18 Years — United States, March 1, 2020–June 28, 2021

FIGURE. Hazard ratio for the association between COVID-19 or acute respiratory infection and new diabetes diagnosis among patients aged <18 years, by age group and sex — IQVIA PharMetrics Plus and HealthVerity claims databases, United States, March 1, 2020–June 28, 2021

Abbreviations: ARI = acute respiratory infection; HR = hazard ratio, ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; Ref = referent.

https://www.cdc.gov/mmwr/volumes/71/wr/mm7102e2.htm?s_cid=mm7102e2_w

Not intended for press or for reporting purposes.
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


Not intended for press or for reporting purposes.
Laboratory Guidance

Not intended for press or for reporting purposes.
COVID-19 Tests Reported to SDDOH by Month

**Updates:**

- COVID testing continues to surge
- Supply chains are strained
- Antigen test availability improving but cannot meet current demand
- State and federal test kit distribution programs underway including the DOH “1M Test Kit Initiative”
- Numerous other pathogens circulating in South Dakota communities
- COVID and influenza vaccinations still leading mitigation strategies
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.
1 Million COVID OTC Test Kit Campaign

- On Friday, January 21, SDDOH began distribution of Flowflex COVID-19 antigen home tests.
- SDDOH initially prioritized long-term care facilities, healthcare facilities, IHS, tribes, EMS, among others.
- SDDOH will continue immediate distribution of Flowflex kits as those kits become available.
- SDDOH anticipates distribution will continue for the next two weeks with over 1M kits distributed by early to mid February.

**For facilities that requested kits by email: you may not receive a reply from the SDDOH/SDPHL. If you requested kits, your request has been added to the SDDOH distribution plan.**
Q: How are these at-home tests meant to be used?
A: Flowflex kits provided by the SDDOH should be distributed for at-home use; kits are not meant to replace point-of-care testing options.

Q: What if my Flowflex kits froze during transport to my facility?
A: Allow your kits to come to room temperature before use. Ensure the internal control is working properly with each test performed.

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. If you test positive, please contact your healthcare provider to determine next steps.

Q: Where do I find information about quarantine and isolation?
A: Both SDDOH and CDC provide information about quarantine and isolation.

Q: If someone tests “positive” using the Flowflex test, does that result need to be confirmed by a PCR test?
A: No. Flowflex tests do not need to be routinely confirmed. If you test positive, please contact your healthcare provider to determine next steps.
COVID 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

- Free COVID-19 tests kits are also available from the federal government at: https://www.covidtests.gov/
Long Term Care

Not intended for press or for reporting purposes.
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)

By the numbers

<table>
<thead>
<tr>
<th>National Percent of Vaccinated Residents per Facility</th>
<th>National Percent of Vaccinated Staff per Facility</th>
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</thead>
<tbody>
<tr>
<td>87.4%</td>
<td>81.1%</td>
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</table>

<table>
<thead>
<tr>
<th>Total Resident COVID-19 Confirmed Cases</th>
<th>Total Resident COVID-19 Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>800,026</td>
<td>142,693</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Staff COVID-19 Confirmed Cases</th>
<th>Total Staff COVID-19 Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>808,174</td>
<td>2,312</td>
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</table>


This call is not intended for the press or for reporting purposes.
Weekly Resident COVID-19 Confirmed Cases and Deaths

Note: The most recent week’s data is considered preliminary and will be updated the following week.

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

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

- 922 Deaths in LTC residents (+5 from 1.13.22)
- 35% of deaths among people with COVID-19 (trending downward)

Data is provisional

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<tr>
<th>Week</th>
<th>Resident Cases</th>
<th>Staff Cases</th>
<th>Number of Facilities</th>
<th>Nursing Homes</th>
<th>Assisted Living Centers</th>
<th>Facility Cases in Staff Only</th>
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<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
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<td>07/26/21</td>
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<td>4</td>
<td>4</td>
<td>0</td>
<td>2</td>
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<td>08/02/21</td>
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<td>8</td>
<td>2</td>
<td>7</td>
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<td>08/09/21</td>
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<td>23</td>
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<td>11</td>
<td>4</td>
<td>9</td>
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<td>20</td>
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<td>09/13/21</td>
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<td>102</td>
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<td>33</td>
<td>13</td>
<td>24</td>
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<tr>
<td>09/20/21</td>
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<td>100</td>
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<td>30</td>
<td>16</td>
<td>24</td>
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<td>09/27/21</td>
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<td>95</td>
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<td>12</td>
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<td>10/04/21</td>
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<td>101</td>
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<tr>
<td>10/25/21</td>
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<td>25</td>
<td>17</td>
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<td>99</td>
<td>44</td>
<td>34</td>
<td>10</td>
<td>17</td>
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<tr>
<td>11/22/21</td>
<td>98</td>
<td>86</td>
<td>37</td>
<td>30</td>
<td>7</td>
<td>17</td>
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<tr>
<td>11/29/21</td>
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<td>79</td>
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<td>12/06/21</td>
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<td>135</td>
<td>56</td>
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<td>12/20/21</td>
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<td>1/3/22</td>
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<td>192</td>
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<td>48</td>
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<td>1/10/22</td>
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<td>392</td>
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</tr>
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</table>

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-22-11-ALL](#) (revised 01.20.22) - 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 all LTC testing

- Federal allocation ARDxUSGovernmentSupport@abbott.com

- 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

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

**QSO-22-11-ALL (revised 01.20.22) - Vaccination**

- **Vaccine Mandate for Health-Care Workers – Injunction Lifted**
  

- **Federal vaccination requirement Frequently Asked Questions (updated 1.20.22)**
  

- **Listing of vaccination rates for individual nursing homes:** Click to see a list of every nursing home with recent resident and staff vaccination rates and other data.
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.

South Dakota – 94.61%
Choose to get vaccinated. Protect yourself, your family, and our residents.


South Dakota – 78.28%
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

Tina Muller, LNHA COVID LTC Touch Base Contact – phone 605-773-5116 or email Tina.Muller@state.sd.us

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

### 11/12/2021

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th># of Doses</th>
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<tbody>
<tr>
<td>Janssen</td>
<td>36,134</td>
</tr>
<tr>
<td>Moderna</td>
<td>446,338</td>
</tr>
<tr>
<td>Pfizer</td>
<td>630,303</td>
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</table>

<table>
<thead>
<tr>
<th>Doses</th>
<th># of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen - Series complete</td>
<td>38,817</td>
</tr>
<tr>
<td>Janssen - Booster dose</td>
<td>2,308</td>
</tr>
<tr>
<td>Moderna - 1 dose</td>
<td>23,895</td>
</tr>
<tr>
<td>Moderna - Series complete</td>
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<td>Moderna - 3rd/Booster dose</td>
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<tr>
<td>Pfizer - 1 dose</td>
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<tr>
<td>Pfizer - 3rd/Booster dose</td>
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</table>

### 01/26/2022

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<td>452,710</td>
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<tr>
<td>Pfizer</td>
<td>644,312</td>
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<table>
<thead>
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</thead>
<tbody>
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<td>Janssen - Series complete</td>
<td>34,137</td>
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<tr>
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<td>Moderna - 1 dose</td>
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<td>170,292</td>
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<td>Pfizer - 1 dose</td>
<td>35,554</td>
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<td>248,310</td>
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<tr>
<td>Pfizer - 3rd/Booster dose</td>
<td>107,908</td>
</tr>
</tbody>
</table>

Not intended for press or for reporting purposes.
COVID Vaccine coverage by age as of 01/25/2022

Not intended for press or for reporting purposes.
Important Reminder

- 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.
- The South Dakota Department of Health no longer receives and allocation of the J&J/Janssen COVID-19 vaccine and must make special requests to the CDC if it is needed.
  - If a facility needs the vaccine, providers should look for a transfer of the J&J/Janssen COVID-19 vaccine from a nearby facility/another provider before placing an order for the vaccine through SDIIS.

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

<table>
<thead>
<tr>
<th>IF YOU RECEIVED</th>
<th>Pfizer-BioNTech</th>
<th>Who should get a booster:</th>
<th>When to get a booster:</th>
<th>Which booster can you get:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster</td>
</tr>
</tbody>
</table>
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>Moderna</td>
<td>Adults 18 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</td>
</tr>
</tbody>
</table>

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

Not intended for press or for reporting purposes.

<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>Johnson &amp; Johnson's Janssen*</td>
<td>• Adults 18 years and older</td>
<td>• At least 2 months after receiving your J&amp;J/Janssen COVID-19 vaccination</td>
<td>• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations</td>
</tr>
</tbody>
</table>

*Note: The information is subject to change based on ongoing research and guidelines.
As known, although COVID-19 vaccine effectiveness decreased with emergence of the Delta variant and waning of vaccine-induced immunity, protection against hospitalization and death has remained high.

What is added by this report?
In 25 U.S. jurisdictions, decreases in case incidence rate ratios for unvaccinated versus fully vaccinated persons with and without booster vaccine doses were observed when the Omicron variant emerged in December 2021. Protection against infection and death during the Delta-predominant period against infection during Omicron emergence were higher among booster vaccine dose recipients, and especially among persons aged 50–64 and ≥65 years.

What are the implications for public health practice?
COVID-19 vaccination protected against SARS-CoV-2 infection, even as the Omicron variant became predominant. All eligible persons should stay up to date with COVID-19 vaccination.
As known, COVID-19 mRNA vaccine effectiveness (VE) in preventing COVID-19 might decline because of waning of vaccine-induced immunity or variant immune evasion.

**What is added by this report?**
VE was significantly higher among patients who received their second mRNA COVID-19 vaccine dose <180 days before medical encounters compared with those vaccinated ≥180 days earlier. During both Delta- and Omicron-predominant periods, receipt of a third vaccine dose was highly effective at preventing COVID-19–associated emergency department and urgent care encounters (94% and 82%, respectively) and preventing COVID-19–associated hospitalizations (94% and 90%, respectively).

**What are the implications for public health practice?**
All unvaccinated persons should start vaccination as soon as possible. All adults who have received mRNA vaccines during their primary COVID-19 vaccination series should receive a third dose when eligible, and eligible persons should stay up to date with COVID-19 vaccinations.
Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

• Updated infographic and text in guidance to include links to CDC’s definition of what it means to be up to date with all recommended COVID-19 vaccine doses.
• Clarified that, in general, asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days do not require work restriction following a higher-risk exposure.

Strategies to Mitigate Healthcare Personnel Staffing Shortages

• Updated infographic and text in guidance to include a link to CDC’s definition of what it means to be up to date with all recommended COVID-19 vaccine doses

Get Vaccinated and Stay Up to Date

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Fully vaccinated means a person has received their primary series of COVID-19 vaccines.
# Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

*“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)*

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) (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><strong>Up to Date</strong> and Not Up to Date</td>
<td>10 days OR 7 days with negative test*, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., types of patients they care for)</td>
</tr>
</tbody>
</table>

## Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

<table>
<thead>
<tr>
<th>Vaccination Status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Up to Date</strong></td>
<td>No work restrictions, with negative test on days 1st and 5-7</td>
<td>No work restriction</td>
<td>No work restriction</td>
</tr>
<tr>
<td>Not Up to Date</td>
<td>10 days OR 7 days with negative test*</td>
<td>No work restriction with negative tests on days 1st, 2, 3, 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
</table>

*Negative 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.*

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Infection Prevention & Control Assessment Tool (ICARs) for LTC and ALF

Infection Control Assessment and Response (ICAR) tools are used to systematically assess a healthcare facility's infection prevention and control (IPC) practices and guide quality improvement activities (e.g., by addressing identified gaps).

How does a COVID ICAR benefit my ALF or LTC facility?

*Non-regulatory & FREE: Talk one-on-one with an infection preventionist and an infectious disease doctor to see how your facility is REALLY doing during the pandemic.

*Not just a checklist: While the CDC ICAR guides the discussion, the team talks through scenarios that are relevant to YOUR facility. They can compare what worked last year vs. what works now and review the latest guidelines, science and updates.

*Above and Beyond: Sharing tips and tricks on what works for other facilities in South Dakota and what might also work for you. Topics like vaccination uptake in staff, addressing PPE Fatigue, and reinforcing what you are doing RIGHT.

*Feedback after the ICAR to have on file for your facility. Something you can refer to when needed in the future!

This call is not intended for the press or for reporting purposes
Putting Infection Prevention into Everyday Practice

February 22, 2022 | 2:00 – 3:00 p.m. CT

To stop the spread of infections, everyone working in a healthcare facility needs to have a foundational knowledge of infection prevention and must be ready to implement basic measures throughout their workday and at home. In this session, we will discuss how infections spread and identify ways to break this chain. We will discuss the differences in standard and transmission-based precautions and what each of those consist of. And then finally, we will discuss methods for controlling infections while providing care. **Together, we have the power to help stop infections from spreading.**

**Presenter:** Cheri Fast, RN, BSN, CIC

Register Today - [https://register.gotowebinar.com/register/2256143304966728973](https://register.gotowebinar.com/register/2256143304966728973)
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

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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

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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
Helpful sources of information:

covid.sd.gov

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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