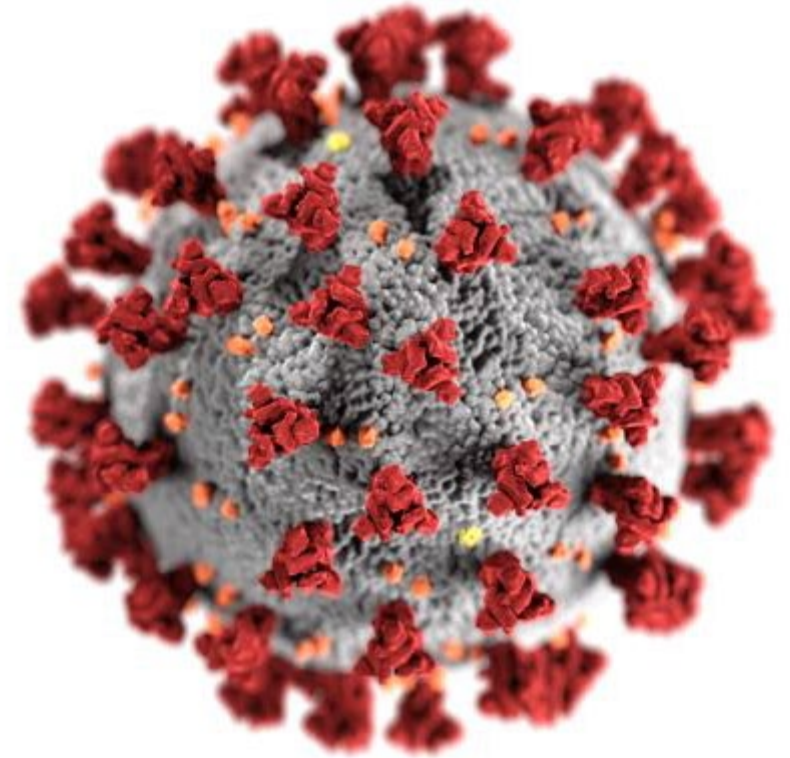


# 2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

January 28, 2021



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

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SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 27, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

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

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SOUTH DAKOTA DEPARTMENT OF HEALTH

# Agenda

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

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# Coronavirus Situation (as of January 27, 2021)

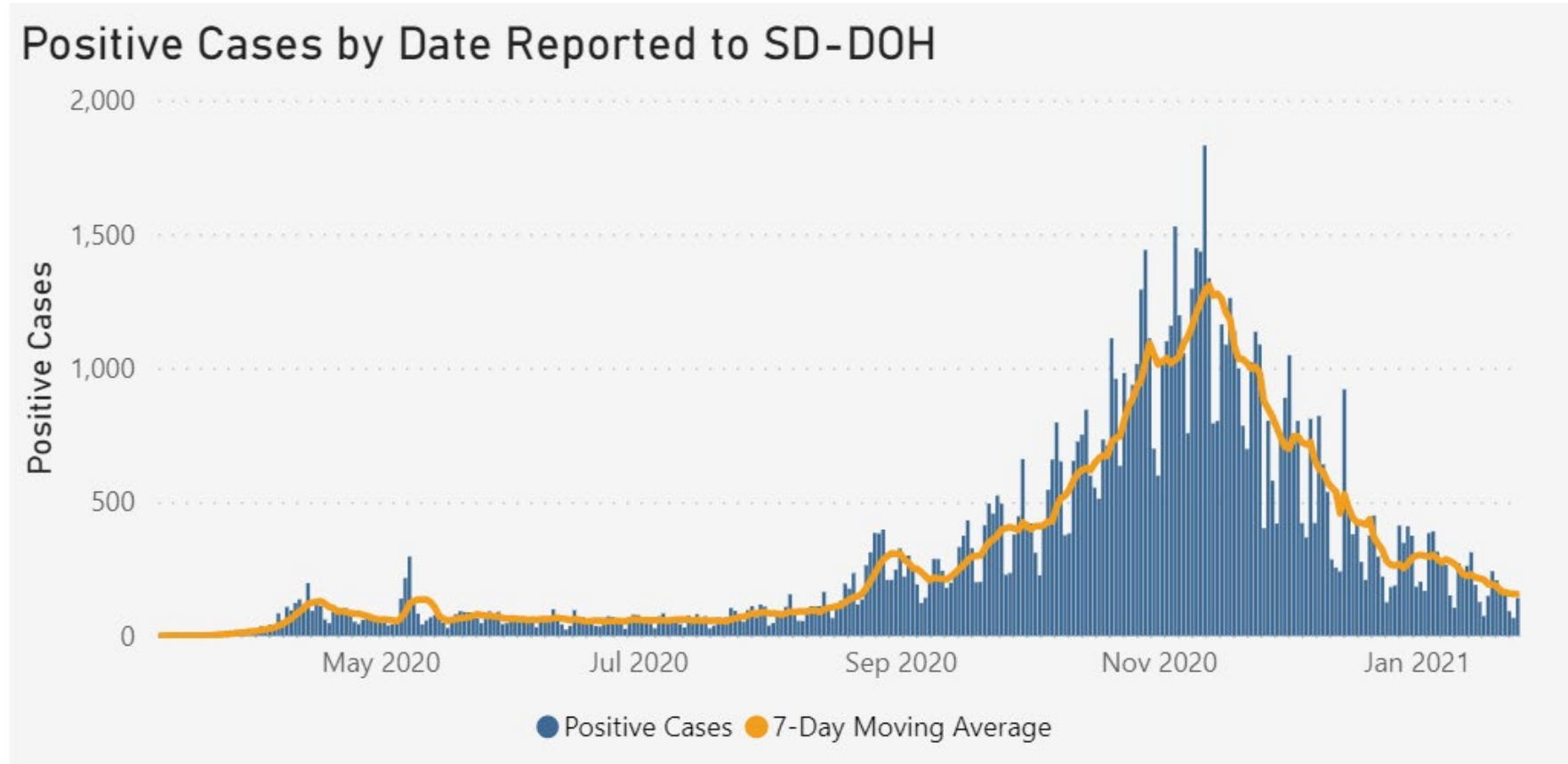
- [International](#)
  - 99,864,391 confirmed cases
  - 2,149,700 deaths
- [United States](#) (50 states + DC)
  - 25,152,433 confirmed cases
  - 419,827 deaths
- [South Dakota](#)
  - 107,608 confirmed and probable cases
  - 1,739 deaths
  - 102,631 recovered cases

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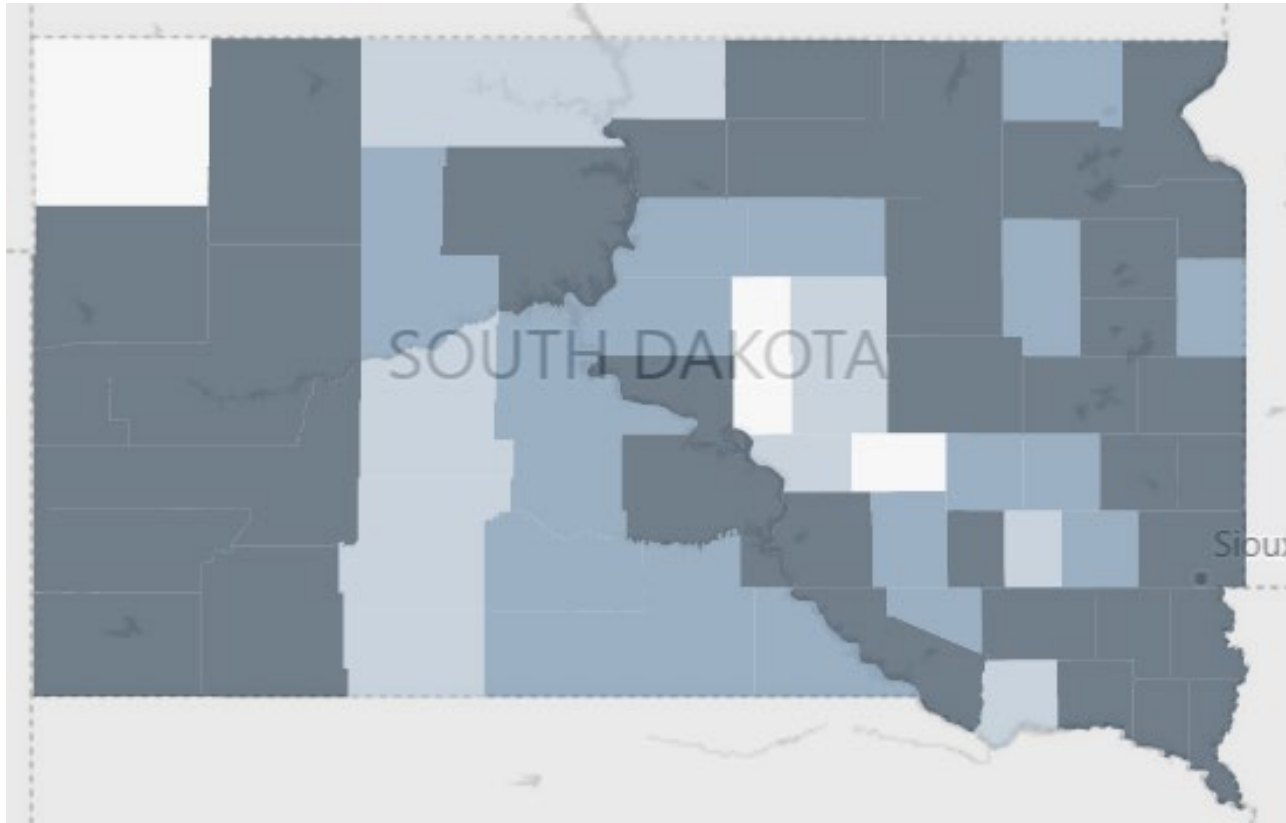
# Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH



As of January 27, 2021

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# COVID-19 Case Map, by County



## Substantial Community Spread

Beadle	Grant	Pennington
Brookings	Hamlin	Perkins
Brown	Hughes	Roberts
Brule	Hutchinson	Spink
Butte	Kingsbury	Turner
Charles Mix	Lake	Union
Clay	Lawrence	Walworth
Codington	Lincoln	Yankton
Custer	Lyman	
Davison	McPherson	* New County
Day	Meade	
Dewey	Minnehaha	
Edmunds	Moody	
Fall River	Oglala Lakota	

As of January 27, 2021

*Not intended for press or for reporting purposes.*

# General Testing Recommendations

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

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

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

As of June 18, 2020

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# 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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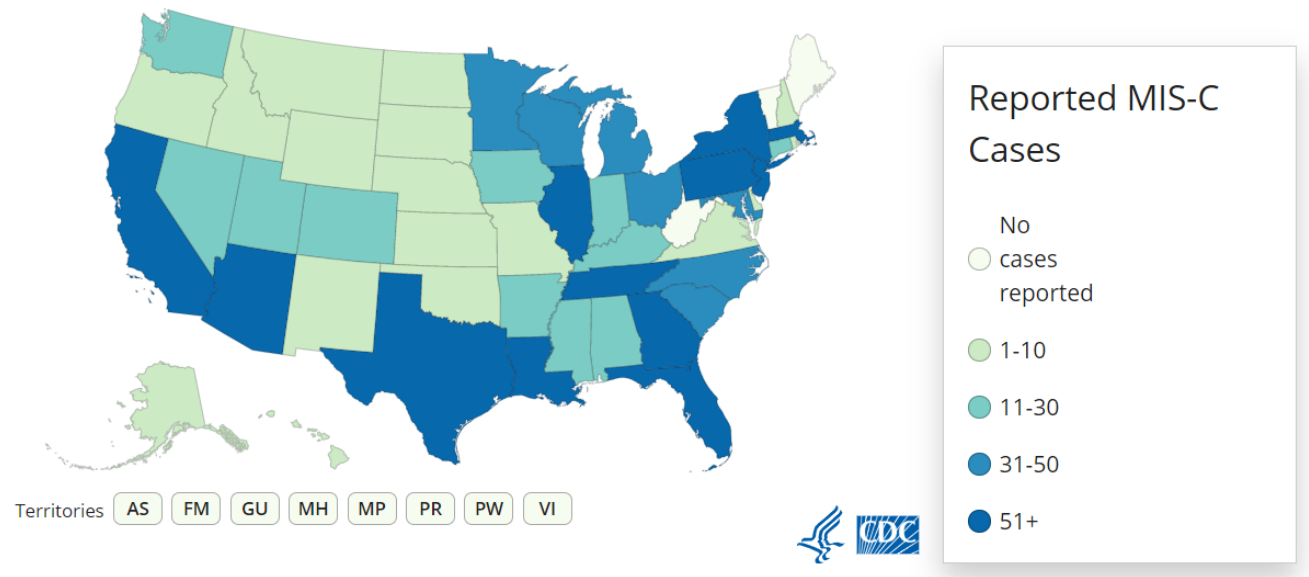
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# MIS-C in South Dakota

- Cases of MIS-C:
  - USA: 1,288 confirmed cases and 23 deaths  
(*no cases reported in Maine, Vermont, and West Virginia*)
  - SD: 6 confirmed cases and zero deaths
- Case definition:
  - Person aged <21 years; AND
  - Signs and Symptoms: fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with two or more organ systems involved (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
  - No alternative plausible diagnoses; AND
  - Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms.

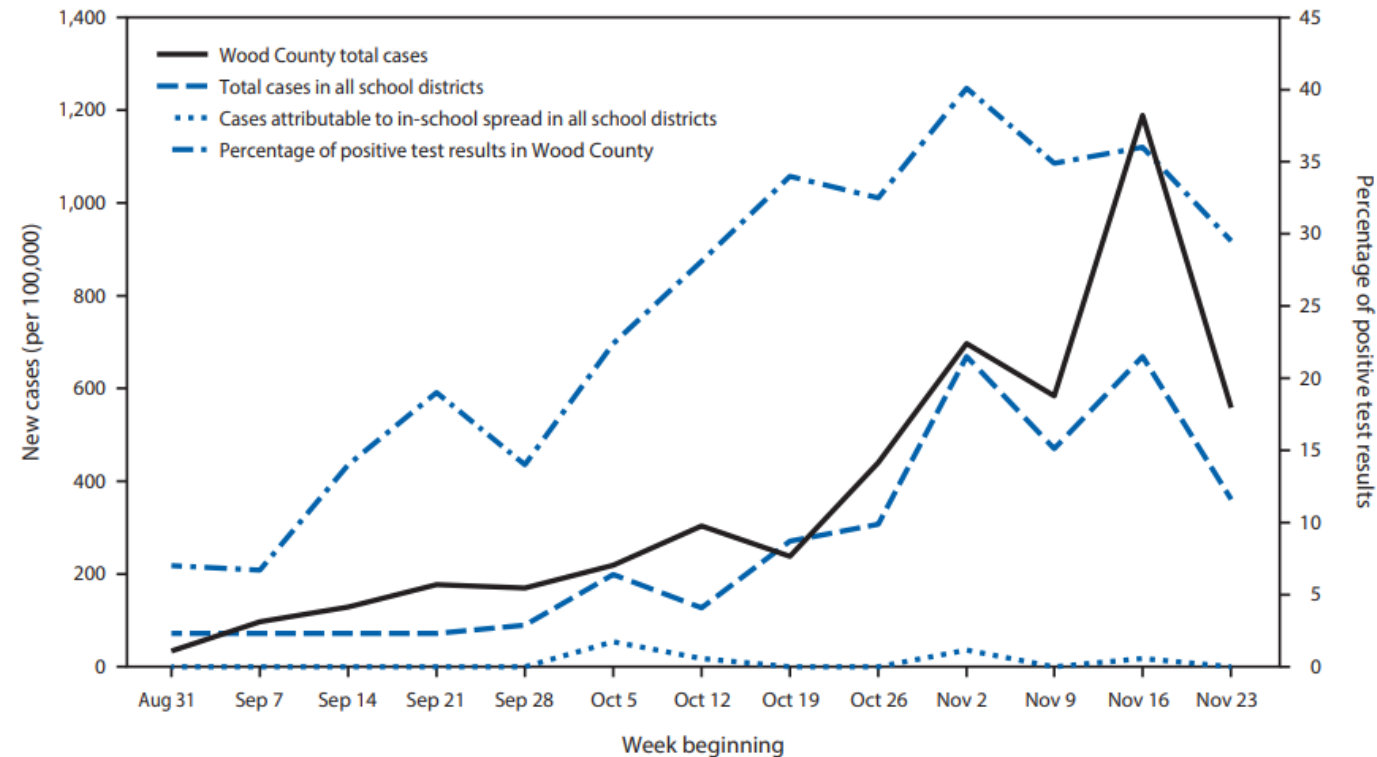
MIS-C Case Ranges by Territory, State, New York City, and Washington, DC\*



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# COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020

FIGURE 2. Community and school-associated COVID-19 incidence (cases per 100,000) and percentage of positive test results, by week  
Wood County, Wisconsin, August 31–November 29, 2020



Abbreviation: COVID-19 = coronavirus disease 2019.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s\\_cid=mm7004e3\\_x](https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s_cid=mm7004e3_x)

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# SARS-CoV-2 Transmission Associated with High School Wrestling Tournaments — Florida, December 2020–January 2021

TABLE. Characteristics of persons with COVID-19 associated with high school wrestling tournaments — Florida, December 2020–January 2021

Characteristic	No. of persons (%)			Attack rate, % (no. positive/no. susceptible) <sup>†</sup>
	Total	Received testing	Had positive test results*	
<b>Tournament attendees</b>				
All attendees	130 (100.0)	54 (41.5)	38 (70.4)	30.2 (38/126)
Wrestlers	116 (89.2)	44 (37.9)	31 (70.5)	27.4 (31/113)
Coaches	6 (4.6)	5 (83.3)	3 (60.0)	60.0 (3/5)
Referees	5 (3.8)	2 (40.0)	1 (50.0)	20.0 (1/5)
Other <sup>§</sup>	3 (2.3)	3 (100.0)	3 (100.0)	100.0 (3/3)
<b>Contacts</b>				
All contacts	446 (100.0)	95 (21.3)	41 (43.2)	9.3 (41/441)
Household	62 (13.9)	30 (48.4)	18 (60.0)	30.0 (18/60)
Classmates and teachers <sup>¶</sup>	168 (37.7)	30 (17.9)	10 (33.3)	6.0 (10/166)
Team members not attending tournaments <sup>¶</sup>	64 (14.3)	24 (37.5)	13 (54.2)	20.3 (13/64)
Other school athletic members <sup>¶</sup>	152 (34.1)	11 (7.2)	0 (—)	— (0/151)
<b>Age group of contacts, yrs**</b>				
0–13	18 (4.0)	8 (44.4)	5 (62.5)	27.8 (5/18)
14–18	384 (86.1)	71 (18.5)	27 (38.0)	7.1 (27/380)
19–24	8 (1.8)	2 (25.0)	1 (50.0)	12.5 (1/8)
25–44	22 (4.9)	7 (31.8)	3 (42.9)	14.3 (3/21)
45–61	12 (2.7)	7 (58.3)	5 (71.4)	41.7 (5/12)

Abbreviation: COVID-19 = coronavirus disease 2019.

\* Among those receiving testing.

<sup>†</sup> Four tournament attendees and five contacts received positive test results during June–November 2020 and were not included in the attack rate calculation.

<sup>§</sup> “Other” category includes a nonwrestling high school athletic coach and two students who were not wrestlers.

<sup>¶</sup> Within-school contacts.

\*\* Ages of two contacts were unknown.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e4.htm?s\\_cid=mm7004e4\\_x](https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e4.htm?s_cid=mm7004e4_x)

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# P.1 Variant Identified in Minnesota

- The P.1 lineage was identified in 42% (13 out of 31) RT-PCR positive samples collected in Manaus, Brazil between Dec 15-23
  - Not previously identified in Manaus based on 26 samples collected between March to November 2020
- Rapid emergence may indicate P.1 is more transmissible
- First US case identified in a Minnesota patient

<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>

<https://www.cidrap.umn.edu/news-perspective/2021/01/brazilian-covid-19-variant-detected-minnesota>

<https://virological.org/t/genomic-characterisation-of-an-emergent-sars-cov-2-lineage-in-manaus-preliminary-findings/586>

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# CDC Guidance for Air Passengers

## **Before you travel**

- Proof of a negative COVID-19 test no more than three days prior to your flight

**OR**

- Proof of a recent recovery from COVID-19 (within the last three months)

## **After arrival to the United States**

- Get tested 3-5 days after travel AND stay home for 7 days

**OR**

- Stay home for 10 days after travel

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html#general>

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# Selected CDC Updates

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

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

Building Confidence in COVID-19 Vaccines: <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.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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# COVID-19 Antibody 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 indicate COVID-19 vaccination status when ordering COVM and/or COVG including most recent vaccination data (if available).

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**South Dakota Public Health Laboratory**  
 615 E. Fourth Street  
 Pierre, SD 57501  
 Phone 605-773-3368 Fax 605-773-8201  
[www.state.sd.us/doh/Lab/index.htm](http://www.state.sd.us/doh/Lab/index.htm)

Lab Use Only

**Program Use Only**  
☐ Public Health Investigation  
☐ CD Billing Code  
☐ Flu Surveillance  
☐ Outbreak
 Facility  
 Address  
 City  
 Phone  
 Physician/Clinician Name

**Patient Information: Patient ID**  
 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

**Specimen Data:** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Serum  
☐ Whole Blood (EDTA) Venous/Capillary  
☐ Quantiferon TB Gold Plus Blood  
☐ Plasma
 **Specimen Source:**  

<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"/> Sputum	<input type="checkbox"/> Stool isolate	<input type="checkbox"/> Vaginal
<input type="checkbox"/> Ear	<input type="checkbox"/> OP Swab	<input type="checkbox"/> Stool preserve	<input type="checkbox"/> Fluid
<input type="checkbox"/> Eye	<input type="checkbox"/> Pleural	<input type="checkbox"/> Throat	<input type="checkbox"/> Tissue
<input type="checkbox"/> Nail			<input type="checkbox"/> Wound

**SEROLOGY**  
☐ SBR Brucella Ab  
☐ STU Francisella tularensis Ab  
☐ HPS Hantavirus IgG/IgM Ab  
☐ HAM Hepatitis A IgM Ab  
☐ HAP Hepatitis A IgG Ab  
☐ HBD Hepatitis B Acute Profile  
☐ HBC Hepatitis B Chronic Profile  
☐ VHC Hepatitis B Core Total Ab  
☐ VCM Hepatitis B Core IgM Ab  
☐ VHG Hepatitis B Surface Ab  
☐ VSG Hepatitis B Post Vac. Screen  
☐ VSB Hepatitis B Surface Ag  
☐ HCV Hepatitis C Ab  
☐ VLG Lyme IgG Ab  
☐ VLM Lyme IgM Ab  
☐ VRO Measles IgG (Rubella) Ab  
☐ VMM Measles IgM (Rubella) Ab  
☐ VMS Mumps IgG Ab  
☐ VUM Mumps IgM Ab  
☐ VQS Q Fever IgG Ab  
☐ VRK Rickettsial Ab Panel  
☐ VSF Rocky Mt. Spotted Fever IgG Ab  
☐ VRE Rubella IgG Ab  
☐ COVG SARS-CoV-2 IgG  
☐ COVM SARS-CoV-2 IgM  
☐ VTY Typhus IgG Ab  
☐ WNM West Nile Virus IgM Ab  
☐ WNG West Nile Virus IgG Ab  
☐ VNZ Neisseria Zoonae IgG Ab
 **VIROLOGY**  
☐ IAB Influenza A/B PCR  
☐ COV SARS-CoV-2 PCR  
☐ GIP Gastrointestinal Panel  
☐ RPP Respiratory Pathogen Profile  
☐ PCR Measles PCR  
☐ MPCR Mumps PCR  
☐ DEN Dengue IgM Ab  
☐ ZIKA Zika IgM Ab  
☐ ZIKA Zika PCR Serology  
☐ VOI OTHER  
**BLOOD LEAD**  
☐ BLT Blood Lead  
**MYCOBACTERIOLOGY**  
☐ TTB Mycobacteria Culture and Smear  
☐ TOT Mycobacteria Reference ID  
☐ MTB M. tuberculosis PCR  
☐ QFT Quantiferon TB Gold Plus  
**STD**  
☐ GPB Chlamydia/Gonorrhea  
☐ HIV HIV  
☐ RPR Syphilis Non-treponemal  
☐ TPPA Syphilis Treponema pallidum  
**PARASITOLOGY**  
☐ BOP Ova & Parasite Exam  
☐ BCP Cryptosporidium  
☐ BCB Cryptosporidium
 **SPECIAL PATHOGENS**  
☐ Please contact the laboratory at 605-773-3368 before sending.  
**BACTERIOLOGY**  
☐ BMD Bacterial Misc. Culture ID  
☐ PPR B. pertussis PCR  
☐ BPC B. pertussis culture  
☐ CAM Campylobacter ID  
☐ BSD Corynebacterium diphtheriae  
☐ BEE E. coli 0157 confirmation  
☐ HFLU Haemophilus influenzae typing  
☐ mCIM CRE Screen  
☐ BGR Neisseria gonorrhoeae culture  
☐ NMEN Neisseria meningitidis serotyping  
☐ SAL Salmonella serotyping  
☐ SHIG Shigella serotyping  
☐ STX Shiga toxin EIA  
☐ BEP Enteric Stool Culture  
☐ BVC Fibrin culture/ID  
☐ BYC Yersinia culture/ID  
☐ BMY Yeast/Fungus ID  
**OTHER**  
☐ 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.\*\***

- There are no data to inform the impact of the [COVID-19 mRNA](#) vaccines on either the tuberculin skin test (TST) or the interferon gamma release assay (IGRA). **There is no immunologic reason to believe that a TST or blood draw for IGRA will impact the effectiveness of COVID-19 mRNA vaccines.**
- According to the [Vaccine Recommendations and Guidelines of the Advisory Committee on Immunization Practices \(ACIP\)](#), inactive vaccines do not interfere with TB test results. Vaccination with live viruses (such as the MMR vaccine) can cause mild immune system suppression, and may reduce the reactivity of the TST, possibly causing a false-negative reaction.
- Although the COVID-19 mRNA vaccine is not a live virus vaccine, not enough is yet known of the potential impact of mRNA vaccines on immune responses to say conclusively whether the COVID-19 mRNA vaccine could have a potential effect on TST or IGRA test results during the first 4 weeks after COVID-19 vaccination.

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# Tuberculosis Screening and COVID-19

For [healthcare personnel](#) who require baseline TB testing 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.

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# Tuberculosis Screening and COVID-19

For [healthcare personnel](#) who require testing for other reasons, [CDC recommends](#):

- Perform [TB symptom](#) screening on all healthcare personnel.
- Test for TB infection before or during the same visit as COVID-19 mRNA vaccination. If this is not possible, prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 mRNA vaccination based on potential COVID-19 exposures and [TB risk factors](#).
- Healthcare personnel with high-risk conditions for TB progression should be fully evaluated as soon as possible.
- Healthcare personnel without high-risk conditions for TB progression should proceed with symptom screening, chest radiograph or other imaging, specimen for microbiologic evaluation, but delay being tested for TB infection (with either TST or IGRA) if prioritized for receiving COVID-19 mRNA vaccination.

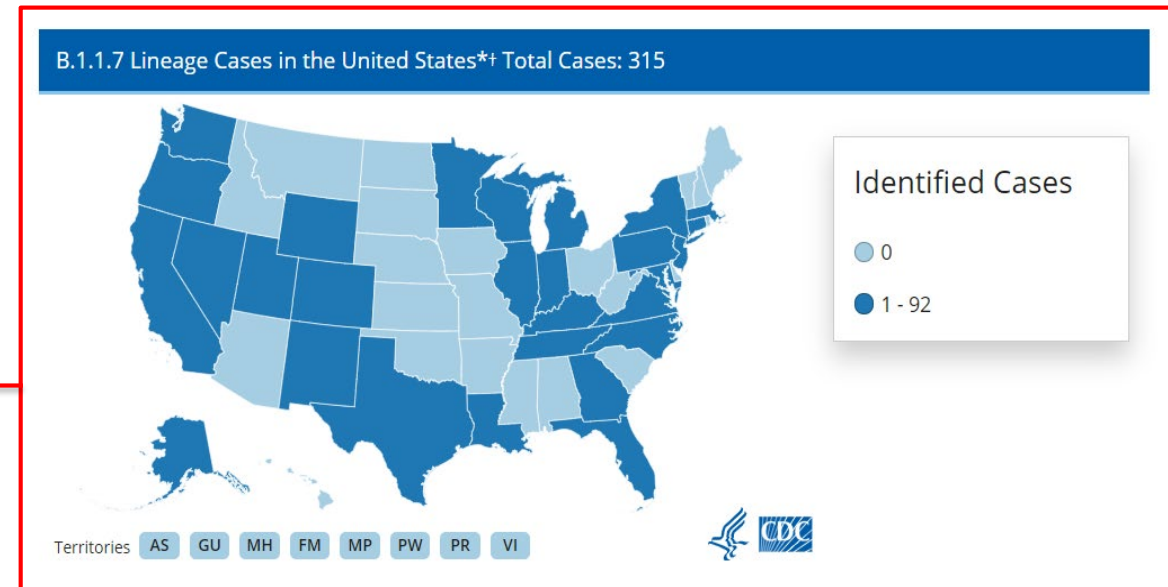
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# SARS-CoV-2 Variant Surveillance

- Laboratories across the country are increasing capacity to perform SARS-CoV-2 genomic surveillance.
- Surveillance activities are currently directed at known variants such as:
  - B.1.1.7: UK variant
  - 1.351: South African variant
  - P.1: Brazil variant
- Surveillance activities are also used to detect potential new variants.



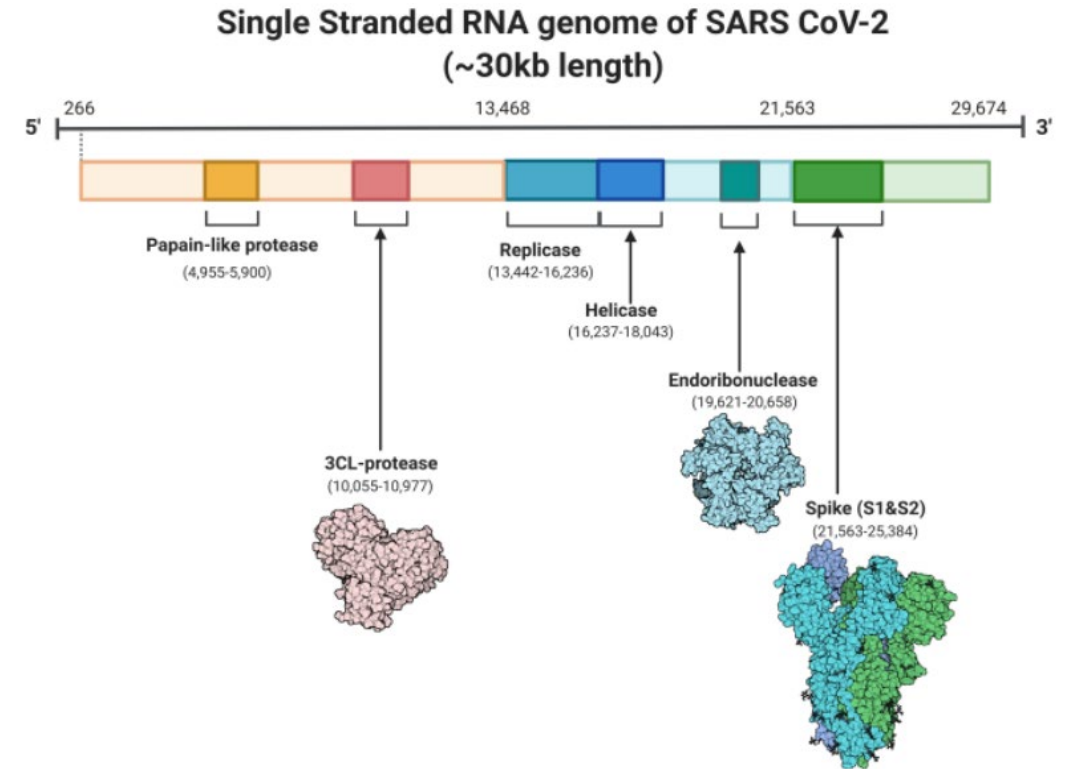
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# SARS-CoV-2 Variant Surveillance

- SARS-CoV-2 sequencing has already revealed a variety of mutations that impact critical viral proteins and their ability to infect cells in the human body.
- Sequencing and additional research with SARS-CoV-2 variants will help us understand:
  - How widely variants may be spreading
  - How disease caused by variants may be different compared to viruses currently in circulation
  - How variants may affect existing therapies and vaccines



Cascella M, Rajnik M, Cuomo A, et al. Features, Evaluation, and Treatment of Coronavirus. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554776/figure/article-52171.image.f5/>

# SARS-CoV-2 Variant Surveillance

- The South Dakota Public Health Laboratory is participating in state, regional, and national SARS-CoV-2 genome sequencing initiatives. The high-level goal of these initiatives is to ensure genomic surveillance of SARS-CoV-2 circulating in South Dakota.
- SDPHL will provide all packaging and shipping supplies to participating clinical laboratories. The SDPHL courier can be used to ship specimens to the public health laboratory in Pierre.
- SDPHL is asking that participating clinical laboratories submit eight (8) SARS-CoV-2-positive specimens each week to the public health laboratory in Pierre.

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# SARS-CoV-2 Variant Surveillance

- Specimen Source: Recently collected specimen that is SARS-CoV-2-positive
- Specimen Medium: Viral transport medium
- Preferred Specimen: Specimens tested by RT-PCR and whose CT values are  $\leq 28$
- Acceptable Specimens: Specimens from another molecular testing platform
- Additional Requirements:
  - Viral Ct value (if specimen was tested by RT-PCR)
  - Host control Ct value (if specimen was tested by RT-PCR)
  - Sample collection date
  - Patient country, state, county (as applicable)
  - Race/ethnicity
  - Age in years
  - Gender
  - Travel history, if any, during 14 days prior to onset of illness
  - Hospitalized (yes/no/unknown)
  - Death (yes/no/unknown)

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# Long Term Care

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# Disease Impact – United States *as of 1.10.21*

## Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

549,852

TOTAL RESIDENT COVID-19 DEATHS

107,107

TOTAL STAFF COVID-19 CONFIRMED CASES

472,445

TOTAL STAFF COVID-19 DEATHS

1,340

<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 – 47\* (17 case in staff only)**
- **Cumulative Total LTC Facilities with Case – 216**
- **Current Active Cases in a Resident – 98\***
- **Cumulative Total Resident Cases – 3,387**
- **Cumulative Total Resident Deaths – 824**
- **Current Active Cases in Staff – 54\***
- **Cumulative Total Case in Staff – 1,205**

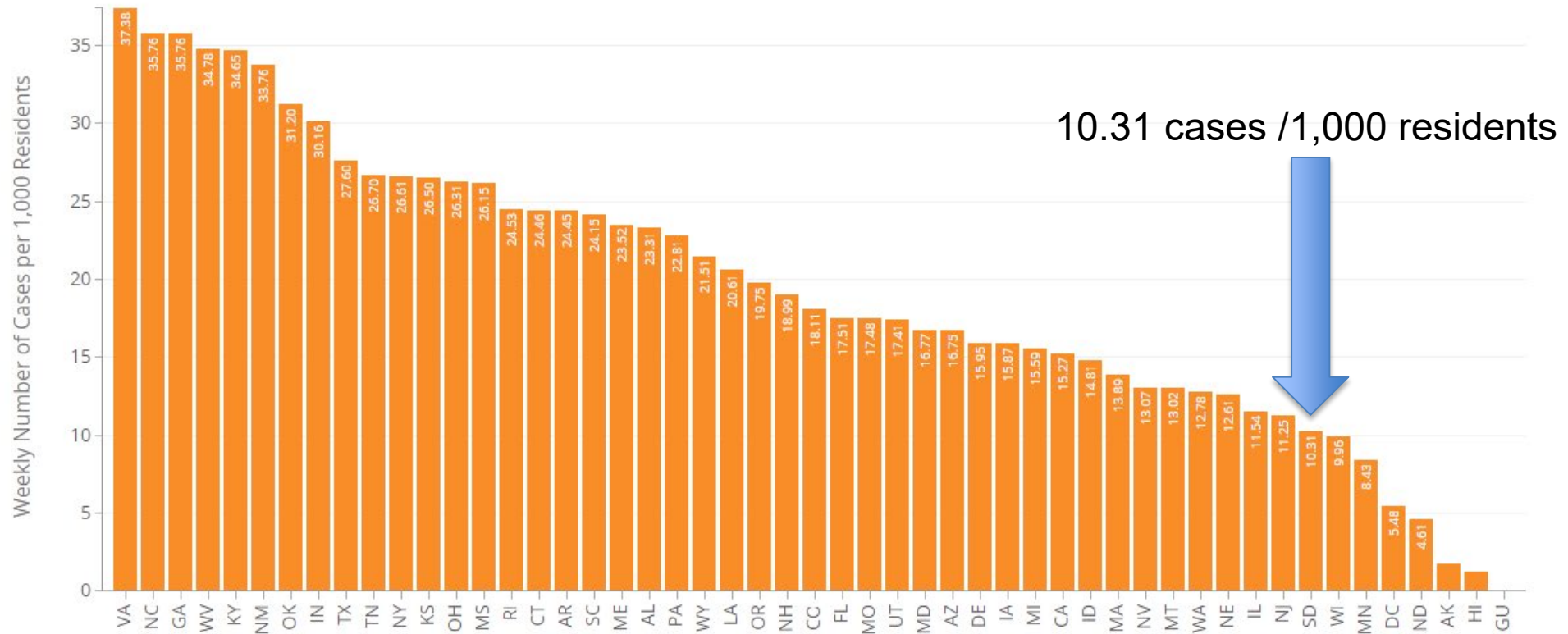
*\*self-reported by touch-base calls as of 01.25.2021 - all data is provisional*

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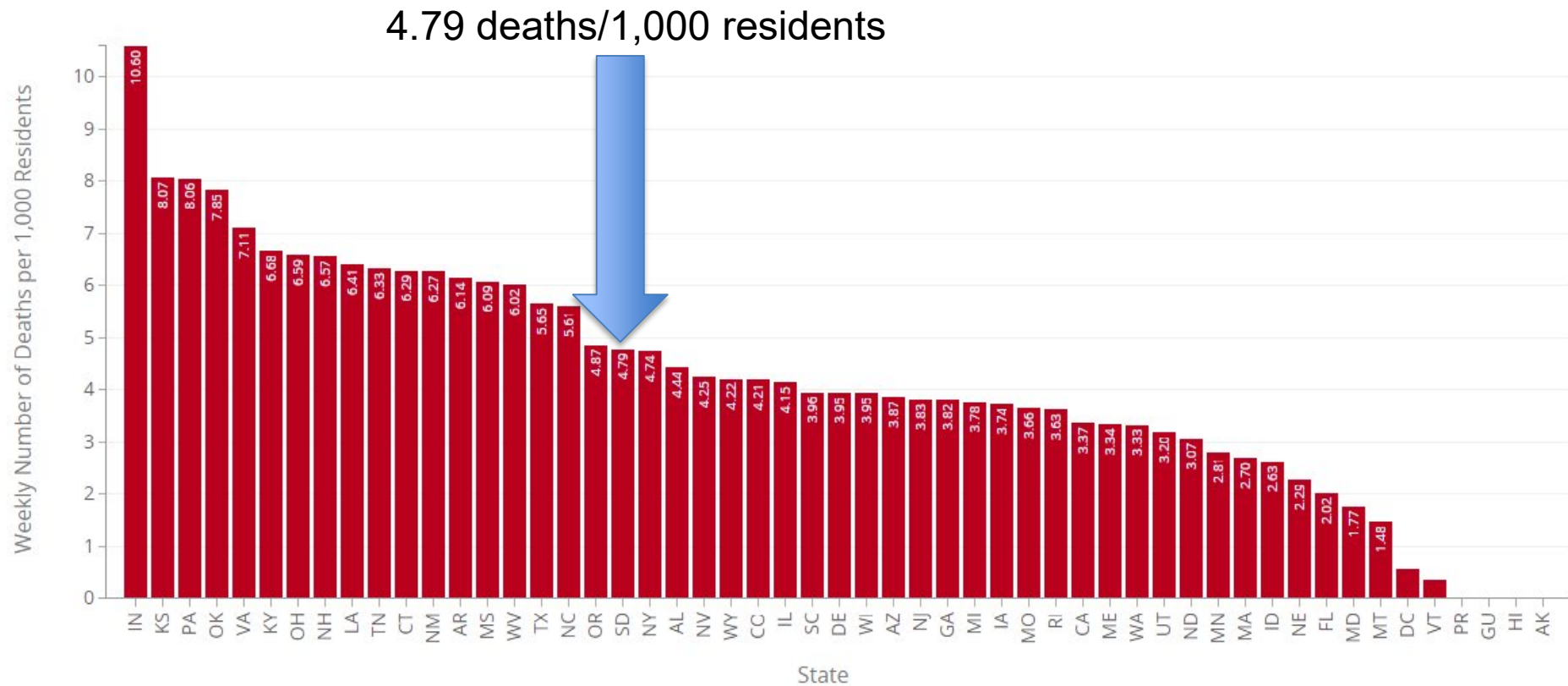
## Weekly Resident Cases per 1,000 Residents



as of 01.10.2021

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## Weekly Resident Deaths per 1,000 Residents



as of 01.10.2021

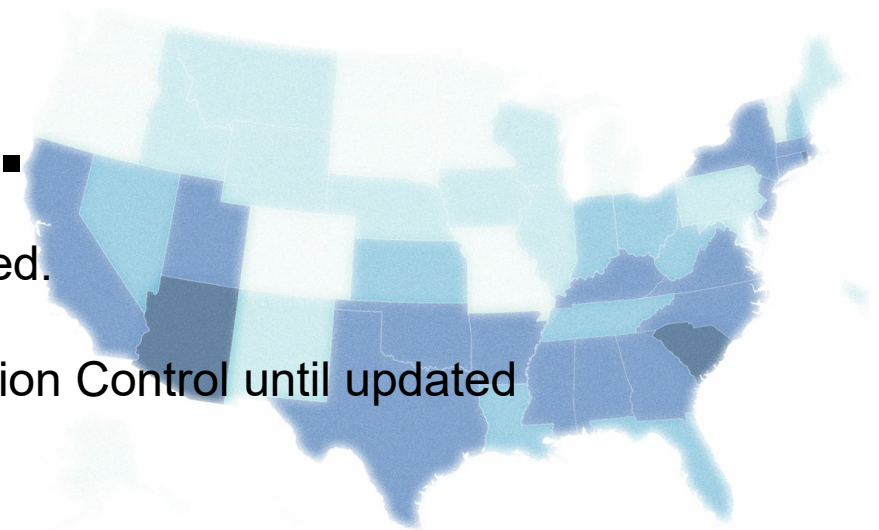
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# Continue to remain vigilant.

- 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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# LTC Calls

- LTC Zoom Webinars will occur every other week.
- Next Webinar is scheduled at 3PM (CT) on Wednesday February 3<sup>rd</sup>.
- Webinar invitations will continue to be sent through the Listserv.

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# Vaccination Update



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# Doses Administered

Total Doses Administered

82,021

Manufacturer	Number of Doses
Moderna	40,541
Pfizer	37,687

Total Persons Administered a Vaccine

59,360

Doses	Number of Recipients
Moderna - 1 dose	27,623
Moderna - Series Complete	6,459
Pfizer - 1 dose	12,869
Pfizer - Series Complete	12,409

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# SD DOSES Received

Pfizer 1	23,400
Pfizer 2	12,675
Moderna 1	40,500
Moderna 2	24,800
LRC Pharm	21,450
Total	122825

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# SD DOSES Received

This Week Shipments	17,225
Doses At Pharmacy	13,793
Second Dose to be given this week	6,075

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

**Pfizer            5,850**

**Moderna    7,000**

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# Bonus Doses

Pfizer vaccine generally yields 6 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/COVID\\_VaxAvailabilityTimeline.pdf](https://doh.sd.gov/documents/COVID19/Vaccine/COVID_VaxAvailabilityTimeline.pdf)

1A	19,265	21,788 Vaccinated
1B	10,867	2,877 Vaccinated-not including CVS/Walgreens
1C	49,642	18,373 Vaccinated
1D	265,561	6,745
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					
1C	EMS, public health workers, and other healthcare workers (lab & clinic staff)					
	Law enforcement, correctional officers					
we are here 1D	Persons aged 65 years and older <i>Starting w/those 80 years of age and older (Age to be lowered in 5-year increments as allocation allows)</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 under the age of 65					
	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](#)*

*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 01-26-21



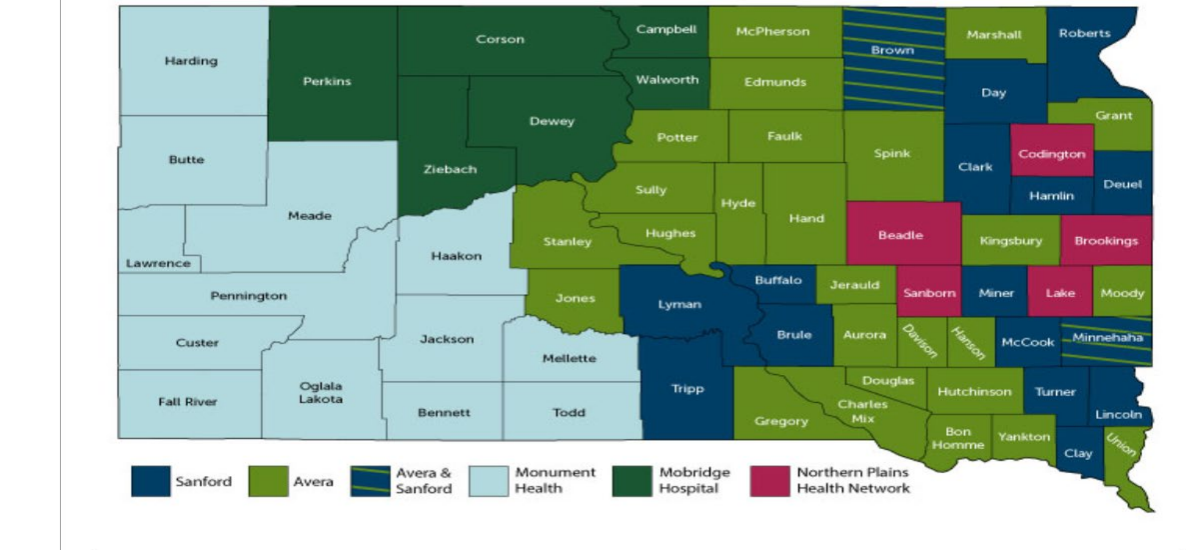
## COVID-19 VACCINE PROVIDERS

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

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## 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

Avera Health Monument Health Mobridge Hospital Sanford Health

Avera Health Monument Health Mobridge Hospital Sanford Health

Avera Health Monument Health Mobridge Hospital Sanford Health

Northern Plains Health Network: [Beadle & Sanborn](#) | [Brookings](#) | [Cody](#) | [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.

CDC has updated its COVID-19 clinical considerations:

[www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

- Updated recommendations on intervals between the first and second dose
- Updated recommendations on interchangeability of vaccine products
- Updated language on vaccination of persons with a history of SARS-CoV-2 infection
- New vaccination recommendations in persons with a history of dermal fillers
- Additional resources on vaccine excipients (Appendix B)

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# Infection Prevention



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# Continue all COVID-19 infection prevention measures during vaccination phases!

- Masking/wearing PPE at work
- Frequent hand washing
- Social distancing
- FAQ about COVID-19 Vaccination:

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

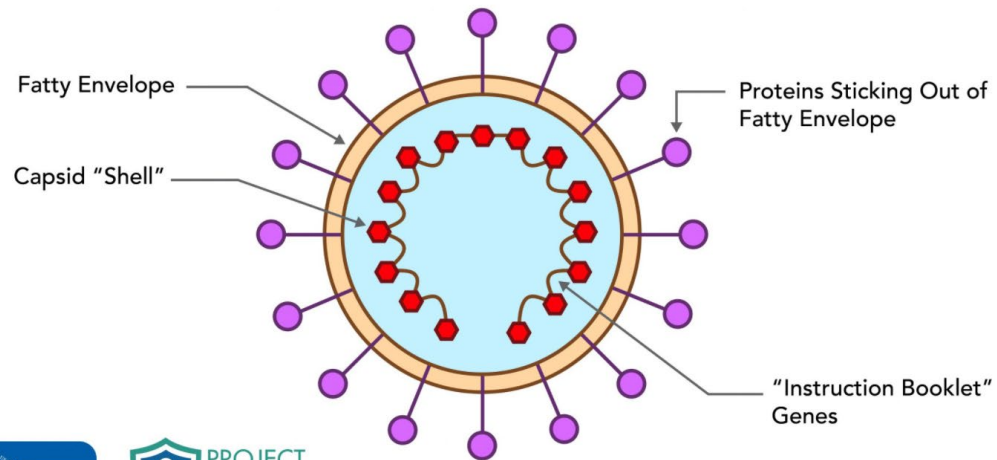
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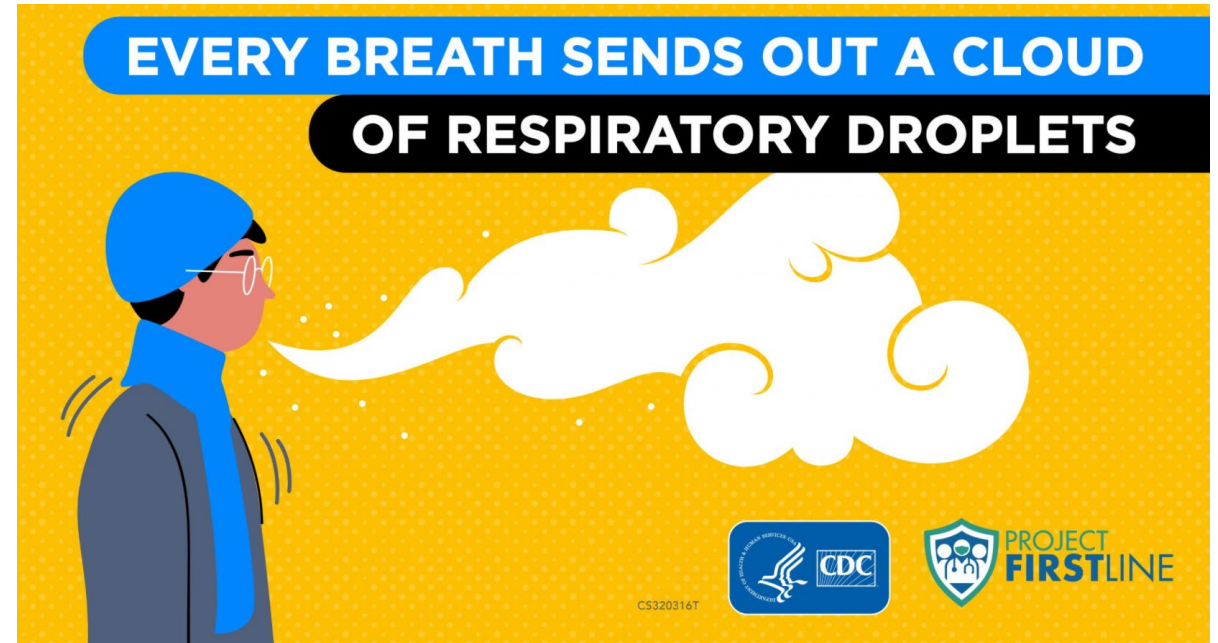
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# CDC Project Firstline

## THE PARTS OF VIRUSES



CS320316-U



<https://www.cdc.gov/infectioncontrol/projectfirstline/resources.html>

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# Infection Prevention Resources from NETEC



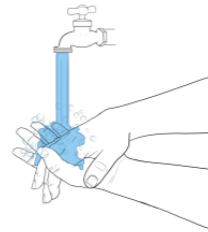
## Protect Your Skin this Winter

**The best offense is a good defense, especially when protecting your skin this winter. While frequent hand hygiene prevents infection, the dry, cracked skin it may leave behind makes it easy for bacteria to enter. Good skin care provides a strong offense when wearing a mask and practicing frequent hand hygiene.**

### HAND CARE

#### Wash and Moisturize Frequently

- Wash with soap and water, then dry hands.
- Apply petroleum-based, fragrance and dye-free cream or lotion while hands are damp.
- If using sanitizer, let it dry before moisturizing.



#### Treat Irritated Skin

- If skin is dry or cracked, apply skin protectants, then cover with a bandage or dressing.
- If irritation persists, see your doctor.

### FACIAL CARE

#### Moisturize Frequently

- Use non-petroleum cream or ointment and wear sunscreen with SPF 30 or higher.
- Use non-petroleum lip protection and refrain from licking lips.



#### Take Care of Mask or Face Cover

- Wash frequently and keep a spare available.
- Use mask extenders to prevent irritation on the backs of ears.
- If the mask or face cover is moist, place in a paper bag, leaving bag open to allow moisture to evaporate.

### GENERAL GUIDELINES

- Avoid getting petroleum-based products on masks because these products may interfere with protection, restrict air flow, trap moisture, and leave you with a soggy mask.
- Drink plenty of fluids to keep skin hydrated, which helps prevent irritation from frequent hand hygiene, dry air, and the elements.
- Take drink breaks when wearing a mask or face cover for extended periods.

[https://netec.org/wp-content/uploads/2021/01/A4\\_1\\_3\\_Protect-Your-Skin-this-Winter\\_FINAL.pdf](https://netec.org/wp-content/uploads/2021/01/A4_1_3_Protect-Your-Skin-this-Winter_FINAL.pdf)

*Not intended for press or for reporting purposes.*

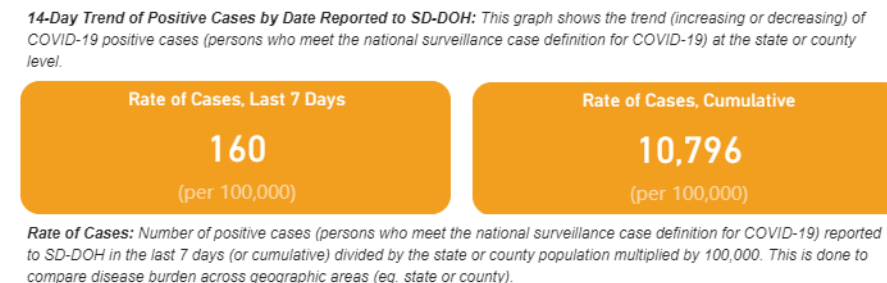
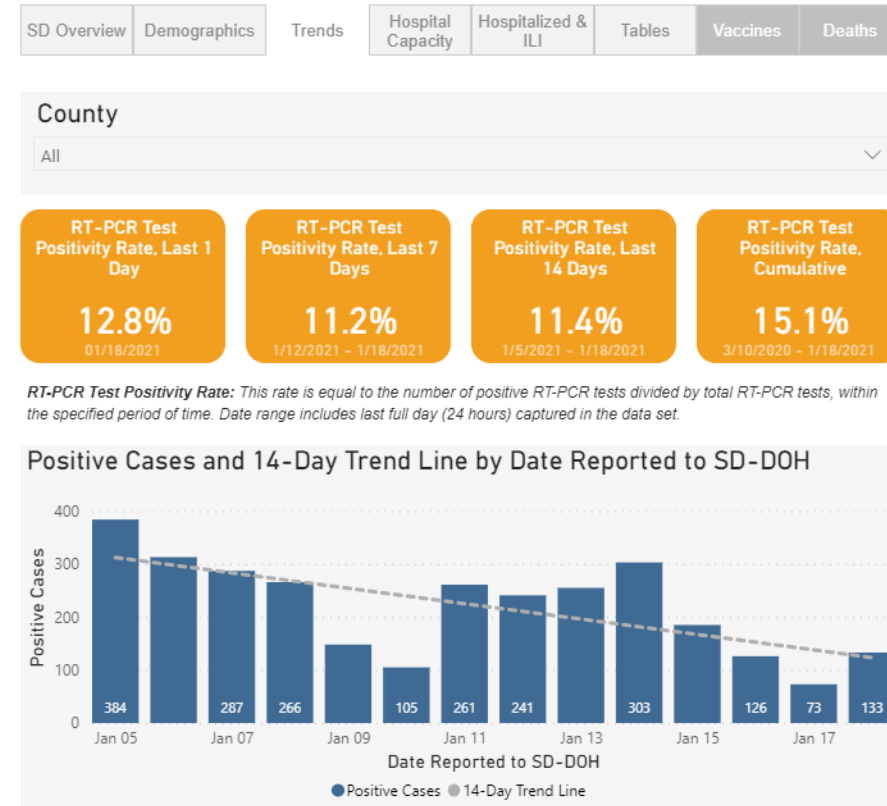
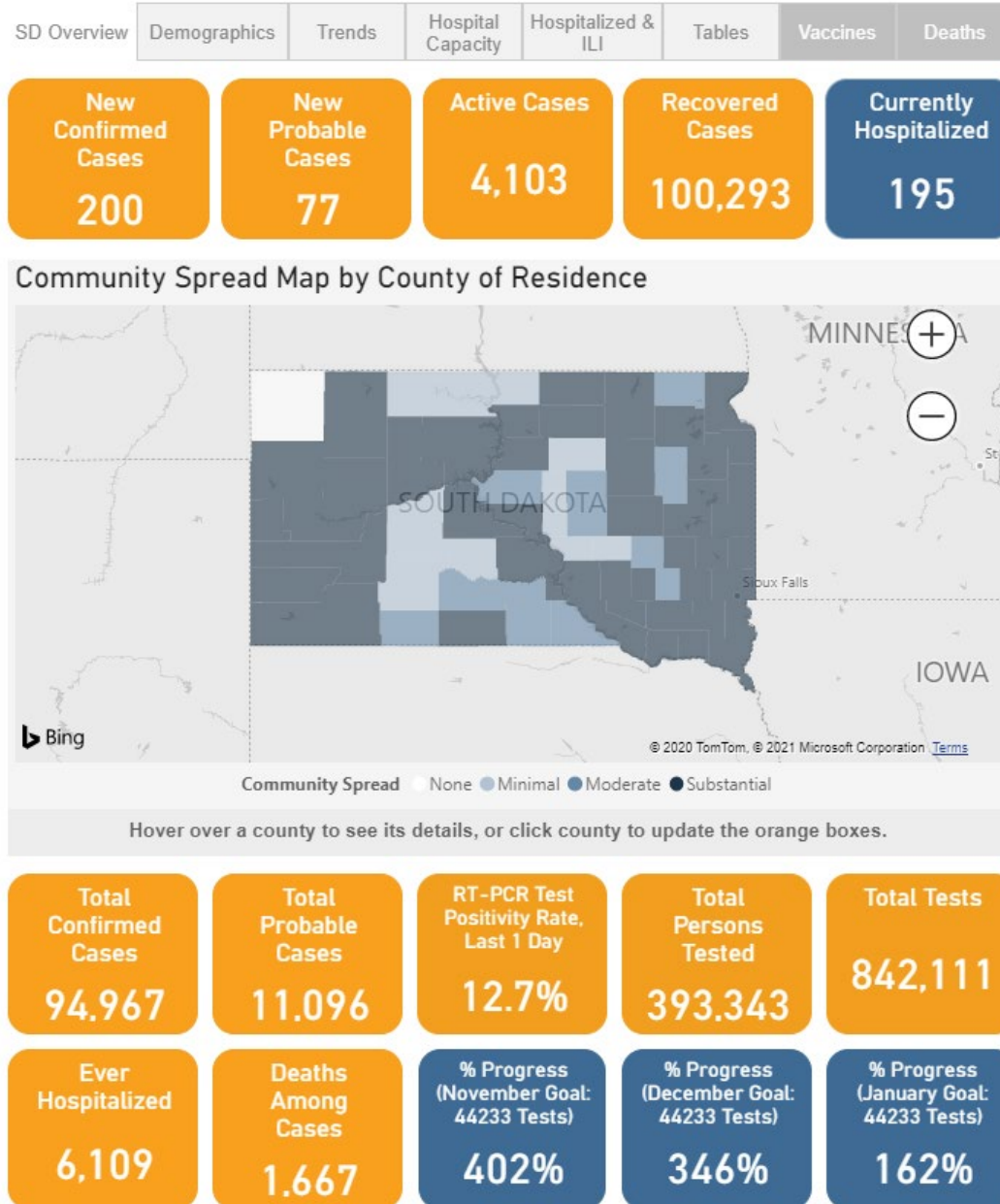


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# Community Mitigation



# Dashboard





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

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