2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

January 28, 2021

We will begin in just a few moments. Thanks!

Not intended for press or for reporting purposes.
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 27, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

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

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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

As of January 27, 2021

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  * New County
Davison  McPherson  Oglala Lakota
Day  Meade
Dewey  Minnehaha
Edmunds  Moody
Fall River  Oglala Lakota

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


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
  • Fax – 605.773.5509

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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.

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

https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e3.htm?s_cid=mm7004e3_x

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<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. of persons (%)</th>
<th>Total</th>
<th>Received testing</th>
<th>Had positive test results*</th>
<th>Attack rate, % (no. positive/no. susceptible)†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tournament attendees</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All attendees</td>
<td>130 (100.0)</td>
<td>54 (41.5)</td>
<td>38 (70.4)</td>
<td>30.2 (38/126)</td>
<td></td>
</tr>
<tr>
<td>Wrestlers</td>
<td>116 (89.2)</td>
<td>44 (37.9)</td>
<td>31 (70.5)</td>
<td>27.4 (31/113)</td>
<td></td>
</tr>
<tr>
<td>Coaches</td>
<td>6 (4.6)</td>
<td>5 (83.3)</td>
<td>3 (60.0)</td>
<td>60.0 (3/5)</td>
<td></td>
</tr>
<tr>
<td>Referees</td>
<td>5 (3.8)</td>
<td>2 (40.0)</td>
<td>1 (50.0)</td>
<td>20.0 (1/5)</td>
<td></td>
</tr>
<tr>
<td>Other†</td>
<td>3 (2.3)</td>
<td>3 (100.0)</td>
<td>3 (100.0)</td>
<td>100.0 (3/3)</td>
<td></td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>All contacts</td>
<td>446 (100.0)</td>
<td>95 (21.3)</td>
<td>41 (43.2)</td>
<td>9.3 (41/441)</td>
<td></td>
</tr>
<tr>
<td>Household</td>
<td>62 (13.9)</td>
<td>30 (48.4)</td>
<td>18 (60.0)</td>
<td>30.0 (18/60)</td>
<td></td>
</tr>
<tr>
<td>Classmates and teachers†</td>
<td>168 (37.7)</td>
<td>30 (17.9)</td>
<td>10 (31.3)</td>
<td>6.0 (10/166)</td>
<td></td>
</tr>
<tr>
<td>Team members not attending tournaments‡</td>
<td>64 (14.3)</td>
<td>24 (37.5)</td>
<td>13 (54.2)</td>
<td>20.3 (13/64)</td>
<td></td>
</tr>
<tr>
<td>Other school athletic members§</td>
<td>152 (34.1)</td>
<td>11 (7.2)</td>
<td>0 (—)</td>
<td>— (0/151)</td>
<td></td>
</tr>
<tr>
<td><strong>Age group of contacts, yrs</strong>‡</td>
<td></td>
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</tr>
<tr>
<td>0–13</td>
<td>18 (4.0)</td>
<td>8 (44.4)</td>
<td>5 (62.5)</td>
<td>27.8 (5/18)</td>
<td></td>
</tr>
<tr>
<td>14–18</td>
<td>384 (86.1)</td>
<td>71 (18.5)</td>
<td>27 (38.0)</td>
<td>7.1 (27/380)</td>
<td></td>
</tr>
<tr>
<td>19–24</td>
<td>8 (1.8)</td>
<td>2 (25.0)</td>
<td>1 (50.0)</td>
<td>12.5 (1/8)</td>
<td></td>
</tr>
<tr>
<td>25–44</td>
<td>22 (4.9)</td>
<td>7 (31.8)</td>
<td>3 (42.9)</td>
<td>14.3 (3/21)</td>
<td></td>
</tr>
<tr>
<td>45–61</td>
<td>12 (2.7)</td>
<td>7 (58.3)</td>
<td>5 (71.4)</td>
<td>41.7 (5/12)</td>
<td></td>
</tr>
</tbody>
</table>

* Among those receiving testing.
† Four tournament attendees and five contacts received positive test results during June–November 2020 and were not included in the attack rate calculation.
§ “Other” category includes a nonwrestling high school athletic coach and two students who were not wrestlers.
** Within-school contacts.

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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


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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


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Selected CDC Updates

Available at: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.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
  - Tim.Southern@state.sd.us

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 indicate COVID-19 vaccination status when ordering COVM and/or COVG including most recent vaccination data (if available).

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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.

*Not intended for press or for reporting purposes.*
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.
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.
• 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

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.
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 <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

Not intended for press or for reporting purposes.
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


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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

Not intended for press or for reporting purposes.
10.31 cases /1,000 residents

Weekly Resident Cases per 1,000 Residents

as of 01.10.2021

Not intended for press or for reporting purposes.
4.79 deaths/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.

Not intended for press or for reporting purposes.
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 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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LTC Calls

• LTC Zoom Webinars will occur every other week.

• Next Webinar is scheduled at 3PM (CT) on Wednesday February 3rd.

• Webinar invitations will continue to be sent through the Listserv.

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Vaccination Update
Doses Administered

Total Doses Administered: 82,021

Total Persons Administered a Vaccine: 59,360

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Number of Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna</td>
<td>40,541</td>
</tr>
<tr>
<td>Pfizer</td>
<td>37,687</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doses</th>
<th>Number of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna - 1 dose</td>
<td>27,623</td>
</tr>
<tr>
<td>Moderna - Series Complete</td>
<td>6,459</td>
</tr>
<tr>
<td>Pfizer - 1 dose</td>
<td>12,869</td>
</tr>
<tr>
<td>Pfizer - Series Complete</td>
<td>12,409</td>
</tr>
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Not intended for press or for reporting purposes.
## SD DOSES Received

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>Pfizer 1</td>
<td>23,400</td>
</tr>
<tr>
<td>Pfizer 2</td>
<td>12,675</td>
</tr>
<tr>
<td>Moderna 1</td>
<td>40,500</td>
</tr>
<tr>
<td>Moderna 2</td>
<td>24,800</td>
</tr>
<tr>
<td>LRC Pharm</td>
<td>21,450</td>
</tr>
<tr>
<td>Total</td>
<td>122,825</td>
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</tbody>
</table>

*Not intended for press or for reporting purposes.*
## SD DOSES Received

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>This Week Shipments</td>
<td>17,225</td>
</tr>
<tr>
<td>Doses At Pharmacy</td>
<td>13,793</td>
</tr>
<tr>
<td>Second Dose to be given this week</td>
<td>6,075</td>
</tr>
</tbody>
</table>

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

Pfizer 5,850

Moderna 7,000
Bonus Doses

Pfizer vaccine generally yields 6 doses

Moderna vaccine may yield 1 or 2 extra doses

DO NOT POOL VACCINE FROM MULTIPLE VIALS
<table>
<thead>
<tr>
<th>Priority Group</th>
<th>Total Population</th>
<th>Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>19,265</td>
<td>21,788</td>
</tr>
<tr>
<td>1B</td>
<td>10,867</td>
<td>2,877</td>
</tr>
<tr>
<td>1C</td>
<td>49,642</td>
<td>18,373</td>
</tr>
<tr>
<td>1D</td>
<td>265,561</td>
<td>6,745</td>
</tr>
<tr>
<td>1E</td>
<td>227,448</td>
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Not intended for press or for reporting purposes.
COVID-19 Vaccine: Expected Vaccine Availability in South Dakota

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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Frontline healthcare workers and long-term care facility healthcare workers</td>
<td></td>
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<tr>
<td>1B</td>
<td>Long-term care residents</td>
<td></td>
<td></td>
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<tr>
<td>1C</td>
<td>EMS, public health workers, and other healthcare workers (lab &amp; clinic staff)</td>
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<tr>
<td></td>
<td>Law enforcement, correctional officers</td>
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<tr>
<td>1D</td>
<td>Persons aged 65 years and older Starting with those 80 years of age and older (Age to be lowered in 5-year increments as allocation allows)</td>
<td></td>
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<tr>
<td></td>
<td>High risk patients - dialysis, post-transplant, and active cancer</td>
<td></td>
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<tr>
<td></td>
<td>High risk residents in congregate settings</td>
<td></td>
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<tr>
<td>1D</td>
<td>Persons with 2 or more underlying medical conditions under the age of 65</td>
<td></td>
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<tr>
<td></td>
<td>Teachers and other school/college staff</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Funeral service workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1E</td>
<td>Fire service personnel</td>
<td></td>
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<tr>
<td></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>
<td></td>
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</tbody>
</table>

Estimated Vaccine Availability

Note: Tribal vaccine allocation & administration is handled by the IHS
Veteran vaccine allocation & administration is handled by the VA
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.
CDC has updated its COVID-19 clinical considerations:


• 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)
Infection Prevention
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
CDC Project Firstline

THE PARTS OF VIRUSES

Fatty Envelope

Capsid “Shell”

Proteins Sticking Out of Fatty Envelope

“Instruction Booklet” Genes

EVERY BREATH SENDS OUT A CLOUD OF RESPIRATORY DROPLETS

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

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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 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

Not intended for press or for reporting purposes.
Community Mitigation
Dashboard

Community Spread Map by County of Residence

Hover over a county to see its details, or click county to update the orange boxes.

Not intended for press or for reporting purposes.
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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Helpful sources of information:

[hyperlink (tinged)]
covid.sd.gov

coronavirus.gov

• SD COVID-19 Help Line: 800-997-2880

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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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