2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

February 10, 2022

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 February 9, 2022. 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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Coronavirus Situation

- **International**
  - 396,558,014 confirmed cases
    - 5,745,032 deaths
- **United States** (50 states + DC)
  - 75,890,112 confirmed cases
    - 895,389 deaths
- **South Dakota**
  - 232,046 confirmed and probable cases
    - 2,706 deaths
    - 211,757 recovered cases

As of February 9th, 2022

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

As of February 9th, 2022

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

As of February 9th, 2022

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<table>
<thead>
<tr>
<th>Community Spread</th>
<th>Number of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>0</td>
</tr>
<tr>
<td>Substantial</td>
<td>0</td>
</tr>
<tr>
<td>High</td>
<td>66</td>
</tr>
</tbody>
</table>

Community Spread: Low, Moderate, Substantial, High

Generated by TomTom
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


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Reporting COVID-19 Tests to SD-DOH

• **Reminder**: Coronavirus respiratory syndromes are a Category I disease

• Report *immediately* on suspicion of disease

• Reporting mechanisms:
  • Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
    • Flat file (CSV) – Secure email
  • Disease reporting website – [sd.gov/diseasereport](http://sd.gov/diseasereport)
    • **Ensure patient phone numbers are included**
  • Fax – 605.773.5509

*Not intended for press or for reporting purposes.*
As of February 8th, 2022

Pct of Cases:
- 0-9y: 6.60%
- 10-19y: 12.15%
- 20-29y: 17.60%
- 30-39y: 17.05%
- 40-49y: 14.07%
- 50-59y: 12.89%
- 60-69y: 10.58%
- 70-79y: 10.58%
- 80+y: 3.56%

Pct Hospitalized:
- 0-9y: 0.81%
- 10-19y: 0.53%
- 20-29y: 1.35%
- 30-39y: 1.97%
- 40-49y: 2.80%
- 50-59y: 4.80%
- 60-69y: 8.57%
- 70-79y: 17.02%
- 80+y: 25.14%

Pct Died:
- 0-9y: 0.01%
- 10-19y: 0.00%
- 20-29y: 0.03%
- 30-39y: 0.12%
- 40-49y: 0.22%
- 50-59y: 0.69%
- 60-69y: 1.76%
- 70-79y: 4.92%
- 80+y: 15.78%

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### Cases, Hospitalizations, and Deaths by Age Group
#### Omicron Predominance - January 2022

<table>
<thead>
<tr>
<th>Age Group</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>8.36%</td>
<td>0.59%</td>
<td>0.03%</td>
</tr>
<tr>
<td>10-19y</td>
<td>12.46%</td>
<td>0.49%</td>
<td>0.02%</td>
</tr>
<tr>
<td>20-29y</td>
<td>19.68%</td>
<td>1.12%</td>
<td>0.00%</td>
</tr>
<tr>
<td>30-39y</td>
<td>18.22%</td>
<td>1.26%</td>
<td>0.01%</td>
</tr>
<tr>
<td>40-49y</td>
<td>14.42%</td>
<td>1.05%</td>
<td>0.01%</td>
</tr>
<tr>
<td>50-59y</td>
<td>11.56%</td>
<td>1.90%</td>
<td>0.11%</td>
</tr>
<tr>
<td>60-69y</td>
<td>8.57%</td>
<td>4.37%</td>
<td>0.27%</td>
</tr>
<tr>
<td>70-79y</td>
<td>4.37%</td>
<td>9.49%</td>
<td>1.31%</td>
</tr>
<tr>
<td>80+y</td>
<td>2.37%</td>
<td>18.39%</td>
<td>2.87%</td>
</tr>
</tbody>
</table>

Pct of Cases (distribution of cases across age groups)
Pct Hospitalized (of cases within age groups)
Pct Died (of cases within age groups)

As of February 8th, 2022

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

**As of February 8th, 2022**

<table>
<thead>
<tr>
<th>Breakthrough Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>16,663</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>760</td>
</tr>
<tr>
<td>Died</td>
<td>179</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variant Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1,567</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>75</td>
</tr>
<tr>
<td>Died</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reinfection</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>9,335</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>166</td>
</tr>
<tr>
<td>Died</td>
<td>24</td>
</tr>
</tbody>
</table>

SARS-CoV-2 Infection and Hospitalization Among Adults Aged ≥18 Years, by Vaccination Status, Before and During SARS-CoV-2 B.1.1.529 (Omicron) Variant Predominance — Los Angeles County, California, November 7, 2021–January 8, 2022

https://www.cdc.gov/mmwr/volumes/71/wr/mm7105e1.htm?s_cid=mm7105e1_w

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Updated Child Care Guidance

CDC recommends universal indoor masking for ages 2 years and older, regardless of vaccination status.

Isolation and quarantine periods can be reduced to five days for people who can consistently wear well-fitting masks, as long as they remain symptom free, or their fever has ended, and symptoms have improved.

For staff and children who cannot wear a mask (including all children under 2 years of age), the safest option is to isolate or quarantine for 10 full days.

Layered COVID-19 prevention strategies are encouraged to protect people not up to date or not eligible for COVID-19 vaccines.

Providers should implement these strategies to the extent possible in consultation with regulatory agencies and state and local public health departments while also considering the educational needs and social and emotional well-being of the children and the importance of children’s access to learning and care.


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Updated Travel Guidance

Do NOT travel if…
You are sick, tested positive for COVID-19, are waiting for results of a COVID-19 test, or had close contact with a person with COVID-19 and **are recommended** to quarantine.

Do not travel until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.
Do not travel until a full 5 days after your last close contact with the person with COVID-19. It is best to avoid travel for a full 10 days after your last exposure.

If you must travel during days 6 through 10 after your last exposure or were a close contact and **NOT recommended to quarantine**:

- Test at least 5 days after your last close contact, make sure your test result is negative, and continue to monitor for symptoms. If you don’t get tested, avoid travel until a full 10 days after your last close contact with a person with COVID-19.
- Wear a well-fitted mask when you are around others for the entire duration of travel during days 6 through 10. If you are unable to wear a mask, you should not travel during days 6 through 10.


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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


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Laboratory Guidance
1 Million COVID OTC Test Kit Campaign

• On Friday, January 21, SDDOH began distribution of Flowflex COVID-19 antigen home tests.
• By the week of February 7, SDDOH distributed 937,500 Flowflex kits.
• Additional kits are ordered and will be distributed in the coming weeks.
• Unfortunately, supply chains are still strained which has delayed statewide distribution of kits.

The goal of the 1M COVID OTC kit campaign was a one-time distribution of test kits to South Dakota communities. Moving forward, SDDOH will refocus OTC testing resources to preexisting programs that emphasize testing needs of South Dakota’s most at-risk populations. All South Dakotan’s will still have access to other SDDOH testing resources such as free saliva testing from Vault Health.

Not intended for press or for reporting purposes
Q: What if test kits appear to be damaged?
A: Slight damage to packaging: if there is minor cosmetic damage to the kit packaging, please distribute the kit as intended.
A: Water damage or major damage to packaging (few kits): do not distribute damaged kits; please discard and do not notify the SDDOH.
A: Water damage/major damage to packaging (many kits): do not distribute damaged kits; please discard and notify the SDDOH. SDDOH does not have additional kits for replacement at this time.

Q: When can I request another shipment of Flowflex tests?
A: SDDOH will not routinely stock Flowflex kits following the completion of the 1M kit campaign. Following this campaign, SDDOH will refocus COVID test distribution efforts on our long-standing distribution programs in support of at-risk populations. Other federal, state, and local testing opportunities will still be available.

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COVID Testing Resources

• For questions about DOH 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/

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Long Term Care

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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.

By the numbers

87.4%
National Percent of Vaccinated Residents per Facility

82.1%
National Percent of Vaccinated Staff per Facility

902,964
Total Resident COVID-19 Confirmed Cases

147,168
Total Resident COVID-19 Deaths

953,731
Total Staff COVID-19 Confirmed Cases

2,265
Total Staff COVID-19 Deaths


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Long Term Care in South Dakota

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

- 959 Deaths in LTC residents
- LTC accounts for approximately 35% of deaths among people with COVID-19

Data is provisional

<table>
<thead>
<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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</thead>
<tbody>
<tr>
<td>08/02/21</td>
<td>16</td>
<td>15</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>7</td>
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<tr>
<td>08/09/21</td>
<td>26</td>
<td>23</td>
<td>15</td>
<td>11</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>08/16/21</td>
<td>25</td>
<td>31</td>
<td>23</td>
<td>15</td>
<td>8</td>
<td>16</td>
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<td>08/23/21</td>
<td>39</td>
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<td>31</td>
<td>21</td>
<td>10</td>
<td>21</td>
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<tr>
<td>08/30/21</td>
<td>70</td>
<td>70</td>
<td>38</td>
<td>25</td>
<td>13</td>
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<td>09/06/21</td>
<td>83</td>
<td>89</td>
<td>39</td>
<td>27</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>09/13/21</td>
<td>97</td>
<td>102</td>
<td>46</td>
<td>33</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>09/20/21</td>
<td>102</td>
<td>100</td>
<td>46</td>
<td>30</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>09/27/21</td>
<td>86</td>
<td>95</td>
<td>40</td>
<td>28</td>
<td>12</td>
<td>24</td>
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<tr>
<td>10/04/21</td>
<td>107</td>
<td>101</td>
<td>48</td>
<td>33</td>
<td>15</td>
<td>20</td>
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<tr>
<td>10/11/21</td>
<td>136</td>
<td>108</td>
<td>50</td>
<td>37</td>
<td>13</td>
<td>24</td>
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<tr>
<td>10/18/21</td>
<td>154</td>
<td>104</td>
<td>45</td>
<td>29</td>
<td>16</td>
<td>18</td>
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<tr>
<td>10/25/21</td>
<td>172</td>
<td>106</td>
<td>42</td>
<td>25</td>
<td>17</td>
<td>19</td>
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<tr>
<td>11/01/21</td>
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<td>114</td>
<td>42</td>
<td>30</td>
<td>12</td>
<td>20</td>
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<td>11/08/21</td>
<td>218</td>
<td>145</td>
<td>49</td>
<td>38</td>
<td>11</td>
<td>24</td>
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<td>11/15/21</td>
<td>130</td>
<td>99</td>
<td>44</td>
<td>34</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>11/22/21</td>
<td>98</td>
<td>86</td>
<td>37</td>
<td>30</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>11/29/21</td>
<td>66</td>
<td>79</td>
<td>32</td>
<td>26</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>12/06/21</td>
<td>82</td>
<td>109</td>
<td>45</td>
<td>33</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>12/13/21</td>
<td>82</td>
<td>135</td>
<td>56</td>
<td>41</td>
<td>15</td>
<td>38</td>
</tr>
<tr>
<td>12/20/21</td>
<td>67</td>
<td>132</td>
<td>51</td>
<td>38</td>
<td>13</td>
<td>34</td>
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<tr>
<td>1/3/22</td>
<td>89</td>
<td>192</td>
<td>71</td>
<td>56</td>
<td>15</td>
<td>48</td>
</tr>
<tr>
<td>1/10/22</td>
<td>148</td>
<td>392</td>
<td>100</td>
<td>70</td>
<td>30</td>
<td>69</td>
</tr>
<tr>
<td>1/17/22</td>
<td>248</td>
<td>765</td>
<td>135</td>
<td>88</td>
<td>47</td>
<td>77</td>
</tr>
<tr>
<td>1/24/22</td>
<td>443</td>
<td>1164</td>
<td>151</td>
<td>95</td>
<td>56</td>
<td>63</td>
</tr>
<tr>
<td>1/31/22</td>
<td>695</td>
<td>1543</td>
<td>150</td>
<td>94</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td>2/7/22</td>
<td>814</td>
<td>1686</td>
<td>141</td>
<td>93</td>
<td>48</td>
<td>58</td>
</tr>
</tbody>
</table>
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-22-09-ALL (revised 01.14.22) – Vaccination (Health Care Staff)
- QSO-22-10-ALL (revised 01.25.22) - Vaccine Expectations for Surveyors
- QSO-20-38-NH (revised 09.10.21) - Testing

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Long Term Care in South Dakota

QSO-22-09-ALL (revised 01.14.22) - Vaccination

- Vaccine Mandate for Health-Care Workers
  https://www.cms.gov/medicareprovider-enrollment-and-
certificationsurveycertificatiogeninfopolicy-and-memos-states-and/guidance-
interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-
care-staff-2
  ➢ Phase 1 - February 14, 2022
  ➢ Phase 2 - March 15, 2022

- Federal vaccination requirement Frequently Asked Questions (updated 1.20.22)
requirements-2021.pdf

- 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.

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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 – 94.98%

This call is not intended for the press or for reporting purposes.
Choose to get vaccinated. Protect yourself, your family, and our residents.


South Dakota – 79.01%
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

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Vaccination Update
## Doses Administered

<table>
<thead>
<tr>
<th>Date</th>
<th>Total Doses Administered*</th>
<th>Total Persons Administered a Vaccine*</th>
<th>Percent of State Population with at least 1 Dose**</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/26/2022</td>
<td>1,133,628</td>
<td>506,684</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>Janssen: 36,665</td>
<td>Janssen - Series complete: 34,137</td>
<td>Janssen - Series complete: 69.40%</td>
</tr>
<tr>
<td></td>
<td>Moderna: 452,710</td>
<td>Moderna - Booster dose: 2,457</td>
<td>Moderna - Booster dose: 29.80%</td>
</tr>
<tr>
<td></td>
<td>Pfizer: 644,312</td>
<td>Moderna - 1 dose: 24,873</td>
<td>Moderna - 1 dose: 56.73%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - Series complete: 170,292</td>
<td>Moderna - Series complete: 56.73%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - 3rd/Booster dose: 83,085</td>
<td>Moderna - 3rd/Booster dose: 20.80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 1 dose: 35,554</td>
<td>Booster dose: 70.43%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - Series complete: 246,310</td>
<td>Booster dose: 70.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 3rd/Booster dose: 107,908</td>
<td>Booster dose: 70.3%</td>
</tr>
<tr>
<td>02/09/2022</td>
<td>1,157,408</td>
<td>512,372</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>Janssen: 37,153</td>
<td>Janssen - Series complete: 34,557</td>
<td>Janssen - Series complete: 70.43%</td>
</tr>
<tr>
<td></td>
<td>Moderna: 461,319</td>
<td>Janssen - Booster dose: 2,396</td>
<td>Janssen - Booster dose: 57.63%</td>
</tr>
<tr>
<td></td>
<td>Pfizer: 658,936</td>
<td>Moderna - 1 dose: 25,209</td>
<td>Moderna - 1 dose: 31.20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - Series complete: 172,333</td>
<td>Moderna - Series complete: 57.63%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - 3rd/Booster dose: 86,949</td>
<td>Moderna - 3rd/Booster dose: 20.80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 1 dose: 35,081</td>
<td>Booster dose: 70.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - Series complete: 253,238</td>
<td>Booster dose: 70.3%</td>
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<tr>
<td></td>
<td></td>
<td>Pfizer - 3rd/Booster dose: 112,725</td>
<td>Booster dose: 70.3%</td>
</tr>
</tbody>
</table>

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Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).
Spikevax and Moderna COVID-19 Vaccine

On January 31, 2022, the FDA announced the second approval of a COVID-19 vaccine. The vaccine has been known as the Moderna COVID-19 Vaccine, and will now be marketed as Spikevax, for the prevention of COVID-19 in individuals 18 years of age and older. Spikevax has the same formulation as the EUA Moderna COVID-19 Vaccine and is administered as a primary series of two doses, one month apart.
Pfizer COVID-19 Vaccine for ages 6 months – 4 years

Pfizer-BioNTech has submitted data for FDA review regarding a COVID-19 vaccine for children age 6 months to 4 years.

On February 1st, the U.S. Food and Drug Administration announced a meeting of its Vaccines and Related Biological Products Advisory Committee (VRBPAC) on February 15th to discuss the request for emergency use authorization (EUA) of the Pfizer-BioNTech COVID-19 Vaccine for use in children 6 months through 4 years of age.

ACIP has scheduled a meeting for February 17th to consider the FDA's findings. The Director of the CDC will then recommend the vaccine for this age group.

Doses may be delivered/administered as soon as President's day.
## Pfizer-BioNTech COVID-19 Vaccine Products

PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL;
CDC DOCUMENT – SHARED FOR JURISDICTIONAL PLANNING PURPOSES ONLY

<table>
<thead>
<tr>
<th>Current Products</th>
<th>Future Product</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Indications</strong></td>
<td>5 through 11 years</td>
</tr>
<tr>
<td><strong>Vial Cap Color and Label with Color Border</strong></td>
<td>GRAY</td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>Do Not Dilute</td>
</tr>
<tr>
<td><strong>Amount of Diluent Needed per Vial</strong></td>
<td>Do Not Dilute</td>
</tr>
<tr>
<td><strong>Dose Volume/Dose</strong></td>
<td>0.3 mL/30 mcg</td>
</tr>
<tr>
<td><strong>Doses per Vial</strong></td>
<td>6 doses per vial</td>
</tr>
</tbody>
</table>

**Storage Conditions**

<table>
<thead>
<tr>
<th></th>
<th>9 months</th>
<th>9 months</th>
<th>9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ULT Freezer (-90°C to -60°C)</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>9 months</td>
<td>9 months</td>
<td>9 months</td>
</tr>
<tr>
<td><strong>Freezer (-25°C to -15°C)</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>DO NOT STORE</td>
<td>DO NOT STORE</td>
<td>DO NOT STORE</td>
</tr>
<tr>
<td><strong>Refrigerator (2°C to 8°C)</strong></td>
<td>10 weeks</td>
<td>10 weeks</td>
<td>10 weeks</td>
</tr>
<tr>
<td><strong>Room Temperature (8°C to 25°C)</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>12 hours prior to first puncture (including any thaw time)</td>
<td>12 hours prior to first puncture (including any thaw time)</td>
<td>12 hours prior to first puncture (including any thaw time)</td>
</tr>
<tr>
<td><strong>After First Puncture (2°C to 25°C)</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Discard after 12 hours</td>
<td>Discard after 12 hours</td>
<td>Discard after 12 hours</td>
</tr>
</tbody>
</table>

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<sup>3</sup> Use the appropriate product based on the age of the recipient. <sup>4</sup>Diluent: Sterile 0.9% Sodium Chloride Injection, USP. Do not use bacteriostatic 0.9% Sodium Chloride Injection or any other diluent. <sup>5</sup>Regardless of storage condition, vaccines should not be used after 9 months from the date of manufacture printed on the vial and cartons. <sup>6</sup>The vaccine is currently under emergency use authorization review by the Food and Drug Administration (FDA) for children 8 months through 4 years old.

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# Additional Primary Shot and Booster Shot for Some Immunocompromised People

<table>
<thead>
<tr>
<th>Eligible For</th>
<th>IF YOU RECEIVED</th>
<th>IF YOU RECEIVED</th>
<th>IF YOU RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pfizer-BioNTech</td>
<td>Moderna</td>
<td>Johnson &amp; Johnson's Janssen</td>
</tr>
<tr>
<td>Additional Primary Shot</td>
<td>People age 5+ who are moderately or severely immunocompromised should get an additional primary shot of Pfizer-BioNTech COVID-19 vaccine</td>
<td>People age 18+ who are moderately or severely immunocompromised should get an additional primary shot of Moderna COVID-19 vaccine</td>
<td>No additional primary shot is recommended at this time</td>
</tr>
<tr>
<td></td>
<td>Given 28 days after 2nd shot</td>
<td>Given 28 days after 2nd shot</td>
<td></td>
</tr>
</tbody>
</table>

Not intended for press or for reporting purposes.
Additional Primary Shot and Booster Shot for Some Immunocompromised People

**Booster Shot**

- **Teens ages 12–17** should only get a Pfizer-BioNTech COVID-19 vaccine booster shot.
- **People age 18+** should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations.

  Given 5 months after additional primary shot

People age 18+ should get a booster shot of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) in most situations.

  Given 2 months after 1st shot
Who is Moderately or Severely Immunocompromised?

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

People should talk to their healthcare provider about their medical condition, and whether getting an additional primary shot is appropriate for them.
Novavax COVID-19 Vaccine

- Novavax announced January 31st, 2022 that it has submitted a request to the U.S Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) for NVX-CoV2373, its protein-based COVID-19 vaccine candidate for immunization of individuals 18 year of age and older against SARS-CoV-2.
- The FDA has not provided a specific timeline on when or if this vaccine will be approved but will likely not be in the first half of 2022.
Infection Prevention

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Infection Prevention Updates and Resources for Healthcare Facilities

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Vaccination status

- Updated the description of healthcare personnel, patients, and visitors as “up to date.” Read more here: Stay Up to Date with Your Vaccines | CDC

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.
Use of N-95 respirators

*Please see complete guidance for full personal protective equipment recommendations

- CDC continues to recommend gown, gloves, eye protection and a NIOSH-approved N95 or equivalent or higher-level respirator when caring for patients known or suspected to be infected with SARS-CoV-2.

- For source control measures, facilities may choose to implement the following:

Source control options for HCP include:

- A NIOSH-approved N95 or equivalent or higher-level respirator OR
- A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH-approved respirator when respiratory protection is indicated) OR
- A well-fitting facemask.

When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH-approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH-approved N95 or equivalent or higher-level respirator) during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions, they should be removed and discarded after the patient care encounter and a new one should be donned.

Viral testing

- CDC continues to emphasize that anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.

- Asymptomatic patients with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection.
  - Generally, test immediately (but not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.

- Testing is not generally necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if tested, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended as some people may remain NAAT positive after they are no longer infectious.
Criteria to end isolation for patients with SARS-CoV-2 infection cared for in a healthcare facility

- Asymptomatic patients or those with mild to moderate illness and who are not moderately to severely immunocompromised: **manage with recommended precautions for 10 days after their symptoms first appeared.**

- Patients with severe to critical illness and who are not moderately to severely immunocompromised: **manage with recommended precautions until at least 10 days and up to 20 days have passed since symptoms first appeared.**

- Symptomatic and asymptomatic patients who are moderately to severely immunocompromised: **a test-based strategy and (if available) consultation with an infectious disease specialist or other expert is recommended to determine when these patients can be released from isolation.**
Quarantine for patients:

- Empiric use of Transmission-Based Precautions (quarantine) is recommended for patients who have had close contact with someone with SARS-CoV-2 infection if they are not up to date with all recommended COVID-19 vaccine doses. **Duration of quarantine is described in the guidance under Manage Residents with Close Contacts:** [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031193599)

- Quarantine is **not** generally needed following close contact with someone with SARS-CoV-2 infection for asymptomatic patients who are up to date on all recommended COVID-19 vaccine doses or who have recovered from infection in the prior 90 days. Potential exceptions are described in the guidance.

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Visitation

- Even if they have met community criteria to discontinue isolation or quarantine, visitors **should not visit** if they have any of the following and have not met the same criteria used to discontinue isolation and quarantine for patients (typically until 10 days after last exposure or onset of symptoms has passed):
  1) a positive viral test for SARS-CoV-2,
  2) **symptoms of COVID-19**, or
  3) close contact with someone with SARS-CoV-2 infection
A review of the updates was given on a recent Clinician Outreach and Communication Activity (COCA) Call, which was recorded and is accessible here: Webinar January 13, 2022 - Updates to CDC’s COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings. Please consult the guidance documents for the full recommendations.

**CDC COVID-19 Guidance:** Below is a list of healthcare IPC and other related guidance documents that have been recently published or updated by CDC. For additional updates, CDC’s What’s New & Updated tool is a helpful way to stay up-to-date with new and updated content on CDC’s COVID-19 webpages. Users can filter by date, webpage type, audience, and topic.

- **Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2** (1/21/22)
- **Strategies to Mitigate Healthcare Personnel Staffing Shortages** (1/21/22)
- **COVID-19 Vaccines for Long-term Care Residents** (1/21/22)
- **Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19** (1/07/22)

**CMS and OSHA Updates:**
- **Vaccination Expectations for Surveyors Performing Federal Oversight; QSO-22-10-ALL** (1/25/22)
- **Statement on the Status of the OSHA COVID-19 Vaccination and Testing ETS** (1/25/22)
- **Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination; QSO-22-11-ALL** (1/20/22)
- **Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination; QSO-22-09-ALL** (1/14/22)
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!

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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)

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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.

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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.

*Not intended for press or for reporting purposes.*
On-going Communication

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

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