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 10, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

COVID.sd.gov
Agenda

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

Not intended for press or for reporting purposes.
Maximizing Mask Fit to Improve Performance

- Ensure tight fit of mask to face
  - Cloth mask or nylon over a surgical mask (photo B)
  - Knotted and tucked mask (photo C)

https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm

>90% exposure reduction

Not intended for press or for reporting purposes.
Updated Quarantine Guidance for Persons Vaccinated Against COVID-19

• Vaccinated persons should continue to protect themselves from COVID-19 exposure

• No quarantine is required for vaccinated persons exposed to someone with COVID-19 if criteria are met:
  • Are fully vaccinated (14 days or more after receipt of 2nd dose)
  • Are in the 3 months window period after receipt of 2nd dose
  • Remained asymptomatic since being exposed

• If the vaccinated person does not meet all three criteria above, follow current quarantine guidance

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

Not intended for press or for reporting purposes.
Coronavirus Situation (as of February 10, 2021)

• International
  • 106,555,206 confirmed cases
  • 2,333,446 deaths

• United States (50 states + DC)
  • 27,030,549 confirmed cases
  • 466,465 deaths

• South Dakota
  • 109,580 confirmed and probable cases
  • 1,815 deaths
  • 105,614 recovered cases

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

As of February 10, 2021

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

As of February 3, 2021

Substantial Community Spread

Brookings  Pennington
Brown  Roberts
Charles Mix  Spink
Clark  Union
Codington
Day
Grant
Hughes
Lincoln
Minnehaha

* New County

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

Not intended for press or for reporting purposes.
Reporting COVID-19 Tests to SD-DOH

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

- Report *immediately* on suspicion of disease

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

*Not intended for press or for reporting purposes.*
South Dakota Confidential Disease Report
SDCL 34-22-12 and ARSD 44:20  Reportable Disease List
Phone: 800-662-1661 or 805-773-3737  Fax: 605-773-5509

Instructions
(1) Please fill out the form as completely as possible before submission.
(2) Use the Tab key to move to the next field.
(3) Fields with an asterisk(*) are required.

Other disease reporting options:  Outbreak Report  |  Weekly Influenza Rapid Antigen Report

Seeking your feedback! The South Dakota Department of Health launched a new disease reporting website on 02/22/2021 and we would like to hear about your user experience. Click here to take a brief survey.

Thank you for your Confidential Disease Report to the South Dakota Department of Health. Your submission has been recorded.

Click here to submit another Disease Report

Not intended for press or for reporting purposes.
Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates — 10 States, March–October 2020

TABLE 2. Estimated association between mask mandates and COVID-19–associated hospitalization growth rates in sites with statewide mask mandates, by age group — 10 COVID-19–Associated Hospitalization Surveillance Network sites,*.† March–October 2020

<table>
<thead>
<tr>
<th>Time relative to week mask mandate was implemented</th>
<th>All (≥18 yrs)</th>
<th>18–39 yrs</th>
<th>40–64 yrs</th>
<th>≥65 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percentage point change* (95% CI)</td>
<td>p-value</td>
<td>Percentage point change* (95% CI)</td>
<td>p-value</td>
</tr>
<tr>
<td>≥4 weeks before</td>
<td>-4.3 (-10.5 to 1.9)</td>
<td>0.17</td>
<td>-4.7 (-16.9 to 7.5)</td>
<td>0.43</td>
</tr>
<tr>
<td>&lt;4 weeks before§</td>
<td>Referent</td>
<td>—</td>
<td>Referent</td>
<td>—</td>
</tr>
<tr>
<td>&lt;3 weeks after</td>
<td>-2.4 (-4.7 to -0.1)</td>
<td>0.04</td>
<td>-2.1 (-6.4 to 2.2)</td>
<td>0.31</td>
</tr>
<tr>
<td>≥3 weeks after</td>
<td>-4.9 (-8.5 to -1.2)</td>
<td>&lt;0.01</td>
<td>-5.5 (-10.4 to -0.6)</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Abbreviations: CI = confidence interval; COVID-19 = coronavirus disease 2019.
* Percentage points are coefficients from the regression models. Reported numbers are from regression models, which controlled for state, age group, time (week), and statewide closing and reopening.
† California, Colorado, Connecticut, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, and Oregon.
§ This period includes the implementation week (i.e., week zero).

https://www.cdc.gov/mmwr/volumes/70/wr/mm7006e2.htm?s_cid=mm7006e2_x

Not intended for press or for reporting purposes.
COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination — United States, September and December 2020

TABLE 1. COVID-19 vaccination intent among surveyed adults, by vaccination priority group — United States, September and December 2020

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>IPSOS, Sep 2020* (n = 3,541)</th>
<th>IPSOS, Dec 2020† (n = 1,083)</th>
<th>NORC, Dec 2020‡ (n = 1,024)</th>
<th>Average of Dec IPSOS† and NORC‡ estimates (n = 2,033)</th>
<th>Difference between Dec and Sep estimates§</th>
</tr>
</thead>
<tbody>
<tr>
<td>All adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent to get COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolutely certain/Very likely**</td>
<td>39.4 (37.7 to 41.2)</td>
<td>50.3 (46.9 to 53.6)</td>
<td>47.8 (42.7 to 52.8)</td>
<td>49.1 (46.0 to 52.1)</td>
<td>9.7 (6.2 to 13.2)</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>22.5 (21.0 to 24.0)</td>
<td>16.8 (14.2 to 19.4)</td>
<td>21.0 (17.4 to 24.8)</td>
<td>18.9 (16.4 to 21.4)</td>
<td>−3.6 (−6.5 to −0.7)</td>
</tr>
<tr>
<td>Not likely</td>
<td>38.1 (36.8 to 39.7)</td>
<td>33.0 (29.7 to 36.2)</td>
<td>31.2 (26.5 to 35.8)</td>
<td>32.1 (29.6 to 34.8)</td>
<td>−0.6 (−3.0 to −0.3)</td>
</tr>
<tr>
<td>Essential workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent to get COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolutely certain/Very likely**</td>
<td>37.1 (34.2 to 40.0)</td>
<td>40.9 (34.9 to 50.6)</td>
<td>42.8 (34.9 to 50.6)</td>
<td>45.0 (40.9 to 50.0)</td>
<td>8.8 (3.0 to 14.6)</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>22.8 (20.7 to 25.3)</td>
<td>14.4 (9.9 to 19.1)</td>
<td>23.0 (16.6 to 29.6)</td>
<td>18.7 (14.3 to 23.4)</td>
<td>−4.1 (−9.4 to 1.2)</td>
</tr>
<tr>
<td>Not likely</td>
<td>40.2 (37.5 to 42.1)</td>
<td>56.6 (30.7 to 42.3)</td>
<td>34.2 (25.8 to 42.6)</td>
<td>35.4 (30.8 to 40.0)</td>
<td>−4.8 (−10.3 to 0.7)</td>
</tr>
<tr>
<td>Adults aged ≥65 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent to get COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolutely certain/Very likely**</td>
<td>49.1 (45.6 to 52.6)</td>
<td>66.5 (60.0 to 73.0)</td>
<td>65.8 (59.0 to 72.6)</td>
<td>66.2 (61.5 to 70.8)</td>
<td>17.1 (11.3 to 22.9)</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>21.1 (18.3 to 23.9)</td>
<td>12.9 (8.8 to 17.2)</td>
<td>17.4 (12.0 to 22.9)</td>
<td>15.1 (11.6 to 18.6)</td>
<td>−0.9 (−10.5 to −1.5)</td>
</tr>
<tr>
<td>Not likely</td>
<td>29.8 (26.6 to 33.0)</td>
<td>19.6 (14.9 to 24.6)</td>
<td>17.2 (14.3 to 23.3)</td>
<td>13.7 (11.3 to 16.5)</td>
<td>−11.5 (−16.6 to −5.7)</td>
</tr>
<tr>
<td>Adults aged 18–64 yrs with underlying medical conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent to get COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolutely certain/Very likely**</td>
<td>36.5 (33.4 to 39.6)</td>
<td>44.6 (38.0 to 51.5)</td>
<td>38.8 (32.6 to 45.1)</td>
<td>41.8 (37.2 to 46.4)</td>
<td>5.3 (−2.0 to 10.8)</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>23.0 (20.3 to 25.7)</td>
<td>19.2 (13.3 to 25.0)</td>
<td>20.6 (14.7 to 26.6)</td>
<td>19.0 (15.7 to 24.1)</td>
<td>−3.1 (−6.1 to 1.9)</td>
</tr>
<tr>
<td>Not likely</td>
<td>40.4 (37.2 to 43.7)</td>
<td>36.0 (29.4 to 42.8)</td>
<td>40.5 (34.2 to 46.5)</td>
<td>38.3 (33.8 to 42.8)</td>
<td>−2.1 (−7.6 to 3.4)</td>
</tr>
<tr>
<td>Adults aged 18–64 yrs without underlying medical conditions and nonessential workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent to get COVID-19 vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absolutely certain/Very likely**</td>
<td>38.0 (34.5 to 41.4)</td>
<td>46.3 (40.5 to 52.1)</td>
<td>48.7 (40.0 to 57.4)</td>
<td>47.5 (42.3 to 52.7)</td>
<td>9.5 (3.3 to 15.7)</td>
</tr>
<tr>
<td>Somewhat likely</td>
<td>22.4 (19.4 to 25.3)</td>
<td>18.4 (13.8 to 23.1)</td>
<td>22.2 (13.2 to 31.3)</td>
<td>20.3 (15.2 to 25.4)</td>
<td>−1.9 (−6.5 to 3.6)</td>
</tr>
<tr>
<td>Not likely</td>
<td>39.6 (36.4 to 43.1)</td>
<td>31.2 (25.5 to 41.0)</td>
<td>30.0 (20.0 to 37.2)</td>
<td>32.2 (27.2 to 37.1)</td>
<td>−7.6 (−13.6 to −1.6)</td>
</tr>
</tbody>
</table>

Abbreviations: CI = confidence interval; COVID-19 = coronavirus disease 2019.
* IPSOS KnowledgePanel Survey, fielded September 3–October 1.
† IPSOS KnowledgePanel Omnibus Survey, fielded December 18–20.
§ Chi for differences that exclude zero are statistically significant.
** Might include some persons who already received the COVID-19 vaccine.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7006e3.htm?s_cid=mm7006e3_x

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

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


Not intended for press or for reporting purposes.
Long Term Care

Not intended for press or for reporting purposes.
Continue to remain vigilant.

- The communal nature of long-term care facilities, and the population served, put those living in nursing homes at increased risk of infection and severe illness from COVID-19.

- Current CMS and CDC guidance in LTC has not yet changed. Regardless of the vaccination status of residents and staff in your facility, providers should continue to follow the Core Principles of Infection Prevention, PPE, and Visitation guidance until updated new recommendations are issued by CMS and CDC.

- Completed vaccination series should allow the Administrator and Governing Board confidence in allowing for more flexibility, safe visitation as well as resident movement. CMS guidance allows for visitation to be conducted through a variety of means based on a facility’s structure and residents’ needs.
PPE and BinaxNOW are available to facilitate visitation in LTC

To facilitate visitation please contact:

✓ PPE – email a request form to COVIDResourceRequests@state.sd.us OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.

✓ BinaxNOW – submit a request for to Cindy Koopman-Viergets at email Cindy.KoopmanViergets@state.sd.us.
Disease Impact – United States as of 1.24.21

Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES
611,805

TOTAL RESIDENT COVID-19 DEATHS
121,772

TOTAL STAFF COVID-19 CONFIRMED CASES
525,400

TOTAL STAFF COVID-19 DEATHS
1,499


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

as of 01.24.2021

Not intended for press or for reporting purposes.
Weekly Resident Deaths per 1,000 Residents

1.09 deaths/1,000 residents

as of 01.24.2021

Not intended for press or for reporting purposes.
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

*Not intended for press or for reporting purposes.*
Resumption of Recertification Surveys

Continue to conduct Focused Infection Control Surveys in LTC facilities as well as complaint surveys in all provider types.

Tentative plans are to begin recertification surveys March 2021.

Recertification surveys will be dependent on several factors including;
  o Vaccination status of the residents, staff, and surveyors;
  o Community spread of COVID-19 and;
  o No cases of COVID-19 in the facility.

Not intended for press or for reporting purposes.
Vaccination Update

Not intended for press or for reporting purposes.
## Doses Administered

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th># of Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna</td>
<td>68,729</td>
</tr>
<tr>
<td>Pfizer</td>
<td>60,812</td>
</tr>
</tbody>
</table>

### Total Doses Administered
- **129,541**

### Total Persons Administered a Vaccine
- **89,050**

### Percent of Population with at least 1 Dose
- **13%**

<table>
<thead>
<tr>
<th>Doses</th>
<th># of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna - 1 dose</td>
<td>25,491</td>
</tr>
<tr>
<td>Moderna - Series Complete</td>
<td>21,619</td>
</tr>
<tr>
<td>Pfizer - 1 dose</td>
<td>23,068</td>
</tr>
<tr>
<td>Pfizer - Series Complete</td>
<td>18,872</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doses</th>
<th>% of Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Series Complete</td>
<td>5.87%</td>
</tr>
<tr>
<td>1 dose</td>
<td>12.91%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer 1</td>
<td>42,900</td>
</tr>
<tr>
<td>Pfizer 2</td>
<td>24,375</td>
</tr>
<tr>
<td>Moderna 1</td>
<td>55,200</td>
</tr>
<tr>
<td>Moderna 2</td>
<td>35,200</td>
</tr>
<tr>
<td>LTC Pharm</td>
<td>24,050</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>181,725</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Week's 1&lt;sup&gt;st&lt;/sup&gt; dose shipments</td>
<td>14,525</td>
</tr>
<tr>
<td>This Week's 2&lt;sup&gt;nd&lt;/sup&gt; dose Shipments</td>
<td>11,150</td>
</tr>
<tr>
<td>Doses At Pharmacy</td>
<td>12,039</td>
</tr>
<tr>
<td>Second Dose to be given this week</td>
<td>10,950</td>
</tr>
</tbody>
</table>

*Not intended for press or for reporting purposes.*
Weekly 1st Doses Projected

Pfizer 5,850

Moderna 8,300

Not intended for press or for reporting purposes.
Bonus Doses

Pfizer vaccine yields 6 doses – this will be a label change

Moderna vaccine may yield 1 or 2 extra doses

**DO NOT POOL VACCINE FROM MULTIPLE VIALS**
### Priority groups

[COVID-19 Vaccine Distribution Phase 1](https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution_Phase1.pdf)

<table>
<thead>
<tr>
<th>Priority Group</th>
<th>Population</th>
<th>Vaccinated</th>
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</thead>
<tbody>
<tr>
<td>1A</td>
<td>19,265</td>
<td>22,364</td>
</tr>
<tr>
<td>1B</td>
<td>10,867</td>
<td>2,935</td>
</tr>
<tr>
<td>1C</td>
<td>49,642</td>
<td>21,890</td>
</tr>
<tr>
<td>1D</td>
<td>265,561</td>
<td>27,970</td>
</tr>
<tr>
<td>1E</td>
<td>227,448</td>
<td></td>
</tr>
</tbody>
</table>

*Not intended for press or for reporting purposes.*
**Expected COVID-19 Vaccine Availability for South Dakota Residents**

<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B</td>
<td>Long-term care residents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C</td>
<td>EMS, public health workers, and other healthcare workers (lab &amp; clinic staff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Law enforcement, correctional officers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1D</td>
<td>Persons aged 65 years and older (Starting 02/15/21) – Those 70 and over (Age to be lowered in 5-year increments as allocation allows)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High risk patients - dialysis, post-transplant, and active cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>High risk residents in congregate settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Persons with 2 or more underlying medical conditions under the age of 65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teachers and other school/college staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes public-facing workers in essential and critical infrastructure</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2</td>
<td>All others 16 years and older</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Estimated Vaccine Availability**

Note: Tribal vaccine allocation & administration is handled by the IHS.
Veteran vaccine allocation & administration is handled by the VA.
# Federal Partners in SD

<table>
<thead>
<tr>
<th></th>
<th>First Dose</th>
<th>Second Dose</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOP</td>
<td>100</td>
<td>1</td>
<td>101</td>
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<tr>
<td>VA</td>
<td>7,682</td>
<td>1,545</td>
<td>9,227</td>
</tr>
<tr>
<td>IHS</td>
<td>10,555</td>
<td>3,351</td>
<td>13,906</td>
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<tr>
<td>DOD</td>
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<td>337</td>
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<tr>
<td>Totals</td>
<td>19,785</td>
<td>5,234</td>
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</table>
Janssen/Johnson & Johnson Vaccine

• Have applied for EUA
• FDA to meet on February 26
• Viral Vector vaccine
• 5 dose vials
Infection Prevention

Not intended for press or for reporting purposes.
SARS-CoV-2: Mutations and Variants and Strains (Oh My!)

In this webinar, we will define mutation and variant as they relate to SARS-CoV-2, discuss the importance of the current variants and mutations including future predictions surrounding the epidemiology of spread and modeling and describe what is known about SARS-CoV-2 variants’ susceptibility to vaccines and therapeutic antibodies. Continuing education credits available for attending.

Go to website to register for event:

https://netec.org/education-and-training/

Friday, February 12, 2021 | 1:00 PM EST
Topic: Point of Care Test (POCT) Reporting Tool for COVID-19 - Updates
Date: Thursday, Feb 11, 2021
Time: 2:00 – 3:00 PM Eastern Time

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_dp03SRQnSYeOfcBFy2CAmQ

After registering, you will receive a confirmation email containing information about joining the webinar.

Topic: Point of Care Test (POCT) Reporting Tool for COVID-19 - Updates
Date: Friday, Feb 12, 2021
Time: 1:00 – 2:00 PM Eastern Time

Register in advance for this webinar:
https://cdc.zoomgov.com/webinar/register/WN_dp03SRQnSYeOfcBFy2CAmQ

After registering, you will receive a confirmation email containing information about joining the webinar.

Not intended for press or for reporting purposes.
Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021 - Read the CDC report.

New community guidance on improving mask use has been posted (Improve How Your Mask Protects You and Maximizing the Fit and Filtration of Your Mask)

Not intended for press or for reporting purposes.
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; tying the facemask’s ear loops and tucking in the side pleats; fastening the facemask’s ear loops behind the wearer’s head; use of a cloth mask over the facemask to help it conform to the wearer’s face)

Additional information about strategies to improve fit and filtration, are available in Improve the Fit and Increase the Filtration of Your Mask to Help Stop the Spread of COVID-19.

If implementing new strategies or equipment to improve fit, HCP should receive training on how to safely don and doff their facemask and on the facility protocol for cleaning and disinfecting any reusable equipment (e.g., fitter). HCP should also ensure that any new strategies or equipment do not impede their vision or ability to breathe.

Not intended for press or for reporting purposes.
Community Mitigation

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

Not intended for press or for reporting purposes.
Supply Chain Management
PPE Request Procedure

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](covid.sd.gov)
[coronavirus.gov](coronavirus.gov)

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

- SD-HAN: sdhan.sd.gov
- **Epi Listserv**
- **Lab Listserv**
- **HAI Listserv**
- **OLC Listserv**

Visit **covid.sd.gov** to subscribe

**SOUTH DAKOTA COVID-19 INFORMATION LINE**
Questions about COVID-19? We're here to help.

**PLEASE CALL** 1-800-997-2880

*Not intended for press or for reporting purposes.*
Questions?

Follow-up after the webinar
COVID Helpline: 800-997-2880
Epidemiology: 605-773-3737
Laboratory: 605-773-3368

COVID.sd.gov