



SOUTH DAKOTA  
DEPARTMENT OF HEALTH

*This call is not intended for the press or for reporting purposes.*

## Important Information for Long-term Care Facility Users

The NHSN team will offer trainings to review significant updates made to the **LTCF NHSN COVID-19 Module, Resident Impact & Facility Capacity Pathway**. These changes went into effect on November 23, 2020.

\*PLEASE NOTE: If you previously registered for Friday, February 19th, PLEASE REGISTER AGAIN FOR THE NEW DATE OR PLAN TO ATTEND THE FOLLOWING WEEK. We will have the slides available on the website prior to the webinar, under “Archived Training”

\*\*Please note the webinars have the same link. Attendees will be able to choose which session they are able to attend. Both webinars are identical in content, so please plan to attend once.

Topic: LTCF COVID-19 Module: Resident Impact and Facility Capacity Surveillance Reporting Pathway - Updates

Date: **Thursday, Feb 18, 2021**

Time: 1:00 PM – 2:30 PM Eastern Time

Topic: LTCF COVID-19 Module: Resident Impact and Facility Capacity Surveillance Reporting Pathway - Updates

Date: **Thursday, Feb 25, 2021**

Time: 11:00 AM – 12:30 PM Eastern Time

Register in advance for this webinar:

[https://cdc.zoomgov.com/webinar/register/WN\\_IU7GElyPQe2cnxqEbMUWyg](https://cdc.zoomgov.com/webinar/register/WN_IU7GElyPQe2cnxqEbMUWyg)

**Archived presentation from Feb. 11th POC antigen testing reporting webinar:**  
<https://www.cdc.gov/nhsn/pdfs/covid19/lcfc/poc-testing-training-508.pdf>

Other Archived webinars:  
<https://www.cdc.gov/nhsn/lc/covid19/index.html>


### Quarantine Guidance post Vaccination:

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

**Within the community guidelines:** Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to [quarantine](#) if they meet all of the following criteria<sup>†</sup>:

- Are fully vaccinated (i.e.,  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all 3 of the above criteria should continue to follow current [quarantine guidance](#) after exposure to someone with suspected or confirmed COVID-19.



### Quarantine Guidance post Vaccination:

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

### Vaccinated healthcare personnel, patients, and residents in healthcare settings

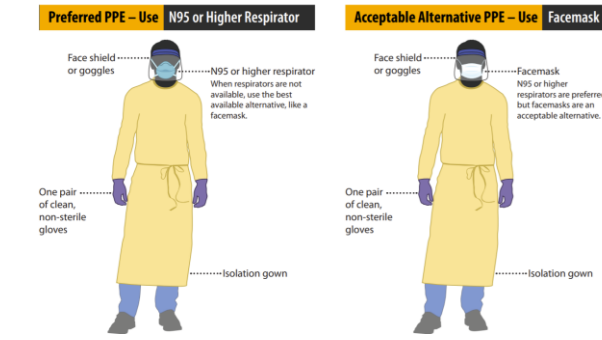
These criteria could also be applied when considering work restrictions for fully vaccinated healthcare personnel with [higher-risk exposures](#), *as a strategy to alleviate staffing shortages*. Of note, exposed healthcare personnel would not be required to quarantine outside of work.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

As an exception to the above guidance no longer requiring quarantine for fully vaccinated persons, **vaccinated inpatients and residents in healthcare settings should continue to [quarantine](#) following an exposure** to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate [Transmission-Based Precautions](#). This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.



### COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel



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](#))

**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 FAQ guidance surrounding this issue is forthcoming from CDC!*

## Summary of Recent Changes

Updates as of February 10, 2021




### As of February 10, 2021

- Updated the Implement Universal Use of Personal Protective Equipment section to expand options for source control and patient care activities in areas of moderate to substantial transmission and describe strategies for improving fit of facemasks. Definitions of source control are included at the end of this document.
- Included a reference to [Optimizing Personal Protective Equipment \(PPE\) Supplies](#) that include a hierarchy of strategies to implement when PPE are in short supply or unavailable.

# Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

**HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is **not** suspected in a patient presenting for care (based on symptom and exposure history):

- HCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#) if required based on the suspected diagnosis; for example, use an N95 respirator or equivalent or higher level respirator if the patient is suspected to have tuberculosis).
- Additionally, HCP should use PPE as described below:
  - N95 respirators or equivalent or higher-level respirators should be used for
    - All aerosol-generating procedures (refer to [Which procedures are considered aerosol generating procedures in healthcare settings?](#)) AND
    - All surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract) (refer to [Surgical FAQ](#) During the COVID-19 pandemic, are there special considerations for surgical or other procedural settings, including performance of AGPs?).

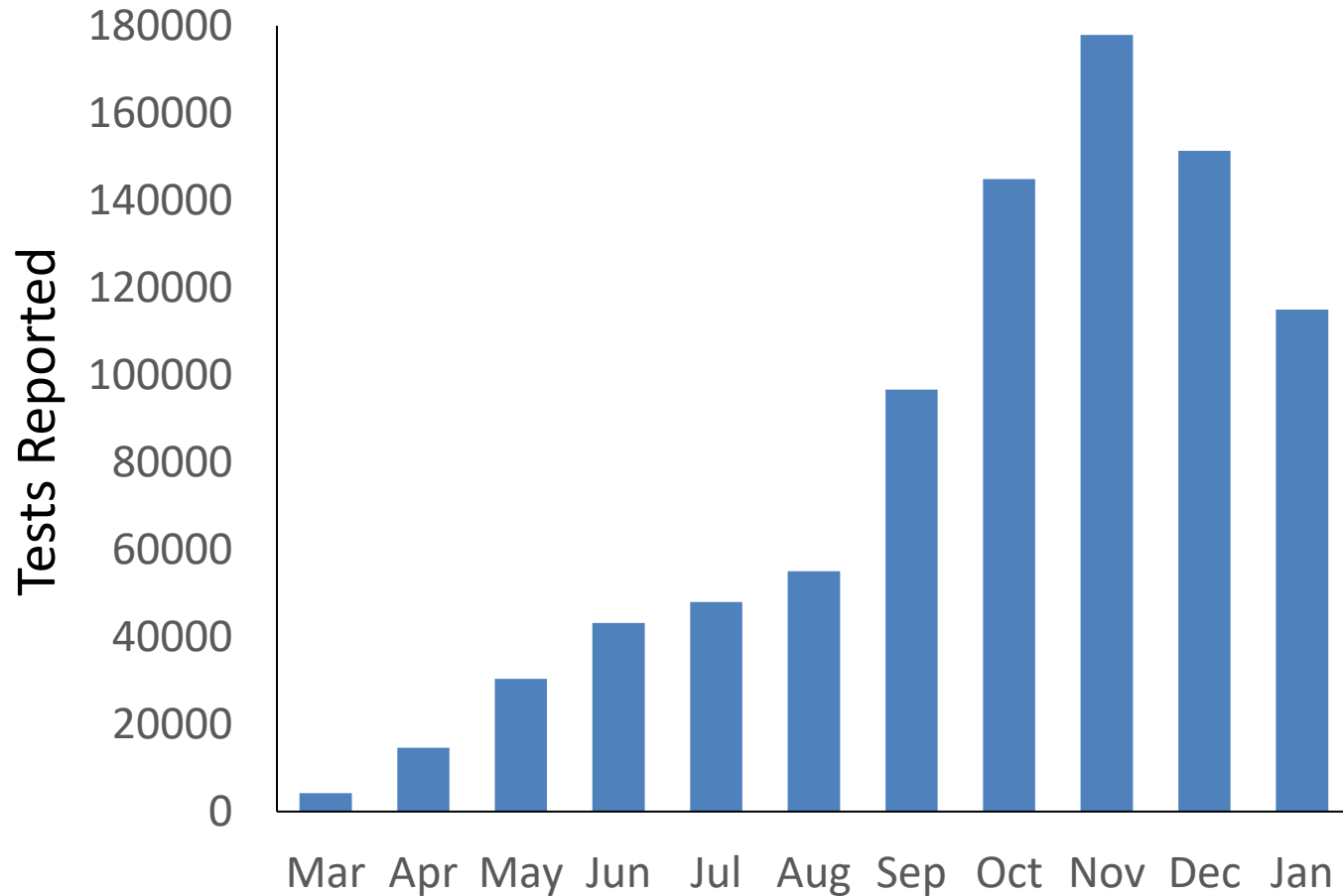
- – One of the following should be worn by HCP for source control while in the facility and for protection during patient care encounters:
  - An N95 respirator OR
  - A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators OR
  - 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.
- – Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.

**HCP working in areas with minimal to no community transmission**, should continue to adhere to [Standard](#) and [Transmission-Based Precautions](#) based on anticipated exposures and suspected or confirmed diagnoses. This might include use of eye protection, an N95 or equivalent or higher-level respirator, as well as other personal protective equipment (PPE). In addition, universal use of a well-fitting facemask for source control is recommended for HCP if not otherwise wearing a respirator.



# Laboratory Guidance

# SARS-CoV-2 Tests Reported SDDOH by Month



- SARS-CoV-2 testing peaked in November and has steadily declined in December and January.
- Decreased testing correlates with reduced case count and test positivity rate in South Dakota.
- There remains a need to maintain a high level of testing statewide for a number of reasons:
  - Symptomatic individuals
  - End-of-quarantine testing
  - Variant surveillance

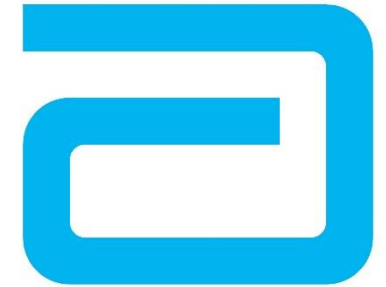
# SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH continues to stock Abbott BinaxNOW COVID-19 Antigen test cards.
- For questions about BinaxNOW availability, please contact the following:
  - K-12 Schools: [Joe.Moran@state.sd.us](mailto:Joe.Moran@state.sd.us)
  - Childcare Providers: [Laura.Nordbye@state.sd.us](mailto:Laura.Nordbye@state.sd.us)
  - Long-term Care: [Denise.Broadbent@state.sd.us](mailto:Denise.Broadbent@state.sd.us)
  - Healthcare: [Laurie.Gregg@state.sd.us](mailto:Laurie.Gregg@state.sd.us)
  - Higher Education: [Laurie.Gregg@state.sd.us](mailto:Laurie.Gregg@state.sd.us)
  - Businesses: [Leanne.Nicholls@state.sd.us](mailto:Leanne.Nicholls@state.sd.us)
- SDDOH continues to accept requests for BinaxNOW antigen cards
  - [Joan.Adam@state.sd.us](mailto:Joan.Adam@state.sd.us)
  - [Tim.Southern@state.sd.us](mailto:Tim.Southern@state.sd.us)
- Inquiries for BinaxNOW resources can also be directed to:
  - [Dorothy.Ahten@abbott.com](mailto:Dorothy.Ahten@abbott.com)



# SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- Some BinaxNOW tests kits may be outdated soon.
- SDDOH asks that test kits with the earliest expiration dates be used first followed by kits with longer expiration dates.
- Kits that have expired can be returned to the SDDOH and will be replaced with a new kit.
- SDDOH can also help you place your unopened kits that are not expired in other approved locations in your community.
- Under very limited circumstances, expired kits can still be used. If you have an expired kit, please reach out to the SDDOH for further instructions.

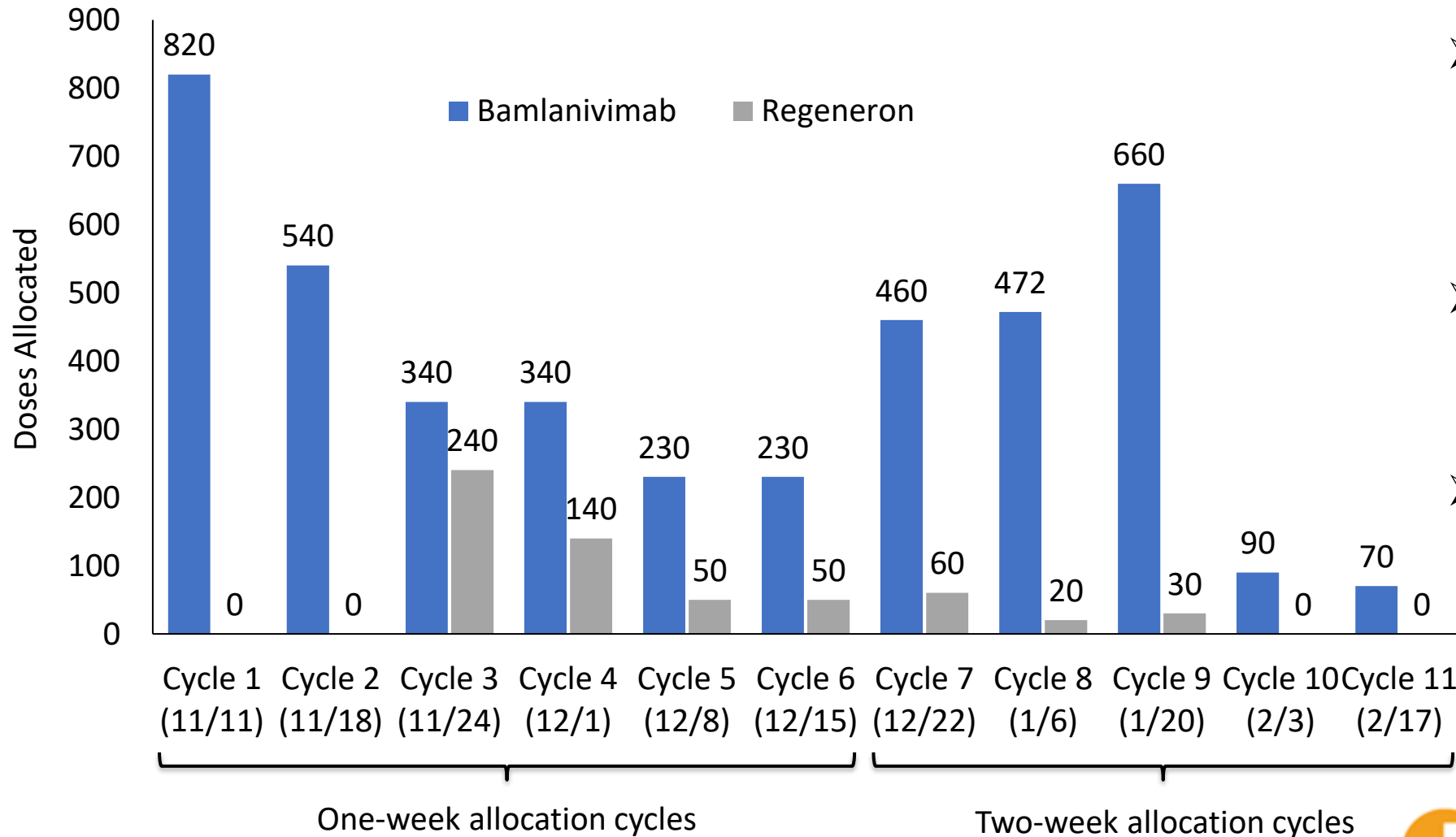


**Abbott**



SOUTH DAKOTA DEPARTMENT OF HEALTH

# Monoclonal Antibody Therapies for COVID-19



- 4,848 doses of monoclonal antibody therapy have been allocated to South Dakota
- 3,367 patients have been treated with mAb therapy in South Dakota
- 1,481 doses are currently on-hand in South Dakota

# Direct Ordering Information for mAb Therapies

- The South Dakota Department of Health will no longer participate the in mAb therapy allocation process.
- The US Government has developed a process for sites to directly order from the distributor, AmerisourceBergen (ABC). More information can be found here: [COVID-19 Monoclonal Antibody Therapeutics Direct Order Process \(Fact Sheet\)](#)
- Sites requesting mAb therapy will be required to:
  - Provide Amerisourcebergen with a board of pharmacy license or physician letter of authorization
  - Attest to their designated class of trade and that they will administer the authorized product according to the terms of the FDA issued EUA
  - Provide utilization data via either TeleTracking or NHSN

# General Information for mAb Therapies

- General information can be found: [COVID-19 Monoclonal Antibody Therapeutics Key Resources for Providers \(Fact Sheet\)](#)



## Key Resources for Providers

- Key website: <https://www.phe.gov>

Questions about mAb therapies can be directed to: [Bob.Coolidge@state.sd.us](mailto:Bob.Coolidge@state.sd.us)

