2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

March 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 March 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)
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

• **International**
  • 446,511,318 confirmed cases
    o 6,004,421 deaths

• **United States** (50 states + DC)
  • 78,545,019 confirmed cases
    o 951,348 deaths

• **South Dakota**
  • 236,432 confirmed and probable cases
    o 2,843 deaths
    o 230,234 recovered cases

As of March 8th, 2022

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

As of March 8th, 2022
COVID-19 Community Spread Map, by County

As of March 8th, 2022

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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

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### Cases, Hospitalizations, and Deaths by Age Group
**Cumulative, Delta, and Omicron Periods**

#### Cumulative Period: March 2020 to March 2022
- **0-9y**: 6.69%
- **10-19y**: 12.14%
- **20-29y**: 17.55%
- **30-39y**: 17.00%
- **40-49y**: 14.03%
- **50-59y**: 12.85%
- **60-69y**: 10.59%
- **70-79y**: 5.54%
- **80+y**: 3.60%

#### Delta Period: July 2021 to December 2021
- **0-9y**: 9.82%
- **10-19y**: 12.67%
- **20-29y**: 15.87%
- **30-39y**: 17.38%
- **40-49y**: 13.29%
- **50-59y**: 11.72%
- **60-69y**: 10.73%
- **70-79y**: 5.54%
- **80+y**: 2.98%

#### Omicron Period: January 2022 to March 2022
- **0-9y**: 8.74%
- **10-19y**: 12.30%
- **20-29y**: 19.00%
- **30-39y**: 15.87%
- **40-49y**: 17.38%
- **50-59y**: 13.29%
- **60-69y**: 11.72%
- **70-79y**: 10.73%
- **80+y**: 2.98%

#### Cumulative Period: March 2020 to March 2022
- **0-9y**: 0.83%
- **10-19y**: 0.56%
- **20-29y**: 1.38%
- **30-39y**: 1.98%
- **40-49y**: 2.83%
- **50-59y**: 4.78%
- **60-69y**: 8.64%
- **70-79y**: 17.18%
- **80+y**: 25.00%

#### Delta Period: July 2021 to December 2021
- **0-9y**: 0.93%
- **10-19y**: 0.50%
- **20-29y**: 1.67%
- **30-39y**: 2.64%
- **40-49y**: 3.74%
- **50-59y**: 6.29%
- **60-69y**: 9.63%
- **70-79y**: 16.05%
- **80+y**: 26.83%

#### Omicron Period: January 2022 to March 2022
- **0-9y**: 0.69%
- **10-19y**: 0.64%
- **20-29y**: 1.27%
- **30-39y**: 1.36%
- **40-49y**: 1.29%
- **50-59y**: 1.99%
- **60-69y**: 5.06%
- **70-79y**: 10.78%
- **80+y**: 17.58%

#### Cumulative Period: March 2020 to March 2022
- **0-9y**: 0.01%
- **10-19y**: 0.01%
- **20-29y**: 0.03%
- **30-39y**: 0.12%
- **40-49y**: 0.25%
- **50-59y**: 0.71%
- **60-69y**: 1.82%
- **70-79y**: 5.10%
- **80+y**: 15.83%

#### Delta Period: July 2021 to December 2021
- **0-9y**: 0.02%
- **10-19y**: 0.00%
- **20-29y**: 0.06%
- **30-39y**: 0.21%
- **40-49y**: 0.34%
- **50-59y**: 1.16%
- **60-69y**: 2.26%
- **70-79y**: 4.16%
- **80+y**: 10.86%

#### Omicron Period: January 2022 to March 2022
- **0-9y**: 0.02%
- **10-19y**: 0.03%
- **20-29y**: 0.01%
- **30-39y**: 0.02%
- **40-49y**: 0.15%
- **50-59y**: 0.24%
- **60-69y**: 0.66%
- **70-79y**: 2.39%
- **80+y**: 4.80%

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

As of March 8th, 2022

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# Breakthrough, Variant, and Reinfection Cases

As of March 8th, 2022

<table>
<thead>
<tr>
<th>Breakthrough Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>38,300</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>1,326</td>
</tr>
<tr>
<td>Died</td>
<td>277</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variant Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1,765</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>82</td>
</tr>
<tr>
<td>Died</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reinfection</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>10,030</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>200</td>
</tr>
<tr>
<td>Died</td>
<td>32</td>
</tr>
</tbody>
</table>


Not intended for press or for reporting purposes.
## COVID-19 Community Level Guidelines

<table>
<thead>
<tr>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
</table>
| • Stay [up to date](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) with COVID-19 vaccines  
  • [Get tested](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) if you have symptoms | • If you are [at high risk for severe illness](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html), talk to your healthcare provider about whether you need to wear a mask and take other precautions  
  • Stay [up to date](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) with COVID-19 vaccines  
  • Stay [up to date](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) with COVID-19 vaccines  
  • [Get tested](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) if you have symptoms  
  • Additional precautions may be needed for people [at high risk for severe illness](https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html) |

People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.
Prioritizing Case Investigation and Contact Tracing for COVID-19

Updated guidance as of February 28th:

• Universal case investigation and contact tracing are not recommended for COVID-19; instead, prioritize specific settings and groups at increased risk.

• Investigations focus on COVID-19 cases and close contacts with onsets and exposures in the previous 5 days for those settings and groups at increased risk.

• SD-DOH is planning to update our COVID-19 activities in the coming weeks.

**Table 1. Characteristics of emergency department and urgent care encounters among adults with COVID-19-like illness, by mRNA COVID-19 vaccination status and SARS-CoV-2 test result — 10 states, August 2021—January 2022**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total no. (column %)</th>
<th>Unvaccinated</th>
<th>Vaccinated (2 doses)**</th>
<th>SMD††</th>
<th>Negative</th>
<th>Positive</th>
<th>SMD††</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ED_UC encounters</td>
<td>241,204 (100)</td>
<td>110,823 (46)</td>
<td>155,119 (64)</td>
<td>23,186 (10)</td>
<td>175,789 (74)</td>
<td>61,826 (26)</td>
<td></td>
</tr>
<tr>
<td>Variant predominance period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1.617.2 (Delta)</td>
<td>185,652 (77)</td>
<td>86,074 (46)</td>
<td>85,371 (46)</td>
<td>14,207 (8)</td>
<td>126,168 (68)</td>
<td>35,746 (20)</td>
<td>0.50</td>
</tr>
<tr>
<td>B.1.1.529 (Omicron)</td>
<td>55,552 (23)</td>
<td>24,799 (45)</td>
<td>19,822 (36)</td>
<td>10,313 (19)</td>
<td>31,272 (56)</td>
<td>24,280 (44)</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2. mRNA COVID-19 vaccine effectiveness against laboratory-confirmed COVID-19-associated emergency department and urgent care encounters and hospitalizations among adults aged ≥18 years, by number and timing of vaccine doses — VISION Network, 10 states, August 2021—January 2022**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total</th>
<th>SARS-CoV-2 positive test result no. (column %)</th>
<th>VE fully adjusted % (95% CI)*</th>
<th>Waning trend p value††</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta-variant period</td>
<td>Unvaccinated (Ref)</td>
<td>86,674</td>
<td>29,063 (34)</td>
<td>—</td>
</tr>
<tr>
<td>Any mRNA vaccine, 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 mos</td>
<td>4,253</td>
<td>144 (33)</td>
<td>92 (91–94)</td>
<td>26</td>
</tr>
<tr>
<td>2–3 mos</td>
<td>8,662</td>
<td>257 (29)</td>
<td>88 (86–91)</td>
<td>32</td>
</tr>
<tr>
<td>4 mos</td>
<td>8,041</td>
<td>721 (88)</td>
<td>83 (83–84)</td>
<td>30</td>
</tr>
<tr>
<td>≥5 mos</td>
<td>63,515</td>
<td>6,744 (11)</td>
<td>77 (76–89)</td>
<td>27</td>
</tr>
<tr>
<td>Any mRNA vaccine, 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 mos</td>
<td>14,207</td>
<td>218 (20)</td>
<td>97 (96–97)</td>
<td>31</td>
</tr>
<tr>
<td>2–3 mos</td>
<td>3,542</td>
<td>134 (38)</td>
<td>93 (92–94)</td>
<td>22</td>
</tr>
<tr>
<td>≥4 mos</td>
<td>44</td>
<td>3 (7)</td>
<td>86 (85–96)</td>
<td>32</td>
</tr>
<tr>
<td>Omicron-variant period</td>
<td>Unvaccinated (Ref)</td>
<td>24,799</td>
<td>13,991 (56)</td>
<td>—</td>
</tr>
<tr>
<td>Any mRNA vaccine, 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 mos</td>
<td>19,822</td>
<td>3,851 (16)</td>
<td>65 (62–68)</td>
<td>38</td>
</tr>
<tr>
<td>2–3 mos</td>
<td>5,556</td>
<td>157 (28)</td>
<td>55 (52–58)</td>
<td>35</td>
</tr>
<tr>
<td>4 mos</td>
<td>1,982</td>
<td>785 (39)</td>
<td>46 (41–54)</td>
<td>30</td>
</tr>
<tr>
<td>≥5 mos</td>
<td>1,234</td>
<td>509 (41)</td>
<td>41 (40–42)</td>
<td>26</td>
</tr>
<tr>
<td>Any mRNA vaccine, 3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 mos</td>
<td>16,651</td>
<td>3,707 (22)</td>
<td>37 (34–40)</td>
<td>33</td>
</tr>
<tr>
<td>2–3 mos</td>
<td>10,531</td>
<td>1,938 (18)</td>
<td>83 (82–84)</td>
<td>33</td>
</tr>
<tr>
<td>≥4 mos</td>
<td>4,993</td>
<td>710 (14)</td>
<td>87 (86–88)</td>
<td>29</td>
</tr>
<tr>
<td>≥5 mos</td>
<td>2,517</td>
<td>696 (27)</td>
<td>81 (80–82)</td>
<td>13</td>
</tr>
</tbody>
</table>

**Table 3. Characteristics of hospitalizations among adults with COVID-19-like illness, by mRNA COVID-19 vaccination status and SARS-CoV-2 test result — 10 states, August 2021—January 2022**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total no. (column %)</th>
<th>Unvaccinated</th>
<th>Vaccinated (2 doses)**</th>
<th>SMD††</th>
<th>Negative</th>
<th>Positive</th>
<th>SMD††</th>
</tr>
</thead>
<tbody>
<tr>
<td>All hospitalizations</td>
<td>93,408 (100)</td>
<td>40,125 (43)</td>
<td>42,226 (45)</td>
<td>10,057 (12)</td>
<td>72,308 (77)</td>
<td>21,100 (23)</td>
<td>—</td>
</tr>
<tr>
<td>Variant predominance period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.1.617.2 (Delta)</td>
<td>83,104 (88)</td>
<td>39,214 (47)</td>
<td>38,707 (47)</td>
<td>5,130 (6)</td>
<td>65,000 (78)</td>
<td>12,953 (22)</td>
<td>0.15</td>
</tr>
<tr>
<td>B.1.1.529 (Omicron)</td>
<td>10,304 (12)</td>
<td>9,910 (98)</td>
<td>3,619 (35)</td>
<td>2,833 (27)</td>
<td>7,216 (70)</td>
<td>3,145 (30)</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Not intended for press or for reporting purposes.
Clinical Characteristics and Outcomes Among Adults Hospitalized with Laboratory-Confirmed SARS-CoV-2 Infection During Periods of B.1.617.2 (Delta) and B.1.1.529 (Omicron) Variant Predominance — One Hospital, California, July 15–September 23, 2021, and December 21, 2021–January 27, 2022

FIGURE. Intensive care unit admission, use of invasive mechanical ventilation, and death while hospitalized among 737 adults hospitalized with SARS-CoV-2 infection during Omicron variant predominance, by age group and vaccination status* — one hospital, California, December 21, 2021– January 27, 2022

https://www.cdc.gov/mmwr/volumes/71/wr/mm7106e2.htm?s_cid=mm7106e2_w

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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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COVID-19 Tests Reported to SDDOH by Month

Supply Chain Updates:

- Overall, supply chains are improving.
- Abbott BinaxNOW 40P and OTC kits are becoming available.
- Quidel QuickVue OTC is also available.
- Federal government has committed to additional purchases and test kits stockpiling; unknown impact on market.

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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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COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115

- On March 8, CDC released new guidance for federal HHS laboratory reporting requirements that will take effect on April 4, 2022.
- New reporting requirements are summarized below.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Test Type</th>
<th>Positive Results</th>
<th>Negative Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIA Moderate/High</td>
<td>NAAT</td>
<td>Report</td>
<td>Report</td>
</tr>
<tr>
<td>CLIA Moderate/High</td>
<td>Non-NAAT</td>
<td>Report</td>
<td>Optional</td>
</tr>
<tr>
<td>CLIA Waived&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Non-NAAT</td>
<td>Report</td>
<td>Optional</td>
</tr>
<tr>
<td>At-Home/OTC</td>
<td>Non-NAAT</td>
<td>Optional</td>
<td>Optional</td>
</tr>
<tr>
<td>Any Setting</td>
<td>Antibody</td>
<td>Optional</td>
<td>Optional</td>
</tr>
</tbody>
</table>

<sup>1</sup>Examples of CLIA Waived settings might include K-12 schools, correctional facilities, childcare facilities, drive-through testing sites, medical provider offices, pharmacies, etc.

<sup>Not intended for press or for reporting purposes</sup>
COVID Therapy Updates
## FDA EUA-Approved COVID-19 Therapies

<table>
<thead>
<tr>
<th>Category</th>
<th>Therapy</th>
<th>Manufacturer</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monoclonal Antibody</td>
<td>Sotrovimab</td>
<td>GlaxoSmithKline</td>
<td>Federal Allocation</td>
</tr>
<tr>
<td>Monoclonal Antibody</td>
<td>Bebtelovimab</td>
<td>Ely Lilly</td>
<td>Federal Allocation</td>
</tr>
<tr>
<td>Monoclonal Antibody (PrEP)</td>
<td>Evusheld</td>
<td>AstraZeneca</td>
<td>Federal Allocation</td>
</tr>
<tr>
<td>Oral Antiviral</td>
<td>Molnupiravir</td>
<td>Merck/Ridgeback</td>
<td>Federal Allocation</td>
</tr>
<tr>
<td>Oral Antiviral</td>
<td>Paxlovid</td>
<td>Pfizer</td>
<td>Federal Allocation</td>
</tr>
<tr>
<td>Intravenous Antiviral</td>
<td>Remdesevir</td>
<td>Gilead</td>
<td>Open Market</td>
</tr>
</tbody>
</table>

Due to the high frequency of the Omicron variant, REGEN-COV and Bamlanivimab/Etesevimab are not currently authorized in any U.S. region. Therefore, these therapies may not be administered for treatment or post-exposure prevention of COVID-19 under the Emergency Use Authorization until further notice by the Agency.

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COVID-19 Test to Treat

- A nationwide “Test to Treat” initiative is being launched by the federal government to increase access to oral antiviral therapies for individuals with COVID-19.
- Test to Treat will establish locations in pharmacy-based clinics, federally-qualified community health centers (FQHCs), and long-term care facilities.
- In this program, people will be able to get tested and, if positive for COVID-19 and treatment is appropriate, receive a prescription from a healthcare provider and have that prescription filled, all in one location.
- Individuals do not have to be tested at the T2T location to qualify for therapy; healthcare providers will be allowed to evaluate the result(s) of at-home testing.
- Treatment options may include Molnupiravir and Paxlovid, depending on availability.
- Qualifying locations around the country are currently being enrolled in the test to treat program.
- It is anticipated T2T will initially be available in ~4,000 locations nationwide following program roll-out.

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Long Term Care
## 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.

<table>
<thead>
<tr>
<th>By the numbers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>87.2%</strong></td>
<td>National Percent of Vaccinated Residents per Facility</td>
</tr>
<tr>
<td><strong>72.2%</strong></td>
<td>National Percent of Vaccinated Residents with Booster Doses per Facility</td>
</tr>
<tr>
<td><strong>84.4%</strong></td>
<td>National Percent of Vaccinated Staff per Facility</td>
</tr>
<tr>
<td><strong>38.9%</strong></td>
<td>National Percent of Vaccinated Staff with Booster Doses per Facility</td>
</tr>
<tr>
<td><strong>994,923</strong></td>
<td>Total Resident COVID-19 Confirmed Cases</td>
</tr>
<tr>
<td><strong>150,843</strong></td>
<td>Total Resident COVID-19 Deaths</td>
</tr>
<tr>
<td><strong>1,049,547</strong></td>
<td>Total Staff COVID-19 Confirmed Cases</td>
</tr>
<tr>
<td><strong>2,288</strong></td>
<td>Total Staff COVID-19 Deaths</td>
</tr>
</tbody>
</table>


This call is not intended for the press or for reporting purposes.
Long Term Care in South Dakota

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

- 975 Deaths in LTC residents
- LTC accounts for approximately 34% 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>
</tr>
</thead>
<tbody>
<tr>
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<td>27</td>
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<tr>
<td>12/13/21</td>
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<td>135</td>
<td>56</td>
<td>41</td>
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<td>38</td>
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<tr>
<td>12/20/21</td>
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<td>15</td>
<td>48</td>
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<tr>
<td>1/10/22</td>
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<td>392</td>
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<td>70</td>
<td>30</td>
<td>69</td>
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<td>1/17/22</td>
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<td>135</td>
<td>88</td>
<td>47</td>
<td>77</td>
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<td>1/24/22</td>
<td>443</td>
<td>1164</td>
<td>151</td>
<td>95</td>
<td>56</td>
<td>63</td>
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<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>
<tr>
<td>2/14/22</td>
<td>818</td>
<td>1673</td>
<td>118</td>
<td>82</td>
<td>36</td>
<td>59</td>
</tr>
<tr>
<td>2/21/22</td>
<td>639</td>
<td>1379</td>
<td>87</td>
<td>63</td>
<td>24</td>
<td>39</td>
</tr>
<tr>
<td>02/28/2022*</td>
<td>346</td>
<td>662</td>
<td>47</td>
<td>28</td>
<td>19</td>
<td>28</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
  ➢ Phase 1 - February 14, 2022
  ➢ Phase 2 - March 15, 2022

• Federal vaccination requirement Frequently Asked Questions (updated 1.20.22)

• 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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Long Term Care in South Dakota

### Federal Vaccine Mandate

- LTC F888
- ASC Q-0246
- Hospice L-900
- Hospital A-0792
- PRTF N-0120
- ICF-IID W-0508
- HHA G-687
- CORF I-549
- CAH C-1260
- OPT I-172
- CMHC M-0114
- HIT 486.525
- RHC/FQHC J-0110
- ESRD V-0800

uations

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#### COVID-19 Staff Vaccination Status for Providers

Complete this form or provide a list containing the same information required in this form.

**Section 1: Complete based on the Day 1 of the survey:**

<table>
<thead>
<tr>
<th>Direct facility hire (DH), Contracted hire (C), Other (O)</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Position</td>
<td>Assigned work area</td>
</tr>
</tbody>
</table>

**Note:** The sum of the #’s for columns 3, 6, 8 through 11 should equal the total # of staff.

This call is not intended for the press or for reporting purposes.
<table>
<thead>
<tr>
<th>States</th>
<th>% of Residents with Completed Vaccinations</th>
</tr>
</thead>
</table>

South Dakota – 94.55%

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.
Choose to get vaccinated. Protect yourself, your family, and our residents.

Percentage of Current Staff 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 – 79.98%

Who to Contact with LTC 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

Elaine Hanley, RN COVID LTC Touch Base Contact – phone 605-773-3497 or email Elaine.Hanley@state.sd.us

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Vaccination Update
<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>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: 34,557</td>
<td>Janssen - Series complete: 34,557</td>
</tr>
<tr>
<td></td>
<td>Moderna: 461,319</td>
<td>Janssen - Booster dose: 2,596</td>
<td>Janssen - Booster dose: 2,596</td>
</tr>
<tr>
<td></td>
<td>Pfizer: 658,936</td>
<td>Moderna - 1 dose: 25,209</td>
<td>Moderna - 1 dose: 25,209</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - Series complete: 172,333</td>
<td>Moderna - Series complete: 172,333</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - 3rd/Booster dose: 86,949</td>
<td>Moderna - 3rd/Booster dose: 86,949</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 1 dose: 35,081</td>
<td>Pfizer - 1 dose: 35,081</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - Series complete: 253,238</td>
<td>Pfizer - Series complete: 253,238</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 3rd/Booster dose: 112,725</td>
<td>Pfizer - 3rd/Booster dose: 112,725</td>
</tr>
<tr>
<td>03/09/2022</td>
<td>1,175,953</td>
<td>517,528</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>Janssen: 37,549</td>
<td>Janssen - Series complete: 34,891</td>
<td>Janssen - Series complete: 34,891</td>
</tr>
<tr>
<td></td>
<td>Moderna: 467,551</td>
<td>Janssen - Booster dose: 2,657</td>
<td>Janssen - Booster dose: 2,657</td>
</tr>
<tr>
<td></td>
<td>Pfizer: 670,853</td>
<td>Moderna - 1 dose: 25,253</td>
<td>Moderna - 1 dose: 25,253</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - Series complete: 174,101</td>
<td>Moderna - Series complete: 174,101</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Pfizer - 3rd/Booster dose: 116,639</td>
<td>Pfizer - 3rd/Booster dose: 116,639</td>
</tr>
</tbody>
</table>

*Not intended for press or for reporting purposes.*
COVID Vaccine coverage by age as of 03/08/2022

Not intended for press or for reporting purposes.
mRNA Vaccine Timeline Recommendation

• New data indicate that some people ages 12 through 64 years—and especially males ages 12 through 39 years—would benefit from getting their second mRNA COVID-19 vaccine dose 8 weeks after receiving their first dose. Extending the time interval between primary mRNA COVID-19 vaccine doses from the FDA-approved or authorized 3 weeks (Pfizer-BioNTech) or 4 weeks (Moderna) to 8 weeks may help increase how long protection lasts against COVID-19.
• It may also help lower the (small) risk of myocarditis (inflammation of the heart muscle) and pericarditis (swelling of tissue around the heart), which has been associated—mostly among adolescent and young adult males—with mRNA COVID-19 vaccination.

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mRNA Vaccine Timeline Recommendation (Cont.)

- It’s important to note this update does not apply to everyone. Providers should continue to recommend the 3-week or 4-week interval for people who are moderately or severely immunocompromised, adults ages 65 years and older, and others who may need early protection due to concern about an increased risk of severe illness from COVID-19 or high levels of community transmission.

- People ages 12 years and older with moderate or severe immunocompromise should receive three doses in their mRNA primary vaccine series and should receive a booster dose with an mRNA vaccine at least 3 months after completing their third primary series dose.
Immunocompromised Individuals Booster Update
(as of February 11th)

- Immunocompromised individuals who have completed a primary series of an mRNA vaccine (Pfizer-BioNTech or Moderna) are recommended to receive an mRNA booster dose 3 months (instead of 5 months) after the last primary dose.

- Immunocompromised individuals who have received a single Johnson & Johnson’s Janssen COVID-19 vaccine should receive one additional dose of an mRNA COVID-19 vaccine and one booster dose (mRNA) for a total of 3 vaccine doses.
Table 1. Immunization schedule for persons 5 years of age and older

<table>
<thead>
<tr>
<th>Recipient Age</th>
<th>Product*1</th>
<th>Persons Who ARE NOT Moderately or Severely Immunocompromised</th>
<th>Persons Who ARE Moderately or Severely Immunocompromised</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary Series*15</td>
<td>Booster Dose*13</td>
</tr>
<tr>
<td><strong>Type: mRNA vaccine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5–11 years</td>
<td>Pfizer-BioNTech Ages: 5–11 years Orange cap</td>
<td>2 doses. Separate: Dose 1 and 2 by at least 3 weeks</td>
<td>Not recommended</td>
</tr>
<tr>
<td>12–17 years</td>
<td>Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap</td>
<td>2 doses. Separate: Dose 1 and 2 by at least 3–8 weeks</td>
<td>At least 5 months after Dose 2</td>
</tr>
<tr>
<td>18 years and older</td>
<td>Pfizer-BioNTech Ages: 12 years and older Gray cap or Purple cap</td>
<td>2 doses. Separate: Dose 1 and 2 by at least 3–8 weeks</td>
<td>At least 5 months after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>2 doses. Separate: Dose 1 and 2 by at least 4–8 weeks</td>
<td>At least 5 months after Dose 2</td>
</tr>
<tr>
<td><strong>Type: Viral vector vaccine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 years and older</td>
<td>Janssen*11</td>
<td>1 dose</td>
<td>At least 8 weeks after Dose 1</td>
</tr>
</tbody>
</table>

*1 See product information for complete details.

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Kids Under 5 Vaccine Update

• In January Pfizer-BioNTech submitted data for FDA review regarding a COVID-19 vaccinee for ages 6 months to 4 years.

• The FDA was originally slated to meet in February regarding Emergency Use Authorization for the vaccine.

• Pfizer-BioNTech then postponed the FDA request for the vaccine citing that they would instead wait for data on a three-dose series of the vaccine thinking that this may be more effective.

• Although the South Dakota Department of Health has not heard officially when expected administration is to begin for the vaccine, the CDC is speculating early to mid April.
Infection Prevention
Infection Prevention Updates and Resources for Healthcare Facilities

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• **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.
  - [SARS-CoV-2 Antigen Testing in Long Term Care Facilities](#) (2/17/22)
  - [Clinical Questions about COVID-19: Questions and Answers](#) (2/9/22)
  - [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (2/2/22)
  - [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](#) (2/2/22)

**CMS**

[Nursing Home Visitation FAQ's](#) Updated 2/2/22

[QSO-22-07-ALL Guidance for Interim Rule- COVID19 Health Care Staff Vaccination](#) – Applicable to ALL now. Effective: 1/27/22. Updated guidance and resources to surveyors. Mandatory facility task assignment and review of NHSN data related to QSO-22-07. [Survey resources w Staff Vaccine Docs related to F888 here](#).
**Note:** CDC has updated guidance about COVID-19 community levels along with recommended individual and household-precautions and community-level prevention strategies that should be taken at each level. The rationale for these changes are described in the guidance. **These COVID-19 community level recommendations do not apply in healthcare settings**, such as hospitals and nursing homes. Healthcare settings should continue to follow CDC’s infection prevention and control recommendations for healthcare settings, which continue to use community transmission levels as a metric for stratifying some IPC measures (e.g., use of source control, screening testing).
Infection Prevention & Control Assessment Tool (ICARs) for LTC and ALF

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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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.

SOUTH DAKOTA PROJECT FIRSTLINE
www.SDProjectFirstline.org
@ProjectFirstlineSouth Dakota

CHERI FAST
Project Firstline Program Manager
Cheri.fast@sdfmc.org

CHARLOTTE HOFER
Project Firstline Communications Director
Charlotte.hofer@sdfmc.org

This call is not intended for the press or for reporting purposes
Infection Control Questions? Contact Us:

Kipp Stahl kipp.stahl@state.sd.us

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Community Mitigation

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Supply Chain Management
PPE Request Procedure

All requests for PPE from DOH must be:

• Emailed to COVIDResourceRequests@state.sd.us,

• Fax 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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On-going Communication
Helpful sources of information:

covid.sd.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
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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