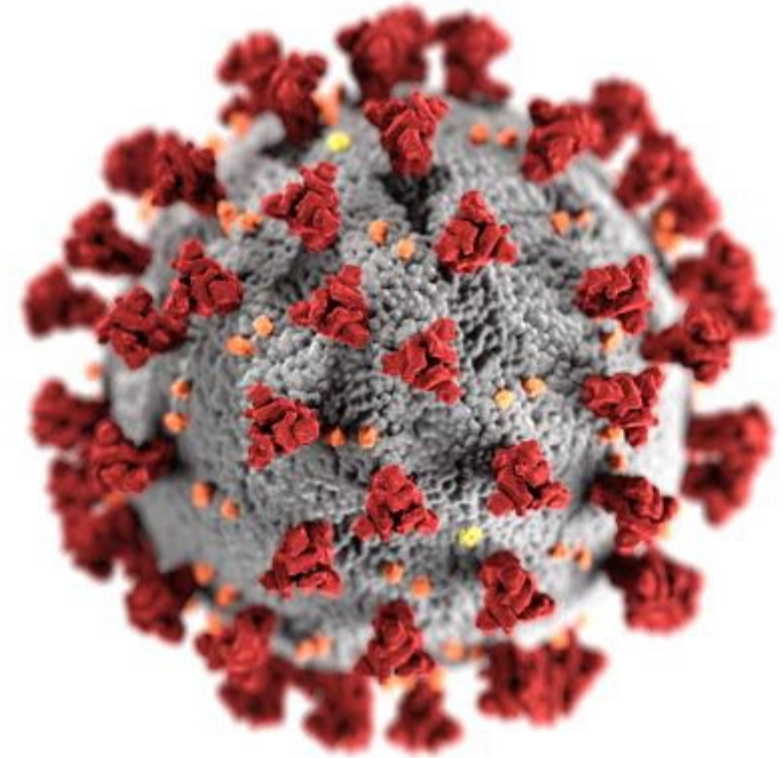


# 2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

March 11, 2021



**We will begin in just a few moments. Thanks!**

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SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of March 10, 2021. 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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# Agenda

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

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# Coronavirus Situation (as of March 10, 2021)

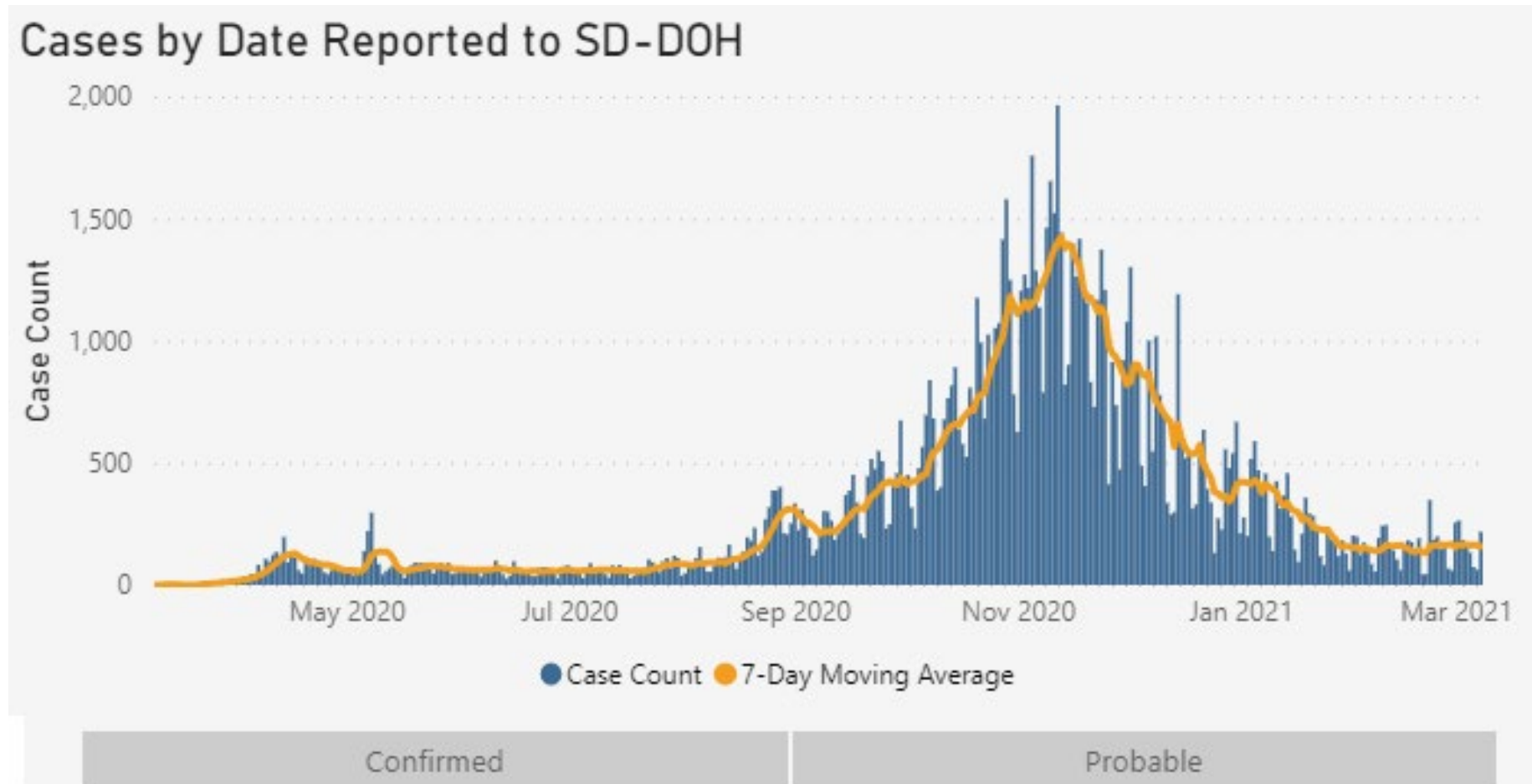
- [International](#)
  - 117,332,262 confirmed cases
  - 2,605,356 deaths
- [United States](#) (50 states + DC)
  - 28,937,762 confirmed cases
  - 524,695 deaths
- [South Dakota](#)
  - 113,962 confirmed and probable cases
  - 1,904 deaths
  - 109,944 recovered cases

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



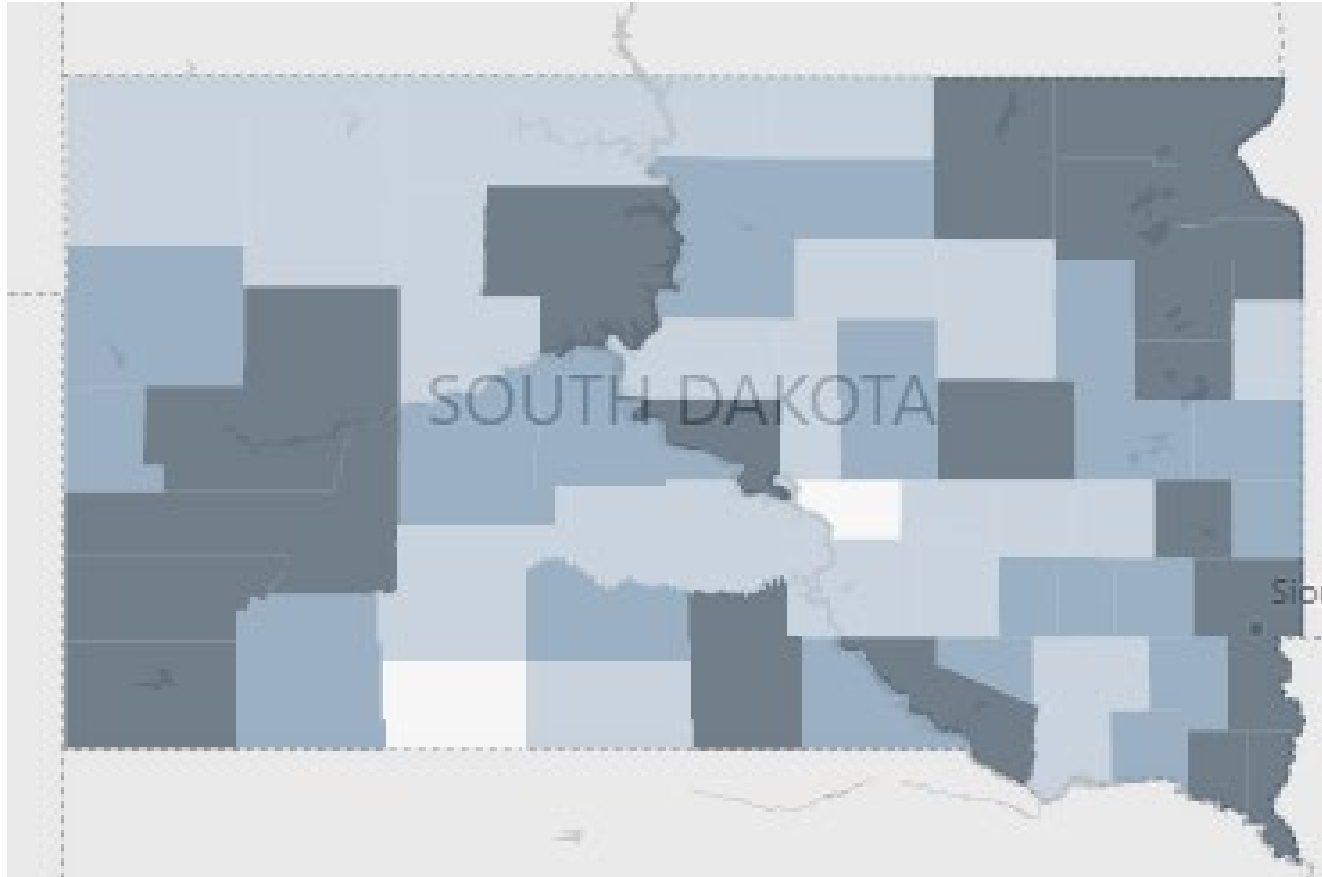
As of March 10, 2021

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# COVID-19 Case Map, by County



As of March 10, 2021

## Substantial Community Spread

Beadle	Hughes
Brown*	Lake
Charles Mix	Lincoln
Clay*	Marshall
Codington	Meade
Custer*	Minnehaha
Day	Pennington
Dewey	Roberts
Fall River*	Tripp
Grant	Union
Hamlin	

\* New County

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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

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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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](https://sd.gov/diseasereport)
  - Fax – 605.773.5509

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# When you have been fully vaccinated (non-healthcare)

- You are fully vaccinated:
  - 2 weeks after the second dose in a 2-dose series (Pfizer or Moderna)
  - 2 weeks after a single dose vaccine (Janssen)
- Gather indoors with other fully vaccinated people without wearing a mask
- Gather indoors with unvaccinated people from **one other household** without masks, unless someone is high risk
- If you are named as a close contact, you do not need to quarantine or get tested unless you have symptoms

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

<https://www.cdc.gov/coronavirus/2019-ncov/more/fully-vaccinated-people.html>

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# v-safe and Vaccine Pregnancy Registry

Sign up with your  
smartphone's browser at  
[vsafe.cdc.gov](https://vsafe.cdc.gov)

OR

Aim your smartphone's  
camera at this code



- **v-safe**
  - Text messaging and web surveys to provide health check-ins after receiving a COVID-19 vaccine
- **v-safe COVID-19 Pregnancy Registry**
  - Participants reporting being vaccinated in the periconception period or during pregnancy
- Health effects of interest:
  - Pregnancy outcomes (miscarriage, stillbirth)
  - Pregnancy complications (preeclampsia, gestational diabetes)
  - Problems with the newborn (preterm delivery, poor growth, birth defects)

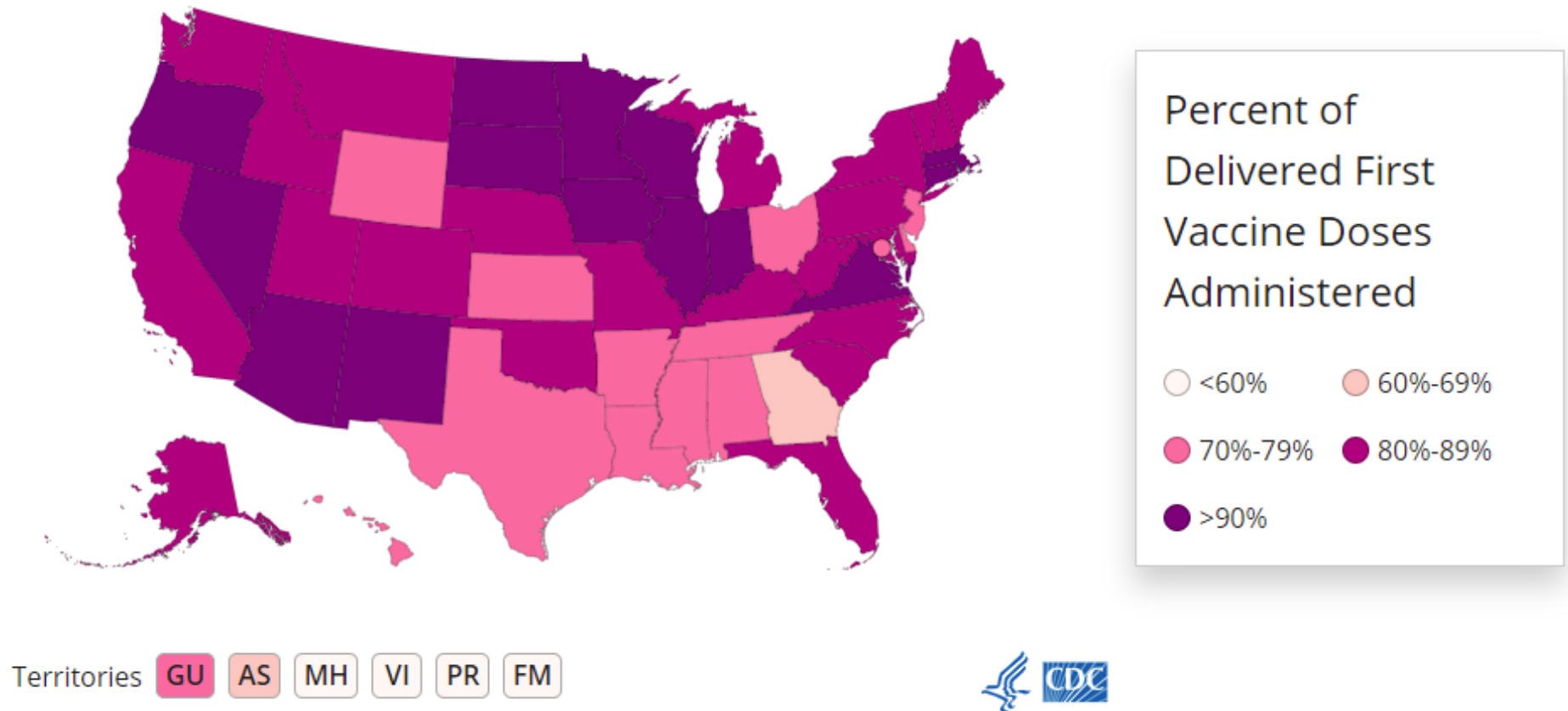
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html>

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# % of Delivered First Vaccine Doses Administered



<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/distributing/first-doses.html>

SD-DOH dashboard (click on Vaccines tab): <https://doh.sd.gov/COVID/Dashboard.aspx>

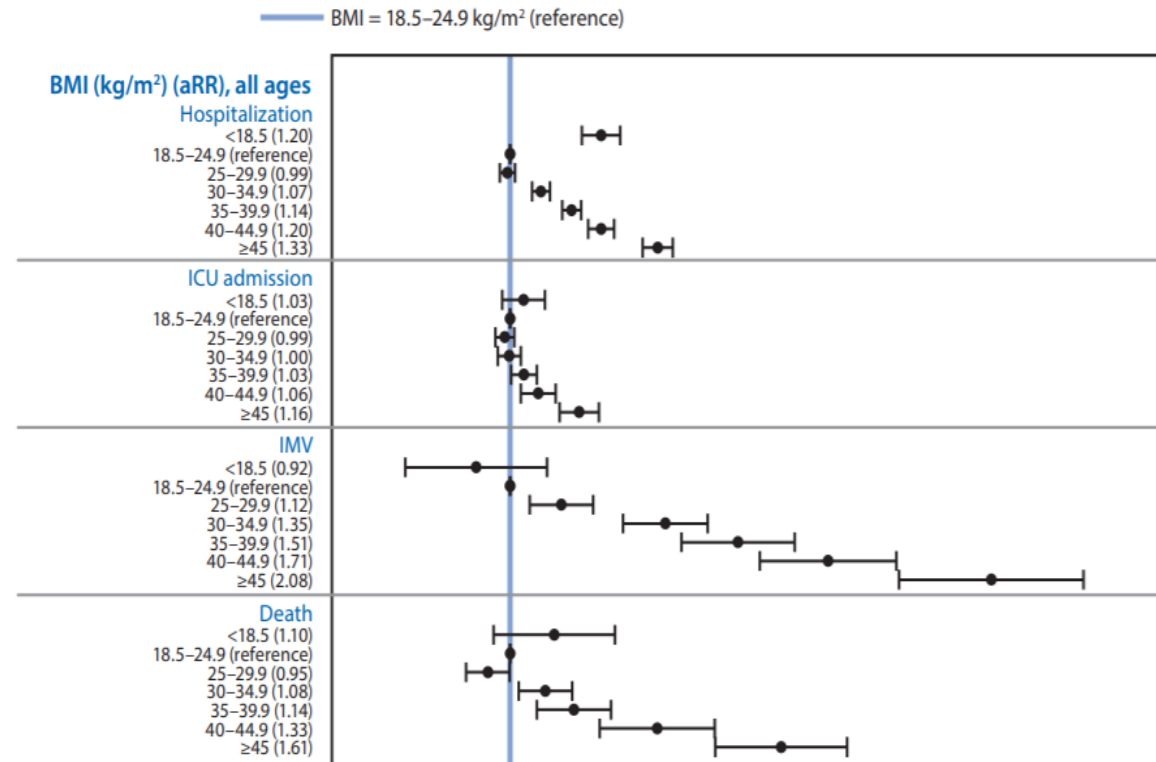
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# Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020

FIGURE 1. Association between body mass index (BMI) and severe COVID-19–associated illness\* among adults aged  $\geq 18$  years, by age group — Premier Healthcare Special COVID-19 Release (PHD-SR),<sup>†</sup> United States, March–December 2020<sup>§</sup>



[https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm?s\\_cid=mm7010e4\\_x](https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm?s_cid=mm7010e4_x)

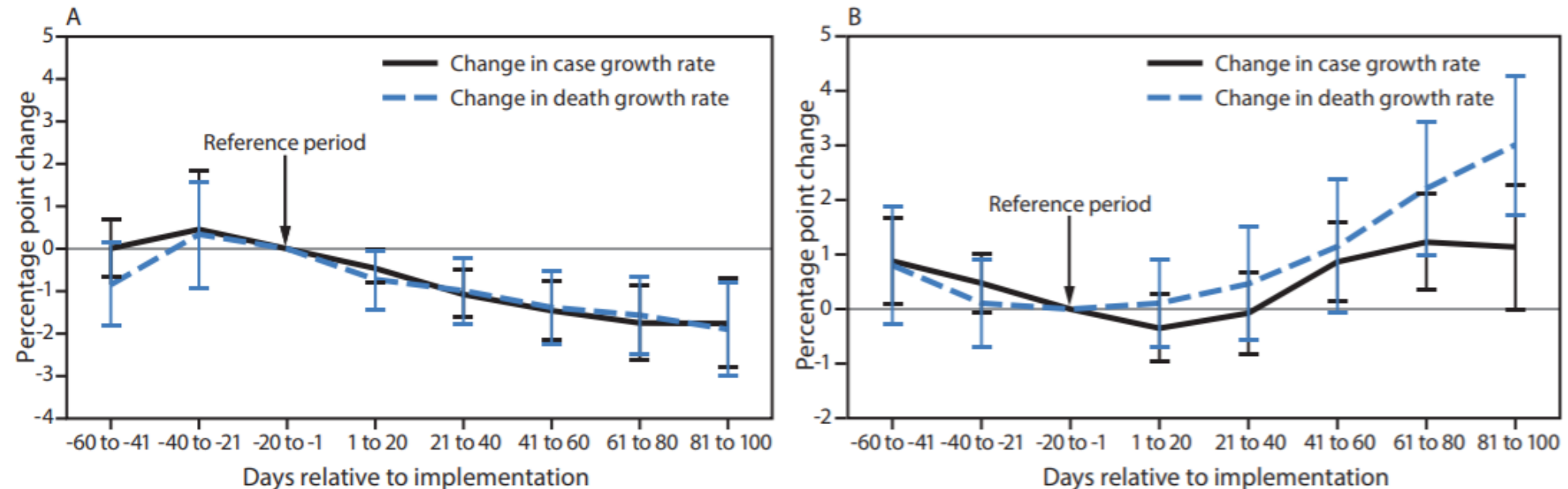
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# Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020

FIGURE. Association between changes in COVID-19 case and death growth rates\* and implementation of state mask mandates† (A) and states allowing any on-premises restaurant dining‡ (B) — United States, March 1–December 31, 2020



\* With 95% confidence intervals indicated with error bars.

† A state-issued mask mandate was defined as the requirement that persons operating in a personal capacity (i.e., not limited to specific professions or employees) wear a mask 1) anywhere outside their home or 2) in retail businesses and in restaurants or food establishments.

‡ The effective date of the state order allowing restaurants to conduct any on-premises dining or the date a state-issued restaurant closure expired.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm?s\\_cid=mm7010e3\\_x](https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm?s_cid=mm7010e3_x)

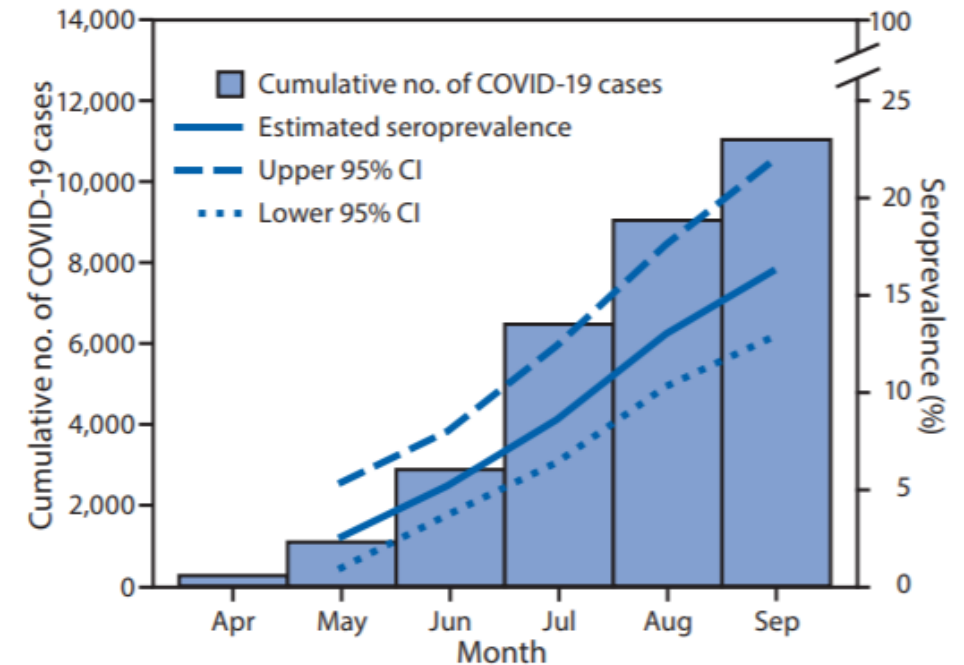
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# Estimated SARS-CoV-2 Seroprevalence Among Persons Aged <18 Years — Mississippi, May–September 2020

TABLE 1. Characteristics and SARS-CoV-2 serology results of persons aged <18 years whose residual serum specimens\* were tested for presence of SARS-CoV-2 antibodies — Mississippi, May 17–September 19, 2020

Characteristic	Total	SARS-CoV-2 serology result		P-value <sup>§</sup>
		No. positive	% (95% CI) <sup>†</sup>	
<b>Overall</b>	<b>1,603</b>	<b>175</b>	<b>10.9 (9.4–12.4)</b>	<b>—</b>
<b>Age group</b>				<b>0.03</b>
<6 mos	420	61	14.5 (11.2–17.9)	
6–11 mos	63	9	14.3 (5.6–22.9)	
1–8 yrs	423	42	9.9 (7.1–12.8)	
9–17 yrs	697	63	9.0 (6.9–11.2)	
<b>Sex (missing = 2)</b>				<b>0.28</b>
Female	771	91	11.8 (9.6–14.1)	
Male	830	84	10.1 (8.1–12.2)	
<b>Race/Ethnicity (missing = 24)</b>				<b>&lt;0.01</b>
Black, non-Hispanic	901	117	13.0 (10.8–15.2)	
Hispanic	69	16	23.2 (13.2–33.2)	
Other, non-Hispanic	44	7	15.9 (5.1–26.7)	
White, non-Hispanic	565	30	5.3 (3.5–7.2)	
<b>Assay</b>				<b>0.02<sup>¶</sup></b>
Ortho VITROS	1,469	152	10.4 (8.8–11.9)	
CDC ELISA	134	23	17.2 (10.8–23.6)	
<b>Dates of specimen collection</b>				<b>&lt;0.01</b>
May 17–May 31	174	6	3.5 (0.7–6.2)	
Jun 1–30	447	28	6.3 (4.0–8.5)	
Jul 1–31	339	35	10.3 (7.1–13.6)	
Aug 1–31	368	56	15.2 (11.6–18.9)	
Sep 1–19	275	50	18.2 (13.6–22.7)	

FIGURE. Cumulative number of reported COVID-19 cases and estimated race/ethnicity–standardized SARS-CoV-2 antibody seroprevalence\* among persons aged <18 years — Mississippi, April–September 2020



Abbreviation: CI = confidence interval.

\* From residual serum specimens collected during May 17–September 19, 2020, from persons aged <18 years.

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7009a4.htm?s\\_cid=mm7009a4\\_x](https://www.cdc.gov/mmwr/volumes/70/wr/mm7009a4.htm?s_cid=mm7009a4_x)

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# Selected CDC Updates

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

COVID-19 Vaccine Information for Specific Groups: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups.html>

Key Things to Know About COVID-19 Vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

Nationwide Commercial Laboratory Seroprevalence Survey: <https://covid.cdc.gov/covid-data-tracker/#national-lab>

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# Abbott BinaxNOW COVID Ag Card Expiration Dates

- Abbott has extended the expiration date of many lots of BinaxNOW kits
- Abbott BinaxNOW card lots, part number 195-000, which qualify for extension of expiration, can be found in the recent letter provided by Abbott. The letter provides:

- Lot number
- Current expiration date
- New expiration date

Attachment 1 - BinaxNOW™ COVID-19 Ag Card lots with extended expiry

Lot Number	Original Expiry	New Expiry
124008	07-Feb-21	07-May-21
124073	08-Feb-21	08-May-21
124199	10-Feb-21	10-May-21
124380	11-Feb-21	11-May-21

- The letter was circulated on several DOH listservs. Please reach out to the following if you need a copy of the letter: [Dorothy.Ahten@abbott.com](mailto:Dorothy.Ahten@abbott.com)



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# Laboratory Guidance

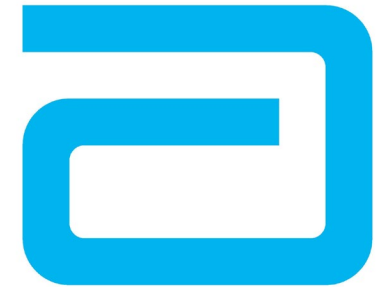
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# SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- 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/Pharmacies: [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)



**Abbott**



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# Variant Sequencing: Request for Specimens

- SDPHL is asking **all healthcare partners** to submit SARS-CoV-2-positive specimens for variant surveillance.
  - Specimens should be from South Dakota residents
  - Specimens should be a nasal, MTS, or NP swab in **viral transport medium**
  - Specimens must have been collected and tested in the previous **3-4** days
  - Specimens can be batched but should be submitted as quickly as possible
- Patients that test positive for SARS-CoV-2 using point-of-care or rapid testing methods that test direct-from-swab should be recollected using a traditional swab/VTM collection kit as soon as possible.

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# Variant Sequencing: Specimen Transport Medium

- Please submit specimens for variant sequencing in viral transport medium such as M4RT or similar
- Medium must allow culture of virus
  - Minimum of 1 ml specimen is required
  - M4RT and swabs are available from SDPHL upon request
- **Do not** submit specimens for sequencing in the following:
  - X Aptima collection kits



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# Variant Sequencing: Requisition

- All specimens submitted for variant sequencing must be accompanied by the “SARS-CoV-2 Sequencing Surveillance Laboratory Requisition”
- It is critical that the form is as complete as possible upon submission to SDPHL
- Please do not alter the form
- Please indicate somewhere on the form if the patient has received one (or both) SARS-CoV-2 vaccinations and the most recent date of SARS-CoV-2 vaccination if that information is available.

**SARS-CoV-2 Sequencing Surveillance Laboratory Requisition**

 South Dakota Public Health Laboratory  
615 E. Fourth Street  
Pierre, SD 57501  
Phone 605-773-3368 Fax 605-773-8201  
www.state.sd.us/doh/Lab

Lab Use Only

Facility \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Provider \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number # \_\_\_\_\_

**Patient Information:**  
Patient name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ MI \_\_\_\_\_  
Patient Residence: County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender ☐ Male ☐ Female ☐ Unknown  
Race: ☐ Asian ☐ Hawaiian ☐ Native American ☐ Black ☐ White ☐ Other \_\_\_\_\_ Ethnicity: ☐ Hispanic ☐ Non-Hispanic

**Specimen Collection Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Specimen Source:**  
☐ Nasopharyngeal (NP) ☐ Oropharyngeal (OP)  
☐ Sputum ☐ Nasal ☐ Other \_\_\_\_\_

**Patient Information:**  
Hospitalized? ☐ Yes ☐ No ☐ Unknown  
Death? ☐ Yes ☐ No ☐ Unknown  
Travel History (14 days prior to onset) \_\_\_\_\_

**Sample Information:**  
Viral Ct value (<28) \_\_\_\_\_  
Host control Ct value (RNase P or other) \_\_\_\_\_  
Other relevant information: \_\_\_\_\_

# Variant Sequencing: Packaging and Shipping

- Specimens for variant sequencing can be batched for packaging and shipping.
- Batches should be shipped to the SDPHL as frequently as possible or at minimum, twice a week to ensure timely sequencing.
- SDPHL can provide packaging and shipping supplies as well as use of the SDPHL courier system.
  - Facilities that are not currently on one of SDPHL's courier routes can request on-demand courier service using the following:
    - ✓ Web portal: [Avera.medspeed.com](https://Avera.medspeed.com)
    - ✓ MedSpeed On-Demand: 877-434-9366; Option 1

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# Variant Sequencing: Results and Reporting

- Variant sequencing is not currently provided as a clinical or diagnostic service.
  - Variant sequencing is for epidemiological purposes only.
- Sequencing results will not be provided back to the submitter to influence patient care.
  - Variant sequencing is not recognized by CMS as a “CLIA-approved” test.
  - SDPHL will not accept requests for variant sequencing from healthcare providers who want to use that information to influence patient care.
- Sequencing results will be provided by SDPHL in aggregate form most likely on a monthly basis during Healthcare partners webinars (each Thursday at 11am CST).

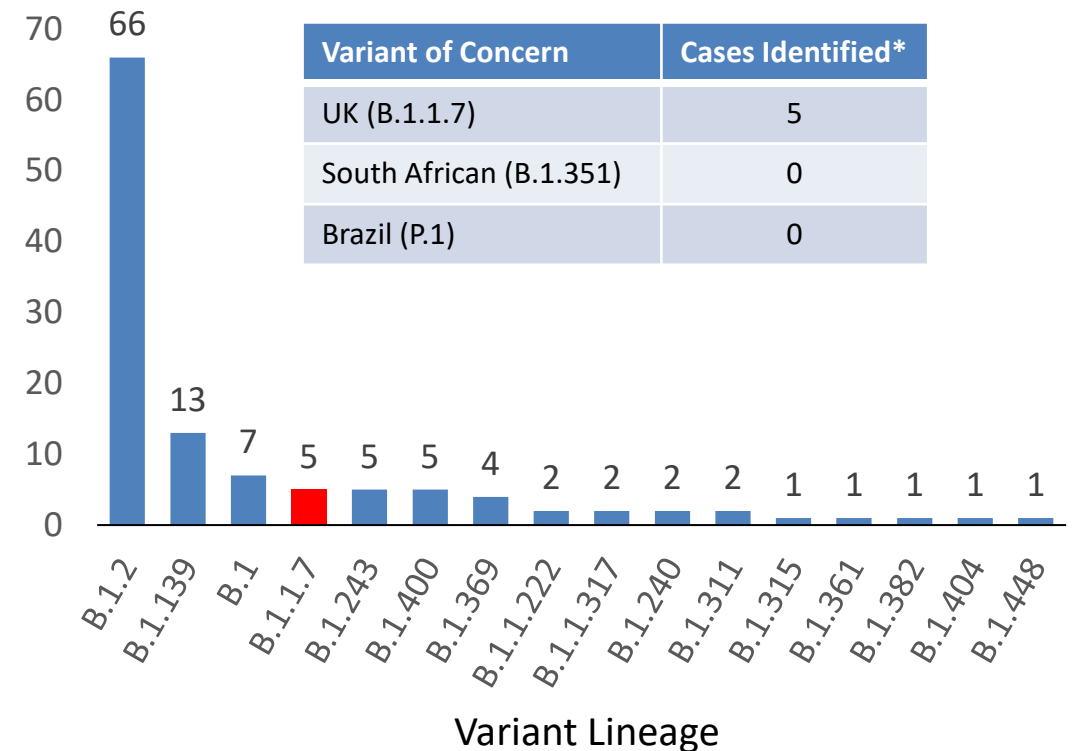
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# SDPHL SARS-CoV-2 Variant Sequencing Results

Lineage	Count*	Description	Most Common Countries
B.1.2	66	USA Lineage	USA; Canada; Denmark
B.1.139	13	USA Lineage	USA; Denmark
B.1	7	Large European Lineage	UK; USA; Canada
<b>B.1.1.7</b>	<b>5</b>	<b>UK Lineage of Concern</b>	<b>UK; Denmark; Belgium; USA</b>
B.1.243	5	USA Lineage	USA; Mexico
B.1.400	5	USA Lineage	USA
B.1.369	4	USA/New Zealand Lineage	USA; Canada; New Zealand; UK
B.1.1.222	2	USA/Mexico Lineage	USA; Mexico; Switzerland
B.1.1.317	2	Russian Lineage	Russia; UK; Canada; Denmark; USA
B.1.240	2	USA Lineage	USA; UK
B.1.311	2	USA Lineage	USA; Canada
B.1.315	1	USA Lineage	USA
B.1.361	1	USA Lineage	USA
B.1.382	1	USA Lineage	USA; Canada
B.1.404	1	USA/Mexico Lineage	USA; Mexico; Canada
B.1.448	1	USA Lineage	USA
Total	118		



\*Lineage counts and cases identified may include non-resident specimens tested by the SDPHL

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# Long Term Care

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# Disease Impact – United States *as of 02.21.21*

## Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

639,658

TOTAL RESIDENT COVID-19 DEATHS

130,079

TOTAL STAFF COVID-19 CONFIRMED CASES

551,667

TOTAL STAFF COVID-19 DEATHS

1,619

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

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# Long Term Care in South Dakota

## *Disease Impact in Nursing Homes and Assisted Living Centers*

- **Current Number of LTC Facilities with Case – 15\*** *(14 facilities with a case in staff only)*
- **Cumulative Total LTC Facilities with Case – 218**
- **Current Active Cases in a Resident – 2\***
- **Cumulative Total Resident Cases – 3,587**
- **Cumulative Total Resident Deaths – 866**
- **Current Active Cases in Staff – 19\***
- **Cumulative Total Case in Staff – 1,227**

*\*self-reported by touch-base calls as of 03.10.2021 - all data is provisional*

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# Visitation - guidance based on the Center for Medicare and Medicaid Services (CMS) revised guidance **March 10, 2021** ([QSO-20-39-NH](#))

- Please read this guidance. Updates are in **red**.
- Facilities **must** have a plan with policies and procedures in place to ensure person-centered visitation is reasonably allowed.
- Visitation may occur safely and based on vaccines showing to help prevent symptomatic COVID-19 and the core principles of COVID-19 infection prevention.
- Lack of visitation in a facility without adequate reasoning may indicate a Resident Rights concern.
- **State of South Dakota Back to Normal Long-Term Care Reopening Plan - Revised September 25, 2020 will be updated and sent to the providers.**
- **The following information to the new CMS guidelines should be followed immediately.**

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# Visitation - *highlights*

Since the release of QSO memorandum 20-39-NH on September 17, 2020, COVID-19 vaccines have received Emergency Use Authorization from the Food and Drug Administration.

Millions of vaccinations have since been administered to nursing home residents and staff, and these vaccines have been shown to help prevent symptomatic SARS-CoV-2 infection (i.e., COVID-19).

**Therefore, CMS, in conjunction with the Centers for Disease Control and Prevention (CDC), is updating its visitation guidance accordingly, but emphasizing the importance of maintaining infection prevention practices, given the continued risk of COVID-19 transmission.**

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# The Core Principles of COVID-19 Infection Prevention

## The Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions **about and** observations of signs or symptoms), and denial of entry of those with signs or symptoms **or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)**
- 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 COVID19 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 staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO20- 38-NH)

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# Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred **even when the resident and visitor are fully vaccinated\* against COVID-19**. Outdoor visits **generally** pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

**\*Fully vaccinated refers to a person who is  $\geq 2$  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, per the CDC's Public Health Recommendations for Vaccinated Persons.**

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# Indoor Visitation

**Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status),** except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

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# Indoor Visitation *(continued)*

Note: CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated.

However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one.

**Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.**

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# Indoor Visitation during an Outbreak

This guidance is intended to describe **how visitation can still occur when there is an outbreak**, but there is evidence that the transmission of COVID-19 is **contained to a single area** (e.g., unit) of the facility.

To swiftly detect cases, we remind facilities to adhere to CMS regulations and guidance for **COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.**

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# Indoor Visitation during an Outbreak

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed.

Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
  - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

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# Compassionate Care

Compassionate care visits should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

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# In Summary

According to the updated guidance, **facilities should allow responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident, or visitor**, unless certain scenarios arise that would limit visitation for:

- Unvaccinated residents, if the COVID-19 county positivity rate is greater than 10 percent and less than 70 percent of residents in the facility are fully vaccinated,
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue transmission-based precautions, or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine

The updated guidance also emphasizes that **“compassionate care” visits should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak**. Compassionate care visits include visits for a resident whose health has sharply declined or is experiencing a significant change in circumstances.

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# 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](mailto:COVIDResourceRequests@state.sd.us) OR call **605.773.3048** and requesting entities must provide information regarding their current facility status.
- ✓ Please send an email to Cindy Koopman-Viergets if you need BinaxNOW testing kits at [Cindy.KoopmanViergets@state.sd.us](mailto:Cindy.KoopmanViergets@state.sd.us).
  - Please look at your **BinaxNOW expiration dates**.
  - Use kits with the earliest expiration date first.
  - Contact Cindy if you have excess BinaxNOW testing kits.
  - Please do not share your BinaxNOW kits with “other” facilities as the “other” facility may not have a current CLIA certificate.

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# Visitation Phone Survey – *of those facilities contacted*

## ***Preliminary survey results showing -***

- *Nursing Homes – 96% allowing indoor visitation*
- *Assisted Living Centers – 94% allowing indoor visitation*



## ***Contact us to assist you with allowing indoor visitation -***

- Diana Weiland, Nursing Home Advisor email [Diana.Weiland@state.sd.us](mailto:Diana.Weiland@state.sd.us)
- Jennifer Maeschen, Assisted Living Advisor email [Jennifer.Maeschen@state.sd.us](mailto:Jennifer.Maeschen@state.sd.us)

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# Vaccination Update

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# Doses Administered

Total Doses  
Administered

267,743

State Allocation

Manufacturer	# of Doses
Janssen	773
Moderna	131,528
Pfizer	135,442

Total Persons Administered a  
Vaccine

173,596

State Allocation

Doses	# of Recipients
Janssen - Series Complete	773
Moderna - 1 dose	42,188
Moderna - Series Complete	44,670
Pfizer - 1 dose	36,490

Percent of State  
Population with at least  
1 Dose

30%

State & Federal Allocation

Doses	% of Pop.
1 dose	30.30%
Series Complete	16.48%

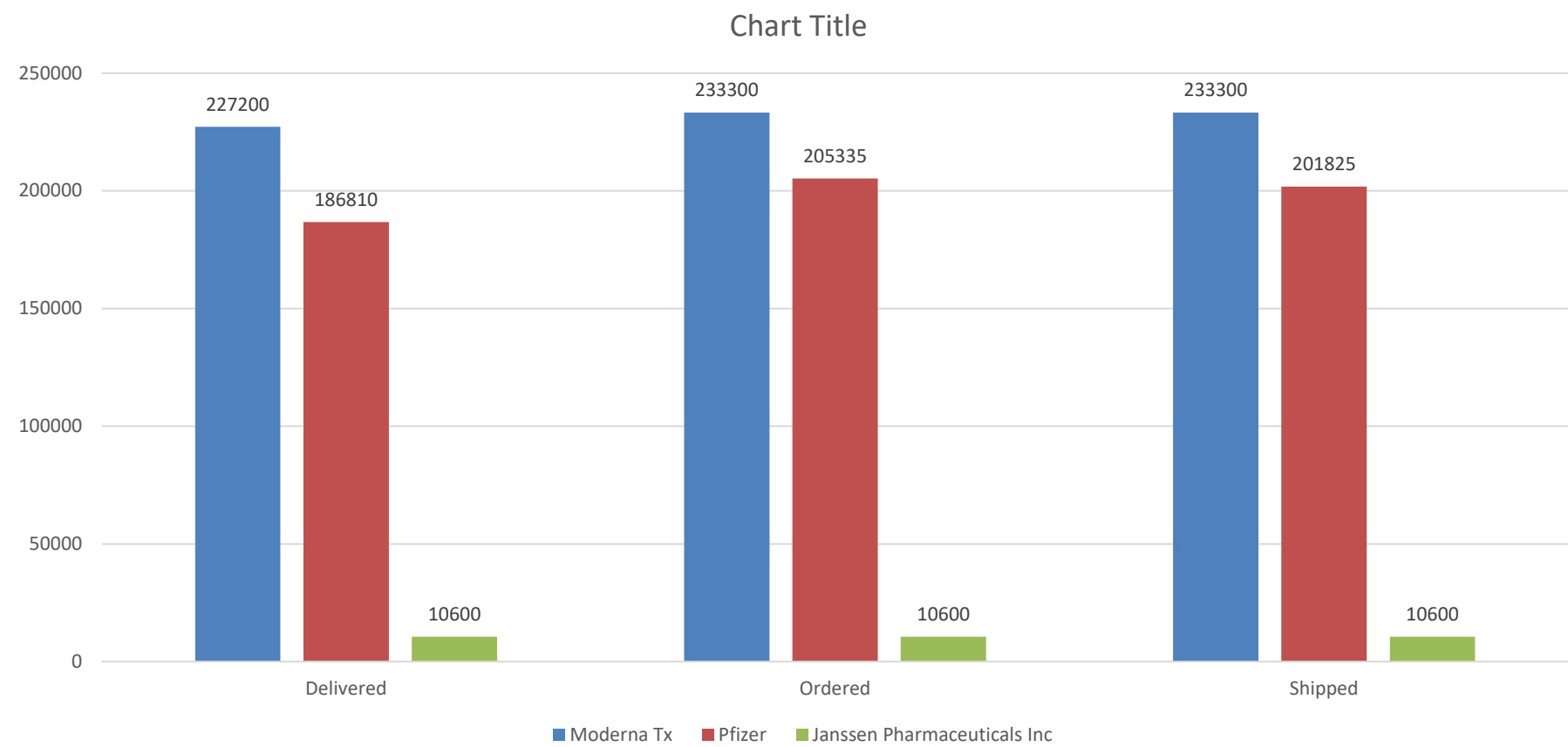
*Based on 2019 Census Estimate for those aged 16+ years. Includes aggregate data on IHS and federal entities.*

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# SD DOSES Ordered All Partners

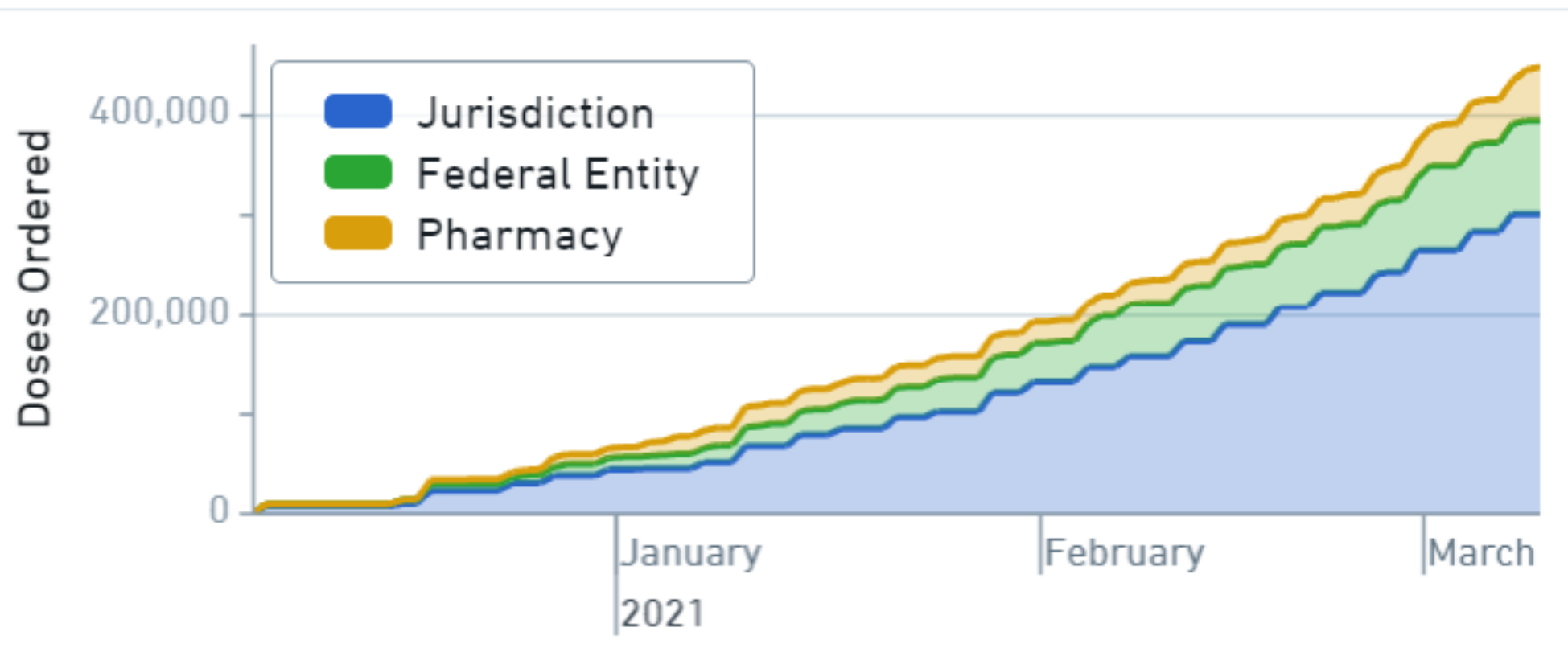


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# SD DOSES Ordered All Partners



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# SD DOSES Ordered All Partners

449,235 Doses Ordered - Total	445,725 Doses Shipped - Total	424,610 Doses Delivered - Total
302,030 Doses Ordered - Jurisdiction	302,030 Doses Shipped - Jurisdiction	292,570 Doses Delivered - Jurisdiction
53,890 Doses Ordered - Pharmacy	51,550 Doses Shipped - Pharmacy	42,770 Doses Delivered - Pharmacy
93,315 Doses Ordered - Federal Entity	92,145 Doses Shipped - Federal Entity	89,270 Doses Delivered - Federal Entity

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# Federal Partners in SD (90,445 ordered)

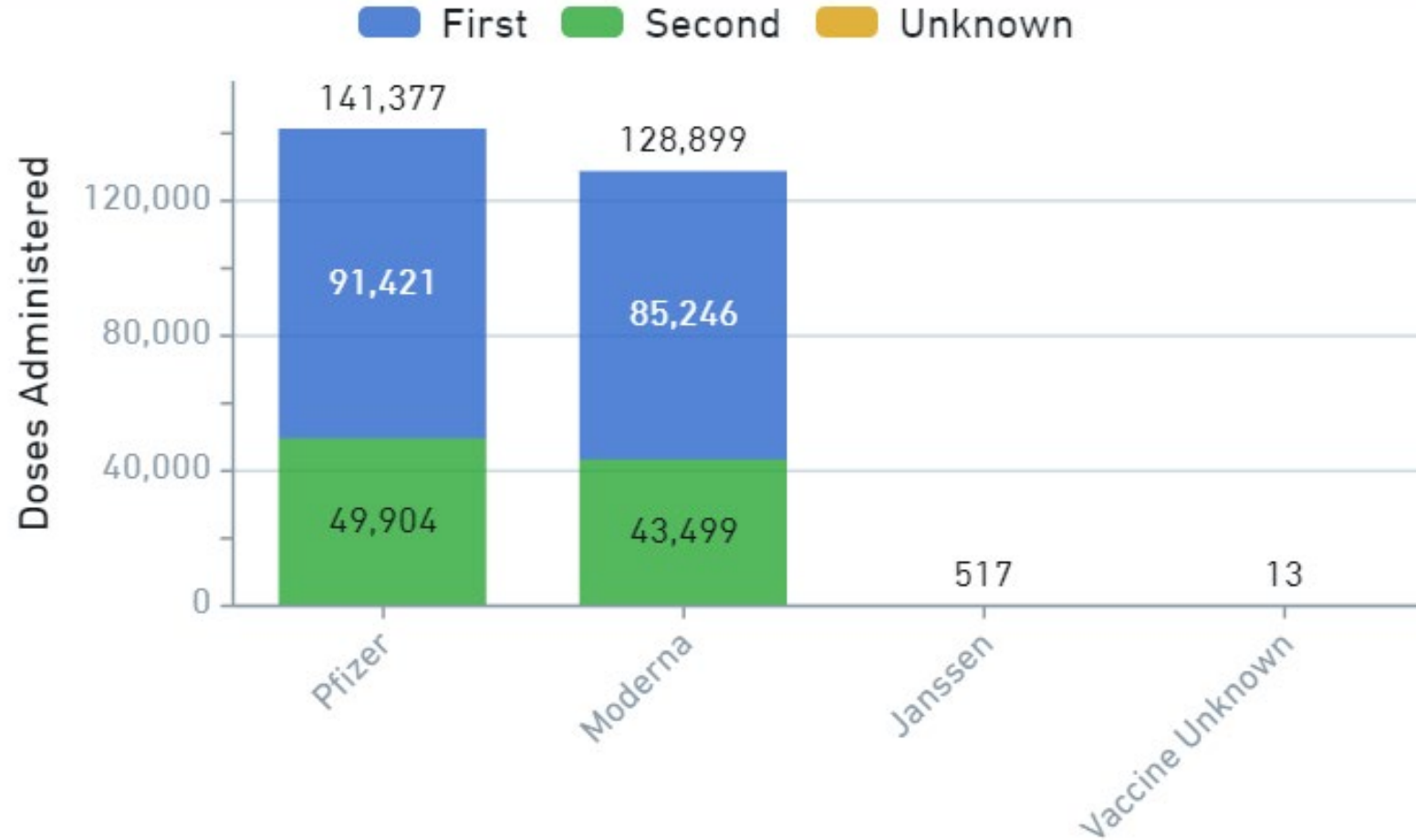
	First Dose	Second Dose	Total
BOP	100	97	197
VA	13,275	7,472	20,747
IHS	19,838	11,275	31,113
DOD	2,628	1,228	3,856
Totals	35,841	20,072	55,913

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# SD DOSES Administered All Partners



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# Weekly 1<sup>st</sup> Doses Projected

**Pfizer            11,700**

**Moderna    8,300**

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# 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**

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## Priority groups

[https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution\\_Phase1.pdf](https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution_Phase1.pdf)

1A	19,265	23,173 Vaccinated
1B	10,867	3,001 Vaccinated-not including CVS/Walgreens (5807)
1C	49,642	24,385 Vaccinated
1D	265,561	92,135
1E	227,448	

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## Expected COVID-19 Vaccine Availability for South Dakota Residents

Phase	Population Group	January	February	March	April	May-December
1A	Frontline healthcare workers and long-term care facility healthcare workers					
1B	Long-term care residents					
1C	EMS, public health workers, and other healthcare workers (lab & clinic staff)					
	Law enforcement, correctional officers					
we are here 1D	Persons aged 65 years and older					
	High risk patients - dialysis, post-transplant, and active cancer					
	High risk residents in congregate settings					
	Persons with <u>underlying medical conditions</u> under the age of 65					
	Teachers and other school/college staff					
	Funeral service workers					
1E	Fire service personnel					
	Includes public-facing workers in essential and <u>critical infrastructure</u>					
Phase 2	All others 16 years and older					

■ Estimated Vaccine Availability

Note: Tribal vaccine allocation & administration is handled by the IHS  
Veteran vaccine allocation & administration is handled by the VA

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow recommendations from the Advisory Committee on Immunization Practices (ACIP) to guide which counties will receive the vaccine first. Individuals qualifying for vaccination based on age or underlying health condition must be South Dakota residents.



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covid.sd.gov

AS OF 03-10-21

[https://doh.sd.gov/documents/COVID19/Vaccine/COVID\\_VaxAvailabilityTimeline.pdf](https://doh.sd.gov/documents/COVID19/Vaccine/COVID_VaxAvailabilityTimeline.pdf)

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## Underlying Medical Conditions

- Asthma (moderate-to-severe)
- Cancer
- Cerebrovascular Disease (affects blood vessels and blood supply to the brain)
- Chronic Kidney Disease
- COPD (Chronic Obstructive Pulmonary Disease)
- Cystic Fibrosis
- Diabetes Mellitus (type 1 and type 2)
- Down Syndrome
- Heart Conditions, such as Heart Failure, Coronary Artery Disease, or Cardiomyopathies

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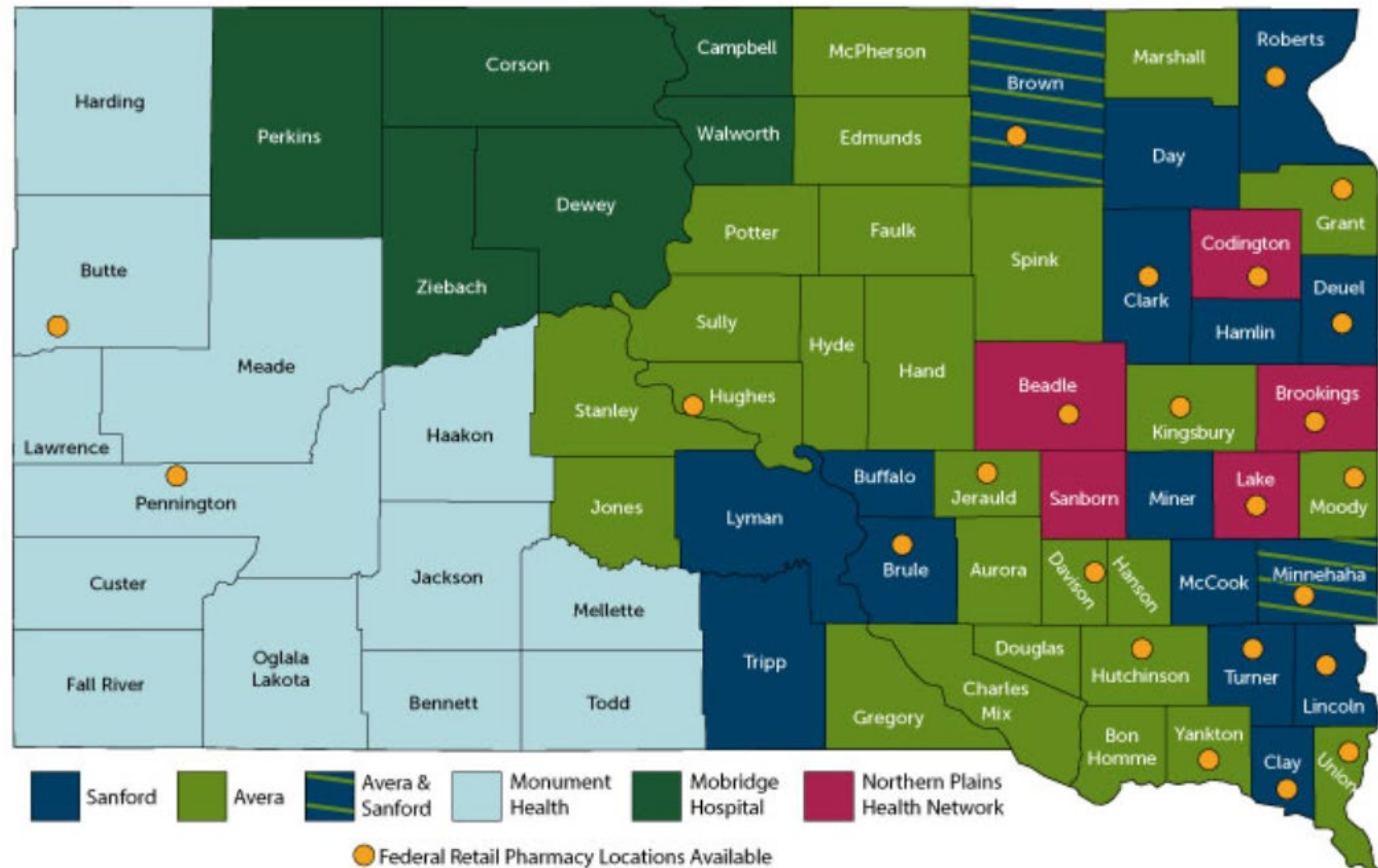
## Underlying Medical Conditions

- Hypertension or High Blood Pressure
- Immunocompromised State (weakened immune system)
- Liver Disease
- Neurologic Conditions, such as Dementia
- Pregnancy
- Pulmonary Fibrosis (having damaged or scarred lung tissues)
- Severe Obesity (BMI  $\geq$  40 kg/m<sup>2</sup>)
- Sickle Cell Disease
- Thalassemia (a type of blood disorder)

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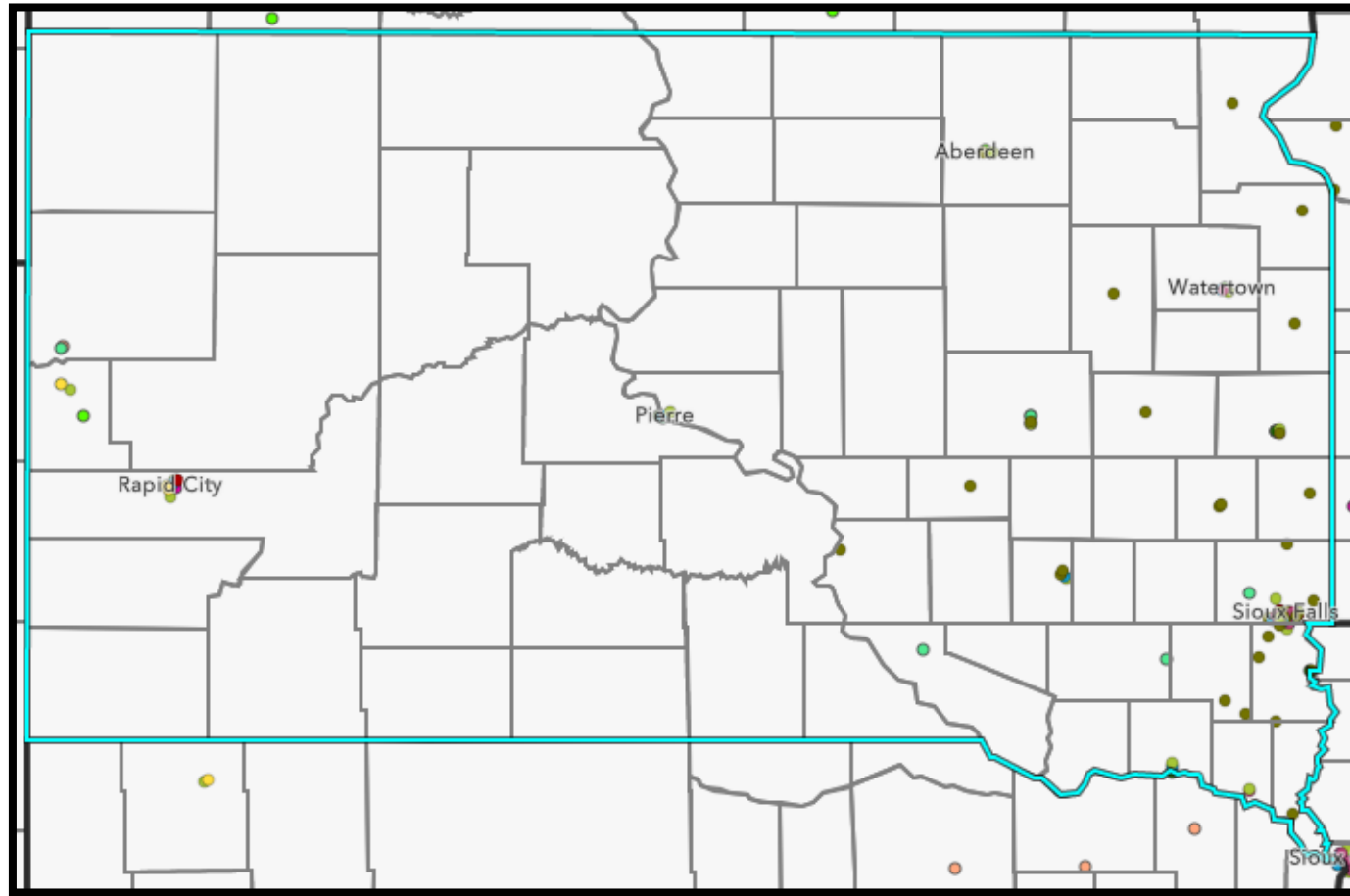
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<https://doh.sd.gov/COVID/Vaccine/ProviderMap/default.aspx>

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# South Dakota: All Federal Pharmacy Partners



- |                             |               |
|-----------------------------|---------------|
| ● CVS                       | ● Cardinal    |
| ● Walgreens                 | ● Topco       |
| ● Walmart                   | ● CPESN       |
| ● Rite Aid                  | ● ABC         |
| ● Kroger Corporate Pharmacy | ● MHA         |
| ● Albertsons                | ● Health Mart |
| ● Publix Super Markets      | ● Gerimed     |
| ● Retail Business Services  | ● Innovatix   |
| ● COSTCO                    |               |
| ● H-E-B                     |               |
| ● Hy-Vee                    |               |
| ● Meijer Pharmacy           |               |
| ● Southeastern Grocers      |               |
| ● PharMerica                |               |
| ● Lewis Drug                |               |

DRAFT – PRE-DECISIONAL & DELIBERATIVE

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# Infection Prevention

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# Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

Updated Mar. 10, 2021

## Key Points

- CDC has updated select healthcare infection prevention and control recommendations in response to COVID-19 vaccination, which are summarized in this guidance.
- Updated recommendations will be added to this page regularly as new information becomes available.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

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- **Indoor visitation could be permitted for all residents regardless of vaccination status of the resident, or visitor, unless certain scenarios arise that would limit visitation for.**
- **Visitors and residents should still wear a facemask for source control**
- **Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.**
- **Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection**
- **Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.**

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## Definitions:

Fully vaccinated refers to a person who is:

≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine

**Healthcare settings** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

Infection Control E-mail

[DOHInfectionControl@state.sd.us](mailto:DOHInfectionControl@state.sd.us)

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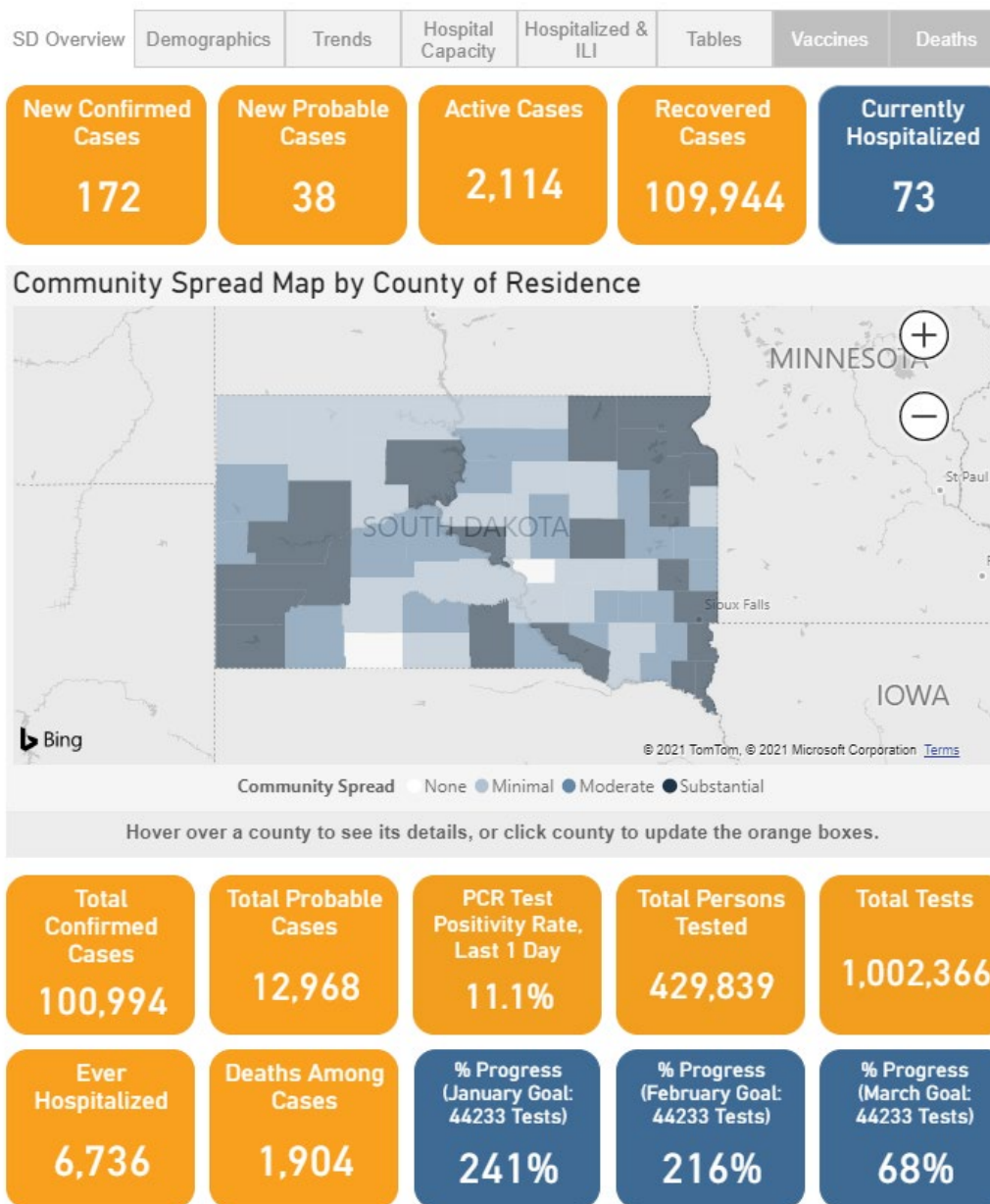
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# Community Mitigation

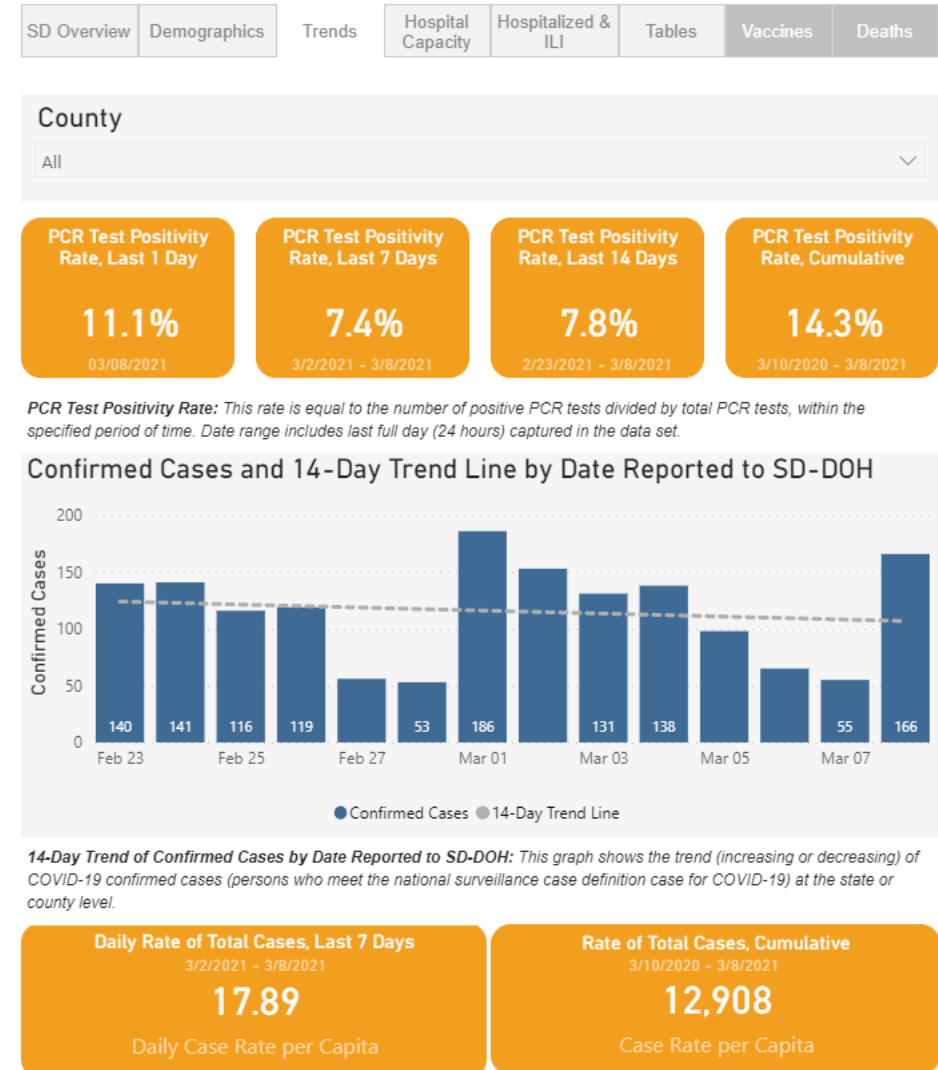
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# Dashboard



# Supply Chain Management

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# PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to [COVIDResourceRequests@state.sd.us](mailto: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](mailto: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

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# Helpful sources of information:

[covid.sd.gov](https://covid.sd.gov)

[coronavirus.gov](https://coronavirus.gov)

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

**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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# Communications

- SD-HAN: [sdhan.sd.gov](https://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](https://COVID.sd.gov)**

**COVIDSD@state.sd.us**

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