We will begin in just a few moments. Thanks!
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)
• Situation Update
• Laboratory Guidance
• Long Term Care
• Vaccination Update
• Infection Prevention
• Community Mitigation
• Supply Chain Management
• On-going Communications
• Q&A Session
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

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

Cases by Date Reported to SD-DOH

<table>
<thead>
<tr>
<th>Case Count</th>
<th>7-Day Moving Average</th>
</tr>
</thead>
</table>

As of March 10, 2021

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

As of March 10, 2021

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

* New County

Not intended for press or for reporting purposes.
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


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.*
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


Not intended for press or for reporting purposes.
v-safe and Vaccine Pregnancy Registry

• **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)


*Not intended for press or for reporting purposes.*
% of Delivered First Vaccine Doses Administered


Not intended for press or for reporting purposes.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm?s_cid=mm7010e4_x

Not intended for press or for reporting purposes.
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

https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm?s_cid=mm7010e3_x

Not intended for press or for reporting purposes.
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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total</th>
<th>No. positive</th>
<th>% (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>1,603</td>
<td>175</td>
<td>10.9 (9.4–12.4)</td>
<td>—</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;6 mos</td>
<td>420</td>
<td>61</td>
<td>14.5 (11.2–17.9)</td>
<td>0.03</td>
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<tr>
<td>6–11 mos</td>
<td>63</td>
<td>9</td>
<td>14.3 (5.6–22.9)</td>
<td></td>
</tr>
<tr>
<td>1–8 yrs</td>
<td>423</td>
<td>42</td>
<td>9.0 (7.1–12.8)</td>
<td></td>
</tr>
<tr>
<td>9–17 yrs</td>
<td>697</td>
<td>63</td>
<td>9.0 (6.9–11.2)</td>
<td></td>
</tr>
<tr>
<td><strong>Sex (missing = 2)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>771</td>
<td>91</td>
<td>11.8 (9.6–14.1)</td>
<td>0.28</td>
</tr>
<tr>
<td>Male</td>
<td>830</td>
<td>84</td>
<td>10.1 (8.1–12.2)</td>
<td></td>
</tr>
<tr>
<td><strong>Race/Ethnicity (missing = 24)</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>901</td>
<td>117</td>
<td>13.0 (10.8–15.2)</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>69</td>
<td>16</td>
<td>23.2 (13.2–33.2)</td>
<td></td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>44</td>
<td>7</td>
<td>15.9 (5.1–26.7)</td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>565</td>
<td>30</td>
<td>5.3 (3.5–7.2)</td>
<td></td>
</tr>
<tr>
<td><strong>Assay</strong></td>
<td></td>
<td></td>
<td></td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Ortho VITROS</td>
<td>1,469</td>
<td>152</td>
<td>10.4 (8.8–11.9)</td>
<td></td>
</tr>
<tr>
<td>CDC ELISA</td>
<td>134</td>
<td>23</td>
<td>17.2 (10.8–23.6)</td>
<td></td>
</tr>
<tr>
<td><strong>Dates of specimen collection</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.02</td>
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<tr>
<td>May 17–May 31</td>
<td>174</td>
<td>6</td>
<td>3.5 (1.7–6.2)</td>
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</tr>
<tr>
<td>Jun 1–30</td>
<td>447</td>
<td>28</td>
<td>6.3 (4.0–8.5)</td>
<td></td>
</tr>
<tr>
<td>Jul 1–31</td>
<td>339</td>
<td>35</td>
<td>10.3 (7.1–13.6)</td>
<td></td>
</tr>
<tr>
<td>Aug 1–31</td>
<td>368</td>
<td>56</td>
<td>15.2 (11.6–18.9)</td>
<td></td>
</tr>
<tr>
<td>Sep 1–19</td>
<td>275</td>
<td>50</td>
<td>18.2 (13.6–22.7)</td>
<td></td>
</tr>
</tbody>
</table>

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

https://www.cdc.gov/mmwr/volumes/70/wr/mm7009a4.htm?s_cid=mm7009a4_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


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

Not intended for press or for reporting purposes.
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

• 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
Laboratory Guidance

Not intended for press or for reporting purposes.
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
  − Childcare Providers: Laura.Nordbye@state.sd.us
  − Long-term Care: Denise.Broadbent@state.sd.us
  − Healthcare: Laurie.Gregg@state.sd.us
  − Higher Education: Laurie.Gregg@state.sd.us
  − Businesses/Pharmacies: Leanne.Nicholls@state.sd.us

• SDDOH continues to accept requests for BinaxNOW antigen cards
  − Joan.Adam@state.sd.us
  − Tim.Southern@state.sd.us

• Inquiries for BinaxNOW resources can also be directed to:
  − Dorothy.Ahten@abbott.com

Not intended for press or for reporting purposes.
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.

*Not intended for press or for reporting purposes.*
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:
  - Aptima collection kits

Not intended for press or for reporting purposes.
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.

*Not intended for press or for reporting purposes.*
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
    ✓ MedSpeed On-Demand: 877-434-9366; Option 1

Not intended for press or for reporting purposes.
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).

Not intended for press or for reporting purposes.
### SDPHL SARS-CoV-2 Variant Sequencing Results

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

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

**Variant of Concern Cases Identified***
- UK (B.1.1.7): 5 cases
- South African (B.1.351): 0 cases
- Brazil (P.1): 0 cases

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


Not intended for press or for reporting purposes.
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

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

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

Not intended for press or for reporting purposes.
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 ≥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, per the CDC’s Public Health Recommendations for Vaccinated Persons.
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.

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

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

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

- Please send an email to Cindy Koopman-Viergets if you need BinaxNOW testing kits at 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.

Not intended for press or for reporting purposes.
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
- Jennifer Maeschen, Assisted Living Advisor email Jennifer.Maeschen@state.sd.us

Not intended for press or for reporting purposes.
Doses Administered

Total Doses Administered

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th># of Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>773</td>
</tr>
<tr>
<td>Moderna</td>
<td>131,528</td>
</tr>
<tr>
<td>Pfizer</td>
<td>135,442</td>
</tr>
</tbody>
</table>

State Allocation

267,743

Total Persons Administered a Vaccine

<table>
<thead>
<tr>
<th>Doses</th>
<th># of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen - Series Complete</td>
<td>773</td>
</tr>
<tr>
<td>Moderna - 1 dose</td>
<td>42,188</td>
</tr>
<tr>
<td>Moderna - Series Complete</td>
<td>44,670</td>
</tr>
<tr>
<td>Pfizer - 1 dose</td>
<td>36,490</td>
</tr>
</tbody>
</table>

State Allocation

173,596

Percent of State Population with at least 1 Dose

30%

State & Federal Allocation

<table>
<thead>
<tr>
<th>Doses</th>
<th>% of Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 dose</td>
<td>30.30%</td>
</tr>
<tr>
<td>Series Complete</td>
<td>16.48%</td>
</tr>
</tbody>
</table>

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

Not intended for press or for reporting purposes.
SD DOSES Ordered All Partners

Not intended for press or for reporting purposes.
# SD DOSES Ordered All Partners

<table>
<thead>
<tr>
<th>Category</th>
<th>Orders</th>
<th>Shipped</th>
<th>Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Orders</td>
<td>449,235</td>
<td>445,725</td>
<td>424,610</td>
</tr>
<tr>
<td>Jurisdiction Orders</td>
<td>302,030</td>
<td>302,030</td>
<td>292,570</td>
</tr>
<tr>
<td>Pharmacy Orders</td>
<td>53,890</td>
<td>51,550</td>
<td>42,770</td>
</tr>
<tr>
<td>Federal Entity Orders</td>
<td>93,315</td>
<td>92,145</td>
<td>89,270</td>
</tr>
</tbody>
</table>

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### Federal Partners in SD (90,445 ordered)

<table>
<thead>
<tr>
<th>Agency</th>
<th>First Dose</th>
<th>Second Dose</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOP</td>
<td>100</td>
<td>97</td>
<td>197</td>
</tr>
<tr>
<td>VA</td>
<td>13,275</td>
<td>7,472</td>
<td>20,747</td>
</tr>
<tr>
<td>IHS</td>
<td>19,838</td>
<td>11,275</td>
<td>31,113</td>
</tr>
<tr>
<td>DOD</td>
<td>2,628</td>
<td>1,228</td>
<td>3,856</td>
</tr>
<tr>
<td>Totals</td>
<td>35,841</td>
<td>20,072</td>
<td>55,913</td>
</tr>
</tbody>
</table>
SD DOSES Administered All Partners

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Weekly 1st Doses Projected

Pfizer 11,700

Moderna 8,300
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

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

<table>
<thead>
<tr>
<th>Priority</th>
<th>Total人口</th>
<th>Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>19,265</td>
<td>23,173</td>
</tr>
<tr>
<td>1B</td>
<td>10,867</td>
<td>3,001</td>
</tr>
<tr>
<td>1C</td>
<td>49,642</td>
<td>24,385</td>
</tr>
<tr>
<td>1D</td>
<td>265,561</td>
<td>92,135</td>
</tr>
<tr>
<td>1E</td>
<td>227,448</td>
<td></td>
</tr>
</tbody>
</table>

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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
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 ≥ 40 kg/m2)
- Sickle Cell Disease
- Thalassemia (a type of blood disorder)
South Dakota: All Federal Pharmacy Partners

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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.


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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

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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,
• 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.

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On-going Communication

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

- covid.sd.gov
- coronavirus.gov

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

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
- 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.

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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
COVIDSD@state.sd.us

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