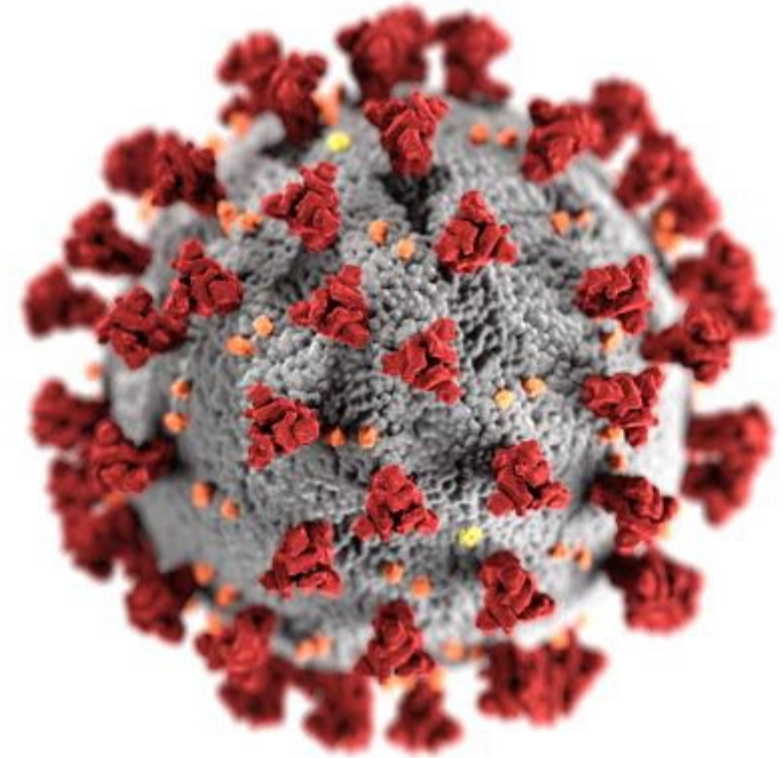


2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

March 25, 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 24, 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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SOUTH DAKOTA DEPARTMENT OF HEALTH

Agenda

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

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Coronavirus Situation (as of March 24, 2021)

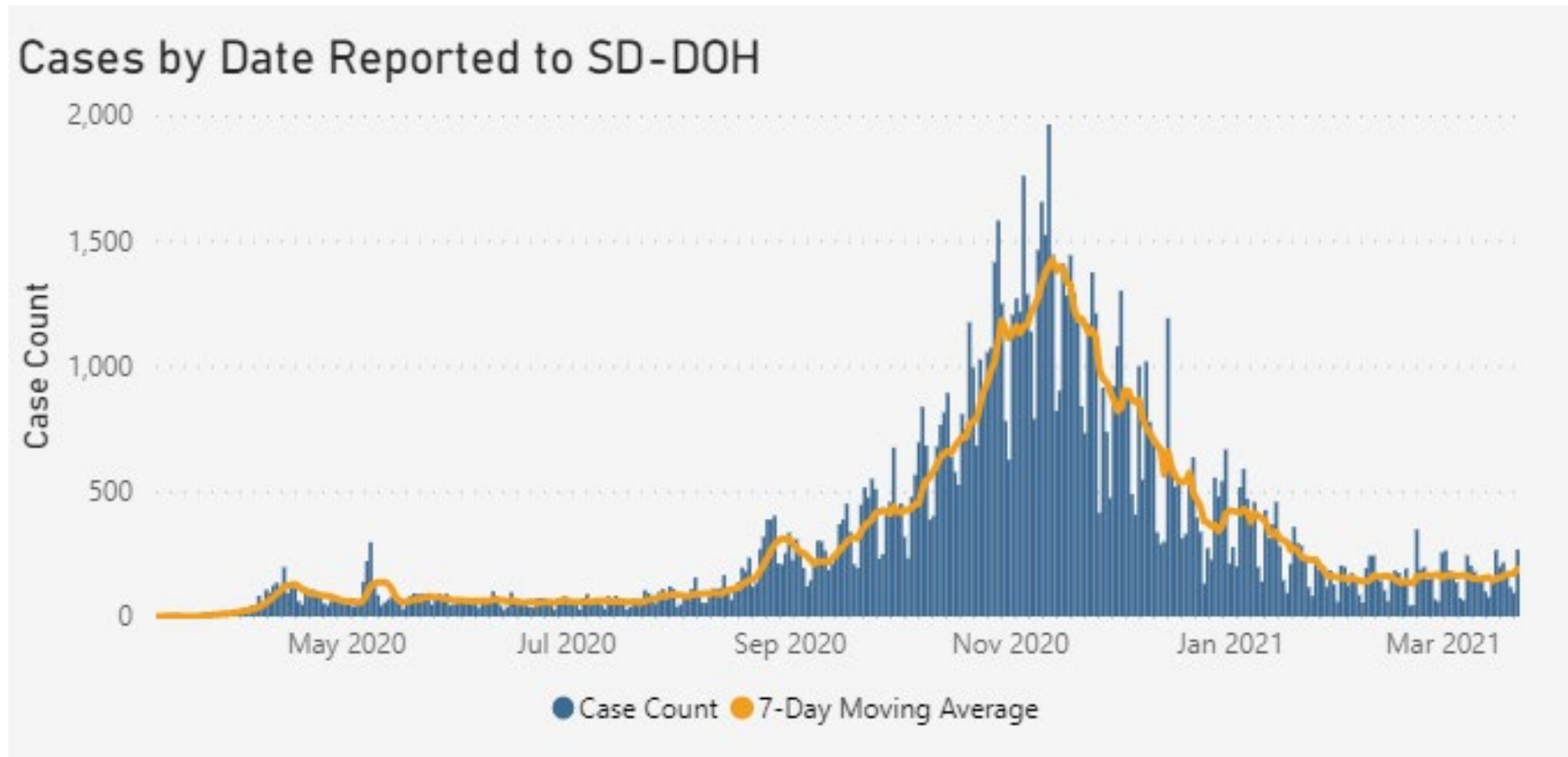
- [International](#)
 - 123,902,242 confirmed cases
 - 2,727,837 deaths
- [United States](#) (50 states + DC)
 - 29,769,325 confirmed cases
 - 541,289 deaths
- [South Dakota](#)
 - 116,370 confirmed and probable cases
 - 1,924 deaths
 - 112,096 recovered cases

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SOUTH DAKOTA DEPARTMENT OF HEALTH

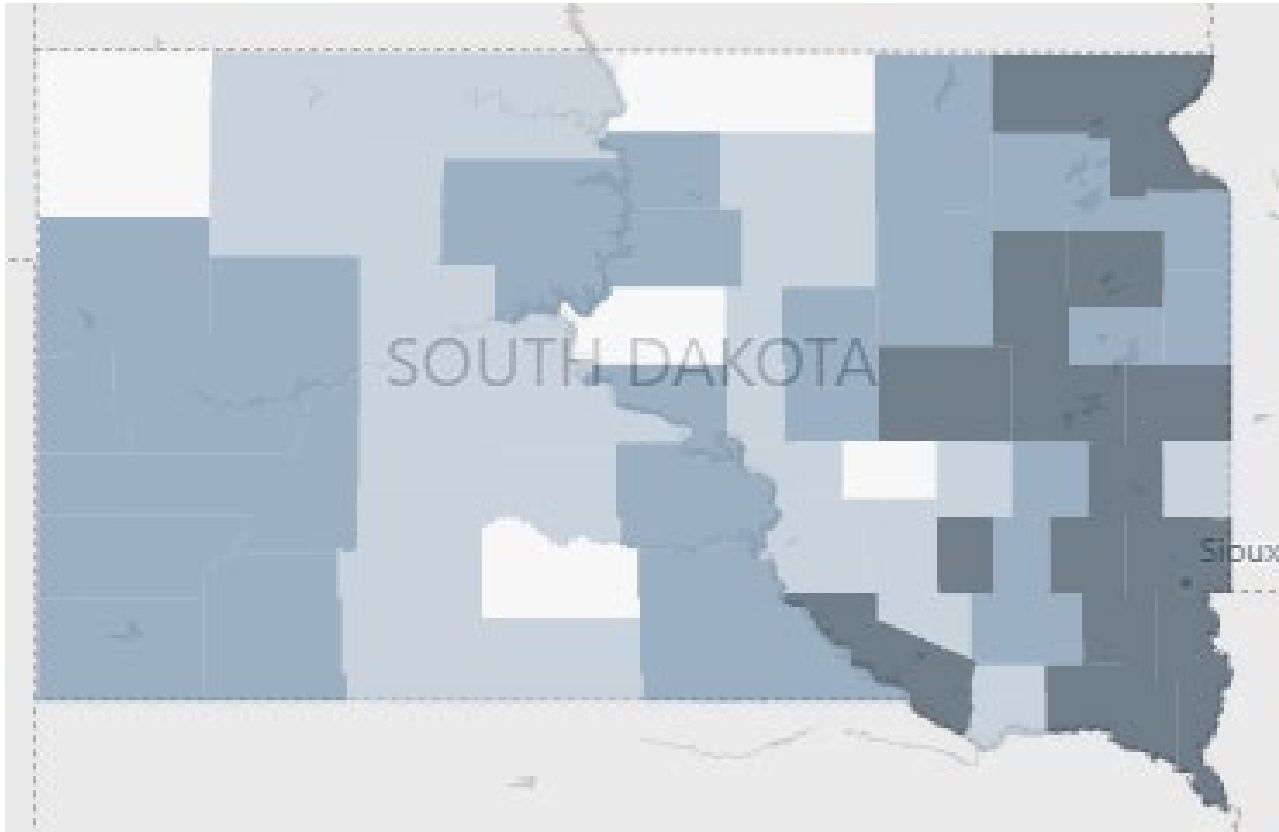
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH



As of March 24, 2021

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COVID-19 Case Map, by County



As of March 17, 2021

Substantial Community Spread

Beadle
Brookings
Charles Mix
Clark*
Clay
Codington
Davison
Kingsbury*
Lake
Lincoln
Marshall

McCook
Minnehaha
Roberts
Turner
Union
Yankton*

* New County

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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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SOUTH DAKOTA DEPARTMENT OF HEALTH

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
 - Fax – 605.773.5509

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Transmission of SARS-CoV-2 in K-12 schools

Prevention Strategies by Level of Community Transmission			
Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Elementary Schools Physical distancing: at least 3 feet between students in classrooms		Elementary Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting ² recommended when possible	
Middle and High Schools Physical distancing: at least 3 feet between students in classrooms		Middle and High Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting recommended when possible	Middle and High Schools Schools that can use cohorting: at least 3 feet of distance Schools that cannot use cohorting: at least 6 feet distance between students in classrooms ²
Sports and extracurricular activities Sports and extracurricular activities occur with at least 6 feet of physical distance to the greatest extent possible ⁶	Sports and extracurricular activities Sports and extracurricular activities occur with at least 6 feet of physical distance required ⁶	Sports and extracurricular activities Sports and extracurricular activities occur only if they can be held outdoors, with more than 6 feet of physical distancing ⁶	

Prevention Strategies: All Schools

All schools implement 5 key prevention strategies:

- Universal and correct use of masks required
- Physical distancing
- Handwashing and respiratory etiquette
- Cleaning and maintaining healthy facilities
- Contact tracing in combination with isolation and quarantine

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>

https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/transmission_k_12_schools.html

COVID-19 Cases Within SD K-12 Schools: https://doh.sd.gov/documents/COVID19/School-College_COVID_cases.pdf

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SOUTH DAKOTA DEPARTMENT OF HEALTH

COVID-19 in Primary and Secondary School Settings During the First Semester of School Reopening — Florida, August–December 2020

TABLE 1. COVID-19 school-related cases in 67 county-based school districts — Florida, August 10–December 21, 2020

County characteristic	Median (range)
County population, all ages	130,642 (8,613–2,830,500)
Students enrolled in K–12 schools	15,306 (707–334,756)*
Students attending in-person full-time, [†] median % (range)	70 (<1–94)
COVID-19 incidence by county	
County incidence [§] in general population	3,163 (1,915–14,606)
Incidence of school-related student cases among all registered students [¶]	1,280 (394–3,200)
School-related cases among students	170 (18–2,780)
School-related cases among staff members	68 (9–863)
Ratio of student to staff member cases	2.5 (1.1–7.4)
No. of school-based outbreaks**	5 (1–69)
No. of cases associated with school-based outbreaks	31 (2–541)

Abbreviation: K–12 = kindergarten through grade 12.

* A total of 2,809,553 registered students were enrolled in approximately 6,800 public, charter, and private K–12 schools.

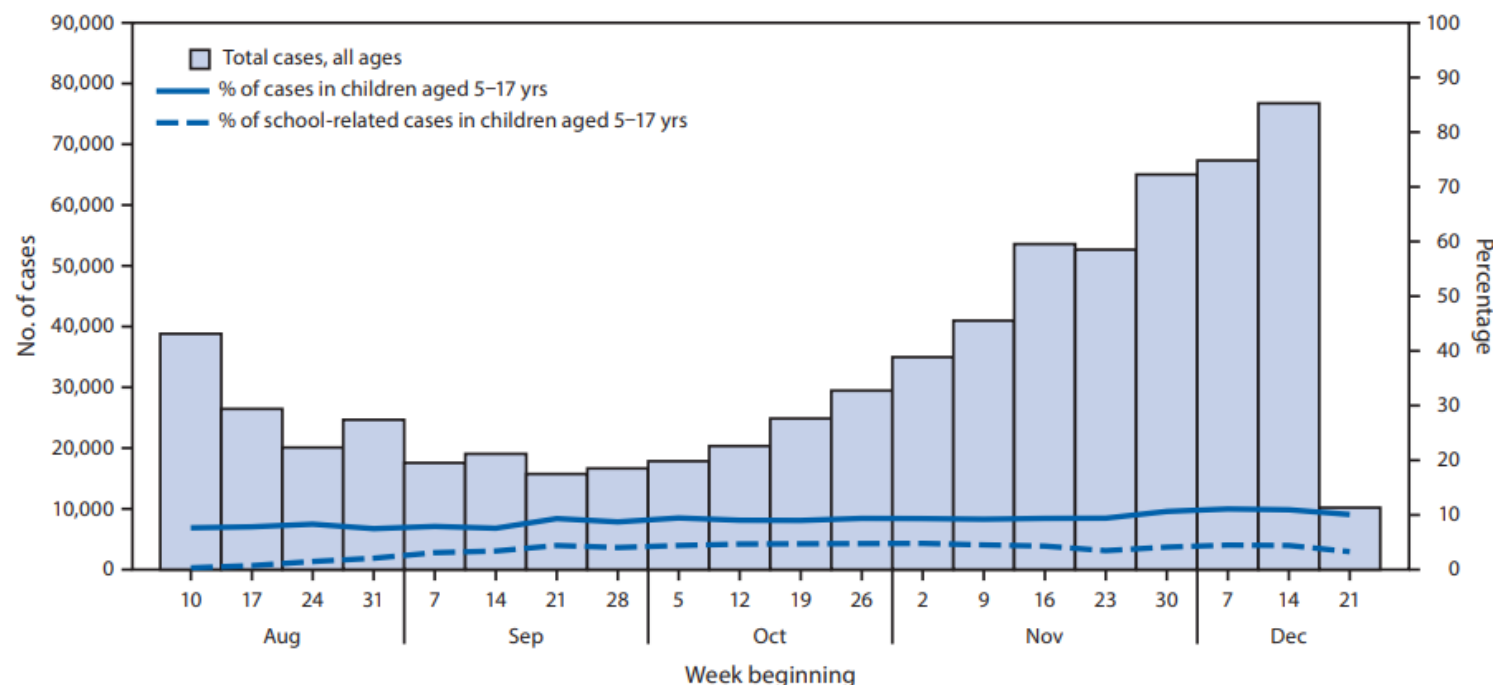
[†] As reported by Florida Department of Education on September 24, 2020.

[§] Total number of cases in the county during August 10–December 21, divided by county population, expressed per 100,000 persons.

[¶] School-related cases in students by school district, during school start date and December 21, per 100,000 registered students (adjusted for school start date, i.e., adjusted rate = crude rate [131/x] where x = days from school start to December 18 and maximum number of days = 131).

** Two or more epidemiologically linked school-related cases.

FIGURE. Weekly school-related COVID-19 cases reported among students, as a proportion of overall cases in children aged 5–17 years and in the general population — Florida, August–December 2020*



* Week beginning December 21 is a partial week, only including December 21, 2020.

Minimal SARS-CoV-2 Transmission After Implementation of a Comprehensive Mitigation Strategy at a School — New Jersey, August 20–November 27, 2020

TABLE. SARS-CoV-2 testing results and tracing of cases and contacts at a school — New Jersey, August 20–November 27, 2020

SARS-CoV-2 testing results	Faculty/Staff members (n = 405)	Students (n = 775)
No. of specimens tested (average per person)	8,955 (22.1)	12,494 (15.1)
No. of RT-PCR–positive tests	19*	8
Specimens tested, %	0.21	0.06
Persons receiving testing, %	4.7	1.0
No. (%) of cases linked to on-campus transmission	0 (—)	2 (25) [†]
No. of contacts identified and quarantined	17	14
No. of contacts with positive test results	0	0

Abbreviation: RT-PCR = reverse transcription–polymerase chain reaction.

* Two faculty or staff members with positive test results were linked to off-campus cases and are included for completeness of results.

[†] No plausible off-campus source could be identified.

Low SARS-CoV-2 Transmission in Elementary Schools — Salt Lake County, Utah, December 3, 2020–January 31, 2021

TABLE 2. Characteristics of COVID-19–susceptible school contacts* in 20 elementary schools — Salt Lake County, Utah, December 3, 2020–January 31, 2021

Characteristic	No. (%) of school contacts	
	Total (N = 1,041)	Tested (n = 735)
Overall participation	—†	735 (70.6)
Median percent participation across 20 schools (range)	—	69.7 (44.4–100.0)
Median age, yrs (range) [§]		
Students (n = 908)	9.0 (5.0–18.0)	9.0 (5.0–18.0)
Staff members (n = 112)	39.5 (19.0–83.0)	39.0 (19.0–83.0)
Sex		
Male	487 (47.7)	352 (47.9)
Female	535 (52.3)	383 (52.1)
Race/Ethnicity		
White, non-Hispanic	566 (55.9)	382 (52.0)
Hispanic/Latino	303 (29.9)	237 (32.2)
Black/African American	28 (2.8)	25 (3.4)
Asian	33 (3.3)	29 (3.9)
Native Hawaiian/Other Pacific Islander	28 (2.8)	15 (2.0)
American Indian or Alaska Native	8 (0.8)	7 (1.0)
Multiracial	47 (4.6)	40 (5.4)
Grade [¶]		
Kindergarten	110 (12.1)	61 (9.7)
1	107 (11.8)	79 (12.5)
2	139 (15.3)	108 (17.1)
3	113 (12.4)	78 (12.3)
4	134 (14.8)	95 (15.0)
5	118 (13.0)	86 (13.6)
6	182 (20.0)	121 (19.1)
≥7	5 (0.6)	4 (0.6)
Role in school		
Students	908 (87.2)	632 (86.0)
Head teachers	77 (7.4)	61 (8.3)
Paraeducators**	24 (2.3)	13 (1.8)
Other teachers††	14 (1.3)	12 (1.6)
Other staff members§§	18 (1.7)	17 (2.3)
Days between school exposure and test date, median (range) ^{¶¶}	8 (6–15)	8 (6–15)
Quarantine status after exposure to index patient***		
Quarantined	144 (13.8)	105 (14.3)
Notified, close contact	183 (17.6)	131 (17.8)
Notified, not close contact	714 (68.6)	499 (67.9)

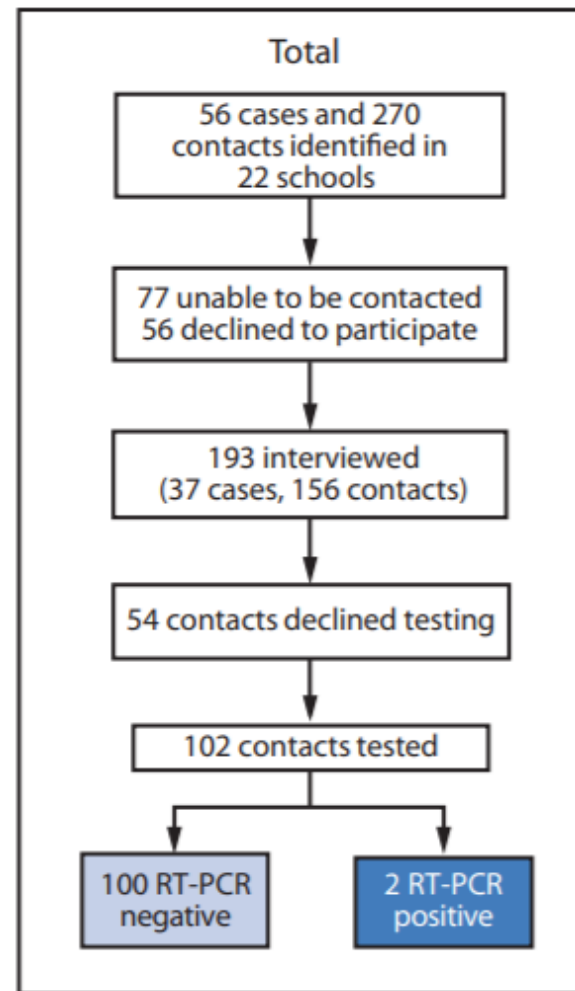
https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e3.htm?s_cid=mm7012e3_w

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Pilot Investigation of SARS-CoV-2 Secondary Transmission in Kindergarten Through Grade 12 Schools Implementing Mitigation Strategies — St. Louis County and City of Springfield, Missouri, December 2020



https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e4.htm?s_cid=mm7012e4_w

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Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020

TABLE 2. Weighted prevalence (%) and adjusted prevalence ratios (aPRs) of parent report of child experiences and well-being indicators, by mode of child's school instruction* — COVID Experiences Survey,[†] United States, October 8–November 13, 2020

Characteristic	Mode of child's [§] school instruction, [¶] % (95% CI)				Adjusted comparisons for child experiences and well-being by mode of child's school instruction, aPR** (95% CI)		
	Overall (N = 1,290)	In-person only (n = 434)	Virtual only (n = 530)	Combined ^{††} (n = 326)	Virtual only versus in-person only	Combined versus in-person only	Virtual only versus combined
Child experience							
Change in physical activity^{§§}							
Decreased	50.3 (46.5–54.0)	30.3 (25.1–36.1)	62.9 (58.1–67.4)	52.1 (45.8–58.3)	1.9 (1.6–2.3) ^{¶¶}	1.6 (1.3–1.9) ^{¶¶}	1.2 (1.0–1.4) ^{¶¶}
No impact or increased	49.7 (46.0–53.5)	69.7 (63.9–74.9)	37.1 (32.6–41.9)	47.9 (41.7–54.2)	—	—	—
Change in spending time outside^{§§}							
Decreased	44.9 (40.9–48.9)	27.4 (21.9–33.8)	58.0 (52.2–63.5)	42.4 (36.1–49.0)	1.8 (1.4–2.2) ^{¶¶}	1.4 (1.1–1.8) ^{¶¶}	1.3 (1.1–1.6) ^{¶¶}
No impact or increased	55.1 (51.1–59.1)	72.6 (66.2–78.1)	42.0 (36.5–47.8)	57.6 (51.0–63.9)	—	—	—
Change in spending time with friends in-person^{§§}							
Decreased	80.5 (76.9–83.7)	69.5 (62.7–75.5)	86.2 (81.4–89.9)	84.1 (76.3–89.6)	1.2 (1.1–1.3) ^{¶¶}	1.2 (1.1–1.3) ^{¶¶}	1.1 (0.9–1.2)
No impact or increased	19.5 (16.3–23.1)	30.5 (24.5–37.3)	13.8 (10.1–18.6)	15.9 (10.4–23.7)	—	—	—
Change in spending time with friends virtually for non-educational purposes^{§§}							
Decreased	18.6 (15.6–22.0)	12.6 (8.6–18.2)	24.3 (19.1–30.4)	15.3 (10.6–21.5)	1.7 (1.1–2.7) ^{¶¶}	1.2 (0.8–2.0)	1.4 (0.9–2.1)
No impact or increased	81.4 (78.0–84.4)	87.4 (81.8–91.4)	75.7 (69.6–80.9)	84.7 (78.5–89.4)	—	—	—
Child well-being							
Change in physical health^{***}							
Worse	12.6 (10.2–15.6)	9.3 (6.2–13.6)	14.7 (10.3–20.5)	13.0 (9.4–17.8)	1.4 (0.8–2.3)	1.3 (0.8–2.2)	1.1 (0.7–1.7)
Better or no change	87.4 (84.4–89.8)	90.7 (86.4–93.8)	85.3 (79.5–89.7)	87.0 (82.2–90.6)	—	—	—
Change in mental or emotional health^{†††}							
Worse	22.1 (19.8–24.7)	15.9 (12.5–20.1)	24.9 (21.4–28.8)	24.7 (20.4–29.5)	1.6 (1.2–2.2) ^{¶¶}	1.5 (1.1–2.0) ^{¶¶}	1.1 (0.9–1.4)
Better or no change	77.9 (75.3–80.2)	84.1 (79.9–87.5)	75.1 (71.2–78.6)	75.3 (70.5–79.6)	—	—	—
Depression^{§§§}							
With elevated symptoms	4.4 (2.8–6.9)	3.6 (1.9–6.9)	5.3 (2.7–10.3)	3.7 (1.8–7.3)	1.4 (0.6–3.1)	1.0 (0.4–2.5)	1.4 (0.6–3.3)
Without elevated symptoms	95.6 (93.1–97.2)	96.4 (93.1–98.1)	94.7 (89.7–97.3)	96.3 (92.7–98.2)	—	—	—
Anxiety^{§§§}							
With elevated symptoms	6.3 (5.0–7.8)	6.7 (4.4–10.1)	7.0 (5.1–9.5)	4.4 (2.5–7.6)	1.1 (0.6–2.0)	0.7 (0.3–1.4)	1.6 (0.8–3.2)
Without elevated symptoms	93.7 (92.2–95.0)	93.3 (89.9–95.6)	93.0 (90.5–94.9)	95.6 (92.4–97.5)	—	—	—
Psychological stress^{§§§}							
With elevated symptoms	9.2 (7.3–11.5)	9.5 (6.7–13.4)	9.2 (6.2–13.3)	8.7 (6.2–12.0)	1.0 (0.6–1.7)	0.9 (0.6–1.4)	1.2 (0.7–1.9)
Without elevated symptoms	90.8 (88.5–92.7)	90.5 (86.6–93.3)	90.8 (86.7–93.8)	91.3 (88.0–93.8)	—	—	—

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https://www.cdc.gov/mmwr/volumes/70/wr/mm7011a1.htm?s_cid=mm7011a1_w

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Selected CDC Updates

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

v-safe COVID-19 Vaccine Pregnancy Registry: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html>

COVID-19 Vaccine Webinar Series: <https://www.cdc.gov/vaccines/covid-19/training-education/webinars.html>

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Laboratory Guidance

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SOUTH DAKOTA DEPARTMENT OF HEALTH

SARS-CoV-2 Variant Sequencing Reminders

- SDPHL is asking **all healthcare partners** to submit SARS-CoV-2-positive specimens for variant surveillance.
- Please submit specimens for variant sequencing in saline, phosphate buffered saline, or VTM such as M4RT (or similar).
- All specimens submitted for variant sequencing must be accompanied by the “[SARS-CoV-2 Sequencing Surveillance Laboratory Requisition](#)”
- SDPHL can provide packaging and shipping supplies as well as use of the SDPHL courier system.
- Sequencing results will be provided by SDPHL in aggregate form most likely on a monthly basis during Healthcare partners webinars (Thursday; 11am CST).

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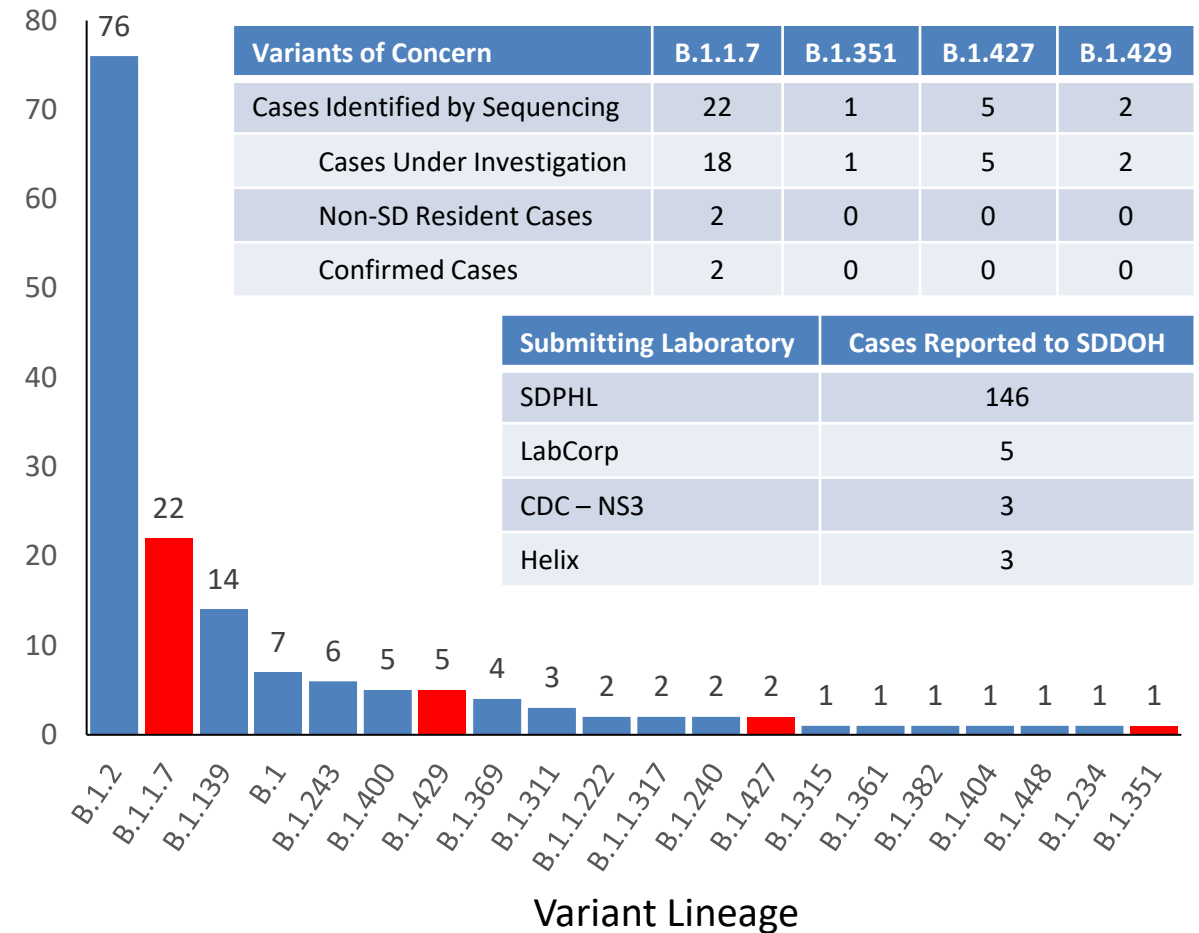
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SARS-CoV-2 Variant Sequencing Results

Lineage	Count	Description	Most Common Countries
B.1.2	76	USA Lineage	USA; Canada; Denmark
B.1.1.7	22	UK Lineage of Concern	UK; Denmark; Belgium; USA
B.1.139	14	USA Lineage	USA; Denmark
B.1	7	Large European Lineage	UK; USA; Canda
B.1.243	6	USA Lineage	USA; Mexico
B.1.400	5	USA Lineage	USA
B.1.429	5	USA Lineage	USA (predominantly in California)
B.1.369	4	USA/New Zealand Lineage	USA; Canada; New Zealand; UK
B.1.311	3	USA Lineage	USA; Canada
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.1.427	2	USA Lineage	USA (predominantly in California)
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; Canda
B.1.448	1	USA Lineage	USA
B.1.234	1	USA Lineage	USA
B.1.351	1	South Africa Lineage of Concern	South African; Belgium; France
Total	157		

*Lineages highlighted in yellow are new additions for the week of 3/22/2021

**Lineages in red are designated as variants of concern



Monoclonal Antibody Therapy Updates

- 935,000 courses of mAb therapy have been distributed nationwide
- 5,575 sites have received mAb therapy for use
- 353,000 courses of mAb therapy have been administered
- 38% of distributed mAb therapy has been used

Estimated hospitalizations prevented: 16,832-25,225

Estimated deaths prevented: 6,797-10,187

*Office of the Assistant Secretary for Preparedness and Response, March 24, 2021

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Monoclonal Antibody Therapy Updates

- Circulating SARS-CoV-2 viral variants may be associated with resistance to monoclonal antibodies
- Certain variants have shown reduced susceptibility to **bamlanivimab alone** in *in vitro* studies¹

Lineage with Spike Protein Substitution	Key Substitutions Tested ²	Fold Reduction in Susceptibility
B.1.1.7 (UK)	N501Y	No change
B.1.351 (South Africa)	E484K	>2,360 ³
P.1 (Brazil)	E484K	>2,360 ³
B.1.427/B.1.429 (California)	L452R	>1,020 ³
B.1.526 (New York) ⁴	E484K	>2,360 ³

- FDA Fact Sheets recently updated antiviral resistance **section 15** ([bamlanivimab](#), [bamlanivimab with etesevimab](#), and [casirivimab with imdevimab](#))
- [FDA](#) Centers for Drug Evaluation and Research statement
- [CDC updates](#) on proportions of variants of concern by state

¹FDA factsheets: <https://www.fda.gov/media/143603/download>; <https://www.fda.gov/media/145802/download>; <https://www.fda.gov/media/145611/download>

²For variants with more than one substitutions of concern, only the one with the greatest impact of activity is listed

³No activity was observed at the highest concentration tested. Bamlanivimab alone is unlikely to be active against variants from this lineage

⁴Not all isolates of the New York lineage harbor the E484K substitution (as of February 2021)

Monoclonal Antibody Therapy Updates

- Given the sustained increase in variants resistant to bamlanivimab alone, and availability of alternative authorized monoclonal antibodies, the USG, in coordination with Eli Lilly, will stop the distribution of bamlanivimab alone starting March 24, 2021.
- All sites will continue to be able to order bamlanivimab+etesevimab, etesevimab alone to pair with bamlanivimab on hand or REGEN-COV following existing ordering and reporting procedures
- To guide treatment decisions, healthcare providers should:
 - Review the Antiviral Resistance information in Section 15 of the authorized Fact Sheets for each mAb therapy availed under EUA for details regarding specific variants and resistance
 - Refer to the [CDC website](https://www.cdc.gov/covid/variant) as well as information from state and local health authorities regarding reports of viral variants of importance in their region
- Please continue to contact Bob Coolidge (Bob.Coolidge@state.sd.us) with question about mAb therapies for COVID-19

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Long Term Care

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Disease Impact – United States as of 03.07.21

Data reported by nursing homes to the CDC's National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module.

Resident and Staff Cases and Deaths

TOTAL RESIDENT COVID-19 CONFIRMED CASES

641,608

TOTAL RESIDENT COVID-19 DEATHS

130,296

TOTAL STAFF COVID-19 CONFIRMED CASES

554,810

TOTAL STAFF COVID-19 DEATHS

1,625

<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 – 21*** (*17 facilities with a case in staff only*)
- **Cumulative Total LTC Facilities with Case – 220**
- **Current Active Cases in a Resident – 7***
- **Cumulative Total Resident Cases – 3,633**
- **Cumulative Total Resident Deaths – 874**
- **Current Active Cases in Staff – 21***
- **Cumulative Total Case in Staff – 1,233**

**self-reported by touch-base calls as of 03.23.2021 - all data is provisional*

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Visitation – *revised March 10, 2021 ([QSO-20-39-NH](#))*. Please read the new CMS guidance.

Updates are in **red**.

- In partnership with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS) updated guidance for safe visitation in nursing homes during the COVID-19 public health emergency.
- Applies to all South Dakota Nursing Homes and Assisted Living Centers.
- Lack of visitation in a LTC facility without adequate reasoning may indicate non-compliance with Resident Rights.
- [State of South Dakota Back to Normal Long-Term Care Reopening Plan](#) was also revised (3/11/21).

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Visitation –

- The updated guidance reflects the **impact of vaccinations** on COVID-19 infections in Long-Term Care (LTC) facilities and is based on the importance of **maintaining infection prevention practices**.
- Providers must continue to follow the core principles of infection prevention.

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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)
- **Physical 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** is conducted ([see QSO20- 38-NH](#))

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Visitation Considerations

Compassionate Care Visits

- The agency explains that compassionate care visits are required under federal disability rights law and should be allowed at all times for both vaccinated and unvaccinated residents, even during an outbreak.

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Visitation Considerations

- Indoor visits should **always** be permitted for residents, regardless of whether the resident or visitor has received a vaccine. However, CMS details three scenarios under which indoor visitation should be limited, including for:
 1. Vaccinated residents, if the nursing home's COVID-19 county positivity rate is more than 10 percent and fewer than 70 percent of residents in the facility are fully vaccinated;
 2. Vaccinated or unvaccinated residents with confirmed COVID-19 infection until they meet [criteria to discontinue Transmission-Based Precautions](#); and
 3. Vaccinated or unvaccinated residents in quarantine, until they meet [criteria for release from quarantine](#).
- Importantly, residents who are fully vaccinated may choose to have close, physical contact with visitors, as long as both parties are masked and hands are washed before and after contact.

Visitation Considerations

- CMS explains that nursing homes should start outbreak testing and immediately cease all visitation after a new case of COVID-19 is identified until at least one round of facility-wide testing has occurred.
- Visitation can start again in other units of the facility if outbreak testing indicates there are no additional COVID-19 cases in those areas.
- However, if outbreak testing detects one or more COVID-19 cases in other units of the facility, the facility must stop visitation for both vaccinated and unvaccinated residents until it can meet criteria to end outbreak testing.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Visitation Considerations

Visitor Testing and Vaccination

- While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should **not** be required to be tested or vaccinated (or show proof of such) as a condition of visitation.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

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

[Fact Sheet](#)

[CMS Memo QSO-20-39-NH](#)

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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 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.

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Vaccination Update

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Doses Administered

Total Doses
Administered

357,723

State Allocation

Manufacturer	# of Doses
Janssen	5,238
Moderna	171,793
Pfizer	180,692

Total Persons Administered a
Vaccine

223,684

State Allocation

Doses	# of Recipients
Janssen - Series Complete	5,238
Moderna - 1 dose	44,553
Moderna - Series Complete	63,620
Pfizer - 1 dose	39,870
Pfizer - Series Complete	70,411

Percent of State
Population with at least
1 Dose

38%

State & Federal Allocation

Doses	% of Pop.
1 dose	38.23%
Series Complete	24.12%

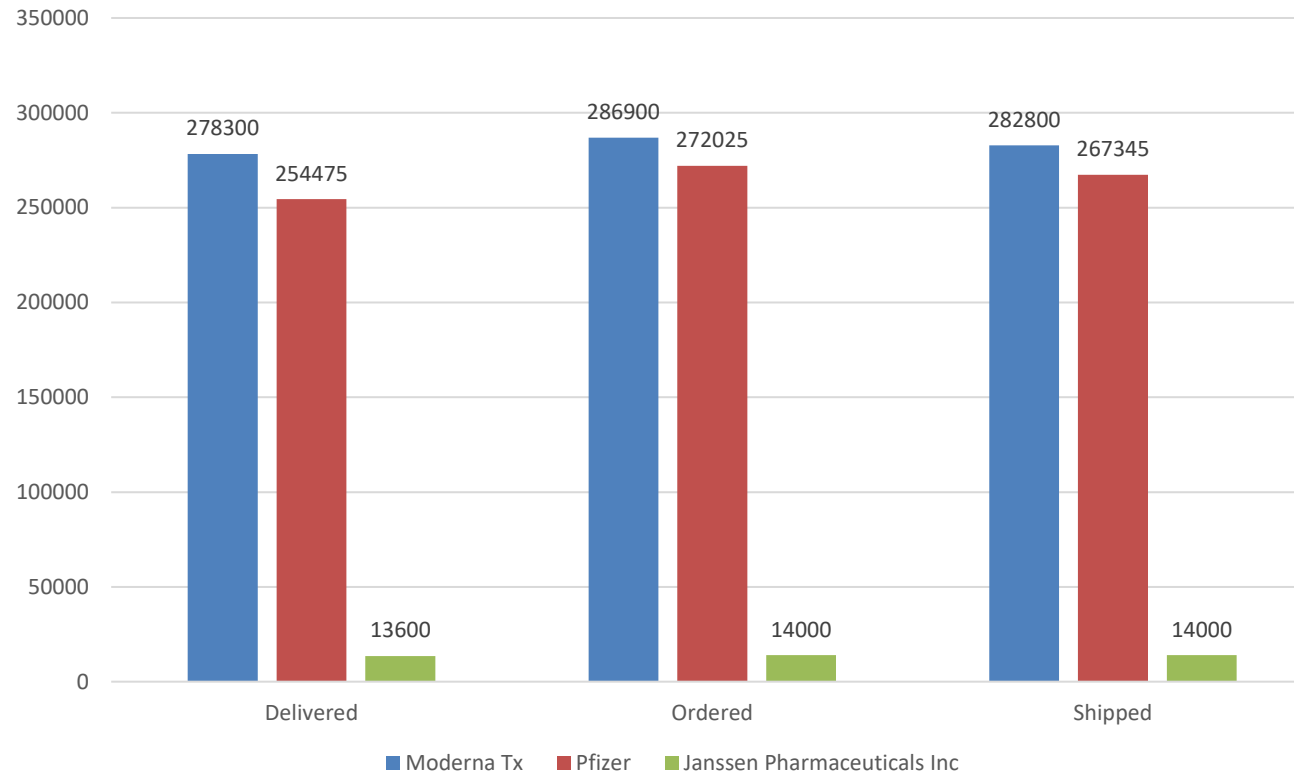
Based on 2019 Census Estimate for those aged 16+ years. Includes aggregate data on IHS and federal entities.

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SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Ordered All Partners

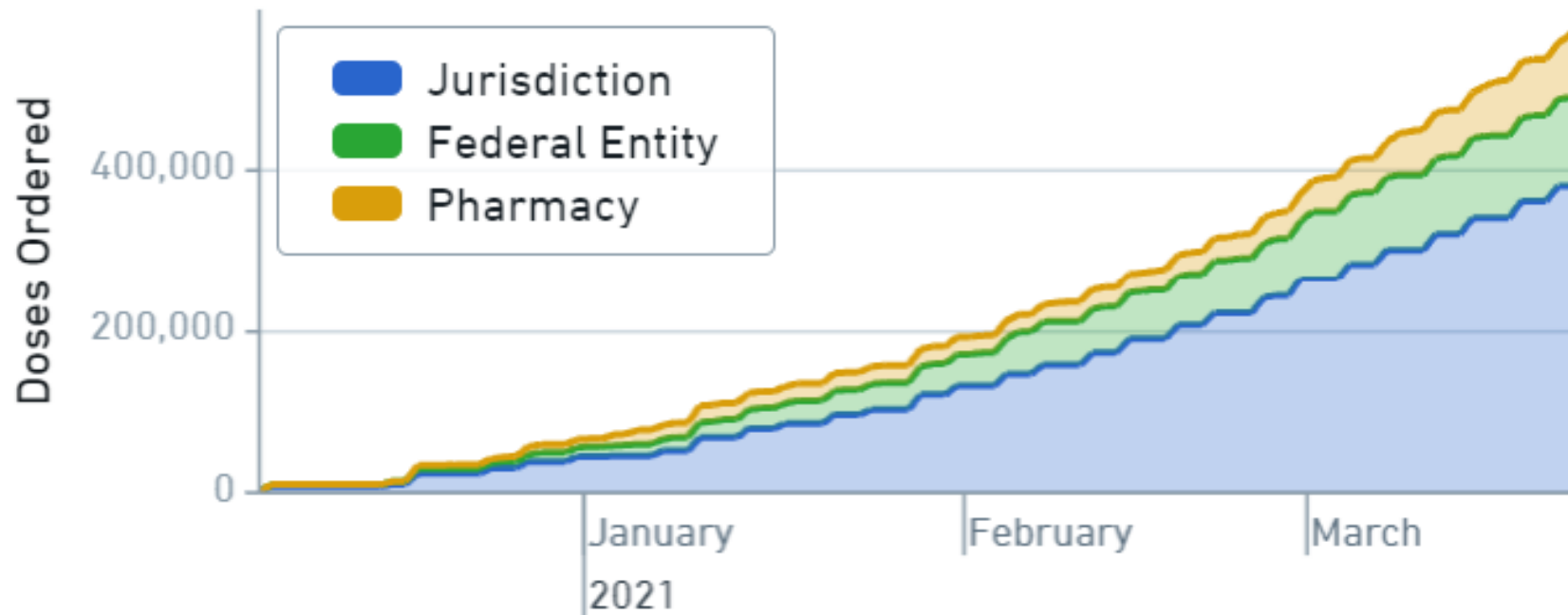


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SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Ordered All Partners



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SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Ordered All Partners

572,925 Doses Ordered - Total	564,145 Doses Shipped - Total	546,375 Doses Delivered - Total
381,690 Doses Ordered - Jurisdiction	381,690 Doses Shipped - Jurisdiction	371,060 Doses Delivered - Jurisdiction
81,830 Doses Ordered - Pharmacy	75,020 Doses Shipped - Pharmacy	69,280 Doses Delivered - Pharmacy
109,405 Doses Ordered - Federal Entity	107,435 Doses Shipped - Federal Entity	106,035 Doses Delivered - Federal Entity

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Federal Partners in SD (107,235 ordered)

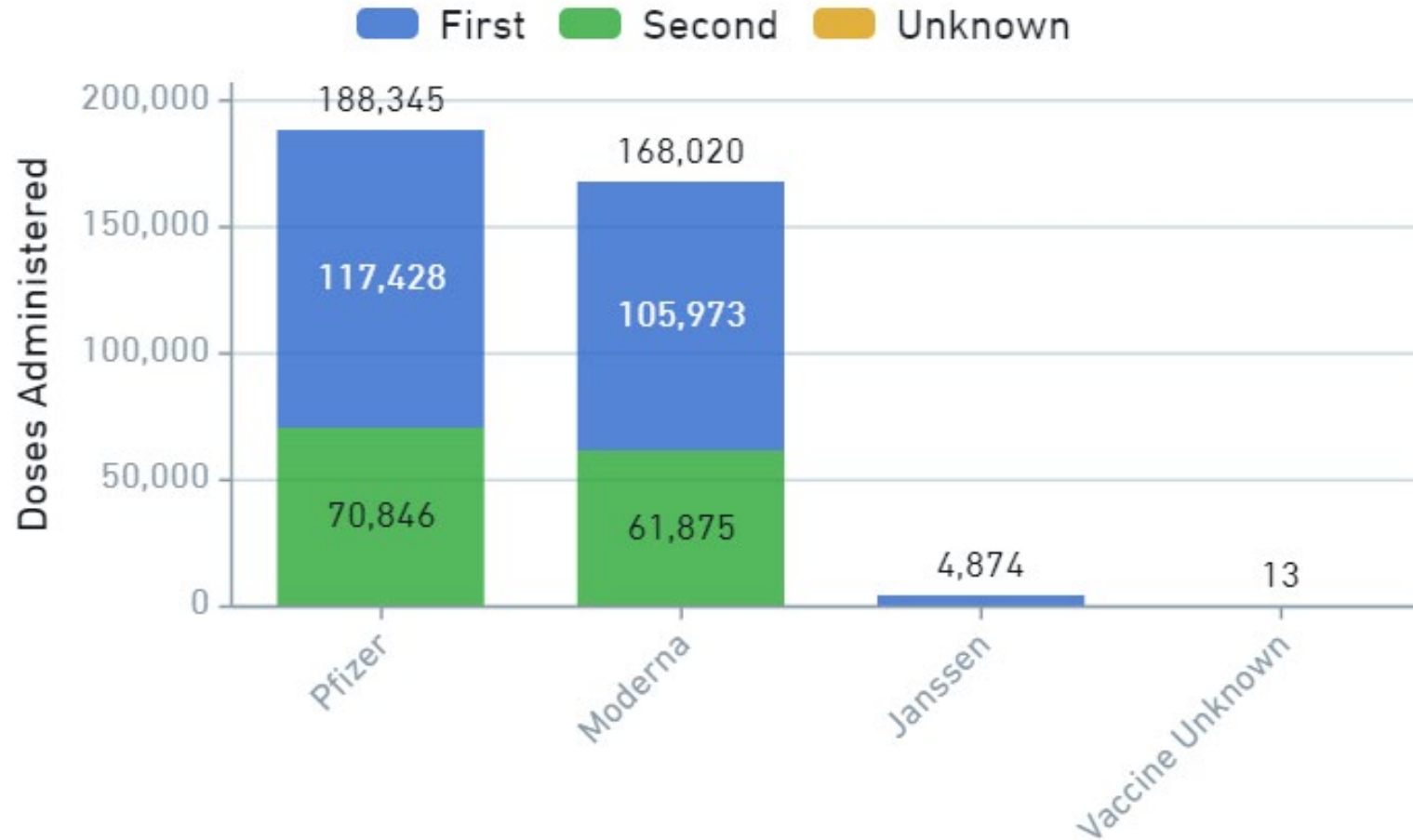
	First Dose	Second Dose	Total
BOP	100	97	197
VA	14,508	11,282	25,790
IHS	22,170	14,274	36,444
DOD	3,455	1,816	5,271
Totals	40,233	27,469	67,702

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SOUTH DAKOTA DEPARTMENT OF HEALTH

SD DOSES Administered All Partners



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Weekly 1st Doses Projected

Pfizer 11,700

Moderna 8,300

Janssen 1,000

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SOUTH DAKOTA DEPARTMENT OF HEALTH

Pfizer vaccine yields 6 doses

Moderna has 10 doses per vial

Janssen has 5 doses per vial

DO NOT POOL VACCINE FROM MULTIPLE VIALS

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Priority groups

https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution_Phase1.pdf

1A	19,265	23,437 Vaccinated
1B	10,867	3,196 Vaccinated-not including CVS/Walgreens (5807)
1C	49,642	24,869 Vaccinated
1D	265,561	124,815 Vaccinated
1E	227,448	1,278

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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 (<i>lab & clinic staff</i>)					
	Law enforcement, correctional officers					
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					
we are here 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.

AS OF 03-22-21

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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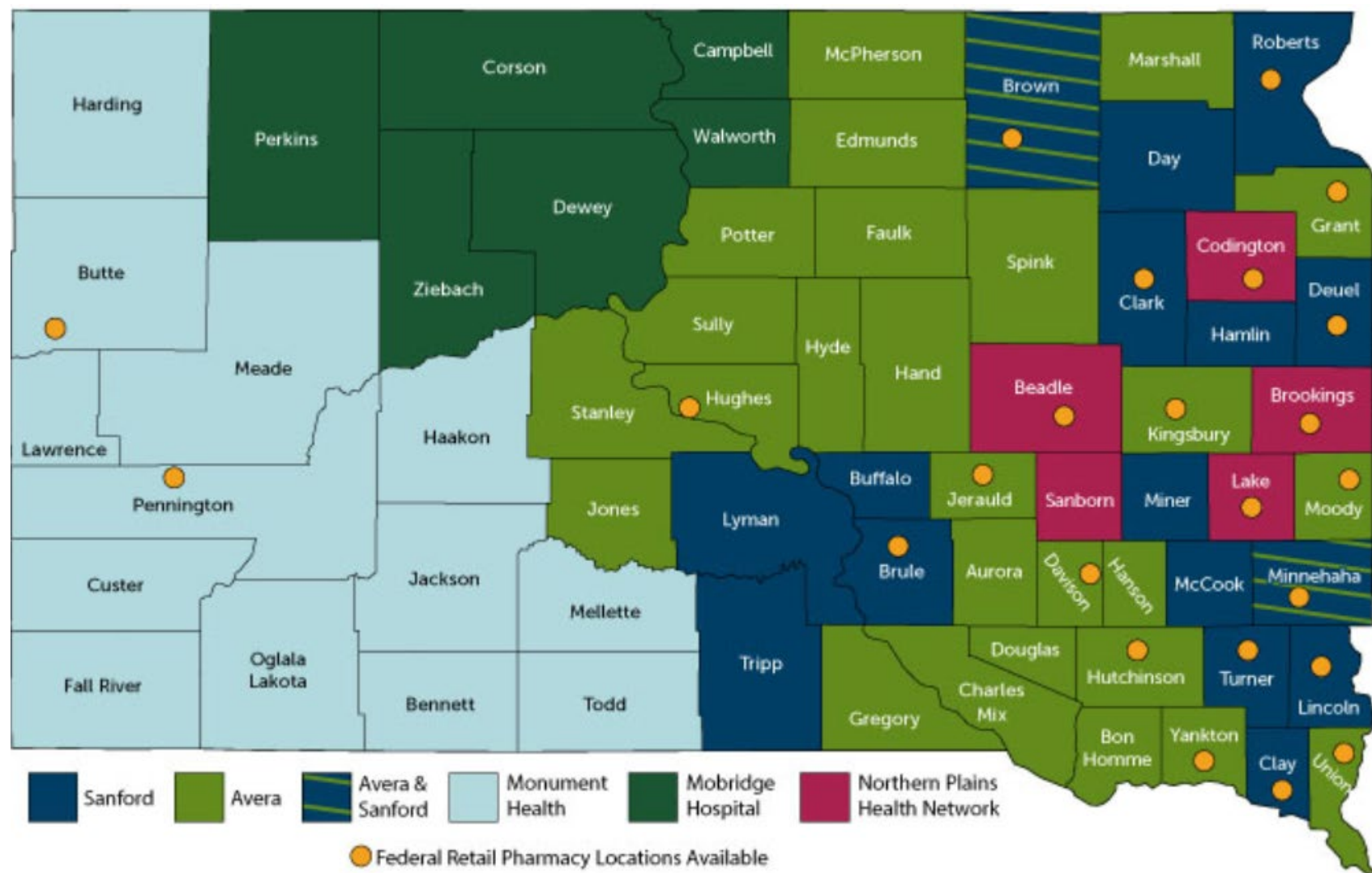
Underlying Medical Conditions

- 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 ≥ 40 kg/m²)
- Sickle Cell Disease
- Thalassemia (a type of blood disorder)

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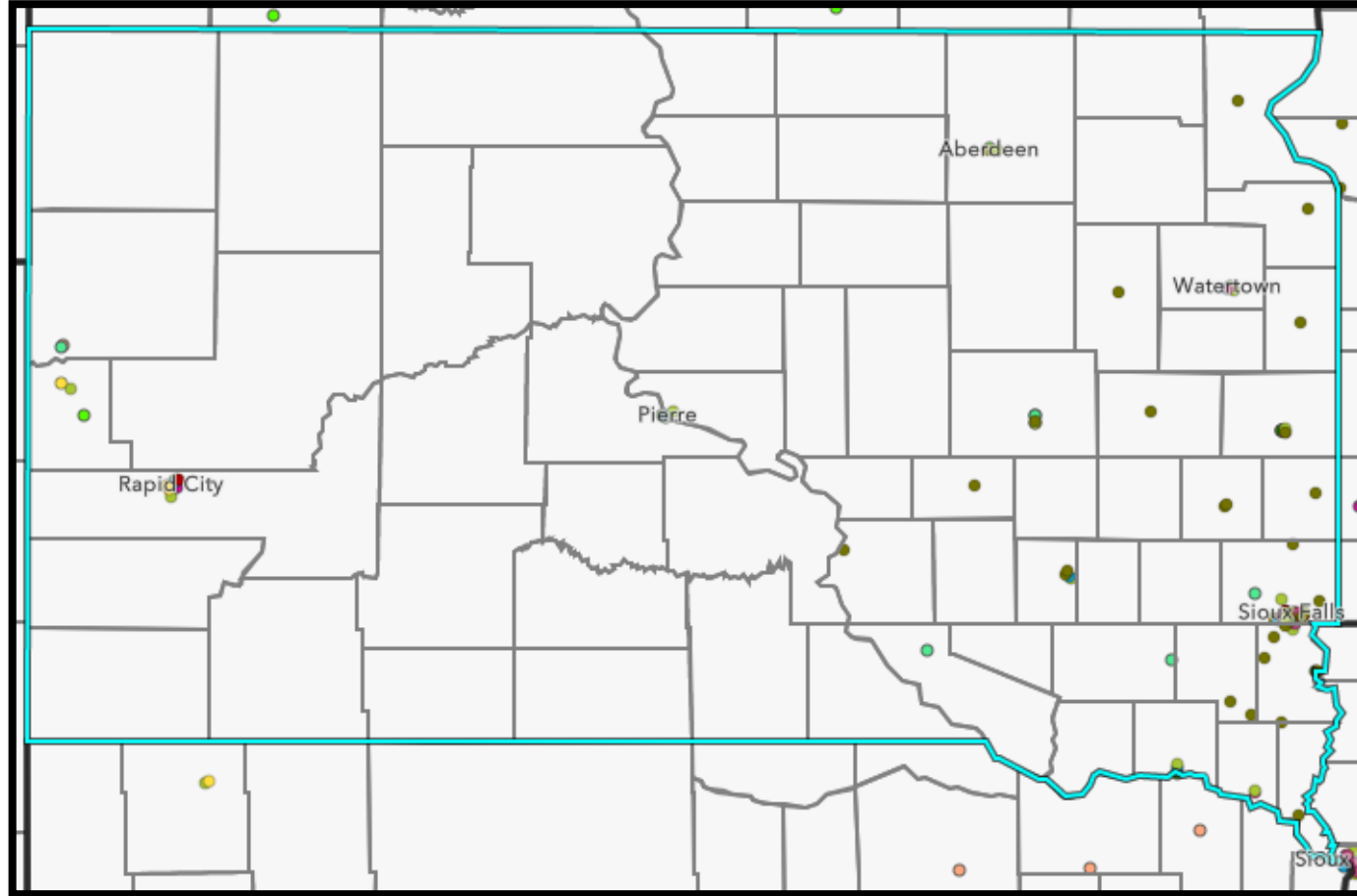
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South Dakota: All Federal Pharmacy Partners

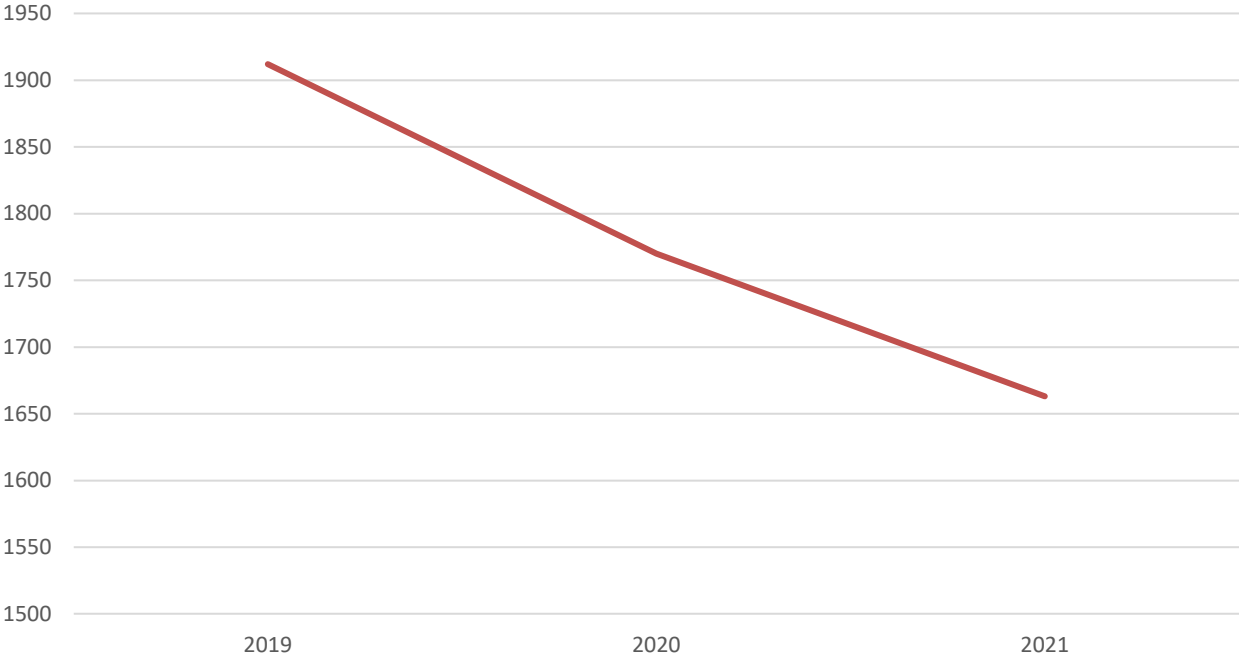


- | | |
|-----------------------------|---------------|
| ● CVS | ● Cardinal |
| ● Walgreens | ● Topco |
| ● Walmart | ● CPESN |
| ● Rite Aid | ● ABC |
| ● Kroger Corporate Pharmacy | ● MHA |
| ● Albertsons | ● Health Mart |
| ● Publix Super Markets | ● Gerimed |
| ● Retail Business Services | ● Innovatix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

DRAFT – PRE-DECISIONAL & DELIBERATIVE

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Reduction in MMR containing doses administered for the Months of Jan and Feb 2019, 2020, 2021. SDIIS data



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Community Mitigation

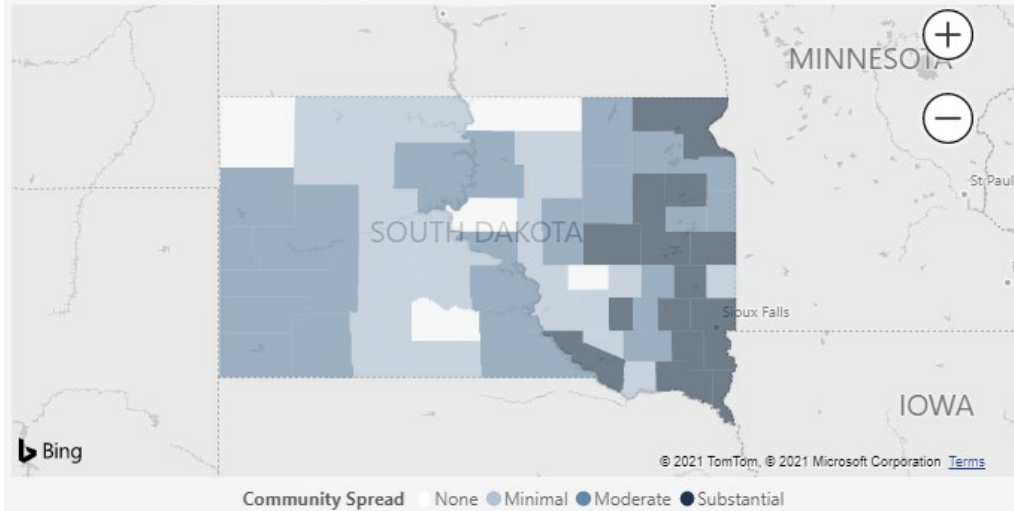
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Community Spread Map by County of Residence



Hover over a county to see its details, or click county to update the orange boxes.



Dashboard

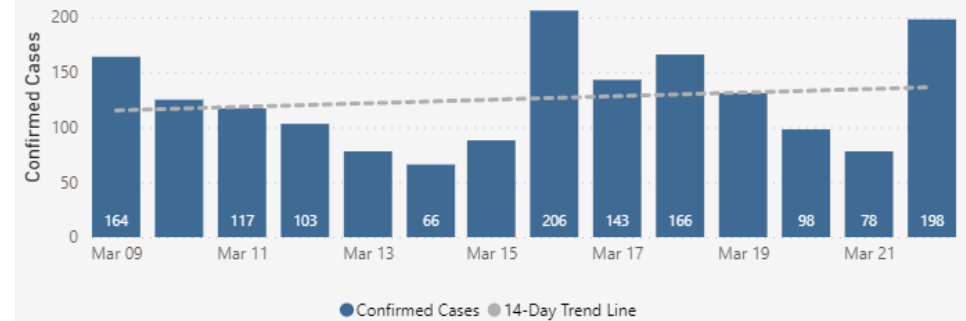
County

All



PCR Test Positivity Rate: This rate is equal to the number of positive PCR tests divided by total PCR tests, within the specified period of time. Date range includes last full day (24 hours) captured in the data set.

Confirmed Cases and 14-Day Trend Line by Date Reported to SD-DOH



14-Day Trend of Confirmed Cases by Date Reported to SD-DOH: This graph shows the trend (increasing or decreasing) of COVID-19 confirmed cases (persons who meet the national surveillance case definition case for COVID-19) at the state or county level.



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Supply Chain Management

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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

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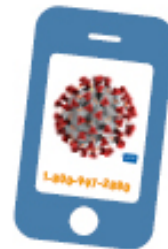
Helpful sources of information:

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
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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

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