2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

May 12, 2022

We will begin in just a few moments. Thanks!
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of May 11, 2022. Please check the South Dakota Department of Health website for the most current information and guidance.

**COVID.sd.gov**
Agenda

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

• **International**
  - 515,748,861 confirmed cases
    - 6,255,835 deaths

• **United States** (50 states + DC)
  - 81,021,753 confirmed cases
    - 990,260 deaths

• **South Dakota**
  - 238,635 confirmed and probable cases
    - 2,917 deaths
    - 234,664 recovered cases
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

As of May 11th, 2022

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

As of May 11th, 2022

Community Spread | Number of Counties | COVID-19 Community Levels | Number of Counties
---|---|---|---
Low | 22 | Low | 65
Moderate | 14 | Medium | 1
Substantial | 5 | | |
High | 25 | High | 0

https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=South+Dakota&data-type=CommunityLevels&null=CommunityLevels

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)
    • **Ensure patient phone numbers are included**
  • Fax – 605.773.5509

*Not intended for press or for reporting purposes.*
# Breakthrough, Variant, and Reinfection Cases

As of May 11th, 2022

<table>
<thead>
<tr>
<th>Breakthrough Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>39,074</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>1,401</td>
</tr>
<tr>
<td>Died</td>
<td>301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reinfection</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>10,500</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>232</td>
</tr>
<tr>
<td>Died</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variant Cases</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>1,954</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>94</td>
</tr>
<tr>
<td>Died</td>
<td>21</td>
</tr>
</tbody>
</table>


*Not intended for press or for reporting purposes.*
### Guidance on Prevention and Management of COVID-19 in Correctional and Detention Facilities

**Table 1: Strategies for Everyday Operations vs. Enhanced Prevention Strategies**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to date COVID-19 vaccination</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Standard infection control</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Enhanced ventilation†</td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

**Table 2. Recommended Personal Protective Equipment (PPE) and Source Control for Residents and Staff in a Correctional or Detention Facility**

<table>
<thead>
<tr>
<th>NIOSH-approved Respirator*</th>
<th>International Respirator* or Disposable Procedure Mask</th>
<th>Cloth Mask</th>
<th>Eye Protection*†</th>
<th>Gloves*†</th>
<th>Gown/Coveralls*†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>With confirmed or suspected COVID-19, or showing symptoms of COVID-19</td>
<td>X†</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 3. Standard and modified quarantine approaches in correctional and detention facilities**

<table>
<thead>
<tr>
<th>Quarantine Characteristic</th>
<th>Standard approach</th>
<th>Modified approaches*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is required to quarantine</td>
<td>All exposed residents and staff, regardless of</td>
<td>Only exposed residents and staff not up to date on their COVID-19 vaccines and who have not recovered from a prior SARS-CoV-2</td>
</tr>
</tbody>
</table>


Updates as of May 3rd, 2022

*Not intended for press or for reporting purposes.*
Hospitalizations of Children Aged 5–11 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 2020–February 2022

COVID-19 can make some children very sick
Among nearly 400 children ages 5–11 years hospitalized with COVID-19 during the first few months of Omicron:

3 in 10 had NO underlying conditions
9 in 10 were unvaccinated
2 in 10 required ICU care

Protect all eligible children by keeping their vaccinations up to date

Not intended for press or for reporting purposes.
Effectiveness of COVID-19 mRNA Vaccination in Preventing COVID-19–Associated Hospitalization Among Adults with Previous SARS-CoV-2 Infection — United States, June 2021–February 2022

<table>
<thead>
<tr>
<th>Variant period/Vaccination status</th>
<th>No. of case-patients† (N = 3,761)</th>
<th>No. of control-patients† (N = 7,522)</th>
<th>VE§ (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unadjusted</td>
<td>Adjusted</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unvaccinated (Ref)</td>
<td>2,303</td>
<td>3,571</td>
<td></td>
</tr>
<tr>
<td>Any mRNA vaccine, 1 dose‡,†‡</td>
<td>161</td>
<td>413</td>
<td>41.6 (29.3–51.8)</td>
</tr>
<tr>
<td>Any mRNA vaccine, 2 doses‡,†‡</td>
<td>1,038</td>
<td>2,496</td>
<td>38.2 (32.2–43.7)</td>
</tr>
<tr>
<td>Pfizer-BioNTech†</td>
<td>588</td>
<td>1,432</td>
<td>40.8 (33.1–47.5)</td>
</tr>
<tr>
<td>Moderna§</td>
<td>450</td>
<td>1,064</td>
<td>37.1 (27.6–45.3)</td>
</tr>
<tr>
<td>Any mRNA vaccine, booster dose‡,†‡</td>
<td>259</td>
<td>1,042</td>
<td>66.4 (60.7–71.3)</td>
</tr>
<tr>
<td>Delta predominant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unvaccinated (Ref)</td>
<td>990</td>
<td>1,468</td>
<td></td>
</tr>
<tr>
<td>Any mRNA vaccine, 1 dose‡</td>
<td>45</td>
<td>171</td>
<td>61.0 (44.7–72.5)</td>
</tr>
<tr>
<td>Any mRNA vaccine, 2 doses‡</td>
<td>415</td>
<td>1,209</td>
<td>50.7 (42.9–57.5)</td>
</tr>
<tr>
<td>Pfizer-BioNTech†</td>
<td>234</td>
<td>678</td>
<td>52.8 (42.8–61.1)</td>
</tr>
<tr>
<td>Moderna§</td>
<td>181</td>
<td>531</td>
<td>47.9 (35.3–58.1)</td>
</tr>
<tr>
<td>Any mRNA vaccine, booster dose‡</td>
<td>27</td>
<td>100</td>
<td>60.2 (36.4–75.0)</td>
</tr>
<tr>
<td>Omicron predominant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unvaccinated (Ref)</td>
<td>1,353</td>
<td>2,103</td>
<td></td>
</tr>
<tr>
<td>Any mRNA vaccine, 1 dose‡</td>
<td>116</td>
<td>242</td>
<td>27.3 (8.14–42.5)</td>
</tr>
<tr>
<td>Any mRNA vaccine, 2 doses‡</td>
<td>623</td>
<td>1,287</td>
<td>26.9 (17.4–35.4)</td>
</tr>
<tr>
<td>Pfizer-BioNTech†</td>
<td>354</td>
<td>754</td>
<td>29.2 (16.9–39.7)</td>
</tr>
<tr>
<td>Moderna§</td>
<td>269</td>
<td>533</td>
<td>26.2 (10.8–39.0)</td>
</tr>
<tr>
<td>Any mRNA vaccine, booster dose‡</td>
<td>232</td>
<td>942</td>
<td>64.6 (58.1–70.2)</td>
</tr>
<tr>
<td>Relative VE of booster dose compared with primary series††</td>
<td>697</td>
<td>1,536</td>
<td>56.5 (44.6–65.9)</td>
</tr>
</tbody>
</table>

http://dx.doi.org/10.15585/mmwr.mm7115e2

Not intended for press or for reporting purposes.
Seroprevalence of Infection-Induced SARS-CoV-2 Antibodies – United States, Sep 2021–Feb 2022

US estimate: 57.7%
SD estimate: 61.3%
-530,000 estimated infected
-235,867 reported infected

https://covid.cdc.gov/covid-data-tracker/#national-lab

Not intended for press or for reporting purposes.
Selected CDC Updates


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

Not intended for press or for reporting purposes.
SARS-CoV-2 Testing: Summer 2022

- Demand for SARS-CoV-2 resources is very low.
- SDDOH continues to make available CLIA-Waived and OTC/At-Home testing resources to schools, long-term care, childcare, and other programs throughout South Dakota.
- As the ‘21-22 academic year ends, SDDOH will also provide OTC/At-Home SARS-CoV-2 testing resources to summer programs.
- SDPHL strongly recommends that both traditional and non-traditional testing partners remain vigilant throughout the summer in preparation for the ‘22-23 academic year.

Not intended for press or for reporting purposes.
COVID Testing Resources

• For questions about DOH testing support, please contact:
  - FQHC, CHC, Rural Clinics: Kaitlin.Thomas@state.sd.us
  - Long-term Care: Denise.Broadbent@state.sd.us
  - Healthcare: Laurie.Gregg@state.sd.us
  - EMS: Marty.Link@state.sd.us
  - Pharmacies: Bob.Coolidge@state.sd.us
  - K-12 Schools: Joe.Moran@state.sd.us
  - Higher Education: Laurie.Gregg@state.sd.us
  - Childcare Providers: Laura.Nordbye@state.sd.us
  - Businesses: John.Osburn@state.sd.us
  - Confinement Facilities: Staci@southdakotasheriffs.org

• Inquiries for Abbott BinaxNOW and ID NOW should be sent to: Dorothy.Ahten@abbott.com

• Inquiries for COVID-19 testing resources can also be sent to: Matt.VanDam@McKesson.com

• Free COVID-19 tests kits are also available from the federal government at: https://www.covidtests.gov/

Not intended for press or for reporting purposes.
SARS-CoV-2 Variant Proportions

• Variant analysis is currently performed in support of South Dakota by SDPHL, UMN, CDC, and Avera Institute of Human Genetics.

• Omicron BA.2 is the dominant SARS-CoV-2 variant in South Dakota.

• SDPHL is still accepting SARS-CoV-2-positive specimens for variant analysis. Please contact: Eric.Bailey@state.sd.us for submission details.

Not intended for press or for reporting purposes.
COVID Therapy Updates
## FDA EUA-Approved COVID-19 Therapies

<table>
<thead>
<tr>
<th>Therapy</th>
<th>Category</th>
<th>Manufacturer</th>
<th>Availability</th>
<th>Demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bamlanivimab</td>
<td>Monoclonal Antibody</td>
<td>Eli Lilly</td>
<td>Restricted</td>
<td>NA</td>
</tr>
<tr>
<td>Etesevimab</td>
<td>Monoclonal Antibody</td>
<td>Eli Lilly</td>
<td>Restricted</td>
<td>NA</td>
</tr>
<tr>
<td>REGEN-COV</td>
<td>Monoclonal Antibody</td>
<td>Regeneron</td>
<td>Restricted</td>
<td>NA</td>
</tr>
<tr>
<td>Sotrovimab</td>
<td>Monoclonal Antibody</td>
<td>GlaxoSmithKline</td>
<td>Restricted</td>
<td>NA</td>
</tr>
<tr>
<td>Bebtelovimab</td>
<td>Monoclonal Antibody</td>
<td>Eli Lilly</td>
<td>Federal Allocation</td>
<td>Low</td>
</tr>
<tr>
<td>Evusheld</td>
<td>Monoclonal Antibody (PrEP)</td>
<td>AstraZeneca</td>
<td>Federal Allocation</td>
<td>Low to No Demand</td>
</tr>
<tr>
<td>Molnupiravir</td>
<td>Oral Antiviral</td>
<td>Merck/Ridgeback</td>
<td>Federal Allocation</td>
<td>Low to No Demand</td>
</tr>
<tr>
<td>Paxlovid</td>
<td>Oral Antiviral</td>
<td>Pfizer</td>
<td>Federal Allocation</td>
<td>Low</td>
</tr>
<tr>
<td>Paxlovid (Renal)</td>
<td>Oral Antiviral</td>
<td>Pfizer</td>
<td>Federal Allocation</td>
<td>Moderate</td>
</tr>
<tr>
<td>Remdesivir</td>
<td>Intravenous Antiviral</td>
<td>Gilead</td>
<td>Open Market</td>
<td>No Data</td>
</tr>
</tbody>
</table>

Not intended for press or for reporting purposes.
Long Term Care
Disease Impact & Vaccine Status in LTC – United States

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

By the numbers:

- **87.9%**
  - National Percent of Vaccinated Residents per Facility
- **79.6%**
  - National Percent of Vaccinated Residents with Booster Doses per Facility
- **87.0%**
  - National Percent of Vaccinated Staff per Facility
- **49.2%**
  - National Percent of Vaccinated Staff with Booster Doses per Facility
- **1,021,251**
  - Total Resident COVID-19 Confirmed Cases
- **152,073**
  - Total Resident COVID-19 Deaths
- **1,078,354**
  - Total Staff COVID-19 Confirmed Cases
- **2,373**
  - Total Staff COVID-19 Deaths


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

- CDC NHSN Reports Confirmed Cases (as of 05.04.22)
  - 7 confirmed residents
  - 11 confirmed staff

- 983 Deaths in LTC residents

*Data is provisional*

*Source: [https://covid.cdc.gov/covid-data-tracker/#nursing-home-residents](https://covid.cdc.gov/covid-data-tracker/#nursing-home-residents)*)

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

Core Principles of Infection Prevention.

- Screening (active). Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility.
- Hand hygiene
- Face coverings
- Instructional signage and education
- Cleaning and disinfecting
- Appropriate PPE. *Please note: Use of N-95 respirator’s require medical clearance, training, and fit-testing.
- Cohorting residents
- Appropriate testing

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

CMS Memos

- QSO-20-39-NH (revised 03.10.22) - Visitation
- QSO-22-09-ALL (revised 04.05.22) – Vaccination (Health Care Staff)
- QSO-22-10-ALL (revised 01.25.22) – Vaccine Expectations for Surveyors
- QSO-20-38-NH (revised 03.10.22) – Testing

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Long Term Care in South Dakota

(Staff vaccination guidance followed during all recertification and complaint surveys)

Federal Vaccine Mandate Attachments

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

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

<table>
<thead>
<tr>
<th>COVID-19 Staff Vaccination Status for Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete this form or provide a list containing the same information required in this form.</td>
</tr>
<tr>
<td>Section I: Complete based on the Day 1 of the survey:</td>
</tr>
<tr>
<td>Total # of staff:</td>
</tr>
<tr>
<td># partially vaccinated staff (9):</td>
</tr>
<tr>
<td># completely vaccinated staff (9):</td>
</tr>
<tr>
<td># pending exemption (9):</td>
</tr>
<tr>
<td># granted exemption (9):</td>
</tr>
<tr>
<td># temporary delay/new hire (10):</td>
</tr>
<tr>
<td># not vaccinated without exemption/delay (11):</td>
</tr>
</tbody>
</table>

Note: The sum of the #’s for columns 5, 6, 8 through 11 should equal the total # of staff.

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Percentage of Current Residents with Completed COVID-19 Vaccinations per Facility

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.

South Dakota – 95.17%

This call is not intended for the press or for reporting purposes.
Choose to get vaccinated. Protect yourself, your family, and our residents.

South Dakota – 81.87%
Who to Contact with CMS LTC COVID Related Questions

Diana Weiland, RN, Nursing Home Advisor - phone 605-995-8057 or email Diana.Weiland@state.sd.us

Jennifer Maeschen, RN, Assisted Living Center Advisor – phone 605-995-8147 or email Jennifer.Maeschen@state.sd.us

This call is not intended for the press or for reporting purposes.
Vaccination Update
COVID Vaccine coverage by age as 05/10/2022

Not intended for press or for reporting purposes.
As of April 8, all lots of Moderna 14 dose vials have expired and there is no more Moderna 14 available for ordering.

The Food & Drug Administration has approved an amendment to the EUA for Pfizer Tris COVID-19 vaccine extending the shelf-life of the following Pfizer product formulations from 9 to 12 months for vials stored at -90 C to -60 C:

- Pfizer Tris Pediatric vaccine (Orange Cap for ages 5 through 11, with diluent)
- Pfizer Adult Tris (Gray Cap for ages 12+, no diluent)

Prioritize use of the Pfizer Purple cap vaccine

*Not intended for press or for reporting purposes.*
As of May 1, 2022, providers must report COVID-19 vaccine supply levels at least *weekly* by close of business on Fridays.
The U.S. Food and Drug Administration has limited the authorized use of the Janssen COVID-19 Vaccine to individuals 18 years of age and older for whom other authorized or approved COVID-19 vaccines are not accessible or clinically appropriate, and to individuals 18 years of age and older who elect to receive the Janssen COVID-19 Vaccine because they would otherwise not receive a COVID-19 vaccine.
VRBPAC Tentative Meeting Schedule - June 2022

- June 7 - Novavax 18+ (no rollout expected now)
- June 8, 21, and 22 - Pfizer/Moderna EUA under ⅚
- June 28 - COVID strain selection/future boosters
Adult Ancillary Kit Opt-out:
✓ J&J opt out available
✓ Moderna opt out available
✓ Pfizer ADULT opt-out is now available

If you wish to not receive ancillary kits, please indicate this in the notes section of the order screen in SDIIS
Weekly doses administered reported to SDIIS
Public Dashboard – Weekly Updates 05-11-22

<table>
<thead>
<tr>
<th>Total Doses Administered*</th>
<th>Total Persons Administered a Vaccine*</th>
<th>Percent of State Population with at least 1 Dose**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,229,946</td>
<td>524,283</td>
<td>73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th># of Doses</th>
<th>Doses</th>
<th># of Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janssen</td>
<td>38,018</td>
<td>Janssen - Series complete</td>
<td>35,272</td>
</tr>
<tr>
<td>Moderna</td>
<td>489,606</td>
<td>Janssen - Booster dose</td>
<td>2,746</td>
</tr>
<tr>
<td>Pfizer</td>
<td>702,322</td>
<td>Moderna - 1 dose</td>
<td>25,250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - Series complete</td>
<td>176,844</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderna - 3rd/Booster dose</td>
<td>93,737</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 1 dose</td>
<td>34,463</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - Series complete</td>
<td>261,851</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pfizer - 3rd/Booster dose</td>
<td>121,713</td>
</tr>
</tbody>
</table>

Based on 2019 Census Estimate for aged 5+ years (1 dose and Series Complete) and 16+ years (Booster dose).
Infection Prevention Updates and Resources for Healthcare Facilities

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COVID-19 RESOURCES AND ANNOUNCEMENTS

• **CDC COVID-19 Guidance**: Below is a list of healthcare IPC and other related guidance documents that have been recently published or updated by CDC. For additional updates, CDC’s [What’s New & Updated](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-providers/news-updates/index.html) tool is a helpful way to stay up-to-date with new and updated content on CDC’s COVID-19 webpages. Users can filter by date, webpage type, audience, and topic.
  
  
  o [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/considerations.html) (4/21/22)
  
  

• **CMS Updates**: Please see below for recent updates from CMS that may be relevant to HAI/AR programs.
  
  
  
  
  

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The chain of infection is the process a pathogen follows to cause disease.

This diagram displays the process and shows how there are 6 opportunities to break the chain to halt or control the spread of infection.

Understanding how the chain of infection can be broken will help protect you, other staff, your residents and your contacts.

https://repository.netecweb.org/items/show/1666

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Infection Prevention & Control Assessment Tool (ICARs) for LTC and ALF

How does a COVID ICAR benefit my ALF or LTC facility?

* **Non-regulatory & FREE**: Talk one-on-one with an infection preventionist and an infectious disease doctor to see how your facility is REALLY doing during the pandemic.

* **Not just a checklist**: While the CDC ICAR guides the discussion, the team talks through scenarios that are relevant to YOUR facility. They can compare what worked last year vs. what works now and review the latest guidelines, science and updates.

* **Above and Beyond**: Sharing tips and tricks on what works for other facilities in South Dakota and what might also work for you. Topics like vaccination uptake in staff, addressing PPE Fatigue, and reinforcing what you are doing RIGHT.

* **Feedback after the ICAR** to have on file for your facility. Something you can refer to when needed in the future!

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Infection Control Questions? Contact Us:

Kipp Stahl kipp.stahl@state.sd.us
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Supply Chain Management
All requests for PPE from DOH must be:

- Emailed to COVIDResourceRequests@state.sd.us,
- Fax to 605.773.5942, or
- Called in to 605.773.3048 to ensure prioritization and coordination of requests.

- Do not duplicate your request by using all three means of communication.

- Any requests received through any other email or number will all be directed to email COVIDResourceRequests@state.sd.us OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.

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On-going Communication

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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
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.

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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