2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

July 2, 2020

We will begin in just a few moments. Thanks!
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of July 2, 2020. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://COVID.sd.gov)
Agenda

• Situation Update
• Laboratory Guidance
• Infection Prevention
• Community Mitigation
• Supply Chain Management
• On-going Communications
• Q&A Session

Note: Slides and a recording of the presentations will be posted to doh.sd.gov/news/COVID19/Calls.aspx following the webinar.
Situation Update
Coronavirus Situation  (as of July 2, 2020)

- **International**
  - 10,357,662 confirmed cases - N & S America account for 50% of cases and deaths
  - 508,055 deaths

- **United States** (50 states + DC)
  - 2,624,873 confirmed cases in U.S.
  - 127,299 deaths

- **South Dakota**
  - 6,826 confirmed cases in South Dakota
  - 93 deaths
  - 5,933 recovered
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

Positive Cases in South Dakota by Date

- Positive Test Date
- 5-Day Moving Average

As of July 2, 2020
COVID-19 Cases, by County

As of July 2, 2020
GOAL: 5% of SD Population per Month

Total SD population (2019 Estimate): 884,659

Number Needed to Achieve Monthly Goal: 44,233

Daily Average Needed to Achieve Monthly Goal: 1,475
General Testing Recommendations

Medical providers are recommended to test individuals with 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

Testing of Close Contacts to Cases

• Symptomatic close contacts to a COVID-19 case: Seek medical evaluation and, if appropriate, testing

• Asymptomatic close contacts to a COVID-19 case: Seek medical evaluation and, if appropriate, test Priority 1 close contacts (SD-DOH can help support testing of Priority 1)

Priority Testing for Asymptomatic Close Contacts

• **Priority 1**
  - Hospitalized patients
  - Healthcare personnel
  - First responders (e.g., EMS, law enforcement, firefighters)
  - Individuals living or working in acute care, skilled nursing, mental health, and long-term care facilities
  - Individuals living or working in community congregate settings (e.g., correctional facilities, homeless shelters, educational institutions, mass gatherings, and workplaces)
  - Members of a large household living in close quarters
  - Individuals who live in or provide care in a household with a higher risk individual

• **Priority 2**
  - Critical infrastructure workers
  - Individuals 65 years of age and older
  - Individuals at higher risk of severe disease
  - Pregnant women

Selected CDC Guidance Update

- Testing in Homeless Shelters

- Multi-system Inflammatory Syndrome Infographic

- Framework for Providing non-COVID-19 Clinical Care

- Considerations for Restaurants and Bars

- Considerations for K-12 School Administrators & Higher Education Administrators
  https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html

- Considerations for Retirement Communities and Independent Living
Selected CDC Guidance Update

• Considerations for Wearing Cloth Face Coverings

• Considerations for Travelers in the US

• Guidance for Direct Services Providers

# Interpreting COVID-19 Test Results

## Viral Testing (testing for current infection)

<table>
<thead>
<tr>
<th>RESULT</th>
<th>INTERPRETATION</th>
<th>RECOMMENDED ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Most likely* you DO currently have an active COVID-19 infection and can give</td>
<td>Stay home* and follow CDC guidance on steps to take if you are sick.</td>
</tr>
<tr>
<td></td>
<td>the virus to others.</td>
<td>*If you are a healthcare or critical infrastructure worker, notify your work of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>test result.</td>
</tr>
<tr>
<td>Negative</td>
<td>Most likely* you DO NOT currently have an active COVID-19 infection.</td>
<td>If you have symptoms, you should keep monitoring symptoms and seek medical advice</td>
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<tr>
<td></td>
<td></td>
<td>about staying home and if you need to get tested again.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*If you don’t have symptoms, you should get tested again only if your medical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>provider and/or workplace tells you to. Take steps to protect yourself and others.</td>
</tr>
</tbody>
</table>

## Antibody Testing (testing for past infection with the virus)

<table>
<thead>
<tr>
<th>RESULT</th>
<th>INTERPRETATION</th>
<th>RECOMMENDED ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>You likely* have HAD a COVID-19 infection.</td>
<td>You may be protected from re-infection (have immunity), but this cannot be said</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with certainty. Scientists are conducting studies now to provide more information.</td>
</tr>
<tr>
<td>Negative</td>
<td>You likely* NEVER HAD (or have not yet developed antibodies to) COVID-19</td>
<td>You could still get COVID-19. Take steps to protect yourself and others.</td>
</tr>
<tr>
<td></td>
<td>infection.</td>
<td></td>
</tr>
</tbody>
</table>

## Viral Positive, Antibody Positive

<table>
<thead>
<tr>
<th>RESULT</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most likely* you DO currently have an active COVID-19 infection and can give</td>
<td>Stay home* and follow CDC guidance on steps to take if you are sick.</td>
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<tr>
<td></td>
<td>the virus to others.</td>
<td>*If you are a healthcare or critical infrastructure worker, notify your work of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>test result.</td>
</tr>
</tbody>
</table>

## Viral Positive, Antibody Negative

<table>
<thead>
<tr>
<th>RESULT</th>
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<th>RECOMMENDED ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most likely* you DO currently have an active COVID-19 infection and can give</td>
<td>Stay home* and follow CDC guidance on steps to take if you are sick.</td>
</tr>
<tr>
<td></td>
<td>the virus to others.</td>
<td>*If you are a healthcare or critical infrastructure worker, notify your work of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>test result.</td>
</tr>
</tbody>
</table>

## Both (antibody and viral testing)

<table>
<thead>
<tr>
<th>RESULT</th>
<th>INTERPRETATION</th>
<th>RECOMMENDED ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viral Negative, Antibody Positive</td>
<td>You likely* have HAD and RECOVERED FROM a COVID-19 infection.</td>
<td>You may be protected from re-infection (have immunity), but this cannot be said</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with certainty. Scientists are conducting studies now to provide more information.</td>
</tr>
<tr>
<td>Viral Negative, Antibody Negative</td>
<td>You likely* have NEVER HAD a COVID-19 infection.</td>
<td>You could still get COVID-19. Take steps to protect yourself and others.</td>
</tr>
</tbody>
</table>

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No test is ever perfect. All tests occasionally result in false positive results (the test result should be negative because you DO NOT have COVID-19 but comes back positive) or false negative results (the test result should be positive because you DO have COVID-19, but comes back negative). Sometimes the results are not definitive (the result is unclear, and you don’t know if it is positive or negative). For this and other reasons, results should always be reviewed by a healthcare professional.

Viral tests are typically performed on respiratory specimens such as nasal swabs or throat swabs. They test for the presence of the virus, usually by testing for the virus’s RNA or sometimes by testing for the virus’s proteins ("antigen testing"). Antigen testing may be less sensitive than tests for the virus’s RNA. If your antigen test is negative, please ask your healthcare provider if additional testing with an RNA test is needed and how long you should stay home.

Antibody testing, also called "serologic testing" or "serology," is typically performed on a blood sample. Ideally, the results show whether you have ever been infected with the virus in the past or may be currently infected. Antibody tests check for antibodies that appear in the blood between about one and three weeks after symptom onset and may remain as long as a lifetime. Antibody tests may be positive while a person is infected. It is not yet known whether these antibodies protect against reinfection with the COVID-19 virus. For many other similar viruses, antibodies are protective for years or longer, but we do not yet have adequate data to know for COVID-19.

Face Mask Use and Aerosol Generation

https://www.fau.edu/newsdesk/articles/efficacy-facemasks-coronavirus.php
Laboratory Guidance
SDPHL Days of Operation and Courier Schedule

• SDPHL will not provide courier service or testing Saturday, July 4 or Sunday, July 5

• Courier service and testing will resume Monday-Saturday beginning Monday, July 6
Infection Control
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use: N95 or Higher Respirator
- Face shield or goggles
- N95 or higher respirator
- One pair of clean, non-sterile gloves
- Isolation gown

Acceptable Alternative PPE – Use: Facemask
- Face shield or goggles
- Facemask
- N95 or higher respirators are preferred but facemasks are an acceptable alternative
- One pair of clean, non-sterile gloves
- Isolation gown

CDC


(Update 5/23 & 5/29)

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
</tr>
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</table>
| HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³ | • HCP not wearing a respirator or facemask⁴  
• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask  
• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ | • Exclude from work for 14 days after last exposure⁶  
• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶  
• Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

# South Dakota Confidential Disease Report

**South Dakota Department of Health**
**Office of Disease Prevention**

**SDCL 34-22-12 and 34-30D 48 20 Reportable Disease List**

## Confidential Outbreak Report

| Outbreak: Acute upper respiratory illness |

**Person Reporting**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>Suffix:</th>
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**Outbreak Facility**

<table>
<thead>
<tr>
<th>Facility Name: Other, not listed</th>
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</table>

If your facility name is not in the list above, please spell out the name (no abbreviations) in the text box below before submitting this form.

<table>
<thead>
<tr>
<th>Other Facility Name:</th>
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</table>

**Outbreak Profile**

(Note: if the outbreak is in a non-institutional setting, enter total ill in 1st question as well as how many people were potentially exposed in 2nd. Then skip questions 3-4.)

1. How many RESIDENTS have been ill? 
2. How many RESIDENTS are there in this facility? 
3. How many STAFF have been ill? 
4. How many STAFF are there in this facility? 
5. What is the average-estimated duration of symptoms? (hrs)
6. How many people were hospitalized? 
7. How many people died?

<table>
<thead>
<tr>
<th>8. What was the onset date of the first case?</th>
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<table>
<thead>
<tr>
<th>9. What was the onset date of the last case?</th>
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<table>
<thead>
<tr>
<th>10. How many specimens are being tested?</th>
</tr>
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</table>

<table>
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<tr>
<th>11. What causative agent is suspected?</th>
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</table>

<table>
<thead>
<tr>
<th>12. Has this agent been laboratory confirmed?</th>
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<table>
<thead>
<tr>
<th>13. Is the Outbreak ongoing?</th>
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</table>

**Comments:**

This aggregate report is intended to fulfill disease notification requirements for outbreaks only. It does not fulfill individual case reporting requirements for South Dakota notifiable disease conditions.

**SUBMIT REPORT**

[https://apps.sd.gov/ph93morbidity/secure/outbreak.aspx](https://apps.sd.gov/ph93morbidity/secure/outbreak.aspx)
Additional Infection Control Discussions

- EMS Provider Calls
- LTC Call
- LAB/IP Call
Community Mitigation
Dashboard

Active Cases: 868
Currently Hospitalized: 69
Recovered: 1492
Total Positive Cases*: 2373
Ever Hospitalized**: 165
Death***: 13

Case Results*

2373 (14%) - Positive
14440 (86%) - Negative

Staffed Hospital Bed Capacity

% COVID-19 Occupied Hospital Beds: 4%
% Non-COVID-19 Occupied Hospital Beds: 41%
% Available Hospital Beds: 55%

Staffed ICU Bed Capacity

Rate of Cases, Last 14 Days: 90 (per 100,000)
Rate of Cases, Cumulative: 586 (per 100,000)

14-Day Trend of Positive Cases

Positive Cases in South Dakota by Date

Positive Test Date & 5-Day Moving Average
Supply Chain Management
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.
On-going Communication
Helpful Information Sources

COVID.sd.gov

coronavirus.gov

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

- SD-HAN: sdhan.sd.gov
- Epi Listserv
- Lab Listserv
- HAI Listserv
- OLC Listserv

Visit COVID.sd.gov to subscribe
Questions?

COVID Helpline: 800-997-2880
Epidemiology: 605-773-3737
Laboratory: 605-773-3368

COVID.sd.gov
COVIDSDD@state.sd.us