We will begin in just a few moments. Thanks!
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of August 19, 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 the website following the webinar.
Coronavirus Situation  (as of August 19, 2020)

- **International**
  - 21,294,845 confirmed cases
  - 761,779 deaths

- **United States** (50 states + DC)
  - 5,460,429 confirmed cases in U.S.
  - 171,012 deaths

- **South Dakota**
  - 10,566 confirmed cases in South Dakota
  - 155 deaths
  - 9,189 recovered
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of August 19, 2020

COVID-19 Case Map, by County

As of August 19, 2020

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

As of June 18, 2020

Testing of Close Contacts to Cases

- CDC recommends testing all close contacts to a COVID-19 case

- SD-DOH recommends the following be prioritized for tested following medical evaluation:
  - Hospitalized patients
  - Symptomatic individuals
  - Symptomatic close contacts to a COVID-19 case
  - Asymptomatic household close contacts to a COVID-19 case
  - Asymptomatic healthcare personnel and first responder close contacts to a COVID-19 case
  - Asymptomatic persons living or working in congregate settings close contacts to a COVID-19 case
    - Acute care, Mental health, Long-term care, correctional facilities, homeless shelters, educational institutions, mass gatherings, workplaces

Daily Home Screening for Students

Parents: Please complete this short check each morning and report your child’s information [INSERT YOUR SCHOOL REPORTING INSTRUCTIONS] in the morning before your child leaves for school.

SECTION 1: Symptoms
If your child has any of the following symptoms, that indicates a possible illness that may decrease the student’s ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

☐ Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
☐ Sore throat
☐ New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
☐ Diarrhea, vomiting, or abdominal pain
☐ New onset of severe headache, especially with a fever

SECTION 2: Close Contact/Potential Exposure
☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
☐ Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework
☐ Live in areas of high community transmission (as described in the Community Mitigation Framework) while the school remains open

Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET)

Data through Week Ending June 6, 2020

- 0-4 yrs: 5.6
- 5-17 yrs: 3.1
- 18-29 yrs: 27.3
- 30-39 yrs: 52.5
- 40-49 yrs: 84.6
- 50-64 yrs: 136.1
- 65-74 yrs: 198.7
- 75-84 yrs: 329.3
- 85+ yrs: 513.2

Visit cdc.gov/coronavirus for more information.
Selected CDC Updates


- Impact in American Indian/Alaska Native Populations (Rate of COVID-19 cases 3.5 times higher comparing American Indian to White population): https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e1.htm?s_cid=mm6934e1_w
It is a statewide priority that ALL individuals with symptoms of COVID-19 be tested for SARS-CoV-2 with the recommendation from a health care provider.

- Hospitalized individuals
- Healthcare workers, first responders, and active military
- Critical infrastructure workers in food manufacturing and agriculture
- Individuals in communal living settings like long-term care facilities
- Underinsured or uninsured individuals
- Low-income individuals or individuals unable to pay for testing
- Homeless individuals
K-12 Sentinel Surveillance

- Participation in K-12 sentinel surveillance is voluntary but encouraged
- School districts that want to participate must enroll with the SD Dept. of Ed.

<table>
<thead>
<tr>
<th>Type of School District</th>
<th>Districts Enrolled</th>
<th>Estimated Tests/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>42</td>
<td>371</td>
</tr>
<tr>
<td>Non-Public</td>
<td>5</td>
<td>34</td>
</tr>
<tr>
<td>Tribal/BIE</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>435</td>
</tr>
</tbody>
</table>
FDA Update

• On August 19, 2020, HHS announced that FDA will no longer require premarket review or emergency use authorization (EUA) of laboratory developed tests (LDTs) for COVID-19

• New COVID-19 tests developed by individual laboratories can be used without FDA review

• Manufacturer developed tests must still receive FDA approval or EUA

• Laboratory developed tests will remain under the regulation of CMS and CLIA
Additional FDA EUA Updates

• FDA has issued Emergency Use Authorization for the following:
  – 141: Molecular Diagnostic Tests for SARS-CoV-2
  – 35: Molecular-Based Laboratory Developed Tests for SARS-CoV-2
  – 3 (1): Antigen Diagnostic Tests for SARS-CoV-2

• There is growing interest in saliva tests so this week SDDOH will provide an overview of the following tests:
  • SARS-CoV-2 Assay (Rutgers Clinical Genomics Laboratory)
  • SalivaDirect (Yale School of Public Health)
SARS-CoV-2 Assay

• Molecular test from Rutgers Clinical Genomic Laboratory
• Qualitative detection of SARS-CoV-2 genetic material
• Differences compared to other molecular RT-PCR tests:
  − For the detection of SARS-CoV-2 from saliva and other common upper respiratory specimens
  − Saliva collection is limited to health care settings using the Spectrum Solutions LLC SDNA-1000 saliva collection device
  − Testing is performed by the RUDCR Infinite Biologics Laboratory in New Jersey
  − Offered in partnership with Vault Health and Vitagene
Vault Health

- Offers direct-to-patient testing using the Spectrum Diagnostics Kit with testing at RUDCR Infinite Biologics
- Simple **test ordering** process
  - Personal details
  - Symptoms and risk factors
  - Payment information
- **FAQ** is available
- Additional information is available at: [RUCDR.ORG](https://rucdr.org)
Vitagene

• Offers direct-to-patient testing using the Spectrum Diagnostics Kit with testing at RUDCR Infinite Biologics

• Four step assessment process to determine eligibility
  • Symptoms
  • Risk factors
  • Exposure history
  • Personal information

• FAQ is available
SalivaDirect

• Molecular test from the Yale School of Public Health
• Qualitative detection of SARS-CoV-2 genetic material
• Differences compared to other molecular RT-PCR tests:
  – No special collection devices needed for saliva collection
  – No nucleic acid extraction needed
  – Can be performed with products from multiple vendors so there should be no supply chain bottle necks
How Does SalivaDirect Work?

1. Saliva specimens are collected in a sterile container
2. Saliva specimens are transported to a Yale-approved laboratory for testing
3. Specimens are treated with an enzyme to breakdown protein
4. Specimens are heated
5. Specimens are then used in a traditional RT-PCR test (similar to the CDC RT-PCR test) to detect SARS-CoV-2 genetic material
How Does SalivaDirect Perform Compared to Traditional Extraction-Based Molecular Tests?

• Yale provides the following information for saliva specimens:
  − Positive agreement: 94.6% (35/37)
  − Negative agreement: 100% (30/30)

• Yale provides the following information for nasopharyngeal specimens:
  − Positive agreement: 94.1% (32/34)
  − Negative agreement: 90.9% (30/33)

*Performance should be independently verified*
Infection Prevention
Summary of Changes to the Guidance

Summary of Recent Changes as of August 10, 2020 to more closely align guidance with Decision Memo:

- For patients with severe to critical illness or who are severely immunocompromised\(^1\), the recommended duration for Transmission-Based Precautions was changed to at least 10 days and up to 20 days after symptom onset.
- Recommendation to consider consultation with infection control experts.
- Added example applying disease severity in determining duration of isolation using Transmission-Based Precautions.
- Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions.

Summary of Recent Changes as of August 10, 2020

Summary of Recent Changes as of August 10, 2020 to more closely align guidance with Decision Memo:

- For HCP with severe to critical illness or who are severely immunocompromised¹, the recommended duration for work exclusion was changed to at least 10 days and up to 20 days after symptom onset.
- Recommendation to consider consultation with infection control experts.
- Added example applying disease severity in determining duration before return to work.
- Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions.

¹ For HCP in severe to critical illness or severely immunocompromised conditions, the recommended duration for work exclusion was changed to at least 10 days and up to 20 days after symptom onset.

Community Mitigation
Dashboard

New Cases Today: 89
Active Cases: 951
Recovered Cases: 8,080
Currently Hospitalized: 43
Ever Hospitalized: 856
Deaths: 137
Total Cases: 9,168
Total Persons Tested: 116,374
Total Tests: 145,555
% Progress (June Goal: 44,233 Tests): 97%
% Progress (July Goal: 44,233 Tests): 106%
% Progress (August Goal: 44,233 Tests): 9%

Test Positivity Rate, Last 1 Day: 7.5%
Test Positivity Rate, Last 7 Days: 7.0%
Test Positivity Rate, Last 14 Days: 6.6%
Test Positivity Rate, Cumulative: 7.3%

14-Day Trend of Positive Cases by Date Reported to SD-DOH

- Date Reported to SD-DOH: Jul 21, Jul 23, Jul 25, Jul 27, Jul 29, Jul 31, Aug 02, Aug 04

Test Positivity Rate: This rate is equal to the number of Positive Tests divided by Total Tests, within specified period of time.
### County of Residence of COVID-19 Cases

<table>
<thead>
<tr>
<th>County Name</th>
<th>Positive Cases</th>
<th>Recovered Cases</th>
<th>Negative Persons</th>
<th>Deceased</th>
<th>Community Spread</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora</td>
<td>40</td>
<td>37</td>
<td>395</td>
<td>0</td>
<td>Minimal</td>
</tr>
<tr>
<td>Beadle</td>
<td>396</td>
<td>573</td>
<td>1949</td>
<td>9</td>
<td>Moderate</td>
</tr>
<tr>
<td>Bennett</td>
<td>6</td>
<td>6</td>
<td>547</td>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>Bon Homme</td>
<td>28</td>
<td>13</td>
<td>841</td>
<td>0</td>
<td>Substantial</td>
</tr>
<tr>
<td>Brookings</td>
<td>162</td>
<td>141</td>
<td>2099</td>
<td>1</td>
<td>Moderate</td>
</tr>
<tr>
<td>Brown</td>
<td>496</td>
<td>435</td>
<td>4739</td>
<td>3</td>
<td>Substantial</td>
</tr>
<tr>
<td>Brule</td>
<td>47</td>
<td>44</td>
<td>772</td>
<td>0</td>
<td>Minimal</td>
</tr>
<tr>
<td>Brook</td>
<td>109</td>
<td>101</td>
<td>657</td>
<td>3</td>
<td>None</td>
</tr>
<tr>
<td>Butte</td>
<td>21</td>
<td>15</td>
<td>835</td>
<td>1</td>
<td>Minimal</td>
</tr>
<tr>
<td>Campbell</td>
<td>3</td>
<td>2</td>
<td>100</td>
<td>0</td>
<td>None</td>
</tr>
<tr>
<td>Charles Mix</td>
<td>114</td>
<td>96</td>
<td>1455</td>
<td>0</td>
<td>Substantial</td>
</tr>
<tr>
<td>Clark</td>
<td>17</td>
<td>15</td>
<td>406</td>
<td>0</td>
<td>Minimal</td>
</tr>
<tr>
<td>Clay</td>
<td>142</td>
<td>122</td>
<td>1466</td>
<td>0</td>
<td>Moderate</td>
</tr>
<tr>
<td>Codington</td>
<td>183</td>
<td>120</td>
<td>3025</td>
<td>1</td>
<td>Substantial</td>
</tr>
</tbody>
</table>

*Community spread is defined as:
- None: 0 cases per 100,000 OR 0 cases
- Minimal: <10 cases per 100,000 OR 1-3 cases
- Moderate: 10-100 cases per 100,000 OR 4-9 cases
- Substantial: >100 cases per 100,000 OR 10+ cases

*Counties that have a population of <35,000 will use a minimum number for determination of spread.

Community spread is updated every Monday based on the previous week’s (Sat-Sun) number trate of new cases.

**Population (2018):**
- Aurora County: 2759
- Beadle County: 18374
- Bennett County: 3437
- Bon Homme County: 6569
- Brookings County: 34239
- Brown County: 38840
- Brule County: 5256
- Buffalo County: 2053
- Butte County: 10377
- Campbell County: 1435
- Charles Mix County: 9344
- Clark County: 3673
- Clay County: 13925
- Codington County: 27093
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.
On-going Communication
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
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