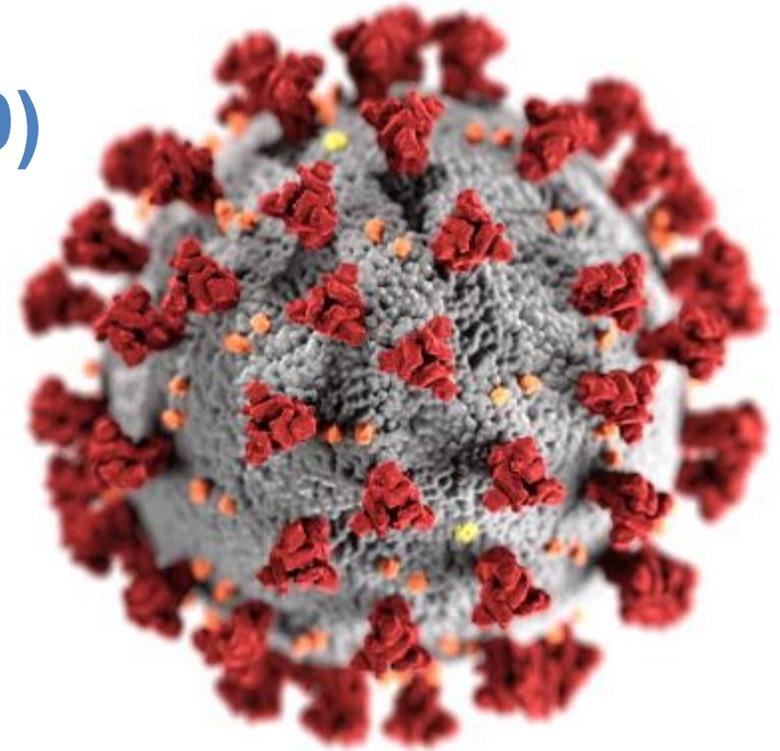


2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

August 20, 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 August 19, 2020. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://www.southdakota.gov/covid-19)

Agenda

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

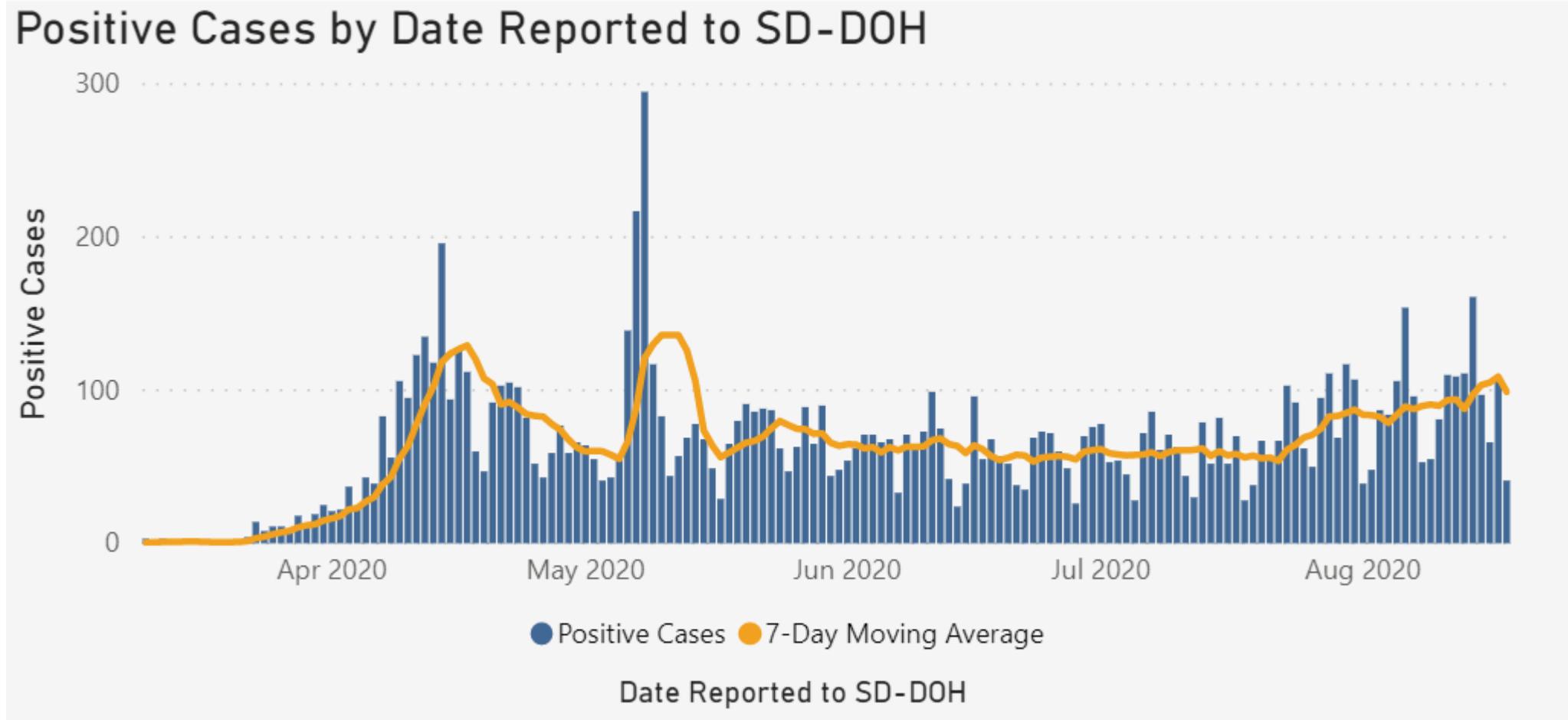
Note: Slides and a recording of the presentations will be posted to the website following the webinar.

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

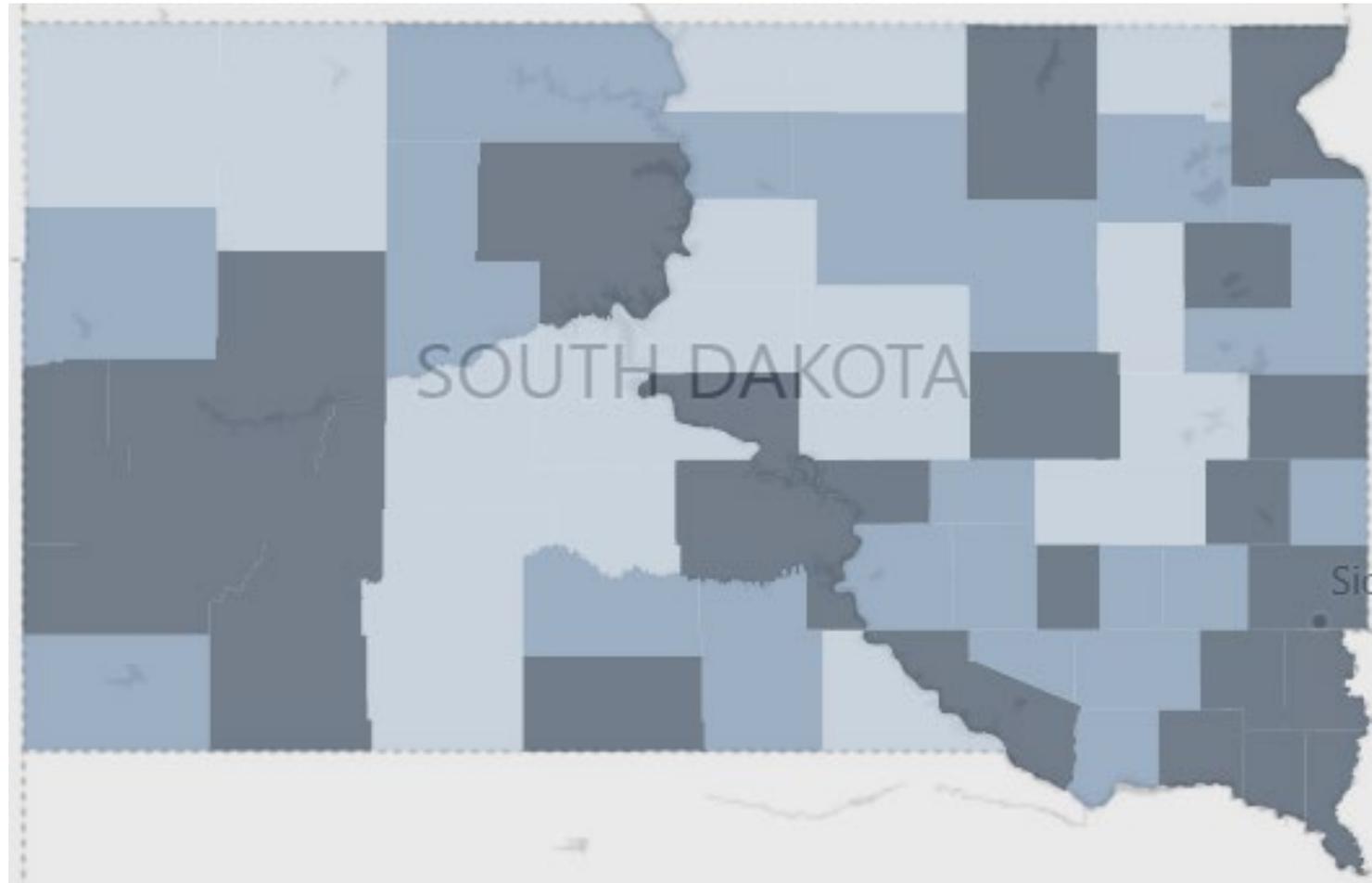
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of August 19, 2020



COVID-19 Case Map, by County

As of August 19, 2020



<https://doh.sd.gov/news/coronavirus.aspx#SD>

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

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



SOUTH DAKOTA DEPARTMENT OF HEALTH

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

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

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.

[Daily Home Screening for Students](#)  [1 page]

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

<https://doe.sd.gov/coronavirus/documents/ScreeningSymptoms.pdf>

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

<https://www.cdc.gov/coronavirus/2019-nCoV/community/schools-childcare/symptom-screening.html>

<https://doh.sd.gov/news/coronavirus.aspx#SD>

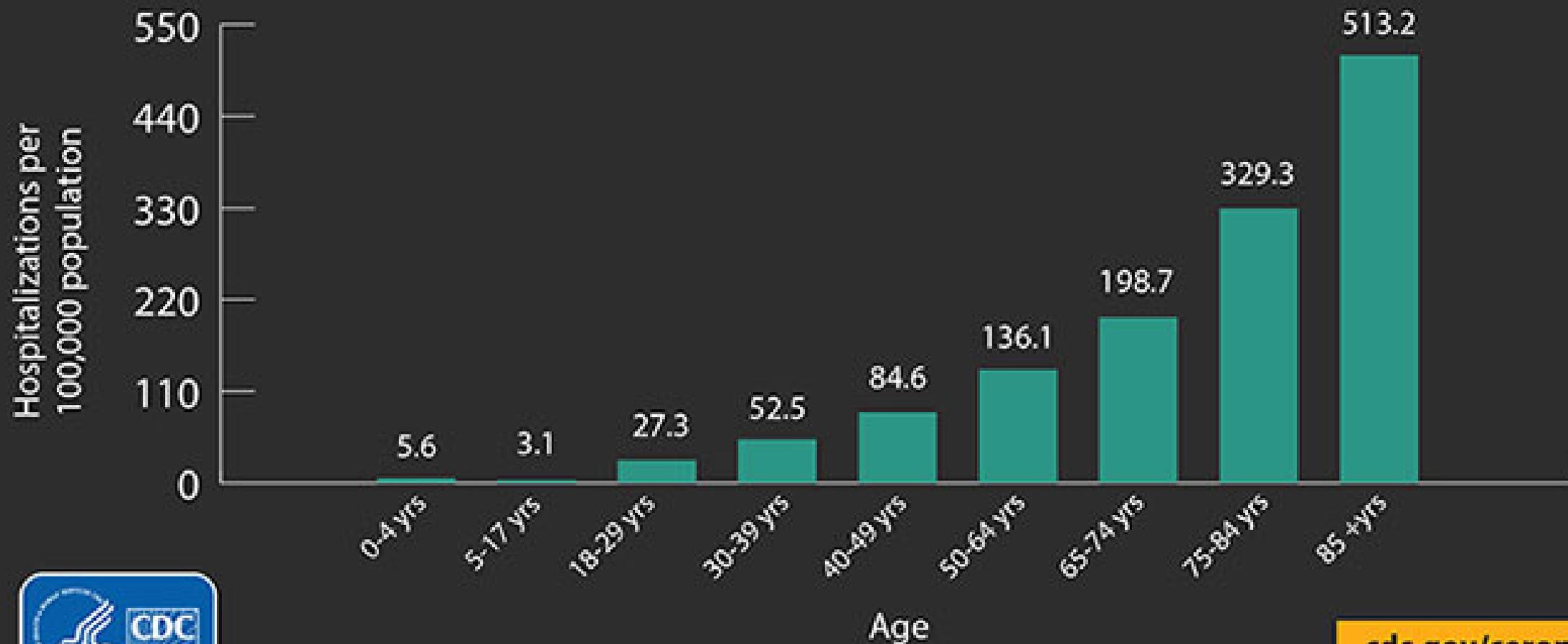
NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) MORTALITY REPORTING SYSTEM

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

DATA THROUGH WEEK ENDING JUNE 6, 2020

**LATEST
DATA**

JUNE 6, 2020



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>

Selected CDC Updates

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

- 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
- Updated Information for Pediatric Healthcare Providers:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>
- Laboratory Reporting of COVID-19 Data:
<https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html>
- Older Adults and COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>
- Guidance for Rapid Antigen Testing for SARS-CoV-2:
<https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>



Laboratory Guidance

Statewide Priority Populations for SARS-CoV-2 Testing

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.

K-12 Sentinel Surveillance Testing Program		
Type of School District	Districts Enrolled	Estimated Tests/Month
Public	42	371
Non-Public	5	34
Tribal/BIE	4	20
Other	2	10
Total	53	435

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

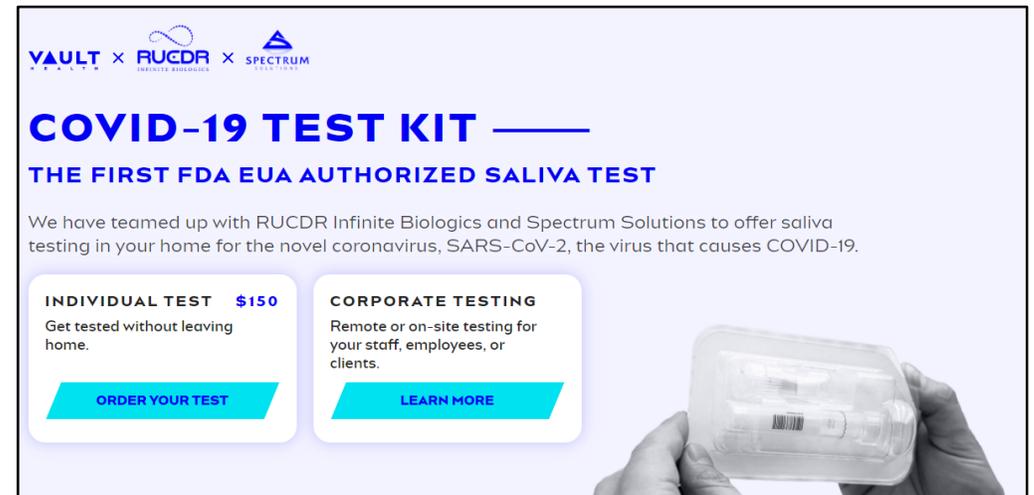
- FDA has issued Emergency Use Authorization for the following:
 - 141: Molecular Diagnostic Tests for SARS-CoV-2
 - 39 (2): Serological Tests
 - 35: Molecular-Based Laboratory Developed Tests for SARS-CoV-2
 - 3 (1): Antigen Diagnostic Tests for SARS-CoV-2
- There is growing interest in saliva tests 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 RUCDR 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)



VAULT x RUCDR x SPECTRUM

COVID-19 TEST KIT

THE FIRST FDA EUA AUTHORIZED SALIVA TEST

We have teamed up with RUCDR Infinite Biologics and Spectrum Solutions to offer saliva testing in your home for the novel coronavirus, SARS-CoV-2, the virus that causes COVID-19.

INDIVIDUAL TEST \$150
Get tested without leaving home.
[ORDER YOUR TEST](#)

CORPORATE TESTING
Remote or on-site testing for your staff, employees, or clients.
[LEARN MORE](#)

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



**COVID-19 Saliva Test Kit:
At-Home Testing for Coronavirus**

We have launched the first FDA Emergency Use Authorized at-home COVID-19 Saliva test. Please take the assessment. We accept HSA and FSA.

If you are a Health Care Provider, Local Government, or Essential Business and need tests [click here](#).

\$129

[Start Assessment](#)

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

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Update 08/10/2020)

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 immunocompromised¹, 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.

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Update 08/10/2020)

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.

Community Mitigation

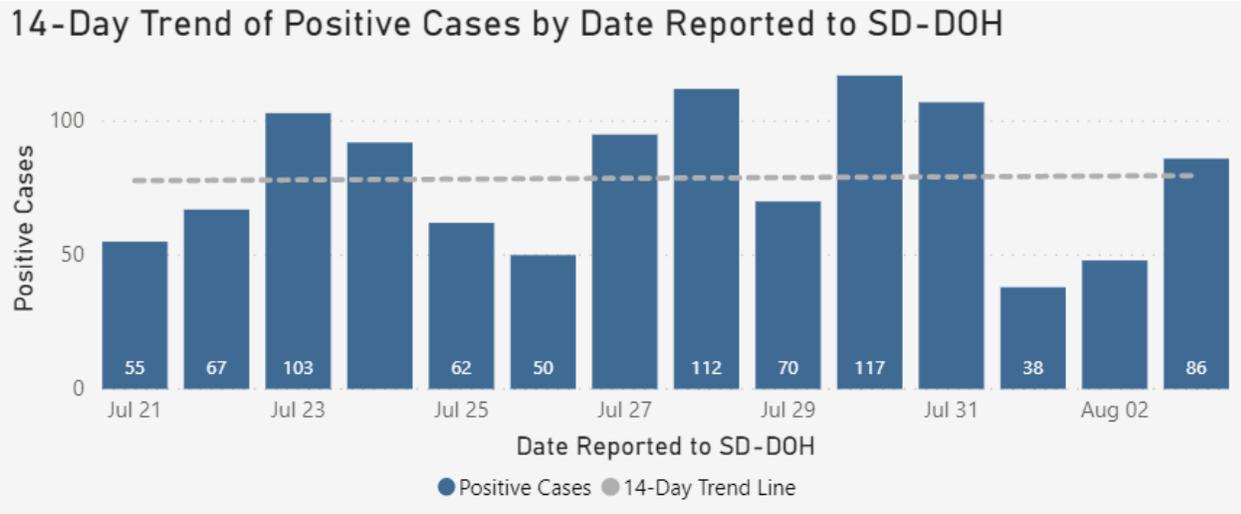
New Cases Today 89	Active Cases 951	Recovered Cases 8,080
Currently Hospitalized 43	Ever Hospitalized 856	Deaths 137
Total Cases 9,168	Total Persons Tested 116,374	Total Tests 145,555
% Progress (June Goal: 44,233 Tests) 97%	% Progress (July Goal: 44,233 Tests) 106%	% Progress (August Goal: 44,233 Tests)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

Dashboard

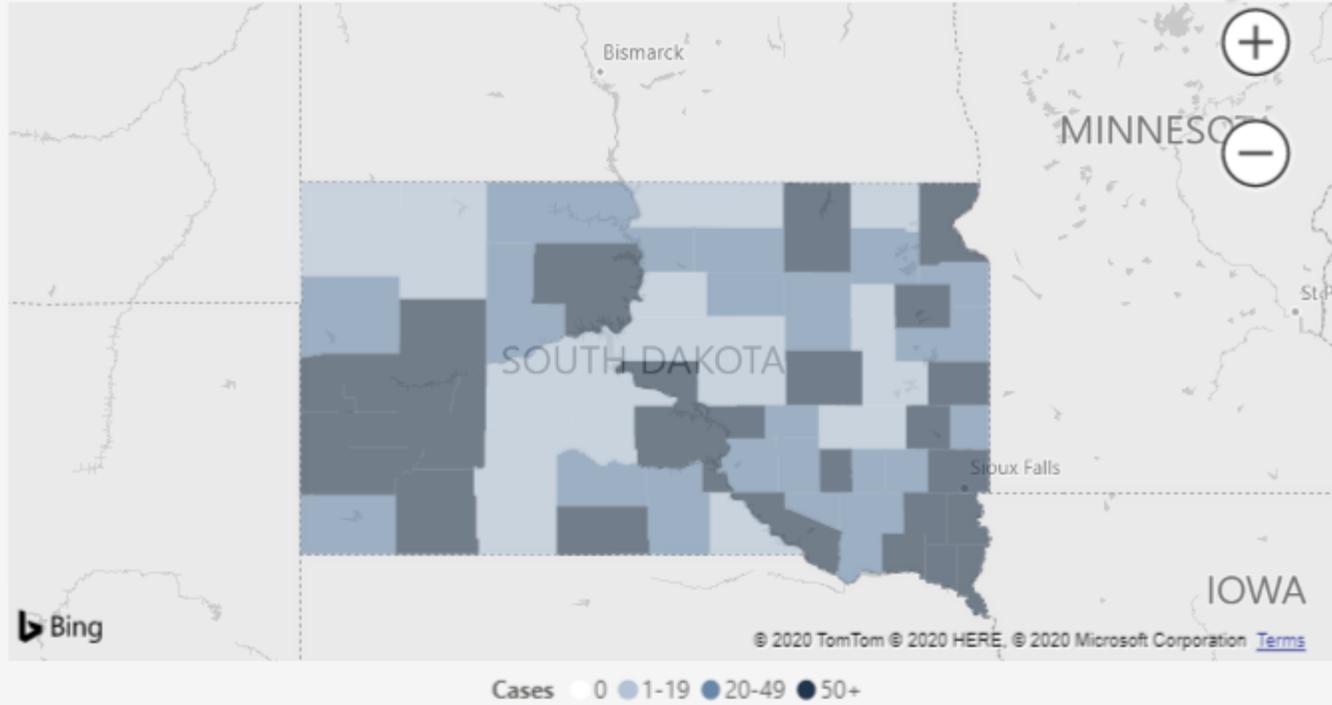
County:

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%
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Test Positivity Rate: This rate is equal to the number of Positive Tests divided by Total Tests, within specified period of time.



Case Map by County of Residence



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

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/rate of new cases.

SD COUNTY OF RESIDENCE OF COVID-19 CASES

County	Positive Cases	Recovered Cases	Negative Persons	Deceased	Community Spread
Aurora	40	37	395	0	Minimal
Beadle	598	573	1949	9	Moderate
Bennett	6	6	547	0	None
Bon Homme	28	13	841	0	Substantial
Brookings	162	141	2899	1	Moderate
Brown	496	435	4739	3	Substantial
Brule	47	44	772	0	Minimal
Buffalo	109	101	657	3	None
Butte	21	15	835	1	Minimal
Campbell	3	2	100	0	None
Charles Mix	114	96	1455	0	Substantial
Clark	17	15	406	0	Minimal
Clay	142	122	1466	0	Moderate
Codington	183	128	3025	1	Substantial

[https://doh.sd.gov/documents/COVID19/Comm Mitig Levels 081720.pdf](https://doh.sd.gov/documents/COVID19/Comm_Mitig_Levels_081720.pdf)

County Name	Population (2018)	None (# Cases)	Minimal (# Cases)	Moderate (# Cases)	Substantial (# Cases)
Aurora County	2759	0 cases	1-3 cases	4-9 cases	10 or more cases
Beadle County	18374	0 cases	1-3 cases	4-17 cases	18 or more cases
Bennett County	3437	0 cases	1-3 cases	4-9 cases	10 or more cases
Bon Homme County	6969	0 cases	1-3 cases	4-9 cases	10 or more cases
Brookings County	34239	0 cases	1-3 cases	4-33 cases	34 or more cases
Brown County	38840	0 cases	1-3 cases	4-38 cases	39 or more cases
Brule County	5256	0 cases	1-3 cases	4-9 cases	10 or more cases
Buffalo County	2053	0 cases	1-3 cases	4-9 cases	10 or more cases
Butte County	10177	0 cases	1-3 cases	4-9 cases	10 or more cases
Campbell County	1435	0 cases	1-3 cases	4-9 cases	10 or more cases
Charles Mix County	9344	0 cases	1-3 cases	4-9 cases	10 or more cases
Clark County	3673	0 cases	1-3 cases	4-9 cases	10 or more cases
Clay County	13925	0 cases	1-3 cases	4-13 cases	14 or more cases
Codington County	27993	0 cases	1-3 cases	4-27 cases	28 or more cases

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

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**



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**



Questions?

Follow-up after the webinar

COVID Helpline: 800-997-2880

Epidemiology: 605-773-3737

Laboratory: 605-773-3368

[COVID.sd.gov](https://www.southdakota.gov/covid)

COVIDSD@state.sd.us