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 26, 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 26, 2020)

• **International**
  • 23,057,288 confirmed cases
  • 800,906 deaths

• **United States** (50 states + DC)
  • 5,752,653 confirmed cases in U.S.
  • 177,759 deaths

• **South Dakota**
  • 12,194 confirmed cases in South Dakota
  • 162 deaths
  • 10,032 recovered
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of August 26, 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 updated (Aug 24) recommendation for testing of close contacts to a COVID-19 case:
  • Symptomatic: Your medical provider may advise a COVID-19 test
  • Asymptomatic: You do not necessarily need a test unless you are a vulnerable individual or your
    health care provider or State or local public health official recommend you take one.

• 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

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)
  - Fax – 605.773.5509
Selected CDC Updates


Laboratory Guidance
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

- K-12 Sentinel Surveillance officially begins the week of August 31
- Enrollment is required to participate in this program
- Enrollment will remain open so school districts can continue to enroll

<table>
<thead>
<tr>
<th>Program Status</th>
<th>Enrollment</th>
<th>Tests per Month</th>
<th>Tests per Week</th>
<th>Students Impacted</th>
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<tbody>
<tr>
<td>Cooperative or Multi-District</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>79</td>
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<tr>
<td>Non-Public School District</td>
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<td>44</td>
<td>9</td>
<td>1256</td>
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<tr>
<td>Public School District</td>
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<td>425</td>
<td>92</td>
<td>47055</td>
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<tr>
<td>State Special School</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Tribal/BIE School</td>
<td>4</td>
<td>20</td>
<td>4</td>
<td>1346</td>
</tr>
<tr>
<td>Grand Total</td>
<td>61</td>
<td>499</td>
<td>107</td>
<td>49758</td>
</tr>
</tbody>
</table>
Enrolled but not pictured:
Allen (Tribal)
Belle Fourche (Public)
Baltic (Public)
Ethan (Public)
Estelline (Public)
Gayville (Public)
Henry (Public)
Kyle (Tribal)
Little Eagle (Tribal)
Scotland (Public)
Wakpala (Tribal)
Waubay (Public)
Wolsey (Public)
Additional FDA EUA Updates

- FDA has issued Emergency Use Authorization for the following:
  - 146 (5): Molecular Diagnostic Tests for SARS-CoV-2
  - 40 (1): Serological Tests
  - 35: Molecular-Based Laboratory Developed Tests for SARS-CoV-2
  - 3: Antigen Diagnostic Tests for SARS-CoV-2

- This week SDDOH will review information from FDA including:
  - COVID-19 Convalescent Plasma EUA Decision Memorandum
  - Investigational COVID-19 Convalescent Plasma Guidance for Industry
Plasma is the fluid part of blood that remains after cells are removed and contains water, salts, enzymes, and proteins.

Administration of convalescent plasma may mitigate disease progression and promote recovery of patients with SARS-CoV-2 infections.

Use of convalescent plasma has been studied in outbreaks of other viral illnesses such as the H1N1, SARS-1, MERS, and recent Ebola outbreaks.
How convalescent plasma therapy works:

1. Plasma is collected from individuals who have recovered from COVID-19

2. Plasma is then provided to COVID-19 patients through intravenous transfusion

3. Donor plasma then helps the severely ill patient fight the viral infection

Convalescent plasma and COVID-19

The blood of recovered COVID-19 patients contains proteins called antibodies developed by the immune system to fight the SARS-CoV-2 virus. Antibodies are found in the blood plasma, which can be collected and used to treat other COVID-19 patients with a convalescent plasma transfusion that is safe and has few side effects.

Who can become a convalescent plasma donor?

People who tested positive for COVID-19 and have been symptom free for 14 days. People never confirmed to have had COVID-19 but who have recovered from COVID-19 symptoms and also tested positive for SARS-CoV-2 antibodies. All donors must meet all other standard blood donation criteria.

https://jamanetwork.com/journals/jama/fullarticle/2767351
COVID-19 Convalescent Plasma

- In April 2020, Mayo Clinic established the Expanded Access Program to make available and study COVID-19 Convalescent Plasma (CCP).
- Between April 2020 and August 2020, the study has enrolled more than 70,000 subjects.
- Initial reports from the first 5,000 and 20,000 subjects are available.
COVID-19 Convalescent Plasma

• Preliminary studies are very optimistic about the potential of CCP to mitigate disease

• 7-Day mortality rate decreased weekly during the first seven weeks of the study

• Less than <1% of patients experienced transfusion-related serious adverse events associated with CCP
COVID-19 Convalescent Plasma

- More than 14,000 physicians at over 2,700 locations nationwide have participated in the CCP study.

- Health care systems and providers in South Dakota currently participate in the CCP expanded access program.
Convalescent Plasma and COVID-19

Additional information about convalescent plasma therapy for COVID-19 can be found at the following:


Mayo University:  [https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440](https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440)

Expanded Access Program:  [https://www.uscovidplasma.org/](https://www.uscovidplasma.org/)

You can also reach out to healthcare provider with any additional questions about participation in the Mayo EAP
Residents of long term care facilities are among the most vulnerable during the COVID-19 pandemic.
Disease Impact – United States as of 08.09.20

Resident Cases and Deaths

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL COVID-19 CONFIRMED CASES</strong></td>
<td>188,954</td>
<td><strong>TOTAL COVID-19 SUSPECTED CASES</strong></td>
<td>115,158</td>
</tr>
<tr>
<td><strong>TOTAL COVID-19 DEATHS</strong></td>
<td>48,215</td>
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Long Term Care in South Dakota

- Total Cases in LTC/Residential Living - ~412
- Total Active Cases - ~60
- Total Deaths in LTC/Residential – ~84
- Total NH/ALC with Case - ~81
Federal Department of Health and Human Services

1. Published new regulatory rules in response to the COVID-19 public health emergency.

2. Provisions –
   - Nursing homes are required to perform COVID-19 tests of staff and residents based on county prevalence rates;
   - Nursing homes are required to offer tests to residents when there is an outbreak or they show symptoms;
   - Hospitals are required to report their COVID-19 related data daily; and,
   - CLIA labs (and facilities with CLIA certificates) will be required to report their COVID-19 testing results, daily.
Providers to review Infection Control policies and procedures. Prevention steps must be in place to prevent residents from becoming infected whether that is through staff, other residents, or visitors.

Providers to develop a testing plan.

Providers review their Emergency Preparedness planning emphasizing staffing. You must ensure you have adequate staff available to care for the residents if you have staff positive for COVID-19.
Federal Department of Health and Human Services - CMS

Point of Care Testing Devices

Quidel Sofia

BD Veritor Plus
Infection Prevention
“HCP (Healthcare Personnel) who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.”

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
</table>
| HCP who had prolonged close contact 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 exposure¹  
• Advise HCP to monitor themselves for fever or [symptoms consistent with COVID-19]²  
• Any HCP who develop fever or [symptoms consistent with COVID-19]² should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

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CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management is available now

Module 1: Hand Hygiene and PPE
Module 2: Screening and Surveillance
Module 3: Cleaning the Nursing Home
Module 4: Cohorting
Module 5: Caring for Residents with Dementia in a Pandemic
Module 6: Basic Infection Control
Module 7: Emergency Preparedness and Surge Capacity
Module 8: Addressing Emotional Health of Residents and Staff
Module 9: Telehealth for Nursing Homes
Module 10: Getting Your Vaccine Delivery System Ready
Project Firstline
CDC’s National Training Collaborative for Healthcare Infection Prevention & Control – Coming Soon

Core Training to provide all healthcare personnel the knowledge and support to prevent the spread of infectious diseases, including COVID-19.

Engagement to share information across all healthcare settings through trusted partners and channels, and ensuring the training and job aids are relevant to daily work activities.

IPC Mentorship to connect infection control experts with their local healthcare community so that they may become an ongoing resource.

IPC Capacity Building to leverage the public health workforce to train and educate healthcare personnel on infection control. Public health workers will also be trained to connect clinical experts in their area to Project Firstline.

Innovation projects to help enhance infection control recommendations and develop innovative training platforms tailored to healthcare personnel.

https://www.cdc.gov/infectioncontrol/projectfirstline/index.html
Additional Infection Control Discussions

- EMS Provider Calls
- LTC Call
- LAB/IP Call
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%

County
All

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

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

Date Reported to SD-DOH
- Positive Cases @ 14-Day Trend Line

- Jul 21: 55
- Jul 23: 67
- Jul 25: 108
- Jul 27: 62
- Jul 29: 59
- Jul 31: 112
- Aug 2: 70
- Aug 4: 117
- Aug 6: 38
- Aug 8: 86
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