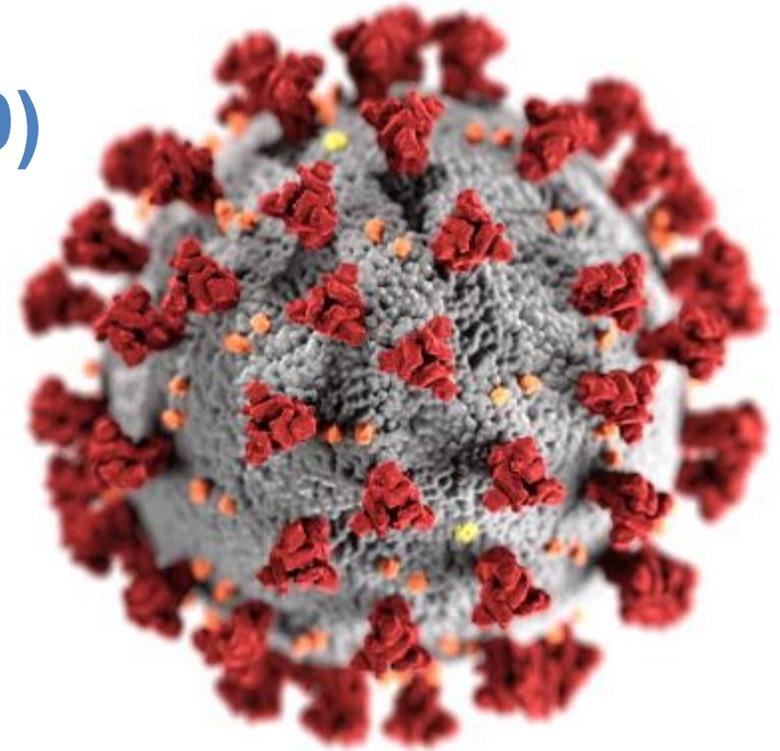


2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

August 27, 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 26, 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

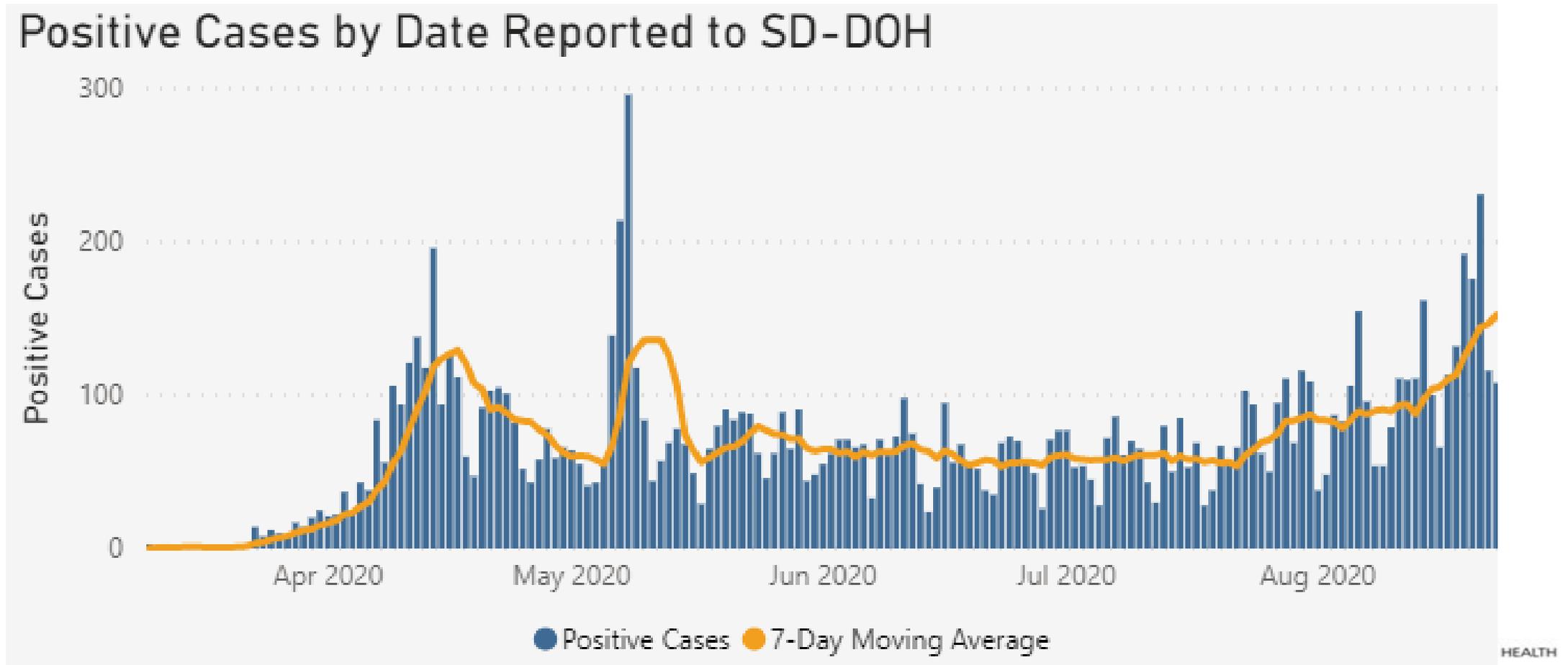
Note: Slides and a recording of the presentations will be posted to the website following the webinar.

Coronavirus Situation (as of August 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

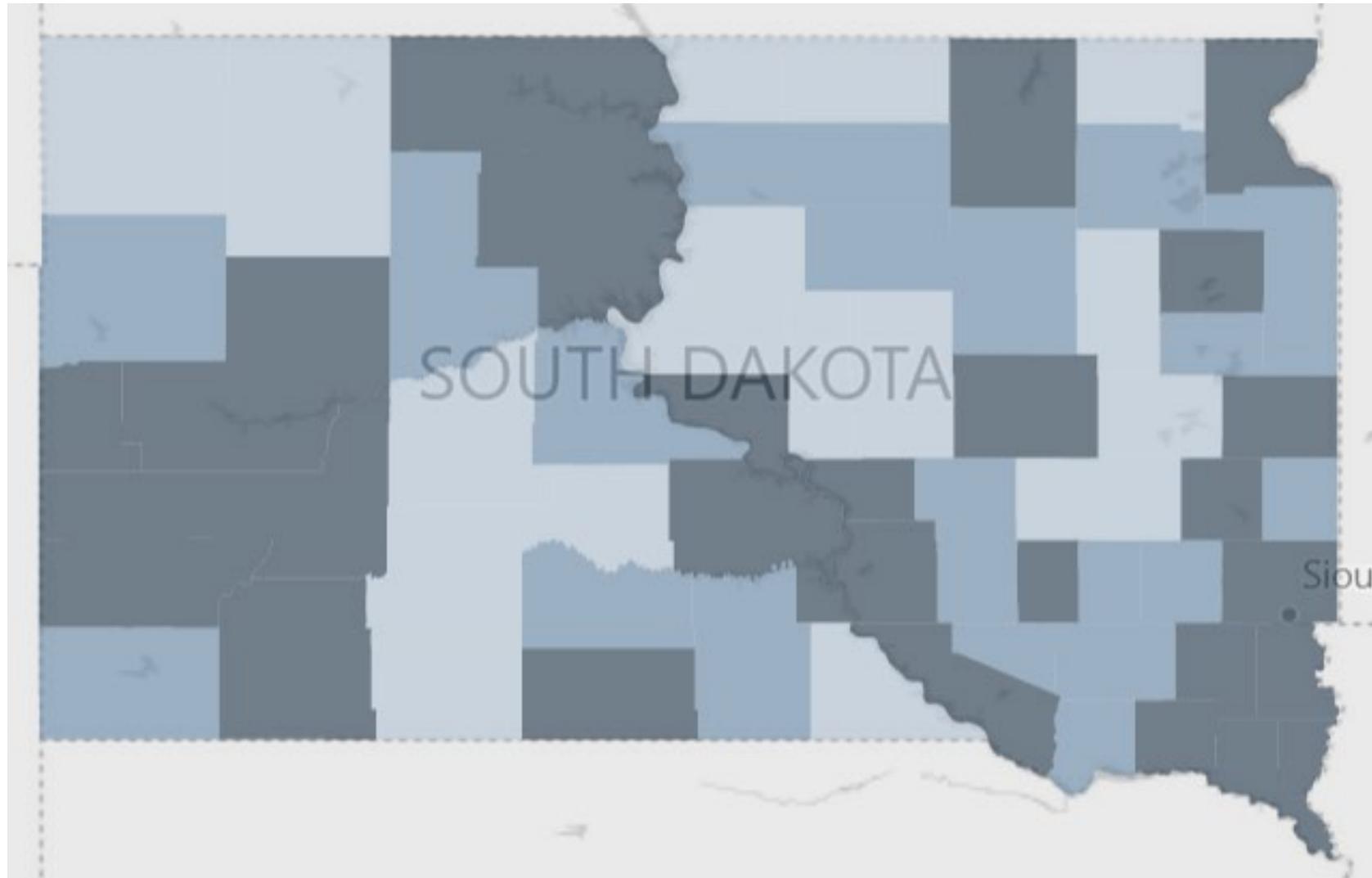
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of August 26, 2020



COVID-19 Case Map, by County

As of August 19, 2020



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

ARTMENT OF HEALTH

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 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
 - Fax – 605.773.5509

Selected CDC Updates

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

- Travel during the COVID-19 Pandemic:
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>
- Updated into COVID-19 Impact during Pregnancy:
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19/what-cdc-is-doing.html>
- Worker Safety and Support (COVID-19 in the workplace and critical infrastructure workers): <https://www.cdc.gov/coronavirus/2019-ncov/community/worker-safety-support/index.html>
- Toolkit for People 15 to 21 (Infographics):
<https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/young-people-15-to-21.html>
- Nursing Homes and Long-Term Care Facilities:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.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

- 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

Program Status	Enrollment	Tests per Month	Tests per Week	Students Impacted
Cooperative or Multi-District	1	5	1	79
Non-Public School District	7	44	9	1256
Public School District	48	425	92	47055
State Special School	1	5	1	22
Tribal/BIE School	4	20	4	1346
Grand Total	61	499	107	49758

K-12 Sentinel Surveillance



Enrolled but not pictured:

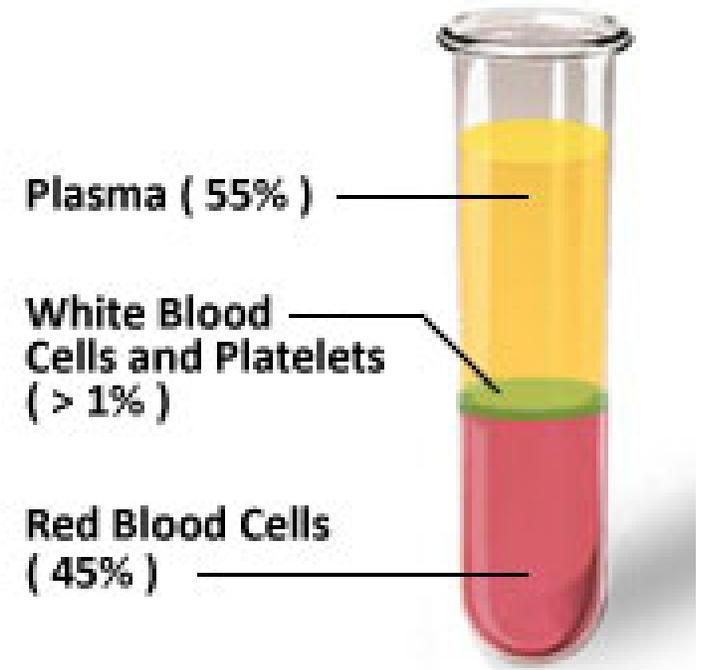
- Allen (Tribal)
- Belle Fourche (Public)
- Baltic (Public)
- Ethan (Public)
- Estelline (Public)
- Gayville (Public)
- Henry (Public)
- Kyle (Tribal)
- Little Eagle (Tribal)
- Scotland (Public)
- Wakpala (Tribal)
- Waubay (Public)
- Wolsey (Public)

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](#)

COVID-19 Convalescent Plasma

- 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.



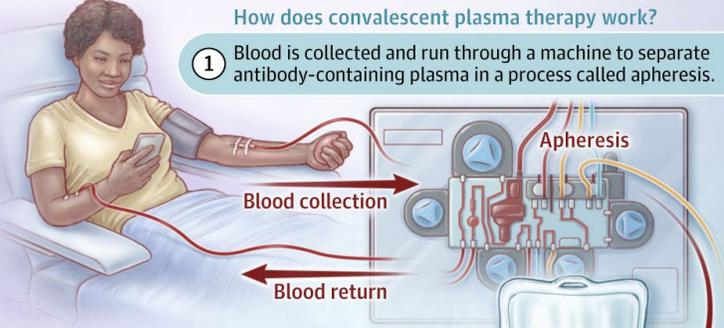
Convalescent Plasma and COVID-19

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.

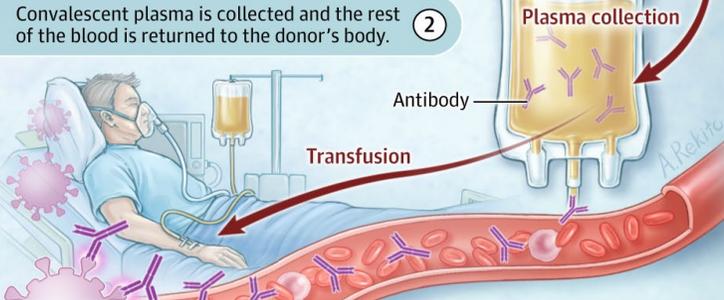
How does convalescent plasma therapy work?

- 1 Blood is collected and run through a machine to separate antibody-containing plasma in a process called apheresis.



Convalescent plasma is collected and the rest of the blood is returned to the donor's body.

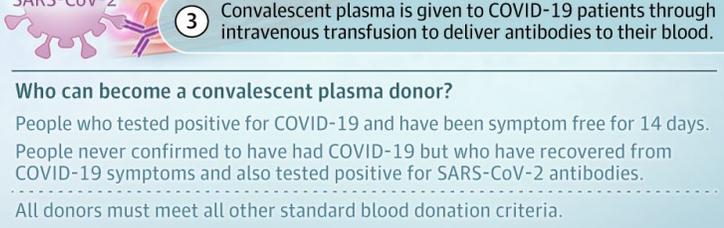
- 2



Antibody

Transfusion

- 3 Convalescent plasma is given to COVID-19 patients through intravenous transfusion to deliver antibodies to their blood.



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.

How convalescent plasma therapy works:

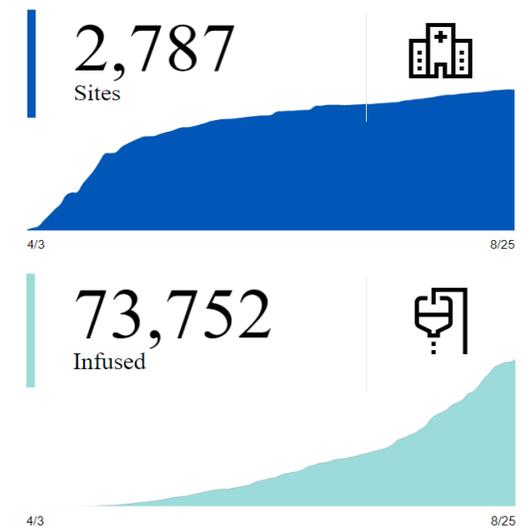
1. Plasma is collected from individuals who have recovered from COVID-19
2. Plasma is then provided to COVID-19 patients through intravenous transfusion
3. Donor plasma then helps the severely ill patient fight the viral infection

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.

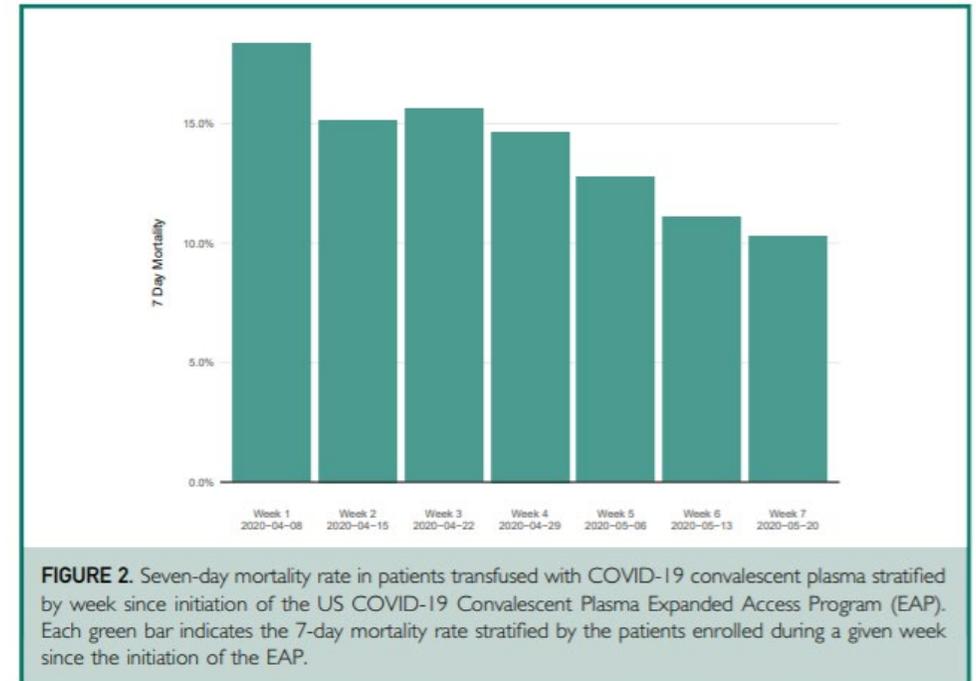
Program participation

August 25, 2020



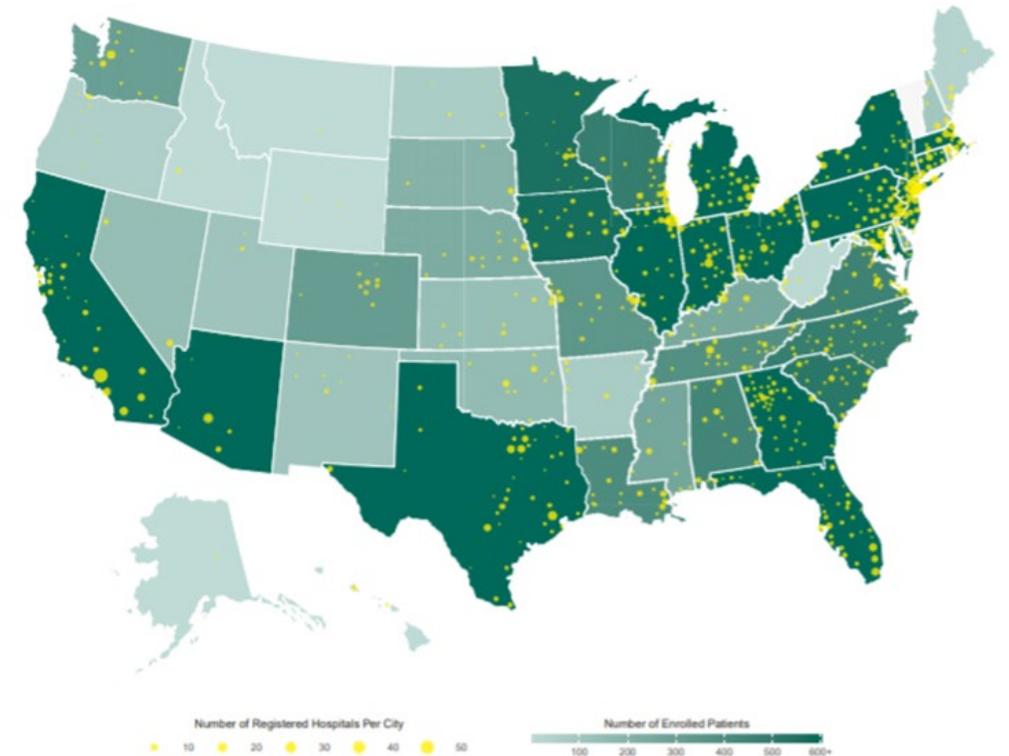
COVID-19 Convalescent Plasma

- 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:

Red Cross: <https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html>

American Society of Hematology: <https://www.hematology.org/covid-19/covid-19-and-convalescent-plasma>

Mayo University: <https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440>

Expanded Access Program: <https://www.uscovidplasma.org/>

You can also reach out to healthcare provider with any additional questions about participation in the Mayo EAP

Long Term Care Coronavirus (COVID-19) Update

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

TOTAL COVID-19 CONFIRMED CASES

188,954

TOTAL COVID-19 SUSPECTED CASES

115,158

TOTAL COVID-19 DEATHS

48,215

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>

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.

Federal Department of Health and Human Services - *CMS*

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

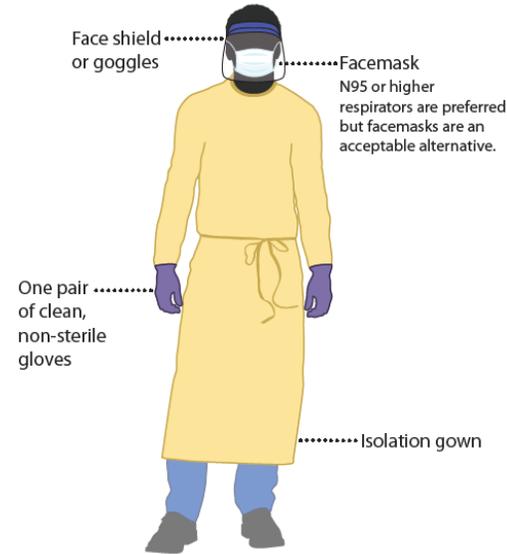
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



CS 715084-C 03/23/2020

Acceptable Alternative PPE – Use Facemask



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

“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.”

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • 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.

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.

Additional Infection Control Discussions

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

Community Mitigation

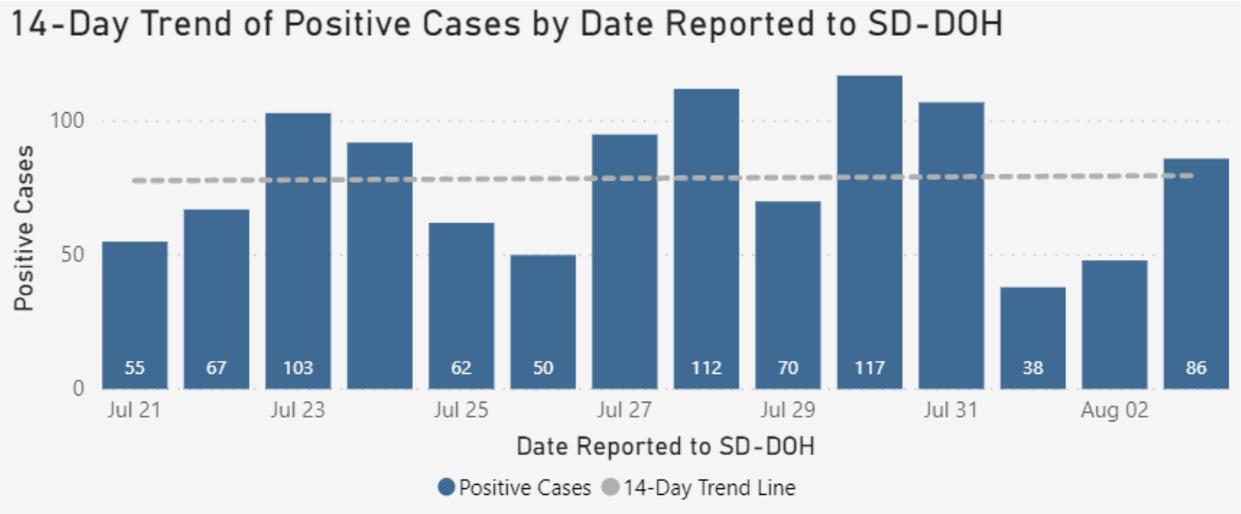
New Cases Today 89	Active Cases 951	Recovered Cases 8,080
Currently Hospitalized 43	Ever Hospitalized 856	Deaths 137
Total Cases 9,168	Total Persons Tested 116,374	Total Tests 145,555
% Progress (June Goal: 44,233 Tests) 97%	% Progress (July Goal: 44,233 Tests) 106%	% Progress (August Goal: 44,233 Tests)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

Dashboard

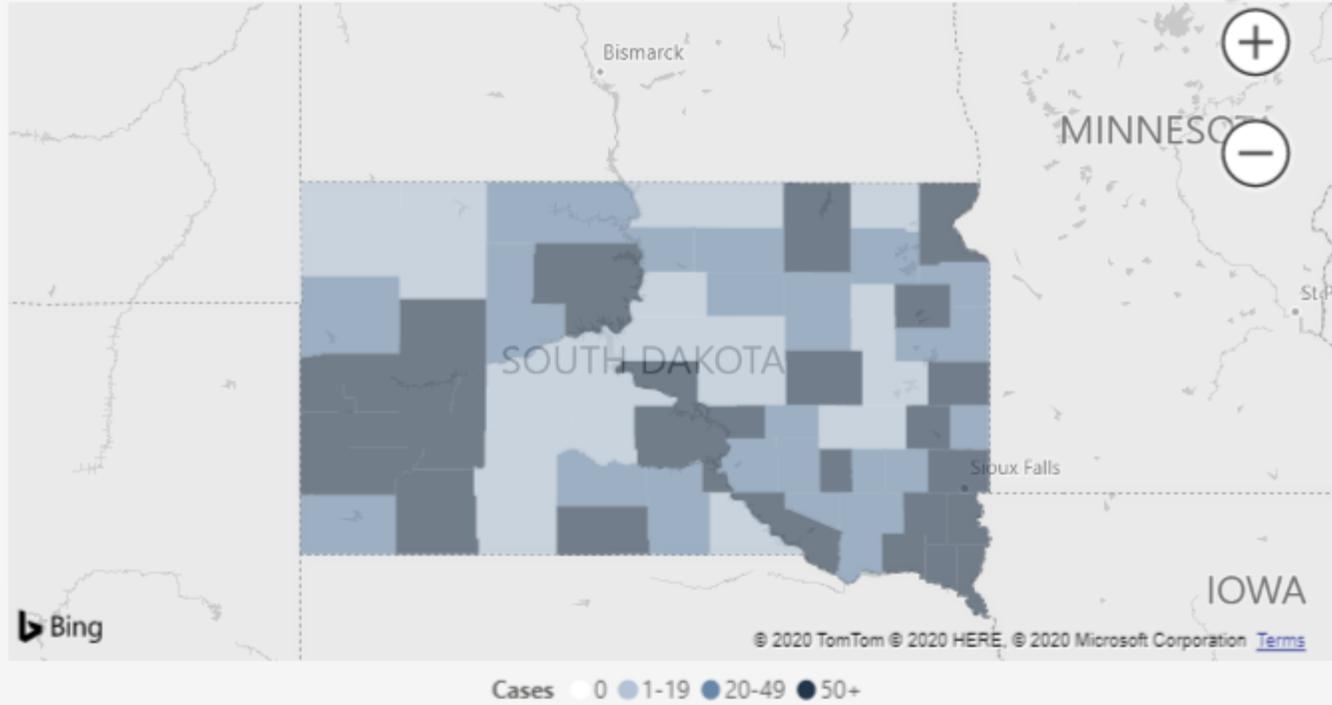
County:

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