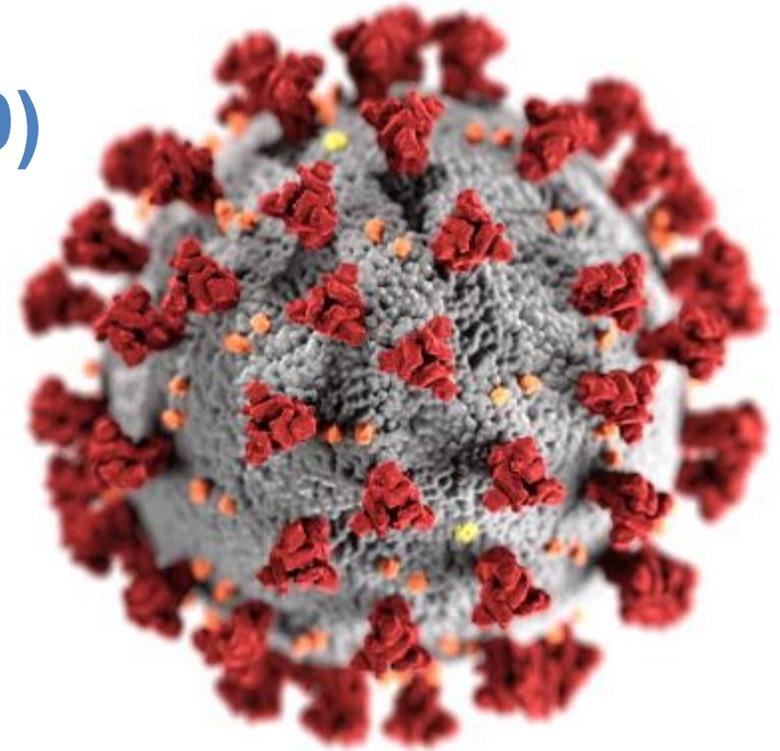


2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

September 17, 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 September 16, 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
- Long Term Care
- 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.

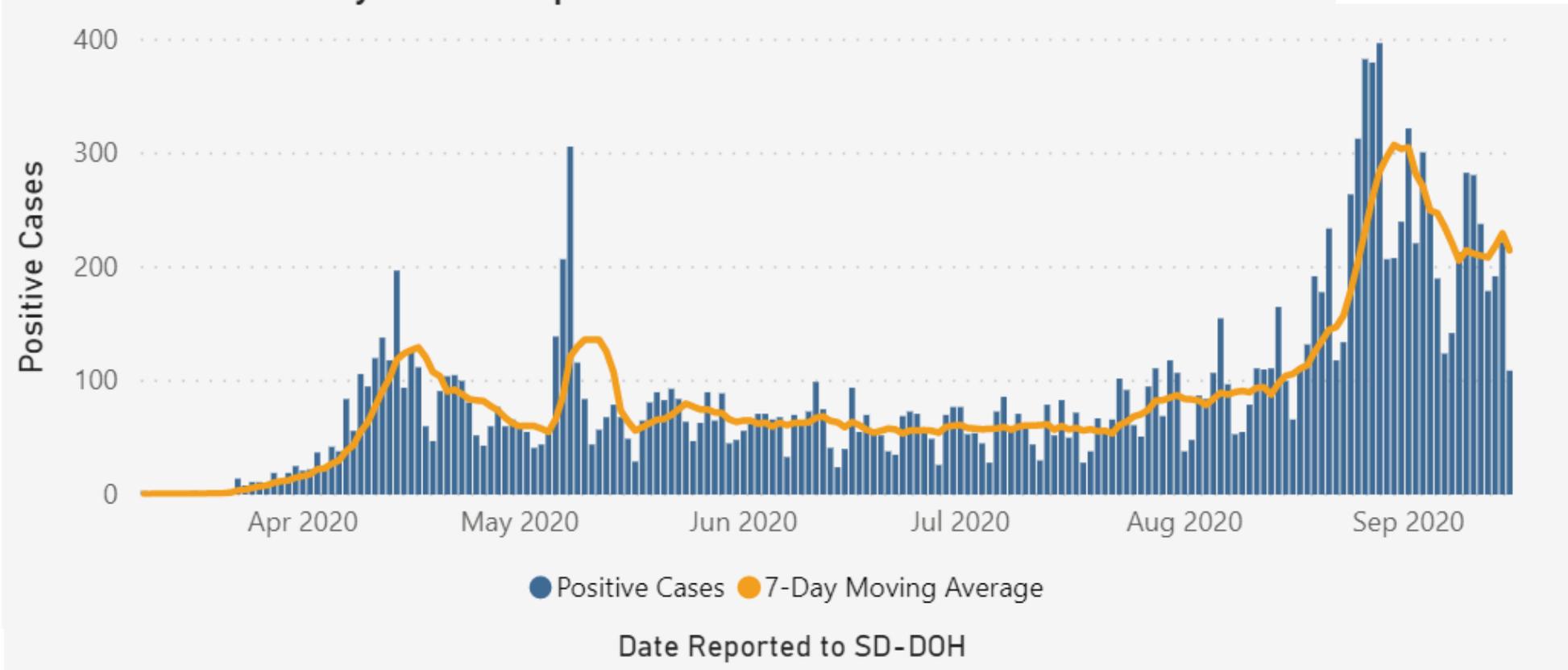
Coronavirus Situation (as of September 16, 2020)

- [International](#)
 - 29,444,198 confirmed cases
 - 931,321 deaths
- [United States](#) (50 states + DC)
 - 6,571,867 confirmed cases in U.S.
 - 195,053 deaths
- [South Dakota](#)
 - 17,291 confirmed cases in South Dakota
 - 192 deaths
 - 14,657 recovered

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

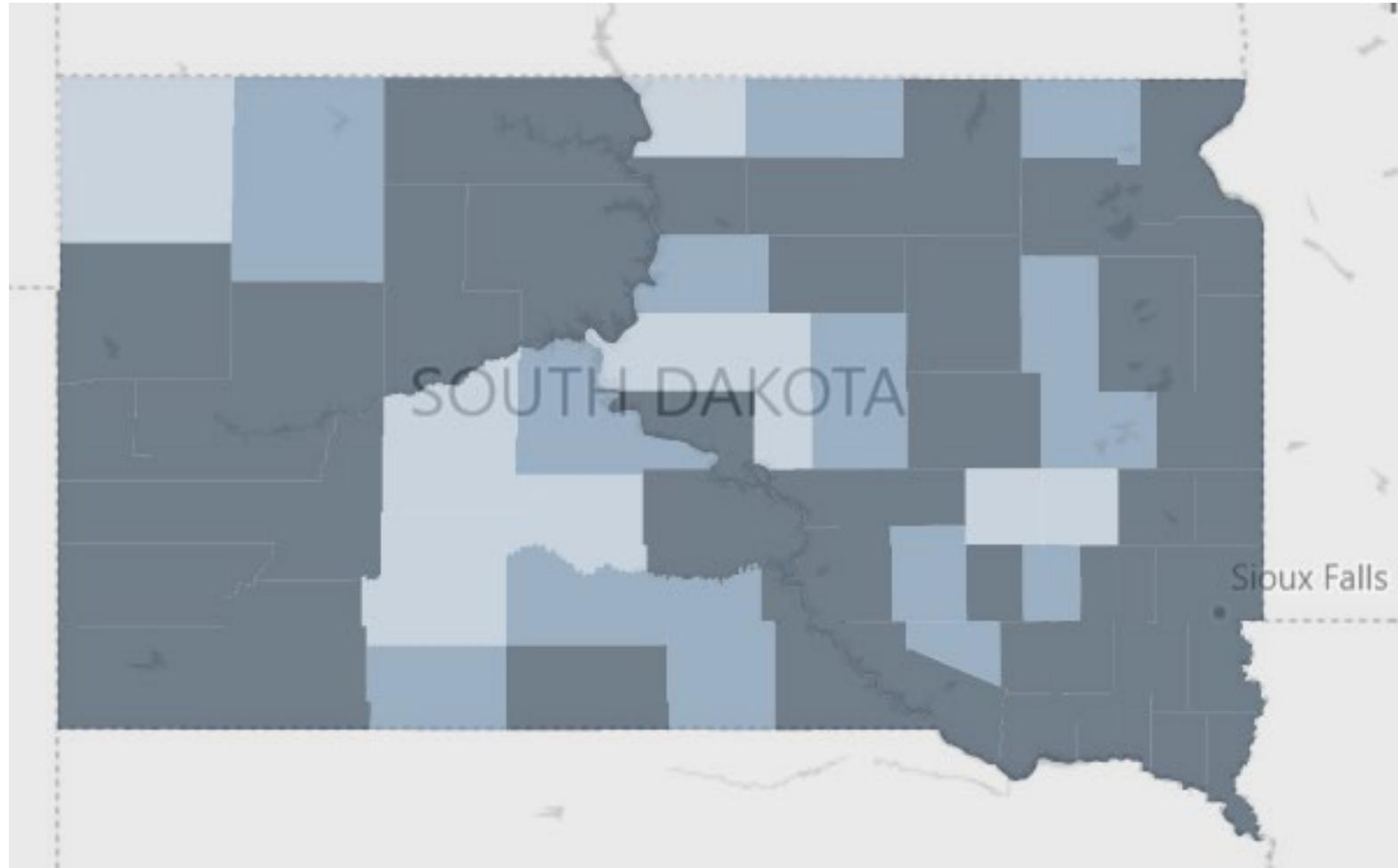
Positive Cases by Date Reported to SD-DOH

As of September 16, 2020



COVID-19 Case Map, by County

As of September 16, 2020



Substantial Community Spread

Beadle	Lake
Bennett	Lincoln
Brookings	McCook
Brown	Meade
Clay	Minnehaha
Codington	Pennington
Custer	Roberts
Deuel	Spink
Dewey	Tripp
Douglas	Union
Edmunds	Walworth
Fall River	Yankton
Grant	
Gregory	26 Counties

<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>

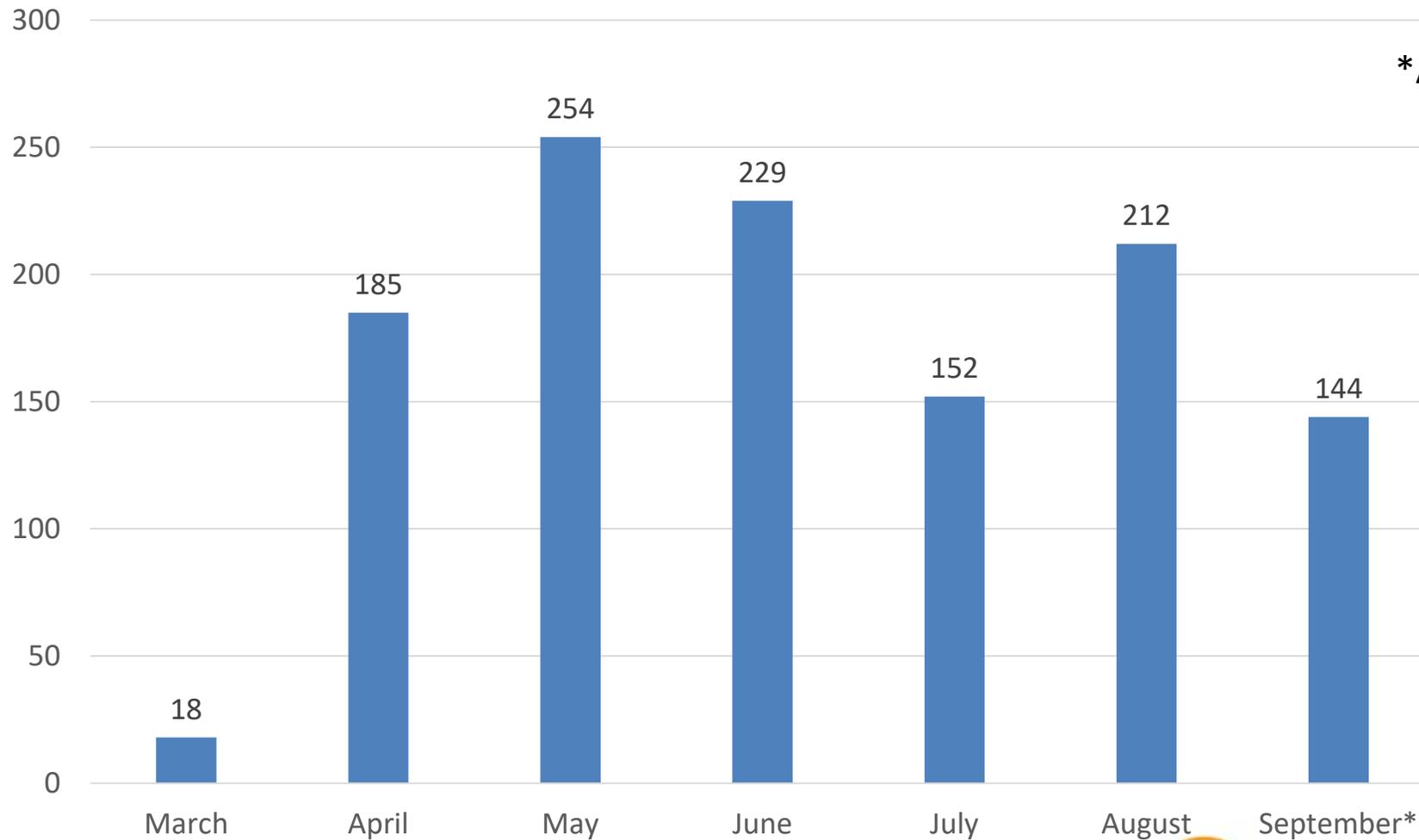


SOUTH DAKOTA DEPARTMENT OF HEALTH

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 → Help your staff know what test should be entered
 - Fax – 605.773.5509

COVID-19 Hospitalizations by Month, South Dakota, 2020



*As of September 15

Selected CDC Updates

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

- Indicators for Dynamic School Decision Making:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>
- Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 (updated September 11, 2020):
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- Running Essential Errands (updated September 11, 2020):
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/essential-goods-services.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

SDPHL COVID-19 Testing Priorities

- Symptomatic hospitalized patients
- Symptomatic healthcare workers, first responders, and active military
- Symptomatic individuals in congregate living settings like long-term care facilities
- Symptomatic individuals with no way to pay for testing
- Asymptomatic participants in state-sponsored sentinel surveillance:
 - Long-term care (staff and residents)
 - K-12 schools (adults)
 - Tribes (October 1, 2020)

FDA EUA Updates

- FDA has issued Emergency Use Authorization for the following:
 - 162 (2): Molecular Diagnostic Tests for SARS-CoV-2
 - 45 (2): Serological Tests
 - 35: Molecular-Based Laboratory Developed Tests for SARS-CoV-2
 - 4: Antigen Diagnostic Tests for SARS-CoV-2
- This week, DOH will review the recent request for information released by the Office of the Assistant Secretary of Health
- On 9/24, DOH will review the Abbott BinaxNow SARS-CoV-2 antigen test

HHS Request for Information



FEDERAL REGISTER
The Daily Journal of the United States Government



- The Office of the Assistant Secretary for Health released a Request for Information on September 10, 2020
- The intent of the Request is to obtain information about the ability of CLIA-approved laboratories to provide additional COVID-19 testing capability if supplementary testing instruments from **Thermo Fisher Scientific** were made available.



HHS Request for Information

The Office of the Assistant Secretary for Health released a Request for Information on September 10, 2020. The purpose of the RFI is to obtain information about the ability of CLIA-approved laboratories to provide additional COVID-19 testing capability if supplementary testing instruments from Thermo Fisher Scientific were made available.

Q: What laboratories should respond to the RFI?

A: CLIA-certified commercial, academic, medical center, and public health laboratories [with the capability to perform high-complexity diagnostic testing]

HHS Request for Information

Q: What instruments are offered for SARS-CoV-2 testing by Thermo Fisher Scientific?

A: Nucleic acid extraction and real-time PCR equipment such as:

Nucleic acid extraction:

- Automated extraction: KingFisher Flex Purification System
- Manual extraction: Invitrogen Magnetic Stand-96

Real-time PCR:

- Applied Biosystems 7500, 7500 Fast, 7500 Fast Dx
- QuantStudio 5 Flex or 7 Flex

Thermo Fisher Scientific Instrumentation



KingFisher Flex
Nucleic Acid Purification System



ABI 7500 Fast Dx
Real-Time PCR Instrument

HHS Request for Information

Q: What information should be included in the RFI?

A: HHS asks that you provide the following:

1. Do you represent a CLIA-certified or accredited laboratory?
2. What is your current laboratory testing capacity (e.g., installed base of platforms, throughput, level of personnel)?
3. What is your current ability to accession specimens and report out laboratory results in no less than 24-48 hours?
4. What level of additional capacity could your laboratory provide if additional testing instruments were made available?
5. What instruments and other equipment do you need?
6. What is your timeline for implementation of increased capacity if instrumentation is provided?

HHS Request for Information

Q: When is the deadline for RFI submission?

A: September 21, 2020

Q: Where can I find more information about the RFI?

A: Additional information can be found on the [Federal Register website](#) including [PDF](#)

Long Term Care

Disease Impact – United States *as*

of 08.30.20

Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES

216,219

TOTAL COVID-19 SUSPECTED CASES

129,338

TOTAL COVID-19 DEATHS

53,196

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

Not on the slide presentation

Long Term Care in South Dakota

- **Total Cases in LTC/Residential Living – 543 (+68)**
- **Total Active Cases – 112 (+20)**
- **Total Deaths in LTC/Residential – 99 (+8)**
- **Total NH/ALC with Case – 104 (+6)**
- **Total Case in Staff – 423 (+35)**
- **Total Active Cases in Staff – 52 (-11)**
- **Total Staff Hospitalized – 14 (+1)**

Center for Medicare and Medicaid Services (CMS)

CMS Testing Guidelines in Nursing Homes – QSO-20-38-NH

- This rule establishes Nursing Home testing requirements for staff and residents. Specifically,
 - Facilities are required to test staff on a routine basis, during an outbreak, or if symptomatic.
 - Facilities are to test residents during an outbreak or if they are symptomatic. Routine testing of asymptomatic residents is not recommended by regulation.
- Facility staff is defined as employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions.
- Testing provides an opportunity to identify cases quickly and to prevent transmission to others.

<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

Testing Frequency

- based on the extent of the virus in the community (county)

- County positivity rate will be sent out through the OLC Listserv every Monday
 - **Community Activity Low** (<5%) test all staff once per month.
 - **Community Activity Medium** (5-10%) test all staff once per week.
 - **Community Activity High** (>10%) test all staff twice per week.
 - This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site lab testing is available.

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

<https://doh.sd.gov/news/Coronavirus.aspx>

CMS – Compliance – to meet the intent of the requirement

- Please keep in mind the intent of the regulation and how best to protect residents.
- Facilities can meet the testing requirements through the use of rapid Point-of-Care (POC) diagnostic testing devices or through an arrangement with an offsite laboratory.
 - The labs of choice may include Avera, LabCorp, Monument, or Sanford.
 - Use the federal funds through the CARES Act to help support your routine testing efforts.
 - The South Dakota Public Health Lab will not conduct routine testing in Nursing Homes.

CMS - Compliance

- Providers should have a testing plan for routine staff testing and outbreak testing of residents and staff.
- Continue Sentinel Testing if you do not have a POC device or arrangement with a lab for routine testing.

Federal Department of Health and Human Services - *CMS*

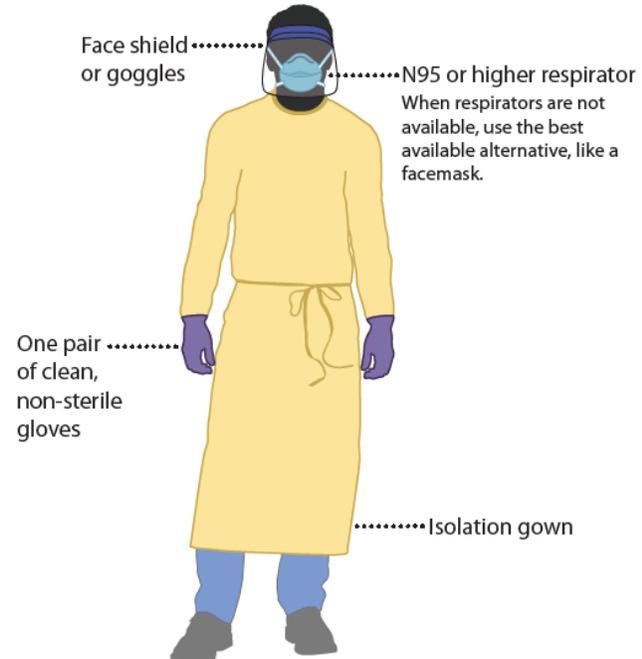
Documentation

- Symptomatic residents and staff.
- Identification of a new COVID case.
- Routine testing of staff.
- If you do not have access to a Point-of-Care testing device or a n arrangement laboratory to support the CMS testing.
- If no access to a lab for testing, you can revert to Sentinel testing or PPS testing when responding to positive cases in their facility (like the current practice).

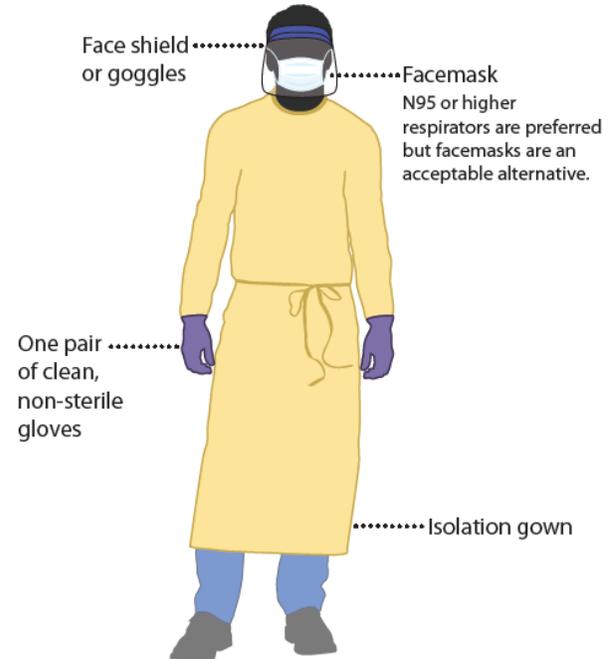
Infection Prevention

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

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



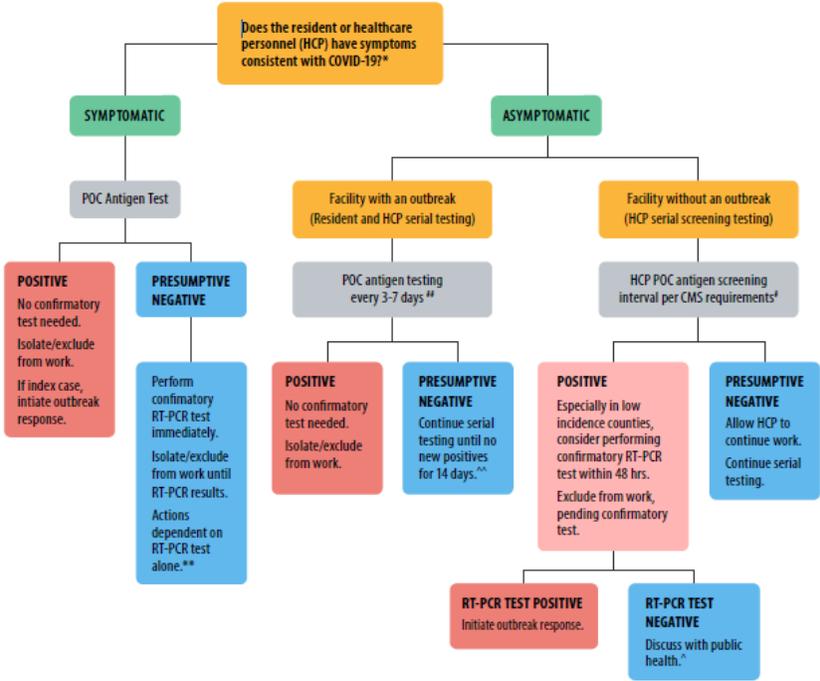
CS 31583B-C 03/23/2020

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



CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES

CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES



This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors including community incidence, characteristics of different antigen testing platforms, as well as availability and turnaround times of RT-PCR, further inform interpretation of antigen test results.

RT-PCR: reverse-transcriptase polymerase chain reaction
 POC: point-of-care
 HCP: healthcare personnel
 Index case: a newly identified case of SARS-CoV-2 infection in a resident or HCP in a nursing home facility with no known infections of SARS-CoV-2 infection in the previous 14-day period.
 COVID-19 outbreak response in a nursing home is triggered when one nursing home-onset SARS-CoV-2 infection in a resident or one HCP SARS-CoV-2 infection.

* Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.
 ** Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if retesting by RT-PCR is warranted.
 † CMS recommendations for testing asymptomatic HCP in facilities without a case
 ‡ CDC guidance on testing residents of nursing homes, CDC guidance on testing HCP
 † In discussion with the local health department, community incidence and time between antigen test and RT-PCR test can be utilized to interpret discordant results and determine when HCP can return to work.
 ** If an antigen test is presumptive negative in a facility with an outbreak, residents should be placed in transmission-based precautions or HCP should be allowed to continue working while monitoring for symptoms.



cdc.gov/coronavirus

NETEC Courses



[Course List](#) | [NETEC Home](#) | [Login](#)



FREE



Process and Documentation of Informed Consent for Subjects Involved in...

This course will provide information on many aspects of informed consent and focuses on the unique challenges with special pathogen research, including the process of informed consent, general...



Self-paced
FREE | 0.75 credits



FREE



A Balance of Safety and Efficiency: Pearls and Pitfalls for COVID-19 Testing...

Describe various institutional testing strategies utilized during COVID-19. Discuss the planning and processes that support pre-procedural testing. Identify unique challenges related to testing and...



Started Aug 28, 2020
FREE | 1 credit



FREE



Approach to Anticoagulation in COVID-19: Evidence and Practice Patterns

Articulate the pathophysiology of the hypercoagulable state seen in COVID-19, discuss the current evidence surrounding anticoagulation in COVID-19, and describe institutional practice patterns for...



Started Aug 28, 2020
FREE | 1 credit



FREE



A Steep Curve: Managing the Surge of COVID-19 Patients Requiring Dialysis

In this course we will identify the importance of assessment and on-the-fly planning when caring for an unplanned influx of patients needing dialysis.



Started Aug 14, 2020
FREE | 1 credit



FREE



FREE



FREE



FREE

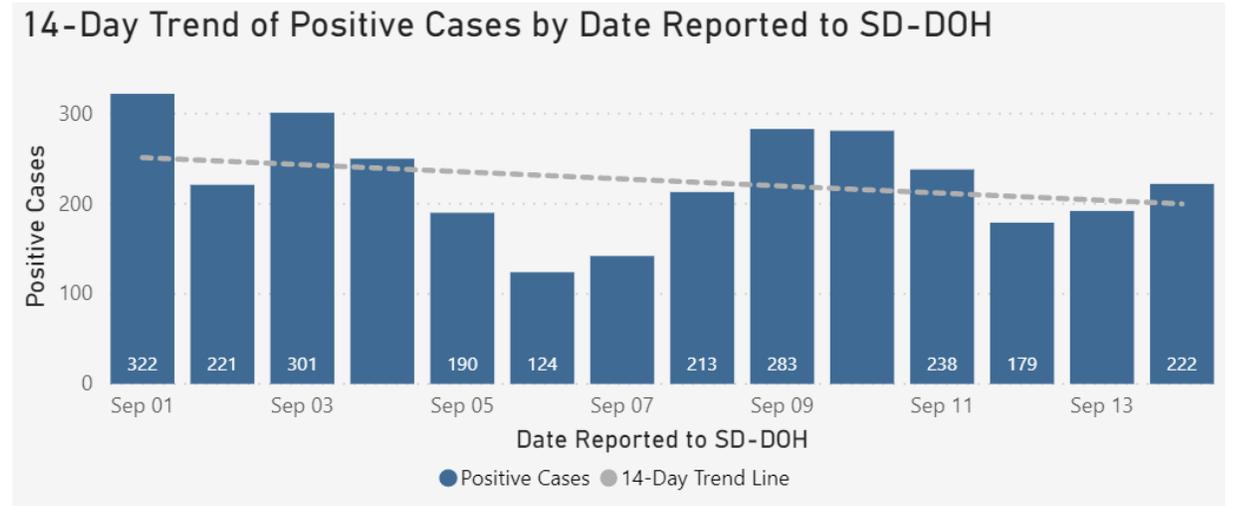
Community Mitigation

New Cases Today 297	Active Cases 2,442	Recovered Cases 14,657
Currently Hospitalized 139	Ever Hospitalized 1,211	Deaths 192
Total Cases 17,291	Total Persons Tested 169,655	Total Tests 231,861
% Progress (July Goal: 44,233 Tests) 106%	% Progress (August Goal: 44,233 Tests) 122%	% Progress (September Goal: 44,233 Tests) 82%

Dashboard

Test Positivity Rate, Last 1 Day 10.1%	Test Positivity Rate, Last 7 Days 11.0%	Test Positivity Rate, Last 14 Days 11.4%	Test Positivity Rate, Cumulative 8.5%
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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.



Updated September 16, 2020

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