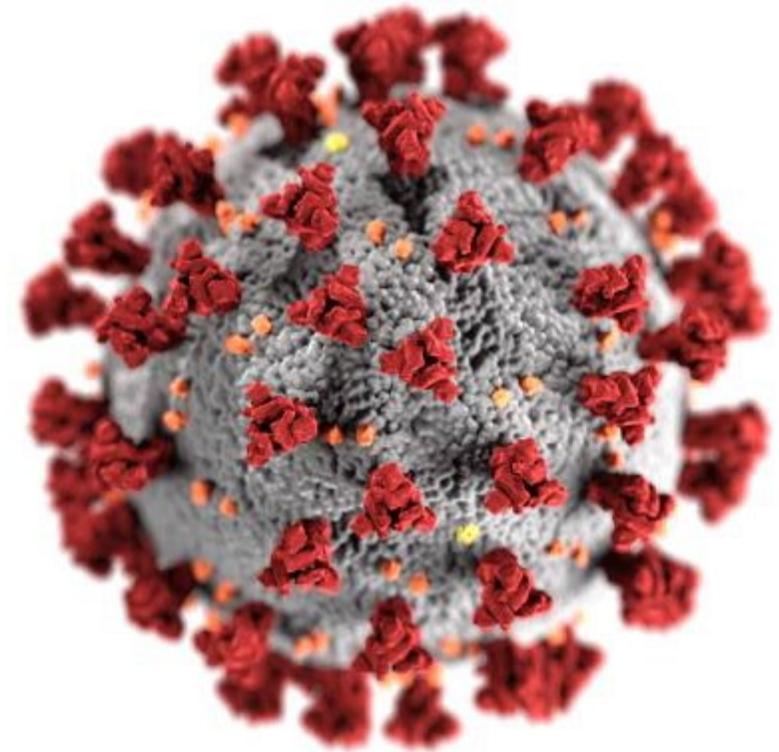


# 2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

October 1, 2020



**We will begin in just a few moments. Thanks!**



SOUTH DAKOTA DEPARTMENT OF HEALTH

This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of September 30, 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
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session



# Coronavirus Situation (as of September 30, 2020)

- [International](#)
  - 33,502,430 confirmed cases
  - 1,004,421 deaths
- [United States](#) (50 states + DC)
  - 7,168,077 confirmed cases
  - 205,372 deaths
- [South Dakota](#)
  - 22,389 confirmed cases
  - 223 deaths
  - 18,508 recovered cases



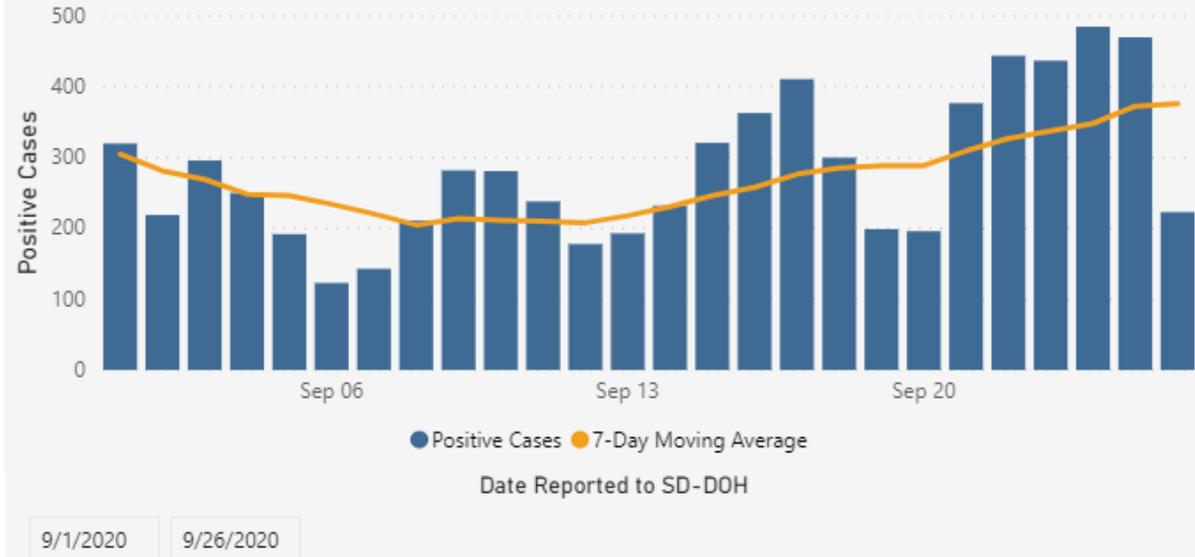
# Antigen Testing

SD Overview	Demographics	Hospital Capacity	Trends	Tables
New Cases Today	Active Cases	Recovered Cases		
259	3,684	18,090		
Currently Hospitalized	Ever Hospitalized	Deaths		
211	1,511	223		
Total Cases	Total Persons Tested	Total Tests		
21,997	189,146	276,156		
% Progress (July Goal: 44,233 Tests)	% Progress (August Goal: 44,233 Tests)	% Progress (September Goal: 44,233 Tests)		
108%	124%	178%		

Rate of Cases, Last 7 Days	Rate of Cases, Cumulative
201 (per 100,000)	2462 (per 100,000)
<i>Rate of Cases: Number of positive cases (persons who meet the national surveillance case definition for COVID-19) reported to SD-DOH in the last 7 days (or cumulative) divided by the state or county population multiplied by 100,000. This is done to compare disease burden across geographic areas (eg. state or county).</i>	

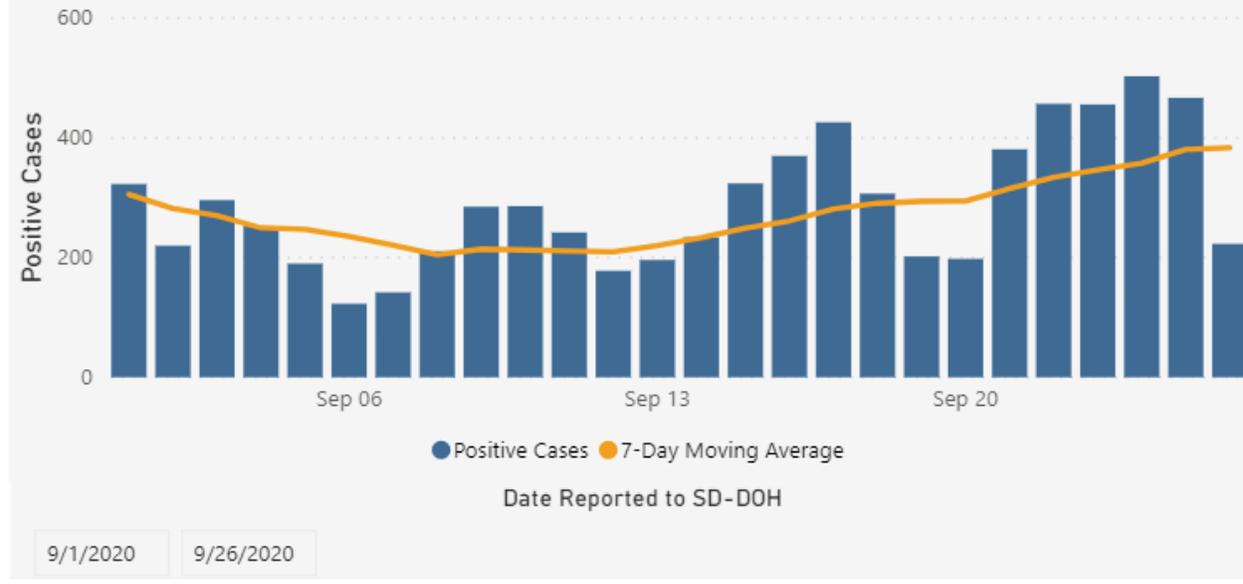
# Current Dashboard:

Positive Cases by Date Reported to SD-DOH



# Updated Dashboard:

Positive Cases by Date Reported to SD-DOH

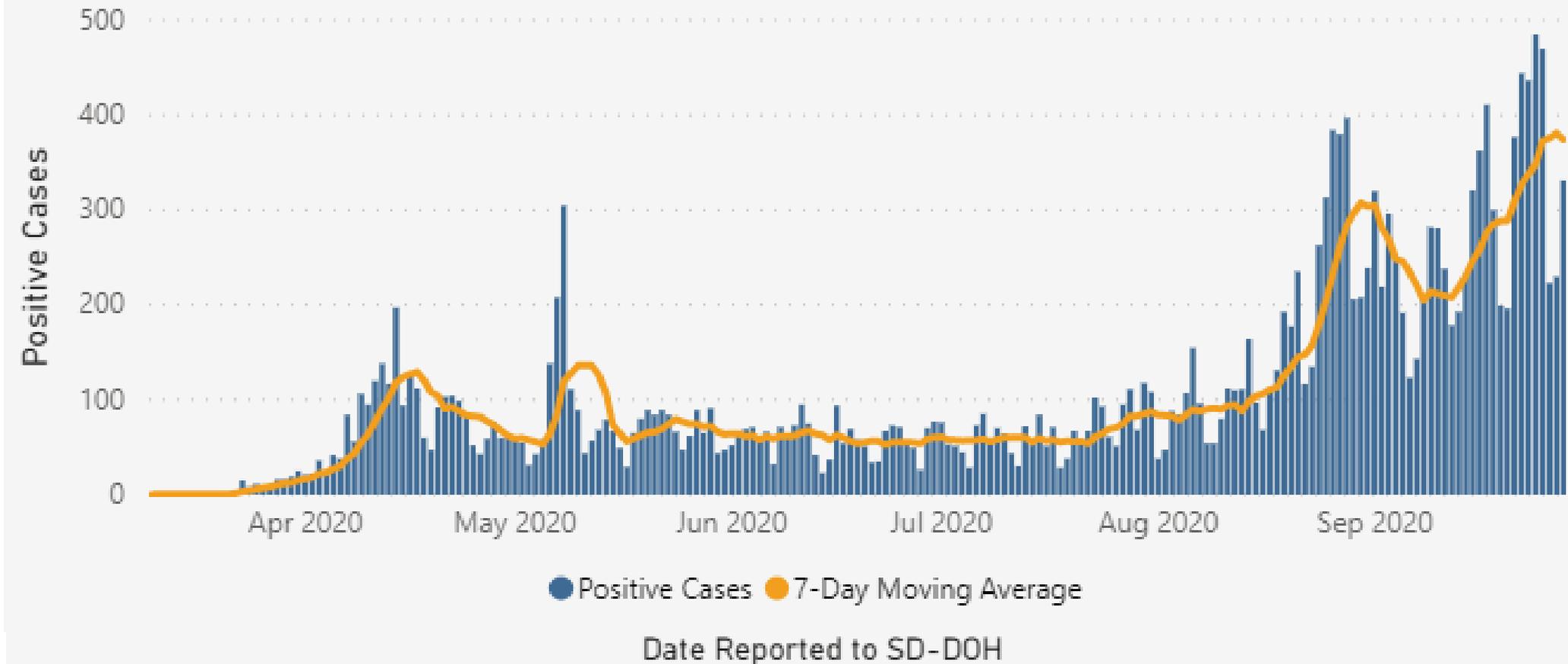


<p>Test Positivity Rate, Last 1 Day</p> <p><b>13.2%</b></p>	<p>Test Positivity Rate, Last 7 Days</p> <p><b>13.8%</b></p>	<p>Test Positivity Rate, Last 14 Days</p> <p><b>12.1%</b></p>	<p>Test Positivity Rate, Cumulative</p> <p><b>11.8%</b></p>
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*Test Positivity Rate: This rate is equal to the number of Positive Tests divided by Total Tests, within specified period of time.*

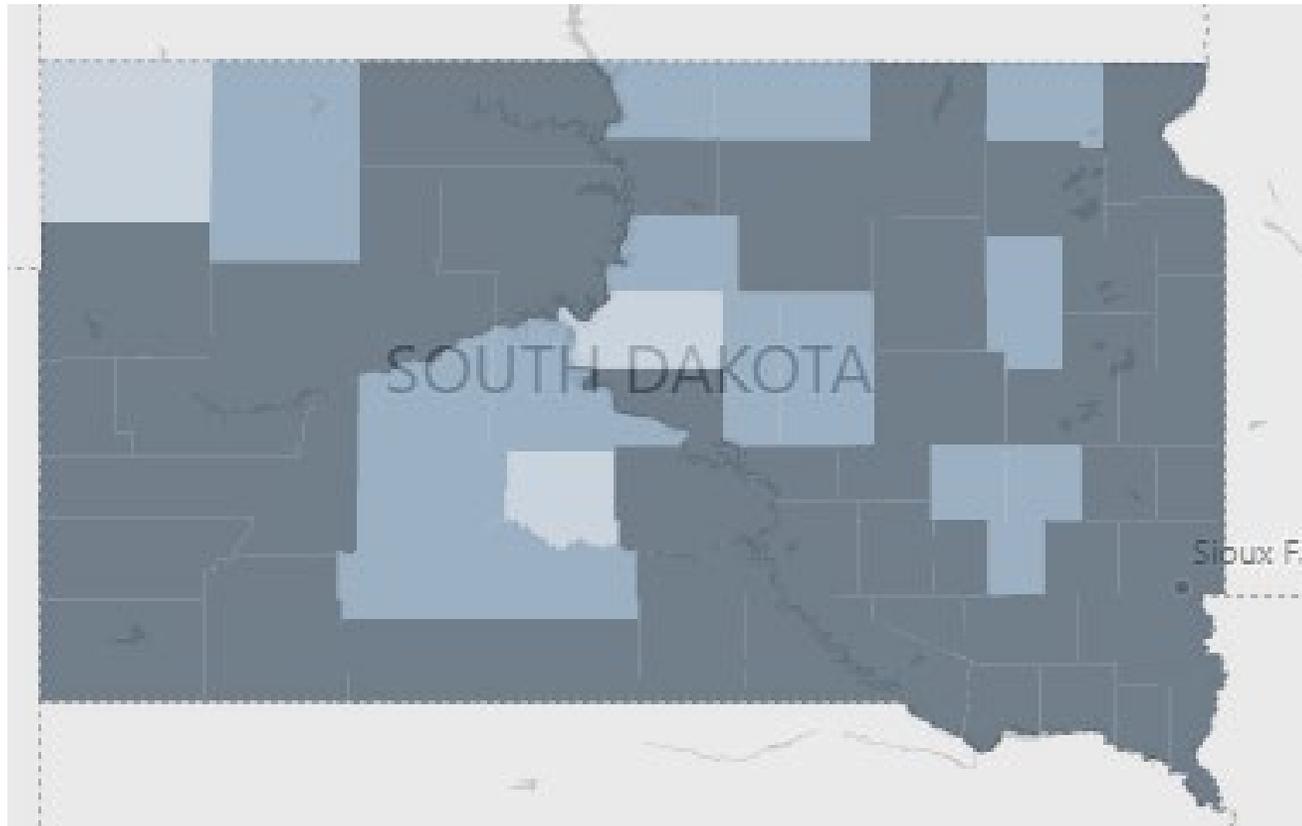
# Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

Positive Cases by Date Reported to SD-DOH



As of September 30, 2020

# COVID-19 Case Map, by County



## Substantial Community Spread

Beadle	Edmunds	Minnehaha
Bennett	Faulk*	Moody*
Brookings	Grant	Oglala Lakota
Brown	Gregory	Pennington
Brule*	Hamlin*	Roberts
Buffalo*	Hand*	Spink
Butte	Hughes	Todd*
Campbell*	Hutchinson*	Tripp
Charles Mix*	Jerauld	Turner
Clay	Kingsbury	Union
Codington	Lake	Walworth
Custer	Lawrence	Yankton
Davison	Lincoln	
Day*	Lyman*	44 counties
Dewey	McCook	(* New)
Douglas	Meade	

As of September 30, 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

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

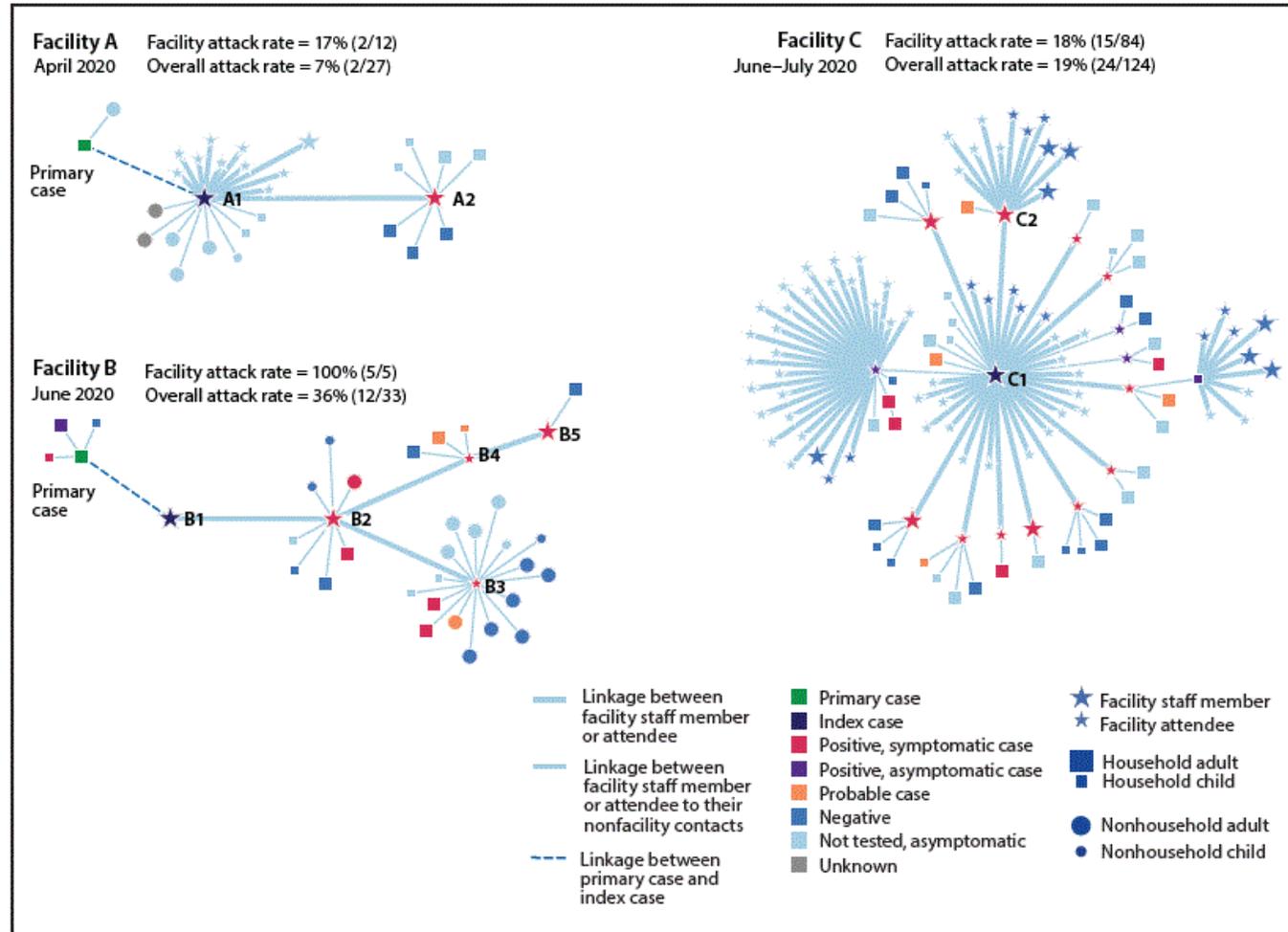
As of June 18, 2020

# 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](https://sd.gov/diseasereport)
  - Fax – 605.773.5509



# Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020



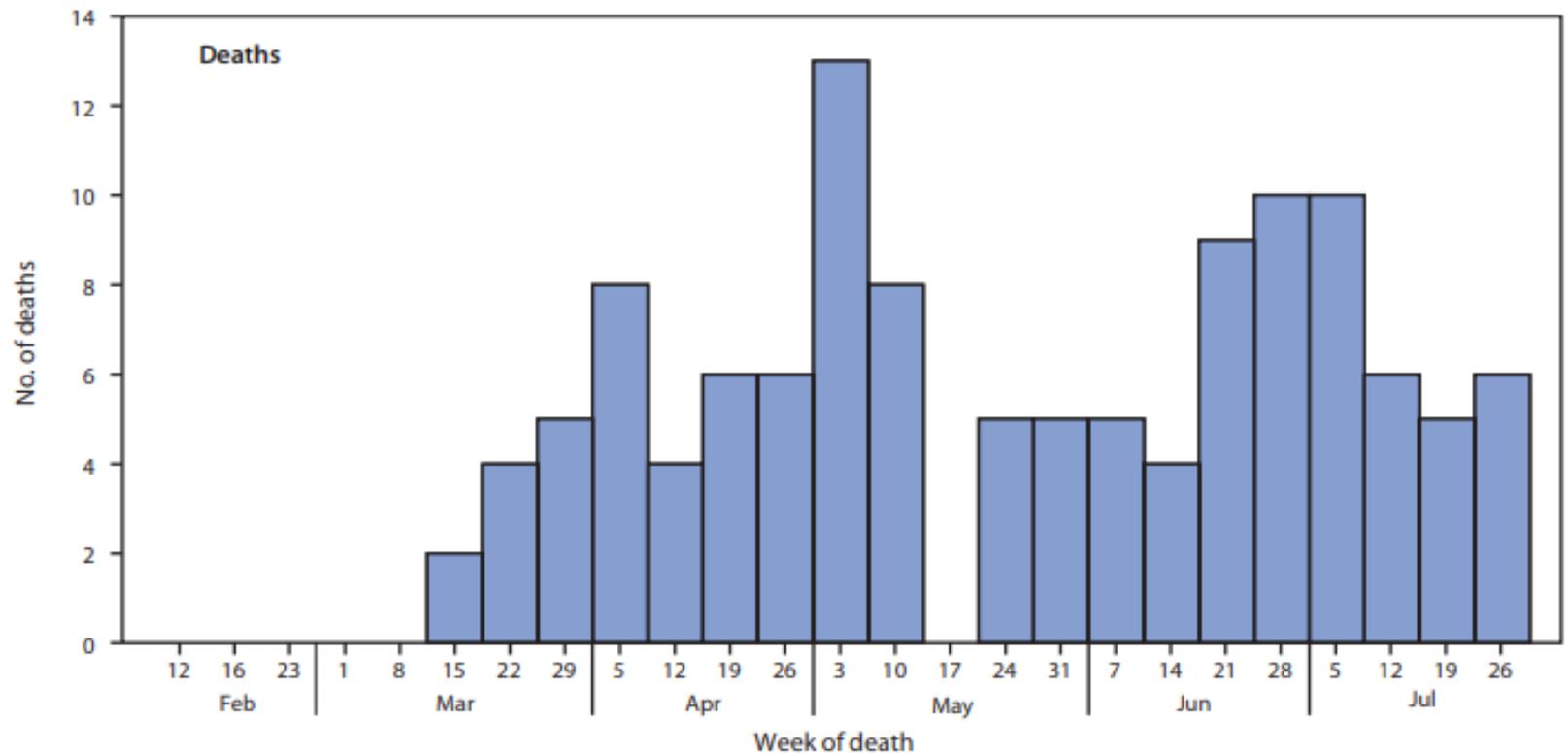
Lopez AS, Hill M, Antezano J, et al. (2020). Transmission Dynamics of COVID-19 Outbreaks Associated with Child Care Facilities — Salt Lake City, Utah, April–July 2020. *Morbidity and Mortality Weekly Report* 2020, 69(37), 1319–1323. DOI: <http://dx.doi.org/10.15585/mmwr.mm6937e3>.

# SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020

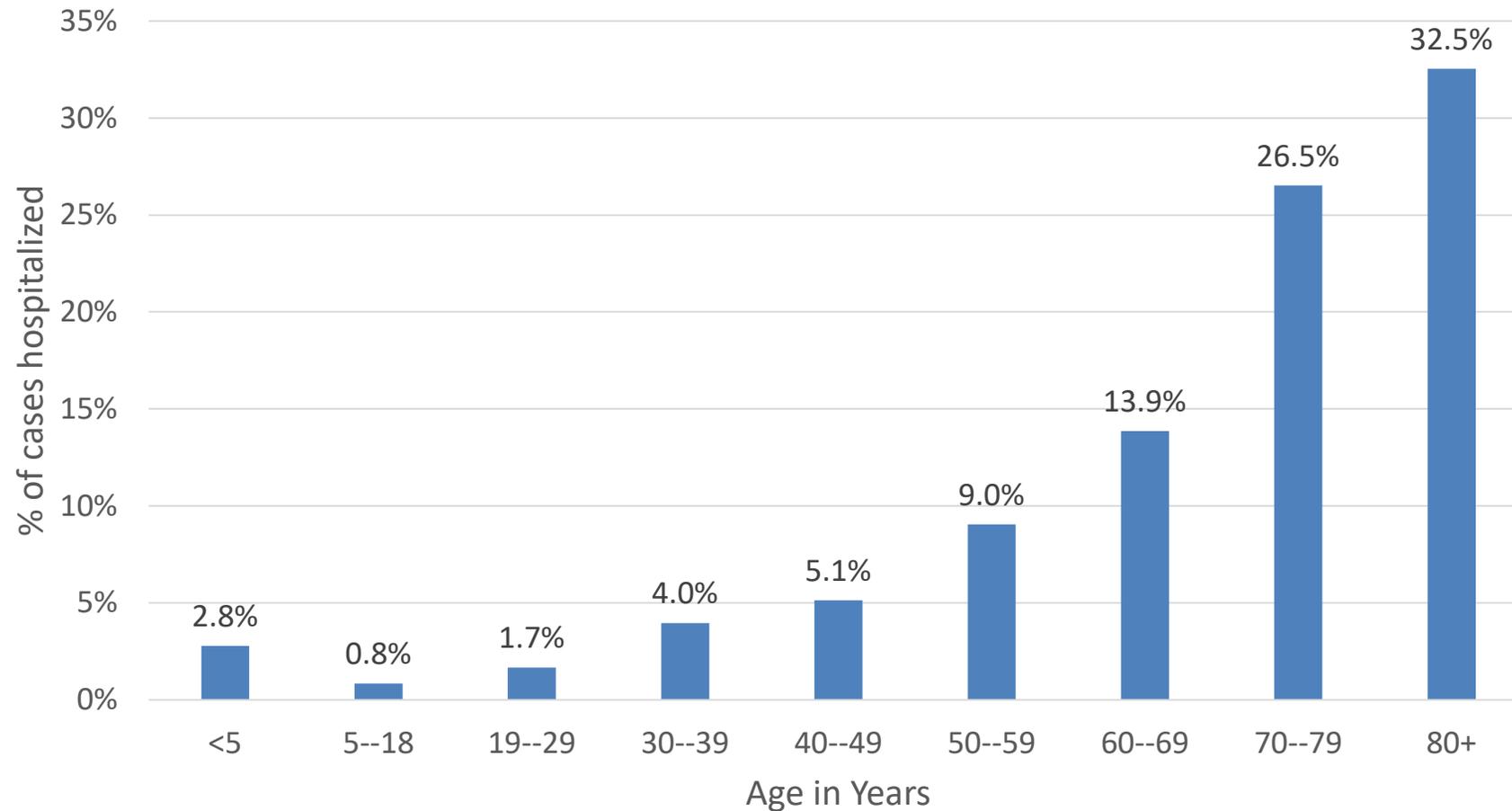
Bixler D, Miller AD, Mattison CP, et al. (2020). SARS-CoV-2–Associated Deaths Among Persons Aged <21 Years — United States, February 12–July 31, 2020. *Morbidity and Mortality Weekly Report*, 69(37),1324–1329. DOI: <http://dx.doi.org/10.15585/mmwr.mm6937e4>.

TABLE. Demographic and clinical characteristics of SARS-CoV-2–associated deaths among persons aged <21 years — United States, February 12–July 31, 2020\*

Characteristic	No. (%)
<b>Total</b>	<b>121 (100)</b>
<b>Age group, yrs</b>	
<1	12 (9.9)
1–4	11 (9.1)
5–9	13 (10.7)
10–13	12 (9.9)
14–17	23 (19.0)
18–20	50 (41.3)
Age, yrs, median (IQR)	16 (7–19)
<b>Sex</b>	
Female	45 (37.2)
Male	76 (62.8)
<b>Race/Ethnicity</b>	
Hispanic	54 (44.6)
American Indian/Alaska Native, non-Hispanic	5 (4.1)
Asian or Pacific Islander, non-Hispanic	5 (4.1)
Black, non-Hispanic	35 (28.9)
White, non-Hispanic	17 (14.0)
Multiple/Other†	2 (1.7)
Missing/Unknown	3 (2.5)
<b>SARS-CoV-2–associated condition<sup>‡</sup></b>	
COVID-19	120 (99.2)
MIS-C	15 (12.4)
<b>Underlying medical condition<sup>§</sup></b>	
No underlying condition	30 (24.8)
≥1 underlying condition	91 (75.2)
≥2 underlying conditions	54 (44.6)
Chronic lung disease**	34 (28.1)
Obesity††	33 (27.3)
Neurologic and developmental <sup>§§</sup>	26 (21.5)
Cardiovascular disease <sup>¶¶</sup>	22 (18.2)
Cancer or immunosuppressive condition***	17 (14.0)
Diabetes mellitus†††	11 (9.1)
Chronic kidney disease	5 (4.1)
Chronic liver disease	3 (2.5)
Other****	37 (30.6)
<b>Location of death</b>	
Home	16 (13.2)
Emergency department	23 (19.0)
Hospital	79 (65.3)
Other/Unknown	3(2.5)
<b>Median interval from symptom onset to hospital admission, days (IQR)****</b>	<b>3 (1–7)</b>
<b>Median interval from hospital admission to death, days (IQR)††††</b>	<b>8 (4–21.5)</b>
<b>Median interval from symptom onset to death, days (IQR)§§§§</b>	<b>11 (6–24)</b>



# Hospitalization Rate (%) by Age Group



# Selected CDC Updates

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

COVID-19 Trends Among School-Aged Children – United States, March 1 – September 19, 2020: [https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e2.htm?s\\_cid=mm6939e2\\_x](https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e2.htm?s_cid=mm6939e2_x)

Recent Increase in COVID-19 Cases Reported Among Adults Aged 18-22 Years – United States, May 31 – September 5, 2020:  
[https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e4.htm?s\\_cid=mm6939e4\\_x](https://www.cdc.gov/mmwr/volumes/69/wr/mm6939e4.htm?s_cid=mm6939e4_x)

COVID-19 Science Update released: September 29, 2020:  
[https://www.cdc.gov/library/covid19/092920\\_covidupdate.html](https://www.cdc.gov/library/covid19/092920_covidupdate.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 LTC 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)
  - Corrections (mid-October, 2020)
  - Tribes (mid-October, 2020)



# Remdesivir Update

- As of October 1, 2020, no further allocation of remdesivir will be made by the federal government
- Hospitals can now purchase unrestricted amounts of remdesivir directly from the distributor, AmerisourceBergen, who will remain the sole distributor through December 2020
- Hospitals that do not have an account with AmerisourceBergen can establish an account by going to their [online ordering portal](#).
- Questions can be directed to AmerisourceBergen using the following:
  - Phone: 877-746-6273
  - Email: [remdesivir@amerisourcebergen.com](mailto:remdesivir@amerisourcebergen.com)



# ID Now Purchase: Points-of-Contact

- Abbott point-of-contact:

**Amy Kilburg**

Account Executive, POL  
Abbott Rapid Diagnostics  
CO, NE, SD  
amy.kilburg@abbott.com

- McKesson point-of-contact:

**Matt Van Dam**

McKesson Medical-Surgical  
South Dakota / NW IA / SW MN  
605-376-0090  
Matt.VanDam@McKesson.com



# CDC/SDDOH Influenza Surveillance

- Influenza surveillance at the SDDOH begins in early October, 2020 and ends the last week of May, 2021.
- SDDOH has identified Sentinel Sites across South Dakota who have been asked to submit 5 specimens meeting ILI criteria each week. Criteria include:
  - Fever  $\geq 100^{\circ}\text{F}$  and,
  - Cough and/or,
  - Sore throat
  - In the absence of a known cause other than influenza
- The influenza sentinel surveillance program helps SDDOH and CDC evaluate virus circulation, potential emergence of antiviral resistance, and selection of influenza strains for future vaccines.



# CDC/SDDOH Influenza Surveillance

- Specimens we are most interested in testing include:
  - Influenza hospitalizations (highest priority)
  - Inconclusive results or positive for both Influenza A and B
  - Patients that are high risk for complications due to influenza
  - Outbreak related cases in nursing homes and other chronic-care facilities
  - Otherwise healthy patients who are more ill than one would expect
- Sentinel sites that do not have 5 specimens from these populations should still send 5 specimens from patients with influenza-like illness
- Sentinel sites have been provided this information and should reach to the following with questions:
  - Vicki Horan at 605-773-3737

# CDC/SDDOH Influenza Surveillance: Kits

- Influenza surveillance kits were deployed from the SDPHL this week to sentinel sites across South Dakota.
- Each participating laboratory received enough specimen collection supplies for one month.
  - 4 Category B shipping boxes with 5 collection kits in each box
  - These kits look identical to the COVID collection kits provided by the SDPHL
- Moving forward and to avoid confusion, SDPHL will identify influenza collection kits with a label that says “Influenza Surveillance”

# FDA EUA Updates

- FDA has issued Emergency Use Authorization for the following:
  - 174 (9): Molecular Diagnostic Tests for SARS-CoV-2
  - 51 (5): 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 [Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV](#)



# Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV

- Rapid, multiplexed real-time RT-PCR test
- Simultaneous qualitative detection and differentiation of the following:
  - SARS-CoV-2
  - Influenza A&B
  - Respiratory Syncytial Virus
- Acceptable specimens:
  - Nasopharyngeal swab\*
  - Nasal swab\*
  - Nasal wash/aspirate
- Available instrumentation:
  - GeneXpert Xpress\*
  - GeneXpert Dx
  - GeneXpert Infinity



# Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV

<b>Sample Types</b>	<b>Specimen Collection:</b> Nasopharyngeal or nasal swabs and nasal wash/aspirates* <b>Transport Media:</b> UTM/VTM
<b>Sample Extraction</b>	Automated/integrated
<b>Precision Pipetting</b>	Not required
<b>TAT</b>	Approximately 36 minutes When running SARS-CoV-2 alone, results in as soon as 25 minutes <sup>A</sup>
<b>Hands-on Time</b>	< 1 minute



# Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV

	Positive Percent Agreement	Negative Percent Agreement
<b>SARS-CoV-2</b>	97.9% (95% CI: 88.9% – 99.6%)	100% (95% CI: 98.1% – 100%)
<b>Flu A</b>	100% (95% CI: 92.6% – 100%)	100% (95% CI: 98.0% – 100%)
<b>Flu B</b>	100% (95% CI: 92.3% – 100%)	99% (95% CI: 96.3% – 99.7%)
<b>RSV</b>	100% (95% CI: 92.4% – 100%)	100% (95% CI: 98.1% – 100%)
<b>Sample Storage</b>	15-30 °C for up to 8 hours or 2-8 °C for up to 7 days until testing is performed	
<b>Kit Storage</b>	2-28 °C	



# Long Term Care



# Disease Impact – United States

*as of 09.13.20*

## Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES

231,957

TOTAL COVID-19 SUSPECTED CASES

136,259

TOTAL COVID-19 DEATHS

55,845

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



SOUTH DAKOTA DEPARTMENT OF HEALTH

# Long Term Care in South Dakota

*\*Nursing Homes and Assisted Living Centers*

- **Cumulative Total Resident Cases – 607**
- **Cumulative Total Resident Active Cases – 183**
- **Cumulative Total Resident Deaths – 109**
- **Cumulative Total LTC with Case – 126**
- **Current Total of LTC with Case - 80**
- **Cumulative Total Case in Staff – 495**
- **Total Active Cases in Staff – 48**
- **Cumulative Total Staff Hospitalized – 19**



# 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
- 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
  - **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>



SOUTH DAKOTA DEPARTMENT OF HEALTH

# Center for Medicare and Medicaid Services (CMS)

## Nursing Home Visitation - COVID-19 QSO-20-39-NH

- CMS guidance for visitation in nursing homes during the COVID-19 PHE. The guidance provides reasonable ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents.
- Facilities must have a plan in place to ensure person-care visitation will occur based on the Core Principles of COVID-19 Infection Prevention and the COVID-19 test positivity rate in the community (county).
- Other factors to allow visitation may include the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, the lack of visitor adherence to proper infection control practices, or other relevant factors related to the COVID-19 Public Health Emergency (PHE).

<https://www.cms.gov/files/document/qso-20-39-nh.pdf>



SOUTH DAKOTA DEPARTMENT OF HEALTH

# Nursing Home Visitation

## **The Core Principles of COVID-19 Infection Prevention**

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose)
- **Social distancing** at least six feet between persons
- **Instructional signage** throughout the facility and proper **visitor education** on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- **Cleaning and disinfecting** high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of **Personal Protective Equipment (PPE)**
- **Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- **Resident and staff testing** are accessible



# Nursing Home Visitation

Facilities should use the **COVID-19 (community) county positivity rate to facilitate indoor visitation**. Community Test Positivity Rates must be obtained from a consistent formal official source using either the [CMS COVID-19 Nursing Home](#) or [State Department of Health data](#).

- Low (<5%) = Visitation should occur according to the core principles of COVID19 infection prevention and facility policies (beyond compassionate care visits).
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.

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

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



SOUTH DAKOTA DEPARTMENT OF HEALTH

# Compliance – *to meet the intent of the regulations*

- Please keep in mind the intent of the regulations and how best to care for residents.
- Facilities can meet the visitation regulation by revising their policies and procedures (plan) to ensure person-centered visitation is reasonably allowed and will occur based on the core principles of COVID-19 infection prevention and the COVID-19 test positivity rate in the community (county).
- Facilities can meet the testing requirements using the 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.



# Federal Department of Health and Human Services - CMS

**Documentation** is key

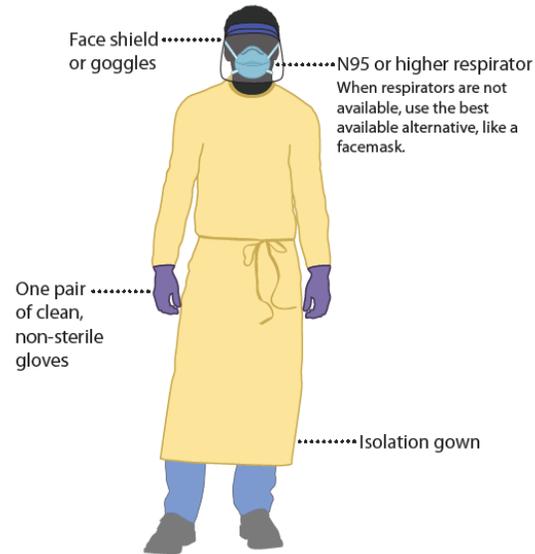
- Visitation
- Testing



# Infection Prevention

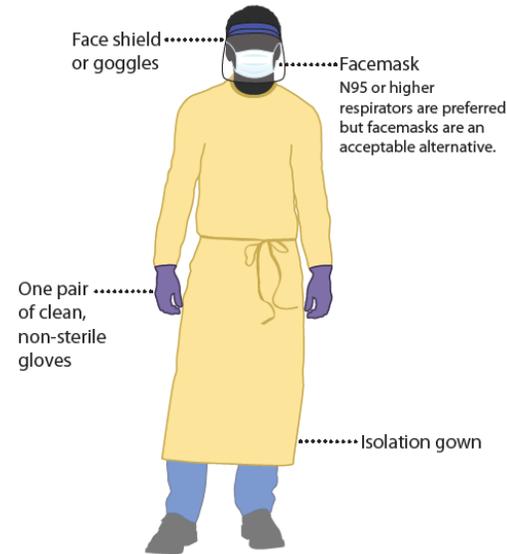
# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



CS 31508-C 03/23/2020

## Acceptable Alternative PPE – Use Facemask

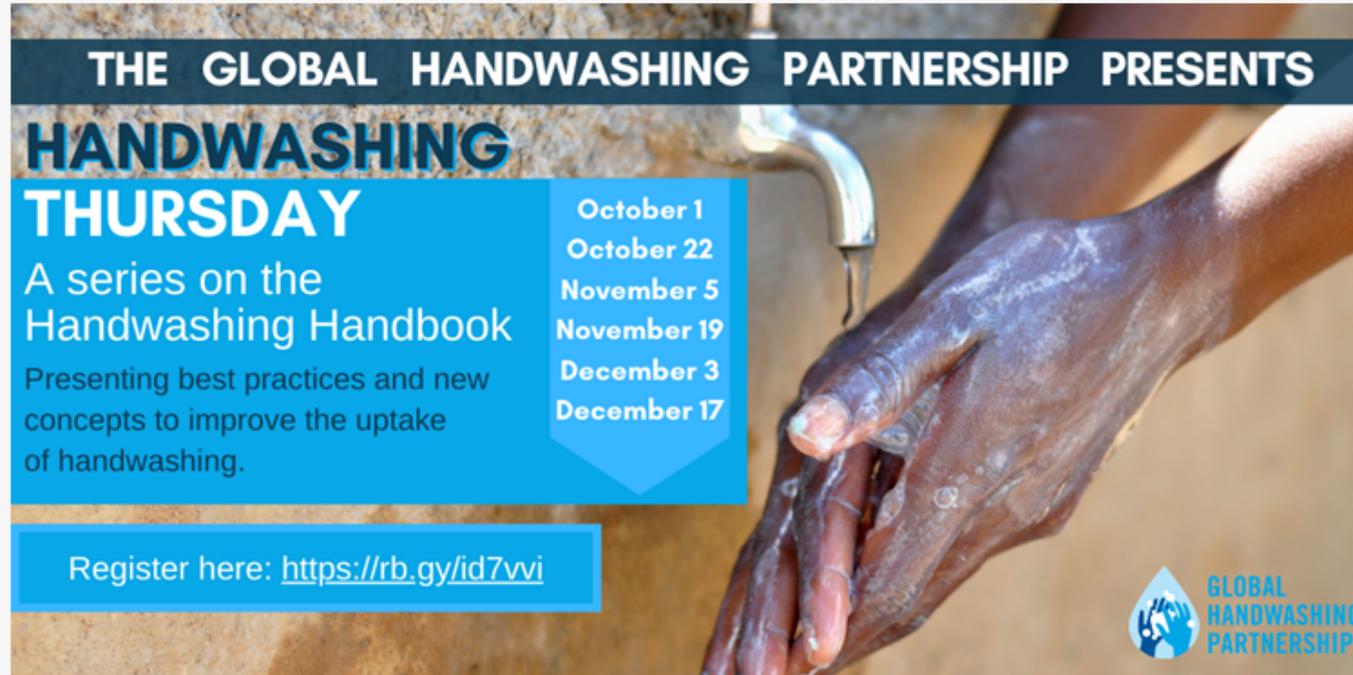


[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

“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.”

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

**Tune into the Global Handwashing Partnership's Webinar Series**  
***Making the Case for Handwashing***

A graphic for the 'Handwashing Thursday' series. It features a background image of hands being washed under a faucet. Overlaid on this is a dark blue banner at the top with the text 'THE GLOBAL HANDWASHING PARTNERSHIP PRESENTS'. Below this, the words 'HANDWASHING THURSDAY' are written in large, bold, white letters. To the right of this, a list of dates is provided: 'October 1', 'October 22', 'November 5', 'November 19', 'December 3', and 'December 17'. Below the dates, there is a blue box with white text that reads 'A series on the Handwashing Handbook' and 'Presenting best practices and new concepts to improve the uptake of handwashing.' At the bottom left of the graphic, there is a blue box with white text that says 'Register here: <https://rb.gy/id7vvi>'. At the bottom right, there is the logo for the 'GLOBAL HANDWASHING PARTNERSHIP', which consists of a blue water drop icon containing a white globe and the text 'GLOBAL HANDWASHING PARTNERSHIP' to its right.

The [Global Handwashing Partnership](https://globalhandwashing.org/) has organized the “Handwashing Thursday Series,” to amplify the launch of their new resource: The Handwashing Handbook. The series will present best practices and new approaches to improve the uptake of handwashing globally.

Join the free webinar tomorrow, Thursday October 1st, for the inaugural session on “Making the Case for Handwashing” by CDC’s handwashing subject matter expert, Dr. David Berendes.

<https://globalhandwashing.org/>

## New COVID-19 Vaccination Data Reporting Features

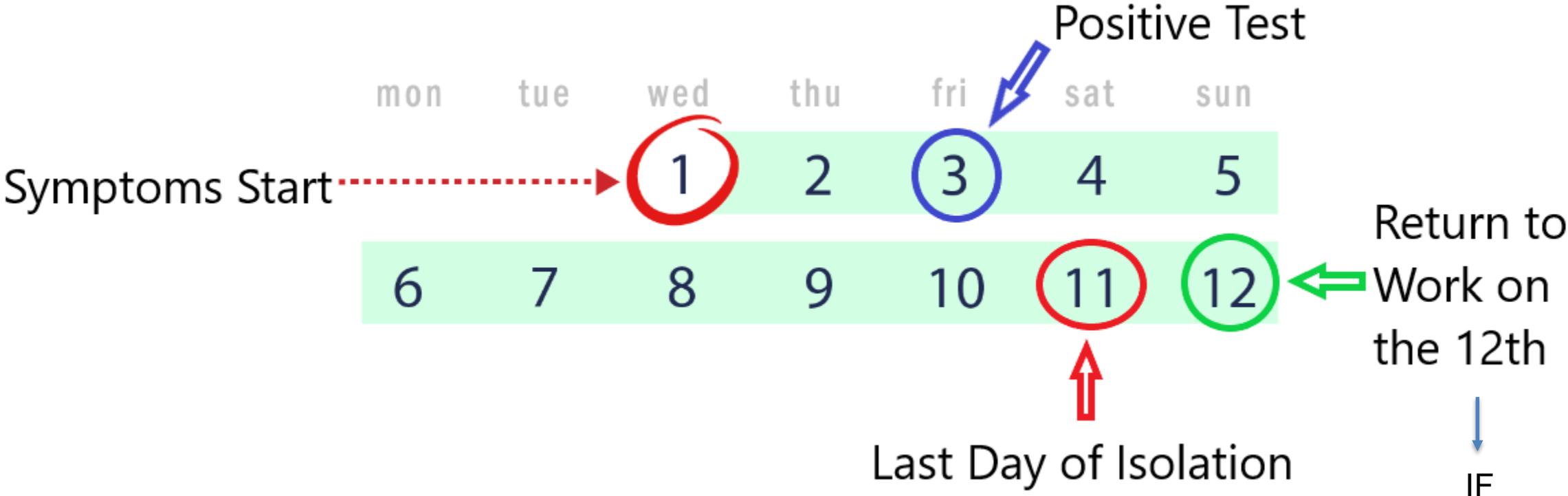
COVID-19 vaccine(s) are expected to be available sometime during fall 2020. In preparation for this, CDC/NHSN is currently developing two new reporting features for facilities to track COVID-19 vaccination data:

- Monitoring weekly COVID-19 vaccination data among healthcare personnel working in non-long-term care facilities
- Monitoring weekly COVID-19 vaccination data among healthcare personnel working in long-term care facilities

NHSN will notify facilities when these reporting features are ready for use. Although data submission is not currently required by the Centers for Medicare and Medicaid Services, CDC/NHSN encourages facilities to take advantage of these new data reporting features to help identify any gaps in COVID-19 vaccination and improve vaccination coverage. These efforts will help protect the health of individuals working in and residing at healthcare facilities.



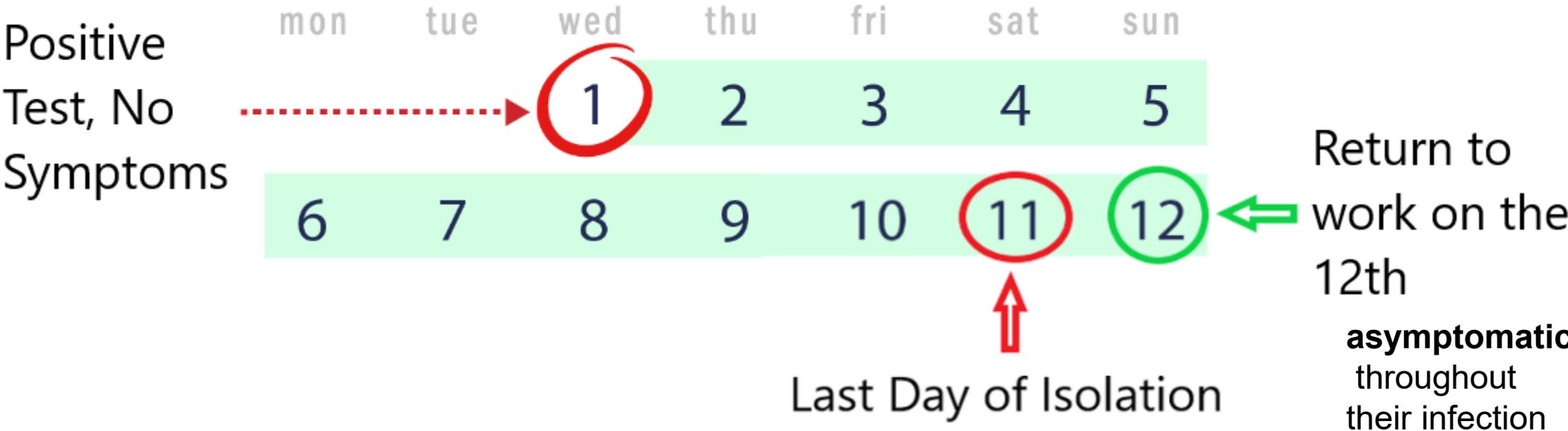
# Isolation of Symptomatic COVID +



- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

# Isolation of Asymptomatic COVID +



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

# Quarantine Info



<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

# Community Mitigation

# Dashboard

SD Overview	Demographics	Hospital Capacity	Trends	Tables
<b>New Cases Today</b> 259	<b>Active Cases</b> 3,684	<b>Recovered Cases</b> 18,090		
<b>Currently Hospitalized</b> 211	<b>Ever Hospitalized</b> 1,511	<b>Deaths</b> 223		
<b>Total Cases</b> 21,997	<b>Total Persons Tested</b> 189,146	<b>Total Tests</b> 266,439		
<b>% Progress (July Goal: 44,233 Tests)</b> 106%	<b>% Progress (August Goal: 44,233 Tests)</b> 122%	<b>% Progress (September Goal: 44,233 Tests)</b> 161%		



# Supply Chain Management

# PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to [COVIDResourceRequests@state.sd.us](mailto: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](mailto: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**

SOUTH DAKOTA  
**COVID-19 INFORMATION LINE**

Questions about COVID-19? We're here to help.

PLEASE  
CALL **1-800-997-2880**



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# Communications

- SD-HAN: [sdhan.sd.gov](http://sdhan.sd.gov)
- [Epi Listserv](#)
- [Lab Listserv](#)
- [HAI Listserv](#)
- [OLC Listserv](#)

Visit **covid.sd.gov** to subscribe

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# 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**

