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 30, 2020. Please check the South Dakota Department of Health website for the most current information and guidance.

COVID.sd.gov
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

### Summary Table

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cases Today</td>
<td>259</td>
</tr>
<tr>
<td>Active Cases</td>
<td>3,684</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>18,090</td>
</tr>
<tr>
<td>Currently Hospitalized</td>
<td>211</td>
</tr>
<tr>
<td>Ever Hospitalized</td>
<td>1,511</td>
</tr>
<tr>
<td>Deaths</td>
<td>223</td>
</tr>
<tr>
<td>Total Cases</td>
<td>21,997</td>
</tr>
<tr>
<td>Total Persons Tested</td>
<td>189,146</td>
</tr>
<tr>
<td>Total Tests</td>
<td>276,156</td>
</tr>
<tr>
<td>% Progress July Goal: 44,233 Tests</td>
<td>108%</td>
</tr>
<tr>
<td>% Progress August Goal: 44,233 Tests</td>
<td>124%</td>
</tr>
<tr>
<td>% Progress September Goal: 44,233 Tests</td>
<td>178%</td>
</tr>
</tbody>
</table>

### Rate of Cases

- **Rate of Cases, Last 7 Days**
  - 201 cases (per 100,000)

- **Rate of Cases, Cumulative**
  - 2,462 cases (per 100,000)

*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 (e.g., state or county).*
Current Dashboard:

Updated Dashboard:

Positive Cases by Date Reported to SD-DOH

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

As of September 30, 2020

Positive Cases by Date Reported to SD-DOH

- Positive Cases
- 7-Day Moving Average

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

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

Hospitalization Rate (%) by Age Group

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>% of cases hospitalized</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5</td>
<td>2.8%</td>
</tr>
<tr>
<td>5--18</td>
<td>0.8%</td>
</tr>
<tr>
<td>19--29</td>
<td>1.7%</td>
</tr>
<tr>
<td>30--39</td>
<td>4.0%</td>
</tr>
<tr>
<td>40--49</td>
<td>5.1%</td>
</tr>
<tr>
<td>50--59</td>
<td>9.0%</td>
</tr>
<tr>
<td>60--69</td>
<td>13.9%</td>
</tr>
<tr>
<td>70--79</td>
<td>26.5%</td>
</tr>
<tr>
<td>80+</td>
<td>32.5%</td>
</tr>
</tbody>
</table>
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

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

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
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 >100F 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 Vi
- 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

<table>
<thead>
<tr>
<th>Sample Types</th>
<th>Specimen Collection: Nasopharyngeal or nasal swabs and nasal wash/aspirates*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Transport Media: UTM/VTM</td>
</tr>
<tr>
<td>Sample Extraction</td>
<td>Automated/integrated</td>
</tr>
<tr>
<td>Precision Pipetting</td>
<td>Not required</td>
</tr>
<tr>
<td>TAT</td>
<td>Approximately 36 minutes</td>
</tr>
<tr>
<td></td>
<td>When running SARS-CoV-2 alone, results in as soon as 25 minutes^</td>
</tr>
<tr>
<td>Hands-on Time</td>
<td>&lt; 1 minute</td>
</tr>
</tbody>
</table>
Cepheid Xpert Xpress SARS-CoV-2/Flu/RSV

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

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.

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.


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).

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 COVID-19 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 COVID-19 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.
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
“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.”

Tune into the Global Handwashing Partnership’s Webinar Series

*Making the Case for Handwashing*

**THE GLOBAL HANDWASHING PARTNERSHIP PRESENTS**

**HANDWASHING THURSDAY**

A series on the Handwashing Handbook

Presenting best practices and new concepts to improve the uptake of handwashing.

October 1
October 22
November 5
November 19
December 3
December 17

Register here: [https://rb.gy/id7wv](https://rb.gy/id7wv)

The Global Handwashing Partnership 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/](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 +

Symptoms Start

1

2

3

4

5

6

7

8

9

10

11

12

Positive Test

Return to Work on the 12th

Last Day of Isolation

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

Isolation of Asymptomatic COVID +

Positive Test, No Symptoms

Return to work on the 12th asymptomatic throughout their infection

Last Day of Isolation

### Quarantine Info

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
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<td>12</td>
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<td>29</td>
<td>30</td>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Person with COVID-19 starts home isolation**

- 1
- Last day of quarantine: 15

*14 Day Quarantine*

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Community Mitigation
Dashboard

New Cases Today: 259
Active Cases: 3,684
Recovered Cases: 18,090
Currently Hospitalized: 211
Ever Hospitalized: 1,511
Deaths: 223
Total Cases: 21,997
Total Persons Tested: 189,146
Total Tests: 266,439
% Progress (July Goal: 44,233 Tests): 106%
% Progress (August Goal: 44,233 Tests): 122%
% Progress (September Goal: 44,233 Tests): 161%

County
All

Test Positivity Rate, Last 1 Day: 13.0%
Test Positivity Rate, Last 7 Days: 14.1%
Test Positivity Rate, Last 14 Days: 12.3%
Test Positivity Rate, Cumulative: 9.1%

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

Positive Cases

Date Reported to SD-DOH

Positive Cases @ 14-Day Trend Line
Supply Chain Management
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
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