2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

October 22, 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 October 21, 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
• Long Term Care
• Vaccination Update
• Community Mitigation
• Supply Chain Management
• On-going Communications
• Q&A Session
NEW Close Contact Definition

Anyone who was within 6 feet of an infected person for a total (cumulative) duration of 15 minutes or more within a 24 hour period.
Coronavirus Situation (as of October 21, 2020)

- **International**
  - 40,665,438 confirmed cases
  - 1,121,843 deaths
- **United States** (50 states + DC)
  - 8,249,011 confirmed cases
  - 220,362 deaths
- **South Dakota**
  - 34,031 confirmed cases, 1,013 probable cases
  - 333 deaths
  - 26,023 recovered cases
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of October 21, 2020
COVID-19 Case Map, by County

As of October 21, 2020

**Substantial Community Spread**

- Aurora
- Beadle
- Bennett
- Bon Homme
- Brookings
- Brown
- Brule
- Buffalo
- Butte
- Campbell
- Charles Mix
- Clark*
- Clay
- Codington
- Corson*
- Custer
- Davison
- Day
- Deuel
- Dewey
- Douglas
- Fall River
- Faulk
- Grant
- Gregory
- Haakon
- Hamlin
- Hand
- Harding*
- Hughes
- Hutchinson
- Jackson*
- Kingsbury
- Lake
- Lawrence
- Lincoln
- Lyman
- McCook
- Meade
- Miner
- Minnehaha
- Moody
- Oglala Lakota
- Pennington
- Potter
- Roberts
- Sanborn
- Spink
- Stanley*
- Sully*
- Todd
- Tripp
- Turner
- Union
- Walworth
- Yankton

As of October 21, 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
Messages to Share with Patients

• Isolate at home until the criteria for release are met

• Monitor for warning symptoms (*trouble breathing, persistent pain or pressure in the chest, new confusion, inability to stay awake, bluish lips or face*) of when to seek emergency medical care

• Create a list of all persons who may have been exposed and tell them of their exposure

• No quarantine (*from a new COVID-19 exposure*) is needed for 3 months after a person tests positive for SARS-CoV-2

• Continue to take precaution such as wearing a mask, even after isolation
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
# National Hospitalization and Death by Age

## COVID-19 Hospitalization and Death by Age

<table>
<thead>
<tr>
<th>Factors that Increase Community Spread and Individual Risk</th>
<th>0-4 years</th>
<th>5-17 years</th>
<th>18-29 years</th>
<th>30-39 years</th>
<th>40-49 years</th>
<th>50-64 years</th>
<th>65-74 years</th>
<th>75-84 years</th>
<th>85+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate ratios compared to 18-29 year olds</td>
<td>4x lower</td>
<td>9x lower</td>
<td>Comparison Group 2x higher</td>
<td>3x higher</td>
<td>4x higher</td>
<td>5x higher</td>
<td>8x higher</td>
<td>13x higher</td>
<td></td>
</tr>
</tbody>
</table>

### Hospitalization*

- 4x lower
- 9x lower
- Comparison Group
- 2x higher
- 3x higher
- 4x higher
- 5x higher
- 8x higher
- 13x higher

### Death*

- 9x lower
- 16x lower
- Comparison Group
- 4x higher
- 10x higher
- 30x higher
- 90x higher
- 220x higher
- 630x higher

### Actions to Reduce Risk of COVID-19

- Wearing a Mask
- Social Distancing (6 ft Goal)
- Hand Hygiene
- Cleaning and Disinfection

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% of Total Cases, Hospitalizations, and Deaths per Age Group

- 0-9 Years: 3%, 0.0%, 0%
- 10-19 Years: 13%, 0.9%, 0%
- 20-29 Years: 21%, 1.5%, 0.12%
- 30-39 Years: 17%, 2.9%, 0.25%
- 40-49 Years: 14%, 4.4%, 0.58%
- 50-59 Years: 14%, 7.4%, 1.26%
- 60-69 Years: 11%, 11.8%, 2.35%
- 70-79 Years: 5%, 3.25%, 4%
- 80+ Years: 23%, 29.4%, 12.28%
Selected CDC Updates

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

Schools and Childcare Programs (updated October 16):

Colleges, Universities, and Higher Learning (updated October 16):
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 (inmates and staff)
  - Tribes (tribal members)
COVID-19 Payment for Testing

For Individuals:
• No individual should have to pay out-of-pocket for COVID-19 testing, even if they are uninsured.
• Depending on where the sample was collected (e.g., screening tent or clinic) and who their insurer, individuals *may* have to pay for the cost of an office visit.

Plans and resources to pay for testing costs
• Medicaid
• Medicare
• Private Insurance
• Health Resources and Services Administration (HRSA)
COVID-19 Payment for Testing: HRSA

Reimbursement through HRSA is available for the following services provided to the uninsured:

• Specimen collection, diagnostic and antibody testing.
• Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
• Treatment, including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, etc.
• FDA-approved vaccine, when available.

**Additional information is available at the HRSA website including a HRSA FAQ
FDA EUA Updates

- FDA has issued Emergency Use Authorization for the following:
  - 185 (3): Molecular Diagnostic Tests for SARS-CoV-2
  - 56: Serological Tests
  - 34: (-1) Molecular-Based Laboratory Developed Tests for SARS-CoV-2
  - 6: Antigen Diagnostic Tests for SARS-CoV-2

- Notable Updates:
  - Diagnostic Test: TaqPath COVID-19 Combo Kit (update; sensitivity)
  - Diagnostic Test: Roche Cobas SARS-CoV-2 (update; pooling)
  - Collection Device: Spectrum Solutions SDNA-1000 Saliva Collection Device
Abbott ID Now Allocation: 10/21-11/4

- Manufacture of ID Now tests kits has been interrupted for an unknown length of time
- ID Now allocations are unlikely to occur the week of 10/19
- Status of ID Now allocations are unknown for the week of 10/26
- SDPHL will provide updates as more information becomes available
Statewide Abbott BinaxNOW COVID-19 Validation Study

- SDDOH is sponsoring a statewide validation study of the Abbott BinaxNOW COVID-19 antigen test in long-term care and corrections settings.

- SDDOH will evaluate the ability of the Abbott BinaxNOW COVID antigen test to detect SARS-CoV-2 in symptomatic and asymptomatic populations.

- SDDOH seeks the following:
  - Data from facilities where parallel or reflex testing occurred that includes the Abbott BinaxNOW and the gold-standard method, RT-PCR.
  - Facilities that currently perform the BinaxNOW COVID tests who are willing to perform dual collection for on-site BinaxNOW testing as well as off-site molecular testing.
Abbott BinaxNOW Validation Study: Enrollment

• Long-term care facilities that would like to enroll in the Abbott BinaxNOW validation study should contact the following: Chris.Qualm@state.sd.us

• SDDOH will provide additional opportunities for participation in the validation study as Abbott BinaxNOW COVID antigen tests become available to other groups.

• If you have questions about the Abbott BinaxNOW COVID antigen test validation study, please contact the following: Tim.Southern@state.sd.us
Long Term Care
Disease Impact – United States

as of 10.04.20

Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES
252,939

TOTAL COVID-19 SUSPECTED CASES
143,848

TOTAL COVID-19 DEATHS
59,626

Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- Cumulative Total Resident Cases – 876
- Cumulative Total Resident Active Cases – 307*
- Cumulative Total Resident Deaths – 160
- Cumulative Total LTC with Case – 162
- Current Total of LTC with Case - 115
- Cumulative Total Case in Staff – 648
- Total Active Cases in Staff – 256*
- Cumulative Total Staff Hospitalized – 21

*self-reported by touch-base calls as of 10/19/2020
Staff Testing Frequency & Visitation – based on the extent of the virus in the community (county)

- County positivity rate
  - Community Activity Low (<5%)
  - Community Activity Medium (5-10%) week
  - Community Activity High (>10%)

Visitation during COVID 19 pandemic

CMS has raised concerns there are facilities not complying with visitation memo and visitation requirements.

We all understand psychosocial harm only gets worse and resident rights needs to be upheld.

Facilities should not implement blanket bands on visitation which are not related to the memo.

Facilitate visitation in your homes (nursing homes and assisted living centers).
- Partnership with the SDHCA and SDAHO to utilize CMP funds to purchase material items (plexiglass, tent, etc.) to help you to allow visitation.
- Partnership with the Ombudsman program to identify barriers and work through concerns and issues to visitation. The Ombudsman program will be conducting a survey.
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.

• 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.

• *Documentation is key to show compliance.*
Testing for COVID-19  

*Comparison Study –*

Abbott BinaxNOW and RT-PCR - asymptomatic or symptomatic staff or resident

Provider using Abbott BinaxNOW

- Provider to collect dual samples
- Provider test sample using Abbott BinaxNOW
- Providers send the other sample to the SDPHL for PCR testing

Email [chris.qualm@state.sd.us](mailto:chris.qualm@state.sd.us) if you would like to participate.
Vaccination Update
COVID 19 Vaccines/Phase 3

Pfizer mRNA Vaccine
Moderna mRNA Vaccine
AstraZeneca vector (adenovirus) Vaccine
Johnson & Johnson recombinant vector (adenovirus) vaccine
SD COVID Vaccination Plan

Section 1: COVID-19 Vaccination Preparedness Planning
Section 2: COVID-19 Organizational Structure and Partner Involvement
Section 3: Phased Approach to COVID-19 Vaccination
Section 4: Critical Populations
Section 5: COVID-19 Provider Recruitment and Enrollment
Section 6: COVID-19 Vaccine Administration Capacity
Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management
Section 8: COVID-19 Vaccine Storage and Handling
Section 9: COVID-19 Vaccine Administration Documentation and Reporting
Section 10: COVID-19 Vaccination Second-Dose Reminders
Section 11: COVID-19 Requirements for IISs or Other External Systems
Section 12: COVID-19 Vaccination Program Communication
Section 13: Regulatory Considerations for COVID-19 Vaccination
Section 14: COVID-19 Vaccine Safety Monitoring
Section 15: COVID-19 Vaccination Program Monitoring
Long-term care plans

Starting October 19, facilities sign up for on-site clinics via:
   NHSN (SNFs)
   REDCap (ALFs)

November: Pharmacy partners coordinate with facilities for scheduling.
Federal Planning:
Engaging Pharmacy Partners For Staff and Residents

- **Staff-only recommendation**
  (as part of broader healthcare personnel recommendation)

- **Staff and resident recommendation**

- **Staff vaccinated with other HCP in the community**
  (via state allocation)

- **On-site vaccination services provided by pharmacy partners**
  receiving direct federal allocations

- **Facility-administered or administered by a provider of their choice**
  with vaccine from state allocation
**Vaccination Phases**

**Illustrative scenario for planning purposes, will be adapted based on the clinical / manufacturing information on all OWS candidates and vaccine prioritization.**

**Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)**

<table>
<thead>
<tr>
<th>Limited Doses Available</th>
<th>Large Number of Doses Available</th>
<th>Continued Vaccination, Shift to Routine Strategy</th>
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</thead>
<tbody>
<tr>
<td><strong>Max</strong></td>
<td><strong>~660M cumulative doses available</strong></td>
<td>Illustrative ramp-down, not based on OWS decisions or candidate projections</td>
</tr>
<tr>
<td><strong>Volume doses available (per month)</strong></td>
<td><strong>Key factors</strong></td>
<td><strong>Likely admin strategies</strong></td>
</tr>
<tr>
<td><strong>Trials only</strong></td>
<td><strong>Constrained supply</strong></td>
<td><strong>Tightly focus administration</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Highly targeted administration required to achieve coverage in priority populations</strong></td>
<td><strong>Administer vaccine in closed settings (places of work, other vaccination sites) specific to priority populations</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Likely sufficient supply to meet demand</strong></td>
<td><strong>Likely excess supply</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Supply increases access</strong></td>
<td><strong>Open vaccination</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Broad administration network required including surge capacity</strong></td>
<td><strong>Administer through commercial and private sector partners (pharmacies, doctors offices, clinics)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Expand beyond initial populations</strong></td>
<td><strong>Administer through public health sites (mobile clinics, FQHCs, targeted communities)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Administer through commercial and private sector partners</strong></td>
<td><strong>Maintain PH sites where required</strong></td>
</tr>
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Vaccination Presentations

Early doses of vaccine will be in multi dose vials

There will be variable vaccine storage requirements - 70C, -20C, 2-8C

Stability testing is still being conducted and storage requirements and expiration dates may change

May be other presentations of vaccine available later: SDV, SDS
Community Mitigation
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
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