2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

October 29, 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 28, 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
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session
Coronavirus Situation (as of October 28, 2020)

- **International**
  - 43,766,712 confirmed cases
  - 1,163,459 deaths

- **United States** (50 states + DC)
  - 8,752,794 confirmed and probable cases
  - 225,985 deaths

- **South Dakota**
  - 40,589 confirmed cases, 1,411 probable cases
  - 384 deaths
  - 29,683 recovered cases
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

Positive Cases by Date Reported to SD-DOH

- Positive Cases
- 7-Day Moving Average

Date Reported to SD-DOH

3/10/2020 10/26/2020

As of October 28, 2020
COVID-19 Case Map, by County

As of October 28, 2020

Substantial Community Spread

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

* New Counties
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
Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020


* Race or ethnicity data were unknown for 465 (0.4%) deaths. Total numbers of deaths might vary because of suppression of counts with < 10 deaths.
Deaths by Race and Ethnicity in South Dakota

Month of Death by Race - South Dakota, March - October 27, 2020

- Asian
- Black
- Native American
- Other
- Unknown
- White
Selected CDC Updates

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


MMWR Early Release: COVID-19 Mitigation Behaviors by Age Group — United States, April–June 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6943e4.htm?s_cid=mm6943e4_x

CDC Media Telebriefing Transcript on Operation Warp Speed: https://www.cdc.gov/media/releases/2020/t1021-cdc-media-briefing.html
Laboratory Guidance
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)
Reminders from the SDPHL Team

✓ Every specimen must have two patient identifiers on the specimen tube.
✓ Use packaging and shipping provided by the SDPHL when shipping specimens to the state public health laboratory.
✓ Swab specimens submitted in traditional viral transport media are tested everyday.
✓ Specimens submitted in Hologic Aptima collection kits are not tested every day; specimen submitted in Aptima kits may be subject to testing delays if they are not submitted on the appropriate days each week.

**Please reach out to the SDPHL with questions about packaging and shipping materials and collection kit use (605-773-3368).
Manufacture of ID Now test kits was disrupted during the week of 10/19.

ID Now allocation from SDPHL to hospitals and clinics resumed the week of 10/26.

ID Now allocation is still significantly lower than demand.
Abbott ID Now: Recommendations for Use

1. Does the patient have symptoms consistent with COVID-19?  
   - Yes  
   - No → STOP: do not use SDDOH-provided Abbott ID Now test; use another testing strategy.

2. Does the patient require rapid* COVID-19 testing?  
   - Yes  
   - No → STOP: do not use SDDOH-provided Abbott ID Now test; use another testing strategy.

3. Perform ID Now COVID-19 testing using SDDOH-provided resources and report all results, positive or negative, to SDDOH within 24 hours.

*Health care providers should determine which patients require rapid testing rather than traditional send-out testing which can take several days. Examples of patients that might require rapid testing include healthcare workers, critical infrastructure workers, severely ill individuals, or other individuals that meet SDDOH high-priority definition.
SDPHL and other laboratories are receiving daily requests to confirm antigen test results.

Given the high prevalence of COVID-19 in our communities, confirmation of antigen test results is most relevant for the following:

- Symptomatic individuals who test negative for SARS-CoV-2 using an antigen test.
FDA EUA Updates

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

- Notable Updates:
  - Antigen Test: Celltrion COVID-19 MIA (magnetic immunoassay)
  - Diagnostic Test: T2 Biosystems T2SARS-CoV-2 Panel (T2 magnetic resonance)
Long Term Care
# Disease Impact – United States

as of 10.11.20

<table>
<thead>
<tr>
<th>Resident Cases and Deaths</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL COVID-19 CONFIRMED CASES</td>
<td>260,573</td>
</tr>
<tr>
<td>TOTAL COVID-19 SUSPECTED CASES</td>
<td>147,029</td>
</tr>
<tr>
<td>TOTAL COVID-19 DEATHS</td>
<td>60,491</td>
</tr>
</tbody>
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Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- Cumulative Total Resident Cases – 1101
- Cumulative Total Resident Active Cases – 523*
- Cumulative Total Resident Deaths – 189
- Cumulative Total LTC with Case – 180
- Current Total of LTC with Case – 114*
- Cumulative Total Case in Staff – 705
- Total Active Cases in Staff – 297*
- Cumulative Total Staff Hospitalized – 21

*Self-reported by touch-base calls
as of 10/27/2020 - all data is provisional
Visitation during COVID 19 pandemic

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

• CMS has raised concerns, on a national level, there are facilities not complying with visitation memo and visitation requirements.

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

• The CMS issued guidance to the provider to allow for visitation and does require visitation be allowed. The guidelines also outlines the ability of the provider to restrict visitation in some circumstances, but it does not prohibit visitation if the provider can allow for safe visitation. Facilities **may** restrict visitation but **do not have** to restrict visitation.

• 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.
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 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).

Limited Doses Available
- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations

Large Number of Doses Available
- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required including surge capacity
- Expand beyond initial populations
- Administer through commercial and private sector partners (pharmacies, doctors offices, clinics)
- Administer through public health sites (mobile clinics, FQHCs, targeted communities)

Continued Vaccination, Shift to Routine Strategy
- Likely excess supply
- Broad administration network for increased access
- Open vaccination
- Administer through commercial and private partners
- Maintain PH sites where required

Trials only

Volume doses available (per month)

Max

Doses available per month (baseline as of 07/16)

~660M cumulative doses available

Illustrative ramp-down, not based on OWS decisions or candidate projections

SOUTH DAKOTA DEPARTMENT OF HEALTH
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
Infection Prevention
Update: NHSN Point of Care Test Result Reporting

On October 19, 2020, HHS updated its reporting guidance to indicate that CMS-certified long-term care facilities are required to use NHSN to meet this reporting requirement. Specifically, the HHS guidance states that:

“CMS-certified long-term care facilities shall submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC’s National Healthcare Safety Network (NHSN). This requirement to submit data to CDC’s NHSN applies only to CMS-certified long-term care facilities. Test data submitted to NHSN will be reported to appropriate state and local health departments using standard electronic laboratory messages. Other types of long-term care facilities may voluntarily report testing data in NHSN for self-tracking or to fulfill state or local reporting requirements, if any.”
In order to utilize the new pathway to fulfill reporting requirements, nursing homes and other long-term care facilities that are NHSN users will need to upgrade their NHSN Secure Access Management Service (SAMS) from Level 1 to Level 3. CDC is working closely with facilities to assist them in this process. An email invitation from CDC to perform this upgrade will be sent to users.

Alternatively, facilities can email nhsn@cdc.gov with the subject line “Enhancing Data Security” to begin upgrading their SAMS access to use this Pathway. LTCF’s can also refer to the following link: Increasing LTCF SAMS Level Access to NHSN.

If there are additional questions regarding the NHSN process, please E-mail DOHInfectionControl@state.sd.us
The NHSN Team is happy to announce that the training for the new NHSN Long-term Care Facility COVID-19 Point of Care (POC) Test Reporting Tool has been rescheduled. The October 30th training will be live and allow for submission of audience questions.

The November 2nd training will be a rebroadcast of the recorded training followed by a live Q & A session. A recording of the original webinar will be posted for on-line viewing.

Please join us for one of the following trainings. Both webinars are identical in content, so please plan to attend once.

**Title:** Reporting Results of Point of Care Testing for COVID-19: A New NHSN Tool  
**Date:** Friday, Oct 30, 2020  
**Time:** 2:00 – 3:00 PM ET

Space is limited, register in advance for this meeting:  
https://cdc.zoomgov.com/meeting/register/vJIsduGggzksGXKmFrzfM_gwu1NaLWuB8

After registering, you will receive a confirmation email containing information about joining the meeting.

**Title:** Reporting Results of Point of Care Testing for COVID-19: A New NHSN Pathway  
**Date:** Monday, Nov 2, 2020  
**Time:** 12:30 – 1:30 PM ET

Space is limited, register in advance for this meeting:  
https://cdc.zoomgov.com/meeting/register/vJIscevmrjgoH2HEz6621xB-xPjz8Q8jMKE

After registering, you will receive a confirmation email containing information about joining the meeting.
This week's IP Webinars offered by NETEC

Community Health Considerations: Infection Prevention

Wednesday, October 28, 2020 | 1:00 PM EST
See Website for recording

Influenza in the Age of COVID

Friday, October 30, 2020 | 1:00 PM EST

Sign up at: https://netec.org/
Community Mitigation
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