2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

November 5, 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 November 4, 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
- Vaccination Update
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session
Coronavirus Situation (as of November 4, 2020)

- **International**
  - 47,362,304 confirmed cases
  - 1,211,986 deaths
- **United States** (50 states + DC)
  - 9,268,818 confirmed cases
  - 230,893 deaths
- **South Dakota**
  - 47,653 confirmed cases, 2,138 probable cases
  - 460 deaths
  - 35,423 recovered cases
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of November 4, 2020
COVID-19 Case Map, by County

As of November 4, 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  Potter  Roberts  Sanborn  Spink  Stanley  Todd  Tripp  Turner  Union  Walworth  Yankton  Ziebach*

* 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
Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020

<table>
<thead>
<tr>
<th>Outcome* / Characteristic</th>
<th>Pregnant (n = 23,434)</th>
<th>Nonpregnant (n = 386,028)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU admission‡</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>245 (10.5)</td>
<td>1,492 (3.9)</td>
</tr>
<tr>
<td>Invasive ventilation††</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>67 (2.9)</td>
<td>412 (1.1)</td>
</tr>
<tr>
<td>ECMO***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>17 (0.7)</td>
<td>120 (0.3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Pregnant (n = 23,434)</th>
<th>Nonpregnant (n = 386,028)</th>
<th>Total (N = 409,462)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/Ethnicity§</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latina, any race</td>
<td>6,962 (29.7)</td>
<td>85,618 (22.2)</td>
<td>92,580 (22.6)</td>
</tr>
<tr>
<td>AI/AN, non-Hispanic</td>
<td>113 (0.5)</td>
<td>1,652 (0.4)</td>
<td>1,765 (0.4)</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>560 (2.4)</td>
<td>8,605 (2.2)</td>
<td>9,165 (2.2)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>3,387 (14.5)</td>
<td>54,185 (14.0)</td>
<td>57,572 (14.1)</td>
</tr>
<tr>
<td>NHPI, non-Hispanic</td>
<td>119 (0.5)</td>
<td>1,526 (0.4)</td>
<td>1,645 (0.4)</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>5,508 (23.5)</td>
<td>124,305 (32.2)</td>
<td>129,813 (31.7)</td>
</tr>
<tr>
<td>Multiple or other race, non-Hispanic</td>
<td>726 (3.1)</td>
<td>12,341 (3.2)</td>
<td>13,067 (3.2)</td>
</tr>
</tbody>
</table>
Birth and Infant Outcomes Following Laboratory-Confirmed SARS-CoV-2 Infection in Pregnancy — SET-NET, 16 Jurisdictions, March 29–October 14, 2020

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total (N = 4,442)</th>
<th>With symptomatic* infection (N = 2,315)</th>
<th>With asymptomatic infection (N = 376)</th>
<th>Unknown symptom status (N = 1,751)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gestational age among live births</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term (≥37 weeks)</td>
<td>3,406 (77.1)</td>
<td>1,840 (86.1)</td>
<td>244 (85.0)</td>
<td>1,322 (88.8)</td>
</tr>
<tr>
<td>Preterm (&lt;37 weeks)</td>
<td>506 (11.8)</td>
<td>297 (13.9)</td>
<td>43 (15.0)</td>
<td>166 (11.2)</td>
</tr>
<tr>
<td>Late preterm (34–36 weeks)</td>
<td>357 (8.1)</td>
<td>211 (9.9)</td>
<td>28 (9.8)</td>
<td>118 (7.9)</td>
</tr>
<tr>
<td>Moderate preterm (32–33 weeks)</td>
<td>50 (1.2)</td>
<td>32 (1.5)</td>
<td>6 (2.1)</td>
<td>12 (0.8)</td>
</tr>
<tr>
<td>Very preterm (28–31 weeks)</td>
<td>69 (1.5)</td>
<td>41 (1.9)</td>
<td>6 (2.1)</td>
<td>22 (1.5)</td>
</tr>
<tr>
<td>Extremely preterm (&lt;28 weeks)</td>
<td>30 (0.7)</td>
<td>13 (0.6)</td>
<td>3 (1.0)</td>
<td>14 (0.9)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latina</td>
<td>1,622 (46.0)</td>
<td>876 (44.8)</td>
<td>138 (44.8)</td>
<td>608 (51.1)</td>
</tr>
<tr>
<td>Asian, non-Hispanic</td>
<td>122 (3.5)</td>
<td>78 (3.9)</td>
<td>5 (1.6)</td>
<td>39 (3.3)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>741 (21.0)</td>
<td>410 (20.2)</td>
<td>80 (26.0)</td>
<td>251 (21.1)</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>914 (25.9)</td>
<td>592 (29.2)</td>
<td>78 (25.3)</td>
<td>244 (20.5)</td>
</tr>
<tr>
<td>Multiple or other race, non-Hispanic</td>
<td>124 (3.5)</td>
<td>70 (3.5)</td>
<td>7 (2.3)</td>
<td>47 (4.0)</td>
</tr>
</tbody>
</table>
Selected CDC Updates

Available at: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.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 (inmates and staff)
  - Tribes (tribal members)
Statewide SARS-CoV-2 Testing Goal

- Federally Recommended Minimum Testing Goal (2% population)
- South Dakota Testing Goal July-October (5% population)
- South Dakota Testing Goal Beginning November (15% population)
Initiatives to Increase SARS-CoV-2 Testing

- Report **ALL** COVID-19 test values to SDDOH
- Tribal Sentinel Surveillance Testing:
  - As many as 8,000 tests/month
- Statewide distribution of BinaxNOW antigen tests:
  - 260,000 tests will be available in South Dakota
- At-home saliva testing:
  - As many as 10,000 tests for several initiatives
- Other state and federally supported testing initiatives:
  - As many as 10,000 tests by end of year
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.
Confirmation of Antigen Test Results: Updated

• Confirmation of antigen test results should be considered for the following scenarios:
  ➢ **Symptomatic** individuals in settings with **high positivity** rate who test **negative** for SARS-CoV-2 using an antigen test
  ➢ **Asymptomatic** individuals in settings with **low positivity** rate who test **positive** for SARS-CoV-2 using an antigen test

• It is not recommended to confirm one antigen test with another antigen test. Confirm antigen test results with a molecular test if possible.
FDA EUA Updates

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

• Notable Updates:
  – Serology Test: Access Bio CareStart COVID-19 IgM/IgG (lateral flow assay)
  – Diagnostic Test: LabCorp RT-PCR (pooling)
Long Term Care
# Disease Impact – United States

*as of 10.18.20*

**Resident Cases and Deaths**

<table>
<thead>
<tr>
<th>Total COVID-19 Confirmed Cases</th>
<th>Total COVID-19 Suspected Cases</th>
<th>Total COVID-19 Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>268,707</td>
<td>150,195</td>
<td>61,765</td>
</tr>
</tbody>
</table>

Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- Cumulative Total Resident Cases – 1329
- Cumulative Total Resident Active Cases – 736
- Cumulative Total Resident Deaths – 247
- Cumulative Total LTC with Case – 186
- Current Total of LTC Case – 127
- Cumulative Total Case in Staff – 780
- Total Active Cases in Staff – 493
- Cumulative Total Staff Hospitalized – 22

*self-reported by touch-base calls
As of 11/04/20 – all data is provisional
Holiday Visitation During COVID 19 Pandemic

- Focus efforts on encouraging families to keep residents safe during the holidays.
- Educate families on the risk of taking loved ones out of the facility.
- Determine other ways to conduct visitation – virtual, not the same but may keep them safe.
- Continue with Core Infection Control principles (Required CMS Memo 20-39).
- Follow CDC guidance on “Holiday Celebrations” (updated 10/19/20).
- Follow facility policy for visitation to include holiday timeframes.
- Upon the resident's return place them on observation as if a new admit.
  --The residents are not cohorted with positive or suspected COVID cases.
  --They are placed on observation and monitored for COVID signs and symptoms.

*With the exception of Memo 20-39, the above are not requirements/rules/regulations and are not in writing. They are recommendations voiced by CMS.*
Fit-Testing Kits

- 102 fit-testing kits were shipped this week.
- Shipments went out to skilled nursing facilities and emergency medical services.
- No sign-up was required; they were automatically shipped.
- Shipments did not include assisted living centers.
- Email questions to DOHSafety@state.sd.us.
Vaccination Update
COVID-19 Vaccination

Within 24 hours of vaccine availability, the Advisory Committee on Immunization Practices (ACIP) will make recommendations regarding priority populations for COVID vaccine. The Department of Health has identified the following populations for initial COVID vaccination pending ACIP recommendations and the state’s vaccine allocation from the federal government.

- **Phase 1A**
  - Healthcare workers in emergency rooms, ICUs, and COVID units
  - EMS workers
  - Staff in long-term care facilities
- **Phase 1B**
  - Residents in long-term care facilities
  - Other healthcare workers

The Department of Health will post the information about priority populations and vaccine availability on the COVID.SD.GOV website.
### Potential Allocation for South Dakota

<table>
<thead>
<tr>
<th>Population</th>
<th>SD Population</th>
<th>SD % of US Population</th>
<th>Scenario doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Population</td>
<td>10,000,000</td>
<td>40,000,000</td>
<td></td>
</tr>
<tr>
<td>328,200,000</td>
<td>884,659</td>
<td>0.269549%</td>
<td>26955</td>
</tr>
</tbody>
</table>
Infection Prevention
The following Healthcare IPC Guidance has been updated on the CDC:

<table>
<thead>
<tr>
<th>PPE GUIDANCE</th>
<th>SUMMARY OF RECENT UPDATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies for Optimizing the Supply of Eye Protection</td>
<td>Added considerations for returning to conventional capacity practices.</td>
</tr>
<tr>
<td>Strategies for Optimizing the Supply of Disposable Medical Gloves</td>
<td>Added considerations for returning to conventional capacity practices.</td>
</tr>
<tr>
<td>Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators</td>
<td></td>
</tr>
<tr>
<td>Strategies for Optimizing the Supply of Isolation Gowns</td>
<td>Added considerations for returning to conventional capacity practices.</td>
</tr>
<tr>
<td>• Moved the use of reusable (i.e., washable or cloth) isolation gowns to conventional capacity strategies.</td>
<td></td>
</tr>
<tr>
<td>• Edited the section on consideration of the use of coveralls.</td>
<td></td>
</tr>
<tr>
<td>• Added language to the section on prioritizing the use of gowns.</td>
<td></td>
</tr>
<tr>
<td>• Moved the crisis capacity strategy of re-use of isolation gowns to the bottom of the list and added cautionary statements about the risks of this strategy on HCP and patient safety.</td>
<td></td>
</tr>
</tbody>
</table>
PPE

Resources on surge capacity use of PPE

Burn Rate Calculator:

Emergency PPE requests from state:
COVIDResourceRequests@state.sd.us or 605-773-3048
Please be very specific with the type and amount of PPE that you are requesting for your facility.
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