2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

November 12, 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 11, 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
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session
Coronavirus Situation (as of November 11, 2020)

- **International**
  - 51,251,715 confirmed cases
  - 1,270,930 deaths
- **United States** (50 states + DC)
  - 10,170,846 confirmed cases
  - 239,590 deaths
- **South Dakota**
  - 55,705 confirmed cases, 2,991 probable cases
  - 567 deaths
  - 40,668 recovered cases
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of November 11, 2020
COVID-19 Case Map, by County

As of November 11, 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
Hughes
Hutchinson
Hyde*
Jackson
Jerauld*
Kingsbury
Lake
Lawrence
Lincoln
Lyman
Marshall*
McCook
Meade
Mellette
Miner
Minnehaha
Moody
Oglala Lakota
Pennington
Perkins*
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
MIS-C

• Case definition:
  • An individual aged <21 years presenting with fever, laboratory evidence of inflammation, and evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); AND
  • No alternative plausible diagnoses; AND
  • Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or exposure to a suspected or confirmed COVID-19 case within the 4 weeks prior to the onset of symptoms.

• Cases of MIS-C:
  • USA: 1,163 confirmed cases and 20 deaths
  • SD: 1 confirmed case and zero deaths

MIS-A

• Working case definition:
  • A severe illness requiring hospitalization in a person aged ≥21 years
  • A positive test result for current or previous SARS-CoV-2 infection (nucleic acid, antigen, or antibody) during admission or in the previous 12 weeks
  • Severe dysfunction of one or more extrapulmonary organ systems (e.g., hypotension or shock, cardiac dysfunction, arterial or venous thrombosis or thromboembolism, or acute liver injury)
  • Laboratory evidence of severe inflammation (e.g., elevated CRP, ferritin, D-dimer, or interleukin-6)
  • Absence of severe respiratory illness (to exclude patients in which inflammation and organ dysfunction might be attributable simply to tissue hypoxia).
March 10: First COVID-19 cases in South Dakota

10,000 cases milestone: + 157 days

20,000 cases milestone: + 41 days

30,000 cases milestone: + 20 days

40,000 cases milestone: + 13 days

50,000 cases milestone: + 9 days

60,000 cases milestone: + 6 days
Considerations for Your Holiday Gatherings

Factors that contribute to the risk of getting and spreading COVID-19 at small in-person gatherings

- Community levels of COVID-19
- Exposure during travel
- Location of gathering (indoor vs outdoor; poor ventilation)
- Duration of gathering
- Number of people and crowding at gathering
- Behaviors of attendees prior to the gathering
- Behaviors of attendees during the gathering

### Age Distribution of COVID-19 Cases in SD

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cumulative Rate (per 100,000)</th>
</tr>
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<tbody>
<tr>
<td>0-9</td>
<td>1520</td>
</tr>
<tr>
<td>10-19</td>
<td>5115</td>
</tr>
<tr>
<td>20-29</td>
<td>9783</td>
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<td>30-39</td>
<td>8650</td>
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<td>5729</td>
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<tr>
<td>70-79</td>
<td>5361</td>
</tr>
<tr>
<td>80+</td>
<td>6459</td>
</tr>
</tbody>
</table>

#### Graphical Representation

- **0-9y**: Blue line
- **10-19y**: Red line
- **20-29y**: Green line
- **30-39y**: Purple line
- **40-49y**: Orange line
- **50-59y**: Yellow line
- **60-69y**: Dark green line
- **70-79y**: Green line with cross markers
- **80+y**: Red line with cross markers

- **X-axis**: Time (2020MAR to 2020NOV)
- **Y-axis**: # of cases

- **Legend**: Key to color representations of different age groups.
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)
FDA EUA Updates

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

- Notable EUA Updates:
  - Monoclonal Antibody Therapy: Eli Lily, Bamlanivimab
Monoclonal Antibodies

- Antibodies are proteins created by specialized immune cells and aid in the immune response.

- Antibodies, including monoclonal antibodies (mAbs), directly neutralize the COVID-19 virus and are intended to prevent progression of disease.
Monoclonal Antibody Therapy for COVID-19

• FDA granted **Emergency Use Authorization** for the Eli Lilly mAb therapy bamlanivimab on November 9, 2020

• Early evidence from a clinical trial showed bamlanivimab **may potentially** reduce hospitalization for individuals with COVID-19

• Bamlanivimab can be delivered by a single IV infusion and was shown to be most effective when **given early in infection**
During phase 1 of allocation, bamlanivimab will be provided to South Dakota hospitals and hospital-affiliated locations based on the following criteria:

- Confirmed hospitalizations (7-day incidence)
- Confirmed cases (7-day incidence)

Hospitals must be registered with AmerisourceBergen to be eligible to receive bamlanivimab.

South Dakota’s first allocation of COVID-19 mAb therapy (820 courses of treatment) was offered to hospitals currently registered with AmerisourceBergen and who received remdesivir.
Bamlanivimab Allocation: Phase 2

- During phase 2 of allocation, bamlanivimab can be offered to other outpatient facilities.
- In addition to state and territories, bamlanivimab is being offered to:
  - Department of Defense
  - Veteran’s Health Administration
  - Indian Health Services
  - Bureau of Prisons
  - Department of State
- SDDOH will provide frequent updates regarding allocation and movement between phases
Bamlanivimab Administration

- Bamlanivimab must be administered in an appropriate health care setting with appropriate staffing
- Eligible locations must have appropriately trained staff and equipment to provide IV infusion
- Post-infusion patient monitoring is required following mAb therapy administration
- Operation Warp Speed mAb therapy playbook provides additional information for health care facilities that are considering administration of out-patient mAb therapy.
Readiness Checklist: Administration of Outpatient mAbs under EUA

Allocate dedicated space and develop plan to manage patient flow
- Clear process for patients that are coming to clinical site including scheduling requirements
- Admission process for COVID-19 positive patients designed to minimize risk of spread per facility requirements / directions / guidelines
- Dedicated room available for treatment

Ensure dedicated source of supplies; which may be difficult to procure
- Needed infusion components obtained
  - Example: IV kits, infusion chair, IV pole, vital sign monitoring equipment, emergency medications

Assign sufficient personnel to meet expected demand
- Sufficient staffing plans in place for Nurse/IV tech, Physician, Pharmacist
  - Likely need dedicated team to treat patients

Prepare for drug administration process
- Pre-visit: Clear treatment and monitoring plan developed for during infusion
- Treatment: 1-hour treatment and up 1-hour post-treatment observation
  - Emergency protocol defined for addressing potential infusion reactions or complications
- Post-treatment: Clear process for patient follow-up defined using telemedicine as possible

Ensure process for reimbursement in place (non-drug administrative costs)

Prepare for reporting needs for adverse events and record keeping
Bamlanivimab Resources

- Operation Warp Speed Pre-EUA Playbook – Monoclonal Antibodies
- FDA Letter of Authorization
- Fact Sheet for Healthcare Providers
- Fact Sheet for Patients and Caregivers
- FDA Frequently Asked Questions
Community Testing Opportunities
Community Testing Opportunities

Testing Communities

All times are local.

PIERRE - National Guard Armory, 3440 E. Hwy. 34
November 10 | 7 a.m. – 5 p.m.
November 11 | 8 a.m. – 5 p.m.

MOBRIDGE - National Guard Armory, 1213 Lake Front Dr.
November 11 | 8 a.m. – 5 p.m.

ABERDEEN - Fairgrounds, 400 24th Ave. NW
November 12 & 13 | 8 a.m. – 5 p.m.
November 14 | 8 a.m. – 12 p.m.

CHAMBERLAIN / OACOMA - Oacoma Community Center, 100 E. 3rd St.
November 14 | 8 a.m. – 5 p.m.

WATERTOWN - National Guard Armory, 1951 N. Hwy. 20
November 15 & 16 | 8 a.m. – 5 p.m.

MADISON - Baughman Park, 1100 3rd St. SE
November 17 | 12 p.m. – 6 p.m.
November 18 | 8 a.m. – 5 p.m.

YANKTON - Mall Parking Lot, 2101 Broadway Ave.
November 17 | 12 p.m. – 6 p.m.
November 18 | 8 a.m. – 5 p.m.

MARTIN - Post 240 American Legion, 210 East Bennett Ave.
November 20 | 9 a.m. – 6 p.m.

CUSTER - Custer Search & Rescue, 1073 Montgomery St.
November 20 | 8 a.m. – 5 p.m.

SPEARFISH - Spearfish High School, 1725 N. Main St.
November 21 & 22 | 8 a.m. – 5 p.m.
Community Testing Opportunities

COVID-19 Drive-Thru Mass Testing Events

Register for a Testing Time

Pre-registration is required to secure a testing time. Testing is FREE.

Registration Instructions | Covid-19 Drive up Testing video
Community Testing Opportunities

Do I Need a COVID-19 Test?

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Click here to register for a COVID-19 test.
Community Testing Opportunities

Returning Users

Username
Forgot username?

Password
Forgot password?

Log on

New Users Sign-up Here

Every individual that is registering for a test must create a separate account.

You do not have to have symptoms to register for a test.

Register
Long Term Care
Disease Impact – United States

as of 10.25.20

Resident Cases and Deaths

TOTAL COVID-19 CONFIRMED CASES 281,110
TOTAL COVID-19 SUSPECTED CASES 153,951
TOTAL COVID-19 DEATHS 63,617

Long Term Care in South Dakota

*Nursing Homes and Assisted Living Centers*

- Cumulative Total Resident Cases – 1530
- Cumulative Total Resident Active Cases – 836*
- Cumulative Total Resident Deaths – 281
- Cumulative Total LTC Facility with Case – 191
- Current Total of LTC with Case – 134*
- Cumulative Total Case in Staff – 817
- Total Active Cases in Staff – 651*
- Cumulative Total Staff Hospitalized – 22

*self-reported by touch-base calls as of 11/10/2020 - all data is provisional
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
Resources for Long Term Care


Here is the link to the NH Resource Center: [https://www.cms.gov/nursing-homes](https://www.cms.gov/nursing-homes) ;

and the specific link to the training series: [https://qsep.cms.gov/welcome.aspx](https://qsep.cms.gov/welcome.aspx)
Staffing Resource Options

In recognizing the critical role of family members and close friends in the life of residents in LTC and acknowledging the ongoing COVID-19 pandemic, it is strongly recommended LTC facilities develop and implement their response plan to acknowledge and include designated essential caregivers and volunteers.

- **Essential caregiver** is an individual(s) whether family or friend who previously was actively involved with the resident and/or was committed to providing companionship or assisting in the activities of daily living of the resident.

- **Volunteer** may be a member of the community performing other roles to free time for direct care staff.
Community Mitigation
Dashboard

Community Spread Map by County of Residence

Hover over a county to see its details, or click county to update the orange boxes.

Total Confirmed Cases: 55,705
Total Probable Cases: 2,991
Total Persons Tested: 283,120
Total Tests: 492,271
Ever Hospitalized: 3,389
Deaths: 567
% Progress (October Goal: 44,233 Tests): 328%
% Progress (November Goal: 44,233 Tests): 119%

RT-PCR Test Positivity Rate:
- Last 1 Day: 21.0%
- Last 7 Days: 20.1%
- Last 14 Days: 20.1%
- Cumulative: 11.6%

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

Date Reported to SD-DOH
- Positive Cases @ 14-Day Trend Line

South Dakota Department of Health
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:

[ hyperlink to covid.sd.gov ]

[ hyperlink to 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