We will begin in just a few moments. Thanks!
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of December 2, 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 December 2, 2020)

- **International**
  - 63,360,234 confirmed cases
  - 1,475,825 deaths

- **United States** (50 states + DC)
  - 13,626,022 confirmed cases
  - 269,763 deaths

- **South Dakota**
  - 82,203 confirmed and probable cases
  - 995 deaths
  - 66,351 recovered cases
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

As of December 2, 2020
As of December 2, 2020

Substantial Community Spread

- Aurora
- Beadle
- Bennett
- Bon Homme
- Brookings
- Brown
- Brule
- Buffalo
- Butte
- Charles Mix
- Clark
- Clay
- Codington
- Corson
- Custer
- Day
- Deuel
- Dewey
- Douglas
- Edmunds
- Fall River
- Grant
- Gregory
- Haakon
- Hamlin
- Hand
- Hanson
- Hughes
- Hutchinson
- Hyde
- Jackson
- Jerauld
- Kingsbury
- Lake
- Lawrence
- Lincoln
- Lyman
- Marshall
- McCook
- McPherson
- Meade
- Mellette
- 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
Quarantine Importance

• CDC has recommended 14 days of quarantine from the day of last exposure to a person with COVID-19

• 14 days of quarantine equates to the length of the maximum incubation period (exposure to illness)

• Quarantine reduces the risk that infected persons might unknowingly transmit infection to others
  • People are able to transmit SARS-CoV-2 before symptoms develop
  • 20-40% of infected persons never develop symptomatic illness

• Quarantine ensures persons who become symptomatic or are detected during quarantine can receive care

• 14-day quarantine can impose burdens and affect:
  • Physical health
  • Mental health
  • Economic situation

• People who perceive quarantine as difficult may:
  • Dissuade recently diagnosed persons from naming contacts
  • Dissuade contacts from responding to DOH outreach

• Reducing the length of quarantine will reduce the burden and may increase compliance
Updated Quarantine Guidelines

- CDC provide alternatives to a 14-day quarantine based on evolving COVID-19 knowledge

- SD-DOH has adopted the following:

  - **10-day quarantine** (new standard): a person can be released after 10 days of quarantine if they remain asymptomatic (no symptoms) AND they continue to monitor for symptoms through Day 14

  - **7-day quarantine** (optional): a person can be released after 7 days of quarantine if they remain asymptomatic (no symptoms) AND they have a negative molecular or rapid antigen test (collected on Day 5 or later) AND they continue to monitor for symptoms through Day 14

  * Strongly recommended that persons take precautions, including: wear a mask, physically distance (>6 ft), practice hand and cough hygiene, clean and disinfect environment, and avoid crowds

- If an individual develops any COVID-19 symptoms during the 14 days after last exposure to a person with COVID-19, SD-DOH recommends the individual be tested for SARS-CoV-2

- Transmission risk, while low with these quarantine modifications, is not zero
  - 10-day quarantine (no symptoms, no test): 1.4% estimated post-quarantine risk
  - 7-day quarantine (no symptoms, negative test): 4.0%-5.5% estimated post-quarantine risk

Qualtrics Surveys

SD DOH Portal

The South Dakota Department of Health has important health information to share with you. You will be provided this health information within a secure portal and asked a series of questions. The information you provide is kept confidential and will help prevent the spread of illness to others. Total length of time to complete the questionnaire should be approximately 10 minutes.

Thank you, in advance, for providing the requested information to help us prevent additional illness in your community and in South Dakota.

Please enter your Last Name (all lowercase, e.g. smith) and Date of Birth (mm/dd/yyyy, e.g. 01/01/1993) below.

If you are having trouble accessing the portal, please click here.

If asked to be contacted and provided an email, you will shortly receive two separate emails. One will contain your Personal Key (DO NOT LOSE) and the other will contain the link to the South Dakota DOH Portal where you can access and print the following letters.

If you are asked to be contacted and provided a phone number, you will shortly receive a text message. It will contain the link to the South Dakota DOH Portal where you can access and print the following letters. In order to access the survey you will need to write down your Personal Key.

Your Personal Key is:
(Do not lose or share with anyone)
Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate — Kansas, June 1–August 23, 2020
### TABLE. Characteristics of cumulative laboratory-confirmed COVID-19 cases, hospitalizations, and deaths among New York City residents reported to the New York City Department of Health and Mental Hygiene — New York City, February 29–June 1, 2020

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Cases</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Rate¹</td>
<td>No. (row %)</td>
</tr>
<tr>
<td>Total</td>
<td>203,792</td>
<td>2,263</td>
<td>54,211 (26.6)</td>
</tr>
<tr>
<td>Age group, yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0–17</td>
<td>6,016</td>
<td>348</td>
<td>508 (8.4)</td>
</tr>
<tr>
<td>18–44</td>
<td>74,654</td>
<td>2,215</td>
<td>8,474 (11.4)</td>
</tr>
<tr>
<td>45–64</td>
<td>73,998</td>
<td>7,007</td>
<td>18,219 (24.6)</td>
</tr>
<tr>
<td>65–74</td>
<td>25,182</td>
<td>2,518</td>
<td>12,009 (47.7)</td>
</tr>
<tr>
<td>≥75</td>
<td>23,942</td>
<td>3,425</td>
<td>15,001 (62.7)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>98,992</td>
<td>2,060</td>
<td>23,612 (23.9)</td>
</tr>
<tr>
<td>Male</td>
<td>104,675</td>
<td>2,511</td>
<td>30,589 (29.2)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>36,498</td>
<td>1,514</td>
<td>15,288 (41.9)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>32,458</td>
<td>1,590</td>
<td>14,676 (45.2)</td>
</tr>
<tr>
<td>White</td>
<td>31,029</td>
<td>988</td>
<td>11,057 (35.6)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>8,122</td>
<td>601</td>
<td>3,441 (42.4)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>196</td>
<td>973</td>
<td>33 (16.8)</td>
</tr>
<tr>
<td>Other race/Missing</td>
<td>95,489</td>
<td>—</td>
<td>9,716 (10.2)</td>
</tr>
<tr>
<td>Neighborhood poverty¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>33,114</td>
<td>1,787</td>
<td>7,498 (22.6)</td>
</tr>
<tr>
<td>Medium</td>
<td>79,327</td>
<td>2,169</td>
<td>20,907 (26.4)</td>
</tr>
<tr>
<td>High</td>
<td>48,998</td>
<td>2,315</td>
<td>15,034 (30.7)</td>
</tr>
<tr>
<td>Very high</td>
<td>36,642</td>
<td>2,706</td>
<td>10,341 (28.2)</td>
</tr>
<tr>
<td>Borough of residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronx</td>
<td>46,085</td>
<td>3,157</td>
<td>12,076 (26.2)</td>
</tr>
<tr>
<td>Brooklyn</td>
<td>56,548</td>
<td>2,104</td>
<td>15,125 (26.7)</td>
</tr>
<tr>
<td>Manhattan</td>
<td>25,315</td>
<td>1,369</td>
<td>7,867 (31.1)</td>
</tr>
<tr>
<td>Queens</td>
<td>62,260</td>
<td>2,507</td>
<td>16,806 (27)</td>
</tr>
<tr>
<td>Staten Island</td>
<td>13,577</td>
<td>2,701</td>
<td>2,337 (17.2)</td>
</tr>
</tbody>
</table>
% of Total Cases, Hospitalizations, and Deaths by Race

Overall State Population: 84.56%
- White: 9.04%
- Native American: 6.40%
- Unknown: 6.40%
- Other: 6.40%

Cases: 69.28%
- White: 12.32%
- Native American: 11.12%
- Unknown: 3.52%
- Other: 3.52%

Hospitalizations: 67.67%
- White: 19.92%
- Native American: 6.55%
- Unknown: 2.50%
- Other: 2.50%

Deaths: 77.36%
- White: 12.78%
- Native American: 6.64%
- Unknown: 3.22%
- Other: 3.22%

Rates per 100,000

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>AI/AN</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>7,936.0</td>
<td>13,849.2</td>
<td>5,513.7</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>428.7</td>
<td>1,238.5</td>
<td>216.0</td>
</tr>
<tr>
<td>Deaths</td>
<td>106.7</td>
<td>172.8</td>
<td>60.6</td>
</tr>
</tbody>
</table>

AI/AN: American Indian or Alaskan Native
Selected CDC Updates


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 and correctional facilities
- Underinsured or uninsured individuals
- Low-income individuals or individuals unable to pay for testing
- Homeless individuals
SDPHL SARS-CoV-2 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 programs

• Confirmation testing for the following scenarios:
  – Symptomatic individual in high-prevalence setting with negative antigen test
  – Asymptomatic individuals in low-prevalence setting with positive antigen test
FDA Updates

- FDA has issued Emergency Use Authorization for the following:
  - 195 (6): Molecular Diagnostic Tests for SARS-CoV-2
  - 61 (3): Serological Tests
  - 32 (-2): Molecular-Based Laboratory Developed Tests for SARS-CoV-2
  - 7: Antigen Diagnostic Tests for SARS-CoV-2

- Notable EUA Updates:
  - Drugs and Biological Products: Eli Lilly, Regeneron
  - SARS-CoV-2 Reference Panel Comparative Data
Reference panel data allows for a more precise comparison of the analytical performance of different molecular tests for SARS-CoV-2.

The FDA reference panel was made available to the developers of EUA authorized SARS-CoV-2 assays.

Comparative data from test developers are displayed in a series of tables according to sample matrix used in the study:
- Swab in transport media (Table 2a; 118 entries)
- Direct swabs (Table 2b; 4 entries)
- Saliva (Table 2c; 7 entries)
SARS-CoV-2 Reference Panel Comparative Data

- Presented below are some of the comparative data for the more common molecular diagnostic tests used in South Dakota laboratories:

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Manufacturer</th>
<th>Test</th>
<th>Limit of Detection (NDU/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swab in Transport Medium</td>
<td>Hologic, Inc</td>
<td>Aptima SARS-CoV-2 Assay</td>
<td>600</td>
</tr>
<tr>
<td>Swab in Transport Medium</td>
<td>Cepheid</td>
<td>Xpert Xpress SARS-CoV-2</td>
<td>5400</td>
</tr>
<tr>
<td>Swab in Transport Medium</td>
<td>Roche</td>
<td>Roche Cobas Liat</td>
<td>5400</td>
</tr>
<tr>
<td>Swab in Transport Medium</td>
<td>CDC</td>
<td>Influenza+SARS-CoV-2</td>
<td>5700</td>
</tr>
<tr>
<td>Swab in Transport Medium</td>
<td>Diasorin</td>
<td>Simplexa COVID-19</td>
<td>6000</td>
</tr>
<tr>
<td>Swab in Transport Medium</td>
<td>BioFire Diagnostics</td>
<td>Respiratory Panel 2.1</td>
<td>6000</td>
</tr>
<tr>
<td>Swab in Transport Medium</td>
<td>CDC</td>
<td>2019-nCoV RT-PCR</td>
<td>18000</td>
</tr>
</tbody>
</table>

NDU/mL = NAAT Detectable Units/ml
Expansion of SARS-CoV-2 Testing Opportunities in South Dakota

• To help combat the spread of COVID-19, SDDOH is expanding opportunities for SARS-CoV-2 testing.

• New testing opportunities are being offered by the SDDOH for the following:
  – Expanded antigen testing with emphasis on symptomatic individuals
  – Household close-contact testing
  – End-of-quarantine testing

• New testing opportunities from the SDDOH include:
  – Abbott BinaxNow antigen testing
  – QIAGEN QIAreach antigen testing
  – Vault Health saliva testing
Expanded Antigen Testing: Abbott BinaxNOW

- SDDOH will receive a weekly federal allocation of Abbott BinaxNOW tests through the end of December 2020.
- SDDOH has placed BinaxNOW cards in the following:
  - K-12 schools
  - Correctional facilities
  - Long-term care facilities
  - Residential service providers to vulnerable populations
  - FQHCs and other facilities that serve vulnerable populations
- SDDOH continues to accept requests for BinaxNOW antigen cards
  - Joan.Adam@state.sd.us
  - Laurie.Gregg@state.sd.us
  - Tim.Southern@state.sd.us
Expanded Antigen Testing: QIAGEN QIAreach

- In response to our solicitation in mid-November, SDDOH received requests to place QIAGEN resources at over 140 locations in SD.

- SDDOH still awaits notification of FDA EUA approval for the QIAreach Antigen Test.

- Upon EUA approval, SDDOH will:
  - Purchase QIAGEN resources for distribution throughout SD
  - Hold a brief instructional webinar about QIAGEN resources
  - Place QIAGEN resources at approved organizations

- QIAGEN resources can still be requested by contacting:
  - Laurie.Gregg@state.sd.us
  - Tim.Southern@state.sd.us
Close-Contact and End-of-Quarantine Testing

• In November, SDDOH began offering saliva testing to household close-contacts of individuals known to have COVID-19.
  – Household contacts are now offered free saliva testing during case investigation and contact tracing processes

• In December, SDDOH will make free saliva testing available to support the CDC test-based option to end quarantine early.
  – Saliva testing will be available through the SDDOH website
  – Saliva kits will be shipped from Vault Health
  – Saliva specimens will be collected during a virtual consultation with a Vault Health provider
  – Specimens will be shipped to Rutgers Laboratory
  – Molecular testing will be performed
  – Results will be available within 2-3 days
Long Term Care
Disease Impact – Long-Term Care in the United States as of 11/15/20

Resident Cases and Deaths

- **Total COVID-19 Confirmed Cases**: 331,904
- **Total COVID-19 Suspected Cases**: 164,944
- **Total COVID-19 Deaths**: 69,872
Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- Total LTC Currently with a Case – 126* (-1)
- Cumulative Total LTC Facility with Case – 197 (+1)
- Total Active Cases in a Resident – 935* (+11)
- Cumulative Total Resident Cases – 2,498 (+96)
- Cumulative Total Resident Deaths – 476 (+61)
- Total Active Cases in Staff – 506* (-84)
- Cumulative Total Case in Staff – 1,052 (+26)
- Cumulative Total Staff Hospitalized – 23 (0)

*Self-reported through touch-base calls as of 11/30/2020 - all data is provisional
390.2 cases /1,000 residents
86.7 deaths/1,000 residents
Statewide data as of 11/30/20 – all cases reported

RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time.

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

14-Day Trend of Positive Cases by Date Reported to SD-DOH: This graph shows the trend (increasing or decreasing) of COVID-19 positive cases (persons who meet the national surveillance case definition for COVID-19) at the state or county level.
The Core Principles of COVID-19 Infection Prevention

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
STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Avoid touching your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19

PERSONAL PREVENTIVE MEASURES

- Diligently practicing hand hygiene, respiratory etiquette, and physical distancing whenever possible at work, at home and in the community.

BUILDING CLEANING AND BARRIERS

- Removing the sources of exposure as much as possible, by means such as environmental cleaning and physical barriers.

MODIFIED POLICIES, PROCEDURES AND PRACTICES

- Containing and adjusting the movement of employees to minimize exposure to the virus, while taking into consideration functional and operational requirement and capacity, to support physical distancing.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- PPE is the last line of defense when all other measures are not practical, inadequate or exhausted. The use of PPE to prevent exposure should follow the Public Health Agency of Canada’s public health guidance and Health Canada’s Public Service Occupational Health Program advisories.
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 the resident safe.
- Follow facility policy for visitation to include holiday timeframes.
- Upon the resident’s return place them on observation as if a new admit.
  - The resident is not cohorted with positive or suspected COVID cases.
  - The resident is placed in observation and monitored for COVID signs and symptoms.

*With the exception of Memo 20-39, the above are recommendations voiced by CMS. These are not requirements/rules/regulations and are not in writing.*
Vaccination Update
Distribution will adjust as the 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

Illustrative scenario for planning purposes; will be adapted based on the clinical/manufacturing information on all OWS candidates and vaccine prioritization.
Target Populations for phase 1

• Healthcare personnel
• LTC Residents and staff
• Underlying medical conditions
• Persons 65 and older
• Persons from racial and ethnic minority groups
• Persons from Tribal communities
• Other essential workers
• Persons incarcerated
• Homeless shelters
• Colleges and Universities
• Persons living or working in congregate settings
• Rural communities
• Persons with disabilities
• Un/underinsured
NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

- Dashboard
- Your Health
- Community, Work & School
- Vaccination
- Healthcare Providers
- Updates
- Drive-Thru Mass Testing Events
- COVIDAge Risk Calculator
- Quarantine & Isolation Calculator
COVID-19 VACCINE INFORMATION

Click here to find out more about Operation Warp Speed from the U.S. Department of Defense.
Stay Informed

• VaccineFinder Training
  ○ VaccineFinder Information Sheet (review material)
  ○ VaccineFinder Registration Information (review material)
  ○ NEW! Provider Set Up & Inventory Video (12 min)
  ○ VaccineFinder Data Import Instructions (review material)
  ○ Resources
    ▪ Onboarding emails will come from: vaccinefinder@auth.castlighthousehealth.com
    ▪ Technical support team: vaccinefinder@castlighthousehealth.com
    ▪ VaccineFinder Training Video | Slides (27 min) (optional)

• SDIIS Training
  ○ User Application
  ○ Login and Change Password
  ○ Search for Patients and Edit Information
  ○ Give Vaccine
  ○ Ordering and Receiving
  ○ Inventory Management
  ○ Vaccine Transfer
Provider Enrollment

• **Qualtrics** platform is being used for enrollment
  [https://dohsd.sjc1.qualtrics.com/jfe/form/SV_eVYZ1lht9aCoHFX](https://dohsd.sjc1.qualtrics.com/jfe/form/SV_eVYZ1lht9aCoHFX)

• Provider Agreement

• Provider Profile

• Assigning of Unique Provider COVID Vaccine Number
End to End System Test

SD in conjunction with OWS, CDC, and Sanford Health is conducting an end to end test for COVID-19 Vaccine ordering and delivery:

- Testing IT infrastructure
- Testing Ordering
- Testing Vaccine Shipping
- Testing Vaccine Receiving
Emergency ACIP meeting 12.2.2020 on COVID-19 vaccine which will include a vote on the initial groups recommended to receive upcoming COVID-19 vaccine when it becomes available.

https://www.cdc.gov/vaccines/acip/index.html
First bolus

• Currently SD will receive 7,800 doses of the Pfizer COVID-19 vaccine for the initial shipment
• Vaccine being sent to Avera, Sanford, Monument
COVID-19 Vaccine Education

• Vaccinators
  – Must complete vaccine education

• Support staff (not providing vaccinations)
  – Internal training (facilities EMR)
  – SD Vaccination Page (training material pertaining to SDIIS data)
  – Storage and handling training

• Informed consent
  – Not required under EUA – will receive EUA FAQ sheet to distribute
Training In Progress

- **CDC** is finalizing written guidance for returning expired vaccine and wastage data
  - Developing supplemental guidance for each vaccine

- **Manufacturers** will also develop material specific to the vaccine
  - Will be distributed when available
What’s New?

V-safe CDC

• Smartphone-based tool uses messaging and web surveys to provide personalized health check-ins after someone receives a COVID-19 vaccination

• Prompt side-effect notification to CDC
Infection Prevention
CDC COVID-19 Guidance: CDC continues to learn more about Coronavirus Disease 2019 (COVID-19) and guidance around infection prevention and control (IPC) for healthcare settings continues to be updated to reflect developing knowledge. Below is a list of some of the key healthcare IPC related guidance documents and resources that have been recently published or updated by CDC:

- Strategies for Optimizing the Supply of Facemasks (11/23/20)
- Strategies for Optimizing the Supply of N95 Respirators (11/23/20)
- Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating (11/16/20)
- Guidance for SARS-CoV-2 Point-of-Care Testing (11/13/20)
- Interim Additional Guidance for IPC Recommendations for Outpatient Hemodialysis Facilities (11/6/20)
- Interim IPC Recommendations for Healthcare Personnel During the COVID-19 Pandemic (11/4/20)
Antibiotic Use During COVID-19: Antibiotic Stewardship & Resources from CDC

• New: Data on antibiotic use, AR, and COVID-19 (PDF)
• New: National Healthcare Safety Network Antibiotic Use Option Data Report (PDF)
• New: National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB), 2020-2025
• New: Safe Healthcare blog post, authored by David Hyun, M.D. and Rachel Zetts, MPH from The Pew Charitable Trusts, discussing strategies for reducing inappropriate antibiotic use
• New: Story sharing TATFAR member activities for World Antimicrobial Awareness Week
• Updated: Antibiotic Use Quiz
Is That Hand Sanitizer Safe?

With the influx of hand sanitizers on the market, make sure you are using a product that has been evaluated by the FDA for safety and efficacy. Some sanitizers have been found to have:

- Contamination with potentially toxic types of alcohol
- Not enough active ingredient (ethyl alcohol or isopropyl alcohol)
- Labels with false, misleading, or unproven claims

Some hand sanitizers have been recalled and there are more than 150 hand sanitizers the FDA recommends you stop using right away.

Check the FDA’s Do-Not-Use List

Community Mitigation
Daily Activities and Going Out

Deciding to go out

Running Errands

New Covid Website:

doh.sd.gov/COVID/
Dashboard:

NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

Dashboard
Your Health
Community, Work & School
Vaccination
Healthcare Providers

Drive-Thru Mass Testing Events
COVID Age Risk Calculator
Quarantine/Isolation Calculator

Community Spread Map by County of Residence

NEW CONFIRMED CASES: 416
NEW PROBABLE CASES: 32
ACTIVE CASES: 14,088
RECOVERED CASES: 65,876
CURRENTLY HOSPITALIZED: 547

Total Confirmed Cases: 75,391
Total Probable Cases: 5,521
RT-PCR Test Positive Rate: 14.9%
Total Persons Tested: 330,533
Total Tests: 615,534

Total Recovered: 65,876
Total Deaths: 948
% Progress: September Goal: 46.23%
% Progress: October Goal: 61.71%
% Progress: November Goal: 39.8%
Community, Work & School
Healthcare Providers

NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

- DASHBOARD
- YOUR HEALTH
- COMMUNITY, WORK & SCHOOL
- VACCINATION
- HEALTHCARE PROVIDERS
- UPDATES

Drive-Thru Mass TESTING EVENTS
COVIDAge Risk CALCULATOR
Quarantine/Isolation CALCULATOR

INFORMATION FOR MEDICAL PROVIDERS

- Office of Civil Rights (OCR): Ancillary Notification of Enforcement Action for Telehealth Remotes Communications During the COVID-19 Pandemic Public Health Emergency

Care of Patients with COVID-19 Infections

- When evaluating and providing medical care for a person with confirmed or suspected COVID-19 infection, please refer to CDC infection prevention and control recommendations.

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

Testing at the South Dakota Public Health Laboratory

- The following groups of individuals will be prioritized for testing:
  - Hospital patients
  - Pediatric patients
  - Respiratory and other workers, with symptoms
  - Individuals living or working in institutional settings, such as long-term care facilities, with symptoms
  - Individuals who present with symptoms, with exposure
Vaccination
Vaccination

COVID-19 Vaccine Information

For Healthcare Providers:
- Printed Patient Instructions
- Vaccines:
  - Pfizer/BioNTech
  - Moderna
  - Johnson & Johnson
- Vaccine Training:
  - Online Training Material
  - In-person Training Material
  - Contact: CDC
- Registration Information
- Training Materials
- Resources:
  - Technical Support: covid19@southdakota.gov

For Public:
- General Vaccine Information:
  - Benefits of Getting a COVID-19 Vaccine (CDC)
  - NIMI (Misconceptions about COVID-19 Vaccines) (CDC)
  - FAQs about COVID-19 Vaccination (CDC)
  - South Dakota COVID-19 Vaccine Plan

South Dakota COVID-19 Vaccine Plan:
- South Dakota COVID-19 Vaccine Plan (State Health Department)
- COVID-19 Vaccine Information for Providers, Public Health, and State Medicaid Program (SD)

Vaccination

COVID-19

Healthcare Providers

Public
Dashboard

Community Spread Map by County of Residence

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

RT-PCR Test Positivity Rate: This rate is equal to the number of positive RT-PCR tests divided by total RT-PCR tests, within the specified period of time.

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

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