Training for Healthcare Professionals

Cross-Cutting Topics

Search COVID-19 Trainings on TRAIN
Find COVID-19 trainings on infection control, self-care, personal protective equipment, and other topics via TRAIN. Note: Links to non-CDC courses do not constitute an endorsement by CDC. Only courses offered by CDC Course Providers have been verified and approved by CDC.

Varied formats: COVID-19 Trainings on TRAIN

Vaccination

COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
Learn about COVID-19 Emergency Use Authorization (EUA) and safety as well as vaccine storage, handling, administration, and reporting. Free CE.

Self-paced online course: COVID-19 Vaccine Training

Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know
Learn about the COVID-19 vaccine manufactured by Pfizer Pharmaceuticals, based on the recommendations of the Advisory Committee on Immunization Practices (ACIP) and guidance from the manufacturer. Free CE.

Self-paced online course: Pfizer-BioNTech COVID-19 Vaccine

Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during Shortages

Updated Dec. 29, 2020

This summary is intended to help healthcare facilities optimize supplies of disposable N95 filtering facepiece respirators when there is limited supply during the COVID-19 pandemic. The strategies are categorized in a continuum of care and further organized according to the hierarchy of controls, as defined below.

Conventional Capacity Strategies (should be incorporated into everyday practices)

**Engineering Controls**

- Place patients with suspected or confirmed SARS CoV-2 infection in an airborne infection isolation room (AIIR) for aerosol generating procedures, if possible.
- Use physical barriers such as glass or plastic windows at reception areas, curtains between patients, etc.
- Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction

Personal Protective Equipment

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.
Laboratory Guidance
SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH will receive a weekly federal allocation of Abbott BinaxNOW tests into early 2021.

- SDDOH continues to accept requests for BinaxNOW antigen cards
  - Joan.Adam@state.sd.us
  - Laurie.Gregg@state.sd.us
  - Tim.Southern@state.sd.us

- Inquiries for BinaxNOW resources can also be directed to:
  - Dorothy.Ahten@abbott.com
State-Sponsored COVID-19 Saliva Testing

https://doh.sd.gov/COVID/
SDPHL 2021 Schedule

- SDPHL will be closed for the New Year Holiday Friday, January 1
- SDPHL will perform high-priority testing on Saturday, January 2
- Beginning the week of January 4, SDPHL will perform SARS-CoV-2 testing Monday-Friday each week.
  - Specimens received on Saturday will be tested the following Monday
Viruses constantly change through mutation, and new variants of a virus are expected to occur over time.

Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic.

Most variants do not change how the virus behaves and many, if not most, disappear.
SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- Also known as: B.1.1.7 or 20B/501Y.V1.
- We are early in our efforts to understand this new variant.
- Rapid spread of this new variant was recognized in the UK in mid-December 2020. At that time, public health experts cautioned that the virus was likely already in the United States.
- In addition to the reported case in Colorado, it is likely that we will find additional cases in the United States in the coming days.
SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

• Based on analysis of the variant’s genome and the tracking of cases associated with it, the variant may spread more easily and quickly than previous strains. This could increase the overall spread of SARS-CoV-2.

• The variant does not appear to cause more severe disease or death than the previous circulating strain. However, a higher rate of transmission could lead to more cases, which would increase the number of people overall who need clinical care.
Impact on immunity: Based on studies with other viruses containing similar mutations, experts believe that immunity to this virus from either natural infection or from vaccination will be effective against this strain. Studies are pending to assess whether the immune response to infection with other variants or current vaccines will work as effectively with this strain.

Impact on monoclonal antibody treatment: In theory, mutations in this virus might render some monoclonal antibodies less effective. However, there is no evidence yet that this is the case.

Impact on vaccines: As noted above, experts anticipate little or no impact, although testing to confirm this is still pending.
SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- **Impact on diagnostic tests:** CDC, together with FDA, is evaluating diagnostic test performance against the variant. Diagnostic tests detect current infections with the virus. We expect that all currently available diagnostic tests will detect the variant.
  - One commonly used test (ThermoFisher TaqPath assay) gives a characteristic pattern ("S-target dropout") when detecting this variant in a specimen. This result does not adversely affect the performance of the test.
## Diagnostic Impact of UK Variant

<table>
<thead>
<tr>
<th>Manufacturer/Platform</th>
<th>Target(s)</th>
<th>Anticipated Varian Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hologic Panther</td>
<td>ORF1ab-1 and ORF1ab-2</td>
<td>None anticipated</td>
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<tr>
<td>Thermofisher</td>
<td>ORF1ab, N gene, Spike gene</td>
<td>Known spike signal drop-out</td>
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<tr>
<td>Cepheid</td>
<td>N gene and E gene</td>
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<tr>
<td>Diasorin</td>
<td>Spike gene and ORF1ab</td>
<td>Under investigation</td>
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<tr>
<td>BioFire 2.1</td>
<td>Spike gene and membrane protein gene</td>
<td>Under investigation</td>
</tr>
<tr>
<td>Abbott BinaxNow and ID Now</td>
<td>RNA polymerase gene</td>
<td>None anticipated</td>
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