2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

July 23, 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 July 22, 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
• Infection Prevention
• Community Mitigation
• Supply Chain Management
• On-going Communications
• Q&A Session

Note: Slides and a recording of the presentations will be posted to doh.sd.gov/news/COVID19/Calls.aspx following the webinar.
Situation Update
Coronavirus Situation  (as of July 22, 2020)

- **International**
  - 14,765,256 confirmed cases
  - 612,054 deaths

- **United States** (50 states + DC)
  - 3,882,167 confirmed cases in U.S.
  - 141,677 deaths

- **South Dakota**
  - 8,077 confirmed cases in South Dakota
  - 119 deaths
  - 7,159 recovered
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

Positive Cases in South Dakota by Date

As of July 22, 2020
COVID-19 Case Map, by County
As of July 22, 2020
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
Isolation Discontinuation Guidance


Key Points:

- Test-based strategy for release from isolation is no longer routinely recommended by CDC. Use of testing to discontinue isolation or transmission-based precautions should only be considered for severely immunocompromised patients in consultation with an infectious disease physician.
- Updated criteria for release of isolation for persons at home:
  - At least 10 days have passed since symptom onset, AND
  - At least 24 hours have passed since:
    - Resolution of fever, AND
    - Other symptoms have improved

*Persons who never developed COVID-19 symptoms may be released 10 days after their first positive test.*
Isolation Discontinuation Guidance

- Updated criteria for discontinuing transmission-based precautions **for patients or residents in a healthcare setting** (e.g., acute care hospital or long-term care facility):
  - A test-based strategy is no longer routinely recommended because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. A test-based strategy could be considered for patients (e.g., severely immunocompromised) in consultation with an infectious disease physician if concerns exist for a patient being infectious for more than 20 days.
  - For patients with mild to moderate illness who are not severely immunocompromised:
    - At least 10 days have passed since symptom onset, AND
    - At least **24 hours** have passed since:
      - Resolution of fever, AND
      - Other symptoms have improved
  - For patients with severe to critical illness or who are severely immunocompromised:
    - At least 20 days have passed since symptoms first appeared, AND
    - At least 24 hours have passed since:
      - Last fever without the use of fever-reducing medications, AND
      - Symptoms (e.g., cough, shortness of breath) have improved

*For severely immunocompromised patients who were asymptomatic throughout their infection, transmission-based precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.*
Immune Response to SARS-CoV-2 and Potential for Re-Infection

Available at https://www.cdc.gov/vaccines/acip/meetings/index.html

- Most COVID-19 patients mount serum antibody responses
- Even mild cases of COVID-19 result in development of antibodies
- Magnitude of antibody response roughly correlates with severity (consistent with other coronavirus infection)
- A portion of individuals with antibody responses may not develop serum neutralizing antibody responses
- By 8 weeks after discharge, a portion of patients have dropped below 50% inhibition neutralization threshold
- At this time, CDC has not identified any evidence for re-infection within 90 days of symptom onset
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
Antibody Testing for SARS-CoV-2

• In accordance with federal recommendations, SDPHL will:
  – Provide a dual-antibody testing algorithm for SARS-CoV-2
  – Only use FDA EUA-approved tests
    – IgM and IgG on the Abbott Architect
    – IgM and IgG on the bioMerieux VIDAS3

• Antibody testing at the SDPHL will be used for the following:
  – Aid in diagnosis of COVID-19
  – Seroprevalence studies
  – Help identify convalescent plasma donors
convalescent plasma therapy works:

1. Plasma is collected from individuals who have recovered from COVID-19
2. Plasma is then provided to COVID-19 patients through intravenous transfusion
3. Donor plasma then helps the severely ill patient fight the viral infection
Additional information about convalescent plasma therapy for COVID-19 can be found at the following:


Mayo University: [https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440](https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440)

Expanded Access Program: [https://www.uscovidplasma.org/](https://www.uscovidplasma.org/)
Long-Term Care Antigen Testing

• HHS will place rapid testing devices in LTC facilities across the country

• Initial placement will be focused on COVID hotspots in the US

• CMS will prioritize distribution to nursing homes using the following criteria:
  – 3 or more confirmed/suspected cases of COVID-19 in last 7 days
  – At least one new COVID-19 case in last 7 days after zero previous cases
  – Inadequate access to testing within last 7 days
  – At least one new resident death due to COVID-19 within last 7 days
  – At least one new confirmed or suspected COVID-19 case among staff within last 7 days
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  - At least one new confirmed or suspected COVID-19 case among staff within last 7 days
Changes to Remdesivir Allocation

• Remdesivir will no longer be provided to the Department of Health for allocations to hospitals in South Dakota

• The federal government is working with Amerisourcebergen and the Department of Health to sell and directly ship remdesivir to South Dakota health care facilities

• To purchase remdesivir, health care facilities must:
  – meet the previously established criteria to administer the drug
  – be registered with Amerisourcebergen
  – agree to purchase the drug

• Questions about the remdesivir allocation and purchase process can be sent to: Bob.Coolidge@state.sd.us
Infection Control
COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

**Preferred PPE – Use** N95 or Higher Respirator

- Face shield or goggles
- Isolation gown
- One pair of clean, non-sterile gloves

**Acceptable Alternative PPE – Use** Facemask

- Face shield or goggles
- Isolation gown
- One pair of clean, non-sterile gloves

When respirators are not available, use the best available alternative, like a facemask.

Facemask

N95 or higher respirators are preferred but facemasks are an acceptable alternative.


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<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
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| HCP who had prolonged close contact² with a patient, visitor, or HCP with confirmed COVID-19³ | • HCP not wearing a respirator or facemask⁴  
• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask  
• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure⁵ | • Exclude from work for 14 days after last exposure⁶  
• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶  
• Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Update 07/17/2020)

Summary of Changes to the Guidance

Below are changes to the guidance as of July 17, 2020:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.
- For patients with severe to critical illness or who are severely immunocompromised, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised patients, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- Other symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications.
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- A summary of current evidence and rationale for these changes is described in a decision memo.

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Update 07/17/2020)

Summary of Recent Changes as of July 17, 2020

- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.

- For HCP with severe to critical illness or who are severely immunocompromised¹, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised¹ HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).

- Other symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19

- A summary of current evidence and rationale for these changes is described in a Decision Memo.

Community Mitigation
Dashboard

Staffed Hospital Bed Capacity

Case Results

Case Map by County of Residence

Staffed ICU Bed Capacity
Supply Chain Management
PPE Request Procedure

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 Information Sources

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?

COVID Helpline: 800-997-2880
Epidemiology: 605-773-3737
Laboratory: 605-773-3368

COVID.sd.gov
COVIDSD@state.sd.us