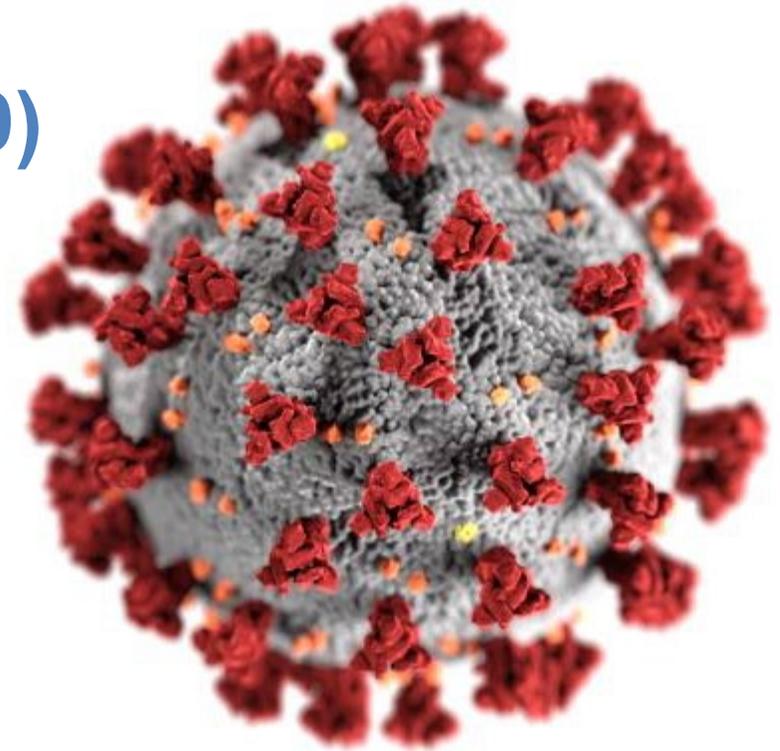


# 2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

July 23, 2020



**We will begin in just a few moments. Thanks!**



SOUTH DAKOTA DEPARTMENT OF HEALTH

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://www.southdakota.gov/covid-19)

# 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](https://doh.sd.gov/news/COVID19/Calls.aspx) following the webinar.**



SOUTH DAKOTA DEPARTMENT OF HEALTH



# Situation Update

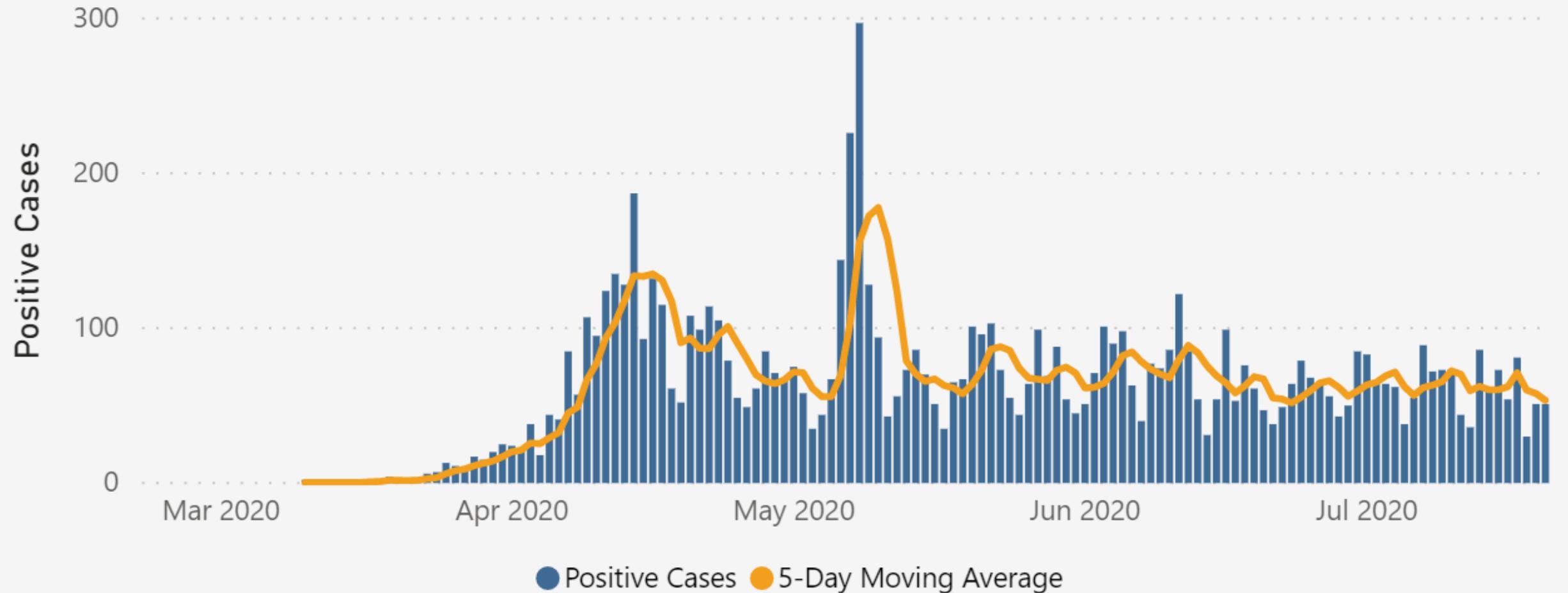
# Coronavirus Situation (as of July 22, 2020)

- [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

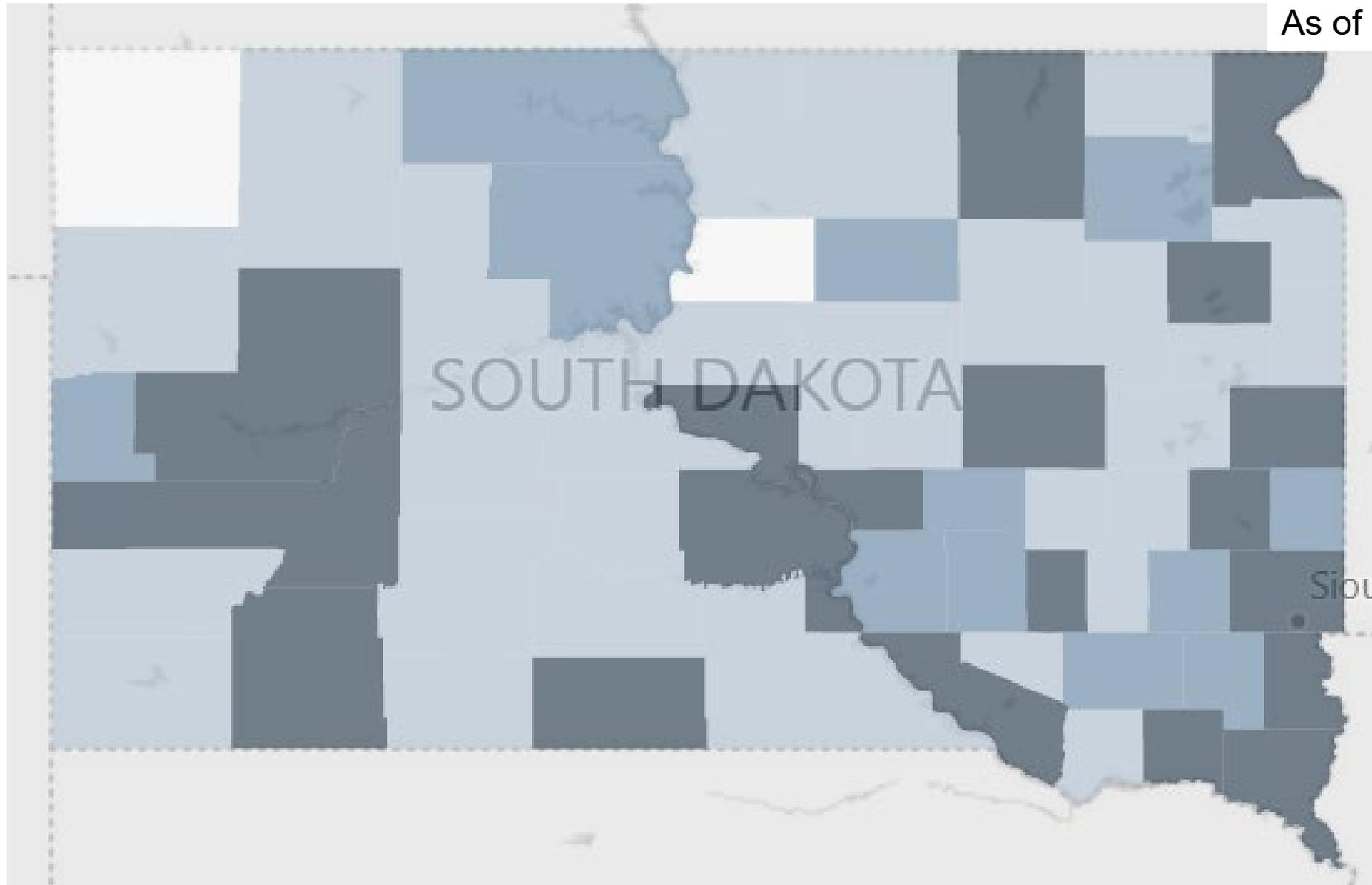
Positive Cases in South Dakota by Date

As of July 22, 2020



# COVID-19 Case Map, by County

As of July 22, 2020



# 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

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



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# Isolation Discontinuation Guidance

Available for healthcare settings at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html> and for home isolation at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

## 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

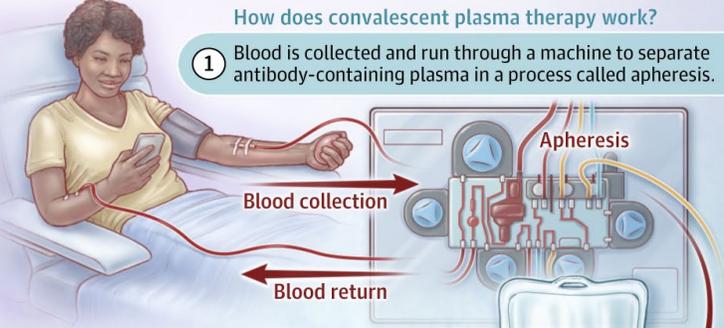
# Convalescent Plasma and COVID-19

**Convalescent plasma and COVID-19**

The blood of recovered COVID-19 patients contains proteins called antibodies developed by the immune system to fight the SARS-CoV-2 virus. Antibodies are found in the blood plasma, which can be collected and used to treat other COVID-19 patients with a **convalescent plasma** transfusion that is safe and has few side effects.

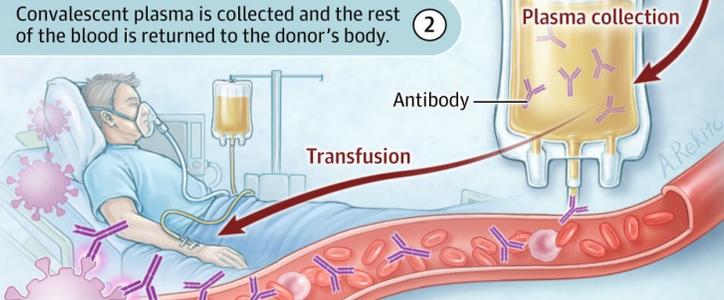
**How does convalescent plasma therapy work?**

- 1 Blood is collected and run through a machine to separate antibody-containing plasma in a process called apheresis.



Convalescent plasma is collected and the rest of the blood is returned to the donor's body.

- 2



Transfusion

- 3 Convalescent plasma is given to COVID-19 patients through intravenous transfusion to deliver antibodies to their blood.

**Who can become a convalescent plasma donor?**

People who tested positive for COVID-19 and have been symptom free for 14 days.  
People never confirmed to have had COVID-19 but who have recovered from COVID-19 symptoms and also tested positive for SARS-CoV-2 antibodies.

.....  
All donors must meet all other standard blood donation criteria.

<https://jamanetwork.com/journals/jama/fullarticle/2767351>

## How 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

# Convalescent Plasma and COVID-19

Additional information about convalescent plasma therapy for COVID-19 can be found at the following:

Red Cross: <https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html>

American Society of Hematology: <https://www.hematology.org/covid-19/covid-19-and-convalescent-plasma>

Mayo University: <https://www.mayoclinic.org/tests-procedures/convalescent-plasma-therapy/about/pac-20486440>

Expanded Access Program: <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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# Changes to Remdesivir Allocation

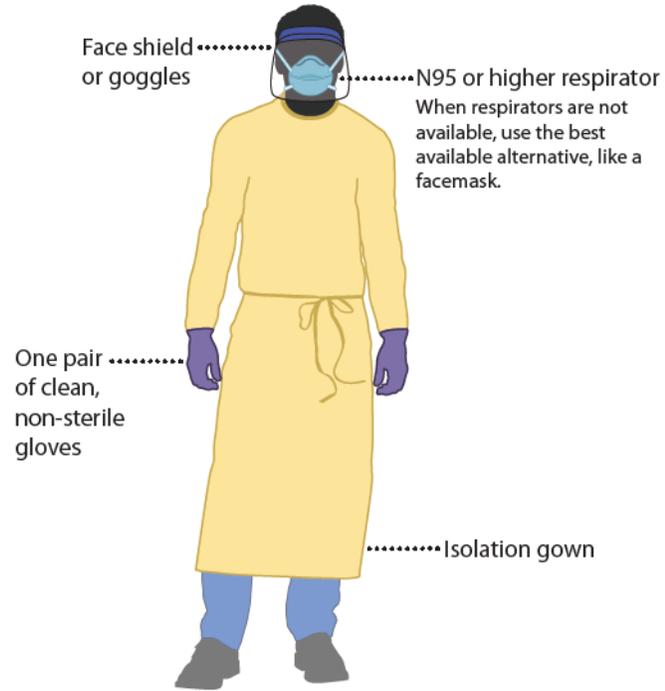
- Remdesivir will no longer be provided to the Department of Health for allocations to hospitals in South Dakota
- The federal government is working with Amerisourcebergen and the Department of Health to sell and directly ship remdesivir to South Dakota health care facilities
- To purchase remdesivir, 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](mailto:Bob.Coolidge@state.sd.us)



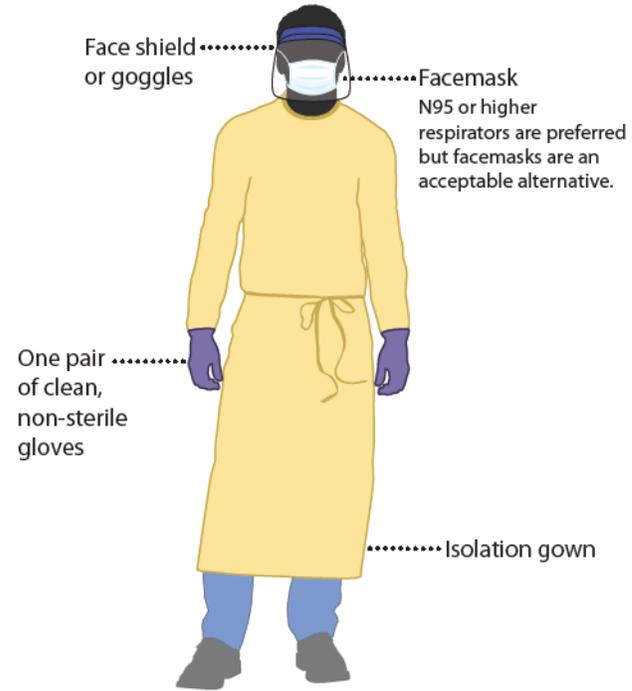
# Infection Control

# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



CS 315836-C 03/23/2020

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)



SOUTH DAKOTA DEPARTMENT OF HEALTH

# Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 (Update 5/23 & 5/29)

| Exposure   | Personal Protective Equipment Used  | Work Restrictions   |
|--|---|---|
| <p>HCP who had prolonged<sup>1</sup> close contact<sup>2</sup> with a patient, visitor, or HCP with confirmed COVID-19<sup>3</sup></p> | <ul style="list-style-type: none"> <li>• HCP not wearing a respirator or facemask<sup>4</sup></li> <li>• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</li> <li>• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure<sup>1</sup></li> </ul> | <ul style="list-style-type: none"> <li>• Exclude from work for 14 days after last exposure<sup>5</sup></li> <li>• Advise HCP to monitor themselves for fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup></li> <li>• Any HCP who develop fever or <a href="#">symptoms consistent with COVID-19</a><sup>6</sup> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</li> </ul> |

# 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<sup>1</sup>, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised<sup>1</sup> 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

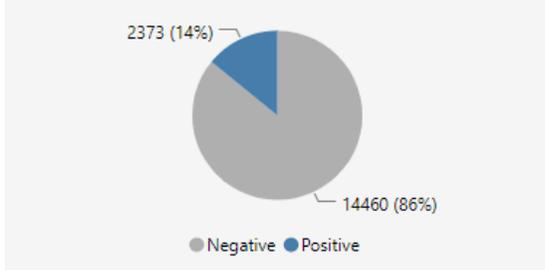
- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.
- For HCP with [severe to critical illness](#) or who are severely immunocompromised<sup>1</sup>, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised<sup>1</sup> 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
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# Community Mitigation

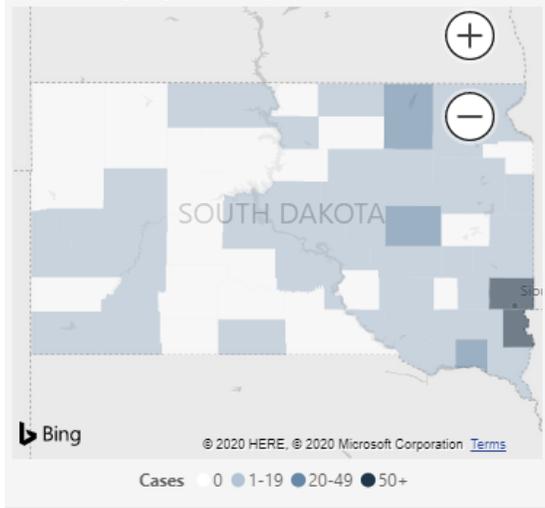
|             |              |        |
|-------------|--------------|--------|
| SD Overview | Demographics | Tables |
|-------------|--------------|--------|

|                                      |                                     |                          |
|--------------------------------------|-------------------------------------|--------------------------|
| Active Cases<br><b>868</b>           | Currently Hospitalized<br><b>69</b> | Recovered<br><b>1492</b> |
| Total Positive Cases*<br><b>2373</b> | Ever Hospitalized**<br><b>165</b>   | Deaths***<br><b>13</b>   |

### Case Results\*

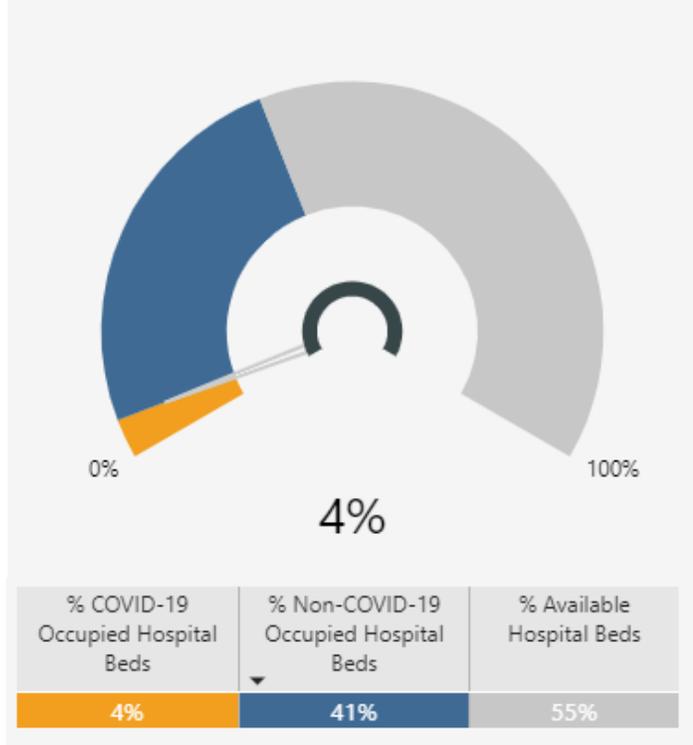


### Case Map by County of Residence



|             |              |                   |        |
|-------------|--------------|-------------------|--------|
| SD Overview | Demographics | Hospital Capacity | Tables |
|-------------|--------------|-------------------|--------|

### Staffed Hospital Bed Capacity



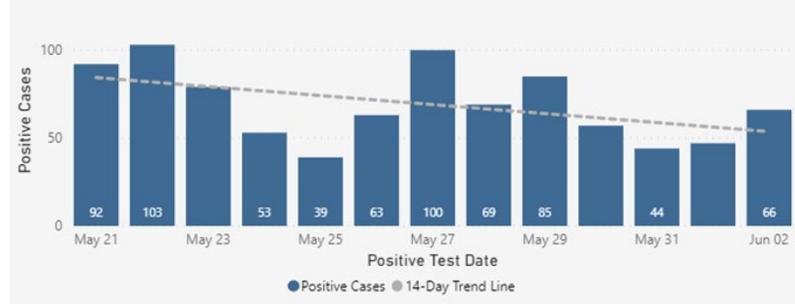
### Staffed ICU Bed Capacity

# Dashboard

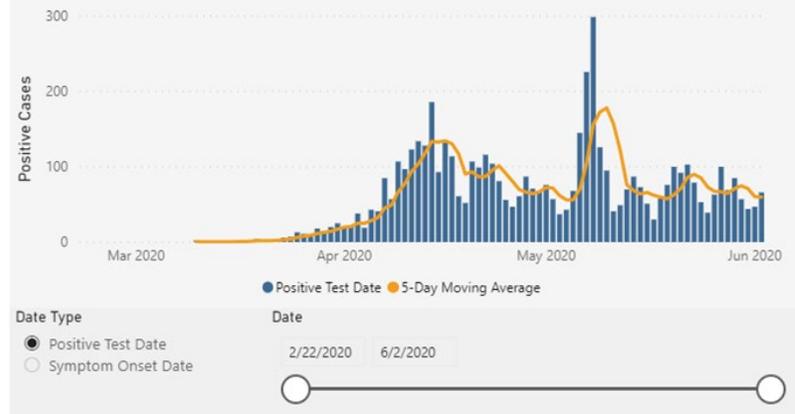
|        |     |
|--------|-----|
| County | All |
|--------|-----|

|   |  |
|---|--|
| Rate of Cases, Last 14 Days<br><b>90</b><br>(per 100,000) | Rate of Cases, Cumulative<br><b>586</b><br>(per 100,000) |
|---|--|

### 14-Day Trend of Positive Cases



### Positive Cases in South Dakota by Date



# Supply Chain Management

# PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to [COVIDResourceRequests@state.sd.us](mailto: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](mailto: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](https://COVID.sd.gov)

[coronavirus.gov](https://coronavirus.gov)

SD COVID-19 Help Line: 800-997-2880

SOUTH DAKOTA  
**COVID-19 INFORMATION LINE**

Questions about COVID-19? We're here to help.

PLEASE CALL **1-800-997-2880**



# Communications

- SD-HAN: [sdhan.sd.gov](http://sdhan.sd.gov)
- [Epi Listserv](#)
- [Lab Listserv](#)
- [HAI Listserv](#)
- [OLC Listserv](#)

Visit **COVID.sd.gov** to subscribe

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# Questions?

COVID Helpline: **800-997-2880**

Epidemiology: **605-773-3737**

Laboratory: **605-773-3368**

[COVID.sd.gov](https://COVID.sd.gov)

[COVIDSD@state.sd.us](mailto:COVIDSD@state.sd.us)

Slides: [doh.sd.gov/news/COVID19/Calls.aspx](https://doh.sd.gov/news/COVID19/Calls.aspx)

