This is an emerging, rapidly evolving situation. Information in this presentation is current as of March 3, 2020. Please check the South Dakota Department of Health website for the most current information and guidance.

What are Coronaviruses

- This family of viruses includes the common cold, SARS, and MERS
- Cause mild to moderate upper-respiratory tract illness
  - Runny nose
  - Headache
  - Cough
  - Sore throat
  - Fever
- Sometimes cause lower-respiratory tract illness (e.g., pneumonia or bronchitis)
- Transmission: breathing in air of infected person, direct close contact, indirect contact via objects or surfaces
Emergence of Coronavirus

- Dec 31: Pneumonia of unexplained origin was first identified in Wuhan City, Hubei Province, China
  - Jan 9: World Health Organization (WHO) reported a novel coronavirus identified by China
  - Jan 30: WHO declares a Public Health Emergency

- Emergence into U.S.
  - Jan 17: U.S. began screening travelers returning from Wuhan at 3 airports (JFK, LAX, SFO)
  - Jan 21: 1st US case confirmed (WA)
  - Jan 30: 6th US case confirmed; 1st person-to-person transmission
  - Jan 31: US Dept. of Health & Human Services declares a Public Health Emergency
  - Feb 26: 1st case of community spread in US (CA)
  - Feb 29: 1st US death (WA)

- COVID-19 – disease caused by the virus
- SARS-CoV-2 – the virus
Coronavirus Situation – as of 03/03/2020

- International
  - 91,313 confirmed cases
  - 3,118 deaths

- United States
  - 108 confirmed cases in U.S.
  - 6 deaths

- South Dakota
  - 0 confirmed cases in South Dakota
  - 0 deaths

Source: WHO/CDC/DHS
Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE

Source: https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6
International Response (WHO)

- Initial response to limit exposure through travel restrictions; however at this stage, the focus is on limiting further human-to-human transmission

- World Health Organization providing support in:
  - Clinical management
  - Infection prevention and control
  - Surveillance
  - Risk communication
U.S. Response (CDC)

- Monitoring healthcare use, particularly surges in demand for medical care/resources
- Developing guidance for infection control, hospital preparedness assessments, personal protective equipment (PPE) supply planning, and clinical evaluation and management
- Working with supply chain partners to understand supply usage, what products are available, and ensuring healthcare workers at highest risk have access to PPE
- Coordinating with states to identify/mitigate gaps in readiness to help reduce spread of disease
- Supporting communities, businesses, and schools to help them prepare for and respond to COVID-19
- Educating communities about nonpharmaceutical interventions that help slow the spread of illness
South Dakota Response

- Launched an internal agency taskforce for coordination and planning with partners and other state agencies
- Communicating regularly with healthcare providers through the SD Health Alert Network to provide the latest information and guidance from CDC
- Implemented a CDC test to allow the State Public Health Laboratory to detect the virus that causes COVID-19
- Launched a COVID-19 website to update South Dakotans on the current situation
- Developed an action plan for information management, incident management, and surveillance for persons at risk of infection
South Dakota Coronavirus Action Plan

- **Information Management**
  - Website (https://doh.sd.gov/news/Coronavirus.aspx) with information for public and providers
  - Dissemination of CDC guidance documents and information
  - Webinars for health care providers

- **Incident management**
  - Communication with hospitals regarding inventory of key supplies and equipment

- **Surveillance**
  - Quickly investigating COVID-19 cases, including identifying and notifying close contacts, and monitoring travelers from certain countries
  - Working with laboratories to ensure appropriate specimen collection, packaging, and shipping
  - Developing SPHL capacity to test for COVID-19
South Dakota Coronavirus Action Plan

- Community mitigation
  - Social distancing: keeping ~6 feet away from other individuals
  - Self-monitoring of travelers and close contacts to cases who are at higher risk of COVID-19
  - Use of telehealth and other strategies to minimize contact with individuals who are ill
  - Potential targeted geographic or population-specific actions
  - Potential closures/cancellations of workplaces, schools, other venues, etc.
General Protection

Protect yourself
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Avoid close contact with people who are sick

If you have cold-like symptoms:
- Stay home when you are sick
- Avoid close contact with others (social distancing)
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect objects and surfaces

Self-monitor
- Use health care providers judiciously
- Call ahead before you go to a doctor’s office or emergency room
Frequently Asked Questions

Q: What should I be doing now?
A: An ounce of prevention is worth a pound of cure. The same family emergency plans and kits that we use to prepare for the flu, snowstorms, and floods are important now. South Dakotans can help stop the spread of germs by washing your hands often, covering coughs and sneezes, cleaning surfaces regularly, and staying home if you are sick.

Q: What are the symptoms and complications that COVID-19 can cause?
A: Symptoms reported for patients with COVID-19 include mild to severe respiratory illness with fever, cough, and difficulty breathing.

Q: Should I be tested for COVID-19?
A: Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing, and have been in close contact with a person known to have COVID-19, or if you live in or have recently traveled from an area with ongoing spread of COVID-19. Your healthcare professional will work the Department of Health determine if you need to be tested for COVID-19.

Q: Does CDC recommend the use of facemask in the community to prevent COVID-19?
A: No. Face masks are not effective at preventing COVID-19 in well individuals but are needed for sick patients to help stop the spread and for healthcare professionals and people who are taking care of someone in close settings (at home or in a health care facility).
Frequently Asked Questions

Q: What is community spread?
A: Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

Q: Should I cancel my trip?
A: Travelers should visit the CDC website to view any travel notices for the country they are planning to visit. Currently CDC recommends avoiding all nonessential travel to China, Iran, South Korea, and Italy.

Q: Am I at risk for COVID-19 from a package or products shipping from China?
A: In general, because of poor survivability of coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods.

For more information go to https://www.cdc.gov/coronavirus/2019-ncov/faq.html
Coronavirus Guidance

- For Health Care Providers
  - https://emergency.cdc.gov/han/han00427.asp

- For Childcare and Schools

- For Businesses and Employers
## Coronavirus vs. Influenza

<table>
<thead>
<tr>
<th></th>
<th>Influenza A or B</th>
<th>Novel Coronavirus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cause</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Symptoms</strong></td>
<td>Fever, cough, body aches, fatigue</td>
<td>Fever, cough, shortness of breath</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>1-4 days</td>
<td>2-14 days</td>
</tr>
<tr>
<td><strong>Transmission</strong></td>
<td>Person-to-person</td>
<td>Person-to-person</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>Available widely</td>
<td>Available at SDPHL</td>
</tr>
<tr>
<td><strong>Interventions</strong></td>
<td>Vaccine &amp; antivirals</td>
<td>None</td>
</tr>
<tr>
<td><strong>Severity (case fatality)</strong></td>
<td>0.1%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Influenza in South Dakota

Confirmed influenza cases by week
South Dakota, 2015-2020

- 2015-2016
- 2016-2017
- 2017-2018
- 2018-2019
- 2019-2020

Weeks of flu season starting on week 40 (early October) ending on week 20 (mid May)
## Influenza in South Dakota

<table>
<thead>
<tr>
<th>Season</th>
<th>Dominant virus</th>
<th>Deaths</th>
<th>Hospitalizations</th>
<th>Confirmed cases (Culture, PR, DFA)</th>
<th>Peak week</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020 (to date)</td>
<td>B Victoria and A(H1N1)</td>
<td>16</td>
<td>384</td>
<td>11,007</td>
<td></td>
</tr>
<tr>
<td>2018-2019</td>
<td>A(H3N2) and A(H1N1)</td>
<td>43</td>
<td>668</td>
<td>9,559</td>
<td>February 3rd week</td>
</tr>
<tr>
<td>2017-2018</td>
<td>A(H3N2)</td>
<td>73</td>
<td>878</td>
<td>5,978</td>
<td>February 3rd week</td>
</tr>
<tr>
<td>2016-2017</td>
<td>A(H3N2)</td>
<td>44</td>
<td>965</td>
<td>2,078</td>
<td>February 3rd week</td>
</tr>
</tbody>
</table>
Resources

South Dakota Department of Health

Centers for Disease Control and Prevention

World Health Organization
https://www.who.int/emergencies/diseases/novel-coronavirus-2019