



SOUTH DAKOTA
DEPARTMENT OF HEALTH

- [CMS National Training Program to Strengthen Nursing Home Infection Control Practices](#)
- [Project Firstline - CDC's National Training Collaborative for Healthcare Infection Prevention & Control](#)
- [Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes](#)
- [2020-2021 Influenza Vaccination Recommendations and Clinical Guidance during the COVID-19 Pandemic](#)
 - Thursday, August 20

South Dakota Confidential Disease Report

South Dakota Department of Health
Office of Disease Prevention

[SDCL 34-22-12](#) and [ARSD 44:20](#) [Reportable Disease List](#)

OPTION #1

FOR FACILITIES PERFORMING IN-HOUSE ANTIGEN TESTING

Instructions:

- Please fill out the form as completely as possible before submission.
- Use the Tab key to move to the next field.
- Only press the Enter key when you are ready to submit the form.
- Note: Fields with an asterisk(*) are required.

Other disease reporting options:

Phone: 1-800-592-1861 or 605-773-3737 for a disease surveillance person during normal business hours
Fax: 605-773-5509
[Outbreak Report](#) [Weekly Influenza Report](#)

Patient Information

Report Type: New Update

Report Date: 9/2/2020

*Last Name: *First Name: Middle:
Street Address:
Mailing Address: (if different from Street) Zip:
*City: State: County:
Home Phone: Other Phone: Work Cell
*Race: *Ethnicity:
Occupation: *Date of Birth: (mm/dd/yyyy) *Gender:
Email Address:

Disease Information

*Disease or Condition: -- Select -- Category I Diseases are in RED, Category II Diseases are in BLUE

Attending Health Care Provider

First Name: Last Name: Suffix:
Phone: Ext:
Comments: (0 of 2000 max)

Person Reporting

*First Name: *Last Name: Suffix:
*Phone: Ext: Email:
*Facility Name: Other, not listed
To add or change your facility name please spell out the name(no abbreviations) in the text box below before submitting this form.
New Facility Name:

- **All** Positive and Negative Antigen tests Need to be reported by facilities
- Fill out as many fields as possible
- Timely data entry – Report immediately
- Click submit – avoid print and fax
 - Secure Form
- Support staff can report this information

Disease Information

*Disease or Condition: *Coronavirus Disease 2019 (COVID-19)
Date of Onset: (mm/dd/yyyy)
*Lab Test Performed? Yes No Name of Lab:
Lab Test Name: Antigen test for SARS-CoV-2
Specimen Source: Date Collected: (mm/dd/yyyy)
Lab Test Result: Lab Report Date: (mm/dd/yyyy)
Facility Ordering Test:
*Was Patient Hospitalized? Yes No
Outcome: Survived Expired Date of Death: (mm/dd/yyyy)

Treatment Information

SUBMIT FORM

<https://apps.sd.gov/ph93morbidity/secure/index.aspx>

OPTION #2

FOR FACILITIES PERFORMING IN-HOUSE ANTIGEN TESTING

- **All** Positive tests reported Immediately via Option #1 on the disease reporting webpage
- All Negative tests get reported via Excel spreadsheet
- **Steps**
- E-mail: Caleb.VanWagoner@state.sd.us with request to submit Excel spreadsheet
 - Caleb will work with facility to submit information to set up Secure File Transfer Protocol (SFTP).
 - (Facility Information, CLIA # and/or OID #, etc)
 - SD DOH will set up SFTP location that is individual to your facility
 - SD DOH will provide Excel Spreadsheet for facilities to fill out, and submit with negatives
- This is still a timely process. SD DOH is currently working on streamlining this process, more information will be shared once finalized.