2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

April 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 April 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 Control
• Community Mitigation
• Supply Chain Management
• On-going Communications
• Q&A Session

Note: Slides and a recording of the presentations will be posted to covid.sd.gov following the webinar.
Situation Update
Coronavirus Situation  (as of April 22, 2020)

- **International**
  - 2,471,136 confirmed cases
  - 169,006 deaths

- **United States (50 states + DC)**
  - 802,583 confirmed cases in U.S.
  - 44,575 deaths
  - Community transmission identified in all neighboring states

- **South Dakota**
  - 1,858 confirmed cases in South Dakota
  - 9 death
  - 937 recovered
Epidemiologic “Epi” Curve of COVID-19 Cases, by Onset Date

As of April 22, 2020
COVID-19 Cases, by County

The map shows the number of COVID-19 cases by county. The counties are color-coded to represent the number of cases, with each county labeled with the number of cases.
Laboratory Guidance
Laboratory Testing Updates (4/22)

SDPHL Testing Priorities:

- Hospitalized individuals
- Healthcare workers, first responders, and active military
- 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

All SARS-CoV-2 testing provided by the SDPHL is free of charge. Healthcare facilities should not assess a fee to patients for SARS-CoV-2 testing performed by the SDPHL.
Laboratory Testing Updates (4/22)

Specimen Collection Supplies:
- Flocked swabs (limited availability at the SDPHL)
- Foam swabs (available at the SDPHL beginning May 1)
- Viral transport media (no longer available at SDPHL due to nationwide shortage)
- Sterile PBS and sterile saline (in-production and available for shipping)
- Sterile sputum cups (limited availability at the SDPHL)
- Category B shipping supplies (limited availability at the SDPHL)
SDPHL strongly recommends that healthcare partners consider implementation of the following specimen collection materials:

- Foam Swabs
- Homemade transport medium
- Sterile saline
- Sterile PBS

Validation of additional specimen collection materials will likely help overcome limitations to testing resulting from shortages of flocked swabs and commercially prepared viral transport medium.
Laboratory Testing Updates (4/22)

Specimens Accepted for SARS-CoV-2 Testing by the SDPHL:
• PREFERRED: Nasopharyngeal Swab (flocked) in VTM, Sterile Saline, or Sterile PBS
• ACCEPTABLE: Oropharyngeal Swab (flocked) in VTM, Sterile Saline, or Sterile PBS
• ACCEPTABLE: Oropharyngeal Swab (foam) in VTM, Sterile Saline, or Sterile PBS
• ACCEPTABLE: Midturbinate Swab (foam) in VTM, Sterile Saline, or Sterile PBS
• ACCEPTABLE: Nasal Swab (foam) in VTM, Sterile Saline, or Sterile PBS

Testing Performed by the SDPHL:
1. SARS-CoV-2 Testing
2. Respiratory Pathogen Panel Testing for severely ill hospitalized patients
What are antibody tests?
• Antibody tests are also known as serological tests
• Antibody tests measure the production of immunoglobulin (Ig) proteins
• Antibody tests may help determine who has been infected by an infectious agent
• Antibody tests may help determine who may still be at risk for infection

What could antibody tests provide during the COVID-19 pandemic?
• Antibody testing may be useful for examination of antibody response to SARS-CoV-2
• Presence of antibodies may indicate some level of immunity to SARS-CoV-2
Laboratory Testing Updates (4/22)

If I have antibodies to SARS-CoV-2, does that mean I cannot be reinfected?
• We do not fully understand immunity to SARS-CoV-2
• We do not know if individuals with antibodies develop lifelong immunity
• We do not know if individuals with antibodies can be reinfected
• We do not know if individuals with antibodies can still spread SARS-CoV-2

Do antibody results alone mean I can stop social distancing and other mitigation efforts?
• Absolutely not. A positive antibody test result alone does not mean a person should stop social distancing and other community mitigation efforts.
Laboratory Testing Updates (4/22)

What are some of the concerns with SARS-CoV-2 antibody tests?

- Antibody tests **should never** be used to diagnose active SARS-CoV-2 infections
- Antibody test results **should** be considered in combination with diagnostic test results such as PCR test results when available
- Antibody test results **should** be considered in combination with clinical information
- Antibody tests **should never** be the sole source of information to diagnose COVID-19
Why are there significant concerns about current SARS-CoV-2 antibody tests?

- Many manufacturers are making false claims about the capability of antibody tests
- Some manufacturers have been found to be fraudulent and their test promotion unlawful
- Specificity of many, if not most, SARS-CoV-2 antibody tests is unknown
- Alarmingly, antibody cross-reactivity may exist between SARS-CoV-2 and seasonal coronaviruses that cause mild disease
- Misinterpretation of SARS-CoV-2 antibody test results could put individual, families, businesses, or even communities at risk of virus transmission
Laboratory Testing Updates (4/22)

Information for providers interested in SARS-CoV-2 antibody tests:

Laboratories interested in antibody tests for SARS-CoV-2 should consult the FDA website:
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd

Antibody tests currently FDA-EUA approved are as follows:
• Cellex Inc, qSARS-CoV-2 IgG/IgM Rapid Test
• Ortho Clinical Diagnostics, Inc, VITROS Immunodiagnostic Products Anti-SARS-CoV-2 Total Reagent Pack
• Chembio Diagnostic System, Inc, DPP COVID-19 IgM/IgG System
• Mount Sinai Laboratory, COVID-19 ELISA IgG Antibody Test
Infection Control
Personal Protective Equipment

- Respirator or Facemask
- Eye Protection
- Gloves
- Gown


<table>
<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
</tbody>
</table>

NETEC COVID-19 Webinar Series: Healthcare Workers and Masks

The What, How and Why of masks for healthcare workers caring for patients during the COVID-19 outbreak

https://repository.netecweb.org/items/show/947
Additional Infection Control Discussions

Weekly

• Lab/Infection Control Call
• Long Term Care Call
• EMS Provider Call
Community Mitigation
Updated Dashboard
Community Spread

Cases: 1858
Recovered: 937
Currently Hospitalized: 62
Ever Hospitalized: 111
Deaths: 9

Case Results:
1858 (14%)
1150 (86%)

Case Map by County of Residence

SOUTH DAKOTA DEPARTMENT OF HEALTH
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