We will begin in just a few moments. Thanks!

Not intended for press or for reporting purposes.
This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of January 6, 2021. 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
- Long Term Care
- Vaccination Update
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session

Not intended for press or for reporting purposes.
UK Strain (B.1.1.7)

• Identified in five states: CO, CA, FL, NY, GA

• Has not been identified in South Dakota

• SD-DOH continues to partner with CDC for SARS-CoV-2 strain surveillance

• No concern the UK strain will impact vaccine effectiveness

• Concern: more transmissible which could further burden the US healthcare system & monoclonal antibody therapy

https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-emerging-variant.html
https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-42-sars-cov-2-variant/
COVID-19 Dashboard Updates

As of January 6, 2021

Total Doses Administered: 29,879

Total Persons Administered a Vaccine: 29,778

Manufacturer | Number of Doses
--- | ---
Moderna | 15,088
Pfizer | 13,991

Dosage | Number of Recipients
--- | ---
Moderna - 1 dose | 15,088
Pfizer - 1 dose | 13,789
Pfizer - Series Complete | 101

*Counts with tribes receiving vaccine through Indian Health Services (IHS). Doses administered by IHS or federal entities, such as the Veterans Affairs Medical Centers, are not reported to the South Dakota Immunization Information System and are not shown.

Not intended for press or for reporting purposes.
Coronavirus Situation (as of January 6, 2021)

• **International**
  • 84,780,171 confirmed cases
  • 1,853,525 deaths

• **United States** (50 states + DC)
  • 20,732,404 confirmed cases
  • 352,464 deaths

• **South Dakota**
  • 101,684 confirmed and probable cases
  • 1,519 deaths
  • 93,778 recovered cases

Not intended for press or for reporting purposes.
Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

As of January 6, 2021

Not intended for press or for reporting purposes.
COVID-19 Case Map, by County

As of January 6, 2021

Substantial Community Spread

Beadle  Fall River  Perkins
Bon Homme  Grant  Roberts
Brookings  Hamlin  Spink
Brown  Hughes  Stanley*
Butte  Hutchinson  Todd
Charles Mix  Kingsbury  Tripp
Clay  Lake  Turner
Codington  Lawrence  Union
Custer  Lincoln  Walworth
Davison  McCook  Yankton
Day  Meade
Deuel  Minnehaha
Dewey  Moody
Douglas  Oglala Lakota
Edmunds  Pennington

As of January 6, 2021

Not intended for press or for reporting purposes.
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

[https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

As of June 18, 2020

*Not intended for press or for reporting purposes.*
Reporting COVID-19 Tests to SD-DOH

- **Reminder**: Coronavirus respiratory syndromes are a Category I disease
- Report *immediately* on suspicion of disease
- Reporting mechanisms:
  - Electronic Laboratory Report (ELR) – HL7 message to SD Health Link (health information exchange)
  - Flat file (CSV) – Secure email
  - Disease reporting website – [sd.gov/diseasereport](http://sd.gov/diseasereport)
  - Fax – 605.773.5509

*Not intended for press or for reporting purposes.*
Implications of Shortened Quarantine Among Household Contacts of Index Patients with Confirmed SARS-CoV-2 Infection – Tennessee and Wisconsin, April–September 2020

| Main analysis                              | No. of days from index patient’s illness onset | SARS-CoV-2 detected | Symptomatic | Symptomatic or SARS-CoV-2 detected | Conditional probability of remaining asymptomatic with negative test results until day 14 % (95% CI)* |
|--------------------------------------------|-----------------------------------------------|---------------------|-------------|---------------------------------|--------------------------------------------------------------------------------------------------|
| All households and all household contacts included† | 5                                             | 68 (62)             | 101 (83)    | 119 (82)                        | 71 (57–81)                                                                                        |
|                                            | 7                                             | 83 (76)             | 110 (90)    | 130 (90)                        | 81 (67–90)                                                                                        |
|                                            | 10                                            | 94 (86)             | 116 (95)    | 138 (95)                        | 93 (78–98)                                                                                        |
|                                            | 14                                            | 104 (95)            | 121 (99)    | 141 (97)                        | —                                                                                                |

https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm695152a1-H.pdf

Not intended for press or for reporting purposes.
## COVID-19 Cases, Hospitalizations, and Deaths Among American Indian and Alaska Native Persons — South Dakota, as of January 4, 2021

| Age Group | Cases Native American | Cases White | Rate/100,000 by Age Group | Hospitalizations Native American | Hospitalizations White | Rate/100,000 by Age Group | Deaths Native American | Deaths White | Rate/100,000 by Age Group |
|-----------|----------------------|-------------|---------------------------|----------------------------------|------------------------|--------------------------|------------------------|----------------|--------------------------|
| 0-9y      | 860                  | 2299        | 3154.77                   | 16                               | 22                     | 38.49                    | 0                      | 0              | 0                        |
| 10-19y    | 1851                 | 7552        | 9451.66                   | 49                               | 35                     | 77.66                    | 0                      | 0              | 0                        |
| 20-29y    | 2458                 | 12293       | 15745.49                  | 101                              | 141                    | 251.46                   | 3                      | 0              | 3.42                     |
| 30-39y    | 2454                 | 10689       | 14736.31                  | 149                              | 176                    | 338.67                   | 9                      | 3              | 11.41                    |
| 40-49y    | 1766                 | 10008       | 15232.31                  | 184                              | 231                    | 509.38                   | 15                     | 8              | 28.24                    |
| 50-59y    | 1453                 | 10340       | 13451.64                  | 215                              | 485                    | 752.25                   | 31                     | 35             | 72.89                    |
| 60-69y    | 945                  | 8927        | 10403.59                  | 210                              | 812                    | 1047.58                  | 49                     | 115            | 168.88                   |
| 70-79y    | 418                  | 5011        | 9869.23                   | 133                              | 969                    | 2003.70                  | 54                     | 234            | 528.91                   |
| 80+y      | 151                  | 4141        | 12145.08                  | 61                               | 1071                   | 3239.74                  | 30                     | 774            | 2284.56                   |

### Gender Breakdown

| Gender | Cases Native American | Cases White | Rate/100,000 by Gender | Hospitalizations Native American | Hospitalizations White | Rate/100,000 by Gender | Deaths Native American | Deaths White | Rate/100,000 by Gender |
|--------|----------------------|-------------|------------------------|----------------------------------|------------------------|------------------------|------------------------|----------------|------------------------|
| Female | 6761                 | 38091       | 12112.07               | 606                              | 1809                   | 624.11                 | 94                     | 574           | 166.93                 |
| Male   | 5595                 | 33169       | 10837.44               | 512                              | 2133                   | 673.97                 | 97                     | 595           | 173.92                 |
| Total  | 12356                | 71260       | 11829.40               | 1118                             | 3942                   | 625.31                 | 191                    | 1169          | 162.12                 |

| Race    | Cases Native American | Cases White | Rate/100,000 by Race | Hospitalizations Native American | Hospitalizations White | Rate/100,000 by Race | Deaths Native American | Deaths White | Rate/100,000 by Race |
|---------|----------------------|-------------|----------------------|----------------------------------|------------------------|----------------------|------------------------|----------------|----------------------|
| Native  | 16816.147            | 9882.769    | 2521.5646            | 546.70045                        | 259.945289             | 162.124              |

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a3.htm?s_cid=mm6949a3_x](https://www.cdc.gov/mmwr/volumes/69/wr/mm6949a3.htm?s_cid=mm6949a3_x)

Not intended for press or for reporting purposes.
Selected CDC Updates

Available at: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

Updated Toolkits:
https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/tribal-communities.html
https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/older-olds-adults-and-people-at-higher-risk.html
https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/colleges-and-universities.html

US COVID-19 Cases Caused by Variants: https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html

Vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

Not intended for press or for reporting purposes.
Laboratory Guidance

Not intended for press or for reporting purposes.
Starting the week of January 4, SDPHL will perform SARS-CoV-2 testing Monday-Friday each week.

- Specimens shipped on Friday and received on Saturday will be tested the following business day which is typically Monday.
- Specimens shipped on Saturday will be received and tested on the following business day which is typically Monday.
• SDPHL is migrating to a new molecular test that will detect SARS-CoV-2, influenza A, and influenza B.
• Specimens submitted from symptomatic individuals will be eligible for testing with the FLU+COVID molecular test.
• Submitting laboratories should anticipate both SARS-CoV-2 and influenza results.
• There will be no charge for FLU+COVID testing offered by the SDPHL.
Influenza-Like Illness Surveillance Program

- SDDOH is conducting an influenza-like illness surveillance program during the 2020-2021 influenza season.

- Some specimens from symptomatic individuals submitted to the SDPHL will be tested using a multiplex Respiratory Pathogens Panel (RPP).
  - The RPP detects both bacterial and viral agents including SARS-CoV-2.

- Submitters need to be aware that they may receive RPP results from the SDPHL and that result(s) may indicate infection with an agent other than SARS-CoV-2.
  - Examples of other circulating viruses in South Dakota include rhinovirus, enterovirus, and adenovirus.

- There is no charge for RPP testing offered by the SDPHL.

Not intended for press or for reporting purposes.
Beginning January 11, 2021, SDPHL will provide SARS-CoV-2 antibody testing. SDPHL will offer separate tests for IgM and IgG. Details are as follows:

- Acceptable Specimen Types: Serum or plasma
- Required Specimen Volume: Minimum 1.5 ml
- Test Results: Positive; Negative
- Turn-Around Time: 48-72 hours
- Cost: Free while federal funds are available

SARS-CoV-2 IgM and IgG testing can be requested using the updated requisition form on the SDPHL website.
Viruses constantly change through mutation, and new variants of a virus are expected to occur over time.

Multiple variants of the virus that causes COVID-19 have been documented in the United States and globally during this pandemic.

Most variants do not change how the virus behaves and many, if not most, disappear.
SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- Also known as: B.1.1.7 or 20B/501Y.V1.
- We are early in our efforts to understand this new variant.
- Rapid spread of this new variant was recognized in the UK in mid-December 2020. At that time, public health experts cautioned that the virus was likely already in the United States.
- In addition to the reported case in 5 states, it is likely that we will find additional cases in the United States in the coming weeks.
SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

• Based on analysis of the variant’s genome and the tracking of cases associated with it, the variant may spread more easily and quickly than previous strains. This could increase the overall spread of SARS-CoV-2.

• The variant does not appear to cause more severe disease or death than the previous circulating strain. However, a higher rate of transmission could lead to more cases, which would increase the number of people overall who need clinical care.
Impact on immunity: Based on studies with other viruses containing similar mutations, experts believe that immunity to this virus from either natural infection or from vaccination will be effective against this strain. Studies are pending to assess whether the immune response to infection with other variants or current vaccines will work as effectively with this strain.

Impact on monoclonal antibody treatment: In theory, mutations in this virus might render some monoclonal antibodies less effective. However, there is no evidence yet that this is the case.

Impact on vaccines: As noted above, experts anticipate little or no impact, although testing to confirm this is still pending.
SARS-CoV-2 UK Variant B.1.1.7 (20B/501Y.V1.)

- **Impact on diagnostic tests:** CDC, together with FDA, is evaluating diagnostic test performance against the variant. Diagnostic tests detect current infections with the virus. We expect that all currently available diagnostic tests will detect the variant.

| Manufacturer/Platform       | Target(s)                     | UK Variant Detection                  |
|-----------------------------|-------------------------------|--------------------------------------|
| Hologic Panther             | ORF1ab-1 and ORF1ab-2         | Will Detect Variant                   |
| Thermofisher                | ORF1ab, N gene, S gene        | Will Detect Variant; SGTF             |
| Cepheid                     | N gene and E gene             | Will Detect Variant                   |
| Diasorin                    | S gene and ORF1ab             | Will Detect Variant                   |
| BioFire 2.1                 | S gene and M gene             | Will Detect Variant                   |
| Abbott BinaxNow/ID Now      | RNA polymerase gene           | Will Detect Variant                   |

N gene, nucleocapsid gene; E gene, envelope gene; S gene, spike gene; M gene, membrane protein gene; SGTF, S gene target failure.

_Not intended for press or for reporting purposes._
Long Term Care

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Disease Impact – United States
as of 12.20.20

Resident and Staff Cases and Deaths

| Category                        | Resident COVID-19 Confirmed Cases | Resident COVID-19 Deaths | Staff COVID-19 Confirmed Cases | Staff COVID-19 Deaths |
|---------------------------------|-----------------------------------|--------------------------|--------------------------------|-----------------------|
| Total                           | 471,953                           | 92,373                   | 402,956                        | 1,268                 |

https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/

Not intended for press or for reporting purposes.
Long Term Care in South Dakota

Nursing Homes and Assisted Living Centers

- Current Total of LTC Facilities with Case – 68*
- Cumulative Total LTC Facilities with Case – 211
- Cumulative Total Resident Active Cases – 314*
- Cumulative Total Resident Cases – 3,133
- Cumulative Total Resident Deaths – 713
- Total Active Cases in Staff – 135*
- Cumulative Total Case in Staff – 1,147
- Cumulative Total Staff Hospitalized – 29

*self-reported by touch-base calls as of 1.5.2021 - all data is provisional

Not intended for press or for reporting purposes.
Weekly Resident Cases per 1,000 Residents

Not intended for press or for reporting purposes.
7.59 deaths/1,000 residents

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We must all remain vigilant.
The Core Principles of COVID-19 Infection Prevention

The Core Principles of COVID-19 Infection Prevention
- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose)
- **Social distancing** at least six feet between persons
- **Instructional signage** throughout the facility and proper **visitor education** on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- **Cleaning and disinfecting** high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of **Personal Protective Equipment (PPE)**
- **Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- **Resident and staff testing** are accessible

*Not intended for press or for reporting purposes.*
|                | Pfizer         | Pfizer         | Moderna        | Pfizer         | Moderna        | Pfizer 2nd    | Pfizer         | Pfizer 2nd    | Totals  |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---------|
| **Date**       | 12/13/2020     | 12/20/2020     | 12/20/2020     | 12/27/2020     | 12/27/2020     | 01/03/2021     | 01/03/2021     |                 |         |
| **Doses**      | 7,800          | 5,850          | 14,600         | 6,825          | 5,100          | 7,800          | 5,100          | 975            | 59,900  |

*Not intended for press or for reporting purposes.*
Weekly Vaccine Allocation Cadence through the middle of January

Pfizer – 5,850

Moderna – 5,100
Bonus Doses

Pfizer vaccine typically yields 1 or 2 extra doses

Moderna vaccine may yield 1 or 2 extra doses

DO NOT POOL VACCINE FROM MULTIPLE VIALS

FDA: We have been following the discussions and news reports about reducing the number of doses, extending the length of time between doses, changing the dose (half-dose), or mixing and matching vaccines in order to immunize more people against COVID-19. These are all reasonable questions to consider and evaluate in clinical trials. However, at this time, suggesting changes to the FDA-authorized dosing or schedules of these vaccines is premature and not rooted solidly in the available evidence. Without appropriate data supporting such changes in vaccine administration, we run a significant risk of placing public health at risk, undermining the historic vaccination efforts to protect the population from COVID-19.
### Priority groups

[Link to document](https://doh.sd.gov/documents/COVID19/Vaccine/COVIDVaccineDistribution_Phase1.pdf)

| Group | Total | Vaccinated |
|-------|-------|------------|
| 1A    | 19,265| 18,278     |
| 1B    | 10,867| 824        |
| 1C    | 49,642| 4,637      |
| 1D    | 265,561|           |
| 1E    | 227,448|           |

*Not intended for press or for reporting purposes.*
# COVID-19 Vaccine

## Expected Vaccine Availability in South Dakota

| Phase | Population Group                                                                 | January | February | March | April | May–December |
|-------|----------------------------------------------------------------------------------|---------|----------|-------|-------|--------------|
| 1A    | Frontline healthcare workers and long-term care facility healthcare workers      |         |          |       |       |              |
| 1B    | Long-term care residents                                                          |         |          |       |       |              |
| 1C    | EMS, public health workers, and other healthcare workers (lab & clinic staff)    |         |          |       |       |              |
| 1D    | Law enforcement, correctional officers                                           |         |          |       |       |              |
| 1D    | Persons with 2 or more underlying medical conditions                             |         |          |       |       |              |
| 1D    | Persons aged 65 years and older                                                   |         |          |       |       |              |
| 1D    | Residents in congregate settings                                                  |         |          |       |       |              |
| 1D    | Teachers and other school/college staff                                          |         |          |       |       |              |
| 1D    | Funeral service workers                                                           |         |          |       |       |              |
| 1E    | Fire service personnel                                                            |         |          |       |       |              |
| 1E    | Includes public-facing workers in essential and critical infrastructure           |         |          |       |       |              |
| Phase 2 | All others 16 years and older                                                   |         |          |       |       |              |

*Estimated Vaccine Availability*

Due to limited allocation of the vaccine, the South Dakota Department of Health will use COVID-19 infection rates and will follow recommendations from the Advisory Committee on Immunization Practices (ACIP) to guide which counties will receive the vaccine first.
South Dakota Immunization Information System (SDIIS)

- Reminders
  - SDIIS Trainings, included on education webpage: [https://doh.sd.gov/COVID/Vaccine/Providers.aspx](https://doh.sd.gov/COVID/Vaccine/Providers.aspx)
  - Staff should be trained in the Immunization Information System (IIS) for the tasks they will perform. The following trainings are available for new users and serve as a review for skilled users. Data Entry staff, whether vaccinators or ancillary staff, should view, at minimum, Trainings 1, 2, and 3. Staff tasked with Data Entry and Inventory Management, e.g. Vaccine Coordinators, should view all SDIIS trainings.
  - User Application (at left) – submit now for anticipate users in later phases
    - Login and Settings (updated 12/02/20)
    - Search for Patients and Edit Information (updated 12/28/20)
    - Give Vaccine (updated 12/21/20)
    - Ordering and Receiving (updated 12/21/20)
    - Inventory Management (updated 12/28/20)
    - Vaccine Transfer

Not intended for press or for reporting purposes.
Reporting Pandemic Priority Groups to Qualtrics

• Pandemic Population Groups
  - A PRIORITY GROUP(S) screen will appear
  - Select the box of population group that best defines the recipient
  - Click UPDATE
  - Vaccine recipient may belong to multiple population groups. Please only choose the one highest priority option.

  • HL7 INTERFACE
    - NOTE: You will need to report aggregate data daily to Qualtrics.
    - You may also choose to manually update interased records.

  • FIRST DOSE ONLY: Priority Groups must be counted every day and reported to the Daily Qualtrics Survey found here: https://dohsd.sjc1.qualtrics.com/jfe/form/SV_5AN1S7ekyyQPovH. All groups must report by first thing the following day.
  • SECOND DOSE: Priority Groups WILL NOT BE reported to the Daily Qualtrics Survey.

Not intended for press or for reporting purposes.
Updates

• New CDC audio webinar by Clinician Outreach and Community Activities (COCA)

• New, COVID-19 Allergic Reactions
  Contraindications and Precautions –

• Alternatives to Deltoid muscle vaccination site- no information from Manufacturers
Pfizer-BioNTech

• Training: https://www.cvdvaccine.com/
  • New training dates January 4th-January 15th
  • No combining of multiple vials to make a dose

For Pfizer and Moderna 2nd dose

• Pfizer: 21 days
• Moderna: 28 days

• Highly encouraged to follow these dates
• If absolutely necessary, you may count the dose as valid if given up to 4 days before the second dose is due. We follow ACIP guidelines. Manufacturers may differ.

Not intended for press or for reporting purposes.
Moderna Updates

New Training

• Moderna COVID-19 Vaccine Webinar Dates:

• January 14 at 11:00 AM EST
  EST: https://ashfieldmeetings.zoom.us/webinar/register/WN_2pN_0snbTjCCbP7npLdUjA
Vaccine Finder

• Registration Onboarding from:
  • vaccinefinder@auth.castlighthealth.com
• Check SPAM / junk mail folder for VF registration email
• If you are receiving vaccines within the next 2 weeks or have received vaccine and have **not** received a registration email, please contact eocevent522@cdc.gov. or contact me

_Not intended for press or for reporting purposes._
Vaccine Finder

Provider registration email: When a provider is placed on list for onboarding initial VF registration email will go to organizational contact listed in Section A of the Provider Agreement that was previously filed with your jurisdiction.

- Please note that approval to receive vaccine by a state system does not automatically place a provider in the queue for onboarding to VaccineFinder.

- They are only automatically onboarding providers that order through VTrckS. So, any provider getting re-distributed vaccine will need to be sent to us.

Not intended for press or for reporting purposes.
Infection Prevention

Not intended for press or for reporting purposes.
Training for Healthcare Professionals

Cross-Cutting Topics

Search COVID-19 Trainings on TRAIN
Find COVID-19 trainings on infection control, self-care, personal protective equipment, and other topics via TRAIN. Note: Links to non-CDC courses do not constitute an endorsement by CDC. Only courses offered by CDC Course Providers have been verified and approved by CDC.

Varied formats: [COVID-19 Trainings on TRAIN](https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html)

Vaccination

COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
Learn about COVID-19 Emergency Use Authorization (EUA) and safety as well as vaccine storage, handling, administration, and reporting. Free CE.

Self-paced online course: [COVID-19 Vaccine Training](https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html)

Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know
Learn about the COVID-19 vaccine manufactured by Pfizer Pharmaceuticals, based on the recommendations of the Advisory Committee on Immunization Practices (ACIP) and guidance from the manufacturer. Free CE.

Self-paced online course: [Pfizer-BioNTech COVID-19 Vaccine](https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html)

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html)

Not intended for press or for reporting purposes.
Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during Shortages

This summary is intended to help healthcare facilities optimize supplies of disposable N95 filtering facepiece respirators when there is limited supply during the COVID-19 pandemic. The strategies are categorized in a continuum of care and further organized according to the hierarchy of controls, as defined below.

Conventional Capacity Strategies (should be incorporated into everyday practices)

Engineering Controls

Place patients with suspected or confirmed SARS CoV-2 infection in an airborne infection isolation room (AIR) for aerosol generating procedures, if possible.

Use physical barriers such as glass or plastic windows at reception areas, curtains between patients, etc.

Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction

https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html

Not intended for press or for reporting purposes.
### Frequently Asked Questions about COVID-19 Vaccination in Long-Term Care Facilities

#### Infection Control & Testing Considerations

| Question                                                                 | Answer |
|--------------------------------------------------------------------------|--------|
| Will residents still need to wear masks, and will HCP still need to wear personal protective equipment in the facility after receiving COVID-19 vaccination? | +      |
| A vaccine clinic is planned for a facility that is performing facility-wide testing of residents and staff because of an active SARS-CoV-2 outbreak. Should we reschedule the vaccination session? | +      |
| There is an active SARS-CoV-2 outbreak at a facility where vaccination is not planned for several weeks or months. Should this facility receive priority for earlier vaccination as a strategy to mitigate the outbreak? | +      |
| Should persons with a known SARS-CoV-2 exposure who are awaiting results of a test be vaccinated? | +      |
| What are the COVID-19 testing requirements for pharmacy staff who are administering COVID-19 vaccine onsite at LTCFs? | +      |
| After LTCF HCP are vaccinated, should they continue regular COVID-19 testing? | +      |

[https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html](https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html)

Not intended for press or for reporting purposes.
Community Mitigation
Dashboard

Community Spread Map by County of Residence

Total Confirmed Cases: 91,875
Total Probable Cases: 9,809
Total Persons Tested: 379,041
Total Tests: 783,608

Ever Hospitalized: 5,805
Deaths Among Cases: 1,519

% Progress (November Goal: 44,253 Tests): 402%
% Progress (December Goal: 44,253 Total): 346%
% Progress (January Goal: 44,253 Tests): 30%

Not intended for press or for reporting purposes.
Supply Chain Management
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.

Not intended for press or for reporting purposes.
On-going Communication
Helpful sources of information:

covid.sd.gov

coronavirus.gov

• SD COVID-19 Help Line: 800-997-2880

Not intended for press or for reporting purposes.
Communications

- SD-HAN: sdhan.sd.gov
- Epi Listserv
- Lab Listserv
- HAI Listserv
- OLC Listserv

Visit covid.sd.gov to subscribe

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Questions?

Follow-up after the webinar
COVID Helpline: 800-997-2880
Epidemiology:  605-773-3737
Laboratory: 605-773-3368

COVID.sd.gov

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