2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

October 14th, 2021

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 October 13th, 2021. Please check the South Dakota Department of Health website for the most current information and guidance.

[COVID.sd.gov](https://COVID.sd.gov)
COVID-19 Case Forecast

Graphs not on the same scale.

https://www.cdc.gov/coronavirus/2019-ncov/science/forecasting/forecasts-cases.html
Pregnant people with laboratory-confirmed SARS-CoV-2 infection (National COVID-19 Case Surveillance Data)*

Total cases: 127,193

National COVID-19 case surveillance data: Pregnant people with laboratory-confirmed SARS-CoV-2 infection,* Jan 22, 2020–Sep 13, 2021

* Based on detection of SARS-CoV-2 in a clinical specimen by molecular amplification techniques

https://covid.cdc.gov/covid-data-tracker/#pregnant-population
COVID-19 cases, ICU admission and death among pregnant people (National COVID-19 Case Surveillance Data; Jan 22, 2020 – Sep 13, 2021)
Severe illness and adverse maternal, pregnancy, and neonatal outcomes among pregnant women with COVID-19

Compared with non-pregnant WRA* with COVID-19

- ICU admission: 2.13 (1.93-2.95) / 10,184 / 601,108
- Invasive ventilation: 2.59 (2.28-2.94) / 3,550 / 601,044
- ECMO: 2.02 (1.22-3.34) / 137 / 461,936

Compared with pregnant women without COVID-19

- Maternal death: 2.85 (1.08-7.52) / 16 / 4,820
- Preeclampsia**: 1.33 (1.03-1.73) / 28,326 / 424,344
- Preterm birth: 1.47 (1.14-1.91) / 719 / 8,549
- Stillbirth: 2.84 (1.25-6.45) / 35 / 5,794
- NICU admission: 4.89 (1.87-12.81) / 848 / 5,873

Data from Allotey, J et al. unless otherwise noted; *Women of reproductive age; ** Preeclampsia data from Wei et al.; ECMO: Extracorporeal membrane oxygenation
Growing evidence on safety and effectiveness of COVID-19 vaccination during pregnancy

- Preliminary findings on safety are reassuring
  - Early data did not find any vaccine-related safety concerns for pregnant people vaccinated in the third trimester or for their babies.
  - No increased risk of miscarriage among pregnant people vaccinated before 20 weeks

- Early data suggest mRNA COVID-19 vaccines during pregnancy are effective

- Maternal antibodies following COVID-19 vaccination during pregnancy were present in umbilical cord blood

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons | NEJM
https://jamanetwork.com/journals/jama/fullarticle/2782047
Coronavirus disease 2019 vaccine response in pregnant and lactating women: a cohort study - American Journal of Obstetrics & Gynecology (ajog.org)
Updated clinical considerations: COVID-19 vaccination during pregnancy and lactation

- COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, or who trying to get pregnant now or might become pregnant in the future.
- Consistent with recommendations from professional medical organizations

[Image: Protect yourself and your baby from COVID-19. Get vaccinated.
https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#pregnant]
Summary: Evidence indicates benefits of COVID-19 vaccination during pregnancy outweigh potential risks

Pregnancy increases the risk for severe illness and death from COVID-19 and COVID-19 is associated with adverse maternal, pregnancy and neonatal outcomes.

Data on the safety of receiving mRNA COVID-19 vaccine during pregnancy are reassuring.

Receipt of an mRNA COVID-19 vaccine during pregnancy reduces the risk for infection.

Vaccination during pregnancy results in antibodies that have been detected in infant cord blood.

Vaccination coverage for pregnant people is low.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/planning-for-pregnancy.html
COVID-19 vaccination coverage among pregnant people

Percent of pregnant people aged 18–49 years fully vaccinated with COVID-19 vaccine prior to and during pregnancy, by timing of vaccination and date reported to CDC—Vaccine Safety Datalink, United States, December 14, 2020–October 2, 2021

Overall coverage: 33.1%

COVID-19 vaccines available to all individuals 16+ years

Updated ACOG/SMFM Guidance
Updated CDC Clinical Considerations

https://covid.cdc.gov/covid-data-tracker/#vaccinations-pregnant-women; ACOG: American College of Obstetricians and Gynecologists; SMFM: Society for Maternal-Fetal Medicine
COVID-19 Vaccination for Pregnant People to Prevent Serious Illness, Deaths, and Adverse Pregnancy Outcomes from COVID-19

The Centers for Disease Control and Prevention (CDC) recommends urgent action to increase Coronavirus Disease 2019 (COVID-19) vaccination among people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the future. CDC strongly recommends COVID-19 vaccination either before or during pregnancy because the benefits of vaccination outweigh known or potential risks.
## COVID-19 Dashboard Update – Vaccine Tab

### Total Doses Administered*

| Manufacturer | # of Doses |
|--------------|------------|
| Janssen      | 29,451     |
| Moderna      | 336,569    |
| Pfizer       | 481,026    |

### Total Persons Administered a Vaccine*

| Doses               | # of Recipients |
|---------------------|-----------------|
| Janssen - Series Complete | 29,451 |
| Moderna - 1 dose     | 10,908          |
| Moderna - Series Complete | 158,393 |
| Moderna - 3rd dose   | 2,300           |
| Pfizer - 1 dose      | 19,867          |
| Pfizer - Series Complete | 194,022 |
| Pfizer - 3rd/Booster dose | 24,348 |

### Percent of State Population with at least 1 Dose**

- 66%

**Based on 2019 Census Estimate for those aged 12+ years.

[https://doh.sd.gov/COVID/Dashboard.aspx](https://doh.sd.gov/COVID/Dashboard.aspx)
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.
Coronavirus Situation

- **International**
  - 238,229,951 confirmed cases
    - 4,859,277 deaths
- **United States** (50 states + DC)
  - 44,194,808 confirmed cases
    - 710,757 deaths
- **South Dakota**
  - 148,249 confirmed and probable cases
    - 2,177 deaths
    - 139,533 recovered cases

As of October 13th, 2021

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Epidemiologic “Epi” Curve of COVID-19 Cases, by Date Reported to SD-DOH

Cases by Date Reported to SD-DOH

As of October 12th, 2021

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

As of October 12th, 2021

Not intended for press or for reporting purposes.
At least 1 Dose COVID-19 Vaccine, Coverage Rate by Age Group, SD

As of October 12th, 2021

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General Testing Recommendations

Medical providers are recommended to test individuals (1) identified as a close contact to a person with COVID-19 or (2) 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

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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)
    • **Ensure patient phone numbers are included**
  • Fax – 605.773.5509

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Breakthrough, Variant, and Reinfection Cases

As of October 12th, 2021

| Breakthrough Cases | #   |
|--------------------|-----|
| Cases              | 3,958 |
| Hospitalized       | 257  |
| Died               | 41   |

| Variant Cases      | #   |
|--------------------|-----|
| Cases              | 557  |
| Hospitalized       | 30   |
| Died               | 7    |

| Reinfection | #   |
|-------------|-----|
| Cases       | 923 |
|Hospitalized | 50  |
| Died        | 13  |

COVID-19 Variant Data under *Tables* tab: [https://doh.sd.gov/COVID/Dashboard.aspx](https://doh.sd.gov/COVID/Dashboard.aspx)
Cases, Hospitalizations, and Deaths by Age Group
Cumulative

As of October 8th, 2021

Not intended for press or for reporting purposes.
Cases, Hospitalizations, and Deaths by Age Group
June 1st, 2021 to October 8th, 2021

As of October 8th, 2021

Pct of Cases (distribution of cases across age groups)
Pct Hospitalized (of cases within age groups)
Pct Died (of cases within age groups)

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Pediatric COVID-19 Cases in Counties With and Without School Mask Requirements — United States, July 1–September 4, 2021

FIGURE. Mean county-level change in daily number of COVID-19 cases per 100,000 children and adolescents aged <18 years in counties (N = 520) with and without school mask requirements* before and after the start of the 2021–22 school year — United States, July 1–September 4, 2021

* Among 520 counties, 198 (38%) had a school mask requirement and 322 (62%) did not have a school mask requirement.

http://dx.doi.org/10.15585/mmwr.mm7039e3

Not intended for press or for reporting purposes.
Comparative Effectiveness of Moderna, Pfizer, and Janssen Vaccines in Preventing COVID-19 Hospitalizations Among Adults Without Immunocompromising Conditions - United States, March–August 2021

**TABLE 2. COVID-19 vaccine effectiveness* against COVID-19–associated hospitalization among adults without immunocompromising conditions, by vaccine product — 21 hospitals in 18 U.S. states,† March–August 2021**

| Vaccine/Period | Vaccinated patients/Total patients (%) | VE against COVID-19 hospitalization (95% CI) |
|----------------|---------------------------------------|--------------------------------------------|
| Moderna VE after full vaccination | | |
| Full surveillance period | 54/1,517 (3.6) | 422/1,321 (31.9) | **93 (91–95)** |
| 14–120 days after full vaccination | 36/1,499 (2.4) | 345/1,244 (27.7) | **93 (90–95)** |
| >120 days after full vaccination | 18/1,481 (1.2) | 77/976 (7.9) | **92 (87–96)** |
| Pfizer-BioNTech VE after full vaccination | | |
| Full surveillance period | 128/1,591 (8.0) | 610/1,509 (40.4) | **88 (85–91)** |
| 14–120 days after full vaccination | 65/1,528 (4.3) | 495/1,394 (35.5) | **91 (88–93)** |
| >120 days after full vaccination | 63/1,526 (4.1) | 115/1,014 (11.3) | **77 (67–84)** |
| Janssen (Johnson & Johnson) VE after full vaccination | | |
| Full surveillance period | 37/1,500 (2.5) | 76/975 (7.8) | **71 (56–81)** |
| >28 days after full vaccination | 33/1,496 (2.2) | 59/958 (6.2) | **68 (49–80)** |

**Abbreviations:** CI = confidence interval; VE = vaccine effectiveness.

*Vaccine effectiveness is the estimated reduction in risk of hospitalization among fully vaccinated compared with unvaccinated persons.
†Excludes persons with known immunocompromising conditions.

http://dx.doi.org/10.15585/mmwr.mm7038e1

*Not intended for press or for reporting purposes.*
TABLE. COVID-19 vaccine effectiveness* against laboratory-confirmed COVID-19–associated emergency department and urgent care clinic encounters and hospitalizations among adults during SARS-CoV-2 B.1.617.2 (Delta) variant predominance, by outcome, age group, and vaccine — nine states¶, June–August 2021

| Outcome | Total | No. of SARS-CoV-2 positive tests (row %) | VE, % (95% CI) |
|---------|-------|-----------------------------------------|----------------|
| COVID-19 hospitalizations by COVID-19 vaccine |       |                                         |                |
| BNT162b2 (Pfizer-BioNTech) |       |                                         |                |
| Unvaccinated (ref) | 6,960 | 1,316 (18.9) | — |
| Fully vaccinated** | 4,243 | 135 (3.2) | 80 (73–85) |
| mRNA-1273 (Moderna) |       |                                         |                |
| Unvaccinated (ref) | 6,960 | 1,316 (18.9) | — |
| Fully vaccinated** | 2,975 | 70 (2.4) | 95 (92–97) |
| Ad26.COV2.S (Janssen) |       |                                         |                |
| Unvaccinated (ref) | 6,960 | 1,316 (18.9) | — |
| Fully vaccinated** | 458 | 30 (6.5) | 60 (31–77) |
| COVID-19 ED/UC encounters by COVID-19 vaccine |       |                                         |                |
| BNT162b2 (Pfizer-BioNTech) |       |                                         |                |
| Unvaccinated (ref) | 10,872 | 3,145 (28.9) | — |
| Fully vaccinated** | 3,946 | 314 (8.0) | 77 (74–80) |
| mRNA-1273 (Moderna) |       |                                         |                |
| Unvaccinated (ref) | 10,872 | 3,145 (28.9) | — |
| Fully vaccinated** | 2,656 | 98 (3.7) | 92 (89–93) |
| Ad26.COV2.S (Janssen) |       |                                         |                |
| Unvaccinated (ref) | 10,872 | 3,145 (28.9) | — |
| Fully vaccinated** | 757 | 100 (13.2) | 65 (56–72) |

Abbreviations: CI = confidence interval; ED = emergency department; HHS = U.S. Department of Health and Human Services; Janssen = Johnson & Johnson vaccine; Ref = referent group; UC = urgent care; VE = vaccine effectiveness.

http://dx.doi.org/10.15585/mmwr.mm7037e2

Not intended for press or for reporting purposes.
Safety Monitoring of an Additional Dose of COVID-19 Vaccine — United States, August 12–September 19, 2021

FIGURE. Adverse reactions and health impacts reported by persons who received 3 doses of Moderna (N = 6,283) or Pfizer-BioNTech (N = 6,308) COVID-19 vaccine and completed at least one v-safe health check-in survey on days 0–7 after each dose, by dose number — United States, August 12–September 19, 2021

http://dx.doi.org/10.15585/mmwr.mm7039e4

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Selected CDC Updates

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

COVID Data Tracker: https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Covid-19 Vaccines for Moderately to Severely Immunocompromised: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

Travel Recommendations by Destination: https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html

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Laboratory Guidance
COVID-19 Tests Reported to SDDOH by Month

COVID-19 Testing and Supply Chain Updates:
- Significant demand for testing
- Some testing supplies remain on allocation
- Some plastic supplies are backordered
- Shipping delays are common

Recommendations:
- Diversify testing
- Diversify vendors
- Order supplies early and often
Testing Resources Available through SDDOH

• Specimen collection supplies
• Packaging and shipping supplies
• Saliva test kits through Vault Health/Rutgers Laboratory
• Antigen test kits
• For questions about BinaxNOW availability, please contact:
  – Long-term Care: Denise.Broadbent@state.sd.us
  – Healthcare: Laurie.Gregg@state.sd.us
  – K-12 Schools: Joe.Moran@state.sd.us
  – Higher Education: Laurie.Gregg@state.sd.us
  – Childcare Providers: Laura.Nordbye@state.sd.us
• Inquiries for BinaxNOW and ID NOW resources can also be sent to: Dorothy.Ahten@abbott.com
SDPHL SARS-CoV-2 Sequencing: Specimen Requests

• With increased testing, laboratories are identifying more cases of COVID-19.

• The SDPHL monthly sequencing goal is 300 specimens.

• SDPHL asks that laboratories send the following SARS-CoV-2-positive specimens each week:
  – Rural clinics, FQHCs, etc: first five (5)
  – Indian Health Services and tribal clinics: first ten (10)
  – Critical access hospital laboratories: first ten (10)
  – Higher-education partners: first ten (10)
  – Large hospital laboratory partners: first twenty-five (25)
  – Reference laboratory partners: first twenty-five (25)

• Nasal or nasopharyngeal swab specimens should be submitted in viral transport medium, sterile saline or sterile PBS within 48 hours of collection.
COVID-19 Monoclonal Antibody Therapy Availability

- Monoclonal antibodies are now only available by federal allocation through Amerisourcebergen (ASB).
  - Allocation is based on case counts, hospitalizations, and therapy use
  - Monoclonal antibody (mAb) therapies available through ASB include:
    - REGEN-CoV (Regeneron) – intravenous infusion and subcutaneous injection
    - Bamlanivimab/Etesevimab (Ely Lilly) – intravenous infusion only
    - Sotrovimab (GlaxoSmithKline) – intravenous infusion only
      - Added to federal allocation 10/11/21 (Week 5)
COVID-19 mAb Therapy Distribution and Shipment

**Monday**
- Distributions for states/territories determined
- Notification to stakeholders
- States/territories identify and allocate to their delivery sites
- Shipment begins

**Tuesday**
- States/territories continue identification and allocation to their delivery sites
- Delivery of product begins
- HHS/ASPR Office Call Session
- Utilization reporting due (11:59 pm ET)

**Wednesday**
- States/territories continue identification and allocation to their delivery sites continues
- Delivery of product continues
- HHS/ASPR stakeholder update calls

**Thursday**
- Delivery of product continues
- HHS/ASPR Office Call Session

**Friday**
- State/territory identification and allocation to delivery sites complete (5:00 pm ET)
- Delivery of product continues
- HHS/ASPR Office Call Session

**Saturday**
- Delivery of product continues
- HHS/ASPR Office Call Session

**Sunday**

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**Key**
- ▲ HHS distribution determination complete
- ★ First delivery of products
COVID-19 Monoclonal Antibody Therapy Allocation

- **Monoclonal antibody therapy is not a substitute for vaccination!**
- It is strongly recommended that all eligible individuals receive a COVID-19 vaccine.
- Due to high demand, mAb therapy is only recommended for **highest-risk COVID patients**.
- Questions about mAb therapies and availability can be sent to: Bob.Coolidge@state.sd.us

| Allocation Wk (Date) | REGEN-CoV | Bam/Ete | Sotrovimab | Total Courses |
|----------------------|-----------|---------|------------|---------------|
| Week 1 (9/13)        | 380       | 50      | -          | 430           |
| Week 2 (9/20)        | 336       | 156     | -          | 492           |
| Week 3 (9/27)        | 396       | 170     | -          | 566           |
| Week 4 (10/4)        | 360       | 200     | -          | 560           |
| Week 5 (10/11)       | 216       | 260     | 144        | 620           |
Long Term Care
Disease Impact & Vaccine Status in LTC – United States as of 10.07.2021. Data reported by nursing homes to the CDC’s National Healthcare Safety Network (NHSN) system COVID-19 Long Term Care Facility Module.

By the numbers:

- 84.6% National Percent of Vaccinated Residents per Facility
- 67.1% National Percent of Vaccinated Staff per Facility
- 702,285 Total Resident COVID-19 Confirmed Cases
- 137,126 Total Resident COVID-19 Deaths
- 650,161 Total Staff COVID-19 Confirmed Cases
- 2,084 Total Staff COVID-19 Deaths

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

This call is not intended for the press or for reporting purposes.
Long Term Care in South Dakota

Trending of Disease in Nursing Homes and Assisted Living Centers

- 909 Deaths in LTC residents
- 42% of deaths among people with COVID-19

| Week       | Resident Cases | Staff Cases | Number of Facilities | Nursing Homes | Assisted Living Centers | Facility Cases in Staff Only |
|------------|----------------|-------------|----------------------|---------------|-------------------------|----------------------------|
| 06/07/2021 | 0              | 2           | 2                    | 2             | 0                       | 2                          |
| 06/14/2021 | 1              | 1           | 2                    | 2             | 0                       | 1                          |
| 06/21/2021 | 2              | 0           | 2                    | 1             | 1                       | 0                          |
| 06/28/2021 | 1              | 2           | 3                    | 1             | 2                       | 2                          |
| 07/05/2021 | 0              | 4           | 4                    | 3             | 1                       | 4                          |
| 07/12/2021 | 0              | 2           | 2                    | 2             | 0                       | 2                          |
| 07/19/2021 | 7              | 3           | 2                    | 2             | 0                       | 1                          |
| 07/26/2021 | 14             | 5           | 4                    | 4             | 0                       | 2                          |
| 08/02/2021 | 16             | 15          | 10                   | 8             | 2                       | 7                          |
| 08/09/2021 | 26             | 23          | 15                   | 11            | 4                       | 9                          |
| 08/16/2021 | 25             | 31          | 23                   | 15            | 8                       | 16                         |
| 08/23/2021 | 39             | 45          | 31                   | 21            | 10                      | 21                         |
| 08/30/2021 | 70             | 70          | 38                   | 25            | 13                      | 25                         |
| 09/06/2021 | 83             | 89          | 39                   | 27            | 12                      | 20                         |
| 09/13/2021 | 97             | 102         | 46                   | 33            | 13                      | 24                         |
| 09/20/2021 | 102            | 100         | 46                   | 30            | 16                      | 24                         |
| 09/27/2021 | 86             | 95          | 40                   | 28            | 12                      | 24                         |
| 10/04/2021 | 107            | 101         | 48                   | 33            | 15                      | 20                         |
| 10/11/2021 | 136            | 108         | 50                   | 37            | 13                      | 24                         |

This call is not intended for the press or for reporting purposes.
Providers must continue to follow the Core Principles of Infection Prevention:

- Screening (active)
- Hand hygiene
- Face coverings
- Instructional signage and education
- Cleaning and disinfecting
- Appropriate PPE
- Cohorting residents
- Appropriate testing

CMS Memos

- QSO-21-19-NH (revised 5.11.21) - Vaccination
- QSO-20-38-NH (revised 09.10.21) - Testing
- QSO-20-39-NH (revised 4.27.21) - Visitation

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Long Term Care in South Dakota

**QSO-20-38-NH** (revised 09.10.21) – Testing

- Revised COVID-19 staff testing is based on the facility’s county level of community transmission instead of county test positivity rate.

- Revised the frequency of testing.

- Facilities now have two options to conduct outbreak testing, through either a contact tracing or broad-based testing approach.
Choose to get vaccinated. Protect **yourself**, **your family**, and **our residents**.

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**Percent of Current Staff (Healthcare Personnel) with Completed COVID-19 Vaccinations per Facility**

Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior week.
BinaxNOW Testing Kits

To order Sentinel Collection kits from the SDPHL
  • Email SDPHLOrderForm@state.sd.us

To start/stop receiving Sentinel Collection kits
  • Email Lori.Konst@state.sd.us

To Order Abbott BinaxNow from the Department of Health
  • Email COVIDResourceRequests@state.sd.us

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Vaccination Update
# Doses Administered

## Total Doses Administered*

| Manufacturer | # of Doses |
|--------------|------------|
| Janssen      | 28,518     |
| Moderna      | 319,684    |
| Pfizer       | 446,620    |

## Total Persons Administered a Vaccine*

| Doses                               | # of Recipients |
|-------------------------------------|-----------------|
| Janssen - Series Complete           | 28,518          |
| Moderna - 1 dose                    | 11,202          |
| Moderna - Series Complete           | 154,205         |
| Pfizer - 1 dose                     | 20,681          |
| Pfizer - Series Complete            | 212,928         |

## Percent of State Population with at least 1 Dose**

- 65%

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**Based on 2019 Census Estimate for those aged 12+ years.
COVID Vaccine coverage by age as of 10/12/2021

- 12-14: 32.70%
- 15-19: 36.90%
- 20-24: 39.10%
- 25-29: 41.50%
- 30-34: 47.00%
- 35-39: 50.70%
- 40-44: 55.00%
- 45-49: 55.40%
- 50-54: 58.50%
- 55-59: 61.30%
- 60-64: 65.80%
- 65-69: 71.70%
- 70-74: 73.90%
- 75-79: 79.20%
- 80+: 78.30%
SD DOSES Ordered All Partners

Not intended for press or for reporting purposes.
SD DOSES Ordered All Partners

Not intended for press or for reporting purposes.
## SD DOSES Ordered All Partners

|                      | 1,257,615 | 1,250,455 | 1,240,555 | 732,570 | 732,150 | 729,080 |
|----------------------|-----------|-----------|-----------|---------|---------|---------|
| Doses Ordered - Total|           |           |           |         |         |         |
| Doses Shipped - Total|           |           |           |         |         |         |
| Doses Delivered - Total|       |           |           |         |         |         |
| Doses Ordered - Jurisdiction| |         |           |         |         |         |
| Doses Shipped - Jurisdiction| |         |           |         |         |         |
| Doses Delivered - Jurisdiction| |         |           |         |         |         |
|                      | 348,430   | 341,690   | 338,370   | 176,615 | 176,615 | 173,105 |
| Doses Ordered - Pharmacy|        |           |           |         |         |         |
| Doses Shipped - Pharmacy|        |           |           |         |         |         |
| Doses Delivered - Pharmacy|       |           |           |         |         |         |
| Doses Ordered - Federal Entity| |         |           |         |         |         |
| Doses Shipped - Federal Entity| |         |           |         |         |         |
| Doses Delivered - Federal Entity| |         |           |         |         |         |

*Not intended for press or for reporting purposes.*
Doses Administered by Vaccine

- Pfizer: 556,271
- Moderna: 391,229
- Janssen: 32,898
- Vaccine Unknown: 87

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Coadministration of COVID-19 and Influenza Vaccine

You may administer COVID-19 and influenza vaccines without regard to timing (both live, attenuated and non-live influenza vaccines). This includes administration of COVID-19 and influenza vaccines on the same day, as well as coadministration at any time interval.

With influenza season approaching, there may be compelling logistical advantages to offering patients COVID-19 and influenza vaccines on the same day, and you may encourage patients to receive these on the same day. There are no safety concerns for coadministration.

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Coadministration of COVID-19 and Influenza Vaccine

When deciding whether to coadminister another vaccine(s) with COVID-19 vaccine, consider:

- Whether the patient is behind or at risk of becoming behind on recommended vaccines
- The patient’s risk of vaccine-preventable disease
- The reactogenicity profile of the vaccines
- The likelihood of avoiding a missed opportunity to vaccinate

Best practices for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (i.e., adjuvanted influenza vaccines) in different limbs, if possible.

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Third dose/Booster Dose

Moderately and Severely immunosuppressed are recommended to get a 3rd dose of mRNA vaccine

Persons that should received a Pfizer booster dose:
• Persons aged 65 and older
• Residents aged 18 and older in long term care settings
• Persons 50-64 years with underlying medical conditions

Persons that may received a Pfizer booster dose:
• Persons 18-49 with underlying medical conditions
• Persons 18-64 at increased risk of COVID exposure because of occupational or institutional setting

Not intended for press or for reporting purposes.
Third dose/Booster Dose

• FDA will meet this week to discuss recommendations for a Moderna booster dose and Janssen booster dose
  • Modera booster dose is expected to be half the normal dose

• FDA will meet last week of October to recommended EUA for children to receive Pfizer vaccine.
  • Dose anticipated to be 1/3 the amount of antigen of the adult dose.
# Current and Potential Future Formulations: Product Characteristics

**PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL**

| Description               | Current Formulation | Future Formulations |
|---------------------------|---------------------|---------------------|
|                           | **Dilute Prior to Use** | **Do Not Dilute** | **Dilute Prior to Use** |
| Age Group                 | 12 years and older  | 12 years and older  | 5 to <12 years*          |
| Vial Cap Color            | PURPLE              | GRAY                | ORANGE                |
| Dose                      | 30 mcg              | 30 mcg              | 10 mcg                |
| Injection Volume          | 0.3 mL              | 0.3 mL              | 0.2 mL                |
| Fill Volume (before dilution) | 0.45 mL            | 2.25 mL             | 1.3 mL                |
| Amount of Diluent* Needed per Vial | 1.8 mL           | NO DILUTION         | 1.3 mL                |
| Doses per Vial            | 6 doses per vial (after dilution) | 6 doses per vial | 10 doses per vial (after dilution) |
| Storage Conditions        |                     |                     |                     |
| ULT Freezer (-90°C to -60°C) | 9 months           | 6 months            | 6 months              |
| Freezer (-25°C to -15°C)  | 2 weeks             | N/A                 | N/A                   |
| Refrigerator (2°C to 8°C) | 1 month             | 10 weeks            | 10 weeks              |

* Diluent: 0.9% Sodium Chloride Injection, USP

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**Not intended for press or for reporting purposes.**
Infection Prevention
Strategies for Optimizing the Supply of N95 Respirators (Updated 9/16/21)
Strategies for Optimizing the Supply of Eye Protection (Updated 9/13/21)
CMS Memo: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (Updated 9/10/21)
Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes (Updated 9/10/21)
Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (Updated 9/10/21)
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (Updated 9/10/21)

What's New & Updated
South Dakota Project Firstline is LIVE! Check Out the Website:
https://www.sdprojectfirstline.org

*Training modules
*Videos
*Brochures and printouts
*Contact information for training opportunities for your facility

Additional infection control topics and videos can be found at:
https://www.cdc.gov/infectioncontrol/projectfirstline/index.html
Additional Educational Resources

https://spice.unc.edu/webinars/

*Recorded webinars on a variety of infection control topics
Infection Control Questions? Contact Us:

Kipp Stahl kipp.stahl@state.sd.us
Leah Bomesberger leah.bomesberger@state.sd.us
Community Mitigation
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.
On-going Communication
Helpful sources of information:

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?

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

COVID.sd.gov
COVIDSD@state.sd.us