2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

March 4, 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 March 3, 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.
Coronavirus Situation (as of March 3, 2021)

- **International**
  - 114,428,211 confirmed cases
  - 2,543,755 deaths

- **United States** (50 states + DC)
  - 28,456,860 confirmed cases
  - 513,122 deaths

- **South Dakota**
  - 112,833 confirmed and probable cases
  - 1,893 deaths
  - 108,947 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 March 3, 2021

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

As of March 3, 2021

Substantial Community Spread

Beadle
Charles Mix
Codington
Day
Dewey*
Grant
Hamlin
Hughes
Lake*
Lincoln

Marshall*
Meade
Minnehaha
Pennington
Roberts
Tripp
Union

* New County

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

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
  • Fax – 605.773.5509

_Not intended for press or for reporting purposes._
Janssen COVID-19 Vaccine (Johnson & Johnson)

• FDA EUA: February 27, 2021

• Adenovector vaccine (adenovirus used to deliver SARS-CoV-2 spike protein instructions to cells)

• Single dose vaccine

• Approved for those aged 18 and older

• Recommended to take the first vaccine available to you

https://www.cdc.gov/mmwr/volumes/70/wr/mm7009e4.htm?s_cid=mm7009e4_x

Not intended for press or for reporting purposes.
Community Transmission of SARS-CoV-2 at Three Fitness Facilities — Hawaii, June–July 2020

FIGURE. Date of symptom onset or positive test result* among 21 COVID-19 cases epidemiologically linked to a fitness center instructor — Hawaii, June 29–July 11, 2020

https://www.cdc.gov/mmwr/volumes/70/wr/mm7009e1.htm?s_cid=mm7009e1_x

Not intended for press or for reporting purposes.
COVID-19 Outbreak Among Attendees of an Exercise Facility — Chicago, Illinois, August–September 2020

https://www.cdc.gov/mmwr/volumes/70/wr/mm7009e2.htm?s_cid=mm7009e2_x

Not intended for press or for reporting purposes.
Suspected Recurrent SARS-CoV-2 Infections Among Residents of a Skilled Nursing Facility During a Second COVID-19 Outbreak — Kentucky, July–November 2020

FIGURE. Exposure, symptom onset, and testing timeline for five patients with recurrent COVID-19 cases in a skilled nursing facility — Kentucky, July–December 2020*

https://www.cdc.gov/mmwr/volumes/70/wr/mm7008a3.htm?s_cid=mm7008a3_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

For Parents: Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html

Selected Adverse Events Reported after COVID-19 Vaccination: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

Janssen COVID-19 Vaccine (Johnson & Johnson) Questions: https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/janssen-faqs.html

Not intended for press or for reporting purposes.
Laboratory Guidance
There remains a need to maintain a high level of testing statewide.

Symptomatic individuals
- Connect COVID-19 patients with care
- Track spread of disease
- Disrupt transmission
- Variant surveillance

Asymptomatic individuals
- Detect “asymptomatic” COVID-19 cases
- End-of-quarantine testing
- Variant surveillance

Not intended for press or for reporting purposes.
mAb Therapy: Direct Ordering Information

Direct Ordering:
- Direct Ordering Process Guide
- AmerisourceBergen COVID-19 Director Order Request

General Information:
- COVID-19 Monoclonal Antibody Therapeutics Key Resources for Providers (Fact Sheet)
- Regeneron EUA Guidebook
- Lilly Bamlanivimab Antibody Playbook
- ASPR Portfolio of COVID-19 Medical Countermeasures

Support:
- HHS: COVID19Therapeutics@hhs.gov
- Amerisource Bergen: C19therapies@amerisourcebergen.com
- SD-DOH: Bob.Coolidge@state.sd.us

Not intended for press or for reporting purposes.
Abbott BinaxNOW COVID Ag Card Expiration Dates

• Abbott has extended the expiration date of many lots of BinaxNOW kits

• Abbott now endorses a shelf-life of up to 9 months for many existing kits and for all newly manufactured kits

• Abbott BinaxNOW card lots, part number 195-000, which qualify for extension of expiration, can be found in the recent letter provided by Abbott. The letter provides:
  − Lot number
  − Current expiration date
  − New expiration date

• Abbott is updating the Navica app to accept COVID Ag cards with extended expiration dates

Not intended for press or for reporting purposes.
SARS-CoV-2 Antigen Testing: Abbott BinaxNOW

- SDDOH continues to stock Abbott BinaxNOW COVID-19 Antigen test cards.

- For questions about BinaxNOW availability, please contact the following:
  - K-12 Schools: Joe.Moran@state.sd.us
  - Childcare Providers: Laura.Nordbye@state.sd.us
  - Long-term Care: Denise.Broadbent@state.sd.us
  - Healthcare: Laurie.Gregg@state.sd.us
  - Higher Education: Laurie.Gregg@state.sd.us
  - Businesses/Pharmacies: Leanne.Nicholls@state.sd.us

- SDDOH continues to accept requests for BinaxNOW antigen cards
  - Joan.Adam@state.sd.us
  - Tim.Southern@state.sd.us

- Inquiries for BinaxNOW resources can also be directed to:
  - Dorothy.Ahten@abbott.com

Not intended for press or for reporting purposes.
SARS-CoV-2 Variant Sequencing

- A variety of approaches can be used to identify SARS-CoV-2 variants
- Targeted gene sequencing can be used to detect specific mutations SARS-CoV-2 genes that correspond to variants of interest
- Whole genome sequencing can be used to sequence large portions of the SARS-CoV-2 genome which leads to more information including mutations found in a variety of genes

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance.html

*Not intended for press or for reporting purposes.*
There are several tools that help scientists evaluate SARS-CoV-2 sequence data.

One tool is Pangolin: Phylogenetic Assignment of Named Global Outbreak Lineages.

Pangolin assigns a Pango lineage name to SARS-CoV-2 sequences.

Some major Pango SARS-CoV-2 lineages include:
- A
- B
- B.1
- B.1.1.7
- B.1.1.77

Not intended for press or for reporting purposes.
SARS-CoV-2 Variants: **Lineages of Concern**

**B.1.1.7**: UK Variant
- 94 countries
- 84 countries with sequences

**B.1.135**: South African Variant
- 48 countries
- 41 countries with sequences

**P.1**: Brazil Variant
- 25 countries
- 19 countries with sequences

*Not intended for press or for reporting purposes.*
## SDPHL SARS-CoV-2 Variant Sequence Data

| Lineage  | Count | Description                  | Most Common Countries                      |
|----------|-------|------------------------------|--------------------------------------------|
| B.1.2    | 66    | USA Lineage                  | USA; Canada; Denmark                        |
| B.1.139  | 13    | USA Lineage                  | USA; Denmark                                |
| B.1      | 7     | Large European Lineage       | UK; USA; Canada                             |
| B.1.1.7  | 5     | UK Lineage of Concern        | UK; Denmark; Belgium; USA                   |
| B.1.243  | 5     | USA Lineage                  | USA; Mexico                                |
| B.1.400  | 5     | USA Lineage                  | USA                                        |
| B.1.369  | 4     | USA/New Zealand Lineage      | USA; Canada; New Zealand; UK                |
| B.1.1.222| 2     | USA/Mexico Lineage           | USA; Mexico; Switzerland                    |
| B.1.1.317| 2     | Russian Lineage              | Russia; UK; Canada; Denmark; USA            |
| B.1.240  | 2     | USA Lineage                  | USA; UK                                    |
| B.1.311  | 2     | USA Lineage                  | USA; Canada                                |
| B.1.315  | 1     | USA Lineage                  | USA                                        |
| B.1.361  | 1     | USA Lineage                  | USA                                        |
| B.1.382  | 1     | USA Lineage                  | USA; Canada                                |
| B.1.404  | 1     | USA/Mexico Lineage           | USA; Mexico; Canada                         |
| B.1.448  | 1     | USA Lineage                  | USA                                        |
| Total    | 118   |                              |                                            |

- 2/5 B.1.1.7 variants: not residents of South Dakota
- 3/5 B.1.1.7 variants: residency currently under evaluation
- B.1.351: not identified by sequencing
- P.1: not identified by sequencing

*Not intended for press or for reporting purposes.*
Specimen Submission to SDPHL for Sequencing

• SDPHL is asking that all clinical laboratories submit SARS-CoV-2-positive specimens to SDPHL for sequencing.
  - Specimens should be from South Dakota residents
  - Specimens should be a nasal, MTS, or NP swab in viral transport medium
  - Specimens must have been collected and tested in the previous 7 days
  - Specimens can be shipped to the SDPHL weekly on Wednesday and Thursday
  - The SDPHL sequencing requisition form should be submitted with each specimen
  - SDPHL will provide packaging and shipping supplies as well as access to the statewide courier for specimen transport
  - Updated information regarding variant sequencing will be provided in an upcoming Lab Alert

Not intended for press or for reporting purposes.
SDPHL Variant Sequencing and Data Sharing

• Variant sequencing is not currently provided as a clinical or diagnostic service.
  – Variant sequencing is for epidemiological purposes only.
• Sequencing results will not be provided back to the submitter to influence patient care.
  – Variant sequencing is not recognized by CMS as a “CLIA-approved” test.
  – SDPHL will not accept requests for variant sequencing from healthcare providers
    who want to use that information to influence patient care.
• Sequencing results will be provided by SDPHL in aggregate form most likely on a
  biweekly or monthly basis during the Lab/IP and Healthcare partners webinars.
• SDPHL will accept any SARS-CoV-2-positive specimen for sequencing if the specimen is
  correctly collected and submitted in a timely manner.

Not intended for press or for reporting purposes.
Disease Impact – United States as of 02.14.21

 Resident and Staff Cases and Deaths

| Total Resident COVID-19 Confirmed Cases | Total Resident COVID-19 Deaths |
|----------------------------------------|-------------------------------|
| 635,369                                | 128,285                       |

| Total Staff COVID-19 Confirmed Cases | Total Staff COVID-19 Deaths |
|-------------------------------------|----------------------------|
| 546,457                             | 1,591                       |

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

Disease Impact in Nursing Homes and Assisted Living Centers

- Current Number of LTC Facilities with Case – 14* (12 facilities with a case in staff only)
- Cumulative Total LTC Facilities with Case – 216
- Current Active Cases in a Resident – 2*
- Cumulative Total Resident Cases – 3,565
- Cumulative Total Resident Deaths – 865
- Current Active Cases in Staff – 11*
- Cumulative Total Case in Staff – 1,223

*Self-reported by touch-base calls as of 03.05.2021 - all data is provisional
Visitation - guidance based on the Center for Medicare and Medicaid Services (CMS) revised guidance September 17, 2020 (QSO-20-39-NH)

- Facilities **must** have a plan with policies and procedures in place to ensure person-centered visitation is reasonably allowed.

- Visitation may occur safely and based on the community (county) test positivity rate, the absence of COVID-19 within the facility, and the core principles of COVID-19 infection prevention.

- Lack of visitation in a facility without adequate reasoning may indicate a Resident Rights concern.

- **State of South Dakota Back to Normal Long-Term Care Reopening Plan** - Revised September 25, 2020

- The guidance represents reasonable ways a NH and ALC can facilitate in-person visitation.

*Not intended for press or for reporting purposes.*
Community (County)
Test Positivity Rate

• **Low (<5%)** = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)

• **Medium (5% – 10%)** = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)

• **High (>10%)** = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

*Not intended for press or for reporting purposes.*
Compassionate Care – for counties over 10% test positivity rate

Source: CMS Frequently Asked Questions – October 6, 2020

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support.

Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.
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 COVID-19 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.
PPE and BinaxNOW are available to facilitate visitation in LTC

To facilitate visitation please contact:

✓ PPE – email a request form to COVIDResourceRequests@state.sd.us OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.

✓ Please send an email to Cindy Koopman-Viergets if you need BinaxNOW testing kits at Cindy.KoopmanViergets@state.sd.us
✓ Please look at your BinaxNOW expiration dates.
✓ Use kits with the earliest expiration date first.

Not intended for press or for reporting purposes.
Vaccination Update
# Doses Administered

## Total Doses Administered

| Manufacturer | # of Doses |
|--------------|------------|
| Janssen      | 0          |
| Moderna      | 116,294    |
| Pfizer       | 113,468    |

## Total Persons Administered a Vaccine

| Doses                | # of Recipients |
|----------------------|-----------------|
| Moderna - 1 dose     | 38,162          |
| Moderna - Series Complete | 39,066         |
| Pfizer - 1 dose      | 32,228          |
| Pfizer - Series Complete | 40,620         |

## Percent of State Population with at least 1 Dose

| Doses                | % of Pop. |
|----------------------|-----------|
| 1 dose               | 26.48%    |
| Series Complete      | 13.93%    |

*Based on 2019 Census Estimate for those aged 16+ years. Includes aggregate data on IHS and federal entities.*

*Not intended for press or for reporting purposes.*
## SD DOSES Received

| Vaccine       | Quantity |
|---------------|----------|
| Pfizer 1      | 70,785   |
| Pfizer 2      | 52,455   |
| Moderna 1     | 80,100   |
| Moderna 2     | 55,200   |
| Janssen       | 7,000    |
| LTC Pharm     | 24,050   |
| **Total**     | **289,590** |

*Not intended for press or for reporting purposes.*
### SD DOSES Received

| Description                                           | Quantity  |
|-------------------------------------------------------|-----------|
| This Week's 1st dose shipments                        | 27,000    |
| This Week's 2nd dose Shipments                        | 15,890    |
| Doses At Pharmacy                                     | 9,976     |
| Second Dose to be given this week                     | 15,190    |

*Not intended for press or for reporting purposes.*
Weekly 1\textsuperscript{st} Doses Projected

Pfizer 10,530

Moderna 8,300
Bonus Doses

Pfizer vaccine yields 6 doses – this will be a label change

Moderna vaccine may yield 1 or 2 extra doses

DO NOT POOL VACCINE FROM MULTIPLE VIALS
|   | Vaccinated | Vaccinated-not including CVS/Walgreens (5807) |
|---|------------|---------------------------------------------|
| 1A | 19,265     | 23,004                                      |
| 1B | 10,867     | 2,988                                       |
| 1C | 49,642     | 23,898                                      |
| 1D | 265,561    | 75,124                                      |
| 1E | 227,448    |                                             |

Not intended for press or for reporting purposes.
# Expected COVID-19 Vaccine Availability for South Dakota Residents

| 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)                             |         |          |       |       |              |
|       | Law enforcement, correctional officers                                                                     |         |          |       |       |              |
| 1D    | Persons aged 65 years and older                                                                             |         |          |       |       |              |
|       | High risk patients - dialysis, post-transplant, and active cancer                                           |         |          |       |       |              |
|       | High risk residents in congregate settings                                                                     |         |          |       |       |              |
|       | Persons with underlying medical conditions under the age of 65                                              |         |          |       |       |              |
| 1E    | Teachers and other school/college staff                                                                       |         |          |       |       |              |
|       | Funeral service workers                                                                                   |         |          |       |       |              |
|       | Fire service personnel                                                                                     |         |          |       |       |              |
|       | Includes public-facing workers in essential and critical infrastructure                                    |         |          |       |       |              |
| 2     | All others 16 years and older                                                                               |         |          |       |       |              |

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, individuals qualifying for vaccination based on age or underlying health condition must be South Dakota residents.

[https://doh.sd.gov/documents/COVID19/Vaccine/COVID_VaxAvailabilityTimeline.pdf](https://doh.sd.gov/documents/COVID19/Vaccine/COVID_VaxAvailabilityTimeline.pdf)

Not intended for press or for reporting purposes.
Underlying Medical Conditions

- Asthma (moderate-to-severe)
- Cancer
- Cerebrovascular Disease (affects blood vessels and blood supply to the brain)
- Chronic Kidney Disease
- COPD (Chronic Obstructive Pulmonary Disease)
- Cystic Fibrosis
- Diabetes Mellitus (type 1 and type 2)
- Down Syndrome
- Heart Conditions, such as Heart Failure, Coronary Artery Disease, or Cardiomyopathies
Underlying Medical Conditions

• Hypertension or High Blood Pressure
• Immunocompromised State (weakened immune system)
• Liver Disease
• Neurologic Conditions, such as Dementia
• Pregnancy
• Pulmonary Fibrosis (having damaged or scarred lung tissues)
• Severe Obesity (BMI ≥ 40 kg/m2)
• Sickle Cell Disease
• Thalassemia (a type of blood disorder)
Federal Partners in SD (72,705 ordered)

|        | First Dose | Second Dose | Total |
|--------|------------|-------------|-------|
| BOP    | 100        | 97          | 197   |
| VA     | 12,199     | 5,723       | 17,922|
| IHS    | 18,099     | 9,545       | 27,644|
| DOD    | 2,243      | 1,075       | 3,318 |
| Totals | 32,641     | 16,440      | 49,081|

Not intended for press or for reporting purposes.
Janssen/Johnson & Johnson Vaccine

- FDA and ACIP have approved
- Viral Vector vaccine
- 5 dose vials
- Refrigerator temps for shipping and storage
Infection Prevention

Not intended for press or for reporting purposes.
CDC COVID-19 Guidance: CDC continues to learn more about Coronavirus Disease 2019 (COVID-19) and guidance around infection prevention and control (IPC) for healthcare settings continues to be updated to reflect developing knowledge. Below is a list of some of the key healthcare IPC related guidance documents and resources that have been recently published or updated by CDC:

- **Interim Guidelines for Collecting and Handling of Clinical Specimens for COVID-19 Testing (Capillary Fingerstick Specimen Collection)** (2/26/21)
- **Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2** (2/19/21)
- **Clinical Questions about COVID-19: Questions and Answers** (2/19/21)
- **Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators During Shortages** (2/18/21)
- **Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)** (2/16/21)
- **Strategies to Mitigate Healthcare Personnel Staffing Shortages** (2/16/21)
- **Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2** (2/16/21)
- **Discontinuing Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings** (2/16/21)
- **Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic** (2/10/21)
- **Strategies to Optimize the Supply of N95 Respirators** (2/10/21)
- **Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States** (2/10/21)

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

Not intended for press or for reporting purposes.
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