Key Dates

• **January 2020**: Department of Health began monitoring the situation and providing weekly situation updates to the Governor.

• **January 22, 2020**: Department of Health began regular internal planning meetings.

• **January 27, 2020**: Department of Health launched its COVID-19 website.

• **February 10, 2020**: Department of Health activated its internal Emergency Operations Center.

• **March 7, 2020**: Department of Health briefed members of the legislature regarding preparations.

• **March 10, 2020**: First positive cases in South Dakota announced.
Testing Plan to Combat COVID-19

Guiding Principles

• All persons with COVID symptoms can receive a test upon recommendation from their provider
• Persons with symptoms can receive a test without charge
• Testing plan will evolve as antibody and community-based testing becomes available (eg., pharmacies and small clinics)
Testing Plan to Combat COVID-19

3 Tiers

1. Develop diversified testing capabilities in public health and clinical labs; advocate for supplies; includes PCR and antibody testing
2. Support smaller facilities with Abbott ID Now instruments; leverage commercial laboratories to fill unmet needs or gaps
3. Support mass testing events that target at-risk, vulnerable populations including use of public health mobile laboratory

*Capacity* = 3000/day now to 5000/day
Testing Plan to Combat COVID-19

Current Capability:
• 108 Instruments
• 40 Communities
Projected Peak Hospitalizations with No Containment or Social Distancing

Release Date: April 3, 2020
Projected Peak Hospitalizations with No Containment or Social Distancing

Projected Peak Hospitalizations Based on Current Action/Strategy

Apr 15 Projected Peak Hospitalizations Based on Current Action/Strategy

Apr 28 Projected Peak Hospitalizations Based on Current Action/Strategy

2,200 COVID-19 Beds

Release Date: April 28, 2020
## Updated Projections for South Dakota

<table>
<thead>
<tr>
<th></th>
<th>Original Peak Need</th>
<th>Updated* Peak Need</th>
<th>Assumption Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Beds</td>
<td>5,000</td>
<td>2,500</td>
<td>Reduced rate from 5% down to 2.5%</td>
</tr>
<tr>
<td>Hospital Length of Stay</td>
<td>2,500</td>
<td>2,200</td>
<td>Reduced stay from 7 days down to 6 days</td>
</tr>
<tr>
<td>Ventilator need</td>
<td>1,300</td>
<td>600</td>
<td>Reduced ventilator needed</td>
</tr>
</tbody>
</table>

- As additional information is learned from other states, we are modifying the assumptions in our models.

* Based on Current Mitigation Measures

Update Date: April 15 & 28, 2020
# Projections for South Dakota

<table>
<thead>
<tr>
<th>Impact Numbers</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Beds</td>
<td>5,000 needed at peak</td>
</tr>
</tbody>
</table>

- As additional information is learned from other states, we are modifying the assumptions in our models.

- We currently believe the hospitalization rate is trending lower than 5%.
  - Range of hospitalization rates are approximately 1% to 3%.

* Maintain Current Mitigation Measures Through August
Additional Details:

• This is a novel coronavirus never seen in the human population before so all of South Dakota’s population is considered susceptible in our projections.


• Gamma value, recovery rate, was estimated using an infectious period of 7 days. This is informed by CDC’s release from isolation guidance which considers someone non-infectious 7 days after their symptom onset (assuming they are afebrile for 72 hours and have a general improvement in symptoms). Details: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

• Uncertainty is anticipated in the model with increasing distance from present day, which is why the model has primarily been used to inform our bed capacity planning assumptions.

• Time series data can be calculated with the data provided.
Models Evaluated

Harvard Model

U-Washington Model

COVID Act Now

Penn Medicine Model

U-Columbia Model

Other Models