

COVID-19 Vaccination Plan

SOUTH DAKOTA

South Dakota Department of Health
December 14, 2020 V3.0

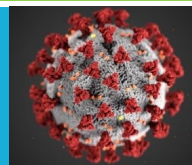
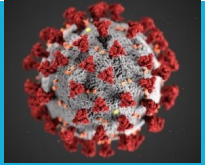


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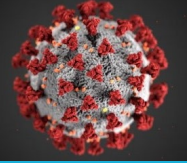
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Record of Changes

Date of original version: 10.16.2020

Date Reviewed	Change Number	Date of Change	Description of Change	Name of Author
10.16.2020				Angela Jackley
10.28.2020	1	10.30.2020	Updated to reflect reviewer comments	Angela Jackley
12.14.2020	2	12.14.2020	Updated to reflect ACIP priority population recommendations, Tribal decisions to receive federal allocation, and promotion of VSAFE technology	Angela Jackley



Section 1: COVID-19 Vaccination Preparedness Planning

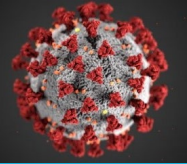
- A. Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.*

During the early stages of the COVID-19 pandemic, the South Dakota Department of Health (SDDOH) initiated communication with leadership from all Points of Dispensing (PODs) throughout the state in anticipation of a COVID-19 vaccine. South Dakota currently has 32 PODs that are distributed across the state to serve our population. PODs in SD are strategically located within a 50-mile radius of nearly every South Dakotan. Communication revolved around the additional planning efforts required to conduct POD activities during the COVID-19 pandemic. Planning efforts included identification of alternate POD locations and/or POD delivery methods such as a drive-through POD model. The leadership of South Dakota's 32 PODs were provided with COVID-19 specific planning considerations and asked to bring forward other concerns that may be relevant to the pandemic. The SDDOH developed planning considerations to address alternate methods of delivery which emphasize vaccine delivery as well as the safety of POD staff and the general public.

South Dakota (SD) continually evaluates our current preparedness level and the ability to respond to events as needed. After Action Reports (AARs) from past events, such as H1N1, have been a useful tool in determining lessons learned and gaps in preparedness and response. SD uses AARs to conduct gap analysis and identify mitigation strategies to improve SDDOH's capabilities.

- B. Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.*

SDDOH conducts full-scale exercises at a minimum of six local POD jurisdictions annually. After Action Reports (AAR) are completed by each POD to evaluate the exercise. The AAR documents help identify successes, gaps, and opportunities for improvement. AAR documents are also used as an important part of the quality improvement process. AAR documents are also shared with federal partners during site visits. 11 of South Dakota's 32 PODs will conduct a full-scale influenza exercise and additional PODs will be added as vaccine allows. POD exercises will emphasize the delivery of flu vaccinations to as many South Dakotans as possible to help prevent an influenza spike during the 2020-2021 influenza season. POD exercises will incorporate novel methods of vaccination such as drive-through vaccination stations and enhanced infection control practices. POD exercises will be held from October 6th to October 30th, 2020.



Section 2: COVID-19 Organizational Structure and Partner Involvement

A. Describe your organizational structure.

South Dakota has a centralized public health system and the South Dakota Department of Health (SDDOH) serves as the state's public health agency that works to promote, protect, and improve the health of all South Dakotans. The DOH serves people in the state across the lifespan using outcome-oriented, data-driven, evidence-based programs and services. The agency consists of the Office of the Secretary, the State Epidemiologist, three divisions (Administration, Family and Community Health, and Health Systems Development and Regulation), and 13 professional licensing boards. DOH staff are in 62 communities across the state either on a full-time or part-time basis. The South Dakota Public Health Laboratory is located within the Division of Administration. Infectious disease surveillance activities occur within the Office of Disease Prevention Services (ODPS) which is in the Division of Family and Community Health. South Dakota has no local health departments.

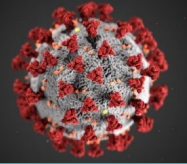
SDDOH regularly engages numerous clinical and public health agencies throughout South Dakota. Clinical agencies include all major healthcare systems in South Dakota and their corresponding clinical laboratories. SDDOH also engages two public health agencies in the state: Sioux Falls Health Department and Great Plains Tribal Epidemiology Center. Neither agency is responsible for infectious disease investigations since those functions are the purview of the SDDOH, but regular meetings and strong collaboration is maintained.

In June, the SDDOH transitioned from a full Emergency Operations Center, and has adopted a modified incident command structure (ICS) to help manage ongoing efforts during the COVID-19 pandemic. The modified ICS structure includes SDDOH Executive Management, SDDOH Public Health Laboratory, SD State Epidemiologist, SDDOH Public Health Preparedness and Response, the Office of Disease Prevention Services, and others as needed. Unified Command provides leadership and direction to focused inter-agency "Teams" built around specific critical COVID-19 planning and response functions. The focused team groups are divided into the following areas:

- Vaccination Planning
- Tribal Support
- Business Support
- Community Mitigation and Response
- Childcare, Schools, and Universities
- Healthcare
- Special Populations

In support of the ICS structure SDDOH also established overarching operational areas to include:

- Media relations
- PPE and Supply Chain Management
- Investigation and Contact Tracing
- Epidemiology Management and Data Dashboard
- Laboratory Support



- COVID Outreach Team
- Safety Officer

Team members were selected based on their subject-matter expertise and the ability to influence each inter-agency team. The teams were developed to be flexible with the ability to add additional team members. The ability to create or add new inter-agency teams also exists as needed. Each team has an identified leadership and backup to guide the team members on specific tasks related to their focus area. Each team submits updates weekly which are compiled in a situation report and shared with all members of the COVID-19 response. The situation reports serve as a tool to keep everyone involved up to date with other team's activities. The modified ICS structure was implemented in February of 2020 and has helped SDDOH combat the COVID-19 pandemic.

- B. Describe how your jurisdiction will plan for, develop, and assemble an internal COVID-19 Vaccination Program planning and coordination team that includes persons with a wide array of expertise as well as backup representatives to ensure coverage.*

The SDDOH developed a multi-disciplinary internal COVID-19 Mass Vaccination Planning and Coordination Team. Members of the team were selected on their individual expertise and ability to enhance the plan. Members of the team include a Vaccination Team Lead and backup, SDIIS Coordinator, Public Health Protection and Response, Community Health, Office of Licensure and Certification, a state pharmacist, and Correctional Health.

- C. Describe how your jurisdiction will plan for, develop, and assemble a broader committee of key internal leaders and external partners to assist with implementing the program, reaching critical populations, and developing crisis and risk communication messaging.*

As a rural state, SD regularly coordinates with healthcare systems, independent hospitals, nursing homes, and other external stakeholders. SD leveraged existing resources including key vaccination providers to coordinate a Vaccine Program Implementation Committee consisting of internal and external partners to enhance the development of plans, reach of activities, and risk/crisis response communication messaging and delivery. The external team also includes members from Tribal communities to assist jurisdictions in the planning and execution phases. The external committee was expanded to include the Secretary of Health, epidemiology representatives, pharmacies, rural and urban health centers, representatives from special population organizations, and correctional health.

- D. Identify and list members and relevant expertise of the internal team and the internal/external committee.*

Internal Committee Members

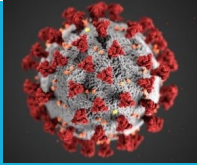
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Jonathan Steinberg

Vaccine Program Implementation Committee: See Appendix 1

E. Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.

South Dakota has a state centralized public health system, the South Dakota Department of Health, with no local health departments. SD has a city health department (Sioux Falls Health Department) and tribal public health agency (Great Plains Tribal Epidemiology Center). The SDDOH engages its public health partners at the state and local level through frequent in-person and virtual meetings. Examples include the engagement of local healthcare providers, city and county leaders, and other state agencies that will influence COVID-19 vaccination activities. Members from local and tribal entities participate in the Vaccination Program Implementation Committee.

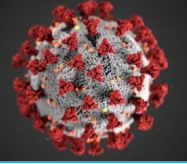
F. Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.

The Department of Health participates in weekly meetings with the Great Plains Tribal Chairman's Health Board (GPTCHB) to discuss COVID-19 related activities, including immunizations. The Vaccination Program Implementation Committee collaborates with Tribal Health and Community Healthcare Associations of the Dakota's (CHAD) representing rural health and federally qualified health centers.

The SDDOH Tribal Team meets weekly with South Dakota's nine federally recognized tribes and tribal health organizations within the state. The Tribal Team also includes representatives from across the state's COVID-19 response, including the State Public Health Lab, Media Relations, Contact Tracing and Investigation, and Epidemiology.

Regularly scheduled calls have been established with eight of the tribes, and include tribal health officials and staff, IHS, Department of Health, and Department of Tribal Relations. These calls have evolved to include topics such as testing, PPE needs, case investigation and contact tracing, data needs, and COVID-19 mass vaccination planning. These calls and contacts are also used to share any newly released information or guidelines that impact tribal communities and provide the opportunity for tribes to make direct inquiries about programs or policies.

In addition, the SDDOH also participates in weekly conference calls with the Great Plains Tribal Chairmen's Health Board and the Great Plains Tribal Epidemiology Center to discuss



opportunities to enhance response capacity in tribal communities.

We anticipate utilizing all these established modes of communication and coordination during the implementation of the mass vaccination plan and will expand efforts as needed throughout the process.

G. List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:

- *Pharmacies*
- *Correctional facilities/vendors*
- *Homeless shelters*
- *Community-based organizations*
- *Frontline healthcare workers*
- *Department of Social Services*
- *Department of Human Services*
- *Federally Qualified Health Centers*

Key partners for critical populations are included in the Vaccine Program Implementation committee found in [Appendix 1](#). The SDDOH will engage partners by reaching out through statewide boards, committees, and current partnerships to include stakeholders in ongoing planning meetings. The SDDOH conducts provider vaccine webinars twice weekly which are attended by over 400 providers.

Pharmacies. Pharmacies will be engaged through the SD Board of Pharmacy. SDDOH also employs a staff pharmacist who assists with pharmacy outreach. Outreach occurs in person and through virtual meetings and teleconferencing.

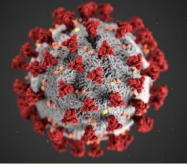
Correctional facilities/vendors. The SDDOH Division of Administration includes the state's correctional health team who maintains constant engagement with the SD Department of Corrections in the states five correctional facilities.

Homeless shelters. Homeless shelters are represented by the SDDOH Special Populations Team. This team engages leadership from local homeless shelters as well as municipal leadership to directly support the needs of the SD homeless population.

Community-Based Organizations. Community-Based Organizations are engaged by numerous SDDOH programs as well as the Special Populations Team. This engagement occurs at the city, county, and state-level using in-person and virtual communication.

Frontline healthcare workers: SDDOH will send a survey to frontline healthcare workers asking their intentions related to receiving the COVID-19 vaccine. Uptake information will help guide Phase 1 vaccine planning. SDDOH will analyze the qualitative data obtained from the survey and create messaging specific to individual concerns identified from the survey. COVID-19 vaccine safety messaging will be distributed through the healthcare systems to frontline healthcare staff.

Department of Social Services: Department of Social Services (DSS) participates in the internal



and external COVID-19 Vaccination Planning and Coordination Team representing uninsured and the under-insured population in SD.

Department of Human Services: Department of Human Services (DHS) participates in the external COVID-19 Vaccination Planning and Coordination Team representing congregate, disabled and co-morbid condition populations.

Federally Qualified Health Center (FQH): South Dakota has 33 of FQHCs. SDDOH will work through the Community Health Association of the Dakota's (CHAD) to enroll clinics representing the rural, un and under-insured, and homeless population in SD.

Section 3: Phased Approach to COVID-19 Vaccination

A. Describe how your jurisdiction will structure the COVID-19 Vaccination Program around the three phases of vaccine administration:

Phase 1: Potentially Limited Doses Available

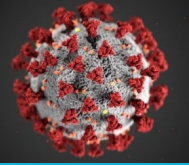
SDDOH will focus initial efforts on reaching critical populations identified by the ACIP and incorporating the SD Vaccination Allocation matrix.

SDDOH recruited the three primary South Dakota Healthcare Systems. Avera, Sanford, and Monument Health, which include hospital, clinic, and long-term care facilities, will provide vaccination services to the priority populations across the state throughout Phase 1 and Phase 2. Prairie Lakes Healthcare System and Mobridge Regional Hospital will participate in Phase 1 vaccinations. The healthcare systems have a vast network of facilities that will be used as vaccination sites. Systems will vaccinate all eligible individuals in the priority populations as allocation allows. Systems will not prioritize vaccinations to staff or patients solely within their system of care. Vaccination will be available at system locations and open to internal and external workforce ensuring the independent facilities participate in vaccination opportunities. SDDOH and the healthcare systems will select Phase 1 vaccination locations by leveraging their healthcare network facilities (Map - [Appendix 2](#)).

Vaccination clinics will be held in closed PODs which target specific populations requiring vaccination during a short time frame. The systems will provide notice to SDDOH of vaccination services a minimum of seven days in advance. As vaccination supply increases and SDDOH transitions to Phase 2, we will increasingly use alternate methods of vaccination such as drive-through clinics, and open PODs. Open PODs allow for larger populations to be vaccinated. The healthcare systems will plan, schedule, vaccinate, and report clinic vaccination data to the SDIIS within 24 hours of a vaccination clinic.

SD Tribes elected to receive a direct allocation of the COVID-19 vaccine from the federal government to receive the COVID-19 vaccine. Tribes completed the Tribal Engagement tool to indicate their vaccine allocation preference. SDDOH will make available training and technical assistance support to Tribes and IHS facilities.

Long-term care facilities may elect to receive vaccination services for residents during Phase 1b through pharmacies contracted with the federal government (CVS and Walgreens) or to select their current vaccination provider. SDDOH and federal partners will survey pharmacies



to determine preferences and coordinate with nationally contracted chain pharmacies. Long-term care facilities electing to work with pharmacies unable to provide vaccination services will be vaccinated through the contracted healthcare systems.

Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand

SDDOH will continue with phase one activities while expanding provider enrollment to include smaller providers, private clinics, rural and federally qualified health centers, pharmacies, employers, and non-traditional vaccinators. SDDOH will adapt the content and target audience of public messaging to ensure outreach to the targeted population. As vaccination supply increases and SDDOH transitions to Phase 2, we will increasingly use open PODs.

Providers will place COVID-19 vaccine orders using the SDIIS order function. SDDOH will evaluate the order and compare the doses ordered to the providers' reported patient population size. SDDOH will contact providers with discordant orders and work with providers to determine the appropriate doses for their location.

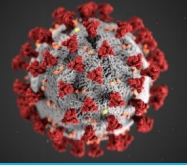
Providers will initiate traditional vaccination services including clinic appointments and/or walk-ins, mobile vaccination clinics, and vaccination strike-teams. SDDOH will identify rural areas without access to care within a 50-mile radius and organize PODs for initial and second dose vaccination. Providers will incorporate reminder recall activities for those requiring a second dose using their EMR, SDIIS, and COVID-19 vaccination cards provided at the first dose.

Phase 3: Likely Sufficient Supply, Slowing Demand

SDDOH anticipates an ample COVID-19 vaccine supply that will outreach demand. SDDOH will analyze SDIIS and Tiberius data by county to determine under-vaccinated populations. Public events, PODs, and alternate delivery methods will target pockets of need and data will be shared with area providers for awareness. Providers will return to routine vaccination services. SDDOH will maintain Community Health offices for Safety Net COVID-19 vaccination.

Section 4: Critical Populations

- A.** *Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations. Critical population groups may include:*
- a.** *Long-term care facility residents (e.g., nursing home and assisted living facility residents)*
SDDOH coordinated with the SD Office of Licensure and Certification to survey nursing homes and assisted living facilities in October to determine their staffing and resident population. Resident data will be mapped using QGIS software ([Appendix 3](#)).
 - b.** *People with underlying medical conditions that are risk factors for severe COVID-19 illness*
SDDOH will collaborate with the SD Office of Vital Statistics to use Behavioral Risk Factor Surveillance Survey (BRFSS) data to determine populations with underlying medical conditions. The data will be mapped to the county level using QGIS software ([Appendix 4](#)).
 - c.** *People 65 years of age and older*
SDDOH will collaborate with the SD Office of Vital Statistics to use BRFSS survey data and census data to determine populations of persons age 65 and older. Individuals age 65 and older will be mapped to the county level using QGIS software ([Appendix 5](#)).



d. People from racial and ethnic minority groups

SDDOH will collaborate with the SD Office of Vital Statistics to use BRFSS survey data and census data to determine populations of persons in racial and ethnic minority groups. Racial and ethnic minority data will be mapped to the county level using QGIS software ([Appendix 6](#)).

e. People from tribal communities

The SDDOH will collaborate with the Great Plains Tribal Chairman's Health Board, Indian Health Services, and directly with the Tribes to determine populations of American Indians on SD reservation lands. The data will be mapped using QGIS software ([Appendix 7](#)).

f. People who are incarcerated/detained in correctional facilities

SDDOH will collaborate with the Department of Corrections, Correctional Health, the Sheriff's Association, the Office of Attorney General, and county and municipal leaders to gather information about incarcerated populations in local jails and state prisons. Data will be mapped to the county level using QGIS software ([Appendix 8](#), [Appendix 9](#)).

g. Healthcare personnel

SDDOH will work with the healthcare providers including the state's three principal healthcare systems; Avera, Sanford and Monument Health, long-term care facilities, independent hospitals, Indian Health Services, Tribal Health Centers, Urban Indian Health Centers and independent hospitals to determine the number of staff eligible for vaccination based on ACIP recommendations. Additional data will be gathered via an electronic survey distributed in October to hospitals, long-term care and assisted living facilities, and first responders to elicit the number of healthcare providers. Healthcare providers will be stratified by those with a high risk of exposure to receive the Phase 1A vaccine. A county-level map using QGIS software will be developed.

h. Other essential workers

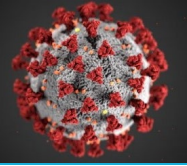
SDDOH will engage numerous public and private agencies from local, state, tribal, and federal partners to identify essential workers. The SDDOH will identify those businesses deemed to employ essential service workers at high risk of exposure. The SDDOH will use QGIS software to create a county-level map of critical workforce targeted for COVID-19 vaccine.

i. People experiencing homelessness/living in shelters

SDDOH will collaborate with the state COVID-19 Special Populations Team, the Department of Social Services, and local organizations that serve the homeless to gather census numbers from homeless shelters statewide. These organizations include Falls Community Health, Black Hills Community Health, Volunteers of America, Good Samaritan Society, and the Red Cross. Data will be mapped to the county level using QGIS software.

j. People attending colleges/universities

SDDOH will collaborate with the SD Board of Regents, technical schools, and leaders from private colleges and universities in SD to gather enrollment data. SD universities are



planning to transition to a virtual setting after the Thanksgiving holiday. Data will be mapped using QGIS software.

k. People living and working in other congregate settings

SDDOH Special Populations Team is working with local and state agencies to identify community service providers to gather population data for the private and state-supported congregate living facilities that include developmental and psychological treatment centers, women's and children's shelters, and the state veterans home, among others.

l. People living in rural communities

SD is predominantly a rural and frontier state. Of South Dakota's 66 counties, 2 have a population of 50,000 or more, 5 have a population between 25,000 - 50,000, and 48 have a population less than 10,000. South Dakota consists of 34 (52%) frontier (population density < 6 people per square mile), 25 (38%) rural counties, and 7 (11%) counties included in a metropolitan statistical area. Three cities in the state have a population of over 25,000 and 12 cities have a population between 5,000-25,000. The SDDOH will use census data to determine the population and location of people living in the identified rural communities and create a county-level map using QGIS.

m. People with disabilities

SDDOH will collaborate with the SD Department of Human Services, the SD Office of Vital Statistics as well as other state and local partners that serve persons with disabilities, to gather data on the number of disabled persons and their location. The data will be mapped at the county level using QGIS

n. People who are under- or uninsured

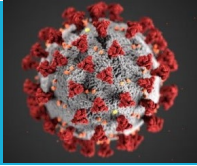
SDDOH will utilize the small area insurance estimates from the US Census and stratify by county to identify under or uninsured individuals under age 65. The data will be mapped at the county level using QGIS

B. Describe how your jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce, which will vary by jurisdiction.

SDDOH will use the Framework for Equitable Allocation of COVID-19 Vaccine (National Academy of Science Engineering, Medicine, and National Academy of Medicine), CISA Guidance (Version 4) on Essential and Critical Infrastructure Workers, and forthcoming guidance from the ACIP to define critical infrastructure workforce. SDDOH will use multiple data sources such as BRFSS, critical infrastructure data from CISA, state agency partners, Tiberius, Census data, Correctional Health and Department of Corrections, acute and long-term care and assisted living surveys, data self-reported by Great Plains Tribal Chairman's Health board representing Tribal communities, and the Board of Regents, to determine critical populations at the county level.

C. Describe how your jurisdiction will determine additional subset groups of critical populations if there is insufficient vaccine supply.

SDDOH will determine subset groups of critical populations by following the SD COVID-19 Vaccine Allocation Guidance ([Appendix 2](#)). The matrix will prioritize critical populations at high



risk for transmission of COVID-19, consider local spread, outbreaks, and catchment areas.

- D. Describe how your jurisdiction will establish points of contact (POCs) and communication methods for organizations, employers, or communities (as appropriate) within the critical population groups.*

SDDOH will work with state and local leaders who have a better understanding of the unique challenges within SD communities. SDDOH will work directly with communities throughout SD, will coordinate with state government agencies and will develop a public media campaign to deliver key messages to target populations using culturally appropriate, multi-lingual strategies.

SDDOH strategies for communication include an email listserv to rapidly deploy messages for communication to POCs, providers, organizations, and employers, webinars to directly engage community POCs, and written communication detailing vaccination strategies for the delivery of COVID-19 vaccine. Vaccine messaging will also be coordinated with SD's principle healthcare systems as well as independent hospitals to ensure continuity of messaging and will include multiple media platforms.

Section 5: COVID-19 Provider Recruitment and Enrollment

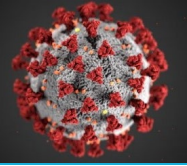
- A. Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

PHASE 1

SDDOH recruited the three primary South Dakota Healthcare Systems Avera, Sanford, and Monument Health, and larger independent hospitals drawing on previous successes during H1N1. Systems will provide vaccination throughout Phase 1 and Phase 2. SDDOH created an electronic provider enrollment form and provided training and distribution in October. The three principle healthcare systems have received the provider agreement for all associated clinics and will complete the provider redistribution agreement prior to vaccine allocation. Each of the system's affiliated clinics will complete the provider profile information. SDDOH community health offices, under DOH management, the SD Pharmacy Association, and the SD Board of Pharmacy will complete provider enrollment forms during Phase 1. SDDOH will coordinate with the SD Department of Social Services and the SD Department of Human Services to enroll their providers serving the target population.

PHASE 2

SDDOH will coordinate with the SD Pharmacy Association, the SD Board of Pharmacy, the Department of Social Services, and the Department of Human Services to enroll providers not previously enrolled in phase 1. Providers with an account in the SD immunization registry will be contacted for enrollment and recruitment of vaccinators; South Dakota has 732 providers with an IIS account. The SDDOH will assist in the identification of non-traditional providers to participate in Phase 2 vaccination.



PHASE 3

During phase 3 SDDOH will enroll primary care providers not enrolled in phases 1 and 2 to broaden the delivery of COVID-19 vaccine in Doctor's offices and clinics throughout South Dakota. During all phases, all providers will be verified through the SD Board of Pharmacy and the SDDOH staff pharmacist, the SD Board of Medical and Osteopathic Examiners for physicians and physician assistants, and with the SD Board of Nursing for registered and advance practice nurses to ensure they are credentialed with active, valid licenses to possess and administer vaccine.

- B. Describe how your jurisdiction will determine the provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4.*

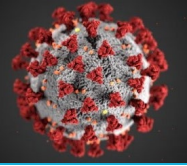
The three principle healthcare systems in South Dakota will be contracted to provide vaccination to the targeted population(s) during phase 1. Avera Health and Sanford Health provide healthcare services to the eastern side of South Dakota while Monument Health serves western South Dakota. Systems were selected based on the ability to cover rural South Dakota and their availability of ultra-low cold storage as well as previous successful collaboration during H1N1. Vaccinations will be provided in urban hospital locations as well as critical access hospitals, and mobile clinics throughout rural SD. Non-traditional vaccinators will participate in phase 1 vaccinations as well as existing healthcare system staff. Healthcare systems will conduct vaccination events in closed PODs, in locations such as places of employment, residences and field sites, and long-term care facilities if identified as a critical population. Nursing homes and assisted living facilities may decide to partner with retail pharmacy chains who have contracted with the federal government for vaccination of long-term care facility residents. SDDOH will coordinate closely with facilities that partner with these retail pharmacies for vaccination of their residents and those that do not/cannot establish partnerships. ([Appendix 10](#), [Appendix 11](#)).

- C. Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.*

The SDDOH will use Qualtrics XM software for provider enrollment. A link to Qualtrics will be given to every provider. Providers will access the Qualtrics form using a link administered by the SDDOH. Providers will complete the enrollment form and submit it to the SDDOH. Data will be exported from the Qualtrics platform into SAS to create a CSV template and entered into the CDC-provided CSV template twice weekly. The CSV file will then be uploaded to a SAMS-authenticated portal to be identified by the CDC.

- D. Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.*

Possession of vaccine: All providers that are accepting vaccine for immunization of their patients will have completed the COVID-19 Provider Enrollment Agreement which will document their current state licensure. The current licenses of these providers will be confirmed with the South Dakota Board of Medical and Osteopathic Examiners in the cases of physicians and physician assistants and with the SD Board of Nursing in the case of all advanced nurses and



practice nurses.

Administers of Vaccine: For all vaccine administrators who are employed by a healthcare system (Avera, Sanford, Monument, and Horizon Healthcare) their employers will document their administrators by submitting the name, address, DOB, license numbers, and license expiration date. All other administrators that will be utilized to administer the COVID-19 vaccine will submit

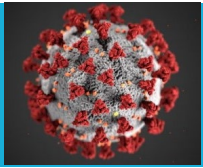
their name, address, DOB, license or certification number, and expiration date to the SDDOH who will confirm the current licensure status of each person who will be administering vaccine. For all advanced practice nurses, their names will be submitted to the Licensure and Operations Manager at the South Dakota Board of Nursing to verify current licensure. For any pharmacists/pharmacy interns who are engaged to administer COVID-19 vaccine their names will be submitted to the Executive Director at the South Dakota Board of Pharmacy for verification of required vaccine administration training and current licensure. For all other licensees engaged to administer COVID-19 vaccine their names, addresses, DOB, license numbers, and expiration dates of licenses will be submitted to the SDDOH and that information will be forwarded to the Executive Director of the South Dakota Board of Medical and Osteopathic Examiners to have all current licensures verified. This will include physicians, physician assistants, medical assistants, and paramedics who are all licensed or certified by the Board.

E. Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.

The SDDOH will provide COVID-19 vaccine education requirement notice during the provider enrollment process. SDDOH will use multiple methods to deliver training, including e-mail messages, webinars, Listserv's, meetings, and recorded presentations. Documentation of completion of training will be maintained via a completed attestation survey using Qualtrics. SDDOH will maintain a list of vaccinators eligible for participation in vaccination events.

Education Topics:

- Administering COVID-19 vaccine in accordance with ACIP recommendations
- How to administer vaccine, including reconstitution, adjuvants, needle size, anatomic site, avoiding shoulder injury
- Vaccine Storage and Handling (including transport) and how to manage temperature excursions
- CDC Storage and Handling Toolkit with COVID-19 vaccination details
- The SDDOH and vaccine manufacturer will provide written or recorded instructions on COVID-19 vaccination storage and handling (including transport) and how to manage temperature excursions
- Ordering and receiving, managing vaccine inventory, documenting and reporting vaccine wastage and report of unused, spoiled, expired COVID-19 vaccine through SDIIS
- Recording vaccinations in SDIIS within 24 hours
- Records and billing instructions
- Provider agrees to administer COVID-19 vaccine regardless of patient's ability to pay
- Provider agrees to not seek reimbursement for vaccine and supplies



- Provider agrees that vaccination records must be kept 3 years

F. Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).

COVID-19 vaccination providers that require less than the minimum order will complete a SDDOH request to transfer/transport vaccine to an affiliated vaccination location for administration. SDDOH will consider allocation of vaccine based on the SD COVID-19 Vaccine Allocation Guidance ([Appendix 2](#)), CDC COVID-19 Supplemental Redistribution Agreement criteria, and the ability to comply with vaccine manufacturer instructions regarding cold chain management. Providers will document the transfer of vaccine within SDIIS.

G. Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.

SDDOH will use the SD COVID-19 Vaccine Allocation Guidance ([Appendix 2](#)) to determine equitable distribution based on the number of doses provided, ACIP recommendations, mapping data representing counties with a high incidence rate of COVID-19, and previous COVID-19 outbreaks and their catchment areas. Vaccine allocated to the state will be further distributed to vaccinating facilities based on the critical population data defined in Section 4B.

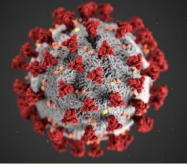
During phase 1 hospital systems will receive an allocation of COVID-19 vaccine and coordinate with the SDDOH to determine areas for vaccination events that ensure equitable access to vaccine for at-risk populations such as South Dakotan's living in rural and frontier communities, and other individuals determined to be most at risk for COVID-19. The vaccination events will be mapped and placed on the [COVID.SD.GOV](https://www.southdakota.gov/covid-19) webpage.

During phase 2 it is anticipated that there will be sufficient vaccine to meet demand which will allow equitable distribution of vaccine throughout the state. Providers will be required to report their clinic population numbers in the provider profile. Providers will be allowed to place orders and the order information will be verified against the clinic population information in their provider profile. Providers with orders discordant with the profile clinic population information will be contacted by the immunization program for an explanation and if possible, order adjustment. Vaccine administration will be mapped using Tiberius and/or SDIIS. In areas with delayed vaccination, SDDOH will work directly with area providers on interventions to increase vaccine administration to the targeted population.

During phase 3 it is anticipated the vaccine supply will exceed demand. The SDDOH will continue to promote equitable vaccination through enrolled providers and will continue to monitor vaccine uptake across the state. In areas with lagging administration, SDDOH will work with providers on interventions.

H. Describe how your jurisdiction plans to recruit and enroll pharmacies not served directly by CDC and their role in your COVID-19 Vaccination Program plans.

SDDOH engaged prospective pharmacy partners through the South Dakota State Board of Pharmacy, and the South Dakota State Pharmacists Association. Pharmacists will be asked to complete the



Provider Profile Agreement which will ensure their enrollment.

SDDOH anticipates that pharmacies not served directly by the CDC will exchange information, participate in the ordering, distribution, and administration of COVID-19 vaccine during all phases of the COVID-19 vaccine rollout. The role of the pharmacists will remain limited in Phase 1 and expand in Phase 2 and 3 as more vaccine becomes available.

Section 6: COVID-19 Vaccine Administration Capacity

- A. Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.*

Phase 1: SDDOH will estimate vaccine administration capacity using the Pandemic Vaccination Tool and information from the SD 2017 Modeling Pandemic Influenza Vaccination Capacity. SDDOH will conduct a survey with healthcare system providers to determine the proportion of providers making up each provider type/setting that will be offering pandemic vaccine. SDDOH will estimate six vaccine administrations per hour per provider and re-evaluate using calculated provider throughput as [Doses Administered/Week] for each provider type. SDDOH will review POD After Action Reports to determine throughput during drive-through vaccination events.

Phase 2: SDDOH will use the Phase 1 vaccine administration capacity calculations above and include expanded vaccinators such as pharmacies, long-term care facility staff, SD community health offices, Falls Community Health, Rural Health Clinics, and Federally Qualified Health Centers.

Phase 3: SDDOH will use the Phase 1 vaccine administration capacity calculations above and consider historical influenza vaccination administration capacity from previous influenza seasons.

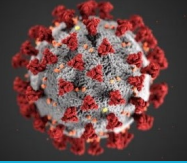
- B. Describe how your jurisdiction will use this information to inform provider recruitment plans.*

SDDOH will use the proportion of providers making up each provider type/setting that will be offering COVID-19 vaccine, and the calculated provider throughput as (Doses administered/week) for each provider type. SDDOH will share information with providers to determine appropriate vaccine administration capacity.

Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

- A. Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.*

Allocation of vaccine will be based on the SD COVID-19 Vaccine Allocation Guidance ([Appendix 2](#)) to include the current target population, amount of vaccine available, number of vaccinators spread of COVID-19 infection in the state, and second dose requirements. SDDOH will evaluate target population data and allocate vaccine to the regions. Further sub-allocation of vaccine



will be based on regional spread of COVID-19, equitable geographic distribution, COVID-19 county incidence rates, and the size of priority populations.

Priority will be given to regions and providers that have reached the required interval for the second dose of vaccine and will be allocated sufficient vaccine to vaccinate the target population.

- B. Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders.*

The provider profile information will be reviewed to examine the cold storage conditions of individual providers. This information from the provider profile will be used to determine if a provider has sufficient capacity (-70°C, -20°C and 2-8°C), and suitable storage conditions to store COVID-19 vaccines. SDDOH will consider allocation of vaccine based on the SD Framework for COVID-19 Vaccine Allocation, and the criteria agreed to in the CDC COVID-19 Supplemental Redistribution Agreement, and the ability to comply with vaccine manufacturer instructions on cold chain management.

Providers that do not have suitable storage will be contacted to determine alternative solutions. If an alternative solution is not identified, the provider will not be allowed to order and store COVID-19 vaccine.

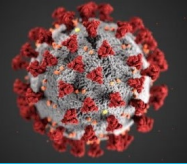
- C. Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VtrckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order approval.*

COVID-19 vaccination providers enrolled with the SDDOH Immunization Program will order COVID-19 vaccine through the South Dakota Immunization Information System (SDIIS). Providers will place their orders using the SDIIS system following the existing process for ordering the public and federally funded vaccines. The order will be reviewed by the immunization programs vaccine management team and sent to the Immunization Coordinator for allocation approval based on the SD Framework for COVID-19 Vaccine Allocation. Once the amount of COVID-19 vaccination is determined for allocation to each provider, it will be sent back to the vaccine management team for approval in SDIIS, then uploaded from SDIIS to the CDC's VtrckS.

- D. Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.*

Providers that wish to reposition vaccine will be required to complete the provider redistribution agreement. If a provider needs to move vaccine, they will first be required to contact the SD Immunization team for approval. The ability to maintain cold chain during transfer will be assessed. If it is determined a provider can maintain cold chain, they will be eligible to transfer vaccine. Providers will be required to complete vaccine transfer paperwork.

Once the vaccine is transferred, both the transferring provider and receiving provider must sign the paperwork, record temperature during the vaccine transfer, and submit to the SD state



immunization program. Additionally, the transferring provider must use the states IIS to create a vaccine transfer. Once the receiving provider receives the vaccine, they will be able to check in the vaccine. The IIS will decrement the shipping providers' inventory and add it to the receiving provider's inventory. Vaccine transportation options will allow for the transport of vaccine to rural areas throughout SD. Transportation mechanisms include Healthcare Systems courier, the SD State Highway Patrol or other state transportation mechanisms, or the National Guard.

E. Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.

COVID-19 vaccination providers with wasted vaccine will track and submit a wastage report to the SD Immunization program for review. The vaccine management team will enter the providers wastage in the CDC's VtrckS for viable return.

Providers will be required to use the states IIS either by direct entry or through and HL7 bi-directional exchange with their Electronic Medical Record system. The IIS has inventory functionality and will decrement a dose of vaccine after administration. The state can monitor and view individual provider inventory as well as the statewide inventory. Providers will use the IIS to report doses of vaccine wasted and the reason for wastage and will be required to use Vaccine Finder to report daily inventory. Providers will be required to complete wastage paperwork and submit to the SD state immunization program. IIS vaccine wastage decrements the dose from the provider's inventory.

Section 8: COVID-19 Vaccine Storage and Handling

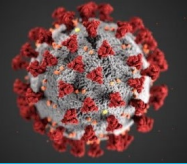
A. Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultracold chain requirements, at all levels:

Training with the SDDOH Immunization Education Coordinator will be required. Training topics include policies related to appropriate vaccine storage units, temperature monitoring and documentation, vaccine receiving, placement, inventory control, transfer and transport, emergency relocation, and protocols for vaccines exposed to abnormal temperatures. Providers also reference the requirements outlined in the *CDC Vaccine Storage and Handling Toolkit*.

The information from the provider profile will be reviewed by the immunization program to determine if sufficient capacity and suitable storage conditions exist to store COVID-19 vaccines. SDDOH will consider the allocation of vaccine based on the SD Framework for COVID-19 Vaccine Allocation, and the criteria agreed to in the CDC COVID-19 Supplemental Redistribution Agreement along with the ability to comply with vaccine manufacturer instructions on cold chain management. SDDOH Immunization Program also conducts annual audits in collaboration with vaccine coordinators at each provider site to assure ongoing compliance with CDC vaccine storage and handling requirements. Providers with unresolved excursions will be considered for vaccine last.

As COVID-19 provider enrollments are reviewed, and the appropriateness of a storage unit is questionable, contact will be made with the facility/provider for additional information.

Digital temperature recorders for each cooling unit intended to store vaccine will be supplied by SDDOH. The Immunization Program requires documentation of one week of stable



temperatures for all cooling units prior placing an initial vaccine order. Current policies cover requirements for storage and handling of refrigerated vaccines (2°C to 8°C) and frozen vaccines (-15° to -25°). The temperature recording units currently supplied by DOH can be used to -40°C.

The SD Immunization Program has established timelines for submitting temperature logs and other site reports which are reviewed for ongoing compliance monitoring with vaccine storage and handling protocols. When available, the COVID-19 addendum to CDC's Vaccine Storage and Handling Kit will direct new requirements for storage and handling for refrigerated and frozen COVID-19 vaccines, including those requiring an ultra-cold chain (-60°C to -80°C). This information will be shared with providers.

- *Satellite, temporary, or off-site settings*

Satellite, temporary, and off-site clinics will be a key component in the vaccination campaign, particularly in rural areas, congregate settings such as a school or nursing home and targeted populations. Providers will follow protocols outlined in the *CDC Vaccine Storage and Handling Kit, Section Six, Vaccine Transport*, the COVID-19 addendum when it becomes available, and *CDC's Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.

SDDOH will provide additional resources to community partners to ensure they have adequate equipment to properly store vaccines on a temporary basis. Resources include portable refrigerator/freezers with digital temperature loggers and qualified vaccine couriers. Transportation of vaccines with ultracold chain requirements to satellite, temporary, or off-site settings will be considered only after reviewing guidance in the *CDC Vaccine Storage and Handling Toolkit COVID-19 Addendum*

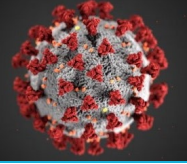
- *Planned redistribution from depots to individual locations and from larger to smaller locations-*

Ideally, vaccine will be delivered directly from the manufacturer to the facility providing vaccinations. When the vaccine supply is limited and the minimum quantity per order exceeds local needs, it may be necessary to redistribute vaccines from one facility to another. Redistribution will require prior authorization from the SDDOH Immunization Program and completion of the *CDC Vaccine Redistribution Form*.

Each healthcare system within the state has daily courier services. It is yet to be determined if the existing courier services have the capability to transport vaccines at the to be determined required temperatures. SDDOH will verify that all facilities receiving COVID-19 vaccine have enrolled as a COVID-19 Vaccine Provider, assuring the receiving entity has the proper storage capabilities and trained vaccine coordinators.

Final distribution plans for frozen vaccine and vaccines requiring ultracold chain will depend on forthcoming guidance contained in the *CDC Vaccine Storage and Handling Toolkit COVID-19 Addendum*.

- *Unplanned repositioning among provider locations –*



Vaccine Coordinators are required to maintain plans for transferring vaccine in the event of a power outage, refrigerator/freezer failure, or other incidents with the potential to compromise vaccine. This requirement has been in place long-term for traditional vaccine providers and will be implemented with those newly enrolled. Other directives related to repositioning vaccine will be implemented upon receipt of forthcoming guidance in the CDC Vaccine Storage and Handling Toolkit COVID-19 Addendum.

B. Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities.

- Scenario A

South Dakota will conduct a survey of dry ice vendors and retailers to identify potential sources of dry ice. Transportation of frozen or ultra-cold vaccine products will be limited and redistributed according to directions outlined by CDC. Initial supplies will be directed to Avera, Sanford, and Monument Health to redistribute in densely populated areas. Vaccine will be administered to priority groups in compliance with manufacturer guidelines. Vaccine will be stored in the ultra-cold shipment box, or according to manufacturer guidelines outlining the viability of the vaccine once it is reconstituted and/or refrigerated.

SDDOH is working collaboratively with both corporate and independent health systems to identify storage and redistribution capabilities. In anticipation of large vaccine shipments, SDDOH has pre-positioned medical-grade refrigeration units regionally. SDDOH has a supply of medical-grade portable refrigerators to help facilitate appropriate temporary storage at off-site clinics and during transfers/transportation of refrigerated vaccines. SD has surveyed hospitals to determine ultra-low cold storage capacity throughout the state.

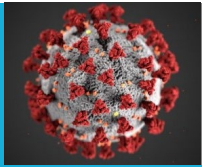
- Scenario 2 and 3

SDDOH is working collaboratively with both corporate and independent health systems to identify storage and redistribution capabilities. In anticipation of large vaccine shipments, SDDOH has pre-positioned medical-grade refrigeration units regionally. SDDOH has a supply of medical-grade portable refrigerators to help facilitate appropriate temporary storage at off-site clinics and during transfers/transportation of refrigerated vaccines.

Section 9: COVID-19 Vaccine Administration Documentation and Reporting

A. Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers.

SDDOH will utilize SDIIS to collect COVID-19 doses administered data from providers. The South Dakota Immunization Program has 732 vaccine providers participating in IIS representing a majority of SD providers. COVID-19 doses administered will be entered into the SDIIS



automatically through a bi-directional interface. Providers without a bi-directional interface will be required to manually enter doses administered data within 24 hours. Providers will report priority population data via a Qualtrics survey completed after each vaccination opportunity.

- B. Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.*

The SD Immunization Program expects the SDIIS to report all required information to CDC via the Immunization (IZ) Gateway Connect component. Connection to subsequent phases of the IZ Gateway will be evaluated once the specifications have been released. The SDIIS will have the capability to report daily all required elements to CDC.

- C. Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.*

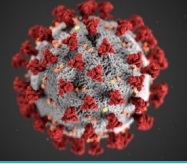
The SD Immunization Program has a foundation of established, well-trained immunization providers who are familiar with the SDIIS and the functionalities necessary to promote daily reporting of COVID-19 vaccine required data elements. New providers who are onboarded to facilitate COVID-19 vaccine administration must complete the SD Immunization Program Training and complete the Training Attestation document. SDDOH will require and review alternative reporting method plans. SDDOH will provide paper vaccine consent forms to report vaccine administration data in the event of an electronic failure. Providers will submit the vaccine consent forms via fax or courier within 24 hours.

- D. Describe the steps your jurisdiction will take to ensure real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings.*

All providers and vaccination sites will be expected to have the capability to immediately report COVID-19 vaccinations to the SDIIS, either in real-time through a bi-directional interface with electronic medical records, or through staff devoted to manually enter vaccinations directly into the SDIIS during the event. Should internet connection be impossible or lost during satellite, temporary, or off-site vaccination clinic settings, providers will collect required data elements via pre-printed vaccination consent forms that patients will complete prior to vaccination. The information collected on each consent form will be entered into the SDIIS within eight (8) hours of the conclusion of, or as soon as possible following, the vaccination event, not to exceed 24 hours.

- E. Describe how your jurisdiction will monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements.*

The SD Immunization Program will run daily query reports from SDIIS to generate the data required to report to the CDC. Underreporting of required data elements will prompt the Immunization Program to notify the staff associated with the vaccination site(s) in question, address the reporting requirements, discuss causes of issues, and work together to ensure



compliance with documentation and reporting requirements. Additional vaccine orders will not ship until the provider complies with the requirement.

F. Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.

The SDIIS will generate Immunization Coverage Reports based on preset parameters. Patient cohorts are established based on age range and will compare the number of persons vaccinated with COVID-19 vaccine to the total number of individuals in the specified age range in that area. Immunization coverage reports are valuable snapshots that portray the success of a vaccination campaign. SDDOH will assess first and second dose coverage, first and second dose drop-out rates; and timeliness of second dose administration, by county and city. Coverage reports are customizable to include one facility or a group of facilities in a health system, data by city, county, or statewide. Based on the information provided in coverage reports, the Immunization Program will encourage providers to implement strategies, such as Reminder/Recall notices to help improve areas with low coverage.

Section 10: COVID-19 Vaccination Second-Dose Reminders

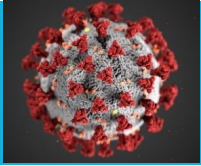
A. Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods.

Most COVID-19 vaccine products are expected to require multiple doses in a series, separated by at least 21 or 28 days. Also, COVID-19 vaccine products will not be interchangeable, which means subsequent doses in a series must be the same product as the initial dose. COVID-19 vaccine providers are expected to begin the reminder process as early as the initial vaccination visit to ensure patients return for subsequent doses and that they receive the same brand of vaccine as the initial dose. COVID-19 vaccination series that require multiple doses must adhere to a strict interval schedule, and subsequent doses must not be administered prior to completion of the intervals.

Patients who receive the first dose of a COVID-19 vaccination series requiring multiple doses for completion will receive one or more reminders. Personal immunization reminder cards will be provided to the patient at the vaccination site of the first dose. Providers will complete these cards with accurate vaccine information, give the card to the patient, and stress the importance of bringing the card to subsequent vaccination visits. The personal immunization reminder card includes an area for a written reminder, or the provider may also give a written appointment card reminding the patient of the next vaccination date. The SDDOH also provides reminder notification in writing through the IIS. Patient's will be encouraged to participate in V-Safe which allows for a second-dose reminder.

The SDDOH is also evaluating additional IT infrastructure that will allow the state to support reminder notifications using electronic means which will complement the existing notification process in place. The SDDOH will engage healthcare systems and independent hospitals statewide to leverage their notifications systems to alert vaccine recipients when their second dose of COVID-19 vaccine is scheduled.

SDDOH will initiate a media campaign including ads in print publications and radio, as well as a



partnership with television and news agencies to remind South Dakotans that a second dose of vaccine will be required at a specific interval.

Section 11: COVID-19 Requirements for IISs or Other External Systems

- A. Describe your jurisdiction’s solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., CDC mobile app, IIS or module that interfaces with the IIS, or other jurisdiction-based solution). Include planned contingencies for network outages or other access issues.

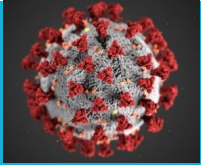
SDDOH will use the IIS for the first line of recordkeeping. For high volume sites such as Avera, Monument, and Sanford Health system facilities, vaccine administration data is sent to the SDIIS via a bi-directional interface with electronic medical records systems. SDDOH also uses a paper-based mechanism to track individuals who receive COVID-19 vaccinations in South Dakota.

COVID-19 vaccine administration sites must have internet capability to access the SDIIS. Mobile hotspots or other options are recommended if the main internet connection is lost or unattainable. The SD Immunization Program will issue paper vaccine consent forms to vaccinating providers as a contingency to ensure data exchange to CDC with 24 hours of vaccination in anticipation of unforeseen events that prevent connection through the usual internet provider. If providers are unable to enter vaccination data into the SDIIS, they will submit the vaccine consent forms via fax or courier to SD Immunization Program within 24 hours.

- B. List the variables your jurisdiction’s IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.

SDIIS will capture and transmit all data elements required by CDC for persons who receive the COVID-19 vaccine. All COVID-19 vaccinations entered into SDIIS shall include the following information:

1.	Recipient name
2.	Recipient date of birth
3.	Recipient address
4.	Recipient phone number
5.	IIS Recipient ID
6.	Recipient sex
7.	Recipient ethnicity
8.	Recipient race
9.	Administered at location: facility name/ID
10.	Administered at location: type



11. Administration address (including county)
12. Administration date
13. CVX (Product)
14. MVX (Manufacturer)
15. Lot Number
16. Vaccine expiration date
17. Vaccine route of administration
18. Vaccine administering site (on the body)
19. Dose number
20. Vaccination series complete
21. IIS vaccination event ID
22. Sending organization
23. Vaccine administering provider and suffix
24. Membership in critical population groups (pandemic priority group)

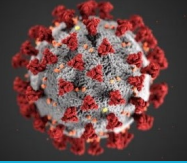
C. Describe your jurisdiction’s current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.

SDDOH maintains the SDIIS system with sufficient storage capability to maintain all COVID-19 and non-COVID data. The SD Immunization Program will implement COVID-19 vaccination data exchange and reporting to the CDC from the SDIIS through the Immunization (IZ) Gateway Connect phase. SDIIS is currently still in the testing phase for IZ Gateway Connect. The decision to enable data exchange through subsequent phases of the IZ Gateway will be evaluated once specifications have been released and tested through SDIIS.

SDDOH received funding support through ELC Project E Enhancing Detection to purchase a new immunization registry with enhanced capabilities that will support data exchange, storage, and reporting. SDDOH anticipates the new IIS solution will be selected in early 2021 and implemented during Phase 3 of the COVID-19 vaccine rollout. The new IIS solution will offer sufficient enhancements to South Dakota’s registry.

D. Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve healthcare personnel (e.g., paid and unpaid personnel working in healthcare settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.

The SD Immunization Program issued Provider Agreements and Provider Profiles in October to



all Phase 1 providers through Qualtrics XM software. Qualtrics is a user-friendly web-based application that can be used by the smallest of provider groups to the largest of South Dakota's healthcare providers.

Although this strategy will be most important for the rapid roll-out of Phase 1, SDDOH plans to use the same strategy for Phase 2 and Phase 3.

E. Describe your jurisdiction's current status and plans to onboard to the IZ Gateway Connect and Share components.

The South Dakota Immunization Program will implement COVID-19 vaccination data exchange and reporting to the CDC from the SDIIS through the Immunization (IZ) Gateway Connect phase. SDIIS is currently still in the testing phase for IZ Gateway Connect. The decision to enable data exchange through subsequent phases of the IZ Gateway will be evaluated once specifications have been released and tested through SDIIS.

F. Describe the status of establishing:

The Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway will be signed in October of 2020. SDDOH has maintained a data use agreement with the CDC for national coverage analyses since 2018 and signed the memorandum of understanding for jurisdictional data sharing with AIRA in November of 2019.

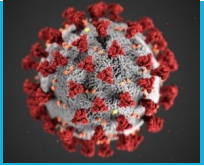
G. Describe planned backup solutions for offline use if internet connectivity is lost or not possible.

COVID-19 vaccine administration sites must have internet capability to access the SDIIS. Mobile hotspots or other options are recommended if the main internet connection is lost or unattainable. The SD Immunization Program will issue paper vaccine consent forms to vaccinating providers as a contingency to ensure data exchange to CDC with 24 hours of vaccination in anticipation of unforeseen events that prevent connection through the usual internet provider. If providers are unable to enter vaccination data into the SDIIS, they will submit the vaccine consent forms via fax or courier to SD Immunization Program within 24 hours.

H. Describe how your jurisdiction will monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique.

The South Dakota Immunization Program will use the SDIIS to routinely generate data quality reports to monitor vaccination information and ensure that data are available, complete, timely, valid, accurate, consistent, and unique. Data quality reports will be used to determine how proficiently immunization providers are entering data into the SDIIS. The Immunization Program

will work with providers to develop an improvement plan. Improvement plans will include in-service training on the use of SDIIS, as well as a review of the importance of timely, complete, and accurate data submission.



Section 12: COVID-19 Vaccination Program Communication

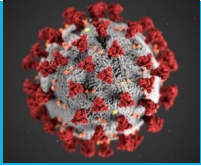
A. Describe your jurisdiction’s COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.

Communications objectives:

- *Educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines, and remind that situations are continually evolving.*
- *Ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines.*
- *Help the public to understand key differences in FDA emergency use authorization and FDA approval (i.e., licensure).*
- *Engage in dialogue with internal and external partners to understand their key considerations and needs related to COVID-19 vaccine program implementation.*
- *Ensure active, timely, accessible, and effective public health and safety messaging along with outreach to key state/local partners and the public about COVID-19 vaccines.*
- *Communicate transparently about COVID-19 vaccine risks and recommendations, immunization recommendations, public health recommendations, and prevention measures.*

Vaccination Program Phase 1	Target Audiences	Communication Channels	Partners
Phase 1: Limited supply of COVID-19 vaccine doses available	<ul style="list-style-type: none"> • Public/Consumers • Healthcare Personnel • ACIP recommended target populations 	<ul style="list-style-type: none"> • Paid Traditional and Digital Media • Earned media 	<ul style="list-style-type: none"> • Health care systems • Tribal partners • Organizations serving at-risk individuals
Key messages/activities: <ul style="list-style-type: none"> • <i>Educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines and that situations are continually evolving.</i> • <i>Ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines.</i> • <i>Educate at-risk populations about vaccine availability and access.</i> 			

Vaccination Program Phase 2	Target Audiences	Communication Channels	Partners
Phase 2: Large number of vaccine doses available	<ul style="list-style-type: none"> • Public/Consumers • At-risk groups 	<ul style="list-style-type: none"> • Paid Traditional and Digital Media • Earned media 	<ul style="list-style-type: none"> • Health care systems • Tribal partners • Community organizations



Key messages/activities:

- Educate the public about the development, authorization, distribution, and execution of COVID-19 vaccines and that situations are continually evolving.
- Ensure public confidence in the approval or authorization process, safety, and efficacy of COVID-19 vaccines.
- Educate consumers about vaccine availability and access
- Develop specific messaging for those at increased risk and with limited access to vaccination services.

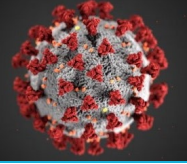
Vaccination Program Phase 3	Target Audiences	Communication Channels	Partners
Phase 3: Sufficient supply of vaccine doses for the entire population (surplus of doses)	<ul style="list-style-type: none"> • Public/Consumers 	<ul style="list-style-type: none"> • Paid Traditional and Digital Media • Earned media 	<ul style="list-style-type: none"> • Health care systems • Tribal partners • Community organizations
<p>Key messages/activities:</p> <ul style="list-style-type: none"> • Educate consumers about vaccine safety and efficacy • Educate consumers about vaccine availability and access 			

B. Describe your jurisdiction’s expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.

Since the beginning of the pandemic, the Department of Health’s Joint Information Center has operated based on the crisis and emergency risk communications principles of being first, being right, being credible, expressing empathy, and showing respect. These principles will continue to guide our response going forward. The Department strives to regularly communicate what is currently known, providing updates when available through frequent communication with the media and the public. The Department’s communications team receives daily or weekly situation updates from the Department’s vaccination team and will work closely with Department leadership to change and adapt messaging to evolving needs. The Department can use regularly scheduled media briefings, news releases, and social media channels to communicate urgent messaging to the public. In addition, it can utilize the SD Health Alert Network and other electronic methods to notify providers of important information.

Section 13: Regulatory Considerations for COVID-19 Vaccination

A. Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.



SDDOH will provide awareness and location information for the EUA/VIS Fact Sheets and make widely available to providers through SD Immunization Program Training, links to the EUA/VIS Fact Sheet on the Department of Health's COVID-19 webpage, via Listserv, emails, and paper copies which will be available for provision. Providers will agree through the Provider Enrollment Agreement to provide EUA/VIS Facts Sheets to all individuals receiving COVID-19 vaccination.

- B. Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.*

Providers will be required through the Provider Enrollment Agreement to provide the EUA/VIS/Fact Sheet to every vaccine recipient. The date the EUA/VIS Fact Sheet was provided will be entered into the SDIIS. Links to the EUA/VIS Fact Sheet will be available on the Department of Health's COVID-19 webpage. Paper copies in multiple languages will be available for provision.

Section 14: COVID-19 Vaccine Safety Monitoring

- A. Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).*

SDDOH will ensure vaccination providers receive VAERS training opportunities through several mechanisms including links to the VAERS Overview and Training Webinar, and the SD Immunization Education Provider webinar. SDDOH will verify VAERS training through an attestation form using the Qualtrics platform. SDDOH will offer paper training attestations as an alternate mechanism of verification. Providers will promote registration with the V-Safe program after receiving the COVID-19 vaccine.

Section 15: COVID-19 Vaccination Program Monitoring

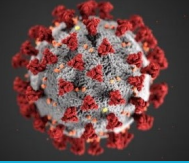
- A. Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:*

- *Provider enrollment*

The SDDOH will use Qualtrics for provider enrollment. A master provider list will be maintained to include all providers invited to enroll. SDDOH will monitor provider enrollment completion and provide outreach to providers who have not completed the enrollment survey. Outreach will consist of a phone call and email to provide technical assistance and encourage enrollment. Providers have been previously trained in the use of Qualtrics. Providers not previously trained in the use of Qualtrics will receive training.

- *Access to COVID-19 vaccination services by population in all phases of implementation*

SDDOH will map facilities that have completed the provider enrollment form and received vaccine. SDDOH will review locations to determine limited access to vaccination services within a 50-mile radius and establish alternate methods for



vaccination. SDDOH is considering the use of alternate methods such as strike-teams, PODs, and mobile vaccination units. SDDOH will use SDIIS to monitor the doses administered report daily and compare doses provided against doses administered.

- *IIS or other designated system performance*

The immunization registry team will work with the IIS contracted provider and the state's Bureau of Information and Technology (BIT) department to monitor the performance of the state IIS. Identified issues with the system will be prioritized. The registry team, IIS contractor, and BIT will work to improve performance or repair issues that arise within the IIS system. Required code changes will be prioritized by BIT for security scanning.

- *Data reporting to CDC*

SDDOH is in process of connecting the SD IIS to the IZ Gateway and awaiting forthcoming data structure guidance required for submission to the CDC. Once onboarded, the IIS will have the capability to send real-time data to the IZ Gateway. The data will be transferred using WSDL and the message construct will use HL7 2.5.1.

- *Provider-level data reporting*

SDDOH will monitor provider-level data using SDIIS. SDDOH will assess inventory reports that show all available doses as well as doses administered. SDDOH will cross-check this information with data reported by vaccine providers to ensure completeness of reporting. SDDOH will provide outreach to all vaccine providers whose data are incomplete in SDIIS.

- *Vaccine ordering and distribution*

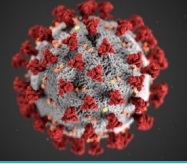
SDDOH will monitor vaccine ordering and distribution using VtrckS daily. Information from VtrckS will be uploaded into SDIIS. Once in SDIIS, SDDOH can review the number of doses ordered, the vaccine manufacturer, and the quantity ordered. SDIIS will auto-generate a link to providers to update inventory. SDDOH will monitor SDIIS to determine if providers have checked their vaccine by reviewing unaccessed links and will contact providers for technical assistance as a quality assurance measure.

During Phase 1 the state will place all orders for vaccine in the SDIIS system. SDDOH will allocate vaccine to providers as vaccine becomes available to the state. SDIIS will send the data to VtrckS. All vaccine will ship directly to the provider sites.

During Phases 2 and 3, vaccine providers will enter orders directly into SDIIS. SDDOH will ensure orders are aligned with population estimates for each provider. If there is a discrepancy, the provider will be contacted to resolve the discrepancy. After evaluation and approval, the SDDOH will place the order for the provider or ask the provider to amend their order. SDIIS will send the data to VtrckS. All vaccine will ship directly to the provider sites.

- *1 and 2-dose COVID-19 vaccination coverage*

SDDOH will generate coverage reports daily to monitor COVID-19 vaccination coverage. The reports will provide state and county level coverage which can be further stratified to the individual provider level. SDDOH will also evaluate coverage rates for critical



populations such as age and minority status including American Indians. Healthcare systems will use electronic reminders, including email and text messaging. Providers will promote the use of V-Safe for second-dose reminders.

B. Describe your jurisdiction's methods and procedures for monitoring resources, including:

- **Budget**
SDDOH Finance Office provides daily monitoring of all fund sources that support COVID-19 activities including vaccination. The SDDOH also works with the Office of the Governor and the Bureau of Finance and Management to ensure strict oversight of COVID-19 funding.
- **Staffing**
SDDOH monitors a diverse workforce in locations across SD. SDDOH works closely with external partners to ensure the COVID-19 vaccination program is adequately staffed to meet federal and state vaccination goals. SDDOH monitors staff using information from the SD Bureau of Human Resources. SDDOH Senior Leadership works cooperatively with health systems and IHS leadership to monitor staffing by external partners.
- **Supplies**
SDDOH through the Public Health Preparedness and Response Program, uses an inventory management system to keep track of critical supplies needed for the COVID-19 vaccination program. SDDOH also uses SDIIS and VtrckS to inventory vaccine provided to SD. All systems allow real time capability to monitor inventory levels of critical supplies.

C. Describe your jurisdiction's methods and procedures for monitoring communication, including:

The Department uses social media analytics from Facebook, Twitter, and HootSuite to monitor sentiment, and receptivity in real-time. In addition, the Department receives reports from our media agency detailing advertising performance for both traditional and digital media and adjusts strategy as appropriate.

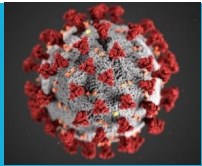
D. Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).

SDDOH will partner with subject matter experts, local and county leaders, emergency managers, and healthcare providers in locations throughout the state to maintain frequent

communication. SDDOH will maintain situational awareness through systems such as SDIIS, VtrckS, and Tiberius.

E. Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.

- SDDOH is considering sharing the following information on covid.sd.gov:
- Administration sites and locations



- *Doses received*
- *Doses delivered*
- *Coverage rates (phase2 and phase3)*

Appendix 1: List of External Partners on Vaccine Planning Committee

Department of Health

Dr. Mary Carpenter	Peggy Seurer
Angela Jackley	Rhonda Buntrock
Kim Malsam-Rysdon	Bob Coolidge
Beth Dokken	Deb Carlson
Tim Heath	Diana Weiland
Jonathan Steinberg	Susan Bakker
Josh Clayton	Chris Qualm
Vickie Horan	Patricia Brinkley
Adam Frerichs	Jean Koch
Scott Gregg	

Department of Corrections

Jennifer Dreiske

Pharmacy

Kari Shanard-Koenders	Jessica Strobl/Lewis Drug
Amanda Bacon	

Monument Health

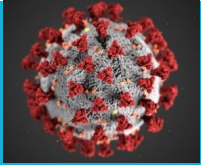
Dr. Brad Archer	Robin Zebroski
Dana Darger	M. Stephens

Avera

David Erickson	David Basel
Kendra Calhoun	Peggy Leslie Smith
Steve Petersen	Glenn Voss
Sara Henderson	Seth Combs

Tribal Representation

Delores Pourier	Mandi Leite
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Skyla Fast Horse

Lynn Provost

Christine Olson

Peter Lengkeek

Clarence Montgomery

Jessica Paxton

Kayla Weyh

Mary Dosch

A. Alberts

Luke Massingale

Amanda Headley

D. Laroche

Meghan O'Connell

Elizabeth Bohls

Reid Wendel

Nick Hill

Emily Goodweasel

PJ Beaudry

Todd Warren

Jim Pearson

Jerilyn Church

Tamee Livermont

Indian Health Services (IHS)

James Driving Hawk

Sara DeCoteau

Cynthia Jacobs

Emily Ascher

Jonni Pearman

Terelle Perman

Krista Evans

David Jiminez

Lverene Lunderman

Linnea Putman

Jade Trottier

Maviann Krause

Judy Cuka

Natalie Keating

Katherine Labonte

Heather Cuny

Kodi Steckelberg

Carli Jochim

Jamie Giroux

Lucy Backward

Dwan Kendrick

Layne Neal

Sandra Reindl

Lori Braaten

Weewashte Conroy

Lindsey Morrow

Kimm Schweitzer

Deborah Jackson

Jodee Brewer

Leslie Risse

Jill Marshall

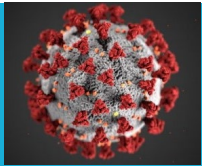
Dayle Knutson

Kelly Thomas

Natile Holt

Lee Lawrence

Kristi Richards



Special Populations Workgroup

Brenda Tidball-Zeltinger	Kaitlin Thomas
Rebecca Baird	Lynne Valenti
Gail Durnin	Ellen Zeller
Dustin Larsen	Tiffany Glaser
Dan Lusk	Kevin Kanta
Tom Martinec	Jana Doherty
Colonel Rick Miller	Cora Olson

CNP/PA Group

Nancy Trimble

LTC/ALASD

Brandy Fiala

NPASD

Robin Arends

SDAHO

Tammy Hatting	Tim Rave
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SDHCA

Mark Deak	LuAnn Severson
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City of Sioux Falls Health Department/HC Coalition

Sandy Frentz

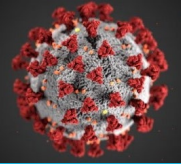
Community Healthcare Association of the Dakotas

Shelly Ten Napel	Lori Thomas
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Sanford Health

Allison Wierda-Suttle	Andrea Polkinghorn (SD Immunization Coalition)
Clarence Mellang	Sara Zoelle
Michelle Bruhn	Sarah Prenger
Gregory SantaMaria	Mike Wilde
Amy Thiesse	Eric Hilmoe
Sue Hohenthauer	Andrew Munce
Nathan Leedahl	

South Dakota COVID-19 VACCINATION PLAN



Bennett County Hospital and Nursing Home

Andrew Riggin

Bowdle Hospital

Kirby Kleffman - EPH

Brookings Health System

Jason Merkley

S. Wiig

Community Memorial Hospital

Mistie Sachjen

Tom Snyder

Coteau Des Prairies Health Care System

Craig Kantos

Jean P.

Douglas County Memorial Hospital

Heather Brouwer

Eureka Community Health Services

Carmen Weber

Fall River Hospital

Tricia Uhlir

Faulkton Area Medical Center

Heather Bode

Susan Miller

Freeman Medical Center

Nicholas Brandner

Hans P. Peterson Memorial Hospital

Jeremy Schultes

Pharmacy Director - Huron Regional Medical Center

Earl Hinricher

Huron Regional Medical Center

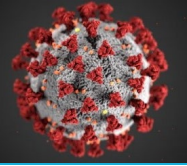
Erick Larson

Landmann-Jungman Memorial Hospital

Melissa Gale

Madison Regional Health System

Tamara Miller



Marshall County Healthcare Center

Nick Fosness

Milbank Area Hospital/Avera Health

Natalie Gauer

Mobridge Regional Hospital

John Ayoub

Pioneer Memorial Hospital

Tom Richter

Platte Health Center

Mark Burket

Prairie Lakes Hospital

Kenneth Deboer

St. Michael`s Hospital

Ashli Danilko

Wagner Community Memorial Hospital

Bryan Slaba

Winner Regional Healthcare Center

Kevin Coffey

State Medical Association

Barb Smith

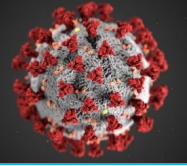
Mark East

Appendix 2: Allocation in South Dakota During the Early Phases of COVID-19 Vaccine Distribution

Background

Initial COVID-19 vaccine supply in the United States will be limited and vaccine uptake will depend highly on population-specific acceptance. The Advisory Committee on Immunization Practice (ACIP) has released interim guidance recommending that healthcare personnel (HCP) and residents of long-term care facilities be offered COVID-19 vaccine in the first phase of vaccination.¹ At the request of the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), the National Academies of Science, Engineering, and Medicine (NASEM) developed the [Framework for Equitable Allocation of COVID-19 Vaccine](#)² to guide public health policy decisions. The South Dakota Department of Health's (SDDOH) allocation criteria for determining priority populations for vaccination during the first phase of distribution are adopted from NASEM's framework and reflect ACIP's interim guidance. These allocation criteria assign priority according to:

- Risk of acquiring infection



- Risk of severe outcome due to infection
- Risk of negative societal impact
- Risk of transmitting infection to others

Applying these criteria, health care personnel (HCP), long-term care facility residents, first responders and law enforcement, public health workers, people living and working in congregate settings, people of all ages with underlying medical conditions that put them at higher risk of severe COVID-19³, older adults, teachers and other school staff, funeral service workers, and critical infrastructure workers were identified as priority populations for Phase 1. Phase 1 is further divided into five priority groups. SDDOH defined each of these priority groups as:

Priority 1a:

- HCP working in emergency departments, intensive care units, and dedicated COVID-19 acute care units (or frontline staff providing care to COVID-19 patients on general wards in the absence of a dedicated unit)
- Long-term care staff (nursing home and assisted living)

Priority 1b

- Long-term care residents (nursing home and assisted living)

Priority 1c

- Other healthcare workers, including laboratory and clinic staff
- Public health workers
- Emergency medical services
- Law Enforcement
- Correctional officers

Priority 1d

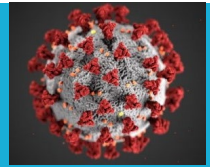
- Persons with 2 or more underlying medical conditions (cancer; chronic kidney disease; COPD (chronic obstructive pulmonary disease); heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; immunocompromised state (weakened immune system) from solid organ transplant; obesity or severe obesity; sickle cell disease; type 2 diabetes mellitus)
- Teachers and other school/college staff
- Persons aged 65 years and older
- Residents in congregate settings, residents in licensed independent living facilities, and residents of licensed group homes
- Funeral service workers

Priority 1e

- Fire service personnel
- Other critical infrastructure workers, including water and wastewater, energy, finance, food service, food and agriculture, legal, manufacturing, shelter and housing, transportation and logistics, information technology and communications

Priority 1a in South Dakota

Following the NASEM framework, Priority 1a is conceived as a “jumpstart” phase that will initiate vaccine



administration in jurisdictions. Health care in South Dakota is delivered by three main health systems (Avera Health based in Sioux Falls, Monument Health based in Rapid City, and Sanford Health based in Sioux Falls), independent providers (i.e., those not affiliated with one of the three main systems), and the Indian Health Service (IHS) (see Map 1). SDDOH is working with Avera, Monument, and Sanford to leverage their existing healthcare infrastructure throughout South Dakota to store and administer COVID-19 vaccine during Phase 1. Avera, Monument, and Sanford operate the state's three main referral hospitals for patients with severe COVID-19 in Sioux Falls, Rapid City, and Sioux Falls, respectively. As of October 9, these three hospitals provided medical care for approximately 61% of hospitalized COVID-19 patients in the state. Minnehaha, Lincoln, and Pennington counties, the counties that compose Sioux Falls and Rapid City, also contain approximately one third of the state's Priority 1a population. SDDOH is also working with independent providers, including Prairie Lakes Healthcare System in Watertown and Mobridge Regional Hospital in Mobridge, on Phase 1 vaccination.

Planning Scenarios

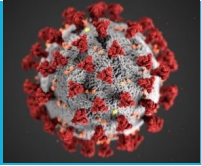
In the following planning scenarios, SDDOH makes several assumptions:

- South Dakota's rural nature necessitates a balance between equitable geographic distribution of the vaccine and vaccine distribution limitations (e.g., those imposed by storage requirements or lot subdivision restrictions).
- Vaccine providers will administer all allocated doses. For example, they will not withhold half of their allocated doses to be used as second doses in 21–28 days.
- American Indian tribes can choose to receive their vaccine allocations through the state or directly from the federal government through the Indian Health Service (IHS). At the time of writing, all tribes have chosen to receive vaccine through IHS. SDDOH assumes vaccine provision for residents living on tribal lands in South Dakota will be coordinated by the Great Plains IHS and tribal health departments and conducted through IHS service units and tribal clinics. SDDOH remains committed to working closely with IHS and tribes during COVID-19 vaccine planning and operating periods, including during statewide vaccine planning partner calls.

Scenario 1. Assuming the first allocation is derived from a national supply of 2 million doses and doses are allocated to jurisdictions proportional to their population size as suggested by NASEM, South Dakota's allotment would be approximately 5,400 doses. If orders must be made in 1,000-dose increments, South Dakota can reasonably expect to receive 5,000 or 6,000 doses in five or six 1,000-dose shipments. Delivery of the first five or six 1000-dose shipments will be to an enrolled vaccination provider in the following locations to vaccinate individuals in the Priority 1a population:

1. Sioux Falls (Minnehaha County)
2. Rapid City (Pennington County)
3. Sioux Falls (Minnehaha County)
4. Aberdeen (Brown County)
5. Yankton (Yankton County)
6. Watertown (Codington County)

Scenario 2. SDDOH may decide to subdivide the 1,000-dose shipments into 500-dose packs to broaden the reach of vaccine administration during the first allocation of Phase 1. Under that assumption, the first approximately 6,000 doses will be distributed to the following locations to be administered to the Priority 1a population:



1. Sioux Falls (Minnehaha County)
2. Rapid City (Pennington County)
3. Sioux Falls (Minnehaha County)
4. Aberdeen (Brown County)
5. Yankton (Yankton County)
6. Watertown (Codington County)
7. Sioux Falls (Minnehaha County)
8. Rapid City (Pennington County)
9. Mitchell (Davison County)
10. Brookings (Brookings County)
11. Pierre (Hughes County)
12. Sioux Falls (Minnehaha County)

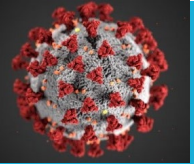
The COVID-19 vaccine allocation process outlined above will be reiterated for subsequent Priority 1a allocations (i.e., after the first 5,000-6,000 dose allocation). Locations will continue to be prioritized according to the size of the Priority 1a population, with considerations made for equitable geographic distribution.

Phase 1b and beyond in South Dakota

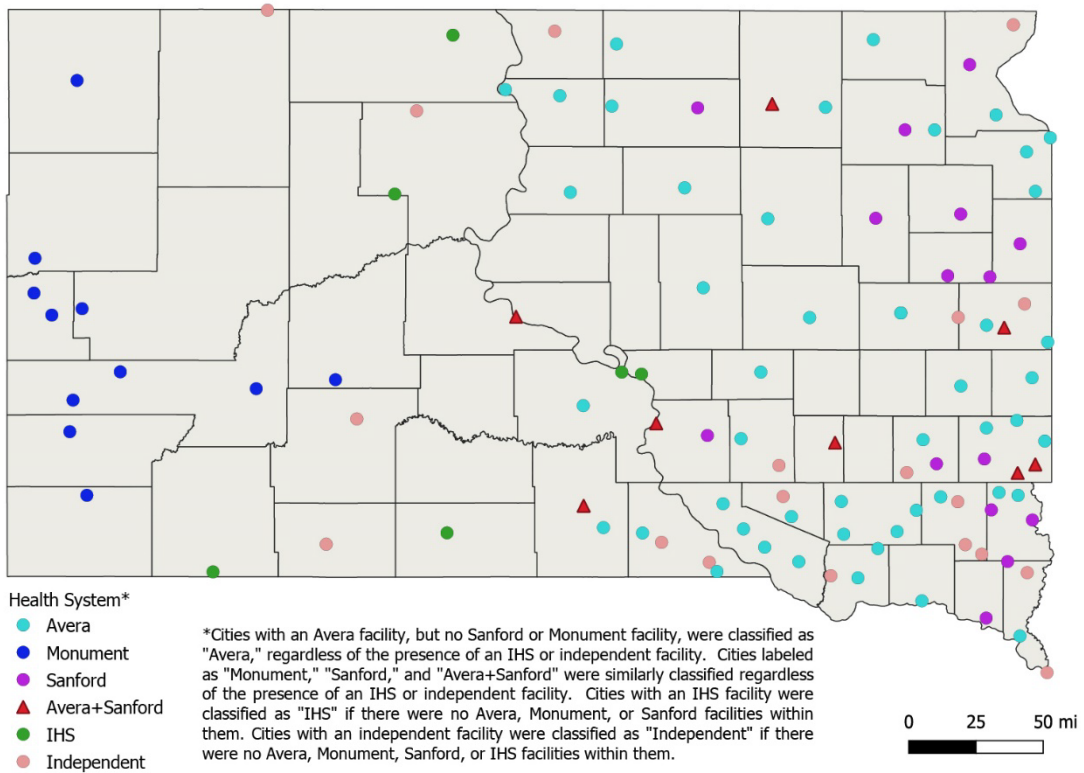
Once the individuals in the Priority 1a group of the Phase 1 population have been vaccinated, doses will be administered to subsequent priority populations (i.e., Priority 1b–Priority 1e) according to a similar logic. Locations will be prioritized according to the size of the priority population, with considerations made for equitable geographic distribution and local disease transmission patterns (i.e., incidence and PCR test positivity).

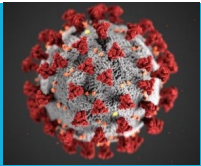
References:

1. Dooling K, McClung N, Chamberland M, et al. The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1857-1859. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949e1>
2. National Academies of Sciences, Engineering, and Medicine 2020. Framework for Equitable Allocation of COVID-19 Vaccine. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>.
3. Centers for Disease Control and Prevention. People with Certain Medical Conditions. CDC, October 6, 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html. Accessed October 11, 2020.



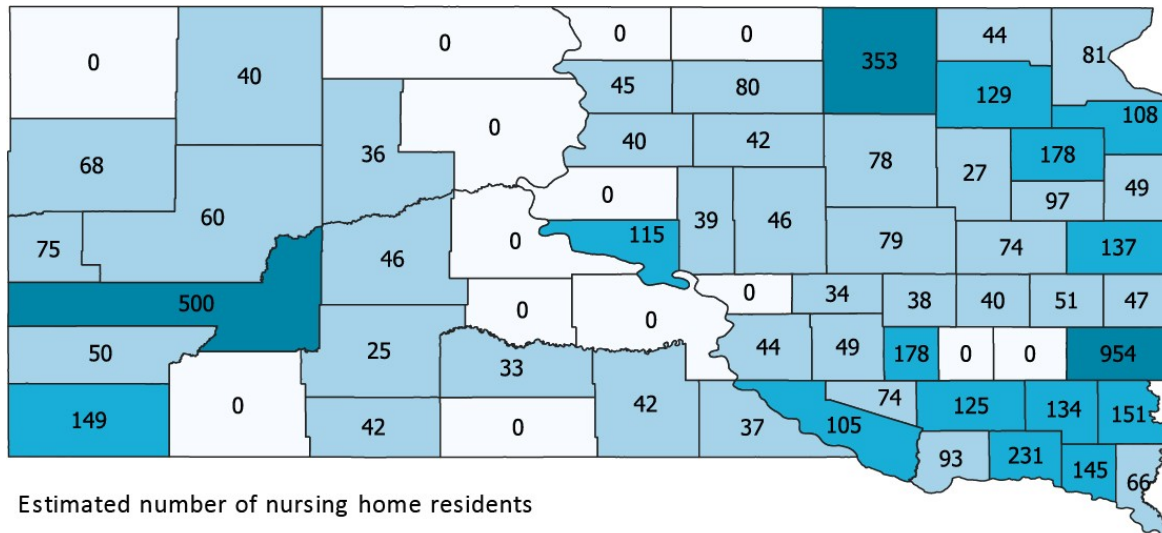
MAP 1. Cities with hospitals or clinics by health system* - South Dakota, 2020



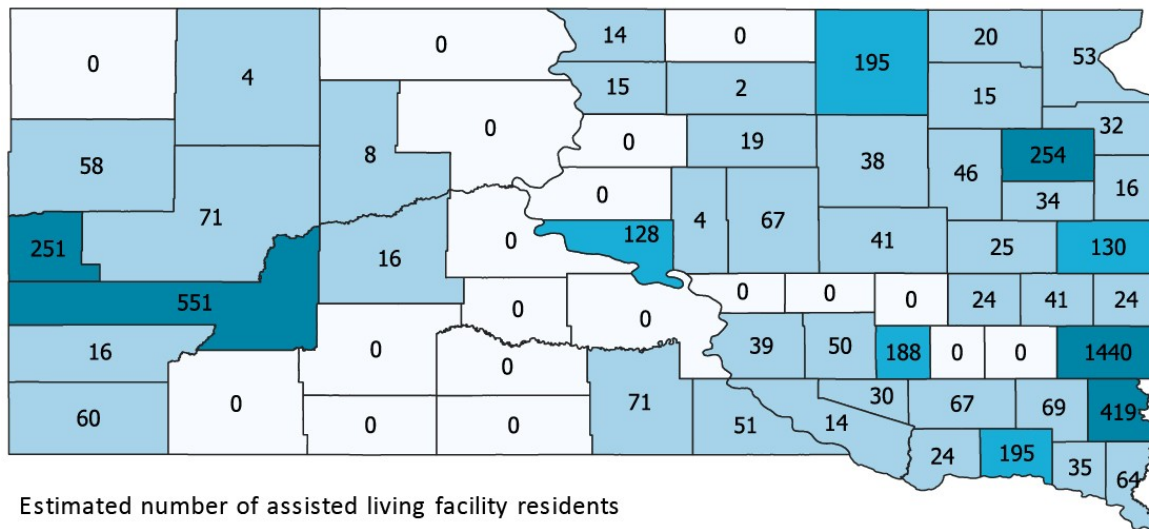
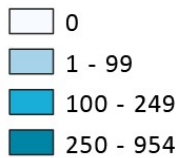


Appendix 3: Nursing Home and Assisted Living Facility Residents by County

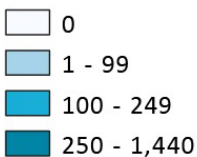
Estimated number of nursing home and assisted living residents by county - South Dakota, 2020



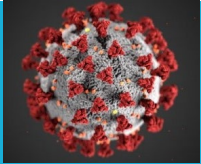
Estimated number of nursing home residents



Estimated number of assisted living facility residents

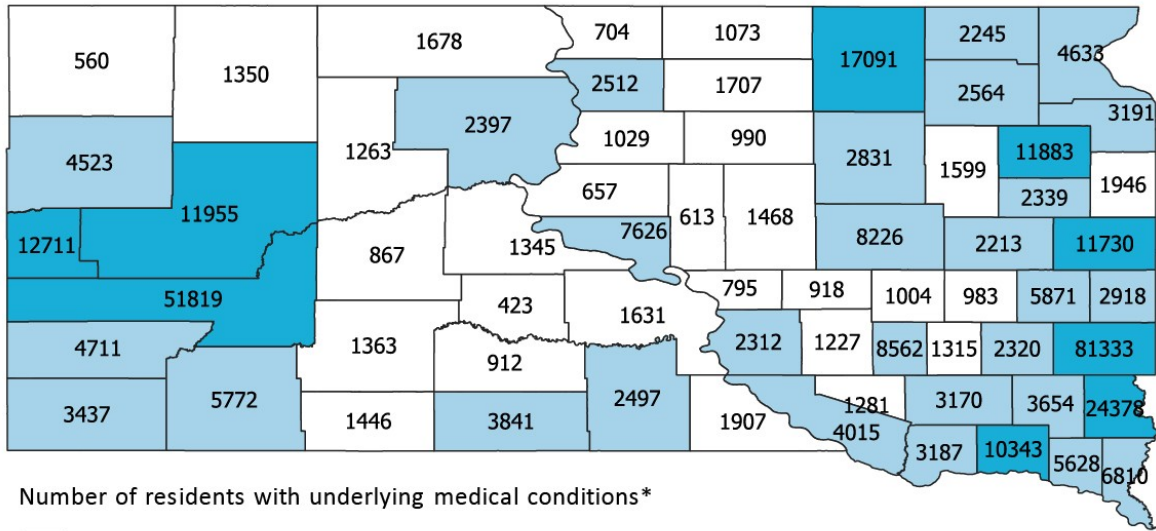


Source: South Dakota Department of Health



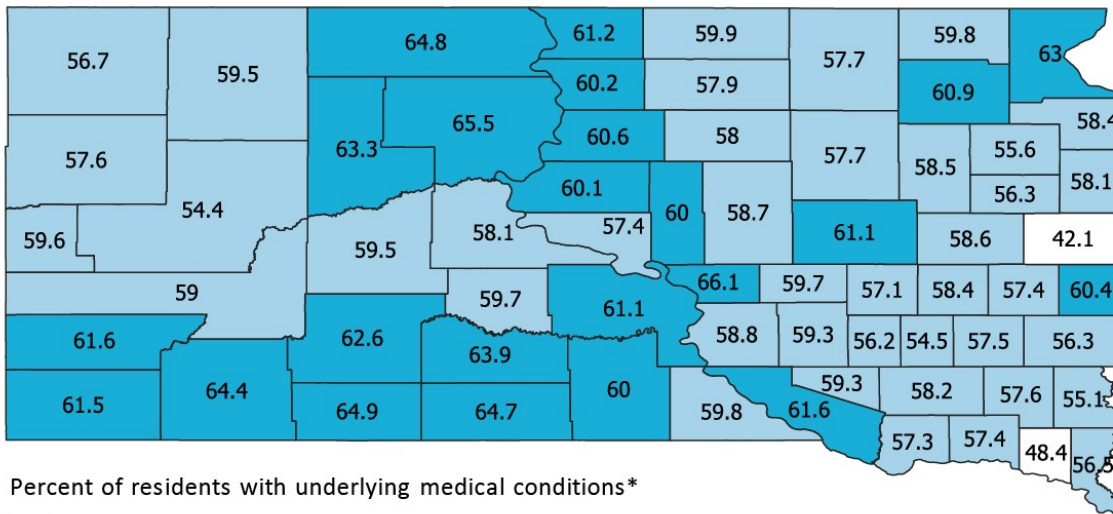
Appendix 4: Underlying Medical Conditions by County

Estimated number and proportion of residents with underlying medical conditions* by county - South Dakota, 2015-2019



Number of residents with underlying medical conditions*

- 423 - 1,999
- 2,000 - 9,999
- 10,000 - 81,333

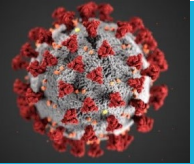


Percent of residents with underlying medical conditions*

- 42.1 - 49.9
- 50.0 - 59.9
- 60.0 - 66.1

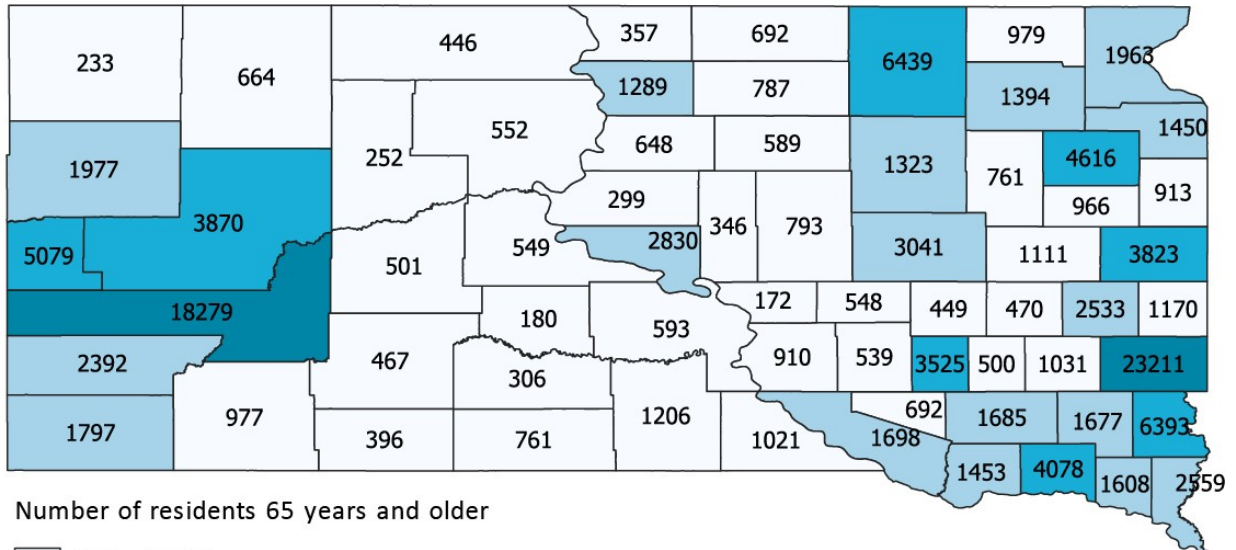
*At least 1 of the following underlying medical conditions: heart disease, asthma, previous stroke, diabetes, hypertension, kidney disease, and obesity

Sources: US Census Bureau (Vintage 2019 Population Estimates), South Dakota Behavioral Risk Factor Surveillance System (2015-2019)



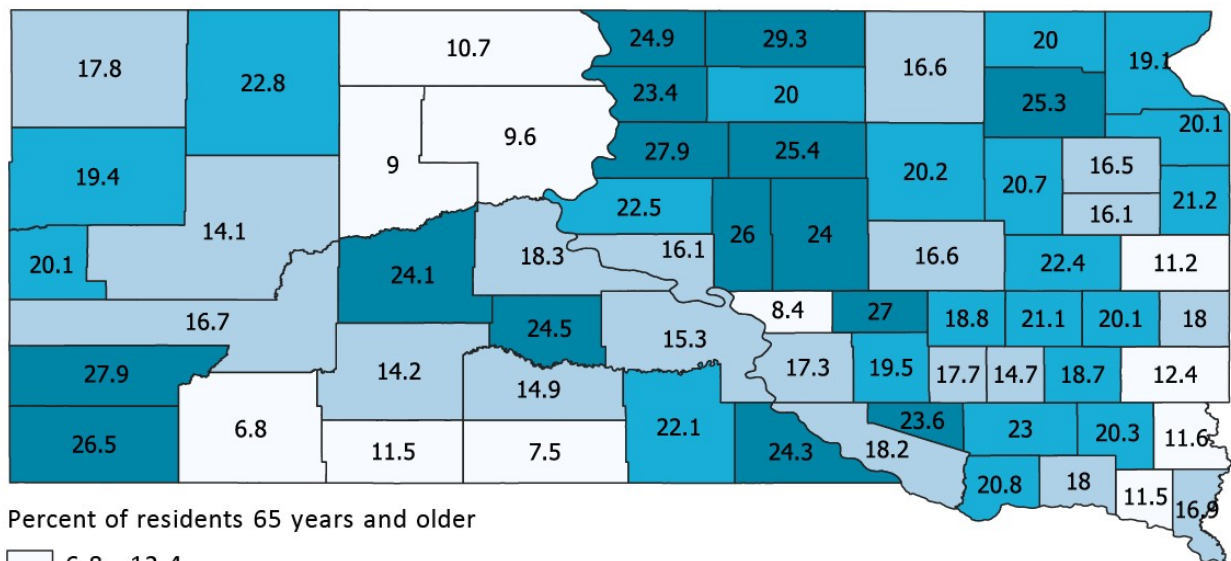
Appendix 5: 65 and Older by County

Estimated number and proportion of residents age 65 years and older - South Dakota, 2018



Number of residents 65 years and older

- 172 - 1,206
- 1,207 - 3,041
- 3,042 - 6,439
- 6,439 - 23,211

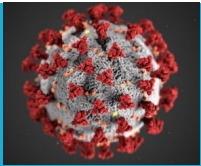


Percent of residents 65 years and older

- 6.8 - 12.4
- 12.5 - 18.3
- 18.4 - 23.0
- 23.0 - 29.3

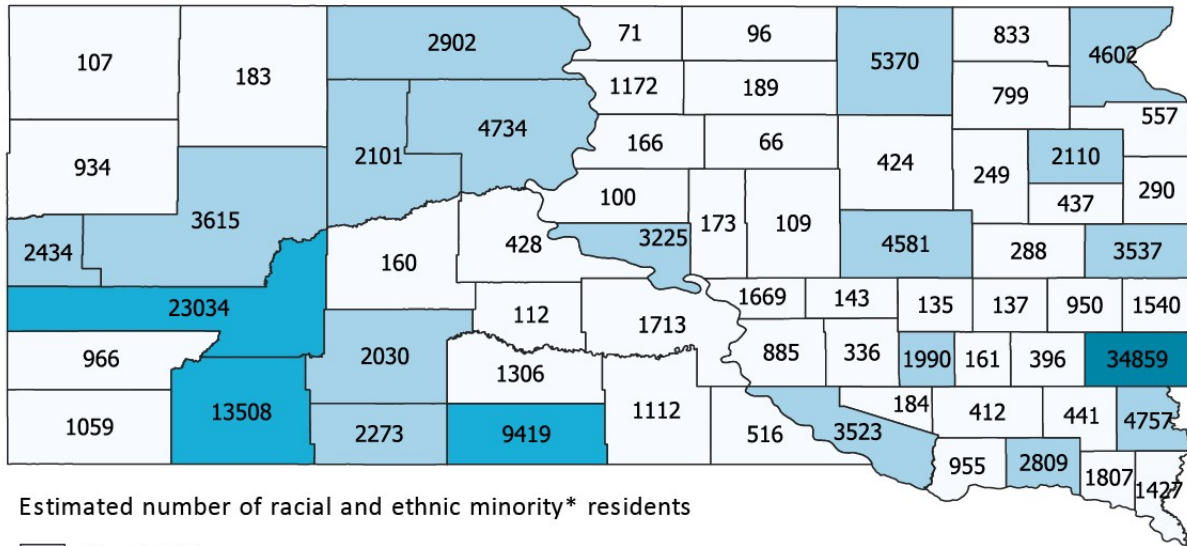


Source: US Census (2018 ACS 5-year Estimates)

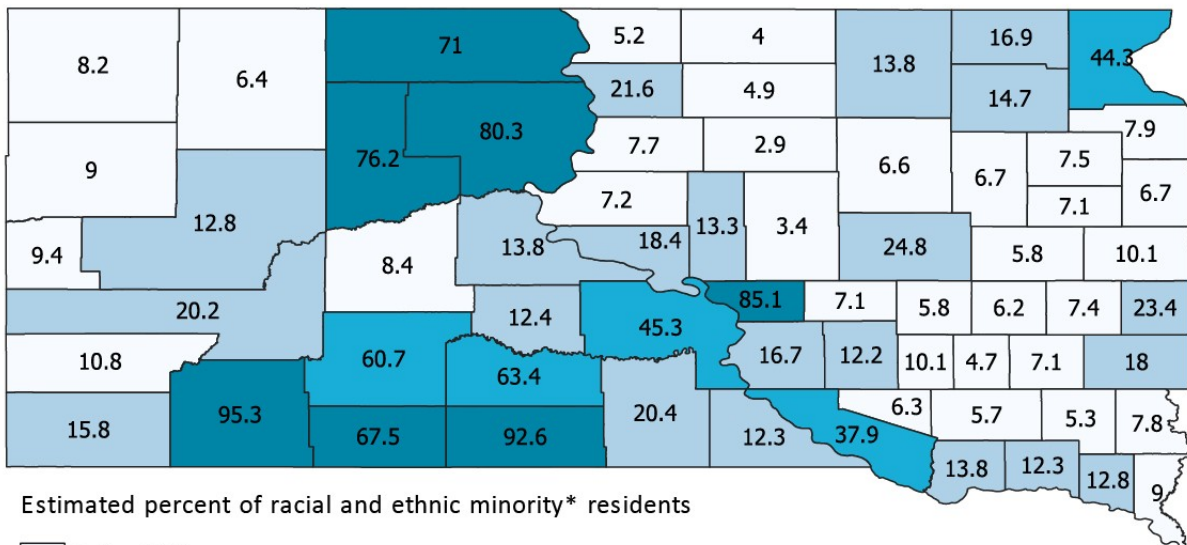
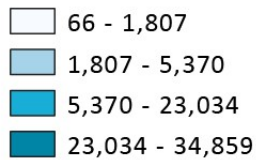


Appendix 6: Racial and Ethnic Minority by County

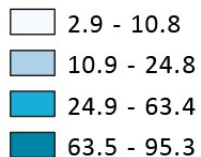
Estimated number and proportion of racial and ethnic minority* residents by county - South Dakota, 2019



Estimated number of racial and ethnic minority* residents

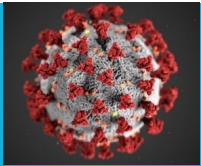


Estimated percent of racial and ethnic minority* residents



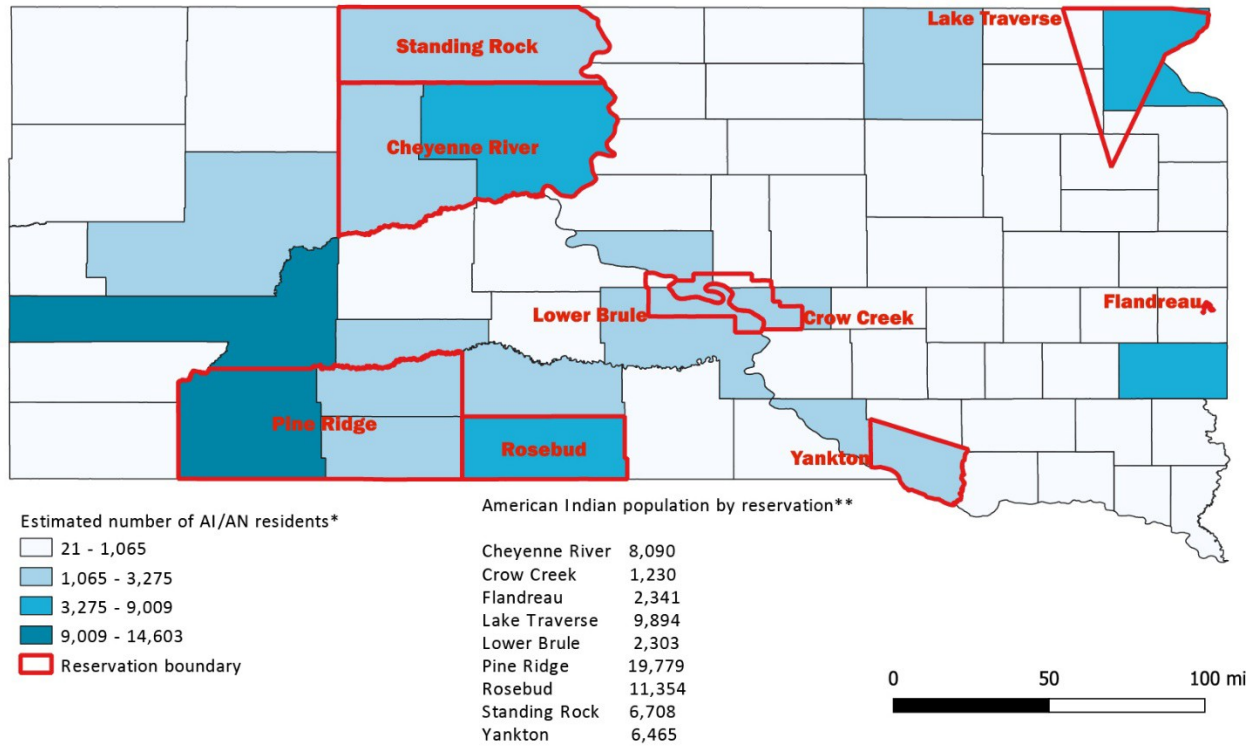
*Any resident reporting a race other than white, alone or in combination, or Hispanic ethnicity

Source: US Census Bureau (Vintage 2019 Population Estimates)

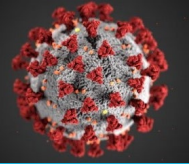


Appendix 7: AI/AN Population by County

Estimated number of American Indian/Alaska Native residents by county and reservation - South Dakota, 2019-2020

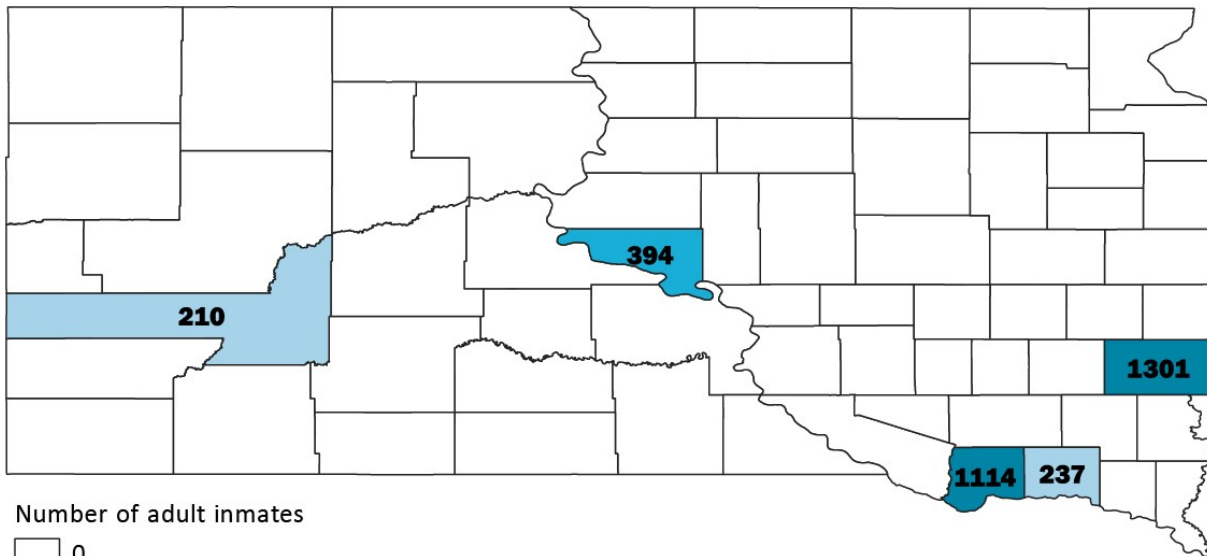


Sources: *US Census Bureau (Vintage 2019 Population Estimates), **Great Plains Tribal Epidemiology Center



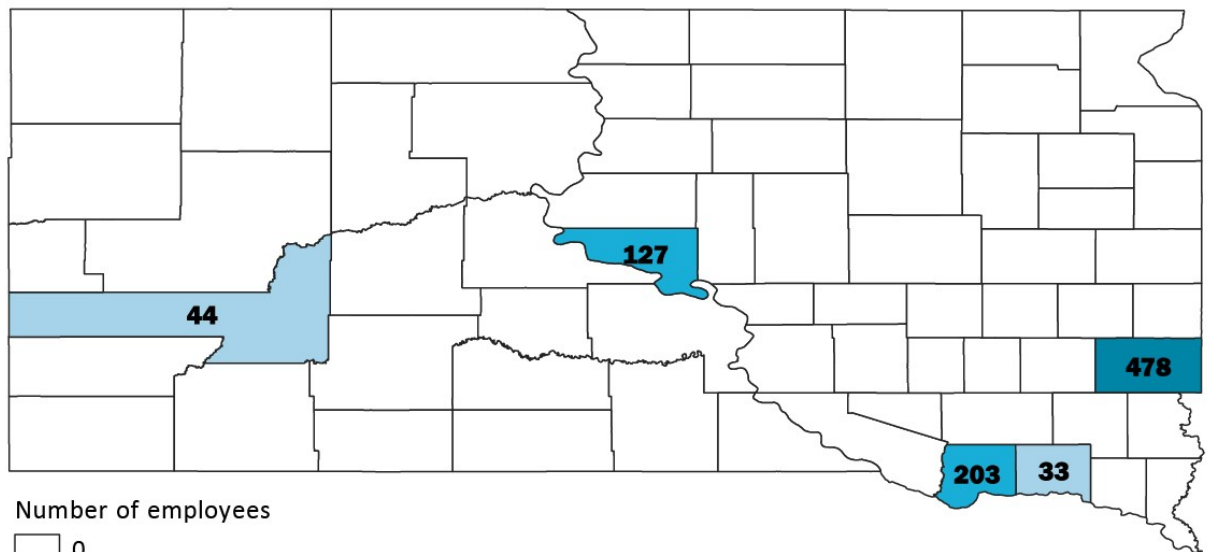
Appendix 8: Adult State Prison Population and Employees by County

Number of adult inmates and employees at state correctional facilities by county - South Dakota, 2020



Number of adult inmates

- 0
- 1 - 249
- 250 - 999
- 1,000 - 1,301



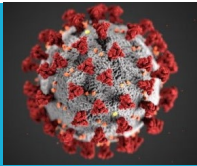
Number of employees

- 0
- 1 - 99
- 100 - 249
- 250 - 478

0 50 100 mi

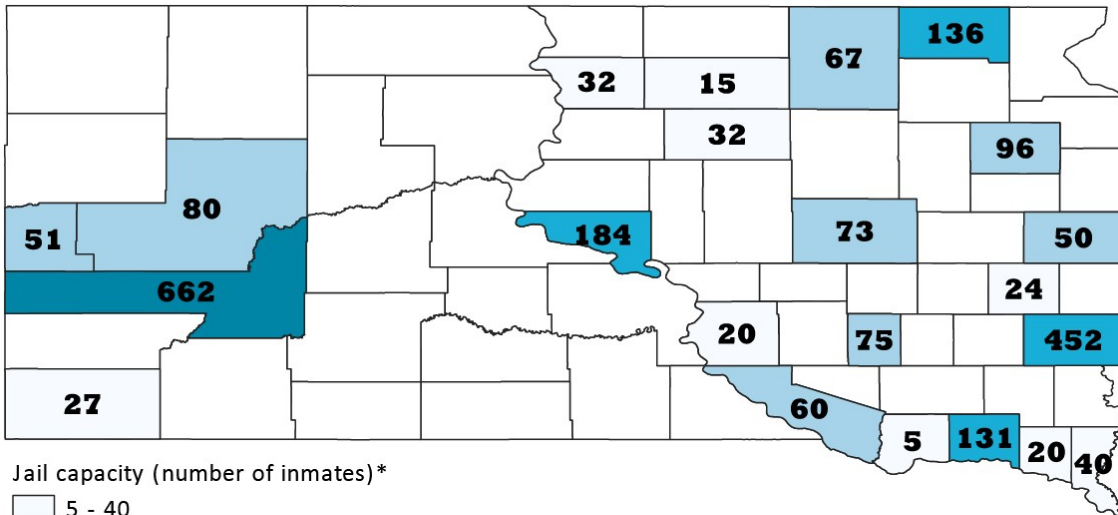


Source: South Dakota Department of Corrections (<https://doc.sd.gov/about/stats/adult/index.aspx>)



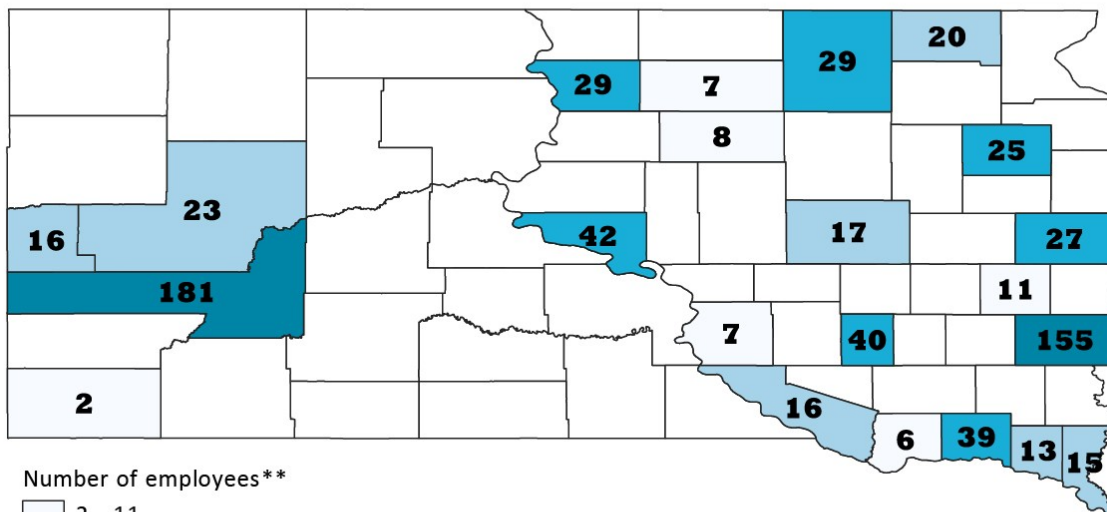
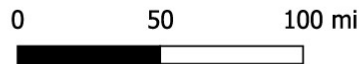
Appendix 9: Jail Capacity and Employees by County

Jail capacity* and employees** by county - South Dakota, 201



Jail capacity (number of inmates)*

- 5 - 40
- 41 - 96
- 97 - 452
- 453 - 662
- Counties without a jail



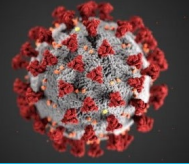
Number of employees**

- 2 - 11
- 12 - 23
- 24 - 42
- 43 - 181
- Counties without a jail

*Capacity includes male, female, and segregated juvenile inmates

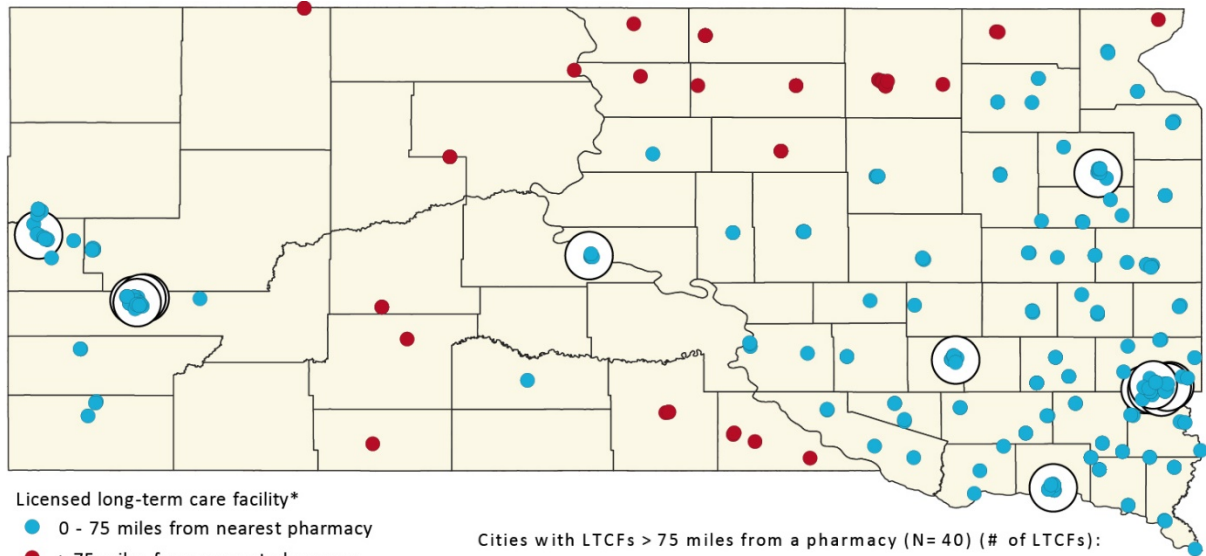
**Employees include full- and part-time direct custody, clerical, maintenance, and administrative staff

Source: South Dakota Criminal Statistics Analysis Center's Sheriff's Management Study, 2019



Appendix 10: Map, LTCFs and Retail Pharmacy Chains

Licensed long-term care facilities* (N=267) and CVS and Walgreens pharmacies (N=17) - South Dakota, 2020



Licensed long-term care facility*
 ● 0 - 75 miles from nearest pharmacy
 ● > 75 miles from nearest pharmacy

○ CVS or Walgreens pharmacy

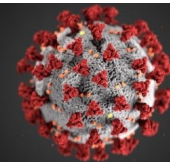
*Nursing home or assisted living facility

Cities with LTCFs > 75 miles from a pharmacy (N= 40) (# of LTCFs):

Aberdeen (9)	Herreid (1)
Bonesteel (1)	Ipswich (2)
Bowdle (1)	Kadoka (1)
Britton (2)	Lemmon (2)
Burke (1)	Martin (1)
Eagle Butte (2)	Mobridge (1)
Eureka (3)	Philip (2)
Faulkton (2)	Rosholt (1)
Gregory (1)	Selby (1)
Groton (1)	Winner (3)

0 50 100 mi

Source: South Dakota Department of Health

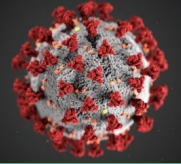


Appendix 11: Table, LTCFs and Retail Pharmacy Chains

Appendix 11: Licensed long-term care facilities and the nearest CVS or Walgreens pharmacies — South Dakota, 2020

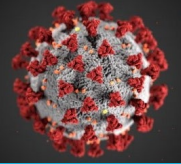
Facility	Facility Type	City	Nearest Pharmacy	City	Distance (miles)
Five Counties Nursing Home - Assisted Living Cen	Assisted Living	Lemmon	Walgreens	Spearfish	165.2
Five Counties Nursing Home	Nursing Home	Lemmon	Walgreens	Spearfish	165.2
Avera Eureka Health Care Center Assisted Living	Assisted Living	Eureka	Walgreens	Pierre	123.5
Eureka Community Health Services - ALC	Assisted Living	Eureka	Walgreens	Pierre	123.5
Avera Eureka Health Care Center	Nursing Home	Eureka	Walgreens	Pierre	123.5
Avantara Ipswich	Assisted Living	Ipswich	Walgreens	Watertown	121.7
Avantara Ipswich	Nursing Home	Ipswich	Walgreens	Watertown	121.7
Bennett County Hospital and Nursing Home	Nursing Home	Martin	CVS	Rapid City	114
Good Samaritan Society - Herreid	Assisted Living	Herreid	Walgreens	Pierre	111.6
Prairie Sunset Village	Assisted Living	Mobridge	Walgreens	Pierre	106.5
Avera Rosebud Country Care Center	Nursing Home	Gregory	Walgreens	Mitchell	102.9
Silver Threads, Inc.	Assisted Living	Gregory	Walgreens	Mitchell	101.9
Bowdle Nursing Home	Nursing Home	Bowdle	Walgreens	Pierre	99.3
TLC Assisted Living Home	Assisted Living	Burke	Walgreens	Mitchell	98.9
Faulkton Senior Living	Nursing Home	Faulkton	Walgreens	Pierre	98.5
The Meadows Assisted Living	Assisted Living	Faulkton	Walgreens	Pierre	98.5
Aberdeen Health and Rehab	Nursing Home	Aberdeen	Walgreens	Watertown	97

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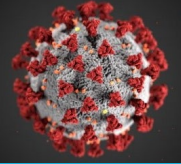
Prairie Heights Healthcare	Nursing Home	Aberdeen	Walgreens	Watertown	95.8
Nano Nagle Village	Assisted Living	Aberdeen	Walgreens	Watertown	95.5
Avera Mother Joseph Manor Retirement Community	Nursing Home	Aberdeen	Walgreens	Watertown	95.4
Primrose Basic Care and Memory Cottages	Assisted Living	Aberdeen	Walgreens	Watertown	94.4
Angelhaus	Assisted Living	Aberdeen	Walgreens	Watertown	94.3
Bethesda Towne Square	Assisted Living	Aberdeen	Walgreens	Watertown	94.2
Angelhaus North	Assisted Living	Aberdeen	Walgreens	Watertown	94.2
Bethesda Home of Aberdeen	Nursing Home	Aberdeen	Walgreens	Watertown	94
Primrose Place	Assisted Living	Aberdeen	Walgreens	Watertown	93.5
Haisch Haus Assisted Living	Assisted Living	Bonesteel	Walgreens	Yankton	92.8
Elder Inn	Assisted Living	Winner	Walgreens	Pierre	92.5
Winner Regional Healthcare Center	Nursing Home	Winner	Walgreens	Pierre	92.5
Golden Prairie Manor	Assisted Living	Winner	Walgreens	Pierre	91.8
Kadoka Nursing Home	Nursing Home	Kadoka	Walgreens	Pierre	90.7
Walworth County Care Center, Inc.	Nursing Home	Selby	Walgreens	Pierre	88.3
Wheatcrest Hills Healthcare Center	Nursing Home	Britton	Walgreens	Watertown	86.2
Spruce Court Avera	Assisted Living	Britton	Walgreens	Watertown	85.7
Medicine Wheel Village	Assisted Living	Eagle Butte	Walgreens	Pierre	81.8
Medicine Wheel Village	Nursing Home	Eagle Butte	Walgreens	Pierre	81.8
Philip Nursing Home	Nursing Home	Philip	CVS	Rapid City	81.1

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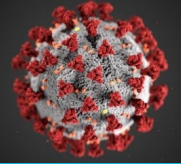
The Silverleaf	Assisted Living	Philip	CVS	Rapid City	81.1
Countryside Inn Assisted Living	Assisted Living	Rosholt	Walgreens	Watertown	78
Avantara Groton	Nursing Home	Groton	Walgreens	Watertown	75.8
White River Health Care Center	Nursing Home	White River	Walgreens	Pierre	73.9
Good Samaritan Society - Miller ALC	Assisted Living	Miller	Walgreens	Pierre	72.2
Good Samaritan Society Miller	Nursing Home	Miller	Walgreens	Pierre	72.2
Courtyard Villa Assisted Living Center	Assisted Living	Miller	Walgreens	Pierre	71.8
Lakeside Assisted Living	Assisted Living	Redfield	Walgreens	Watertown	70.9
Eastern Star Home of SD Assisted Living	Assisted Living	Redfield	Walgreens	Watertown	70.8
Eastern Star Home Of South Dakota, Inc.	Nursing Home	Redfield	Walgreens	Watertown	70.8
Avantara Redfield	Assisted Living	Redfield	Walgreens	Watertown	70.3
Avantara Redfield	Nursing Home	Redfield	Walgreens	Watertown	70.3
Regency Retirement Living	Assisted Living	Chamberlain	Walgreens	Mitchell	69.2
Riverview Retirement Home	Assisted Living	Chamberlain	Walgreens	Mitchell	68.9
Sanford Chamberlain Care Center	Nursing Home	Chamberlain	Walgreens	Mitchell	67.6
Lake Andes Senior Living	Nursing Home	Lake Andes	Walgreens	Mitchell	63.4
Seven Sisters Living Center	Nursing Home	Hot Springs	Walgreens	Rapid City	62.9
Twilight Vista Assisted Living	Assisted Living	Platte	Walgreens	Mitchell	62.5
Platte Care Center	Nursing Home	Platte	Walgreens	Mitchell	62.2
StoneyBrook Suites Assisted Living	Assisted Living	Dakota Dunes	Walgreens	Yankton	58.4

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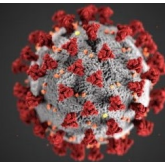
Avera Oahe Manor	Nursing Home	Gettysburg	Walgreens	Pierre	58.3
Ramona Assisted Living, LLC	Assisted Living	Ramona	Walgreens	Sioux Falls	58
Tekakwitha Living Center	Nursing Home	Sisseton	Walgreens	Watertown	57.6
Pine Hills Retirement Community	Assisted Living	Hot Springs	Walgreens	Rapid City	57.4
Edgewood Greenleaf Sisseton LLC	Assisted Living	Sisseton	Walgreens	Watertown	57.3
Michael J Fitzmaurice South Dakota Veterans Home	Nursing Home	Hot Springs	Walgreens	Rapid City	56.7
Strand-Kjorsvig Community Rest Home ALC	Assisted Living	Roslyn	Walgreens	Watertown	56.3
Strand-Kjorsvig Community Rest Home	Nursing Home	Roslyn	Walgreens	Watertown	56.3
The Village Assisted Living	Assisted Living	De Smet	Walgreens	Watertown	56.1
Good Samaritan Society De Smet	Nursing Home	De Smet	Walgreens	Watertown	55.8
Johnson Center Of Sun Dial Manor	Assisted Living	Bristol	Walgreens	Watertown	55.7
Sun Dial Manor	Nursing Home	Bristol	Walgreens	Watertown	55.7
Good Samaritan Society Wagner	Nursing Home	Wagner	Walgreens	Yankton	53.5
Wellshire Huron	Assisted Living	Huron	Walgreens	Mitchell	52.5
Avantara Huron	Nursing Home	Huron	Walgreens	Mitchell	52.5
Highmore Health	Nursing Home	Highmore	Walgreens	Pierre	50
Highmore Health	Assisted Living	Highmore	Walgreens	Pierre	50
Weskota Manor Inc Avera	Nursing Home	Wessington Springs	Walgreens	Mitchell	49.8
Edgewood Greenleaf Brookings LLC	Assisted Living	Brookings	Walgreens	Watertown	49.3
Park Place Assisted Living	Assisted Living	Brookings	Walgreens	Watertown	48.8

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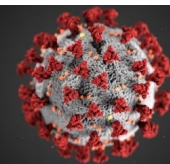
United Living Community Avera	Nursing Home	Brookings	Walgreens	Watertown	48.8
Silver Plains Assisted Living, LLC	Assisted Living	Lake Preston	Walgreens	Watertown	48.6
The Neighborhoods at Brookview	Nursing Home	Brookings	Walgreens	Watertown	48.5
Prairie View Assisted Living Center	Assisted Living	Kimball	Walgreens	Mitchell	48.2
Dakota Sun Assisted Living II Inc	Assisted Living	Volga	Walgreens	Watertown	47.2
Wilmot Care Center Inc	Nursing Home	Wilmot	Walgreens	Watertown	46.2
Wilmot Care Center ALC 2	Assisted Living	Wilmot	Walgreens	Watertown	46.2
Heritage Senior Living	Assisted Living	Madison	Walgreens	Sioux Falls	45.9
St. William`s Care Center	Nursing Home	Milbank	Walgreens	Watertown	45.7
Good Samaritan Society Howard	Nursing Home	Howard	Walgreens	Mitchell	45.6
Good Samaritan Society - Howard ALC	Assisted Living	Howard	Walgreens	Mitchell	45.4
Bethel Suites	Assisted Living	Madison	Walgreens	Sioux Falls	45.1
Whispering Winds Assisted Living	Assisted Living	Howard	Walgreens	Mitchell	45
Bethel Lutheran Home	Nursing Home	Madison	Walgreens	Sioux Falls	45
Bethesda Home	Nursing Home	Webster	Walgreens	Watertown	45
Avantara Milbank	Nursing Home	Milbank	Walgreens	Watertown	44.7
Wellshire Park Place	Assisted Living	Milbank	Walgreens	Watertown	44.7
Avantara Armour	Nursing Home	Armour	Walgreens	Mitchell	43.3
Prairie Villa	Assisted Living	Armour	Walgreens	Mitchell	42.6
WEL-Life at Elk Point	Assisted Living	Elk Point	Walgreens	Yankton	42.2

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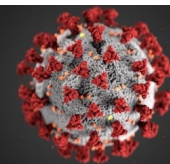
Prairie Estates Care Center	Nursing Home	Elk Point	Walgreens	Yankton	41.7
Riverview Healthcare Center	Nursing Home	Flandreau	CVS	Sioux Falls	38.5
Good Samaritan Society Corsica	Nursing Home	Corsica	Walgreens	Mitchell	38.4
Parkview Assisted Living	Assisted Living	Bryant	Walgreens	Watertown	38
Hudson Care and Rehab Center	Assisted Living	Hudson	CVS	Sioux Falls	37.7
Edgewood Greenleaf Flandreau LLC	Assisted Living	Flandreau	CVS	Sioux Falls	37.6
Monument Health Assisted Living	Assisted Living	Custer	Walgreens	Rapid City	37.2
Monument Health Custer Care Center	Nursing Home	Custer	Walgreens	Rapid City	37.1
Alcester Care and Rehab Center	Nursing Home	Alcester	CVS	Sioux Falls	37
Alcester Care and Rehab Center	Assisted Living	Alcester	CVS	Sioux Falls	37
Avantara Arlington	Nursing Home	Arlington	Walgreens	Watertown	36.6
Avantara Arlington	Assisted Living	Arlington	Walgreens	Watertown	36.6
Aurora Brule Nursing Home Inc.	Nursing Home	White Lake	Walgreens	Mitchell	35
Aurora-Brule Nursing Home, Inc. ALC	Assisted Living	White Lake	Walgreens	Mitchell	35
Prairie View Healthcare Center	Nursing Home	Woonsocket	Walgreens	Mitchell	35
Pioneer Memorial Nursing Home	Nursing Home	Viborg	Walgreens	Yankton	34.6
Pioneer Inn	Assisted Living	Viborg	Walgreens	Yankton	34.6
Centerville Care and Rehab Center, Inc.	Assisted Living	Centerville	Walgreens	Sioux Falls	34.4
Centerville Care and Rehab Center	Nursing Home	Centerville	Walgreens	Sioux Falls	34.4
Salem Mennonite Home Avera	Assisted Living	Freeman	Walgreens	Yankton	33.3

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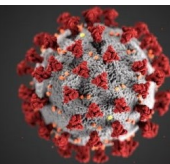
Oakview Terrace	Nursing Home	Freeman	Walgreens	Yankton	32.9
Avantara Salem	Nursing Home	Salem	Walgreens	Mitchell	32.4
Avantara Clark City	Nursing Home	Clark	Walgreens	Watertown	31.8
Good Samaritan Society Scotland	Nursing Home	Scotland	Walgreens	Yankton	31.8
Fay Wookey Memorial Assisted Living Center	Assisted Living	Clark	Walgreens	Watertown	31.7
Menno-Olivet Assisted Living	Assisted Living	Menno	Walgreens	Yankton	31.4
Menno-Olivet Care Center	Nursing Home	Menno	Walgreens	Yankton	31.4
Roetell Senior Housing	Assisted Living	Clark	Walgreens	Watertown	31.3
Bethesda of Beresford	Nursing Home	Beresford	CVS	Sioux Falls	30.4
Bethesda of Beresford - ALC	Assisted Living	Beresford	CVS	Sioux Falls	30.4
Springfield Assisted Living Center	Assisted Living	Springfield	Walgreens	Yankton	30.1
Good Samaritan Society - Canistota ALC	Assisted Living	Canistota	Walgreens	Sioux Falls	29.8
Good Samaritan Society Canistota	Nursing Home	Canistota	Walgreens	Sioux Falls	29.8
Diamond Care Center	Nursing Home	Bridgewater	Walgreens	Mitchell	29.3
Grandview	Assisted Living	Bridgewater	Walgreens	Mitchell	29.3
Diamond Care Center	Assisted Living	Bridgewater	Walgreens	Mitchell	29.3
Good Samaritan Society Tyndall	Nursing Home	Tyndall	Walgreens	Yankton	28.1
Tieszen Memorial Home	Nursing Home	Marion	Walgreens	Sioux Falls	28
Marion Assisted Living Center	Assisted Living	Marion	Walgreens	Sioux Falls	28
Sanford Health Vermillion Dakota Gardens	Assisted Living	Vermillion	Walgreens	Yankton	27.4

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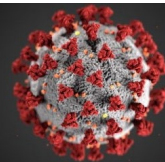
Sanford Care Center Vermillion	Nursing Home	Vermillion	Walgreens	Yankton	27.4
Good Samaritan Society Deuel County	Nursing Home	Clear Lake	Walgreens	Watertown	26
Good Samaritan Society - Four Seasons ALC	Assisted Living	Clear Lake	Walgreens	Watertown	26
Avantara Lake Norden	Nursing Home	Lake Norden	Walgreens	Watertown	25.9
The Homestead Assisted Living, LLC	Assisted Living	Lake Norden	Walgreens	Watertown	25.9
Estelline Nursing and Care Center	Nursing Home	Estelline	Walgreens	Watertown	25.6
Sunset Manor Avera Health ALC	Assisted Living	Irene	Walgreens	Yankton	24.7
Sunset Manor Avera Health	Nursing Home	Irene	Walgreens	Yankton	24.7
Colton Retirement Living	Assisted Living	Colton	Walgreens	Sioux Falls	24.1
Wakonda Heritage Manor	Assisted Living	Wakonda	Walgreens	Yankton	22.3
Wakonda Heritage Manor	Nursing Home	Wakonda	Walgreens	Yankton	22.3
Parkview Apartments Assisted Living	Assisted Living	Wakonda	Walgreens	Yankton	22.3
Dells Nursing and Rehab Center Inc.	Nursing Home	Dell Rapids	Walgreens	Sioux Falls	22
Orchard Hills	Assisted Living	Dell Rapids	Walgreens	Sioux Falls	22
Avera St. Benedict Assisted Living	Assisted Living	Parkston	Walgreens	Mitchell	21.6
Avera Bormann Manor	Nursing Home	Parkston	Walgreens	Mitchell	21.5
Sanford Hiawatha Heights	Assisted Living	Canton	CVS	Sioux Falls	21.1
Monument Health Sturgis Care Center	Nursing Home	Sturgis	Walgreens	Spearfish	20.9
Key City Assisted Living, LLC	Assisted Living	Sturgis	Walgreens	Spearfish	20.6
Aspen Grove Assisted Living	Assisted Living	Sturgis	Walgreens	Spearfish	20.5

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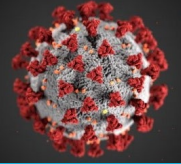
Dakota Hills Assisted Living Center	Assisted Living	Sturgis	Walgreens	Spearfish	20.1
Foothills Assisted Living	Assisted Living	Sturgis	Walgreens	Spearfish	20
Palisade Healthcare Center	Nursing Home	Garretson	CVS	Sioux Falls	19.4
Good Samaritan Society Canton	Nursing Home	Canton	CVS	Sioux Falls	18.8
Good Samaritan Society New Underwood	Nursing Home	New Underwood	CVS	Rapid City	18.3
Country View Assisted Living Center	Assisted Living	Florence	Walgreens	Watertown	17.4
Golden Ridge Senior Living	Assisted Living	Lead	Walgreens	Spearfish	15.9
Lennox Assisted and Independent Living	Assisted Living	Lennox	Walgreens	Sioux Falls	15.7
Castlewood Assisted Living, LLC	Assisted Living	Castlewood	Walgreens	Watertown	15.4
Good Samaritan Society Lennox	Nursing Home	Lennox	Walgreens	Sioux Falls	15.1
Leisure Living	Assisted Living	Corsica	Walgreens	Sioux Falls	13.4
Leisure Living	Assisted Living	Hartford	Walgreens	Sioux Falls	13.4
Leisure Living	Assisted Living	Salem	Walgreens	Sioux Falls	13.4
Castle Retirement Home, Inc.	Assisted Living	Whitewood	Walgreens	Spearfish	13
Belle Estate	Assisted Living	Belle Fourche	Walgreens	Spearfish	12
Judy's Assisted Living Center	Assisted Living	Belle Fourche	Walgreens	Spearfish	12
Rolling Hills Healthcare	Nursing Home	Belle Fourche	Walgreens	Spearfish	11.7
High Prairie Retirement Home	Assisted Living	Belle Fourche	Walgreens	Spearfish	10.2
Bethany Meadows	Assisted Living	Brandon	CVS	Sioux Falls	8.7
Helping Hand Assisted Living	Assisted Living	Brandon	CVS	Sioux Falls	7.7

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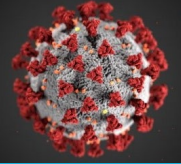
Serenity Corner	Assisted Living	Spearfish	Walgreens	Spearfish	5.9
Morgan Lane Village	Assisted Living	Tea	Walgreens	Sioux Falls	5.4
Meadow Lake Assisted Living	Assisted Living	Watertown	Walgreens	Watertown	4.6
Garden Hills Assisted Living	Assisted Living	Spearfish	Walgreens	Spearfish	4.2
Garden Hills Assisted Living 2	Assisted Living	Spearfish	Walgreens	Spearfish	4.1
Good Samaritan Society - St Martin Village	Nursing Home	Rapid City	Walgreens	Rapid City	3.6
Cayman Court Assisted Living Facility	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	3.6
Edgewood Spearfish Senior Living LLC	Assisted Living	Spearfish	Walgreens	Spearfish	3.5
Heritage Place	Assisted Living	Rapid City	Walgreens	Rapid City	3.3
Peaceful Pines Senior Living	Assisted Living	Rapid City	Walgreens	Rapid City	3.1
Countryside Living	Assisted Living	Mitchell	Walgreens	Mitchell	2.8
Edgewood Prairie Crossings Mitchell, LLC	Assisted Living	Mitchell	Walgreens	Mitchell	2.7
Edgewood Rapid City LLC	Assisted Living	Rapid City	Walgreens	Rapid City	2.7
Sandstone Senior Living	Assisted Living	Spearfish	Walgreens	Spearfish	2.7
Fountain Springs Assisted Living	Assisted Living	Rapid City	Walgreens	Rapid City	2.5
Fountain Springs Healthcare Center	Nursing Home	Rapid City	Walgreens	Rapid City	2.5
Morningstar Assisted Living	Assisted Living	Rapid City	Walgreens	Rapid City	2.5
Edgewood Prairie Crossings Watertown IL LLC	Assisted Living	Watertown	Walgreens	Watertown	2.4
Majestic Bluffs	Assisted Living	Yankton	Walgreens	Yankton	2.4
Avera Sister James Care Center	Nursing Home	Yankton	Walgreens	Yankton	2.4

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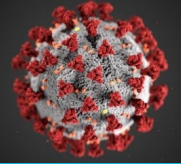
Rosewood Court	Assisted Living	Mitchell	Walgreens	Mitchell	2.3
Primrose Retirement Community of Rapid City	Assisted Living	Rapid City	Walgreens	Rapid City	2.3
Primrose Retirement Community of Sioux Falls	Assisted Living	Sioux Falls	CVS	Sioux Falls	2.3
Edgewood Greenleaf Sioux Falls LLC	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	2.3
Clarkson Assisted Living	Assisted Living	Rapid City	Walgreens	Rapid City	2.2
Clarkson Health Care	Nursing Home	Rapid City	Walgreens	Rapid City	2.2
Edgewood Watertown MC 2 LLC	Assisted Living	Watertown	Walgreens	Watertown	2.2
Cedar Village	Assisted Living	Yankton	Walgreens	Yankton	2.1
Edgewood Sioux Falls Senior Living LLC	Assisted Living	Sioux Falls	CVS	Sioux Falls	2
Trail Ridge Retirement Community ALC	Assisted Living	Sioux Falls	CVS	Sioux Falls	2
Avantara Arrowhead	Nursing Home	Rapid City	Walgreens	Rapid City	1.9
Good Samaritan Society Sioux Falls Center	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.9
Fairmont Grand Senior Care	Assisted Living	Rapid City	Walgreens	Rapid City	1.8
Fairmont Grand Senior Care	Assisted Living	Rapid City	Walgreens	Rapid City	1.8
Fairmont Grand Senior Care	Assisted Living	Rapid City	Walgreens	Rapid City	1.8
Fairmont Grand Senior Care	Assisted Living	Rapid City	Walgreens	Rapid City	1.8
The Courtyard Westhills Village	Assisted Living	Rapid City	Walgreens	Rapid City	1.8
Dow Rummel Village	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.8
Dow Rummel Village	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.8
Dow Rummel Village	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.8

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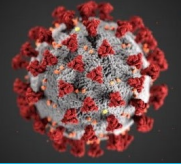
Edgewood Mitchell, LLC	Assisted Living	Mitchell	Walgreens	Mitchell	1.7
Avera Brady Health and Rehab	Nursing Home	Mitchell	Walgreens	Mitchell	1.7
SD Human Services Center - Geriatric Program	Nursing Home	Yankton	Walgreens	Yankton	1.7
Avantara North	Nursing Home	Rapid City	Walgreens	Rapid City	1.6
Westhills Village Health Care Facility	Nursing Home	Rapid City	Walgreens	Rapid City	1.6
Washington Crossing Senior Living	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.6
Avera Brady Assisted Living	Assisted Living	Mitchell	Walgreens	Mitchell	1.5
Good Samaritan Society Luther Manor	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.5
Avera Prince of Peace - The Lofts	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.5
Avera Prince of Peace	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.5
Avera Prince of Peace Retirement Community-Oakwo	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.5
Firesteel Healthcare Center	Nursing Home	Mitchell	Walgreens	Mitchell	1.4
Good Samaritan Society - Echo Ridge	Assisted Living	Rapid City	Walgreens	Rapid City	1.4
Angelhaus Yankton	Assisted Living	Yankton	Walgreens	Yankton	1.4
Angelhaus West	Assisted Living	Yankton	Walgreens	Yankton	1.4
Angelhaus East	Assisted Living	Yankton	Walgreens	Yankton	1.4
Edgewood Pierre LLC	Assisted Living	Pierre	Walgreens	Pierre	1.3
Kelly's Retirement II	Assisted Living	Pierre	Walgreens	Pierre	1.3
Good Samaritan Society Prairie Creek Memory Care	Assisted Living	Sioux Falls	CVS	Sioux Falls	1.3
Good Samaritan Society-Prairie Creek Assisted Li	Assisted Living	Sioux Falls	CVS	Sioux Falls	1.3

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Edgewood Prairie Crossings Sioux Falls, LLC	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.3
Good Samaritan Society - Sioux Falls Hearthstone	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.3
Good Samaritan Society Sioux Falls Village	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.3
Avantara Norton	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.3
Grand Living at Lake Lorraine	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.3
Meadows on Sycamore Inc.	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.3
Meadows on Sycamore Inc.	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.3
Meadows on Sycamore Inc.	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.3
There`s A Hart	Assisted Living	Rapid City	Walgreens	Rapid City	1.2
Bethany Home Sioux Falls	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	1.2
Bethany Home Sioux Falls/Bethany Home-Brandon	Nursing Home	Sioux Falls	Walgreens	Sioux Falls	1.2
Avantara Watertown	Nursing Home	Watertown	Walgreens	Watertown	1.2
The Village at Skyline Pines	Assisted Living	Rapid City	Walgreens	Rapid City	1.1
Walnut Village, Inc.	Assisted Living	Yankton	Walgreens	Yankton	1.1
Kelly`s Retirement I	Assisted Living	Pierre	Walgreens	Pierre	1
The Victorian Assisted Living	Assisted Living	Rapid City	Walgreens	Rapid City	1
StoneyBrook Suites	Assisted Living	Brookings	Walgreens	Sioux Falls	0.9
StoneyBrook Suites	Assisted Living	Huron	Walgreens	Sioux Falls	0.9
Avantara Pierre	Nursing Home	Pierre	Walgreens	Pierre	0.9
StoneyBrook Suites	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	0.9

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Tender Care Assisted Living	Assisted Living	Spearfish	Walgreens	Spearfish	0.9
StoneyBrook Suites	Assisted Living	Watertown	Walgreens	Sioux Falls	0.9
Avera Maryhouse Long Term Care	Nursing Home	Pierre	Walgreens	Pierre	0.8
Touchmark at All Saints	Assisted Living	Sioux Falls	Walgreens	Sioux Falls	0.7
Jenkins Living Center	Nursing Home	Watertown	Walgreens	Watertown	0.7
Avantara Saint Cloud	Nursing Home	Rapid City	Walgreens	Rapid City	0.6
Spearfish Canyon Healthcare	Nursing Home	Spearfish	Walgreens	Spearfish	0.6
Edgewood Prairie Crossings Watertown AL, LLC	Assisted Living	Watertown	Walgreens	Watertown	0.6
The Inn On Westport	Assisted Living	Sioux Falls	CVS	Sioux Falls	0.4
Avantara Mountain View	Nursing Home	Rapid City	Walgreens	Rapid City	0.3