EIGHT CONDITIONS TO START NORTH DAKOTA SMART RESTART

ROBUST, WIDESPREAD RAPID TESTING CAPABILITY • Influenza-Like Illness • COVID-like Illness • New Positive Cases Last 14 Days	 North Dakota is amongst the top ten in testing per capita. In total, *38,632 North Dakotans have been tested. In order to ensure these efforts are staying ahead of the spread of the virus, a minimum number of tests must be completed per day. The testing goal is 1,000 tests per day in April; 4,000 tests per day by the end of May; and 6,000 tests per day by the end of June. With effective isolation and quarantine measures this will equate to less than one transmission per each positive case by the end of June. As of May 5, 2020, the positivity rate is on a downward trajectory with a current rate of 3.48 percent. Downward trajectory of ILI over the previous 14 days. North Dakota continues to see a downward trajectory in influenza-like illness over the previous 14 days according to NDDOH syndromic surveillance. As of May 4, 2020, this is nearing 0.0%. Downward trajectory of COVID-like illness over the previous 14 days. The overall trend for COVID-related illness continues to be negative in emergency department settings (less than 5% as of May 4, 2020) and is currently level for all provider settings. Downward trajectory of 53 counties had reported at least one case with Cass, Grand Forks and Burleigh counties having the highest overall count of cases. The outbreak has led to 97 hospitalizations and 31 deaths. Although cases continue to rise, in the last 14 days over 4,000 people have been tested at community wide testing events with an average positivity rate of 2.36%, ranging from 0.0% to 8.7%.
ROBUST CONTACT TRACING AND INFRASTRUCTURE	A major contact tracing effort to augment this success has been implemented. North Dakota has trained 270 contact tracers with a goal of 500.
TARGETED EFFECTIVE QUARANTINE AND ISOLATION	Effective contract tracing methods help reduce transmission rates as positive cases are identified and must self-isolate for at least 14-days. Individuals who have been in contact with a positive case and/or are returning from out of country travel must self-quarantine for at least 14-days.
PROTECTIONS FOR THE STATE'S MOST VULNERABLE	Plans are being developed for at-risk populations that fall within the following categories: Individuals who have high-risk health conditions but want to return to work; Individuals who are served in long-term care facilities such as assisted living centers, nursing homes, etc.; Individuals who work with at-risk populations; Individuals who are at risk (due to age or other factors) and are home bound or who choose to stay home, stay safe; and individuals that are sheltered due to domestic violence, without a permanent residence and/or experience homelessness. (CONTINUED ON NEXT PAGE)

NORTH

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EIGHT CONDITIONS (CONTINUED)

SUFFICIENT HEALTH CARE CAPACITY, HOSPITAL/ICU BEDS	Downward trajectory of hospitalized cases over the previous 14 days. The rate of new COVID-19 related hospitalizations in North Dakota remains the same throughout the outbreak and is currently 7.3% (May 4, 2020), ranging from 0-5 hospitalizations per day.
ADEQUATE PPE AVAILABILITY FOR THE HEALTHCARE SYSTEM AND PUBLIC	North Dakota will ensure there is adequate availability of PPE for the healthcare system and the public as needed. Currently, healthcare providers and first responders have access to adequate PPE .
NEW STANDARD OPERATING PROCEDURES FOR REOPENING	General guidelines have been developed for all employers to how best decrease the spread of COVID-19 and lower the impact in their workplace. This includes activities in the following areas: reduce transmission among employees; maintain healthy business operations and maintain a healthy work environment.
PLANS FOR DEALING WITH A RESURGENCE OR ADDITIONAL WAVES OF COVID-19	 Plans for dealing with resurgence or additional waves of COVID-19 will be to continue wide-spread testing, contact tracing and mandated self-isolation and quarantine measures. Future plans will require: Better data to identify areas of spread and the rate of exposure and immunity in the population; Improvements in state and local health care system capabilities and public-health infrastructure; Adequate medical supplies; and Therapeutic, prophylactic, and preventive treatments and better-informed medical interventions that give us the tools to protect the most vulnerable people and those requiring acute and critical care services.

