

Management of COVID-19 in Correctional and Detention Facilities

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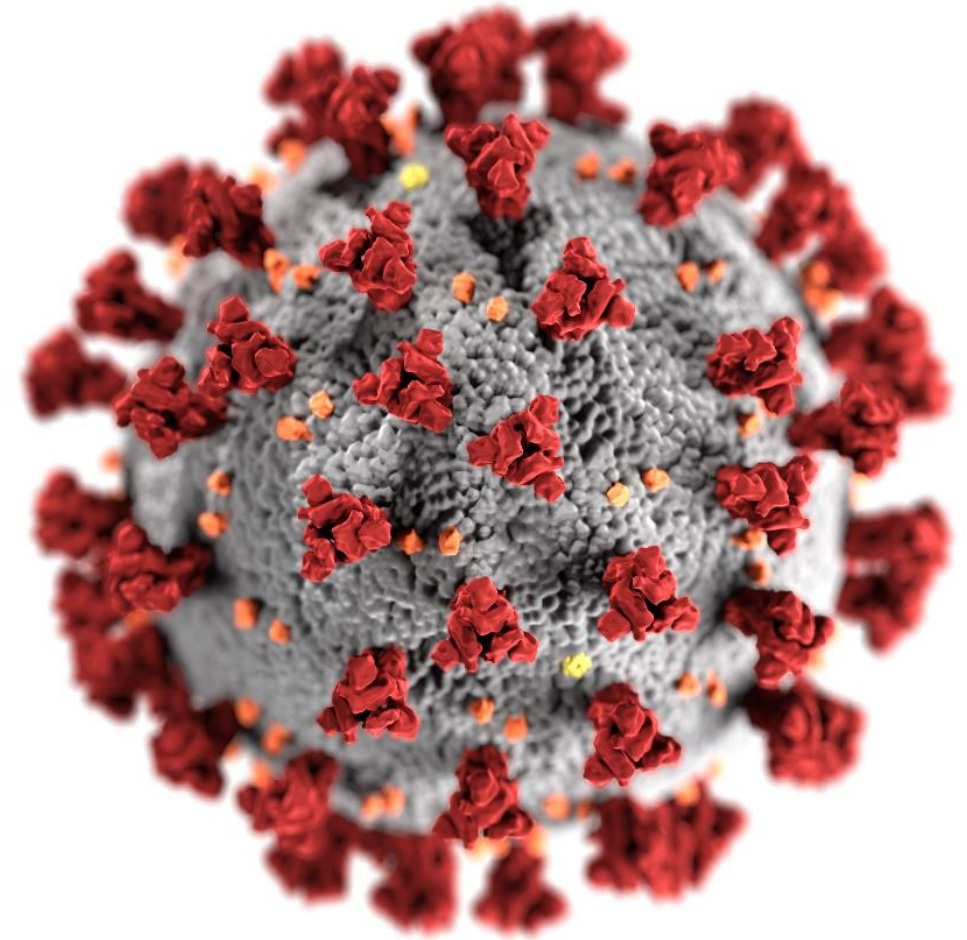
COVID-19 Response

Centers for Disease Control and Prevention

Wellpath COVID-19 Partner Webinar

August 20, 2020

The information in this presentation is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of August 20, 2020.



cdc.gov/coronavirus

COVID-19 Presents Unique Challenges for Corrections

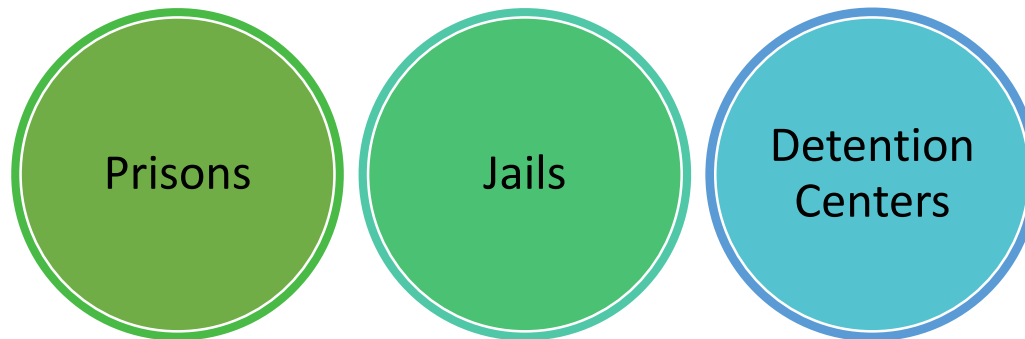
- **SARS-CoV-2 (the virus that causes COVID-19) can be introduced into a correctional/detention facility from different geographic areas** because staff and incarcerated/detained persons come from a variety of locations.
- **Space for isolation and quarantine can be limited**, making transmission difficult to interrupt.
- **Opportunities to exercise prevention measures are often more limited** than they are in people's home environments
 - Dense housing arrangements prevent social distancing
 - Shared hygiene facilities complicate handwashing
- People in correctional and detention facilities may **hesitate to report symptoms of COVID-19 or to seek medical care** (e.g., co-pay requirements, fear of isolation, stigma).



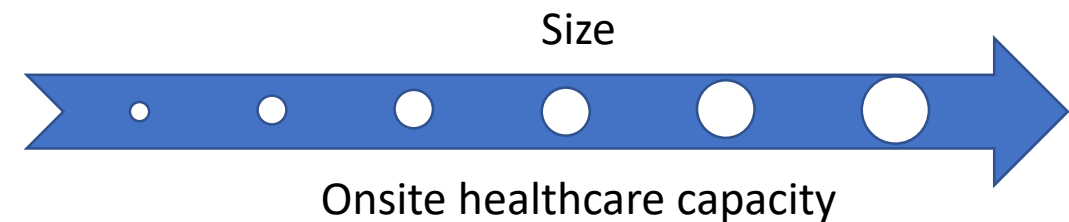
CDC Guidance Documents

[Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities](#)

[Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#)



CDC's guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.



Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities

1

PREPARE

Communications
Personnel Practices
Operations
Supplies

2

PREVENT

Hygiene
Cleaning & Disinfecting
Social Distancing
Screening for Symptoms
Testing

3

MANAGE

Medical Isolation
Quarantine
Testing
Infection Control
Clinical Care

Make sure to review recommendations from all 3 phases,
regardless of whether cases have been identified

Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities

1

SYMPTOMATIC PEOPLE

Test to identify symptomatic people for isolation and care

2

ASYMPTOMATIC PEOPLE WITH KNOWN EXPOSURE

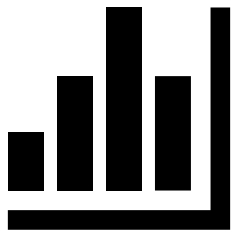
Quarantine close contacts, and test every 3-7 days to identify and isolate additional people with COVID-19

3

ASYMPTOMATIC PEOPLE WITHOUT KNOWN EXPOSURE

Routine screening for surveillance and prevention

Broad-based testing when contact tracing impractical



Deep Data Dive

Current Questions from the Field

- Why does CDC no longer recommend a test-based strategy to release people from medical isolation?
- Does testing quarantined close contacts repeatedly make a difference?
- Should staff be tested?
- Could housing configuration contribute to SARS-CoV-2 transmission in correctional and detention facilities?



Release from Isolation

Symptom or time-based strategy

- **Persistent positives** - Some patients continue testing positive for up to 12 weeks after symptom onset

however...

- Replication-competent virus has not been isolated from patients:
 - >10 days after symptom onset (mild-moderate COVID-19)
 - >20 days after symptom onset (severe COVID-19)

A test-based strategy could result in prolonged isolation periods and could exhaust facilities' isolation capacity, leaving them unable to accommodate newly positive people.

CDC now recommends using a **symptom or time-based strategy** for most patients. (A test-based strategy could still be used for severely immunocompromised patients, in consultation with an Infectious Disease physician.)



Release from Isolation

Symptom or time-based strategy

For patients with mild-moderate illness:

- 10 days since symptom onset (or first positive test, if asymptomatic)
- 24 hours since last fever (without fever-reducing meds)
- Other symptoms have improved

For patients with severe illness:

- 20 days since symptom onset
- 24 hours since last fever (without fever-reducing meds)
- Other symptoms have improved



Repeated testing in quarantine

CDC recommends re-testing cohorted close contacts of COVID-19 cases **every 3-7 days** to help stop an outbreak

Why 3-7 days?

It's the average incubation period for SARS-CoV-2

How do we decide between 3 and 7?

Consider factors like:

- Stage of the outbreak (more frequent testing if escalating)
- Turn-around time for results (are they actionable?)
- How will repeated testing impact other essential healthcare services?

Is it worth it? (SHOW ME THE DATA!)

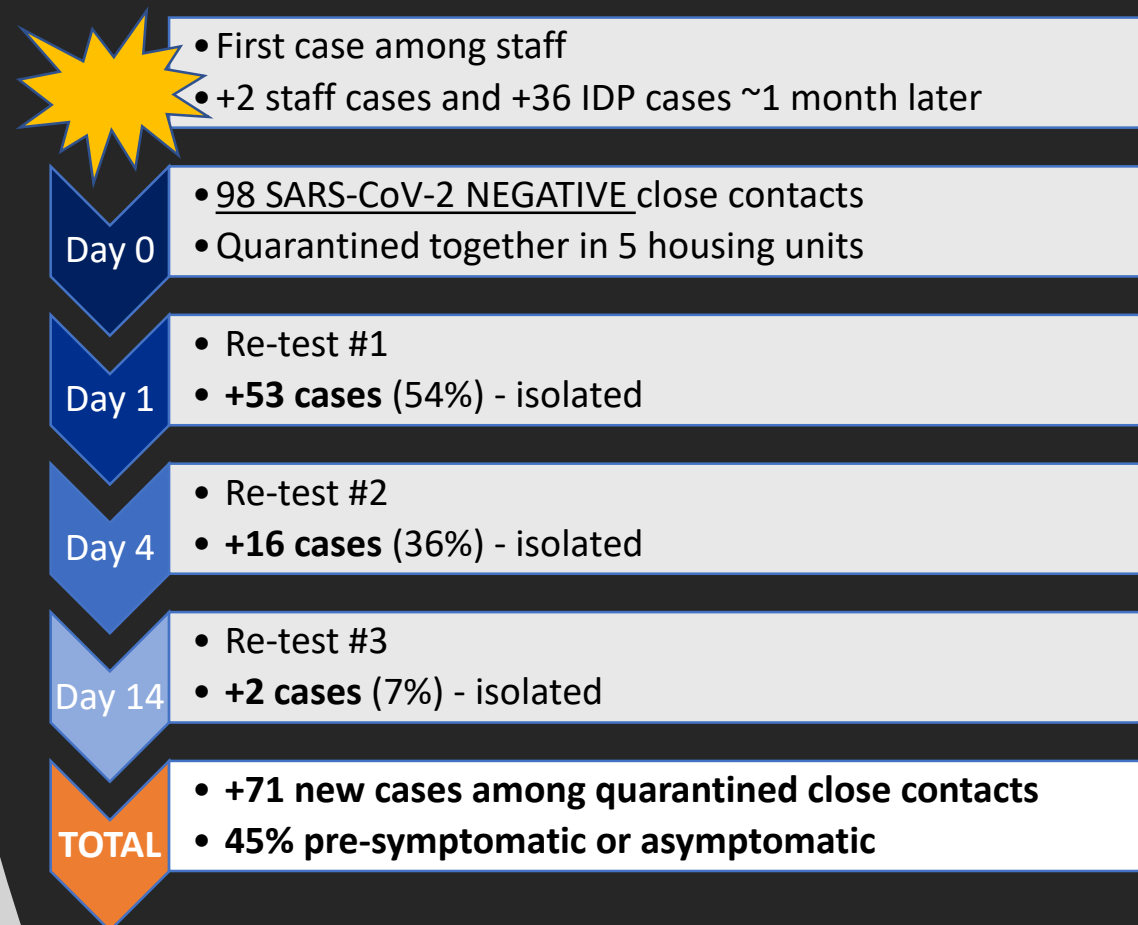


Serial Laboratory Testing for SARS-CoV-2 Infection Among Incarcerated and Detained Persons in a Correctional and Detention Facility — Louisiana, April–May 2020

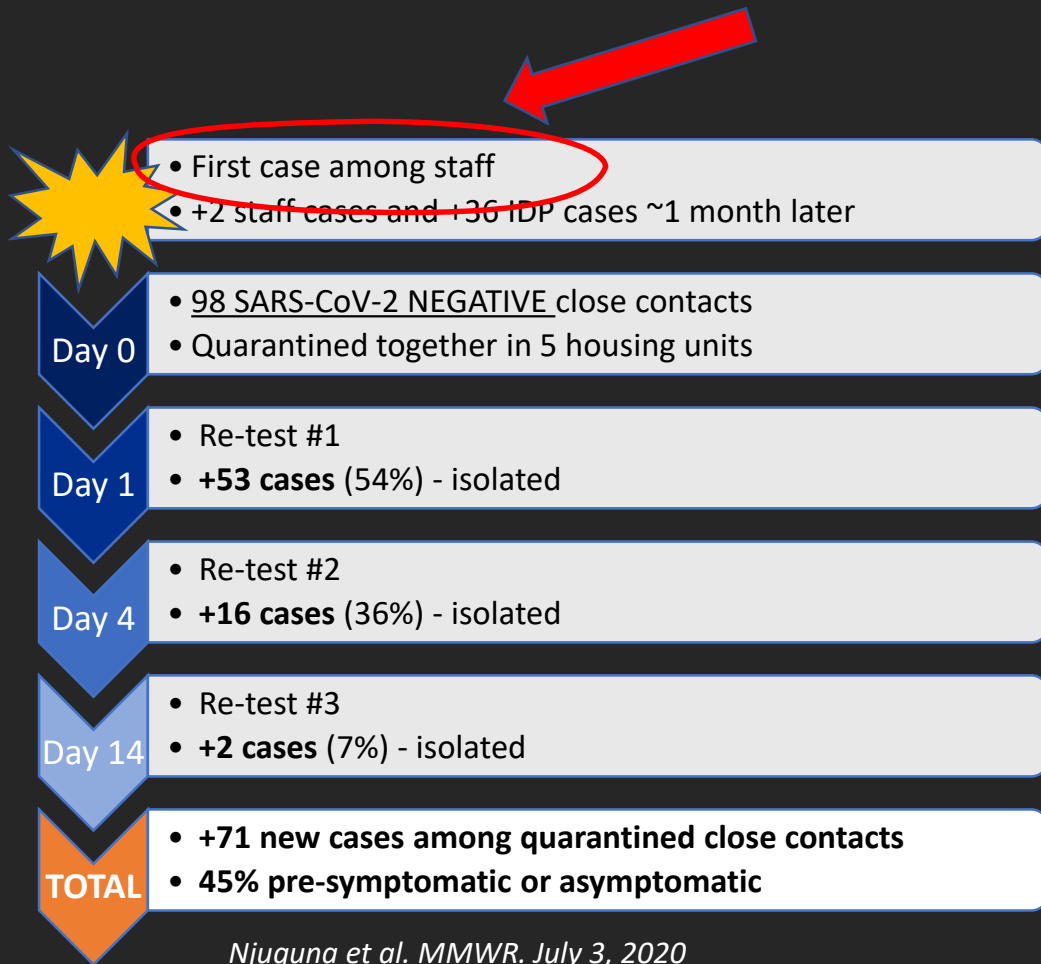
Njuguna et al. MMWR – July 3, 2020

Repeated testing of close contacts identified many infections that would not have been detected by symptom-based testing alone or by testing at a single point in time.

IDP: Incarcerated or detained persons



Is Staff Testing Important?



IDP: Incarcerated or detained persons

In a study of 420 facilities nationwide,
221 (53%) reported cases only among staff

Wallace et al. MMWR. May 6, 2020

In a study of 46 facilities in Louisiana,
15 (33%) reported cases only among staff

Wallace et al. MMWR. May 8, 2020

In a study of 16 facilities in 6 jurisdictions,
9 (56%) identified their first case among staff

Hagan et al. MMWR. August 21, 2020

**Staff can introduce SARS-CoV-2 into a
correctional or detention facility**

**Routine testing can help prevent outbreaks and protect the
health of staff members and their contacts in the community**

Does Housing Type Matter?

Can your facility reduce the risk of widespread transmission in dorm housing?

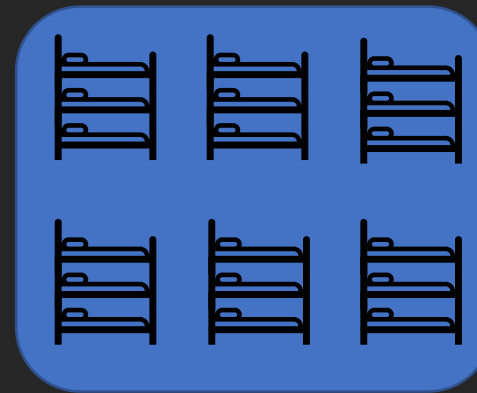
- Increase physical distance - spread out into unused buildings or facilities, sleep head to foot
- Enforce masks for everyone (unless contraindicated)
- Consider surveillance testing as prevention and early detection

In 85 housing units within 16 prisons and jails that conducted mass testing, median SARS-CoV-2 prevalence was 3x higher in dorm-based units than cell-based units



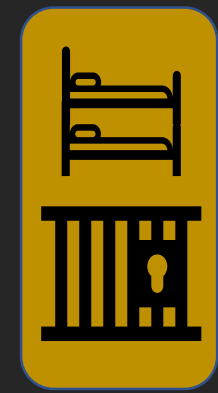
N = 48

Prevalence: 0-77%
(median = 43%)



N = 37

Prevalence: 2-45%
(median = 15%)



Hagan et al. MMWR. August 21, 2020



Hearing from you is one of
the ways we keep our
guidance up to date