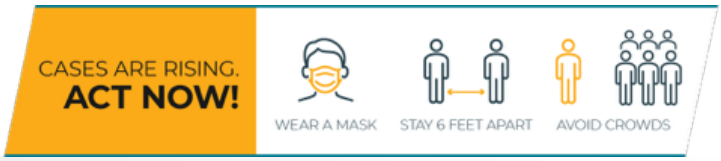

COVID-19 Vaccine FAQs in Correctional and Detention Centers

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The following are frequently asked questions about COVID-19 vaccination in correctional and detention centers. For general information about COVID-19 vaccine, please see the CDC COVID-19 Vaccine Information page.

Information about COVID-19 vaccines is rapidly evolving. Please check back regularly for updated information.

Does the CDC coordinate COVID-19 vaccination plans for correctional and detention centers nationwide?

CDC supports the implementation of vaccination in federal prisons operated by the U.S. Bureau of Prisons. However, CDC does not determine strategic plans for distributing and administering vaccines for state or local correctional and detention centers. CDC does work closely with health departments and partners to optimize vaccination planning, sub-prioritization of vaccination within recommended populations, and implementation of COVID-19 vaccination programs to best distribute the different vaccines.

Should staff at correctional and detention facilities be offered a COVID-19 vaccine?

Correctional and detention facility staff have high risk work-related exposures to SARS-CoV-2 because their work-related duties must be performed on site and involve being in close proximity (<6 feet) to other people. CDC recommends the COVID-19 vaccine for staff at correctional and detention facilities because these staff are at higher risk of exposure to COVID-19 in the workplace. Evidence supporting vaccination in frontline essential workers is described in the Evidence Table for COVID-19 Vaccines Allocation in Phases 1b and 1c of the Vaccination Program.

Correctional and detention facility staff will receive state or local vaccination plans. For workers employed by contract firms or temporary help agencies, the staffing agency and the host employer are joint employers and, therefore, **both** are responsible for providing and maintaining a safe work environment. If planning to offer vaccination at the worksite, employers should do whatever is feasible to offer vaccination to all individuals working at the worksite, regardless of their status as a contract or temporary employee.

How will persons who are incarcerated or detained be prioritized for COVID-19 vaccination?

State and local correctional facilities will receive vaccines according to their jurisdiction's vaccination plan. The prioritization of correctional staff and incarcerated persons differ by jurisdiction, and jurisdictions may still be in the process of specifying priority groups.

Jurisdictions are encouraged to vaccinate staff and incarcerated/detained persons of correctional or detention facilities **at the same time** because of their shared increased risk of disease. Outbreaks in correctional and detention facilities are often difficult to control given the inability to physically distance, limited space for isolation or quarantine, and limited testing and personal protective equipment resources. Incarcerated or detained persons living in correctional and detention facilities may also be older or have high-risk medical conditions that place them at higher risk of experiencing severe COVID-19. COVID-19 outbreaks in correctional and detention facilities may also lead to community transmission.

Vaccinating staff and incarcerated/detained persons at the same time may also be more feasible than sequential vaccination of correctional or detention subpopulations. If it's not feasible to vaccinate all staff and incarcerated or detained persons at the same time, sub-prioritization planning for vaccination within this group may be necessary based on facility-level or individual-level factors (such as, older age or having an underlying medical condition), or both, and should be coordinated with state and local health departments (see bullet below "How should facilities deal with insufficient vaccine doses made available to correctional and detention centers?" for details). Visit your state health department websites for the most recent information.

How do correctional and detention facilities receive COVID-19 vaccinations?

Correctional and detention centers can differ widely by facility size, location (e.g., rural), and presence of medical staff; all of these factors may impact accessibility to COVID-19 vaccinations. Larger correctional or detention facilities with medical staff may be able to vaccinate incarcerated/detained persons and staff directly. These providers should enroll in their jurisdiction's COVID-19 vaccination program and complete the program provider agreements to receive vaccine shipments. Smaller facilities, such as jails located in remote areas, are more likely to experience difficulty accessing medical services and resources necessary for the planning, allocation, distribution, and administration of COVID-19 vaccinations. Any facility that has not received information regarding COVID-19 vaccinations should contact their local and/or state health officer.

Multiple vaccine administration strategies may be needed to reach a variety of different correctional and detention facilities. Facilities with medical staff can enroll to become COVID-19 vaccine providers and directly vaccinate their staff and residents. Mobile vaccination teams from local health departments, contracted correctional and detention facility healthcare providers, community healthcare systems, commercial pharmacies, or traveling nurse groups may be needed to reach smaller or more remote correctional and detention facilities.

How should facilities deal with insufficient vaccine doses made available to correctional and detention centers?

COVID-19 vaccination plans in correctional facilities should include considerations for how to sub-prioritize vaccination in the event there is not enough vaccine at a given time. Sub-prioritization planning for vaccination may occur at the facility level, individual level, or both, and should be coordinated with state and local health departments. Sub-prioritization decisions can be guided by facility- and individual-level data and should take into consideration the feasibility of subpopulation vaccination across multiple facilities versus facility-based vaccination. Jurisdictions are encouraged to consider vaccination of both staff and incarcerated/detained persons of correctional or detention facilities **at the same time** because of their shared increased risk of disease and the efficiency of vaccinating more people in the same place.

Facility-level indicators that may be helpful for vaccination sub-prioritization include:

1. the number of staff and incarcerated/detained persons;
2. proportion of older staff and incarcerated/detained persons with high-risk medical conditions that increase the risk of COVID-19 morbidity and mortality;

3. baseline healthcare infrastructure;
4. facility ventilation;
5. ease of access by vaccination teams;
6. ability to continue normal operations in the event of staff quarantine after exposures; and
7. ability to isolate and quarantine incarcerated/detained persons if an outbreak occurs.

Individual-level factors that may be helpful for vaccination sub-prioritization include older age, high-risk medical conditions, recent COVID-19 in the past 90 days, and risk of exposure to other incarcerated/detained persons who have COVID-19.

The risk for severe illness increases with age, with older adults at highest risk. Adults of any age with certain underlying medical conditions are also at increased risk for severe illness from COVID-19. As such, according to the Advisory Committee on Immunization Practices (ACIP) updated interim vaccine allocation recommendations, COVID-19 vaccines should be offered to frontline workers and adults who are 75 years of age or older (Phase 1b), as well as persons aged 65–74 years and persons aged 16–64 years with medical conditions that increase risk of severe illness due to COVID-19 (phase 1c). Correctional and detention facilities, especially those with geriatric and medical units, should coordinate with state/local health officials on how to sub-prioritize staff and incarcerated/detained persons that fall into these two sub-categories when it is not feasible to vaccinate all incarcerated/detained persons and staff at the same time.

CDC has published a companion guide to assist state, tribal, local, and territorial immunization programs and other immunization partners in planning for vaccination of populations recommended to receive initial doses of COVD-19 vaccine.

If an incarcerated/detained person is boarded in another state will he/she still receive the COVID-19 vaccine?

The facility that is boarding the incarcerated/detained person is responsible for offering, administering, and documenting the COVID-19 vaccine. Vaccination should be documented in the Immunization Information System of the jurisdiction where the vaccination occurred. Vaccination cards are filled out at the time of vaccination with the date of vaccine, vaccine type, and location of vaccination. This vaccination card should be transferred with the incarcerated/detained person and provided to them upon release. If there are questions or concerns, consult with federal, state, and/or local public health authorities.

Should correctional settings continue to practice additional prevention strategies (e.g., wearing masks, social distancing) after vaccine has been administered?

Yes, while experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, CDC continues to strongly recommend for correctional and detention facilities, as well as their surrounding communities, to continue using **all the tools** available to help stop transmission, like continue to wear a mask, stay at least 6 feet (two arm lengths) away from others (social distancing), avoid crowds and poorly ventilated spaces, and wash your hands often if soap and water aren't available, use hand sanitizer containing at least 60% alcohol. Together, COVID-19 vaccination and following CDC's recommendations for How To Protect Yourself and Others will offer the best protection from getting infected and from spreading COVID-19 to others.

Experts are working to learn more about how long a person who has received the COVID-19 vaccine has immunity against getting infected and whether the vaccine can decrease the chances that an infected person can spread the virus. CDC will continue to update guidance as more is learned about the duration of immunity and the impact of the vaccine on transmission of SARS-CoV-2, the virus that causes COVID-19. Until we have more information, it is important that all people – **even people who have received the COVID-19 vaccine** – continue to practice additional prevention strategies.

How can we ensure that persons who are incarcerated or detained receive all recommended COVID-19 vaccine doses?

Current COVID-19 vaccine series consist of two doses, with the second dose administered either 3 weeks (Pfizer) or 4 weeks (Moderna) after the first dose. As part of enumeration and planning, correctional facilities and state/local health officials should plan for second dose vaccination of persons who will remain detained or incarcerated when the second dose is due (reminder: the second dose should be the same vaccine type as the first dose). State/local health officials should anticipate potential challenges in second dose vaccination among persons who qualify for early release or who are transferred. Additionally, correctional and detention facilities should work with the jurisdiction to use reminder/recall functionality of the electronic immunization recordkeeping tools available to them in their jurisdiction.

State/local health officials and correctional and detention facilities should ensure that persons who will be released from custody before the second dose is due are linked to community vaccination resources and have vaccination cards filled out at the time of vaccination with the first dose with the date of vaccination, vaccine type, and location of vaccination. Correctional facilities should provide this vaccination card upon release and encourage released persons to seek vaccination from community vaccination providers. Locations of community COVID-19 vaccine providers will be available on VaccineFinder as more vaccine is made available to the general population.

Some states may prioritize persons who are incarcerated to receive vaccination during phase 1. In those states, incarcerated/detained persons may have earlier access to the vaccine than others in their surrounding communities. Without establishing a linkage to care between a trusted health authority in the correctional facility and a local health clinic, community providers may not believe the formerly incarcerated person has actually received the first vaccine dose and may deny them the second dose. Considering the stigma associated with incarcerated persons, CDC recommends that correctional facilities coordinate with local health officials and community health clinics in preparation for the possibility of formerly incarcerated persons needing a second dose prior to the general population.

How do correctional or detention facilities prepare in the management of potential vaccine adverse events?

An adverse event is any health problem that happens after a shot or other vaccine. An adverse event might be truly caused by a vaccine, or it might be pure coincidence. Serious adverse events after COVID-19 vaccination are uncommon, but cases of anaphylaxis, or an acute and potentially life-threatening allergic reaction, have been reported after vaccination. Correctional facilities should ensure there is space, supplies, and staff to observe for and manage anaphylaxis after COVID-19 vaccination.

CDC currently recommends that persons without contraindications to vaccination who receive an mRNA COVID-19 vaccine be observed after vaccination for the following time periods:

- 30 minutes: Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause.
- 15 minutes: All other persons

COVID-19 vaccine adverse event should be reported to the Vaccine Adverse Event Reporting System (VAERS) . This national system collects these data to look for adverse events that are unexpected, appear to happen more often than expected, or have unusual patterns of occurrence.

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