



COVID-19

CDC has updated its guidance for people who are fully vaccinated. See [Recommendations for Fully Vaccinated People](#).


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 worked with the Federal Bureau of Prisons to develop its vaccination implementation plan and will continue to offer guidance regarding modifications as needed over time. However, CDC does not determine plans for allocating, distributing, or administering vaccines for state or local correctional and detention centers or U.S. Immigration and Customs Enforcement (ICE) facilities.

Why should staff at correctional and detention facilities be encouraged to get a COVID-19 vaccination?

CDC recommends everyone get vaccinated against COVID-19, including staff at correctional and detention facilities who are at higher risk of exposure to COVID-19 in the workplace for various reasons, including being in close proximity (less than 6 feet) to other people.

Outbreaks in correctional and detention facilities are often challenging to control given the difficulty to physically distance, limited space for isolation or quarantine, and limited testing and personal protective equipment resources. COVID-19 outbreaks in correctional and detention facilities might also lead to community transmission outside of the facility.

Are correctional and detention facilities responsible for offering COVID-19 vaccination to staff?

For staff 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 offer vaccination to all individuals working at the worksite, regardless of their status as a contractor or temporary employee.

Are people who are incarcerated or detained recommended to get a COVID-19 vaccination?

CDC recommends everyone get vaccinated against COVID-19, including people who are incarcerated or detained. Incarcerated or detained people living in correctional and detention facilities are at higher risk of exposure to COVID-19 for various reasons, including being in close proximity (less than 6 feet) to other people. Incarcerated people might also be older or have medical conditions that make them more likely to get severely ill from COVID-19.

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Can staff and incarcerated or detained people be vaccinated at the same time?

Yes, correctional or detention facilities can consider vaccinating staff and incarcerated/detained people at the same time given their shared increased risk of disease. Vaccinating staff and incarcerated/detained people at the same time might also be more logistically feasible than sequential vaccination. However, if needed, on-site vaccination programs might also consider staggering delivery of vaccine so that staff are not all vaccinated at the same time. Staggering considerations might be more important following the second dose of the currently available Pfizer-BioNTech and Moderna vaccines. Staggering might cause delays in vaccinating staff, and the decision to stagger vaccination will need to be weighed against potential inconveniences that might reduce vaccine acceptance. Be sure to plan for staff to have time away from work if they develop side effects following COVID-19 vaccination.

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

Correctional and detention centers can differ widely by size, location (e.g., rural), and presence of medical staff; all of these factors might impact accessibility to COVID-19 vaccinations. Multiple vaccine administration strategies might be needed to reach a variety of different correctional and detention facilities.

Larger correctional or detention facilities with medical staff might be able to vaccinate incarcerated/detained people and staff directly. These providers should enroll in their jurisdiction's COVID-19 vaccination [program](#).

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, storage, and administration of COVID-19 vaccinations. Mobile vaccination teams from local health departments, contracted correctional and detention facility healthcare providers, community healthcare systems, or commercial pharmacies might be needed to reach these facilities.

Any facility that has not received information regarding COVID-19 vaccinations should contact their local or state health officer.

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

Currently, the COVID-19 vaccine is available for everyone who wants to get vaccinated. However, if individual facilities have insufficient doses of COVID-19 vaccine or insufficient resources (such as time/personnel/space) to provide vaccinations, they should begin by reaching out to local authorities to see if more vaccine or resources can be allocated. If additional vaccine doses are unavailable or there are insufficient resources, facilities can consider how to prioritize vaccination until adequate supplies or resources are available. Sub-prioritization planning for vaccination 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.


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

1. Proportion of older staff and incarcerated/detained people with [high-risk medical conditions](#) who are more likely to get severely ill from COVID-19
2. Baseline healthcare
3. Facility ventilation
4. Ease of access by vaccination teams
5. Ability to continue normal operations in the event of staff quarantine after exposures
6. Ability to isolate and quarantine incarcerated/detained people if an outbreak occurs


Individual-level indicators that might be helpful for vaccination sub-prioritization include:

1. Age, with [older adults](#) at highest risk;
2. People 16+ with [certain underlying medical conditions](#) that make them more likely to get severely ill from COVID-19.


Refer to the [Advisory Committee on Immunization Practices \(ACIP\)](#) for additional vaccination recommendations.

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

The facility that is boarding the incarcerated/detained person is responsible for offering, administering, and documenting COVID-19 vaccination. Vaccination should be documented in the immunization information system (IIS) of the jurisdiction where the vaccination occurred. Vaccination cards are filled out at the time of vaccination with the date of vaccination, vaccine product, 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, or local public health authorities.

Should people detained or working in correctional settings continue to practice additional prevention strategies (e.g., wearing masks, physical distancing) after vaccine has been administered? 

For now, detained persons and correctional and detention facility staff should still wear a well-fitted mask that covers the nose and mouth. Masking in these settings is still recommended because they may face high turnover of people and a higher risk of transmission. CDC will continue to monitor new data as it comes in, including vaccine coverage in these settings, and review the science to inform our guidance and decision making.

When is someone considered to be fully vaccinated? 


People are considered **fully vaccinated** two weeks (14 days) after receiving their second dose in a 2-dose series or two weeks (14 days) after receiving a single-dose vaccine. How long **vaccine** protection lasts and how well vaccines protect against emerging variants of the virus that causes COVID-19 are still under investigation, although current data suggest that COVID-19 vaccines used in the United States offer protection against most **variants**. Until more is known and vaccination coverage increases, some prevention measures will continue to be necessary for all people, regardless of vaccination status.

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

States should expedite or prioritize receipt of vaccination by people who are incarcerated or detained. Currently authorized [COVID-19 vaccines](#) include two vaccines requiring a two-dose series, with an interval between doses of either 3 weeks (Pfizer-BioNTech) or 4 weeks (Moderna), and a single-dose vaccine (Johnson & Johnson's Janssen). As part of enumeration and planning, correctional facilities and state/local health officials using Pfizer-BioNTech or Moderna vaccines should anticipate potential challenges in second dose vaccination among people who qualify for early release or who are transferred.


However, through strong partnerships and close coordination, COVID-19 vaccines that require multiple doses can be a feasible option. State/local health officials and correctional and detention facilities staff should ensure that people who will be released from custody before receiving their second dose are linked to a vaccination site to complete the series. Locations of community COVID-19 vaccination providers are available on [vaccines.gov](https://www.vaccines.gov).

Formerly incarcerated people might encounter barriers to receiving the second vaccine dose in their community unless referred to local health clinics and provided a filled vaccination card. Vaccination cards should be completed at the time the first dose is given and **correctional facilities should provide this vaccination card upon release**. Facilities should encourage released people to seek the second dose in the two-dose vaccination series from community providers, as needed, including providing information for where a person can receive a second dose in the community.


Should the single dose vaccine be prioritized, or is any vaccine preferred, in correctional settings? 

No, there is no preferred vaccine for incarcerated/detained people or correctional staff. Jurisdictions should consider what vaccine they have access to and not delay in administering the first dose in the two-dose series if single-dose vaccines are unavailable. There are currently three different COVID-19 vaccines that have been authorized and recommended for use in the United States. Find [more information on each of the vaccines](#).

While there is no preference between the single dose and two-dose vaccines, the single-dose Johnson & Johnson's Janssen COVID-19 Vaccine is an important tool for reaching and vaccinating people who might not return for their second dose, prefer fewer injections, or who might be released/transferred prior to the time they should receive their second COVID-19 vaccine dose.

Do incarcerated or detained people that are fully vaccinated need to be quarantined and tested after an exposure? 

Incarcerated/detained people who are fully vaccinated should follow the latest [CDC guidance](#), specific to correctional and detention facilities, on quarantine and testing after exposure.

Do correctional facility staff that are fully vaccinated need to be quarantined and tested after an exposure? 


Fully vaccinated correctional staff who do not have symptoms do not need to quarantine following an exposure; however, testing following an exposure and symptom monitoring, are still recommended. More details can be found in the [interim public health recommendations for fully vaccinated people](#).

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 vaccination. 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 are space, supplies, and staff to [observe for and manage anaphylaxis](#) after COVID-19 vaccination.

CDC currently recommends that people without contraindications to vaccination who receive an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) be observed after vaccination for the following time periods:

- 30 minutes: People with a history of an [immediate allergic reaction](#) of any severity to a vaccine or injectable therapy and people with a history of anaphylaxis due to any cause.
- 15 minutes: All other people.

Any 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.

People vaccinated are more likely to experience minor [side effects](#). Read more about the vaccines and [safety monitoring](#).

Should facilities continue to use Johnson & Johnson's Janssen vaccine?

Yes. CDC and the U.S. Food and Drug Administration (FDA) [recommended](#) the use of Johnson & Johnson's Janssen COVID-19 Vaccine resume in the United States, after a temporary pause in April 2021.

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)