Updates to CDC COVID-19 Guidance for Correctional and Detention Facilities

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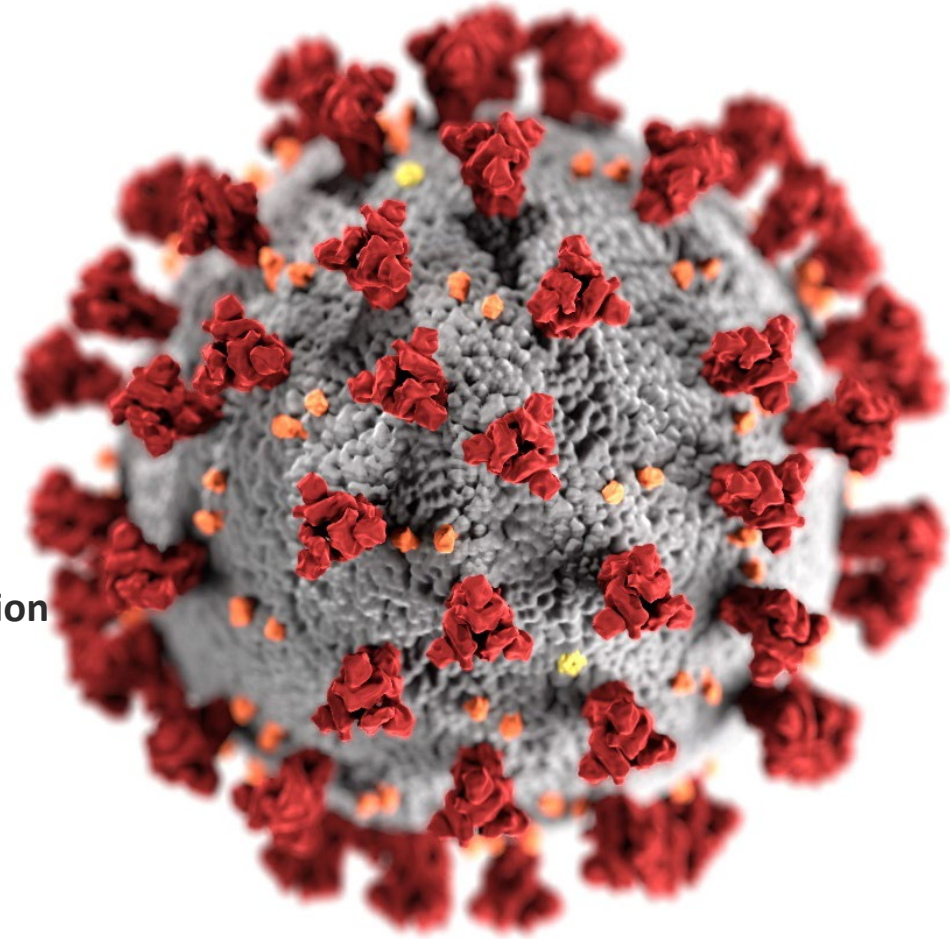


This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of May 19, 2022.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.

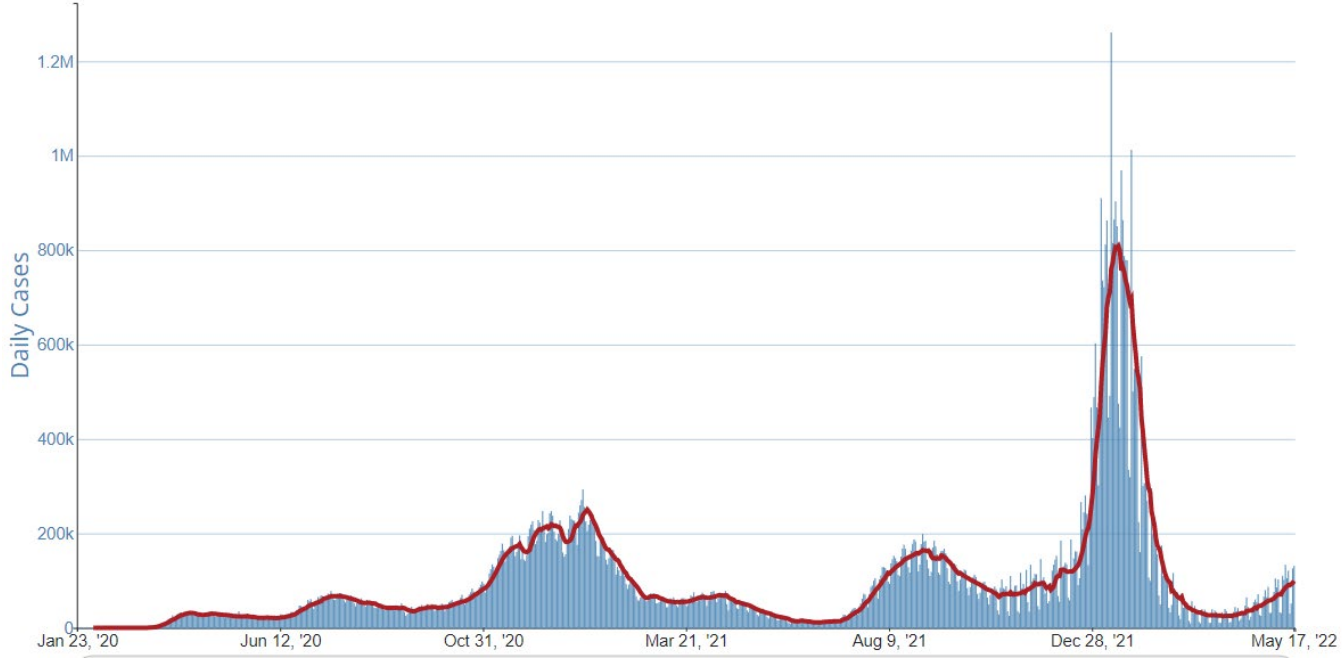
cdc.gov/coronavirus

Overview

1) Current COVID-19 context and Community Levels (general public)
2) Updates to corrections-specific guidance (posted May 3, 2022)
   - New categorization of prevention strategies: “Everyday” vs. “Enhanced”
   - Risk assessment framework to shift between them
   - Modified quarantine approaches
   - Assorted technical content updates
3) Q&A

Current COVID-19 Context

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



- Cases increasing
- Hospitalizations increasing
- Deaths still decreasing
- Hot spots in the Northeast and upper-Midwest

As of May 19, 2022

https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

Overall CDC Shift from Limiting the Spread of COVID-19 to Minimizing Severe Disease (1 of 2)

- **Current high level of population immunity – reduces the risk of severe outcomes**
- **Recent variants have been associated with milder disease**
- **Tools are available to prevent severe health outcomes for people who are infected**
    - Broad availability of vaccines, treatments

https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

Overall CDC Shift from Limiting the Spread of COVID-19 to Minimizing Severe Disease (2 of 2)

- **Prevention strategies should focus on minimizing the effect of severe COVID-19 illness on health and society**
  - Preventing medically significant illness
  - Minimizing burden on the healthcare system
  - Protecting the most vulnerable through vaccines, treatment, and enhanced COVID-19 prevention strategies

Science Brief: Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations

CDC COVID-19 Community Levels

- **Framework for assessing COVID-19 risk in the general public**
- **3 levels: Low – Medium – High**
- **Different from Community Transmission Levels - takes into consideration:**
  1. Number of COVID-19 cases
  2. Impact of severe disease on local healthcare systems
- **At each level, CDC recommends increasing the intensity of COVID-19 prevention strategies.** Example for the general public:
  - **Low:** Masking based on personal preference
  - **Medium:** Consider masking if you are at risk for severe illness or have contacts who are
  - **High:** Universal indoor masking in public

How are COVID-19 Community Levels Calculated?

Transmission

Healthcare system strain

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

How are COVID-19 Community Levels Calculated? EXAMPLE

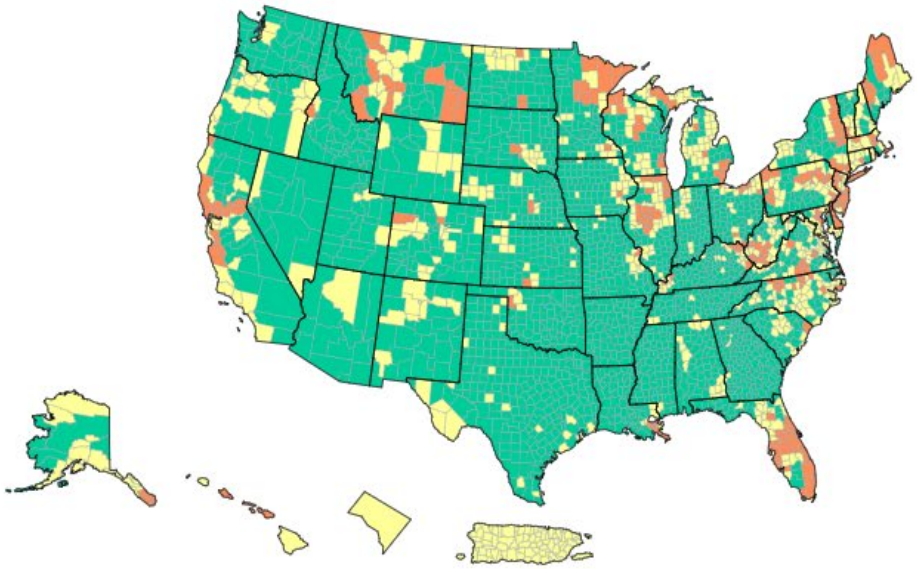
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200 157	New COVID-19 admissions per 100,000 population (7-day total)	<10.0 7	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9% 12%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html

Where Can I Find My County's COVID-19 Community Level?

COVID Data Tracker: COVID-19 Integrated County View



State or territory: Select a State

County or metro area: Select County

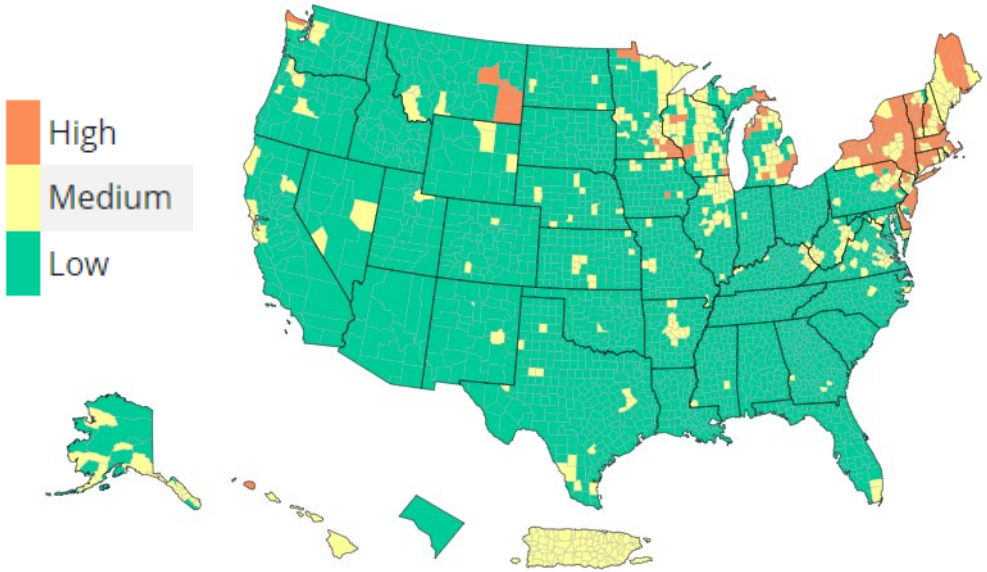
COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	241	7.48%	– 0.28%
Medium	736	22.83%	2.1%
Low	2247	69.7%	– 1.82%

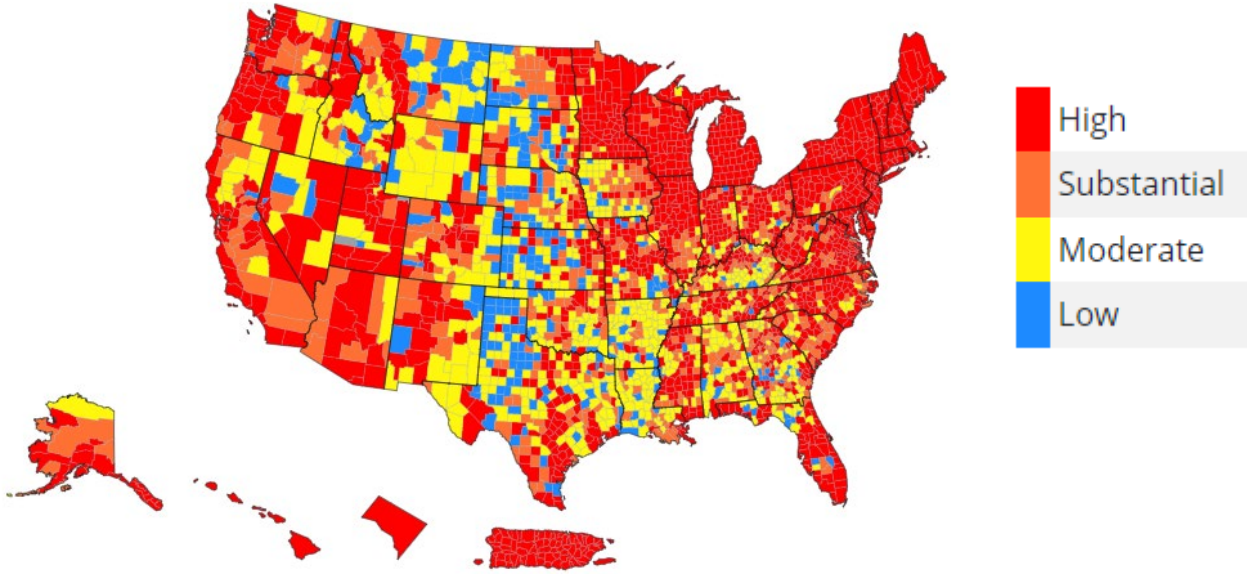
Map screenshot date:
June 8, 2022

How are Community Levels Different from Transmission Levels?

COVID-19 Community Levels



Community Transmission Levels



Healthcare facilities continue to use Community Transmission Levels to determine what prevention measures to use

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

How is COVID-19 Risk Assessment Different in Correctional and Detention Facilities?

Corrections-specific guidance updated May 3, 2022:
https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

How do I Choose Which COVID-19 Prevention Strategies to Use?

COVID-19 prevention strategies for corrections are separated into 2 groups

Strategies for Everyday Operations

Baseline - use at all times

Enhanced Prevention Strategies

Add as many as possible when risk increases

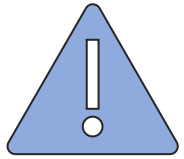
Remove gradually when risk decreases

Shift between them based on COVID-19 Community Levels + facility-level factors

How do COVID-19 Community Levels Apply to Corrections?

Defining "community" can be challenging

- Staff living across multiple counties/states
- Residents transferred across jurisdictional lines

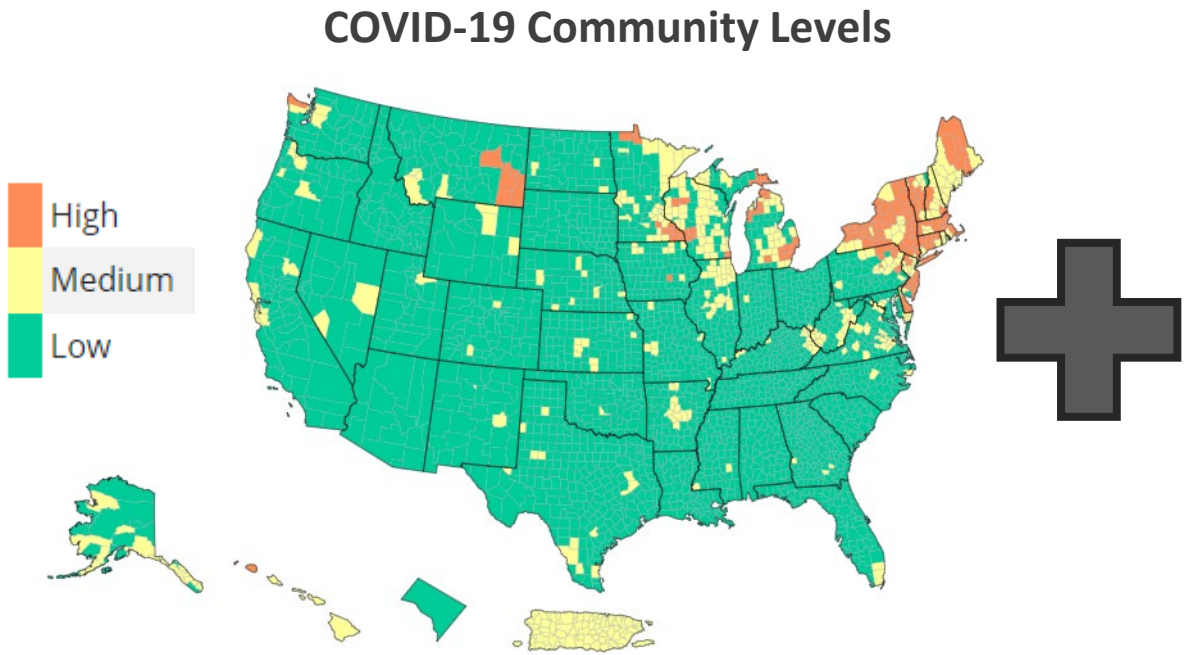


Community data do not fully represent the risks in the facility

- Higher risk of transmission
- Higher risk of severe illness and impact on *internal* healthcare resources
- Risks to mental health

COVID-19 Risk Assessment in Corrections

Loosen or strengthen COVID-19 prevention strategies in corrections based on a **combination of Community Levels + facility-level factors:**



- **Vaccination coverage**
- **Transmission in the facility**
- **Risk of severe health outcomes**
- **Structural characteristics**

Facility-level Factors to Guide COVID-19 Prevention Strategies: Vaccination

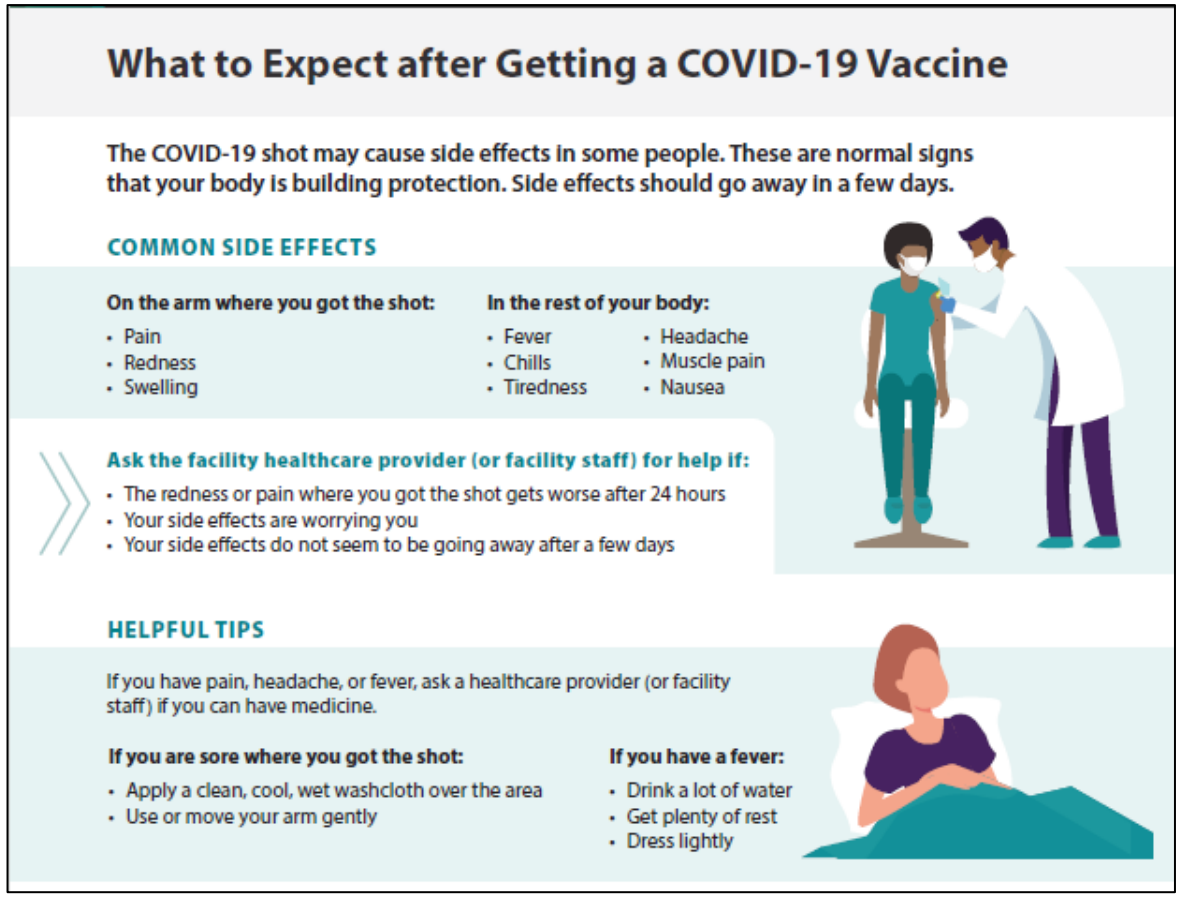
Up to date vaccination coverage

What proportion of staff and residents are up to date on their COVID-19 vaccines?

- Safe and highly effective against severe illness and death
- Continue to perform well against known SARS-CoV-2 variants

If vaccination coverage is not high, consider using enhanced COVID-19 prevention measures even when the Community Level is Low.

Vaccination Communications Materials for Corrections



https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Search=correctional

Facility-level Factors to Guide COVID-19 Prevention Strategies: Transmission

Is there currently any transmission in the facility?

- Diagnostic testing (symptomatic people + close contacts)
- Routine screening testing (regular testing of asymptomatic people – exclude intake testing)
- Surveillance testing (e.g., wastewater)

Use enhanced COVID-19 prevention strategies if there is transmission in the facility, even if the COVID-19 Community Level is Low.

Facility-level Factors to Guide COVID-19 Prevention Strategies: Severe Health Outcomes

What is the risk of severe health outcomes among residents and staff?

- Older age, certain medical conditions, and some disabilities associated with high risk of severe COVID-19
- Access to COVID-19 therapeutics, or ability to transfer to community care for treatment

Consider using enhanced COVID-19 prevention strategies if the facility cannot access therapeutics or transfer patients for treatment offsite.

Persons more likely to get very sick from COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Facility-level Factors to Guide COVID-19 Prevention Strategies: Facility Characteristics

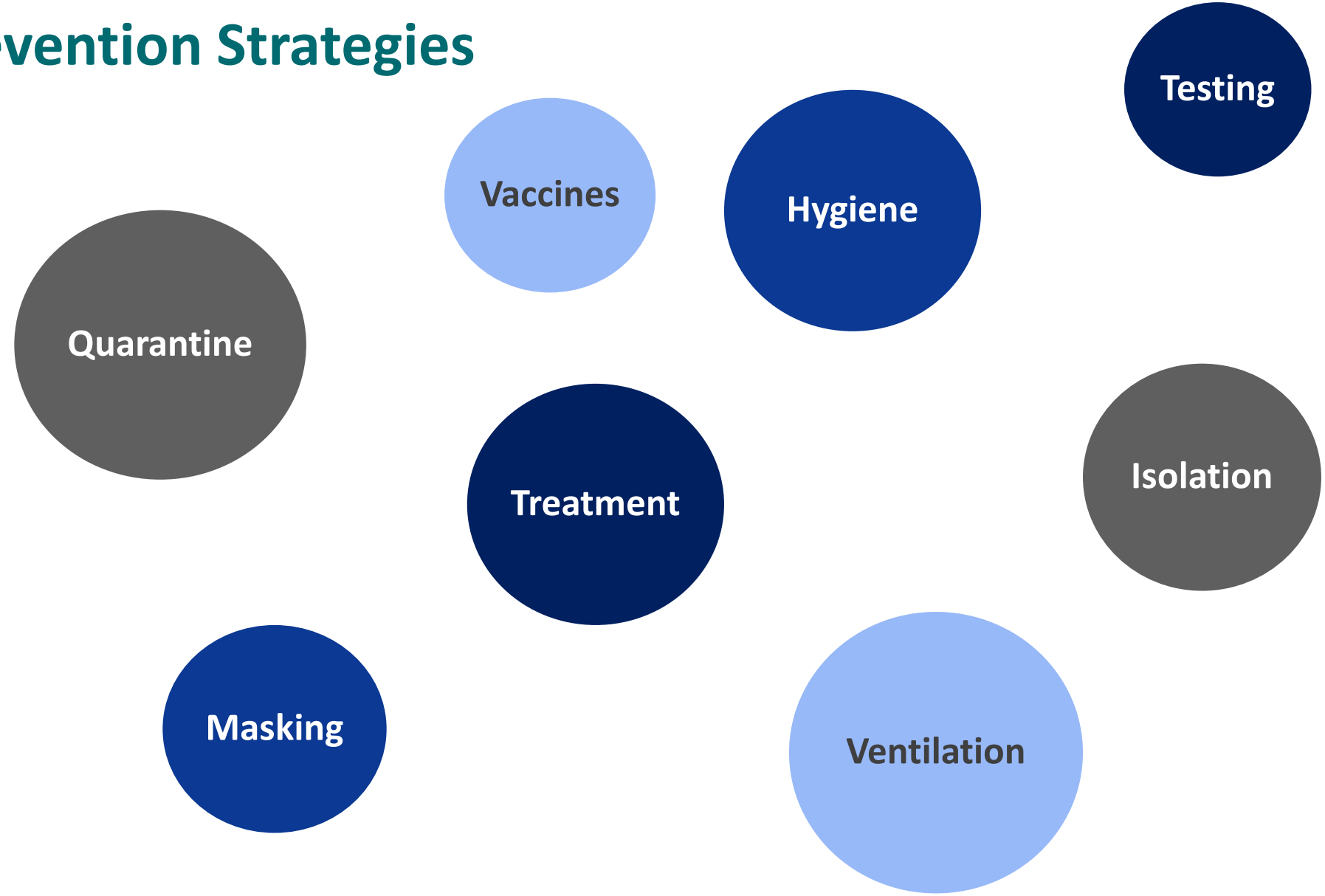
Are there facility characteristics that contribute to transmission?

- Dense housing
- Frequent population turnover
- Ventilation systems that do not meet code-minimum requirements

If yes, consider using enhanced COVID-19 prevention strategies even when the COVID-19 Community Level is Low.

Tools to improve ventilation: https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

COVID-19 Prevention Strategies



Strategies for Everyday Operations and Enhanced Prevention Strategies

COVID-19 prevention strategies for corrections are separated into 2 groups

Strategies for Everyday Operations

Baseline - use at all times

Enhanced Prevention Strategies

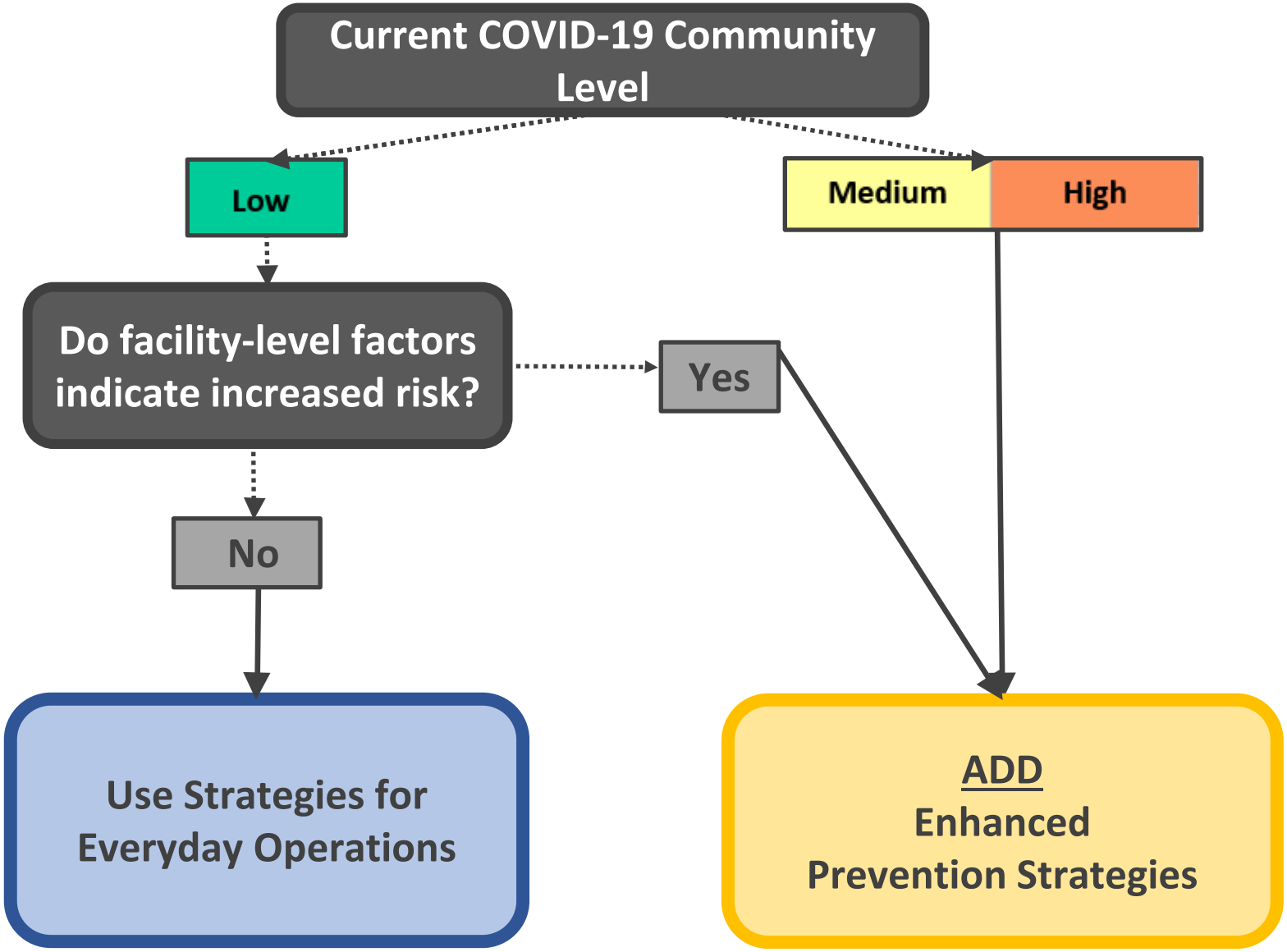
Add as many as possible when risk increases

Remove gradually when risk decreases

Shift between them based on COVID-19 Community Levels + facility-level factors

GOAL: Flexible guidance that facilities can use across a range of situations over time

When to Use Everyday vs. Enhanced Prevention Strategies



Which are Everyday, and Which are Enhanced?

Vaccination

Everyday Operations
(use at all times)

Offer up to date vaccination

Enhanced Prevention (add as many as possible when risk is higher)

Which are Everyday, and Which are Enhanced?

Infection Control

Everyday Operations (use at all times)

- Offer up to date vaccination
- Standard infection control

Enhanced Prevention (add as many as possible when risk is higher)

- Enhance ventilation

Tools to Enhance Ventilation
https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html

Which are Everyday, and Which are Enhanced?

COVID-19 Testing

Everyday Operations (use at all times)

- Offer up to date vaccination
- Standard infection control
- Diagnostic testing
- Testing OR observation period at intake

Observation instead of testing ONLY IF:

Individual housing during observation

OR

Housed as small cohorts starting observation at the same time + testing at end

Enhanced Prevention (add as many as possible when risk is higher)

- Enhance ventilation
- Add/increase frequency of routine screening testing
- Add testing to transfer/release

Which are Everyday, and Which are Enhanced?

Routine Observation Periods

Housing people separately before/after movement

NOT related to exposure to COVID-19

Everyday Operations (use at all times)

- Offer up to date vaccination
- Standard infection control
- Diagnostic testing
- Testing OR observation period at intake

Enhanced Prevention (add as many as possible when risk is higher)

- Enhance ventilation
- Add testing to transfer/release
- Add/increase frequency of routine screening testing
- Add routine observation periods to movement protocols

Duration

If no testing: 7-10 days

If combined with testing at the end: Minimum 5 days

Which are Everyday, and Which are Enhanced?

Isolation & Quarantine

Isolation (infected)
- 10 days
- Decrease only short-term during crisis operations

Quarantine (exposed)
- 10 days or modified (more later)

Everyday Operations (use at all times)

- Offer up to date vaccination
- Standard infection control
- Diagnostic testing
- Testing OR observation period at intake
- Isolation & Quarantine

Enhanced Prevention (add as many as possible when risk is higher)

- Enhance ventilation
- Add testing to transfer/release
- Add/increase frequency of routine screening testing
- Add routine observation periods to movement protocols

Which are Everyday, and Which are Enhanced?

COVID-19 Treatment

Assess residents for risk of severe health outcomes

Everyday Operations
(use at all times)

- Offer up to date vaccination
- Standard infection control
- Diagnostic testing
- Testing OR observation period at intake
- Isolation & Quarantine
- Treat or transfer for care

Enhanced Prevention
(add as many as possible when risk is higher)

- Enhance ventilation
- Add testing to transfer/release
- Add/increase frequency of routine screening testing
- Add routine observation periods to movement protocols

Which are Everyday, and Which are Enhanced?

Masks

Everyday Operations
(use at all times)

- Offer up to date vaccination
- Standard infection control
- Diagnostic testing
- Testing OR observation period at intake
- Isolation & Quarantine
- Treat or transfer for care
- Offer masks to all

Enhanced Prevention
(add as many as possible when risk is higher)

- Enhance ventilation
- Add testing to transfer/release
- Add/increase frequency of routine screening testing
- Add routine observation periods to movement protocols
- Require masks indoors

Which are Everyday, and Which are Enhanced?

Movement & Distancing

Everyday Operations
(use at all times)

- Offer up to date vaccination
- Standard infection control
- Diagnostic testing
- Testing OR observation period at intake
- Isolation & Quarantine
- Treat or transfer for care
- Offer masks to all

Enhanced Prevention
(add as many as possible when risk is higher)

- Enhance ventilation
- Add testing to transfer/release
- Add/increase frequency of routine screening testing
- Add routine observation periods to movement protocols
- Require masks indoors
- Minimize movement
- Decrease crowding as possible

Which are Everyday, and Which are Enhanced?

Prepare for Outbreaks

Everyday Operations (use at all times)	Enhanced Prevention (add as many as possible when risk is higher)
Offer up to date vaccination	
Standard infection control	Enhance ventilation
Diagnostic testing	Add testing to transfer/release
Testing OR observation period at intake	Add/increase frequency of routine screening testing
	Add routine observation periods to movement protocols
Isolation & Quarantine	
Treat or transfer for care	
Offer masks to all	Require masks indoors
	Minimize movement
	Decrease crowding as possible
Prepare for outbreaks	

Choose Enhanced Strategies Based on Local Needs and Priorities

- **It may not be feasible to use all enhanced strategies because of resources, facility characteristics**
- **Add as many as possible during periods of higher risk**
- Apply enhanced strategies across a whole facility, or target to specific areas
- Consider impact on mental health, in-person learning, and compliance
- During periods of lower risk, remove enhanced strategies gradually

Modified Approaches to Post-Exposure Quarantine in Correctional and Detention Facilities

Review

Standard Quarantine Approach

Lowest transmission risk

	Individual	Cohorted
Who?	All exposed persons, regardless of vaccination status	
How long?	10 days	Until 10 days have passed with no new cases identified
Testing	Initial diagnostic test + 2nd test ≥5 days after exposure	Serial test the whole cohort every 3-7 days
Movement	Minimal movement outside the quarantine space	
Monitoring	Monitor for symptoms daily	

Challenges with Quarantine

- **One of the most challenging parts of the pandemic for corrections**
  - Prolonged quarantine periods for cohorts
  - Long periods without access to programs, visitation
  - Mental health risks
- **Also one of the most difficult prevention strategies to modify**
  - Based on the incubation period of the virus
  - Can have immense impact on transmission in congregate settings

At this point in the pandemic, we need flexibility to meet local needs and to adapt to variants with different characteristics

New Table in Updated Guidance

MODIFIED Quarantine Approaches

https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

Allows Variation in:

- Who?
- How long?
- Testing
- Movement
- Monitoring

Emphasizes risk tolerance levels

- Choose a stricter approach when risk of severe health outcomes is high (e.g., the circulating variant is associated with more severe disease)
- Allow more permissive approaches when risk is lower, to balance mental health and programmatic needs

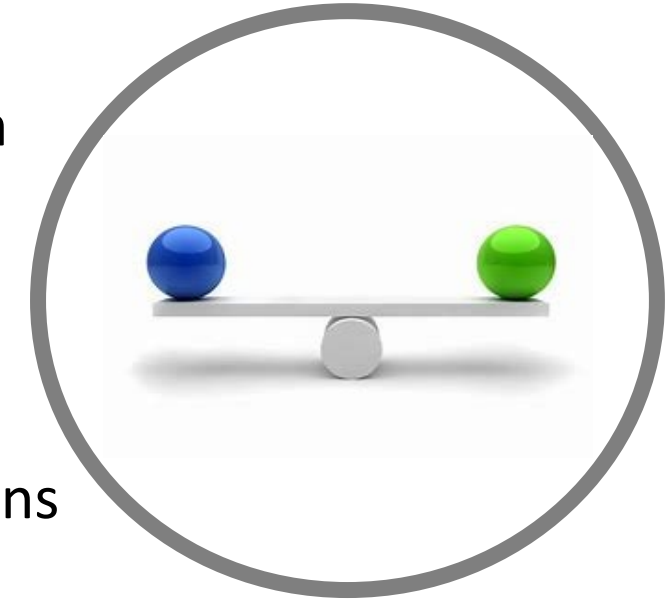
Prioritizing COVID-19 Prevention Strategies in Corrections

SARS-CoV-2 transmission

Severe illness

Death

Post-COVID-19 conditions

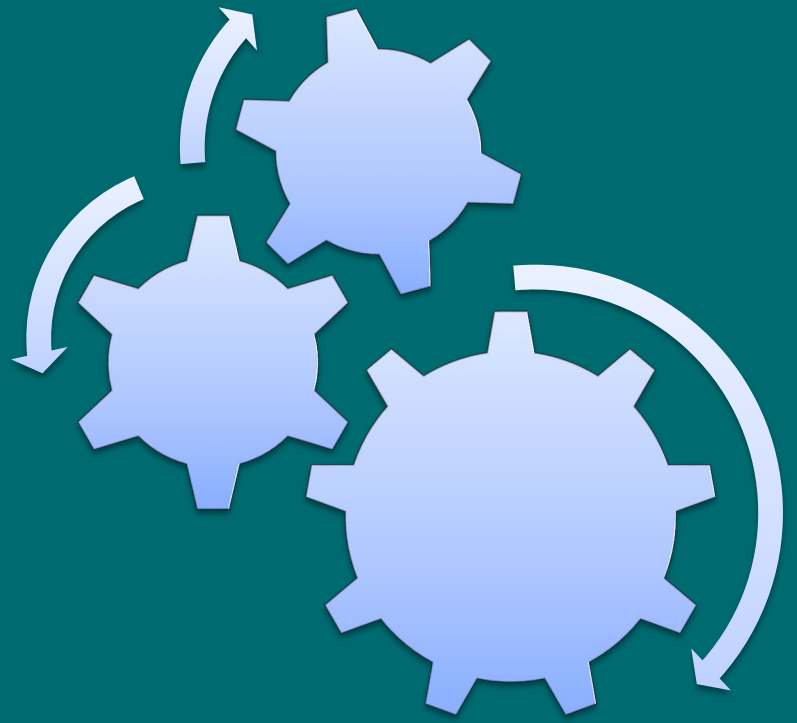


Mental health

Quality of life

Operational needs

Institution’s mission



Technical Content Updates

Technical Updates

“Routine Observation Periods”

- Previous versions of the guidance used “routine intake/transfer/release quarantine”
- Easy to confuse this terminology with true quarantine
  after an exposure
- Has resulted in mixing groups of people:
  - Exposed
  - Under routine quarantine during movement (not exposed)
- **Changing to “routine observation periods”**

Technical Updates

Symptom Screening + Temperature Checks

- **Less emphasis on these tools for people without a known exposure**
  - Low sensitivity (does not catch all infections)
  - Staff and time-intensive
- **Still important to use for people in quarantine after an exposure**
  - Helps identify infections early to prevent severe health outcomes

Technical Updates

Guidance for Healthcare Workers

- Corrections-specific guidance does not replace guidance for healthcare workers.
- Facilities providing healthcare services should use CDC's Infection Prevention and Control Recommendations for Healthcare Personnel for patient care areas: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- CDC healthcare guidance continues to use Community Transmission Levels rather than Community Levels to guide prevention strategies.

Summary

- Updated corrections guidance shifts focus to preventing severe health outcomes.
- Assess risk on an ongoing basis using COVID-19 Community Levels and facility-level factors.
- Use Strategies for Everyday Operations at all times.
- During periods of higher risk, ADD enhanced prevention strategies where feasible. Remove gradually.
- Every facility is different. Prioritize enhanced prevention measures to balance COVID-related risks with mental health risks & programmatic needs.

THANK YOU!

Contact us with questions: SpecialPopulations@cdc.gov