



CDC Respiratory Virus Guidance

What it Means for Correctional & Detention Facilities

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Viruses Division (CORVD)

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Agenda

- **Overview of guidance for the general public**
 - Reasons for updated guidance
 - How individuals can protect themselves
- **How it applies to corrections**
 - What is the same?
 - What has changed?
 - How can facilities evaluate their current practices based on the updated guidance?
- **Q&A**

CDC Respiratory Virus Guidance

- Released March 1, 2024
- Corrections-specific guidance has been archived



Goals of the Respiratory Virus Guidance

To provide streamlined guidance built on effective strategies so that more people take action to prevent respiratory disease.



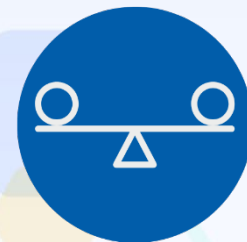
Provide **practical** recommendations that are clear and actionable



Streamline guidance across common respiratory virus illnesses



Highlight strategies that **effectively reduce risk**



Balance current, post-emergency risks with other health and societal needs

The COVID-19 Threat has Changed

DRIVERS

Effective vaccines and treatments

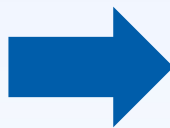
Each cut the risk of severe disease in half

Broad immunity

>98% of US population now has some protective immunity from vaccination, prior infection, or both, BUT this subscription needs to be renewed with updated vaccines

Other effective tools

Masks, hygiene, steps for cleaner air, tests



RESULTS

Fewer hospitalizations

Weekly hospital admissions down >75% from Jan 2022 peak; now in range of flu; 95% of people hospitalized with COVID-19 not up to date on vaccine

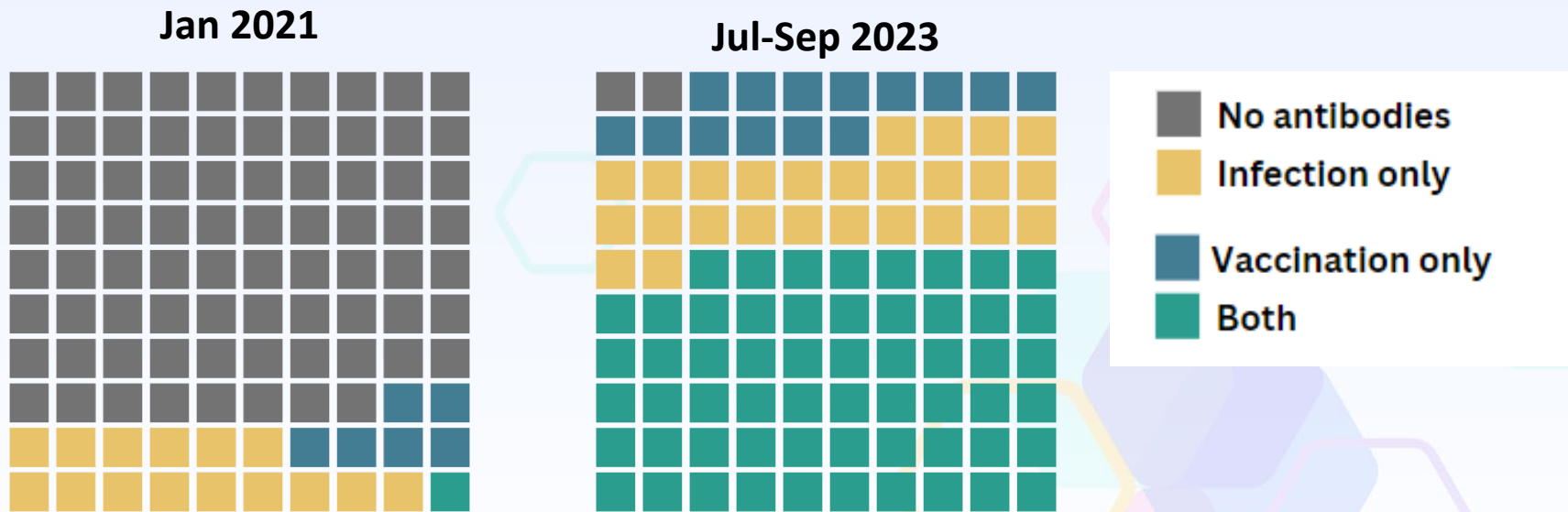
Fewer deaths

COVID-19 went from the 3rd leading cause of death in 2021 to 10th in 2023

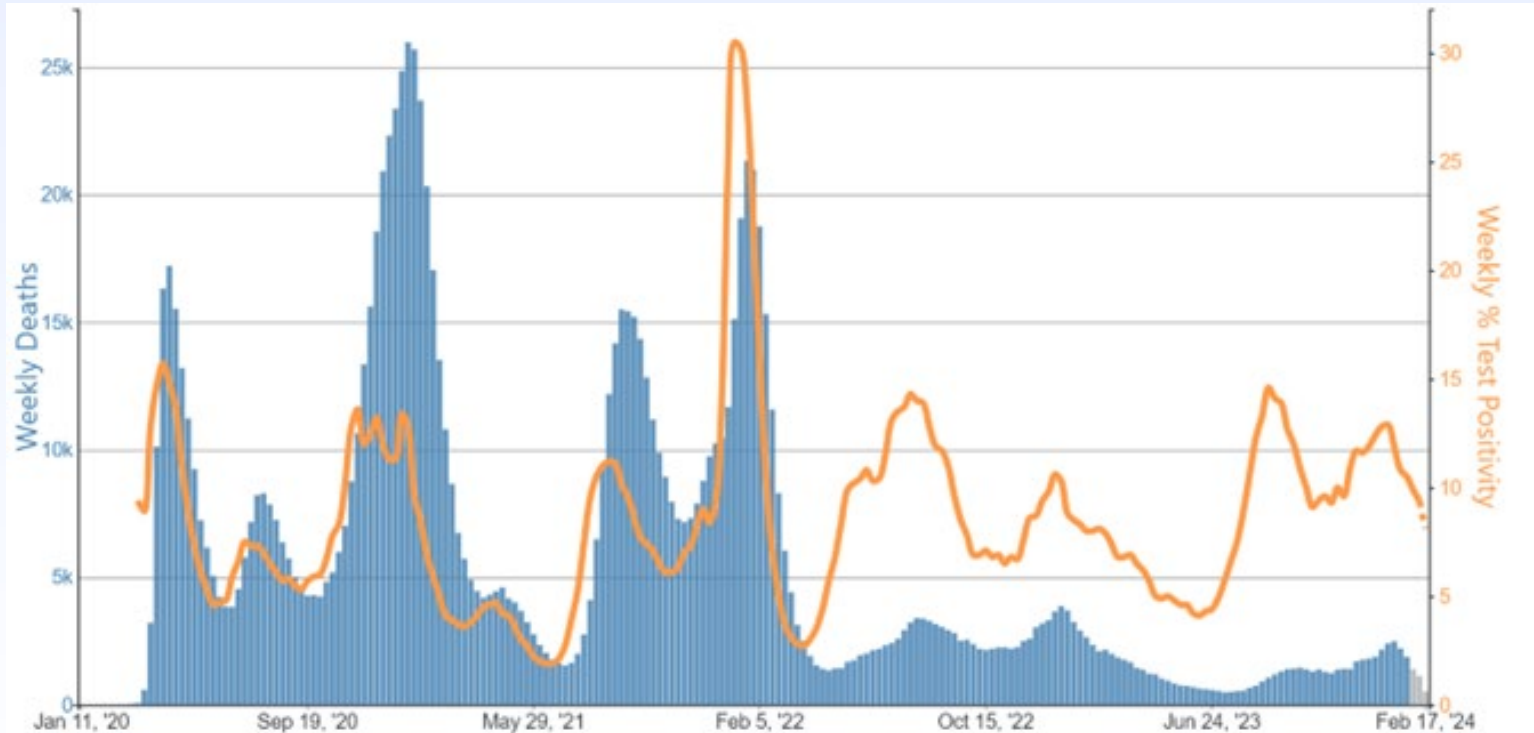
Fewer cases of other complications

Multisystem inflammatory syndrome in children (MIS-C) and Long COVID are now also less common

>98% of the US population now has some protective immunity



COVID-19 test positivity has remained elevated, but deaths have declined substantially



Provisional COVID-19 Deaths and COVID-19 Nucleic Acid Amplification Test (NAAT) Percent Positivity, by Week, in The United States, Reported to CDC.

Sources: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS) National Respiratory and Enteric Virus Surveillance System (NREVSS) Figure from CDC's [COVID Data Tracker](#).

CDC's Respiratory Virus Guidance provides **practical recommendations and information** to help people lower health risks posed by a range of common respiratory viral illnesses.

It includes **core and additional prevention strategies.**



Respiratory Virus Guidance Snapshot

Core prevention strategies

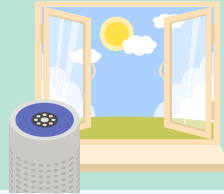
Immunizations



Hygiene



Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*

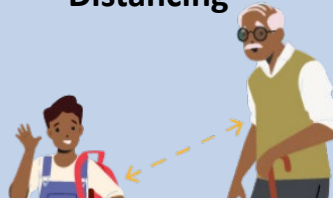


Additional prevention strategies

Masks



Distancing



Tests



Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

***Stay home and away from others until, for 24 hours BOTH:**



Your symptoms are getting better



You are fever-free (without meds)



Then take added precaution for the next 5 days

Have respiratory virus symptoms that aren't better explained by another cause?

1

Stay home and away from others

When, for 24 hours, both your symptoms are improving overall **and** you haven't had a fever (without fever-reducing medicine), you can move to the next step.

2

Resume normal activities taking precaution for the next 5 days

such as taking additional steps for cleaner air and/or hygiene, masks, physical distancing, and/or testing when you will be around other people indoors.

Test positive for a respiratory virus but you have no symptoms?

1

Take precaution for the next 5 days

such as taking additional steps for cleaner air and/or hygiene, masks, physical distancing, and/or testing when you will be around other people indoors.

Risk Factors for Severe Illness Pages

- In addition to the general Respiratory Virus Guidance, there are several special consideration pages related to people with certain risk factors for severe illness:
 - Older Adults
 - Young Children
 - People with Weakened Immune Systems
 - Pregnant Persons
 - People with Disabilities



Applying CDC Respiratory Virus Guidance to Correctional & Detention Facilities

- What stays the same?
- What has changed?
- How can facilities evaluate their current practices within the context of the updated guidance?



Overview

4

elements that stay the same

5

key changes

Main take-aways:

- The guidance is simpler, less prescriptive, and does not include specific recommendations for all the decisions your facilities need to make to prevent respiratory illness.
- It still includes all the key elements needed to keep doing what works in your facility.

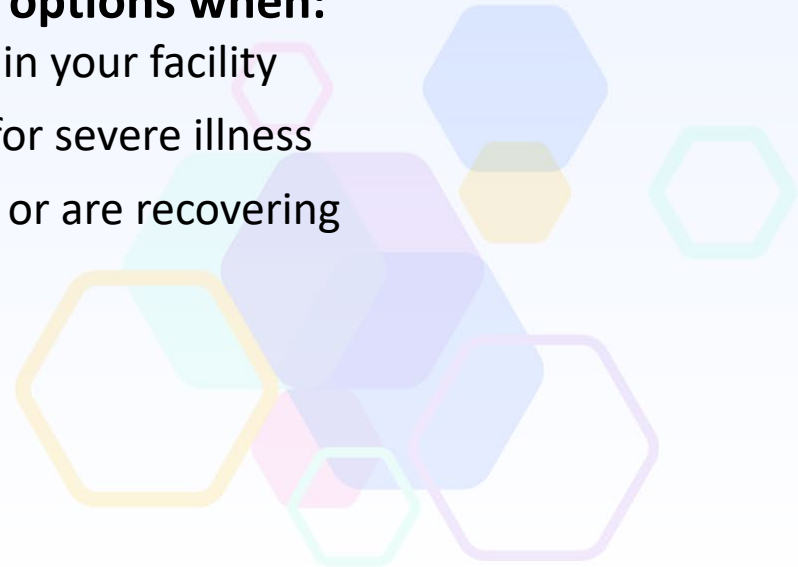
1. What stays the same: Separate healthcare guidance

- The guidance released on March 1, 2024 applies to *non-healthcare portions* of correctional and detention facilities.
- CDC offers separate, specific guidance for healthcare settings:
 - [COVID-19](#)
 - [Flu](#)
 - [General infection prevention and control](#)



2. What stays the same: Layered prevention

- **Core prevention strategies to practice every day have not changed**
- **Additional strategies are still available as options when:**
 - Respiratory viruses are causing a lot of illness in your facility
 - Your facility includes people with risk factors for severe illness
 - People in your facility have recently been sick or are recovering



Respiratory Virus Guidance Snapshot

Core prevention strategies

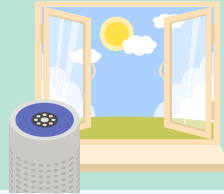
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Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*

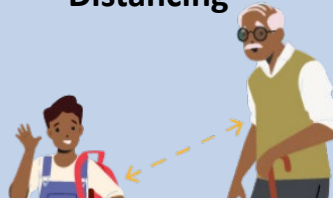


Additional prevention strategies

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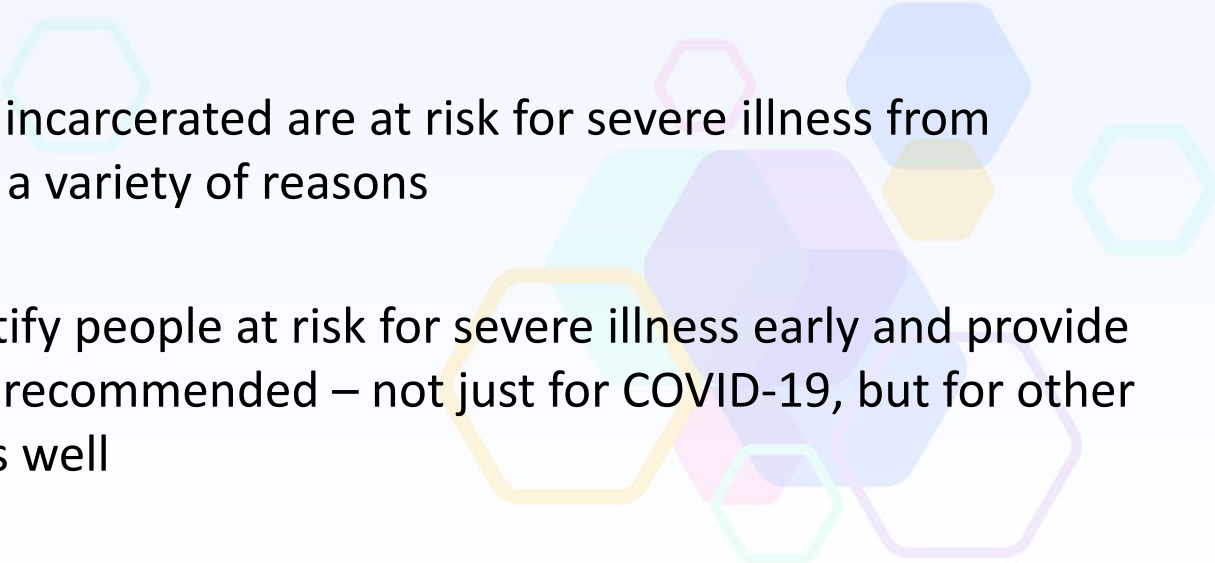


Then take added precaution for the next 5 days

3. What stays the same: Reliance on facilities for prevention actions

- Guidance does not address all decisions facilities need to make about respiratory disease prevention
- **Incarcerated people – and to some extent staff – rely on the facility for access to prevention**
 - Provide opportunities to stay up to date on vaccines
 - Provide access to supplies for everyday hygiene - soap, water
 - Make sure frequently touched surfaces are cleaned effectively
 - Take steps for cleaner air
 - Ensure access to healthcare during confinement, including treatment
 - Find ways for people who are sick to stay away from others
 - Provide masks for people who want to use them

4. What stays the same: Monitoring for people at risk for severe illness

- Hospitalizations and deaths for COVID-19 have decreased, but it (and flu, RSV, and other respiratory viruses) remains an important public health threat
 - Many people who are incarcerated are at risk for severe illness from respiratory viruses for a variety of reasons
 - It is important to identify people at risk for severe illness early and provide access to treatment if recommended – not just for COVID-19, but for other respiratory illnesses as well
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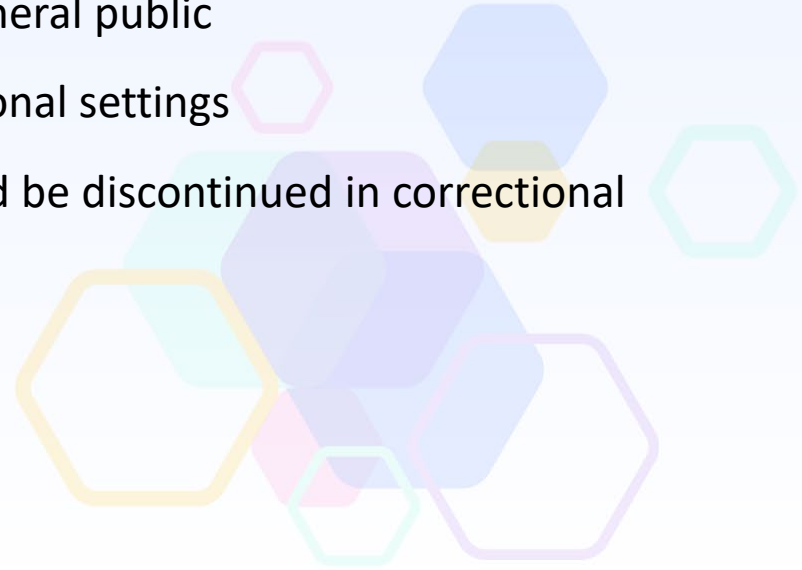
1. What has changed: Using Hospital Admission Levels

- CDC no longer ties specific guidance recommendations to COVID-19 Hospital Admission Levels
- COVID-19 Hospital Admission Levels will continue to be available on the CDC website, and facilities can continue to use them to maintain situational awareness about trends in their community



2. What has changed: Isolation Terminology

- “Isolation” terminology has changed to “staying home and away from others”
 - This terminology is used because the guidance is not setting-specific, and it is wording that is broadly used in public health for the general public
 - May need to be phrased differently in correctional settings
 - **It does not mean** that medical isolation should be discontinued in correctional settings for people who are sick



3. What has changed: Recommended amount of time to stay away from others

- Recommended time to stay away from others when a person is sick with a respiratory illness (previously called “isolation”) is now symptom-based (not a prescribed number of days)



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Same recommendation
for all non-healthcare
settings

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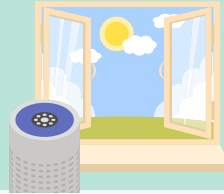
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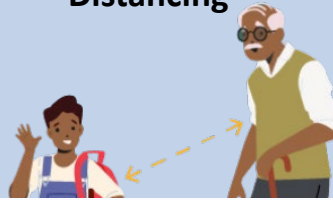


Additional prevention strategies

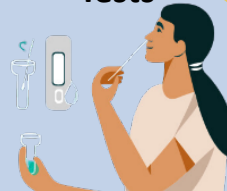
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4. What has changed: Quarantine

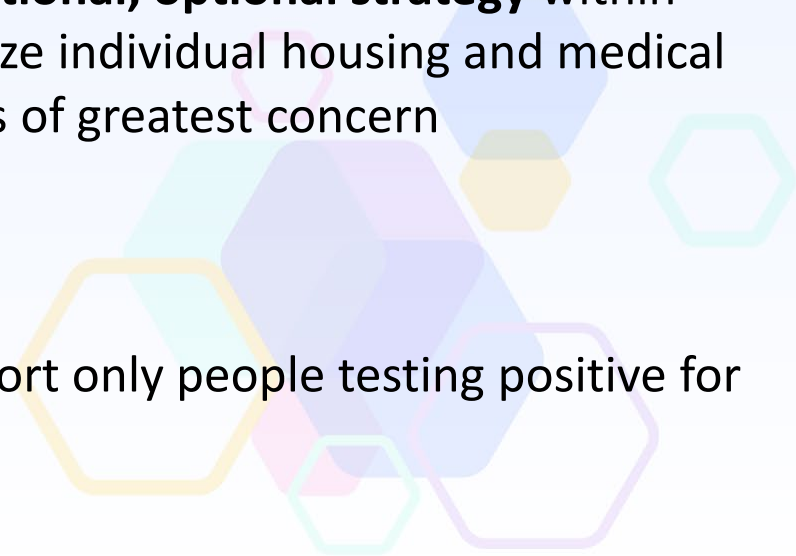
- Quarantine (staying away from others after being exposed, in case illness develops) is no longer explicitly recommended after exposure to respiratory viruses
- Physical distancing is an additional, optional strategy within the guidance that facilities can layer on when someone has been exposed
 - A specific number of days is not recommended
 - Physical distancing does not need to mean a total lock-down
 - There are other optional layers that can be added when physical distancing is impractical or potentially harmful (e.g., masking, testing)

5. What has changed: Testing at Intake

- **Testing at intake is no longer explicitly recommended**
- **Testing is an additional, optional strategy** within the guidance that facilities can layer on as needed, to identify people who should stay away from others
- **Important notes:**
 - Point-of-care tests often do not detect COVID-19 in early stages of illness, when most transmission occurs
 - False negative results are possible for point-of-care tests for flu and COVID-19 (false positives are rare)
 - Testing will not identify all people with respiratory viruses

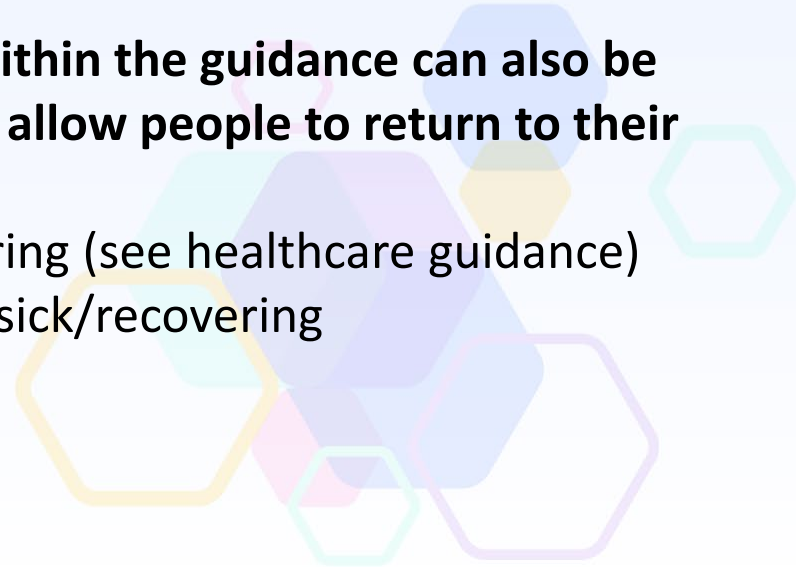
Implementing “stay away from others” in Corrections

- **Most facilities are unable to provide individual housing for everyone with respiratory symptoms**
- **Testing when someone is sick is an additional, optional strategy** within the guidance that can be used to prioritize individual housing and medical isolation spaces for people with illnesses of greatest concern
- **Important notes:**
 - Limitations of testing
 - If cohorting for medical isolation, cohort only people testing positive for the same virus



Implementing “stay away from others” in Corrections

- CDC recommends layering additional prevention strategies for 5 days after a person’s symptoms are improving and they are fever-free
- **These additional, optional strategies within the guidance can also be used to make decisions about when to allow people to return to their regular housing assignment**
 - *Testing* when someone is sick/recovering (see healthcare guidance)
 - *Physical distancing* when someone is sick/recovering



Respiratory Virus Guidance Snapshot

Core prevention strategies

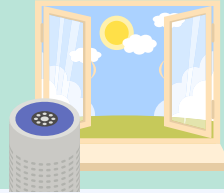
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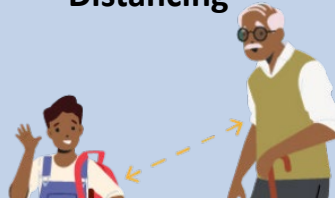


Additional prevention strategies

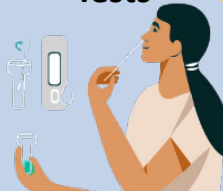
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Then take added precaution for the next **5 days**

Outbreaks of Respiratory Illness in Corrections

If there is an outbreak of a respiratory illness in your facility:

- Layer on additional prevention strategies
- Reach out to your state/local health department if you need support
[CDC - State and Territorial Health Departments - STLT Gateway](#)



Thank You!

Contacts:

Corrections-specific questions: Lhagan@cdc.gov

CDC Respiratory Virus Guidance general questions: NCIRDPartnerships@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Q&A

