

BUREAU OF JUSTICE ASSISTANCE

COVID-19 in Correctional Facilities: Updates to CDC Guidance and Available Funding for Detection and Mitigation Strategies

June 16, 2022
3pm – 4pm EDT

This webinar will begin shortly



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Presenters

Liesl Hagan, MPH, Senior Scientist for Correctional Health, Office of the Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention

Sara Sullivan, Senior Policy Advisor, Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice

Agenda

- Overview of OJP and BJA
- BJA and CDC Partnership on COVID-19 Response
- Updates to CDC COVID-19 Guidance for Correctional and Detention Facilities
- Available Funding for COVID-19 Detection and Mitigation Strategies
- Question and Answer Session

What Is the Office of Justice Programs (OJP)?

- OJP provides grant funding, training, research, and statistics to the criminal justice community
- OJP is one of three grant-making components of the Department of Justice along with the Office on Violence Against Women (OVW), and the Office of Community Oriented Policing Services (COPS)

Office of Justice Programs

BJA - Bureau of Justice Assistance

BJS - Bureau of Justice Statistics

NIJ - National Institute of Justice

OVC - Office for Victims of Crime

OJJDP - Office of Juvenile Justice and Delinquency Prevention

SMART - Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking

OJP Mission Statement

To enforce the law and defend the interests of the United States according to the law; to ensure public safety against threats foreign and domestic; to provide federal leadership in preventing and controlling crime; to seek just punishment for those guilty of unlawful behavior; and to ensure fair and impartial administration of justice for all Americans.

BJA Mission Statement

To provide leadership, resources and solutions for creating safe, just and engaged communities.

BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.

BJA and CDC Partnership



COVID-19 Detection and Mitigation in Confinement Facilities
American Rescue Plan Act of 2021

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

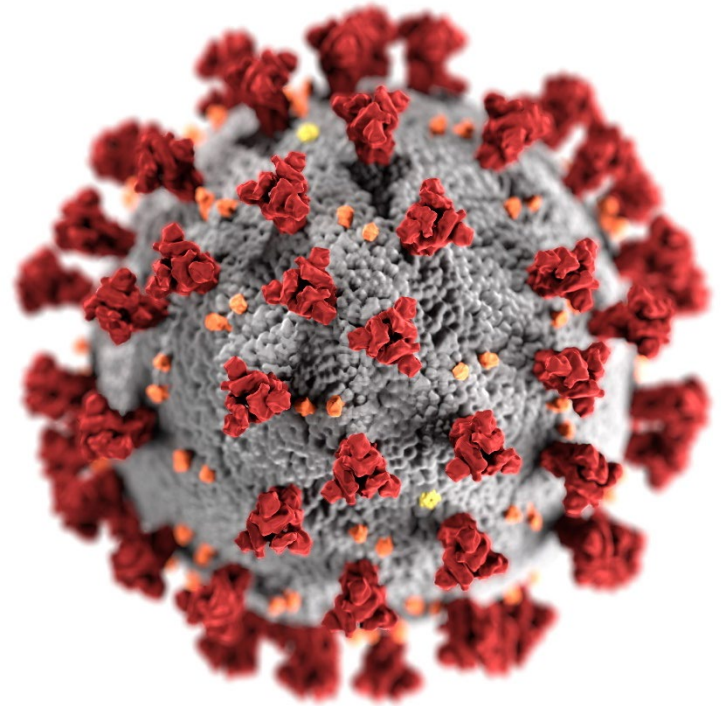
June 16, 2022

Liesl Hagan, MPH

Senior Scientist for Correctional Health
Office of the Deputy Director for Infectious Diseases
Centers for Disease Control and Prevention

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of June 16, 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](https://www.cdc.gov/coronavirus) periodically for updated interim guidance.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

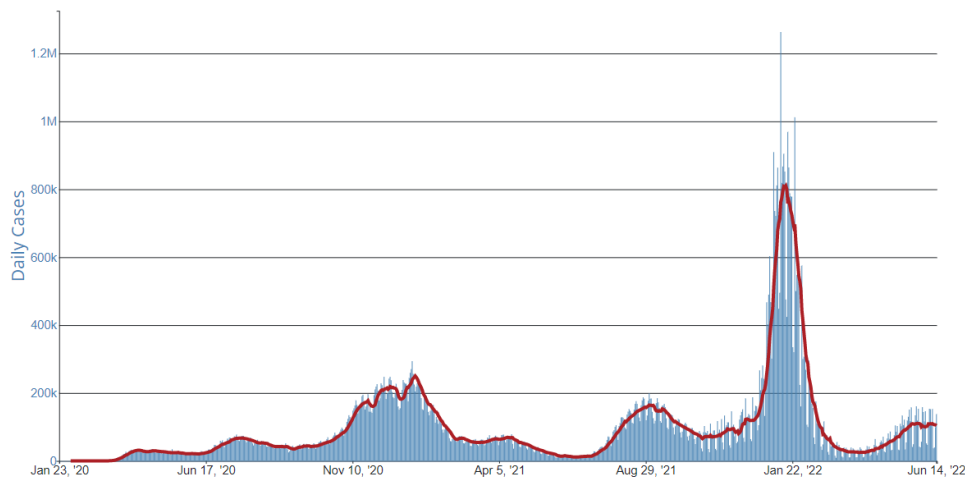
Overview

- 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 plateauing (peak)
- Hospitalizations increasing slightly
- Deaths decreasing slightly
- Hot spots scattered across the US



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

As of June 14, 2022

Overall CDC shift from limiting the spread of COVID-19 to minimizing severe disease

- **Current high level of population immunity – reduces the risk of severe outcomes**
 - High rates of vaccination in the US population overall
 - In unvaccinated people, high rates of infection-induced protection
- **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

- **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 | New COVID-19 Cases Per 100,000 people in the past 7 days | Healthcare system strain | | | |
|----------------|--|---|--------|------------|--------|
| | | 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?

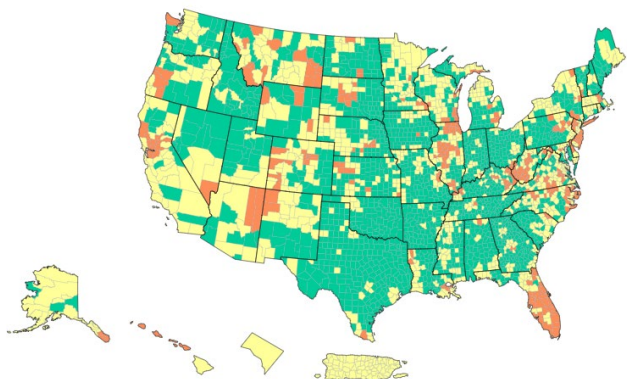
[COVID Data Tracker: COVID-19 Integrated County View](#)

State or territory:




Select a State

County or metro area:

Select County



COVID-19 Community Levels in US by County

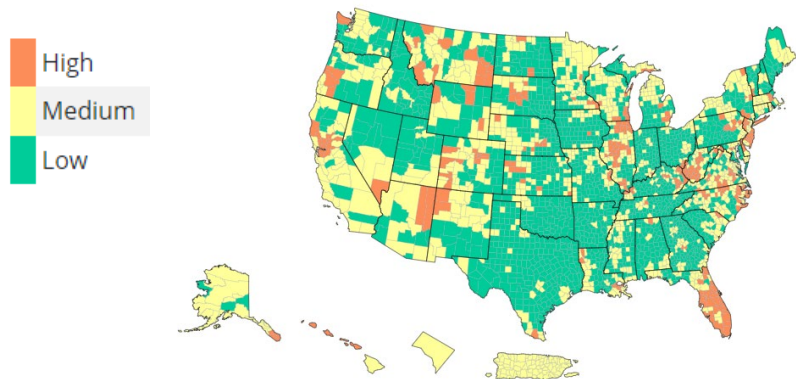
| | Total | Percent | % Change |
|--|-------|---------|----------|
|  High | 314 | 9.74% | 2.26% |
|  Medium | 1056 | 32.75% | 9.93% |
|  Low | 1854 | 57.51% | - 12.19% |



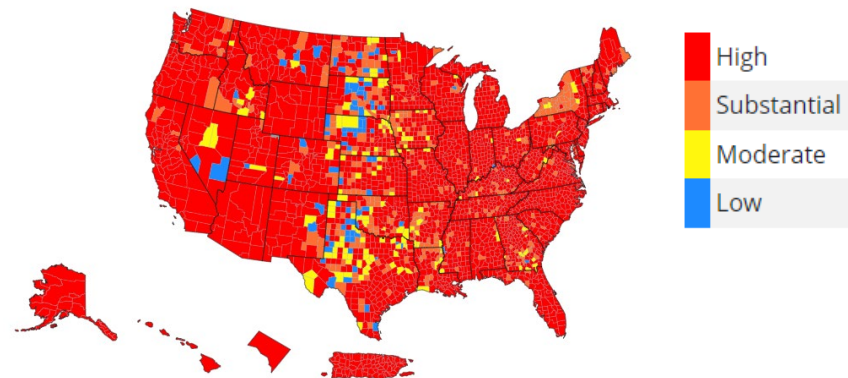
As of:
June 16, 2022

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>

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

How do I choose which COVID-19 prevention strategies to use?

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

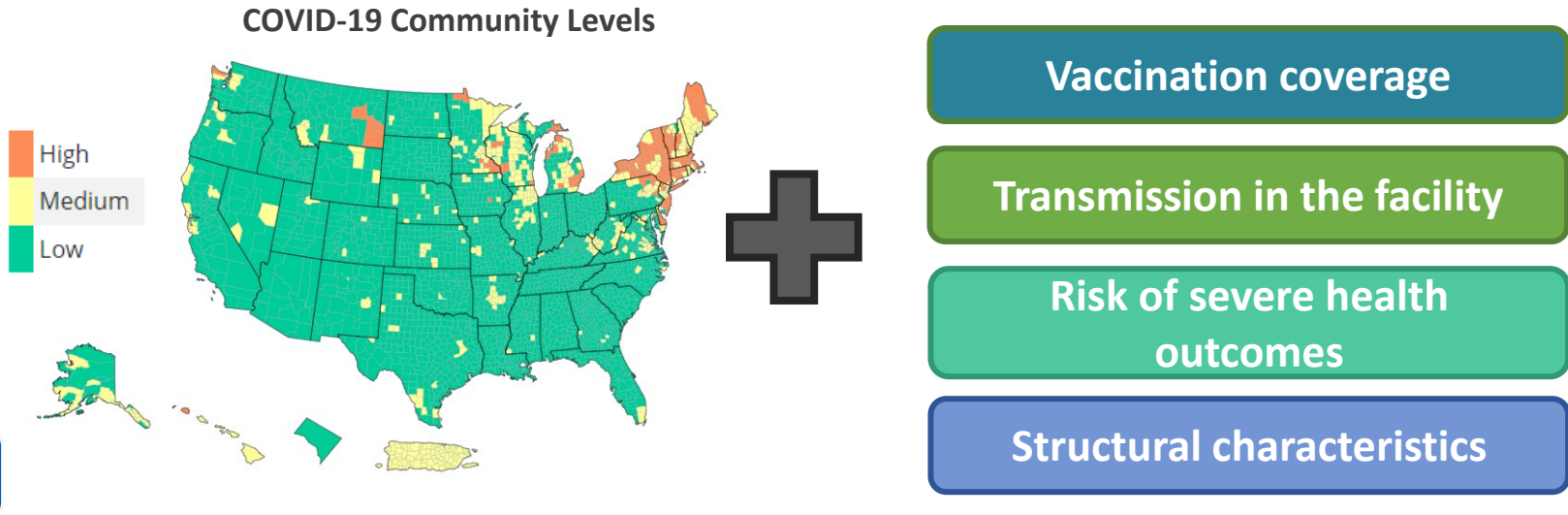


Community data do not fully represent the risks in the facility

- 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:**



Facility-level factors to guide COVID-19 prevention strategies



**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

Working or living in a prison or jail puts you at a **higher risk of getting COVID-19.**

Vaccines are safe and effective.
Get a vaccine as soon as you can!



What to Expect after Getting a COVID-19 Vaccine

The COVID-19 shot may cause side effects in some people. These are normal signs that your body is building protection. Side effects should go away in a few days.

COMMON SIDE EFFECTS

On the arm where you got the shot:

- Pain
- Redness
- Swelling

In the rest of your body:

- Fever
- Chills
- Tiredness
- Headache
- Muscle pain
- Nausea



Ask the facility healthcare provider (or facility staff) for help if:

- The redness or pain where you got the shot gets worse after 24 hours
- Your side effects are worrying you
- Your side effects do not seem to be going away after a few days

HELPFUL TIPS

If you have pain, headache, or fever, ask a healthcare provider (or facility staff) if you can have medicine.

If you are sore where you got the shot:

- Apply a clean, cool, wet washcloth over the area
- Use or move your arm gently

If you have a fever:

- Drink a lot of water
- Get plenty of rest
- Dress lightly



Facility-level factors to guide COVID-19 prevention strategies



Transmission in the facility

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



**Risk of 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>





Q&A #1

TOPICS:

- Applying COVID-19 Community Levels to Corrections
- Incorporating facility-level factors

(NEXT TOPIC: Which prevention strategies are classified as “Everyday” vs. “Enhanced” in corrections?)



**How do I choose
which COVID-19
prevention
strategies to use?**

Vaccines

Testing

Hygiene

Quarantine

Treatment

Isolation

Masking

Ventilation

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

How do I choose which COVID-19 prevention strategies to use?

Strategies for
Everyday
Operations

Baseline - use at all
times

Enhanced
Prevention Strategies

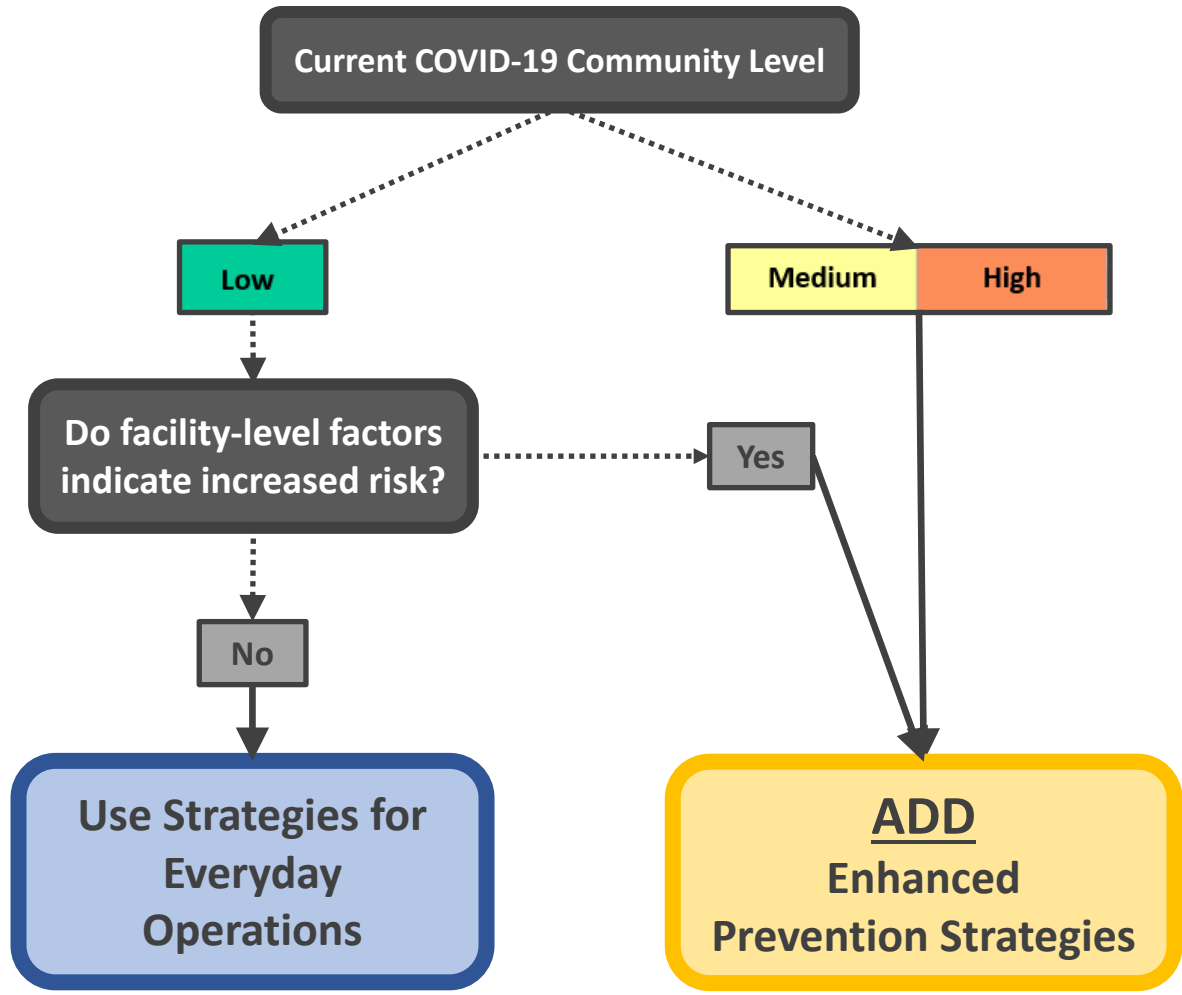
Add as many as possible
when risk increases

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

How do I choose which COVID-19 prevention strategies to use?



**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)

<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)

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

Prepare for outbreaks

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



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



Q&A #2

TOPICS:

Strategies for Everyday Operations
vs. Enhanced Prevention

- Which is which?
- When to use them?

(NEXT TOPIC: Modified quarantine approaches
& other technical updates)



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

Review

Standard Quarantine Approach

Lowest transmission risk

Who?

Individual

Cohorted

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



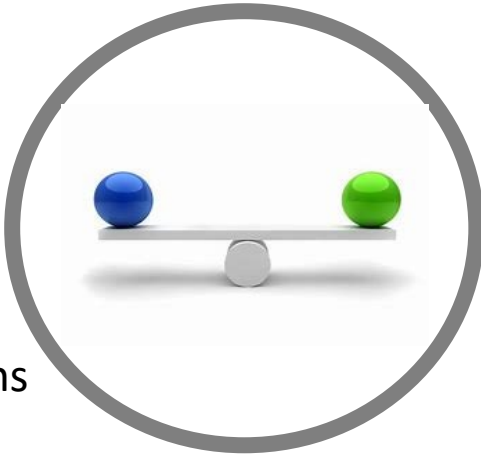
Prioritizing COVID-19 Prevention Strategies in Corrections

SARS-CoV-2 transmission

Severe illness

Death

Post-COVID-19 conditions

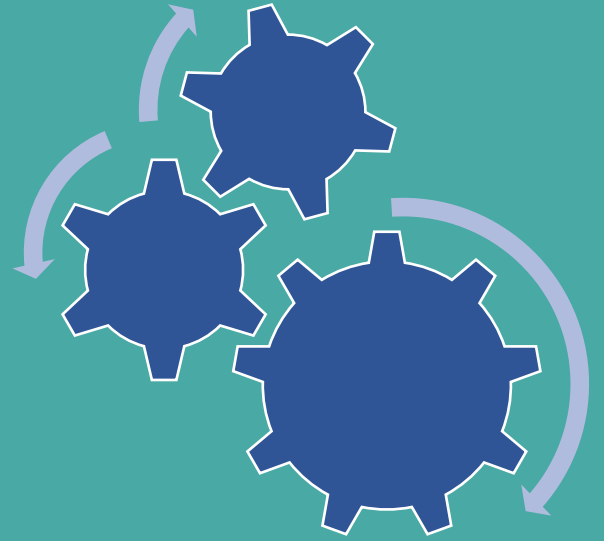


Mental health

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

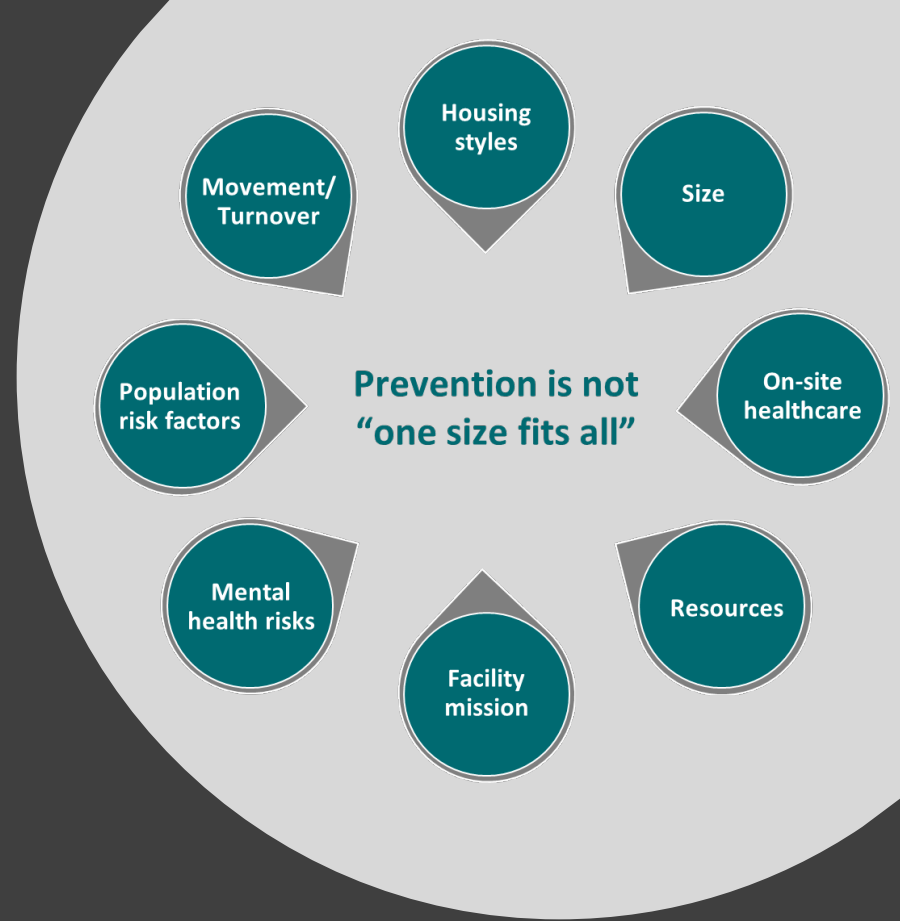
Guidance for Healthcare Workers

- 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.



COVID-19 Detection and Mitigation in Confinement Facilities

- \$700 Million, American Rescue Plan Act of 2021
- Project Period August 1, 2020 – July 31, 2024
- 64 Recipients: Health departments in all 50 states, U.S. territories, and several large metro areas
- Target: Adult prisons and jails, juvenile facilities, police lock-ups, and community confinement facilities
- Technical assistance available

COVID-19 Detection and Mitigation in Confinement Facilities

Guidance Document available at

<https://www.cdc.gov/ncezid/dpei/pdf/guidance-detection-mitigation-covid-in-confinement-facilities-508.pdf>

Includes:

- Required and optional activities
- Allowable costs
- Jurisdictions receiving funding

Questions?

Enter in the Q&A box and send to All Panelists

Thank you!

