

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

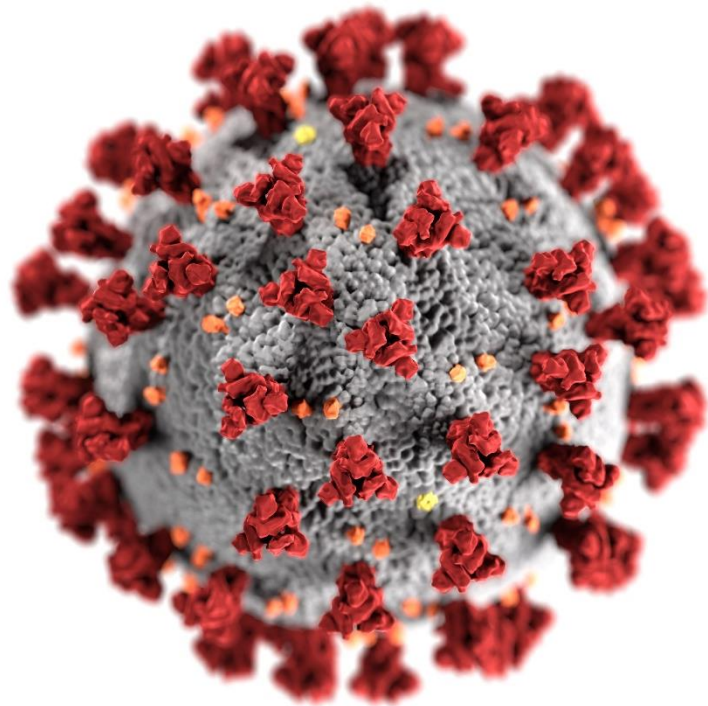
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This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of May 17, 2023.

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) periodically for updated interim guidance.



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

Overview

- 1 | Expiration of the COVID-19 Public Health Emergency Declaration
- 2 | Guidance updates that affect correctional facilities
 - Review risk assessment framework for corrections
 - Updates to data availability affecting COVID-19 Community Levels
 - Updates to intake testing recommendations
 - Updates to healthcare worker IPC guidance
- 3 | Q&A



COVID-19 Public Health Emergency Expired: May 11, 2023

- COVID-19 is still a public health concern
- **Overall PHE Expiration Objective:** Shift from emergency pandemic response to a sustainable approach that integrates COVID-19 activities into:
 - the broader public health framework
 - existing pan-respiratory programmatic efforts

CORRECTIONS-SPECIFIC GUIDANCE

What stays the same?

What changes?

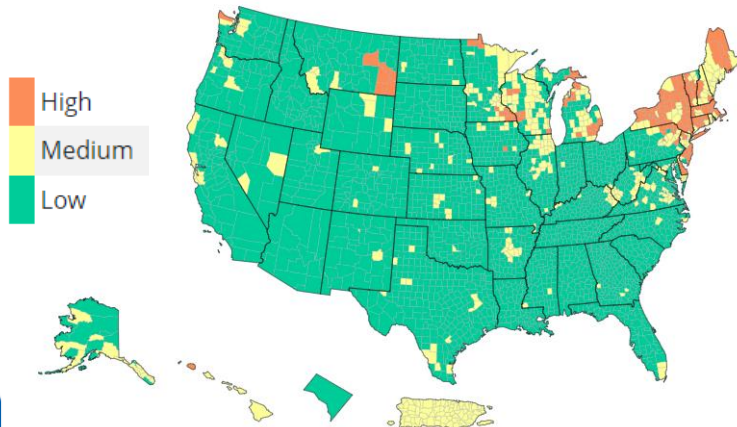
Updates released May 11, 2013: [https://www.cdc.gov/coronavirus/2019-ncov/community/homeless correctional settings.html](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless_correctional_settings.html)

Risk Assessment & COVID-19 Community Levels

STAYS THE SAME: COVID-19 Risk Assessment in Corrections

Add/remove COVID-19 prevention strategies based on a **combination of:**

Community COVID-19 Data



Facility-specific risks

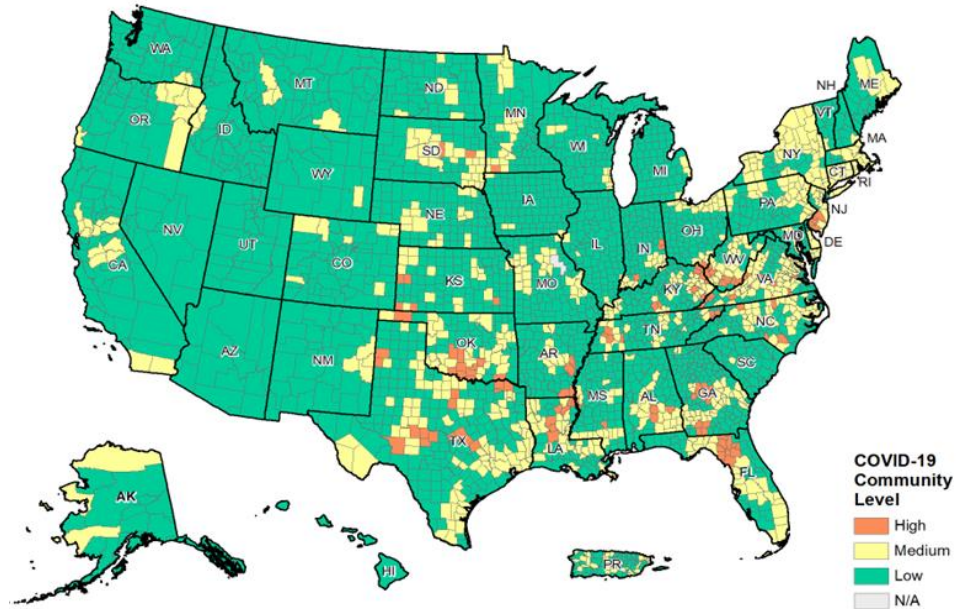
Transmission in the facility

Risk of severe health outcomes

Structural characteristics

WHAT CHANGES: Case data changes will not allow for calculation of COVID-19 Community Levels (CCLs)

- CCLs determined by:
 - Hospital admissions
 - Hospital beds occupied by COVID-19 patients (%)
 - **Case rates (aggregate)**
- Availability of case data is affected by expiration of the PHE - CCLs can no longer be calculated
- Hospital data **STILL AVAILABLE**



WHAT CHANGES: Transition from CCLs to COVID-19 hospital admission levels *for all settings*

- **As of May 11, CDC has sunset COVID-19 Community Levels (CCLs) and transitioned to reporting COVID-19 hospital admission levels:**
 - County-level indicator
 - Based on new hospital admissions
 - Data updated weekly
- Because hospital admissions were a primary driver of CCLs, shifting to this metric alone has minimal impact on county categorization
 - Since Feb. 2022, >99% concordance between CCLs and hospital admission levels

[Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators - United States, October 1, 2020-March 22, 2023 - PubMed \(nih.gov\)](#)

Finding Your County's COVID-19 Hospital Admission Level

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>



COVID-19 County Check

Find hospital admission levels and prevention steps by county. Data updated weekly.

Select a Location (all fields required)




State



County



Go

High		≥ 20.0
Medium		10.0 - 19.9
Low		<10.0

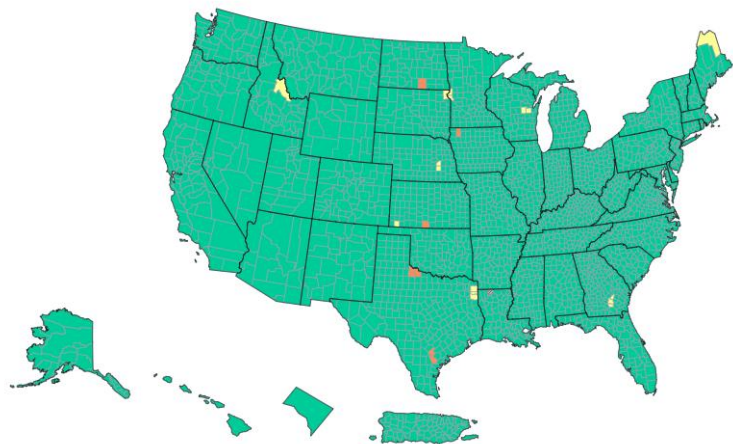
Hospital admission thresholds have not changed



COVID-19 Hospital Admission Levels Nationally

COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county



		Total	Percent	% Change
High	≥ 20.0	10	0.31%	0.16%
Medium	10.0 - 19.9	16	0.5%	-0.43%
Low	<10.0	3195	99.25%	0.25%

As of: Week ending May 6, 2023



CORRECTIONS-SPECIFIC GUIDANCE

What stays the same?

What changes?

Specific Prevention Strategies

STAYS THE SAME: Everyday vs. 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 when risk increases

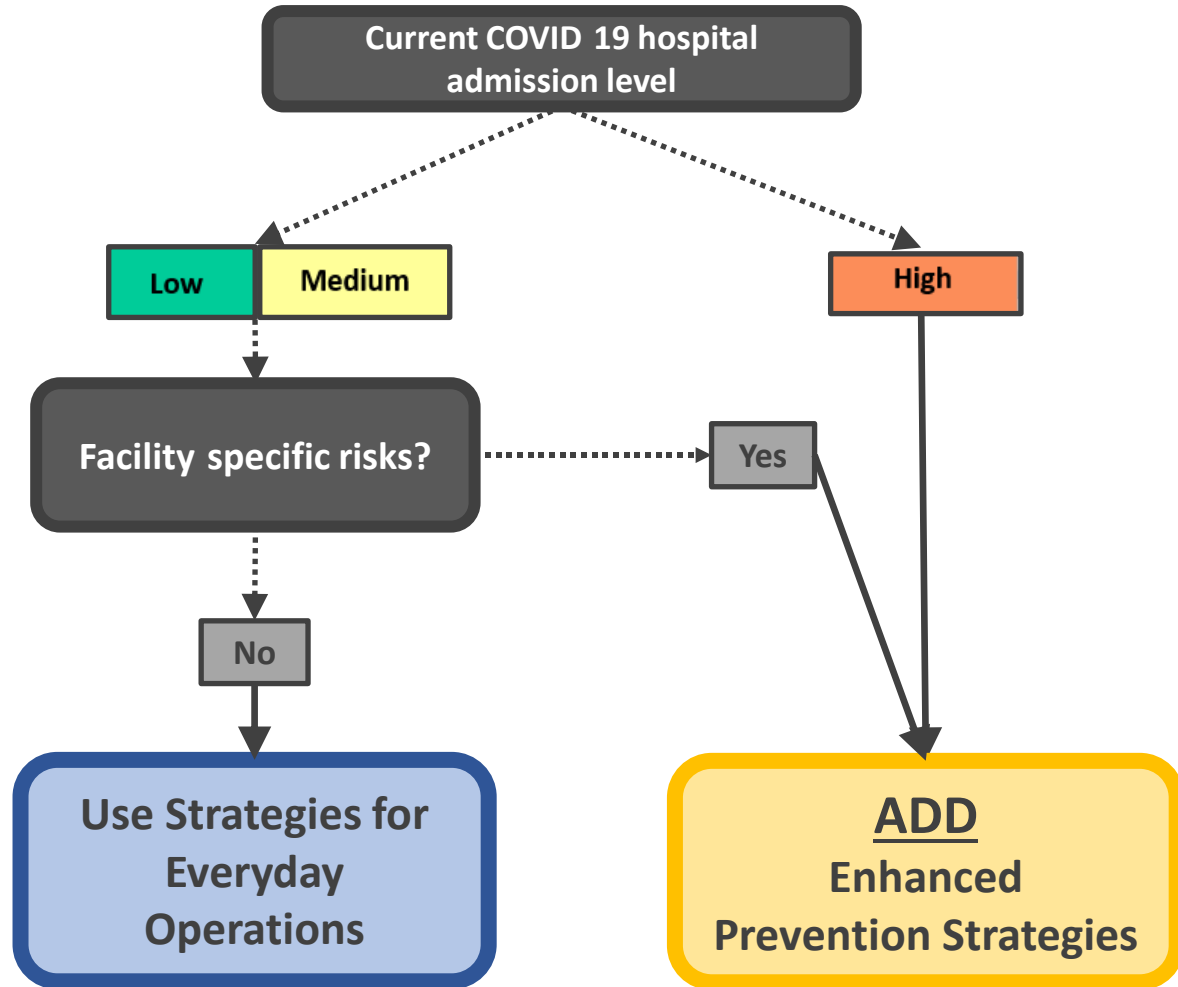
Remove gradually when
risk decreases



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

STAYS THE SAME

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



WHAT CHANGES: Intake testing is now an *enhanced strategy*

- **Universal COVID-19 testing at intake is no longer recommended as a strategy for everyday operations**
 - It is now an *enhanced prevention strategy*
 - Applies to routine intake observation as well
- Continue testing people who have COVID-19 symptoms and people who have been exposed, as per previous guidance

For a full list of everyday and enhanced prevention strategies, visit the guidance page:

<https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

Guidance for Healthcare Workers

WHAT CHANGES: Guidance for Healthcare Workers

- Facilities providing healthcare should continue using CDC infection control guidance for healthcare workers in patient care areas
- CDC healthcare guidance no longer uses Community Transmission Levels to guide source control decisions, because they were based on case data no longer available with the expiration of the PHE
- Healthcare guidance updated May 8, 2023 includes an appendix to assist facilities with how and when to implement broader use of source control

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

Summary

- The expiration of the PHE has resulted in changes to COVID-19 data availability for all settings.
 - **COVID-19 hospital admission levels** replace the COVID-19 Community Levels used previously
 - Healthcare IPC guidance no longer uses Community Transmission Levels to guide source control decisions
- Intake testing for correctional and detention facilities is now an *enhanced prevention strategy*





Questions?

Contact us at SpecialPopulations@cdc.gov

