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COVID MANAGEMENT: UPDATE ON SCREENING

5/15/2020

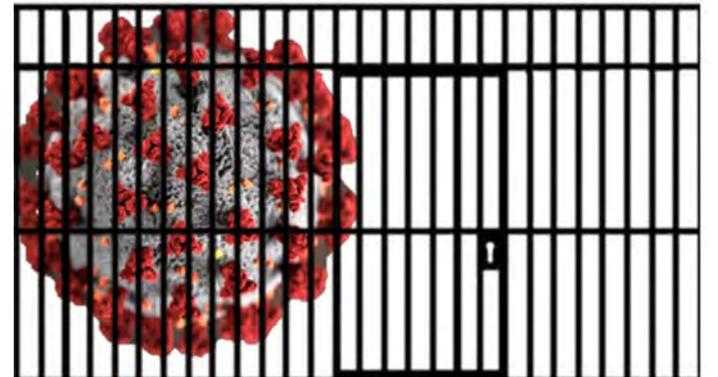
DISCLOSURES

In the past 2 years, I have the following relevant financial relationships with a commercial interest:

1. Gilead Sciences: Grant support through Emory University; Participation on advisory board
2. National Sheriff's Association: Consulting
3. Harris County TX: Consulting
4. NaphCare: Infectious Disease Consulting (until 2018)

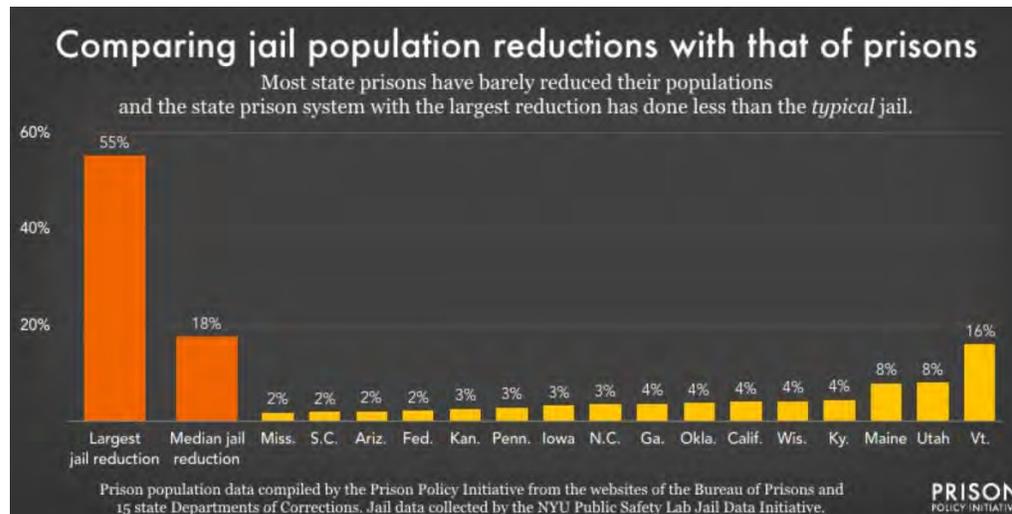
OUTLINE—HOW DO YOU SOLVE THESE ISSUES

1. What are new challenges with reopening of states for business?
2. How has management changed with more test kits available for jails and prisons?
3. Screening for COVID19 by symptoms *AND* possible exposure to COVID-19
4. How do layouts of correctional units help or hinder infection control?

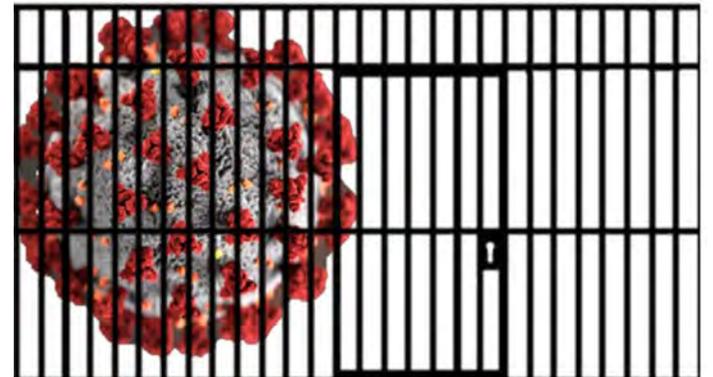


UPDATE

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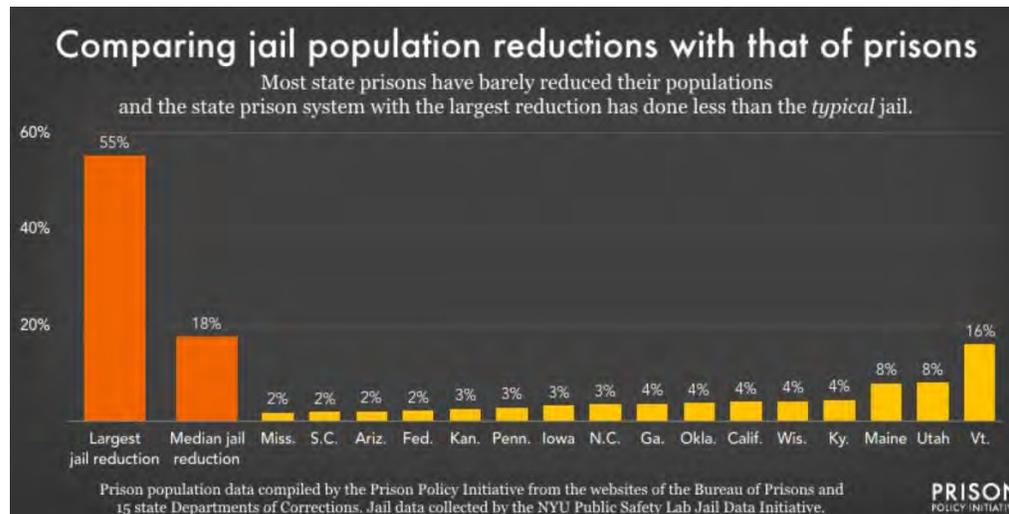


- Jails **had** reduced populations a mean of 18%.
- Now intakes are climbing again.
- Not all prisons are accepting jail “graduates” yet



UPDATE

1. What are new challenges with reopening of states for business?



- Jails **had** reduced populations a mean of 18%.
- Now intakes are climbing again.
- Not all prisons are accepting jail “graduates” yet

2. How has management changed with more test kits available for jails and prisons? Can't screen just by symptoms anymore...

“[A prison is] Liable ...for denying humane conditions of confinement ... [when] knows that inmates face a substantial risk of serious harm and disregards that risk by failing to take reasonable measures to abate it.” Farmer v. Brennan 1994, on PrEA cases

PRINCIPLES FOR COVID-19 CONTROL IN CORRECTIONS

**From: NCCHC 2018 Jail Standards, J-B-02
Infectious Disease Prevention and Control**

Standard—There is a comprehensive institutional program that includes **surveillance, prevention, and control of communicable disease.**

- **The facility has a written exposure control plan that is approved by the responsible physician...**
- **The responsible health authority ensures that:**
 - **Surveillance to detect inmates with infectious and communicable disease is effective**
 - **Inmates with contagious diseases are identified and, if indicated, medically isolated in a timely fashion.**



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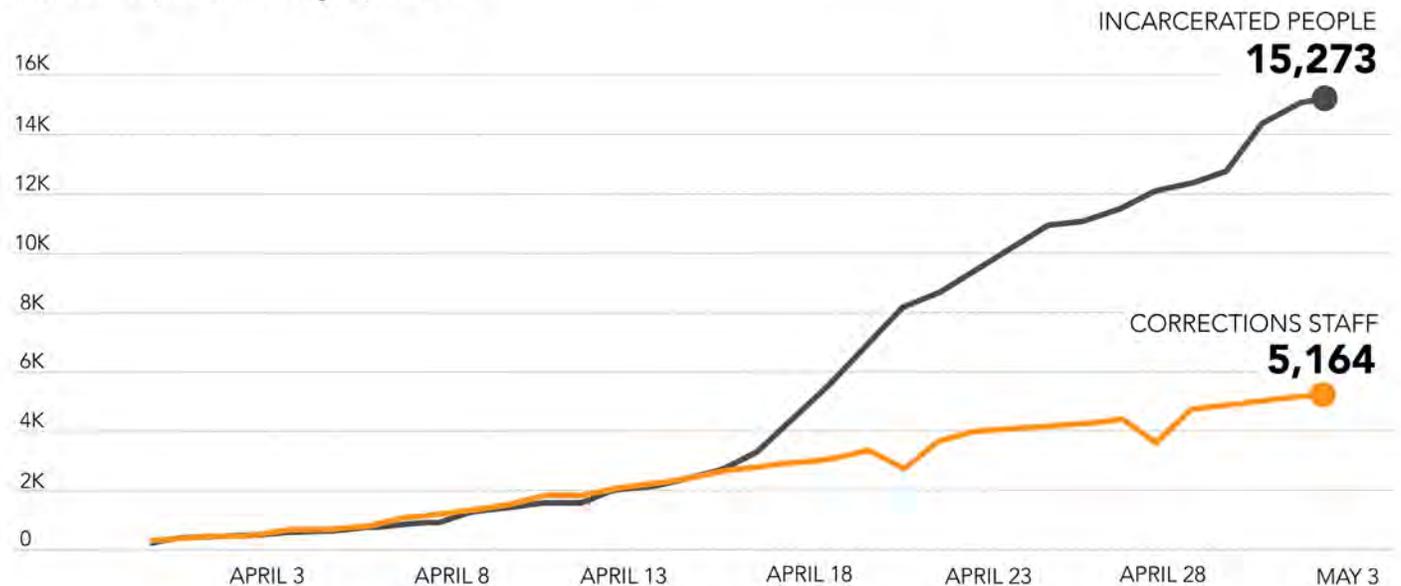
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HOW INFECTIOUS OUTBREAKS START

- Correctional officers and staff are usually the individuals introducing disease into a jail populations
- Additionally, disease can be introduced by new admissions

COVID-19 Cases Reported by State Prisons

March 31, 2020–May 3, 2020

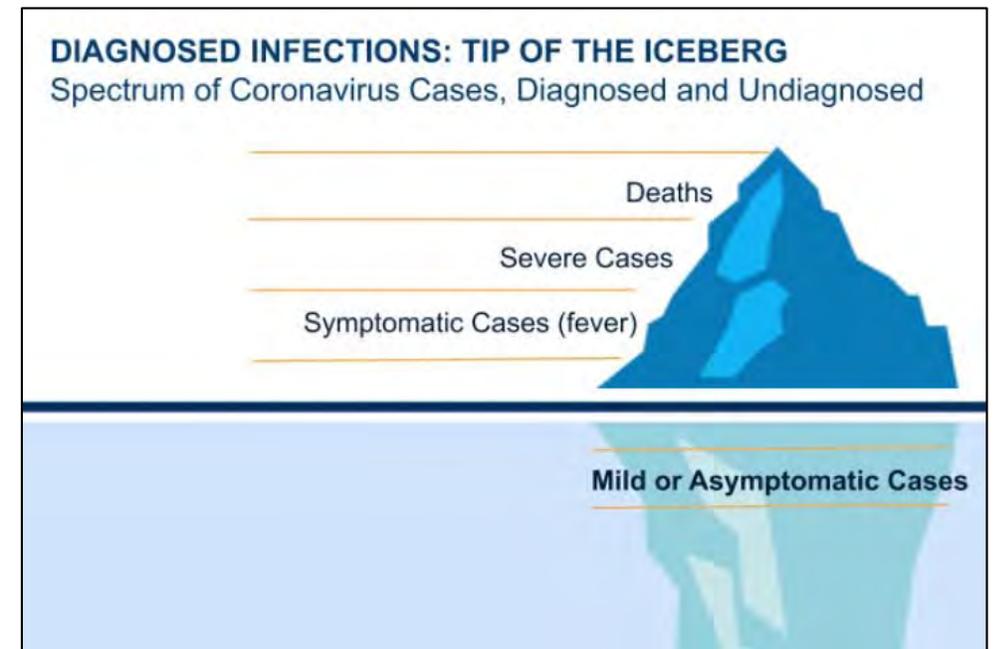


DATA SOURCES: UCLA Covid-19 Behind Bars Data Project, updated May 5, 2020, Bureau of Justice Statistics Prisoners in 2018, Bureau of Justice Statistics Justice Expenditures and Employment Extracts, and The Johns Hopkins Coronavirus Resource Center

csgjusticecenter.org

SURVEILLANCE

- Where are your new cases of COVID-19 coming from: persons new in your house, exposure from others in facility
 - Staff vs. other persons detained in/sentenced to your facility)
- What are the characteristics of those who are infected?
 - From cells? Dorms?
 - Multiple people in same housing block?
- How many cases of COVID-19?





PREVENTION AND CONTROL

CHALLENGES WITH BUILDING STRUCTURE LAYOUTS OF CORRECTIONAL UNITS

Dorms Without Dividers



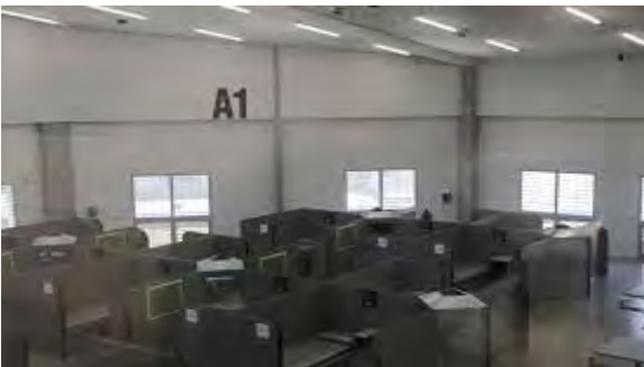
Two-Person Cells



Open Door



Dorms With Dividers

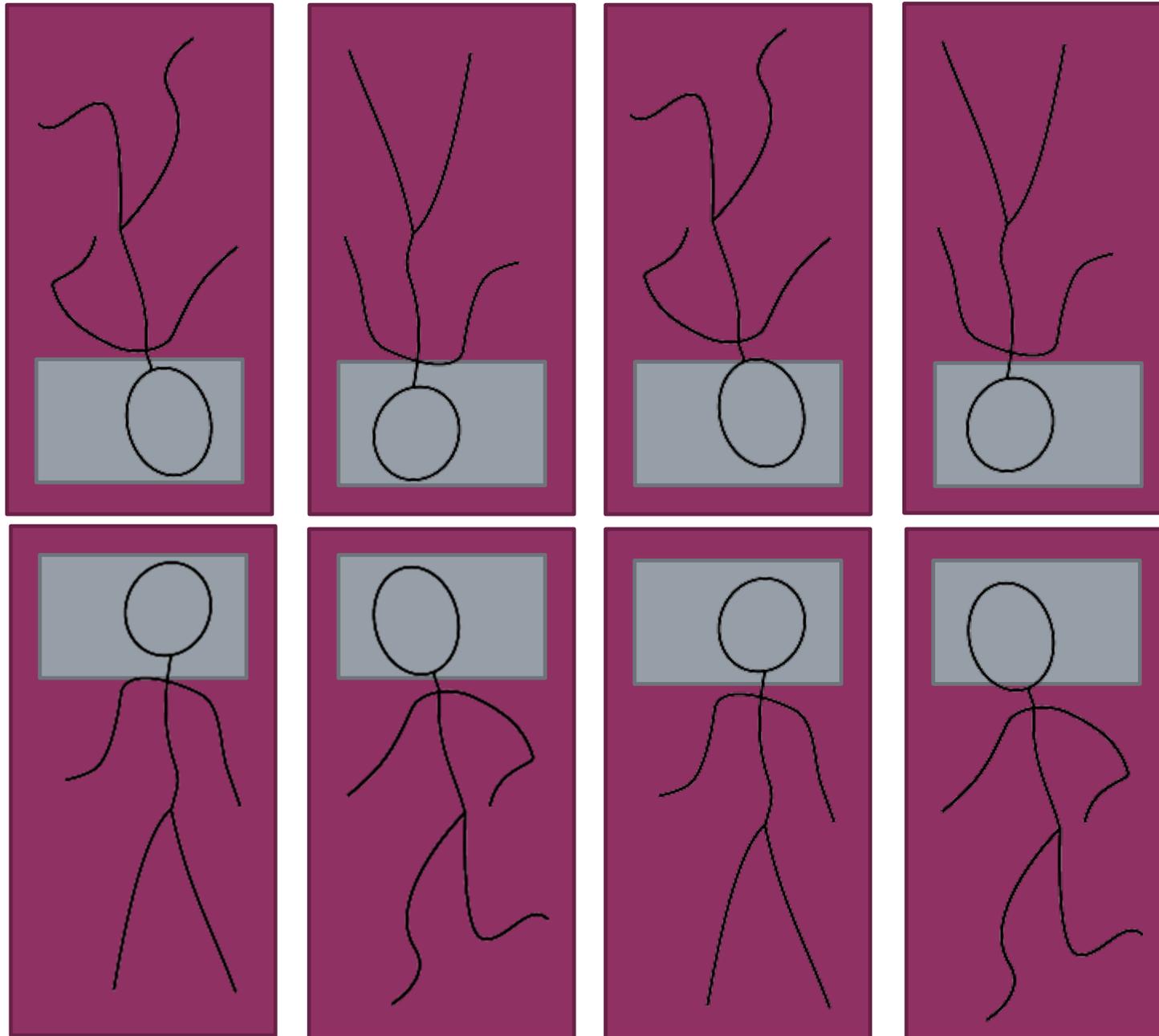


One-Person Cells



Closed Door





BAD HOUSING LAYOUT

A layout with all individuals sleeping close together in bunks is likely to increase transmission.

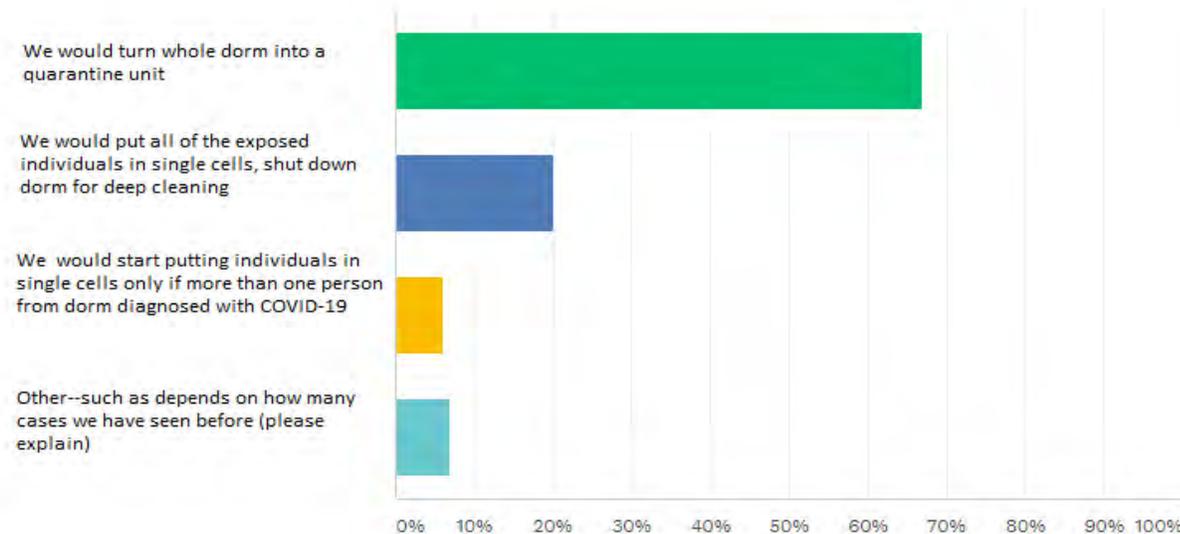


ANONYMOUS AUDIENCE SURVEY

After one individual is infected, what would you do with the remaining individuals in the dorm?

You are the health service administrator at a large jail building that is predominantly made up of multiple 30-bed dorms. Single cells with closed doors are at a premium-- you have fewer than 100. When a SARS-CoV-2 infected persons is discovered in a dorm, and you remove them, place them in isolation, what would you do with the remaining individuals? Would you quarantine the rest in single cells or keep them in the dorm?

Answered: 100 Skipped: 0

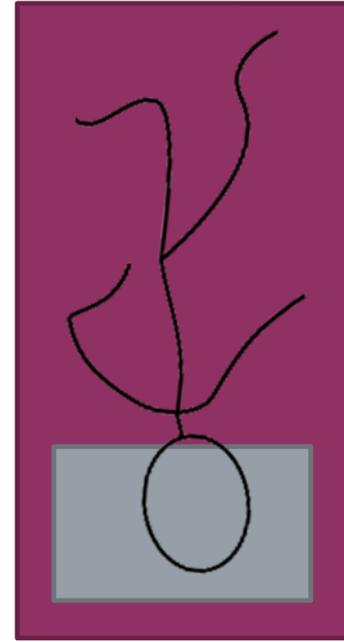
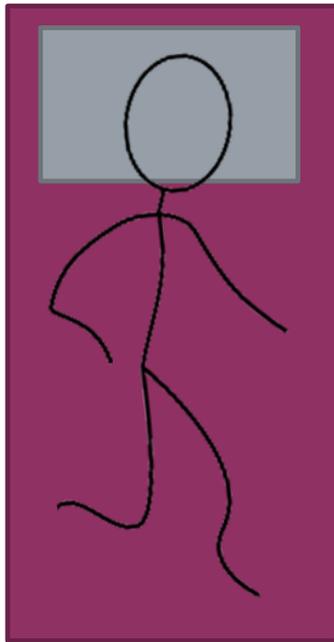
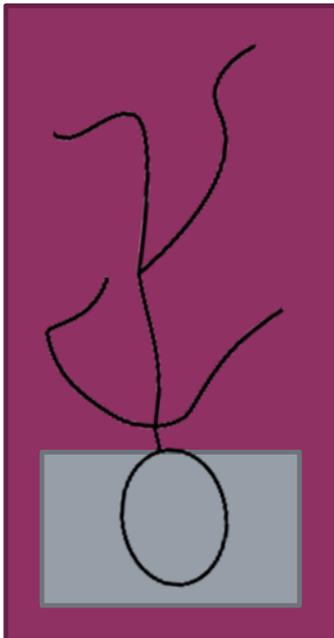
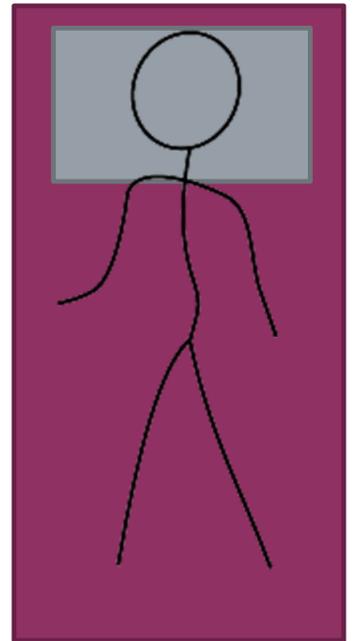
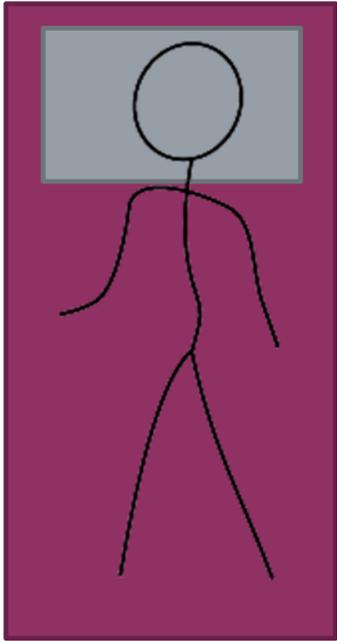


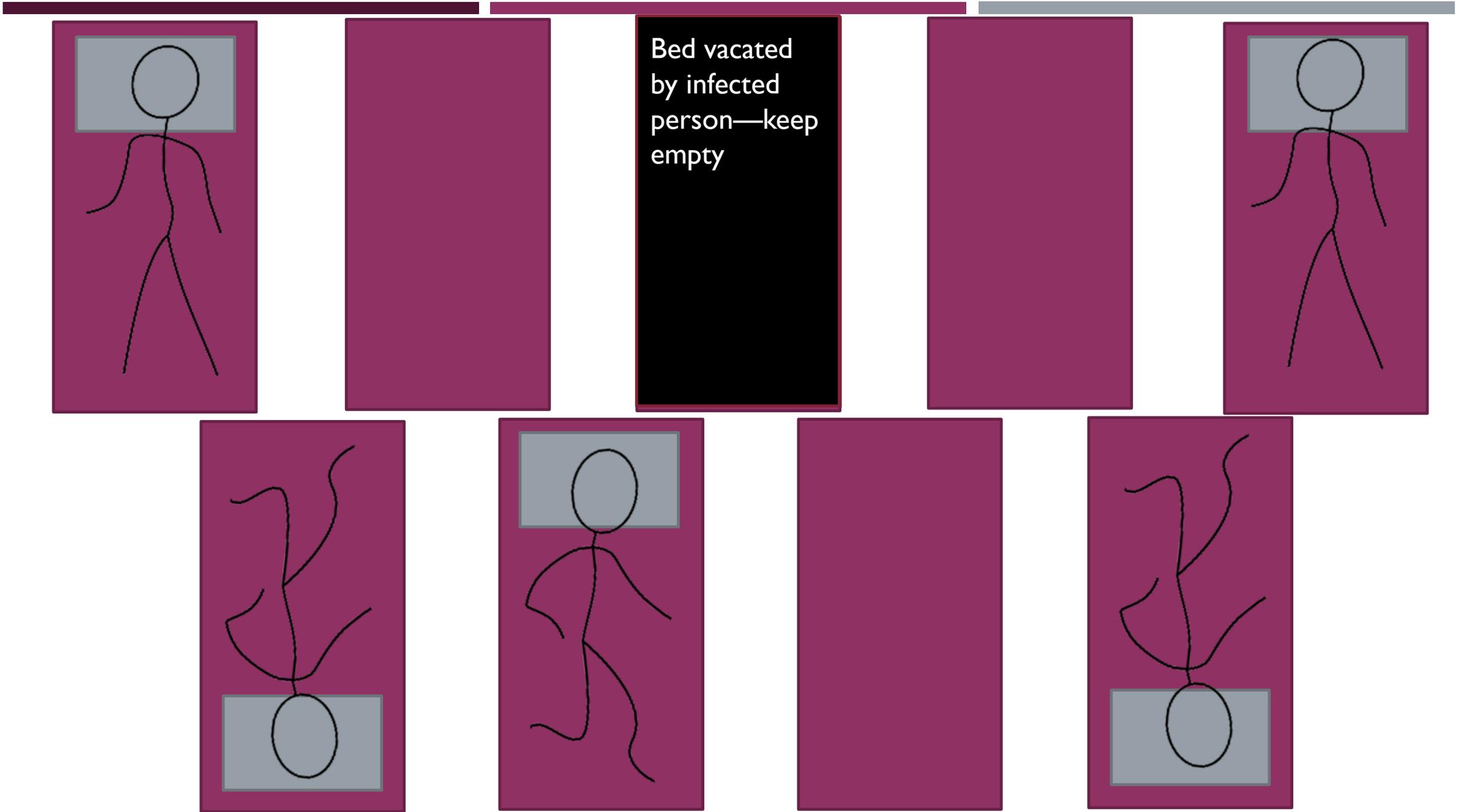
GOOD HOUSING LAYOUT

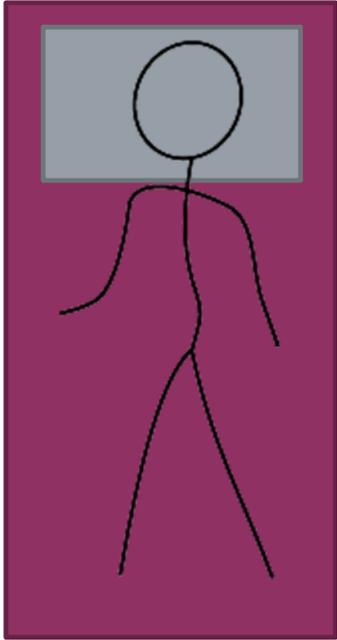
Reassign bunks to provide more space between individuals.

Arrange bunks so that individuals sleep head to foot.

Ensure that bunks are cleaned thoroughly if reassigned.



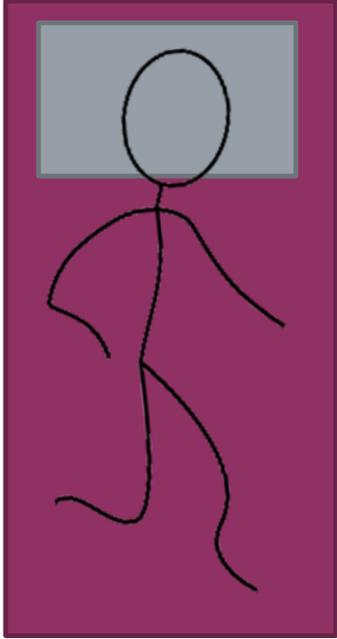
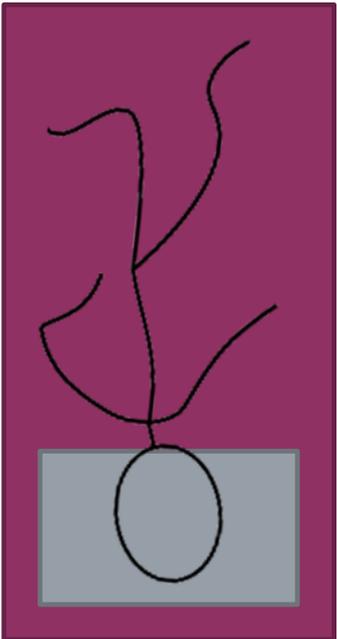
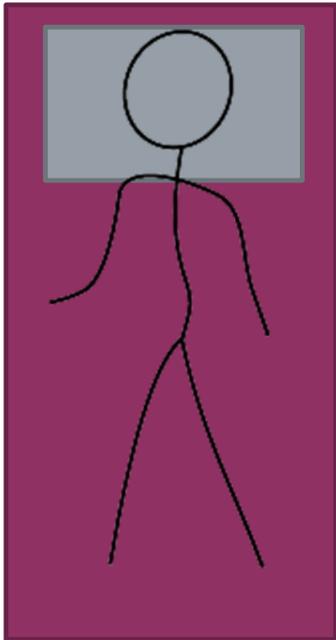




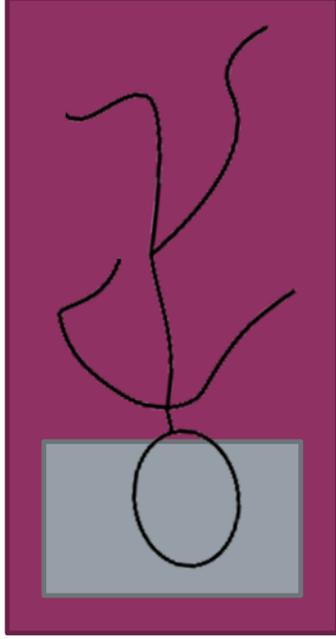
Consider removing, testing those closest to infected person, send to quarantine if - / isolation if +

Bed vacated by infected person—keep

Consider removing, testing those closest to infected person, send to quarantine if - / isolation if +



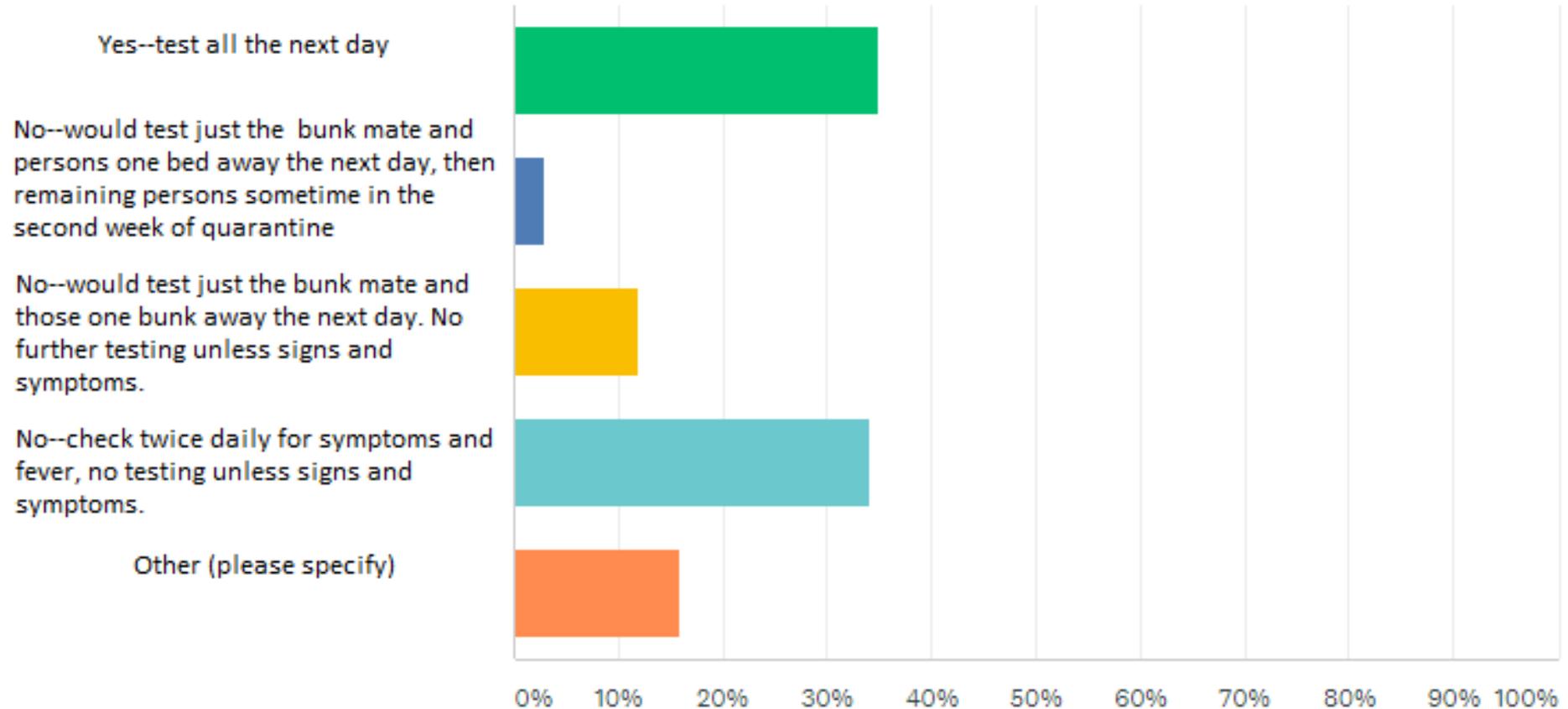
Consider removing, testing those closest to infected person, send to quarantine if - / isolation if +



ANONYMOUS AUDIENCE SURVEY

Would you test everyone in the dorm by PCR?

Answered: 100 Skipped: 0

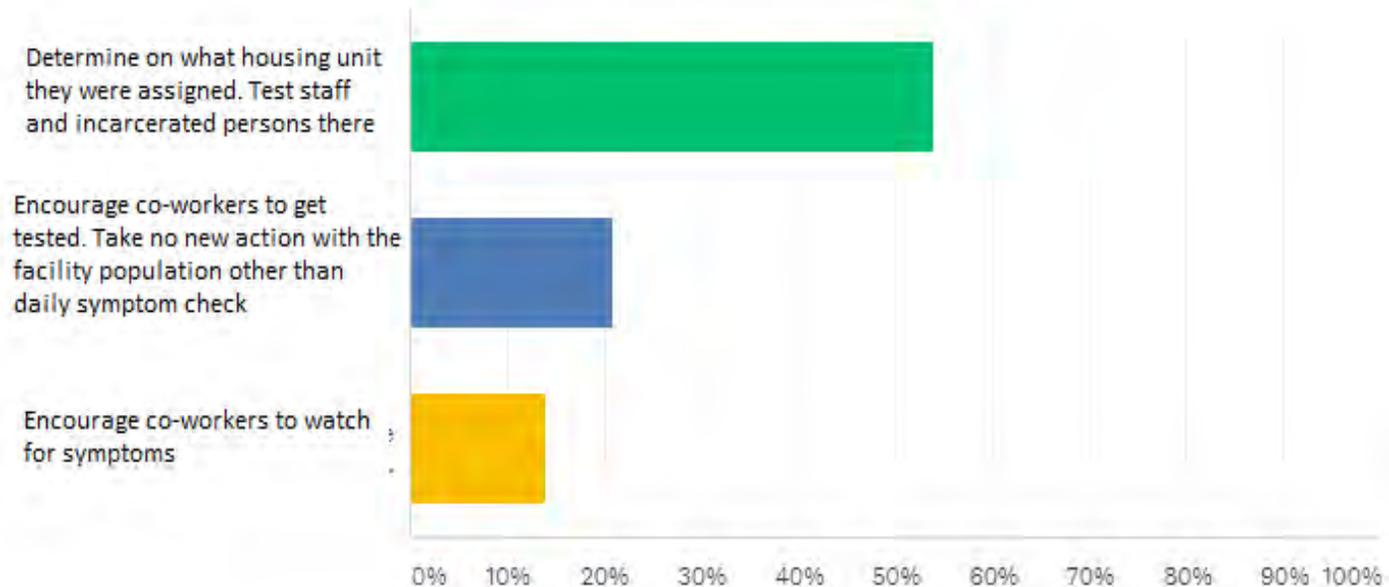


ANONYMOUS AUDIENCE SURVEY

If correctional officers were confirmed with COVID-19, what would you do?

You are working as a health service administrator and hear that a couple of correctional officers have taken leave because they have been diagnosed with COVID-19. What is the next step?

Answered: 100 Skipped: 0

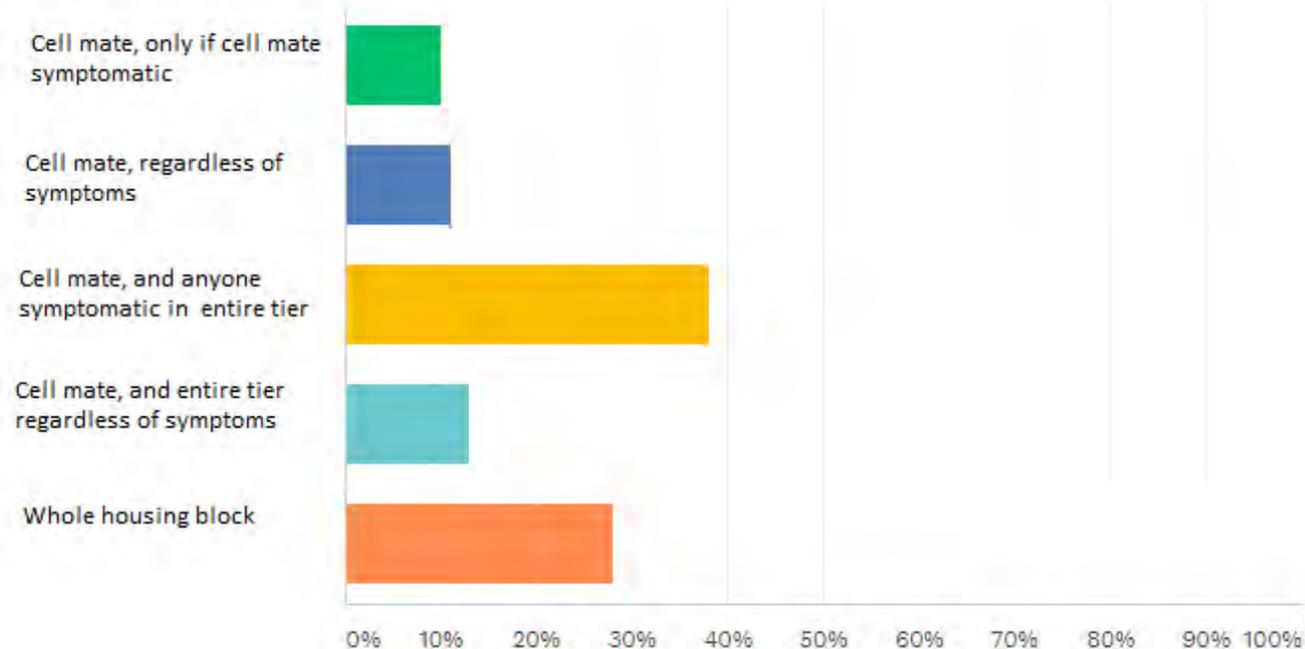


ANONYMOUS AUDIENCE SURVEY

Who else would you test for COVID-19?

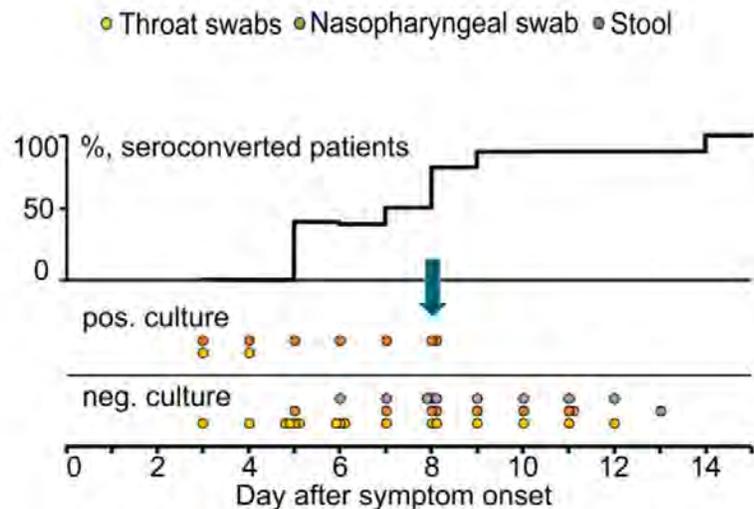
When/if a person is diagnosed with COVID *in your population* (rather than at entry) who else would you test?

Answered: 100 Skipped: 0



CONSIDERATIONS FOR SCREENING

- Goal of testing: to find active infections.
- Limitations—Marion County 88% infected?
 - what does it mean? not all are active infections, some are resolved infection, as negative culture of the virus material indicates.

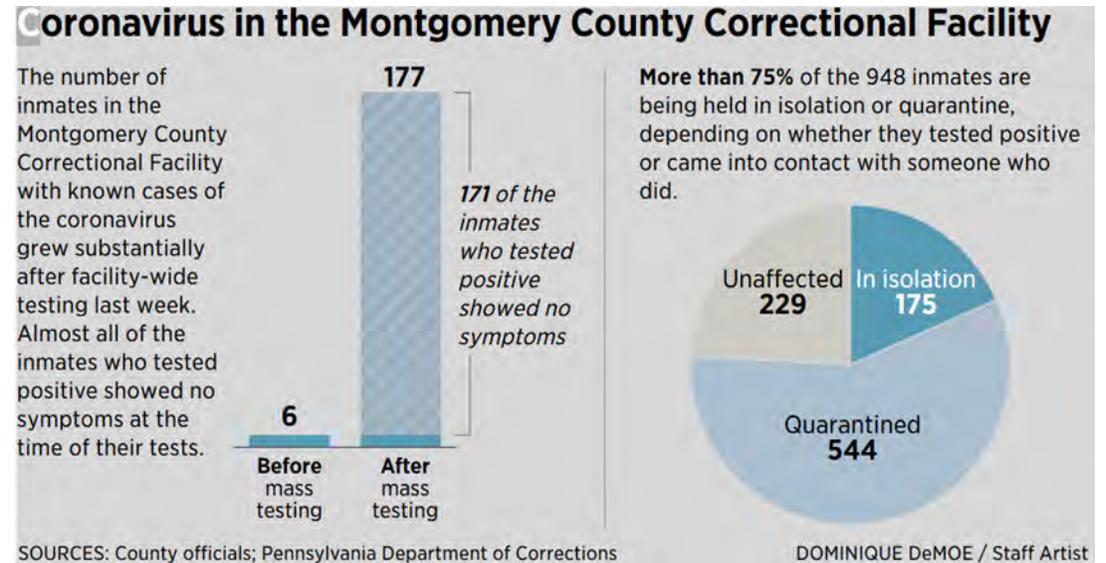


2,028/~2,300 (88%) prisoners in the Marion Correctional Institution, tested positive by PCR. Prison with ~2,500 older persons, pre-existing health issues. 95% asymptomatic

BEFORE TESTING...PLAN

Where will you put individuals, if

- 10 persons are positive?
- 50 are positive?
- 88% of your building has a +PCR?



STRATEGIES



MEDICAL ISOLATION

Who: Symptomatic people

What: MASK & separate from others

When: Immediately once symptoms appear

Where: Ideally, an individual cell

Why: Prevent exposing others
Evaluate, test if needed
Give care

How long: It's complicated



QUARANTINE

Who: Close contacts of a known or suspected case (staff or incarcerated)

What: Separate from others
Monitor for symptoms

When: Once identified as a close contact

Where: Ideally, an individual cell
(if incarcerated)
At home (if staff)

Why: Prevent exposing others if infected

How long: 14 days

- Test symptomatic—Isolate the infected, quarantine the exposed
- Test contacts
- Test entrants
- A Problem—run out of places to put the exposed?
 - If test turn around is fast, this shouldn't be a problem.

CONCLUSION: PRINCIPLES FOR COVID-19 CONTROL IN CORRECTIONS

- Minimize opportunity for transmission from an infected to susceptible person.
 - reclassify risk of transmission as infection resolves.
- House incarcerated persons according to good custody practice.
- Improve capacity of the facility to identify infected persons, as resources permit.
- In times of COVID-19, need coordination of public health and the justice system
- Keeping jails and prisons safe is possible

QUESTIONS?

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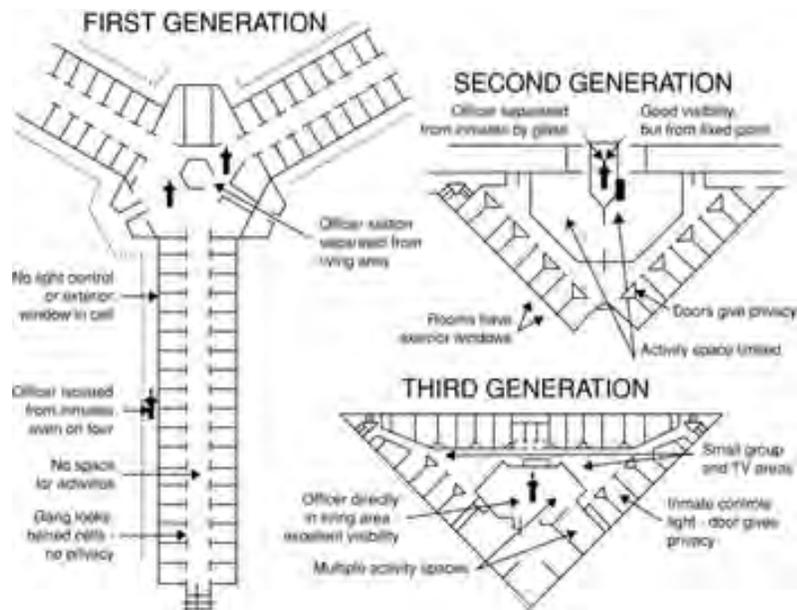


EXTRA SLIDES



LAYOUTS OF CORRECTIONAL UNITS: CORRECTIONAL OFFICER LOCATION

Stationed Positions.



Direct Supervision.

