



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

NCDHHS Corrections Team

COMMUNICABLE DISEASE BRANCH

COVID-19 is still here. After 2+ plus years of our worldwide pandemic, things are beginning to shift as we all develop a “new norm.” Current case numbers are not as high and the burden of outbreaks is not as heavy, yet the threat still exists. Although COVID is still in the news, its prevalence is often overtaken by other crises – mass shootings, inflation & fuel prices, and even Monkeypox. Our nation and the world are making the transition from pandemic to ongoing health challenge as COVID becomes woven into the fabric of our day-to-day lives.

Our Corrections Team maintains its commitment during this transition to being a resource and aide to correctional staff, local health departments, and community partners for COVID and the health and well-being of our state’s justice involved population. Since our last newsletter, we have begun our series of educational webinars, launched the COVID-19 Support for County Confinement Facilities Grant, and grown our team numbers to broaden our efforts toward upcoming activities. (do these show up in the newsletter?)

We present our second and double issue of our COVID and Corrections Newsletter for Spring/Summer 2022. We did not publish a Winter 2021/2022 issue. Considering the recent release of updated CDC Corrections Guidance, we felt our next issue should include the details of the significant revision as well as share best practices and highlight a local success.

We hope that you find this resource helpful and want to extend gratitude to all the corrections and public health staff who continue to serve our justice involved population.

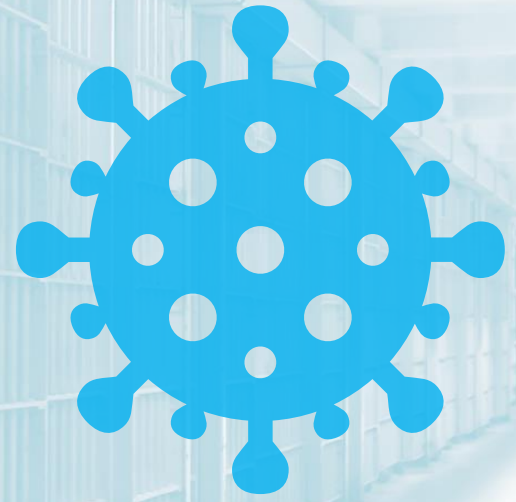
Sincerely,

Anita Wilson-Merritt, MD
Team Lead

*Submissions to our Newsletter are welcomed, needed, and can be sent to
NCDHSCorrectionsTeam@dhhs.nc.gov*

CORRECTIONS & COVID-19 NEWSLETTER

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BEST PRACTICES

The world has noticed the difficulty of mitigating COVID within confinement facilities. Below are listed key facility concepts helpful in mitigating COVID from around the globe.

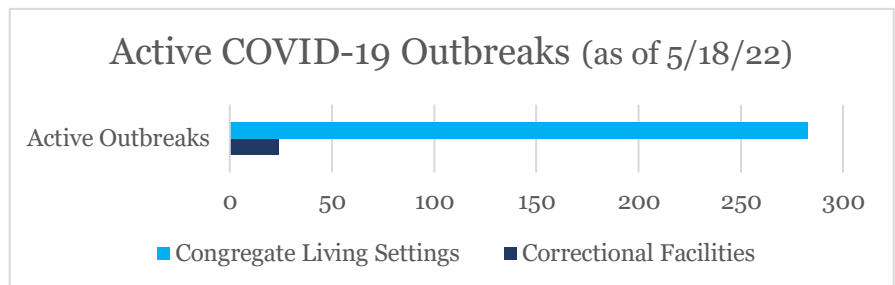
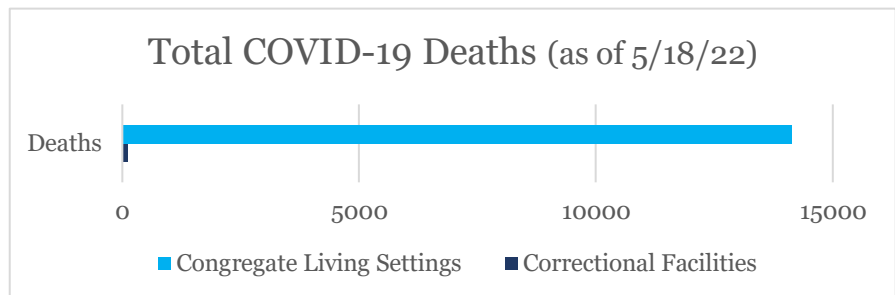
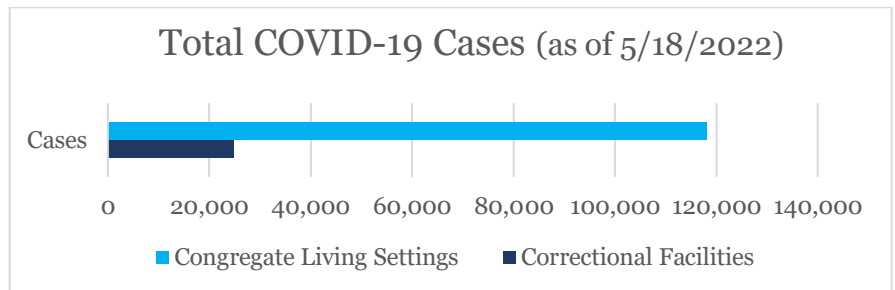
- Preparedness and contingency planning: United Kingdom
- Training and education: Ireland
- Risk communication: Switzerland
- Preventive measures: Italy
- Alternatives to incarceration: Kazakhstan
- Case management: Azerbaijan

For more details visit the full report: [Fighting COVID-19 in prisons: WHO report presents best practices from countries](#)

Please submit your facility's best practice to be featured in our next issue
NCDHHSCorrectionsTeam@dhhs.nc.gov

COVID-19 STATS

DHHS maintains various COVID statistics for our state to include NC correctional facilities (prisons and detention centers combined). The information provided below and other details can be found at [NCDHHS COVID19 Dashboard](#)



- Congregate Living Settings include correctional facilities, nursing homes, residential care facilities, and any other group living settings
- Correctional Facilities include federal and state prisons and local jails



RECENT SUCCESS

May was mental health awareness month. This year's theme was "Together for Mental Health." In this double issue of our newsletter, we'd like to highlight some of the local work being done to tackle mental health matters and substance use disorders in incarcerated populations while mitigating COVID.

Correctional facilities across the nation have quickly adapted mental health services to the arrival of the pandemic to mitigate risks of viral contagion. Through measures such as prison population reductions, physical distancing, enhanced hygiene practices, and widespread use of telehealth, facilities weathered the early stages. Faced with maintaining day-to-day operations and warding off and treating the highly contagious virus, corrections professionals across the country have found that even those who don't contract COVID-19 are still victims of the stress and trauma of life during a pandemic.

Our success story this issue lies within a collaborative initially created to address the prevalence of mental illness and co-occurring substance use disorders in local justice systems, and we have broadened our efforts to aide in COVID vaccination efforts within this population. The Stepping Up initiative was launched in 2015 as a partnership between The Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation. The initiative seeks to bolster cross-systems collaboration and build out community-based services and supports to reduce incarceration and reincarceration, respond effectively to people in crisis, and ultimately prevent contact with the justice system. (Source: [*The Solution - Step Up Together*](#))

Forty-seven North Carolina counties participate in this initiative. Granville Vance Public Health coordinated the first multi-county Stepping Up effort in North Carolina to include Vance, Franklin, Halifax, Granville, and Warren counties. The five counties focus on increasing staff and available resources, improving data collection and efficiency, and coordinating regional efforts while still tailoring to local needs. During this pandemic, the public health and detention center staffs used their existing collaboration on mental health to aide in their vaccination efforts. Beginning July 2021, the detention centers were able to hold bimonthly vaccination clinics for detainees and staff, offering all three vaccines. Over a six month period at least 300 vaccinations were completed. When asked for their secret to success, Meredith Wester, BSW, MSW social worker for Jail Health Programs, simply stated "teamwork." She said the detention centers' and Granville Vance Public Health staffs have the well-being and safety of their detainees as a priority and work well together to accomplish their goals. Collaboration really is key in a profession with so few resources.

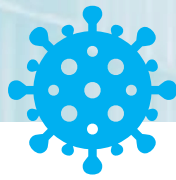
"Alone we can do so little; together we can do so much." – Helen Keller

Correctional leadership has and continues to support the mental health of their staff and residents through the remainder of the COVID-19 pandemic and beyond.

To learn more about the Stepping Up Initiative, [click here](#).

**NCDHHS Corrections Team is here to help...
Contact us today to see what we can do for YOU!!**

NCDHHSCorrectionsTeam@dhhs.nc.gov



GUIDANCE UPDATES

Overview

The CDC updated its COVID guidance for corrections on May 3, 2022 to align with the overall shift from limiting the spread to minimizing severe disease. The update centered around the below key points and can be found in complete detail within the link provided here [Guidance on Prevention and Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities | CDC](#).

- Separated the previous version of this guidance document into two sections:
 - **Framework to Assess COVID-19 Risk and to Select Prevention Strategies in Correctional and Detention Facilities** – *guidance on designing a flexible COVID-19 prevention plan based on COVID-19 Community Levels and facility-level factors*
 - **Appendix** – *detailed guidance on implementing specific prevention strategies in correctional and detention facilities*
- Separated COVID-19 prevention strategies into two categories and provided guidance on when to apply each category in correctional and detention facilities.
 - Strategies for Everyday Operations
 - Enhanced COVID-19 Prevention Strategies
- Added modified post-exposure quarantine options for facilities to consider to reduce the impact of quarantine on residents' mental health and access to services.

Assessing COVID-19 Risk for your Facility



COVID-19 Community Levels – are categorized as low, medium, and high based on the number of COVID-19 cases in a given community and the impact of severe disease on community-based healthcare systems. Visit the CDC [website](#) to check any county's current COVID-19 Community Level and to see more detail about how these levels are determined.

Facility-level factors – include vaccination coverage, current level of transmission in the facility, population risk of severe health outcomes, and facility structural and operational characteristics.

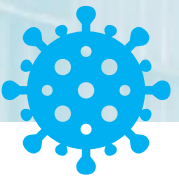


Everyday VS. Enhanced COVID Prevention Strategies

At all times, facilities should keep certain strategies for everyday operations in place. In addition, facilities should maintain the ability to add or remove enhanced COVID-19 prevention strategies based on ongoing risk assessment as described above. When shifting from a period of higher to lower risk, avoid removing enhanced COVID-19 prevention strategies all at once. The table below provides a summary of which prevention strategies are recommended for everyday operations (in place at all times) vs. as enhanced COVID-19 prevention strategies (added or removed based on risk assessment).

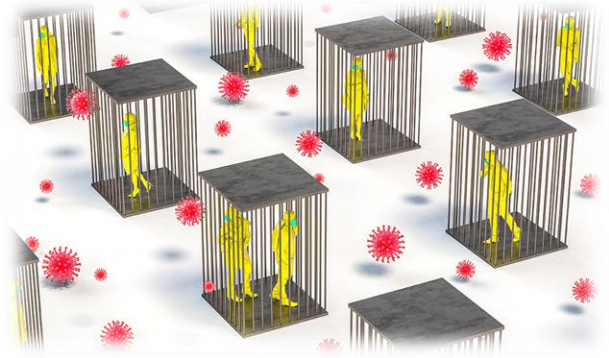


COVID-19 Prevention Strategy	Strategies for Everyday Operations*	Enhanced COVID-19 Prevention Strategies*
Up to date COVID-19 vaccination	•	
Standard infection control	•	
Enhanced ventilation[†]		•
Testing		
symptomatic people	•	
close contacts of people with COVID-19	•	
all residents at intake (or routine observation period)	•	
before transfer		•
before/after community visits		•
before release		•
routine screening testing		•
Access to COVID-19 therapeutics	•	
Medical isolation & quarantine	•	
Well-fitting masks/respirators		
offer to residents and staff	•	
universal indoor masking		•
Prepare for outbreaks	•	
Routine observation periods during transfer/release protocols		•
Minimize movement and contact across housing units and with the community		•
Physical distancing		•

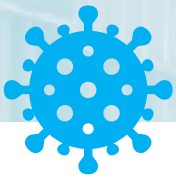


Modified Quarantine Approaches

The below table is provided within the full guidance document to provide a comparison of standard and modified approaches to quarantine. Regardless of the quarantine approach facilities choose, all residents and staff in the facility who have been potentially exposed or have close contact with someone with COVID-19 should wear a well-fitting cloth or disposable procedure mask or respirator under most circumstances.



Quarantine Characteristic	Standard approach	Modified approaches*
Who is required to quarantine (<i>applies to residents and staff</i>)	All exposed residents and staff, regardless of vaccination and booster status	Only exposed residents and staff not up to date on their COVID-19 vaccines and who have not recovered from a prior SARS-CoV-2 infection in the last 90 days
Movement outside the quarantine space (<i>applies to residents</i>)	Keep movement outside the quarantine space to a minimum.	Allow a quarantine cohort to move outside the quarantine space and continue daily activities as a group, but without mixing with residents or staff not assigned to their cohort. Maintain consistent staff assignments to support cohort integrity. Maintain use of well-fitting masks or respirators among staff and residents and implement serial testing for residents.
Duration (<i>applies to residents and staff</i>)	Quarantine for 10 days after last exposure/close contact with someone with COVID-19.	<i>Test-out option:</i> Quarantine for no fewer than 5 days, with a negative viral test result after Day 5. <i>Daily testing option:</i> Test daily for no fewer than 5 days, and allow normal activities/access to the workplace as long as viral test results are negative.
Testing (during individual quarantine) (<i>applies to residents</i>)	After the initial diagnostic test, test residents again after Day 5.	After the initial diagnostic test, release residents from quarantine after the full recommended 10-day period with no additional testing. (Test residents who develop symptoms, make additional testing available on request, and actively offer testing to residents more likely to get very sick from COVID-19 to identify infections early and assess treatment eligibility.)
Testing (during cohorted quarantine) (<i>applies to residents</i>)	Implement serial testing as recommended above, every 3-7 days for the entire cohort.	<i>Reduced cohort size option:</i> After the initial diagnostic test, implement serial testing every 3-7 days for the entire cohort. Use small cohort sizes to reduce the risk of continued transmission and prolonged quarantine periods. <i>Reduced testing option – during crisis-level operations only:</i> After the initial diagnostic test, test residents who develop symptoms, and make additional testing available on request. Release cohorted residents from quarantine after 10 days have passed without any new cases.
Monitoring (<i>applies to residents</i>)	Conduct daily symptom checks for all quarantined residents.	Conduct daily symptom checks only for quarantined residents more likely to get very sick from COVID-19 .



COVID-19 VACCINE/BOOSTER UPDATE

The NCDHHS Corrections Team wants to ensure that all our correctional partners are aware of recent booster guidance from the CDC. Should you have questions or need clarifications, please contact us.

Below is outlined who can get a booster, when booster can be given, and which booster is appropriate.

You are **up to date** with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

- Vaccine recommendations are different depending on age, the vaccine first received, and time since last dose.
- Learn more about [COVID-19 vaccine recommendations specifically for people who are moderately or severely immunocompromised](#).

Information below is for Adults ages 18 years or older (information for other individuals can be found here [Stay Up to Date with Your COVID-19 Vaccines | CDC](#))

Pfizer-BioNTech

Primary Series:

2 doses of Pfizer-BioNTech given 3–8 weeks apart

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 5 months after the final dose in the primary series
- 2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine
- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you [\[2\]](#)

Moderna

Primary Series:

2 doses of Moderna given 4–8 weeks apart

Fully Vaccinated: 2 weeks after final dose in primary series

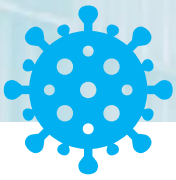
Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 5 months after the final dose in the primary series
- 2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine
- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you





Johnson & Johnson's Janssen

Primary Series:

1 dose of Johnson & Johnson's Janssen

Fully Vaccinated: 2 weeks after vaccination

Boosters:

1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For most people at least 2 months after a J&J/Janssen COVID-19 vaccine
- 2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine
- For adults ages 50 years and older at least 4 months after the 1st booster

Up to Date: Immediately after getting all boosters recommended for you

What You Need to Know

- COVID-19 vaccine boosters can further enhance or restore protection that might have waned over time after your primary series vaccination.
- People are protected best from severe COVID-19 illness when they [stay up-to-date](#) with their COVID-19 vaccines, which includes a booster for many people.
- It is never too late to get the added protection offered by a COVID-19 booster. [Find a vaccine provider.](#)

NCDHHS Corrections Team is available to assist with interpretation of new guidance and/or applying them to your facilities.

Source: [Stay Up to Date with Your COVID-19 Vaccines | CDC](#); [COVID-19 Vaccine Booster Shots | CDC](#) (update May 13, 2022)

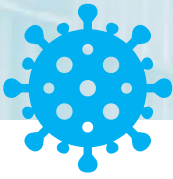
RESOURCES

- ACA Correctional Health Care Resources <https://bit.ly/3S12M7z>
- NCHC COVID Resources Webpage <https://bit.ly/3bdUwAf>
- NCDHHS COVID Corrections Guidance <https://bit.ly/3viWjLa>
- CDC COVID Corrections Guidance <https://bit.ly/3oyIOmZ>

Webinars

- NCDHHS Corrections Team COVID "Testing Within Confinement Facilities": [December 16, 2021 Webinar.](#)
- NCDHHS Corrections Team "How to Approach Isolation and Quarantine Challenges within Confinement Facilities": [April 19, 2022. Webinar.](#)





Guidance and Toolkits

- [NCDHHS COVID-19 Corrections Resources Guidance.](#)
- [COVID-19 Outbreak Toolkit for Local Confinement Facilities.](#)
- [CDC COVID-19 Corrections Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities.](#)

Shavette Campbell
(Project Manager)

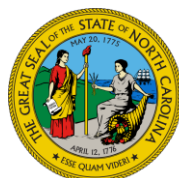
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