Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities

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These interim considerations are based on what is currently known about SARS-CoV-2 and COVID-19 as of the date of posting, July 7, 2020.

The US Centers for Disease Control and Prevention (CDC) will update these considerations as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.

Note: This document is intended to provide considerations on the appropriate use of testing and does not dictate the determination of payment decisions or insurance coverage of such testing, except as may be otherwise referenced (or prescribed) by another entity or federal or state agency. CDC is a non-regulatory agency; therefore, the information in this document is meant to assist correctional and detention facilities in making decisions rather than establishing regulatory requirements.

CDC offers considerations for correctional and detention facilities to plan, prepare, and respond to coronavirus disease 2019 (COVID-19). Testing to diagnose COVID-19 is one component of a comprehensive strategy and should be used in conjunction with a number of other prevention and mitigation activities described in the Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. Testing symptomatic and asymptomatic individuals and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent the spread of SARS-CoV-2, the virus that causes COVID-19, in correctional and detention facilities. This document describes testing strategies for correctional and detention facilities and provides considerations for implementing SARS-CoV-2 testing among persons incarcerated and staff.

Correctional and detention facilities can determine, in collaboration with state and local health officials, whether and how to implement the following proposed testing strategies. Implementation should be guided by what is feasible, practical, and acceptable, and be tailored to the needs of each facility. These considerations are meant to supplement—**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which facilities must comply.

Symptom screening and testing are strategies to identify individuals with COVID-19. COVID-19 contact tracing is an effective disease control strategy that involves investigating cases and their contacts—among incarcerated or detained persons (IDP). In the correctional setting this would typically include isolating index cases and placing contacts in quarantine. These strategies must be carried out in a way that protects privacy and confidentiality to the extent possible and that is consistent with applicable laws and regulations.

Any time a positive test result is identified, ensure that the individual is rapidly notified, connected to appropriate medical care, and medical isolation is initiated. Correctional and detention facilities should follow guidance from the Equal Employment Opportunity Commission when instituting and offering testing to staff, and when staff are preparing to return to work.

Types of COVID-19 tests

Viral tests are recommended to **diagnose current infection** with SARS-CoV-2, the virus that causes COVID-19. Viral tests evaluate whether the virus is present in a respiratory sample. Results from viral tests help public health officials identify and isolate people who are infected in order to minimize SARS-CoV-2 transmission.

Antibody tests are used to **detect a past infection** with SARS-CoV-2. CDC does not currently recommend using antibody testing as the sole basis for diagnosing current infection. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection. In addition, it is currently not proven whether a positive antibody test indicates protection against future SARS-CoV-2 infection; therefore, antibody tests should not be used at this time to determine if an individual is immune.

CDC recommendations for SARS-CoV-2 testing are based on what is currently known about the virus. SARS-CoV-2 is new and what is known about it changes rapidly. Information on testing for SARS-CoV-2 will be updated as more information becomes available.

When testing might be needed

This document describes three scenarios when incarcerated or detained persons (IDP) or staff in correctional and detention facilities may need to have an initial SARS-CoV-2 viral test:

- Testing individuals with signs or symptoms consistent with COVID-19
- Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission
- Testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification

This document also outlines considerations for planning testing in correctional and detention facilities:

- Practical considerations for implementing broad testing for SARS-CoV-2 in correctional and detention facilities
- Checklist of considerations to help facilities make decisions about how and when to test broadly for SARS-CoV-2

These considerations are intended to provide evidence-based strategies for SARS-CoV-2 testing among IDP and staff who work in correctional and detention facilities. Depending on the context, specific testing considerations may be applied to IDP, correctional staff, or both.

Testing individuals with signs or symptoms consistent with COVID-19

Consistent with CDC's recommendations, individuals with COVID-19 signs or symptoms should be referred to a healthcare provider for evaluation for testing (including staff and IDP):

- One strategy to identify individuals with COVID-19 signs or symptoms is to conduct screenings such as temperature and/or symptom checking. These screenings are one tool correctional and detention facilities can use to help lower the risk of COVID-19 transmission. However, symptom screenings are not helpful for identification of individuals with COVID-19 who may be asymptomatic or pre-symptomatic.
- Symptom screening will also not prevent all individuals with COVID-19 from entering the facility.
- To identify individuals with symptoms, facilities should integrate temperature screening and symptom checking into their standard practices (i.e. IDP at intake, prior to discharge/release, or transfer, daily staff screening, and screening of volunteers and vendors upon entry) of correctional and detention facilities. Screenings should be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations. See guidance on how to conduct screening for symptoms in Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.

Staff

- All staff with suspected or confirmed COVID-19 should wear cloth face coverings (unless contraindicated), self-isolate at home, connect with appropriate medical care as soon as possible, and follow medical care and instructions.

Incarcerated or detained persons (IDP)

- All IDP with suspected or confirmed COVID-19 should be provided with cloth face coverings (unless contraindicated), be connected to appropriate medical care as soon as possible, and placed in medical isolation until medical care and instructions can be provided.

Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission

Testing is recommended for all close contacts [1] of persons with SARS-CoV-2 infection:

- Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of IDP or staff with COVID-19 be quickly identified and tested.
- In areas where testing resources are limited, CDC has established a testing hierarchy for close contacts; refer to the Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan for more information.
- Contact tracing and case investigation can often be done in collaboration with local public health departments and disease investigation specialists.

Broader testing strategy beyond only close contacts

Congregate living or working conditions, such as correctional and detention facilities, have potential for rapid and widespread transmission of SARS-CoV-2. Performing contact tracing in correctional and detention settings may be resource-intensive and challenging (e.g., the number of close contacts of infected IDP who need to be followed in a housing unit with a dormitory-style sleeping area and shared restrooms and shower units may be large; outside public health staff conducting contact tracing may have limited access to correctional and detention facilities, and it may be necessary to conduct interviews with cases and close contacts over the phone). If contact tracing is not practicable, or if there is concern for widespread transmission following identification of new-onset SARS-CoV-2 infection among IDP or staff, facility management should consider **a broader testing strategy, beyond testing only close contacts within the facility to reduce the chances of a large outbreak.**

Practical considerations for implementing a broader testing strategy should include the availability of resources and the ability to act on results of testing. **The decision about testing strategies in correctional and detention facilities should be made in collaboration with state/local health departments.**

- Depending on facility characteristics and available resources, targeted (e.g., a specific housing unit) or facility-wide testing should be considered if a single IDP or staff member in the facility tests positive for COVID-19. Individuals testing positive on entry should be placed immediately into medical isolation and provided medical care. This circumstance would not trigger further widespread testing.

Quarantine and additional testing for close contacts

All persons who are close contacts to someone with COVID-19 (e.g., IDP and staff assigned to the housing unit where someone tested positive for SARS-CoV-2) should be provided with cloth face coverings (unless contraindicated), and the IDP should be placed in quarantine for 14 days after their last exposure.

Staff

Workers in critical infrastructure sectors may be permitted to work if asymptomatic after potential exposure to a confirmed case of coronavirus disease 2019 (COVID-19), provided the worker was not a close contact, and that worker infection prevention recommendations and controls are implemented. The staff member should wear a cloth face covering (unless contraindicated) at all times while in the workplace for 14 days after the last exposure (if not already wearing one due to universal use of cloth face coverings). Accordingly, management should consider requiring asymptomatic staff who have been identified as a close contact of a confirmed case to home quarantine to the maximum extent possible, while understanding the need to maintain adequate staffing levels of critical workers. If the contacted staff test positive, they should follow local health department and health care provider directions regarding isolation.

Incarcerated or detained persons (IDP)

If the IDP contact is tested for SARS-CoV-2 and tests positive, the IDP contact should be placed in medical isolation. Because correctional and detention facilities may not have enough space to provide an individual cell for each quarantined IDP, they may need to form cohorts of quarantined IDP who were exposed to SARS-CoV-2 at the same time. Some IDP in a quarantined cohort may be infected but not show symptoms or may not test positive. Infected persons may transmit SARS-CoV-2 to others

several days before the onset of symptoms, or even if they never develop symptoms. To prevent continued transmission of the virus within a quarantined cohort of people, re-testing of IDP who originally tested negative every 3 to 7 days could be considered. The specific re-testing interval that a facility chooses could be based on:

- The stage of the ongoing outbreak (i.e., more frequent testing in the context of escalating outbreaks, less frequent testing when transmission has slowed)
- The availability of testing supplies and capacity of staff to perform repeat testing without negatively impacting other essential health care services
- Financial resources to fund repeat testing, including procurement of testing supplies, laboratory testing services, and personal protective equipment (PPE)
- The capacity of on-site, contract laboratories or public health laboratories that will be performing the tests
- The expected wait time for test results (and resulting capacity for timely action based on the results)

Place any IDP who tests positive under medical isolation. If an IDP who tested positive was part of a quarantine cohort, restart the 14-day quarantine clock for the remainder of the cohort. See detailed guidance on recommendations for how to organize quarantine and medical isolation in correctional and detention settings in Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities.

Limitations of re-testing strategy include:

- Facilities may not have staff and testing capacity to organize testing of large number of IDP on a serial basis.
- Long waiting times for receiving large numbers of tests results may make frequent re-testing strategy impractical to implement.
- Frequent re-testing may cause the need for prolongation of the quarantine for the entire cohort if one individual is tested positive, and it may become challenging to find space to quarantine individuals in correctional or detention facilities.
- Frequent re-testing may become burdensome for IDP and increase proportion of individuals who refuse to be tested.

Practical considerations for implementing re-testing of quarantined individuals should include the availability of space, resources, potential limitations of this strategy and the ability to act on results. The decision about frequency of re-testing in correctional and detention facilities should be made in collaboration with state/local health departments.

Testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification

Correctional and detention facilities may consider testing asymptomatic individuals without known or suspected SARS-CoV-2 exposure in communities with moderate to substantial levels of community transmission. Practical considerations for implementing this strategy include the availability of resources, the results, and the ability for a coordinated response. The decision about testing strategies in correctional and detention facilities should be made in collaboration with state/local health departments. These testing strategies aim to reduce the risk of introducing SARS-CoV-2 into the correctional and detention setting (i.e., testing newly incarcerated or detained persons) and to reduce the risk of widespread transmission through early identification of infection among existing IDP and staff. Facilities in communities with moderate to substantial levels of community transmission can **consider** the following:

- Initial testing of all current IDP and all new IDP at intake before they join the rest of the population in the facility.
- Housing new IDP individually while test results are pending to prevent potential transmission. Some facilities may choose to implement a "routine intake quarantine" in which new IDP are housed separately for 14 days before being integrated into general housing.
- Testing for COVID-19 and reviewing results before transferring anyone to another facility or release, particularly if an IDP will transition to a congregate setting with persons at increased risk for severe illness from COVID-19. Refer to Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities for more information about transfer and release recommendations. Before an individual's projected transfer or release date, consider implementing a transfer, or release planning protocol (ideally in single cells) for 14 days to prevent COVID-19 from spreading to other facilities or the community.

Practical considerations for implementing broad-based testing for SARS-CoV-2 in correctional and detention facilities

For more information on testing procedures please see Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings.

Checklist of considerations to assist facilities in their decision-making process about how and when to test broadly for SARS-CoV-2

- ✓ Work with state/local health departments to help inform decision-making about broad-based testing in correctional and detention facilities.
- ✓ If a facility decides to implement broad-based testing, use viral tests with Emergency Use Authorization from FDA, and ensure that the manufacturers' instructions regarding sample collection and transport are strictly followed to maximize accuracy of results. Work with state/local health departments and laboratories to choose appropriate tests and needed supplies.
- ✓ If pursuing broad-based testing, strongly consider a program that includes testing for both IDP and staff.
  - SARS-CoV-2 infections or COVID-19 cases have been initially identified among staff in a number of facilities, before any cases appear among incarcerated or detained persons.
  - Because staff move between the facility and the community daily, the risks of introducing infection into the facility from the community and/or bringing infection from the facility back into the community is ongoing.
  - If there are operational, contractual, and/or legal reasons to refrain from testing staff within the facility or concerns about using facility resources/personnel to test staff, investigate options to work with community partners or state/local health departments to implement staff testing.

Planning for how the facility will modify operations based on test results

- Identify additional isolation spaces that can be used to house infected individuals identified during testing and additional quarantine spaces to house their close contacts. Consideration should also be made for isolation/quarantine spaces to meet other security or medical needs (e.g., Special Housing Unit, medical beds, mental health beds, Protective Custody, etc.)
- Given the potential for high numbers of asymptomatic infections, ensure that plans include isolation options to house large numbers of infected individuals and quarantine options to house large numbers of close contacts. For example, consider how the facility's housing operations could be modified for multiple test result scenarios (e.g., if testing reveals that 10%, 30%, 50% or more of incarcerated or detained persons test positive for COVID-19).
- Questions to consider and address in a testing plan for IDP include:
  - Will specific housing units/pods be designated for people who test positive?
  - How will the facility manage those who decline testing?
  - How often will broad-based testing be conducted? What will be the threshold/indicator for repeat testing?
  - If testing reveals that more IDP are positive than negative, will those who test negative be reassigned to different housing (rather than reassigning those who test positive)?
  - How will housing areas be systematically and thoroughly cleaned and disinfected if large numbers of positive individuals are identified and housing units are rearranged?
  - How will the facility manage the logistics of moving large numbers of people into different housing arrangements? (For example, where will incarcerated or detained individuals go while the housing units are being cleaned and disinfected, and how will positive and negative individuals be separated during this time?)
  - Will the facility use a test-based strategy or a time-based strategy to release asymptomatic infected persons from medical isolation? A test-based strategy or symptom-based strategy to release symptomatic infected persons from medical isolation? If choosing a test-based strategy, are adequate testing supplies and laboratory capacity available

medical isolation? If choosing a test-based strategy, are adequate testing supplies and laboratory capacity available to support the additional testing required? Will the facility use a mixed strategy (e.g., time-based/ symptom-based for most, but reserving the test-based strategy for those who are immunocompromised)?
    - Who will report testing results to local or state health departments as required by state and local public health laws?
- If testing staff:
    - Can the employer legally mandate testing for staff? If not, how will the employer encourage testing? How will the employer manage staff who decline testing?
    - What entity will perform the testing, and how will results be reported to the employer and employee?
    - Who will report testing results from staff to local or state health departments as required by state and local public health laws?
    - How will adequate staffing levels be maintained if a large percentage of staff test positive? (See Guidance for Critical Infrastructure Workers.)
    - Will the health care provider (HCP) use a test-based strategy or a time-based strategy to determine when asymptomatic, infected staff can discontinue isolation and return to work?

Footnote

[1]Based on current knowledge, an individual is considered a close contact of someone with COVID-19 if they
a) have been within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (or starting from 48 hours before the first positive test if asymptomatic) until the time the infected person meets criteria to end medical isolation or
b) have had direct contact with infectious secretions from someone with COVID-19 (e.g., have been coughed on) and were not wearing recommended PPE at the time of contact. Close contact can occur while caring for, living with, visiting, or sharing a common space with someone with COVID-19. Determination of close contact does not change if the infected individual is wearing a mask or cloth face covering.

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