

Pandemic Preparedness and Response: Correctional Facilities Lit Rep Supplement – March 4, 2020

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Key Takeaways

- Most literature on pandemic preparedness and response among incarcerated populations is from H5N1 and H1N1. Potential changes in facility structure, technology, and resources should be taken into consideration when reviewing this older literature.
- Key concerns for correctional facilities and pandemic preparedness include crowding, shared living spaces, high turnover, population flow patterns, health care resources, staff absenteeism, and interaction with the general population.
- Several reports from the past two decades have highlighted the exclusion of corrections officials from local and regional public health preparedness efforts, calling for increased collaboration to better prepare for emerging public health threats.

Handbooks, Tools, and Guidelines

- The European Centre for Disease Prevention and Control (ECDC) published a preparedness checklist tool to improve response capacity for communicable disease outbreaks at migrant reception/detention centers. This handbook provides background on how the tool was developed and how it should be used.
- The authors also published a literature review to support development of this handbook. *Riccardo et al. (Oct 2016). Handbook on Using the ECDC Preparedness Checklist Tool to Strengthen Preparedness against Communicable Disease Outbreaks at Migrant Reception/Detention Centres. ECDC Technical Report.* <u>https://www.researchgate.net/publication/309309022</u>

Riccardo et al. (May 2018). Key Dimensions for the Prevention and Control of Communicable Diseases in Institutional Settings: A Scoping Review to Guide the Development of a Tool to Strengthen Preparedness at Migrant Holding Centres in the EU/EEA. International Journal of Environmental Research and Public Health. <u>https://doi.org/10.3390/ijerph15061120</u>

• These guidelines provide recommendations for pandemic flu preparedness and response planning for community corrections agencies (e.g., parole and probation programs), which naturally requires consideration of several factors not directly relevant to enclosed correctional facilities.

Bancroft (Aug 2009). Pandemic Influenza Preparedness and Response Planning: Guidelines for Community Corrections. American Probation and Parole Association. <u>https://www.appa-net.org/eweb/docs/appa/pubs/PIPRP.pdf</u>

• In 2007, Georgia public health and prison facility officials held a conference to discuss and explore issues of pandemic influenza preparedness in the state. Interactive activities and tabletop exercises covered non-pharmaceutical intervention, health care surge capacity, and prison-community interface. Key outcomes from the conference are provided along with recommendations.

Spaulding et al. (Apr 2009). How Public Health and Prisons Can Partner for Pandemic Influenza Preparedness: A Report from Georgia. Journal of Correctional Health Care. <u>https://doi.org/10.1177/1078345808330056</u>

 This 2007 manual was developed to help prisons and jails improve preparedness for pandemic influenza. The manual contains sections with immediate relevance to COVID-19 preparedness, including characteristics of correctional facilities that make them highly susceptible to communicable disease outbreaks and assumptions about capacity and situational challenges. An algorithm for responding to an initial case is provided, detailing steps for isolation, staff assignments, and mitigation. Furthermore, the manual describes steps for preventing and managing staff absenteeism.

Schwartz (2007). Pandemic Response for Prisons and Jails. Institute for Biosecurity, Saint Louis University School of Public Health.

Specific Outbreak Examples

• Chao et al describe an outbreak of H1N1 at a Taiwanese correctional facility in 2017 and public health investigation and mitigation efforts.

Chao et al. (Apr 2017). Control of an H1N1 outbreak in a correctional facility in central Taiwan. Journal of Microbiology, Immunology and Infection. <u>https://doi.org/10.1016/j.jmii.2015.05.005</u>

• Besney et al describe an outbreak of influenza in a Canadian correctional facility and the public health measures taken to control the outbreak, including enhanced isolation, restricted admission to affected living unit, targeted vaccination, and antiviral prophylaxis.

Besney et al. (Feb 2017). Influenza outbreak in a Canadian correctional facility. Journal of Infection Prevention. <u>https://doi.org/10.1177/1757177416689725</u>

• In 2011, there was an outbreak of influenza at two Maine prisons with low vaccination coverage. Robinson et al describe the public health response at these facilities and emphasize the need for public health and corrections officials to collaborate closely in order to identify and mitigate outbreaks in correctional facilities.

Robinson et al. (Apr 2012). Influenza Outbreaks at Two Correctional Facilities - Maine, March 2011. MMWR. <u>https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6113a3.htm</u>

• In this summary of an outbreak of H1N1 in an Australian prison, the authors describe the challenges of enforcing quarantine procedures, including overcrowding, mobility within prisons, and movement between prisons and the community. The absence of a vaccine at the time of the outbreak may offer some insight into current COVID-19 preparedness and planning efforts in correctional facilities in Washington.

Turner and Levy (Feb 2010). Prison outbreak: Pandemic (H1N1) 2009 in an Australian prison. Public Health. <u>https://doi.org/10.1016/j.puhe.2009.12.005</u>

• The response to an H1N1 outbreak in a New York City jail in 2009 included several key steps, including routine medical screenings, housing-area medical restrictions, limited detainee travel, staff protection, and a labor relations task force. Officials noted that social distancing and personal hygiene guidelines were not as well followed by adolescents compared to adults, resulting in more illness in younger inmates. Daily communication with inmates also created a collaborative atmosphere and helped to decrease fighting and disruptive behavior below normal levels. *Berliner (Oct 2009). Responding to an H1N1 Outbreak in an Urban Jail Setting: The NYC Experience. Corrections Today.*

Key Concerns for Correctional Facilities and Recommendations

• Authors discuss the potential application of lessons learned from a tuberculosis control model to identification, investigation, and control of communicable disease outbreaks in correctional facilities and the surrounding communities. Among the relevant topics covered are isolation, treatment, and contact investigation.

Parvez et al. (May 2010). Tuberculosis Control: Lessons for Outbreak Preparedness in Correctional Facilities. Journal of Correctional Health Care. https://doi.org/10.1177/1078345810367593

• Potter et al argue that population flow patterns affect the types of public health interventions that are feasible and useful in a jail setting, where many spend only a matter of hours. Effective interventions depend on where in the jail processing process they are implemented. The speed of population flow will also affect who is reached by these interventions.

Potter et al. (June 2011). Jails and Public Health Service Delivery and Empirical Knowledge: The Impact of Jail Population "Flow." American Journal of Criminal Justice. https://doi.org/10.1007/s12103-011-9116-4

 Maruschak et al discuss pandemic preparedness issues specific to jail facilities. Among these are turnover, flow, capacity, medical and mental health service availability, movement between jail and communities, and vulnerability due to a higher prevalence of infectious and chronic diseases, mental illness, substance dependence, homelessness prior to jail. The authors emphasize that jails and community run the risk of transmission in both directions and that public health and corrections officials must collaborate to maximize the health of all populations.

Maruschak et al. (Sep 2009). Pandemic Influenza and Jail Facilities and Populations. Am J Public Health. <u>https://doi.org/10.2105/AJPH.2009.175174</u>

 In this commentary, authors discuss the ethical issues that may arise in correctional facilities during a pandemic, comparing pandemic flu preparedness across three European countries. Three key ethical dilemmas are raised. While rules and standards are different for U.S. correctional facilities, the examination of a particularly disadvantaged group with high susceptibly to communicable disease outbreaks is still highly relevant.

Hoff (May 2009). Prisons' preparedness for pandemic flu and the ethical issues. Public Health. <u>https://doi.org/10.1016/j.puhe.2009.04.003</u>

 Schwartz calls for collaboration between public health, medical, and corrections officials in correctional disaster planning due to the potential effects on the broader population that disease transmission within a correctional facility may have. Structural challenges in these facilities, stigma and public perception, and strategies for education, disease surveillance, enhanced prisoner release/follow up procedures, and collaborative disaster training are provided.

Schwartz (May 2008). The impact of correctional institutions on public health during a pandemic or emerging infection disaster. American Journal of Disaster Medicine. https://doi.org/10.5055/ajdm.2008.0023