

NC Department of Health and Human Services

COVID-19 Testing and Vaccinations in Detention Centers and Jails

March 15, 2021

Acknowledgements/Partnerships

- **NC Association of Local Health Directors (NCALHD)**
- **NC Department of Health and Human Services (DHHS)**
 - **Division of Public Health (DPH)**
- **NC Department of Public Safety (DPS)**
 - **Division of Prisons**
- **NC Sheriffs' Association**
- **Southern Health Partners**
- **Wellpath**

DHHS-DPH Corrections Team

Dr. Zack Moore, State Epidemiologist and Epidemiology Section Chief

- Justin Albertson**
- Myra Allen**
- Evelyn Foust**
- Chris Kippes**
- Marjorie (Naila) Segule**
- Dr. Paula Smith**
- Meg Sredl**
- Dr. Erica Wilson, Medical Director, Vaccine Preventable and Respiratory Diseases**

Please see “Contact Us” slide at the end of the presentation for detailed contact information

Agenda

Topic	Presenter
Introductions	Hugh Tilson , Director – NC AHEC and host for webinar
Greetings	Dr. Zack Moore , State Epidemiologist and Epidemiology Section Chief - DPH Tim Moose , Chief Deputy Secretary - DPS Elaine Russell , Health Director (Transylvania County) and NCALHD Region 1 Representative David Mahoney , Sheriff (Transylvania County) and President of NC Sheriffs' Association
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Summary action steps to increase testing and vaccination	Dr. Moore and Sheriff Mahoney
Q&A	Dr. Moore and Sheriff Mahoney (facilitating)

Greetings

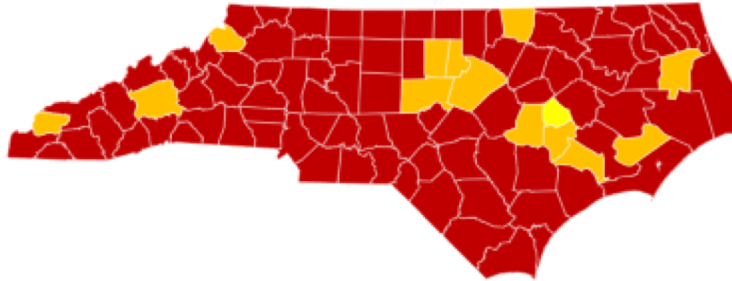
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Update on COVID-19 data and epidemiology

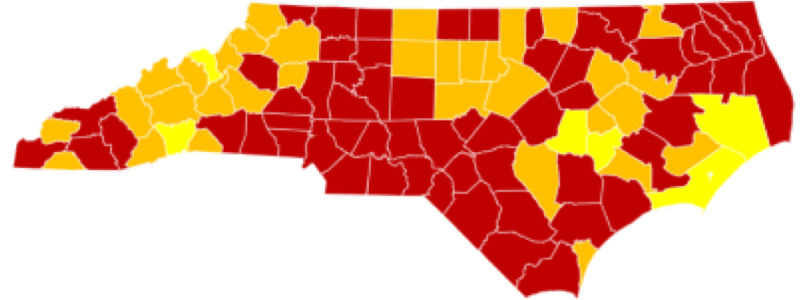
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Change in County Alert Maps, January–March 2021

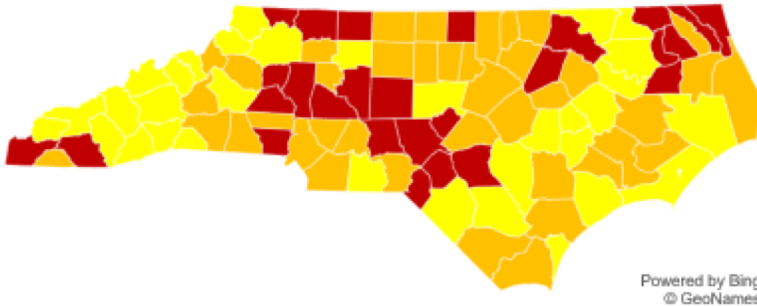
January 21, 2021



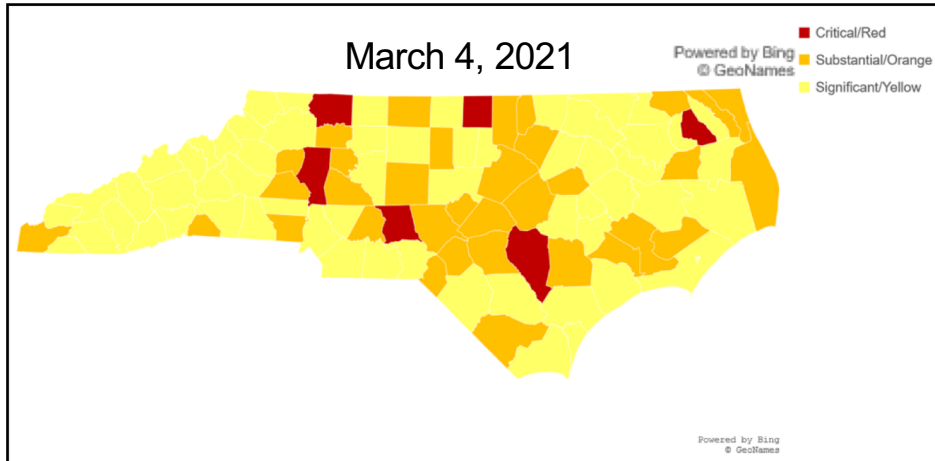
February 4, 2021



February 24, 2021



March 4, 2021

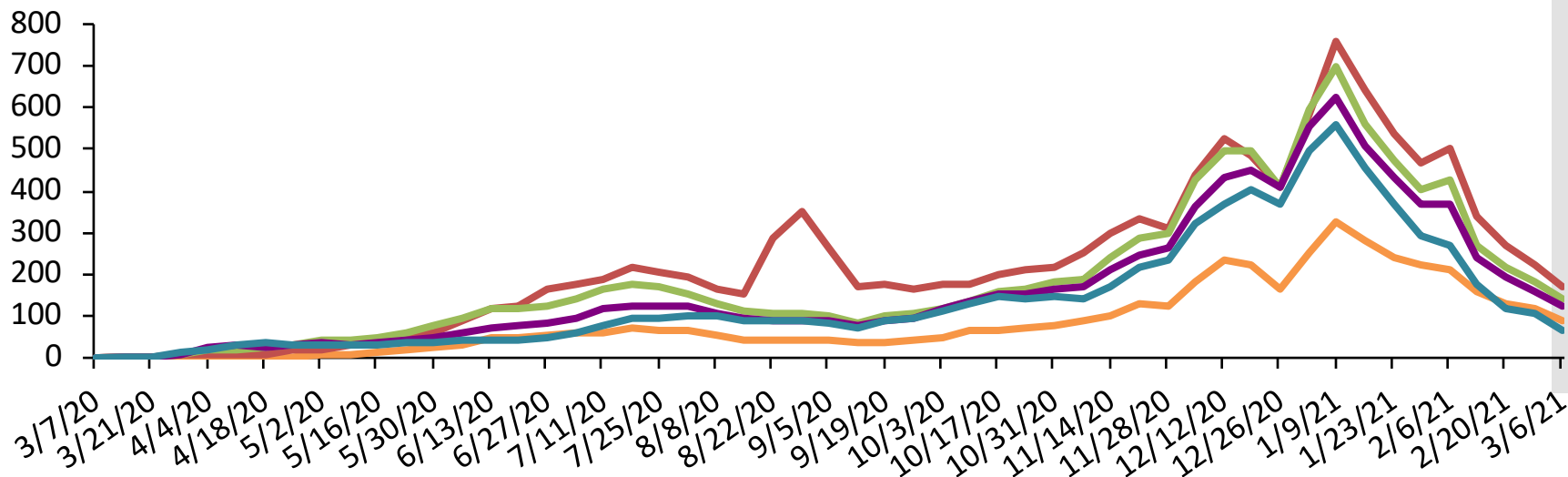


Case Rates Decline Across All Age Groups

Case rates continue to decline across all age groups, with those in the 65+ age group having the lowest case rates.

NC COVID-19 Cases per 100,000 Population by Age

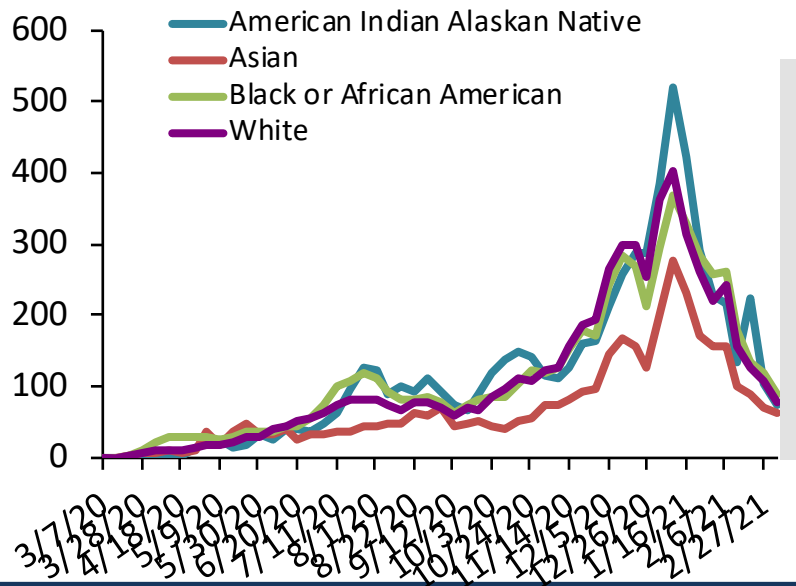
0-17 18-24 25-49 50-64 65+



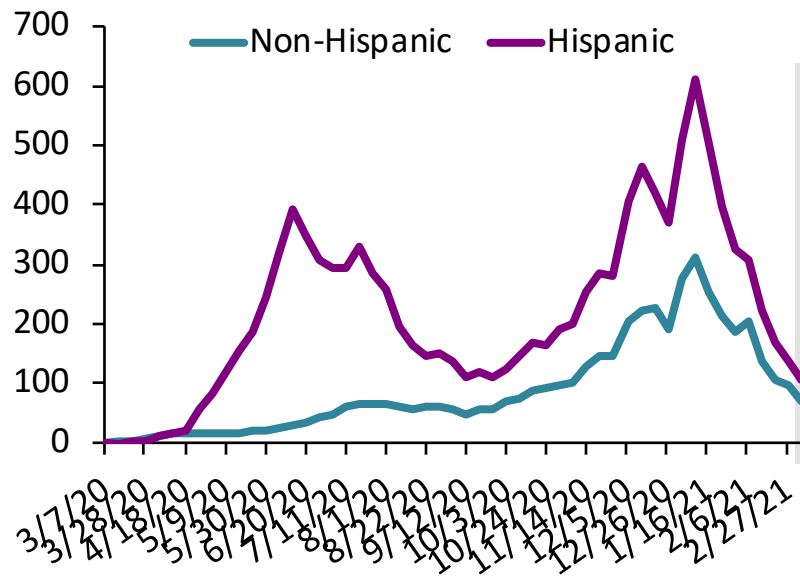
Case Rates Decline Across Race/Ethnicity Categories

Cases continue to decline and converge across all race/ethnicity categories.

NC COVID-19 Cases per 100,000 Population by Race

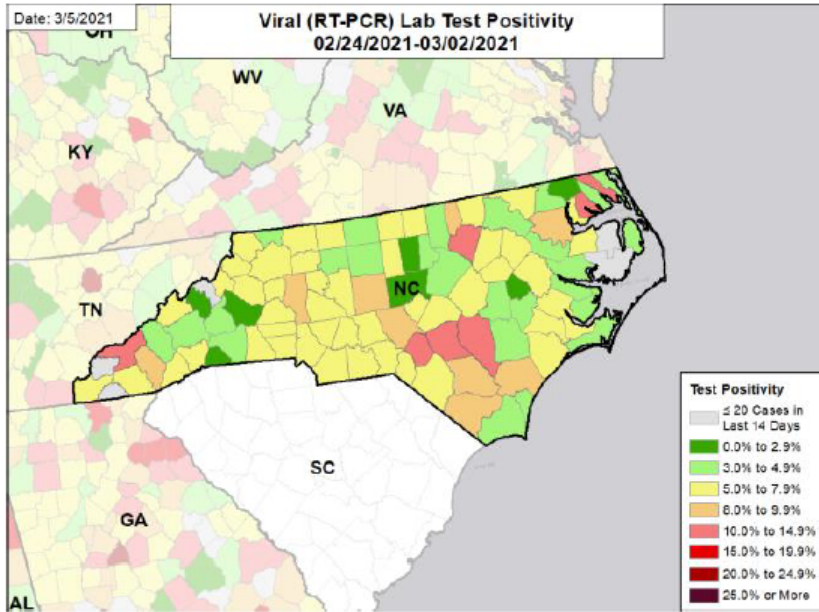


NC COVID-19 Cases per 100,000 Population by Ethnicity

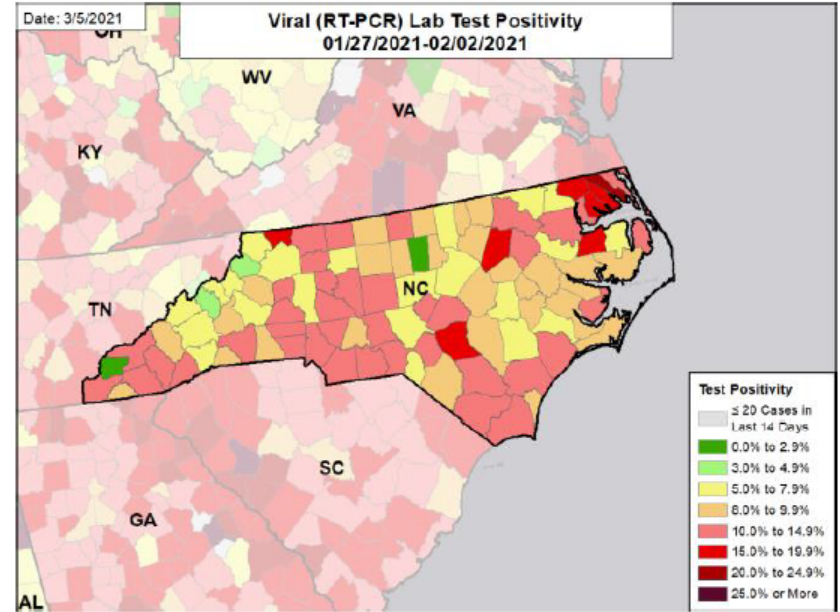


Test Positivity Rates Decreasing

**VIRAL (RT-PCR) LABORATORY TEST
POSITIVITY**



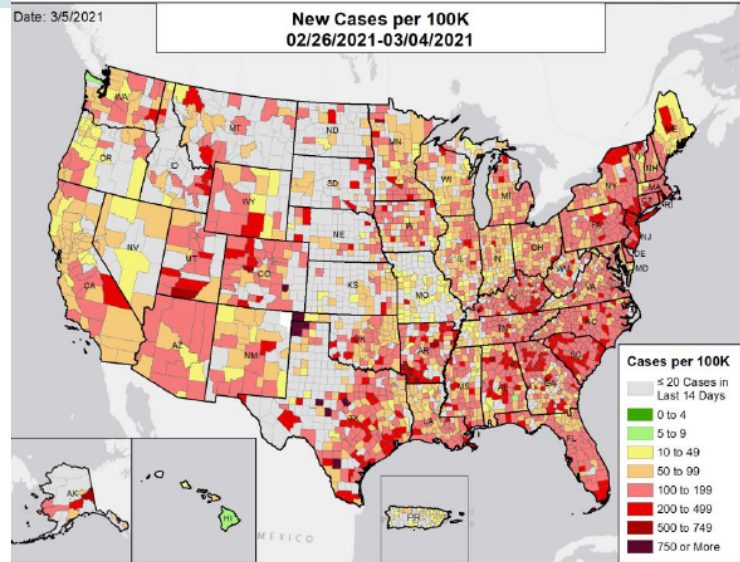
**VIRAL (RT-PCR) LABORATORY TEST
POSITIVITY ONE MONTH BEFORE**



New cases decreasing nationally; still in “red zone”

NEW CASES PER 100,000

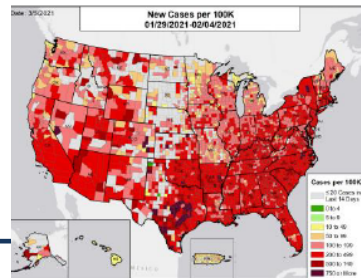
NATIONAL RANKING OF NEW CASES PER 100,000



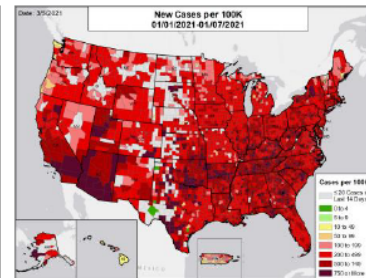
National Rank	State	National Rank	State
1	NJ	27	MS
2	NY	28	IA
3	RI	29	OK
4	DE	30	LA
5	GA	31	WV
6	AR	32	OH
7	TX	33	MT
8	FL	34	NM
9	CT	35	NE
10	KY	36	MN
11	CO	37	MI
12	PA	38	IL
13	NC	39	MD
14	AL	40	ME
15	SC	41	WY
16	VT	42	WI
17	MA	43	NV
18	DC	44	IN
19	TN	45	KS
20	SD	46	ND
21	VA	47	WA
22	UT	48	CA
23	NH	49	OR
24	AK	50	MO
25	AZ	51	PR
26	ID	52	HI

NEW CASES PER 100,000 IN THE WEEK:

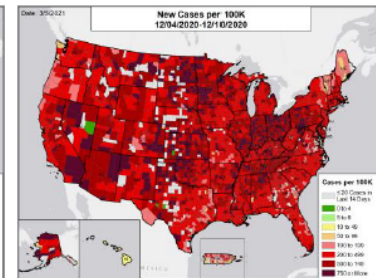
ONE MONTH BEFORE



TWO MONTHS BEFORE



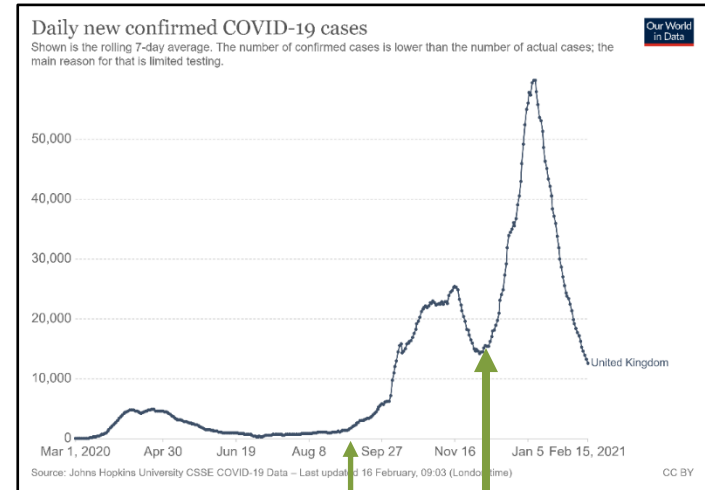
THREE MONTHS BEFORE



Impact of More Transmissible Variants?

- **New, more contagious variants could reverse our current declines in COVID-19 case trends**
 - Emergence of variants has caused a major surge in the UK and in other countries
 - Early CDC models suggest B.1.1.7 variant could cause spring surge or at a minimum slow the rate of decline
- **Several factors could determine the impact of variants on COVID-19 trajectory in NC**
 - Which variant(s) become predominant (B.1.1.7, B.1.351, others)
 - Speed of vaccination rollout
 - People's adherence to the 3Ws and mitigation measures
 - Seasonality

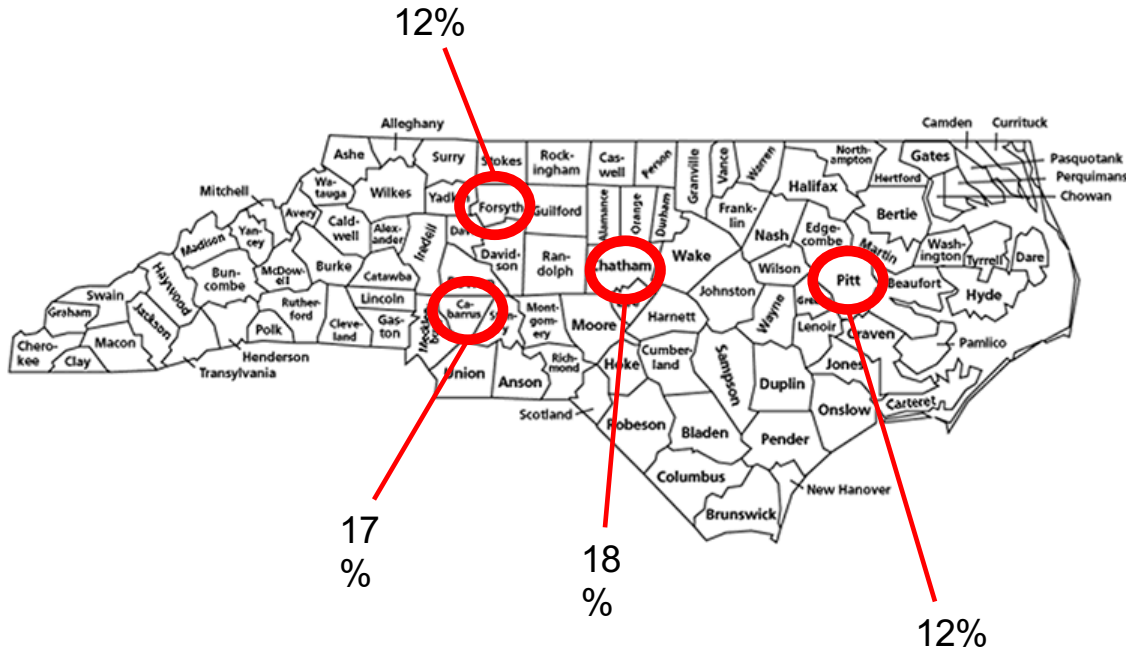
Daily COVID cases in UK



Widespread transmission of B117

First sample with B117 (found retrospectively)

Population Immunity: Natural + Vaccine



Statewide Sero-Estimates:

- 15%: Robinson. UNC Anti-natal remnant study.
- 18%: Markman. UNC healthcare remnant study

Vaccine:

- 19%: 1st dose
- 12%: 2nd dose

>25
%

Summary of Jail and Local Detention Center Outbreaks Data

	Number of Ongoing Outbreaks	Number of Total Outbreaks*
Local Jail and Detention Center Outbreaks	29	88

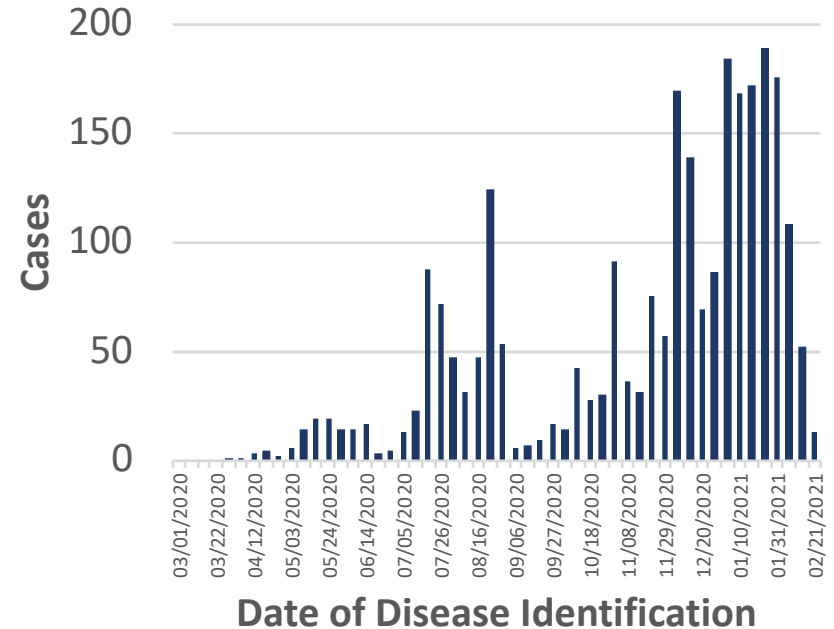
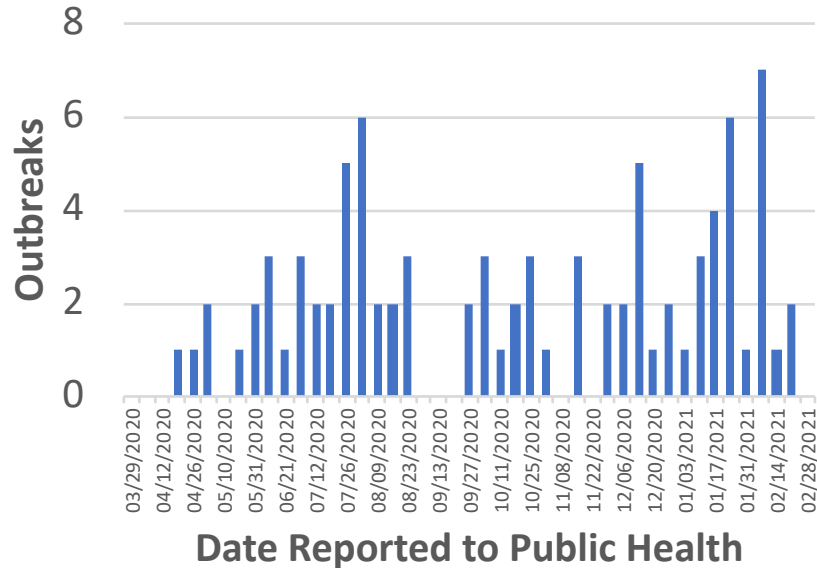
*These are cumulative since the first reported correctional outbreak on March 30, 2020.

	Total Cases*	Total Hospitalizations*	Total Deaths*
Local Jail and Detention Center Outbreaks	2613	40	8

*Total counts include staff and detainee/offenders.

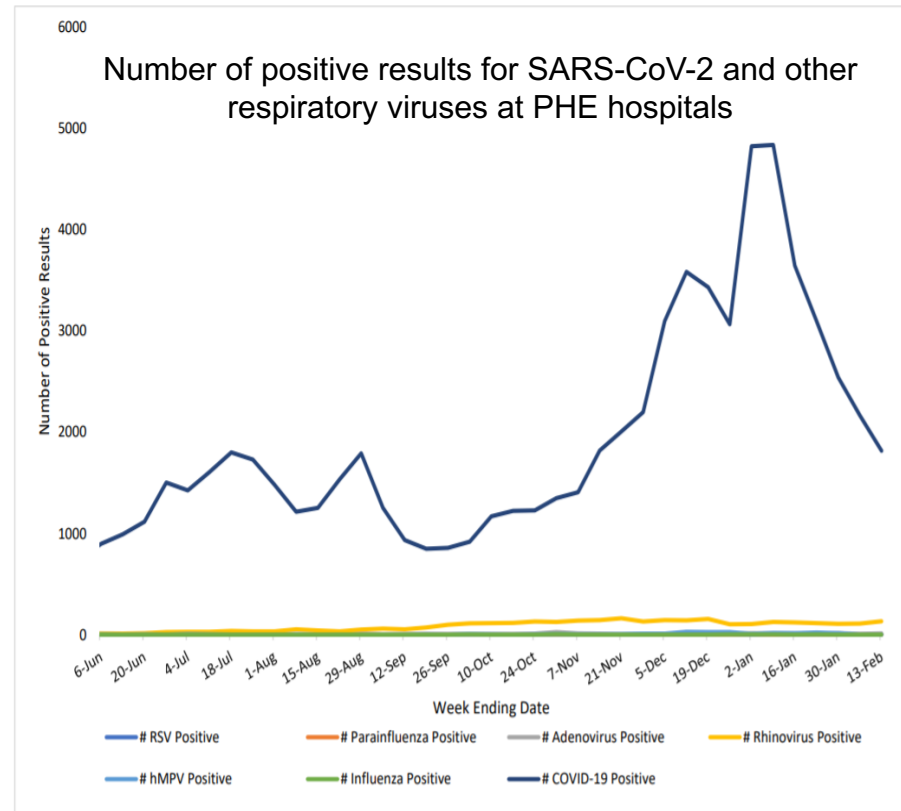
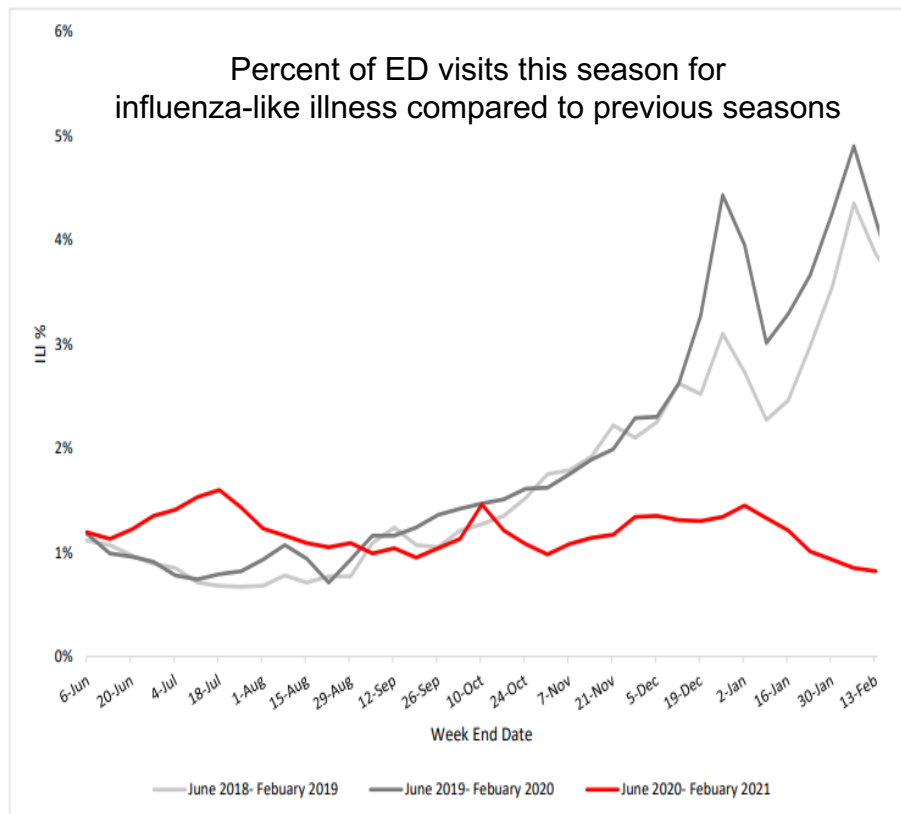
SOURCE: NC COVID

Weekly Number of Outbreaks and Number of Cases Associated with Outbreaks in Jails and Local Detention Centers



SOURCE: NC COVID

What about Flu?



Review of CDC guidance for jails

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COVID-19 Testing In Correctional Facilities

March 15, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

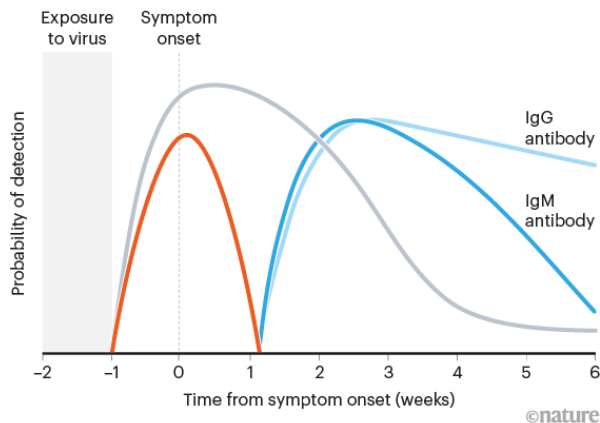


How do we test for COVID?

- Molecular/PCR-based tests and **antigen** tests diagnose current infection
- **Antibody** tests detect prior infection

Different types of COVID-19 test can detect the presence of the SARS-CoV-2 virus or the body's response to infection. The probability of a positive result varies with each test before and after symptoms appear.

- **PCR-based tests** can detect small amounts of viral genetic material, so a test can be positive long after a person stops being infectious.
- **Rapid antigen tests** detect the presence of viral proteins and can return positive results when a person is most infectious.
- **Antibody tests** detect the body's immune response to the virus and are not effective at the earliest phase of infection.



	PCR-based RNA amplification	Antigen Antigen testing
Predominant type of test		
Sample collection	Swab 	Swab or saliva
Turnaround time	Days	Minutes
Cost	\$\$\$	\$
Accuracy	High	Moderate

Rapid Antigen Tests Available to Jails and Detention Centers

About Antigen Tests:

- Designed for **rapid diagnosis of active infections** within 5-7 days of symptom onset
- Generally, **less sensitive than molecular / PCR tests** (greater chance of false negatives)
- Early emerging data suggests **good specificity** (i.e. low chance of false positives)



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Who can do the tests?

- Someone who has undergone training (does not need to be a healthcare professional)

Where can the tests be done?

- All facilities that perform even one test **must have a CLIA certificate of waiver and meet CLIA regulatory requirements**



Though some jails may elect to receive BD Veritor instruments and test kits, most will receive BinaxNOW Ag Cards.

Rapid Antigen Tests Available to Jails and Detention Centers

BD Veritor Materials

Materials Provided:

1. BD Veritor Plus Analyzer
2. Test Device (30 per kit)
3. Sample collection swabs
4. Extraction Reagent
5. Power cable
6. Positive (+) and negative (-) control swabs
7. Validation cartridge

Required but not provided:

- Clock, timer or stopwatch
- Tube tray

Optional Materials:

- USB Printer cable for BD Veritor Plus Analyzer

Storage & Stability:

- Kits may be stored at 2–30 °C. DO NOT FREEZE.
- Reagents and devices must be at room temperature (15–30 °C) when used for testing.



Rapid Antigen Tests Available to Jails and Detention Centers

Abbott BinaxNOW Ag Cards

BinaxNOW Materials Provided:

- 40 Test Cards per kit
- Extraction Reagent
- Procedure Card
- Patient Collection Nasal Swabs
- Positive Control Swab
- Blank Nasal Swab for Negative Control
- Product Insert
- Healthcare Provider & Patient COVID-19 Fact Sheets

Required but not provided:

- Clock, timer or stopwatch

Optional Materials:

- Plastic Transport Tube

Storage & Stability:

- Store kit at 2-30°C
- Ensure all components at room temperature before use
- Stable until the expiration date marked on the outer packaging



Antigen Test Requirements

All sites must meet the following requirements to requesting tests:

1. **CLIA Certificate** -- Obtain a [CLIA certificate](#) or partner with an entity with a CLIA
2. **Physician Order** -- Secure a signed physician order or elect to use the [Statewide Order](#)
3. **PPE** -- Maintain an [adequate supply](#) of PPE to perform tests
4. **Medical Waste** -- Adhere to standards to properly handle and dispose of [medical waste](#)
5. **Training** -- Ensure all testing personnel have completed [BinaxNOW](#) or [BD Veritor](#) training
6. **Reporting** -- Verify ability to complete DHHS [reporting requirements](#).
7. **Quarantine & Isolation Support** – Sites must have a plan in place to provide [isolation](#) for all detainees with suspected or confirmed cases of COVID-19 and [quarantine](#) for all detainees who are close contacts of a COVID-19 case

Antigen Test Requirements

We will focus on the two requirements that we often receive the most questions on for this discussion:

- 1. CLIA Certificate** -- Obtain a [CLIA certificate](#) or partner with an entity with a CLIA
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Testing Requirement: Obtain a CLIA Certificate

CLIA = Clinical Laboratory Improvement Amendments: CMS governing body for lab testing quality

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- **CLIA certificates type:** Determines the type/ complexity of tests that the entity can perform
 - Certificate of waiver = low complexity, waived tests only
 - Registration = moderate/ high complexity tests
 - Compliance = moderate and high complexity tests; CLIA inspection completed
 - Certificate of accreditation = laboratories accredited by CMS-approved accreditation organization

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- **Reporting:** Testing professionals must collect and report complete patient demographic information and ensure that results are reported using the proper LOINC code

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What does this mean for facilities interested in testing?

- ☐ Must confirm that they have at least a Certificate of Waiver or partnered with an organization with a CLIA certificate that will perform testing on their behalf
- ☐ Must communicate process and obligations, as well as CLIA requirements, to ALL individuals performing and reporting
- ☐ The CLIA certified entity is liable for all test training, performance and reporting requirements

Testing Requirement: Reporting Test Results

Results of all COVID-19 diagnostic test results must be reported, both positive and negative.

Reporting Method	What is it?	IT Resources required
Patient Test Result Portal (eCATR PTR) Interested? CATR@dhhs.nc.gov	Secure web-based tool with a user-friendly interface to input positive and negative COVID-19 test results and associated data.	No central IT support or lab information system
COVID-19 Laboratory Data Automation (CLDA) Interested? CLDA.SupportServices@dhhs.nc.gov	Automated reporting process using a .csv (Comma Separated Value) file format to securely send all positive and negative COVID-19 test results via SFTP (SSH File Transfer Protocol).	Some technical support to build .csv files (preferably leading to automated generation of files)
HL7 Electronic Lab Reporting (ELR)	Automated reporting process using HL7 format to securely send all positive and negative COVID-19 test results.	Previous experience with ELR using HL7 standard and strong technical resources and/or budget to build automated standards-based solution
COVID-19 Centralized ELR Reporting	Automated reporting process that allows facilities to send test results to a national hub which routes data based on patient's state of residence to appropriate public health jurisdictions	Strong technical resources

Recommended methods

Test Request Process and Use Cases

All facilities that meet the testing requirements may apply or work with their health department to apply to request tests via the [request form linked here](#).

1. Requests are reviewed **2x per week**
2. The point-of-contact will be contacted via email with the status of their request within **3-5 business days**

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Jails / detention centers may request tests at no cost to the facility from NC DHHS for any of the below use cases:

1. **Symptomatic or close contact** testing of staff and detainee
2. **Serial screening** (recommended 1x per week) of corrections and jail staff
3. **Intake testing** for new detainees or transfers between facilities

State testing resources for jails

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CDC and NC DHHS Resources

CDC and NC DHHS Guidance for Jails

- **CDC Toolkit for Correctional Facilities**

- Collection of links with information and resources for managing COVID-19 in correctional facilities



- **COVID-19 Testing in Correctional Facilities**

- CDC guidance on testing in correctional facilities (recently updated!)

- **COVID-19 Vaccine FAQs in Correctional Facilities**

- FAQs and resources for vaccinations in correctional facilities

- **NC DHHS Jail Health Toolkit**

- Detailed guidance from NC DHHS about isolation and quarantine, staffing, transfers, and other common questions



Testing Guidance for Correctional Facilities

Testing: Symptomatic People

- Conduct temperature and symptom checks to quickly identify people with signs and symptoms of COVID-19
- Anyone with signs or symptoms of COVID-19 should be tested, regardless of vaccination status

SOURCE: [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#) | CDC

Testing: Exposed People

- All close contacts should be tested as soon as they are identified
- Close contacts who test negative must be put in quarantine for 14 days
 - If quarantined as a cohort, retest everyone every 3-7 days throughout quarantine period to quickly identify any new cases
 - If a new case is identified, the 14-day quarantine clock resets for the rest of the cohort

SOURCE: [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities | CDC](#)

Testing: Outbreaks

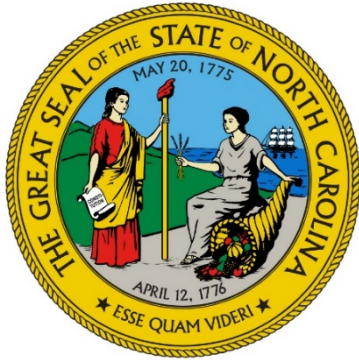
- **Outbreak = two or more cases in a 28-day period**
- **Test everyone in the facility when an outbreak is identified (both inmates and staff)**
- **Retest all negatives every 3-7 days until no new cases have been identified for 14 days**
- **Work with your local health department to determine how to handle the outbreak in your facility**
- **Testing assistance is available through the State Lab of Public Health**

SOURCE: [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities | CDC](#)

Testing: Other Situations

- **Test all new intakes on arrival**
- **Test inmates before transfer or release**
- **If there are moderate-to-substantial levels of community transmission, consider routine testing of corrections officers**
 - **Work with your local health department to develop a testing plan tailored to your community and the resources you have available**

SOURCE: [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities | CDC](#)



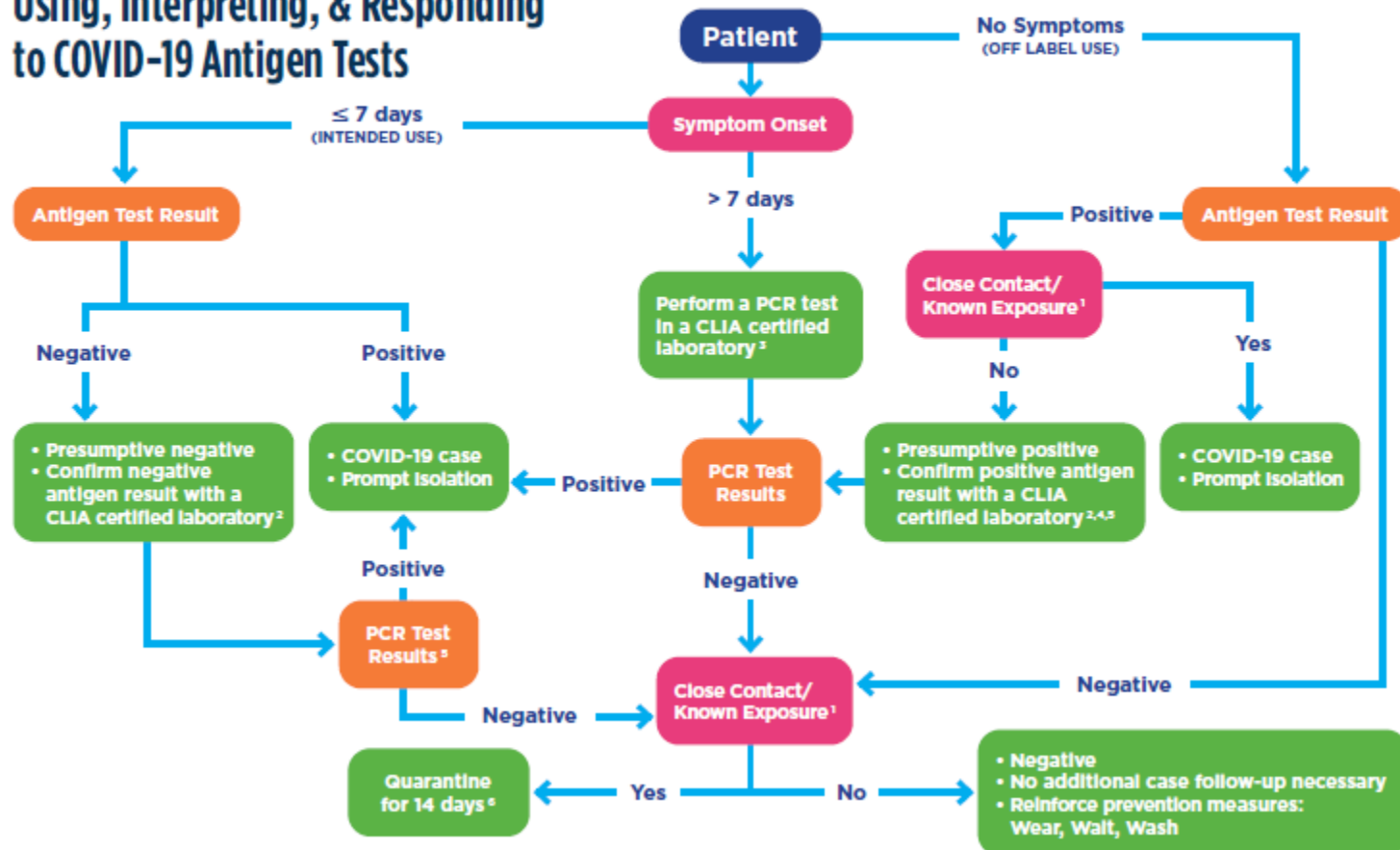
Antigen Tests

Using Antigen Tests

- **Rapid tests give fast results, but are less accurate**
- **You will sometimes need to get a lab test to confirm if the rapid test was correct**
 - **People who are waiting for the results of a lab test should be placed in individual medical isolation**
- **Work with your local health department and jail health providers to interpret antigen test results**

SOURCE: [Interim Guidance for Antigen Testing for SARS-CoV-2 | CDC](#)

Using, Interpreting, & Responding to COVID-19 Antigen Tests



SOURCE: [Using, Interpreting, and Responding to COVID-19 Antigen Tests](#)

State vaccination plan and vaccine planning for NC jails

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NORTH CAROLINA'S COVID-19 VACCINE ROADMAP



YOU HAVE A
SPOT.

TAKE YOUR
SHOT.



THE DESTINATION

Vaccinate every person living or working in North Carolina who wants to receive a COVID-19 vaccine.

SOURCE: <https://covid19.ncdhhs.gov/vaccines/nc-vaccine-strategy>

NC's COVID-19 Vaccine Roadmap: Structure



True North: Guiding Principles

The Starting Point

Tested, safe and effective COVID-19 vaccines will help us get back in control of our lives and back to the people and places we love.

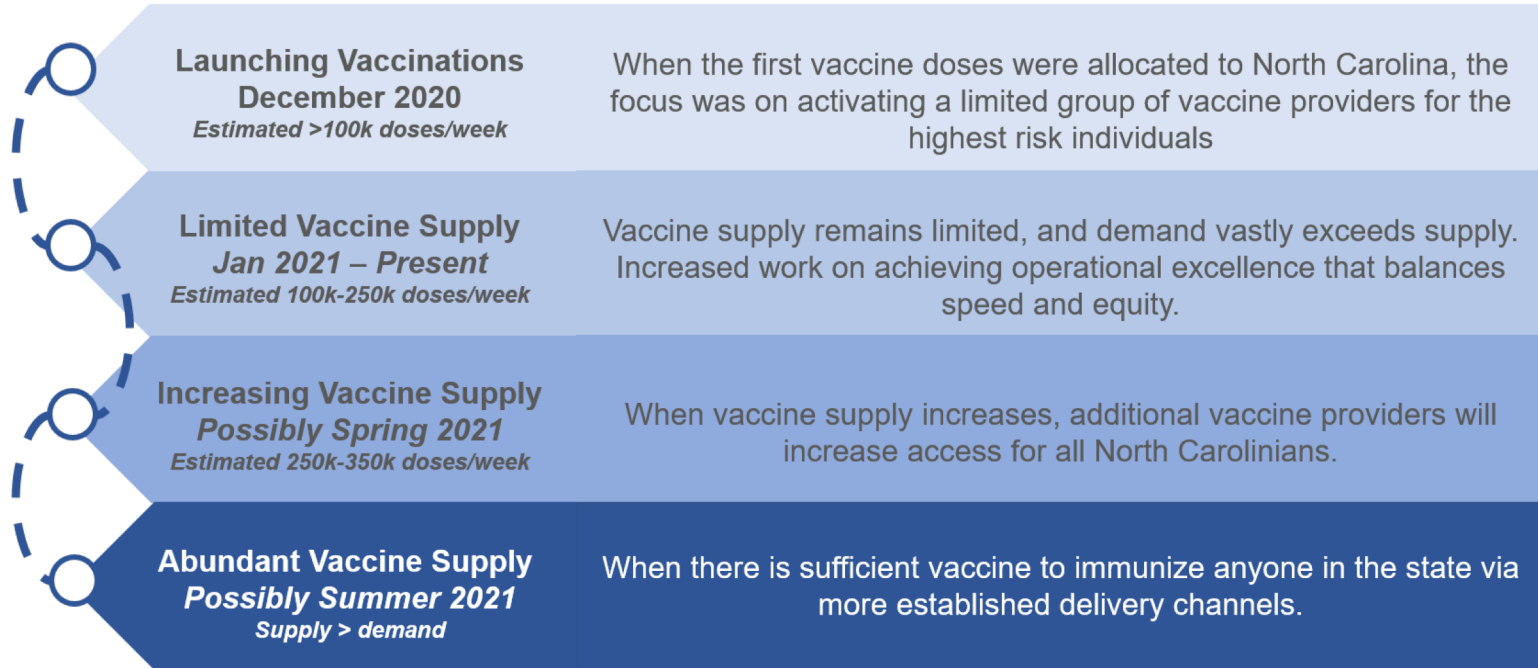
North Carolina will mobilize to vaccinate as many people as quickly and equitably as possible given the available vaccine supply.

The Route

The Destination

Vaccinate every person living or working in North Carolina who wants to receive a COVID-19 vaccine with an emphasis on achieving demographic parity of populations vaccinated.

The Mile Markers



The Route: Our actions are to...

- 1. Establish vaccine prioritization groups**
- 2. Earn the trust of North Carolinians**
- 3. Help people find their spot**
- 4. Onboard vaccine providers**
- 5. Embed equity in vaccine operations**
- 6. Manage vaccine allocations**
- 7. Enhance vaccine data reporting technology**
- 8. Support vaccine providers**

On the Horizon

- **Our approach will change over time based on vaccine supply, lessons learned, and new data, research and opportunities. Some key areas that we are watching:**
 - Additional vaccine authorizations, including single dose vaccines or vaccines that are recommended for specific populations
 - COVID-19 virus variants that impact vaccine recommendations
 - Recommendations for booster vaccine doses
 - Progress and outcomes of vaccine clinical trials that include children
 - Potential shifts in public health guidance on COVID-19 prevention, testing, contact tracing, and isolation/quarantine as vaccination coverage increases

Who is Eligible in Group 3 and Group 4?

Anyone working in a Public Safety setting, who must report to work in-person.

Started March 3rd

- ✓ Correction Workers
- ✓ Law Enforcement Personnel

Individuals living in certain congregate settings.

Starting March 17th

- ✓ Individuals in correctional facilities
- ✓ Individuals experiencing homelessness or living in a homeless shelter

How Can You Help Your Employees Get Vaccinated?

Three examples (not exhaustive) of how employees may get vaccinated:

Example 1: Host Vaccine Event Onsite	Example 2: Vaccine Provider Hosts Special Event for Employees	Example 3: Employees Get Vaccinated On Their Own
Sheriff/jail health administrators partner with a vaccine provider (e.g., the LDH, a local hospital or a contracted jail health providers) to host an event to vaccinate employees onsite.	Sheriff/jail health administrators partner with a vaccine provider (e.g., a local hospital or the LHD) to host a special event at the provider location specifically for employees to get vaccinated.	An employee gets a vaccine appointment on their own, without a particular event for corrections officers. Employee visits myspot.nc.gov to find a local vaccine provider and contacts them to make an appointment.

What's right for your community?

Sheriffs, jail administrators, and vaccine providers should decide what may be possible to implement in your community, depending on the supply of vaccines and available staffing.

How Can You Help Inmates Get Vaccinated?

	Jail Health Onsite	Contracted Healthcare Provider	Partner with Local Health Department or Other Local Providers
Vaccinator	Jail health provider	Contracted healthcare (e.g. Wellpath, Southern Health Partners, or other)	Local vaccine provider
Employer Role	<ul style="list-style-type: none"> Jail health provider enrolls and onboards with CVMS Jail identifies individuals and encourages vaccination Jail health providers registers inmates in CVMS Health provider requests and receives allocation through DHHS Health provider vaccinates 	<ul style="list-style-type: none"> Contracted healthcare provider enrolls and onboards with CVMS Jail identifies individuals and encourages vaccination Contracted healthcare provider invites jail to use organizational portal to registers inmates in CVMS ahead of vaccination, or healthcare provider registers at point of vaccination Contracted healthcare provider requests and receives allocation through DHHS Contracted healthcare provider vaccinates 	<ul style="list-style-type: none"> Jail reaches out to local provider, such as health department Jail identifies individuals and encourages vaccination Vaccine provider invites jail to use organizational portal to register inmates in CVMS ahead of vaccination, or healthcare provider registers at point of vaccination Jail provides information to vaccine provider to register inmates in advance Local provider requests and receives allocation through CVMS Local vaccine provider comes onsite and vaccinates
Allocation	Direct allocation	Direct allocation	Baseline, set-aside, or direct allocation

How Can You Help Get Inmates Vaccinated?

Use your existing infrastructure for health care delivery.

- Have your contracted health care providers register in the COVID-19 Vaccine Management System (CVMS) and administer the vaccine.

Reach out to local providers in your community.

- Partner with local providers, such as Health Departments or Hospitals, to come onsite to vaccinate inmates. These providers may be able to dedicate some of their baseline allocations for this event or can request separate allocation through the event allocation process.

Consider the cost needed for implementation and identify possible funding streams to help support

Vaccine considerations and administration in jails

Topic	Presenter
Introductions	Hugh Tilson , Director – NC AHEC and host for webinar
Greetings	Dr. Zack Moore , State Epidemiologist and Epidemiology Section Chief - DPH Tim Moose , Chief Deputy Secretary - DPS Elaine Russell , Health Director (Transylvania County) and NCALHD Region 1 Representative David Mahoney , Sheriff (Transylvania County) and President of NC Sheriffs' Association
Update on COVID-19 data and epidemiology	Dr. Zack Moore , State Epidemiologist and Epidemiology Section Chief - DPH
State testing resources for jails	Natalie Ivanov , Program Director, COVID-19 Testing - DHHS
Review of CDC guidance for jails	Meg Sredl , HAI Epidemiologist - DPH
State vaccination plan and vaccine planning for NC jails	Ben Money , Deputy Secretary - NC DHHS Karen Wade , Policy Advisor - NC DHHS
Vaccine considerations and administration in jails	Dr. Erica Wilson , Medical Director, Vaccine Preventable and Respiratory Diseases - DPH
Summary action steps to increase testing and vaccination	Dr. Moore and Sheriff Mahoney
Q&A	Dr. Moore and Sheriff Mahoney (facilitating)

Vaccine considerations and administration in jails

- **COVID-19 vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine.**



- **COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in to COVID-19 vaccination.**

SOURCE: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Action steps to increase testing and vaccination

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Introductions	Hugh Tilson , Director – NC AHEC and host for webinar
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Summary Action Steps: Antigen Tests

- North Carolina local health departments, Sheriffs, jail health administrators, and DPS have strong partnerships addressing both the safety and healthcare needs of all staff including law enforcement working in these settings, and people who are incarcerated. These partnerships have been a cornerstone to successfully mitigate the impact of COVID 19 in jails and in our communities and although challenges exist, best practices have emerged.
- Work with your local health department to create a testing plan for your facility
 - See updated [CDC testing guidance](#) for more information about using antigen tests in correctional facilities
- [Request antigen tests](#)
- Determine how you will [report antigen test results](#)

Action Steps: Vaccines

- **Determine how employees will get vaccinated**
 - Who will administer the vaccines?
 - Where will this happen?
- **Determine how inmates will get vaccinated**
 - Who will administer the vaccines?
 - How will you continue to vaccinate new intakes after existing inmates have been vaccinated?
- **Work with the vaccine providers to calculate how many doses you need and set up vaccination clinics**
- **[Review clinical guidelines for administration](#)**

Q & A

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Contact Us

TOPIC	EMAIL
Antigen testing	NCDHHS_Antigen@dhhs.nc.gov
COVID-19 cases or outbreaks in your facility	myra.g.allen@dhhs.nc.gov
General questions about COVID-19 in jails	megan.sredl@dhhs.nc.gov or chris.kippes@dhhs.nc.gov
Infection Prevention Guidance	megan.sredl@dhhs.nc.gov
Vaccine Challenges	chris.kippes@dhhs.nc.gov

Q & A

THANK YOU!