

10 Facts About the COVID-19 Vaccination Prioritization for Corrections

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1. Each Jurisdiction Decides on the Prioritization of Correctional Officers (COs) Receiving the COVID-19 Vaccination.

The CDC issues recommendations for prioritization of vaccination—which groups should be in which phases. But these are only recommendations. Generally the state—but could be a territory or certain cities—are taking those recommendations under advisement, but can decide for itself which groups are in each phase. However, some states may grant local health authorities and other vaccinators some discretion in further prioritizing within broad groups, especially while vaccine supplies are limited. The CDC’s recommendations state that COs are essential frontline workers and should be in Phase 1b.

2. COs Should Get Vaccinated.

COs have one of the highest, if not the highest, risk of contracting COVID-19 of any occupation.

3. Correctional Medical Staff Should be Prioritized to Receive the COVID-19 Vaccination.

According to the CDC recommendations, if medical personnel “have the potential for direct or indirect exposure to patients or infectious materials,” they should be in Phase 1a. In a jail that has patients in a medical isolation or quarantine unit, jail medical staff should therefore be prioritized to Phase 1a. However, each state may interpret this guidance differently. If vaccine supply is limited, sub-prioritization may be required within the group. For example, if a jail has two facilities, and it has concentrated all medical isolation and quarantine rooms in one of those facilities, medical staff working at that facility should be prioritized ahead of those in the second facility.

4. COs May Qualify for Phase 1a.

This depends on the state and its interpretation of Phase 1a. When the National Academies of Science, Engineer, and Medicine defined high-risk health workers, they included other nonmedical professionals who support work side-by-side with healthcare workers or their patients. For all intents and purposes, isolation and quarantine units within correctional facilities are healthcare settings. Therefore, it is reasonable to consider that COs who work in those units are at a similar level of risk as the doctors and nurses in those units. As noted above, the same sub-prioritization may need to be applied to COs as it would be to the medical staff.

5. Facility Residents Are Not Named in the CDC’s Main Recommendations of Phase 1 Populations.

Facility residents would be prioritized along with all other people in the community who are not named in higher priority groups. This may change when the CDC provides more details about priorities for vaccination beyond Phase 1. However, it is very important to note that the CDC has recognized that there is an increased risk of transmission in congregate settings and has provided very helpful verbiage to this effect:

Increased rates of transmission have been observed in congregate living settings. Based on local, state, or territorial epidemiology and implementation considerations, jurisdictions may choose to vaccinate persons who reside at congregate living facilities

(e.g., correctional or detention facilities, homeless shelters, group homes, or employer provided shared housing units) at the same time as the frontline staff, because of their shared increased risk of disease. (www.cdc.gov/vaccines/covid-19/phased-implementation.html)

Because of this increased risk, some jurisdictions have already included correctional facility residents in Phase 1. If this has not yet happened in your jurisdiction, the above statement from the CDC may be helpful in your discussions with state or local health authority (see #7 below).

6. Certain Correctional Facility Residents Could be Prioritized Sooner.

The CDC's Phase 1b calls for vaccination of anyone ≥ 75 years. Phase 1c calls for vaccination of anyone 16 to 64 years with high-risk medical conditions and anyone 65 to 74 years, regardless of their medical condition. The facility's medical staff should identify those people to ensure they receive the vaccine when it becomes available.

Additionally, even if correctional facilities are not specifically prioritized earlier in your jurisdiction, part of the facility may belong in Phase 1a for the following reason: Long-term care facilities are in Phase 1a. This recommendation was written with community nursing homes, skilled nursing facilities, and assisted living facilities in mind. However, if your facility houses frail and elderly residents in dedicated units in your jail (e.g., a sheltered living unit where residents receive supplemental healthcare and other support for their basic human needs), it is reasonable to ask your state and/or local decision-makers to consider these individuals on the same footing as their community counterparts.

7. Facilities Need to Get Residents in the Queue for Vaccination and Ensure Professional Staff Stay in the Queue.

Fortunately, the current CDC recommendations specifically call out COs and healthcare staff in early phases. However, these are only recommendations to states that may modify the recommendations to meet local needs. And, as mentioned earlier, correctional facility residents as a group are not currently prioritized by the CDC in its main recommendations for Phase 1 populations. Therefore, it is important to contact your state health department to assure that you are "on the radar." You could do this individually, in conjunction with other counties as part of your state association, or in conjunction with your prison partners.

Where necessary, bring the guidance cited in #5 above to their attention (they may have missed it) and educate decision-makers about why your operation should be on the radar:

- COs are at risk because they are thrown into encounters where they cannot social-distance with people who may be infected.
- COs have been shown to have one of the highest risks of infection of all occupations.
- Loss of COs from their posts due to infection puts public safety at risk.
- Jail residents are at risk of infection because they live in a congregate setting ("land-locked cruise ship").
- Because they have more underlying health problems than people in the community, jail residents are at greater risk of COVID-19 complications.
- When jail residents develop complications, they use scarce community hospital resources. Given the rapid spread in correctional settings, the number of such patients

- needing hospitalization could be large.
- When COs contract COVID-19 at work, they can bring it into the community.

If your local health authorities is also be charged with making prioritization decisions, check their “radar” too.

8. Facilities Are Required to Vaccinate Their Boarders.

This is the responsibility of your facility, unless you and the sending authority have made a different arrangement for vaccination.

9. Vaccination Administration Process.

Please note some cautions about the following information. It is intended as general information and is not clinical advice. Some information on COVID-19 vaccines varies from one brand to another. Finally, this information is subject to change as more is learned. With these cautions in mind, it may be helpful to know:

- The vaccines appear to be very safe for all adults (16 or older for Pfizer, 18 or older for Moderna). While there is little information about the vaccines’ safety in pregnant women and their effectiveness (not the safety) in people who are immunocompromised, these groups may still receive vaccination.
- Most people will experience side effects from the injections, but serious side effects are rare. Side effects usually resolve in a couple of days. They are more pronounced after the second injection and for people *under* age 65. Until there is more experience with the vaccinations and we know how likely people are to call in sick, stagger staff vaccinations if possible.
- There have been a *very* small number of serious allergic reactions (“anaphylaxis”) to the vaccination. These were mostly among people with a history of allergic reactions to vaccines or severe allergic reactions. For this reason, medical staff need to be appropriately prepared.
- When planning vaccine supply needs, some data suggests that roughly half of facility residents may refuse vaccination.
- The Pfizer and Moderna vaccines require a second injection (in 21 days and 28 days, respectively). But there is a little wiggle room: the second injection can be given up to 4 days early and on the late side “as close to the recommended interval as possible.” And even if they miss this window, it’s okay—they would not need a third dose.

10. Staff and Residents Cannot Relax Preventive Measures (Masks, Social Distancing, Handwashing) After Vaccination.

Although the vaccine is highly effective at preventing infection in those who receive it for a while, we still don’t know how long that protection lasts and if a vaccinated person can still transmit the virus from one person to another, even though they are protected. As they learn more about these issues, the CDC will update its guidance on the need for preventive measures. When those updates are issued, your local health authority may adjust its own recommendations based on the number of people vaccinated and how much the virus is spreading in the community.

Please remember that our knowledge of COVID-19, including vaccinations, is rapidly

changing. Therefore, at a certain point, this information can become outdated.

Adapted from “Law Enforcement and Corrections COVID-19 Vaccination Prioritization: Q & A with NSA’s medical expert, Dr. Marc Stern.” National Sheriffs’ Association. www.sheriffs.org. We also would like to express our appreciation to the CDC Corrections Unit for their helpful input. The content of this document, however, does not necessarily reflect the official position of the CDC.