

COVID-19 Vaccination in Correctional Settings

Background

As supplies of the COVID-19 vaccines remain limited in early 2021 and distribution plans vary widely across states and local jurisdictions, policy questions have arisen as to the advisability of prioritizing people housed in jails, prisons, and other confinement settings, as well as the people who work in those settings.

The National Commission on Correctional Health Care, focused on broad access to quality health care and recognizing the complex environments of correctional settings, has long viewed vaccination to prevent infectious disease spread as an imperative. Due to conditions that often require close proximity among people, the risk of spread of viral illnesses is particularly salient, and this has borne out in the context of the COVID-19 pandemic. According to the National Commission on COVID-19 and Criminal Justice¹, an incarcerated individual is four times as likely to become infected with COVID-19 and twice as likely to die as someone in the free world. Like another hard-hit setting, long-term care facilities, jails and prisons are congregate settings where spread is likely. Even with decarceration efforts, they are high-density, closed populations in which social distancing, quarantine, and isolation best practices are ongoing challenges. As a result, many of the country's most severe outbreaks have occurred in jails and prisons.

NCCHC stands with the American Medical Association² in advocating for incarcerated people – as well as correctional health care professionals and others who work in correctional settings – to be given priority for the vaccination. We urge state leaders to follow the recommendation of the CDC's Advisory Committee on Immunization Practices³, which calls for both staff and inmates to be given priority soon after health care workers and residents of long-term care facilities. Vaccinating this population represents a clear opportunity to reduce and limit spread of the virus both within the correctional facility and outside of it – consistent with the goals of any infection mitigation strategy.

From a public health perspective, the reasons are clear: Outbreaks do not remain within the facilities' walls, and the walls and locked doors do not prevent outbreaks from entering. Every day, thousands of people enter and exit jails and prisons and juvenile facilities. That includes not only arrestees and those who are released, but also police officers, attorneys, correctional officers, health care professionals, and others who work there. They all provide an avenue for spread of the virus to their homes, families, neighborhoods, and larger communities as well as to the detained individuals individually and collectively.

Given that many incarcerated people have preexisting medical and mental health conditions and underlying risk factors that put them at high risk for serious disease, complications, and death, the risks of acquiring COVID-19 are even greater for this population. On the whole, individuals in custody represent an at-risk, medically compromised population for whom we have a Constitutional obligation to care. That was established by the U.S. Supreme Court in 1976 in the landmark *Estelle v. Gamble* case and remains true prior to, during, and subsequent to the current pandemic.

NCCHC recognizes that jails have a more transient population than prisons and may face challenges in verifying patients' vaccination status in the community. Jails should develop practical guidelines and logistics to enable systematic administration and accounting of vaccinations.

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

In addition to issues pertaining to viral transmission within carceral settings, implications of the COVID-19 pandemic must be considered further as the vast majority of incarcerated people return to their communities. A large percentage of jail stays are short-term; approximately half of those in jail have not been convicted of a crime. Not offering timely vaccination to them represents a danger to marginalized communities that are overrepresented in corrections and face release into communities with their own vulnerabilities that all too often have also been hardest hit by the pandemic.

Position Statement

1. NCCHC supports vaccination plans that prioritize correctional health professionals, custody and support staff, and incarcerated individuals as candidates for vaccination. Other priority criteria (e.g., age, medical comorbidities) should also guide distribution plans in correctional settings.
2. NCCHC correctional health standards require that incarcerated people be provided with clinical preventive services, including flu shots and other immunizations administered as clinically indicated. This essential standard should be upheld, especially during the disaster related to the COVID-19 pandemic.

March 11, 2021 – adopted by the National Commission on Correctional Health Care Board of Directors

Notes

1. <https://covid19.counciloncj.org>
2. <https://www.ama-assn.org/press-center/press-releases/ama-policy-calls-more-covid-19-prevention-congregate-settings>
3. <https://www.cdc.gov/vaccines/covid-19/phased-implementation.html>

White Paper

Recommendations for Prioritization and Distribution of COVID-19 Vaccine in Prisons and Jails.
https://justicelab.columbia.edu/sites/default/files/content/COVID_Vaccine_White_Paper.pdf