



# What's New in Correctional Health at the CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)?

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Office of Health Equity,

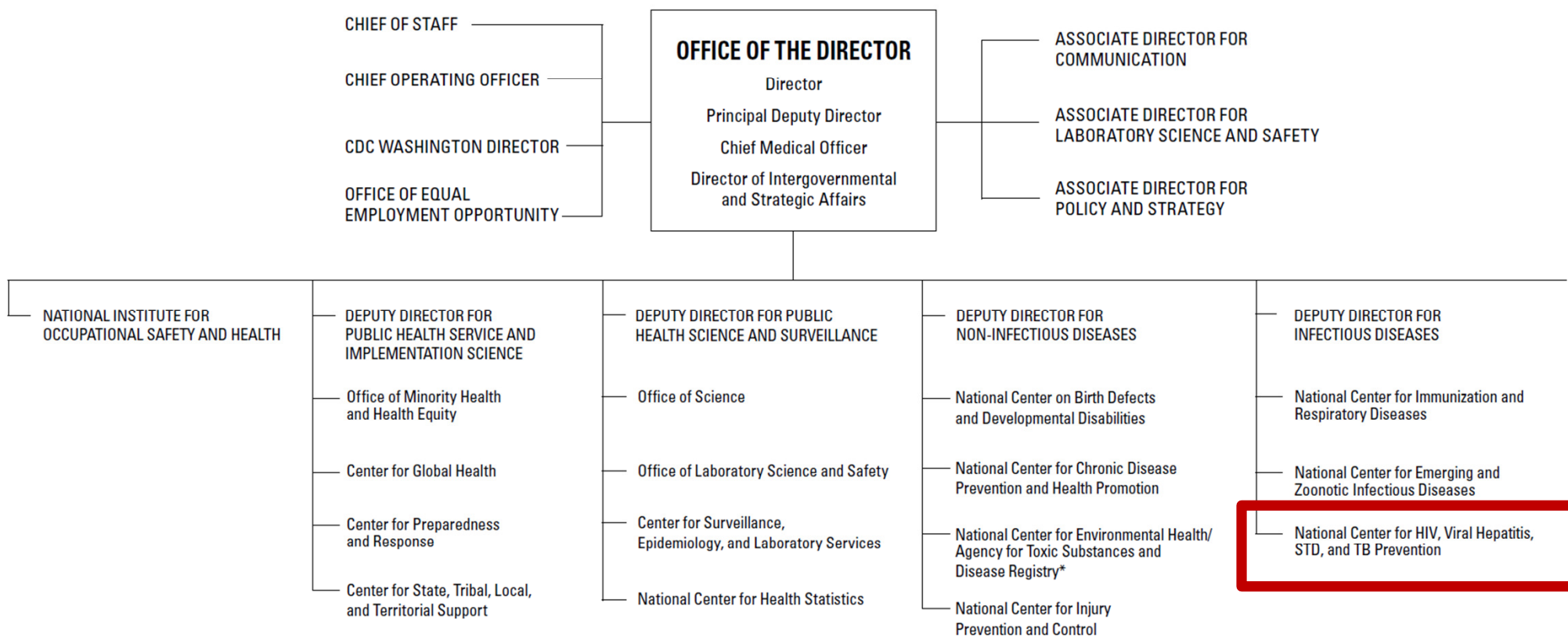
CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention

NCCHC/AJA/NSA/CDC Webinar

September 1, 2022



# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)



\* ATSDR is an OPD/IV within DHHS but is managed by a common director's office.

Updated March 19, 2021



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



*Compared to the general population, prevalence for HIV, HCV/HBV, STIs, and TB is higher among persons who are incarcerated*

HIV

3x higher in state and federal prisons

HCV

10x higher in jails and prisons

STIs

Higher rates of chlamydia and gonorrhea\*

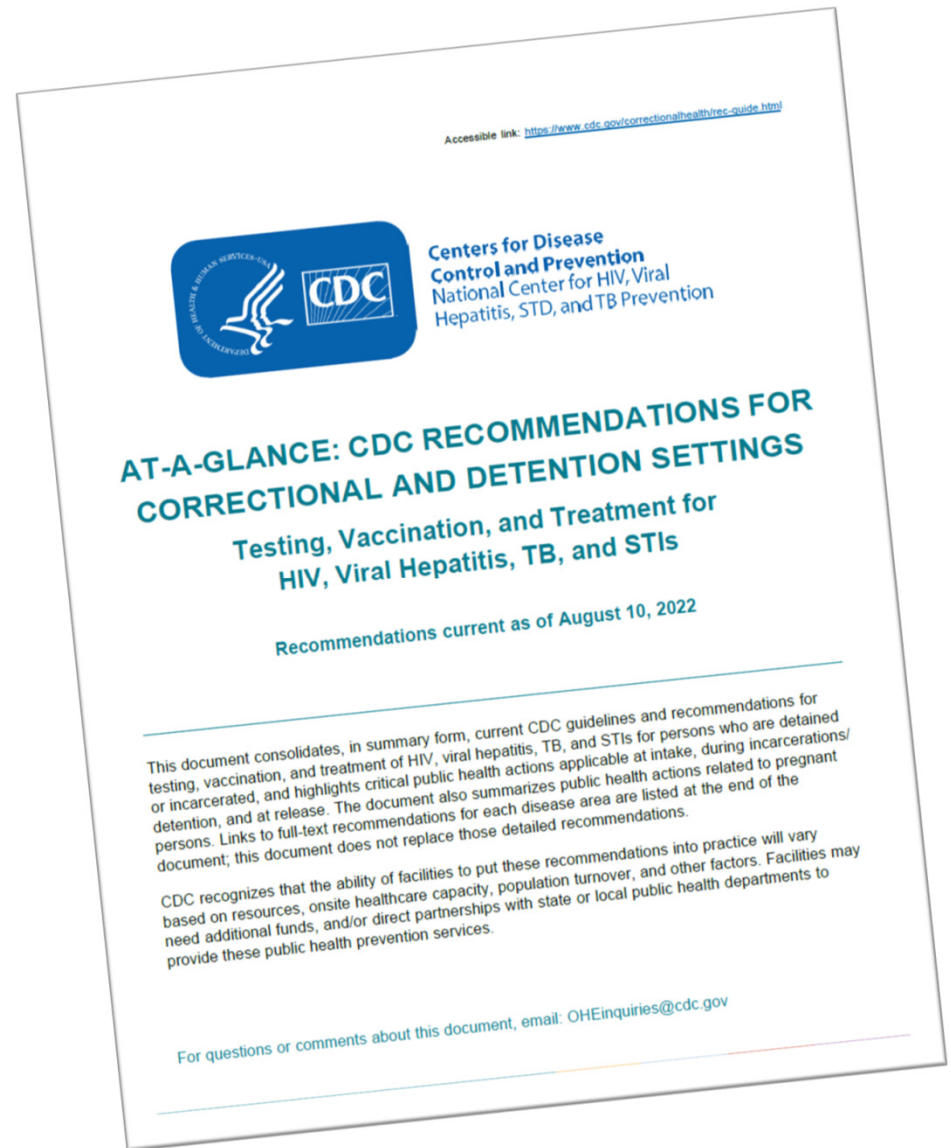
TB

6x higher in jails and federal prisons

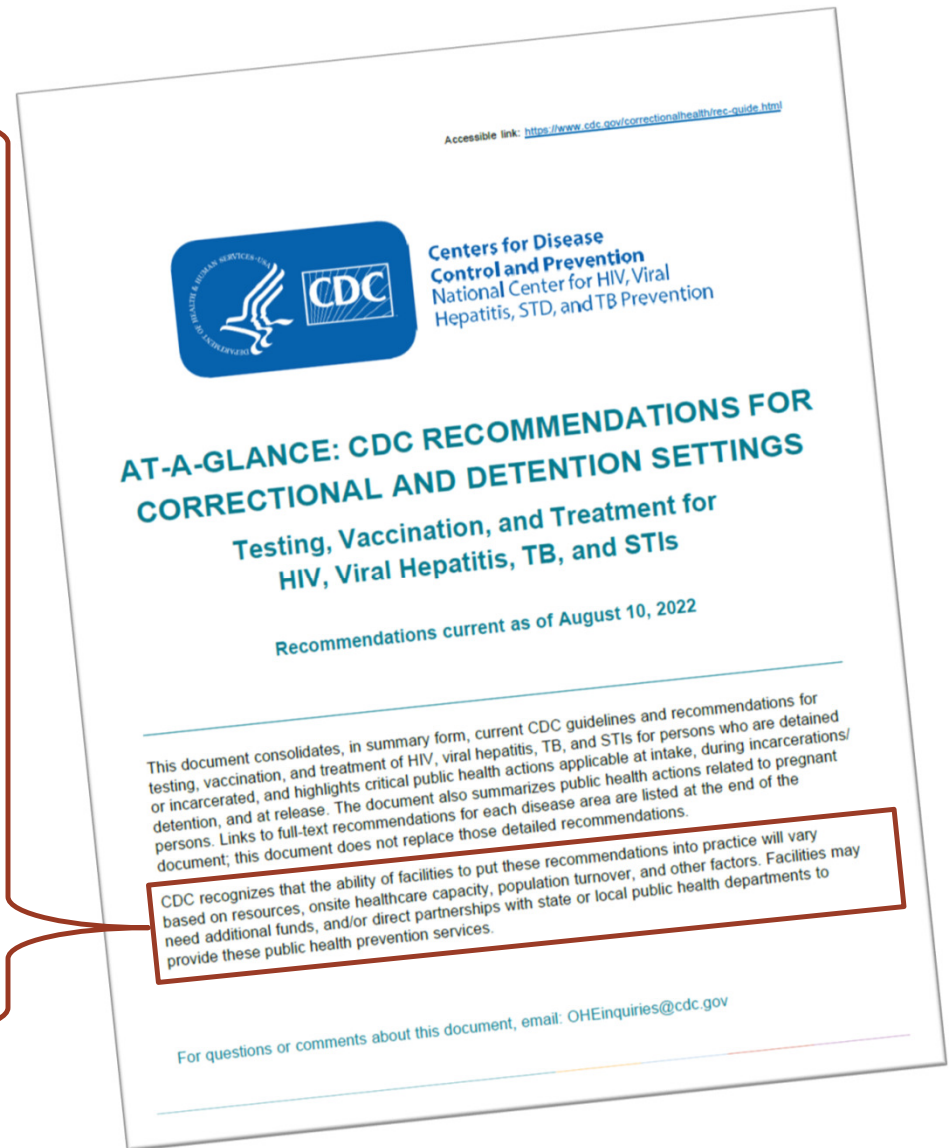


# At-A-Glance

- Summarizes all existing NCHHSTP guidelines
  - Testing
  - Vaccination
  - Treatment
- Highlights critical public health actions at/for:
  - Intake
  - During incarceration/detention
  - At release



*CDC recognizes that the ability of facilities to put these recommendations into practice will vary based on resources, onsite healthcare capacity, population turnover, and other factors. Facilities may need additional funds, and/or direct partnerships with state or local public health departments to provide these public health prevention services.*





## Recommended Actions at Intake

The screening, vaccination, and treatment recommendations below are actions recommended at intake for persons who are detained or incarcerated. Depending on facility intake procedures and health care capacity, some of these actions might occur after intake or booking process at the initial health care provider encounter.

Screening	<p><b>Human immunodeficiency virus (HIV):</b> All persons based on institutional prevalence of undiagnosed HIV infection<sup>1</sup></p> <p><b>Hepatitis B virus (HBV):</b> All persons</p> <p><b>Hepatitis C virus (HCV):</b> All persons</p> <p><b>Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):</b></p> <ul style="list-style-type: none"> <li>All persons should be immediately screened for symptoms of pulmonary TB<sup>4</sup></li> <li>In facilities with nonminimal TB risk<sup>5</sup>, all persons should be further screened with a tuberculin skin test (TST), an interferon gamma release assay (IGRA) or a chest radiograph within 7 days of arrival</li> <li>In facilities with minimal TB risk<sup>5</sup>, persons who have one or more clinical condition or other factor that increases their risk for infection or the risk for progressing to TB disease should be further screened with a TST, IGRA, or a chest radiograph within 7 days of arrival</li> </ul> <p><b>Gonorrhea &amp; Chlamydia:</b> All women ≤35 years and all men &lt;30 years<sup>6</sup></p> <p><b>Syphilis:</b> All persons based on local area and institutional prevalence<sup>7</sup></p> <p><b>Trichomonas:</b> Women aged ≤35</p>
Vaccination	<p><b>Hepatitis A virus (HAV):</b> Begin hepatitis A vaccine series for<sup>8</sup></p> <ul style="list-style-type: none"> <li>All juveniles (≤18 years)</li> <li>All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)<sup>9</sup></li> <li>All persons at risk for severe adverse outcomes of HAV infection<sup>10</sup></li> <li>Consider vaccination for all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup></li> </ul> <p><b>HBV:</b> Begin hepatitis B vaccine series for all juveniles and adults<sup>12</sup></p> <p><b>Human papillomavirus (HPV):</b> Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup></p>
Treatment	<p>Persons with diagnosed infections should be treated in accordance with established clinical guidelines:</p> <p><b>HIV:</b> <a href="#">HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV</a></p> <p><b>HBV:</b> <a href="#">Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance</a></p> <p><b>HCV:</b> <a href="#">AASLD/IDSA Recommendations for Testing, Managing, and Treating Hepatitis C</a></p> <p><b>TB:</b> <a href="#">Treatment for TB Disease</a> (CDC website)</p> <p><b>LTBI:</b> <a href="#">Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from NTA and CDC, 2020</a> (short-course, rifamycin-based regimens are preferred)</p> <p><b>Syphilis/Gonorrhea/Chlamydia/Trichomonas:</b> <a href="#">CDC 2021 STI Treatment Guidelines</a></p>

## Recommended Actions during Period of Incarceration/Detention

The testing, vaccination, and treatment recommendations below are **in addition to** actions recommended at intake (above). If individuals do not receive recommended testing, vaccination, or treatment at intake, facilities should ensure that it occurs as soon as possible during the period of incarceration/detention.

Screening and Testing	<p><b>HIV:</b></p> <ul style="list-style-type: none"> <li>Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup></li> <li>Persons with signs/symptoms of risk factors (e.g., STIs)</li> <li>Persons potentially exposed to HIV</li> </ul> <p><b>HBV:</b></p> <ul style="list-style-type: none"> <li>Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup></li> <li>Persons potentially exposed to HBV</li> <li>Routine testing for persons serving long-term sentences</li> </ul> <p><b>HCV:</b></p> <ul style="list-style-type: none"> <li>Persons reporting ongoing risk factors (e.g., PWID, hemodialysis patients)<sup>16,17</sup></li> <li>Persons potentially exposed to HCV</li> </ul> <p><b>TB and LTBI:</b></p> <ul style="list-style-type: none"> <li>Persons serving long-term sentences who have a history of a negative TB test result should have follow-up testing annually at facilities with nonminimal TB risk<sup>5</sup></li> <li>Persons serving long-term sentences who have a history of a positive TB test result should be screened for symptoms of TB disease annually at facilities with nonminimal TB risk<sup>5</sup></li> <li>Any person with an exposure to a person with infectious TB should receive a test for TB infection if no history of a positive TB test result, or symptom screening for TB disease if history of a positive TB test result</li> </ul> <p><b>Syphilis/Gonorrhea/Chlamydia:</b></p> <ul style="list-style-type: none"> <li>Persons reporting/presenting with genitourinary, oropharyngeal, anorectal symptoms or rash</li> <li>Persons potentially exposed to an STI or HIV</li> </ul> <p><b>Trichomonas:</b></p> <ul style="list-style-type: none"> <li>Persons reporting/presenting with vaginal discharge</li> </ul>
Vaccination	<p><b>HAV:</b></p> <ul style="list-style-type: none"> <li>Begin/complete hepatitis A vaccine series for<sup>8, 18</sup>: <ul style="list-style-type: none"> <li>All juveniles</li> <li>All adults at risk for HAV infection (e.g., MSM, PWID)<sup>9</sup></li> <li>All adults at risk for severe adverse outcomes of HAV infection<sup>10</sup></li> </ul> </li> <li>Consider vaccinating all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup></li> <li>As post-exposure prophylaxis<sup>19</sup></li> </ul> <p><b>HBV:</b></p> <ul style="list-style-type: none"> <li>Begin/complete hepatitis B vaccine series for all juveniles and adults<sup>12, 18</sup></li> <li>As post-exposure prophylaxis<sup>20</sup></li> </ul> <p><b>HPV:</b> Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup></p>
Treatment	<p>Persons with diagnosed infections should be treated in accordance with established clinical guidelines for HIV, HBV, HCV, TB, LTBI, and Syphilis/Gonorrhea/Chlamydia/Trichomonas (see "Treatment" under "Recommended Actions at Intake" above)</p>

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The screening, vaccination, and treatment recommendations below are actions recommended at intake for persons who are detained or incarcerated. Depending on facility intake procedures and health care capacity, some of these actions might occur after intake or booking process at the initial health care provider encounter.

### Screening

**Human immunodeficiency virus (HIV):** All persons based on institutional prevalence of undiagnosed HIV infection<sup>1</sup>

**Hepatitis B virus (HBV)<sup>2</sup>:** All persons

**Hepatitis C virus (HCV)<sup>3</sup>:** All persons

**Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):**

- All persons should be immediately screened for symptoms of pulmonary TB<sup>4</sup>
- In facilities with nonminimal TB risk<sup>5</sup>, all persons should be further screened with a tuberculin skin test (TST), an interferon gamma release assay (IGRA) or a chest radiograph within 7 days of arrival
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**Gonorrhea & Chlamydia:** All women ≤35 years and all men <30 years<sup>6</sup>

**Syphilis:** All persons based on local area and institutional prevalence<sup>7</sup>

**Trichomonas:** Women aged ≤35

### Vaccination

**Hepatitis A virus (HAV):** Begin hepatitis A vaccine series for<sup>8</sup>

- All juveniles (≤18 years)
- All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)<sup>9</sup>
- All persons at risk for severe adverse outcomes of HAV infection<sup>10</sup>
- Consider vaccination for all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup>

**HBV:** Begin hepatitis B vaccine series for all juveniles and adults<sup>12</sup>

**Human papillomavirus (HPV):** Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup>

### Treatment

Persons with diagnosed infections should be treated in accordance with established clinical guidelines:

**HIV:** [HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#)

**HBV<sup>14</sup>:** [Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance](#)

**HCV<sup>14</sup>:** [AASLD/IDSA Recommendations for Testing, Managing, and Treating Hepatitis C](#)

**TB<sup>15</sup>:** [Treatment for TB Disease](#) (CDC website)

**LTBI:** [Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from NTA and CDC, 2020](#) (short-course, rifamycin-based regimens are preferred)

**Syphilis/Gonorrhea/Chlamydia/Trichomonas:** [CDC 2021 STI Treatment Guidelines](#)

## Recommended Actions during Period of Incarceration/Detention

The testing, vaccination, and treatment recommendations below are **in addition to** actions recommended at intake (above). If individuals do not receive recommended testing, vaccination, or treatment at intake, facilities should ensure that it occurs as soon as possible during the period of incarceration/detention.

### Screening and Testing

**HIV:**

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- Persons with signs/symptoms of risk factors (e.g., STIs)
- Persons potentially exposed to HIV

**HBV<sup>2</sup>:**

- Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup>
- Persons potentially exposed to HBV
- Routine testing for persons serving long-term sentences

**HCV<sup>3</sup>:**

- Persons reporting ongoing risk factors (e.g., PWID, hemodialysis patients)<sup>16,17</sup>
- Persons potentially exposed to HCV

**TB and LTBI:**

- Persons serving long-term sentences who have a history of a negative TB test result should have follow-up testing annually at facilities with nonminimal TB risk<sup>5</sup>
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- Any person with an exposure to a person with infectious TB should receive a test for TB infection if no history of a positive TB test result, or symptom screening for TB disease if history of a positive TB test result

**Syphilis/Gonorrhea/Chlamydia:**

- Persons reporting/presenting with genitourinary, oropharyngeal, anorectal symptoms or rash
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**Trichomonas:**

- Persons reporting/presenting with vaginal discharge

### Vaccination

**HAV:**

- Begin/complete hepatitis A vaccine series for<sup>8, 18</sup>:
  - All juveniles
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- Consider vaccinating all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup>
- As post-exposure prophylaxis<sup>19</sup>

**HBV:**

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**HPV:** Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup>

### Treatment

Persons with diagnosed infections should be treated in accordance with established clinical guidelines for HIV, HBV, HCV, TB, LTBI, and Syphilis/Gonorrhea/Chlamydia/Trichomonas (see "Treatment" under "Recommended Actions at Intake" above)



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**Trichomonas:**

- Persons reporting/presenting with vaginal discharge

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**HAV:**

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The screening, vaccination, and treatment recommendations below are actions recommended at intake for persons who are detained or incarcerated. Depending on facility intake procedures and health care capacity, some of these actions might occur after intake or booking process at the initial health care provider encounter.

Screening	<p><b>Human immunodeficiency virus (HIV):</b> All persons based on institutional prevalence of undiagnosed HIV infection<sup>1</sup></p> <p><b>Hepatitis B virus (HBV):</b> All persons</p> <p><b>Hepatitis C virus (HCV):</b> All persons</p> <p><b>Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):</b></p> <ul style="list-style-type: none"> <li>All persons should be immediately screened for symptoms of pulmonary TB<sup>4</sup></li> <li>In facilities with nonminimal TB risk<sup>5</sup>, all persons should be further screened with a tuberculin skin test (TST), an interferon gamma release assay (IGRA) or a chest radiograph within 7 days of arrival</li> <li>In facilities with minimal TB risk<sup>5</sup>, persons who have one or more clinical condition or other factor that increases their risk for infection or the risk for progressing to TB disease should be further screened with a TST, IGRA, or a chest radiograph within 7 days of arrival</li> </ul> <p><b>Gonorrhea &amp; Chlamydia:</b> All women ≤35 years and all men &lt;30 years<sup>6</sup></p> <p><b>Syphilis:</b> All persons based on local area and institutional prevalence<sup>7</sup></p> <p><b>Trichomonas:</b> Women aged ≤35</p>
Vaccination	<p><b>Hepatitis A virus (HAV):</b> Begin hepatitis A vaccine series for<sup>8</sup></p> <ul style="list-style-type: none"> <li>All juveniles (≤18 years)</li> <li>All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)<sup>9</sup></li> <li>All persons at risk for severe adverse outcomes of HAV infection<sup>10</sup></li> <li>Consider vaccination for all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup></li> </ul> <p><b>HBV:</b> Begin hepatitis B vaccine series for all juveniles and adults<sup>12</sup></p> <p><b>Human papillomavirus (HPV):</b> Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup></p>
Treatment	<p>Persons with diagnosed infections should be treated in accordance with established clinical guidelines:</p> <p><b>HIV:</b> <a href="#">HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV</a></p> <p><b>HBV:</b> <a href="#">Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance</a></p> <p><b>HCV:</b> <a href="#">AASLD/IDSA Recommendations for Testing, Managing, and Treating Hepatitis C</a></p> <p><b>TB:</b> <a href="#">Treatment for TB Disease</a> (CDC website)</p> <p><b>LTBI:</b> <a href="#">Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from NTA and CDC, 2020</a> (short-course, rifamycin-based regimens are preferred)</p> <p><b>Syphilis/Gonorrhea/Chlamydia/Trichomonas:</b> <a href="#">CDC 2021 STI Treatment Guidelines</a></p>

## Recommended Actions during Period of Incarceration/Detention

The testing, vaccination, and treatment recommendations below are **in addition to** actions recommended at intake (above). If individuals do not receive recommended testing, vaccination, or treatment at intake, facilities should ensure that it occurs as soon as possible during the period of incarceration/detention.

Screening and Testing	<p><b>HIV:</b></p> <ul style="list-style-type: none"> <li>Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup></li> <li>Persons with signs/symptoms of risk factors (e.g., STIs)</li> <li>Persons potentially exposed to HIV</li> </ul> <p><b>HBV:</b></p> <ul style="list-style-type: none"> <li>Persons reporting ongoing risk factors (e.g., PWID, MSM)<sup>16</sup></li> <li>Persons potentially exposed to HBV</li> <li>Routine testing for persons serving long-term sentences</li> </ul> <p><b>HCV:</b></p> <ul style="list-style-type: none"> <li>Persons reporting ongoing risk factors (e.g., PWID, hemodialysis patients)<sup>16,17</sup></li> <li>Persons potentially exposed to HCV</li> </ul> <p><b>TB and LTBI:</b></p> <ul style="list-style-type: none"> <li>Persons serving long-term sentences who have a history of a negative TB test result should have follow-up testing annually at facilities with nonminimal TB risk<sup>5</sup></li> <li>Persons serving long-term sentences who have a history of a positive TB test result should be screened for symptoms of TB disease annually at facilities with nonminimal TB risk<sup>5</sup></li> <li>Any person with an exposure to a person with infectious TB should receive a test for TB infection if no history of a positive TB test result, or symptom screening for TB disease if history of a positive TB test result</li> </ul> <p><b>Syphilis/Gonorrhea/Chlamydia:</b></p> <ul style="list-style-type: none"> <li>Persons reporting/presenting with genitourinary, oropharyngeal, anorectal symptoms or rash</li> <li>Persons potentially exposed to an STI or HIV</li> </ul> <p><b>Trichomonas:</b></p> <ul style="list-style-type: none"> <li>Persons reporting/presenting with vaginal discharge</li> </ul>
Vaccination	<p><b>HAV:</b></p> <ul style="list-style-type: none"> <li>Begin/complete hepatitis A vaccine series for<sup>8, 18</sup>: <ul style="list-style-type: none"> <li>All juveniles</li> <li>All adults at risk for HAV infection (e.g., MSM, PWID)<sup>9</sup></li> <li>All adults at risk for severe adverse outcomes of HAV infection<sup>10</sup></li> </ul> </li> <li>Consider vaccinating all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup></li> <li>As post-exposure prophylaxis<sup>19</sup></li> </ul> <p><b>HBV:</b></p> <ul style="list-style-type: none"> <li>Begin/complete hepatitis B vaccine series for all juveniles and adults<sup>12, 18</sup></li> <li>As post-exposure prophylaxis<sup>20</sup></li> </ul> <p><b>HPV:</b> Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup></p>
Treatment	<p>Persons with diagnosed infections should be treated in accordance with established clinical guidelines for HIV, HBV, HCV, TB, LTBI, and Syphilis/Gonorrhea/Chlamydia/Trichomonas (see "Treatment" under "Recommended Actions at Intake" above)</p>



## Recommended Actions at Intake

### Screening

**Human immunodeficiency virus (HIV):** All persons based on institutional prevalence of undiagnosed HIV infection<sup>1</sup>

**Hepatitis B virus (HBV)**<sup>2</sup>: All persons

**Hepatitis C virus (HCV)**<sup>3</sup>: All persons

**Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):**

- All persons should be immediately screened for symptoms of pulmonary TB<sup>4</sup>
- In facilities with nonminimal TB risk<sup>5</sup>, all persons should be further screened with a tuberculin skin test (TST), an interferon gamma release assay (IGRA) or a chest radiograph within 7 days of arrival
- In facilities with minimal TB risk<sup>5</sup>, persons who have one or more clinical condition or other factor that increases their risk for infection or the risk for progressing to TB disease should be further screened with a TST, IGRA, or a chest radiograph within 7 days of arrival

**Gonorrhea & Chlamydia:** All women  $\leq 35$  years and all men  $< 30$  years<sup>6</sup>

**Syphilis:** All persons based on local area and institutional prevalence<sup>7</sup>

**Trichomonas:** Women aged  $\leq 35$







## Recommended Actions at Intake

### Vaccination

**Hepatitis A virus (HAV):** Begin hepatitis A vaccine series for<sup>8</sup>

- All juveniles ( $\leq 18$  years)
- All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)<sup>9</sup>
- All persons at risk for severe adverse outcomes of HAV infection<sup>10</sup>
- Consider vaccination for all persons during a community HAV outbreak propagated by person-to-person transmission<sup>11</sup>

**HBV:** Begin hepatitis B vaccine series for all juveniles and adults<sup>12</sup>

**Human papillomavirus (HPV):** Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.<sup>13</sup>





# Where Can I Access the At-A-Glance?

Correctional Health

NCHSTP > Correctional Health

Correctional Health

Data and Statistics

Recommendations and Guidance

Scientific Reports/MMWRs

Health Education Materials

Research Regulations

State, Federal, and Organizational Resources

Over 30,000 full text articles

Explore CDC Stacks

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

## At-A-Glance: CDC Recommendations for Correctional and Detention Settings

### Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs

On This Page

- [Recommended Actions at Intake](#)
- [Recommended Actions during Period of Incarceration/Detention](#)
- [Recommended Actions for Pregnant Persons](#)
- [Recommended Actions for Release Planning and Linkage to Prevention and Care Services](#)
- [Public Health Reporting](#)
- [Health Education Materials](#)
- [Full Guidance Documents by Disease Area](#)
- [Acronyms](#)

<https://www.cdc.gov/correctionalhealth/rec-guide.html>

## Printable At-A-Glance



Centers for Disease  
Control and Prevention  
National Center for HIV, Viral  
Hepatitis, STD, and TB Prevention

### AT-A-GLANCE: CDC RECOMMENDATIONS FOR CORRECTIONAL AND DETENTION SETTINGS

Testing, Vaccination, and Treatment for  
HIV, Viral Hepatitis, TB, and STIs

Recommendations current as of April 8, 2022

This document consolidates, in summary form, current CDC guidelines and recommendations for testing, vaccination, and treatment of HIV, viral hepatitis, TB, and STIs for persons who are detained or incarcerated as of December 2021, and highlights other public health actions applicable at intake, during incarceration/detention, and at release. The document also summarizes public health actions related to pregnant persons. Links to full-text recommendations for each disease area are listed at the end of the document; this document does not replace those detailed recommendations. CDC recognizes that the ability of facilities to put these recommendations into practice will vary based on resources, available healthcare capacity, population turnover, and other factors. Facilities may need additional funds, and/or direct partnerships with state or local public health departments to provide these public health prevention services.

For questions or comments about this document, email: [CH@emergency.cdc.gov](mailto:CH@emergency.cdc.gov)

[At-A-Glance Corrections](#)

[PDF - 476 KB]

[Top of Page](#)



# What's New from CDC NCHHSTP by Disease?



# What's New: HIV

## Ending the HIV Epidemic



**Diagnose** all people with HIV as early as possible.



**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs).

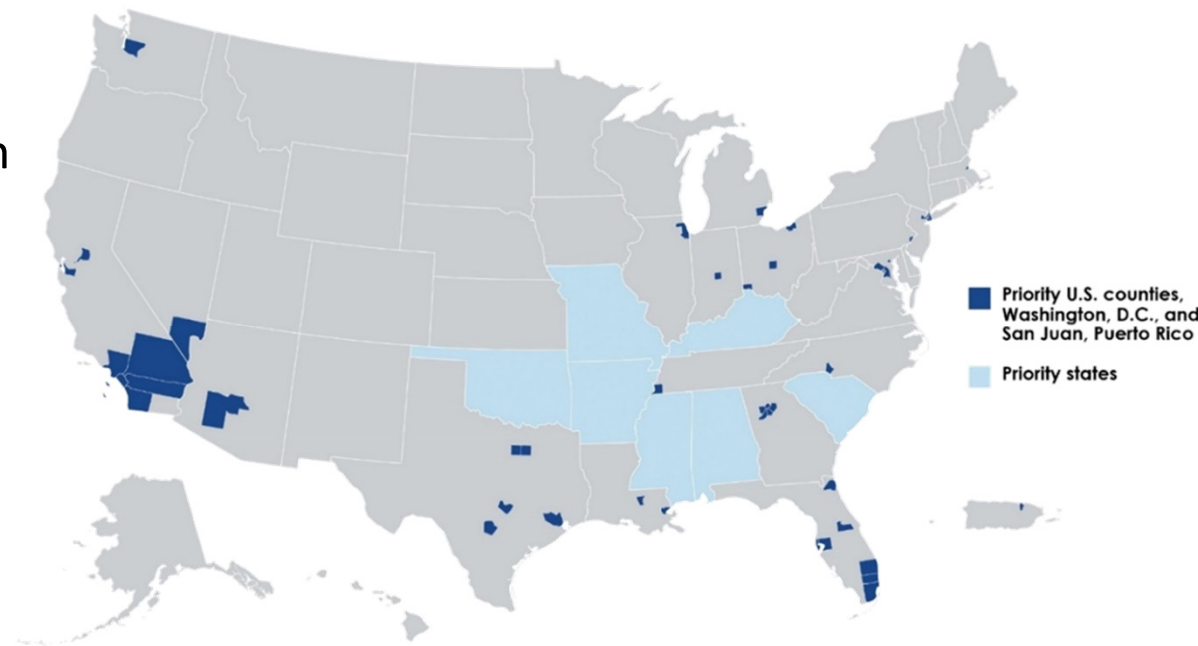


**Respond quickly** to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



# Focusing Resources for Greatest Impact

- More than **50% of new HIV diagnoses**\* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. Seven states also have a substantial rural burden.
- *Ending the HIV Epidemic* **prioritizes populations who experience the greatest risk** in these communities, including African Americans and Hispanic/Latinos
- Full list of Locations:  
<https://www.cdc.gov/endhiv/priorities.html>





## What's New: HIV

- [2021 study](#) routine opt-out HIV screening, during medical intake, in jails located in high-prevalence communities is cost effective and has a larger impact on public health than targeted testing
- Currently evaluating strategies to increase linkage to care, retention in care and viral suppression for persons with HIV released to the community in three states
- BJS released [HIV in Prisons, 2020 – Statistical Tables](#)
  - Increase in the number of states providing routine voluntary HIV testing upon entry, and many in an opt-out manner



## What's New: Viral Hepatitis

- **Updates to CDC recommendations for viral hepatitis screening and vaccination**
  - [Hep C screening recommendations](#) (2020)
  - [Hep B vaccination recommendations](#) (March 2022)
  - Hep B screening recommendations (reviewing public comment)
- **New online tool for corrections to estimate cost and public health outcomes from implementing hepatitis C screening and treatment strategies in their facilities**
  - [https://ppml-tools.shinyapps.io/HCV\\_PSP/](https://ppml-tools.shinyapps.io/HCV_PSP/) (underdevelopment)



## What's New: STIs



### Detection of STIs in Special Populations

#### ■ Persons in Correctional Facilities

##### — Screening Recommendations

- Chlamydia and Gonorrhea
- Trichomonas
- Syphilis
- Viral Hepatitis
- Cervical Cancer
- HIV Infection



## What's New: STIs



### New treatment recommendations

- Ceftriaxone alone for uncomplicated gonorrhea (no longer dual therapy with azithromycin)
- Doxycycline instead of azithromycin for chlamydia (azithromycin is still an appropriate alternative)





# THE STATE OF STDs IN THE UNITED STATES, 2020

**STDs remain far too high,  
even in the face of a  
pandemic.**

Note: These data reflect the effect of COVID-19 on  
STD surveillance trends.



**1.6 million**  
CASES OF CHLAMYDIA  
1.2% decrease since 2016



**677,769**  
CASES OF GONORRHEA  
45% increase since 2016



**133,945**  
CASES OF SYPHILIS  
52% increase since 2016



**2,148**  
CASES OF SYPHILIS  
AMONG NEWBORNS  
235% increase since 2016

LEARN MORE AT: [www.cdc.gov/std/](http://www.cdc.gov/std/)



## What's New: TB

- Lapses in control strategies and delayed diagnosis during COVID-19 pandemic resulted in at least one known large TB outbreak in a correctional setting<sup>1</sup>
- Blood tests (i.e., interferon- $\gamma$  release assay) are recommended<sup>2</sup> for TB testing in most adults\*; tuberculin skin tests (i.e., TST) are an acceptable alternative



1. <https://doh.wa.gov/newsroom/tuberculosis-cases-rise-globally-and-washington-state>

2. Lewinsohn, D.M., et al., *Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children. Clin Infect Dis*, 2017. **64(2): p. 111-115.**

\*Blood tests do not give false-positive results among those with prior BCG vaccination and only require one visit



# What's New: TB

Centers for Disease Control and Prevention

# MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 69 / No. 1

February 14, 2020

## Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020

Timothy R. Sterling, MD<sup>1</sup>; Gibril Njie, MPH<sup>2</sup>; Dominik Zenner, MD<sup>3</sup>; David L. Cohn, MD<sup>4</sup>; Randall Reves, MD<sup>4</sup>;  
Amina Ahmed, MD<sup>5</sup>; Dick Menzies, MD<sup>6</sup>; C. Robert Horsburgh, Jr., MD<sup>7</sup>; Charles M. Crane, MD<sup>8</sup>; Marcos Burgos, MD<sup>8,9</sup>; Philip LoBue, MD<sup>2</sup>;  
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## Short-course regimens are recommended for treating latent TB infection

- 3 months of weekly isoniazid/rifapentine
- 4 months of daily rifampin
- 3 months of daily isoniazid plus rifampin

<https://www.cdc.gov/tb/topic/treatment/ltbi.htm>



## A Reminder: TB

- **Contact your local health department as soon as TB disease is suspected to obtain assistance in diagnosis, treatment, and conducting contact investigations**





# CDC Considerations for Reducing Monkeypox Transmission in Congregate Living Settings



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

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## Monkeypox

[CDC](#) > [Poxvirus](#) > [Monkeypox](#) > [Prevention](#)



### Monkeypox

About Monkeypox +

U.S. Outbreak 2022:  
Situation Summary +

Signs & Symptoms

How it Spreads

**Prevention** —

Protect Yourself

Vaccines

## Considerations for Reducing Monkeypox Transmission in Congregate Living Settings

Updated August 4, 2022 [Print](#)

### Summary of Recent Changes

Updates as of 7-26-2022



[Monkeypox](#) is a disease that can cause flu-like symptoms and a rash. Human-to-human transmission



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

