

MODULE 5. SURVEILLANCE

MODULE 5 TABLE OF CONTENTS

SYNDROMIC SURVEILLANCE	1
CONTACT TRACING	2
SURVEILLANCE TESTING	2
DATA SHARING TO ASSIST IN SURVEILLANCE	3

The purpose of COVID-19 surveillance is to monitor the current state of the pandemic. It involves measuring epidemiological (disease-related) aspects of the pandemic in order to manage it appropriately. -Public health surveillance is the ongoing systematic collection, analysis, and interpretation of data, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling disease and injury.

- Surveillance is essential during a pandemic to assist in reducing SARS-COV-2 transmission. It should involve a combination of facility and community monitoring.
- Institutions should develop a SURVEILLANCE PLAN addressing SYNDROMIC SURVEILLANCE, CONTACT TRACING, and SURVEILLANCE TESTING, which are described below.

SYNDROMIC SURVEILLANCE

Syndromic surveillance includes the following:

- Clinician reporting on inmates presenting to sick call with acute respiratory complaints, fevers, and pneumonias. The BOP's electronic surveillance dashboard can assist with monitoring of respiratory complaints.
- Reporting of staff not permitted entry to the institution upon COVID-19 screening
- Reporting on staff calling in sick related to COVID-19 symptoms.
- Clinician and laboratory reporting on the number of inmate and staff COVID-19 positive and negative cases.
- Reporting on inmate hospitalization and discharges
- Reporting on COVID-19 related deaths (inmates or staff)
- Community COVID-19 positive cases, hospitalizations, and death—including communities where staff members are known to live, visit, and commute

CONTACT TRACING

Contact tracing can be a useful tool to help contain disease outbreaks. When deciding whether to perform contact tracing, consider the following:

- Have a plan in place for how close contacts of individuals with COVID-19 will be managed, including quarantine or isolation, as appropriate. (Refer to **MODULE 3 - Screening and Testing**, and **MODULE 4 - Inmate Isolation and Quarantine**.)
- Contact tracing may be more feasible and effective in settings where incarcerated/detained individuals have **LIMITED CONTACT** with others (e.g., celled housing units)—compared to settings where close contact is frequent and relatively uncontrolled (e.g., open dormitory housing units).
- **Contact tracing can be especially impactful in the following situations:**
 - When there is a **SMALL NUMBER OF INFECTED INDIVIDUALS** (staff or inmate)—such as in a particular work unit or housing unit—aggressively tracing close contacts and separating them from the general population can help curb transmission before many others are exposed.
 - When the infected individual (staff or inmate) has had **CLOSE CONTACT WITH INDIVIDUALS FROM OTHER HOUSING OR WORK UNITS**, identifying close contacts can help prevent the infection from spreading throughout the entire facility.
 - When the infected individual (staff or inmate) has recently been in a **COMMUNITY SETTING**, identifying close contacts can help reduce transmission from the facility into the community.
- If there is a **LARGE NUMBER OF INDIVIDUALS WITH COVID-19** in the facility, contact tracing may become difficult to manage:
 - When there is identified ongoing transmission in a specific area, formal contact tracing may not be indicated when new cases are identified.
 - Under such conditions, consider **BROAD-BASED TESTING** in order to identify infections and prevent further transmission. Decisions for expanded testing should be made in consultation with the Regional Infection Prevention and Control Officer (IPC) and Medical Director.

SURVEILLANCE TESTING

Congregate settings such as prisons are at high risk for SARS-CoV-2 transmission. **SURVEILLANCE TESTING** assists in identifying asymptomatic or mildly symptomatic spread that may elude symptom-based surveillance.

It is recommended that facilities develop a **COVID-19 PCR SURVEILLANCE TESTING PLAN** for inmates who are at risk for increased exposure to SARS-CoV-2, including:

- Inmates admitted to long-term care units.
- Inmates on work details at high risk for contracting COVID-19 or transmitting it to others such as orderlies, sanitation workers, food service workers, town drivers, trash details, or UNICOR.
- Inmates returning from prolonged hospitalizations, writ returns, court appearances, furloughs, or any community activity.

DATA SHARING TO ASSIST IN SURVEILLANCE

- The COVID-19 pandemic has magnified the significance of a **MULTIDISCIPLINARY APPROACH** to managing the spread of SARS-CoV-2—requiring communication, collaboration, and data sharing within the facility and with the local health department.
 - Utilize data sharing to disseminate information, assist in evidence-based clinical decisions, and expedite the deployment of resources needed to mitigate widespread transmission of SARS-CoV-2.
 - Contact your local health department to ascertain reporting requirements and methods for sharing data. COVID-19 is a reportable disease and must be reported to civilian health authorities in accordance with individual state reporting requirements. The data systems listed below can assist in monitoring the current state of the COVID-19 pandemic.
 - BOP respiratory surveillance dashboard
 - BOP COVID-19 dashboard
 - BOP public website
 - Community, local, and state COVID-19 dashboards.
- ➔ *If there are any questions related to what data may be shared with the local health department, contact your Regional IPC.*