

MODULE 5. SURVEILLANCE

WHAT'S NEW

- Updates to [Section C. Surveillance Testing](#) to include guidance for frequency and indications for routing screening testing.

MODULE 5 TABLE OF CONTENTS

A. SYNDROMIC SURVEILLANCE	1
B. CONTACT TRACING	2
C. SURVEILLANCE TESTING	3
D. DATA SHARING TO ASSIST IN SURVEILLANCE	4

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.

A. 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

B. 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.

CONTACT INVESTIGATION & TRACING GUIDANCE

PROMPTLY COMPLETE A CONTACT INVESTIGATION with SARS-CoV-2 positive inmates and staff to identify close contacts and complete contact tracings to stop transmission or decrease the number of cases within the institution. Utilize information from the contact investigation to identify and trace all close contacts of the source case(s) 48 hours prior to the source case's symptom onset or testing (if asymptomatic).

- Close contact is defined as a cumulative exposure time > 15 minutes in 24 hours and within < 6 feet of distance.
- Refer to the **APPENDICES** for a useful tool to help guide contact investigation and tracing.
- **STAFF CONTACT TRACING:**
 - The HR department may need to be involved with the contact tracing to include assistance with obtaining staff member's phone number(s) for source contact investigation and extending to contact tracing of staff.
 - **REPORT ALL STAFF POSITIVE CASES THROUGH YOUR EOC AND LOCAL HR DEPARTMENT** as soon as possible utilizing the Staff Positive Case Form in the **APPENDICES**.
 - Include a copy/screen shot of laboratory results.

- Email (b)(6); (b)(7)(C) for confirmation and assimilation into the Bureau's database.
- The subject line for the email is to include: COVID-19 Staff + Results - Name of institution.
- Once staff contacts are determined:
 - Check with the local DOH – they may want a list of staff tracing contacts to conduct their own investigation.
 - Staff identified as close contacts should be notified that they are a contact to an identified COVID-19 case.
 - Utilize a standard email (see [APPENDICES](#)) or warden notification to staff who may have been exposed to assist with notification.
 - Refer to [MODULE 11, SECTION C](#) for staff guidance with potential exposure to SARS-CoV-2.
 - Facilities that do not have a staff testing laboratory contract should refer staff to the community for testing.
- **INMATE CONTACT TRACING:**
 - Run a Sentry roster of the inmate quarters to identify roommates and close contacts.
 - Determine work contacts and recreation/activity contacts.
 - Determine test results; last day of work, activities or visits.
 - Attempt to determine contacts within the last 48 hours since the development of symptoms or two days prior to the SARS-CoV-2 test, if asymptomatic. Have a plan in place for how close contacts of individuals with COVID-19 will be managed, including quarantine or isolation, whichever is appropriate. (Refer to [MODULE 3 - Screening and Testing](#), and [MODULE 4 - Inmate Isolation and Quarantine](#).)
 - If an entire work crew is identified or an open unit bay, it may be necessary to quarantine the entire unit for 14 days.

EDUCATE STAFF AND INMATES

- Provide training regarding signs and symptoms of infection, hand hygiene, social distancing, and proper wear and removal of facial coverings and PPE to prevent infection with SARS-CoV-2.
- Ensure education signage is posted at the facility via email, TRULINK and educational fliers.

C. 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. The Centers for Disease Control and Prevention (CDC) refers to this type of testing as routine screening testing, which it recommends performing weekly even when there is no known transmission occurring. This may be done on a facility-wide basis or in specific subsets of the population.

It is recommended that facilities develop a COVID-19 surveillance/routine screening testing plan using viral tests (PCR or antigen) for not fully vaccinated inmates who are at risk for increased exposure to SARS-CoV-2, which may include:

- Recent COVID-19 cases or transmission at the facility
- Housing units where there is close contact among inmates and where physical distancing is difficult to achieve.
- Following in-person visitation

- Return from off-site trips into the community (e.g. hospitalization, writ returns, court appearances, furloughs, etc.)
- Institutions with frequent inmate movement
- Individual inmates or units housing inmates at higher risk of severe COVID-19 illness (e.g. long term care or medical housing 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.

D. 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.*

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