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January 7, 2010

To: New York State Department of Correctional Services, New York State Commission of Correction, New State Unified Court System, New York State Sheriffs' Association, New York State Office of Children and Family Services, and Local Health Departments

From: NYSDOH Division of Epidemiology

**HEALTH ADVISORY: UPDATED GUIDANCE FOR CORRECTIONAL AND DETENTION
FACILITIES FOR 2009 H1N1 INFLUENZA**
Please distribute to staff at all correctional and detention facilities throughout New York State.

This guidance applies to all correctional and detention facilities throughout New York State, outside of New York City. Within New York City, this guidance applies to state operated facilities. All other facilities in New York City should consult New York City Department of Health and Mental Hygiene guidance available at (www.nyc.gov/flu).

This document replaces previous guidance issued on June 8, 2009. It provides updated recommendations for 2009 H1N1 influenza specific for correctional and detention facilities to ensure continuation of essential public services and protection of the health and safety of inmates, staff and visitors.

Background

Correctional institutions pose special risks and considerations due to the nature of their unique environment. Inmates are in mandatory custody and options are limited for isolation and removal of ill persons from the environment. The workforce must be maintained and options are limited for work alternatives (e.g., work from home, reduced or alternate schedules, etc.). In addition, many inmates and workforce may have medical conditions that increase their risk of influenza-related complications. The focus of this guidance is on general preventive measures for institutions, risk reduction of introduction of the virus into institutions, rapid detection of persons with 2009 H1N1 influenza infections, and management and isolation of identified cases. In this document, institution refers to staff, inmates, and visitors.

The general approach is one of community mitigation and basic respiratory hygiene. For most correctional facility populations, general clinical guidance will apply for questions of infection control, treatment, and prophylaxis. Links are provided to NYSDOH and others' documents where these measures are described in greater detail. However, for select populations, more specialized measures may be indicated. For example, a ward in a correctional facility that houses chronically ill inmates in need of specialized healthcare resembles a unit of a nursing home; guidance developed for the long term care setting may be more applicable.

Symptoms of influenza-like illness and possible 2009 H1N1 influenza

Symptoms of influenza-like-illness (ILI) include fever (defined as a measured temperature $\geq 37.8^{\circ}\text{C}$ [100°F]) plus either cough or sore throat. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea, and vomiting. Like seasonal flu, 2009 H1N1 influenza infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and even death are possible.

General prevention recommendations for the facility

- Encourage all persons within the facility to cover their cough or sneeze with a tissue. Throw all tissue in the trash after use. If tissue is not available, cough or sneeze into the bend of the arm, not into hands. Maintain good hand hygiene by washing with soap and water, or using a nonalcohol-based hand sanitizer, especially after coughing or sneezing. Avoid touching eyes, nose and mouth without cleaning hands.
 - See prevention messages, educational materials, and more on the NYSDOH's H1N1 home page at: <http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/>
 - See *Updated Clinical Guidance for Health Care Providers for the 2009-2010 Influenza Season* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-22_health_advisory_guidance_for_the_2009-2010_influenza_season.pdf.
- Make the means for appropriate hand cleansing readily available within the facility, including intake areas where inmates are booked and processed, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and wastebaskets; alternatively, except in lavatories and food preparation areas, nonalcohol-based hand sanitizers may be used.
- Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas. Eating utensils should be washed either in a dishwasher or by hand with water and soap. Cups and utensils should not be shared until after washing.
- Respiratory hygiene/cough etiquette should be implemented beginning at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in the correctional settings.

Reduction of risk of introduction into the institution

- Potential visitors should be informed that anyone who had an ILI should remain at home until at least 24 hours after they are free of fever (defined as a measured temperature $\geq 37.8^{\circ}\text{C}$ [100°F]), or signs of a fever without the use of fever-reducing medications. This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms, whichever was longer. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility. For example, facilities can ask inmates to inform their family members and visitors. In addition, visitors should be informed via signage (e.g., visuals, posters) in the visiting areas.
- Exclude visitors who had ILI until at least 24 hours after they are free of fever, or signs of a fever without the use of fever-reducing medications.
- Staff with ILI should stay home (or be sent home if they develop symptoms while at the facility), and remain at home until at least 24 hours after they are free of fever, or signs of a fever without the use of fever-reducing medications.
- If there is ILI in the facility, cancel internal group gatherings and stagger group meals and other activities to provide more personal space between individuals. Consider temporarily suspending visitation or modifying visitation programs, when appropriate.

Rapid detection of cases

- Instruct inmates and staff to report symptoms of ILI to the facility health care professional at the first sign of illness.
- Evaluate incoming inmates and isolate if they display symptoms of ILI. See *Updated Clinical Guidance for Health Care Providers for the 2009-2010 Influenza Season* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-22_health_advisory_guidance_for_the_2009-2010_influenza_season.pdf.

- Consider daily temperature checks in units where ILI cases are identified.
- Testing of some persons with ILI should be done to determine what viruses are circulating at the institution.

Management and isolation of suspect and confirmed cases

- Staff caring for sick inmates should follow guidance for the care of sick persons.
 - See *Updated Clinical Guidance for Health Care Providers for the 2009-2010 Influenza Season* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-22_health_advisory_guidance_for_the_2009-2010_influenza_season.pdf.
 - See New York City Department of Health and Mental Hygiene *Guidance for Preventing Transmission of Influenza in Congregate Care Facilities* at: http://www.nyc.gov/html/doh/downloads/pdf/cd/h1n1_flu_congregate_faq.pdf.
 - See *Health Advisory: Updated Interim Infection Control Guidance for Preventing and Controlling Influenza Transmission in Long Term Care Facilities* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-17_long_term_care_infection_control_guidance.pdf.
- Refer to the Centers for Disease Control and Prevention (CDC) interim guidance on facemask and respirator use to reduce 2009 H1N1 influenza virus transmission. See *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel* at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.
- Influenza antiviral chemoprophylaxis may be given to inmates and health care personnel in accordance with current recommendations to reduce spread. See *Updated Clinical Guidance for Health Care Providers for the 2009-2010 Influenza Season* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-22_health_advisory_guidance_for_the_2009-2010_influenza_season.pdf.
- Actively monitor the number, severity, and location of cases of ILI.
- Separate inmates with ILI from others by placing them in individual cells when possible. Consider separating cellmates of sick inmates for 48 hours for observation.
- Provide care of inmates with ILI, including scheduled temperature checks and access to increased fluids, and antiviral treatment when indicated. Also, provide tissue, a plastic bag for the proper disposal of used tissues, and nonalcohol-based hand sanitizers. See *Updated Clinical Guidance for Health Care Providers for the 2009-2010 Influenza Season* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-22_health_advisory_guidance_for_the_2009-2010_influenza_season.pdf.
- Restrict movements of inmates with ILI within the facility and restrict inmates from leaving, transferring from or to another facility until at least 24 hours after they are free of fever, or signs of a fever without the use of fever-reducing medications, unless necessary for medical care, infection control, or lack of isolation space.
- If multiple inmates become ill with 2009 H1N1 influenza, establish a designated area of the institution specifically for sick persons. Designate staff to care for these individuals only, and do not have these inmates circulating in other parts of the institution. Limit movement of designated staff between different parts of the institution to decrease the risk of staff spreading influenza to other parts of the facility. See *Health Advisory: Update on Influenza Antiviral Medication Issues* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/2009-11-17_health_advisory_update_on_antiviral_medication_issues.htm.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed by using laundry soap and tumbled dry on a hot setting. Individuals should avoid “hugging” laundry before washing it to prevent contaminating themselves. Although individuals handling laundry may be wearing gloves, gloves are not a substitute for handwashing. Individuals should wash their hands with soap and water or nonalcohol-based hand sanitizer immediately after handling dirty laundry.

- Assess and treat as appropriate soon-to-be released inmates with ILI or other flu symptoms and make direct linkages to community resources to ensure proper isolation and access to medical care.
- The facility health care providers should identify and address the special health needs of persons at high risk for complications following infection with 2009 H1N1 influenza virus. Persons at high risk for complications from 2009 H1N1 influenza infection may be similar to those who are at high risk for seasonal influenza complications and include the following: persons age 65 years and older, pregnant women, persons of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and persons who are immunocompromised (for example, taking immunosuppressive medications or infected with HIV).
- Information on the aforementioned high-risk populations can be found at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/#special_populations.

Protection of the workforce

- Strict adherence to general hygiene practices should be followed. See *Health Advisory: Interim Infection Control Guidance for Preventing and Controlling Influenza Transmission in Long Term Care Facilities* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-12-17_long_term_care_infection_control_guidance.pdf.
- Follow current vaccination recommendations and offer the current season's influenza vaccine to unvaccinated staff and health care personnel. See *Health Advisory: 2009 H1N1 Vaccine Information After Expansion of Priority Groups* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/vaccine/2009-12-15_health_advisory_vaccine_information_after_expansion_of_priority_groups.htm.
- Influenza antiviral chemoprophylaxis may also be given to staff working directly with sick inmates in accordance with current recommendations to reduce risk and spread. See *Updated Clinical Guidance for Health Care Providers for the 2009-2010 Influenza Season* at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/health_care_providers/guidance/docs/2009-10-26_health_advisory_guidance_for_the_2009-2010_influenza_season.pdf.
- Information on mask and respirator use is available at See *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel* at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

Other considerations for non-English speaking detainees

Educational materials and information should be provided to inmates and visitors in a way that can be understood by non-English speakers.

- When evaluating and treating persons with symptoms of ILI provide a translator, if possible.
- Spanish-language materials are available at: <http://espanol.cdc.gov/enes/h1n1flu/> or <http://www.health.state.ny.us/>.

Appropriate measures must be taken to ensure that such individuals housed temporarily in detention centers receive adequate medical evaluation and treatment at the first signs of ILI symptoms. If adequate medical care is not available, accommodations should be made for safe transfer of the individual to another facility.

Media and educational materials

- Print materials for 2009 H1N1 influenza and seasonal influenza (some available in Spanish) at: http://www.health.state.ny.us/diseases/communicable/influenza/h1n1/educational_materials/.
- CDC materials can be found at: <http://www.flu.gov/professional/business/index.html>.

For more information

- Federal Bureau of Prisons (BOP) Clinical Practice Guidelines (CPGs) on Pandemic Influenza Plan Modules 1-4 at: <http://www.bop.gov/news/medresources.jsp>.
- National Commission on Correctional Health Care at: <http://www.ncchc.org/index.html>.
- The New York State Department of Health H1N1 Flu Hotline: 1-800-808-1987 (available 24/7).
- The CDC Hotline (1-800-CDC-INFO) is available in English and Spanish (available 24/7).