



World Health
Organization

REGIONAL OFFICE FOR Europe

WHO COVID-19 Prison Surveillance Protocol

Monitoring and reporting
COVID-19 in prisons and
other places of detention

Abstract

This protocol establishes the principles and definitions of a surveillance system devised by the WHO Health in Prisons Programme (HIPP) to monitor the evolution of COVID-19-related epidemiological data in prisons and other places of detention and to report the main measures adopted to prevent, control and manage the spread of the disease.

Keywords

SURVEILLANCE SYSTEM

COVID-19

PRISONS

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ABBREVIATIONS

Ag-RDT	antigen-detecting rapid diagnostic test
COVID-19	coronavirus disease
ECDC	European Centre for Disease Prevention and Control
HIPP	Health in Prisons Programme
NAAT	nucleic acid amplification test
PCR	polymerase chain reaction
RDT	rapid diagnostic test



BACKGROUND

In April 2020 the WHO Health in Prisons Programme (HIPP) developed a minimum dataset to collect epidemiological information that would allow the evolution of coronavirus disease (COVID-19) in prisons and other places of detention to be monitored internally. In May 2020 WHO shared this dataset with the European Centre for Disease Prevention and Control (ECDC) and requested that public health authorities collaborate in supporting ministries to provide accurate information on a weekly basis. In July 2020 ECDC published technical guidance on infection prevention and control and surveillance of COVID-19 in prisons in countries of the European Union, the European Economic Area and the United Kingdom (1); this guidance refers to the WHO dataset, recommending that countries periodically report (at minimum) five indicators: number of possible, probable and confirmed COVID-19 cases among prisoners; number of confirmed COVID-19 cases among prisoners; number of confirmed COVID-19 cases among staff; number of prisoners hospitalized for COVID-19; and number of COVID-19-related deaths among prisoners.

In addition to these indicators, ECDC recommended that authorities report the number of prisoners (and if possible, staff) tested for COVID-19, as well as data on the size of the prison population and prison operational capacity.

Following WHO's updated case definitions (2), recommendations encouraging data disaggregation (3,4), and approval of vaccines against COVID-19 in the European space and beyond, it was considered timely to update the dataset to include the following changes:

- (1) data on number of tests made to be collected;
- (2) data on number of vaccines administered to be collected;
- (3) the prison population and COVID-19 cases to be disaggregated by age group (distinguishing elderly people) and by sex;
- (4) the classification of confirmed cases to be rephrased to explicitly state "laboratory-confirmed".

Finally, as a result of difficulties experienced in separately reporting data on people in isolation and people in quarantine, it was decided that this information could be grouped in the revised version, even though – as is appropriately clarified in the present protocol – these measures have different purposes and apply to different groups.

INTRODUCTION

This reporting protocol describes surveillance of COVID-19 infections in prisons and other places of detention.

There are two options for reporting.

- (1) **National surveillance** of COVID-19 infections in prisons and other places of detention, where aggregated numbers of cases across all prison units and facilities in the country are reported.
- (2) **Prison-based surveillance** of COVID-19 infections in prisons and other places of detention, where numbers of cases recorded in individual prison units and facilities are reported.

National surveillance data are preferred, but both forms of reporting are acceptable.

AIM

To provide timely information on COVID-19 epidemiology in prisons and other places of detention.

OBJECTIVES

- (1) To monitor the intensity of COVID-19 in the prison population.
- (2) To evaluate the spread of COVID-19 among older individuals in the prison population.
- (3) To measure the impact of COVID-19 on the prison population in terms of mortality and hospitalizations.
- (4) To assess the impact of COVID-19 on the prison system in terms of testing, quarantine and isolation.
- (5) To evaluate the implementation of national COVID-19 vaccination plans in prisons.

METHODS

Development of this protocol was informed by consideration of the indicators identified as crucial to monitoring the epidemiology of COVID-19 in secure settings. These indicators have been aligned with the WHO Coronavirus Disease (COVID-19) Dashboard, an online database targeted at the general population (5). Consultation with experts from the WHO HIPP Steering Group (notably the University of Melbourne, Public Health England and ECDC) led to the identification of essential numerators and denominators (such as number of people living in prison), thereby allowing indicators (such as COVID-19 cases/1 million people) in detention facilities to be estimated and comparisons to be drawn with the evolution of the disease in the general population.

Internal WHO divisions were consulted to identify areas where data disaggregation was required; the feasibility of these was later verified by prison experts. During this process, the need for disaggregation by sex became clear, while attempts to disaggregate data on specific groups, such as people with disabilities, proved to be difficult and were abandoned.

On the advice of ECDC, the protocol follows the model (in terms of format and sections) used for the European Surveillance System (TESSy). This is intended to ensure that public health entities liaising with the ministries responsible for prison health are familiar with the system and thus maximize the validity and accuracy of reporting.

REPORTING DATA

The overall process for reporting data is:

- (1) familiarize yourself with the data collection deadlines
- (2) prepare your data
- (3) submit your file(s) to WHO.

Cases to be reported include confirmed cases according to the current WHO case definitions (6). Data on possible cases are not collected. The minimum dataset for prisons is given in Annex 1. Weekly aggregated data should be reported to WHO every Friday by 17:00.

VARIABLES TO BE REPORTED

- ☑ *Date of reporting: dd/mm/yyyy* – this is a **mandatory** field and should always be reported.
- ☑ *Reporting country/prison* – this is a **mandatory** field and should always be reported. Enter name of WHO region (EUROPE, AFRICA, AMERICAS, SOUTH-EAST ASIA, EASTERN MEDITERRANEAN, WESTERN PACIFIC). Within each region, there is a list of countries in a drop-down menu to select from (if you cannot find your country, the likely reason is that you have chosen the wrong region). If you are submitting on behalf of a subnation, or part of a larger state (such as Wales), you need to select OTHER from the country list and then add “Wales” as an open field. If you are submitting on behalf of a detention unit (such as a particular named prison), you should select OTHER from the country list and then add “Prison X in country Y” as an open field.
- ☑ *Entity responsible for submission* – this field is **not mandatory**, but it is the only one that allows WHO/Europe to validate your submission as representative of your country.
- ☑ *Contact email* – this field is **not mandatory** but allows WHO/Europe to contact you to clarify any queries that may arise from your submission or to offer support if required.
- ☑ *Setting for which submission is being made* – this is a **mandatory** field that will direct you to a further set of questions. There is an option to select from a drop-down menu to indicate that you are submitting data for prisons, youth detention centres or immigration detention centres. Once you have finished submitting for the first setting, you will be asked if you want to continue submitting for other settings.
- ☑ *Taking the survey for the first time* – this is a **mandatory** field that adapts questions according to your answer. When you state that you are submitting for the first time, “ever” is appended to the numbers requested (such as number of deaths ever); in subsequent submissions the question is phrased as “since the last submission” and directs you to a different set of questions.
- ☑ *Total detention unit capacity* – this is a **mandatory** field for the first report; “capacity” is defined in the next section.
- ☑ *Total number of individuals in the population* – this is a **mandatory** field and should always be filled. Report the number of individuals living in detention settings at the time of reporting; this allows the adoption (or de-escalation) of noncustodial measures of incarceration to be monitored.

- ☺ *Total number of older individuals in the population* – this field is **not mandatory**. Its aim is to identify the proportion of the population at higher risk of severe disease outcomes (this variable is not requested in the youth detention survey). In prisons the recommended cutoff is persons over 50 years of age (7,8) – use this cutoff if such data are available. Otherwise – if the country uses another cutoff and data cannot be converted – there is an option to report the number of older individuals as defined in the country concerned and then give the relevant cutoff age in the following field.
- ☺ *Total number of female individuals in the population* – this field is **not mandatory**. Its aim is to determine if various risks identified in subpopulations outside detention centres are confirmed in this setting.
- ☺ *Total number of cases in isolation/quarantine due to COVID-19* – this is a **mandatory** field and should always be reported. Enter the number of cases isolated because they are suspected/confirmed COVID-19 cases or in quarantine because they are new arrivals or contacts of cases (“quarantine” and “isolation” are defined in the next section).
- ☺ *Total number of tests undertaken among detainees* – this field is **not mandatory**. Enter the number of detainees tested for COVID-19, regardless of the type of test used. Such tests include nucleic acid amplification tests (NAATs), such as polymerase chain reaction (PCR) tests; and antigen-detecting rapid diagnostic tests (Ag-RDTs), developed both as laboratory-based tests and for near-patient use (often referred to simply as RDTs).
- ☺ *Total number of confirmed cases among detainees* – this is a **mandatory** field and should always be reported. In this specific variable, we request laboratory-confirmed cases, which means “PCR positive” or “SARS-CoV-2 Ag-RDT positive AND meeting either the probable or the suspected case definition” according to the current WHO case definitions (6).
- ☺ *Total number of confirmed cases among older detainees* – this field is **not mandatory**. Its aim is to identify the proportion of the population at higher risk of severe disease outcomes (this variable is not requested in the youth detention survey). The same cutoff for older individuals mentioned above (>50 years of age) should be considered.
- ☺ *Total number of confirmed cases among female detainees* – this field is **not mandatory**. Its aim is to identify different risk profiles in the population.
- ☺ *Total number of tests undertaken among staff members* – this field is **not mandatory**. Enter the number of staff members tested for COVID-19 infection using PCR.

- ☑ *Total number of confirmed cases among staff* – this field is **not mandatory**.
- ☑ *Number of cases transferred to hospital or specialist care because of COVID-19* – this is a **mandatory** field and should always be reported. Enter the number of confirmed cases among detainees transferred to hospital/specialized care because of COVID-19.
- ☑ *Number of COVID-19-related deaths among detainees* – this is a **mandatory** field and should always be reported. Enter the number of recorded deaths (as defined in the next section) among detainees confirmed to have COVID-19 infection.
- ☑ *Number of COVID-19-related deaths among staff* – this is a **mandatory** field and should always be reported. Enter the number of recorded deaths (as defined in the next section) among prison staff confirmed to have COVID-19 infection.
- ☑ *Number of people vaccinated against COVID-19 in detention settings* – this field is **not mandatory**. Vaccination against COVID-19 has been initiated in some Member States, but the inclusion of prisons and other detention settings in national vaccination plans is only partly known. This variable provides useful information to gain a better understanding of the implementation challenges faced. If reported, respondents are asked to indicate the number of people vaccinated in a disaggregated manner, considering the three population subgroups indicated in the WHO SAGE (Strategic Advisory Group of Experts on Immunization) values framework: health workers, prison staff and prisoners (9). If no vaccination has been rolled out in detention settings, the field should be filled in as zero.
- ☑ *Description of measures adopted or planned to reduce the prison population to minimize the impact of COVID-19* – this field is **not mandatory**, but it provides useful information to gain a better understanding of responses to risks that may arise from overcrowding. Respondents are requested to refer to specific subtopics, including measures to:
 - ☑ reduce the prison population generally (responses should indicate the groups of inmates to which the measures apply and the specific mechanisms put in place to achieve them);
 - ☑ develop or strengthen coordination with external care providers to ensure smooth transition of individuals on release or diversion of those exempt from incarceration to alternative mechanisms (for example, treatment for drug-related offences or use of community work).

DEFINITIONS

APPROVED OPERATIONAL CAPACITY

Approved operational capacity is the number of beds available to accommodate detainees as determined by operational needs and constraints; relevant criteria to determine such needs and constraints include control, security and the efficient operation of a facility. The following are included in the count of approved operational capacity: additional bed places that have been installed in any type of accommodation over and above the built bed capacity (for example, temporary bunks). Approved operating capacity excludes beds in sections of facilities that have been temporarily decommissioned; beds placed, for operational reasons, in cells that are not being used as designed for prisoner accommodation (for example, if they are used as storerooms); and special-purpose beds (situated in, for instance, detention units, medical health units and safety units).

OLDER PRISONERS

In the general population, older people are usually defined as those aged 60–65 years and over. However, in the prison context, older prisoners are generally defined as those aged over 50 years (7,8).

STAFF

In the context of this surveillance system, staff are considered to include all individuals working primarily for prison authorities or prison health authorities, including prison officers, administrative staff, cleaning staff and health workers. Thus, visiting professionals who are not primarily employed by prison or prison health authorities should not be considered.

HEALTH WORKERS

In this protocol health workers are distinguished from nonmedical staff only in the context of vaccination. Health workers are defined by WHO as all people engaged in actions with the primary intent of enhancing health, including social care workers who often have roles in the provision of care in long-term care facilities and in community settings (10). However, for the purposes of this protocol and for the specific variable on allocation of vaccines, health workers who come into contact with and/or care for COVID-19 patients are given particular consideration, in view of their increased risk of being infected with SARS-CoV-2. As such, they may include physicians, nurses, physiotherapists, dentists, and even technicians and assistants, provided that they meet the necessary criterion.

QUARANTINE

Quarantine involves physically separating persons who are not ill but may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring early detection of cases (11). Quarantine is different from isolation, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination. In the prison context, quarantine may be arranged in single-cell accommodation or in cells shared with other individuals with similar risk factors and exposures. According to current WHO guidance, quarantine is recommended for contacts of COVID-19 cases. Quarantining could, for example, be applied to new receptions to a prison before they join the general population in order to monitor any symptom development from infection picked up at their previous setting.

ISOLATION

In the context of COVID-19, isolation is considered the separation of ill or infected persons from others to prevent the spread of infection or contamination. This kind of medical isolation should not be confused with situations in which people are isolated for reasons of security or punishment. In cases of medical isolation, there are specific health recommendations relating to monitoring of the room used and to the environmental conditions within it. According to the current evidence, in the prison context, isolation is recommended for any suspected, probable or confirmed case and may be arranged in single-cell accommodation or (if prison conditions do not allow this) in cells shared with other individuals with similar risk factors and exposures. When the latter course is taken, suspected cases should be housed with suspected cases, probable with probable, and confirmed with confirmed.

COVID-19-RELATED DEATHS

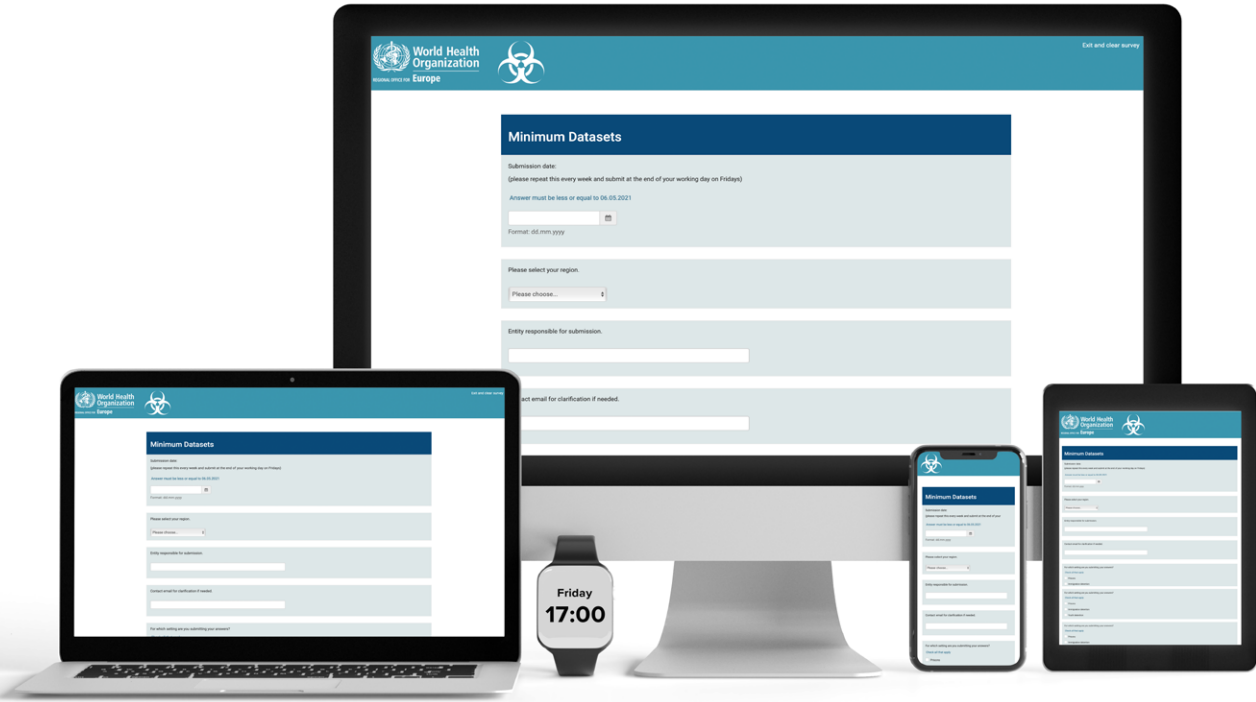
COVID-19-related deaths are those that occur in individuals with confirmed infection of COVID-19, even if the attributed cause of death is different. All deaths should be considered regardless of where they occurred (in prison, in hospital, etc.).

TESTING

There are currently different types of test to identify the presence of SARS-CoV-2, and these have different diagnostic validity. There are two sections in the dataset referring to tests. In the question assessing testing implementation, it is requested that all tests made are considered. However, in the second question, requesting the number of confirmed cases, it is stated that only laboratory-confirmed cases should be considered. According to the current WHO guidance, this means “PCR positive” or “SARS-CoV-2 Ag-RDT positive AND meeting either the probable or the suspected case definition” (6).

PREPARING AND SUBMITTING YOUR DATA

Countries are requested to organize their data so that national reports are submitted in an aggregated manner **every week by Friday at 17:00**. Data should be entered on the WHO submission form (available at <https://extranet.who.int/dataformv3/113865>), and only data from the previous seven days (that is, since the previous Friday) should be included. The same form can also be used to provide data from individual detention units. If you require any assistance, please email ferreiraborgesc@who.int, with a copy to azevedof@who.int and konovalovan@who.int.



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ANNEX 1

Minimum dataset for monitoring COVID-19 in prisons and other detention settings

SURVEY RESPONSE	
Date submitted	
Please select your country or indicate subnation, jurisdiction or region, as appropriate, using "OTHER" answer choice. Region -> Country/OTHER -> subnation or detention unit	
Entity responsible for submission (optional)	
Contact email for clarification if needed	
For which setting are you submitting your answers? <ul style="list-style-type: none"> • prisons • immigration detention centres • youth detention centres 	
THE FOLLOWING QUESTIONS APPLY TO PRISONS AND IMMIGRATION DETENTION CENTRES	
Are you taking this survey for the first time?	
1. What is your current approved operational capacity?	
2. How many detainees do you have in custody today?	
2.1 How many older detainees do you have in custody today?	
2.1.1 If you use an age cutoff other than >50 years to define "older prisoners", what age cutoff have you used?	
2.2 How many female detainees do you have in custody today?	
3. How many detainees with suspected/confirmed COVID-19 or contacts of COVID-19 cases are in isolation/quarantine today?	
4. How many detainees have been tested for COVID-19 (ever or since the last survey)? ¹	

¹ Enter the number of detainees tested for COVID-19, regardless of the type of test used.

SURVEY RESPONSE	
5. How many detainees have been diagnosed with COVID-19 (laboratory-confirmed cases) (ever or since the last survey)? ²	
5.1 How many older detainees (using same cutoff as 3.1 above) have been diagnosed with COVID-19 (ever or since the last survey)?	
5.2 How many female detainees have been diagnosed with COVID-19 (ever or since the last survey)?	
6. How many detention staff have been tested for COVID-19 (ever or since the last survey)?	
7. How many detention staff have been diagnosed with COVID-19 (laboratory-confirmed cases) (ever or since the last survey)?	
8. How many detainees have been transferred out of the detention facility to hospital or specialist care for COVID-19 treatment (ever or since the last survey)?	
9. How many COVID-19-related deaths have occurred among detainees (ever or since the last survey)?	
10. How many COVID-19-related deaths have occurred among staff (ever or since the last survey)?	
11. How many people have been vaccinated against COVID-19 in detention settings (ever or since the last survey)? 11.1 Health workers 11.2 Detention centre staff 11.3 Detainees	
THE FOLLOWING QUESTIONS APPLY TO YOUTH DETENTION CENTRES	
Are you taking this survey for the first time?	
1. What is your current approved operational capacity?	
2. How many detainees do you have in custody today?	
2.1 How many female detainees do you have in custody today?	
3. How many detainees with suspected/confirmed COVID-19 or contacts of COVID-19 cases are in isolation/quarantine today?	
4. How many detainees have been tested for COVID-19 (ever or since the last survey)? ³	

² "Laboratory-confirmed" means "PCR positive" or "SARS-CoV-2 Ag-RDT positive AND meeting either the probable or the suspected case definition" according to the latest WHO case definitions (https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2).

³ Enter the number of detainees tested for COVID-19, regardless of the type of test used.

Annex 1 (contd)

SURVEY RESPONSE	
5. How many detainees have been diagnosed with COVID-19 (laboratory-confirmed cases) (ever or since the last survey)? ⁴	
5.1 How many female detainees have been diagnosed with COVID-19 (ever or since the last survey)?	
6. How many detention staff have been tested for COVID-19 (ever or since the last survey)?	
7. How many detention staff have been diagnosed with COVID-19 (laboratory-confirmed cases) (ever or since the last survey)?	
8. How many detainees have been transferred out of the detention facility to hospital or specialist care for COVID-19 treatment (ever or since the last survey)?	
9. How many COVID-19-related deaths have occurred among detainees (ever or since the last survey)?	
10. How many COVID-19-related deaths have occurred among staff (ever or since the last survey)?	
11. How many people have been vaccinated against COVID-19 in youth detention settings (ever or since the last survey)? 11.1 Health workers 11.2 Detention centre staff 11.3 Detainees	

Open question (voluntary and applicable to all settings)
 We are interested to hear your comments on any measures taken or planned to reduce the detained population, with the intention of reducing the impact of a COVID-19 outbreak.

What measures, if any, have been adopted to reduce detained populations?

To what extent has the institution coordinated with external care providers upon exit of incarcerated individuals or upon non-admission and referral to other mechanisms (such as diversion to treatment)?

⁴ "Laboratory-confirmed" means "PCR positive" or "SARS-CoV-2 Ag-RDT positive AND meeting either the probable or the suspected case definition" according to the latest WHO case definitions (https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2).

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