

COVID-19 CADTH REFERENCE LIST

Testing for COVID-19 in Correctional Facilities: Clinical Effectiveness and Guidelines

**This report was published on
May 1, 2020, 2:00 p.m.**

To produce this report, CADTH used a modified approach to the selection, appraisal, and synthesis of the evidence to meet decision-making needs during the COVID-19 pandemic. Care has been taken to ensure the information is accurate and complete, but it should be noted that international scientific evidence about COVID-19 is changing and growing rapidly.

Version: 1.0
Publication Date: May 2020
Report Length: 5 Pages

Authors: Christopher Freige, Monika Mierzwinski-Urban, Robyn Butcher, Carolyn Spry

Cite As: *Testing for COVID-19 in Correctional Facilities: Clinical Effectiveness and Guidelines*. Ottawa: CADTH; 2020 May. (CADTH Reference List).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Research Questions

1. What is the clinical effectiveness of testing all new admissions for coronavirus disease (COVID-19) in correctional facilities?
2. What is the clinical effectiveness of mass testing (i.e., testing everyone within the facility) for COVID-19 in correctional facilities?
3. What are the evidence-based guidelines regarding testing new admissions for COVID-19 in correctional facilities?
4. What are the evidence-based guidelines regarding the use of mass testing (i.e., testing everyone within the facility) for COVID-19 in correctional facilities?

Key Findings

No literature was identified regarding the clinical effectiveness of testing all new admissions or mass testing (i.e., testing everyone within the facility) for COVID-19 in correctional facilities. Additionally, no evidence-based guidelines were identified regarding testing new admissions or the use of mass testing (i.e., testing everyone within the facility) for COVID-19 in correctional facilities.

Methods

A limited literature search was conducted by an information specialist on key resources including Medline, the Cochrane Library, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were correctional facilities and COVID-19. No filters were applied to limit the retrieval by study type. The search was also limited to English language documents published between January 1, 2018 and April 29, 2020.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Populations	Q1, Q3: Newly admitted individuals in correctional facilities Q2, Q4: All individuals in correctional facilities (including staff)
Intervention	Testing for coronavirus disease (COVID-19) using any method (e.g., lab-based tests, point of care tests)
Comparators	Q1, Q2: Not testing for COVID-19; standard care Q3, Q4: Not applicable
Outcomes	Q1, Q2: Clinical effectiveness (e.g., mortality, rates of transmission) Q3, Q4: Recommendations regarding best practices (e.g., guidance around who should be tested and which methods should be used for testing)
Study Designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports and systematic reviews are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

No literature was identified regarding the clinical effectiveness of testing all new admissions or mass testing (i.e., testing everyone within the facility) for COVID-19 in correctional facilities. Additionally, no evidence-based guidelines were identified regarding testing new admissions or the use of mass testing (i.e., testing everyone within the facility) for COVID-19 in correctional facilities.

References of potential interest are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-Analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Clinical Practice Guidelines — Unclear Methodology

1. US Centers for Disease and Prevention (CDC). Interim guidance on management of coronavirus disease 2019 (COVID-19) in correctional and detention facilities. 2020; <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.htm#verbal-screening>. Accessed 2020 Apr 30.
See “Management of Incarcerated/Detained Persons with COVID-19 Symptoms” Section
2. WA State Department of Corrections (DOC) COVID-19 screening, testing, and infection control guideline: version 16. Olympia (WA): Washington State Department of Corrections; 2020:
<https://www.doc.wa.gov/news/2020/docs/wa-state-doc-covid-19-screening-testing-infection-control-guideline.pdf>. Accessed 2020 Apr 30.
See “Health Services Evaluation” Section
3. WHO Regional Office for Europe. Preparedness, prevention and control of COVID-19 in prisons and other places of detention: interim guidance. Copenhagen (DK): World Health Organization; 2020:
http://www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1. Accessed 2020 Apr 30.
See Section 13. ASSESSING SUSPECTED CASES OF COVID-19 IN PEOPLE IN PRISON/DETENTION

Additional References

4. Wurcel AG, Dauria E, Zaller N, et al. Spotlight on Jails: COVID-19 Mitigation Policies Needed Now. *Clin Infect Dis*. 2020.
[PubMed: PM32221515](https://pubmed.ncbi.nlm.nih.gov/32221515/)