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Pandemic Behind Bars: Containing COVID-19 Outbreaks in Illinois Correctional Settings

All around the United States, prisons and jails have become hotspots for COVID-19. Inmates and staff working at state correctional facilities, and those living in the surrounding communities, are all at heightened risk of contracting COVID-19.¹ The Illinois Department of Corrections (IDOC) is grappling with localized COVID-19 outbreaks and is likely to face more outbreaks if proactive measures are not taken to bolster self-hygiene, social distancing, and testing availability.



Authors

Sage Kim, PhD, Associate Professor, Health Policy & Administration, School of Public Health, University of Illinois at Chicago

Tim Jostrand, MPH, Alumni, Health Policy & Administration, School of Public Health, University of Illinois at Chicago

Ali Mirza, Wolff Intern, Institute of Government and Public Affairs, University of Illinois System

Robin Fretwell Wilson, Director, Institute of Government and Public Affairs, University of Illinois System; Roger and Stephany Joslin Professor of Law, University of Illinois College of Law

This Policy Spotlight documents the growing concern for the health of the incarcerated population and explores the implication of unabated prison and jail COVID-19 outbreaks for the health of Illinois communities where correctional facilities are located. It argues that jails and prisons are not isolated or removed from the community. Preventing COVID-19 transmission in jails and prisons requires steps to ensure that COVID-19 outbreaks within correctional settings do not spill over to the surrounding communities, and that infection does not enter into correctional facilities from the community. Meeting the public health and mental health needs of inmates is not only just, it is smart public health policy.

OUTBREAKS IN ILLINOIS CORRECTIONAL FACILITIES

As of June 22, the Cook County Jail (CCJ) had reported 558 people who had confirmed cases of COVID-19. Of these, 527 have recovered, seven have died and 24 were currently positive. This is across a population of approximately 8,000 detainees,* the total number that had been held in the jail during the period mid-March to mid-June.² Together, these account for 6.9% of CCJ detainees. CCJ employees have been hit hard as well. By June 22, 446 cases had been confirmed among the CCJ staff: 36 employees were positive for COVID-19 on that date, an additional 407 staff had recovered, and two correctional officers and one deputy had died due to COVID-19.³ This represented roughly 14.9% of CCJ's workforce of approximately 3,000 employees.⁴

On May 29, 2020, federal judge Matthew Kennelly denied Cook County Sheriff Thomas Dart's request to stay an April 2020 preliminary injunction in a class action lawsuit over jail conditions. The judge ordered the sheriff to implement a number of measures to protect inmates from COVID-19 infection. These ranged from ceasing to use "crowded bullpens" at intake to enforcing "social distancing in most of the Jail," testing for symptoms, ensuring "actual" access to sanitation, and "enforcing cleaning and sanitation" throughout CCJ.⁵

Mitigation measures in correctional facilities affect not only the health of inmates but also that of the public. A study published in the journal *Health*

* The Cook County Sheriff's Office provided additional information concerning the total number of detainees who came in contact with the Cook County Jail during the mid-March to mid-June period. For more information, see page 13.



Affairs documents that 15.9% of all confirmed COVID-19 cases in Chicago on April 19 were associated with cycling through CCJ, meaning that "arrest and pre-trial detention practices may be contributing to disease spread."⁶ However, it is possible that CCJ infection rate simply reflects the number of people coming into the jail with COVID infection in the community, rather than transmission within the jail.⁷ Importantly, the majority of CCJ detainees are racial or ethnic minorities, which are populations that also are most affected outside jail by the COVID-19 pandemic.⁸ Policies to reduce transmission in jail can help minimize the disproportionate impact of COVID-19 on minority communities.

In state correctional facilities, COVID-19 affects both the inmate population and staff. At 12 of IDOC's 24 correctional centers across Illinois, 274 inmates had tested positive for COVID-19, of whom 225 had recovered as of June 22. The most recent information publicly available indicates 13 had died as of June 9.⁹

Staff are not immune to these risks. By June 22, 184 IDOC staff had tested positive, of whom 167 had recovered across the 24 facilities.¹⁰ Notably, some of the staff infection was among people who worked at IDOC treatment facilities, such as the Elgin, Joliet, and Kewanee treatment centers. None of these facilities reported any inmate cases.¹¹

COVID-19 cases are not equally distributed across IDOC facilities. By June 22, Stateville Correctional Center and its Northern Reception and Classification Center (NRC) in Will County accounted for 68.2% of the total IDOC inmate confirmed cases (187 of 274 confirmed IDOC inmate cases).¹²

Additionally, 79 Stateville staff and 37 NRC staff have contracted COVID-19, of whom 108 have

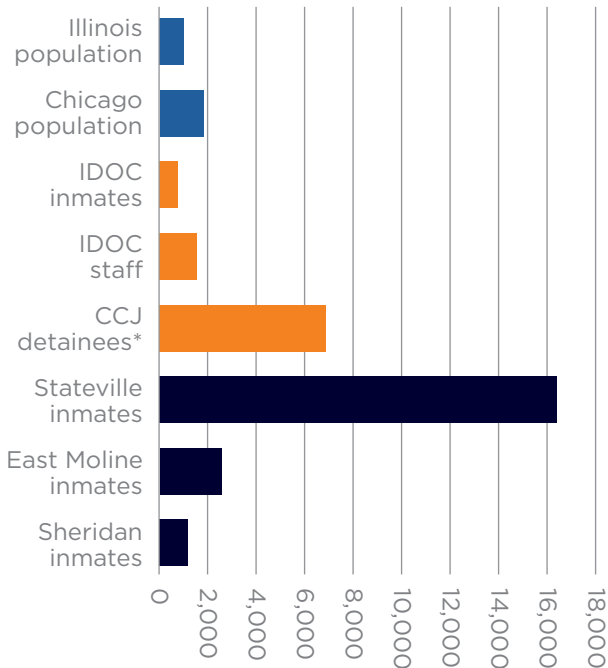
recovered. Stateville and NRC confirmed staff cases comprise 63% of all 180 IDOC staff cases as of June 22.¹³

The confirmed case rate in some correctional settings is significantly higher than the rate in Illinois' general population as of June 22, which is a rate of 1,082 per 100,000 persons.¹⁴ In the Stateville Correctional Center, for instance, the confirmed case rate for inmates is estimated at 16,447 per 100,000 persons (187 confirmed cases in an inmate population of 1,137),¹⁵ while for the staff the case rate is 6,049 per 100,000 persons (79 of 1,306 employees).¹⁶

Figure 1 provides a comparison of confirmed case rate per 100,000 persons among Illinois, Chicago, IDOC, and CCJ populations as of June 22.

Confirmed case rates at these IDOC facilities exceed case rates across Illinois. CCJ's rate is

Figure 1:
Confirmed case rate per 100,000 persons



*Denotes updated information received from Cook County Sheriff's Office (see note on page 2).

Sources: Population data on June 22. Illinois Department of Public Health, COVID-19 Statistics Website, <https://perma.cc/F9BT-LQWM>; U.S. Census Bureau, "Quick Facts: Chicago," <https://perma.cc/RA4C-P6VL>. Prison inmate populations as of April 22, 2020: Illinois Department of Corrections, <https://illinois.gov/idoc/facilities/pages/covid19response.aspx>.

more than six times that of surrounding Chicago (12,270 vs. 1,956 per 100,000 persons). The fact that the confirmed-case rates for certain facilities are at such high levels indicates that their conditions have not allowed effective mitigation or containment.

There are good reasons to believe that coronavirus was spreading inside IDOC facilities such as Stateville Correctional Center before IDOC reported its first COVID-19 inmate death on March 30.¹⁷ The average incubation period after exposure to the virus is 5.1 days¹⁸ and the time to death is estimated to be 17.8 days.¹⁹ Thus the infection was likely present and spreading within the Stateville Correctional Center in early- to mid-March.

Confirmed cases are reported by facility but not the number of tests performed. This makes it difficult to gauge risk to the inmate population or to the communities surrounding correctional facilities where their workforces reside. A decline in COVID-19 confirmed cases may be due to declining transmission or to a lack of testing.

Since June 22, IDOC has reported only a handful of additional cases. Without sufficient testing, it is difficult to know the breadth of the infection among inmates. The Southern Illinoisan newspaper in Carbondale reported that less than 2% of inmates were tested by early May.²⁰ As of June 9, IDOC indicated that only about 900 inmates had been tested for COVID-19.²¹ Overall, however, IDOC does not report the number of tests performed in each facility. Instead, IDOC's COVID-19 supply inventory reports show the number of COVID-19 tests in each facility's inventory. Just over 2,900 tests showed as available to all IDOC facilities on June 17 for more than 30,000 prison inmates.²²

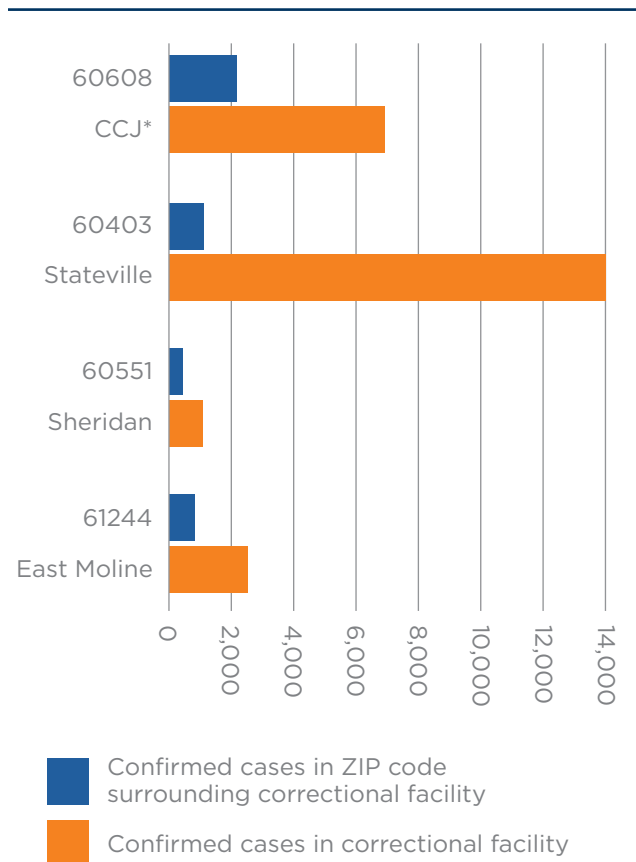
The number of tests is dwarfed by needs. Consider East Moline which reported an outbreak of 28 cases among inmates and four among staff on June 22.²³ The facility houses 1,055 inmates.²⁴ Their inventory shows 110 tests since the May 19 report, up from 24 tests on April 30.²⁵

Testing is an essential tool to preventing transmission between corrections and the general population in surrounding areas. It is vital to explore ways to minimize risk of transmission between corrections and surrounding communities. Adequate testing of inmates and staff is needed not only to contain transmission among detainees but also to prevent spread to staff who likely live near the facilities. Of course, testing can also assist local communities with early detection of an outbreak.²⁶

COVID-19 cases have been confirmed to have occurred in 101 of the 102 Illinois counties, as of June 22.²⁷ Certain communities are sites of prisons that are near or over capacity.²⁸ This includes Graham Correctional Center in Hillsboro, Stateville Correctional Center in Joliet, and the prison in Dixon. COVID-19 outbreaks, if not contained, could spread through the community in which officers and staff reside. Figure 2 below compares the COVID-19 confirmed case rates at CCJ and at certain IDOC facilities with the highest COVID-19 case rates against the case rates in the ZIP code areas where these facilities are located.

In Will County, where Stateville Correctional Center is located, the facility's 266 COVID-19

*Figure 2:
Confirmed case rate per 100,000 persons in correctional facilities compared to those in their surrounding ZIP code areas*



* See note on page 2.

Source: All data in figure is as of June 19, 2020. Illinois Department of Public Health, <https://dph.illinois.gov/covid19/covid19-statistics>; Illinois Department of Corrections, <https://illinois.gov/idoc/facilities/pages/covid19response.aspx>; Cases by ZIP code: <https://www.dph.illinois.gov/covid19/covid19-statistics>.

confirmed cases (187 confirmed inmates and 79 confirmed staff cases) made up 4.2% of the county's total confirmed cases on June 22.²⁹ Further, Stateville's case rate of 16,447 per 100,000 persons is 18 times higher than that for Will County, which has a case rate of 906 per 100,000 (6,260 cases for a population of 690,743).³⁰ The Stateville Correctional Center represents a hotspot within the county, similar to prisons in other states, including Ohio and New York.

Figure 2 suggests that curbing COVID-19 transmission within correctional settings would prevent community spread in surrounding areas that are relatively unaffected by the infection. In addition, jails can be a unique setting to identify individuals with COVID-19 infection coming into the jail and intervene, which can contribute to reducing community transmission. The converse is also true: it is important to stop the spread of virus from a surrounding community into the correctional facility itself.

As we note below, honing in on where confirmed cases in specific facilities far exceed the rate in surrounding communities can guide the allocation of tests to prevent the transmission of COVID-19 from within the prison walls to neighboring communities. Likewise, where the confirmed case rate outside a prison is higher than that for the prison, adequate testing of correctional officers and staff can help prevent spread into the prison.

CONDITIONS IN OTHER STATES

As in Illinois, prisons and jails are sites of concentrated outbreaks in other states. According to the New York Board of Corrections (NYBOC), as of June 4, 343 inmates had been confirmed to have COVID-19 and three had died, which accounted for 8.6% of New York's inmate population.³¹ Also on June 4, 197 NYBOC staff were under quarantine or confirmed positive, bringing the total of NYBOC staff confirmed cases to 1,408 or 12.8% of the NYBOC staff of 10,977.³²

NYBOC's reports do not include cumulative inmate confirmed cases, but Rikers Island in New York had confirmed 362 inmate cases by May 15, which represented 9.2% of Riker's inmate population of 3,917.³³ An additional 783 members of Rikers' staff or 7.5% of Rikers' employees, also had been confirmed to be positive as of April 21.³⁴

Some states have implemented testing throughout their inmate population, including asymptomatic inmates. By late April, Ohio's correctional facilities had 2,400 confirmed inmate cases,

representing 5% of the state’s prison population.³⁵ An additional 244 staff also tested positive. Together, the inmate and staff cases represented one-fifth of the 12,919 confirmed cases across Ohio by mid-April.³⁶

Some correctional facilities in other states are testing every inmate for antibodies to the virus that causes COVID-19, which indicate past infection.³⁷ They are finding that confirmed case rates fall well below rates of positive antibody tests. Consider Parnall Correctional Facility in Michigan, which houses 1,446 inmates. As of June 15, it had reported 505 confirmed cases and 10 deaths in its inmate population (35.6% of the inmate population).³⁸ When the Michigan Department of Corrections tested 1,248 inmates at Parnall on May 22, 1,148 inmates, or 92%, tested positive for antibodies, suggesting that they had COVID-19 in the past.³⁹

The Centers for Disease Control and Prevention caution that testing positive for antibodies to COVID-19 is not an assurance that a person will not later become infected with the virus again, a point we discuss below. It can take 1-3 weeks after infection—perhaps longer for some people—for the body to make antibodies, and there is insufficient evidence to show how much protection antibodies might provide or for how long.⁴⁰

PROPOSALS TO MITIGATE THE IMPACT OF COVID-19 ON INMATES AND SURROUNDING COMMUNITIES

Approaches to mitigate the impact of COVID-19 in Illinois’ prisons and jails span several proactive measures. These range from containing the infection to distributing scarce resources like tests to assisting inmates with maintaining social ties in a time of stress, fear and loneliness. We explore a number of possibilities below.

Attending to Basic Public Health Needs

Inmates are in the state’s special custody while they are incarcerated; they do not have the ability to seek care on their own.⁴¹ A landmark 1976 case, *Estelle v. Gamble*, established that inmates have the right to adequate medical care while incarcerated, and failure to provide medical care may be the basis for federal constitutional violations, such as the Eighth Amendment’s prohibition of cruel and unusual punishment.⁴²

Medical malpractice claims brought by Illinois inmates against the vendor that provides their



care for not promptly diagnosing or treating them have resulted in settlements and jury awards of millions of dollars in compensatory and punitive damages. In 2019, a unanimous jury found that not referring an inmate for a CT scan for nearly four months after blood appeared in his urine allowed his “kidney cancer to metastasize to his liver” and constituted deliberate indifference, violating the man’s Eighth Amendment rights, in addition to constituting medical malpractice.⁴³ In that case, defendants have asked for a new trial or that the jury award be reduced, so the outcome is not yet clear.⁴⁴ However, settled cases also reveal inmates who have had conditions that would have been treatable, if properly diagnosed.⁴⁵

Court cases can take years to litigate to completion, as shown by both the Eighth Amendment case discussed above and the Consent Decree we discuss next. Moreover, the standard for prevailing is a difficult one, requiring that a need be serious *and* that prison officials had personal knowledge of a risk and yet consciously disregarded it.⁴⁶

Importantly, nearly a decade of private litigation about poor health care in Illinois correctional facilities yielded a Consent Decree in January 2019. It can serve a valuable role with COVID-19. As we noted above, inmates and staff today are at risk of inadequate testing, prevention, and treatment of COVID-19 infection.⁴⁷ In the Consent Decree, IDOC agreed to the naming of a court-appointed monitor to oversee IDOC’s system for meeting the health care needs of its inmate population.⁴⁸ Court-appointed experts in that litigation had concluded that deaths of inmates in state custody were sometimes preventable.⁴⁹

The Consent Decree requires IDOC to “implement sufficient measures, consistent with the needs of Class Members, to provide adequate medical and dental care to those incarcerated in [IDOC] with serious medical or dental needs. Defendants shall ensure the availability of necessary services, supports and other resources to meet those needs.”⁵⁰

Here, a survey conducted by the prison watchdog John Howard Association in early May found that more than 13% of inmates surveyed indicated they had tried to get medical care because of COVID-19 in the prior week but received “no response.”⁵¹ Only 2.7% indicated they asked and staff responded.⁵²

One of the issues with IDOC’s healthcare provision leading up to the Consent Decree was that a non-clinical correctional administrator served as a health authority for the IDOC healthcare program.⁵³ The Consent Decree mandates that IDOC recognize the Office of Health Services’ Chief of Health Service, a board-certified physician, as the health authority with ultimate “control and oversight over health care delivery.”⁵⁴ The Consent Decree also contemplates a set of health screening and immunization protocols; for obvious reasons, coronavirus is not mentioned but precautions against the virus are surely within the Consent Decree’s spirit.⁵⁵ The steps contemplated by these reforms are critical given that the proportion of IDOC inmates over age 50 “has increased as the population has quadrupled during the last three decades.”⁵⁶ The aging inmate population is at risk for poor COVID-19 outcomes.⁵⁷

The Consent Decree also directs IDOC to perform mortality reviews to “identify any deficiencies in the delivery of care and initiate corrective actions for those aspects that require improvement.”⁵⁸ The monitor’s first report after the Consent Decree noted the importance of mortality reviews: “Performing detailed mortality reviews is a resource intensive but vital component of a Quality Improvement Program.”⁵⁹ It is crucial to “critique the timeliness and quality of the care provided by the IDOC; ... to identify any elements of the health care that could be improved and ... note any action plans.”⁶⁰

Reviewing “selected categories of deaths for the purpose of identifying opportunities to improve the access and quality of care provided to the deceased patient-inmates” is the gravamen of mortality reviews.⁶¹ This crucial step is urgently needed to understand how best to contain this pandemic behind bars. In November 2019, however, the monitor identified a “backlog” of mortality reviews.⁶²

Social distancing and frequent handwashing are difficult to implement in the sometimes overcrowded and unsanitary conditions of correctional facilities,⁶³ yet these are critical interventions to reduce transmission. Availability of soap and hand sanitizer is an important mitigation strategy.

In mid-March, the week before IDOC’s first confirmed case, news outlets reported that inmates at the Stateville Correctional Center had not received hand sanitizer and “that prison authorities are not passing out cleaning supplies.”⁶⁴

The John Howard Association suggests these basic needs for mitigating the risk of COVID-19 remained largely unmet months into the pandemic. Its survey of inmates at all but two IDOC facilities during the weeks of April 24 and May 3 found that more than a third (35%) said they did not have “enough soap to regularly wash [their] hands in the last week,” and nearly half (46%) reported getting no “cleaning chemicals from IDOC to clean [their] cell/sleeping area.”⁶⁵

Foundational public health measures to mitigate risk, such as supplies for adequate handwashing, should be a given for all persons. The Consent Decree has charged IDOC with “implement[ing] sufficient measures, consistent with the needs of Class Members, to provide adequate medical care,” which should encompass basic measures of cleanliness when needed to avoid contagion.⁶⁶

Many non-profit organizations are partnering with IDOC to deliver hand sanitizer and soap to Illinois correctional facilities.⁶⁷ For instance, the Illinois Coalition of Higher Education in Prisons worked with a Peoria-based distillery to “solicit donations that will fund an effort to bring hand sanitizer into the state’s prisons and into the hands of a population uniquely at-risk of contracting COVID-19 because of an inability to socially distance.” Ensuring adequate access to soap and hand sanitizer is an achievable action that can reduce COVID-19 transmission within correctional facilities. A public-private collaborative resiliency network could help coordinate mitigation efforts.⁶⁸



Some urge Illinois to test all inmates for antibodies to the virus that causes COVID-19, as Ohio does, arguing that it would give inmates and their families peace of mind to know if they have weathered a past infection.⁶⁹ As noted earlier, antibody tests don't confirm whether an individual could continue to spread the virus, and the presence of antibodies may not be insurance against contracting the virus again. These factors may give a false sense of security, leading to less self-protection in practice.

Limiting Transmission by Reducing Population

Reducing the overall population in congregate settings is one way to reduce transmission. This can happen at either end, releasing inmates from facilities early or curbing admission into them.

Since the beginning of the pandemic, there have been calls for inmate release to forestall an unfolding public health disaster within the nation's correctional systems.⁷⁰ California, New York, Ohio and Texas have all taken that approach and implemented early release of inmates who committed non-violent offenses, are elderly, or who have existing health risks, demonstrating that such a policy is feasible.⁷¹ For instance, Ohio released 300 inmates in the week following its aggressive testing increase in late March.⁷² Rikers Island has released more than 2,600 individuals who were non-violent inmates, largely prompted by litigation.⁷³

A class action lawsuit filed in federal court seeks similar relief for IDOC inmates from the risk of COVID-19 transmission, including medical furloughs and transfer to home detention for self-isolation.⁷⁴ The lawsuit requested that IDOC put in place actions to protect vulnerable inmates. For example, it requests immediate medical furlough for those with underlying medical conditions, seeks to make inmates over 55 years of age eligible for medical furlough, and to make those over 55 with less than one year remaining on their sentence eligible for home detention.

IDOC indicates that the inmate population decreased by 3,800 persons between March 1 and May 19, without breaking down why.⁷⁵ This decrease may represent scheduled release of inmates as their sentences come to an end.

For early release to be viable, it may require providing secure housing to releasees, at least in the short term. This is true of scheduled releases, too. In FY2018, there were more than 25,000 discharges just from IDOC (about 2,000 per week), and thousands more from the county jails.⁷⁶ Assuming



that pace has not slowed down, questions naturally arise upon release of inmates. With the need to self-quarantine after release, temporary housing will be crucial to ensure that returning citizens pose no risk to their families and communities. Even if there is a place for newly released persons to go, it may not advance public health for them to live with their aging parents, as often happens.

To be sure, housing requirements for parolees in Illinois presented barriers even before COVID-19.⁷⁷ But practical questions about where newly released persons will go may explain why Illinois opted to focus on the other end of the continuum, curbing admission into crowded facilities. This also makes COVID-19 prevention practices in corrections easier to accomplish.⁷⁸ On March 26, the same day the first case in the Illinois prison system was confirmed, COVID-19 Executive Order 11 suspended transfer of inmates from county jails to IDOC facilities.⁷⁹ On April 10, Executive Order 22 further reduced admissions to the Department of Human Services treatment programs from all Illinois county jails.⁸⁰ However, limiting transfers from jails to IDOC still poses crowding problems for jails, without reducing admissions to jails.

Illinois has implemented a number of other steps to limit the spread of COVID-19 in the state's correctional settings. Executive Order 19, issued on April 6, permitted IDOC staff to take paid medical leave for longer than 14 days to self-isolate or receive required treatment.⁸¹ These executive orders helped to stem transmission of COVID-19 into the prison system, particularly by limiting transfers and admissions into IDOC facilities.

Maintaining Ties

One key aspect during the pandemic is caring for the mental health needs of inmates. Many people during social isolation orders have struggled with loneliness, anxiety and fear for their health or well-being, compounded by isolation.⁸² These tolls

are as real for inmates as for those on the outside. Maintaining social ties is important for all people during the COVID-19 pandemic. Further, the U.S. Bureau of Justice Statistics estimates that “at least 95% of all state inmates will be released from prison at some point,” making these ties crucial to transitioning out of custody.⁸³

Physical visitation at all IDOC facilities has been suspended since March 14.⁸⁴ In response to this, IDOC offered funds for two 20-minute phone calls and one 15-minute video visit per week to all people in custody.⁸⁵ Despite this effort at maintaining ties, more than 61% of those who answered the John Howard Association survey said they hadn’t received a free phone call in the past week, and 58% said that they had not received a free video visit in the past week.⁸⁶ Such alternative means to keep connections with family and friends are vital. Making phone calls and video visits available may help ease isolation and anxiety among inmates and help them maintain relationships. In 2016, Illinois enacted a law that significantly cut the cost of calls from IDOC facilities to no more than 7 cents per minute within the U.S and 23 cents per minute for international calls.⁸⁷ The state later negotiated vendor agreements reducing the cost of calls to the lowest in the nation, less than a penny a minute.⁸⁸ Nonetheless, Illinois jails, which house more than 23,000 persons and are administered by individual cities and counties, may still charge exorbitant fees for calls.⁸⁹ The cost of phone calls in these settings may prove prohibitively expensive.⁹⁰

Allocating Tests to Contain Hotspots

Without adequate testing, it is impossible to ensure that inmates who can safely return to their home communities are able to do so. Like other congregate facilities, such as nursing homes and meat packing plants, Illinois’ prisons and jails need more testing. With the limited testing capacity in Illinois, we are forced to ration, directing testing efforts to achieve maximum effect.

One thing that should not happen is that a valuation of people sways us from working to ensure the safety of inmates. Protecting them redounds to the benefit of communities and yields practical gains for public health and safety.⁹¹ Furthermore, without adequate provision for inmates, the health of rural communities may be imperiled. Many of Illinois’ prisons are located in rural counties. The health care capacity in these areas, including hospital beds, intensive care units, and ventilators, is relatively limited.⁹² Potential transmission of COVID-19 in correctional settings



would further stress rural hospitals.⁹³

Utilizing hotspot maps, such as those found at <https://udv.lab.uic.edu/news-stories/covid-19-vulnerability-map/>, and other data analytics to allocate resources to areas experiencing spikes in COVID-19 can assist rapid response.⁹⁴ This kind of refined risk analysis may suggest nuanced remedial measures depending on where a facility is located. As we show above, the virus risk runs both ways, from the community into corrections and from corrections out into the community. The specific risks and remedies may depend a great deal on where the facility is located. For example, in Chicago, CCJ staff and detainees may bring the virus into the jail, and both groups may take the virus out into the community. This is because CCJ staff live in or near Chicago, and detainees who are released will often remain in Chicago. But the same is not necessarily true of many of facilities throughout Illinois. The IDOC employees are likely to still live in the local community, but most released inmates often do not remain in Danville, Dixon, Ina, or other locales. They are likely to go back to their hometowns elsewhere in the state.⁹⁵ This might suggest that in some facilities, testing the staff is crucial to protecting the local community and should be a priority. Inmates being released should have temporary quarters arranged in their hometowns to self-quarantine, which protects their families and friends but also contains spread.

CONCLUSION

Jails and prisons have become hotspots of COVID-19 across the country. The divergent infection rates in correctional settings have been a concern since the beginning of the pandemic. The reports from prisons and jails around the country underline the vulnerability of the incarcerated population and correctional staff to COVID-19. Indeed, some Illinois jails and prisons experienced disproportionately high rates of COVID-19. IDOC will need to implement preventive measures to protect the health of inmates and staff, as well as the community. Targeted testing will

allow state officials to understand the severity of the localized outbreaks in jails and prisons, and intervene in a timely manner. Some Illinois prisons show lower levels of COVID-19 cases compared with the rate for the surrounding ZIP code areas. For these places, it is also critical to implement strategies to limit the possibility that staff might transmit the virus to inmates.

The risk at correctional facilities largely untouched by COVID-19 can still be managed before the disease reaches the heights seen at the Cook County Jail and Stateville Correctional Center. IDOC prisons are not entirely removed from the community. Not only will the incarcerated populations and

staff working in them be at risk for exposure, but the communities that surround them will as well. Large-scale testing and other mitigation efforts in the Illinois corrections system could ease that risk.

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ENDNOTES

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Photography from istockphoto.com

Pg. 1 - Man wearing mask behind bars, #1218245568 by FG Trade

Pg. 2 - Inmate silhouette, #1133607823 by

Pg. 5 - Message of hope, #1167840466 by Motortion

Pg. 6 - Masks and hand sanitizer, #1212092451 by Maridav

Pg. 7 - Gripping prison bars, #868384894 by FOTOKITA

Pg. 8 - Covid-19 test, #1214307672 by Taechit Taechamanodom

ADDITIONAL INFORMATION

On July 4, 2020, the Cook County Sheriff's Department provided, via email, data concerning the daily and cumulative numbers of tests conducted and positive tests. We compiled several data tables from that data and present them here. The department's own reports indicate that the Centers for Disease Control and Prevention conducted testing that began on May 1, 2020 and ended on May 19, 2020. In addition, asymptomatic testing began on April 16, 2020. The Sheriff's Department now provides a graph of this data at [its website](#).

Date (2020)	Number of Tests			Number of Positives				
	Symp-tomatic	Asymp-tomatic	Cum. Total	Upon Admission	In the Jail	Recov-ered	In isolation	Cum. Total
3/17	1	0	1	0	0	0	0	0
3/18	1	0	2	0	1	0	0	1
3/19	0	0	2	0	0	0	1	1
3/20	5	0	7	0	5	0	1	6
3/21	7	0	14	0	5	0	6	11
3/22	9	0	23	0	8	0	10	19
3/23	8	0	31	1	6	0	15	26
3/24	22	0	53	1	20	0	25	47
3/25	68	0	121	1	64	0	43	112
3/26	23	0	144	0	20	0	53	132
3/27	18	0	162	0	18	0	65	150
3/28	10	0	172	0	8	0	92	158
3/29	7	0	179	0	6	0	141	164
3/30	23	0	202	0	21	0	148	185
3/31	18	0	220	0	17	0	167	202
4/1	23	0	243	0	21	0	184	223
4/2	21	0	264	0	14	0	203	237
4/3	11	0	275	0	11	0	216	248
4/4	11	0	286	0	8	0	222	256
4/5	6	0	292	0	6	0	226	262
4/6	21	0	313	0	19	0	233	281
4/7	37	0	350	0	32	0	246	313
4/8	22	1	373	0	21	0	285	334
4/9	17	0	390	0	17	0	297	351
4/10	14	0	404	0	11	0	307	362
4/11	18	0	422	0	17	60	252	379
4/12	11	0	433	1	9	98	232	389
4/13	17	0	450	0	12	102	231	401
4/14	13	0	463	0	11	134	205	412
4/15	13	0	476	0	11	140	205	423
4/16	7	10	493	0	7	152	204	430
4/17	22	44	559	0	43	164	193	473
4/18	7	0	566	0	6	170	229	479
4/19	11	1	578	1	6	173	227	486
4/20	11	69	658	1	35	172	233	522

Date (2020)	Number of Tests			Number of Positives				
	Symp-tomatic	Asymp-tomatic	Cum. Total	Upon Admission	In the Jail	Recov-ered	In isolation	Cum. Total
4/21	22	60	740	2	23	181	257	547
4/22	12	26	778	2	5	205	253	554
4/23	18	43	839	0	12	225	236	566
4/24	6	66	911	0	5	224	248	571
4/25	17	49	977	1	20	225	253	592
4/26	7	39	1,023	0	1	220	274	593
4/27	13	44	1,080	2	7	218	276	602
4/28	16	50	1,146	3	7	215	278	612
4/29	10	21	1,177	4	3	215	278	619
4/30	3	36	1,216	3	10	215	280	632
5/1	6	81	1,303	9	5	227	277	646
5/2	7	38	1,348	1	12	228	283	659
5/3	3	48	1,399	2	1	227	292	662
5/4	5	61	1,465	1	1	227	291	664
5/5	7	89	1,561	0	17	238	280	681
5/6	7	44	1,612	3	5	244	273	689
5/7	4	35	1,651	1	3	278	247	693
5/8	2	34	1,687	1	0	281	253	694
5/9	4	36	1,727	1	2	284	248	697
5/10	3	32	1,762	1	0	288	244	698
5/11	4	30	1,796	2	0	323	210	700
5/12	3	31	1,830	0	0	353	175	700
5/13	4	83	1,917	1	2	370	155	703
5/14	2	42	1,961	0	1	395	139	704
5/15	1	45	2,007	1	0	399	134	705
5/16	3	40	2,050	3	1	411	128	709
5/17	1	71	2,122	2	0	413	127	711
5/18	1	31	2,154	0	0	426	113	711
5/19	2	50	2,206	1	0	431	108	712
5/20	2	46	2,254	3	1	437	101	716
5/21	4	74	2,332	1	0	437	96	717
5/22	1	57	2,390	1	2	459	80	720
5/23	0	84	2,474	0	0	473	64	720
5/24	0	95	2,569	5	1	473	63	726
5/25	2	77	2,648	6	0	473	63	732
5/26	5	78	2,731	1	0	473	63	733
5/27	0	59	2,790	0	0	490	50	733
5/28	2	69	2,861	7	0	497	40	740
5/29	1	84	2,946	1	3	506	38	744
5/30	1	61	3,008	0	0	506	38	744
5/31	0	69	3,077	1	0	506	38	745
6/1	1	100	3,178	0	0	505	36	745
6/2	0	115	3,293	5	0	507	35	750
6/3	1	113	3,407	5	0	511	38	755
6/4	0	63	3,470	2	0	513	33	757
6/5	0	78	3,548	1	1	516	34	759
6/6	0	59	3,607	1	0	518	34	760
6/7	0	58	3,665	5	0	518	33	765

Date (2020)	Number of Tests			Number of Positives				
	Symp-tomatic	Asymp-tomatic	Cum. Total	Upon Admission	In the Jail	Recov-ered	In isolation	Cum. Total
6/8	0	53	3,718	0	0	517	27	765
6/9	2	63	3,783	1	0	523	27	766
6/10	3	54	3,840	0	1	526	26	767
6/11	0	51	3,891	1	0	527	27	768
6/12	1	51	3,943	0	0	523	26	768
6/13	0	43	3,986	0	1	524	23	769
6/14	0	31	4,017	1	0	523	24	770
6/15	6	69	4,092	1	0	523	25	771
6/16	0	94	4,186	3	2	526	23	776
6/17	0	87	4,273	0	0	524	27	776
6/18	1	71	4,345	1	1	520	27	778
6/19	0	64	4,409	2	0	532	22	780
6/20	0	38	4,447	0	0	534	23	780
6/21	0	37	4,484	0	0	534	23	780
6/22	3	59	4,546	0	0	532	23	780
6/23	1	58	4,605	0	0	531	23	780
6/24	1	66	4,672	0	0	532	20	780
6/25	1	64	4,737	0	0	532	19	780
6/26	1	62	4,800	0	1	537	13	781
6/27	0	56	4,856	1	0	537	13	782
6/28	0	45	4,901	1	0	532	15	783
6/29	1	54	4,956	0	0	532	16	783
6/30	1	46	5,003	0	0	531	15	783
7/1	0	1	5,004	0	0	529	14	783

Source: Cook County Sheriff's Department, July 4, 2020.