

# The Impact of the H1N1 Pandemic on US Prisons:

# Results of a National Survey

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The swine flu (H1N1 virus) outbreak of 2009 prompted an unprecedented series of responses across the United States. State and federal correctional institutions and systems were no exception to the mobilization. A team comprised of staff from the Association of State Correctional Administrators (ASCA), ASCA members and consultants from the criminal justice and public health fields developed a survey to gauge H1N1 preparation and impact across prison systems. The research was funded by the Bureau of Justice Assistance.

The survey was administered electronically to state correctional systems and the Federal Bureau of Prisons (BOP) in April 2010, and data were collected until May 2010. The questionnaires were directed through the top officials at 51 agencies (e.g., commissioners, secretaries, directors) to the directors of medical services. By May 2010, 46 state systems and the BOP had responded, which resulted in a total system response rate of 92 percent.

## Scope of Infections

Of the 47 agencies responding to the survey, 37 (79 percent) reported some level of confirmed or suspected H1N1 activity during the 2009-2010 influenza season. Twenty-five systems (53 percent) reported an "outbreak," while the remaining 12 systems reported at least one confirmed H1N1 case among prisoners. Generally speaking, less than one percent of the prisoners in any system were affected by H1N1. Twenty (43 percent) of the responding systems either reported confirmed H1N1 cases, or were suspicions they had H1N1 cases among their employees.

## Impact of Infections

Only eight (22 percent) of the 37 systems experiencing H1N1 reported cases serious enough to warrant hospitalization of prisoners. There were a total of seven deaths associated with H1N1 infections in prisoners across the 47 responding systems. This equated to a mortality rate of less than one percent among prisoners in the reporting systems. No deaths from H1N1 among employees were reported. Only one agency out of 47 reported any staffing problems at any of their system facilities due to influenza activity during the 2009-2010 influenza season.

Ninety percent (42) of the respondents reported having developed some form of a general disaster (Continuity of Operations Plan-COOP) or influenza emergency plan before the

declaration of the H1N1 pandemic. Twenty-five (53 percent) systems activated their own COOP during the pandemic. Ten systems were in states where the state health agency activated a pandemic influenza plan. Twelve (26 percent) prison systems reported no outbreaks, did not activate their own COOP, and were in states where neither a state or local health department enacted any sort of pandemic influenza plan.

Those surveyed were asked to rate the perceived effectiveness of their plans if implemented. The values ranged from "not effective" (1), to "extremely effective" (5), in a Likert-type response array. Of the 25 state systems that activated their own COOPs, the average response value was 4.25, or "very well," with eight of 25 responding in the "extremely effective" category. Having reported an outbreak of H1N1 did appear to alter the responses. That is, among those reporting an outbreak, three respondents rated the plan as "average," though the majority rated their COOPs as "very" or "extremely" effective. The majority of the respondents (33 respondents, or 70 percent) reported that they would make no substantial changes to their COOPs in planning for future pandemic events.

By most accounts, the H1N1 pandemic of 2009 proved to be a very mild one. Even so, understanding the true impact on state and federal correctional systems of such events is limited by several factors. Among these is the lack of a consistent system of disease surveillance across

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prison facilities, including inmates and staff. Establishing a baseline of “influenza-like illness” by annually reporting the class of illness across prison systems would allow facilities to better gauge the impact of epidemic diseases, thus determining whether the illness had a greater than normal impact. It would also allow corrections professionals to begin to develop more effective annual prevention campaigns to reduce the incidence of seasonal influenza and other airborne infections. Protecting inmates and staff, as well as the family of staff and visitors to the institutions, requires maintaining solid baseline evidence of disease patterns. Through the work of ASCA, the American Correctional Association and other correctional health-related organizations, it is possible to develop a national prisoner health surveillance system to provide important data for health disaster planning and management. This survey is one step toward that outcome.

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*Roberto Hugh Potter, Ph.D., is director of research at the University of Central Florida, Department of Criminal Justice. Rachel Schwartz, Ph.D., is assistant professor at the Saint Louis University School of Public Health Institute for Biosecurity and Disaster Preparedness. The late John Blackmore was a senior associate for the Association of State Correctional Administrators (ASCA). Robert May is associate director at ASCA. For more information and to read the full report, visit <http://asca.net/articles/858>. This article is dedicated to the memory of Blackmore who co-authored ASCA's Corrections Response to the Pandemic Influenza resource manual. He was smart and insightful, passionate about the important issues, a tireless worker and a dear friend to all who knew him.*