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# Correctional Facility Investigations Standard Operating Procedure



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**Division of Surveillance and Informatics**

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## I. Background

Individuals who are incarcerated are at increased risk for a variety of diseases, including HIV, hepatitis, sexually transmitted infections, and tuberculosis, among other diseases that can lead to outbreaks. The prevalence of these infections is significantly higher among incarcerated populations compared to those who are not incarcerated. Additionally, a higher proportion of incarcerated individuals have histories of unstable housing, mental health challenges, and substance use disorders. Given these factors, it is essential to ensure appropriate investigation and response efforts are in place.

### A. Purpose

This document will serve as a roadmap for conducting infectious disease investigation, surveillance, and evaluation within correctional facilities and detention centers for inmates and staff. This document is not intended to replace specific disease protocols. Processes unique to each disease are addressed in the respective disease protocol found at [OEPS A to Z List](#).

## II. REPORTING REQUIREMENTS

### A. Reportable Disease Rule

[WV CSR 64-7, Reportable Disease Rule](#), is the law which establishes procedures governing the reporting of certain diseases and conditions, health events, and clusters or outbreaks of diseases to the Bureau for Public Health. It also establishes the responsibility of various individuals and facilities in controlling communicable diseases. Reportable diseases are considered a public health concern due to their contagiousness, severity, and frequency. The urgency of reporting a disease depends on the seriousness of the disease and the timeframe in which control measures must be implemented.

1. [Chart for Providers, Physicians, and Facilities](#): Facilities and providers shall report these diseases and conditions to the LHD in the patient's county of residence.
2. [Chart for Electronic Laboratory Reporting](#): Specifies disease that are required by law to be reported by real-time electronic notification.
3. [Chart for Laboratory Paper Reporting](#): Laboratories shall send a paper copy of the laboratory report to the LHD in the county where the patient resides. When electronic reporting to WVHIN or WVEDSS is validated by the bureau, the laboratory may substitute real time electronic laboratory reporting (ELR) for the required paper-based reporting.

### B. Timeliness of Disease Reporting

1. **Category I**: These diseases and conditions are reportable immediately by telephone to the LHD serving the patient's county of residence followed up by the [confidential reportable disease report](#). All LHDs shall report the case to OEPS immediately upon receipt of the laboratory report and by filing an electronic report in WVEDSS.

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2. **Category II:** These diseases and conditions are reportable within 24 hours by telephone to the LHD serving the patient's county of residence followed up by the [confidential reportable disease report](#).
3. **Category III:** These diseases and conditions are reportable within 72 hours to the LHD serving the patient's county of residence using the [confidential reportable disease report](#).
4. **Category IV:** These diseases and conditions are reportable within one week to the LHD serving the patient's county of residence using the [confidential reportable disease report](#).
5. **Category V:** These diseases and conditions are reportable within one week to OEPS using the [confidential reportable disease report](#).

**NOTE:** For categories III-V, laboratories do not have to submit a written report if reporting directly by ELR.

## C. Reporting HIV, STD and Hepatitis

1. **HIV:** Positive HIV screens and confirmatory tests should be reported within seven days by the following:
  - a. Mail: Please place lab reports inside a sealed envelope marked Confidential and address to: Office of Epidemiology and Prevention Services ATTN: DSHHT Surveillance 350 Capitol Street, RM 125, Charleston, WV, 25301.
  - b. Secure fax number: (304) 957-7753.
2. **STD:** Gonorrhea/chlamydia, RPR, or treponemal test should be reported within seven days by secure fax to (304) 558-64748.
3. **Hepatitis:**
  - a. Hepatitis A and B: Positive hepatitis A virus tests including transaminase levels and bilirubin should be reported within 24 hours to the local health department by telephone.
  - b. Hepatitis C: positive hepatitis C virus tests including transaminase levels and bilirubin should be reported within seven days by secure fax to (304) 558-6478.

## D. Outbreak Recognition and Reporting

An **outbreak** is defined as the occurrence of more cases of a disease or condition than expected within a specific area or period of time. For some diseases, established outbreak definitions exist to specify the number of cases that may indicate an outbreak. Guidance for these definitions can be found in the disease-specific protocols located in the [a to Z list](#).

For less common pathogens, a single case may constitute an outbreak due to the low incidence of the disease within the state. In West Virginia, outbreaks or clusters of any illness or condition in any setting are immediately reportable to the Local Health Department (LHD). The LHD must notify the Office of Epidemiology and Prevention Services (OEPS) within one hour of receiving the report. For more information on outbreaks please see the [outbreak investigation protocol](#)

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and [the outbreak toolkits](#) in the A to Z list on OEPS website.

## III. DISEASE INVESTIGATION

### A. Facility Responsibilities

Each correctional facility may have their own policy and procedures but, the following responsibilities should be supported by the facility according to the Reportable Disease Rule. Visit the [Center for Local Health](#) for a list of LHDs and how to contact them.

1. Report reportable diseases to the LHD of the person's usual residence. See "[Determining Jurisdictional Residency](#)" below for more information. Cases should be reported within the specified time frame for each disease. Cases should be reported using the case report form found on the [OEPS website](#) and should include the following information:
  - a. Name, date of birth, address, and phone number.
  - b. Demographic information including race, ethnicity, sex, and age.
  - c. Clinical symptoms.
  - d. Physician/facility name, address, and phone number.
  - e. Laboratory results.
  - f. Risk factors.
  - g. Education provided to the patient.
2. Report outbreaks/clusters immediately to the LHD by phone.
3. Assist the LHD and/or Office of Epidemiology and Prevention Services (OEPS) with obtaining additional information or specimen collection if needed.
4. Provide education about the disease, its transmission and appropriate control measures to inmates and staff.
5. Implement control measures to prevent the spread of disease.

### B. Case Investigations

1. For cases residing in city, county, regional, and state correctional facilities:
  - a. The LHD should work with a correctional facility official (nurse or administrator) to collect the information required for the disease. LHDs may not be able to contact the inmate directly.
  - b. If you cannot speak to the inmate and depending on the facilities process, the facility official should be able to interview the case for you. Make sure they know where to find the case report form or offer to send one. These are found in the A to Z list on the OEPS website under the specific disease.
    - i. If the LHD has difficulty obtaining information from the correctional facility, OEPS can offer assistance in finding a resolution.
  - c. Ensure that you provide prevention and control recommendations to the facility official to prevent the spread of disease.

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2. If the case resides in a federal correctional facility, an investigation by the LHD is not required. The federal facilities handle all investigations internally.
3. It is best practice to keep a list of correctional facilities contact information and become familiar with facility addresses. This will help aid the LHD in determining if the case is incarcerated at time of report and prevent LTFU due to the quick nature of some arrests and discharges.

### C. Determining Jurisdictional Residency

1. In general, cases should be reported by using the person's "usual residence" at the time of disease onset. If the date of symptom onset is not available, the date of diagnosis, lab result or date of case report can be used. **Usual residence** is defined as the place where the person lives and sleeps **most of the time**, which is not necessarily the same as the person's voting residence, legal residence, or the place where they became infected.
2. Individuals who are institutionalized for **indefinite or long term stays**, jurisdiction should be where the facility is located at the time of disease onset.

### D. Determining Lost to Follow-up (LTFU)

1. An inmate should not be considered **LTFU** unless they have been released from the correctional facility after a report has been received.
2. If the LHD has not been able to receive the requested information after making three unsuccessful contact attempts or after speaking to the correction facility, the investigation should be recorded as LTFU and documented in the WVEDSS General Comments section.
3. If an LHD becomes aware that the inmate has been discharged:
  - a. Contact the correctional facility to request a phone number and/or address for the released inmate.
  - b. If unavailable, search **WVEDSS** and **WVHIN** for alternate contact information.
  - c. If no information is found, continue to check WVEDSS and WVHIN periodically (on different days/weeks).
  - d. Document all attempts in the **WVEDSS General Comments section**.
4. If contact information is obtained:
  - a. Attempt to reach the case by phone and if needed, send a letter to the available address.
  - b. Document all attempts in the **WVEDSS General Comments section**.
5. If all avenues have been exhausted and the patient cannot be reached, the outcome of the investigation should be recorded as **LTFU**.

## IV. CORRECTIONAL HEALTH GUIDANCE RESOURCES

1. <https://www.cdc.gov/correctional-health/about/index.html>
2. <https://www.cdc.gov/correctional-health/about/guidance.html>
3. <https://www.cdc.gov/correctional-health/about/resources.html>
4. <https://dcr.wv.gov/Pages/default.aspx>

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