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Dear Detention Center:

The American Diabetes Association, in its position as a global authority on diabetes and author of the *Standards of Care for Diabetes*, writes to share information that is important for facilities that detain people under criminal or civil law during the COVID-19 pandemic.

Medical Information Concerning Diabetes and COVID-19

During the COVID-19 pandemic, the American Diabetes Association recommends that people with diabetes avoid crowds, especially in poorly ventilated spaces. This is because the risk of exposure to COVID-19 increases in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

People with diabetes face a higher chance of experiencing serious complications from COVID-19.

In general, people with diabetes are more likely to experience severe symptoms and complications when infected with a virus.

When people with diabetes experience fluctuating blood sugars, they are generally at risk for a number of diabetes-related complications. Having heart disease or other complications in addition to diabetes could worsen the chance of getting seriously ill from COVID-19, like other viral infections, because the body's ability to fight off an infection is compromised.

Viral infections can also increase inflammation, or internal swelling, in people with diabetes. This is also caused by above-target blood sugars, and both could contribute to more severe complications.

When sick with a viral infection, people with diabetes face an increased risk of DKA (diabetic ketoacidosis), commonly experienced by people with type 1 diabetes. DKA can make it challenging to manage fluid intake and electrolyte levels—which is important in managing sepsis. Sepsis and septic shock are some of the more serious complications that people with COVID-19 have experienced.

In general, we don't know of any reason to think COVID-19 will pose a difference in risk between type 1 and type 2 diabetes.



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Information Pertaining to the Detention Setting

People detained in crowded locked facilities *are* at significantly elevated risk of contracting infectious diseases like COVID-19 because of the close confines in which they live. The scientific evidence available demonstrates that COVID-19 is highly contagious.

Based on medical expert guidance, governments are taking aggressive steps to minimize people congregating in crowded spaces, in an effort to reduce transmission of this dangerous virus. Some jurisdictions have issued “shelter in place” orders for residents, directing them to limit their contact with others except for the most essential of purposes.

Detention facilities frequently lack the health care resources, space, and staffing to care for people who are acutely ill. This is of heightened concern during these times of a dangerous pandemic. When a high number of detained people take ill, the number of people requiring acute care can quickly overwhelm on-site medical resources, with outside facilities increasingly pressed to their limits.

Because people with diabetes face a significant and higher-than-average risk of getting *seriously* ill if infected with the COVID-19 virus, up to and including the risk of death, criminal and civil detention facilities (prisons, jails, juvenile facilities, immigration detention centers, psychiatric institutions, etc.) should take aggressive steps to protect both the health of these individuals and larger public health interests in our communities.

Local officials should explore all possible strategies to release people with diabetes and other serious risk factors related to COVID-19, and to reduce the level of crowding in detention facilities. Medical furloughs, compassionate release, and pretrial or early release for those most vulnerable to the virus are among options to be considered.

People in detention also need to be provided with ready access to warm or hot water, soap and sanitizer, and adequate hygiene and cleaning supplies both for handwashing and for cleaning their living area.

People in detention should also be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent practicable. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. Education should be reiterated upon release to best inform individuals on how to prepare for a healthy return to the public.



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Conclusion

Thank you for considering this information as you work to ensure that detainees with diabetes are safe during a difficult time for all. For more information on this topic, the ADA has additional resources here: <https://www.diabetes.org/diabetes/treatment-care/planning-sick-days/coronavirus> and here: https://care.diabetesjournals.org/content/37/Supplement_1/S104.