



COVID-19 vaccination data in California jails: lessons from an imperfect model

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Introduction

Throughout the COVID-19 pandemic, advocates, organizers, and scholars have raised concerns about the poor quality of data reported by carceral systems across the country. Of the 53 state and federal carceral agencies assessed by the UCLA Law COVID Behind Bars Data Project in its [Data Transparency & Quality Scorecard](#), more than 80% received an F.

Data are even more sparse from local county jail systems. That's because, unlike state or federal agencies, jails rarely have robust, standardized mechanisms for data collection and reporting. County jails, which are distinct from prisons in that they generally house people who are detained pretrial and for shorter stays, are typically run by individual sheriffs. The decision to make data publicly available is usually at their discretion, unless a legislature or court has put a data reporting mandate in place.

In California, as in most states, no such mandates were issued. As a result, the [Covid In-Custody Project](#) launched to fill this gap. Since March 2020, we have been tracking the number of cases, tests, and releases, as well as population changes in jails located in six counties in the Northern California region: Alameda, San Francisco, Santa Clara, Sacramento, Yolo, and Fresno.

We gather data from sheriffs' offices and public health departments by scraping public websites and submitting public records requests. Since January 2021, we have collaborated with the UCLA Law COVID Behind Bars Data Project to integrate our data into its national COVID-19 dataset.

In June 2020, three months after the launch of the Covid In-Custody Project, California joined Colorado and Texas in becoming one of three states (excluding the seven with unified corrections

systems under state jurisdiction) where a state agency has taken responsibility for collecting, aggregating, and reporting jail data, according to a [report by the COVID, Corrections, and Oversight Project](#). In Colorado, that agency is the state public health department. In Texas and California, the role has been carried out by state correctional oversight bodies called the Texas Commission on Jail Standards (TCJS) and the California Board of State and Community Corrections (BSCC). However, TCJS [stopped reporting](#) in June 2021.

It is critical that oversight bodies like the BSCC collect and report jail data for the public. However, there are a number of issues with the [BSCC's jail data collection efforts](#) that have prevented the agency from effectively fulfilling its intended oversight mission (see Appendix A). Some of the most critical issues include:

- The absence of a state mandate for sheriffs to report their data to the BSCC, which has allowed counties to choose whether to participate (and several have chosen not to);
- Unexplained inconsistencies between what has been reported on the BSCC's dashboard and what local sheriffs' offices report in their responses to our public records requests (for examples, see Appendix C.5);
- Imprecise reporting ranges (such as "<11 deaths") that obscure important details; and
- A lack of data on vaccinations, which prevents the public from knowing the state of immunity in California jails.

Because of these inconsistencies and gaps in the BSCC's county jail COVID-19 data, and the lack of a broader data reporting mandate that would allow for more comprehensive and precise jail data, the Covid In-Custody Project has continued its data collection efforts.



The Covid In-Custody Project's vaccination data collection efforts

Most recently, we have been filling a particularly critical data gap: collecting and reporting the total number of incarcerated people and staff in county jails who have been vaccinated. As noted above, the BSCC does not collect this information from carceral agencies, despite its clear public health value.

Unfortunately, our project has faced several challenges with our own vaccination data collection. Most notably, many sheriffs' offices are slow to respond or ignore our public records requests for data entirely (see Appendix B). When sheriffs do report data, that data are often significantly flawed.

However, there may be reason to be optimistic about possible improvements in vaccination data availability and accuracy, at least for staff.

According to a July 26 order from the California Department of Public Health, unvaccinated staff members in congregate settings must be tested at least once per week. The order also requires that staff vaccination records be collected and made available to the local health jurisdiction for verification. This is an opportunity for local jails and the BSCC to create pipelines for reporting these data to the public and to improve data transparency for all COVID-19 metrics across the board.

In the following sections, we identify some of our primary concerns related to the vaccination data we have collected directly from county jail systems. It is our hope that, by highlighting these problems, we can draw attention to key issues that the BSCC and other data oversight bodies should address related to jail data collection and reporting.

Issues related to jail vaccination data for incarcerated people

Few counties distinguish in their vaccination data between vaccinated individuals still in custody and those who have been released. Because jails have many new bookings, transfers, and releases every day, this distinction is crucial to understand the current vaccination rate inside a facility (see Appendix C.2.1 and C.4.1).

In Sacramento County, for example, the health services department reported that 2,429 individuals have received at least one dose as of October 27. However, some unknown number of them have since been released (see Appendix C.3.1). It is impossible, therefore, to calculate the vaccination rate of the current population. The UCLA Law Covid Behind Bars Data Project has noted a similar challenge with interpreting vaccination data for state and federal prisons.

In contrast, the sheriff's office in Alameda County provides such a breakdown for Santa Rita Jail, and in doing so, gives a clearer picture of the state of immunity inside the facility. While 1,114 people have been fully vaccinated before or during their incarceration, the county notes that only 580 of those people are still in custody as of November 4. We can then conclude that roughly 26% of the current incarcerated population is vaccinated.

It is important to note that, even when counties do provide vaccination data disaggregated by incarceration status, it is possible that the number of vaccinated people in custody may not include those who received a dose in the community prior to their incarceration. Both San Francisco and Alameda Counties have specified that their current vaccination rates do include those who were vaccinated before their incarceration, but other counties have not been explicit with respect to their own calculations.



Issues related to jail vaccination data for staff

Every county jail has custody staff, healthcare staff, and a range of miscellaneous workers who enter and exit facilities every day. None of the counties we collect data from, however, has specified the vaccination rate by category of staff.

In Sacramento County, for example, the health services department provides the total number of vaccinated “healthcare/sheriff’s office staff,” but the data are not disaggregated for those who work within the jail. The health services department also does not report the total number of “healthcare/sheriff’s office staff,” making it impossible to determine the vaccination rate (see Appendix C.3.2 and C.4.2).

Another issue, and one that applies to carceral agencies across the country, is that, while a county may generally report how many jail staff have received a vaccine through their employment, they do not comprehensively track whether staff received vaccines in other ways. For example, Sacramento County’s health services department has reported that 434 healthcare/sheriff’s office staff are fully vaccinated, but these numbers are likely undercounts because they do not include staff who received vaccines offsite.

Some counties, such as San Francisco and Alameda, have been asking jail staff to self-report their vaccination status. Nealy 60% of sworn custody staff in San Francisco’s jails say they have been fully vaccinated. However, because staff have not been mandated to report this information, it could still be an undercount.

The lack of comprehensive staff vaccination data is particularly troubling because the daily movement of staff in and out of facilities increases the risk of viral spread both within facilities and between facilities and communities.

For example, it was determined through contact tracing that an asymptomatic deputy triggered an outbreak in the Santa Rita jail in December 2020. It is impossible for agencies to effectively manage the spread of COVID-19 in their facilities without knowing the vaccination status of their staff.

Conclusion

Since weekly testing is now mandated for unvaccinated jail staff under the California Department of Public Health’s July 26 order, some counties have developed better vaccination tracking systems internally, which make accessing the data via public records requests more straightforward.

For example, the sheriff’s office in Alameda County now maintains its own vaccination status tracker to determine who is unvaccinated and thus who will be subject to regular testing (see Appendix C.1.1). While this is a positive development, piecemeal data collection is not a sufficient solution to a statewide issue.

Unfortunately, there is no ideal national model for comprehensive jail data reporting, for vaccine data or otherwise. Although some form of statewide jail data reporting has been done in California, Texas, and Colorado, quality and transparency issues persist in the absence of mandates.

The only instance of mandated statewide jail reporting has been in Massachusetts, where a state court ordered that, from April 2020 to August 2021, all county sheriffs report data on COVID-19 in their local jails and that the department of correction do the same for prisons. The reporting stopped once the court order was no longer in effect.



In California, robust statewide data reporting could take a number of forms. The state legislature could mandate that sheriffs collect and report data on their own county websites. Alternatively, a legislative mandate could require sheriffs to report these data to the California Department of Public Health or the BSCC, which would in turn post the data on their websites.

In any event, meaningful oversight with mechanisms for accountability, including consequences for non-compliance, is necessary to ensure accurate and comprehensive data. Ultimately, state officials must work toward ensuring transparency regarding the impacts of the pandemic on all incarcerated people, wherever they are housed.



Appendix

A. Other issues with data from the California Board of State and Community Corrections (BSCC).

- The BSCC’s dashboard only enables users to view one week of data per facility at a time, preventing users from easily comparing data over time and across facilities;
- The data are not disaggregated by age, race, or ethnicity, preventing the public from understanding who has been most impacted by COVID-19 in county jails; and
- The BSCC states that, even though it is an oversight agency, the agency is not responsible for verifying or validating the accuracy of the data it publishes.

B. Issues with relying on public records requests alone for data collection.

Except for Alameda County, none of the jail systems we focus on make vaccination rates for staff or the incarcerated population available via public platforms like the sheriff’s office website.

While requests pursuant to the Public Records Act, which we relied on to collect vaccination data for Sacramento, San Francisco, and Santa Clara Counties, yielded some beneficial results, they were not nearly sufficient to access comprehensive and timely data.

These are some issues we have experienced so far with our public records requests:

- Sheriffs’ offices that do not already maintain vaccination data are not required to create data collection pipelines to fulfill our request, so they can simply decline to provide data (note: this may change due to [the July 26 state public health order](#));
- Jail administrators have taken weeks, and in some cases months, to respond;

- Building a dataset on vaccination rates using public records requests alone is onerous; generally, it is not possible to receive periodic updates for one request. As a result, after one set of data is provided, we have to submit a new request for the same data for later dates, which again takes weeks or months to be honored; and
- It is not uncommon for our requests to be completely ignored, as was the case in Fresno County (see Appendix B.5).

When our records requests are fulfilled, the data obtained is often of low quality. Clearly, building a dataset on vaccination rates using public records requests alone is onerous, and it could be avoided with stronger data reporting requirements and guidelines.

C. County-specific data issues.

For all counties, view and download our data here: <https://covidincustody.org/data> > Access Raw Data Files > “County Name.” To access the data files directly, click [here](#).

C.1. Alameda County

C.1.1. In mid-February 2021, the Alameda County public health department encouraged sheriff’s office staff, including those who work inside the jail, to get vaccinated via vaccine pods set up by the department’s Office of Emergency Services (OES). City police and probation staff, as well employees of other law enforcement agencies, were also eligible. However, the data system that captured vaccine recipient information did not request law enforcement officials to indicate which specific unit or agency they belonged to. As a result, the public health department could not report how many sheriff’s office staff, let alone how many staff working in jails, were vaccinated through the OES pods.



To obtain an aggregate count of sheriff's office employees that were vaccinated, the sheriff's office sent the public health department a roster of employee names that could be used to find matches in the aggregate data logged from the OES vaccine pods. Kimi Watkins-Tartt, director of the Alameda County Public Health Department, stated on May 7 that any statistics on the overall vaccination uptake for staff would be made public. Instead of only matching employee records with the OES vaccine pods, the department decided to expand the search using the California Immunization Registry (CAIR). By using the CAIR database, they would be able to identify all sheriff's office staff who were vaccinated through any medical provider or clinic in California.

On June 4, the sheriff's office reported that roughly 35% of their employees matched with records of fully vaccinated individuals in nine Bay Area counties. Since this vaccination rate excluded staff who could have received a dose outside of these select counties, the public health department reran the search, this time against CAIR records from all California counties, and found that just over 39% of their employees matched records of fully vaccinated individuals.

This approach has significant limitations. The CAIR data itself has limitations, such as missing data and improper identification. In addition, the biggest limitation with the public health department's approach is the lack of disaggregation among sheriff's office divisions. As a result, all divisions are pooled together, obscuring the degree of immunity among jail staff who interact with the incarcerated population on a daily basis.

To combat this issue, the Covid In-Custody Project (a) requested that the sheriff's office conduct a survey to ascertain the vaccination status of staff and record the division they belong to, and (b) requested Commander Sanchez and Captain Lockett-Fahimi to tally the number of vaccination cards submitted by sheriff's office staff to Human Resources.

Months after these requests, when the July 26 mandatory testing order for unvaccinated jail staff was issued by the California Department of Public Health, the sheriff's office created a system to tally vaccination cards to be able to determine the staff who must comply with testing. This order paved the way for reporting vaccination rates for staff to the public. The data are accessible [here](#).

C.2. Santa Clara County

C.2.1. Through public records requests and email communication with the county, we were able to determine that 42% of the incarcerated population was fully vaccinated as of mid-July. Since county jail populations are transitory, it is important for vaccinated individuals who were released or transferred to be removed from the total vaccinated count. The county has generally not been consistent or forthcoming with information on this point. At the Public Safety and Justice Committee meetings, some vaccination data are presented publicly, but the vaccination rates for those currently incarcerated are not specified.

C.3. Sacramento County

C.3.1. The data we have received from Sacramento County do not provide any indication of the percentage of the currently incarcerated population that is vaccinated. Our requests for these data have not been honored.



C.3.2. Regarding vaccinations for staff, the data reported include only those who were vaccinated on-site by the department of healthcare services under the county's public health department. From the county's response to our public records request for vaccine data: "This data does not include: staff who received vaccines offsite or mental health staff who received vaccines through UC Davis."

C.4. San Francisco County

C.4.1. Through public records requests and email communication with the county, we were able to determine that 60% of the population was fully vaccinated as of mid-June. Since county jail populations are transitory in nature, it is important for vaccinated individuals who were released or transferred to be removed from the total vaccinated count. While San Francisco has at times followed this data reporting standard, it has not been consistent. The only data points available are for May and June 2021. Our requests for data in July and August 2021 were ignored.

C.4.2. When we first requested data on jail staff vaccinations from the sheriff's office, Nancy Crowley, a spokesperson for the office, outrightly stated that HIPAA (the federal Health Insurance Portability and Accountability Act) prevents them from making any data about employees' vaccinations public, even if it is de-identified. However, when the county mandated vaccinations for staff in jails and other high-risk settings, the sheriff's office began sharing staff vaccination data. That said, the data do not specify vaccination status specifically for those who work in jails.

As the September 30 deadline for compliance with the local public health order approached, the Associated Press reported that 86% of the sheriff's office was fully vaccinated.

Through a public records request, we were able to retrieve a single data point for the custody bureau, but it is not sufficient to determine the vaccination rate for all of the jail's staff members. "Of the 455 sworn staff assigned to custody, 269 have self-reported as fully vaccinated," read the sheriff's office's response to our request. While 59% of sworn custody staff were immunized as of July 2, the data say nothing about the 32 custody civilian staff or non-custody sheriff's office employees who work at the jail.

Further, since the vaccination count is obtained by tallying the vaccination cards employees submit to the human resources department, it could be an undercount if some employees choose not to report their status. Ultimately, it is impossible to determine how many staff who enter the jail are vaccinated.

C.5. Fresno County

While Alameda, San Francisco, Santa Clara, and Sacramento Counties showed some commitment to data transparency, Fresno County has been lagging behind. Although the county does share data on cases and testing with the BSCC, the data are incomplete. Our public records request for better quality case and testing data for the incarcerated population and staff was left pending for more than five months.

The response we ultimately received was a series of "swab lists" that were incomplete and erroneous for the following reasons:

- The swab lists included data only for incarcerated people and not for staff;
- Swab lists specify the number of tests administered at different locations in the jail as well as their results on a weekly basis, but the lists say nothing about the total number of cases, tests, deaths or recoveries identified thus far;



- Inconsistencies between the swab lists and the data reported to the BSCC are common and dramatic. For example, a swab list from Sept. 25, 2020, showed that 459 tests were administered in the jail in one week while the data reported to the BSCC for the corresponding week show a total of 84 tests;
- Swab lists also covered only four months of the pandemic, October 2020 to January 2021, despite our request for data from March 2020 onward.

Further, Fresno County has not responded to our public records request regarding vaccination rates for the incarcerated population and jail staff.