The Porous Boundaries Between Communities and Correctional Facilities: A Medical Recovery Site Resulting in Reduced COVID-19 Household Transmission Tied to Recently Incarcerated Individuals

Katherine Pocock, MHS, PA-C, Ryan Close, MD, MPH, James McAuley, MD, MPH

Background

- In April 2020, a COVID-19 outbreak at a rural, resource-limited Department of Corrections facility on a Native American Reservation in Southeast Arizona led to multiple epidemiologically linked cases to household contacts of recently incarcerated individuals.
- We describe the role of a medical recovery site for isolation of recently released inmates with active COVID-19 infections in reducing household transmission of cases tied to the correctional facility.

Methods

- On April 16th, an individual was contact traced to the correctional facility and was laboratory-confirmed positive, an asymptomatic index case in the jail.
- Testing of all inmates continued from April 16th-30th.
- On April 24th, decarceration began.
- All inmates released from the facility April 24th-April 30th were contact traced for 14 days to monitor for new household cases.
- On April 30th, the tribe opened a medical recovery site for isolation.

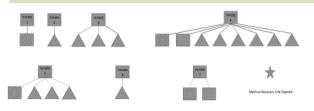
Methods (cont.)

 Contact tracing efforts continued in the community thereafter and all recently released individuals were contact traced 14 days after departure from the correctional facility.

Results

- Between April 24th -30th, 16 inmates were released from facility.
- Seven were laboratory-confirmed positive.
- Secondary infections only occurred in households of positives.
- Of the seven households, four experienced secondary transmission of virus.
- There were 27 household contacts with six secondary infections (secondary attack rate of 30.0%).

Figure 1: Household Secondary Infections with Epidemiological Links to Previously Incarcerated Inmates Before and After Opening of Medical Recovery Site



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Results (cont.)

- There were four hospitalizations and one death, though cause of death was not due to COVID-19 despite incidental finding.
- After opening of the medical recovery site, all individuals with active infections (12 cases) agreed to isolation at the site.
- This intervention resulted in no further epidemiologically linked cases from recently released incarcerated individuals to the community.

Conclusions

- Prior to the establishment of a medical recovery site on a Native American reservation, a significant burden of disease in the community was linked to recently incarcerated individuals.
- After opening, all actively infected individuals who were being released from incarceration agreed to isolation at site, resulting in no further household transmission of COVID-19 from an actively infected recently incarcerated case.
- This outbreak highlights porous boundaries between correctional facilities and surrounding communities, requiring attention and resources to limit transmission of disease to protect local populations.

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