

Benefits of COVID-19 viral screening of formerly incarcerated individuals during community reentry

Nicolas G. Quan, Hassan Latif, Martin Krsak, Michaele Francesco Corbisiero, Jamie Solis, Taylor Wand, Parisa Mortaji, Michael Aaron Vrolijk, Shelley Kon, Nazgol Ghandnoosh and Carlos Franco-Paredes 

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Countries are releasing people from overcrowded jails, prisons, and detention centers to mitigate the spread of COVID-19 inside these facilities. Given the rising number of COVID-19 outbreaks in correctional institutions in many countries, formerly incarcerated individuals may amplify transmission of the coronavirus when transitioning to broader society. Viral screening to detect asymptomatic or presymptomatic SARS-CoV-2 infection at the time of release is an important preventive strategy during community reentry. In addition to helping to implement population management interventions, viral screening of formerly incarcerated individuals and community reentry staff fosters community reintegration pathways that contribute to reducing recidivism

In the earlier part of the COVID-19 pandemic, international organizations urged political leaders to limit pretrial detention and prioritize early releases of the medically vulnerable from correctional facilities.^{1,2} Reductions in incarceration levels have varied widely among countries.³ By June 2020, the total prison and jail population among 109 countries had been downsized only an estimated 5.8%, leading to prison riots in many settings.^{3,4} Since the United States incarcerates more of its population than any other country, civil rights advocates have recommended decongestion of carceral populations to reduce the impact of the pandemic.⁵⁻⁷ Despite these recommendations, there has been only an approximately 11% reduction of the population held in U.S. county

jails, state and federal prisons, and immigration detention centers.⁸

Prior to COVID-19, correctional facilities in the United States released more than 600,000 individuals every year with the assistance of community reengagement organizations.⁹ The goal of these organizations is to promote reintegration and reduce reincarceration. Unfortunately, about half of people released from state prisons are reincarcerated within 5 years of their release and about one-quarter of people released from federal prisons are reincarcerated.^{8,9} In addition to the well documented challenges facing people coming out of jails and prisons to restart their lives,^{8,9} community reentry processes now have a new dimension due to the COVID-19 pandemic.¹⁰ In many countries including the United States, major barriers for successful community reintegration have been exacerbated, ranging from housing and food insecurity, labor market barriers, and other forms of socio-economic stigmatization. These factors may contribute to an increased risk of reincarceration.¹⁰ This disparity is amplified by the fact that people of color are at highest risk of infection, hospitalization, and death from COVID-19 secondary to entrenched social and health inequities; and also represent nearly two-thirds of the incarcerated population.^{6,11,12}

By the end of March, a growing number of countries were reporting outbreaks in correctional facilities including jails as well as state and federal

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Correspondence to:
Carlos Franco-Paredes
Department of Medicine,
Division of Infectious
Diseases, University of
Colorado Denver School
of Medicine, Anschutz
Medical Campus, 12700
East 19th Avenue, 11C01,
Aurora, CO 80045, USA
[carlos.franco-paredes@
cuanschutz.edu](mailto:carlos.franco-paredes@cuanschutz.edu)

Nicolas G. Quan
Martin Krsak
Parisa Mortaji
Department of Medicine,
Division of Infectious
Diseases, University of
Colorado Denver School of
Medicine, Aurora, CO, USA

Hassan Latif
Second Chance Center,
Inc., Aurora, CO, USA

**Michaele Francesco
Corbisiero**

Jamie Solis
Taylor Wand
Michael Aaron Vrolijk
University of Colorado
Denver School of Medicine,
Aurora, CO, USA

Shelley Kon
Colorado Infectious
Disease Associates,
Denver, CO, USA

Nazgol Ghandnoosh
The Sentencing Project,
Washington, DC, USA

prisons across the United States.^{5,6} Indeed, despite significant under-testing in these settings, jails and prisons have reported more than 200,000 cases of COVID-19 and nearly 1400 deaths of incarcerated individuals in the United States.^{13,14} By November 24, 2020, Colorado alone had reported 204,000 cases of COVID-19 with 15,526 hospitalizations and 2821 deaths. Many cases of COVID-19 in Colorado are the result of outbreaks in the state's large prisons and in many smaller county jails.¹⁵

Early release of imprisoned individuals is a critical strategy to protect at-risk populations inside correctional facilities.^{5,6,16,17} While infected correctional officers, other correctional staff, and newly admitted individuals are responsible for introducing this viral infection into jails, prisons, or immigration detention facilities, incarcerated people may also become vectors of COVID-19 transmission at the time of their release back into the community.^{16,18}

Identifying those infected at the time of their release would help prevent outbreaks in shelters, halfway houses, or in their households.^{19,20} In response to the early release of incarcerated persons in Colorado prompted by the COVID-19 pandemic, the community reentry organization Second Chance Center collaborated with the University of Colorado, Division of Infectious Diseases to initiate a screening program for the formerly incarcerated individuals served by this organization and their staff from May 8 to November 24, 2020 in Denver and Aurora, Colorado. This community outreach program assists with reintegration into society by fostering the early initiation of in-person rehabilitation, counseling for substance use disorder, and offering therapeutic group activities and mental health sessions.

For this project, trained personnel assessed both the formerly incarcerated at the time of their release and the organization's staff for symptoms and obtained nasopharyngeal swabs. The Colorado State Public Health Laboratory performed RT-PCR testing to detect the presence of SARS-CoV-2 in the samples. We also instituted infection prevention protocols and algorithms for isolation and quarantine in housing facilities. Among all individuals tested, we conducted a brief questionnaire to identify community reentry issues related to the COVID-19 pandemic. These questions were designed to identify whether performing viral

screening for COVID-19 and learning test results assisted the formerly incarcerated individual in participating in activities and counseling sessions, transitioning to medical care appointments, securing or maintaining employment, and whether they felt that it reduced stigma and increased their trust in the healthcare system. Since this project falls under public health surveillance, it did not require Institutional Review Board approval.

During this surveillance program, four of the 165 formerly incarcerated individuals and four out of 20 community reentry organizations staff were found to be infected. The majority of the formerly incarcerated individuals tested (60%) were released from custodial facilities with previous or existing COVID-19 outbreaks. Identifying infected individuals assisted in instituting isolation and quarantine interventions that contributed to interrupting clusters of transmission.

COVID-19 testing of recently decarcerated individuals is valuable in several respects. Viral testing at their time of community reentry, including to detect asymptomatic or presymptomatic infection, allows the implementation of data-driven interventions to prevent clusters of COVID-19 transmission.¹⁶ Furthermore, the first 2 weeks after community reentry are a critical period to prevent recidivism and promote interventions to improve the well-being of the formerly incarcerated.²¹ In fact, there is an increased risk of dying in the first 2 weeks after community reentry due to violence, drug overdose, or suicide.²¹ By informing formerly incarcerated individuals of their COVID-19 test results, this project identified that viral testing provided assurance to all parties involved. Formerly incarcerated individuals felt empowered after learning their test results, which facilitated their interactions with community reentry staff. Questionnaire responses suggested that this screening program improved the trust of the formerly incarcerated individuals in the health care system and provided a forum to discuss COVID-19 prevention and pathways for reintegration into the medical system.

We conclude that while the COVID-19 pandemic continues to run rampant in the United States, viral screening for the novel coronavirus at the time of their community reentry can be a link to needed medical care, which in cases of treatment for substance use disorder, reduces recidivism and risk of death.²² There is a need for further

research to identify factors associated with reincarceration during this pandemic.

Conflict of interest statement

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ORCID iD

Carlos Franco-Paredes  <https://orcid.org/0000-0001-8757-643X>

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