

# Closing gaps between public health and correctional health in Washington State

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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

The Washington State Department of Health used funding to establish an epidemiology role specialized in communicable disease outbreaks in correctional settings to build partnerships and improve communicable disease surveillance and response.



## The “What”

Prior to the COVID-19 pandemic, communicable disease teams at Washington State Department of Health (WADOH) had little knowledge of transmission dynamics within a correctional facility until an outbreak occurred. The learning curve to apply general disease public health guidance to this high-risk setting is steep and is climbed every time a new condition is identified within a correctional facility.

Early in the COVID-19 pandemic it became apparent that individuals who were incarcerated and correctional staff were at high risk of COVID-19 infection, and congregate correctional facilities were sites of rapid COVID-19 spread. WADOH used Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funds to hire an outbreak response epidemiologist to specialize in correctional settings, as part of a larger Outbreak Response in Non-healthcare Congregate Settings team. This person serves as:

1. A liaison between WADOH and the state's federal, state, and local correctional facilities.
2. A consultant for facilities to discuss opportunities to align their facility-specific infection prevention protocols to WADOH and CDC guidance.
3. The lead epidemiologist surveilling COVID-19 data for cases associated with these settings and working with correctional staff on data sharing and quality.
4. The outbreak lead for state or federal correctional facility.



## The “So What”

Early in the COVID-19 pandemic, a nascent Outbreak Response in Non-healthcare Congregate Settings team deployed to multiple local jails, state prisons, and federal detention centers to perform mass-testing. This process was labor-intensive and burdensome. Hiring a corrections epidemiologist has led to a more coordinated and streamlined process. Since fall 2020, the team has deployed regularly to 2 Federal detention facilities, nearly all of the 12 state prisons, and a few reentry centers and local jails alongside local health department (LHD) staff. Deployment missions include setting up pop-up COVID-19 testing sites, consultations for infection prevention, health education, and facilitating appropriate isolation resources for individuals who test positive for COVID-19.

**Maintaining this role will help build resilience and quicker responses to future outbreaks in these settings. This role improves surveillance systems and offers better ways to manage health and healthcare in correctional settings.**

The corrections epidemiologist meets biweekly with state corrections and jail partners. They lead COVID-19 surveillance for all correctional settings, including setting best practices for outbreak reporting to the Washington State surveillance system; maintaining and cleaning COVID-19 case and outbreak data from correctional facilities; analyzing and disseminating reports describing COVID-19 cases and outbreaks; and regularly sending COVID-19 case and outbreak in correctional facilities data summaries to LHDs.

The corrections epidemiologist established a Local Health Corrections Community of Practice meeting to help local health investigators share challenges, resources, and solutions to responding to outbreaks in correctional settings. This community of practice is a valuable opportunity for LHDs and WADOH to identify challenges in disease surveillance in correctional settings, share strategies to build relationships with correctional partners, and align COVID-19 response policies and practices. Since December 2021, there have been 18 meetings, which were regularly attended by more than half of the 35 LHDs in Washington.

The corrections epidemiologist has also supported the WADOH Tuberculosis team with outbreaks in the state prison system by leveraging their existing relationships with Washington State Department of Corrections data, infection prevention, and administrative staff to build out a more streamlined data collection and contact investigation process.

## The “Now What”

There is an ongoing need for public health involvement in correctional health to improve the health of people who are incarcerated and those who work in these settings. The funding for this type of role is tied to ELC COVID-19 funding, which will end in July 2024. WADOH needs support from the state and CDC to continue to fund this role so that these partnerships can continue. There are more opportunities to broaden WADOH’s health outreach in correctional settings. For example, the corrections epidemiologist can help support work to connect jails with systems to electronically report notifiable conditions or request

specimen testing from the state Public Health Lab. They can connect jails with state-provided resources for STD/HIV rapid test kits or naloxone for individuals leaving incarceration. They can provide educational resources to correctional facility leadership and staff about the health risks of extreme heat and wildfires for these settings that are known for poor ventilation and temperature control. Maintaining this role will also help build resilience and quicker responses to future outbreaks in these settings. This role improves surveillance systems and offers better ways to manage health and healthcare in correctional settings.

Key contributors to this project include Rachel Edwards, Washington State Department of Health.