The Threat of Outbreaks in US Border Patrol Detainment Centers

Mark A. Travassos, MD, MSc

Twelve minutes before the arrival of Christmas, medical staff at a county hospital in New Mexico declared an 8-year-old boy dead. He had arrived there unresponsive less than 1 hour before, his second visit to the hospital that day. It was the end of a long journey for Felipe Gomez-Alonzo. Early in December 2018, Felipe and his father departed their village in rural Guatemala for the United States. On December 18, US Customs and Border Protection apprehended them at the El Paso, Texas, border. During the next 6 days, US Customs and Border Protection detained both Felipe and his father, eventually transferring them to a Border Patrol station in Alamogordo, New Mexico, a city of 30,000 people.

At 9 AM on Christmas Eve, a US Border Patrol processing agent noticed that Felipe was coughing. Border Patrol agents transported him and his father to Gerald Champion Regional Medical Center for evaluation of influenza symptoms. Gerald Champion Regional Medical Center is a small county hospital shared by active-duty personnel and residents in Alamogordo. The extent of Felipe’s evaluation at Gerald Champion is unclear. Was an influenza test done? New Mexico had influenza cases since October, and for the previous week, the state department of health had characterized influenza activity as widespread. Felipe had a fever of 103°F at the hospital but was discharged 1.5 hours later with a diagnosis of a common cold and given a prescription for an antibiotic and ibuprofen.

US Border Patrol agents took Felipe and his father temporarily to a highway checkpoint. That evening, Felipe vomited and appeared lethargic. Border Patrol agents then took him back to the hospital with his father. Felipe fainted on the way there. He never regained consciousness.

Only 1 insight from Felipe’s autopsy emerged in the following weeks. The New Mexico Office of the Medical Investigator said that nasal and lung swab results were positive for influenza virus type B.

Influenza is a formidable scourge. Treatment efforts to contain the virus and limit damage should be started within 2 days of the onset of symptoms to be effective. We have yet to develop a long-term vaccine for influenza. The current vaccine must be reformulated each year to avoid
becoming antiquated. Even with a successful vaccine, the possibility of eradicating influenza is remote because it infects both humans and animals, including birds and pigs.

Felipe most likely acquired influenza during his 6 days of detainment by the US Border Patrol. The incubation period for influenza is typically 2 days but may range between 1 and 4 days, which is well within the time frame that Felipe and his father were held at the Border Patrol processing center. Immigration authorities have said that Felipe passed an initial health check when he was first detained, and his mother told the Associated Press that he was well when he departed Guatemala. President Donald Trump has contradicted these facts, claiming that Felipe was “very sick” at first detainment at Border Patrol.

Influenza spreads easily in congested spaces. Close contact with an infected individual is all that is required, which is a significant concern in a locked, crowded detention center. Importantly, a patient with influenza may be contagious 24 hours before developing symptoms. This makes efforts to contain influenza even more of a challenge. Close contacts of individuals who eventually develop influenza need to be evaluated for influenza symptoms. Even if they are free of symptoms, they should be given the influenza vaccine and potentially even a treatment course of influenza medication as prophylaxis.

Given these concerns, what has the US Border Patrol done to contain influenza in its processing centers? There has not been a substantive response. The day after Christmas, in response to Felipe’s death, then US Department of Homeland Security Secretary Kirstjen Nielsen issued a statement that migrants were “harboring illness caused by their long and dangerous journey.” She called on the Centers for Disease Control and Prevention to “investigate the uptick in sick children crossing our borders” and declared a goal that “all children will receive a more thorough hands on assessment at the earliest possible time post apprehension.”

Four days after Felipe died and the day after an autopsy indicated that he had influenza, Secretary Nielsen visited El Paso. She reviewed medical screenings at Border Patrol facilities and issued a statement the next day. She described a “growing security and humanitarian crisis” but made no mention of influenza or efforts to contain it within detention centers. What about illnesses that a child contracts subsequently in a crowded detention center?

Questions remain. Has there been an evaluation of detainees and workers at the Alamogordo Border Patrol Station for influenza? Did close contacts receive appropriate medication? Are detainees being vaccinated against influenza? Such actions would be essential to containing influenza but would implicitly acknowledge the dangers inherent to these facilities and detention policies.

A systemic approach is necessary in detention centers to contain the risk of outbreaks of infectious diseases such as influenza. It is incumbent on the Department of Homeland Security to formulate a detention center infection control policy. Such a policy should include determination of vaccination status of detainees for infectious diseases such as influenza, as well as other illnesses such as measles, with administration of vaccines on-site. Influenza vaccination should be mandatory for detainment center workers as per American Academy of Pediatrics Committee on Infectious Diseases recommendations for health care personnel. In the event of a case of influenza or other infectious disease within a detention center, close contacts should be evaluated for symptoms, and the need for chemoprophylaxis should be determined. If necessary, the appropriate medications should be administered to detainees.

An additional issue raised by Felipe’s death is the availability of appropriate pediatric care for a child with severe influenza at a detention center. With influenza symptoms and loss of consciousness, Felipe was brought to a regional medical center that lacks a pediatric emergency department, inpatient unit, or PICU. This lack of specialized care raises serious concerns about the evaluation and care of children with emergent health issues or complicated medical care in detention centers. The Department of Homeland Security must develop a protocolized approach to address pediatric illness in detention centers. Such protocols should be made public, and pediatricians should be involved in their formulation. Inclusion of the Centers for Diseases Control and the American Academy of Pediatrics is critical in developing policies to adequately address these concerns.

One hundred years ago, influenza killed >500 000 Americans. Since the 1918 influenza pandemic, we have developed a powerful armamentarium to fight influenza, with effective medications and vaccines and knowledge of how the virus spreads and who is most vulnerable. But none of these tools matter if no one uses them. It is imperative that we employ these tools and other readily available resources to more effectively treat and prevent infectious diseases in US Border Patrol detainment centers.

ACKNOWLEDGMENTS
I thank Dr John J. Openshaw for comments on the article.

REFERENCES
1. US Department of Homeland Security. CBP shares additional information about recent passing of Guatemalan


7. Trump DJ. ...children in question were very sick before they were given over to Border Patrol. The father of the young girl said it was not their fault, he hadn’t given her water in days. Border Patrol needs the Wall and it will all end. They are working so hard & getting so little credit! 2018. Available at: https://twitter.com/realDonaldTrump/status/1079083702943211520. Accessed January 9, 2019


The Threat of Outbreaks in US Border Patrol Detainment Centers
Mark A. Travassos
*Pediatrics* 2019;144;
DOI: 10.1542/peds.2019-0206 originally published online June 6, 2019;

<table>
<thead>
<tr>
<th>Updated Information &amp; Services</th>
<th>including high resolution figures, can be found at: <a href="http://pediatrics.aappublications.org/content/144/2/e20190206">http://pediatrics.aappublications.org/content/144/2/e20190206</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>This article cites 2 articles, 1 of which you can access for free at: <a href="http://pediatrics.aappublications.org/content/144/2/e20190206#BIBL">http://pediatrics.aappublications.org/content/144/2/e20190206#BIBL</a></td>
</tr>
<tr>
<td>Subspecialty Collections</td>
<td>This article, along with others on similar topics, appears in the following collection(s):</td>
</tr>
<tr>
<td></td>
<td><strong>Infectious Disease</strong> <a href="http://www.aappublications.org/cgi/collection/infectious_diseases_sub">http://www.aappublications.org/cgi/collection/infectious_diseases_sub</a></td>
</tr>
<tr>
<td></td>
<td><strong>Influenza</strong> <a href="http://www.aappublications.org/cgi/collection/influenza_sub">http://www.aappublications.org/cgi/collection/influenza_sub</a></td>
</tr>
<tr>
<td></td>
<td><strong>International Child Health</strong> <a href="http://www.aappublications.org/cgi/collection/international_child_health_sub">http://www.aappublications.org/cgi/collection/international_child_health_sub</a></td>
</tr>
<tr>
<td></td>
<td><strong>Immigration</strong> <a href="http://www.aappublications.org/cgi/collection/immigration_sub">http://www.aappublications.org/cgi/collection/immigration_sub</a></td>
</tr>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: <a href="http://www.aappublications.org/site/misc/Permissions.xhtml">http://www.aappublications.org/site/misc/Permissions.xhtml</a></td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online:</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.aappublications.org/site/misc/reprints.xhtml">http://www.aappublications.org/site/misc/reprints.xhtml</a></td>
</tr>
</tbody>
</table>
The Threat of Outbreaks in US Border Patrol Detainment Centers
Mark A. Travassos
*Pediatrics* 2019;144;
DOI: 10.1542/peds.2019-0206 originally published online June 6, 2019;

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/144/2/e20190206