



## QUARANTINE

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### KEY DEFINITIONS

“**Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.”<sup>1</sup>

“**Isolation** separates sick people with a contagious disease from people who are not sick.”<sup>1</sup>

### STATE LEVEL

- States hold the main authority for quarantine and isolation within state borders.
  - Every state, the District of Columbia, and most territories have laws authorizing quarantine and isolation.
  - Quarantine and isolation are most often exercised through the state’s health authority.
  - These laws are based on the public health police powers of each state.
  - Specific laws and regulations differ from state to state.
  - There are also differences among states on specific divisions of authorization and enforcement of quarantine.
    - In some states, these responsibilities are separated.
  - In some states, local authorities may implement state law.
  - In most states, breaking a quarantine is a criminal misdemeanor.
  - Except in the event of a conflict with the exercise of federal authority, federal public health regulations do not preempt state or local public health regulations.
  - The Centers for Disease Control and Prevention (CDC) may step in if the state government is unwilling or unable to effectively respond.<sup>2</sup>

### FEDERAL LEVEL

- The Secretary of the Department of Health and Human Services (HHS) has statutory responsibility for controlling communicable disease within the United States.<sup>3</sup>
- The Division of Global Migration and Quarantine in CDC has been delegated this authority. Its activities include:
  - operating quarantine stations at ports of entry
  - creating standards for medical examination of people entering the United States
  - administering interstate and foreign quarantine regulations

- These regulations are related to the international and interstate movement of people, animals, and cargo.<sup>4</sup>
- Authority for isolation and quarantine is provided to the federal government through the Commerce Clause of the US Constitution.<sup>4</sup>
- On March 21, 2017, the “Final Rule for Control of Communicable Diseases: Interstate and Foreign” became effective. This Final Rule was developed to improve HHS/CDC’s ability to control diseases in the US.
  - If CDC reasonably believes that a person may be infected with or exposed to a quarantinable communicable disease, CDC may apprehend, detain, or examine that person (definition of “reasonable” is provided).
  - However, the Final Rule limits to 72 hours the amount of time that an individual may be detained pending the issuance of a federal order for isolation or quarantine.
  - The CDC may intervene in a state if the state or local authority has requested assistance from CDC or if there is inadequate local control of a disease.<sup>5</sup>
- The list of diseases for which federal quarantine is authorized is specified by executive orders. Based on recommendations from the HHS Secretary, the President can add new communicable diseases, including emerging diseases that are a threat to public health, to the list.<sup>4</sup>

## PAST QUARANTINES

- SARS
  - Severe acute respiratory syndrome (SARS) is a severe disease that led to widespread quarantine activities in 2003.
  - Quarantine was used in many locations, including Taiwan, Toronto, Hong Kong, Singapore, and Beijing.
  - Aggressive public health measures, such as quarantine, rapid isolation, and enhanced infection control, helped to contain the virus.<sup>7</sup>
- Ebola
  - Quarantine was also used in 2014-15 to combat the spread of Ebola in the US and globally.
  - In the US, no cases of Ebola developed in already quarantined individuals.
  - *Cordon Sanitaire* (geographic quarantine) was used in Monrovia, Liberia, in 2014, but it was not effective in limiting the movement of people and led to armed clashes.<sup>8</sup>

## REFERENCES

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