



# Disaster Preparedness Volunteer

Serving the WV Counties of Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt and Wood

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## ISOLATION & QUARANTINE

To contain the spread of a contagious illness, public authorities rely on many strategies. Two of these strategies are **isolation** and **quarantine**. Both are common practices in public health, and both aim to control exposure to infected or potentially infected persons. Both may be undertaken voluntarily or compelled by public health authorities. The two strategies differ in that isolation applies to persons who are known to have an illness, and quarantine applies to those who have been exposed to an illness but who may or may not become ill.

### **Isolation: For People Who Are Ill**

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation allows for the focused delivery of specialized healthcare to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public.

### **Quarantine: For People Who Have Been Exposed But Are Not Ill**

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease. Quarantine is medically very effective in protecting the public from disease.

States generally have authority to declare and enforce quarantine within their borders. This authority varies widely from state to state depending upon state laws. The Centers for Disease Control and Prevention (CDC), through its Division of Global Migration and Quarantine, also is empowered to detain, medically examine, or conditionally release persons suspected of carrying certain communicable diseases.

### **The Middle Ages**

The practice of quarantine, as we know it, began during the 14th century in an effort to protect coastal cities from plague epidemics. Ships arriving in Venice from infected ports were required to sit at anchor for 40 days before landing. This practice, called quarantine, was derived from the Italian words quaranta giorni which meant 40 days.

### **Early American Quarantine**

When the United States was first established, little was done to prevent the importation of infectious diseases. Protection against imported diseases fell under local and state jurisdiction. Individual municipalities enacted a variety of quarantine regulations for arriving vessels.

State and local governments made sporadic attempts to impose quarantine requirements. Continued outbreaks of yellow fever finally prompted Congress to pass federal quarantine legislation in 1878. This legislation, while not conflicting with states' rights, paved the way for federal involvement in quarantine activities.

### **Late 19th Century**

Outbreaks of cholera from passenger ships arriving from Europe prompted a reinterpretation of the law in 1892 to provide the federal government more authority in imposing quarantine requirements. The following year, Congress passed legislation that further clarified the federal role in quarantine activities. As local authorities came to realize the benefits of federal involvement, local quarantine stations were gradually turned over to the U.S. government.

### **Public Health Service Act**

The Public Health Service Act of 1944 clearly established the federal government's quarantine authority for the first time. The act gave the U.S. Public Health Service (PHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the U.S. In 1967, quarantine was transferred to the agency now known as the Centers for Disease Control and Prevention (CDC).

### **From Inspection to Intervention**

After evaluating the quarantine program and its role in preventing disease transmission, CDC trimmed the program in the 1970s and changed its focus from routine inspection to program management and intervention. The new focus included an enhanced surveillance system to monitor the onset of epidemics abroad and a modernized inspection process to meet the changing needs of international traffic.

### **Recent Example of Effective Use of Isolation and Quarantine: SARS and Isolation**

During the 2003 global outbreak of severe acute respiratory syndrome (SARS), patients in the United States were isolated until they were no longer infectious. This practice allowed patients to receive appropriate care, and it helped contain the spread of the illness. Seriously ill patients were cared for in hospitals. Persons with mild illness were cared for at home. Persons being cared for at home were asked to avoid contact with other people and to remain at home until 10 days after the resolution of fever, provided respiratory symptoms were absent or improving.

### **Quarantine Now**

The Division of Global Migration and Quarantine is part of the CDC's National Center for Preparedness, Detection, and Control of Infectious Diseases (proposed) and is headquartered in Atlanta. Under its delegated authority, the Division of Global Migration and Quarantine is empowered to detain, medically examine, or conditionally release individuals and wildlife suspected of carrying a communicable disease.

### **Upcoming Webcasts**

April 26, 2007 | p.m.—2:30 p.m.

Hospitals, Treatment Centers, and Public Health: Partners in Emergency Planning and Response

To view the broadcast from your computer, log onto:

<http://www2a.cdc.gov/phtn/treatmentcenters/default.asp>

To view at Mid Ohio Valley Health Department contact Martha Lamp at 485-7493 to register or if you have questions.