Isolation and quarantine orders can be important tools for protecting the public’s health and controlling the spread of communicable diseases. As discussed in more detail in chapter 3, in the United States these functions are supported by legislation at the federal, state, and frequently local levels. It is important for personnel in the medical and public health fields to be aware of these laws and the means by which governmental public health officials can use them to support disease control and prevention of the spread of communicable diseases.

At the federal level, presidential executive orders are used to determine which diseases or conditions may justify the use of federal quarantine or isolation measures. The Centers for Disease Control and Prevention (CDC) has the authority to detain and subsequently assess detained persons, who may be suspected of having a quarantinable condition when they arrive at a US port of entry or travel between states. The CDC also plays a lead role in restricting or managing the movement of persons between states through activities such as placing individuals on the “Do Not Board” list or coordinating transport to another state for treatment of a particular condition. Additionally, the CDC’s Division of Global Migration and Quarantine routinely provides monitoring and evaluation services for persons, remains, animals, or cargo products that could represent a risk to the public’s health, and they can be called on to evaluate concerns identified and reported by airplane pilots or ship captains.
States have a similar role and the responsibility to contain and control the spread of communicable diseases within their borders. The specific diseases covered by quarantine and isolation orders can vary from state to state, as can the individual or agency responsible for issuing such orders and the repercussions for violating them. Each state maintains a list of reportable conditions that may vary from one jurisdiction to another, but reportable conditions are primarily used as epidemiologic tools for disease surveillance and don’t necessarily equate to quarantinable conditions. However, when a clinician or laboratory reports a condition in accordance with state law, this could trigger the issuance of a quarantine or isolation order. Such orders might also be issued to address a known exposure to a communicable disease or a request for an evaluation of a concerning event, where multiple people who may have been exposed to a pathogen in a shared setting develop signs and symptoms of a communicable disease. Each state has legislation that identifies responsible parties with the authority to issue quarantine and isolation orders. Usually, this action can be performed by the governor, the state health officer, or medical director of the state board of health. Additionally, depending on the structure of the public health system in a given state, the director or board of health of a local health department may have similar authority to issue these orders within their jurisdiction. Most states indicate that these orders should be executed by the least restrictive means possible, and in many cases, the public health agency issuing the order assumes the responsibility of providing care and necessities such as lodging and food to persons under a quarantine or isolation order. An order might simply restrict a person from attending certain group activities, performing specific job duties, or being present in public settings; it could limit a person to their own home, or it may require coordination to admit a person to a health care facility or alternate housing option. Coordination with law enforcement agencies is sometimes required to execute these orders, and violations are considered a misdemeanor in most states.

Once an isolation or quarantine order is issued, there must also be a protocol in place for patient monitoring, as well as for the requirements that must be achieved in order to release a person from the order. Health departments can employ a variety of mechanisms to track individuals under an order and assess them for the development of symptoms, in-
cluding in-person visits, phone calls, electronic survey applications, or video conferencing, depending on the disease and available resources. If an order is issued to quarantine or isolate a person who was exposed in a work setting, the occupational health division of a facility might also assist with such monitoring. Public health personnel should ensure that persons under quarantine or isolation orders have a good understanding of the specific movement restrictions that apply to them as well as when and how to seek care, if needed. This typically requires coordination among state and local public health partners as well as designated emergency services personnel and health care facilities and providers.

It is not unusual for an event that necessitates quarantine or isolation to involve governmental public health agencies at several levels. Effective and efficient communication and coordination among these different levels, between states/jurisdictions, and with key partners including laboratories, emergency services personnel, health care providers, and the general public is a critical component for executing quarantine and isolation orders effectively for the protection of the public’s health.