

Self-Isolation and Self-Quarantine Enforcement and Compliance

Principles and Considerations for U.S. Contact Tracing Programs

Contact tracing will be a key component of any successful public health effort to contain COVID-19. In contact tracing, local and state health departments quickly identify people infected with COVID-19 using widely implemented testing programs, instruct infected people to isolate, find and notify their contacts, and support these contacts to quarantine for up to 14 days. Stopping the chain of transmission and reducing COVID-19 incidence within a jurisdiction requires broad compliance with isolation and mandatory orders.

Global strategies for controlling infectious diseases advise against extensive use of criminal laws and penalties.¹ Empowering and enabling people and communities to protect themselves and others will have a greater overall effect than reliance on criminal enforcement and prosecution.²

This document outlines key principles and considerations for U.S. health departments to determine appropriate tactics for maximizing compliance with self-isolation and self-quarantine orders, as part of COVID-19 contact tracing programs.

1. BUILD AND MAINTAIN COMMUNITY TRUST THROUGH RISK COMMUNICATION

Applying risk communication principles will help build trust within the community. Communication with the public and between contact tracing staff and people that have been diagnosed with or potentially exposed to COVID-19 should:

- Be credible: Honesty and truthfulness are invaluable during crises when trust is key to eliciting behaviors that protective both individuals and communities.
- Express empathy: Acknowledge people's fears and concerns. Addressing how people are feeling and the challenges they face builds trust and rapport.
- Provide anticipatory guidance: This enables people to not feel blindsided and to prepare themselves emotionally and logistically, and therefore to cope better when the time comes to take action.
- Promote action: Giving people meaningful things to do calms anxiety and promotes a sense of control.
- Show respect: Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation.

People must trust that their data and health status will remain confidential and not lead to negative repercussions with government agencies, health insurers/private entities, commercial interests, or malicious third parties. Communication on every level needs to address and allay fears about privacy and confidentiality.

2. EDUCATE PEOPLE TO ENSURE UNDERSTANDING OF CONTACT TRACING, QUARANTINE AND ISOLATION

To the maximum extent possible, voluntary compliance should be encouraged using education. Compliance will be higher if people understand and agree with the rationale for the measures. The

About Us

Vital Strategies is a global public health organization working in 70+ countries to strengthen public health systems. Resolve to Save Lives, an initiative of Vital Strategies, aims to prevent at least 100 million deaths from cardiovascular disease and epidemics. Through its Prevent Epidemics program, Resolve to Save Lives has rapidly leveraged existing networks to establish a multi-disciplinary, multi-pronged effort to support countries throughout Africa and beyond. This work is supported by Bloomberg Philanthropies, the Bill & Melinda Gates Foundation and Gates Philanthropy Partners, which is funded with support from the Chan Zuckerberg Initiative.

More info at

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1 WHO, *Advancing the right to health: the vital role of law*, 156 (2016), available at <https://apps.who.int/iris/handle/10665/252815>

2 UNAIDS, *Rights in the Time of COVID-19: Lessons from HIV for an effective community-led response*, 2020, available at https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf

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first step in achieving compliance is to educate the public about contact tracing and how it works.

Public health officials or other trusted leaders should take the lead in delivering these messages through mass media, social media and other outlets in languages spoken in the community. All messages should be clear, up-to-date, transparent and consistent. The messages should be evidence-based and informed by program metrics. Messages must be socially relevant and culturally adapted, which is best achieved by engaging communities and leaders through mutual exchanges.³

3. SUPPORT PEOPLE WHO LACK THE MEANS TO COMPLY WITH SELF-ISOLATION OR SELF-QUARANTINE

Health departments should offer support services and resources to people that are entering self-isolation or self-quarantine. For many, basic assistance like daily check-in phone calls, health education materials, masks or face coverings, thermometers, hand sanitizers and gloves, may be enough. For others, “wraparound services” (including food, laundry, pharmacy services, garbage removal services) or financial supports may be necessary to help people meet basic needs and compensate for lost wages. While a fine will not deter a starving person from seeking food, research has suggested that receiving support for lost wages can encourage compliance with public health and social measures.⁴

Besides economic hardship, there may be other reasons that a person cannot comply with self-isolation or self-quarantine. For example, people with mental illness, people who use drugs, or people with substance use disorders may lose access to community support services; unemployed migrant workers or people without adequate immigration papers may be unable to return home because borders are closed; victims of domestic violence may lack safe shelter. Instead of punishing people who are working or traveling in violation of public health and social measures, health departments can help link these people to government or other social services that offer food, shelter, personal protective equipment, legal or medical services.

4. INCREASE MONITORING FOR PEOPLE WHO DO NOT ADHERE TO GUIDANCE

While relevant laws and orders do allow for civil or criminal sanctions in most jurisdictions, such sanctions should be applied sparingly, if at all. When faced with non-compliance, consider implementing a graduated monitoring approach, especially as a replacement for punishment. For example, if someone in quarantine or isolation does not check in for their daily symptom monitoring, contact tracing staff can call them to see if they require additional resources or support. If a person is not reachable by phone, contact tracing staff can visit their home to make sure they are safely at home. If a person is not complying with isolation or quarantine orders, and continues to do so repeatedly, contact tracing staff can increase frequency of visits to the person’s home (e.g., every day or multiple times a day) to check in on them and reiterate the importance of staying home for their own safety, and that of their community. In rare cases when a person with COVID-19 who is under isolation orders puts the community at risk by repeatedly failing to follow orders, digital monitoring systems (e.g. ankle bracelets) may be warranted as a last resort option. Digital location monitoring should be reserved for extreme cases, rather than applied as a default. Any monitoring system should be carefully designed and monitored to ensure that it does not discriminate against any group, whether by design or as implemented.

5. AVOID APPLYING SANCTIONS THAT HARM INDIVIDUALS OR DAMAGE COMMUNITY RELATIONS

If non-compliance with self-isolation or self-quarantine orders persists after other education, support, and monitoring tactics have been exhausted, policymakers may consider whether a minimal sanction would compel compliance without inadvertently damaging the broader public health response. Evidence is mixed regarding whether fines or other administrative penalties produce higher compliance, but these sanctions can cause enormous harm to vulnerable communities. Imprisonment should be entirely avoided unless a person is a direct and immediate risk to society (e.g., engaging in violent behavior) to avoid the dangers posed by increasing incarcerated populations, as well as the collateral consequences of criminal prosecution.

Using fines or administrative sanctions to encourage compliance, rather than measures such as incarceration, is preferred. If public health officials have determined that fines or administrative sanctions are a viable public health strategy for encouraging compliance, there is still a risk these sanctions will be disproportionately applied to the most vulnerable populations and outweigh the benefit of potentially increased compliance.

3 WHO, Interim Guidance: *Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)*, March 2020, available at <https://apps.who.int/iris/handle/10665/331497>

4 Moran Bodas & Kobi Peleg, *Self-Isolation Compliance in the COVID-19 Era Influenced by Compensation: Findings from a Recent Survey in Israel*, *Health Affairs* (ahead of print), April 9, 2020, available at https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00382?utm_source=Newsletter&utm_medium=email&utm_content=COVID-19%3A+Self-Isolation+Compliance+Influenced+By+Compensation%2C+Variety+Of+Fatality+Risk+Across+Regions%3B+Comparing+Medicare+Advantage+And+Fee-For-Service+Medicare&utm_campaign=HAT+4-9-20

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Graduated penalties, if applied, should be responsive to any mitigating factors, like whether the person made a good-faith effort to comply with the rules. Restrictions necessitated by self-isolation or self-quarantine may implicate other fundamental rights and freedoms, such as the right to protest, practice religion, free speech, work or travel. Legitimate expression of these rights should be yet another mitigating factor justifying a further reduction or elimination of penalties.

Even if citations are issued during the pandemic, judicial or administrative hearings and any collections of financial penalties should be deferred until after broader physical distancing measures are lifted. This approach prevents court crowding and additional financial distress. Law enforcement should be transparent about the circumstances of the citation, including any measures that were taken to defuse the situation, and communicate clearly and truthfully to the media and the public.

6. ENSURE ENFORCEMENT ACTIVITIES ARE NON-DISCRIMINATORY AND DO NOT UNFAIRLY TARGET MARGINALIZED OR VULNERABLE COMMUNITIES

Even in situations where law enforcement must confront violations of public and social health measures, officers should be trained and directed to avoid abusive or discriminatory enforcement tactics. People who violate self-isolation or self-quarantine orders should not be physically harmed or otherwise subjected to degrading or inhumane treatment. Excessively coercive tactics that infringe on civil liberties, such as the use of electronic monitoring, should also be avoided.

In some jurisdictions, discriminatory public health enforcement activities have been raised as a concern. Law enforcement should refrain from discriminatory targeting of enforcement activities in vulnerable communities, including the use of fines and civil penalties. Instead, resources should be focused on access to supportive services for vulnerable or marginalized populations and enforcement activities should be equitably applied across communities. Moreover, associating COVID-19 with a particular region or locality, nationality or race through disproportionate enforcement may contribute to racism, xenophobia and potential stigmatization of communities.⁵ Equitable enforcement activities are essential to preventing these negative outcomes.

5 UNAIDS, *Rights in the Time of COVID-19: Lessons from HIV for an effective community-led response*, 2020, available at https://www.unaids.org/sites/default/files/media_asset/human-rights-and-covid-19_en.pdf