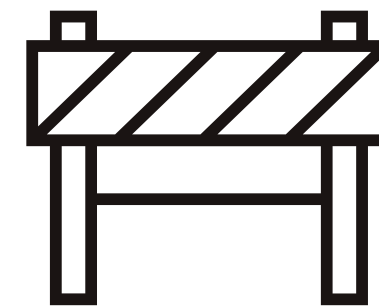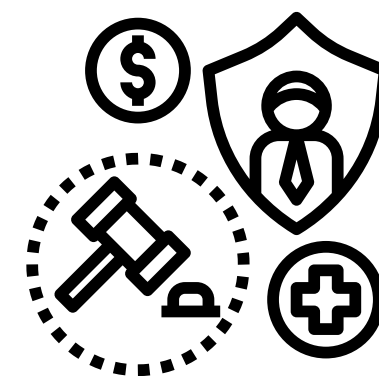# COVID-19: LIMITING THE TRANSMISSION OF DISEASE THROUGH QUARANTINE AND RESTRICTION OF MOVEMENT

# WHAT ARE THE CONSIDERATIONS FOR RESTRICTING MOVEMENT?

Quarantining individuals and populations can be very effective in slowing the spread of COVID-19. Consideration must be paid to restrictions on the movement of people – and how those measures are implemented.

Movement restrictions for controlling disease transmission include quarantine of potentially exposed individuals, isolation of sick individuals and physical distancing.

Measures can be mandatory, voluntary, or coerced, with varying degrees of enforcement.
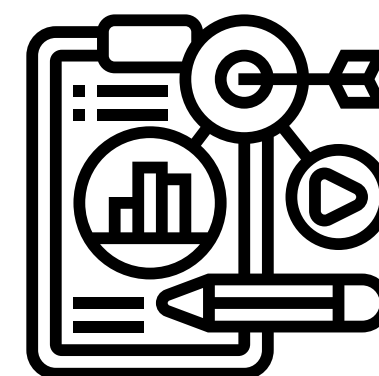
Strategies may include measures led by the state, or measures driven by the community or individuals, or a combination of these.

The design and implementation of movement restrictions must consider principles of ethics and human rights, factors influencing compliance, and social, psychosocial and economic impacts.
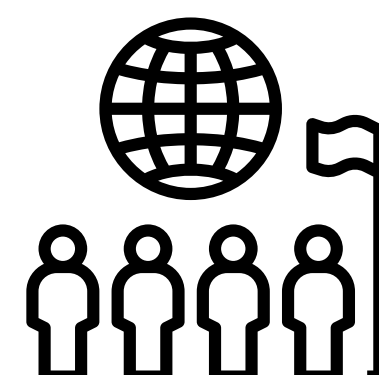
Cultural, political, economic, and geographic factors will affect the efficacy of quarantine and its potential to contain infectious disease.

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WHAT ARE THE ETHICAL AND HUMAN RIGHTS CONSIDERATIONS?

The fundamental tension is between individual and population rights since restricting movement effectively asks individuals to assume the burden of protecting the collective.
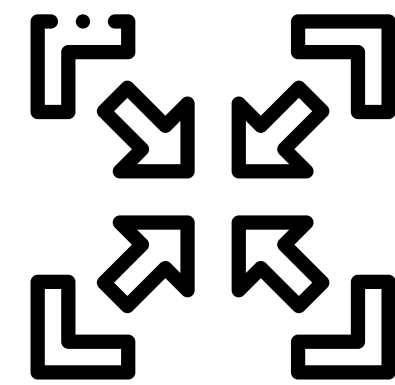
To be ethically justifiable, quarantine measures must be necessary and effective, create the least infringement, include provision of humane supportive services, and have public justification.
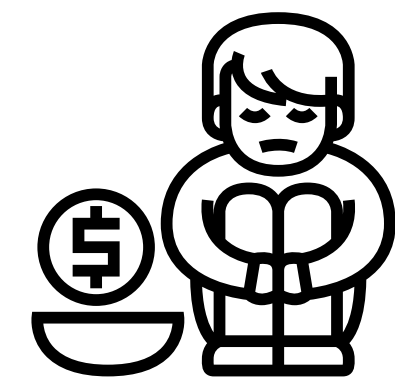
Quarantined individuals face greater risk of becoming infected and hardships if not provided with adequate resources to meet their daily needs and may have unequal access to care.

For those quarantining at home, the risk of an infected individual further infecting household members is significant.

Accurate and actionable information as well as effective resources must be provided so that individuals under quarantine can protect themselves and their household from infection.

COVID-19: LIMITING THE TRANSMISSION OF DISEASE THROUGH QUARANTINE AND RESTRICTION OF MOVEMENT

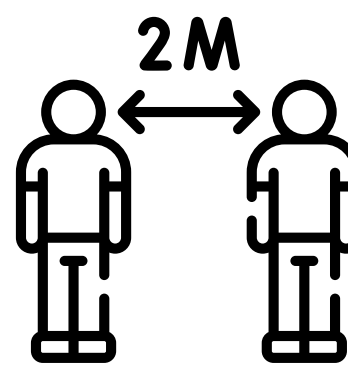# SUPPORTING COMMUNITY AND INDIVIDUAL COMPLIANCE

Quarantine and physical distancing measures are enacted on still-healthy populations, so gaining acceptance can be more challenging than for interventions targeting sick patients.
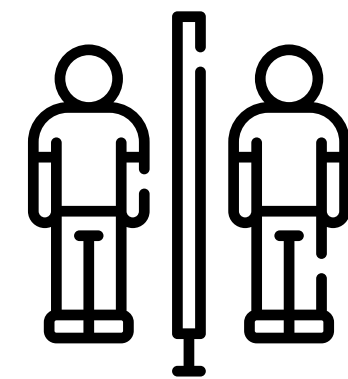
Individual compliance may be influenced by differing understandings of the threat, trust in leaders, personal risk assessment, familial obligations, life circumstances, and work and financial concerns.

Individuals must have the necessary information and resources to comply - for example people without enough stored food may find guidelines that restrict their ability to work and buy food challenging.

Voluntary compliance measures are more likely to be accepted at the community and individual levels – i.e. support for physical distancing measures decreases with increased enforcement methods
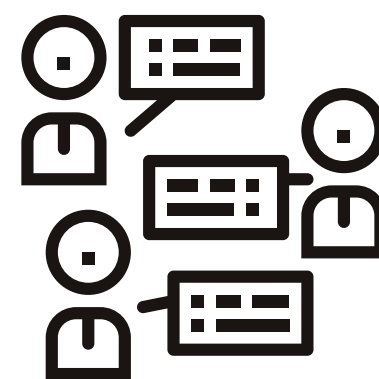
Planning and familiarity with the actions to be taken during a quarantine event can improve a community's response to measures.

The acceptability of methods for quarantine and physical distancing differs across cultures, and public health initiatives should seek to fit into the context in which they are being implemented.

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WHAT ARE THE RAMIFICATIONS OF QUARANTINE AND OTHER RESTRICTIONS?

It is important to consider the potential negative economic, social and psychosocial impacts on both the larger and different communities when planning and implementing measures.

Quarantines can have immediate negative financial consequences that disproportionately impact poorer groups. Measures such as income protection, sick leave, telecommuting and staggered shifts can reduce the impact.
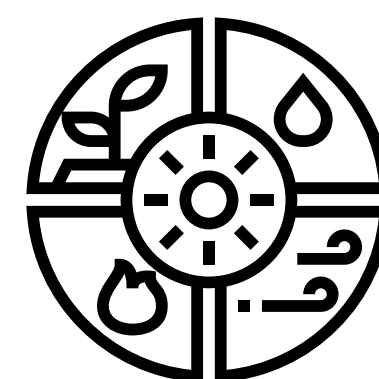
Quarantine conditions can result in a scarcity of resources. It is important to ensure access to affordable prevention and healthcare services as well as supplies to individuals and families.

People placed under quarantine often report anxiety and distress due to fear of contagion, as well as isolation, loneliness, anger, and negative feelings associated with perceived or real stigmatisation.
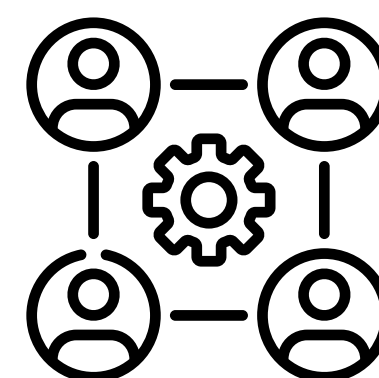
Access to support, neighbourhood relationships and clear information about disease are important protective factors against mental illness in quarantine conditions.
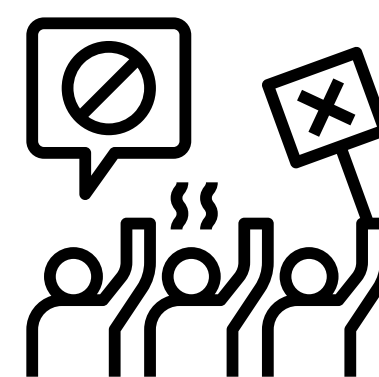
Interventions that restrict movement of certain groups or individuals can exacerbate existing social tensions, fuel fear and mistrust, and lead to stigmatisation and discrimination.

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# IMPROVING DESIGN, IMPLEMENTATION AND COMPLIANCE
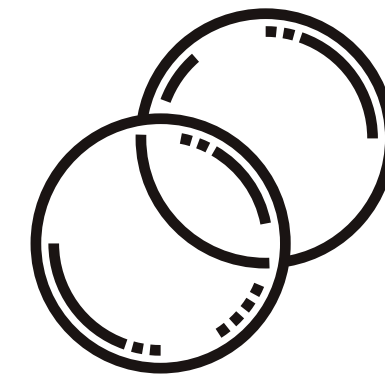
To reduce emotional distress and improve compliance, official sources must provide clear, up-to-date, transparent and consistent guidelines, information and verbal messages about quarantine measures and how to mitigate infection.
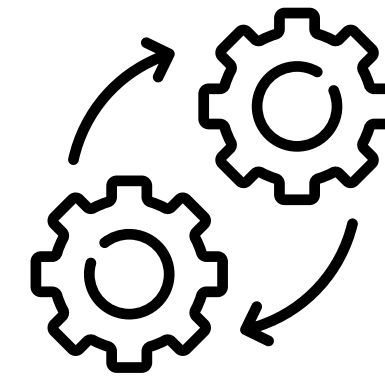
Constructive engagement with local communities and trusted public authorities, both formal and informal, is essential for the implementation of quarantine measures that will be acceptable, well understood and therefore more likely to succeed.
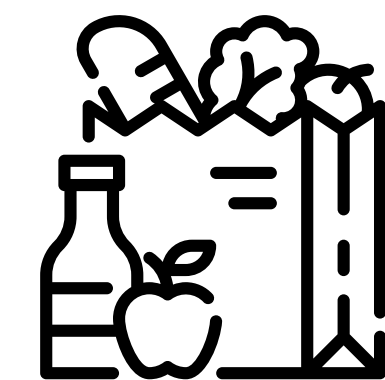
Ensure that quarantined individuals are provided with equitable support services, including health care, financial, social, and psychosocial support services, and basic needs such as food, water and other essentials.
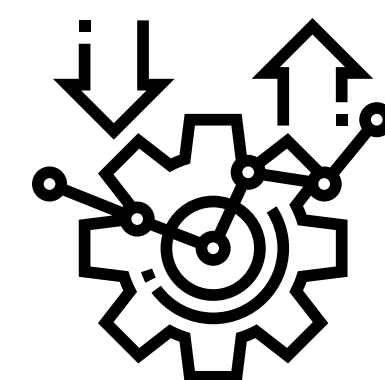
Prioritise ongoing assessments of the impact of quarantine on COVID-19 transmission, the drivers and barriers to effective quarantine and negative impacts of movement-restricting mitigation measures.