NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.
Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine

VI. Enforcement of Community Containment Measures

Data from modeling studies suggest that community containment measures such as quarantine are effective for controlling an outbreak even if compliance is less than perfect. Optimally, quarantine applied on a voluntary basis will afford sufficient compliance to attain the necessary effect. Nevertheless, protocols must be established for enforcement of both individual and community measures when higher levels of compliance are required.

Objective 1: Enforce individual quarantine restrictions as necessary.

Activities

• Develop protocols for follow-up of persons who cannot be reached by telephone. Protocols might include a threshold period for non-responsiveness that should trigger a home visit or other means to locate the person. Partnerships with law enforcement and other community-based resources will be helpful in tracing the whereabouts of persons who have violated restrictions.
• Consider and plan for the use of alternative arrangements for persons who cannot or will not comply with voluntary home quarantine. These might include:
  o Issuing official, legally binding quarantine orders
  o Posting a guard outside the home
  o Using electronic forms of monitoring
  o Using guarded facilities

Objective 2: Enforce community-level containment measures as necessary.

Activities

Enforcement of community-wide containment measures is necessarily more complex given the larger number of persons involved. Although some measures, such as cancellation of public events or scaling back of mass transit services, are self-enforcing, others (e.g., restrictions on travel between areas) may require use of physical measures such as checkpoints. Implementation will require close partnerships and cooperation with law enforcement at the local and state levels. Federal law enforcement resources may also be available in some situations.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)