



SEVERE ACUTE RESPIRATORY SYNDROME

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.



Questions and Answers on Legal Authorities for Isolation and Quarantine

What is CDC's quarantine authority?

Title 42 United States Code Section 264 (Section 361 of the Public Health Service [PHS] Act; <http://www.cdc.gov/ncidod/dg/42USC264.htm>) gives the Secretary of the Department of Health and Human Services (HHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and within the United States and its territories/possessions. This statute is implemented through regulations found at 42 CFR Parts 70 and 71. Under its delegated authority, CDC, through the Division of Global Migration and Quarantine, is empowered to detain, medically examine, or conditionally release persons suspected of carrying a communicable disease.

To what diseases does CDC's quarantine authority apply?

Under the procedures required by the PHS Act, the list of diseases for which quarantine is authorized must first be specified in an Executive Order of the President, on recommendation of the HHS Secretary. Since 1983, this list has included cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fevers. It was amended in April 2003 to include SARS.

Have CDC's quarantine authorities been changed recently?

In the midst of the 2003 global SARS outbreak, HHS amended the quarantine regulations to incorporate the Executive Order that defines the list of diseases for which quarantine is authorized. This action streamlined the process for adding new quarantinable diseases in the future by eliminating the need to publish the list in both an Executive Order and regulations. Future revisions to the list of quarantinable diseases will require only an Executive Order.

Have other countries taken similar steps?

During the 2003 SARS outbreak, several countries, including Canada, Hong Kong, and Singapore instituted maximum health measures, including quarantine, to prevent the further spread of the disease. In Canada, Ontario took the additional step of making SARS a reportable, virulent, communicable disease, under Ontario's Health Protection and Promotion Act. This act allows public health officers in Ontario to issue orders to stop infected persons from engaging in activities that transmit SARS.

When did CDC last use its quarantine power?

During the 2003 outbreak, CDC did not compel the isolation or quarantine of anyone for SARS. The last litigated case involving the involuntary quarantine of a passenger arriving into the United States occurred in 1963 and involved a suspected case of smallpox. On the other hand, CDC has routinely used the authority of the PHS Act to monitor passengers arriving into the United States for communicable diseases. For example, CDC routinely detains incoming planes temporarily and interviews passengers for health reasons. In December 2001, CDC temporarily detained an incoming plane in Seattle and interviewed passengers to verify that a report of smallpox aboard the flight was in fact a hoax.

When does CDC intend to use these quarantine powers?

In general, HHS defers to state and local health authorities in the primary use of their separate quarantine powers. Based on long experience and collaborative working relationships with our state and local partners, CDC anticipates that the need to use this federal authority to actually quarantine a person will

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occur only in rare situations, such as in events at ports of entry or other time-sensitive settings. This authority would be used only if a person posed a threat to public health and refused to cooperate with a voluntary request.

For more information, visit <http://www.cdc.gov/sars> or call the CDC public response hotline at (800) CDC-INFO (English), (888) 246-2857 (Español), or (888) 232-6348 (TTY)

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