Chapter 10: Controlling the spread of infectious diseases

SUMMARY POINTS

· Minimizing the transmission of infectious diseases is a core function of public health law. The appropriate exercise of legal powers will vary according to the seriousness of the disease, the means of transmission, and how easily the disease is transmitted.

· Law can contribute to the prevention of infectious diseases by improving access to vaccinations and contraceptives, and by facilitating screening, counselling and education of those at risk of infection. Law also has a reactive role: supporting access to treatment, and authorizing public health authorities to limit contact with infectious individuals and to exercise emergency powers in response to disease outbreaks.

· Where public health laws authorize interferences with freedom of movement, the right to control one’s health and body, privacy, and property rights, they should balance these private rights with the public health interest in an ethical and transparent way. Public health powers should be based on the principles of public health necessity, reasonable and effective means, proportionality, distributive justice, and transparency.

· Immunization is a successful and cost-effective public health strategy that saves millions of lives each year. Governments can support vaccination coverage by ensuring that vaccination is free or affordable, by ensuring that all children are vaccinated (with limited exceptions for medical or religious reasons), and that vaccinations are documented.

· Screening individuals to determine if they have been infected with or exposed to an infectious disease is a core public health strategy. Early treatment has important public health benefits; for example, people receiving treatment for tuberculosis and HIV infection are less likely to transmit the infection to others. Routine, voluntary HIV testing benefits both affected individuals and their intimate partners by facilitating early access to prevention, care and treatment services.

· Health laws can improve the success of voluntary screening programmes by including counselling requirements, ensuring the confidentiality of test results, and protecting individuals diagnosed with particular diseases from discrimination. Public health laws should protect the confidentiality of a person’s HIV status, authorizing disclosure to third parties only in limited circumstances where a third party is at significant risk of HIV transmission and where other statutory preconditions are met.

· Governments should carefully consider the appropriate role of criminal law when amending laws to prevent the transmission of infectious and communicable diseases. For example, criminal penalties for transmission of HIV may create disincentives to individuals to come forward for HIV testing and treatment, or may provide the pretext for harassment and violence against vulnerable groups. Encouraging personal responsibility and self-protection is critical, especially in countries where rates of HIV infection are high.

· Public health laws should authorize compulsory treatment only in circumstances where an individual is unable or unwilling to consent to treatment, and where their behaviour creates a significant risk of transmission of a serious disease. Compulsory treatment orders should restrict individual liberty only to the extent necessary to most effectively reduce risks to public health.
Public health laws may authorize the isolation of individuals and groups who may have been exposed to an infectious disease, as well as the closure of businesses and premises and the confiscation of property. The exercise of these powers must be based on public health considerations, without discrimination on grounds of race, gender, tribal background, or other inappropriate criteria. Public health laws should provide for the fair compensation of those who have suffered economic loss due to a public health order affecting their property or facilities.

Minimizing the transmission of infectious diseases is a core function of public health law. Clearly-defined legal powers are needed to respond to outbreaks of contagious and serious diseases at national level. The appropriate exercise of legal powers will vary according to the seriousness of the disease, the means of transmission, and how easily the disease is transmitted. Some diseases are entirely preventable by vaccination (e.g. measles and polio), or by access to improved sanitation and clean drinking water (e.g. diarrhoeal and parasitic diseases). Others are treatable when detected in a timely manner (e.g. tuberculosis and malaria). The epidemic of HIV can be substantially reduced through laws supporting access to treatment, combined with measures to educate and support individuals and communities to implement proven strategies for prevention. As discussed in Section 11.1, States Parties to the International Health Regulations (2005) have an obligation to assess and notify WHO of all events occurring within their territories that may constitute a public health emergency of international concern. The legal framework for responding to public health emergencies is discussed further in Chapter 11.

In circumstances where a disease or infection is transmitted by sexual contact or other forms of human behaviour that are private and difficult to monitor, the priority for governments is to create an enabling legal environment that supports those behaviours that are most successful in preventing further transmission. This is the challenge of HIV and the law. High rates of infection with HIV, particularly in sub-Saharan Africa, combined with inadequate access to treatment, have resulted in a heavy burden of disease from AIDS, dramatically reducing average life expectancy, productivity, and creating major obstacles to the progressive realization of the right to health (see Section 3.2(a)). These problems have been exacerbated by a lack of resources. In 2009, the Regional HIV Prevention Experts Think Tank and Multisectoral Stakeholder meeting convened by the East African Community recommended that Partner States commit at least 15% of their national budgets to health, and 15% of the national health budget to HIV and AIDS interventions – beyond the 5% currently committed. They also recommended that Partner States scale up by at least 50% the allocation of the total HIV and AIDS budget devoted to HIV prevention interventions.
10.1 Building ethical principles into infectious disease legislation

Public health laws can support the control of infectious diseases in two important ways. Firstly, law has a proactive or preventive role: improving access to vaccinations and contraceptives, together with screening, education, counselling and other strategies that aim to minimize exposure to disease. Secondly, law has a reactive role: supporting access to treatment, and authorizing health departments and health care providers to limit contact with infectious individuals and to exercise emergency powers in response to disease outbreaks. Because infectious disease control and prevention laws may involve interference with freedom of movement, the right to control one’s health and body, and with privacy and property rights, public health laws should embody a decision-making process that balances these personal rights with the public’s health in an ethical and transparent way. Table 10.1 identifies a set of ethical principles that are relevant and sets out what they mean in terms of the exercise of coercive power over individuals, within a legal framework for control of infectious diseases.4

Table 10.1: Building ethical principles into legislation that restricts personal rights and freedoms

<table>
<thead>
<tr>
<th>Ethical principle</th>
<th>Putting the principle into practice</th>
</tr>
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<tbody>
<tr>
<td>Public health necessity</td>
<td>Coercive powers should be exercised on the basis of a demonstrable threat to public health. Mandatory physical examination, treatment or isolation should require a reasonable suspicion that the person is contagious or could pose harm to others.</td>
</tr>
<tr>
<td>Reasonable and effective means</td>
<td>The specific measures adopted by governments must be appropriate to prevent or reduce the threat. Governments should monitor the effectiveness of public health interventions and ensure that they are based on sound science.</td>
</tr>
<tr>
<td>Proportionality</td>
<td>Governments must strive to ensure that there is a reasonable fit between the coercive measures imposed on individuals, and the public health benefit that they seek to achieve. Governments should adopt the least burdensome measure from among the measures that are available and reasonably appropriate to mitigate the risks in question. Restrictions that are “gratuitously onerous or unfair” may “overstep ethical boundaries”.5</td>
</tr>
<tr>
<td>Distributive justice</td>
<td>The risks, benefits and burdens of public health interventions should be shared fairly. For example, vulnerable populations should not be targeted with restrictive measures, nor excluded or given lower priority in the allocation of treatment, vaccines, or other benefits.</td>
</tr>
</tbody>
</table>

Advancing the right to health: the vital role of law
Trust and transparency

The public should have an opportunity to participate in the formulation of public health policies, and governments should give reasons for policies and decisions that restrict individual freedoms. Openness and accountability are essential to generating public trust, and are likely to improve public health decision-making. Without public trust and voluntary cooperation, governments will find it harder to achieve their goals and to act in the public interest.

10.2 Preventing the transmission of infectious diseases

(a) Immunization

“Overwhelming evidence demonstrates the benefits of immunization as one of the most successful and cost-effective health interventions known.” Immunization avoids about 2–3 million deaths each year, as well as serious disability from vaccine-preventable diseases including Yellow fever, diphtheria, tetanus and pertussis, rubella, rotaviruses, polio, pneumococcal diseases, mumps, measles, human papillomavirus, polio, hepatitis B, and Haemophilus influenzae type b. To maximize immunization coverage, national vaccination plans should provide for free or affordable immunizations that are available from most health care providers, public education campaigns to illustrate the importance and safety of vaccinations, monitoring of vaccination rates and their impact on health outcomes, and limited exceptions for individuals who for medical or religious reasons wish to avoid vaccinations.

Belize’s Public Health Act 2000 illustrates some important features of a national vaccination strategy: all children are to be vaccinated, vaccinations are to be documented, any person (including any adult) may be vaccinated free of charge, and public health officials may require any person to be vaccinated or revaccinated if an outbreak occurs (Box 10.1). Governments may determine that certain highly infectious diseases warrant compulsory vaccination, although such a requirement may be subject to constitutional protections relating to the right to be free from non-consensual medical treatment, or to freedom of religion.

Box 10.1: National requirements for child vaccination in Belize

Public Health Act

Section 150. Child to be vaccinated within three months.

(1) Every parent of a child in Belize shall, within three months after the birth of the child, or within three months after receiving into custody the child, take or cause the child to be taken to a public vaccinator of the district in which such child is then resident, to be vaccinated according to this Act, unless the child has been previously vaccinated by a [medical practitioner].

Section 151. Inspection after vaccination.
On the eighth day after the vaccination, the parent shall again take or cause the child to be taken to the public vaccinator for inspection at such time and place as may have been appointed by him at the time of vaccination.

If on inspection it is ascertained that the vaccination has been unsuccessful, the parent shall, if the vaccinator so directs, cause the child to be forthwith again vaccinated and afterwards inspected as on the previous occasion.

If the vaccination has been successful the public vaccinator or surgeon forthwith shall give to the parent a certificate ... and within seven days shall transmit a certified copy of the certificate to the Registrar of the district within which the child’s birth was registered ... or if the birth of the child has not been registered, then he shall give it to the Registrar of the district where the child resides.

Section 152. Where child is unfit

(1) If any public vaccinator or surgeon is of opinion that the child is not in a fit and proper state to be successfully vaccinated, he shall forthwith deliver to the parent a certificate under his hand according to the form of the Sixth Schedule or to the like effect, that the child is then in a state unfit for successful vaccination, which certificate shall remain in force for two months only but shall be renewable for a like period from time to time, until a public vaccinator or surgeon thinks the child to be in a fit state for successful vaccination, when the child shall with all reasonable dispatch be vaccinated and a certificate of successful vaccination according to the form of the Fifth Schedule duly given if warranted by the result and a certified copy sent to the Registrar of the district where the child resides.

Section 154. Public Vaccination gratis.

(1) Any public vaccinator shall, on application, vaccinate or re-vaccinate without charge any person at any time and place appointed for the attendance of such public vaccinator, and on the performing of the same the public vaccinator shall appoint a time and direct such person to attend at the same place, the time being as far as practicable the eighth day after vaccination.

National vaccination strategies should include contingency plans for outbreaks of highly contagious or serious diseases (e.g. pandemic influenza). In these circumstances, shortages of vaccine may occur. Priority of access to limited supplies of vaccine should occur in accordance with regulations developed through a transparent process that provides the opportunity for meaningful public discussion about the principles of fair allocation. In many cases, priority is likely to be given to health care workers, emergency responders (e.g. fire and police personnel) and others responsible for ensuring the continuation of key services and societal functions.9

(b) Screening

Screening individuals to determine if they have been infected with or exposed to an infectious disease is a core public health strategy. Screening enables health care providers to begin treatment in a timely manner, to manage co-morbidities more effectively, to encourage patients to reduce high-risk behaviour and, in certain cases, to identify the need for compulsory treatment. In addition to reducing the severity of illness, early treatment may also reduce transmission rates. For example, early treatment with antiretroviral drugs lowers the viral load of people with HIV and significantly...
reduces the risk of sexual transmission.\textsuperscript{10} WHO supports the expansion of HIV testing and counselling in order to identify people with HIV early on in their infection and to “link them successfully to prevention, care, and treatment services”.\textsuperscript{11}

In addition to authorizing screening, including mandatory screening in appropriate circumstances, public health laws can improve the success of screening programmes by including counselling requirements, by ensuring the confidentiality of test results, and by protecting individuals diagnosed with particular diseases (e.g. HIV) from discrimination. Laws drafted in accordance with human rights principles increase the likelihood that individuals will voluntarily seek out testing and treatment services.\textsuperscript{12}

Global strategies for controlling infectious diseases advise against placing heavy reliance on criminal laws and penalties. For example, the Joint United Nations Program on HIV/AIDS has advised against the criminalization of unintentional HIV transmission and non-disclosure of HIV infection to sexual partners,\textsuperscript{13} and the HIV and AIDS Prevention and Management Bill, passed in 2012 by the East African Legislative Assembly, integrates human rights principles into law in the region\textsuperscript{14} (Box 10.2).

**Box 10.2: Incorporating human rights principles into infectious disease screening policies in the East African Community**

**The East African Community HIV and AIDS Prevention and Management Bill\textsuperscript{15}**

9. HIV and AIDS education and information as a health care service.

(1) The provision of HIV and AIDS education and information shall form part of the delivery and health care services by all health care providers at public and private health care facilities.

15. Prevention of mother-to-child transmission. In order to prevent or reduce the risk of mother-to-child transmission of HIV, the Minister shall ensure that –

... 

(b) HIV counselling and testing is made available and offered to all pregnant women and their partners, as part of ante-natal care services.


... 

(3) Where the result of a test is HIV positive, a counsellor shall –

(a) provide post-test counselling which shall include at a minimum –

(i) the medical consequences of living with HIV;

(ii) the modes of prevention and transmission of HIV and other opportunistic infections;

(iii) the importance of disclosure of the person’s status to the person’s spouse or spouses or sexual partner or partners;

(iv) the medical treatment and other social facilities available;

(v) the need to continuously seek professional services relating to HIV; and
21. **Provision of testing facilities.** The Minister shall ensure that facilities for HIV testing are made available –

(a) free of charge, to persons who voluntarily request an HIV test in respect of themselves; and

(b) to persons who are required to undergo an HIV test under this Act or any other written law.

22. **Prohibition of compulsory testing.**

(1) Subject to this Act, no person shall compel another person to undergo an HIV test.

(2) Unless otherwise provided under this Act, every HIV test shall be confidential.

(3) Without prejudice to the generality of subsections (1) and (2), no person shall compel another to undergo an HIV test as a precondition to, or for continued enjoyment of –

(a) any employment;

(b) marriage;

(c) admission into any educational institution;

(d) entry into or travel out of a Partner State; or

(e) the provision of health care, insurance cover or any other service.

23. **Consent to testing.**

(1) Unless otherwise provided by this Act, the informed consent of the person to be tested shall be obtained prior to any HIV test.

Under the East African Community law, which applies within Burundi, Kenya, Rwanda, Uganda and the United Republic of Tanzania, HIV screening remains voluntary and routine, meaning that all patients are offered an HIV test when they come into contact with the health system. This approach has become the norm within infectious disease control strategies and settings where antiretroviral drugs are available and accessible, and is a proven way of both increasing uptake of screening and increasing the number of women who are aware of their HIV status and receive interventions to reduce mother-to-child transmission. Where access to treatment is limited, HIV screening policies should not require routine testing, but rather require health care providers to screen symptomatic patients, patients who request testing, and all blood collected for transfusion or for the manufacture of blood products. The East African Community bill provides that the results of HIV tests shall be confidential and encourages persons diagnosed with HIV to voluntarily disclose their status to spouses or sexual partners. The disclosure of a person’s HIV status to a third party without consent is authorized in strictly limited circumstances where a third party is at significant risk of HIV transmission and where other statutory preconditions are met (**Box 10.3**).
### The East African Community HIV and AIDS Prevention and Management Bill

#### Section 24. HIV test results.

(1) Subject to subsection (3) and (4), the result of an HIV test shall be confidentially and directly communicated to the person concerned...

(2) A person providing treatment, care or counselling services to a person living with HIV shall encourage that person to inform the person’s spouse ... or sexual partner or partners or any other third party who is at significant risk of HIV transmission from the person living with HIV, of the person’s HIV status.

(3) Except where subsection (4) is applicable, a person providing treatment, care or counselling services to a person living with HIV may notify a third party of the HIV status of that person only where the notifying person is requested by the person living with HIV to do so.

(4) A person providing treatment, care or counselling services to a person living with HIV may notify a third party of the HIV status of that person if –

- (a) In the opinion of the person providing treatment, care or counselling services, after discussion of the matter with the person living with HIV, that person is not at risk of serious harm from the third party or from other persons as a consequence of such notification;
- (b) The third party to be notified is at significant risk of HIV transmission from the person living with HIV;
- (c) The person living with HIV, after appropriate counselling, does not personally inform the third party at risk of HIV transmission; and
- (d) The person providing treatment, care or counselling services has informed the person living with HIV of the intention to notify the third party;

or

- (e) The person living with HIV is dead, unconscious or otherwise unable to give consent to the notification and is unlikely to regain consciousness or the ability to give consent; and
- (f) In the opinion of the person providing treatment, care or counselling services, there was a significant risk of transmission of HIV by the person living with HIV to the third party.

Routine HIV testing services are likely to be most effective when combined with outreach programmes that target those populations most at risk of transmission. These include sex workers, men who have sex with men, injecting drug users, military personnel, transport workers, and prisoners. For example, Thailand’s National AIDS Committee adopted a strategy targeting commercial sex workers, which resulted in an increase in condom use by sex workers by over 70% in three years and a fivefold decrease in new HIV infections.
(c) Criminal law and mandatory disclosure laws

The appropriate role of criminal law in national efforts to prevent transmission of HIV and other sexually transmissible infections is often controversial. Public health laws often contain penalties for failing to comply with public health orders made by authorities, or for engaging in behaviours that place public health at risk. However, policy-makers should not ignore the potential for unintended consequences arising from laws that create criminal offences for recklessly exposing another person to HIV, or for failing to disclose one’s HIV status to a sexual partner (mandatory disclosure laws). Laws like these may be intended to encourage personal responsibility in the hope that individuals will modify their behaviour in order to avoid criminal penalties. They may also be motivated by the belief that those who fail to protect others from HIV transmission, or from the risk of transmission, deserve punishment. On the other hand, the broader impact of these laws on transmission rates and public health can be negative. The final report of the Global Commission on HIV and the Law pointed out that criminal laws against HIV in many countries are overly broad, carry draconian penalties, and are “virtually impossible to enforce with any semblance of fairness”. For example, sex workers and women in abusive relationships may face violence if required to disclose their HIV status to sexual partners. To the extent that criminal penalties have any effect on sexual behaviour at all, they may create disincentives to individuals to come forward for HIV testing and treatment, for fear of criminal penalties or official investigation. This is counter-productive, since it is important to encourage individuals to monitor their HIV status and to seek treatment as soon as they are diagnosed, both because those who acquired the virus recently will have a higher viral load and will be more likely to transmit it, and because effective treatment with antiretroviral therapy lowers viral load and makes it less likely that HIV positive individuals will pass on the virus to others.

An additional concern that relates to mandatory disclosure laws is the potential for such laws to subtly undermine disease control efforts by weakening the assumption that individuals are primarily responsible for protecting themselves from the risks of transmission of HIV and other sexually transmissible diseases. In countries where large numbers of the population are infected, relying on voluntary disclosure by sexual partners is unrealistic. Individuals may not know their status, or may be ashamed, fearful, or otherwise unwilling to reveal information about themselves. In these circumstances, personal responsibility and self-protection remain critical.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and, more recently, the Global Commission on HIV and the Law, have recommended that countries should only prosecute HIV transmission in cases of intentional and actual transmission, and require a high standard of evidence and proof. The Global Commission recommended that countries repeal provisions that explicitly criminalise HIV transmission, and rely on existing laws against assault, laws against causing bodily harm, or laws that permit public health officials to intervene when a person’s behaviour creates a serious risk of transmission of communicable disease.

10.3 Compulsory treatment orders

Although the right to consent to medical treatment is a fundamental individual human right, there are circumstances in which public health authorities may be justified in ordering the compulsory
diagnosis and treatment of individuals. Public health laws should authorize compulsory treatment orders only in circumstances where the person in question is unable or unwilling to consent to a diagnostic procedure or treatment, and where their behaviour creates a significant risk of transmission of a serious disease. For example, South Africa’s National Health Act states that a health service may not be provided to a user without the user’s informed consent, unless “failure to treat the user, or group of people which includes the user, will result in a serious risk to public health”.  

A treatment order should clearly state the grounds on which it has been made, should set out any restrictions or limitations on behaviour, and should take into account the principle that individual liberty should only be restricted to the extent necessary to most effectively reduce risks to public health (see Section 10.1). Public health laws should also include procedural rights to protect the interests of individuals subject to treatment orders. This may include the requirement for a court to review each compulsory treatment order within a defined period of time. Public health officials must ensure that laws authorizing treatment without consent are never used to discriminate against or to marginalize vulnerable individuals and groups.

10.4 Limiting contact with infectious persons

Isolating persons who have or may have been exposed to a serious contagious disease, in order to prevent transmission, is a long-established public health strategy that may be applied to both individuals and groups. Where an outbreak of a serious, contagious disease occurs, it will often be impractical or impossible to accurately identify cases and carriers of disease. For this reason, public health laws should authorize officials to evacuate or to order the closure of premises (e.g. markets, schools and movie theatres) and to prevent access to public spaces where people would otherwise gather. Since the closure of premises can affect businesses and livelihoods, it is important for the operation of public health orders to be reviewed regularly and to be based on public health considerations, without discrimination on grounds of race, gender, tribal background or other inappropriate criteria.

Public health orders for the evacuation or closure of premises may be coupled with orders to disinfect and decontaminate premises, or to remove noxious articles (including objects, birds and animals) that are contaminated with an infectious agent. Where the confiscation or destruction of private property causes more than trivial economic loss, public health laws should require reasonable compensation to be paid to the owner. This principle can have an important benefit for public health: laws that provide for just compensation are more likely to secure the trust and voluntary cooperation of those who are poor and economically vulnerable, and who for that reason are most likely to be adversely affected by a public health order.

Public health laws should authorize public health officials to make orders for the isolation of infected individuals, and the quarantine of those who have been exposed to a serious contagious disease. As with treatment orders, however, these restrictions on autonomy should only be used as a last resort and should be minimally restrictive (see Section 10.1). For example, an infectious individual who does not require medical attention may be effectively quarantined within his or her home, rather than being confined in a hospital or other facility used as a detention centre. Laws authorizing
mandatory confinement must also ensure that basic needs are met, including adequate shelter, food, water and sanitation. They should also provide for appropriate treatment and health care, and respect the cultural or religious expectations of quarantined or isolated individuals to the greatest possible extent (Box 10.4). National laws should also include procedural safeguards, by giving individuals who are the subject of a quarantine or isolation order the right to seek review by a court within a reasonable time.

**Box 10.4: Incorporating human rights protections into quarantine and isolation laws: an example from the United States**

<table>
<thead>
<tr>
<th>Model Public Health Act&lt;sup&gt;31&lt;/sup&gt;</th>
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<tbody>
<tr>
<td><strong>Section 5-108: Quarantine and Isolation.</strong></td>
</tr>
<tr>
<td><strong>(a) Authorization.</strong> A state or local public health agency may isolate or quarantine an individual or group of individuals pursuant to rules or regulations promulgated by the state public health agency consistent with the provisions of this section.</td>
</tr>
<tr>
<td><strong>(b) Conditions and Principles.</strong> The state or local public health agency shall adhere to the following conditions and principles when isolating or quarantining individuals or groups of individuals:</td>
</tr>
<tr>
<td>(1) Isolation and quarantine must be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease to others and may include, but are not limited to, confinement to private homes or other private and public premises.</td>
</tr>
<tr>
<td>(2) Isolated individuals must be confined separately from quarantined individuals.</td>
</tr>
<tr>
<td>(3) The health status of isolated and quarantined individuals must be monitored regularly to determine if they continue to require isolation or quarantine.</td>
</tr>
<tr>
<td>(4) If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a contagious or possibly contagious disease he or she must promptly be removed to isolation.</td>
</tr>
<tr>
<td>(5) Isolation and quarantine must be immediately terminated when an individual poses no substantial risk of transmitting a contagious or possibly contagious disease to others.</td>
</tr>
<tr>
<td>(6) The needs of individuals who are isolated or quarantined shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside these settings, and competent medical care.</td>
</tr>
<tr>
<td>(7) Outside premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harms to individuals isolated and quarantined.</td>
</tr>
<tr>
<td>(8) To the extent possible, cultural and religious beliefs shall be respected in addressing the needs of individuals, and establishing and maintaining isolation and quarantine premises.</td>
</tr>
<tr>
<td><strong>(c) Entry into Isolation or Quarantine Premises.</strong> The state or local public health agency may authorize physicians, health care workers, or others access to individuals in isolation or quarantine</td>
</tr>
</tbody>
</table>
as necessary to meet the needs of isolated or quarantined individuals. Any individual entering isolation or quarantine premises with or without authorization of the state or local public health agency may be isolated or quarantined where needed to protect the public’s health.

(d) Temporary Isolation and Quarantine without Notice. The state or local public health agency may temporarily isolate or quarantine an individual or groups of individuals through a written directive if delay in imposing the isolation or quarantine would significantly jeopardize the agency’s ability to prevent or limit the transmission of a contagious or possibly contagious disease to others.

(e) Isolation or Quarantine with Notice. The state or local public health agency may make a written petition to a court for an order authorizing the isolation or quarantine of an individual or groups of individuals.

(f) Relief from Isolation and Quarantine. An isolated or quarantined individual or group of individuals may apply to a court for an order to show cause why isolation or quarantine should not be terminated. The court shall rule on the application to show cause within 48 hours of its filing.

REFERENCES

8 Public Health Act 2000, part IV c 40 (Belize).

All references were accessed on 1 May 2016.


30 National Health Act, 61 of 2003 s.7(1)(d) (South Africa).