

Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)

Interim guidance

29 February 2020



On 30 January 2020, the WHO Director General determined that the outbreak of coronavirus disease (COVID-19) constitutes a Public Health Emergency of International Concern.¹ As the outbreak continues to evolve, Member States are considering options to prevent introduction of the disease to new areas or to reduce human-to-human transmission in areas where COVID-19 virus is already circulating.

Public health measures to achieve these goals may include quarantine, which involves the restriction of movement or separation of healthy individuals who may have been exposed to the virus, from the rest of the population, with the objective of monitoring symptoms and the early detection of cases. Many countries have legal authority to impose quarantine. When doing so, quarantine should be implemented as part of a comprehensive package of public health response and containment measures and, as per Article 3 of the International Health Regulations (2005), be fully respectful of the dignity, human rights and fundamental freedoms of persons.²

The purpose of this document is to offer guidance to Member States on quarantine measures for individuals in the context of COVID-19. It is intended for those responsible for establishing local or national policy for quarantine of individuals, and adherence to infection prevention and control measures.

This document is informed by current knowledge of the COVID-19 outbreak and by similar considerations for other respiratory pathogens, including SARS-CoV, MERS-CoV and influenza viruses. WHO will continue to update these recommendations as new information becomes available.

Quarantine of persons is the restriction of activities or separation of persons who are not ill, but who may have been exposed to an infectious agent or disease, with the objective of monitoring symptoms and early detection of cases. Quarantine is different from isolation, which is the separation of ill or infected persons from others, so as to prevent the spread of infection or contamination.

Quarantine is included within the legal framework of the International Health Regulations (2005), specifically:

- Article 30. Travellers under public health observation

¹ World Health Organization. [Statement on the second meeting of the International Health Regulations \(2005\) Emergency Committee regarding the outbreak of novel coronavirus \(2019-nCoV\)](#)

² World Health Organization [International Health Regulations \(2005\)](#)

- Article 31. Health measures relating to entry of travellers
- Article 32. Treatment of travellers.²

Member States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate, and to implement legislation, in pursuance of their health policies, even if this involves the restriction of movement of individuals.

Before implementing quarantine, countries should properly communicate and socialize such measures, in order to reduce panic and improve compliance:³

- People must be provided by authorities of clear, up-to-date, transparent and consistent guidelines, and reliable information about quarantine measures;
- Constructive engagement with communities is essential if quarantine measures are to be accepted;
- Persons who are quarantined need to be provided with health care, financial, social and psychosocial support, and basic needs including as food, water and other essentials. The needs of vulnerable populations should be prioritised;
- Cultural, geographic and economic factors affect the effectiveness of quarantine. Rapid assessment of the local context should evaluate both the drivers of success and the potential barriers to quarantine, and inform the design of the most appropriate and culturally accepted measures.

When to use quarantine measures

Introducing quarantine measures early in an outbreak may delay the introduction of the disease to a country or area and/or may delay the peak of an epidemic in an area where local transmission is ongoing. However, if not implemented properly, quarantine may also create additional sources of contamination and dissemination of the disease.

In the context of the current COVID-19 outbreak, the global containment strategy includes the rapid identification of laboratory-confirmed cases, and their isolation and management in either a medical facility⁴ or at home⁵

³ Key considerations: quarantine in the context of COVID-Social science in humanitarian action. www.socialscienceinaction.org.

⁴ World Health Organization. [Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected](#)

⁵ World Health Organization. [Home care for patients with suspected novel coronavirus \(nCoV\) infection presenting with mild symptoms and management of contacts](#)

For contacts of laboratory-confirmed cases WHO recommends that such persons be quarantined for 14 days from the last time they were exposed to a COVID-19 patient.

For the purpose of implementing quarantine, a contact is defined as a person:

- Providing direct care without proper personal protective equipment (PPE)⁶ for COVID-19 patients;
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings);
- Traveling together in close proximity (within 1 meter) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.⁷

Recommendations for implementation of quarantine measures

If a decision to implement quarantine is taken, the authorities, should ensure:

1. Appropriate quarantine setting and adequate provisions for the quarantine period;
2. Minimum infection prevention and control measures;
3. Minimum requirements for health monitoring of quarantined persons during the quarantine period.

1. Appropriate quarantine setting and adequate provisions for quarantine period

Quarantine implies the use or creation of appropriate facilities in which a person or persons are physically separated from the community while being attended to.

Appropriate quarantine arrangements include the following:

- those in quarantine be placed in adequately ventilated, spacious single rooms, with ensuite toilet (hand hygiene and toilet facilities). If single rooms are not available, beds should be placed at least 1 meter apart;
- suitable environmental infection controls, such as adequate air ventilation, filtration systems and waste-management protocols;
- maintenance of social distancing (more than 1 meter) of the persons quarantined;
- accommodation with an appropriate level of comfort, including:
 - food, water and hygiene provisions;
 - protection for baggage and other possessions;
 - appropriate medical treatment for existing conditions;
 - communication in a language that they can understand explaining: their rights; provisions that will be made available to them; how long

they will need to stay; what will happen if they get sick; contact information of their local embassy or consular support;

- assistance for quarantined travellers, isolated or subject to medical examinations or other procedures for public health purposes;
- assistance with communication with family members outside the quarantine facility;
- if possible, access to the internet, news and entertainment;
- psychosocial support; and
- special considerations for older individuals and individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease.

Possible quarantine settings are hotels, dormitories, other facilities catering to groups, or the home of the contact. Regardless of the setting, an assessment must ensure that the appropriate conditions for safe and effective quarantine are being met.

When home quarantine is chosen, the person should occupy a well-ventilated single room, or if a single room is not possible, maintain a distance of at least 1 meter from other household members, minimizing the use of shared spaces and cutlery and ensuring that shared spaces (kitchen, bathroom) are well ventilated.

2. Minimum infection prevention and control measures

The following infection prevention and control measures should be used to ensure a safe environment for quarantined persons.

Early recognition and control

- Any person in quarantine who develops febrile illness or respiratory symptoms, at any point during the quarantine period, should be treated and managed as a suspect COVID-19 case;
- Apply standard precautions for all persons quarantined and quarantine personnel:
 - Perform hand hygiene frequently, particularly after contact with respiratory secretions, before eating and after using the toilet. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;
 - Ensure that all persons quarantined are practicing respiratory hygiene, and are aware of the importance of covering their nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
 - Refrain from touching mouth and nose;
- A medical mask is not required for persons with no symptoms. There is no evidence that wearing a mask of any type protects people who are not sick.⁸

⁶ World Health Organization. [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#)

⁷ World Health Organization. [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#)

⁸ [Advice on the use of masks in the community, during home care and in healthcare settings in the context of the novel coronavirus \(2019-nCoV\) outbreak](#)

Administrative controls

Administrative controls and policies for IPC within quarantine facilities include, but may not be limited to:

- establishing sustainable IPC infrastructures (design of facility) and activities;
- educating persons quarantined and quarantine personnel about IPC; all personnel working in the quarantine facility need to have training on standard precautions before the quarantine measures are implemented. The same advice on standard precautions should be given to all quarantined persons on arrival. Both personnel and quarantined persons should understand the importance of promptly seeking medical care if they develop symptoms;
- developing policies on the early recognition and referral of a suspect COVID-19 case.

Environmental controls

Environmental cleaning and disinfection procedures must be followed consistently and correctly. Cleaning personnel need to be educated and protected from COVID-19 infection and ensure that environmental surfaces are regularly and thoroughly cleaned throughout the quarantine period:

- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water). For surfaces that do not tolerate bleach, 70% ethanol can be used;
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water);

- Clean clothes, bedclothes, bath and hand towels, etc., using regular laundry soap and water or machine wash at 60–90 °C with common laundry detergent and dry thoroughly;
- Countries should consider measures to ensure that waste is disposed of in a sanitary landfill, and not in an unmonitored open area;
- Cleaning personnel should wear disposable gloves when cleaning or handling surfaces, clothing or linen soiled with body fluids, and should perform hand hygiene before and after removing gloves.

3. Minimum requirements for health monitoring of quarantined persons during the quarantine period

Daily follow-up of persons quarantined should be conducted within the quarantine facility for the duration of the quarantine and should include daily body temperature and symptom screening. Groups of persons at higher risk of infection and severe disease may require additional surveillance for chronic conditions or specific medical treatments.

Consideration should be given to the resources, personnel and rest period of staff at quarantine facilities. This is particularly important in the context of an ongoing outbreak, during which limited public health resources may be better prioritised towards health care facilities and case-detection activities.

Laboratory testing of a respiratory sample from quarantined persons, irrespective of symptoms, is advised at the end of the quarantine period.