Conference Summary

Transnational Issues in Quarantine

How to promote transnational collaboration in implementing quarantine was the topic of a January 19–23, 2004, conference sponsored by the Defense Threat Reduction Agency. Fifty invited participants discussed the status of quarantine planning in 13 countries (the Americas, Israel, and several members of the European Union [EU] nations). Held in the Wilton Park Conference Centre, Sussex, United Kingdom, the conference, "Quarantine following an International Biological Weapons Attack: Building Cooperation, Achieving Consistency," also addressed quarantine in response to emerging infectious diseases.

Participants first examined the legal foundation for quarantine in their countries. Federal Canadian quarantine law applies only to national ports of entry or exit; provincial laws govern quarantine in the provinces. The U.S. Centers for Disease Control and Prevention has quarantine responsibilities at national ports of entry or departure; this agency may also become involved when a disease is spreading across state borders or even within a state (when invited by the governor of the state or ordered by the U.S. Secretary of Health and Human Services or the U.S. President). In general, however, quarantine in the United States is a local or state government issue. Quarantine laws in these jurisdictions vary, and some public health authorities expressed reluctance to address their shortcomings through legislation for fear that skeptics of quarantine would further weaken the laws. Other nations would turn to the World Health Organization and its International Health Regulations of 1969 (IHR) for guidance. A revised IHR should be available by 2005, but currently it lists only three diseases—plague, cholera, and yellow fever—as subject to quarantine and offers scant help in planning quarantine. Thus, the legal framework for quarantine varies and contributes little to the construction of a consistent approach to quarantine among nations.

European public health officials have forged some bilateral cooperative agreements and are discussing establishing a regional disease control center for EU nations. They are not, however, developing and testing national or transnational plans for possible large-scale quarantine. Some participants thought that consistency in developing and implementing quarantine measures was not necessarily desirable, given that each nation must deal with threats in accordance with its own culture, laws, and traditions. Others thought that inconsistencies in response to the same disease threat might encourage persons to question the need for quarantine measures and choose not to comply. The United States also has not developed comprehensive quarantine plans, trained staff, or conducted quarantine exercises in local communities, despite recently issued federal quarantine guidelines. Especially lacking are processes and procedures to clarify decision-making and coordination in communities with multiple jurisdictions.

The heightened concern of the United States about bioterrorism was not shared by others at the conference, although all agreed that persons would likely demand a federal response to a health crisis caused by terrorists, including any required quarantine. Other issues discussed included assurances of compensation for income lost while in quarantine (strongly recommended as a component of any quarantine plan) and psychosocial support to reduce the sense of isolation experienced by many persons while in quarantine. Officials with information management experience during health- and nonhealth-related crises commented on the need for caution in making public statements when faced with a new and evolving threat.

The conference permitted participants to establish working relationships with one another, but it also highlighted gaps in comprehensive transnational quarantine planning. The complete conference report is available at http://www.dtra.mil/about/ASCO/wpc/wpc.cfm

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Conference Summary

Ethics and Epidemics

More than 90 people attended a March 25–27, 2004, conference on Ethics and Epidemics. This conference was sponsored by the Albany Medical College–Graduate College of Union University Masters in Bioethics Program, the University at Albany School of Public Health, the New York State Department of Health, and the Wadsworth Laboratories. Attendees came from Australia, Africa, Asia, Europe,

Canada, and the United States. Among the 24 papers and panels, presentations were made by George Annas, professor and chair of Health Law at the Boston University School of Public Health; Ezekiel Emanuel, chair of the Department of Clinical Bioethics of the Magnuson Center of the National Institutes of Health; Thomas R. Freiden, commissioner, New York City Department of Health; Matthew Wynia, director of the Institute of Ethics of the American Medical Association; Kenyan bioethicist Angela Wassuna, associate for International Affairs of the Hastings Center; and 19 other bioethicists and health professionals.

Presentations ranged from case studies to health policy debates. Many reviewed the history of epidemics, emphasizing their global nature and the imperative of global strategies for epidemic control. Several papers examined recent epidemics and explored new strategies for dealing with epidemic control while respecting human rights. The consensus was that the old policeman model of public health needs updating. Discussion focused on how best to balance public safety, professional responsibility, personal liberty, and human rights, while effectively containing epidemics. Emanuel and Wynia reaffirmed the responsibility of physicians and first responders to put their health and lives at risk in combating epidemics. Yet, noting the vulnerability of first responders (in the Toronto severe acute respiratory syndrome [SARS] outbreak and elsewhere), they distinguished between bravery and foolhardiness, arguing that just as professionals have a responsibility to protect the public from disease, the public, in turn, has a responsibility to provide the training, equipment, and resources to minimize the need to take risks.

Virtually all conferees observed that the public health infrastructure needs substantial rebuilding to cope effectively with epidemics. Annas, however, noted that in bioterrorist assaults, the control of biologic agents is a public health problem to be dealt with by public health officials, not by the U.S. Department of Defense or the U.S. Department of Homeland Security. He further stated that policies on epidemic control that involve consistent, open, and truthful communication with the public—like those used in New York and Toronto during the recent SARS outbreak—create cooperative environments that minimize conflicts between freedom and safety and limit the effects of isolation and quarantine. However, Emanuel et al. asserted that the traditional enforcement authority of public health law was essential and needed as a fallback. The result of the debate was that 21st century methods need to be developed to control infectious disease epidemics that reconcile the need to protect public health and respect human rights.

The conference program is available on http://www.bioethics.union.edu under "News." For further information contact bioethics@union.edu or 518-388-8045.

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Correction, Vol. 10, No. 7

Correction heading for "Murine Typhus with Renal Involvement in Canary Islands, Spain" by Michele Hernandez-Cabrera et al. was inaccurate. Article appeared in Vol. 10, No. 4.

Correction heading for "Bovine Spongiform Encephalopathy Infectivity in Greater Kudu (*Tragelaphus strepsiceros*)" by Andrew A. Cunningham et al. was inaccurate. Article appeared in Vol. 10, No. 6.

We regret any confusion these errors may have caused.

Correction, Vol. 10, No. 8

For the article by Michael Aquino et al., p. 1499, the correct title is "Protective Behavior Survey, West Nile Virus, British Columbia."

The corrected article appears online at http://www.cdc.gov/ncidod/eid/ vol10no8/03-1053.htm

We regret any confusion this error may have caused.

Notice to Readers and Contributing Authors

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Summaries submitted for online publication may include illustrations and relevant links. For more information on conference summary requirements, please refer to author guidelines at http://www.cdc.gov/ncidod/eid/ instruct.htm.

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