

Isolation, Quarantine and Law: An Overview during Covid-19 Crisis

Deepika Tyagi*

Author's Affiliation:

*Assistant Professor, Law faculty, IME Group of Colleges, Sahibabad, Ghaziabad, Uttar Pradesh 201005, India

Corresponding Author: Deepika Tyagi, Assistant Professor, Law faculty, IME Group of Colleges, Sahibabad, Ghaziabad, Uttar Pradesh 201005, India

E-mail: advdeepikatyagi@gmail.com

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Abstract

Quarantine, Isolation and law, all three components working together since the emergence of COVID-19 pandemic .It is highly contagious disease spreads worldwide. To take a strictest action becoming mandatory and necessarily for every nation by keeping in view it's alarming rapidly spreading situation. As this COVID-19, first highlighted in china wet market located at wuhan. It spreads from human to human and as travelers are more prone to hit by pandemic and potentially spread to others by becoming infected by it .So many countries first ban travelling and movement of people from one place to another. Those having recent travelling history need to be to put in isolation if found with any of symptom and their family members or dear ones with whom they were in contact after coming generally be quarantined. To make it successful various laws implemented in their respective countries. In this paper, we will highlight briefly the law, quarantine and isolation how made in sync or impactful in dealing such epidemic globally time to time. India's Central Government and state governments are empowered to regulate health-related matters. The Epidemic Diseases Act is the main legislative framework at the central level for the prevention and spread of dangerous epidemic diseases. The Act empowers the central government to take necessary measures to deal with dangerous epidemic disease at ports of entry and exit. The Act also empowers the states to take special measures or promulgate regulations to deal with epidemics within their state jurisdictions. In such emergencies the states delegate some of these powers to the deputy commissioners in the districts, typically through state health acts or municipal corporation acts. Thus, responsibility for directly addressing the crisis rests with the deputy commissioner at the district level.

Keywords: COVID-19, Isolation, Quarantine, Pandemic.

INTRODUCTION

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease. Isolation separates sick people with a quarantinable communicable disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. In addition to serving as medical functions,

isolation and quarantine also are “police power” functions, derived from the right of the state to take action affecting individuals for the benefit of society.

QUARANTINE

- Quarantine is considered the oldest mechanism to reduce the rapid spread of bacterial infections and viral onslaughts.
- It has been legally sanctioned by all jurisdictions in the world for the maintenance of public health and to control the transmission of diseases.
- Since ancient times, societies have practiced isolation, and imposed a ban on travel or transport and resorted to the maritime quarantine of persons.
- These measures were often forcibly enforced to prevent or reduce the wider spread of disease and to safeguard the health of citizens not yet exposed to such diseases.
- In the list of diseases that may require quarantine, issued by the Centers for Disease Control and Prevention, the Severe Acute Respiratory Syndrome that can go on to become pandemic has been recently added to the existing ones – cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, and viral hemorrhagic fever.
- It shows that quarantine is a medically accepted mode to reduce community transmission.
- However, a constructive alternative method of treating patients exposed to infectious diseases is the imperative need in the arena of public health.

TRENTINO TO QUARANTINE

- The first law on medical isolation was passed by the Great Council in 1377 when the plague was rapidly ruining European countries. Detention for medical reasons was justified and disobedience made a punishable offense.
- The law prescribed isolation for 30 days, called a ‘Trentino’. Subsequently, many countries adopted similar laws to protect people.
- When the duration of isolation was enhanced to 40 days, the name also changed to ‘quarantine’ by adopting the Latin *quadraginta*, which referred to 40-day detention placed on ships.
- In common parlance, ‘quarantine’ and ‘isolation’ are used interchangeably, but they convey two different meanings and are two different mechanisms in public health practice.
- Quarantine is imposed to separate and restrict the movement of persons, who may have been exposed to infectious disease, but not yet known to be ill.
- But, isolation is a complete separation from others of a person known or reasonably believed to be infected with communicable diseases.
- The current COVID-19 crisis, with its closure of shops, academic institutions, and postponement of public examinations, has put the people in a de facto quarantine. Nonetheless, the question of whether a public authority or state can promulgate an order for quarantine is a legal issue.
- When an employee of the World Wildlife Federation was diagnosed with Human Immunodeficiency Virus (HIV) in 1990, he was terminated from service and detained for 64 days in quarantine-like isolation under Goa Public Health (Amendment) Act, 1957 (GPH).
- The Bombay High Court (1990) felt that solitary detention was a serious infringement of basic human rights guaranteed to the individual, but held that under unusual situations and exceptional exigencies, such isolated detentions are justifiable for the cause of public health.
- Such isolation, undoubtedly, has several serious consequences. It is an invasion upon the liberty of a person. It can affect a person very adversely in many matters, including economic conditions.

HISTORICAL ASPECT

In 1824, the U.S. Supreme Court, in an en banc sitting led by Chief Justice John Marshall, affirmed the powers of the state to enact quarantine laws and impose health regulations. The world has since faced many health emergencies caused by dangerous diseases. This virus crisis is also not new in public health practice; “quarantine” refers to the separation of persons (or communities) who have been exposed to an infectious disease. “Isolation,” in contrast, applies to the separation of persons who are

known to be infected. In U.S. law, however, “quarantine” often refers to both types of interventions, as well as to limits on travel. Isolation and quarantine can be voluntary or imposed by law. Although isolation and quarantine orders have been less common in recent decades, many states have isolated patients with tuberculosis who did not adhere to medication regimens. At least 18 states quarantined people returning from West Africa during the 2014 Ebola outbreak. In March 2019, Rockland County, New York, prohibited all minors who were unvaccinated against measles from entering any place of public assembly. In *W.D. v. County of Rockland* (2019), a New York State judge struck down that order, ruling that there was no emergency. Most states, however, do not require an emergency declaration in order to issue quarantine.

Historically, India has adopted the common law remedies for quarantine enforcement, which has proved to be effective in times of epidemics and pandemics. One of the earliest precedents is found by the en banc decision of United States Supreme Court case *GIBBONS V. OGDEN*, wherein the powers of the state to enact quarantine laws and impose health regulations are justified in cases of health emergencies, dangerous diseases, and viral infections. The INDIAN PENAL CODE (IPC) deals with offenses affecting the public health safety rigorous convenience, decency, and morals, which can be split into two major parts: one dealing with the public nuisance and the other dealing with the quarantine rule. The IPC law is further supplemented by the Epidemic Diseases Act. This law of 1897 was first enacted to tackle the outbreak of the bubonic plague in Mumbai in former British India and is frequently applied to the containment of epidemics like cholera, malaria, dengue fever, and swine flu. The enforcement of quarantine law and clamping of a nation-wide lock-down has been extended from April 14 to May 3, 2020. The concept of quarantine provides for social distancing to contain the spread of the virus and undertake measures to ensure the maintenance of essential services and supplies. The current situation in India amid COVID-19 derives from the Sections 6(2) (1) and 10(2) (1) of the Disaster Management Act for the quarantine law enforcement and protection of health.

REMEDIES UNDER THE COMMON LAW

The quarantine law and its compliance by people and the state alike can hardly be contested. Courts have always tilted towards the State’s power to enforce. In public health practice, “quarantine” refers to the separation of persons (or communities) who have been exposed to an infectious disease. “Isolation,” in contrast, applies to the separation of persons who are known to be infected. The relevance of the common law remedy in this context is a unique inquiry in contemporary parlance from the perspective of health care services, access to medicines, and therapeutic perception of medical delivery. The provision of a public nuisance under Section 268 of the IPC envisages that a person is guilty of a public nuisance when he does an act which causes any common injury, obstruction, danger, or annoyance to the public. The punishment for public nuisance under Section 290 of the IPC is a fine of Rs. 200 (INR). It is important to note that Rs. 200 (INR) was exorbitant when the IPC was adopted one-hundred-sixty years ago. The continuance of public nuisance after the injunction is a case of continuing and subsisting nuisance. Under Section 291 of the IPC, this kind of nuisance is punishable with six months imprisonment, a fine or both.

The application of the IPC is eased by Section 133 of Criminal Procedure Code (CrPC). However, the magistracy is neither dependent on police reports nor on other sources of information, but *suo moto* can take such evidence as he sees fit.

The Supreme Court of India, in *Municipal Council Ratlam v. Vardichand*, has given a teleological interpretation in the context of the public health safety, convenience, decency, and morals, logically linking Sections 188 and 268 of IPC with Section 133 of CrPC. According to the Court, such a proposition is justified under Section 188 of the IPC:

Besides these substantive provisions, the procedural rigorous of Section 133 [CrPC] is more categorical, although it reads discretionary. The judicial discretion, when facts for its existence are present, has a mandatory import. The imperative tone of [133 CrCPC] read with the punitive temper of Section 188 IPC makes the prohibitory act an obligatory duty.

The judgment illustrates the transformation of seemingly dull legislation into a robust mandate to protect citizens from epidemics and pandemics alike. It maintains that “decency and dignity are . . . non-negotiable facets of human rights and are the first charge on local self-governing bodies.” It is quite unfortunate to note that despite its vast potential, the judgment remains underutilized. The penultimate analysis of colonial law and its teleological interpretation seems highly relevant in the wake of the current lock-down scenario.

UNION LAWS

Epidemic Diseases Act

The preamble to the 1897 Epidemic Diseases Act states that its objective is to provide for better prevention of the spread of dangerous epidemic diseases. The Epidemic Diseases Act empowers the state governments and the central government to take measures as may be warranted or necessary to control the further spread of disease. Thus, any state government, when satisfied that any part of its territory is threatened with an outbreak of a dangerous disease, may adopt or authorize all measures, including quarantine, to prevent the outbreak of the disease. Similarly, the central government, when satisfied that there is an imminent threat of an outbreak of an epidemic disease and that the provisions of the law at that time are insufficient to prevent such an outbreak, may take measures and prescribe regulations allowing for the inspection of any ship or vessel leaving or arriving at any port and for the detention of any person arriving or intending to sail.

Any person who disobeys any regulation or order made under the 1897 Act may be charged with an offense under section 188 of the Indian Penal Code. The person in violation of the provision is liable, upon conviction, to a sentence of simple imprisonment for one month, a fine, or both. Notwithstanding anything contained in the Code of Criminal Procedure, such offense, at the discretion of the trial magistrate, may be tried summarily. No suit or legal proceeding lies against any person or authority for anything done, or in good faith intended to be done, under this Act.

Some critics have observed that the Epidemic Diseases Act of 1897 “is a century-old blunt act” that needs a “substantial overhaul to counter the rising burden of infectious diseases both new and old.” Some of the issues that require revisiting, they argue, are the “definition of epidemic disease, territorial boundaries, ethics and human rights principles, empowerment of officials, [and] punishment.” It appears that India’s National Centre for Disease Control (NCDC) is developing a “Public Health Emergencies Act,” which is “expected to take care of public health emergency situations in the country arising as a result of disasters and bio-terrorism incidents besides dangerous epidemic diseases including newly emerging infectious diseases.” In recent years, the Epidemic Disease Act 1897 was invoked by a number of states in India to deal with the pandemic H1N1 (“swine flu”) influenza and other communicable diseases.

Quarantine of Visitors

For people entering India from abroad, a health officer appointed by the central government is posted at the port of entry. Upon being satisfied that a ship or aircraft is in compliance with the health regulations, the health officer grants pratique to the vessel or aircraft for landing. The health officer may demand to see the aircraft journey log book, which shows the places the aircraft visited. He may also inspect the aircraft, its passengers, and its crew, and subject them to medical examinations after their arrival. The officer must follow specific precautions with regard to communicable diseases that require a period of quarantine (such as yellow fever, plague, cholera, smallpox, typhus, and relapsing fever) and other infectious diseases that do not require a period of quarantine.

Except in the case of an emergency constituting a grave danger to public health, an aircraft should not, on account of an infectious disease that does not require a period of quarantine, be prevented by the health officer of an airport from discharging or loading cargo, fuel, or water. However, where any person is required under the rules to be disembarked and isolated for any period, the officer may cause him to be removed to a hospital or another approved place and detain him in quarantine. If necessary, the officer may require the person to report to him at specified intervals during the period

of surveillance. The health officer may also remove, cause to be removed, or order the removal of any person, other than someone proceeding on an international voyage, who, in the opinion of the officer, is likely to spread any quarantinable or infectious disease.

When it is brought to the attention of the health officer, he may prohibit the embarkation on any aircraft of any person showing symptoms of any quarantinable disease and any person whom the health officer considers likely to transmit infection because of his close contact with a person showing symptoms of a quarantinable disease. When a case of typhus or relapsing fever occurs at the airport, the person on an international voyage who is considered liable by the officer to spread such a disease must be disinfected. Upon request, the health officer must issue to the commander of an aircraft a certificate specifying the health measures taken with respect to the aircraft, the parts of the aircraft treated, the methods employed, and the reasons why the measure have been applied.

Regulations require that airline staff report any suspected cases or passengers who in their opinion, from observations made in flight, may be suffering from symptoms of a quarantinable disease.

With respect to Ebola, in early August 2014, the Health Ministry announced that authorities would begin screening “travelers who originate from or transit through affected nations, and track them after their arrival in India.” Passengers are informed through in-flight announcements that “mandatory self-reporting is required at immigration.” The government also “set up facilities at airports and ports to manage travelers showing symptoms of the disease.” The surveillance system will track travelers for four weeks and persons who develop symptoms will be advised to self-report. On August 26, 2014, six Indian nationals were isolated after returning from Liberia but all tested negative for the virus.

Similar quarantine restrictions are provided under the Indian Port Health Rules 1955, pursuant to the Indian Port Act, for passenger ships, cargo ships, and cruise ships.

STATE LAWS

In order to prevent the outbreak of smallpox, states have enacted laws in their territories for the vaccination of children under thirteen years of age. For example, the Punjab Vaccination Act makes primary vaccination and revaccination of children compulsory throughout the state. Where the state’s Superintendent of Vaccination has reasons to believe that a child was not vaccinated, he may serve notice on the guardian of the child, requiring him to bring the child for vaccination. Upon failure to comply with the notice, a district magistrate may summon the guardian and demand an explanation for noncompliance with the Superintendent’s notice. If the explanation is not satisfactory, the district magistrate may require him to produce the child for vaccination and also produce a certification of such vaccination within the period specified.

Powers of Public Health Authorities

Every state in India is divided into districts, and the deputy commissioner of each district is not only head of the district administration but also acts as revenue collector and as district magistrate, responsible for the maintenance of law and order in his jurisdiction. He is the key official, and acts as a liaison between the people and the government.

In order to meet a health crisis, following the outbreak of an epidemic, the Epidemic Diseases Act gives wide ranging powers to the states. The states, in such emergencies, delegate some of these powers to the deputy commissioners in the districts typically through state health acts or municipal corporation acts. Thus, responsibility for addressing the crisis rests with the deputy commissioner.

State and Municipal Governments

If at any time a state government is satisfied that the state or any part of it is threatened with the outbreak of a dangerous disease and that ordinary provisions of the law in force at the time are insufficient for the purpose of addressing the outbreak, it may take, require, or empower any person to take such measures and, by public notice, prescribe such temporary regulations as may be

necessary to be observed by the public or by any person or class of persons for the prevention of the outbreak or spread of such disease.

A state government may also take measures and prescribe regulations for the inspection, vaccination, and inoculation of persons traveling by road or rail, including their segregation in a hospital, temporary accommodation, or otherwise, if such persons are suspected by the inspecting officer of being infected with any such disease.

A state government, by general or special order, may also empower a deputy commissioner to exercise, in relation to his district, all the powers under section 2 of the 1897 Act that are exercisable by the state government in relation to the state, other than to determine the manner in which and by whom any expenses are to be defrayed. Many of these powers are prescribed in Municipal Corporation Acts governing "major municipal areas," or Public Health Acts that also provide municipal-level commissioners or collectors with quarantine or other powers, including the following:

Removal of a person to separate premises for medical treatment: "Persons suffering from such a disease may be removed to any hospital or place for medical treatment, based on an order from the Commissioner or the Collector."

Cleansing or disinfecting any building or part of any building or any articles: "The cleansing and disinfection of any building or part of it or of any articles in such building which are likely to retain infection, may be required to be cleansed and disinfected based on an order of the Commissioner or Collector to prevent or check the spread of any dangerous disease."

Taking special measures in case of the outbreak of dangerous or epidemic diseases: "In case of an outbreak, the Commissioner or Collector may take special measures and by public notice, give directions to be observed by the public or by any class or section of the public, as he thinks necessary to prevent the spread of the disease."

POLITICAL AND CIVIL RIGHTS

By its very nature, the ambit of section 2 of the Epidemic Diseases Act is wide enough to allow a state or a lower functionary in the administration, in dealing with an emergency caused by the outbreak of a dangerous disease, to seek or require the cooperation of the public or corporate bodies in the public or private sectors. If the desired cooperation is not forthcoming, a regulation may be imposed. Failure to obey or comply with restrictions imposed by such a regulation constitutes a punishable violation.

Powers of segregation or quarantine that the central government and state governments enjoy may impinge on the political and civil rights of the public. Fundamental rights, as guaranteed by the Constitution of India, are justifiable. The judiciary does not shy away from enforcing these rights or voiding orders that constitute violations of such rights. Quarantine is a measure that adversely affects the fundamental right "to move freely throughout the territory of India." However, this right is to be enjoyed subject to reasonable restrictions that the state may impose in the interest, among others, of the general public. As noted above, section 4 of the Epidemic Diseases Act includes a protection clause that gives state immunity such that "[n]o suit or other legal proceeding" can be brought against "any person for anything done or in good faith intended to be done under this Act."

The right to privacy, as such, is not a fundamental right in India. The Supreme Court of India has found that the right to privacy is an essential component of the right to life, but that it is not absolute and may be restricted to prevent crime or disorder, or to protect health, morals, or the rights and freedom of others.

During the SARS epidemic in 2003, there was concern over the severity of quarantine enforcement measures, the discrimination that patients faced, and the lack of privacy and confidentiality. There were also reports of shaming of colleagues and neighbors who had been placed in quarantine.

QUARANTINE AND EPIDEMIC LAW ENFORCEMENT IN INDIA

The IPC was a visionary Code as such a law was not in existence in England at that time. One of the most pivotal segments of containment of public nuisance is the quarantine provision of IPC. Section 188, 269, 270, and 271 of IPC and Section 133 CrPC, assumes pivotal significance in the present scenario of the COVID-19 pandemic and lock-down orders. The relevant provision relating to a negligent act likely to spread infection of disease dangerous to life is Section 269 of the IPC: "Whoever unlawfully or negligently does any act knowingly to spread the infection of any disease dangerous to life shall be punished with imprisonment of six months and fine or both." Section 270 further provides that any malignant act likely to spread infection of disease dangerous to life shall be punished for the imprisonment of two years. Section 271 also provides that disobedience of quarantine rule is subject to six months imprisonment or a fine.

On March 11, the Cabinet Secretary of India enforced Section 2 of the Epidemic Diseases Act in all states and union territories in India to control COVID-19. It empowers the state government to take special measures and prescribe regulations as to dangerous epidemic diseases. The Act confers power to the Central Government to take measures and prescribe regulations for the inspection of any ship and detention of a person intending to sail and arrive at any port. Section 3 of the Act prescribes imprisonment of 6 months or a fine, or both (similar to the IPC). The officers acting in good faith to implement the law are protected from any suit or other legal proceeding under Section 4. This colonial law was historically applied in India to control cholera in Gujarat, malaria in Chandigarh, dengue fever in Delhi and swine flu in Pune. The application of the vintage law for containment of COVID-19 pandemic and control of the spread of the infectious disease is an interesting modern application.

SOCIAL IMPACT OF COVID-19

The State has a paramount duty for nutrition security, the standard of living, and improvement of public health under Article 47 of the Constitution of India. The Supreme Court in *Municipal Council Ratlam V. Vardichand* ruled that in the exercise of such power, the judiciary must be informed by the broader principle of access to justice. The Court relied on egalitarian values from Article 38 of the Constitution. Nevertheless, the courts have the right to intervene on the ground of reasonableness and procedural preparedness before enforcement by the State. This question was raised in *Alakh Alok Srivastava v. Union of India*, by way of public interest litigation. The writ highlighted the plight of thousands of migrant laborers who, along with their families, were walking hundreds of kilometers from their workplace to their villages and towns in defiance of COVID-19 lock-down order. The jobless and migrant workers stranded without any means of transportation are nothing short of forced detainees in the midland. The police actions under Section 188 of the IPC are justifiable but resulted in abuses against people in need. The sealing of state borders has caused disrupted freedom of movement and halted the supply of essential goods.

INDIVIDUAL RIGHTS

- But in matters involving a threat to the health of the community, individual rights have to be balanced with the public interest.
- In fact, individual liberty and public health are not opposed to each other but are well in accord. The reason assigned by the High Court to uphold the quarantine was that even if there was a conflict between the right of an individual and public interest, the former must yield to the latter.
- In 2014, Kaci Hickox, a nurse and health worker who voluntarily rendered service to Ebola patients and returned to New Jersey, was quarantined in the U.S.

- It was opposed by her peers serving in public health. But the dreadful consequences of the disease, and the possibility of its spreading at an alarming rate, made the forcible isolation rational and reasonable.
- In India, the Epidemic Diseases Act, 1897, a law of colonial vintage, empowers the state to take special measures, including inspection of passengers, segregation of people and other special steps for the better prevention of the spread of dangerous diseases.
- It was amended in 1956 to confer powers upon the Central government to prescribe regulations or impose restrictions in the whole or any parts of India to control and prevent the outbreak of hazardous diseases.
- Quarantine is not an alien concept or strange action and it has been invoked several times during the bizarre situations caused by cholera, smallpox, plague and other diseases in India.

JUDICIAL REVIEW

- The Director of the World Health Organization (WHO) on March 30 determined that the outbreak of COVID-19 constitutes a public health emergency of international concern and issued interim guidance for quarantines of individuals.
- The guidance permitted the restriction of activities by separation of persons who are not ill, but who may have been exposed to an infectious disease within the legal framework of the International Health Regulations (2005).
- It also distinguished quarantine from isolation, which is the separation of ill or infected persons from others, so as to prevent this spread of infection or contamination.
- As per the WHO guidelines, possible quarantine settings are hotels or dormitories and well-ventilated single rooms or homes, where a distance of at least one meter can be maintained from other members.
- The Centers for Disease Control and Prevention, U.S., in its order on quarantine, expressly made it clear (Rule 9) that the people whose right is affected by an order of quarantine by a public health authority have the right to seek judicial review including the right to habeas corpus.
- Previously, it was in 1900, in response to an outbreak of bubonic plague, that an order of quarantine imposed on a Chinese citizen was struck down by the Federal Court in the U.S. because it was racially motivated and ill-suited to stop the outbreak.

WAY FORWARD

- Therefore, courts have exercised their jurisdiction and powers to review and reverse quarantine orders.
- The Supreme Court suo motu took cognizance of fears over the COVID-19 pandemic affecting overcrowded prisons in India, on March 16.
- The difficulties in observing social distancing among prison inmates, where the occupancy rate is at 117.6%, were highlighted and directions issued to prevent the spread of COVID-19 in prisons in India.
- The setting up of isolation cells within prisons across Kerala and the decision of the Tihar Jail authorities to screen new inmates and put them in different wards for three days are appreciated as reasonable preventive measures.
- Further, notices were issued to all States to deal with the present health crisis in prisons and juvenile observation homes.

CONCLUSION

- Quarantine rooms may have strong closed doors or maybe water and airtight compartments, but the rays of justice from the courtrooms have the powers to intrude in them.
- Of course, under the sun every object is subject to judicial review and quarantine orders are not exempted from it.

The COVID-19 outbreak in India is relatively new compared to other countries. Proper surveillance and transparent reporting of the characteristics of infected individuals must occur. When a large proportion of the world, including India, is in lock-down, the countries' economies are also hard hit. Without a vaccine immediately available to limit the spread, governments and international organizations must come up with a contingency plan. The public health care system in India, with a few exceptions in some states, is abysmal. India spends just 3.6% of its GDP on public health, lower than some of its smaller neighbors like Nepal. India has only eight doctors per 10,000 people. The best strategy is to be prepared for multiple peaks. Even with the immediate quarantine orders, declaration of national disaster, and nation-wide lock-down, there is still an urgent need for an effective legal mechanism and contingency plan to meet the challenges posed by COVID-19.

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