

4 June 2020 – One of the known public health measures to achieve outbreak containment includes quarantine. Quarantine involves the restriction of movement or separation of individuals who may have been exposed to the virus, from the rest of the population, with the objective of monitoring symptoms and detecting cases early. Many countries have legal authority to impose quarantine. When doing so, quarantine should be implemented as part of a comprehensive package of a public health response and containment measures and, as per Article 3 of the International Health Regulations (IHR 2005), be fully respectful of the dignity and human rights of the concerned individuals.

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 transmit the disease.

Persons who are quarantined need to be provided with health care, financial, social and psychosocial support, and basic needs, including food, water and other essentials. The needs of vulnerable populations should be prioritized.

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.

In Lebanon, the first experience of community-based quarantine in the context of COVID-19 was operationalized as a response to the cluster of cases among migrant workers from Bangladesh in Beirut.

Partners

Several partners were able to support the quarantine sites, including WHO (nursing and medical follow-up), UNICEF (PPE and WASH), United Nations Development Programme (rental), International Organization for Migration (site manager), LRC (transport and food), the Bangladesh embassy (food), and the Ministry of Public Health (testing and medical monitoring).

Testing

A total of 181 migrant workers were tested, of whom 91 tested positive; 68 of those who tested positive had no symptoms and remained quarantined in their homes, supported by Médecins Sans Frontières for medical monitoring. Those who had mild or moderate symptoms were transferred to Rafik Hariri University Hospital for monitoring; 81 tested negative and were transferred for quarantine to designated community sites (2 hotels) in Beirut. With the WHO support, the Order of Nurses deployed as of Day 2 of quarantine, 8 registered nurses and a nurse supervisor at a rate of 2 nurses per shift. The nurses were provided with PPE, and a basic medical examination kit. Upon admission, each patient was checked for medical history, symptoms and chronic conditions. Each quarantined person is checked twice by the registered nurse for fever and development of any COVID-19 related symptom using a standard checklist. The nurses took the initiative of translating the basic instructions for self-care and monitoring of symptoms to the migrant worker's native language. This significantly improved the migrant workers compliance to instructions, and alleviated their apprehension about quarantine. During the quarantine period, 2 tenants developed very mild symptoms and were referred to be tested; both turned out negative.

Based on the new WHO guidelines, isolated or quarantined patients for 10 days, with additional 3 days completely symptom free, can be discharged from quarantine back home, without need for PCR testing. Accordingly the quarantined migrant workers are expected to be discharged back home in 3 days.

International Health Regulations 2005

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

- Article 30. Travellers under public health observation.

- Article 31. Health measures relating to entry of travellers.

- Article 32. Treatment of travellers.

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.

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