

K A N S A S

**Testimony on Senate Bill No. 216
Concerning Infectious Diseases – Quarantine and Isolation
Before the
House Committee on Health and Human Services**

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Chairman Morrison, members of the committee, I am Dr. Howard Rodenberg, Director of the Division of Health. The Department appreciates this opportunity to discuss with you legislation that addresses what we believe to be a critical public health issue. Senate Bill No. 216 is intended to clarify – and add to – the authority of local health officers and the Secretary to issue and enforce isolation and quarantine orders. **Isolation** and **quarantine** are two common public health strategies designed to protect the public by preventing exposure to infected or potentially infected persons.

In general, **isolation** refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.

Quarantine, in contrast, generally refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease.

Both isolation and quarantine may be conducted on a **voluntary basis** or **compelled on a mandatory basis** through legal authority.

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Several statutes and regulations in Kansas address isolation and quarantine of individuals

for public health purposes. Most of them have been on the books unchanged for many years and have rarely been used, especially in situations requiring isolation of multiple individuals at the same time. New emerging diseases such as SARS, and the possibility of the intentional release of a biological agent (bioterrorism), have brought the need to use large-scale isolation and quarantine back into the realm of possibility. Changes in state law, similar to this, are part of a national effort recommended by the Centers for Disease Control and Prevention dealing with bioterrorism threats and are being undertaken across the country. A number of states have passed comprehensive public health statutory reform legislation that includes similar provisions for isolation and quarantine, and others have passed legislation similar to this, limited to updating the authority for isolation and quarantine.

Since September 11, 2001, we have all become more sensitive about the potential for infectious disease outbreaks which might call for expanded quarantine efforts, even though we haven't yet experienced such situations in Kansas. However, the SARS outbreak and the experience in several countries in 2003 caused public health officials to re-evaluate existing capacity to implement isolation and quarantine measures. A variety of different quarantine measures were employed in March, 2003 in Toronto at the height of the outbreak. These included quarantine of groups of individuals; home quarantine; and work quarantine, where exposed workers were allowed to continue to work (as long as they were not symptomatic), but were required to follow home quarantine guidelines when not working. All area hospitals were required to create isolation units for SARS patients, limit visitors, and implement protective clothing procedures for exposed staff. Other less coercive measures were also employed; these included the closure of schools and day care facilities and the cancellation or postponement of large public events.

Considering the very real threats from emerging infectious diseases and threat of intentional release of biological agents, KDHE and other state health departments are moving to ensure that the necessary authority for public health safeguards is in place, while also assuring that individual rights are protected with appropriate due process.

This bill establishes three protections for persons who are subject to compulsory isolation or quarantine and expands the authority of local health officers and the Secretary in two important ways. The bill contains the following key elements:

- 1) The provision for individuals ordered to isolation or quarantine to appeal the order to a court .
- 2) The provision of counsel for individuals who are not represented by counsel in court proceedings related to appeals from quarantine or isolation orders.
- 3) A provision making it unlawful for any public or private employer to discharge an employee who is under an order of isolation or quarantine because of such order.
- 4) The authority of public health officials to issue quarantine orders affecting groups of exposed individuals, such as passengers arriving on a certain aircraft who may have been exposed to an infectious disease.

5) The authority of public health officials to require individuals who have been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment. That would include diagnostic tests necessary to determine the infectiousness of the exposed individuals, and vaccination or prophylaxis (when appropriate), of exposed individuals to limit the spread of disease.

This legislation gives state and local governments some needed tools to protect the public health in situations not anticipated before the events of September 11, 2001 and the subsequent outbreaks of infectious disease, while still assuring citizens due process. We have worked closely with the Kansas Association of Local Health Departments and the Kansas Association of Counties in developing this legislation. It is extremely difficult to project the many scenarios that may occur, but we are jointly working to develop necessary contingency plans, both state and local, using our federal bioterrorism funding.

We expect that the greatest use of isolation and quarantine will be based on voluntary compliance as has been the history in this country, and most recently in the SARS outbreak in Canada. At the same time, however, we must be prepared to enforce compliance for the social good in extreme situations where alternatives are limited.

I would be happy to answer your questions.