

Quarantine

Amir Zarrinpar

Editor

Teri A. Reynolds, PhD
University of California
San Francisco
School of Medicine

Deputy Editor

Julie Suzumi Young
Dartmouth
Medical School

Associate Editors

Sameer S. Chopra, AM
Vanderbilt University
School of Medicine

Elisabeth Ihler, MA
University of California
San Francisco
School of Medicine

Kayvon Modjarrad
University of Alabama
School of Medicine

Rahul Rajkumar
Yale University
School of Medicine

Lisa Rosenbaum
University of California
San Francisco
School of Medicine

John F. Staropoli
Columbia University
College of Physicians
and Surgeons

Amir Zarrinpar
University of California
San Diego
School of Medicine

JAMA Staff

Stephen J. Lurie, MD, PhD
Managing Editor

Juliana M. Walker
Assistant Editor



ON THE COVER

Andy Solomon,
Mount Sinai School
of Medicine,
Davenport.
Digital Photograph

IN DECEMBER 2001, SEVERAL GOVERNMENT DEPARTMENTS AND AGENCIES as well as private institutes wrote the Model State Emergency Health Powers Act (MSEHPA)¹ to guide state and local governments in the event of an infectious disease outbreak or act of bioterrorism. The act's recommendation of martial law and rigorous and complex isolation measures is a contrast to the simpler practice of 14th-century Venice, where ships were required to remain in isolation for 40 days before goods and passengers were allowed to disembark, giving rise to the term *quarantine*. Even though the act of isolation and quarantine appears to be as old as, if not older than, the Old Testament,² criticism of MSEHPA³ make it clear that quarantine is far from perfect. Quarantine has many important aspects that need to be better explored, such as the efficacy of its use in disease containment, the role of and risk to physicians and other health care workers, the civil liberties of isolated individuals, its impact on commerce and economy, and its sociological implications.

With increasing globalization and commercial trade, fewer impediments to travel, overpopulation, and changes to the environment such as global warming, epidemics represent a growing threat. Although medical and scientific advances contribute to improving the tools used to combat infectious disease, society at large may remain unprepared to face such a threat.

In this issue of MSJAMA, Krista Maglen discusses how political and commercial interests delayed the development of international standards for infectious disease control in the latter half of the 19th century. Paul Edelson provides historical examples of how quarantines can be especially difficult for marginalized populations of society. Helena Hansen and Nora Groce describe the history of the only national quarantine of HIV-positive individuals in the world. Finally, Carlos Castillo-Chavez, Carlos Castillo-Garsow, and Abdul-Aziz Yakubu present a brief introduction to mathematical epidemiology and its contribution to development and implementation of quarantine policy.

For its relative success in containing large outbreaks of infectious disease and its frequent use in humankind's rich history, quarantine will likely remain part of our public health arsenal. To use this strategy more effectively and to limit its undesirable effects, the social, legal, medical, and economic consequences of quarantine require further study and debate.

REFERENCES

1. Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities. *The Model State Emergency Health Powers Act*. Washington, DC: Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities; 2001. Available at: <http://www.publichealthlaw.net>. Accessed November 7, 2003.
2. Leviticus 13:45-46 (RSV).
3. American Association of Physicians and Surgeons. AAPS analysis: Model Emergency Health Powers Act (MEHPA) turns governors into dictators. December 3, 2001. Available at: <http://www.aaponline.org>. Accessed November 7, 2003.

MSJAMA provides a forum for critical exchange on current issues in medical education, research, and practice. It is produced by a group of medical student editors in collaboration with the JAMA editorial staff and is published monthly. The content of MSJAMA includes writing by medical students, physicians, and other researchers, as well as original medical student artwork and creative writing. The articles and viewpoints in MSJAMA do not necessarily reflect the opinions of the American Medical Association or of JAMA. All submissions must be the original unpublished work of the author(s). All submitted work is subject to review and editing.

Address submissions and inquiries to:
Teri A. Reynolds, PhD, Editor, MSJAMA,
e-mail: treynoi@itsa.ucsf.edu
www.msjama.org