GAO Highlights

Highlights of GAO-24-106705, a report to congressional committees

Why GAO Did This Study

As of June 2024, over 1.1 million people in the United States have died from COVID-19, according to CDC. State and territorial (jurisdictional) governments have primary responsibility for leading the preparation for and response to public health emergencies, with federal support through guidance and funding awards. When jurisdictions' capabilities are insufficient, HHS is charged with leading the federal public health and medical response. GAO added HHS leadership of public health emergencies to its High-Risk List in 2022.

The Consolidated Appropriations Act, 2023 included a provision for GAO to review selected jurisdictions' isolation and guarantine planning. Regarding isolation and guarantine, this report examines (1) selected jurisdictions' COVID-19 actions, (2) their planning, (3) federal agencies' support to jurisdictions, and (4) CDC's efforts to assess jurisdictional planning. GAO reviewed documentation and interviewed officials from seven jurisdictions selected for geographic variation and representatives from five national public health associations. GAO also reviewed documentation and interviewed officials from HHS and the Federal Emergency Management Agency.

What GAO Recommends

GAO is making two recommendations to CDC to (1) document its intentions to share finalized isolation and quarantine guidance with jurisdictions before publication; and (2) assess jurisdictional planning for isolation and quarantine. HHS agreed with the recommendations.

View GAO-24-106705. For more information, contact Mary Denigan-Macauley at (202) 512-7114 or DeniganMacauleyM@gao.gov.

PUBLIC HEALTH PREPAREDNESS

HHS Should Assess Jurisdictional Planning for Isolation and Quarantine

What GAO Found

When a new disease presents a public health emergency, isolation and quarantine are among the first measures available to limit disease spread. All seven selected jurisdictions (states and territories) GAO reviewed used isolation and quarantine for the COVID-19 pandemic. Officials from these jurisdictions identified considerations for implementing such measures for COVID-19, including difficulty with enforcement and isolation and quarantine facility logistics.

Examples of Selected Jurisdictions' COVID-19 Isolation and Quarantine Actions

	Isolation or quarantine action	Number of selected jurisdictions (of seven)
	Guidance: Shared guidance about isolation and quarantine with the public and stakeholders, such as on websites or through contact tracing.	7
	Isolation or quarantine facilities: Offered facilities for individuals or family members to isolate or quarantine when unable to do so at home.	7
æ	Enforced isolation or quarantine: Enforced isolation or quarantine orders through fines or jail time.	1

Source: Selected jurisdictions including Alabama, American Samoa, Hawaii, New Jersey, Rhode Island, South Dakota, and Texas (information); GAO (icons). | GAO-24-106705

The selected jurisdictions carried out some isolation and quarantine planning before the COVID-19 pandemic. Four had detailed plans based on past experiences with diseases such as H1N1 influenza, while the remaining three had high-level provisions within emergency plans. In response to COVID-19 experiences, the selected jurisdictions have taken steps to strengthen their isolation and quarantine planning, such as updating plans to identify potential facilities for isolation and quarantine.

Federal agencies—primarily the Department of Health and Human Services' (HHS) Centers for Disease Control and Prevention (CDC)—provided guidance and awarded funding to jurisdictions during the COVID-19 pandemic that could be used to support isolation and quarantine efforts. However, CDC did not provide advance notice of isolation and quarantine guidance to jurisdictions before publication, which slowed jurisdictions' implementation of these measures. CDC has a new process for developing and sharing guidance, and officials told GAO the agency intends to provide advance notice to jurisdictions when possible. However, CDC has not documented its intentions to provide advance notice. Doing so will help ensure CDC implements its approach as planned and thereby help jurisdictions prepare for and effectively implement isolation and quarantine when needed.

Additionally, CDC has not assessed jurisdictions' planning for isolation and quarantine. As a result, CDC is missing information to identify and address gaps in jurisdictions' planning, including the absence of such plans. The National Biodefense Strategy directs CDC to determine any gaps in disease mitigation preparedness, including for isolation and quarantine. By assessing jurisdictions' planning, CDC could better fulfill this responsibility and identify and help address any gaps in jurisdictional planning for future disease outbreaks.