

## **NPI 13: Cordon Sanitaire Guidance**

### **What is a cordon sanitaire (also known as a cordon)?**

A cordon sanitaire restricts movement of people into or out of a designated geographical area (neighborhood, suburb, community) to slow disease progression/transmission. This can be done with variable degrees of restrictiveness/intensity.

### **How is a cordon sanitaire different from isolation or quarantine?**

Quarantine is the limitation of freedom of movement of such well persons or domestic animals as have been exposed to, or are suspected to have been exposed to, an infectious agent, for a period of time not longer than the longest usual incubation period of the infectious agent, in such manner as to prevent effective contact with those not so exposed (WAC 246-100-011(26)).

Isolation is the separation, for the period of communicability or contamination, of infected or contaminated persons or animals for others in such places and under such conditions as to prevent or limit the direct or indirect transmission of the infectious agent or contaminant from those infected or contaminant to others (WAC 246-100-011(18)).

Quarantine and isolation can occur in many forms and at many levels. Cordon sanitaire is an expanded form of combined isolation and quarantine in which a local, tribal, or state authority having jurisdiction creates a geographical (and often physical) boundary that restricts movement in/out of that particular area in order to limit spread of disease outside of that area, or as a protective measure to limit opportunities for a disease to be introduced to an area where it is not spreading.

### **Are there different levels of cordon sanitaire?**

Yes, within the scope of planning for Washington State's needs. A porous or partial cordon sanitaire provides the ability for a jurisdiction to determine ingress and egress thresholds and for certain non-symptomatic persons to leave and return. A rigid cordon sanitaire provides the ability to set a very restrictive access threshold, with very limited movement in/out of the prescribed area.

For the purposes of this guidance, both porous and rigid information may be applicable, but many of the discussion areas are intended for porous cordon sanitaire planning. The best available evidence for COVID-19 indicates that establishing a rigid cordon in the US is likely not the most appropriate measure to control spread of disease.

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## Why would a cordon be implemented?

A cordon may be considered because a jurisdiction wants to protect either those persons inside a geographical area, or to protect persons outside of a geographical area. Initial considerations include:

- A localized outbreak has occurred, and a jurisdiction feels it can create a boundary to help keep the disease in/out (containment of disease progression or protection against an outbreak);
- There is a physical area in which a perimeter can be established, and access control points can be established in order to monitor and control entry and exit;
- Lack of widespread infection or transmission in which a cordon may help slow the disease spread or limit opportunities for a disease to be introduced into an apparently unaffected community;
- In concert with, or after other Non-Pharmaceutical Interventions (isolation, quarantine, working from home, etc.) are not effective. Cordon is not generally an initial tool to be considered but is only used when most other means are not effective enough. The only circumstances in which a cordon would be considered to be an appropriate early action for COVID-19 are when intense disease spread is identified in a very localized area but not in adjacent communities.

The cordon sanitaire option is rarely used now because of our improved understanding of disease transmission, treatment, and prevention.<sup>1</sup> It also presents substantial negative societal impacts that require additional planning and resource considerations.

Cordon solitaire remains most useful under certain conditions<sup>2</sup>:

- 1) Infection is highly virulent and likely to cause severe illness in the general population;
- 2) Case-hospitalization rate and/or case-fatality is very high;
- 3) Specific treatment is non-existent and/or supportive care is difficult;
- 4) There is no vaccine, chemoprophylaxis, or other means of immunizing large numbers of people;
- 5) Other less restrictive Non-Pharmaceutical Interventions have not yielded effective results.

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<sup>1</sup> Ethical Considerations In The Use of Cordons Sanitaires, 2/19/15 [www.clinicalcorrelations.org](http://www.clinicalcorrelations.org)

<sup>2</sup> Ethical Considerations In The Use of Cordons Sanitaires, 2/19/15 [www.clinicalcorrelations.org](http://www.clinicalcorrelations.org)

## How would a cordon sanitaire be implemented?

### *Initial Decision Making:*

- Identify whether the cordon sanitaire will be designed to serve one of the following strategies:
  - Protective Cordon: Limits opportunities for disease to be introduced to a community. This is a more rigid structure and is only effective until the disease exists within that geographical boundary or defined border. This option keeps people outside of an area or limits the number of people coming in who might spread the disease.
  - Containment Cordon: Can be rigid or porous, and attempts to contain transmission of a disease within a geographic boundary or defined border. This option keeps people inside an area and limits opportunities for people to carry a disease outside of that area.
- Create a well-developed justification for establishing a cordon sanitaire
  - Do we believe this is an appropriate measure to meet a distinct public health need?
  - Do we believe that the expected benefits of this intervention justify the anticipated consequences?
  - Do we have resources to support this action?
- Ensure clear understanding of public health roles at local, state, federal, and tribal levels
- Develop milestones or trigger points to measure success/implementation challenges
- Develop strategies to encourage voluntary compliance with cordon orders
- Develop messaging that includes expectations for persons impacted by cordon; how essential functions or services will continue; risk to service providers and to those limited by the cordon; and information on the rigidity or porosity of the cordon, to include:
  - Cordoned persons
  - Non-cordoned persons
  - Media
  - Health care providers
  - Adjacent jurisdictions
  - Essential services and service providers (inside or outside of cordon area)
  - Schools, businesses
  - Faith based organizations
  - Governmental entities

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*Policy Level Considerations:*

- Establish and validate legal authority and orders necessary to implement cordon
- Develop screening protocols to address exit from and re-entry to cordon area
- Determine the level of cordon sanitaire required (porous vs rigid) and the corresponding extent of containment necessary. Some things to consider include:
  - Act to protect human rights and civil liberties to the greatest extent possible;
  - ensure limited geographical area is affected (if it is too big, cordon may be difficult to maintain, and the potential benefits diminish dramatically for larger geographical areas)
  - establish who can come and go and under what circumstances (non-symptomatic person's ability to enter/exit for work, health care access, essential services, etc.);
  - identify services to be provided to persons inside a cordon area and measures to be taken to reduce social impacts and burden imposed by the cordon;

Questions to consider at the policy level<sup>3</sup>:

- What stigma will be attached to those whose movement is limited?
- What panic may occur from limitations on movement?
- What is the social impact on those whose movement is limited?
- What is the economic impact on those whose movement is limited?
- What is the health and safety impact on those whose movement is limited?
- Can legal due process be appropriately provided?
- Will the imposition of limitations inhibit relief of burden and social impact?
- Does a plan exist between LHJ, local emergency management, and local law enforcement that addresses the following:
  - Can law enforcement effectively enforce the limitations on movement?
  - Can those within the cordon receive basic needs (e.g. food, water, power, EMS, fire, medical care)?
  - Can law enforcement effectively discern those who can leave or enter a cordon area, or adjust when those limitations have been changed by policy makers?
  - Will limitations lead to panic and social disorder? How can you prepare for this ahead of time? What actions can be implemented to mitigate this risk?
  - What force is allowed to affect limitations on movement?

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<sup>3</sup> Ohio Department of Health Limitations on Movement and Infection Control Practices, v. 3.0 July 2011, p. 58  
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- Does your jurisdiction have the ability to prioritize health care access and other needed services for those in cordoned area, in order to reduce the cordon length and overall impact of the cordon on citizens?

## Who are the initial stakeholders required to engage in cordon planning?

- Law enforcement
- Fire/EMS
- Public works
- Transportation
- Public information officers
- Public health officials
- Health care providers
- Emergency management
- Community groups
- Legal counsel
- Elected officials

## When would a cordon sanitaire no longer be appropriate or useful?

- Decisions and checkpoints for control measures will help determine the length and effectiveness of the cordon sanitaire. Issues to consider include:
  - When the disease continues to progress in the cordon area and therefore the cordon is no longer effective;
  - When the countermeasures are deemed effective and the cordon is no longer needed;
  - When the public good does not outweigh the preservation of individual liberties (don't impact individuals if public good is not enhanced);
  - When resources are no longer available to support a cordon.

## Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Local Health Jurisdictions](#)
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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