



International approaches to covid-19 self-isolation and quarantine: an analysis of support, monitoring and adherence

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Analysis

International approaches to covid-19 self-isolation and quarantine: an analysis of support, monitoring and adherence

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KEY MESSAGES

- **Inadequate financial support is a commonly cited factor for low adherence to self-isolation or quarantine.**
- **Comprehensive support models are required to make self-isolation or quarantine feasible.**
- **Alternative accommodation should be made available for individuals unable to safely isolate at home.**
- **Locally-delivered solutions and community engagement are highly effective, and have particular benefit amongst vulnerable or low-income populations.**

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3 32 International approaches to covid-19 self-isolation and quarantine: an
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5 33 analysis of support, monitoring and adherence
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9 35 *Jay Patel and colleagues demonstrate that comprehensive, community-based support*
10 36 *initiatives could significantly improve public adherence to self-isolation instructions—a*
11 37 *cornerstone of the covid-19 response.*
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15 39 Lessons from international approaches, prioritising elimination strategies to covid-19, have
16 40 consistently demonstrated the importance of a fully-functional and locally-delivered test-
17 41 trace-isolate-support system.^{1 2} The ability for people to isolate is foundational to this multi-
18 42 pronged approach, as this component is required to break chains of transmission, thus
19 43 reducing infection rates in a population. Even the most effective mass testing and intense
20 44 contact tracing systems have only marginal value, if positive cases and close contacts are
21 45 unable or unwilling to self-isolate. In this analysis, key insights are presented from a scoping
22 46 review of 20 countries, characterising available support initiatives to self-isolation and
23 47 quarantine measures, current approaches to monitoring compliance, and public adherence
24 48 (table 1). This analysis focuses on positive and confirmed cases of covid-19 and does not
25 49 include travellers.
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28 51 **How strong is public adherence?**

29 52 Despite the paucity of high-quality data on adherence to self-isolation or quarantine
30 53 measures, the few available studies are consistent in their findings: adherence to self-
31 54 isolation in the UK is significantly lower than intention to do so; financial and logistical factors
32 55 determine an individual's ability to comply; and the reason for isolating is relevant in
33 56 predicting compliance, in particular symptomatic and positive cases are more likely to
34 57 adhere than contacts of positive cases.³
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37 59 Through a series of online surveys conducted in the UK, responses from over 30,000
38 60 participants found that 18% self-reported full adherence to self-isolation orders (i.e. not
39 61 leaving home in the seven days prior to developing symptoms), and only 11% of close
40 62 contacts quarantined.⁴ These figures are far from stated public intention to self-isolate and
41 63 quarantine, which are around 70% and 65% respectively.⁴ Commonly cited factors
42 64 influencing low adherence included, but were not limited to, childcare responsibilities,
43 65 experience of pandemic hardship, less awareness of covid-19 guidance, and working in a
44 66 key worker sector. Interim evaluation from the Liverpool covid-19 community testing pilot
45 67 concluded that a major barrier to testing uptake—mostly in deprived communities—was the

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3 68 fear of not having adequate support to isolate.⁵ Similarly, data from Iran showed that
4 69 although ability to adhere did not follow the social gradient, people of lower subjective social
5 70 class were less likely to comply with social-isolation measures due to the lack of perceived
6 71 social support.⁶
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11 73 In the Netherlands, intention to isolate at home, following a positive test result, was around
12 74 95% in a sample of 64,000 people, reducing to 84% if a member of their household had
13 75 tested positive and 43% if a close contact had covid-19.⁷ A small Norwegian study revealed
14 76 that 65% of people required to self-isolate had not adhered to the request. Yet, compliance
15 77 was twice as high for symptomatic cases.³
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20 79 Increased adherence can be predicted in countries with higher pre-pandemic levels of trust
21 80 in politicians and institutions.⁸ Longitudinal analysis of compliance to UK guidelines found
22 81 that trust in government is associated with compliance intentions, but similar analyses on
23 82 reported behaviours are currently lacking.⁸
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28 84 **What support measures are being offered by governments?**

29 85 The term *support*, in the context of this analysis, refers to a financial or other non-financial
30 86 measure, facilitating an individual to fulfil their self-isolation or quarantine guidance for the
31 87 stipulated time period. In most countries, isolation is mandatory and lasts between 10 and 14
32 88 days, with France and Vietnam as notable exceptions (7 days and voluntary, 21 days and
33 89 mandatory). Across countries where support packages were offered, four broad support
34 90 categories emerged: financial support, employment benefits, practical support, and
35 91 comprehensive service packages.
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42 93 Some countries offer one-off financial support for cases and contacts to self-isolate.
43 94 Amongst the most generous are Australia (up to \$1,500),⁹ the United Kingdom (£500, on
44 95 application and based on strict criteria), and South Korea (\$364), while Singapore and
45 96 Taiwan reimburse individuals for each day spent in isolation (\$100/day and \$35/day
46 97 respectively).¹⁰ In the UK, eligibility applies only to those who receive government benefits,¹¹
47 98 whereas East Asian countries extend their offer of financial support to all individuals required
48 99 to isolate, regardless of their economic context.
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55 101 Employment benefits are also commonly issued, often alongside nominal allowances.
56 102 Generally, these benefits can only be availed for those with an employed status or those
57 103 who meet a specified income level. In the UK, around 2 million low-paid workers are not
58 104 entitled to statutory sick pay of £95.85 per week.¹²
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4 106 In Europe, some countries have offered practical support through direct community
5 107 engagement. In December 2020, the French government announced that health teams
6 108 would conduct home visits to confirmed cases, advising them to self-isolate, offering antigen
7 109 (rapid) tests for household members, and providing extra practical support.¹³ In the
8 110 Netherlands, those isolating can contact local municipalities and the Red Cross for help with
9 111 food, medication and other necessities. Alongside Denmark and Norway, local governments
10 112 can offer alternate accommodations for anyone unable to isolate at home.

11 113

12 114 Local authorities in South Korea, Taiwan, and in New York City offer a comprehensive
13 115 support packages. In South Korea, quarantined individuals are provided with daily
14 116 necessities and sanitary kits worth around \$60, and financial support of \$374.¹⁰ Quarantine
15 117 facilities are also provided to those who cannot isolate at home. In Taiwan, local government
16 118 centres offer transport arrangements, food deliver, medical care and household services,
17 119 including accommodation for people without a residence alongside aforementioned financial
18 120 support.

19 121

20 122 Throughout the United States, several comprehensive support initiatives have been
21 123 developed. Every neighbourhood of New York City has access to 'Take Care' packages to
22 124 support positive cases and close contacts to self-isolate (box 1).^{14 15} In San Francisco, the
23 125 'Right to Recover' programme provides eligible workers with two weeks of salary
24 126 reimbursement at the minimum wage (\$1,285), practical support, and alternative
25 127 accommodation if required.¹⁶ Also, a novel community-based 'Test-to-Care' model was
26 128 designed to specifically address vulnerable, low-income populations (box 2).¹⁷ In Vermont,
27 129 housing policies were central to their response, enabling people to safely isolate from
28 130 household members, often in multigenerational or crowded settings.¹⁸ Given that poor
29 131 housing condition is considered a major risk factor for covid-19,^{19 20} pre-existing
30 132 infrastructure to provide comprehensive housing protection for vulnerable communities was
31 133 rapidly strengthened in the state.

32 134

33 135 **How is public adherence being monitored?**

34 136 Across all countries reviewed, systems to monitor compliance were used at varying degrees
35 137 of stringency. Broadly, two mechanisms emerged for compliance monitoring: regular or
36 138 random checks conducted in person or by telephone, and digital surveillance technologies.
37 139 Checks were either coordinated by local public health authorities or private sector staff, and
38 140 supported by the police. Digital surveillance was conducted via mobile phone applications,
39 141 location-based software, video calls and CCTV footage. Except in France, fines are imposed

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3 142 on persons found violating isolation guidelines. To be allowed to self-isolate at home, in
4 143 Slovakia, individuals must install a mobile application, allowing random facial recognition
5 144 checks and tracking information. Generally, in the Asian–Pacific region, a combination of
6 145 daily monitoring calls by local health teams and digital technologies were used.
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11 147 In the absence of support, penalties alone are unlikely to encourage desirable behaviours
12 148 during the covid-19 pandemic.²¹ Given the material threat posed by covid-19 on individual
13 149 health, social support together with a firm belief in collective responsibility, are more likely to
14 150 achieve meaningful constructive actions across communities.²¹
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19 152 Weekly statistics reported from the NHS Test and Trace programme in England consistently
20 153 show that cases and contacts monitored and managed locally, substantially outperform their
21 154 counterparts—coordinated under wider, non-specific systems—in testing, contact tracing
22 155 and isolation metrics.²² Since the launch of NHS Test and Trace, 98% of all contacts
23 156 managed by local health protection teams have been successfully reached, falling to 68% for
24 157 those coordinated via wider online and call centre capacity.²³ Without locally-delivered
25 158 solutions, individuals are only loosely instructed to self-isolate without support or longitudinal
26 159 monitoring.
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33 161 **How effective are support interventions?**

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35 162 Few evaluations exist for international support strategies during the covid-19 pandemic. The
36 163 Families First Coronavirus Response Act, introduced on March 14th 2020, allowed US
37 164 employees to receive 14 days of COVID-19-related emergency sick leave at full pay (limited
38 165 by an upper threshold).²⁴ The estimated impact of this measure is a reduction of 400
39 166 confirmed cases per state, per day, or 1 case per 1,300 workers.²⁴ Of a small sample of
40 167 adults surveyed across Israel in late February 2020, estimated compliance rates were as
41 168 high as 94% when financial compensation was assumed dropping to below 57% in the
42 169 absence of financial support.²⁵
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49 171 Where comprehensive support packages were offered, adherence to self-isolation guidelines
50 172 was high and violations low. In South Korea, the median number of people that quarantined
51 173 was 36,561 per day.²⁶ The median number of daily self-quarantine violations was 6—a rate
52 174 of 1.6 violations per 10,000 self-quarantined individuals.²⁶ Given that in the East Asian and
53 175 Western Pacific regions isolation is usually managed via designated quarantine facilities,
54 176 stringently monitored by health care workers, compliance is assumed to be high.
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3 178 Although preliminary, the effectiveness of community-based support in New York City (box
4 179 1) and San Francisco (box 2) are confirmed by high levels of acceptance or adherence.
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6 180 Comprehensive support measures have demonstrated that whilst financial resources are
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8 181 important and enable the feasibility of self-isolation, they should not be relied upon solely.
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10 182 Wider support models are necessary to elicit high levels of adherence.
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Box 1: New York City's 'Take Care' initiative

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16 The rationale underpinning the 'Take Care' initiative in New York City is to provide any
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18 resources an individual requires to safely observe their full self-isolation period either in a
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20 hotel, or if desired, at home. This initiative is coordinated locally, involving Resource
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22 Navigators from community-based organisations to deliver a wide range of services
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24 including, financial help, food delivery, health insurance, medical kits, pet care, and mental
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26 health support. The support package has high acceptance, with only a 2% return rate.¹⁵
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28 Preliminary findings reveal that contact tracers are able to locate over 80% of people at
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30 home.¹⁵ This figure is increasing as the initiative continues to strengthen, and adherence
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32 may be as high as 95%.²⁷

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Box 2: San Francisco's 'Test-to-Care' initiative

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36 The 'Test-to-Care' model involves engaging community members and local public health
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38 leaders in a densely populated, and predominantly Latin American neighbourhood of San
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40 Francisco, California. The model has three support strands: informational services,
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42 practical services (such as groceries, medication, hygiene products, and other necessities)
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44 and longitudinal medical, social and emotional support. Support is delivered by healthcare
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46 providers and community health workers. Although its evaluation did not directly assess
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48 adherence to isolation and quarantine, 65% of participants received ongoing community
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50 support for the duration of the self-isolation period.¹⁷ Additional advantages were also
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52 noted; around 1 in 10 participants disclosed more contacts than at the initial contact
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54 tracing interview.¹⁷

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186 What are the key insights for improving adherence?

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56 187 The evidence presented in this analysis demonstrate that policies around self-isolation
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58 188 should be supportive and compassionate in acknowledging individual challenges. While
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60 189 strategies centred around strict monitoring and issuing penalties for individuals seen to

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3 190 violate instructions have not been thoroughly evaluated, these may even be counter-
4 191 productive, compromising testing uptake, honest reporting during contact tracing, and erode
5 192 public trust.²⁷ Regular reporting of self-isolation behaviours is also needed to monitor, in real-
6 193 time, the effectiveness of test-trace-isolate systems.

9 194

11 195 Community engagement is central to successful crisis management, but remains a largely
12 196 overlooked and ignored tool.²⁸ Local health teams leading test-trace-isolate systems is an
13 197 important, perhaps defining feature of its effectiveness. The covid-19 pandemic presents
14 198 plethoric opportunities to empower and mobilise community-based organisations, health
15 199 committees, local leaders, and key stakeholders for multiple aspects of the covid-19
16 200 response, including supportive strategies to encourage and practically facilitate self-isolation
17 201 and quarantine.

22 202

24 203 Public knowledge and perceptions are varied and influence personal choices.²⁹ The
25 204 reasoning pertaining to a person's need to self-isolate is relevant in determining the
26 205 likelihood of their full adherence. Particular emphasis should be placed on explaining the
27 206 rationale for self-isolation. Informational support is therefore a key component, necessitating
28 207 clear public health messaging. This should be accessible to different communities with
29 208 varying degrees of health literacy, and covering a diverse range of languages.

33 209

35 210 Finally, all individuals instructed to self-isolate or quarantine should be entitled to adequate
36 211 comprehensive support, allowing them to safely observe their allocated time period.
37 212 Sufficient baseline support should be offered to make isolation feasible. Particular
38 213 consideration is warranted for those who may not be able to safely separate at home and
39 214 require designated quarantine facilities to accommodate this.

42 215

44 216 Given the fast-evolving nature of covid-19 policies, this analysis provides a timely snapshot
45 217 of current international approaches. Our findings add strength to the call for urgent action
46 218 around isolation measures, endorsing locally-delivered, comprehensive support models.³⁰
47 219 Without effective policies enabling people to safely self-isolate and quarantine, the success
48 220 of an entire test and trace infrastructure is jeopardised—a system foundational to eliminating
49 221 covid-19.

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3 **227 Contributors and sources**

4 228 JP drafted the manuscript. JP and GF jointly collated data for this analysis. GF and DS
5 229 critically revised the draft. All authors conceived this analysis and approved the final version
6 230 of the manuscript.
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11 232 DS is on the Scottish Government COVID-19 advisory group, on the Royal Society DELVE
12 233 group that feeds into SAGE and a member of the UK Cabinet Office's International Joint
13 234 Comparisons Unit.
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26 **241 Patient involvement**

27 242 None
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31 **244 Conflicts of Interest**

32 245 We have read and understood [BMJ policy on declaration of interests](#) and have the following
33 246 interests to declare:

34
35 247 DS is on the Scottish Government COVID-19 advisory group, on the Royal Society DELVE
36 248 group that feeds into SAGE and a member of the UK Cabinet Office's International Joint
37 249 Comparisons Unit.
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Table 1: Summary of findings from 20 countries on support, monitoring, and penalties pertaining to covid-19 self-isolation and quarantine.

Country	Available support	Eligibility for support	Self-isolation guidance	Enforcement and monitoring	Penalties for violation
Australia	Employees in Victoria can apply for a \$450 COVID-19 Test Isolation Payment to support self-isolation whilst waiting for test results, and \$1,500 if income is lost while isolating as a confirmed case or close contact. \$300 available in South Australia.	Any individual who has to isolate and does not have paid sick leave or any government income support.	Mandatory self-isolation for 14 days.	Public health staff can monitor through telephone checks. Isolation in designated facilities, may be required if adherence is breached. Periodic checks by police officers.	\$5,000 in Victoria. Up to \$11,000 (with a further \$5,500 fine for each day the offence continues) and/or 6 months in prison in New South Wales. Up to \$13,000 in Queensland.
Belgium	70% of earnings and a nominal allowance of €150 per month.	Employed individuals required to isolate.	7 days positive cases (including 3 days without experiencing symptoms) and 10 days for close contacts	Spot checks by public health staff.	Fine of €250 rising to €4,000 for serious or repeat offences.

			or 7 days with a negative test.		
Canada	Income support of \$450 per week through the Canada Recovery Sickness Benefit, for up to two weeks.	Missed at least 50% of work week due to an instruction to self-isolate.	Voluntary self-isolation for 14 days.	Public health agencies are responsible for monitoring adherence.	Repay Canada Recovery Sickness Benefit back to the Canada Revenue Agency.
Denmark	Voluntary quarantine facility offered (exclusive of food).	Individuals unable to self-isolate at home.	Mandatory self-isolation for 14 days.	Random physical checks or phone calls.	Fine of 3,500 DKK.
Finland	100% of lost income during isolation period. Alternative accommodation can be provided if required.	Employees that have suffered a financial loss due to self-isolation and cannot isolate at home.	At least 10 days since symptom onset and until symptoms have resolved for 48 hours.	Official quarantine and self-quarantine are not monitored. Police can investigate if violation has been reported.	Fine depending on annual income, or up to 3 months imprisonment.
France	90% of gross salary reimbursed plus daily allowance (50% of daily basic wage for 30 days). Health teams can offer	Employed individuals required to isolate.	Voluntary self-isolation for 7 days.	Occasional home visits by public health officials.	No penalties.

	home visits, providing practical and support.				
Germany	Employees who test positive are entitled to remuneration (for up to six weeks) as per statutory sick pay.	Employed individuals required to isolate.	Mandatory self-isolation for 10 days.	Containment scouts can conduct phone checks or home visits.	Fine of up to €25,000 (dependent on monthly income and location), or up to 5 years in prison.
Israel	Isolation Benefit, equivalent to sick pay, but standard deduction applies. No more than 4 days sick days will be deducted for each isolation duration.	Employed individuals required to isolate.	Mandatory self-isolation for 10 days and until a certificate of recovery is issued.	Police and Ministry of Health inspectors perform checks to detect violations.	Fine of up to \$140, and potential imprisonment.
Italy	Daily phone calls by a public health professional for a small minority of people.	Unclear. Italian officials determined that isolating people in dedicated facilities is not feasible.	Mandatory self-isolation for 10 days.	Public health operators monitor cases through telephone checks. Geolocation data used to monitor movement.	Fines of €500 to €5,000, with risk of 3 to 18 months imprisonment.
Japan	Sickness allowance equal to two thirds of their average daily wage over	Any employed and insured individuals	Voluntary self-isolation for 14 days either at	No monitoring.	No penalties for refusing to self-isolate.

	the most recent 12-month period.	who have to self-isolate.	home or in designated facilities.		
Netherlands	Temporary self-employment income support and loan scheme. Local municipality and Red Cross can offer practical support and alternate accommodation.	Anyone that has suffered a financial loss due to self-isolation.	Voluntary self-isolation for 10 days.	Police and special investigating officers can enforce fines. Public health messaging around morals and self-discipline used to maximise compliance.	Fine of €95.
New Zealand	The Covid-19 Leave Support Scheme pays employees \$585 per week of full-time work (>20 hours/week) and \$350 for part-time work (<20 hours/week) for 2 weeks. COVID-19 Short-Term Absence Payment is a one-time \$350 payment available for workers who are self-isolating whilst awaiting test results.	Must have been told to self-isolate by a health official.	Mandatory self-isolation for 14 days.	Medical officials with the help of police.	Under the COVID-19 Public Health Response Act 2020, either 6 months imprisonment or a \$4000 fine.

<p>Norway</p>	<p>Statutory sick pay: 80% of salary up to annual salary cap of 60,000 NOK (£52,600). Local municipality can cover the cost of an alternate accommodation if necessary.</p>	<p>Employed individuals required to isolate. Accommodation provided for persons who cannot isolate at home.</p>	<p>Mandatory self-isolation for 10 days.</p>	<p>Police checks.</p>	<p>Fine of 20,000 NK and up to 15 days imprisonment.</p>
<p>Singapore</p>	<p>Employed residents receive paid sick leave. \$100 daily compensation. Unemployed residents can contact agents for social and financial assistance.</p>	<p>Any individual required to quarantine eligible for sick pay. Daily compensation of \$100 available to self-employed citizens, permanent residents, Permanent Residents or Workpass Holders.</p>	<p>Mandatory self-isolation or quarantine for 14 days.</p>	<p>The Ministry of Health will establish if a quarantine order should be served in the home or in dedicated government facilities. Individuals monitored by video calls and/or mobile applications at least 3 times daily, along with spot checks.</p>	<p>If found to be non-compliant, quarantined individuals may have to wear an electronic tag or receive an order to be detained and isolated in a hospital/other suitable facility. Violation risks prosecution under Section 21A of the Infectious Disease Act.</p>

Slovakia	State-run quarantine facilities available if home isolation is not possible.	Individuals unable to self-isolate at home.	Mandatory self-isolation for minimum 14 days.	Installation of the eQuarantine mobile application is mandatory for home isolation, providing location-based tracking and random facial recognition requests.	Fine of up to €1,659
Spain	Employed individuals entitled to a benefit in addition to a dedicated sickness benefit, of 60% salary up to 15 days.	Employed individuals required to isolate.	Mandatory self-isolation for 10 days.	Random physical checks or phone calls.	Fine of €3,000 rising to €600,000 for repeat offences.
South Korea	Quarantined individuals are provided with daily necessities and sanitary kits (valued at \$60), and financial support of \$374.	Any individual required to quarantine.	Mandatory quarantine for 14 days.	Mobile application or twice daily telephone calls, plus random checks by public health workers.	Fine of up to 10 million Korean Won (\$8273) in fines, a so-called “1-strike out policy.”
Taiwan	Daily compensation of NT\$ 1000. Local centres provide support services, daily follow-up calls, transport, medical care, household services,	Any individual required to quarantine.	Mandatory self-isolation for 14 days.	Twice daily checks by local health agencies. Additionally, a mobile application uses location-tracking and geofencing.	Fine of up to NT \$150,000.

	accommodation for people without a residence, and food delivery.				
Sweden	Salary paid if cases cannot go to work. Sick pay for anyone considered ill. Infected individuals who are still able to work are supported through the Disease Carrier Allowance.	Medical certificate required to confirm diagnosis of covid-19.	Voluntary personal responsibility to stay home.	No monitoring.	No penalties.
United Kingdom	£500 each time an individual is required to isolate. Local authorities may provide practical support for vulnerable individuals.	Low-income groups, including those receiving government benefits.	Mandatory self-isolation for 10 days and 14 days for close contacts.	NHS Test & Trace call handlers make follow-up calls to those isolating to monitor compliance. Police checks can be conducted in high incidence areas. Employers have responsibilities to ensure their staff observe self-isolation guidelines.	Fine of £1,000 rising to £10,000 for repeat offences in England, £480 in Scotland, and up to £1000 in Wales.

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