

The Epidemic Diseases Amendment Act, 2020: An Explicative Review

Putla Sravan Sai Kumar¹, Minal Bhatia², Sarika Putla³

¹Senior Resident, Organization: Department of Hospital Administration, Post Graduate Institute of Medical Education, ²Junior Resident, Organization: Department of Hospital Administration, Post Graduate Institute of Medical Education and Research, Chandigarh, ³Medical Officer, Organization: Primary Health Centre, R.C Puram, Hyderabad, Telangana.

How to cite this article: Putla Sravan Sai Kumar, Minal Bhatia, Sarika Putla. The Epidemic Diseases Amendment Act, 2020: An Explicative Review. Indian Journal of Public Health Research and Development / Vol. 15 No. 4, October-December 2024.

Abstract

In situations of epidemics, public health laws play a crucial role in the control of infectious diseases. One such law in India is the Epidemic Diseases Act of 1897 which was introduced during the British Colonial Era to tackle the epidemic of bubonic plague that broke out in the then Bombay state at the time. Since the act was formulated more than a century ago, it had major limitations in meeting the need in this era of changing priorities in public health emergency management. It was realized that the act needed modifications to match new challenges. The Indian Parliament in 2020, on 28th September 2020, the Epidemic Diseases (Amendment) Act, 2020 received the assent of the President and it came into force on the 22nd day of April 2020. However, even after amendments the act lacks in various aspects. The present article discusses the need for further amendments to the Epidemic Diseases (Amendment) Act, 2020.

KEY WORDS: Epidemic disease, Covid -19, Epidemic disease amendment

Introduction

An epidemic is the occurrence in a community or region of cases of an illness, specified health behavior, or other health-related events clearly over normal expectancy; the community or region, and the period in which cases occur, are specified precisely”^[1] In general, the epidemic process is characterized by transition from susceptible state to infective state on exposure to infectious agent. ^[2] In situations of epidemics, Public health laws play a crucial role in the control of infectious diseases by facilitating the use of preventive health services (like vaccination)

which helps in the prevention of infectious diseases, by facilitating the use of curative services and empowering healthcare providers to implement provisions like isolation practices to hamper contact with persons affected by a communicable disease, and by sanctioning permission to use emergency powers to control communicable disease outbreaks by healthcare providers.^[3]

One such law in India is the Epidemic Diseases Act of 1897 which was introduced during the British Colonial Era to tackle the epidemic of bubonic plague that broke out in the then Bombay state at the time.

Corresponding Author: Minal Bhatia, Junior Resident, Organization: Department of Hospital Administration, Post Graduate Institute of Medical Education and Research, Chandigarh.

E-mail: meenal639@gmail.com

Submission date: January 4, 2024

Revision date: February 2, 2024

Published date: September 20, 2024

This is an Open Access journal, and articles are distributed under a Creative Commons license- CC BY-NC 4.0 DEED. This license permits the use, distribution, and reproduction of the work in any medium, provided that proper citation is given to the original work and its source. It allows for attribution, non-commercial use, and the creation of derivative work.

During this epidemic of bubonic plague. To achieve control over the epidemic, the Governor General of colonial India conferred special powers upon the local authorities to implement the necessary measures. [4] The Epidemic Diseases Act of 1897 was enacted for the better prevention of the spread of Dangerous Epidemic Diseases. It is one of the shortest Acts with four sections only. Section 1 explains the title and the extent, section 2 explains the powers rendered to the state and Central governments to take special measures and formulate regulations that are to be observed by the people to contain the spread of disease, section 3 describes penalties for violating the regulations, in accordance with Section 188 of the Indian Penal Code and section 4 describes legal protection for the implementing officers acting under the Act. [4]

Since the act was formulated more than a century ago, it had major limitations in meeting the need in this era of changing priorities in public health emergency management. Now, there are higher rates of international travel, increased use of air travel, greater migration within states, increased urbanisation, increased density of populations in cities, greater contact with animals and birds, changing climatic conditions man-made ecological changes, technologies of mass food production, breakdown of public health measures and biosafety lapses. [4] The Epidemic Disease Act 1897 was designed to focus on sea travel as air travel was not much in use. It focussed more on isolation and quarantine as other methods of prevention such as vaccination were not much developed then. Being too old, the Epidemic Disease Act of 1897 did not incorporate WHO guidelines as WHO was not established then. Overall, the Epidemic Disease Act of 1897 had a regulatory approach and lacked a balance between public good and encroaching on personal liberty. [3,4]

It was realized that the act needed modifications to match new challenges. The need to modify the act became more substantiated when the Coronavirus disease 2019 affected the whole world. [3] In China, on 30th January, the Novel coronavirus outbreak was a public health emergency of international concern. WHO on 13th March 2020 worldwide COVID-19 situation pandemic. [5] India reported the world's second-highest number of reported cases of COVID-19 infection. [6]

The Indian Parliament in the Seventy-first Year of the Republic of India enacted the Epidemic Diseases (Amendment) Act 1897. In 2020, on 28th September 2020, the Epidemic Diseases (Amendment) Act, 2020 received the assent of the President and it came into force on the 22nd day of April 2020. According to this act, state and central governments were given the power to implement temporary regulations to be observed by the public or by any person or class of persons when existing ordinary provisions of the law for the time being in force are insufficient in situations of an outbreak of any dangerous epidemic disease. The state and central governments were allowed to prescribe regulations for the inspection of persons traveling by railway or otherwise, and the segregation, in hospital, temporary accommodation or otherwise, of persons suspected by the inspecting officer of being infected with any such disease. In the amendment, in section 2A, the Central Government was given the power to prescribe regulations for the inspection of any bus or train or goods vehicle or ship or vessel or aircraft leaving or arriving at any land port or aerodrome, as the case may be, in the territories to which this Act extends and for such detention thereof, or of any person intending to travel therein, or arriving thereby, as may be necessary. The law prohibited violence against healthcare workers and any loss or damage to any property during the epidemic. [7] The healthcare person was defined as the personnel who are at risk of contracting the epidemic disease while carrying out duties related to the epidemic e.g., public and clinical healthcare providers such as doctors and nurses, any person designated by the government to take the measures to prevent the outbreak. The person indulging in violence against healthcare personnel was punishable with imprisonment for 3 months to 5-years and with a fine of rupees 50,000 to 2 lakhs. There is no provision for bail. In case of damage to the property the victim (healthcare personnel) will be paid twice the amount of the fair market value of the damaged or lost property, as determined by the court. However, even after amendments the act lacks in various aspects. [7]

LIMITATIONS OF THE EPIDEMIC DISEASES (AMENDMENT) ACT, 2020

The amendment bill also missed the opportunity to define "dangerous epidemic disease" or "outbreak"

or “pandemic”. The act allows the prescription of temporary regulations, which warrants the need for law about the notice for the suspension of these regulations after successfully dealing with the situation. The act and its amendment do not have a balance between the powers granted to the police forces and citizens’ right against arbitrary arrest.^[8] Amendment only addresses Physical violence and damage to property but remains silent on the multi-faceted threats such as lack of safety and hygiene, lengthy and inhumane working hours, delay in payment of salaries, cost of treatment in case of contracting the epidemic disease in the line of duty, etc. The act has made violence against healthcare workers be punishable offense but specific timelines for investigation by police personnel as well as trial by court are missing. The act did not envisage a scenario like the COVID-19 pandemic and had no provision for the same. It had no provision to provide financial relief to the general public, to sustain their livelihood during a crisis like COVID-19. The act had no provisions to prevent gatherings (religious or personal) pointing towards the uncertainty or selectivity of the state machinery.^[9,10] During the COVID-19 pandemic, the world also faced COVID-19 infodemic. Social media platforms such as Facebook, Instagram, YouTube, and Twitter had an abundance of information, some accurate and some inaccurate.^[11,12,13] Existence of too much information was a threat to the success of public health policies. Therefore, it is mandatory to have legislative acts to tackle this problem.^[11] The Epidemic Disease Amendment Act, 2020 needs further amendments to control floating misinformation without limiting the freedom of expression. Wearing masks played key role in the prevention of the spread of COVID-19 infection. During the pandemic, people were encouraged to wear masks which created a great demand for masks in the market which led to the boom in counterfeit production.^[14] The Epidemic Diseases (Amendment) Act, 2020 had no provision to deal with such situations.

Conclusion

In the Epidemic Disease (Amendment) Act, 2020, not all facets of a public health emergency are addressed. The act needs amendments to strengthen

legal frameworks to prevent and control the entry, spread, and existence of communicable diseases in India. There is a need to reform the act to meet the challenges presented by situations such as the COVID-19 pandemic.

SOURCE OF FUNDING: None

CONFLICT OF INTEREST: There is no conflict of interest

REFERENCES

1. Green MS, Swartz T, Mayshar E, Lev B, Leventhal A, Slater PE, Shemer J. When is an epidemic an epidemic?. *The Israel Medical Association journal: IMAJ*. 2002 Jan 1;4(1):3-6.
2. Goffman W, Newill V. Generalization of epidemic theory. *Nature*. 1964;204(4955):225-8.
3. Phadnis S. Issues and Challenges for Epidemic Diseases Act of India, 1897: A Literature Review. *National Journal of Community Medicine*. 2023 Aug 1;14(08):534-9.
4. Rakesh PS. The epidemic diseases act of 1897: public health relevance in the current scenario. *Indian J Med Ethics*. 2016 Jul 1;1(3):156-60.
5. Who. int. [cited 2023 Nov 25]. Available from: <https://www.who.int/news/item/29-06-2020-covid-timeline>
6. Gupta A, Malani A, and Woda B. Explaining the Income and Consumption Effects of COVID in India. Working Paper 28935, NATIONAL BUREAU OF ECONOMIC RESEARCH, June 2021, available at: Explaining the Income and Consumption Effects of COVID in India | NBER Accessed on 10/9/2023.
7. The Epidemic Diseases Act, 1897 (Act 3 of 1897), ss.2, 2A.
8. Boddupalli R and Francis G. Epidemic Diseases (Amendment) Bill, 2020: A Missed Opportunity. *III Law Review*. 2020;Special issue 2020:302-315.
9. Joshi B. “Karnataka BJP MLA asked to explain birthday bash amid coronavirus lockdown”, *The Deccan Herald*, April 11, 2020, available at: <https://www.deccanherald.com/state/top-karnataka-stories/karnataka-bjpmla-asked-to-explain-birthday-bash-amid-coronavirus-lockdown-824232.html> (last visited on Sept. 05, 2023).
10. Singh RR, “MP: No Action Against BJP MLA For 10-Day Ganesh Chaturthi Celebrations”, *The Wire*, Sept. 04, 2020, available at: <https://thewire.in/communalism/madhya-pradesh-nsa-muharram-ganesh-chaturthiusman-patel> (last visited on Sept. 13, 2023).

-
11. Marecos J, Shattock E, Bartlett O, Goiana-da-Silva F, Maheswaran H, Ashrafian H, Darzi A. Health misinformation and freedom of expression: considerations for policymakers. *Health Economics, Policy and Law*. 2023 Apr;18(2):204-17.
 12. Banerjee D and Meena K. COVID-19 as an 'infodemic' in public health: critical role of the social media. *Frontiers in Public Health* 2021;9:1-8.
 13. Quinn EK, Fazel SS and Peters CE. The Instagram infodemic: cobranding of conspiracy theories, coronavirus disease 2019 and authority-questioning beliefs. *Cyberpsychology, Behavior, and Social Networking* 2021;24:573-577.
 14. Shen B, Cheng M, Dong C, Xiao Y. Battling counterfeit masks during the COVID-19 outbreak: quality inspection vs. blockchain adoption. *International Journal of Production Research*. 2023;61(11):3634-50.