

Chapter 14

Visual Gists of Home Quarantines and Self- Quarantines From COVID-19 Through Social Imagery: Four Months Into the SARS- CoV-2 Disease Outbreak

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ABSTRACT

Home/self-quarantines have never been applied in such broad territorial range (across the globe, in real time; in mega-cities) or with such large numbers of people as during the COVID-19 SARS-CoV-2 outbreak (Nov. 2019 – present). As data started coming in about the viral outbreak, government leaders and public health officials instituted mass-scale quarantines: first, the quarantine of Wuhan, the megacity of 11 million at the epicenter of the outbreak, then the People’s Republic of China, then a cruise ship, then cities in South Korea, then Japan, then Italy, and elsewhere. There have been rolling quarantines across particular regions as extended diagnostics capabilities came online. In this time, macro, meso, and micro-scale quarantines have been instituted and have mostly held. On social media, many under self-quarantine in their homes (“sheltering in place”) have shared messaging and social imagery about their experiences. This work studies social image sharing on social media platforms as a digital service in a time of global emergency four months into the outbreak.

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INTRODUCTION

The word “quarantine,” until the present moment, has had an air of the archaic. It was a phenomenon for history. In modern use, these applied to the import/export of livestock and exotic pets, to ensure that diseases were not being transferred with the animals...and the import/export of crop shipments to control for plant diseases and pests. This all changed with the emergence of SARS-CoV-2 in late 2019 or early 2020, a highly transmissible respiratory virus that can transmit between people. Its stealth capabilities enable it to transmit silently among people without symptoms. Its disease-causing capabilities have caused serious morbidities (and long-term effects in so-called “long haulers”) and death.

To avoid infection of the novel pathogen (against which humanity has no built-in biological defense), various governments have put in place full-society shutdowns (also known as “lockdowns”) and temporary and partial quarantines in various contexts (such as for those on cruise ships at the time of the initial outbreak and for many months afterwards). Different countries’ governments have handled lockdowns in different ways. In some, these are enforced with the weight of both law and law enforcement personnel (with some countries using law enforcement officers, surveillance apps, drones, robot dogs to warn citizens, and other tools). By contrast, other governments put in place stay-at-home edicts but did not enforce these, and they made exemptions for “essential” workers defined broadly (those working in grocery stores, in healthcare, and later in food processing facilities). For many, their behaviors in whether or not to stay put at home, to practice social distancing, to wear masks, and to clean hands fell to their own discretion, science knowledge, good sense, and risk-aversion. The habits of people’s social circle also were found to affect their behaviors (whether high, middle, or low-risk), especially in a context of uncertainty and incomplete information (given ongoing research regarding the novel coronavirus and given the gappy PCR testing and low test availability).

At the individual level and globally, these caused various life disruptions. There is value in learning about what home-quarantines and self-quarantines mean as reported by the general public through social media.

The current SARS-CoV-2 pandemic. At the time of this work, the global population is facing a respiratory disease outbreak, COVID-19 (from the novel SARS-CoV-2 virus against which humanity does not have a natural immunity) that has spread globally and that is expected to spread to between 40 – 70% of the world’s population and to perhaps entail a cost of millions of lives (with a fatality rate of 3.4% with the available data). Some have suggested that this is a once-in-a-generation sort of event in terms of severity. SARS-CoV-2 is thought to have emerged from an as-yet unknown intermediate host animal from a wet market in Wuhan, Hubei Province, in the People’s Republic of China (PRC), in November 2019. Since then, over 100,776 have been infected, and 3,412 have died, and 55,997 have recovered (“COVID-19 Coronavirus Outbreak,” Mar. 6, 2020). Initially, so-called contemporary versions of “medieval” approaches to slow the spread of the infections were applied, with unprecedented mass-scale lockdowns, travel bans, mass-scale testing, government-enforced quarantines, and home quarantines. Even with the world’s peoples warned (and often masked), with governments standing up against this novel coronavirus outbreak, unprecedented levels of disease surveillance, and extensive control of people’s movements, this virus continues to spread—through aerosolized droplets (from people’s sneezes and coughs and talking and breathing), from fomite transfer (contaminated surfaces), and other means. A University of Massachusetts Dartmouth professor, Dr. Erin Bromage, described the risks in closed spaces where people congregate:

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