



DISEASE CONTROL PLAN: READING COMMUNICABLE ILLNESS IN THE ṢAḤĪḤ AL-BUKHĀRĪ

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Abstract

COVID-19 has struck since 2020. The Strategic Preparation and Response Plan (SPRP) by the World Health Organization (WHO) 2021 outlines 11 indicators to battle the pandemic. In comparison to the Islamic tradition, the hadith of the Prophet Muhammad (PBUH) in kitāb al-mardhā and kitāb al-ṭibb of Ṣaḥīḥ al-Bukhārī showcase the approaches and principles of modern epidemiology-based solutions. Hence, this paper attempts to analyse the disease control plan of WHO based on leading-edge epidemiology and prophetic traditions. Furthermore, it also intends to correlate pragmatic principles from the hadith and their commentaries with contemporary epidemiology. While dissecting the kitāb al-mardhā and kitāb al-ṭibb from al-Bukhārī's (d. 870CE/256AH) magnum opus to establish the core principle, the researcher likewise interprets the pillars of the Strategic Preparation and Response Plan (SPRP) attempting to synchronise with the prophetic tradition. Long before the present solution, border control and preventive social measures were implemented; it stands to reason that modern epidemiology is in accord with the prophetic tradition. In short, five of the eleven pillars are directly in line with the ḥadīth.

Kata Kunci: *hadith, Ṣaḥīḥ al-Bukhārī, wabā', ṭā'ūn, epidemiology, Covid 19, Strategic Preparation and Response Plan, WHO.*

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INTRODUCTION

Since the year 2020, COVID-19 has affected people around the world. The World Health Organization (WHO) has outlined 11 indicators in their 2021 Strategic Preparation and Response Plan (SPRP) to combat the pandemic. In the wake of the COVID-19 outbreak, which claimed the lives of millions of people worldwide, Islam, as a universal religion publicises a variety of discourses that have long been conserved throughout its literary legacy. Recently, Shabana focused on the ethical importance of balancing the act between the religious and philosophical aspects of scripture sources with the practical repercussions of real-life plagues and pandemics, as well as individual interests versus community and society interests.¹ The primary focus of his writing is derived from pandemic prevention and treatment measures. Focusing solely on the Islamic perspective from textual understanding and standard Islamic practices, Zeeshan and others brought up the Quranic solution towards the COVID-19 pandemic.² Theologically, the authors concluded the pandemics throughout humanity as a divine punishment towards people who transgress God's commands. The authors also include many related verses about the power of God and assert how Muslims should observe this theological discussion. Towards the end of the discussion, the authors outlined the resolutions to which how Muslims can intercept the ongoing contagion.

¹ Ayman Shabana (2021). From the Plague to the Coronavirus: Islamic Ethics and Responses to the COVID-19 Pandemic.

² Zeeshan Qureshi, Ikramuddin Junejo, Ahsan ul Haq Shaikh. (2021). Covid-19 and Cure in The Light of Quran and Ḥadīth: A Systemic Literature Review. Al-Aijāz Research Journal of Islamic Studies & Humanities (January to March 2021), Vol. 5 No. 1, 1-12.

Meanwhile, Zohaib and Arzoo began by outlining the medical and scientific aspects of the COVID-19 endemicity history and how the virus moved throughout the human body and over the world.³ Using historical examples, the authors discussed pandemic control and preventive measures like quarantine, isolation, sanitation, and the Islamic perspective on the global pandemic. Certainly, there have been various plagues throughout the history of Islamic civilisation. Following the prophetic era, some Companions of the Prophets were able to control the epidemic in their time by employing measures like quarantine and social separation. In the meantime, many WHO recommendations were followed by Muslims in their daily lives, such as keeping the garment clean. In recent perspective of the COVID-19 pandemic, many guidelines were made to prevent the widespread of the virus. It was under this type of circumstance; Muslims particularly were advised through various hadiths to keep in check on hygiene and cleanliness at all times. It is a well-known fact that the occurrence or event that relate to the subject of *tā'ū'n, wābā'*, contagion, communicable illness, and several other terms in the Prophet's era are well preserved in the *ḥadīth* compendia. The *kutub al-Sitta* (six canonical *ḥadīth* compendia), along with different earlier *ḥadīth* corpuses such as *Muwatta'* of Mālik (d. 179/796), the *Muṣannaf* of 'Abd al-Razzāq al-Ṣan'ānī (d. 211/827), and the *Musnad* of Aḥmad b. Ḥanbal (d. 241/855) effectively organised the hundreds of *ḥadīth* that were thought to be correlated to those contagions or communicable illness topics. Consequently, these topics were not engaged in a vacuum. At least by the fourth century of Hijrah, when the *ḥadīth* compendia were assembled, some *ḥadīth* were widely commented on. Each commentator sought to summarise and reconcile the earlier construction. The scholars of *ḥadīth* or commentators participated in an ongoing discourse about *tā'ū'n, wābā'*, contagion, communicable illness, and even extracted disease control plan that can be learned from the Prophet. By applying various commentary techniques to discrete issues of communicable illness, scholars of *ḥadīth* can justify the Prophet's guidance and reveal a profound coherence in the structure of the medicine. This structure conforms to depict harmony between the authority of medical practitioners and the ultimate sacredness of prophetic guidance.

SCOPE AND METHODOLOGY

Furthermore, when we talk about disease control plan in the modern-day phase of epidemiology, some principles found in the various *ḥadīth* of Prophet Muhammad PBUH can be correlated with the form of action document, namely the Strategic Preparedness and Response Plan (SPRP) of World Health Organization (WHO). This plan contains some of the most critical mechanisms to combat COVID-19 on a global scale. Therefore, this paper is constructed analogously, with topics alternating between *ḥadīth* of the Prophet in the *Ṣaḥīḥ al-Bukhārī*, its interpretive discourses of communicable illness in conjunction with contemporary field of epidemiology, and it is the comparative quality of the study that presents some of the most valuable insights into how Prophet Muhammad and his successive generations has come to terms with the impact of disease.⁴ By adopting this approach, we are placing this paper in direct exchange with a contemporary guideline by World Health Organization on basic epidemiology which was originally written with a view to strengthening education, training, and research in the field of public health.⁵ We will return in brief description to Basic Epidemiology of WHO, or in particular SPRP, in the later part of this paper, but we should note here that we correlate the respective positions of early Muslim society on the issue of communicable disease that could productively be reduced to a series of comparable characteristics. Taking this into account, it is a matter of considerable importance to interrogate further into the questions of how the most authentic *ḥadīth* compendia, that is the *Ṣaḥīḥ al-Bukhārī*, dealt with medical topics and what approach determined the selection of the materials they contain. Most of the groundwork for a detailed inquiry of *ḥadīth* literatures of third century of *hijrah* has yet to be done, and until at least a few of these works have been studied, most inference about them will necessarily remain cautious. As our own interest in the treatises

³ Zohaib Ahmad & Arzoo Ahad (2021). COVID-19: A Study of Islamic and Scientific Perspectives. *Theology and Science*. 19:1, 32-41.

⁴ Lawrence O. Gostin et al. 2017. 'Advancing the Right to Health—The Vital Role of Law', *American Journal of Public Health* 107, no. 11: 1755–56.

⁵ By this we will associate the document with some reknown work of *Ṣaḥīḥ Bukhārī* commenteries for instance *Fatḥ al-Bārī* by Ibn Ḥajar or *Irshād al-Sārī* by Al-Qastalānī or *Sharḥ Ṣaḥīḥ Bukhārī* by Ibn Baṭṭāl

is primarily in their corpora of communicable disease during the time of Prophet, this study will focus on the work of commentaries of hadith in the *Kitāb al-Mardhā* and *Kitāb al-Ṭibb* of *Ṣaḥīḥ al-Bukhārī*, which has much to say not only about the prophetic medicine, but also about theoretical implementation.⁶

Accordingly, we intend to describe hadith scholars' approach to the hadith of the Prophet in order to arrive at some general conclusions regarding the disease control plan in the prophetic era until the third century of Hijra. This paper will focus on *Kitāb al-Mardha* and *Kitāb al-Ṭibb* of *Ṣaḥīḥ al-Bukhārī* to assess whether an analysis of the structure of *tarājim* (chapter titles) and the hadith arrangement of the *Ṣaḥīḥ al-Bukhārī* can illuminate the discussions of hadith scholars that demonstrate their interest with structured epidemiology. The corpora of *Ṣaḥīḥ al-Bukhārī* commentaries provide some valuable insights into the incident that took place, on the one hand, to establish structures of possible course of action within the ranks of early Muslim scholars; and on the other, to determine the shape and content of scholarship itself. *Kitāb al-Mardha* and *Kitāb al-Ṭibb* of *Ṣaḥīḥ al-Bukhārī* have been selected simply because they are the only possible door to health systems, medical care, and conceptions of epidemic diseases in the time of the Prophet. Moreover, at least a century after the compilation of *Ṣaḥīḥ al-Bukhārī*, some of them were regularly commented upon, with each commentator of hadith scholar pursuing to epitomise and reconcile earlier treatises. The commentators contributed, in part, to an ongoing discourse on the topic of communicable illness. As before, we shall take recourse to commentaries of hadith scholars only as far as it is advantageous to our understanding of Prophet's conception of communicable illness. Unlike Stearns and Dols, however, we intend to approach this topic not in the form of a running commentary, which would mean following hadith scholars' order of exposition. Instead, we shall proceed thematically and explore the two main questions about communicable illness: the question of what communicable illness is and the question of whether it is disease control plan. Our analysis will be concluded by a brief examination of comparative overview between SPRP and medical hadith in *Ṣaḥīḥ al-Bukhārī*.

THE CONCEPT OF WABĀ', ṬĀŪ'N AND COMMUNICABLE ILLNESS

In Arabic scholarly literature, the topic contagion likewise raised the interest of scholars who examined the communicable illness, *ṭāŭ'n*, *wabā'* of Muslim society particularly around three early centuries of hijrah. In the medieval Arabic contagious disease treatises, one frequently encounters the maxim, "Every Ṭāŭ'n is a wabā', but not every wabā' is a ṭāŭ'n."⁷ Al-Nawawī in his commentaries of *Ṣaḥīḥ Muslim* refers to some early lexicographers in equating *wabā'* and *ṭāŭ'n*.⁸ Ibn Ḥajar al-Asqalānī in his plague treatise gripes that not only have earlier authors failed to differentiate between illnesses, but they have also included natural calamities such as floods, famines, and droughts in their list of plagues.⁹ In defining that *ṭāŭ'n* and *wabā'* are synonyms for epidemic and pestilence, later lexicographers reflect the prevalent terminology at the time. And the frequency with which this must be emphasised implies that, at the time, there was a great deal of misunderstanding. This was not always the case, however, and it can be proven that when authors of the first four centuries of Islam reference *wabā'* and *ṭāŭ'n*, they were referring to a generic idea of plague in the first instance and a particular sickness in the second. There is a strong connection between the two, yet the differentiation between them is fairly definite and purposeful¹⁰ (a., from *wabī'a* "to be contaminated", said of a region or land affected by the plague)¹¹, the medieval Arabic term for "epidemic, pestilence", and theoretically distinguished from *ṭāŭ'n*, from *ṭā'ana* "to pierce, stab", in the more specific sense of "plague".¹² In medieval Arabic medical

⁶ Al-Bukhārī, Muḥammad bin Ismail. 1980. Cairo: Muṭābaa' h al-Salafiah. Vol.4. p 33-52

⁷ Ibn Hajar, Faṭḥ al-Bārī, al-Maktabah al-Salafiyah, 10/1840; Lawrence Conrad, *Taun and Waba*, 279.

⁸ Al-Nawawī. 1972. al-Minhāj Sharḥ Ṣaḥīḥ Muslim ibn al-Ḥajjaj. Beirut: Dār Iḥya al-Turāth. Vol.14. p 204.

⁹ Ibn Ḥajar al-Asqalānī. n.d. Badhl al-Māŭn fi Faḍl al-Ṭāŭn. Riyadh: Dār al-A'ṣimah. p 102-108.

¹⁰ And that this needs to be stressed so frequently suggests that a state of considerable confusion existed at that time. Such was not always the case, however, and it can be demonstrated that when writers of the first four centuries of Islam mention *waba* and *taun*, they have in mind a general notion of pestilence in the former case, and a specific disease in the latter. A close relationship does exist, but the distinction between the two is quite clearly and deliberately drawn.

¹¹ Ibn Manẓūr. n.d. Lisān al-'Arab. Beirut: Dār Ṣadir. Vol 8. p 379.

¹² Murtaḍa al-Zabīdī. 2008. Tāj al-'Arūs fi Jawāhir al-Qamūs. Kuwait: Ṭaba'ah Kuwait. Vol 35. p.355

treatises, one encounters the phrase “every *ṭāū‘n* is a *wabā‘*, but not every *wabā‘* is a *ṭāū‘n*”.¹³ This demonstrates that *wabā‘* is a broad expression, a general term under which many diseases, including the plague, might enter, and that the *ṭāū‘n* (plague) is a particular form of sickness with particular causes and symptoms. While the distinction had been kept in the early Hijrī centuries, it is irresolute, however, whether later Muslim writers always used the two terms with the precise distinction in mind, and it has been shown that considerable confusion existed in the usage of terminology.

The direct connection between Greek ideas on the causes of epidemics and the Islamic concept of *wabā‘* is also illustrated by the classical Graeco-Arabic treatises. Epidemics receive comparatively little attention in these works (even in texts such as the Hippocratic Epidemics), so the root *wabā* is not particularly common in the Arabic translations.¹⁴ There are diverse usages of the word that signify that the same concept of environmental corruption was associated with *wabā‘* by scholars in other fields, and by society in general.¹⁵ For instance, al-Jahiz describes when the wind blows for thirteen days continuously from the south, the people of Egypt buy themselves shrouds and embalming spices and are certain that a deadly pestilence (*wabā‘*) will soon break out (40)¹⁶. In an account of popular beliefs concerning omens, Ibn Qutayba (d. 276AH/889CE) reports that when people notice a smokiness and murkiness developing in the air for no apparent reason, they become fearful of impending pestilence and sickness.¹⁷ Pormann and Emilie opine two terms dominate the classical Arabic plague terminology: *ṭāū‘n*, usually rendered as ‘plague’, and *wabā‘*, a more general term for pestilential disturbance or contamination of the environment.¹⁸ While there is inconsistency and confusion in their use by various authors, in general *wabā‘* is the more inclusive term. Physicians of the Graeco-Roman tradition attributed the cause of pestilences to a *miasma* or corruption of the air.¹⁹

Considering we have mentioned the concept of *ṭāū‘n*, *wabā‘*, plague and others in terminological dimension, it is necessary to note here that within the Muslim discourse, theological belief and a normative scheme of behaviour with regard to the plague arose and were incorporated into *ḥadīth* and other kinds of literature, such as the genre of treatises on the plague. While jurisprudential literature furnished not only legal precedents, which set limits to intellectual discussion and communal behaviour in the context of epidemics, but also an aetiological explanation of the plague, methods of prevention and treatment. Theological explanations contradicted the medical ones of an infected environment by claiming that disease comes directly from God, hence no infection should be feared. Accordingly, plague was a divine punishment inflicted on impious Muslims and unbelievers. In traditions ascribed to the Prophet, death from the plague is one of the means of gaining the status of *shahīd* or martyr. It was maintained that plague was a form of the divine *rahma* (mercy), and that a pious Muslim should suffer an epidemic patiently, trusting in God’s will and not trying to foil it. Such views explain the dicta prohibiting flight from stricken places.

An epidemic reported for the years 573–574 CE is noteworthy because it happened immediately after the year widely accepted as the Prophet Muḥammad’s birth. It appears to have been part of the epidemic

¹³ Ibn Hajar wrote: “[al-Qāḍī] ‘Iyād said: ‘The origin of al-ṭāū‘n is with the ulcers that arise within the body whereas al-wabā‘ is disease in a more general sense. They are referred to as ‘plague’ due to their resemblance to it [from the angle that they also result] in death. Every ṭāū‘n is a *wabā‘* but not every *wabā‘* is a plague.” Ibn Hajar, *Fath al-Bari*, al-Maktabah al-Salafiyah, 10/1840.

¹⁴ Lawrence I. Conrad. 1982. ‘Taun and Waba Conceptions of Plague and Pestilence in Early Islam’, *Journal of the Economic and Social History of the Orient* 25, no. 3 p. 268.

¹⁵ Ibid, p 281.

¹⁶ Ibid, p 277.

¹⁷ Abu Muḥammad, Abdullah bin Muslim Ibn Qutayba. 2008. *U‘yūn al-Akḥbār*. Beirut:al-Maktab al-Islāmi. P 152.

¹⁸ Burnett, C. 2009. Review of Medieval Islamic Medicine. *Journal of Islamic Studies*. 20(3). 425–427.

¹⁹ According to Online Etymology Dictionary, Epidemiology can be defined as the “study of epidemics, the science of epidemic diseases,” 1850, from Greek *epidemios*, literally “among the people, of one’s countrymen at home” + *-logy*.¹⁹ On the other hand, a self-study course provided by CDC (Centers for Disease Control and Prevention) defined the term Epidemiology come from Greek words *epi*, which means “on or on top of,” *demos*, which means people, and *logos*, which means “study.” In other words, the word epidemiology comes from studying what happens to a group of people. Many people have come up with different ways to say what epidemiology is. The following definition captures the underlying principles and public health spirit of epidemiology.

that began with the purported Justinian Plague in 541-549 CE and lasted for two centuries until 131AH/749CE. The geographical origin of this epidemic is unknown, and the medieval Muslim attribution to a plague reservoir in Africa should be viewed with scepticism. The so-called Plague of Shrawayh (6AH/628CE), named after the Sasanid monarch Shrawayh or Shry Kawdh II, who died during this epidemic, should also be noted as the first documented incidence of plague in the Muslim period. In Syria and Iran in 17–18AH/638–9CE, the Plague of Amwas in Palestine was the first to afflict the newly created Muslim kingdom a decade later. It appears to have been of catastrophic proportions in terms of the number of deaths it caused; tens of thousands of Arabs and conquered people perished. The work titled *Infectious Idea* written by Justin Stearns reflects more on the comparative study between how premodern Islamic and Christian societies respond to managing the pandemic.²⁰ Stearns scrutinise various sources such as the sermons and theological corpus of both religions and several texts in the medical literature back in pre-laboratory days. Although their strategies varied, Stearns contends that the work of both Muslims and Christians was driven by a desire to preserve the physical and spiritual wellbeing of their respective communities. The substantial contribution of this work is that it highlights the danger of serious misinterpretation that can arise from “projecting a laboratory understanding of plague” onto ideas developed from a completely different worldview, whether Christian or Muslim.²¹ Hence, it is important to note that engagement with contagion, pandemic, epidemic, communicable illnesses, and others is global to all human societies assiduous to avoid dismissing premodern knowledge for being limited by a lack of modern scientific data.

WHO STRATEGIC PREPAREDNESS AND RESPONSE PLAN (SPRP)

In many cases, the concept of pandemic was associated with extensive endemic, and this proved to be the case. However, the term is now considered historical rather than event based. While this term is still being debated, Fauci et al. have identified several key characteristics of a pandemic. First, the pandemic can be transregional, where more than two adjacent regions are infected, as opposed to interregional, where two non-adjacent countries are infected and the disease spreads globally. In addition, the pandemic is depicted as a rapidly spreading infection with high attack rates and explosiveness. It has been described as a symptomatic and rapid rate that has caused the number of cases to “explode”. Next, they considered the infectiousness, which contradicts the definition of non-communicable disease because it is behavioural rather than medical in nature. The last two, contagiousness and severity, are crucial in defining the pandemic. The vector of disease or disease carrier is a means of transmitting disease and causing infection, sometimes when passing from human-to-human populations. The recent COVID-19 pandemic also demonstrates the severity of a pandemic, as it is capable of causing fatal infections and rapidly increasing the number of cases.²² Generally, when public health professionals talk about controlling an illness, they are referring to reducing the number of new infections, the number of individuals who are currently infected, and the number of individuals who become disabled or die because of the sickness in a regional setting. This is performed through purposeful efforts, such as vaccinations, medications, contact tracing, and various general well-being intercessions, among other things.²³ When mentioning the disease control plan, the Ministry of Health Malaysia in *Infectious Diseases Outbreak: Rapid Response Manual* mentioned that Health organisations starting from the district until the national level must have regular surveillance to predict a sudden outbreak.²⁴ Meanwhile, COVID-19 Strategic Preparedness and Response Plan is a document highlighting eleven pillars or indicators that act as guidance to the WHO members based on updated statistics and the situation of managing Covid earlier at the beginning of the pandemic. These pillars are also seemingly

²⁰ Stearns, Justin K. (2011) *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean*. The John Hopkins University Press.

²¹ *Ibid*, p. 68.

²² David M. Morens, Gregory K. Folkers, and Anthony S. Fauci, ‘What Is a Pandemic?’, *The Journal of Infectious Diseases* 200, no. 7 (October 2009): 1018–21.

²³ ‘HIV 101: The Difference Between Control, Elimination, and Eradication - EGPAF’, *Elizabeth Glaser Pediatric AIDS Foundation* (blog), 18 February 2015, <https://www.pedaids.org/2015/02/18/hiv-101-the-difference-between-control-elimination-and-eradication/>.

²⁴ ‘Malaysia - 2003 - INFECTIOUS DISEASES OUTBREAK RAPID RESPONSE.Pdf’, n.d.

a support system for the affected nation, and the implementation of these plans was left to be decided by the respective countries depending on their economic and social situations.

The eleven pillars of SPRP can be contextualised or summarised as critical points of the overall plans to successfully manage and control the COVID-19. The pillar can be categorised into two main themes: supervise the potential threat of unrestrained rise of covid cases while the research and development of “warhead” are done against COVID-19.²⁵

The pillar that falls under the first theme is as follows:

1. Coordination, Planning and Coordination, Operational Support
2. Logistics and supply chain, surveillance, and epidemiological investigation.
3. Contact tracing and adjustment of public health
4. Social measures and point of entry, international travel and transport, and mass gathering
5. Infection prevention and control, protection of health workers
6. Case management, clinical operation, and therapeutics
7. Maintaining essential health services and systems

The pillar that falls under the second theme is as follows:

1. Research and innovation
2. Laboratory and diagnostic
3. Vaccination

Associated with this document is the Strategic Preparedness and Response Plan Monitoring and Evaluation Framework, which specifically aims to monitor the implementation of SPRP at the global, national, and sub-national levels based on the previous pillars. The objective of the monitoring and evaluation framework is to:

1. Suppress transmission
2. Reduce exposure
3. Counter misinformation and disinformation
4. Protect the vulnerable
5. Reduce deaths and illnesses
6. Accelerate equitable access to new tools.²⁶

INTERPRETIVE EXTRACTS OF SAHIH AL-BUKHĀRĪ AND CONTEMPORARY EPIDEMIOLOGY

As mentioned above, this paper also attempted to build analogously, with topics alternating between hadith of the Prophet in the *Ṣaḥīḥ al-Bukhārī* and its interpretive discourse of communicable illnesses in conjunction with SPRP. On the other hand, this comparative study presents some of the most valuable insights into how Prophet Muhammad and his successive generations has come to terms with the impact of disease. Ultimately, this is the relative disease control plan from two unified sources as an effort to minimize the gap that exists between Islamic revealed knowledge and contemporary scientific wisdom. The area is currently flourishing, with an increasing amount of scholarship concentrating on realigning or reorganising the various conceptual elements or viewpoint of a peculiar theme in the hadith.²⁷ Moreover, the Hadith of the Prophet Muhammad (PBUH) found in *87 kitab al-mardhā* and

²⁵ World Health Organization (WHO). 2021. “COVID-19 strategic preparedness and response plan: Monitoring and evaluation framework”. *COVID-19 Strategic Preparedness and Response Plan (SPRP 2021)*. <https://www.who.int/publications>. p.2

²⁶ Ibid, p.1.

²⁷ In his study of voice intonation and hadith interpretive discourse, Husaini proposes six potential contributors to arriving at the appropriate intonation; (1) The study of uncommon words in ḥadīth, (2) the study of al-amthāl al-nabawiyyah (Prophetic

k88itab al-ṭibb of *Ṣaḥīḥ al-Bukhārī* showcased the approaches and principles of modern epidemiology-based solutions. Among the eleven pillars of SPRP, four of them were directly aligned to some of the ḥadīths in *Bukhārī*. The connection will be discussed later in this section. Besides that, the objective mentioned above was also considered to be tied directly to prophetic traditions, especially in the book of *Al-Mardhā* and *Tibb*. Delving deeper into the setting of communicable illnesses in *Ṣaḥīḥ Bukhārī*; we found that although the epidemiology study is a different set of knowledge yet to exist in the time of the prophet, the general guidelines provided by the prophetic revelation stand through the test of time proving that this is not mundane human talking, instead it is indeed the divine guidance.

As previously mentioned, there are certain hadiths in *Kitāb al-Mardhā* and *Kitāb al-Ṭibb* in *Ṣaḥīḥ Bukhārī* were matched by latest epidemiology study. Hence, in this section, we are going to attempt to inquire into some of the *Bukhārī* chapter naming or *Tarjamat Al Bukhārī* influencing the ḥadīth below the chapter name and the corresponding pillars of SPRP as a representation of interconnected knowledge. In the first ḥadīth in the book of *Al-Ṭibb*, the chapter of “There is no disease except its treatment”, ḥadīth narrated by Abu Huraira, Prophet Muhammad (peace be upon him) said:

عَنْ أَبِي هُرَيْرَةَ . رَضِيَ اللَّهُ عَنْهُ . عَنِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ " مَا أَنْزَلَ اللَّهُ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً

Narrated Abu Huraira: The Prophet (ﷺ) said, "There is no disease that Allah has created, except that He also has created its treatment."²⁸

al-Bukhārī named this chapter based on the first hadith listed in this chapter to emphasise the importance of finding a cure in whatever disease inflicted upon human. In this hadith, the prophet promises us that whatever disease that are inflicted upon us, there must be some medicine or remedy to counter the illness. In the famous *Irshād al-sārī* by al-Qaṣṭalānī, he cites the ḥadīth extension narrated by Ibn Masū’d and recorded by al-Nasāī’, which states that the prophet instructed the companion to seek treatment for their illness.²⁹ Ibn Hajar, in his renowned masterpiece, *Fathul Bārī*, also brings up the issue of *tawakkal* from his own point of view, stating that Muslims must view this brilliant hadith from a broader perspective, even though doctors of his time have confirmed that certain diseases seem incurable. In the capacity of human knowledge, there are diseases for which no cure has yet been discovered, and some have tried and failed to find a cure; however, in the end, it is Allah's judgement that determines whether treatments for diseases are effective.³⁰

Moving into the SPRP guideline from World Health Organization (WHO), this ḥadīth is interestingly in line with vaccination. The COVID-19 vaccines are an essential tool for halting the pandemic, but they are not able to do so by themselves. Public health and social measures such as surveillance, contact tracing, isolation, and individual protective behaviours such as staying at least 1 meter away from other people, wearing a properly fitted mask over your nose and mouth, avoiding poorly ventilated places and settings, staying at home if ill, covering coughs, and frequently washing your hands remain essential for breaking the transmission chain.³¹ Some people are against taking the vaccine because it contains prohibited substances such as swine, but the facts indicate otherwise. Muslims who refuse COVID-19

proverbs), (3) the study of Arabic rhetorical strategy devised in the ḥadīth, (4) the study of al-nāsikh wa al-mansūkh (abrogation) in ḥadīth literature, (5) the study of sabāb wurūd al-ḥadīth (the ḥadīth background), (6) the study of ta’addud al-riwāyāt (multiple narratives) of a ḥadīth. See Khairil Husaini bin Jamil. 2019. Islamic scriptures and voice intonation: A preliminary survey in Arabic linguistic thought and ḥadīth interpretive discourse. *KEMANUSIAAN the Asian Journal of Humanities* 26(Supp.1): 1–21.

²⁸ Bukhari. n.d. *Ṣaḥīḥ Al-Bukhārī*. (Internet). *Kitāb At-Tibb. Bāb ma anzalallah dāan illa anzala lahu syifaā’n*. #5678. <https://sunnah.com/bukhari:5678>

²⁹ Shihāb Ad-Din Abu Abbas Aḥmad bin Muḥammad bin Abu Bakr Al-Qaṣṭalānī. 1903. *Irshād As-Sārī li Sharḥ Ṣaḥīḥ Al-Bukhārī*. Egypt:Muthabaah Al-Kubra Al-Amiriyyah. Vol 8. p.360.

³⁰ Shihāb Ad-Din Aḥmad bin A’li bin Hajar Al-Asqalānī. 2013. *Fathul Bari Bi Sharḥ Ṣaḥīḥ Bukhārī*. Ar-Risalah Al-A’lamiyah. Vol.17. p.417.

³¹ ‘Coronavirus Disease (COVID-19): Vaccines’, accessed 12 August 2022, [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-vaccines](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines).

vaccinations may be violating the Sharia law. Nevertheless, Halal certification is merely one of numerous factors that may affect vaccine uptake. The anti-vaccination movement, concerns regarding long-term side effects, accessibility, and misinformation present additional obstacles. Achieving vaccination goals will require effective scientific discourse and communication, including regular engagement with Islamic law scholars and national regulatory agencies.³² Even though the vaccine contains Haram substances, in an unprecedented situation such as a pandemic, it is permissible to consume them in a limited amount to save lives, which is more important. The Quran also clearly highlighted this issue in the verse:

﴿إِنَّمَا حَرَّمَ عَلَيْكُمُ الْمَيْتَةَ وَالْدَّمَ وَلَحْمَ الْخِنزِيرِ وَمَا أُهْلِيَ بِهِ لَعَنَ اللَّهُ فَمَنْ اضْطُرَّ غَيْرَ بَاغٍ وَلَا عَادٍ فَلَا إِثْمَ عَلَيْهِ إِنَّ اللَّهَ غَفُورٌ رَحِيمٌ ١٧٣﴾

173. He has only forbidden to you dead animals, blood, the flesh of swine, and that which has been dedicated to other than Allah. But whoever is forced [by necessity], neither desiring [it] nor transgressing [its limit], there is no sin upon him. Indeed, Allah is Forgiving and Merciful.³³

One of the most common and effective ways to stop the spread of communicable diseases is to put people in quarantine. The first known use of the term dates all the way back to the year 1377, when the Rector of the Seaport of Ragusa officially issued an isolation period of 30 days for ships and 40 days for travellers on land.³⁴ Nevertheless, in an interesting turn of events, such a precaution was described in the *Ṣaḥīḥ Bukhārī* in the book of *Al-Ṭibb* in the chapter of "What has been mentioned about the Plague" :

عن سعد عن النبي صلى الله عليه وسلم قال " إِذَا سَمِعْتُمْ بِالطَّاعُونِ بِأَرْضٍ فَلَا تَدْخُلُوهَا، وَإِذَا وَقَعَ بِأَرْضٍ وَأَنْتُمْ بِهَا فَلَا تَخْرُجُوا مِنْهَا ". فَقُلْتُ أَنْتَ سَمِعْتَهُ يُحَدِّثُ سَعْدًا وَلَا يُنْكِرُهُ قَالَ نَعَمْ.

Narrated by Saad: The Prophet (ﷺ) said, "If you hear of an outbreak of plague in a land, do not enter it; but if the plague breaks out in a place while you are in it, do not leave that place."³⁵

Ibn Hajar, during his discussion about this ḥadīth, had collectively explained this along with the well-known and lengthy ḥadīth of Umar instructing the army that was entering Sham while there was a significant plague taking place there. Ibn Hajar came to the definitive conclusion that there are three circumstances that are excusable and three that are not excusable in relation to the permission to leave the infested land. The first is that it is forbidden for residents of the land to leave in trying to avoid contracting the disease; this option is available to them. The second scenario, in which a traveller is in the process of making his way to a different region that is home to him and the plague struck at a transit area, is one in which the traveller's departure from the land is justified. The third possible scenario involves a local resident who is forced to flee the area for some reason and is now contemplating going on vacation while the plague ravages his hometown. The validity of this scenario is up for debate.³⁶

In the subject of *Tibb Nabawi*, the plague section of Suyutī's prophetic medicine interpreted the ḥadīth in a manner distinct from Ibn Hajar's interpretation. The prophet's command has two benefits, one of

³² Yan Mardian et al., 'Sharia (Islamic Law) Perspectives of COVID-19 Vaccines', *Frontiers in Tropical Diseases* 2 (20 December 2021): 788188.

³³ Al-Quran. Al-Baqarah 2:173

³⁴ Gian Franco Gensini, Magdi H. Yacoub, and Andrea A. Conti, 'The Concept of Quarantine in History: From Plague to SARS', *Journal of Infection* 49, no. 4 (1 November 2004): 257–61.

³⁵ Bukhari. n.d. *Ṣaḥīḥ Al-Bukhārī*. (Internet). Kitab At-Tibb . *Bāb ma yudzkaru fī at-ṭāuīn*. #5728 <https://sunnah.com/bukhari:5728>

³⁶ Ibn Hajar Al-Asqalānī. 2013. *Fath al-Bārī*. Vol 17. p.516

which is that healthy people will not inhale infectious and lethal air or contract the plague. The second is that no one will approach the afflicted individual, thereby increasing the severity of the disease. As for the final portion of the hadith, "if it occurs in the land, do not flee," this is crucial because if a plague ravages a nation, it will weaken all bodies and influence them.³⁷ Returning to the recommendation made by the WHO, it makes use of the pillars of social measurement and points of entry, international travel and transportation, and gatherings of a large number of people. Within the context of this pillar, the World Health Organization (WHO) suggests that state members implement additional health measures within the period of forty-eight hours, such as denying entry, delaying departure, or delaying international travel. They also address this issue in an interim guidance document, the purpose of which is to evaluate the extent to which state member actions of risk assessment have been taken, and to inform the WHO of the mitigation plan by each state in accordance with that evaluation.

In addition, the SPRP was implemented during the pandemic and included surveillance, epidemiological investigation, contact tracing, as well as adjustments to public health and social measures. The monitoring of cases of Influenza-Like Illness (ILI) or Severe Acute Respiratory Infection (SARI) in conjunction with Covid testing and report timing is an indicator that falls under this pillar. In the course of this action, 125 countries will be reporting their surveillance of respiratory illness on a weekly basis to the Global Influenza Surveillance and Response System (GISRS). This system has been used in the past to assess and monitor diseases related to influenza all over the world, and it is now being incorporated into a system to combat Sars-Cov-2.³⁸

Besides that, guidelines on Infection Prevention and Control (Ipc) Measures in Managing Person Under Surveillance (PUS), Suspected, Probable or Confirmed Coronavirus Disease (COVID-19) issued by the Ministry of Health Malaysia (MOH) in February 2022 include standard precautions such as hand hygiene, wearing personal protective equipment (PPE), disinfection and sterilisation, environmental hygiene, and waste management. This is to ensure that the healthy individual does not contract COVID-19. In addition, the MOH should ensure that the confirmed cases of COVID-19 can be placed in one room per one metre of physical distance, and that Persons Under Surveillance (PUS) or close contacts are isolated. This is also similar to the previously mentioned concept of quarantine.³⁹ On top of that, through the chapter of No 'Adwa in *Kitab al-Tibb*, a hadith narrated by Abu Huraira, Prophet Muhammad (Peace be Upon Him) said:

أَنَّ أَبَا هُرَيْرَةَ، قَالَ إِنَّ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ " لَا عَدْوَى " . قَالَ أَبُو سَلَمَةَ بْنُ عَبْدِ الرَّحْمَنِ سَمِعْتُ أَبَا هُرَيْرَةَ، عَنِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ " لَا تُورِدُوا الْمُمْرِضَ عَلَى الْمُصِحِّ " . وَعَنِ الرَّهْرِيِّ، قَالَ أَخْبَرَنِي سِنَانُ بْنُ أَبِي سِنَانَ الدُّؤَلِيُّ، أَنَّ أَبَا هُرَيْرَةَ . رَضِيَ اللَّهُ عَنْهُ . قَالَ إِنَّ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ " لَا عَدْوَى " . فَقَامَ أَعْرَابِيٌّ فَقَالَ أَرَأَيْتَ الْإِبِلَ تَكُونُ فِي الرِّمَالِ أَمْثَالَ الظَّبَّاءِ فَيَأْتِيهِ الْبَعِيرُ الْأَجْرَبُ فَتَجْرَبُ . قَالَ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ " فَمَنْ أَعْدَى الْأَوَّلَ " .

Narrated Abu Huraira: Allah's Messenger (ﷺ) said, "No 'Adwa." Abu Huraira also said: The Prophet (ﷺ) said, "The cattle suffering from a disease should not be mixed up with healthy cattle (or said, "Do not put a patient with a healthy person as a precaution.") Abu Huraira also said: Allah's Messenger (ﷺ) said, "No 'Adwa." A Bedouin got up and said, "Don't you see how camels on the sand look like deer but when a mangy camel mixes with them, they all get infected with mange?" On that the Prophet (ﷺ) said, "Then who conveyed the (mange) disease to the first camel?"⁴⁰

³⁷ Cyril Elgood. 1962. *Tibb-ul-Nabbi or Medicine of the Prophet*. n.pl. Saint Catherine Press. Vol.14. p.150.

³⁸ WHO. COVID-19 strategic preparedness and response plan: Monitoring and evaluation framework. 2021 p.16.

³⁹ Ministry of Health Malaysia. February 2022. *Guidelines On Infection Prevention And Control (Ipc) Measures In Managing Person Under Surveillance (Pus), Suspected, Probable Or Confirmed Coronavirus Disease (Covid-19)*. n.pl. p.6-22

⁴⁰ Bukhārī. n.d. *Ṣaḥīḥ Al-Bukhārī*. (Internet). Kitab At-Tibb. *Bāb Lā ā'dwā*. #5773-5775. <https://sunnah.com/bukhari:5773-5775>.

Al-Qaṣṭalānī commented this ḥadīth on his famous *Irshād al-Sārī* that the unknown Bedouin raised the issue that when an infectious camel come in contact with healthy camel, it become sick as well. Does this mean the infectious disease does exist? For this question, the prophet said: "Then who conveyed the (mange) disease to the first camel?" meaning that He had everything happened according to *Sunnatullah* or *Taqdīr* that has been set from the very beginning.⁴¹ Allah said in the Quran:

﴿مَا أَصَابَ مِنْ مُصِيبَةٍ فِي الْأَرْضِ وَلَا فِي أَنْفُسِكُمْ إِلَّا فِي كِتَابٍ مِنْ قَبْلِ أَنْ نَبْرَأَهَا إِنَّ ذَلِكَ عَلَى

اللَّهِ يَسِيرٌ ۲۲﴾

22. No disaster strikes upon the earth or among yourselves except that it is in a register before We bring it into being - indeed that, for Allah, is easy.⁴²

Therefore, in the beginning of the ḥadīth, the prophet said there is no ‘Adwa involving only the disease by itself infecting others. Even someone infected with virus is not able to affect others just by disease alone but as we mentioned above, it is indeed with the divine intervention. Furthermore, the issue of whether Muslim religious scholars allowed the belief that the transmission of ‘adwa (disease) amongst humans is complex, with ambiguous and conflicting traditions. Many criticised physicians for their belief that plague was contagious, attributing its occurrence instead to *jinn* (demons whose existence was recognised in the Quran) or directly to God. In support of such a view, various ḥadīths were cited, most famously: “There is no transmission, no augury, no owl, and no *safarah*.” The meaning of the last word in this saying is uncertain; some scholars leave it untranslated; some render it as yellow water.

Conclusion

In conclusion, although the term “epidemiology” did not exist during the time of the prophet, a general precaution was already in place during the time of Prophet Muhammad (Peace be upon him). The existence of such ḥadīth is also evidence that humans have always confronted ostensibly fatal diseases throughout the millennia and that we must always be prepared for this in the future. Even though modern medicine does not always align with sharia knowledge, its necessity should not be ignored. Recent COVID-19 vaccines, for example, had unquestionably helped reduce the number of cases significantly, and we are now returning to the pre-pandemic norm. In the past century, the coexistence of medical and Islamic knowledge has been widely acknowledged. This knowledge twin should not be segregated, and both medical and religious studies students should at least consider the principle. Last but not least, the Muslims should be the world leader in the medical field. With the two holy scriptures that our Prophet Muhammad (Peace be upon him) left behind, we should discover more and find the hidden gem between Allah's words and Prophet Muhammad's own words.

⁴¹ Al-Qaṣṭalānī. *Irshād As-Sārī li Sharh Al-Bukhārī*. Vol 8. p.412.

⁴² Al-Quran Al-Hadid 57:22

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