

THE FLEXIBILITY OF *HADITHS* AND THE AUTHORITY OF FATWAS AS A POST-COVID-19 REFLECTION



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Abstract

The COVID-19 pandemic raised significant theological and legal questions concerning the implementation of congregational worship and public health measures within Muslim communities. Although *hadiths* on epidemics have long served as normative references in Islamic jurisprudence, their contemporary interpretation and practical application in religious legal opinions (*fatwas*) and local contexts remain insufficiently examined. This study aims to analyze the flexibility of the Prophet Muhammad's *hadiths* on epidemics and their implementation in contemporary fatwas and Muslim religious practices in North Sumatra, Indonesia. Employing a qualitative approach with a descriptive-analytical design, the study combines thematic analysis of authentic *hadiths*, comparative analysis of institutional fatwas, and qualitative interviews with Muslim scholars in North Sumatra. The findings demonstrate that the *hadiths* articulate enduring principles of epidemic management, including regional quarantine, isolation of infected individuals, medical treatment, *tawakkul* (trust in God), and the spiritual merit associated with patience during epidemics. Contemporary Muslim scholars reinterpret these principles contextually while preserving their normative foundations. The North Sumatra case further reveals that differences in the implementation of fatwas are shaped by contrasting textualist and *maqāṣid*-oriented approaches as well as by local social and religious dynamics. This study highlights the adaptability of Islamic legal reasoning in responding to public health crises and contributes to the development of a more systematic and anticipatory framework for pandemic fiqh.

Abstrak

Pandemi COVID-19 memunculkan berbagai persoalan teologis dan hukum Islam, terutama terkait pelaksanaan ibadah berjamaah serta penerapan kebijakan kesehatan publik di kalangan umat Islam. Meskipun hadis-hadis tentang wabah telah lama menjadi rujukan normatif dalam fikih Islam, interpretasi kontemporer dan implementasinya dalam fatwa serta praktik keagamaan di tingkat lokal masih belum banyak dikaji secara sistematis. Penelitian ini bertujuan menganalisis fleksibilitas hadis-hadis Nabi Muhammad tentang wabah serta implementasinya dalam fatwa-fatwa kontemporer dan praktik keagamaan masyarakat Muslim di Sumatera Utara. Penelitian ini menggunakan pendekatan kualitatif dengan desain deskriptif-analitis melalui analisis tematik terhadap hadis-hadis sahih, analisis komparatif terhadap fatwa lembaga keagamaan, serta wawancara kualitatif dengan ulama di Sumatera Utara. Hasil penelitian menunjukkan bahwa hadis-hadis tentang wabah memuat prinsip-prinsip universal penanggulangan epidemi, meliputi karantina wilayah, isolasi bagi yang terinfeksi, ikhtiar pengobatan, *tawakkal*, serta dimensi spiritual berupa keutamaan bagi mereka yang bersabar menghadapi wabah. Para ulama kontemporer menafsirkan prinsip-prinsip tersebut secara kontekstual tanpa mengubah landasan normatifnya. Studi kasus di Sumatera Utara juga memperlihatkan bahwa perbedaan implementasi fatwa dipengaruhi oleh pendekatan tekstualis dan *maqāṣid al-syari'ah* serta dinamika sosial-keagamaan setempat. Penelitian ini menegaskan adaptabilitas nalar hukum Islam dalam merespons krisis kesehatan publik sekaligus berkontribusi pada pengembangan kerangka fikih pandemi yang lebih sistematis dan antisipatif.

INTRODUCTION

The COVID-19 pandemic, which began in late 2019, has significantly altered the patterns of human social interaction. Governments and the World Health Organization (WHO) recommend limiting gatherings to break the chain of transmission (*COVID-19 and the Social Determinants of Health and Health Equity*, 2021; Harapan et al., 2020). For Muslims, the pandemic presented a unique theological dilemma in performing collective acts of worship such as congregational prayers and Friday prayers. The closure of mosques and restrictions on religious activities raised a theological problem: how to safeguard human life (*ḥifẓ al-nafs*) without sacrificing ritual obligations that constitute religious identity.

In Islamic history, epidemics are not a new phenomenon. Since the time of the Prophet Muhammad (peace be upon him) and his Companions (Butar-Butar, 2020), Muslims have faced various outbreaks, such as the *Ṭā'ūn Syīrawiyah* in Persia (6 H) and the *Ṭā'ūn 'Amwās* in Syria (17-18 H), which claimed thousands of lives, including senior Companions. The Prophet's hadiths on epidemics provided guidance that later became references for scholars in responding to health crises. However, the relevant question is to what extent these hadiths can be applied in modern contexts with diseases of different characteristics, and how COVID-19 can prepare Muslims to face future pandemic threats.

This study is based on observations of the diverse responses of Indonesian Muslims to COVID-19, particularly in North Sumatra. However, the MUI issued Fatwa No. 14/2020 regarding the conduct of worship during an epidemic (Majelis Ulama Indonesia, 2020). Its implementation varied across different regions. Some mosques fully complied by temporarily suspending congregational prayers, while others, such as those managed by the *Al-Washliyah* organisation, continued worship with strict health protocols in place.

This phenomenon reflects differences in the understanding of hadiths on epidemics and the authority of ulama fatwas. The relevance of this study has become even more pronounced in the post-COVID era, as the World Health Organisation (WHO) declared Mpox a Public Health Emergency of International Concern (PHEIC) twice in succession (2022 and 2024) (World Health Organization, 2024), and epidemiologists consistently warn that the next pandemic is only a matter of time (Gates, 2022). Therefore, mapping the flexibility of hadiths and the capacity of fatwas in responding to health crises is an urgent academic and practical necessity, rather than merely a historical reflection.

Several scholars have carried out research on COVID-19 from an Islamic perspective. Qudsy analysed the credibility of hadiths in the context of COVID-19 by studying Ibn Hajar al-Asqalani's book *Baṣṭ al-Mā'ūn* (Qudsy, 2020). Khaeruman examines thematic hadiths on emergencies and their relevance to the pandemic (Khaeruman, 2020). Syatar emphasised the urgency of religious moderation during the pandemic (Syatar, 2020). Ridho examines epidemics in the history of Islamic civilisation and their relevance to COVID-19 (Ridho, 2020). Gunawan examined Umar ibn al-Khattab's policies regarding the Amwas pandemic (Gunawan, 2021). However, research that integrates classical hadith analysis, fatwas, case studies of local implementation, and projections regarding future pandemic threats remains limited.

This study aims to analyze how the hadiths of the Prophet Muhammad (peace be upon him) are flexible, allowing contemporary scholars to interpret them contextually in response to the COVID-19 pandemic. This study examines the fatwa issued by MUI of North Sumatra as a

concrete example of how flexibility in interpretation and the exercise of religious authority occur at the local level. This flexibility of the hadith is not arbitrary but is rooted in the internal structure of the text, which provides room for identifying the *'illat al-hukm*, thereby making a qiyas from the classical concept of *tha'un* to COVID-19 methodologically valid. This argument is tested through three layers of analysis: (1) a thematic analysis of the hadith to trace indicators of flexibility in its wording and context; (2) a comparative analysis of three global fatwas to examine the extent to which this flexibility is consistently applied; and (3) a contrastive analysis of local implementation in North Sumatra to identify factors influencing the effectiveness of the fatwa at the community level.

This study employs a qualitative approach using descriptive-analytical methods. The choice of this approach is based on three considerations: first, the objects of study –normative texts (hadiths, fatwas)–require in-depth interpretive analysis; second, the field data –interviews–yield the perspectives of actors that cannot be reduced to numbers; and third, the purpose of the research is not to measure the frequency of a phenomenon, but rather to understand the mechanisms and internal logic behind it.

Primary data was obtained from three main sources. Firstly, authentic hadiths concerning *tha'un* and *waba'* in the *Kutub al-Tis'ah*, particularly Sahih al-Bukhari and Sahih Muslim, which were accessed via Maktabah Shamela and Maktabah al-Waqfiyyah for verification of the text and chain of transmission. Second, official fatwa documents from religious institutions: MUI Fatwa No. 14 of 2020, Decision No. 246 of 1441 AH by the Council of Senior Scholars of Saudi Arabia, and the Al-Azhar Statement issued on 14 March 2020. Thirdly, semi-structured interviews with two informants –officials from Al-Washliyah North Sumatra and a religious figure from Medan–in 2021. Secondary data were sourced from classical scholarship (Ibn Hajar al-Asqalani, Ibn Qayyim al-Jawziyyah, al-Nawawi), contemporary studies on pandemic fiqh, and WHO epidemiological reports on Mpox 2022–2024 to contextualize future projections.

Data analysis was conducted in three stages. First, a thematic analysis of hadiths concerning epidemics to identify recurring normative themes. Second, a comparative analysis of global fatwas to identify methodological consensus and substantive divergences. Third, a contrastive analysis of field data to understand the factors influencing variations in local implementation. Data validity was ensured through source triangulation (hadith texts, official fatwas, field data) and methodological triangulation (literature review, document analysis, interviews). A limitation of this study is that the fieldwork was restricted to Medan, North Sumatra; consequently, the findings cannot be generalised to the whole of Indonesia.

THE HADITH AS A NORMATIVE FOUNDATION FOR DEALING WITH THE PANDEMIC

The term "*pandemic*" in Indonesian is defined as "an epidemic that breaks out simultaneously in many places, covering a wide geographical area." (KBBI Online, n.d.). Furthermore, *A Dictionary of Epidemiology* explains that a pandemic is an epidemic that occurs over a very wide area, even crossing international borders, and usually affects a large number of people. However, not all pandemics are caused by severe diseases; the key defining characteristic is the presence of an infectious agent capable of infecting humans and spreading easily between individuals (Porta, 2014).

In the Arabic lexicon, the term *pandemic* is denoted by the word *waba'* (وباء), meaning an outbreak or epidemic. In the Mu'jam al-Wasīth dictionary, it is defined as الطَّاعُونُ وكلُّ مرضٍ فَاشٍ عام (the plague and all infectious diseases that spread). The term *waba'* is also identified with *tha'un* (طاعون), which means a disease caused by a virus spread by rats that infects humans (al-Qāhirah, 1972).

Both terms are used in the text of the hadith to refer to the occurrence of a pandemic. The hadiths describe the Prophet's response to pandemics, which can be categorized into the following principles:

1. Lockdown: Restrictions on Entering and Leaving Affected Areas

The most fundamental hadith on this subject is the account recording the events of the *plague* of Amwas, when 'Umar ibn al-Khattab cancelled his journey to Syria as follows:

وَحَدَّثَنَا يَحْيَى بْنُ يَحْيَى قَالَ: قَرَأْتُ عَلَى مَالِكٍ ، عَنْ ابْنِ شِهَابٍ ، عَنْ عَبْدِ اللَّهِ بْنِ عَامِرٍ بْنِ رَبِيعَةَ « أَنَّ عُمَرَ خَرَجَ إِلَى الشَّامِ ، فَلَمَّا جَاءَ سَرَّحَ بَلَّغَهُ أَنَّ الْوَبَاءَ قَدْ وَقَعَ بِالشَّامِ ، فَأَخْبَرَهُ عَبْدُ الرَّحْمَنِ بْنُ عَوْفٍ أَنَّ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ: إِذَا سَمِعْتُمْ بِهِ بِأَرْضٍ فَلَا تَقْدُمُوا عَلَيْهِ، وَإِذَا وَقَعَ بِأَرْضٍ وَأَنْتُمْ بِهَا فَلَا تَخْرُجُوا فِرَارًا مِنْهُ. فَرَجَعَ عُمَرُ بْنُ الْخَطَّابِ مِنْ سَرَحَ (an-Naisaburi, 1955)

'Umar went to Syria and as he came to Sargh, information was given to him that an epidemic had broken out in Syria. 'Abd al-Rahman b. 'Auf narrated to him that Allah's Messenger (ﷺ) had said: When you hear of its presence in a land, don't move towards it, and when it breaks out in a land and you are therein, then don't run away from it. So 'Umar b. Khattab came back from Sargh." (Sunnah.Com), n.d.)

This hadith formed the basis for the regional quarantine policy implemented by Umar ibn al-Khattab when he cancelled his journey to Syria during the Amwas *plague*. The hadith contains two prohibitions that are of great epidemiological significance: (1) a prohibition on those outside the affected area entering it; and (2) a prohibition on those already within the area leaving it. These are the principles of *lockdown* and quarantine in modern terms—commanded by the Prophet fourteen centuries before modern epidemiology formulated them scientifically.

This hadith can be understood as the basis for policies such as Large-Scale Social Restrictions (PSBB), the Enforcement of Community Activity Restrictions (PPKM), or the recommendation to work, study, and worship from home. This is not intended to cause difficulty, but rather aims to protect *hifz an-Nafs*, which is one of the primary objectives of *syariat*.

2. Self-isolation: Do not mix sick people with healthy people

The principle of isolation is set out in the hadith concerning the prohibition on the *munrid* (owner of a sick camel) visiting the *muṣḥih* (owner of a healthy camel):

حَدَّثَنِي عَبْدُ اللَّهِ بْنُ مُحَمَّدٍ: حَدَّثَنَا هِشَامُ بْنُ يُسُفَ: أَخْبَرَنَا مَعْمَرٌ، عَنْ الزُّهْرِيِّ، عَنْ أَبِي سَلَمَةَ: عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ قَالَ: قَالَ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: «لَا عَدْوَى، وَلَا صَفَرٌ، وَلَا هَامَةٌ». فَقَالَ أُعْرَابِيٌّ: يَا رَسُولَ اللَّهِ، فَمَا بَالُ الْإِبِلِ تَكُونُ فِي الرَّمْلِ كَأَنَّهَا الطَّبَّاءُ، فَيُخَالِطُهَا الْبَعِيرُ الْأَجْرَبُ فَيَجْرُبُهَا؟ فَقَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: «فَمَنْ أَعْدَى الْأَوَّلُ؟» وَعَنْ أَبِي سَلَمَةَ: سَمِعَ أَبَا هُرَيْرَةَ بَعْدَ يَثْوُلٍ: قَالَ النَّبِيُّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ: «لَا يُورِدَنَّ مُمْرِضٌ عَلَى مُصِحٍّ» (Al-Bukhari, 2002).

"The Prophet (ﷺ) said, 'No 'Adwa (i.e. no contagious disease is conveyed to others without Allah's permission); nor (any evil omen in the month of) Safar; nor Hama' A bedouin said, "O Allah's Messenger (ﷺ)! What about the camels which, when on the sand (desert) look like deers, but when a mangy camel mixes with them, they all get infected with mange?" On that Allah's Apostle said, "Then who conveyed the (mange) disease to the first (mangy) camel?" (Sunnah.Com, n.d.)

This hadith has an intriguing wording that is often misunderstood as a contradiction. In fact, this wording demonstrates a perfect balance between theological belief and preventive measures. The Prophet's statement لَا عَدْوَى does not deny the existence of disease transmission; rather, it rejects the pre-Islamic belief that disease spreads automatically and independently. This is followed by the Prophet's instruction لَا يُورَدَنَّ مُمَرَضٌ عَلَى مُصَحٍّ, which is a practical instruction to separate the sick from the healthy to prevent transmission through physical contact. (Al-Asqalani, 1379) This hadith teaches the principle of isolation to prevent transmission, serving as a model functionally identical to modern isolation protocols used to prevent the spread of disease.

3. Medical Effort: A Theological Synthesis of Effort and Trust in God

One of the greatest contributions of the hadiths on epidemics is the synthesis they offer between tawakkal and ikhtiar – two values that are often mistakenly pitted against one another. Some Muslims reject health protocols on the grounds of tawakkal; others accept the protocols but lose sight of the spiritual dimension. The hadiths offer a deeper middle ground. The following hadiths respond to the pandemic as follows:

حَدَّثَنَا مُحَمَّدُ بْنُ الْمُثَنَّى: حَدَّثَنَا أَبُو أَحْمَدَ الزُّبَيْرِيُّ: حَدَّثَنَا عُمَرُ بْنُ سَعِيدٍ بْنُ أَبِي حُسَيْنٍ، قَالَ: حَدَّثَنِي عَطَاءُ بْنُ أَبِي رَاحٍ: عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ، عَنِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ: «مَا أَنْزَلَ اللَّهُ دَاءً إِلَّا أَنْزَلَ لَهُ شِفَاءً» (Al-Bukhari, 2002).

"The Prophet (ﷺ) said, "There is no disease that Allah has created, except that He also has created its treatment." (Sunnah.Com, n.d.)

The hadith has profound epistemological implications. The statement that Allah does not send down a disease without also sending down its cure is a theological declaration regarding the order of nature. It also serves as a religious justification for medical research, vaccine development, and all forms of scientific endeavour aimed at combating disease.

In the context of COVID-19, this hadith serves as the basis for calls for mass vaccination. The scholars who are encouraging Muslims to get vaccinated are, in fact, putting the spirit of this hadith into practice: that seeking 'remedy' is a religious duty, not a denial of faith. Al-Tirmidhi narrated a similar hadith with the wording: يَا عِبَادَ اللَّهِ تَدَاوُوا فَإِنَّ اللَّهَ لَمْ يَضَعْ دَاءً إِلَّا أَوْضَعَ لَهُ شِفَاءً. (Al-Tirmidzi, 1996). This active command makes it clear that passivity in the name of tawakkal is misguided.

The Incident of Sargh – when Umar chose to return to Medina in accordance with the Prophet's hadith – and Abu Ubaidah's comment on 'fleeing from destiny.' (Al-Bukhari, 2002) as well as Umar's landmark response, which canonically established that: (a) taking precautionary measures is a command of the Prophet, not a denial of divine decree; (b) true

tawakkal is tawakkal following one's best efforts, not before them; and (c) quarantine is an expression of faith, not a flight from it.

In the context of COVID-19, this synthesis means: wearing a mask, social distancing, getting vaccinated (physical effort), praying, reciting dhikr, reading the Quran (spiritual effort), and accepting the outcome with contentment, for everything is in Allah's hands (*tawakkal*). These three are not alternatives, but integral dimensions of a single, complete Islamic action. Both *ikhtiar* (efforts to avoid harm) and *tawakkal* (accepting one's circumstances) are part of Allah's decree, and humans are commanded to make the best possible effort.

4. The Spiritual Dimension: The Syahid Reward for the Patient

The Prophet's hadith highlights a crucial psychological and spiritual dimension of pandemic crisis management, namely: the encouragement to be patient for those affected by the outbreak, with the promise of the reward of a martyr, as stated in the following hadith:

حَدَّثَنَا مُوسَى بْنُ إِسْمَاعِيلَ: حَدَّثَنَا دَاوُدُ بْنُ أَبِي الْفَرَاتِ: حَدَّثَنَا عَبْدُ اللَّهِ بْنُ بُرَيْدَةَ، عَنْ يَحْيَى بْنِ يَعْمَرَ: عَنْ عَائِشَةَ رَضِيَ اللَّهُ عَنْهَا، زَوْجِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ، قَالَتْ: سَأَلْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ عَنْ الطَّاعُونَ، فَأَخْبَرَنِي أَنَّهُ: «عَذَابُ يَبْعَثُهُ اللَّهُ عَلَى مَنْ يَشَاءُ، وَأَنَّ اللَّهَ جَعَلَهُ رَحْمَةً لِلْمُؤْمِنِينَ؛ لَيْسَ مِنْ أَحَدٍ يَقْعُ الطَّاعُونَ، فَيَمُوتُ فِي بَلَدِهِ صَابِرًا مُحْتَسِبًا، يَعْلَمُ أَنَّهُ لَا يُصِيبُهُ إِلَّا مَا كَتَبَ اللَّهُ لَهُ، إِلَّا كَانَ لَهُ مِثْلُ أَجْرِ شَهِيدٍ» (Al-Shahid)

Bukhari, 2002)

"(the wife of the Prophet) I asked Allah's Messenger (ﷺ) about the plague. He told me that it was a Punishment sent by Allah on whom he wished, and Allah made it a source of mercy for the believers, for if one in the time of an epidemic plague stays in his country patiently hoping for Allah's Reward and believing that nothing will befall him except what Allah has written for him, he will get the reward of a martyr." (Sunnah.Com, n.d.)

This hadith emphasises that epidemics serve a dual theological purpose: as a punishment for the unbelievers and as a mercy for the believers. When faced with patience, a pandemic can serve to atone for sins and elevate one's status (Al-Nawawi, 1972).

This hadith from Aishah states that the Prophet not only issued protective quarantine instructions, but also established a spiritual narrative that transforms affliction into opportunities for reward. Those who remain in an epidemic area whilst adhering to conditions—patience, hope for reward, and the conviction that misfortune is the decree of Allah—are promised a reward equivalent to that of *syahid*. This is a spiritual mechanism that prevents collective depression and maintains social cohesion amidst a crisis.

Furthermore, this hadith demonstrates that quarantine in Islam is not merely a form of defensive medicine but is also considered a form of worship. A person in isolation is not abandoning their faith; rather, they are carrying out the Prophet's command whilst accumulating spiritual merit. This theological reframing is crucial to preventing psychological resistance to quarantine policies.

These principles demonstrate that the hadiths on epidemics provide not only technical and medical guidance, but also spiritual, social, and psychological guidance. Their flexibility

lies in their ability to adapt to different medical contexts, whilst their universality lies in the fundamental values that transcend time and place.

THE FLEXIBILITY AND UNIVERSALITY OF THE PRINCIPLES OF HADITH

Historically, *tha'un* refers to the plague caused by the bacterium *Yersinia pestis*. This definition opens the door to an analogy between the classical *tha'un* and COVID-19, a methodological approach subsequently adopted by contemporary scholars in formulating fatwas. Although COVID-19 is medically distinct from *tha'un* (caused by a coronavirus, not the plague bacterium), both share the following characteristics: human-to-human transmission, widespread spread, and a threat to life. It is this similarity in the '*illat*' that justifies the application of the principles of the *hadith* on *tha'un* to COVID-19, based on the *Ushul al-fiqh* principle *الْحُكْمُ يَدُورُ مَعَ عِلَّتِهِ وَجُودًا وَعَدَمًا* (al-Bakistani, 2002). Consequently, given the pandemic situation faced by Muslims, which shares the same circumstances and conditions as those of a *tha'un*, the health protocols during this pandemic must also be observed by Muslims.

Ibn Qayyim explains the five reasons for the prohibition on entering areas affected by an outbreak: (1) to avoid the causes of disease; (2) to prioritise health as the source of life; (3) to prevent the spread of the virus; (4) to prevent viral mutations; and (5) to protect one's life from all diseases (Al-Jawziyyah, 1994). These five lessons are universal and can be applied to various outbreaks, including COVID-19, Mpox, and other future pandemic threats.

Al-Nawawi adds a social and psychological dimension. In his view, the prohibition on leaving an area affected by an epidemic serves the following purposes: (1) to prevent the spread of the disease to other areas; (2) to train the mind to face problems rather than flee from them; (3) to spare the feelings of the poor who are unable to evacuate; and (4) to accustom the soul to acceptance, patience and trust in God (Al-Nawawi, 1972). These aspects are entirely relevant to COVID-19, and are even more pronounced given the pandemic's global scale

Based on an analysis of the *hadiths*, five normative themes related to the management of epidemics were identified. The following table presents the results of this analysis:

Table 1. Thematic Analysis of *Hadiths* on Epidemics: Theme, *Hadith*, *Matan*, '*illat*, and Operational Principles

Theme	Hadith	Matan	' <i>illat al-Hukm</i>	Operating Principles
Regional Quarantine	HR. Muslim No. 2219	Restrictions on entering or leaving the outbreak area	The danger of cross-regional transmission, which poses a threat to <i>hifz al-nafs</i>	Lockdowns & regional quarantines
Isolation of Sick People	HR. Bukhari No. 5771	Prohibition on mixing the sick with the healthy	Physical contact as a means of disease transmission	Isolasi & pemisahan pasien dari populasi sehat
Medical Efforts	HR. Bukhari No. 5678	Every illness has a cure, and the	The obligation to seek healing as part of <i>shariat</i> does not	The legitimacy of vaccination and

	HR. Tirmidzi No. 2038	command to seek treatment	mean taking a passive stance	medical research rejects fatalism
The Spiritual Dimension	HR. Bukhari No. 5734	The reward of <i>syahid</i> for those who remain patient in the midst of a pandemic	Patience in the face of collective trials is the highest form of worship	Preventing collective depression; the legitimacy of quarantine as a form of worship

The table shows that the five themes of hadiths on epidemics have an *'illat* that can be applied across contexts, though in different ways depending on the medical and social contexts at hand. In the theme of regional quarantine, for example, the *'illat* is the danger of cross-regional transmission—a condition that has been epidemiologically proven to be relevant to COVID-19, even with an intensity exceeding that of the classical *tha'un* given the much higher level of global mobility. Regarding the topic of isolation, the *'illat* is physical contact as a means of transmission, which is evidenced by the droplet and aerosol mechanisms of COVID-19. This demonstrates that these hadiths are relevant not only analogically but also causally.

The flexibility of the hadith regarding epidemics lies in its normative core, which is identified as the unchanging *'illat*: the principle of regional quarantine, isolation of the sick, the priority of *hifz al-nafs*, and tawakkal accompanied by *ikhtiar*. What changes is the modus operandi of its application according to different medical, technological, and social contexts; the way quarantine is implemented in the modern era (Lockdowns, vaccination, work from home) differs from its historical mechanisms. It is this two-level distinction that is often overlooked in public debates about the relevance of hadith, and it is key to understanding why hadith can be universal, not a static interpretation.

CONTINUITY AND ADAPTATION IN THE FATWAS OF CLASSICAL AND CONTEMPORARY SCHOLARS

Consensus of Classical Scholars

Classical scholars differ in their views on the ruling regarding leaving an area affected by an epidemic. Ibn' Abd al-Barr and the majority of Shafi'i scholars hold that it is forbidden, based on the apparent meaning of the hadith. Meanwhile, some scholars, including Abu Musa al-Ash'ari, permit it on condition that one does not intend to flee from divine decree, but rather to seek medical treatment or other necessities (Al-Asqalani, 1991). Although they differ on legal details, classical scholars agree on the following fundamental principles: (1) regional quarantine is necessary to prevent the spread of the disease; (2) the isolation of the sick from the healthy is obligatory; (3) safeguarding health is part of safeguarding life (*hifz al-nafs*), which is one of the *maqāṣid al-shari'ah*; (4) in emergencies, certain religious obligations may be substituted or suspended; and (5) the leader's decision to protect the people from harm must be obeyed.

Ibn Hajar al-Asqalani states that the closure of mosques has occurred in the history of Islam, such as in Baghdad in 656 AH for a full month. (Al-Asqalani, 1991) This shows that the closure of places of worship is not taboo in emergencies, provided it is temporary and intended to protect lives.

Fatwas of Contemporary Scholars: Global Consensus

In response to COVID-19, the fatwa institutions in the Islamic world have issued fatwas reflecting an extraordinary consensus. Al-Azhar in Egypt, the Council of Senior Scholars in Saudi Arabia, the European Council for Fatwa and Research, and the MUI, despite coming from different contexts, have reached similar conclusions.

Table 2. Comparison of Fatwas Issued by Global Religious Institutions on COVID-19

Aspect	Al-Azhar Mesir (Bayan, 14 Maret 2020)	Hay'ah Kibar al- 'Ulama' Saudi (No. 246/1441 H)	MUI Indonesia (Fatwa No. 14/2020)
Jum'at prayer and Congregational Prayers in Mosques	It may be temporarily suspended for the sake of safety	It is forbidden for those who test positive for Covid; self-isolation is mandatory	Must be stopped in the red zone; modified in the yellow zone
Legal Basis	Hadith of Ibn Abbas; qiyas bawang-virus; maqasid	Hadith quarantine; ḥifẓ al-nafs; ḍarūrah	Qiyas; maṣlaḥah mursalah; sadd al- dhari'ah
The Method of Istinbath	Qiyas + maqasid al- shari'ah	Qiyas + ḍarūrah syar'iiyyah	Qiyas + maṣlaḥah + zonasi risiko
Vaccination	Mandatory as a medical measure	It is recommended; it does not invalidate the fast	Permissible and obligatory for those at high risk
Exit Strategy	It is not explicitly stated	Back to normal as the outbreak subsides	Automatic revocation upon the expiry of the state of emergency

Table 2 reveals two findings that are paradoxical yet equally significant. On the one hand, there is strong methodological convergence: all three fatwas use *qiyas* as their primary tool, identify the same *'illat* (the danger of transmission as a threat to *hifẓ al-nafs*), and reach similar substantive conclusions regarding the *rukhsah* for congregational prayer. This convergence demonstrates that the methodology of fiqh has the capacity to produce consistent responses to global crises even when applied in different contexts.

The methodological consensus in the use of *qiyas*, *maṣlaḥah mursalah*, *sadd al-dhari'ah*, and *maqasid al-shari'ah* demonstrates the maturity of the Islamic fiqh tradition in responding to contemporary challenges. All fatwas are based on the concepts of *rukhsah* (dispensation) and *darūrah* (necessity). The principle *الضرورات تبيح المحظورات* (necessity permits the forbidden) forms the basis for dispensations in worship, limited by the principle *ما أبيح للضرورة يقدر بقدرها* (what

is permitted due to necessity is measured according to its degree), so that dispensation does not become a permanent reason for abandoning an obligation.

CASE STUDY: LOCAL DYNAMIC IN NORTH SUMATRA

Field research in Medan reveals a complex and revealing pattern. The majority of mosques in North Sumatra have complied with the MUI fatwa by temporarily suspending or restricting congregational activities. However, mosques managed by the Al-Washliyah organisation have chosen to continue holding congregational prayers, *Jum'ah* prayers, and even Eid prayers, whilst adhering to strict health protocols.

An interview with Al-Washliyah officials revealed their arguments: (1) there is no explicit text prohibiting congregational prayer during an epidemic; (2) there is no hadith instructing worshippers to space out the rows; (3) they remain in their local areas in accordance with the hadith, and do not leave the region; (4) health protocols are strictly enforced (hand washing, wearing masks outside of prayer, maintaining hygiene). (A. Nur, personal communication, August 28, 2021; A. Thahir, personal communication, August 28, 2021) Epistemologically, this argument operates on the principle of *al-bara'ah al-ashliyyah*, which reflects a textualist approach that emphasizes the absence of explicit evidence as justification for action.

Both of these approaches have legitimate roots in Islamic tradition. The textualist approach draws on the *Zahiriyyah* methodology popularised by Ibn Hazm; (Ibnu Hazm, 1983) the *maqasidi* approach follows the path laid out by al-Shatibi in *al-Muwāfaqāt*. (Al-Syatibi, 1997; Khisni, 2016) In the context of the pandemic, the *maqasidi* approach has proven to be more responsive to contemporary challenges, whilst the textualist approach acts as a brake, preventing the excessive use of *rukhsah*.

Table 3. Comparative Analysis of the *Maqasidi* and Textualist Approaches in Local Implementation in North Sumatra

Parameters	The <i>Maqasidi</i> Approach (the majority of mosques)	The Textualist Approach (Al-Washliyah)
Methodological foundation	Al-Syatibi (Muwafaqat): <i>maqasid</i> as an instrument of interpretation	Ibn Hazm (al-Ihkam): the literal meaning of the text as the limit of interpretation
Position on the MUI Fatwa	MUI fatwas are binding because they are based on valid <i>maqasid</i>	MUI fatwas are intended as guidance (<i>irsyadi</i>) and are not required to be followed to the letter
Response to Health Protocols	Health protocols = the implementation of <i>hifz al-nafs</i> ; suspending congregational prayer as a measure of public interest	Health protocols are in place at mosques; congregational prayers continue as there is no explicit text prohibiting them
Strength of the Argument	Responsive to the medical context; consistent with the global fatwa consensus	The principle of <i>al-bara'ah al-ashliyyah</i> : preventing the excessive use of <i>rukhsah</i>
Weaknesses in the Argument	The risk of excessive use of <i>maqasid</i> (<i>maqasid</i> maximalism),	Ignoring <i>qiyas</i> in the context of an outbreak that has been

which could potentially disregard the text.	epidemiologically proven to be dangerous
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Table 3 shows that the difference between these two approaches lies not in the level of understanding of the hadith, but rather in the epistemological assumptions underlying their interpretive methodologies.

The diversity of responses is influenced by several factors. First, varying levels of local transmission. Some regions have low case counts, so the risk of transmission in mosques is minimal. Second, healthcare infrastructure and the community's ability to implement protocols. Third, a strong emotional attachment to mosques and the tradition of congregational prayer. Fourth, trust in fatwa authorities. Some members of the public view the MUI as an authority that must be followed, while others see its guidance as non-binding. Fifth, alternative narratives circulating, including conspiracy theories that COVID-19 does not exist or was deliberately created to weaken Islam (Rahima, 2021). The last factor warrants particular caution, as it erodes trust in both science and religious authorities. Local religious scholars play a crucial role in countering this narrative through education grounded in hadith and science.

The implementation of pandemic protocols in Medan has taught us several lessons. Firstly, effective fatwas must take local variations into account. National fatwas are difficult to implement in a country as diverse as Indonesia. Secondly, the communication of fatwas is just as important as their content. Many citizens are unaware of the MUI fatwa's contents due to limited public awareness. Thirdly, collaboration between local religious scholars, the government, and health experts is vital. Fourthly, the scope for *ijtihad* in matters of *furu'iyah* must be respected, provided it does not endanger others.

POST-COVID-19 REFLECTIONS AS A FORESHADOWING OF FUTURE CRISES

The analysis conducted across three levels—hadith, global fatwas, and local implementation—has yielded several analytical implications that warrant emphasis, as well as a research agenda that requires further exploration.

First Implication: Hadiths about epidemics simultaneously integrate rational and spiritual aspects. Quarantine orders and bans on leaving infected areas represent rational medical measures and restrictions on mobility; however, these two prohibitions are balanced by the obligation to make every effort, calls to prayer, *tawakal* (trust in God), and the assurance of the reward of a martyr as spiritual dimensions. The integration of faith and reason within this framework is one of the hallmarks of the epistemological excellence of Islamic civilization.

According to the findings of this study, the flexibility of hadith in responding to COVID-19 is a manifestation of an epistemological mechanism in *usul al-fiqh*, namely: the identification of *illat* and *qiyas*. This has important implications: this flexibility can be replicated and predicted, provided that the '*illat* mechanism is properly operationalized. Future research needs to develop a more standardized methodology for operationalizing

'illat—for example, by integrating epidemiological parameters (R_0 , CFR, hospital capacity) as quantitative indicators of the presence of 'illat.

On a practical level, the universality of the principles of hadith must be supported by pandemic fiqh capable of translating these principles into concrete, contextual, and communicative operational guidelines—whether in addressing the Mpox outbreak, a future influenza pandemic, or the as-yet-unimaginable threat of Disease X. Pandemic Fiqh need not wait for a crisis to unfold before conducting normative studies. As emphasized by al-Qaradawi within the framework of fiqh al-awlawiyyat, (al-Qarḍāwī, 1996) “preventing harm takes precedence over seeking benefit”—an anticipatory logic that serves as the foundation for a normative response to health crises before they occur. Anticipation takes precedence over reaction.

Second Implication: An urgent research agenda is the development of a standard fiqh protocol for pandemics that includes: (a) epidemiological indicators for declaring a state of emergency; (b) a hierarchy of *rukhsah* based on severity; and (c) measurable exit mechanisms. In the context of the Mpox threat—which the WHO designated as a PHEIC in 2022 and 2024; although the second PHEIC was lifted on September 5, 2025, (WHO Chief Lifts Global Mpox Emergency, 2025) the threat persists—and epidemiologists' consistent predictions regarding the inevitability of the next pandemic, the development of this framework is not only academically relevant but also practically urgent.

Six years after the onset of COVID-19, the WHO, in its comprehensive assessment as of February 2026, acknowledged that progress in pandemic preparedness remains “fragile and uneven.” Sharp cuts in aid from high-income countries in 2025—including the U.S. government's dissolution of USAID—have disrupted essential health services in low- and middle-income countries (LMICs), including disease surveillance and vaccination programs. The OECD projects that Official Development Assistance (ODA) will decline by 9–17% in 2025, following a 9% decline in 2024. A major milestone was reached on May 20, 2025, when 124 countries at the 78th World Health Assembly adopted the WHO Pandemic Agreement—the first legally binding international pandemic agreement in WHO history since the Framework Convention on Tobacco Control (2003). This agreement includes commitments regarding One Health, research and development, technology transfer, and equitable access to vaccines, diagnostics, and therapeutics. However, analysts caution that the success of this agreement depends entirely on implementation and accountability—two areas that were, in fact, the weakest links in the response to COVID-19 (*Six Years after COVID-19's Global Alarm*, n.d.).

Third Implication: Interdisciplinary Collective Ijtihad as a Structural Necessity. Case from North Sumatra show that differences in the implementation of fatwas are not always caused by noncompliance or a lack of understanding, but rather by differences in access to relevant empirical information—regarding local transmission rates, hospital capacity, and the effectiveness of protocols. In Indonesia, collaboration between the MUI, BNPB, the Ministry of Health, and the public health academic community needs to be formally institutionalized through mechanisms with a clear legal basis, rather than merely serving a consultative role during emergencies. The era of artificial intelligence and digital disinformation adds a new dimension: fatwas that go viral on social media without undergoing a valid *istinbath* process

can shape public perception—and thus influence the perceived '*illat*—more quickly than conventional fatwa institutions can respond. This is not merely a communication challenge, but an epistemological challenge to the authority of fatwas.

CONCLUSION

The COVID-19 pandemic raised a dual theological challenge: the disruption of congregational worship and the question of whether 7th-century epidemic hadiths remain validly applicable to modern diseases with distinct epidemiological profiles. This study addressed both through three analytical layers—thematic hadith analysis, comparative global fatwa analysis, and a local implementation case study in North Sumatra.

Three key findings emerged. First, the Prophet's epidemic hadiths contain five universal principles (regional quarantine, isolation, medical intervention, *tawakkal*, and the spiritual reward of martyrdom), applied flexibly by contemporary scholars through the established *usul al-fiqh* mechanisms of '*illat al-hukm* identification and *qiyas*—not through free interpretation. Second, Al-Azhar, the Saudi High Council of Scholars, and MUI converge strongly in methodology, identifying the same '*illat* (transmission risk as a threat to *hifz al-nafs*) and reaching parallel conclusions on *rukhsah* for congregational prayer; yet this substantive consensus is not matched by procedural agreement on implementation thresholds and mechanisms. Third, the divergence between the *maqasidi* approach (majority of mosques) and the textualist approach (Al-Washliyah) in North Sumatra reflects differing epistemological assumptions, not hadith literacy; social factors—local transmission rates, fatwa authority trust, and alternative narratives including conspiracy theories—further shaped ground-level compliance.

Theoretically, these findings confirm that hadith flexibility is a replicable and predictable epistemological phenomenon, constituting a contribution to *usul al-fiqh* scholarship on the operationalization of '*illat* in health crisis contexts. Practically, they underscore the urgent need for a proactive—not reactive—pandemic fiqh framework, as evidenced by the post-COVID-19 landscape: WHO's PHEIC declarations for Mpox (2022 and 2024), the WHO Pandemic Agreement adopted in May 2025, and the proliferation of unverified social media fatwas, including AI-generated content without qualified scholarly oversight. Formal institutionalized collaboration between MUI, BNPB, the Ministry of Health, and the academic community is equally necessary to prevent ad hoc normative responses.

This study acknowledges three limitations: fieldwork was confined to Medan with only two key informants; fatwa analysis covers only three institutions, excluding Shia authorities and other Southeast Asian bodies; and '*illat* validation remains qualitative, without quantitative linkage between epidemiological parameters (R_0 , CFR) and *rukhsah* thresholds. Future research should expand the case study to diverse Indonesian regions to test the *maqasidi*-textualist pattern, and develop a mixed-methods approach integrating epidemiological indicators into the operationalization of '*illat al-hukm*.

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