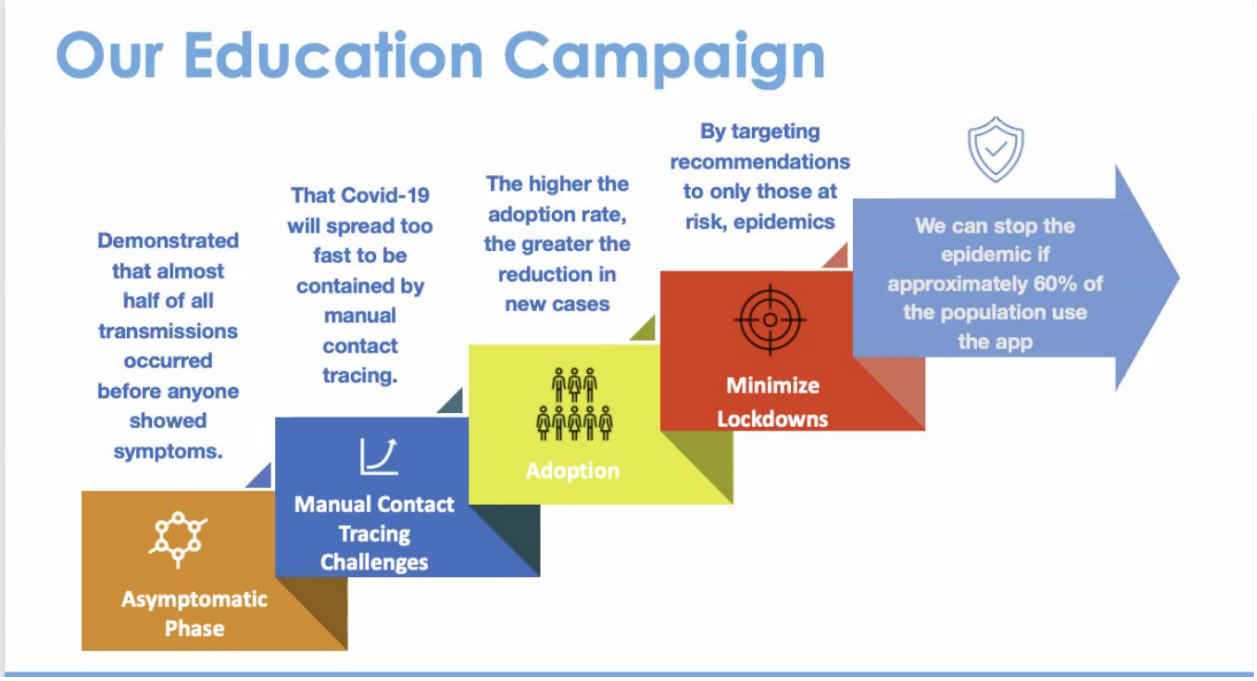
10/15 MIT Webinar Covid

Guam

Guam first region in the US to launch COVID app

Mission: Beat adoption rate of 38%. Currently, have a 24% adoption rate and an education campaign. Shown below:



PathCheck and Google helped Guam with costs, marketing, etc. Coordinated with PathCheck early in development.

The overall sentiment is that users like privacy features and it provides empowerment.

Questions

What helped get penetration so quickly (20% in ten days)?

Went to talk shows, did seminars at organizations in the community at large. Important was advertising an implementation endorsed by tech companies and MIT.

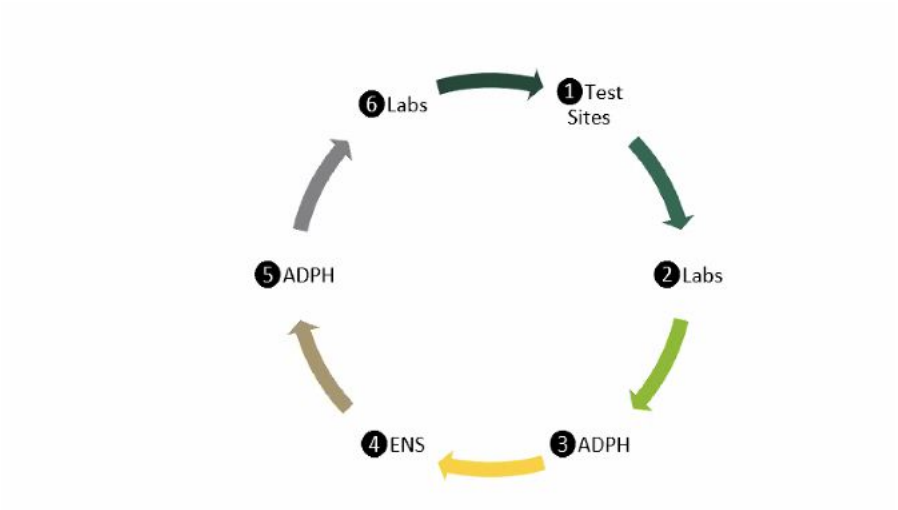
Alabama EN(UAB)- EN Verification Server and COVID-19 Testing Sites

The app is called GuideSafe

Wants to discuss closing the loop of verification and testing. They are using phone numbers to do the match of verification. They check the phone number and send the keys back if there is a match.

ADPH (Alabama Public Health) coordinates with labs - reports timeline for COVID within 4 hours.

Cycle illustrated below of connecting all important parties



Challenges: Onboarding of new labs/sites, need to call provider to get info when all required data elements are not submitted, and delays in case investigation mostly because of case prioritization

Questions

2/3 of people getting results in one day

Have an optimized process with ADPH since the last presentation. The only slowdown is onboarding new labs. Released key before the case is assigned to the case investigator.

What is the adoption rate?

100,000 downloads. 4 million population in Alabama. Focused on increasing adoption rates - grass hoot campaigns perhaps.

Private vs public testing centers?

They already have govt. affiliated abs and private labs. Those private labs are the ones taking longer to do onboarding

What percent of users fail to onboard?

That's more prevalent to the hybrid approach to North Carolina (automated piece + case investigation) as Alabama is fully automated. NC - It's using the web. Portal and not a phone line. Admittedly many are calling months after getting notified (however statement not verified yet so take it with a grain of salt).

How do you encourage a state that's doing ENX to use your technology?

They stopped supporting ENS. The original idea was to create a web portal to link to ENX and their tech. Google says it's viable. They didn't do it because of state priorities.

NC - Contact Tracing vs. Exposure Notification

The job of contact tracing is state and county shared. Contact tracing is not integrated into EN. Manual methods and traditional contact tracing questions used.

EN - no questions are asked and everything is anonymous.

Concerns about ensuring notification messages not shared with others to gain state benefit.

App named COVID-NC. The diagram below illustrates differences

While traditional contact tracing and Exposure Notification complement one another, there are some **key differences**:

Contact Tracing

1. Conducted manually by experts at local public health departments through phone calls
2. COVID-19 positive individuals provide contacts and locations from memory, and may forget certain contacts
3. Contact tracers manually contact anyone the COVID-19 positive individual has recently been near or in close contact with to inquire about symptoms and notify of potential exposure
4. Contact tracers notify all provided close contacts of potential COVID-19 exposure

Exposure Notification

1. Conducted automatically via an app on a smartphone
2. Smartphone exchanges tokens with nearby app users and records if users have been in close contact (within 6 feet for 15 minutes or more) including people that app users do not know or remember interacting with.
3. Exposure Notifications are anonymously and automatically shared to potentially exposed users once a positive test result is submitted into the app
4. App sends Exposure Notification to app users only, though other close contacts may exist

Key similarities of both contact tracing and Exposure Notification methods are:

- The COVID-19 positive individual's privacy is protected through HIPAA and identity is never shared with contacts
- Testing and self-quarantine guidance will be shared with individuals who have potentially been exposed to COVID-19
- Traditional contact tracing and Exposure Notification are both critical to slow the spread of COVID-19 in North Carolina and effectiveness is dependent on resident participation and adoption
- Persons who receive a notification may also receive a phone call from their local health department because they have been identified through traditional contact tracing

Questions

Don't know how many people who got notified

This is because notifications could be for one person with multiple devices. They only know how many exposure notifications are sent (a person could get notified 14 times).

Is the fraud threat real and what solutions are there?

They haven't looked into it yet. They send a paper mail to the employer. So EN only asks for self-quarantine. A citizen needs to be involved for someone to get involved.

Do you think we can close the loop that if they get notified, will there a better process to get help, benefits, testing, etc

They can take their phone to prioritize their testing but not advertised on the phone. Might change that in the future.

Are the notifications the number of diagnosing keys?

It's the individuals who are in the proximity of the infected at the time. Could be notified multiple times. Calculations are made ON DEVICE. (Based on Google).

General Question

What is success measured by EN and testing?

CDC interested in creating/defining standards as well.