Check for updates

correspondence

Time to evaluate COVID-19 contact-tracing apps

To the Editor—Digital contact tracing is a public-health intervention. Real-time monitoring and evaluation of the effectiveness of app-based contact tracing is key for improvement and public trust.

SARS-CoV-2 is likely to become endemic in many parts of the world, and there is still no certainty about how quickly vaccination will become available or how long its protection will last. For the foreseeable future, most countries will rely on a combination of various measures, including vaccination, social distancing, mask wearing and contact tracing.

Digital contact tracing via smartphone apps was established as a new public-health intervention in many countries in 2020. Most of these apps are now at a stage at which they need to be evaluated as public-health tools. We present here five key epidemiological and public-health requirements for COVID-19 contact-tracing apps and their evaluation.

1. Integration with local health policy.

App notifications should be consistent with local health policies. The app should be integrated into access to testing, medical care and advice on isolation, and should work in conjunction with conventional contact tracing where available¹. Apps should be interoperable across countries, as envisaged by the European Commission's eHealth Network.

2. High user uptake and adherence.

Contact-tracing apps can reduce transmission at low levels of uptake, including for those without smartphones². However, large numbers of users increase effectiveness^{3,4}. An effective communication strategy that explains the apps' role and addresses privacy concerns is essential for increasing adoption⁵. Design, implementation and deployment should make the apps accessible to harder-to-reach communities. Adherence to quarantine should be encouraged and supported.

3. Quarantine infectious people as

accurately as possible. The purpose of contact tracing is to quarantine as many potentially infectious people as possible, but to minimize the time spent in

quarantine by uninfected people. To achieve optimal performance, apps' algorithms must be 'tunable', to adjust to the epidemic as it evolves⁶.

4. Rapid notification. The time between the onset of symptoms in an index case and the quarantine of their contacts is of key importance in COVID-19 contact tracing^{7,8}. Where a design feature introduces a delay, it needs to be outweighed by gains in, for example, specificity, uptake or adherence. If the delays exceed the period during which most contacts transmit the disease, the app will fail to reduce transmission.

5. Ability to evaluate effectiveness

transparently. The public must be provided with evidence that notifications are based on the best available data. The tracing algorithm should therefore be transparent, auditable, under oversight and subject to review. Aggregated data (not linked to individual people) are essential for evaluation of and improvement in the performance of the app. Data on local uptake at a sufficiently coarse-grained spatial resolution are equally key. As apps in Europe do not 'geolocate' people, this additional information can be provided by the user or through surveys. Real-time monitoring should be performed whenever possible.

A proof-of-principle evaluation is available for the Swiss app⁹. More detailed analysis on the epidemiological effectiveness of contact-tracing apps is needed. For example, index cases seeking healthcare could be asked if they routinely use the app; if so, interviews with contacts identified by traditional tracing would allow assessment of the secondary attack rate among people who were notified. Surveys, epidemiological analyses¹⁰ and experimental studies such as the Radar COVID pilot in Spain can offer further evaluation.

Digital contact tracing is a sustainable measure that can reduce levels of COVID-19 transmission. A rigorous assessment of its effectiveness allows public-health benefits to be weighed against unwanted effects for individual people and society. Stringent evaluation is needed to develop contact-tracing apps into an accepted and ethical tool for future outbreaks of other infectious diseases.

Vittoria Colizza ^{1,2}, Eva Grill ¹,³, Rafael Mikolajczyk⁴, Ciro Cattuto ⁵, Adam Kucharski⁶, Steven Riley⁷, Michelle Kendall^{8,9}, Katrina Lythgoe⁹, David Bonsall⁹, Chris Wymant⁹, Lucie Abeler-Dörner⁹, Luca Ferretti^{9 ×} and Christophe Fraser ⁹ ⁹ ×

¹INSERM, Sorbonne Université, Institut Pierre Louis d'Epidémiologie et de Santé Publique, IPLESP, Paris, France. ²Tokyo Tech World Research Hub Initiative, Institute of Innovative Research, Tokyo Institute of Technology, Tokyo, Japan. ³Institute for Medical Information Processing, Biometry and Epidemiology, Ludwig Maximilian University of Munich, Munich, Germany. ⁴Institute for Medical Epidemiology, Biometrics and Informatics, Interdisciplinary Center for Health Sciences, Martin Luther University Halle-Wittenberg, Halle, Germany. 5University of Turin and ISI Foundation, Turin, Italy. 6Centre for Mathematical Modelling of Infectious Diseases, London School of Hygiene & Tropical Medicine, London, UK. 7MRC Centre for Global Infectious Disease Analysis, School of Public Health, Imperial College London, London, UK. 8Department of Statistics, University of Warwick, Warwick, UK. ⁹Big Data Institute, Li Ka Shing Centre for Health Information and Discovery, Nuffield Department of Medicine, University of Oxford, Oxford, UK. [™]e-mail: luca.ferretti@bdi.ox.ac.uk; christophe.fraser@bdi.ox.ac.uk

Published online: 15 February 2021 https://doi.org/10.1038/s41591-021-01236-6

References

- Kucharski, A. J. et al. *Lancet Infect. Dis.* 20, 1151–1160 (2020).
 Abueg, M et al. Preprint at https://doi.
- org/10.1101/2020.08.29.20184135 (2020).
- Cencetti, G. et al. Preprint at https://www.medrxiv.org/content/ 10.1101/2020.05.29.20115915v2 (2020).
- Moreno López, J.A. et al. Preprint at https://www.medrxiv.org/ content/10.1101/2020.07.22.20158352v1 (2020).
- Montagni, i., Roussel, N., Thiébaut, R. & Tzourio, C. Preprint at https://www.medrxiv.org/content/10.1101/2020.10.23.2021821 4v2 (2020).
- Wilson, A.M. et al. Preprint at https://doi. org/10.1101/2020.07.17.20156539 (2020).
- Ferretti, L. et al. *Science* 368, eabb6936 (2020).
- 8. Kretzschmar, M. E. et al. *Lancet Public Health* 5,
- e452-e459 (2020).
- Salathé, M. et al. Swiss Med. Wkly. 150, w20457 (2020).
 Kendall, M. et al. Lancet Digit. Health 2, e658–e666 (2020).

Competing interests

The authors declare no competing interests.