Marcus Plescia, MD, MPH, on why contact tracing is vital to slowing coronavirus

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Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with Chief Medical Officer of the Association of State and Territorial Health Officials (ASTHO) Marcus Plescia, MD, MPH, on updates regarding COVID-19 including the importance of contact tracing in stopping the spread of COVID-19, particularly as states begin to reopen.

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Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today we'll be discussing the importance of contact tracing in stopping the spread of COVID-19, particularly as states begin to reopen. I'm joined today by Dr. Marcus Plescia, chief medical officer of the Association of State and Territorial Health Officials, or ASTHO, in Atlanta, Georgia. I'm Todd Unger, AMA's chief experience officer in Chicago.

Health departments play a critical role in infectious disease preparedness and response efforts. We're hearing a lot about contact tracing and its importance in containing the spread of infectious diseases like COVID-19. Dr. Plescia, can you explain a little bit about what contact tracing is and how health departments do this work?
**Dr. Plescia:** Yeah, so contact tracing is a basic infection control method or intervention that we've been using for decades in public health departments. And most of the AMA membership are going to be very familiar with this when you report a reportable infectious disease that goes to the health department. And in many cases, we'll use that information to do contact tracing. Typically we use contact tracing to follow up on sexually transmitted diseases. We use it for tuberculosis. And then the thing that a lot of the public are familiar with is the recent outbreak of measles in the Pacific Northwest and upstate New York. It was contact tracing we used, really, to get those two outbreaks under control.

So this is a very basic infection control approach. It's something public health departments are very experienced with. I think a lot of AMA membership will be very experienced with. It is very, very important for COVID-19 because it's the best tool we have right now to get out of this situation where we're all having to stay at home and hopefully get out where we can reopen the economy, reopen our society, but do so without having the risk of having COVID just soar again and can get into the situation we were in a few months ago.

**Unger:** In April, ASTHO released a report with the Hopkins Center for Health Security, titled A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US. What were the key recommendations in that plan?

**Dr. Plescia:** Well, a couple of things. First of all, we were trying to get a sense of the extent to which we need to scale up contract tracing. I mentioned the fact that public health departments have been doing it for a long time, but we've never dealt with anything on this scale. And we don't have the staff in state or local health departments to do the amount of contact tracing that's necessary. So we were trying to get a sense of how many people do we really need.

And there are two parts of the report. The first was thinking about the contact tracing workforce. And we broke that down into sort of three segments. You have a segment of highly skilled people with strong public health backgrounds, usually epidemiology, who kind of oversee the contact tracing work that's done in each state or local health department. That workforce doesn't necessarily have to be that much bigger than it is. Then you have sort of a middle group who are going to go out and interview people who have recently been diagnosed with COVID. They need a little bit more skillset because there's important information to get about how infection is passed back and forth.

And then the majority of contact tracers, though, are going to do the actual tracing, the follow-up with people who may have come in contact with a new case. And those people we feel like really can have pretty lay backgrounds. They don't have to be highly educated in public health, and in some settings they can even ideally come from the communities that we're trying to do the contact tracing in so they'll be a little more accepted.
So three different kinds of workers. And then we made an estimate, a rough estimate at the time, of how many we would need. We thought we probably needed about 100,000 contact tracers across the United States. And that's a big up-shift from where we are, but keep in mind, there's a lot of people needing work right now. There's a lot of focus on this, a lot of attention on this. So we think that's doable. Since then, the number is somewhere between a 100,000 - 300,000. I realize that's a big range. If we can get to 100,000 by the summer, that'd be fantastic. We'd be just so much better positioned to take care of this epidemic.

**Unger:** How is that going in terms of scaling up those efforts right now across all the states?

**Dr. Plescia:** It's gone really well. I'm very pleased with what we're seeing. There's really only a handful of states who are where they need to be as far as the numbers go. But what's important is every state has started to really put effort into this and scale up and bring on more contact tracers. It may just be a couple of hundred, but that's a couple of hundred more than we had. And most of the audience who's familiar with governmental agencies, the real hurdle is getting the mechanism in place. Once a state or local health department has the mechanism of how they're going to hire or contract with or bring on this workforce, I think it'll go quite quickly. So we're encouraged, and we think it's moving well, but there is an urgency. We've got to move fast on this.

**Unger:** I mean, you mentioned training before. ASTHO released an introductory online course for entry level COVID-19 contact tracers. What types of skills are needed for these positions and how are the public health agencies working to build these workforces very rapidly? And where do physicians fit in?

**Dr. Plescia:** So I mentioned to begin with that there are different tiers of workers and most of the training, we're focusing on that core tier, the contact tracers that we're going to need so many of. You don't need a public health background to do that. Ideally, if you're a personable person, if you make conversation easily, if you gain people's trust easily in your interactions, those are skills that are really useful because you're calling somebody and you need to persuade them that they're going to need to stay at home until they know whether they may actually come down with the infection or not. And we can teach some of that. We can teach people good interviewing skills, and that's part of the course training.

Another thing that is very, very important is we must respect people's privacy and confidentiality with this data. So that's a big part of the training as well. And then contact tracers need to have a basic understanding of what COVID is, what the symptoms are because people will ask them questions. And so we provide some training so they can answer those questions, help put the mind at ease of people who have heard they've come into contact with somebody and might potentially become ill.

**Unger:** What's the role of technology in supporting isolation, contact tracing and quarantine?
Dr. Plescia: Well, technology can be really, really helpful because it can make the whole process more efficient. And technology, that's the mainstay of our society. That's why we're so successful as a society, but we really want to be careful we don't over-promise the role of technology with contact tracing because there are privacy issues. Using technology in contact tracing really requires mapping and following the movements of people. And some people aren't going to be comfortable with that. We're telling states and local health departments, "Scale up your workforce as if there's not going to be much of a technological answer that's going to be accepted." That way if the technology kicks in, we can use it, but we're that much more efficient and maybe we don't need as many people. So, technology can be extremely helpful. We've seen it be used very, very well in other societies, like some of the ones in Asia, but we need to tailor this to the United States. And I think we need to be cautious and get a better sense of how accepting people are of technology for this.

Unger: ASTHO and the National Governors Association released A Roadmap to Recovery, A Public Health Guide for Governors. What's the report's top line message to governors as they begin to reopen their states and what's been the response?

Dr. Plescia: Well, they need to be cautious. They need to be patient. They need to really look at the data. I mean, we think a state will do best if they can really show that they're having downward trends in the infection rates. And there's a number of different data points that states can follow to monitor that. So be patient about moving in that direction. But then regardless of what happens, once you start to reopen, it's very important to monitor that data because we've got to catch any kind of upticks early on so we can make interventions to keep this from blowing out of control again.

And then the final piece is we really put a lot of emphasis on contact tracing in that report. And the reason for that is that it's just so important that we have that workforce in place. That's going to be our main strategy going forward for keeping COVID under control.

Unger: So a lot of pictures over the weekend of folks being together enjoying Memorial Day weekend, unfortunately not at a social distance. Having seen that and what you've heard, what are your thoughts about how things are going in states that have reopened?

Dr. Plescia: Well, I think we get these pictures or situations in the media, and it's concerning to see that. I mean, that said, when you look at some of the polling data, the majority of Americans understand this, they're taking it seriously. They're following the rules. They understand that yeah, they think that the interventions that the government has put into effect make sense. So I think most people are there. I think what we're seeing is a small percentage of the population that for whatever reason is they're not, but I don't know. I mean, at the same time, let's be honest, people have been cooped up inside for a long time. It was a holiday weekend, a traditional one, and folks got out, but this is what I said. We've got to be patient. We've got to be cautious and people have to realize this is an infectious disease. It will come back if we don't take the precautions that are being asked of everybody.
Unger: So if we do see a resurgence, are states prepared to adjust their plans as needed?

Dr. Plescia: Yes, I think they are. They all have contingency plans for what they're going to do. But let's be clear. And this is where I think that physicians, where the membership are going to be so important. It's going to be hard if we have to take a step back again. It's going to be hard if we have to tell people, "Look, things are going to get out of control. We're going to have to do a stay at home order again."

And it's going to take a lot of leadership. It's going to take leadership from the public health leadership. It's going to take leadership from elected officials. But I think this is where positions are going to be really important. We are the scientists. We understand infectious diseases. We understand illness. We know what can happen. We've got to be articulating that and not just in the exam room with our patients, but the more that physicians can go public and talk about how important is right now to be patient and be cautious.

But if we get into trouble, it's going to be even more important for people to hear that trusting voice saying, "This is what we've got to do. We've got to pull back."

I hope we don't get to that. I hope that it's going to go smoothly. There's going to be some glitches. It's not going to be seamless, but I hope we can keep away from a situation where we again, feel that our medical care system could be in danger of being overwhelmed.

Unger: Absolutely. Well, thank you and ASTHO for your leadership in the pandemic. That's it for today's COVID-19 update. Appreciate you being here and sharing your perspective. We'll be back tomorrow with another segment. For updated resources on COVID-19, go to ama-assn.org/COVID-19.

Thanks for being with us here today and take care.

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