



Population Health Advisory Committee

I. Background

According to the CDC MMWR report from August 14th, Bexar County had the highest frequency of COVID-19 hotspot days from 3/8-7/15/20 out of all 254 Texas counties and one of worst in the US. The CDC identified COVID-19 hotspots (counties meeting criteria relating to temporal increases in number of cases and incidence). The purpose was to allow for an approach for assessing localized COVID-19 outbreaks and implementing targeted public health response.

Given current caseloads, the Association of State and Territorial Health Officials estimates more than 3,000 contact tracers are needed for Bexar County alone. San Antonio Metropolitan Health District (SAMHD) currently has 165 case investigators and only 10-15 tracers. The Texas Department of State Health Services (DSHS) contract with MTX only has 1,500 tracers for the entire state. If we train 700 people who can function as both case investigators and contact tracers, each would investigate 10 cases and all their contacts, estimated to be between 5-15 contacts per case.

While contact tracing is not 'the only answer' — it is one critical tool to manage the pandemic now and mitigate future surges. The role of contact tracing is not only to inform contacts but to identify and prevent potential outbreaks. A fully trained workforce is required to trace infections to prevent larger outbreaks. In order to have an effective workforce, we need to have key performance indicators for contact tracing and testing available to decision-makers, medical providers, and concerned citizens. Our infrastructure, staffing, training, and performance needs to be optimized now before the next surge. This performance needs to be continuously monitored and made public.

With effective contact tracing tools and processes in place, we can enable enhanced response for detecting communities at increased risk for becoming hotspots and facilitating earlier action. Rapid identification and characterization of hotspots will improve the timeliness and effectiveness of response efforts that can ultimately reduce the number of new COVID-19 cases, save lives, reduce disparities, and reduce economic impact.

II. Key Performance Indicators

	Maintenance/ Green Level	Suppression/ Yellow, Orange, or Red Levels	Mitigation/ Yellow, Orange, Red Levels
Contact Tracing			
Capacity			
Number of Tracers	30 tracers per 100k population (or 1 per 4000 in sparsely populated areas)	Planning: 30 tracers per 100k (or 1 per 4000 in sparsely populated areas) Activation: Whichever is higher, 30 per 100k or 5 tracers per every confirmed new daily case	30 tracers per 100k population
Performance			
Percent of Positives from Tracing vs. Symptomatics	>80%	>80%	>50%
Percent of Index Cases Who Give Contacts	>75%	>75%	>75%
Percent of Identified Contacts Traced	>90%	>90%	>80%
Trace Time	24 hours	24 hours	24 hours
Percent of Identified Contacts Traced	>90%	>90%	>80%
Percentage of Contacts with Symptoms at Time of Trace	close to zero	close to zero	close to zero
% traced contacts in quarantine, isolation, or active monitoring	90%	90%	90%
% traced contacts receiving supports	varies with context; locales should set targets	varies with context; locales should set targets	varies with context; locales should set targets
% traced contacts assigned to quarantine, isolation, or active monitoring who are fully compliant with program	90%	90%	90%
% of traced contacts tested	90%	90%	0%
Time from Contact Tracing Program to Test of Contact	24 hours	24 hours	24 hours