THE LANCET Infectious Diseases

Supplementary webappendix

This webappendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Kucharski AJ, Klepac P, Conlan AJK, et al, on behalf of the CMMID COVID-19 working group. Effectiveness of isolation, testing, contact tracing, and physical distancing on reducing transmission of SARS-CoV-2 in different settings: a mathematical modelling study. *Lancet Infect Dis* 2019; published online June 16. https://doi.org/10.1016/S1473-3099(20)30457-6.

<u>Appendix:</u> Effectiveness of isolation, testing, contact tracing and physical distancing on reducing transmission of SARS-CoV-2 in different settings: a mathematical modelling study

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Model description

In each simulation, for each of the four contact settings, the number of baseline secondary infections per primary case under no control measures were drawn from a binomial distribution $R_{base} = B(N_c, p_{inf})$, where $N_c = (number\ of\ daily\ contacts) \times (days\ infectious)$ and $p_{inf} = SAR \times (relative\ infectiousness)$, where relative infectiousness = I if an individual is (pre-)symptomatic and 50% if asymptomatic. We then generated secondary infections accounting for reduction in $R_{isol} = B(R_{base}, I-p_{isol})$, where p_{isol} is the proportion of the infectious period spent in isolation. In the household setting, we assume $N_c = (number\ of\ daily\ contacts)$ because the household contacts will be repeated each day. The number of infected contacts successfully traced were in turn drawn from a binomial distribution $R_{traced} = B(R_{isol}, p_{trace})$, where

 $p_{trace} = P(successfully\ traced) \times P(individual\ adheres\ fully\ to\ quarantine)$. For each contact, we generated a time of infection uniformly from the period during which the index case was infectious and not isolated. We assumed manually traced contacts were quarantined within two days of index case being isolated, and app-based contacts immediately. If contacts were quarantined after becoming infectious (i.e. more than 4 days after infection), then we scaled their contribution to R_{traced} based on the proportion of their infectious period they spent out of quarantine. For example, if a contact spent 3/5 days of their infectious period within quarantine, then only 60% of onwards transmission was averted. The overall reduction in transmission resulting from control measures was therefore equal to $R_{control} = R_{base} - R_{traced}$. The overall effective reproduction number R_{eff} under different control scenarios was equal to the mean of $R_{control}$ across all simulations. Full model code is available from: https://github.com/adamkucharski/2020-cov-tracing

Phone ownership data

85% of individuals aged 16 years or older in the UK are smartphone users; ¹ 16% of the UK population are younger than 10 years or older than 80 years, ² so we assumed that 71% of the population uses smartphones.

Testing data

As of mid-April 2020, the largest per-capita SARS-CoV-2 daily testing effort in the world was in Iceland (7 tests per 1000 people).³ In our optimistic scenario, we therefore assumed a weekly testing probability of 5% (i.e. $0.7\% \times 7$).

References

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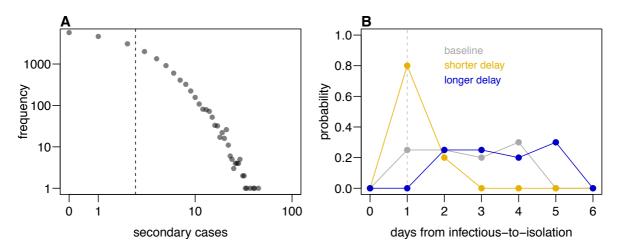


Figure S1: Model assumptions about transmission and infectiousness. A) Individual-level distribution of secondary transmission in baseline scenario. Dashed line shows mean (i.e. $R_{\rm eff}$). B) Distribution scenarios for delay from infectious-to-isolation. We assume the pre-symptomatic period lasts one day; dashed line shows time of onset of symptoms in these scenarios.

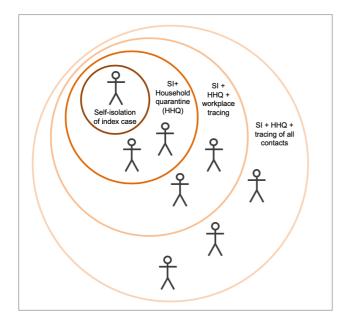


Figure S2: Schematic of different contact tracing assumptions. Upon onset of symptoms, the index case may isolate; the household may then be quarantined and contacts may then be traced at school/work or also in other settings (i.e. tracing of all contacts).

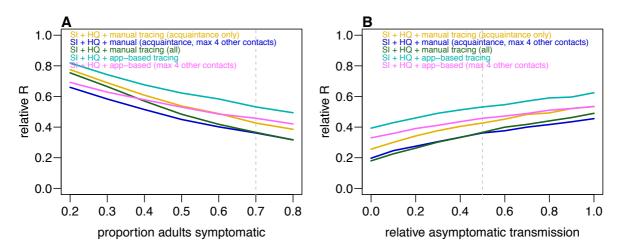


Figure S3: Impact of proportion of the adult population who are symptomatic and relative transmission from asymptomatic individuals on reduction in transmission. A) Relative reduction in the reproduction number (i.e. ratio between baseline R and R under control measures) when different proportions of the adult population are symptomatic. We assume that the proportion of children that are symptomatic is scaled according to our baseline assumption, i.e. the proportion is equal to 30/70 multiplied by the adult proportion. B) Relative transmission reduction when asymptomatic individuals have different relative transmission risks compared to symptomatic individuals. Dashed lines show baseline assumption.

Scenario	Baseline assumptions			HH SAR=20%, other contact SAR=7%		HH SAR=40%, other contact SAR=5%		
	Reduction	on	Quar.	Reduction	Quar.	Reduction	Quar.	
Self-isolation within home (SI)	29%	0 (0-0)		30%	0 (0-0)	24%	0 (0-0)	
Self-isolation outside home	35%	0 (0-0)		34%	0 (0-0)	33%	0 (0-0)	
SI & HH quarantine (HHQ)	37%	2 (0-4)		37%	2 (0-4)	41%	2 (0-4)	
SI + HHQ + work/school contact tracing (CT)	53%	13 (1-110)		53%	13 (1-110)	55%	13 (1-110)	
SI + HHQ + manual CT of acquaintances	57%	22 (1-120)		58%	22 (1-120)	57%	21 (1-120)	
SI + HHQ + manual contact tracing of all contacts	64%	29 (1-140)		64%	29 (1-140)	62%	29 (1-140)	
SI + HHQ + app- based tracing	47%	4 (1-69)		47%	4 (1-71)	49%	4 (1-70)	
SI + HHQ + manual CT of acquaintances + app-based tracing	61%	25 (1-130)		61%	25 (1-130)	60%	25 (1-130)	
SI + HHQ + manual CT of acquaintances + limit to 4 daily 'other' contacts	64%	17 (1-110)		64%	17 (1-100)	63%	17 (1-100)	
SI + HHQ + manual CT of acquaintances + app-based tracing + limit to 4 daily 'other' contacts	66%	21 (1-110)		67%	21 (1-110)	64%	21 (1-110)	

Table S1: Reduction in transmission and number of contacts quarantined per symptomatic case under different assumptions about secondary attack rate (SAR) among contacts made within and outside households. Median and 90% prediction interval shown for contacts quarantined. HH SAR=20% and other contact SAR=7% corresponded to baseline R_{eff} =2.9; HH SAR=40% and other contact SAR=5% corresponded to baseline R_{eff} =2.7.

Scenario	Baseline as	ssumptions	Shorter delay to self- isolation		Longer delay to self- isolation		
	Reduction	Quar. Reduction		Quar.	Reduction Quar.		
Self-isolation within home (SI)	29%	0 (0-0)	47%	0 (0-0)	18%	0 (0-0)	
Self-isolation outside home	35%	0 (0-0)	53%	0 (0-0)	20%	0 (0-0)	
SI & HH quarantine (HHQ)	37%	2 (0-4)	54%	2 (0-4)	25%	2 (0-4)	
SI + HHQ + work/school contact tracing (CT)	53%	13 (1-110)	62%	13 (1-110)	47%	13 (1-110)	
SI + HHQ + manual CT of acquaintances	57%	22 (1-120)	63%	21 (1-120)	51%	21 (1-110)	
SI + HHQ + manual contact tracing of all contacts	64%	29 (1-140)	67%	29 (1-140)	59%	29 (1-140)	
SI + HHQ + app-based tracing	47%	4 (1-69)	58%	4 (1-69)	38%	4 (1-70)	
SI + HHQ + manual CT of acquaintances + app- based tracing	61%	25 (1-130)	65%	25 (1-130)	56%	25 (1-130)	
SI + HHQ + manual CT of acquaintances + limit to 4 daily 'other' contacts	64%	17 (1-110)	69%	17 (1-100)	60%	17 (1-110)	
SI + HHQ + manual CT of acquaintances + app- based tracing + limit to 4 daily 'other' contacts	66%	21 (1-110)	70%	21 (1-110)	63%	21 (1-110)	

Table S2: Reduction in transmission and number of contacts quarantined per symptomatic case under different assumptions about pre-symptomatic period and delay to self-isolation.

Assumptions about the distributions of delays shown in Figure S1. Median and 90% prediction interval shown for contacts quarantined.

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