

# Pandemic Recessions and Contact Tracing

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# Introduction

- The COVID-19 pandemic set off a worldwide health and economic crisis
- Progress to reach herd immunity against the coronavirus seems to languish
- **Major long-lasting obstacles** to end the pandemic
  - Low global vaccination rates and breakthrough infections
  - Emergence of new variants of the coronavirus
- Important to understand tools that can contrast this long-running pandemic

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    - Low global vaccination rates and breakthrough infections
    - Emergence of new variants of the coronavirus
  - Important to understand tools that can contrast this long-running pandemic
- ⇒ This paper: The efficacy of **contact tracing** to combat a pandemic crisis
- Testing strategy based on tracing and testing the contacts of confirmed infected cases
  - Rests on **reconstructing the network of interactions and infection chain**

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A macro-epidemiological model with [asymptomatic transmission](#) and [contact tracing](#)

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- Agents' decisions have an **externality on the number of subjects to be traced**
  - This externality can cause **the tracing and testing system to become overburdened**
- The collapse of the system can be averted by
  - A sufficiently comprehensive tracing technology
  - A complementary lockdown aimed at buying time to expand the tracing and testing scale

# The Importance of Reconstructing the Infection Chains

A typical challenge of uninformed or random testing

- At the onset of an epidemic or a new variant of the virus, spreaders are only a few
- Detecting and isolating enough spreaders to prevent flare-ups is challenging



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- Contact tracing can prevent flare-ups of infections if tracing externality is mitigated

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  - Consumption and labor interactions modeled as a sequence of Bernoulli trials
  - The resulting infection rate is isomorphic to the one used in other studies
- Our approach is general and can be extended to a broad set of epi-mac models

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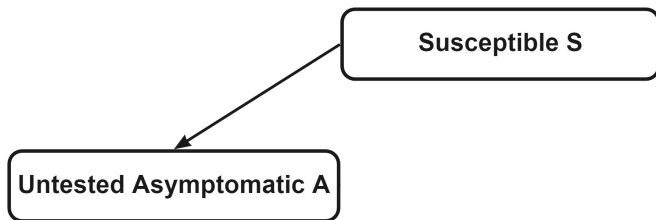
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- The govt administers tests, quarantine infected agents, and can enact lockdowns

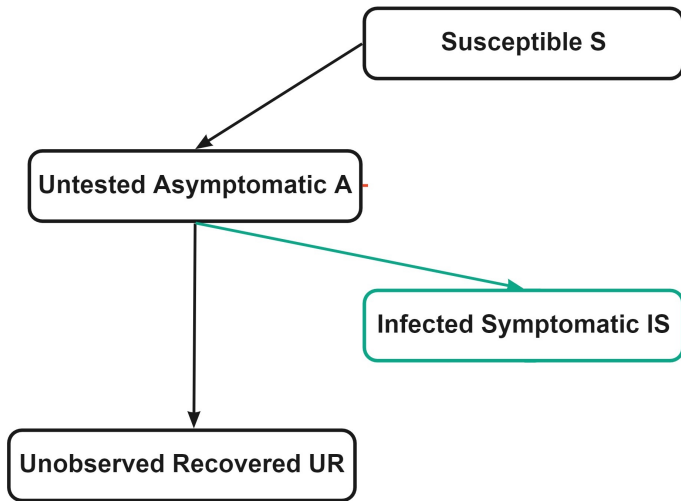
# Change in Health Status

**Susceptible S**

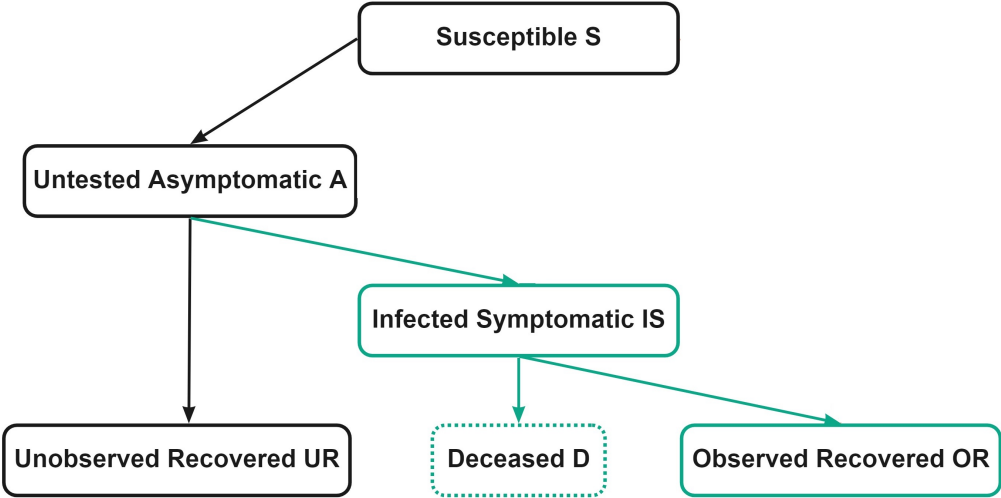
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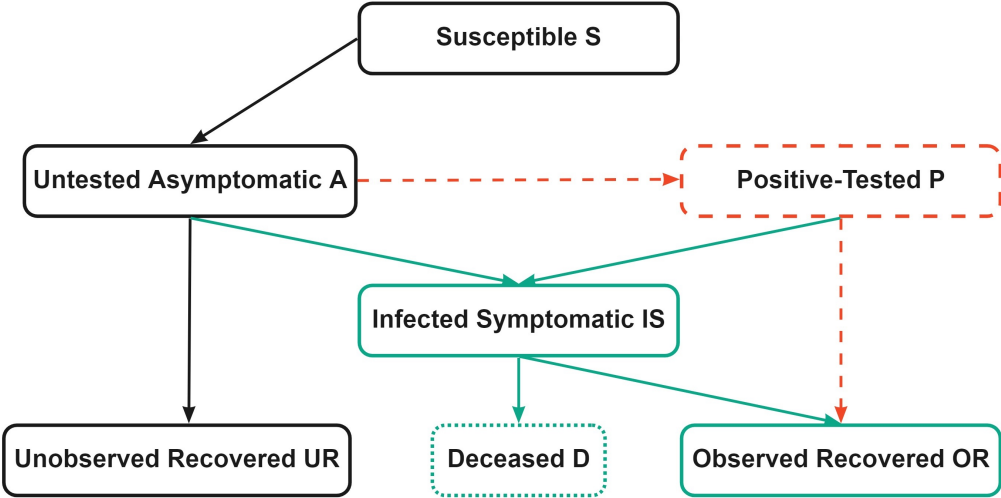


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## Observability of Health Status, Tracing, and Testing

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  - The contacts of those agents who turn symptomatic are traced and tested
- Tests deliver a binary outcome: positive or negative (can be false negative)

# Infection and Testing Probabilities

To close the model we need to characterize

1. The probability of becoming infected
2. The probability of being traced and tested
  - Endogenous network of interactions characterizes these probabilities

## The Probability of Random Meetings

- The probability for an agent to randomly meet with  $k$  asymptomatic agents when consuming is given by the Binomial distribution  $\mathcal{B}$

$$f_{c,t}(k) \equiv \mathcal{B}\left(k, \overbrace{\varphi_C(c_t^S)}^n, \underbrace{\frac{C_t^A}{C_t}}_p\right) = \binom{\varphi_C(c_t^S)}{k} \left(\frac{C_t^A}{C_t}\right)^k \left(1 - \frac{C_t^A}{C_t}\right)^{\varphi_C(c_t^S) - k}$$

- Similarly defined probabilities for labor interactions and other interactions

## Probability of Becoming Infected

- If the agent is susceptible, the probability of becoming infected in one meeting is  $\tau$
- The probability of becoming infected for a susceptible agent that chooses  $c_t^s$  and  $n_t^s$

$$\tau_t = \sum_{k_c=0}^{\varphi_C(c_t^s)} \sum_{k_n=0}^{\varphi_N(n_t^s)} \sum_{k_o=0}^{\varphi_O} \left[ 1 - (1 - \tau)^{k_c+k_n+k_o} \right] f_t(k_c, k_n, k_o),$$

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- Linearized version is **isomorphic to SIR** and **Macro-SIR models** [Details](#)

$$\tau_t \approx \Xi \left[ \varphi_C \cdot c_t^s \left( \frac{C_t^A}{C_t} \right) + \varphi_N \cdot n_t^s \left( \frac{N_t^A}{N_t} \right) + \varphi_O \left( \frac{A_t}{Pop_t} \right) \right],$$



# Testing Probabilities

- The probability for an infected agent to test positive:
  1. Probability of tracing infected agents
  2. Testing capacity  $Y_t$  relative to number of traceable people  $E_t$
  3. Accuracy of tests due to false negative outcomes with probability  $\pi_F$

$$\pi_{P,t}^i = \pi_{C,t}^i \cdot \min \left\{ \frac{Y_t}{E_t}, 1 \right\} \cdot (1 - \pi_F)$$

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- This is also the fraction of asymptomatic spreaders quarantined in period  $t$

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- The probability of being traced,  $\pi_{C,t}^i$  captures the information resulting from **ex-post** reconstructing the network of interactions of newly symptomatic cases Example

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- This network contains the **the infection chain** – **chain of interactions that led a newly symptomatic case to become infected or to infect other agents**
- **The reconstruction of the infection chain improves the efficacy of testing**
  1. Exploiting the infection chain raises the chance of detecting asymptomatic agents
  2. Random meetings between asymptomatic agents of different infection chains are rare

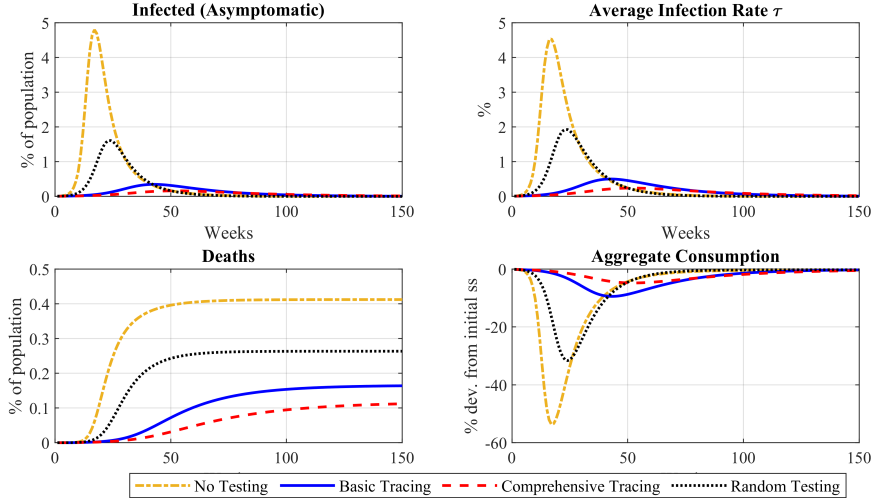
## Model Solution and Calibration

- The model studies response of epidemiological and economic variables
  - Initial surprise shock that infects tiny share of population
  - Keeps track of distribution of interactions

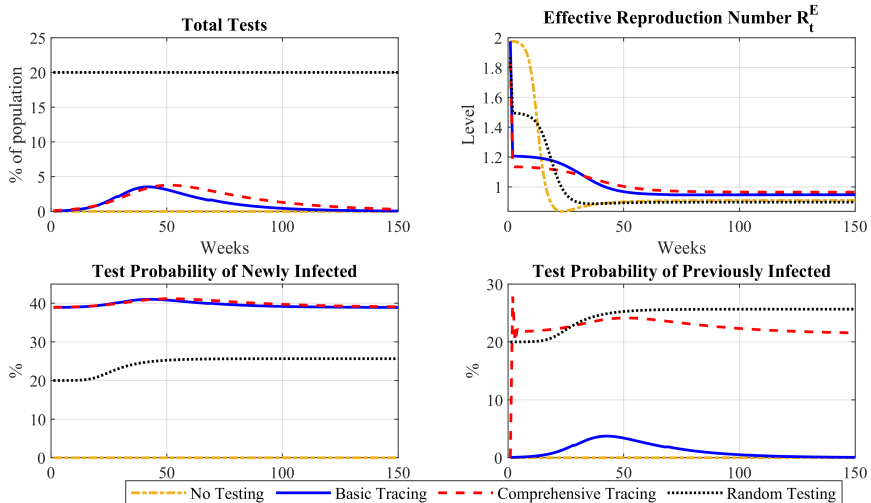
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- Calibration
  - Economic parameters are set in line with literature
  - Probability that interaction results in infection  $\tau$  is 5% (WHO, 2020)
  - Share of different transmission (consumption, labor, other) is 1/3 (Ferguson et al. 2006)
  - Basic Reproduction number is 2 (e.g. Zhang et al, 2020)
  - Share of infected agents with symptoms is 50% (e.g. Baqae et al., 2020)
  - Agents recover after 18 days on average (WHO, 2020)
  - Infection fatality rate of 0.3% (Hortascu, Liu, Schweg, 2020)
  - False negative outcome  $\pi_F = 0$

# Contact Tracing with Unconstrained Testing I



# Contact Tracing with Unconstrained Testing II

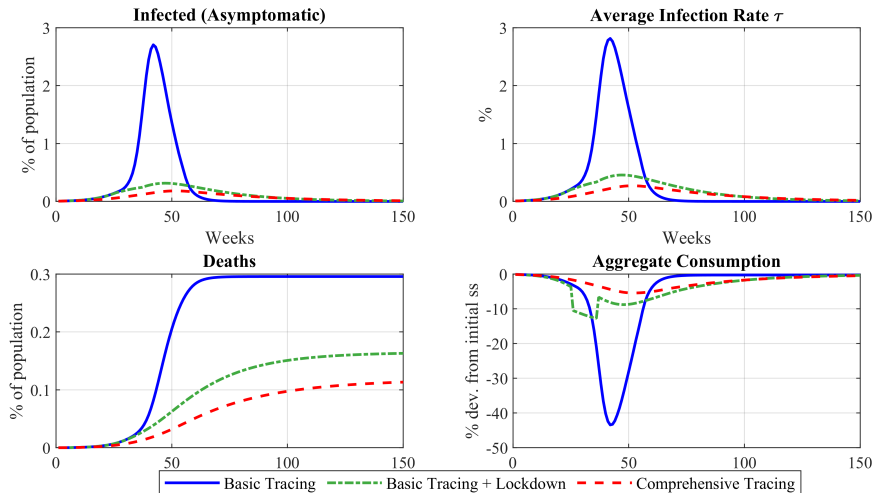




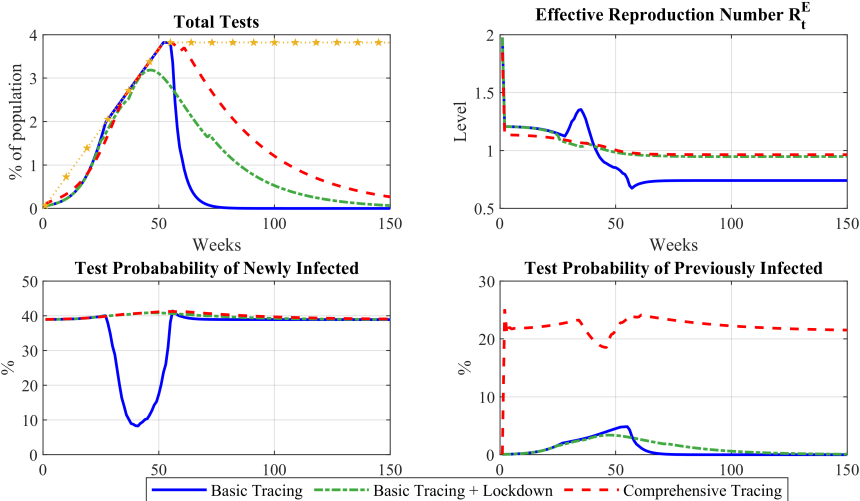
# Contact Tracing with Unconstrained Testing: Summary

- Contact tracing does considerably better than random testing
  - Random testing does not leverage the existence of infection chains
  - Contact tracing leads to a sudden, rapid fall in the reproduction number, averting the flare-up of infections
- Basic and comprehensive contact tracing technologies lead to comparable outcomes
  - Similar efficacy in detecting the newly infected
  - effective reproduction number is much more sensitive to catching newly infected than agents who were infected in previous periods [Details](#)

# Contact Tracing with Constrained Testing I



# Contact Tracing with Constrained Testing II



## Contact Tracing with Constrained Testing: Summary

- The comprehensive tracing technology delivers the best outcome
  - Agents infected in period  $t - 1$  can be traced using the reconstructed infection chains
  - Early on, more spreaders are quarantined, preventing  $E_t$  from getting ahead of  $Y_t$
  - Eventually testing capacity  $Y_t$  becomes constrained, lowering the ability of detecting previously infected agents. But the reproduction number hardly budes

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  - Eventually testing capacity  $Y_t$  becomes constrained, lowering the ability of detecting previously infected agents. But the reproduction number hardly budes
- The basic contact tracing technology alone cannot avert the flare-up of infections
  - Tracing externality causes the testing capacity to become constrained
  - A complementary lockdown, timed to avoid the testing capacity from becoming constrained, averts the collapse of the tracing system and the ensuing deep recession

## Concluding Remarks

- Contact tracing is a valuable tool to keep long-lasting epidemics under control
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  - Key to its success is the exploiting of the infection chain to trace and isolate asymptomatic spreaders
- However, tracing externality combined with critical bottlenecks of the tracing and testing system may require to complement this tool with a well-timed lockdown
- A general methodology to characterize the network of interactions and to study contact tracing in large set of epi-mac models



## Agents with Unknown Health Status

- Susceptible  $S$ , untested asymptomatic  $A$  and unobserved recovered  $UR$  individuals **do not know their health status**
  - Assumption: These agents believe that they are susceptible
  - Conditional this belief, agents compute model-consistent probabilities

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- Agents choose consumption  $c_t^S$  and labor  $n_t^S$  to maximize utility  $V_t^S$

$$V_t^S = \max_{c_t^S, n_t^S} u(c_t^S, n_t^S) + \beta \left[ (1 - \tau_t) V_{t+1}^S + \tau_t \left\{ \pi_{P,t}^T V_{t+1}^P + (1 - \pi_{P,t}^T) V_{t+1}^A \right\} \right]$$
$$\text{s.t.} \quad (1 + \mu_{c,t}^L) c_t^S = w_t^S n_t^S + \Gamma_t^L$$

- Agents expect to be **newly infected with  $\tau_t$**
- Newly infected agents get **tested positive with  $\pi_{P,t}^T$**
- $\mu_{c,t}$  denotes a tax on consumption (proxy for lockdown) that is rebated  $\Gamma_t^L$

## Agents with Unknown Health Status (cont'd)

- Continuation value conditional of becoming asymptomatic  $V_t^A$ :

$$V_t^A = u(\tilde{c}_t^s, \tilde{n}_t^s) + \beta \left[ \pi_{IS} V_{t+1}^{IS} + \pi_R V_{t+1}^{UR} + (1 - \pi_{IS} - \pi_R) \left( \pi_{P,t}^A V_{t+1}^P + (1 - \pi_{P,t}^A) V_{t+1}^A \right) \right]$$

- $\pi_{IS}$  is the probability to get infected-symptomatic
  - $\pi_R$  is the probability to become unobserved recovered
  - $\pi_{P,t}^A$  is the probability to test positive conditionally on staying asymptomatic
- Continuation value conditional of becoming an unobserved recovered agent  $V_t^{UR}$ :

$$V_t^{UR} = u(\tilde{c}_t^s, \tilde{n}_t^s) + \beta V_{t+1}^{UR}.$$

## Agents with Known Health Status

- The utility function of tested-positive Agents  $P$

$$V_t^P = \max_{c_t^P, n_t^P} u(c_t^P, n_t^P) + \beta \left[ \pi_{IS} V_{t+1}^{IS} + \pi_R V_{t+1}^{OR} + (1 - \pi_{IS} - \pi_R) V_{t+1}^P \right]$$

s.t.  $(1 + \mu_c^Q + \alpha \mu_{c,t}^L) c_t^P = w_t^P n_t^P + \Gamma_t^Q,$

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- $\mu_c^Q$  proxies the effects of imposing a quarantine on individuals' decisions
- Infected symptomatic agents  $IS$

$$V_t^{IS} = \max_{c_t^{IS}, n_t^{IS}} u(c_t^{IS}, n_t^{IS}) + \beta \left[ \pi_R V_{t+1}^{OR} + (1 - \pi_R - \pi_D) V_{t+1}^{IS} \right],$$

- Similar budget constraint but penalty on labor  $\phi < 1$

## Agents with Known Health Status (cont'd)

- Observed recovered agents  $OR$

$$V_t^{OR} = \max_{c_t^{OR}, n_t^{OR}} u(c_t^{OR}, n_t^{OR}) + \beta V_{t+1}^{OR}$$

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⇒ To close the model, we need calculate following key objects Law of Motions for Types

- $\tau_t$ : Average probability of getting infected
- Probabilities of testing positive for newly infected  $\pi_{P,t}^T$  and previously infected asymptomatic  $\pi_{A,t}^T$

## Dynamics of Agents' Types I

- The law of motion for the share susceptible agents reads

$$S_{t+1} = S_t - T_t$$

- Newly infected subject in period  $t$

$$T_t = \tau_t \cdot S_t$$

- Untested asymptomatic agents evolves according to the law of motion

$$I_{t+1}^A = (1 - \pi_{P,t}^T) T_t + (1 - \pi_{P,t}^A)(1 - \pi_{IS} - \pi_R) I_t^A$$



## Dynamic of Agents' Types II

- The pool of tested positive subjects is given by

$$P_{t+1} = (1 - \pi_{IS} - \pi_R)P_t + \pi_{P,t}^T T_t + \pi_{P,t}^A (1 - \pi_{IS} - \pi_R)I_t^A$$

- The pool of infected symptomatic people evolves as follows:

$$I_{t+1}^S = (1 - \pi_R - \pi_D)I_t^S + \pi_{IS}(I_t^A + P_t)$$

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# Microfoundation of SIR and Macro-SIR Models

- Average probability of getting infected  $\tau_t$  for a susceptible individual is as follows:

$$\tau_t = \sum_{k=0}^{\varphi_C(c_t^S)} \underbrace{\left[ 1 - (1 - \tau)^k \right]}_{\text{Prob. of getting infected cond. on } k \text{ interactions}} \times \underbrace{f_{t,c}(k)}_{\text{Prob. of } k \text{ interactions}}$$

- Linearized version is isomorphic to SIR and Macro-SIR models

$$\tau_t \approx \mathbb{E} \left[ \varphi_C c_t^S \left( C_t^A / C_t \right) \right]$$

- Extending this expression with labor and other interactions nests this to the formulation of Eichenbaum, Rebelo and Trabandt (2020) [Back](#)

# Effective Reproduction Number and Contact Tracing

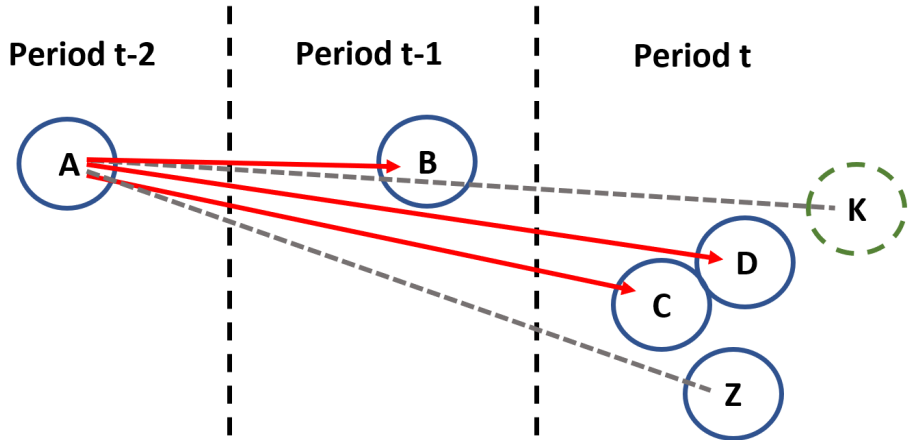
- Key epidemiological number: **Effective Reproduction Number**

$$\begin{aligned} R_t^E &= (1 - \pi_{t-1}^T) [\tau_t + (1 - \pi_{IS} - \pi_R) (1 - \pi_t^A) \tau_{t+1} + \\ &\quad (1 - \pi_{IS} - \pi_R)^2 (1 - \pi_t^A) (1 - \pi_{t+1}^A) \tau_{t+2} + \dots] \\ &= (1 - \pi_{P,t-1}^T) \sum_{j=0}^{\infty} \left( \tau_{t+j} (1 - \pi_{IS} - \pi_R)^j \prod_{k=0}^j (1 - \pi_{P,t+k}^A) \right) \end{aligned}$$

- Testing infrastructure affects  $R_t^E$  directly via **testing newly infected**  $\pi_{t-1}^T$  and **testing asymptomatic infected earlier**  $\pi_t^A$
- Basic technology operates mostly over  $\pi_{t-1}^T$ , while comprehensive relies also on  $\pi_t^A$
- Lockdowns lower the reproduction number via the infection rate  $\tau_t$  [Back](#)

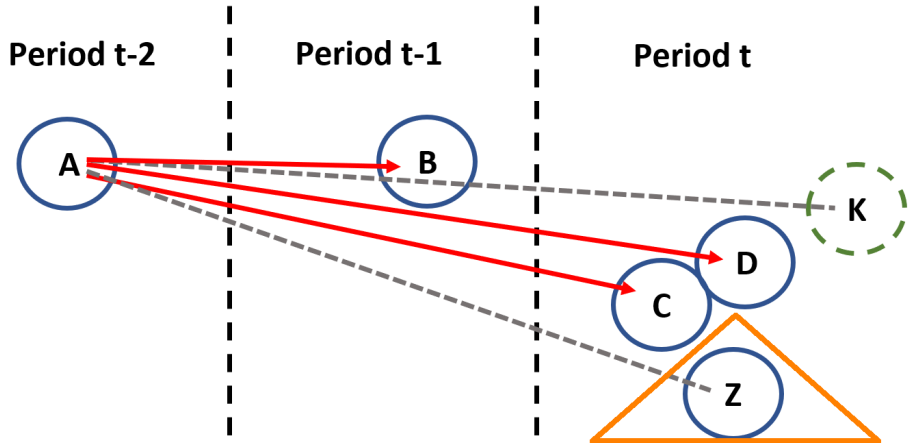
# Example of a Network of Interactions

- Network of interactions and infection chain of Agent A



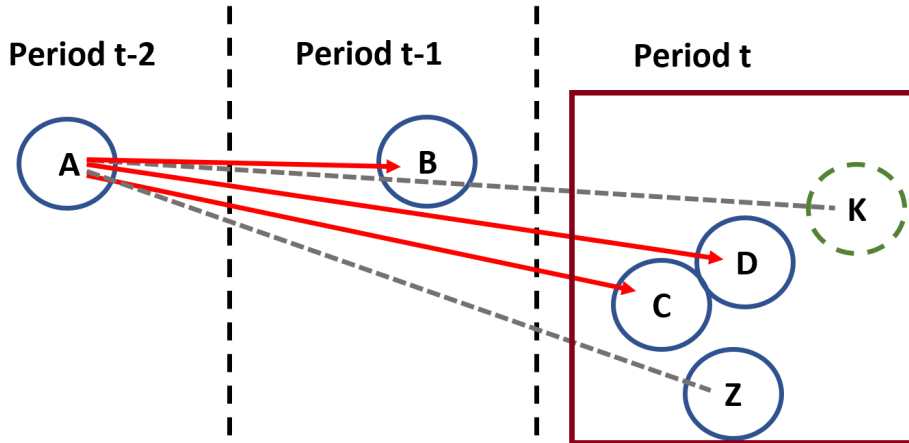
# Example of a Network of Interactions

- **Random meetings** with asymptomatic agents from different infection chain [Back](#)



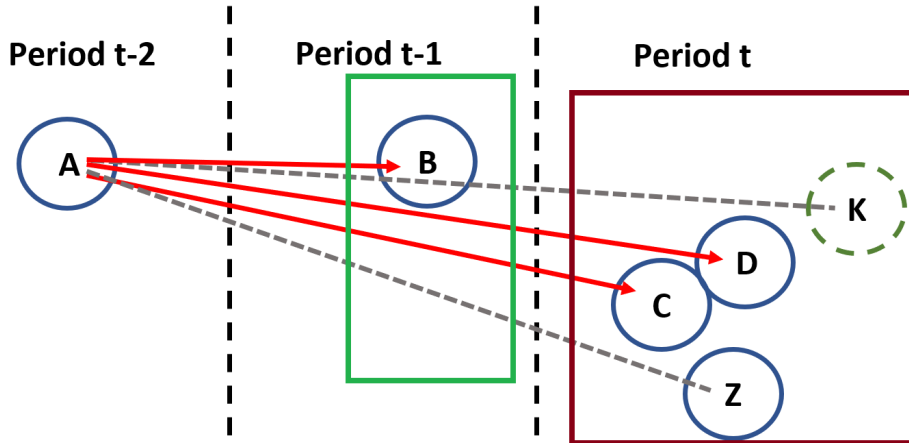
# Example of a Network of Interactions

- **Basic tracing:** Current week contacts [Back](#)



# Example of a Network of Interactions

- **Comprehensive tracing**: Current week contacts and previous week contacts [Back](#)



## What Type of Lockdowns?

- Lockdowns are typically enacted in response to flare-ups of infection – often to prevent hospitals from becoming overburdened.
- We suggest a different strategy: moderate lockdowns as preemptive tools
  1. These lockdowns are generally **less stringent**
  2. The timing of these lockdowns is chosen so as to **move ahead of the infection curve**
  3. The objective is to **keep the testing system viable while policymakers ramp up the testing capacity**

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## Tracing Probabilities - Basic Tracing

- Agents get traced if at least one of their  $k$  asymptomatic contacts becomes symptomatic:  $1 - (1 - \pi_{IS})^k$
- Tracing probability for **previously infected asymptomatic agents**  $\pi_{C,t}^A$

$$\pi_{C,t}^A = \sum_{k=0}^{K(c_t^S, n_t^S)} \underbrace{\left[ 1 - (1 - \pi_{IS})^k \right]}_{\text{Prob. of contact getting symptomatic cond. on } k \text{ contacts}} \times \underbrace{f_t(k)}_{\text{Prob. of } k \text{ contacts}}$$

## Tracing Probabilities - Basic Tracing (cont'd)

- Tracing probability for a newly infected agent T is different  $\pi_{C,t}^A$

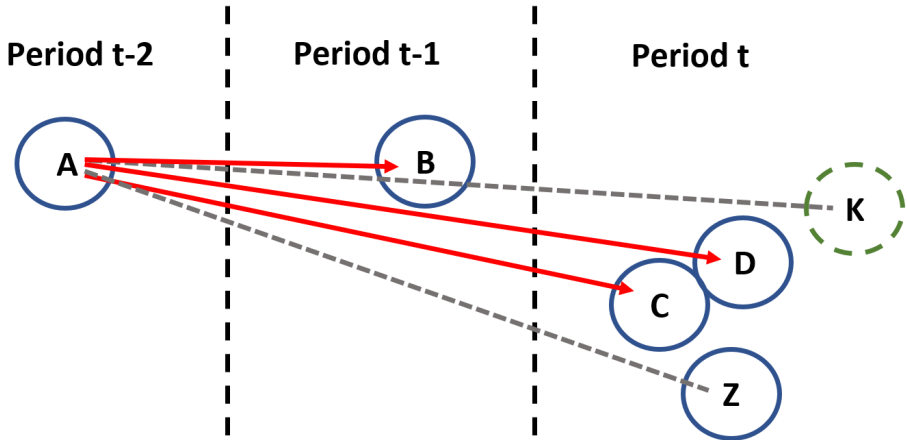
$$f_t^T(k) = \frac{f_t(k)\tilde{\tau}(k)}{\tau_t} = \frac{f_t(k)}{\tau_t} \overbrace{\left[1 - (1 - \tau)^k\right]}^{\text{Probability to get at least 1 infectious contact}}$$

- Characterization of the probability for a newly infected individual to be traced

$$\pi_{C,t}^T = \sum_{k=0}^{K(c_t^S, n_t^S)} \underbrace{\left[1 - (1 - \pi_{IS})^k\right]}_{\text{Prob. of contact getting symptomatic cond. on k contacts}} \times \underbrace{f_t^T(k)}_{\text{Prob. of k contacts for a newly infected}}$$

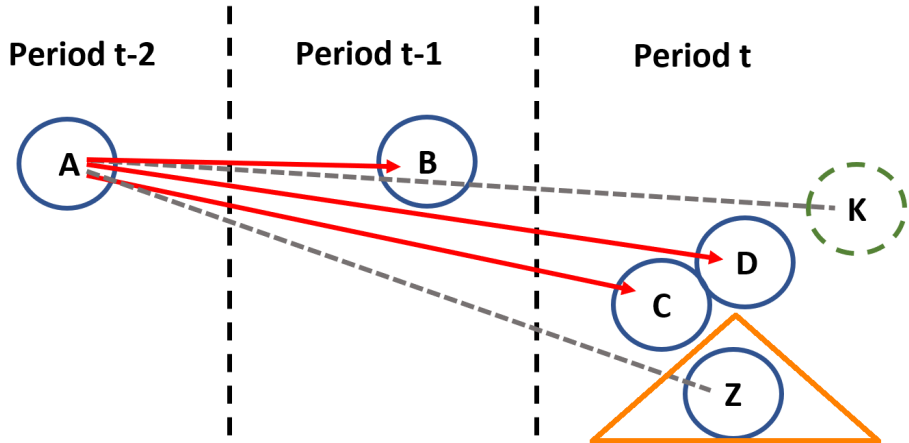
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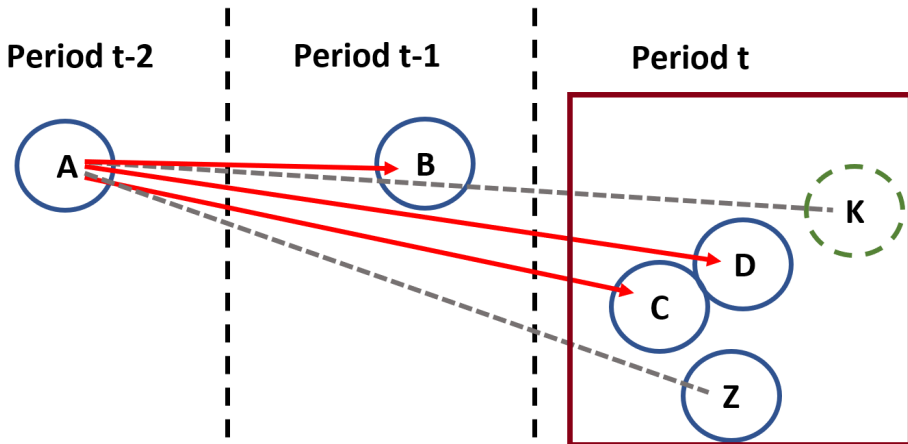
# Example of a Network of Interactions

- **Random meetings** with asymptomatic agents from different infection chain



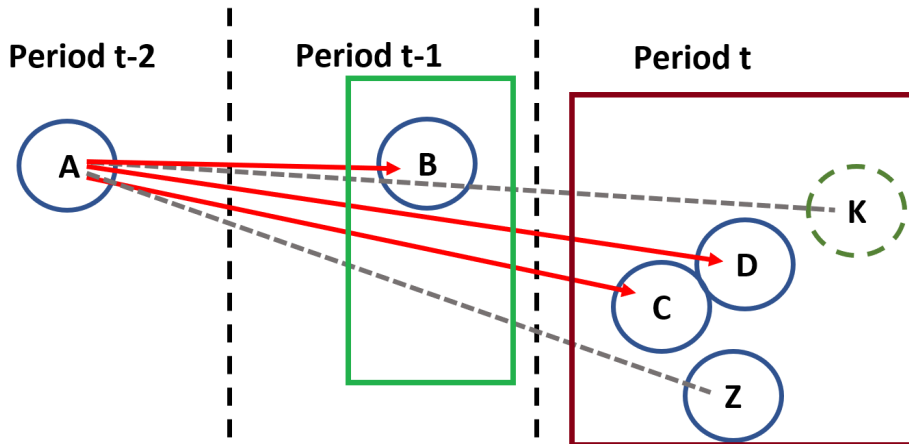
# Example of a Network of Interactions

- **Basic tracing:** Current week contacts

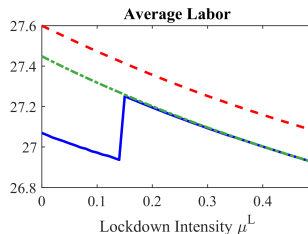
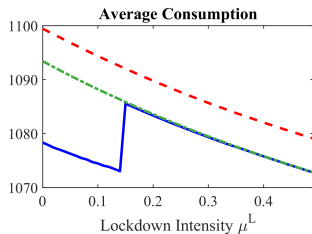
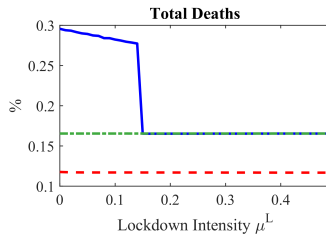
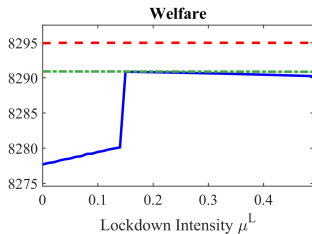


## Example of a Network of Interactions

- **Comprehensive tracing**: Current week contacts and previous week contacts



# Optimal Stringency of Lockdowns



# Random Meetings are Rare

