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Governor Baker is launching a major effort to trace infected people's contacts. Some say it might be too late

By [Kay Lazar](#) and [Matt Rocheleau](#) Globe Staff, Updated April 1, 2020, 8:15 a.m.



Governor Baker spoke at a briefing on the state's response to COVID-19 at the State House March 30. SAM DORAN/POOL

The SOS sent out weeks ago by community leaders across Massachusetts was blunt: They couldn't possibly track and trace everyone with COVID-19 in time to isolate the infected and stop the swift-moving virus. They just didn't have enough staff or expertise, they told state health officials, and they sorely needed help.

Now, Governor Charlie Baker is poised to announce in coming days an initiative that would enlist more than 1,200 public health college students to answer that call. The AmeriCorps-style program was hatched by a coalition of public health groups and academic leaders working with the state. And they are pinning their hopes on students easing the burden on local health boards by collecting information from people potentially infected by each COVID-19 patient.

But with hundreds of new COVID-19 cases reported each day in Massachusetts, the effort may be a bit late, say some public health specialists who are skeptical that ramped-up contact tracing will have much of an impact.

"Three weeks ago this would have been helpful," said Dr. Shira Doron, an infectious disease physician and hospital epidemiologist at Tufts Medical Center.

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“It’s so pervasive now, and if you have symptoms, you likely have it,” she said. “You have all these people at home, hopefully being told by their doctors or the CDC to stay home, so what is the point?”

At least one large public health agency has thrown in the towel on tracing, saying it’s too late and too difficult to track individual cases. The health department in Orange County, Calif., announced March 20 that it was shifting away from “labor-intensive contact tracing” to a “more effective strategy” of trying to protect the region’s most vulnerable residents, elders and those with chronic health conditions.

But leaders here say the practice may still be a catalyst in Massachusetts’ effort to curb coronavirus.

Nate Horwitz-Willis, who is helping to lead the charge, said reaching residents who are unaware they had close contact with an infected person might help convince them to take extra precautions, and maybe think twice about going out to get groceries and risk exposing others to infection.

“I will be damned if we throw in the towel,” said Horwitz-Willis, an assistant professor of public health at the Massachusetts College of Pharmacy and Health Sciences. “We just can’t do that.”

Health officials define close contact as being within six feet of an infected person for an extended period of time, generally 15 minutes or more, or being coughed or sneezed on by someone with COVID-19.

Contact tracing has been used globally to help contain outbreaks of other infectious diseases, including the 2014 Ebola outbreak in West Africa and the increasingly common clusters of measles across the United States. In each instance, public health officials scramble to identify, isolate, and treat anyone who may have had close contact with an infected

person.

In mid-March, a coalition of public health groups issued a pointed plea to the Baker administration. They noted: “Many local health officials on the front lines of this epidemic have experienced unclear and inconsistent guidance that undermines their ability to provide coherent, high quality public health information to community residents.”

They urged the administration to provide infectious disease specialists to help local health boards prioritize contact tracing, “determine who needs to be quarantined or isolated and for how long, and identify patterns of spread that can help slow the epidemic.”

Within two days, Horwitz-Willis said, state health officials were working closely with local health boards. The coalition sent out a survey, asking municipalities for details on what types of help they needed with contact tracing.

They also linked up with more than a half-dozen colleges, seeking volunteers among students in public health programs. Within 24 hours, more than 800 students had signed up, Horwitz-Willis said. That then ballooned to 1,200 who have agreed to staff phones and help track down potentially infected people by interviewing each person with a newly confirmed case of COVID-19.

Even before the pandemic, local health boards were ill-equipped for such a job. [A report last summer](#) by state and local public health experts painted a bleak picture, describing local boards as unprepared to handle medical disasters. Many scrape by with tiny budgets and staffs. And overall, Massachusetts' local public health system, comprised of hundreds of independent municipal boards, is more fragmented than any other in the country and has failed to keep pace with national standards, the report said.

Ruth Mori, president of the Massachusetts Association of Public Health Nurses, said local health departments are

working long hours, having to piece together confidential information about infected patients. These networks can stretch far and wide, well beyond each community's borders, because a person's contact circles often cross city and town lines.

"Contact tracing in general with communicable disease is always important," she said.

The situation with COVID-19 is so fluid that health specialists say there may not be a clear threshold for when local governments or states should graduate from trying to contain the disease with contact tracing to mitigating the severe impacts.

Dr. Rochelle Walensky, chief of infectious disease at Massachusetts General Hospital, said tracing could be particularly helpful in communities or regions where the disease is still not yet widely detected.

"Doing this belt-and-suspenders approach now may also help have people prepared for when we go back to work," Walensky said.

Barbara Ferrer, director of Los Angeles County's health department, said she has 800 staffers hunting for the contacts of infected people. Yet Ferrer, who previously led Boston's Public Health Commission, said because of delays in testing results there and still-growing numbers of positive tests, they had to make some concessions last week. Now, her workers track down only contacts who are at the highest risk for serious illness, including the elderly and the homeless.

"It's a work in progress, at best," Ferrer said. "If you look around the world, the countries who are doing better have never dropped their ability to identify contacts. We are going to try to do this to the best of our ability for as long as possible."

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