



Contact tracing for Trump's travels would be 'massive but feasible'

US President Donald Trump is reportedly doing well after a brief stint in hospital following a COVID-19 diagnosis, but questions remain about how he contracted the coronavirus and whether he infected others. It is widely thought that a ceremony at the White House on 26 September, to announce judge Amy Coney Barrett as the president's pick for an empty seat on the Supreme Court, could have been ground zero for a cluster of infections. Afterwards, more than a dozen people who travelled with the president or attended events with him, including White House staff, journalists and elected representatives, disclosed positive tests. Despite these events and others, the Trump administration reportedly did not 'contact trace' the White House ceremony, meaning it did not study attendees' movements and then notify people they were in contact with to quarantine. *Nature* asked Emily Wroe (pictured top right), a physician and one of the leaders of the contact-tracing team at Partners In Health, a Boston-based non-profit organization that has been assisting health officials in Massachusetts, what an effort to trace the cases linked to the White House would look like.

Was the White House ceremony a 'superspreader' event?

It's definitely a cluster [an event that is a source for multiple infections]. That seems logical – we don't think that everybody walked in with the coronavirus. What we know about COVID-19 is that it doesn't spread symmetrically. So if you see a bunch of people with COVID-19, some of them might give it to zero people or one other person. And then there might be an event or a case where a lot of people get it.

How would you approach contact tracing for such an event?

First, we make sure that all of the cases and all of the contacts are identified. Everybody with COVID-19 needs to be interviewed: did you eat anywhere else, did you shop for anything, did you go to any routine meetings? Then all of those contacts who get identified get a telephone call. We let them know they were exposed, and then make sure that they get tested, and that they go into quarantine for two



US President Donald Trump (left) mingled at the White House on 26 September.

weeks after their exposure date, regardless of the test results [because sometimes tests can give false negatives].

Trump travelled to at least seven US states within a week of his diagnosis. What would the logistics of tracing that look like?

It would be a massive effort for case investigators to get a list of all of the contacts who've been exposed. [In the case of the president's movements], it really would be a collaboration state to state – between the public-health departments – to make sure that all of our contacts are notified about their exposure, testing is arranged, and they're told and educated about quarantining for two weeks. It's massive but it's very feasible.

It's been reported that the White House is not doing contact tracing. What are the implications?

It's a missed opportunity to prevent additional spread.

The White House has declined to reveal how many of its staff members are infected, citing privacy concerns. Does contact tracing violate privacy?

It's important that we draw public lessons

from what we're learning. So you might see states say, "We are seeing clusters in restaurants, and this is how many cases and contacts it's led to." But you don't see them saying "these people at this restaurant". We really work hard to protect people, which can be important in times when COVID-19 is threatening employment – for example, with small businesses. So we're very careful not to reveal identity unless we have that permission. What gets shared, I think, needs to inform public information, so that people are educated and feel safe and have the information that they need.

What's one unknown about the virus that makes contact tracing hard?

One thing we wonder about is, how do we predict which cases will be most infectious? It's not as simple as, the more symptoms somebody has, the more infectious they are. We don't have objective measurements to predict, out of five patients, which of them might be the one at a party who spreads it to a lot of other people.

Interview by Nidhi Subbaraman

This interview has been edited for length and clarity.