

Effects of isolation and shielding

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Fraction Dead

Summary Statistics

| Isolation_capacity | Shielding_strategy | n | mean | sd |
|--------------------|--------------------|-----|-------|-------|
| Isolation cap 0 | No shielding | 500 | 0.100 | 0.033 |
| Isolation cap 0 | Shield 10 conts/wk | 500 | 0.098 | 0.032 |
| Isolation cap 0 | Shield 2 conts/wk | 500 | 0.100 | 0.033 |
| Isolation cap 10 | No shielding | 500 | 0.059 | 0.053 |
| Isolation cap 10 | Shield 10 conts/wk | 500 | 0.059 | 0.052 |
| Isolation cap 10 | Shield 2 conts/wk | 500 | 0.062 | 0.052 |
| Isolation cap 25 | No shielding | 500 | 0.050 | 0.051 |
| Isolation cap 25 | Shield 10 conts/wk | 500 | 0.048 | 0.049 |
| Isolation cap 25 | Shield 2 conts/wk | 500 | 0.050 | 0.050 |

Effect of isolation capacity under each shielding strategy (pairwise t-tests)

| Shielding_strategy | group1 | group2 | n1 | n2 | p | p.signif | p.adj | p.adj.signif |
|--------------------|------------------|------------------|-----|-----|--------|----------|--------|--------------|
| No shielding | Isolation cap 0 | Isolation cap 10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| No shielding | Isolation cap 0 | Isolation cap 25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| No shielding | Isolation cap 10 | Isolation cap 25 | 500 | 500 | 0.0031 | ** | 0.0092 | ** |
| Shield 10 conts/wk | Isolation cap 0 | Isolation cap 10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 10 conts/wk | Isolation cap 0 | Isolation cap 25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 10 conts/wk | Isolation cap 10 | Isolation cap 25 | 500 | 500 | 0.0002 | *** | 0.0006 | *** |
| Shield 2 conts/wk | Isolation cap 0 | Isolation cap 10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 2 conts/wk | Isolation cap 0 | Isolation cap 25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 2 conts/wk | Isolation cap 10 | Isolation cap 25 | 500 | 500 | 0.0001 | *** | 0.0004 | *** |

Effect of shielding strategy in each isolation capacity scenario (pairwise t-tests)

| Isolation_capacity | group1 | group2 | n1 | n2 | p | p.signif | p.adj | p.adj.signif |
|--------------------|--------------------|--------------------|-----|-----|-------|----------|-------|--------------|
| Isolation cap 0 | No shielding | Shield 10 conts/wk | 500 | 500 | 0.344 | ns | 1 | ns |
| Isolation cap 0 | No shielding | Shield 2 conts/wk | 500 | 500 | 0.980 | ns | 1 | ns |
| Isolation cap 0 | Shield 10 conts/wk | Shield 2 conts/wk | 500 | 500 | 0.356 | ns | 1 | ns |
| Isolation cap 10 | No shielding | Shield 10 conts/wk | 500 | 500 | 0.957 | ns | 1 | ns |
| Isolation cap 10 | No shielding | Shield 2 conts/wk | 500 | 500 | 0.429 | ns | 1 | ns |
| Isolation cap 10 | Shield 10 conts/wk | Shield 2 conts/wk | 500 | 500 | 0.398 | ns | 1 | ns |
| Isolation cap 25 | No shielding | Shield 10 conts/wk | 500 | 500 | 0.495 | ns | 1 | ns |
| Isolation cap 25 | No shielding | Shield 2 conts/wk | 500 | 500 | 0.956 | ns | 1 | ns |
| Isolation cap 25 | Shield 10 conts/wk | Shield 2 conts/wk | 500 | 500 | 0.461 | ns | 1 | ns |

Time to Peak Number of Infections

Summary Statistics

| Isolation_capacity | Shielding_strategy | n | mean | sd |
|--------------------|--------------------|-----|--------|-------|
| Isolation cap 0 | No shielding | 500 | 63.72 | 13.97 |
| Isolation cap 0 | Shield 10 conts/wk | 500 | 95.03 | 24.84 |
| Isolation cap 0 | Shield 2 conts/wk | 500 | 103.99 | 27.16 |
| Isolation cap 10 | No shielding | 500 | 114.86 | 89.18 |
| Isolation cap 10 | Shield 10 conts/wk | 500 | 131.28 | 85.15 |
| Isolation cap 10 | Shield 2 conts/wk | 500 | 136.53 | 83.53 |
| Isolation cap 25 | No shielding | 500 | 126.54 | 91.70 |
| Isolation cap 25 | Shield 10 conts/wk | 500 | 141.15 | 86.63 |
| Isolation cap 25 | Shield 2 conts/wk | 500 | 147.04 | 86.05 |

Effect of isolation capacity under each shielding strategy (pairwise t-tests)

| Shielding_strategy | group1 | group2 | n1 | n2 | p | p.signif | p.adj | p.adj.signif |
|--------------------|------------------|------------------|-----|-----|--------|----------|--------|--------------|
| No shielding | Isolation cap 0 | Isolation cap 10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| No shielding | Isolation cap 0 | Isolation cap 25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| No shielding | Isolation cap 10 | Isolation cap 25 | 500 | 500 | 0.0130 | * | 0.0390 | * |
| Shield 10 conts/wk | Isolation cap 0 | Isolation cap 10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 10 conts/wk | Isolation cap 0 | Isolation cap 25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 10 conts/wk | Isolation cap 10 | Isolation cap 25 | 500 | 500 | 0.0294 | * | 0.0882 | ns |
| Shield 2 conts/wk | Isolation cap 0 | Isolation cap 10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 2 conts/wk | Isolation cap 0 | Isolation cap 25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Shield 2 conts/wk | Isolation cap 10 | Isolation cap 25 | 500 | 500 | 0.0194 | * | 0.0581 | ns |

Effect of shielding strategy in each isolation capacity scenario (pairwise t-tests)

| Isolation_capacity | group1 | group2 | n1 | n2 | p | p.signif | p.adj | p.adj.signif |
|--------------------|--------------------|--------------------|-----|-----|--------|----------|--------|--------------|
| Isolation cap 0 | No shielding | Shield 10 conts/wk | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Isolation cap 0 | No shielding | Shield 2 conts/wk | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Isolation cap 0 | Shield 10 conts/wk | Shield 2 conts/wk | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| Isolation cap 10 | No shielding | Shield 10 conts/wk | 500 | 500 | 0.0026 | ** | 0.0077 | ** |
| Isolation cap 10 | No shielding | Shield 2 conts/wk | 500 | 500 | 0.0001 | **** | 0.0002 | *** |
| Isolation cap 10 | Shield 10 conts/wk | Shield 2 conts/wk | 500 | 500 | 0.3350 | ns | 1.0000 | ns |
| Isolation cap 25 | No shielding | Shield 10 conts/wk | 500 | 500 | 0.0089 | ** | 0.0266 | * |
| Isolation cap 25 | No shielding | Shield 2 conts/wk | 500 | 500 | 0.0002 | *** | 0.0007 | *** |
| Isolation cap 25 | Shield 10 conts/wk | Shield 2 conts/wk | 500 | 500 | 0.2910 | ns | 0.8740 | ns |

Case Fatality Ratio

Summary Statistics

| Model | variable | n | mean | sd |
|---|----------|-----|-------|-------|
| Experiment A, null, isocap0, FateD | CFR | 500 | 0.120 | 0.047 |
| Experiment A, shield 10 conts/week, isocap0, FateD | CFR | 500 | 0.119 | 0.047 |
| Experiment A, shield 2 conts/week, isocap0, FateD | CFR | 500 | 0.120 | 0.047 |
| Experiment B, null, isocap10, FateD | CFR | 500 | 0.113 | 0.045 |
| Experiment B, null, isocap25, FateD | CFR | 500 | 0.112 | 0.045 |
| Experiment B, shield 10 conts/week, isocap10, FateD | CFR | 500 | 0.105 | 0.045 |
| Experiment B, shield 10 conts/week, isocap25, FateD | CFR | 500 | 0.100 | 0.044 |
| Experiment B, shield 2 conts/week, isocap10, FateD | CFR | 500 | 0.105 | 0.046 |
| Experiment B, shield 2 conts/week, isocap25, FateD | CFR | 500 | 0.100 | 0.045 |

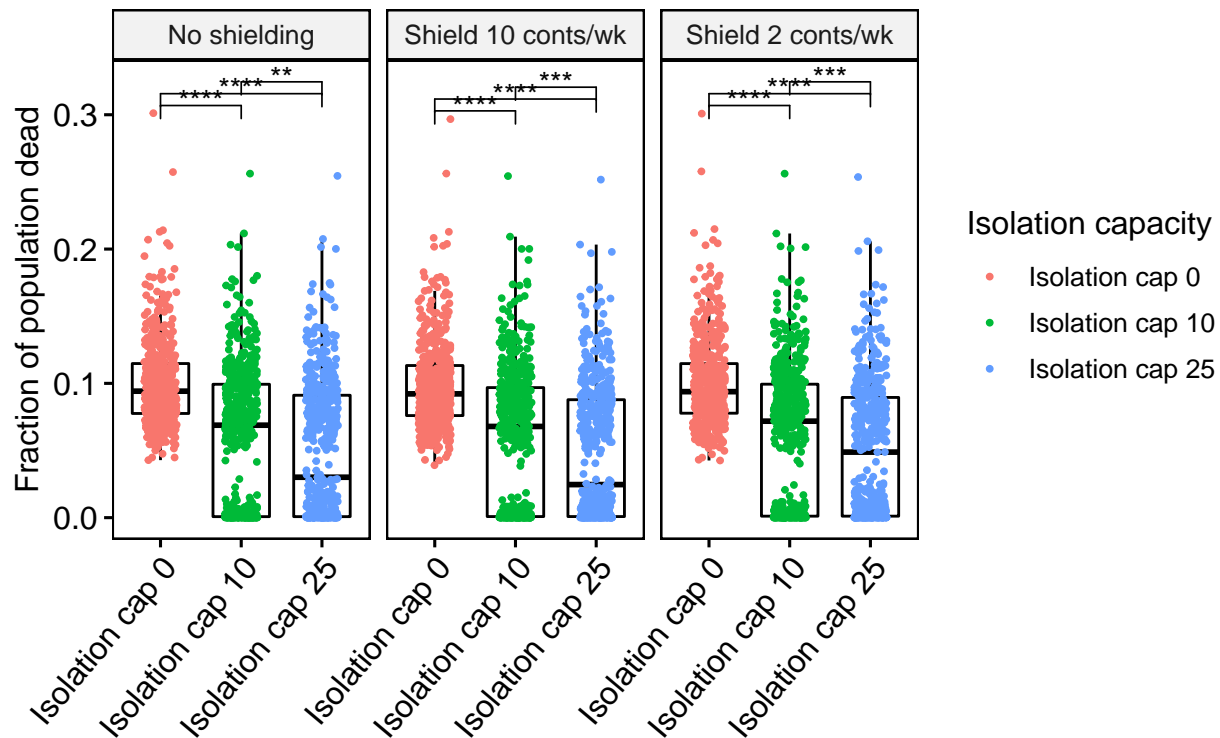
Effect of isolation capacity under each shielding strategy (pairwise t-tests)

| Structure | group1 | group2 | n1 | n2 | p | p.signif | p.adj | p.adj.signif |
|----------------------|----------|----------|-----|-----|--------|----------|--------|--------------|
| null | isocap0 | isocap10 | 500 | 500 | 0.0174 | * | 0.0521 | ns |
| null | isocap0 | isocap25 | 500 | 500 | 0.0035 | ** | 0.0105 | * |
| null | isocap10 | isocap25 | 500 | 500 | 0.5870 | ns | 1.0000 | ns |
| shield 10 conts/week | isocap0 | isocap10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| shield 10 conts/week | isocap0 | isocap25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| shield 10 conts/week | isocap10 | isocap25 | 500 | 500 | 0.1190 | ns | 0.3570 | ns |
| shield 2 conts/week | isocap0 | isocap10 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| shield 2 conts/week | isocap0 | isocap25 | 500 | 500 | 0.0000 | **** | 0.0000 | **** |
| shield 2 conts/week | isocap10 | isocap25 | 500 | 500 | 0.0712 | ns | 0.2140 | ns |

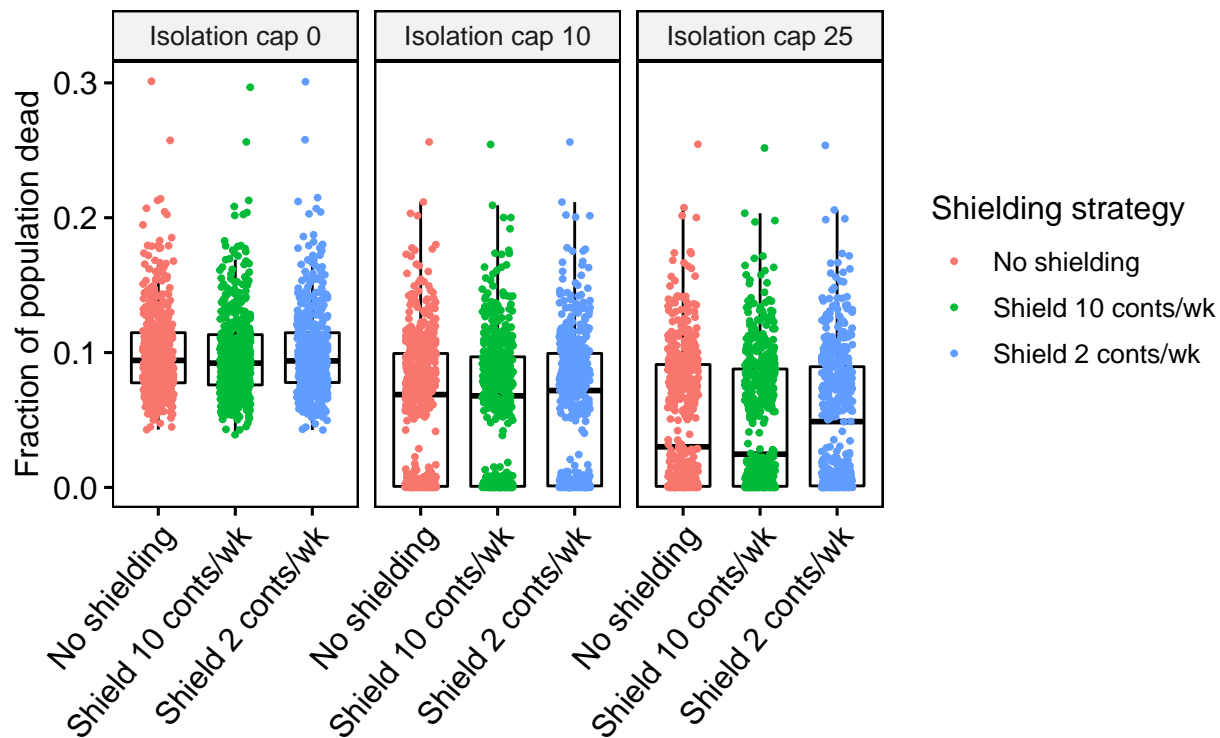
Effect of shielding strategy in each isolation capacity scenario (pairwise t-tests)

| Isolation_cap | group1 | group2 | n1 | n2 | p | p.signif | p.adj | p.adj.signif |
|---------------|----------------------|----------------------|-----|-----|--------|----------|--------|--------------|
| isocap0 | null | shield 10 conts/week | 500 | 500 | 0.6520 | ns | 1.0000 | ns |
| isocap0 | null | shield 2 conts/week | 500 | 500 | 0.9980 | ns | 1.0000 | ns |
| isocap0 | shield 10 conts/week | shield 2 conts/week | 500 | 500 | 0.6500 | ns | 1.0000 | ns |
| isocap10 | null | shield 10 conts/week | 500 | 500 | 0.0021 | ** | 0.0064 | ** |
| isocap10 | null | shield 2 conts/week | 500 | 500 | 0.0054 | ** | 0.0162 | * |
| isocap10 | shield 10 conts/week | shield 2 conts/week | 500 | 500 | 0.7720 | ns | 1.0000 | ns |
| isocap25 | null | shield 10 conts/week | 500 | 500 | 0.0000 | **** | 0.0001 | *** |
| isocap25 | null | shield 2 conts/week | 500 | 500 | 0.0000 | **** | 0.0001 | *** |
| isocap25 | shield 10 conts/week | shield 2 conts/week | 500 | 500 | 0.9730 | ns | 1.0000 | ns |

Effect of isolation capacity on deaths from an outbreak Under each shielding strategy, based on a camp of 2,000 people



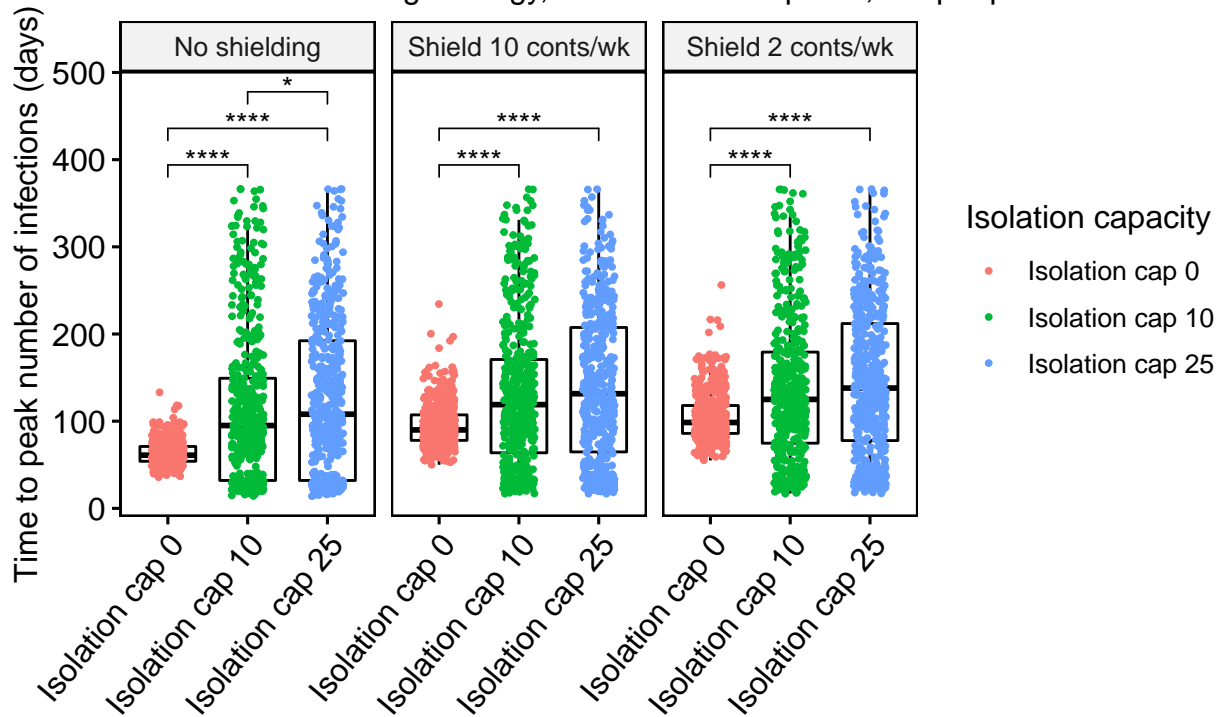
Effect of shielding strategy on deaths from an outbreak Under each isolation capacity scenario, based on a camp of 2,000 people



Effect of isolation capacity on time to peak number of infections

In population over 50 with comorbidities

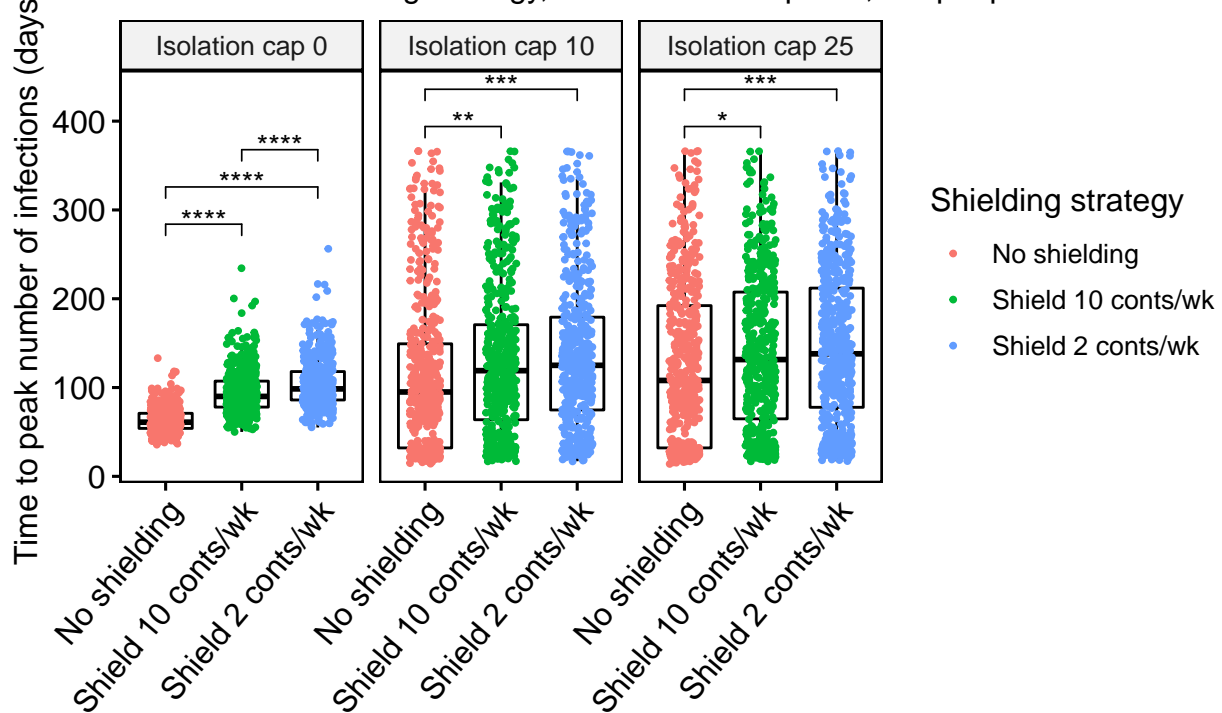
Under each shielding strategy, based on a camp of 2,000 people



Effect of shielding strategy on time to peak number of infections

In population over 50 with comorbidities

Under each shielding strategy, based on a camp of 2,000 people



Analysis/recommendations

We find that isolation of symptomatic cases is an effective intervention for preventing deaths. The fraction of a camp's population that dies in our models is statistically significantly reduced each time the level of isolation capacity is increased; from 0 to 10 beds per camp of 2,000, and from 10 to 25 beds per camp of 2,000, regardless of the shielding strategy that is implemented. We also find that isolating symptomatic cases should slow down outbreaks. Case isolation significantly delays the date at which infections peak, most importantly in more vulnerable populations such as older individuals and those with comorbidities; any, even a small amount of case isolation has this delaying effect.

Shielding also significantly slows down outbreaks, especially in vulnerable populations who are being shielded. While any shielding strategy has this delaying effect compared to no shielding, the more close contact between shielded and non-shielded individuals is restricted, the greater this delaying effect is, especially at very low levels of isolation capacity.

Neither of these interventions, isolation or shielding, have an effect on case fatality ratio (CFR) on their own. But, our most important finding is that when implemented together, they irrefutably have a significant effect on reducing the CFR we may expect from an outbreak. It appears that this works by shifting the overall burden of infections away from more vulnerable segments of the population with higher mortality risk from an infection onto less vulnerable segments of the population with lower mortality risk from an infection. This finding highlights the complimentary nature of these two interventions and the necessity of implementing them in tandem.

Based on these findings, with the three goals in mind of 1) Preventing deaths, 2) Reducing the overall case fatality rate, and 3) Buying additional time to improve capacity to manage an outbreak, we recommend the following:

1. Placing a significant focus on increasing isolation capacity as soon as possible, and promptly isolating any individuals with symptoms common to COVID-19 (fever, cough, loss of smell, etc) as soon as the capacity exists to do so.
2. Promptly moving vulnerable people (people aged over 50, people aged 13-50 with comorbidities, and limited numbers of their immediate family members) into shielded "green zones".
3. Using additional time obtained from these measures to further increase isolation capacity, and to improve screening for common COVID-19 symptoms.