Digital Contact Tracing During the SARS-CoV-2 Pandemic

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Abstract

Problem: Manual contact tracing (MCT) is considered an essential public health intervention for infectious disease control. During the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, there was insufficient funding or personnel to reduce transmission effectively. Throughout the pandemic, Missouri remained below the recommended contact tracing response rate (CRR) of 50%. One method used globally to aid in pandemic control was digital contact tracing (DCT); however, Missouri was unable to implement digital contact tracing due to barriers faced, which were not unique.

Methods: DCT was selected as subject of a strategic plan (SP) to augment MCT efforts. Other locales' successes and failures evaluated possible outcomes for successful implementation of DCT. Using retrospective data, the SP details evidence-based goals, evaluation indicators and provides tools to assess execution and achievement of COVID-MO mobile application implementation.

Results: SP has thus far not received approval. However, some conjecture as to the outcome of its implementation is possible. A SP was designed for a local research university to provide a guide for successful COVID-MO implementation.

Implications for Practice: DCT has the potential to strengthen contact tracing efforts further as well as conserve public funds. The use of technology allows immediate communication to individuals at risk for exposure to infectious diseases. SP thus can improve future efforts by providing a creative roadmap to address a complex issue.

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