

Fig 2. Contact is relatively stable over time when we remove the effect of disease (see methods).

Apr Oct Jan 2021 Apr Oct Jan 2021 Apr Oct Jan 2021 Apr

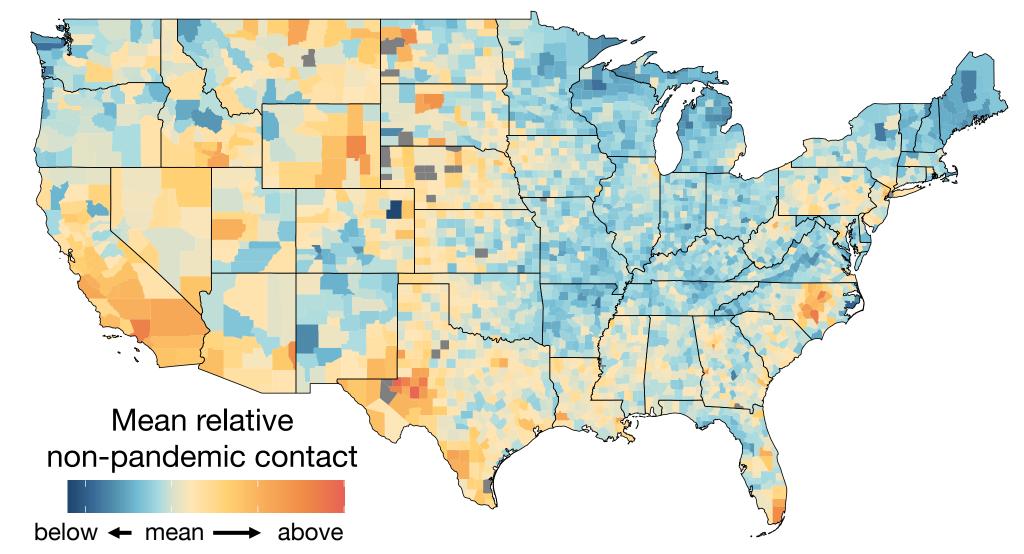


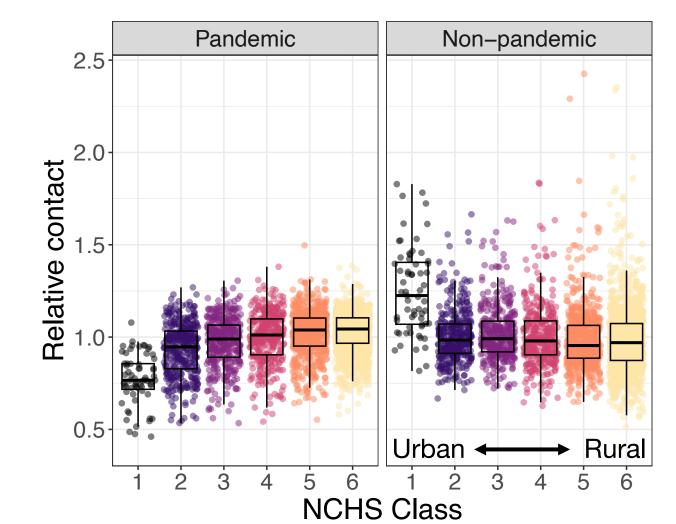
Fig 4. Mean non-household contacts remain spatially heterogeneous after controlling for disease and integrating with pre-pandemic mobility data. National mean = 11.

Fig 5. During the **pandemic**, urban counties had fewer contacts, though under **non-pandemic** conditions **urban counties** will **have** 

Jan 2021

Oct

← Fig 6. Recently **infected** (< 14 days ago) respondents have the fewest contacts, followed by susceptible, then recovered individuals.



### motivation

# data





Figs 2, 4, 5. Linear regression of county mean contact predicted by county & national incidence, and state average Oxford Stringency Index. County predicted contact at zero disease is then scaled by the ratio of fall 2019 to 2020 county mobility.

Fig 6. National GAM, factor-smooth interaction with disease state. Disentangled from behavior change using mechanistic models (not shown).

## takeaways

### juliana.taube@georgetown.edu

Respiratory pathogens rely on **close contact** for transmission Contact patterns are **heterogeneous**, as shown by the POLYMOD study conducted in Europe over 15 years ago

Lack of recent data in the US leaves open questions about how contact patterns vary across space, seasons, & disease states This information is key to designing **targeted disease control** strategies and developing accurate estimates of transmission risk, that account for individual **heterogeneities** & **spatial structure** 

COVID-19 Trends and Impacts Survey

May 2020 – April 2021

 $\approx$  13 million respondents age 18+, post-stratified by age & gender

# of non-household contacts in last 24 hrs (> 5 mins, < 6ft)

### methods

Figs 1, 3, 5. Spatiotemporal GAMs by state with county random effects.

After controlling for disease, non-household contacts exhibit spatial heterogeneity with higher contact in urban areas and temporal stability

> During the COVID-19 pandemic, contact was lower in urban areas and varied with incidence

> Setting of contact may be driving non-pandemic disease trends more than amount of contact

Consider including this spatial variability in models & exploring how these differences contribute to observed disease dynamics

Empirical data supports network epidemiology theory that high degree nodes will be infected first

 $\succ$  Need to incorporate this phenomenon into disease management efforts & data interpretation (e.g., analysis of contact tracing data, adaptive vaccination policy)

