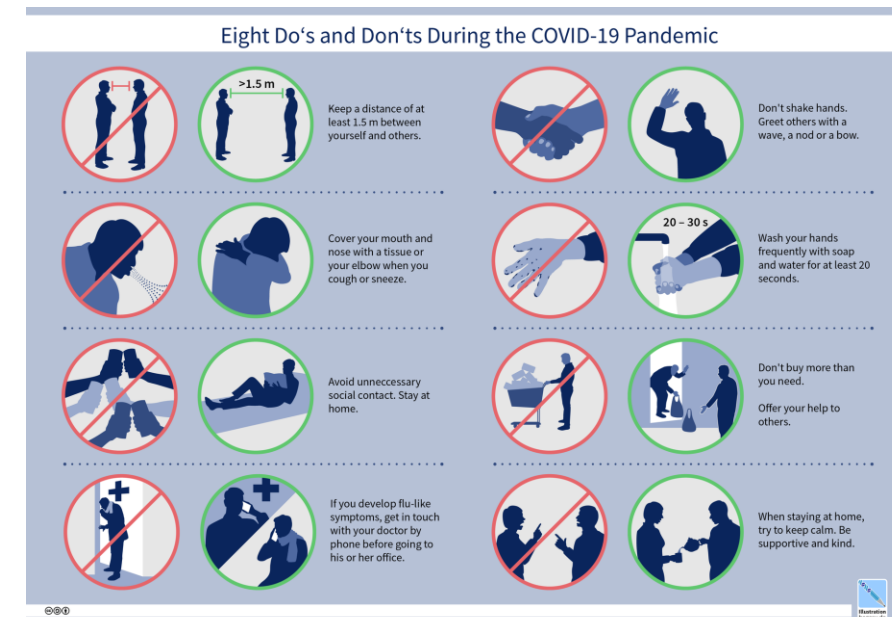


Anonymous Collocation Discovery: Harnessing Privacy to Tame the Coronavirus

Ran Canetti, Ari Trachtenberg, Mayank Varia

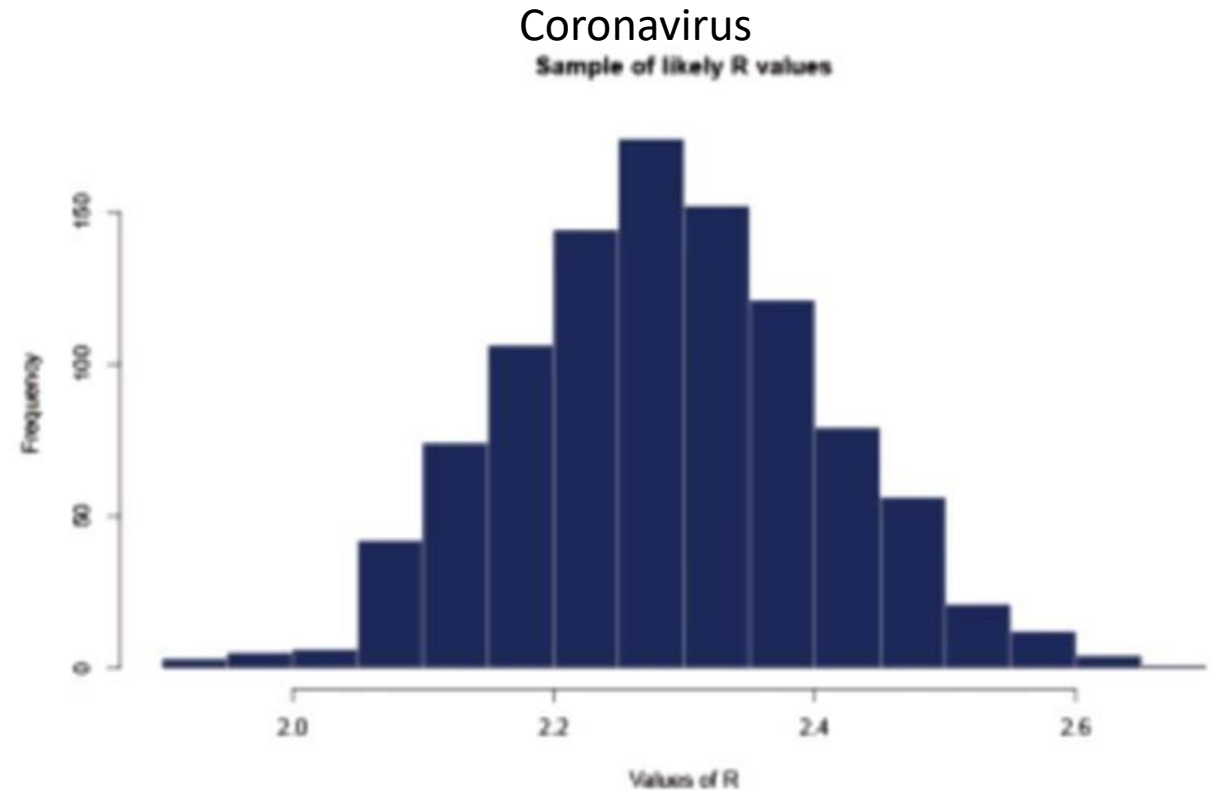
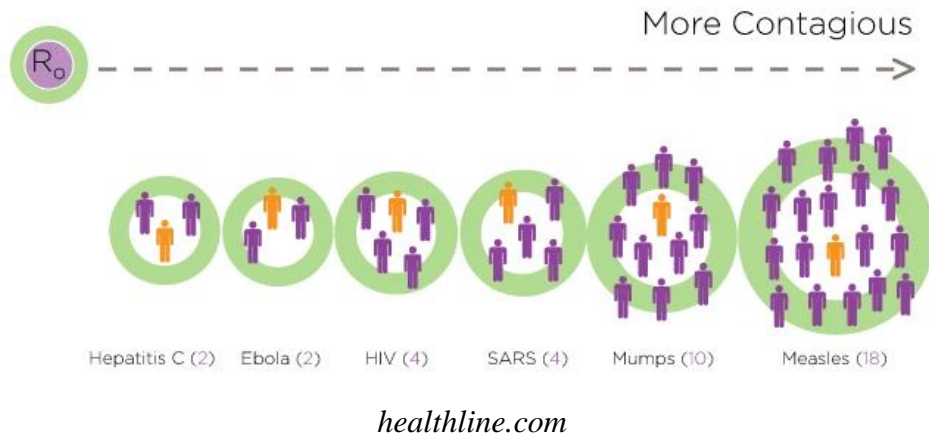
<https://arxiv.org/abs/2003.13670>



https://commons.wikimedia.org/wiki/File:14_Hegasy_COVID-19_Q_EN.png

The problem: R_0

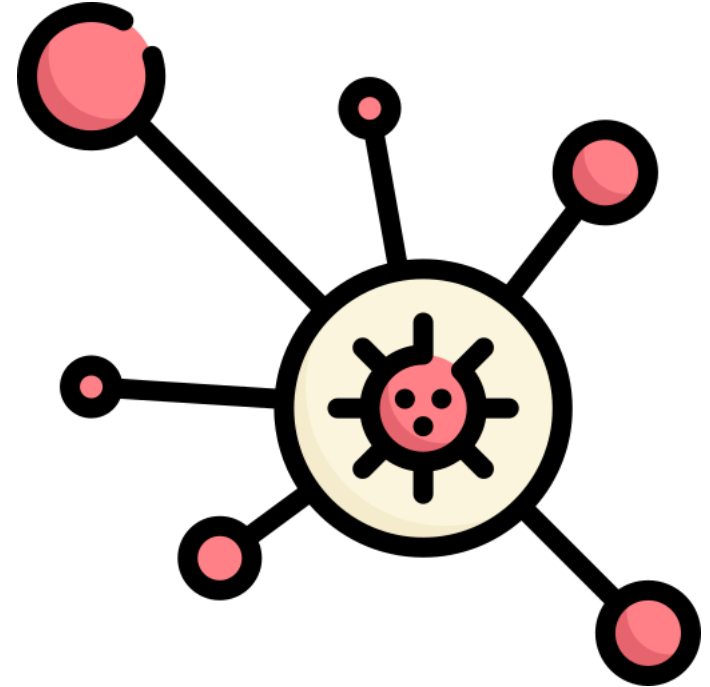
= # of people who will catch the disease from one contagious person



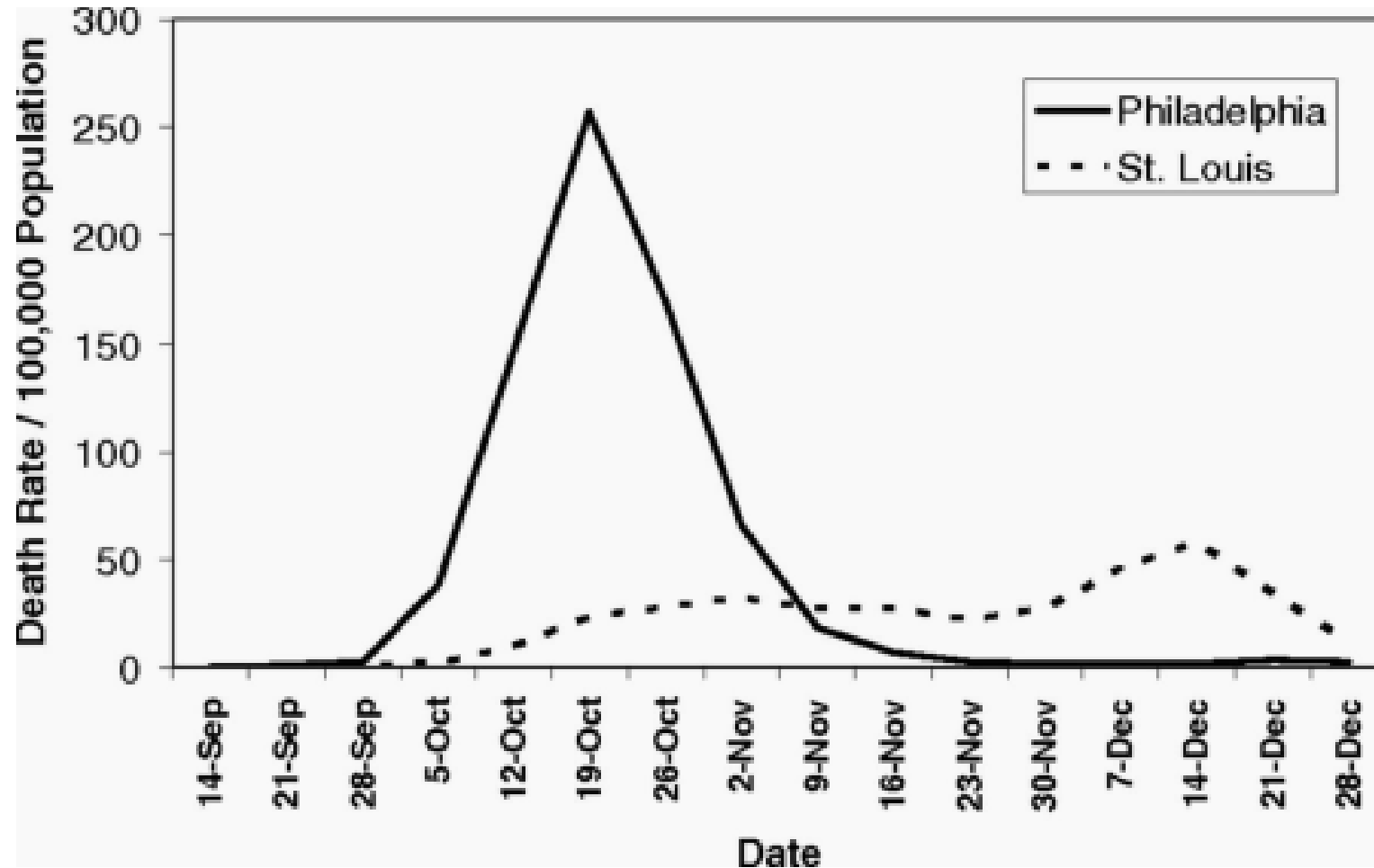
Sheng Zhang, et al. Estimation of the reproductive number of novel coronavirus (covid-19) and the probable outbreak size on the diamond princess cruise ship: A data-driven analysis. International Journal of Infectious Diseases, 2020.

Mitigation

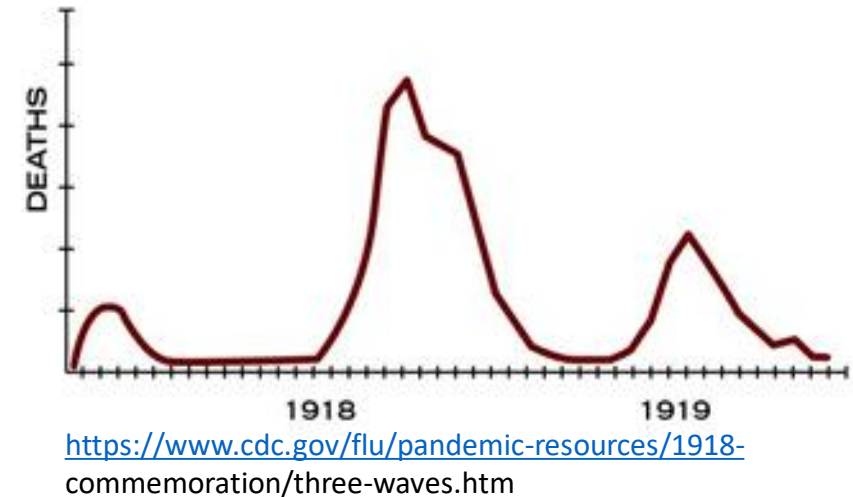
- **Spread continues until:**
 - *Starvation*
 - too hard to find victims
 - coupon-collector problem
 - herd immunity
 - ~50% of the population for $R_0 \sim 2$
 - *Vaccination*
 - 12-18 months away



Control - 1918 Pandemic



<https://qz.com/1816060/a-chart-of-the-1918-spanish-flu-shows-why-social-distancing-works/>



Minimizing infections:

- **General Quarantine**

- Easier to implement
- Requires complete cooperation
- Affects economy, psychology
- Eventually loses effect

- **Targeted Quarantine**

- Extensive testing
- Timely alert and isolation of infections
- COVID:
 - People are contagious while asymptomatic



[College students relax and have fun during their Spring Break. \(AP Photo/Alan Diaz\)](#)

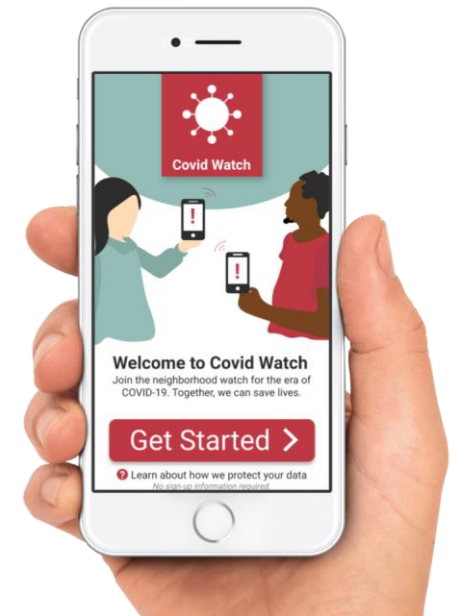
System goals:

- **Open participation**
 - Voluntary
 - Enter and leave at will
- **Simplicity**
 - Easy to understand
 - may affect adoption!
 - Easy to implement
 - Easy to verify
- **Decentralization**
 - No central personal information
 - Cannot aggregate databases
- **Low infrastructure**
 - Deployment must be fast

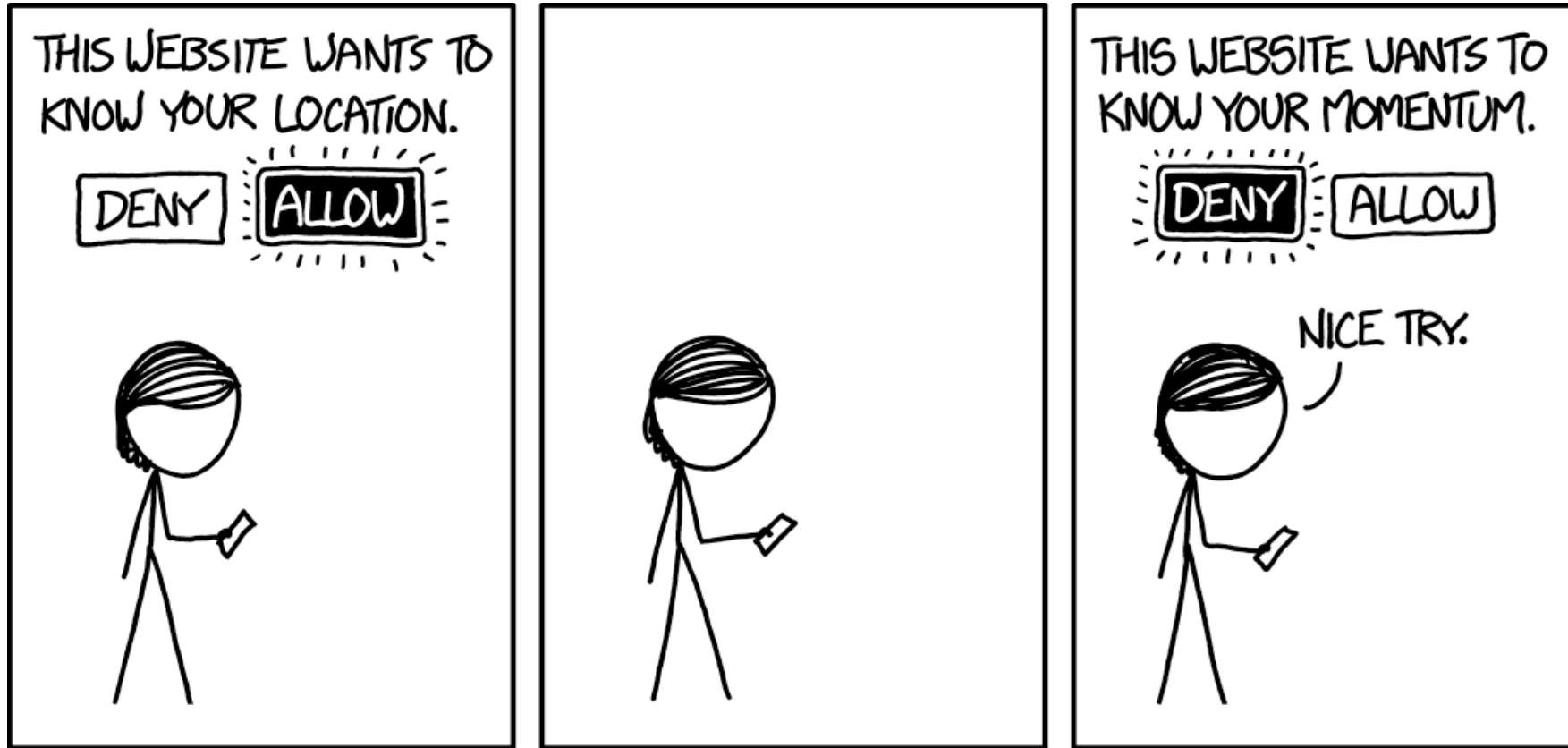


Existing systems:

- **China, Taiwan, and South Korea:**
 - Central aggregation of cellphone data
 - No public details
- **Singapore**
 - Bluetooth contacts + GPS location history
 - Privacy from other users
 - No privacy from government
- **Israel**
 - Privacy until infected
 - Full location history of infected party is shared
- **Covid-watch, MIT**
 - Simialr to this scheme
- **Lindell and Green**
 - Brighttalk on scientific and political challenges



Location history – why do we care?



<https://xkcd.com/1473/>

Location Leakage ... *Why should we care?*

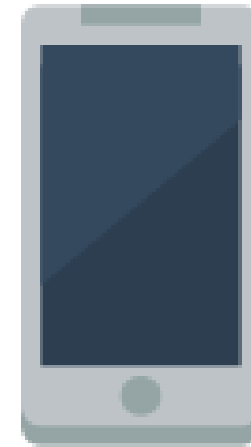
- Work times
- Friends
- Medical issues
- Political/religious interests
- What you buy / consider

COVID status ... *Why should we care?*

- Social shaming
- Employment risk
- Insurance
- Social score

High level idea:

- **Joe user**
 - Broadcasts random tokens.
 - Short-range - Bluetooth
 - Approximates infection risk distance
 - Rotated at regular intervals
 - Listens for other broadcasts.
 - Checks received tokens against infected registry
- **Potentially sick user**
 - Gets tested.
 - If positive, uploads broadcasts to central registry

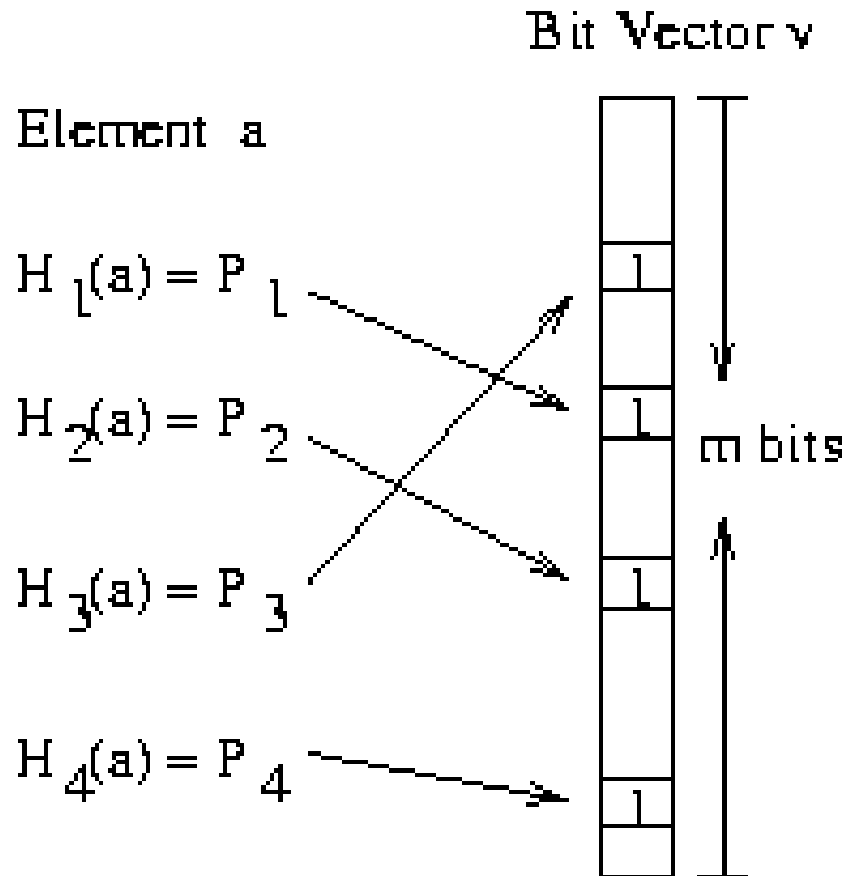


Parameters:

- **Time epoch (a tick)**
 - Long enough to be reproduced reliably
 - Short enough to produce privacy
- **Retention time**
 - How long data is retained (14 days?)
- **Update interval**
 - How often to contact the registry

Implementation using Bloom filters

- Bloom filters



Probability of False Positive:

$$\left(1 - \left(1 - \frac{1}{m}\right)^{kn}\right)^k \approx \left(1 - e^{-kn/m}\right)^k.$$

Fixed false positive $\rightarrow m$ grows linearly with n

Implementation using Bloom filters

- Tokens
 - Produced each tick with probability p_{new}
 - Capped at g
- Registry
 - Big Bloom filter in the sky
 - Download and check if heard token is there
 - Can add through bit-wise OR
 - Plausible deniability
- Medical professional
 - User produces witness to infection
 - Uploads Bloom filter of infected to registry
 - Fake tokens won't match what people hear

Implementation using Bloom filters – Sample Numbers

- Bloom filter
 - $m=8 \times 10^8$
 - ~100MB / day download
 - No compression
 - No incremental updates
 - False Positive rate 10^{-15}
 - $n \leq 11,000,000$
 - Town
 - 10,000 residents
 - ~1100 tokens / resident
 - 14 day history
 - 28,800 ticks @ 1 tick/minute
- $28800 / (1 / p_{\text{new}}) \leq 1100$
 - $p_{\text{new}} \leq 3.5\%$
 - recreate token every ~26 minutes

Analysis - Privacy

- User
 - Obtains tokens from (i) others, (ii) registry
 - Location information limited to epoch
 - Different epochs cannot be linked
- Registry
 - Cannot connect tokens, if updates batched
- Doctor
 - Can cause lots of damage
- World
 - Spoofing fake tokens
 - Rebroadcast others' tokens

Philosophical problems

- Share your tokens
 - Bounded number of tokens
- Share heard tokens
 - Possible linkage (who else heard tokens)
- Shared encounter token
 - Complexity of interaction
- Reidentification
 - Few contacts
 - Cameras

Technical problems

- Bluetooth
 - Not all devices transmit at same power
 - Needs to be constantly receiving
 - problem on iOS
 - battery drain
- Token sharing
 - broadcast tokens are received tokens?
- Linkage
 - I know when I receive infected tokens
 - Reidentify sick person?

Extensions

- Bluetooth
 - Reduce power
 - Filter signal strength
 - RSSI
 - Packet loss
- Per-encounter tokens
 - A receives T_B from B
 - B receives T_A from A
 - Both compute $H(T_A, T_B)$
- Mediate server access
 - Requires trusted server
 - Allows monitoring access patterns
 - Use Private Set Intersection
 - Register tokens with callback

Extensions II

- Verify physical proximity
 - Multi-message handshake
 - Include coarse location information in token
- Token
 - A receives T_B from B
 - B receives T_A from A
 - Both compute $H(T_A, T_B)$
- Staggered collocation
 - Devices in fixed locations
- Planned obsolescence
 - Data useless after infection window

Conclusion

- Adoption
 - Most important hurdle
 - Induce through fast-track testing
 - Induce through paying for positive connection
- Maintaining authenticity
 - Fake apps
 - Rogue apps
 - Patching apps
- Preventing abuse
 - Fake IDs



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