## **COVID-19 SIR, SQEAIR, DDE Sigmoidal Models**

Created with Mathcad 14 Math Software: Documentation, Model Creation, and Math Calculations Mathcad Program File (COVID-19 SIR Sigmoid Model.xmcd) and Data can be found at: VXPhysics.com/COVID-19

This work was sparked by the desire to understand the basic dynamics of the Novel COVID-19 Pandemic. With the exception of the Sigmoidal Incidence Model that was created, this work is mostly a review of existing research. This is not a formal paper and attribution to sources are sketchy. Epidemiological models are commonly stochastic, diffusive-spatial, network based, with heterogeneous sub-populations. However, the parameters of Dynamic Equation Models, such as SIR and SQEAIR, are more directly related to and interpretable as physical processes. The intent of this work was to build a simple epidemiological "toy model" to estimate the period before the peak infection and the total number of infected cases. The methodology employed was, first, application of Dynamic Deterministic Discrete SIR, SEIR, & DDE Models to characterize infection data from Wuhan China, USA, UK, Italy, Spain, N. Korea, NY, FL, New Orleans. Next, a Sigmoidal Incidence Function was used to give an Empirical Transmission/Contact Model that can successfully fit the observational data from China. The Levenberg-Marquardt Method was used to extract the Empirical Epidemiological Parameters of the Epidemic Isolation Policies that were successfully employed by China and S. Korea. The insights gained from analysis of these successful interventions were then used to Analyze and Predict Results for the Mitigation Policies of the US, NY, & UK.

NOTE: Current State of Modeling is such that projections are "good" for only about 2 weeks.

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### Particulars of the Methodology for the COVID-19 Investigation

This work starts with a general description of the SARS-CoV-2 Virus and the associated COVID-19 disease. Its Epidemiology (Transmission and Model Parameters), Infection Cycle, Risks, and Estimate of Required Hospital Services are investigated.

Next the SIRD and SEIRD Mathematical Models and their parameters, and general epidemiological behavior are discussed. Also, the basic assumptions of the SIRD/SEIR models are examined. The model is demonstrated by its application to a typical flu season. The detailed characteristics of a typical flu season and the range of its parameters are discussed. We will use whichever model (SEIR or SIR) works best.

COVID-19 outbreaks in Wuhan China, NY, USA, FL, New Orleans, UK, Italy, Spain, N. Korea, and the World are presented. This was done in the following fashion. First, data on the total infections for each region were obtained. The rate of change, days to double, and a fit to the data with two types of exponential curves was made. The data was plotted with two types of exponential curve fits and with the number of new cases of infection. The infection data on a semi-log plot to observe its exponential behavior were also plotted. A fundamental and key concept in epidemiology and demograpy is the Basic Reproduction Number,  $R_0$ . It is a threshold, and it is defined such that if R0 > 1, the infectious disease will result in an outbreak, i.e. unstable exponential growth.  $R_0 < 1$  would imply its disappearance.  $R_0$  is the ratio new secondary/primary infections.

#### A Sigmoidal Transition Model was created to model Mitigation by Governmental Intervention.

An attempt was made to do a spatial analysis by looking at the model behavior in all 50 states. Estimates of the Reproduction Number,  $R_0$ , for each of the states were made. However, keeping up with, aggregating, updating, processing, and doing a spatial analysis in a timely manner was beyond the time and scope of this basic investigation.

A deeper investigation on the outbreaks in Wuhan, NY, USA, and the UK was made. For these locations, the parameters for the SIRD infection model were abstracted. Using the SIRD model and abstracted parameters, observations on how well the model compares with the infection data, and the projected behavior/growth of the epidemic was made. The model gave Projected Numbers of the Susceptibles, Infections, Recovered, and Fatalities.

**The initial projected numbers for infections and deaths were horrendous.** Projections gave 2 million deaths in the US. These initial models agreed with the assessment of other earlier epidemiological models. Clearly, governmental intervention was needed to reduce these epidemic numbers.

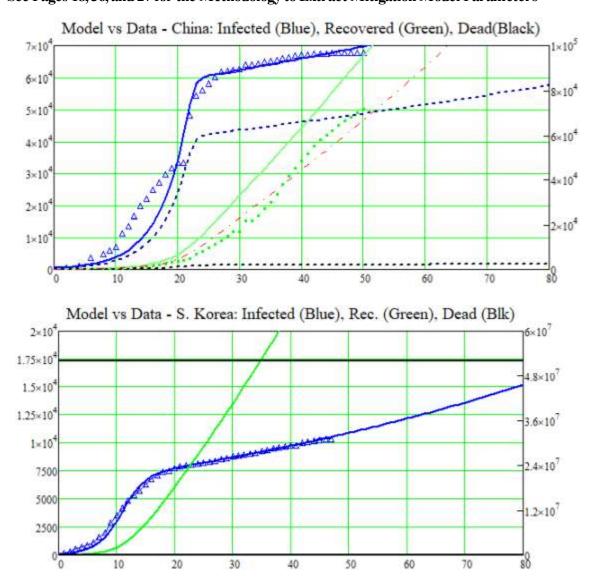
Based on interventions in Wuhan China, a Sigmoidal Model was created for this investigation to reflect the effects of the Wuhan intervention. This intervention model was then applied to our SIRD epidemiological model. A preview of the model results/plot is shown at the bottom of the following page. It is formulated to model the reduction in the transmission rate,  $\beta$ , resulting from the intervention.

### COVID-19 Situation (April 8, 2020) of the World at Large

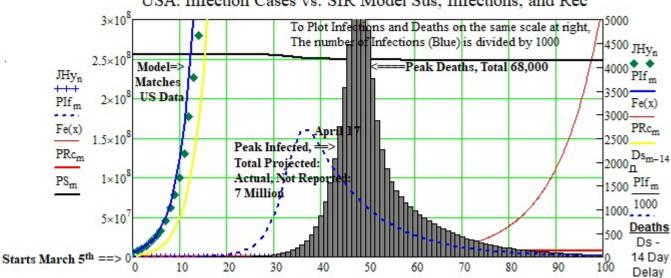
Epidemiological Mathematical Models are important. They are based on our knowledge of the dynamics of epidemics. Often, there are phenomena that can only be comprehended with math models. Generalization models have been used to estimate the demand for hospital beds, ICU days, number of ventilatores and also, importantly, the need and required extent of governmental intervention. To date, the number of infections and deaths are **far below** the projections of earlier models. A Model is only as good as the assumptions put into the Model. Clearly, there are phenomena of the COVID-19 epidemic that are as yet not understood. Models are constantly being updated and improved.

The story of the COVID-19 outbreak is ongoing. Our knowledge of this novel virus, is in a state of flux. Every week seems to bring additional important medical and epidemiological information.

### Preview: Mitigation Models for China, S. Korea, USA Shows Daily Match Between Infection Data (Blue ▲) vs Sigmoidal Model (Blue Line) See Pages 18, 36, and 27 for the Methodology to Extract Mitigation Model Parameters



What is the predicted infection rate after the April 17th peak? We see that in 30 days, a month later, May 19th, the number of infections drops down to 11% of the peak, but this is a very very big number.



### USA: Infection Cases vs. SIR Model Sus, Infections, and Rec

# **General Description of Virus and Conclusions**

Some Characteristics of the COVID-19 Disease

The SARS-CoV-2 Virus is an enveloped, single-standed RNA virus. It is commonly referred to by the name of the disease it causes, which is COVID-19. The later name was choosen by the WHO for PR purposes. This virus was first discovered in China by observing that hospital patients were showing a very virulent type of pneumonia. (Historically, the most general cause of pneumonia the Streptococcus pneumoniae bacerium.) Currently, according to the CDC, the incubation period for the novel coronavirus is somewhere between **2 to 10 days after exposure, mean**. More than 97 percent of people who contract SARS-CoV-2 show **symptoms within 11.5 days of exposure**. The **average incubation period seems to be around 5.2 days**. For many people, COVID-19 symptoms start as mild symptoms and gradually get worse over a few days. **Transmission occurs primarily:** via respiratory droplets from coughs and sneezes within a range of about 6 feet (1.8 m). Indirect contact via contaminated surfaces is another possible cause of infection. Preliminary research indicates that the virus may remain viable on plastic and steel for up to three days, but does not survive on **cardboard for more than one day** or on copper for more than four hours. Models show that 1/3 each of transmission occurs in household, schools-workplaces, and in the community.

#### Additional Data on Model Parameters:

The paper: "*The effect of travel restrictions on the spread of the 2019 novel coronavirus outbre d*k", by Ira M. Longini and Alessandro Vespignani give the <u>following data for the World Pandemic</u>. A generation time ( $T_g$ ) ranging from 6 to 11 days based on plausible ranges from the SARS epidemic and recent analysis of COVID-19 data. The results for generation time  $T_g = 7.5$  days. The obtained posterior distribution provides an average reproductive number  $R_0 = 2.57$ , and a doubling time measured at  $T_d = 4.2$  days.

They reported that that the median ascertainment rate of detecting an infected individual in Mainland China is equal to 24.4%. In other words, the modeling results suggest that in Mainland China only one out of four cases are detected and confirmed. Studies in Germany suggest only 6% of cases are reported. A recent study in the US, suggests that as few as 2% of infections are confirmed. Reported Cases, at best, are only 10% of Actual Number.

### Let Q equal the % of the Population that, if Infected, could be Reportable Cases. Q := 10.%

Allowing for a 7 day incubation period, Baysian Spectral Fusion Analysis of 5 countries shows wavelengths of 2.7, 4.1, and 6.7 days. After lockdown the 2.7 and 4.1 day cycles are surpressed, suggesting that they are related to virus dynamics. See: *Rapidly evaluating lockdown strategies using spectral analysis*, Nason.

In reality, model parameters, such as  $R_0$ , have different types of statistical distributions. The generation interval distribution for an infectious disease is the probability distribution function for the time from infection of an individual to the infection of a secondary case by that individual. Generation interval distributions uniquely characterize the relationship between the reproductive number R and the growth rate r. Different infectious diseases have at least 5 different possible distributions. See: *How generation intervals shape the relationship between growth rates and reproductive numbers*, Wallinga.

### The Susceptible, Infected, Recovered (SIR) Model

COVID-19 has a latent or incubation period, during which the individual is said to be infected but not infectious. Members of this population in this latent stage are labelled as Exposed (but not infectious). The model with this Exposed group is the Susceptible, Exposed, Infected, Recovered, SEIR Model. However, for this study, given the decision to use a deterministic discrete differential equation model and the limited amount of data, the model that most successfully matched the published Confirmed Infectious Case Data is the SIR model.

We will use an SIR Model for Wuhan and the USA. This is shown two pages after this. For the Wuhan Virus, we found that the Basic Reproductive Ratio,  $R_0$ , was 2.74 and that the time to recover is 41 days, days to double of 3.62—>Exponential Transmission. During the initial exponential phase of growth, the USA data gave the number of days for infections to double as 2.309 and the Basic Reproductive Ratio as 2.74.

### Epidemic Spread: Factors, Herd Immunity, Prognosis

Infectious Disease Dynamics, Derek Cummings

- The number of individuals infected by each infectious case. (R0)
- The time it takes between when a case is infected and when that case infects other people.

#### **Difference in the Serial Interval**

The average length of time between when a case is infected and when s/he infects others,

This serial interval is different for these two pathogens

- -Influenza~2.5 days
- -Measles ~ 18 days

### <u>A Third Factor, θ</u>

- Defined as the proportion of transmission occurring prior to symptoms
- Measure of how much shorter latent period is than incubation period
- Proposed by Fraser and colleagues

### **Reproduction Ratio, R0: Example - Sexually Transmitted Infection**

#### $R_0 = \alpha x c x \beta$

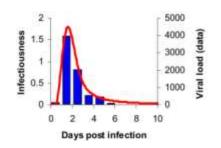
 $\beta$  is the proportion of contacts that become infected c is the number of contacts per day  $\beta$  is the duration of infectiousness

### Estimates of R0 of several pathogens

Smallpox – 6 Influenza – 2 HIV – 5 Dengue – 4

### Death Rate, Extent

Flu: 0.1%, 8%/year COVID-19: 0.5%, 70%



Could also use a proxy for infectiousness, viral load ==> in infectiousness, viral load in oropharyngeal secretions, for example

### Targeted interventions to stop transmission depend upon being able to identify cases

• Isolation, quarantine, screening travelers, prophylactic use drugs all depend on identifying people before transmit

### Delays dramatically reduce effectiveness

- -if your interventions don't identify people until after they've done the bulk of their transmission, they don't work
- The serial interval identifies the time-scale of response
- How quickly can we identify cases?

### The Critical Immunization or Infection Rate to Eradicate a Disease (Herd Immunity %)

### COVID-19 Herd Immunity %

$$HI(R_0) := 100 \cdot \left(1 - \frac{1}{R_0}\right) \quad HI(2.8) = 64.286$$

Herd Immunity % Measles and whooping cough, 90-95% chicken pox and mumps 85-90% coverage polio and scarlet fever 82-97% coverage smallpox 70-80% coverage

US Herd Immunity: This projects to 200 million infected in USA.

### PROGNOSIS:

When social isolation ends, the epidemic will start up again. Based on our current knowledge of the virus, without social isolation or a vaccine, the number of potential infections in USA is still 200 million. It is still very infectious. It will probably be two years before the epidemic is under control in the US.

### **COVID-19 Epidemiology State of Flux (Time Dependent)**

## Perspective on Number of COVID-19 Deaths in USA

**Categories of Annual Deaths in the US** 

2,813,503 registered deaths (8,000/year) in the United States in 2017

Heart Disease: 647,000/ 23.5% Cancer: 99,108/ 21.3% Unintentional injuries: 169,936/ 6% Chronic lower respiratory disease: 160,201/ 5.7% Stroke and cerebrovascular diseases: 146,383/ 5.2% Alzheimer's disease: 121,404/ 4.3% Diabetes: 83,564/ 3% COVID-19: 82,000/ 3% Influenza and pneumonia: 55,672/2% Suicide: 47,173

April 7, 2020: IHME Revised Estimate of Number of COVID-19 US Deaths:

82,000 deaths from the first wave of infection, although the number could range from 49,000 to 136,000.

### Model Limitations: Old February 2020 AHA COVID-19 BEST GUESS 2020 Webinar of the American Hospital Association (AHA)

\*  $R_0 = 2.5$ ; Doubling time 7-10 days

- \* Community attack rate = 30-40%
- \* Cases requiring hospitalization = 5%
- \* Cases requiring ICU care = 1-2%
- \* Cases requiring ventilatory support = 1%
- \* CFR = 0.5%

Community epidemic wave 2 months

US: 96 million cases (27% Population) US: 4.8 million admissions US: 1.9 million ICU US: 1 PPV US: 480,000 deaths

### Study: Nowcasting and Forecasting the International Spread of COVID-19

Nowcasting and forecasting the potential domestic and international spread of the 2019-CoV outbreak originating in Wuhan, China: a modeling study, Wu, Leung, January 31, 2020

### **Nowcasting Findings:**

In our baseline scenario, we estimated that the **basic reproductive number** for 2019-nCoV was **2.68 Confidence Level (95% CL 2·47–2.86)** and that 75,815 individuals (95% CL 37 304–130 330) have been infected in Wuhan as of Jan 25, 2020. The epidemic **doubling time** was **6.4 days** (95% CL 5·8–7·1). We estimated that in the baseline scenario, Chongqing, Beijing, Shanghai, and Shenzhen had imported 461 (95% CL 227–805), 113 (57–193), 98 (49–168), 111 (56–191), and 80 (40–139) infections from Wuhan, respectively. If the transmissibility of 2019-nCoV were similar everywhere domestically and over time, we inferred that epidemics are **already growing exponentially in multiple major cities of China** with a **lag time behind the Wuhan outbreak** of about **1–2 weeks.** 

Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modeling study, Wu, Leung, January 31, 2020

**Transmission occurs primarily via respiratory droplets** from coughs and sneezes within a range of about 6 feet (1.8 m). Indirect contact via contaminated surfaces is another possible cause of infection. Preliminary research indicates that the virus may remain **viable on plastic and stee**l for up to **three days**, but does not survive on **cardboard for more than one day** or on copper for more than four hours

The **incubation period** of COVID-19 can last for **2 weeks or longer**. Incubation rate  $\sigma$ , is the rate of latent individuals becoming infectious. Given the **known average duration of incubation Y**,  $\sigma = 1/Y$ . The average incubation duration us **5.2 days**.

### <u>IHME COVID-19 health service utilization forecasting team</u> Forecasting COVID-19 Impact on Hospital bed-days, ICU-days, Ventilator-days and deaths by US state in the next 4 months

#### Estimate for Required Hospital Needs Generated April 2, 2020

#### Goal:

Develop a statistical model forecasting deaths and hospital utilization against capacity by state for the US over the next 4 months.

#### Statistical model for the cumulative death rate.

We developed a curve-fitting tool to fit a nonlinear mixed effects model to the **available admin cumulative death** data. The cumulative death rate for each location is assumed to follow a **parametrized Gaussian error function**:

$$D(t;\alpha,\beta,p) = \frac{p}{2} \left( \Psi(\alpha(t-\beta)) = \frac{p}{2} \left( 1 + \frac{2}{\sqrt{\pi}} \int_0^{\alpha(t-\beta)} \exp\left(-\tau^2\right) d\tau \right)$$
  
$$\underbrace{H(t,\alpha,\beta,p) \coloneqq \frac{p}{2} \cdot \left[ \operatorname{erfc} \left[ \left[ \alpha \cdot (t-\beta) \right]^2 \right] \right]}_{\text{ICU}(t,\alpha,\beta,p) \coloneqq \frac{p}{2} \cdot \left[ \operatorname{erfc} \left[ \left[ \alpha \cdot (t-\beta) \right]^2 \right] \right]}$$

Where the function Y is the Gaussian error function (written explicitly above),

p controls the maximum death rate at each location,

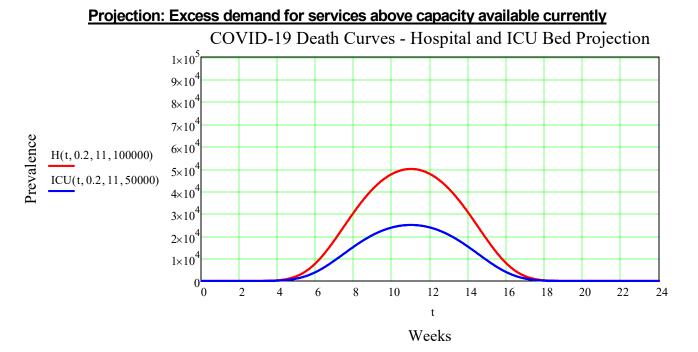
t is the time since death rate exceeded 1e<sup>-15</sup>,

 $\beta$  (beta) is location-specific inflection point (time at which rate of increase of the death rate is maximum), and  $\alpha$  (alpha) is a location-specific growth parameter.

Other sigmoidal functional forms (alternatives to Y) were considered but did not fit the data as well. Data were fit to the log of the death rate in the available data, using an optimization framework described in the appendix.

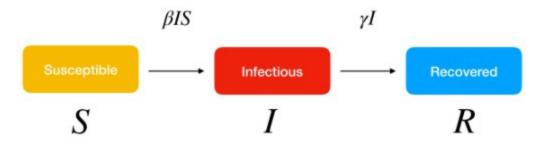
The date of peak excess demand by state varies from the **second week of April through May**. We estimate that there will be a total of **81,114** (95% UI 38,242 to 162,106) **deaths from COVID-19 over the next 4 months** in the US. Deaths from COVID-19 are estimated to **drop below 10 deaths per day between May 31 and June 6**. Given current estimates of the basic reproductive rate (the number of cases caused by each case in a susceptible population), **25% to 70% of the population** will eventually become infected. Based on reported case-fatality rates, these projections imply that there would be millions of deaths in the United States due to COVID-19.

A covariate of days with expected exponential growth in the cumulative death rate was created using information on the number of days after the death rate exceeded 0.31 per million to the day when 4 different social distancing measures were mandated



### SIR Compartmental Disease Transmission Model: Susceptible, Infected, Removed

 $Data-Based Analysis, Modeling and Forecasting of the COVID-19 \ outbreak https://www.medrxiv.org/content/10.1101/2020.02.11.20022186v4.full.pdf - March 5, 2020$ 



<u>Phenomena involving rates of change often can only be comprehended through Mathematical Models.</u> The oldest and most common Epidemiological Model is the SIRD model, consisting of a set of four coupled nonlinear differential equations, which assigns every person in a population to be in one of 4 conditions or categories. The advantage of SIR model over more detailed models, is that SIR uses only known surveillance data. S = Susceptible to becoming infected. S<sub>0</sub>, Initial population (initial # of people who are susceptible),

I = Infected through contact with someone already infected.  $I_0$ , Initial number of infected people

R = Removed or Removal Group, either in isolation or dead, or no longer sick or infected.

**D** = Fatalities

Through time a person may **move from being Susceptible to Infected to Removed**, so that the number of people in each category changes, but the total of S + I + R remains some constant, N.

This is a Compartmental Model, with S,I, R, and D being compartments of subpopulations. Every person starts off in a given compartment and may then, in time, move to another. Graphically the compartment model looks like the plots starting on page 11, with the rates of movement between the compartments designated by the parameters:  $\alpha$ ,  $\beta$ , and  $\gamma$ .

This model assumes that once someone recovers they are immune and can't be infected again. The model also assumes that a disease is passed from person to person. The SIRD model can't be used for diseases that spread by other modalities, such as eating exotic animals or being bitten by insects.

### **REMEMBER:** A Model is only as good as the assumptions put into the Model.

**Potential Error Sources:** There are two major of potential sources of error: Process Error and Observation Error. The source of Process Error is the disease dynamics. It is inherently stocastic.

The observation error is the error in the observation process. A number investigations to measure the true rate of COVID-19 infections have been done. Actual cases may be 10 to 50 times larger than reported. **The major source of error is observational.** 

### **Epidemiological Parameters (Different Author May Use Different Symbols)**

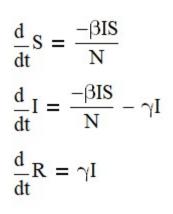
Infection rate,<br/>Recovery rate,β: Transmission rate, rate (number per day) that susceptible people become infected<br/>γ: Recovery rate (number per day) that infected people recover. Portion - Removal Rate<br/>CDC - Flu in USA: 36 million flu illnesses, 370,000 hospitalizations & 22,000 deaths.

NOTE:	Since the population size, N, is constant,
N = S + I + R	these constraints can be used to
N = S + E + I + R	eliminate the equation for R in the Models.

## **Deterministic Mathematical Modeling of Disease**

### **Bio-mathematical deterministic treatment of the SIR or SEIR model**

This SIR system of ordinary differential equations is **non-linear**, and **does not admit a generic analytic solution**. Nevertheless, significant results can be derived analytically.



#### <u>Initially, when S ~ N</u>

 $I(t) = I_0 \cdot e^{(\beta - \gamma)t}$ 

#### **Transition Rates of SIR Movement between adjacent Compartments**

• The terms dS/dt , dI/dt , dR/dt in the Nonlinear Differential Equations indicate the rates of change of the susceptible population size, the infected population size and the Removed population size, respectively. It is a mechanistic model.

- The term  $\beta$  is the transmission rate and  $\beta \sim 2.8 \times 1/10$  days =0.199
- $\bullet$  The rates are nonlinear, determined by the law of mass action, rate  $\sim \beta \, I \, S$
- $1/\gamma$  is the period when infected people are contagious.
- High value of  $\beta$  means the epidemic will spread quickly.
- $\gamma$  recovery rate (inverse of the number of days until recovery (1/ $\beta$ )
- The median number of days until recovery is about 6.8 days:  $\gamma = 1/6.8$
- High value of  $\gamma$  means a person will remain infected for more days
- SIR model basic reproduction number,  $\mathbf{R}_0 = \beta / \gamma$  when everyone is susceptible.

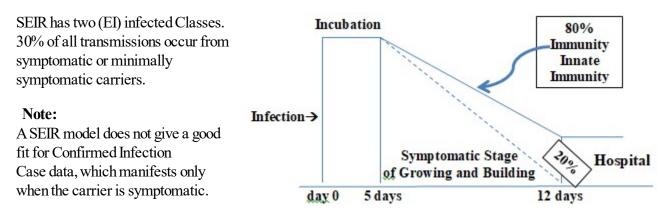
• Rate at which compartments move from one to another depends on the fraction of population in each compartment and transmission rate,  $\beta$  and recovery rate,  $\gamma$ . The SIR model does not allow for those who are exposed, but not infected or infected but asymptomatic, or time period when latent and also infectious.

### **Continuous SIRD Model: System of Differential Equations, DE**

Given $\delta := 0.005$	Initial Conditions:	Terminal Point, T:
$\frac{\mathrm{d}}{\mathrm{dt}}\mathrm{S}(\mathrm{t}) = \frac{-\beta \cdot \mathrm{I}(\mathrm{t}) \cdot \mathrm{S}(\mathrm{t})}{\mathrm{N}}$	$S(0) = S_0$	<u>,</u> <u></u>
$\frac{\mathrm{d}}{\mathrm{d}t}\mathrm{I}(t) = \frac{\beta \cdot \mathrm{I}(t) \cdot \mathrm{S}(t)}{\mathrm{N}} - (\gamma + \delta) \cdot \mathrm{I}(t)$	$I(0) = I_0$	Mathcad Odesolve Solver: Solution for a
$\frac{\mathrm{d}}{\mathrm{d}t}\mathbf{R}(t) = \gamma \cdot \mathbf{I}(t)$	$R(0) = R_0$	System of Ordinary Differential Equations
$\frac{\mathrm{d}}{\mathrm{d}t}\mathrm{D}(t) = \delta \cdot \mathrm{I}(t)$	D(0) = 0	$DE\_SIR(S_0, I_0, R_0, D_0, \beta, \gamma, N, T) := Odesolve \begin{pmatrix} S \\ I \\ R \\ D \end{pmatrix}, t, T$

### **SEIR Model (E is Exposed) Infection Cycle Outcomes**

#### MedCram: COVID Pandemic Update 49: New Data COVID-19 vs Other Viral Infections (Ventilator Outcomes)



## **Continuous SEIR Model**

This is an SEIR Model for China Data from Mathematica: "SEIR model of the coronavirus infection in China" Mathematica Notebook: SEIR model C 27 march 2020.nb https://community.wolfram.com/groups/-/m/t/1888335

 $\begin{aligned} \text{InfM} &\coloneqq \text{READPRN}(\text{"China Cases -SEIR MMica-13332.txt"}) & \text{RecM} &\coloneqq \text{READPRN}(\text{"China Recovered -SEIR MMica.txt"}) \\ \text{Rc} &\coloneqq \text{rows}(\text{InfM}) & \text{Rc} = 68 & \text{m} \\ \text{Ifnc}_{m} &\coloneqq \text{InfM}_{m} - \text{RecM}_{m} \\ \text{Ifnc}_{m} &\coloneqq \text{InfM}_{m-1} \\ & \text{SEIR}(\text{S0}, \text{I}_{0}, \text{E}_{0}, \beta, \varepsilon, \gamma, \text{N}) & \tau &\coloneqq 1.1 & \text{Terminal Point, T:} \\ & \text{Terminal Po$ 

### **Continuous SEIR Model: System of Differential Equations, DE**

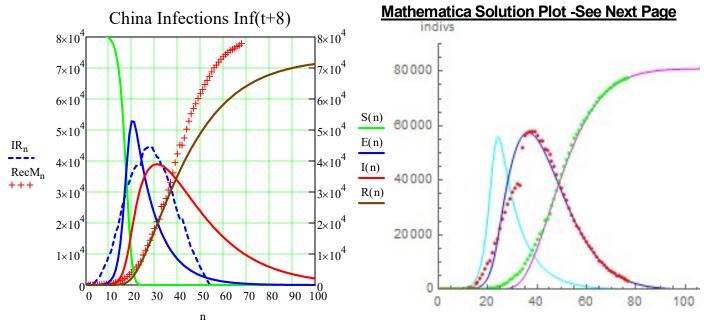
Given	Initial Conditions:	
$\frac{d}{dt}S(t) = \frac{-\beta \cdot I(t) \cdot S(t)}{N}$	S(0) = 80900	obreak = Mathematica/Maple SEIR DDE
$\frac{d}{dt}E(t) = \frac{\beta \cdot I(t) \cdot S(t)}{N} - \varepsilon \cdot E(t)$	E(0) = 1	$\{s'[t] = -\beta \star s[t] \star i[t] / p,$
$\frac{d}{dt}I(t) = \varepsilon \cdot E(t) - (\gamma + \delta) \cdot I(t)$	I(0) = 1	$e'[t] = \beta * s[t] * i[t] / p - \sigma * e[t - 1.1],$ i'[t] = $\sigma * e[t - 1.1] - \gamma * i[t - 8.7],$ r'[t] = $\gamma * i[t - 8.7]$ ;
$\frac{\mathrm{d}}{\mathrm{d}t}\mathbf{R}(t) = \gamma \cdot \mathbf{I}(t)$	R(0) = 0	

#### Mathcad Odesolve Solver: Solution for a System of Ordinary Differential Equations

$$DE\_SEIR(S_0, E_0, I_0, R_0, \beta, \varepsilon, \gamma, N, T) := Odesolve\begin{bmatrix} S\\ E\\ I\\ R \end{bmatrix}, t, T$$

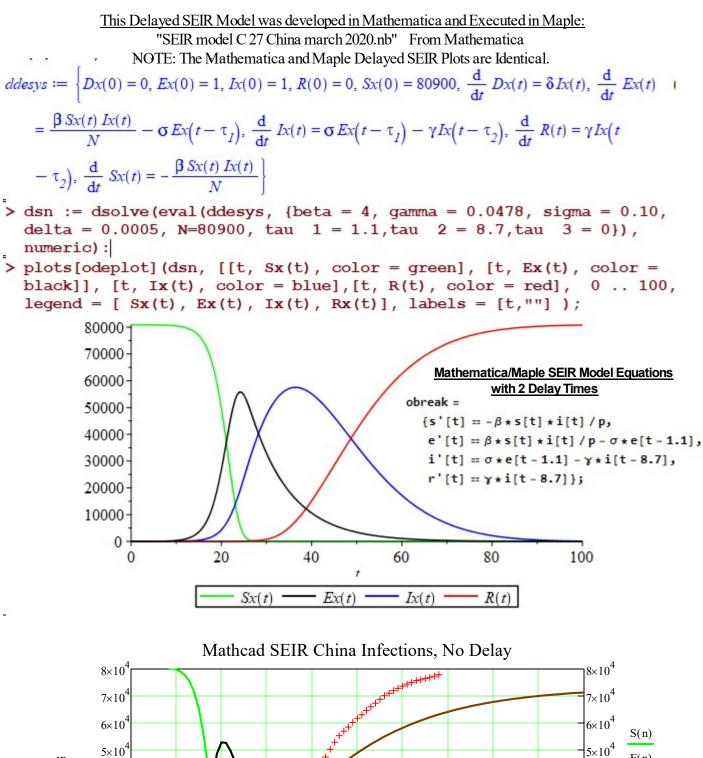
 $(\underline{S} \in I \underline{R}) := DE\_SEIR(80899, 1, 1, 0, 4, 0.1, 0.0478, 80900, 100)^{T}$ 

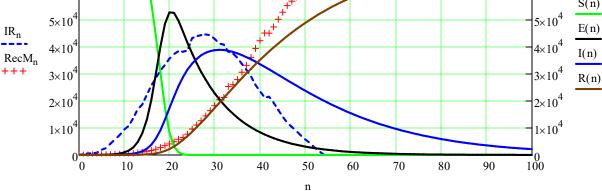
t := 0...140



Good Match Between Data and DDE SEIR Model

#### Difference Compartmental Models: SEIR Delayed (Maple) v.s. Mathcad SEIR No Delay





### **Discrete SIRD and SEIR Models - Infectious Disease Outbreak Equations** The number of people at any day, n, who are: Number (#) Infected - I # Removed - R # Dead - D **#** Susceptible-S $S_{t} = S_{t-1} - \frac{\beta}{N} \cdot S_{t-1} \cdot I_{t-1} \qquad I_{t} = I_{t-1} + \frac{\beta}{N} S_{t-1} \cdot I_{t-1} - \beta \cdot I_{t-1} - \gamma \cdot I_{t-1} \qquad R_{t} = R_{t-1} + \gamma \cdot I_{t-1}$ $D_t = \delta I_{n-1}$ Algorithms to Calculate the Values of S, I, R, D and S, E, I, R from Model Parameters **Governmental Mitigation is not Modeled** Outputs S, E, I, R, but Shown without the R term below

$$\begin{split} \text{SIRD}\big(\text{S0},\text{I}_{0},\beta,\gamma,\delta,\text{N}\big) \coloneqq & \begin{array}{c} \text{S}_{0} \leftarrow \text{S0} & ,\gamma,\text{N}\big) \coloneqq & \begin{array}{c} \text{S}_{0} \leftarrow \text{S0} & \\ \text{I}_{0} \leftarrow \text{I}_{0} & \\ \text{D}_{0} \leftarrow \text{R}_{0} \leftarrow 0 & \\ & \left(\begin{array}{c} \text{M}_{0,0} \quad \text{M}_{0,1} \quad \text{M}_{0,2} \quad \text{M}_{0,3}\right) \leftarrow \left(\begin{array}{c} \text{S0} \quad \text{I}_{0} \quad 0 & 0 \end{array}\right) & \\ \text{for } n \in 0 \dots \text{N} & \\ & \begin{array}{c} \text{S}_{n+1} \leftarrow \text{S}_{n} - \frac{\text{S}_{n}}{\text{S0}} \cdot \beta \cdot \text{I}_{n} & \\ & \text{I}_{n+1} \leftarrow \text{I}_{n} + \frac{\text{S}_{n}}{\text{S0}} \cdot \beta \cdot \text{I}_{n} - \text{I}_{n} \cdot (\gamma + \delta) & \\ & \begin{array}{c} \text{R}_{n+1} \leftarrow \text{R}_{n} + \text{I}_{n} \cdot \gamma & \\ & \text{D}_{n+1} \leftarrow \text{I}_{n} \cdot \delta & \\ & \begin{array}{c} \text{M}_{n+1,0} \leftarrow \text{S}_{n+1} & \\ & \text{M}_{n+1,2} \leftarrow \text{R}_{n+1} & \\ & \begin{array}{c} \text{M}_{n+1,2} \leftarrow \text{R}_{n+1} & \\ & \end{array}{} \end{array} \right) \\ \text{M} \end{array}$$

## **Let's look at the example of a typical flu season virus outbreak,** $\alpha$ , $\beta$ , $\gamma$ , $\mathbf{R}_0$ ical Flu Outbreak Parameters: $\beta \coloneqq 0.2$ $\gamma \coloneqq 0.10$ $\frac{1}{\gamma} \equiv 10$ $\delta \coloneqq 0.005$ $\mathbf{R}_0 \coloneqq \frac{\beta}{\gamma + \delta}$ $\mathbf{R}_0 = 1.905$ Typical Flu Outbreak Parameters:

A typical flu season lasts about 35 weeks (245 days). Week 1 generally is the first week of October and lasts until week 35 or the end of May. See plots of a typical flu season on the following page.

The basic reproductive ratio,  $R_0$  is defined by epidemiologists as " $R_0$ " represents the average number of secondary cases that result from the introduction of a single infectious case in a totally susceptible population during the infectiousness period". The **product** of the infection rate and mean infection duration.

As such R<sub>0</sub> can tell us about the initial increase of number of the those infected/carrier over a generation.

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### **Compare Solutions: SID Parameters for Typical Flu Virus**

The Flu Season parameters are  $\beta = 0.2$  and  $\gamma = 1.4$ . S<sub>final</sub> is about 0.52 and Infected peaks at 0.024. If S<sub>0</sub> <  $\beta/\lambda$  then Infections decrease monotonically to zero - this designates the season as nonepidemic.

Below is a model for a **typical flu virus**. Because of **mutation**, **new strains** of influenza make **most people susceptible** (Sn,  $\alpha = 29\%$ ) at the beginning of an outbreak. Interestingly, it shows that the number of infected people (blue curves) has reached a **peak after about 54 days (7 1/2 weeks)** and then falls to after 100-120 days (3 - 4 months).

This demonstrates that the SIR model is a good representation for a flu season.

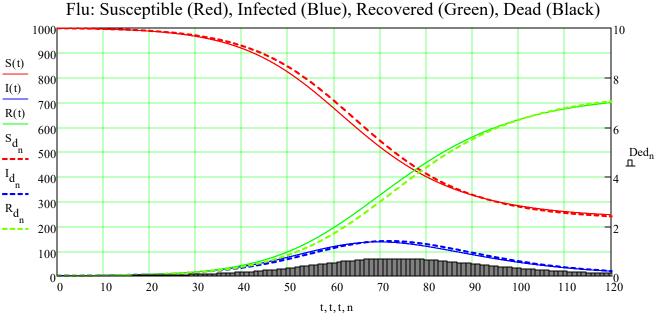
### **Compare Solution Methods**

Continuous Solution:	$(\underset{W}{N}\underset{W}{I}\underset{W}{R}\underset{W}{R} D) \coloneqq DE_{SIR}(999, 1, 0, 0, \beta, \gamma, 1)$	$(000, 120)^{\mathrm{T}}$ $\mathbf{t} := 0, 0.01 \dots 120$
NOTE: The Continuous Model gives the tota	al number of dead. So D does not hide I in plots, Discr	ete gives New Deaths.
<b>Discrete Solution:</b>	FluSIRD := SIRD(999, 1, $\beta$ , $\gamma$ , $\delta$ , 130)	n := 0130
$\frac{\text{Susceptible}}{\text{S}_{d} := \text{FluSIRD}^{(0)}}$	$\frac{\text{Infected}}{I_d := \text{FluSIRD}^{\langle 1 \rangle}} \frac{\text{Removed}}{R_d := \text{FluSIRD}^{\langle 2 \rangle}}$	Ded := FluSIRD $\langle 3 \rangle$
<u>Compare Continuous vs. Disc</u> Percent Difference at the I	$\Delta PC := \langle 1C/D \rangle = 1$	$\Delta PC = -2.119$

Given the uncertainty in Epidemic Data, a 2.1% difference is acceptable

Note that there two different sized scales, the scale shown at the left is larger than the one at the right.

The S, I, R solutions are shown with the scale on the left, Scale Max = 1000The black curve for the number of deaths uses the scale on the right only. Scale Max = 10



Number of Days

From Flu: Notice the number of infections drops off with the flu season.

### SIR Model Normalized: Flu Season 2002-2007 and 2010-2013

Parameters and graphs are from the paper: "Forecasting seasonal influenza with a state-space SIR model", 2017

$$\begin{bmatrix} S \\ I \\ R \\ R \\ R \end{bmatrix} := DE_SIR(0.9, 0.0002, 0, 0, 0.2, 0.14, 0.9, 240)$$

t := 0, 0.1..240

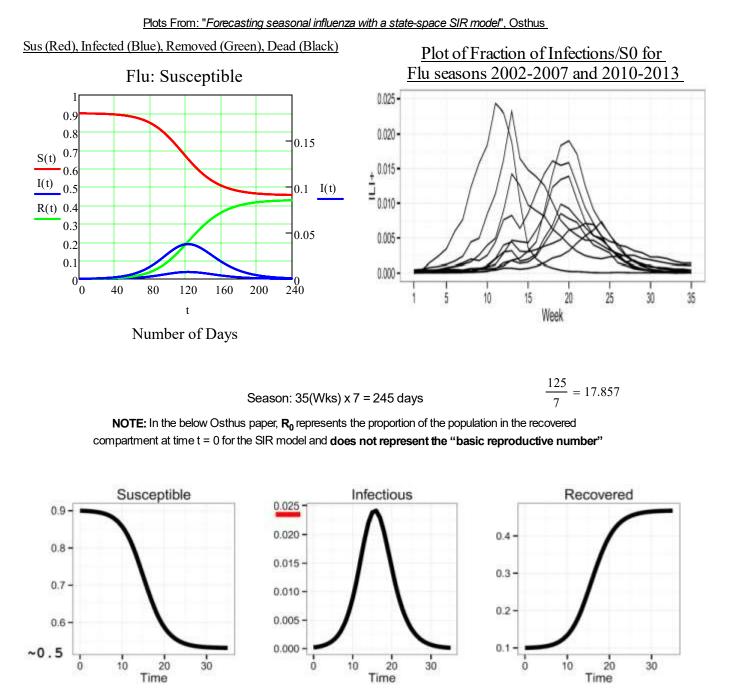


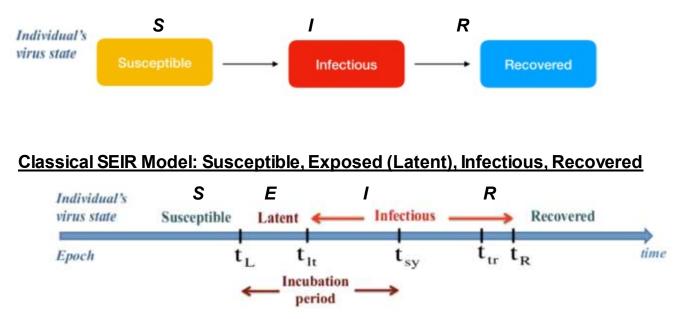
Fig. 2.

Simulated SIR Curve with  $S_0 = 0.9$ ,  $I_0 = 0.0002$ ,  $R_0 = 0.0998$ ,  $\alpha = 2$ , and  $\beta = 1.4$ 

## Some Different Possible Compartmental Models

No One Model is Superior to the Others. They all have their uses. It all depends on the application or goal. The SIR model, generally, is the only one in which all the compartments (S, I, R) are observable and documented.

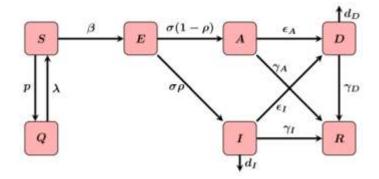
### Classical SIR Model of an Epidemic: Susceptible, Infectious, and Recovered



### <u>Here is an Extension of the SEIR Model, the SQEAIRD Model</u> <u>Proposed by Jai for Modeling the Wuhan COVID-19 Epidemic Control Policy</u>

### Modeling the Control of COVID-19: Impact of Policy Interventions and Meteorological Factors, Jai

This Model was extended to include the influence of Quarantine (Q) and Non-Infectious Asymptomatic Hosts, A. A more comprehensive model would also include Infections by Asymptomatic Hosts.



#### **Compartmental Model: Transmission Spread Dynamics**

Some models may have many more compartments to account for heterogeneity. For example: "A mathematical model (Network) for simulating Transmission COVID" has 14. Some models may have compartments for demographic characteristics (age, gender, location), different modes of transmission, mitigation policies, zoonotic routes, symptoms, types of hospitalization, public risk avoidance behavior, states of infectiouness, or different methods of case confirmation.

### **SQEAIR Quarantine Model**

$$\begin{aligned} \frac{\mathrm{d}S}{\mathrm{d}t} &= -\beta S(I + \theta A) - pS + \lambda Q \\ \frac{\mathrm{d}Q}{\mathrm{d}t} &= pS - \lambda Q \\ \frac{\mathrm{d}E}{\mathrm{d}t} &= \beta S(I + \theta A) - \sigma E \\ \frac{\mathrm{d}A}{\mathrm{d}t} &= \sigma(1 - \rho)E - \epsilon_A A - \gamma_A A \\ \frac{\mathrm{d}I}{\mathrm{d}t} &= \sigma\rho E - \gamma_I I - d_I I - \epsilon_I I \\ \frac{\mathrm{d}D}{\mathrm{d}t} &= \epsilon_A A + \epsilon_I I - d_D D - \gamma_D D \\ \frac{\mathrm{d}R}{\mathrm{d}t} &= \gamma_A A + \gamma_I I + \gamma_D D \end{aligned}$$

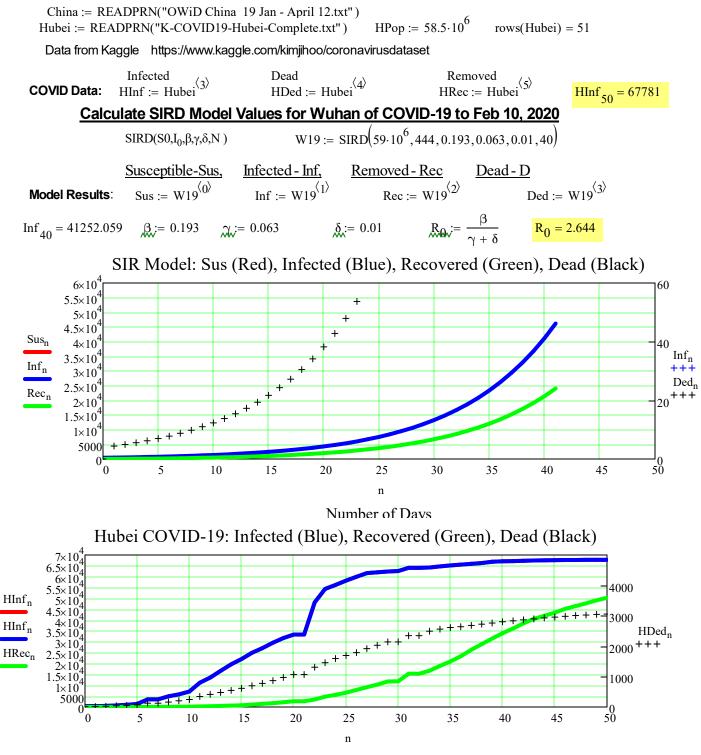
### COVID-19 SIRD Data, Model & Predictions Hubei Province, China

An outbreak of "pneumonia of unknown etiology" in Wuhan, Hubei Province, China in early December 2019 has spiraled into an epidemic. The virus is **SARS-CoV-2**, a coronavirus.

Simulations until the 29th of February of the cumulative number of Removed as obtained using the SIRD model. Dots correspond to the number of confirmed cases from the 16th of January to the 10th of February. The initial date of the simulations was the 16th of November with one infected, zero Removed and zero deaths. Solid lines correspond to the dynamics obtained using the estimated expected values of the epidemiological parameters

 $SO = 59 \times 10^6$ ,  $\beta = 0.193$ ,  $\gamma = 0.063/day$ ,  $\delta = 0.01$ ;

#### Data from Hubei Province China from 1-22-2020 to 3-12-2020 - Population 58.5 Million



Number of Days

### Mitigation: Rationale for Phase Transition, Segmented Terminate, Function

The spread of a disease is a physical process with many different contributing factors. Some examples of different types of physical growth are found in processes such as: the law of mass action, growth in a petri dish, crop growth, population growth, nuclear reactions, and current saturation in an a MOSFet transistor. As a generalization, there are three approximate phases of growth: exponential growth, linear transition, and saturation. Saturation occurs when a growth system runs out of finite buildable land area for the growth of cities. Extended growth has occurred for 50 years in the semiconductor industry. This has been fueled by extensive research which resulted in extended sequences of sigmoidal growths of one technology succeeded by a new one.

Different researchers have added their own wrinkles to functional growth such as asymmetrical growth, an inflection point, and application of limits/bounds through integration. There is a plethora of Functional Growth Distributions: sigmoidal, logistic growth, beta function, expolinear, and eponymous functions such as: Gompertz, Richards, Weibull, and Goudriaan. More abstract formulations based on Physics (Hamiltonian, Wave Velocity), and a host of statistical distributions and curve fitting formulations. There are a variety of different approaches: deterministic, stochastic, Markov Chain, numerical, discrete, linearization, network theory, engineering solutions, and approaches such as control theory. Recently, there has been an explosion and spectacular accomplishments in the application of neural networks and big data techniques to challenging problems. Problems can also be crunched with modeling packages such as COMSOL Multiphysics, SPSS, SAS, R, Stata, and so on.

**Modeling Mitigation - What to do?** We will use an amalgamation of the two models. First combining our data of the daily growth of the initial number (initial exponential growth) of total confirmed cases in the US. Second applying the known range of R0 values for COVID-19 dataset (refects their mitigation work) from Wuhan. There is a caveat to this data. The epidemic in Wuhan was mitigated by action of an authoritarian government. They closed roads, locked people in rooms, totally shut down events, had people and healthcare workers with access to an inadequate supply of masks and respirators, built hospitals in two weeks, and had policemen and drones patrolling the streets arresting those who did not comply. These are steps that cannot be strictly enforced in a democratic society. The resultant low Mitigation Rmit values achievable in an autocratic government are not achievable in a democratic society. Also our concern for the economic and business life of our citizens imposes limits on extremes and duration of mitigation measures.

#### The Bottom Line:

What is a reasonable and tractable methodology that can be used to transition from exponential to mitigation case models? As noted, there are three approximate phases of growth: exponential growth, linear transition, and saturation. The initial phase of exponential growth needs to transition, to lower Rmit via a viable epidemiological model constrained by knowledge of the Range in Values of  $R_0$ . ( $R_0$  is a viable parameter because it has an epidemiological interpretation.) The bottom line is: What is a good way to transition between growth phases?

Einstein espoused a principle for the construction of theories: "A scientific theory should be as simple as possible, but no simpler". We will apply this principle of parsimony. We will transition from the large Reffective value extracted from the initial exponential growth data coupled through a linear region via a decreasing sigmoidal curve to the region of a smaller overall average mitigation  $R_{mit}$  value. A sigmoidal curve has some nice features such as a smooth transistions and a zero slope at the ends of the phases. We use the average value of  $R_0$  (includes the results of their mitigation policy) calculated for the Wuhan epidemic. The model is to be consistent with the dynamic epidemiological SIR model. We will now work out the details and parameters of the transition.

### Sigmoidal Segmented Terminate Transition Function.

Our sigmoidal transition function has two paramaters: The time of transition from the exponential growth rate to the linear rate,  $t_{el}$  and the time in days to transition from exponential to the saturation phase/mitigation region, t.es. Of these, the most critical is the time for the end of exponential growth, and enforcement of mitigation policy,  $t_{el}$ . We will use multiples of the transition time for one doubling of infections cases, or 2.5 days to transition from the exponential phase to the  $R_0$  saturation/mitigation phase.

### Limits to Exponential Growth: The Sigmoidal Transition Function

The Transmission Rate,  $\beta$ , for Infectious Diseases generally changes with the spread of an epidemic. Some different possible ways in which the Transmission Rate can change are:

(1) The bilinear incidence rate  $\beta$ SI where  $\beta$  is the average number of contacts per infected individual per day.

- (2) The standard incidence rate  $\beta$ SI/N
- (3) The Holling type incidence rate of the form  $\beta SI/(1 + \alpha_1 S)$ .
- (4) The saturated incidence rate of the form  $\beta SI/(1+\alpha_2 I)$
- (5) The saturated incidence rate of the form  $\beta SI/(1 + \alpha_1 S + a_2 I)$

The bilinear rate is the Law of Mass Action.

### 2 Scenarios: Worst Case - Exponential R<sub>eff</sub> vs. Government Intervention/Mitigation to Lower R<sub>mit</sub>

Consider two different scenarios for epidemic growth. A worst case model that matches the initial exponential growth well, but then gives a large estimate of both infectous growth and the effective reproductive number, Reffective. Then we have a best case model where we use the **mean R\_0 value of 2.6 (range of 2.4 to 2.8)** 

estimated for the Wuhan COVID-19 breakout, which was obtained with strong Government Intervention. Is there a more general way to model a transition from Wuhan  $R_{init}$  Exponential Growth to a Final Mitigation  $R_{mit}$ ?

### Below is sigmoidal transition function, $\beta(t, t_{el}, \alpha_m, z)$ , to Model Mitigation to $\beta_{mit}$ at time, $t_{el}$

Model Government Mitigation as Transitioning Between Two Transmission/Contact Rates,  $\beta_{int} \& \beta_{mit}$ 

#### ${\boldsymbol{\mathsf{s}}}_{\mathrm{es}}$ is the approximate period that doubles the total number of Infections

 $t_{el}$ , time to transition from the end of the exponential phase,  $\beta_{exp}$  to a lower  $\beta_{mit}$ , at the start of mitigation

Somewhat equivalently, think of this as transitioning R<sub>effective</sub>

#### Length of Transition

Variable z gives multiples of 2 days of transition periods for the transition to the final mitigation, R<sub>mit</sub>

$$R_{SM}(t, t_{el}, R_{exp}, R_{mit}, z) \coloneqq R_{exp} - \frac{R_{exp} - R_{mit}}{1 + e^{-\left[\left(t \cdot s_{es} \cdot z^{-1}\right) - \left(4 + t_{el} \cdot s_{es} \cdot z^{-1}\right)\right]}}$$

### In the SIR Model, the parameter of greatest interest is the Transmission rate, $\beta$

RR = 22

$$\mathbf{R} = \frac{\beta}{\gamma} \qquad \lambda \coloneqq \frac{1}{10} = 0.1 \quad \underset{\text{New}}{\text{seesy}} \simeq 2 \quad \beta_{\text{sm}}(t, t_{el}, \beta_{\text{initial}}, \beta_{\text{mit}}, z) \coloneqq \beta_{\text{initial}} - \frac{\beta_{\text{initial}} - \beta_{\text{mit}}}{1 + e^{-\left[t \cdot s_{es} \cdot z^{-1} - \left(4 + t_{el} \cdot s_{es} \cdot z^{-1}\right)\right]}}$$

### "Phase-adjusted estimation of number of CPVID 2019 cases in Wuhan, China", Wang

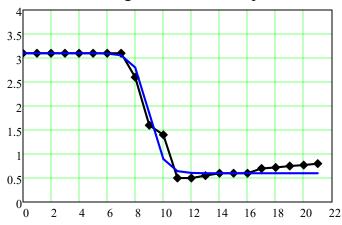
### R\_wks: Reproduction Number Data from Phase-Adjusted Rt Study of Wuhan

R\_wks := READPRN("Phase-adjusted estimation of Rt COVID 1-1-19 to 4-26-20 cases in Wuhan China.txt" )

$$RR := rows(R_wks)$$

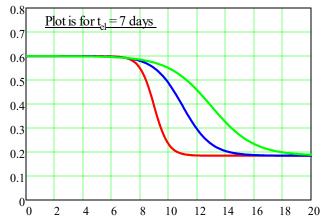
wks := 
$$0..RR - 1$$

Wuhan Mitigation: Phase-Adjusted Rt



Phase Adjusted  $\beta$  Model,  $z = 1 \ 2 \ 3$ 

 $s_{es} := 2$ 



### Below is the Discrete Algorithm for Implementing the SIR (SIRM) Sigmoidal Transition Mitigation Model

We will refer to this as the SIR Mitigation Model or SIRM

$$\begin{split} \text{SIRM} \Big( \text{SO}, \text{I}_0, \beta, \beta_{\text{mit}}, \text{t}_{\text{el}}, z, \gamma, \text{N} \Big) &\coloneqq & \text{S}_0 \leftarrow \text{SO} \\ \text{I}_0 \leftarrow \text{I}_0 \\ \text{D}_0 \leftarrow \text{R}_0 \leftarrow 0 \\ \delta \leftarrow 0.009 \\ \Big( \text{M}_{0,0} \quad \text{M}_{0,1} \quad \text{M}_{0,2} \quad \text{M}_{0,3} \Big) \leftarrow \Big( \text{SO} \quad \text{I}_0 \quad 0 \quad 0 \Big) \\ \text{for } n \in 0.. \text{N} \\ \\ & \text{S}_{n+1} \leftarrow \text{S}_n - \frac{\text{S}_n}{\text{SO}} \cdot \beta_{\text{sm}} \Big( n, \text{t}_{\text{el}}, \beta, \beta_{\text{mit}}, z \Big) \cdot \text{I}_n \\ & \text{I}_{n+1} \leftarrow \text{I}_n + \frac{\text{S}_n}{\text{SO}} \cdot \beta_{\text{sm}} \Big( n, \text{t}_{\text{el}}, \beta, \beta_{\text{mit}}, z \Big) \cdot \text{I}_n - (\gamma + \delta) \cdot \text{I}_n \\ & \text{R}_{n+1} \leftarrow \text{R}_n + \text{I}_n \cdot \gamma \\ & \text{D}_{n+1} \leftarrow \text{I}_n \cdot \delta \\ & \text{M}_{n+1,0} \leftarrow \text{S}_{n+1} \\ & \text{M}_{n+1,2} \leftarrow \text{R}_{n+1} \\ & \text{M}_{n+1,3} \leftarrow \text{D}_{n+1} \\ & \text{M} \\ \\ \end{array}$$

### Below is the Discrete Algorithm for Implementing the SEIR (SEIRM) Sigmoidal Transition Mitigation Model

The SEIRM Model is the SEIR Model with β replaced by the Sigmoidal Function:

$$\begin{split} \text{SEIRM} \big( \text{SO}, \text{I}_0, \beta, \beta_{\text{mit}}, \textbf{t}_{\text{el}}, \textbf{z}, \gamma, \textbf{N} \big) \coloneqq & \begin{array}{l} \text{S}_0 \leftarrow \text{SO} \\ & \begin{array}{l} \text{E}_0 \leftarrow \text{I}_0 \cdot 1.23 \\ & \begin{array}{l} \text{I}_0 \leftarrow \text{I}_0 \\ & \begin{array}{l} \varepsilon \leftarrow \frac{1}{3} \\ & \begin{array}{l} \delta \leftarrow 0.009 \\ \text{R}_0 \leftarrow 0 \\ & \left( M_{0,0} \ M_{0,1} \ M_{0,2} \ M_{0,3} \ M_{0,3} \right) \leftarrow \left( \text{SO} \ \text{I}_0 \ 0 \ 0 \ \text{E}_0 \right) \\ & \begin{array}{l} \text{for } n \in 0.. \text{N} \\ & \end{array} \right. \\ & \begin{array}{l} \begin{array}{l} \text{S}_{n+1} \leftarrow \text{S}_n - \frac{\text{S}_n}{\text{SO}} \cdot \beta_{\text{Sm}} (n, \textbf{t}_{\text{el}}, \beta, \beta_{\text{mit}}, \textbf{z}) \cdot \text{I}_n \\ & \begin{array}{l} \text{E}_{n+1} \leftarrow \text{I}_n + \varepsilon \cdot \text{E}_n - \varepsilon \cdot \text{E}_n + \frac{\text{S}_n}{\text{SO}} \cdot \beta_{\text{Sm}} (n, \textbf{t}_{\text{el}}, \beta, \beta_{\text{mit}}, \textbf{z}) \cdot \text{I}_n \\ & \begin{array}{l} \text{I}_{n+1} \leftarrow \text{I}_n + \varepsilon \cdot \text{E}_n - (\gamma + \delta) \cdot \text{I}_n \\ & \begin{array}{l} \text{R}_{n+1} \leftarrow \text{R}_n + |\gamma| \cdot \text{I}_n \\ & \begin{array}{l} \text{D}_{n+1} \leftarrow \text{I}_n \cdot \delta \\ & \begin{array}{l} M_{n+1,1} \leftarrow \text{I}_{n+1} \\ & \begin{array}{l} M_{n+1,2} \leftarrow \text{R}_{n+1} \\ & \begin{array}{l} M_{n+1,2} \leftarrow \text{R}_{n+1} \\ & \begin{array}{l} M_{n+1,3} \leftarrow \text{D}_{n+1} \\ & \end{array} \right. \\ & \begin{array}{l} M_{n+1,4} \leftarrow \text{E}_{n+1} \end{array} \end{split}$$

### Methodology to Extract Mitigation Parameters for Hubei

China Applied Mitigation to Contain their COVID -19 Epidemic. Can we Model Mitigation?

**SEIRM Model**  $Mdl(\beta,\beta m,t_e,N) := SEIRM\left(59 \cdot 10^6, 444, \beta, \beta m, t_e, 1, \frac{1}{6.8}, N\right) Mod(\beta,\beta m, t_e) := Mdl(\beta,\beta m, t_e, 49)^{\langle 1 \rangle}$  $SIRM(S0, I_0, \beta, \beta_{mit}, t_{el}, z, \gamma, N)$ 

Initial Guess (SEIRM Params):  $(\beta_{e}, \beta_{m}, t_{e}) := (0.19, 0.063, 20)$ 

#### Use Levenberg-Marquardt Method: Minimize Least Squares Error to Residual

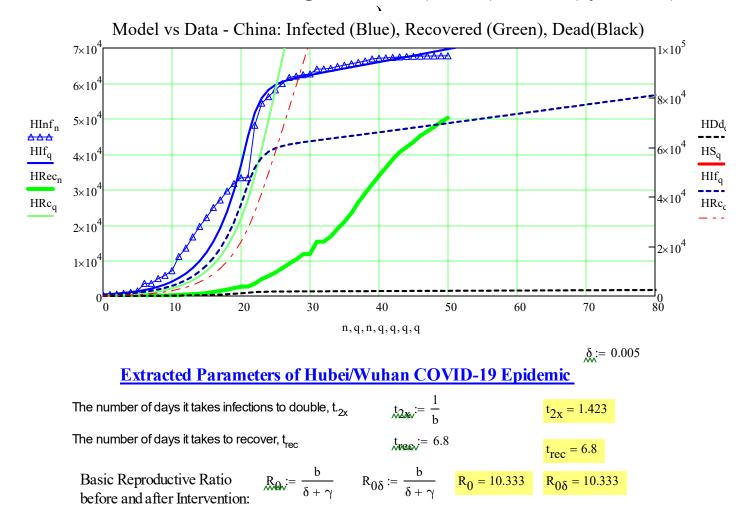
Define a Residual to be the difference between the current data points HInf, HRec, HDed and SIRDModel Residual  $(\beta, \beta m, t_e) := HInf - Mod(\beta, \beta m, t_e)$  R := rows(HInf) R = 51

#### Condition to Minimize the Residual Least Squares Fit Error Using L-V Minerr Method

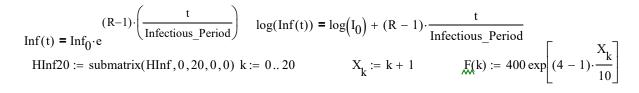
Given  $0 = \text{Residual}(\beta, \beta m, t_e)$  (b bm te) := Minerr $(\beta, \beta m, t_e)^T$  (b bm te) = (0.703 0.165 17.732)

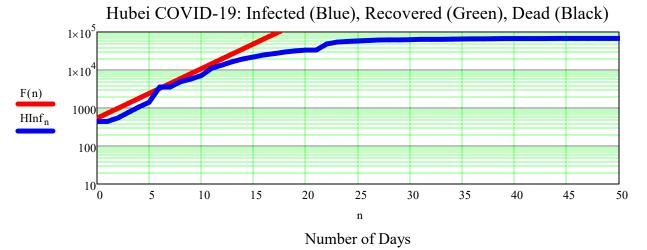
$\frac{Infected}{HIf := Mdl(b, bm, te, 140)} \langle 1 \rangle$	HRc := Mdl(b,bm,te,140) $(2)$	HDd := HIf $\cdot 0.03$ $\frac{\text{ERR}}{\text{R}} = 543.934$
$HS := Mdl(b, bm, te, 140)^{\langle 0 \rangle}$	$R_p := rows(HIf) = 142$	$q := 0R_p - 1$ HDe := submatrix(HDd, 0, 21, 0, 0)

### <u>Good Match of SEIRM Mitigation Model (Curves) to Data (Symbols (A)</u>



### Extracting R0 from Log Plots of Hubei Infected





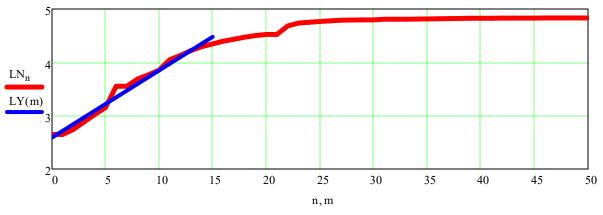
### Find the Slope to the Log Plot of Infected to Get an Estimate of R0

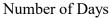
m := 0..15 $HIm_m := HInf_m$  $daz_m := m$ Assume Infectious Period is 10 days $LM := \overrightarrow{log(HIm)}$  $LN := \overrightarrow{log(HInf)}$  $y(x) = s \cdot x + int$  $F_m(x) := (x \cdot 1)^T$  $linfit(daz, LM, F) = \begin{pmatrix} 0.126\\ 2.587 \end{pmatrix}$ slope(daz, LM) = 0.126 $slope = \frac{R-1}{Infectious\_Period}$ Linear Fit, LY, to Log of the Curve of Initial Infected: $LY(m) := 0.126 \cdot m + 2.587$ 

 $R_{OI}$  (slope, Infectious\_Period) := slope · (Infectious\_Period) + 1  $R_{OI}$  (0.126, 10) = 2.26

## The semi-log plot below of Hubei Infected vs. Time reveals that after 15 days, the epidemic was no longer exponential ==> Containment was successful.

Hubei Epidemic: Estimation of Initial R0 from Slope of Log(Infected)





### Spatial Aggregation by State: Estimate Infect Growth Rate

<u>Downloaded Johns Hopkins Data From</u>: March 10 to March 22 2020 Row 0 JH\_SP is # of State https://github.com/CSSEGISandData/COVID-19/blob/master/csse\_covid\_19\_data/csse\_covid\_19\_time\_series/

**Read Data Files:** JH\_SP := READPRN("JHU State-DCUSNo, Index, Confirmed Sort 0toP1 3-10- to 3-22-Pop A P-A.txt")<sup>T</sup>

$$\underset{\mathsf{R}}{\mathsf{R}} := \operatorname{rows}(\mathsf{JH}_{\mathsf{s}}) = 13 \qquad \mathsf{r} := 0 \dots \mathsf{R} - 1 \qquad \mathsf{z} := \mathsf{R} - 1 \qquad \mathsf{dayz}_{\mathsf{r}} := \mathsf{r} \qquad \underset{\mathsf{R}}{\mathsf{C}} := \operatorname{cols}(\mathsf{JH}_{\mathsf{s}}) = 51 \qquad \underset{\mathsf{R}}{\mathsf{c}} := 0 \dots \mathsf{C} - 1$$

#### <u>Compare All States: Normalize Infection Curves for all States so Each has a Maximum Value of "1"</u>

Increase Resolution: Multiply Infection Exponential Rate Values X 10  $gx := (1 \ 0.3)^T F(x, v, m) := v \cdot e^{m \cdot x}$ 

$JXy_{r,c} := \frac{JH_{s,c}}{H_{s,c}}$	$\begin{pmatrix} v_c & m_c \end{pmatrix} := genfit (dayz, JXy^{\langle o \rangle}, gx, F)^T$	$X(j,k) := submatrix(m,j,k,0,0)^{T} \cdot 10$
J11_512, c	$m_{avg} := mean(m) = 0.292$	$m_{avg} \cdot 10 = 2.917$

#### All States: Estimate the Growth Rate from Slope of Log of the Infected vs Days Data

#### Increase Resolution: Multiply Slope of Log Number Infected vs Time Rate Values X 10

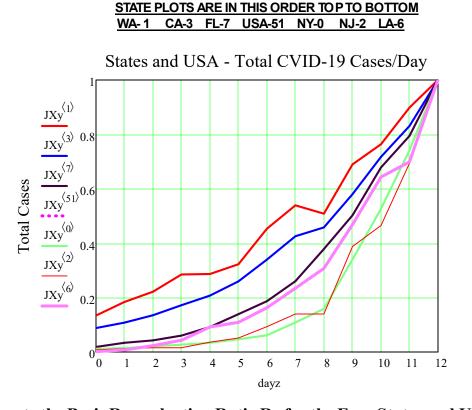
$\longrightarrow$	$\begin{pmatrix} & \langle a \rangle \end{pmatrix}$	Т
$LY := \log(JH_s)$	$SLP_{a} := slope(dayz, LY^{\circ}) \cdot 10$	$S(j,k) := $ submatrix $(SLP, j, k, 0, 0)^1$
	c 1 ( ) /	M <sup>3</sup> , j

#### State Growth Rates Estimates -2 Methods: Exponents\*10 ==> X, Slopes\*10 ==> S NY-1 FL-7 USA-50 CA-3 WA-0 CO-6 NJ-2

					- 1 1 6-7	004-00				<u> </u>	
	NY	WA	NJ	CA	IL	MI	LA	FK	MA	ТХ	GE
X(0, 10) =	0	1	2	3	4	5	6	7	8	9	10
0	3.966	1.51	3.921	1.912	3.566	4.294	2.921	2.686	1.986	3.127	2.701
S(0, 10) =	0	1	2	3	4	5	6	7	8	9	10
0	1.706	0.699	1.825	0.888	1.54	2.864	2.076	1.451	0.71	1.399	1.328
	PE	TE	CO	WI	OH	NC	MY	CN	VG	MI	IN
X(11,21) =	0	1	2	3	4	5	6	7	8	9	10
0	2.993	3.92	2.115	3.317	3.478	3.221	2.811	2.622	2.427	4.596	3.784
S(11,21) =	0	1	2	3	4	5	6	7	8	9	10
0	1.354	1.486	1.143	1.693	1.744	1.408	1.295	1.791	1.148	2.756	1.138
	SC	NV	UT	MN	AR	OR	AZ	MO	КҮ	10	MN
X(22,32) =	SC 0	NV 1	UT 2	MN 3	AR 4	OR 5	AZ 6	MO 7	КҮ 8	IO 9	MN 10
X(22,32) =  0	-	-			· · · ·		-		· · · · ·		10
0	0	1	2	3	4	5	6	7	8	9	10
X(22, 32) = 0 S(11, 21) = 0	0 2.968	1 2.687	2 2.972	3 2.293	4 3.477	5 1.965	6 3.716	7 3.977	8 2.738	9 2.221	10 2.591
0 S(11,21) =	0 2.968 0	1 2.687 1	2 2.972 2	3 2.293 3	4 3.477 4	5 1.965 5	6 3.716 6	7 3.977 7	8 2.738 8	9 2.221 9	10 2.591 10
0 S(11,21) =	0 2.968 0	1 2.687 1	2 2.972 2	3 2.293 3	4 3.477 4	5 1.965 5	6 3.716 6	7 3.977 7	8 2.738 8	9 2.221 9	10 2.591 10
S(11,21) = 0	0 2.968 0 1.354	1 2.687 1 1.486	2 2.972 2 1.143	3 2.293 3 1.693	4 3.477 4 1.744	5 1.965 5 1.408	6 3.716 6 1.295	7 3.977 7 1.791	8 2.738 8 1.148	9 2.221 9 2.756	10 2.591 10 1.138
0 S(11,21) =	0 2.968 0 1.354 RI	1 2.687 1 1.486 OK	2 2.972 2 1.143 NH	3 2.293 3 1.693 KN	4 3.477 4 1.744 NM	5 1.965 5 1.408 VT	6 3.716 6 1.295 NB	7 3.977 7 1.791 HA	8 2.738 8 1.148 DL	9 2.221 9 2.756 ID	10 2.591 10 1.138 MT
S(11,21) = 0 X(33,43) = 0	0 2.968 0 1.354 RI 0	1 2.687 1 1.486 OK 1	2 2.972 2 1.143 NH 2	3 2.293 3 1.693 KN 3	4 3.477 4 1.744 NM 4	5 1.965 5 1.408 VT 5	6 3.716 6 1.295 NB 6	7 3.977 7 1.791 HA 7	8 2.738 8 1.148 DL 8	9 2.221 9 2.756 ID 9	10 2.591 10 1.138 MT 10
S(11,21) = 0 X(33,43) = 1	0 2.968 0 1.354 RI 0 2.231	1 2.687 1 1.486 OK 1 2.732	2 2.972 2 1.143 NH 2 2.222	3 2.293 3 1.693 KN 3 2.779	4 3.477 4 1.744 NM 4 2.089	5 1.965 5 1.408 VT 5 2.76	6 3.716 6 1.295 NB 6 1.695	7 3.977 7 1.791 HA 7 3.201	8 2.738 8 1.148 DL 8 2.503	9 2.221 9 2.756 ID 9 3.637	10 2.591 10 1.138 MT 10 2.686

#### Note the Wide Range of Growth Rates

between the States. Physical/Social isolation/distance makes some State populations less inaccessible.



### **Estimate the Basic Reproduction Ratio R**<sub>0</sub> **for the Four States and USA:**

### Reproductive Ratio Rol Rank (Listed in Order Below): NY, FL, USA, CA, WA

slope $(dayz, LY^{(1)}) = 0.07$   $R_{0L}(0.164, 10) = 2.64$ slope $(dayz, LY^{(3)}) = 0.089$   $R_{0L}(0.155, 10) = 2.55$ slope $(dayz, LY^{(4)}) = 0.154$   $R_{0L}(0.128, 10) = 2.28$ 

$slope(dayz, LY^{\langle 2 \rangle}) = 0.183$	$R_{0L}(0.092, 10) = 1.92$
$slope(dayz, LY^{\langle 0 \rangle}) = 0.171$	$R_{0L}(0.074, 10) = 1.74$

### Assumptions Used for SIR Mathematical Epidemiological Model

Refer to the SIR Model given on page 7.

The Dynamics of an epidemic can be expressed by the rates of change of three Compartments or groups: Susceptibles or Healthy (S), those that are Infected (I), and those Recovered (R). The dynamics of S, I, R, can be described by three non-linear deterministic differential equations.

### Some Assumptions of Compartmental SIR Model:

The model's transmission rate probabilities  $(\beta, \gamma)$  and the Basic Reproductive Ratio  $R_0$  are constant during the outbreak.

A person who transitions to the infected group immediately becomes infectious. There is no latent period. All individual have the same rate of recovery,  $\gamma$ . If the duration of the infection is D days, then the transition rate,  $\gamma$ , from I to R is the reciprocal of D. The duration (average generation) of the infection for COVID-19 is ~ 10 days. The population is homogenous and well mixed (homogenous mixing within the populations I and S). In actuality, people interact in complex social networks (communities) that have different fundamental structural properties. In a Population, N, spread is by the Law of Mass Action, that is, the number of new cases per unit time, or rate, is proportional to the product of the number of Susceptible and the number of Infections people, =  $\beta * I * S/N$ The rate of decrease of the healthy population, dS/dt, is proportional to the product of the number of healthy people and the fraction of the total population that is infected.

People are no longer infectious after  $1/\gamma$  days and are afterwards immune. The I and R case records are accurate and can be used to extract the magnitude of  $\beta$ .

## **New York City Data**

https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-daily-data-summary.pdf

$$Cases := READPRN("NYC Inf 3-13 to 3-30 2020.txt") \qquad Rc := rows(Cases) \quad j := 0..Rc - 1 \qquad JNy := Cases \\ Rc = 18 \qquad i := 1..Rc - 1 \qquad New_Cases_i := Cases_i - Cases_{i-1} \qquad JNx_j := j \qquad NCs := New_Cases$$

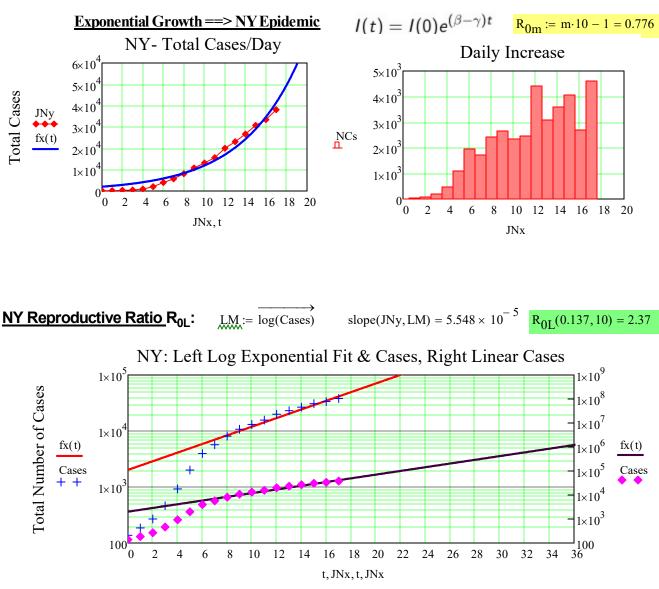
Calculate the Rate of Growth of Cases, Find Average Rate, and Days to Double from Avg. Rate

 $rate_{i} := 100 \frac{NCs_{i}}{Cases_{i-1}}$  $Cases_{Rc-1} = 38087$ rate := rate + 1 $rate_{avg} := mean(rate) = 41.189$  $Dbl := \frac{\ln(2)}{\ln\left(1 + \frac{\operatorname{rate}_{avg}}{100}\right)}$ Calculate the Number of Days Days to Double: Dbl = 2.01for Cases to Double - Dbl:

 $Dbl_Days(JNy_{Rc-1}, 100, Rc, 0) = 2.1$ 

$$gx := (100 \ 0.3)^{T} \quad \underset{m \in v}{\mathbb{F}}(x, v, m) := v \cdot e^{m \cdot x} \quad (v \ m) := genfit(JNx, JNy, gx, F)^{T} \quad m = 0.178 \qquad fx(t) := v \cdot e^{m \cdot t}$$

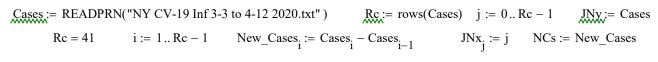
$$guess := (1 \ 0.01 \ 1)^{T} \quad (a \ k \ c) := expfit(JNx, JNy, guess)^{T} \quad (a \ k \ c) = (7398.75 \ 0.111 \ -9307.034) \quad Fe(x) := a \cdot e^{k \cdot x} + c$$



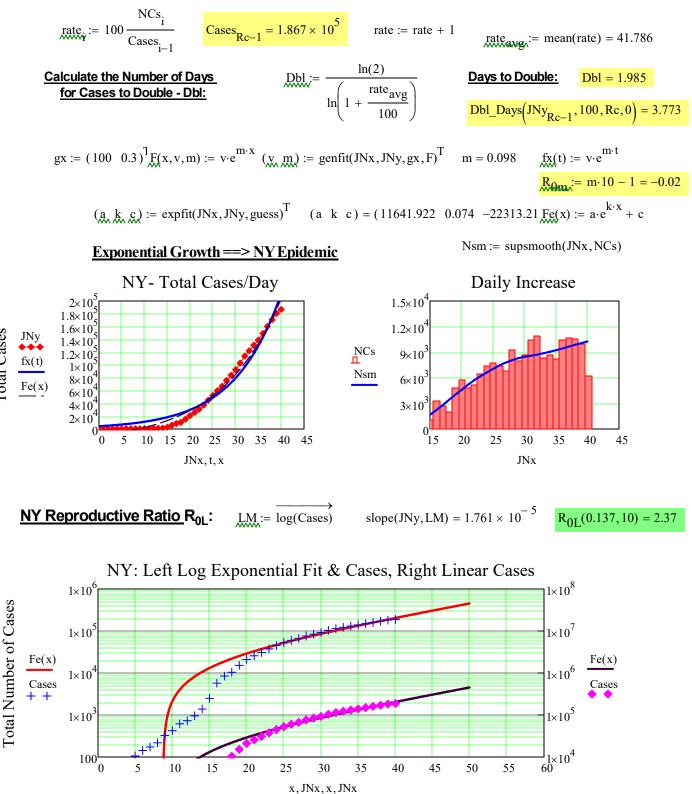
Number of Days from Initial 100 Cases

## New York State Data

https://en.wikipedia.org/wiki/2020\_coronavirus\_pandemic\_in\_New\_York\_(state)



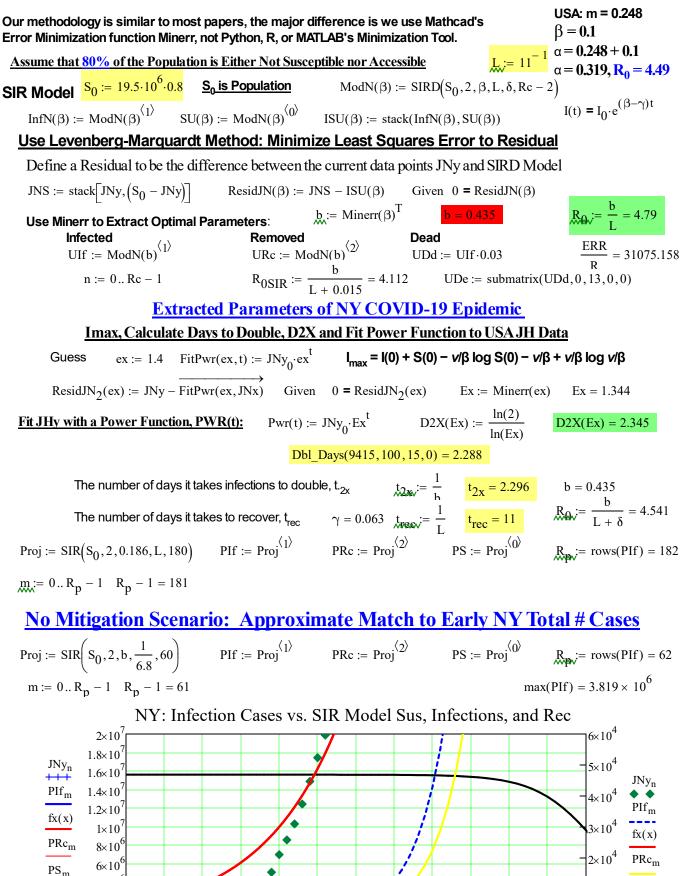
#### Calculate the Rate of Growth of Cases, Find Average Rate, and Days to Double from Avg. Rate

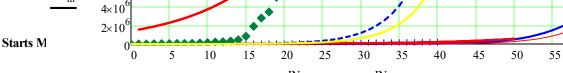


**Fotal Cases** 

Number of Days from Initial 100 Cases

### Methodology to Estimate the Outcome of the NY Epidemic





 $JNx_n, m, x, m, m, JNx_n, m, x, m$ 

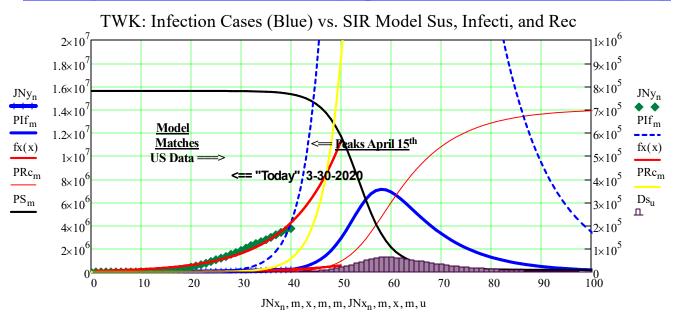
1×10<sup>4</sup>

 $\frac{1}{60}$ 

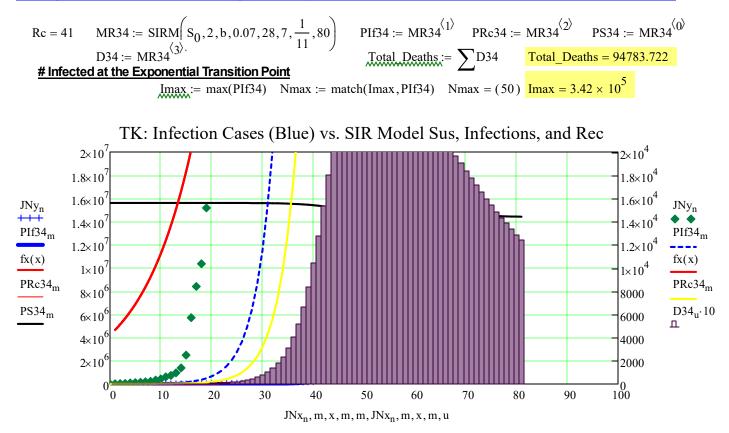
### **Mitigation: Model with Sigmoid Transition to a Lower R**eff

$\operatorname{ProM} := \operatorname{SIRM}\left(S_0, 2, b, b, 180, 7, \frac{1}{11}, 180\right)  \operatorname{PIf} := \operatorname{ProM}^{\langle 1 \rangle}$	$PRc := ProM^{\langle 2 \rangle} \qquad PS := ProM$	$\begin{pmatrix} 0 \\ 0 \end{pmatrix}$ $R_{\text{pp}} = \text{rows}(\text{PIf}) = 182$
$Ds := ProM^{\langle 3 \rangle}$ $Rd := rows(Ds) = 182$ $u := 1Rd$	$-1$ Total_Deaths := $\sum Ds$	$Total_Deaths = 1.391 \times 10^6$
$Rc = 41$ $m := 0R_p - 1$ $R_p - 1 = 181$	Imax := max(PIf)	$Imax = 7.124 \times 10^6$

### No Mitigation: NY Infection Peaks by April 15th - It has infected everybody

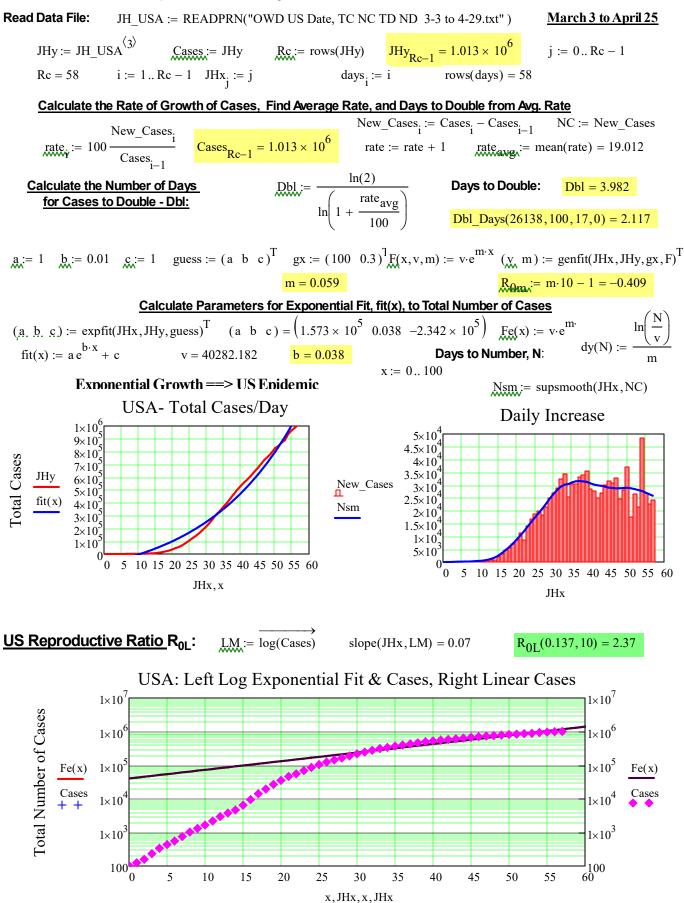


### Mitigation Reff => 0.476 @ 47 Days: NY State Infection Peak with Transition



## **USA Data Directly Our World in Data**

https://ourworldindata.org/coronavirus



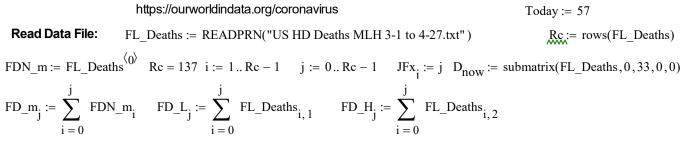
Number of Days from Initial 100 Cases

### Methodology to Estimate the Outcome of the USA Epidemic

Our methodology is similar to most papers, the major difference is we use Mathcad's Error Minimization function Minerr, not Python, R, or MATLAB's Minimization Tool.

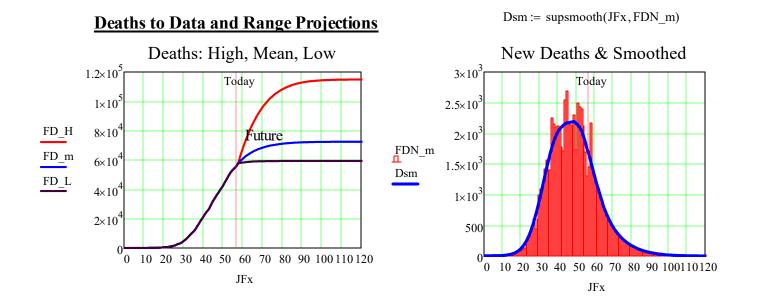
Assume that 80% of the Population is Either Not Susceptible nor Accessible
<b>SIR Model</b> $S_{0} := 3.2 \cdot 10^8 \cdot 0.8$ $S_0$ is Population InfU( $\beta$ ) := ModU( $\beta$ <sup>(1)</sup> $SU(\beta)$ := ModU( $\beta$ <sup>(0)</sup> $ISU(\beta)$ := stack(InfU( $\beta$ ), SU( $\beta$ )) <b>ISU(</b> $\beta$ ) := stack(InfU( $\beta$ ), SU( $\beta$ ))
$InfU(\beta) := ModU(\beta)^{\langle 1 \rangle} \qquad SU(\beta) := ModU(\beta)^{\langle 0 \rangle} \qquad ISU(\beta) := stack(InfU(\beta), SU(\beta))$
Use Levenberg-Marquardt Method: Minimize Least Squares Error to Residual
Define a Residual to be the difference between the current data points JHy and SIRDModel $\operatorname{ResidJH}(\beta) := \operatorname{JHy} - \operatorname{InfU}(\beta)$ Given $0 = \operatorname{ResidJH}(\beta)$
Use Minerr to Extract Optimal Parameters: $b := Minerr(\beta)^T$ $b = 0.337$ $R_{0} := \frac{b}{L} = 3.703$
$\frac{\text{Infected}}{\text{UIf} := \text{ModU(b)}^{(1)}} \qquad \qquad \frac{\text{Demoved}}{\text{URc} := \text{ModU(b)}^{(2)}} \qquad \qquad \frac{\text{Dead}}{\text{UDd} := \text{UIf} \cdot 0.03} \qquad \qquad \frac{\text{ERR}}{\text{ERR}} = 1.503 \times 10^5$
$\begin{array}{llllllllllllllllllllllllllllllllllll$
<b>Extracted Parameters of USA COVID-19 Epidemic</b>
Imax, Calculate Days to Double, D2X and Fit Power Function to USA JH Data
Guess $ex = 1.4$ FitPwr(ex,t) = JHy <sub>0</sub> $ex^{t}$ $I_{max} = I(0) + S(0) - v/\beta \log S(0) - v/\beta + v/\beta \log v/\beta$
$\underset{\text{ResidJH}_2(\text{ex}) := \text{JHy} - \overrightarrow{\text{FitPwr}(\text{ex}, \text{JHx})}  \text{Given}  0 = \text{ResidJH}_2(\text{ex})  \underset{\text{Ex} := \text{Minerr}(\text{ex})}{\text{Ex} := \text{Minerr}(\text{ex})}  \text{Ex} = 1.184$
<b><u>Fit JHy with a Power Function, PWR(t):</u></b> $Pwr(t) := JHy_0 Ex^t$ <b>Dbl_Days(9415, 100, 15, 0) = 2.288 D2X(Ex) = 4.111</b>
The number of days it takes infections to double, $t_{2x}$ $t_{2x} = \frac{1}{1}$ $t_{2x} = 2.97$ $L = 0.091$
The number of days it takes infections to double, $t_{2x}$ $t_{2x}$ $\vdots = \frac{1}{h}$ $t_{2x} = 2.97$ $L = 0.091$ The number of days it takes to recover, $t_{rec}$ $\gamma = 0.063$ $t_{rec}$ $\vdots = \frac{1}{L}$ $t_{rec} = 11$ $R_{RQV}$ $\vdots = \frac{b}{L + \delta} = 3.51$
USA Mitigation R0 => 0.476 @ 28 Days: Infection Peak with Transition
$\operatorname{Proj} := \operatorname{SIRM}\left(\operatorname{S}_{0}, 100, 0.5, 0.07, 28, 3, \frac{1}{6.8}, 120\right)  \operatorname{PIf} := \operatorname{Proj}^{\langle 1 \rangle} \operatorname{PRc} := \operatorname{Proj}^{\langle 2 \rangle} \operatorname{Ds} := \operatorname{Proj}^{\langle 3 \rangle} \operatorname{PS} := \operatorname{Proj}^{\langle 0 \rangle} \operatorname{R_{pp}} := \operatorname{rows}(\operatorname{PIf})$
$Imax := max(PIf)  Imax = 2.089 \times 10^{6} \qquad N_{max} := match(Imax, PIf) \qquad Total Deaths := \sum Ds \qquad Total_Deaths = 3.458 \times 10^{5}$
TWK Mitigation Scenario: Reasonably Good Match to USA Cases to Date
USA: Infection Cases vs. SIR Model Sus, Infections, and Rec
3×10 <sup>8</sup> To Plot Infections and Deaths on the same scale at right, 5000
The number of Infections (Blue) is divided by 1000 $-4500 \text{ JHy}_{n}$
JHy <sub>n</sub> Matches PIf <sub>m</sub>
$PIf_m = 2 \times 10^8 \text{ US Data}$
$\frac{-3000}{PRc_m}$
$\frac{1.5 \times 10^{\circ}}{\text{PRc}_{\text{m}}}$ Peak Infected, => $\frac{2500}{\text{Ds}_{\text{m}}-14}$
$\frac{PS_m}{1 \times 10^{\circ}} = \frac{1 \times 10^{\circ}}{7 \text{ Million}} = \frac{1500 \frac{PIf_m}{1000}}{1000}$
Starts March 5 <sup>th</sup> ==> $0^{-1}$
$\begin{array}{cccccccccccccccccccccccccccccccccccc$
JHx <sub>n</sub> , m, x, m, m, JHx <sub>n</sub> , m, x, m, m

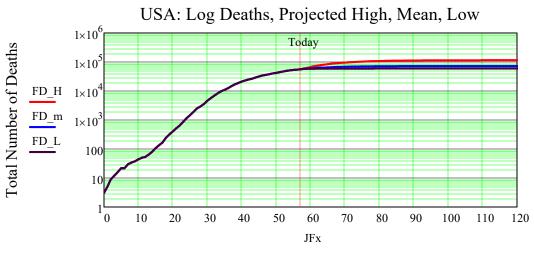
### **CDC: Data on USA Total Confirmed Deaths**



#### Calculate the Rate of Growth of Cases, Find Average Rate, and Days to Double from Avg. Rate

 $\operatorname{rate}_{i} := 100 \frac{\text{FDN}_{m_{i}}}{\text{FD}_{m_{i-1}}} \quad \text{rate} := \text{rate} + 1 \quad \operatorname{rate}_{\text{rate}} := \text{mean}(\text{rate}) = 9.406$ 

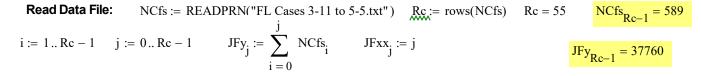




Number of Days from One Death

## Florida Data

Update New Cases from Bar Chart: https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429



#### Calculate the Rate of Growth of Cases, Find Average Rate, and Days to Double from Avg. Rate

$$rate := 100 \frac{NCfs_i}{JFy_{i-1}} \qquad rate := rate + 1$$

$$rate avg_i := mean(rate) = 10.544$$

$$ln(2)$$

Calculate the Number of Days for Cases to Double - Dbl:

$$\begin{array}{l} \text{Dbl} \coloneqq \frac{\ln(2)}{\ln\left(1 + \frac{\text{rate}_{\text{avg}}}{100}\right)} \end{array}$$

**Days to Double:** Db1 = 6.915

$$Dbl_Days(JFy_{Rc-1}, JFy_0, Rc, 0) = 4.436$$

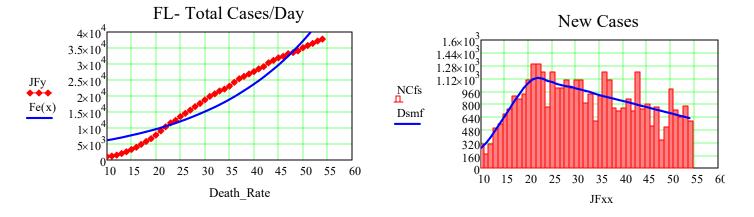
#### Exponential Growth ==> FL Epidemic

Days to Number, N:

$$gx := (100 \ 0.3)^{T} \underset{M}{\text{F}}(x, v, m) := v \cdot e^{m \cdot x} \qquad (v \ m) := \text{genfit}(JFxx, JFy, gx, F)^{T} \qquad \underset{M}{\text{Fe}(x)} := v \cdot e^{m \cdot x} \qquad \underset{M}{\text{fr}(N)} := \frac{\ln\left(\frac{N}{v}\right)}{m}$$

$$x := 0..100 \qquad v = 3908.15 \text{ m} = 0.045 \qquad \underset{M}{\text{Fe}(x)} := m \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 10 - 1 = -0.55 \qquad \underset{M}{\text{fr}(x)} := \frac{1}{m} \cdot 1$$

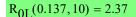
Dsmf := supsmooth(JFxx, NCf

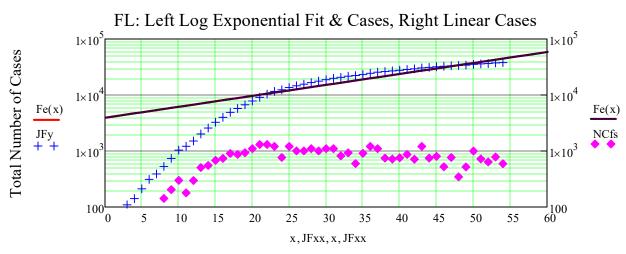


FL Reproductive Ratio Rol :

 $LM := \log(JFy)$ 

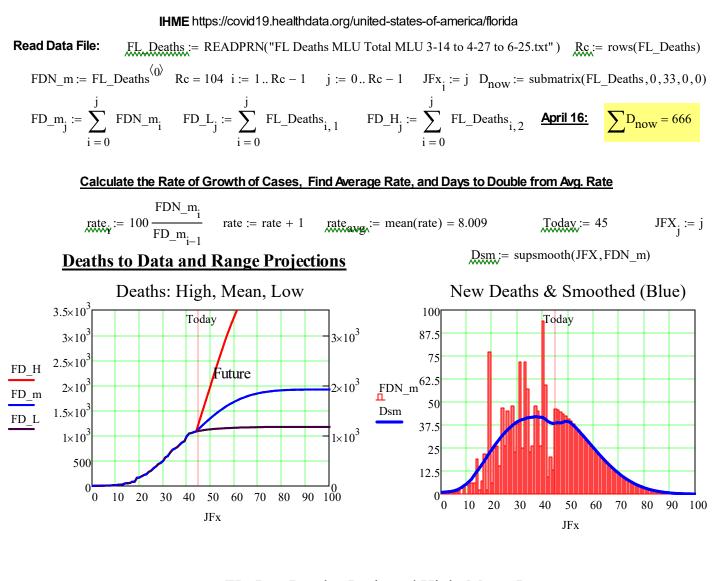
slope(JFxx, LM) = 0.05

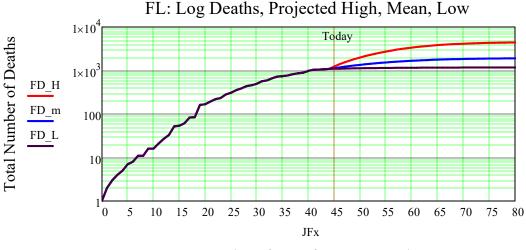




Number of Days from Initial 100 Cases

## Florida Deaths: IHME Projection Mean, High, Low





Number of Days from One Death

## Lee County Florida Data - Download From Github

https://github.com/CSSEGISandData/COVID-19/blob/master/csse\_covid\_19\_data/csse\_covid\_19\_time\_series/time\_series\_covid19\_confirmed\_US.csv

Read Data File:  $JFy_{Rc-1} = 1176$ JFy := READPRN("FL Lee County Total Cases to 5-6.txt") Rc := rows(JFy) $JFxx_{j} := j Rc = 61$  $i := 1 \dots Rc - 1$   $j := 0 \dots Rc - 1$  New\_Cases<sub>i</sub> := JFy<sub>i</sub> - JFy<sub>i-1</sub>

NC := New\_Cases

#### Calculate the Rate of Growth of Cases, Find Average Rate, and Days to Double from Avg. Rate

$$\frac{\text{rate}}{\text{for Cases to Double - Dbl:}} = \frac{\ln(2)}{\ln\left(1 + \frac{\text{rate}_{avg}}{100}\right)} \qquad \text{rate := rate + 1} \qquad \frac{\text{rate}_{avg}:= \text{mean}(\text{rate}) = 7.575}{\frac{\text{Days to Double:}}{100}} = \frac{10(2)}{100}$$

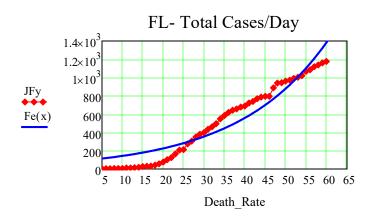
Exponential Growth ==> FL Epidemic

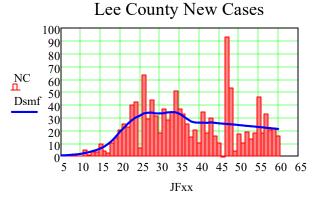
Days to Number, N:

 $\langle n n \rangle$ 

$$gx := (100 \ 0.3)^{T} F(x, v, m) := v \cdot e^{m \cdot x} \qquad (v, m) := genfit(JFxx, JFy, gx, F)^{T} Fe(x) := v \cdot e^{m \cdot x} \qquad dy(N) := \frac{\ln\left(\frac{N}{v}\right)}{m}$$
$$x := 0..100 \qquad v = 90.642 \ m = 0.045 \qquad R_{0000} := m \cdot 10 - 1 = -0.546 \qquad dy(N) := \frac{\ln\left(\frac{N}{v}\right)}{m}$$

Dsmf := supsmooth(JFxx,NC)



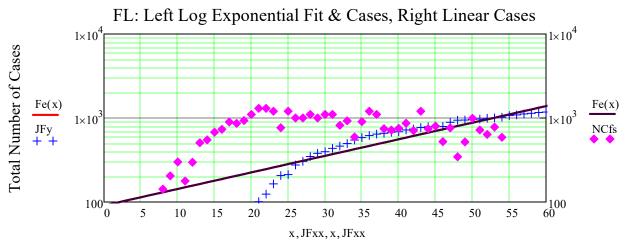


FL Reproductive Ratio R<sub>01</sub> :

 $LM := \log(JFy)$ 

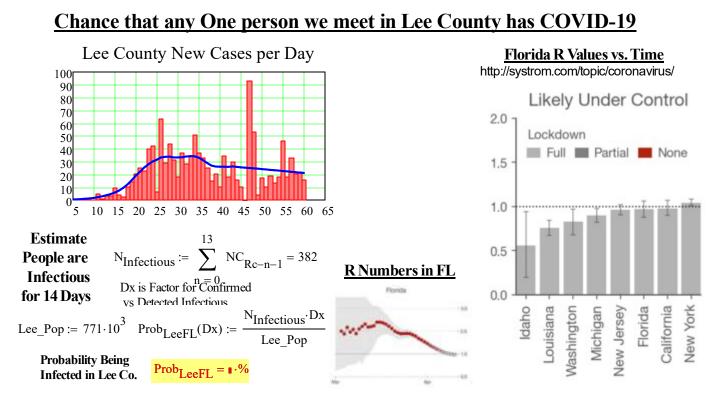
slope(JFxx, LM) = 0.051

 $R_{0I}(0.137, 10) = 2.37$ 



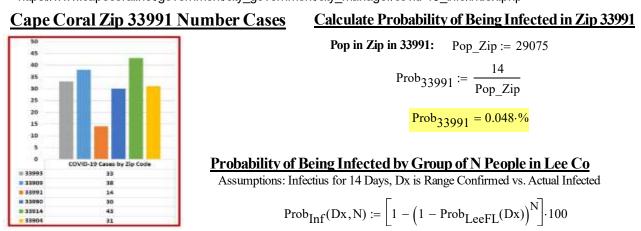
Number of Days from Initial 100 Cases

## Lee County, Cape Coral: Risk of Getting Infected

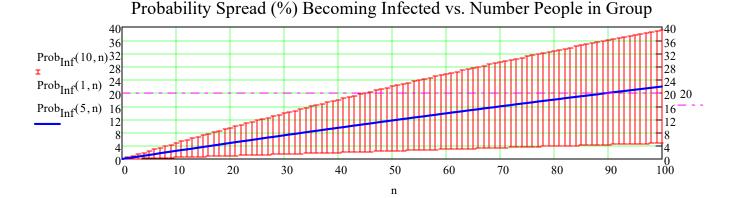


### Chance that any one person we meet in Zip 33991 has COVID-19

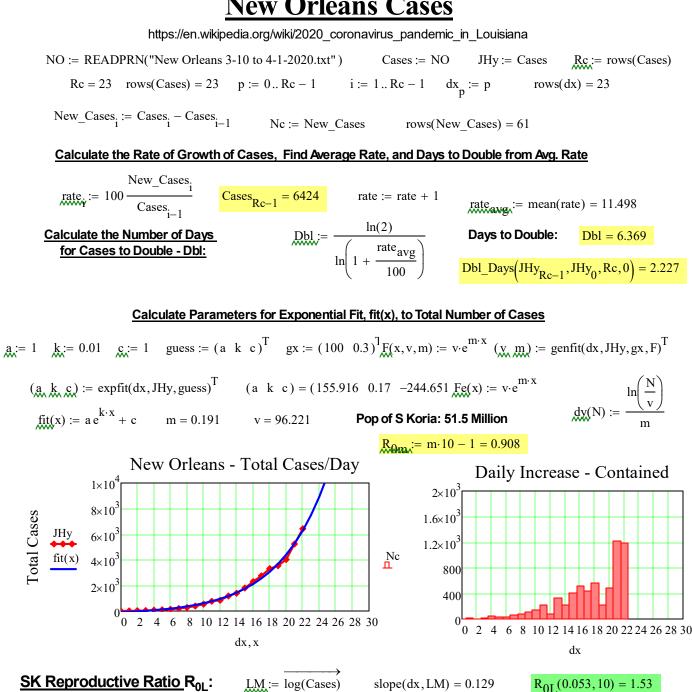
https://www.capecoral.net/government/city\_government/city\_manager/covid-19\_info/index.php

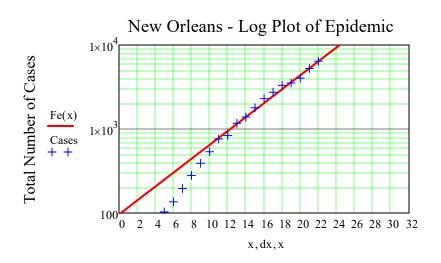


### Probability (%) of Getting Infected in a Group of N people in Lee County, FL



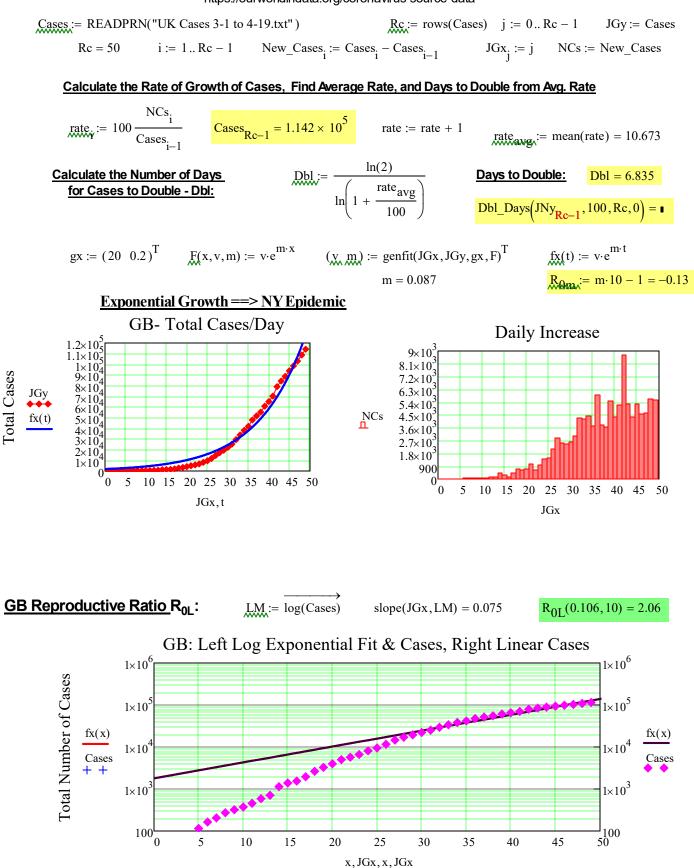
### **New Orleans Cases**





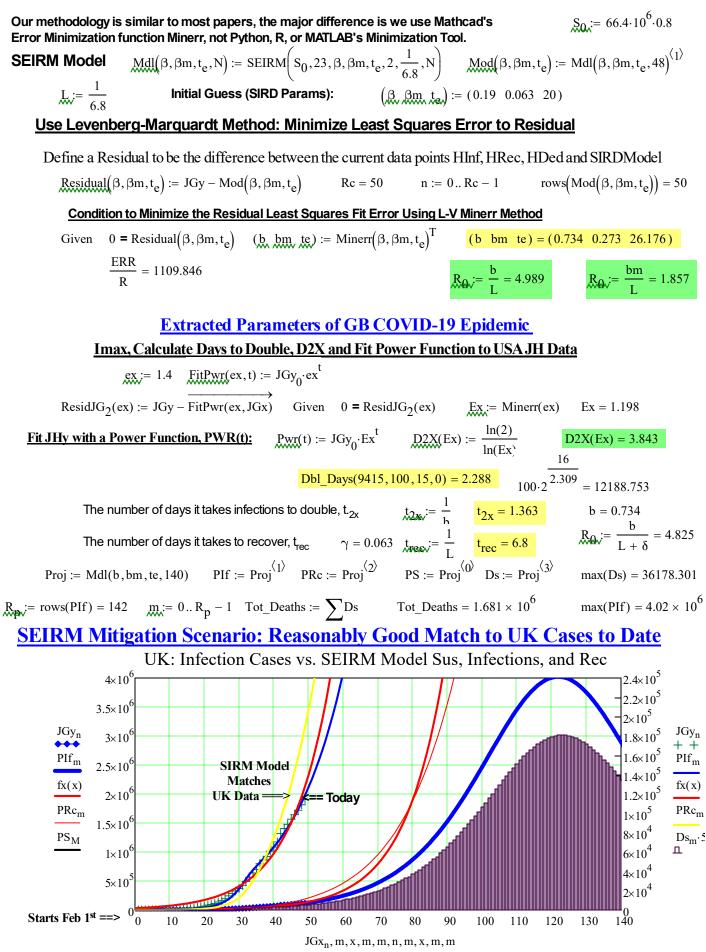
## <u>UK Data</u>

https://ourworldindata.org/coronavirus-source-data



Number of Days from Initial 100 Cases

### SEIRM Methodology: Estimate Outcome of the UK Epidemic

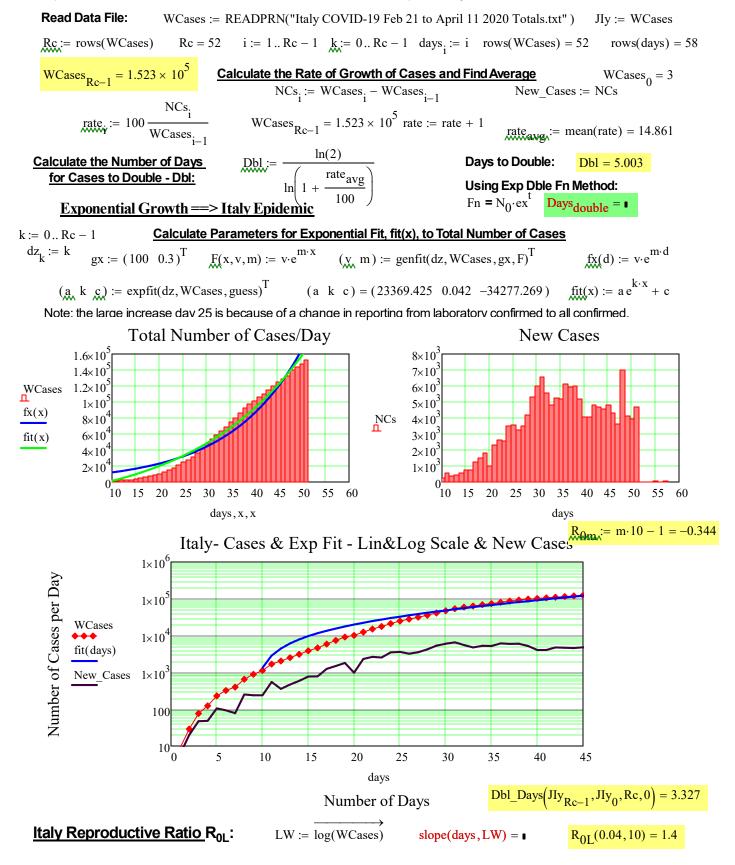


## **Italy COVID19 Cases**

### Growth Data and Curve Fit for WHO COVID-19: Total Cases in Italy

Source: CDC Data for Total Number of World Cases Reported to WHO (Virus is called (SARS-CoV-2) https://en.wikipedia.org/wiki/Template:2019%E2%80%9320\_coronavirus\_outbreak\_data/WHO\_situation\_reports

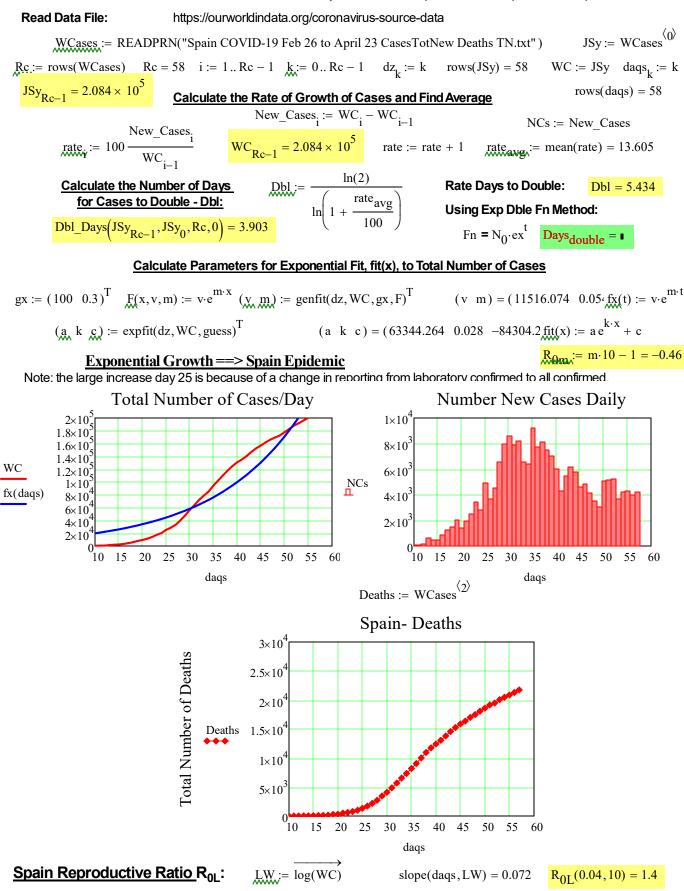
https://www.statista.com/statistics/1101680/coronavirus-cases-development-italy/



## **Spain COVID19 Cases and Deaths**

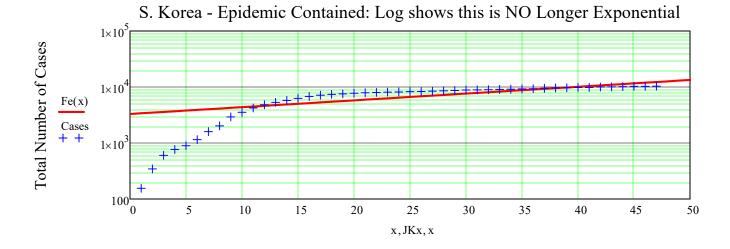
### Growth Data and Curve Fit for WHO COVID-19: Total Cases in Spain

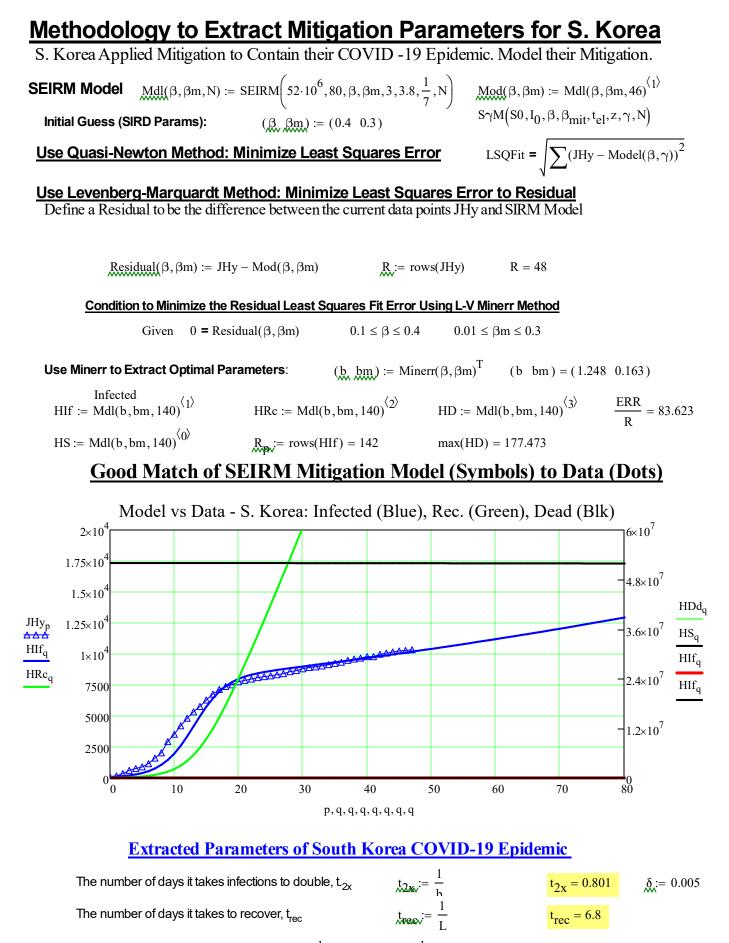
#### Source: CDC Data for Total Number of World Cases Reported to WHO (Virus is called (SARS-CoV-2)



## S Korea J. Hopkins Feb 20 - April 7: Quenched

JH_SK := READPRN("JHU S Korea Inf 2-20 to 4-7 -	Cols.txt") JHy = JH_SK
Cases: JHy $Rj := rows(Cases) = 48$ $p := 0Rj$	j-1 Rc = rows(Cases) Rc = 48 $i := 1Rc - 1$
New_Cases <sub>i</sub> := Cases <sub>i</sub> - Cases <sub>i-1</sub> JKx <sub>p</sub> := p	$days_i := i  rows(Cases) = 48 \qquad rows(days) = 58$
Calculate the Rate of Growth of Cases, Find Av	erage Rate, and Days to Double from Avg. Rate
New_Cases:	$New_Cases_i := Cases_i - Cases_{i-1}$
$\operatorname{rate}_{\mathbf{x}} \coloneqq 100 \frac{\operatorname{Rev}_{\operatorname{Cases}_{1}}}{\operatorname{Cases}_{i-1}} \qquad \operatorname{Cases}_{\operatorname{Rc}-1} = 10331  \operatorname{JHy}_{0} =$	-
Calculate the Number of DaysDbl :=for Cases to Double - Dbl:	$= \frac{\ln(2)}{\ln\left(1 + \frac{\operatorname{rate}_{\operatorname{avg}}}{100}\right)}$ Days to Double: Dbl = 7.412 Dbl_Days(JHy <sub>Rc-1</sub> , JHy <sub>0</sub> , Rc, 0) = 6.845
	$\frac{\ln\left(1 + \frac{1}{100}\right)}{\text{Dbl}_{\text{Days}}\left(\text{JHy}_{\text{Rc}-1}, \text{JHy}_{0}, \text{Rc}, 0\right) = 6.845}$
	ntial Fit, fit(x), to Total Number of Cases
	100 0.3) <sup>1</sup> $F(x,v,m) := v \cdot e^{m \cdot x}$ ( $v m$ ) := genfit(JKx, JHy, gx, F) <sup>T</sup>
$\begin{pmatrix} a & k & c \\ m & m & m \end{pmatrix} := expfit(JKx, JHy, guess)^{T}$ (a k c) = $\begin{pmatrix} 2 & 2 \\ m & m & m \end{pmatrix}$	$.99 \times 10^9  7.477 \times 10^{-1} \operatorname{Fe}(x) := v \cdot e^{m \cdot x} \qquad \ln\left(\frac{N}{m}\right)$
$fit(\mathbf{x}) := a e^{\mathbf{k} \cdot \mathbf{x}} + c \qquad \mathbf{v} = 3298.003$	$99 \times 10^9  7.477 \times 10^{-1} \operatorname{Fe}(x) := v \cdot e^{m \cdot x}$ Pop of S Koria: 51.5 Million $dv(N) := \frac{\ln\left(\frac{N}{v}\right)}{m}$
	$R_{MMM} = m \cdot 10 - 1 = -0.72$
S Korea - Total Cases/Da	y Daily Increase - Contained $1 \times 10^3$
$1.2 \times 10^{4}$ $1.1 \times 10_{4}$ $1 \times 10_{3}$	
$30   9 \times 10^3$	<sup>800</sup> <=== <u>Quenched!</u>
$ \overset{\text{O}}{\overset{\text{JHy}}{\overset{\text{JHy}}{\overset{\text{T}}{\overset{\text{C}}{\overset{\text{C}}{\overset{\text{C}}{\overset{\text{C}}}}}}} \overset{\text{T}}{\overset{\text{C}}{\overset{\text{C}}{\overset{\text{C}}}}} \xrightarrow{\overset{\text{C}}{\overset{\text{C}}{\overset{\text{C}}}} \overset{\text{T}}{\overset{\text{C}}{\overset{\text{C}}}} \xrightarrow{\overset{\text{C}}{\overset{\text{C}}}} \xrightarrow{\overset{\text{C}}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}}} \xrightarrow{\overset{\text{C}}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{\text{C}}}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{C}} \xrightarrow{\overset{\text{C}}} \xrightarrow{\overset{C}} \overset{\overset{\text{C}}} \overset{\overset{\text{C}$	New_Cases
$ \underbrace{ \begin{array}{c} \mathbf{F} \mathbf{F} \mathbf{F} \mathbf{F} \mathbf{F} \mathbf{F} \mathbf{F} F$	
$\begin{array}{c} 3 \times 10_{3} \\ 2 \times 10_{3} \\ 1 \times 10^{3} \end{array}$	
0 5 10 15 20 25 30 35 40 4	5 5( 0 5 10 15 20 25 30 35 40 45 50
JKx, x	JKx
<b>SK Reproductive Ratio</b> $R_{0L}$ : $\lim_{M \to \infty} = \log(Cas)$	sees) slope(JKx,LM) = 0.028 $R_{0L}(0.053, 10) = 1.53$



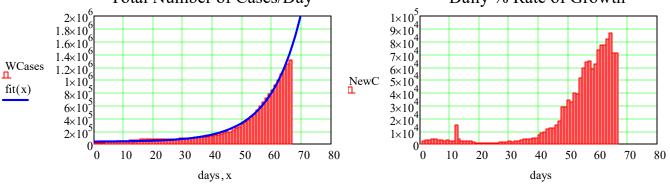


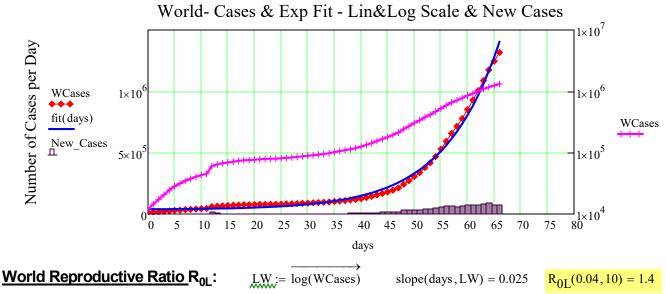
 $R_{0\delta} := \frac{b}{L + \gamma}$   $R_{0\delta} := \frac{b}{L + \gamma}$   $R_0 = 5.94$   $R_{0\delta} = 5.94$ Basic Reproductive Ratio before and after Intervention:

## World COVID19 Cases

### Growth Data and Curve Fit for WHO COVID-19: Total Cases in World

Source: CDC Data for Total Number of World Cases Reported to WHO (Virus is called (SARS-CoV-2) https://en.wikipedia.org/wiki/Template:2019%E2%80%9320 coronavirus outbreak data/WHO situation reports **Read Data File:** WCases := READPRN("World COVID-19 Feb 1 to April 7 2020 Totals.txt") JWy := WCases rows(WCases) = 67 rows(days) = 67Rc := rows(WCases)Rc = 67i := 1 ... Rc - 1days<sub>i</sub> := i Calculate the Rate of Growth of Cases and Find Average and Days to Double from Average Rate  $WC_{Rc-1} = 1.317 \times 10^{6} \text{ New}_{Cases} := WCases_{i} - WCases_{i-1} \text{ New}_{Cases}$   $New_{Cases} := WCases_{i} - WCases_{i-1} \text{ New}_{Cases}$ WC := WCases WCases<sub>51</sub> =  $3.381 \times 10^5$  rate := rate + 1 rate<sub>300</sub> = mean(rate) = 8.83  $rate_{i} := 100 \frac{1}{WCases_{i-1}}$  $\underline{\text{Dbl}} := \ln(2) \cdot \left( \ln \left( 1 + \frac{\text{rate}_{\text{avg}}}{100} \right) \right)^{-1} \frac{\text{Days to Double:}}{\text{Dbl}_{\text{Days}}(\text{JWy}_{\text{Rc}-1}, \text{JWy}_{0}, \text{Rc}, 0) = 9.875}$ Calculate the Number of Days for Cases to Double - Dbl: Calculate Number of Days to Double (D2X) and Fit Power Function to World Data  $FPr(ex, t) := WC_0 \cdot ex^t$  ResW(ex) := WC - FPr(ex, days) Given 0 = ResW(ex) Ex := Minerr(ex) D2X(Ex) = 9.825 Exponential Growth ==> World Epidemic  $R_{0} = Ex \cdot 10 - 1 = 9.731$ Calculate Parameters for Exponential Fit, fit(x), to Total Number of Cases  $fit(x) := a e^{k \cdot x} + c$  $(a, k, c) := expfit(days, WCases, guess)^{T}$  (a k c) = (2420.678 0.096 36065.512) Note: the large increase day 25 is because of a change in reporting from laboratory confirmed to all confirmed. Total Number of Cases/Day Daily % Rate of Growth





### Deaths: World, Fr, Ge, It, South Korea, Sp, Sw, UK, USA Compare Deaths per Capita: USA Lower than Europe

Source: https://ourworldindata.org/coronavirus-source-data

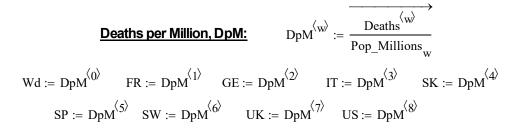
Order of Data: World France Germany Italy South Korea Spain Sweden United Kingdom USA

Deaths := READPRN("Deaths World FR GE IT SK Sp UK US SW Feb 22 to April 19.txt")

Pop\_Millions :=  $(7580 \ 66.9 \ 83.7 \ 60.4 \ 52 \ 46.728 \ 10.2 \ 66.48 \ 327)^{T}$  w := 0..8

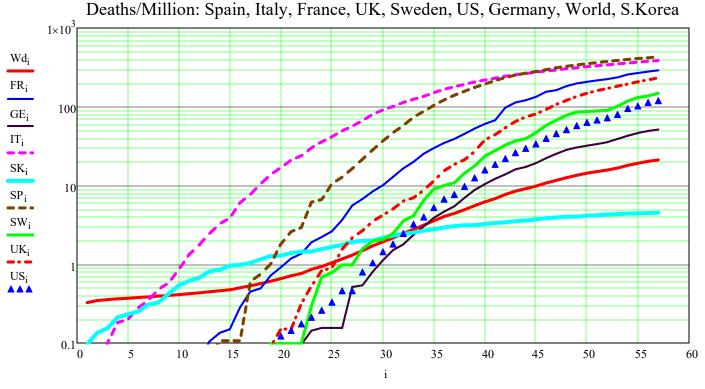
 $\frac{\text{Rc}:=\text{rows(Deaths)}}{\text{Rc}=58} \quad i:=1..\text{Rc}-1 \quad \text{Total Deaths} := \sum \text{Deaths}^{\langle W \rangle}$ 

 $Total\_Deaths = \left(2.2 \times 10^{6} \ 2.398 \times 10^{5} \ 47386 \ 4.488 \times 10^{5} \ 6542 \ 3.247 \times 10^{5} \ 15129 \ 1.636 \times 10^{5} \ 3.627 \times 10^{5}\right)$ 



### **Deaths per Million in Order of Largest to Smallest**

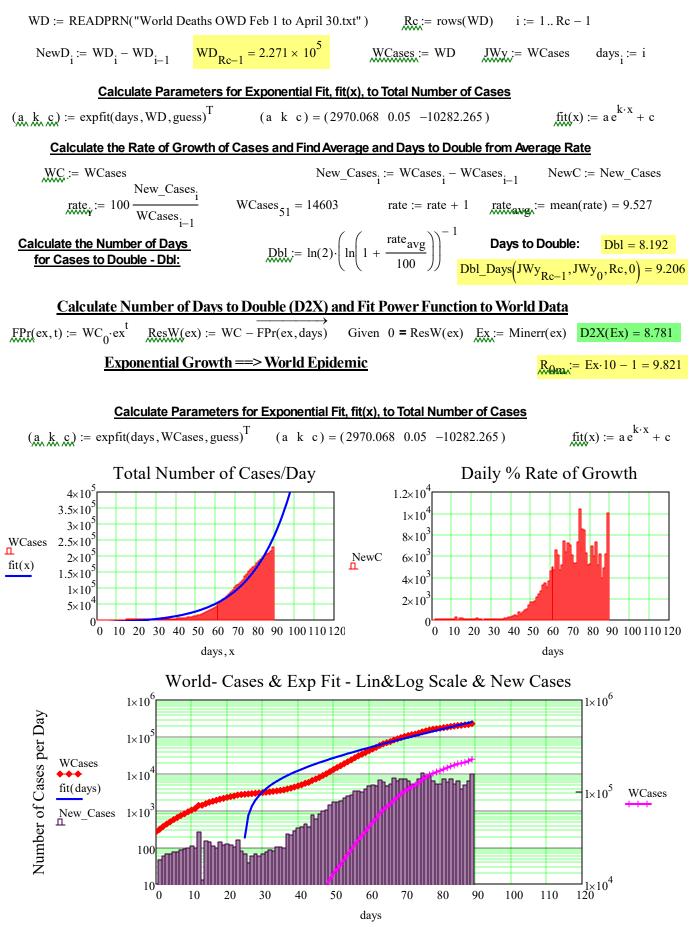
### Spain, Italy, France, UK, Sweden, US, Germany, World, S. Korea



Number of Days from February 22

The Order of the First Appearance of Deaths: World, South Korea, Italy. France, Spain, UK, US, SW, GE

## World COVID19 Deaths



## **Computational Tools - Computer Algebra Systems**

This work started with the goal of understanding and predicting the dynamics of the COVI-19 disease. Implementing this goal has required use of some foundational concepts and Mathematical Tools.

### **Foundational Concepts and Mathematical Tools**

- ♦ Goal: Model Biological Transmission, Immune System, and Compartmental Population Dynamics
- ♦ Analyzing Dynamics Requires Non Linear Differential Equations, NLDE
- ♦ Delayed Differential Equations, DDE, are a great model for COVID-19's incubation and latent properties
- ♦ Recently, the Mathematics of Neural Networks to expands understanding Emergent Properties of Systems
- ♦ Classical (Newtonian) Analytic Methods work well only for idealized systems, e.g. Planetary Motion
- ♦ Most curves/dynamics are not analytic and thus not tractable with Analytic Ordinary Differential Equations
- $\blacklozenge Population Dynamics for infectious disease transmission are fundamentally Statistical/Stocastic processes$
- $\blacklozenge$  Analysis of these systems requires a Twentieth-Century Math Approach, TCMA
- ♦ Twentieth-Century Approach employs Numeric Computer Solution Methods, such as Euler's Method
- ♦ Software is the foundational component in Computer Methods
- ♦ I started this work with the Engineering Computational Algebra Software, Mathcad, as the Modeling Tool
- ♦ Mathcad could not implement Delayed Differential Equations or some of the Stochastic Methods
- ♦ Had to investigate other tools: Mathematica, MatLab, R, Python, Maple
- ♦ Mathematica is Symbolic and has great horsepower, but it is a little too tempermental for my taste
- ♦ MatLab is more of an Engineering Matrix Approach and could require expensive additional Math Packages
- ♦ R has the statistical packages, but its front end and graphing are limited.
- ♦ Python is a programming/text language, not primarily Symbolic or Mathematical. Attention to details is tedious.
- ♦ Maple, while not ideal for my purposes, has the required horsepower, such as DDE Solving Capability.
- ♦ Maple's Computation Engine uses more of a Mathematical, Symbolic Programming approach than Mathcad.

## **Retooling at Mid-Course**

This work was started with, and is documented with Mathcad. However, some of the later computational work, such as DDEs were done with Maple 2020. After solving DDE models in Maple, the form of the Mathematical Model and results of the calculations were then transferred to Mathcad for plot presentation and documentation.

### Limitations of Least Squares Parameter Extraction Method

Does not assume any error distribution

Assmes that parameter extraction does not depend on the order of infections

Assumes positive and negative deviations are equivalent

Number of new cases at different times is probably not independent

Cannot give any statistical information

It is better to use a Statistical Maximum Log-Likelihood Method

### Calculate R0

Number of secondary infectives per primary infective per generation  $1/\gamma$ .

 $R_0 = \frac{\beta N}{\gamma}$ 

### <u>Notes</u>

Discrete epidemic models with arbitrary stage distributions and applications to disease control.

GDM: SEQIHR Model - Q: Quarateened, Not Inf, H=Isolated

## **Bibliography: COVID-19 and Epidemiological Models**

### Below is a Partial List of the Papers that Were Used in this Analysis

\$ Models of Infectious Disease.pdf" \$ Parameter Estimation of Exponential Growth Equation Junling Ma.pdf" \$Analysis of Numerical and Exact solutions of certain SIR &SIS Epidemic Models-Mathcad.pdf" \$COVID-19 dynamics with SIR model - With Solution Parameters.pdf" \$CoronaTracker-W-W COVID-19 Outbreak Data Analysis and Prediction.pdf" \$Disease invasion risk in a growing population - Ma.pdf" \$Epidemic SIR model ODE Infectious.xmcd" \$Estimating the Exponential Growth Rate and R0.pdf" \$Make Your Own SIR Model.pdf" \$Mathematical Modeling of Diseases SIR.pdf" 2019-nCoV\_preliminary estimates of the confirmed-case-fatality-ratio and infection-fatality-ratio, and initial pandemic risk assessment.pdf" 2020-1-25 Time-varying transmission dynamics of Novel Coronavirus Pneu monia in China.pdf" A Discrete Epidemic Model for SARS Transmission and Control in China.pdf" A conceptual model for the outbreak of Coronavirus -SEIR Framework.pdf" A coronavirus dan ger\_ Touching your face. Here is how to stop doing it.pdf" A double epidemic model for the SARS propagation - 2003.pdf" A mathematical mod el (N etwork) for simu lating Transmission COVID.pdf" A simp le approximate - CRUDE SUMMATION - mathematical model to predict SARS.pdf" Algm - Opt Control SIR Model with Delay State & Cntrl Var.pdf" An introduction to compartmental modeling for the budding infectious disease modeler.pdf" Analysis and Modeling of the COVID-19 Epidemic.pdf" Analysis of Numerical and Exact solutions of certain SIR & SIS Epidemic Models-2011.pdf" Analysis%20and%20Modeling%20of%20the%20COVID-19%20Epidemic-Old.pdf" CDC Predictions How COVID-19 Will Spread i US.pdf" COVID danger-Touching your face- how to stop.pdf" Case-Fatality Risk Estimates for COVID-19 Calculated by Using a Lag Time for Fatality.pdf" Characterizing the reproduction number of epidemics with early sub-exponential Growth Dynamics.pdf" CoVid-outbreak-report-22-01-2020 growth estimate-Wuhan.pdf" Complexity of the Basic Reproduction Number (R0).pdf" Conceptual Zoonotic SEIR Model COVID-19 - China.pdf" Controlling Pandemic Flu- The Value of International Air Restrictions May 2007.PDF" Coronavirus Age, Sex, Demographics (CO VID-19) - Worldometer.pdf" Coronavirus Disease 2019 mYTH VS fACT.pdf" Coronavirus Incubation Period is About 5 Days.pdf" Coronavirus\_ Is It Even Possible to Contain COVID-19.pdf" Coronavirus what happens to people's lungs when they get Covid-19\_\_\_\_ World news \_ The Guardian.pdf" Correcting the Actual Reproduction Number-A Simple Method to Estimate R0 from Early Epidemic Growth Data.pdf" Data-based analysis, modelling and forecasting DeepMind Protein Folding Coronavirus.pdf" Definition & Comp - R0 in Models For Infectious-Diseases in Heterogeneous Populations.pdf" Deterministic Seirs Epidemic Model for Modeling.pdf" Disease modelers- future of Covid-19 .pdf" Does anybody has a working Matlab code for a disease-spread simulation\_.pdf" Early Transmission Dynamics in Wuhan China covid.pdf" Early dynamics of transmission and control of COVID-19 - Math Modeling.pdf" Econ Effects of Coronavirus.pdf" Effect of control strategies Wuhan to reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan Epidemiological and clinical features of the 2019 novel China.pdf" Estimating epidemic exponential growth rate and basic reproduction number.pdf" Estimating the Exponential Growth Rate and R0.docx" Estimation of basic reproduction number of MERS-CoV.pdf" Estimation of the Transmission Risk of the 2019-nCoV.pdf" Exp Projection of Known Cases to 320 Million (Total US Population).PRN" FL covid-19-data---daily-report-2020-03-26-1823.pdf" Factors that make an infectious disease outbreak controllable.pdf" Forecasting seasonal influenza with a state-space SIR model 2017.pdf" General Description of Virus and Conclusions.docx" IHME Forecasting impact on hospital bed-days, ICU-days ventilator days by state Infectious Disease Dynamics -Cummings.simulation.day.1.pdf"

Hamiltonian dynamics of the SIS.pdf" History in a Crisis Lessons for Covid-19.pdf" How COVID-19 and Other Infectious Diseases Spread\_ Mathematical Modeling - Triplebyte Blog.pdf" How generation intervals shape the relationship between growth rates and reproductive numbers.pdf" How novel coronavirus compares to SARS, MERS and other recent viral outbreaks - A BC New sp df" How to Help the Fight A gainst Coronavirus From the Safety of Your Own Home.pdf" How to make homemade hand sanitizer docx" How will the coronavirus outbreak end.pdf" Impact of non-pharmaceutical interventions to reduce COVID March 16.pdf" ICNARC COVID-19 report 2020-04-04.pdf Insights from early mathematical models of 2019-nCoV acute respiratory disease.pdf" Introduction to Survival A nalysisp df" JHU USA COVID 19 InfTotals March 5 -26.txt" Lectures on Mathematical Modelling SIR many Scenarios-Great -2018.pdf" MCad Epidemic SIR model Done for Mathcad collaboratory 03 March 2009.docx" Math 636 - Mathematical Modeling - Discrete SIR Models Influenza.pdf" Mathematical models to characterize early epidemic growth- A Review.pdf" Mathematical model shows heterogeneous approach might be best Modelling the coronavirus epidemic in a city with Python.pdf" Notes-on-R0 - Anthropological Sciences Stanford.pdf" Nowcasting and forecasting the potential COVID-19 Spread.pdf" People 'shed' high levels coron, but most are likely not infectious after recovery begins.pdf" Phase-adjusted estimation of the number of CPVID 2019 cases in Wuhan, China.pdf" Cell Discovery, V6-10, Wang, H., Wang, Z., Dong, Y. et al Projecting the transmission dynamics of SARS-CoV-2 through the post-pandemic period.pdf" Projection of Known COVID-19 Cases to 320 Million (Total US Population).pdf" Rational use of personal protective equipment COVID 19.pdf" Reconstructing influenza incidence by deconvolution of daily mortality.pdf" Qualitative Analysis of Delayed SIR Epidemic Model with a Saturated Incidence Rate Risk A ssessment of N ovel Coron avirus COVID-19 Outside Chin a.pd f" EIR MODEL FOR CONTROLOF INFECTIOUS DISEASES.pdf" SIR Epidemic Model.pdf" SIR Model - Relating Model Parameters to Data .pdf" SIR Model Sulsky.pdf" SIRD Data-Based Analysis Modelling and Forecasting of the COVID19pdf" SIS Model - No Immunity and Recovery.docx" Self-quarantine seems brutal when you're not sick with coron but public good.pdf" Simple Algebraic SIS Epidemic.pd f" Analysis and Modeling of the COVID-19 Epidemic.pdf" COVID-19 A nalvsisof Growth.pdf" SIR Model Projection for Peak in USA.PNG" Text to IWC Council on Exponential Growth.docx" The SIR Model for Spread of Disease - The Differential Equation Model.pdf" The SIR model and the Foundations of Public Health.pdf" The basic reproduction number of novel coronavirus -2019-nCoV.pdf" The effect of travel restrictions on the spread of the 2019.pdf" The mathematics of diseases \_ plus.maths.org.pdf" The reproductive number of COVID-19 is higherp df" Thomas Pueyo Youtube -EstActual Cases.docx" Time Varying SIR Model of COVID-19 in China.pdf" Time-optimal control strategies in SIR epidemic models.pdf" Transmission dynamics of 2019 novel coronavirus Jan26.pdf" Transmission parameters - A-H1N1 (2009) Flu- SI GT R.pdf" Trump in the Time of the Coron New Yorker.pdf" Virological assessment of hospitalized cases of coronavirus disease 2019.pdf" What is a coronavirus What is a novel coronavirus.pdf" Worst Case Estimate for US Coronavirus Deaths.pdf"