

# Open-source modelling tools to support policy decision-making throughout the COVID-19 post-pandemic phase.

## **Study investigators**

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# Overview

## Study 1 (~Feb 2021)

Vaccinating Australia: How long will it take?

## Study 2 (~April 2021)

Modelling vaccination capacity at mass vaccination hubs and GP clinics

## Study 3 (~July 2021)

Modelling outbreaks against the backdrop of vaccine rollout and border openings

# AS SEEN BY USERS OF ...

STATA



R



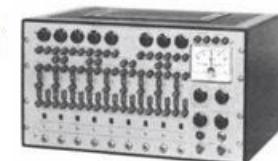
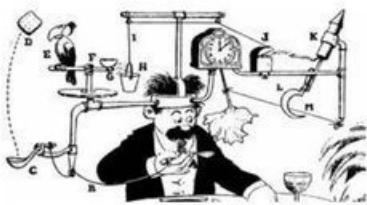
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python



STATA



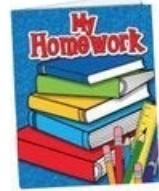
R



sas



python



SPSS



Artwork by @allison\_horst

dplyr : go wrangling



Artwork by @allison\_horst

# ggplot2: Build a data MASTERPIECE



Artwork by @allison\_horst

# Shiny



[www.rstudio.com](http://www.rstudio.com)



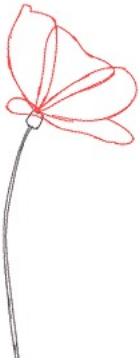
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From [github.com](https://github.com)



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# Study 1

## *Vaccinating Australia: How long will it take*



ELSEVIER

Contents lists available at [ScienceDirect](#)

Vaccine

journal homepage: [www.elsevier.com/locate/vaccine](http://www.elsevier.com/locate/vaccine)

## Vaccinating Australia: How long will it take?

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<https://doi.org/10.1016/j.vaccine.2021.07.006>



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# Vaccinating Australia: How long will it take?

*Australia's vaccine arrangements (February 2021)*

| Name                             | Type                 | Doses<br>(millions) | Schedule               | Status as at 1st March, 2021                                   |
|----------------------------------|----------------------|---------------------|------------------------|--|
| Pfizer/BioNTech                  | mRNA vaccine         | 20                  | 2 doses, 21 days apart | Provisionally approved by the Therapeutic Goods Administration |
| University of Oxford/AstraZeneca | Viral vector vaccine | 54                  | 2 doses, 84 days apart | Provisionally approved by the Therapeutic Goods Administration |
| Novavax                          | Protein vaccine      | 51                  | 2 doses, 21 days apart | Phase 3 clinical trials  |
| COVAX Facility                   | Assorted             | 25                  | Assorted               | Nine candidate vaccines in various clinical trial stages       |

# Vaccinating Australia: How long will it take?

*Australia's vaccination program phases (February 2021)*

| Phase | Description  | Size      |
|-------|--|-----------|
| 1a    | Quarantine & border workers   Frontline health care workers   Aged care and disability care staff & residents  | 678,000   |
| 1b    | Elderly adults aged 70 years and over   Other health care workers   Aboriginal and Torres Strait Islander people aged 55 years and over   Younger adults with an underlying medical condition   Critical and high-risk workers | 6,139,000 |
| 2a    | Adults aged 50 years and over   Aboriginal and Torres Strait Islander people aged 18-54   Other critical and high-risk worker  | 6,117,000 |
| 2b    | Balance of adult population  | 6,643,000 |
| 3     | <18 if recommended   | 5,670,000 |

# Vaccinating Australia: How long will it take?



***“ We aim to have the country vaccinated before the end of October***

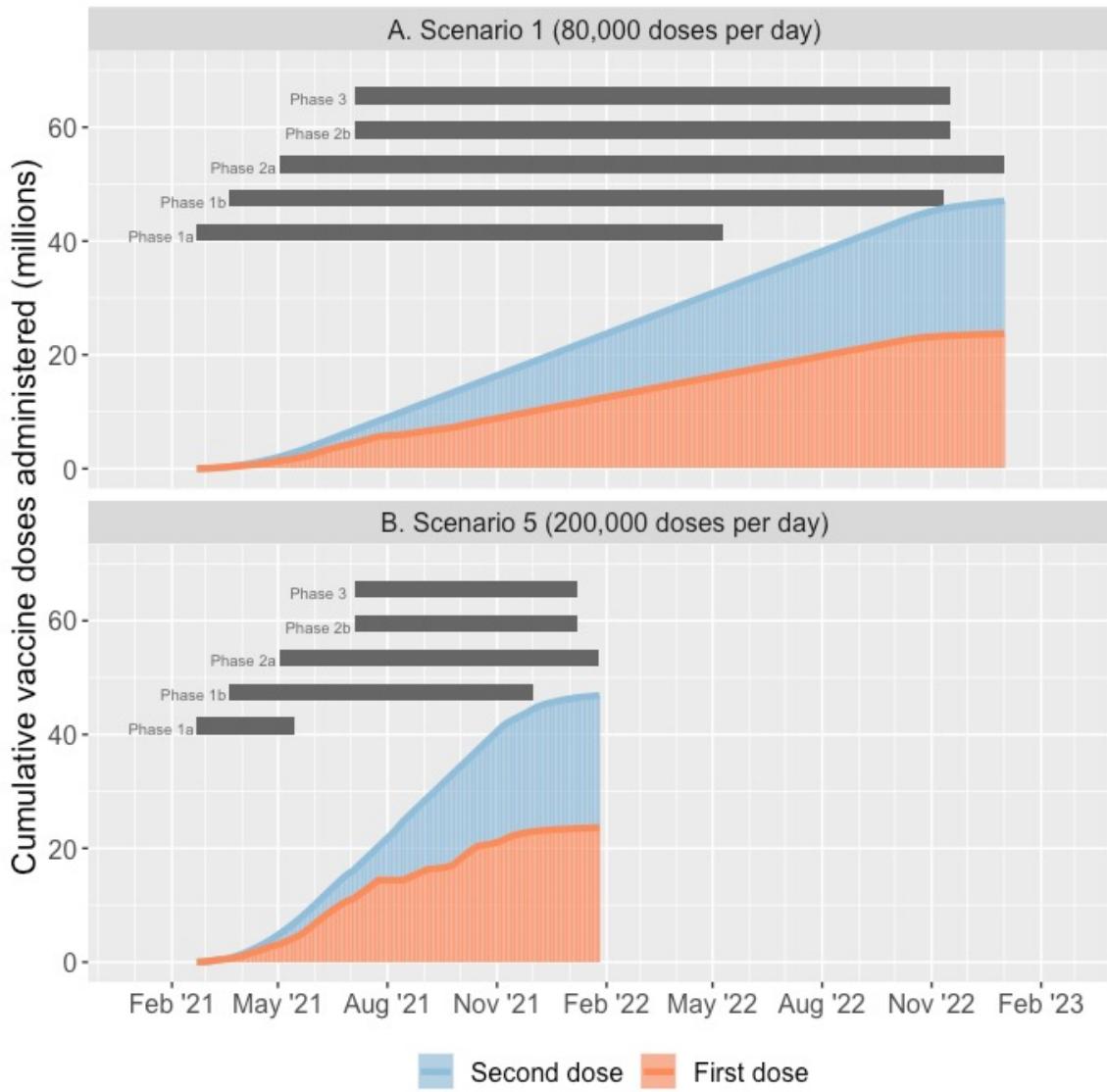
– Greg Hunt, Jan 31

# Vaccinating Australia: How long will it take?

## *Projection scenarios*

| Scenario | Doses per day | Schedule       | Hesitancy |
|----------|---------------|----------------|-----------|
| 1        | 80,000        | 3 to 4 weeks   | 7%        |
| 2        | 80,000        | 3 to 4 weeks   | 13%       |
| 3        | 80,000        | 12 to 13 weeks | 7%        |
| 4        | 80,000        | 12 to 13 weeks | 13%       |
| 5        | 200,000       | 3 to 4 weeks   | 7%        |
| 6        | 200,000       | 3 to 4 weeks   | 13%       |
| 7        | 200,000       | 12 to 13 weeks | 7%        |
| 8        | 200,000       | 12 to 13 weeks | 13%       |

# Vaccinating Australia: How long will it take?



**Figure 1.**

*Projected cumulative vaccine doses over time*

# Vaccinating Australia: How long will it take?

```
# summarise key dates
dfDates <- dfPhases %>%
  group_by(scenario, date, phase) %>%
  summarise(n = sum(n)) %>%
  arrange(scenario, phase, date) %>%
  group_by(scenario, phase) %>%
  mutate(doseCuml = cumsum(n),
         popSize = case_when(
           phase == '1a' ~ pop[1],
           phase == '1b' ~ pop[2],
           phase == '2a' ~ pop[3],
           phase == '2b' ~ pop[4],
           phase == '3' ~ pop[5]),
         pctDone = case_when(
           doseCuml >= popSize*2*0.90 ~ 'd',
           doseCuml >= popSize*2*0.80 ~ 'c',
           doseCuml >= popSize*2*0.70 ~ 'b',
           doseCuml < popSize*2*0.70 ~ 'a'))
  ) %>%
  group_by(scenario, phase, pctDone) %>%
  filter(n > 0) %>%
  summarise(start = min(date), end = max(date)) %>%
  arrange(scenario, phase, pctDone)
```

# Vaccinating Australia: How long will it take?



Opensource code hosted on GitHub

- Collaboration
- Transparency
- Reproducibility
- Public-facing web presence

[github.com/CBDRH/vaccinatingAustralia](https://github.com/CBDRH/vaccinatingAustralia)

# Vaccinating Australia: How long will it take?

*Simple analysis | Important message*

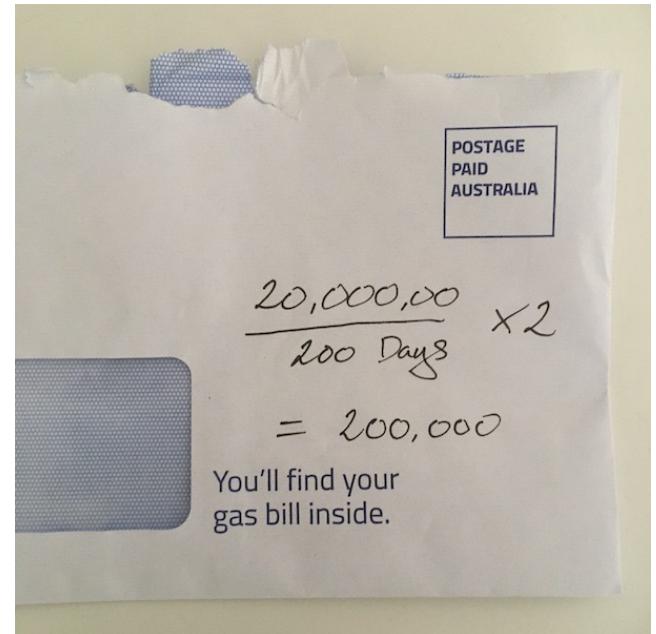
Politician's language (Reassuring, vague)

**We aim to have the country vaccinated before  
the end of October**

– Greg Hunt, Jan 31

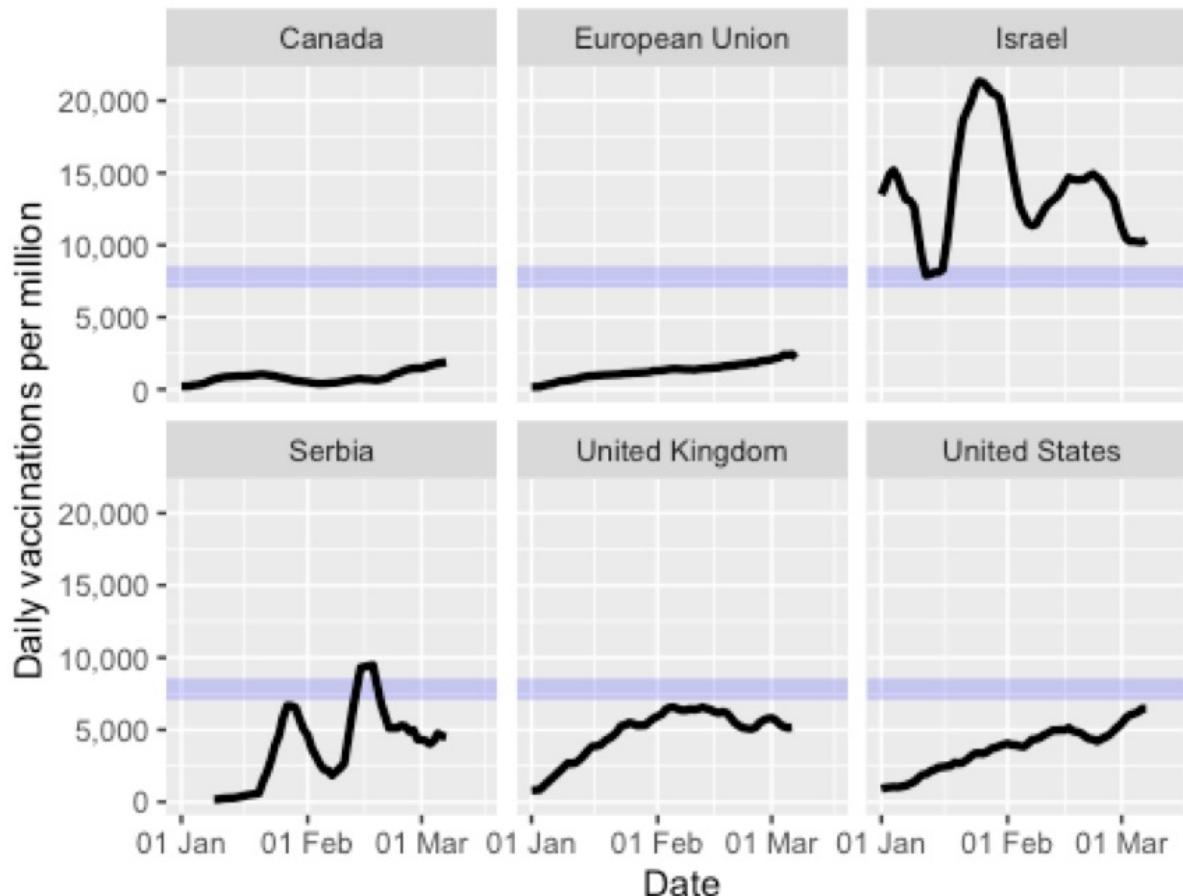
Policy language (Specific, actionable target)

**Australia must vaccinate 200,000 adults a day to  
meet October target**



# Vaccinating Australia: How long will it take?

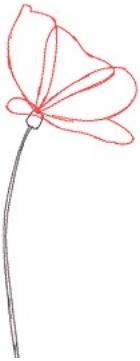
*Projected cumulative vaccine doses over time*



Data source: [ourworldindata.org](https://ourworldindata.org)

# Vaccinating Australia: How long will it take?

- How do we administer ~200,000 doses per day?
- Government originally set out to recruit 1,000 GP clinics
- $\frac{200,000}{1,000} = 200$
- There are ~7,000 GP clinics in Australia
- $\frac{200,000}{7,000} \approx 29$
- We will need mass vaccination hubs!
- How doses can you administer a day in a mass vaccination hub?
- How many vaccinators do we have?
- We need a model!



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# Study 2

## *Modelling vaccination capacity*

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### MODELLING VACCINATION CAPACITY AT MASS VACCINATION HUBS AND GENERAL PRACTICE CLINICS

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A PREPRINT

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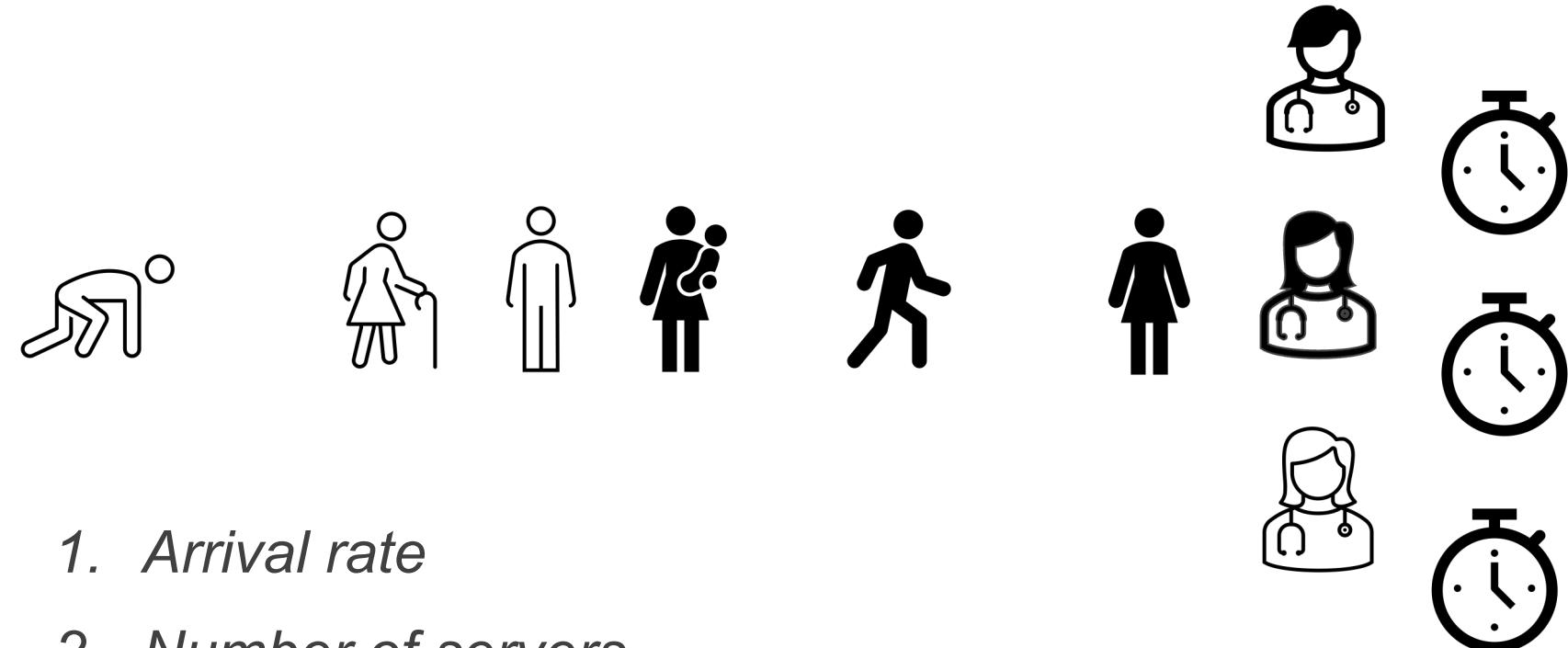
<https://doi.org/10.1101/2021.04.07.21255067>



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# Modelling vaccination capacity

## *Queue Dynamics*



1. *Arrival rate*
2. *Number of servers*
3. *Service time*

# Modelling vaccination capacity

## *Queue Networks*

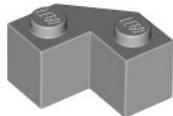
1. Queue step



2. Wait step



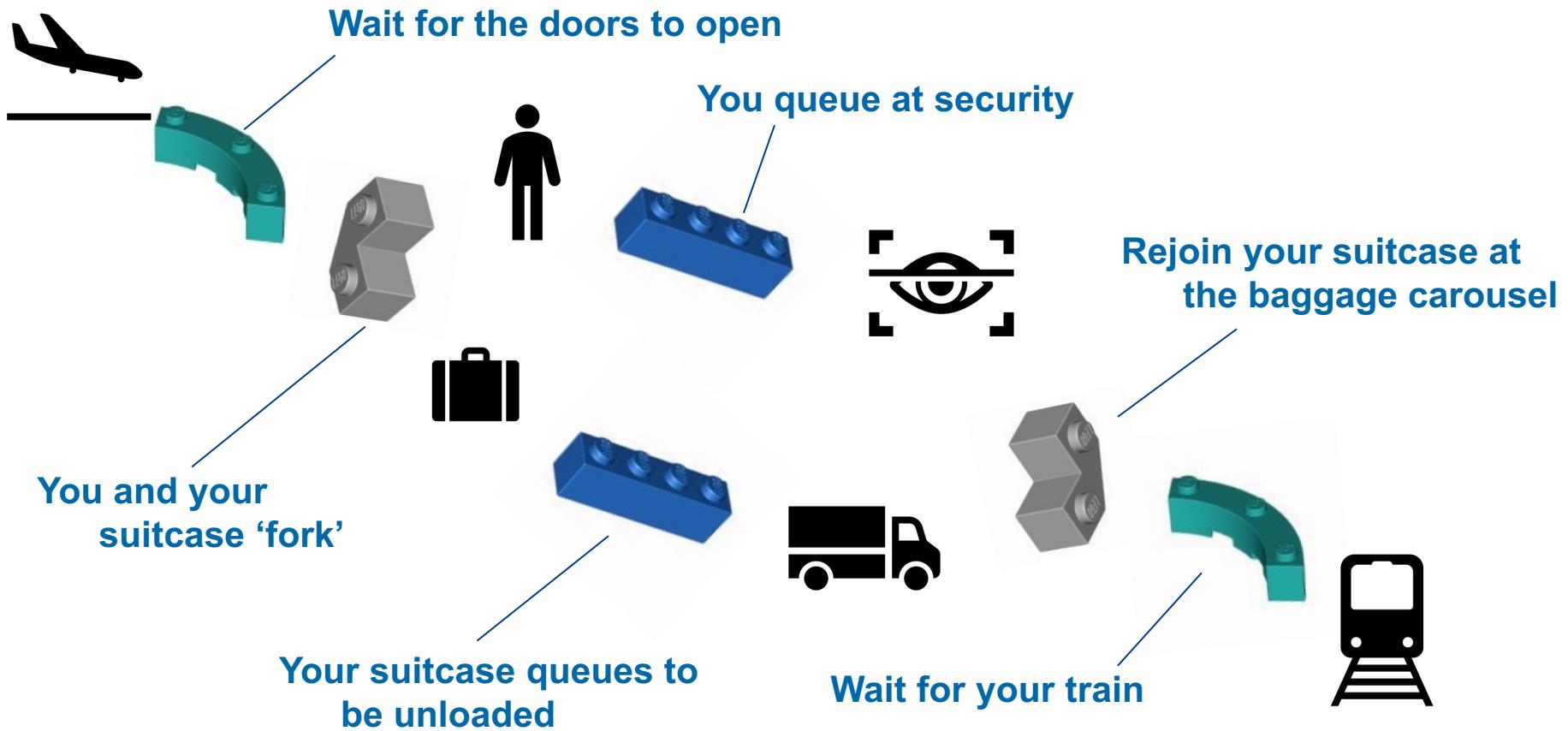
3. Fork/join step



Implemented in the R package **queuecomputer**

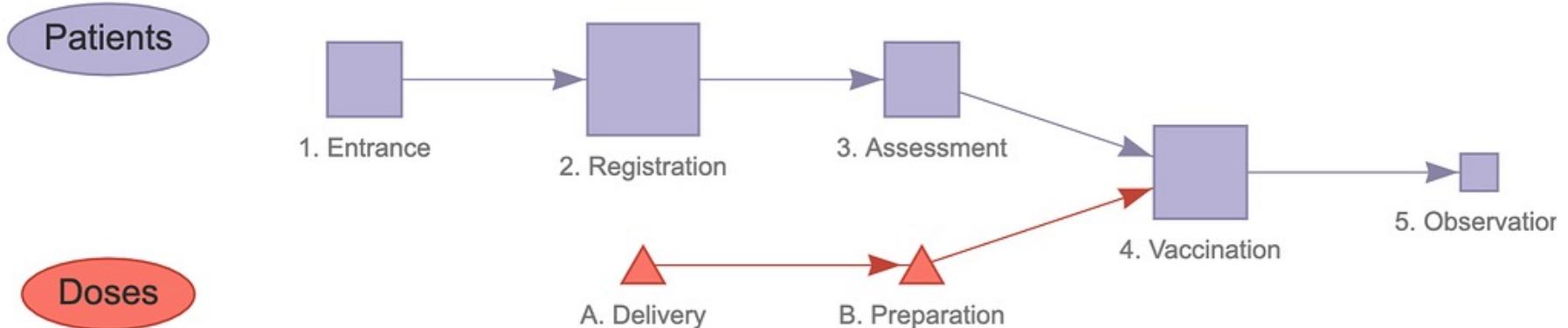
# Modelling vaccination capacity

## Arriving at an airport



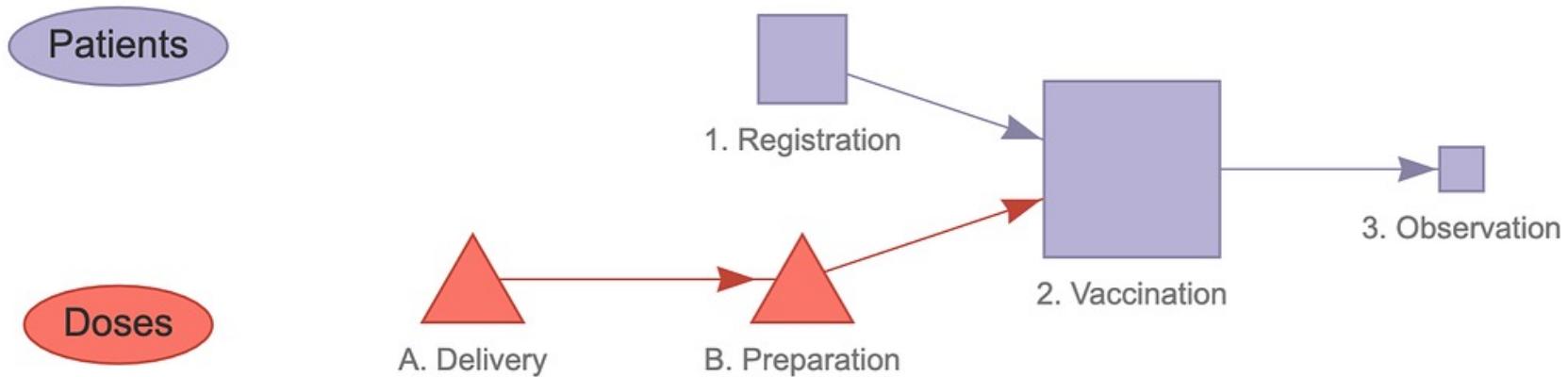
# Modelling vaccination capacity

## Mass vaccination hub



# Modelling vaccination capacity

*GP clinic*



# Modelling vaccination capacity

## Model inputs

Arrival rate

Number of servers

Service time



## Model outputs

*Daily throughput*

*Total service time*

*Staff utilisation*



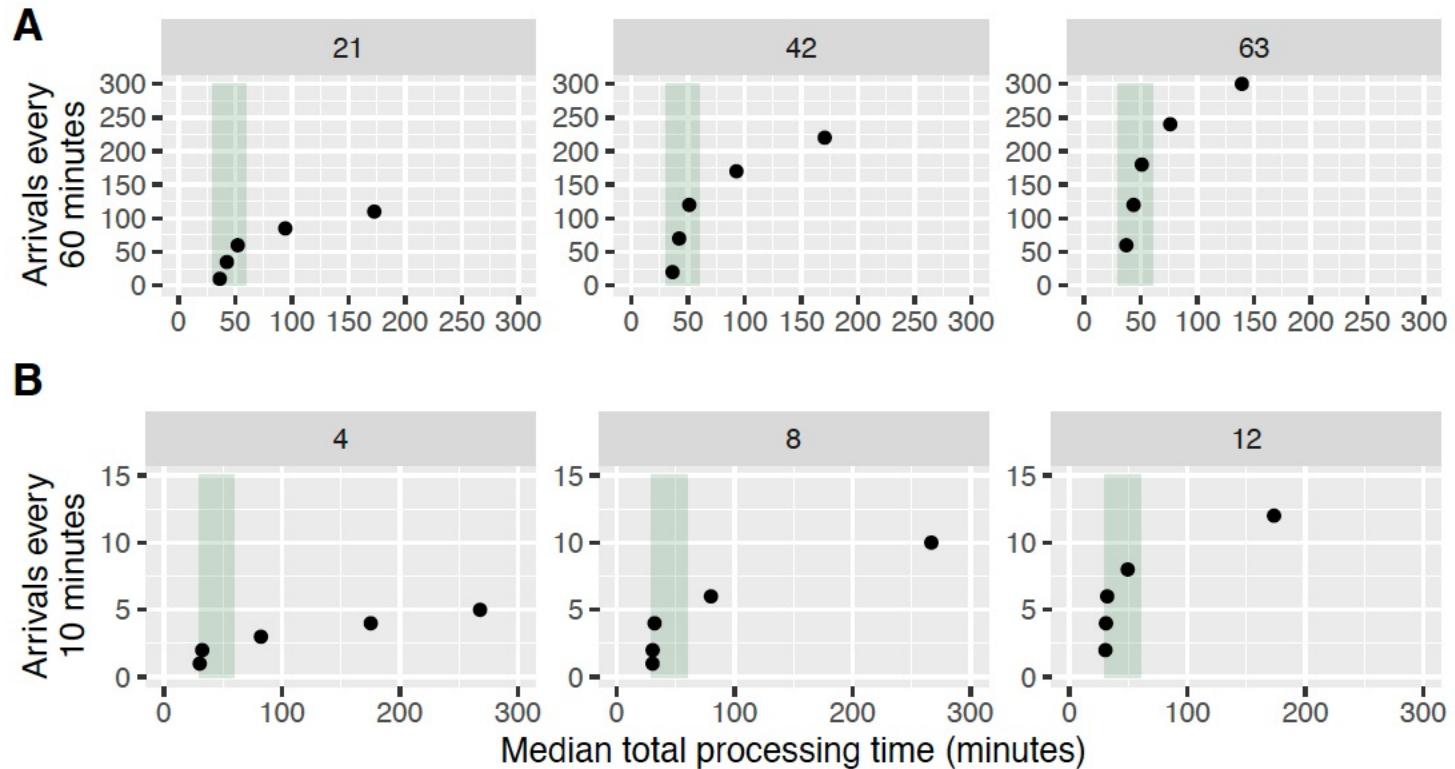
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# Modelling vaccination capacity

*Total service time as arrivals increase*



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# Modelling vaccination capacity

*Model implemented in Shiny with a graphical user interface*

Vaccination facility simulator ☰ Source Code Study with us

**UNSW SYDNEY**

About this app

Mass Vaccination Hub

GP Clinic

Choose a vaccination delivery mode

Number of simulations  Run

Guided introduction

MEDIAN NUMBER OF VACCINATIONS 943

MEDIAN PROCESS TIME 51 minutes

HEALTHCARE STAFF 42

SUPPORT STAFF 16

Queue performance

Number of vaccinations administered

Processing times

Staff Utilisation

Model assumptions

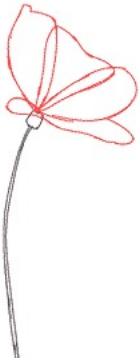
This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](#).

[cbdrh.shinyapps.io/queueSim](http://cbdrh.shinyapps.io/queueSim)

# Modelling vaccination capacity

## *Summary of findings*

- A small GP clinic (4 staff) could administer 100 vaccinations in an 8-hour clinic
- A large hub (60-65 staff) could administer 1,400 vaccinations in an 8-hour clinic
- Vaccination capacity scales linearly with staffing capacity, keeping queue performance constant
- Large hubs and small clinics equal in terms of doses per staff member (but other economies of scale are likely)
- Larger hubs are better able to scale up performance and more robust to shocks



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# Study 3

## Modelling COVID-19 hospitalisations

Research

### The impact of re-opening the international border on COVID-19 hospitalisations in Australia: a modelling study

Mark J Hanly<sup>1</sup>  , Timothy Churches<sup>2,3</sup>, Oisin Fitzgerald<sup>1</sup>, Jeffrey J Post<sup>4,5</sup>, C Raina MacIntyre<sup>6</sup>  , Louisa Jorm<sup>1</sup>

**The known:** Current national plans foresee relaxation of international border controls and other restrictions once 80% of people aged 16 years or more (64% of the total population) have been vaccinated against COVID-19.

**The new:** If Australia re-opens to international travellers while local risk-mitigating restrictions are limited to masks and social distancing, highly disruptive outbreaks will be possible even with 80% vaccination coverage for people aged 16 years or more.

**The implications:** Population vaccination alone will not be sufficient for suppressing the risk of COVID-19 outbreaks in Australia once international travel is resumed. An ongoing pandemic response will be required of political and health systems throughout 2022.

#### Abstract

**Objective:** To estimate the numbers of COVID-19-related hospitalisations in Australia after re-opening the international border.

**Design:** Population-level deterministic compartmental epidemic modelling of eight scenarios applying various assumptions regarding SARS-CoV-2 transmissibility (baseline  $R_0 = 3.5$  or  $7.0$ ), vaccine rollout speed (slow or fast), and scale of border re-opening (mean of 2500 or 13 000 overseas arrivals per day).

**Setting:** Simulation population size, age structure, and age-based contact rates based on recent estimates for the Australian population. We assumed that 80% vaccination coverage of people aged 16 years or more was reached in mid-October 2021 (fast rollout) or early January 2022 (slow rollout).

**Main outcome measures:** Numbers of people admitted to hospital

10.5694/mja2.51291



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# Modelling COVID-19 Hospitalisations

Age-structured, deterministic SEIR compartment model



# Modelling COVID-19 Hospitalisations

## *Model parameters*

| Domain              | Parameterisation   |
|---------------------|--|
| Population          | Size   Age distribution   Daily contacts   |
| Infection dynamics  | $R_0$   Latent period (days)   Infectious period (days)                            |
| Interventions       | Reduce daily contacts   Reduce transmission probability at each contact            |
| Vaccination program | Available doses   Vaccine effectiveness   Vaccine hesitancy                        |
| New cases           | Daily arrivals   False negative pre-flight tests   Risk of hotel quarantine escape |

# Modelling COVID-19 Hospitalisations

## *The COVOID Model*



*Image source: Author supplied*

# Modelling COVID-19 Hospitalisations

## *Model scenarios*

| Scenario | Reproduction number ( $R_0$ ) | Daily overseas arrivals from Dec 2021 | Vaccine rollout | Adult vaccine coverage Dec 2021 |
|----------|-------------------------------|---------------------------------------|-----------------|---------------------------------|
| 1        | 3.5                           | 2,500                                 | Slow            | 71%                             |
| 2        | 3.5                           | 2,500                                 | Fast            | 91%                             |
| 3        | 3.5                           | 13,000                                | Slow            | 71%                             |
| 4        | 3.5                           | 13,000                                | Fast            | 91%                             |
| 5        | 7.0                           | 2,500                                 | Slow            | 71%                             |
| 6        | 7.0                           | 2,500                                 | Fast            | 91%                             |
| 7        | 7.0                           | 13,000                                | Slow            | 71%                             |
| 8        | 7.0                           | 13,000                                | Fast            | 91%                             |

# Modelling COVID-19 Hospitalisations

Estimated numbers of COVID-19-related hospitalisations

Low  $R_0$

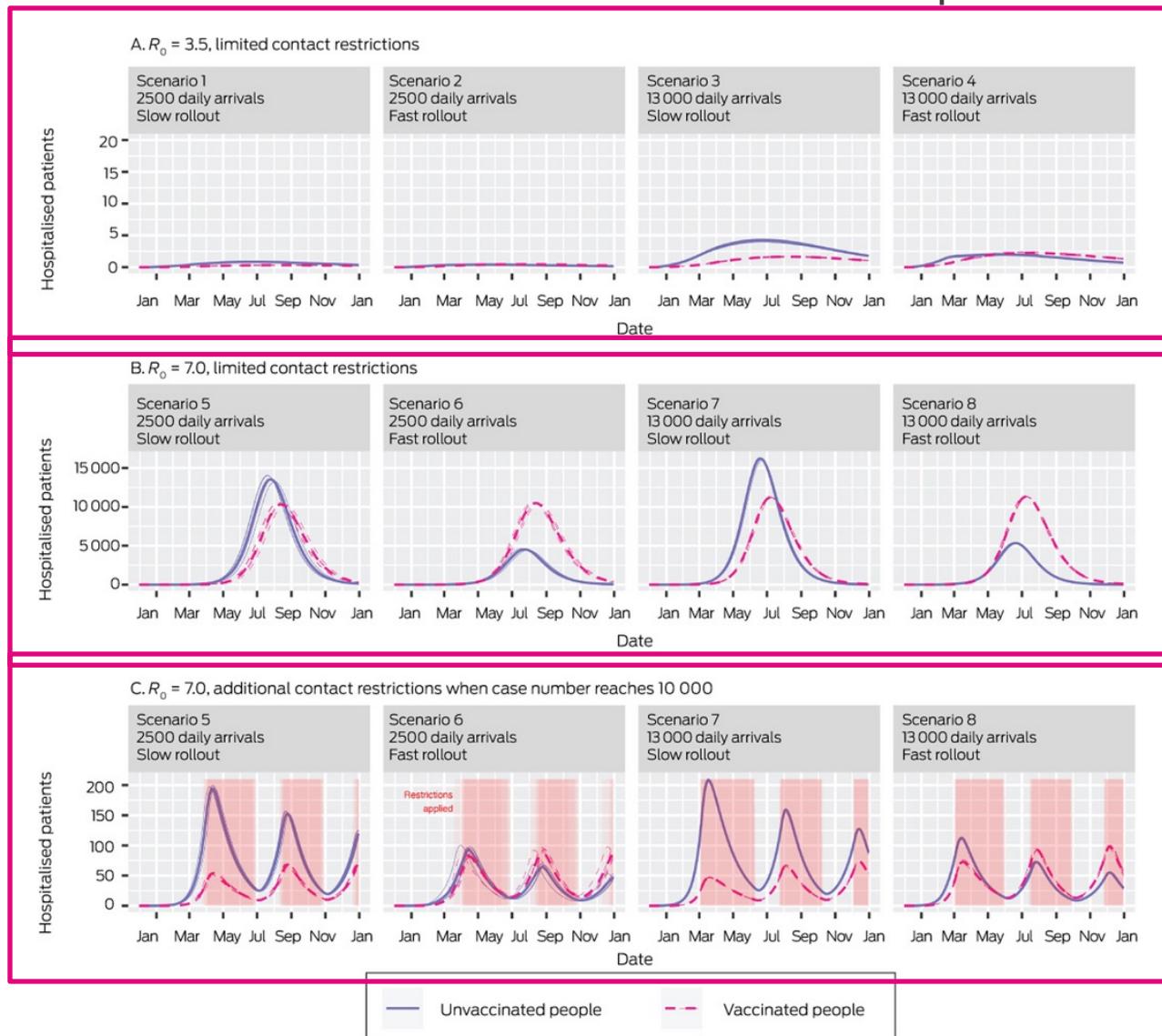
No Problems!

High  $R_0$  and  
limited  
restrictions

Big Problems!

High  $R_0$  with  
additional  
restrictions

Under control!



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# Modelling COVID-19 Hospitalisations

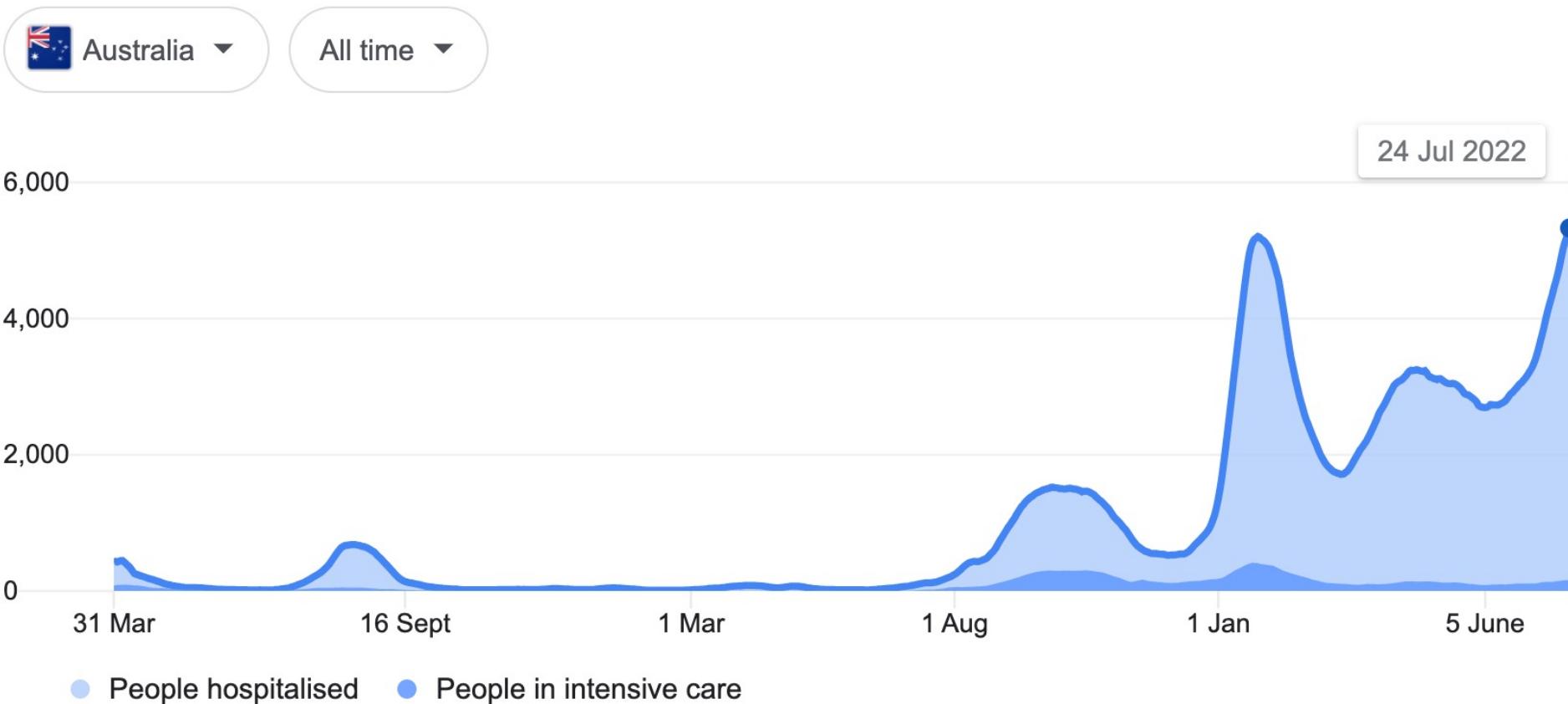
“ The Australian health system will remain at risk of disruptive outbreaks beyond these dates if only minimal social and mobility restrictions are retained

“ Mass vaccination is unlikely to achieve complete protection against COVID-19 and health system capacity will still be at risk in the most realistic vaccination coverage scenarios

# Modelling COVID-19 Hospitalisations

## + Hospitalisations

From [Our World in Data](#) · Last updated: 12 hours ago · Based on seven-day average



# Modelling COVID-19 Hospitalisations

Health

## Covid hospitalisations in Australia hit new record, surpassing January peak

Experts say lower ICU figures partly due to aged care deaths, while AMA vice president labels number of Covid patients 'massive'

- [Follow the latest updates with our liveblog](#)
- Get our [free news app](#), [morning email briefing](#) and [daily news podcast](#)

**Josh Nicholas and Cait Kelly**

Tue 26 Jul 2022 03.30 AEST



**“** The bottom line is on the ground, my colleagues are angry, desperate, **fatigued** and they have a terrible situation where there are **not enough beds or nurses**.

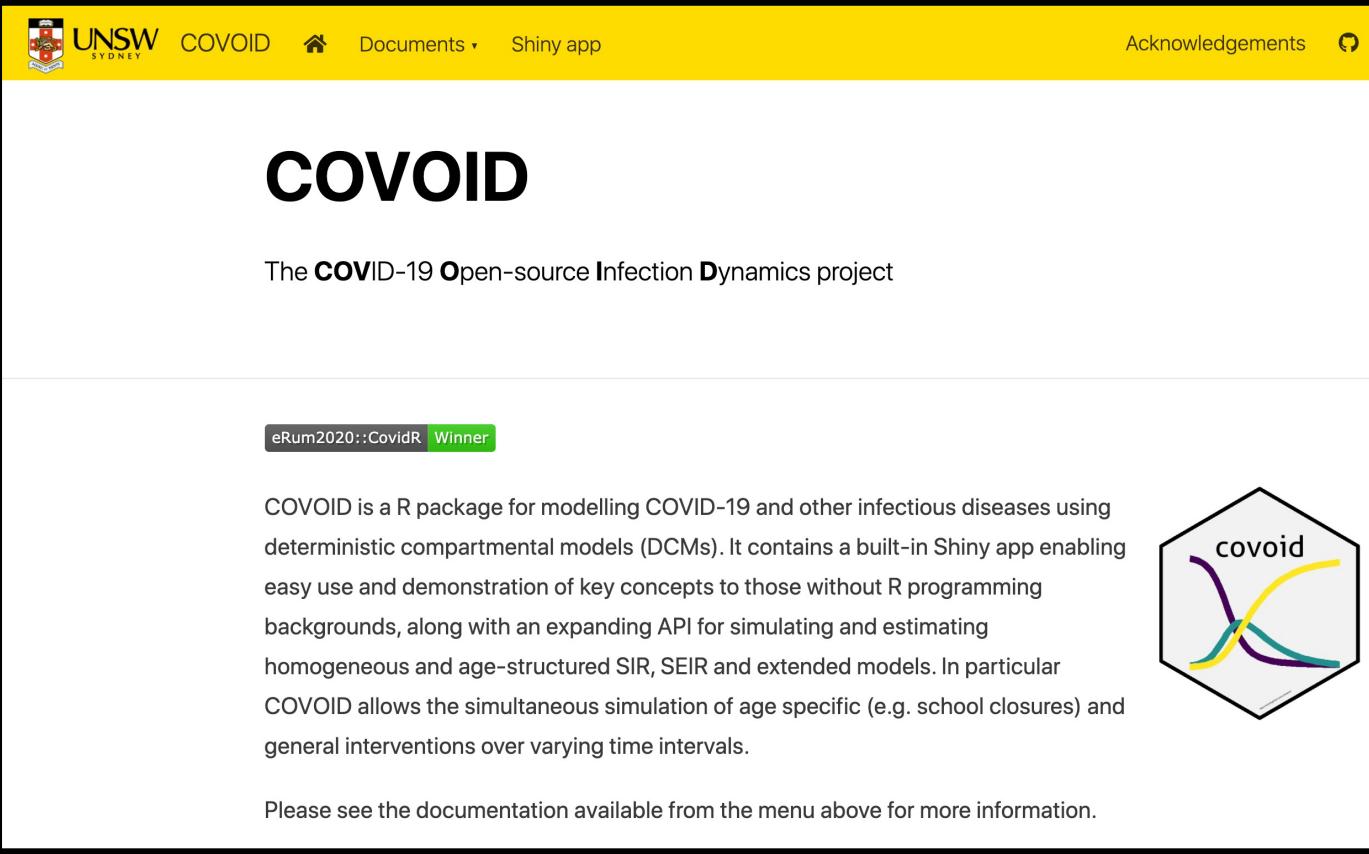
- Dr Chris Moy, VP of the AMA



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# Modelling COVID-19 Hospitalisations

## COVOID R Package



The screenshot shows the COVOID R package website. At the top, there is a yellow header bar with the UNSW Sydney logo, navigation links for "COVOID", "Documents", "Shiny app", "Acknowledgements", and a GitHub icon. The main title "COVOID" is prominently displayed in large black letters. Below it, the subtitle "The COVID-19 Open-source Infection Dynamics project" is shown. A small badge indicates "eRum2020::CovidR Winner". The main content area describes COVOID as an R package for modelling COVID-19 and other infectious diseases using deterministic compartmental models (DCMs). It highlights features like a built-in Shiny app for easy use, an API for simulating and estimating models, and the ability to simulate age-specific interventions. A hexagonal graphic on the right shows three colored lines (purple, teal, yellow) representing different model runs or data series.

COVOID is a R package for modelling COVID-19 and other infectious diseases using deterministic compartmental models (DCMs). It contains a built-in Shiny app enabling easy use and demonstration of key concepts to those without R programming backgrounds, along with an expanding API for simulating and estimating homogeneous and age-structured SIR, SEIR and extended models. In particular COVOID allows the simultaneous simulation of age specific (e.g. school closures) and general interventions over varying time intervals.

Please see the documentation available from the menu above for more information.

[cbdrh.github.io/covoidance](https://cbdrh.github.io/covoidance)



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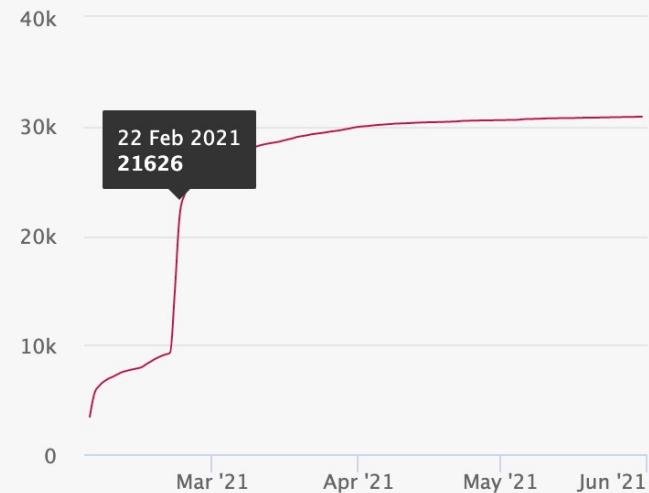


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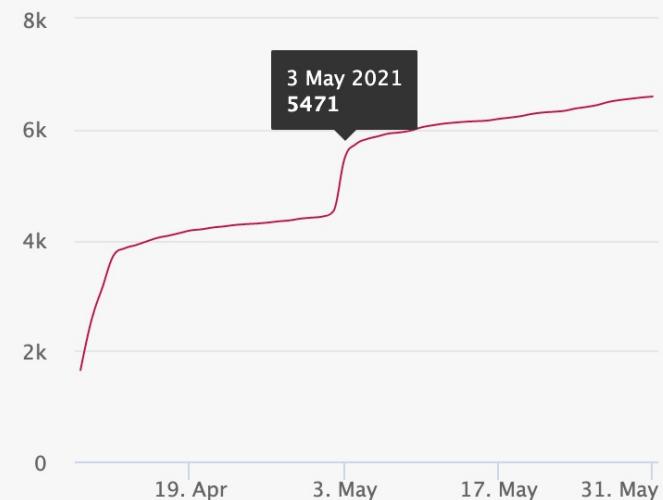
# Publishing in The Conversation

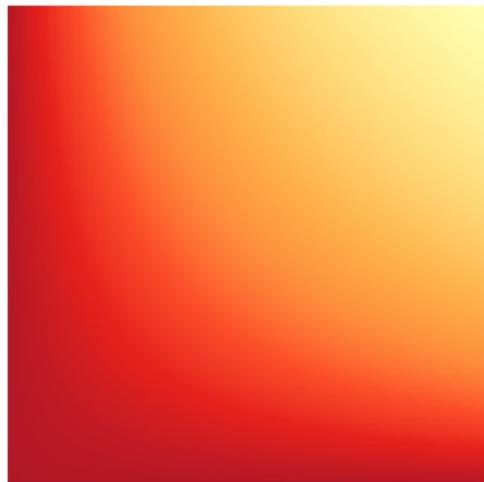
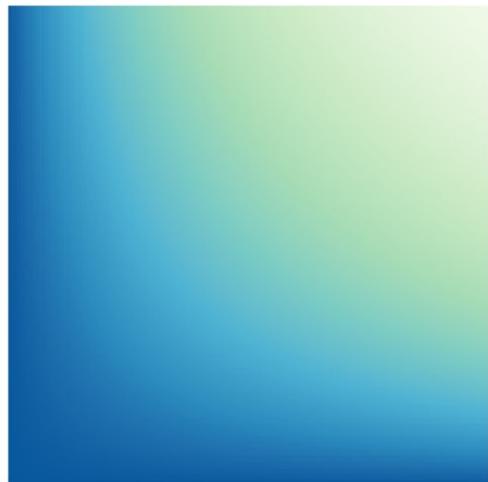
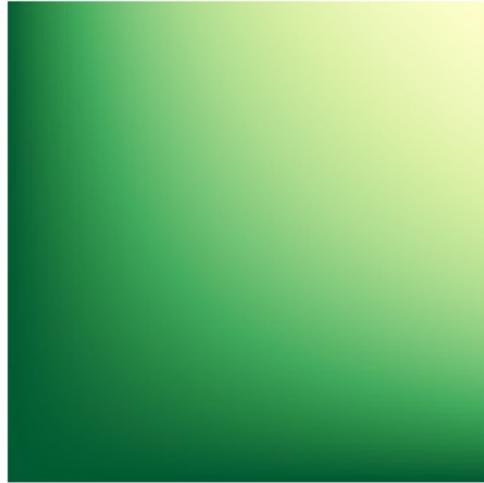


Readers



Readers





## Funding

Ian Sharp, **philanthropic supporter** of UNSW research

Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) Infectious diseases, Immunity and Inflammation (Triple-I) Clinical Academic Group  
**Seed Grant**

# Thank you for listening!