

Traffic Econometrics Master's Course

Lecture 01a: Covid-19 Dynamics

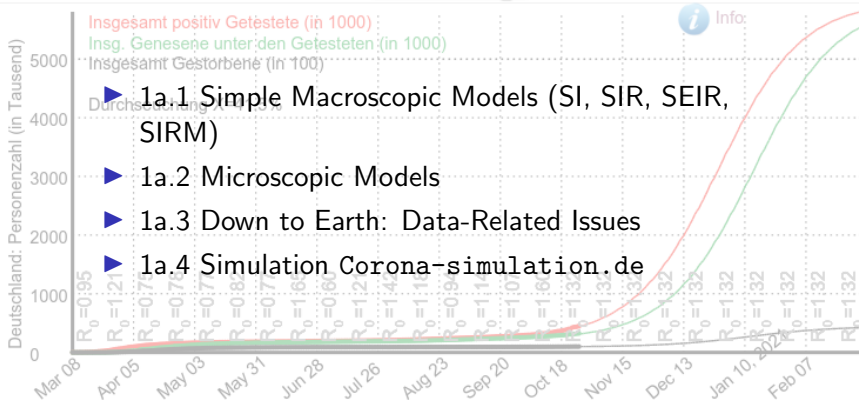
Simulation der
Covid-19
Pandemie
Deutschland

Reproduktionszahl R_0 1.32
Ansteckungsstart 2 Tage
Ansteckungsende 8 Tage
Test nach 5 Tage
Heilfeld 18.64 %



Deutschland ▾

Simulation (kum) ▾

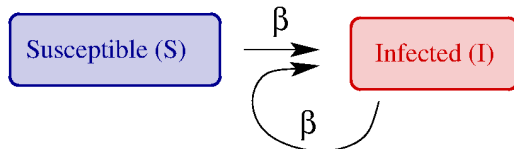


Martin Treiber

1a.1 Simple macroscopic models I: SI model

Compartemental models: consider different status such as susceptible, infected, or recovered and transitions between them

- ▶ As in any macroscopic model on infection dynamics, the basic dynamic quantities are *percentages of the population* (e.g., of a country) rather than individual persons
- ▶ Scale separation: The *infection dynamics* is much faster than the rest of the *population dynamics* (births, “normal” deaths, in- and outwards directed migration/moves) \Rightarrow population number $N = \text{const.}$
- ▶ Two compartments: any person can be either *susceptible* to infection (S), or already infected (I) which includes actually ill, recovered, or dead. Particularly, there is no reverse transition $I \rightarrow S$



SI model II

- ▶ All infected persons become *contagious instantaneously* and remain so all the time (notice the inconsistency to the point above)
- ▶ The *rate of contagion* β (# persons per time unit if everybody else is S) remains constant

$$\Rightarrow \begin{aligned} \frac{dS}{dt} &= -\beta IS, \\ \frac{dI}{dt} &= +\beta IS \end{aligned} \quad \text{SI model}$$

- ▶ $S = N_S/N$: fraction of susceptible
- ▶ $I = N_I/N$: fraction of infected
- ▶ $\frac{d}{dt}(S + I) = 0 \Leftrightarrow$ conservation of population number $N = \text{const.}$

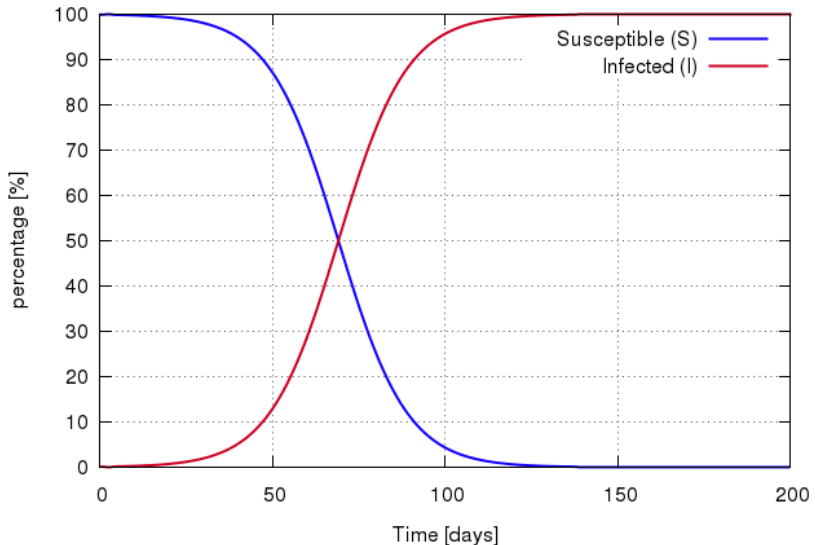
Rewrite with $S + I = 1$:

$$\frac{dI}{dt} = \beta I(1 - I)$$

\Rightarrow *classical model for limited growth* with saturation 1

SI model III: Simulation

SI model, $\beta=0.1/\text{day}$, $I(0)=0.1\%$



SIR model

- ▶ Unlike the situation in the SI model, infected people recover/die after an average time $1/\gamma$ thereby becoming *no longer contagious*
- ▶ Chained models for the transitions susceptible-infected (SI) and infected-recovered persons (IR), R = fraction of recovered:



$$\frac{dS}{dt} = -\beta IS,$$

$$\frac{dI}{dt} = +\beta IS - \gamma I, \quad \text{SIR model}$$

$$\frac{dR}{dt} = +\gamma I$$

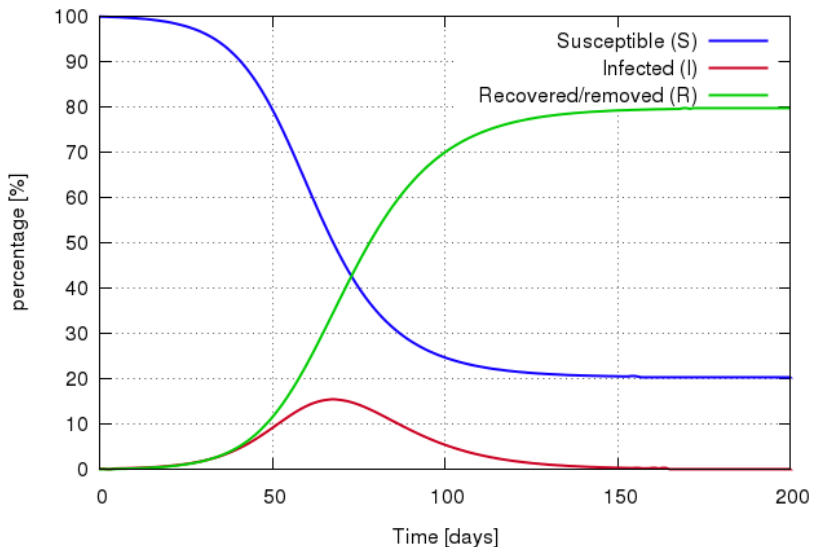
- ▶ Conservation of the population number: $S + I + R = 1$

? Show that the initial reproduction number is given by $R_0 = \beta/\gamma$

! Initially ($S = 1$), any infected person infects β other persons per day but recovers after an exponentially distributed time $\tau_R \sim \text{Exp}(\gamma)$, so the average #infected people = $\beta E(\tau_R) = \beta/\gamma$

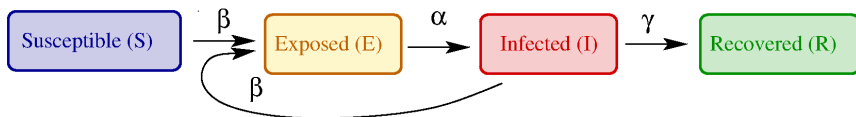
SI and SIR models: simulation

SIR model, $\beta=0.2/\text{day}$, $\gamma=0.1/\text{day} \Rightarrow R_0=2$, $I(0)=0.1\%$



SEIR model

- Adds to the SIR model a finite *incubation time* $\tau_I \sim \text{Exp}(\alpha)$ where people are infected but not yet contagious (“exposed”, E)
- Triple chain with $S + E + I + R = 1$:



$$\frac{dS}{dt} = -\beta IS,$$

$$\frac{dE}{dt} = +\beta IS - \alpha E,$$

$$\frac{dI}{dt} = +\alpha E - \gamma I,$$

$$\frac{dR}{dt} = +\gamma I$$

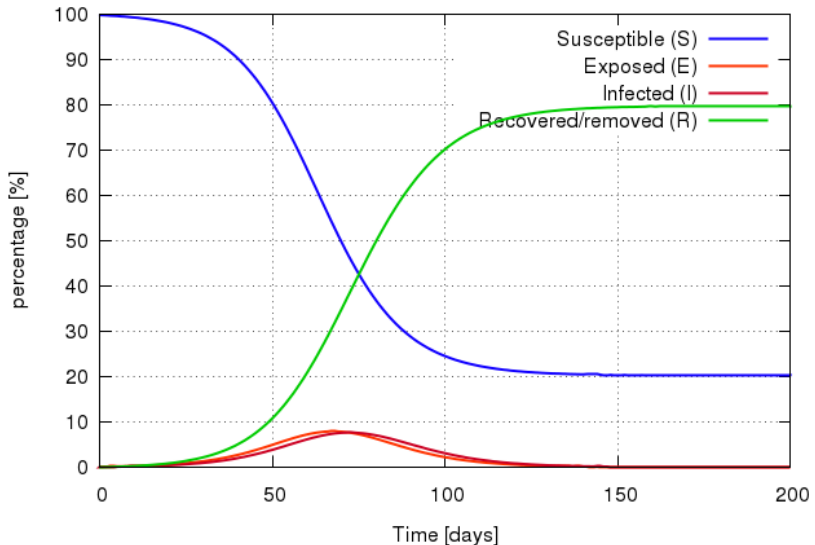
SEIR model

? Show that $R_0 = \beta/\gamma$ and that the initial time for doubling of the infected is given by $\tau = (1/\gamma + 1/\alpha)/\log_2(R_0)$

! R_0 as in the SIR model. The average time for passing an infection is the sum $1/\gamma + 1/\alpha$ of the incubation and infection times. In this timescale, there are $\log_2(R_0)$ doublings.

SIR vs. SEIR model simulations

SEIR, $\beta=0.4/\text{day}$, $\gamma=\alpha=0.2/\text{day} \Rightarrow R_0=2$, $E(0)=I(0)=0.1\%$

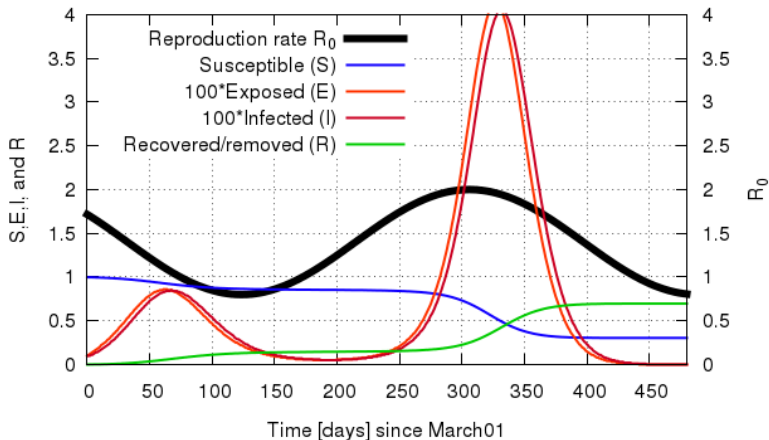


SEIR model with seasons (winter is “flu” time)

⇒ make the reproduction number $R_0(t)$ time dependent

⇒ infection rate β variable: $\beta = \gamma R_0(t)$

SEIR model, $\beta = \gamma R_0(t)$, $\gamma = \alpha = 0.2/\text{day}$, $E(0) = I(0) = 0.1\%$



Iterated map models

- ▶ The SI, SIR, SEIR models were **ordinary differential equations** (ODEs)
- ▶ Another more direct approach are **iterated maps**: models for time evolution by classical model chaining
- ▶ can be interpreted as numerical solutions of ODEs but they are more flexible allowing “real” memory, e.g., truly nonzero incubation time instead of an exponential distributed one
- ▶ Of course, this also means we need initialize all past values within the memory time

Iterated SIR model with memory (SIRM)

- ▶ An infected person contacts R_0 persons and infects $R_0 S$ persons *exactly* τ_I days after his/her own infection
- ⇒ need history of all fractions $I_{t'}$ of persons infected *exactly* at day $t' \leq t$
- ▶ The person recovers exactly τ_R days after infection
- ⇒ The total fraction of ill persons (*active cases*) at day t is given by

$$I(t) = \sum_{j=t-\tau_I+1}^t I_j$$

$$I_t = R_0 S(t - \tau_I) I_{t-\tau_I},$$

$$S(t) = S(t - 1) - I_t,$$

$$R(t) = R(t - 1) + I_{t-\tau_R},$$

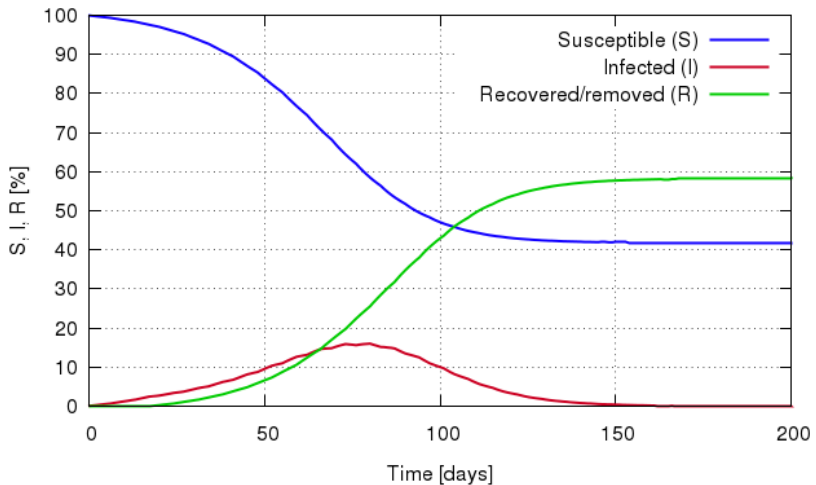
$$I(t) = 1 - S(t) - R(t)$$

SIR model
with memory

Notice that the recovery does not influence the infection process since only infection day τ_I is contagious

Simulation of the SIR model with memory

SIR iterated, $\tau_I=7$ days, $\tau_R=18$ days, $I_t=0.001$ for $t<\tau_I$



1a.2 Microscopic Models

The principle is straightforward: Just break down the compartmental models to single persons (remember the definition of a microscopic model!)

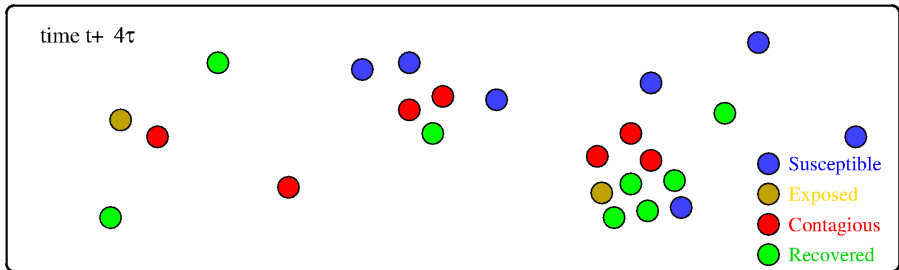
- ▶ The health status of each person i is exactly one out of a set, e.g. $\text{status} \in \{ S, E, I, R \}$
- ▶ Transition $S_i \rightarrow E_i$ if an S person i is sufficiently close to an I person j sufficiently long, e.g.

$$S_i(t) \rightarrow E_i(t) \quad \text{if} \quad d_{ij}(t') \leq 1.5 \text{ m} \quad \forall t' : t - \tau_E \leq t' \leq t$$

- ▶ Transition to an I person after an incubation time τ_I
- ▶ Transition to an R person after a time period $\tau_R > \tau_I$

So the pandemic micromodel is easy: It gets interesting when adding a **particle dynamics model** for the motion of the people to model, e.g., *superspreading events*

Microscopic example



- ▶ Time t : superspreading event
- ▶ Time $t + \tau$: three people infected in the middle group
- ▶ Time $t + 2\tau$: one of the newly infected moves to the other group
- ▶ Time $t + 3\tau$: incubation time over (also at the left group)
- ▶ Time $t + 4\tau$: two infections in two groups

1a.3 Down to reality/econometrics: what can be observed?

We want to know: **#Infections** $N_I(t) = N I(t)$,
ideally its “age structure” I_0, I_1, \dots, I_t

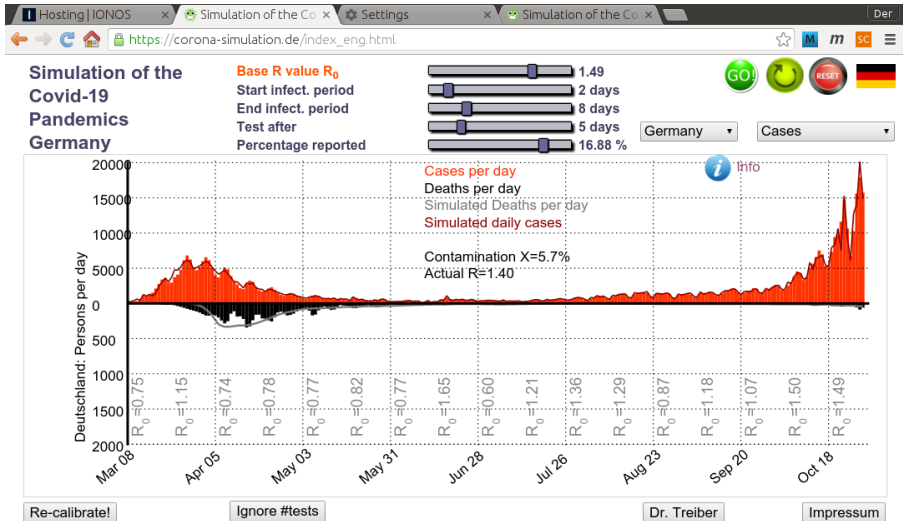
We do know: **#positive tests** $N_T(t)$ (“cases”) and
#Covid-19 deaths $N_D(t)$ including the history $t' \leq t$

Many uncertainties:

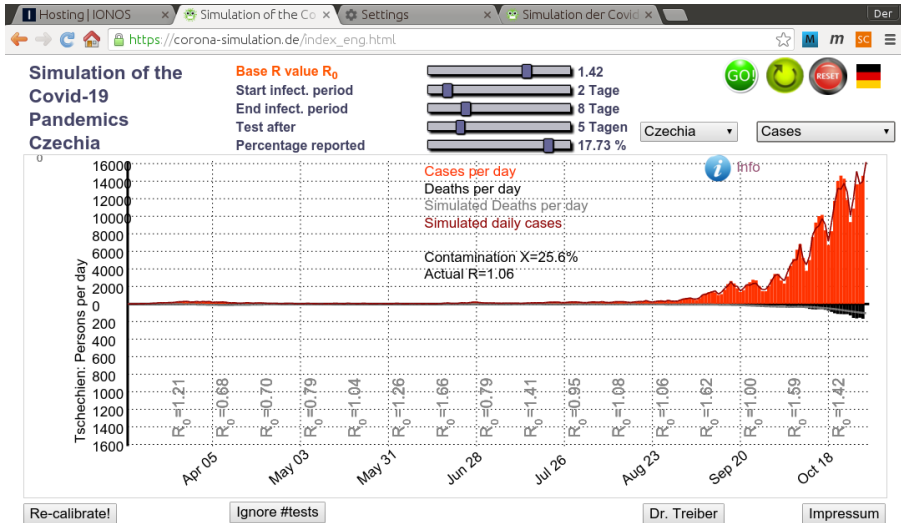
- ▶ The tests have an imperfect **sensitivity** $P(\text{positive}|\text{infected}) \approx 99\%$
- ▶ ... and an imperfect **specificity** $P(\text{negative}|\text{not infected}) \approx 99\%$
- ▶ Different/inconsistent definitions of a “Covid-19 death” event
- ▶ There is a high number of untested and potentially ill people \Rightarrow high number of unreported cases, probably $\gg N_T$
- ▶ The fraction of reported cases depends on the number of tests via a monotonously increasing but otherwise unknown function

Corona-simulation.de (as of Oct 30, 2020)

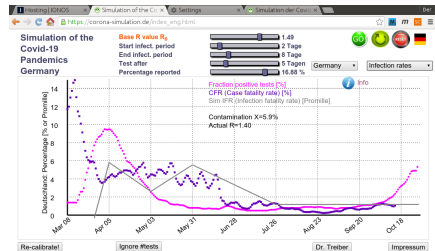
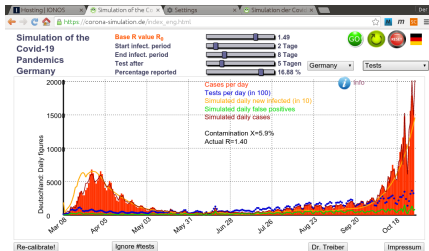
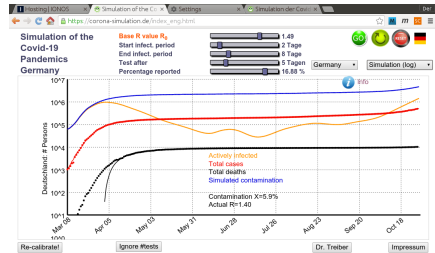
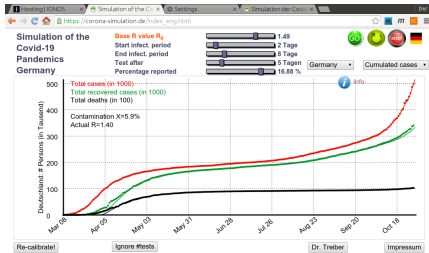
Interactive *data-driven* simulator based on an extended SIRM model



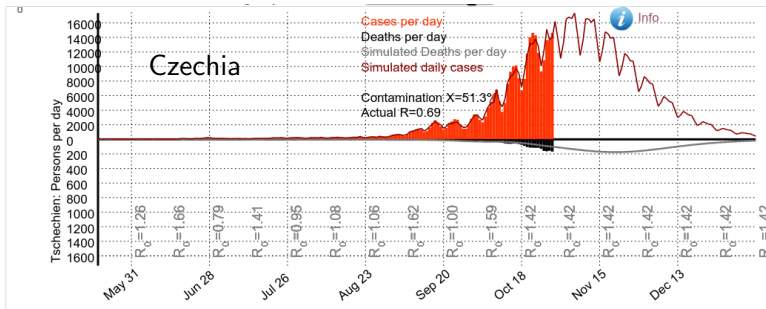
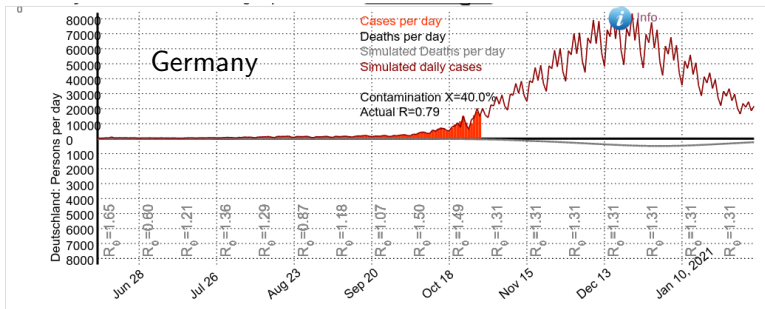
Features I: different countries



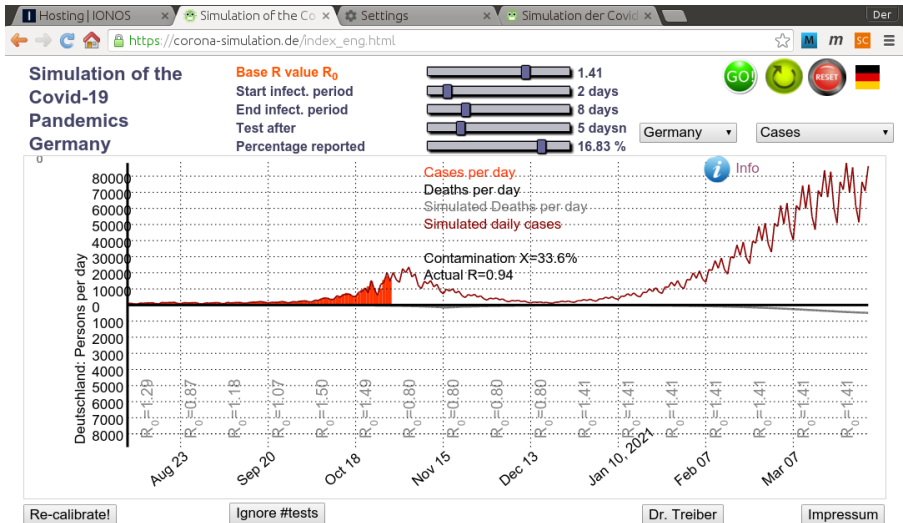
Features II: different windows



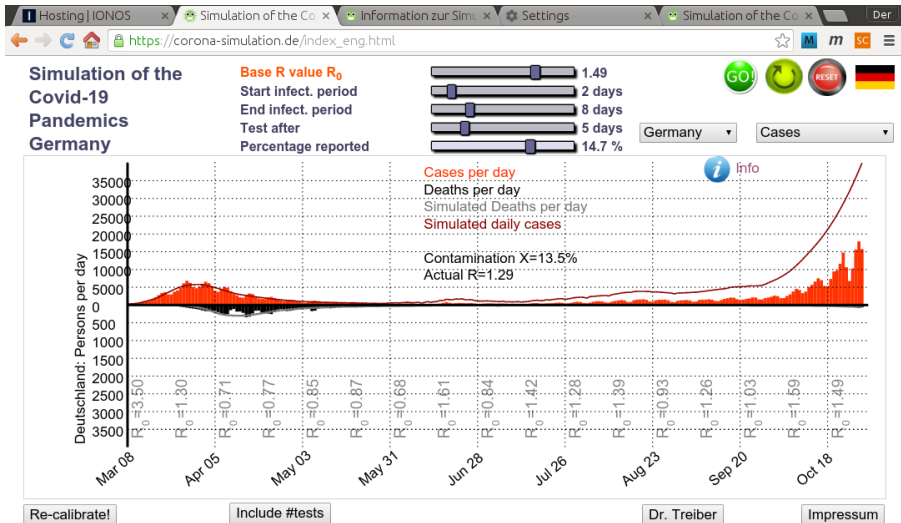
Features III: scenario-based projections



Features III: "lockdown" shifts "wave"



Features IV: sensitivity tests, e.g., ramping up #tests



Summary/take-home messages

- ▶ Only **data brings us “down to Earth”** allowing for
 - ▶ tests of the model quality
 - ▶ doing useful things such as projection scenarios (do not forget Mark Twains quote about predictions!)
- ▶ Always **check definitions of events**, e.g., “Covid-19 infection” (including all symptom free people?) or “Covid-19 death” (including fatal traffic accidents of a test-positive persons?)
- ▶ **Do not confuse/mix proxies with the real quantities**, e.g., positive tests vs. infection events. Also check how well the proxy *represents* the interesting quantities (#positive tests is a poor proxy for the #infections, #recorded Covid-19 death is a much better proxy for all the Covid-19 deaths)
- ▶ **Check your sample.** Is it essentially the population or only a small and unknown fraction thereof?
- ▶ **Be careful with exponentially growing things** since small changes in the scenario setting can greatly influence the result