

1. Introduction

Main contribution and its relevance.

Background.

Vaccine development.

Problem setup.

Litterature review.

Papaer structure.

2. Covid-19 spread dynamics

Uncontrolled dynamics. We split a given population of size N in the base SEIR structure with segregation infected classes according to the manifestation of symptoms. Let $L, S, E, I_S, I_A, H, R, D$ respectively denote the class of an individual according to its current state, namely

Lockdown (L) All individuals that has with null mobility and that remains under isolation

Suceptible (S) Individual under risk

Exposed (E) Population fraction that host SARS-CoV-2 but cannot infect

Infected-Symptomatic (I_S) Population infected fraction with symptoms and reported as confirmed case

Infected-Asymptomatic (I_A) Infected individual whit transitory or null symptoms and unreported

Hospitalized (H) Infected population that requires hospitalization or intensive care.

Recover or removed (R) Population that recovers from infection and develops partial immunity

Death (D) Population fraction that death by COVID-19

To fit data of cumptulative reported symptomatic cases, we postulated the counter state Y_{I_S} and made the following hypothesis.

Hypothesis 1. According to above compartment description, we made the following hypothesis.

(H-1) We suppose that at least 30%of the population is under lock-down and that eventually a fraction of this class move to the susceptible compartment at rate δ_L .

- 33 (H-2) Force infection is defined as the probability of acquire COVID-19 given
 34 the contact with a symptomatic or asymptomatic individual. Thus we
 35 normalize under live population N^*
- 36 (H-3) Susceptible individuals become exposed—but not infectious—when they
 37 are in contact with asymptomatic or symptomatic individuals. Thus β_S ,
 38 β_A denote probability of infectious given the contact with a symptomatic
 39 or asymptomatic infectious individuals.
- 40 (H-4) After a period of latency of $1/\kappa = 5.1$ days, an exposed individual became
 41 infected. Being p the probability of develop symptoms and $(1 - p)$ the
 42 probability of became infectious but asymptomatic. Thus $p\kappa E$ denotes
 43 the event of become infectious and develop symptoms given that the
 44 individual has been exposed
- 45 (H-5) Asymptomatic individuals not die or get in a Hospital
- 46 (H-6) A fraction μ_H of symptomatic individuals die by COVID-19 without hos-
 47 pitalization
- 48 Thus we formulate the following Ordinary Differential Equation (ODE)

$$\begin{aligned}
 L' &= \theta\mu N^* - \epsilon\lambda L - \delta_L L - \mu L, \\
 S' &= (1 - \theta)\mu N^* + \delta_L L + \delta_R R - (\lambda + \mu)S, \\
 E' &= \lambda(\epsilon L + S) - (\kappa + \mu)E, \\
 I_S' &= p\kappa E - (\gamma_S + \delta_H + \underline{\mu_{I_S}}^{\text{SDIV}} + \mu)I_S, \\
 I_A' &= (1 - p)\kappa E - (\gamma_A + \mu)I_A, \\
 H' &= \delta_H I_S - (\gamma_H + \mu_H + \mu)H, \\
 R' &= \gamma_S I_S + \gamma_A I_A + \gamma_H H - (\delta_R + \mu)R, \\
 D' &= \underline{\mu_{I_S} I_S}^{\text{SDIV}} + \mu_H H, \\
 \frac{dY_{I_S}}{dt} &= p\kappa E, \\
 \lambda &:= \frac{\beta_A I_A + \beta_S I_S}{N^*}, \\
 N^*(t) &= L + S + E + I_S + I_A + H + R.
 \end{aligned} \tag{1}$$

49 See Table 1 for notation and references values.

50 2.1. Parameter calibration

51 *Bayesian estimation.* We calibrate parameters of our base dynamics in (1) via
 52 Multichain Montecarlo (MCMC). To this end, we assume that the cumulative
 53 incidence of new infected symptomatic cases CI_S follows a Poisson distribution

| Parameter | Description |
|-----------------|--|
| μ | Death rate |
| β_S | Infection rate between susceptible and symptomatic infected |
| β_A | Infection rate between susceptible and asymptomatic infected |
| λ_V | Vaccination rate |
| δ_V^{-1} | Vaccine-induced immunity |
| ε | Vaccine efficacy |
| κ^{-1} | Average incubation time |
| p | New asymptomatic generation proportion |
| θ | Proportion of individuals under lockdown |
| γ_S^{-1} | Average time of symptomatic recovery |
| γ_A^{-1} | Recovery average time of asymptomatic individuals |
| γ_H^{-1} | Recovery average time by hospitalization |
| δ_R^{-1} | Natural immunity |
| δ_H | Infected symptomatic hospitalization rate |

Table 1: Parameters definition of model in Equation (1).

with mean $\lambda_t = IC_s(t)$. Further, following [] we postulate priors for p and κ

$$\begin{aligned}
Y_t &\sim \text{Poisson}(\lambda_t), \\
\lambda_t &= \int_0^t p \delta_e E, \\
p &\sim \text{Uniform}(0.3, 0.8), \\
\kappa &\sim \text{Gamma}(10, 50).
\end{aligned} \tag{2}$$

Using the reproductive number definition of Van DenDrishe [CITE], we obtain

$$R_0 := \frac{N^*(\beta_S p \kappa + \beta_A \kappa (1 - p))}{(\mu - \kappa)(\gamma_S + \mu_{I_s} + \gamma_A + \mu) N^* \mu}.$$

Figure 2 displays data of coumulative confirmed cases of COVID-19 of Mexico city, and Figure 2 displays the fitt of our model in Equations (1) and (2). Table 2 enclose fixed and estimated parameters to this setting.

3. Imperfect-preventive COVID-19 vaccination

Preventive vaccines.

[SDIV 1]
Review this
 R_0 calculation with
Gabriel

| Parameter | Median | Reference |
|-----------------|---|---|
| q_r, ϵ | 0.4, 0.3, 0.1 | this study |
| β_S | $q_r \times 8.690483 \times 10^{-1}$ | this study |
| β_A | $q_r \times 7.738431 \times 10^{-1}$ | this study |
| κ | 0.19607843 | * |
| p | 0.1213 | * |
| θ | 0.2, | this study |
| δ_L | 0.04 | postulated |
| δ_H | 0.2 | * |
| δ_V | 0.0027397260273972603 | $\delta_V^{-1} = 2$ years CanSinoBIO |
| δ_R | 0.00555556 | $\delta_R^{-1} \approx 180$ days |
| μ | 3.913894×10^{-5} | ** |
| μ_{I_S} | 0.0 | |
| μ_H | 0.01632 | [FENG] |
| γ_S | 0.09250694 | * |
| γ_A | 0.16750419 | * |
| γ_H | 5.079869×10^{-1} | * |
| λ_V | 0.00061135 | |
| ε | 0.7, 0.80, 0.9, 0.95 | [PRESS RELESASES] |
| N | 26446435 | ** |
| L_0 | 0.26626009702112796 | |
| S_0 | 0.463606046009872 | |
| E_0 | 0.00067033 | * |
| I_{S_0} | 9.283×10^{-5} | * * * |
| I_{A_0} | 0.00120986 | * |
| H_0 | $1.34157969 \times 10^{-4}$ | ** |
| R_0 | $2.66125939 \times 10^{-1}$ | |
| D_0 | 0.00190074 | ** |
| X_{vac}^0 | 0.0 | |
| V_0 | 0.0 | |
| $Y_{I_S}^0$ | 0.12258164 | |
| B | 0.0003592166581242425 | 9500 beds/ N |
| a_{I_S} | 0.0020127755438256486 | DALY def |
| a_H | 0.001411888738103725, or $a_H(x) := 0.001411888738103725 \log(\frac{1}{B-\kappa I_S})$ | DALY def [Jo 2020] |
| a_D | 7.25 | DALY def |

Table 2: Model parameters. Values based mainly in [FNEG]

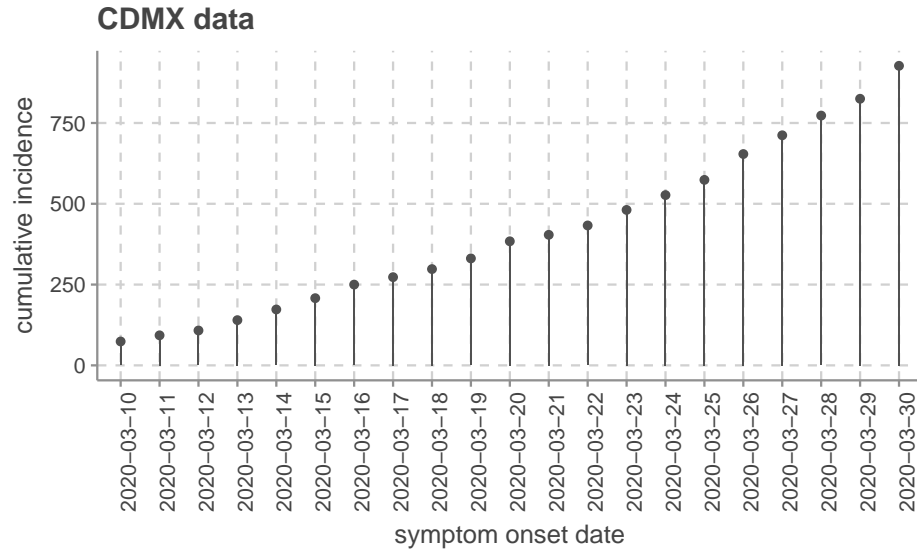


Figure 1: Cumulative new symptomatic and confirmed COVID19 reported cases from Ciudad de Mexico and Valle de Mexico [CITE] between March, 10, to March 30 of 2020.

⁶⁰ *Efficacy and vaccine-induced immunity.*

⁶¹ *Actual vaccine stage development.*

⁶² *Vaccination reproductive number.*

⁶³ *Vaccination rate λ_V estimate.*

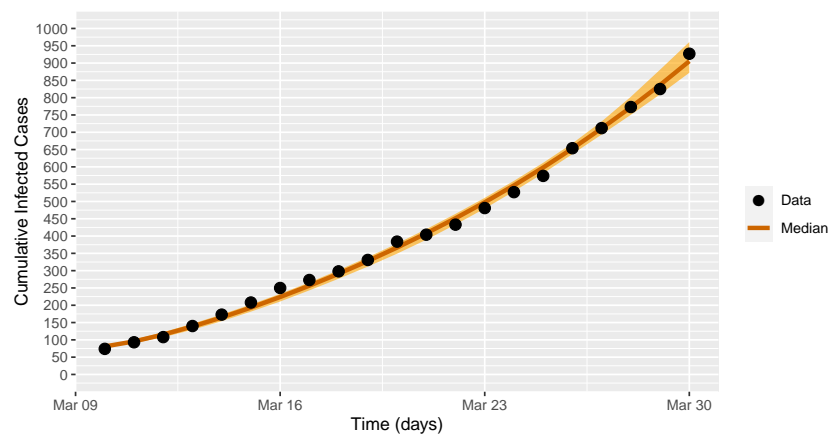


Figure 2: Fit of diary new cases of Mexico city during exponential growth.

Feasibility regions according to efficacy and vaccination rate.

$$\begin{aligned}
L' &= \theta \mu N^* - (\epsilon \lambda + \delta_L + \mu) L \\
S' &= (1 - \theta) \mu N^* + \delta_L L + \delta_V V + \delta_R R \\
&\quad - (\lambda + \lambda_V + \mu) S \\
E' &= \lambda (\epsilon L + (1 - \epsilon) V + S) - (\kappa + \mu) E \\
I_S' &= p \kappa E - (\delta_H + \gamma_S + \mu_{I_S} + \mu) I_S \\
I_A' &= (1 - p) \kappa E - (\gamma_A + \mu) I_A \\
H' &= \delta_H I_S - (\gamma_H + \mu_H + \mu) H \\
R' &= \gamma_S I_S + \gamma_A I_A + \gamma_H H - (\delta_R + \mu) R \\
D' &= \mu_{I_S} I_S + \mu_H H \\
V' &= \lambda_V S - [(1 - \epsilon) \lambda + \delta_V + \mu] V
\end{aligned}$$

$$\begin{aligned}
\frac{dX_{vac}}{dt} &= (u_V(t) + \lambda_V) [S + E + I_A + R] \\
\frac{dY_{I_S}}{dt} &= p \kappa E \\
\lambda &:= \frac{\beta_A I_A + \beta_S I_S}{N^*}
\end{aligned} \tag{3}$$

$$\begin{aligned}
L(0) &= L_0, \quad S(0) = S_0, \quad E(0) = E_0, \\
I_S(0) &= I_{S_0}, \quad I_A(0) = I_{A_0}, \quad H(0) = H_0, \\
R(0) &= R_0, \quad D(0) = D_0, \\
V(0) &= 0, \quad X_{vac}(0) = 0, \\
X_{vac}(T) &= x_{coverage}, \\
N^*(t) &= L + S + E + I_S + I_A + H + R + V.
\end{aligned}$$

64 4. Vaccination reproductive number

65 R_0 definition.

66 No vaccine reproductive number.

67 Vaccine reproductive number.

68 Efficacy, coverage and vaccination rate.

69 Here Gabriel's R not calculations. ^{SDIV}

$$-\frac{\kappa (\epsilon \mu p \theta \beta_A - \epsilon \mu p \theta \beta_s + \epsilon p \theta \beta_A \delta_H)}{\gamma_A \mu_{I_S} \gamma_A \mu_{I_S}} \tag{4}$$

70

[SDIV 2]
Here countor
plots figure
as function
of efficacy
and vaccina-
tion rate

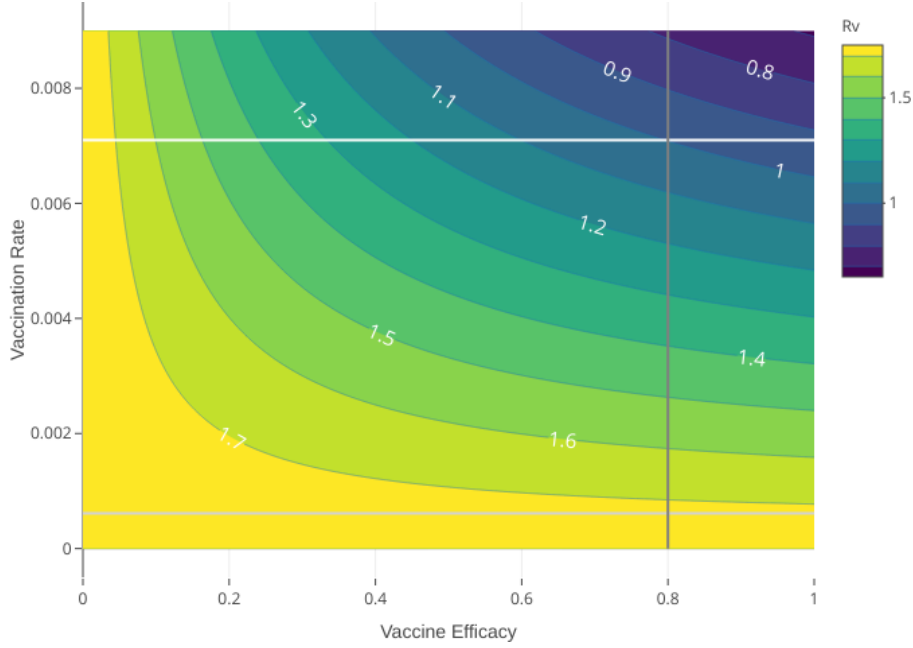


Figure 3: R not contour plot as function of efficacy and vaccination rate.

5. Optimal controlled version

Controlled Model. Now we model vaccination, treatment and lockdown as a optimal control problem. According to dynamics in Equation (1), we modulate the vaccination rate with a time-dependent control signal $u_V(t)$. We add compartment X_{vac} to count all the vaccine applications of susceptible, exposed, asymptomatic and recovered individuals. This process is modeled by

$$X'(t) = (\lambda_V + u_V(t))(S + E + I_A + R) \quad (5)$$

and describes the number of applied vaccines at time t . Consider

$$x(t) := (L, S, E, I_S, I_A, H, R, D, V, X_{vac})^\top(t)$$

and control signal $u_v(\cdot)$. We quantify the cost and reward of a vaccine strategy policy via the penalization functional

$$J(u_L, u_V) := \int_0^T a_S I_S + a_d D + \frac{1}{2} (c_L u_L^2 + c_V u_V^2) ds. \quad (6)$$

In other words, we assume in functional J that pandemic cost is proportional to the symptomatic and death reported cases and that a vaccination policy implies quadratic consumption of resources.

Further, since we aim to simulate vaccination policies at different coverage scenarios, we impose the vaccination counter state's final time condition $X(T)$

$$\begin{aligned} x(T) &= (\cdot, \cdot, \cdot, \cdot, X_{vac}(T))^T, \in \Omega \\ X_{vac}(T) &= x_{coverage}, \\ x_{coverage} &\in \{\text{Low}(0.2), \text{Mid}(0.5), \text{High}(0.8)\}. \end{aligned} \tag{7}$$

Thus, given the time horizon T , we impose that the last fraction of vaccinated populations corresponds to 20%, 50% or 80%, and the rest of final states as free. We also impose the path constraint

$$\Phi(x, t) := \kappa I_S(t) \leq B, \quad \forall t \in [0, T], \tag{8}$$

to ensure that healthcare services will not be overloaded. Here κ denotes hospitalization rate, and B is the load capacity of a health system.

Given a fixed time horizon and vaccine efficiency, we estimate the constant vaccination rate as the solution of

$$x_{coverage} = 1 - \exp(-\lambda_V T). \tag{9}$$

That is, λ_v denotes the constant rate to cover a fraction $x_{coverage}$ in time horizon T . Thus, according to this vaccination rate, we postulate a policy u_v that modulates vaccination rate according to λ_V as a baseline. That is, optimal vaccination amplifies or attenuates the estimated baseline λ_V in a interval $[\lambda_v^{\min}, \lambda_v^{\max}]$ to optimize functional $J(\cdot)$ —minimizing symptomatic, death reported cases and optimizing resources.

Our objective is minimize the cost functional (6)—over an appropriated functional space—subject to the dynamics in equations (1) and (5), boundary conditions, and the path constrain in (8). That is, we search for vaccination policies

100 $u_V(\cdot)$, which solve the following optimal control problem (OCP).

$$\begin{aligned}
\min_{u \in \mathcal{U}} J(u) &:= \int_0^T [(a_D \mu_s + a_H \delta_H) I_S(r) + a_{I_S} p \kappa E(r)] dr \\
\text{s. t.} \\
L' &= \theta \mu N^* - \epsilon \lambda L - u_L(t) L - \mu L \\
S' &= (1 - \theta) \mu N^* + u_L(t) L + \delta_v V + \delta_R R \\
&\quad - [\lambda + (\lambda_V + u_V(t)) + \mu] S \\
E' &= \lambda(\epsilon L + (1 - \epsilon) V + S) - (\kappa + \mu) E \\
I_S' &= p \kappa E - (\gamma_S + \mu_{I_S} + \delta_H + \mu) I_S \\
I_A' &= (1 - p) \kappa E - (\gamma_A + \mu) I_A \\
H' &= \delta_H I_S - (\gamma_H + \mu_H + \mu) H \\
R' &= \gamma_S I_S + \gamma_A I_A + \gamma_H H - (\delta_R + \mu) R \\
D' &= \mu_{I_S} I_S + \mu_H H \\
V' &= (\lambda_V + u_V(t)) S - [(1 - \epsilon) \lambda + \delta_V + \mu] V
\end{aligned} \tag{10}$$

$$\begin{aligned}
\frac{dX_{vac}}{dt} &= (u_V(t) + \lambda_V) [L + S + E + I_A + R] \\
\frac{dY_{I_S}}{dt} &= p \kappa E \\
\lambda &:= \frac{\beta_A I_A + \beta_S I_S}{N^*}
\end{aligned}$$

$$\begin{aligned}
L(0) &= L_0, \quad S(0) = S_0, \quad E(0) = E_0, \quad I_S(0) = I_{S_0}, \\
I_A(0) &= I_{A_0}, \quad H(0) = H_0, \quad R(0) = R_0, \quad D(0) = D_0, \\
V(0) &= 0, \quad X_{vac}(0) = 0, \quad u_V(\cdot) \in [u_{\min}, u^{\max}], \\
X_{vac}(T) &= x_{coverage}, \quad \kappa I_S(t) \leq B, \quad \forall t \in [0, T], \\
N^*(t) &= L + S + E + I_S + I_A + H + R + V
\end{aligned}$$

101 6. Numerical Results

102 Changes (compact)

103 **Author: anonymous**

104 No changes.

105 **Author: SDIV**

106 Added 1

107 Deleted 2

108 Commented 2

109

110 Appendix A. Existence of optimal policies

111 In this appendix, we show the existence of optimal policies in the class of
 112 *piecewise constant policies*. Consider the following cost functional that we want
 113 to minimize

$$\int_0^T C(X(t), u(t)) dt \quad (\text{A.1})$$

114 subject to the dynamics

$$\dot{X}(t) = f(X(t), u(t)), \quad 0 \leq t \leq T, \quad (\text{A.2})$$

115 and the initial state $X(0) = x_0$. The functions $u : [0, T] \rightarrow U$ are called *control*
 116 *policies*, where U is a subset of some Euclidean space. Let $t_0 < t_1 < \dots < t_n$,
 117 with $t_0 = 0$ and $t_n = T$, be a partition of the interval $[0, T]$. We consider
 118 piecewise constant policies \tilde{u} of the form

$$\tilde{u}(t) = a_j \quad t_j \leq t < t_{j+1} \quad (\text{A.3})$$

119 for $j = 0, \dots, n-1$.

120 **Assumptions 1.** We made the following assumptions.

121 (A-1) The function f in the dynamics (A.2) is of class C^1 .

122 (A-2) The cost function C in (A.1) is continuous and the set U is compact.

123 By Assumption (A-1), the system

$$\dot{X}(t) = f(X(t), a_0), \quad X(0) = x_0, \quad 0 \leq t \leq t_1,$$

124 has a unique solution $\tilde{X}_0(t; x_0, a_0)$ which is continuous in (x_0, a_0) . Next, put
 125 $x_1 := \tilde{X}_0(t_1; x_0, a_0)$ and consider the system

$$\dot{X}(t) = f(X(t), a_1), \quad X(t_1) = x_1, \quad t_1 \leq t \leq t_2,$$

Again, by Assumption (A-1), the latter system has a unique solution $\tilde{X}_1(t; x_1, a_1)$
 which is continuous in (x_1, a_1) . By following this procedure, we end up having
 a recursive solution

$$\begin{aligned} \tilde{X}_{n-1}(t; x_{n-1}, a_{n-1}), \quad t_{n-1} \leq t \leq T, \\ x_{n-1} := \tilde{X}_{n-2}(t_{n-1}; x_{n-2}, a_{n-1}), \end{aligned}$$

126 where \tilde{X}_{n-1} is continuous in (x_{n-1}, a_{n-1}) .

127 For a control \tilde{u} of the form (A.3) and the corresponding solution path \tilde{X} ,
 128 we have

$$\int_0^T C(\tilde{X}(t), \tilde{u}(t)) dt = \sum_{j=0}^{n-1} \int_{t_j}^{t_{j+1}} C(\tilde{X}_j(t), a_j) dt.$$

129 Notice that each \tilde{X}_j is a continuous function of (a_0, \dots, a_j) and x_0 .

130 By Assumption (A-2), the mapping

$$(a_0, \dots, a_{n-1}) \mapsto \sum_{j=0}^{n-1} \int_{t_j}^{t_{j+1}} C(\tilde{X}_j(t), a_j) dt$$

131 is continuous. Since each piecewise constant policy \tilde{u} of the form (A.3) can be
 132 identified with the vector (a_0, \dots, a_{n-1}) in the compact set $U \times \dots \times U$, the
 133 functional (A.1) attains its minimum in the class of piecewise constant policies.

134 The cost functional (6) and the dynamics (10) are particular cases of (A.1)
 135 and (A.2), respectively, and satisfy Assumptions (A-1) and (A-2). Then there
 136 exists an optimal vaccination policy of the form (A.3).

137 References

- 138 [1] Yinon M Bar-on, Ron Sender, Avi I Flamholz, Rob Phillips, and Ron Milo.
 139 A quantitative compendium of COVID-19 epidemiology. pages 1–51.
- 140 [2] Bruno Buonomo. Effects of information-dependent vaccination behavior on
 141 coronavirus outbreak: insights from a SIRI model. *Ricerche di Matematica*,
 142 2020.
- 143 [3] Anastasia Chatzilena, Edwin van Leeuwen, Oliver Ratmann, Marc
 144 Baguelin, and Nikolaos Demiris. Contemporary statistical inference for in-
 145 fectious disease models using Stan. *Epidemics*, 29(February):100367, 2019.
- 146 [4] Nicholas G Davies, Adam J Kucharski, Rosalind M Eggo, Amy Gimma,
 147 CMMID COVID-19 Working Group, and W. John Edmunds. The effect
 148 of non-pharmaceutical interventions on COVID-19 cases, deaths and de-
 149 mand for hospital services in the UK: a modelling study. *medRxiv*, page
 150 2020.04.01.20049908, 2020.
- 151 [5] Laura Di Domenico, Giulia Pullano, Chiara E Sabbatini, Pierre-Yves
 152 Boëlle, and Vittoria Colizza. Currently under screening at medRxiv Ex-
 153 pected impact of lockdown in Île-de-France and possible exit strategies.
 154 2020.
- 155 [6] Wandi Ding and Suzanne Lenhart. Introduction to optimal control for
 156 discrete time models with an application to disease modeling. In *Modeling*
 157 *paradigms and analysis of disease transmission models*, volume 75, pages
 158 109–119. Amer. Math. Soc., Providence, RI, oct 2010.
- 159 [7] Ramses Djidjou-Demasse, Yannis Michalakis, Marc Choisy, Micea T. So-
 160 fonea, and Samuel Alizon. Optimal COVID-19 epidemic control until vac-
 161 cine deployment. *medRxiv*, page 2020.04.02.20049189, 2020.
- 162 [8] Neil M Ferguson, Daniel Laydon, Gemma Nedjati-gilani, Natsuko Imai,
 163 Kylie Ainslie, Marc Baguelin, Sangeeta Bhatia, Adhiratha Boonyasiri,
 164 Zulma Cucunubá, Gina Cuomo-dannenburg, Amy Dighe, Han Fu, Katy

- 165 Gaythorpe, Will Green, Arran Hamlet, Wes Hinsley, Lucy C Okell, Sabine
166 Van, Hayley Thompson, Robert Verity, Erik Volz, Haowei Wang, Yuan-
167 rong Wang, Patrick G T Walker, Caroline Walters, Peter Winskill, Charles
168 Whittaker, Christl A Donnelly, Steven Riley, and Azra C Ghani. Impact of
169 non-pharmaceutical interventions (NPIs) to reduce COVID- 19 mortality
170 and healthcare demand. (March), 2020.
- 171 [9] M. H. A. Biswas, L. T. Paiva, and MdR de Pinho. A SEIR model for
172 control of infectious diseases with constraints. *Mathematical Biosciences
173 and Engineering*, 11(4):761–784, 2014.
- 174 [10] IHME COVID-19 health service utilization forecasting Team and Christo-
175 pher JL Murray. Forecasting COVID-19 impact on hospital bed-days,
176 ICU-days, ventilator-days and deaths by US state in the next 4 months.
177 *medRxiv*, page 2020.03.27.20043752, mar 2020.
- 178 [11] Gang Huang, Yasuhiro Takeuchi, Wanbiao Ma, and Daijun Wei. Global
179 Stability for Delay SIR and SEIR Epidemic Models with Nonlinear Inci-
180 dence Rate. *Bulletin of Mathematical Biology*, 72(5):1192–1207, 2010.
- 181 [12] Jiwei Jia, Jian Ding, Siyu Liu, Guidong Liao, Jingzhi Li, B. E.N. Duan,
182 Guoqing Wang, and R. A.N. Zhang. Modeling the control of COVID-
183 19: Impact of policy interventions and meteorological factors. *Electronic
184 Journal of Differential Equations*, 2020:1–21, 2020.
- 185 [13] Abdelilah Kaddar, Abdelhadi Abta, and Hamad Talibi Alaoui. A com-
186 parison of delayed SIR and SEIR epidemic models. *Nonlinear Analysis:
187 Modelling and Control*, 16(2):181–190, apr 2011.
- 188 [14] Qian Li, Biao Tang, Nicola Luigi Bragazzi, Yanni Xiao, and Jianhong Wu.
189 Modeling the impact of mass influenza vaccination and public health inter-
190 ventions on COVID-19 epidemics with limited detection capability. *Math-
191 ematical Biosciences*, 325(May):108378, jul 2020.
- 192 [15] Gustavo Barbosa Libotte, Fran Sérgio Lobato, Gustavo Mendes Platt, and
193 Antônio José da Silva Neto. Determination of an Optimal Control Strategy
194 for Vaccine Administration in COVID-19 Pandemic Treatment. (November
195 2019), apr 2020.
- 196 [16] Manotosh Mandal, Soovoojeet Jana, Swapan Kumar Nandi, Anupam
197 Khatua, Sayani Adak, and T.K. Kar. A model based study on the dy-
198 namics of COVID-19: Prediction and control. *Chaos, Solitons & Fractals*,
199 136:109889, jul 2020.
- 200 [17] Van Kinh Nguyen and Esteban A. Hernandez-Vargas. Parameter Estima-
201 tion in Mathematical Models of Viral Infections Using R. volume 1836,
202 pages 531–549. 2018.

- 203 [18] Jorge Nocedal, Andreas Wächter, and Richard A. Waltz. Adaptive Bar-
204 rier Update Strategies for Nonlinear Interior Methods. *SIAM Journal on*
205 *Optimization*, 19(4):1674–1693, jan 2009.
- 206 [19] Xinwei Wang, Haijun Peng, Boyang Shi, Dianheng Jiang, Sheng Zhang,
207 and Biaosong Chen. Optimal vaccination strategy of a constrained time-
208 varying SEIR epidemic model. *Communications in Nonlinear Science and*
209 *Numerical Simulation*, 67:37–48, 2019.