1. Introduction

- 2 Main contribution and its relevance.
- з Background.
- 4 Piecewise optimal policies. Comment about the solution of the underlying Op-
- 5 timal Control Problem

[SDIV 1] David

- 6 Vaccine development.
- 7 Problem setup.
- 8 Litterature review.
- 9 Papaer structure.

¹⁰ 2. Covid-19 spread dynamics

- 11 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 indi-
- vidual according to its current state, namely
- Lockdown (L) All individuals that has low or null mobility and that remains under isolation. Thus individual in this class reduce its probability of contagious.
- ¹⁸ 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
- ²⁸ **Death** (D) Population fraction that death by COVID-19
- To fit data of cumulative 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.

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

$$L' = \theta \mu N^* - \epsilon \lambda L - \delta_L L - \mu L,$$

$$S' = (1 - \theta) \mu N^* + \delta_L L + \delta_R R - (\lambda + \mu) S,$$

$$E' = \lambda (\epsilon L + S) - (\kappa + \mu) E,$$

$$I'_S = p \kappa E - (\gamma_S + \delta_H + \mu_{I_S}^{SDIV} + \mu) I_S,$$

$$I'_A = (1 - p) \kappa E - (\gamma_A + \mu) I_A,$$

$$H' = \delta_H I_S - (\gamma_H + \mu_H + \mu) H,$$

$$R' = \gamma_S I_S + \gamma_A I_A + \gamma_H H - (\delta_R + \mu) R,$$

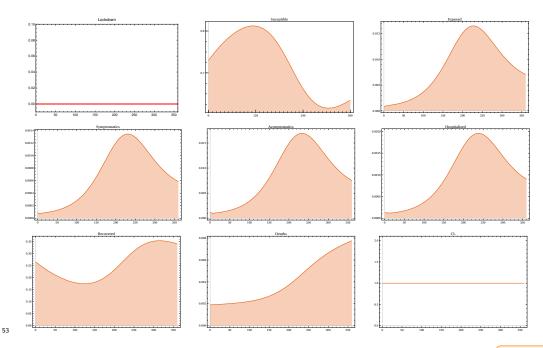
$$D' = \mu_{I_S} I_S + \frac{SDIV}{\mu_H} \mu_H,$$

$$\frac{dY_{I_S}}{dt} = p \kappa E,$$

$$\lambda := \frac{\beta_A I_A + \beta_S I_S}{N^*},$$

$$N^*(t) = L + S + E + I_S + I_A + H + R.$$

$$(1)$$



See Table 1 for notation and references values. Put here the flow diagram_

[SDIV 2] use WPS

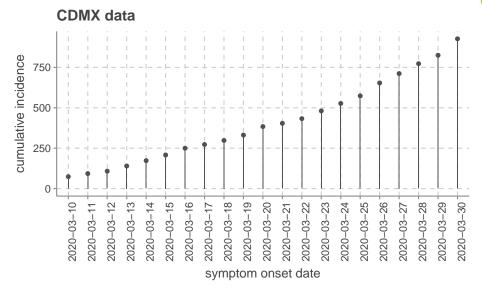


Figure 1: Cumulative new symptomatic and confirmed COVID19 reported cases from Ciudad de Mexico and Valle de Mexico [CITE] between March, 10, to March 30 of 2020.

Description		
Death rate		
Infection rate between suscepti-		
ble and symptomatic infected		
Infection rate between suscepti-		
ble and asymptomatic infected		
Vaccination rate		
Vaccine-induced immunity		
Vaccine efficacy		
Average incubation time		
New asymptomatic generation		
proportion		
Proportion of individuals under		
lockdown		
Average time of symptomatic		
recovery		
Recovery average time of		
asymptomatic individuals		
Recovery average time by hos-		
pitalization		
Natural immunity		
Infected symptomatic hospital-		
ization rate		

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

- 55 2.1. Parameter calibration
- Bayesian estimation. We calibrate parameters of our base dynamics in (1) via
- Multichain Montecarlo (MCMC). To this end, we assume that the comulative
- incidence of new infected symptomatic cases CI_S follows a Poisson distribution
- with mean $\lambda_t = IC_s(t)$. Further, following [] we postulate priors for p and κ

$$Y_{t} \sim Poisson(\lambda_{t}),$$

$$\lambda_{t} = \int_{0}^{t} p \delta_{e} E,$$

$$p \sim \text{Uniform}(0.3, 0.8),$$

$$\kappa \sim \text{Gamma}(10, 50).$$
(2)

Using the reproductive number definition of Van DenDrishe [CITE], and defining $R_1 = \epsilon \theta - \theta + 1$, $R_2 = \mu + \delta_H + \gamma_S + \mu_{I_s}$ we obtain

$$R_0 := \frac{\kappa}{\kappa + \mu} \left(\mu R_1 + \delta_L \right) \left[\frac{p\beta_S}{R_2} + \frac{(1 - p)\beta_A}{\gamma_A + \mu} \right].$$

[SDIV 3] Review this R_0 calculation with Gabriel

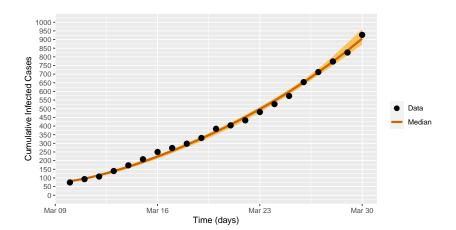


Figure 2: Fit of diary new cases of Mexico city during exponential growth.

- Figure 2 displays data of coumulative confirmed cases of COVID-19 of Mex-
- 61 ico 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.

Reference	Median	Parameter
this study	0.4, 0.3, 0.1	$\overline{q_r, \epsilon}$
this study	$q_r \times 8.690483 \times 10^{-1}$	β_S
this study	$q_r \times 7.738431 \times 10^{-1}$	β_A
*	0.19607843	κ
*	0.1213	p
this study	0.2,	θ
postulated	0.04	δ_L
*	0.2	δ_H
$\delta_V^{-1} = 2 \text{ years}$ CanSinoBIO	0.0027397260273972603	δ_V
$\delta_R^{-1} \approx 180 \mathrm{days}$	0.00555556	δ_R
**	3.913894×10^{-5}	μ
	0.0	μ_{I_S}
[FENG]	0.016 32	μ_H
*	0.092 506 94	γ_S
*	0.167 504 19	γ_A
*	5.079869×10^{-1}	γ_H
	0.000 611 35	λ_V
[PRESS RELESASES]	0.7, 0.80, 0.9, 0.95	ε
**	26 446 435	\overline{N}
	0.26626009702112796	L_0
	0.463606046009872	S_0°
*	0.00067033	E_0
* * *	9.283×10^{-5}	I_{S_0}
*	0.00120986	I_{A_0}
**	1.34157969×10^{-4}	H_0
	$2.66125939 \times 10^{-1}$	R_0
**	0.00190074	D_0
	0.0	X_{vac}^{0}
	0.0	V_0^{vac}
	0.12258164	$Y_{I_S}^0$
$9500\mathrm{beds}/N$	0.0003592166581242425	$\stackrel{I_S}{B}$
DALY def	0.002 012 775 543 825 648 6	a_{I_S}
	0.001 411 888 738 103 725, or	a_H
DALY def [Jo 2020] DALY def	$a_H(x) := 0.001411888738103725\log(\frac{1}{B - \kappa I_S})$ 7.25	a_D

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

3. Imperfect-preventive COVID-19 vaccination

- 64 Preventive vaccines.
- 65 Efficacy and vaccine-induced immunity.
- 66 Actual vaccine stage development.
- ${\it Vaccination\ reproductive\ number.}$
- Vaccination rate λ_V estimate.
- ⁶⁹ Feasibility regions according to efficacy and vaccination rate.
- 70 **Hypothesis 2.** According to COVID-19 dynamics in model in Equation (1), 71 we made the following modeling hypotheses about the regarding vaccine.
- 72 (VH-1) Vaccine is preventive and only reduce susceptibility. Justify this hypothesis cite
- 74 (VH-2) The vaccination camping omits testing to detect seroprevalence. Thus
 75 Expoxed, Infected Asymptomatics and Recovered Asymptomatic indi76 viduals are undetected but would obtain a vaccine dose —which in these
 77 model represent a waste of resources
- 78 (VH-3) Individuals under Lockdown also would be vaccinated
- (VH-4) The vaccine is leaky and with efficacy $\epsilon \in [0.6, .975]$

$$L' = \theta \mu N^* - (\epsilon \lambda + \delta_L + \lambda_V + \mu) L$$

$$S' = (1 - \theta) \mu N^* + \delta_L L + \delta_V V + \delta_R R$$

$$- (\lambda + \lambda_V + \mu) S$$

$$E' = \lambda (\epsilon L + (1 - \varepsilon) V + S) - (\kappa + \mu) E$$

$$I'_S = p \kappa E - (\delta_H + \gamma_S + \mu_{I_S} + \mu) I_S$$

$$I'_A = (1 - p) \kappa E - (\gamma_A + \mu) I_A$$

$$H' = \delta_H I_S - (\gamma_H + \mu_H + \mu) H$$

$$R' = \gamma_S I_S + \gamma_A I_A + \gamma_H H - (\delta_R + \mu) R$$

$$D' = \mu_{I_S} I_S + \mu_H H$$

$$V' = \lambda_V (S + L) - [(1 - \varepsilon) \lambda + \delta_V + \mu] V$$

$$\frac{dX_{vac}}{dt} = (u_V(t) + \lambda_V) [L + S + E + I_A + R]$$

$$\frac{dY_{I_S}}{dt} = p \kappa E$$

$$\lambda := \frac{\beta_A I_A + \beta_S I_S}{N^*}$$

$$L(0) = L_0, \ S(0) = S_0, \ E(0) = E_0,$$

$$I_S(0) = I_{S_0}, I_A(0) = I_{A_0}, H(0) = H_0,$$

$$R(0) = R_0, \ D(0) = D_0,$$

$$V(0) = 0, \ X_{vac}(0) = 0,$$

$$X_{vac}(T) = x_{coverage},$$

$$N^*(t) = L + S + E + I_S + I_A + H + R + V.$$

80 4. Vaccination reproductive number

- R_0 definition.
- No vaccine reproductive number.
- ⁸³ Vaccine reproductive number.
- 84 Efficacy, coverage and vaccination rate.
 - Here Gabriel's R not calculations. SDIV

Define $T_1 = \delta_L + \lambda_V + \mu$, $T_2 = \mu + \lambda_V + \delta_V$, then

$$R_{v0} := \frac{\mu(\delta_L + R_1 T_2) + \delta_V \delta_L + \lambda_V ((1 - \varepsilon) + \delta_V)}{T_1 T_2 (\delta_L + \mu R_1)} R_0$$

Here countor plots figure as function

[SDIV 4]

of efficacy and vaccination rate

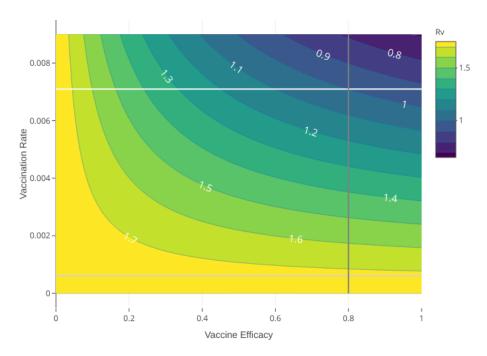


Figure 3: R not contour plot as function of efficacy and vaccination rate.

5. Optimal controlled version

Controlled Model. Now wee 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

$$X'(t) = (\lambda_V + u_V(t))(S + E + I_A + R)$$
(4)

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

$$J(u_L, u_V) := \int_0^T a_S I_S + a_d D + \frac{1}{2} \left(c_L u_L^2 + c_V u_v^2 \right) ds.$$
 (5)

- 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
- 97 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)

$$x(T) = (\cdot, \cdot, \cdot, \cdot, \cdot, X_{vac}(T))^{\top}, \in \Omega$$

$$X_{vac}(T) = x_{coverage},$$

$$x_{coverage} \in \{\text{Low}(0.2), \text{Mid}(0.5), \text{High}(0.8)\}.$$
(6)

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

$$\Phi(x,t) := \kappa I_S(t) \le B, \qquad \forall t \in [0,T], \tag{7}$$

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

$$x_{coverage} = 1 - \exp(-\lambda_V T). \tag{8}$$

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 (5)—over an appropriated functional space—subject to the dynamics in equations (1) and (4), boundary conditions, and the path constrain in (7). That is, we search for vaccination policies

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

$$\min_{u \in \mathcal{U}} J(u) := \int_0^T [(a_D \mu_s + a_H \delta_H) I_S(r) + a_{I_S} p \kappa E(r)] dr$$
s. t.
$$L' = \theta \mu N^* - \epsilon \lambda L - u_L(t) L - \mu L$$

$$S' = (1 - \theta) \mu N^* + u_L(t) L + \delta_v V + \delta_R R$$

$$- [\lambda + (\lambda_V + u_V(t)) + \mu] S$$

$$E' = \lambda (\epsilon L + (1 - \varepsilon)V + S) - (\kappa + \mu) E$$

$$I'_S = p \kappa E - (\gamma_S + \mu_{I_S} + \delta_H + \mu) I_S$$

$$I'_A = (1 - p) \kappa E - (\gamma_A + \mu) I_A$$

$$H' = \delta_H I_S - (\gamma_H + \mu_H + \mu) H$$

$$R' = \gamma_S I_S + \gamma_A I_A + \gamma_H H - (\delta_R + \mu) R$$

$$D' = \mu_{I_S} I_S + \mu_H H$$

$$V' = (\lambda_V + u_V(t)) S - [(1 - \varepsilon)\lambda + \delta_V + \mu] V$$

$$\frac{dX_{vac}}{dt} = (u_V(t) + \lambda_V) [L + S + E + I_A + R]$$

$$\frac{dY_{I_S}}{dt} = p \kappa E$$

$$\lambda := \frac{\beta_A I_A + \beta_S I_S}{N^*}$$

$$L(0) = L_0, \ S(0) = S_0, \ E(0) = E_0, \ I_S(0) = I_{S_0},$$

$$I_A(0) = I_{A_0}, H(0) = H_0, \ R(0) = R_0, \ D(0) = D_0,$$

$$V(0) = 0, \ X_{vac}(0) = 0, \ u_V(.) \in [u_{\min}, u^{\max}],$$

$$X_{vac}(T) = x_{coverage}, \ \kappa I_S(t) \leq B, \ \forall t \in [0, T],$$

6. Numerical Experiments

[SDIV 5] Aqui va tu descripcion Frank.

 $N^{\star}(t) = L + S + E + I_S + I_A + H + R + V$

Initial condition

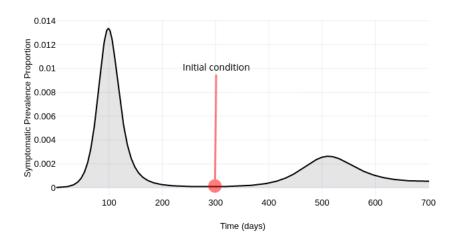


Figure 4: Initial condition scheme. We assume a positive prevelance. For reference, at the date of write this manuscript, prevalence in CDMX is around $16\,000\,\mathrm{cases},$ see https://plotly.com/ sauld/36/ to display a electronic viewer.

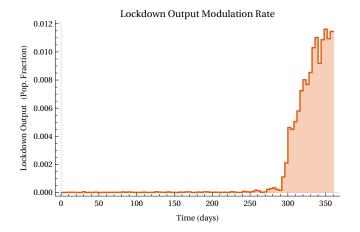


Figure 5: Lockdown modulation signal.

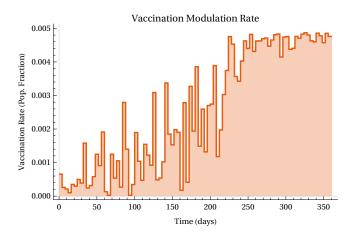


Figure 6: Vaccination rate modulation.

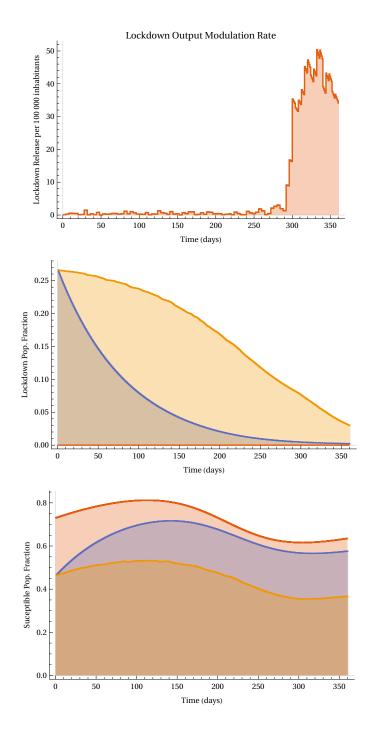


Figure 7: Modulation lock down release.

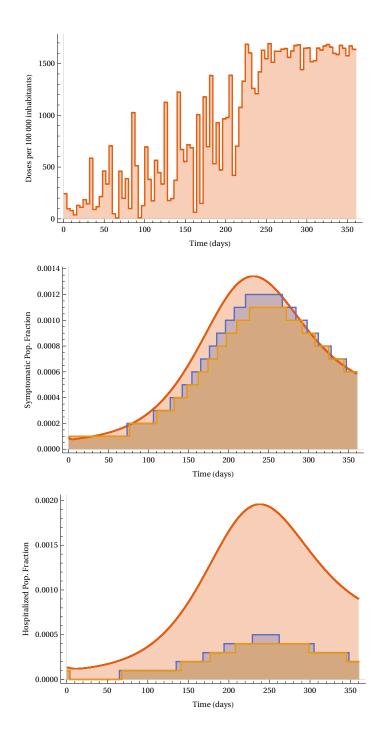


Figure 8: Symptomatic Prevalence and Hozpitalization.

119 Changes (compact)

120 Author: anonymous

No changes.

122 Author: SDIV

- 123 Added 2
- 124 Deleted 2
- 125 Commented 5

126

127 Appendix A. Existence of optimal policies

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

$$\int_{0}^{T} C(X(t), u(t))dt \tag{A.1}$$

subject to the dynamics

$$\dot{X}(t) = f(X(t), u(t)), \qquad 0 \le t \le T, \tag{A.2}$$

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

$$\tilde{u}(t) = a_i \qquad t_i \le t < t_{i+1} \tag{A.3}$$

- for $j = 0, \dots, n 1$.
- 137 **Assumptions 1.** We made the following assumptions.
- 138 (A-1) The function f in the dynamics (A.2) is of class C^1 .
- (A-2) The cost function C in (A.1) is continuous and the set U is compact.
- By Assumption (A-1), the system

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

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

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

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

$$\tilde{X}_{n-1}(t; x_{n-1}, a_{n-1}), \quad t_{n-1} \le t \le T,$$

$$x_{n-1} := \tilde{X}_{n-2}(t_{n-1}; x_{n-2}, a_{n-1}),$$

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

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

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

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

By Assumption (A-2), the mapping

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

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

The cost functional (5) and the dynamics (9) are particular cases of (A.1) and (A.2), respectively, and satisfy Assumptions (A-1) and (A-2). Then there exists an optimal vaccination policy of the form (A.3).

154 References

145

149

150

151

152

153

155

156

160

161

162

163

164

166

167

168

170

171

172

173

174

- [1] Yinon M Bar-on, Ron Sender, Avi I Flamholz, Rob Phillips, and Ron Milo. A quantitative compendium of COVID-19 epidemiology. pages 1–51.
- [2] Bruno Buonomo. Effects of information-dependent vaccination behavior on coronavirus outbreak: insights from a SIRI model. Ricerche di Matematica,
 2020.
 - [3] Anastasia Chatzilena, Edwin van Leeuwen, Oliver Ratmann, Marc Baguelin, and Nikolaos Demiris. Contemporary statistical inference for infectious disease models using Stan. *Epidemics*, 29(February):100367, 2019.
 - [4] Nicholas G Davies, Adam J Kucharski, Rosalind M Eggo, Amy Gimma, CMMID COVID-19 Working Group, and W. John Edmunds. The effect of non-pharmaceutical interventions on COVID-19 cases, deaths and demand for hospital services in the UK: a modelling study. medRxiv, page 2020.04.01.20049908, 2020.
 - [5] Laura Di Domenico, Giulia Pullano, Chiara E Sabbatini, Pierre-Yves Boëlle, and Vittoria Colizza. Currently under screening at medRxiv Expected impact of lockdown in Île-de-France and possible exit strategies. 2020.
 - [6] Wandi Ding and Suzanne Lenhart. Introduction to optimal control for discrete time models with an application to disease modeling. In *Modeling paradigms and analysis of disease transmission models*, volume 75, pages 109–119. Amer. Math. Soc., Providence, RI, oct 2010.

- 176 [7] Ramses Djidjou-Demasse, Yannis Michalakis, Marc Choisy, Micea T. So-177 fonea, and Samuel Alizon. Optimal COVID-19 epidemic control until vac-178 cine deployment. *medRxiv*, page 2020.04.02.20049189, 2020.
- Neil M Ferguson, Daniel Laydon, Gemma Nedjati-gilani, Natsuko Imai, 179 Kylie Ainslie, Marc Baguelin, Sangeeta Bhatia, Adhiratha Boonyasiri, 180 Zulma Cucunubá, Gina Cuomo-dannenburg, Amy Dighe, Han Fu, Katy 181 Gaythorpe, Will Green, Arran Hamlet, Wes Hinsley, Lucy C Okell, Sabine Van, Hayley Thompson, Robert Verity, Erik Volz, Haowei Wang, Yuan-183 rong Wang, Patrick G T Walker, Caroline Walters, Peter Winskill, Charles 184 Whittaker, Christl A Donnelly, Steven Riley, and Azra C Ghani. Impact of 185 non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality 186 and healthcare demand. (March), 2020. 187
- [9] M. H. A. Biswas, L. T. Paiva, and MdR de Pinho. A SEIR model for control of infectious diseases with constraints. *Mathematical Biosciences and Engineering*, 11(4):761–784, 2014.
- 191 [10] IHME COVID-19 health service utilization forecasting Team and Christo-192 pher JL Murray. Forecasting COVID-19 impact on hospital bed-days, 193 ICU-days, ventilator-days and deaths by US state in the next 4 months. 194 medRxiv, page 2020.03.27.20043752, mar 2020.
- [11] Gang Huang, Yasuhiro Takeuchi, Wanbiao Ma, and Daijun Wei. Global
 Stability for Delay SIR and SEIR Epidemic Models with Nonlinear Incidence Rate. Bulletin of Mathematical Biology, 72(5):1192–1207, 2010.
- 198 [12] Jiwei Jia, Jian Ding, Siyu Liu, Guidong Liao, Jingzhi Li, B. E.N. Duan,
 Guoqing Wang, and R. A.N. Zhang. Modeling the control of COVID19: Impact of policy interventions and meteorological factors. Electronic
 Journal of Differential Equations, 2020:1–21, 2020.
- [13] Abdelilah Kaddar, Abdelhadi Abta, and Hamad Talibi Alaoui. A comparison of delayed SIR and SEIR epidemic models. Nonlinear Analysis:
 Modelling and Control, 16(2):181–190, apr 2011.
- Qian Li, Biao Tang, Nicola Luigi Bragazzi, Yanni Xiao, and Jianhong Wu.
 Modeling the impact of mass influenza vaccination and public health interventions on COVID-19 epidemics with limited detection capability. Mathematical Biosciences, 325(May):108378, jul 2020.
- [15] Gustavo Barbosa Libotte, Fran Sérgio Lobato, Gustavo Mendes Platt, and
 Antônio José da Silva Neto. Determination of an Optimal Control Strategy
 for Vaccine Administration in COVID-19 Pandemic Treatment. (November
 2019), apr 2020.
- 213 [16] Manotosh Mandal, Soovoojeet Jana, Swapan Kumar Nandi, Anupam Khatua, Sayani Adak, and T.K. Kar. A model based study on the dynamics of COVID-19: Prediction and control. *Chaos, Solitons & Fractals*, 136:109889, jul 2020.

- [17] Van Kinh Nguyen and Esteban A. Hernandez-Vargas. Parameter Estimation in Mathematical Models of Viral Infections Using R. volume 1836, pages 531–549. 2018.
- [18] Jorge Nocedal, Andreas Wächter, and Richard A. Waltz. Adaptive Barrier Update Strategies for Nonlinear Interior Methods. SIAM Journal on Optimization, 19(4):1674–1693, jan 2009.
- [19] Xinwei Wang, Haijun Peng, Boyang Shi, Dianheng Jiang, Sheng Zhang,
 and Biaosong Chen. Optimal vaccination strategy of a constrained time varying SEIR epidemic model. Communications in Nonlinear Science and
 Numerical Simulation, 67:37–48, 2019.