

CONTENT

COVID-19 EFFICIENT SEIR-MODEL TNO: UPDATE APRIL 13 2020

- **01. MODEL INTRODUCTION**
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MODEL

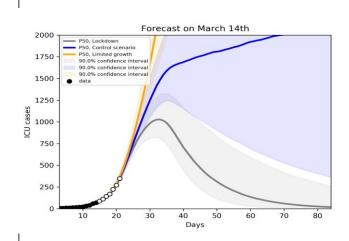
TNO COVID-SEIR MODEL

- Developed jointly with MD of Amsterdam UMC, publication submitted to WHO bulletin
 - Publication https://www.who.int/bulletin/online-first/covid-19/en/ http://dx.doi.org/10.2471/BLT.20.256743
 - Open access github https://github.com/TNO/Covid-SEIR
-) status
 - Ensemble based & data calibration (log likelyhood and Ensemble Smoother): calibration for R0^A and social distancing through time (reduction of R0^A by (1- α))
 - aggregated RO^A ~ 3.4 (Netherlands)
 - Calibration on hospital patients (but can also be on mortalities or ICU)
 - Fastly running, <1 minute on laptop, postprocessing with confidence plots

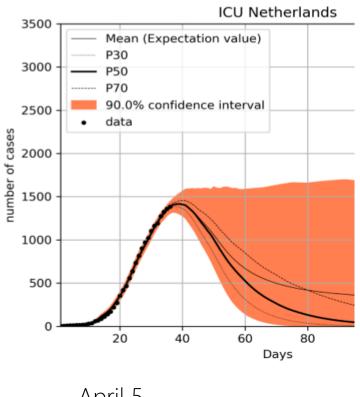


PREDICTION MARCH 14, APRIL 5 AND APRIL 9

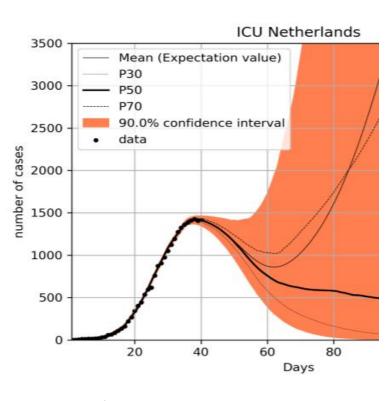
SOURCE: <u>HTTPS://GITHUB.COM/TNO/COVID-SEIR</u>



March 14-21



April 5



April 9

https://github.com/TNO/Covid-SEIR

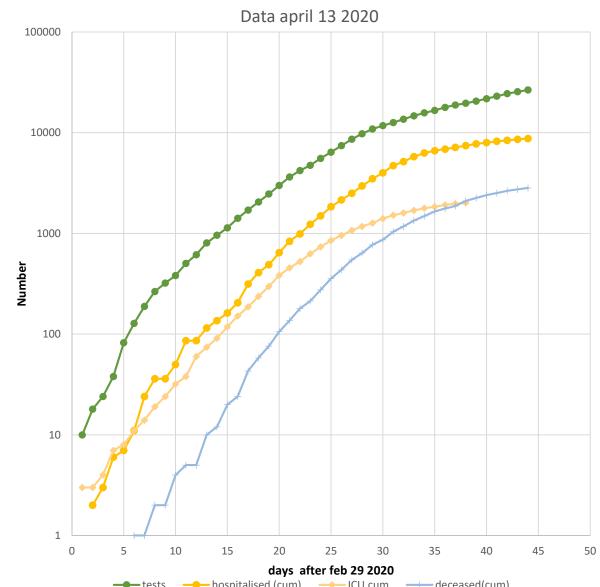
https://www.who.int/bulletin/online_first/covid-19/en/ http://dx.doi.org/10.2471/BLT.20.256743



ACTUAL DATA TESTS, PATIENTS, MORTALITIES, ICU

- **)** Postive tests keep increasing
- Reduced intake hospital
- ICU progressively lags behind patients
 - Initially high, more than 50% to ICU
 - Since march 28 less than 20%
-) mortalities
 - Follows hospitalized
 - CFR hospitalized>20%

Sources: RIVM, stichting NICE, NOS

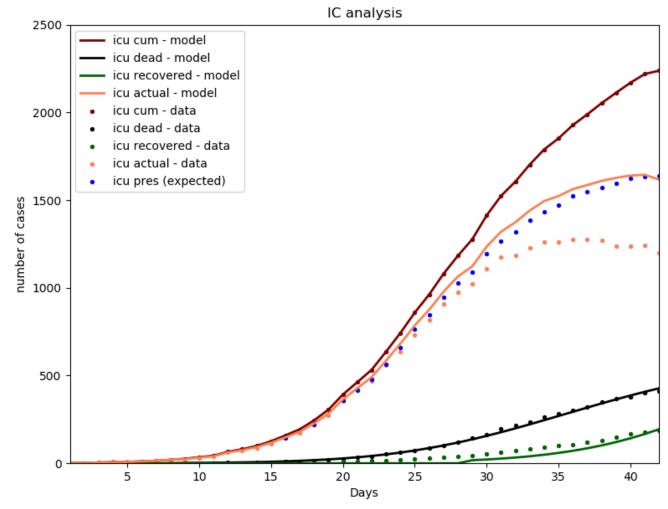




ANALYSIS OF TRANSIT TIMES IN ICU OF COVID-19 PATIENTS FROM DATA NICE (APRIL 12)

-) Best fit (delay and Gaussian smoothing)
 - Mortality 8 days, stddev 5 days
 -) CFR (25%)
 - Recovery 28 days, stddev 8 days
 - Icu-actual ≠ icu cum − icu dead − icu recovered
 - lcu-pres (expected) = icu cum icu dead - icu recovered

April 7: D. Gommers: ICU CFR ca 30%



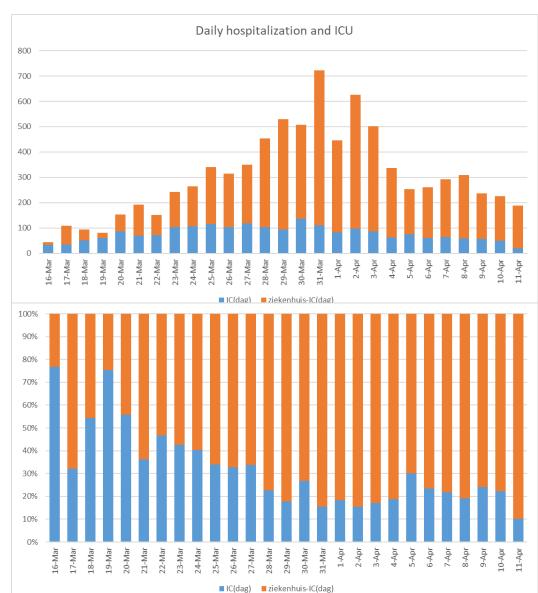


RELATIONSHIP HOSPITALIZATION AND ICU RATES –

DATA UNTIL APRIL 11

) Hospitalization rates (source RIVM)

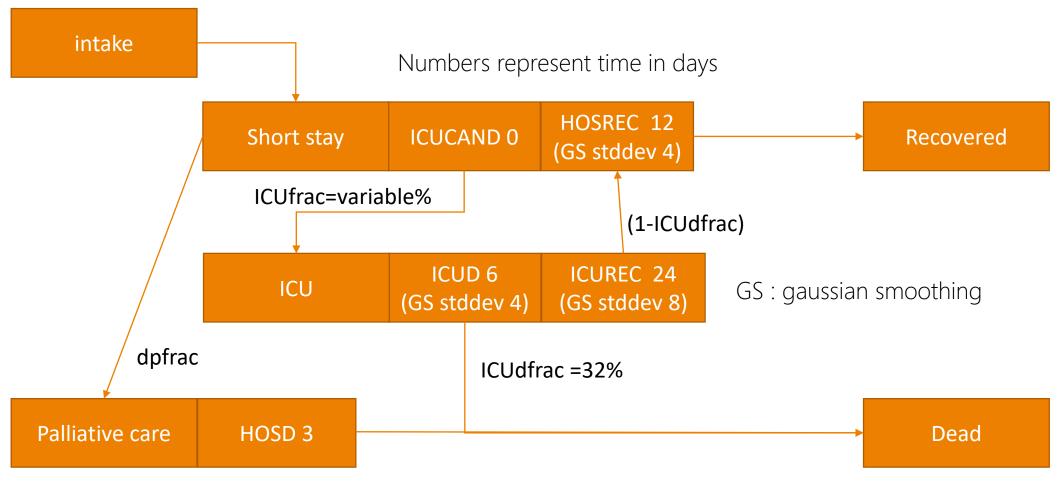
- ICU rates (source stichting Nice)
-) IC fraction lower through time
- In the model we therefore assume that ratio of hospitalized patients flowing to ICU varies through time
- From March 29 we take 20%, as data is not complete on ICU



innovation for life

ASSUMPTIONS FOR FLOW OF HOSPITALIZED PATIENTS AND ICU (POSTERIOR)

11 days between infection and hospitalization (may be as low as 7 days, longer assumed including registration delays)



CFR (hospitalized) = dfrac = 32% dpfrac = (dfrac - ICUfrac*ICUdfrac) / (1- ICUfrac)



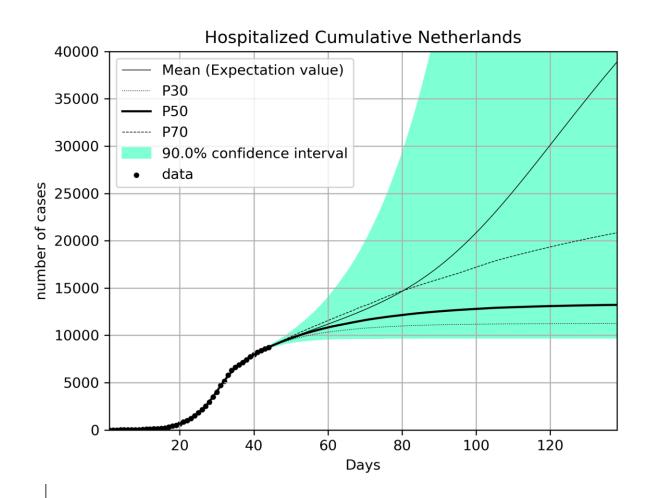
PRIOR AND POSTERIOR DISTRIBUTIONS (MODEL PERFORMS DATA ASSIMILATION ON HOSCUM, ICU, AND DECEASED JOINTLY)

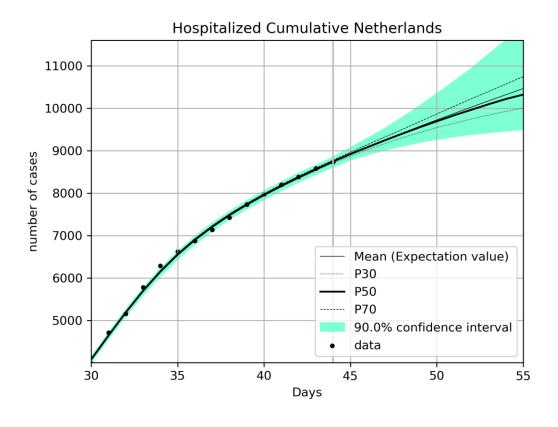
Prior	mean 🔽	stddev 🔽
HOSD	3	2
HOSD_GS	0	0
ICUD	8	4
ICUD_GS	5	2
ICUREC	28	2
ICUREC_GS	8	4
DFRAC	0.30	0.05
ICUDFRAC	0.30	0.02

Posterior T	mean 🔽	stddev 🔽
HOSD	3.8	0.5
HOSD_GS	0.0	0.0
ICUD	5.7	0.7
ICUD_GS	3.5	1.5
ICUREC	24.3	0.7
ICUREC_GS	8.0	3.6
DFRAC	0.32	0.01
ICUDFRAC	0.32	0.02



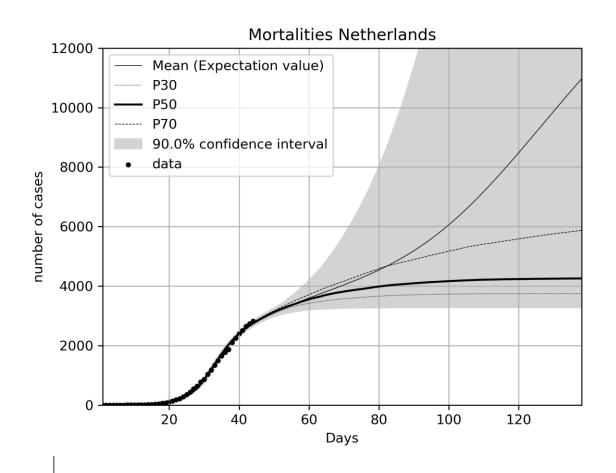
RESULTS – ENSEMBLE SMOOTHER (ESMDA) ON HOSPITALIZATION

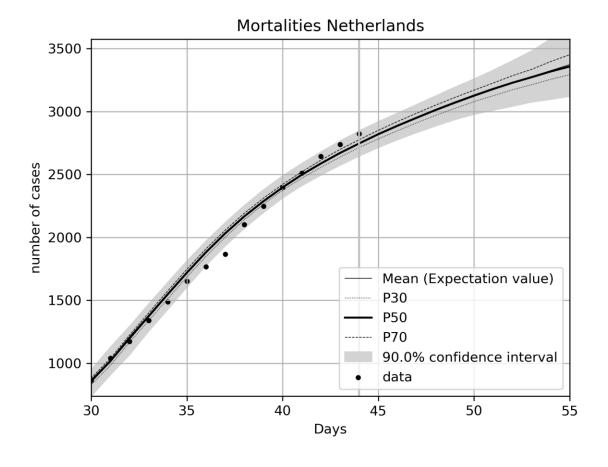






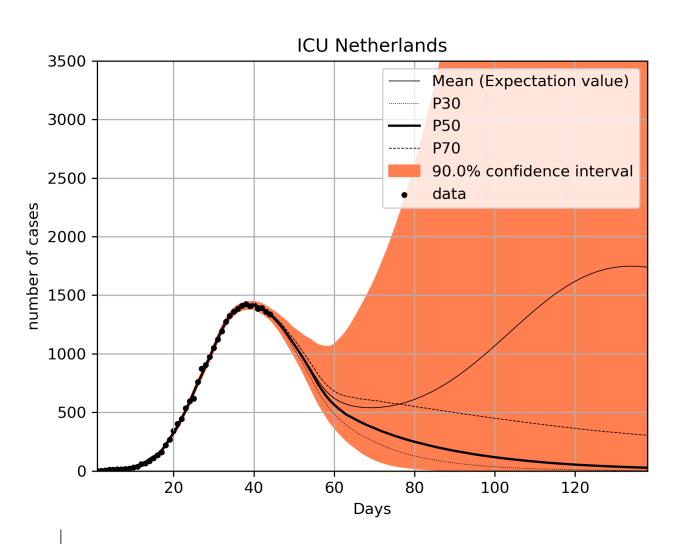
RESULTS – MORTALITIES

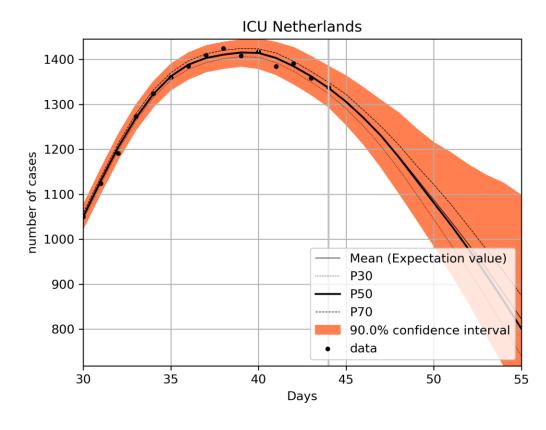






RESULTS – ICU DATA DAY 33-40 SOURCE NOS, ICU RATES 20% FROM DAY 30







CONCLUSIONS AND DISCUSSION

- The previous prediction of Sunday April 5 proved correct that peak would be reached in 5-10 days
 - Fit on hospitalized, in agreement with ICU data, and minor deviation in latest reported death rates
 - ICU inflow: very low rates in terms of hospitalized patients (about 20% since end of march
 - ICU outflow mortalities: assumed ca 30% based on information D. Gommers, and in line with data of Nice (25%)
 - ICU outflow mortalities: after ca 6 days

) Discussion

- Mortalities: may be lower in hospital as numbers include deaths outside hospital, this may explain high CFR for patients (29%)
- Mortalities: creep above expected trend, this can suggest relatively more deaths outside hospital compared to earlier (could be consistent with very low ICU inflow)
- The ICU down trend next 10-20 days can be strongly influenced by inflow% and actual recovery time needed
- The ICU down trend is strongly determined by future assumptions on social distancing (long term forecast based on 60-95% range)



