

Time-Discrete Parameter Identification Algorithms for Two Deterministic Epidemiological Models applied to the Spread of COVID-19

Benjamin Wacker^{1,*} and Jan Schlüter^{1,2}

¹Next Generation Mobility Group, Max-Planck-Institut for Dynamics and Self-Organization, Department of Dynamics of Complex Fluids, Am Fassberg 17, D-37077 Göttingen, Germany

²Institute for Dynamics of Complex Systems, Faculty of Physics, Georg-August-University of Göttingen, Friedrich-Hund-Platz 1, D-37077 Göttingen, Germany

*Corresponding author: [Benjamin Wacker](#)

ABSTRACT

The pandemic outbreak of COVID-19 threatens people worldwide. Politicians around the globe have to balance different interests. Accordingly, they make decisions which heavily impact our daily life or even curtail fundamental rights. They consequently base their judgements on advices from scientists. For these reasons, many epidemiological models have appeared and have been famous since the beginning of the twentieth century. However, scientists depend on rich data to evaluate them and their assumptions. As this pandemic outbreak has lead to large data collections by the John Hopkins University since its beginning, we take advantage of this situation and compare two deterministic epidemiological models heavily used - the Susceptible-Infectious-Recovered model (SIR model) and the Susceptible-Infectious-Recovered-Dead model (SIRD model). In contrast to other works which concentrate on future predictions, we aim to investigate the validity of assumptions with respect to available data. For that purpose, instead of using these models forward in time, we propose modified time-discrete versions of the continuous models with relaxing all transfer rates to be time-varying and develop algorithms to predict these coefficients based on the principle of “divide-and-conquer” for the inverse problems. Since Asia, Europe and North America are especially affected by this pandemic, we choose countries from these continents to illustrate our results. In the main part of this article, we especially discuss our results for Hubei (China). As supplementary material, we illustrate our findings for the aforementioned choice of countries. We finally draw some conclusions for future applications of these models and data acquisition.

Introduction

Since its outbreak in Wuhan (China) in December 2019, the worldwide spread of COVID-19 has enormously impacted our daily life and governments around the globe are actually facing tremendous different challenges. Due to complexity of the current situation and extensive consequences of governments’ decisions, politicians heavily rely on scientific advice. Thus, John Hopkins University collects epidemiological data from many countries during the last months¹. Additionally, many biological and medical studies regarding different aspects of this new corona-virus have been rapidly appeared in scientific journals^{2–8}. For example, Lauer et al. published one study of estimation of the incubation time for COVID-19⁹.

Additionally, even more theoretical scientists like mathematicians have recently gained further interests in epidemiology. One of mathematical epidemiology’s most groundbreaking work introduced the now well-known SIR model by Kermack and McKendrick in 1927¹⁰. Kermack and McKendrick assumed a fixed population size and decomposed this population in three different homogeneous groups of people, namely susceptible people, infectious people and recovered people. They excluded births, deaths and deaths by disease from their model. Due to its success and simplicity, their works were reprinted in 1991^{11–13}. In upcoming decades, epidemiologists and mathematicians have proposed many variants and extensions of this basic model by, for example, adding age or spatial structures^{14–18}.

After the outbreak of COVID-19, many scientists are recently publishing articles with emphasis on epidemic forecasts which strongly relate to mathematical modelling. Many approaches, mainly focusing on stochastic arguments, with respect to predicting forecasts of the total number of infected people have been appeared during the last weeks^{19–24} or in the past^{25,26}. Recently, neural networks have been applied to forecasting²⁷.

Since these questions definitely deserve their current attention, current data acquisition by John Hopkins University allows us to certainly take a closer look on the parameter identification problem in such epidemiological models, so-called inverse problems²⁸. Here, one aims to estimate different parameters appearing in our epidemiological models based on observed data.

Different deterministic approaches by optimization techniques^{29,30} like least-squares methods^{31,32}, variational imbedding³³ and Gaussian fitting³⁴ or stochastic models like time-series³⁵ or parameter identification by Bayesian methods³⁶ have been successfully used in inverse epidemiological problems. Evaluating the calculated constant or time-varying transfer rates on acquired data, we have reasonable foundations to make model assumptions plausible.

Many approaches regarding parameter estimation techniques in differential equations and especially in epidemiological models are well known^{37–53}. The works by Haderer^{45,46} and Mummert⁵² use the idea of assuming all transfer rates to be time-varying in their models. However, they only apply this in a continuous setting.

In contrast to many of the aforementioned works, our main goal is the proposal of parameter identification algorithms for SIR and SIRD models which avoid optimization techniques for the full problem and use principal techniques from applied linear algebra and applied statistics on a decoupled time-discrete problem formulation for both the SIR and the SIRD model. We start with continuous formulations of the time-continuous SIR model and the time-continuous SIRD model. Based on forward finite differences, we propose implicit time-discrete models for both model approaches. However, instead of using constant transfer coefficients as in the classical models, we allow all transfer rates in these models to be time-varying. With this proposed modification, we obtain implicit time-discrete models with time-varying transfer rates we want to identify. Given observed data for susceptible people, infectious people, recovered and dead people, we can now identify our time-varying parameters by simply solving one small linear system at each time step instead of application of optimization techniques. Hence, we are able to avoid high-dimensional, possible non-convex problems with many local minima. If we further want the earlier parameters constant, we additionally propose an estimation based on arithmetic means, medians and standard deviations for uncertainty estimation.

Due to current data acquisition of John Hopkins University, we test our developed parameter identification algorithms on data of the worldwide spread of COVID-19 and evaluate their performances. Finally, we discuss some future research possibilities.

Methods

In this section, we describe our continuous and time-discrete forward SIR and SIRD models. The ideas of these models heavily base on the pioneering works by Kermack and McKendrick^{10–13}. Afterwards, we propose two algorithms for solving each inverse problem to compute time-varying transfer coefficients in these models.

SIR Model

We begin with describing the SIR model. Before stating equations, we give some information on assumptions of the model. After its formulation, we propose a time-discrete version of the model. In contrast to traditional works with constant transfer coefficients, we introduce time-varying coefficient for our parameter identification algorithm which we finally portray in this subsection. From a mathematical viewpoint, we can directly solve this inverse problem without application of regression algorithms.

Assumptions

In its classical formulation^{16–18}, the following assumptions should be fulfilled for application of the SIR model:

- One neglects the population's age-structure, inhomogeneities with respect to spatial dependence and group behaviour. One assumes that the population consists of homogeneous pools like in simulations of different biological system⁵⁴ or chemical reactions⁵⁵;
- In addition, one divides the population into the three homogeneous pools of susceptible people (S), infectious people (I) and recovered people (R);
- Since the considered time period is small, one ignores natural births and natural and infection-related deaths within the population. Thus, the population size N is constant in time and it holds

$$N \equiv N(t) = S(t) + I(t) + R(t) \quad (1)$$

for all times t in the respective time interval;

- Except from the transfer coefficient from susceptible people to infectious people which might depend on government's rulings in this classical formulation, all other transfer rate between these pools are constant.

For further details on assumptions, we refer the interested reader to two papers by Brauer^{56,57}. We illustrate a sketch of this model in Figure 1.

Let further $[t_1, t_M]$ be the respective time interval with start time t_1 and end time t_M . Later, since our constant time data step amounts to one day, we consider a sequence $\{t_j\}_{j=1}^M$ of time points regarding our time-discrete model versions.



Figure 1. Sketch of the SIR model. We divide the people into three homogeneous pools of susceptible people (P), infectious people (I) and recovered people (R). The arrows portray flows between these pools with respective transfer rates.

Continuous Formulation

As an abbreviation for the time derivative of a function f , we simply write $f'(t) := \frac{df(t)}{dt}$. The classical continuous formulation of the SIR model reads

$$\left. \begin{aligned} S'(t) &= -\alpha(t) \cdot \frac{S(t) \cdot I(t)}{N} \\ I'(t) &= \alpha(t) \cdot \frac{S(t) \cdot I(t)}{N} - \beta \cdot I(t) \\ R'(t) &= \beta \cdot I(t) \end{aligned} \right\} \quad (2)$$

with appropriate initial conditions $S(t_1) = S_1 > 0$, $I(t_1) = I_1 > 0$ and $R(t_1) = R_1 \geq 0$. In the forward model, we aim to seek solutions $S, I, R: [t_1, t_M] \rightarrow \mathbb{R}$ that fulfill (2) in a meaningful sense almost everywhere on $[t_1, t_M]$. This means that solutions could be strongly differentiable in a classical or weakly differentiable in a Lebesgue-measurable manner⁵⁸.

Time-Discrete Formulation

For abbreviation, we shortly write $f_j := f(t_j)$ for all $j \in \{1, \dots, M\}$. We apply finite differences such that the approximation $f'(t_{j+1}) \approx \frac{f_{j+1} - f_j}{\Delta t} = f_{j+1} - f_j$ holds for all $j \in \{1, \dots, M-1\}$ since $\Delta t = 1$ with respect to our data and for ease of notation. In addition, we apply an implicit scheme for forward modelling in contrast to Dehning et al. in their stochastic SIR model¹⁹. To state our modified time-discrete version of the SIR model (2), we relax our conditions and allow time-dependence of the transfer coefficient β . Consequently, application of finite differences leads to

$$\left. \begin{aligned} S_{j+1} - S_j &= -\alpha_{j+1} \cdot \frac{S_{j+1} \cdot I_{j+1}}{N} \\ I_{j+1} - I_j &= \alpha_{j+1} \cdot \frac{S_{j+1} \cdot I_{j+1}}{N} - \beta_{j+1} \cdot I_{j+1} \\ R_{j+1} - R_j &= \beta_{j+1} \cdot I_{j+1} \end{aligned} \right\} \quad (3)$$

as our time-discrete version of (2) for all $j \in \{1, \dots, M-1\}$ with initial conditions $S_1 > 0$, $I_1 > 0$ and $R_1 \geq 0$ as stated before.

Time-Discrete Inverse Parameter Identification SIR Problem

Why do we proceed with (3) although the transfer coefficient β is generally assumed to be constant in time? If β satisfied this condition, we must solve a regression problem due to

$$R_{j+1} - R_j = \beta \cdot I_{j+1} \quad (4)$$

for all $j \in \{1, \dots, M-1\}$ to obtain β and possibly use all data points. Depending on the cost function defined for this high-dimensional, probably non-convex minimization problem, this normally yields a hard optimization problem with many local extrema. Since we want to avoid this, we use our transformed system (3).

In contrast to the forward model (3), we now seek the transfer coefficients α_{j+1} and β_{j+1} for all $j \in \{1, \dots, M-1\}$ provided given data S_j, I_j, R_j for all $j \in \{1, \dots, M\}$. Now, we observe from (3) that

$$\begin{aligned} I_{j+1} - I_j &= \alpha_{j+1} \cdot \frac{S_{j+1} \cdot I_{j+1}}{N} - \beta_{j+1} \cdot I_{j+1} \\ &= -(S_{j+1} - S_j) - (R_{j+1} - R_j) \end{aligned} \quad (5)$$

is valid for all $j \in \{1, \dots, M-1\}$. By (5), we reduce (3) and obtain

$$\begin{pmatrix} S_{j+1} - S_j \\ R_{j+1} - R_j \end{pmatrix} = \begin{pmatrix} -\frac{S_{j+1} \cdot I_{j+1}}{N} & 0 \\ 0 & I_{j+1} \end{pmatrix} \cdot \begin{pmatrix} \alpha_{j+1} \\ \beta_{j+1} \end{pmatrix} \quad (6)$$

for all $j \in \{1, \dots, M-1\}$. Hence, we will solve a linear system for all $j \in \{1, \dots, M-1\}$ if the system matrix is invertible, i.e. $S_{j+1} \neq 0$ and $I_{j+1} \neq 0$. If we attain $S_{j+1} = 0$ and $I_{j+1} \neq 0$ for some $j \in \{1, \dots, M-1\}$, we must set $\alpha_{j+1} = 0$, solely solve $\beta_{j+1} = \frac{R_{j+1} - R_j}{I_{j+1}}$ and we can conclude that we reach the end of the disease's spread. In case of $S_{j+1} \neq 0$ and $I_{j+1} = 0$, the same conclusion applies, but both transfer parameters reach $\alpha_{j+1} = 0$ and $\beta_{j+1} = 0$.

Preprocessing of Population Data

Our input data consists of cumulative infected people $\left(\{\tilde{I}_j\}_{j=1}^M\right)$, cumulative recovered people $\left(\{\tilde{R}_j\}_{j=1}^M\right)$ and cumulative dead people $\left(\{\tilde{D}_j\}_{j=1}^M\right)$ for M time points. Hence, we necessarily must process these data first to develop an algorithm for our time-discrete inverse parameter identification SIR problem (6). Our procedure reads

$$\left. \begin{aligned} R_j &= \tilde{R}_j + \tilde{D}_j \\ I_j &= \tilde{I}_j - \tilde{R}_j \\ S_j &= N - I_j - R_j \end{aligned} \right\} \quad (7)$$

for all $j \in \{1, \dots, M\}$.

SIR Parameter Identification Algorithm

We summarize our procedure in Table 1.

Input:	<ul style="list-style-type: none"> - Population size N - Cumulative infected people $\{\tilde{I}_j\}_{j=1}^M$ at M time points - Cumulative recovered people $\{\tilde{R}_j\}_{j=1}^M$ at M time points - Cumulative dead people $\{\tilde{D}_j\}_{j=1}^M$ at M time points
Step 1:	- Process input data according to (7) for all $j \in \{1, \dots, M\}$
Step 2:	<p>- Solve time-discrete inverse parameter identification SIR problem according to (6) for all $j \in \{1, \dots, M-1\}$</p> <p>For that purpose, distinguish the following four cases:</p> <ul style="list-style-type: none"> - 1) If $S_{j+1} \neq 0$ and $I_{j+1} \neq 0$, set $\alpha_{j+1} = \frac{N \cdot (S_j - S_{j+1})}{S_{j+1} \cdot I_{j+1}}$ and $\beta_{j+1} = \frac{R_{j+1} - R_j}{I_{j+1}}$ - 2) If $S_{j+1} = 0$ and $I_{j+1} \neq 0$, set $\alpha_{j+1} = 0$ and $\beta_{j+1} = \frac{R_{j+1} - R_j}{I_{j+1}}$ - 3) If $S_{j+1} \neq 0$ and $I_{j+1} = 0$, set $\alpha_{j+1} = 0$ and $\beta_{j+1} = 0$ - 4) If $S_{j+1} = 0$ and $I_{j+1} = 0$, set $\alpha_{j+1} = 0$ and $\beta_{j+1} = 0$
Output:	<ul style="list-style-type: none"> - Time-varying transfer coefficient sequence $\{\alpha_j\}_{j=2}^M$ for all $j \in \{2, \dots, M\}$ - Time-varying transfer coefficient sequence $\{\beta_j\}_{j=2}^M$ for all $j \in \{2, \dots, M\}$

Table 1. Algorithmic summary of SIR Parameter Identification Algorithm. Input data, algorithmic steps and output data are enlisted in this table.

We use GNU Octave to implement this algorithm⁵⁹.

Possible Parameter Reduction by Simple Statistical Analysis

Since often the transfer coefficient β is assumed to be constant in time, we further need to process our time-varying transfer coefficient sequence $\{\beta_j\}_{j=2}^M$. For this purpose, we simply calculate the arithmetic mean

$$\bar{\beta} = \sum_{j=2}^M \beta_j \quad (8)$$

and respectively the median $\hat{\beta}$. With (8), we obtain the standard deviation

$$\sigma_\beta = \sqrt{\frac{1}{M-2} \cdot \sum_{j=2}^M (\beta_j - \bar{\beta})^2}. \quad (9)$$

This finally allows us to calculate confidence intervals of the form $\left[\bar{\beta} - 2 \cdot \sigma_{\beta}, \bar{\beta} + 2 \cdot \sigma_{\beta}\right]$ or $\left[\bar{\beta} - \sigma_{\beta}, \bar{\beta} + \sigma_{\beta}\right]$ based on standard deviations.

Optimization Procedure for Time-Varying Parametric Coefficients

Since social behaviour even changes due to severe epidemics before established rulings by governments, Chowell et al.⁶⁰, Fisman et al.⁶¹, Althaus⁶² and Brauer⁶³ suggested application of a time-varying contact rate (exponential decaying)

$$\alpha(t) = \delta \cdot \exp(-\varepsilon \cdot t) \quad (10)$$

with positive constants δ and ε which adapts to given data. For that purpose, we need to identify a proper cost function. Since we do not want to discuss optimization techniques in details (we refer interested readers to the book of Nocedal and Wright⁶⁴), we simply use Nelder-Mead-algorithms⁶⁵ as implemented in GNU Octave's function FMINSEARCH⁵⁹ due to its simplicity and its ability to capture local extrema of non-differentiable functions. However, one still has to deal with problems of ending in local extrema⁶⁴, but this is out of the scope of this work.

Now, our scoring function for minimization of the desired parameters δ and ε , given data points (t_j, α_j) for all $j \in \{2, \dots, M\}$, reads

$$g(\delta, \varepsilon) = \sum_{j=2}^M |\delta \cdot \exp(-\varepsilon \cdot t_j) - \alpha_j|. \quad (11)$$

In case of Hubei(China), we additionally consider Gaussian recovering rates

$$\beta(t) = a \cdot \exp\left(-\left(\frac{t-b}{c}\right)^2\right) \quad (12)$$

with real constants a , b and c . We proceed similarly to the case of exponentially decaying contact rates and we want to shortly note that an additional uncertainly quantification analysis by the Fisher-Information matrix (i.e. Hessian matrix) becomes possible by applying a two times continuously differentiable function like the l^2 -norm or mollified versions of the above used l^1 -norm. However, we relinquish it here.

SIRD Model

We start with a description of the SIRD model. Before giving its mathematical formulation, we report typical assumptions of the model. Afterwards, we present a time-discrete version of the model. Again, we use time-varying coefficients for our parameter identification algorithm in contrast to constant ones.

Assumptions

All assumptions of the SIR model apply. Additionally, we extend the pool of recovered people (R) by an additional homogeneous pool of dead people (D) and for ease of notion, we still count dead people (D) for total population size N because we estimate $D \ll N$.



Figure 2. Sketch of the SIRD model. We divide the people into three homogeneous pools of susceptible people (P), infectious people (I), recovered people (R) and dead people (D). The arrows portray flows between these pools with respective transfer rates.

A sketch of this model is given in Figure 2.

Continuous Formulation

We have the classical continuous formulation

$$\left. \begin{aligned} S'(t) &= -\alpha(t) \cdot \frac{S(t) \cdot I(t)}{N} \\ I'(t) &= \alpha(t) \cdot \frac{S(t) \cdot I(t)}{N} - \beta \cdot I(t) - \gamma \cdot I(t) \\ R'(t) &= \beta \cdot I(t) \\ D'(t) &= \gamma \cdot I(t) \end{aligned} \right\} \quad (13)$$

of the SIRD model with appropriate initial conditions $S(t_1) = S_1 > 0$, $I(t_1) = I_1 > 0$, $R(t_1) = R_1 \geq 0$ and $D(t_1) = D_1 \geq 0$. In the forward model, we again seek functions $S, I, R, D: [t_1, t_M] \rightarrow \mathbb{R}$ which satisfy (13) in a suitable sense.

Time-Discrete Formulation

Equivalently to the case of the modified time-discrete SIR model, we generalize the constant transfer rates and allow them to be time-varying. Accordingly, this yields

$$\left. \begin{aligned} S_{j+1} - S_j &= -\alpha_{j+1} \cdot \frac{S_{j+1} \cdot I_{j+1}}{N} \\ I_{j+1} - I_j &= \alpha_{j+1} \cdot \frac{S_{j+1} \cdot I_{j+1}}{N} - \beta_{j+1} \cdot I_{j+1} - \gamma_{j+1} \cdot I_{j+1} \\ R_{j+1} - R_j &= \beta_{j+1} \cdot I_{j+1} \\ D_{j+1} - D_j &= \gamma_{j+1} \cdot I_{j+1} \end{aligned} \right\} \quad (14)$$

for our modified time-discrete SIRD model for all $j \in \{1, \dots, M-1\}$ with initial conditions $S_1 > 0$, $I_1 > 0$, $R_1 \geq 0$ and $D_1 \geq 0$.

Time-Discrete Inverse Parameter Identification SIRD Problem

We proceed similarly to the time-discrete inverse parameter identification SIR problem. At first, we notice

$$I_{j+1} - I_j = -(S_{j+1} - S_j) - (R_{j+1} - R_j) - (D_{j+1} - D_j) \quad (15)$$

for all $j \in \{1, \dots, M-1\}$. We reduce (14) by (15) and get

$$\begin{pmatrix} S_{j+1} - S_j \\ R_{j+1} - R_j \\ D_{j+1} - D_j \end{pmatrix} = \begin{pmatrix} -\frac{S_{j+1} \cdot I_{j+1}}{N} & 0 & 0 \\ 0 & I_{j+1} & 0 \\ 0 & 0 & I_{j+1} \end{pmatrix} \cdot \begin{pmatrix} \alpha_{j+1} \\ \beta_{j+1} \\ \gamma_{j+1} \end{pmatrix} \quad (16)$$

for all $j \in \{1, \dots, M-1\}$. The validity of the same argument as in the time-discrete inverse parameter identification SIR problem holds.

Preprocessing of Population Data

Similarly to the case of the time-discrete inverse parameter identification SIR problem, we need to process the same given input data of cumulative infected people $\left(\{\tilde{I}_j\}_{j=1}^M\right)$, cumulative recovered people $\left(\{\tilde{R}_j\}_{j=1}^M\right)$ and cumulative dead people $\left(\{\tilde{D}_j\}_{j=1}^M\right)$ for M time points. Consequently, we compute

$$\left. \begin{aligned} D_j &= \tilde{D}_j \\ R_j &= \tilde{R}_j \\ I_j &= \tilde{I}_j - R_j - D_j \\ S_j &= N - I_j - R_j - D_j \end{aligned} \right\} \quad (17)$$

for all $j \in \{1, \dots, M\}$.

SIRD Parameter Identification Algorithm

We summarize our procedure in Table 2 and use GNU Octave to implement this algorithm⁵⁹.

Parameter Reduction by Simple Statistical Analysis

We proceed as in the corresponding description of the time-discrete parameter identification SIR model.

Optimization Procedure for Time-Varying Parametric Coefficients

Again, we apply the same procedure as for the time-discrete parameter identification SIR model.

Input:	<ul style="list-style-type: none"> - Population size N - Cumulative infected people $\{\tilde{I}_j\}_{j=1}^M$ at M time points - Cumulative recovered people $\{\tilde{R}_j\}_{j=1}^M$ at M time points - Cumulative dead people $\{\tilde{D}_j\}_{j=1}^M$ at M time points
Step 1:	- Process input data according to (17) for all $j \in \{1, \dots, M\}$
Step 2:	<ul style="list-style-type: none"> - Solve time-discrete inverse parameter identification SIR problem according to (16) for all $j \in \{1, \dots, M-1\}$ For that purpose, distinguish the following four cases: <ul style="list-style-type: none"> - 1) If $S_{j+1} \neq 0$ and $I_{j+1} \neq 0$, set $\alpha_{j+1} = \frac{N \cdot (S_j - S_{j+1})}{S_{j+1} \cdot I_{j+1}}$, $\beta_{j+1} = \frac{R_{j+1} - R_j}{I_{j+1}}$ and $\gamma_{j+1} = \frac{D_{j+1} - D_j}{I_{j+1}}$ - 2) If $S_{j+1} = 0$ and $I_{j+1} \neq 0$, set $\alpha_{j+1} = 0$, $\beta_{j+1} = \frac{R_{j+1} - R_j}{I_{j+1}}$ and $\gamma_{j+1} = \frac{D_{j+1} - D_j}{I_{j+1}}$ - 3) If $S_{j+1} \neq 0$ and $I_{j+1} = 0$, set $\alpha_{j+1} = 0$, $\beta_{j+1} = 0$ and $\gamma_{j+1} = 0$ - 4) If $S_{j+1} = 0$ and $I_{j+1} = 0$, set $\alpha_{j+1} = 0$, $\beta_{j+1} = 0$ and $\gamma_{j+1} = 0$
Output:	<ul style="list-style-type: none"> - Time-varying transfer coefficient sequence $\{\alpha_j\}_{j=2}^M$ for all $j \in \{2, \dots, M\}$ - Time-varying transfer coefficient sequence $\{\beta_j\}_{j=2}^M$ for all $j \in \{2, \dots, M\}$ - Time-varying transfer coefficient sequence $\{\gamma_j\}_{j=2}^M$ for all $j \in \{2, \dots, M\}$

Table 2. Algorithmic summary of SIR Parameter Identification Algorithm. Input data, algorithmic steps and output data are enlisted in this table.

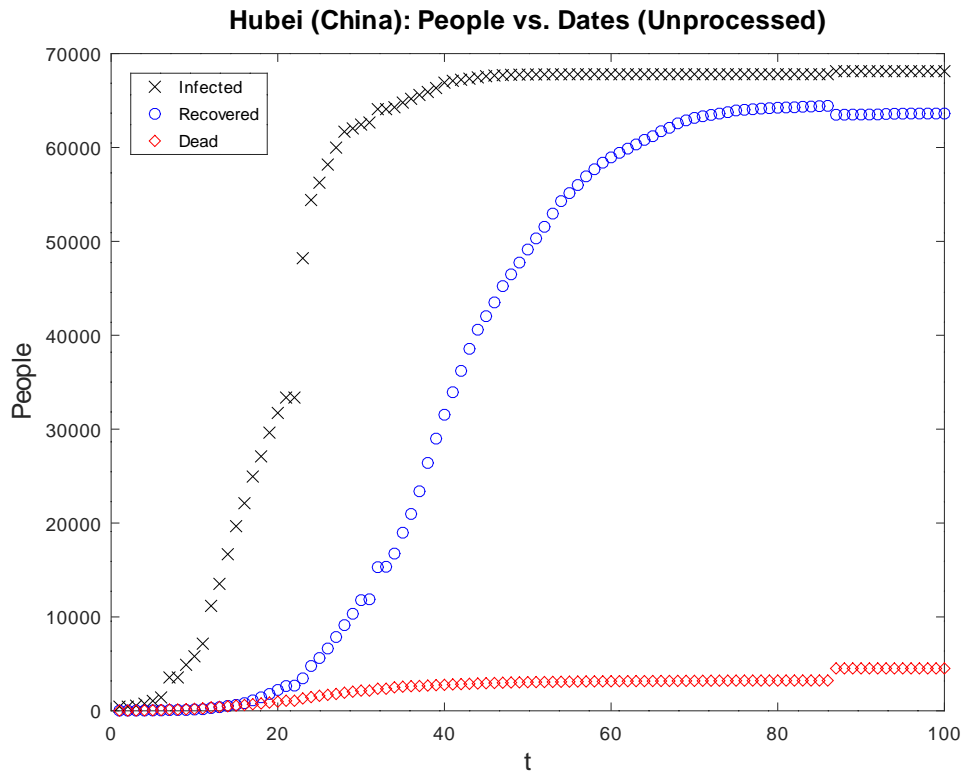


Figure 3. Plots of the unprocessed data from Hubei (China). Crosses represent cumulative cases of reported infected people, circles stand for cumulative cases of reported (estimated) cases of recovered people and diamonds portray cumulative cases of reported (estimated) dead people.

Results

Here, we consider our results for Hubei (China) because the worldwide spread of COVID-19 started there. Hence, the longest timed data are available in this case¹. In this case, the population size reads $N = 59170000$ as stated in our additional information. We consider a time period ranging from 22 January, 2020 ($t = 1$) to 30 April, 2020 ($t = 100$).

In Figure 3, we plot cumulative cases of reported infected people, cumulative cases of reported recovered people and cumulative cases of reported dead people. Apparently, there are two jumps around day 35 and day 85 of the COVID-19 epidemic which possibly occur due to changes in Chinese reports. Especially, the last jump values are excluded for calculation of means and medians. For details, we refer to our code availability statement.

In all different subplots of Figure 4, we depict our results of Hubei (China) for our proposed time-discrete parameter identification SIR algorithm. We relinquish integrating the standard deviations of arithmetic mean and median in our plots for our estimates of β . In all subplots of Figure 5, we illustrate our results of Hubei (China) for our time-discrete parameter identification SIRD algorithm. Especially, the last jump values are excluded for calculation of means and medians. For details, we refer to our code availability statement.

Discussion

In media, we normally see non-decreasing curves which report cumulative cases of infected, dead or recovered people. However, we note that we need those values at a specific time in our aforementioned SIR and SIRD models. Hence, the grouped plots of Figures 4 and 5 differ in general from the ones we notice in Figure 3 or in media.

Regarding all transfer rates, we note that they should be non-negative for all times. However, due to changes in Chinese reports, we observe statistical outliers around day 85. Thus, we exclude those data from calculate which react sensitively on such phenomena like arithmetic means.

If we closely look at the contact rates in Figures 4 and 5, we are able to detect an exponentially decaying behaviour of contact rates in time. Hence, in accordance to descriptions of Brauer⁶³ and references therein^{60–62}, we can probably conclude that people change their social behaviour due to life-threatening diseases. This general trend does not only occur in data from Hubei (China), but is also observed in the analyzed data in our supplementary material. However, we want to note that the contact rate heavily depends on social behaviour and if care eases up, this will generally lead to rising contact rates and to exponential growth of infected people again.

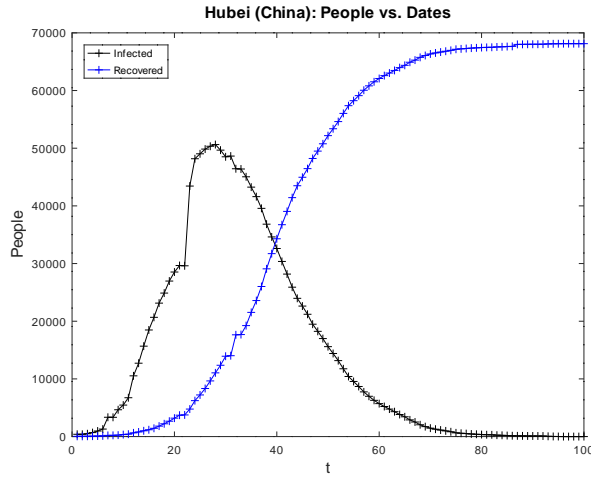
Let us shortly remark on the recovery and death rates. Surprisingly, we only notice an approximately Gaussian behaviour in recovery rates in Hubei (China) compared to all other countries in our supplementary material. Hence, we recommend to stay with arithmetic means and median for these transfer rates regarding their biological meaning^{14,63}.

For all data, we have to keep in mind that these are reported cases and nobody really knows real numbers with respect to infected, dead and recovered people due to COVID-19. Hence, we state that application of such models and of our parameter identification algorithms build on profound data which needs to be provided.

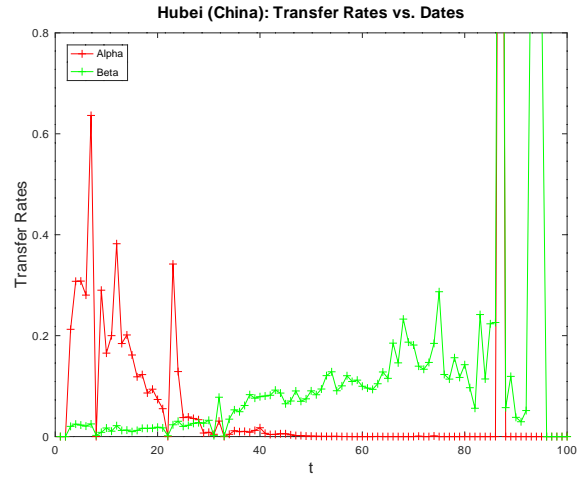
Due to this short time period of observed data, it is reasonable to apply SIR or SIRD models. Furthermore, as already pointed out in our discussion, time-decreasing contact rates can also be assumed at the beginning of such epidemics in general. In addition to this observations, we stress that our proposed algorithms are not only applicable to the actual COVID-19 epidemic, but to all epidemics which fulfill the assumptions of SIR and SIRD models. Therefore, it is a reasonable contribution to report about.

As future research projects, we might consider different adaption like statistical⁶⁶ or stochastic approaches by basis functions⁶⁷. Pollicott et al. applied a deterministic continuous approach through multiple differentiation and interpolations by splines and trigonometric functions for the time-varying contact rate function $\alpha(t)$ ⁶⁸.

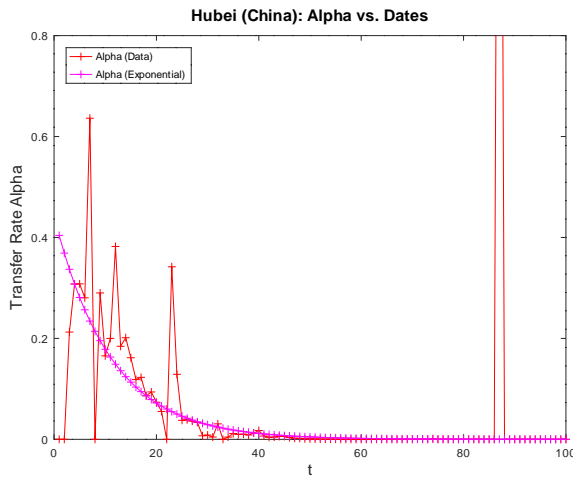
Since it is out of the scope of this work, it might be an interesting point to integrate time-delay in our parameter identification approach without applying a full optimization process as given by Chen et al⁶⁹. In addition to that, one could evaluate extensions to fractional differential operators in time^{70–72}. As a concluding remark, one can apply PDE-ODE-models to epidemiology⁷³ to introduce spatial or even further structures.



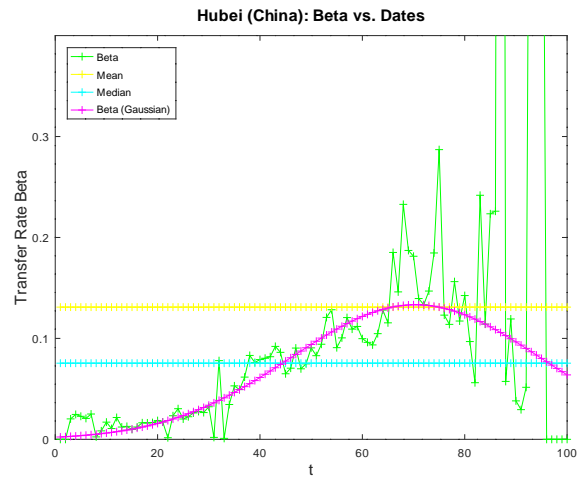
(a) Grouped Plots



(b) Transfer Rates

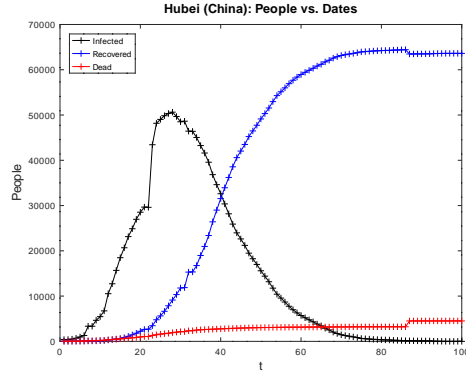


(c) Contact Rate

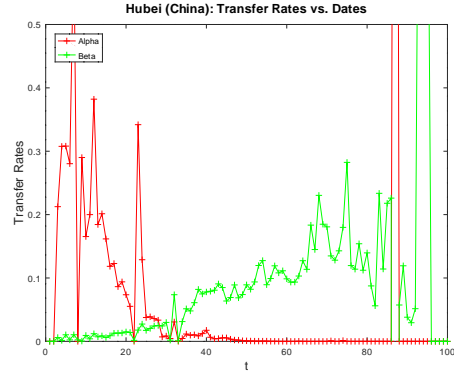


(d) Recovery Rate

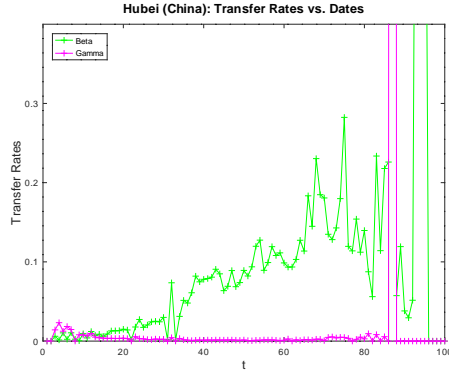
Figure 4. Results for our time-discrete parameter identification SIR model. (a) Plots of processed data for infected people and (cumulative) recovered people at time t . (b) Plots of both time-varying transfer rates $\alpha(t)$ and $\beta(t)$ from our identification algorithm. (c) Plots of time-varying contact rate $\alpha(t)$ and a parametric approximation with a decaying exponential function as a model. (d) Plots of time-varying recovery rate $\beta(t)$, its mean and median and a parametric approximation with a Gaussian function.



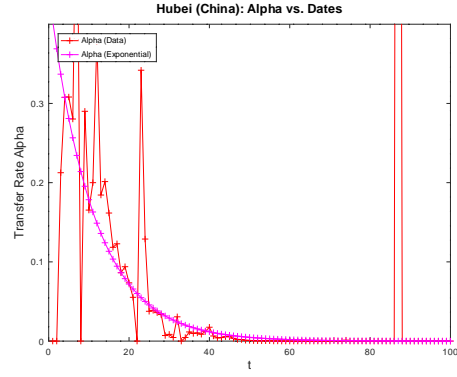
(a) Grouped Plots



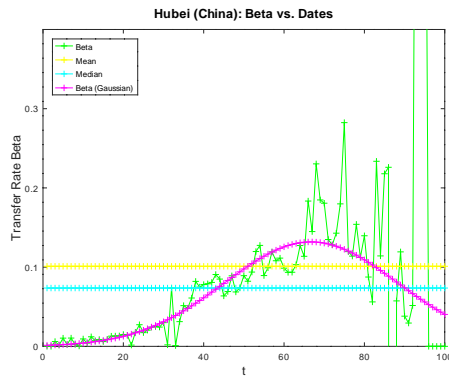
(b) Transfer Rates α and β



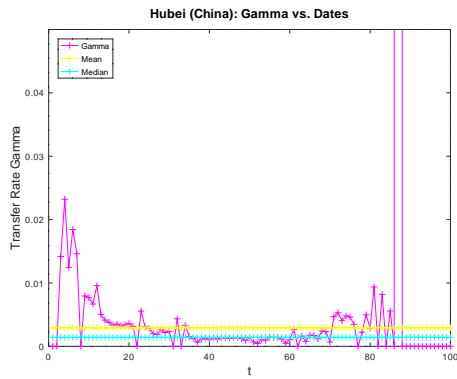
(c) Transfer Rates β and γ



(d) Contact Rate



(e) Recovery Rate



(f) Death Rate

Figure 5. Results for our time-discrete parameter identification SIRD model. (a) Plots of processed data for infected people, (cumulative) recovered people and (cumulative) dead people at time t . (b) Plots of the time-varying transfer rates $\alpha(t)$ and $\beta(t)$ from our identification algorithm. (c) Plots of the time-varying transfer rates $\beta(t)$ and $\gamma(t)$ from our identification algorithm. (d) Plots of time-varying contact rate $\alpha(t)$ and a parametric approximation with a decaying exponential function. (e) Plots of time-varying recovery rate $\beta(t)$, its mean and median and a parametric approximation with a Gaussian function. (f) Plots of time-varying death rate $\gamma(t)$, its mean and its median.

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Author Contributions Statement

B.W. mainly conceived and designed the research. B.W. and J.S. searched and processed data. B.W. contributed continuous and time-discrete methods. B.W. implemented numerical algorithms. Both authors analyzed data, performed data representation, discussed and interpreted the results. Both authors drafted the manuscript.

Competing Interests

We declare no competing interests.

Correspondence

Contact [Benjamin Wacker](#) or [Jan Schlüter](#).

Additional Information

Code availability: <https://github.com/bewa87/2020-COVID-19-ParameterIdentification>

COVID-19 data: <https://data.humdata.org/dataset/novel-coronavirus-2019-ncov-cases> (John Hopkins University)

Data (population sizes (2018)): <https://de.statista.com/>