## EMPOWERING THE CROWD: FEASIBLE STRATEGIES TO MINIMIZE THE SPREAD OF COVID-19 IN IDP CAMPS IN NW SYRIA

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# PaxSyriana Foundation



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SCIENTISTS

#### AIM

#### **IDENTIFY FEASIBLE INTERVENTIONS:**

- Immediate applicability
- No need of complex technical infrastructure (e.g. testing, protection)
  - Cost: as low as possible

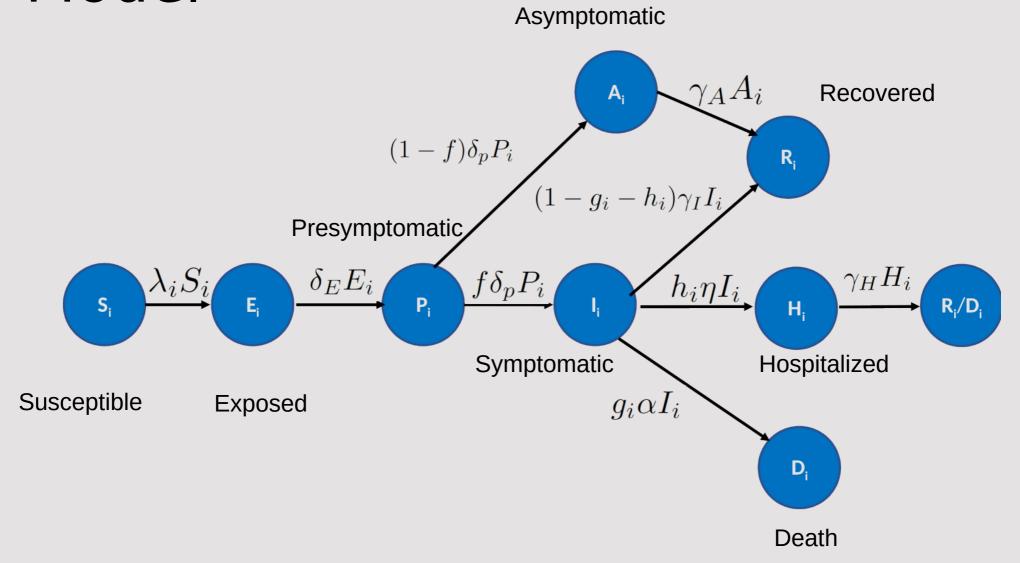
#### THE MODEL

### Outlook

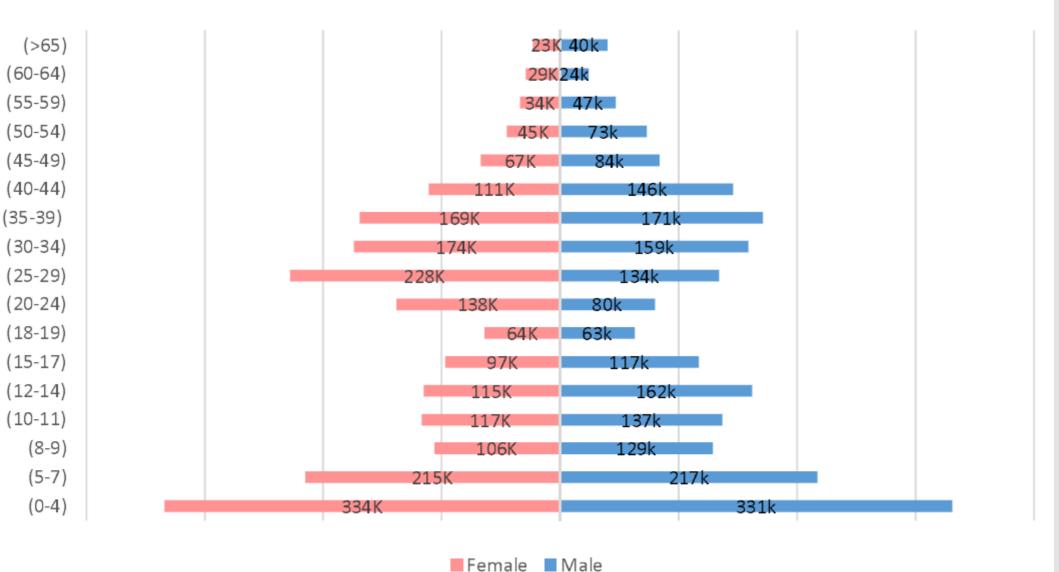
#### Modelling

- Compartment models.
- Age-structured.
- Deterministic and stochastic simulations.
- Parameters estimated for IDPCs.

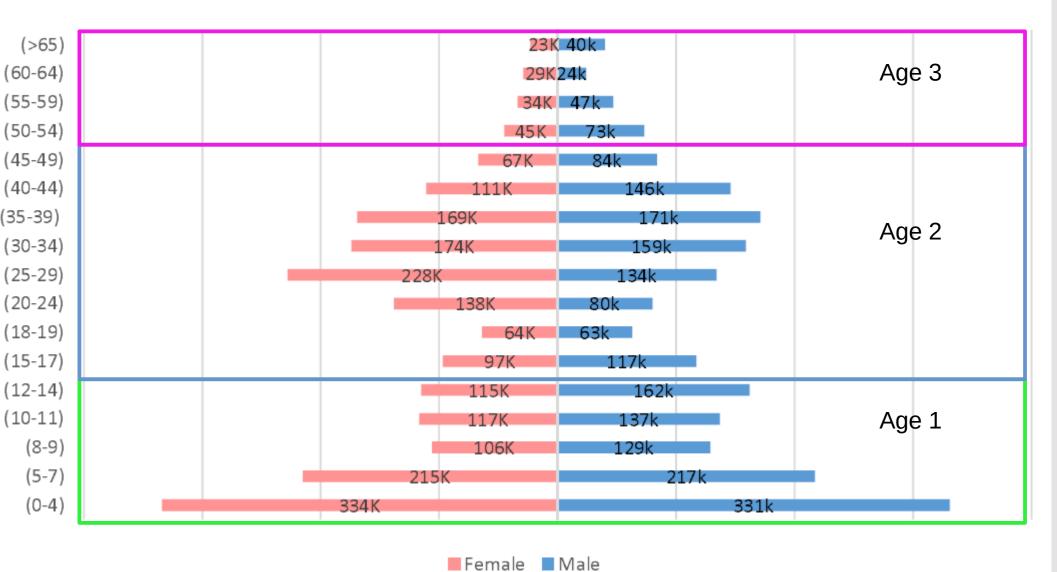
### Model



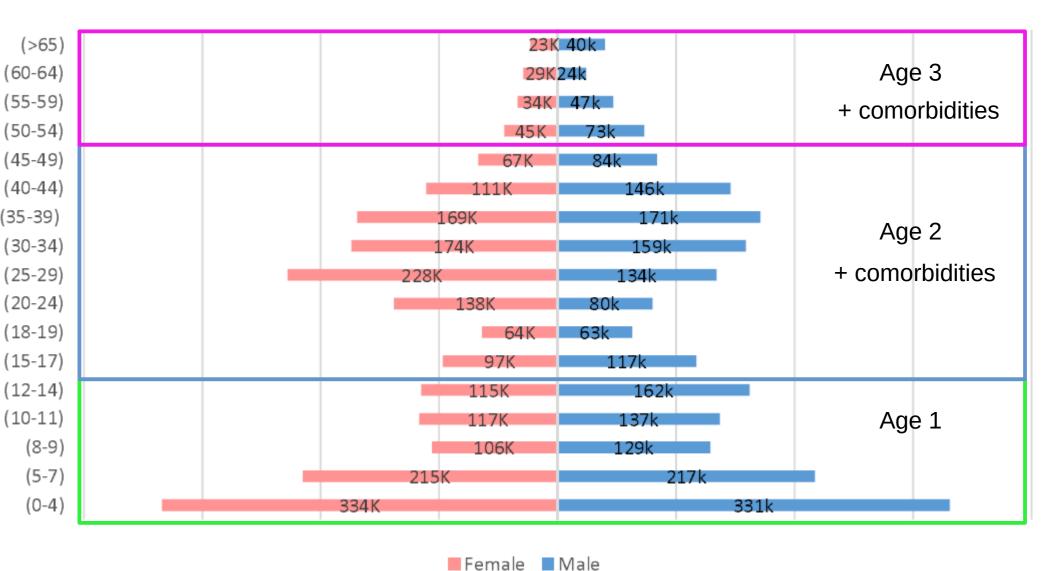
#### Population Pyramid in NW of Syria



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#### THE RESULTS

### Outlook

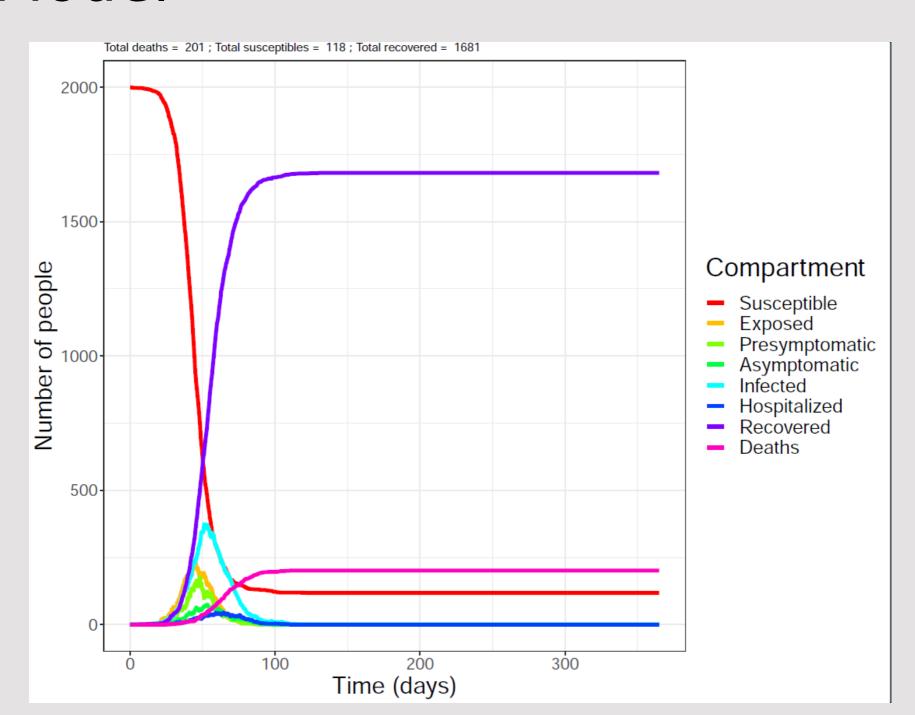
### Modelling

- ~70 different interventions modelled
- ~100K different simulations.

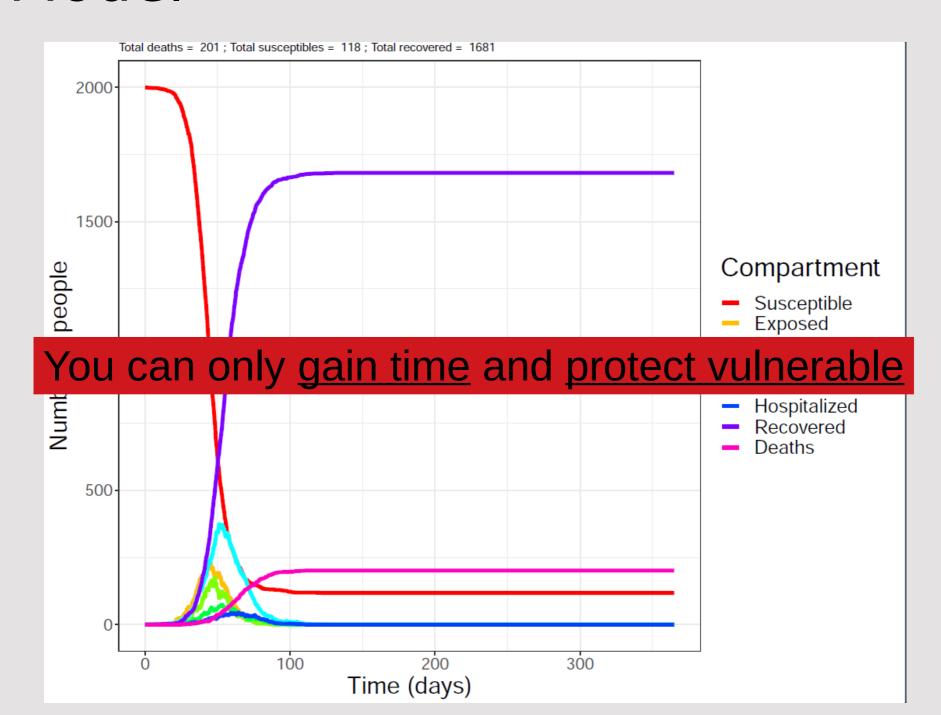
#### Strategies

- Self-distancing
- Shielding, lockdown
- Self-isolation
- Evacuation
- Combined strategies

## Model



### Model



Probability of general outbreak in the <u>camp 80%</u>

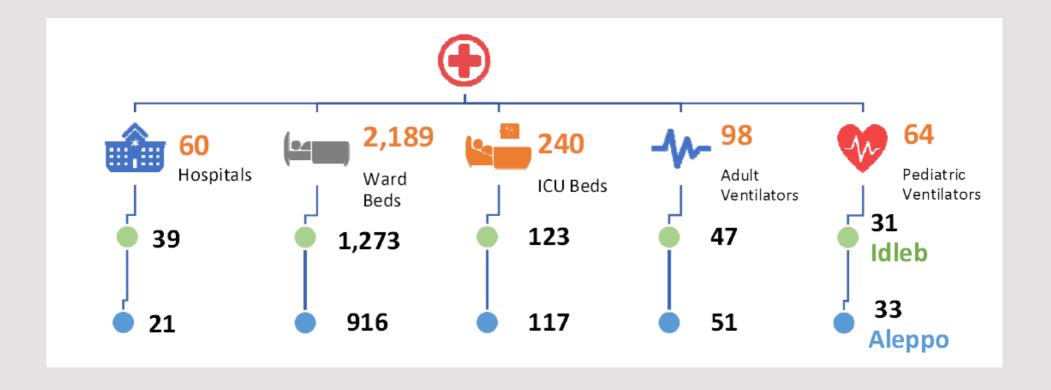
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- Maximum of infections in 60 days
- At that time, 60K people may have required healthcare.

## Hospitalization capacity



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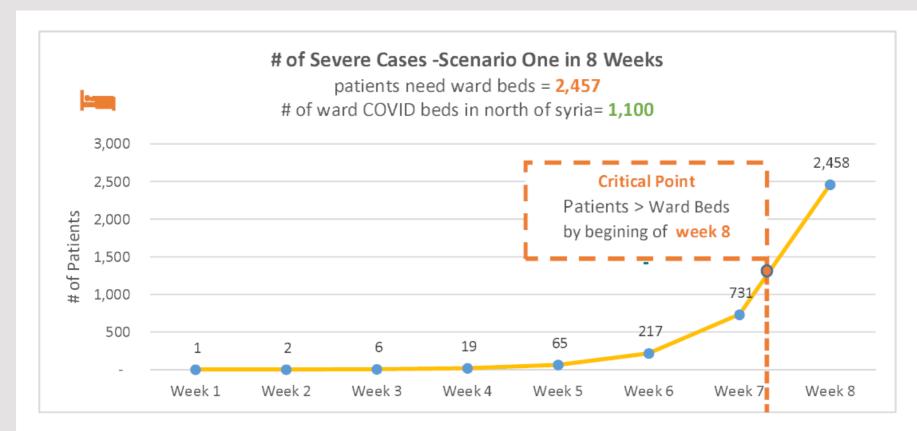
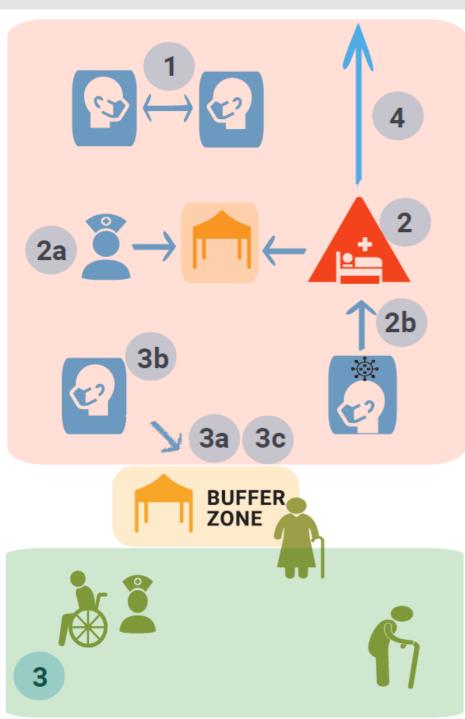


Figure 6 Scenario One predicted severe cases

The health system in NW Syria would be unable to cope by the beginning of week 8; as such, severe cases could become critical and mortality could increase



## Interventions

	Description	Values/Effect
1	Seld-Distancing: reduction mean number of contacts per day and per individual	20% , 50%
2	Self-Isolation of symptomatic in individual tent	Available tents: 10, 20, 50, 100, 250, 500, 1000, 2000
2a	Number of carers	1 per tent
2b	Self-Isolation delay	12h, 24h, 48h
3	Safety zone for vulnerable population	Elderly only Elderly + Comorbid Adults Elderly + Comorbid Adults + Children (up to 20%, 25%, 30% population)
3a	Number of contacts	2, 10 (per week and individual in safety zone)
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3c	Lockdown of buffering zone if one case is detected	Reduce values of 3a at 50% or 90%
4	Evacuation of severely symptomatic	Evacuated individuals are no longer infectious, don't receive health care

### Description

 Reduction of contacts between individuals.

#### **Key-points**

- Simple and rapid implementation.
- Educational-based, long-term benefit
- Starting investment then mouth-to-word

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Population class	Null model	Reduction 20%	Reduction 50%
Kids	25	20	12.5
Adults	15	11	7.5
Elderly	10	8	5

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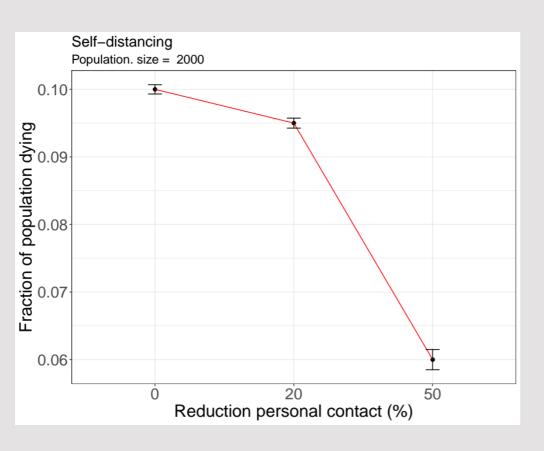
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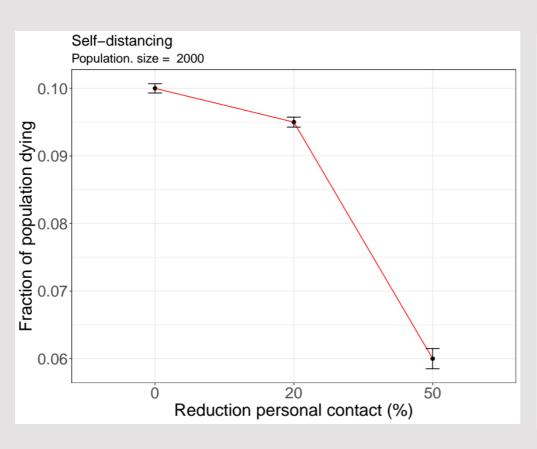
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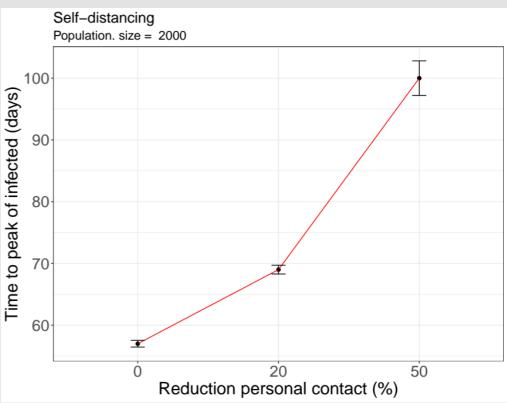
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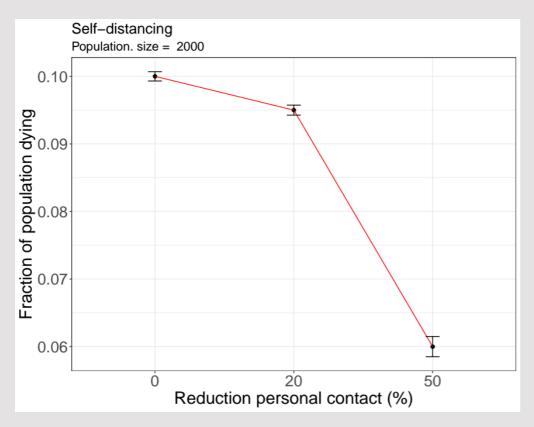
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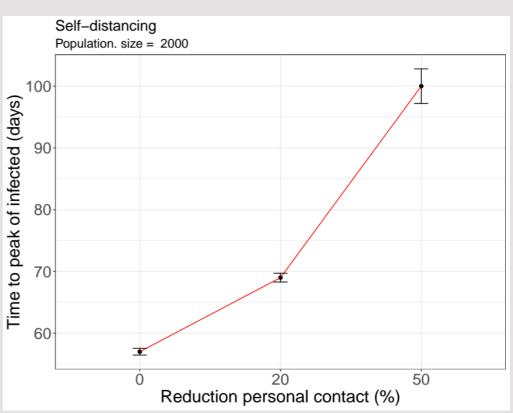
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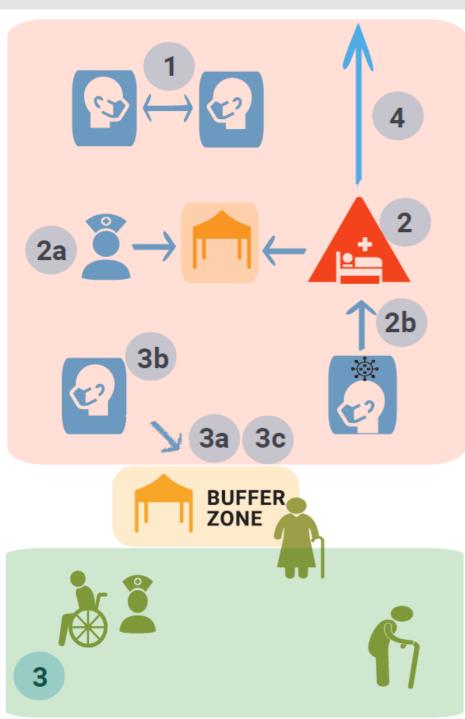






Up to 40% reduction in the the death tolls

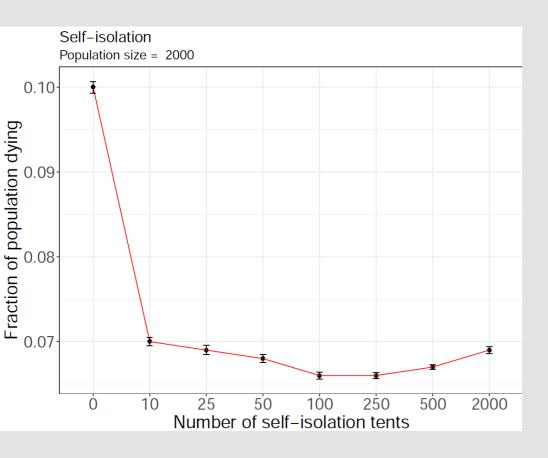
Up to 40% delay in the peak of infected population



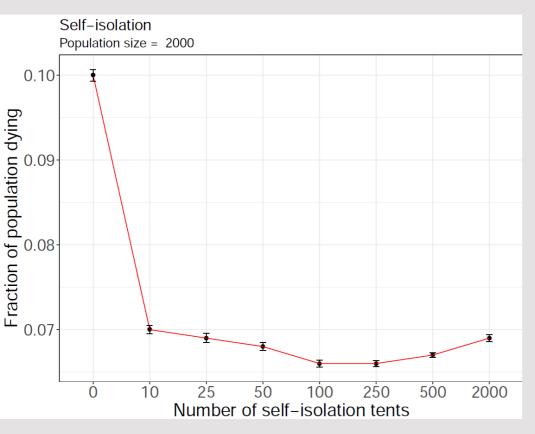
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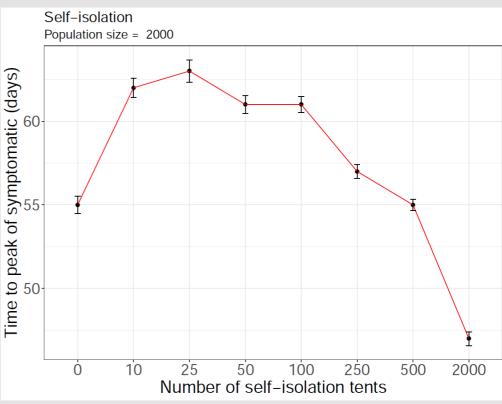
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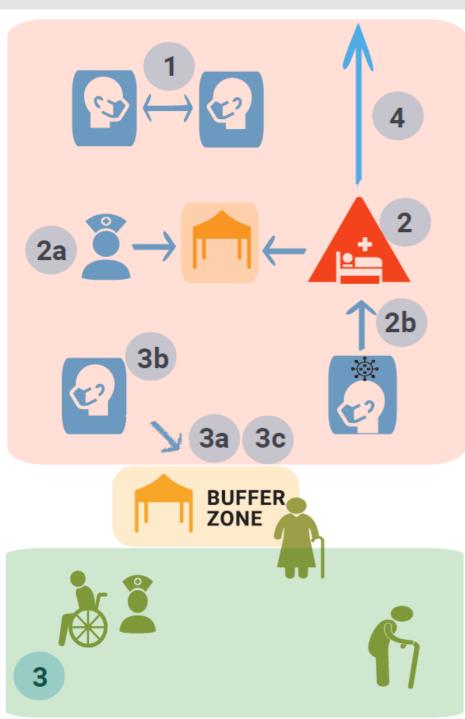
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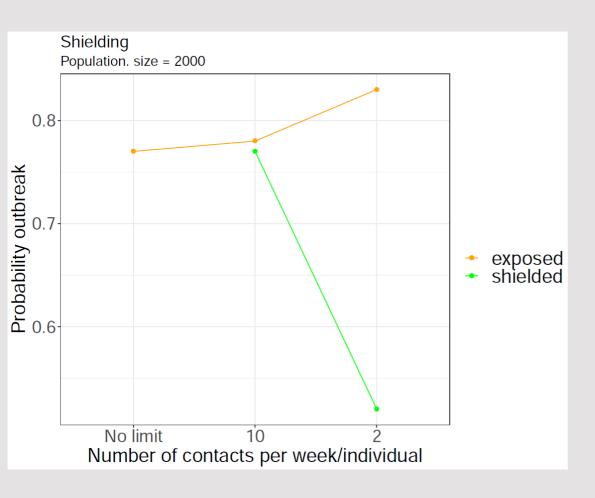




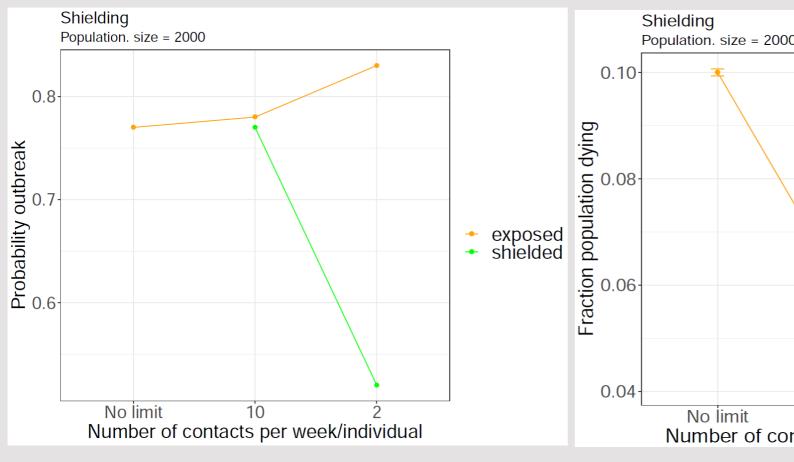
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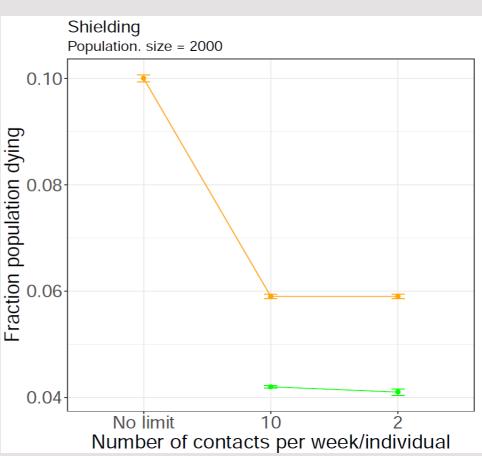
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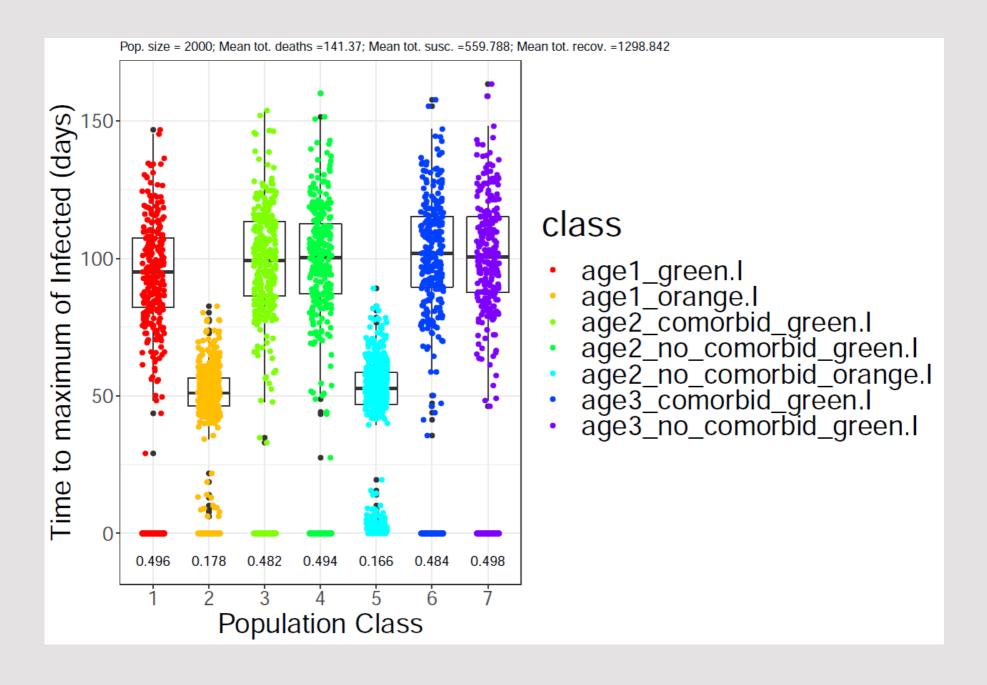


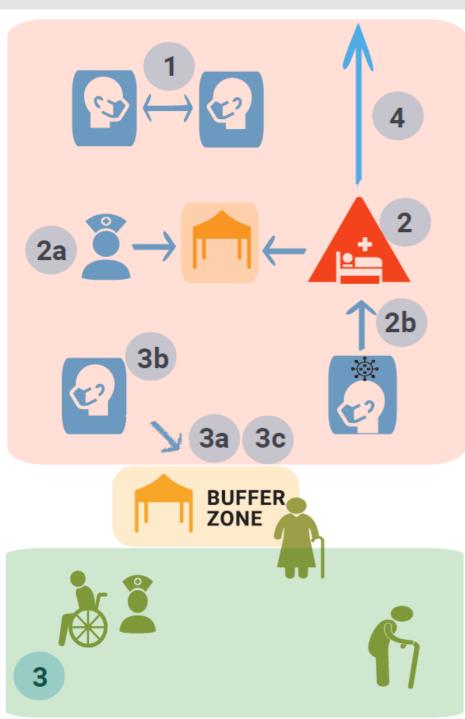
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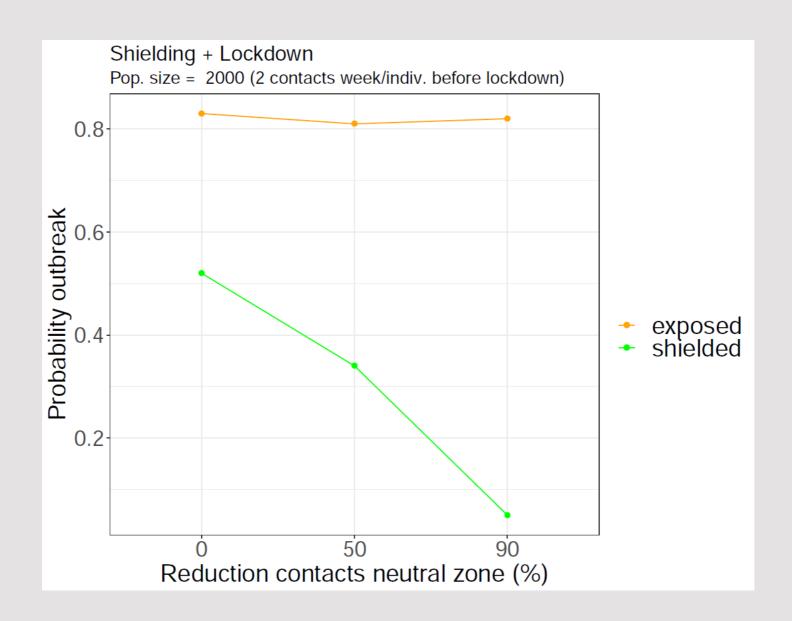


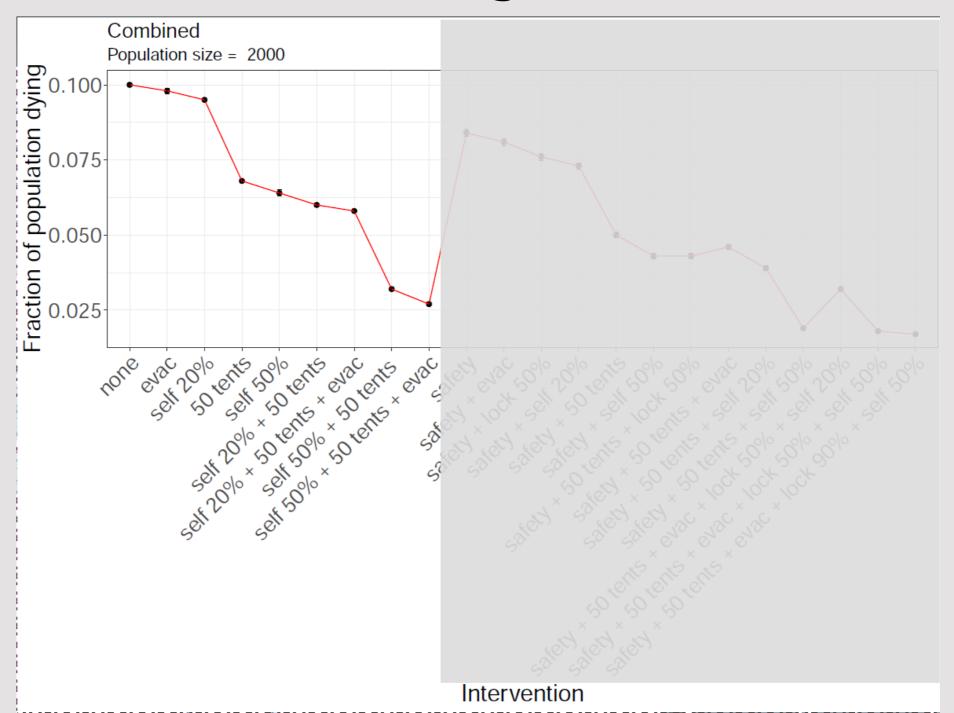


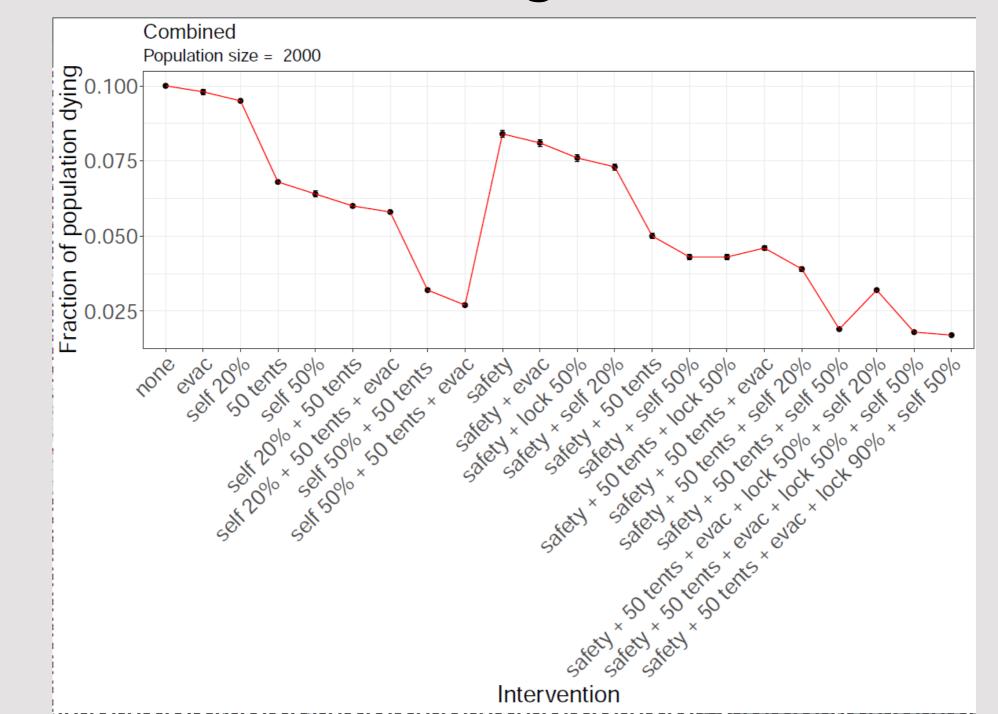
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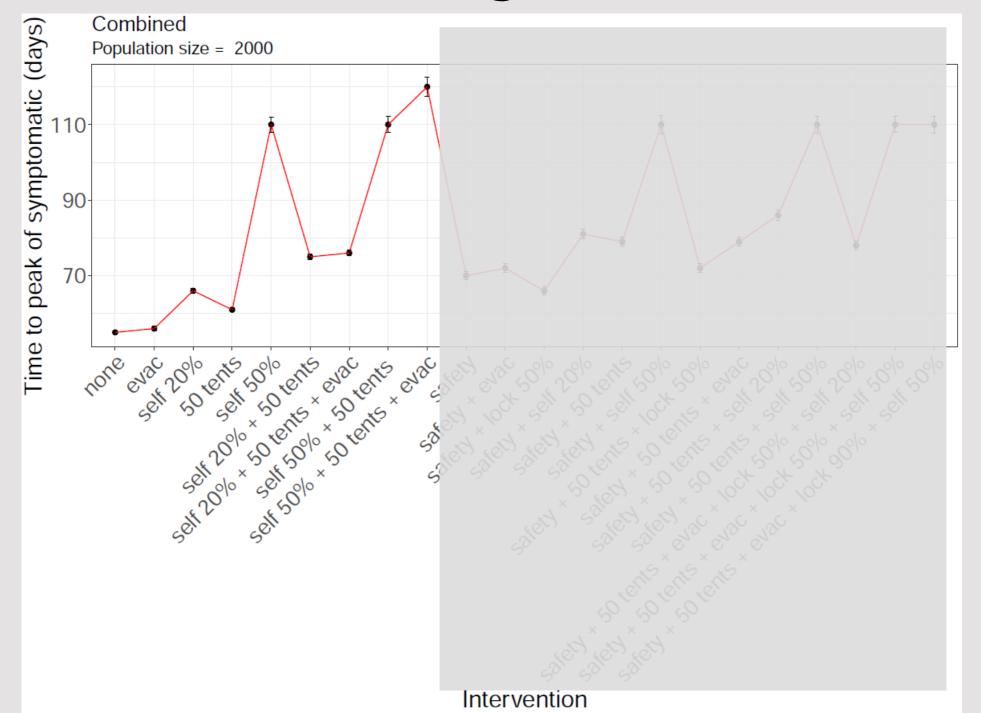
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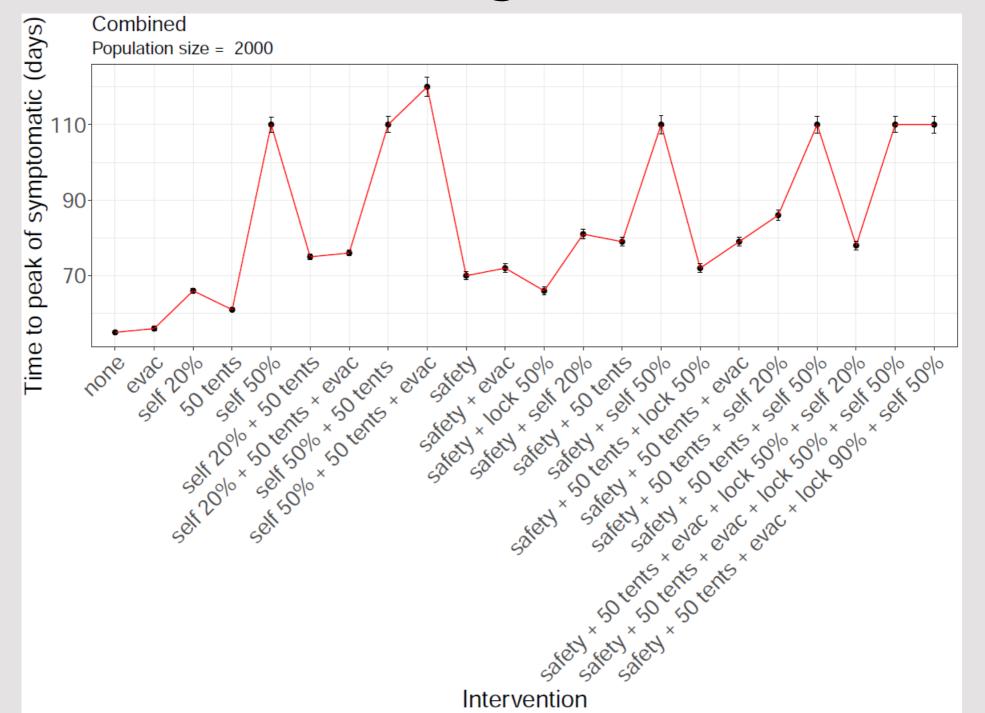
## Strategy 2: Shielding and Lockdown

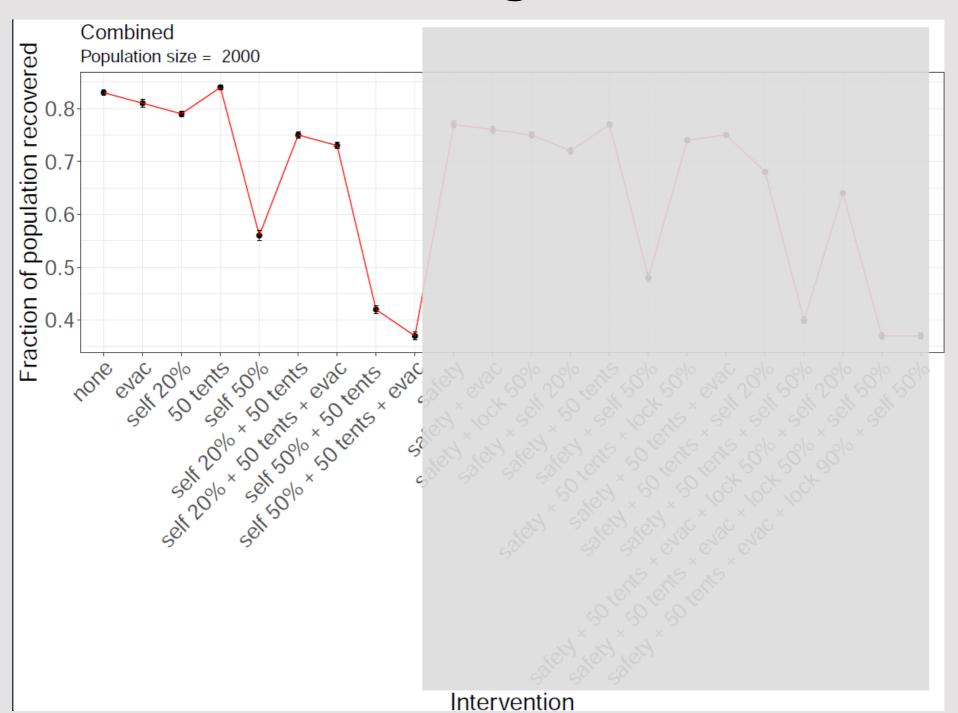


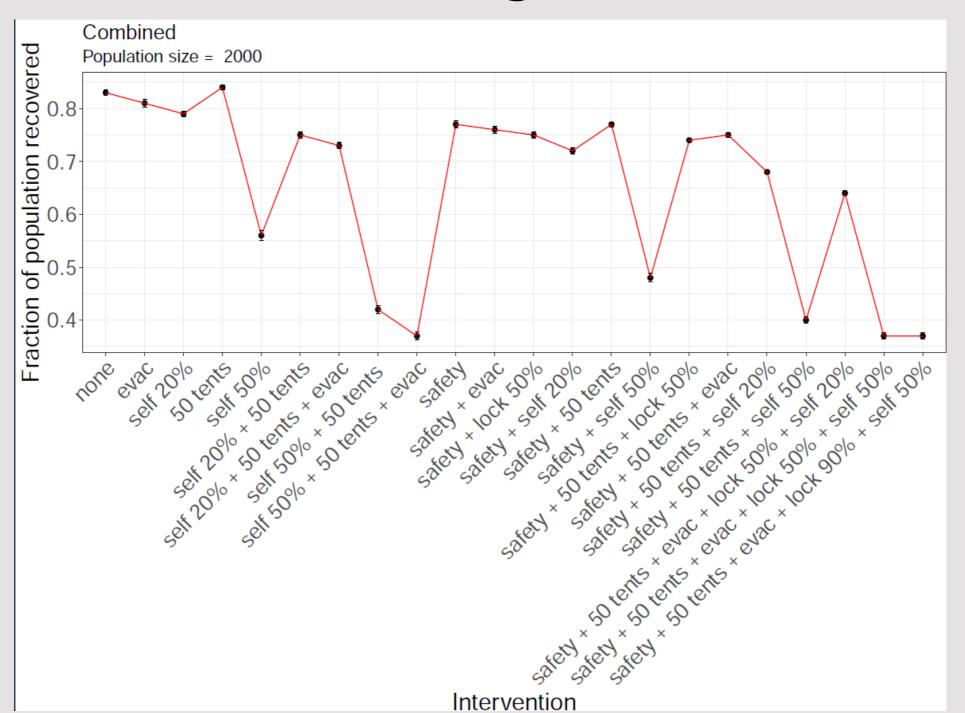












### Conclusions

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 It is feasible and can be done immediately

#### Acknowledgements

#### Contributors:

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- Jennifer Villers (Princeton University)
- Eduard Campillo-Funollet, University of Sussex
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