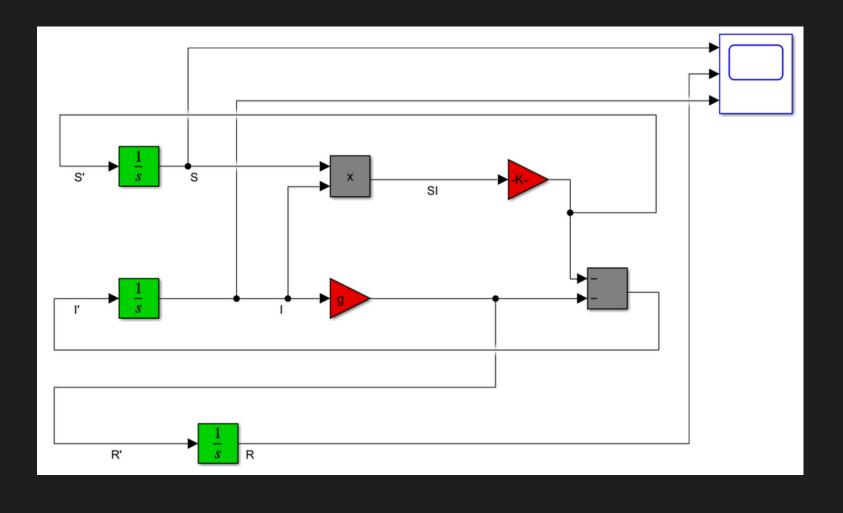
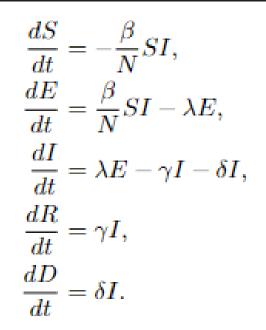


IMPLEMENTATION AND ANALYSIS OF A DYNAMICAL COVID-19 MODEL

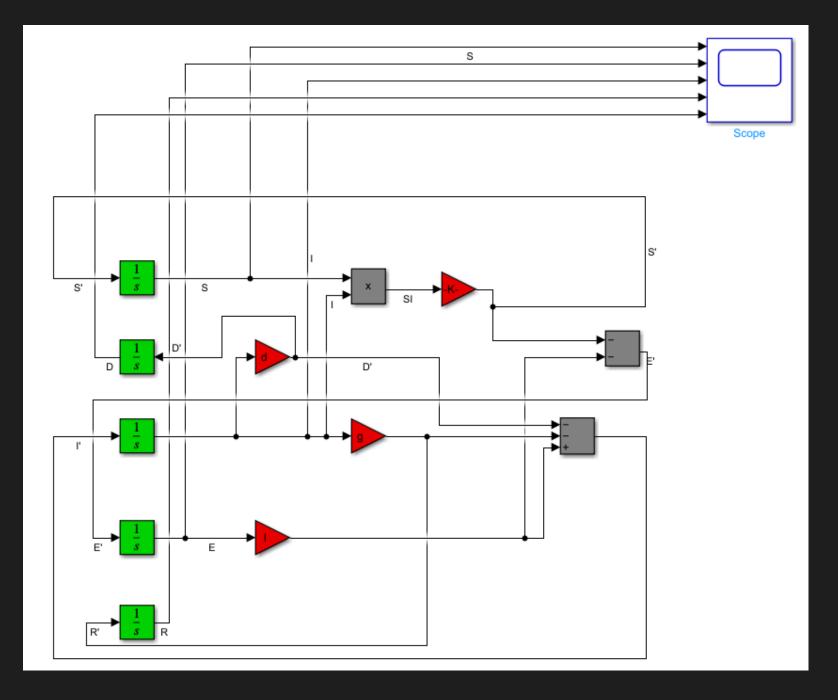
BASIC MODEL (SIR)

$$egin{aligned} rac{dS}{dt} &= -rac{eta}{N}SI, \ rac{dI}{dt} &= rac{eta}{N}SI - \gamma I, \ rac{dR}{dt} &= \gamma I. \end{aligned}$$





SEIRD MODEL



SEIRD + UCI MODEL

$$\frac{dS}{dt} = -\frac{\beta}{N}SI,$$

$$\frac{dE}{dt} = \frac{\beta}{N}SI - \lambda E,$$

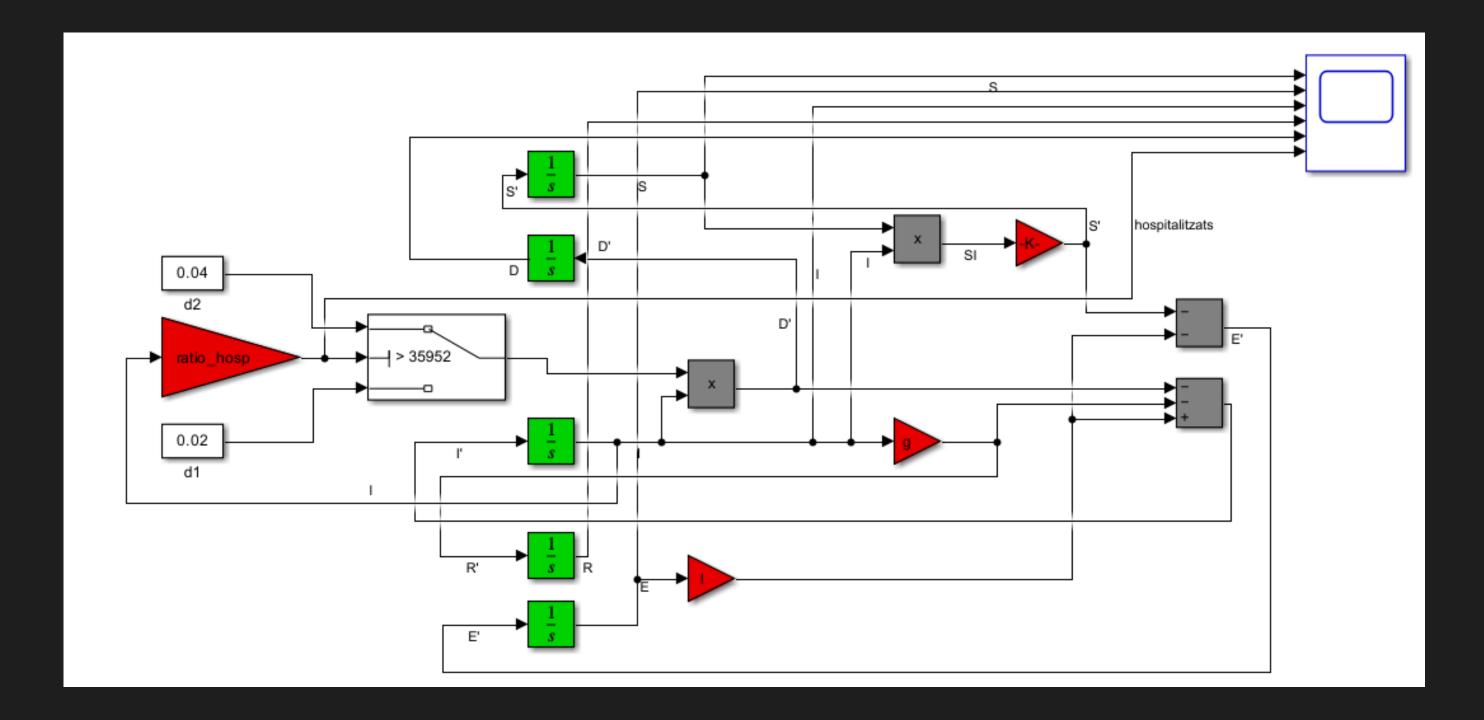
$$\frac{dI}{dt} = \lambda E - \gamma I - \delta' I,$$

$$\frac{dR}{dt} = \gamma I,$$

$$\frac{dD}{dt} = \delta' I.$$

$$\delta' = \delta k.$$

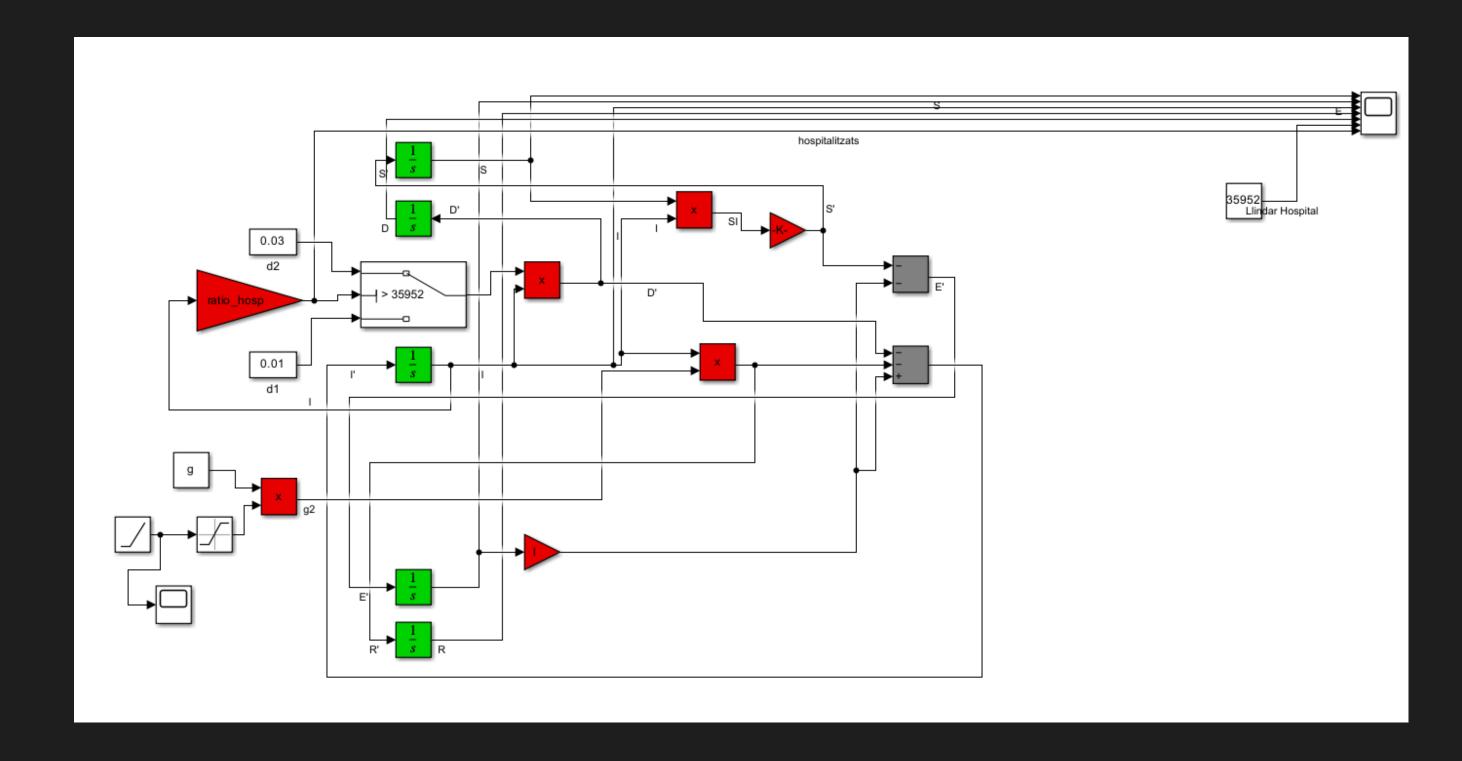
$$k = \begin{cases} 1, & \text{if } 0.05I <= 35952 \\ 2, & \text{otherwise} \end{cases}$$



UCI + VACCINATION MODEL

$$\begin{split} \frac{dS}{dt} &= -\frac{\beta}{N}SI, \\ \frac{dE}{dt} &= \frac{\beta}{N}SI - \lambda E, \\ \frac{dI}{dt} &= \lambda E - \gamma I - \delta' I, \\ \frac{dR}{dt} &= \gamma I, \\ \frac{dD}{dt} &= \delta' I. \\ \delta' &= \delta k. \end{split}$$

$$k = \begin{cases} 1, & \text{if } 0.05I <= 35952 \\ 2, & \text{otherwise} \end{cases}$$

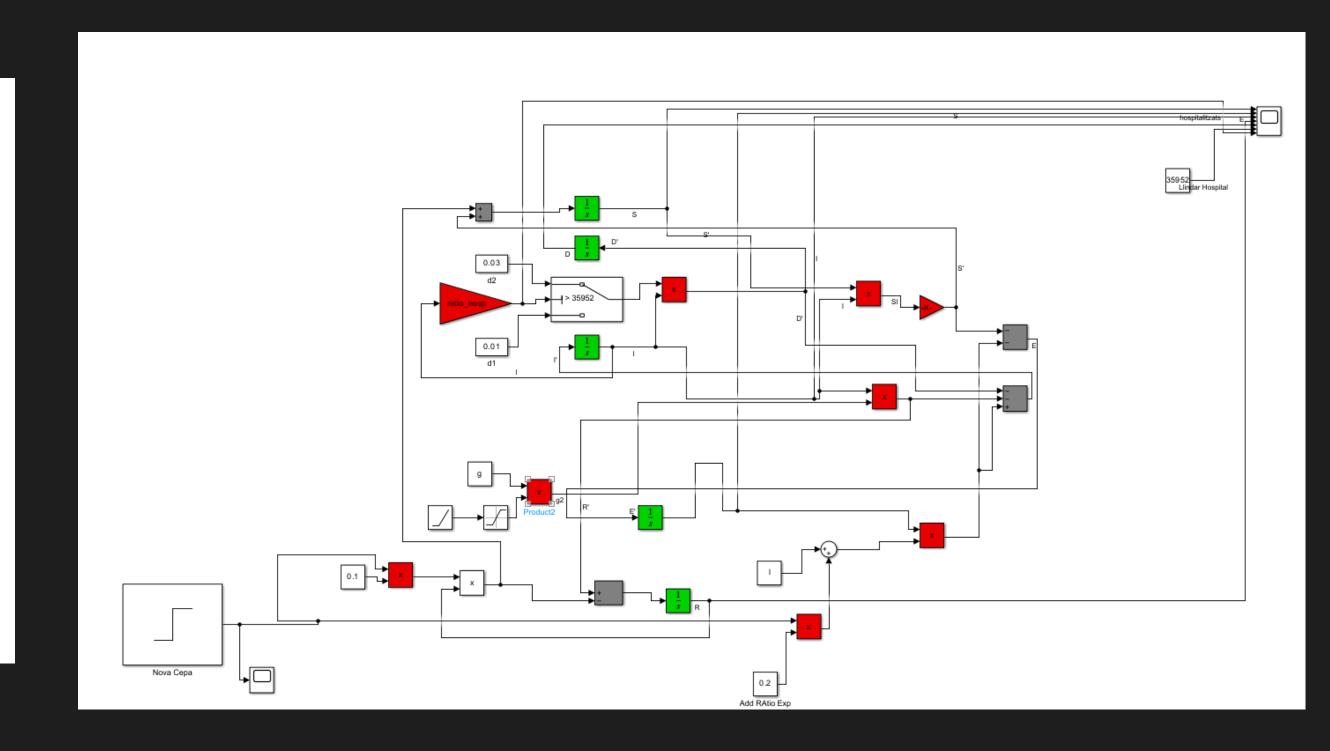


NEW VARIANT MODEL

$$egin{aligned} rac{dS}{dt} &= -rac{eta}{N}SI, \\ rac{dE}{dt} &= rac{eta}{N}SI - \lambda E, \\ rac{dI}{dt} &= \lambda E - \gamma' I - \delta' I, \\ rac{dR}{dt} &= \gamma' I, \\ rac{dD}{dt} &= \delta' I. \\ \delta' &= \delta k. \\ \gamma' &= \gamma k_2. \end{aligned}$$

$$k = \begin{cases} 1, & \text{if } 0.05I <= 35952 \\ 2, & \text{otherwise} \end{cases}$$

$$k_2 = \begin{cases} 1, & \text{if } t < 75\\ 1 + 0.3t, & \text{if } t > 75 \text{ and } 1 + 0.3t < 5\\ 5, & \text{otherwise} \end{cases}$$



FINAL CONCLUSIONS

- Complexity can grow infinitely Hospital capacities played a huge role on the pandemic
 - Covid was a complex pandemics with lots of variables taking part on it, modelling it as a whole is impossible but some approximations can be really useful

Vaccination is the best measure

 Being aware of new variants is crucial