

# Master Thesis Corona - Notes

Mike Weltevrede

March 2020

## Contents

<b>1</b>	<b>Model overview</b>	<b>1</b>
<b>2</b>	<b>Our contributions</b>	<b>3</b>
<b>3</b>	<b>Data</b>	<b>4</b>
3.1	Which country will we use? . . . . .	4
<b>4</b>	<b>Journal</b>	<b>4</b>

## 1 Model overview

Define:

- $I(t)$  : fraction of infected individuals at time  $t$ ,
- $R(t)$  : fraction of recovered individuals at time  $t$ ,
- $S(t) = 1 - I(t) - R(t)$  : fraction of the population that is susceptible at time  $t$ ,
  - *This assumes that recovery implies immunity*
- $a$  : rate at which new cases develop,
- $b$  : rate of recovery.

Then  $R_0 := \frac{a}{b}$  is the effective reproduction rate of the virus. If  $R_0 < 1$ , the virus can be said to be subsiding. Policies are made to halt  $a$ .

### Standard Inflammatory Response model (SIR)

$$\begin{cases} \frac{dI(t)}{dt} &= aS(t)I(t) - bI(t) \rightarrow \text{daily increase in the fraction of } \mathbf{infected} \text{ individuals} \\ \frac{dR(t)}{dt} &= bI(t) \rightarrow \text{daily increase in the fraction of } \mathbf{recovered} \text{ individuals} \end{cases}$$

**Incidence rate at time  $t$** 

I.e. the number of new infections in a population  $P$ .

$$\begin{aligned} Inc(t) &= \left( \frac{dI(t)}{dt} - \frac{dR(t)}{dt} \right) P \\ &= aS(t)I(t)P \end{aligned}$$

**Incidence rate in a region  $r$  at time  $t$  (Adda, page 922)**

$$\begin{aligned} Inc(r, t) &= Inc(r, t - lag) \cdot S(r, t - lag) \cdot \sum_k a(k, within) W(k, r, t - lag) \\ &\quad + \sum_{k, c \neq r} a(k, between) \widetilde{W}(k, c \neq r, t - lag) \cdot Inc(k, c \neq r, t - lag) \cdot S(k, c \neq r, t - lag) \\ &\quad + X(r, t) \cdot d + e(r, t) \end{aligned} \tag{1}$$

where

- $a(k, within) W(k, r, t - lag)$  :  $k$  within-region spatial weights,
- $a(k, between) \widetilde{W}(k, c \neq r, t - lag)$  :  $k$  across-region spatial weights for each other region  $c$ ,
- $lag$  is defined by Adda as the incubation period,

and

- $W(k, t)$  : known spatially heterogenous weights for which we will gather data. For connections within Europe, free data is available from [EURO-STAT](#) and for the world from the [World Bank](#).
  - EUROSTAT: this data only contains up to 2017 or 2018.
  - EUROSTAT and World Bank: this data only contains per country aggregated data, not a spatial matrix from country to country.
  - [WTTC](#). This has PDFs with data (so not nicely importable) per country with the top 5 inbound and outbound travel in 2019. They say “Note: Data are average shares over the 2015-2017 period. Source: Oxford Economics, national sources and UNWTO”
  - [UNWTO](#), which provides data [free of charge to students and academic researchers](#). So, unfortunately, not open source.
  - [NS](#), partially open source but not in a nice CSV format. Also, this is only available for 2018.
- $a(k, \cdot)$  : unknown coefficients to be estimated from the data,
- $X(r, t)$  : includes political regimes, development index and population density, but also includes region-time dummies to capture the effects of potentially unobserved characteristics, such as cultural norms and news, medical capacity shortages etc.

## 2 Our contributions

### 1. New data:

- **COVID-19 data:** Daily data on new cases, recoveries and deaths from COVID-19 for all countries and provinces within many countries is available at <https://github.com/CSSEGISandData/COVID-19> free of charge. However, airline transportation data is only partially available.
- **Transportation data:** We will construct the spatial weights separately for different transportation means: airline, railway transport and road transport. For connections within Europe, free data is available from [EUROSTAT](#), and for the world from [the World Bank](#). We will carefully assess all freely available data, and while there are private data sources which would lead to more accurate modelling, we refrain from using these, as we want to produce a model that can be used in real-time, free of charge by all researchers and policy-makers in the case of COVID-19 but also in case we experience a new viral disease outbreak in the future.
- **Other characteristics subsumed in  $X(r, t)$ :** These are freely available from [the World Bank](#). We will address the issue of whether these characteristics should be included as additional covariates or as spatial weights.

### 2. Real-time prediction of the infection rates:

The model in equation (1) allows prediction of infection rates many days ahead with and without policy measures.

- **No endogeneity concerns:** Unlike Adda (2016), who was interested in the effect of a transportation strike or school closure on the coefficients  $a(k, \text{within})$  and  $a(k, \text{between})$ , we are interested in forecasting the infection rate, and therefore endogeneity (contemporaneous changes in policy measures and shocks in the new infection rates, such as availability of test kits) is not a problem in our analysis. We can also allow for time changes in the coefficients  $a(k, \text{within})$  and  $a(k, \text{between})$  as the virus spreads, as long as enough time-series observations are available for a particular country.
- **Heterogeneity in spatial transmission:** we can allow for the coefficients  $a(k, \text{within})$  and  $a(k, \text{between})$  to depend on the region, as long as there are enough time-series observations in that region.
- The data is counts of new infections with many zeros (or missing data) for many regions early on, therefore offering the possibility to model this via a **count maximum likelihood model** for spatial data with truncated observations.

3. **Predicting case fatality rates heterogeneously across countries:**  
The case fatality rate can be estimated with higher accuracy as the outcomes of the patients can be predicted based on jointly modelling infection and recovery data.

## 3 Data

### 3.1 Which country will we use?

- <https://github.com/CSSEGISandData/COVID-19> → Only has region-based information for China and the USA (with information split by overseas territory for countries like mainland France and the Netherlands).
- World Bank → For the Netherlands, railway passenger data is confidential.
- [https://en.wikipedia.org/wiki/2020\\_coronavirus\\_pandemic\\_in\\_Italy#Statistics](https://en.wikipedia.org/wiki/2020_coronavirus_pandemic_in_Italy#Statistics) → has detailed data on Italy by region, sex/age, and date (per region).
- [https://en.wikipedia.org/wiki/2020\\_coronavirus\\_pandemic\\_in\\_the\\_Netherlands#Statistics](https://en.wikipedia.org/wiki/2020_coronavirus_pandemic_in_the_Netherlands#Statistics) → has detailed data on the Netherlands per date (per province).
- Dr. Boldea asked the RIVM for more detailed data.

We have decided to **use data on Italy** (first).

## 4 Journal

2020-03-18 Meeting #1 with dr. Boldea

- Which country shall we take? I.e. which has the most and/or the best data?
  - **Answer: Italy.**
- What actually is the dependent variable?
  - **Answer: Mentioned in the meeting of March 25, we could model the growth rate ( $\#NewCases / \#TotalActiveCases$ ).**
- Can we make the link from Adda's model to SIR?
  - Answer: I could not find a mathematical link. Adda simply seems to split it up in within-region, across-region, and  $X$ .**
- We will look into prediction, we can likely not say much, if anything, about causality.

2020-03-22 Data exploration (R)

- Tried to automate extracting tables from the Wikipedia page of Italy. This did not work.

- Managed to program extracting the table for the Netherlands. The data cleaning did not work as planned.

#### 2020-03-25 **Meeting #2 with dr. Boldea**

- It is likely that the distribution is **not stationary** over time since policies by the government have an effect.
- How to construct weights on modelling connectivity and policy effectiveness?
  - Within region connectivity: length of railroads, schools, etcetera.
  - Across region connectivity: bordering regions have more weight, use airline data (Alitalia), tourism hotspots, etcetera.
- There are many development indicators available on Eurostat. Perhaps a PCA would be useful.
  - Example: the more hospitals c.q. number of beds there are in a region, the more developed it may be.
- Perhaps we should model growth rate ( $\#NewCases / \#TotalActiveCases$ ).
- Adda mentions overestimating and measurement error (which we will also have). Notice that Italy is then good because they (seem to) test a lot. Moreover, then we will receive an upper bound, which may be desirable.
  - **Question: Can we derive how much of an upper bound this is, e.g. at most 10% away from the true answer?**

#### 2020-03-26 **Finding data - I have uploaded these to Github and Google Drive**

- Manually downloaded and cleaned the data for Italy from Wikipedia.
- Looked into the regional data from Eurostat and downloaded 17 possibly interesting datasets, including demographics, internet access, number of hospital beds, transportation statistics, etcetera.

#### **Data exploration**

- Used Python to explore the Wikipedia data and found nothing special; all relevant variables exhibit an exponential growth.

#### 2020-03-27 **Data reading**

- Started to work on a data reader for the Eurostat data. It reads data and combines these. Still a work in progress (WIP).

#### 2020-03-30 **Data processing**

- Automated the Excel sheet so that we only need to add new data to the Wide sheet.

- Wrote a Python script to compute the distance between cities given latitude and longitude.

### Data collection

- [Official Italian Statistics](#) Navigated a bit. Did not seem to have much more interesting data than Eurostat. They do have **monthly and quarterly data** for some sources as well as **amount of passengers for domestic flights** (arrivals, departures and total but not specifically between which airports)

Flights: DCSC\_INDTRAEREO\_30032020144404115.csv

- Looked into obtaining weather data for the regions. The ideal goal is day by day historical weather data.
  - [yr.no](#): Monthly data (average highest and lowest temperature, as well as average days of precipitation) for around 5 cities per region.
  - [Il Meteo](#): This seems to only have it on a city basis and not even for all cities. It is difficult to navigate.

### Thesis writing

- Added specification of  $W$ ,  $\widetilde{W}$ , and  $X$ .

### 2020-04-01 Meeting #3 with dr. Boldea

- We will start by fixing a region, i.e. setting the second line in Adda's model to zero, and then doing analysis for each region.
- Given that there is uncertainty in the regressors and that we have no lag available (most data is annual), we likely need to use a Bayesian approach. How do we do this? Most approaches currently are on uncertainty in parameters.
  - Jim Stock paper: he states that, by Bayes Theorem, we can split the symptomatic and asymptomatic effects. Check this out! Moreover, how does he reach a U-shaped  $R_0$ ?
- Note that for PCA,  $\alpha$  is then also not identified up to a rotation, which is tough if we also want to do inference.
- Italy started a total lockdown. Likely, the number of passengers by train then went to 0. Before that, it must slowly decay. How do we decide to decay it? Do we have Italian sources or can we extrapolate trends in other countries to Italy?
- Recall that Italy does not do random testing. They did do this in Germany and Iceland. Can we use this?
- There is no time lag, but do note that policy enacts with a lag. As such, we would have  $W_t^r$  and  $W_{t-lag}^r$ . How can we take this into account? Is there information on this?

- Age may have a nonlinear effect on transmission (younger people likely transmit the disease more), so we can include  $age^2$  too.

2020-04-02 **Reading up**

- Found papers discussing Bayesian approaches to model uncertainty and uncertainty in regressors, most notably (Neff, 1996).
- Started a Coursera course on Bayesian Statistics.

2020-04-03 **Reading up**

- Started a Datacamp course on Time Series Analysis.

**Data collection**

- Redownloaded data and retrieved new data, such as amount of doctors and freight transport.

**Thesis writing**

- Started specifying my own model.