

Iran COVID-19 epidemic models situation report No 25 – 2021-10-29

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Combine and visualize international periodically updated estimates of COVID-19 pandemic at the country level, countries without subnational level estimates **Iran**

Based on uptake 20211029 in <https://github.com/pourmalek/covir2>

Study update dates in uptake 20211029:

DELP 20211029, IHME 20211021, **IMPE 20211021**, **SRIV 20211029**

DELP: [model by Massachusetts Institute of Technology, Cambridge](#)

IHME: [model by Institute for Health Metrics and Evaluation, Seattle](#)

IMPE: [model by Imperial College, London](#)

SRIV: [model by Srivastava, Ajitesh, University of Southern California, Los Angeles](#)

Executive Summary	2
What is this report, and where does it come from?	3
Graphs of epidemic trajectory in Iran till February 2022	6
Strengths and weaknesses of international periodically updated models of COVID-19 epidemic	18

Question: Why are the international COVID-19 epidemic models not very accurate in predicting new waves' timing in Iran?

Answer: Garbage in, garbage out.

Executive Summary

This report shows the trajectory of daily deaths, infections, bed needs, and ICU bed needs for Iran, estimated by five international and periodically updating COVID-19 epidemic models.

This report summarizes the results of a project named *CovidVisualized covir2*, an online tool developed to function as an early warning tool for technical advisers and health decision-makers.

Pre-print Data Note manuscript on Research Square, titled “CovidVisualized: Visualized compilation of international updating models’ estimates of COVID-19 pandemic at global and country levels”, 02 August 2021, PRE-PRINT (Version 1) available at Research Square [<https://doi.org/10.21203/rs.3.rs-768714/v1>] describes the methods and results of CovidVisualized tools: [CovidVisualizedCountry](#) (for Canada), [CovidVisualizedGlobal](#) (for global level), and [covir2](#) (for Iran).

Farshad Pourmalek MD MPH PhD, who has created the [covir2](#) tool (and [CovidVisualizedCountry](#) and [CovidVisualizedGlobal](#) tools) and this report is a physician and epidemiologist who worked in [School of Population and Public Health of University of British Columbia](#) and Vancouver General Hospital, [University of Washington](#), WHO, UNDEP, and UNICEF. ORCID ID <https://orcid.org/0000-0002-2134-0771> , [PubMed](#).

What is this report, and where does it come from?

This report is the **25th** situation report of predictions of five international and periodically updating COVID-19 epidemic models about the future trajectory of the epidemic in Iran. The report is based on the “**covir2**” online tool, that is a GitHub repository for sharing data and codes, available at <https://github.com/pourmalek/covir2>

This report is meant to serve as an offline and stand-alone version of the online tool. Situation Reports are available online at <https://github.com/pourmalek/covir2/tree/main/situation%20reports>

Objectives of the “covir2” tool are to identify international and periodically updated models of the COVID-19 epidemic, compile and visualize their estimation results, and periodically update the compilations.

The ultimate objective is to provide an **early warning system** for technical advisors to the decision-makers. When the predictions of one or more models show an increase in daily cases or infections, hospitalizations, or deaths in the near future, **technical advisors to the national and subnational decision-makers** may consider suggesting augmentation of non-pharmacologic preventive interventions and vaccination. In doing so, the strengths and weaknesses of individual models need to be considered and those of this work. Models’ estimates demonstrate the trajectory of COVID-19 deaths, cases or infections, and hospital-related outcomes in one to three months into the future.

The “CovidVisualized” project includes <https://github.com/pourmalek/covir2> for Iran, <https://github.com/pourmalek/CovidVisualizedCountry> for Canada and its provinces, and <https://github.com/pourmalek/CovidVisualizedGlobal> for the global level.

Methods and technical details of this work are available in a pre-print Data Note manuscript on Research Square, titled “CovidVisualized: Visualized compilation of international updating models’ estimates of COVID-19 pandemic at global and country levels”, 02 August 2021, PRE-PRINT (Version 1) available at Research Square [<https://doi.org/10.21203/rs.3.rs-768714/v1>] describes the methods and results of CovidVisualized tools: [CovidVisualizedCountry](#) (for Canada), [CovidVisualizedGlobal](#) (for global level), and [covir2](#) (for Iran).

Strengths and weaknesses of international and periodically updating COVID-19 epidemic models are discussed in [Pourmalek F, Rezaei Hemami M, Janani L, Moradi-Lakeh M. Rapid review of COVID-19 epidemic estimation studies for Iran. BMC Public Health. 2021 Feb 1;21\(1\):257. doi: 10.1186/s12889-021-10183-3. PMID: 33522928. Summary, \[HERE\]\(#\).](#)

Stata codes written and used for this whole work can be examined online and/or downloaded and re-run to check, securitize, verify, or flag any mistakes. <https://github.com/pourmalek/CovidVisualizedCountry#iii-inner-works-of-this-repository-1>

Five international and periodically updating COVID-19 epidemic models:

DELP, IHME, IMPE, LANL, SRIV; and JOHN (these abbreviations are used in the graphs)

DELP: DELPHI. Differential Equations Lead to Predictions of Hospitalizations and Infections. COVID-19 pandemic model named DELPHI by Massachusetts Institute of Technology, Cambridge. *Reference:* COVID Analytics. DELPHI epidemiological case predictions. Cambridge: Operations Research Center, Massachusetts Institute of Technology.

<https://www.covidanalytics.io/projections> and
<https://github.com/COVIDAnalytics/website/tree/master/data/predicted>

IHME: Institute for Health Metrics and Evaluation. COVID-19 pandemic model by Institute for Health Metrics and Evaluation, Seattle. *Reference:* Institute for Health Metrics and Evaluation (IHME). COVID-19 mortality, infection, testing, hospital resource use, and social distancing projections. Seattle: Institute for Health Metrics and Evaluation (IHME), University of Washington. <http://www.healthdata.org/covid/> and <http://www.healthdata.org/covid/data-downloads>

IMPE: Imperial. COVID-19 pandemic model by Imperial College, London. *Reference:* MRC Centre for Global Infectious Disease Analysis (MRC GIDA). Future scenarios of the healthcare burden of COVID-19 in low- or middle-income countries. London: MRC Centre for Global Infectious Disease Analysis, Imperial College London. <https://mrc-ide.github.io/global-lmic-reports/> and <https://github.com/mrc-ide/global-lmic-reports/tree/master/data>

LANL: Los Alamos National Laboratories. COVID-19 pandemic model by Los Alamos National Laboratories, Los Alamos. *Reference:* Los Alamos National Laboratory (LANL). COVID-19 cases and deaths forecasts. Los Alamos: Los Alamos National Laboratory (LANL). <https://covid-19.bsvgateway.org> // Retired on 20210926.

SRIV: Srivastava, Ajitesh. COVID-19 pandemic model by University of Southern California, Los Angeles. *Reference:* Srivastava, Ajitesh. University of Southern California (USC). COVID-19 forecast. Los Angeles: University of Southern California. <https://scc-usc.github.io/ReCOVER-COVID-19> and https://github.com/scc-usc/ReCOVER-COVID-19/tree/master/results/historical_forecasts

*

JOHN: Johns Hopkins. Coronavirus resource center, Johns Hopkins University, Baltimore. Curation of official reports of countries to World Health Organization. **Ground truth for comparison.** *Reference:* Johns Hopkins University. Coronavirus resource center. <https://coronavirus.jhu.edu/map.html> and <https://github.com/CSSEGISandData/COVID-19>

*

Models' updates and their acquisition in this work:

Every Friday, a new uptake will be performed. Any model updates older than two weeks on the uptake date will not be included in the new uptake. The most recent update of each model is used.

The LANL COVID-19 Team made its last real-time forecast on September 27th, 2021. [for 20210926]. The LANL model is retired.

*

Graphs of epidemic trajectory in Iran till February 2022

Graphs of the most recent models' updates are shown here. These graphs, as well as graphs of previous updates, are available online at <https://github.com/pourmalek/covir2>

Logical order of graphs:

(1) *Outcomes*: Daily deaths, Daily cases or infections, Hospital-related outcomes, Daily deaths estimated to reported ratio, Daily cases or infections estimated to reported cases ratio.

Followed by additional outcomes estimated by IHME and added starting from uptake 20210916, i.e., R effective, Daily Infection-outcome ratios, Daily mobility, Daily mask use, and (Percent) cumulative vaccinated.

(2) *Calendar time of estimates coverage*: All-time, followed by 2021. To view the whole epidemic trajectory and further focus on the near future.

(3) *Scenarios*: Reference scenarios, followed by alternative scenarios. To examine the main or reference (aka. status quo) scenario and alternative (better and worse) scenarios.

(4) *Five models*: Different models *within* each graph (for which model estimates update release dates are maximally synchronized), plus official reports of the country to WHO (curated by Johns Hopkins University) as the under-reported benchmark for trends. To examine how heterogeneity in methods used by different models results in heterogeneous results for the same outcome (same time-place-person aggregated units)

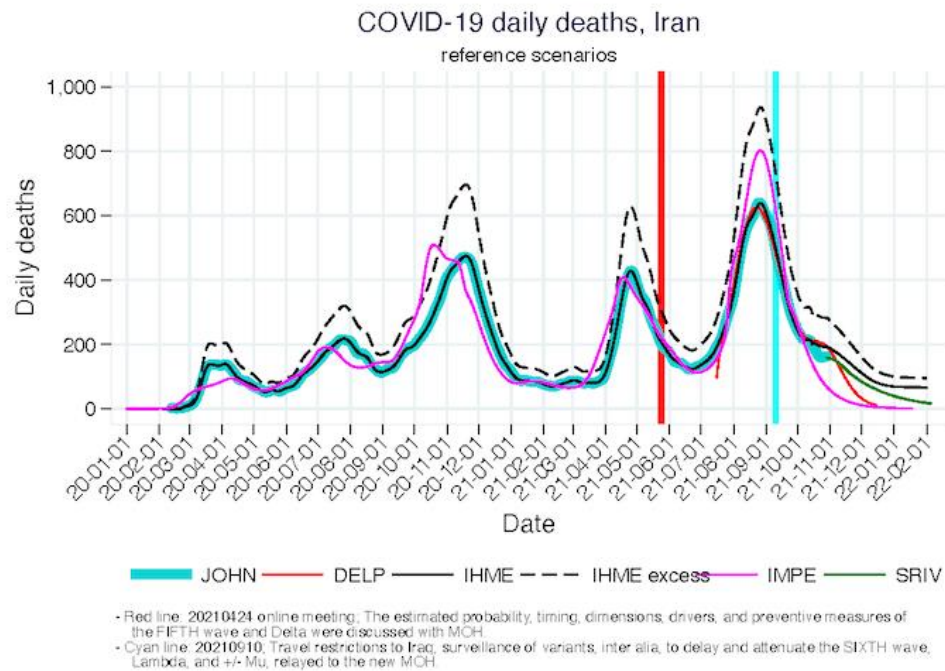
List of graphs

[graph \(1\) Iran - Daily deaths, reference scenarios, all time](#)
[graph \(1b\) Iran - Reported daily deaths, peaks, post-peaks, and linear trends](#)
[graph \(2\) Iran - Daily deaths, reference scenarios, 2021](#)
[graph \(3\) Iran - Daily deaths, 2021, reference scenario with uncertainty, IHME, 2021](#)
[graph \(4\) Iran - Daily deaths, 2021, reference scenario with uncertainty, IHME](#)
[graph \(5\) Iran - Daily deaths, 2021, reference scenario with uncertainty, IMPE](#)
[graph \(6\) Iran - Daily deaths, 2021, 3 scenarios, IMPE](#)
[graph \(7\) Iran - Daily cases or infections, all time](#)
[graph \(7b\) Iran - Reported daily cases, peaks, post-peaks, and linear trends](#)
[graph \(8\) Iran - Daily cases or infections, 2021](#)
[graph \(8b\) Iran - Daily cases, 2021](#)
[graph \(9\) Iran - Hospital-related outcomes, all time](#)
[graph \(10\) Iran - Hospital-related outcomes, 2021](#)
[graph \(11\) Iran - Daily deaths estimated to reported, all time](#)
[graph \(12\) Iran - Daily cases or infections estimated to reported cases, 2021](#)
[graph \(13\) Iran - R effective, 3 scenarios, June 2021 on, IHME](#)
[graph \(14\) Iran - Daily Infection-outcome ratios, 3 scenarios, IHME](#)
[graph \(15\) Iran - Daily mobility, 3 scenarios IHME](#)
[graph \(16\) Iran - Daily mask use, 3 scenarios, IHME](#)
[graph \(17\) Iran - Cumulative vaccinated percent, IHME](#)

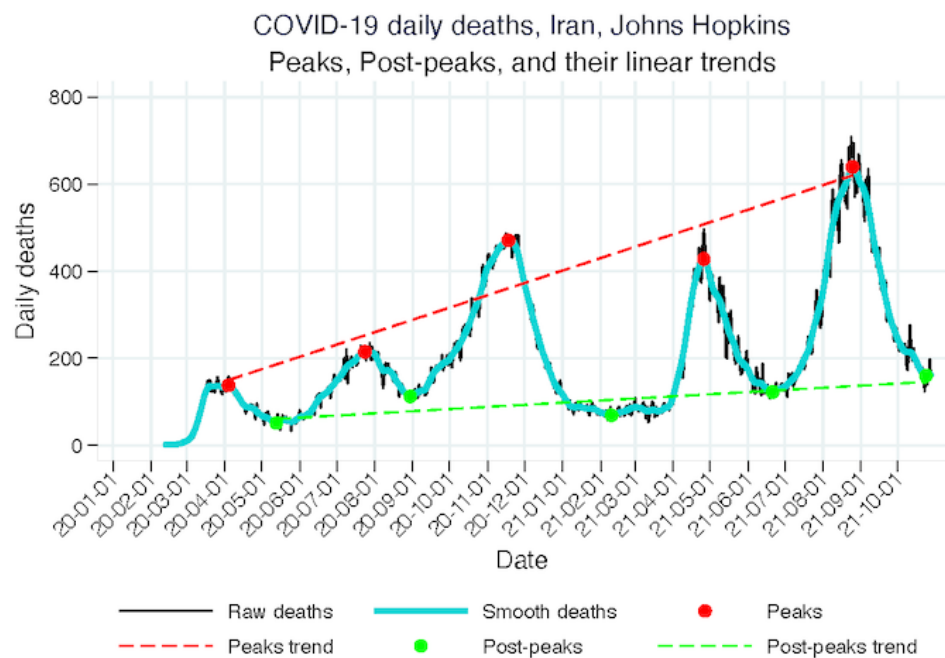
Names of models/studies in Farsi:

(JOHN) دانشگاه جانز هاپکینز، انعکاس گزارش های رسمی کشور ها به سازمان جهانی بهداشت (منحنی آبی رنگ)
(DELP) مطالعه دلفی، انستیتوی فناوری ماساچوست کمبریج (منحنی قرمز رنگ)
(IHME) مطالعه موسسه آی اچ ام ای، دانشگاه واشنگتن سیاتل (منحنی سیاه رنگ)
(IMPE) مطالعه ایمپریال کالج لندن (منحنی صورتی رنگ)
(SRIV) مطالعه اسریواستوا در دانشگاه کالیفرنیا جنوبی (منحنی سبز رنگ)

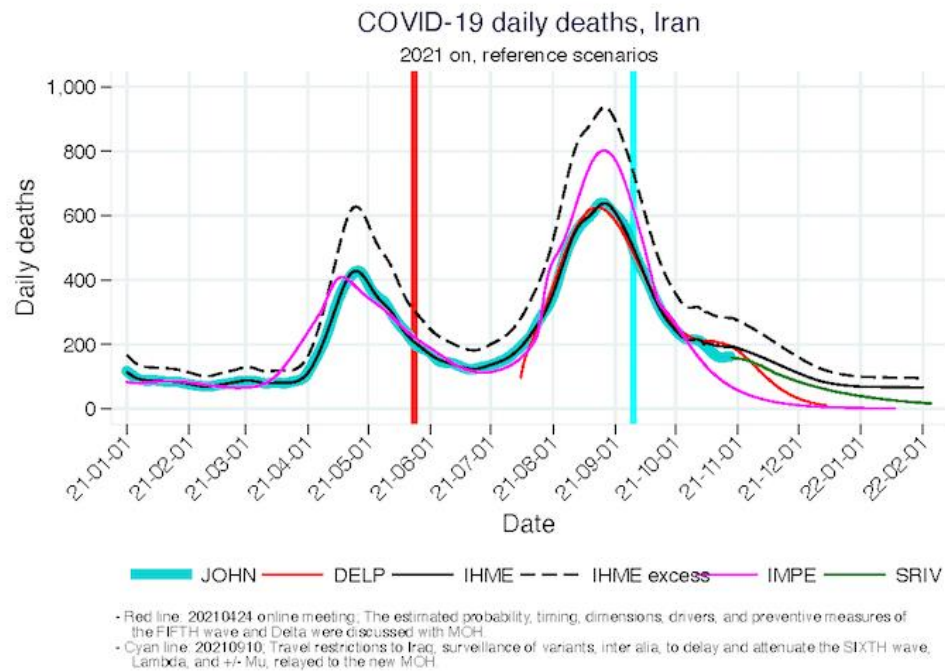
(1) Iran [Daily deaths, all time](#)



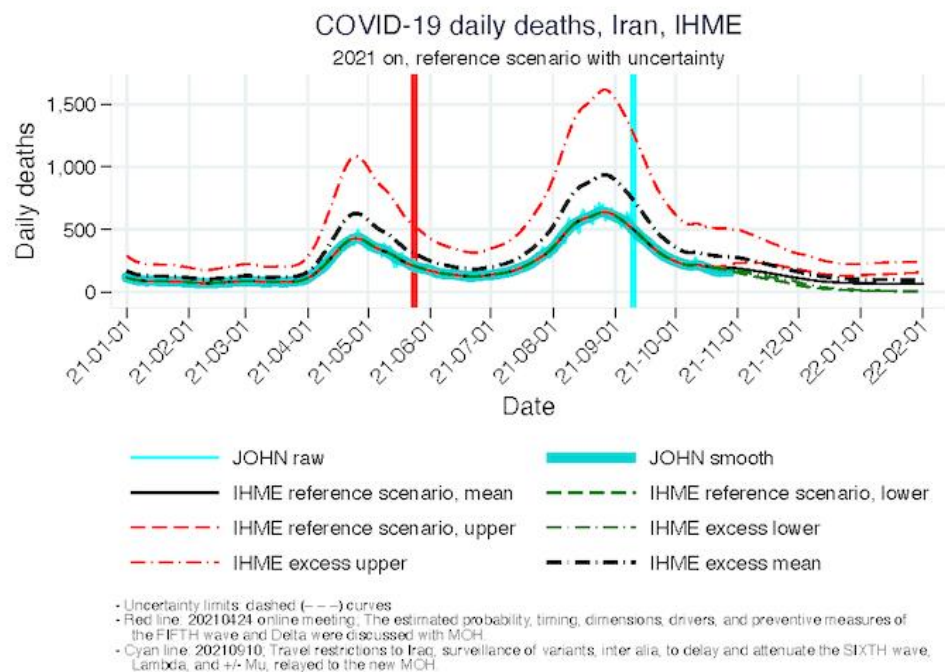
(1b) Iran [Reported daily deaths, peaks, post-peaks, and linear trends](#)



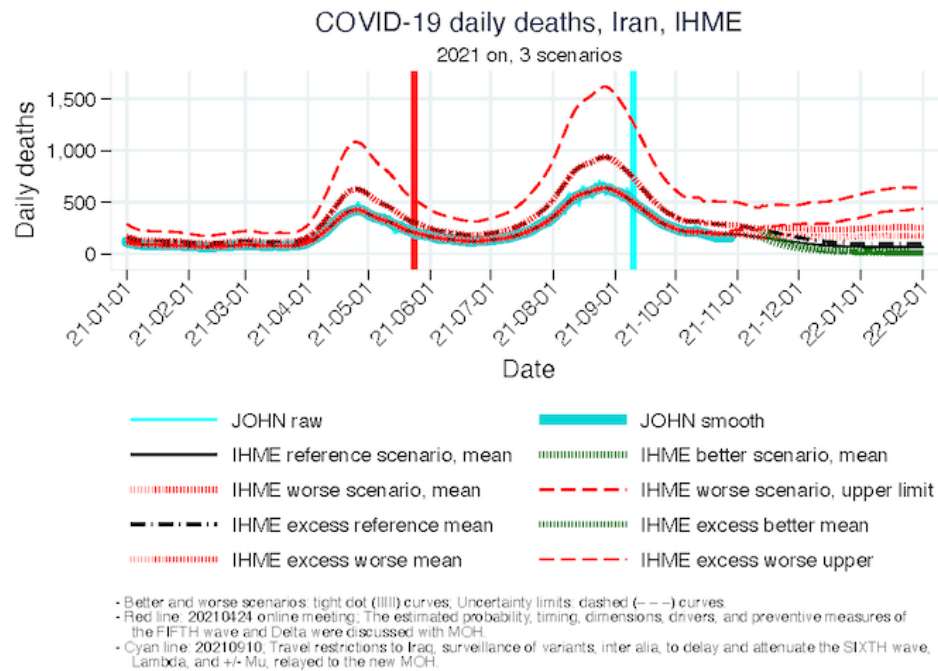
(2) Iran [Daily deaths, 2021](#)



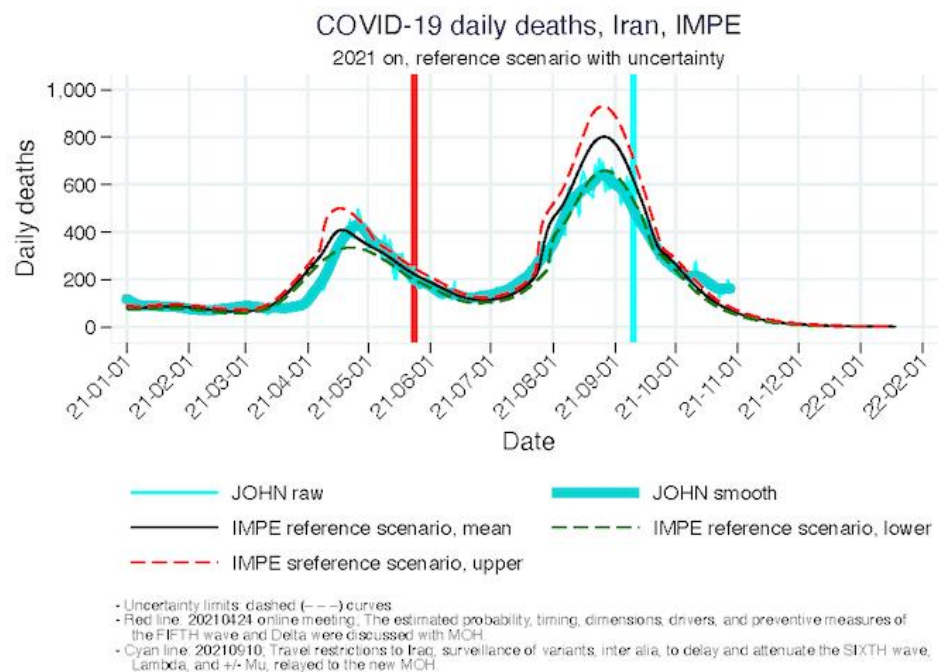
(3) Iran [Daily deaths, 2021, reference scenario with uncertainty, IHME](#)



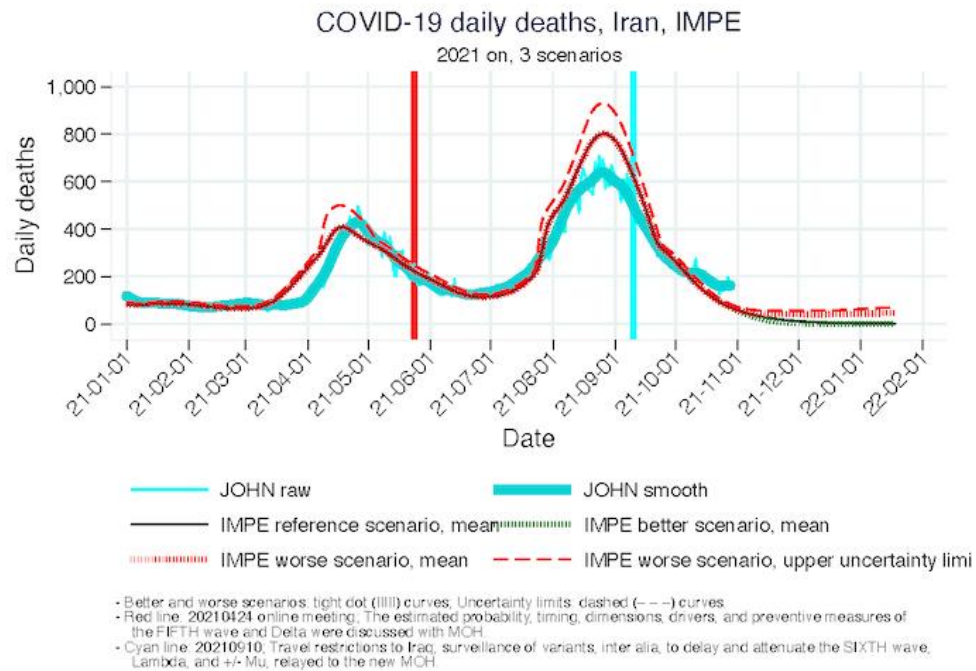
(4) Iran [Daily deaths, 2021, 3 scenarios, IHME](#)



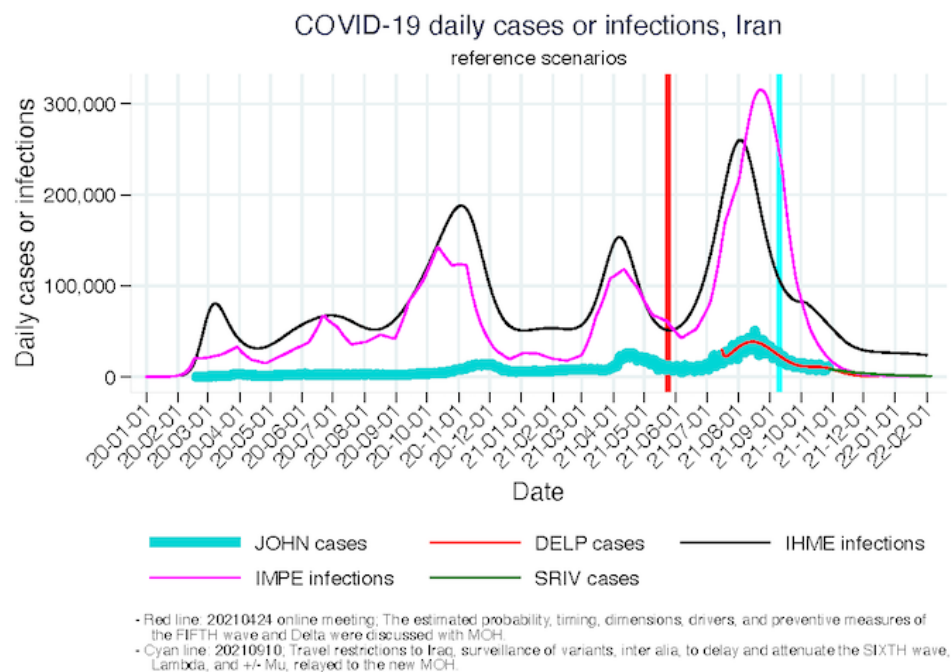
(5) Iran [Daily deaths, 2021, reference scenario with uncertainty, IMPE](#)



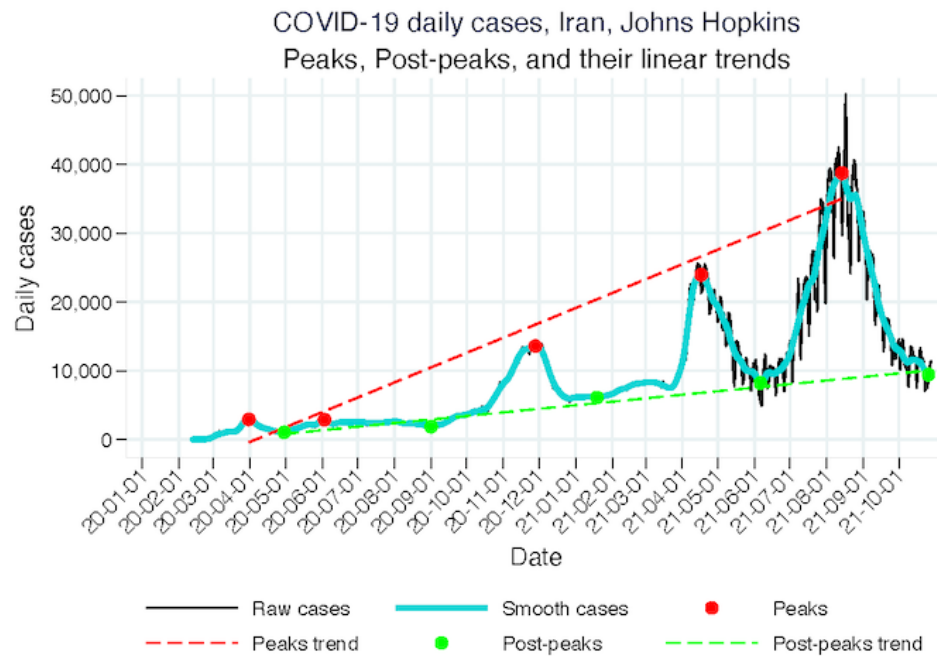
(6) Iran [Daily deaths, 2021, 3 scenarios, IMPE](#)



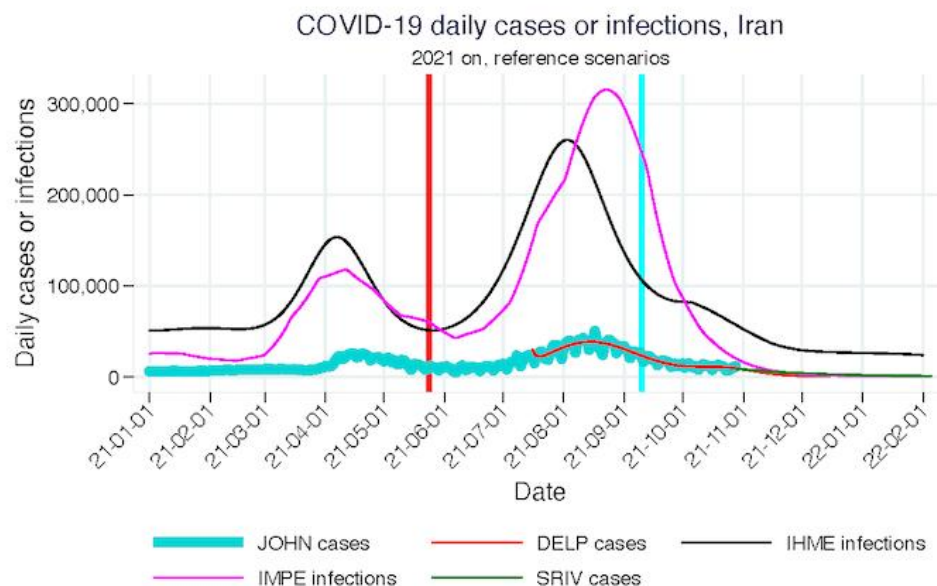
(7) Iran [Daily cases or infections, all time](#)



(7b) Iran [Reported cases, peaks, post-peaks, and linear trends](#)

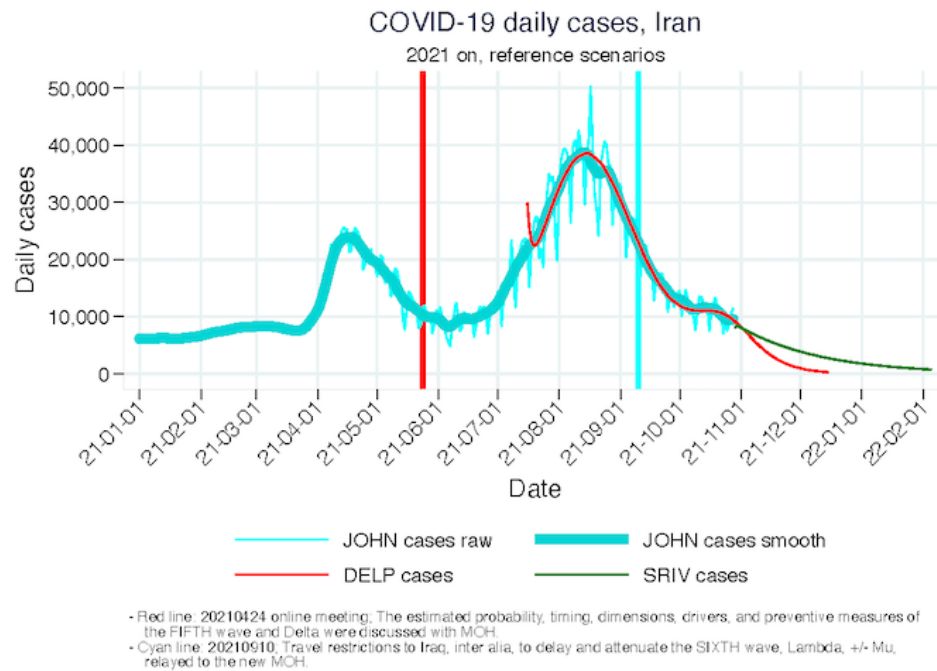


(8) Iran [Daily cases or infections, 2021](#)

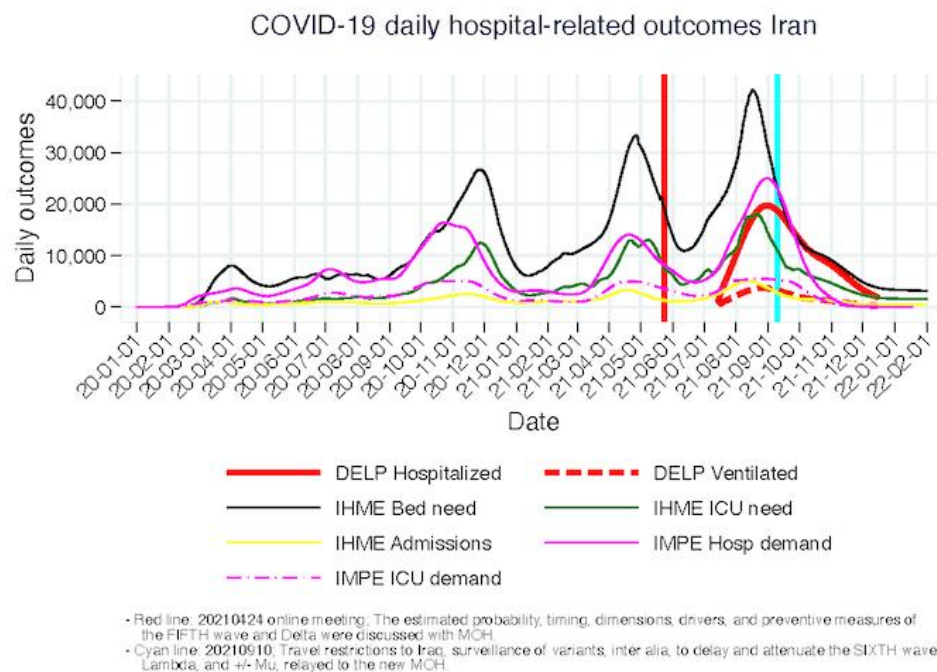


- Red line: 20210424 online meeting. The estimated probability, timing, dimensions, drivers, and preventive measures of the FIFTH wave and Delta were discussed with MOH.
- Cyan line: 20210910: Travel restrictions to Iraq, inter alia, to delay and attenuate the SIXTH wave, Lambda, +/- Mu, relayed to the new MOH.

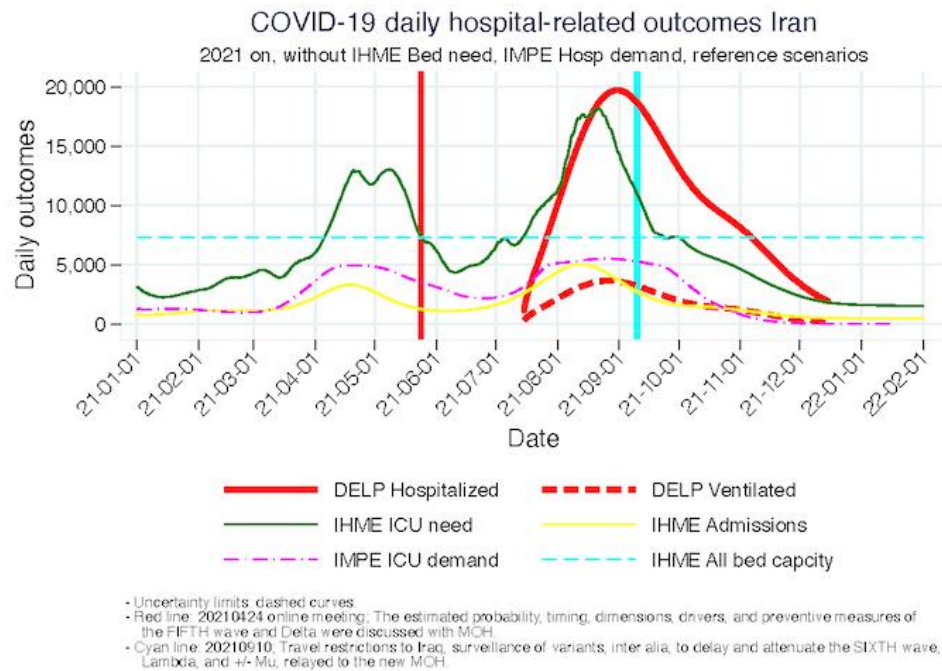
(8b) Iran [Daily cases, 2021](#)



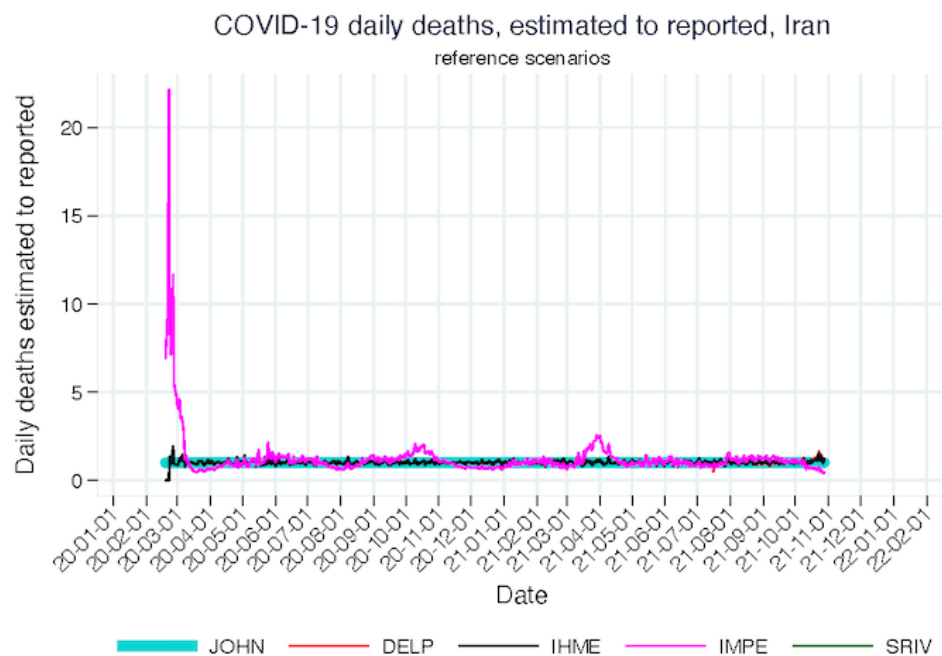
(9) Iran [Hospital-related outcomes, all time](#)



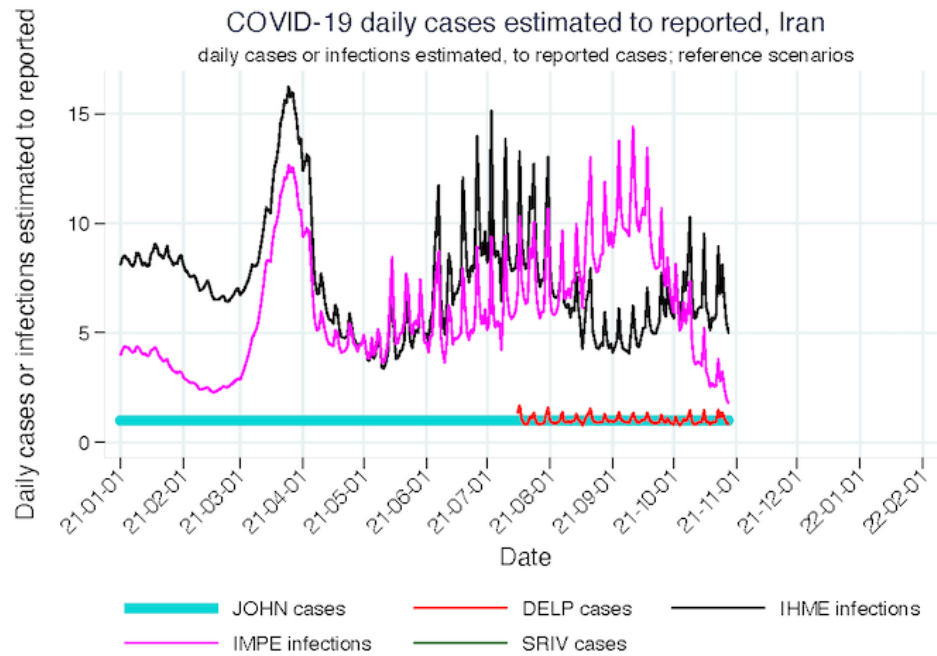
(10) Iran [Hospital-related outcomes, 2021](#)



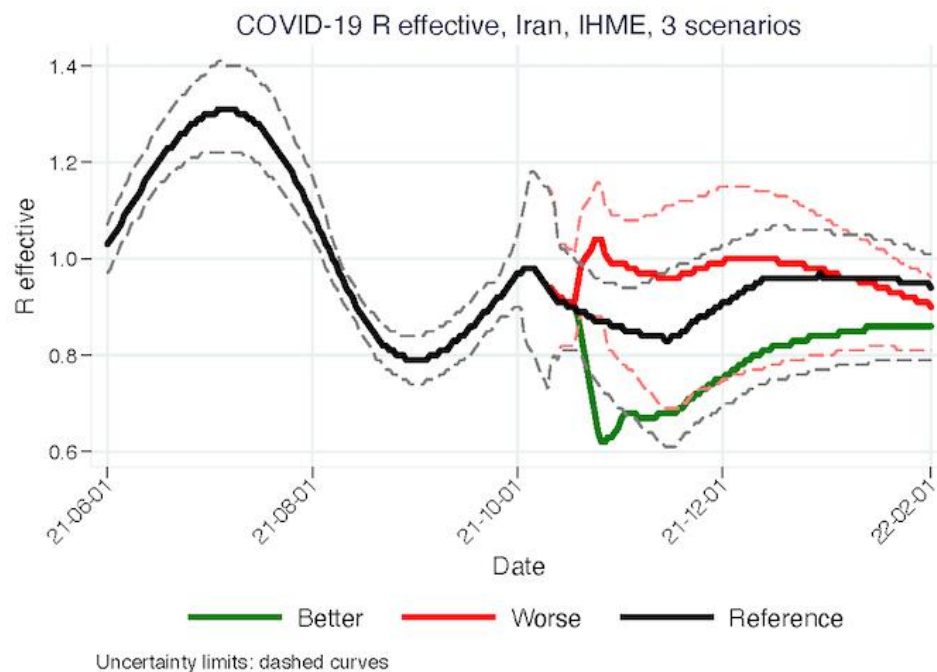
(11) Iran [Daily deaths estimated to reported, all time](#)



(12) Iran [Daily cases or infections estimated to reported cases, 2021](#)

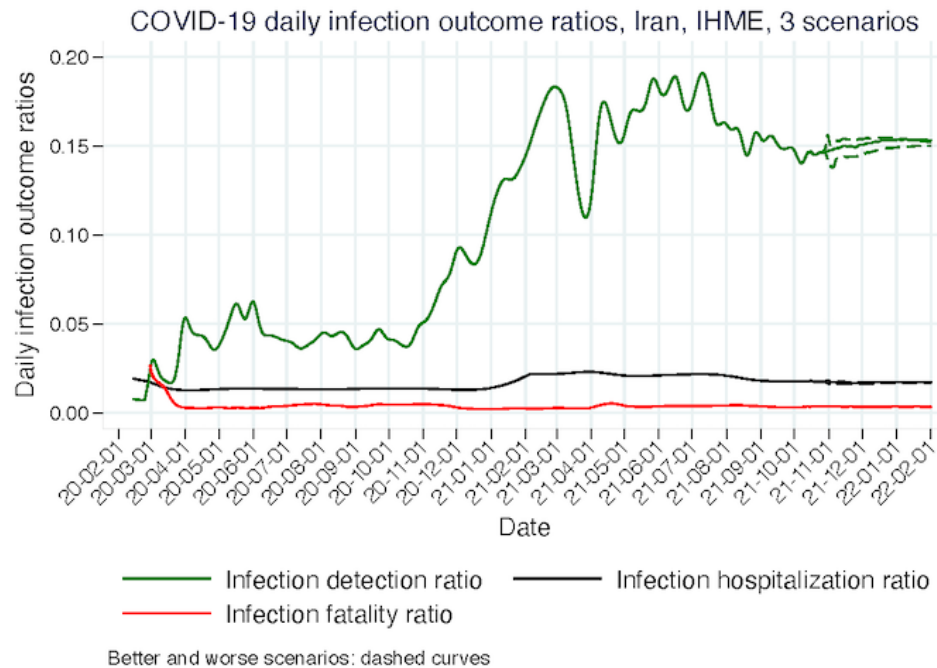


(13) Iran [R effective, 3 scenarios, IHME](#)

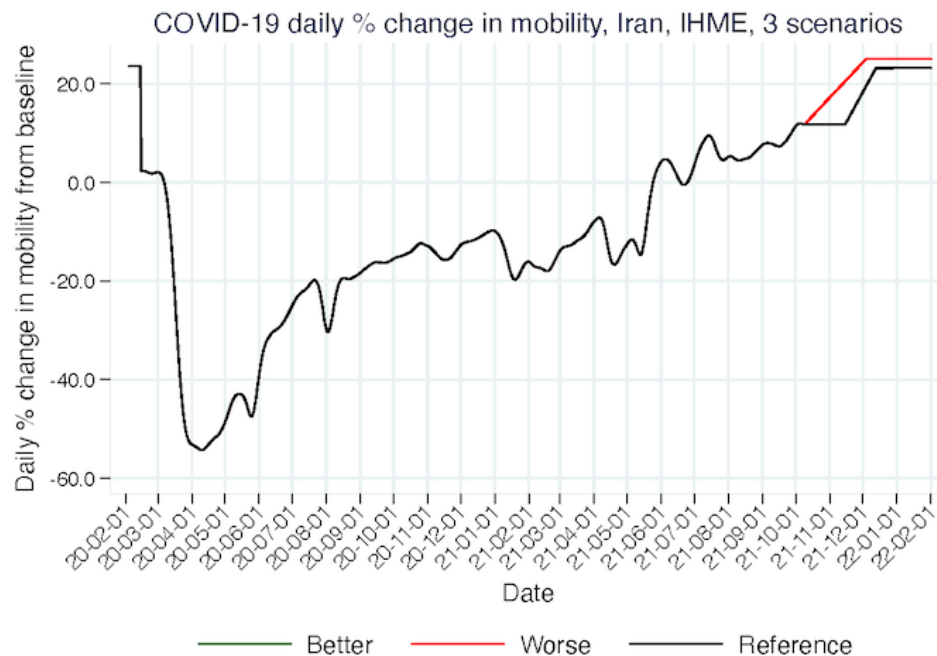


(14) Iran [Daily Infection-outcome ratios, 3 scenarios, IHME](#)

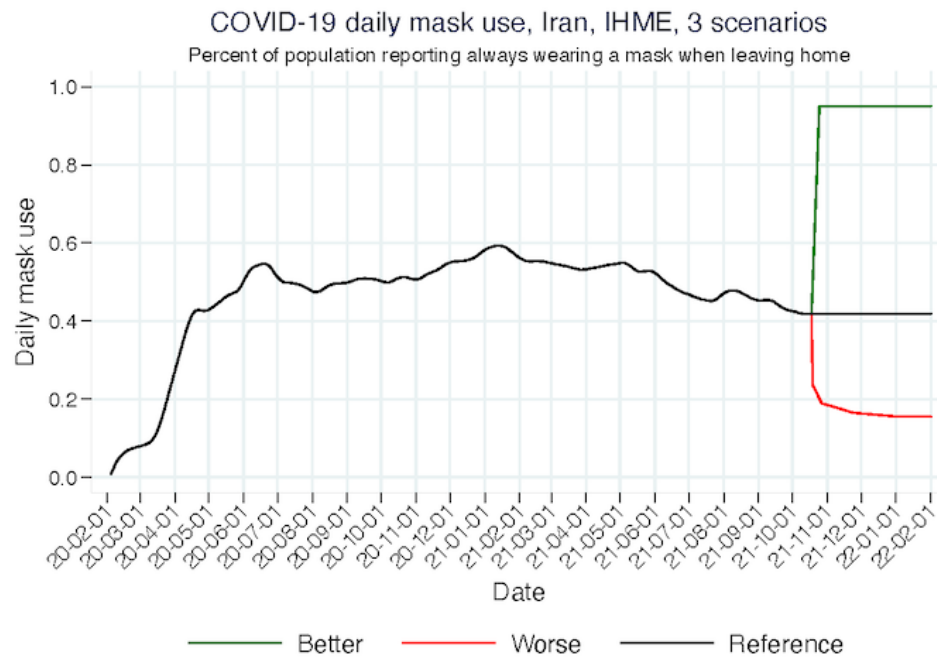
Note: values of the three scenarios for this estimand by IHME are the same for Iran.



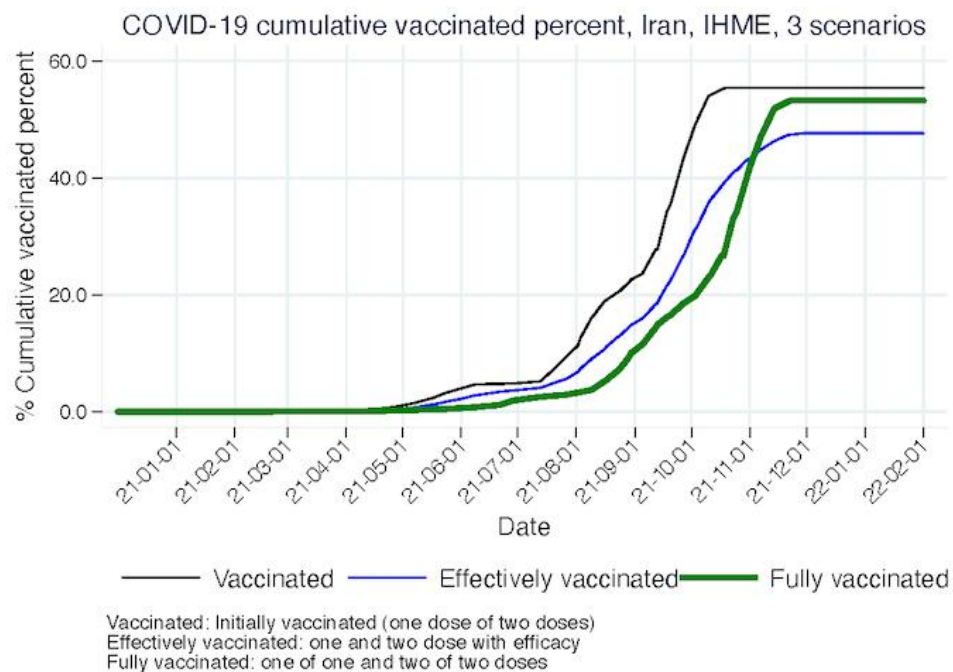
(15) Iran [Daily mobility, 3 scenarios, IHME](#)



(16) Iran [Daily mask use, 3 scenarios, IHME](#)



(17) Iran [Percent cumulative vaccinated, IHME](#)



Strengths and weaknesses of international periodically updated models of COVID-19 epidemic

نقاط قوت و ضعف مدل های به روز شونده همه گیری کووید-۱۹

نقاط قوت مشترک: (۱) بروز شدن دوره ای باعث می شود بتوانند احتمال تغییرات آینده در سیر اپیدمی را بهتر منعکس کنند. (۲) ارائه دامنه عدم قطعیت برای پیامدها برای تصمیم گیری مفید تر از صرف ارائه برآورد نقطه ای پیامدها می باشد.

نقاط ضعف مشترک: (۱) لحاظ نشدن واریانت ها و واکسن ها - به غیر از مدل آی اچ ام ای. (۲) برآوردها برای سطح ملی هستند و نسبت به سیر همه گیری در سطح استان ها نابینا و ناآگاه هستند و بنابراین در مقایسه با مدل هایی که از تجميع نتایج مدل های استانی به دست می آیند، اولاً از واقعیت دور تر هستند (دقت کمتری دارند) و ثانياً قدرت آن ها در اعلام خطر در مورد بالا رفتن مواد و یا مرگ در آینده نزدیک کمتر بوده و فایده کمتری برای تصمیم گیری های به موقع و پیشگیرانه دارند. راه حل، استفاده از مدل های استانی به دست می آیند و به صورت دوره ای بروز می شوند. (۳) این مدل ها در پیشبینی افزایش ها و قله های همه گیری کووید-۱۹ در ایران، دارای جا ماندگی (lag) هستند. چون، **GIGO: garbage in, garbage out**

سایر نقاط قوت و ضعف مدل ها:

مطالعه	لحاظ کردن کم- گزارش دهی	لحاظ کردن موارد بی علامت	لحاظ کردن تغییرات فصلی	اعتبار سنجی مدل	وجود سناریو های بدیل مداخله ای
۱ آی چ ام ای	بله	خیر	بله	بله	بله
۲ ایمپریتال	بله	بله	خیر	بله	بله
۳ اسرئواستوا	بله	بله	خیر	بله	خیر
۴ دلفی	بله	بله	بله	بله	خیر
۵ لس آلاموس	خیر	خیر	خیر	خیر	خیر

مدل آی اچ ام ای تا آخرین به روز-رسانی واریانت های **لامبدا و مو** را لحاظ نکرده و داده های جدید در مورد کاهش تدریجی ایمنی بعد از واکسیناسیون را نیز به طور کافی و کامل لحاظ ننموده و بیان کرده اند که در به روز-رسانی های بعدی، مورد اخیر (**Post-vaccination Waning immunity**) را به طور کامل، و بعداً واریانت های جدید را در مدل خود وارد خواهند نمود.

یک نقطه ضعف مدل آی اچ ام ای این است که نحوه لحاظ نمودن پوشش واکسیناسیون و انواع واکسن های تزریق شده در کشورها، در مدل خود را با جزئیات بسیار ناکافی توضیح داده اند (نوشته اند: "As expected"). مضاف بر اینکه اثربخشی واکسن های ابداع ایران را معلوم نیست چگونه حساب کرده اند. با این همه، مدل آی اچ ام ای در مجموع، کم ایراد ترین مدل است.

مطالعه دلفی با وجود اینکه در شرح تئوری مدل، کم-گزارش دهی و موارد بی علامت را لحاظ کرده است، ولی در عمل، معمولاً اندازه برآورد های آن از مطالعات دیگر دورتر است و به نظر می رسد خروجی آن plausible نیست. مشابه این موضوع ولی با شدت کمتر در مورد مطالعه اسرئواستوا صادق است. مدل لس آلاموس کمترین تعداد خصوصیات ضروری را دارد. البته بحث و مطالب نقاط قوت و ضعف مدل ها گسترده تر از خلاصه فوق الذکر است.

نتیجه در مورد نقاط قوت و ضعف مدل‌ها اینکه بر اساس معیارهای فوق‌الذکر، دو مطالعه آی‌اچ‌ام‌ای و ایمپریتال معمولاً بیشتر از سایر مدل‌ها به واقعیت نزدیک بوده و برای تصمیم‌گیری مفیدتر هستند. بهتر: آی‌اچ‌ام‌ای و ایمپریتال. بدتر: اسریواستاوا، دلفی، لس‌آلاموس. مطالعه لس‌آلاموس در ۲۷ سپتامبر ۲۰۲۱ بازنشسته شد.