

Model-based approach for determining COVID-19 incidence for different testing intensities

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Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Introduction to the problem

- Different approaches to COVID-19 mitigation throughout the world

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Introduction to the problem

- ▶ Different approaches to COVID-19 mitigation throughout the world
- ▶ The impact of differences in data-collection must be understood, also for future research.

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Introduction to the problem

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- ▶ In particular: For each reported case of COVID-19, how many unidentified cases?

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Introduction to the problem

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

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- ▶ The role of testing: Confirmation of symptoms, required for various activities or entirely voluntary?

Introduction to the problem

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

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Introduction to the problem

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

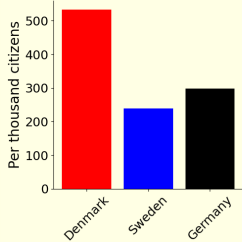
Discussion

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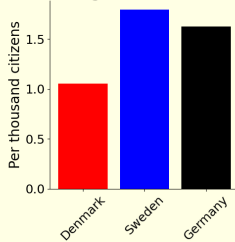
Let's look at some data...

Total - May, 2022

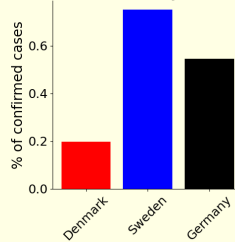
Confirmed cases



Registered deaths



Case-fatality rate



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Pedersen, Berrig & Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

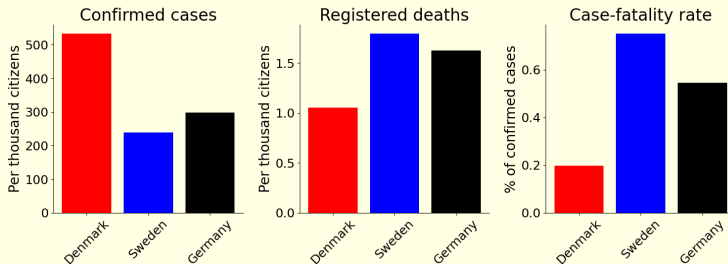
Data and simulations

The data

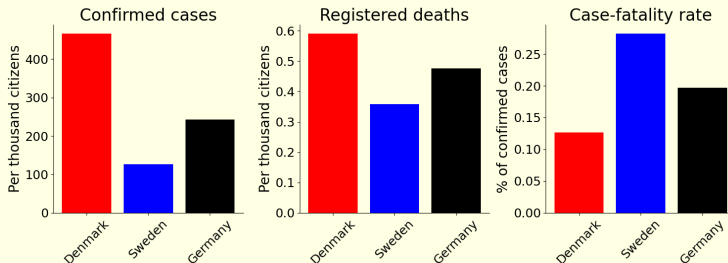
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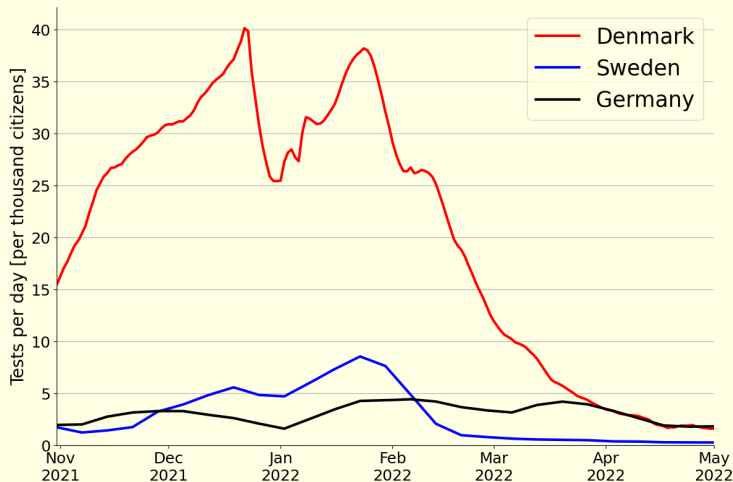
Discussion

Total - May, 2022



From November 1st, 2021 to May 1st, 2022





Approach of Danish Health Agencies

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

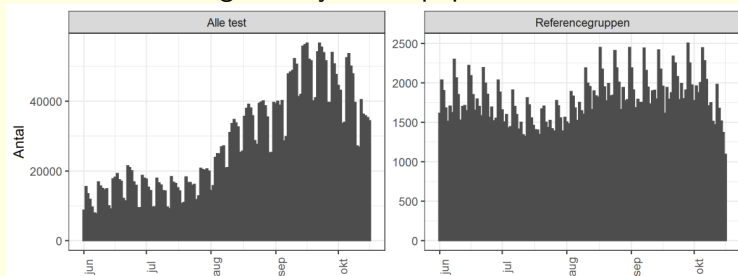
Data and
simulations

The data

Relating to data

Discussion

Testing activity for non-COVID related hospitalizations in Denmark remained stable throughout 2020, despite large variation in testing activity in the population.



A method for correcting observed incidence was developed by Danish health agencies:

$$I_{corrected} = I_{observed} \left(\frac{T}{50,000} \right)^{0.7}$$

where T is the number of tests on the given day, $I_{observed}$ the number of positive tests, and $I_{corrected}$ a measure for the expected number of positive tests if the number of tests the given day was 50,000.

The 0.7 factor was estimated from data, and later updated to 0.3.

(SSI, 2020; Eksperttrapport af d. 23. oktober 2020 - Incidens og fremskrivning af COVID-19 tilfælde)

Our approach

- We aim to determine the ratio between total cases of COVID-19 and observed cases.

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

- ▶ We aim to determine the ratio between total cases of COVID-19 and observed cases.
- ▶ By extending the classic SIR-model to include voluntary testing, we can identify the proportion of cases observed.

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- ▶ By extending the classic SIR-model to include voluntary testing, we can identify the proportion of cases observed.
- ▶ Investigating the relationship between testing intensity and the ratio of observed cases, a correction-factor can be determined.

The model

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

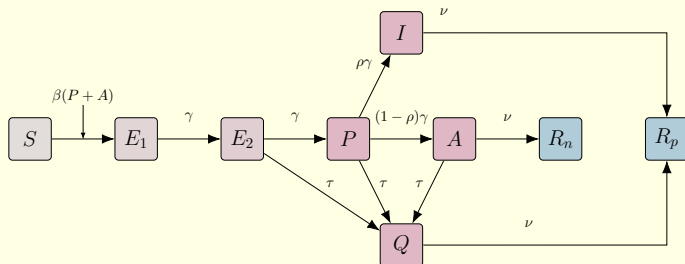
Equal epidemics

Data and simulations

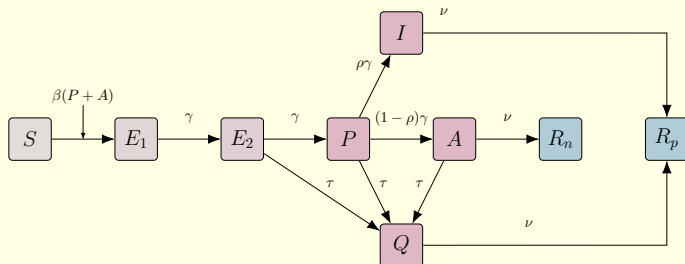
The data

Relating to data

Discussion



The model



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and simulations

The data

Relating to data

Discussion

$$\dot{S} = -\beta S(P + A)$$

$$\dot{E}_1 = \beta S(P + A) - \gamma E_1$$

$$\dot{E}_2 = \gamma E_1 - \gamma E_2 - \tau E_2$$

$$\dot{P} = \gamma E_2 - \gamma P - \tau P$$

$$\dot{I} = \gamma \rho P - \nu I$$

$$\dot{A} = \gamma(1 - \rho)P - \nu A - \tau A$$

$$\dot{Q} = \tau(E_2 + P + A) - \nu Q$$

$$\dot{R}_p = \nu Q + \nu I$$

$$\dot{R}_n = \nu A$$

The model

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic
Dissecting the problem

Model presentation

Analysis

Model dynamics
Final size
Equal epidemics

Data and simulations

The data
Relating to data

Discussion

$$\begin{aligned}\dot{S} &= -\beta S(P + A) & \dot{A} &= \gamma(1 - \rho)P - \nu A - \tau A \\ \dot{E}_1 &= \beta S(P + A) - \gamma E_1 & \dot{Q} &= \tau(E_2 + P + A) - \nu Q \\ \dot{E}_2 &= \gamma E_1 - \gamma E_2 - \tau E_2 & \dot{R}_p &= \nu Q + \nu I \\ \dot{P} &= \gamma E_2 - \gamma P - \tau P & \dot{R}_n &= \nu A \\ \dot{I} &= \gamma \rho P - \nu I\end{aligned}$$

<i>Symbol</i>	<i>Description</i>	<i>Default value</i>
β	Infectivity	2/3
ν	Rate of recovery	1/3
γ	Rate of disease progression	1/3
ρ	Fraction of symptomatic cases	1/2
τ	Rate of testing	0 to 0.5

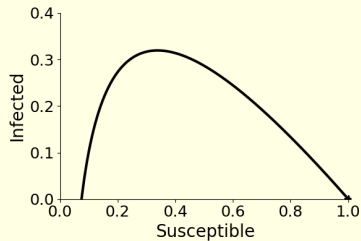
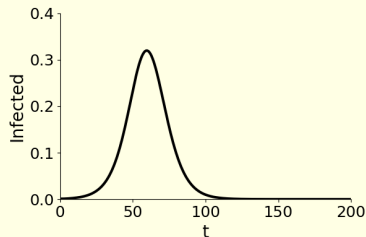
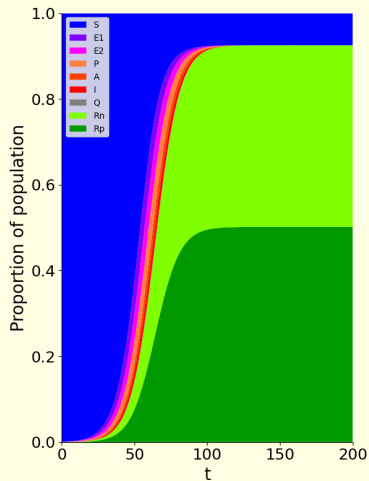
All rates units of day⁻¹. Approximate R_0 of 1.4 initially.

General model dynamics

Determining
COVID incidence

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Andreasen

General dynamics like classic SIR-model.



Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and simulations

The data

Relating to data

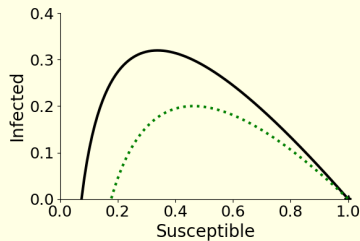
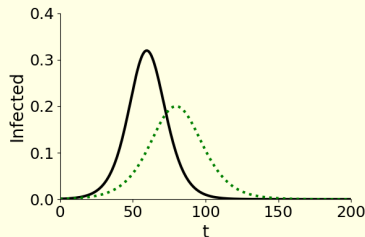
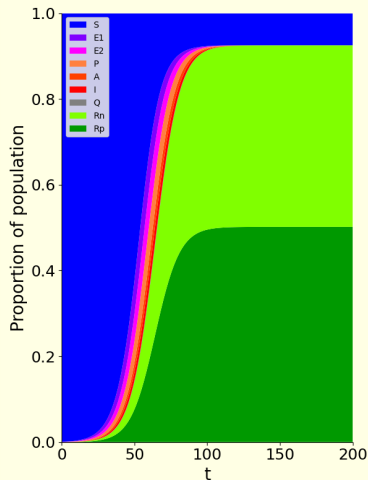
Discussion

General model dynamics

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

General dynamics like classic SIR-model.



Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and simulations

The data

Relating to data

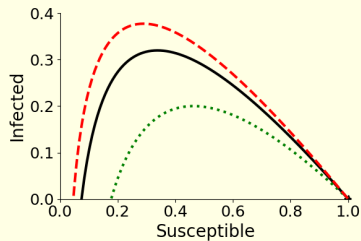
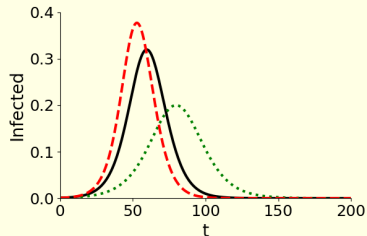
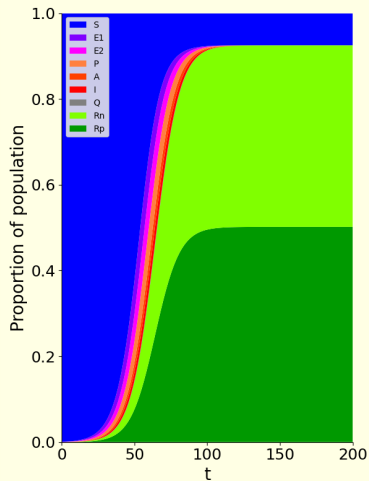
Discussion

General model dynamics

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

General dynamics like classic SIR-model.



Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Analysis of epidemic final size

We consider the fraction of cases identified:

$$K = \frac{r_p}{r_p + r_n} \quad (1)$$

where $r_p = \lim_{t \rightarrow \infty} R_p(t)$ and $r_n = \lim_{t \rightarrow \infty} R_n(t)$.

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Analysis of epidemic final size

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The correction-factor between observed and total cases is K^{-1} .

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Analysis of epidemic final size

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Using the methods previously used in (Andreasen, 2018), we are able to analytically determine:

$$K = 1 - \left(\frac{\nu}{\nu + \tau} \right) \left(1 - \frac{\tau}{\gamma + \tau} \right) \left(1 - \frac{\gamma \rho + \tau}{\gamma + \tau} \right) \quad (2)$$

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Analysis of epidemic final size

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Note that K is independent of β and of $\lim_{t \rightarrow \infty} (1 - S(t))$, i.e. the epidemic final size.

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Analysis of epidemic final size

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Note that K is independent of β and of $\lim_{t \rightarrow \infty} (1 - S(t))$, i.e. the epidemic final size.

(Andreasen, V. (2018). *Epidemics in Competition: Partial Cross-Immunity*. *Bulletin of Mathematical Biology*, 80(11), 2957-2977. <https://doi.org/10.1007/s11538-018-0495-2>)

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

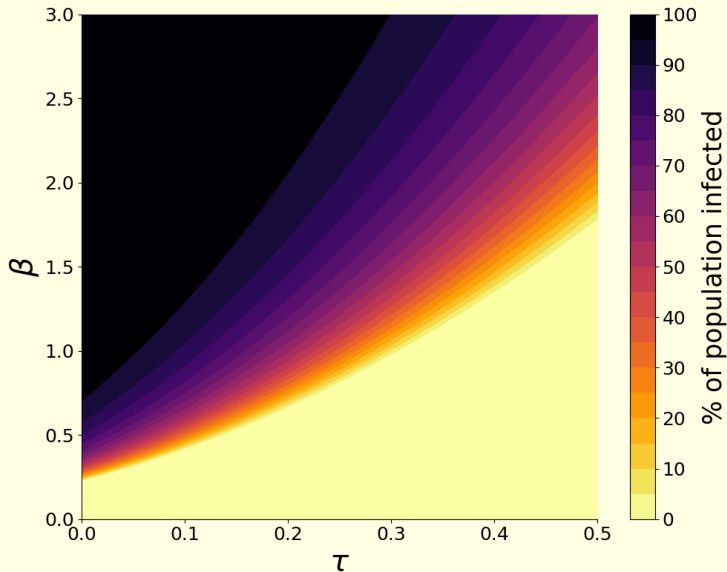
Data and
simulations

The data

Relating to data

Discussion

Determining (τ, β) for fixed final size



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Determining (τ, β) for fixed final size

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

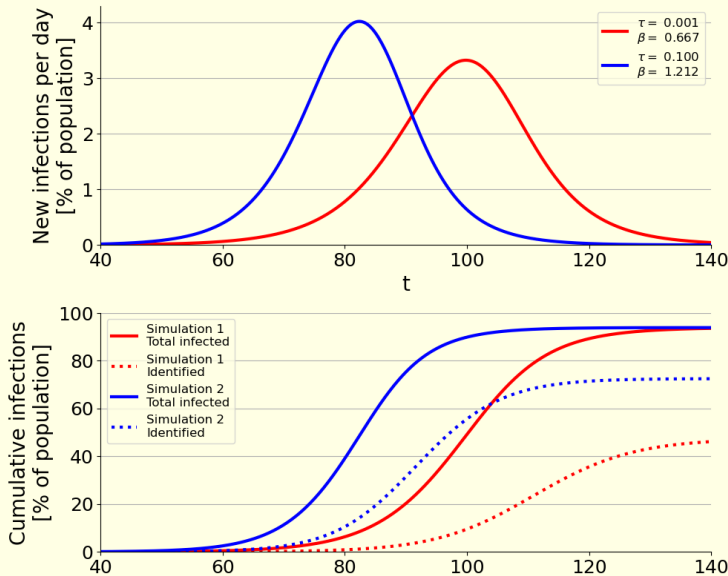
Equal epidemics

Data and simulations

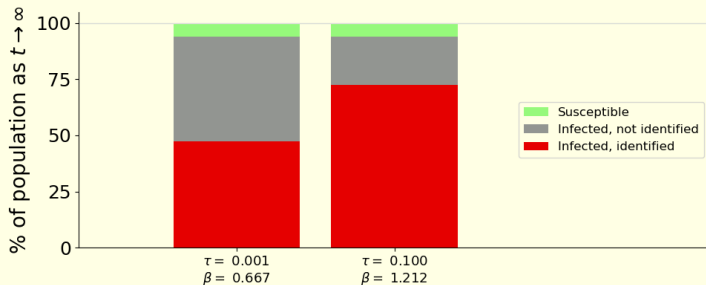
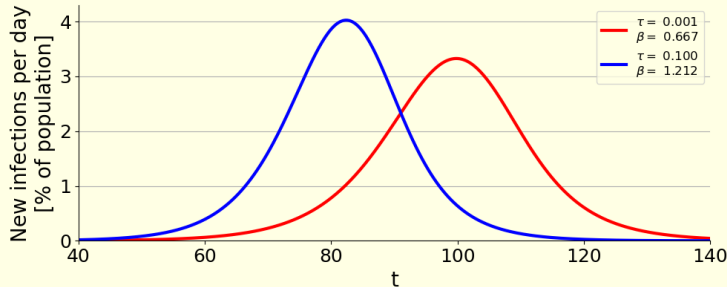
The data

Relating to data

Discussion



Determining (τ, β) for fixed final size



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

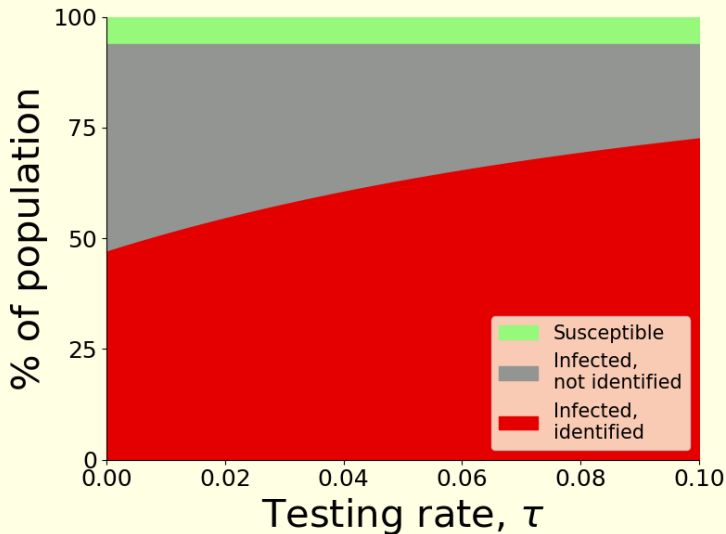
Data and simulations

The data

Relating to data

Discussion

Determining (τ, β) for fixed final size



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

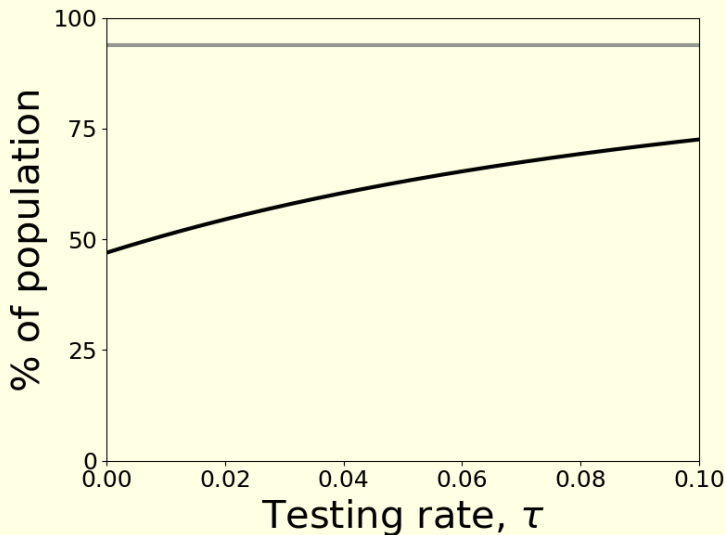
Data and
simulations

The data

Relating to data

Discussion

Determining (τ, β) for fixed final size



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

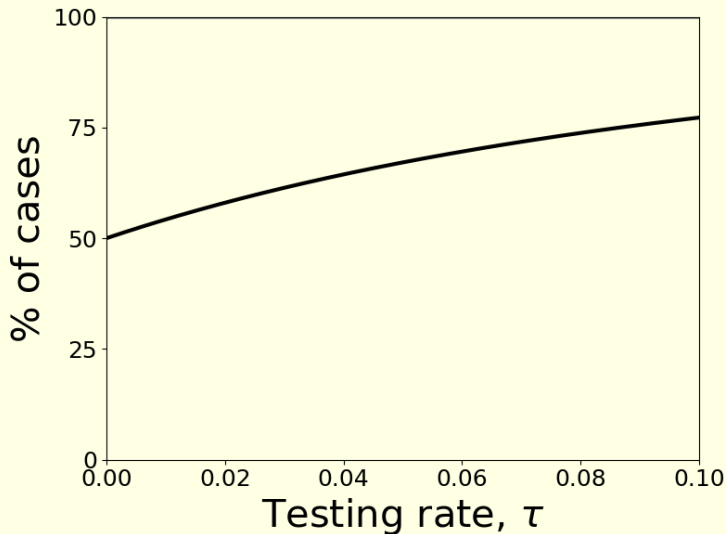
Data and
simulations

The data

Relating to data

Discussion

Determining (τ, β) for fixed final size



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

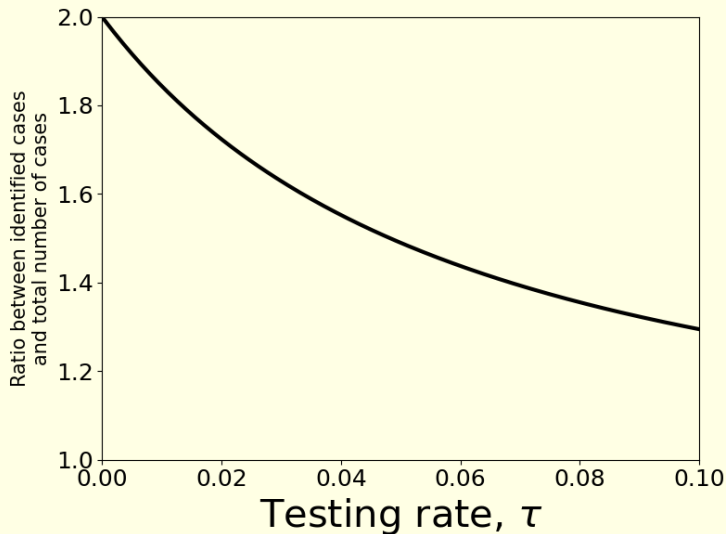
Data and
simulations

The data

Relating to data

Discussion

Determining (τ, β) for fixed final size



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

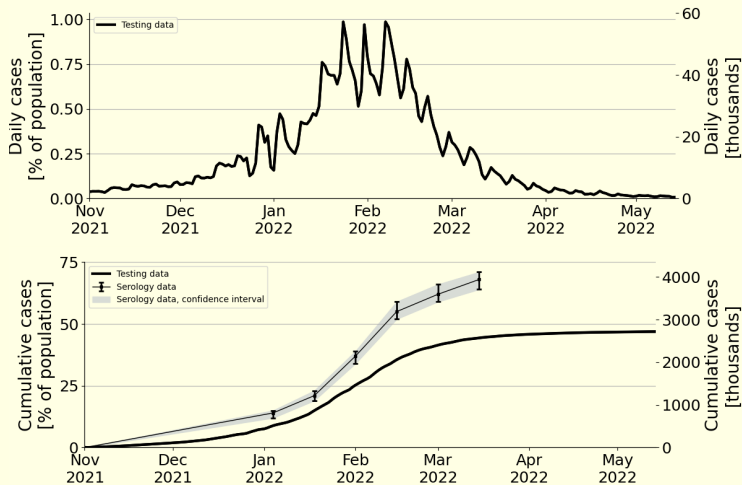
Discussion

The Danish data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Daily cases and serology from blood-donors



Introduction

The problematic
Dissecting the problem

Model presentation

Analysis

Model dynamics
Final size
Equal epidemics

Data and simulations

The data

Relating to data

Discussion

The Danish data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

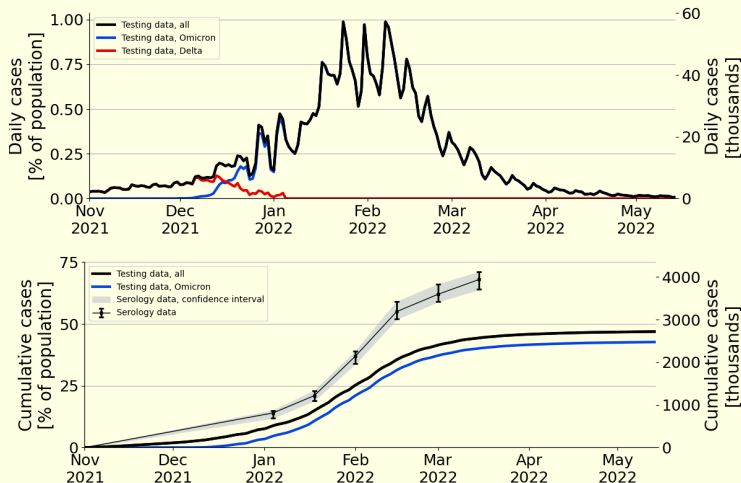
Data and
simulations

The data

Relating to data

Discussion

December 2021: Variant-sampling of 80 to 90% of cases.



The Danish data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

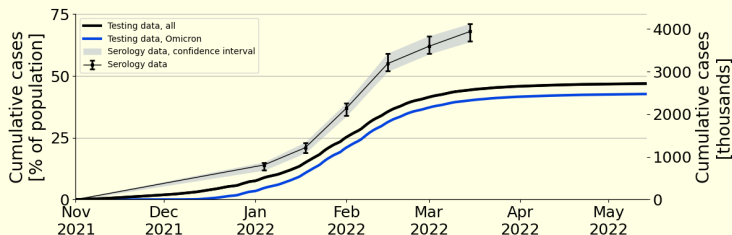
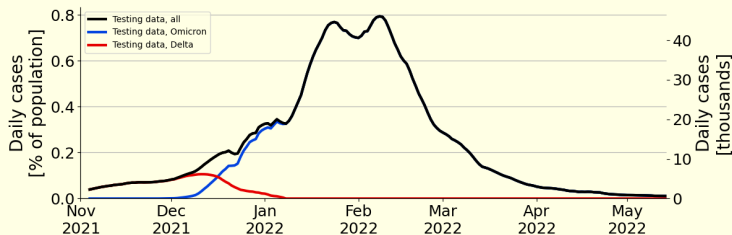
Data and
simulations

The data

Relating to data

Discussion

Smoothing: 7-day running mean.



The Danish data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

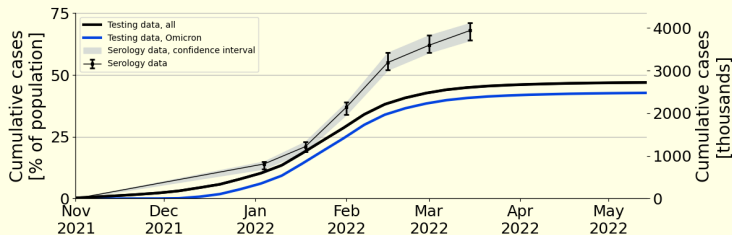
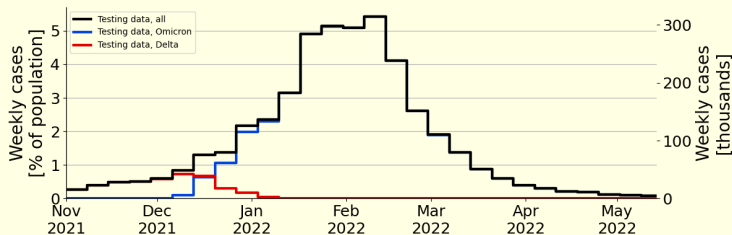
Data and
simulations

The data

Relating to data

Discussion

Weekly sums (Monday to Sunday)



The Danish data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

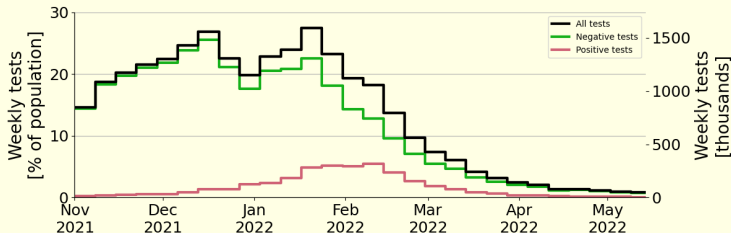
Data and simulations

The data

Relating to data

Discussion

Sum of weekly tests



(Only PCR shown, Antigen-tests at similar magnitude)

The Danish data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

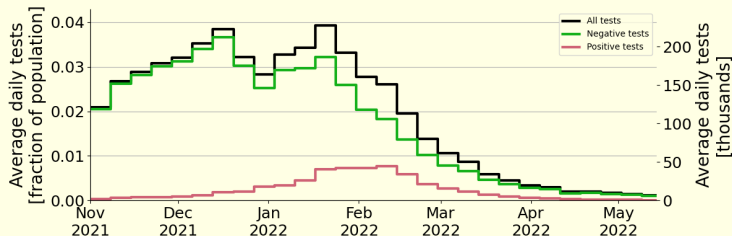
Data and simulations

The data

Relating to data

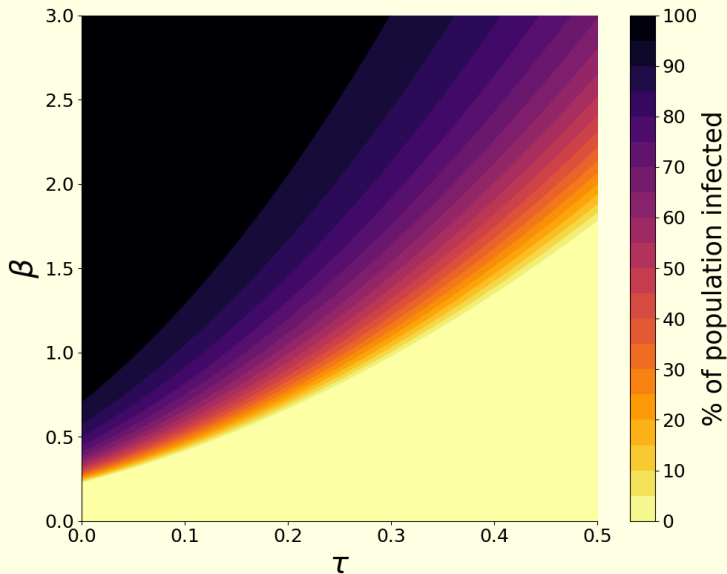
Discussion

Sum of weekly tests



Scaled to tests per population per day (i.e. τ)

Relating to data



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

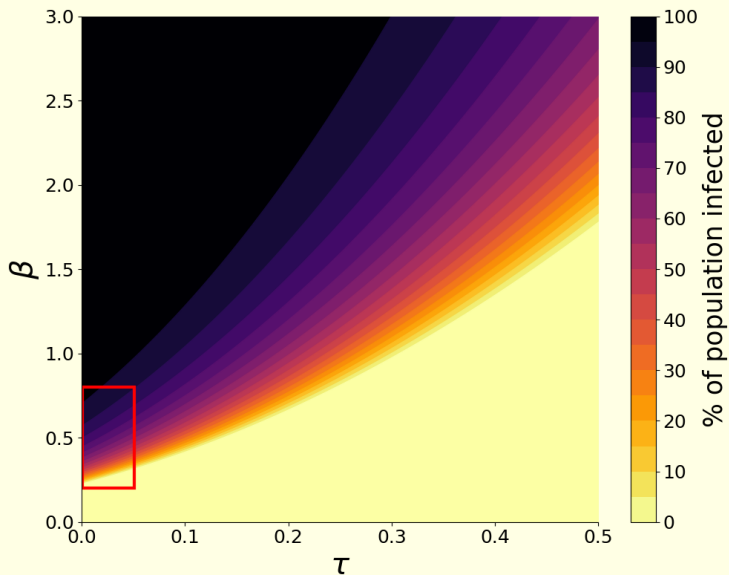
Data and
simulations

The data

Relating to data

Discussion

Relating to data



Determining
COVID incidence

Pedersen, Berrig &
Andreassen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

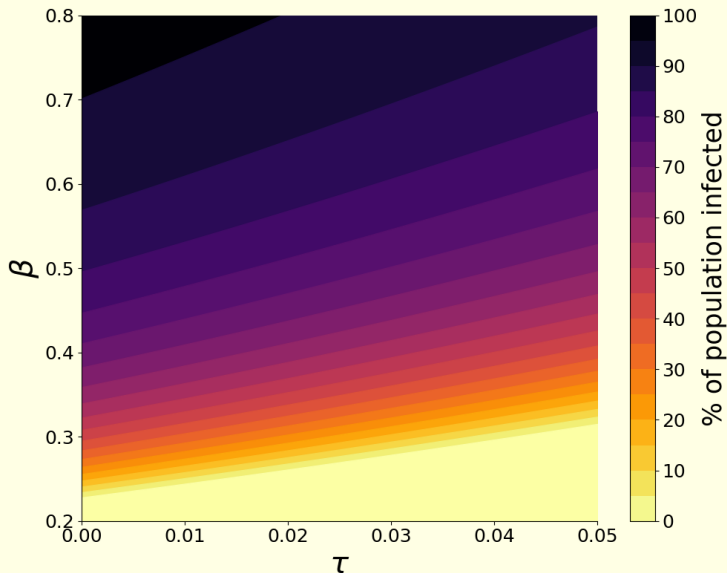
Data and
simulations

The data

Relating to data

Discussion

Relating to data



Determining
COVID incidence

Pedersen, Berrig &
Andreassen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

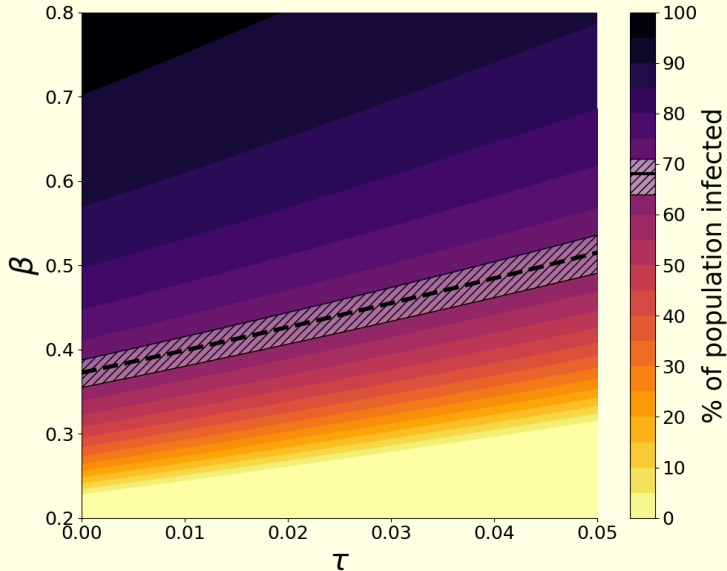
Data and
simulations

The data

Relating to data

Discussion

Relating to data



Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion

Relating to data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

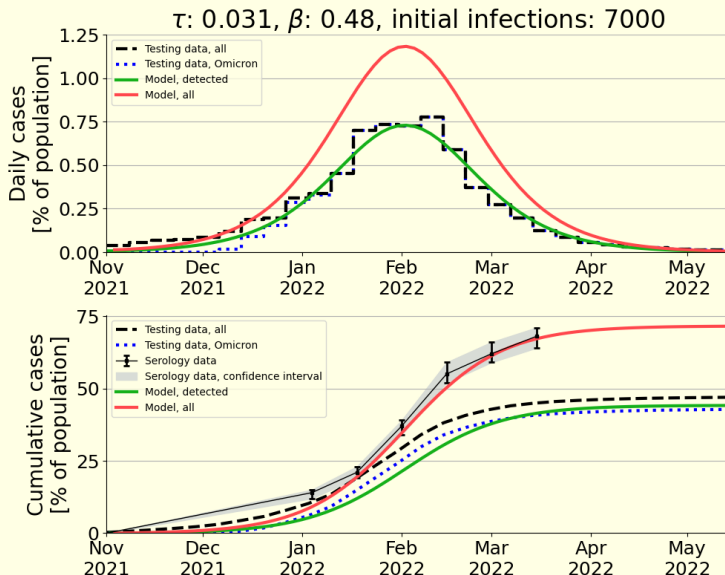
Equal epidemics

Data and simulations

The data

Relating to data

Discussion



Relating to data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

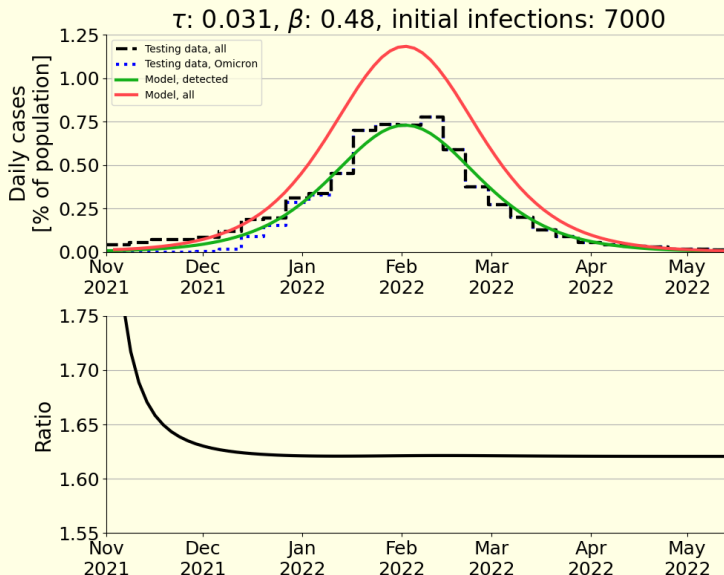
Equal epidemics

Data and simulations

The data

Relating to data

Discussion



Relating to data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

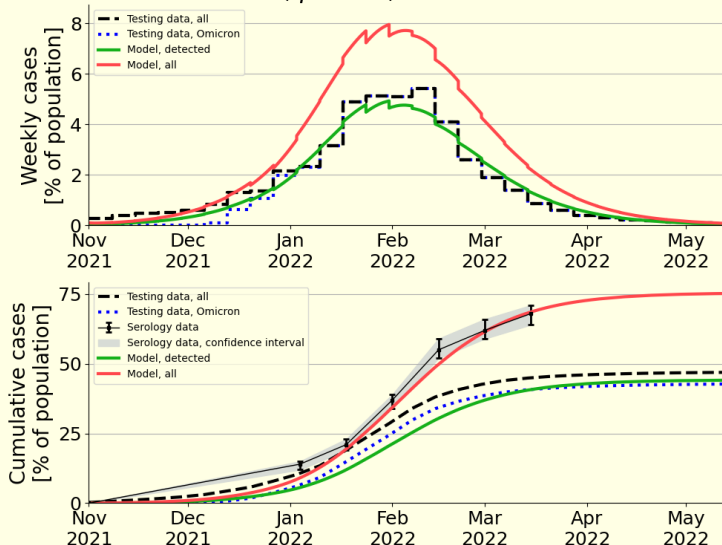
Data and simulations

The data

Relating to data

Discussion

τ from data, β : 0.48, initial infections: 7000



Relating to data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

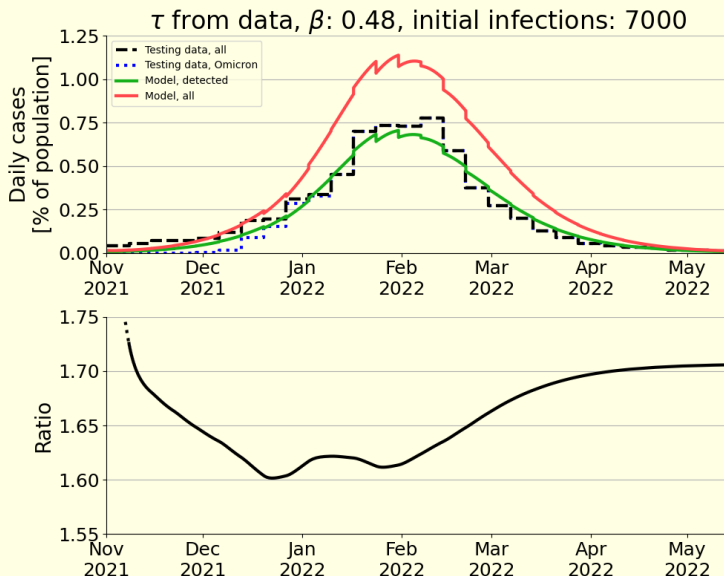
Equal epidemics

Data and simulations

The data

Relating to data

Discussion



Relating to data

Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

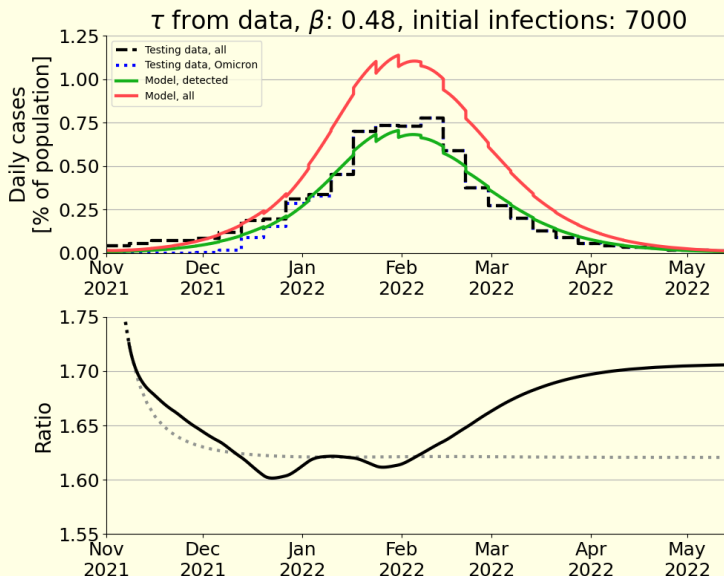
Equal epidemics

Data and simulations

The data

Relating to data

Discussion



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- ▶ The simple model allows for analytical results about the epidemic final size in addition to simulations.
- ▶ Results suggest between 58% and 63% were identified, a little lower than official estimates suggesting two-thirds.
- ▶ Future work consists of further analysis, parameter-fitting and application to other countries.

Thank you for your attention.

Any questions?



Feel free to also contact me
with questions or comments
later

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Determining
COVID incidence

Pedersen, Berrig &
Andreasen

Introduction

The problematic

Dissecting the problem

Model presentation

Analysis

Model dynamics

Final size

Equal epidemics

Data and
simulations

The data

Relating to data

Discussion