



An Agent-Based Model to simulate the Covid-19 epidemic diffusion, with the use of Genetic Algorithms to optimize vaccinations

G. Pescarmona¹ P. Terna² A. Acquadro¹ P. Pescarmona³ G. Russo⁴ S. Terna⁵

¹ University of Torino, Italy

²University of Torino, Italy, retired & Fondazione Collegio Carlo Alberto, Honorary Fellow, Italy

³University of Groningen, The Netherlands

⁴Centro Einaudi, Torino, Italy

5tomorrowdata.io

CCA - March 29th, 2021

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Objectives of the model

- We propose an agent-based model to simulate the Covid-19 epidemic diffusion, with Susceptible, Infected, symptomatic, asymptomatic, and Recovered people: hence the name S.I.s.a.R. The scheme comes from S.I.R. models, with (i) infected agents categorized as symptomatic and asymptomatic and (ii) the places of contagion specified in a detailed way, thanks to agent-based modeling capabilities.
- The infection transmission is related to three factors: the infected person's characteristics and those of the susceptible one, plus those of the space in which contact occurs.
- The model includes the structural data of Piedmont, but it can be readily calibrated for other areas. The model manages a realistic calendar (e.g., national or local government decisions), via a script interpreter.

Tool and links

- We use NetLogo, at https://ccl.northwestern.edu/netlogo/.
- S.I.s.a.R. is at https://terna.to.it/simul/SIsaR.html with information on model construction, the draft of a paper also reporting results, and an online executable version of the simulation program, built using NetLogo.
- A short paper is published at https://rofasss.org/2020/10/20/sisar/G. Pescarmona, P. Terna, A. Acquadro, P. Pescarmona, G. Russo, and S. Terna. How Can ABM Models Become Part of the Policy-Making Process in Times of Emergencies—The SISAR Epidemic Model. *RofASSS*, 2020.

The scale and the items

- 1:1000.
- Houses.
- Schools.
- Hospitals.
- Nursing homes,
- Factories.

The interface and the information sheet

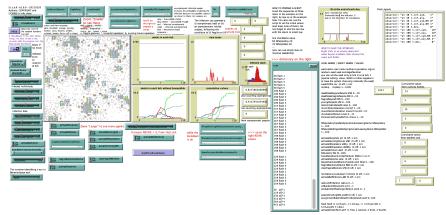


Figure 1: The interface

The interface and the information sheet

\$ - Sisceptible I - Infected A - I - Infected A - Sisceptible I - Infected A - appropriate A -

PRELIMINARY NOTE

WHY THE NAME?

This is a simulation with random events, please do not take it as a sure forecasting machine: it is a reasoning machine, a sort of very complex "what if" mental experiment.

The New York Times offers us an analysis on the The Covid-19 Riddle: Why Does the Virus Wallon Some Places and Space Othera? (open link), Al the end of the article, we read: Rolf of the Dice-Finally, most experts agree that there may be no single reason for some countries to be hit and others missed. The answer is likely to be some combination of the above factors, as well as one other mentioned by researchers: sheer fund.

In the same way, in the simulations run with this model we can have very different outcomes as we change the initial seed of the random numbers. Those values are determining mainly the movements at a tiny scale and so the interactions-infections chains.

We can use the model in a comparative way, observing different range of results with different initial conditions (parameters).

Finally, to have a reference at an actual situation, the model is related to the Piedmont scale, with 4,350 sgents

Finally, to have a reference at an actual situation, the model is related to the Piedmont scale, with 4,350 agents, 4,35 millions of inhabitants. The scale is to 1000 is own-represented in the case of schools, with their classrooms with a realistic number of students, apartments with a realistic quantity of inhabitants, and likewise workspaces, hospitals, nursing homes.

We look also to the time series of the total infected people in Piedmont.

VIEWING THE MODEL

In the desk version, we can use both the continuous view, observing all the agents' movements and the "on tick" one, faster but updating the screen only at the end of each tick. To set the view, we use a chooser in the too part of the screen.

In the web version we have uniquely the on tick feature.

The desk version also allows 3D view: right click on the map of the world and choose Switch to 3D View.

HOW IT WORKS

Scripting capability

The code can manage a script to set the parameter modifications occurring while the simulation is running. Explanations in the right side of the interface.

The simulation starts at tick 1, but we can already set the initial values at tick 0.

A trick: (i) via setup set all the default values for the experiments at tick 0 and then (ii) modify those that we want change before hitting go.

Special item "flash"

With the "flash" item, followed by 1 or 2 or 3, we obtain a flash output in the window to the far right, with data at the beginning of the tick for (1) total infected symptomatic people; (2) total infected asymptomatic people in NH; (4) total infected asymptomatic people in NH; (5) total infected asymptomatic people in NH; (5) total infected asymptomatic people in NH; (5) total deceased.

Special item "activate check point"

With the "aCP" (activate checkpoint) item, followed by n with n in [1,6] as <u>closed interval</u>, we collect data at the sick of the aCP command. In BehaviorSpace, we can send (or not) the checkpoint data to the table results; we have six possible checkpoints, each reporting stocks of infected symptomatic people, infected asymptomatic people, infected asymptomatic people. Accessed people. The data are at the beginning of the tick.

Figure 2: The information sheet, about 20 pages

The world

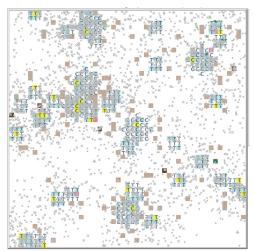


Figure 3: The world



The world 3D

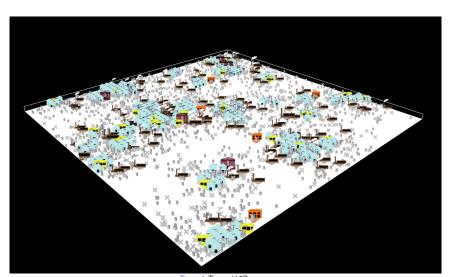


Figure 4: The world 3D

The agents

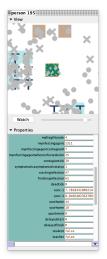




Figure 5: Probes to different agents



Contagion representation

- The model allows analyzing the sequences of contagions in simulated epidemics, reporting the places where the contagion occur.
- We represent each infecting agent as a horizontal segment with a vertical connections to another agent receiving the infection. We represent the infected agents via further segments at an upper layer.
- With colors, line thickness, and styles, we display multiple information.
- This enables understanding at a glance how an epidemic episode is developing.
 In this way, it is easier to reason about countermeasures and, thus, to develop intervention policies.

An example (1/2)

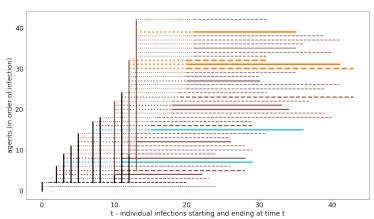


Figure 6: A case with containment measures, first 40 infections: workplaces (brown) and nursing homes (orange) strictly interweaving

An example (2/2), more contagions

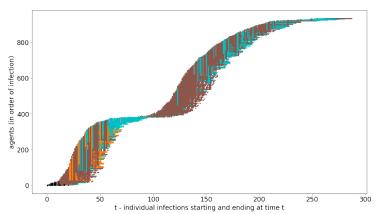


Figure 7: A Case with containment measures, the whole epidemics: workplaces (brown) and nursing homes (orange) and then houses (cyan), with a bridge connecting two waves

A contagion sequence suggesting policies: in Fig. 8 we can look both at the places where contagions occur and at the dynamics emerging with different levels of intervention.

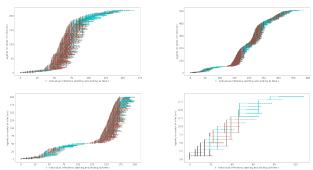


Figure 8: (top left) an epidemic with regular containment measures, showing a highly significant effect of workplaces (brown); (top right) the effects of stopping fragile workers at day 20, with a positive result, but home contagions (cyan) keep alive the pandemic, exploding again in workplaces (brown); (bottom left) the same analyzing the first 200 infections with evidence of the event around day 110 with the new phase due to a unique asymptomatic worker, and (bottom right) stopping fragile workers and any case of fragility at day 15, also isolating nursing homes

Simulation batches

- We explore systematically the introduction of factual, counterfactual, and prospective interventions to control the spread of the contagions.
- Each simulation run—whose length coincides with the disappearance of symptomatic or asymptomatic contagion cases—is a datum in a wide scenario of variability in time and effects.
- Consequently, we need to represent compactly the results emerging from batches
 of simulation repetitions, to compare the consequences of the basic assumptions
 adopted for each specific batch.
- We use blocs of ten thousand repetitions. Besides summarizing the results with the usual statistical indicators, we adopt the technique of the heatmaps.
- Each heatmap reports the duration of each simulated epidemic in the *x* axis and the number of the symptomatic, asymptomatic, and deceased agents in the *y* axis. The *z* axis is represented by the colors, in logarithmic scale.
- In our batches we have 10.000 runs.

10,000 epidemics without control in Piedmont

| | symptomatic | totalInfected&Deceased | duration |
|-------|-------------|------------------------|----------|
| count | 10000.00 | 10000.00 | 10000.00 |
| mean | 969.46 | 2500.45 | 303.10 |
| std | 308.80 | 802.88 | 93.50 |

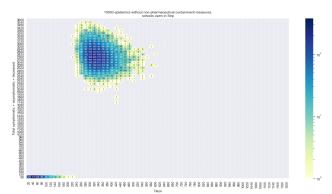


Figure 9: Without non-pharmaceutical containment measures

10,000 epidemic with basic control in Piedmont, first wave

| | symptomatic | totalInfected&Deceased | duration |
|-------|-------------|------------------------|----------|
| count | 10000.00 | 10000.00 | 10000.00 |
| mean | 344.22 | 851.64 | 277.93 |
| std | 368.49 | 916.41 | 213.48 |

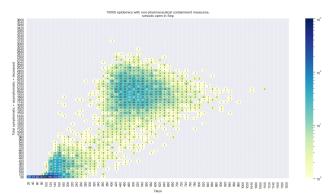
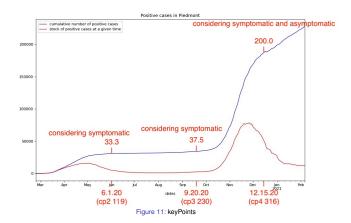


Figure 10: First wave with non-pharmaceutical containment measures

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Key points



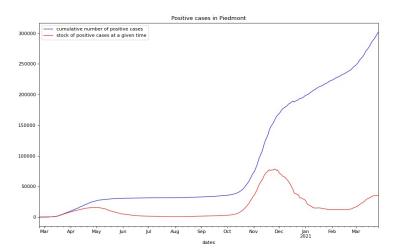
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Non omogeneous data

- From Civil Protection Department web site
 http://www.protezionecivile.it/web/guest/department we find the
 repository https://github.com/pcm-dpc/COVID-19.
- In the first wave we had uniquely data about symptomatic infected people, but from October 2021 data are mixed.
- From the above git repository in October and November we had "Positive cases
 emerged from clinical activity", unfortunately now reported as "No longer
 populated" (from the end of November, my observation) and "Positive cases
 emerging from surveys and tests, planned at national or regional level", again "No
 longer populated" (from the end of November, my observation).
- Using those two series, it was possible to estimate a subdivision between symptomatic and asymptomatic cases, which is no longer possible.

Updated series (close to the end of March)

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Spontaneous second wave, without specific measures

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170 epidemics stable in Summer 2020 out of 10,000, rule: at Jun 1, 20 select if sym. (10, 70], actual v. 33.3 & at Sep 20, 20 select if sym. (20, 90], actual value 37.5; 140 at Dec 15, 20, rule: sym.+asym.>Sep 20, 20, actual value: 200.0.



Figure 13: First wave with non-pharmaceutical containment measures, spontaneous second wave, without specific measures

| (1000) | Jun 1, 2 | 0 | Sep 9, 2 | 10 | Dec 15, | 20 | Feb 1, 2 | 1 | May 1, 2 | 21 | Dec 15, | 20 to er | nd |
|--------|----------|-------|----------|-----------|---------|-----------|----------|-----------|----------|-----------|---------|-----------|-------|
| | sym. | all | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | days |
| count | 170.0 | 170.0 | 170.0 | 170.0 | 140.0 | 140.0 | 131.0 | 131.0 | 128.0 | 128.0 | 140.0 | 140.0 | 140.0 |
| mean | 37.9 | 100.2 | 60.4 | 159.3 | 248.4 | 648.7 | 432.2 | 1109.5 | 656.3 | 1655.5 | 701.1 | 1757.9 | 594.2 |
| std | 16.4 | 61.0 | 19.6 | 71.7 | 167.4 | 424.3 | 220.4 | 538.4 | 215.4 | 513.3 | 246.4 | 599.7 | 118.9 |

Second w., new infections from outside, without specific measures

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1407 epidemics stable in Summer 2020 out of 10,000, rule: at Jun 1, 20 select if sym. (10, 70], actual v. 33.3 & at Sep 20, 20 select if sym. (20, 90], actual value 37.5; **1044** at Dec 15, 20, rule: sym.+asym.>Sep 20, 20, actual value: 200.0.



Figure 14: First wave with non-pharmaceutical containment measures, forcing the second wave, without specific measures

| (1000) | Jun 1, 2 | 0 | Sep 9, 2 | 0 | Dec 15, | 20 | Feb 1, 2 | 1 | May 1, 2 | 21 | Dec 15, | 20 to er | nd |
|--------|----------|--------|----------|-----------|---------|-----------|----------|-----------|----------|-----------|---------|-----------|--------|
| | sym. | all | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | days |
| count | 1407.0 | 1407.0 | 1407.0 | 1407.0 | 1044.0 | 1044.0 | 1005.0 | 1005.0 | 980.0 | 980.0 | 1044.0 | 1044.0 | 1044.0 |
| mean | 35.6 | 72.7 | 40.0 | 84.1 | 180.4 | 462.1 | 354.1 | 900.4 | 623.8 | 1563.3 | 726.6 | 1810.9 | 620.9 |
| std | 14.1 | 42.6 | 16.7 | 52.8 | 134.6 | 354.6 | 213.8 | 535.4 | 217.9 | 527.0 | 221.9 | 544.0 | 110.8 |

Second w., new infections from outside, with new specific measures

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1407 epidemics stable in Summer 2020 out of 10,000, rule: at Jun 1, 20 select if sym. (10, 70], actual v. 33.3 & at Sep 20, 20 select if sym. (20, 90], actual value 37.5; **874** at Dec 15, 20, rule: sym.+asym.>Sep 20, 20, actual value: 200.0.



Figure 15: First wave with non-ph.containment measures, forcing the second wave, with new specific non-ph. containment measures

| (1000) | Jun 1, 2 | 0 | Sep 9, 2 | 10 | Dec 15, | 20 | Feb 1, 2 | 1 | May 1, 2 | 21 | Dec 15, | 20 to er | nd |
|--------|----------|--------|----------|-----------|---------|---------------|----------|-----------|----------|-----------|---------|-----------|-------|
| | sym. | all | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | days |
| count | 1407.0 | 1407.0 | 1407.0 | 1407.0 | 874.0 | 874.0 | 719.0 | 719.0 | 523.0 | 523.0 | 874.0 | 874.0 | 874.0 |
| mean | 35.6 | 72.7 | 40.0 | 84.1 | 130.0 | 340 .6 | 194.4 | 512.8 | 295.7 | 791.2 | 252.7 | 666.4 | 494.1 |
| std | 14.1 | 42.6 | 16.7 | 52.8 | 83.9 | 232.6 | 104.1 | 276.9 | 119.1 | 300.6 | 156.8 | 416.4 | 122.7 |

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Time factor

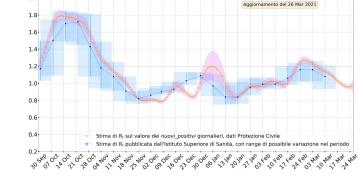


Figure 16: In blue the R_t values as reported by the Istituto Superiore di Sanità and in red the calculation published regularly at https://mondoeconomico.eu by Stefano Terna¹.

¹Methodology: https://github.com/tomorrowdata/COVID-19/blob/main/notebooks/Rt_on_ italian_national_data_up_to_20210304.ipynb and https://github.com/tomorrowdata/ COVID-19/blob/main/notebooks/Rt_on_italian_national_data.ipynb

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Second w., new infect. from outside, with new specific meas. -20 days²

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1407 epidemics stable in Summer 2020 out of 10,000, rule: at Jun 1, 20 select if sym. (10, 70], actual v. 33.3 & at Sep 20, 20 select if sym. (20, 90], actual value 37.5; 769 at Dec 15, 20, rule: sym.+asym.>Sep 20, 20, actual value: 200.0.



Figure 17: First wave with non-ph.cont. meas., forcing the second wave, with new specific non-ph. cont. meas., 20 day anticipation

| (1000) | Jun 1, 2 | 0 | Sep 9, 2 | 10 | Dec 15, | 20 | Feb 1, 2 | 1 | May 1, 2 | 21 | Dec 15, 20 to end | | |
|--------|----------|--------|----------|-----------|---------|-----------|----------|-----------|----------|-----------|-------------------|-----------|-------|
| | sym. | all | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | days |
| count | 1407.0 | 1407.0 | 1407.0 | 1407.0 | 769.0 | 769.0 | 637.0 | 637.0 | 471.0 | 471.0 | 769.0 | 769.0 | 769.0 |
| mean | 35.6 | 72.7 | 40.0 | 84.1 | 112.2 | 294.2 | 172.0 | 467.9 | 276.5 | 748.6 | 248.9 | 663.4 | 499.3 |
| std | 14.1 | 42.6 | 16.7 | 52.8 | 66.8 | 188.4 | 91.5 | 251.3 | 112.9 | 286.9 | 158.0 | 417.5 | 124.1 |

²Anticipation limit Oct 5.



Fragile persons and future considerations

 A quite impressive analysis in Nature, 16 FEBRUARY 2021, The coronavirus is here to stay—here's what that means

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https://www.nature.com/articles/d41586-021-00396-2
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A Nature survey shows many scientists expect the virus that causes COVID-19 to become endemic, but it could pose less danger over time.

 If Nature is right, a possible long-term strategy is to stop all fragile people for a given period when R_t starts increasing (fragile workers in sick leave, if unable to work remotely.

With social benefits, e.g., schooling, and economic benefits, if activities do not stop

The same strategy would also have been surprisingly efficient now, for the second wave.

Besides, mainly for the fragile people, adopt prevention and vaccinations.

Sec. w., new infect. from outs., stop fragile people. 60 days from Oct. 53

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1407 epidemics stable in Summer 2020 out of 10,000, rule: at Jun 1, 20 select if sym. (10, 70], actual v. 33.3 & at Sep 20, 20 select if sym. (20, 90], actual value 37.5; 886 at Dec 15, 20, rule: sym.+asym.>Sep 20, 20, actual value: 200.0.



Figure 18: First wave with non-ph, cont, meas., forcing the sec. w.; in sec. w., uniquely stop fragile people, including fragile workers

| (1000) | Jun 1, 2 | 0 | Sep 9, 2 | 10 | Dec 15, | 20 | Feb 1, 2 | 1 | May 1, 2 | 21 | Dec 15, 20 to end | | |
|--------|----------|--------|----------|-----------|---------|-----------|----------|-----------|----------|-----------|-------------------|-----------|-------|
| | sym. | all | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | sympt. | totalInf. | days |
| count | 1407.0 | 1407.0 | 1407.0 | 1407.0 | 886.0 | 886.0 | 761.0 | 761.0 | 637.0 | 637.0 | 886.0 | 886.0 | 886.0 |
| mean | 35.6 | 72.7 | 40.0 | 84.1 | 128.1 | 326.3 | 211.0 | 555.1 | 323.3 | 862.1 | 301.1 | 792.3 | 515.5 |
| std | 14.1 | 42.6 | 16.7 | 52.8 | 89.6 | 234.2 | 118.1 | 306.7 | 126.4 | 315.9 | 170.7 | 450.2 | 116.9 |

³Schools are always working 100% in this case.





To recap

| Scenarios | | Dec 15, | 20 | Dec 15, | 20 to en | d |
|---|----------------------|---------------------------------|---------------------------------|--------------------------|---------------------------|--------------------------|
| | | sympt. | totalInf. | sympt. | totalInf. | days |
| no containments in spontaneous second wave | count mean std | 140.0 248.4 167.4 | 140.0 648.7 424.3 | 140.0 701.1 246.4 | 140.0 1757.9 599.7 | 140.0 594.2 118.9 |
| no containments in forced second wave | count mean std | 1044.0 180.4 134.6 | 1044.0 462.1 354.6 | 1044.0 726.6 221.9 | 1044.0 1810.9 544.0 | 1044.0 620.9 110.8 |
| basic containements in forced second wave | count mean std | 874.0 130.0 83.9 | 874.0 340 .6 232.6 | 874.0 252.7 156.8 | 874.0 666.4 416.4 | 874.0 494.1 122.7 |
| -20 days containments in forced second wave | count mean std | 769.0 112.2 66.8 | 769.0 294.2 188.4 | 769.0 248.9 158.0 | 769.0 663.4 417.5 | 769.0 499.3 124.1 |
| frag. p. & workers control in forced second wave | count mean std | 886.0 128.1 89.6 | 886.0 326.3 234.2 | 886.0 301.1 170.7 | 886.0 792.3 450.2 | 886.0 515.5 116.9 |

Table 1: Report of the key results, with count, mean, and std

Exploring vaccinations

 Exploring vaccination sequences, using genetic algorithms. A detailed note, frequently updated, is at

https://terna.to.it/simul/GAresultPresentation.pdf.

- We compare the effect of choosing vaccination quotas via GA with two predetermined strategies.
- Key dates:
 - in the internal calendar of the model, day 373 is Feb. 12th, 2021, which is effectively the starting point of the vaccinations in the region;
 - the day of the effectiveness of the initial vaccinations, 40 days later, is day 413 (Mar. 22nd, 2021).

Vaccination groups

We take into consideration seven groups in order of decreasing fragility but also considering the exposure to contagion:

- g1 extra fragile people with three components;
 - due to intrinsic characteristics: people in nursing homes;
 - due to risk exposure:
 - nursing homes operators;
 - healtcare operators;
- g2 teachers;
- g3 workers with medical fragility;
- q4 regular workers:
- g5 fragile people without special characteristics;
- g6 regular people, not young, not worker, and not teacher;
- *q7* young people excluding special activity cases (a limited number in *q1*).

Vaccination quotas, *plain* strategy

Considering the *plain* option adopted in Table 2 and remembering that the time-sequence in daily actions is the winner, we will primarily vaccinate the left column groups to move gradually to other columns: (g1) extra fragile people, (g2) teachers, (g3) fragile workers, (g4) regular workers, (g5) fragile people, (g6) regular people, (g7) young people.

| From day | Q. of vaccines (000) | g1 | g2 | g3 | g4 | g5 | g6 | g7 |
|----------|----------------------------|-----|-----|-----|-----|-----|-----|-----|
| 373 | 5 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 433 | 10 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 493 | 10 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 553 | 10 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 613 | 20 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 738 | end | | | | | | | |

Table 2: From the day of the first column, considering the quantity of the second column, the vaccination of each group follows the quota of the related columns

Vaccination quotas, wise strategy

Considering the *wise* option adopted in Table 3 and remembering that the time-sequence in daily actions is the winner, we will primarily vaccinate the left column groups to move gradually to other columns, but postponing group *g4* (regular workers), *g6* (regular people), and *g7* (young people).

| From day | Q. of vaccines (000) | g1 | g2 | g3 | g4 | g5 | g6 | g7 |
|----------|----------------------------|-----|-----|-----|-----|-----|-----|-----|
| 373 | 5 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.0 | 0.0 |
| 433 | 10 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.0 | 0.0 |
| 493 | 10 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 553 | 10 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 613 | 20 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 738 | end | | | | | | | |

Table 3: From the day of the first column, considering the quantity of the second column, the vaccination of each group follows the quota of the related columns

Two cases

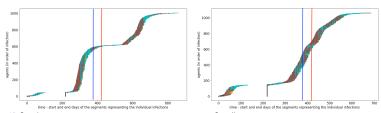


Figure 19: Case I Case II
Crucial dates: blue line for the starting point of the vaccination campaign and red line for the start of the effectiveness of the initial vaccinations

GA quotas, an example in case I, with vaccinated people still spreading the infection

| | g1 | g2 | g3 | g4 | g5 | g6 | g7 |
|------------------------------|-----|----|-----|------|------|-----|-----|
| Susc. at t = 0 Susc. when | 133 | 84 | 240 | 1560 | 1179 | 254 | 900 |
| vacc. starts | 124 | 81 | 162 | 1234 | 1032 | 245 | 891 |

Table 4: Case I: susceptible persons at the beginning of the simulation and when the vaccination campaign starts, day 373, Feb. 12th, 2021

Groups: (g1) extra fragile people, (g2) teachers, (g3) fragile workers, (g4) regular workers, (g5) fragile people, (g6) regular people, (g7) young people.

| From day | Q. of vaccines (000) | g1 | g2 | g3 | g4 | g5 | g6 | g7 |
|-------------------|----------------------------|----------------------|-------------------|-------------------|----------------------|---------------------|----------------------|---------------------|
| 373 433 493 | 5 10 10 | 0.01 0.94 0.97 | 0 0.06 0.97 | 0 0.32 0.74 | 0.79 0.54 0.79 | 0.18 0.19 0.2 | 0.38 0.83 0.14 | 0.19 0.5 0.52 |
| 553 613 738 | 10 20 end | 0.98 0.52 | 0.83 0.01 | 0.02 0.83 | 0.39 0.6 | 0.99 | 0.04 0.27 | 0.48 0.9 |

Table 5: GA best strategy in case I, with vaccinated people still spreading the infection: from the day of the first column, considering the quantity of the second column, the vaccination of each group follows the quota of the related columns

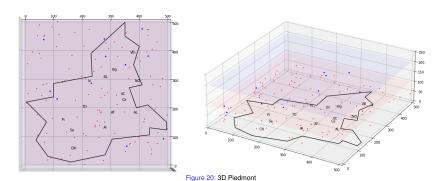
Synopsys

Three hypotheses about contagion transmission from vaccinate people if infected: 100%, never, 50%.

| Case (1000) | At day 413 | Final no vaccin. | Final plain vaccin. infect. 100% | Final wise vaccin. infect. 100% | Final GA vaccin. infect. 100% | Final plain vaccin. infect. 0% | Final wise vaccin. infect. 0% | Final GA vaccin. infect. 0% | Final plain vaccin. infect. 50% | Final wise vaccin. infect. 50% | Final GA vaccin infect. 50% |
|----------------|------------------|------------------------|--|---|---|--|---|---|---|--|---|
| I | 197 - | 325 128 | 236 39 | 263 66 | 200 3 | 203 6 | 211 14 | 199 2 | 204 7 | 229 32 | 203 6 |
| II | 233 | 375 142 | 355 122 | 344 111 | 305 72 | 340 107 | 334 101 | 297 64 | 356 123 | 344 111 | 288 55 |

Table 6: Results of the campaigns in the two cases, only symptomatic people (second row in each case: minus day 413)

A new model: the map



A new model: the scale and the items

- 1:100.
- Infection engine, https://terna.to.it/simul/InfectionEngine.pdf.
- Houses.
- Schools.
- Hospitals.
- · Nursing homes,
- Factories.
- Transportations.
- Aggregation places: happy hours, night life, sport stadiums, discotheques, . . .
- Networks (family networks, professional networks, high-contact individuals, 4 ...)

⁴G. Manzo and A. van de Rijt. Halting sars-cov-2 by targeting high-contact individuals. Journal of Artificial Societies and Social Simulation, 23(4):10, 2020. ISSN 1460-7425. doi: 10.18564/jasss.4435. URL http://asss.soc.surrev.ac.uk/23/4/10.html.

The tool: S.L.A.P.P.

Scientific advertising: https://terna.github.io/SLAPP/

SLAPP

Swarm-Like Agent Protocol in Python

View the Project on GitHub terna/SLAPP



What version of Python do you use?

SLAPP3 uses Python 3

SLAPP2 uses Python 2

Swarm-Like Agent Protocol in Python

At SLAPP 3, you have SLAPP running in Python 3 (in the SLAPP repository you have a lot related material and a large set of old versions; the 2.0.x version is the last one related to Python 2).

We have here also a **Reference Handbook** (it is still a draft and has to be improved).

Five chapters of the book of Boero, R., Morini, M., Sonnessa, M., and Terna, P., Agent-based Models of the Economy - From Theories to Applications, are related to SLAPP.

This project is maintained by terna

Hosted on GitHub Pages — Theme by orderedlist

The new book of Mazzoll, M., Morini, M., and Terna, P., Rethinking Macroeconomics with Endogenous Market Structure, is deeply based on SLAPP.

Figure 21: Swarm-Like Agent Protocol in Python

Some final considerations:

- The importance of High Performance Computing.
- The S.I.s.a.R. model is a tool for comparative analyses, not for forecasting (the enormous standard deviation values are intrinsic to the problem).
- The model is highly parametric and more it will be.
- New crisis calling for immediate simulation could take a substantial advantage from the parametric structure of the model.

The slides are at https://terna.to.it/simul/TernaCCA20210329.pdf. My homepage https://terna.to.it and my mail address pietro.terna@unito.it.