

Reaction-diffusion spatial modeling of COVID-19 in Chicago

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- ① The COVID Problem
- ② Project Context and Objectives
- ③ Social and Community Connections
- ④ Current Work



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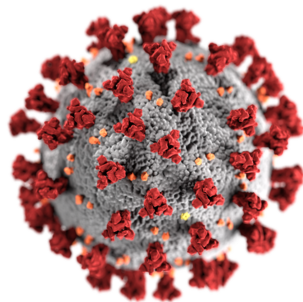


Identified in Wuhan, China in December 2019.
Caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

In the United States alone, we currently have

- **37,768,911** total cases
- **626,833** total deaths

(Source: CDC)

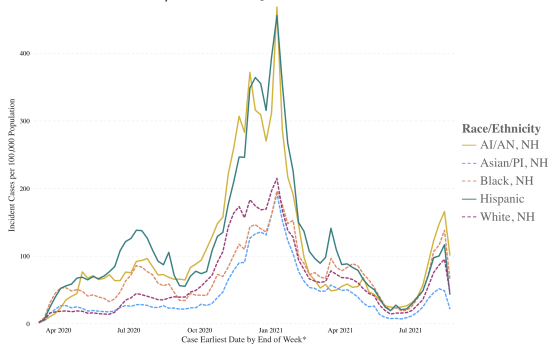




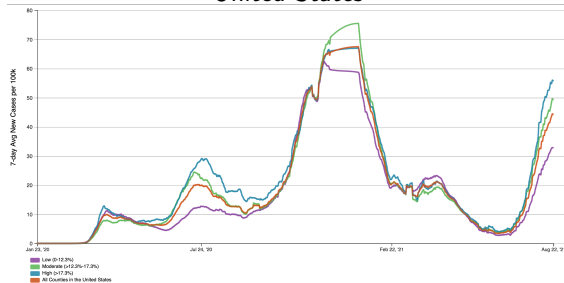
Transmission by exposure to infectious respiratory fluids:

1. Inhalation of virus
2. Deposition of virus on exposed mucus membranes
3. Touching mucous membranes with soiled hands contaminated with virus

COVID-19 weekly cases per 100,000 population by race/ethnicity, United States



COVID-19 weekly case rate per 100,000 population by percentage of county population in poverty, United States



(Source: CDC)



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Why make a mathematical study of COVID-19?

An epidemic model provides . . .

- a convenient summary of the data
- insight into the underlying processes of the disease spread
- a testing ground for assessing control procedures

Models of infectious diseases are usually variations on the **Kermack-McKendrick model** (1927).



Usual assumptions:

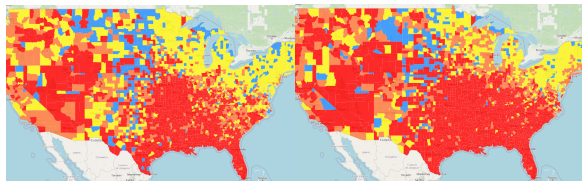
- Population is *homogeneous*
- Transmission is spatially independent

Project Context and Objectives



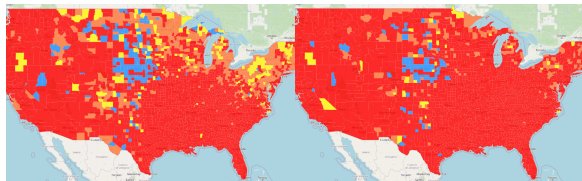
These assumptions don't match reality!

Level of community transmission by county (Source: CDC)



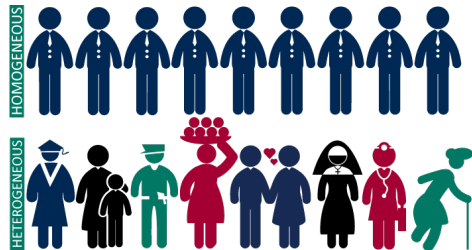
(a) 7/22/2021

(b) 7/29/2021



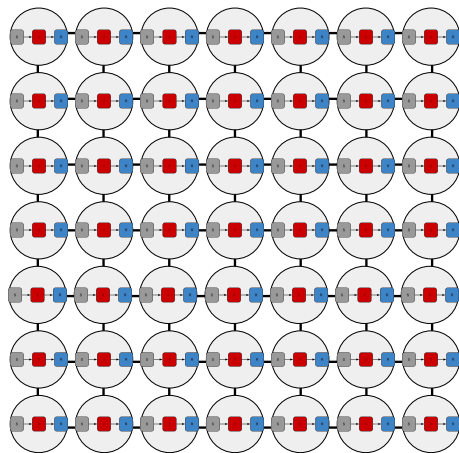
(c) 8/8/2021

(d) 8/21/2021



Idea: Use reaction-diffusion to build a spatially explicit model.

- The data clearly shows a diffusive pattern
- Spatial dependence can approximate demographic differences
- Spatially dependent data exists for many scales and regions





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Summer 2020 context: IPRO with David Eads (NPR) to identify *demographic trends* in COVID-19.

- How does the impact of COVID-19 (in Chicago) depend on **age** and **race/ethnicity**?

Present context: COVID-19 is still here. Where is it impacting and why?

- Does **community structure** play a role?
- How effective are **vaccines**? (Or what is thwarting them?)
- Are **care facilities** properly allocated?
- *Other ideas?*

Goal: Can we design a model to answer these questions?



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Idea:

1. Define a *local* process that occurs locally at every point in space.
2. Determine suitable *local* parameters (e.g., transition rates).
3. Define the characteristics of the *physical space* (e.g., population density).
4. Integrate the local process over the physical space.
5. Determine suitable *physical* parameters (e.g., transmission rates).

Progress:

- Start by defining a toy model: **S**usceptible, **I**nfected, **R**emoved.
- Local parameters fitted using data from the [Chicago Data Portal](#).
- Spatial characteristics defined using data from the [U.S. Census Bureau](#).
- Numerical spatial integration is a work in progress.