Mathematical Epidemiology for the People

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So... why?

- The COVID-19 pandemic threatens not only our health, economy, sport, culture, ... it is a **global security threat**
 - solve it
 - and safety aspects
 - and forecasts

- models are essential to create a broad platform to understand, discuss, and

- the more we rely on models, the more we shall ask about their own security

- understanding the internal code of epidemic allows for much better analyses



Have you said "modelling"?



We focus on compartmental models, today

- Suitable for strategic modelling of a disease under the community spread mode
 - mechanistic principle, also invoking the law of mass action in various forms
 - deterministic computation of "precise averages"
 - reversibility by going back-and-forth in time (e.g. going backwards to the patient zero)
 - allow for strategy verification and testing of control mechanisms
 - excellent to understand the mechanical "Rules of Contagion" (noting [Kucharski, 2020])
- Other approaches include: stochastic models, network graphs, agent-based simulations, phenomenological growth models, ad hoc statistical estimations, etc.

SIR Compartmental Epidemic Model - based on Kermack-McKendrick theory since 1927



Towards COVID-19 Realities





Ordinary Differential Equations - What do they say here?

$$X(t + \Delta t) = X(t) + [\Lambda + \alpha X(t) + \beta X]$$
$$\frac{X(t + \Delta t) - X(t)}{\Delta t} = \Lambda + \alpha X(t) + \beta X$$
$$\lim_{\Delta t \to 0} \frac{X(t + \Delta t) - X(t)}{\Delta t} = \frac{dX(t)}{dt}$$
$$\frac{dX(t)}{dt} = \Lambda + \alpha X(t) + \beta X(t)Y(t)$$

 $Y(t)Y(t)]\Delta t$ Y(t)Y(t)

- General form of ODE as used in many deterministic models of biological processes
 - incorporates various kinds of growth/ decrease action and handles the infinitesimal time steps correctly
 - Λ is an *instantaneous* **absolute** rate of change of a "degree-zero" growth/decrease process
 - α is an instantaneous **relative** rate of change of a "degree-one" growth/decrease process
 - β analogous to α , this time for a **mass** action ("degree-two") growth/decrease process

SIR Compartmental Epidemic Model - based on Kermack-McKendrick theory since 1927





 $\mathcal{R}_0 = \frac{\beta}{\gamma}, \ \mathcal{R}_e(t) = \mathcal{R}_0 \frac{S(t)}{N}$

 $\frac{dR(t)}{dt} = \gamma I(t)$

S(0) + I(0) + R(0) = NS'(t) + I'(t) + R'(0) = 0



The effect of the decreasing effective reproduction number



Going Dimensionless



 $\frac{di(t)}{dt} =$ $\frac{ds(t)}{dt} = -\beta i(t)s(t)$



$$\beta i(t)s(t) - \gamma i(t)$$

 $\frac{dr(t)}{dt} = \gamma i(t)$

s(0) + i(0) + r(0) = 1s'(t) + i'(t) + r'(0) = 0

SIR Solution Example



Susceptible

$$\beta$$

$$i(t) = \frac{s(t)}{N}$$

$$i(t) = \frac{I(t)}{N}$$

$$r(t) = \frac{ds(t)}{dt} = -\beta i(t)s(t)$$

$$\frac{di(t)}{dt} = \beta i(t)s(t) - \gamma i(t)$$

$$\frac{dr(t)}{dt}$$

$$\mathcal{R}_{0} = \frac{\beta}{\gamma}, \mathcal{R}_{e}(t) = \mathcal{R}_{0}s(t)$$

$$s(0) + i(0) + r(0) = \frac{s(t) + i'(t) + r'(0)}{s'(t) + i'(t) + r'(0)}$$

$$I(0) = 10^{-5}$$
$$\beta = \frac{27}{100}$$
$$\gamma = \frac{1}{10}$$
$$\mathcal{R}_0 = 2.70$$



Anti-Epidemic Interventions

transmission rate intervention 4

- moderating contact rate
- decreasing infection probability



removal rate intervention 1

- broad testing
- contact tracing
- vaccination

$$\frac{dr(t)}{dt} = \gamma i(t)$$

s'(t) + i'(t) + r'(t) = 0

Example: Qualitative Study of Two Ideal Consecutive Lockdowns

locked for days: 41-101, 115-190 equivalent rep. no. reduced to 0.81

> S(susceptible) I(infected) R(removed) 80 R0

Locked in Lockdowns

Locked in Lockdowns - Effective Reproduction Number Noted

I(infected)-free-run
 I(infected)-one-lock
 I(infected)-two-locks
 "R0(t)" / 10
 Re(t)/10

Why the Viral Load is Soooo Important

- There is a big difference in between the locked (decreasing) and the released (growing) prevalence slopes; assume $R_e > 1$
 - the exponential decrease slows down exponentially, since only a degree-one factor withdraws infectious people (*if testing and tracing is not working perfectly*)
 - the growth is then a degree-two mass
 action process boosted by the
 instantaneous viral load
 - for the idea, recall our experiments with the isolated flows before

Real-World Lockdown Serious Modelling Example (UK)

Fig. 4. Projections of epidemic dynamics under different control measures. We compare four alternative scenarios for non-pharmaceutical interventions from 1 January 2021: (i) mobility returning to levels observed during relatively moderate restrictions in early October 2020; (ii) mobility as observed during the second lockdown in England in November 2020, then gradually returning to October 2020 levels from 1 March to 1 April 2021, with schools open; (iii) as (ii), but with school

In Vivo Models: Mathematical Epidemiology Meets Virology

$$P(0) = 10$$

B(0) = 4 or 8

Gilchrist - Sasaki model

$$\frac{dP(t)}{dt} = \rho P(t) - \gamma B(t) P(t)$$
$$\frac{dB(t)}{dt} = \alpha B(t) P(t)$$

[Martcheva, 2015]

AES ~ Anti-Epidemic System (PES* in Czech)

- Two important modules, together creating a sort of epidemics modelling and control •
 - Risk Index is its **sensing part**
 - AES transitions rules and countermeasures matrix is its acting part
- Considering its deemed importance, the whole scheme would deserve somehow deeper elaboration

- RI is described quite briefly without e.g. calibration details and selected model discussion

- the acting part design is hidden completely, relation of countermeasures to RI is just stated

verification of interaction with a suitable long-term epidemic model to check this is an optimal control strategy is missing - this would bring either vital plausibility arguments or adjustments

Risk Index in Brief

$$RI(t) = 6\log_2 Z_t + C_0, \text{ so we } h$$

- 30 days since the base time t

 - **RI** is not(!) a percent-based measure -
 - the **logarithmic nature** of its relative increase/decrease is the only relevant interpretation -
- - indexu rizika COVID-19, v. 2.3, 27.12.2020

• Z_t is a random variable (process) estimating the number of serious COVID-19 cases emerging during the following

- Z_t is based on four measurable (*not fully independent*) factors according to a *mixed* model (cf. the reference below)

• Some details are given in Kulveit, J. and Gavenčiak, T.: Odvození indexu rizika pro epidemii COVID-19 v České republice

- updated by Májek, O., Kulveit, J., Přibylová, L., Hajnová, V., Jarkovský, J., and Dušek, L.: Metodika pro výpočet

Jde to pomalu. Dnes jsme cvičili povel "K noze!" *) It goes slowly. Today, we exercised the "HEEL!" command.

<u>ww.kemel</u> [Miroslav Kemel, https:

Countermeasures Safety Check by Simulated Test Runs

*) Note the SEIR model is just an example

How to Start Experimenting I

- Computationally oriented introduction by physicist and data scientist Bruno Gonçalves with GitHub support (just grab your Python and start exploring)
 - https://medium.com/data-for-science/epidemic-modeling-101-orwhy-your-covid19-exponential-fitsare-wrong-97aa50c55f8
- Should you rather prefer R, there is an excellent book by mathematical biologist Ottar N. Bjørnstad

Ottar N. Bjørnstad

Use R!

Models and Data using R

Conclusion

- from different areas can share and dispute their ideas
 - since mathematics is the ultimate language of this universe
- security and safety of our models
 - simply put **trust**, **but test**
 - as countermeasures effect

Mathematical modelling is the key part to create a platform where many experts

• The more important decisions are to be made, the more we shall talk about the

mechanistic models do offer incredible opportunities to verify vital components of other models, here e.g. the reproduction number and risk index estimates as well

Remember

Revision History

- 2021/03/10: fork from the Mathematical Epidemiology for Security Analysts