

Modeling of COVID-19 dynamics and path to herd immunity by vaccination

Françoise Kemp

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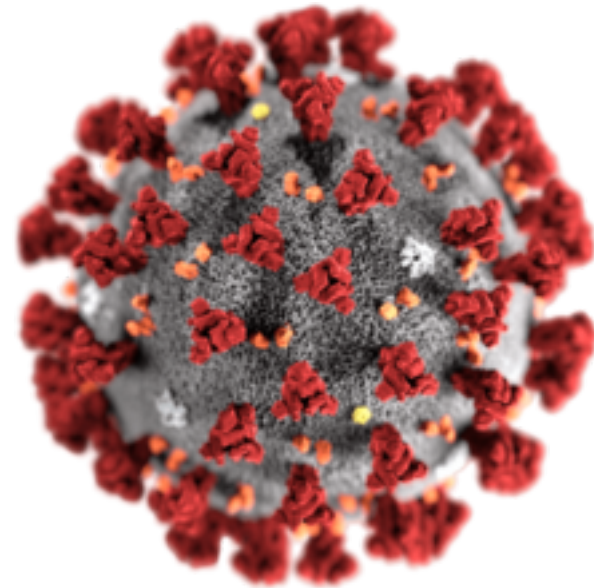
Coronavirus around the world

Total deaths

2.5 million

Total confirmed cases

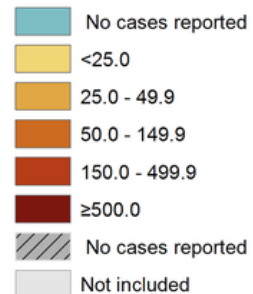
115 million



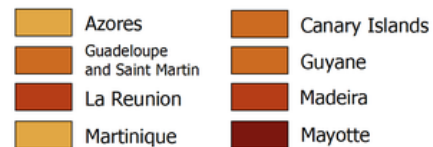
Situation in Europe



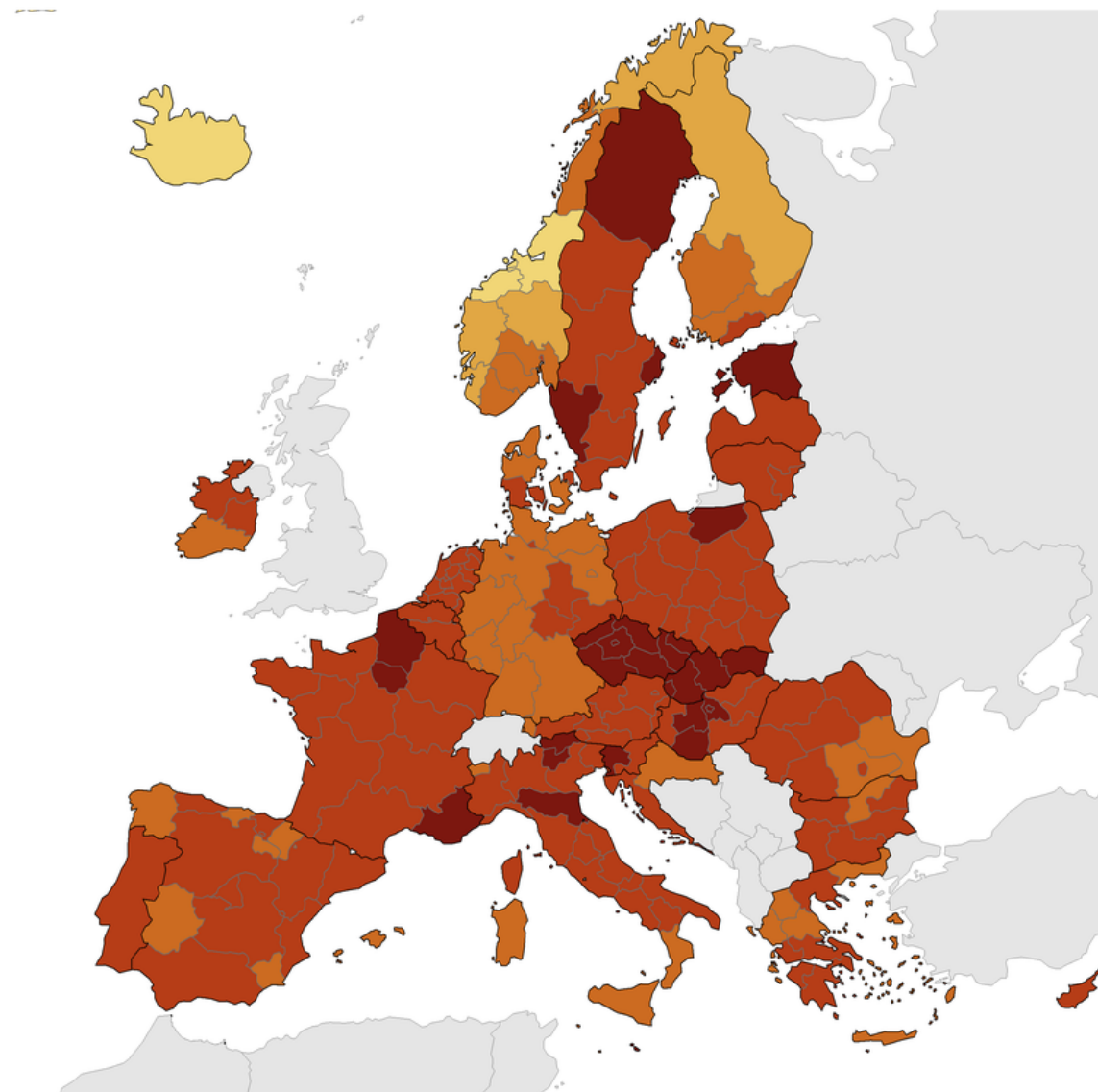
14-day COVID-19 case notification rate per 100 000 weeks 07 - 08



Regions not visible in the main map extent



Countries not visible in the main map extent



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat © Kartverket © Instituto Nacional de Estatística - Statistics Portugal.
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Situation in Luxembourg

Total deaths

648

Latest daily figure

4

new deaths

Total confirmed cases

56110 (9%)

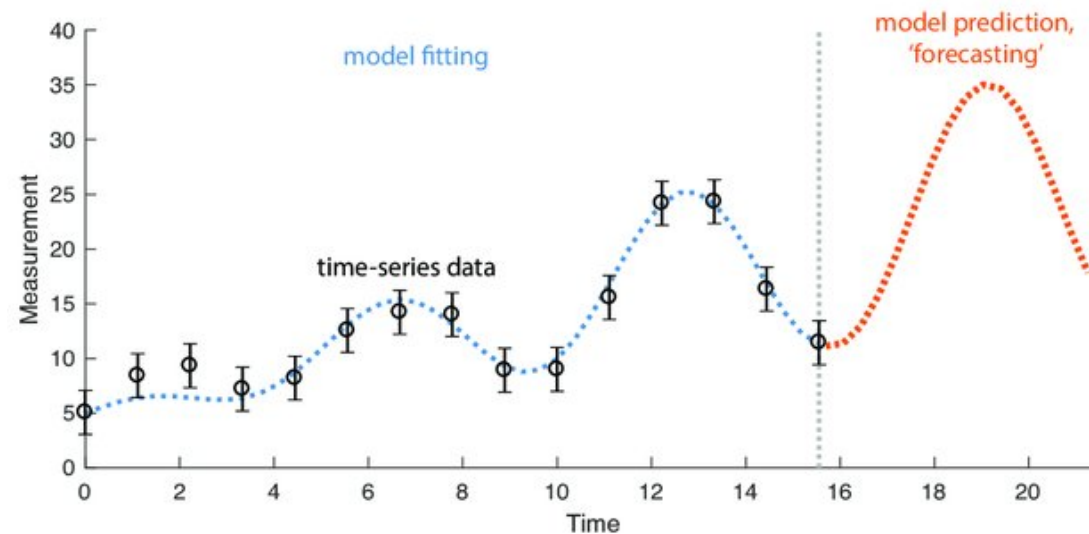
Latest daily figure

206

new cases

Modeling and forecasting

- disease forecast could aid public health responses by informing key preparation and mitigation efforts
- major tool to understand its diffusion
- fit the observed data well can be simulated forward in time to make predictions about the future state of the system, a task known as forecasting
- modeling and forecasting the spread of COVID-19 remains a challenge



Motivation of the model

- Being confronted with soaring numbers of infections, sickness and dead
- Puts a major constraint on hospital logistics
- Simulate ICU and hospital bed needs in the upcoming week



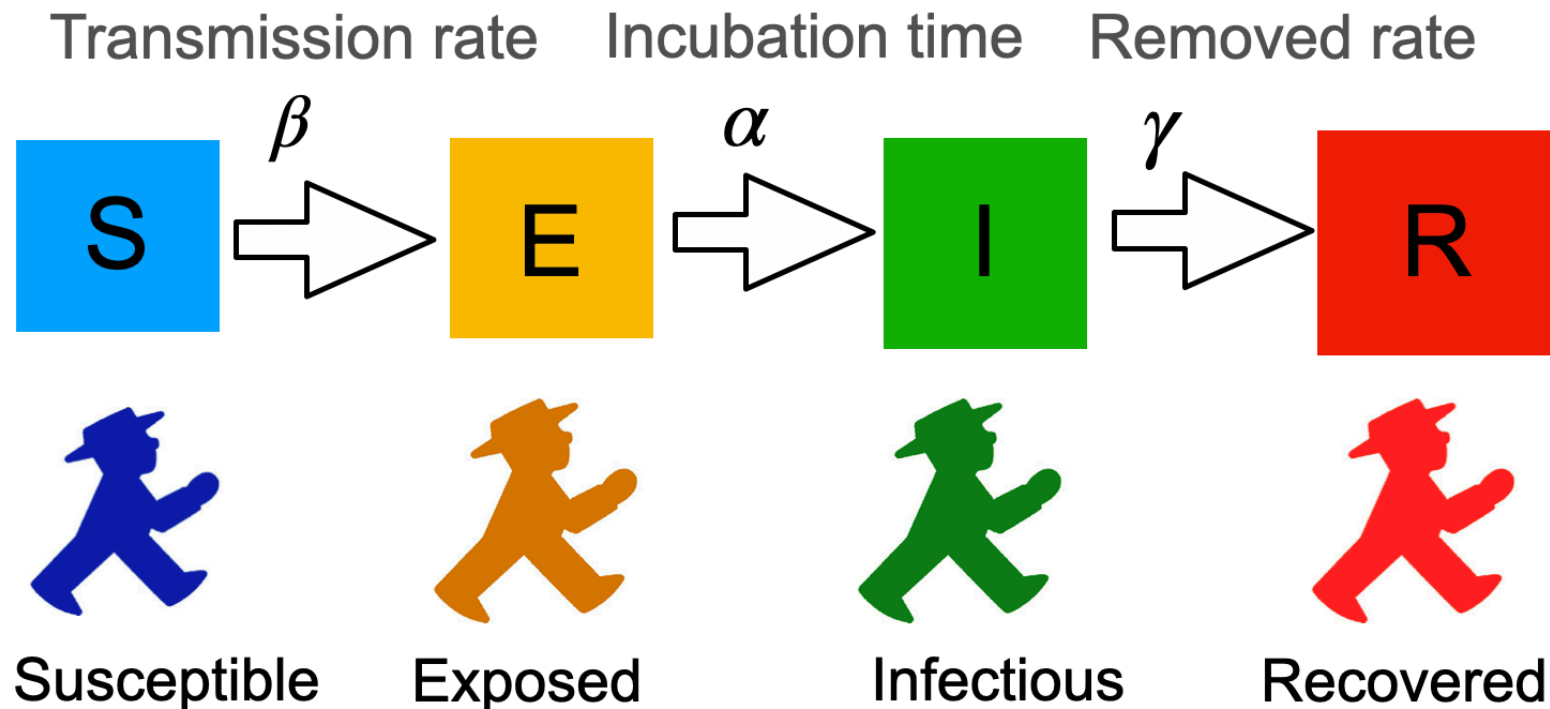
<https://ec.europa.eu/jrc/en/news/forecasting-covid-19-impact-icu-bed-demand-lombardy>



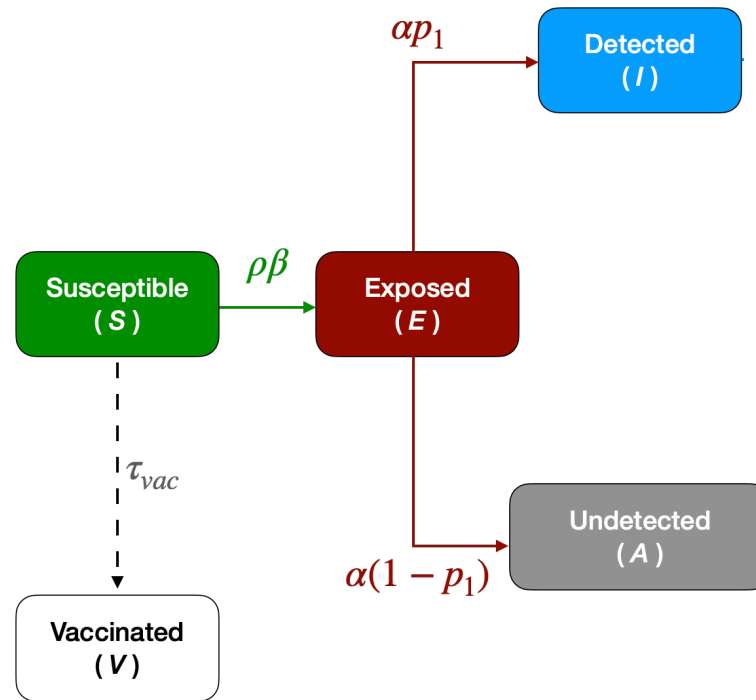
<https://gdkangshen.en.made-in-china.com/product/dNrmjxajhWVv/China-Electric-Hospital-Bed-Medical-Bed-Clinic-Bed-for-Sale.html>

Basic SEIR Model

- Formulated by Kermack and McKendrick in 1927
- Compartment model

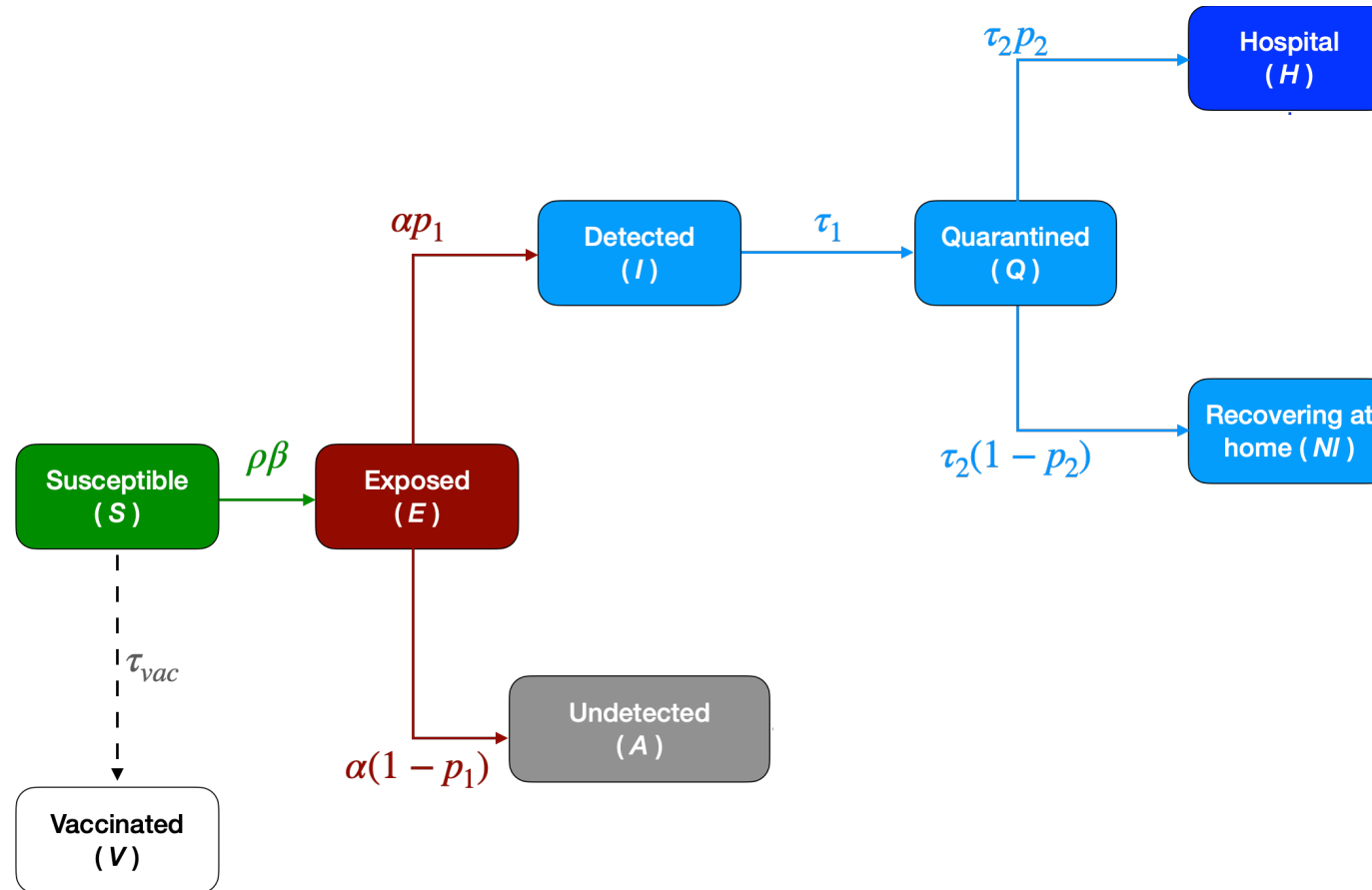


Scheme of extended SEIR model for ICU/hospital

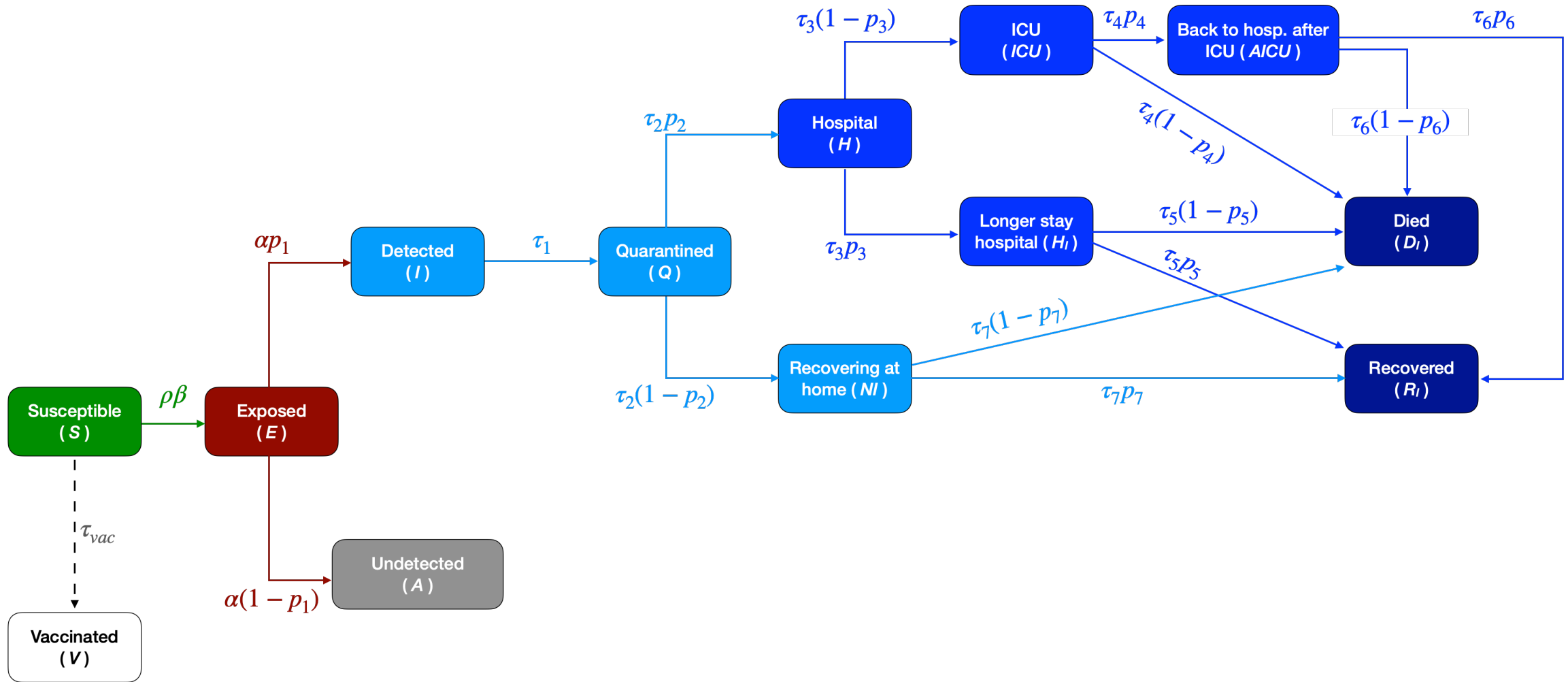


Parameter	Description	Units
ρ_n	social distancing ($n = 0, \dots, 14$)	<i>adim.</i>
β	average contact rate	<i>days</i> ⁻¹
α	(mean incubation period) ⁻¹	<i>days</i> ⁻¹
τ_1	(mean time in <i>I</i>) ⁻¹	<i>days</i> ⁻¹
τ_2	(mean time in <i>Q</i>) ⁻¹	<i>days</i> ⁻¹
τ_3	(mean time in <i>H</i>) ⁻¹	<i>days</i> ⁻¹
τ_4	(mean time in <i>ICU</i>) ⁻¹	<i>days</i> ⁻¹
τ_5	(mean time in <i>Hl</i>) ⁻¹	<i>days</i> ⁻¹
τ_6	(mean time in <i>AICU</i>) ⁻¹	<i>days</i> ⁻¹
τ_7	(mean time in <i>NI</i>) ⁻¹	<i>days</i> ⁻¹
τ_8	(mean time in <i>A</i>) ⁻¹	<i>days</i> ⁻¹
τ_9	(mean time in <i>NII</i>) ⁻¹	<i>days</i> ⁻¹
p_1	probability of $E \rightarrow I$	<i>adim.</i>
p_2	probability of $Q \rightarrow H$	<i>adim.</i>
p_3	probability of $H \rightarrow Hl$	<i>adim.</i>
p_4	probability of $ICU \rightarrow AICU$	<i>adim.</i>
p_5	probability of $Hl \rightarrow R_{II}$	<i>adim.</i>
p_6	probability of $AICU \rightarrow R_{II}$	<i>adim.</i>
p_7	probability of $NI \rightarrow R_{II}$	<i>adim.</i>
p_9	probability of $NII \rightarrow R_A$	<i>adim.</i>

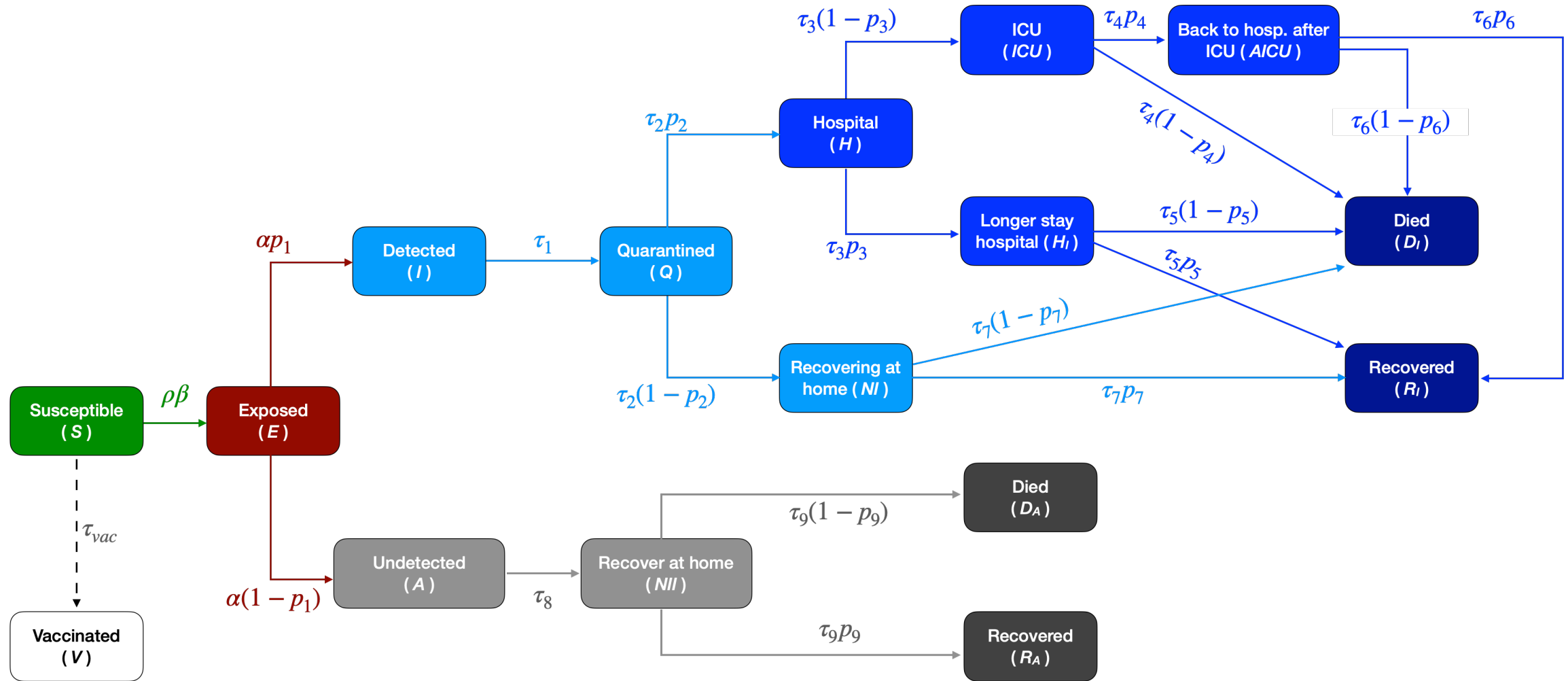
Scheme of extended SEIR model for ICU/hospital



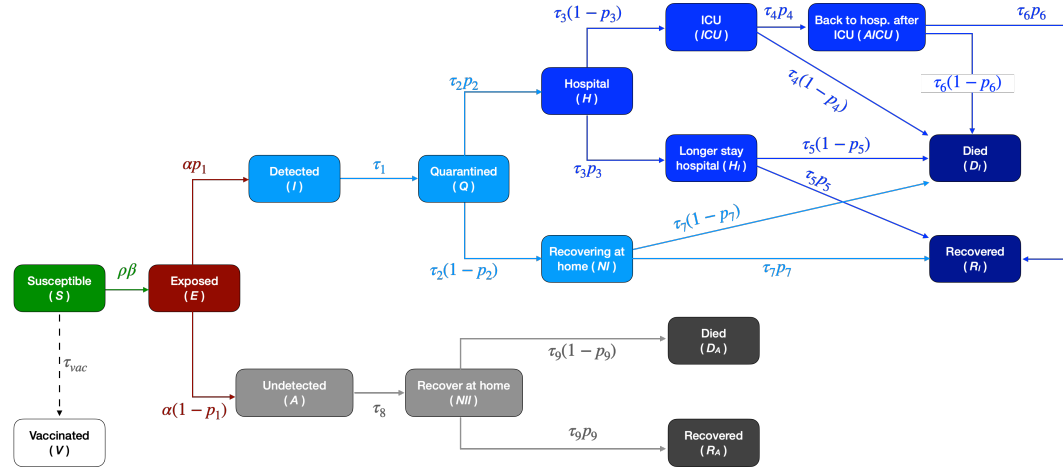
Scheme of extended SEIR model for ICU/hospital



Scheme of extended SEIR model for ICU/hospital



Scheme of extended SEIR model for ICU/hospital



- System of 18 ODE
- 22 parameters
- 18 variables

$$\begin{aligned}
 \frac{dS}{dt} &= -\rho\beta(A + I)S - \tau_{vac}, \\
 \frac{dE}{dt} &= \rho\beta S(A + I) - \alpha E, \\
 \frac{dI}{dt} &= \alpha p_1 E - \tau_1 I, \\
 \frac{dQ}{dt} &= \tau_1 I - Q\tau_2 p_2 - (1 - p_2)\tau_2 Q, \\
 \frac{dH}{dt} &= p_2 \tau_2 Q - p_3 H \tau_3 - (1 - p_3)H \tau_3, \\
 \frac{dHI}{dt} &= p_3 H \tau_3 - HI \tau_5 (1 - p_5) - \tau_5 p_5 HI, \\
 \frac{dICU}{dt} &= (1 - p_3)H \tau_3 - p_4 \tau_4 ICU - (1 - p_4)ICU \tau_4, \\
 \frac{dAICU}{dt} &= \tau_4 p_4 ICU - p_6 AICU \tau_6 - AICU(1 - p_6)\tau_6, \\
 \frac{dR_I}{dt} &= p_6 \tau_6 AICU + p_5 \tau_5 HI, \\
 \frac{dR_{I1}}{dt} &= p_7 \tau_7 NI, \\
 \frac{dNI}{dt} &= (1 - p_2)\tau_2 Q - \tau_7(1 - p_7)NI - p_7 \tau_7 NI, \\
 \frac{dD_{I,hom}}{dt} &= (1 - p_7)\tau_7 NI, \\
 \frac{dD_{I,hos}}{dt} &= (1 - p_6)\tau_6 AICU + (1 - p_5)\tau_5 HI + \tau_4(1 - p_4)ICU, \\
 \frac{dA}{dt} &= (1 - p_1)\alpha E - \tau_8 A, \\
 \frac{dNII}{dt} &= \tau_8 A - \tau_9(1 - p_9)NII - p_9 \tau_9 NII, \\
 \frac{dD_A}{dt} &= \tau_9(1 - p_9)NII, \\
 \frac{dR_A}{dt} &= \tau_9 p_9 NII, \\
 \frac{dV}{dt} &= \tau_{vac},
 \end{aligned}$$

Social interaction is the driver of the epidemic

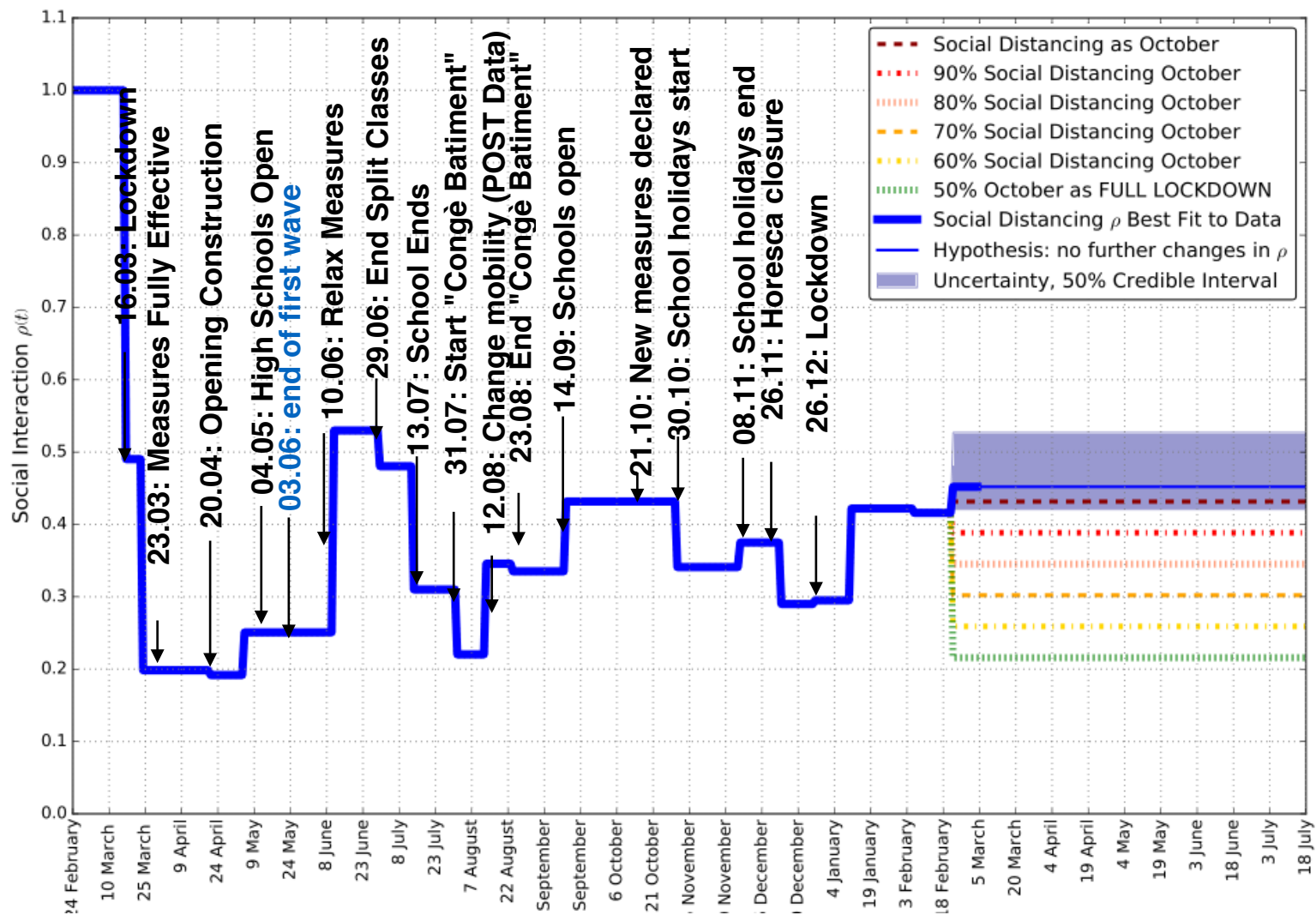
- Social distancing key in order to reduce the spread
- Implemented as a piecewise constant function of time

$$\frac{dS}{dt} = -\rho\beta(A + I)S - \tau_{vac}$$

$$\frac{dE}{dt} = \rho\beta(A + I)S - \alpha E$$

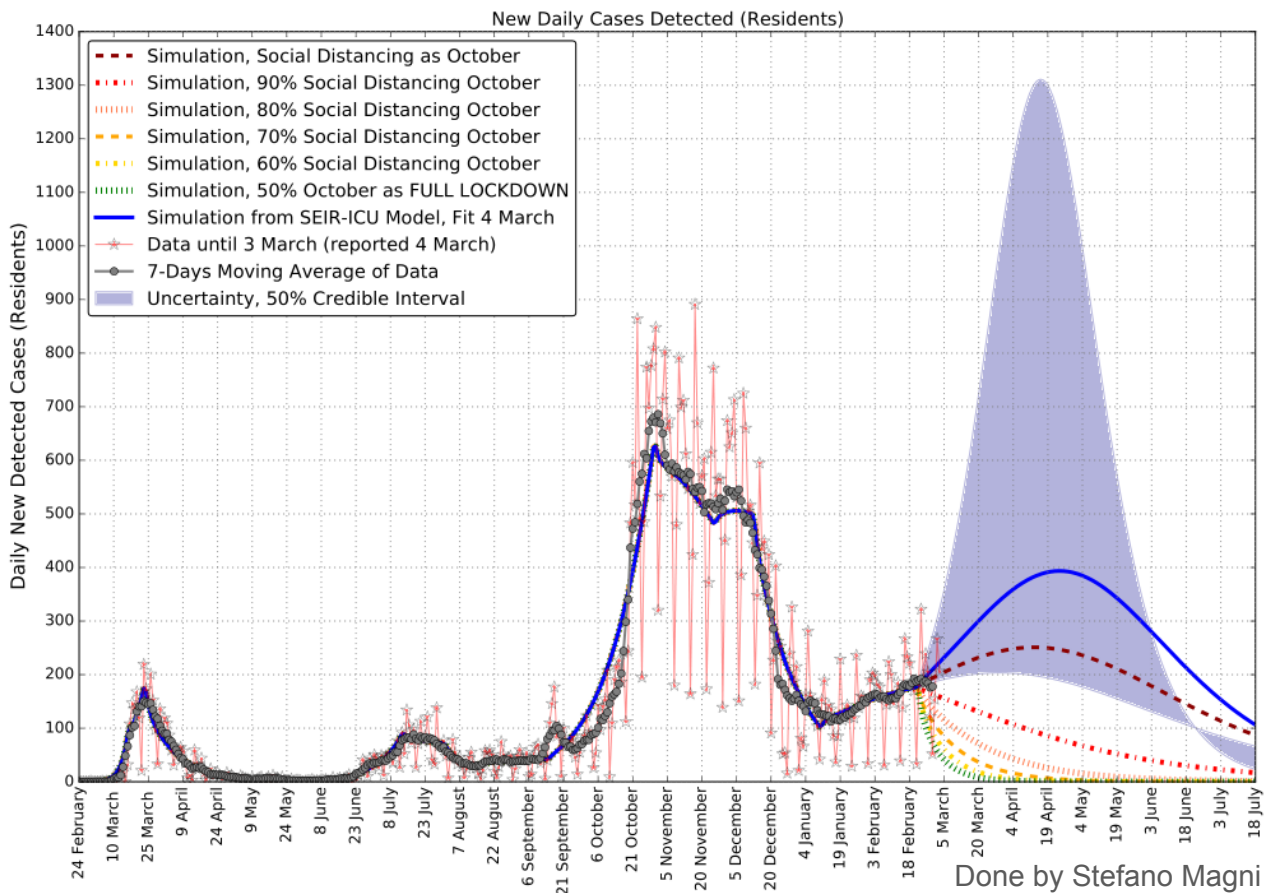
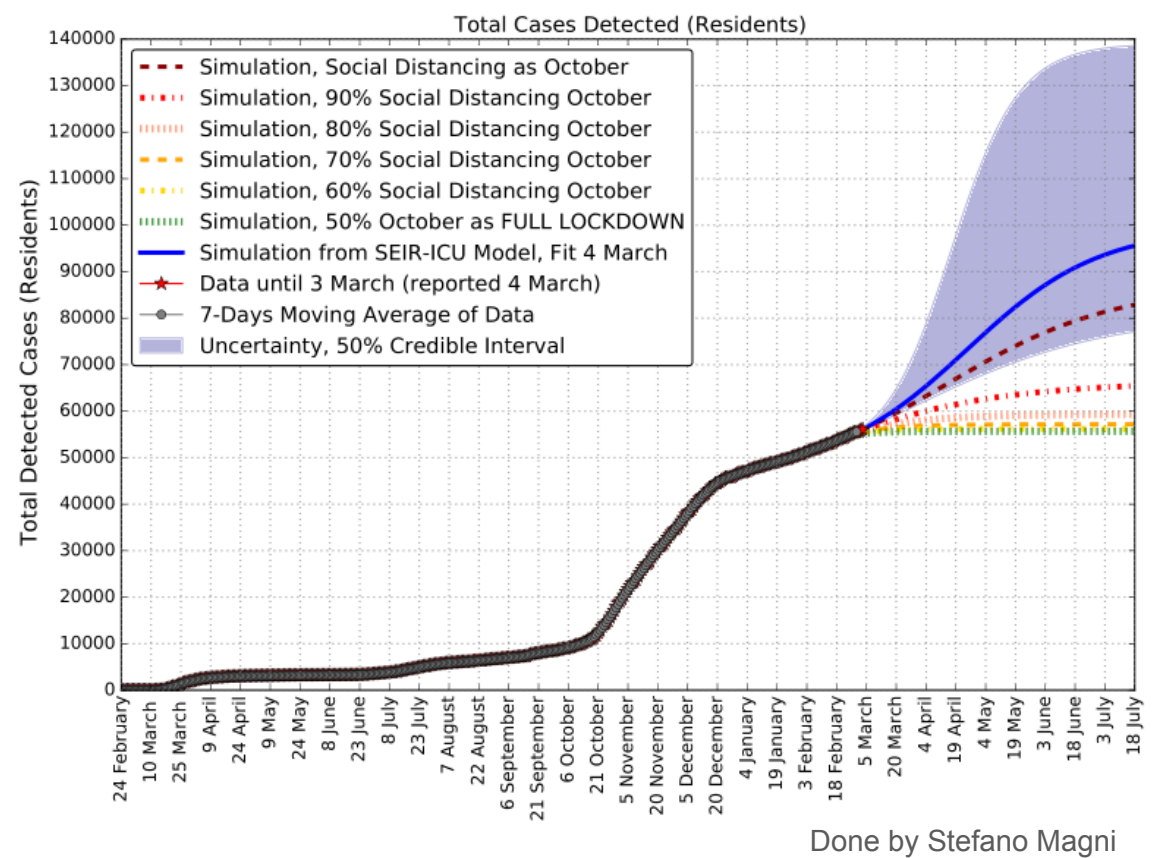


Change of rho for Luxembourg

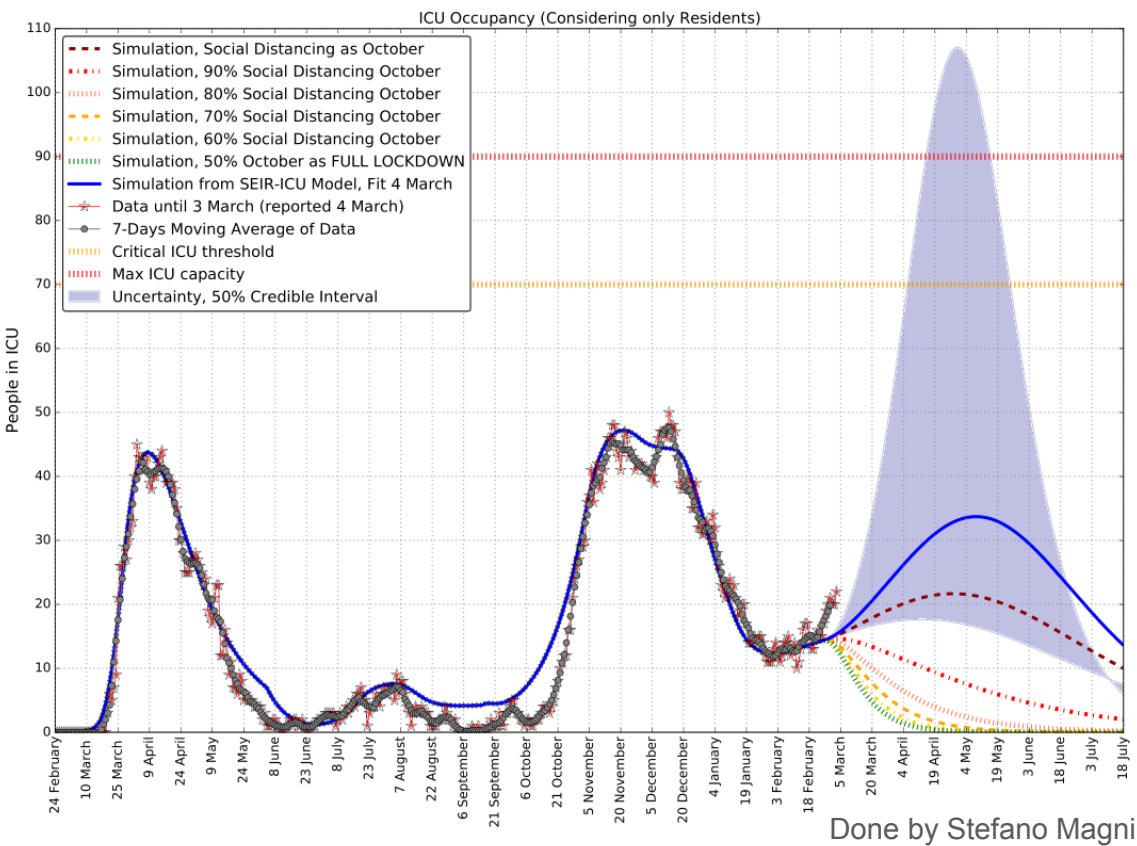
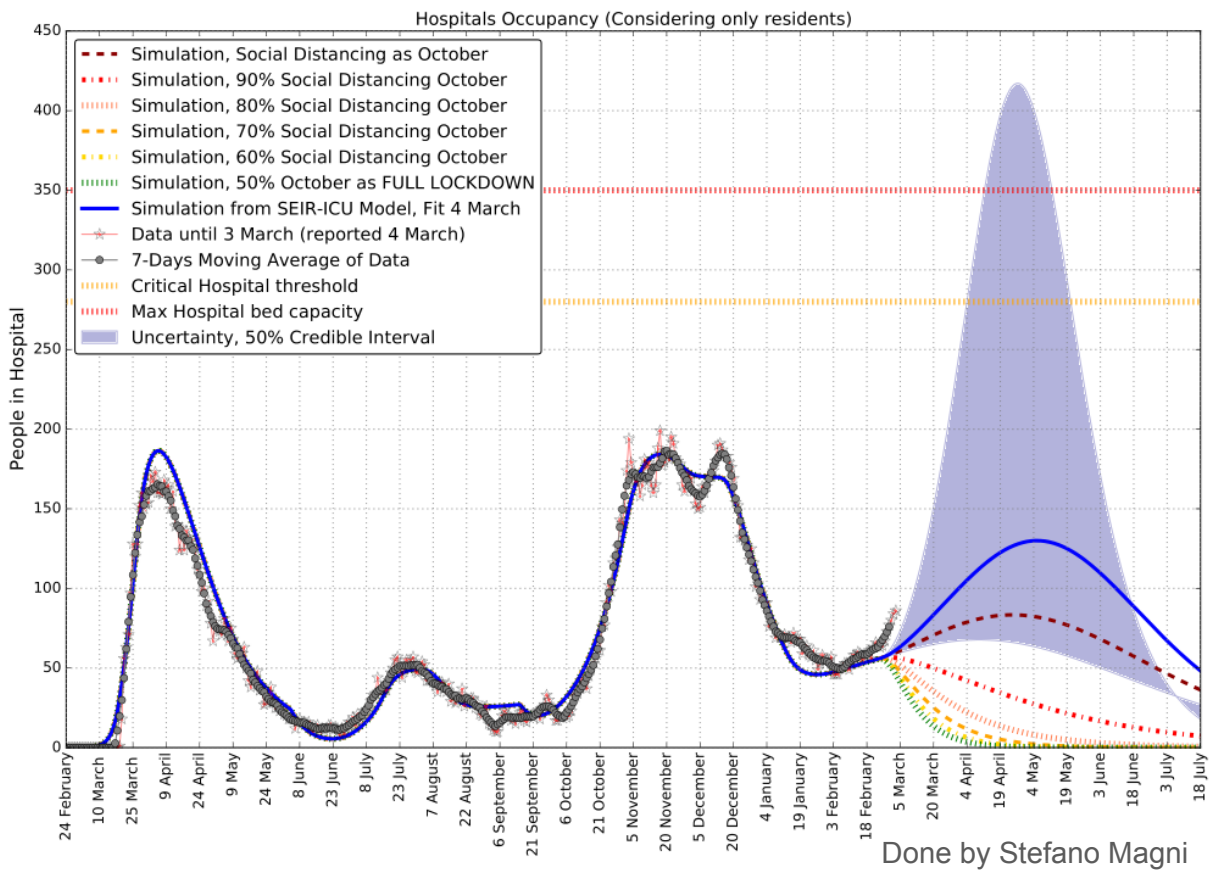


Projections for Luxembourg

9% of population had a detected COVID-19 infection

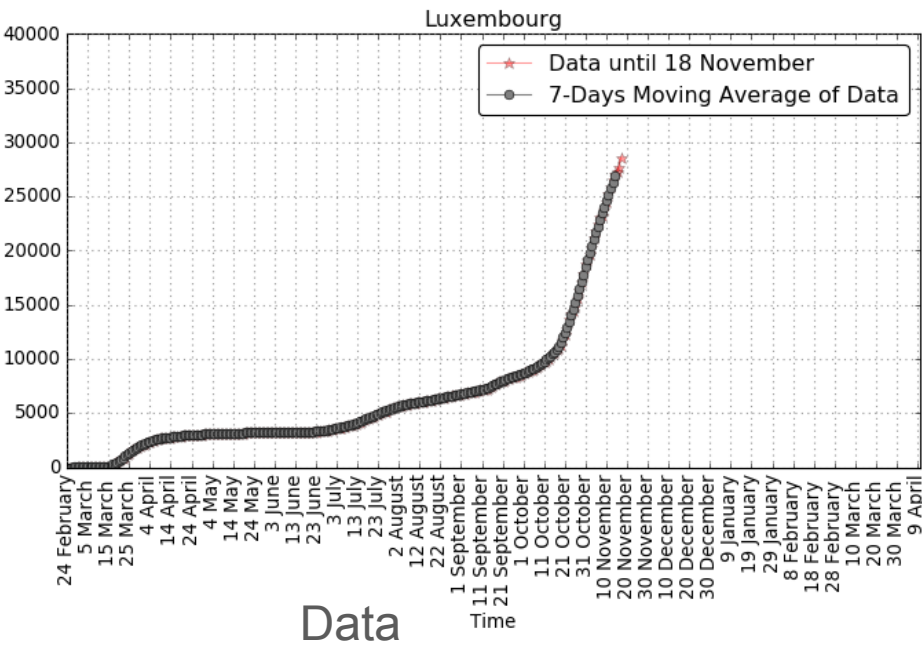


Projections for Luxembourg

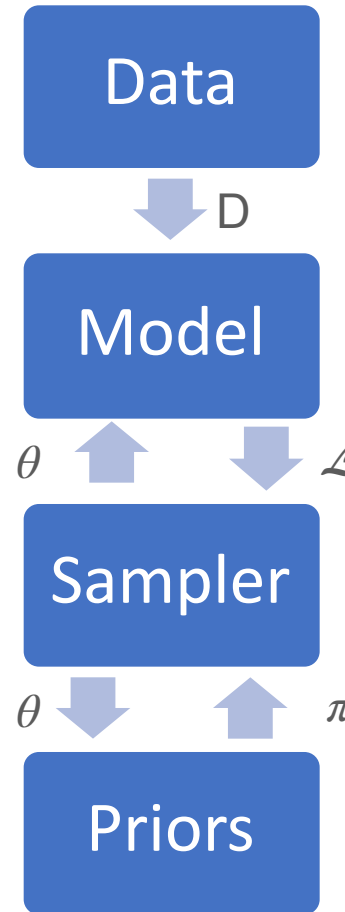


Schematic MCMC

INPUT

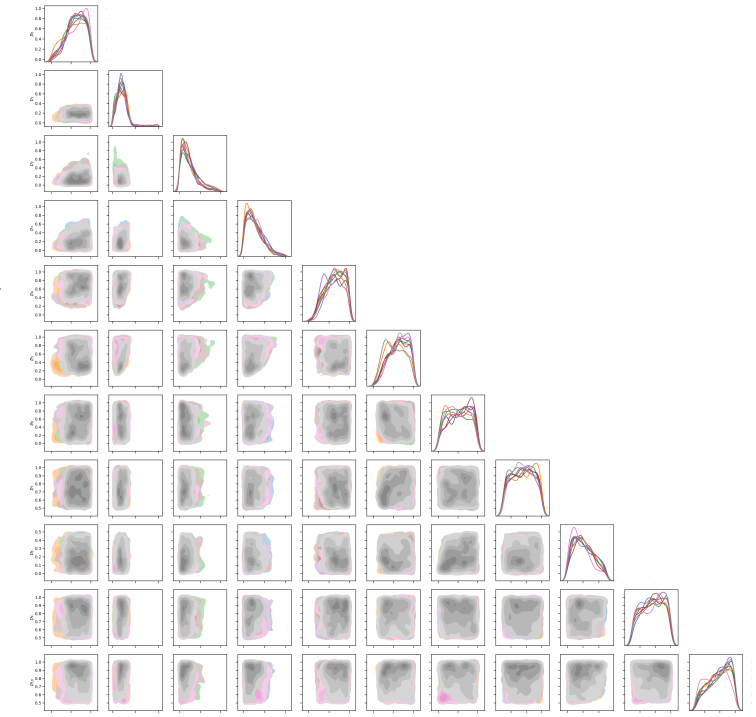


PROCESS



MCMC

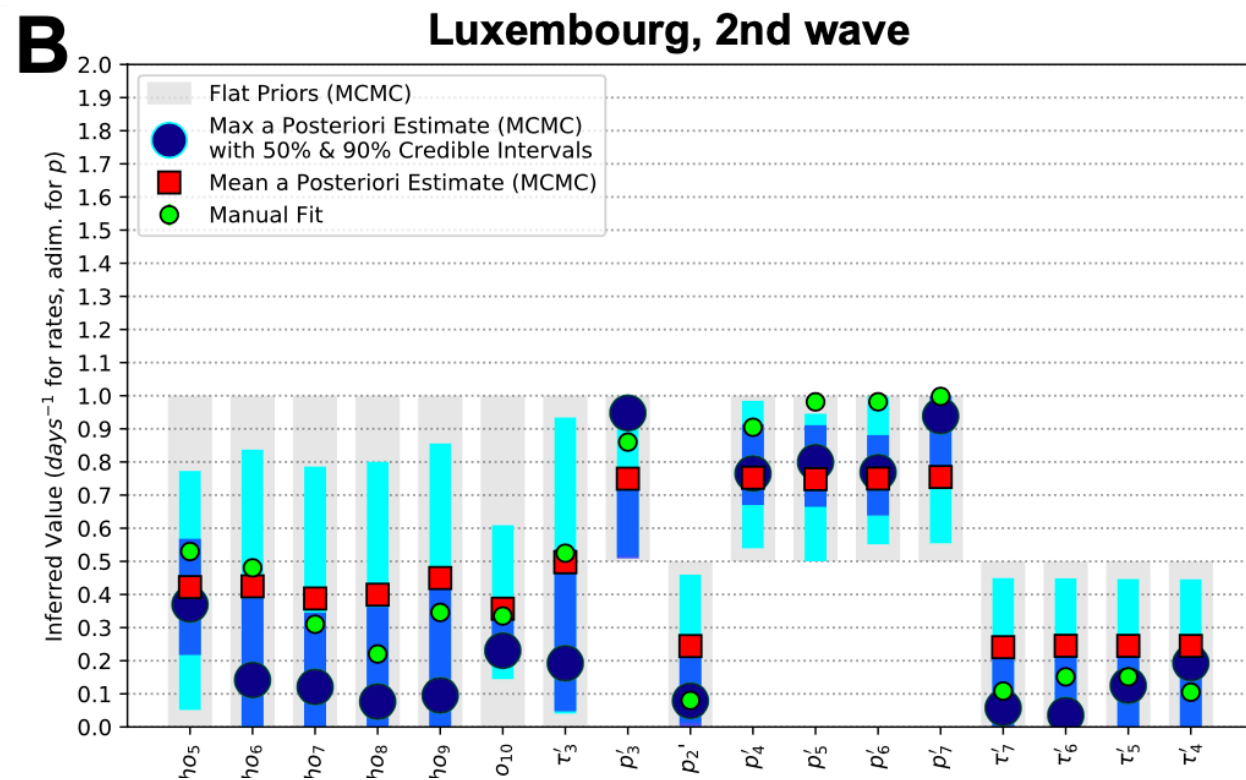
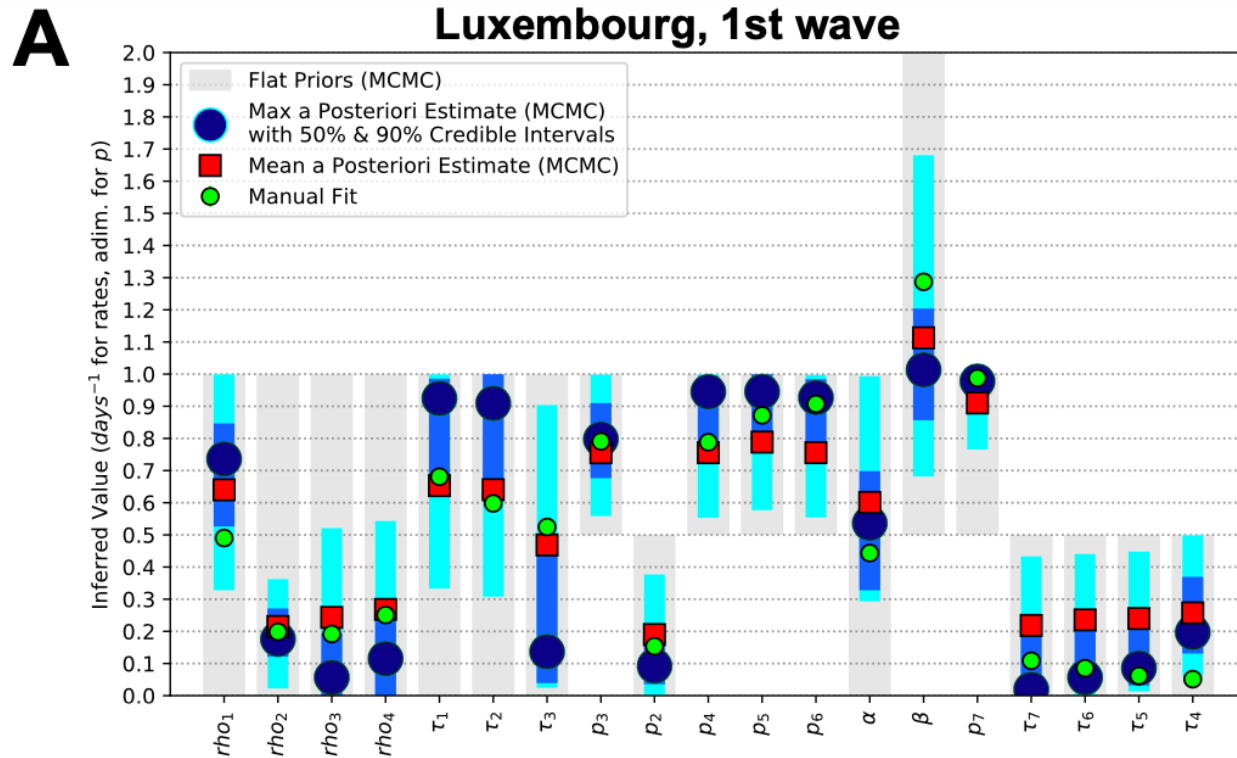
OUTPUT



Posterior

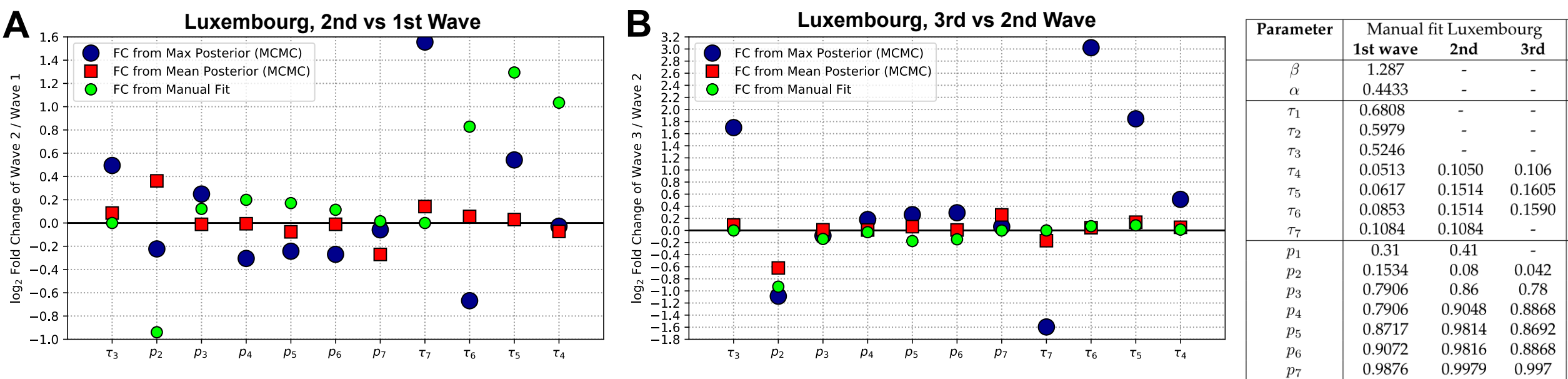
Changes in the parameter

- Very close either to the maximum or the mean posteriori estimate
- Fully consistent with our manually calibrated set



Fold changes between the different waves

- Changes observed by different fitting methods
- p_2 decreased between the subsequent waves



Basic reproduction

- signifying the average number of cases each infected person will cause, if no action is taken.
“0” refers to “time zero” (beginning) of the epidemic
- $R_0 = \frac{\beta}{\gamma}$
- $R_0 < 1$ the disease cannot invade the population
- $R_0 > 1$ invasion is possible and infection can spread
- obtained by next generation matrix method
- R_0 is one of the eigenvalues

$$R_0 = \beta \left[\frac{(1 - p_1)}{\tau_8} + \frac{p_1}{\tau_1} \right]$$

How quickly does it spread?

Basic reproduction value



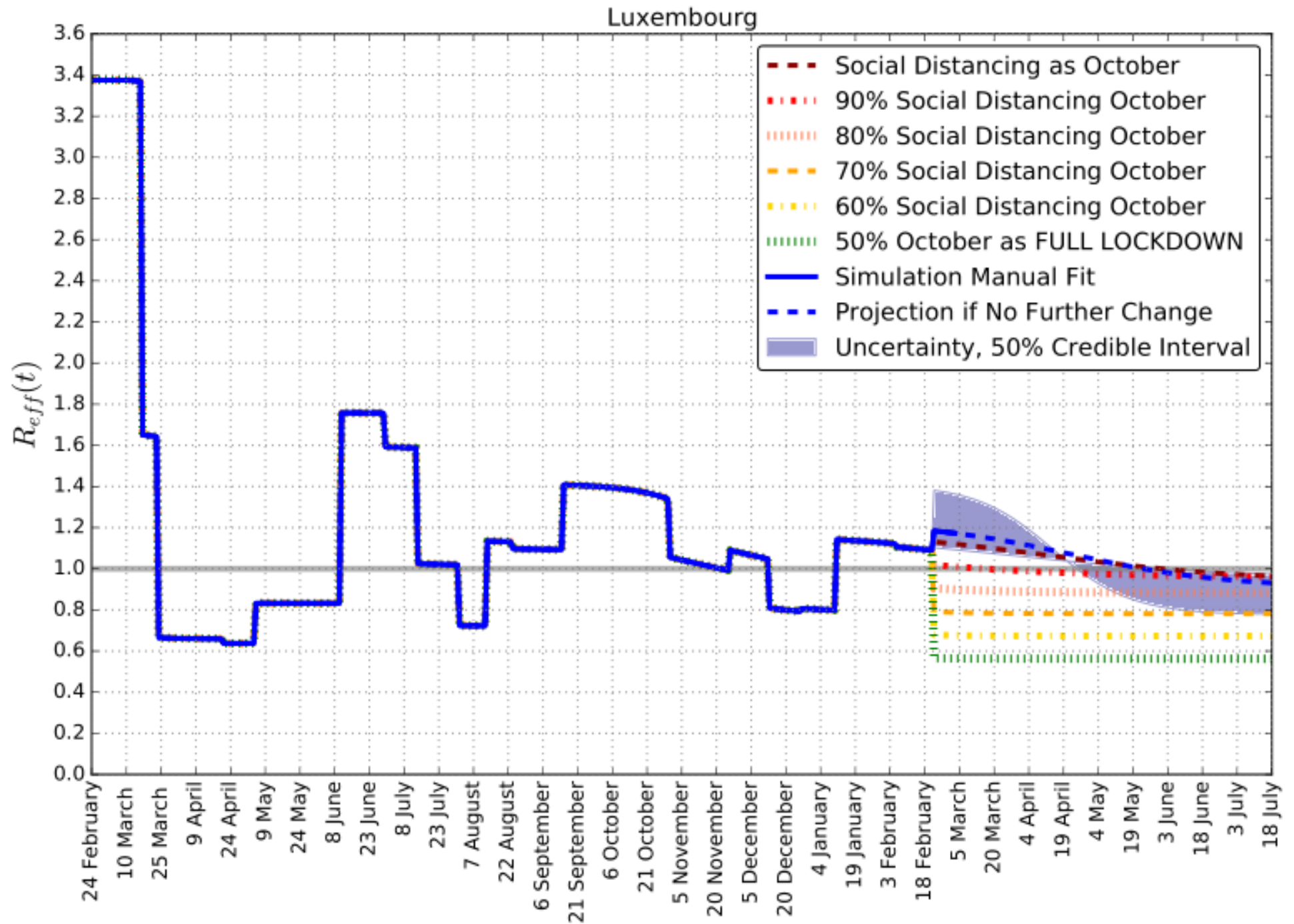
Source: ECDC, UMICH, Lancet

Effective reproduction number

- R_e calculated at different time points during the epidemic, i.e. the average number of expected infected persons by a primary case in a population of
- susceptible and infected individuals

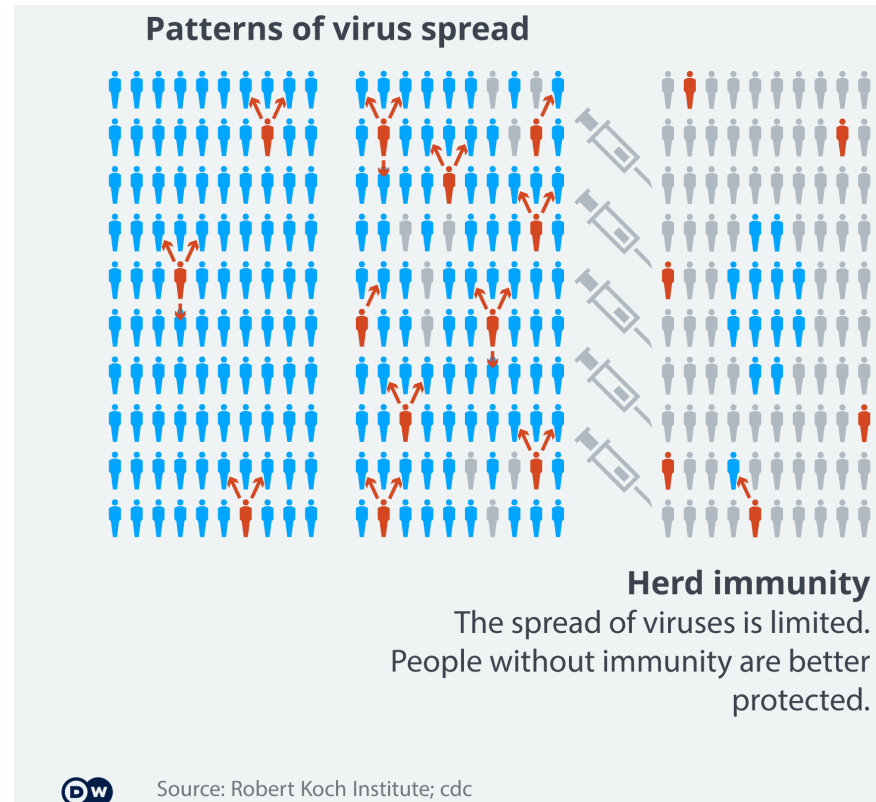
$$R_{eff} = \rho(t)\beta\left[\frac{1-p_1}{\tau_8} + \frac{p_1}{\tau_1}\right]\frac{S(t)}{N}$$

R- effective



Herd immunity

- also known as 'population immunity'
- a population is immune either through vaccination or immunity developed through previous infection
- vaccines train our immune systems to create proteins that fight disease



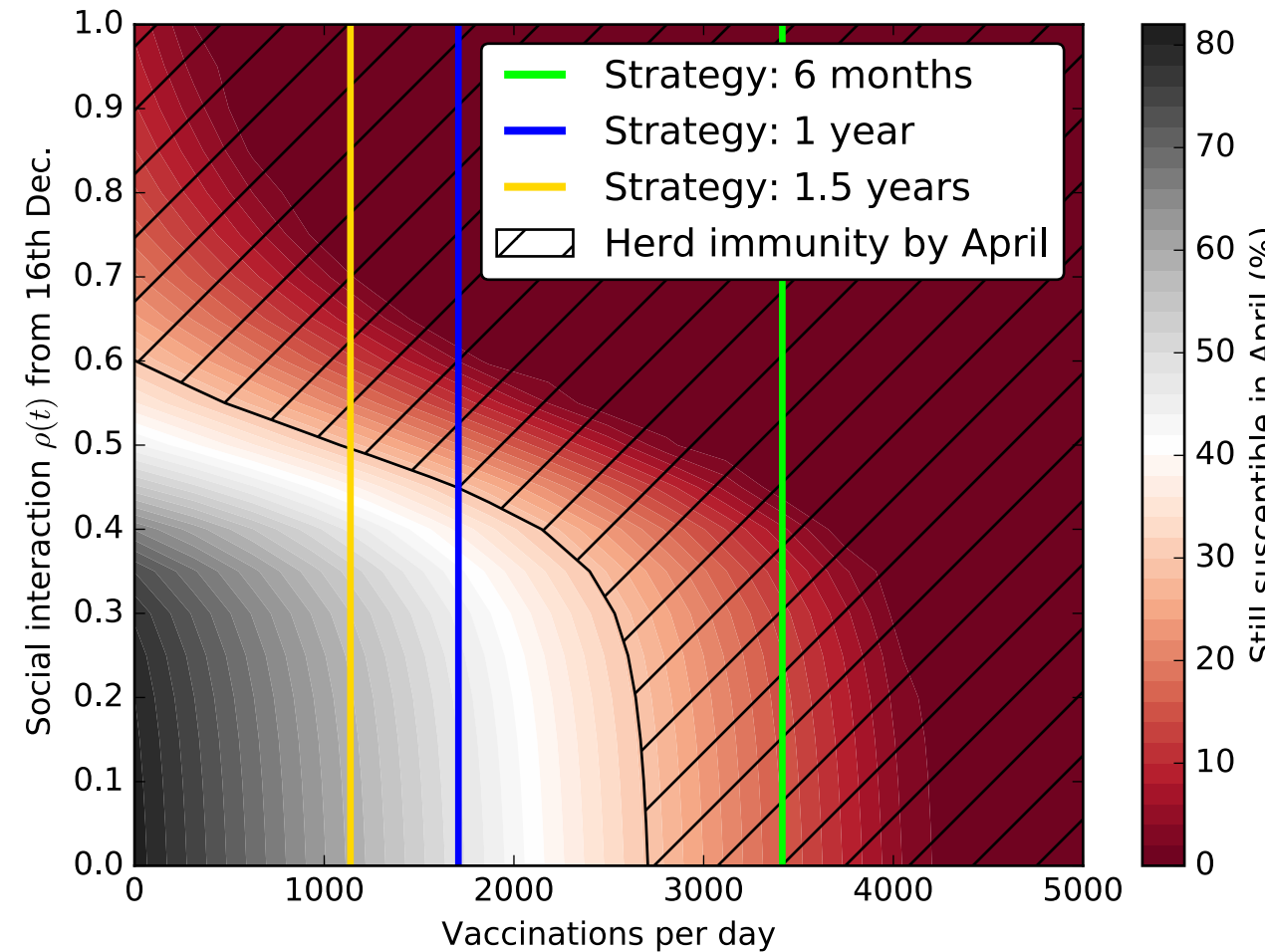
Vaccination in Luxembourg

	Journée du 02.03.2021	Total
Personnes vaccinées - Dose 1	817	28 476
Personnes vaccinées - Dose 2	525	11 984
Total des doses administrées	1 342	40 460

1.95% fully vaccinated Luxembourgish population
203 doses per day

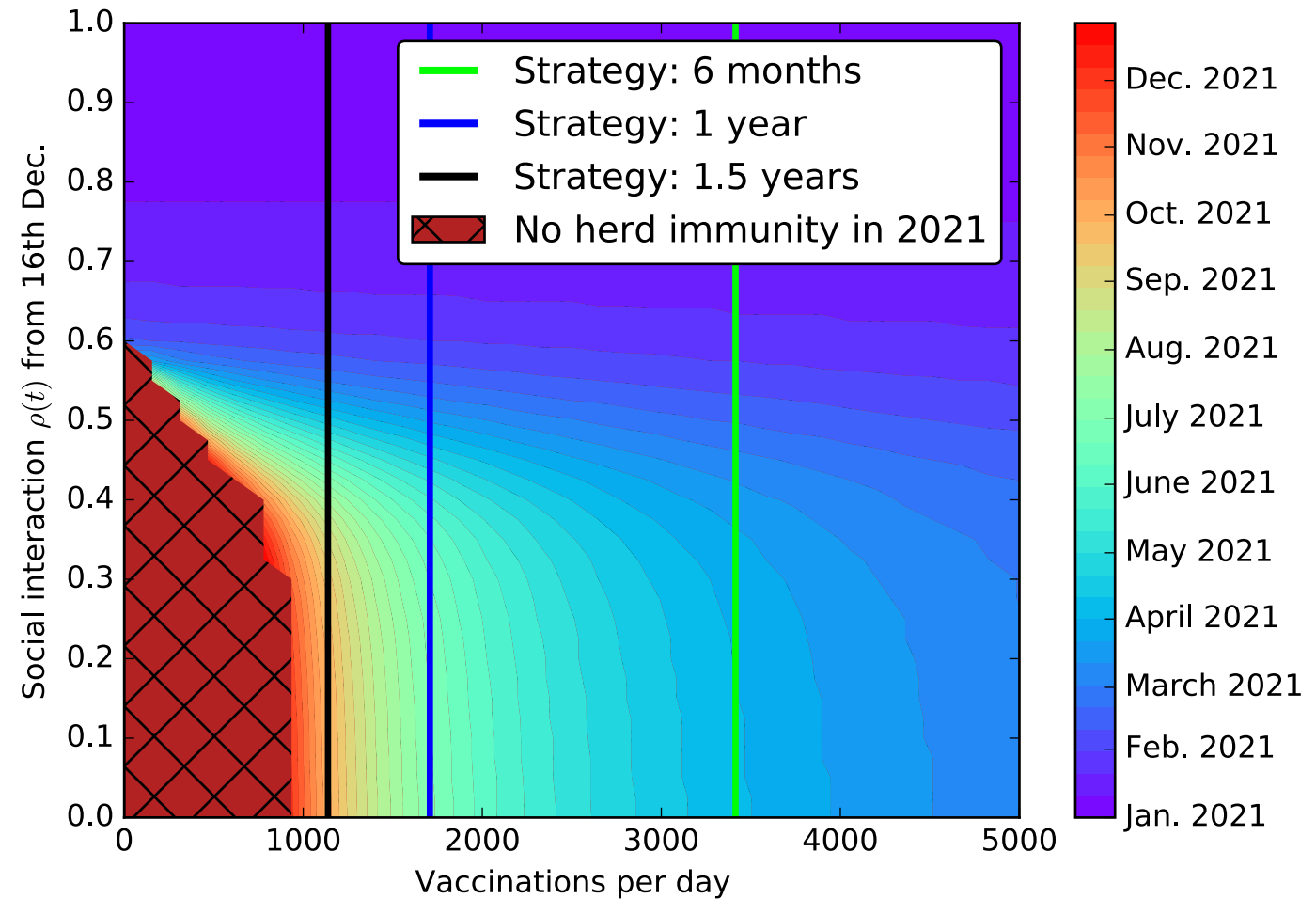
Herd immunity by April

- The interplay between the vaccination dynamics and social interaction
- 3 potential vaccination strategies (6 months, 1 year and 1.5 years)
- Estimate for herd immunity:
$$p_c = 1 - \frac{1}{R_0}$$
- 70% of population needing to be immune



Herd immunity for 2021

- All three vaccination strategies might lead to herd immunity in 2021

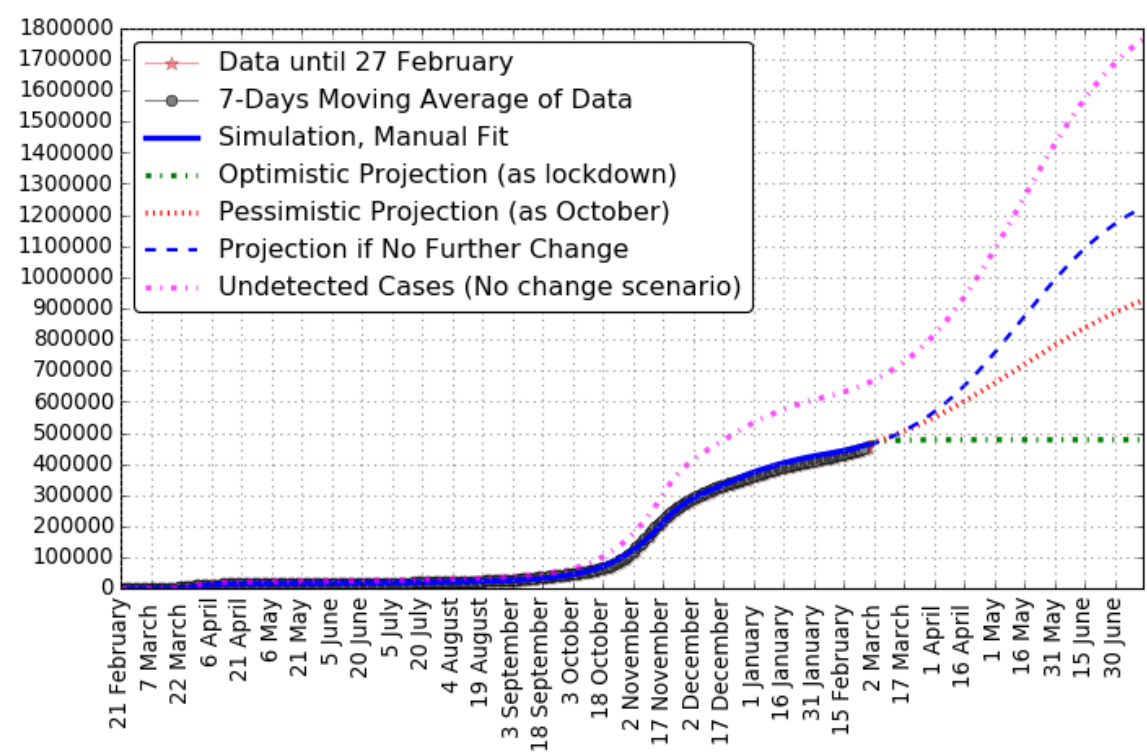


Corona in Austria

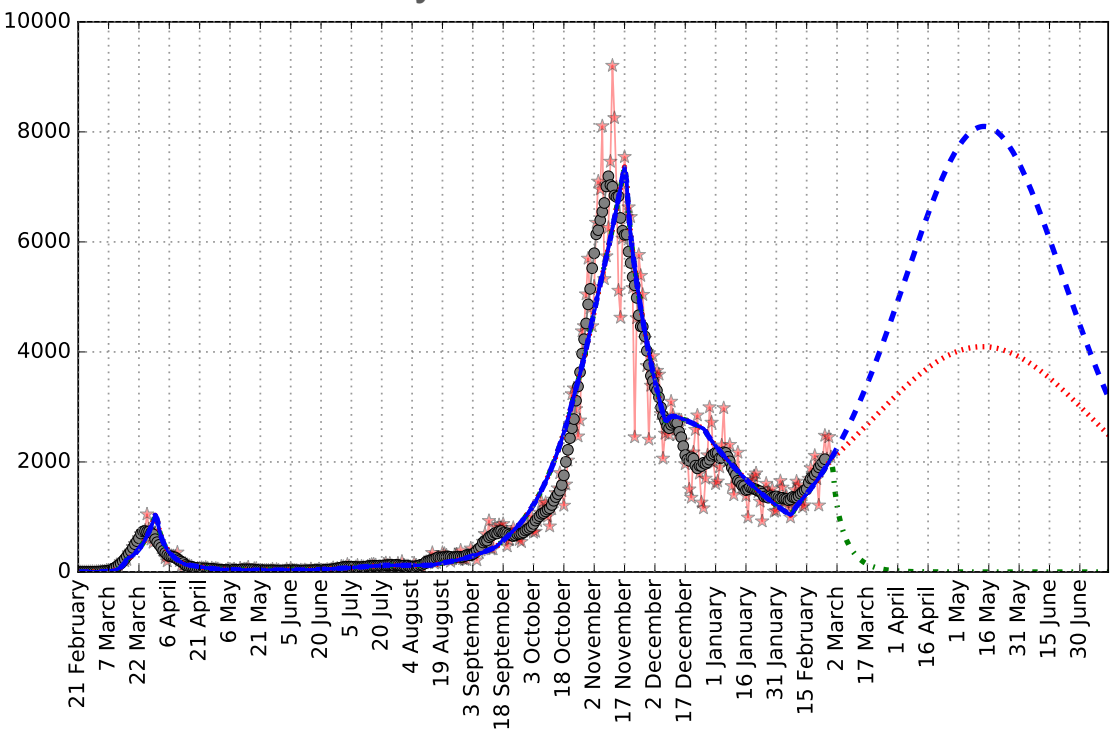
LCSB

Projections of Austria

Total cases



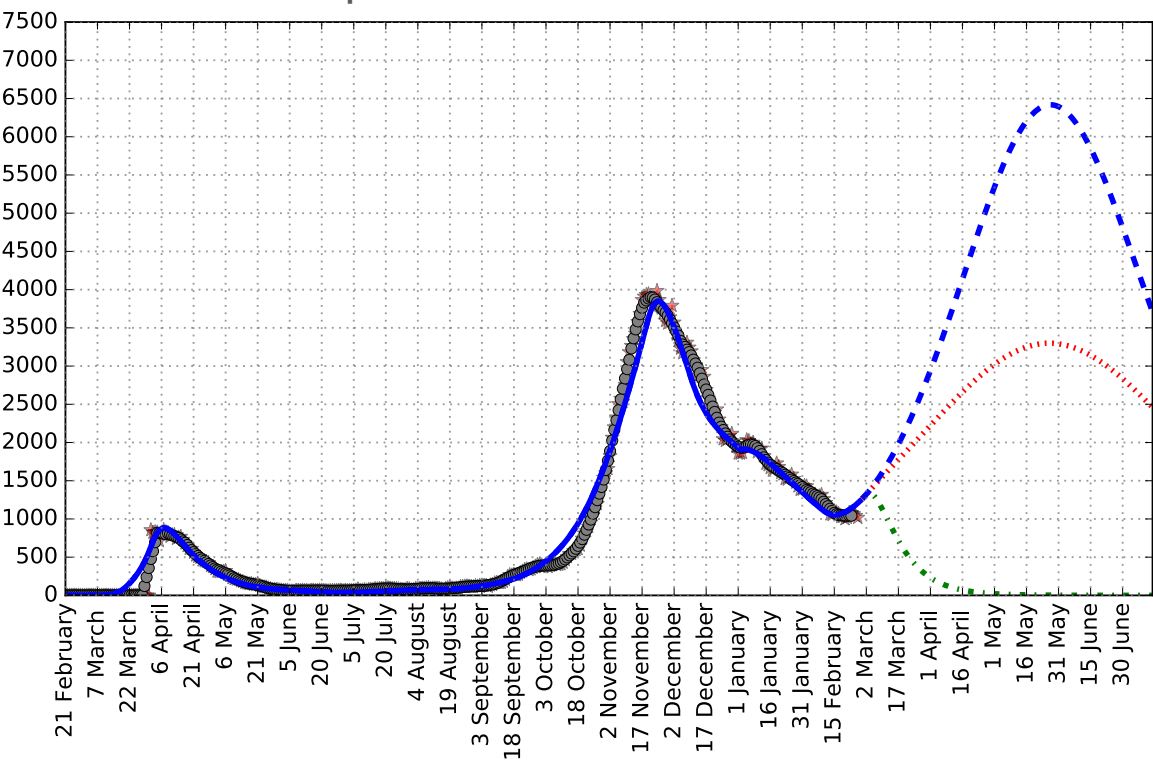
Daily new cases



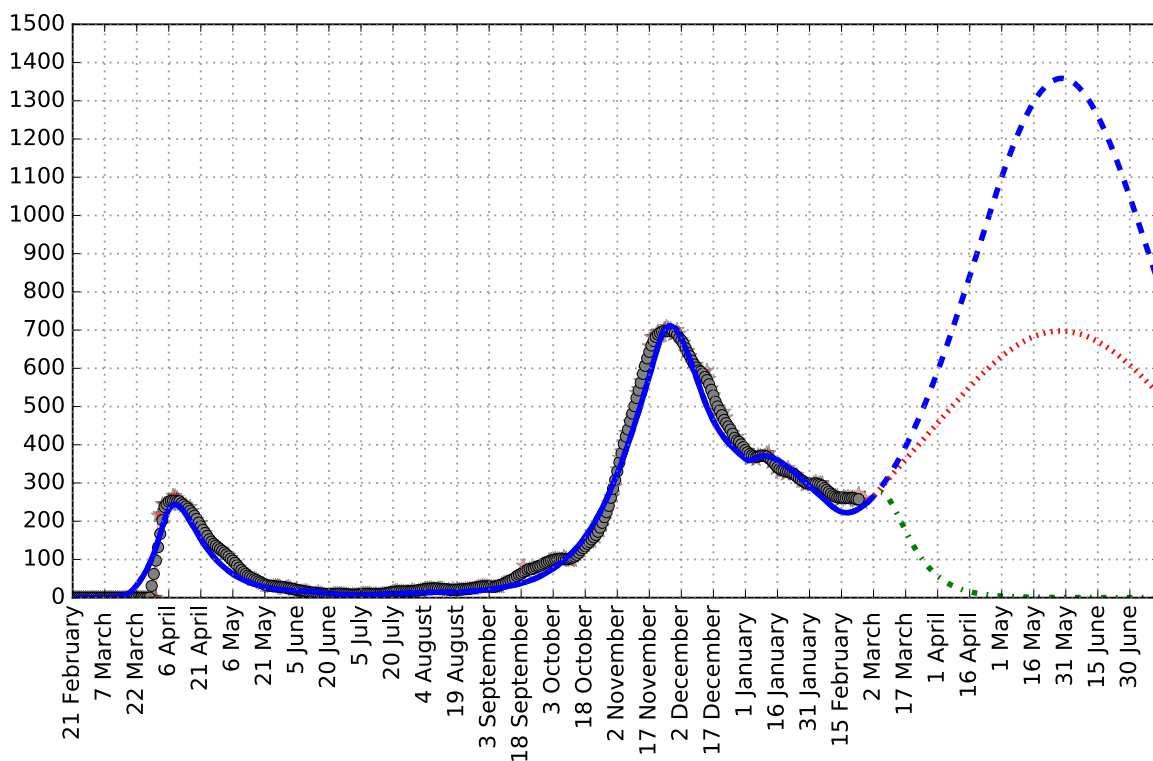
5.64% of population had a detected COVID-19 infection

Projections of Austria

Hospital

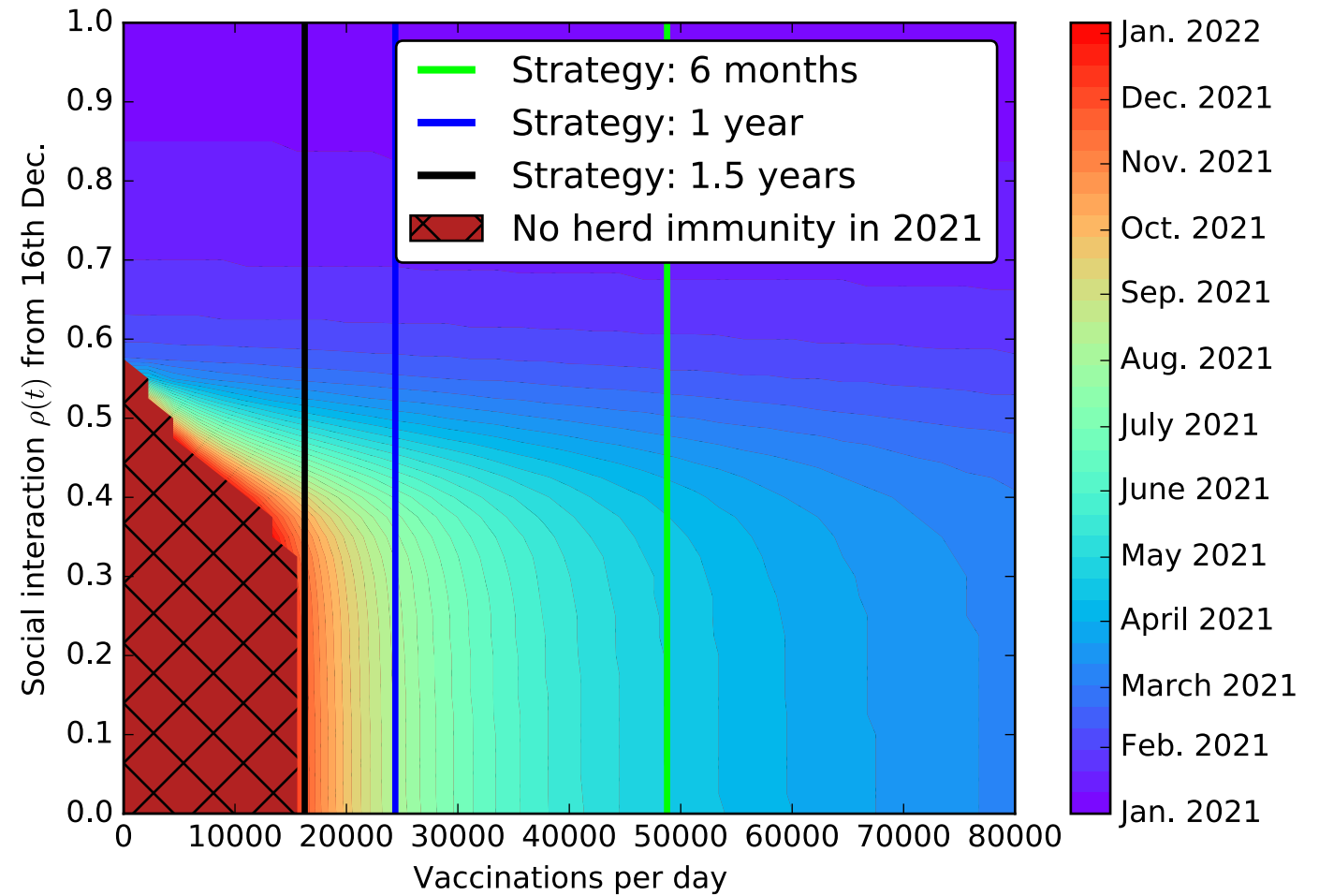


ICU



Herd immunity for 2021 in Austria

- 68% of population needing to be immune

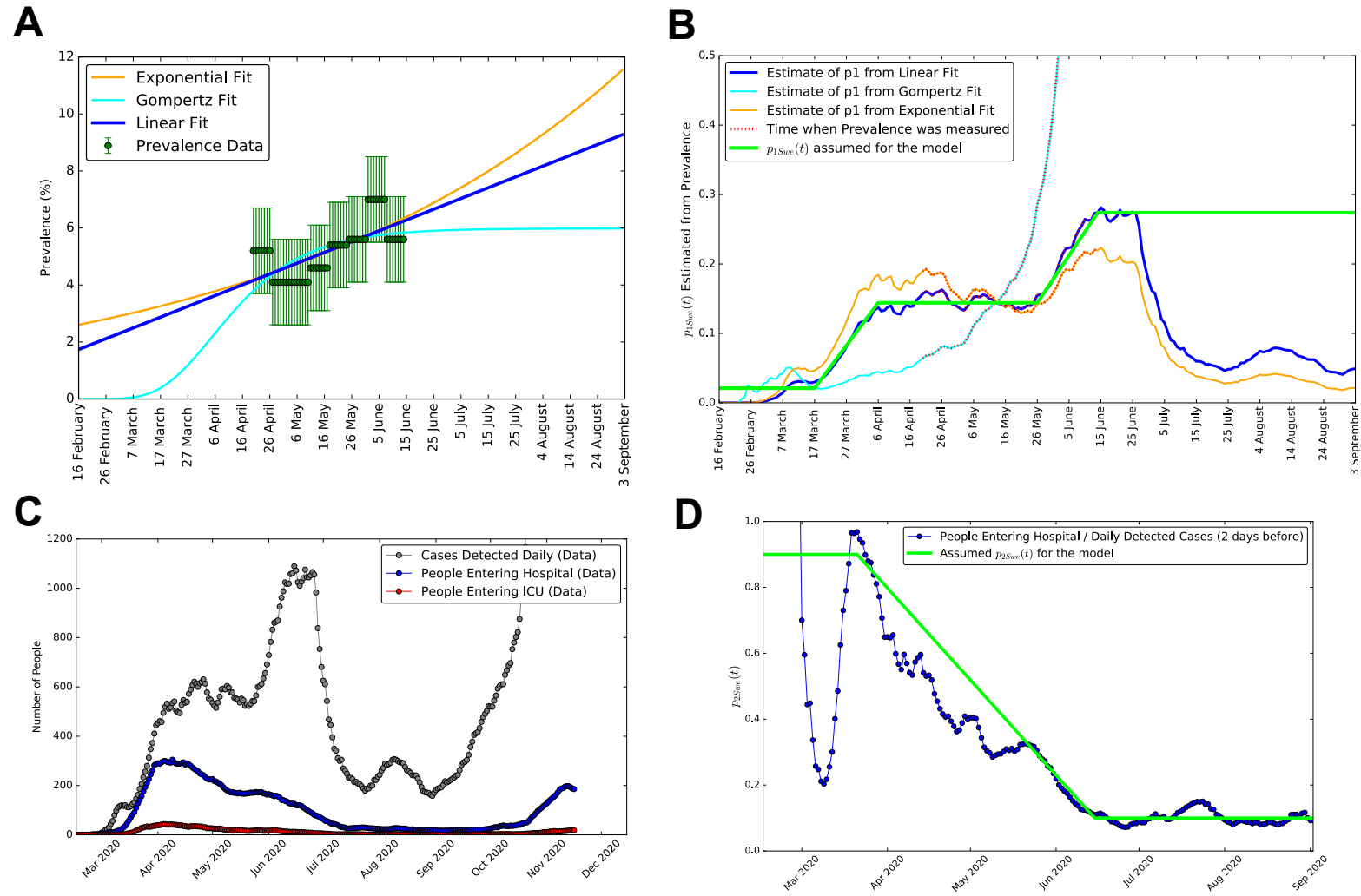


Corona in Sweden

LCSB

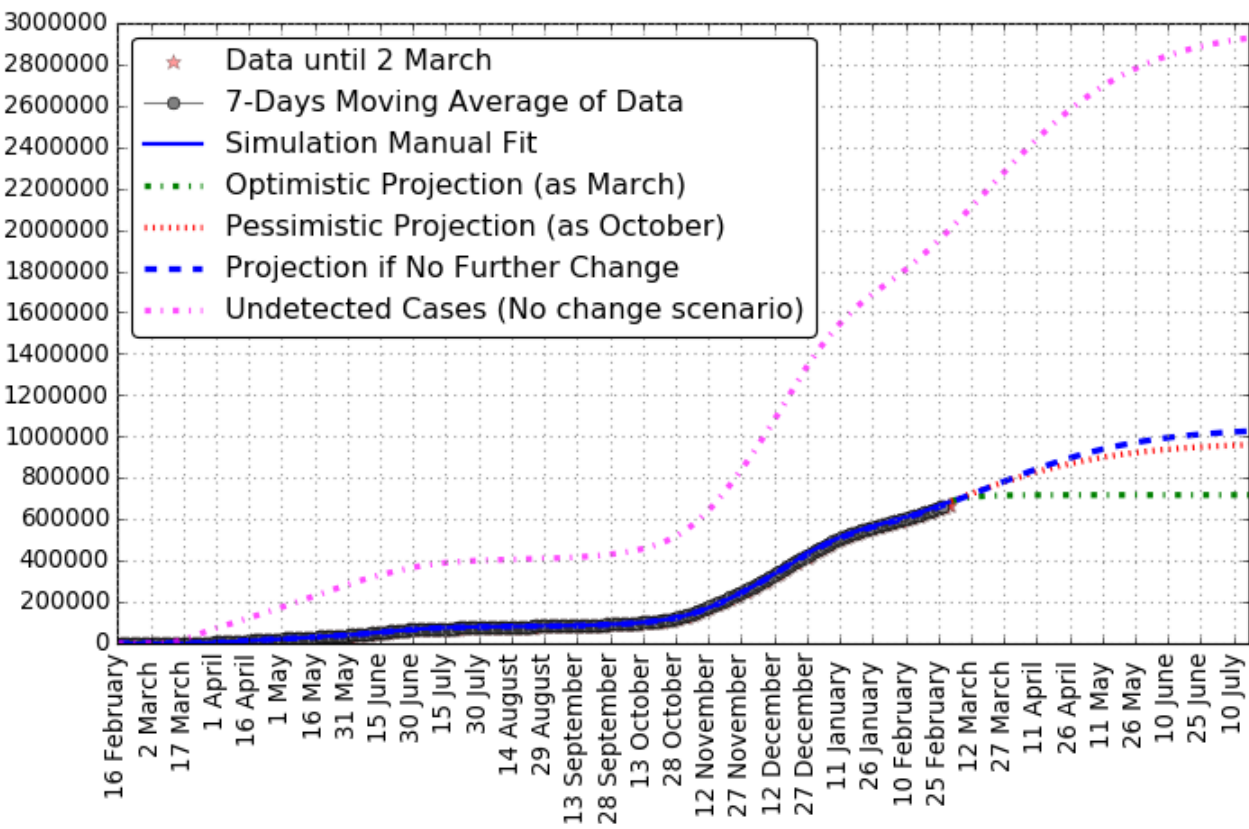
Time-dependent probabilities of detection and hospitalization

- Different strategies and experienced a different epidemic dynamics

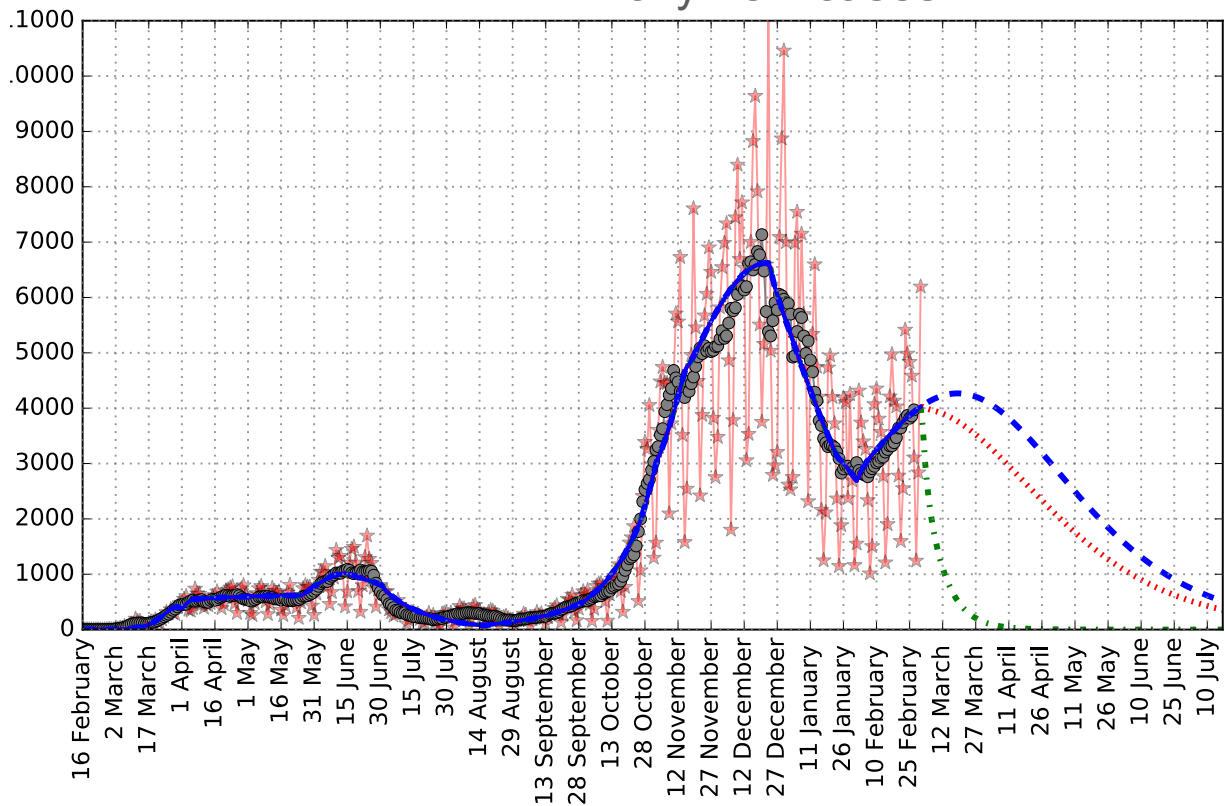


Projections of Sweden

Total cases



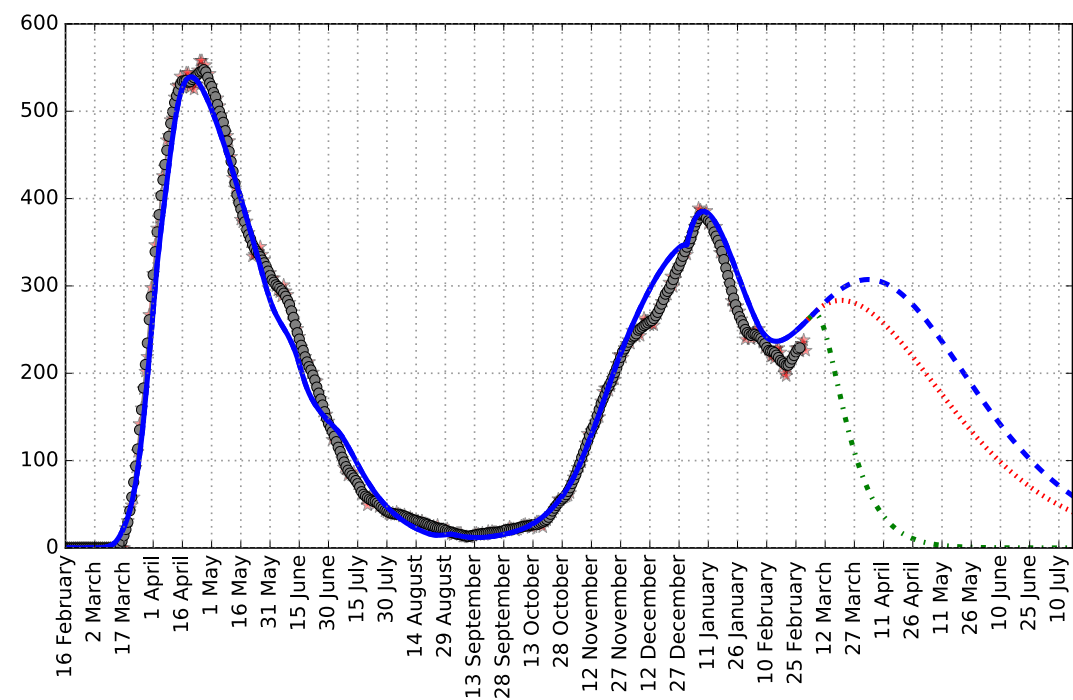
Daily new cases



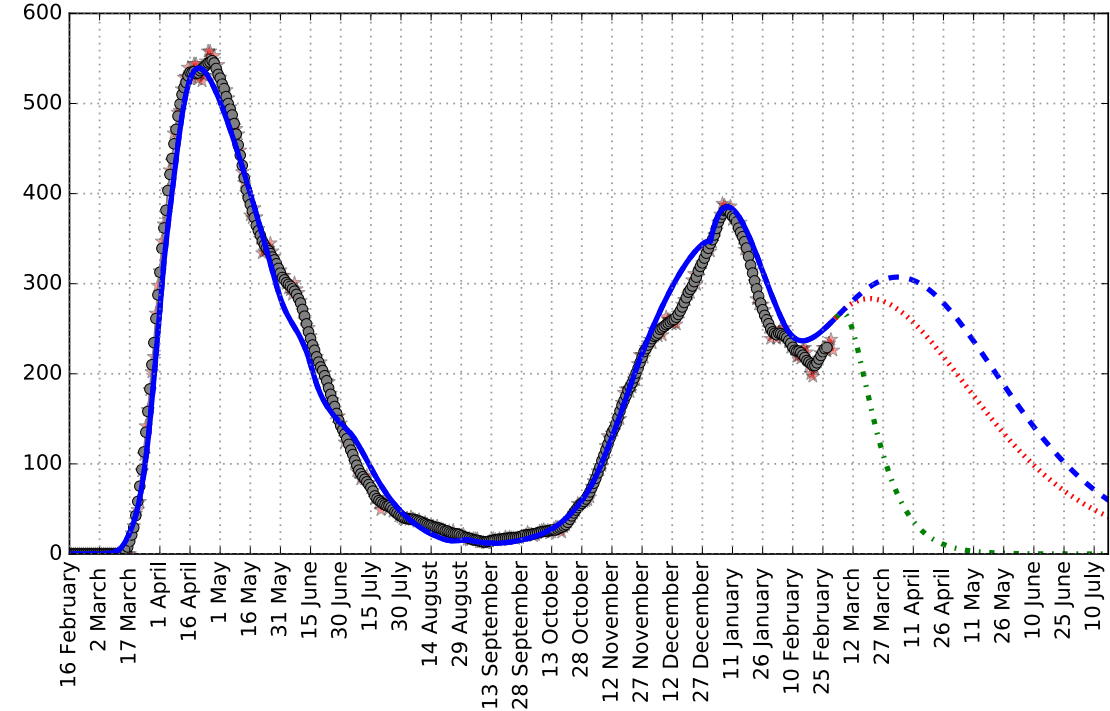
6.8% of population had a detected COVID-19 infection

Projections of Sweden

Hospital

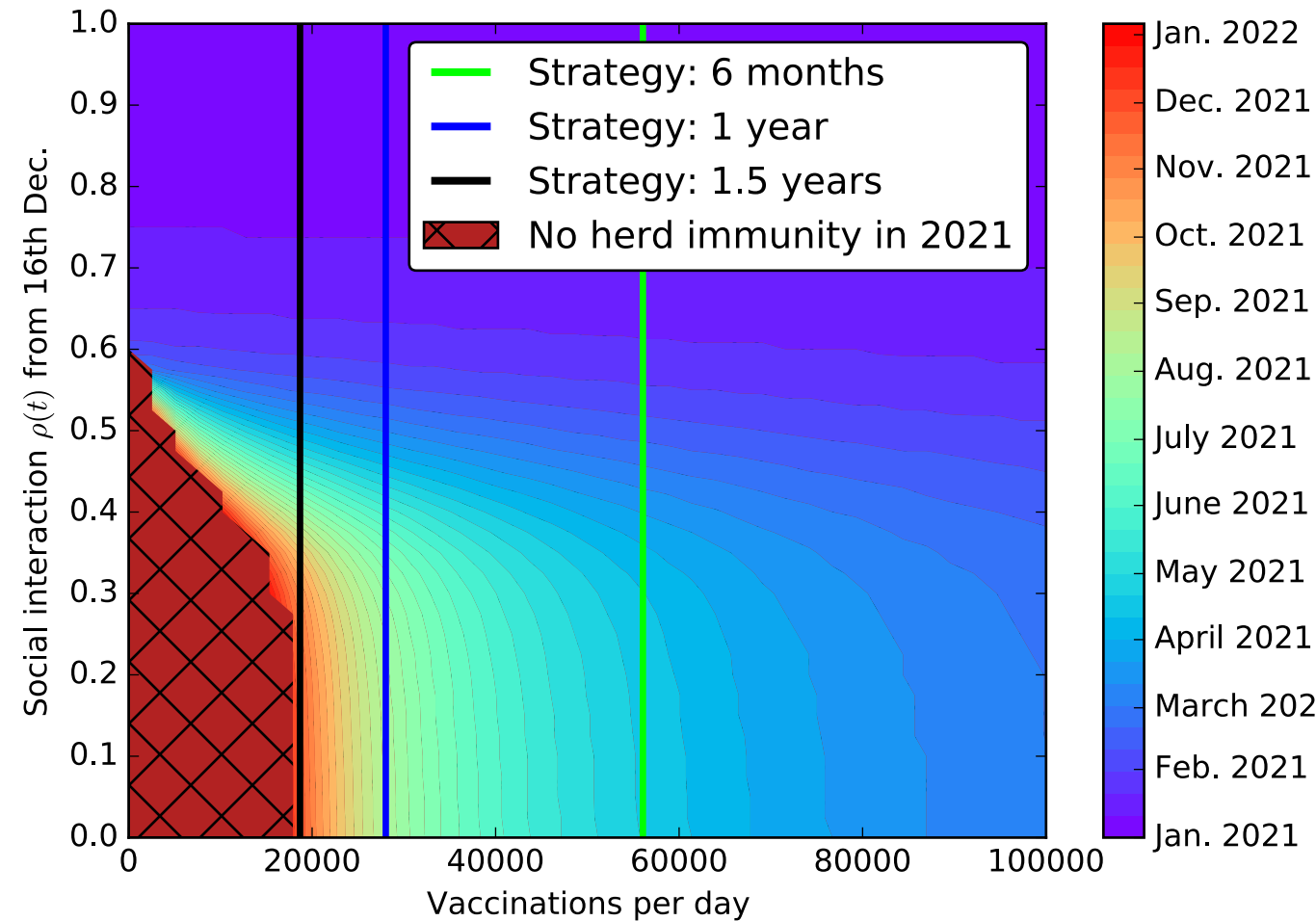


ICU



Herd immunity for 2021 in Sweden

- 75% of population needing to be immune



Summary of the talk

- model which describes all the stages of COVID-19
- Allows to describe the situation in Luxembourg, Austria and Sweden
- provides data-based estimations of the interplay between social measures and vaccination rollouts
- Luxembourg has the highest fraction of infected

Thanks for your attention



Supported
By
Task Force WP6:



D. Proverbio



L. Mombaerts



A. Aalto



**A. Fouquier
D'herouël**



A. Husch



R. Balling



C. Ley



J. Goncalves



A. Skupin

