# SARS-CoV-2 epidemiological model based on socio-economic variables in Switzerland

C.Cortes Balcells, M. Bierlaire, R. Krueger

PhD Student, Ecole Polytechnique Federale de Lausanne (EPFL)

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# Agenda

- Introduction and Motivation
- State of the Art
- SIRD Disaggregated Model
- Results
- Conclusion

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#### Motivation

# **Motivation**

### Challenges

- Accounting for individual behaviour through an epidemic outbreak by using large scale models.
- Difficulty of finding **disaggregated data** to **validate** the model
- Capturing spread of the disease through daily activities.
- Allows to **assess the impact** that a certain policy has on **different segments** of the population.
- Epidemiological datasets are becoming available.



# Research gaps

### Limitations

- Lack of data leads to add aggregated parameters inside the agent-based models, [TYK<sup>+</sup>20].
- Agent-based models in order to define more targeted and less disruptive interventions. Results are achieved using real-time data-driven analysis, [AMCB<sup>+</sup>20].
- Clear methodology to know which variables are meaningful inside an epidemiological model, for example income or residence place, [CPK+21].

 Make the probabilities time dependant, since an early adoption can potentially allow to contain the epidemics, [MBCV20].



#### Motivation

# Outline of this talk

- Added value of using disaggregate models for modelling SARS-CoV-2 spreading.<sup>1</sup>
- Description of the preliminary considerations and presentation of a model that accounts 2 for virological and socio-economic variables.<sup>2</sup>
- Otential of these models to study SARS-CoV-2 policy decision making.<sup>3</sup>

Literature:

- A. Aleta, D. Martin-Corral, M. Bakker, A. Piontti, M. Ajelli, M. Litvi-nova, M. Chinazzi, N. Dean, M. Halloran, I. Longini, A. Pentland, A. Vespignani, Y. Moreno, and E. Moro. Quantifying the importance and location of sars-cov-2 transmission events in large metropolitan areas, 12 2020.
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# State of the Art

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6/32

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# State of research



# Compartmental models

The SIR epidemic model can be written in the following way(c.f [KMS17]):

• The transitions at each time step  $\Delta t$  are:

$$\begin{aligned} \frac{\partial S}{\partial t}(t) &= -\lambda I(t) \frac{S(t)}{N} \\ \frac{\partial I}{\partial t}(t) &= \lambda I(t) \frac{S(t)}{N} - \gamma I(t) \\ \frac{\partial R}{\partial t}(t) &= \gamma I(t) \end{aligned}$$

- S: Susceptible
- I: Infected
- R: Recovered

Compartmental model [Kel85], [San78] Work on an aggregated level (ODE's).

Notation	Parameters		
$\lambda$	Contagion rate between S and I.		
$1/\gamma$	Length of the infectious period for population $I$ .	《曰》《問》《言》《言》 [] []	<i>৩</i> ৫৫
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Daily activity plan for every individual

Medical + Socio-Economic Information for every individual

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Results

Results

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Results

# Pre-process [HB21], [RPA<sup>+</sup>21], [BFS22]



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Pre-process





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Results

# Activity Contact Matrix

- We stratify the model into 4 age groups:
  - C = the individuals younger than 18 years old,
  - A1 = individuals between 19 and 35 years-old,
  - A2 = individuals between 36 and 55 years-old
  - E = individuals over 56 years-old

• The segmentation endows our model with high flexibility for policy testing on the different population groups. The contact matrix *C*<sub>a</sub> becomes:

	child (C)	adult1 (A1)	adult2 (A2)	elderly (E)
child	child / child	child / adult1	child / adult2	child / elderly
adult1	-	adult1 / adult1	adult1 / adult2	adult1 / elderly
adult2	-	-	adult2 / adult2	adult2 / elderly
elderly	-	-	-	elderly / elderly

Table: Contact matrix structure for each activity

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# Activity Contact Matrix

### All activities



### Education removed



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(a) < (a) < (b) < (b)

23 / 32

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# Generalized Linear Model Regression

$$P(\text{infection})_{i,1} \sim \beta_{\Lambda} \log(\Lambda) + \beta_{\chi} \log(\chi) + \beta_{\Upsilon} \log(\Upsilon) + \beta_{\kappa} \log(\kappa).$$
(1)

 $P(\text{infection})_{i,2} \sim \beta_{\Lambda} \log(\Lambda) + \beta_{\chi} \log(\chi) + \beta_{\Upsilon} \log(\Upsilon) + \beta_{\kappa} \log(\kappa) + \beta_{\Phi} \Phi.$ 

### Where:

- The age of the individual:  $\Lambda.$
- The percentage of the population above 65 years old for a specific municipality:  $\chi$ .
- The percentage of the population between 20 and 65 years old for a specific municipality:  $\Upsilon.$
- The population density per km:  $\kappa$ .
- The income:  $\Phi$ .

(2)

# SIRD Disaggregated Model Output

### Assumptions:

# We reduce the activities the $24^{th}$ of March 2020 to:

- 100% Education.
- 90% Leisure and Services.
- 80% Work.
- 70% Shop.
- 60% Car and car passenger.



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# Conclusions and future work

- The most significant contributions are:
  - We capture how the socio-economic characteristics of an individual define the force of infection
  - We obtain a self-explanatory model, defined by the estimates of the variables that characterize the spreading event
  - We obtain high goodness of fit of our model with Google data.
- The future work includes:
  - Improve and validate the current model
  - Scale it up to more groups.
  - Include it in an optimization framework to use it for policy analysis.

# Thank you

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27 / 32

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28/32

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# Generalized Linear Model Regression

### Summary of statistics list of covariates

### Table: Summary statistics of the list of covariates

	1 <sup>st</sup> WAVE			2 <sup>nd</sup> WAVE		
Stratified by infection	0	1	SMD	0	1	SMD
n	269642	414		281576	14499	
$\Lambda(mean(SD))$	44.42 (20.99)	50.91 (20.24)	0.315	44.43(21.05)	43.33(19.68)	0.054
$\Upsilon(mean(SD))$	3.89 (3.27)	65.17 (3.07)	0.0400	63.63(3.30)	63.91(3.25)	0.086
$\kappa(mean(SD))$	2399.74 (1760.49)	3123.01 (1733.89)	0.414	2222.49(1771.15)	2401.70(1751.82)	0.102
$\chi(mean(SD))$	16.89 (2.50)	16.26 (2.29)	0.0264	17.04(2.56)	16.84(2.48)	0.077
$\Phi(mean(SD))$				0.02(0.13)	0.02(0.12)	0.002