

Simulations and analysis of Covid-19 spread

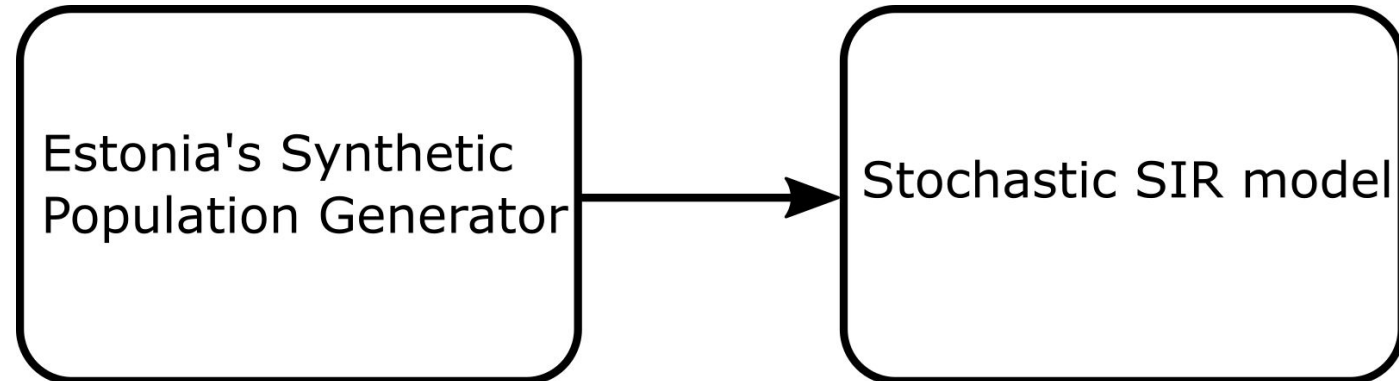
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Aim

- Building an open source simulation interface for Estonia using the aforementioned SPG:
 - Underlying graph is dynamic and represents the connections between people that can carry the virus
 - Connections can be made to depend on the day/weather/governmental policies like vaccinations and lockdowns/etc.
 - Simulations run using a stochastic SIR model
- Understanding better how viruses spread in populations.
 - This includes testing the so-called superspreader effect, the idea that infection spread in the early stages of the pandemic are dictated by supercarriers

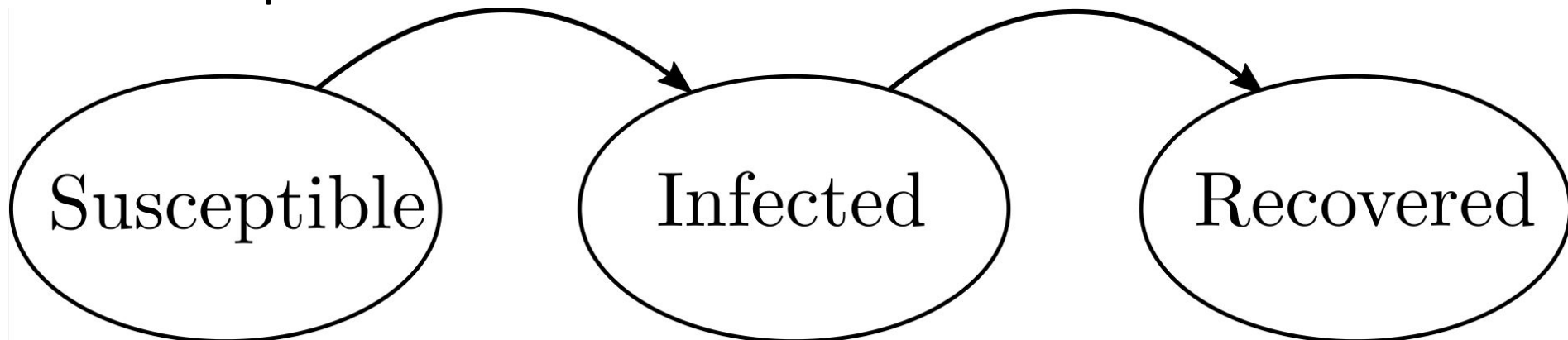


Technical details

- Underlying Graph used for the simulation:
 - Node – a person (~1.3 million nodes in total)
 - Edge – connection between two people, the weight of which denotes the likelihood of virus transmission
 - Weight is a function of the current day, climate conditions, the type of connection at hand
 - Types of connections: intra-household, -workplace, -school, -supermarket..

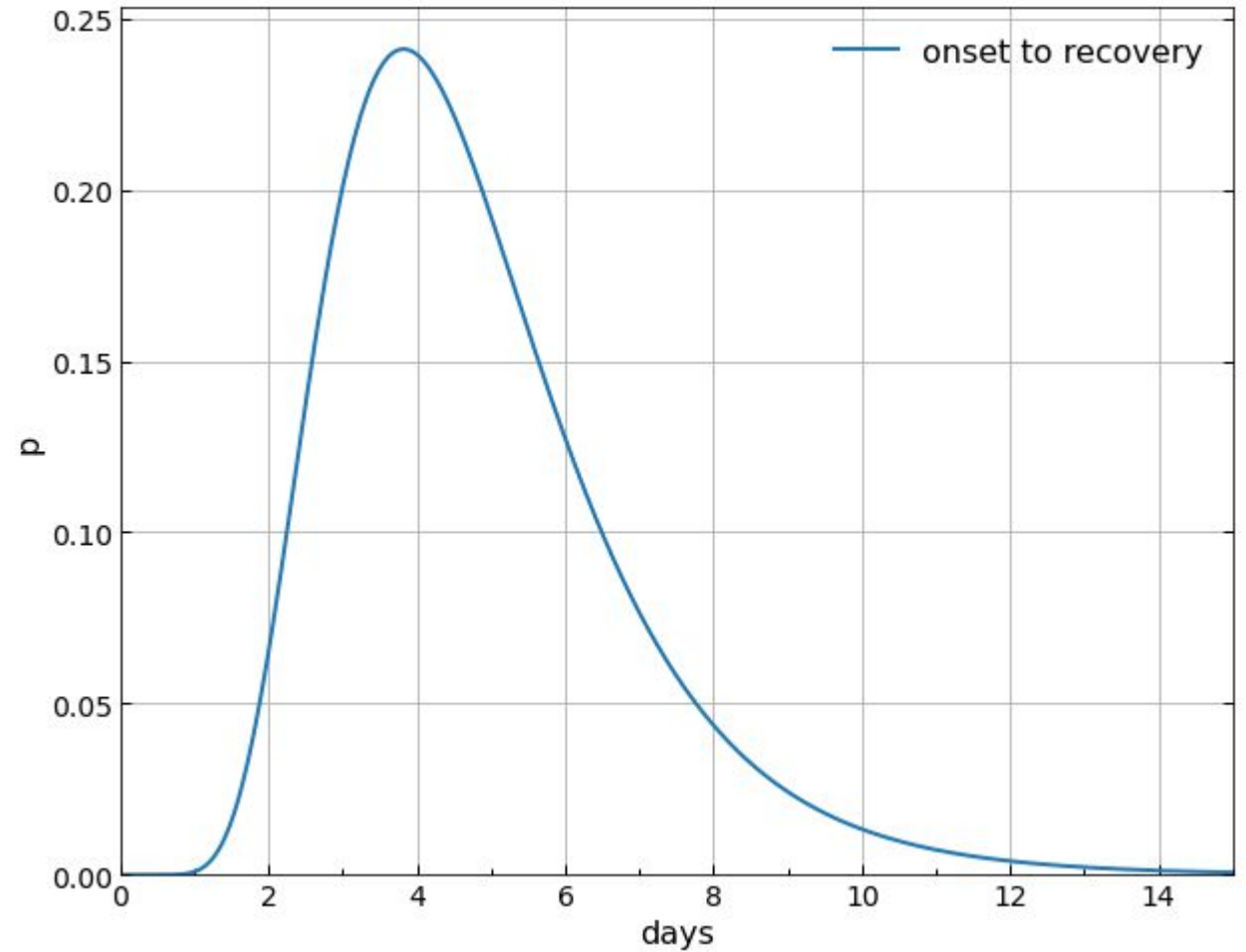
Technical details

- Simulation is performed using the stochastic SIR model
 - Infection is iterated day-by-day
 - Each node is either susceptible (S), infected (I) or recovered (R)
 - Each day, infected nodes infect neighbouring susceptible nodes with some probability (given by the weight). Each infected node will recover with some probability depending on how long they've been infected for.
 - Recovered nodes are effectively cut out of the graph, as they don't influence the virus spread



Technical details

- Probability of infected node recovering each day as a function of the infection duration



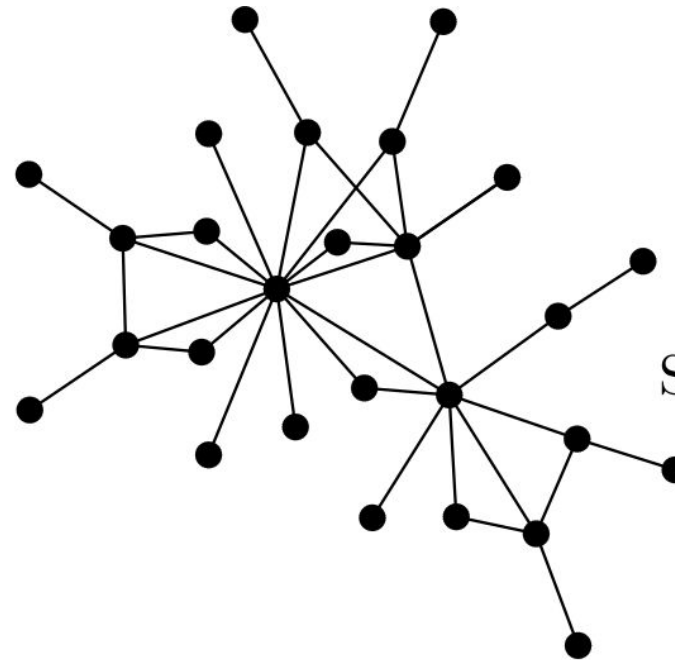
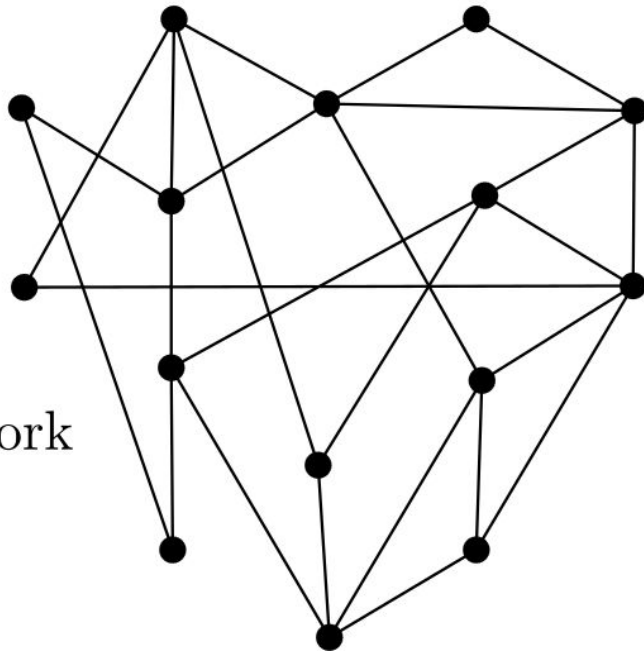
Preliminary simulations

- We have performed some preliminary analysis before finishing Estonia's simulation interface.
- Analysis done in as simple of a system as possible
 - Iteration is week-by-week and people are assumed to be infectious for 1 week
 - Graph is time-independent and weight $p=0.10$, $N=500\ 000$
 - We use a scale-free network for the graph

Scale-free network

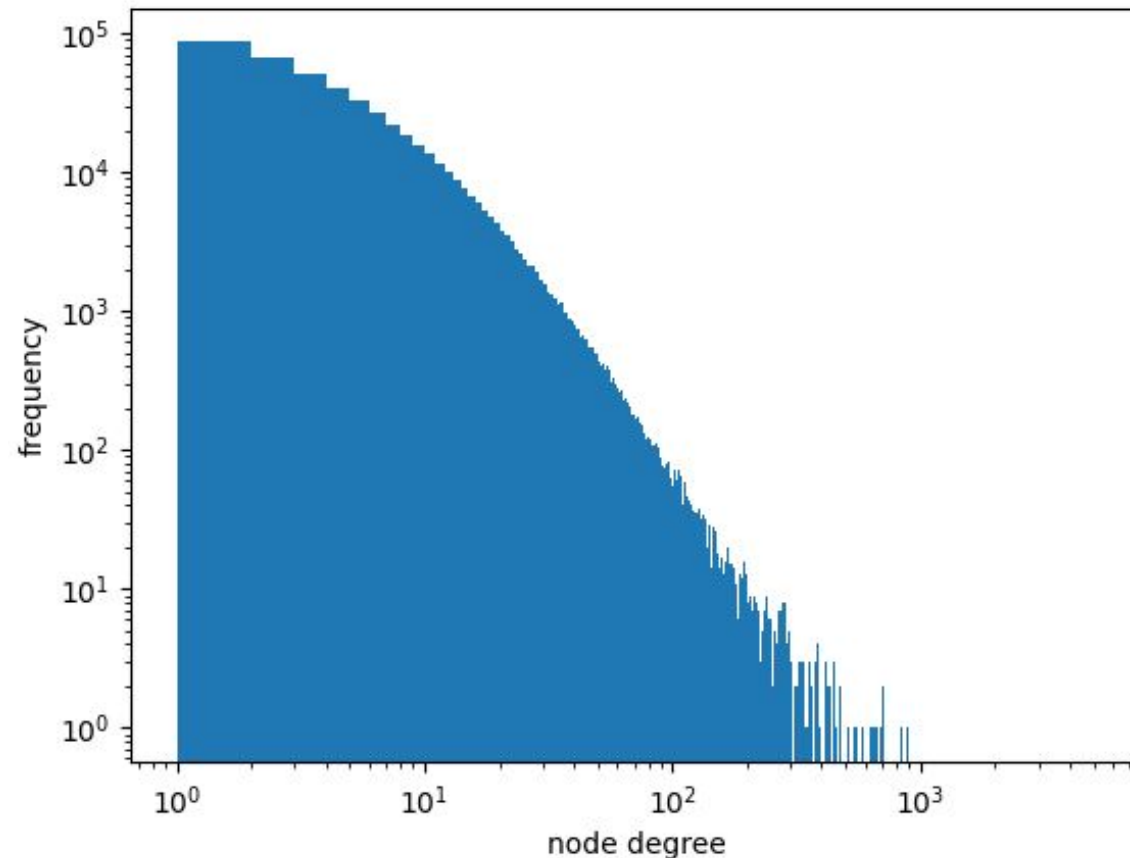
- A network whose degree distribution $P(m)$ follows a power law $m^{-\kappa}$, where κ is a parameter of the graph
- Good descriptor for how human population interactions are distributed
- For $N = 500\,000$, there are few people with ~ 1000 connections

Random network

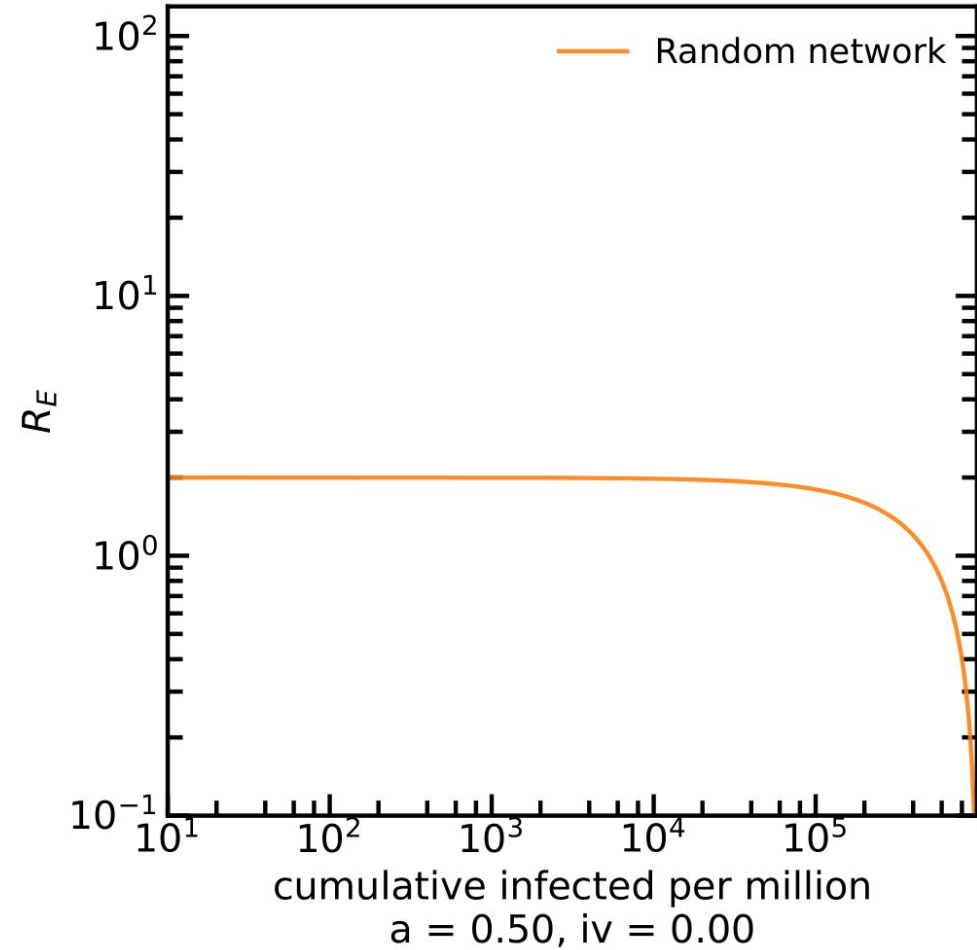
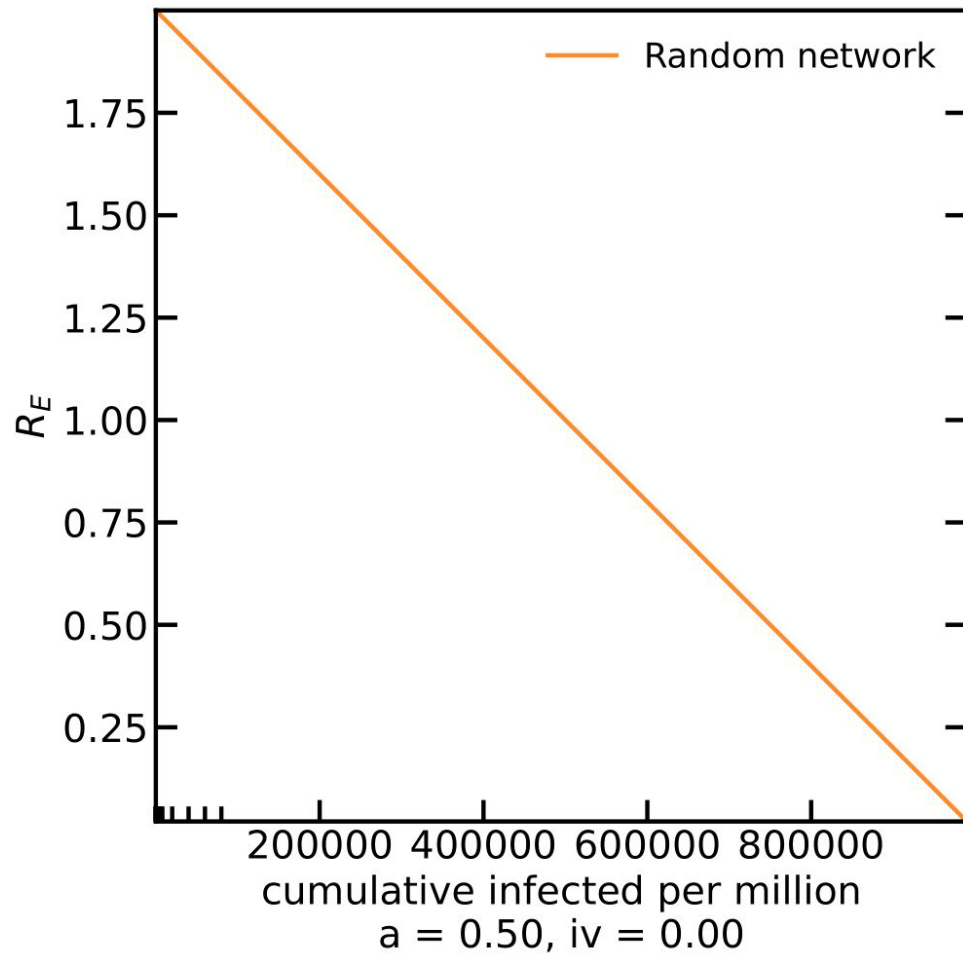


Scale-free network

- We expect higher degree nodes (people with more connections) to get infected earlier -> virus is expected to be more infectious in the earlier stages
 - Investigating the effective value of R_E as a function of the fraction of people infected
 - R_E = average number of people that a currently infectious person infects



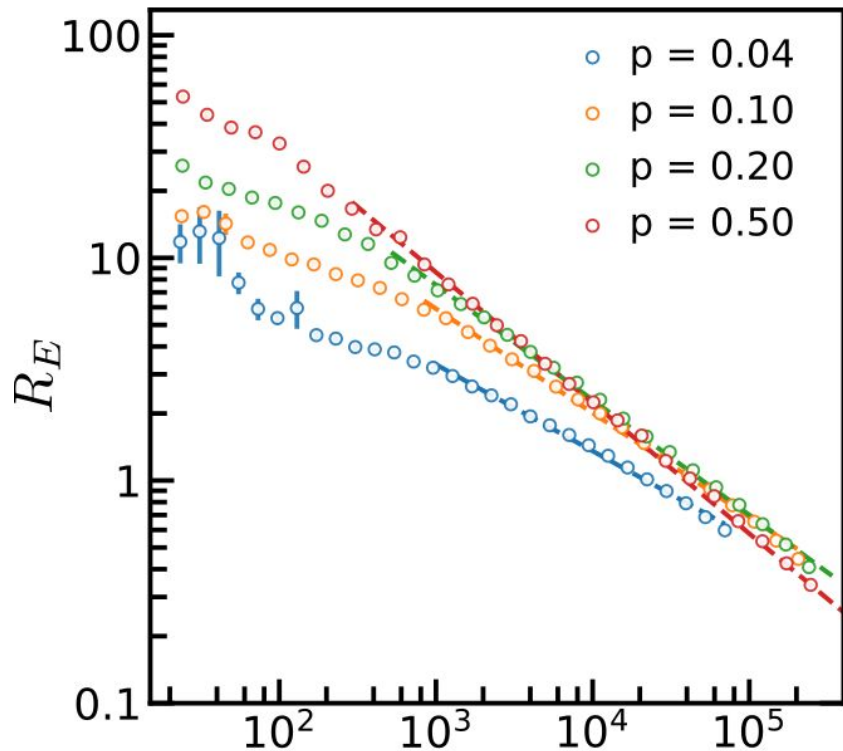
Random network results



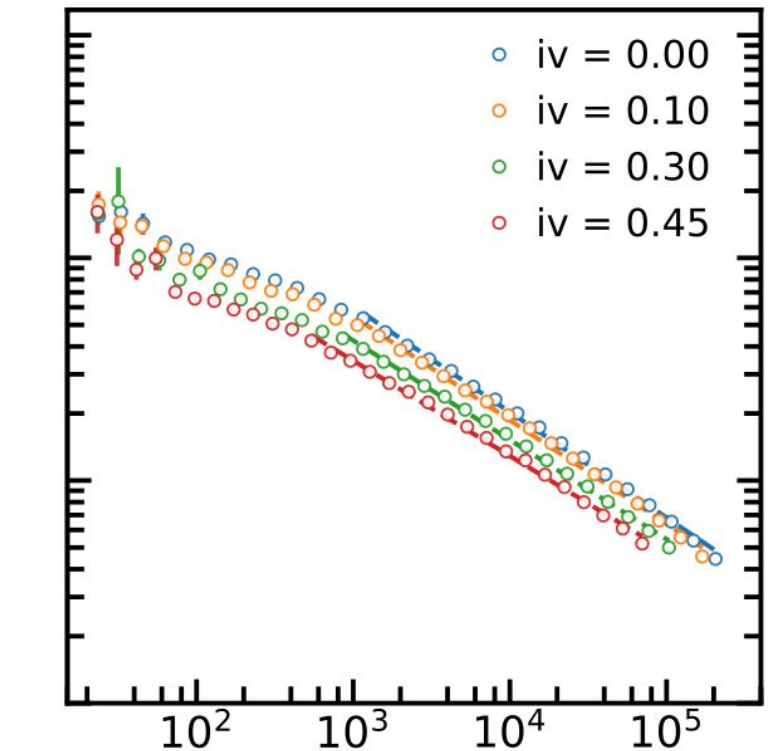
Preliminary results

- Simulations indicate a steady drop-off in R_E as more people are infected, regardless of the parameters of the graph, or the number of vaccinated people

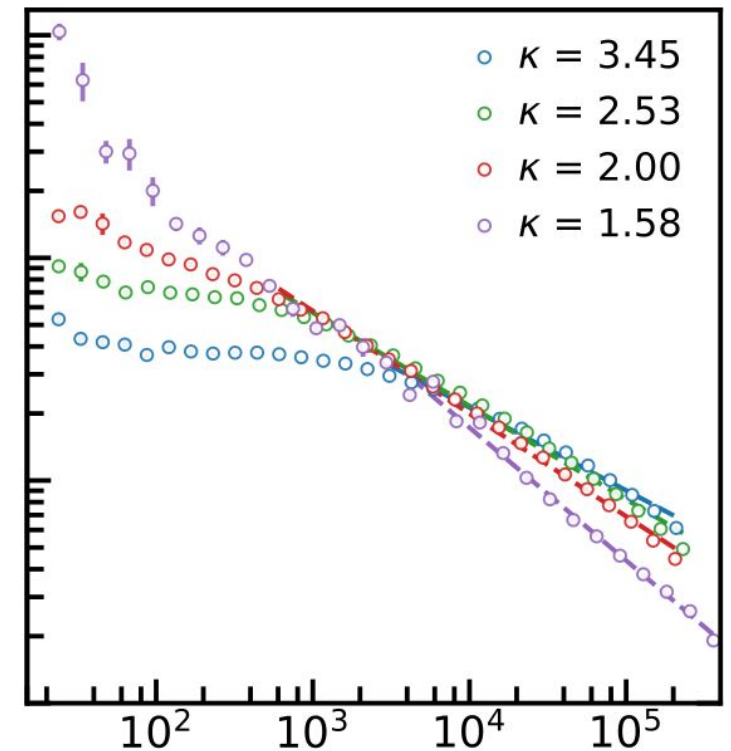
$a = 0.50, iv = 0.00$



$p = 0.10, a = 0.50$



$p = 0.10, iv = 0.00$



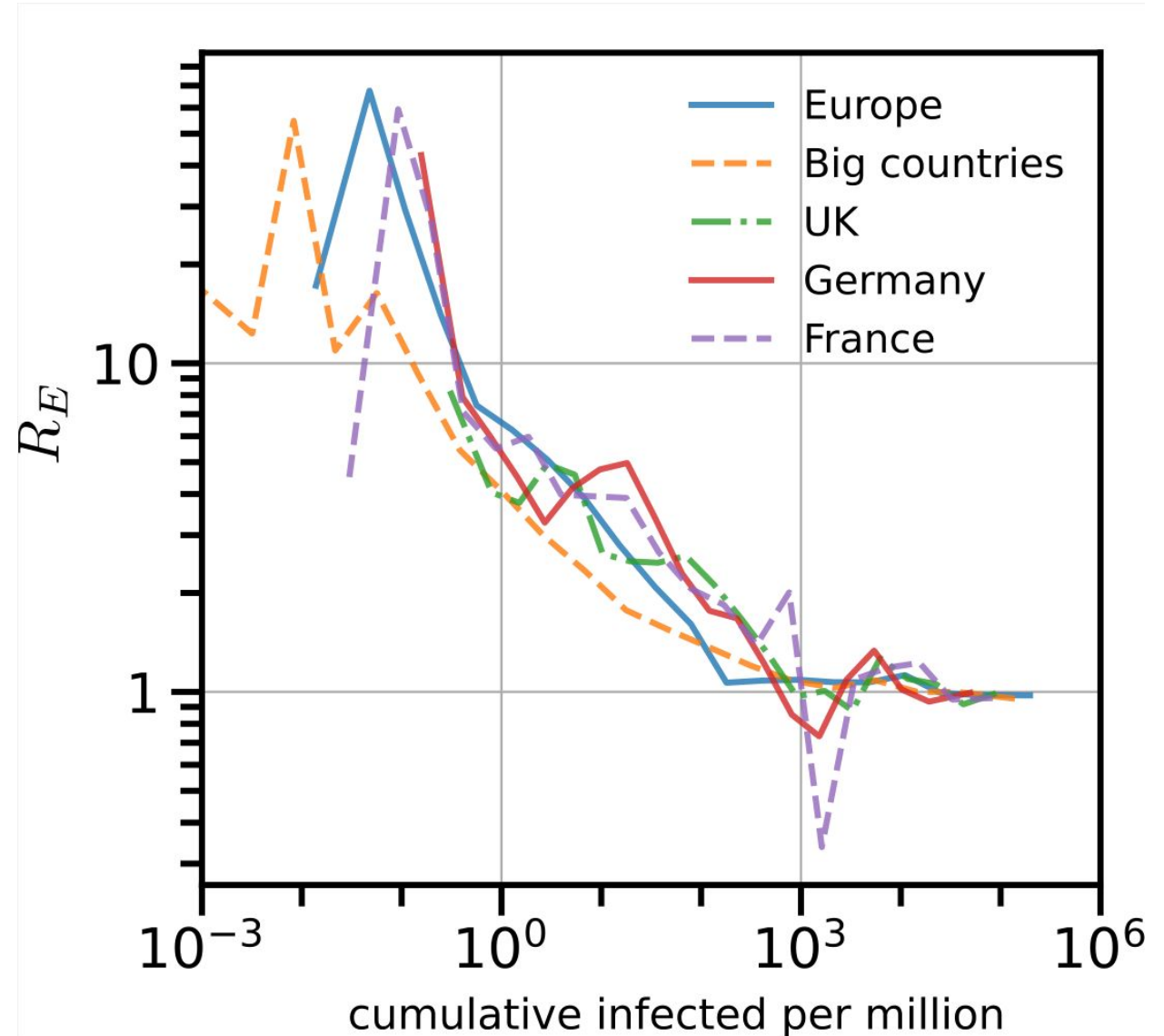
cumulative infected per million

Intuition

- The higher the degree of a person is, the more likely it is to get infected.
- Hence, as the pandemic starts and gets going, the distribution of infected people heavily favours people with higher degrees
- As the pandemic keeps going, the high degree nodes recover and are effectively removed from the graph.
- Assuming only the highest degree people are infected, the power law for R_E vs f is reproduced

Real world data comparison

- Noisy because of the uncertainty of measurements during early stages
- However, similar power law trend can still be observed



Analysis

- The behaviour of the scale-free model can be seen in real world data. Haven't yet been reproduced using Estonia's SPG (WIP)
- Isolating superspreaders is of outmost importance, as they dictate the spread in the early stages of the pandemic
- Vaccination policies could account for superspreaders.
 - A possible way would be using the amount of pre-existing antibodies in the body that have been picked up in earlier epidemics as an indicator when to vaccinate somebody

Questions?