



# A knowledge transfer model for COVID-19 predicting and non-pharmaceutical intervention simulation

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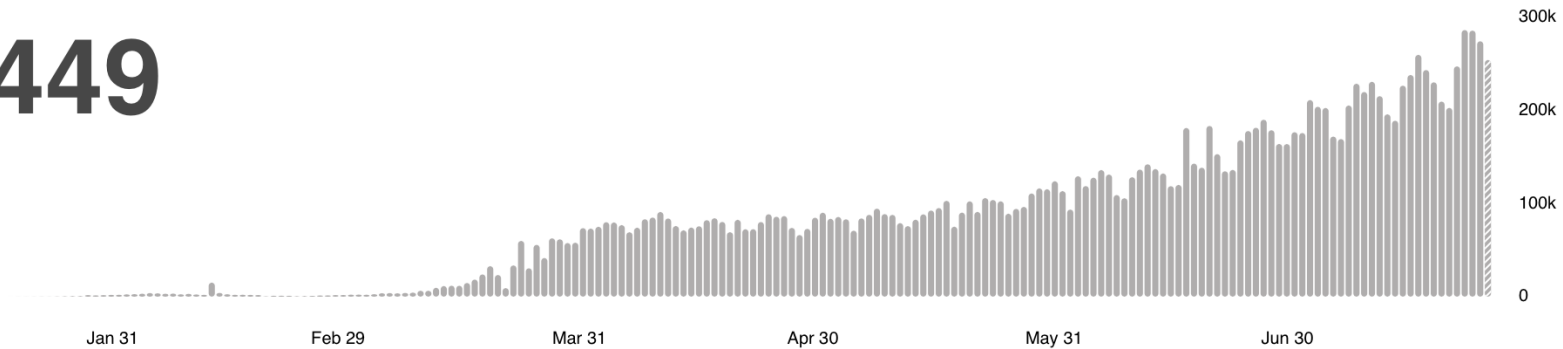


# Background: COVID-19 and epidemic modelling

- COVID-19 has now spread globally

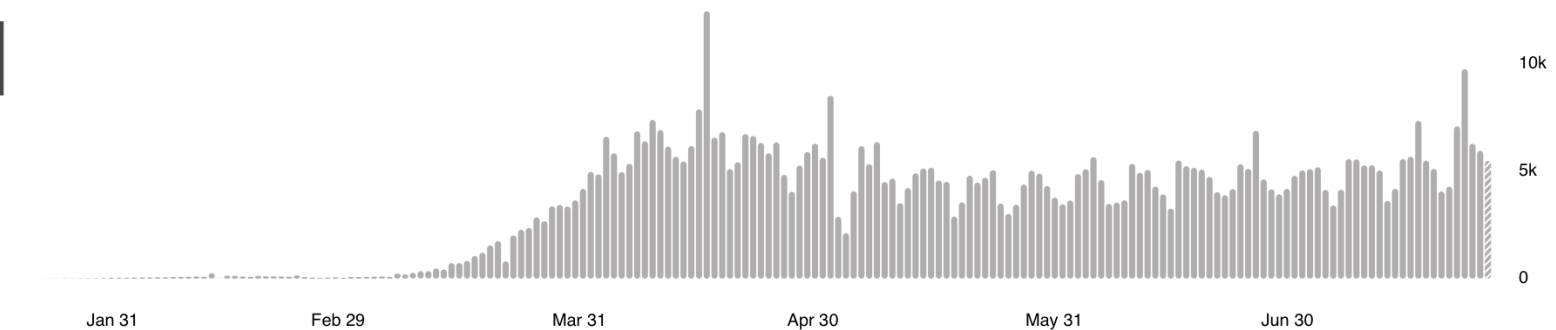
**16,114,449**

confirmed cases



**646,641**

deaths



Source: World Health Organization

▨ Data may be incomplete for the current day or week.

- Modelling the transmission of COVID-19 is at an urgent



# Background: Basic SIR model

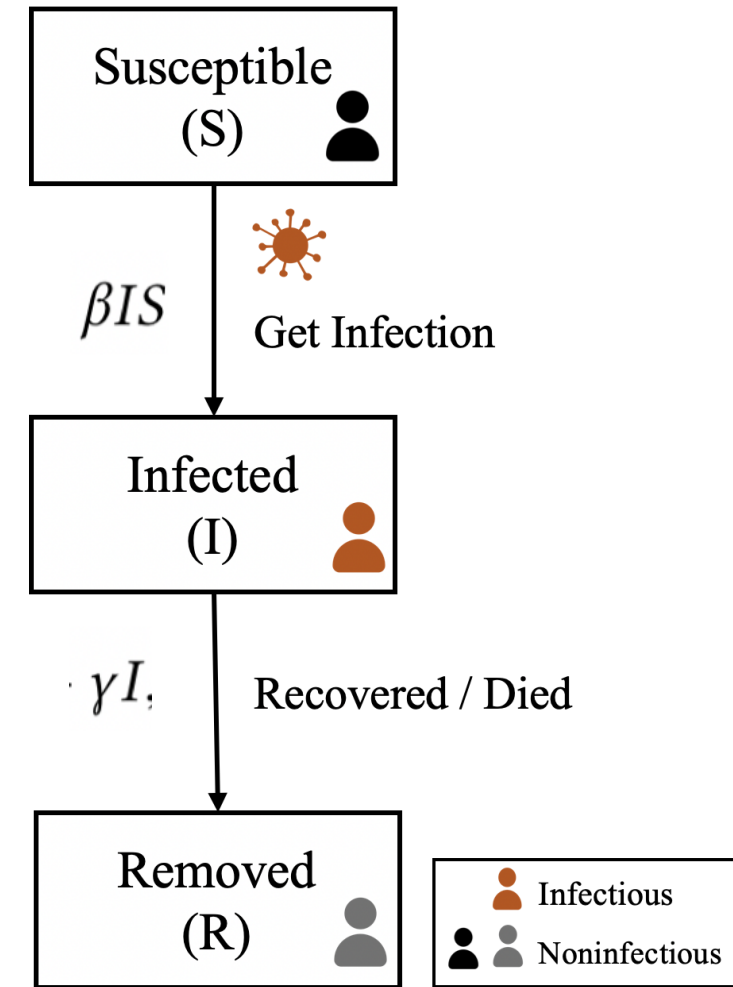
- The basic SIR model contains three compartments

$$\frac{dS}{dt} = -\beta IS,$$

$$\frac{dI}{dt} = \beta IS - \gamma I,$$

$$\frac{dR}{dt} = \gamma I,$$

- SIR model has long been adopted in modelling and predicting the spread of epidemics



- Basic SIR model is not appropriate enough to capture the characteristics of COVID-19.
- The number of Susceptible population at initial ( $S_0$ ) is needed to estimate.
- More expressive parameters are needed in model for simulation of different non-pharmaceutical interventions.



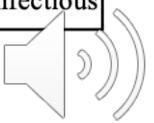
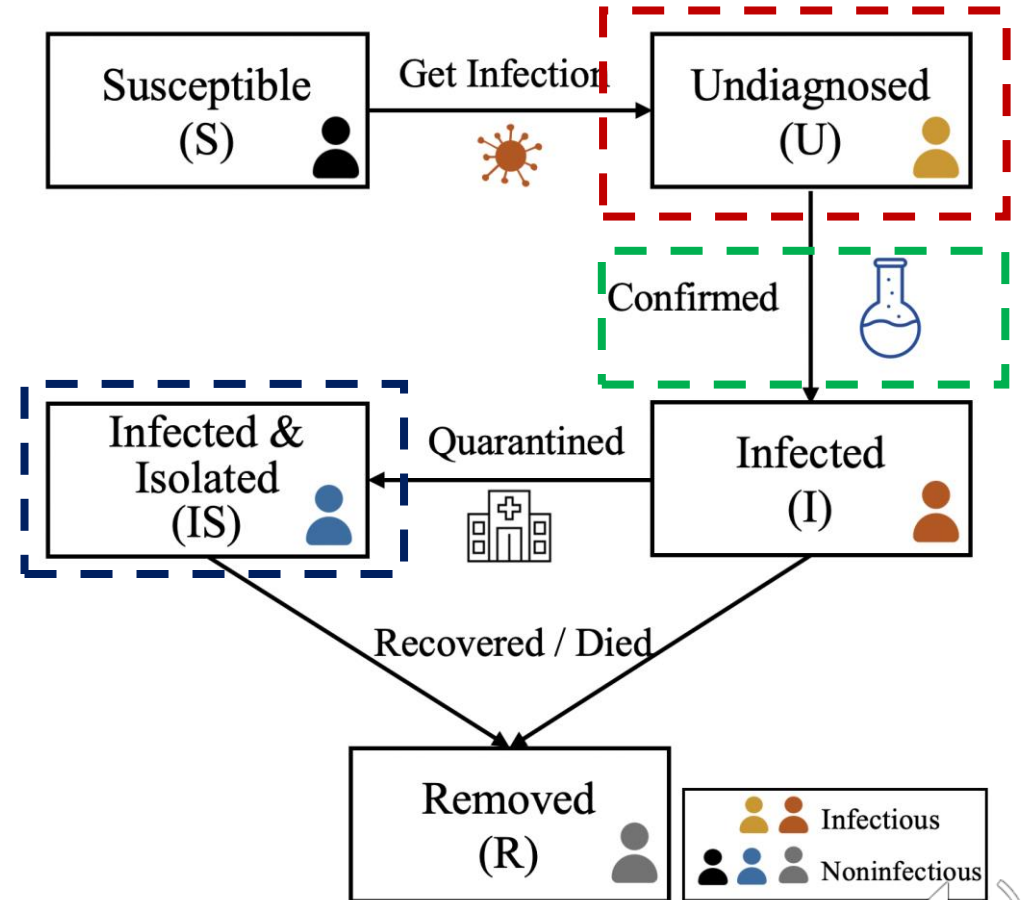
- Modification on basic SIR model by the characteristics of COVID-19
  - ✓ Injecting state of Undiagnosed (U)
  - ✓ Dividing state of I into infected (I) and infected-isolated (IS)
- Knowledge transferring
  - ✓ Introducing the  $R_t$  parameter for a rough estimate on the total number of infection as initial susceptible  $S_0$  in the preliminary experiment
- Non-pharmaceutical intervention simulation
  - ✓ Parameters of models reveal the status of epidemics. Simulation on different intensities of interventions can be conducted by adjusting some parameters.



# Our Solution – SUIR model

- The **Susceptible-Undiagnosed-Infected-Removed (SUIR)** model

$$\begin{aligned} \frac{dS}{dt} &= -\beta SI - \sigma \cdot S \cdot \max((U - \rho \cdot IS), 0), \\ \frac{dU}{dt} &= \beta SI + \sigma \cdot S \cdot \max((U - \rho \cdot IS), 0) - \epsilon \cdot U, \\ \frac{dI}{dt} &= (1 - \lambda) \epsilon \cdot U - \gamma \cdot I, \\ \frac{dIS}{dt} &= \lambda \epsilon \cdot U - \gamma \cdot IS, \\ \frac{dR}{dt} &= \gamma \cdot (I + IS), \end{aligned}$$



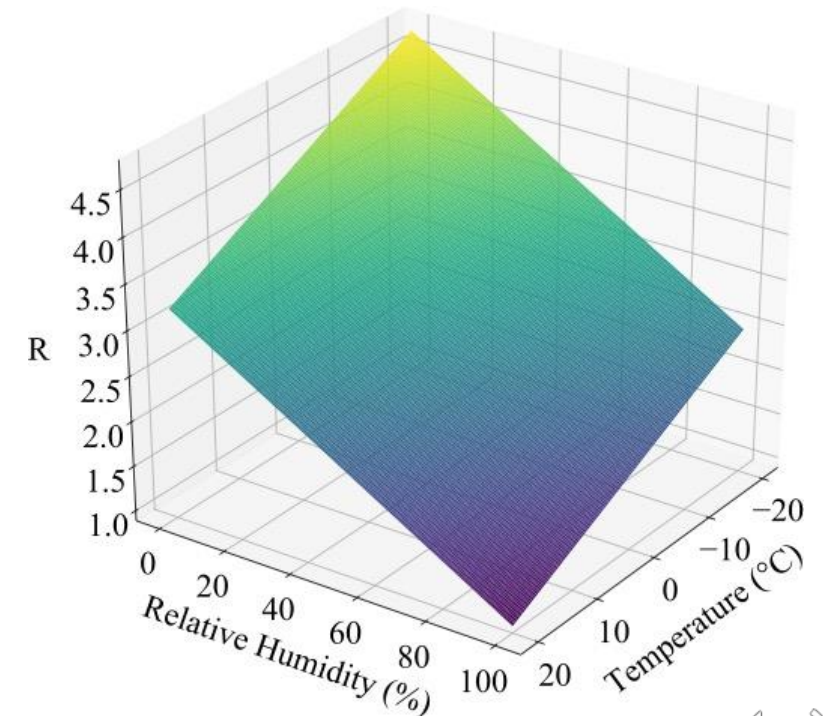
# Estimation of Initial Susceptible – $S_0$

- $R_t$ : Effective Reproduce Number
  - the average number of secondary cases of disease caused by a single infected individual
- The  $R_t$  is modelled as a function of temperature and relative humidity from historical data

- For SIR model, we have 
$$R_t = \frac{\beta(t) \cdot M}{\gamma}$$

- A preliminary experiment on SIR model with  $R_t$  sequence is conducted for rough estimation of  $S_0$

$$S_0 = I(T) + R(T)$$



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## Algorithm 1 : SUIR Model

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**Input:**  $\mathcal{R}(t)$ ,  $(\beta_0, \sigma_0, \rho_0, \varepsilon_0, \lambda_0, \gamma_0)$ , cumulative confirmed  $\hat{C}(t)$ , removal  $\hat{R}(t)$ ,  $T$

**Output:**  $S(t)$ ,  $U(t)$ ,  $I(t)$ ,  $IS(t)$ ,  $R(t)$

- 1: **Initialization:**  $\beta_0, \sigma_0, \rho_0, \varepsilon_0, \lambda_0, \gamma_0$
- 2: **Pretraining**  $S_0$ : Apply  $\mathcal{R}(t)$ ,  $\gamma$  on Eq. (1), (2), (3) and (7), obtain  $S_0$  from Eq. (8)
- 3: **Estimation:**
- 4: Apply  $(\beta_0, \sigma_0, \rho_0, \varepsilon_0, \lambda_0, \gamma_0)$  on Eq. (14)-(18), obtain  $C(t)$  and  $R(t)$  from Eq. (18) and (20)
- 5: Obtain MSE of  $C(t)$  and  $\hat{C}(t)$ ,  $R(t)$  and  $\hat{R}(t)$
- 6: Solve  $(\beta, \sigma, \rho, \varepsilon, \lambda, \gamma)$  by using Nelder-Mead solver to minimize MSE
- 7: **Simulation:**
- 8: **for**  $t = 1$  to  $T$  **do**
- 9:   Apply  $(\beta, \sigma, \rho, \varepsilon, \lambda, \gamma)$  on Eq. (14)-(18),  
    update  $S(t)$ ,  $U(t)$ ,  $I(t)$ ,  $IS(t)$  and  $R(t)$
- 10: **end for**

1. Estimate the initial susceptible population  $S_0$  from  $R_t$

2. Fit parameters from known epidemic data

3. Simulate / Predict using fitted parameters





| Country | Model | $T$   |       |        |        |        |        |        |
|---------|-------|-------|-------|--------|--------|--------|--------|--------|
|         |       | 1     | 2     | 3      | 4      | 5      | 6      | 7      |
| Italy   | SIR   | 0.94% | 2.07% | 3.13%  | 4.12%  | 4.88%  | 5.15%  | 5.02%  |
|         | SUIR  | 0.43% | 1.01% | 1.49%  | 1.90%  | 2.25%  | 2.55%  | 2.73%  |
| US      | SIR   | 2.07% | 2.88% | 3.06%  | 3.98%  | 4.80%  | 5.43%  | 6.83%  |
|         | SUIR  | 2.02% | 2.64% | 2.69%  | 2.59%  | 2.78%  | 5.06%  | 6.62%  |
| Iran    | SIR   | 5.00% | 9.61% | 13.56% | 16.88% | 19.72% | 22.02% | 23.90% |
|         | SUIR  | 1.61% | 3.09% | 4.64%  | 6.08%  | 7.31%  | 8.20%  | 8.83%  |
| UK      | SIR   | 3.28% | 5.66% | 6.12%  | 6.31%  | 6.90%  | 7.06%  | 5.95%  |
|         | SUIR  | 2.96% | 5.36% | 5.09%  | 3.50%  | 2.86%  | 2.35%  | 2.63%  |
| Spain   | SIR   | 2.91% | 5.74% | 8.03%  | 9.53%  | 10.11% | 10.07% | 9.73%  |
|         | SUIR  | 1.72% | 2.71% | 3.20%  | 3.85%  | 4.10%  | 4.13%  | 4.15%  |
| France  | SIR   | 2.26% | 4.38% | 4.38%  | 4.74%  | 5.34%  | 9.26%  | 11.34% |
|         | SUIR  | 1.50% | 2.47% | 2.57%  | 4.18%  | 5.29%  | 8.43%  | 9.55%  |
| Germany | SIR   | 2.56% | 4.51% | 5.62%  | 6.13%  | 6.34%  | 5.90%  | 5.08%  |
|         | SUIR  | 1.88% | 3.35% | 4.00%  | 4.66%  | 5.05%  | 4.93%  | 4.50%  |

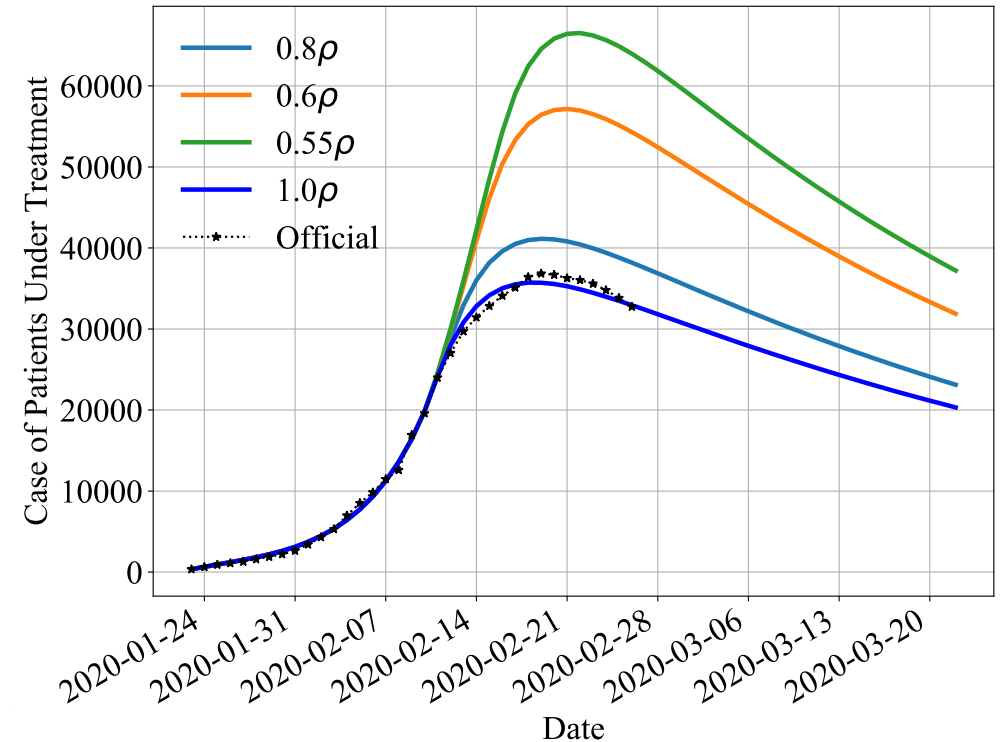
Prediction error of SIR and SUIR model after  $T$  days

On average, the SUIR model achieves a **38.4%** lower prediction error than SIR model



$\rho$ : The average number of quarantined undiagnosed close-contacts per infected-isolated cases.

$$\begin{aligned}\frac{dS}{dt} &= -\beta SI - \sigma \cdot S \cdot \max((U - \rho \cdot IS), 0), \\ \frac{dU}{dt} &= \beta SI + \sigma \cdot S \cdot \max((U - \rho \cdot IS), 0) - \epsilon \cdot U, \\ \frac{dI}{dt} &= (1 - \lambda) \cdot \epsilon \cdot U - \gamma \cdot I, \\ \frac{dIS}{dt} &= \lambda \cdot \epsilon \cdot U - \gamma \cdot IS, \\ \frac{dR}{dt} &= \gamma \cdot (I + IS),\end{aligned}$$



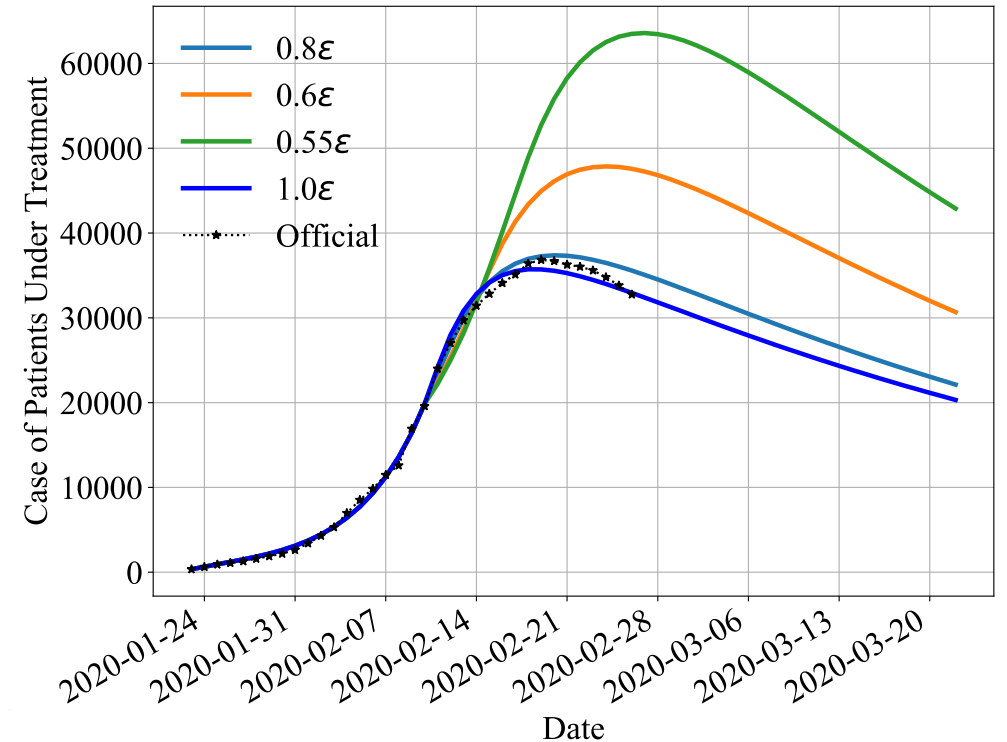
When the isolation ratio decreased to  $0.55\rho$ ,

the peak number of patients in treatment reached more than **twice** the real value



$\epsilon$ : The probability of undiagnosed infection get confirmed.

$$\begin{aligned} \frac{dS}{dt} &= -\beta SI - \sigma \cdot S \cdot \max((U - \rho \cdot IS), 0), \\ \frac{dU}{dt} &= \beta SI + \sigma \cdot S \cdot \max((U - \rho \cdot IS), 0) - \epsilon U, \\ \frac{dI}{dt} &= (1 - \lambda) \epsilon U - \gamma \cdot I, \\ \frac{dIS}{dt} &= \lambda \epsilon U - \gamma \cdot IS, \\ \frac{dR}{dt} &= \gamma \cdot (I + IS), \end{aligned}$$



When the diagnose rate decreased to  $0.55\epsilon$ ,

the peak number of patients in treatment reached **1.8-fold increase** than real value



- We proposed the **SUIR model**, an epidemic transmission framework that offers effective prediction and intervention simulation of COVID-19.
- SUIR model incorporate **characteristics of COVID-19** into traditional model to achieve satisfying performance against SIR model.
- The utilization of **domain knowledge  $R_t$**  guarantees the appropriate estimation of initial susceptible population.



# Thank You!

