Capacitated SIR Model with an Application to COVID-19

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$$\frac{dS}{dt} = -\frac{\beta IS}{N}$$
$$\frac{dI}{dt} = \frac{\beta IS}{N} - \gamma I$$
$$\frac{dR}{dt} = \gamma I$$

Testing at Early Stage

On November 1, 2020:



Now testing still matters!

• Across US, attention shifted from testing to vaccination. Obviously, vaccines are quite important. But as long as the majority of us are not protected, then testing remains essential.

—Jennifer Nuzzo at JHU

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Benefits:

- Diagnosing sick people
- Slowing the spread
- Assessing our progress

Transition modeling:

- Acemoglu, Chernozhukov, Werning, Whinston (2020)
- Birge, Candogan, Feng (2020)
- Henderson, Shmoys, Frazier (2020)

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Testing capacity:

- Acemoglu, Makhdoumi, Malekian, Ozdaglar (2020)
- Housni, Sumida, Rusmevichientong, Topaloglu, Ziya (2020)
- Berger, Herkenho, Mongey (2020)
- Larson, Berman, Nourinejad (2020)



A compartmental model with four states:





A compartmental model containing four states:





A compartmental model containing four states:



$$\begin{split} S_{t+1} &= (1 - \frac{\beta_{l}I_{t} + \beta_{A}A_{t}}{S_{t} + I_{t} + A_{t}})S_{t} \\ I_{t+1} &= \frac{\beta_{l}I_{t} + \beta_{A}A_{t}}{S_{t} + I_{t} + A_{t}}\rho S_{t} + \left(1 - \gamma \min\left\{1, \frac{K_{t}}{\delta((1 - \eta)S_{t} + A_{t}) + I_{t}}\right\} - \lambda_{I}\right)I_{t} \\ A_{t+1} &= \frac{\beta_{l}I_{t} + \beta_{A}A_{t}}{S_{t} + I_{t} + A_{t}}(1 - \rho)S_{t} + \left(1 - \gamma\delta\min\left\{1, \frac{K_{t}}{\delta((1 - \eta)S_{t} + A_{t}) + I_{t}}\right\} - \lambda_{A}\right)A_{t} \\ C_{t+1} &= \left(\gamma\min\left\{1, \frac{K_{t}}{\delta((1 - \eta)S_{t} + A_{t}) + I_{t}}\right\} + \lambda_{I}\right)I_{t} \\ &+ \left(\gamma\delta\min\left\{1, \frac{K_{t}}{\delta((1 - \eta)S_{t} + A_{t}) + I_{t}}\right\} + \lambda_{A}\right)A_{t} + C_{t}. \end{split}$$

- Allocation of testing resources among different populations.
- Allocation of testing resources across time.
 - Two periods.
 - Multi-periods.

Allocation of Testing Resources Among Populations



Proposition

There exists a threshold $h \in [\frac{1-s_0-\rho(1-s_0)}{1-\eta s_0-\rho(1-s_0)}, 1]$ *, such that*

- () when $\frac{\beta_I}{\beta_A} \leq h$, it is optimal to allocate more testing resources to people without symptoms.
- **(1)** when $\frac{\beta_I}{\beta_A} > h$, it is optimal to allocate more testing resources to people with symptoms.

Proposition

There exists a threshold $\frac{S_0+I_0+A_0}{I_0+A_0} \ge 1$ *, such that*

- () *if* $\min\{\beta_I, \beta_A\} \ge \frac{S_0 + I_0 + A_0}{I_0 + A_0}$, *it is optimal to allocate all the testing resources to period 2.*
- **(**) *if* $\max\{\beta_I, \beta_A\} < \frac{S_0 + I_0 + A_0}{I_0 + A_0}$, *it is optimal to allocate all the testing resources to period* **1**.

Dynamic programming:

- Time horizon: τ days.
- Optimal value function: $v^*(S_n, I_n, A_n, k_n)$.
- Bellman equation:

$$v^*(S_n, I_n, A_n, k_n) = \min_{\kappa} \{ v^*(S_{n+1}, I_{n+1}, A_{n+1}, k_n - \kappa) + (\frac{\gamma m}{\delta((1-\eta)S_n + A_n) + I_n} + \lambda_I)I_n + (\frac{\gamma \delta m}{\delta((1-\eta)S_n + A_n) + I_n} + \lambda_A)A_n + 1 - S_n - I_n - A_n \}$$

Allocation Among Different Time: Multi-

where

$$\begin{split} S_{n+1} &= (1 - \frac{\beta_{I}I_{n} + \beta_{A}A_{n}}{S_{n} + I_{n} + A_{n}})S_{n}, \\ I_{n+1} &= \rho \frac{\beta_{I}I_{n} + \beta_{A}A_{n}}{S_{n} + I_{n} + A_{n}}S_{n} + (1 - \frac{\gamma m}{\delta((1 - \eta)S_{n} + A_{n}) + I_{n}} - \lambda_{I})I_{n}, \\ A_{n+1} &= (1 - \rho)\frac{\beta_{I}I_{n} + \beta_{A}A_{n}}{S_{n} + I_{n} + A_{n}}S_{n} + (1 - \frac{\gamma \delta m}{\delta((1 - \eta)S_{n} + A_{n}) + I_{n}} - \lambda_{A})A_{n}, \\ k_{0} &= C, \\ v^{*}(S_{0}, I_{0}, A_{0}, k_{0}) &= 0, \\ v^{*}(S_{\tau}, I_{\tau}, A_{\tau}, k_{\tau}) &= 0, \\ n \in \{1, \tau - 1\}. \end{split}$$

$testing \ index = \frac{testing \ capacity \times testing \ accuracy}{testing \ turnaround \ time}.$

Table: Summary statistics for two testing methods using the data of Ontario, Canada

Testing types	Testing capacity	Testing accuracy	Expected testing turnaround time	Testing index
Rapid tests	9,681,629	False negative: 15%	15 mins	7.90e10
Molecular tests	20,128,734	False negative: 5%	1.5 days	1.27e7

Parameter	Interpretation	Structural result on S_2	Policy implication
K	Testing capacity	Increasing and convex	Testing capacity expansion $(K\!\uparrow)$
δ	Degree of testing people	When $\frac{\beta_I}{\beta_A} \ge h$,	Contact tracing, and self-quarantine,
	without symptoms and panic run	decreasing and convex	stay at home unless severely ill $(\delta \downarrow)$
γ	Testing accuracy divided	Increasing and convey	Testing turnaround time shortening,
	by testing turnaround time	increasing and convex	testing accuracy increasing $(\gamma\uparrow)$
η	Tracing accuracy	Increasing and convoy	Contact tracing, case investigation,
	fracing accuracy	increasing and convex	quarantine $(\eta \uparrow)$
β_I	Infection rate of infected	Democia	Social distancing, mask-wearing,
	and symptomatic population	Decreasing	quarantine $(\beta_I \downarrow)$
β_A	Infection rate of		Secial distanciant much marries
	infected	Decreasing	social distancing, mask-wearing,
	and asymptomatic population		quarantine $(\beta_A \downarrow)$

Data

- Use the COVID-19 data from the COVID Tracking Project.
- Use the daily number of completed viral tests and cumulative confirmed cases from this dataset.

Overview of National COVID-19 Data



- Use the sliding window method.
- Extract K_t (the number of tests on day t) and $C_t \lambda_I I_t \lambda_A A_t$ (the number of confirmed cases on day t).
- Can identify the changes of model parameters.

Estimated Parameters for Florida in the U.S.



Estimated Parameters for Florida in the U.S.



- Propose a capacitated SIR model.
- Provide policy implications like how to allocate testing resources and how to choose testing methods.
- Using sliding window method in empirical studies to test the changes of parameters.

Thank you!

Available at SSRN: https://ssrn.com/abstract=3692751