

# Modelling tipping points and amplification effects of the COVID-19 pandemic response

Prof. Mikhail Prokopenko

Centre for Complex Systems

School of Computer Science, Faculty of Engineering

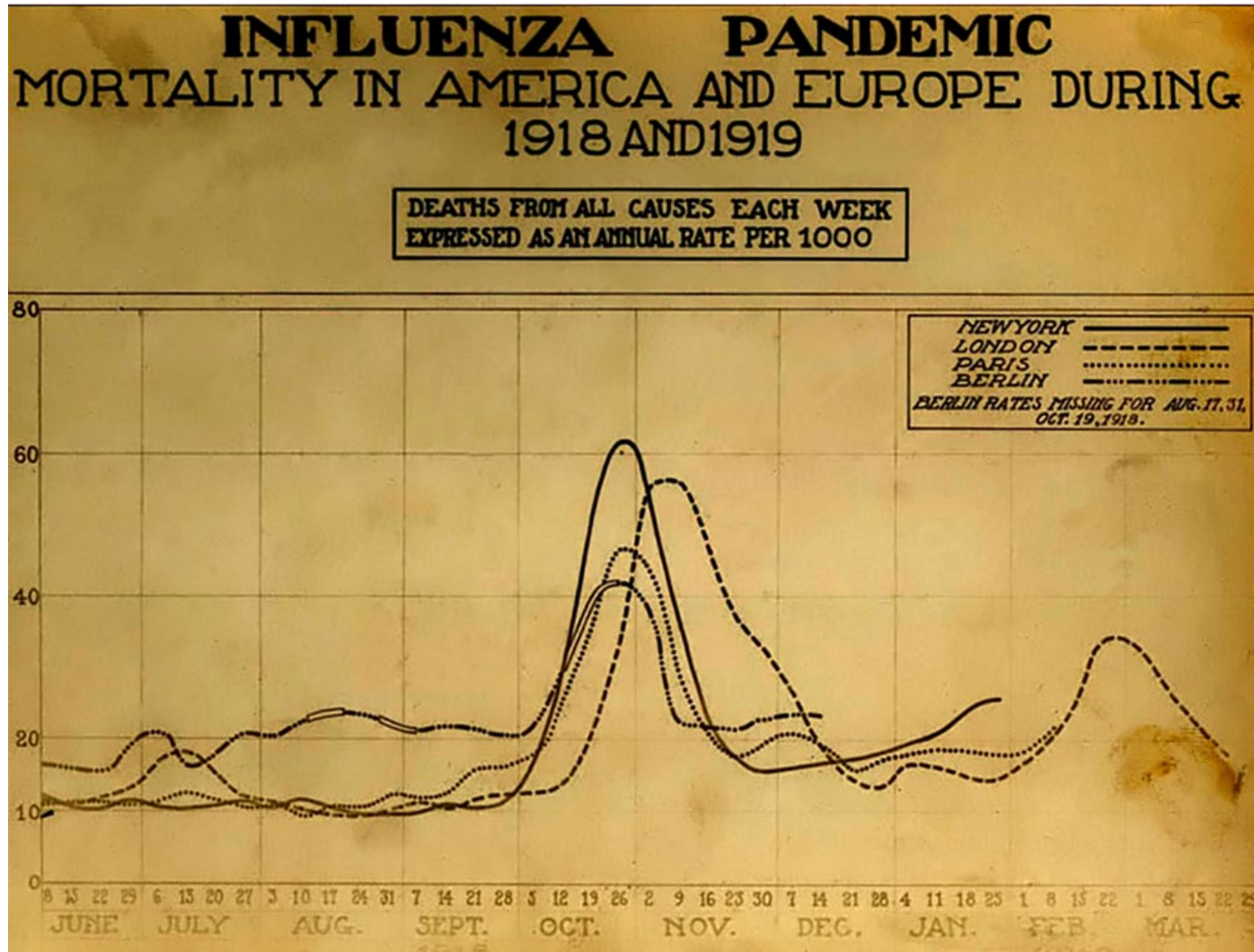
Sydney Institute for Infectious Diseases



ARC DP220101688:  
High-resolution multiscale computational modelling  
of pandemics: COVID-19 and beyond



# Spanish Flu 1918: a chart of deaths in major cities





“I had hoped that hitting the 100th anniversary of this epidemic (Spanish flu) would spark a lot of discussion about whether we’re ready for the next global epidemic. Unfortunately, it didn't, and we still are not ready”

*Bill Gates*  
*Chair of Bill & Melinda Gates Foundation*  
*2018*



- complexity of human behaviour
- socio-economic complexity
- bio-complexity



# The COVID-19: four pandemic stages in Australia (incidence, as of November 25, 2022)

## Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World  
in Data





# The COVID-19: four pandemic stages in Australia (deaths, as of November 25, 2022)

## Daily new confirmed COVID-19 deaths

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Our World  
in Data



# Pandemic modelling using Agent-based Models

- Large-scale high-resolution agent-based models
  - *demographics*: from census based data to agents
  - *mobility*: travel patterns including long-distance
  - *infection*: epidemiology
  
- AMTraC-19: **Agent-based Model of Transmission and Control** of the COVID-**19** pandemic in Australia (~ 24M agents)
  
- Model calibration and validation during COVID-19 pandemic
  - 1<sup>st</sup> stage, ancestral (March – June 2020)
  - 2<sup>nd</sup> stage, ancestral (July – September 2020)
  - 3<sup>rd</sup> stage, Delta (June – November 2021)
  - 4<sup>th</sup> stage, Omicron (December 2021 – November 2022)

- ~24M stochastically generated agents (Census, ABS & ACARA data)
- household size and composition vary across different local areas
- commuting patterns between residence and work / study
- flexible infection seeding scenarios
- transmission within mixing contexts
- different symptomatic ratios for children and adults
- vaccination rollout with two vaccines
- vaccine efficacy split across components (infection, symptoms, transmission)
- varying social distancing (“stay-at-home” restrictions)



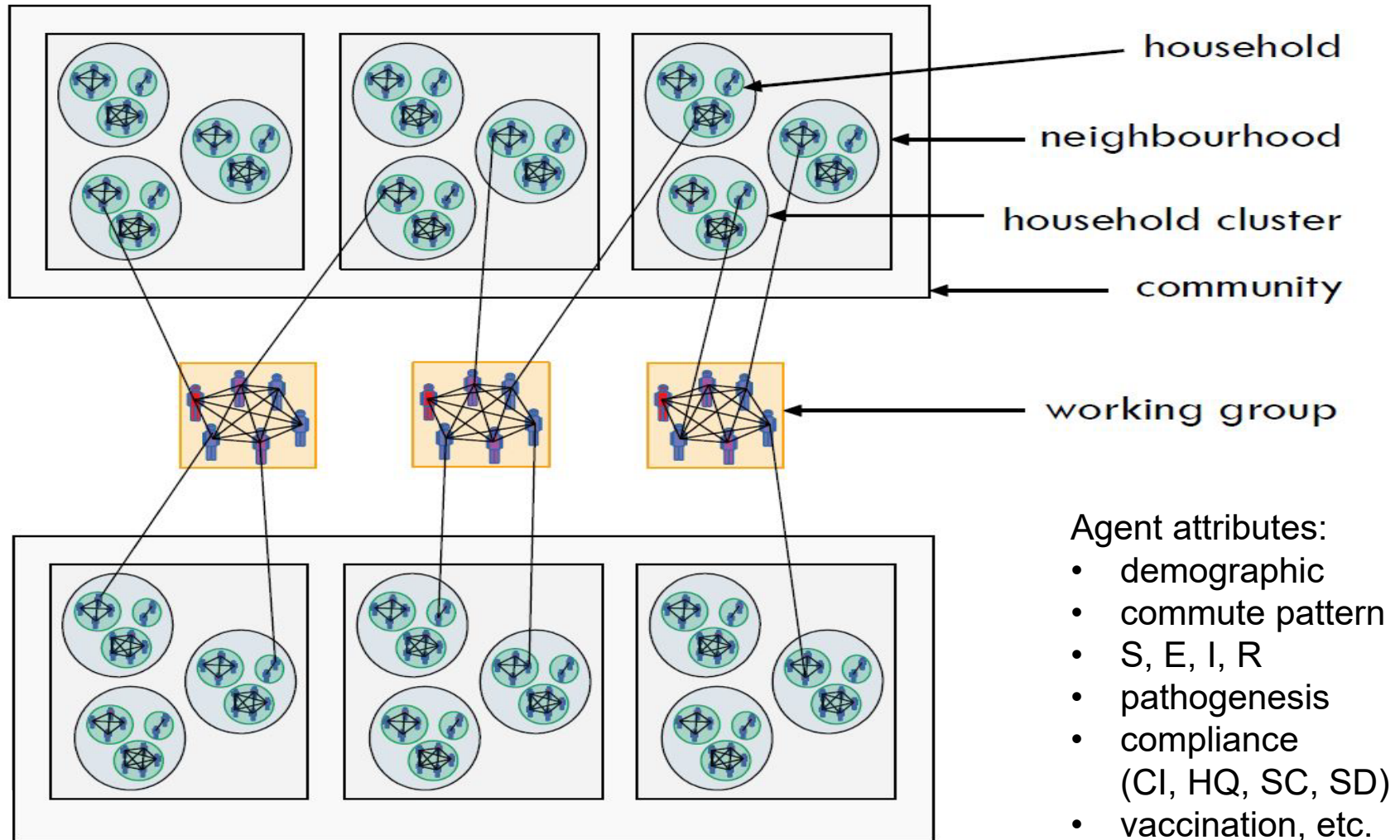
S. L. Chang, N. Harding, C. Zachreson, O. M. Cliff, M. Prokopenko, Modelling transmission and control of the COVID-19 pandemic in Australia, *Nature Communications*, 11, 5710, 2020.

C. Zachreson, S. L. Chang, O. M. Cliff, M. Prokopenko, How will mass-vaccination change COVID-19 lockdown requirements in Australia? *The Lancet Regional Health – Western Pacific*, 14: 100224, 2021.

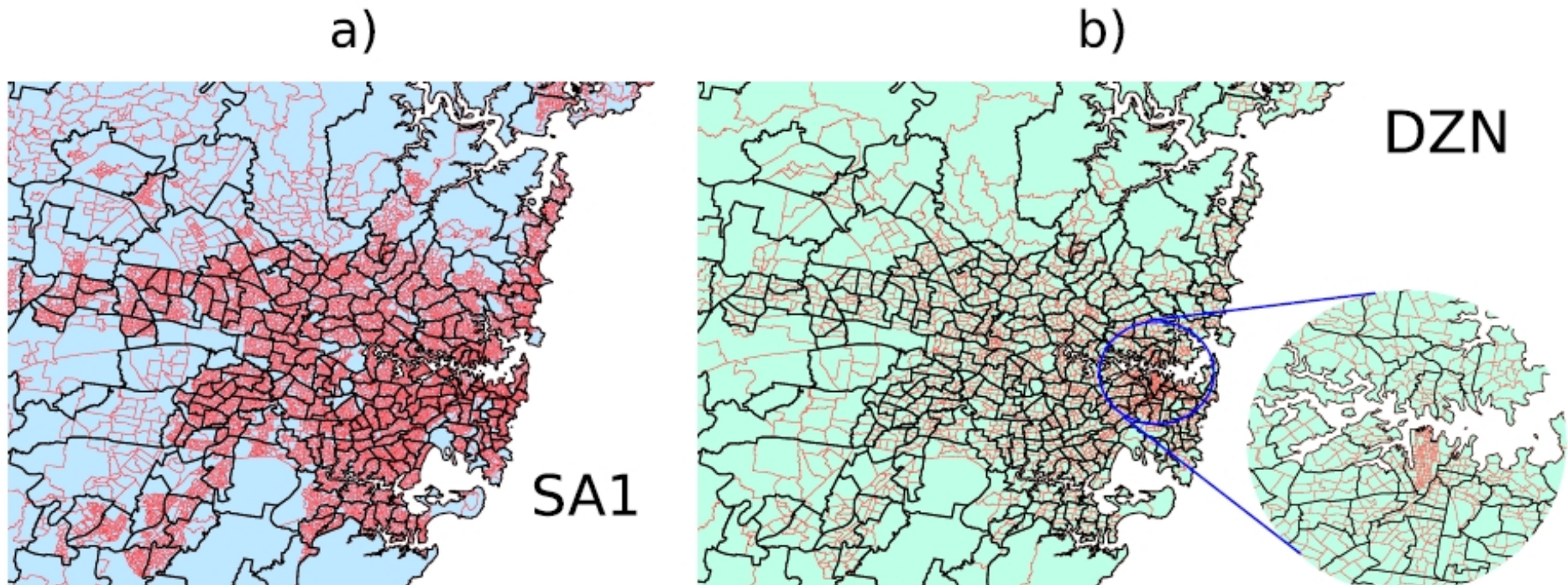




# “Same storm, different boats”: Agent-based Modelling



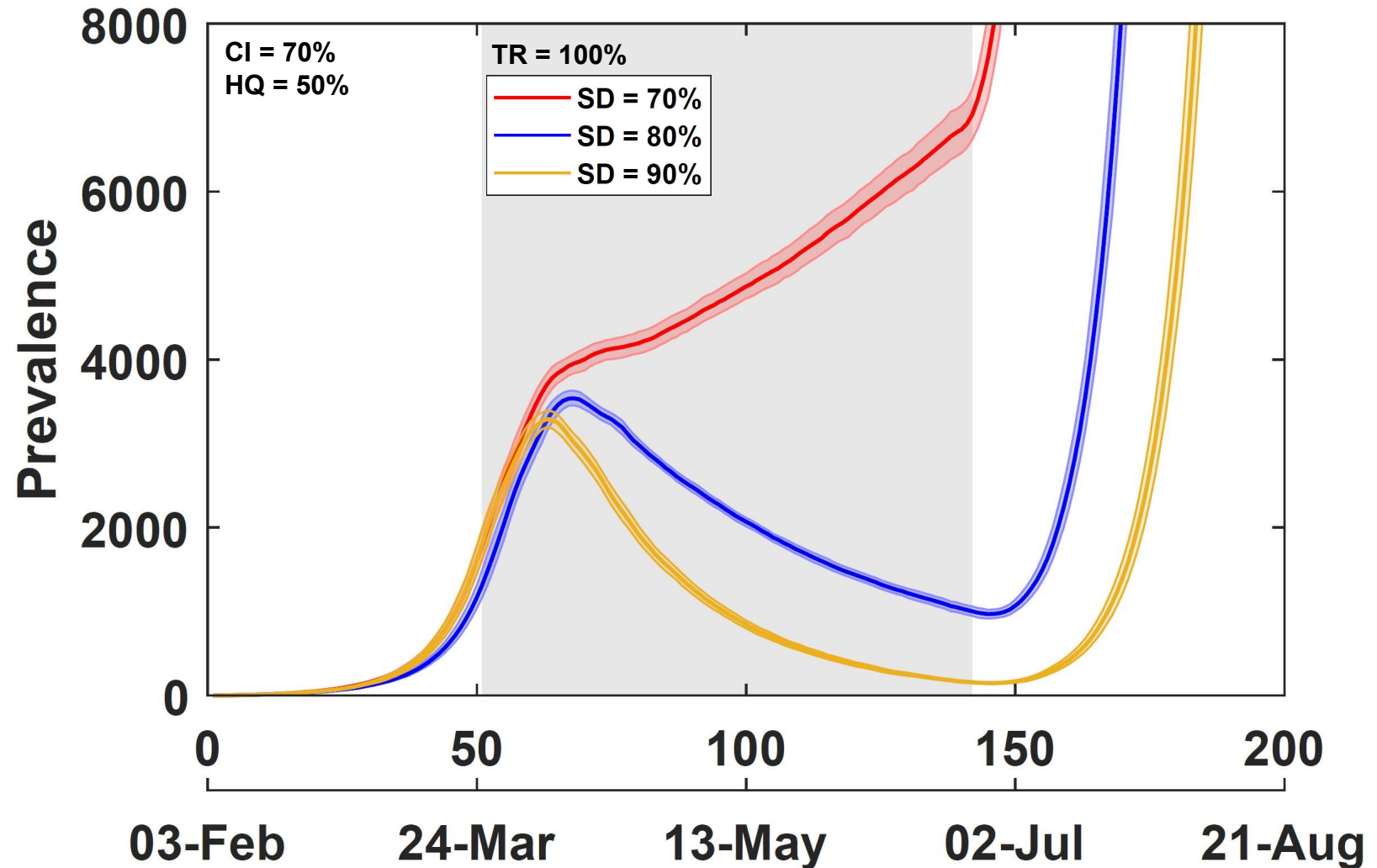
# Population partitions: residential areas and destination zones



**Fig. 1** Maps of the Greater Sydney region illustrating the distribution of population partitions. (a) A map of the Greater Sydney region showing SA2 (black) and SA1 (red) population partitions. (b) A map of the same area showing SA2 (black) and DZN (red) partitions. The inset in (b) zooms in on the Sydney central business district to illustrate the much denser packing of DZN partitions in that area.



## 2020 model: a tipping point in social distancing



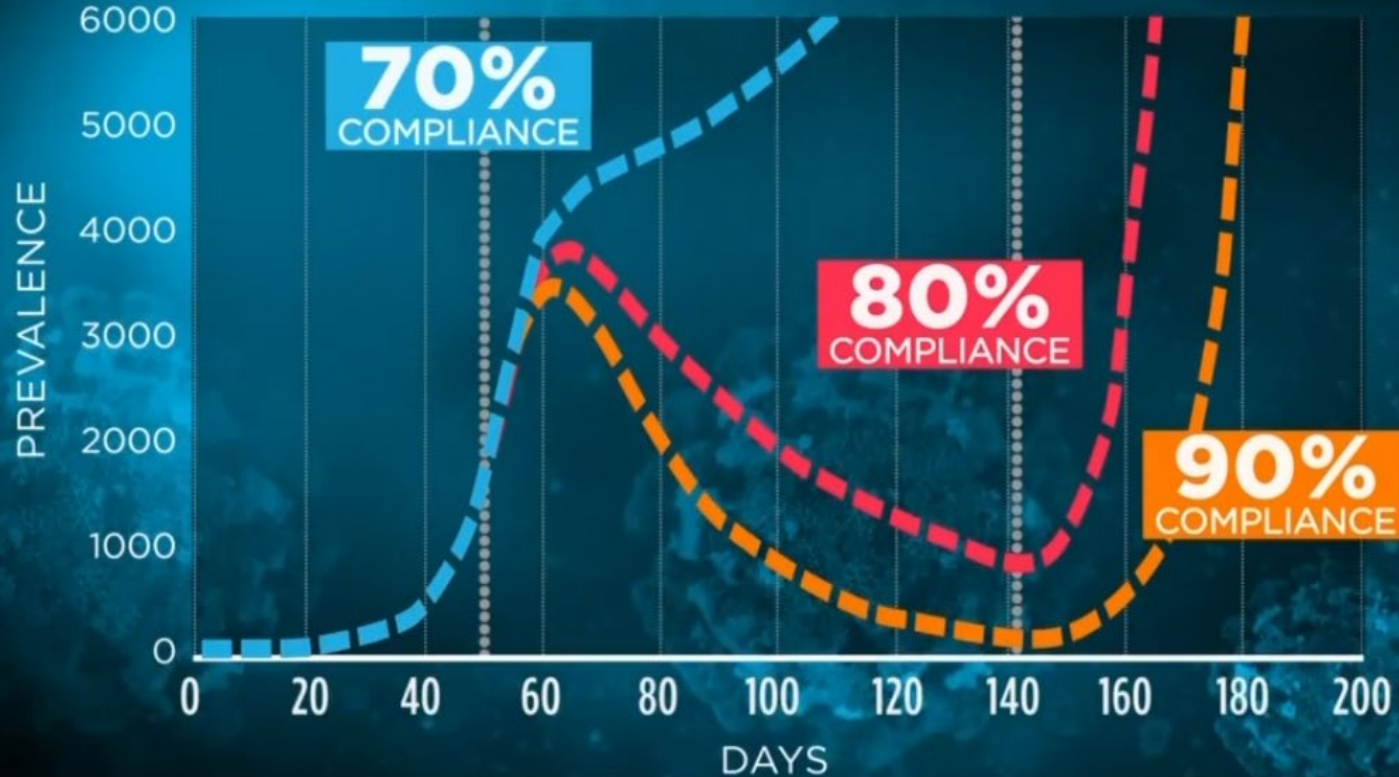




# Media coverage (April 2020)

THE LATEST

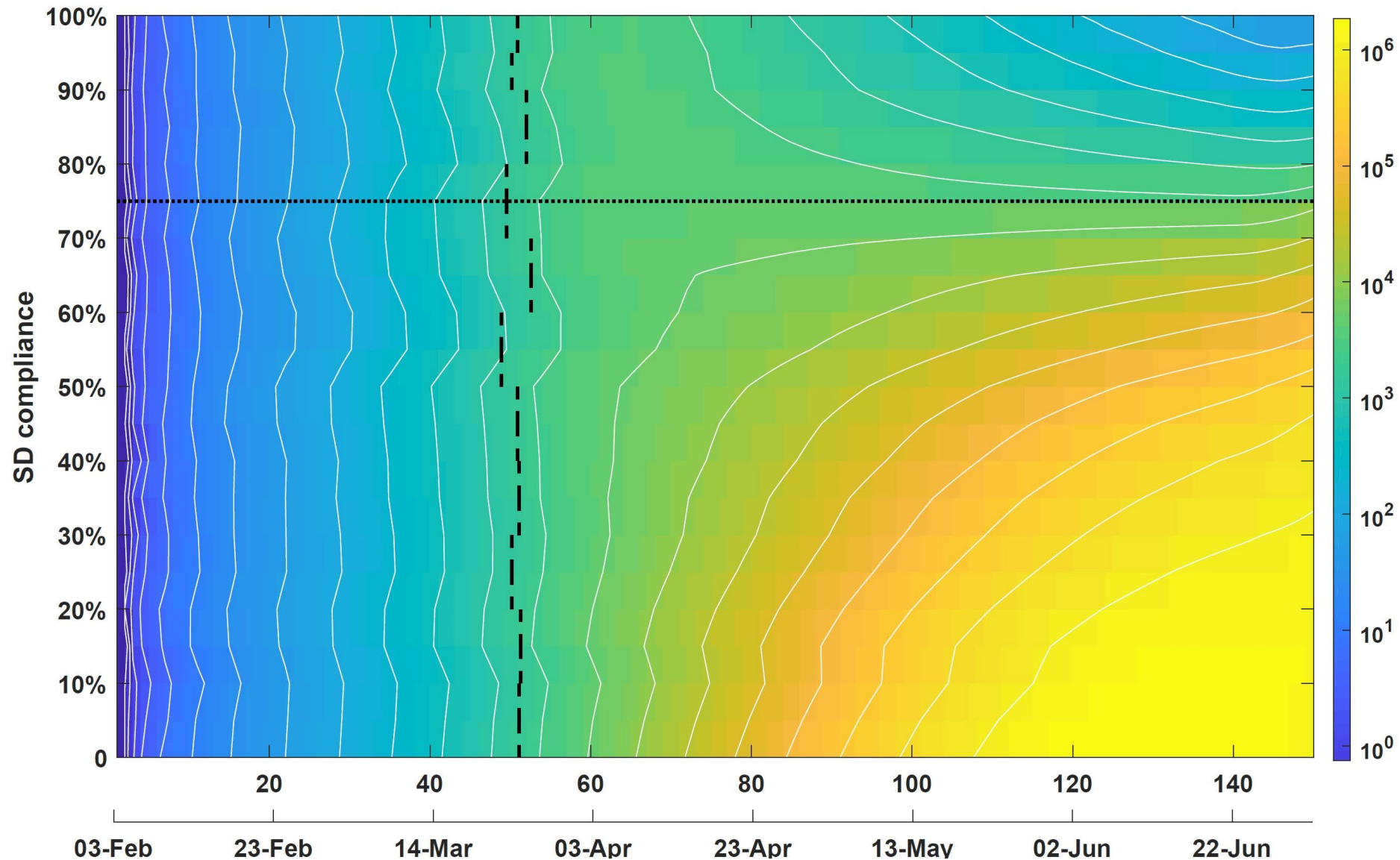
## COVID-19 IMPACT OF SELF DISTANCING





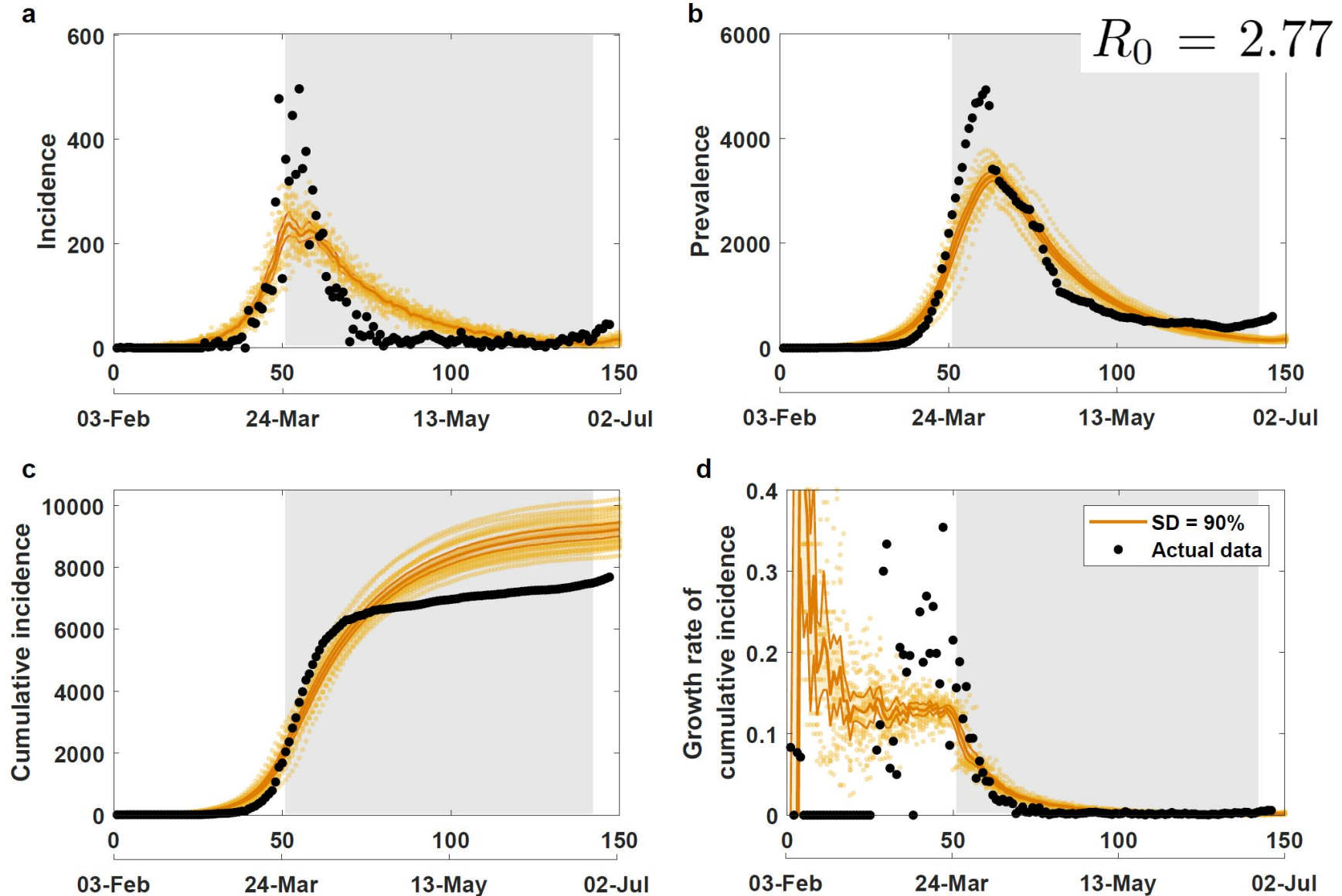
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# Tipping point (phase transition) in SD compliance

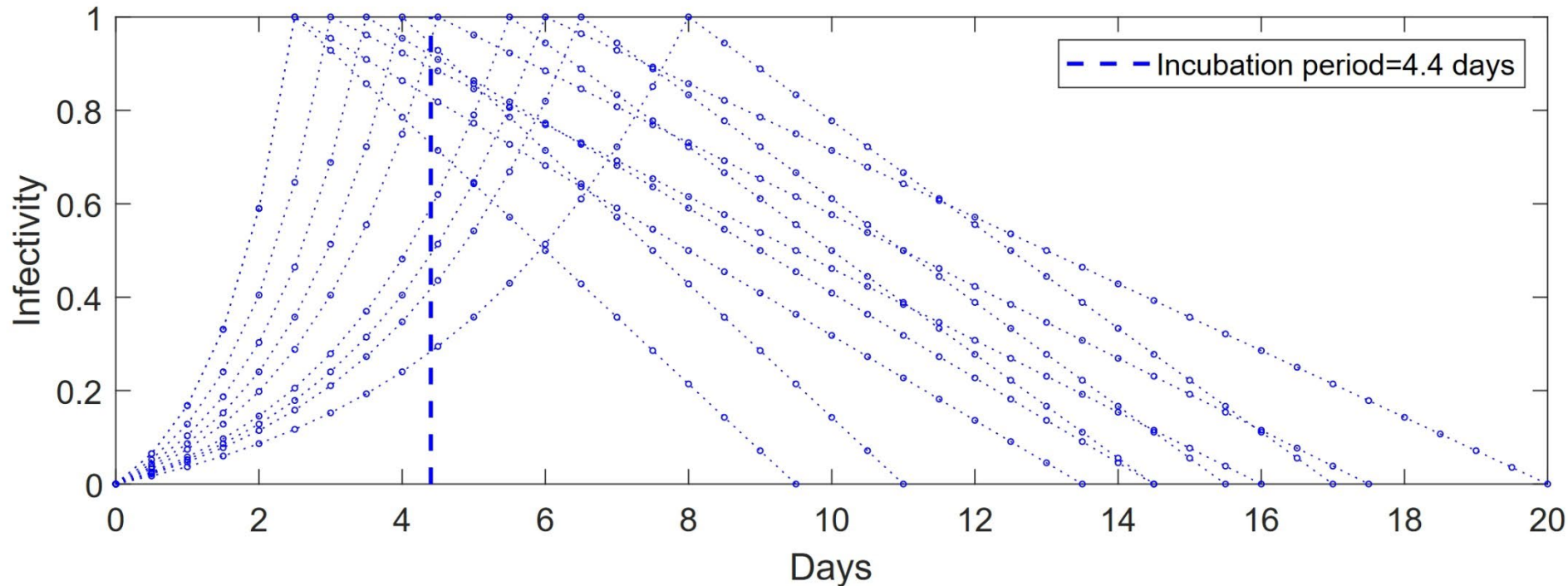




# AMTraC-19 validation (version 6.1)



# Natural history of the disease (the Delta variant model: AMTraC-19 version 7.7)



	$R_0$	$T_{\text{gen}}$ (days)	$T_{\text{inc}}$ (days)	$T_{\text{rec}}$ (days)
Mean	6.2	6.93	4.4	10
95% CI	6.16 – 6.23	6.87 – 6.99	3.9 – 5.0	range: 7 – 14 (uniform)





## Non-pharmaceutical interventions (NPIs)

NPI	Compliance	Interaction strength		
		Household	Community	Workplace
Case isolation	0.7 – 0.8	1.0	0.1 – 0.25	0.1 – 0.25
Home quarantine	0.5 – 0.7	2.0	0.1 – 0.25	0.1 – 0.25
School (students)	1.0	1.0	0.1 – 0.5	0.0
School (parents)	0.5	1.0	0.1 – 0.5	0.0
Social distancing	0.0 – 1.0	1.0	0.1 – 0.25	0.1



# Social Distancing (SD): “stay-at-home” restrictions

**Table 2 The micro- and macro-distancing parameters: macro-compliance levels and context-dependent micro-distancing levels.**

Strategy	Macro-distancing Compliance levels	Micro-distancing contacts		
		Household	Community	Workplace/school
No intervention	100%	100%	100%	100%
Case isolation	70%	100%	25%	25%
Home quarantine	50%	200%	25%	25%
School closure (children)	100%	150%	150%	0%
School closure (parents)	25 or 50%	150%	150%	0%
Social distancing	0-100%	100%	50%	0%

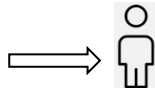

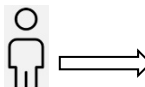
$$p_i(n) = 1 - \prod_{g \in G_i(n)} \left[ \prod_{j \in A_g \setminus i} (1 - p_{j \rightarrow i}^g(n)) \right]$$

$$p_i(n) = 1 - \prod_{g \in G_i(n)} \left[ \prod_{j \in A_g \setminus i} (1 - F_g(j) p_{j \rightarrow i}^g(n)) \right]$$

S. L. Chang, N. Harding, C. Zachreson, O. M. Cliff, M. Prokopenko, Modelling transmission and control of the COVID-19 pandemic in Australia, *Nature Communications*, 11, 5710, 2020.

S. L. Chang, O. M. Cliff, C. Zachreson, M. Prokopenko, Simulating Transmission Scenarios of the Delta Variant of SARS-CoV-2 in Australia, *Frontiers in Public Health*, 10, 10.3389/fpubh.2022.823043, 2022.

# Modelling vaccination rollout (our 2021 model: AMTraC-19 version 7.6)

- Efficacy for susceptibility (**VEs**): impacts immunity in those susceptible to the virus (reduces the probability of becoming infected if exposed) 
- Efficacy for disease (**VEd**): impacts the expression of illness in those who are vaccinated and subsequently become infected (reduces the probability of expressing symptoms if infected) 
- Efficacy for infectiousness (**VEi**): impacts the potential for vaccinated individuals to transmit the virus if infected (reduces the force of infection produced by infected individuals who are vaccinated) 

$$VE = VEd + VEs - VEs \times VEd$$

$$VEi = \sim 0.5$$

for example:

$$0.91 = 0.7 + 0.7 - 0.7 \times 0.7$$

$$0.92 = 0.8 + 0.6 - 0.8 \times 0.6$$

$$0.75 = 0.5 + 0.5 - 0.5 \times 0.5$$

$$0.65 = 0.5 + 0.3 - 0.5 \times 0.3$$



# Vaccination components

$$p_i(n) = 1 - \prod_{g \in G_i(n)} \left[ \prod_{j \in A_g \setminus i} (1 - p_{j \rightarrow i}^g(n)) \right]$$

$$p_i(n) = 1 - \prod_{g \in G_i(n)} \left[ \prod_{j \in A_g \setminus i} (1 - F_g(j) p_{j \rightarrow i}^g(n)) \right]$$

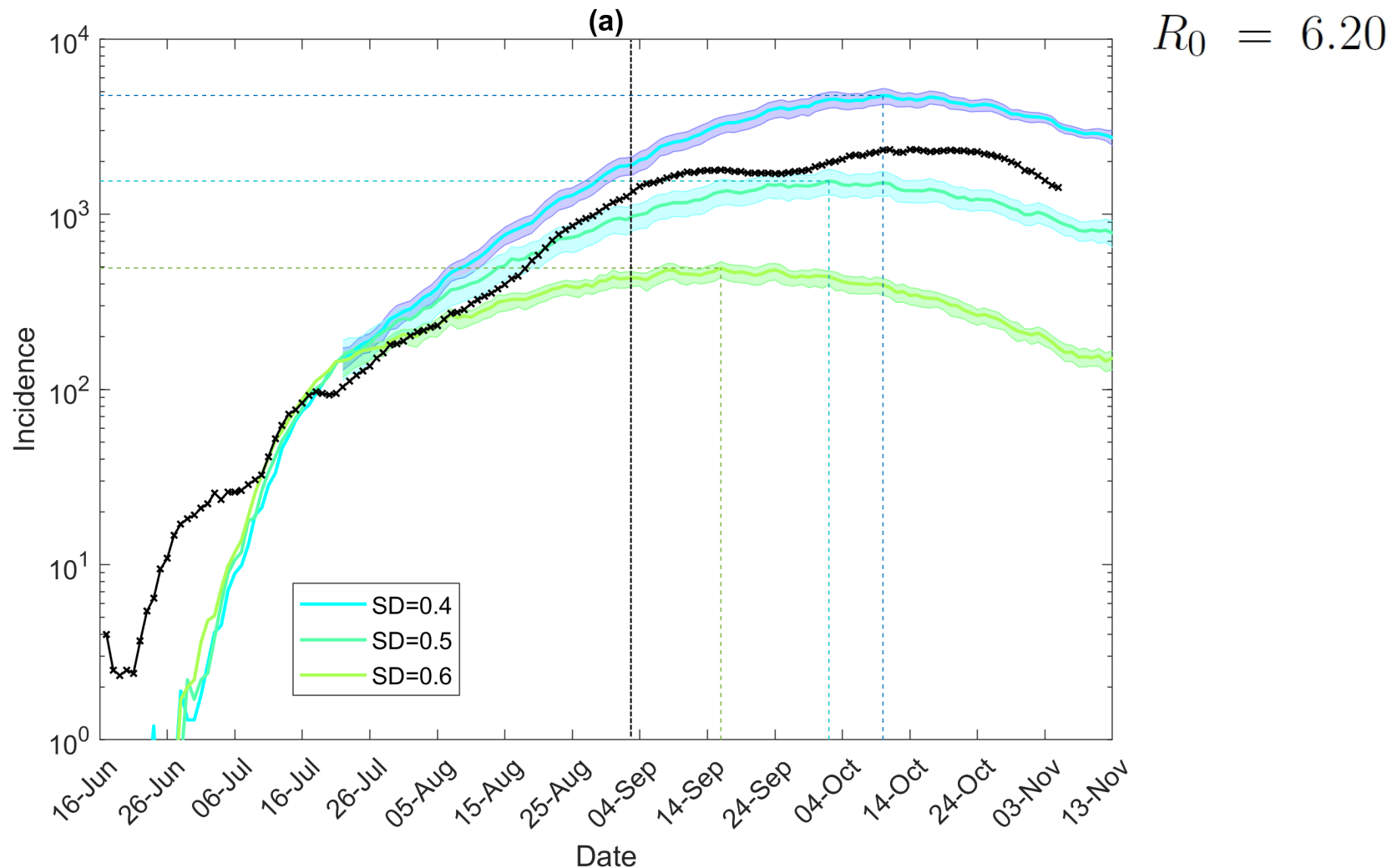
$$p_i(n) = (1 - \text{VES}_i) \left( 1 - \prod_{g \in G_i(n)} \left[ \prod_{j \in A_g \setminus i} (1 - (1 - \text{VEi}_j) F_g(j) p_{j \rightarrow i}^g(n)) \right] \right)$$



$$p_i^d(n) = (1 - \text{VEd}) \sigma_{a|c} p_i(n)$$

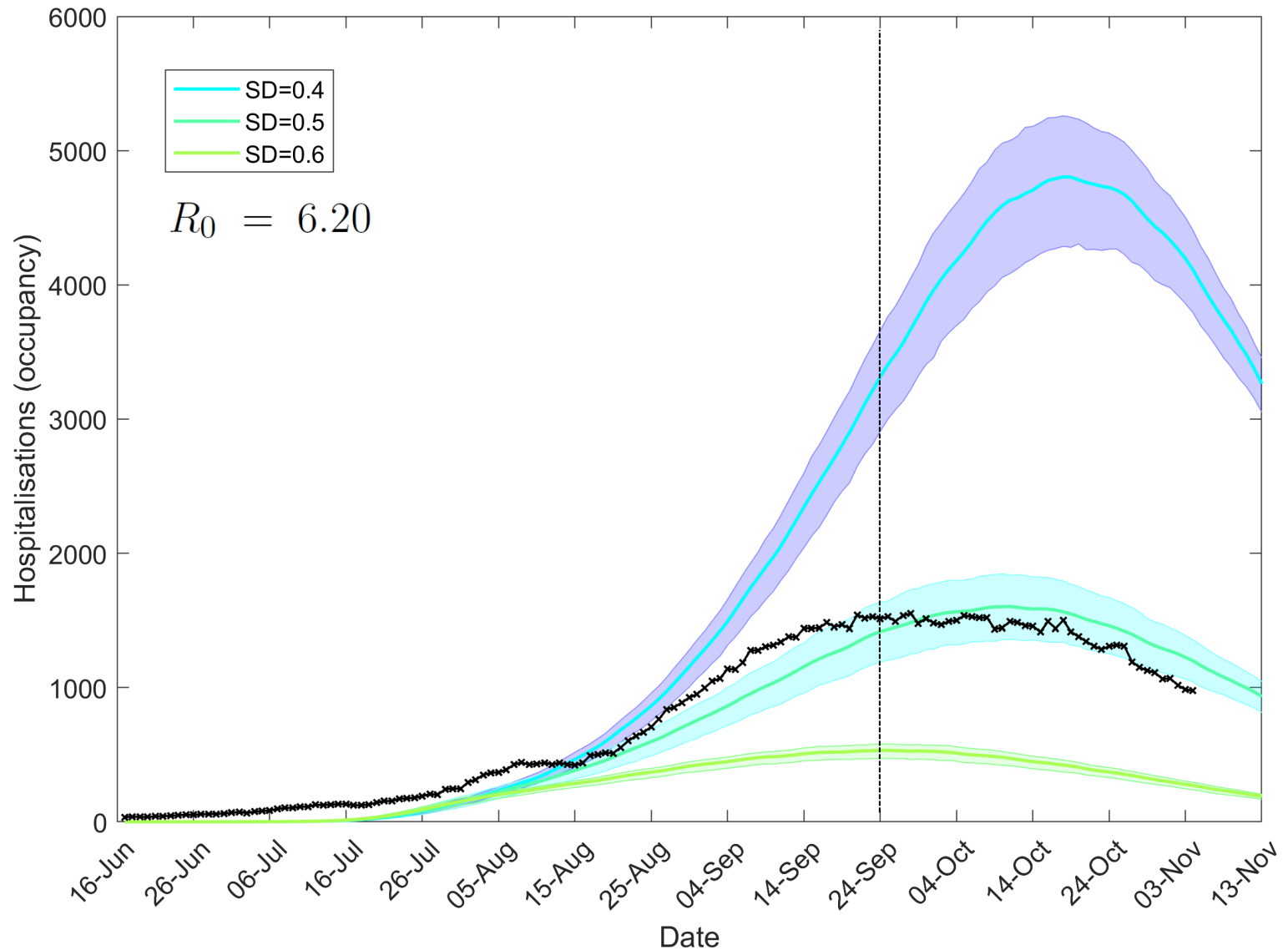


# The Delta variant: SD compliance scenarios (25 August → 5 November 2021)



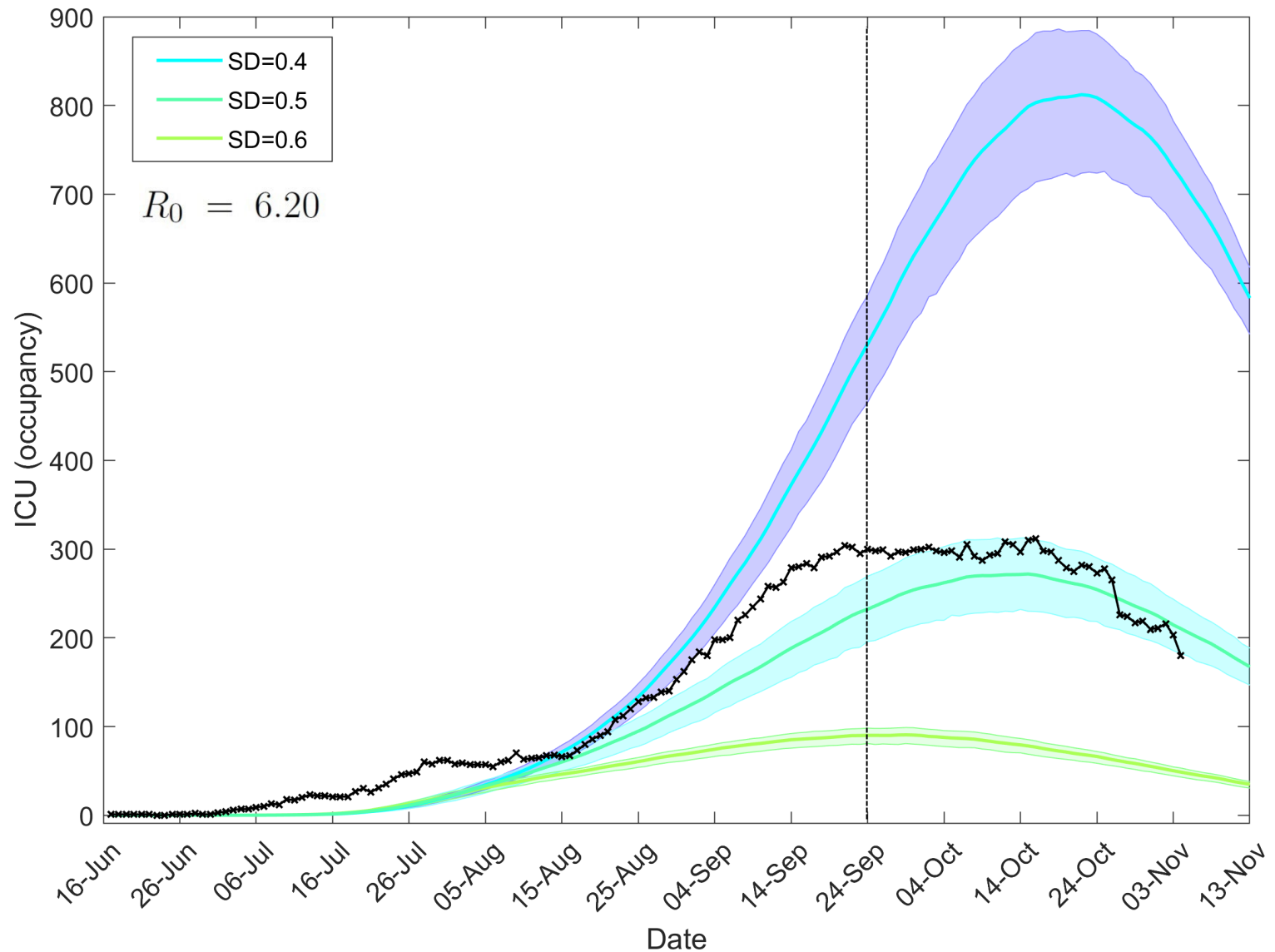


# Hospitalisations (occupancy): a threefold reduction for 10% increase in SD



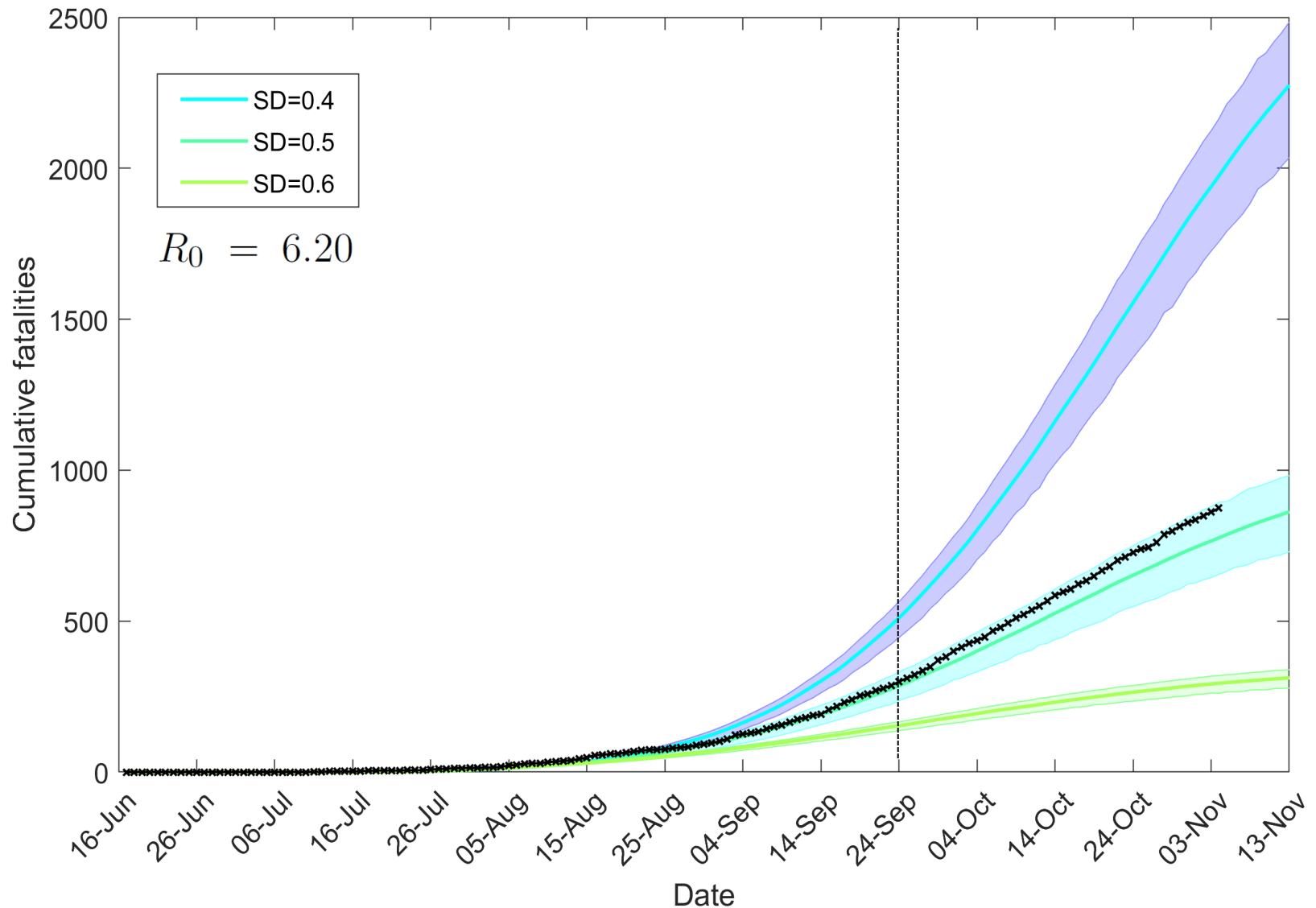


# ICU (occupancy): a threefold reduction for 10% increase in SD





# Mortality (cumulative deaths): a two-fold reduction for 10% increase in SD



# Balance health and socioeconomic consequences: challenges

- how to objectively model and quantify the health and economic costs in comparative terms?
- how to remove the bias created by subjective perspectives of policy- and decision-makers?
- how to account for the diversity of demographics and human behaviour?

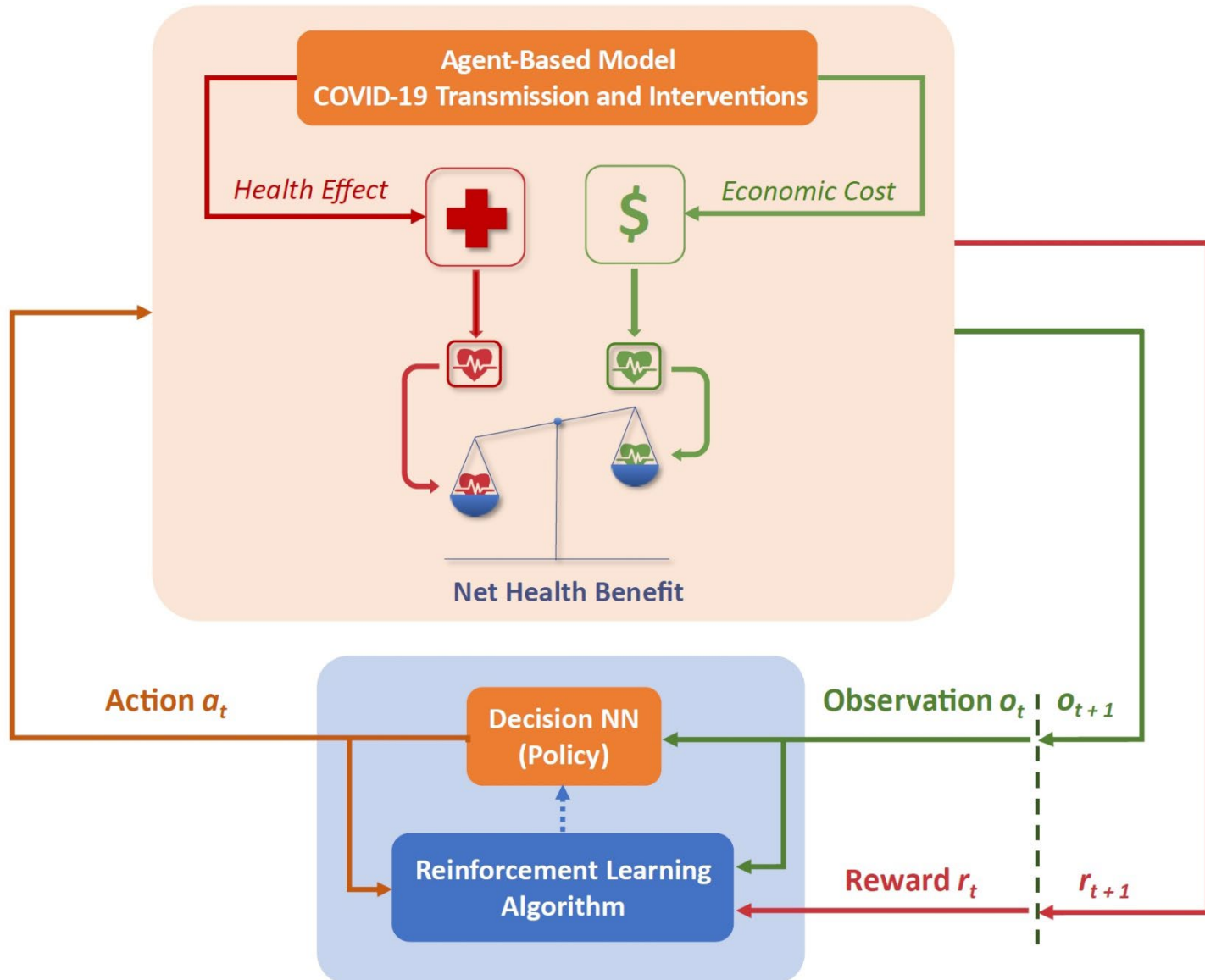


# Balance health and socioeconomic consequences: approach

- how to objectively model and quantify the health and economic costs in comparative terms?
  - the Net Health Benefit (NHB)
- how to remove the bias created by subjective perspectives of policy- and decision-makers?
  - a reinforcement learning (RL) algorithm dynamically optimising feasible interventions
- how to account for the diversity of demographics and human behaviour?
  - an agent-based model (ABM) based on comprehensive demographic (census) data



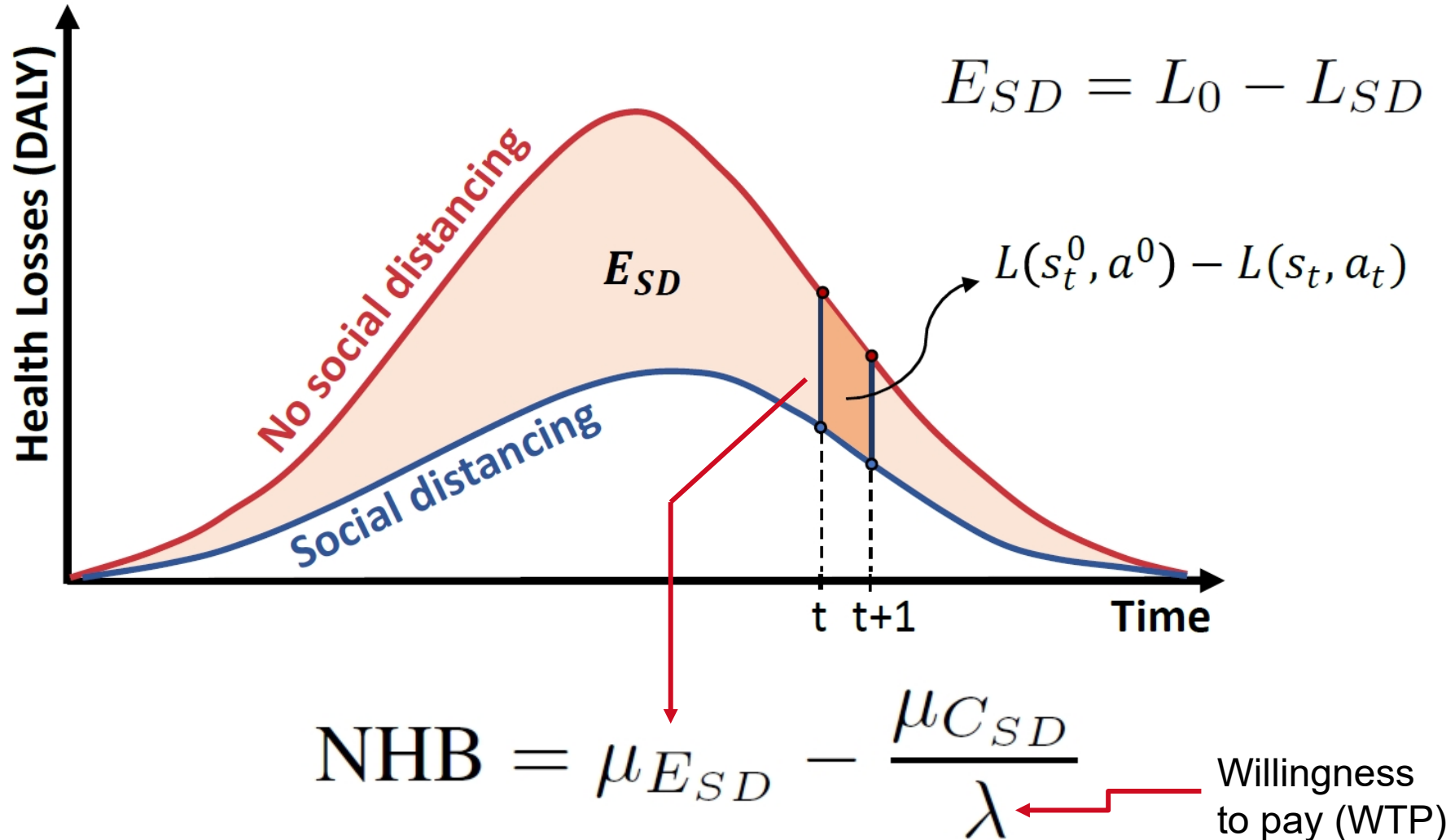
# Optimisation: RL with ABM in the loop





# Disability-Adjusted Life Years (DALY) and Health effects

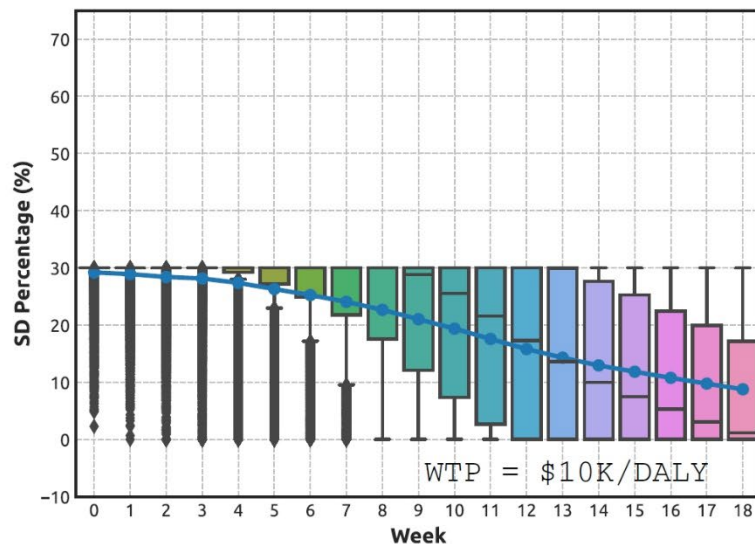
$$\text{DALY} = \text{YLL} + \text{YLD}$$



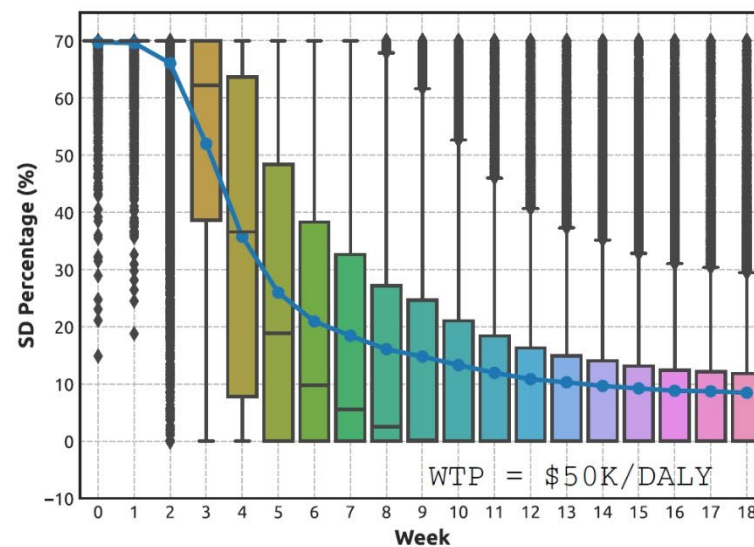
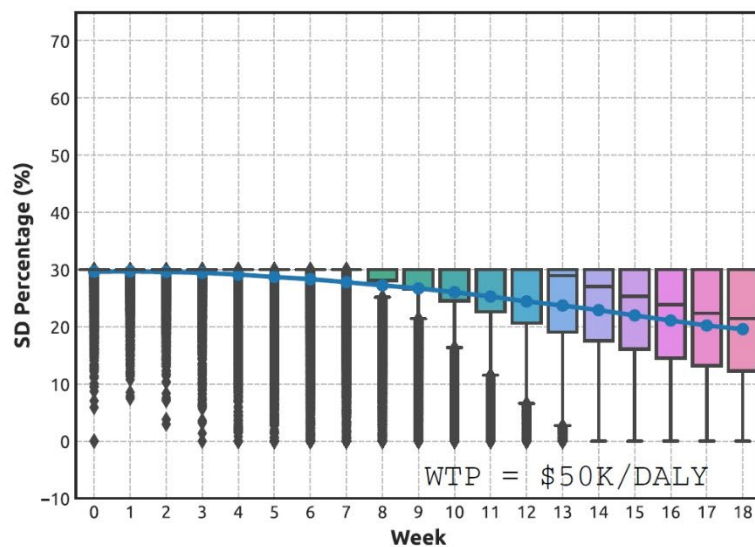
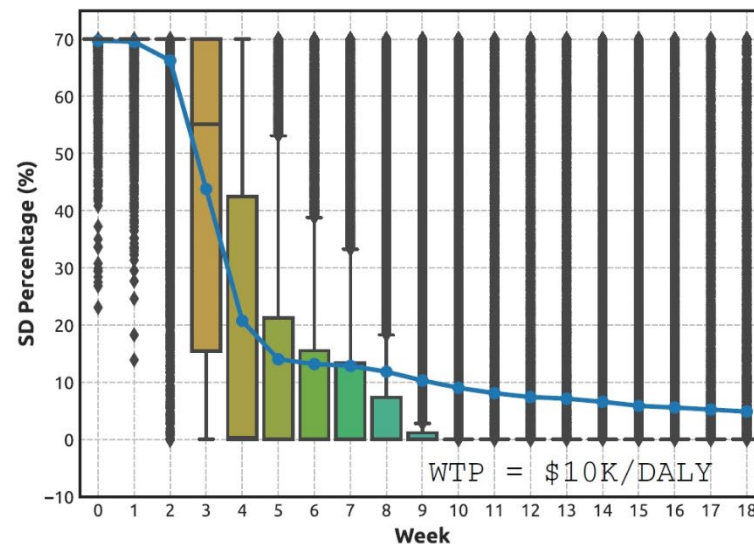


# Adaptive SD strategies

SD<sub>max</sub> = 30%

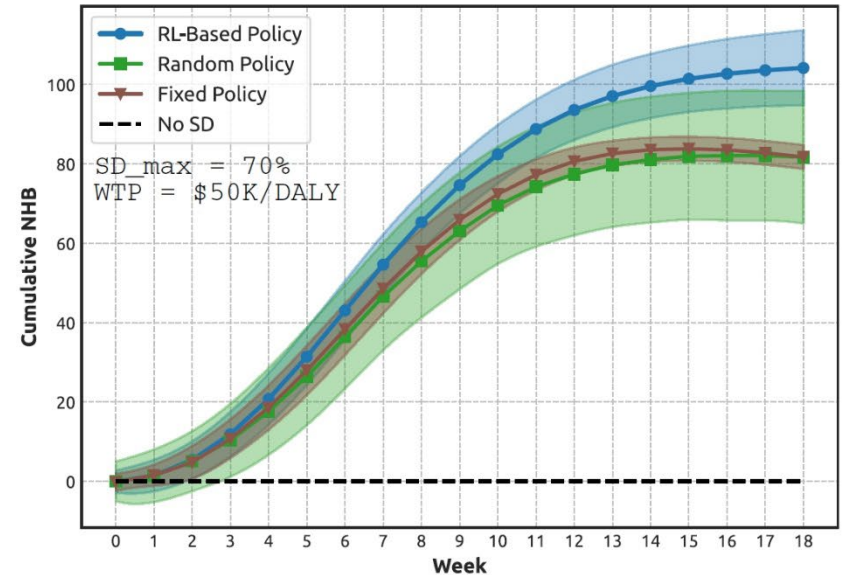
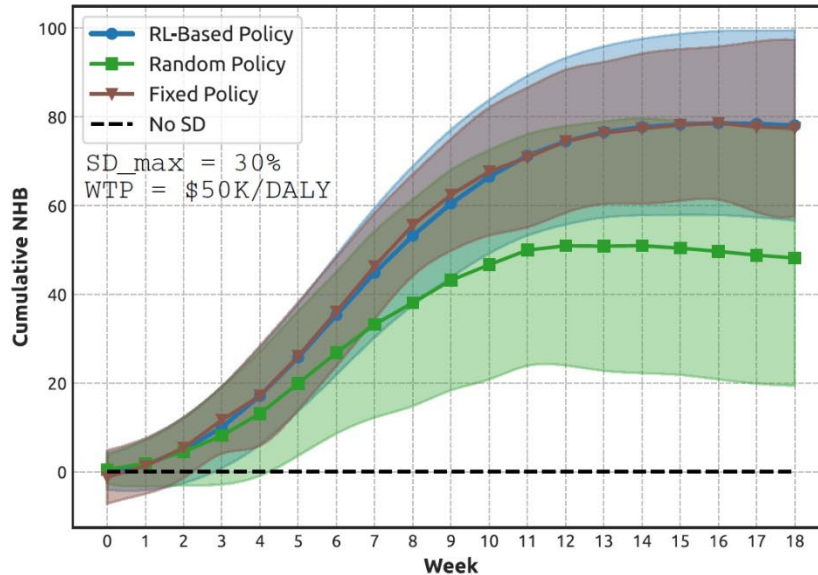
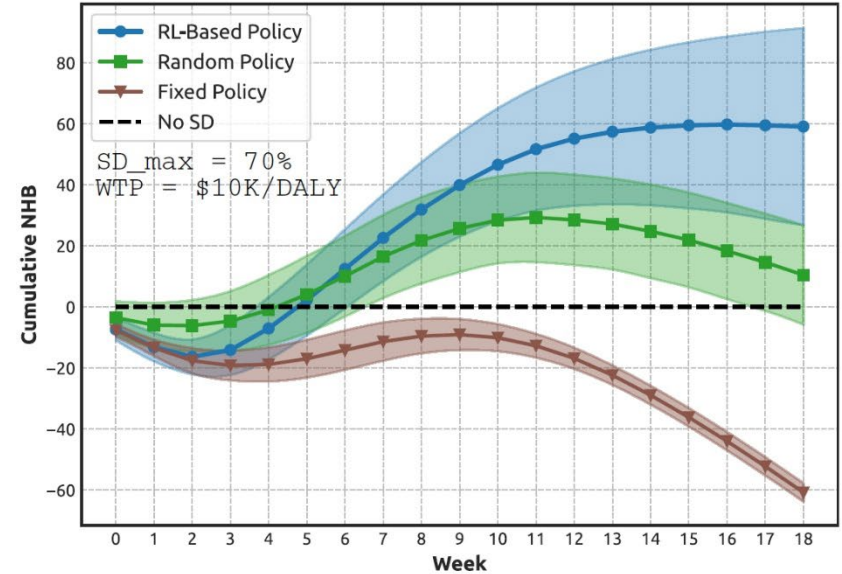
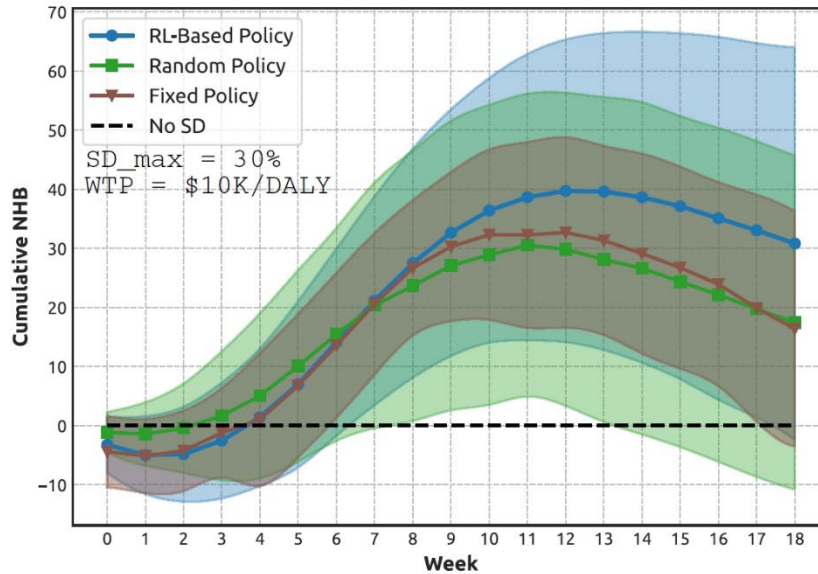


SD<sub>max</sub> = 70%



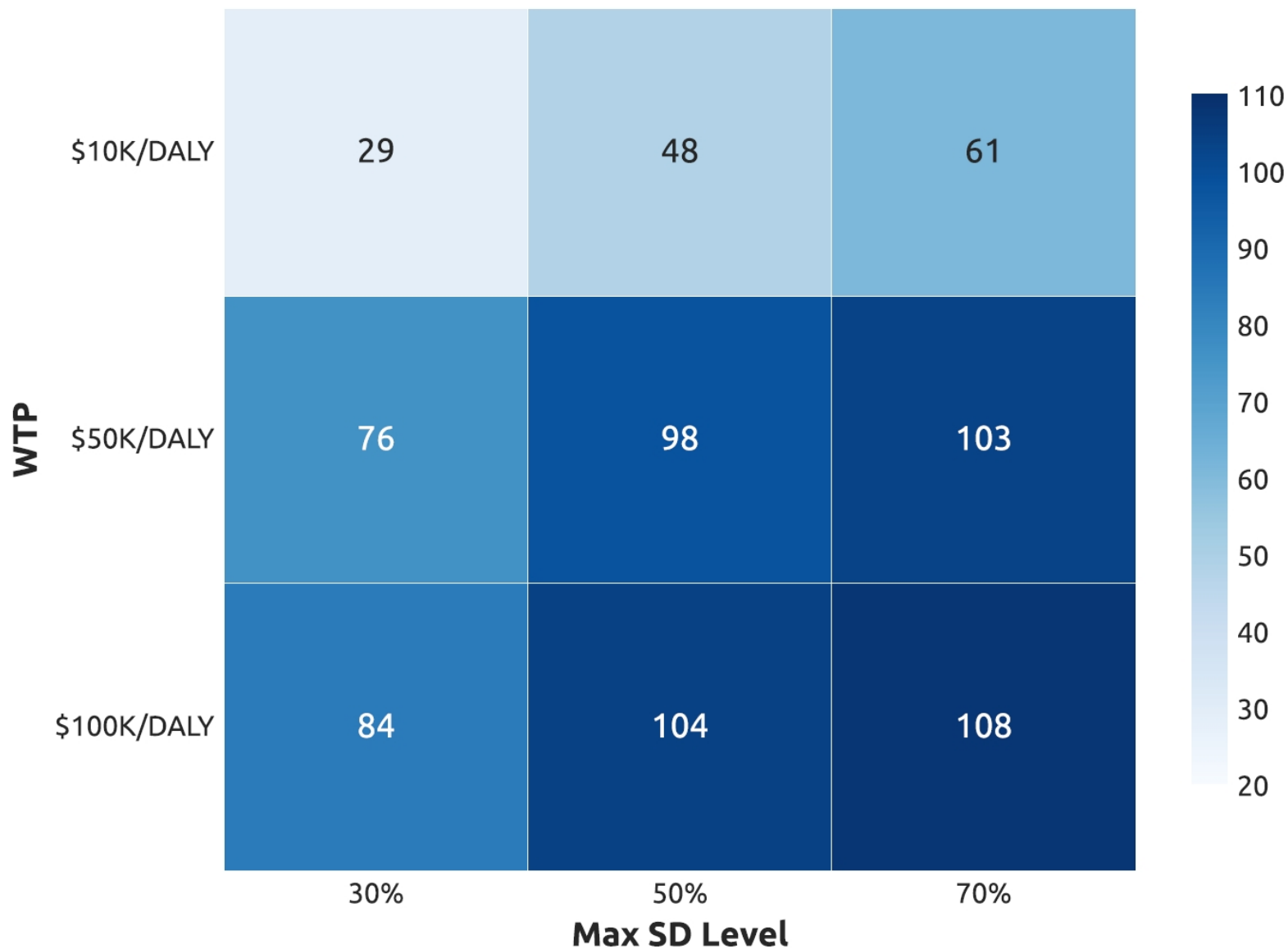


# Comparison: adaptive vs fixed | random | zero-SD





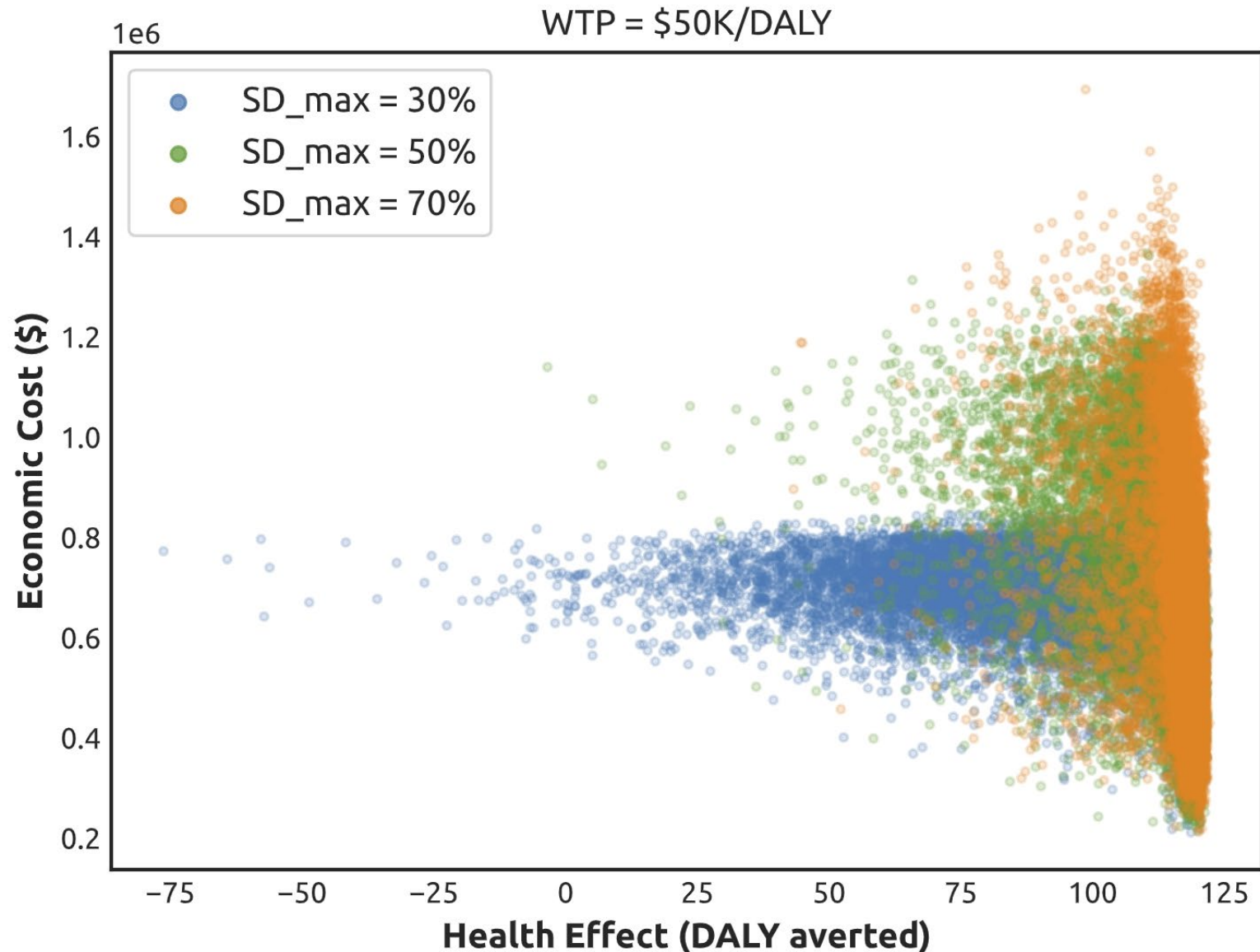
## Cumulative NHB generated by adaptive SD strategies







# Phase diagram of the NHB dynamics: health effects vs economic costs



- complexity of human behaviour:
  - tipping points in social distancing (SD) compliance / adoption
  - highly-transmissible variants strongly amplify small changes in SD adoption
  - vaccine uptake and SD levels are uneven across demographics
- socio-economic complexity:
  - subjective perspectives of policy- and decision-makers
  - capacity limits of testing, tracing, isolation, quarantine measures
  - balance of health and economic costs
- bio-complexity:
  - emergence and evolution of sub-lineages
  - vaccination efficacy diminishes over time
- recurrent waves





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## AMTraC-19 team



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- Q. D. Nguyen, M. Prokopenko, Optimising cost-effectiveness of pandemic response under partial intervention measures, *Scientific Reports*, 12: 19482, 2022.

December 14, 2021

Software

Open Access

# AMTraC-19 (v7.7d) Source Code: Agent-based Model of Transmission and Control of the COVID-19 pandemic in Australia

 Chang, Sheryl L.;  Harding, Nathan;  Zachreson, Cameron;  Cliff, Oliver M.;  Prokopenko, Mikhail

The software implements an agent-based model for a fine-grained computational simulation of the COVID-19 pandemic in Australia. This model is calibrated to reproduce several features of COVID-19 transmission, including its age-dependent epidemiological characteristics. The individual-based epidemiological model accounts for mobility (worker and student commuting) patterns and human interactions derived from the Australian census and other national data sources. The high-precision simulation comprises approximately 24 million stochastically generated software agents and traces various scenarios of the COVID-19 pandemic in Australia. The software has been used to evaluate various intervention strategies, including (1) non-pharmaceutical interventions, such as restrictions on international air travel, case isolation, home quarantine, school closures, and stay-at-home restrictions with varying levels of compliance (i.e., "social distancing"), and (2) pharmaceutical interventions, such as pre-pandemic vaccination phase and progressive vaccination rollout.

The paper describing the model and the scenarios investigated with AMTraC-19 (v7\_7d):

S. L. Chang, C. Zachreson, O. M. Cliff, M. Prokopenko, [Simulating transmission scenarios of the Delta variant of SARS-CoV-2 in Australia](#), *Frontiers in Public Health*, 10, 10.3389/fpubh.2022.823043, 2022.

Please cite it, as well as other publications referenced below, when using the software.

The dataset generated during this study is also available on Zenodo:

S. L. Chang, O. M. Cliff, C. Zachreson & M. Prokopenko. (2021). AMTraC-19 (v7.7d) Dataset: Simulating transmission scenarios of the Delta variant of SARS-CoV-2 in Australia (Version v1) [Data set]. Zenodo. <https://doi.org/10.5281/zenodo.5726241>

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