

# A deterministic epidemic model for the emergence of COVID-19 in China

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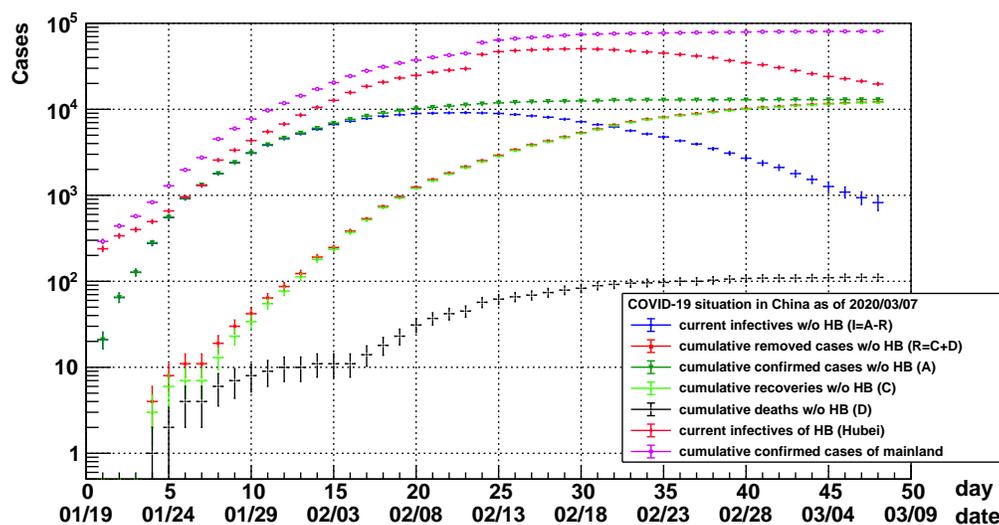
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## Abstract

Coronavirus disease (COVID-19) broke out in Wuhan, Hubei province, China, in December 2019 and soon after Chinese health authorities took unprecedented prevention and control measures to curb the spreading of the novel coronavirus-related pneumonia. We develop a mathematical model based on daily updates of reported cases to study the evolution of the epidemic. With the model, on 95% confidence level, we estimate the basic reproduction number,  $R_0 = 2.82 \pm 0.11$ , time between March 19 and March 21 when the effective reproduction number becoming less than one, the epidemic ending after April 2 and the total number of confirmed cases approaching  $14408 \pm 429$  on the Chinese mainland excluding Hubei province.

A novel coronavirus disease, named COVID-19, broke out in Wuhan, Hubei province, China, in December 2019. On 20 January 2020, the National Health Commission of the People's Republic of China announced the top-level prevention and control measures against pneumonia, and China determined to curb the spreading of the disease effectively [1, 2]. The current epidemic situation on the Chinese mainland is shown in Figure 1, with data in use listed in Table 1. Checking the curve of cumulative confirmed cases, we can see there is an abrupt change of increasing trend around January 28, being

exponential before the time and softened afterwards. A similarity is also observed on the curve of cumulative removed cases (recoveries plus deaths), with delay of a few days. The change indicates the control measures have taken in effect. How to evaluate the effect quantitatively, and in particular, to predict the evolution of the disease would be highly desired.



**Figure 1:** Epidemic curves of reported COVID-19 cases on the Chinese mainland since 20 January 2020. Data are collected from the official web pages of the National Health Commission of the People’s Republic of China [3] and cross-checked with reports on the official web pages of the Health Commission of Hubei Province [4]. In the legend, HB stands for Hubei province, and  $I$  and  $R$  represent two categories to be fitted with an mathematical model.

Many epidemic models exist to describe spreads of infectious diseases mathematically [5]. The central role of modelling is to estimate the basic reproduction number,  $R_0$ , defined as the expected average number of secondary cases infected by a typical primary case in a fully susceptible population, as well as the effective reproduction number,  $R_t$ , defined as the actual average number of secondary cases per primary case during an epidemic. Different approaches [6, 7] have been taken for the purpose. A study on COVID-19 in Wuhan [8] is also reported. In rapid development of an infectious disease like

COVID-19 in China and in the world, however, these approaches are very difficult in use, if not impossible, or lack of accuracy.

We consider a mathematical model purely based on categorised reported cases, because we believe that key epidemic features will be convolved in the evolution of an infectious disease, namely, the statistics of epidemic data. Should such a model can be fitted with data reasonably well, some epidemic parameters can be extracted. Let's take the number of cumulative confirmed cases ( $A$ ), the number of cumulative recovered cases ( $C$ ) and the number of cumulative deaths ( $D$ ). We define the number of cumulative removed cases ( $R$ ) as  $R = C + D$ , and the number of current infectives ( $I$ ) as  $I = A - R$ . We assume change rates of both  $I$  and  $R$  are proportional to  $I$  (justification of this assumption will be discussed later),

$$\frac{dI}{dt} = \rho(t)I, \quad (1a)$$

$$\frac{dR}{dt} = \gamma I, \quad (1b)$$

where  $\rho$  denotes the change rate of  $I$  and in general varies with time,  $\gamma$  is the change rate of  $R$  and can be regarded as a constant. For the time varying  $\rho$ , the equation (1a) can be solved analytically

$$\rho(t) = \begin{cases} \rho_1 & \text{if } t \leq T_1, \\ \rho_1 - \rho_2 \ln \frac{t}{T_1} & \text{if } t > T_1, \end{cases} \quad (2)$$

where  $T_1$  is a transition time when the rate changes from a constant to a time dependent variable due to disease control measures taking effect, and both  $\rho_1$  and  $\rho_2$  are constants. Then, we have

$$I(t) = \begin{cases} I_o e^{\rho_1 t} & \text{if } t \leq T_1, \\ I_o e^{(\rho_1 - \rho_2 \ln \frac{t}{T_1})t} & \text{if } t > T_1, \end{cases} \quad (3)$$

where  $I_o = I(t = 0)$  is a constant. Considering the existence of an infectious period, the transition time of  $R(t)$  will be different from that of  $I(t)$ . Therefore,  $R(t)$  can be expressed as

$$R(t) = \begin{cases} R_o(e^{\rho_1 t} - 1) & \text{if } t \leq T_2, \\ R_o \left[ (e^{\rho_1 T_2} - 1) + \rho_1 \int_{T_2}^t e^{(\rho_1 - \rho_2 \ln \frac{t'}{T_2})t'} dt' \right] & \text{if } t > T_2, \end{cases} \quad (4)$$

where  $T_2$  is a transition time of  $R$ , and  $R_o = R(t = 0)$ , being a constant.  $R_o$  is related to  $I_o$  by  $R_o = \gamma I_o / \rho_1$ . But in principle, both  $I_o$  and  $R_o$  are just arbitrary constants because we choose time zero randomly.

We use (3) and (4) to fit epidemic curves. For various reasons, reported numbers of cumulative confirmed cases in Hubei are comparatively less reliable. Particularly, there is a jump on February 12, seeing Figure 1 and Table 1, due to the addition of clinically diagnosed cases (only applicable to Hubei province) to previously laboratory confirmed cases. On the other hand, numbers of cumulative confirmed cases, recoveries and deaths of other provinces on the Chinese mainland are quite reliable since January 20 when the National Health Commission started to daily report the epidemic situation. Therefore, we apply the model to the epidemic data excluding Hubei.

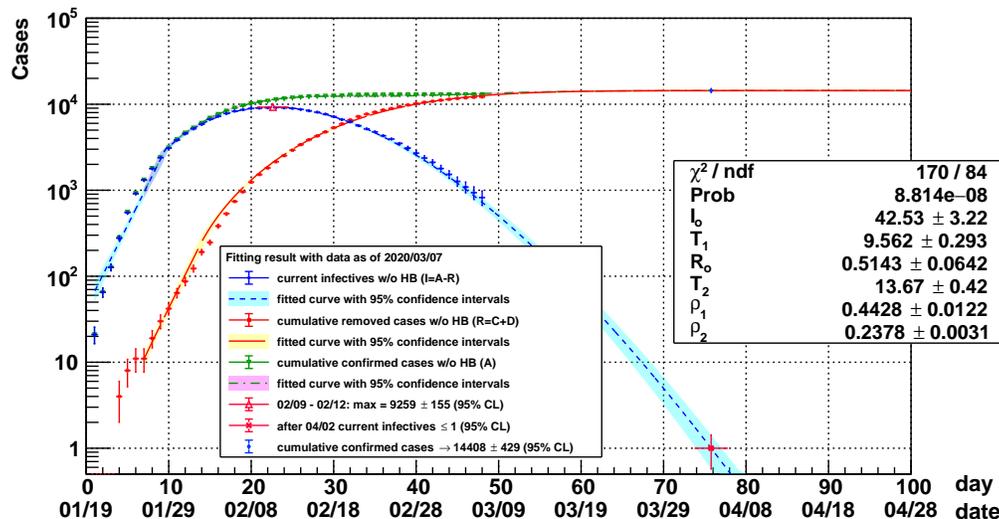
We fit, in Figure 1, the curve of current infectives ( $I$ ) with (3) and the curve of cumulative removed cases ( $R$ ) with (4) simultaneously. During the fitting procedure, the parameters  $\rho_1$  and  $\rho_2$  are shared, and others are free to vary. The fit method is minimisation of a chi-square ( $\chi^2$ ) using data errors. The data errors are estimated on the base of single counting uncertainty. Let  $A_i, C_i$  and  $D_i$  separately stand for cumulative confirmed cases, cumulative recoveries and cumulative deaths reported as of  $i$ -th day. By definition,  $I_i = A_i - C_i - D_i$  and  $R_i = C_i + D_i$ , we have  $\sqrt{A_i + C_i + D_i}$  for the error of  $I_i$  and  $\sqrt{C_i + D_i}$  for the error of  $R_i$ , respectively. Fitting results are shown in Figure 2 and summarised in Table 2. The covariance matrix and the correlation matrix of fit parameters are also reported in Table 3 and Table 4, respectively. The 95% confidence intervals have been calculated for  $I$ ,  $R$  as well as  $A$ , also shown in Figure 2.

The spreading trend of COVID-19 on the Chinese mainland (excluding Hubei) could be predicted with the model. With the fitting results, the number of current infectives would be less than one after April 2 with 95% confidence level (CL)<sup>1</sup>, that can be regarded as the ending of the disease. Meanwhile, the total number of confirmed cases would approach  $14408 \pm 429$ . In addition, we see the current infectives peaks around February 11. Should we perform the same analysis on data before the peaking date, we could obtain similar results, but with comparatively larger uncertainties, as shown in Figure 3, confirming the predictability of the method.

Our model and results can be compared to the classic Susceptible-Infective-Removed (SIR) model. The SIR model divides the population into compart-

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<sup>1</sup>All uncertainties of predictions in the paper are reported on 95% confidence level.



**Figure 2:** Fitting results of COVID-19 on the Chinese mainland. In the figure, dots with error bars are epidemic data, curves are fitted functions and colourful bands are 95% confidence intervals.

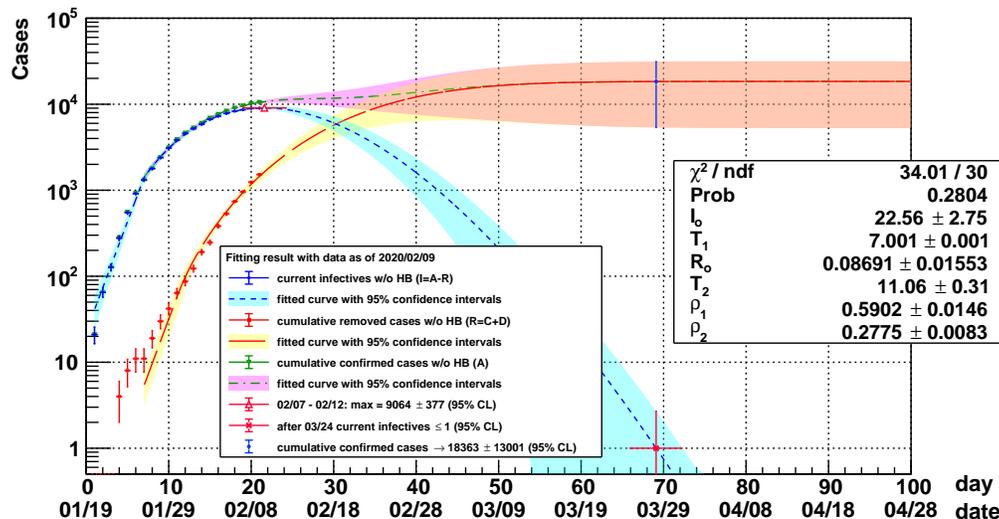
ments: the compartment  $S$  for susceptibles, the compartment  $I$  for infectives and the compartment  $R$  for removed (recovered or dead) cases. Corresponding numbers in the compartments are related by a set of derivative equations

$$\frac{dS}{dt} = -\frac{\beta I}{N} S, \quad S(0) = S_o \geq 0, \quad (5a)$$

$$\frac{dI}{dt} = \frac{\beta I}{N} S - \gamma I, \quad I(0) = I_o \geq 0, \quad (5b)$$

$$\frac{dR}{dt} = \gamma I, \quad R(0) = R_o \geq 0, \quad (5c)$$

where  $N = S + I + R$  is the total population,  $\beta$  is the average number of contacts sufficient for transmission per person per unit time (contact rate) and  $1/\gamma$  is the average infectious period, and all the three parameters are regarded as constants. The model is adequate for limited population and freely developed infectious diseases. For COVID-19 in China, the static SIR model is incapable. On one hand, the extremely tight prevention and control measures have taken effect significantly, hence suppressing the contact rate



**Figure 3:** Fitting results of COVID-19 on the Chinese mainland with data as of February 9. In the figure, dots with error bars are epidemic data, curves are fitted functions and colourful bands are 95% confidence intervals.

with time; on the other hand, the population in China is more than 1.4 billion and modern transportation methods, e.g., high speed trains, have brought all people in the country as a whole being susceptible, eliminating the depletion effect of susceptibles. The latter causes  $S \approx N$  can be regarded as being infinite, or a constant. Consequently the equations in (5) reduce to our model in (1) with

$$\rho = \beta - \gamma. \quad (6)$$

Before the transition time  $T_1$ ,  $\rho_1 = \beta - \gamma$ , being a constant, justifying our previous assumption for the model. To estimate  $\gamma$ , we cannot use  $I_0$  and  $R_0$  directly because the time zero,  $t = 0$ , in our analysis is arbitrarily chosen and the two constants are subject to large fluctuation. Instead, we can take the epidemic meaning of  $1/\gamma$  and interpret its equivalence to the transition time difference between  $R$  and  $I$ , namely,

$$1/\gamma = T_2 - T_1. \quad (7)$$

Resolving  $\beta$  and  $\gamma$ , we can estimate the basic reproduction number

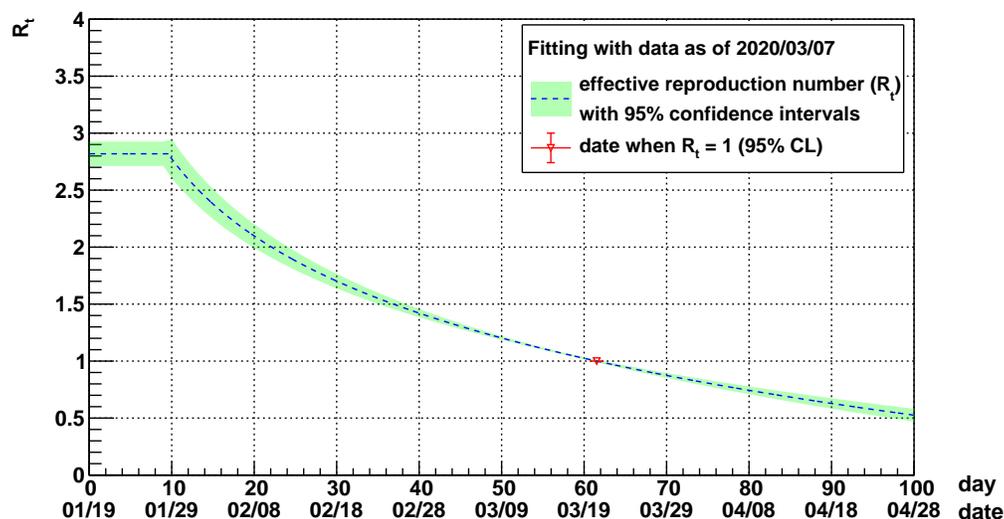
$$R_0 \equiv \frac{\beta}{\gamma} = 1 + \rho_1(T_2 - T_1) \quad (8)$$

with our fitting results,  $R_0 = 2.82 \pm 0.11$  (95% CL).

To quantify the impact of control measures, however, we should use the effective reproduction number,  $R_t$ . The spreading of an epidemic will stop when  $R_t$  become less than 1 persistently. With respect to the time dependent contact rate,  $\beta(t)$ , using (6), we have the effective reproduction number

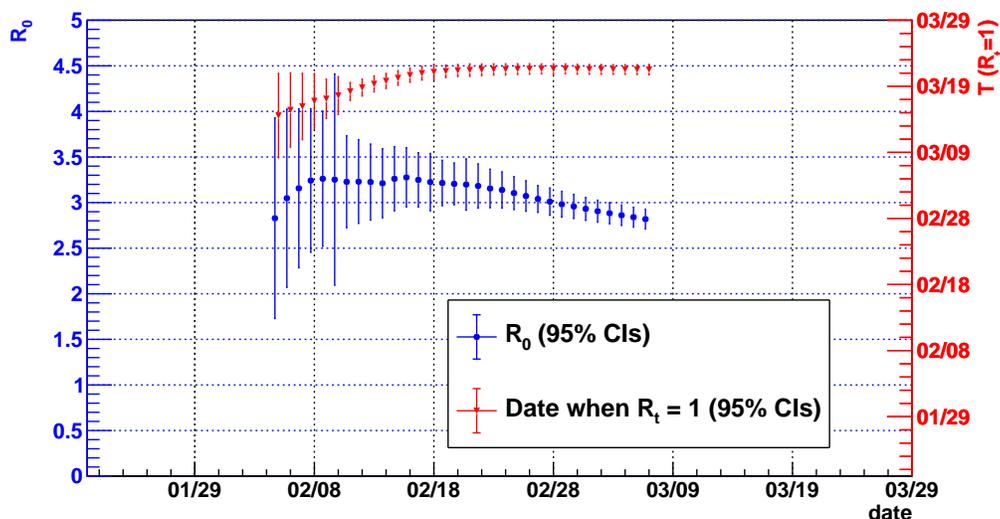
$$R_t \equiv \frac{\beta(t)}{\gamma} = 1 + (T_2 - T_1)\rho(t), \quad (9)$$

where  $\rho(t)$  is in (2). The distribution of  $R_t$  with our fitting results is shown in Figure 4. It starts with  $R_0$ , and approaches zero logarithmically. The time when  $R_t = 1$  will be between March 19 and March 21 (95% CL).



**Figure 4:** The effective reproduction number,  $R_t$ , deduced from fitting results. The predicted date when  $R_t = 1$  is indicated on the curve.

The stability and consistency of our model can be verified by fitting the previous epidemic data day-by-day up to now. The repetitious fit starts with data as of February 5 in order to have enough statistics. For each fit, we extract  $R_0$  and the date,  $T_{R_1}$ , with  $R_t = 1$ . Results are depicted in Figure 5. We see fluctuation in daily results of  $R_0$  and  $T_{R_1}$ , but both of them are consistent within 95% confidence intervals during the epidemic so far.



**Figure 5:** Estimates of the basic reproduction number ( $R_0$ ) and the predicted date ( $T_{R_t}$ ) when the effective reproduction number ( $R_t$ ) reaching one as functions of date of situation report.

**Discussion** The study provides a deterministic mathematical model to analyse and predict characteristics of an infectious disease spreading in an extremely large population with strong prevention and control measures. The model depends purely on statistic data of categorised epidemic cases reported in public. We apply the model to the emergence of COVID-19 in China. Although the model is not yet perfect, it is effective, robust and consistent as long as there is no sudden change in control measures. Comparing with the classic SIR model, we extract the basic reproduction number,  $R_0$ , and make predictions on the time when the effective reproduction number will become less than one and on the total number of confirmed cases in the end. Our study indicates that it is essential to take effective control measures as early as possible for curbing an infectious disease and it is important to report epidemic data precisely and timely for epidemiological modelling. In the era of globalisation, an infectious disease can spread as far as any individual can reach on the earth, that makes the whole world population to be susceptible. As COVID-19 has spread around the world, we anticipate our method can be adapted in modelling the spread and help public health authorities make policy decisions.

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**Table 1:** COVID-19 situation on the mainland, China.

Date	Mainland cumulative			Hubei Province cumulative			Excluding Hubei		A=I+R
	Confirmed	Recoveries	Deaths	Confirmed	Recoveries	Deaths	I	R	
1/20	291	25	6	270	25	6	21	0	21
1/21	440	28	9	375	28	9	65	0	65
1/22	571	28	17	444	28	17	127	0	127
1/23	830	34	25	549	31	24	277	4	281
1/24	1287	38	41	729	32	39	550	8	558
1/25	1975	49	56	1052	42	52	912	11	923
1/26	2744	51	80	1423	44	76	1310	11	1321
1/27	4515	60	106	2714	47	100	1782	19	1801
1/28	5974	103	132	3554	80	125	2390	30	2420
1/29	7711	124	170	4586	90	162	3083	42	3125
1/30	9692	171	213	5806	116	204	3822	64	3886
1/31	11791	243	259	7153	166	249	4551	87	4638
2/1	14380	328	304	9074	215	294	5183	123	5306
2/2	17205	475	361	11177	295	350	5837	191	6028
2/3	20438	632	425	13522	396	414	6669	247	6916
2/4	24324	892	490	16678	520	479	7263	383	7646
2/5	28018	1153	563	19665	633	549	7819	534	8353
2/6	31161	1540	636	22112	817	618	8308	741	9049
2/7	34546	2050	722	24953	1115	699	8635	958	9593
2/8	37198	2649	811	27013	1439	780	8944	1241	10185
2/9	40171	3281	908	29631	1795	871	9017	1523	10540
2/10	42638	3996	1016	31728	2222	974	9094	1816	10910
2/11	44653	4740	1113	33366	2639	1068	9141	2146	11287
2/12	59804	5911	1367	48206*	3441	1310	9071	2527	11598
2/13	63851	6723	1380	51986	3862	1318	8942	2923	11865
2/14	66492	8096	1523	54406	4774	1457	8698	3388	12086
2/15	68500	9419	1665	56249	5623	1596	8386	3865	12251
2/16	70548	10844	1770	58182	6639	1696	8087	4279	12366
2/17	72436	12552	1868	59989	7862	1789	7678	4769	12447
2/18	74185	14376	2004	61682	9128	1921	7172	5331	12503
2/19	75002 <sup>†</sup>	16157 <sup>†</sup>	2118	62457 <sup>†</sup>	10339 <sup>†</sup>	2029	6638	5907	12545
2/20	75891 <sup>†</sup>	18266 <sup>†</sup>	2236	63088 <sup>†</sup>	11790 <sup>†</sup>	2144	6235	6568	12803
2/21	76288	20659	2345	63454	13557	2250	5637	7197	12834
2/22	76936	22888	2442	64084	15299	2346	5167	7685	12852
2/23	77150	24734	2592	64287	16738	2495	4770	8093	12863
2/24	77658	27323	2663	64786	18854	2563	4303	8569	12872
2/25	78064	29745	2715	65187	20912	2615	3944	8933	12877
2/26	78497	32495	2744	65596	23200	2641	3503	9398	12901
2/27	78824	36117	2788	65914	26403	2682	3090	9820	12910
2/28	79251	39002	2835	66337	28895	2727	2699	10215	12914
2/29	79824	41625	2870	66907	31187	2761	2370	10547	12917
3/1	80026	44462	2912	67103	33757	2803	2109	10814	12923
3/2	80151	47204	2943	67217	36167	2834	1788	11146	12934
3/3	80270	49856	2981	67332	38556	2871	1528	11410	12938
3/4	80409	52045	3012	67466	40479	2902	1267	11676	12943
3/5	80552	53726	3042	67592	41966	2931	1089	11871	12960
3/6	80651	55404	3070	67666	43468	2959	938	12047	12985
3/7	80695	57065	3097	67707	45011	2986	823	12165	12988

Data are collected from the official web pages of the National Health Commission of the People’s Republic of China [3] and cross-checked with reports on the official web pages of the Health Commission of Hubei Province [4]. Data are collected from the official web page of National Health Commission of the People’s Republic of China. Only cases on the Chinese mainland have been used in analysis. Numbers in the three rightmost columns are defined in the text. \*Hubei Province added clinically diagnosed cases (only applicable to Hubei province) to laboratory confirmed cases. <sup>†</sup>These numbers are corrected according to reports of Health Commission of Hubei Province.

**Table 2:** Fitting results.

Parameter	unit	Value	
$\chi^2$		169.992	
ndf		84	
$I_o$		$42.532 \pm 3.22136$	
$T_1$	day	$9.56175 \pm 0.293452$	
$R_o$		$0.51429 \pm 0.0641836$	
$T_2$	day	$13.6699 \pm 0.421613$	
$\rho_1$	day <sup>-1</sup>	$0.442754 \pm 0.0122409$	
$\rho_2$	day <sup>-1</sup>	$0.237815 \pm 0.00309522$	
$\beta$	day <sup>-1</sup>	$0.686173 \pm 0.0773438$	(95% CL)
$1/\gamma$	day	$4.10814 \pm 0.544044$	(95% CL)
$R_0$		$2.8189 \pm 0.107153$	(95% CL)

**Table 3:** Covariance matrix of fit parameters.

	$I_o$	$T_1$	$R_o$	$T_2$	$\rho_1$	$\rho_2$
$I_o$	10.378	0.650837	0.194238	1.01997	-0.035529	-0.00971026
$T_1$	0.650837	0.0861171	0.0153761	0.121913	-0.00334855	-0.000603745
$R_o$	0.194238	0.0153761	0.00411954	0.02227	-0.000749944	-0.000187415
$T_2$	1.01997	0.121913	0.02227	0.177767	-0.00491065	-0.000931429
$\rho_1$	-0.035529	-0.00334855	-0.000749944	-0.00491065	0.000149839	3.35947e-05
$\rho_2$	-0.00971026	-0.000603745	-0.000187415	-0.000931429	3.35947e-05	9.58036e-06

**Table 4:** Correlation matrix of fit parameters.

	$I_o$	$T_1$	$R_o$	$T_2$	$\rho_1$	$\rho_2$
$I_o$	1	0.688446	0.939403	0.750942	-0.900978	-0.973829
$T_1$	0.688446	1	0.816353	0.985328	-0.932181	-0.664688
$R_o$	0.939403	0.816353	1	0.822945	-0.954537	-0.943384
$T_2$	0.750942	0.985328	0.822945	1	-0.951486	-0.713729
$\rho_1$	-0.900978	-0.932181	-0.954537	-0.951486	1	0.886681
$\rho_2$	-0.973829	-0.664688	-0.943384	-0.713729	0.886681	1