#### 1 Population movement, city closure and spatial transmission of the 2019-nCoV

## 2 infection in China

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# 16 Abstract

17	The outbreak of pneumonia caused by a novel coronavirus (2019-nCoV) in Wuhan
18	City of China obtained global concern, the population outflow from Wuhan has
19	contributed to spatial expansion in other parts of China. We examined the effects of
20	population outflow from Wuhan on the 2019-nCoV transmission in other provinces
21	and cities of China, as well as the impacts of the city closure in Wuhan. We observed
22	a significantly positive association between population movement and the number of
23	cases. Further analysis revealed that if the city closure policy was implemented two
24	days earlier, 1420 (95% CI: 1059, 1833) cases could be prevented, and if two days
25	later, 1462 (95% CI: 1090, 1886) more cases would be possible. Our findings suggest
26	that population movement might be one important trigger of the 2019-nCoV infection
27	transmission in China, and the policy of city closure is effective to prevent the
28	epidemic.
29	Keywords: 2019-nCoV infection; Wuhan; Population movement; Infection
30	transmission
31	
32	Introduction
33	In December 2019, a series of pneumonia cases caused by a novel coronavirus,
34	namely 2019-nCoV, emerged in Wuhan, the capital city of Hubei Province in China
35	(1), Similar with severe acute respiratory syndrome (SARS), the Wuhan pneumonia
36	outbreak was highly suspected to be linked to the wild animals in the seafood market,
37	although the definitive source of this virus was not clear yet (2).

38	As of Jan 31, 2020, the infection has been transmitted to all the provinces in China
39	and a few other countries. Epidemiology evidence shown that most of the cases had a
40	history of living or travelling to Wuhan, the household cluster cases and cases of
41	health-care workers indicated the human-to-human transmission route (3), which
42	might be the reason for a rapid increasing rate of infection across the country and
43	globally (4).
44	Considering the person-to-person transmission and the large travel volume during
45	the traditional Chinese New Year (the largest annual population movement in the
46	world), it is expected that the population movement would lead to further expansion
47	of the infection, so the government imposed a lockdown on Wuhan City at 10:00 am
48	on January 23, as well as some other cities later on. However, an estimated 5 million
49	individuals had already left Wuhan for the holiday or travelling, some of which rushed
50	out after the lockdown announcement (5). In addition, the novel coronavirus is
51	infectious during the incubation period and when the symptoms are not obvious,
52	which is likely to make the huge floating population potential sources of infection (6).
53	Therefore, it is reasonable to hypothesize that the population transported from Wuhan
54	may have a significant impact on the potential outbreaks in other parts of China.
55	Recent studies on the novel coronavirus pneumonia focused more on its etiology (7,
56	8), transmission route (9, 10), and epidemiological characteristics (11, 12), there is
57	still a lack of investigating the relationship between the migrating population and the
58	outbreak, which is of great importance for making intervention policies. Thus, we
59	conducted this study with the following objectives: 1) to depict the impacts of the

- 60 population movement on the spatial transmission of the 2019-nCoV cases at the
- 61 provincial and city levels in China; 2) to estimate the potential outbreak risk at areas
- 62 with the population outflowed from Wuhan; 3) to evaluate the effectiveness of the city
- 63 closure measures on the epidemic control.
- 64
- 65 Methods
- 66 Data collection
- 67 The data on the daily number of cases were derived from the real-time update of the
- 68 China Health Commission (http://www.nhc.gov.cn/), 2019-nCoV epidemic report on
- 69 Phoenix and Dingxiangyuan website. The case definition has been introduced
- 70 previously (13, 14). In brief, a confirmed case was defined as a pneumonia that was
- 71 laboratory confirmed 2019-nCoV infection with related respiratory symptoms and a
- travel history to Wuhan or direct contact with patients from Wuhan. We collected each
- reported 2019-nCoV case in mainland China till 12:00 pm January 31, 2020.

74

## 75 **The floating population**

As the city closure took place at 10:00 AM Jan 23<sup>rd</sup>, 2020, and the incubation period of the infection was estimated to be about 3-7 days (15), we obtained the daily index of population outflow from Wuhan and the proportion of the daily index from Wuhan to other provinces and top 50 cities, from January 1 to 31 in 2020, the information was retrieved through the Spring Festival travel information of China released by Baidu Qianxi. The data is consisted of Baidu Location Based Services (LBS) and

- 82 Baidu Tianyan, using the positioning system and transportation information system,
- 83 which be display dynamic visual regional population outflow in real-time. Data of
- 84 Baidu Qianxi was freely available to the public (http://qianxi.baidu.com).
- 85

#### 86 Statistical analysis

#### 87 Number of 2019-nCoV cases per unit outflow population

- 88 The daily index of population outflow from Wuhan to other provinces and top 50
- 89 cities was obtained by multiplying the daily index of population outflow within
- 90 Wuhan by the corresponding proportion for each province. To evaluate the effect of
- 91 prevention and control measures of the local government, we calculated the number
- 92 of 2019-nCoV cases per unit outflow population, the formula can be specified as:
- 93 The total index of outflow population from Wuhan from Jan 1 to 31:

94 
$$A = \{a_i\}(i = 1, 2..., 31)$$

- 95 The daily proportion of the daily index from Wuhan to other provinces from Jan 1 to
- 96 31:

97 
$$B = \{b_{ij}\}$$
  $(i = 1, 2..., 31; j = 1, 2..., 31)$ 

98 The cumulative 2019-nCoV cases in each province from Jan 1 to 31:

99 
$$C = \{c_i\} (j = 1, 2..., 31)$$

100 The total index of population inflow from Wuhan to other provinces:

101 
$$D = \{d_i\} (j = 1, 2, ..., 31)$$

102 Number of cases per unit outflow population for each province:

103 
$$\sum_{j=1}^{31} c_j / \sum_{j=1}^{31} d_j$$

## 104 **Evaluation of the effects of earlier city closure dates**

- 105 After the city closure was taken in force, some population still outflowed from Wuhan.
- 106 We subtracted the outflow index on Jan 23 from the average outflow index from Jan
- 107 24 to 31, to obtain the index of outflow population within Wuhan reduced by the
- 108 advance city closure on Jan 23 and 22 (the advance outflow index). And then we
- 109 calculated the average proportion of the outflow index from Jan 24 to 31 for each
- 110 province (the average proportion). The number of cases reduced by the advance city
- 111 closure in each province was estimated by multiplied the advance outflow index by
- 112 the average proportion and one corresponding unit. The formula can be specified as:
- 113 The reduced index of outflow population:

114 
$$\sum_{i=1}^{p} a_{n+1-i}$$

115 Here, n was the date that government announced city closure; p was the advance days

117 The increased index of outflow population:

118 
$$\sum_{i=n+1}^{m} a_i$$
,  $n = 23, m = 31$ 

119 The net loss of index of outflow population:

120 
$$\sum_{i=1}^{p} a_{n+1-i} - p \frac{\sum_{i=n+1}^{m} a_i}{m-n}$$
,  $n = 23, m = 31$ 

121 The average proportion of the outflow index from Wuhan into each province during

122 the city closure:

123 
$$\sum_{\substack{i=n+1\\m-n}}^{m} b_{ij}$$
,  $n = 23, m = 31$ 

124 The net loss index of outflow population caused by advance Wuhan city closure for

125 each province:

126 
$$\left(\sum_{i=1}^{p} a_{n+1-i} - p \frac{\sum_{i=n+1}^{m} a_i}{m-n}\right) \frac{\sum_{i=n+1}^{m} b_{ii}}{m-n} , n = 23, m = 31$$

127 The total reduced number of 2019-nCoV cases:

128 
$$\sum_{j=1}^{31} \left\{ \left( \sum_{i=1}^{p} a_{n+1-i} - p \frac{\sum_{i=n+1}^{m} a_i}{m-n} \right) \frac{\sum_{i=n+1}^{m} b_{ij}}{m-n} \cdot \frac{\sum_{j=1}^{31} c_j}{\sum_{j=1}^{31} d_j} \right\}, \quad n = 23, m = 31$$

129 Similarly, we evaluated the impacts of one-day and two-day delayed city closure. We 130 took the average index of the population outflow between Jan 21 and 23 as the daily 131 index of population outflow before the city closure, and used the same calculation 132 method to estimate the index of population outflow within Wuhan increased by the 133 delayed city closure on Jan 24 and Jan 25 (the delayed outflow index). We multiplied 134 the delayed outflow index by the average proportion and one corresponding unit to 135 estimate the increased number of cases caused by one-day and two-day delayed city 136 closure in each province.

137

138 **Results** 

As of January 31, 2020, a total of 11791 confirmed cases and 259 deaths due to the
2019-nCoV infection were reported in China, which were widely dispersed in all of

141 31 provincial administrative areas. The overall trend of 2019-nCoV cases is upward.

142	During the period of January 11, 2020 through January 31, the cumulative number of
143	cities infected with 2019-nCoV cases increased rapidly (appendix). A total of 313
144	cities in mainland China reported the occurrence of 2019-nCoV infection, of which
145	the number of reported cases from January 20 to 29 increased rapidly from 7 to 313,
146	an increase of nearly 44 times. Among the cities, 97 of them belong to the regions
147	with high population exodus out of Wuhan, and 7138 cases have been reported,
148	accounting for 83.23% of the total reported cases outside Wuhan (appendix).
149	Population outflow of Wuhan could be divided into four periods based on the
150	migration data of Baidu (figure 1 and 2). In the first stage from Jan 1 to Jan10,
151	migrant population flowed out of Wuhan normally and returned to hometown without
152	the influence of the epidemic situation. At this point, the mean daily index of
153	population outflow was 58039.71 (95% CI: 48883.38-66454.00), and 2019-nCoV
154	cases were mainly distributed in Wuhan. From beginning of Spring Festival travel
155	rush on Jan 10 and announcement of 2019-nCoV infection, the mean index of
156	population outflow rose to 66777.98 (95% CI: 61125.90-72962.78), which increased
157	by 15.1% compared with the previous period. Meanwhile, 2019-nCoV cases
158	gradually appeared in Wuhan and several nearby cities. The third period was from
159	January 20 to 23 when Academician Nanshan Zhong disclosed the human-to-human
160	transmission and a large number of Wuhan residents fled from Wuhan with increasing
161	panic. The corresponding mean index of population outflow of this period surged to
162	112385.88 (95% CI: 107367.44-118403.21), which increased by 93.6% comparing to
163	the earlier period. Thereafter, a strict city closure policy was implemented to prohibit

164	the population relocation from Wuhan. In the wake of sharp decline of outflow
165	population from Wuhan, the index reduced to 9180.29 (95% CI: 3055.35-19101.40),
166	falling by 91.8% comparing with the third period and the effective controlling of the
167	outflow population prevented suspected cases from spreading to the whole country,
168	however, 2019-nCoV cases has been widely dispersed in all of 31 provinces.
169	We applied scatter diagram to demonstrate the association between the number
170	of 2019-nCoV cases and index of outflow population at the scales of province and city.
171	In general, at the scale of province (figure 3), outflow population from Wuhan was
172	mainly distributed in Henan, Hunan, Guangdong, Anhui, Zhejiang, etc. And the top
173	four provinces with the most serious epidemic were Zhejiang, Guangdong, Henan,
174	and Hunan provinces. Therefore, we could observe that there were more 2019-nCoV
175	cases in the provinces with higher index of outflow population. Nevertheless, the two
176	provinces of Zhejiang and Guangdong with relatively lower index of outflow
177	population had more 2019-nCoV cases compared with Henan and Hunan provinces.
178	In Henan, the index of outflow population was about 50000, while there were fewer
179	than 450 cases, which might be lower than expected. In contrast, about 600 confirmed
180	cases were observed in Zhejiang, which had only one fifth of outflow population of
181	Henan. Similar results were obtained using the number cases per unit outflow
182	population (appendix). The mean value of the number of 2019-nCoV cases per unit
183	outflow population across the whole country was 129.72, however, the value in
184	Zhejiang province was more than 450 and the corresponding result in Henan was
185	lower than average.

186	At the city-level analysis (figure 4), we observed that there was a large number
187	of cases in the cities of Hubei province such as Huanggang, Xiaogan, Xiangyang,
188	Jingzhou, etc. Overall, the association between the number of 2019-nCoV cases and
189	index of outflow population at the city-level was in line with that at the provincial
190	level, which both showed that the cities with more index of outflow population would
191	trigger more cases. Similarly, we observed some cities deviated from the general trend
192	including Wenzhou, Taizhou, Xuchang, Luoyang, and Guiyang. For instance, the
193	index of outflow population of Wenzhou and Luoyang was close to identical level,
194	whereas there was tremendous difference in the number of 2019-nCoV cases in the
195	two cities. From the city of Taizhou and Xuchang, we could obtain the analogous
196	results.
197	To evaluate the effect of the city closure on the infection transmission one and
197 198	To evaluate the effect of the city closure on the infection transmission one and two days in advance, we used the index of population outflow of January 21-23, 2020
197 198 199	To evaluate the effect of the city closure on the infection transmission one and two days in advance, we used the index of population outflow of January 21-23, 2020 when the Wuhan was still open and index of population outflow of January 24-31,
197 198 199 200	To evaluate the effect of the city closure on the infection transmission one and two days in advance, we used the index of population outflow of January 21-23, 2020 when the Wuhan was still open and index of population outflow of January 24-31, 2020 when the city closure policy had been implemented, and the calculations gave
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<ol> <li>197</li> <li>198</li> <li>199</li> <li>200</li> <li>201</li> <li>202</li> </ol>	To evaluate the effect of the city closure on the infection transmission one and two days in advance, we used the index of population outflow of January 21-23, 2020 when the Wuhan was still open and index of population outflow of January 24-31, 2020 when the city closure policy had been implemented, and the calculations gave the reduced index of population outflow: 102206.69 for city closure one day in advance and 211429.60 for city closure two days in advance. In addition, we obtained
<ol> <li>197</li> <li>198</li> <li>199</li> <li>200</li> <li>201</li> <li>202</li> <li>203</li> </ol>	To evaluate the effect of the city closure on the infection transmission one and two days in advance, we used the index of population outflow of January 21-23, 2020 when the Wuhan was still open and index of population outflow of January 24-31, 2020 when the city closure policy had been implemented, and the calculations gave the reduced index of population outflow: 102206.69 for city closure one day in advance and 211429.60 for city closure two days in advance. In addition, we obtained the reduced index of population outflow of each other province and correspondingly
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<ol> <li>197</li> <li>198</li> <li>199</li> <li>200</li> <li>201</li> <li>202</li> <li>203</li> <li>204</li> <li>205</li> </ol>	To evaluate the effect of the city closure on the infection transmission one and two days in advance, we used the index of population outflow of January 21-23, 2020 when the Wuhan was still open and index of population outflow of January 24-31, 2020 when the city closure policy had been implemented, and the calculations gave the reduced index of population outflow: 102206·69 for city closure one day in advance and 211429·60 for city closure two days in advance. In addition, we obtained the reduced index of population outflow of each other province and correspondingly reduced 2019-nCoV cases. Finally, about 687 and 1420 2019-nCoV cases would be avoided with implementing city closure policy one and two days in advance (table 1).
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## 208

# 209 Table 1. The impact of different city closure dates on the number of 2019-nCoV

# 210 infections in China

Alternative implementing dates	Reduced or increased 2019-nCoV cases*	95% CI*
Two days earlier: 2020-01-21	-1420	-1833, -1059
One day earlier: 2020-01-22	-687	-886, -512
One day later: 2020-01-24	722	539, 932
Two days later: 2020-01-25	1462	1090, 1886

211 \*Table footnotes: 2019-nCoV=2019 novel coronavirus. CI=confidence interval.

#### 212



213

214 Figure 1. The spatial distribution of 2019-nCoV cases in China during period of

- 215 **January 1-31, 2020.**
- 216















*Figure* **3**. The association between the number of 2019-nCoV cases and the total

- 223 index of population outflow at the provincial scale.
- 224



225

226 Figure 4. The association between the number of cases and the total index of

227 population outflow at the city scale.

228

#### 229 Discussion

- 230 Understanding the driving factors of the infectious disease is of particular importance
- 231 for the timely formulation of effective controlling measures. Our results revealed a
- 232 close relationship between the population outflow from Wuhan and the 2019-nCoV
- 233 infection in other areas of China. We assessed the contributions of the lockdown and
- explored the potential effects of the measure with different implementation dates.
- 235 The fluctuation of outflowing population of Wuhan indicated that the lockdown
- in Wuhan reduced the outward movement of the population effectively. However, the

migration data also suggested that a large number of populations of Wuhan had
flowed out before 10:00 am Jan 23, 2020. and 2019-nCoV cases has been widely
dispersed nationwide.

240	Distribution of population outflows and cases varied across provinces. Our
241	finding on the effects of population movement on the disease transmission was
242	consistent with other coronaviruses (16-18). Since the infection is transmitted through
243	the respiratory tract and close contact, it is greatly affected by population movements.
244	Firstly, a great number of people flowing out of Wuhan may transmit the virus to the
245	whole country and even worldwide during the Chinese Spring Festival. Secondly, the
246	absence of detectable symptoms during the long incubation period made it difficult to
247	identify the cases in the early stage (13, 19). Thirdly, population movements increase
248	the difficulty of case management and health education. All these factors promoted
249	the transmission of 2019-nCoV. Specially, different from the H1N1 outbreak in 2009
250	(20), the railways might play an important role in the disease transmission. Since
251	railways were widely used before and during the Spring Festival, the area closely
252	connected to Wuhan by railway should be the priority of infection control.
253	Our study provided timely evidence for the formulation of efficient strategies to
254	prevent diseases from spreading out. On the one hand, the result could help assess
255	effectiveness of the prevention and control efforts. For example, the cases in Zhejiang
256	and Guangdong are apparently more than estimated, which indicated a better health
257	emergency response system (i.e. higher detection efficiency) or inadequate isolation.
258	Whereas the cases reported in Henan were much lower than expected. Two possible

259	explanations were considered: (1) Strong prevention and control measures were
260	adopted in Henan; (2) The epidemic in Henan has been underestimated and enhanced
261	screening efforts should be enforced. On the other hand, exploring the association was
262	expected to help identify high-risk areas and guide health strategy formulation (21,
263	22). Take Henan for example, great difference between estimated and reported data
264	may imply a great increase of cases in the future, which required enhancement of the
265	surveillance system and rational allocation of resources (18). The medicine supply,
266	personal protective equipment, hospital supplies, and the human resources necessary
267	to respond to an outbreak should be always ensured (23). In addition, this study could
268	be used to guide the assessment of the risk of disease transmission and help raise
269	public awareness. As a large number of infected people had transported to all of 31
270	provinces, epidemics across the country may be inevitable. To halt the spread of the
271	epidemic, harsh measures including quarantine and isolation of exposed persons,
272	cancellation of mass gatherings, school closures, and travel restriction were needed to
273	reduce transmission in affected areas. Furthermore, screening of people who have
274	been to Wuhan recently was of crucial importance, especially cities with close ties to
275	Wuhan.
276	Considering the impact of population movements on the outbreak, the Wuhan
277	government announced the suspension of public transportation on Jan 23, 2020, with
278	a closure of airports, railway stations, and highways, to prevent further disease
279	transmission (24). Despite inconsistent reports on the role of the lockdown in halting
280	the disease transmission across China (22, 23, 25), the unprecedented measure might

281	play an important role in slowing the epidemic spread, especially when an effective
282	vaccine was developed (26, 27). In addition, to explore the impact of date selection,
283	we estimated the changes of cases when the measure was implemented on different
284	date. The results varied significantly, 1420 cases could be prevented with the measure
285	implemented two days earlier, and the number of cases will increase by 1462 with the
286	lockdown implemented two days later, suggesting that the effect of the lockdown
287	depending on the choice of date greatly, which could provide a reference for the
288	future outbreaks. Since the political and economic effects were not considered, further
289	studies on secondary impacts of the measure, like socioeconomic impacts, were also
290	warranted. Though we estimated that some cases would possibly be prevented if the
291	policy was implemented earlier, it was actually hard to make such a huge decision
292	given the whole picture of the infection was not clear at that stage. The authors
293	believe that the current policy was appropriate at this complex situation.
294	There were a few limitations of our study. Firstly, for practical reasons, we used
295	an indicator to reflect the real-time magnitude of population movements, which was
296	acceptable considering our research purpose. Secondly, the influence of some
297	important factors, such as socioeconomic and demographic characteristics, were not
298	considered. Thirdly, it is assumed that the infected travelers in the population are
299	randomly distributed (28), and that there was no significant difference in surveillance
300	capability between cities (18), which might not be the case in reality. In addition,
301	daily data used in this study was reported infection data, rather than the actual number
302	of incident cases. More detailed and further in-depth studies are warranted in the

304	In conclusion, our study indicates that the population outflow from Wuhan might
305	be one important trigger of the 2019-nCoV infection transmission in China, and the
306	policy of city closure is effective to prevent the epidemic and earlier implementation
307	would be more effective. The magnitude of epidemic might be under-estimated and
308	should be paid more attention, such as Henan and Hunan provinces.
309	
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313	analysis, data interpretation, or writing of the report. The corresponding author had
314	full access to all the data in the study and had final responsibility for the decision to
315	submit for publication.
316	
317	About the Author
318	Mr. Ai completed this work as a Ph.D. student in Department of Epidemiology,
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320	spatio-temporal impact of climate change and air pollution on human health.
321	
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