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2 3	Determination of daily reproduction numbers of SARS-CoV2 based on death cases suggests more rapid initial spread in Italy and the United States
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5	Armin Ensser and Klaus Überla
6	
7 8	Institute of Clinical and Molecular Virology, University Hospital Erlangen, Friedrich-Alexander Universität Erlangen-Nürnberg, Schlossgarten 4, D91054 Erlangen
9	

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Population density, behaviour and cultural habits strongly influence the spread of pathogens. 11 12 Consequently, key epidemiological parameters may vary from country to country. Confirmed COVID-13 19 cases in in China have been used to estimate those parameters, that vary largely (reviewed in <sup>1</sup>). 14 The estimates also depend on testing frequency and case definitions that are prone to change during 15 ongoing epidemics, providing additional uncertainties. The rise in fatal cases due to SARS-CoV2 could 16 be a more reliable parameter, since missing of deaths is less likely. In the absence of changes in the 17 management of severe COVID-19 cases, the rise in death cases should be proportional to the rise in 18 virus infections. Although the fluctuating low numbers of fatal cases very early in the epidemic may 19 lead to some uncertainty, more than 100 deaths per day are reported since 10.03.2020 in Italy and 20 since 21.03.2020 in the US. Therefore, the dynamics of deaths were analysed to estimate the daily 21 reproduction numbers (Rt) and the effectiveness of control measures.

22 Daily death cases from 21.2.2020 to 27.03.2020 were downloaded from ECDC<sup>2</sup>. A three day sliding 23 period was used to smoothen day to day variations. Fold increases after 7 days were determined for 24 each day. Assuming a serial interval of 4 days <sup>3,4</sup> daily reproduction numbers (R<sub>t</sub>) were calculated (Fig. 1A). For Italy, this resulted in mean Rt values of approximately 3.4 between February 22<sup>nd</sup> and March 25 1<sup>st</sup>. Virus is estimated to be acquired approximately 19 to 29 days before the day of death assuming 4 26 27 to 7 days of mean incubation period <sup>5</sup> and 15 to 22 days from onset of symptoms to death<sup>6</sup>. Thus the Rt values plotted from March 2<sup>nd</sup> to March 12<sup>th</sup> are likely due to infections occurring between February 28 29 2<sup>nd</sup> and February 22<sup>nd</sup>. The first confirmed Italian cluster of COVID19 dates to February 22<sup>nd</sup> indicating 30 that the Rt of 3.4 determined for deaths from February, 22nd to March 1st represents the basic reproduction number, R<sub>0</sub>, for SARS-CoV2 in Italy. Increasing awareness of SARS-CoV-2 spread and 31 obligatory social distancing measures progressively introduced starting February 22<sup>nd</sup> are most likely 32 33 responsible for the continuous decline of the Rt values derived from deaths occurring between March 2nd and March 12th. An average age of fatal cases of 81 years<sup>7</sup> may have led to more rapid progression 34 35 to death explaining a faster decline of R<sub>t</sub> values than expected.

The R<sub>0</sub> of 3.4 we derive from the rise in early death cases in Italy is higher than the R<sub>0</sub> of 2.2 reported from the rise in confirmed cases in China <sup>1</sup>. Our estimate of the R<sub>0</sub> based on the rise in death cases in China between 21.1.and 24.1.2020 is in the range of 2.7, with high uncertainty due to less than 10 death cases/day (Fig. 1B). Thereafter, the R<sub>t</sub> declines below 1. For the United States, the R<sub>t</sub>s determined during 1.3. to 14.3.2020 trend to increase to values above 3 (Fig. 1C). The low number of deaths observed during this period may be driven by imported cases rather than autochthonous spread of SARS-CoV2. Thereafter, the mean R<sub>t</sub> is 3.3 suggesting fast spread of the virus end of February and early medRxiv preprint doi: https://doi.org/10.1101/2020.03.28.20046094.this version posted March 31, 2020. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted medRxiv a license to display the preprint in perpetuity.

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43 March. Since hardly any control measures were implemented in the United States during this time 44 period we consider this an adequate estimate of  $R_0$ .

45 Thus, our analysis provides evidence that basic epidemiological parameters differ between countries to an extent compromising epidemiological predictions of the pandemic. It also suggests that 46 47 suppression of spread in Italy and the US may be more difficult to achieve. Although we assume that 48 variations in social behaviour are responsible for the different estimates of R<sub>0</sub>, selection of more rapidly 49 spreading variants of SARS-CoV-2 cannot be excluded. Despite uncertainty in the reliability of the data 50 used and lack of information on possible changes in the effectiveness of registration of COVID-19 51 deaths during the observation period, our findings should be considered as a working hypothesis 52 demanding further investigations. As the number of deaths rapidly increases worldwide, we encourage 53 more sophisticated modelling of the epidemic based on the dynamics of death cases by experts in the 54 field.

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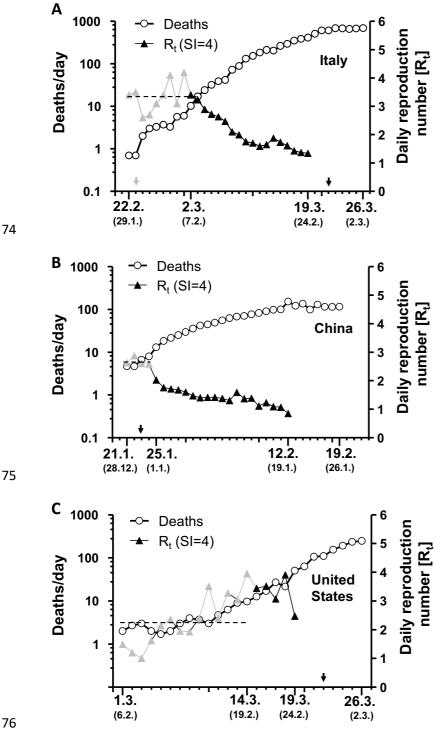
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