

# Data Science for All

## COVID Modeling Presentation

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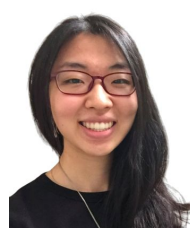
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Henderson



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# The COVID Modeling Team

- Originated in early days of the pandemic.
- Original question: can **group-testing** enable nation-wide **asymptomatic screening**?
- Eventually question became more focused: can asymptomatic screening be leveraged to safely **reopen Cornell** in the fall?

OPINION

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# College Campuses Must Reopen in the Fall. Here's How We Do It.

It won't be easy, but there's a path to get students back on track. Higher education will crumble without it.

April 26, 2020

OPINION

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# Expecting Students to Play It Safe if Colleges Reopen Is a Fantasy

Safety plans border on delusional and could lead to outbreaks of Covid-19 among students, faculty and staff.

June 15, 2020

# Feasibility of COVID-19 Screening for the U.S. Population with Group Testing

Prof. Peter Frazier, Massey Cashore, and Yujia Zhang, Cornell University, 24 April 2020

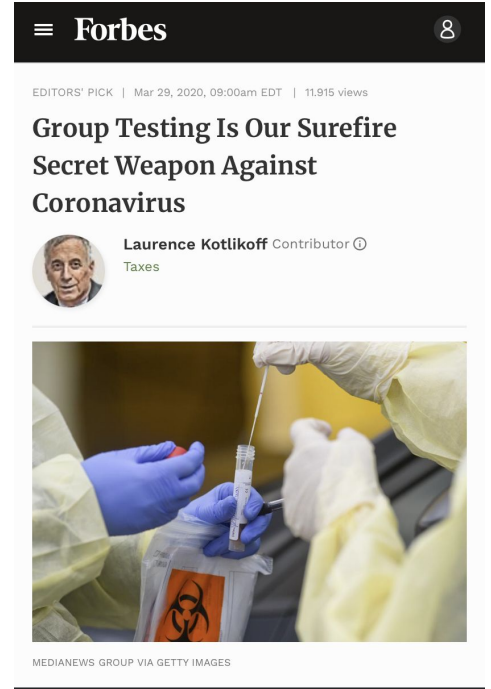
Based on a [longer whitepaper with the same title](#)

## COVID-19 Mathematical Modeling for Cornell's Fall Semester

PhD Students: J. Massey Cashore, Ning Duan, Alyf Janmohamed, Jiayue Wan, Yujia Zhang

Faculty: Shane Henderson, David Shmoys, Peter Frazier\*

June 15, 2020

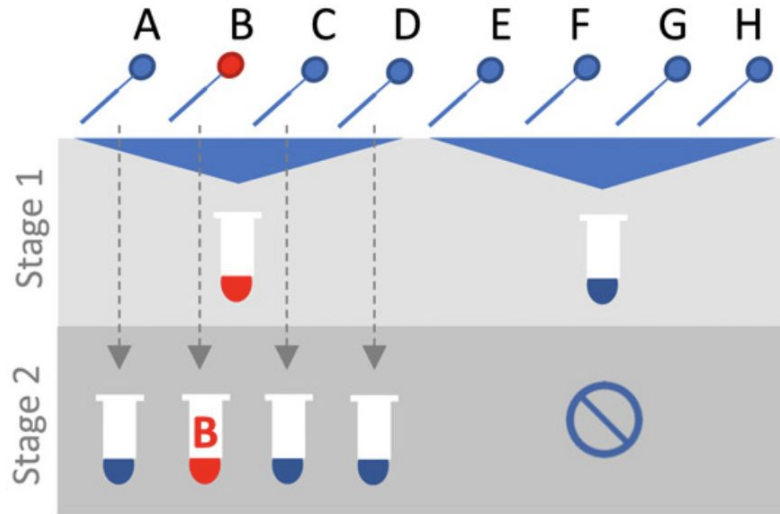


The image shows a screenshot of a Forbes article. At the top, the Forbes logo is visible on the left and a user profile icon on the right. Below the logo, the text 'EDITORS' PICK | Mar 29, 2020, 09:00am EDT | 11,915 views' is displayed. The main headline reads 'Group Testing Is Our Surefire Secret Weapon Against Coronavirus'. Below the headline is a circular profile picture of Laurence Kotlikoff, followed by his name 'Laurence Kotlikoff' and the text 'Contributor' and 'Taxes'. The article's main image shows a person in a yellow protective suit and blue gloves using a pipette to transfer liquid into a small vial, with a biohazard symbol visible on a container in the background. At the bottom of the image, the text 'MEDIANEWS GROUP VIA GETTY IMAGES' is visible.

# Key Idea: Do frequent asymptomatic screening

- Test all members of a community for the virus on a regular schedule, regardless of whether they show symptoms.
- This allows more social contact within the community compared to a full lockdown -- in the context of Cornell, lets us safely reopen campus.
- Requires massive test capacity. This is enabled via **group testing**.

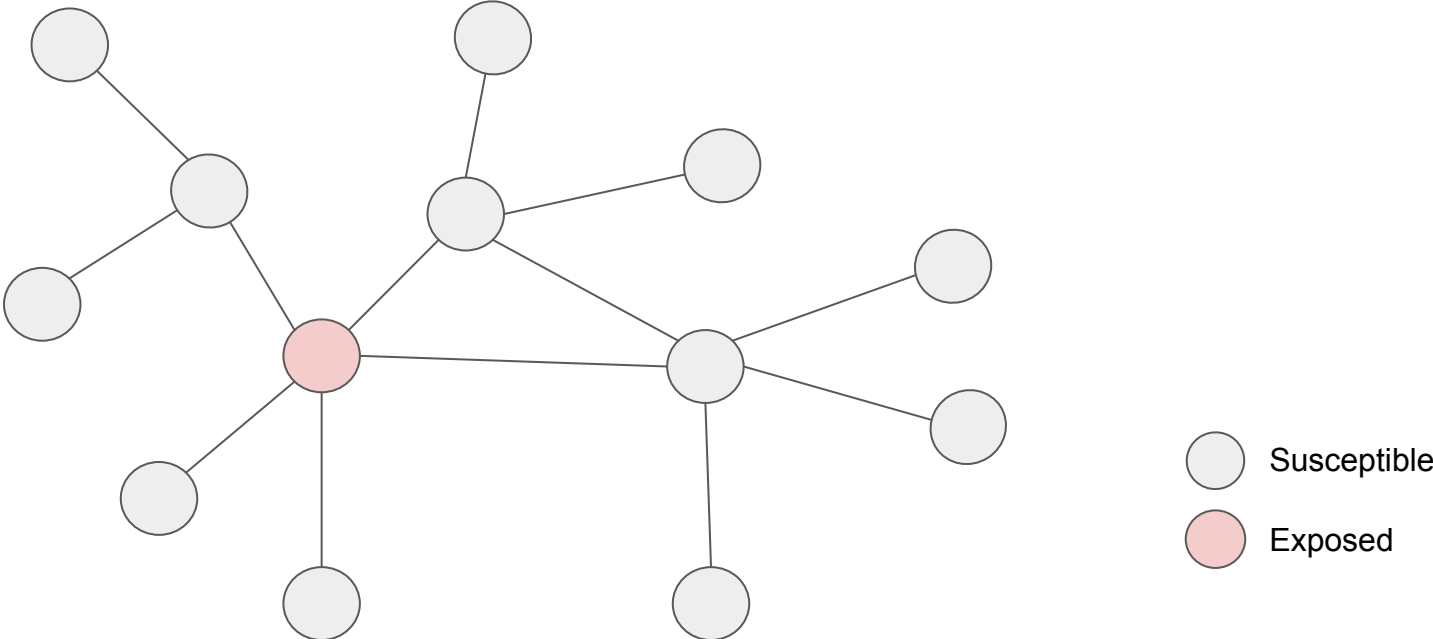
# What is Group Testing



Cleary, Brian, et al. "Using viral load and epidemic dynamics to optimize pooled testing in resource-constrained settings." *Science translational medicine* 13.589 (2021).

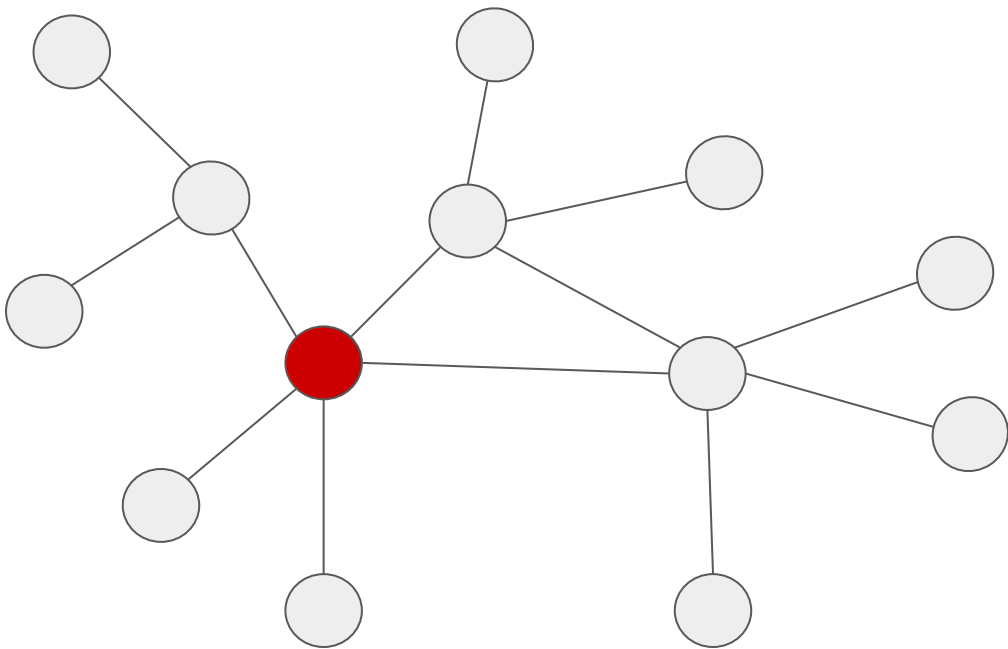
How does the virus spread without asymptomatic screening?

Index case is infected, not yet infectious



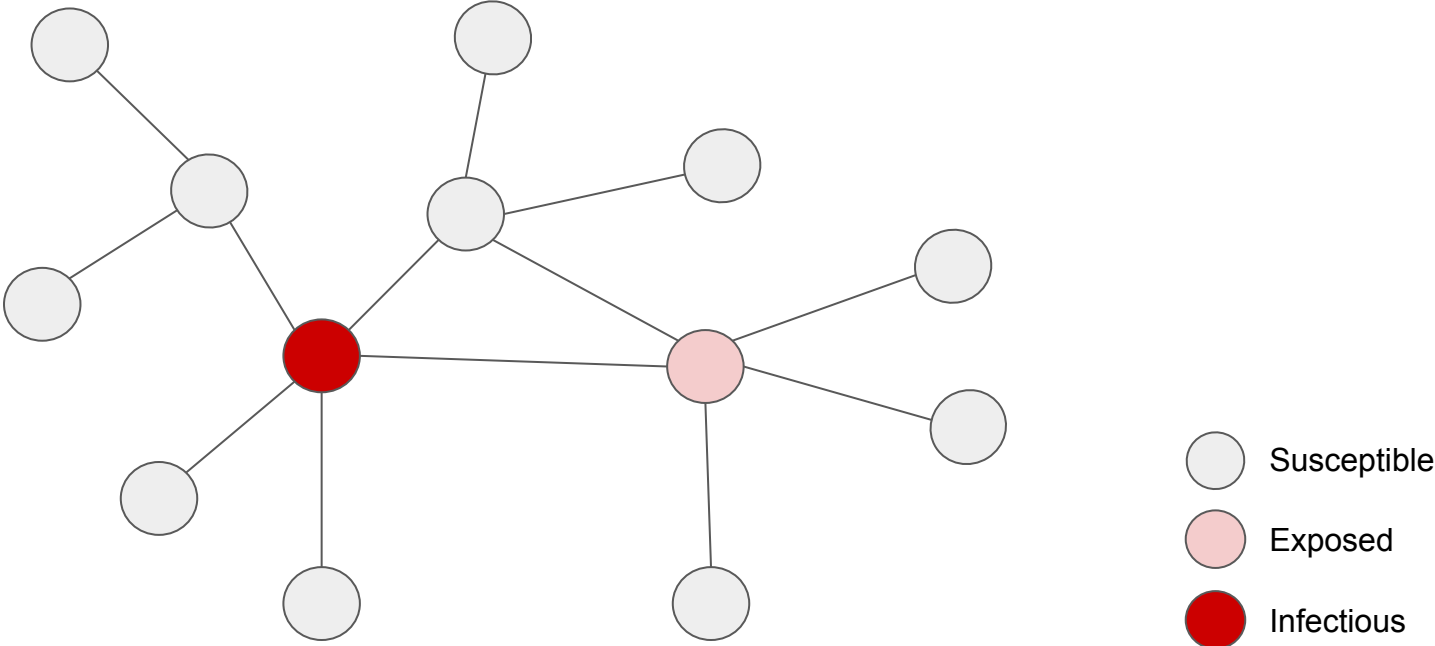


Index case is infectious & asymptomatic

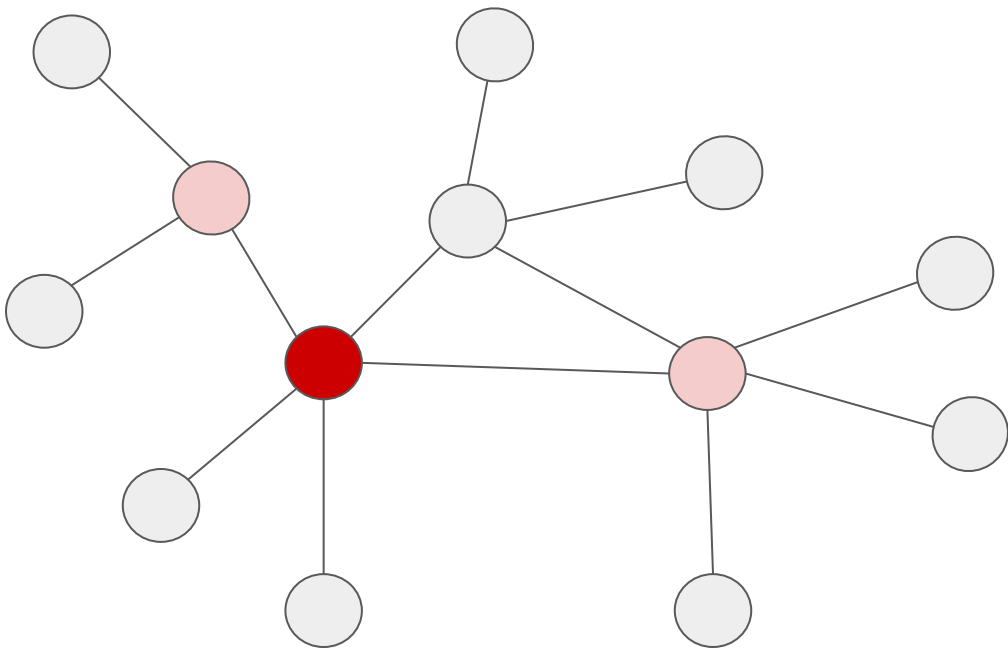


-  Susceptible
-  Exposed
-  Infectious

Another person becomes infected

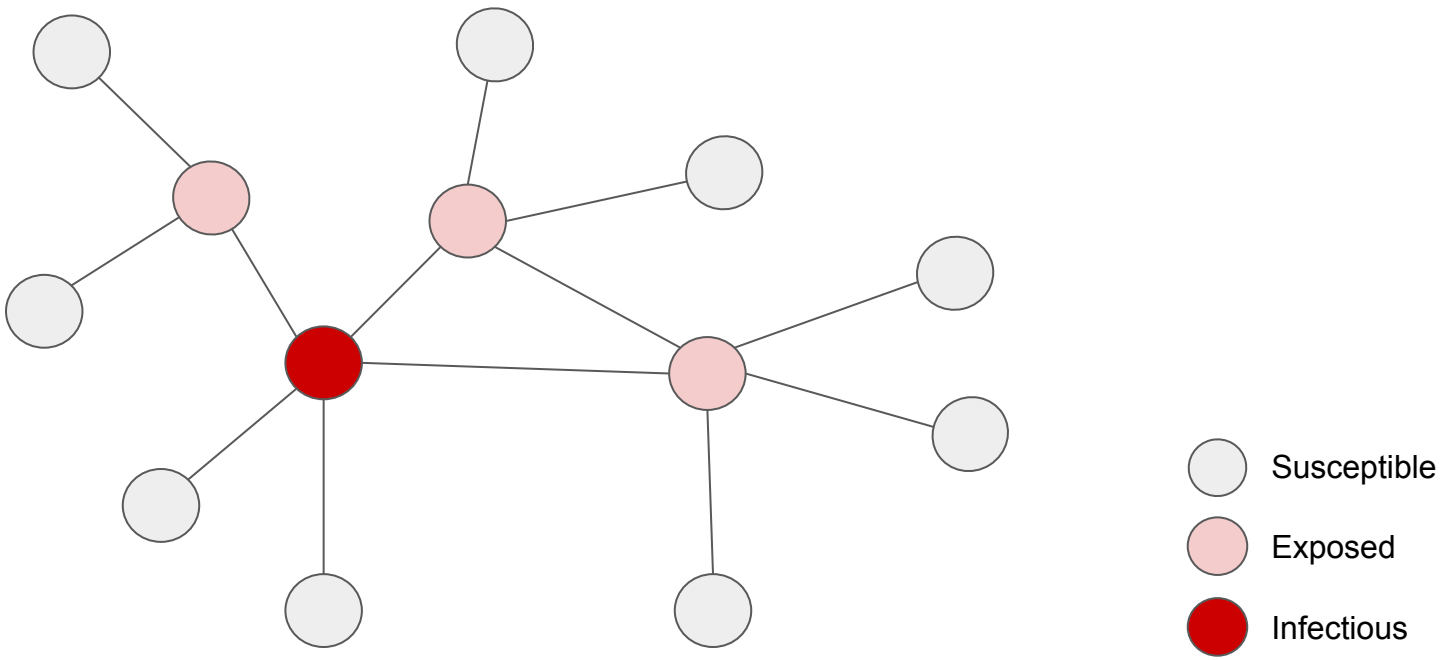


Another person becomes infected

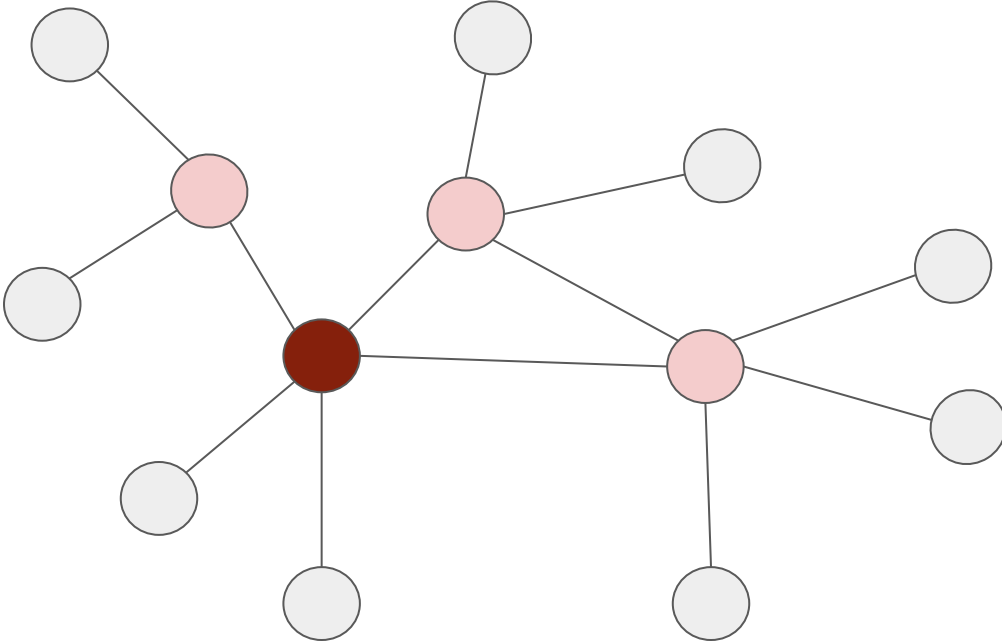






-  Susceptible
-  Exposed
-  Infectious

Another person becomes infected

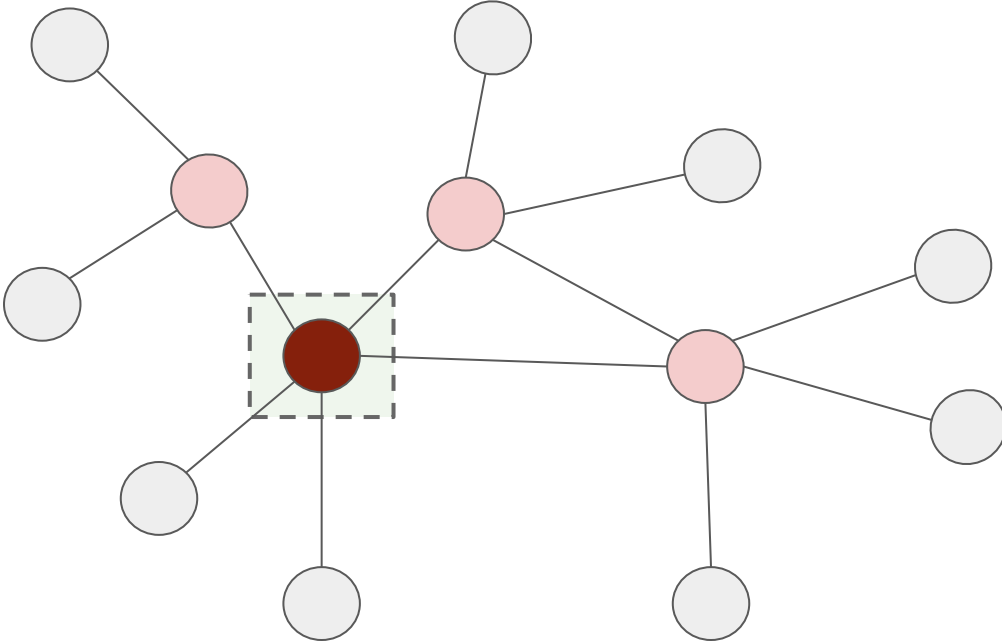







Index case shows symptoms



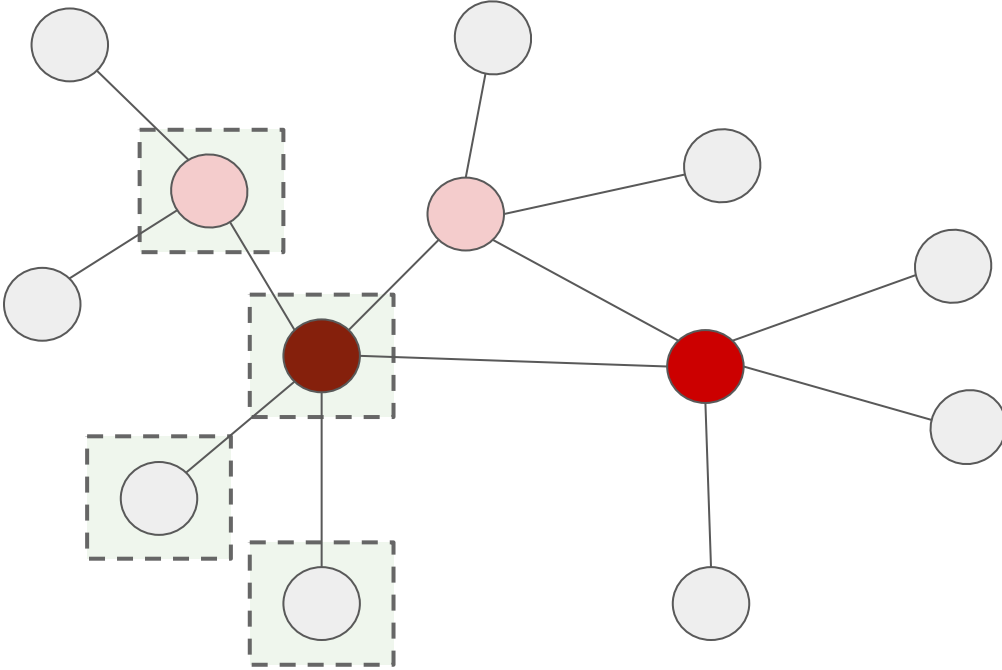
-  Susceptible
-  Exposed
-  Infectious
-  Symptomatic






Index case calls doctor, is tested, then isolated by health department



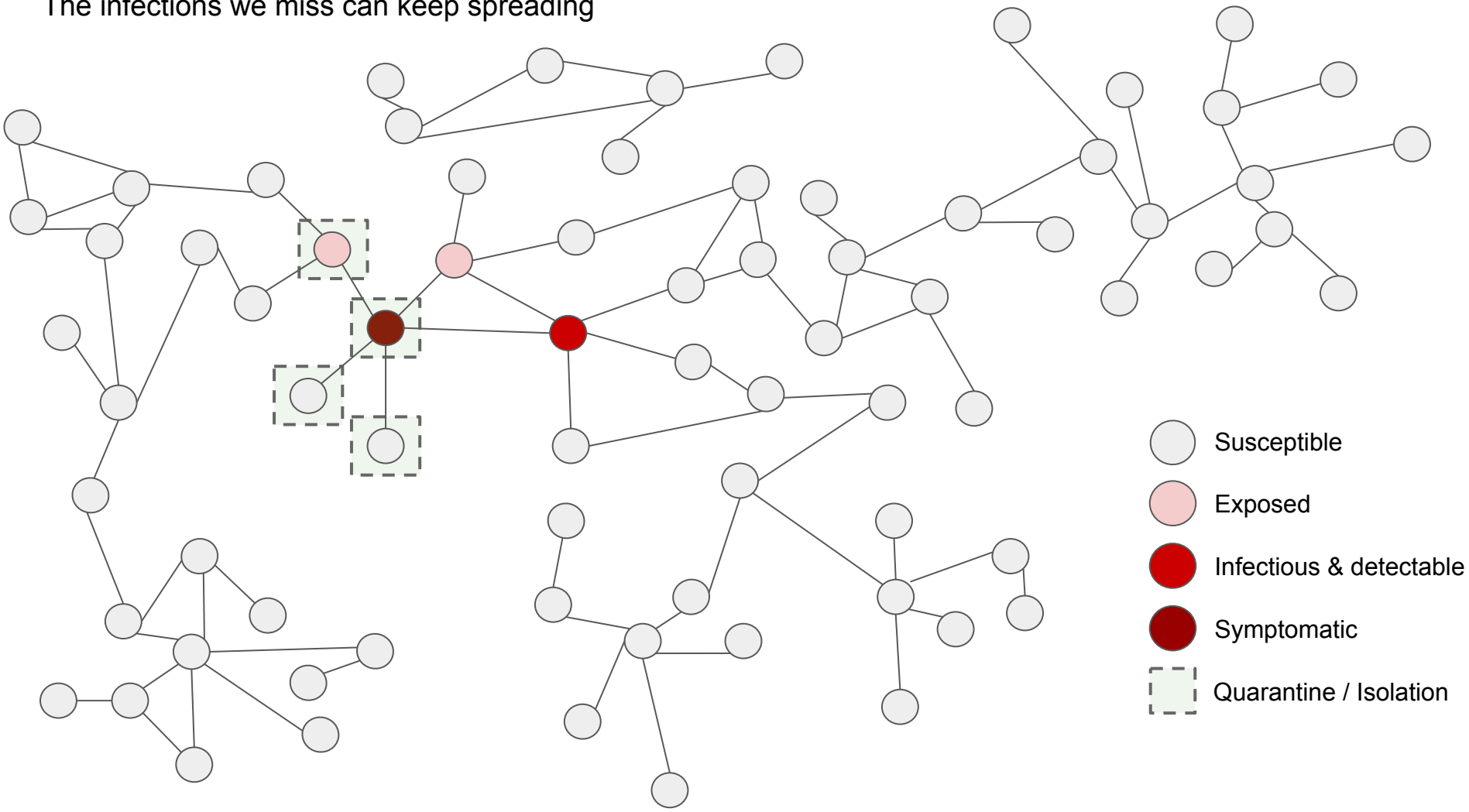
-  Susceptible
-  Exposed
-  Infectious & detectable
-  Symptomatic
-  Quarantine / Isolation

Contacts are traced and quarantined, but two are missed



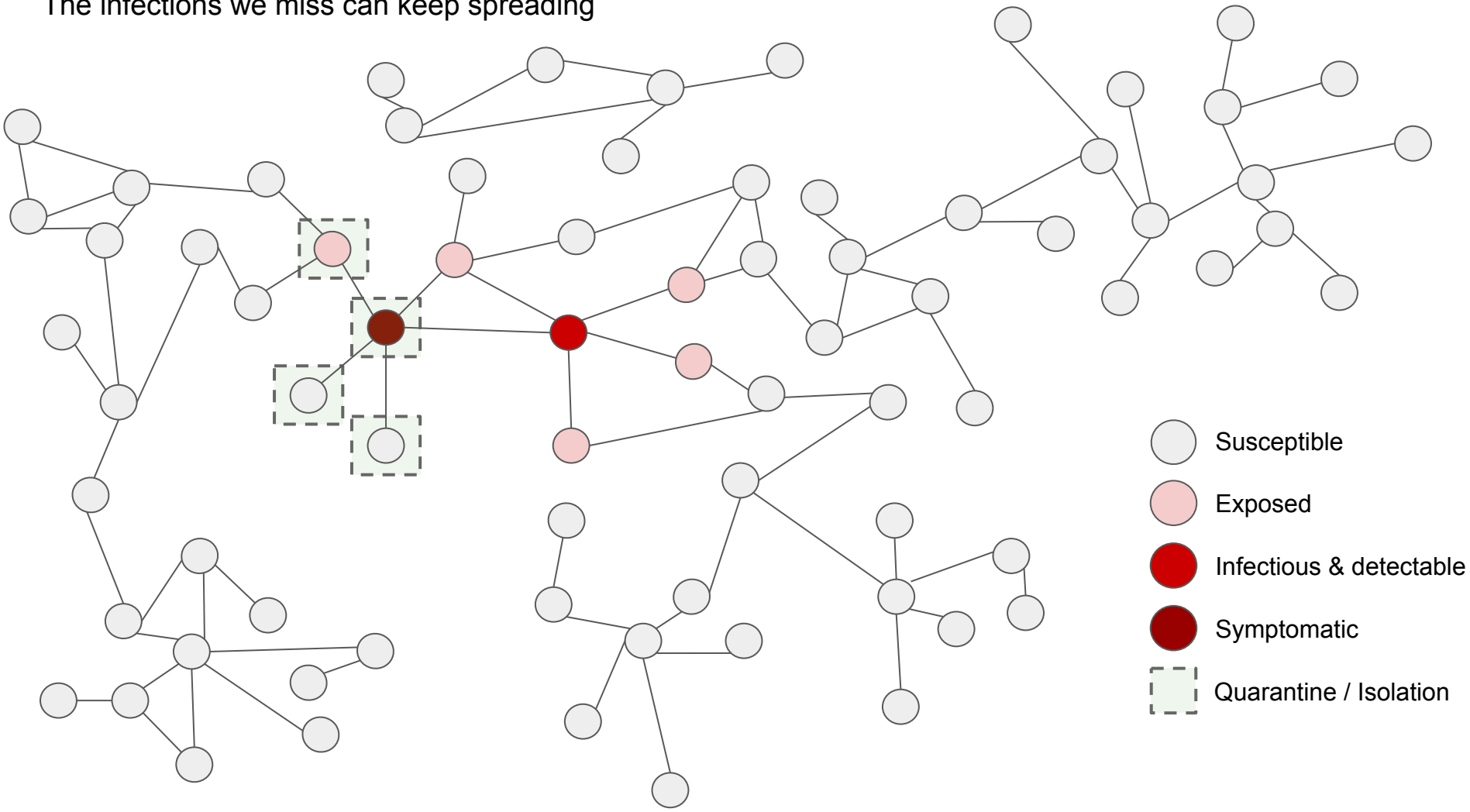
-  Susceptible
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# The infections we miss can keep spreading





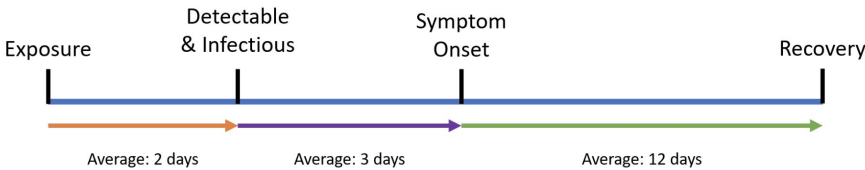
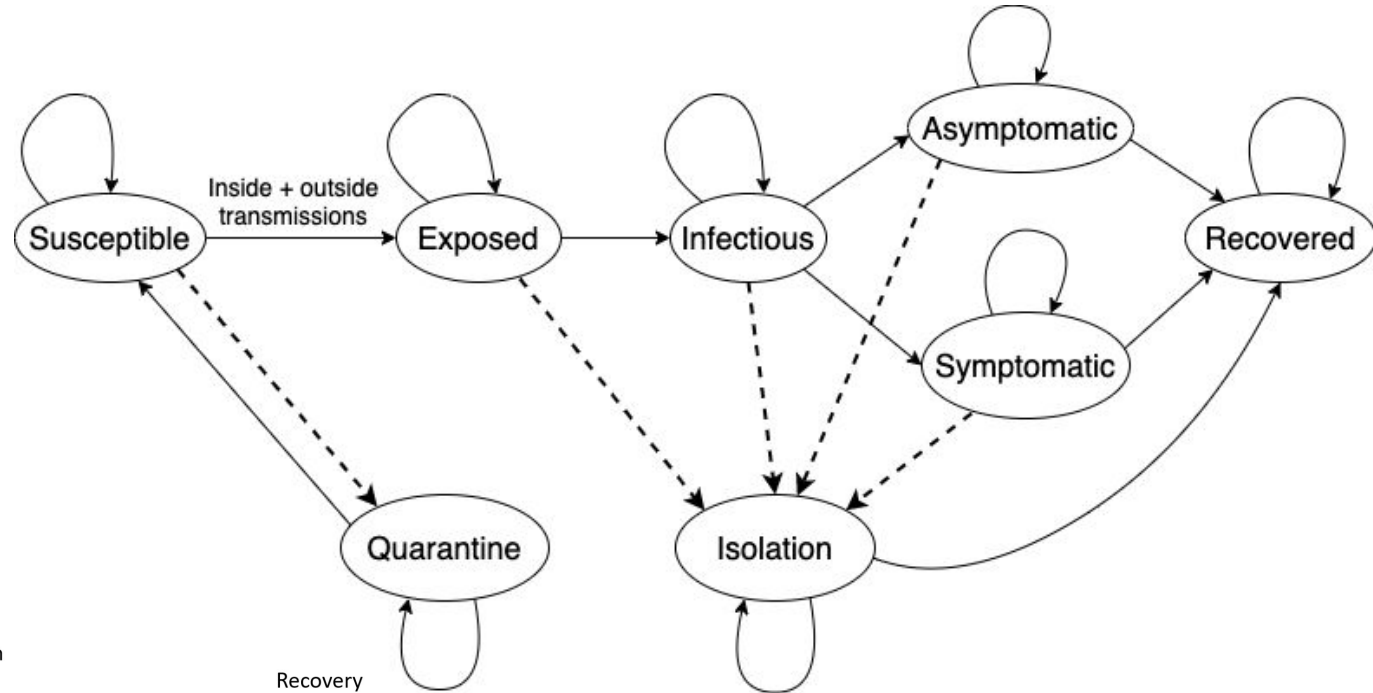
# The infections we miss can keep spreading



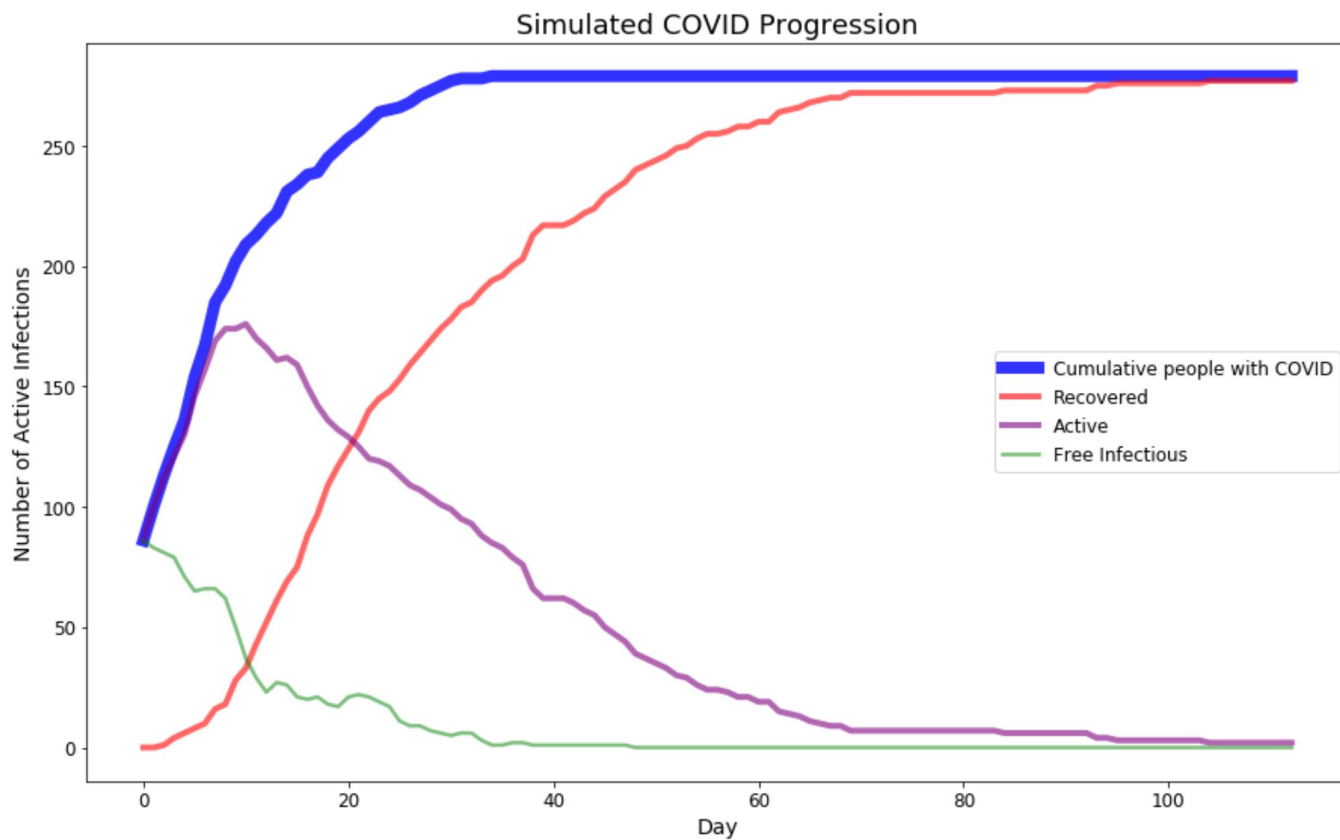
# Why asymptomatic screening is more effective than contact tracing alone

1. Asymptomatic screening tests carriers who might be missed by contact tracing
2. Carriers are most infectious **before** becoming symptomatic
3. Many carriers (~50%) **never** become symptomatic, especially among young people

# Summer 2020: what is our model and how do we quantify uncertainty?



# Simulated trajectory



# Parameter uncertainty

Table 4: Parameters for age-stratified infection probability and severity level distribution. Sources: (28; 7; 13; 4; 25).

	Age grp 1 (0-17)	Age grp 2 (18-44)	Age grp 3 (45-64)	Age grp 4 (65-74)	Age grp 5 (75+)
P(infection   age)	1.8%	2.2%	2.9%	4.2%	4.2%
P(sev 1   infected,age)	17.0%	52.0%	31.0%	13.0%	13.0%
P(sev 2   infected,age)	81.6%	47.2%	65.9%	80.6%	80.6%
P(sev 3   infected,age)	1.1%	0.6%	2.2%	4.7%	4.7%
P(sev 4   infected,age)	0.3%	0.2%	0.9%	1.7%	1.7%

Table 6: Parameters for age distribution on campus for Fall reopen.

	Age group 1 (0-17)	Age group 2 (18-44)	Age group 3 (45-64)	Age group 4 (65-74)	Age group 5 (75+)
P(age) for Fall reopen	0%	85.81%	13.17%	0.88%	0.14%

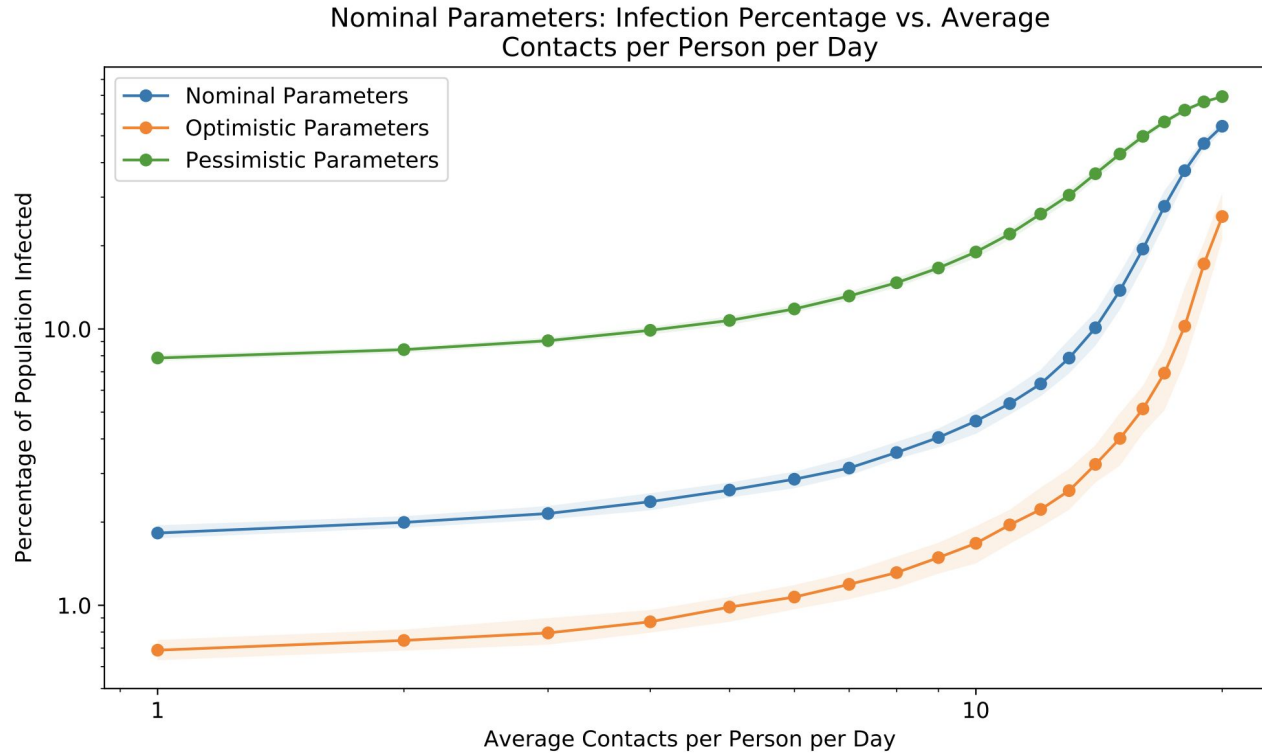
## 2.8 Parameter Values for Fall Reopen

In addition to the nominal parameters, we consider an optimistic and a pessimistic setting. Table 12 is a comprehensive summary of the parameters we use for all settings.

Table 12: Parameters for optimistic, nominal, and pessimistic settings.

Parameter Name	Optimistic	Nominal	Pessimistic
Time in E	Poisson(2)		
Time in D	0		
Time in ID	Poisson(2.5)	Poisson(3)	Poisson(3.5)
Time in Sy (with and w/o symptoms)	Poisson(10)	Poisson(12)	Poisson(14)
Contacts per day (for each free person)	8.3		
P(infection transmission   susceptible-infectious contact)	2.6%		
Total population	34310		
Student-origin prevalence	0.5%	2%	4%
Ithaca outside prevalence	0.1%	0.278%	1.25%
Prevalence at beginning of compartmental simulation	0.05%	0.09%	0.175%
Asymptomatic rate	27.3%	47.8%	68.3%
P(self-report each day   no symptoms)	0%		
P(self-report each day   symptoms)	18%		
New quarantines+isolations per contact trace	7		
(Implied) new isolations per self-report contact trace	0.92		
(Implied) new isolations per screening positive) / (isolations per self-report)	0.5		
fraction of contacts identified and traced	0.5		
Contact tracing delay	1 day	1 day	2 days
Testing false positive rate	0.1%		
Testing false negative rate	10%		
P(an isolated individual recovers each day)	0.05		
P(a quarantined individual is released each day)	0.3		
Age-severity matrix	(Table 5)		
Implied $R_0$ w/o intervention	2	2.5	3.2
Simulated time length	16 weeks (112 days)		
Parameters for the Excel model	(Table 10)		

# Parameters significantly impact simulation outcome



# Summer 2020: how do we make principled decisions in light of this uncertainty?

We will focus on 2 key questions:

1. Should we reopen
2. How frequently should we test?

# Question 1: Should we reopen?

**Key tradeoff:** If we reopen,

- More students return to Ithaca
- Better ability to enforce compliance with social distancing, mask wearing, surveillance testing

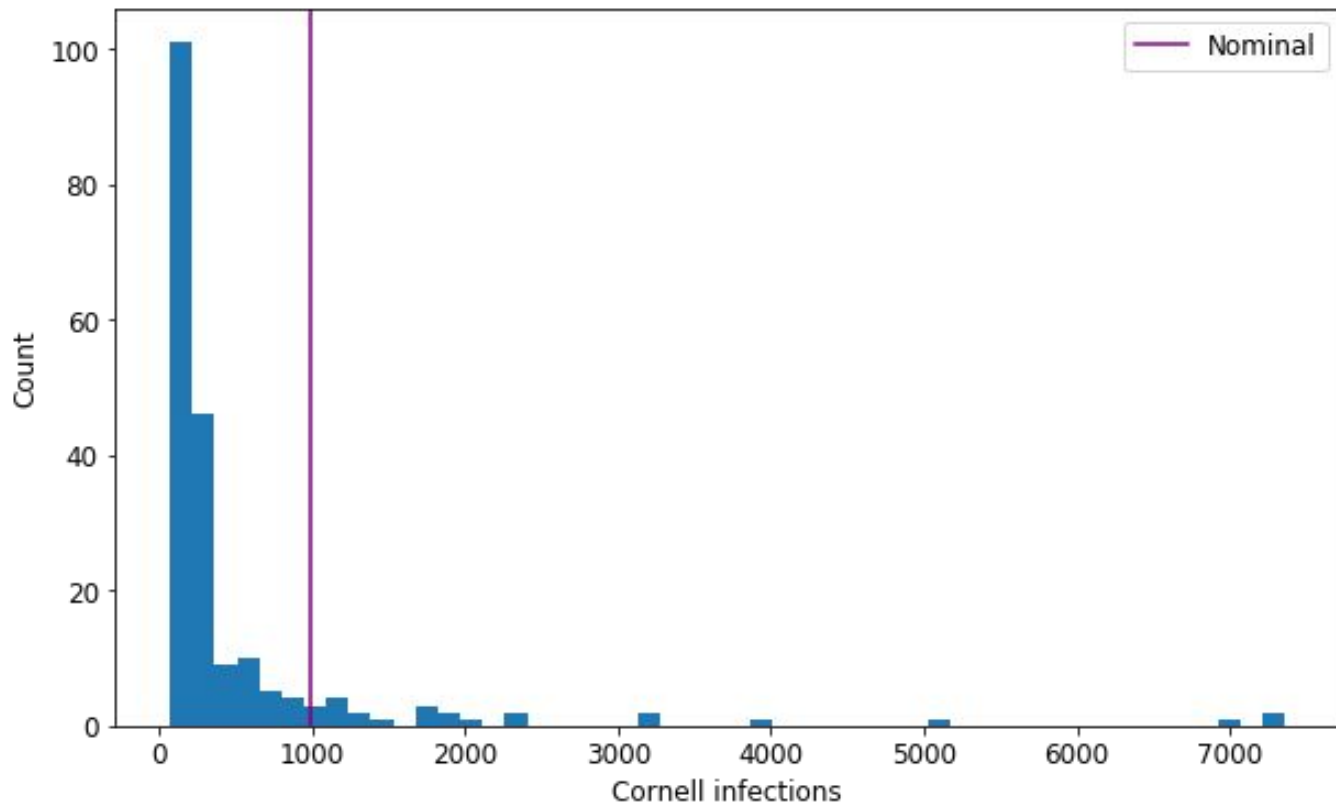
Metrics:

- Infections and Hospitalizations in the Cornell and Greater Ithaca communities

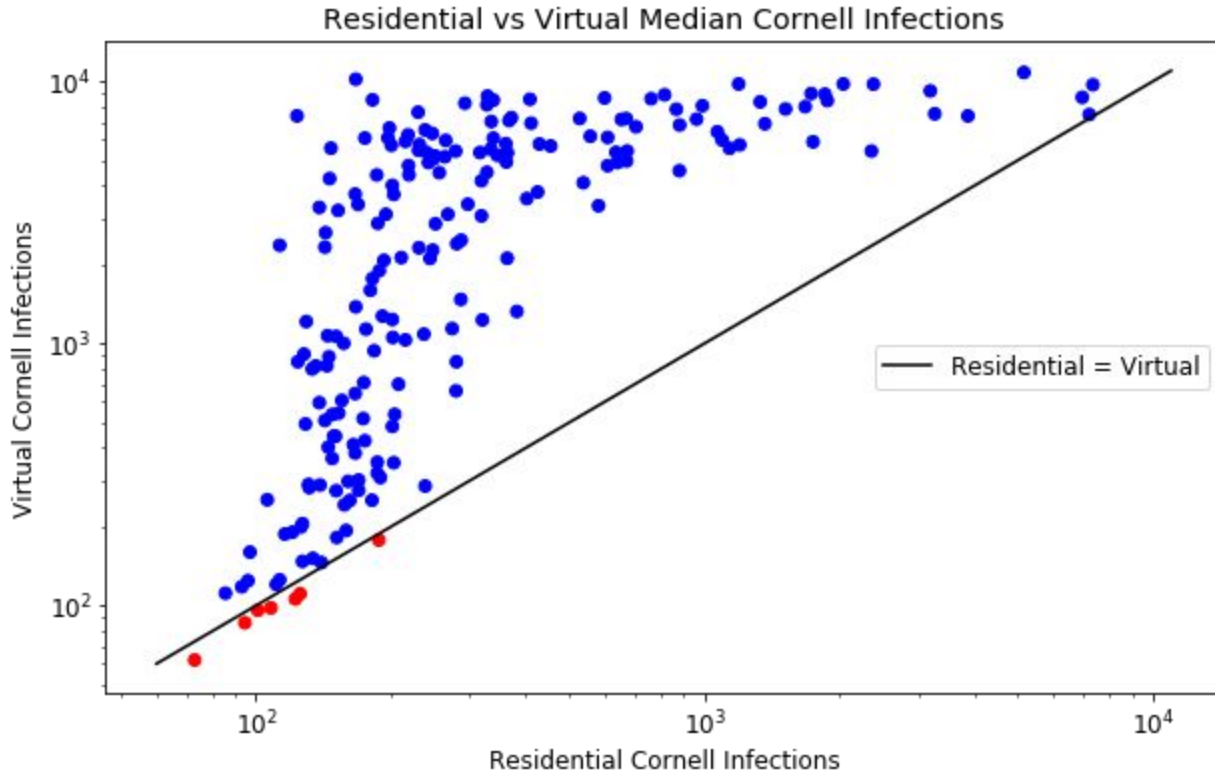


# Parameter uncertainty created a chance things would go badly

Cornell Infections, sampling parameters from the prior

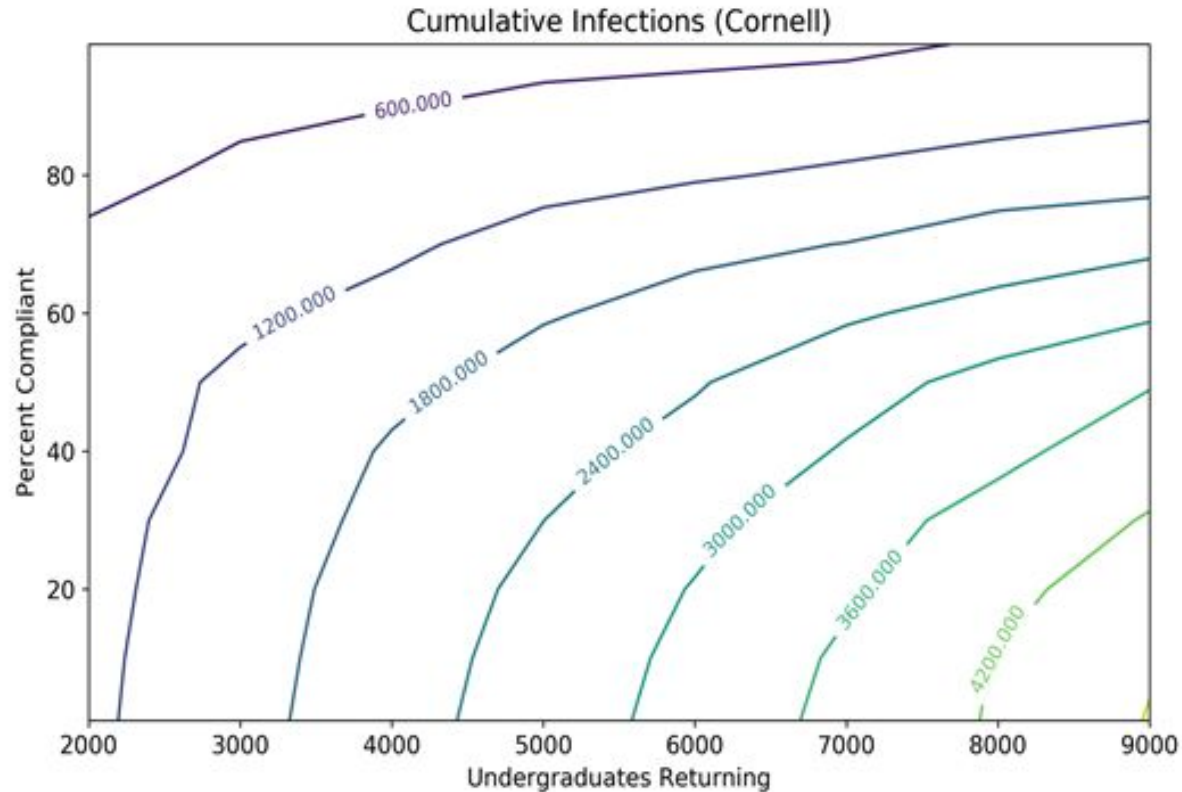


But, under plausible pessimistic parameter configs, shutting down would have been worse



- Based on surveys & leases signed with landlords, several thousand undergraduates seemed likely to return to Ithaca, even with virtual instruction only
- Asymptomatic screening would have been hard to mandate and enforce for these students
- For parameters with uncontrolled spread under residential instruction, there is also uncontrolled spread under virtual instruction

Even with few undergraduates returning in a virtual scenario, a decrease in test compliance can create many infections



## Question 2: How frequently should we test people?

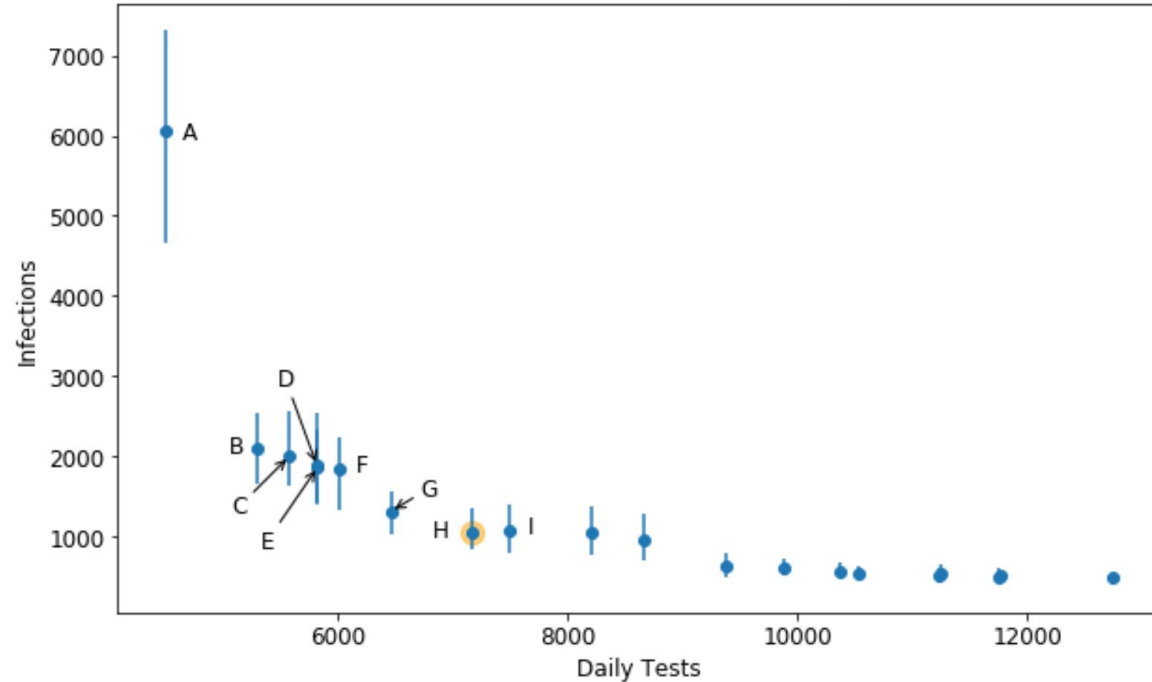
**Key tradeoff:** Testing is expensive and we have a finite capacity. What is the best way to allocate this scarce resource?

**Metrics:** Want to have an 'efficient' allocation that we can actually implement

**Idea:** Let's use our model to evaluate many potential policies

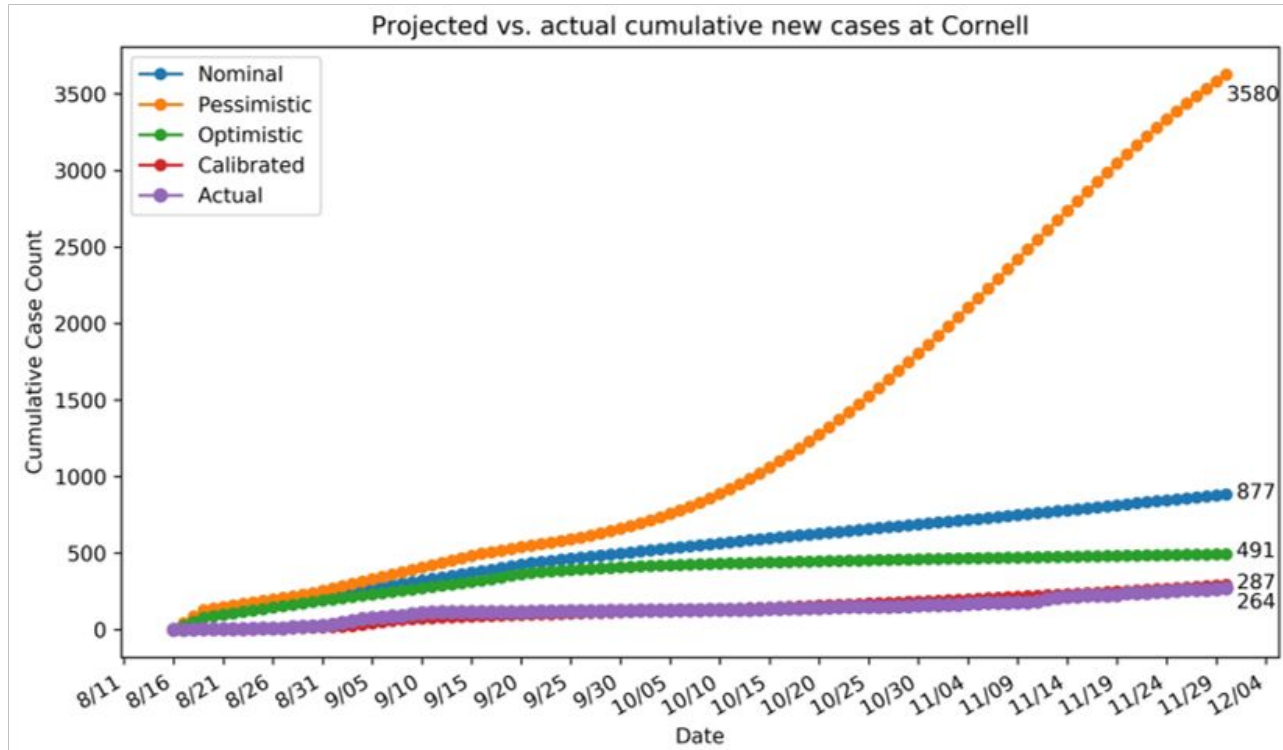
# Screening should be targeted

Infections vs. Daily tests for various policies

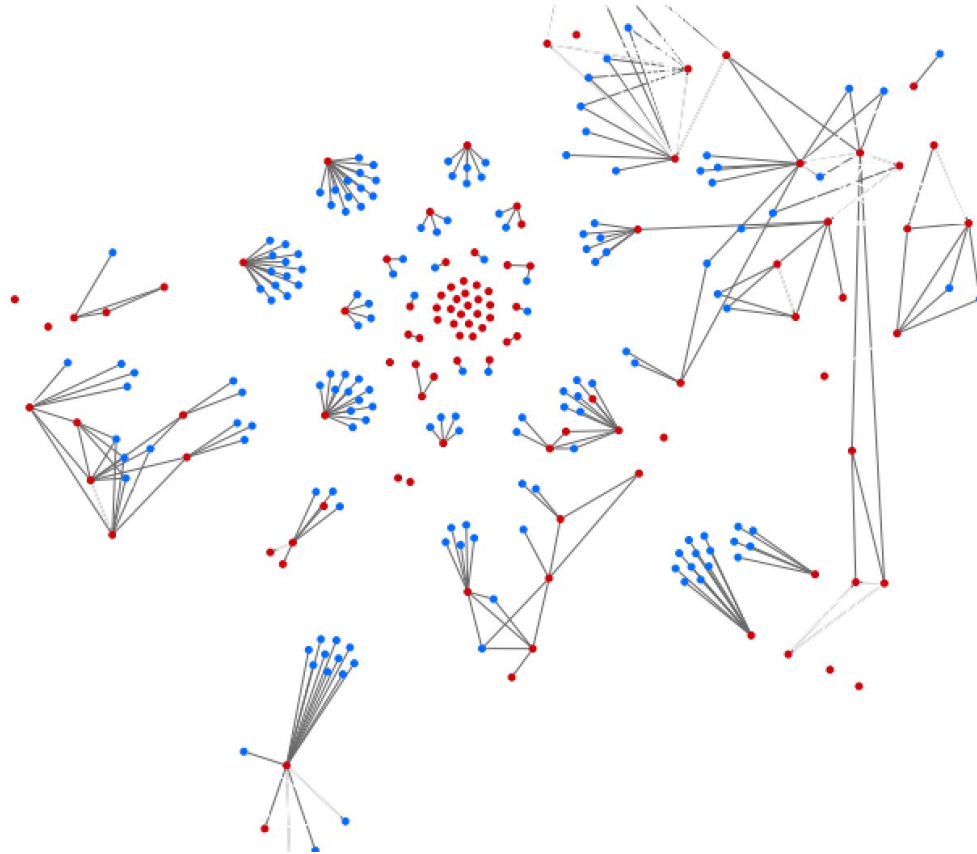


- Each point corresponds to a test policy (every group has a test frequency e.g. 2x / week)
- We enumerate options & use model to estimate number of infections and variance

# Fall 2020: What did we do once we had data?



Contact tracing helps us understand the transmission network



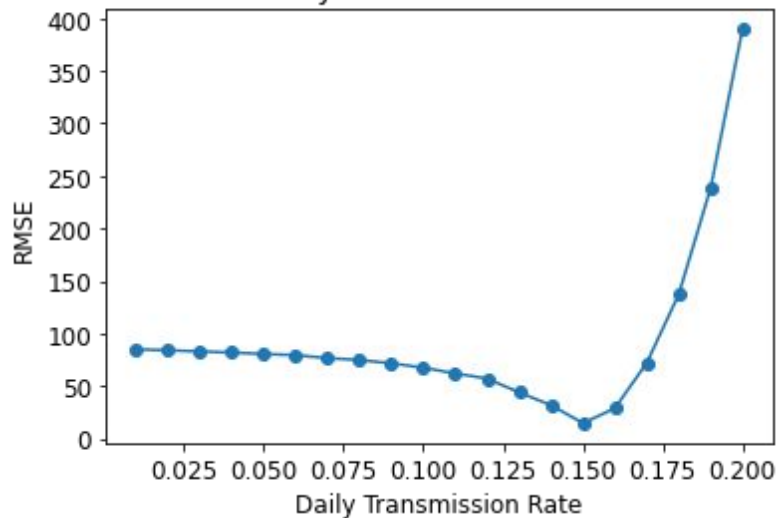
# Parameters estimated directly from data

- Rate of infections imported from outside Ithaca
- Contact tracing effectiveness
- Test compliance
- ...

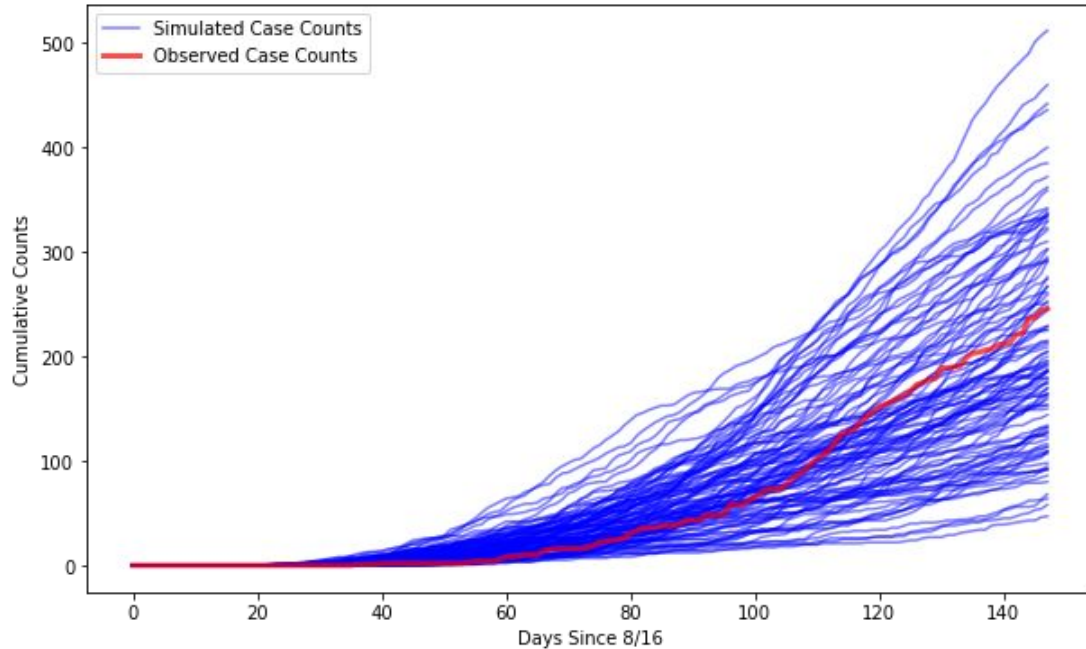


# Calibration - by analogy with linear regression

Faculty and Staff Calibration



Daily Transmission Rate = 0.15



# High-level takeaways

- Prediction accuracy is not always the goal. Instead: make a good decision.
- Modeling & uncertainty quantification provide a principled approach to making complex decisions.

# What made it all possible

Thank you to

- University leadership
- Animal Health Diagnostic Lab, staff at Cornell Health, volunteers at testing centers
- All students
- Ithaca for being in the middle of nowhere

Navigation menu icons: Home, Car, Bus, Pedestrian, Bicycle, Plane, Close.

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**Ithaca, New York**

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**via I-80 W** **4 h 39 min**  
 226 miles

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