

NCEM PROVINCIAL MODEL CODE GUIDE

Last updated: 24 July 2020

About the NCEM Code Guide

This document is intended to serve as a guide to the National COVID-19 Epi Model (NCEM) provincial model code, supporting readers to understand its structure and logic. The model described in this document is the provincial-level NCEM model, created by the South African COVID-19 Modelling Consortium.

If there are any queries regarding the model or the code, please contact us on:

info@sacovid19mc.co.za

About the NCEM collaborators

The South African COVID-19 Modelling Consortium is a group of researchers from academic, non-profit, and government institutions across South Africa. The group is coordinated by the National Institute for Communicable Diseases, on behalf of the National Department of Health. The mandate of the group is to provide, assess and validate model projections to be used for planning purposes by the Government of South Africa. The NCEM was developed as a collaboration between the following institutions, with input from a range of experts on the Consortium:

- National Institute for Communicable Diseases
- Modelling and Simulation Hub, Africa (MASHA) at the University of Cape Town
- South African DSI-NRF Centre of Excellence in Epidemiological Modelling and Analysis (SACEMA) at Stellenbosch University
- Health Economics and Epidemiology Research Office (HE²RO) at the University of the Witwatersrand in partnership with Boston University

Model structure

The NCEM is a stochastic compartmental transmission model to estimate the total and reported incidence of COVID-19 in South Africa at different administration levels. The model described in this document is spatially explicit at the provincial level. The model follows a generalised Susceptible - Exposed - Infectious - Recovered (SEIR) structure accounting for disease severity (asymptomatic, mild, severe, and critical cases) and different treatment pathways as shown in the figures below. Figure 1 shows the NCEM model structure. Figure 2 is an adaptation of the model diagram in Figure 1, showing how the code structure is set up around variables (**varind**), which capture the model compartments, and transitions (**traind**), which capture the model flows. Note

that the numbering of the flows in Figure 1 is set up to read from top to bottom to follow the patient pathway, whereas the numbering of the flows (**trainds**) in Figure 2 are grouped by type to follow the logic of the model code (e.g. importation & seeding, incidence, treatment seeking, natural outcomes, hospital outcomes, detection and capacity constraints).

Figure 1. NCEM model diagram

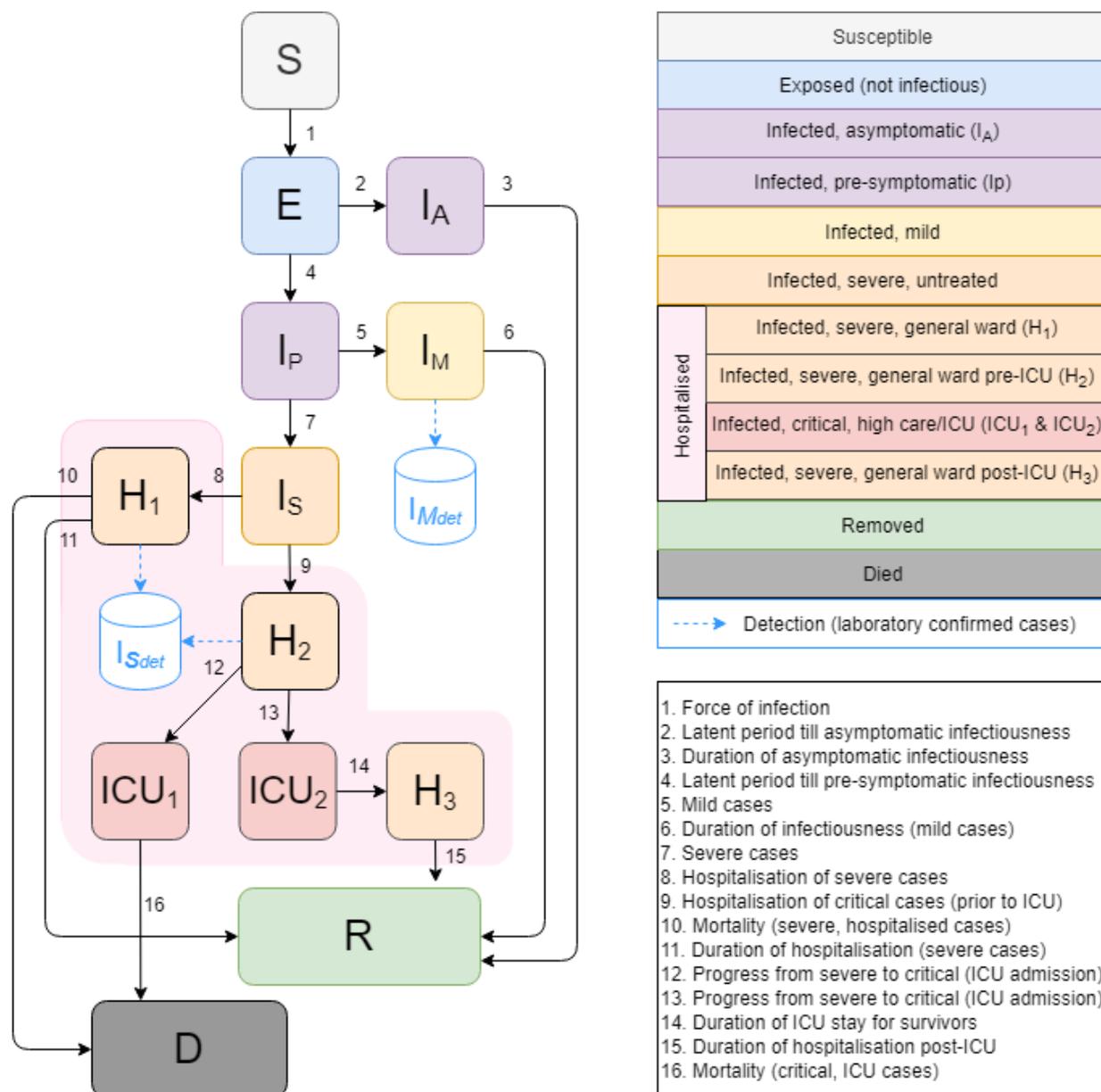
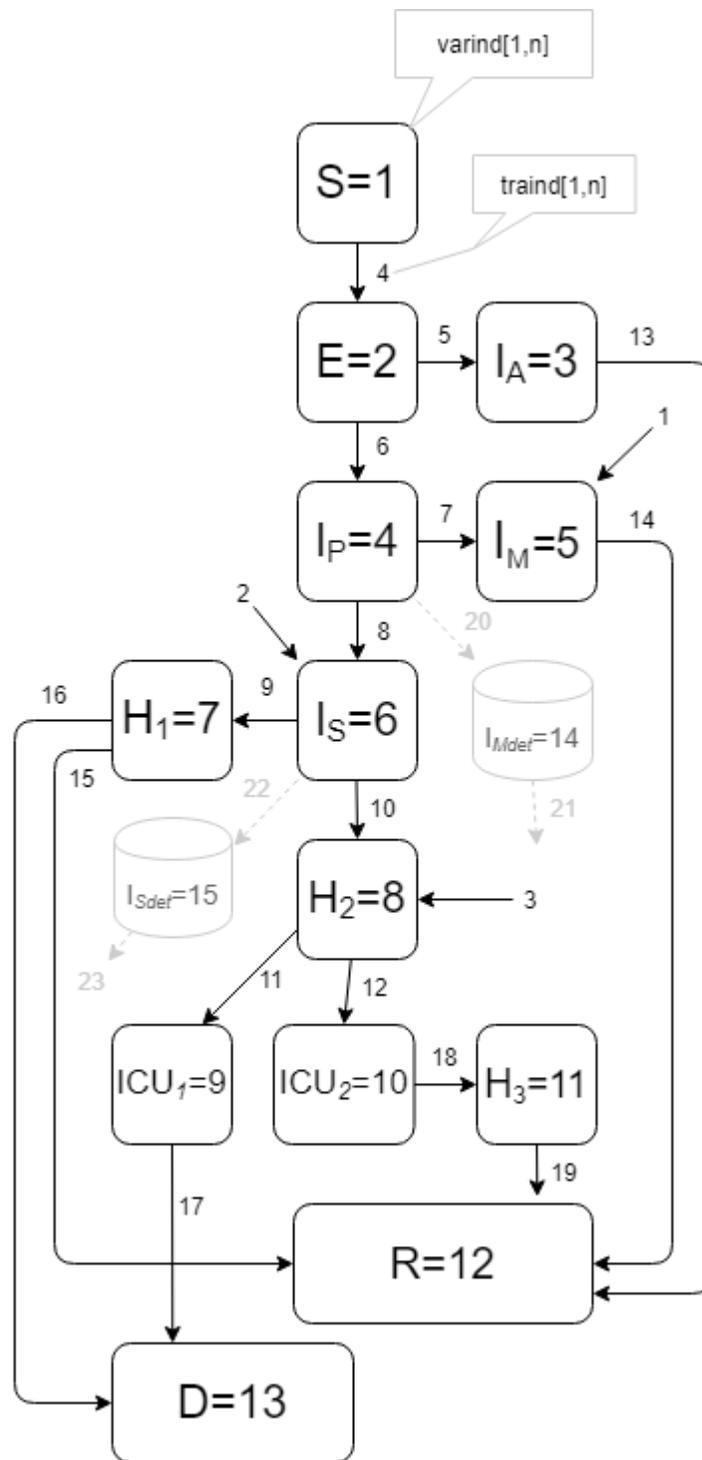


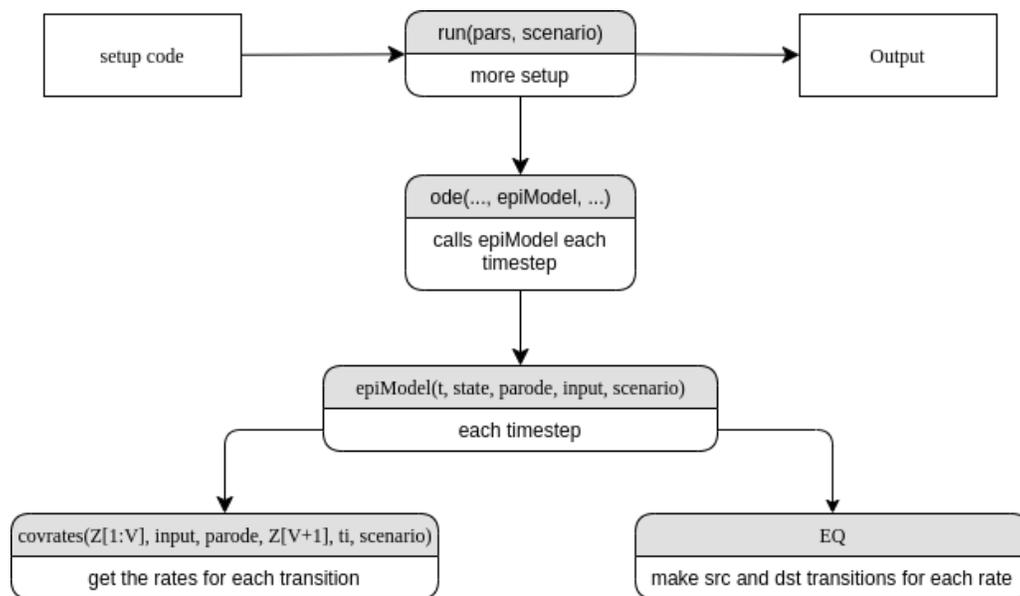
Figure 2. NCEM model diagram with **varind** and **traind** number references



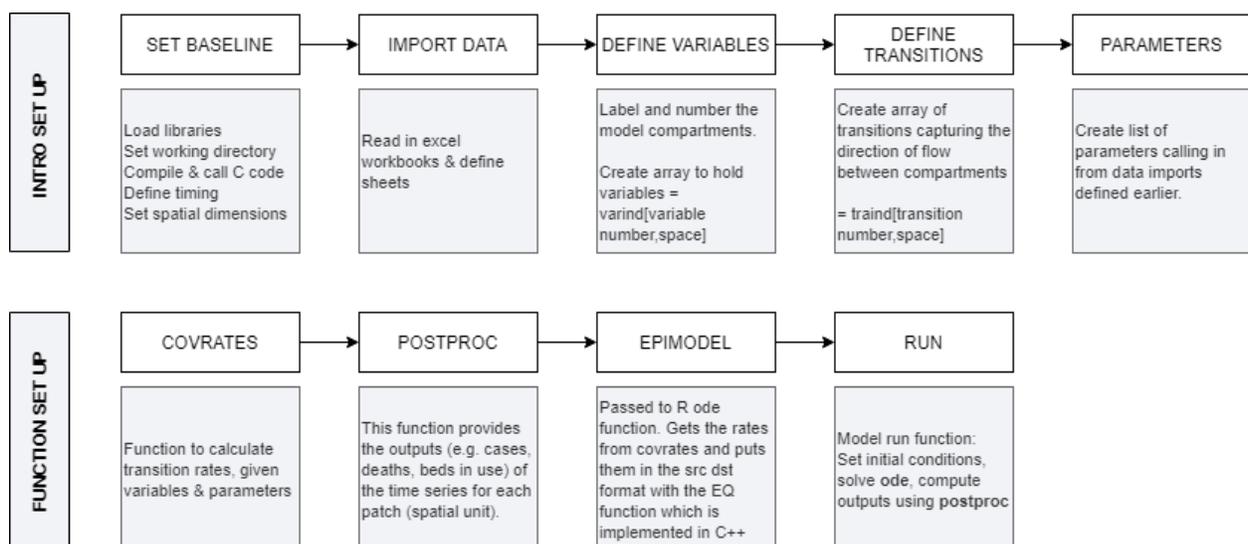
Code Structure

The overview of the code structure and set-up details are captured in Figure 3.

Figure 3. Overview of the code structure



Code set-up details:



Dimensions

The model dimensions are set based on the number of spatial units (national, provincial, districts, local municipalities), variables and transitions:

```
41 N<-9      # number of patches
42 B<-15     # number of variables per patch
43 A<-23     # number of transitions per patch
44 V<-N*B    # total number of variables
45 L<-N*A    # total number of transitions
```

This sets us up for the two main arrays: **varind** (for the number of variables) and **traind** (for the number of transitions).

In this version of the NCEM, there are 9 spatial units (representing the provinces) and no age stratification.

Compartments

Compartments are defined as variables and given a number:

```
83 # ***** #
84 # define variables
85 # ***** #
86 # Covid-19 Variables
87 # 1=S: uninfected non-immune
88 # 2=E: infected & exposed
89 # 3=Ia: asymptomatic
90 # 4=Ip: pre-symptomatic and infectious
91 # 5=Im: mild and infectious
92 # 6=Is: severe and infectious
93 # 7=H1: severe treated in general hospital (non-ICU)
94 # 8=H2: critical entry into general hospital (non-ICU)
95 # 9=ICU1: critical destined to die (ICU)
96 # 10=ICU2: critical destined to be discharged (ICU)
97 # 11=H3: critical stepdown from ICU to general hospital (non-ICU)
98 # 12=Removed: holds non-infectious cases, recoveries and discharges
99 # 13=Died: holds Deaths
100 # 14=Imdet Counter: Positive confirmed mild cases | test seeking
101 # 15=Isdet Counter: Positive confirmed severe/critical cases | hospitalisation
102
```

These are stored in an array called **varind** such that the susceptible compartment S = varind[1,n]. See Figure 2.

Transitions

Transitions define the flow between compartments (see arrow numbering in Figure 2). The code separates the traditional model equations into 2 components:

1. The transitions matrix -> defines the **direction** of flow between compartments
2. The tranrate array (within covrates function) -> defines the **rate** of the flow

The model parameters and spatial connectivity are set up and passed as arguments into the covrates function.

Transition matrix:

```
120 # ***** #
121 # define transitions
122 # ***** #
123 # first transition is given without index
124 transitions = ssa.maketrans(V, rbind(varind[4,1], +1)) # example
125 for (n in 1:N){
126   #Imports
127   transitions[traind[1,n]] <- ssa.maketrans(V, rbind(varind[1,n], 0, varind[5,n], +1)) # imported cases -> Im=5
128   transitions[traind[2,n]] <- ssa.maketrans(V, rbind(varind[1,n], 0, varind[6,n], +1)) # imported cases -> Is=6
129   transitions[traind[3,n]] <- ssa.maketrans(V, rbind(varind[1,n], 0, varind[8,n], +1)) # imported cases -> H2=8
130   #Incidence
131   transitions[traind[4,n]] <- ssa.maketrans(V, rbind(varind[1,n], -1, varind[2,n], +1)) # incidence S to E
132   transitions[traind[5,n]] <- ssa.maketrans(V, rbind(varind[2,n], -1, varind[3,n], +1)) # incubation E to Ia
133   transitions[traind[6,n]] <- ssa.maketrans(V, rbind(varind[2,n], -1, varind[4,n], +1)) # incubation E to Ip
134   transitions[traind[7,n]] <- ssa.maketrans(V, rbind(varind[4,n], -1, varind[5,n], +1)) # mild infection Ip to Im
135   transitions[traind[8,n]] <- ssa.maketrans(V, rbind(varind[4,n], -1, varind[6,n], +1)) # severe infection Ip to Is
136   #Admission to hospital
137   transitions[traind[9,n]] <- ssa.maketrans(V, rbind(varind[6,n], -1, varind[7,n], +1)) # hosp severe Is to H1 (non-ICU)
138   transitions[traind[10,n]] <- ssa.maketrans(V, rbind(varind[6,n], -1, varind[8,n], +1)) # hosp critical infection Is to H2 (non-ICU)
139   transitions[traind[11,n]] <- ssa.maketrans(V, rbind(varind[8,n], -1, varind[9,n], +1)) # icu critical infection (destined to die) H2 to ICU1
140   transitions[traind[12,n]] <- ssa.maketrans(V, rbind(varind[8,n], -1, varind[10,n], +1)) # icu critical infection (destined to be discharged) H2 to ICU2
141   #Recovery
142   transitions[traind[13,n]] <- ssa.maketrans(V, rbind(varind[3,n], -1, varind[12,n], +1)) # natural recovery Ia to R
143   transitions[traind[14,n]] <- ssa.maketrans(V, rbind(varind[5,n], -1, varind[12,n], +1)) # natural recovery Im to R
144   #Hospital outcomes
145   transitions[traind[15,n]] <- ssa.maketrans(V, rbind(varind[7,n], -1, varind[12,n], +1)) # severe discharged H1 to R
146   transitions[traind[16,n]] <- ssa.maketrans(V, rbind(varind[7,n], -1, varind[13,n], +1)) # severe died H1 to D
147   transitions[traind[17,n]] <- ssa.maketrans(V, rbind(varind[9,n], -1, varind[13,n], +1)) # critical died ICU1 to D
148   transitions[traind[18,n]] <- ssa.maketrans(V, rbind(varind[10,n], -1, varind[11,n], +1)) # stepdown to non-ICU ICU2 to H3
149   transitions[traind[19,n]] <- ssa.maketrans(V, rbind(varind[11,n], -1, varind[12,n], +1)) # critical discharged H3 to R
```

Transition 19 = (-) exit compartment 11 (H3) and (+) enter compartment 12 (R)

Transition rate (tranrate) in covrates function:

```

256 tranrate[n,]<-c(
257   #Imports
258   pm[n]*import[n],           # importation to Im           1
259   ps[n]*import[n],         # importation to Is           2
260   (1-pm[n]-ps[n])*import[n], # importation to H2           3
261   #Incidence
262   foi*x[varind[1,n]],       # incidence S to E           4
263   pa*gamma1*x[varind[2,n]], # incubation E to Ia          5
264   (1-pa)*gamma1*x[varind[2,n]], # incubation E to Ip          6
265   pm[n]*gamma2*x[varind[4,n]], # mild infection Ip to Im      7
266   (1-pm[n])*gamma2*x[varind[4,n]], # severe infection Ip to Is    8
267   #Admission to hospital
268   ((1-pm[n]-ps[n])/(1-pm[n]))*taus*x[varind[6,n]], # hosp severe Is to H1        9
269   ((1-pm[n]-ps[n])/(1-pm[n]))*taus*x[varind[6,n]], # hosp critical infection Is to H2 (non-ICU) 10
270   pd2[n]*tauprog*x[varind[8,n]], # icu critical infection (destined to die) H2 to ICU1 11
271   (1-pd2[n])*tauprog*x[varind[8,n]], # icu critical infection (destined to be discharged) H2 to ICU2 12
272   #Recovery
273   r1*x[varind[3,n]],        # natural recovery Ia (asyp) to R 13
274   r2*x[varind[5,n]],        # natural recovery Im to R        14
275   #Hospital outcomes
276   (1-pd1[n])*r3*x[varind[7,n]], # severe discharged H1 to R       15
277   pd1[n]*r3*x[varind[7,n]], # severe died H1 to D             16
278   mu*x[varind[9,n]],        # critical died ICU1 to D         17
279   r4*x[varind[10,n]],       # stepdown to non-ICU ICU2 to H3 18
280   r5*x[varind[11,n]],       # critical discharged H3 to R     19

```

Shows flow equation to apply to trand[19]

Refers to transition number = trand[19,n]