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# Simulation of the covid19 epidemic in France

Loïc Pottier<sup>1</sup>  
(work in progress)

## Abstract

We simulate the evolution of the covid19 epidemic in France on a computer.

With approximately 10,000 simulations performed with random epidemic parameters, we obtain a value of the basic reproductive number  $R_0 = 7.5$  with a confidence interval (CrI) 6.4-8.6 (for the standard deviation).

For the mortality rate (infection fatality ratio), we get IFR = 3.1% (CrI: 1.6-4.7)<sup>2</sup>.

During the social distancing period (March 9 - March 16), we get  $R_0 = 2.14$ .

For the lockdown period, which started on March 17, we obtain  $R_0 = 0.88$  (CrI: 0.74-1.02).

We can conclude that lockdown will not stop the epidemic, and that releasing it will cause a new outbreak.

With these values, the simulations carried out give a number of infected persons of approximately 650,000 currently (1% of the population) and predict limits of 1 million infected persons (1.6% of the population) and 30 000 deaths, limits reached in about 1 year, and almost reached in about 5 months.

Every day we make new simulations using daily datas, so this report will eventually be updated, and its conclusions are of course provisionnal.

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<sup>2</sup> which is compatible with some recent studies ([7] gives 1.29% (CrI 0.89-2.01) in Lombardy)

## Introduction

We simulate the covid19 epidemic in France by computing, for each individual in a population of 60 million people (with a few people infected at the start), their condition over the days (around 100 days), according to various parameters :  $R_0$ , virus transmission rate, IFR, mortality,  $R_0$  during lockdown, etc.

The simulations are performed by a program<sup>3</sup> written in OCaml [6], compiled natively and executed under windows / bash on a PC. It requires 7G of RAM.

Numerous sets of parameter values ( $> 10,000$ ) were taken at random, inside large intervals, each with 20 simulations. Some parameters are fixed and do not vary: the duration of incubation, the duration of the disease, the number of neighbors. For each simulation, we determine the error with reality, from the numbers of deaths each day (deducted from patients in intensive care each day in France). The sets of values of the parameters giving the smallest errors are retained.

It appears that sets of very different values can give simulations very close to reality. It is therefore difficult to accurately predict the values of the parameters (such as  $R_0$ , the rate of virus transmission, or IFR, mortality).

Nevertheless, we observe  $R_0 > 5$  for 79% of the simulations. The best simulations are obtained with IFR  $< 5\%$  (for 70% of them). By exploring again with these constraints and the values of the other parameters in the confidence intervals obtained previously, we obtain the mean values  $R_0 = 7.5$  (CrI: 6.4-8.6), IFR = 3.1% (CrI: 1.6-4.7), and during lockdown  $R_0 = 0.88$  (CrI: 0.74-1.02).

With these values, the simulations show that the number of infected people will reach a limit of 1 million in about a year, or 1.6% of the French population, as will the number of dead (limit: 30,000).

It can be concluded that lockdown does not guarantee a close end of the epidemic.

We also carried out simulations by taking the values of  $R_0$  and IFR given by [1] (preprint pasteur-02548181, team of Simon Cauchemez). After carrying out simulations with various values for the other parameters, we come to the conclusion that they can be valid until April 14 (date of the end of the data used in this preprint), but not for the period of April 15 to April 22:  $R_0$  between 0.5 and 0.55 during lockdown must be revised upwards: we show that it is around 0.93.

In conclusion, and this is in line with the conclusions of [1]: uncontrolled release of the lockdown would cause a further runaway of the epidemic, and the proportion of the population which has been in contact with the virus is low ( $< 4\%$ ).

In view of the simulations carried out, we can also conclude that lockdown is not very effective, and wonder if the rate of virus transmission has been underestimated.

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<sup>3</sup> the code is available here: [\\_propageV4.ml](https://propageV4.ml)

## Method

### Data

The data used are the number of patients in intensive care for covid19, from March 4 to April 25 [2]. It is more regularly updated than the number of hospital deaths. It is closely linked to it: for covid19, the number of patients in intensive care on a given day is equal to 7.5% of the number of deaths on the same day, to within 1%. To study the epidemic, we can therefore reduce ourselves to studying the number of patients in intensive care each day.

The French population is modeled by 60 million individuals, placed at random in a square of 1000 km aside.

Each individual has a state:

- 0 if he has never been in contact with the virus
- 1 or more: this is the number of days since he was infected with the virus
- -1 if he died

### Parameters

They are separated into 2 groups:

Variable parameters:

- **R0**: the number of people contaminated by an infected person during the period in which they are contagious<sup>4</sup>
- **dR0**: the divider of R0 during the social distancing period: from March 9 to March 16, ie R0 becomes  $R0 / dR0$ .
- **R01**: R0 during lockdown, ie from March 17th.
- **pvoy**: the rate of travelers (people who travel far during a day)
- **dpvoy**: the divider of the rate of traveler during lockdown.
- **debi**: the number of days before an infected person becomes contaminant.
- **duri**: the duration during which an infected person is contaminant.
- **IFR**: the mortality rate (Infection Fatality Ratio), ie the probability that an infected person has to die of disease.

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<sup>4</sup> as recontaminating an already contaminated person has no effect, this number is effective only at the start, when few people are infected: it becomes more and more difficult for the virus to infect new people: the growth in the number of infections is exponential at the start, then becomes constant and finally decreases towards 0, the number of infected persons tends towards a limit.

## Fixed parameters

- **dinc**: the duration of incubation, from 2 to 12 days, on average 5, taken at random for each individual [3]
- **dmal**: the duration of the disease, fixed at 20 days [3] [4]. An infected person dies with the IFR probability in the period between  $dinc + dmal / 2$  and  $dinc + dmal$ .
- **neighbors**: the number of neighbors, the people likely to be met by a person during a day (13 000, see after for explanation)..

## Simulation

The country is divided into 68 x 68 elementary squares of side 14.7 km, and each one contains on average 13,000 people. The neighbors of a person are those in his elementary square and those of the adjacent squares. Thus the number of people likely to be contaminated by a non-traveling person will be on average 110,000 (contained in a square of 44 km per side).

If she is a traveler, the whole population is likely to be contaminated by her.

On day 1 we choose 3 people at random that are contaminated (states = 1,2,3), then one calculates day after day the states of the 60 million people

- each day, a person will or will not contaminate people randomly among its geographic neighbors, or throughout the country, for travelers; for this we use a Poisson distribution with parameter  $R_0$ .
- every day, an infected person can die (Bernouilli's distribution of parameter  $IFR / (dmal / 2)$ ), if he is in the second period of the disease (state between  $dinc + dmal / 2$  and  $dinc + dmal$ ).

The day when the number of deaths exceeds that of reality on March 9 is considered to be March 9 for the simulation, which then stops on the 3rd day after the end of the actual data.

At the end, the error is calculated<sup>5</sup> with the actual death numbers each day, reduced to a percentage of the actual death number on the last day.

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<sup>5</sup> error for standard 2 for days with at least 100 deaths

## Results

### Random exploration

On the data up to and including April 25, 5641 simulations are performed, at most 20 (often less) by sets of values of the parameters taken at random in the following intervals:

| table 1 | min  | max |
|---------|------|-----|
| R0      | 2    | 10  |
| dR0     | 1.5  | 5   |
| R01     | 0.5  | 1.2 |
| pvoy    | 1%   | 20% |
| dpvoy   | 1    | 100 |
| debi    | 1    | 9   |
| duri    | 3    | 15  |
| IFR     | 0.2% | 10% |

For the 933 simulations with an error less than 20%, we observe the following facts:

- the sets of values of the parameters are widely dispersed: very different sets can give simulations of comparable errors.
- the best simulation has an error of 0.4%.
- mean values of the parameters, with confidence intervals corresponding to the standard deviation (CrI):

| table 2 | mean  | CrI         |
|---------|-------|-------------|
| err     | 9.6   | 4.5-14.7    |
| R0      | 6.8   | 4.9-8.8     |
| dR0     | 3.3   | 2.4-4.2     |
| R01     | 0.88  | 0.70-1.06   |
| pvoy    | 0.10  | 0.05-0.16   |
| dpvoy   | 48    | 22-75       |
| debi    | 3.6   | 2.0-5.2     |
| duri    | 8.0   | 4.4-11.7    |
| IFR     | 0.052 | 0.022-0.081 |

We also note:

- 79% of simulations verify  $R_0 > 5$
- among them, when the error decreases, the proportion of simulations with IFR  $< 5\%$  increases to exceed 70%

We then continue the random exploration in the zone  $R_0 > 5$  and IFR  $< 5\%$ .

With 561 simulations, out of the 98 with an error of less than 20%, we obtain the values:

| table 3  | average | CrI         |
|----------|---------|-------------|
| err      | 9.3     | 4.1-14.5    |
| $R_0$    | 7.5     | 6.4-8.6     |
| d $R_0$  | 3.5     | 2.7-4.2     |
| $R_{01}$ | 0.88    | 0.74-1.02   |
| pvoy     | 0.09    | 0.04-0.14   |
| dpvoy    | 47      | 15-79       |
| debi     | 4.1     | 2.5-5.6     |
| duri     | 8.1     | 4.3-11.9    |
| IFR      | 0.031   | 0.016-0.047 |

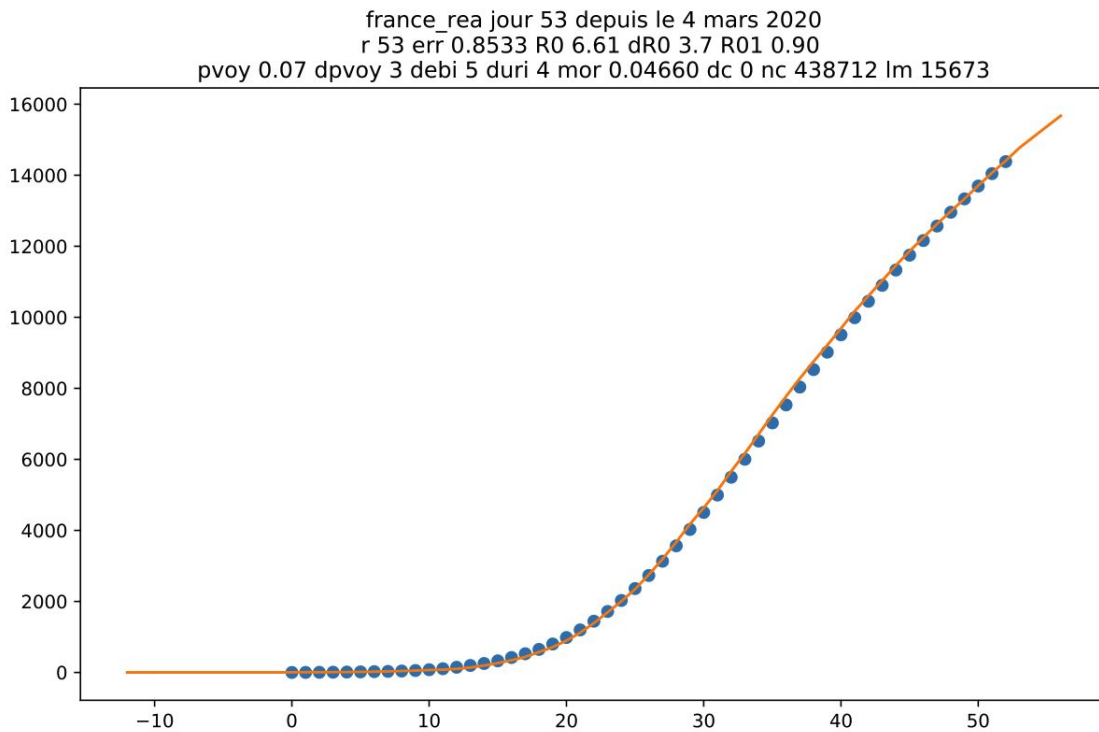
In particular:

- $R_0 = 7.5$ , which shows a contagion much higher than that commonly accepted,
- mortality (IFR) is around 3.1%,
- $R_0$  during lockdown is between 0.74 and 1.02, with an average value of 0.88, which shows that the current lockdown will not stop the epidemic for a long time.

The other parameters indicate that

- the social distancing divided  $R_0$  by 3.5, so  $R_0 = 2.14$  between March 9 and March 17.
- an infected person becomes contagious after 4 days, and then is for 8 days.

Here is the simulation with the lowest error (0.5%):



The points are the real dead, the curve gives the dead of the simulation.

The parameter  $nc$  in the title is the number of individuals infected with the virus at the end of the simulation (present + 3 days), here 438,712.

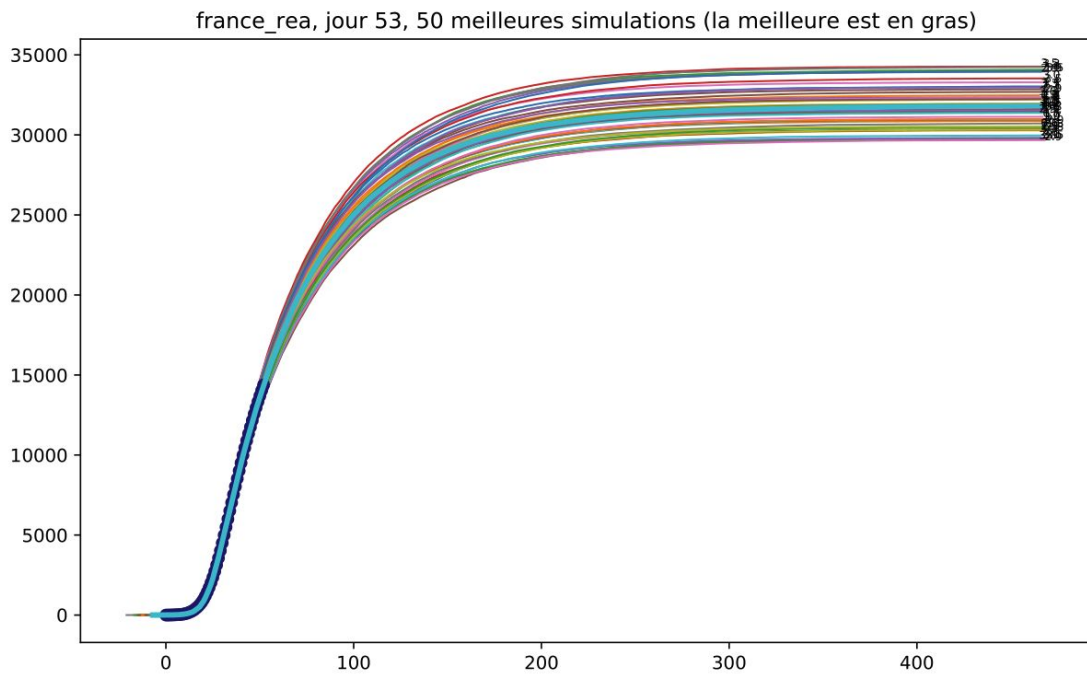
With the values in table 3 and 183 simulations over 400 days, we got 153 simulations with error < 20%, with the best 50, the limit on the number of infected is approximately 1 million people (between 0.6 and 1.2 million), and the limit on number of deaths is 30,000 (between 25,000 and 35,000), limits reached in about 1 year.

By the end of the epidemic, 1.6% of the French population will have been in contact with the virus.

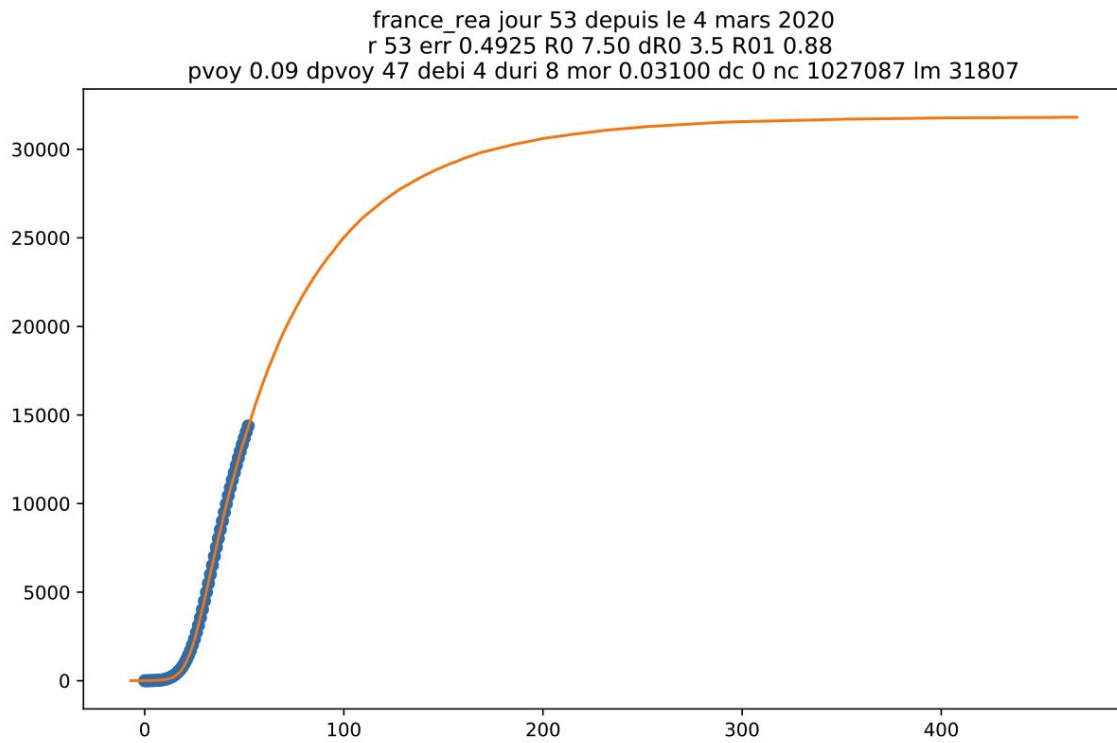
As of April 24, the number of people infected is around 650,000, or 1% of the population.



Here are the 50 best simulations:

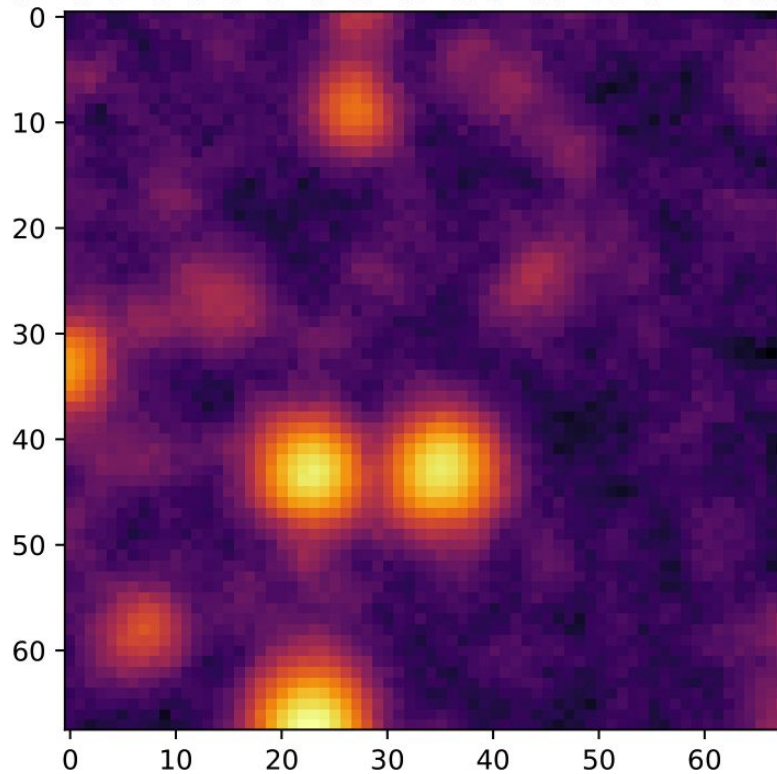


the simulation with the smallest error (0.5%):



and, for this simulation, the geographic location of the epidemic on April 25:

france\_rea/jour\_53\_err\_0.4925\_R0\_7.50\_dR0\_3.5\_R01\_0.88\_pvoy\_0.09\_dpvoy\_47\_debi\_4\_duri\_8\_mor\_0.03100\_dc\_0\_nc\_1027087\_lm\_31807\_carte



We see the 3 initial foci, and many areas with little infection.

**Simulations on April 24 with the parameters given by [1] (Pasteur-02548181: Henrik Salje, Cécile Tran Kiem, Noémie Lefrancq, Noémie Courtejoie, Paolo Bosetti, et al.)**

The values of R0 and IFR given by [1] relate to a period ending April 14:

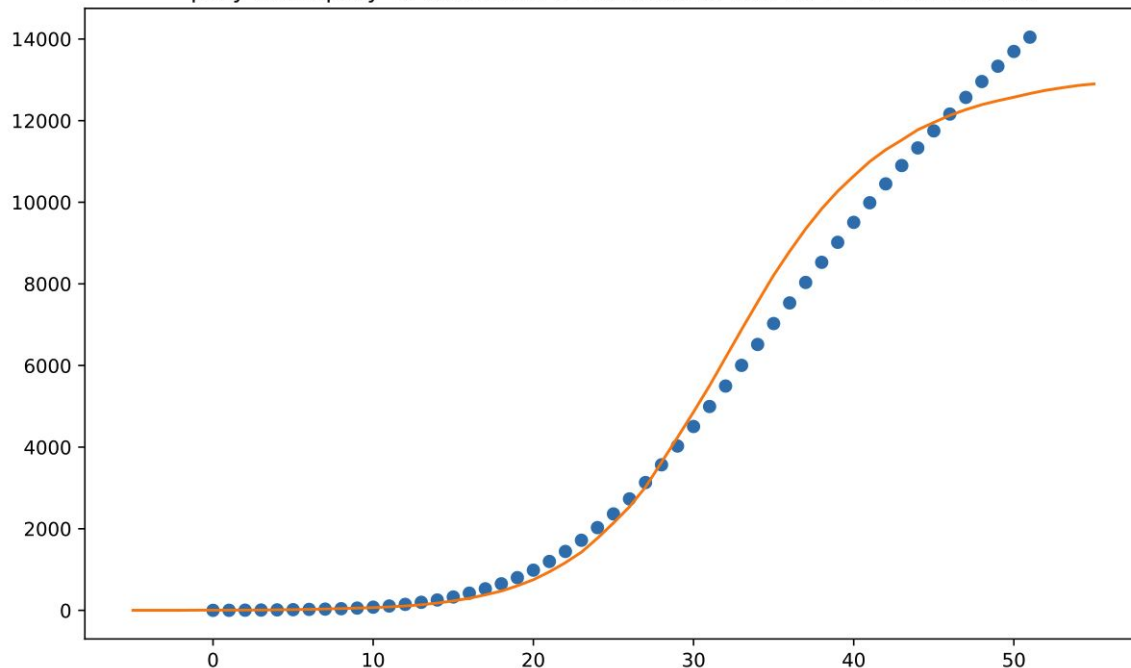
- R0 = 3.31 (95% CrI: 3.18-3.43)
- R01 = 0.52 (95% CrI: 0.50-0.55)
- IFR = 0.53% (95% CrI: 0.28-0.88)

We then perform a random exploration of sets of parameter values with R0, R01 and IFR in these confidence intervals, and the values of the other parameters in the intervals of the previous paragraph:

|       | min   | max   |
|-------|-------|-------|
| R0    | 3.18  | 3.43  |
| dR0   | 1.5   | 5     |
| R01   | 0.50  | 0.55  |
| pvoy  | 1%    | 20%   |
| dpvoy | 1     | 100   |
| debi  | 1     | 9     |
| duri  | 3     | 15    |
| IFR   | 0.28% | 0.88% |

Among 1156 simulations, here is the best simulation (4.8% error):

france\_rea jour 52 depuis le 4 mars 2020  
r 52 err 4.8863 R0 3.20 dR0 1.5 R01 0.51  
pvoy 0.18 dpvoy 46 debi 3 duri 3 mor 0.00293 dc 0 nc 4444743 lm 12900



Until April 14, the simulation is fairly close to the actual data, but moves away from it later. The same is true for other simulations. As R0 and IFR are consistent with recent studies on the Chinese epidemic, one might think that R01 is too low.

Keeping R0 and IFR and exploring values of R01 between 0.5 and 0.99, out of 1100 simulations, we obtain only 37 error simulations lower than 20%, with an average value of R0 = 0.84 (CrI: 0.73-0.95) after lockdown.

In conclusion, it therefore seems unlikely, with the ICU data until April 24, and under the hypotheses of [1], that R0 during lockdown is between 0.5 and 0.55. It is rather higher than 0.7.

## Conclusion

With the described modeling (60 million individuals simulated for around 100 days), we see the following facts.

For values of the parameters taken in wide intervals (random exploration), and for 7000 simulations:

- for very different values of  $R_0$  and IFR, we can obtain simulations with similar small errors (<2% ).
- $R_0 = 7.5$  (CrI: 6.4-8.6), which shows a contagion much higher than that commonly accepted,
- the mortality (IFR) is around 3% (CrI: 1.6-4.7).
- $R_0 = 0.88$  (CrI: 0.74-1.02) during lockdown, which shows that the current lockdown will not stop the epidemic for a long time.
- Social distancing and the ban on large meetings from March 9 to March 17 divided  $R_0$  by 3.5.
- an infected person becomes contagious after 4 days, and then is contagious for 8 days.

Assuming, following [1],  $R_0$  between 3.18 and 3.43 and mortality (IFR) between 0.28% and 0.88%, the 2000 simulations carried out suggest that  $R_0$  is not between 0.5 and 0.55 during lockdown, but rather between 0.73 and 0.95.

In both approaches,  $R_0$  during lockdown is around 0.9, which is quite high: the epidemic will continue for a long time, a reduction in lockdown (therefore  $R_0 > 1$ ) will cause it to flare up again .

Finally, our study suggests that

- $R_0 = 7.5$  (CrI: 6.4-8.6), instead of the commonly accepted value of 3.
- IFR = 3,1% (CrI: 1.6-4.7), which is not contradictory with some recent studies ([7] gives 1.29% (CrI 0.89-2.01) in Lombardy)
- $R_0$  during lockdown is around 0.9.

Could it be that  $R_0$  and IFR has been underestimated in most studies on the epidemic?

## Bibliography

[1] Henrik Salje, Cécile Tran Kiem, Noémie Lefrancq, Noémie Courtejoie, Paolo Bosetti, et al. Estimating the burden of SARS-CoV-2 in France. 2020. ? Pasteur-02548181

[2]

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[3] <https://www.pasteur.en/fr/medical-center/disease-sheets/illness-covid-19-new-coronavirus>

[4] [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30566-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30566-3/fulltext)

[5] [https://wwwnc.cdc.gov/eid/article/26/7/20-0282\\_article](https://wwwnc.cdc.gov/eid/article/26/7/20-0282_article)

[6] The OCaml language <https://ocaml.org/index.fr.html>

[7] <https://www.medrxiv.org/content/10.1101/2020.04.15.20067074v2>