PRL/FARANDA

1	Supplemental Material for: Interrupting vaccination policies can
2	greatly spread SARS-CoV-2 and enhance mortality from
3	COVID-19 disease: the AstraZeneca case for France and Italy
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Abstract

²⁷ The supplemental Material for "Interrupting vaccination policies can greatly spread SARS-CoV-

28 2 and enhance mortality from COVID-19 disease: the AstraZeneca case for France and Italy"

²⁹ contains: i) the numerical code used in this study, ii) 2 supplementary figures.

30 I. NUMERICAL CODE

- 31 %Numerical SEIR code for "Interrupting vaccination policies can greatly spread
- 32 %SARS-CoV-2 and enhance mortality from COVID-19 disease: the AstraZeneca case
- 33 %for France and Italy" by Faranda et al.
- ³⁴ %This code integrates the SEIR Model with vaccination policies interrupted for 7 days.
- $_{\rm 35}\,$ %The data are referred to the Italian population

```
36
```

```
37 Country='Italy';
```

- 38 %Population;
- ³⁹ N=6000000;
- 40

```
41 %Initial conditions
```

- $_{42}$ S(1)=N-9000000-2000000; %Susceptibles, including those
- 43 %who had the virus in the first and second wave (9 millions)
- 44 % and those who received two doses vaccines
- 45 E(1)=20000; %Exposed
- 46 I(1)=20000; %Infected
- 47 R(1)=11000000; %Recovered
- 48

```
49 %Parameters
```

- $_{\rm 50}$ alpha0=100000./N ; %Vaccination rate
- sigma0=0.59 ; % Vaccine Efficacy
- $_{\rm 52}$ epsilon0=0.27 ; %Incubation Rate
- 53 beta0=0.37; %Recovery Rate

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```
lambda0=0.45 %Infection Rate
54
  mort0=0.015; %Mortality
55
  RO=lambda0./beta0; %Basic Reproduction number
56
57
  %Dynamical steps
58
  t_susp=7; %example where the vaccination is suspended for one week
59
  Tint=500;
60
61
  for t=1:Tint
62
  %F
63
  if t<t_susp
64
  alpha=0;
65
  sigma=0;
66
  epsilon=epsilon0 +0.2*epsilon0*randn;
67
  beta=beta0+0.2*beta0*randn;
68
  lambda=lambda0+0.2*lambda0*randn;
69
  else
70
  alpha=alpha0+0.25*alpha0*randn;
71
   sigma=sigma0+0.1*sigma0*randn;
72
   epsilon=epsilon0 +0.2*epsilon0*randn;
73
  beta=beta0+0.2*beta0*randn:
74
   lambda=lambda0+0.2*lambda0*randn;
75
   end
76
77
      K(t)=I(t)*S(t)./N;
78
      S(t+1)=S(t)-lambda*(1-alpha)*K(t)-(1-sigma)*alpha*lambda*K(t)-sigma*alpha*S(t);
79
      E(t+1)=E(t)+lambda*(1-alpha)*K(t)+(1-sigma)*alpha*lambda*K(t)-epsilon*E(t);
80
      I(t+1)=I(t)+epsilon*E(t)-(alpha+beta)*I(t);
81
      R(t+1)=R(t)+sigma*alpha*S(t)+beta*I(t);
82
      M(t+1)=0.015*I(t);
83
84
```

```
85 end
```

SUPPLEMENTARY FIGURES II. 86





FIG. 1. Average over $N_r = 1000$ realizations of the SEIR model showing the excess deaths $m \times I(t)$ as a function of the number of the days of interruption of AstraZeneca vaccinations (x-axis) and R_0 (y-axis) for Italy with R(1) = 7 millions (a) and R(1) = 13 millions (b). The excess deaths are computed with respect to a base scenario where vaccine injections are never interrupted. Arrows indicate the values of R_0 chosen for Figs. 2 and 3. The model is integrated for 500 days.



FIG. 2. Convergence in number of realisation N_r (x-axis) of the average excess deaths (y-axis) in Italy after a 5 days interruption of AstraZeneca vaccinations. The excess deaths are computed with respect to a base scenario where vaccine injections are never interrupted. The average excess death achieve a good convergence at 10^3 realizations.

87 III. ACKNOWLEDGEMENTS

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