

# CoSIR: Managing an Epidemic via Optimal Adaptive Control of Transmission Rate Policy

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## Epidemic Control via Transmission Restrictions

Shaping an epidemic with an **adaptive contact restriction policy** is a critical challenge for public health officials that requires exploration.

- **Scenario-based forecasting** methods are not well-suited for control because these only permit limited exploration of scenarios.
- **Periodic lockdowns and RL techniques** do not sufficiently exploit the mathematical structure of epidemic dynamics.
- **Current economic epidemiological control formulations** focus on impact modeling, but are not easily tractable.

**Problem Statement:** Given total population ( $N$ ), current susceptible population ( $S_{curr}$ ), current infectious population ( $I_{curr}$ ), a set of restriction levels ( $A = \{a_i\}$ ) and a time horizon ( $T$ ), identify a restriction schedule  $[a_t, [t]_{curr+1}^{curr+T}]$ , s.t. infectious levels average  $I_{avg}^{target}$  and do not exceed  $I_{max}^{target}$ .

## Contributions

- Novel mapping between SIR dynamics and Lotka-Volterra (LV) system under a specific transmission rate policy (LVSIR).
- Derivation of optimal control policy for transmission rate (CoSIR) using control-Lyapunov functions (CLF) based on the “Lotka-Volterra energy”.
- Practical control algorithm that combines the CoSIR policy with statistical estimation of other model parameters & approximation to discrete levels.
- Evaluation on COVID-19 data to demonstrate efficacy and adaptability.

## Optimal Control of SIR via Mapping to LV System

Optimal control of epidemic, i.e., regulating infection levels in SIR system has a direct analogy with population control in LV systems.

- Infectious population ( $I$ )  $\leftrightarrow$  Predators ( $q$ ): Inflow and outflow into infectious compartment are akin to birth and death of predators.
- Susceptible contacts ( $\beta S$ )  $\leftrightarrow$  Prey ( $p$ ): Susceptible contacts act as “nourishment” to infectious population.
- Exact equivalence requires a specific transmission rate  $\beta$  policy (LVSIR).

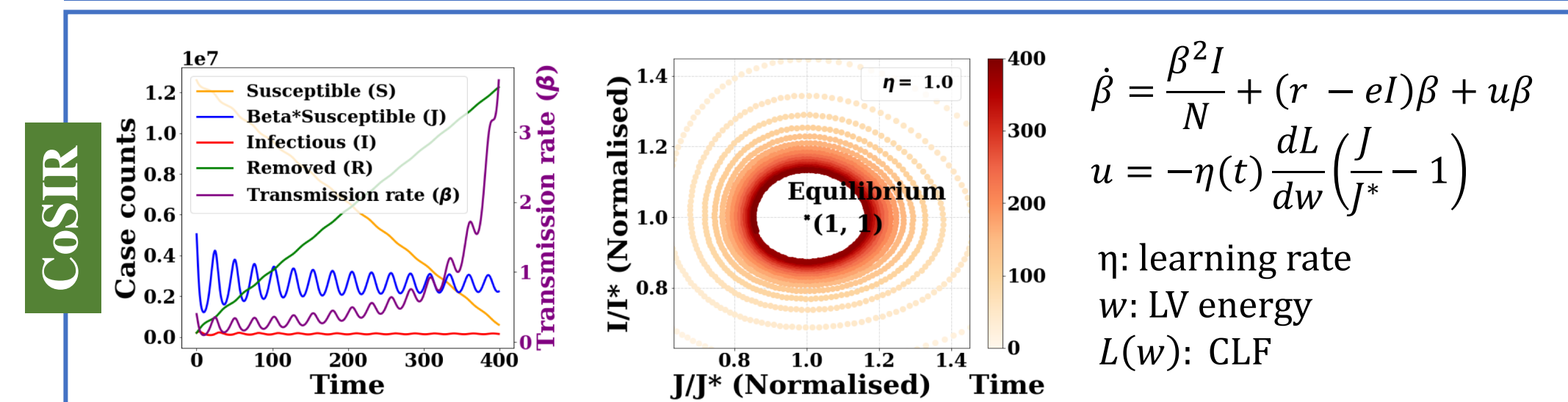
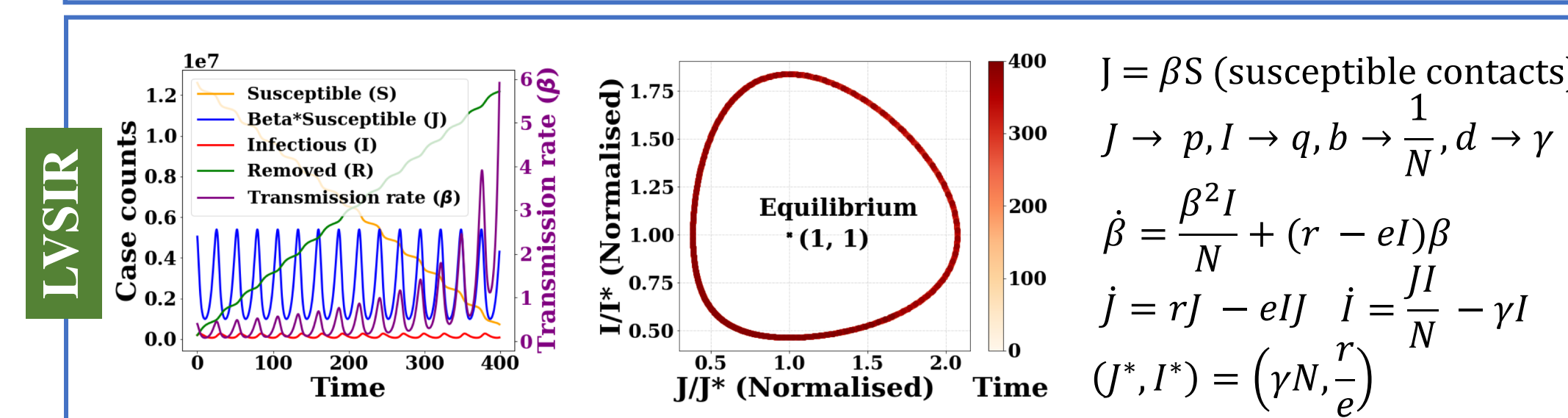
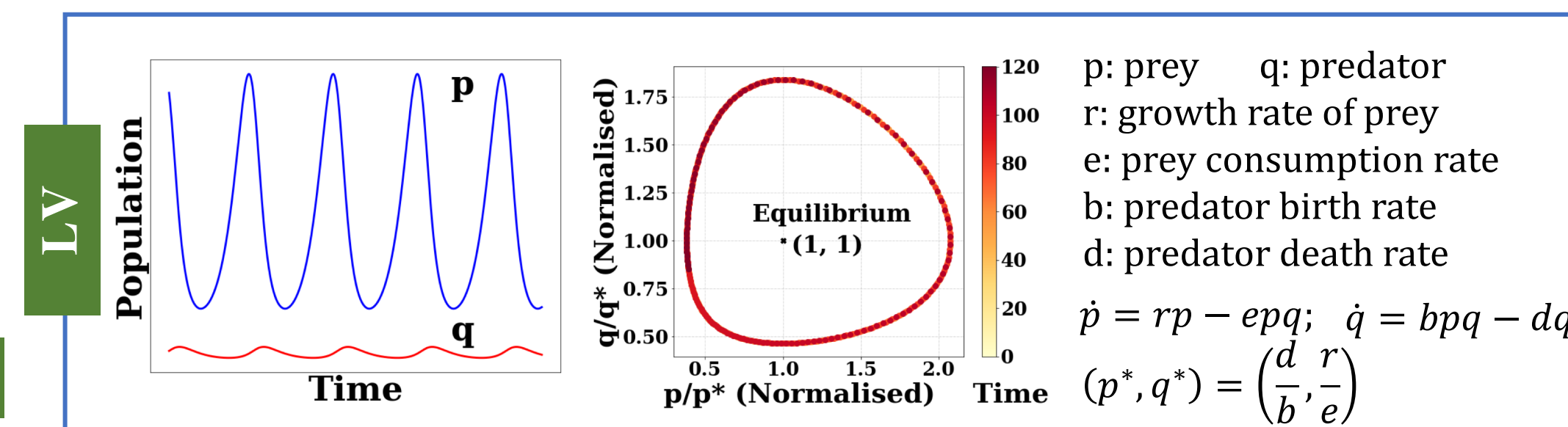
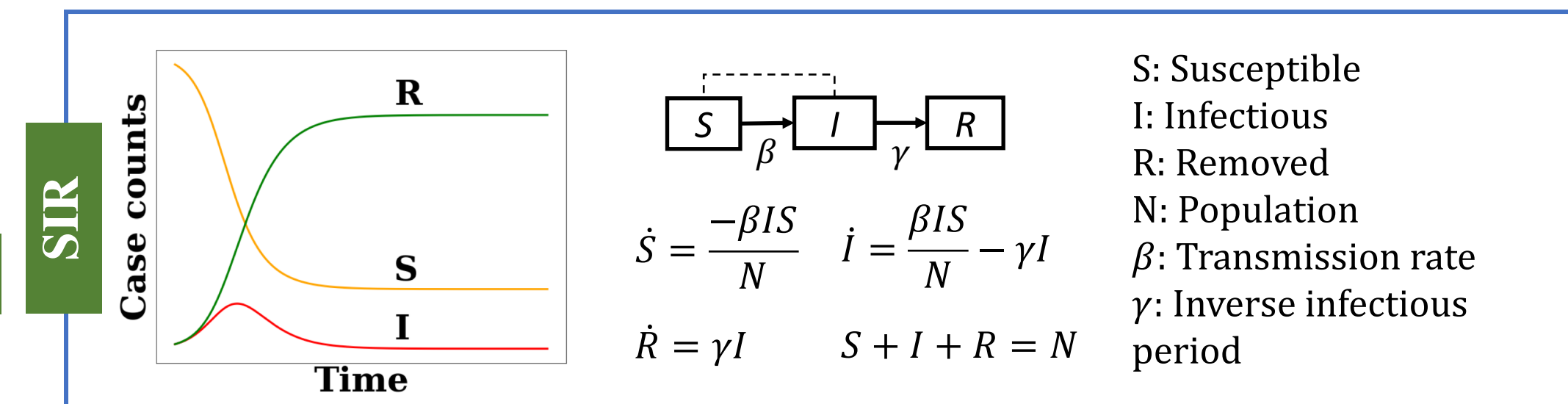
Control of non-linear dynamical systems often relies on control-Lyapunov functions. CoSIR follows a similar approach using “Lotka-Volterra energy”.

### Interpretation of CoSIR $\beta$ -control policy:

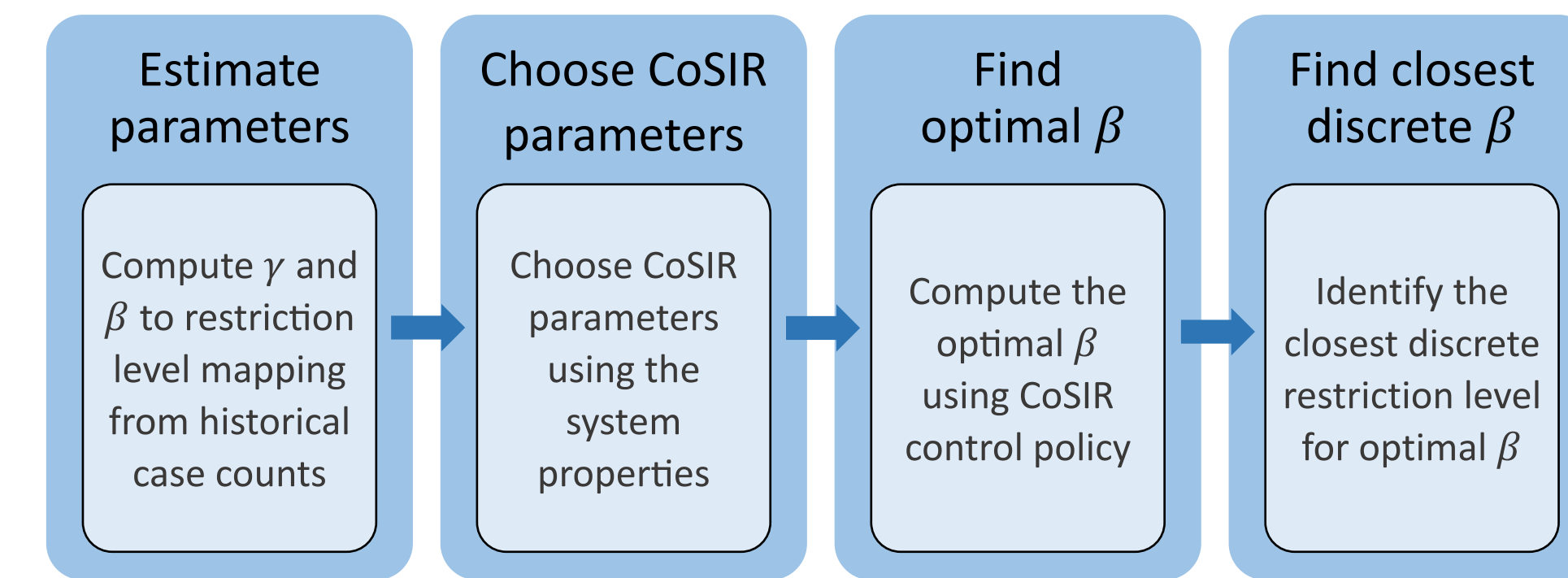
- $\beta^2 I/N$ : Relaxation due to the decreasing susceptibility
- $(r - eI)\beta$ : Stabilization but oscillatory behavior
- $u\beta$ : Dissipation of energy and convergence to the equilibrium.

## Properties of LVSIR System

- Stable equilibrium at  $(J^*, I^*) = (\gamma N, r/e)$ .
- Initialization at equilibrium  $\Rightarrow$  constant  $(J, I)$  and linear  $S, R$ .
- Initial state different from equilibrium  $\Rightarrow$  cyclic behaviour.
  - LV system “energy”  $w(J, I) = \gamma(x - \log(x) - 1) + r(y - \log(y) - 1)$  remains constant where  $x = J/J^*, y = I/I^*$ .
  - $I$  and  $J$  curves exhibit periodic oscillations resulting in a closed phase plot with extrema  $\{(x_{min}, 1), (1, y_{min}), (x_{max}, 1), (1, y_{max})\}$  where  $(x_{min}, x_{max})$  and  $(y_{min}, y_{max})$  satisfy  $x - \log(x) = 1 + w_0\gamma$  and  $y - \log(y) = 1 + \frac{w_0}{r}$  respectively.
  - In each cyclic period,  $S$  reduces by a fixed amount  $\Delta S = \gamma I T_{period}$ .



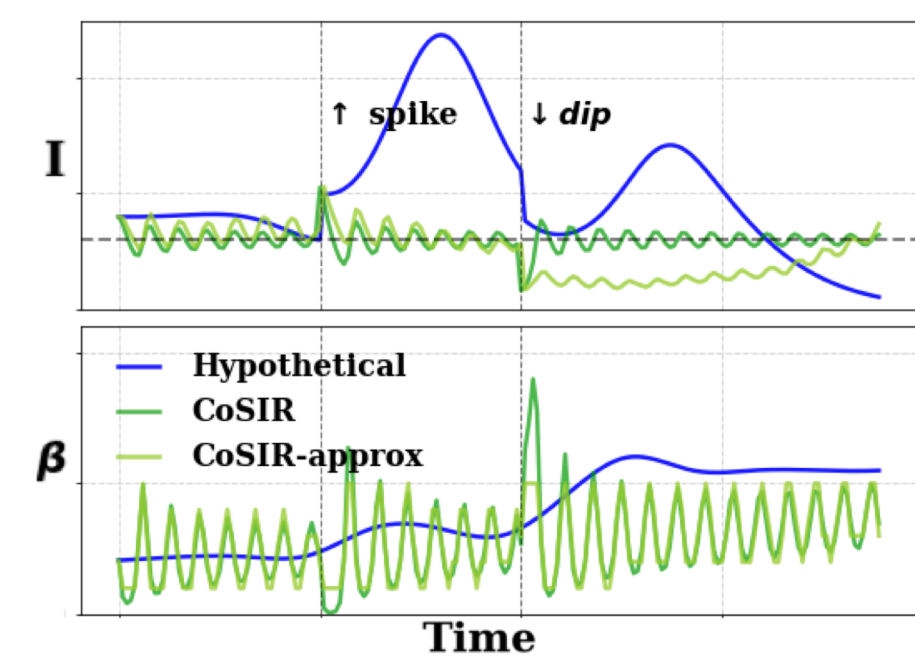
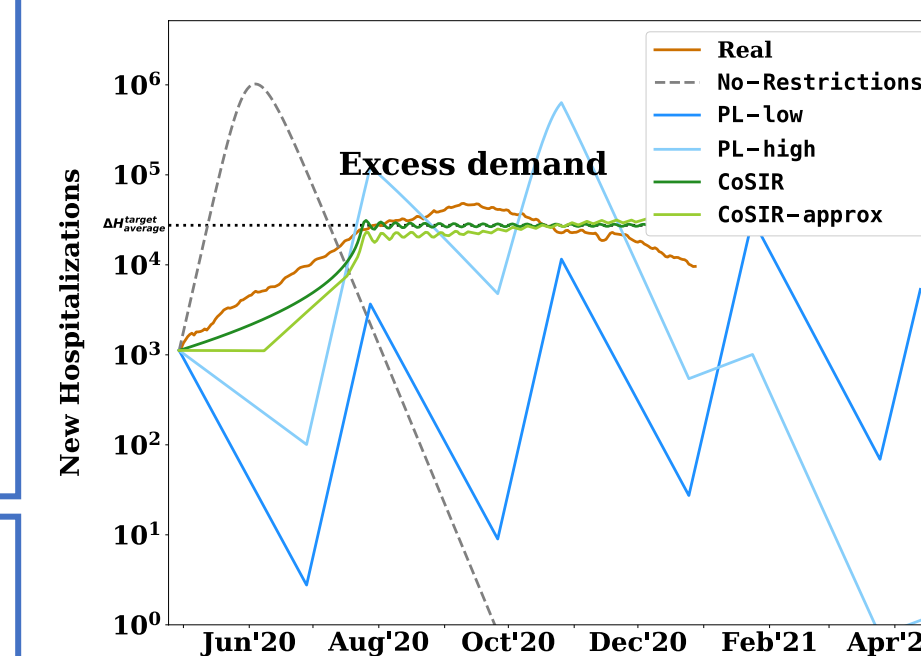
## Practical Control Algorithm



## Experimental Results

**Setup:** COVID-19 data (Apr 1-Dec 29, 2020, India), five control policies and real outcome. Parameters were chosen based on manageable hospital inflow.

Control Policies	Description
No-Restrictions	Constant $\beta = 0.44$
PL-high	60 day lockdown ( $\beta = 0.16$ ) followed by 30 day relaxation ( $\beta = 0.44$ )
PL-low	60 day lockdown ( $\beta = 0.1$ ) followed by 30 day relaxation ( $\beta = 0.44$ )
CoSIR	$\beta$ follows CoSIR control equation
CoSIR-approx	Approximation of CoSIR $\beta$ with 10 equal levels from 0.1 to 0.55



### Hospital Influx

CoSIR variants are closest to the target hospitalization levels. To optimize utilization, we choose  $\beta$  based on available medical capacity and varying susceptibility.

### Adaptability

CoSIR variants stabilize infections and adapt to sudden upward ( $t = 50$ ) or downward perturbations ( $t = 100$ ) and continue pushing towards the equilibrium.

Note: Hospitalization influx in SIR is given by  $\gamma I \times \text{hospitalization ratio}$ , Real hospitalizations are obtained by appropriate scaling of the reported active cases accounting for under reporting

## Future Work

- Design of new epidemic control techniques using CLFs
- Extensions to other compartmental models and control variables
- Extensions to other Hamiltonian dynamical systems