



Epidemics Forecast From SIR-Modeling, Verification and Calculated Effects of Lockdown and Lifting of Interventions

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Due to the current COVID-19 epidemic plague hitting the worldwide population it is of utmost medical, economical and societal interest to gain reliable predictions on the temporal evolution of the spreading of the infectious diseases in human populations. Of particular interest are the daily rates and cumulative number of new infections, as they are monitored in infected societies, and the influence of non-pharmaceutical interventions due to different lockdown measures as well as their subsequent lifting on these infections. Estimating quantitatively the influence of a later lifting of the interventions on the resulting increase in the case numbers is important to discriminate this increase from the onset of a second wave. The recently discovered new analytical solutions of Susceptible-Infectious-Recovered (SIR) model allow for such forecast. In particular, it is possible to test lockdown and lifting interventions because the new solutions hold for arbitrary time dependence of the infection rate. Here we present simple analytical approximations for the rate and cumulative number of new infections.

Keywords: coronavirus (2019-nCoV), statistical analysis, pandemic spreading, time-dependent infection rate, parameter estimation

1 INTRODUCTION

The Susceptible-Infectious-Recovered (SIR) model has been developed nearly hundred years ago [1, 2] to understand the time evolution of infectious diseases in human populations. The SIR system is the simplest and most fundamental of the compartmental models and its variations [3–17]. The considered population of $N \gg 1$ persons is assigned to the three compartments *s* (susceptible), *i* (infectious), or *r* (recovered/removed). Persons from the population may progress with time between these compartments with given infection (*a*(*t*)) and recovery rates ($\mu(t)$) which in general vary with time due to non-pharmaceutical interventions taken during the pandemic evolution.

Let I(t) = i(t)/N, S(t) = s(t)/N and R(t) = r(t)/N denote the infected, susceptible and recovered/removed fractions of persons involved in the infection at time *t*, with the sum requirement I(t) + S(t) + R(t) = 1. In terms of the reduced time $\tau(t) = \int_0^t d\xi a(\xi)$, accounting for arbitrary but given time-dependent infection rates, the SIR-model equations are [1, 2, 18]

$$\frac{dI}{d\tau} = j - KI, \quad \frac{dS}{d\tau} = -j, \quad \frac{dR}{d\tau} = KI \tag{1}$$

OPEN ACCESS

Edited by:

Sen Pei, Columbia University, United States

Reviewed by:

Ming Tang, East China Normal University, China Jiannan Wang, Beihang University, China

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Specialty section:

This article was submitted to Social Physics, a section of the journal Frontiers in Physics

Received: 10 August 2020 Accepted: 23 October 2020 Published: 20 January 2021

Citation:

Schlickeiser R and Kröger M (2021) Epidemics Forecast From SIR-Modeling, Verification and Calculated Effects of Lockdown and Lifting of Interventions. Front. Phys. 8:593421. doi: 10.3389/fphy.2020.593421 in terms of the time-dependent ratio $K(t) = \mu(t)/a(t)$ of the recovery and infection rates and the medically interesting daily rate of new infections

$$J(t) = a(t)j(\tau) = \dot{\tau}j(\tau), \qquad (2)$$

where the dot denotes a derivative with respect to t.

For the special and important case of a time-independent ratio K(t) = k = const. new analytical results of the SIR-model (1) havebeen recently derived [19] - hereafter referred to as paper A. The constant k is referred to as the inverse basic reproduction number $k = 1/R_0$. The new analytical solutions assume that the SIR equations are valid for all times $t \in [-\infty, \infty]$, and that time t = $\tau = 0$ refers to the "observing time" when the existence of a pandemic wave in the society is realized and the monitoring of newly infected persons $\dot{J}(t)$ is started. In paper A it has been shown that, for arbitrary but given infection rates a(t), apart from the peak reduced time τ_0 of the rate of new infections, all properties of the pandemic wave as functions of the reduced time are solely controlled by the inverse basic reproduction number k. The dimensionless peak time τ_0 is controlled by k and the value $\varepsilon = -\ln S(0)$, indicating as only initial condition at the observing time the fraction of initially susceptible persons $S(0) = e^{-\varepsilon}$. This suggests to introduce the relative reduced time $\Delta = \tau - \tau_0$ with respect to the reduced peak time. In real time t the adopted infection rate a(t) acts as second parameter, and the peak time t_m , where J(t) reaches its maximum must not coincide with the time, where the reduced j reaches its maximum, i.e., $\tau_m \equiv \tau(t_m) \neq \tau_0$, in general.

2 RESULTS AND DISCUSSION

According to paper A the three fractions of the SIR-model

$$S(\tau) = 1 - J(\tau), \qquad I(\tau) = \frac{j(\tau)}{1 - J(\tau)},$$

$$R(\tau) = -k \ln[1 - J(\tau)]$$
(3)

can be expressed in terms of the cumulative number $J(\tau)$ and differential daily rate $j(\tau) = dJ/d\tau$ of new infections. The cumulative number satisfies the nonlinear differential equation

$$j(\tau) = \frac{dJ}{d\tau} = (1 - J)[J + k\ln(1 - J)]$$
(4)

Two important values are $J_0(k) = J(\tau_0)$, where *j* attains its maximum with $(dj/dJ)_{J_0} = 0$, and the final cumulative number $J_{\infty}(k)$ at $\tau = t = \infty$, when the second bracket on the right-hand side of the differential **Eq. 4** vanishes, i.e., $J_{\infty} + k \ln (1 - J_{\infty}) = 0$. The two transcendental equations can be solved analytically in terms of Lambert's *W* function, as shown in paper A. In the present manuscript we are going to avoid Lambert's function completely, and instead use the following approximants (**Figure 1A**)

$$J_0(k) = (3-k)(1-k)(1+k+k^2)/6,$$
(5)

$$J_{\infty}(k) = 1 - \exp\left[-(1-k)(1+\kappa)/k\right],$$
(6)

$$\kappa(k) = (4-k)k/3 \tag{7}$$

Without any detailed solution of the SIR-model equations the formal structure of **Eqs 3** and **4** then provides the final values $I_{\infty} = j_{\infty} = 0$, $R_{\infty} = J_{\infty}$, and $S_{\infty} = 1 - J_{\infty}$. We list these values together with κ in **Table 1**. We emphasize that the final cumulative number J_{∞} , determined solely by the value of k, remains unchanged (**Table 1**). With NPIs one can only flatten and distort the epidemics curve (compared to the case of no NPIs taken) but not change the final cumulative number.

2.1 New infections

The exact solution of the differential **Eq. 4** is given in inverse form by (**Appendix A**)

$$\tau = \int_{1-e^{-\epsilon}}^{J} \frac{dy}{(1-y)[y+k\ln(1-y)]},$$
(8)

which can be integrated numerically (subject to numerical precision issues), replaced by the approximant presented in paper A (involving Lambert's function), or semi-quantitatively captured by the simple approximant to be presented next. The solution $J(\Delta)$ as a function of the relative reduced time $\Delta = \tau - \tau_0$, with the reduced peak time approximated by

$$\tau_0 = \frac{1-k}{f_m(k)} \left[\ln \frac{J_0}{1-J_0} - \ln \left(e^{\varepsilon} - 1 \right) \right], \tag{9}$$

corresponding to $J = J_0$ in **Eq. 8**, and where $f_m(k) = 1 - k + \ln k$, is reasonably well captured by (**Appendix C**)

$$J(\Delta) = \frac{1}{2} [1 + \tanh Y_1(\Delta)] \Theta[\Delta_s(k) - \Delta] + \left\{ 1 - \frac{1 - J_{\infty}}{2} [1 + \coth Y_2(\Delta)] \right\} \Theta[\Delta - \Delta_s(k)]$$
(10)

with the Heaviside step function $\Theta(x) = 1(0)$ for $x \ge (<)0$. In Eq. 10

$$Y_{1} = \frac{1}{2} \left[\frac{f_{m}(k)(\Delta - \Delta_{s})}{1 - k} + \ln \frac{1 - k}{k} \right],$$

$$Y_{2} = \frac{1}{2} \left[E_{0}(k)(\Delta - \Delta_{s}) + \ln \frac{k}{(1 - k)\kappa} \right],$$
(11)

with

$$\Delta_{s} = \frac{1-k}{f_{m}(k)} \ln \frac{(1-k)(1-J_{0})}{kJ_{0}}, \qquad E_{0}(k) = \left[\frac{k}{(1-k)\kappa} - 1\right] f_{m}(k)$$
(12)

also tabulated in **Table 1**. We note that $\Delta_s(k)$ is always positive. **Figure 2** shows the approximation (**Eq. 10**) for the cumulative number as a function of the relative reduced time Δ for different values of *k*. For a comparison with the exact variation obtained by the numerical integration of **Eq. 8** see **Appendix C**. The agreement is remarkably well with maximum deviations less than 30 percent. The known limiting case of k = 0 is captured exactly by the approximant (**Appendix D**).

For the corresponding reduced differential rate $j(\Delta)$ in reduced time we use the right hand side of **Eq. 4** with $J = J(\Delta)$ from **Eq. 10**, cf. Figure 3. Note, that this *j* is not



FIGURE 1 (A) Approximants J_0 , J_{co} , and κ (thick green) used in this manuscript, cf. **Eqs (5)–(7)**, compared with the exact functions [19] (thin black). (B) J_{co} vs. J_0 and (C) J_{co} vs. j_{max} for the SIR model. (D) k as function of J_0 according to **Eq. 14**. For $J_0 \le 0.1$ this is well approximated by $k \approx 1 - J_0$, where J_0 can be replaced by the cumulative fraction of infected people at the time of the maximum in the daily number of newly infected people.

TABLE 1 | Exact parameter values depending on the inverse basic reproduction number *k*.

| k | к | J_0 | J∞ | S∞ | f _m | E ₀ | $\Delta_{\tt S}$ | j _{max} |
|------|------|-------|-------|-------|----------------|----------------|------------------|-------------------------|
| 0.00 | 0.00 | 0.500 | 1.000 | 0.000 | 1.000 | 0.0000 | ∞ | 0.2500 |
| 0.05 | 0.05 | 0.492 | 1.000 | 0.000 | 0.800 | 0.0000 | 3.5339 | 0.2327 |
| 0.10 | 0.11 | 0.483 | 1.000 | 0.000 | 0.670 | 0.0003 | 3.0441 | 0.2156 |
| 0.15 | 0.17 | 0.473 | 0.999 | 0.001 | 0.565 | 0.0049 | 2.7698 | 0.1986 |
| 0.20 | 0.24 | 0.462 | 0.993 | 0.007 | 0.478 | 0.0173 | 2.5745 | 0.1819 |
| 0.25 | 0.31 | 0.450 | 0.980 | 0.020 | 0.403 | 0.0348 | 2.4181 | 0.1653 |
| 0.30 | 0.37 | 0.436 | 0.959 | 0.041 | 0.339 | 0.0535 | 2.2835 | 0.1490 |
| 0.35 | 0.43 | 0.421 | 0.930 | 0.070 | 0.283 | 0.0709 | 2.1621 | 0.1330 |
| 0.40 | 0.49 | 0.403 | 0.893 | 0.107 | 0.234 | 0.0857 | 2.0491 | 0.1174 |
| 0.45 | 0.54 | 0.384 | 0.848 | 0.152 | 0.191 | 0.0971 | 1.9418 | 0.1022 |
| 0.50 | 0.59 | 0.363 | 0.796 | 0.203 | 0.153 | 0.1050 | 1.8386 | 0.0876 |
| 0.55 | 0.64 | 0.339 | 0.739 | 0.261 | 0.121 | 0.1093 | 1.7386 | 0.0736 |
| 0.60 | 0.69 | 0.313 | 0.676 | 0.324 | 0.094 | 0.1099 | 1.6416 | 0.0603 |
| 0.65 | 0.73 | 0.283 | 0.607 | 0.393 | 0.070 | 0.1071 | 1.5477 | 0.0479 |
| 0.70 | 0.78 | 0.251 | 0.533 | 0.467 | 0.050 | 0.1009 | 1.4571 | 0.0365 |
| 0.75 | 0.82 | 0.217 | 0.454 | 0.546 | 0.034 | 0.0914 | 1.3701 | 0.0263 |
| 0.80 | 0.86 | 0.179 | 0.371 | 0.629 | 0.022 | 0.0788 | 1.2871 | 0.0174 |
| 0.85 | 0.89 | 0.138 | 0.284 | 0.716 | 0.012 | 0.0633 | 1.2084 | 0.0102 |
| 0.90 | 0.93 | 0.095 | 0.193 | 0.807 | 0.005 | 0.0449 | 1.1343 | 0.004 |
| 0.95 | 0.97 | 0.049 | 0.098 | 0.902 | 0.001 | 0.0237 | 1.0648 | 0.0012 |
| 1.00 | 1.00 | 0.000 | 0.000 | 1.000 | 0.000 | 0.0000 | 1.0000 | 0.000 |

identical with the one obtained via $j = dJ/d\tau$, because *J* does not solve the SIR equations exactly. The peak value j_{max} in the reduced time rate occurs when $J = J_0$ and is thus determined by $j_{max} = (1 - J_0)(1 - J_0 - k)$, also tabulated in **Table 1**.

As can be seen in **Figure 3** the rate of new infections (**Eq. 12**) is strictly monoexponentially increasing $j(\Delta \ll 0) \approx e^{\Gamma_1 \Delta}$ with $\Gamma_1(k) = f_m(k)/(1-k)$ well before the peak time, and strictly monoexponentially decreasing well above the peak time $j(\Delta \gg 0) \propto e^{-\Gamma_2 \Delta}$ with the $\Gamma_2 = (1 - J_\infty)\Gamma_1/\kappa$. These exponential rates exhibit a noteworthy property and correlation in reduced time:

$$\frac{\Gamma_2}{\Gamma_1} = \frac{1 - J_{\infty}}{\kappa} \tag{13}$$

The SIR parameter *k* affects several key properties of the differential and cumulative fractions of infected persons. If the maximum $\dot{J}(t_m)$ of the measured daily number of newly infected persons has passed already, we find it most convenient to estimate *k* from the cumulative value $J(t_m)$ at this time t_m . While the maximum of $\dot{J}(t)$ must not occur exactly at $\tau(t_m) = \tau_0$ (**Appendix F**), we can still use J_0 as an approximant for the value of $J(t_m)$ and the relationship between J_0 and *k* can be inverted to read (**Appendix E**)





$$k = \frac{2(1 - J_0) - 1}{1 + \ln(1 - J_0)} = 1 - J_0 - \frac{J_0^2}{2} + O(J_0^3)$$
(14)

The dependency of k on J_0 is shown in **Figure 1C**. With the soobtained value for k at hand, the infection rate $a(t_m)$ at peak time can be inferred from $a(t_m) = \dot{f}(t_m)/\dot{f}_{max}(k)$. It provides a lower bound for a_0 .

A major advantage of the new analytical solutions in paper A and here is their generality in allowing for arbitrary timedependencies of the infection rate a(t). Such time-dependencies result at times greater than the observing time t = 0 from nonpharmaceutical interventions (NPIs) taken after the pandemic outbreak [20] such as case isolation in home, voluntary home quarantine, social distancing, closure of schools and universities and travel restrictions including closure of country borders, applied in different combinations and rigor [21] in many countries. These NPIs lead to a significant reduction of the initial constant infection rate a_0 at later times. It is also important to estimate the influence of a later lifting of the NPIs on the resulting increase in the case numbers in order to discriminate this increase from the onset of a second wave. Especially in the papers by Dehning et al. [17], Flaxman et al. [22] and those reviewed by Estrada [4] the influence of NPIs on the time evolution of the Covid-19 pandemics has been studied using numerical solutions of the SIR-model equations. Our analytical study presented here is superior to these results from numerical simulations as its predictions are particularly robust for the late forecast of the pandemic wave.

2.2 Modeling in Real Time of Lockdowns

The corresponding daily rate $\dot{f}(t)$ and cumulative number J(t) of new infections in real time t for given time-dependent infection rates a(t) are $J(t) = J(\tau(t))$ and $\dot{f}(t)$ given by **Eq. 2**. From a medical point of view the daily rate $\dot{f}(t)$ is most important as it determines also i) the fatality rate [23] $d(t) = f\dot{f}(t - t_d)$ with the fatality percentage $f \approx 0.005$ in countries with optimal medical services and hospital capacities and the delay time of $t_d \approx 7$ days, ii) the daily number of new seriously sick persons [24] NSSPs = $2f\dot{f}(t - t_d)$ needing access to breathing apparati, and iii) the day of maximum rush to hospitals $t_r = t_m + t_d$. In countries with poor medical and hospital capacities and/or limited access to them the fatality percentage is significantly higher by a factor h which can be as large as 10.

To calculate the rate and cumulative number in real time according to **Eq. 2** we adopt as time-dependent infection rate the integrable function known from shock wave physics

$$a_{\rm LD}(t) = \frac{a_0}{2} \left[1 + q - (1 - q) \tanh \frac{t - t_a}{t_b} \right] \simeq \begin{cases} a_0 & \text{for } t \ll t_a \\ q a_0 & \text{for } t \gg t_a, \end{cases}$$
(15)

which implies

$$\begin{aligned} \tau_{\rm LD}(t) &= \frac{a_0}{2} \Bigg[(1+q)t - (1-q)t_b \ln\left(\frac{\cosh\frac{t-t_a}{t_b}}{\cosh\frac{t_a}{t_b}}\right) \Bigg] \\ &\simeq \Bigg\{ \begin{array}{l} a_0t & \text{for } t \ll t_a \\ qa_0t & \text{for } t \gg t_a \end{array} \end{aligned}$$
(16)

The time-dependent lockdown infection rate (**Eq. 15**) is characterized by four parameters: i) the initial constant infection rate a_0 at early times $t \ll t_a$, ii) the final constant infection rate $a_1 = qa_0$ at late times $t \gg t_a$ described by the quarantine factor $q = a_1/a_0 \le 1$, first introduced in Refs. 21 and 24, iii) the time t_a of maximum change, and iv) the time t_b regularizing the sharpness of the transition. The latter is known to be about $t_b \simeq 7-14$ days reflecting the typical 1–2 weeks incubation delay. Consequently, the parameter q mainly affects the amplitude J shown in the left columns of **Figures 5** and **6** (note that we also plotted the case of no NPIs taken (i.e., q = 1) for comparison). Alternatively, the transition time t_b controls the rapidness of the transition in the fraction of infected persons per day and therefore the widespread.

Moreover, the initial constant infection rate a_0 characterizes the Covid-19 virus: if we adopt the German values $a_0 \approx 58 \text{ days}^{-1}$ and $t_b \approx 11$ determined below, with the remaining two parameters q and t_a we can represent with the chosen functional form **Eq. 15** four basic types of reductions: 1) drastic (small $q \ll 1$) and rapid (t_a small), 2) drastic (small $q \ll 1$) and late (t_a large), 3) mild (greater q) and rapid (t_a small), and 4) mild (greater q) and late (t_a large). The four types are exemplified in **Figure 4**.



FIGURE 4 | (A) Infection rate a(t), (B) reduced time $\tau(t)$, (C) daily rate of new infections $\dot{J}(t)$, (D) cumulative fraction J(t) of infected persons. In each panel we consider four basic types of reductions: 1) drastic (small q = 0.1) and rapid ($t_a = 20$), 2) drastic (small q = 0.1) and late ($t_a = 40$), 3) mild (q = 0.5) and rapid ($t_a = 20$), and 4) mild (q = 0.5) and late ($t_a = 40$). Remaining parameters due to Germany: $t_b = 11$ days, $a_0 = 57$ days⁻¹, and k = 0.989. Both curves in (C) for the late cases reach the same value at the maximum, which is plausible as the curve remains unaffected at the time of the maximum. The rapid cases tend to lower the maximum amplitude already at the time of the maximum, and thus tend to decrease it compared with the late cases.

2.3 Verification and Forecast

In countries where the peak of the first Covid-19 wave has already passed such as e.g. Germany, Switzerland, Austria, Spain, France and Italy, we may use the monitored fatality rates and peak times to check on the validity of the SIR model with the determined free parameters. However, later monitored data are influenced by a time varying infection rate a(t) resulting from nonpharmaceutical interventions (NPIs) taken during the pandemic evolution. Only at the beginning of the pandemic wave it is justified to adopt a time-independent injection rate $a(t) \simeq a_0$ implying $\tau = a_0 t$. Alternatively, also useful for other countries which still face the climax of the pandemic wave, it is possible to determine the free parameters from the monitored cases in the early phase of the pandemic wave. We illustrate our parameter estimation using the monitored data from Germany with a total population of 83 million persons ($P = 8.3 \times 10^7$).

In Germany the first two deaths were reported on March 9 so that $\varepsilon = 4.8 \times 10^{-6}$ corresponding to about 400 infected people 7 days earlier, on March 2 (t = 0). The maximum rate of newly infected fraction, $\dot{J}_{\rm max} \approx 380/fP$, occurred $t_m = 37$ days later, consistent with a peak time of fatalities on 16 April 2020. At peak time the cumulative death number was $D_m = 3820/P$ corresponding to $J_m = D_m/f = 200D_m = 0.009$. This implies

 $k \approx 1 - J_0 \approx 0.991$ according to **Eq. 14** (and not far from the value k = 0.989 to be determined from the fit shown in **Figure 5**). From the initial exponential increase of daily fatalities in Germany we extract $\Gamma_1(k)a_0 \approx 0.28$, corresponding to a doubling time of $\ln(2)/\Gamma_1a_0 \approx 2.3$ days, as we know $\Gamma_1(k) = f_m(k)/(1-k) \approx 0.0046$ already from the above k. The quantity a_m we can estimate from the measured \dot{J}_{max} , as $\dot{J}_{max} = a_m j_{max}$ and $j_{max}(k) \approx 4.2 \times 10^{-5}$. Using the mentioned value for \dot{J}_{max} , we obtain $a_m \approx 22/$ days as a lower bound for a_0 .

With these parameter values the entire following temporal evolution of the pandemic wave in Germany can be predicted as function of t_b and q. To obtain all parameters consistently, we fitted the available data to our model without constraining any of the parameters (**Figure 5**). This yields for Germany $k \approx 0.989$, $t_a \approx 21$ days, $q \approx 0.15$, $a_0 \approx 58$ days, and $t_b = 11$ days. The obtained parameters allow us to calculate the dimensionless peak time $\tau_m \approx 1353$, the dimensionless time $\tau_0 \approx 1390$, as well as $J_m \approx 0.009$, $J_0 \approx 0.011$, $\Gamma_1 \approx 0.0056$ and $\Gamma_2 \approx 0.0055$.

We note that the value of k = 0.989 implies for Germany that $J_{\infty}(0.989) = 0.022$ according to **Figure 1**, so that at the end of the first Covid-19 wave in Germany 2.2% of the population, i.e., 1.83 million persons will be infected. This number corresponds to a final fatality number of $D_{\infty} = 9146$ persons in Germany.







Of course, these numbers are only valid estimates if no efficient vaccination against Covid-19 will be available.

An important consequence of the small quarantine factor q = 0.15 is the implied flat exponential decay after the peak. Because $\Gamma_1 \simeq \Gamma_2$ for k = 0.989, the exponential decay is by a factor q smaller than the exponential rise prior the climax, i.e.,

$$\dot{J}(t \gg t_m) \propto e^{-\Gamma_2 a_0 q t} = e^{-\frac{\Gamma_1 (1-f_\infty) a_0 q t}{\kappa}} \simeq e^{-t/21.8 \text{ days}}$$
 (17)

Equation 17 yields a decay half-live of $\ln(2) \times 21.8$ days ≈ 15 days to be compared with the initial doubling time of ≈ 2.3 days. For Germany we thus know that their lockdown was drastic and rapid:

the time $t_a \simeq$ March 23 is early compared to the peak time $t_m \simeq$ April 8 resulting in a significant decrease of the infection rate with the quarantine factor $q \simeq a_m/a_0 = 0.15$. In **Figure 5** we calculate the resulting daily new infection rate as a function of the time *t* for the parameters for Germany, and compare with the measured data. In the meantime, the strict lockdown interventions have been lifted in Germany: this does not effect the total numbers J_{∞} and D_{∞} but it should reduce the half-live decay time further.

We also performed this parameter estimation for other countries with sufficient data. For some of them data is visualized in **Figure 6**, parameters for the remaining countries are tabulated in **Tables 2** and **3**. Most importantly, with the

TABLE 2 Model parameters and model implications. The columns are as follows: country (α_3 code), population *P* in millions (M), outbreak time defining t = 0, fitted time t_a , estimated time t_0 corresponding to the reduced peak time τ_0 of $j(\tau)$, fitted SIR parameter *k*, fitted initial infection rate a_0 , fitted parameter t_b , fitted quarantine factor *q*, estimated doubling time t_2 characterizing the early exponential increase, estimated decay half life t'_2 characterizing the late exponential decrease, estimated unreported number of infections per reported number, estimated final fraction J_{∞} of infected population, final number of estimated fatalities $D_{\infty}P = J_{\infty}Pf$. We use f = 0.005 as the probability to decease from a Covid-19 infection (reported plus unreported).

| country | <i>P</i> /M | <i>t</i> = 0 | ta | tm | t ₀ | k | a 0 | t _b | q | <i>t</i> ₂ | ť2 | dark | $oldsymbol{J}_{\infty}$ | D∞P |
|---------|-------------|--------------|--------|--------|----------------|-------|------------|----------------|------|-----------------------|-------|------|-------------------------|--------|
| AFG | 34.66 | Mar 18 | Apr 3 | Jul 7 | Jun 28 | 0.995 | 68.9 | 36 | 0.16 | 4.0 | 24.8 | 7.1 | 1.00% | 1725 |
| ALB | 2.88 | Mar 11 | Mar 22 | Jul 17 | Jul 19 | 0.988 | 24.4 | 1 | 0.14 | 4.7 | 34.2 | 6.8 | 2.41% | 346 |
| AND | 0.08 | Mar 19 | Mar 25 | Mar 23 | Apr 4 | 0.931 | 7.6 | 0 | 0.24 | 2.6 | 12.0 | 11.8 | 13.50% | 52 |
| ARG | 43.85 | Mar 6 | Apr 4 | Jul 13 | Jul 19 | 0.987 | 21.8 | 12 | 0.20 | 4.8 | 24.1 | 4.6 | 2.63% | 5774 |
| ARM | 2.93 | Mar 22 | Jun 9 | Jul 1 | Jul 19 | 0.897 | 1.1 | 14 | 0.30 | 11.4 | 43.7 | 4.0 | 19.78% | 2893 |
| AUT | 8.75 | Mar 9 | Mar 11 | Mar 31 | Apr 5 | 0.992 | 149.8 | 19 | 0.05 | 1.1 | 23.4 | 7.2 | 1.66% | 725 |
| BEL | 11.35 | Mar 4 | Mar 28 | Apr 3 | Apr 9 | 0.911 | 6.1 | 7 | 0.23 | 2.5 | 12.3 | 30.8 | 17.30% | 9822 |
| BFA | 18.65 | Mar 14 | Mar 20 | Mar 19 | Apr 5 | 0.999 | 1754.5 | 0 | 0.25 | 2.8 | 10.9 | 10.1 | 0.06% | 53 |
| BGR | 7.13 | Mar 7 | Mar 31 | Jul 15 | Jul 19 | 0.974 | 10.1 | 28 | 0.12 | 5.3 | 47.3 | 7.8 | 5.10% | 1828 |
| BLR | 9.51 | Mar 25 | Mar 19 | Jun 25 | Jul 19 | 0.975 | 40.9 | 32 | 0.03 | 1.4 | 55.1 | 1.6 | 4.91% | 2344 |
| BOL | 10.89 | Mar 23 | Apr 12 | Jun 24 | Jul 3 | 0.968 | 7.9 | 29 | 0.31 | 5.5 | 18.4 | 8.7 | 6.30% | 3428 |
| BRA | 207.65 | Mar 11 | Mar 15 | May 27 | Jul 13 | 0.919 | 12.1 | 46 | 0.02 | 1.4 | 64.9 | 8.3 | 15.83% | 164365 |
| CAF | 4.60 | May 24 | May 27 | Jun 15 | Jun 14 | 0.999 | 123.9 | 11 | 1.87 | 9.3 | 5.0 | 2.6 | 0.24% | 55 |
| CHE | 8.37 | Mar 1 | Mar 22 | Mar 23 | Apr 3 | 0.976 | 22.0 | 5 | 0.25 | 2.6 | 10.9 | 11.8 | 4.70% | 1969 |
| CHL | 17.91 | Mar 16 | Jun 7 | Jul 9 | Jul 8 | 0.910 | 2.0 | 11 | 0.22 | 7.5 | 38.3 | 5.5 | 17.43% | 15610 |
| CHN | 1378.67 | Jan 15 | Feb 1 | Apr 9 | Feb 16 | 0.999 | 1544.6 | 9 | 0.09 | 2.6 | 28.1 | 10.9 | 0.07% | 4765 |
| COL | 48.65 | Mar 15 | Apr 4 | Jul 16 | Jul 19 | 0.899 | 4.0 | 7 | 0.19 | 3.3 | 20.1 | 8.4 | 19.48% | 47385 |
| CUB | 11.48 | Mar 19 | Mar 22 | Apr 16 | Apr 15 | 0.999 | 631.5 | 21 | 0.25 | 2.9 | 11.5 | 7.1 | 0.15% | 86 |
| CZE | 10.56 | Mar 17 | Mar 25 | Apr 1 | Apr 11 | 0.997 | 235.1 | 8 | 0.08 | 1.7 | 21.4 | 5.3 | 0.69% | 365 |
| DEU | 82.67 | Mar 2 | Mar 23 | Apr 8 | Apr 11 | 0.989 | 57.7 | 11 | 0.15 | 2.2 | 15.1 | 9.0 | 2.21% | 9146 |
| DNK | 5.73 | Mar 8 | Mar 23 | Mar 28 | Apr 8 | 0.989 | 52.6 | 6 | 0.16 | 2.4 | 15.3 | 9.2 | 2.15% | 615 |
| DOM | 10.65 | Mar 12 | Mar 23 | Jul 17 | Jul 19 | 0.747 | 2.6 | 16 | 0.04 | 1.9 | 76.4 | 4.0 | 45.91% | 24442 |
| DZA | 40.61 | Mar 6 | Mar 31 | Apr 2 | Jul 19 | 0.977 | 18.4 | 9 | 0.05 | 3.3 | 65.2 | 10.0 | 4.48% | 9105 |
| ECU | 16.39 | Mar 7 | Mar 7 | Apr 25 | Jul 8 | 0.935 | 15.5 | 40 | 0.01 | 1.3 | 119.5 | 14.9 | 12.72% | 10422 |
| EGY | 95.69 | Mar 6 | Apr 3 | Jun 8 | Jun 22 | 0.994 | 52.5 | 5 | 0.22 | 4.4 | 19.8 | 10.5 | 1.20% | 5724 |
| ESP | 46.44 | Feb 26 | Mar 17 | Mar 25 | Mar 31 | 0.937 | 12.4 | 6 | 0.14 | 1.7 | 13.4 | 21.9 | 12.27% | 28498 |
| ETH | 102.40 | Mar 29 | Mar 29 | Jul 19 | Jul 10 | 0.999 | 215 | 4 | 1.29 | 21 | 16.2 | 4.7 | 0.06% | 315 |
| FRA | 66.90 | Feb 19 | Mar 27 | Apr 2 | Apr 5 | 0.954 | 10.0 | 8 | 0.22 | 3.0 | 14.2 | 28.5 | 9.01% | 30142 |

exception of the six countries ARM, DOM, IRN, PAN, PER, SMR we found values of k > 0.9 for all other countries investigated corresponding to basic reproduction numbers $R_0 = 1/k < 1.11$. These values are significantly smaller than the estimates of $R_0 \in [2.4, 5.6]$ in the mainstream literature on Covid-19 [4, 22]. Part of these significant differences may be explained by the different definitions of R_0 .

While the inverse basic reproduction number $k = 1/R_0 = \mu(t)/a(t)$ in the SIR-model is clearly defined as the ratio of the recovery to infection rate, there are alternative definitions of the basic reproduction number R_0 using the effective reproduction factor R(t). As discussed in detail in Sect. 4 of Ref. 25 R(t) has to be calculated from the convolution

$$R(t) = \frac{c(t)}{\int_0^\infty ds W(s)c(t-s)}$$
(18)

of the number of daily cases c(t) with the serial interval distribution W(t) describing the probability for the time lag between a person's infection and the subsequent transmission of the virus to a second person. As different choices of the serial interval distribution are used in the literature this leads to differences in the calculated associated effective reproduction factors R(t). As R_0 is identical to the value $R(t_0)$ at the starting time of the outbreak it is not clear in the moment that this R_0 will be identical to the 1/k of the SIR model [26].

2.4 Summary and Conclusion

In this work we derived for the first time an analytical approximation for the solution for the SIR-model equations with an accuracy better than 30 percent. The explicit approximation refers to the fraction of newly infected persons per day \vec{J} as a function of the relative reduced time with respect to the reduced peak time. This closed form of the analytical solution only depends on a single parameter k, the ratio of infection to recovery rates. We assume that this ratio is independent of time. As \dot{J} can be directly compared with the monitored death and infection rates in different countries, we see no advantage in using the more complicated SEIR-model which currently does not allow for a closed analytical solution. An analytic solution of the SIR model with an accuracy better than 5% is available as well from our yet unpublished work where we did not consider timedependent a(t), but it has the disadvantage that it involves Lambert's function.

For the first time in the history of SIR-research (these equations have been discovered 93 years ago!) we thus have derived an analytical solution which can be applied successfully to all accumulated data of virus diseases in the world. Being of analytic form it is superior to all existing numerical simulations and results in the literature. We also discovered for the first time how to extract the value of k from the monitored data which is highly nontrivial. We applied this new method to the data taken

TABLE 3 | Continuation of Table 2.

| country | <i>P</i> /M | <i>t</i> = 0 | ta | tm | t ₀ | k | a 0 | t _b | q | <i>t</i> ₂ | t2' | dark | J_{∞} | D∞P |
|---------|-------------|------------------|------------------|------------------|----------------|-------|--------------|----------------|------|-----------------------|--------------|-------------|--------------|------------|
| GAB | 1.98 | Apr 16 | Apr 30 | Jun 8 | Jun 6 | 0.997 | 64.6 | 0 | 0.39 | 7.6 | 19.4 | 1.6 | 0.56% | 56 |
| GBR | 65.64 | Feb 29 | Mar 26 | Apr 2 | Apr 19 | 0.925 | 8.9 | 12 | 0.09 | 2.0 | 26.1 | 30.9 | 14.54% | 47719 |
| GHA | 28.21 | Mar 16 | Mar 21 | Jun 12 | Jun 18 | 0.999 | 464.9 | 0 | 0.22 | 4.4 | 19.9 | 1.2 | 0.13% | 190 |
| GRC | 10.75 | Mar 7 | Mar 24 | Mar 27 | Apr 7 | 0.998 | 191.9 | 6 | 0.16 | 3.8 | 24.6 | 10.1 | 0.38% | 203 |
| GTM | 16.58 | Mar 28 | Jun 11 | Jul 7 | Jul 6 | 0.985 | 9.7 | 10 | 0.48 | 9.4 | 19.9 | 9.0 | 3.03% | 2513 |
| HND | 9.11 | Mar 22 | Mar 28 | Jun 24 | Jul 14 | 0.978 | 26.0 | 17 | 0.11 | 2.5 | 23.5 | 6.6 | 4.28% | 1952 |
| HRV | 4.17 | Mar 19 | Apr 11 | Apr 11 | Apr 28 | 0.996 | 72.3 | 17 | 0.04 | 4.8 | 122.5 | 6.3 | 0.79% | 165 |
| IND | 1324.17 | Mar 6 | Mar 21 | Jun 8 | Jun 28 | 0.997 | 189.9 | 36 | 0.12 | 2.4 | 20.8 | 5.9 | 0.61% | 40316 |
| IRL | 4.77 | Mar 7 | Mar 13 | Apr 17 | Apr 16 | 0.962 | 21.2 | 29 | 0.11 | 1.7 | 16.9 | 13.7 | 7.41% | 1768 |
| IRN | 80.28 | Feb 12 | Mar 8 | Jul 14 | Jul 19 | 0.819 | 3.1 | 17 | 0.04 | 2.3 | 84.0 | 11.5 | 33.82% | 135755 |
| ITA | 60.60 | Feb 15 | Mar 13 | Mar 20 | Apr 1 | 0.940 | 10.2 | 8 | 0.14 | 2.2 | 17.6 | 28.7 | 11.70% | 35442 |
| KOR | 25.37 | Feb 14 | Feb 16 | Mar 14 | Mar 21 | 0.999 | 989.6 | 13 | 0.07 | 1.2 | 17.4 | 4.3 | 0.22% | 285 |
| KWT | 4.05 | Apr 6 | May 5 | May 22 | Jun 6 | 0.986 | 21.8 | 20 | 0.09 | 4.5 | 51.0 | 1.5 | 2.83% | 573 |
| LBN | 6.01 | Mar 4 | Mar 31 | Jul 19 | Jul 19 | 0.999 | 95.5 | 2 | 0.09 | 9.9 | 105.3 | 3.6 | 0.29% | 88 |
| LUX | 0.58 | Mar 11 | Mar 19 | Apr 4 | Apr 4 | 0.981 | 29.5 | 7 | 0.21 | 2.4 | 12.1 | 4.0 | 3.82% | 111 |
| MAR | 35.28 | Mar 10 | Mar 24 | Mar 28 | Apr 17 | 0.999 | 628.8 | 13 | 0.03 | 2.5 | 82.8 | 3.6 | 0.18% | 316 |
| MDA | 3.55 | Mar 20 | Mar 25 | Jun 1 | Jun 15 | 0.973 | 25.9 | 23 | 0.06 | 1.9 | 33.7 | 7.0 | 5.40% | 960 |
| MEX | 127.54 | Mar 13 | Mar 24 | Jul 19 | Jun 24 | 0.954 | 16.2 | 42 | 0.06 | 1.8 | 31.1 | 25.4 | 8.99% | 57326 |
| MKD | 2.08 | Mar 16 | Mar 31 | Jun 25 | Jul 19 | 0.927 | 5.4 | 9 | 0.11 | 3.4 | 33.1 | 10.1 | 14.29% | 1488 |
| MRT | 4.30 | May 6 | Jun 1 | Jun 3 | Jun 7 | 0.996 | 66.4 | 4 | 0.29 | 5.1 | 17.9 | 5.3 | 0.82% | 175 |
| MYS | 31.19 | Mar 10 | Mar 17 | Mar 15 | Mar 30 | 0.999 | 2064.2 | 7 | 0.23 | 1.7 | 16.2 | 2.8 | 0.02 % | 123 |
| NGA | 185.99 | Mar 23 | Apr 25 | Jun 9 | Jun 24 | 0.999 | 405.4 | 21 | 0.16 | 5.2 | 33.1 | 4.7 | 0.13% | 1214 |
| NLD | 17.02 | Mar 1 | Mar 22 | Mar 31 | Apr 8 | 0.963 | 15.4 | 5 | 0.10 | 2.4 | 12.6 | 23.7 | 7.26% | 6182 |
| NPL | 28.98 | May 10 | Jun 2 | May 29 | Jun 20 | 0.999 | 953.4 | 3 | 0.34 | 7.7 | 22.5 | 0.5 | 0.04% | 55 |
| PAK | 193.20 | Mar 11 | Apr 8 | Jun 11 | Jun 13 | 0.997 | 101.1 | 17 | 0.22 | 4.0 | 18.2 | 4.4 | 0.69% | 6677 |
| PAN | 4.03 | Mar 15 | Mar 26 | Jul 10 | Jul 19 | 0.848 | 3.5 | 10 | 0.22 | 2.5 | 35.5 | 4.8 | 28.80% | 5808 |
| PER | 31.78 | Mar 13 | Mar 6 | Jul 16 | Jul 19 | 0.703 | 3.2 | 47 | 0.03 | 1.3 | 68.9 | 10.1 | 52.66% | 83666 |
| PHL | 103.32 | Mar 5 | Mar 23 | Jul 5 | Jul 19 | 0.996 | 142.4 | 19 | 0.03 | 2.5 | 58.0 | 5.7 | 0.78% | 4024 |
| POL | 37.95 | Mar 6 | Apr 2 | Apr 17 | Jun 5 | 0.993 | 63.1 | 20 | 0.05 | 3.4 | 67.0 | 8.3 | 1.30% | 2474 |
| PRT | 10.33 | Mar 11 | Mar 14 | Mar 31 | Apr 22 | 0.993 | 86.4 | 16 | 0.03 | 0.9 | 38.8 | 7.1 | 3.67% | 1896 |
| ROU | 19.71 | Mar 15 | Mar 17 | Jul 14 | Jul 19 | 0.902 | 13.8 | 21 | 0.02 | 1.1 | 79.1 | 11.7 | 17.60% | 17343 |
| RUS | 144.34 | Mar 18 | Mar 18 | May 22 | Jul 5 | 0.984 | 60.7 | 44 | 0.02 | 1.4 | 61.8 | 3.4 | 3.12% | 22543 |
| SEN | 15.41 | Mar 28 | May 9 | Jun 8 | Jun 24 | 0.994 | 79.9 | 1 | 0.55 | 11.5 | 21.0 | 4.3 | 0.30% | 232 |
| SMR | 0.03 | Mar 3 | Mar 13 | Mar 13 | Mar 19 | 0.998 | 2.9 | 0 | 0.33 | 3.5 | 10.4 | 4.3 12.0 | 25.32% | 42 |
| SOM | 15.01 | Apr 6 | Apr 19 | Apr 15 | May 4 | 0.887 | 2.9 591.7 | 0 | 0.41 | 3.5 | 10.4 15.2 | 6.0 | 0.13% | 42 95 |
| SRB | 7.06 | | | | | | | 15 | | | 73.7 | | | 95 4763 |
| SWE | | Mar 15 Mar 7 | Mar 25 | Jul 19 Apr 14 | Jul 19 | 0.931 | 10.1 | | 0.03 | 1.9 | | 5.1 | 13.50% | |
| | 9.90 | Mar 7 | Mar 26 | Apr 14 | May 1 | 0.935 | 10.1 | 16 | 0.07 | 2.1 | 33.6 | 14.7 | 12.75% | 6311 75 |
| TCD | 15.48 | Apr 21 Mor 17 | Apr 28 Mar 20 | Apr 30 | May 4 | 0.999 | 1387.0 | 3 | 0.22 | 2.1 | 9.2 | 16.9 | 0.10% | 75 |
| THA | 68.86 | Mar 17 | Mar 29 | Mar 26 | Apr 1 | 0.999 | 3463.0 | 0 | 0.56 | 4.8 | 8.6 | 3.6 | 0.02% | 58 |
| TUN | 11.40 | Mar 15 | Mar 30 | Mar 26 | Apr 1 | 0.999 | 659.7 | 6 | 0.29 | 4.7 | 16.4 | 7.3 | 0.09% | 50 |
| TUR | 79.51 | Mar 12 | Mar 17 | Apr 9 | May 6 | 0.990 | 144 | 21 | 0.01 | 1.0 | 108.3 | 5.1 | 1.97% | 7851 |
| USA | 323.13 | Feb 24 | Mar 23 | Apr 10 | May 16 | 0.938 | 10.2 | 23 | 0.03 | 2.1 | 81.6 | 7.8 | 12.18% | 196763 |
| ZAF | 55.91 | Mar 22 | May 18 | Jul 14 | Jul 19 | 0.968 | 6.5 | 21 | 0.32 | 6.6 | 21.1 | 3.7 | 6.34% | 17728 |



FIGURE 7 | Same as **Figure 4** but with incomplete lifting ($\eta = 0.8$) hundred days after breakout ($t_s = 100$ days). (**A**) infection rate a(t), (**B**) reduced time $\tau(t)$, (**C**) daily rate of new infections $\dot{J}(t)$, (**D**) cumulative fraction J(t) of infected persons. In each panel we consider four basic types of reductions: 1) drastic (small q = 0.1) and rapid ($t_a = 20$), 2) drastic (small q = 0.1) and late ($t_a = 40$), 3) mild (q = 0.5) and rapid ($t_a = 20$), and 4) mild (q = 0.5) and late ($t_a = 40$). Remaining parameters due to Germany: $t_b = 11$ days, $a_0 = 57$ days⁻¹, and k = 0.989.

for the Covid-19 pandemic waves in many countries. Our work includes an estimate on the effects of non-pharmaceutical interventions in these countries. This is possible as our analytical solution holds for arbitrary but given time dependencies a(t) of the infection rates.

An example, on how lockdown lifting can be modeled is described in **Appendix H**. The situation is depicted in **Figure 7**. The lifting will increase a(t) from its present value up to a value that might be close to the initial a_0 . While the dynamics is altered, the final values remain unaffected by the dynamics, except, if the first pandemic wave is followed by a 2nd one. The values for J_{∞} provided in **Tables 2** and **3** provide a hint on how likely is a 2nd wave. These values correspond to the population fraction that had been infected already. While this fraction is extremely large in Peru (53%), it is still below 1% in several of the larger countries. The tables also report the

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unreported number of infections per reported number (column "dark"), estimated from the number of fatalities, reported infections, and the death probability f.

DATA AVAILABILITY STATEMENT

Publicly available datasets were analyzed in this study. This data can be found here: https://pomber.github.io/covid19/timeseries. json.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

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Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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APPENDIX A: NON-PARAMETRIC SOLUTION OF THE SIR MODEL

We start from the Eq. 19 from part A

$$\tau = \int_{\varepsilon}^{G} \frac{dx}{1 - e^{-x} - kx}$$
(A1)

and substitute

$$y = 1 - e^{-x}, x = -\ln(1 - y), \frac{dx}{dy} = \frac{1}{1 - y}$$
 (A2)

Consequently, as the cumulative number of new infections is given (see Eq. 37 from part A) by

$$\tau = \int_{\psi}^{J} \frac{dy}{(1-y)f(y)}, \quad f(y) = y + k \ln(1-y)$$
(A3)

with the abbreviation $\psi = J(0) = 1 - e^{-\varepsilon}$ for the initial value. This inverse relation $\tau(J)$ is the general solution of the SIR-model for constant *k*. It is not in parametrized form.

APPENDIX A.1: Maximum of *j*

Taking the derivative of Eq. 37 from part A with respect to τ we obtain

$$1 = \frac{j}{(1-J)[J+k\ln{(1-J)}]}$$
(A4)

or the exact SIR relation

$$j = (1 - J)[J + k \ln (1 - J)]$$
(A5)

Equation A5 provides

$$\frac{dj}{dJ} = 1 - k - 2J - k \ln(1 - J)$$
(A6)

The maximum value j_{max} occurs for $(dj/dJ)_{J_0} = 0$ providing

$$1 - J_0 = \frac{k \ln (1 - J_0) + k + 1}{2} \tag{A7}$$

Setting $1 - J_0 = e^{-X}$ yields

$$e^{-X} = -\frac{k}{2}\left(X - \frac{k+1}{k}\right),\tag{A8}$$

which is of the form of Eq. G1 from part A, and solved in terms of the non-principal Lambert function W_{-1} as

$$X = \frac{k+1}{k} + W_{-1}(\alpha_0), \quad \alpha_0 = -\frac{2}{ke}e^{-1/k},$$
(A9)

so that

$$J_0 = 1 - e^{-\frac{1+k}{k} - W_{-1}(\alpha_0)} = 1 + \frac{k}{2} W_{-1}(\alpha_0)$$
(A10)

The maximum value is then given by

$$j_{\max} = j(J_0) = \frac{k^2}{4} \{ [1 + W_{-1}(\alpha_0)]^2 - 1 \}$$
(A11)



FIGURE B1 Comparison of the approximation (B2) with the exact curve for f(y) for different values of k. Vertical solid lines mark the position of the maximum of the function.

and this can also be written as $j_{max} = (1 - J_0)(1 - J_0 - k)$ with J_0 from Eq. A10. According to Eq. 8 the reduced peak time in the dimensionless rate of new infections is then given by

$$\tau_0 = \int_{\psi}^{J_0} \frac{dy}{(1-y)f(y)},$$
 (A12)

which is the only quantity depending besides on *k* also on ε via $\psi = 1 - e^{-\varepsilon}$. In order to have our approximation depending only on *k* we therefore introduce the relative reduced time with respect to the peak reduced time

$$\Delta = \tau - \tau_0 = \int_{J_0}^{J} \frac{dy}{(1 - y)f(y)}$$
(A13)

which is still exact, independent of ε and only determined by the value of *k*.

APPENDIX B: APPROXIMATING THE FUNCTION *f*(y)

The function f(y) defined in **Eq. A3** vanishes for $y_c + k \ln(1 - y_c) = 0$, or $1 - y_c = e^{-y_c/k}$ with the solution

$$y_{c}(k) = J_{\infty}(k) = (1-k)(1+\kappa)$$
 (B1)

where κ was already stated in the introduction. According to **Eq.** A13 the value J_{∞} corresponds to $\Delta = \tau = \infty$, so the maximum value of the cumulative number of new infections is $J_{\text{max}} = J_{\infty}$.

Moreover, the function f(y) attains its maximum value $f_m(k) = f(y = 1 - k) = 1 - k + k \ln k$ at $y_m = 1 - k$. As approximation we use

$$f(y) \approx \begin{cases} f_1(y) & \text{for } y \le 1 - k \\ f_2(y) & \text{for } (1 - k) \le y \le J_{\infty} \end{cases}$$
$$= f_m \begin{cases} \frac{y}{1 - k} & \text{for } y \le 1 - k \\ \frac{J_{\infty} - y}{J_{\infty} - (1 - k)} & \text{for } 1 - k \le y \le J_{\infty} \end{cases}$$
(B2)



which is shown in **Figure B1** in comparison with the function f(y). The agreement is reasonably well with maximum deviations less than 30%.

APPENDIX C: APPROXIMATIONS FOR $J(\tau)$

Figure C1 demonstrates that $J_0(k)$ is always smaller than 1 - k. In order to calculate the integral in **Eq. A13** with the approximation **Eq. B1** we then have to investigate two cases: 1) For $J_0 < 1 - k$ and J < 1 - k only the function f_1 contributes and

$$\Delta_{(J<1-k,J_0<1-k)} = \int_{J_0}^{J} \frac{dy}{(1-y)f_1(y)}$$
(C1)

2) For $J \ge 1 - k > J_0$ both functions f_1 and f_2 contribute and

$$\Delta_{(J\geq 1-k>J_0)} \approx \int_{J_0}^{1-k} \frac{dy}{(1-y)f_1(y)} + \int_{1-k}^{J} \frac{dy}{(1-y)f_2(y)}$$

= $\Delta_s + \int_{1-k}^{J} \frac{dy}{(1-y)f_2(y)}$ (C2)

with

$$\Delta_{s} = \int_{J_{0}}^{1-k} \frac{dy}{(1-y)f_{1}(y)} = \frac{1-k}{f_{m}(k)} \int_{J_{0}}^{1-k} \frac{dy}{(1-y)y} = \frac{1-k}{f_{m}(k)} \ln \frac{\frac{1}{J_{0}} - 1}{\frac{1}{1-k} - 1}$$
$$= \frac{1-k}{f_{m}(k)} \ln \frac{(1-J_{0})(1-k)}{kJ_{0}}$$
(C3)

denoting the relative time corresponding to the value J = 1 - k. We consider each case in turn.

Appendix C.1 Case (1): $J \le 1 - k$, $J_0 < 1 - k$ Here Eq. C1 provides

$$\frac{f_m\Delta}{1-k} = \int_{J_0}^{J} \frac{dy}{(1-y)y} = \ln\frac{\frac{1}{J_0}-1}{\frac{1}{J}-1},$$
 (C4)

so that the difference of Eqs C3 and C4 yields

$$\frac{f_m(\Delta - \Delta_s)}{1 - k} = \ln \frac{kJ}{(1 - k)(1 - J)},$$
(C5)

or after inversion

$$I(\tau) = \left[1 + \frac{k}{1-k}e^{-\frac{fm(\Delta-\Delta_S)}{1-k}}\right]^{-1}$$
(C6)

Appendix C.2 Case (2): $J \ge 1 - k > J_0$

Here Eq. C2 with Eq. C3 yields

$$f_m \Delta \simeq (1-k) \int_{J_0}^{1-k} \frac{dy}{(1-y)y} + [J_{\infty} - (1-k)] \int_{1-k}^{J} \frac{dy}{(1-y)(J_{\infty} - y)}$$
$$= f_m \Delta_s + (J_{\infty} - 1 + k) \int_{1-k}^{J} \frac{dy}{(1-y)(J_{\infty} - y)}, \tag{C7}$$

so that





$$\frac{f_m \left(\Delta - \Delta_s\right)}{J_\infty - (1 - k)} = \int_{1 - k}^{J} \frac{dy}{(1 - y) \left(J_\infty - y\right)} = -\frac{1}{1 - J_\infty} \ln \frac{1 - \frac{1 - J_\infty}{1 - J}}{1 - \frac{1 - J_\infty}{k}}$$
$$= -\frac{1}{1 - J_\infty} \ln \frac{k \left(J_\infty - J\right)}{\left(J_\infty - 1 + k\right) \left(1 - J\right)} \tag{C8}$$

After straightforward but tedious algebra we obtain

$$\frac{J_{\infty} - J}{1 - J} = \frac{J_{\infty} - (1 - k)}{k} e^{-E},$$
 (C9)

$$E(\Delta) = \frac{1 - J_{\infty}}{J_{\infty} - (1 - k)} f_m \left(\Delta - \Delta_s\right)$$
(C10)

and consequently

$$J(\Delta) = 1 + \frac{J_{\infty} - 1}{1 - \frac{(1-k)\kappa}{k}e^{-E(\Delta)}}$$
(C11)

Using the identities $2(1 + e^{-2Y})^{-1} = 1 + \tanh Y$ and $2(1 - e^{-2Y})^{-1} = 1 + \coth Y$ we combine the results **Eqs C6** and **C11** to the analytical approximation of the SIR-model equations at all reduced times, stated in **Eqs 10–12** above. A comparison with the exact numerical solution of the SIR model is provided in **Figure C2**. The corresponding $j(\Delta)$ is obtained from $J(\Delta)$ via **Eqs A5**.

APPENDIX D: SI-LIMIT k = 0

In the limit k = 0 Eq. A7 provides $J_0(k = 0) = 1/2$ so that with $\lim_{k\to 0} f_m(k = 0) = 1$ the time scale (Eq. C3) becomes

$$\Delta_s(k=0) = \lim_{k \to 0} \ln \frac{1-k}{k} = \infty$$
(D1)

With this result

$$Y_{1}(k=0) = \frac{\Delta}{2} - \frac{1}{2} \lim_{k \to 0} \left[\Delta_{s} + \ln \frac{k}{1-k} \right]$$
$$= \frac{\Delta}{2} - \frac{1}{2} \lim_{k \to 0} \left[\ln \frac{1-k}{k} + \ln \frac{k}{1-k} \right] = \frac{\Delta}{2}$$
(D2)

Consequently, the cumulative number **Eq. 10** and the rate **Eq. 4** in this case for all times correctly reduce to

$$J(\Delta, k = 0) = \frac{1}{2} \left[1 + \tanh \frac{\Delta}{2} \right], \qquad j(\Delta, k = 0) = \frac{1}{4\cosh^2(\Delta/2)}$$
(D3)

APPENDIX E: RELATIONSHIP BETWEEN J_0 AND K

Here we prove **Eq. 14**. According to paper A the quantity J_0 is given by $J_0 = 1 - e^{-G_0}$ with

$$G_0 = \frac{1+k}{k} + W_{-1}\left(\frac{-2e^{-1/k}}{ke}\right) = -\ln\left(1-J_0\right)$$
(E1)

where *e* denotes Euler's number and W_{-1} the non-principal solution of Lambert's equation $z = We^W$. Equation E1 is of the form $x = r + c^{-1}W(ce^{-cr}/\beta)$ upon identifying c = 1, r = 1/k,

 $\beta = -ke/2$, and $x = -[1 + \ln(1 - J_0)]$. From paper A we thus know that $e^{-cx} = \beta(x - r)$ holds, or equivalently

$$(1 - J_0)e = -\frac{ke}{2} \left[-1 - \ln(1 - J_0) - \frac{1}{k} \right] = \frac{ke}{2} \left[1 + \ln(1 - J_0) \right] + \frac{e}{2}$$
(E2)

This is readily solved for k, and thus proves Eq. 14.

APPENDIX F: TIME OF MAXIMUM IN THE MEASURED DIFFERENTIAL RATE $\dot{J}(t)$

One has $J(t) = J(\tau(t))$ and $\dot{J}(t) = \dot{\tau}(t)J'(\tau(t)) = a(t)j(\tau(t))$ since j = J' if we let the prime denote a derivative with respect to τ . The maximum in $\dot{J}(t)$ thus fulfills

$$0 = \ddot{J}(t_m) = \dot{a}(t_m)j(\tau(t_m)) + a^2(t_m)j'(\tau(t_m))$$
(E1)

or equivalently,

$$0 = \left[\frac{d \ln j}{d\tau} + \frac{\dot{a}}{a^2}\right]_{t=t_m}$$
(E2)

From part A we know that

$$\frac{d\ln j}{d\tau} = 1 - 2J - k\ln\left(1 - J\right) - k \tag{E3}$$

and our $J_0 = J(\tau_0)$ solves $1 = 2J_0 + k \ln(1 - J_0) + k$. That is, $j'(\tau_0) = 0$. If *a* does not depend on time, $\tau_0 = \tau(t_m) = a_0 t_m$, but this is not generally the case. To find t_m and $\tau_m \equiv \tau(t_m)$ one has to solve **Eq. E1**, or **Eq. E2**. Equation E2 with **Eq. E3** is solved by

$$J_m = J(\tau_m) = 1 + \frac{k}{2} W_{-1}(\alpha_m)$$
(E4)

with

$$\alpha_m = -\frac{2e^{-(1+C_m)/k}}{ek}, \quad C_m = -\frac{\dot{a}(t_m)}{a^2(t_m)}$$
(E5)

The corresponding j is, according to Eq. 4,

$$j(\tau_m) = (1 - J_m)[J_m + k \ln(1 - J_m)]$$
(E6)

The smaller C_m , the closer is J_m to J_0 .

APPENDIX G: FITTING THE DATA

As discussed in length in paper A we base our analysis of existing data on the reported cumulative number of deaths, D(t), from which we estimate the cumulative number of infections $J(t) = D(t - t_d)/f = 200D(t - t_d)$ with $t_d = 7$ days. From the cumulative value $J_m = J(t_m)$ at the time t_m of the maximum in $\dot{J}(t)$ we estimate k via **Eq. 14** upon assuming $J_m \approx J_0$. Similarly, $a_m = a(t_m)$ is estimated from $a_m = \dot{J}(t_m)/j_{max}(k)$. These t_m , k, a_m are not the final values, but provide starting values which are then used in the minimization of the deviation between measured and modeled J(t). The minimization is performed assuming the time-dependent a(t) parameterized by **Eq. H1** involving parameters $t_a > 0, t_b > 0, a_0 > 0, q \in [0, 1], q < \eta \in [0, 1]$ and $t_s > t_m$. While $\tau(t)$ is given by the integrated a(t), we use three strategies to model J(t): i) the numerical solution of the SIR model, ii) the

approximant $G(\tau)$ and $J(\tau) = 1 - e^{-G(\tau)}$ developed in part A, and iii) the approximant $J(\Delta)$ given by **Eq. 10** with $\Delta = \tau - \tau_m$ and τ_m specified by **Eq. 9**. Because the numerical solution (i) is extremely well approximated by (ii), and (ii) and (iii) compared to (i) not prone to numerical instabilities at small and large Δ , we present results only for method (iii), as they can be readily reproduced by a reader without Lambert's function at hand.

APPENDIX H: MODELING OF LOCKDOWN LIFTING

Similarly to the lockdown modeling a later lifting of the NPIs can be modeled by adopting the infection rate

$$a(t) = a_{\text{LD}}(t)\Theta(t_s - t) + a_{\text{stop}}(t)\Theta(t - t_s)$$
(H1)

where t_s denotes the stop time of the lockdown still represented by the infection rate **Eq. 15**, and where a_{LD} is given by **Eq. 15**. The infection rate after t_s is assumed to be

$$a_{\text{stop}}(t) = a_0 \left[q_s + (\eta - q_s) \tanh \frac{t - t_s}{t_b} \right] \simeq \begin{cases} q_s a_0 & \text{for } t = t_s \\ \eta a_0 & \text{for } t \gg t_s, \end{cases}$$
(H2)

with $q_s = a_{LD} (t_s)/a_0$ the quarantine factor reached at the time t_s of lifting. Together with the reduced time given by **Eq. 16** we now find

$$\tau(t) = \tau_{\rm LD}(t)\Theta(t_s - t) + \tau_{\rm stop}(t)\Theta(t - t_s)$$
(H3)

and

$$\tau_{\text{stop}}(t) = \tau_{\text{LD}}(t_s) + q_s(t - t_s)a_0 + (\eta - q_s)a_0t_b \ln\left[\cosh\left(\frac{t - t_s}{t_b}\right)\right]$$
(H4)

with $\tau_{\text{LD}}(t)$ from **Eq. 16**. For the four basic types of **Figure 4** we demonstrate in **Figure 7** the effect of incomplete lifting.