

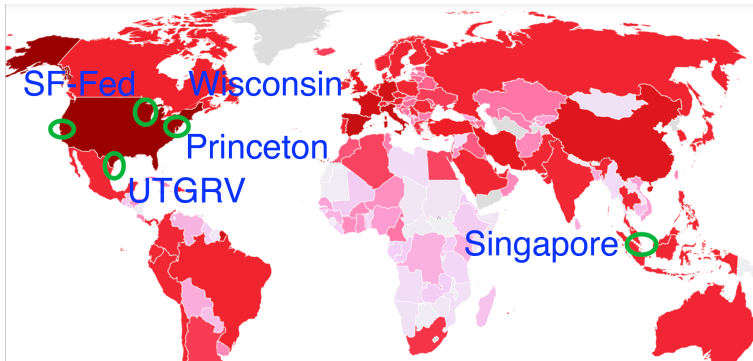
The Behavioral SIR Model, with Applications to the Swine Flu and COVID-19 Pandemics

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NY Fed Seminar, 4PM on 6/30/2020

(*Views expressed are not those of the Federal Reserve Bank of San Francisco or the Federal Reserve System.)



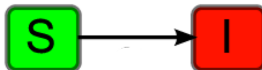
Plan of Talk: Deriving and Using a New Contagion Model

- ▶ The influential SIR contagion model
 1. is **linear**, and so tractable
 2. makes extreme predictions, especially later on in a contagion
 3. ignores human behavior
- ▶ We create a Behavioral SIR (BSIR) model that
 1. accounts for optimal avoidance behavior in a Nash equilibrium
 2. is **log-linear**, and so still tractable for analysis
 3. makes less extreme predictions (consistent with COVID so far)
 4. subsumes the SIR model as a special case for low infectiousness or small disease losses (crucial for statistical tests)
- ▶ For COVID19 and Swine Flu (2009), we reject the SIR model
- ▶ For COVID19, our BSIR model make sense of time series properties in countries and states, pre- and post-lockdown
- ▶ Data from the Swine Flu allows us to evaluate the BSIR model through the entire course of the contagion to herd immunity

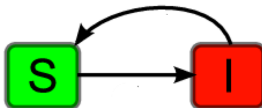
- ▶ Contagion math in the best of times depends on
 1. Biology: how infectious is the infection?
 2. Sociology: networks, segregation, “Super spreaders”
 3. Geography: meeting rates are higher in dense cities
 4. Culture: in Italy, the kiss sometimes replaces the handshake
 5. Game theory: how we react to payoffs and each other
 6. Political economy: Do lockdowns or stay-in-place work? Are people responsive?

SI / SIS / SIR

SI:



SIS:



SIR:



The SIR Model (1927)

- ▶ The model takes place in continuous time $t \in [0, \infty)$
- ▶ Population is the continuum $[0, 1]$ (no aggregate randomness)
- ▶ State transition process of people in the SIR model
- ▶ Mass $\sigma(t)$ of individuals are *susceptible* to a disease
- ▶ *prevalence* $\pi_t \in (0, 1)$ is the mass of contagious individuals
 - ▶ Given: seed mass $\pi_0 > 0$, with $\sigma_0 = 1 - \pi_0$
- ▶ *Incidence* is the inflow of new infections
- ▶ The *passing rate* is the mean number $\beta > 0$ of susceptible people per unit time each contagious person infects
 - ▶ β increases in disease contagiousness, population density
 - ▶ β reflects culture and social networks.

The SIR Model

- ▶ Anyone infected gets better (or dies) at *recovery rate* $r > 0$.

- ▶ *random and independent meetings* $\Rightarrow$ incidence is $\beta\sigma\pi$

$$\dot{\sigma}(t) = -\text{incidence} = -\beta\pi(t)\sigma(t)$$

$$\dot{\pi}(t) = \text{incidence} - \text{recoveries} = \beta\pi(t)\sigma(t) - r\pi(t)$$

Lemma

The susceptible mass $\sigma(t)$ monotonically falls, and prevalence $\pi(t)$ first rises and then falls.

- ▶ Proof: $\dot{\pi}(t) = [\beta\sigma(t) - r]\pi(t)$
- ▶ A mass ρ is *recovered/removed* and immune
- ▶ We ignore $\rho(t)$, as it does not impact dynamics: $\dot{\rho}(t) = r\pi(t)$

Herd Immunity

- ▶ *Herd immunity*: Epidemic dies out when enough of the population is immune (high ρ) that its spread stops naturally because too few people can transmit it (low σ)
 - ▶ tipping point $\Leftrightarrow \dot{\pi}(t) \leq 0 \Leftrightarrow \beta \hat{\sigma} \hat{\pi} = r \hat{\pi}$.
- $\Rightarrow$ *basic reproduction number* **R_0** $\equiv \beta/r$.

Lemma

Herd immunity happens if $\beta \sigma \pi \leq r \pi \Leftrightarrow \sigma \cdot R_0 \leq 1$.

- ▶ Published COVID estimates $R_0 = 2.3 \Rightarrow \rho_t > 1 - 1/2.3 \approx 0.56$
- ▶ “Newsom projection: 56% of California would be infected in 8 weeks without mitigation effort” (2020/03/19)

Goal: Marry Economics and Epidemiology



Our Goal: Behavioral SIR Model

- There is some $\underline{\pi} > 0$ and $0 < \varphi < 1$ such that:
 - If $\pi \leq \underline{\pi}$, SIR dynamics apply (our “chill” regime)

$$\dot{\sigma}(t) = -\beta q(\pi) \sigma(t) \pi(t)$$

$$\dot{\pi}(t) = \beta q(\pi) \sigma(t) \pi(t) - r \pi(t)$$

- If $\pi > \underline{\pi}$, then the “vigilant” regime obtains:

$$\dot{\sigma}(t) = -\beta q(\pi) \sigma(t) \underline{\pi}^{1-\varphi} \pi(t)^\varphi$$

$$\dot{\pi}(t) = \beta q(\pi) \sigma(t) \underline{\pi}^{1-\varphi} \pi(t)^\varphi - r \pi(t)$$

- $\underline{\pi} \geq 1$, then only the SIR dynamics obtain.

Incentives Matter in Contagions

- ▶ A disease does not pass the same
 1. among humans or animals in the SIR model.
 2. among chill people as alert
 - ▶ Example: Measles outbreaks have much higher infection rate than measles pandemics.
- ▶ We will focus on optimizing strategic behavior, since it can change very rapidly in the contagion

Incentives Matter in Contagions

- ▶ A *huge and longstanding literature* in epidemiology (including some economists lately!) posits exogenous ways that people modify reduce the passing rate as the contagion worsens.
- ▶ This is like the adaptive expectations literature of the 1960s.
- ▶ The Lucas Critique: must close the loop with equilibrium
 - ▶ disease prevalence rises $\Rightarrow$ more vigilant $\Rightarrow$ realize others are more vigilant $\Rightarrow$ relax (strategic substitutes)
 - ▶ equilibrium fully accounts for this (infinite) feedback cycle.
 - ▶ no arbitrary adjustment rule works
- ▶ We build on the model of “Contagious Matching Games” (2006 Quercioli and Smith), where people best reply to a prevalence, which acts like a price in an “implicit market”

Passing Games

- ▶ Counterfeit money vs disease: unwitting sharing of a rival “bad” vs unwitting sharing nonrival “bad”
- ▶ We build on the model of “Contagious Matching Games” (2006 Quercioli and Smith), where people best reply to a prevalence, which acts like a price in an “implicit market”

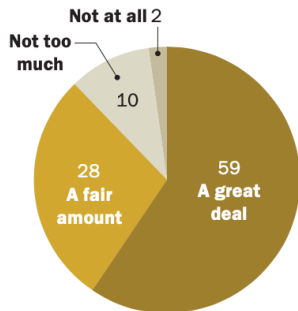
The Contagious Matching Game

- ▶ World's biggest game: Everybody is a player $[0, 1]$
- ▶ The highest stake game: life of death (or sickness): loss L
- ▶ Action: Vigilance $v \geq 0$ costs v and reduces the passing rate
- ▶ Players minimize expected total losses

Some Motivation for Our Model

Most say people's actions affect spread of COVID-19

% who say the actions of ordinary Americans affect how the coronavirus spreads in the U.S. ...



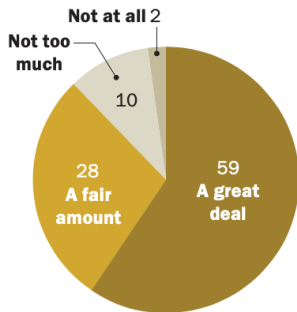
Note: No answer responses not shown.
Source: Survey of U.S. adults conducted June 16-22, 2020.

PEW RESEARCH CENTER

Some Motivation for Our Model

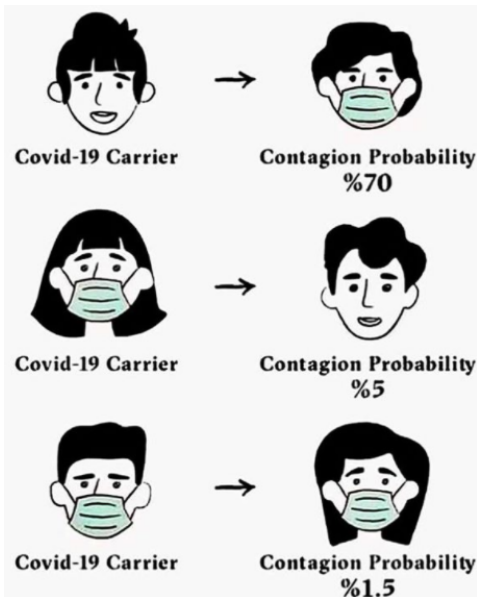
Most say people's actions affect spread of COVID-19

% who say the actions of ordinary Americans affect how the coronavirus spreads in the U.S. ...



Note: No answer responses not shown.
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How Vigilance Reduces Passing: the Filter function

- ▶ *Filter function* $f(v) \in [0, 1]$ linearly scales down passing rates
- ⇒ Passage rate is $\beta f(v)f(w)$ if vigilance v contagious person just meets vigilance w susceptible people
 - ⇒ diminishing returns: $f(0)=1 > 0=f(\infty)$ & $f' < 0 < f''$.
- ▶ A symmetric function is a simplifying assumption
 - ▶ Intensive margin: a mask is equally protective of both parties.
 - ▶ Extensive margin: Not meeting also symmetrically protects both parties — $f(v)$ = fraction of meetings one keeps
- ▶ This multiplicative (log-modular) form is for simplicity.
- ▶ A vaccination is easy vigilance: one jab $\Rightarrow$ nearly perfect filter
- ▶ Posit hyperbolic filter function $f(v) = (1 + v)^{-\gamma}$, for $\gamma > 0$
 - ▶ γ = *filter elasticity* in terms of “total vigilance” $V = 1 + v$.
 - ▶ 1% more total vigilance leads to $\gamma\%$ infection risk reduction

Vigilance Optimization

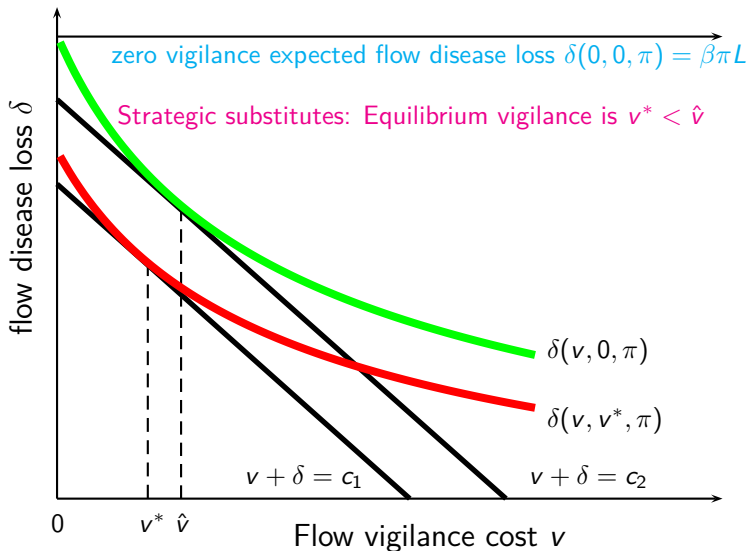
- ▶ People are first obviously contagious, and next knowingly so.
- ▶ π = mass of unaware contagious individuals
- ▶ A *potentially susceptible* if infected with chance $q(\pi) = \frac{\sigma}{\sigma + \pi}$.

- ▶ Potentially susceptible people minimize selfish expected total losses:

$$\beta f(v)E[f(W)]q(\pi)\pi L + v$$

- ▶ $f' < 0 < f'' \Rightarrow \exists$ a corner solution or a unique interior optimum.
- ▶ Since everyone makes the same choice, only pure strategy symmetric Nash equilibria exist, with $W = v^* \geq 0$.
- ▶ *flow disease loss* as $\delta(v, v^*, \pi) = \beta f(v)f(v^*)q(\pi)\pi L$

Individual Optimality in Equilibrium



Nash Equilibrium Vigilance

- ▶ Vigilance vanishes for low prevalence $\pi \leq \underline{\pi}$, where

$$\underline{\pi} \approx [\beta L(1 - \varphi)/(2\varphi)]^{-1}.$$

where $\varphi \equiv 1/(2\gamma + 1)$ *does not depend on L , β*

Theorem

There is a unique Nash equilibrium for any prevalence $\pi \geq 0$. Equilibrium vigilance $v^(\pi)$ vanishes for $\pi \in [0, \underline{\pi}]$, and is increasing for $\pi \geq \underline{\pi}$, for some *prevalence threshold* $\underline{\pi} > 0$ that is falling in L and β , but rising in φ .*

- ▶ Note: Any dynamic equilibrium of a continuum agent game requires static Nash play every period
- ⇒ The only assumption here is a constant loss L , which holds if
- ▶ people are motivated by current losses, or
 - ▶ people are forward-looking but act as if in a steady-state.
 - ▶ Dynamics impossibly hard to forecast — even experts disagree

Nash Equilibrium Passing Rate

- The *behavioral passing rate* $B(\pi|\varphi) = \beta f(v^*)^2$ is the innate passing rate β times any two individuals' equilibrium filter.

Theorem

The behavioral passing rate has two regimes:

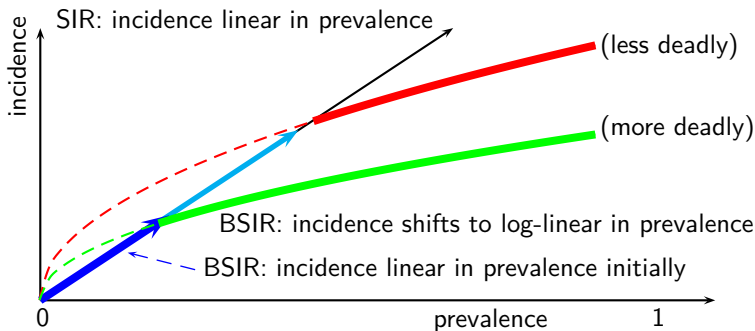
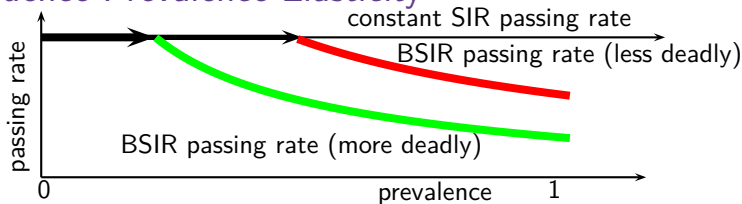
$$B(\pi|\varphi) = \begin{cases} \beta & \pi \leq \underline{\pi} \quad (\text{chill}) \\ q(\pi)\beta(\underline{\pi}/\pi)^{1-\varphi} \approx \beta(\underline{\pi}/\pi)^{1-\varphi} & \pi > \underline{\pi} \quad (\text{vigilant}) \end{cases}$$

Given our filter, we have

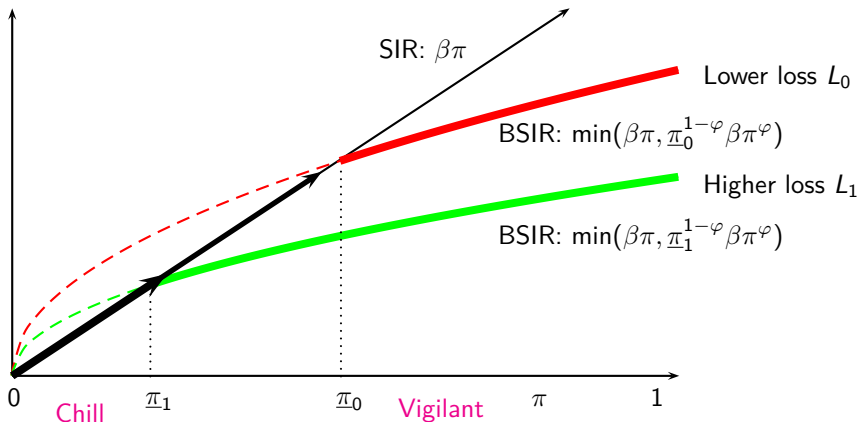
incidence rate = $\mathcal{SI}$ meeting rate $\times$ passing chance

$$\begin{aligned} \Rightarrow \text{incidence-prevalence elasticity} &= 1 + \text{passing rate elasticity} \\ &= 1 + (\varphi - 1) \\ &= \varphi \end{aligned}$$

Incidence-Prevalence Elasticity



Incidence-Prevalence Elasticity



Prevalence Elasticity of Incidence

Corollary (Breakout Incidence)

Equilibrium incidence $B(\pi)\pi\sigma$ is log-linear in prevalence $\pi \geq \underline{\pi}$,

$$\log(\text{incidence}) = \log[B(\pi)\pi\sigma] = b + \varphi \log \pi + \log \sigma$$

*where the **incidence-prevalence elasticity** is $\varphi \equiv 1/(2\gamma + 1) < 1$,
and **the intercept b increases in φ and β , and falls in L .***

Corollary

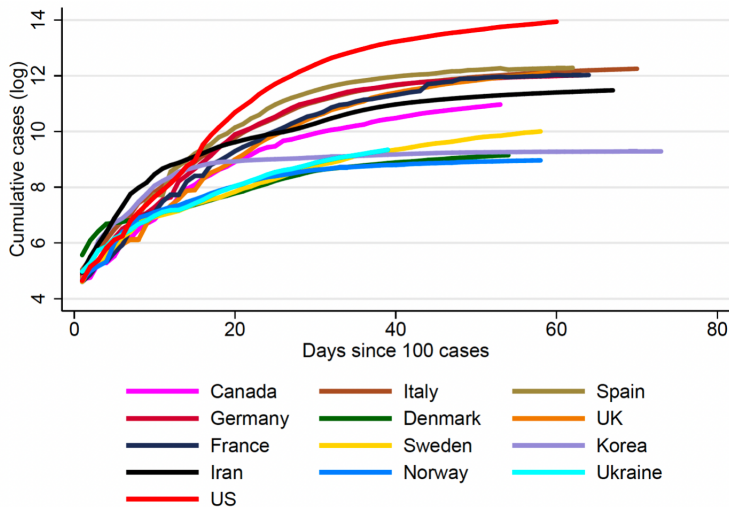
For the same number of cases, the passing rate rises in population.

Assume a lockdowns reduce β , by foreclosing on opportunities.

Corollary

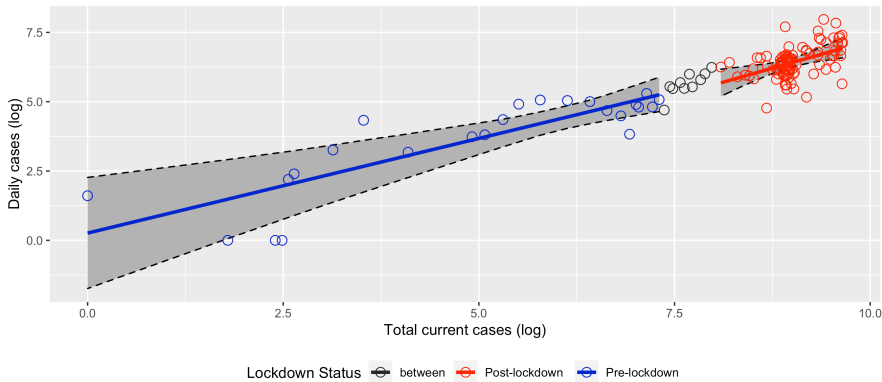
Lockdown parallelly shifts the regression line of $\log(\text{incidence})$ on $\log \pi$ down, for fixed σ .

Breakout Theory, when $\sigma \approx 1$ and $\pi \approx 0$: Heterogeneity?



Sweden, Pre- and Post-Mitigation

Sweden, Pre- and Post- Mitigation

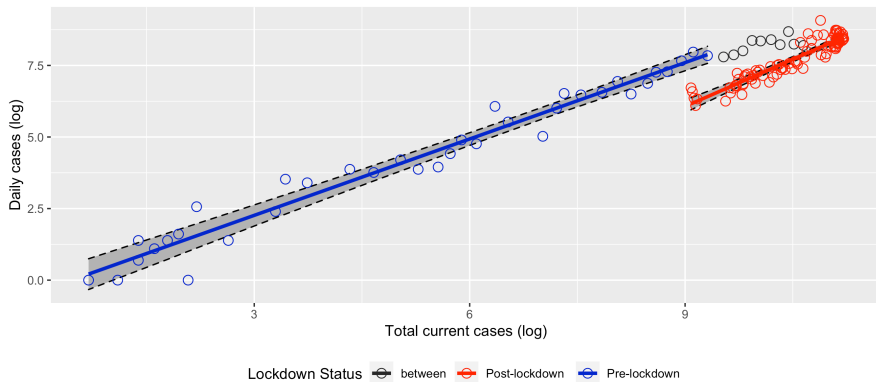


Pre-lockdown : $\log(\text{Incidence}) = 0.26 + 0.68 \log(\text{Prevalence})$, 95% CI slope: [0.25, 1.12]

Post-lockdown : $\log(\text{Incidence}) = 0.8 + 0.8 \log(\text{Prevalence})$, 95% CI slope: [0.48, 1.13]

UK, Pre- and Post-Lockdown

United Kingdom, Pre- and Post- Mitigation

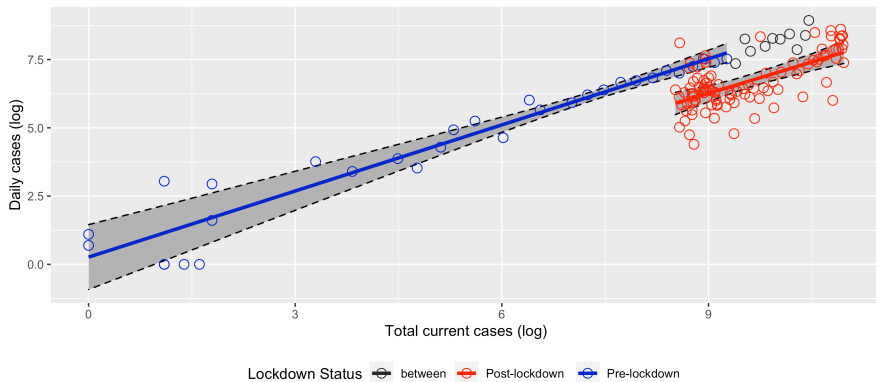


Pre-lockdown : $\log(\text{Incidence}) = -0.4 + 0.89 \log(\text{Prevalence})$, 95% CI slope: [0.83, 0.95]

Post-lockdown : $\log(\text{Incidence}) = 1.1 + 1.1 \log(\text{Prevalence})$, 95% CI slope: [1.01, 1.19]

France, Pre- and Post-Lockdown

France, Pre- and Post- Mitigation

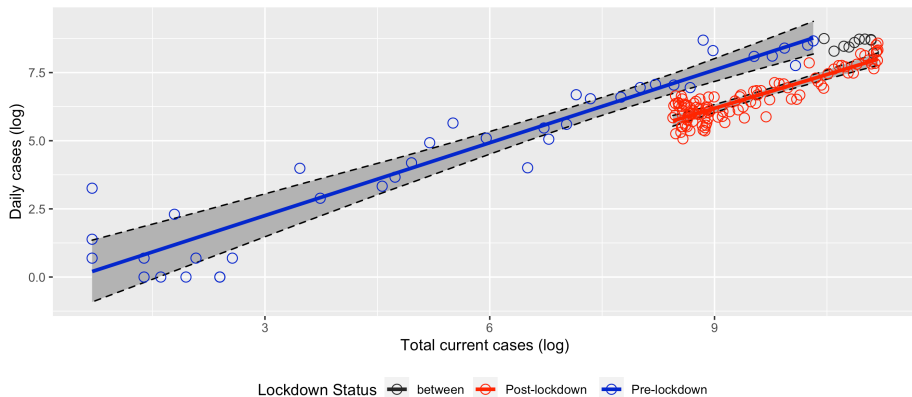


Pre-lockdown : $\log(\text{Incidence}) = 0.27 + 0.81 \log(\text{Prevalence})$, 95% CI slope: [0.68, 0.93]

Post-lockdown : $\log(\text{Incidence}) = 0.77 + 0.77 \log(\text{Prevalence})$, 95% CI slope: [0.6, 0.93]

Germany, Pre-Lockdown

Germany, Pre- and Post- Mitigation

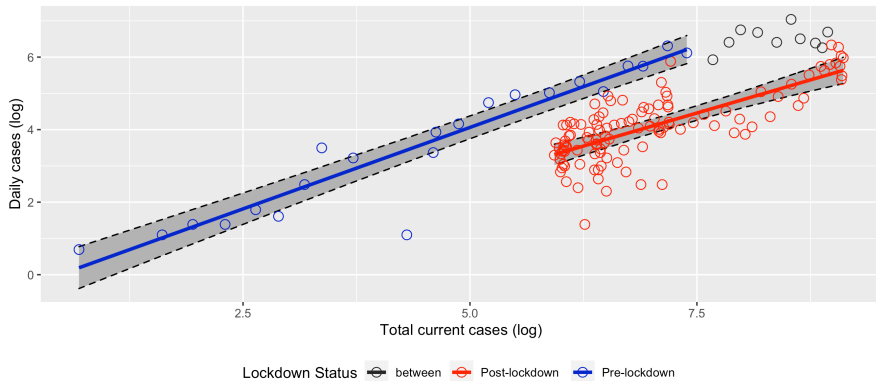


Pre-lockdown : $\log(\text{Incidence}) = -0.41 + 0.89 \log(\text{Prevalence})$, 95% CI slope: [0.77, 1.01]

Post-lockdown : $\log(\text{Incidence}) = 0.83 + 0.83 \log(\text{Prevalence})$, 95% CI slope: [0.75, 0.91]

Austria, Pre- and Post-Lockdown

Austria, Pre- and Post- Mitigation

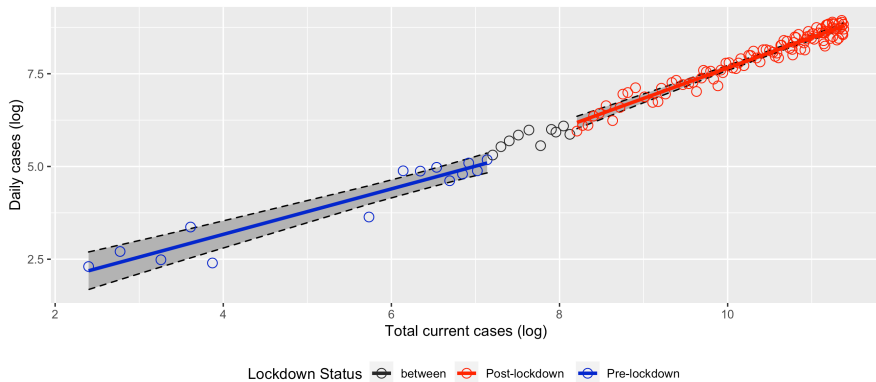


Pre-lockdown : $\log(\text{Incidence}) = -0.43 + 0.9 \log(\text{Prevalence})$, 95% CI slope: [0.81, 0.98]

Post-lockdown : $\log(\text{Incidence}) = 0.73 + 0.73 \log(\text{Prevalence})$, 95% CI slope: [0.63, 0.83]

Mexico, Pre- and Post-Mitigation

Mexico, Pre- and Post- Mitigation

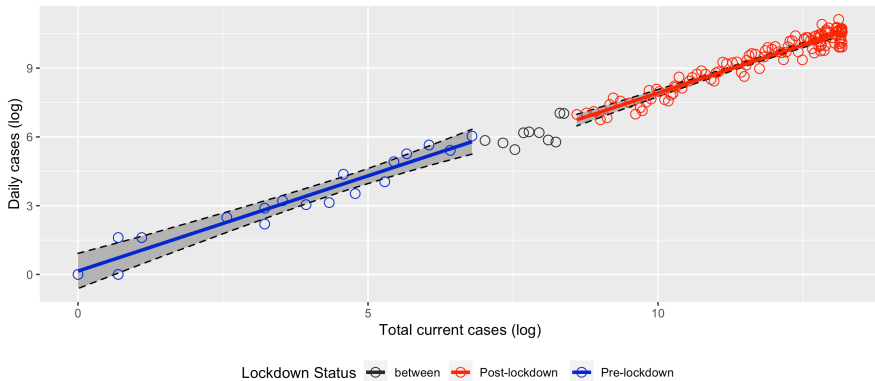


Pre-lockdown : $\log(\text{Incidence}) = 0.72 + 0.61 \log(\text{Prevalence})$, 95% CI slope: [0.51, 0.72]

Post-lockdown : $\log(\text{Incidence}) = 0.82 + 0.82 \log(\text{Prevalence})$, 95% CI slope: [0.78, 0.86]

Brazil, Pre- and Post-Mitigation

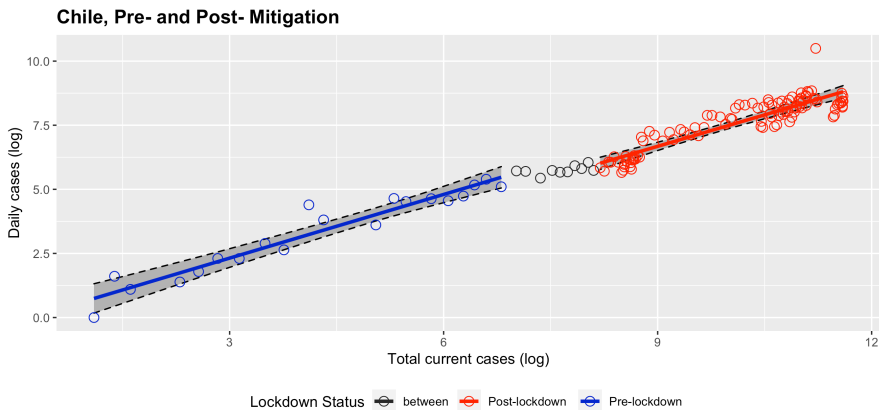
Brazil, Pre- and Post- Mitigation



Pre-lockdown : $\log(\text{Incidence}) = 0.15 + 0.83 \log(\text{Prevalence})$, 95% CI slope: [0.68, 0.98]

Post-lockdown : $\log(\text{Incidence}) = 0.84 + 0.84 \log(\text{Prevalence})$, 95% CI slope: [0.79, 0.88]

Chile, Pre- and Post-Mitigation

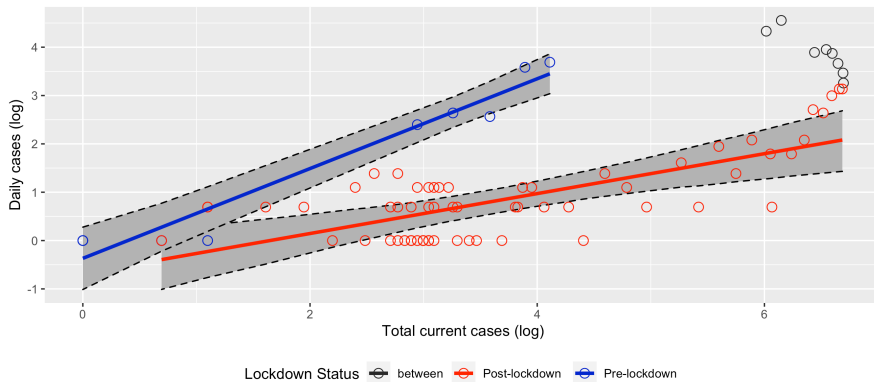


Pre-lockdown : $\log(\text{Incidence}) = -0.17 + 0.83 \log(\text{Prevalence})$, 95% CI slope: [0.69, 0.97]

Post-lockdown : $\log(\text{Incidence}) = 0.82 + 0.82 \log(\text{Prevalence})$, 95% CI slope: [0.75, 0.89]

New Zealand, Pre- and Post-Lockdown

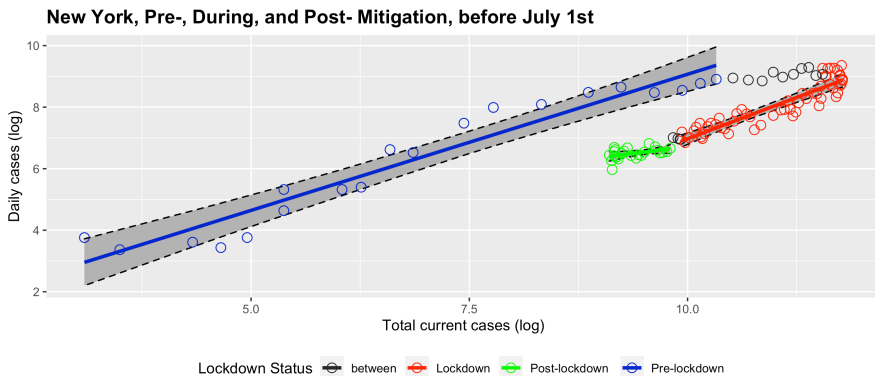
New Zealand, Pre- and Post- Mitigation



Pre-lockdown : $\log(\text{Incidence}) = -0.37 + 0.93 \log(\text{Prevalence})$, 95% CI slope: [0.64, 1.22]

Post-lockdown : $\log(\text{Incidence}) = 0.41 + 0.41 \log(\text{Prevalence})$, 95% CI slope: [0.28, 0.55]

New York, Pre- and Post-Lockdown



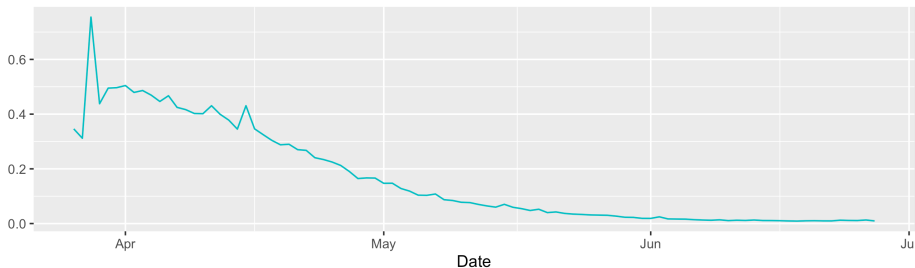
Pre-lockdown : $\log(\text{Incidence}) = 0.22 + 0.88 \log(\text{Prevalence})$, 95% CI slope: [0.75, 1.02]

Lockdown : $\log(\text{Incidence}) = 1.07 + 1.07 \log(\text{Prevalence})$, 95% CI slope: [0.96, 1.19]

Post-lockdown : $\log(\text{Incidence}) = 0.35 + 0.35 \log(\text{Prevalence})$, 95% CI slope: [0.08, 0.61]

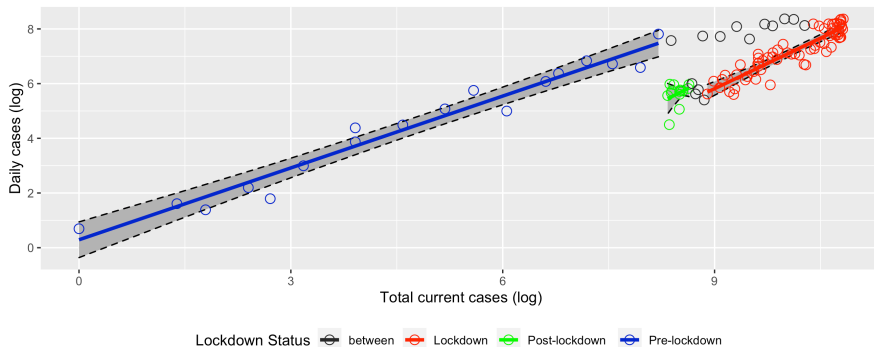
Upwardly Biased Slope φ and Improving Testing

- Falling NY Positive-to-Test Ratio induces an omitted variable bias, that inflates the slope estimate φ



New Jersey, Pre- and Post-Lockdown

New Jersey, Pre-, During, and Post- Mitigation, before July 1st



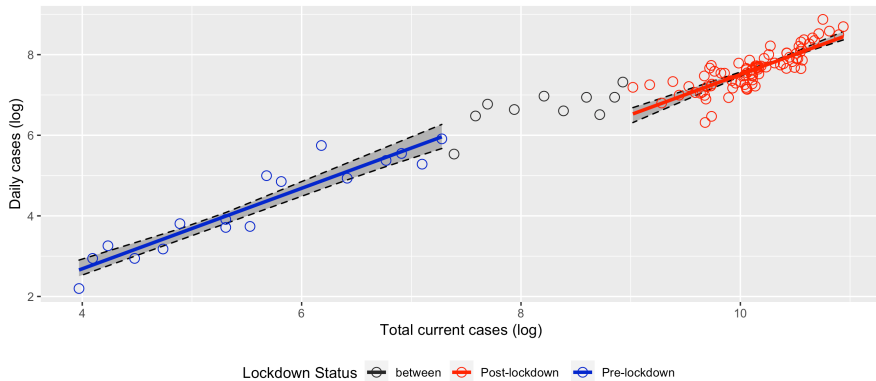
Pre-lockdown : $\log(\text{Incidence}) = 0.29 + 0.88 \log(\text{Prevalence})$, 95% CI slope: [0.76, 0.99]

Lockdown : $\log(\text{Incidence}) = 1.23 + 1.23 \log(\text{Prevalence})$, 95% CI slope: [1.12, 1.35]

Post-lockdown : $\log(\text{Incidence}) = 1.3 + 1.3 \log(\text{Prevalence})$, 95% CI slope: [-0.99, 3.59]

California, Pre- and Post-Lockdown/Mitigation

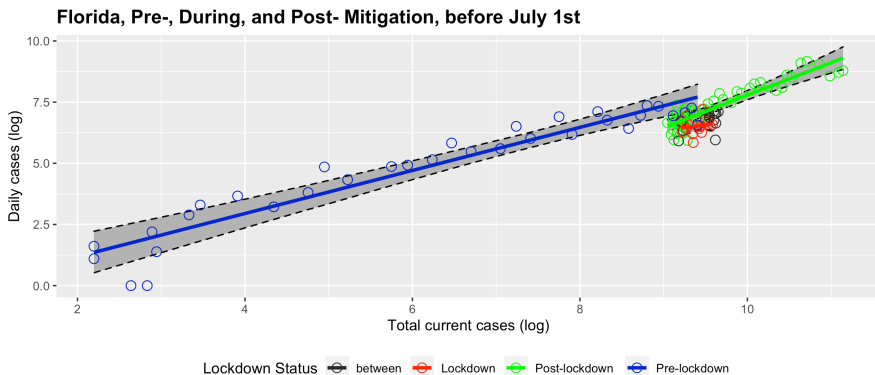
California, Pre- and Post- Mitigation



Pre-lockdown : $\log(\text{Incidence}) = -1.31 + 1 \log(\text{Prevalence})$, 95% CI slope: [0.81, 1.09]

Post-lockdown : $\log(\text{Incidence}) = 1 + 1 \log(\text{Prevalence})$, 95% CI slope: [0.85, 1.15]

Florida, Pre- and Post-Mitigation (Riots!)



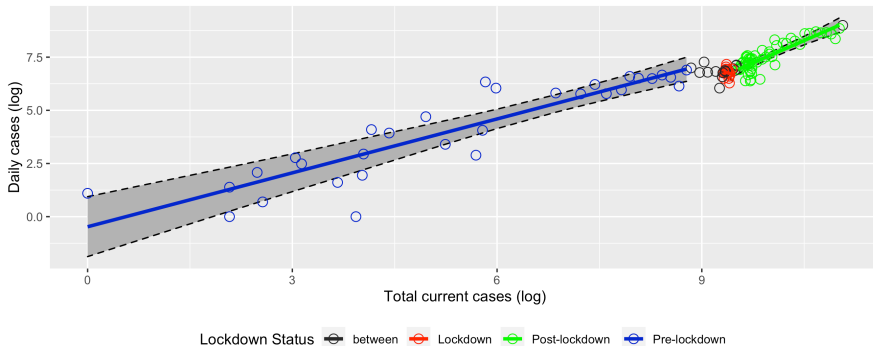
Pre-lockdown : $\log(\text{Incidence}) = -0.58 + 0.88 \log(\text{Prevalence})$, 95% CI slope: [0.75, 1.01]

Lockdown : $\log(\text{Incidence}) = 0.43 + 0.43 \log(\text{Prevalence})$, 95% CI slope: [-0.7, 1.56]

Post-lockdown : $\log(\text{Incidence}) = 1.33 + 1.33 \log(\text{Prevalence})$, 95% CI slope: [1.1, 1.56]

Texas, Pre- and Post-Mitigation (Riots!)

Texas, Pre-, During, and Post- Mitigation, before July 1st



Pre-lockdown : $\log(\text{Incidence}) = -0.48 + 0.85 \log(\text{Prevalence})$, 95% CI slope: [0.65, 1.03]

Lockdown : $\log(\text{Incidence}) = -0.83 + -0.83 \log(\text{Prevalence})$, 95% CI slope: [-4.79, 3.15]

Post-lockdown : $\log(\text{Incidence}) = 1.4 + 1.4 \log(\text{Prevalence})$, 95% CI slope: [1.17, 1.62]

General Behavioral SIR Dynamics Nest the SIR Dynamics

- ▶ If $\pi_0 \leq \underline{\pi}$, SIR dynamics apply
- ▶ If $\pi_0 > \underline{\pi}$, then the vigilant regime starts. At this point:

$$\dot{\sigma}(t) = -\beta q(\pi) \sigma(t) \underline{\pi}^{1-\varphi} \pi(t)^\varphi$$

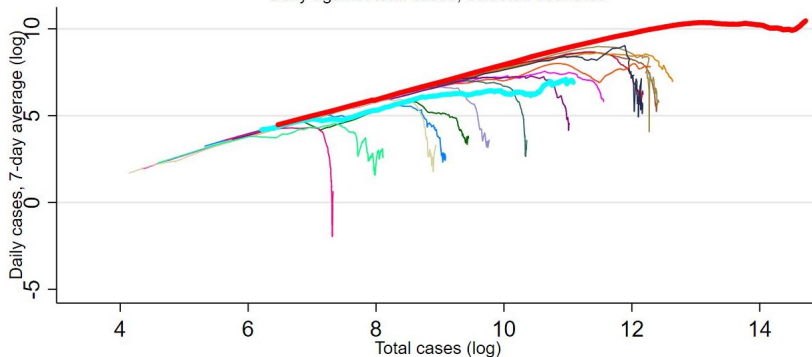
$$\dot{\pi}(t) = \beta q(\pi) \sigma(t) \underline{\pi}^{1-\varphi} \pi(t)^\varphi - r \pi(t)$$

Theorem (Prevalence is Hump-Shaped)

In the BSIR, the susceptible share $\sigma(t)$ monotonically falls, while prevalence $\pi(t)$ either starts falling, or rises and then falls.

Famous Logarithmic Running Cases Plot

Daily against total cases, selected countries



Breakout Theory

- SIR model: only immunity chokes off infections, and so bear breakout, log-linearity prevails
- For times $t < \tau$, the SIR dynamics apply:

$$\dot{\pi}(t) \approx \beta\pi(t) - r\pi(t) \quad \Rightarrow \quad \pi(t) \approx \pi_0 e^{(\beta-r)t}$$

- For times $t < \tau$, we have a Bernoulli differential equation:

$$\pi'(t) = \beta \underline{\pi}^{1-\varphi} \pi(t)^\varphi - r\pi(t) \quad \Rightarrow \quad \pi(t) = \underline{\pi} \left(\frac{\beta}{r} \left(1 - k e^{-r(1-\varphi)t} \right) \right)^{\frac{1}{1-\varphi}}$$

for the constant $k = (\beta/r - 1) (\underline{\pi}/\pi_0)^{r(1-\varphi)/(\beta-r)}$.

National Breakout Case Plots Over Time

- ▶ In the SIR model, these are log-linear.
- ▶ Assume a fraction α of non-spreading asymptomatics.

Theorem

Assume $\beta(1 - \alpha) > r$.

- ▶ In the chill regime (SIR model), π is increasing and log-linear.
- ▶ In the vigilant regime, prevalence $\pi(t)$ is increasing and logconcave, and is initially convex, eventually concave. Concavity happens sooner the lower is $\beta(1 - \alpha)$ or ϕ .

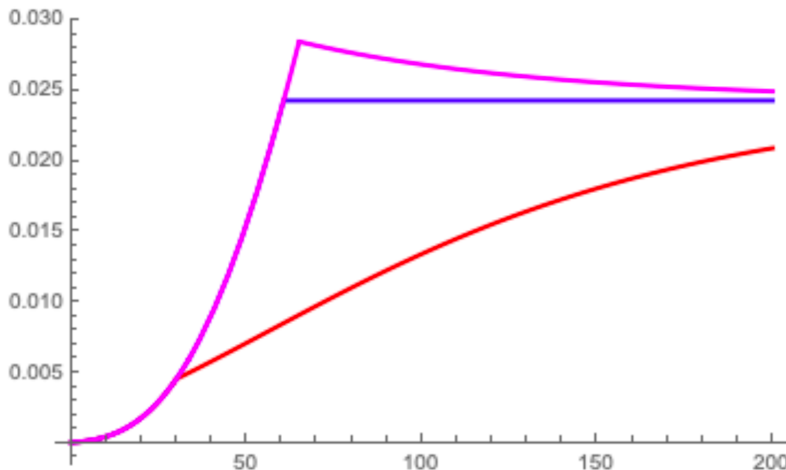
If $\beta(1 - \alpha) < r$, then π is decreasing, logconcave, and convex.

Corollary

The sum of all past cases Υ is logconcave in time. It is convex when π is increasing, and concave when π is decreasing.

Mitigation or Lockdowns

- ▶ Think of mitigation or lockdown as a fall in the passing rate β .
- ▶ Here is a plot of $\pi(t)$ after β falls from 0.7 to 0.4.



Herd Immunity

- Herd immunity tipping point:

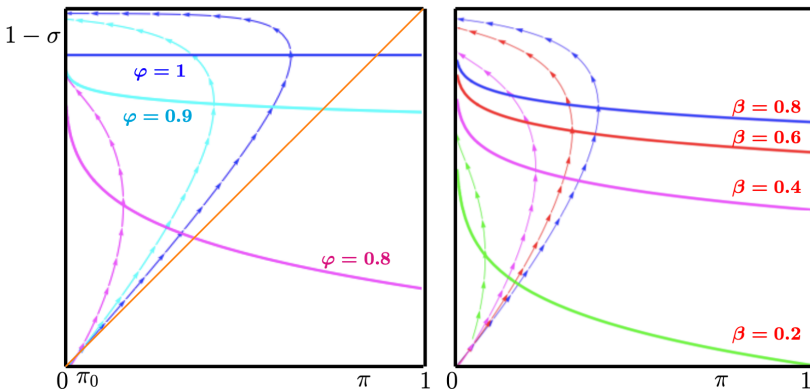
$$B(t)\check{\sigma}_{\varphi}\check{\pi}_{\varphi}^{\varphi} = r\check{\pi}_{\varphi} \quad \Leftrightarrow \quad \check{\sigma}_{\varphi} = (r/B(t))\check{\pi}_{\varphi}^{1-\varphi} > r/\beta$$

Theorem

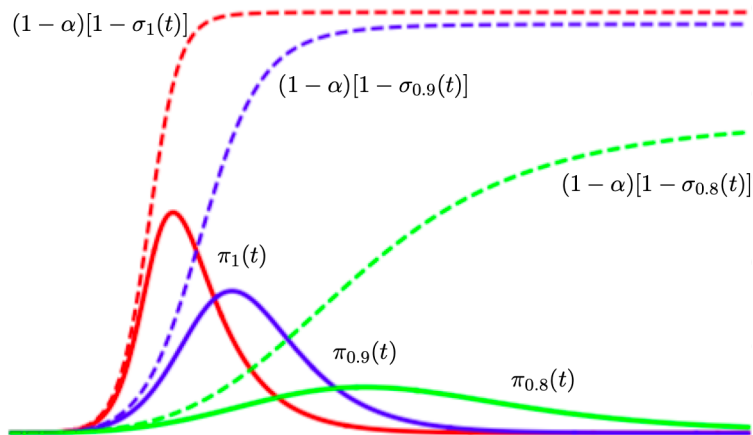
As the prevalence elasticity $\varphi \leq 1$ falls, (i) the herd immunity time τ_{φ} advances, (ii) the peak prevalence π_{φ} falls, (iii) the herd immunity infection share $1 - \sigma_{\varphi}$ falls, and (iv) its ratio to the eventual infection share $(1 - \sigma_{\varphi})/(1 - \sigma_{\varphi}(\infty))$ rises.

The Road Ahead: SIR versus BSIR

- SIR Model: immunity chokes off contagions
- BSIR Model: immunity and vigilance choke off contagions



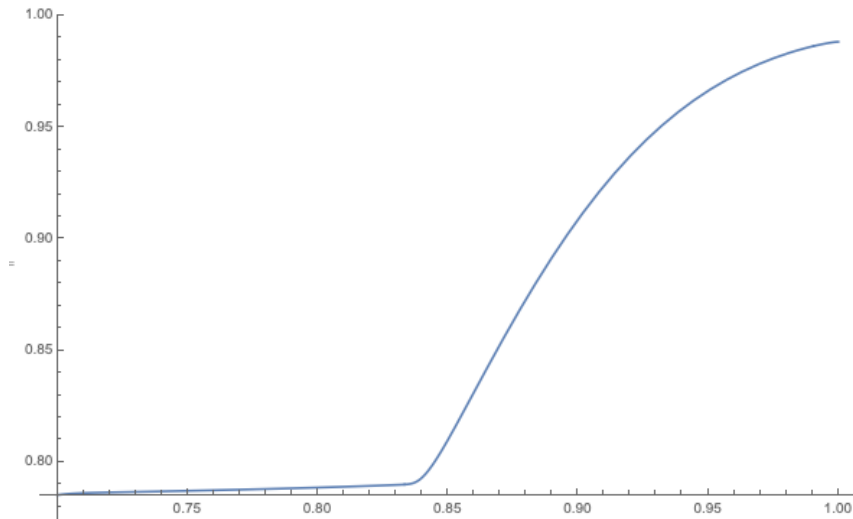
Herd Immunity — Behavioral SIR “Flattens the Curve”



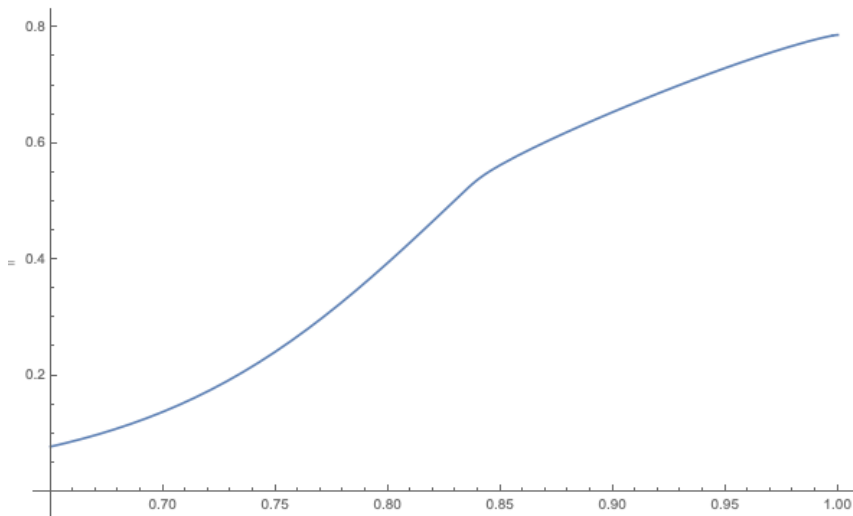
Herd Immunity Cases $\ll$ Eventual Total Cases



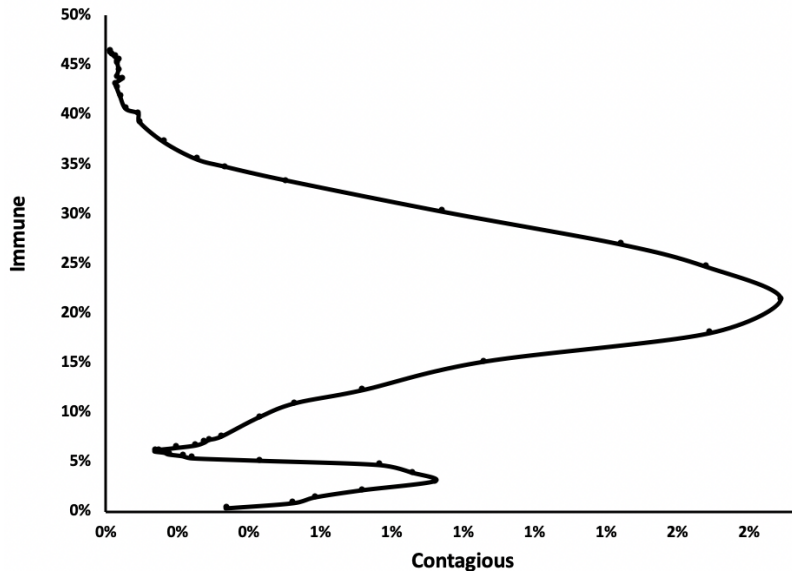
Eventual Infections



Herd Immunity Infections as a Share of Eventual Infections

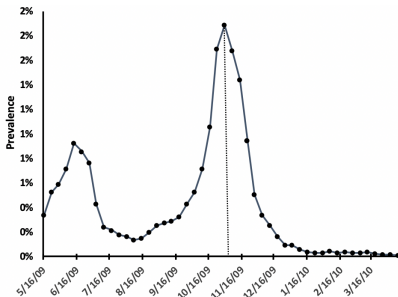


Swine Flu Herd Immunity



Swine Flu Herd Immunity

- ▶ Herd immunity on 10/31, 2009, with about 20% Immunity
- ▶ Lesson: about half of the sicknesses postdate herd immunity
- ▶ Lesson: the vaccine arrival in October was critical
- ▶ Lesson: seasonal component leads to “waves”



Swine Flu Herd Immunity

