

Infection Risk Score:

Identifying the risk of infection propagation based on human contact

1st ACM SIGSPATIAL International Workshop on Modeling and
Understanding the Spread of COVID-19 (COVID-19 2020)

3rd Nov 2020

Rachit Agarwal, IIT Kanpur, India

Abhik Banerjee, Swinburne University of Technology, Australia

Background

- Current practices to contain pandemic center around general guidelines
 - Social Distancing
 - Wearing masks
 - Contact tracing
- With things easing out in some countries, to reduce the risk of 2nd or 3rd wave, we need to efficiently manage spatial outbreak in different contexts, such as:
 - Indoor spaces¹ (offices, hospitals, hotels², etc.)
 - Services (delivery, etc.)
 - Social (local gatherings⁴, visits of friends³)



¹ H. Qian, et al. “Indoor transmission of SARS-CoV-2” medRxiv (2020).

² “Hotel quarantine linked to 99% of Victoria's Covid cases, inquiry told”, The Guardian, 18th Aug 2020

³ “Home visits the biggest threat to Victoria's new normal”, 9News, 26th Oct 2020

⁴ “Kanpur: Covid-19 norms flouted in Dussehra festivities”, Times of India, 27th Oct 2020



World Health
Organization



Australian Government
Department of Health



Motivation: Current works and issues

- Current work can be categorized into
 - Survey based studies^{5, 6}: People report on factors such as medical history, usage of PPE, etc.
 - IoT Based studies: Aarogya Setu⁷, COVIDSafe⁸ (survey⁹)
 - Wearables – EasyBand¹⁰
 - Epidemic Modeling based¹¹
- Issues with infection tracking innovations and advancements:
 - Disease may **not show any symptoms for a long period** (exposed state) or even no symptoms (**Asymptotic cases**)
 - The methods deployed are **reactive not pro-active**
 - List of infected patient is updated post the tests and isolation process
 - **Infected people are typically isolated** and not allowed to meet anyone. Thus, such apps cannot tell (for COVID-19 case) if you are exposed

⁵ M. Mhango, et al., “COVID-19 Risk Factors Among Health Workers: A Rapid Review”, Safety and Health at Work, 11, 3 (Sept. 2020), 262–265

⁶ World Health Organization, “Health workers exposure risk assessment and management in the context of COVID-19 virus: interim guidance”, 4 March 2020, Technical Report.

⁷ <https://www.mygov.in/aarogya-setu-app/>

⁸ <https://www.health.gov.au/resources/apps-and-tools/covidsafe-app>

⁹ M. Islam, et al., “A Review on the Mobile Applications Developed for COVID-19: An Exploratory Analysis”, IEEE Access, 8(Aug. 2020), 145601–145610

¹⁰ M. Shukla, et al., “Privacy Guidelines for Contact Tracing Applications”, arXiv (April 2020), 1–10

¹¹ M. Shahzamal, et al., “Airborne Disease Propagation on Large Scale Social Contact Networks”, In 2nd IWSS (Pittsburgh, USA), ACM, 35–40.

Motivation: Questions

- Can management of infection spread be made more **proactive**?
- Can we estimate the **risk of social situations and potential propagation**?
- Can **individuals and organisations** be provided with **inputs**, based on which they can take early actions?

Contribution

- Infection risk score metric
 - Based on local neighborhood, transmission likelihood and vulnerability to a disease
- Evaluation using realistic dataset
 - Small scale school specific study
- Adaption of risk score using smartphones
 - Alpha version of the application available to test

Risk Score: Risk Propagation Model

- Based on local neighborhood, transmission likelihood and vulnerability to a disease

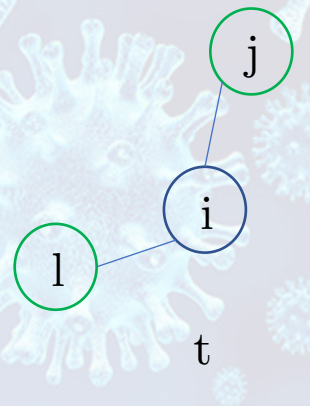
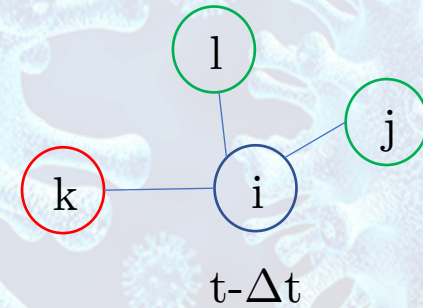
$$r_{i,t} = \frac{v_{i,t} \times r_{i,t-\Delta t} + \sum_{j \in N_{i,t}} w_{j,t} \times (E_{i,j,t} + r_{j,t-\Delta t})}{1 + \sum_{j \in N_{i,t}} w_{j,t}}$$

- Here

- Exposure caused by a neighbor j ($E_{i,j,t}$) where

$$E_{i,j,t} = \Delta t \times n_{i,j,t}$$

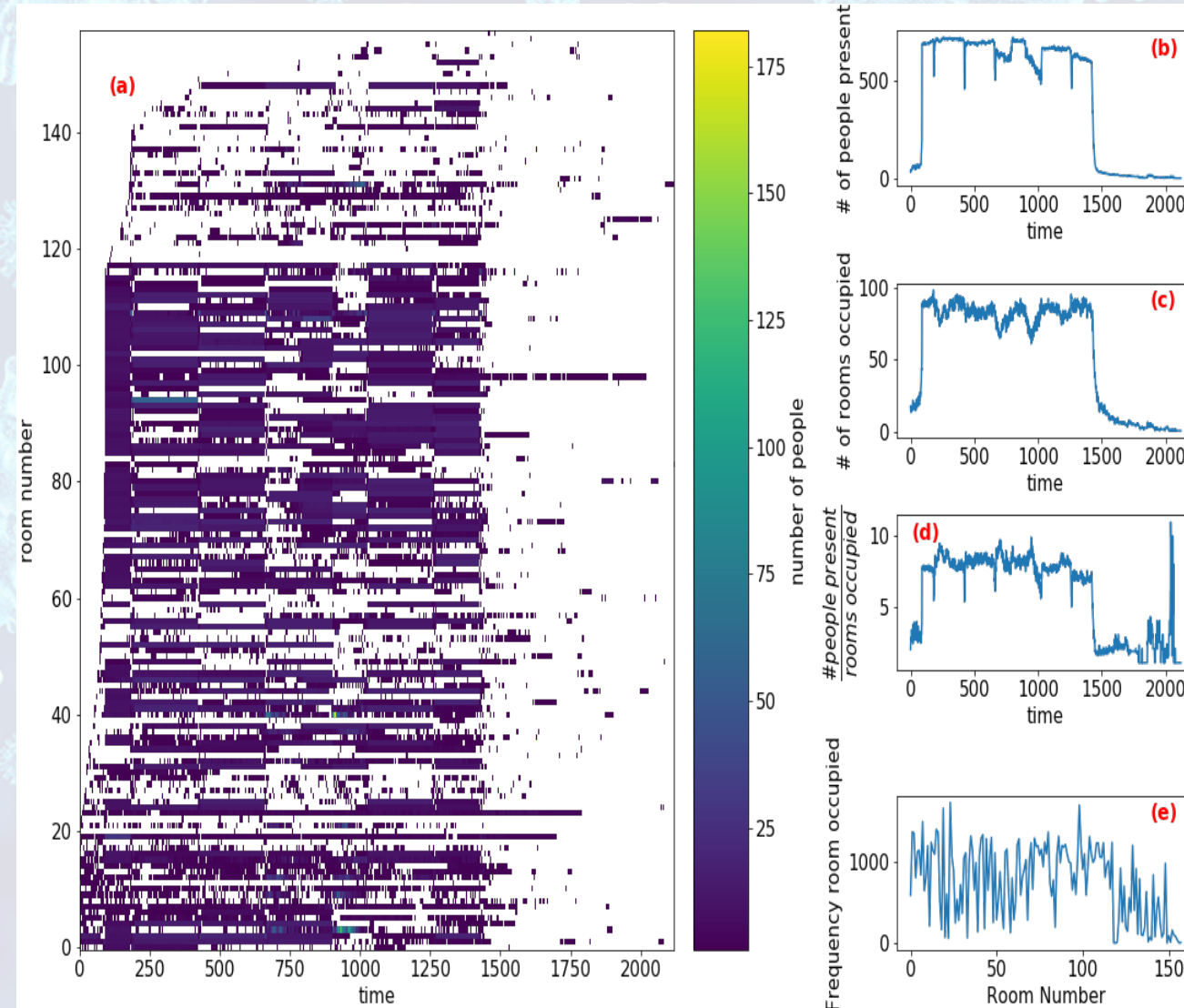
- $n_{i,j,t}$ is the number of pathogens released by j in vicinity of i
- Neighbor weight ($w_{j,t}$) or the transmission likelihood
- Node risk score ($r_{i,t-\Delta t}$) at time $t-\Delta t$
- Self Vulnerability ($v_{i,t}$)
 - Such as in/out-door, age, etc.



Evaluation

- Lack of fine-grained mobility datasets for COVID-19. Best we found¹²
 - School data with 158 rooms, 789 people, 1 day data from 6am to 4:30 pm
 - Not uniform distribution
 - Only 62% rooms occupied
 - Some rooms always empty
- We let the epidemic happen using SIS epidemic model

$$\begin{aligned}\frac{dS_{i,t}}{dt} &= -\frac{\beta S_{i,t} I_{i,t}}{N_{i,t}} + \gamma I_{i,t} \\ \frac{dI_{i,t}}{dt} &= -\frac{dS_{i,t}}{dt}\end{aligned}$$



¹² M. Salathé, et al, “A high-resolution human contact network for infectious disease transmission”, in Proceedings of the National Academy of Sciences 107, 51 (Dec. 2010), 22020–22025.

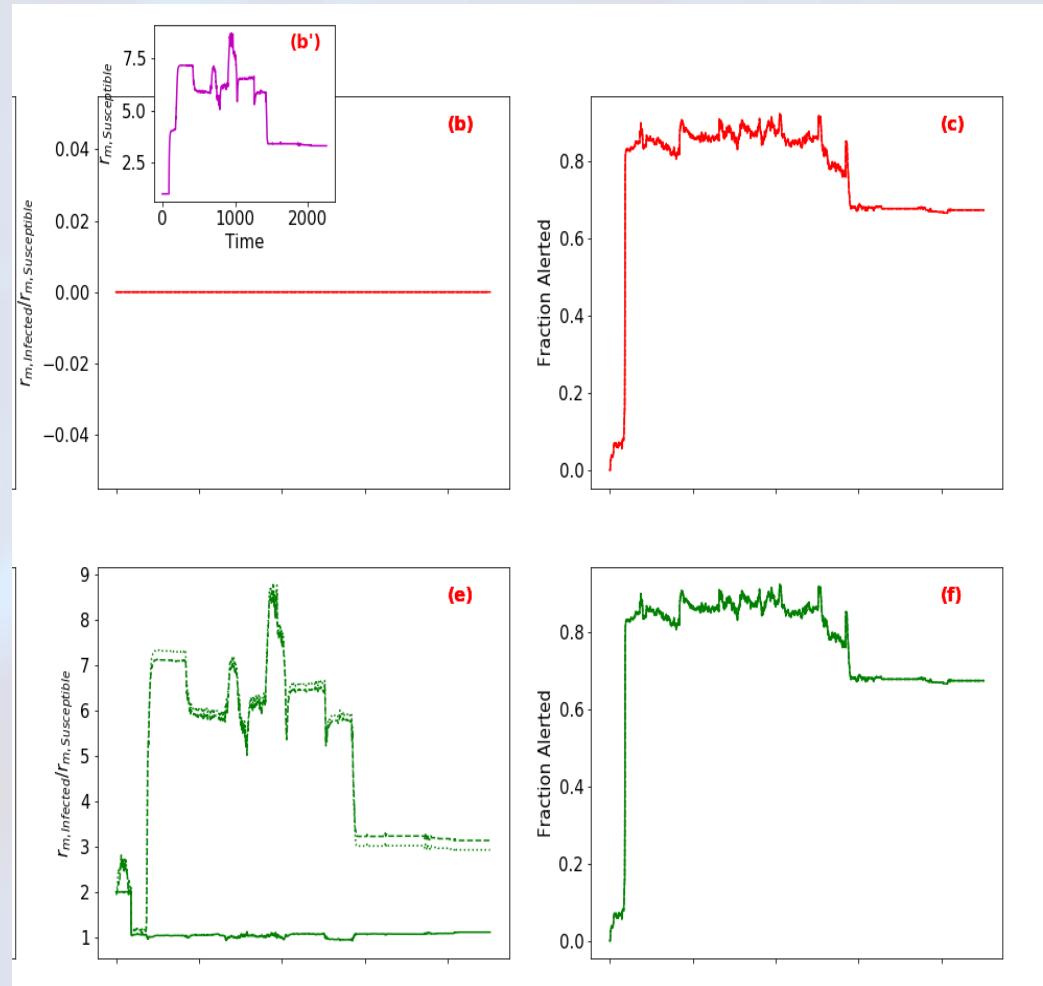
Results

**Assumptions:

- Weights are normally distributed
- Homogenous mixing

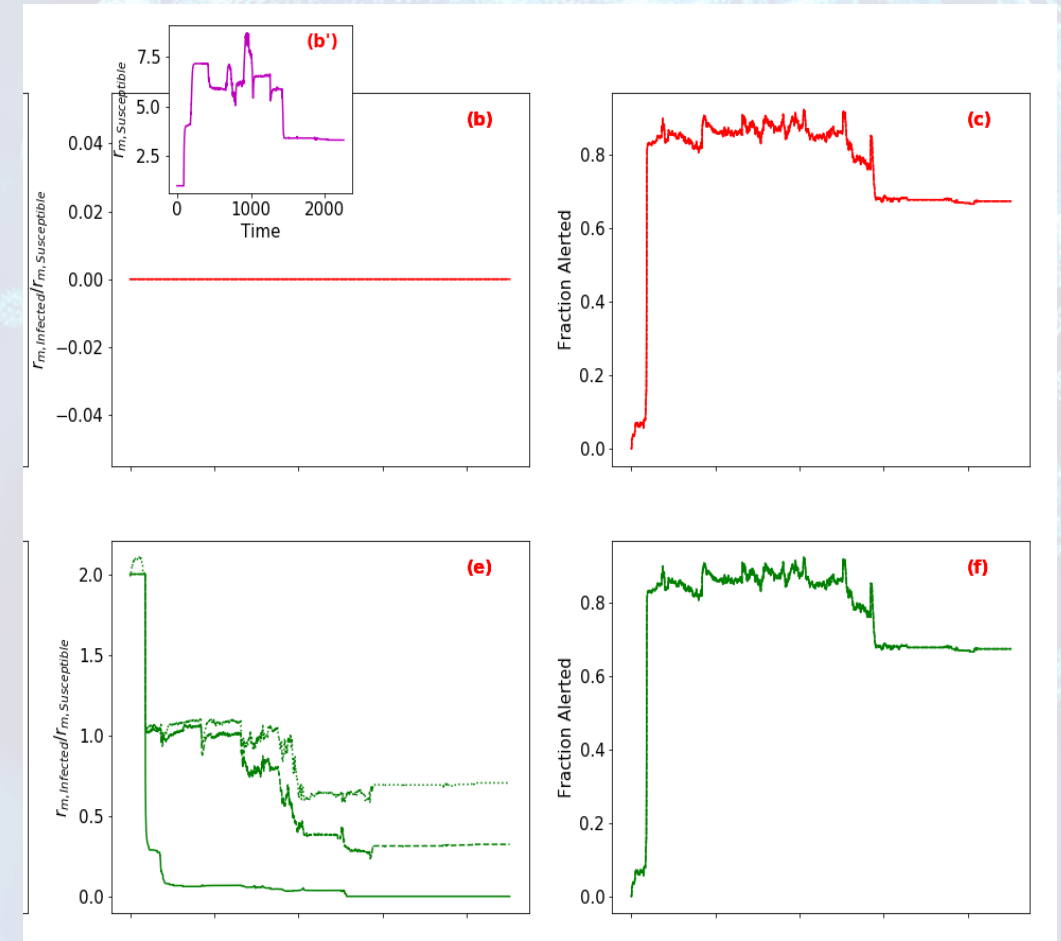
Initial infection = 0.00, $\beta = \{0.0, 0.5, 1.0\}$, $\gamma = 0.0$

Initial infection = 0.01, $\beta = \{0.0, 0.5, 1.0\}$, $\gamma = 0.0$



Initial infection = 0.00, $\beta = \{0.0, 0.5, 1.0\}$, $\gamma = 0.75$

Initial infection = 0.01, $\beta = \{0.0, 0.5, 1.0\}$, $\gamma = 0.75$



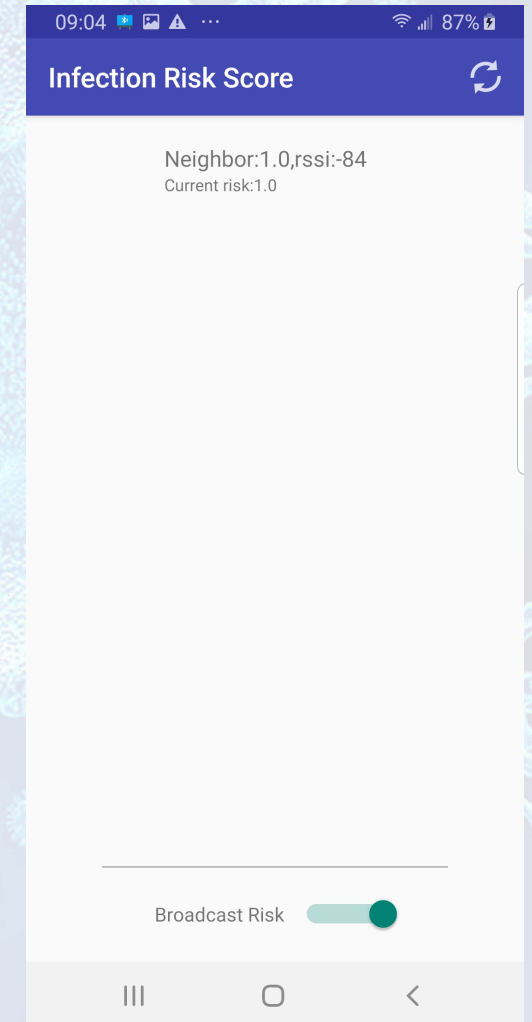
$$r_{i,t} = \frac{v_{i,t} \times r_{i,t-\Delta t} + \sum_{j \in N_{i,t}} w_{j,t} \times (E_{i,j,t} + r_{j,t-\Delta t})}{1 + \sum_{j \in N_{i,t}} w_{j,t}}$$

Risk Score implementation using Smartphone

- Individual risk scores are broadcasted using Bluetooth Low Energy (BLE)
- Each phone computes its instantaneous risk score based on smartphones in its neighborhood
- Does not require a centralized database and is privacy preserving since identity information is not broadcasted

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| UUID | | | | | | | | | | | | | | | | r | 0 | 1 | . | 0 | 0 | w | 0 | . | 5 | 0 | | | | | |

BLE advertising packet format



Potential use cases and future directions

- Use cases and dissemination activity

- Spatial region risk score as

$$r_t^{A_a} = \frac{\sum_{\forall i \in L_a} r_{i,t}}{||L_a||}$$

- Regions could be defined at any spatial scale (building, city, etc.)
 - In talks with many organizations that showed interest in our application.


- Future direction

- Increasing score accuracy
 - Incorporating more contextual information and quantify weights
 - Exposure context parameters
 - Increasing outreach activity

Conclusion

- We present risk score metric based that on local neighborhood, transmission likelihood and vulnerability to a disease
- Our prototype App based implementation of Risk Score can enforce social distancing where people are more cautious when meeting others.
- Limitations
 - Model: There is **lack of fine-grained mobility datasets for COVID-19**, making it difficult to use a purely data science/machine learning approach
 - Application: **Usage** but the risk model is independent of usage related issues.

Thank you

 @ragarwa2, @abhibane

 rachitag@iitk.ac.in, abanerjee@swin.edu.au

 <https://rachit.gitlab.io>

For testing application please contact us

Credits (Image Source):

Background: <https://www.paho.org/en/news/25-3-2020-similarities-and-differences-covid-19-and-influenza>

Kanpur: Covid-19 norms flouted in Dussehra festivities, Times of India, 27th Oct 2020