

Transmission dynamics of COVID-19

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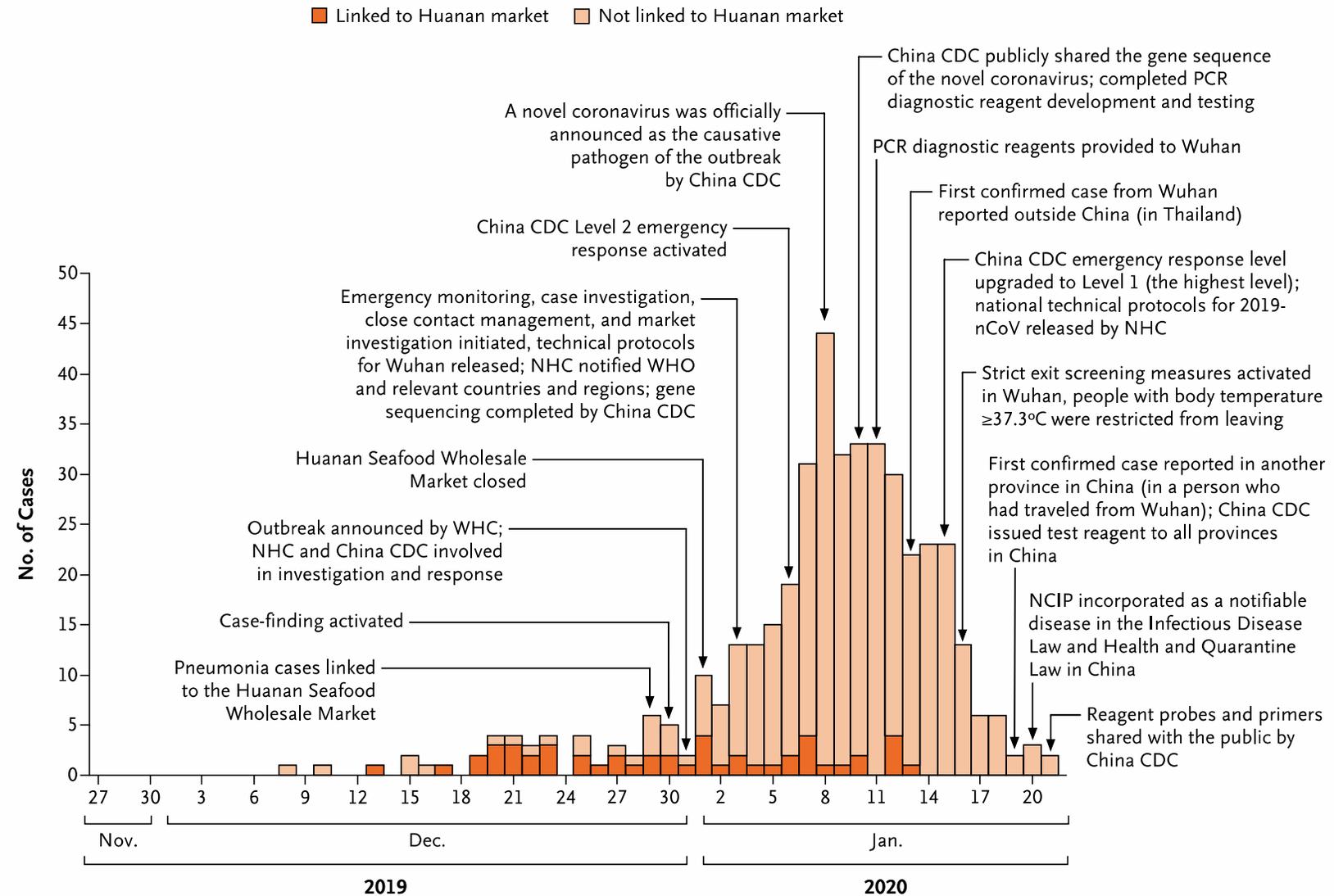
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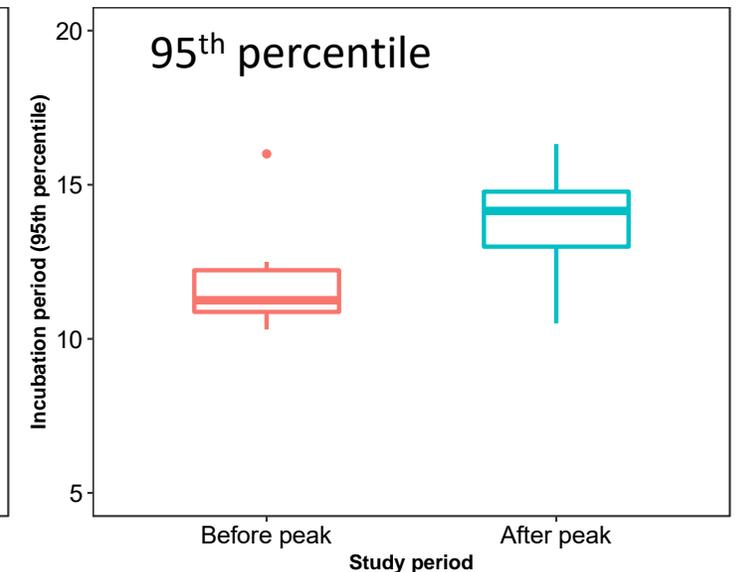
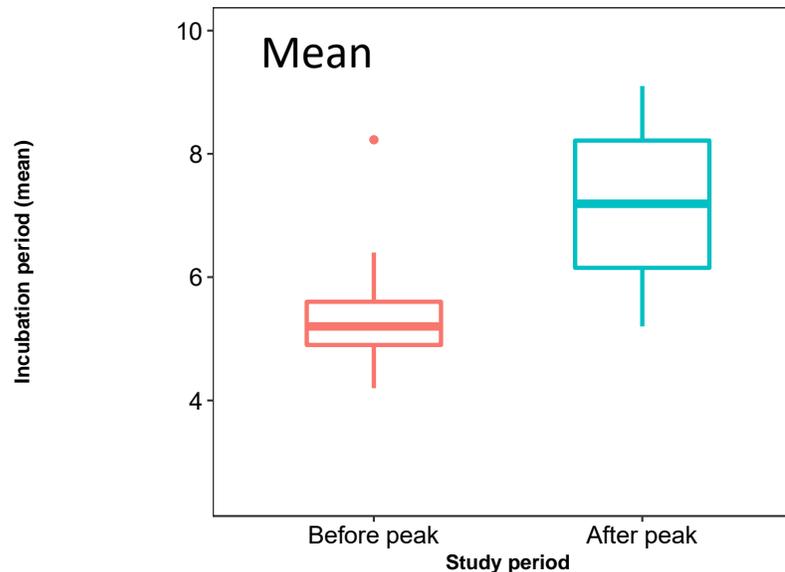
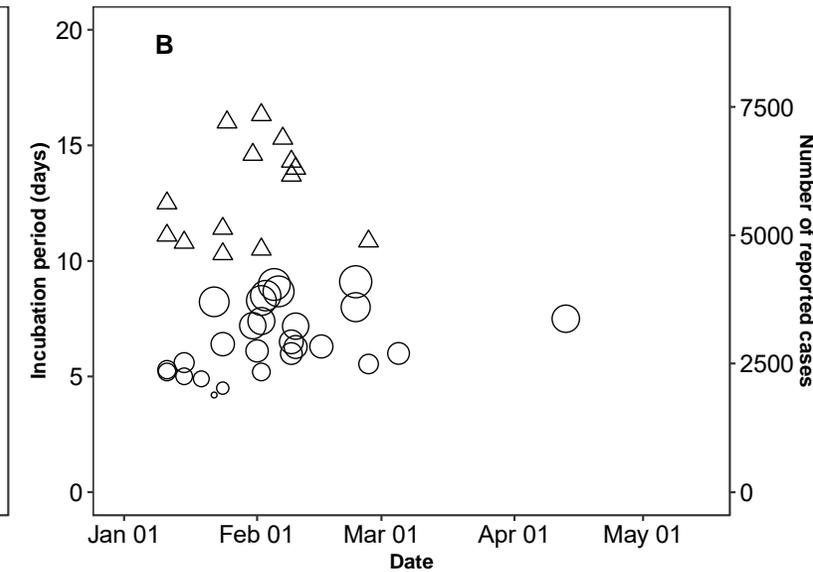
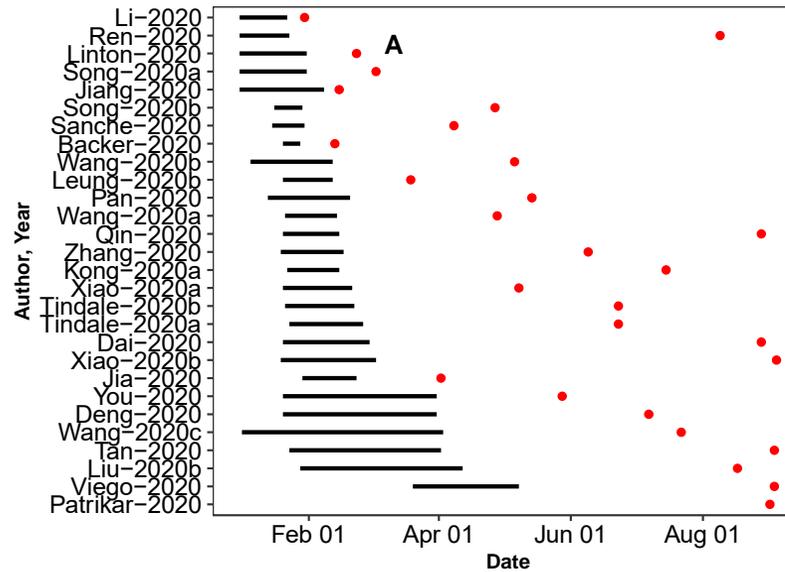
Early transmission dynamics in Wuhan

- Based on early exponential growth in non-linked cases (up to 3 January) **case numbers doubled every 7.4 days**
- Basic reproductive number (R_0) of 2.2



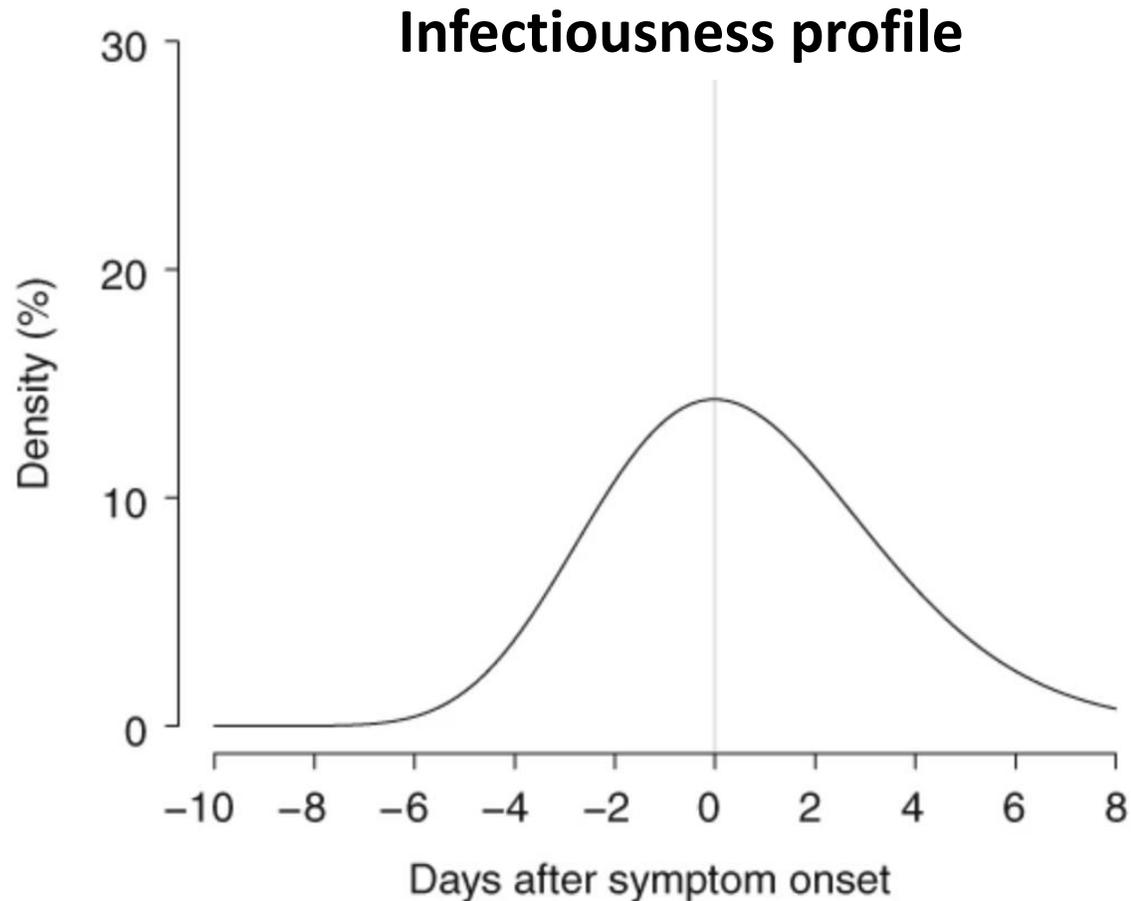
Incubation period

- Earliest estimates of the mean incubation period 5-6 days, 95th percentile 12 days
- But biased towards shorter incubation periods during rising epidemic



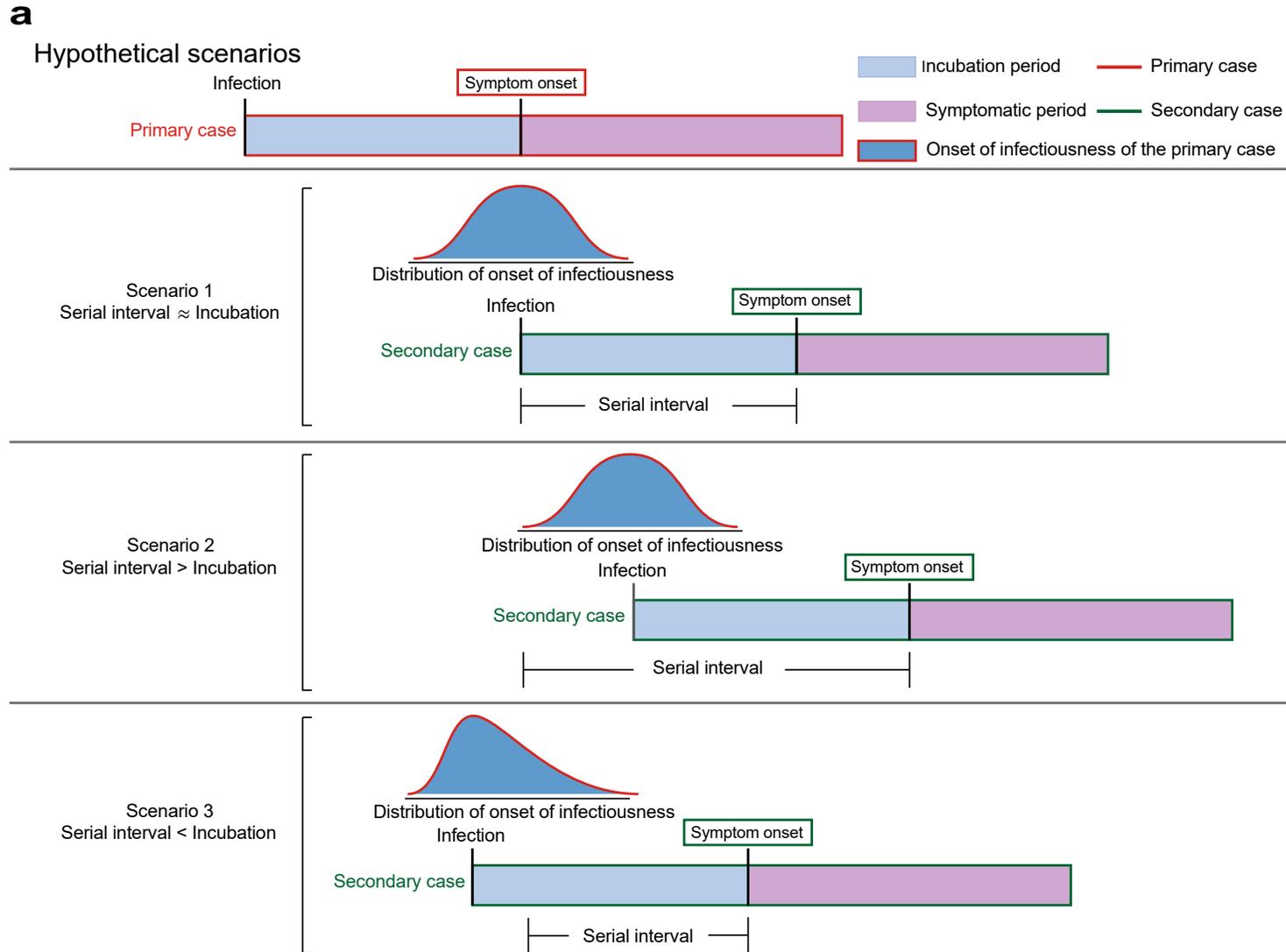
unpublished

Pre-symptomatic infectiousness



- We analyzed data on serial intervals between cases in transmission chains, and the incubation period distribution
- Estimated that most infectiousness occurred within a few days before and after symptom onset
- Caveat – this study used data from China during containment efforts, and post-symptomatic infectiousness may have been reduced by public health measures

Serial interval vs incubation period



• Mean incubation period 5-6 days

SARS 2003

Estimated incubation period: 4-5 days

Estimated serial interval: 10-11 days

Primary case

- The serial interval is the interval between illness onset dates in transmission chains

Secondary case

0 5 10 15 20

Days from symptom onset of primary case

- If transmission mostly occurring around illness onset in infector, the

Seasonal influenza

Estimated incubation period: 2 days

Estimated serial interval: 2-4 days

Primary case

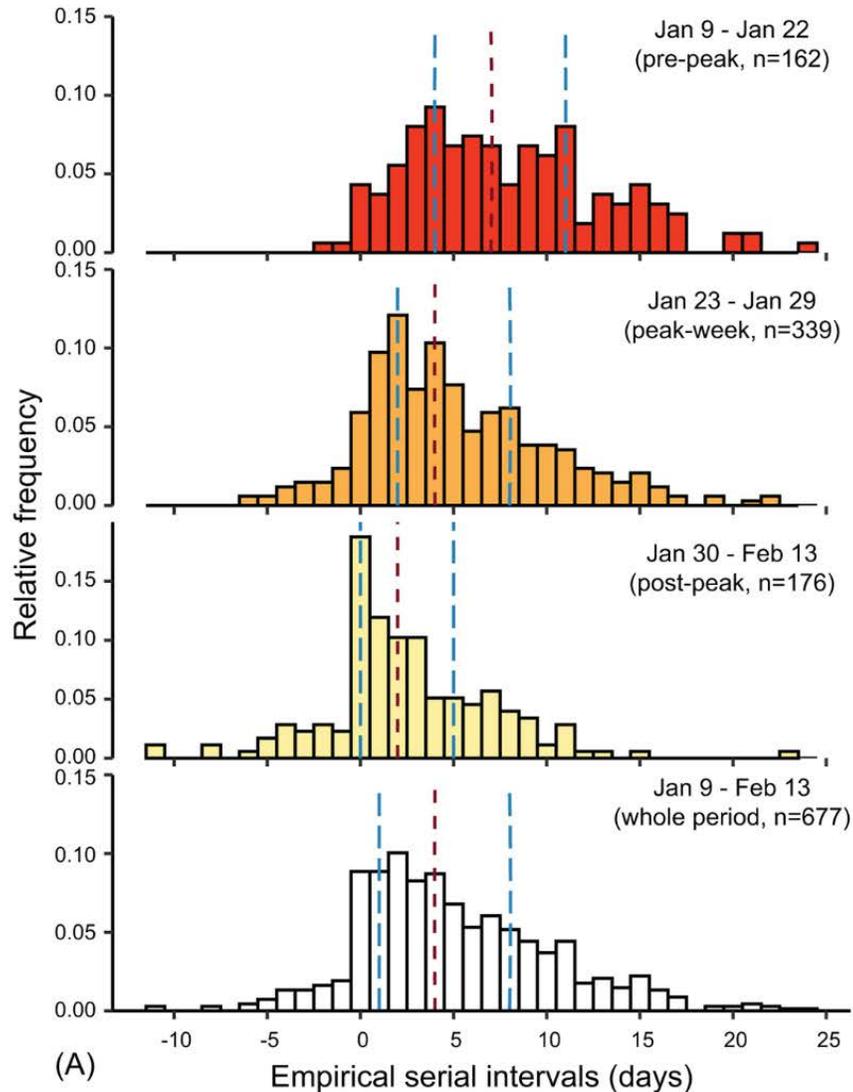
serial interval distribution will be similar to the incubation period distribution (scenario 1, left)

Secondary case

-2 0 5 10

Days from symptom onset of primary case

Serial interval distribution changed over time

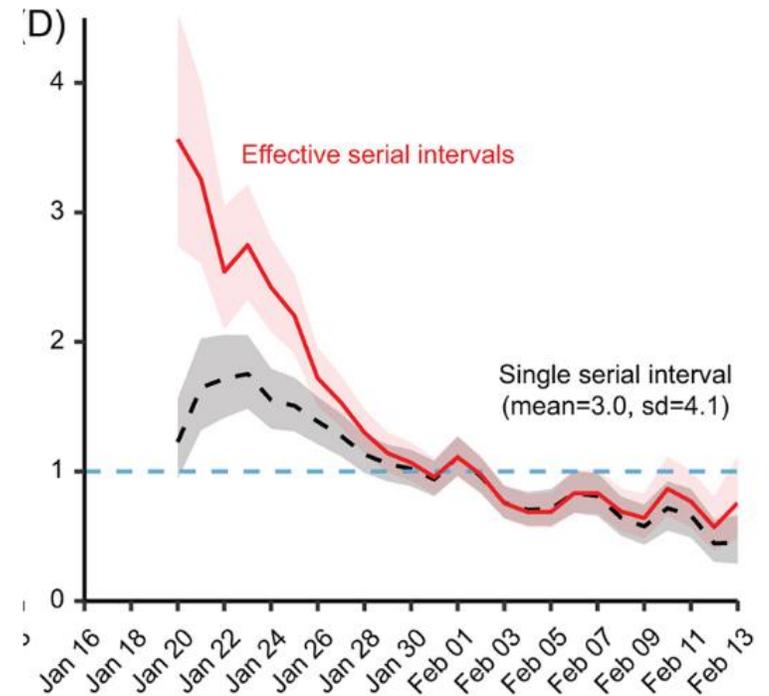


Mean 8 days
before the
epidemic peak

Mean 6 days
around the
epidemic peak

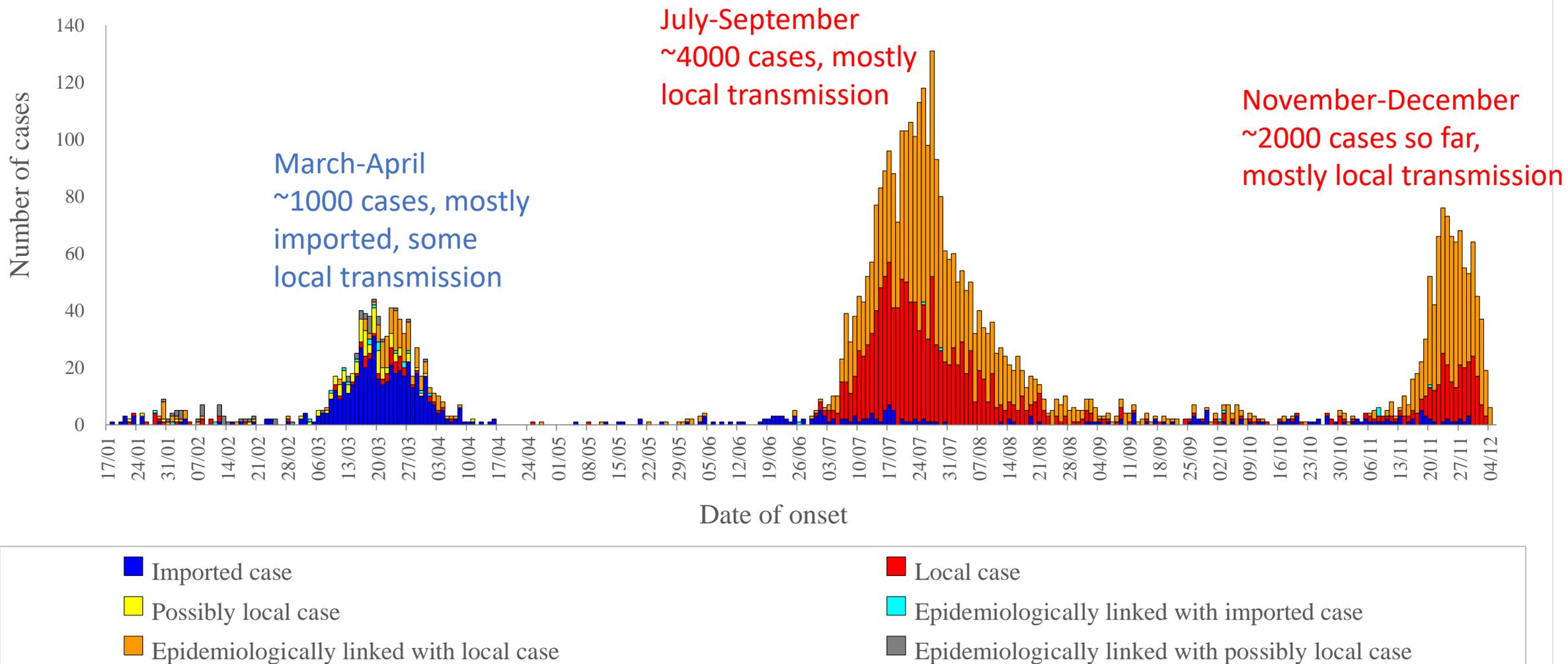
Mean 3 days
after the
epidemic peak

- Serial intervals shortened over time during the epidemic in mainland China because of effective detection and isolation of cases (reducing post-symptomatic transmission)
- Implications for R_t estimation:



Epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong (as of 5 Dec 2020)

Number of confirmed and probable cases = 6803



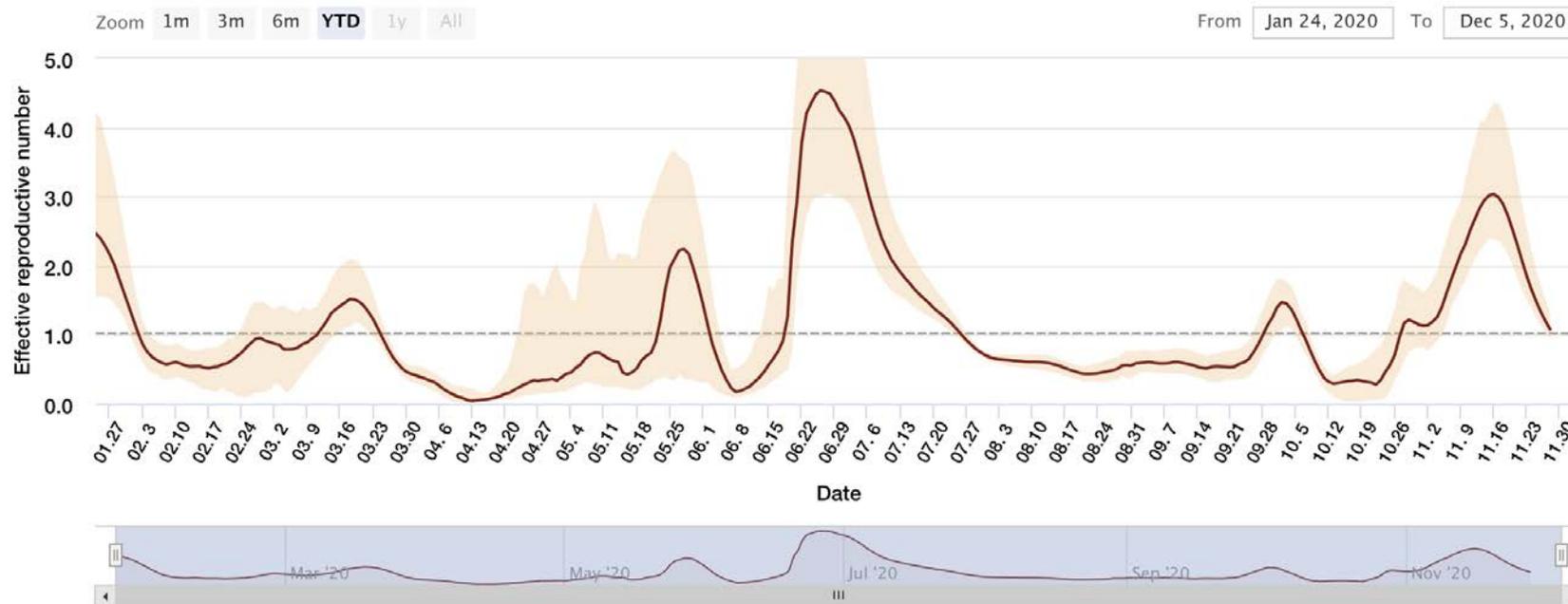
Note:

1. The case classification may be subject to changes when there is new information available.

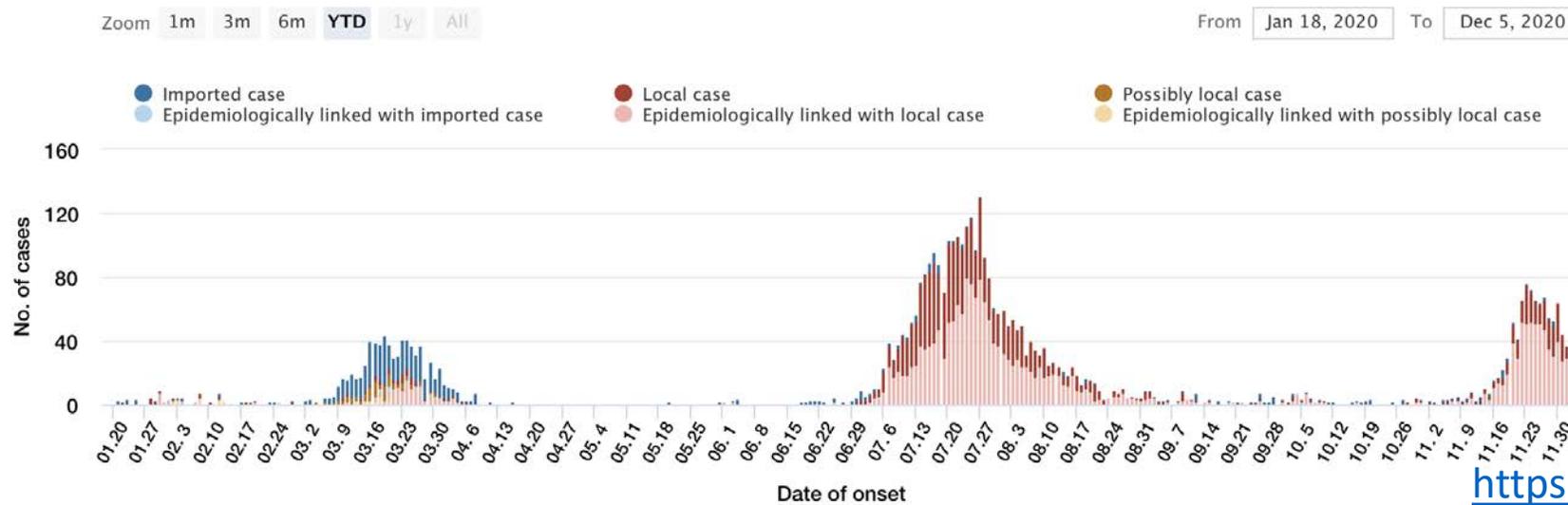
https://www.chp.gov.hk/files/pdf/local_situation_covid19_en.pdf

R_t

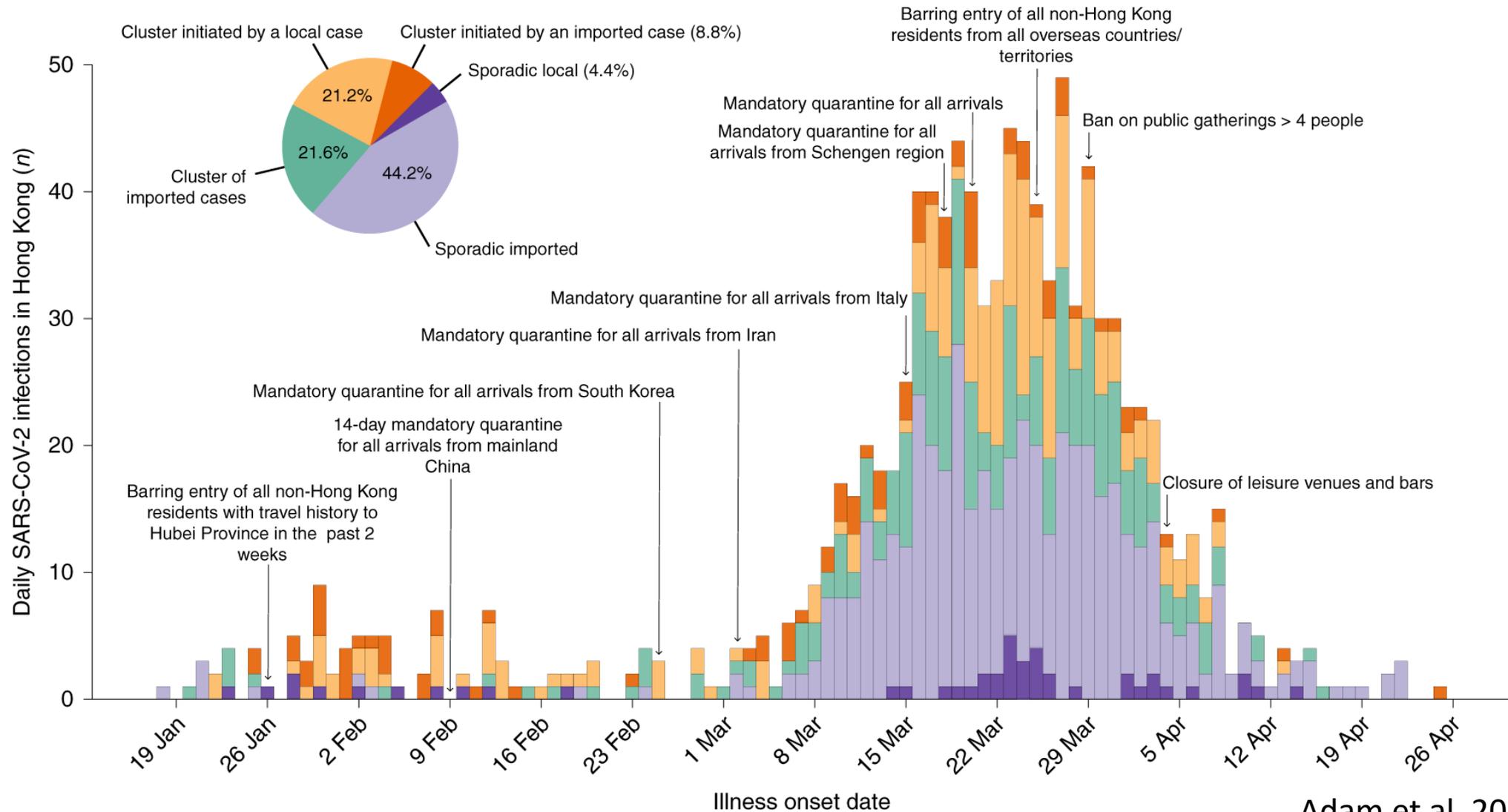
Real-time effective reproductive number for local cases



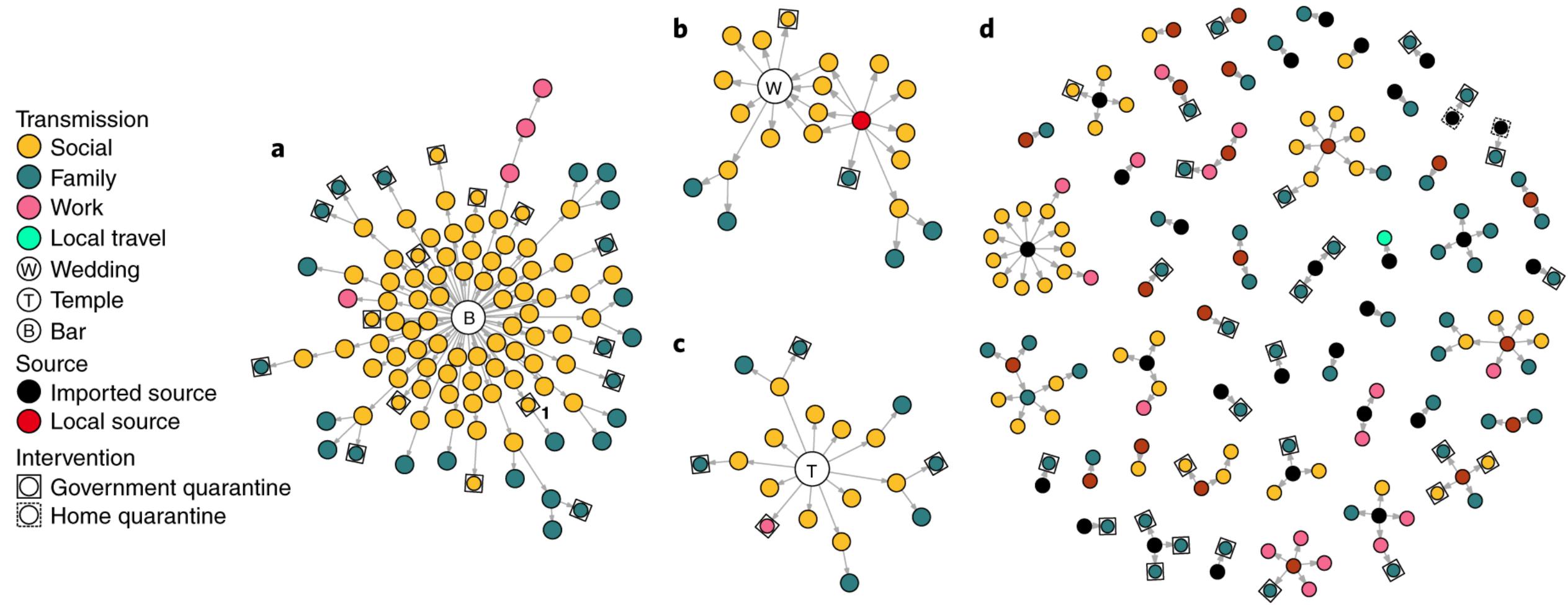
Epidemic curve by onset date and stratified by case classifications



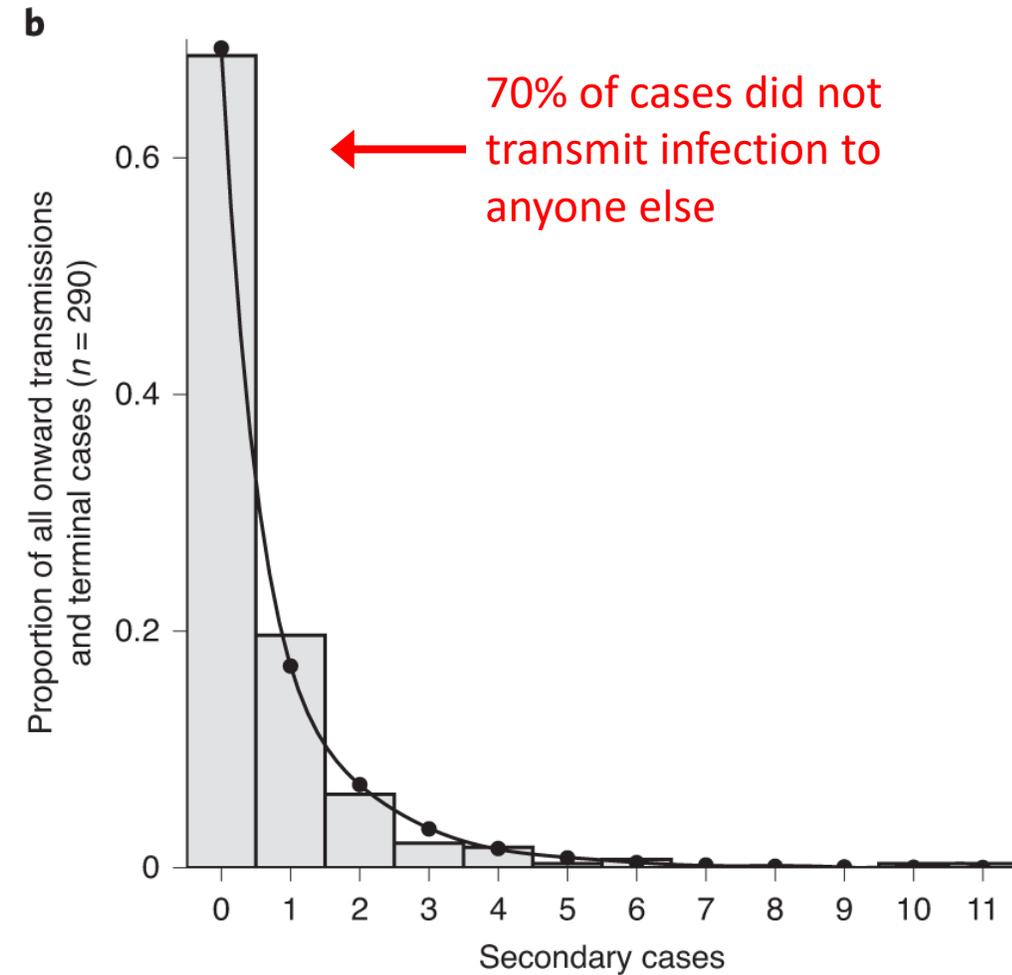
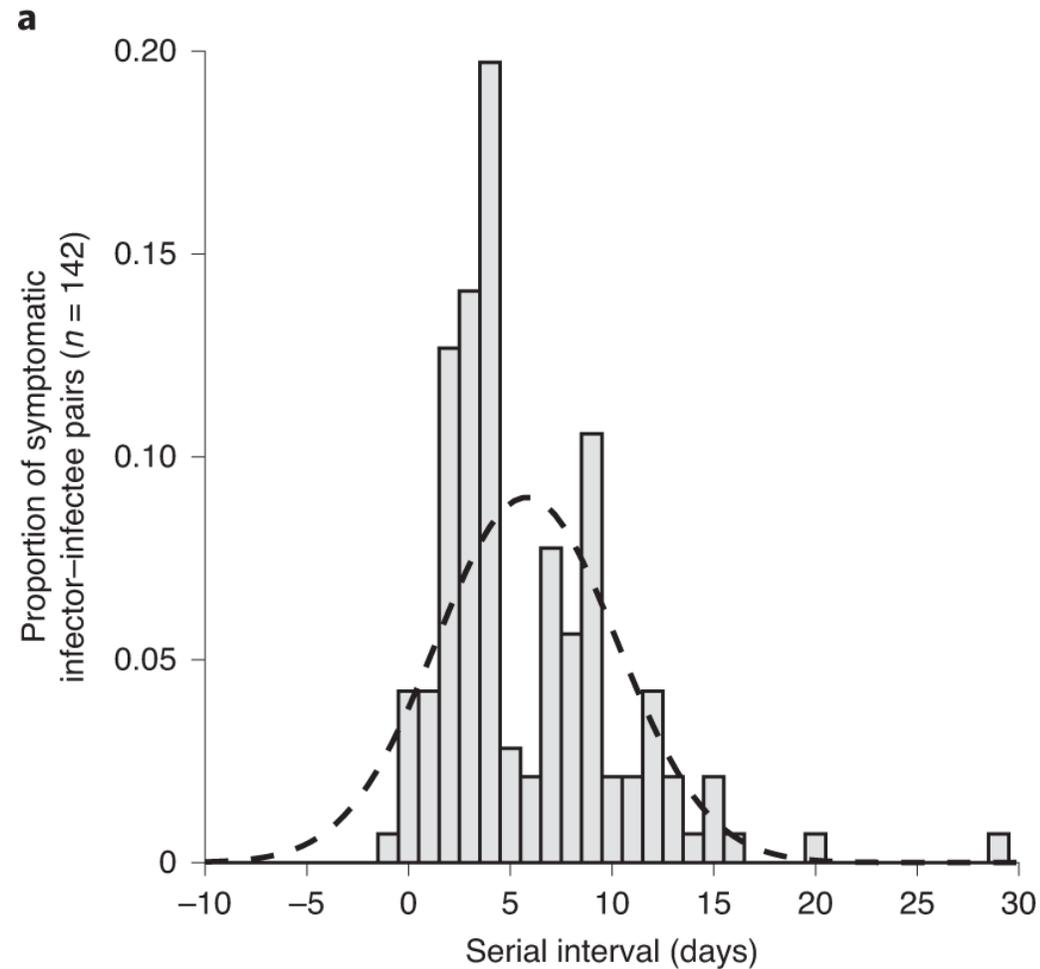
Clustering of local COVID-19 infections in March



Clustering of COVID-19 infections

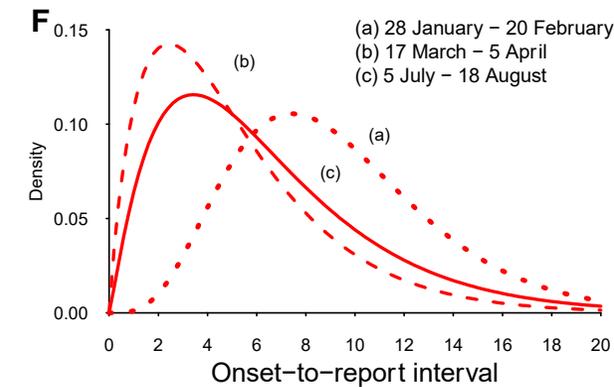
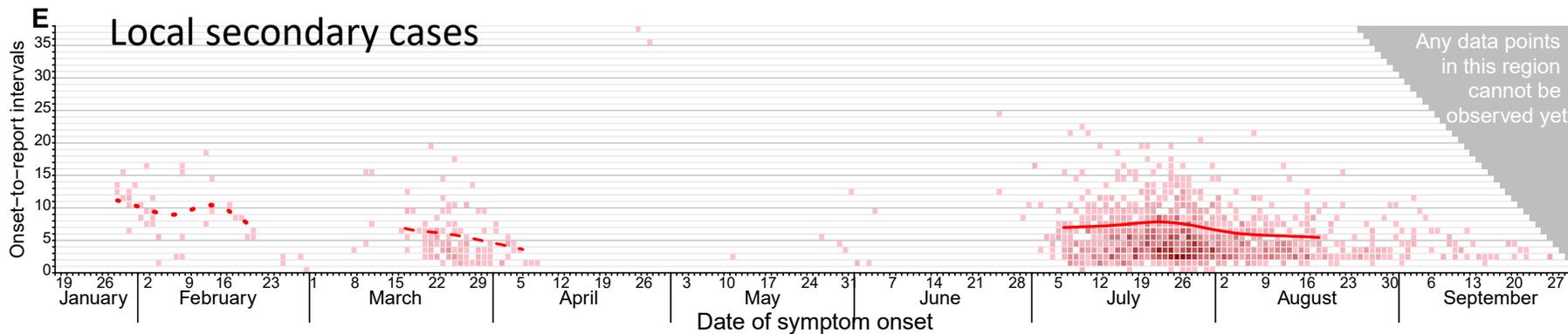
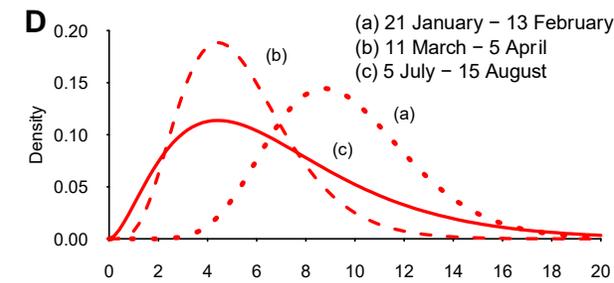
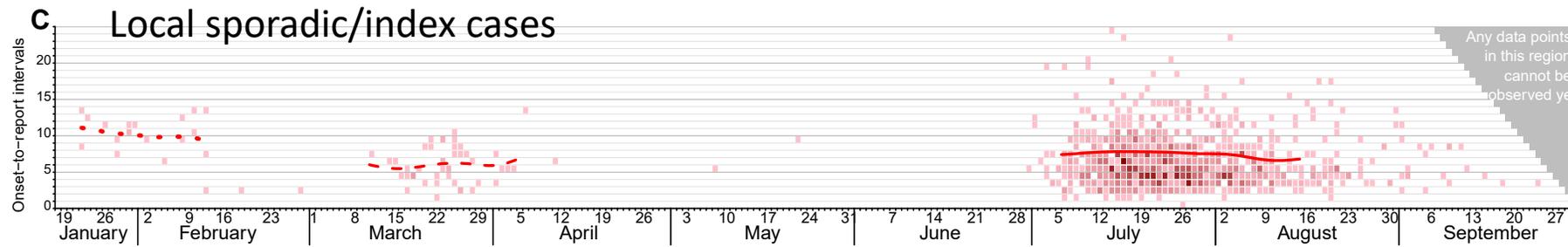
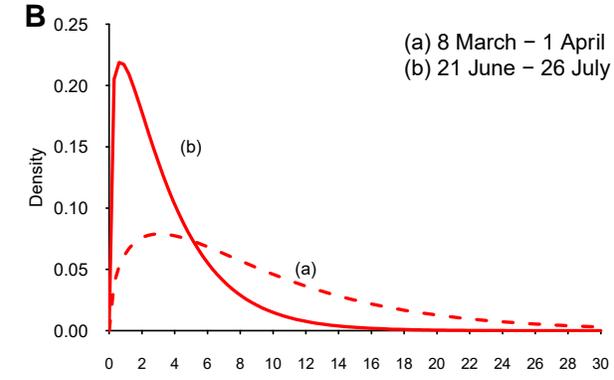
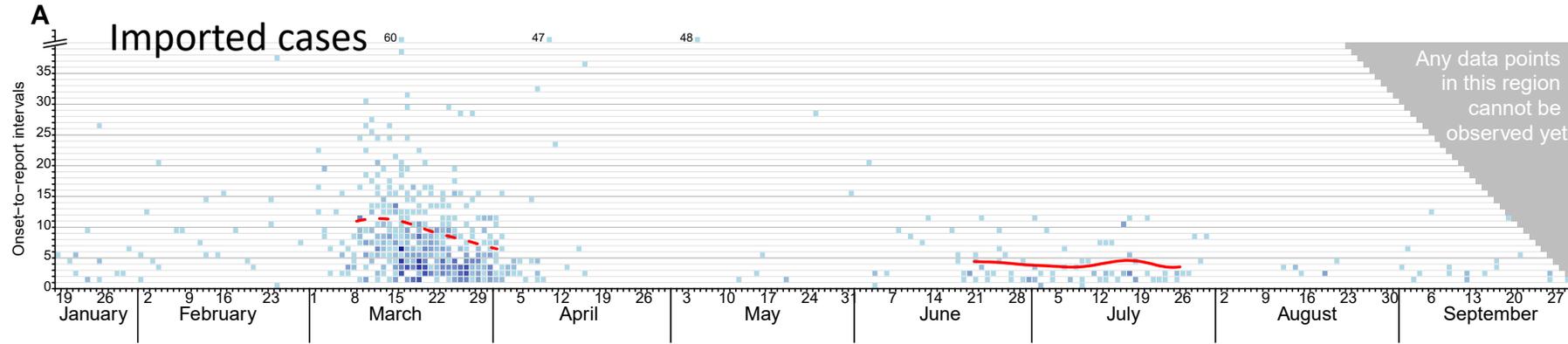


Serial interval and offspring distribution



19% of cases responsible for 80% of transmission events
(overdispersion parameter $k=0.33$)

Onset-to-confirmation delays

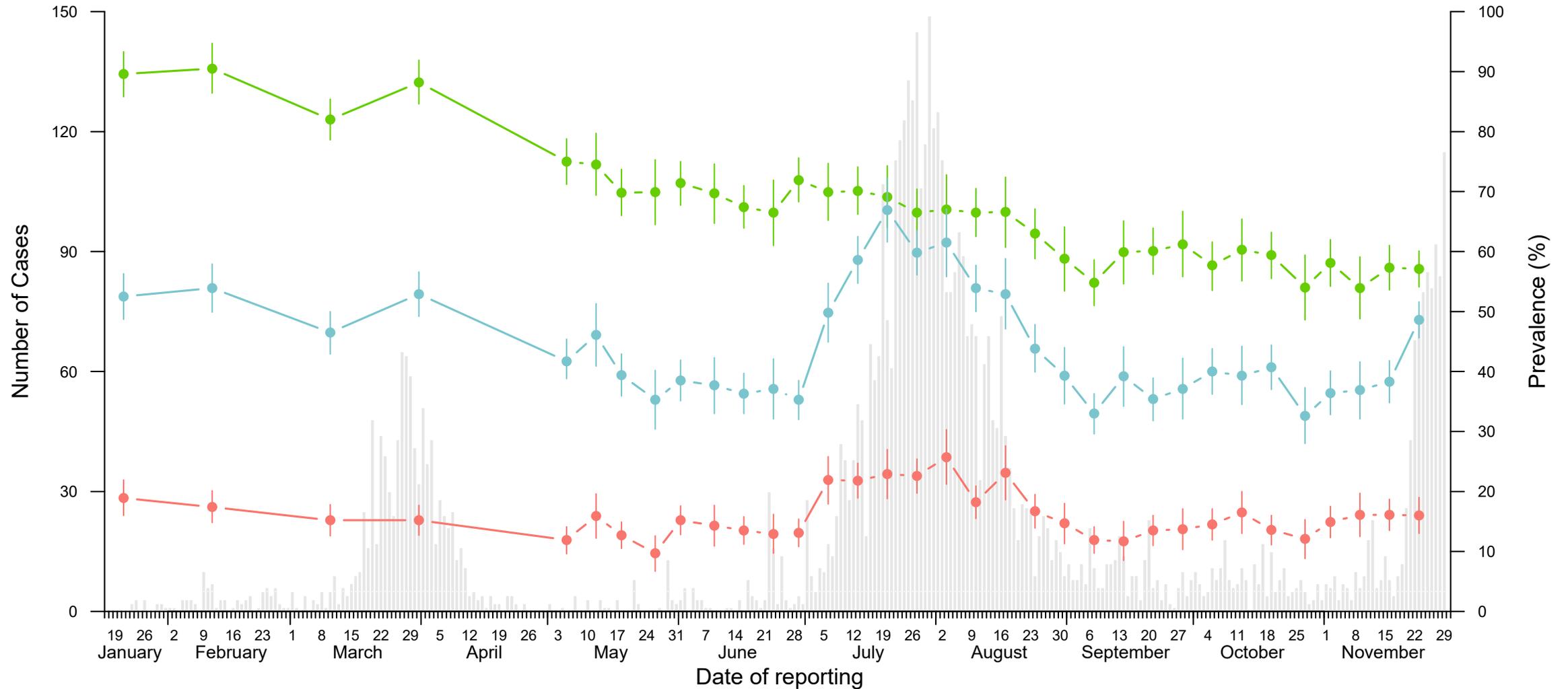


Implications of superspreading events

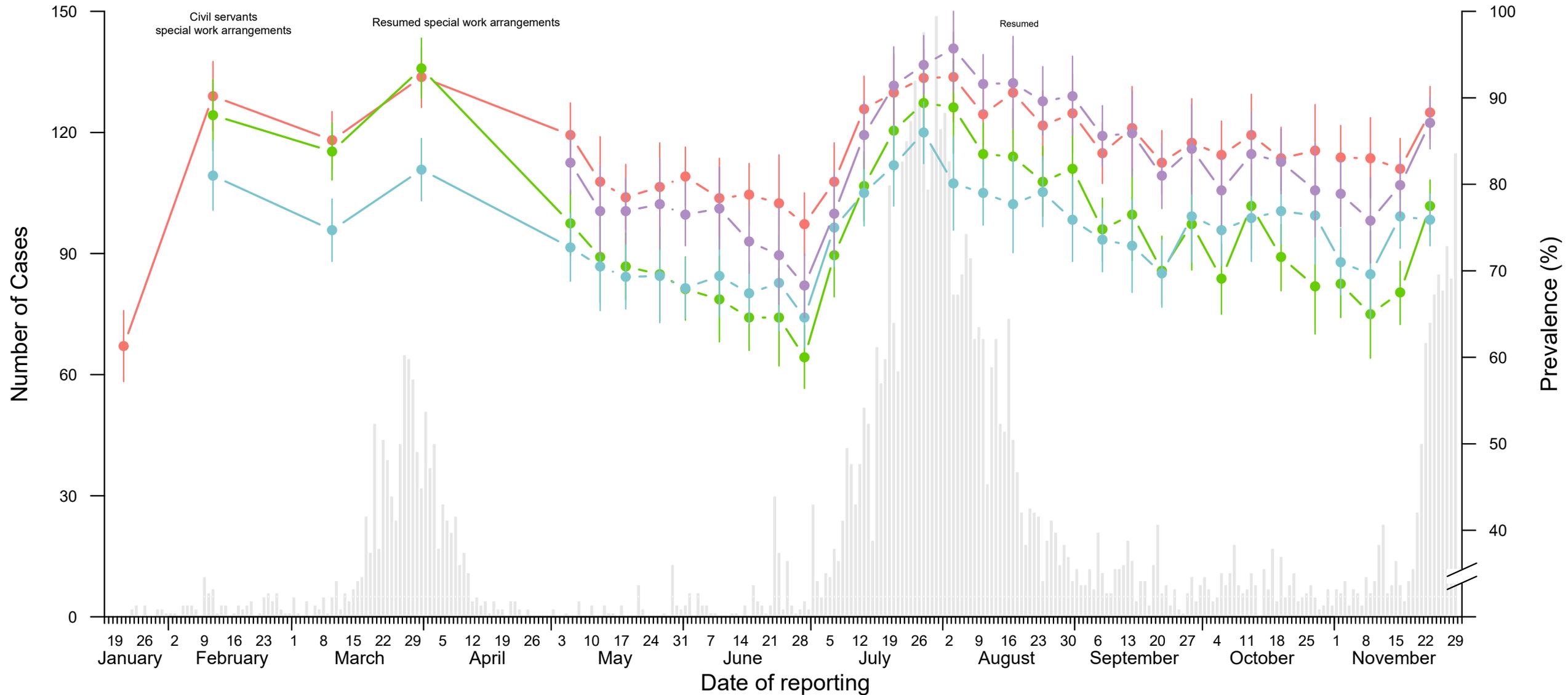
- Contact tracing and quarantine from SSEs will be particularly productive (distribution of illness onset dates can provide inferences on how many infections might not yet have been detected)
- If 80% of infections are acquired from 20% of cases, backwards contact tracing could identify SSEs, with forward contact tracing then identifying new cases and transmission chains

Population responses

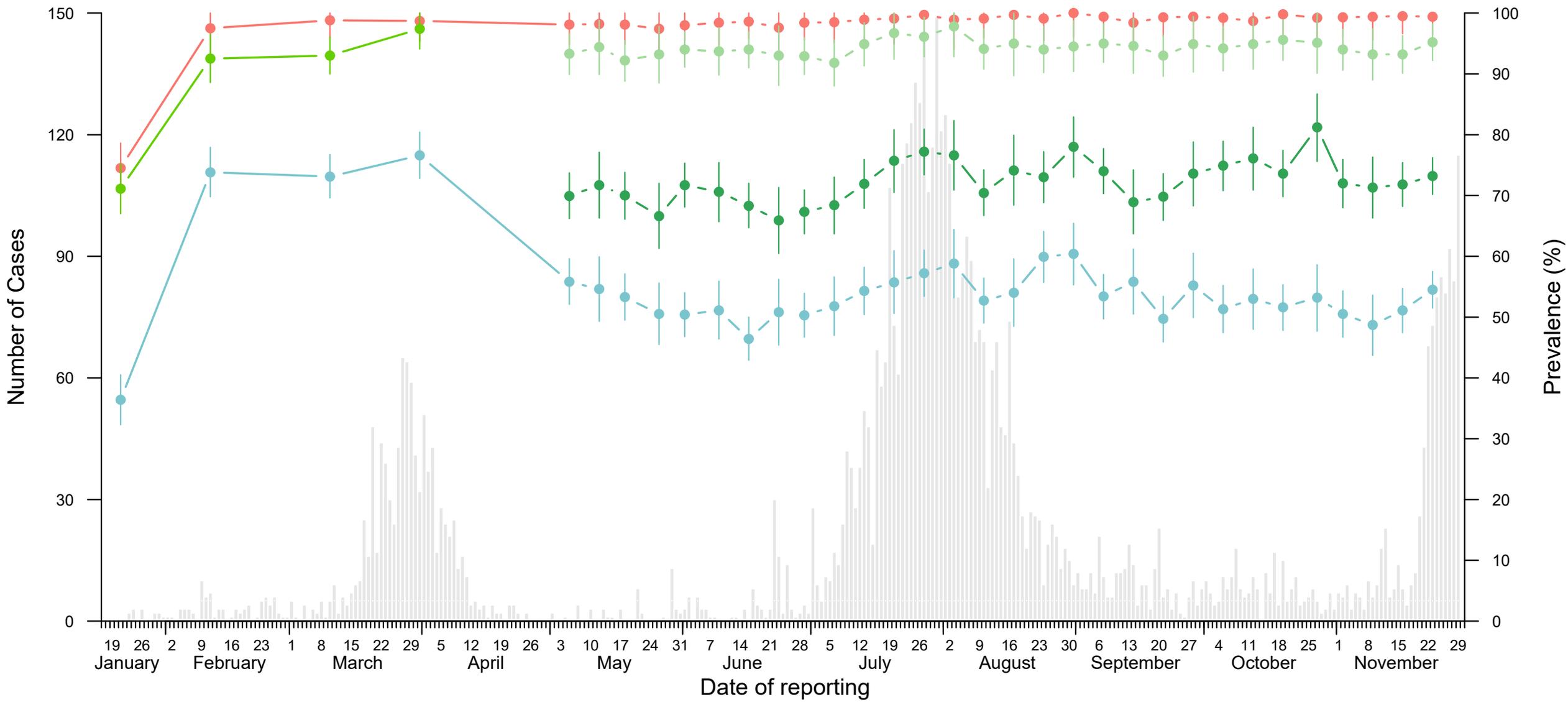
- Higher perceived severity of COVID-19
- Higher worry about being infected with COVID-19 in the next month
- Higher perceived susceptibility to COVID-19 in the next month



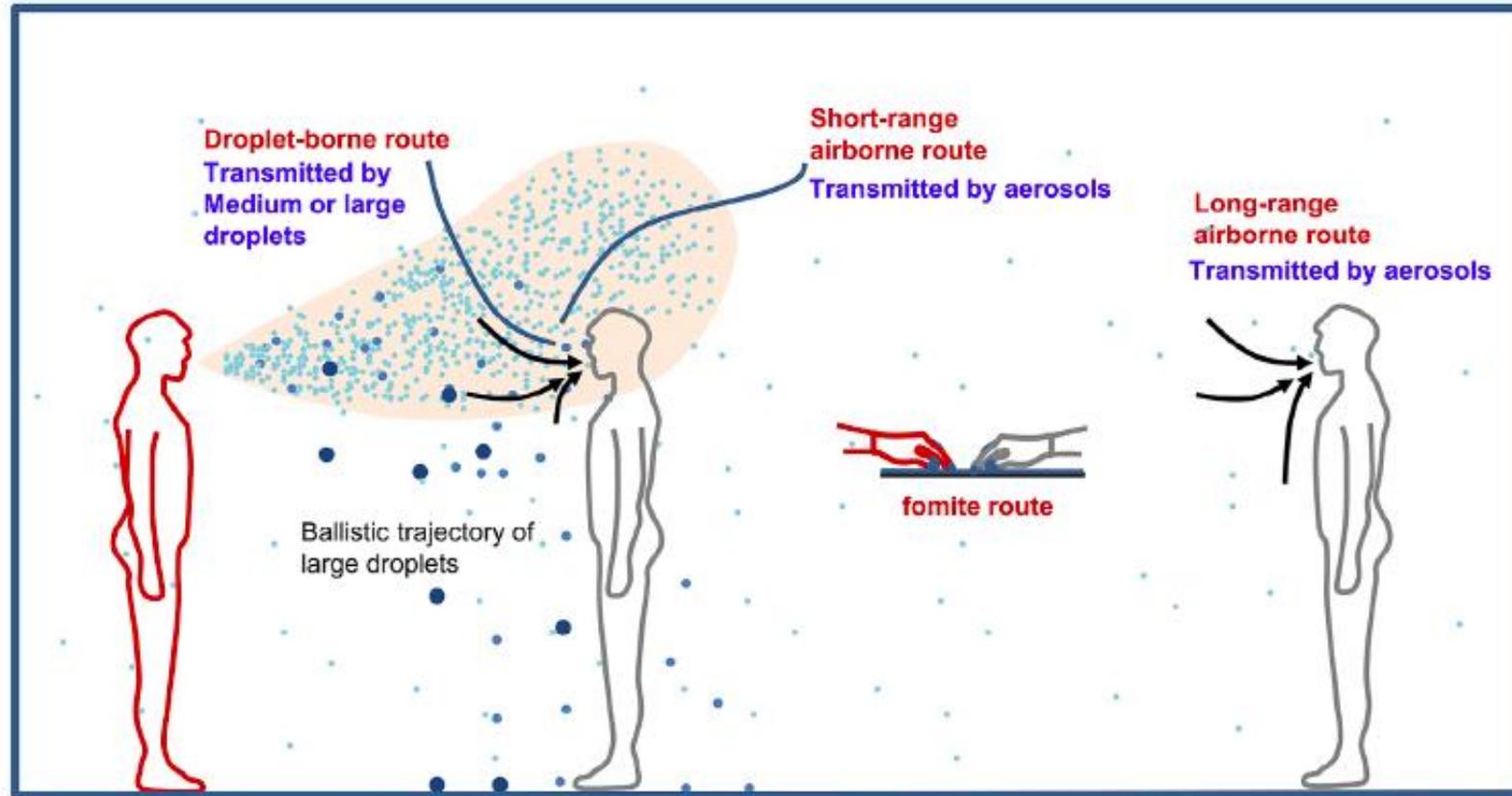
- Avoid crowded places
- Avoid social gathering
- Avoid going out as much as possible
- Avoid health-care facilities



- Wear face masks when going out
■ Wash or sanitise hands more often
■ Avoid touching or use protective measures with common objects
- Wash hands immediately after going outside
■ Wash or sanitise hands immediately after touching common objects

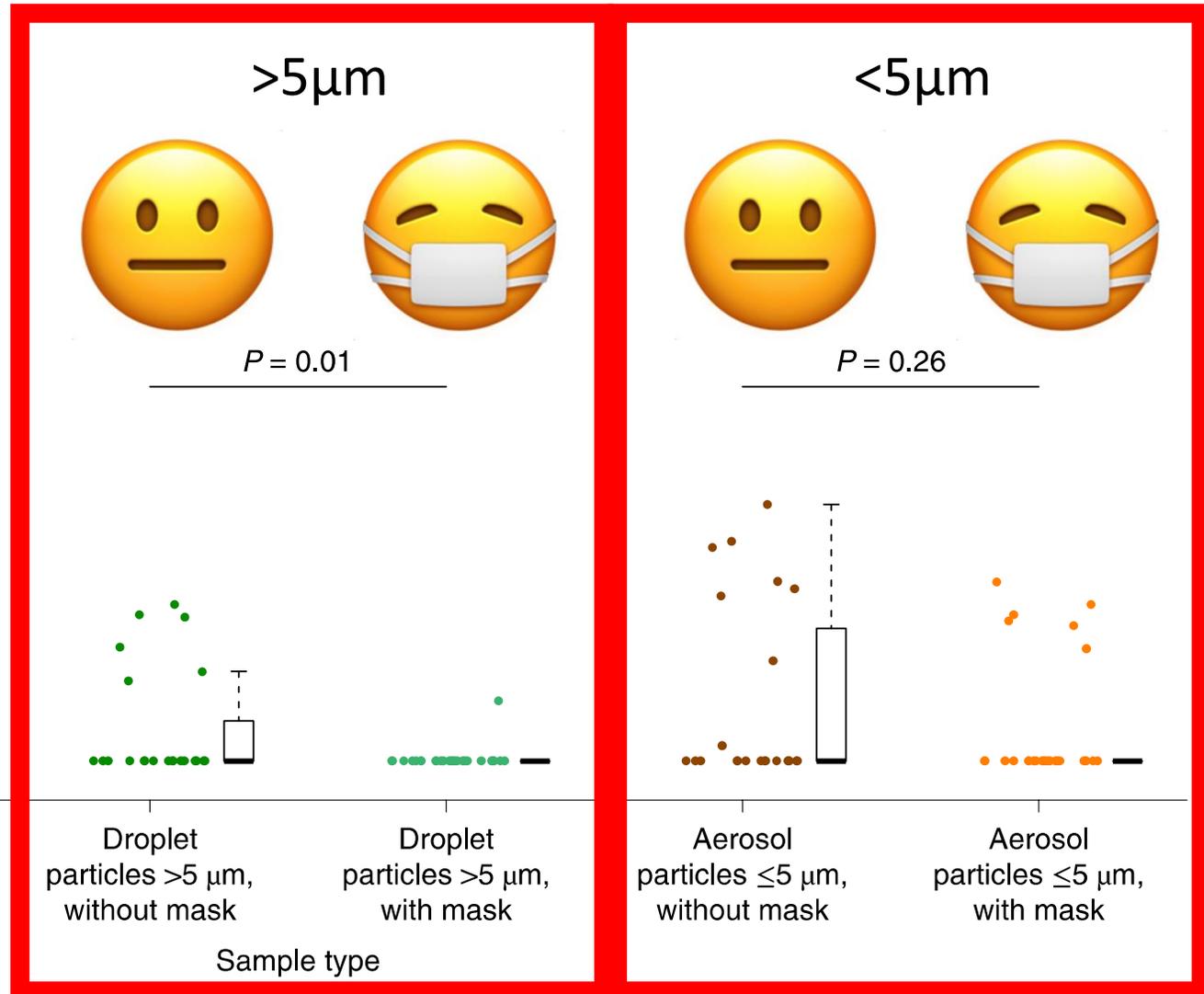
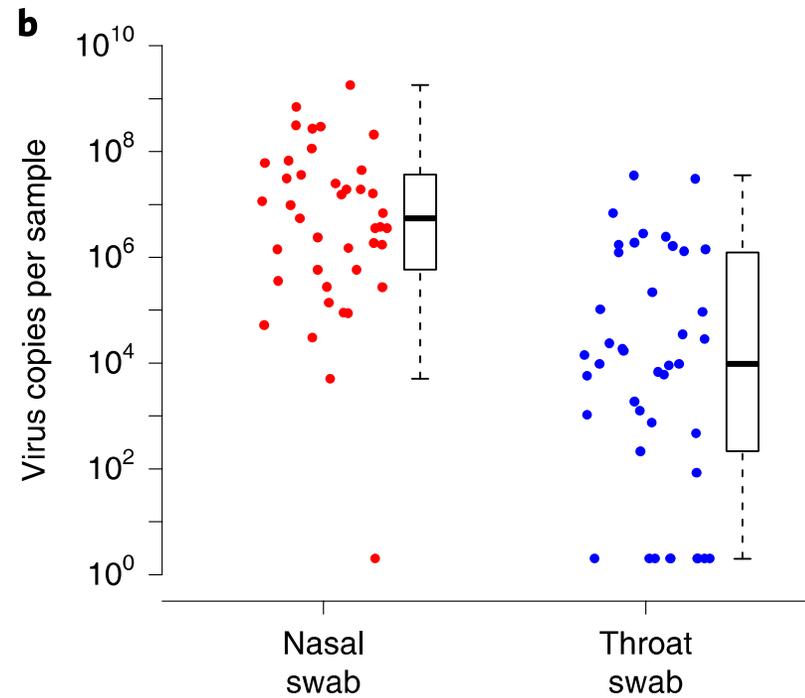


How do respiratory viruses spread?

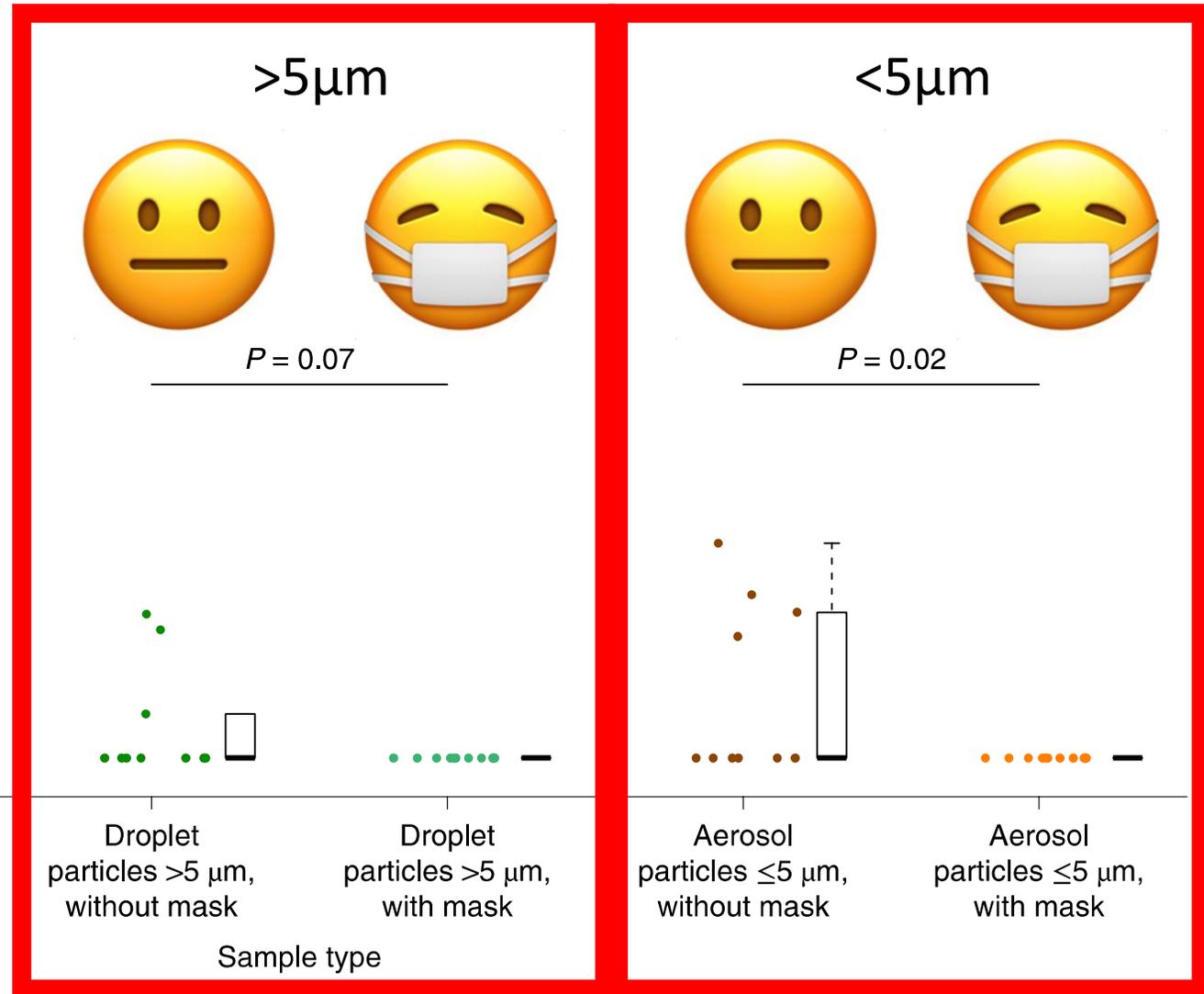
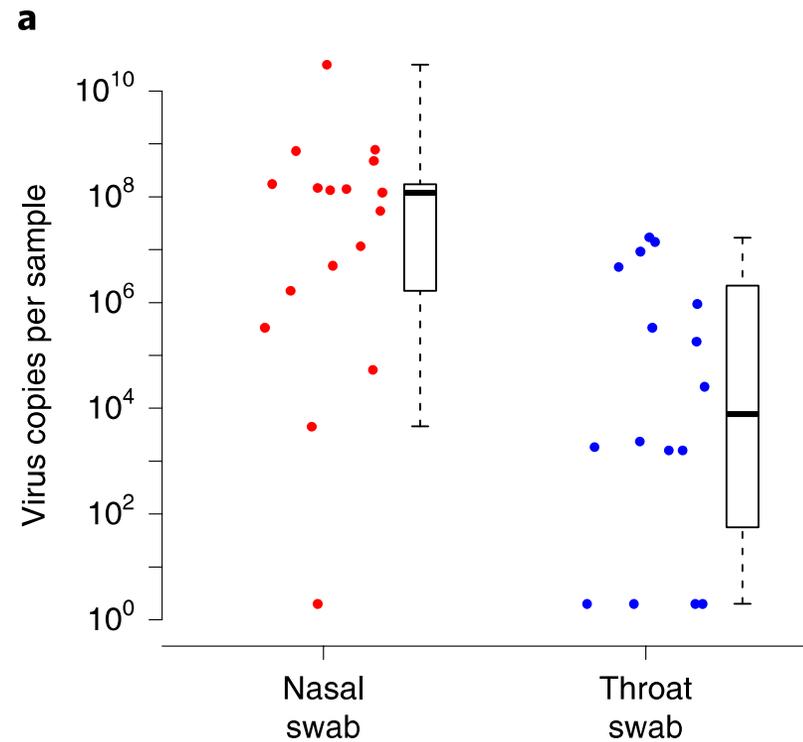


- Large droplets ($>100\ \mu\text{m}$): Fast deposition due to the domination of gravitational force
- Medium droplets between 5 and $100\ \mu\text{m}$
- Small droplets or droplet nuclei, or aerosols ($< 5\ \mu\text{m}$): Responsible for airborne transmission

Influenza virus

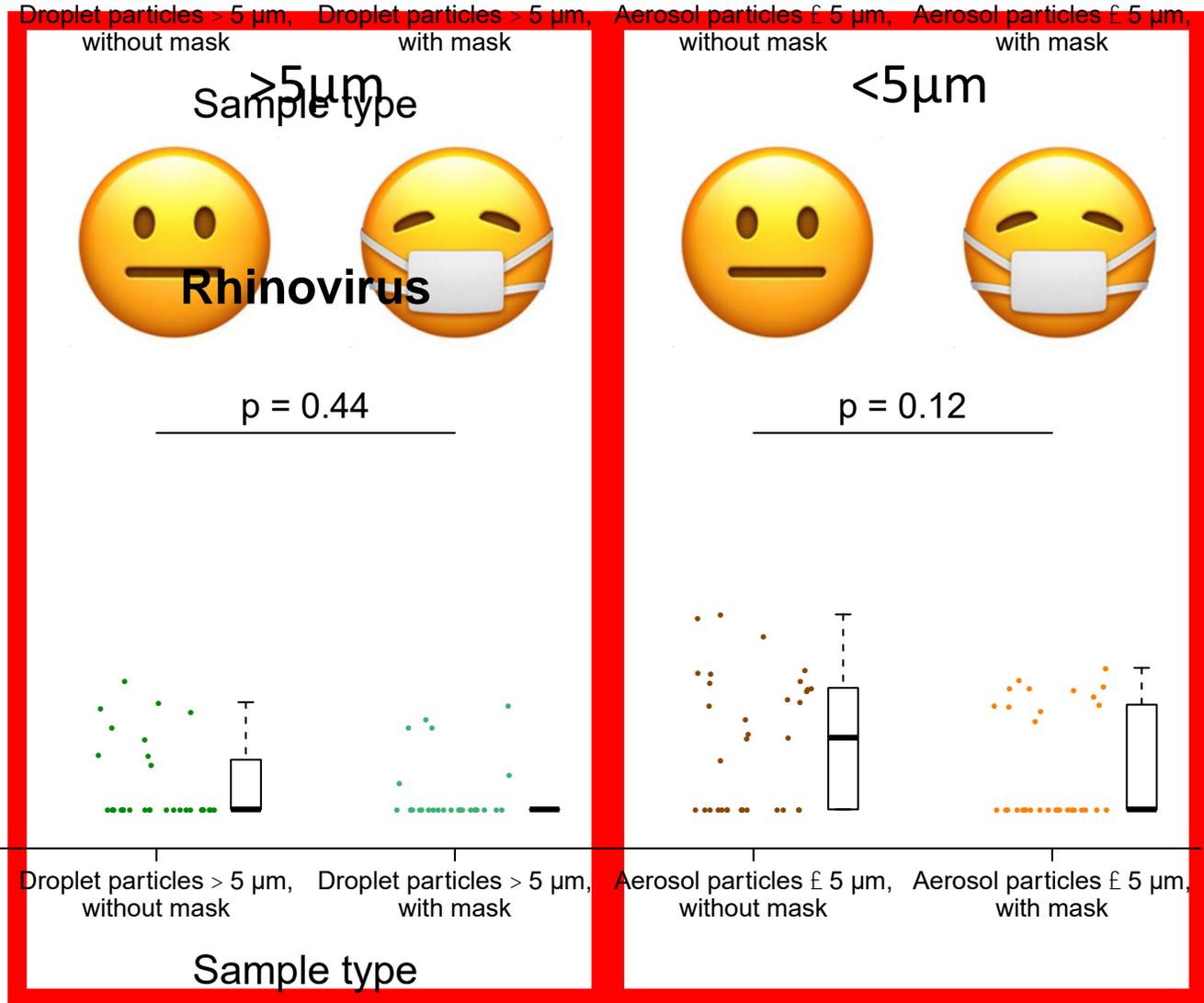
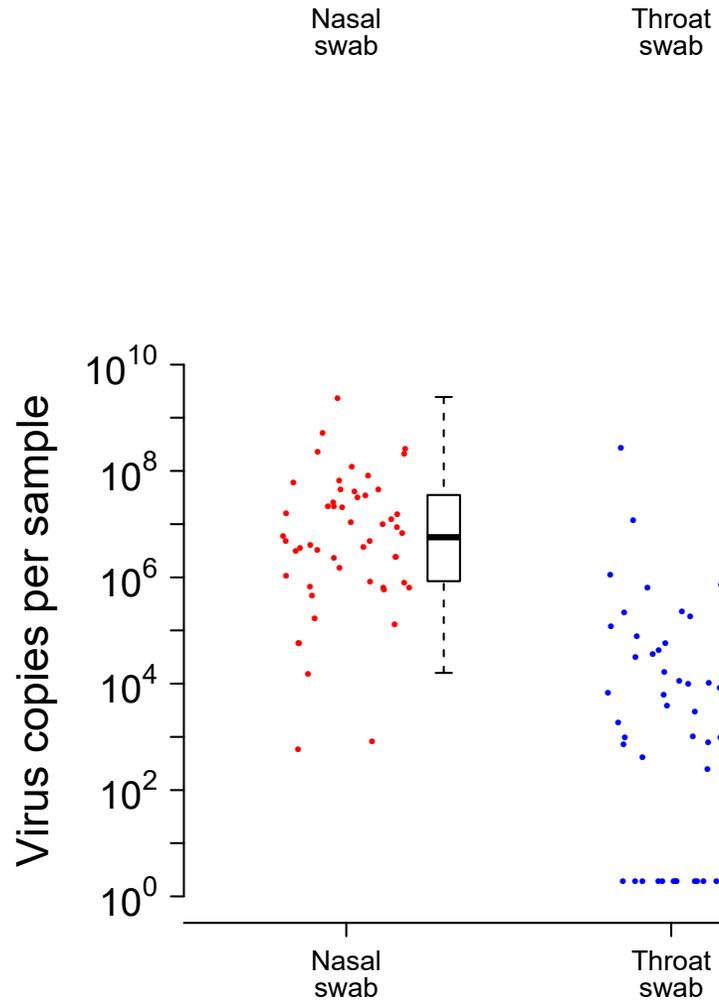


Human coronaviruses (not COVID-19)



Rhinoviruses

C



Avoid the Three Cs

Be aware of different levels of risk in different settings.

There are certain places where COVID-19 spreads more easily:



Crowded places

*with many people
nearby*



Close-contact settings

*Especially where
people have close-
range conversations*

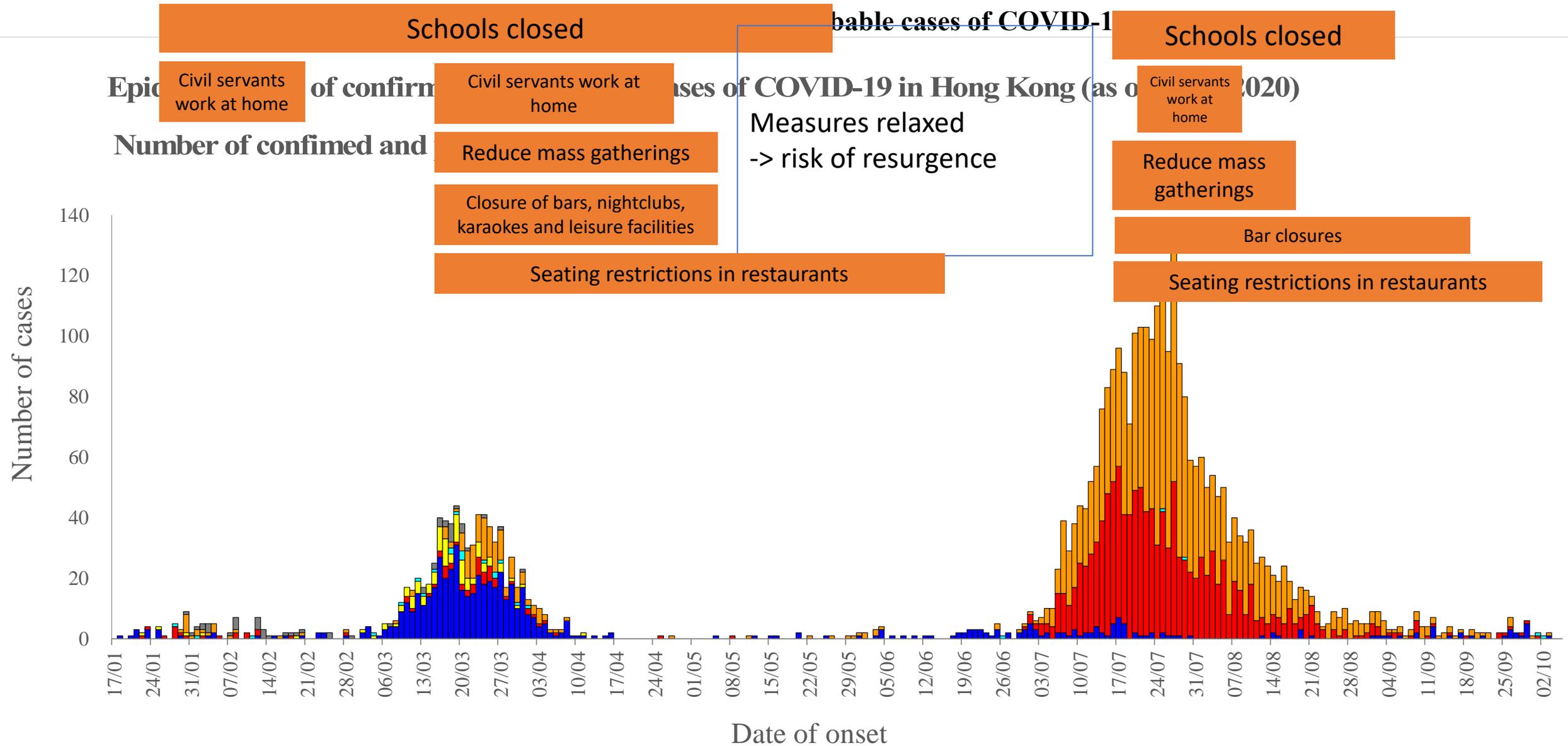


Confined and enclosed spaces

*with poor
ventilation*

Very high use of face masks

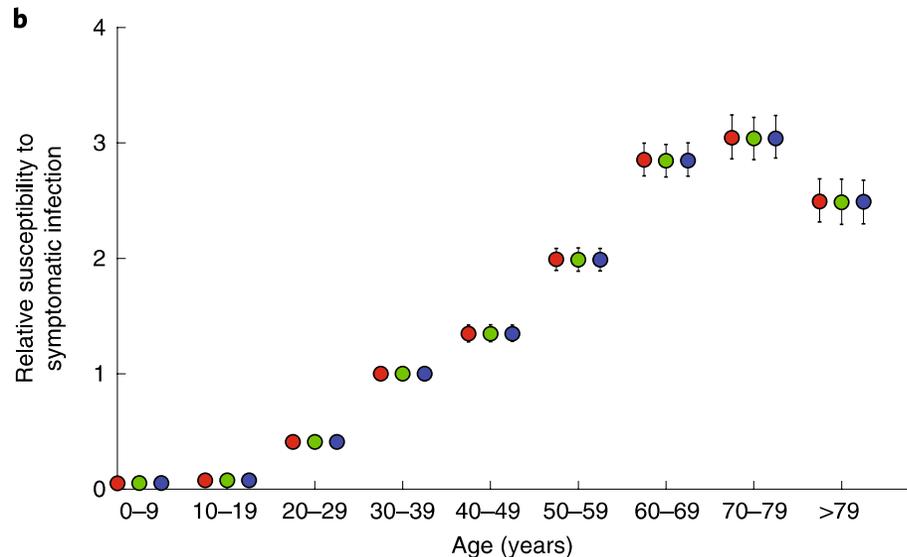
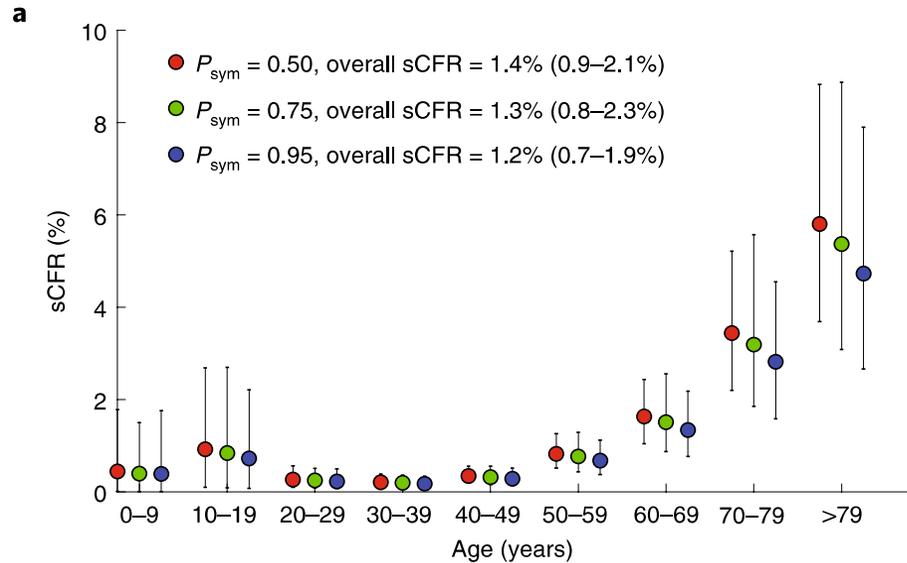
Test+trace with isolation and quarantine



Impact of control measures

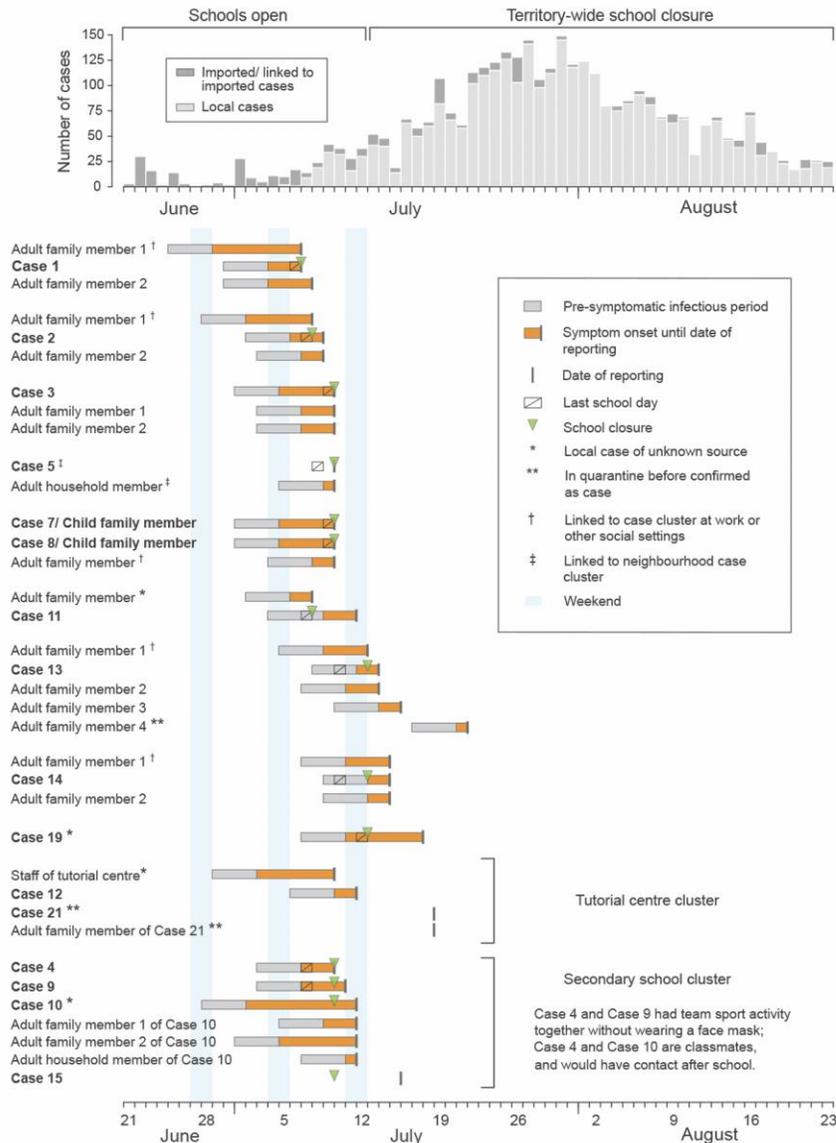
- Many cases identified in quarantined individuals -> potentially prevented onwards transmission
- Masks should be effective, but many local clusters have occurred in mask-off settings (e.g. bars, restaurants, dance-hall cluster, etc.)
- In addition to test+trace and universal masking, social distancing measures have been needed to bring second and third waves under control

Susceptibility and severity in children



- Figure on left – early data from Wuhan on susceptibility and severity
- Throughout the pandemic we have consistently seen low rates of confirmed cases in children, and generally mild illnesses in this age group
- Still somewhat unclear whether children can have mild/asymptomatic infections and act as sources of transmission in the community

School measures in Hong Kong



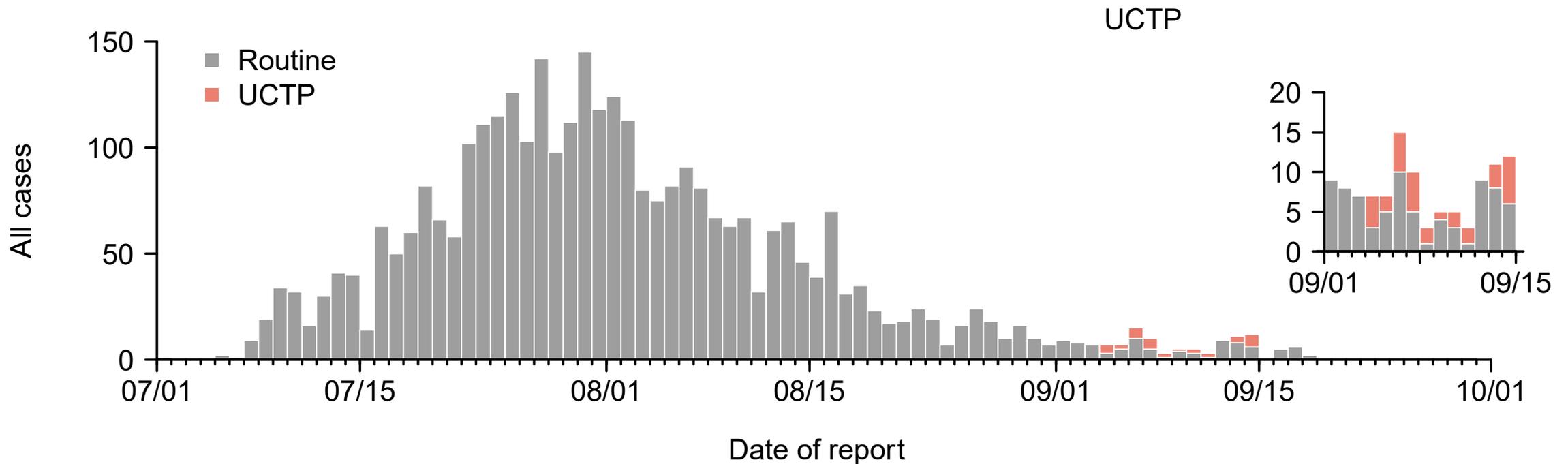
- Schools were closed between February and May but reopened for a period of around 4-6 weeks (depending on age group) in June and July while community incidence of COVID-19 was at a low level. Various measures were implemented to protect against transmission:

- Daily temperature checks
- Universal masking
- All schools switched from full-day to half-day, omitting lunch hours
- Arrival and dismissal times staggered or spread
- Increased desk spacing and use of partitions. Group work and contact sports were limited as much as possible. Assemblies, extra-curricular and after-school activities were cancelled.

- We identified 15 cases in children where there could have been opportunities for transmission in schools, but transmission did not occur, perhaps because children could be less efficient spreaders of COVID-19, and perhaps because of the precautionary measures in place.

Mass testing scheme

- Universal testing conducted for first two weeks in September
- 1.7 million people tested (22% of population), identifying 32 cases that might otherwise not have been identified (see figure below), with positivity rate 1.9 per 100,000 tested.
- Results provide confirmation that there were some silent infections in the community, but not a lot



Conclusions

- Face masks and test+trace important but not sufficient to stop COVID-19 spread in the second, third and fourth waves.
- Infections in crowded mask-off settings have been particularly important – superspreading phenomenon
- Work-at-home, bar/karaoke/gym/leisure centre closures and restaurant measures were sufficient to control the second wave and the third wave
- Preventing imported infections will be important between waves
- Hoping for “back to normal” via mass vaccination by late 2021