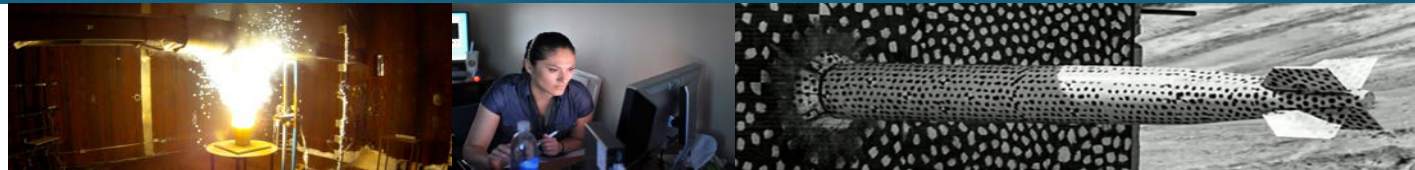


# REMI Webinar: Epidemiological and Economic Modeling of a Pandemic



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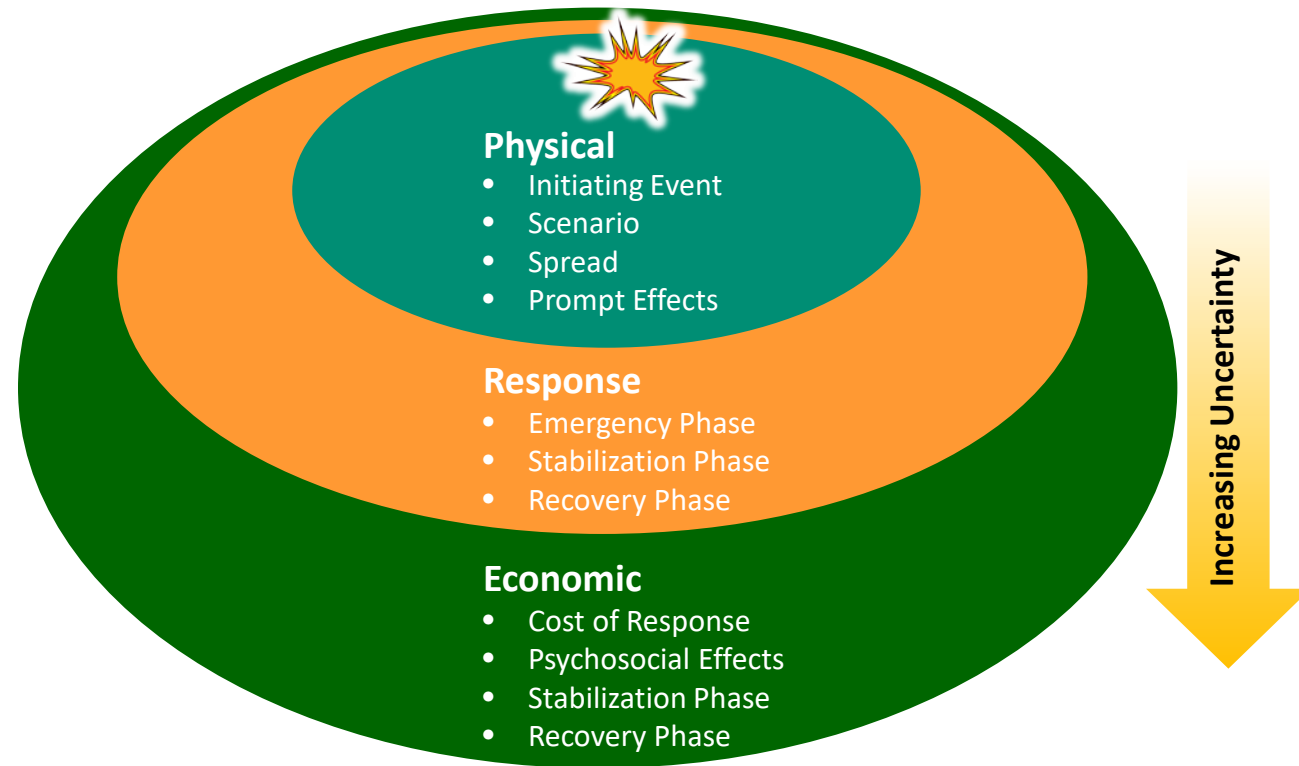
# Analysis in three parts:

## *Physical, Response, and Economic*



### *Tools/Data*

- **Modeling:**  
Epidemiological modeling, effects modeling; new drugs or countermeasures, resource modeling and machine learning.
- **Prompt Effects:**  
Psychosocial, morbidity/mortality.
- **Response Efforts:**  
Use policy responses by States.
- **Costs:**  
Resource modeling and countermeasures.
- **Economic Analysis:**  
Modeled over multiple years with REAcct\* and REMI.

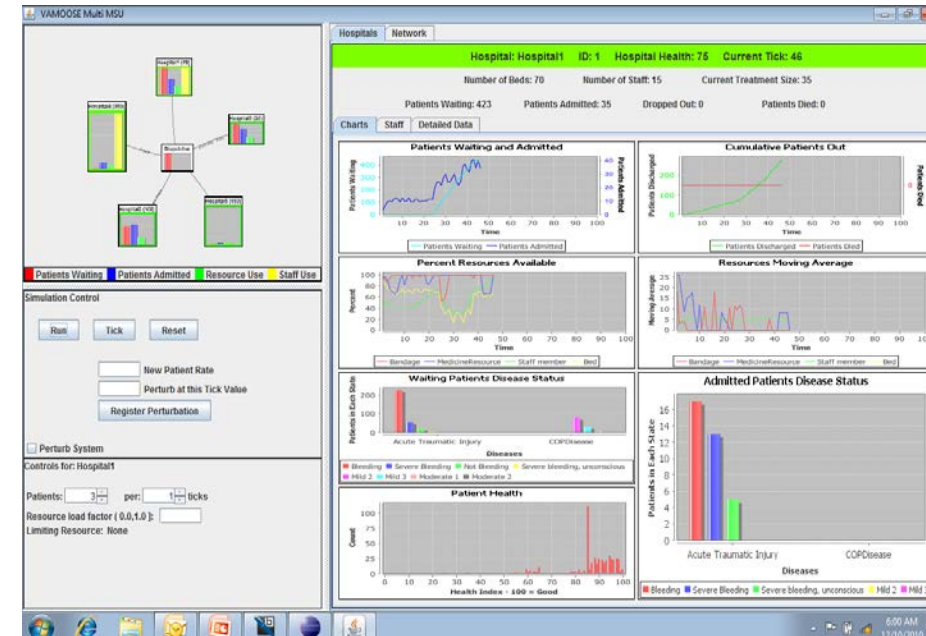
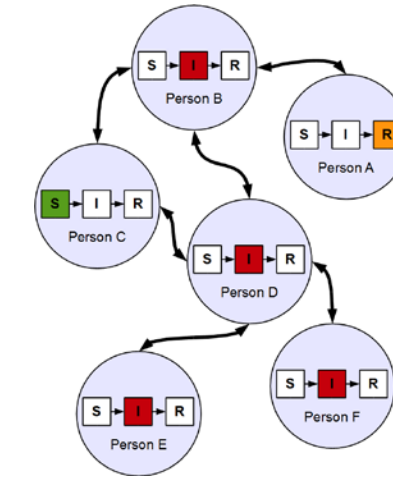
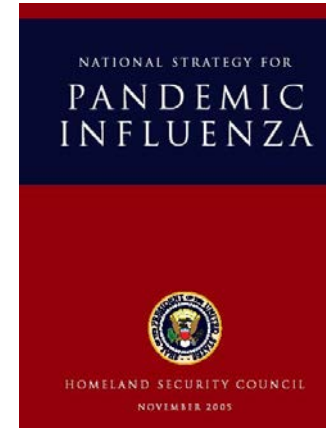


The present study uses new tools and data, which raised the level of rigor.

# Sandia Disease and Public Health Modeling



- Long history
- Differentiating factors
  - Problem oriented
  - Rigorous uncertainty analysis
  - Quick-turn Modeling
- Examples
  - Zoonotic diseases
  - Hospital acquired diseases
  - Healthcare system models
  - Ebola crisis response
  - Biosurveillance



# 4 Modeling for better decisions

## ■ Quantitative guidance for decision makers:

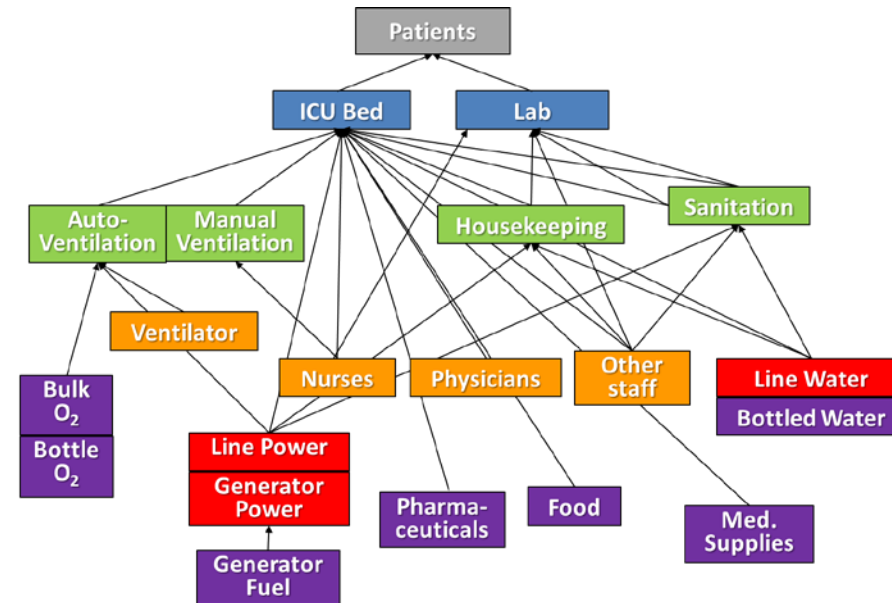
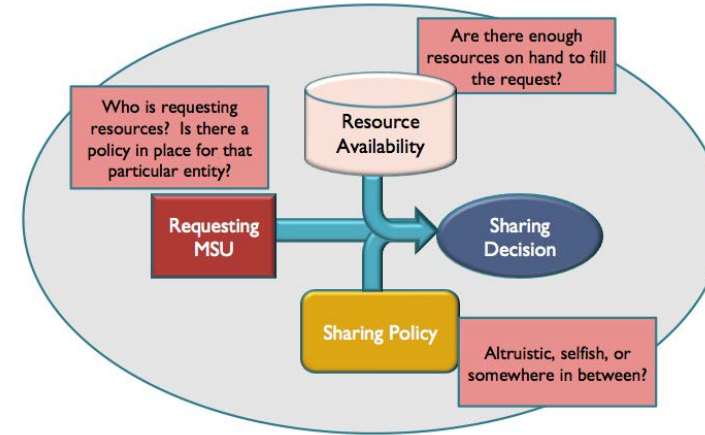
- Best use of resources
- Minimizing risk

## ■ When are models useful:

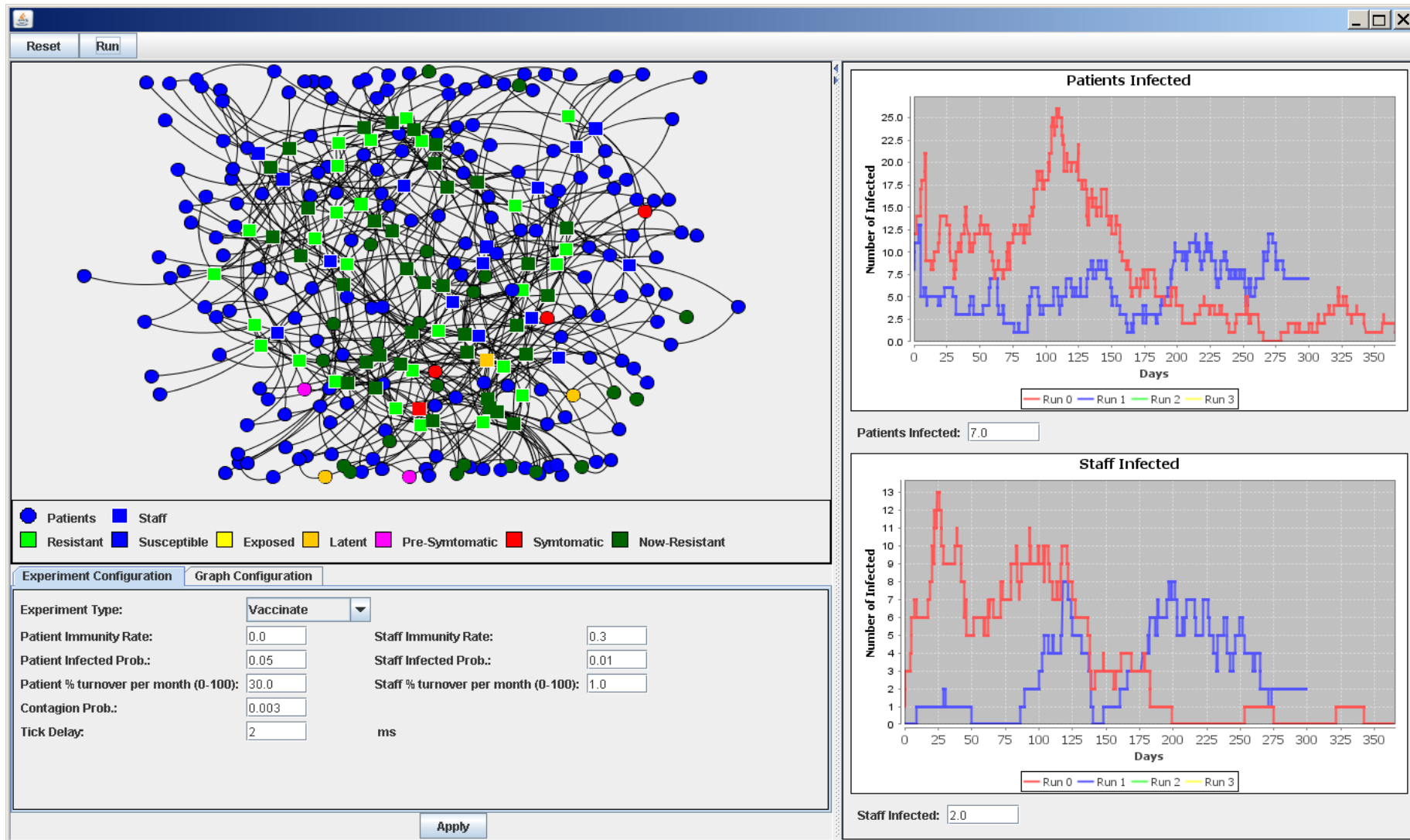
- Insufficient data
- Partial understanding of system
- Need to examine alternatives

## ■ Payoff:

- Which interventions work best

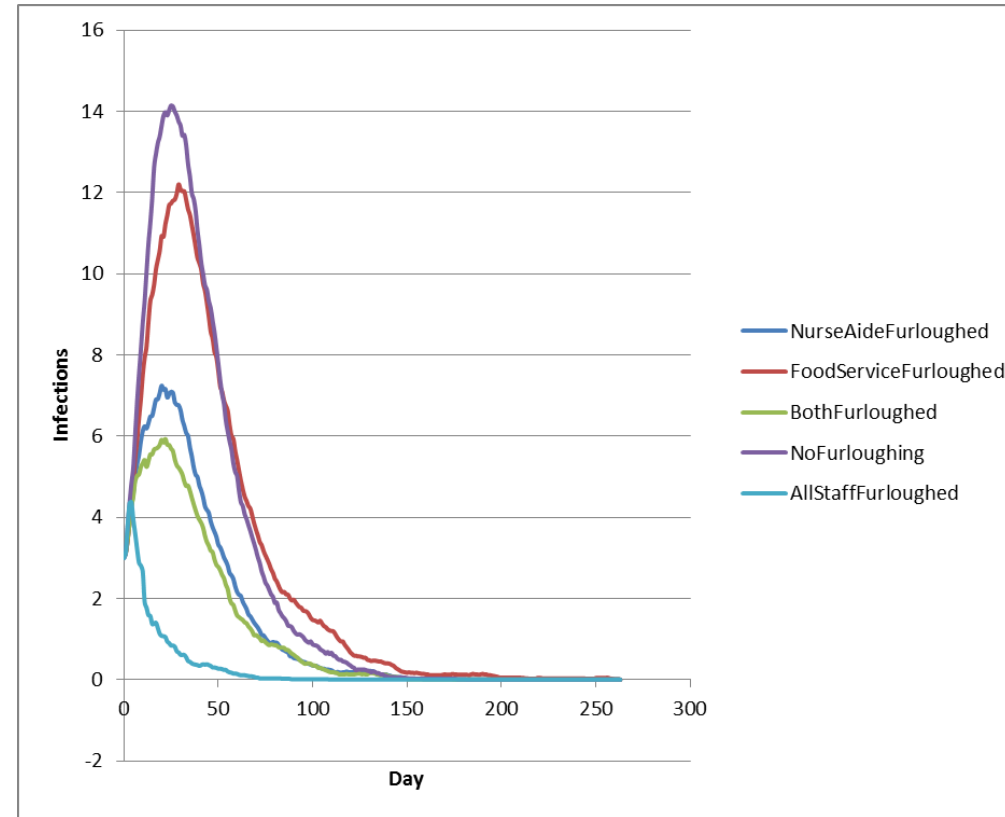
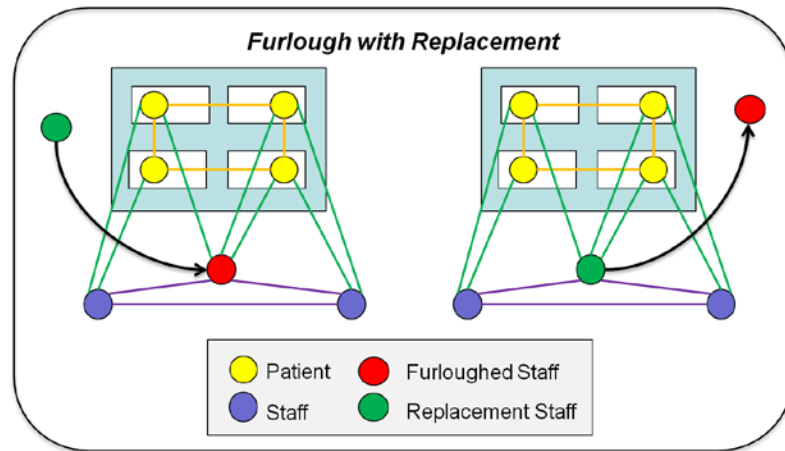
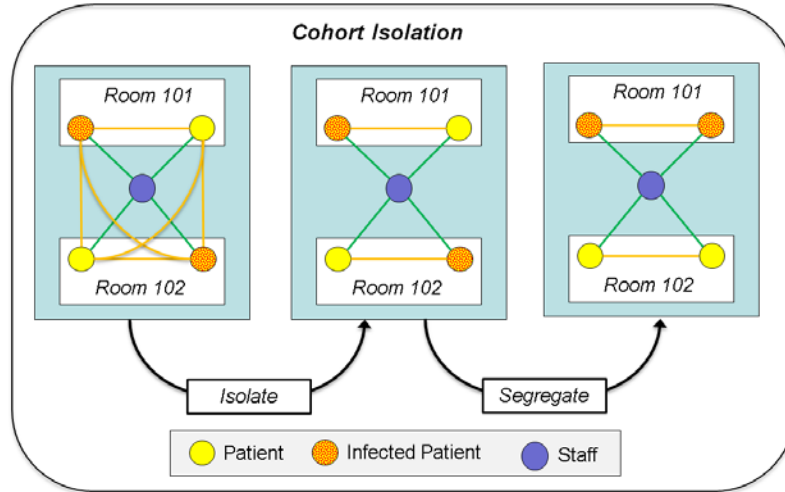


# Example of Modeling social distancing workplace policies





# Targeting workplace policies to control disease



Analysis shows which policies perform best

# Pandemic Influenza Epidemiology

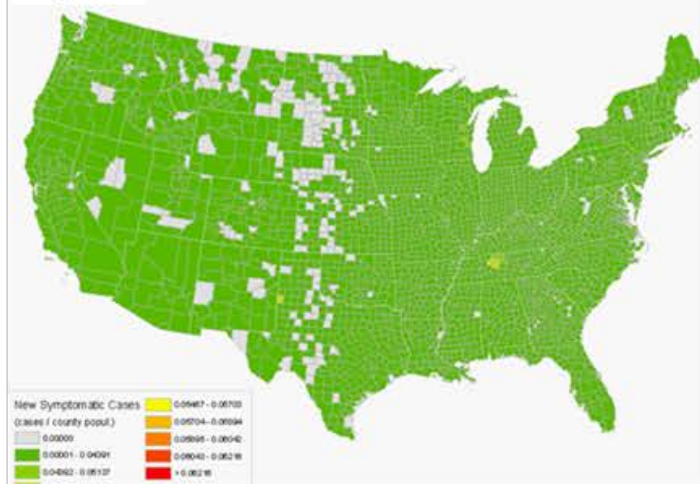


- A pandemic is a worldwide occurrence in which most, if not all, people are at risk for infection and illness
- Past influenza pandemics have spread worldwide in a matter of months
- Human influenza pandemics have occurred 3 times in the 20th century: in 1918, 1957, and 1968
- During the pandemic of 1918–1919, influenza struck between 20 and 40 percent of the world's population, killing on average of 2 percent of the infected cases

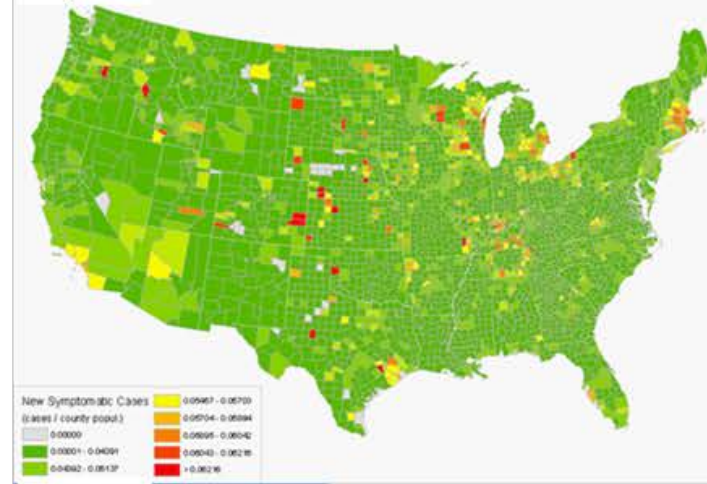
# Typical Pandemic Pattern



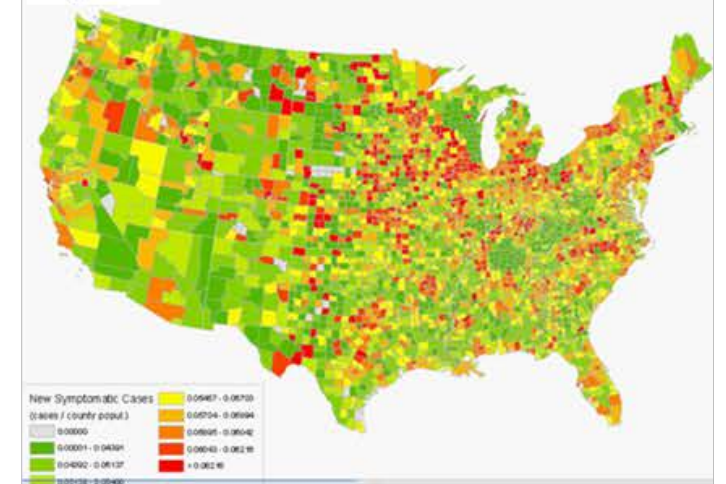
Day 109



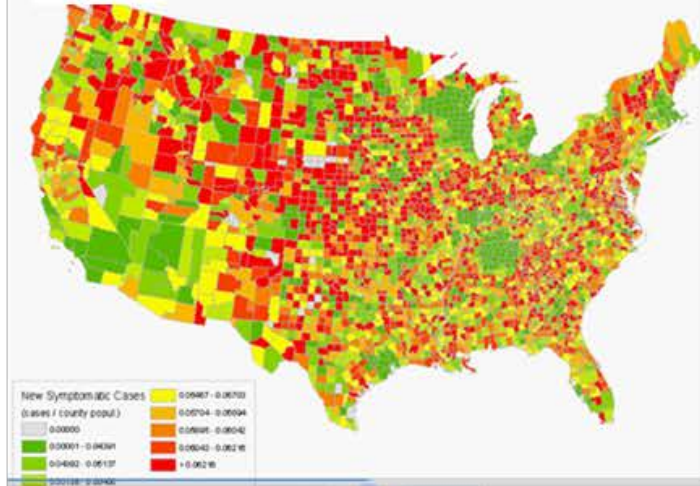
Day 139



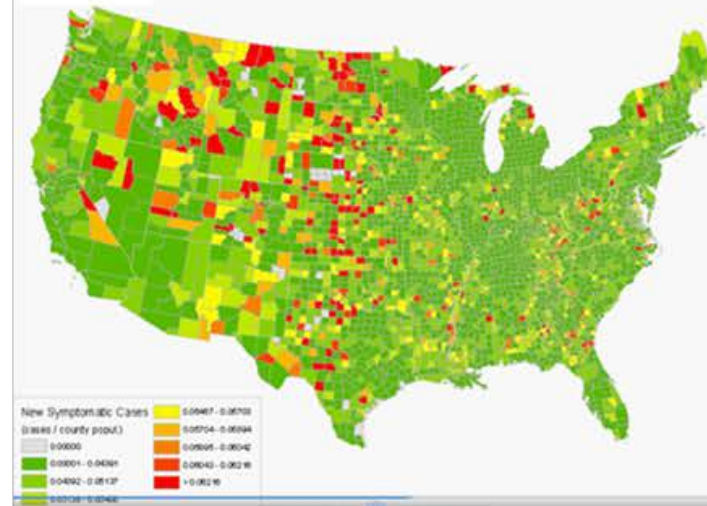
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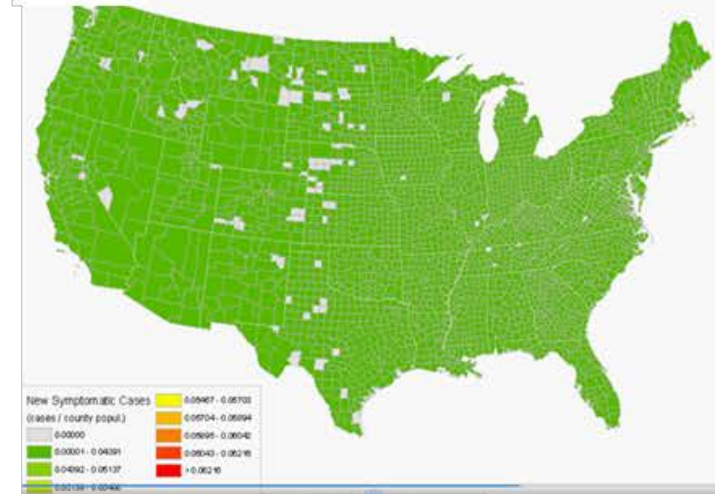
Day 153



Day 160



Day 190

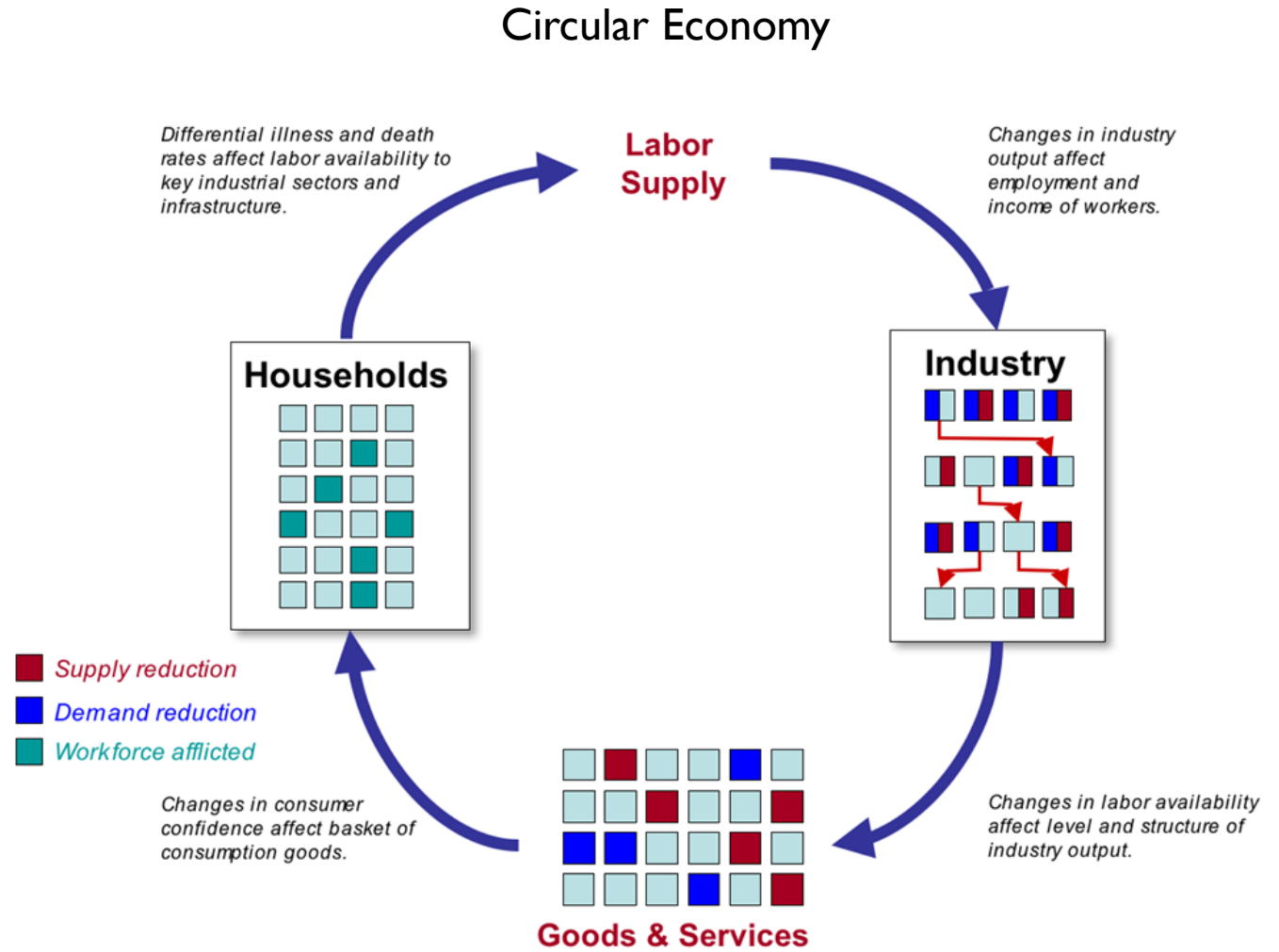




# 2010 Scenario: Absenteeism, Morbidity, Mortality



- The healthcare sector is stressed
  - Increased absenteeism
  - Increased demand
- Work from Home
  - Will vary by industry
  - Likely decreased productivity
- Absenteeism
  - Some sectors more affected
  - May be nullified by WFH orders
- Morbidity
  - Increased demand for healthcare
- Mortality
  - Will change survivability within the model



# 2010 Scenario: Impact of Pandemic on U.S. Economy



## Two Types of Impact to U.S. Economy

### Supply Shock

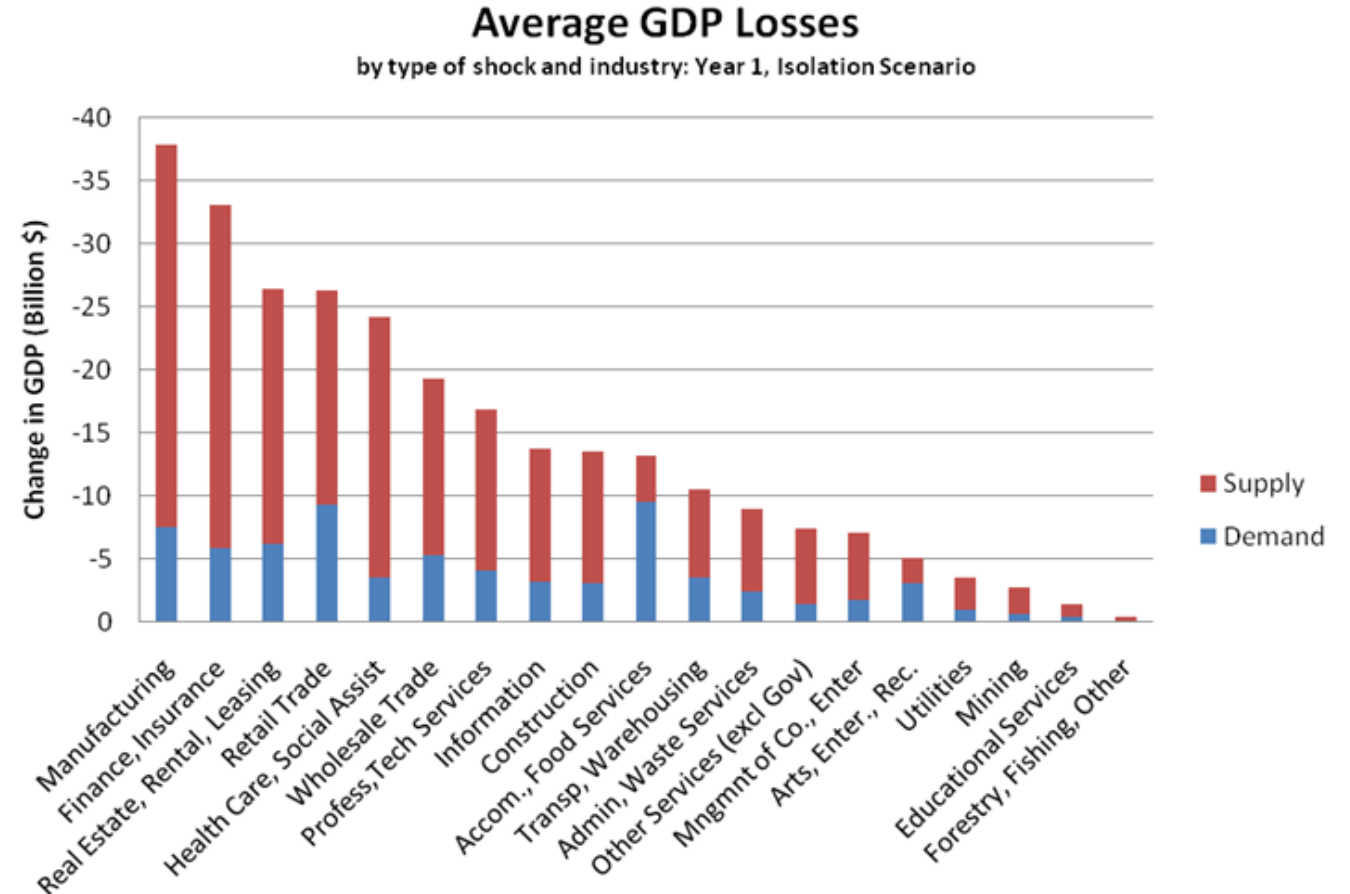
- Employees absent
- Lower productivity of working employees
- Mortality

### Demand Shock

- Mortality
- Consumers adjust spending due to pandemic fears (e.g., not willing to do face-to-face transactions)
- Decreased consumer confidence

## Mitigating Factors

- Delayed Purchases
- Substitution
- On-line Purchases



SAND2010-1910. V. W. Loose, V. N. Vargas, D. E. Warren, S. J. Starks, T. J. Brown and B. J. Smith. Economic and Policy Implications of Pandemic Influenza.

# Epidemiological Impacts to Economic Impacts



- Key epidemiological parameters drive workplace absenteeism and mortality for the seven scenarios
- The clinical attack rate drives the pandemic's absenteeism and is highly positively correlated to the mortality rate
- The range of GDP listed for each scenario reflected variations in the demand response,
  - Assumed a reduction for select goods and services
  - Assumed an increase of healthcare expenditures

Scenario Name	Clinical Attack Rate	Mortality Rate
Baseline	0.26	0.0053
Antiviral	0.25	0.0047
Fear-40	0.21	0.0043
CMG-SE <sup>1</sup>	0.10	0.0055
Anticipated	0.0092	0.000064
CMG	0.0045	0.000027

Pandemic Scenario	Year 1	Years 1-10
<b>Baseline</b>		
Level \$Billions	\$120 to \$350	\$810 to \$1,100
% GDP <sup>1</sup>	1.1 % to 3.1 %	N/A
<b>Fear-40</b>		
Level \$Billions	\$140 to \$400	\$770 to \$1,000
% GDP	1.2 % to 3.5 %	N/A
<b>Antiviral</b>		
Level \$Billions	\$120 to \$340	\$710 to \$960
% GDP	1.0 % to 2.9 %	N/A
<b>Anticipated</b>		
Level \$Billions	\$140 to \$400	\$430 to \$580
% GDP	1.2 % to 3.5 %	N/A
<b>CMG-SE<sup>2</sup></b>		
Level \$Billions	\$93 to \$270	\$310 to \$410
% GDP	0.8 % to 2.3 %	N/A
<b>CMG</b>		
Level \$Billions	\$95 to \$280	\$290 to \$400
% GDP	0.9 % to 2.6 %	N/A

# Lessons from SARS and Past Pandemic Modeling



- Small number of SARS infections compared to other events
- SARS provides some insight into the potential economic impact
- Demand side:
  - Less demand for goods and services
- Supply side:
  - Increased absenteeism; social distancing
- Population shock
  - Increased mortality in labor force
  - Both a demand and supply shock

**IMPACT OF SARS ON SELECTED TOURISM AND RELATED SECTORS** [Exhibit 1]

	No. of Establishments*	Employment of Sector*	Per Cent Fall in Sales Due to SARS**
Retail	18,372	85,589	10–50 per cent
Catering Trade	3,356	48,202	Up to 50 per cent
Hotels	196	26,096	Up to 70 per cent
Taxi Drivers	–	34,000	30–40 per cent
Tour operators	648	7,405	70–80 per cent

Source: Economic Survey Series 2000, Singapore Department of Statistics

**Table 3.2 Breakdown of Consumer Spending, Selected Economies, 2001**

	PRC	Korea, Rep. of	Taipei, China	Thailand	United States
<b>Food</b>	28.1	14.6	20.9	25.1	7.1
Alcohol & tobacco	3.9	2.3	3.7	6.6	2.1
Clothing & footwear	10.1	3.9	4.1	11.0	5.1
Rent, water, fuel & power	10.3	17.5	18.3	9.2	17.2
Household goods & services	8.3	4.4	5.8	6.9	5.0
<b>Health Expenditure</b>	6.5	7.6	8.9	7.1	17.1
Recreation, education, & culture	13.0	13.0	19.2	8.1	11.5
Transport & communications	8.6	16.7	11.9	16.2	13.2
Other goods & services	11.3	20.0	7.2	9.7	21.7
<b>Total Private Consumption</b>	100.0	100.0	100.0	100.0	100.0

Sources: Statistical Yearbook of the Republic of China (web site); China Statistical Yearbook; Republic of Korea National Accounts (www.bok.or.kr); Thailand Annual National Accounts (www.nesdb.go.th); OECD National Accounts.



# Estimate Cumulative Impacts:

## *Estimate Impact from Pandemic Event*



### Objective

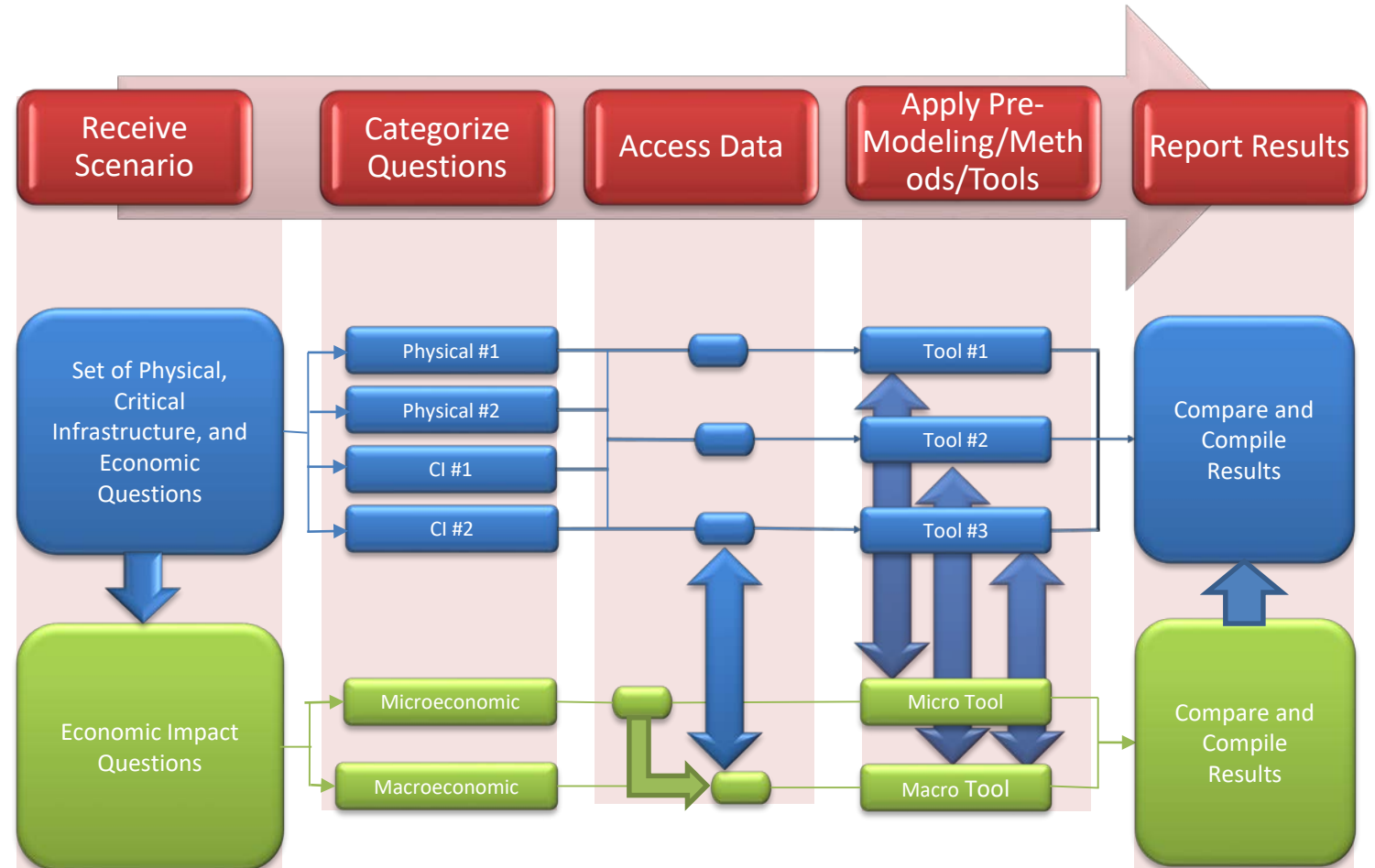
- Estimate cumulative economic impacts

### Challenges

- Data acquisition, parameter specification, and modeling assumptions
  - Previous studies not entirely helpful

### Solutions

- Outreach to stake-holder and subject matter experts
  - Regional Outreach**
  - Review of methodology and assumptions
  - Identified new or state of the art models or data
  - Uncertainty quantification and sensitivity analysis

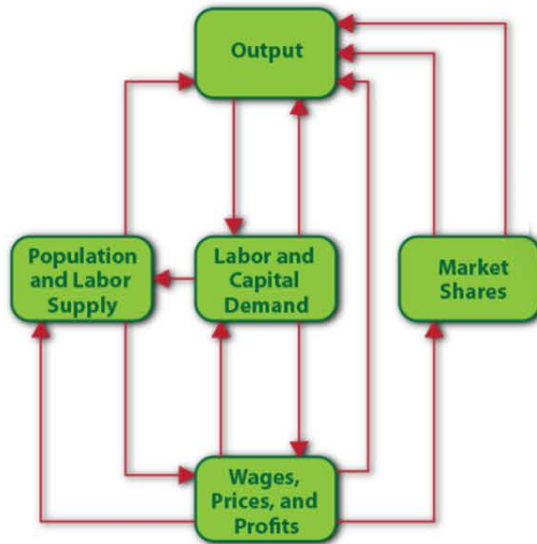


# Example of Total U.S. Impact:

## *GDP Loss Occur Over 10 Years*

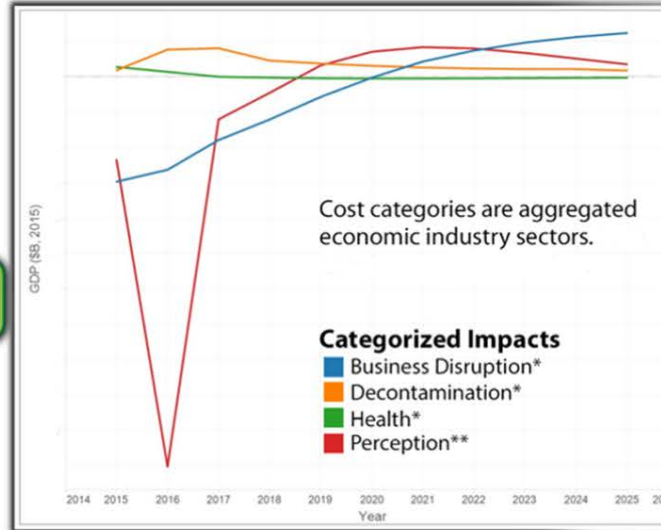


The economy: circular and dynamic



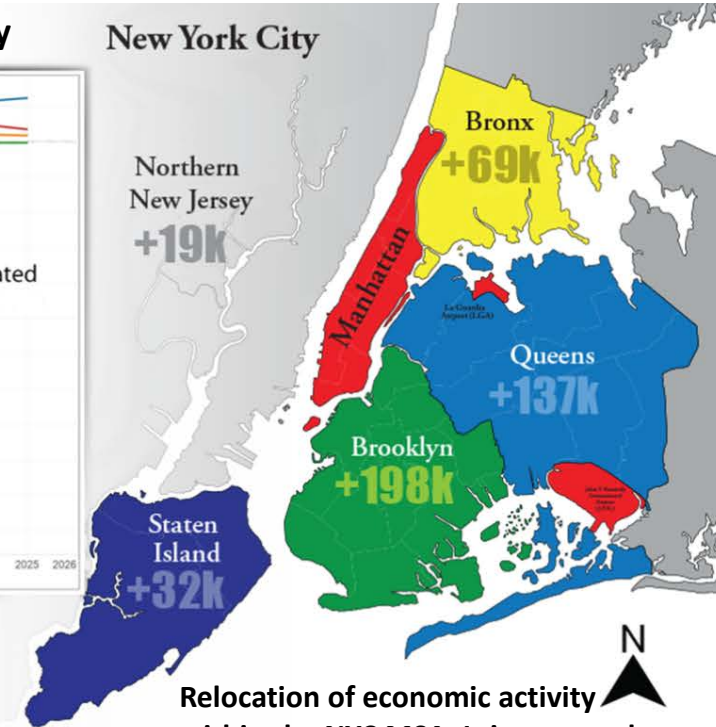
Output generates employment, employment generates income, income generates demand for and spending on new output, new output generates new employment, *and so on*.

Output (GDP) contributed by activity



\*Recovery efforts are likely to be funded by federal government spending, resulting in increases in output.  
\*\* Perception is based on tourism patterns observed post-Fukushima.

New York City



Relocation of economic activity within the NYC MSA. It is assumed businesses and employees will behave similar observed post 9/11 relocation patterns.

*GDP impacts are not intuitive.  
They can be negative or positive, but all represent economic disruption.*

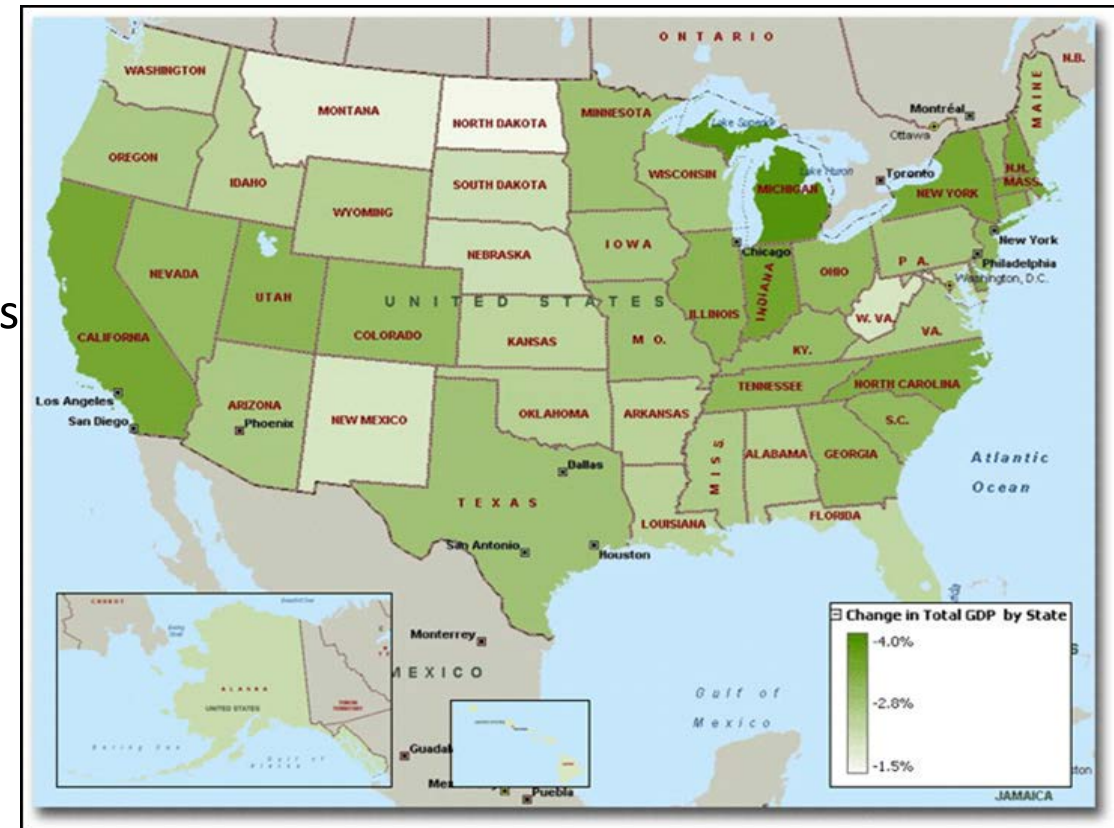
- Economic analysis software based on inter-industry commodity flows (IO), dynamic response (general equilibrium theory), and econometrics

- Calculates temporal and spatial impacts

- Structural relationships (goods and services)
- Technical relationships (input-output production recipes)
- Behavioral relationships (demand elasticities)
- Allows for annual adjustments

- Appropriate for modeling long-term effects

*Percent change of gross domestic product (GDP) by state*







## Discussion

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