

Critical weaknesses in shielding strategies for COVID-19

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Link to paper:

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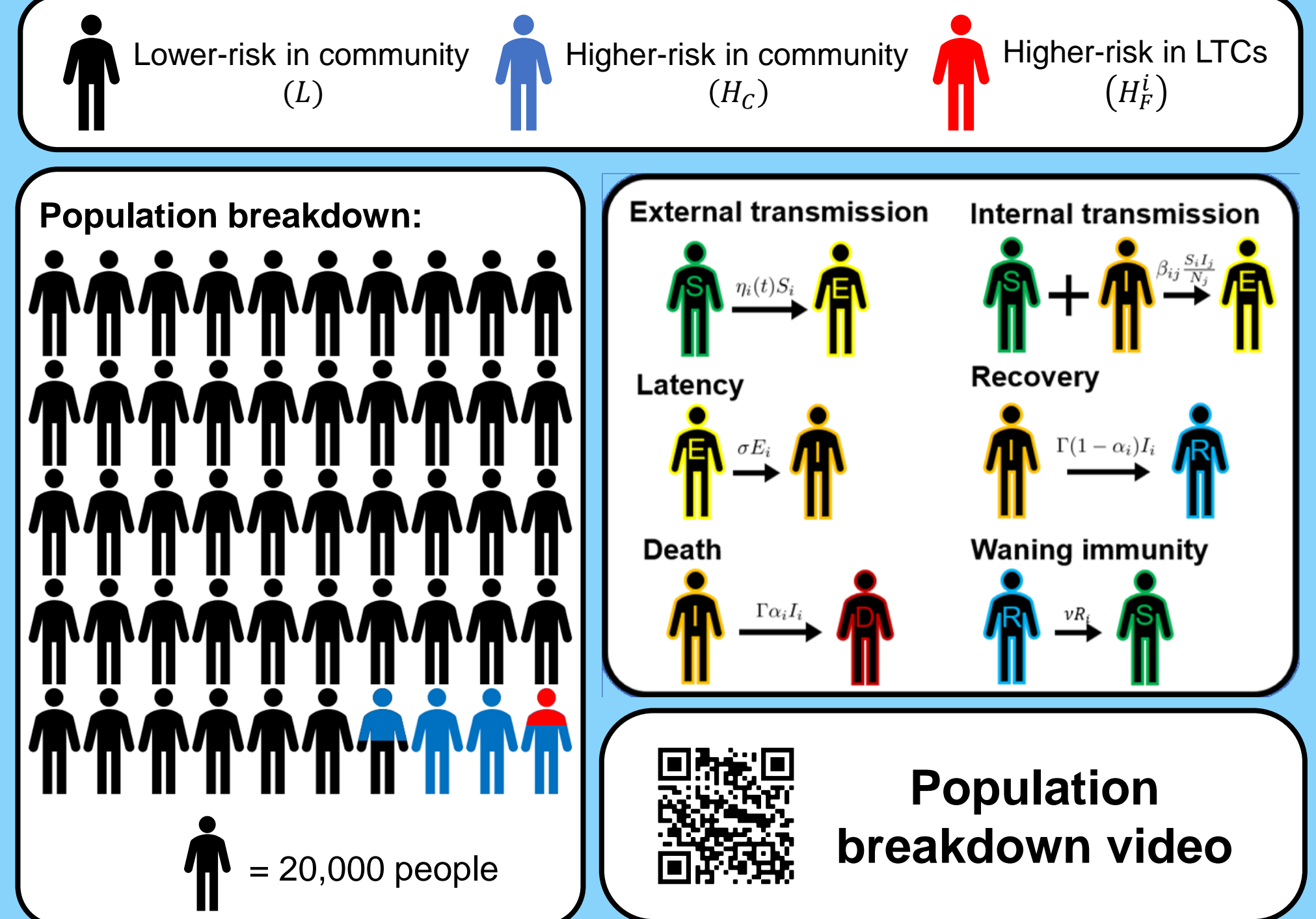
Motivation

Shielding strategies^[1-3] – protecting the elderly and infirm to leverage the uneven risk profile for COVID-19 – have been suggested as alternatives to damaging lockdowns and other non-pharmaceutical interventions (NPIs) throughout the pandemic.

We aim to establish the viability of such strategies, whether there are **consequences** to ending shielding, and to understand the effects of behaviours such as **voluntary reductions in contacts** or **external infections** entering the population.

We use a **stochastic SEIR** model on a location- and risk-stratified population.

Population and interactions



Shielding matrix

q_{ij} - Effectiveness of shielding between type i and j contacts. 0 is no contact, 1 is all usual contacts.

Characterised by six values:

$$q_1 - (L \leftrightarrow L); \quad q_2 - (H_C \leftrightarrow H_C); \quad q_3 - (H_F \leftrightarrow H_F);$$

$$q_4 - (L \leftrightarrow H_C); \quad q_5 - (L \leftrightarrow H_F); \quad q_6 - (H_C \leftrightarrow H_F).$$

No shielding:

$$q_k = 1, \text{ for every } k.$$

Perfect shielding:

$$q_1 = 1, q_k = 0 \text{ for } k \neq 1.$$

Imperfect shielding:

$$q_1 = 1, q_6 = 0, q_k = 0.2 \text{ for } k \neq 1, 6.$$

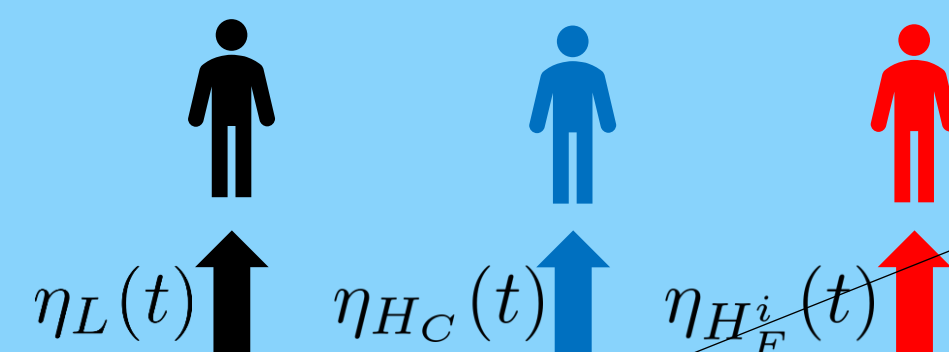
External infections

$\eta_i(t)$ - External infection rate:

Can only affect the **community**.

No external infection while shielding.

Constant rate while shielding interventions are not in force.



Transmission

β_{ij} - The transmission rate for a person of type j to type i :

$$\beta_{ij} = \beta_0 r p_{ij} q_{ij}$$

Transmission rate per contact.

Average number of contacts.

Shielding matrix.

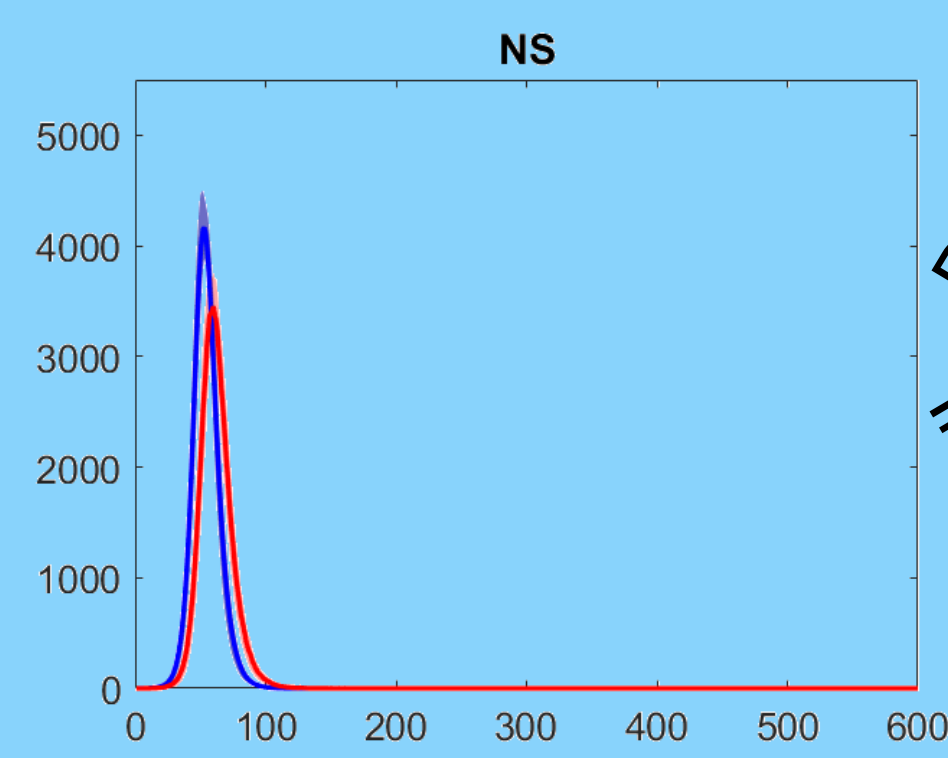
Proportion of a type i 's contacts which are with a type j individual.

Within LTC: $p_{ij} = \lambda \approx 1$.
No inter-LTC mixing.

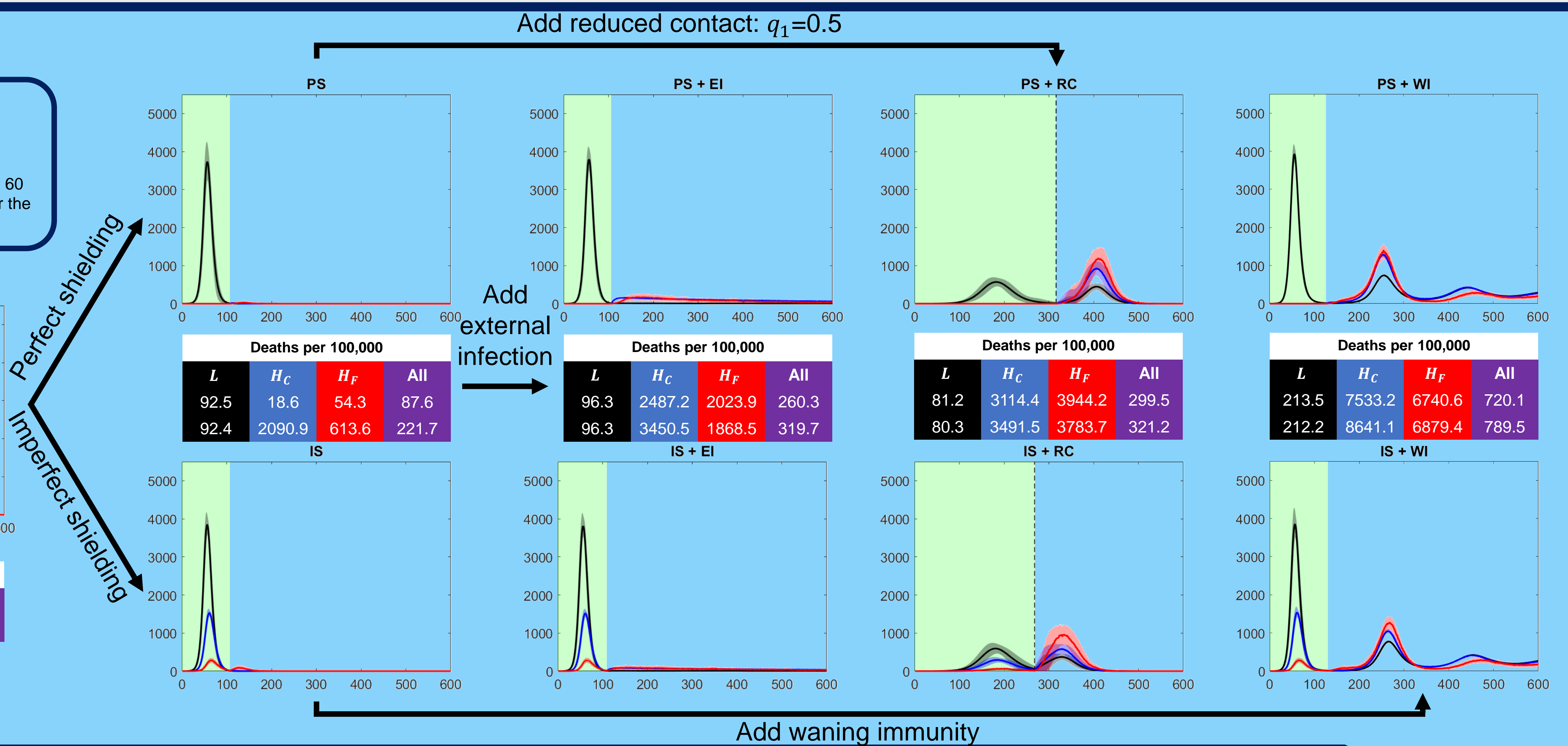
Other values proportional to proportion of remaining population.

Results

x-axis: Time (days).
y-axis: Cases per 100,000 (by group).
Shading ends when we have fewer than 60 cases per 100,000 in the population over the course of a week.



Baseline case



References

- [1] N. G. Davies *et al.*, *Lancet Public Health*, 5 (2020), doi:10.1016/S2468-2667(20)30133-X.
- [2] Z. Neufeld *et al.*, *Infect. Dis. Model.*, 5 (2020), doi:10.1016/j.idm.2020.04.003.
- [3] B. A. D. van Bunnik *et al.*, *Philos. Trans. R. Soc. Lond., B, Biol. Sci.*, 376 (2021), doi:10.1098/rstb.2020.0275.
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Conclusions

- Perfect shielding is effective** at protecting those at higher-risk, **but is unrealistic** – requires those at risk to have no contact with any others.
- Making the shielding 80% effective (**imperfect shielding**) causes **large increases in deaths** in the higher-risk subpopulations.
- External infections** again cause **higher death numbers**, this caused by **uneven protection of herd immunity**.
- The lower-risk population **reducing their contact** also causes **significant outbreaks** as the **herd immunity threshold is not reached**.

Parameters

Name	Value	Ref.
Population size, N	10^6	
Prop. high-risk, h	0.07	
Prop high-risk in community, c	0.897	
Transmission rate, $\beta_0 r$	1.5^* (day ⁻¹)	
Latency period, $1/\sigma$	5 (day)	[4]
Recovery period, $1/\Gamma$	2 (day)	[4]
Prob. death, low-risk, α_L	0.001	[5,6]
Prob. Death, high-risk, α_H	0.05	[5,6]
External infection, $\eta_i(t)$	10^{-3}	
Prop. Within-LTC contacts, λ	0.9	
Waning immunity, v	$1/185$ (day ⁻¹)	

*Chosen so that $R_0 = 3^{[7]}$.



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