

MODELING AND FORECASTING NOVEL CORONA CASES IN INDIA USING TRUNCATED INFORMATION: A MATHEMATICAL APPROACH

Brijesh P. Singh

Associate Professor, Department of Statistics, Institute of Science, Banaras Hindu University, Varanasi-221005, India

ABSTRACT

Background: Novel corona virus is declared as pandemic and India is struggling to control this from a massive attack of death and destruction, similar to the other countries like China, Europe, and the United States of America. The first case of novel corona is reported in India on January 30, 2020.

Methods: The growth in the initial phase is following exponential. In this study an attempt has been made to model the spread of novel corona infection. For this purpose logistic growth model with minor modification is used and the model is applied on truncated information on novel corona confirmed cases in India.

Results: The result is very exiting that till date predicted number of confirmed corona positive cases is very close to observed on. This provides the carrying capacity is about 20 lakh cases and time of point of inflexion is July 15th, 2020 with a maximum number of new cases on a day is about 15000. Also the various lockdowns plays important role to reduce the progression of corona positive cases significantly.

Conclusions: India is in the comfortable zone with a lower growth rate than other countries studied. Our mathematical model shows that, the epidemic is likely to stabilize with 20 lakh cases by the end of January, 2021. If several protective measures such as social distancing, lockdown will be taken effectively, then country will be successful to reduce the rate of this pandemic.

KEYWORDS: Novel Corona Virus, Growth Rate, Logistic Curve, Lockdown

Article History

Received: 23 Jun 2020 | Revised: 24 Jun 2020 | Accepted: 03 Jul 2020

INTRODUCTION: BACKGROUND

A novel corona virus responsible for epidemic, popularly known as COVID-19 is a new strain that has not been identified previously in humans. WHO declared COVID-19 a pandemic on March 11, 2020.^[1] The virus that caused the incidence of Severe Acute Respiratory Syndrome (SARS) in 2002, in China; Middle East Respiratory Syndrome (MERS) in 2012, in Saudi Arabia, and the viruses that cause COVID-19 are genetically related to each other, but the diseases they caused are quite different^[2]. These viruses, in general, are a family of viruses that target and affect mammal's respiratory systems. The SARS corona virus spread to humans via civet cats, while the MERS virus spread via dromedaries. In case of the novel corona virus, typically happens via contact with an infected animal, perhaps the common carriers are bats; initial reports from seafood market in central Wuhan, China.

Novel corona virus is spreading throughout the world at alarming speed. Worldwide, it has exploded to 1118684 cases and caused 58909 deaths by April 3, 2020^[3]. Developed countries like Italy, Spain, France and United State of America etc. are struggling to overcome from the pressure created by novel corona virus. India, with a huge population of about 1.3 billion, amongst majority of the people are living in poor hygienic condition, and the medical facilities like number of doctors and hospitals are less in India as compared to developed countries, which indicates that the situation of India will become very critical, but comparatively better public health system and political control than the above developed countries. India reported 2545 cases of novel corona confirmed cases as of April 2, 2020, and out of which, 191 cases were reported recovered and 72 deaths occurred. The first case of novel corona was reported in India on January 30, 2020 when a student returned from Wuhan, China ^[4]. The Government of India was quick to launch various levels of travel advisories beginning from February 26, 2020, with restrictions on travel to China and non-essential travel restrictions to Singapore, South Korea, Iran and Italy.^[5] The efforts to control by the Hon'ble Prime Minister Narendra Modi Ji through Janata Curfew (public curfew) on March 22, 2020, can be seen as the beginning of wide-scale public preventive measures. India has launched several social distancing measures and personal hygiene measures during the second week of March^[6].

Since huge population of about 1.3 billion, thus India has chosen a flexible strategy of large-scale quarantine and limited testing, because of less number of testing kits and also the cost of testing is too much. The country is relying on the people power; thousands of health-care workers are working out across the country to trace and quarantine people, who might have had contact with those with novel corona. People are typically only tested, if they develop symptoms. Countries such as South Korea isolated infected people based on widespread testing, but some scientists say that India's mass surveillance approach could achieve a similar goal, and be relevant for other low and low-middle income countries facing kit shortages. Under the lockdown, people are allowed out for essentials, such as food and medical care, but in most states people under quarantine are closely monitored by social workers and cannot leave their homes in some places. If public health workers do not trace all infected individuals during the lockdown, India will need to continue its period of stringent physical distancing.

For the spread of novel corona virus, when disease dynamics are still unclear, mathematical modeling helps us to estimate the cumulative number of positive cases in the present scenarios. Now, India is entering the mid stages of the epidemic. It is important to predict how the virus is likely to grow amongst the population. The corona virus pandemic presents a challenge for data scientists to model it; however, the epidemiological characteristics of the corona virus are yet to be fully explained. The uncertainty around the corona virus with no vaccine and effective medicine available until today, create additional pressure on the epidemiologists and policy makers. In such a crucial situation, it is very important to predict infected cases to support prevention of the disease and support in the preparation of healthcare service. A mathematical modeling approach is a suitable tool to understand the dynamics of epidemic. In the study, some mathematical approach to understand the dynamics of novel corona virus in India has been discussed.

METHODOLOGY

We obtained the truncated information on cumulative number of corona positive confirmed cases in India, from covid19india.org^[4]. All cases were laboratory confirmed, following the case definition by the Government of India. Some studies modeled the epidemic curve, obeying the exponential growth ^[7, 8]. The nonlinear least square framework was adopted for data fitting and parameter estimation for COVID-19 at this early stage. In this study, first exponential and then logistic growth curve has been used to model the novel corona epidemic, since epidemics grow exponentially not linearly.

But, it is surprising that exponential growth curve always provide increasing number of daily new cases. There is no saturation point. Another deterministic model used for understanding the dynamics of epidemic is the Susceptible-Infectious-Recovered (SIR) model, which has been used to accurately predict incidence like SARS. In the SIR model, we need to know the input parameters first; the status we feed into the model ^[9, 10, 11]. The first one is R_0 called the basic reproduction Number. It is essentially the number of new cases, a single infected person will cause during their infectious period. It is one of the most important parameters for assessing any epidemic. Corona virus has an R_0 ~2.4. In contrast, the swine flu virus had an $R_0 \sim 1.5$ in the 2009 swine flu epidemic ^[12]. The R_0 will inform us about how many people will get infected with one infected person. Other one is the case fatality rate (CFR), which is the percentage of infected people that will die due to the infection. The CFR for corona virus has been reported between 0.5-4 percent. The lower values are more appropriate in resource better settings of medical facility. But, SIR model assumes that every person is moving and has equal chance of contact with each and every other person among the population, irrespective of the space or distance between different people. It is assumed that the transmission rate remains constant throughout the period of pandemic. Also, this model is considered to have the same transmission rate for those, who have been diagnosed and are in quarantine, or those who have not been quarantined. The harmonic analysis methods and dynamic model estimates show that the number of COVID-19 infected would be 9225 (if there were 10 infected individuals as of March 1, 2020, who was not taking any precautions to spread), 17,986 (if there were 20) and 44,265 (if there were 50)^[13].

GROWTH MODELS

A growth curve is an empirical model of the evolution of a quantity over time. Growth curves are widely used in biology for quantities such as population size in population ecology and demography for population growth analysis, individual body height in physiology for growth analysis of individuals. Growth is also a key property of many systems such as an economic expansion, spread of an epidemic, the formation of a crystal, an adolescent's growth and the condensation of a stellar mass.

Linear Growth

This is the simplest growth model, in which population grows at a constant rate over time. Linear growth is described by the equation

$$P_{t+1} = P_t + A \tag{1}$$

Where P_t represents the numbers or size of the system at time t, P_{t+1} represents the system's numbers or size of the system one time unit later, and A is the system's (linear) growth rate. Many times, this model fails to explain natural phenomenon.

Exponential Growth (Unlimited Population Growth)

Another simple model describes exponential growth, in which, population grows at a constant proportional rate over time. The relation may be expressed in either of two forms, depending on whether reproduction is assumed to be continuous or periodic^[14]. Exponential growth results in a continuous curve of increase or decrease, whose slope varies in direct relation to the size of the population.

$$P_t = y = P_0 e^{rt} \tag{2}$$

www.iaset.us

$$P_t = y = P_0 k^t \tag{3}$$

Where
$$k = \left(\frac{P_n}{P_0}\right)^{\gamma_n}$$
 and that therefore, the growth rate in (3) does not a constant growth rate. David A. Swanson,

University of California, USA used this type equation for prediction (Method 2).

We have used truncated information i.e. only 30 days information (from March 4 to April 2, 2020) on number of corona confirmed cases for the prediction purpose. We have used two equations of exponential curve, as given below:

- $28e^{0.14t}$ up to March 31, 2020
- $28e^{0.15t}$ from March 31, 2020onward (adjusting faster rate of occurrence of corona cases due to Tablighi spread)

With the current incidence of the novel corona virus going on, we hear about exponential growth. In this study, an attempt has been made to understand and analyze the data through exponential growth curve. The reason for using exponential growth curve for studying the pattern of novel corona virus incidence is that, epidemiologists have studied these types of happenings, and it is well known that the first period of an epidemic follows exponential growth. The exponential growth function is not necessarily the perfect representation of the epidemic. I have tried to fit exponential curve first, and at the next point to study the logistic growth curve, because exponential curve only fits the epidemic at the beginning. At some point, recovered people will not spread the virus anymore and when someone is or has been infected, the growth will stop. Logistic Growth is characterized by increasing growth in the beginning period, but a decreasing growth after point of inflexion. For example, in the corona virus case, the maximum limit would be the total number of exposed people in India because when everybody is infected, the growth will be stopped. After that the increasing rate of curve starts to decline and reach to the minimum.

In the figure 1, predicted values of the cumulative number of novel corona positive cases obtained by method 1 and 2, is drawn along with observed cumulative number of novel corona positive cases. Both the methods provide moderately good estimates, but the tendency of both the curves is unlimitedly increasing. The rate of growth of Method 2 is slightly lesser than the rate of growth of Method 1. The number of total infected cases by April 30, 2020 would be about 144700 (Method 1) and 127700 (Method 2). If we do not adjust the Method 1 for Tablighi spread, then the total infected cases by April 30, 2020 would be about 81810. Thus, we can obtain the effect of Tablighi spread is about 75 percent.

Logistic Growth (Sigmoidal)

The logistic model reveals that the growth rate of the population is determined by its biotic potential and the size of the population as modified by the natural resistance, or, in other words, by all the various effects of inherent characteristics, that are density dependence^[15]. Natural resistance increases as population size gets closer to the carrying capacity. Logistic growth is similar to exponential growth, except that it assumes an essential sustainable maximum point. In exponential growth curve, the rate of growth of *y* per unit of time is directly proportional to *y*, but in practice the rate of growth cannot be in the same proportion always. The logistic curve will continue up to certain level, called the level of saturation, sometimes called the carrying capacity, after reaching carrying capacity it starts declining. A system far below its carrying

capacity will at first grow almost exponentially, however this growth gradually slows as the system expands, finally bringing it to a halt specifically at the carrying capacity ^[14, 15]. The logistic relationship can be expressed as

$$P_{t} = y = \frac{k}{1 + e^{a + bt}}; \ b < 0$$
(4)

Where *a*, *b* and *k* are constant and y_t is that value of the time series at the time *t*. The reciprocal of y_t follows modified exponential law. Hence, the given time series observation y_t will follow Logistic Law if their reciprocal $1/y_t$ follows modified exponential law. Thus in general, we may take

$$\frac{dy}{dt} = \alpha y(k - y); \alpha > 0, k > 0$$

The factor y is called the momentum factor which increases with time t and the factor (k - y) is known as the retarding factor that decreases with time. When the process of growth approaches the saturation level k, the rate of growth tends to zero. Now we have

$$\frac{dy}{y(k-y)} = \alpha dt \Rightarrow \frac{1}{k} \left[\frac{1}{y} + \frac{1}{k-y} \right] dy = \alpha dt \Rightarrow \left[\frac{1}{y} - \frac{1}{k-y} \right] dy = \alpha k dt$$

Integrating, we get

$$\log(\frac{y}{k-y}) = \alpha kt + \gamma, \text{ where } \gamma \text{ is the constant of integration.}$$
$$\frac{k}{y} = 1 + e^{-\alpha kt} \cdot e^{-\gamma} \Longrightarrow y = \frac{k}{1 + e^{-(\gamma + \alpha kt)}}, \text{ This equation is same as equation (4) where } a = -\gamma \text{ and } b = -\alpha k.$$

Logistic curve has a point of inflexion at half of the carrying capacity k. This point is the critical point, from where the increasing rate of curve starts to decline. The time of point of inflexion can be estimate as $\frac{-a}{b}$. For the estimation of parameter of logistic curve, method of three selected points has been used. The estimate of the parameters can be obtained with equation given as:

$$k = \frac{y_2^2(y_1 + y_3) - 2y_1y_2y_3}{y_2^2 - y_1y_3}$$
(5)

$$b = \frac{1}{t_2 - t_1} \ln \left[\frac{(k - y_2)y_1}{(k - y_1)y_2} \right]$$
(6)

$$a = \ln\left[\frac{k - y_1}{y_1}\right] - bt_1 \tag{7}$$

Where, y_1, y_2 and y_3 are the cumulative number of corona positive cases at a given time t_1, t_2 and t_3 respectively, provided that $t_2 - t_1 = t_3 - t_2$. You may also estimate the parameter *a* and *b* by method of least square after fixing *k*.

To predict confirmed corona cases on different day, logistic growth curve has been also used and found very exciting results. The truncated information (means not from the beginning to the present date) on confirmed cases in India has been taken from March 13 to April 2, 2020. The estimated value of the parameters are as follows k=18708.28, a=5.495and b=-0.174, with these estimates predicted values have been obtained and found considerably lower values than what we observed. On April 1 and 2, 2020 the number of confirmed corona cases were drastically increasing in some part of India due to some unavoidable circumstances, thus there is an earnest need to increase carrying capacity of the model, thus it is increased and considered as 22000 and the other parameters a and b are estimated again, which are a=5.657 and b=-0.173. The predicted cumulative number of cases is very close to the observed cumulative number of cases till date. The time of point of inflexion is obtained as 32.65 i.e. 35 days after beginning. We have taken data from March 13, 2020 so that the time of point of inflexion should be April 14, 2020 and by May 30, 2020 there will be no new cases found in the country. The distribution of the new cases is in the red color in the figure 2, which is quite normal and obvious. As mentioned in the above paragraph, Method 1 provided natural estimate of the total infected cases by May 30, 2020 that is 192400. This estimate is obtained when no preventive measure would be taken by the Government of India. The testing rate is lower in India than many western countries, so our absolute numbers is low. When government initiates faster testing process, then we have observed more number of cases and found this logistic model fail to provide cumulative number of corona confirm cases after April 17, 2020 thus there is a need to modify this model.

In order to the modification, I have taken natural log of cumulative number of corona confirm cases instead of cumulative number of corona confirmed cases, as taken in the previous model. This model provides, the carrying capacity is about 80000 cases and time of point of inflexion is April 30, 2020. The present model provides reasonable estimate of the cumulative number of confirmed cases and by the end of July, 2020 there will be no new cases found in the country. Further, the number of corona positive cases increases and the model estimate does not match to the observed number of case, therefore we need to change the data period, since the logistic curve is data driven model that provide new estimate of point of inflexion and maximum number of corona positive cases and time of point of inflexion is July15th, 2020 with a maximum number of new cases on a day is about 20 lakh cases and time of point of inflexion is July15th, 2020 with a maximum number of new cases on a particular date, 95 percent confidence interval up to June 30th, 2020), and by the end of January, 2021 we hope there will be no new cases in the country.

LOCKDOWN IMPACT

To know the impact of lockdown, we define the corona case propagation is as $C_t = \frac{X_t}{\sum_{i=0}^{t} x_i}$, where x_t is the number of

confirm cases on t^{th} day. We have calculated c_t and the doubling time of the corona case propagation in India. The

doubling time is calculated as $\frac{Ln2}{c_t} = \frac{0.693}{c_t}$.

We have calculated corona case propagation c_t on the basis of 5 days moving average of daily confirmed cases (in the beginning the data in India is very fluctuating) and it is found gradually decreasing in India. This indicates the good sign of government attempts to combat this pandemic through implementing lockdown. These findings indicate that in future, the burden of corona will be expectedly lowering down if the current status remains same. In Table 2, an attempt has been made to show the summary statistics of corona case propagation C_t during various lockdown periods in India. It is observed that average corona case propagation is maximum (0.17 with standard deviation 0.033) in the period prior to the lockdown. During the first lockdown period the average corona case propagation is 0.14 with standard deviation 0.032, however in lockdown 2 it is 0.07 with standard deviation 0.009, and in lockdown 3 corona case propagation is 0.06 with standard deviation 0.006, thus it is clear that both average propagation and standard deviation are decreasing. Table 3 represents the results of ANOVA testing for mean of c_t during various lockdown periods, which significantly means that the average corona case propagation is significantly different is various lockdown periods is shown in Table 5, which reveals that lockdown significantly affects the spread of corona case propagation. Figure 4 shows, corona case propagation and doubling time in India. The corona case propagation in decreasing and doubling time is increasing day by day.

CONCLUSIONS

India is in the comfortable zone, with a lower growth rate than other countries studied. Our mathematical model shows that, the epidemic is likely to stabilize with 20 lakh cases by the end of January, 2021. A study advocated for 49 days single lockdown i.e. lockdown up to May 13, 2020 reduced infected cases below 10, but our study contradict it ^[11]. The government has adopted a strategy of large scale quarantine and limited testing to flatten the epidemic curve and reduce the death rate. The projections produced by the model and after their validation can be used to determine the scope and scale of measures that government need to initiate. In conclusion, if the current mathematical model results can be validated within the range provided here, then the social distancing and other prevention, treatment policies that the central and various state governments and people are currently implementing, should continue until new cases are not seen. The spread from urban to rural and rich to poor populations should be monitored, and control is an important point of consideration. Mathematical models have certain limitations that there are many assumptions about homogeneity of population in terms of urban/rural or rich/poor that does not capture variations in population density. This study can help health professionals and policy maker to make appropriate policy. Finally, it should be accepted that the above observations are a model based observations of the corona pandemic, and the estimates are calculated from available limited information. If several protective measures will not be taken effectively, then this rate may be changed. However, the government of India under the leadership of Modi Ji has already taken various protective measures such as lockdown in several areas, make possible quarantine facility to reduce the rate of corona, thus we may hopefully conclude that, the country will be successful to reduce the rate of this pandemic.

ABBREVIATIONS

SARS: Severe Acute Respiratory Syndrome; MERS: Middle East respiratory syndrome; WHO World Health Organization; SIR: Susceptible-Infectious-Recovered; CFR: Case Fatality Rate; ANOVA: Analysis of Variance

REFERENCES

- 1. Coronavirus Disease (COVID-19) events as they happen. Available at:https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-theyhappen
- 2. World Health Organization. WHO Statement Regarding Cluster of Pneumonia Cases in Wuhan, China; Available from: https://www.who.int/china/news/detail/09-01-2020-who- statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china
- 3. Coronavirus Update (Live): COVID-19Virus Outbreak World meter. Available at: https://www.worldometers.info/coronavirus.
- 4. India Covid-19 Tracker: A Crowd sourced Initiative, Available at: https://www.covid19india.org.
- 5. Consolidated Travel advisory in view of COVID-19 (26 February 2020), Government of India, Ministry of Health & FW.
- 6. Indian Council of Medical Research, Department of Health Research, Revised Strategy of COVID19 testing in India (version 3, dated 20 March 2020).
- 7. De Silva U, Warachit J, Waicharoen S, Chittaganpitch M. A preliminary analysis of the epidemiology of influenza A (H1N1) v virus infection in Thailand from early outbreak data, June-July 2009. Euro surveillance 2009; 14(31):19292.
- 8. Zhao S, Musa SS, Fu H, He D, Qin J. Simple framework for real-time forecast in a data limited situation: the Zika virus (ZIKV) outbreaks in Brazil from 2015 to 2016 as an example. Parasites Vectors 2019; 12(1):344.
- Chatterjee K, Chatterjee K, Kumar A, Shankar S. Healthcare impact of COVID-19 epidemic in India: A stochastic mathematical model. Medical Journal Armed Forces India 2020; https://doi.org/10.1016/j.mjafi.
- 10. Mandal Sandip, Bhatnagar Tarun, Arinaminpathy Nimalan, Agarwal Anup et al. Prudent public health intervention strategies to control the corona virus disease 2019 transmission in India: A mathematical modelbased approach. Indian J Med Res 2020; Epub ahead of print DOI: 10.4103/ijmr.IJMR_504_20
- 11. Singh Rajesh & Adhikari R. Age-structured impact of social distancing on the COVID-19 epidemic in India 2020.arXiv:2003.12055v1 [q-bio.PE]
- 12. Gupta Mohak Corona virus in India: Make or Break. Available at: https://medium.com/@mohakgupta_55841/coronavirus-in-india-make-or-break-5a13dfb9646d
- 13. Srinivasa Rao Arni S. R., Krantz Steven G., Kurien Thomas, Bhat Ramesh et al. Model-based retrospective estimates for COVID-19 or coronavirus in India: continued efforts required to contain the virus spread. Current Science 2020; 118(7):1023-25.

- 14. Shryock. Henry S. and Jacob S. Siegel. Methods and Materials of Demography. Washington: U.S. Dept. of Commerce, Bureau of the Census. 1973
- 15. Pearl, R., & Reed, L. J. On the rate of growth of the population of the United States since 1790 and its mathematical representation. Proceedings of the National Academy of Sciences of the United States of America, 1920; 6(6), 275.

APPENDICES

Tables and Figures

| Т | Table 1: Some Observations about Corona Positive Cases | | | | | | | |
|-------|--|----------|-----------|---------|---------|-----------|--|--|
| Month | Date | Observed | Predicted | 95% LCI | 95% UCI | New Cases | | |
| | 15 | 12372 | 12372 | 12145 | 12599 | 882 | | |
| | 16 | 13434 | 13336 | 13107 | 13566 | 964 | | |
| | 17 | 14353 | 14368 | 14137 | 14600 | 1032 | | |
| | 18 | 15724 | 15471 | 15239 | 15704 | 1103 | | |
| | 19 | 17304 | 16650 | 16417 | 16883 | 1178 | | |
| | 20 | 18543 | 17907 | 17674 | 18140 | 1258 | | |
| | 21 | 20080 | 19249 | 19016 | 19481 | 1341 | | |
| ril | 22 | 21372 | 20678 | 20445 | 20910 | 1429 | | |
| Ap | 23 | 23039 | 22199 | 21967 | 22432 | 1522 | | |
| | 24 | 24447 | 23818 | 23584 | 24052 | 1619 | | |
| | 25 | 26282 | 25539 | 25302 | 25776 | 1721 | | |
| | 26 | 27889 | 27366 | 27124 | 27608 | 1827 | | |
| | 27 | 29458 | 29305 | 29054 | 29555 | 1939 | | |
| | 28 | 31360 | 31360 | 31097 | 31623 | 2055 | | |
| | 29 | 33063 | 33537 | 33256 | 33817 | 2177 | | |
| | 30 | 34866 | 35841 | 35537 | 36144 | 2304 | | |
| | 1 | 37262 | 38276 | 37944 | 38609 | 2436 | | |
| | 2 | 39826 | 40849 | 40481 | 41217 | 2573 | | |
| | 3 | 42778 | 43565 | 43155 | 43974 | 2715 | | |
| | 4 | 46434 | 46428 | 45970 | 46886 | 2863 | | |
| | 5 | 49405 | 49444 | 48931 | 49958 | 3016 | | |
| | 6 | 53007 | 52619 | 52044 | 53194 | 3175 | | |
| | 7 | 56351 | 55958 | 55314 | 56601 | 3339 | | |
| | 8 | 59690 | 59465 | 58747 | 60184 | 3507 | | |
| | 9 | 62865 | 63147 | 62346 | 63947 | 3682 | | |
| | 10 | 67176 | 67007 | 66118 | 67897 | 3861 | | |
| | 11 | 70768 | 71052 | 70067 | 72037 | 4045 | | |
| | 12 | 74329 | 75286 | 74199 | 76374 | 4234 | | |
| ay | 13 | 78056 | 79714 | 78517 | 80912 | 4428 | | |
| Μ | 14 | 82047 | 84341 | 83026 | 85656 | 4627 | | |
| | 15 | 85855 | 89171 | 87731 | 90610 | 4830 | | |
| | 16 | 90649 | 94208 | 92636 | 95779 | 5037 | | |
| | 17 | 95698 | 99456 | 97745 | 101167 | 5248 | | |
| | 18 | 100326 | 104920 | 103062 | 106777 | 5464 | | |
| | 19 | 106480 | 110603 | 108591 | 112615 | 5683 | | |
| | 20 | 112200 | 116508 | 114335 | 118682 | 5906 | | |
| | 21 | 118223 | 122640 | 120297 | 124983 | 6131 | | |
| | 22 | 124793 | 129000 | 126480 | 131520 | 6360 | | |
| | 23 | 131422 | 135592 | 132888 | 138296 | 6592 | | |
| | 24 | 138535 | 142417 | 139521 | 145313 | 6826 | | |
| | 25 | 144949 | 149479 | 146384 | 152574 | 7062 | | |
| | 26 | 150856 | 156778 | 153477 | 160079 | 7299 | | |

Brijesh P. Singh

| | 27 | 158102 | 164317 | 160802 | 167831 | 7539 |
|----|----|--------|--------|--------|--------|-------|
| | 28 | 165356 | 172096 | 168361 | 175830 | 7779 |
| | 20 | 173494 | 180116 | 176154 | 184077 | 8020 |
| | 30 | 181829 | 188377 | 184182 | 192572 | 8262 |
| | 31 | 190649 | 196881 | 192446 | 201316 | 8504 |
| | 1 | 198373 | 205626 | 200945 | 210307 | 8745 |
| | 2 | 207186 | 214612 | 209679 | 219545 | 8986 |
| | 3 | 216875 | 223838 | 218648 | 229029 | 9226 |
| | 4 | 226722 | 233303 | 227850 | 238757 | 9465 |
| | 5 | 236101 | 243005 | 237284 | 248727 | 9702 |
| | 6 | 246602 | 252943 | 246949 | 258937 | 9937 |
| | 7 | 257484 | 263113 | 256842 | 269384 | 10170 |
| | 8 | 266020 | 273513 | 266961 | 280065 | 10400 |
| | 9 | 275999 | 284140 | 277304 | 290977 | 10627 |
| | 10 | 287154 | 294991 | 287867 | 302116 | 10851 |
| | 11 | 298289 | 306062 | 298647 | 313478 | 11071 |
| | 12 | 309595 | 317350 | 309641 | 325059 | 11287 |
| | 13 | 321630 | 328849 | 320845 | 336853 | 11499 |
| | 14 | 333012 | 340555 | 332254 | 348857 | 11706 |
| ne | 15 | 343071 | 352464 | 343864 | 361064 | 11909 |
| Ju | 16 | 354157 | 364570 | 355671 | 373469 | 12106 |
| | 17 | 367265 | 376867 | 367669 | 386066 | 12298 |
| | 18 | 381094 | 389351 | 379853 | 398850 | 12484 |
| | 19 | 395834 | 402015 | 392218 | 411813 | 12664 |
| | 20 | 411752 | 414854 | 404758 | 424950 | 12838 |
| | 21 | 426902 | 427860 | 417466 | 438253 | 13006 |
| | 22 | 440450 | 441027 | 430338 | 451716 | 13167 |
| | 23 | | 454349 | 445318 | 463381 | 13322 |
| | 24 | | 467819 | 458552 | 477086 | 13470 |
| | 25 | | 481430 | 471929 | 490930 | 13611 |
| | 26 | | 495174 | 485443 | 504905 | 13744 |
| | 27 | | 509045 | 499086 | 519004 | 13871 |
| | 28 | | 523035 | 512852 | 533218 | 13990 |
| | 29 | | 537137 | 526733 | 547541 | 14102 |
| | 30 | | 551343 | 540723 | 561964 | 14206 |

Table 2: Summary of C_t during Various Lockdown Period

| Lockdown | N | Mean | Std. | Std. | 95% Confidence Interval for Mean | | |
|----------|----|------|-----------|--------|----------------------------------|-------------|--|
| Period | | | Deviation | Error | Lower Bound | Upper Bound | |
| No | 08 | 0.17 | 0.033 | 0.012 | 0.144 | 0.199 | |
| 1 | 22 | 0.14 | 0.032 | 0.007 | 0.121 | 0.149 | |
| 2 | 20 | 0.07 | 0.009 | 0.002 | 0.064 | 0.072 | |
| 3 | 24 | 0.06 | 0.006 | 0.0017 | 0.049 | 0.054 | |
| Total | 74 | 0.10 | 0.049 | 0.006 | 0.083 | 0.105 | |

Table 3: ANOVA Test for Mean of c_t during Various Lockdown Period

| Source of Variations | Sum of Squares | df | Mean Square | F | p value |
|----------------------|----------------|----|-------------|----------|---------|
| Between Groups | 0.142 | 03 | 0.047 | 1080.341 | 0.000 |
| Within Groups | 0.031 | 70 | 0.000 | | |
| Total | 0.172 | 73 | | | |

| | | | | | - | | |
|--|-----------|-----------|-----------------------------|----------------|---------|-------------------------|-------------|
| | | (J) Group | Mean Difference (I-J) | Std0. Error | p value | 95% Confidence Interval | |
| | (I) Group | | | | | Lower Bound | Upper Bound |
| | | 1 | 0.036 | 0.009 | 0.000 | 0.013 | 0.060 |
| | No | 2 | 0.103 | 0.009 | 0.000 | 0.080 | 0.127 |
| | | 3 | 0.120 | 0.009 | 0.000 | 0.096 | 0.143 |
| | 1 | 2 | 0.067 | 0.006 | 0.000 | 0.050 | 0.085 |
| | 1 | 3 | 0.083 | 0.006 | 0.000 | 0.067 | 0.100 |
| | 2 | 3 | 0.016 | 0.006 | 0.079 | -0.001 | 0.033 |

Table 4: Group Wise Comparison of Means of r_t during Various Lockdown Periods



Figure 1: Exponential Growth Curve.



Figure 2: Logistic Growth Curve (Considering Actual Number Cumulative Corona Positive Cases as y_t).



Figure 3: Logistic Growth Curve (Considering Natural Log of Actual Number Cumulative Corona Positive Cases as y_t).



Figure 4: Corona Case Propagation and Doubling Time.