



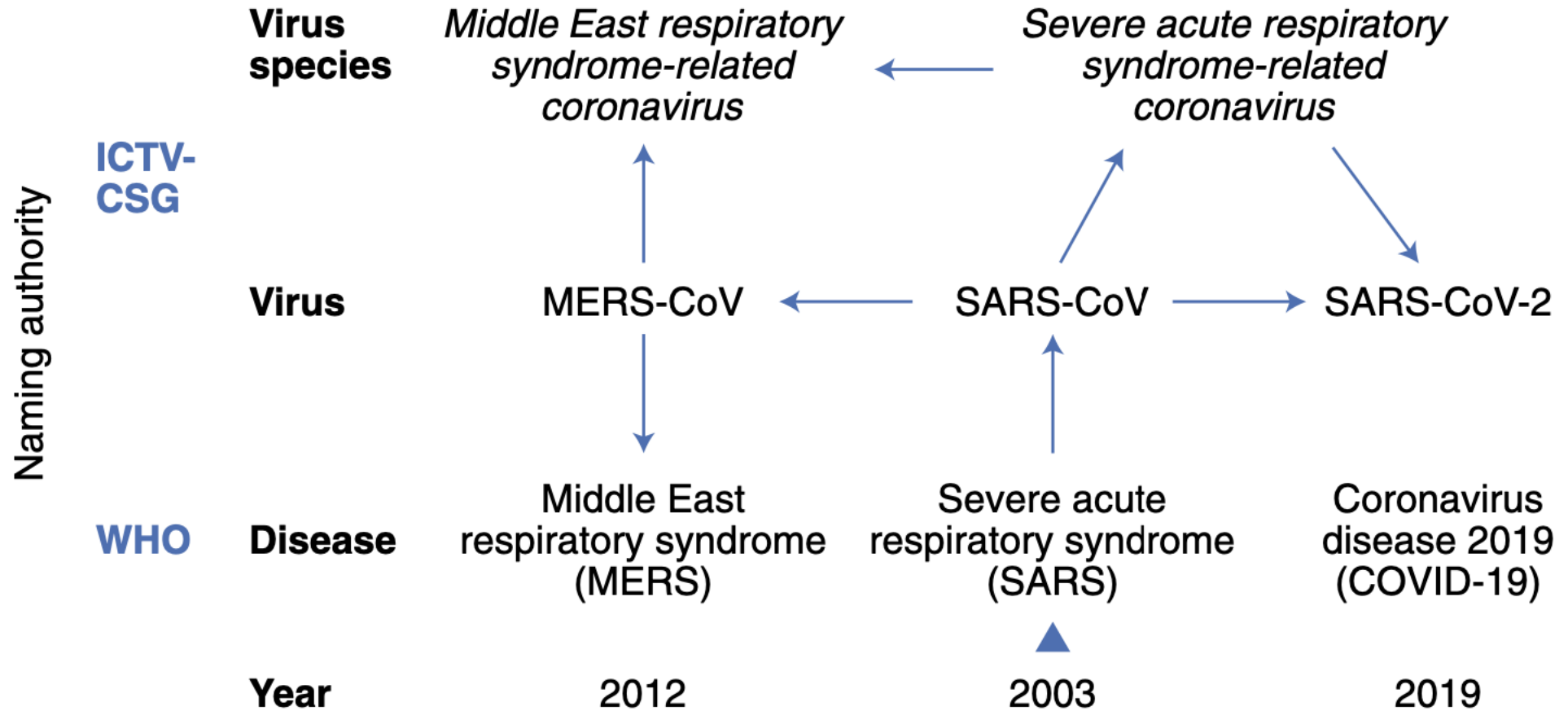
COVID-19 and SARS-COV-2 Research Update

Rick Stevens – Argonne National Laboratory – University of Chicago

Ian Foster, Arvind Ramanathan, Tom Brettin, Austin Clyde, Kyle Chard, Maulik Shukla, Jonathan Ozik, Chick Macal, Yadu Babuji, Carlos Olivares, Alex Partin, Gyorgy Babnigg, Xuefeng Liu, Ben Blaiszik, Ryan Chard, Zhi Hong, Zhuozhag Li, Marcus Schwarting, Logan Ward, Anna Woodward, Shantenu Jha, Kerstin Van Dam, Frank Alexander, Misha Salim, Matteo Turilli, Andre Merzky, Mike Papka, Katherine Riley, Venkat Vishwanath, Carlos Simmerling, Hubertus Van Dam, Gina Tourassi, Dan Stanzione, Mike Norman, and many others > 200

In 2003

The emergence of SARS and the identification of a coronavirus as the causative agent of the disease astounded the coronavirus community, as it was the first definitive association of a coronavirus with a severe disease in humans.



COVID-19 CORONAVIRUS OUTBREAK

March 9th 2020

<https://www.worldometers.info/coronavirus/>

Last updated: March 09, 2020, 15:01 GMT

[Cases](#) - [Deaths](#) - [Countries](#) - [Death Rate](#) - [Incubation](#) - [Age](#) - [Symptoms](#) - [Opinions](#) - [News](#)

Coronavirus Cases:

111,746

[view by country](#)

COVID-19 Fatality Rate by AGE:

*Death Rate = (number of deaths / number of cases) = **probability of dying if infected by the virus (%)**.

This probability differs depending on the age group. The percentages shown below **do not have to add up to 100%**, as they **do NOT represent share of deaths by age** group. Rather, it represents, for a person in a given age group, the **risk of dying** if infected with COVID-19.

AGE	DEATH RATE confirmed cases	DEATH RATE all cases
80+ years old	21.9%	14.8%
70-79 years old		8.0%
60-69 years old		3.6%
50-59 years old		1.3%
40-49 years old		0.4%
30-39 years old		0.2%
20-29 years old		0.2%
10-19 years old		0.2%
0-9 years old		no fatalities

Deaths:

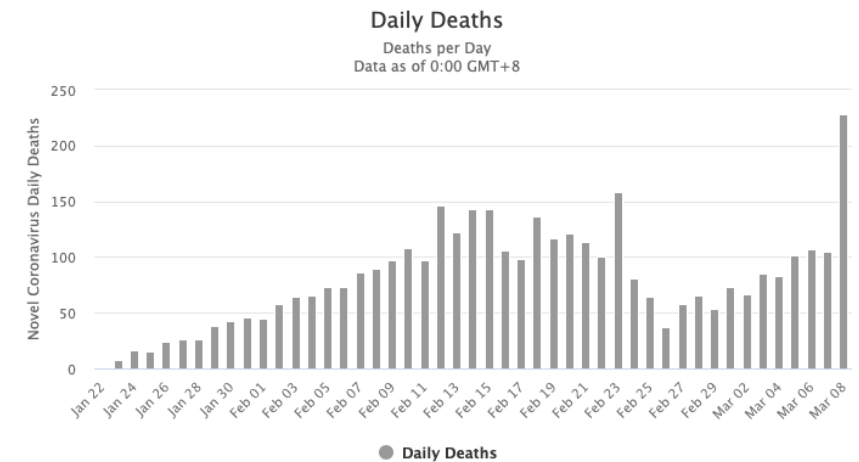
3,888

Recovered:

62,722

PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
Cardiovascular disease	13.2%	10.5%
Diabetes	9.2%	7.3%
Chronic respiratory disease	8.0%	6.3%
Hypertension	8.4%	6.0%
Cancer	7.6%	5.6%
<i>no pre-existing conditions</i>		0.9%

Daily Deaths



Last updated: April 24, 2020, 10:32 GMT

[Graphs](#) - [Countries](#) - [Death Rate](#) - [Symptoms](#) - [Incubation](#) - [Transmission](#) - [News](#)

Coronavirus Cases: 2,744,606

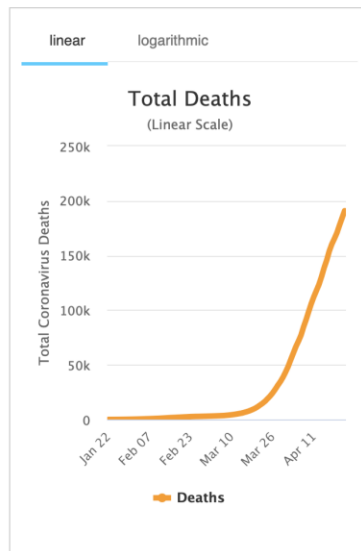
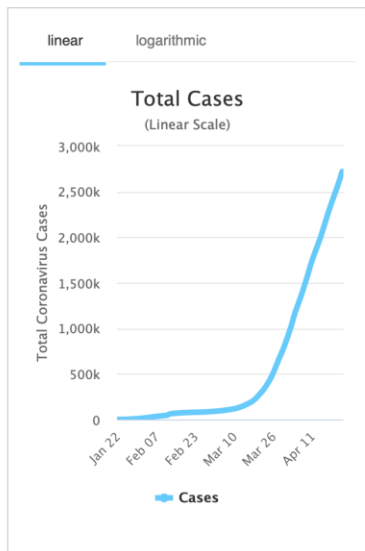
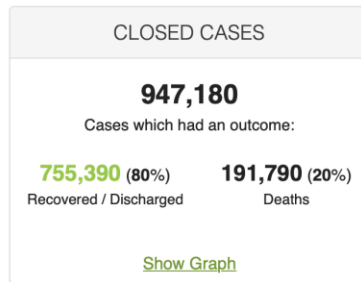
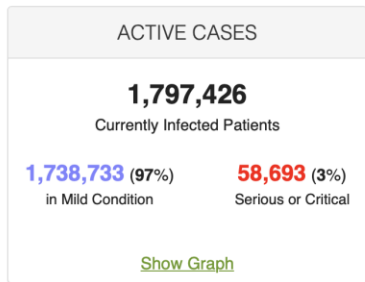
[view by country](#)

Deaths:

191,790

Recovered:

755,390



All	Europe	North America	Asia	South
Country, Other	Total Cases	New Cases	Total Deaths	
World	2,744,606	+21,562	191,790	
USA	886,709	+267	50,243	
Spain	219,764	+6,740	22,524	
Italy	189,973		25,549	
France	158,183		21,856	
Germany	153,215	+86	5,575	
UK	138,078		18,738	
Turkey	101,790		2,491	
Iran	87,026		5,481	
China	82,804	+6	4,632	
Russia	68,622	+5,849	615	
Brazil	50,036	+544	3,331	
Belgium	44,293	+1,496	6,679	

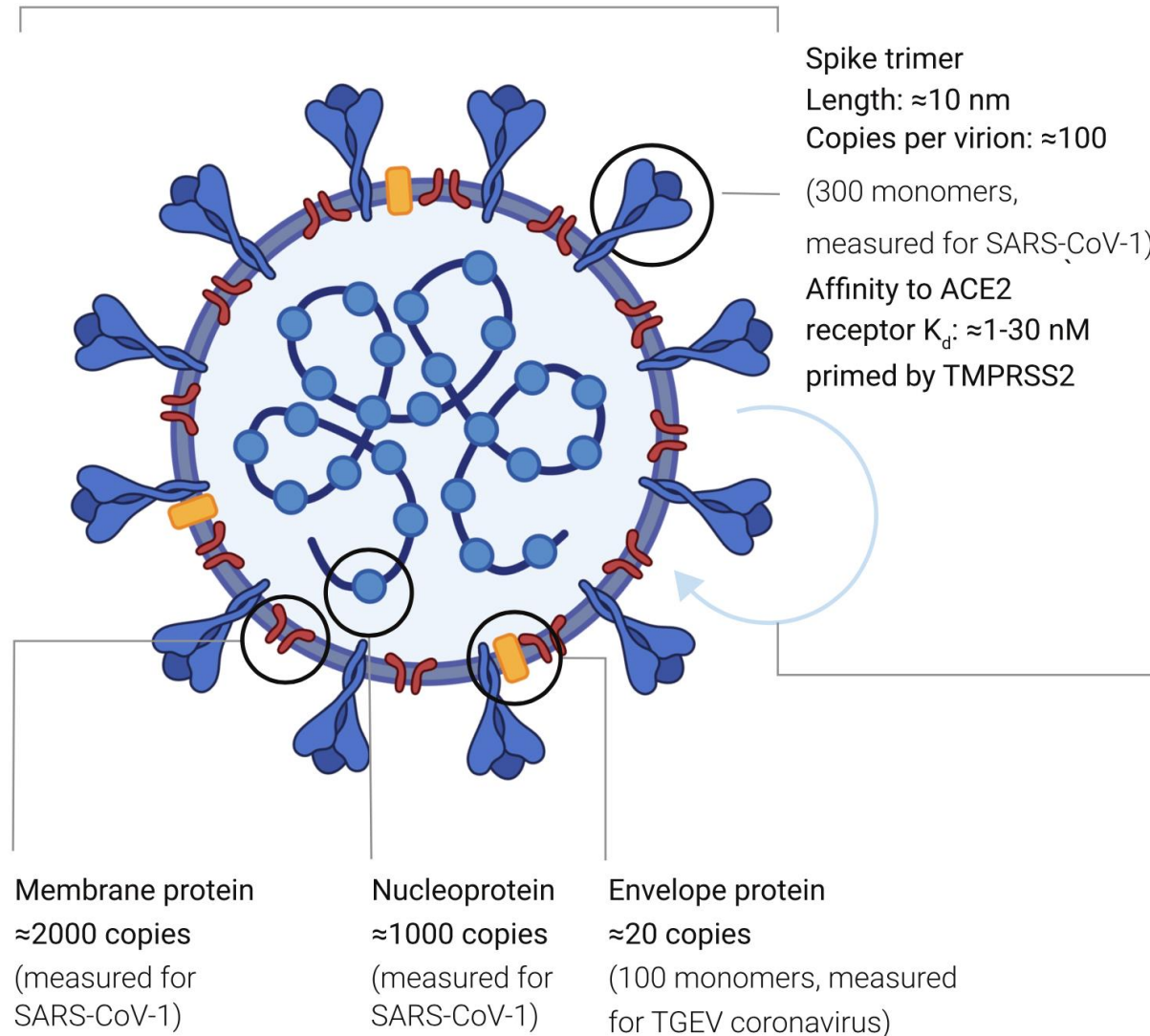
Understanding the Enemy

Size & Content

Diameter: ≈ 100 nm

Volume: $\sim 10^6 \text{ nm}^3 = 10^{-3} \text{ fL}$

Mass: $\sim 10^3 \text{ MDa} \approx 1 \text{ fg}$



Replication Timescales

in tissue-culture

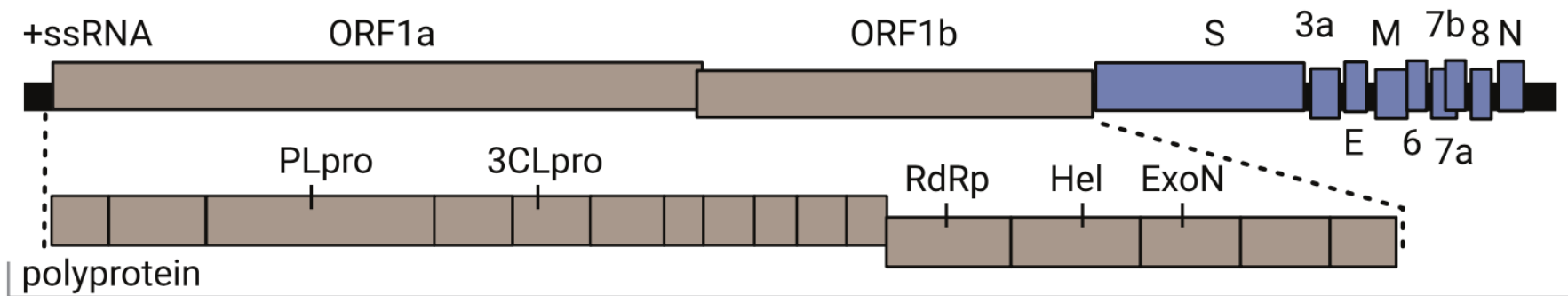
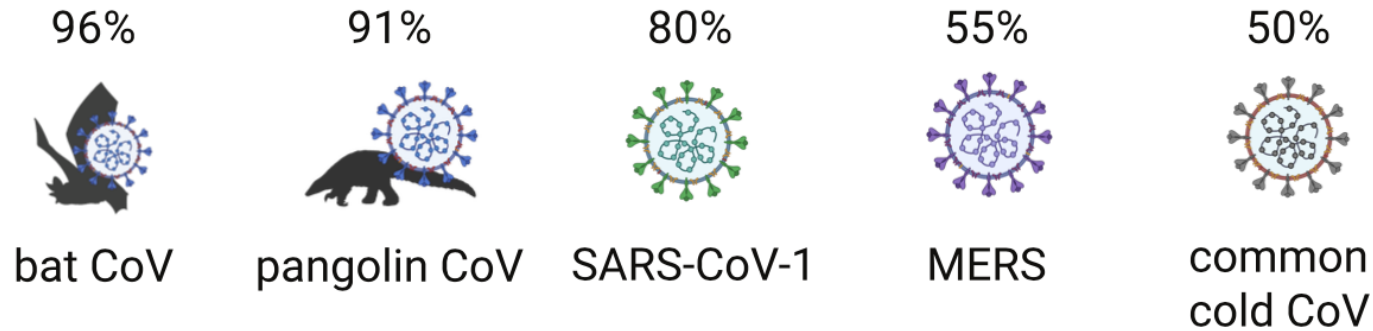
Virion entry into cell: ~10 min (measured for SARS-CoV-1)

Eclipse period: ~10 hrs (time to make intracellular virions)

Burst size: $\sim 10^3$ virions (measured for MHV coronavirus)

Genome

Nucleotide identity to SARS-CoV-2

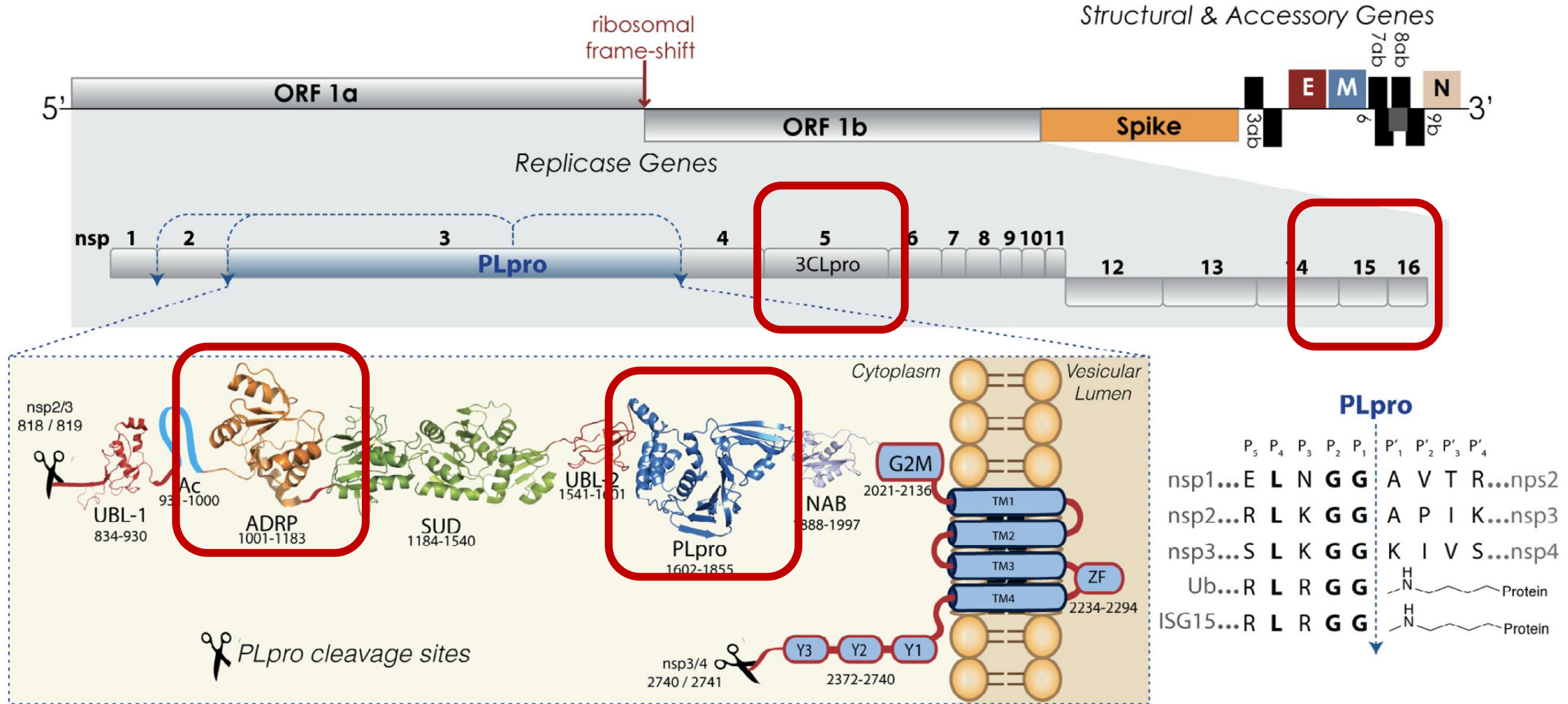


Length: $\approx 30\text{kb}$; β -coronavirus with 10-14 ORFs (24-27 proteins)

Evolution rate: $\sim 10^{-3} \text{ nt}^{-1} \text{ yr}^{-1}$ (measured for SARS-CoV-1)

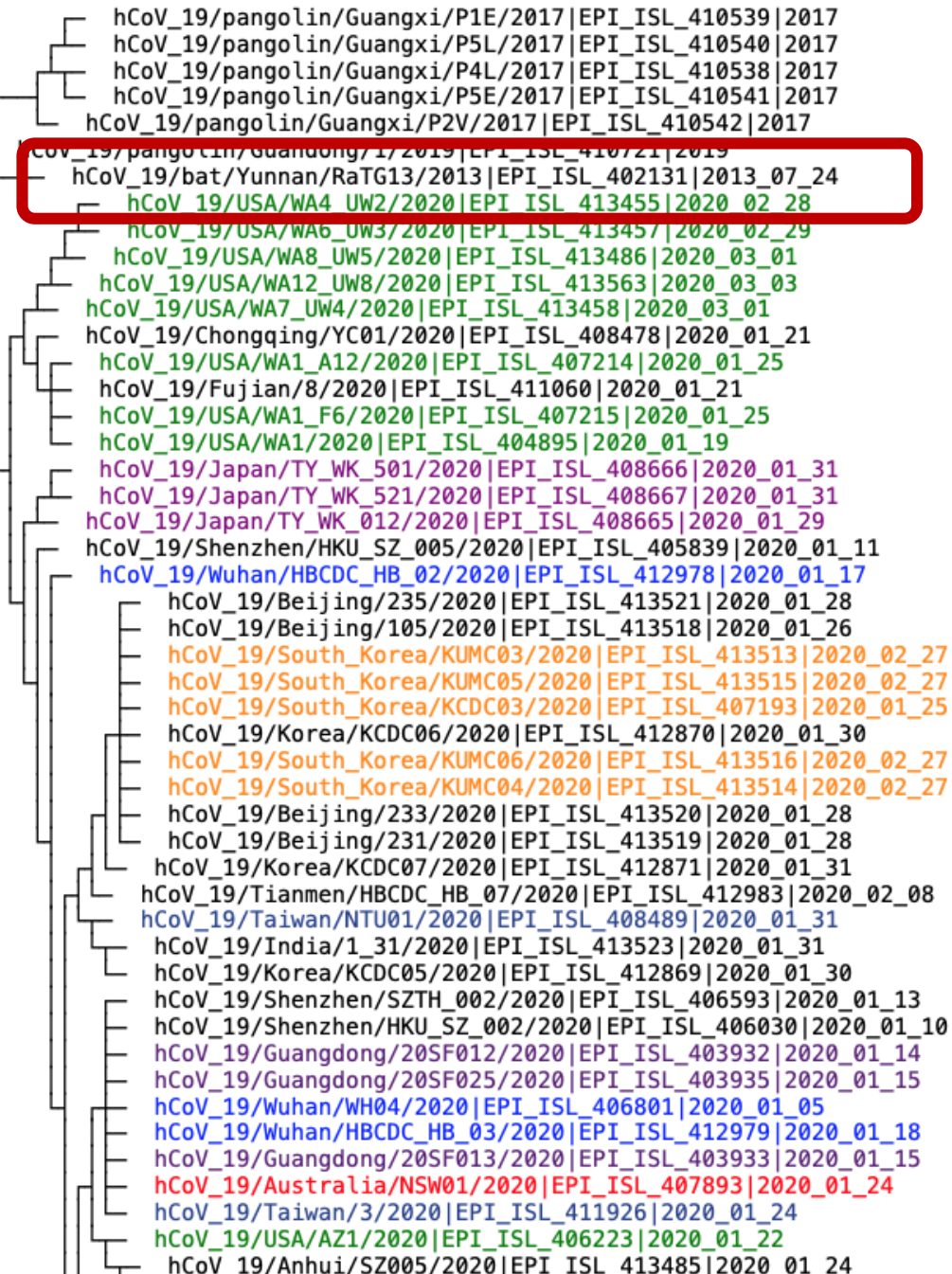
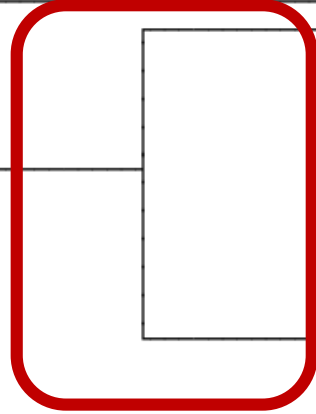
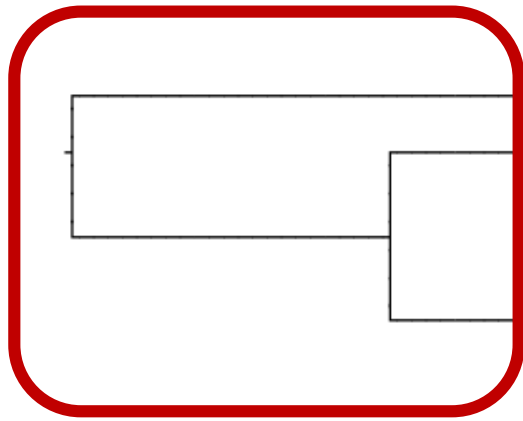
Mutation rate: $\sim 10^{-6} \text{ nt}^{-1} \text{ cycle}^{-1}$ (measured for MHV coronavirus)

Polyproteins encode many domains per gene



[Antiviral Res.](#) 2015 Mar; 115: 21–38.

Published online 2014 Dec 29. doi: [10.1016/j.antiviral.2014.12.015](https://doi.org/10.1016/j.antiviral.2014.12.015)



SARS-CoV-2 most likely came from bats perhaps via an intermediate host

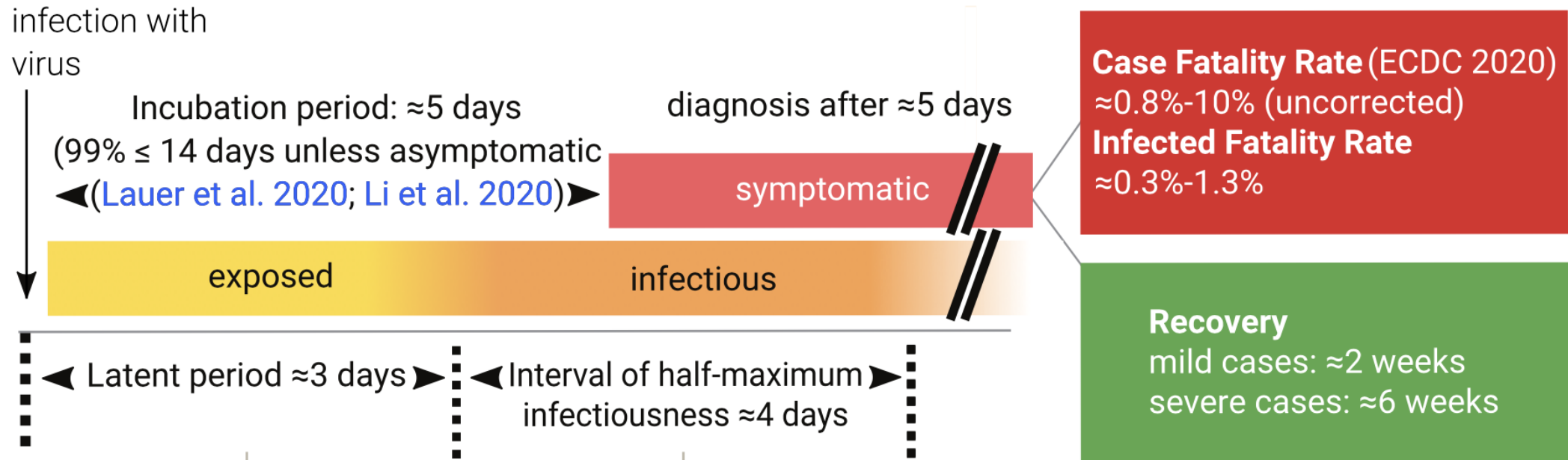
SARS-CoV-1 bats ⇒ civet ⇒ humans
 MERS-CoV bats ⇒ camel ⇒ humans

"Characteristic" Infection Progression in a Single Patient

Basic reproductive number R_0 : typically 2-4

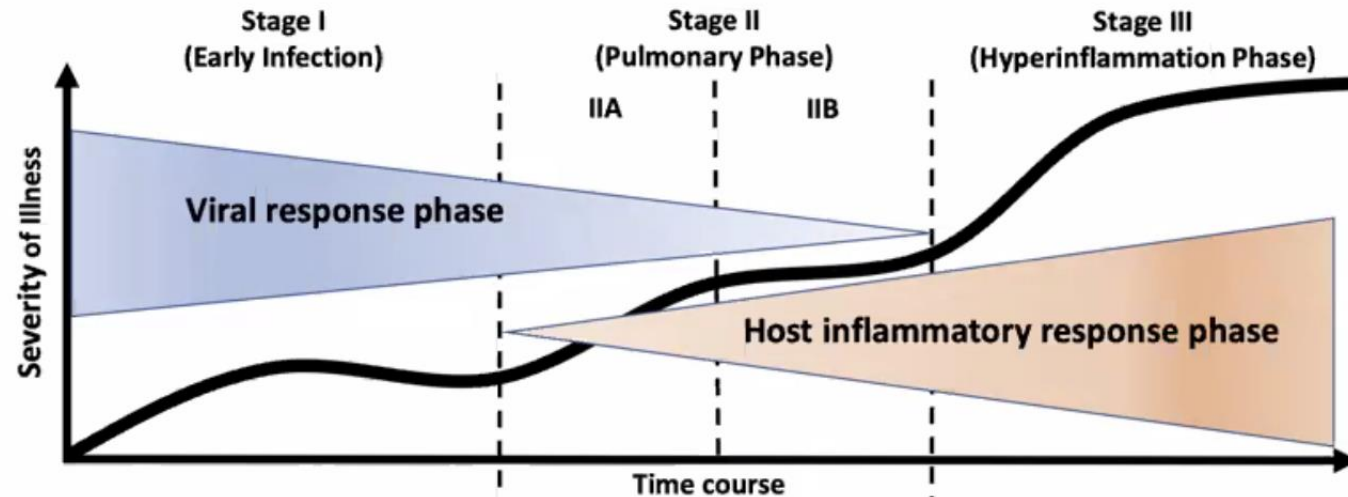
Varies further across space and time ([Li et al. 2020](#); [Park et al. 2020](#))

(number of new cases directly generated from a single case)



Inter-individual variability is substantial and not well characterized. The estimates are parameter fits for population median in China and do not describe this variability ([Li et al. 2020](#); [He et al. 2020](#)).

Kinetics of infection and clinical deterioration suggest that pathology is from immune over-stimulation

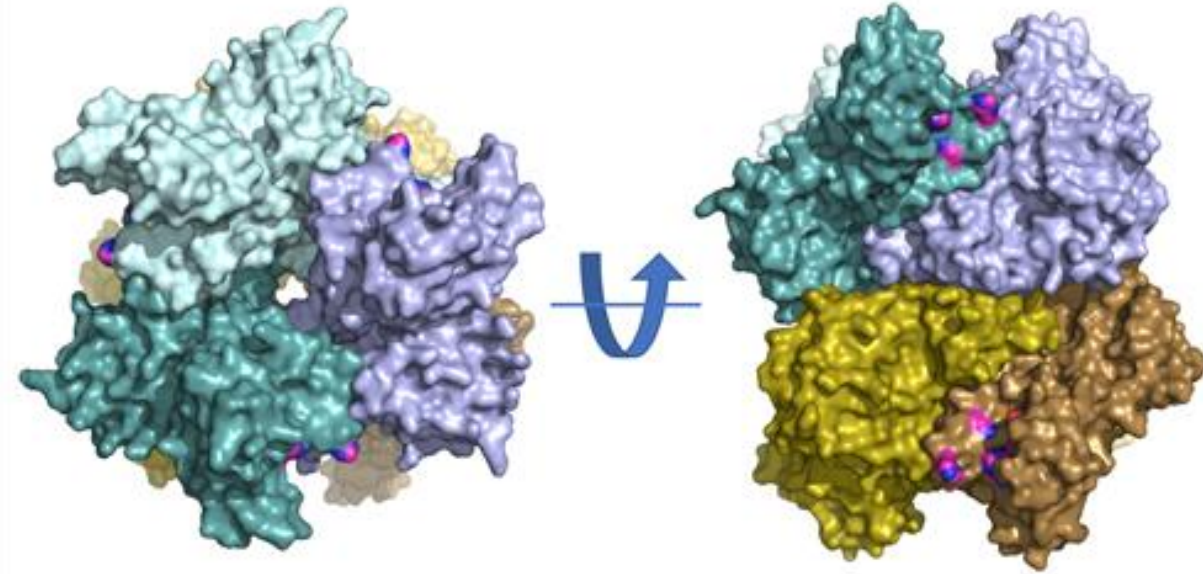


	Stage I (Early Infection)	Stage II (Pulmonary Phase)	Stage III (Hyperinflammation Phase)
Clinical Symptoms	Mild constitutional symptoms Fever >99.6°F Dry Cough, diarrhea, headache	Shortness of Breath Hypoxia (PaO ₂ /FIO ₂ ≤300mmHg)	ARDS SIRS/Shock Cardiac Failure
Clinical Signs	Lymphopenia, increased prothrombin time, increased D-Dimer and LDH (mild)	Abnormal chest imaging Transaminitis Low-normal procalcitonin	Elevated inflammatory markers (CRP, LDH, IL-6, D-dimer, ferritin) Troponin, NT-proBNP elevation
Potential Therapies	Remdesivir, chloroquine, hydroxychloroquine, convalescent plasma transfusions		
	Reduce immunosuppression	Corticosteroids, human immunoglobulin, IL-6 inhibitors, IL-2 inhibitors, JAK inhibitors	

- Which immune parameters correlate with disease severity?
 - Serum cytokines (IL-6, IL-1 β , others)
 - Antibody response
 - T cell response
- Why do some patients develop severe disease and some not?
 - Germline genetics
 - Airway microbiota
 - Pre-existing cross-reactive immunity

Research effort on COVID-19/SARS-COV-2

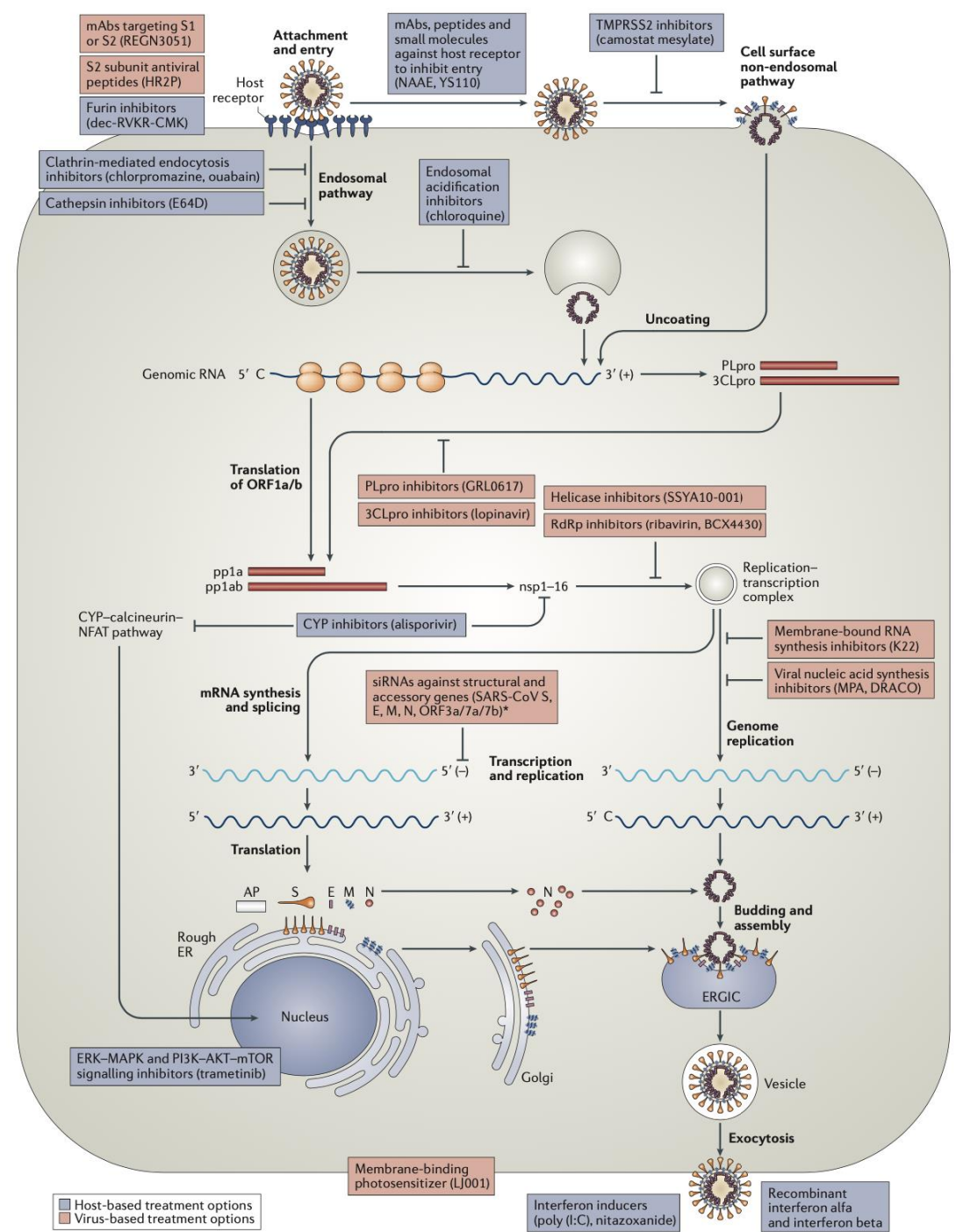
- Work at the APS and SBC to solve structures and screening small molecules (nsp15), 3CLpro, PLpro, etc.
- Participation in the NVBTL working groups (EPI, Testing, Manufacturing, Therapeutics)



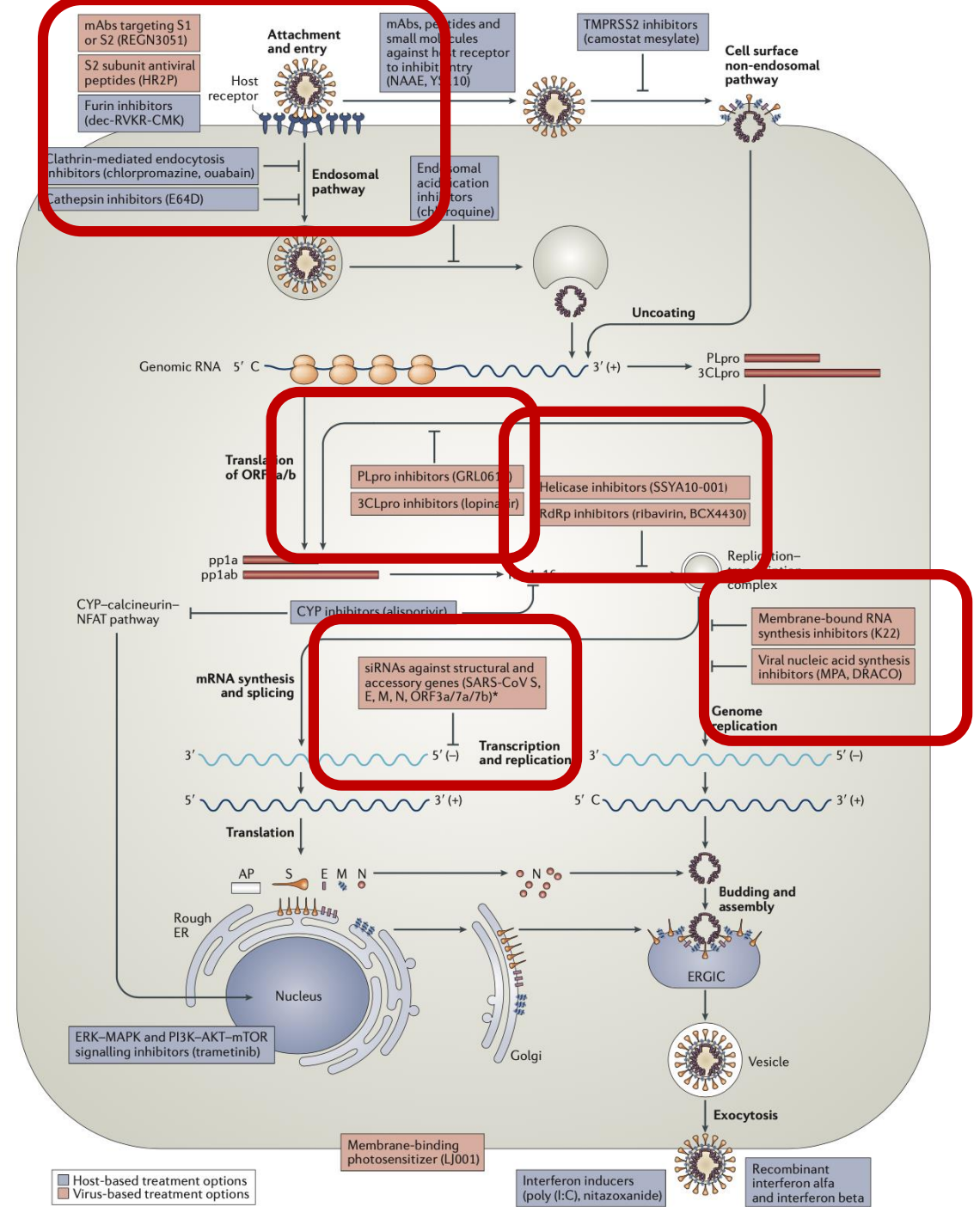
- Computational work on five subproblems
 - **Antiviral drug screening** \Rightarrow **priority compounds for wet lab screening**
 - **Epidemiology** \Rightarrow **transmission and interventions**
 - **Evolution** \Rightarrow **origins, diversity and host-adaptation**
 - Vaccine \Rightarrow epitope analysis and antibody design
 - Host-pathogen interactions / host response \Rightarrow severity and drugs

Antiviral Drug Screening

Protein	Mol. weight (kDa)	Seq. similarity with SARS-CoV	Description
Nsp1	19.8	91.1%	Suppresses host antiviral response
Nsp2	70.5	82.9%	
Nsp3	217.3	86.5%	Nsp3-Nsp4-Nsp6 complex involved in viral replication
Nsp4	56.2	90.8%	Nsp3-Nsp4-Nsp6 complex involved in viral replication
Nsp5	33.8	98.7%	Main protease (3C-like)
Nsp6	33.0	94.8%	Nsp3-Nsp4-Nsp6 complex involved in viral replication
Nsp7	9.2	100.0%	Nsp7-Nsp8 complex is part of RNA polymerase
Nsp8	21.9	99.0%	Nsp7-Nsp8 complex is part of RNA polymerase
Nsp9	12.4	98.2%	ssRNA binding
Nsp10	14.8	99.3%	Essential for Nsp16 methyltransferase activity
Nsp11	1.3	92.3%	Short peptide
Nsp12	106.7	98.3%	RNA polymerase
Nsp13	66.9	100.0%	Helicase/triphosphatase
Nsp14	59.8	98.7%	3'-5' exonuclease
Nsp15	38.8	95.7%	Uridine-specific endoribonuclease
Nsp16	33.3	98.0%	RNA-cap methyltransferase
S	141.2	87.0%	Spike protein, mediates binding to ACE2
Orf3a	31.1	85.1%	Activates the NLRP3 inflammasome
Orf3b	6.5	9.5%	
E	8.4	96.1%	Envelope protein, involved in virus morphogenesis and assembly
M	25.1	96.4%	Membrane glycoprotein, predominant component of the envelope
Orf6	7.3	85.7%	Type I IFN antagonist
Orf7a	13.7	90.2%	Virus-induced apoptosis
Orf7b	5.2	84.1%	
Orf8	13.8	45.3%	
N	45.6	94.3%	Nucleocapsid phosphoprotein, binds to RNA genome
Orf9b	10.8	84.7%	Type I IFN antagonist
Orf9c	8.0	78.1%	
Orf10	4.4	-	



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Orf9c	8.0	78.1%	
Orf10	4.4	-	





Structures exist for most of the proteome

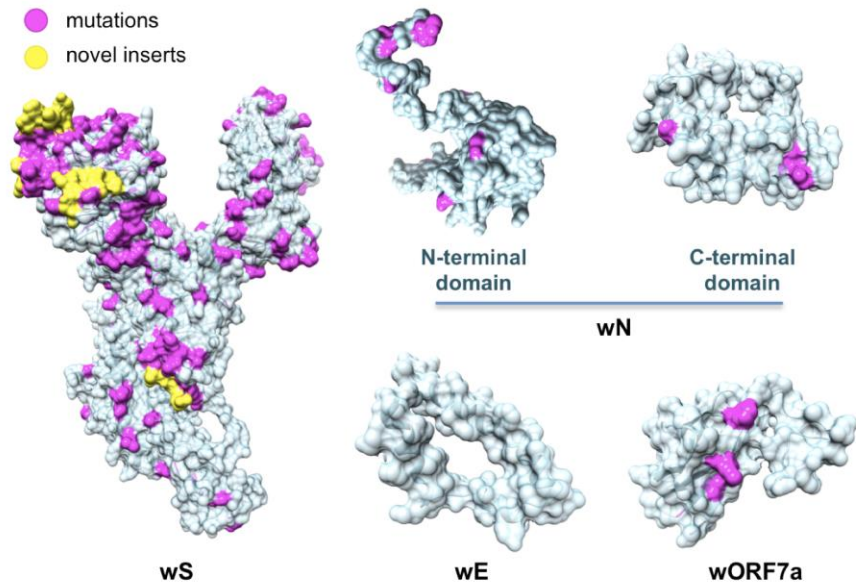


Figure 3. Structurally characterized structural proteins and an ORF of 2019-nCoV. Highlighted in pink are mutations found when aligning the proteins against their homologs from the closest related coronaviruses: 2019-nCoV and human SARS, bat coronavirus, and another bat betacoronavirus BtRf-BetaCoV. Highlighted in yellow are novel protein inserts found in wS.

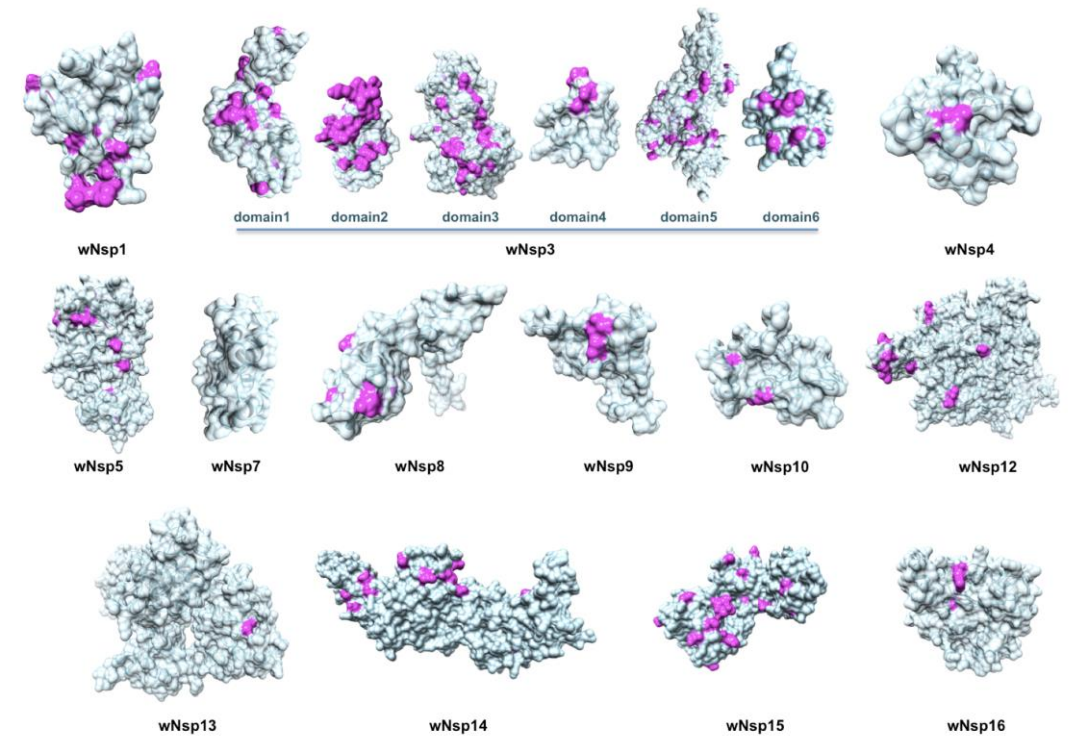
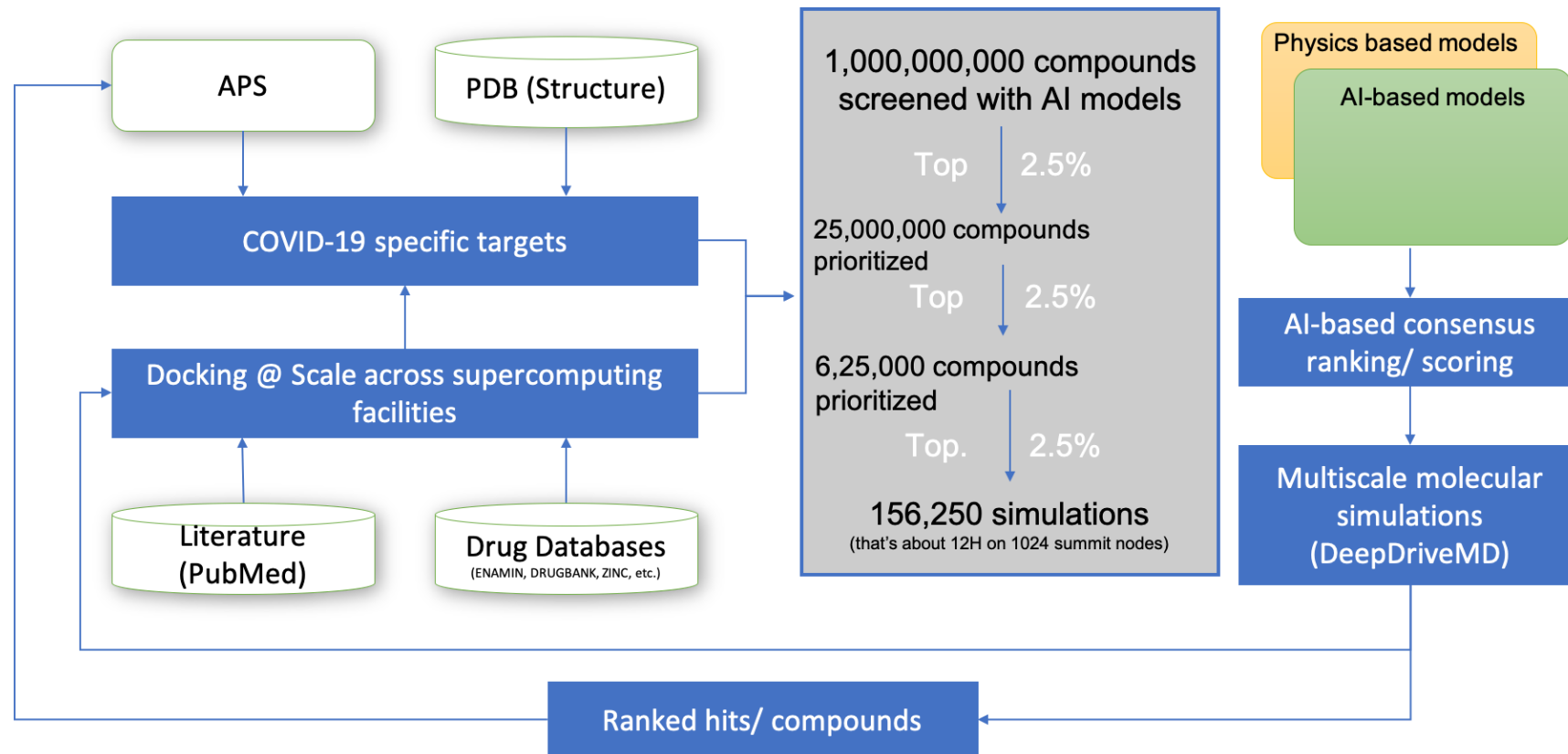


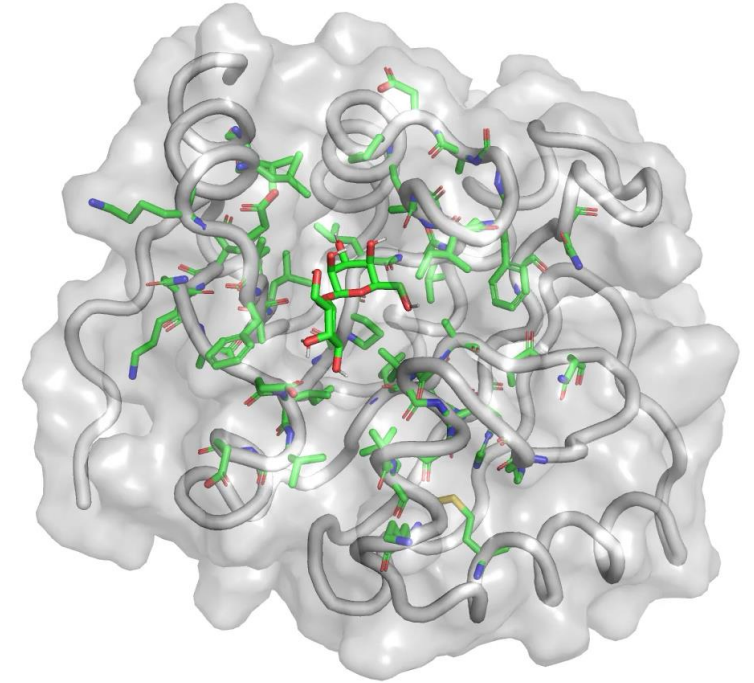
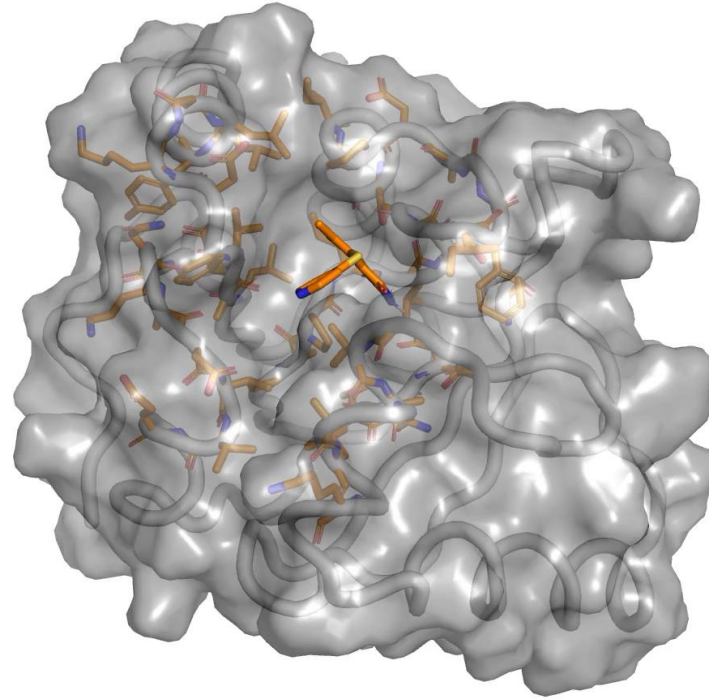
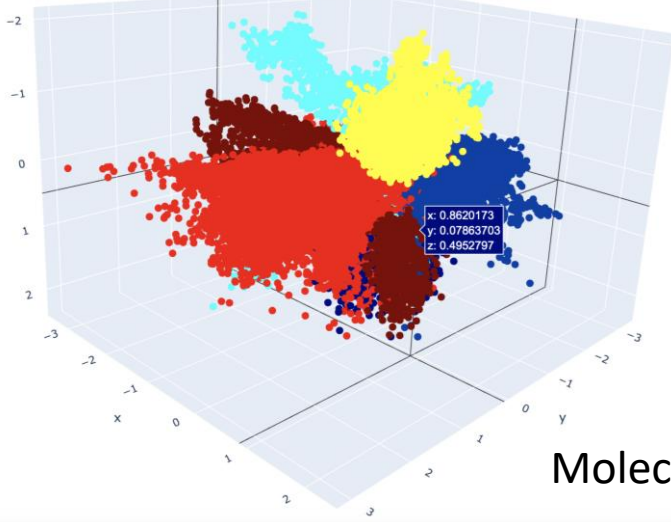
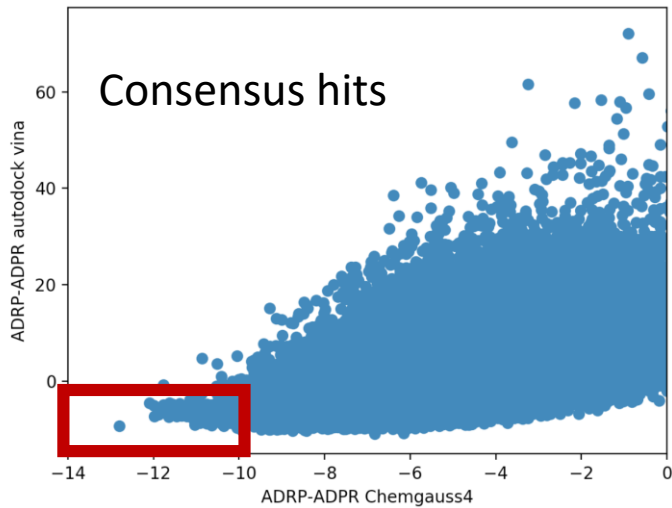
Figure 2. Structurally characterized non-structural proteins of 2019-nCoV. Highlighted in pink are mutations found when aligning the proteins against their homologs from the closest related coronaviruses: 2019-nCoV and human SARS, bat coronavirus, and another bat betacoronavirus BtRf-BetaCoV. The structurally resolved part of wNsp7 is sequentially identical to its homolog.

HPC/AI is helping discover novel small molecules that can inhibit various virus proteins



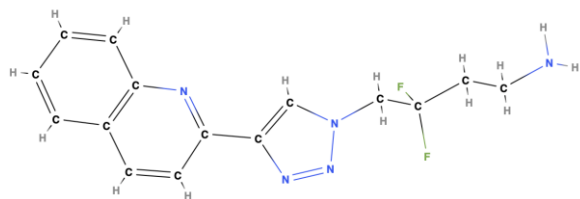
- ML/AI approaches are enabling the identification of potential leads that can bind to 8 viral protein targets
- DeepDriveMD helps identify conformational states that bind to specific ligands
- Identified over 30 lead molecules that have been submitted to various open forums for experimental validation
- Collaborations with University of Chicago, Brookhaven National Lab, Frederick National Laboratory and the University of Michigan

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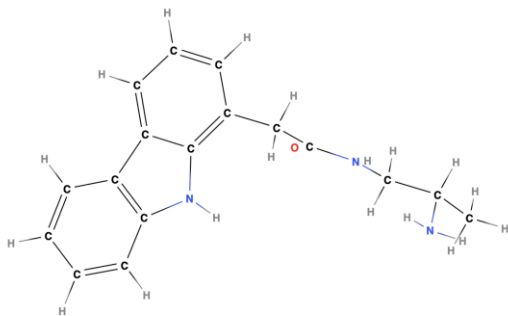


ADP-ribose-1"-monophosphatase (ADRP) (Nsp3)

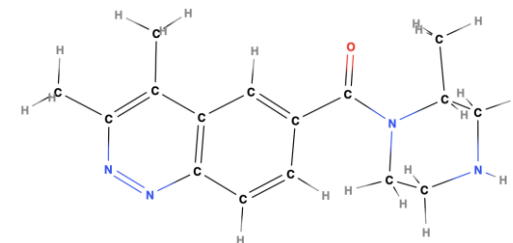
Sampling of Top Hits from ML (Enamine_REAL 1.2B) for ADRP-P1



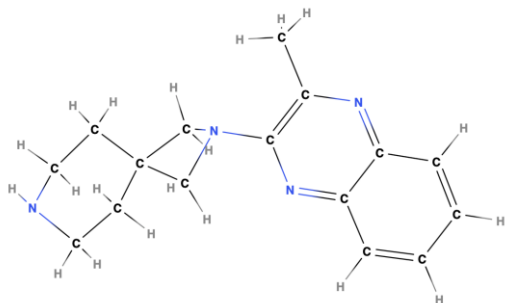
NCCC(Cn1nnc(c1)c1ccc2c(n1)cccc2)(F)F



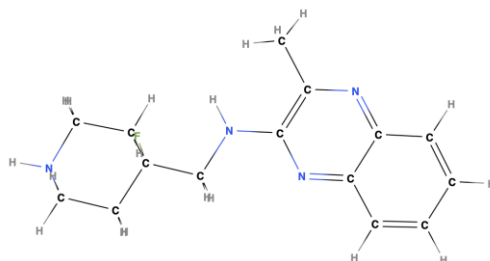
CC(CNC(=O)Cc1cccc2c1[nH]c1c2cccc1)N



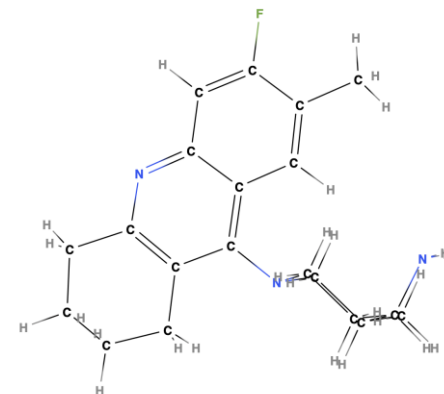
C[C@@H]1CNCCN1C(=O)c1ccc2c(c1)c(C)c(nn2)C



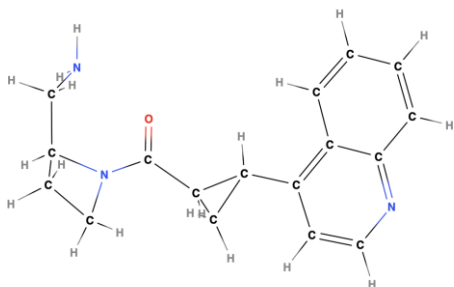
Cc1nc2ccccc2nc1N1CC2(C1)CCNCC2



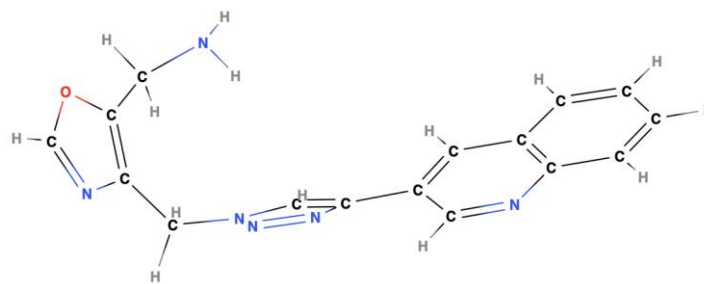
Cc1nc2ccccc2nc1NCC1(F)CCNCC1



NC1CCN(CC1C)c1c2CCCCc2nc2c1cc(C)c(c2)F



NCC1CCN1C(=O)[C@@H]1C[C@@H]1c1ccnc2c1cccc2

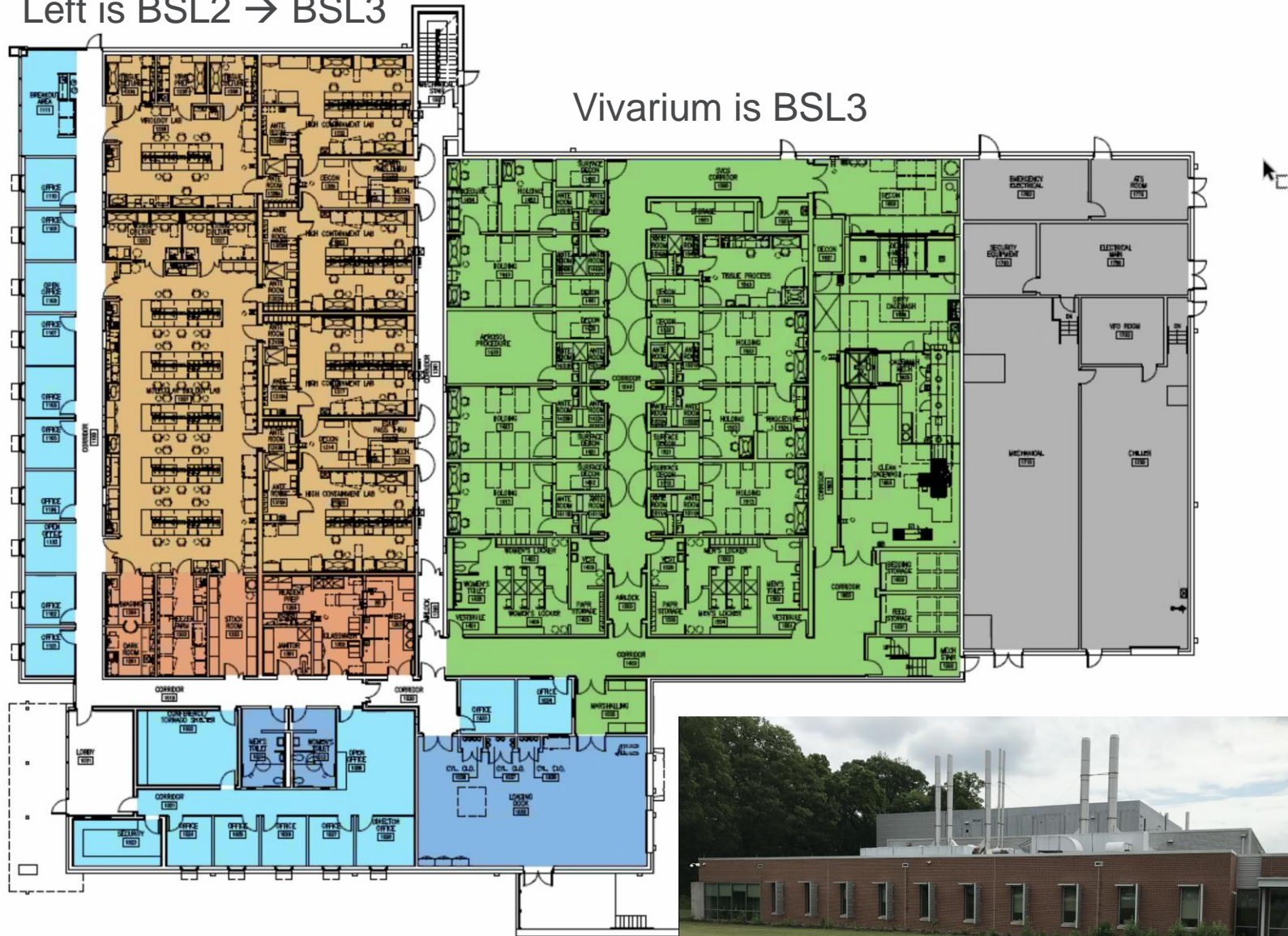


NCc1ocnc1Cn1nnc(c1)c1cnc2c(c1)cccc2

2045 compounds with softmax = 1.0
Predicted docking score < -8.50

Left is BSL2 → BSL3

Vivarium is BSL3



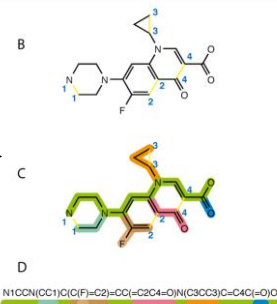
- LEGEND**
- LAB
 - LAB SUPPORT
 - VIVARIUM
 - LAB OFFICE
 - ADMIN
 - BLDG SUPPORT
 - MECHANICAL
 - UNASSIGNED

Our HPC- and AI-enabled small molecule filtering pipeline

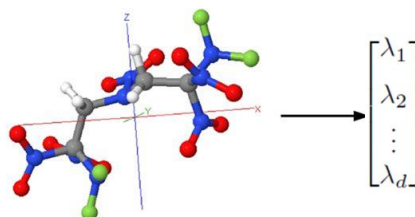
Chemical Databases

Enamine
DRUGBANK
BindingDB GDB
eMolecules®
cureFFI MOSES
ZINC15
LINCS
SureChEMBL
PubChem
And more...

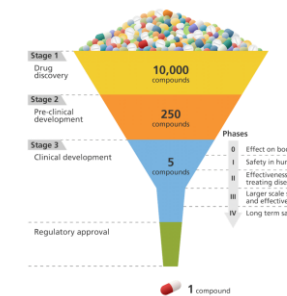
Canonicalization



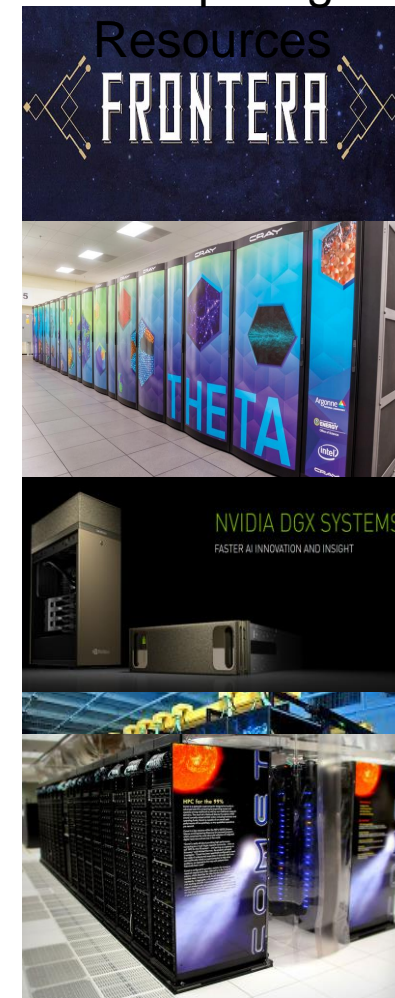
Compute Features



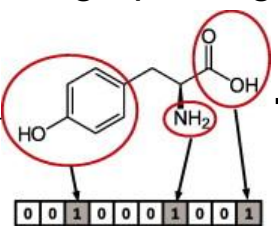
ML based filtering



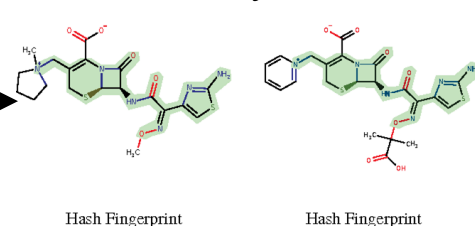
Computing Resources



Fingerprinting



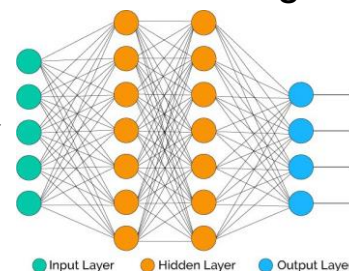
Similarity Search



Generate Images



DNN filtering



First release: 21 sources, 3.9B molecules, 80 TB computed features

21 sources, 3.9B molecules,
80 TB computed features

ENAMINE REAL 1.2 billion molecules
which comply with “rule of 5” and Veber
criteria: $MW \leq 500$, $SlogP \leq 5$, $HBA \leq 10$,
 $HBD \leq 5$, rotatable bonds ≤ 10 , $TPSA \leq 140$.

GDB-13 enumerates small organic
molecules up to 13 atoms of C, N, O, S and
Cl following simple chemical stability and
synthetic feasibility rules.

Mining literature for drug discovery and repurposing

- Thousands of papers already published about COVID-19 and similar coronaviruses
- Developing human and machine pipelines to identify, extract drugs (current) and mechanisms (future)
- Identify key molecules for simulation team as starting points
- Build a list of known antiviral molecules and molecules active against SARS/MERS/HKU/SARS-CoV-2
- Use this list and “most-similar” molecules to build confidence in ML and simulation predictions

COVID-19 Open Research Dataset (CORD-19)

Access this dataset to help with the fight against COVID-19

A Free, Open Resource for the Global Research Community

In response to the COVID-19 pandemic, the [Allen Institute for AI](#) has partnered with leading research groups to prepare and distribute the COVID-19 Open Research Dataset (CORD-19), a free resource of over 45,000 scholarly articles, including over 33,000 with full text, about COVID-19 and the coronavirus family of viruses for use by the global research community.

This dataset is intended to mobilize researchers to apply recent advances in natural language processing to generate new insights in support of the fight against this infectious disease. The corpus will be updated weekly as new research is published in peer-reviewed publications and archival services like [bioRxiv](#), [medRxiv](#), and others.

[CORD-19 Explorer](#) is a quick and easy way to search the CORD-19 corpus, or you can download the complete data below.

Participate in the CORD-19 Challenge

Kaggle is hosting the [COVID-19 Open Research Dataset Challenge](#), a series of important questions designed to inspire the community to use CORD-19 to find new insights about the COVID-19 pandemic including the natural history, transmission, and diagnostics for the virus, management measures at the human-animal interface, lessons from previous epidemiological studies, and more.

Download CORD-19

By downloading this dataset you are agreeing to the [Dataset License](#). Specific licensing information for individual articles in the dataset is available in the metadata file.



Mining literature for drug discovery and repurposing

1. Manual Extraction

- Engaging CELS admin staff
- Currently have extracted 803 screened molecules and structures from 61 articles and reviews. (top figures)
- Capacity to extract from ~100 articles

2. Deep Learning (NLP)

- Team has labeled ~1500 abstracts with drugs in their natural language context in COVID-19 papers (bottom figure)
- Building named-entity models to enable automated extraction of drugs from entire corpus (~40k articles)

Current F1: 82.7 – more validation needed

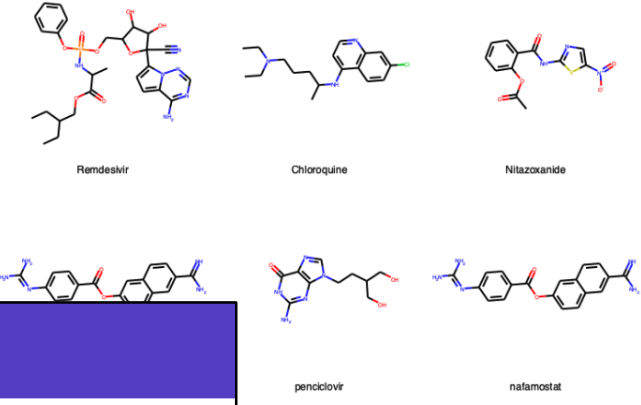
Resulting data and models will be published openly

1	molecule	virus	reference	type
2	Remdesivir	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
3	Chloroquine	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
4	Nitazoxanide	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
5	Nafamostat	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
6	peniclovir	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
7	nafamostat	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
8	favipiravir	SARS-CoV-2	10.1038/s41422-020-0282-0	Experimenta
9	Loratadine	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
10	Daunorubicin	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
11	Midostaurin	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
12	Ponatinib	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
13	Silmitasertib	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
14	Valproic Acid	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
15	Haloperidol	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
16	Metformin	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
17	Migalastat	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
18	S-verapamil	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
19	Indomethacin	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
20	Ruxolitinib	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
21	Mycophenolic acid	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
22	Entacapone	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
23	Ribavirin	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
24	E-52862	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
25	Merimepodib	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
26	RVX-208	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta
27	XL413	SARS-CoV-2	10.1101/2020.03.22.002386v1	Experimenta

```
df = pd.read_csv('./data/literature_molecules.csv')
df.head(4)
```

id	molecule	virus	reference	type	smiles
0	Remdesivir	SARS-CoV-2	10.1038/s41422-020-0282-0	experimental	CCC(COC(=O)C(NP(=O)(O)C1=CC=CC=C1)OC(C1O)O)[...]
1	Chloroquine	SARS-CoV-2	10.1038/s41422-020-0282-0	experimental	CCN(CCCC(Nc1ccc2c1ccc(c2)C)C)CC
2	Nitazoxanide	SARS-CoV-2	10.1038/s41422-020-0282-0	experimental	CC(=O)Oc1cccct1C(=O)Nc1ccc(s1)[N+](=O)[O-]
3	Nafamostat	SARS-CoV-2	10.1038/s41422-020-0282-0	experimental	NC(=Nc1ccc(cc1)C(=O)Oc1ccc2c(c1)ccc(c2)C(=N)N)N

```
n_mols = 8
ms = [Chem.MolFromSmiles(sm) for sm in df['smiles'][0:n_mols]]
Chem.Draw.MolsToGridImage(ms, molsPerRow=3, subImgSize=(250, 250), legends=["{}"].format(x
```



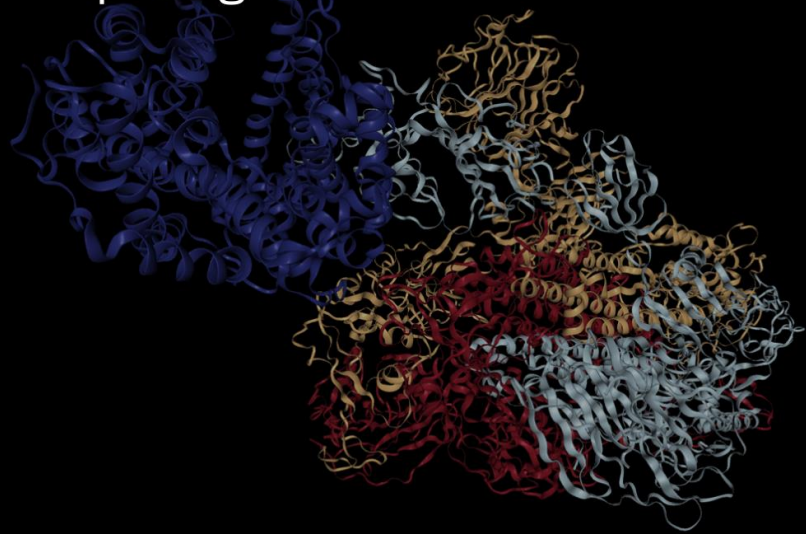
DRUG 1

Science and Veterinary Medicine Academy of Shandong Province . Ethyl acetate , twain-80 , and span-80 were purchased from BASF (Berlin , Germany) . PPV (TCID 50 : 10 ⁻⁵) and PK-15 cell were supplied by China Institute of Veterinary Drug Control . DMEM (GIBCO) with the supplement of 100 IU mL ⁻¹ streptomycin DRUG , 100 IU mL ⁻¹ benzylpenicillin DRUG , and 10 % fetal bovine serum was used for resuspending and washing cells , culturing the cells , and diluting mitogen . The

Computing at Argonne, Oak Ridge, TACC, SDSC, IU, LRZ, Brookhaven



The COVID-19 High Performance Computing Consortium



Bringing together the Federal government, industry, and academic leaders to provide access to the world's most powerful high-performance computing resources in support of COVID-19 research.

33 41k

Consortium members

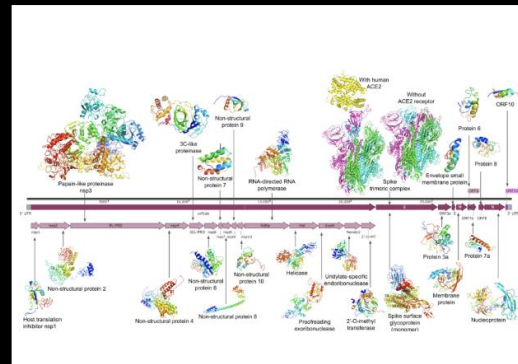
GPUs

Active projects

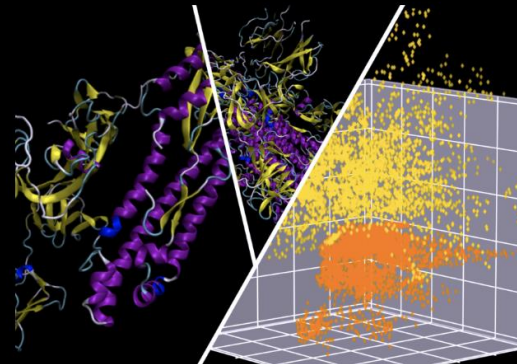
Fighting COVID-19 will require extensive research in areas like bioinformatics, epidemiology, and molecular modeling to understand the threat we're facing and to develop strategies to address it.

Here are some of our active projects.

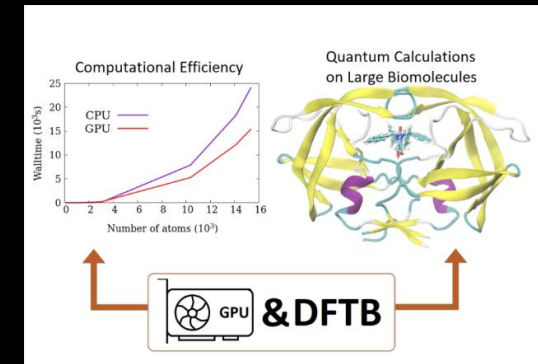
[See all](#)



Request computing resource for de novo protein therapeutics design simulations to treat the COVID-19...



Discovering molecular targets of the human coronavirus with HPC and AI



Harnessing Large-Scale Quantum-Based DFTB Calculations for a More Accurate Assessment of COVID-19...

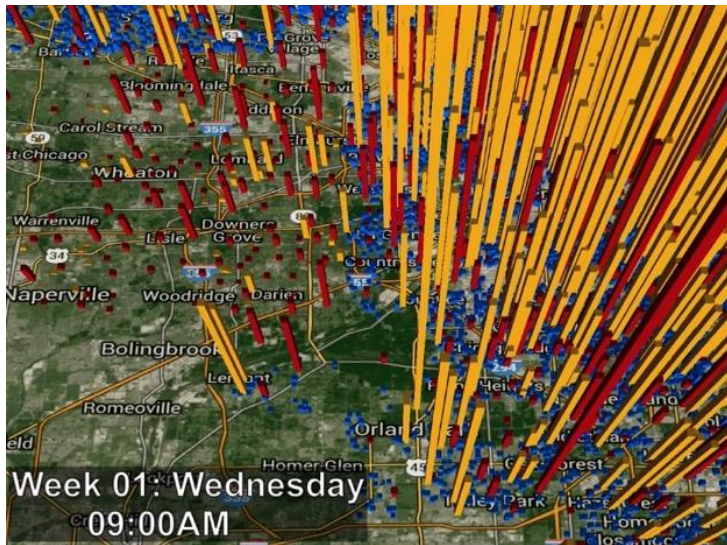


Epidemiology

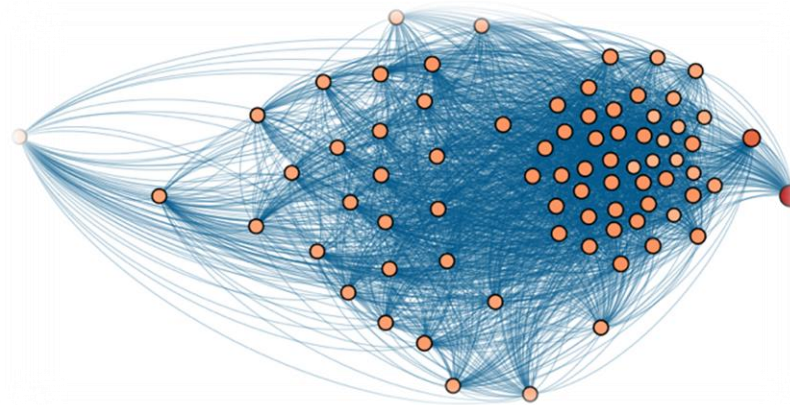
WE ARE MODELING COVID-19 SPREAD AMONG PEOPLE IN CHICAGO

Joint DOE Laboratory Plan for Pandemic Modeling and Analysis Capability

- Argonne, Oak Ridge, Los Alamos and Sandia will collaborate over a 3 month-period to develop an integrated COVID-19 pandemic monitoring, modeling, and analysis capability that *will address the key questions about the pandemic*



**Where are people located?
With who?**

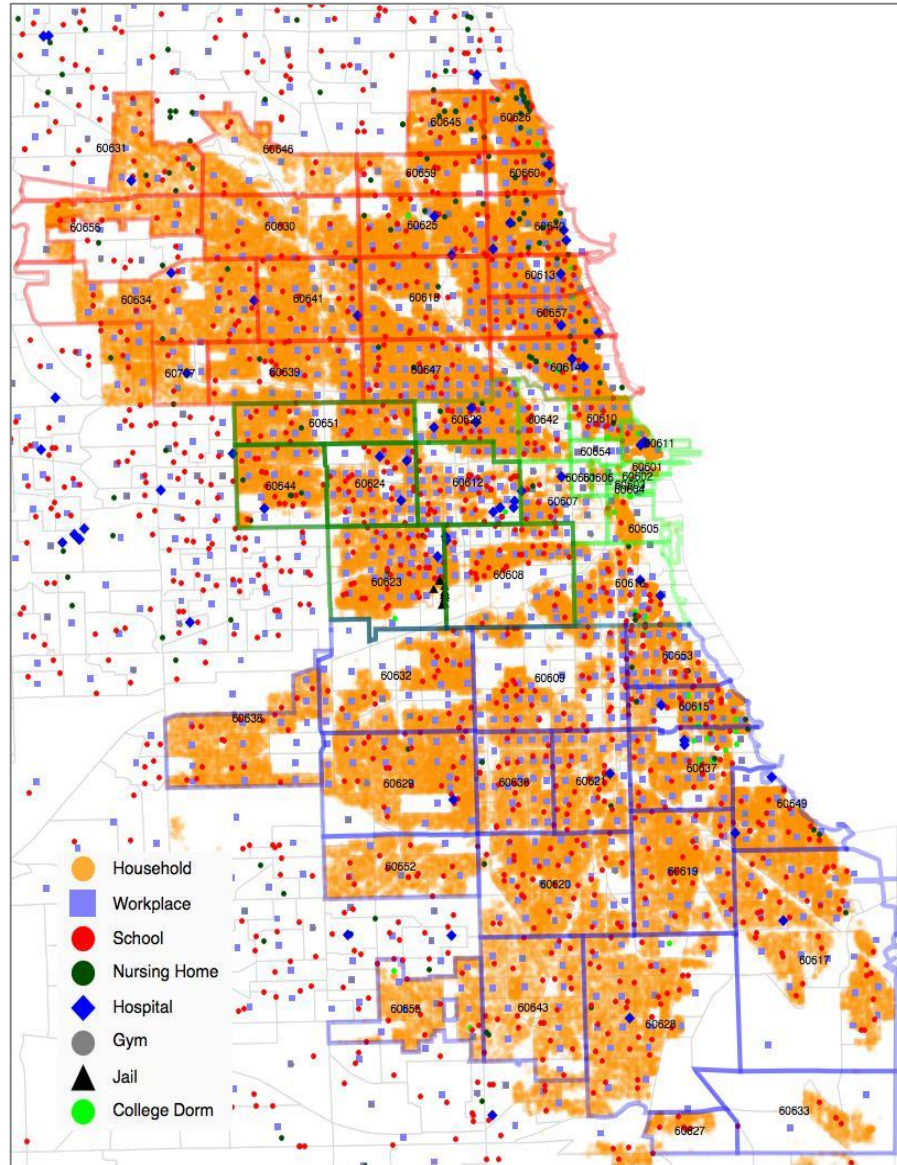


**Who is infecting who?
Who may be infected?**



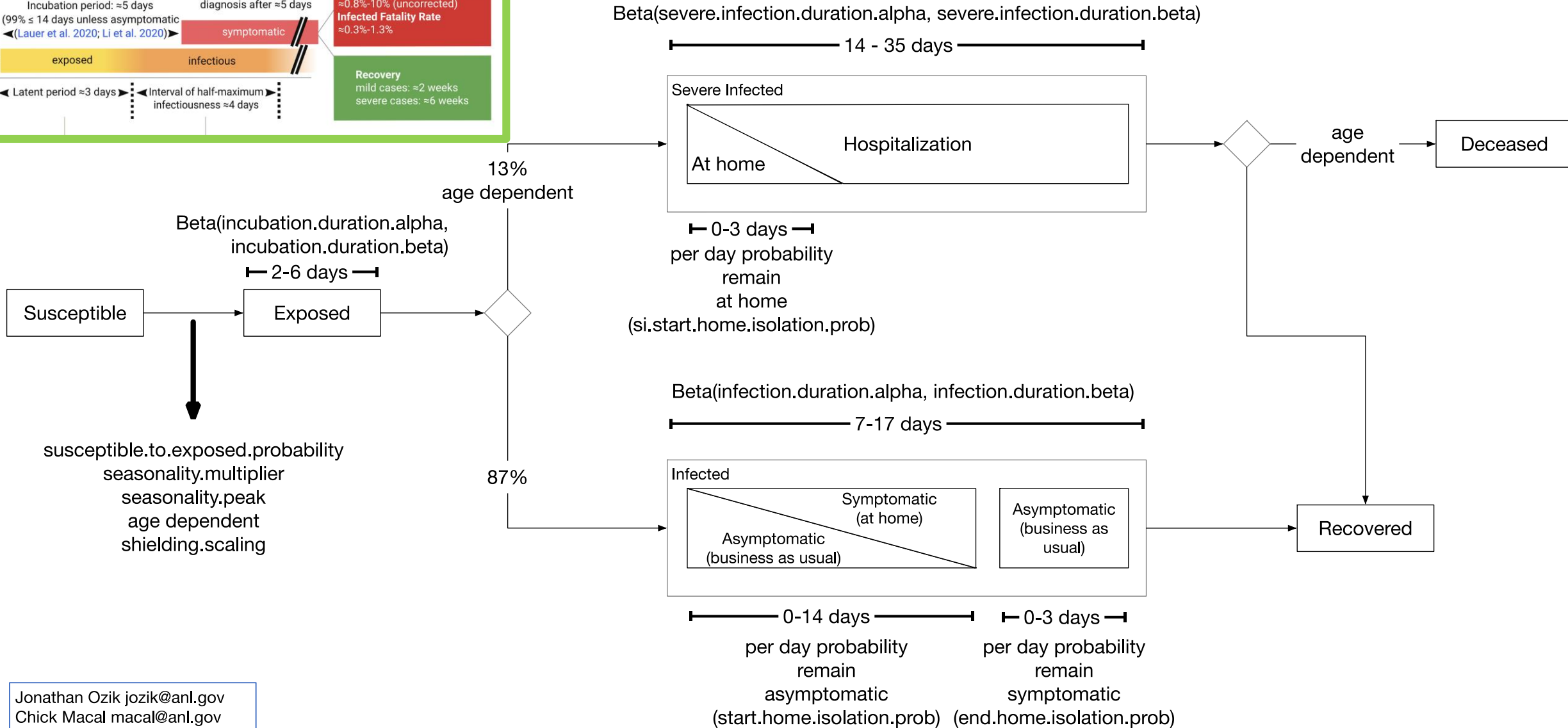
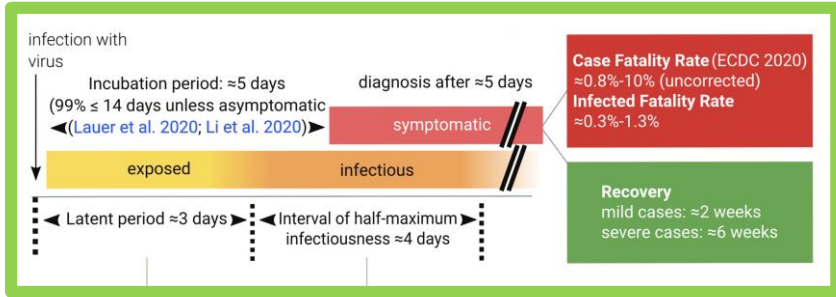
**Where are people going,
coming from?**

Modeling PEOPLE WITH ARGONNE'S CityCOVID



- CityCOVID is a city-scale agent-based model
- 2.7M+ individual agents (people)
 - move to/from 1.2M spatially-located places
 - on an hourly basis
 - over a period of a year (8760 hours)
- Each agent has contact with other agents at each place (possible disease transmission)
 - agent has individual behaviors, engages in activities, and responds and adapts:
 - to the disease
 - to public health messaging
 - to public health interventions
- Up to 10^{12} (trillion) individual contacts during a yearly simulation

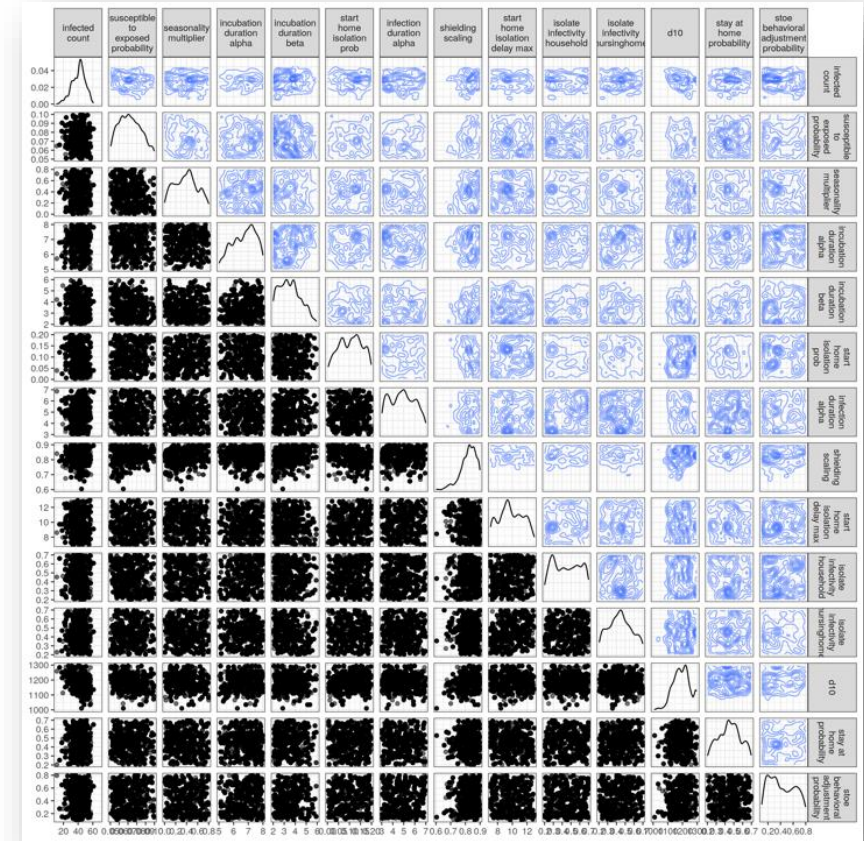
MODELING INDIVIDUAL AGENT DISEASE STATES WITH CITYCOVID



Jonathan Ozik jozik@anl.gov
Chick Macal macal@anl.gov
Argonne National Laboratory
April 20, 2020

CityCOVID PARAMETER ESTIMATION ON THETA

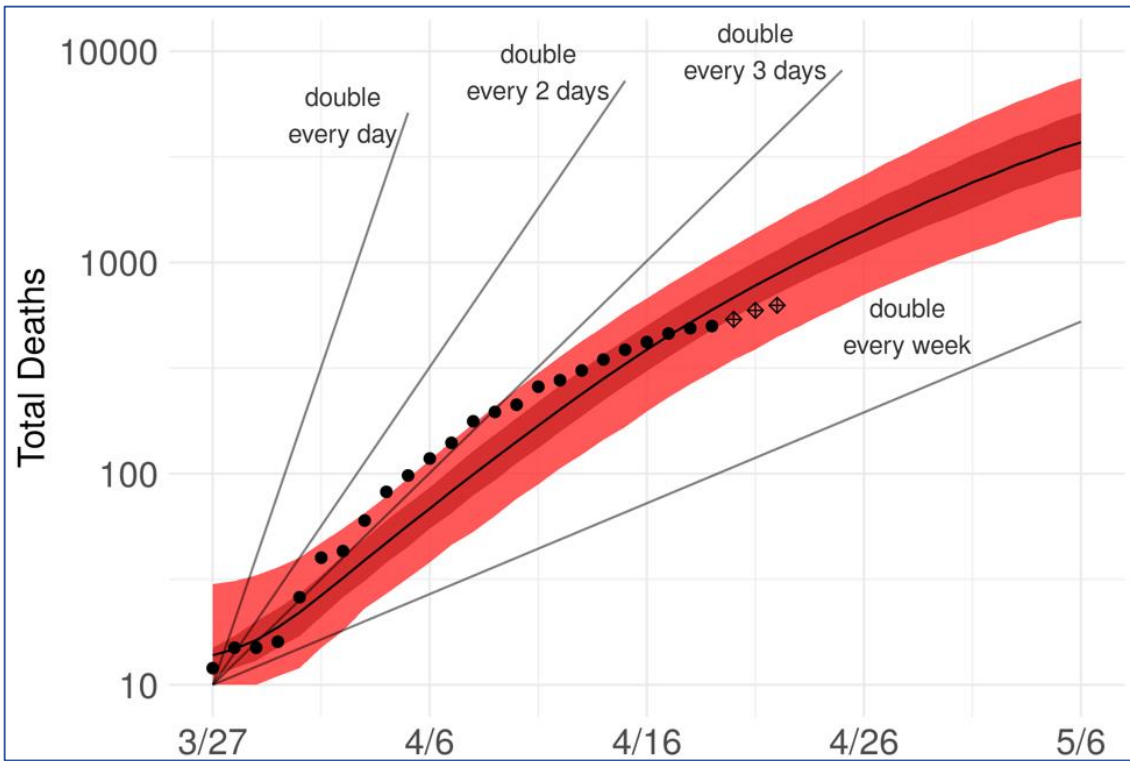
- CityCOVID is implemented as an MPI application using the Repast HPC ABM toolkit and the Chicago Social Interaction Model (ChiSIM) framework
- Each model is distributed across 256 ranks for efficient execution (each simulated year, at an hourly time step, takes approximately 8-12 minutes to complete for a full city-scale run)
- We are using our large-scale model exploration framework (EMEWS) to implement sequential approximate Bayesian computation (ABC) parameter estimation/calibration workflows, coordinating large ensemble runs (30k+ models) on Theta



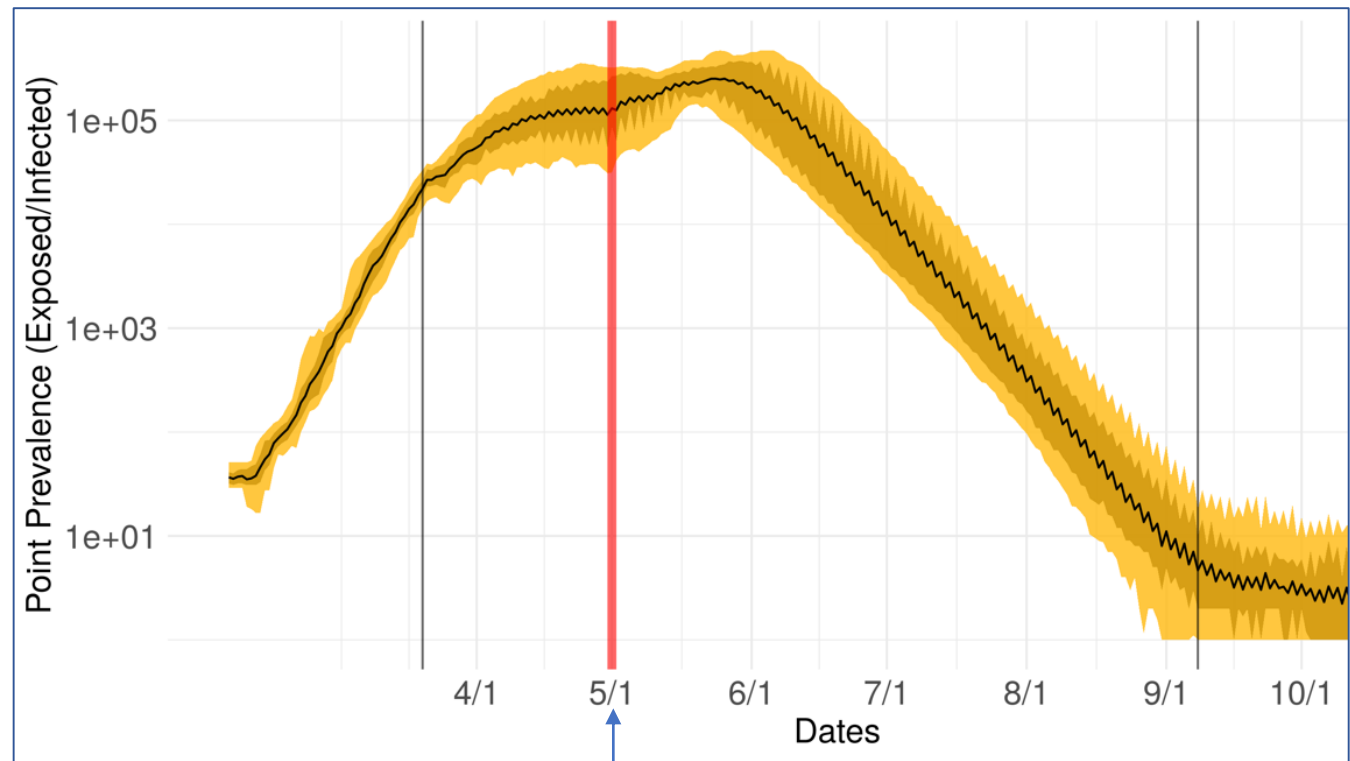
CityCOVID MODEL OUTPUTS

- CityCOVID generates projections of epidemiological variables, including COVID-19 exposures and deaths

- CityCOVID enables running policy scenarios, such as those examining the consequences of easing current in-place restrictions



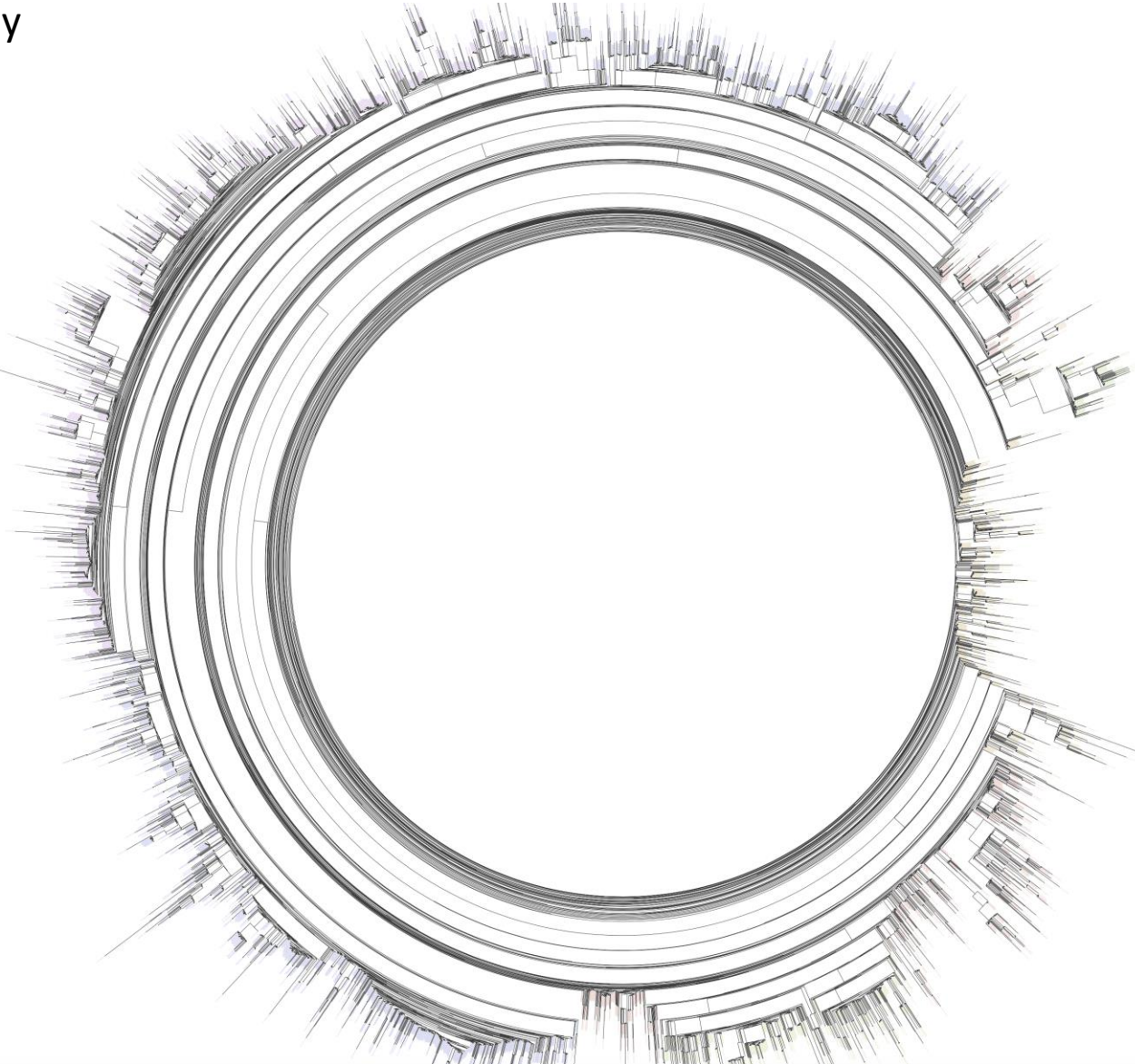
Model Output Uncertainty Bands
Calibrated on Empirical Data

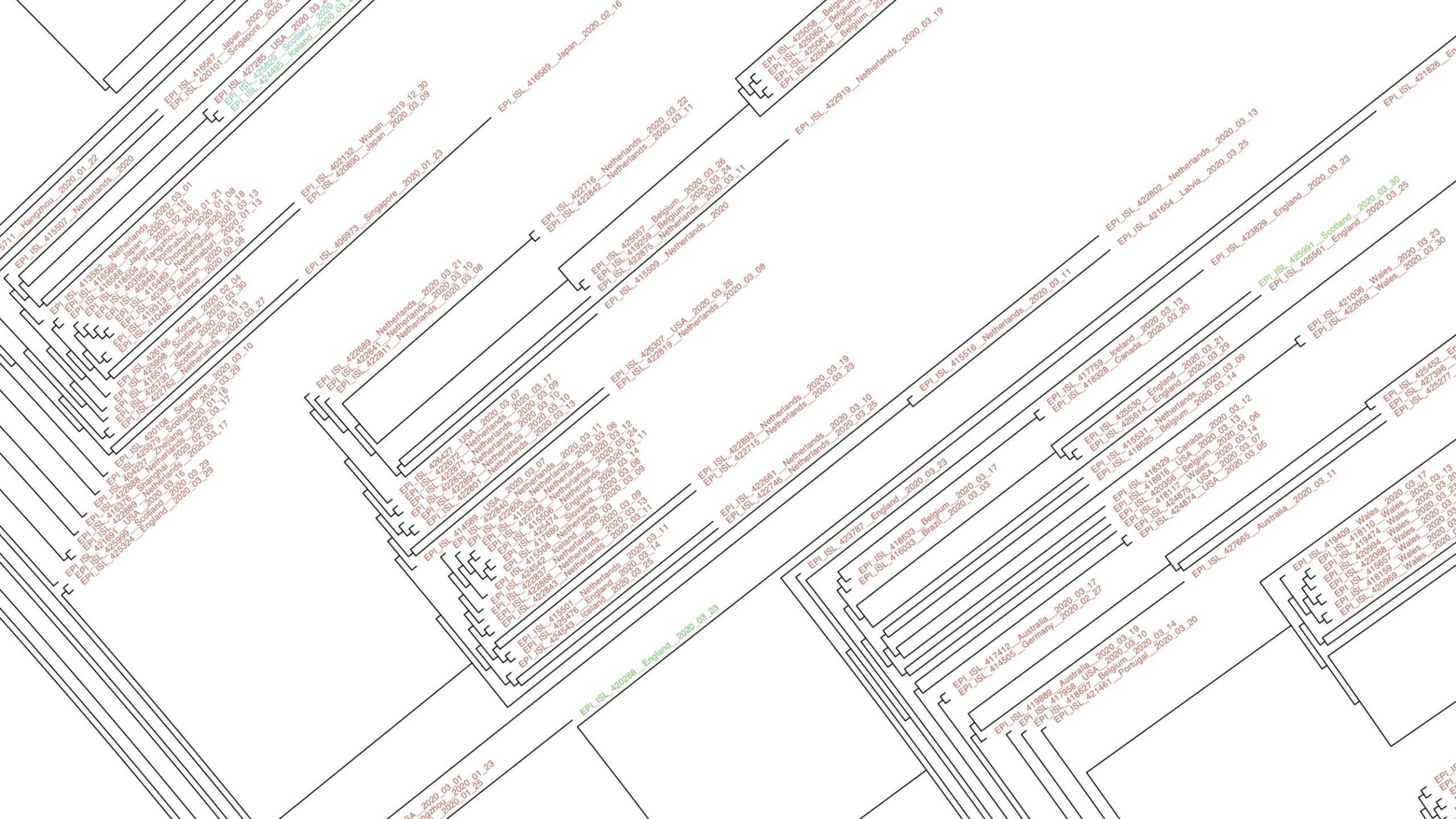


Simulated Restriction
Easing Begins

Evolution

- >10,000 viral sequences
- Phylogenetic trees updated daily
- DOE \Rightarrow FEMA, BARDA etc.
- Place, Date
- Trees from WGS, SNPs
- Tracking new mutations
- Capturing significant variants





EPI_ISL_415507_Netherlands_2020_01_22
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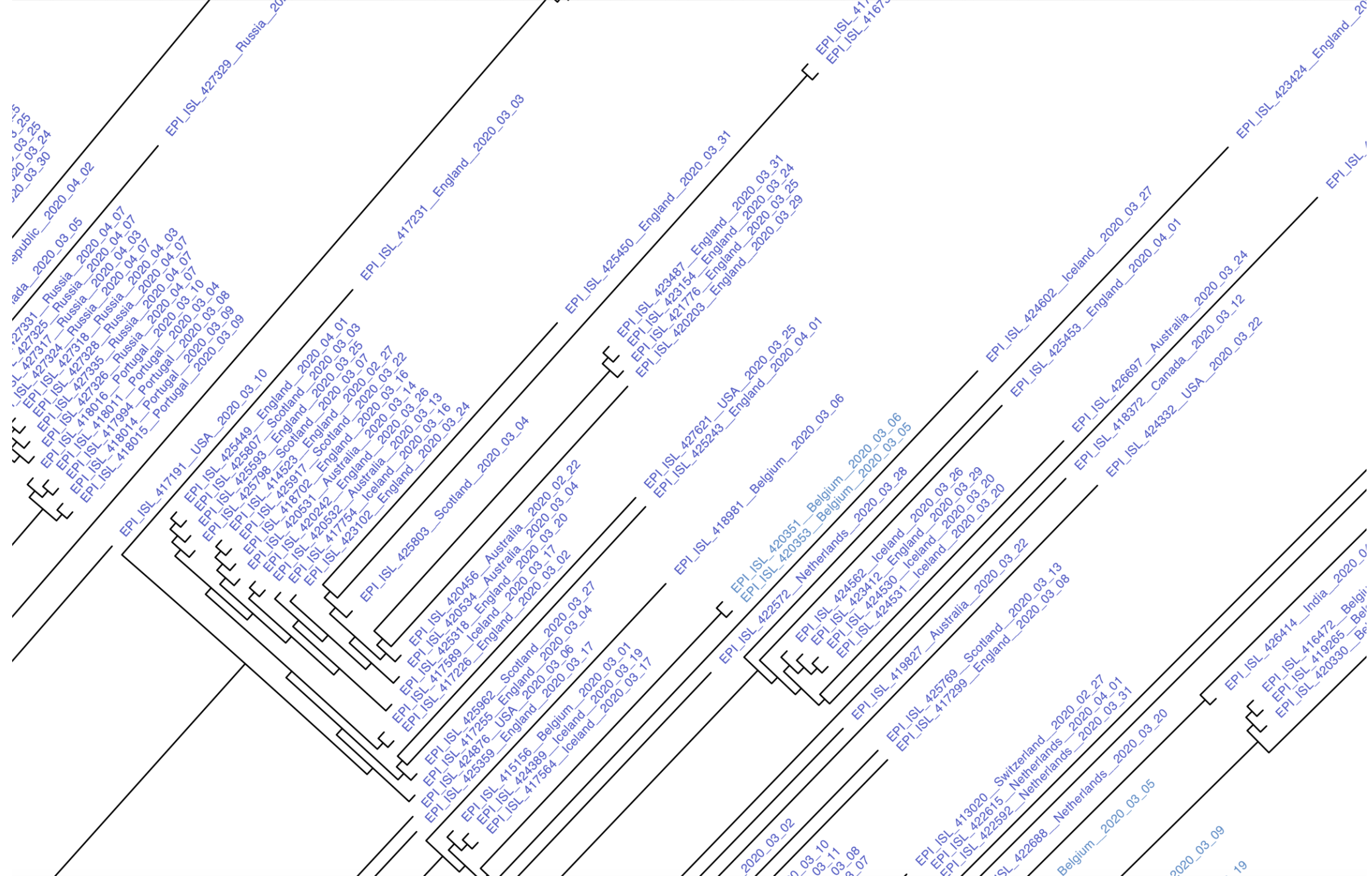
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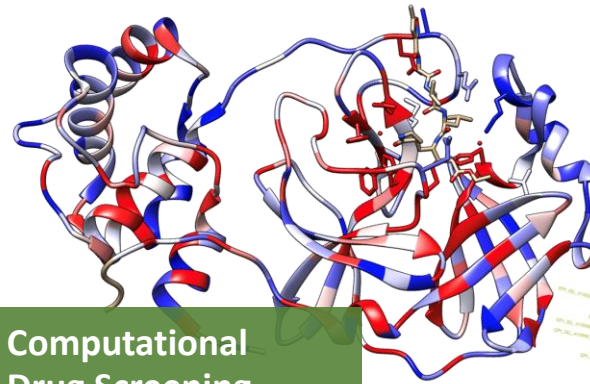


RICK STEVENS

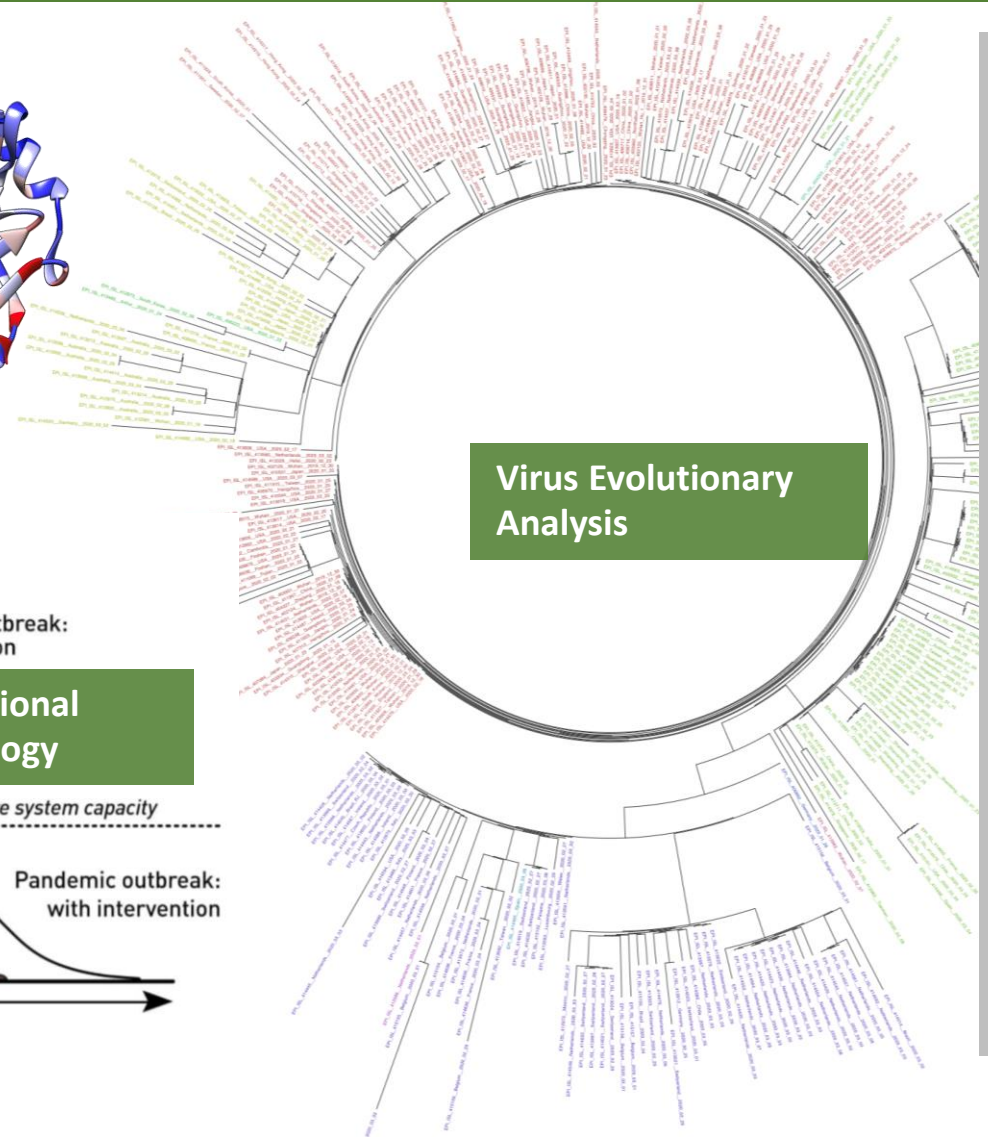
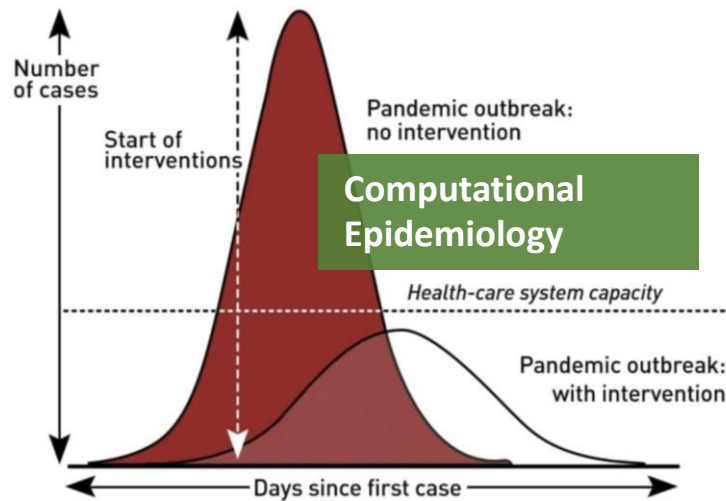
Associate Laboratory Director for Computing, Environment and Life Sciences

Supercomputing Focus Areas

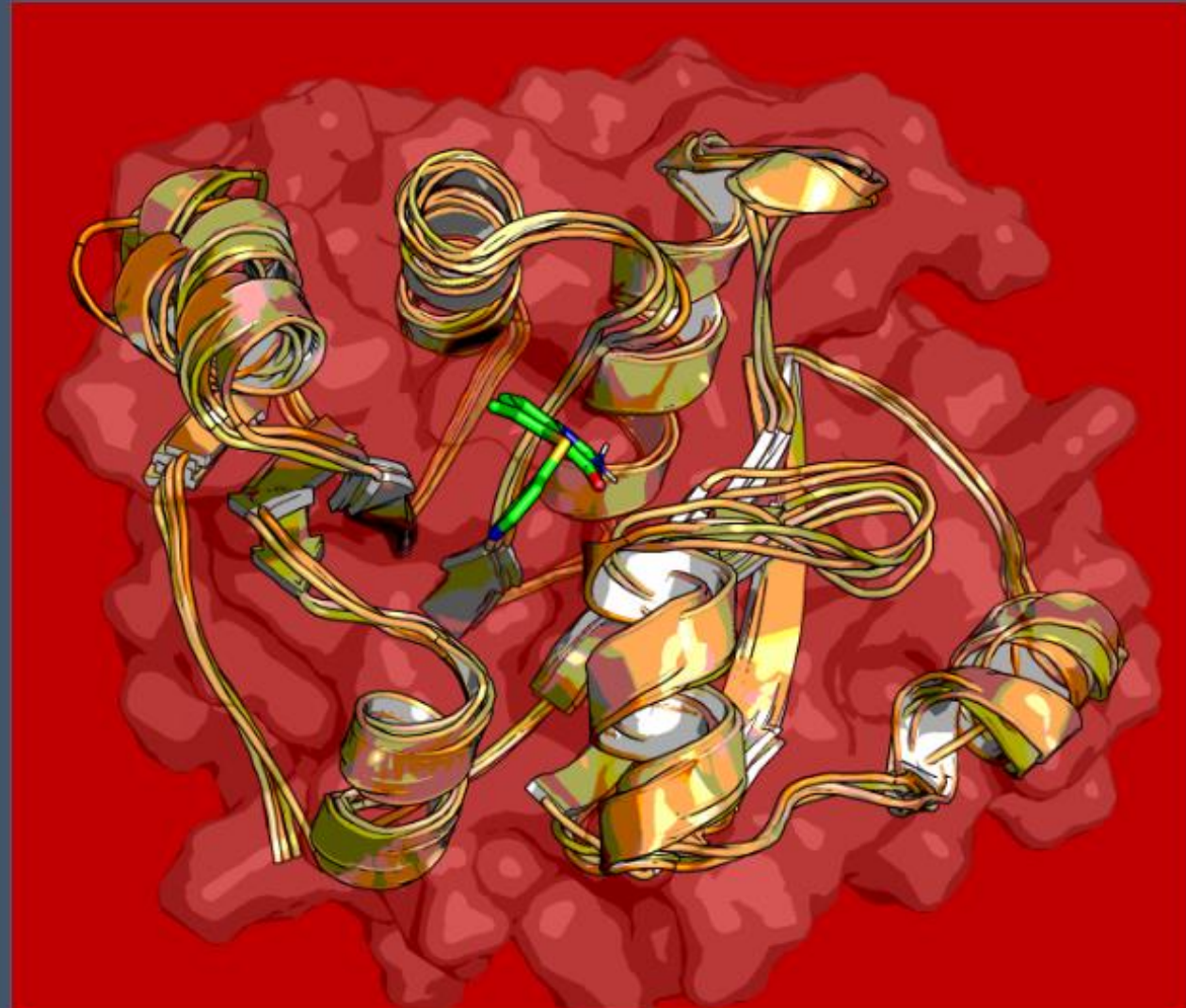
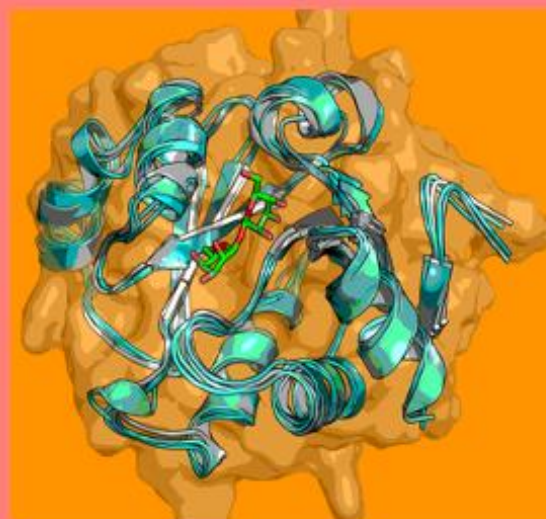
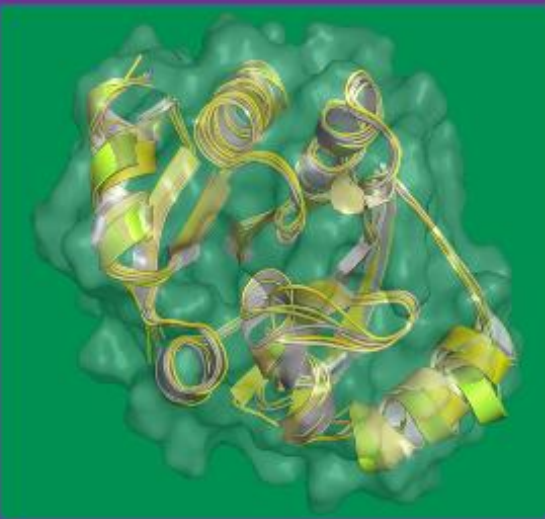
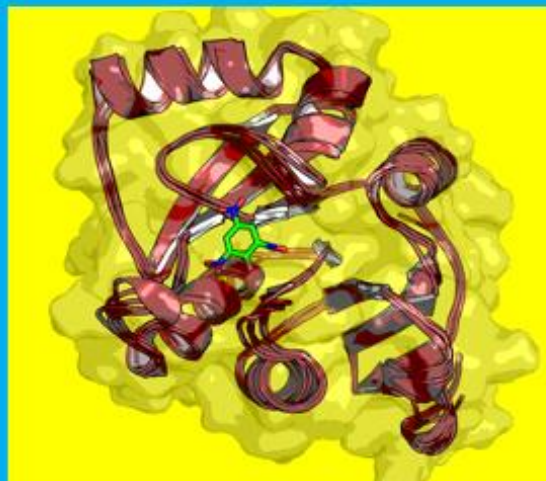
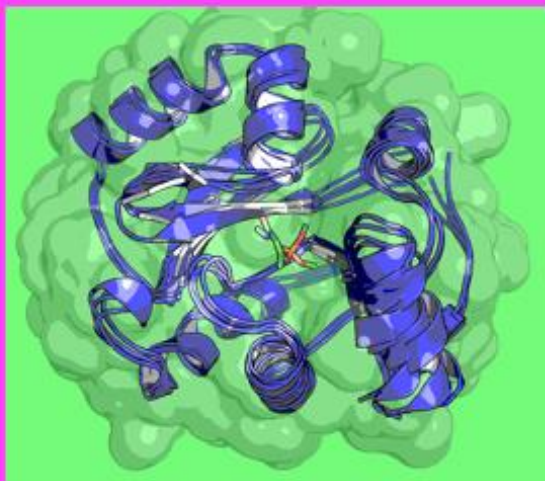
- Accelerating development of treatment options
- Learning how epidemics impact critical social services
- Improving understanding of human virus interactions



Computational Drug Screening



Virus Evolutionary Analysis



Questions