SIR Instructor Notes

**Epidemic Modeling:**

Biological settings are often very complicated, making it a common practice in biological modeling to use models designed for very general settings rather than for specific ones. Students of mathematical epidemiology generally study generic models, while researchers in mathematical epidemiology often create much more complicated models designed for the specific features of the target disease. This module uses the SIR model, which is the simplest reasonable model for a disease that confers immunity on all or most of its sufferers. The SEIR model, subject of a different module, is only slightly more complicated, while a suitable model for COVID-19 must be noticeably more complicated. Nevertheless, the basic properties of the SIR model echo those of more complicated models, making the SIR model the standard starting point for those who want to learn about population dynamics of infectious diseases.

**The Model:**

The SIR model has three classes: Susceptible, Infectious, and Removed. It includes two processes: a transmission process changes susceptible individuals into latent ones and a removal process changes infectious individuals into individuals who can no longer infect others. As conceived, the Removed class includes deceased individuals as well as recovered ones. This is a bookkeeping device to keep the population constant when doing a short term epidemic scenario.

**The Implementation:**

The model is coded in a spreadsheet. Spreadsheet programming is difficult for many students, but our implementation makes the task easier by providing clear instructions and by color-coding the cells where data is entered. Once the spreadsheet has been set up according to the instructions, only minimal changes are needed to run the different experiments provided as part of the model. Most of the work for students is in interpreting the results of the experiments.

**Using Models:**

To paraphrase a quotation from Albert Einstein: “Nobody believes a model except the person who created it; everybody believes data except the person who collected it.” In reality, both are very useful, but must be used cautiously.

Models are not a mathematical expression of reality. They are a mathematical representation of a caricature of reality. They are based on assumptions that are taken from general principles we believe apply to the given setting. Features of the real-world setting can be oversimplified or neglected altogether. The SIR model makes many some simplifying assumptions; for example, it assumes that individuals with the disease become contagious as soon as they are infected. Real diseases have an incubation period during which the sufferer is infected, but not yet infectious. Adding this extra realism makes the model a better match for real diseases, but it also makes it harder to develop a fundamental conceptual understanding of disease models.

Data comes from measurements, which can be very accurate in physics and astronomy but are often inaccurate in medicine and biology. Even things that are seemingly easy to measure, like the fraction of hospitalized patients who die of a particular disease, can be difficult to determine accurately.[[1]](#footnote-1) For this reason, we cannot use the SIR model to obtain accurate quantitative predictions of a real disease scenario, such as the COVID-19 pandemic. Important properties are only known approximately for even the most studied diseases, such as smallpox.

These cautions do not mean that models are useless. The SIR model makes many qualitative predictions that have been borne out in studies of many actual diseases. Those who study it gain a significant level of intuition about the population dynamics of infectious disease—intuition that can help us make sense of competing claims we hear from different news sources. Compared to other models, the SIR model is especially easy to use for experiments because it has very few parameters.

**Using the S1 Module:**

This module gives instructors a box of tools to use in guiding their students to explore the behavior of epidemic diseases. It includes an introductory Powerpoint presentation (S1-1), a student notes document (S1-2), a template spreadsheet (S1-3), a set of instructions for building the completed spreadsheet (S1-4), and a document with questions for students to address using the completed spreadsheet and targeted modifications (S1-5). Also available on request (write Glenn Ledder at gledder.unl.edu) are an answer key (S1-6), the completed workbook (S1-7), and a completed workbook that has sheets for some of the specific questions (S1-8). Feel free to write to Professor Ledder with any questions, comments, or recommendations.

1. In the COVID-19 pandemic, many states have not kept track of the number of patients hospitalized. [↑](#footnote-ref-1)