

Centre for Health Leadership & Enterprise







Reported daily COVID cases in India peaked on 23 January in terms of its underlying trend value. The reproduction number for India as a whole stood at 0.98, down from 1.1 on 18<sup>th</sup> January. The filtered daily growth rate of cases was negative at -0.6%, down from 3.02% on 18<sup>th</sup>. By the end of January the trend value of reported daily cases can be expected to drop to about 270,000; and by 6<sup>th</sup> February to about 210,000.

Reported daily cases are clearly past their peaks in 19 states and union territories: Andaman and Nicobar Islands, Assam, Bihar, Chandigarh, Chhattisgarh, Dadra and Nagar Haveli, Delhi, Goa, Haryana, Himachal Pradesh, Jharkhand, Maharashtra, Odisha, Punjab, Sikkim, Tripura, Uttar Pradesh, Uttarakhand and West Bengal.

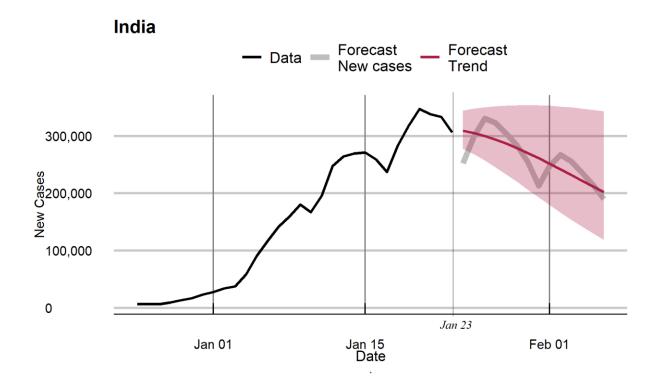
Reported Daily cases are expected to peak within the week in 7 states and union territories. Karnataka, Manipur, Meghalaya, Puducherry and Rajasthan can be expected to peak in the early part of the week beginning 24 January, while Andhra Pradesh and Madhya Pradesh can be expected to peak towards the end of the week.

Arunachal Pradesh, Gujarat and Jammu, Kashmir and Kerala can be expected to see their peaks in reported daily cases in the first week of February.

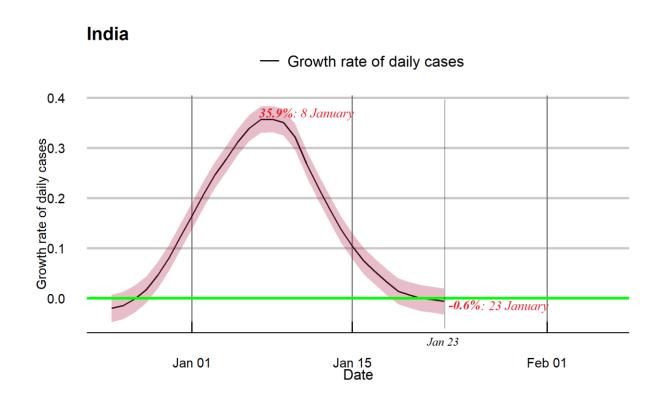
There are however, concerning indications of flare ups in Mizoram, Nagaland and particularly Telangana. In these states the daily growth rates of cases have nudged back upwards into positive territory in recent days after having declined to zero.

This tracker can be accessed at: <a href="www.jbs.cam.ac.uk/covid-india">www.jbs.cam.ac.uk/covid-india</a>
Contact: Paul Kattuman <p.kattuman@jbs.cam.ac.uk>

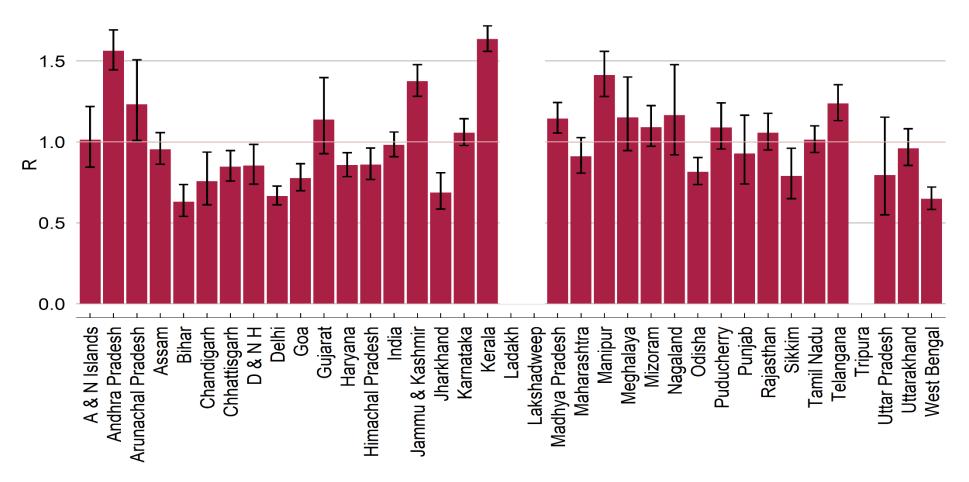
#### Forecasts of daily cases: 24 January to 6 February 2022



#### Filtered daily growth rates of new cases: days leading up to 23 January 2022



#### **Reproduction numbers on 23 January 2022**



Bar chart shows point estimates of R and confidence intervals with 50% coverage

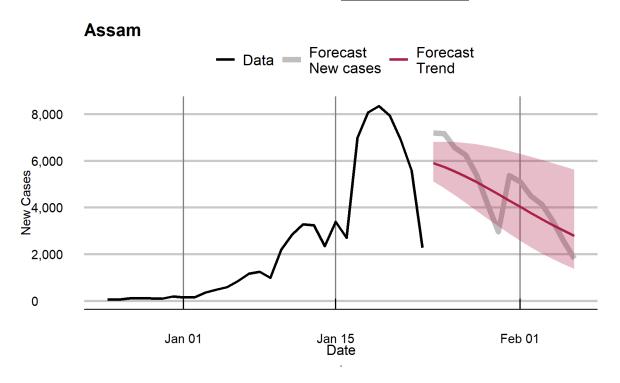
Note: Cases data for 23<sup>rd</sup> January not available for Ladakh, Lakshadweep and Tripura. Small numbers in Dadra and Nager Haveli make the estimates less reliable.

# Reproduction numbers and Filtered daily growth rates:23 January 2022

	Reproduction number	Filtered daily growth rate
India	0.98	-0.6%
A & N Islands	1.01	0.4%
Andhra Pradesh	1.56	14.9%
Arunachal Pradesh	1.23	7.0%
Assam	0.95	-1.6%
Bihar	0.63	-15.4%
Chandigarh	0.76	-9.3%
Chhattisgarh	0.85	-5.5%
D&NH	0.85	-5.3%
Delhi	0.67	-13.6%
Goa	0.78	-8.4%
Gujarat	1.14	4.3%
Haryana	0.86	-5.2%
Himachal Pradesh	0.86	-5.1%
Jammu & Kashmir	1.38	10.6%
Jharkhand	0.69	-12.5%
Karnataka	1.06	1.8%
Kerala	1.64	16.4%
Ladakh	1.30	8.7%
Lakshadweep	2.07	24.3%
Madhya Pradesh	1.14	4.5%
Maharashtra	0.91	-3.2%
Manipur	1.41	11.5%
Meghalaya	1.15	4.7%
Mizoram	1.09	2.9%
Nagaland	1.16	5.1%
Odisha	0.82	-6.8%
Puducherry	1.09	2.8%
Punjab	0.93	-2.5%
Rajasthan	1.06	1.8%
Sikkim	0.79	-7.9%
Tamil Nadu	1.01	0.4%
Telangana	1.24	7.1%
Tripura	0.73	-10.5%
Uttar Pradesh	0.79	-7.7%
Uttarakhand	0.96	-1.3%
West Bengal	0.65	-14.5%

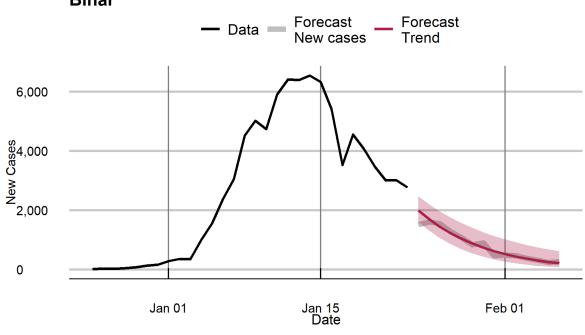
Note: For Ladakh, Lakshadweep and Tripura, the estimates relate to 22<sup>nd</sup> January.

# Forecasts of daily cases and filtered daily growth rates of cases for states and union territories that are <u>past their peaks</u>

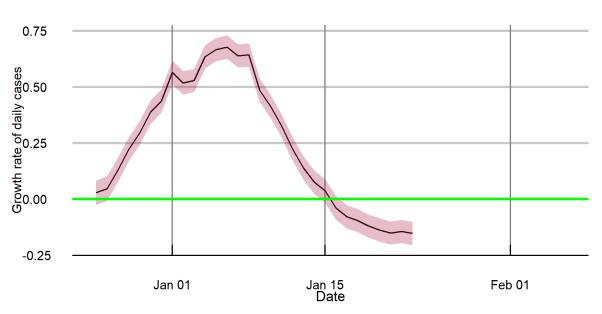


# Growth rate of daily cases 0.4 90.3 10.2 10.0 10.1 10.

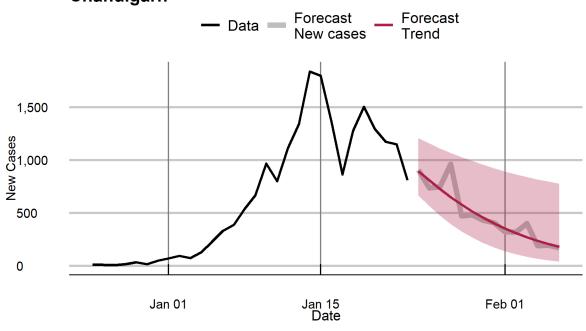




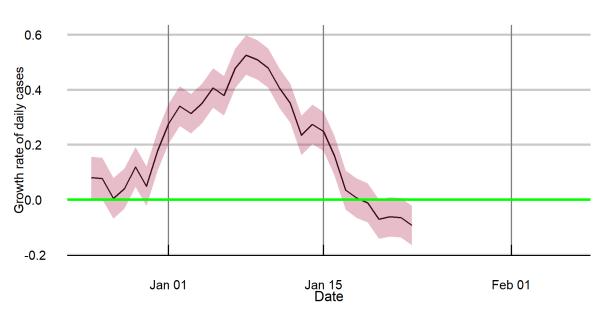
# Bihar



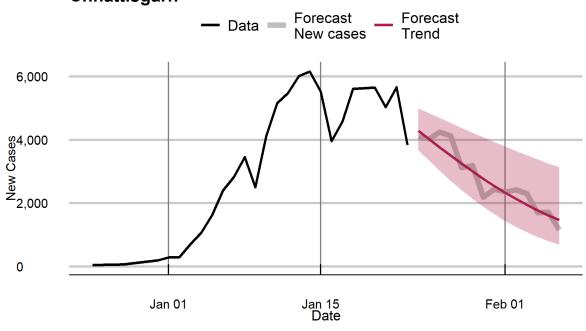




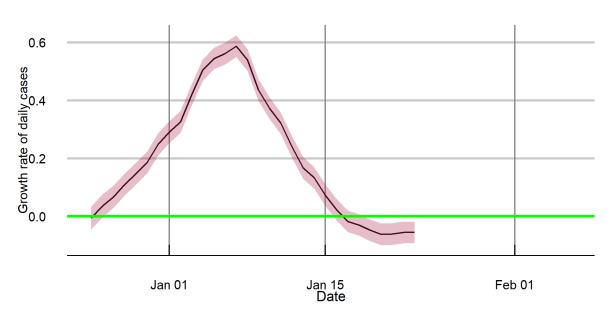
# Chandigarh

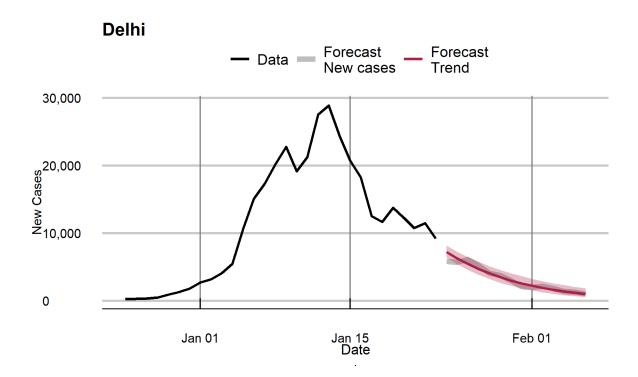


# Chhattisgarh

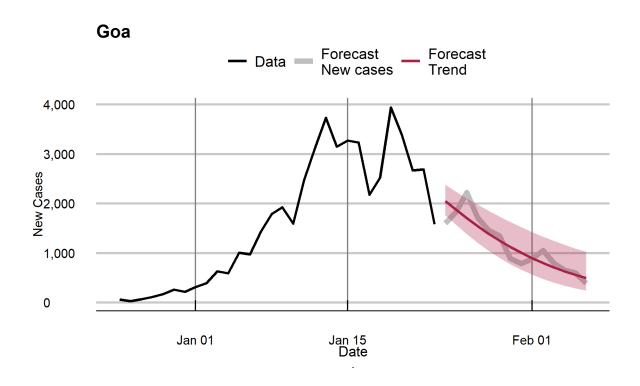


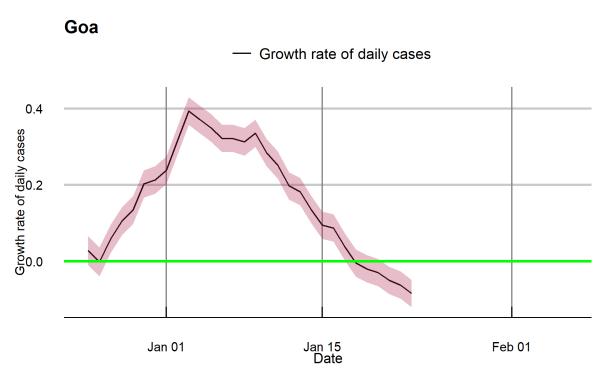
# Chhattisgarh

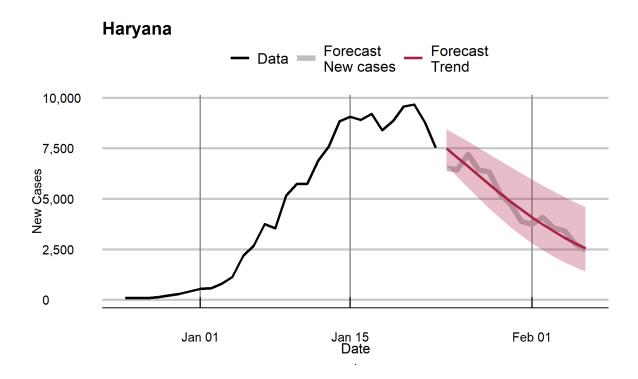




# Delhi — Growth rate of daily cases second lips of the second lips of

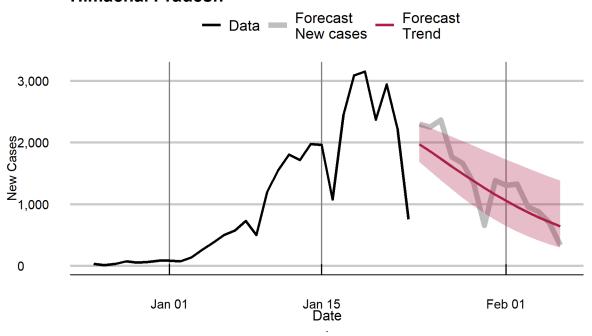




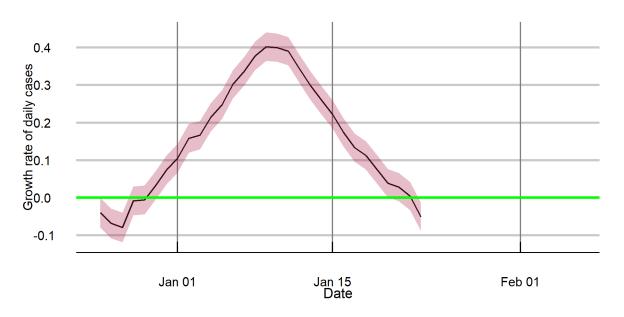


# Haryana — Growth rate of daily cases O.4 Section 1 Section 2 Section 1 Section 2 Section 2 Section 2 Section 3 Section 2 Section 3 Section 3

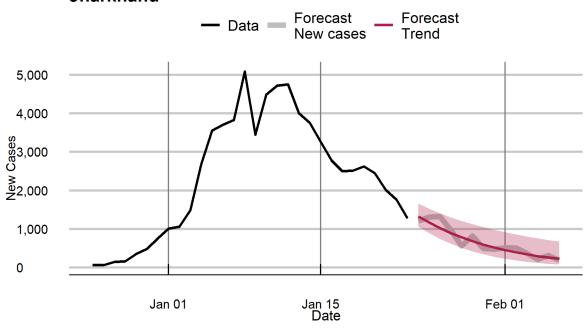
## **Himachal Pradesh**



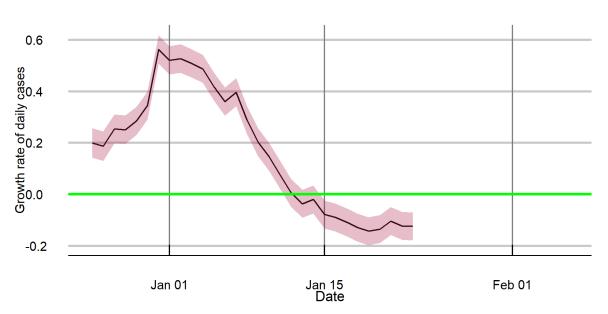
#### **Himachal Pradesh**



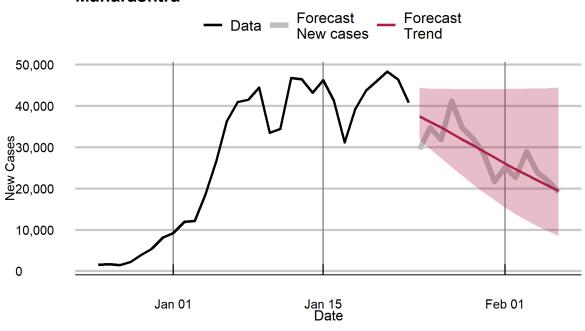
## **Jharkhand**



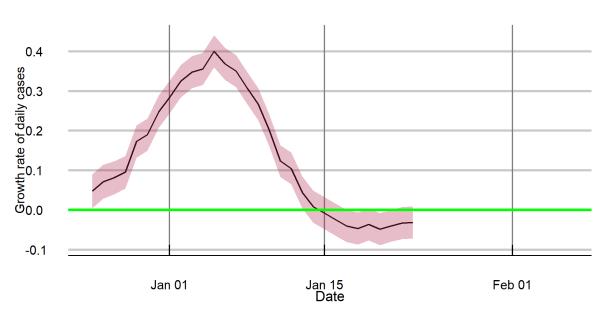
# **Jharkhand**

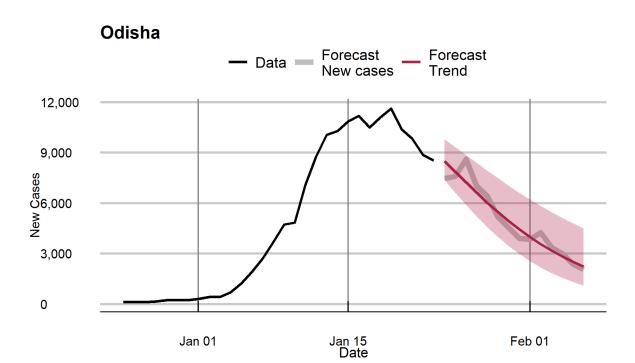


#### Maharashtra

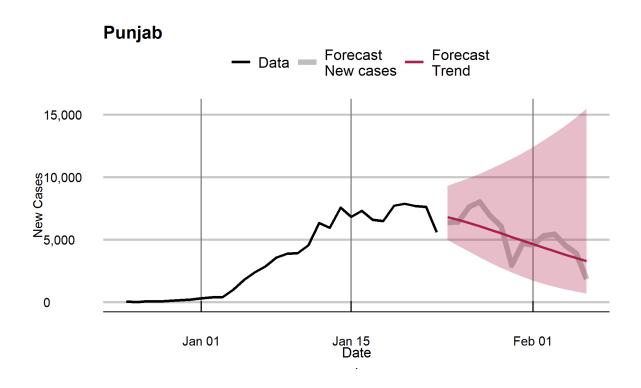


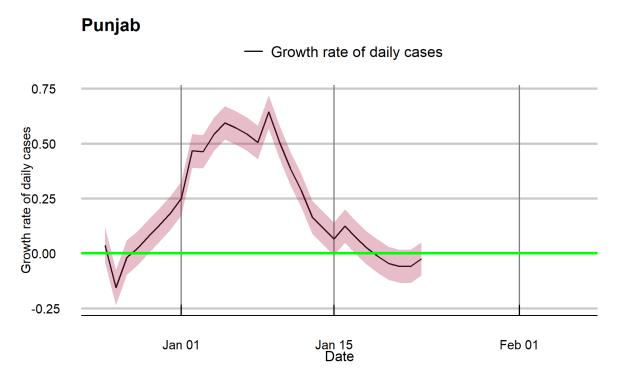
## Maharashtra



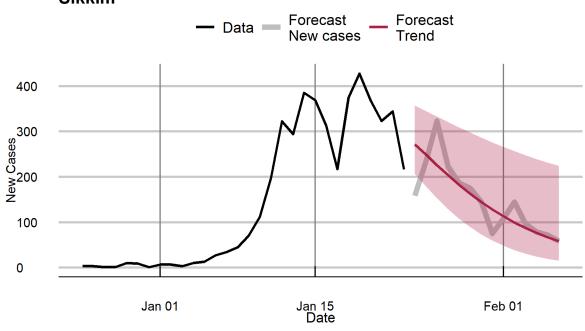


# Growth rate of daily cases Secondary Secondar

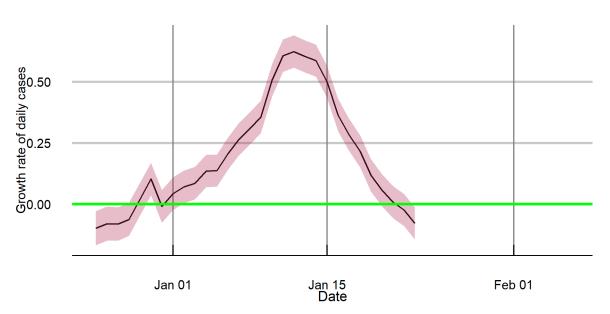




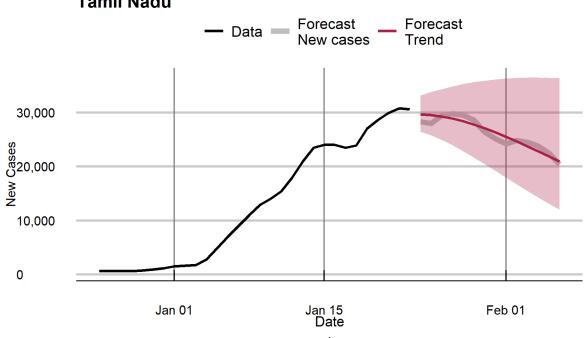




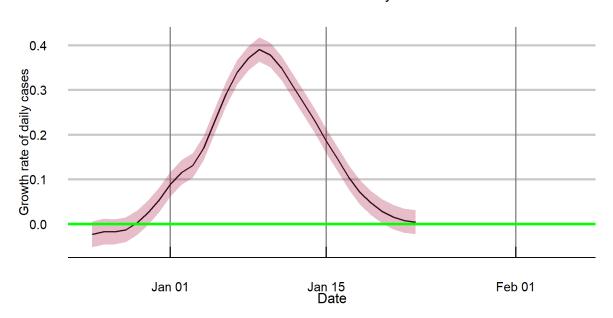
# Sikkim



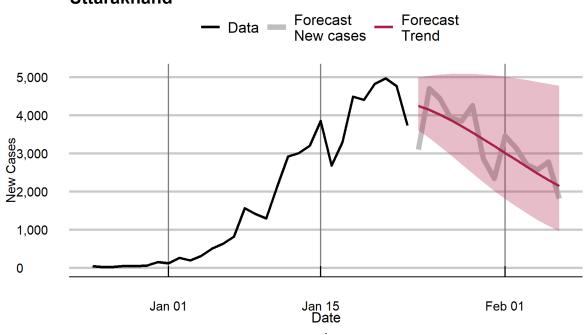




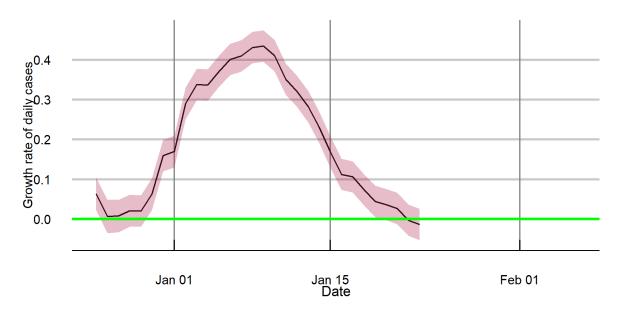
# **Tamil Nadu**



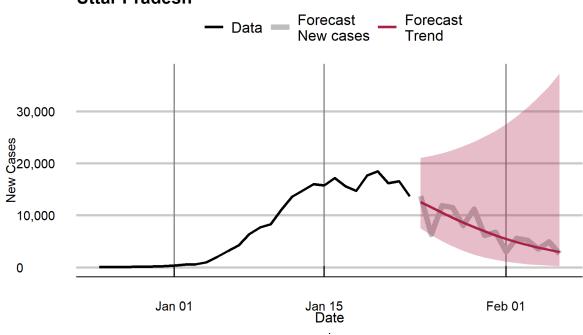
## Uttarakhand



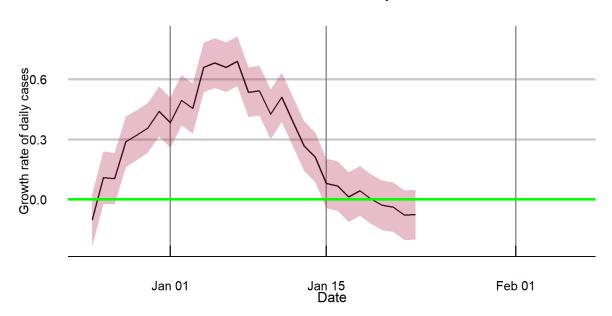
# Uttarakhand



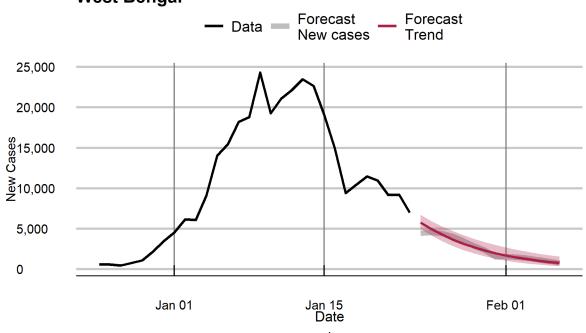
## **Uttar Pradesh**



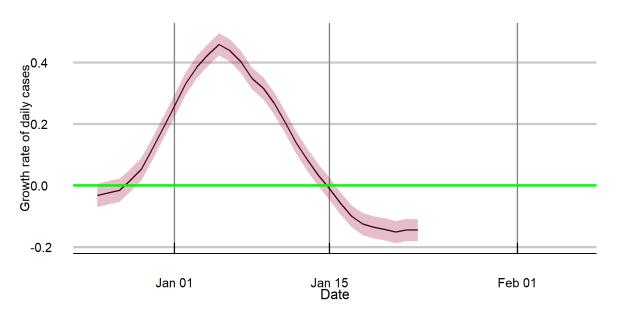
## **Uttar Pradesh**



# **West Bengal**

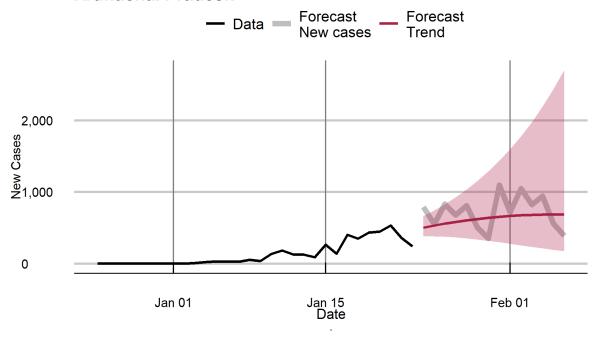


# **West Bengal**

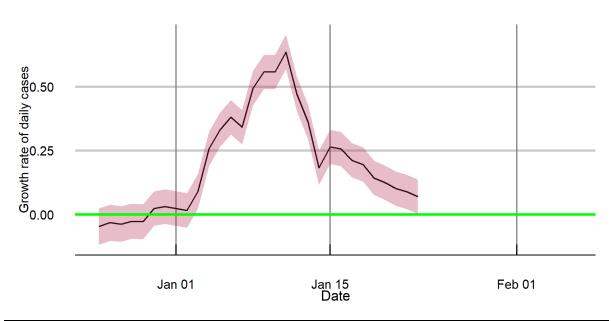


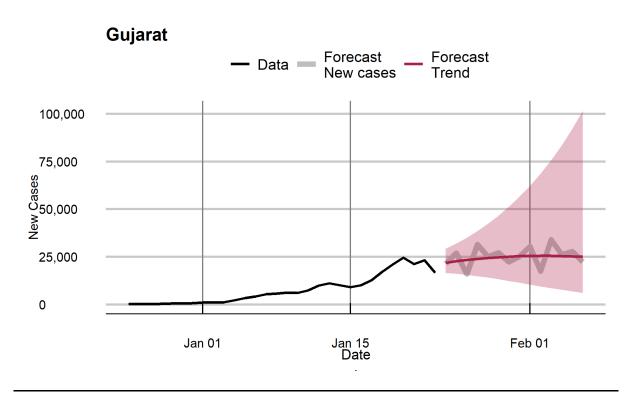
# Forecasts of daily cases and filtered daily growth rates of cases for states and union territories whose peaks are reliably imminent

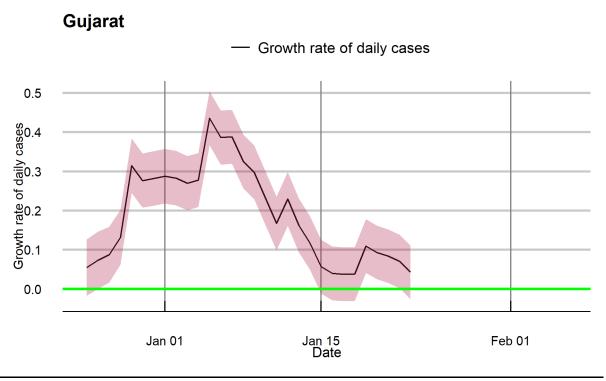
#### **Arunachal Pradesh**

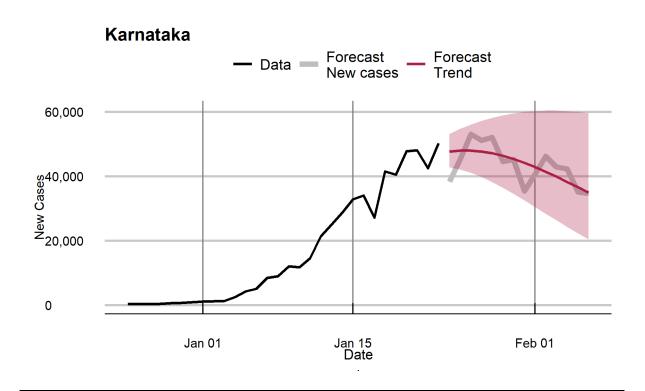


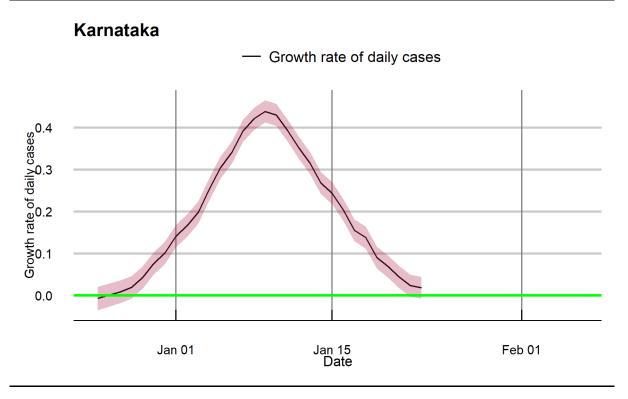
#### **Arunachal Pradesh**



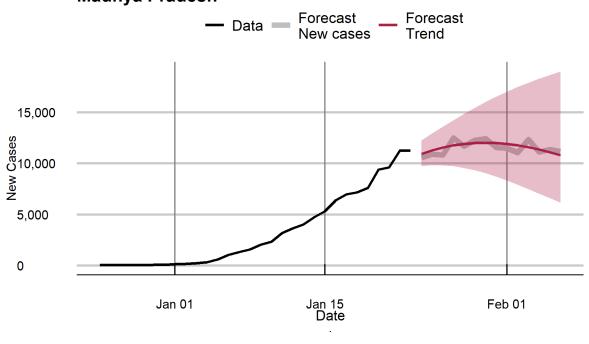




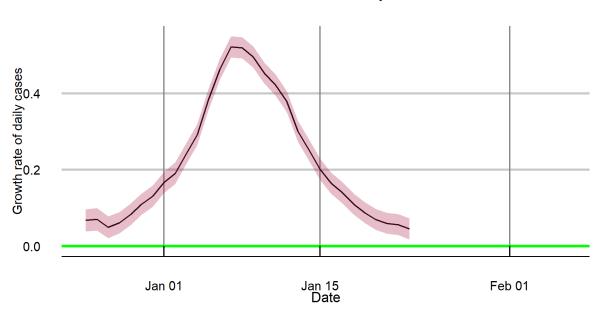


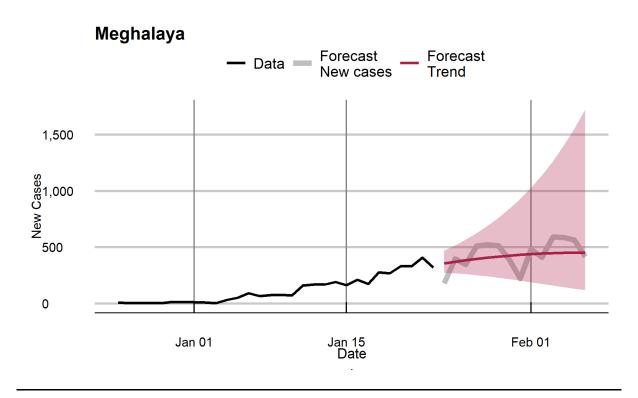


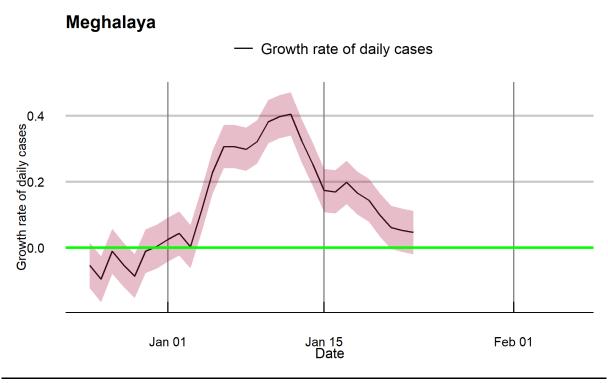
# Madhya Pradesh



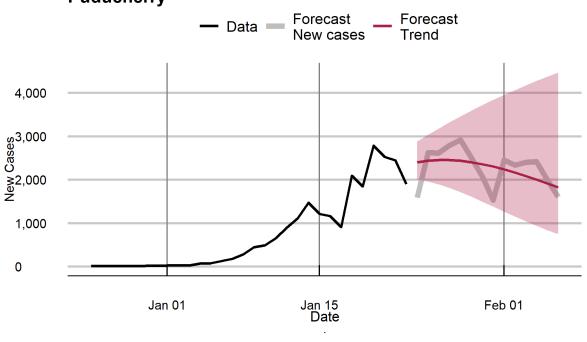
# Madhya Pradesh



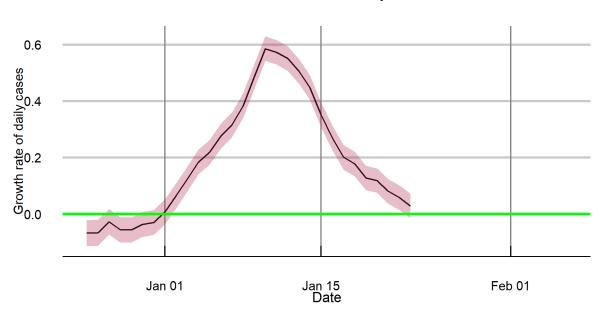


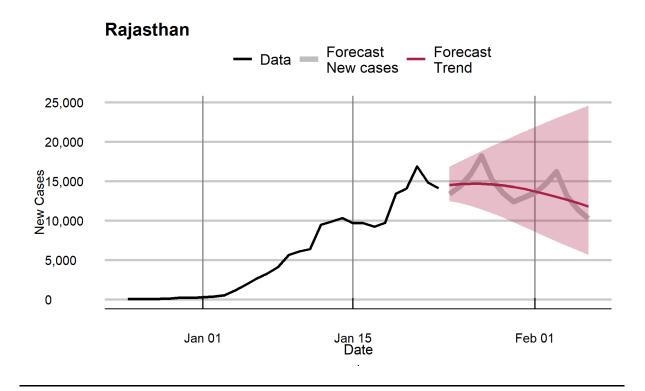


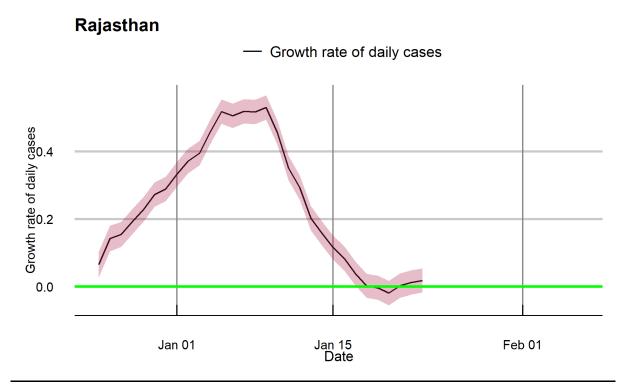




# **Puducherry**



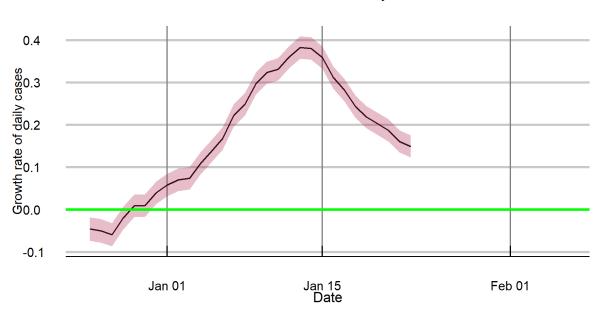




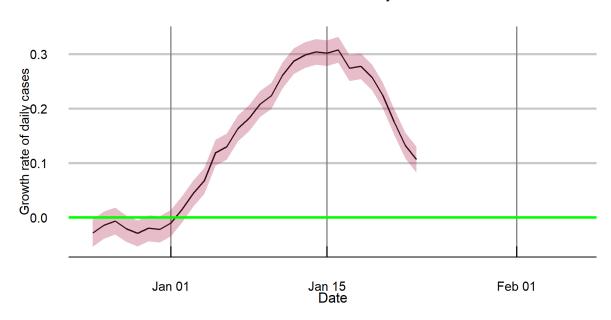
# <u>Filtered daily growth rates of new cases</u> for states and union territories whose peak estimates are less reliable: days leading up to 23 January 2022

#### **Andhra Pradesh**

Growth rate of daily cases

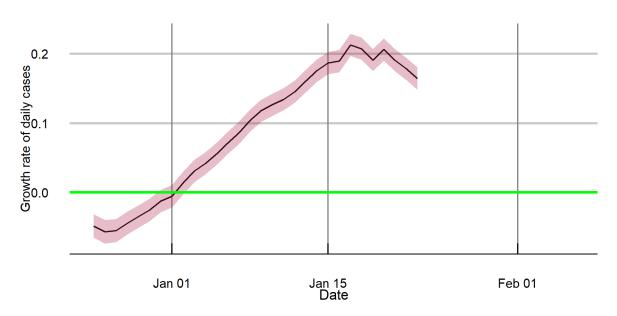


#### Jammu & Kashmir

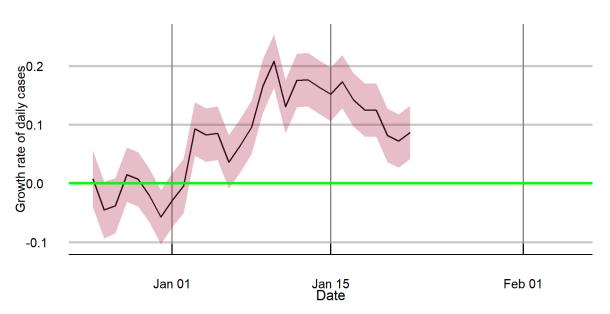


# Kerala

## Growth rate of daily cases

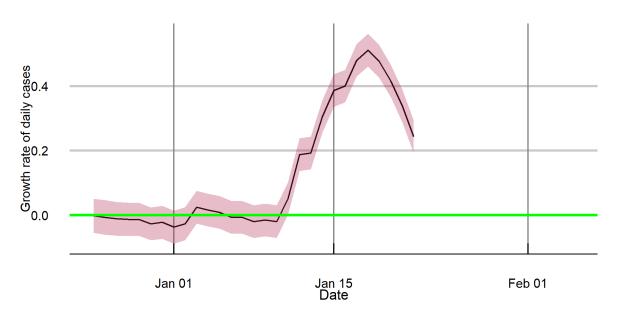


# Ladakh

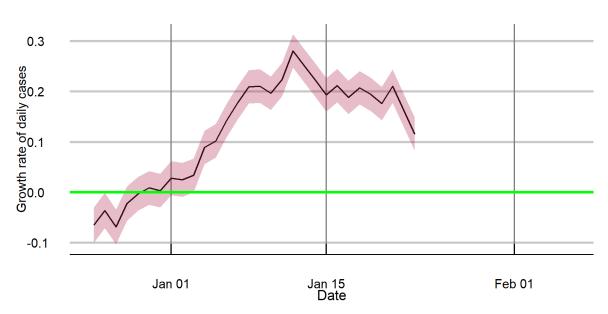


# Lakshadweep

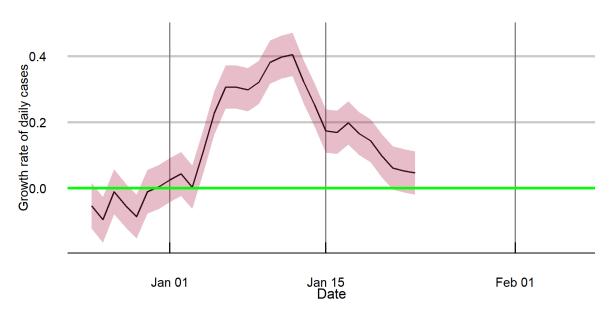
#### Growth rate of daily cases



# Manipur

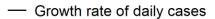


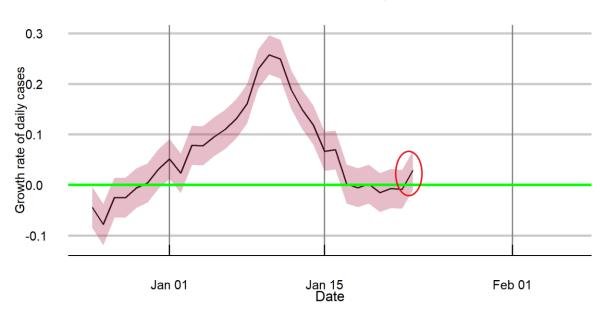
# Meghalaya



# Filtered daily growth rates of new cases for states showing indications of <u>flare ups</u>

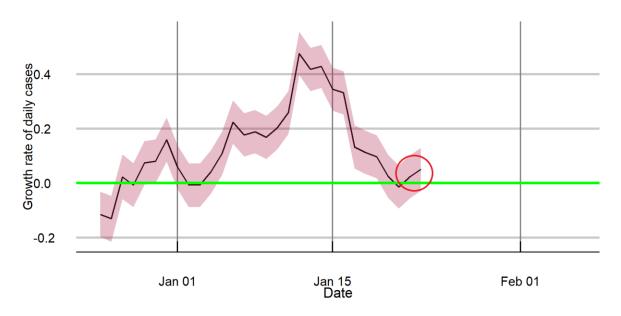
## Mizoram



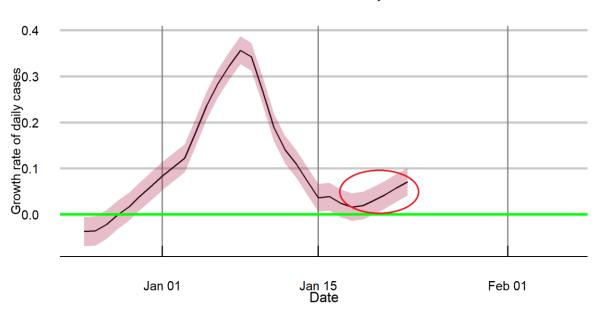


# Nagaland

## Growth rate of daily cases



# Telangana



#### **Notes**

This tracker was developed by researchers at Cambridge Judge Business School and National Institute of Economic and Social Research, working with Health Systems Transformation Platform in India, as part of a pandemic monitoring series devoted to India and its states and union territories. It provides short term forecasts of the trajectory of the pandemic, identifying states and union territories that are at risk of increases in infection incidence.

**Data:** COVID-19 confirmed cases data are sourced from Johns Hopkins University (JHU), Center for Systems Science and Engineering (CSSE) and COVID19-Bharat API.

**New cases: forecasts**. Forecasts above are based on a structural time series model that uses all the data in estimation but adapts to the trend emerging in the most recent period.

The method is described in: Harvey, A. and P. Kattuman (2020). Time series models based on growth curves with applications to forecasting coronavirus. *Harvard Data Science Review*, Special issue 1 - COVID -19. <a href="https://hdsr.mitpress.mit.edu/pub/ozgjx0yn/release/2">https://hdsr.mitpress.mit.edu/pub/ozgjx0yn/release/2</a>, and Harvey, A., P. Kattuman, and C. Thamotheram (2021). Tracking the mutant: forecasting and nowcasting COVID-19 in the UK in 2021. *National Institute Economic Review*. 256, 110-126. doi:10.1017/nie.2021.12.

**New cases: growth rate.** The filtered trends presented for daily growth rates of cases are estimated using the Kalman filter, applied to the observed series. The method filters out day of the week effects and random noise to reveal the underlying signal. Unlike methods such as the moving average, this method adapts the trend to changes in real time and characterises underlying patterns of surges or attenuations that are hidden in the volatile series. The method is described in the papers listed above.

**R:** The *R*-estimates are based on the nowcast of the growth rate; the estimation approach is described in Harvey, A. and P. Kattuman (2021). A farewell to R: Time series models for tracking and forecasting epidemics. Journal of the Royal Society Interface, 18, 20210179, https://royalsocietypublishing.org/doi/10.1098/rsif.2021.0179.The confidence interval is based on one standard deviation, with coverage of 68%.

**Note:** The accuracy of forecasts rely on the quality of the published data. Further, changes in government pandemic policies and in transmission relevant social behaviour may lead realised numbers to deviate from forecasts.

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<sup>\*</sup>University of Cambridge.

<sup>#</sup>Health Systems Transformation Platform.

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