




Epidemiologic Parameters for COVID-19: A Systematic Review and Meta-Analysis

Neda Izadi¹, Niloufar Taherpour², Yaser Mokhayeri³, Sahar Sotoodeh Ghorbani¹, Khaled Rahmani⁴, Seyed Saeed Hashemi Nazari^{5*} 

Received: 17 Apr 2022

Published: 19 Dec 2022

Abstract

Background: The World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) outbreak to be a public health emergency and international concern and recognized it as a pandemic. This study aimed to estimate the epidemiologic parameters of the COVID-19 pandemic for clinical and epidemiological help.

Methods: In this systematic review and meta-analysis study, 4 electronic databases, including Web of Science, PubMed, Scopus, and Google Scholar were searched for the literature published from early December 2019 up to 23 March 2020. After screening, we selected 76 articles based on epidemiological parameters, including basic reproduction number, serial interval, incubation period, doubling time, growth rate, case-fatality rate, and the onset of symptom to hospitalization as eligibility criteria. For the estimation of overall pooled epidemiologic parameters, fixed and random effect models with 95% CI were used based on the value of between-study heterogeneity (I²).

Results: A total of 76 observational studies were included in the analysis. The pooled estimate for R₀ was 2.99 (95% CI, 2.71-3.27) for COVID-19. The overall R₀ was 3.23, 1.19, 3.6, and 2.35 for China, Singapore, Iran, and Japan, respectively. The overall serial interval, doubling time, and incubation period were 4.45 (95% CI, 4.03-4.87), 4.14 (95% CI, 2.67-5.62), and 4.24 (95% CI, 3.03-5.44) days for COVID-19. In addition, the overall estimation for the growth rate and the case fatality rate for COVID-19 was 0.38% and 3.29%, respectively.

Conclusion: The epidemiological characteristics of COVID-19 as an emerging disease may be revealed by computing the pooled estimate of the epidemiological parameters, opening the door for health policymakers to consider additional control measures.

Keywords: epidemiologic parameters, R₀; serial interval, doubling time, case fatality rate

Conflicts of Interest: None declared

Funding: This study was supported by School of Public Health and Safety, Shahid Beheshti University of Medical Sciences (grant No.: 23149).

*This work has been published under CC BY-NC-SA 1.0 license.

Copyright© Iran University of Medical Sciences

Cite this article as: Izadi N, Taherpour N, Mokhayeri Y, Sotoodeh Ghorbani S, Rahmani Kh, Hashemi Nazari SS. Epidemiologic Parameters for COVID-19: A Systematic Review and Meta-Analysis. *Med J Islam Repub Iran.* 2022 (19 Dec);36:155. <https://doi.org/10.47176/mjiri.36.155>

Introduction

Coronaviruses are a group of RNA viruses that cause diseases among humans and animals (1). The latest of

coronavirus types as a novel coronavirus that was named severe acute respiratory syndrome coronavirus 2 (SARS-

Corresponding author: Dr Seyed Saeed Hashemi Nazari, saeedh_1999@yahoo.com

¹ Department of Epidemiology, School of Public Health and Safety, Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Prevention of Cardiovascular Disease Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³ Cardiovascular Research Center, Shahid Rahimi Hospital, Lorestan University of Medical Sciences, Khorramabad, Iran

⁴ Liver and Digestive Research Center, Research Institute for Health Development, Kurdistan University of Medical Sciences, Sanandaj, Iran

⁵ Prevention of Cardiovascular Disease Research Center, Department of Epidemiology, School of Public Health and Safety, Shahid Beheshti University of Medical Sciences, Tehran, Iran

↑What is “already known” in this topic:

COVID-19 is a highly contagious disease that has spread significantly worldwide. Numerous strategies and parameter values have been documented in the reports from various countries on the epidemiological characteristics of the COVID-19 pandemic.

→What this article adds:

The results of this study showed that the pooled estimate for R₀ was 2.99 for COVID-19. The overall R₀ was 3.23, 1.19, 3.6, and 2.35 for China, Singapore, Iran, and Japan, respectively. The overall serial interval, doubling time, incubation period, growth rate, and case fatality rate (CFR) were 2.99, 4.45, 4.14, 4.24 days, 0.38%, and 3.29%, for COVID-19, respectively.

Cov2) or COVID-19 occurred in Wuhan, China, in December 2019 with a human outbreak (2).

The World Health Organization (WHO) declared the outbreak to be a public health emergency and international concern and recognized it as a pandemic on March 11, 2020 (3). COVID-19 has spread widely in the world and is prevalent in different countries such as China, Italy, United States, France, Spain, Iran, and Germany, with 2,833,697 cases and 197,354 deaths and 807,469 recovered until April 24 2020 worldwide (4). The main rout of transmission of COVID-19 is based on human-to-human transmission via either respiratory droplets, saliva, or close contacts with infected people or aerosol generation procedures during the clinical care of COVID-19 patients (5).

Most COVID-19 infected people (80.9%) are with mild to moderate respiratory syndromes, old people or patients with underlying diseases such as diabetes, cardiovascular disease, cancer, immune deficiency, and respiratory diseases are more at risk to develop the severe (13.8%) and critical (4.7%) form of the disease (6, 7).

Knowledge regarding epidemiological characteristics and parameters of the infectious diseases such as incubation period (time from exposure to the agent until the first symptoms develop), serial interval (duration between symptom onset of a primary case and symptom onset of its secondary cases), basic reproduction number (R_0) (the transmission potential of a disease), and other epidemiologic parameters is important for modelling and estimating epidemic trends and also implementing and evaluating preventive procedures (8-11).

With regard to COVID-19 pandemic parameters, there are many reports from different countries in the world. For example, about 25.6% to 51.7% of patients have been reported to be asymptomatic or with mild symptoms (12) and 25% to 30% of them have been admitted to the intensive care unit for medical care (13). The case-fatality rate was reported in China and other countries among old patients to be 6% (range: 4%-11%) and 2.3% in all ages (13, 14). Furthermore, the median incubation period was reported as 5 to 6 days (2-14 ranges) from the WHO, while in China the incubation period was reported up to 24 days (15, 16). Also, according to different mathematical models, R_0 was reported about 6.47 (range, 1.66-10) in China, 2.6 in South Korea, and 4.7 in Iran (17-19).

Thus, according to the reports from different countries about epidemiological characteristics of the COVID-19 pandemic, different methods and values of parameters have been observed. Thus, to estimate and forecast the spread of the disease efficiently, we need acceptable and real values for each parameter. The present study was conducted to provide a systematic assessment and estimation of parameters related to COVID-19. This evaluation will help researchers with better prediction and estimation of current epidemic trends.

Methods

This is a systematic review and meta-analysis to determine the epidemiologic parameters for COVID-19.

Search Strategy

To find relevant studies, a comprehensive literature search of the Web of Science, Medline (PubMed), Scopus, and Google Scholar was performed for observational studies published electronically from early December 2019 up to 23 March 2020.

Two researchers independently searched studies. In the search strategy, English keywords (MeSH terms) and probable combination of them were used. Epidemiologic parameters in infectious diseases are combination of some specific keywords and definitions such as basic reproduction number (R_0), serial interval, incubation period, doubling time, growth rate, case-fatality rate, mortality rate, and onset of symptom to hospitalization. These keywords with the Boolean operators ('OR' and 'AND') were combined in search process.

The terms of search strategies were according to the following keywords: ("novel coronavirus" OR "2019-nCov" OR "COVID-19" OR "SARS-CoV-2") AND ("basic reproduction number" OR "basic reproductive rate" OR "case fatality rate" OR "case fatality ratio" OR "mortality rate" OR "doubling time" OR "growth rate" OR "incubation period" OR "onset of symptom to hospitalization"). Moreover, for comprehensive assessment of available evidences, grey literatures such as web-based nonpeer review studies were searched in this topic as well.

Study Selection

We included studies in accordance with the PRISMA guidelines and standard meta-analysis methods. All of the extracted articles were screened independently by 2 researchers. The abstracts and full texts of the articles were reviewed, duplicate studies were excluded, and relevant articles were selected for data extraction.

Inclusion and Exclusion Criteria

The COVID-19 epidemiologic parameters of interest were provided by all epidemiological study designs (observational studies), including peer-reviewed and nonpeer-reviewed articles. In addition, irrelevant studies, letters, news, and studies that did not report epidemiologic parameters were excluded.

Screening and Data Extraction

All articles were reviewed independently by 4 researchers and information was extracted using a designed checklist (Appendix 1). Extracted items were the first author, year and month of publication, duration of the study, location of the study, type of parameters, point estimate, or mean/median and its confidence interval for epidemiological parameters, and the review status of articles (peer-reviewed or not).

Quality Assessment of Studies

To assess the quality of the included peer-reviewed and nonpeer-reviewed articles, 2 authors separately assessed the quality of the studies using the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) checklist as a scale for assessing the quality of observational studies. The STROBE includes 22 questions

about methodology, aim of study, study design, and frame of original article. Finally, we scored the quality of the study as high if its rating was at least 70% (score of 16 out of 22), medium if its rating was at least 55% (12 out of 22), and poor if its rating was less than 55% (lower 12 out of 22). After that, studies with high and medium quality were included in the analysis. Given that there is a possibility of error in nonpeer review studies, we have analyzed this group of studies separately, regardless of the quality score of these studies.

Statistical Analysis

The “Metan” command was used to apply a fixed or random effects model based on Cochran’s Q-test results or a large Higgins and Thompson’s I^2 value. Forest plots were used for graphical description of the results. Cumulative meta-analysis was used to examine the R_0 trend during different months. However, due to the small number of months in this study, this part was removed from the analysis and results.

In studies that mortality rate was reported, because the denominator was confirmed cases, it was considered a CFR. In addition, for studies that reported the median and interquartile range (IQR), the median was considered equivalent to the mean and the IQR was converted to standard deviation using the “IQR/1.35” formula. Finally, publication bias was examined using the Begg and Egger test. Stata 14 was used for all statistical analyses. Statistical significance was set at $P < 0.05$.

Results

Having assessed the quality of relevant studies, 76 observational studies up to March 23, 2020, were included in this study (Fig. 1). The majority of studies were done in Wuhan, China. Detailed information of the eligible studies and their characteristics are presented in Appendix 1 (12, 17, 18, 20-92).

- The Overall Basic Reproductive Number (R_0) by Coun-

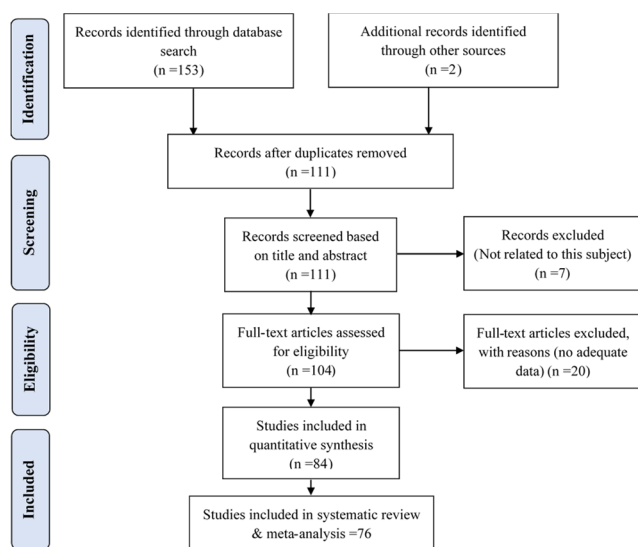


Fig. 1. Flow diagram of the study selection process including publications for the epidemiologic parameters for COVID-19

try and Peer Review Status

Total: The overall R_0 was 2.99 (95% CI, 2.71-3.27) for COVID-19 (Table 1).

Country: The overall R_0 was 3.23, 1.19, 3.6, and 2.35 for China, Singapore, Iran, and Japan, respectively (Table 1).

Peer Review Status: The overall R_0 was 2.75 and 3.08 for peer-reviewed and nonpeer-reviewed articles, respectively (Table 1).

- Overall Serial Interval (SI) by Country and Peer Review Status

Total: The overall SI was 4.45 days (95% CI, 4.03-4.87) for COVID-19.

Country: Using the random effect model, the overall SI was 4.46 and 4.64 days for China and Singapore, respectively (Fig. 2).

Peer Review Status: The overall SI was 5.3 and 4.39 days for peer-reviewed and nonpeer-reviewed articles, respectively (Fig. 3).

- Overall Doubling Time by Peer-review Status

Total: The overall doubling time was 4.14 days (95% CI, 2.67-5.62) for COVID-19.

Peer-review Status: The overall doubling time was 3.33 and 4.64 days for peer-reviewed and non-peer reviewed articles, respectively (Fig. 4).

- Overall Incubation Period by Peer-review Status

Total: The overall incubation period was 4.24 days (95% CI, 3.03-5.44) for COVID-19.

Peer-review Status: The overall incubation period was 4.03 and 5.82 days for peer-reviewed and nonpeer-reviewed articles, respectively (Table 1).

- Overall Estimation for Other Epidemiologic Parameters

The overall estimation for the growth rate and the case fatality rate for COVID-19 was 0.38% and 3.29%, respec-

Table 1. Overall Estimation of Epidemiologic Parameters for COVID-19

Parameters		No. of studies	Estimate	95% CI	P for Heterogeneity	I ² (%)
Basic Reproductive Number (R ₀)	Overall	69	2.99	2.71-3.27	<0.001	99.3
	Korea	1	2.6	2.5-2.7	-	-
	China	57	3.23	2.92-3.55	<0.001	99.1
	Singapore	6	1.19	1.07-1.3	<0.001	82.2
	Iran	2	3.6 ^a	3.1-4.09	0.99	-
	Japan	3	2.35	2.1-2.6	0.007	80.1
	Peer Review	13	2.75	2.25-3.24	<0.001	99.4
	Not Peer Review	56	3.08	2.73-3.43	<0.001	99.3
	Growth Rate (%)	Overall	5	0.38	0.2-0.55	<0.001
Symptom onset to Hospitalization (day)	Overall	6	5.09	2.15-8.02	0.03	53
Incubation Period (day)	Overall	22	4.24	3.03-5.44	0.02	35
	Peer Review	18	4.03	2.72-5.33	0.01	41
	Non Peer Review	4	5.82 ^a	2.91-8.74	0.76	16

^aFixed effect model

tively (Table 1 & Fig. 5). In addition, the overall time from symptom onset to hospitalization was 5.09 days for COVID-19 (Table 1).

- Trend of R₀ for COVID-19

Based on the cumulative meta-analysis, the trend of R₀ had been increasing at first and, then, decreasing in March.

- Assessment of Publication Bias

The Begg and/or Egger tests indicated no publication bias in the parameters of R₀, serial interval, doubling time,

and incubation period (P > 0.05).

Discussion

In this secondary analysis, we aimed to calculate the pooled estimate of some epidemiological parameters of COVID-19; namely, basic reproductive number (R₀), serial interval, doubling time, incubation period, growth rate, CFR, and time from symptom onset to hospitalization. Overall, the estimates were 2.99, 4.45 days, 4.14 days, 4.24 days, 0.38%, 3.29%, and 5.09 days in the same order. The pooled estimated values may differ from the pooled reported values from other studies. This variation is ex-

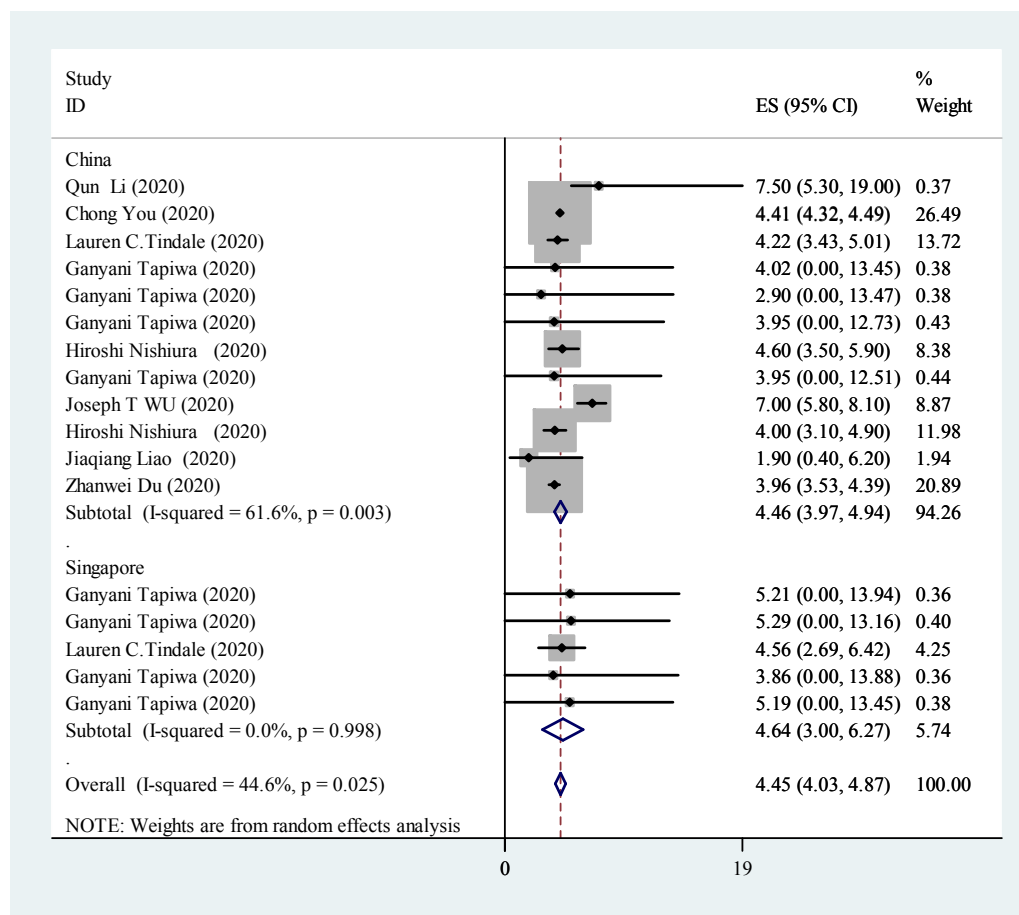


Fig. 2. Overall serial interval (SI) for COVID-19 by country

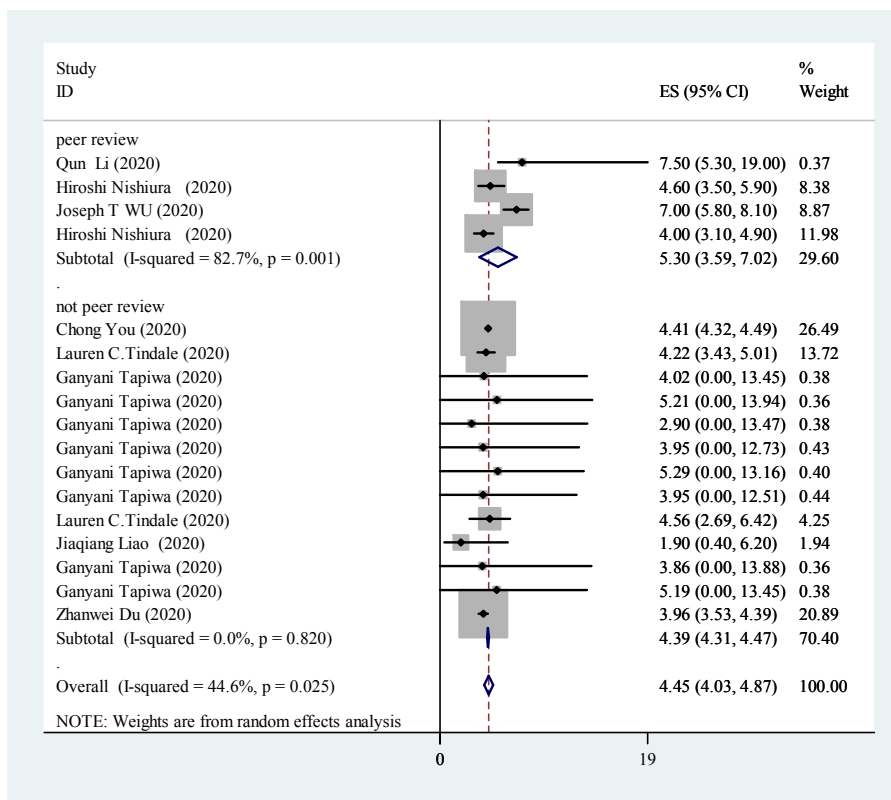


Fig. 3. Overall serial interval (SI) for COVID-19 by peer review status

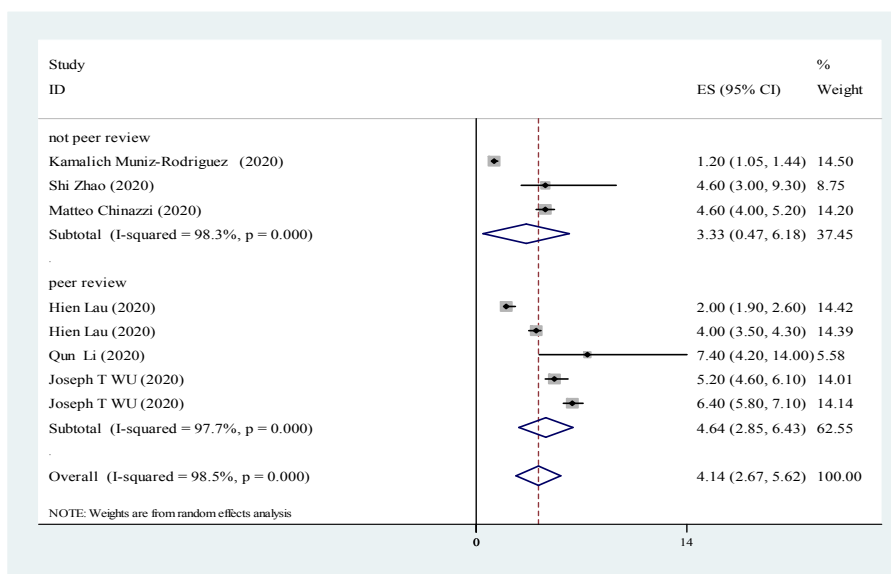


Fig. 4. Overall doubling time for COVID-19 by peer review status

pected because factors such as place of sampling, the sample size, surveillance system, and quality of reported data from countries in emergency condition, and type of data analysis may affect these values. For example, R_0 variations to some extent might be due to different methods calculations, including exponential growth method, maximum likelihood, and Bayesian time-dependent method (93-95). The pooled estimated R_0 in this study was nearly accordant with the pooled estimation found by Al-mohamadi et al in 2020. ($R_0 = 3.32$ (95% CI, 2.81 to 3.82) (96).

According to our results, the pooled estimate of CFR 3.29% (95% CI, 2.78-3.81) is lower than SARS-CoV (97) and MERS-CoV (98). Health control policies, medical standard, and detection rate could affect CFR (35). Moreover, the CFR estimate in the early phase of the epidemic might be biased (overestimated). Usually in the early phase, some subclinical cases and patients with mild symptoms may not be detected (detection bias) (99, 100).

The pooled estimate of incubation period in 22 studies was 4.24 days (95% CI, 3.03, 5.44), while in a study of Jie Li et al the pooled mean incubation period in 7 studies

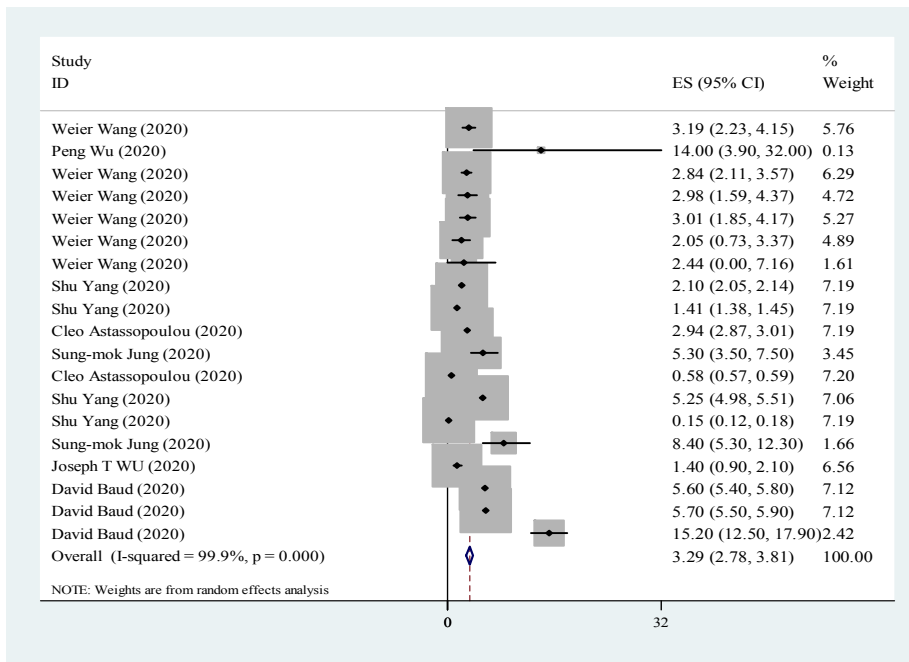


Fig. 5. Overall case fatality rate (CRF) for COVID-19

was 5.3 days (95% CI, 4.5-6.0) (101). A valid and precise estimate of incubation period has a pivotal role for duration of quarantine (50). Indeed, understanding the incubation period is beneficial for surveillance and control methods, as well as modeling and monitoring operations (102).

Our estimate for overall doubling time—time for a given quantity to double in size or number at a constant growth rate—was 4.14 days (95% CI, 2.67, 5.62). This estimation was in accordance with the study of Zhang et al in 2020 (103). The doubling time has an important implication for predicting epidemic. Generally, social distancing, quarantine, and active surveillance are needed to reduce transmission and extend the doubling time (104). Moreover, the authors tried to estimate pooled measures for the growth rate and the serial interval. These 2 epidemiological parameters are used to estimate the reproduction number (105). In this study, the serial interval was calculated as 4.45 (95% CI, 4.03-4.87). In addition, the pooled serial interval of COVID-19 obtained in this study was shorter than the pooled serial interval in study of Rai et al (5.19 (95% CI, 4.37, 6.02) (106).

As a limitation, all 76 studies (except for 1, Mirjam E Kretzschmar et al) (107) have been conducted in Asia, particularly in Wuhan, China. Some epidemiological parameters in Europe, Africa, and the United States could be different based on control strategies. Hence, distribution of these epidemiological parameters could be more global. Future studies to calculate more generalized pooled estimates, using studies all over the world is recommended.

Conclusion

The epidemiological characteristics of COVID-19 as an emerging disease may be revealed by calculating the pooled estimate of the disease's epidemiological parameters, paving the way for health policymakers to consider

additional control measures.

Acknowledgment

The authors would like to appreciate all those researchers who helped in conducting this study.

Ethical Approval

The ethical approval is granted by the ethics committee of the school of Public Health and Neuroscience Research Center (PHNS), Shahid-Beheshti University of Medical Sciences (SBMU), Tehran, Iran (IR.SBMU.PHNS.REC.1399.009).

Authors' Contributions

N.I. was involved in design, data analysis, and participated as a reviewer on the topic. Also, she designed tools for the data extraction. N.T. performed an independent systematic literature search, wrote the first manuscript version, and participated as a reviewer on the topic. Y.M. wrote the first manuscript version and participated as a reviewer on the topic. S.S.G.H. performed an independent systematic literature search and participated as a reviewer on the topic. K.H.R. participated in project administration. S.S.H.N. as a supervisor, directed every step of the review, revised the results, and versions of the manuscript. All authors read and approved the final version of manuscript.

Conflict of Interests

The authors declare that they have no competing interests.

References

1. Reusken CBEM, Raj VS, Koopmans MP, Haagmans BL. Cross host transmission in the emergence of MERS coronavirus. *Curr Opin Virol.* 2016;16:55-62.

2. Prem K, Liu Y, Russell TW, Kucharski AJ, Eggo RM, Davies N, et al. The effect of control strategies to reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China: a modelling study. *Lancet Public Health*. 2020.
3. Coronavirus disease (COVID-19) outbreak.2020. Available at: <https://www.who.int/westernpacific/emergencies/covid-19> Access Apr, 2020.
4. COVID-19 Coronavirus Pandemic.2020. Available at: <https://www.worldometers.info/coronavirus/#countries> Access Apr, 2020.
5. Overview of coronavirus.2020. Available at: https://www.who.int/health-topics/coronavirus#tab=tab_1 Access Apr, 2020.
6. Coronavirus disease 2019 (COVID-19) Situation Report – 66.2020. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200326-sitrep-66-covid-19.pdf?sfvrsn=9e5b8b48_2 Access Apr,2020.
7. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) .2020. Available at: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf> Access Mar, 2020.
8. Berhe H.W, Makinde O.D, Theuri D.M. Parameter Estimation and Sensitivity Analysis of Dysentery Diarrhea Epidemic Model. *J Appl Math*. 2019.
9. Incubation period.2020. Available at: <https://www.cdc.gov/training/QuickLearns/exposure/2.html> Access Apr,2020.
10. Vink MA, Bootsma MC, Wallinga J. Serial intervals of respiratory infectious diseases: a systematic review and analysis. *Am J Epidemiol*. 2014 Nov 1;180(9):865-75.
11. Delamater PL, Street EJ, Leslie TF, Yang YT, Jacobsen KH. Complexity of the Basic Reproduction Number (R0). *Emerg Infect Dis*. 2019;25(1):1-4.
12. Zhao S, Cao P, Gao D, Zhuang Z, Wang W, Ran J,et al. Modelling COVID-19 outbreak on the Diamond Princess ship using the public surveillance data. *Infect Dis Model*. 2022 Jun;7(2):189-195.
13. Singhal T. A Review of Coronavirus Disease-2019 (COVID-19). *Indian J Pediatr*. 2020;87(4):281-286.
14. How do case fatality rates from COVID-19 compare to those of the seasonal flu?. 2020. Available at: <https://ourworldindata.org/coronavirus> Access Apr, 2020.
15. Coronavirus disease 2019 (COVID-19) Situation Report – 30.2020. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200219-sitrep-30-covid-19.pdf?sfvrsn=3346b04f_2 Access Mar, 2020.
16. Bai Y, Yao L, Wei T, Tian F, Jin DY, Chen L, Wang M. Presumed Asymptomatic Carrier Transmission of COVID-19. *JAMA*. 2020 Feb 21.
17. Tang B, Wang X, Li Q, Bragazzi NL, Tang S, Xiao Y, et al. Estimation of the Transmission Risk of the 2019-nCoV and Its Implication for Public Health Interventions. *J Clin Med*. 2020 Feb 7;9(2):462.
18. Tang B, Xia F, Bragazzi NL, McCarthy Z, Wang X, He S, et al. Lessons drawn from China and South Korea for managing COVID-19 epidemic: Insights from a comparative modeling study. *ISA Trans*. 2022 May;124:164-175.
19. Ahmadi A, Fadaei Y, Shirani M, Rahmani F. Modeling and forecasting trend of COVID-19 epidemic in Iran until May 13, 2020. *Med J Islam Repub Iran*. 2020 Mar 31;34:27.
20. Sun K, Chen J, Viboud C. Early epidemiological analysis of the coronavirus disease 2019 outbreak based on crowdsourced data: a population-level observational study. *Lancet Digit Health* . 2020.
21. Tang S, Tang B, Bragazzi NL, Xia F, Li T, He S, et al. Stochastic discrete epidemic modeling of COVID-19 transmission in the Province of Shaanxi incorporating public health intervention and case importation. *medRxiv*. 2020.
22. Tariq A, Lee Y, Roosa K, Blumberg S, Yan P, Ma S, et al. Real-time monitoring the transmission potential of COVID-19 in Singapore, March 2020. *BMC Med*. 2020 Jun 3;18(1):166.
23. Tian S, Hu N, Lou J, Chen K, Kang X, Xiang Z, et al. Characteristics of COVID-19 infection in Beijing. *J Infect*. 2020 Apr;80(4):401-406.
24. Tindale L, Coombe M, Stockdale JE, Garlock E, Lau WYV, Saraswat M, et al. Transmission interval estimates suggest pre-symptomatic spread of COVID-19. *medRxiv*. 2020:2020.03.03.20029983.
25. Tuite AR, Fisman DN. Reporting, Epidemic Growth, and Reproduction Numbers for the 2019 Novel Coronavirus (2019-nCoV) Epidemic. *Ann Intern Med*. 2020 Apr 21;172(8):567-568.
26. Wang D, Hu B, Hu C, Zhu F, Liu X, Zhang J, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus-Infected Pneumonia in Wuhan, China. *JAMA*. 2020;323(11):1061-9.
27. Wang M, Qi J. A deterministic epidemic model for the emergence of COVID-19 in China. *medRxiv*. 2020.
28. Wang W, Chen Y, Cai P, He Y, Hu S, et al. The Transmission Dynamics of SARS-COV-2 in China: Modeling Study and the Impact of Public Health Interventions. Available at SSRN 3551319. 2020.
29. Wang Y, You XY, Wang YJ, Peng LP, Du ZC, Gilmour S, et al. [Estimating the basic reproduction number of COVID-19 in Wuhan, China]. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2020 Apr 10;41(4):476-479.
30. Wu JT, Leung K, Bushman M, Kishore N, Niehus R, de Salazar PM, et al. Estimating clinical severity of COVID-19 from the transmission dynamics in Wuhan, China. *Nat Med*. 2020 Apr;26(4):506-510.
31. Wu JT, Leung K, Leung GM. Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study. *Lancet*. 2020 Feb 29;395(10225):689-697.
32. Wu P, Hao X, Lau EHY, Wong JY, Leung KSM, Wu JT, et al. Real-time tentative assessment of the epidemiological characteristics of novel coronavirus infections in Wuhan, China, as at 22 January 2020. *Euro Surveill*. 2020 Jan;25(3):2000044.
33. Xu T, Chen C, Zhu Z, Cui M, Chen C, Dai H, et al. Clinical features and dynamics of viral load in imported and non-imported patients with COVID-19. *Int J Infect Dis*. 2020 May;94:68-71.
34. Xu XW, Wu XX, Jiang XG, Xu KJ, Ying LJ, Ma CL, et al. Clinical findings in a group of patients infected with the 2019 novel coronavirus (SARS-Cov-2) outside of Wuhan, China: retrospective case series. *BMJ (Clinical Research ed.)*. 2020 Feb;368:m606.
35. Yang S, Cao P, Du P, Wu Z, Zhuang Z, Yang L, et al. Early estimation of the case fatality rate of COVID-19 in mainland China: a data-driven analysis. *Ann Transl Med*. 2020 Feb;8(4):128.
36. You C, Deng Y, Hu W, Sun J, Lin Q, Zhou F, et al. Estimation of the time-varying reproduction number of COVID-19 outbreak in China. *Int J Hyg Environ Health*. 2020 Jul;228:113555.
37. Yu P, Zhu J, Zhang Z, Han Y. A Familial Cluster of Infection Associated With the 2019 Novel Coronavirus Indicating Possible Person-to-Person Transmission During the Incubation Period. *J Infect Dis*. 2020 May 11;221(11):1757-1761.
38. Zhan C, Tse CK, Lai Z, Hao T, Su J. Prediction of COVID-19 spreading profiles in South Korea, Italy and Iran by data-driven coding. *PLoS One*. 2020 Jul 6;15(7):e0234763.
39. Zhang B, Zhou H, Zhou F. Study on SARS-CoV-2 transmission and the effects of control measures in China. *PLoS One*. 2020 Nov 30;15(11):e0242649.
40. Wan K, Chen J, Lu C, Dong L, Wu Z, Zhang L. When will the battle against novel coronavirus end in Wuhan: A SEIR modeling analysis. *J Glob Health*. 2020 Jun;10(1):011002.
41. Zhang S, Diao M, Yu W, Pei L, Lin Z, Chen D. Estimation of the reproductive number of novel coronavirus (COVID-19) and the probable outbreak size on the Diamond Princess cruise ship: A data-driven analysis. *Int J Infect Dis*. 2020 Apr;93:201-204.
42. Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Meyers LA. Serial Interval of COVID-19 among Publicly Reported Confirmed Cases. *Emerg Infect Dis*. 2020 Jun;26(6):1341-1343.
43. Zhao H, Man S, Wang B, Ning Y. Epidemic size of novel coronavirus-infected pneumonia in the Epicenter Wuhan: using data of five-countries' evacuation action. *medRxiv*. 2020:2020.02.12.20022285.
44. Zhao S, Lin Q, Ran J, Musa SS, Yang G, Wang W, et al. Preliminary estimation of the basic reproduction number of novel coronavirus (2019-nCoV) in China, from 2019 to 2020: A data-driven analysis in the early phase of the outbreak. *Int J Infect Dis*. 2020; 92:214-7.
45. Zhao S, Musa SS, Lin Q, Ran J, Yang G, Wang W, et al. Estimating the Unreported Number of Novel Coronavirus (2019-nCoV) Cases in China in the First Half of January 2020: A Data-Driven Modelling Analysis of the Early Outbreak. *J Clin Med*. 2020;9(2).
46. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan,

- China: a retrospective cohort study. *The Lancet*. 2020 Mar 28;395(10229):1054-62.
47. ZHOU G, CHI C. A model simulation study on effects of intervention measures in Wuhan COVID-19 epidemic. medRxiv. 2020:2020.02.14.20023168.
 48. Zhou T, Liu Q, Yang Z, Liao J, Yang K, Bai W, et al. Preliminary prediction of the basic reproduction number of the Wuhan novel coronavirus 2019-nCoV. *J Evid Based Med*. 2020 Feb;13(1):3-7.
 49. Anastassopoulou C, Russo L, Tsakris A, Siettos C. Data-based analysis, modelling and forecasting of the COVID-19 outbreak. *PLoS One*. 2020 Mar 31;15(3):e0230405.
 50. Backer JA, Klinkenberg D, Wallinga J. Incubation period of 2019 novel coronavirus (2019-nCoV) infections among travellers from Wuhan, China, 20-28 January 2020. *Euro Surveill*. 2020 Feb;25(5):2000062.
 51. Baud D, Qi X, Nielsen-Saines K, Musso D, Pomar L, Favre G. Real estimates of mortality following COVID-19 infection. *Lancet Infect Dis*. 2020 Jul;20(7):773.
 52. Cao Z, Zhang Q, Lu X, Pfeiffer D, Jia Z, Song H, et al. Estimating the effective reproduction number of the 2019-nCoV in China. medRxiv. 2020:2020.01.27.20018952.
 53. Chen TM, Rui J, Wang QP, Zhao ZY, Cui JA, Yin L. A mathematical model for simulating the phase-based transmissibility of a novel coronavirus. *Infect Dis Poverty*. 2020 Feb 28;9(1):24.
 54. Chinazzi M, Davis JT, Ajelli M, Gioannini C, Litvinova M, Merler S, et al. The effect of travel restrictions on the spread of the 2019 novel coronavirus (COVID-19) outbreak. *Science*. 2020;368(6489):395-400.
 55. Chong YC. A Novel Method for the Estimation of a Dynamic Effective Reproduction Number (Dynamic-R) in the CoViD-19 Outbreak. medRxiv. 2020.
 56. Dorigatti I, Okell L, Cori A, Imai N, Baguelin M, Bhatia S, Boonyasiri A, Cucunubá Z, Cuomo-Dannenburg G, FitzJohn R, Fu H. Report 4: severity of 2019-novel coronavirus (nCoV). Imperial College London, London. 2020 Feb 10.
 57. Kretzschmar ME, Rozhnova G, van Boven ME. Effectiveness of isolation and contact tracing for containment and slowing down a COVID-19 epidemic: a modelling study. medRxiv. 2020.
 58. Kuniya T. Prediction of the Epidemic Peak of Coronavirus Disease in Japan, 2020. *J Clin Med*. 2020 Mar 13;9(3):789.
 59. Lai A, Bergna A, Acciarri C, Galli M, Zehender G. Early phylogenetic estimate of the effective reproduction number of SARS-CoV-2. *J Med Virol*. 2020 Jun;92(6):675-679.
 60. Lau H, Khosrawipour V, Kocbach P, Mikolajczyk A, Schubert J, Bania J, et al. The positive impact of lockdown in Wuhan on containing the COVID-19 outbreak in China. *J Travel Med*. 2020 May 18;27(3):taaa037.
 61. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Ann Intern Med*. 2020 May 5;172(9):577-582.
 62. Leung C. The difference in the incubation period of 2019 novel coronavirus (SARS-CoV-2) infection between travelers to Hubei and nontravelers: the need for a longer quarantine period. *Infect. Control Hosp. Epidemiol*. 2020 May;41(5):594-6.
 63. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia. *N Engl J Med*. 2020 Mar 26;382(13):1199-1207.
 64. Li X, Wang W, Zhao X, Zai J, Zhao Q, Li Y, et al. Transmission dynamics and evolutionary history of 2019-nCoV. *J Med Virol*. 2020 May;92(5):501-511.
 65. Liao J, Fan S, Chen J, Wu J, Xu S, Guo Y, et al. Epidemiological and Clinical Characteristics of COVID-19 in Adolescents and Young Adults. *Innovation (Camb)*. 2020 May 21;1(1):100001.
 66. Lin QS, Hu TJ, Zhou XH. Estimating the daily trend in the size of the COVID-19 infected population in Wuhan. *Infect. Dis. Poverty*. 2020 Jun 1;9(03):12-9.
 67. Linton NM, Kobayashi T, Yang Y, Hayashi K, Akhmetzhanov AR, Jung SM, et al. Incubation Period and Other Epidemiological Characteristics of 2019 Novel Coronavirus Infections with Right Truncation: A Statistical Analysis of Publicly Available Case Data. *J Clin Med*. 2020 Feb 17;9(2):538.
 68. Xiao J, Hu J, He G, Liu T, Kang M, Rong Z, et al. The time-varying transmission dynamics of COVID-19 and synchronous public health interventions in China. *Int J Infect Dis*. 2021;103:617-23.
 69. Mizumoto K, Kagaya K, Chowell G. Early epidemiological assessment of the transmission potential and virulence of coronavirus disease 2019 (COVID-19) in Wuhan City, China, January-February, 2020. *BMC Med*. 2020 Jul 15;18(1):217.
 70. Muniz-Rodriguez K, Fung IC-H, Ferdosi SR, Ofori SK, Lee Y, Tariq A, et al. Transmission potential of COVID-19 in Iran. medRxiv. 2020:2020.03.08.20030643.
 71. Nishiura H, Kobayashi T, Yang Y, Hayashi K, Miyama T, Kinoshita R, Linton NM, Jung SM, Yuan B, Suzuki A, Akhmetzhanov AR. The Rate of Underascertainment of Novel Coronavirus (2019-nCoV) Infection: Estimation Using Japanese Passengers Data on Evacuation Flights. *J Clin Med*. 2020 Feb 4;9(2):419.
 72. Nishiura H, Linton NM, Akhmetzhanov AR. Serial interval of novel coronavirus (COVID-19) infections. *Int J Infect Dis*. 2020 Apr;93:284-286.
 73. Omori R, Mizumoto K, Nishiura H. Ascertainment rate of novel coronavirus disease (COVID-19) in Japan. *Int J Infect Dis*. 2020 Jul;96:673-675.
 74. Park SW, Bolker BM, Champredon D, Earn DJD, Li M, Weitz JS, et al. Reconciling early-outbreak estimates of the basic reproductive number and its uncertainty: framework and applications to the novel coronavirus (SARS-CoV-2) outbreak. *J R Soc Interface*. 2020 Jul;17(168):20200144.
 75. Peng L, Yang W, Zhang D, Zhuge C, Hong L. Epidemic analysis of COVID-19 in China by dynamical modeling. arXiv preprint arXiv:200206563. 2020.
 76. Pung R, Chiew CJ, Young BE, Chin S, Chen MI, Clapham HE, et al. Investigation of three clusters of COVID-19 in Singapore: implications for surveillance and response measures. *Lancet*. 2020 Mar 28;395(10229):1039-1046.
 77. Qian GQ, Yang NB, Ding F, Ma AHY, Wang ZY, Shen YF, et al. Epidemiologic and clinical characteristics of 91 hospitalized patients with COVID-19 in Zhejiang, China: a retrospective, multi-centre case series. *QJM*. 2020 Jul 1;113(7):474-481.
 78. Rabajante JF. Insights from early mathematical models of dynamics2019-ncov acute respiratory disease (COVID-19). *J Environ Sci Manag*. 2020 Jun 1.
 79. Read JM, Bridgen JRE, Cummings DAT, Ho A, Jewell CP. Novel coronavirus 2019-nCoV (COVID-19): early estimation of epidemiological parameters and epidemic size estimates. *Philos Trans R Soc Lond B Biol Sci*. 2021 Jul 19;376(1829):20200265.
 80. Riou J, Althaus CL. Pattern of early human-to-human transmission of Wuhan 2019 novel coronavirus (2019-nCoV), December 2019 to January 2020. *Euro Surveill*. 2020 Jan;25(4):2000058.
 81. Sanche S, Lin YT, Xu C, Romero-Severson E, Hengartner N, Ke R. The Novel Coronavirus, 2019-nCoV, is Highly Contagious and More Infectious Than Initially Estimated. medRxiv. 2020:2020.02.07.20021154.
 82. Shen M, Peng Z, Xiao Y, Zhang L. Modeling the Epidemic Trend of the 2019 Novel Coronavirus Outbreak in China. *Innovation (Camb)*. 2020 Nov 25;1(3):100048.
 83. Shim E, Tariq A, Choi W, Lee Y, Chowell G. Transmission potential and severity of COVID-19 in South Korea. *Int J Infect Dis*. 2020 Apr;93:339-344.
 84. Fang Y, Nie Y, Penny M. Transmission dynamics of the COVID-19 outbreak and effectiveness of government interventions: A data-driven analysis. *J Med Virol*. 2020 Jun;92(6):645-659.
 85. Ganyani T, Kremer C, Chen D, Torneri A, Faes C, Wallinga J, et al. Estimating the generation interval for coronavirus disease (COVID-19) based on symptom onset data, March 2020. *Euro Surveill*. 2020 Apr;25(17):2000257.
 86. Eastin C, Eastin T. Clinical Characteristics of Coronavirus Disease 2019 in China.. *N Engl J Med*. 2020 Feb 28 [Online ahead of print]
 87. Hermanowicz SW. Forecasting the Wuhan coronavirus (2019-nCoV) epidemics using a simple (simplistic) model. medRxiv. 2020.
 88. Hu Z, Song C, Xu C, Jin G, Chen Y, Xu X, et al. Clinical characteristics of 24 asymptomatic infections with COVID-19 screened among close contacts in Nanjing, China. *Sci China Life Sci*. 2020 May;63(5):706-711. doi: 10.1007/s11427-020-1661-4.
 89. Jiang X, Rayner S, Luo MH. Does SARS-CoV-2 has a longer incubation period than SARS and MERS? *J Med Virol*. 2020;92(5):476-8.
 90. Jung SM, Akhmetzhanov AR, Hayashi K, Linton NM, Yang Y, Yuan B, et al. Real-Time Estimation of the Risk of Death from Novel Coronavirus (COVID-19) Infection: Inference Using Exported Cases. *J Clin Med*. 2020 Feb 14;9(2):523.

91. Ki M; Task Force for 2019-nCoV. Epidemiologic characteristics of early cases with 2019 novel coronavirus (2019-nCoV) disease in Korea. *Epidemiol Health*. 2020;42:e2020007.
92. Wang W, Tang J, Wei F. Updated understanding of the outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China. *J Med Virol*. 2020;92(4):441-7.
93. White LF, Wallinga J, Finelli L, Reed C, Riley S, Lipsitch M, et al. Estimation of the reproductive number and the serial interval in early phase of the 2009 influenza A/H1N1 pandemic in the USA. *Influenza Other Respir Viruses*. 2009 Nov;3(6):267-76.
94. Bettencourt LM, Ribeiro RM. Real time bayesian estimation of the epidemic potential of emerging infectious diseases. *PLoS One*. 2008;3(5).
95. Obadia T, Haneef R, Boëlle PY. The R0 package: a toolbox to estimate reproduction numbers for epidemic outbreaks. *BMC Med Inform Decis Mak*. 2012 Dec 18;12:147.
96. Alimohamadi Y, Taghdir M, Sepandi M. Estimate of the Basic Reproduction Number for COVID-19: A Systematic Review and Meta-analysis. *J Prev Med Public Health*. 2020 May;53(3):151-157.
97. Donnelly CA, Ghani AC, Leung GM, Hedley AJ, Fraser C, Riley S, et al. Epidemiological determinants of spread of causal agent of severe acute respiratory syndrome in Hong Kong. *Lancet*. 2003;361(9371):1761-6.
98. Majumder MS, Rivers C, Lofgren E, Fisman D. Estimation of MERS-Coronavirus Reproductive Number and Case Fatality Rate for the Spring 2014 Saudi Arabia Outbreak: Insights from Publicly Available Data. *PLoS Curr*. 2014 Dec 18;6:eurrents.outbreaks.98d2f8f3382d84f390736cd5f5fe133c.
99. Ghani AC, Donnelly CA, Cox DR, Griffin JT, Fraser C, Lam TH, et al. Methods for estimating the case fatality ratio for a novel, emerging infectious disease. *Am J Epidemiol*. 2005 Sep 1;162(5):479-86.
100. Rahmanian V, Rabiee MH, Sharifi H. Case fatality rate of coronavirus disease 2019 (COVID-19) in Iran-a term of caution. *Asian Pac J Trop Med*. 2020 Jul 1;13(7):328.
101. Li J, Huang DQ, Zou B, Yang H, Hui WZ, Rui F, et al. Epidemiology of COVID-19: A systematic review and meta-analysis of clinical characteristics, risk factors, and outcomes. *J Med Virol*. 2021 Mar;93(3):1449-1458.
102. Lauer SA, Grantz KH, Bi Q, Jones FK, Zheng Q, Meredith HR, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Ann Intern Med*. 2020 May 5;172(9):577-582.
103. Zhang P, Wang T, Xie SX. Meta-analysis of several epidemic characteristics of COVID-19. *J Data Sci*. 2020 Jul;18(3):536-549.
104. Sanche S, Lin YT, Xu C, Romero-Severson E, Hengartner N, Ke R. High Contagiousness and Rapid Spread of Severe Acute Respiratory Syndrome Coronavirus 2. *Emerg Infect Dis*. 2020 Jul;26(7):1470-1477.
105. Muniz-Rodriguez K, Fung IC-H, Ferdosi SR, Ofori SK, Lee Y, Tariq A, et al. Transmission potential of COVID-19 in Iran. *medRxiv*. 2020:2020.03.08.20030643.
106. Rai B, Shukla A, Dwivedi LK. Estimates of serial interval for COVID-19: A systematic review and meta-analysis. *Clin Epidemiol Glob Health*. 2021 Jan-Mar;9:157-161.
107. Kretzschmar ME, Rozhnova G, van Boven ME. Effectiveness of isolation and contact tracing for containment and slowing down a COVID-19 epidemic: a modelling study. *medRxiv*. 2020.

Epidemiologic Parameters of COVID-19

Appendix 1. Description of eligible studies reporting the epidemiologic parameters for COVID-19

ID	Author	YOP	Mon	Start Date	End Date	Country/City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
1	Kaiyuan Sun(20)	2020	Feb	13-Jan	31-Jan	China	507		Onset of symptom to hospitalization				day			2		0-5
									Incubation period				day			4.5		3-5.5
2	Biao Tang(17)	2020	Feb	31-Dec	15-Jan	China-Wuhan	11081		R_0	2.5-2.8								
									Incubation period				day	7	1.7			
									Generation time	6.47	5.71	7.23						
3	Biao Tang(18)	2020	Mar	10-Jan	23-Jan	Mainland-China			Serial interval				day	5	3			
									reported	Cumulative confirmed cases	80651			count				
									predicted	Cumulative confirmed cases	600000			count				
									Initial R_0 (mainland-china)	R_0	3.8	3.5	4.2					
									Initial R_0 (Guangdong)	R_0	3	2.6	3.3					
									Initial R_0 (south Korea)	R_0	2.6	2.5	2.7					
4	Sany Tang(21)	2020	Feb	10-Jan	15-Feb	Shaanxi-China			Illness onset to medical visit				day			3.43		
									Importation to illness onset of disease				day			2.38		
									Medical visit to confirmation				day			3.05		
									longest	Incubation period	19			day				
										Serial interval				day	7.4	3.4		
5	Amna Tariq(22)	2020	Mar	23-Jan	05-Mar	Singapore			R_0					1.48	0.98			
									Generation time				day	4.41	3.17			
									per day	Number of new cases	2.5			count				
										Reporting delay	7.6	6.6	8.5	day				
										Cumulative case	294.4	101.1	1239.7	count				
										Effective R	0.9	0.7	1					
										R_0	0.7	0.5	1					
6	Sijia Tian(23)	2020	Feb	20-Jan	10-Feb	Beijing-China	262		Dispersion parameter	0.4	0.1	inf	count					
									Incubation period				day			6.7		
									Contact to illness onset				day	6.7	5.2			
									Illness onset to medical visit				day	4.5	3.7			
									Days from visit hospital to define				day	2.1	1.9			
									Percentage of hospitalization	81.7			%					
									Percentage of discharge	17.2			%					
		0.9		%														

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
7	Lauren C.Tindale(24)	2020	Mar	19-Jan	26-Feb	Singapore	93		Incubation period	7.1	6.1	8.3	day					
									Serial interval	4.56	2.69	6.42	day					
									R_0	1.97	1.45	2.48						
									percentage of discharge	66.7			%					
									Exposure to onset of symptoms				day	6.6	4.8			
									Hospitalization after symptom onset				day	5.9	5.1			
									Length of hospitalization				day	13.3	6			
									Pre-symptomatic transmission				day	2.55				
				Growth rate	0.15			count										
				Doubling time	6.6			day										
				21-Jan	26-Feb	Tianjin-China	135		Incubation period	9	7.92	10.2	day					
									Serial interval	4.22	3.43	5.01	day					
									R_0	1.87	1.65	2.09						
									Exposure to onset of symptoms				day	5.4	4.5			
Percentage of discharge	48.1								%									
Confirmed after symptom onset									day	5.2	4.2							
Pre-symptomatic transmission				day	2.89													
	Percentage of deaths	2.2			%													
8	Ashleigh R. Tuite(25)	2020	Feb	18-Nov	24-Feb	China/Wuhan			R_0	2.3								
									Serial interval	7			day					
9	Dawei Wang(26)	2020	Feb	01-Jan	28-Jan	China/Wuhan	138		Onset of symptoms to hospitalization				day			7		4-8
									Onset of dyspnea				day			5		1-10
									Onset of ARDS				day			8		6-12
									Onset of symptom to ICU admission				day			10		6-12
									Percentage of hospitalization	12.3			%					
									Admitted to the ICU	26			%					
Hospital admission to ICU admission				day			1		0-3									
10	Wang Meng(27)	2020	Mar	19-Mar	21-Mar	China (excluding Hubei)		predicted	R_0					2.82	0.11			
									Cumulative case				count	14408	429			

Epidemiologic Parameters of COVID-19

Appendix I. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
11	Wang Wenbao(28)	2020	Mar	14-Jan	23-Jan	China (8 provinces)		per 10000	Incidence rate	34	25.3	42.9	count					
									Cumulative case	5586	4156	7048	count					
									R ₀	3.38	3.25	3.48						
									Incubation period				day					
									Case fatality rate ⁵	3.06			%					
12	Wang Ying(29)	2020	Mar	15-Dec	29-Feb	China/ Wuhan			R ₀	3.49	3.42	3.58						
									R ₀	2.95	2.86	3.03						
13	Joseph T Wu(30)	2020	Mar	15-Dec	29-Feb	Mainland-China			Case fatality rate	1.4	0.9*	2.1*	%					
									Fatality rate	11			%					
									Cumulative cases	79394			count					
									R ₀	1.94	1.83*	2.06*						
									Serial interval	7	5.8*	8.1*	day					
									Illness onset to death				day	20	10			
									Doubling time	5.2	4.6*	6.1*	day					
14	Joseph T Wu(31)	2020	Jan	31-Dec	28-Jan	China/ Wuhan			Doubling time	6.4	5.8*	7.1*	day					
									Cumulative cases	75815	37304*	130330*	count					
									R ₀	2.68	2.47*	2.86*						
15	Peng Wu(32)	2020	Jan	10-Jan	21-Jan	China/ Wuhan	136		Fatality rate	14	3.9	32	%					
									R ₀	0.3	0.17	0.44						
16	Tianmin Xu(33)	2020	Mar	23-Jan	18-Feb	Changzou-China	15		Incubation period				day			8		4-10
									Incubation period				day			8		4-11
									Incubation period				day			12		9-14
17	Xiao-Wei Xu(34)	2020	Feb	10-Jan	26-Jan	Zhejiang-China	62		Incubation period				day			4		3-5
									Onset of symptoms to hospitalization				day			2		1-4
									Percentage of discharge	2			%					
									Admitted to ICU	2			%					
									Death	0			%					
									Onset of ARDS	2			%					
18	Shu Yang(35)	2020	Feb	10-Jan	03-Feb	whole mainland China	32020		Case fatality rate	2.1	2.05	2.14	%					
						mainland China excluding Hubei			Case fatality rate	0.15	0.12	0.18	%					
						Hubei excluding Wuhan			Case fatality rate	1.41	1.38	1.45	%					
						Wuhan			Case fatality rate	5.25	4.98	5.51	%					

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3				
19	Chong You(36)	2020	Feb	19-Jan	05-Feb	China	5405		Serial interval				day	4.41	3.17	4		2-6				
				Infectious period						day	10.91	3.95	11		8-13							
				21-Jan	28-Jan	China		SIR method	R ₀	5.4	4.5	6.2										
				29-Jan	05-Feb				R ₀	2.3	2.1	2.5										
				21-Jan	28-Jan	Hubei		R ₀	5.5	4.2	6.8											
				29-Jan	05-Feb			R ₀	2.8	2.5	3.1											
				21-Jan	28-Jan	Other		R ₀	5.1	3.9	6.3											
				29-Jan	05-Feb			R ₀	1.2	1.1	1.4											
				21-Jan	28-Jan	Beijing		R ₀	2.3	1.1	3.8											
				29-Jan	05-Feb			R ₀	2.1	1	3.3											
				21-Jan	28-Jan	Shanghai		R ₀	2.4	1	3.8											
				29-Jan	05-Feb			R ₀	1.2	0.7	2											
				21-Jan	28-Jan	Guangdong		R ₀	3.7	2.7	4.9											
				29-Jan	05-Feb			R ₀	1.2	0.8	1.8											
				21-Jan	28-Jan	Zhejiang		R ₀	5	3.3	7											
				29-Jan	05-Feb			R ₀	1	0.4	1.7											
				21-Jan	28-Jan	Hun		R ₀	5.3	4.3	7											
29-Jan	05-Feb		R ₀	1.3	1	1.8																
21-Jan	28-Jan	Hen	R ₀	6.4	3.5	10.2																
29-Jan	05-Feb		R ₀	1.5	1.1	2																
20	Jasper Fuk-Woo Chan(37)	2020	Jan	10-Jan	15-Jan	China/ Wuhan	6		Onset of symptom to sample collection	7			day									
									Onset of symptom to sample collection	6			day									
									Onset of symptom to sample collection	9			day									
									Onset of symptom to sample collection	10			day									
									Onset of symptom to sample collection	7			day									
									Onset of symptom to hospitalization	7			day									
									Onset of symptom to hospitalization	6			day									
									Onset of symptom to hospitalization	9			day									
									Onset of symptom to hospitalization	10			day									
Onset of symptom to hospitalization	7			day																		

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3								
21	Choujun Zhan(38)	2020	Mar	19-Feb	06-Mar	South Korea			Confirmed cases	7313			count													
						Italy			Confirmed cases	5883			count													
						Iran			Confirmed cases	5823			count													
						Iran			Infected cases				count	14450	6244											
						Tehran			Infected cases				count	2498	566											
						Zanjan			Infected cases				count	1695	92											
						Lombardi-Italy			Infected cases				count	4784	788											
						Emelia Romagna-Italy			Infected cases				count	1555	360											
						Daegu-South Korea			Infected cases				count	7619	2096											
						Seoul-South Korea			Infected cases				count	1287	197											
						Italy			Fatality rate	4			%													
						22			Bo Zhang(39)	2020	Feb	08-Dec	22-Jan	China/ Wuhan	1568		Infected cases	4508			count					
																	R_0	3.6								
13-Feb	early April	China/ Wuhan	Infected cases	42073	41673		42475	count																		
			Number of deaths	2179	2088		2270	count																		
10-Jan	22-Jan	China/ Hubei	R_0	0.67																						
			Infected cases	7138				count																		
			R_0	3.4																						
			Infected cases	21342	21057		21629	count																		
			Number of deaths	633	585		683	count																		
			R_0	0.59																						
			13-Feb	early April	China/ Hubei	Infected cases	13384	13158	13612	count																
						Death	107	87	128	count																
						R_0	0.63																			
23	Lianglu Zhang (40)	2020	Feb	22-Jan	12-Feb	China/ Wuhan		after interven- tion	R_0					1.44				1.4-1.47								
									Incubation period				day	3												
24	Sheng Zhang(41)	2020	Feb	17-Feb	26-Feb	Japan (Princess ship)		maximum likelihood	R_0	2.28	2.06	2.52														
									Cumulative case	1514	1384	1656	count													
25	Zhanwei Du(42)	2020		21-Jan	08-Feb	China	468		Serial interval	3.96	3.53	4.39	count		4.75											
									Asymptomatic patients	12.6			%													
26	Hongxin Zhao(43)	2020	Feb	29-Jan	02-Feb	5 countries (korea, Germa- ny,France,singapore,Japan	1916		Infection rate	1.1	0.4	3.1	%													
									Infected cases	110000	40000	310000	count													
27	Shi Zhao(12)	2020	Feb	20-Jan	20-Feb	Japan (Princess ship)	634		Cumulative cases	3066	2046	3441	count													
									R_0	2.2	2.1	2.4														
									Dispersion parameter	44	6	88	count													
									Doubling time	4.6	3	9.3	day													
								Asymptomatic patients	25.6-51.7			%														

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
28	Shi Zhao(44)	2020	Jan	10-Jan	24-Jan	China/ Wuhan			(8-fold exp growth	R_0	2.24	1.96	2.55					
									(0-fold exp growth	R_0	3.58	2.89	4.39					
29	Shi Zhao(45)	2020	Feb	01-Dec	24-Jan	Mainland China	41		Under reported cases	469	403	540	count					
									R_0	2.56	2.49	2.63						
30	Fei Zhou(46)	2020	Mar	29-Dec	31-Jan	China/ Wuhan (2 hospitals)	191		ICU admission	26			%					
									ICU length of stay				day			8		4-12
									Hospital length of stay				day			11		7-14
									Illness onset to hospitalization				day			11		8-14
									Illness onset to dyspnea				day			7		4-9
									Illness onset to ARDS				day			12		8-15
									Illness onset to ICU				day			12		8-15
Illness onset to Death-discharge				day			21		17-25									
31	Guopeng Zhou(47)	2020	Feb	first day	50th day	China/ Wuhan	141427709		Cumulative cases				count	2868.7	1739			
				51th day	70th day				Cumulative cases				count	52185.4	31621.4			
				71 th day	90 th day				Cumulative cases				count	913396.5	559099.9			
				first day	90thday				R_0	2.2	1.4	3.9						
				31-Dec	18-Feb				Incubation period	7.5	5.3	19	day		3.4			
									ICU admission	5			%					
32	Tao Zhou(48)	2020	Feb		25-Jan	China/ Wuhan	3440		Northeastern University Reports	R_0	2.8-3.3							
									People's Daily Reports	R_0	3.2-3.9							
									Asymptomatic patients	5.1			%					

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3							
33	Cleo Astassopoulou(49)	2020	12-Feb	11th of Jan	10th of Feb	Hubei/China		11-16 Jan	R ₀	4.8	3.35	6.27													
								11-17 Jan	R ₀	4.6	3.56	5.65													
								11-18 Jan	R ₀	5.14	4.25	6.04													
								11-19 Jan	R ₀	6.09	5.02	7.16													
								11-20 Jan	R ₀	7.09	5.84	8.35													
								Nov 16-Feb 10 (Based on the SIRD simulator)	R ₀	2.5															
									Case fatality rate ^s	2.94	2.89	3	%												
									Recovery rate	0.05	0.045	0.055													
									Recovery time	20	18	22	day												
								Forecast to Feb 29	Infection rate	0.199	0.197	0.2													
									Expected number of Infected cases	140000	70000	290000													
									Expected number of recovered population	60000	33000	95000													
								Forecast to Feb 29	Expected number of Death cases	16000	9000	29000													
									R ₀	4.15	2.92	5.38													
								11-17 Jan	R ₀	3.98	3.11	4.85													
								11-18 Jan	R ₀	4.39	3.67	5.11													
								11-19 Jan	R ₀	5.15	4.3	6.01													
								11-20 Jan	R ₀	6.01	4.93	7.08													
								Nov 16-Feb 10 (Based on the SIRD simulator)	R ₀	2.64															
									Case fatality rate ^s	0.58	0.57	0.59	%												
Recovery rate	0.08	0.073	0.088																						
Recovery time	12	11	13	day																					
Forecast to Feb 29	Infection rate	0.227	0.224	0.229																					
	Expected number of Infected cases	1000000	330000	2200000																					
Forecast to Feb 29	Expected number of recovered population	580000	230000	960000																					
	Expected number of Death cases	19000	7000	35000																					
34	Jantien A Backer(50)	2020	06-Feb	20-Jan	28-Jan	Wuhan, China	88	Weibull	Incubation period				day	6.4	2.3	6.4									
								Gamma	Incubation period				day	6.5	2.6	6.1									
								Lognormal	Incubation period				day	6.8	3.4	6.1									
35	David Baud(51)	2020	12-Mar		01-Mar	China	79968	China	Case fatality rate ^s	5.6	5.4	5.8	%												
						Outside of China	7169	Outside of China	Case fatality rate ^s	15.2	12.5	17.9	%												
						Global	87137	Global mortality rates	Case fatality rate ^s	5.7	5.5	5.9	%												
36	Zhidong Cao(52)	2020				China		Effective reproduction number		3.37	4.77		4.08	0.36											
								Fatality rate	6.5			%													
								Average infectious period	<2.3			day													

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3			
37	Tian-Mu Chen(53)	2020	28-Feb	7 Dec, 2019	1 Jan, 2020	China			R_0	3.58											
38	Matteo Chinazzi(54)	2020	07-Feb			China			R_0	2.4	2.2	2.6									
									Doubling time measured	4.6	4.2	5.1									
									On Jan 22, 2020, the projected, no travel restrictions for Mainland China excluding Wuhan	Median number of cases	3491	1924	7360								
									On Jan 22, 2020, the projected, in Wuhan	Median number of cases	58956	40760	87471								
									Median ascertainment rate of detecting an infected				%			19.59		14.36-35.58			
39	Yi Chen Chong(55)	2020	15-Feb			China			R_0	4.29											

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
40	Ilaria Dorigatti(56)	2020	10-Feb			China	26	China: Parametric model fitted to publicly reported number of cases and Deaths in Hubei as of 5th Feb, assuming exponential growth at rate 0.14/day	Case fatality ratio	18	11*	81*	%					
								Outside mainland China:Parametric model fitted to reported traveller cases up to 8th Feb using both Death and recovery outcomes and inferring latest possible dates of onset in traveller cases	Case fatality ratio	5.1	1.1*	38*	%					
								Outside mainland China:Parametric model fitted to reported traveller cases up to 8th Feb using only Death outcome and inferring latest possible unreported dates of onset in traveller cases	Case fatality ratio	5.6	2*	85*	%					
								Outside mainland China:Kaplan-Meier-like non-parametric model fitted to reported traveller cases up to 8th Feb using both Death and recovery outcomes	Case fatality ratio	1.2	0.9	26	%					
								all infections (asymptomatic or symptomatic): Scaling CASE FATALITY RATE estimate for Hubei for the level of infection under-ascertainment estimated from infection prevalence detected in repatriation flights, assuming infected individuals test positive for 14 days	Case fatality ratio	0.9	0.5	4	%					
								all infections (asymptomatic or symptomatic): As previous row, but assuming infected individuals test positive for 7 days	Case fatality ratio	0.8	0.4	3	%					
									Onset-to-recovery		18*	83*	day	22.2	0.45			
Onset-to-Death		18*	82*	day	22.3	0.42												

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
41	Mirjam E Kretzschmar(57)	2020	Mar			Netherlands		optimistic base-line scenario	R_0	2.5								
								realistic scenario	Effective reproduction number	1.4								
								realistic scenario	Exponential growth rate	0.05			%					
								optimistic base-line scenario	Exponential growth rate	0.127			%					
								optimistic base-line scenario	Doubling time	5.5			day					
								realistic scenario	Doubling time	14.4			day					
									Infectious period	10			day					
	Latent period		4	6	day													
	Incubation period		3	7.2	day	6.54	2.3											
42	Toshikazu kuniya(58)	2020	Mar	Feb	Mar	Japan		(range 2.1-5.1)	R_0	2.6	2.4	2.8						
43	Alessia Lai(59)	2020	Feb	Feb	Feb	China			R_0	2.6								
44	Hien Lau(60)	2020	Mar	Jan	Feb	China			Doubling time	2	1.9	2.6	day					
									Doubling time	4	3.5	4.3	day					
45	Stephen A Lauer(61)	2020	Mar	Jan	Feb	China	181		Incubation period		4.5	5.8	day			5.1		
46	Char Leung(62)	2020	Mar	Jan	Feb	China			Incubation period				day	1.7				
									Incubation period				day	7.5				
									Incubation period				day	1.8				
									Incubation period				day	7.2				
									Incubation period				day	1.7				
									Incubation period				day	7.2				
47	Qun Li(63)	2020	Jan	Dec	Jan	China	425		Incubation period		4.1	7	day	5.2				
									Doubling time	7.4	4.2	14	day					
									Serial interval		5.3	19	day	7.5				
									R_0	2.2	1.4	3.9						
									Growth rate	0.1	0.05	0.16	%					
									Time from symptom onset to hospitalization	12.5	10.3	14.8	day	9.1				
									Time from symptom onset to isolation	2.9			day					
48	Tao Liu(64)	2020	Jan	Dec	Jan	China	830		Proportion of symptomatic that die	0.03			%					
									Incubation period				day	4.8				
									R_0	2.9	2.32	3.63						
49	Jiaqiang Liao(65)	2020	Mar	Jan	Feb	China	46		Incubation period		4.4	9.6	day	6.6				
									Serial interval	1.9	0.4	6.2	day					

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
50	Qiushi Lin(66)	2020	Feb	Dec	Jan	China			Cumulative case count	4090	3975	4206	count					
									Cumulative case count	56833	55242	58449	count					
									Latent period				day	3				
									Infectious period				day	5				
51	Natalie Linton(67)	2020	Feb	Jan	Feb	China			Time from hospitalization to Death	8.3	6.4	10.5	day					
									Time from symptom onset to Death	13.8	11.8	16	day					
									Incubation period	4.6	3.3	5.7	day					
									Incubation period	5	4.1	5.8	day					
									Time from symptom onset to hospitalization	2.7	1.6	4.1	day					
52	Tao Liu(68)	2020	Feb	Jan	Feb	China			nationwide	Doubling time	2.4			day				
									Wuhan	Doubling time	2.8			day				
									Guangdong	Doubling time	3.6			day				
									nationwide	R ₀	4.5	4.4	4.6					
									Wuhan	R ₀	4.4	4.3	4.6					
53	Kenji Mizumoto(69)	2020	Feb	Jan	Feb	China			Effective reproduction number	3.24	3.16	3.32	num					
									Proportion of symptomatic that die	0.0406			%					
									R ₀	7.05	6.11	8.18						
									Cumulative case count	983006	759175	1296258	count					
54	Kamalich Muniz-Rodriguez(70)	2020	Mar	Feb	Feb	Iran			R ₀	3.6	3.2	4.2						
									SI: mean=4.41; sd=3.17	R ₀	3.58	1.29	8.46					
									Doubling time	1.2	1.05	1.44	day					
									Doubling time	2.4			day					
									Growth rate	0.85	0.69	1	%					
55	Hiroshi Nishiura(71)	2020	Feb	Jan	Feb	Japan	565		Ascertainment rate	9.2	5	20	%					
									Serial interval				day	7.5				
56	Hiroshi Nishiura(72)	2020	Mar	Feb	Feb	China			Serial interval	4	3.1*	4.9*	day					
									Serial interval	4.6	3.5*	5.9*	day					
57	Ryosuke Omori(73)	2020	Mar		Feb	Japan			Ascertainment rate	0.44	0.37	0.5	%					
58	Sang Woo Park(74)	2020	Feb		Feb	China			R ₀	2.9	2.1	4.5						
59	Liangrong Peng(75)	2020	Feb		Feb	China			Latent period	2			day					
						Mainland			Quarantine time	6.6			day					
						Hubei			Quarantine time	7.2			day					
						Wuhan			Quarantine time	7.4			day					
						Beijing			Quarantine time	5.7			day					
						Shanghai			Quarantine time	5.6			day					

[DOI: 10.47176/mjiri.36.155] [Downloaded from mjiri.iums.ac.ir on 2025-05-17]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3	
60	Rachael Pung(76)	2020	Mar	Feb	Feb	China	36		Incubation period				day			4		3-6	
									Serial interval		3	8	day						
									Time from symptom onset to hospitalization				day			4		3-6	
61	Guo-Qing Qian(77)	2020	Mar	Feb	Feb	China	91		Incubation period				day			6		3-8	
62	Jomar F Rabajante(78)	2020	Feb		Feb	Philippine			R_0	2									
									Infectious period	14			day						
63	Jonathan M Read(79)	2020	Feb		Jan	China			Infectious period	3.6	3.6	3.6	day						
									R_0	3.8	3.6	4							
									Ascertainment rate	5.1	4.8	5.5	%						
64	Julien Riou(80)	2020	Jan	Dec	Jan	Wuhan			Dispersion rate	0.54			%						
									R_0	2.2									
65	Steven Sanche(81)	2020	Feb	Dec	Feb	China			Time from hospitalization to Death	11.2	8.7	14.9	day						
									Time from hospitalization to discharge	11.5	8	17.3	%						
									Growth rate	0.29	0.21	0.37	%						
									Growth rate	0.14	0.12	0.15	day						
									Incubation period	4.2	3.5	5.1	day						
66	Mingwang Shen(82)	2020	Jan		Jan	China			R_0	4.71	4.5	4.92							
67	Eunha Shim(83)	2020	Mar	Jan	Feb	South Korea			Effective reproduction number	1.5	1.4	1.6	num						
									Growth rate	0.6	0.5	0.7	%						

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3							
68	Yaqing Fang(84)	2020	Mar	20-Jan	29-Feb	China - Wuhan	291	20-Jan	R ₀	2.47															
							437	21-Jan	R ₀	2.56															
							560	22-Jan	R ₀	2.67															
							805	23-Jan	R ₀	2.81															
							1230	24-Jan	R ₀	2.92															
							1892	25-Jan	R ₀	2.98															
							2635	26-Jan	R ₀	3.1															
							4371	27-Jan	R ₀	3.14															
							5761	28-Jan	R ₀	3.17															
							7439	29-Jan	R ₀	3.19															
							9331	30-Jan	R ₀	3.2															
							11315	31-Jan	R ₀	3.2															
							13775	01-Feb	R ₀	3.19															
							16400	02-Feb	R ₀	3.17															
							19414	03-Feb	R ₀	3.15															
							22974	04-Feb	R ₀	3.13															
							26334	05-Feb	R ₀	3.11															
							29017	06-Feb	R ₀	3.09															
							31774	07-Feb	R ₀	3.06															
							33738	08-Feb	R ₀	3.03															
							35982	09-Feb	R ₀	2.98															
							37626	10-Feb	R ₀	2.94															
							38800	11-Feb	R ₀	2.89															
							52526	12-Feb	R ₀	2.9															
							55748	13-Feb	R ₀	2.87															
							56873	14-Feb	R ₀	2.84															
							57416	15-Feb	R ₀	2.8															
							57934	16-Feb	R ₀	2.77															
							58016	17-Feb	R ₀	2.74															
							57805	18-Feb	R ₀	2.7															
56303	19-Feb	R ₀	2.67																						
54965	20-Feb	R ₀	2.64																						
53284	21-Feb	R ₀	2.61																						
51606	22-Feb	R ₀	2.57																						
49824	23-Feb	R ₀	2.54																						
47672	24-Feb	R ₀	2.51																						
45604	25-Feb	R ₀	2.47																						
43258	26-Feb	R ₀	2.44																						
39919	27-Feb	R ₀	2.41																						
37414	28-Feb	R ₀	2.37																						
35329	29-Feb	R ₀	2.34																						

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3
69	Ganyani Tapiwa(85)	2020	Mar		27-Feb	Singapore		Incubation period mean:5.2 - SD:2.8	Generation interval	5.2	3.78	6.78	day		1.72			
								Incubation period mean:5.2 - SD:2.8	Serial interval	5.21	-3.35	13.94	day		4.32			
						Tianjin/ China		Incubation period mean:5.2 - SD:2.8	Generation interval	3.95	3.01	4.91	day		1.51			
								Incubation period mean:5.2 - SD:2.8	Serial interval	3.95	-4.47	12.51	day		4.24			
						Singapore		Incubation period mean:6.4 - SD:2.3	Generation interval	5.29	3.89	6.77	day		2.08			
								Incubation period mean:6.4 - SD:2.3	Serial interval	5.29	-2.13	13.16	day		3.86			
						Tianjin/ China		Incubation period mean:4.8 - SD:2.6	Generation interval	5.19	3.82	6.74	day		1.77			
								Incubation period mean:4.8 - SD:2.6	Serial interval	5.19	-2.86	13.45	day		4.08			
						Singapore		Incubation period mean:6.4 - SD:2.3	Generation interval	4.02	3.11	5	day		2.29			
								Incubation period mean:6.4 - SD:2.3	Serial interval	4.02	-4.83	13.45	day		3.98			
						Tianjin/ China		Incubation period mean:4.8 - SD:2.6	Generation interval	3.95	3.05	4.93	day		1.75			
								Incubation period mean:4.8 - SD:2.6	Serial interval	3.95	-4.6	12.73	day		4.07			
						Singapore		mean:5.2 - SD:2.8- allowing SI negative	Generation interval	3.86	2.22	5.6	day		2.65			
								mean:5.2 - SD:2.8- allowing SI negative	Serial interval	3.86	-5.15	13.88	day		4.76			
						Tianjin/ China		mean:5.2 - SD:2.8- allowing SI negative	Generation interval	2.9	1.85	4.12	day		2.86			
								mean:5.2 - SD:2.8- allowing SI negative	Serial interval	2.9	-6.12	13.47	day		4.88			
						Singapore		mean:5.2 - SD:2.8- using GI- baseline	R ₀	1.27	1.19	1.36						
								mean:5.2 - SD:2.8- using SI- baseline	R ₀	1.25	1.17	1.34						
						Tianjin/ China		mean:5.2 - SD:2.8- using GI- all negative SI	R ₀	1.19	1.1	1.28						
								mean:5.2 - SD:2.8- using SI- all negative SI	R ₀	1.17	1.08	1.26						
						Singapore		mean:5.2 - SD:2.8- using GI- baseline	R ₀	1.59	1.42	1.78						
								mean:5.2 - SD:2.8- using SI- baseline	R ₀	1.41	1.26	1.58						
						Tianjin/ China		mean:5.2 - SD:2.8- using GI- all negative SI	R ₀	1.32	1.18	1.51						
								mean:5.2 - SD:2.8- using SI- all negative SI	R ₀	1.17	1.05	1.34						
Singapore	mean:5.2 - SD:2.8-baseline	Proportion of pre-symptomatic transmission	48	32	67	%												
	mean:5.2 - SD:2.8-baseline	Proportion of pre-symptomatic transmission	62	50	76	%												
Tianjin/ China	mean:5.2 - SD:2.8-all negative SI	Proportion of pre-symptomatic transmission	66	45	84	%												
	mean:5.2 - SD:2.8-all negative SI	Proportion of pre-symptomatic transmission	77	65	87	%												

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3								
70	Guan Wei-Jie(86)	2020	Mar		29-Jan	China	1099		Incubation period	4			day			4	5	2								
									Duration of hospitalization				day	12.8		12										
71	Slav W. Hermanowicz(87)	2020	Feb	16-Jan	08-Feb	China	62	17-Jan	R ₀	1.38																
							121	18-Jan	R ₀	1.95																
							198	19-Jan	R ₀	1.64																
							291	20-Jan	R ₀	1.47																
							440	21-Jan	R ₀	1.51																
							571	22-Jan	R ₀	1.3																
							830	23-Jan	R ₀	1.45																
							1287	24-Jan	R ₀	1.55																
							1975	25-Jan	R ₀	1.53																
							2744	26-Jan	R ₀	1.39																
							4515	27-Jan	R ₀	1.65																
							5974	28-Jan	R ₀	1.32																
							7711	29-Jan	R ₀	1.29																
							9692	30-Jan	R ₀	1.26																
							11860	31-Jan	R ₀	1.22																
							14380	01-Feb	R ₀	1.21																
							17307	02-Feb	R ₀	1.2																
							20467	03-Feb	R ₀	1.18																
24324	04-Feb	R ₀	1.19																							
28018	05-Feb	R ₀	1.15																							
31161	06-Feb	R ₀	1.11																							
31774	07-Feb	R ₀	1.02																							
							33738	08-Feb	R ₀	1.06																
72	Zhiliang Hu(88)	2020		28-Jan	09-Feb	Jiangsu Province, China	24		Median communicable period		21	24	day													
73	Xuan Jiang(89)	2020	Feb						Incubation period	4.9	4.4	5.5	day													

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3		
74	Sung-mok Jung(90)	2020	Feb	08-Dec	24-Jan	China		scenario 1: exponential growth started from the assumed illness onset date of index case,(8 Dec)	Case fatality rate	5.3	3.5	7.5	%							
								scerio2: all parameters are variable, and calculation begins on the date the first exported case was observed (i.e., 13 Jan 2020)	Case fatality rate	8.4	5.3	12.3	%							
								scenario 1: exponential growth started from the assumed illness onset date of index case,(8 Dec)	R ₀	2.1	2	2.2								
								scerio2: all parameters are variable, and calculation begins on the date the first exported case was observed (i.e., 13 Jan 2020)	R ₀	3.2	2.7	3.7								
								scenario 1: exponential growth started from the assumed illness onset date of index case,(8 Dec)	Cumulative incidence	6924	4885	9211	count							
								scerio2: all parameters are variable, and calculation begins on the date the first exported case was observed (i.e., 13 Jan 2020)	Cumulative incidence	19289	10901	30158	count							

Appendix 1. Continued

ID	Author	YOP	Mon	Start Date	End Date	Country/ City	N	Explanation	Parameter	Point Est	LCI	UCI	Unit	Mean	SD	Median	IQR	Q1-Q3	
75	Moran Ki(91)	2020	Feb	20-Jan		Korea	28		Incubation period	3.9			day	3.9		3			
									Serial interval	6.6			day	6.6		4			
									Symptoms onset to diagnosis	5.2			day	5.2		4			
									Symptoms onset to quarantine or isolation	4.3			day	4.3		3			
									Diagnosis to discharge	13			day	13		12.5			
								total Poisson	R ₀	0.48	0.25	0.84							
								total binomial	R ₀	0.48	0.28	0.69							
								first generation (n=9) Poisson	R ₀	0.56	0.26	1.07							
								first generation (n=9) binomial	R ₀	0.56	0.3	0.8							
								second generation (n=3) Poisson	R ₀	0.33	0.07	0.97							
second generation (n=3) binomial	R ₀	0.33	0.07	0.7															
76	Weier Wang(92)	2020	Jan	1-Dec	26-Jan	China	41	10-Jan	Case fatality rate ^s	2.44			%						
							440	21-Jan	Case fatality rate ^s	2.05			%						
							571	22-Jan	Case fatality rate ^s	2.98			%						
							830	23-Jan	Case fatality rate ^s	3.01			%						
							1287	24-Jan	Case fatality rate ^s	3.19			%						
							1975	25-Jan	Case fatality rate ^s	2.84			%						

[Downloaded from mjiri.iuums.ac.ir on 2025-05-17]

[DOI: 10.47176/mjiri.36.155]