1	Control-theoretic immune tradeoffs explain SARS-CoV-2 virulence and
2	transmission variation
3	Anish A. Sarma ^{1*} , Aartik Sarma, M.D. ² , Marie Csete M.D., Ph.D.,
4	Peter P. Lee, M.D., John C. Doyle, Ph.D.
5	¹ Computation and Neural Systems, California Institute of Technology; Pasadena, CA 91105.
6	² Division of Pulmonology, Critical Care, Allergy, and Sleep Medicine, Department of Medicine,
7	University of California-San Francisco; San Francisco, CA 94143.
8 9	³ Department of Immuno-Oncology, City of Hope Comprehensive Cancer Center; Duarte, CA 91010.
10	⁴ Control and Dynamical Systems, California Institute of Technology; Pasadena, CA 91105.
11	* Corresponding author. Email: aasarma@caltech.edu

12

13	Abstract: Dramatic variation in SARS-CoV-2 virulence and transmission between hosts has
14	driven the COVID-19 pandemic. The complexity and dynamics of the immune response present
15	a challenge to understanding variation in SARS-CoV-2 infections. To address this challenge, we
16	apply control theory, a framework used to study complex feedback systems, to establish rigorous
17	mathematical bounds on immune responses. Two mechanisms of SARS-CoV-2 biology are
18	sufficient to create extreme variation between hosts: (1) a sparsely expressed host receptor and
19	(2) potent, but not unique, suppression of interferon. The resulting model unifies disparate and
20	unexplained features of the SARS-CoV-2 pandemic, predicts features of future viruses that
21	threaten to cause pandemics, and identifies potential interventions.
22	
23	Main Text:
24	Variations in virulence and transmission, shorthanded as the dual puzzles of
25	asymptomatic cases and superspreaders, have made SARS-CoV-2 infection and spread difficult
26	to predict and control $(1-4)$. The relationship between pathogen virulence and transmission has
27	been a subject of longstanding speculation and formal study (5–7), and continues to be debated
28	in the context of variation in SARS-CoV-2 infection (3, $8-10$). The complexity of the immune
29	response has impeded a unified mechanistic understanding of virulence, transmission, and
30	variation, relevant to SARS-CoV-2 and future emerging viruses (Figure 1). Here, we extend
31	techniques from control theory, a mathematical framework that has been used to analyze
32	complex feedback systems in both engineered and biological settings (11-14), to immune
33	biology to analyze SARS-CoV-2 virulence and transmission.
34	

35 Results

36 *A control-theoretic approach to immune dynamics*

37 We use control theory to uncover mechanisms that lead to variation in virulence and 38 transmission. Informally, we compute the best-case immune response, consolidating unmodeled 39 immune dynamics into a control function K (Figure 2A). The best-case immune response 40 minimizes virulence and implicitly suppresses transmission. We implement mechanistic details 41 as constraints on the set of realizable control functions, and in this way identify mechanisms 42 (constraints) for which even a best-case K yields virulence and transmission variation. This best-43 case K bounds any immune system model that we could have used, allowing us to pose rigorous 44 questions without a detailed model of immune dynamics. Formally, we consider the robust 45 control problem:

46
$$v[t+1] = A_{\Delta}[t]v[t] + B_{\Delta}[t]u[t] + \delta[t]$$

$$47 u[t] = K(v[1:t])$$

48 v is a vector of viral loads, u is the immune action, and new virus enters the system as δ . 49 A_{Δ} and B_{Δ} are sets of time-varying matrices describing uncertain linearized dynamics. We 50 leverage theorems guaranteeing that the best-case K always corresponds to a convex set, so that 51 the best-case K computed from the set will be the best K over all realizable functions (15).

52

53 *The open-loop problem*

We first consider the open-loop dynamics of viral replication, or equivalently K = 0. We model viral infection in the individual host as a three-step process: cell entry, replication in the cell, and release of virus from the cell after an eclipse period T_e (16, 17).

57
$$V + C_s \xrightarrow{r} C_I$$

58
$$C_I \xrightarrow{\{T_e\}} \beta V$$

59
$$V \xrightarrow{k} \oslash$$

62 We derive *A* in terms of α , the number of productively infected cells that result from a 63 single infected cell, where $(1-1/\varphi)$ is the fraction of infected cells that constitutively turn over in 64 a single eclipse period.

$$A = \begin{bmatrix} 1 - k & k\alpha \\ I_{n-1} & 0 \end{bmatrix}$$

$$\alpha = \frac{r\beta}{k\phi} [C_s]$$

67 α scales linearly with [C_s]. A small fraction of respiratory epithelial cells are susceptible 68 to SARS-CoV-2 when compared to rhinovirus, respiratory syncytial virus, and influenza (18– 69 22). A small susceptible cell fraction enables large *relative* variation consistent with reported 70 single-cell data (20, 21) (**Figure 2B-C**).

71

72 The closed-loop problem

We next consider the effects of immune control with innate extracellular effectors. Higher α requires stronger immune responses to achieve a comparable effect on viral load (Figure 2D). The immune response creates symptoms, which enable behavioral measures to avoid infection (23). We use a highly simplified model of avoidance and isolation, emphasizing the consequences of biological variation. We define transmission R_{CL} , where w(t) is a warning signal and $\gamma(t) = exp(-pw(t))$. Initially, we take w(t) to be a scaled norm of the immune response, so that symptoms promote avoidance and isolation.

80
$$R_{CL} = \alpha_r \omega \int_0^T v(t) \gamma(t) dt$$

81	We extend this simple behavioral model to address a virus with a long presymptomatic
82	period followed by uniformly severe infection (Figure 3A-B). Advance warning and isolation
83	measures can contain such a virus. However, fully asymptomatic cases make advance warning
84	more difficult. Fully asymptomatic cases need not be as contagious as presymptomatic-severe
85	cases to have this effect, and low rates of fully asymptomatic cases can be tolerated (Figure 3C).
86	Interferon-based control varies less with α than extracellular responses, but interferon-
87	suppressed control varies more. Early interventions with exogenous interferon can potentially
88	reduce the eventual symptom burden in what would otherwise be severe cases (Figure 3D-E).
89	Taking these control layers together, we consider virulence and transmission as α varies.
90	Presymptomatic-severe high- α cases take a dominant role in spreading the pathogen, especially
91	where they interact with other high- α individuals (Figure 4).
92	
93	Discussion
94	Other viruses
95	HCoV-NL63 and SARS-CoV-1 also bind to ACE2. HCoV-NL63 infection is
96	asymptomatic or cold-like (24), while SARS-CoV-1 infection is typically severe, with some
97	reported asymptomatic cases $(4, 25)$. Viral infection in these cases could be biologically variable
98	with median effects that are too mild or too severe to be evident in clinical outcomes. SARS-
99	CoV-1 exhibits variable transmission, consistent with this interpretation (26). HCoV-NL63's
100	reduced virulence may result from a spike glycoprotein structure that decreases α (27).
101	

102 Interferon signaling

- 103 Clinical and experimental studies have shown that early exogenous interferon
- administration can reduce coronavirus infection severity (28–32). Our results suggest that
- 105 presymptomatic interferon could be particularly beneficial in averting severe outcomes.
- 106 Conversely, our results suggest a mechanism for harm from early immunosuppression in patients
- 107 with SARS-CoV-2, consistent with clinical trial evidence (33). Because of the ubiquity of
- 108 interferon suppression strategies in respiratory viruses, studies of control-guided interventions
- 109 could facilitate responses to future emerging viruses.
- 110
- 111

- 112 1. C. Huang, Y. Wang, X. Li, L. Ren, J. Zhao, Y. Hu, L. Zhang, G. Fan, J. Xu, X. Gu, et al,
- Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The Lancet*. **395**, 497–506 (2020).
- 115 2. W. Guan, Z. Ni, Y. Hu, W. Liang, C. Ou, J. He, L. Liu, H. Shan, C. Lei, D. S. C. Hui, et
- al, Clinical Characteristics of Coronavirus Disease 2019 in China. New England Journal of
- 117 *Medicine* (2020), doi:10.1056/nejmoa2002032.
- 118 3. W. J. Wiersinga, A. Rhodes, A. C. Cheng, S. J. Peacock, H. C. Prescott,
- 119 Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019
- 120 (COVID-19). *JAMA*. **324**, 782 (2020).
- 121 4. E. Petersen, M. Koopmans, U. Go, D. H. Hamer, N. Petrosillo, F. Castelli, M. Storgaard,
- S. Al Khalili, L. Simonsen, Comparing SARS-CoV-2 with SARS-CoV and influenza pandemics.
 The Lancet Infectious Diseases. 20, e238–e244 (2020).
- 124 5. R. M. Anderson, R. M. May, Coevolution of hosts and parasites. *Parasitology*. 85, 411–
 125 426 (1982).
- 126 6. S. Alizon, A. Hurford, N. Mideo, M. Van Baalen, Virulence evolution and the trade-off
- hypothesis: history, current state of affairs and the future. *Journal of Evolutionary Biology*. 22,
 245–259 (2008).
- J. J. Bull, A. S. Lauring, Theory and Empiricism in Virulence Evolution. *PLoS Pathogens*. 10, e1004387 (2014).
- 131 8. M. A. Johansson, T. M. Quandelacy, S. Kada, P. V. Prasad, M. Steele, J. T. Brooks, R. B.
- 132 Slayton, M. Biggerstaff, J. C. Butler, SARS-CoV-2 Transmission From People Without COVID-
- 133 19 Symptoms. JAMA Network Open. 4, e2035057 (2021).
- 134 9. O. Byambasuren, M. Cardona, K. Bell, J. Clark, M.-L. McLaws, P. Glasziou, Estimating
- 135 the extent of asymptomatic COVID-19 and its potential for community transmission: Systematic
- 136 review and meta-analysis. Official Journal of the Association of Medical Microbiology and
- 137 Infectious Disease Canada. 5, 223–234 (2020).
- 138 10. A. L. Rasmussen, S. V. Popescu, SARS-CoV-2 transmission without symptoms. *Science*.
 139 371, 1206–1207 (2021).
- 140 11. H. El-Samad, H. Kurata, J. C. Doyle, C. A. Gross, M. Khammash, Surviving heat shock:
- 141 Control strategies for robustness and performance. *Proceedings of the National Academy of* 142 *Sciences.* 102, 2736–2741 (2005).
- 143 12. I. Lestas, G. Vinnicombe, J. Paulsson, Fundamental limits on the suppression of 144 molecular fluctuations. *Nature*. **467**, 174–178 (2010).
- 145 13. F. A. Chandra, G. Buzi, J. C. Doyle, Glycolytic Oscillations and Limits on Robust
- 146 Efficiency. *Science*. **333**, 187–192 (2011).
- 147 14. N. Li, J. Cruz, C. S. Chien, S. Sojoudi, B. Recht, D. Stone, M. Csete, D. Bahmiller, J. C.
- 148 Doyle, Robust efficiency and actuator saturation explain healthy heart rate control and
- 149 variability. *Proceedings of the National Academy of Sciences*. **111**, E3476–E3485 (2014).
- 15. Y.-S. Wang, Matni N., J. C. Doyle, A System-Level Approach to Controller Synthesis.
 151 *IEEE Transactions on Automatic Control.* 64, 4079–4093 (2019).
- 152 16. P. Baccam, C. Beauchemin, C. A. Macken, F. G. Hayden, A. S. Perelson, Kinetics of
- 153 Influenza A Virus Infection in Humans. Journal of Virology. 80, 7590–7599 (2006).
- 154 17. M. A. Nowak, S. Bonhoeffer, A. M. Hill, R. Boehme, H. C. Thomas, H. McDade, Viral
- dynamics in hepatitis B virus infection. Proceedings of the National Academy of Sciences. 93,
- 156 4398–4402 (1996).

- 157 18. K. J. Travaglini, A. N. Nabhan, L. Penland, R. Sinha, A. Gillich, R. V. Sit, S. Chang, S.
- D. Conley, Y. Mori, J. Seita, et al, A molecular cell atlas of the human lung from single-cell
 RNA sequencing. *Nature*. 587, 619–625 (2020).
- 160 19. A. Varki, Sialic acids in human health and disease. *Trends in Molecular Medicine*. 14,
 161 351–360 (2008).
- 162 20. C. Muus, M. D. Luecken, G. Eraslan, L. Sikkema, A. Waghray, G. Heimberg, Y.
- 163 Kobayashi, E. D. Vaishnav, A. Subramanian, et al, Single-cell meta-analysis of SARS-CoV-2
- 164 entry genes across tissues and demographics. *Nature Medicine*. 27, 546–559 (2021).
- 165 21. J. C. Smith, E. L. Sausville, V. Girish, M. L. Yuan, A. Vasudevan, K. M. John, J. M.
- 166 Sheltzer, Cigarette Smoke Exposure and Inflammatory Signaling Increase the Expression of the
- SARS-CoV-2 Receptor ACE2 in the Respiratory Tract. *Developmental Cell.* 53, 514-529.e3(2020).
- 169 22. S. Kasela, V. E. Ortega, M. Martorella, S. Garudadri, J. Nguyen, E. Ampleford, A.
- 170 Pasanen, S. Nerella, K. L. Buschur, I. Z. Barjaktarevic, et al, Genetic and non-genetic factors
- 171 affecting the expression of COVID-19 relevant genes in the large airway epithelium (Cold
- 172 Spring Harbor Laboratory, 2020; http://dx.doi.org/10.1101/2020.10.01.20202820).
- 173 23. V. A. Curtis, Infection-avoidance behaviour in humans and other animals. *Trends in*
- 174 *Immunology*. **35**, 457–464 (2014).
- 175 24. R. K. Dare, A. M. Fry, M. Chittaganpitch, P. Sawanpanyalert, S. J. Olsen, D. D. Erdman,
- 176 Human Coronavirus Infections in Rural Thailand: A Comprehensive Study Using Real-Time
- 177 Reverse-Transcription Polymerase Chain Reaction Assays. *The Journal of Infectious Diseases*.
 178 **196**, 1321–1328 (2007).
- 179 25. A. Wilder-Smith, M. D. Teleman, B. H. Heng, A. Earnest, A. E. Ling, Y. S. Leo,
- 180 Asymptomatic SARS Coronavirus Infection among Healthcare Workers, Singapore. *Emerging*
- 181 Infectious Diseases. 11, 1142–1145 (2005).
- 182 26. J. O. Lloyd-Smith, S. J. Schreiber, P. E. Kopp, W. M. Getz, Superspreading and the 183 effect of individual variation on disease emergence. *Nature*. **438**, 355–359 (2005).
- 184 27. A. B. Gussow, N. Auslander, G. Faure, Y. I. Wolf, F. Zhang, E. V. Koonin, Genomic
- determinants of pathogenicity in SARS-CoV-2 and other human coronaviruses. *Proceedings of the National Academy of Sciences*. 117, 15193–15199 (2020).
- 187 28. E. Davoudi-Monfared, H. Rahmani, H. Khalili, M. Hajiabdolbaghi, M. Salehi, L.
- 188 Abbasian, H. Kazemzadeh, M. S. Yekaninejad, A Randomized Clinical Trial of the Efficacy and
- 189 Safety of Interferon β-1a in Treatment of Severe COVID-19. Antimicrobial Agents and
- 190 *Chemotherapy*. **64** (2020), doi:10.1128/aac.01061-20.
- 191 29. P. D. Monk, R. J. Marsden, V. J. Tear, J. Brookes, T. N. Batten, M. Mankowski, F. J.
- 192 Gabbay, D. E. Davies, S. T. Holgate, L.-P. Ho, et al, Safety and efficacy of inhaled nebulised
- 193 interferon beta-1a (SNG001) for treatment of SARS-CoV-2 infection: a randomised, double-
- 194 blind, placebo-controlled, phase 2 trial. *The Lancet Respiratory Medicine*. 9, 196–206 (2021).
- 195 30. I. F.-N. Hung, K.-C. Lung, E. Y.-K. Tso, R. Liu, T. W.-H. Chung, M.-Y. Chu, Y.-Y. Ng,
- 196 J. Lo, J. Chan, A. R. Tam, et al, Triple combination of interferon beta-1b, lopinavir–ritonavir,
- and ribavirin in the treatment of patients admitted to hospital with COVID-19: an open-label,
- 198 randomised, phase 2 trial. *The Lancet* (2020), doi:10.1016/s0140-6736(20)31042-4.
- 199 31. R. Channappanavar, A. R. Fehr, R. Vijay, M. Mack, J. Zhao, D. K. Meyerholz, S.
- 200 Perlman, Dysregulated Type I Interferon and Inflammatory Monocyte-Macrophage Responses
- 201 Cause Lethal Pneumonia in SARS-CoV-Infected Mice. *Cell Host and Microbe*. **19**, 181–193
- 202 (2016).

- 203 32. R. Channappanavar, A. R. Fehr, J. Zheng, C. Wohlford-Lenane, J. E. Abrahante, M.
- 204 Mack, R. Sompallae, Jr. McCray Paul B., D. K. Meyerholz, S. Perlman, IFN-I response timing
- relative to virus replication determines MERS coronavirus infection outcomes. *Journal of Clinical Investigation.* 129, 3625–3639 (2019).
- 207 33. Dexamethasone in Hospitalized Patients with Covid-19. New England Journal of
- 208 *Medicine*. **384**, 693–704 (2021).
- 209

210



*co-expressed with TMPRSS2 or other protease

212

213 Fig. 1. A control theory framework to analyze virulence and transmission.

214 (A) Schematic time-series representations of symptoms for three viruses. The red and blue cases

- 215 have relatively low variation across hosts and across time. The purple case, schematically like
- 216 SARS-CoV-2, varies across hosts and across time, suggesting variation in host immune
- 217 responses.

- (B) An apparent tradeoff between virulence and transmission can result from host immune
- 219 responses. However, this tradeoff depends on host control mechanisms, and can be made more
- 220 favorable to the host population or more favorable to the virus.
- 221 (C) A block diagram shows the relationships between virulence and transmission control in two
- 222 hosts, one infected with SARS-CoV-2 and one susceptible. The dynamics without control are
- shown in the lower half of the diagram, and the control responses in the upper half. Immune
- 224 responses suppress shedding, create symptoms, and allow behavioral responses.
- 225
- 226
- 227
- 228





230 Fig. 2. Host dynamics shape virulence and transmission.

231

- 232 (A) Within each host, well-characterized kinetics govern viral replication. Viruses enter cells,
- 233 replicate, exit after a delay, and degrade in the extracellular space. These kinetics are coupled to
- immune responses, for which we compute best-case bounds with control theory.
- (B) A low susceptible cell percentage (SCP) in the host enables variation. The maximum fold-
- change deviation from the median and the effect of a small fluctuation both grow as the median
- 237 SCP approaches 0%.
- 238 (C) An open-loop model removes all control elements and considers the underlying dynamics.
- 239 Open-loop variation in viral shedding varies dramatically on relevant time-scales, amplifying
- 240 variations in SCP.
- 241 (D) Ideal extracellular immune control can create similar, low-variation viral load trajectories
- between hosts, but these similar trajectories require differing immune effort. The underlying
- 243 open-loop dynamics directly shape virulence.





Fig. 3. Layered control of virulence, transmission, and variation.

246 (A) When all infected hosts are eventually symptomatic, advance warning allows isolation and

247 potentially treatment measures in pre-symptomatic individuals.

248 (B) Interferon-suppressed responses allow an extended period of viral replication and shedding

249 during which avoidance behaviors are not possible (without advance warning). Transmission can

- 250 be computed from the viral and immune trajectories.
- 251 (C) Advance warning can reduce the effective transmission rate of presymptomatic individuals,
- but asymptomatic cases facilitate escape. As the rate of escape increases, the effective
- transmission from presymptomatic-severe individuals increases sharply.

- 254 (D) Timing is a crucial determinant of interferon efficacy. Presymptomatic exogenous interferon
- administration can potentially reduce the eventual symptom burden in an individual who would
- 256 otherwise experience severe disease.
- 257 (E) Extracellular immune responses vary more with α than interferon-based immune responses,
- 258 but interferon-suppressed responses vary most.



260

261 Fig. 4. Virulence and transmission depend on host control strategies.

262

263 The relationship between virulence and transmission depends on control conditions in individual 264 hosts. If immune control is ideal for the host, replication is quickly blocked by interferon and 265 neither serious symptoms nor substantial transmission occur. With interferon suppression, 266 transmission peaks at low virulence. With interferon suppression and host variation, however, 267 transmission is higher and peaks at higher virulence. This effect is amplified when high- α 268 individuals interact, leading to both high presymptomatic shedding and high susceptibility.