

# Supplementary Material

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## S1 Data Collection

### S1.1 Case Data

We collected daily case data from 374 cities and metropolitan areas from 43 countries from all inhabited continents. The data source for each country is listed in Table S1. However, data was unavailable for cities in the arid Middle East and in colder parts of the world, e.g. northern Russia, therefore our models represent a restricted part of the full climatic range of human inhabited regions.

To ensure a comparable level of infrastructure and population mixing in the locations of interest, we only used cities that had a population of at least half a million people. We further excluded cities that reported fewer than 50 cases up to 8 July 2020, to mitigate the influence of imported cases compared to local transmission.

Collected daily case data was either in the form of interval data (new cases per day, also known as daily incidence) or cumulative data (new cases per day are aggregated to previously reported cases).

For our purposes, days with zero incidence (i.e. where no new cases are recorded) are not used for model fitting. Days with zero incidence are unlikely especially once an epidemic is under way and there is community spread. Instead, it is likely that cases on days with zero incidence were reported at a later date. This is because collection of samples and lab-testing does not necessarily take place on the same day. Some countries, like the UK, match a positive test to the sample collection date. Other countries might not do this and would report after lab-testing. This possible difference between cities/countries is not a problem as long as the reporting delay, the period between the actual transmission and the reporting, is constant throughout the initial phase in each individual city. We also assume that this delay is relatively short (only a few days), so that the extracted climate variables approximately match the transmission period.

We make one final assumption: we assume that the testing rate, or rather the case detection rate, is constant during the initial outbreak period. It does not matter if the testing rate differs between cities and countries (which it will do) - our method will yield comparable basic reproduction numbers as long as the testing rate is relatively constant in each individual city.

Table S1: Case data and sources.

| Country (# cities)   | Source Details   |
|--|--|
| Argentina (1)<br>Belgium (1)<br>Canada (5)<br>China (86)<br>Ecuador (2)<br>India (75)<br>Japan (1)<br>Kazakhstan (1)<br>Niger (1)<br>Paraguay (1)<br>Russia (2)<br>Singapore (1)<br>UK (1) | <sup>1</sup> Xu et al. [29]<br><a href="https://github.com/beoutbreakprepared/nCoV2019/tree/master/latest_data">https://github.com/beoutbreakprepared/nCoV2019/tree/master/latest_data</a>   |
| Australia (2)  | <sup>2</sup> New South Wales Government & State Government of Victoria<br><a href="https://data.nsw.gov.au/data/dataset/nsw-covid-19-cases-by-location-and-likely-source-of-infection/resource/2776dbb8-f807-4fb2-b1ed-184a6fc2c8aa">https://data.nsw.gov.au/data/dataset/nsw-covid-19-cases-by-location-and-likely-source-of-infection/resource/2776dbb8-f807-4fb2-b1ed-184a6fc2c8aa</a><br><a href="https://www.dhhs.vic.gov.au/ncov-covid-cases-by-lga-source-csv">https://www.dhhs.vic.gov.au/ncov-covid-cases-by-lga-source-csv</a> |
| Belgium (1)  | <sup>3</sup> Belgian Institute for Health<br><a href="https://epistat.wiv-isp.be/covid/">https://epistat.wiv-isp.be/covid/</a>   |
| Brazil (36)  | <sup>4</sup> Ministry for Health Brazil<br><a href="https://opendatasus.saude.gov.br/dataset/bd-srag-2020">https://opendatasus.saude.gov.br/dataset/bd-srag-2020</a><br><a href="https://s3-sa-east-1.amazonaws.com/ckan.saude.gov.br/SRAG/2020/INFLUD-16-11-2020.csv">https://s3-sa-east-1.amazonaws.com/ckan.saude.gov.br/SRAG/2020/INFLUD-16-11-2020.csv</a>  |
| Burkina Faso (1)   | <sup>5</sup> Ministry of Health Burkina Faso<br><a href="https://www.sante.gov.bf/corona-virus">https://www.sante.gov.bf/corona-virus</a>  |
| Chile (1)  | <sup>6</sup> Ministry of Health, Chile<br><a href="https://www.gob.cl/coronavirus/cifrasoficiales/">https://www.gob.cl/coronavirus/cifrasoficiales/</a>  |
| Colombia (8)   | National Institute of Health, Colombia<br><a href="https://www.ins.gov.co/Noticias/Paginas/Coronavirus.aspx">https://www.ins.gov.co/Noticias/Paginas/Coronavirus.aspx</a>  |
| Congo, Republic of (2)   | Ministry of Health, Congo<br><a href="http://sante.gouv.cg/">http://sante.gouv.cg/</a><br><a href="https://twitter.com/MSPPFIFD_cg">https://twitter.com/MSPPFIFD_cg</a>  |

<sup>1</sup>As data is incomplete, city-level data from a country is used if at least 50% of country-level cases had been reported. For this, we compared daily numbers of Xu et al. with country-level numbers of the JHU CSSE database. We discarded city-level data from day  $n$ , if country-level data dropped below 50% of official numbers on day  $n$ .

<sup>2</sup>Case data of Sydney, SE Sydney, SW Sydney, N Sydney, and W Sydney clustered for Sydney.

<sup>3</sup>We use the Brussels Arrondissement as approximate metropolitan area.

<sup>4</sup>Aggregated non-severe and severe cases, filtered for positive test result.

<sup>5</sup>Only updated until 22nd May.

<sup>6</sup>Individually published reports. Data on 16th June was manually adjusted by the Ministry of Health, so we only used records up to this point.

|                   |   |
|-------------------|---|
| Côte d'Ivoire (1) | <sup>7 8</sup> Ministry of Health and Public Hygiene<br><a href="http://www.sante.gouv.ci/welcome/actualites/605..690">http://www.sante.gouv.ci/welcome/actualites/605..690</a>   |
| Djibouti (1)      | <sup>9</sup> Ministry of Health of Djibouti<br><a href="https://covid19.gouv.dj/test">https://covid19.gouv.dj/test</a>  |
| Ethiopia (1)      | <sup>7</sup> Ethiopian Public Health Institute<br><a href="https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update">https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update</a>   |
| Germany (15)      | Robert Koch Institute<br><a href="https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Fallzahlen.html">https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Fallzahlen.html</a>  |
| Ghana (1)         | <sup>7</sup> Ministry of Health, Ghana<br><a href="https://ghanahealthservice.org/covid19/archive.php">https://ghanahealthservice.org/covid19/archive.php</a><br><a href="https://ghanahealthservice.org/covid19/">https://ghanahealthservice.org/covid19/</a><br><a href="https://twitter.com/mohgovgh">https://twitter.com/mohgovgh</a> |
| India (1)         | Delhi Health Bulletins<br><a href="https://delhifightscorona.in/health-bulletins/">https://delhifightscorona.in/health-bulletins/</a>   |
| Indonesia (2)     | Ministry of Health of the Republic of Indonesia<br><a href="https://corona.jakarta.go.id/en/data-pemantauan">https://corona.jakarta.go.id/en/data-pemantauan</a>  |
| Italy (11)        | Civil Protection<br><a href="https://github.com/pcm-dpc/COVID-19/tree/master/dati-province">https://github.com/pcm-dpc/COVID-19/tree/master/dati-province</a>   |
| Japan (7)         | <sup>10</sup> Ministry of Health Labour and Welfare<br><a href="https://mhlw-gis.maps.arcgis.com/apps/opsdashboard/index.html#/0c5d0502bbb54f9a8dddebca003631b8">https://mhlw-gis.maps.arcgis.com/apps/opsdashboard/index.html#/0c5d0502bbb54f9a8dddebca003631b8</a>  |
| Kenya (2)         | <sup>7</sup> Ministry of Health Kenya<br><a href="https://www.health.go.ke/">https://www.health.go.ke/</a>  |
| Malaysia (1)      | Director-General of Health Malaysia<br><a href="https://kpkesehatan.com/">https://kpkesehatan.com/</a>  |
| Mexico (30)       | <sup>11</sup> Mexican Government<br><a href="https://datos.gob.mx/busca/dataset/informacion-referente-a-casos-covid-19-en-mexico">https://datos.gob.mx/busca/dataset/informacion-referente-a-casos-covid-19-en-mexico</a>   |
| Netherlands (3)   | National Institute for Public Health and Environment<br><a href="https://data.rivm.nl/covid-19/">https://data.rivm.nl/covid-19/</a>   |
| Nigeria (2)       | <sup>7</sup> Nigeria Centre for Disease Control<br><a href="https://ncdc.gov.ng/diseases/sitreps/?cat=14&amp;name=An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria">https://ncdc.gov.ng/diseases/sitreps/?cat=14&amp;name=An%20update%20of%20COVID-19%20outbreak%20in%20Nigeria</a>  |
| Norway (1)        | Norwegian Institute of Public Health<br><a href="https://www.fhi.no/en/id/infectious-diseases/coronavirus/daily-reports/daily-reports-COVID19/">https://www.fhi.no/en/id/infectious-diseases/coronavirus/daily-reports/daily-reports-COVID19/</a>   |

<sup>7</sup>Individually published reports.

<sup>8</sup>Country-level data but as of June 2020, 95% of the cases recorded are in Abidjan.

<sup>9</sup>Country-level data, but > 70% of population are living in Djibouti City.

<sup>10</sup>Only about 10000 out of 17000 cases were associated with a date and used here.

<sup>11</sup>Filtered for cases without recent travel history.

|                  |  |
|------------------|--|
| Pakistan (1)     | Government of Pakistan<br><a href="http://covid.gov.pk/stats/ict">http://covid.gov.pk/stats/ict</a>  |
| Peru (4)         | Ministry of Health, Peru<br><a href="https://www.datosabiertos.gob.pe/dataset/casos-positivos-por-covid-19-ministerio-de-salud-minsa">https://www.datosabiertos.gob.pe/dataset/casos-positivos-por-covid-19-ministerio-de-salud-minsa</a>  |
| Philippines (8)  | Department of Health<br><a href="https://ncovtracker.doh.gov.ph/">https://ncovtracker.doh.gov.ph/</a><br><a href="https://drive.google.com/drive/folders/164CQ_1lI6WZJovwULpC8zHDi9K0arkiz">https://drive.google.com/drive/folders/164CQ_1lI6WZJovwULpC8zHDi9K0arkiz</a>   |
| Senegal (1)      | <sup>7</sup> Ministry of Health and Social Action of Senegal<br><a href="http://www.sante.gouv.sn/activites">http://www.sante.gouv.sn/activites</a><br><a href="https://cartosantesen.maps.arcgis.com/apps/opsdashboard/index.html#/d74c1c8960e1450d9ade59a8b5c9e9a7">https://cartosantesen.maps.arcgis.com/apps/opsdashboard/index.html#/d74c1c8960e1450d9ade59a8b5c9e9a7</a> |
| Somalia (1)      | <sup>7</sup> Ministry of Health, Federal Republic of Somalia<br><a href="https://twitter.com/MoH_Somalia">https://twitter.com/MoH_Somalia</a><br><a href="https://www.facebook.com/MoHSomalia/">https://www.facebook.com/MoHSomalia/</a><br><a href="https://www.nomadilab.org/covid-19somalia/">https://www.nomadilab.org/covid-19somalia/</a>                                |
| South Africa (2) | <sup>7</sup> Gauteng Department of Health & Western Cape Government<br><a href="https://twitter.com/GautengHealth">https://twitter.com/GautengHealth</a><br><a href="https://coronavirus.westerncape.gov.za/covid-19-dashboard">https://coronavirus.westerncape.gov.za/covid-19-dashboard</a>  |
| South Korea (5)  | <sup>7</sup> Korea Centers for Disease Control and Prevention (KCDC)<br><a href="https://www.cdc.go.kr/board/board.es?mid=a30402000000&amp;bid=0030">https://www.cdc.go.kr/board/board.es?mid=a30402000000&amp;bid=0030</a>  |
| Spain (1)        | National Centre for Epidemiology, Spain<br><a href="https://cnecovid.isciii.es/covid19/#documentaci%C3%B3n-y-datos">https://cnecovid.isciii.es/covid19/#documentaci%C3%B3n-y-datos</a>   |
| Sudan (1)        | <sup>7</sup> Federal Ministry of Health, Sudan<br><a href="https://twitter.com/FMOH_SUDAN">https://twitter.com/FMOH_SUDAN</a><br><a href="http://www.fmoh.gov.sd/">http://www.fmoh.gov.sd/</a>   |
| Sweden (1)       | Public Health Agency of Sweden<br><a href="https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/bekraftade-fall-i-sverige/">https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/bekraftade-fall-i-sverige/</a>  |
| Thailand (4)     | Department of Disease Control<br><a href="https://data.go.th/en/dataset/covid-19-daily">https://data.go.th/en/dataset/covid-19-daily</a>   |
| UK (10)          | Government of the United Kingdom<br><a href="https://coronavirus.data.gov.uk/">https://coronavirus.data.gov.uk/</a>  |
| USA (27)         | <sup>12</sup> John Hopkins University CSSE COVID-19 Dataset<br><a href="https://github.com/CSSEGISandData/COVID-19/tree/master/csse_covid_19_data">https://github.com/CSSEGISandData/COVID-19/tree/master/csse_covid_19_data</a>   |

<sup>12</sup>We used the according county as city area.

## S1.2 Covariate Data

We assembled a set of predictor covariates that may potentially explain variation in  $R_0$  between cities, covering five broad categories: climatic, geographic, demographic, socioeconomic and epidemic response at city- or country-level resolution, depending on data availability (Table S2).

For climatic covariates, daily temperature and relative humidity data were downloaded together with altitude data from Oгимet [20], using the R package ‘climate’ v0.9.5 [4], taking readings from the nearest weather location according to the city’s latitude and longitude coordinates, extracted from Geonames [8]<sup>13</sup>. Hourly downward UV radiation reaching the earth’s surface was extracted from the Copernicus Climate Data Store [14], using city coordinates in the same way before aggregating as daily measures.

Considering demographic and socioeconomic covariates, city population size and density were firstly taken from Demographia [3]. GDP per capita, elderly dependency ratio, and mean population air pollution exposure were obtained from the OECD Metropolitan Database [21], substituting country-level average data from alternative sources where no city-level data were available (Table S2). These data, most notably air pollution, are historical data intended to capture variability in socioeconomic infrastructure and do not reflect economic or environmental changes resulting from the pandemic (Table S2). Life expectancy was obtained from the WHO Global Health Observatory [27] and prevalence of chronic respiratory disease was obtained from the Global Burden of Disease Study [9]. Self-reported International Health Regulation (IHR) capacity was obtained from the e-SPAR tool [26].

To capture epidemic responses, we extracted changes in population activity at various types of location (e.g. retail and recreation, workplaces) from Google COVID-19 Community Mobility Reports [10]. Data describing stringency of government response were then obtained from the Oxford COVID-19 Government Response Tracker [13].

All covariates averaged or derived from daily time series source data (temperature, relative humidity, UV radiation) were calculated for each city based on its respective start and/or end dates of the data fitting window (see Section S2.2), except for changes in population activity and stringency of government response, which were calculated starting two weeks prior to this period, in order to account for potential lagged impact of disease control responses.

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<sup>13</sup>The vast majority of weather stations were within city limits (median of 8 km distance to the city centre) and 320 of 374 weather stations were within 50 km distance of the city centre. 42 weather stations were between 50 km and 100 km away from the city centre and the remaining 12 weather stations were within a 250 km range except for Anyang in China (371 km), and Tijuana and Leon in Mexico (352 resp. 644 km).

Table S2: Extracted city or country-level covariates for use in predictive modelling of  $R_0$ , along with category, source and respective date described by data.

| Covariate                      | Definition (units)   | Category          | Resolution   | Source                                 | Date of data                                  |
|--------------------------------|--|-------------------|--|--|---|
| Population                     | population size  | demographic       | city   | Cox [3]                                | 2019  |
| Population Density             | population density (per km <sup>2</sup> )  | demographic       | city   | Cox [3]                                | 2019  |
| Temperature                    | mean daily temperature (°C)  | climatic          | city   | OGIMET [20], Czernecki et al. [4]      | Fitting Window <sup>14</sup>                  |
| Relative Humidity (RH)         | mean daily relative humidity (%)   | climatic          | city   | OGIMET [20], Czernecki et al. [4]      | Fitting Window <sup>14</sup>                  |
| Ultraviolet (UV) radiation     | downward UV radiation reaching surface (kJ/m <sup>2</sup> )  | climatic          | city   | Copernicus Climate Change Service [14] | Fitting Window <sup>14</sup>                  |
| Latitude                       | latitude (degrees north)   | geographic        | city   | Geonames [8]                           | -   |
| Elevation                      | elevation (meters above sea level)   | geographic        | city   | OGIMET [20], Czernecki et al. [4]      | -   |
| Retail and Recreation Activity | activity at restaurants, cafes, shopping centers, theme parks, museums, libraries, and movie theaters (% change compared to baseline)            | epidemic response | city, otherwise administrative division, otherwise country | Google [10]                            | Fitting Window with 2 weeks lag <sup>15</sup> |
| Grocery and Pharmacy Activity  | activity at grocery markets, food warehouses, farmers markets, specialty food shops, drug stores, and pharmacies (% change compared to baseline) | epidemic response | city, otherwise administrative division, otherwise country | Google [10]                            | Fitting Window with 2 weeks lag <sup>15</sup> |

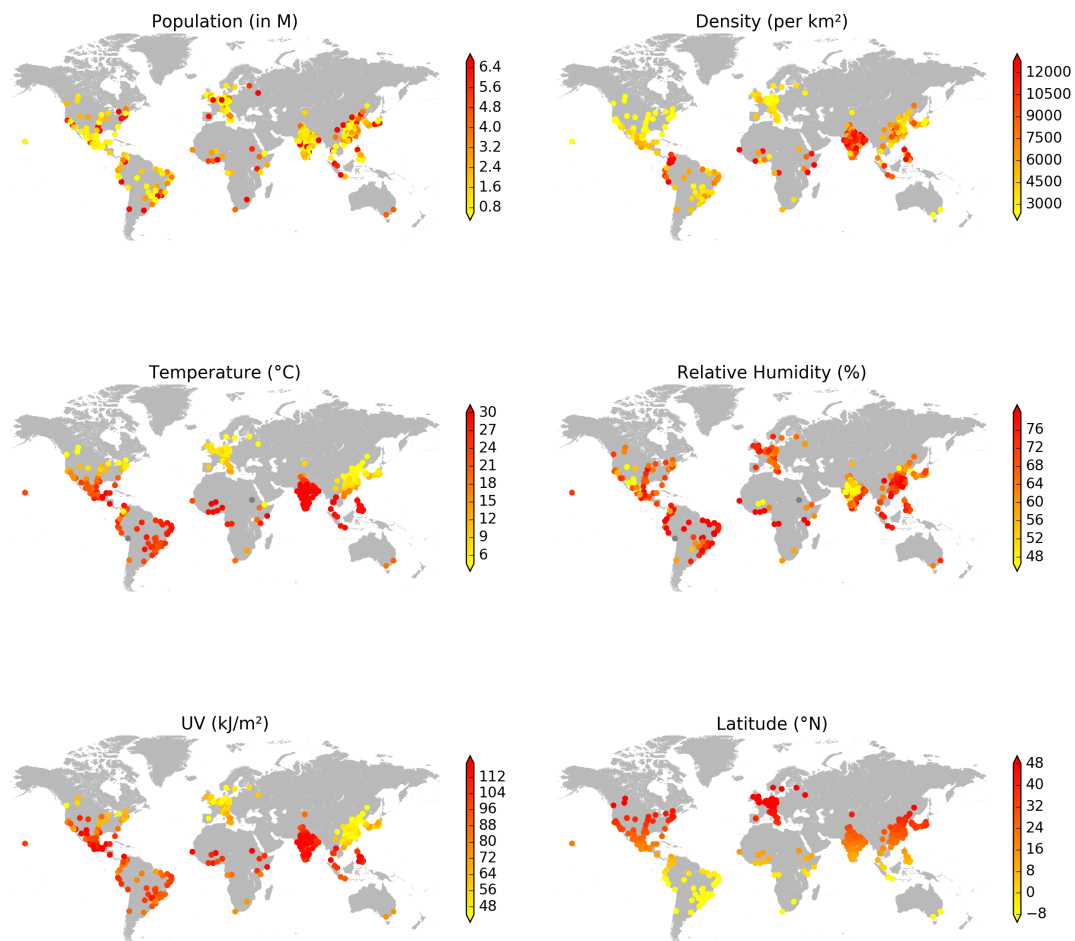
<sup>14</sup>City-specific data fitting window for initial part of epidemic (see Section S2.2 for details).

<sup>15</sup>Starting (ending) date 14 days prior to start (end) date of city-specific data fitting window for initial part of epidemic.

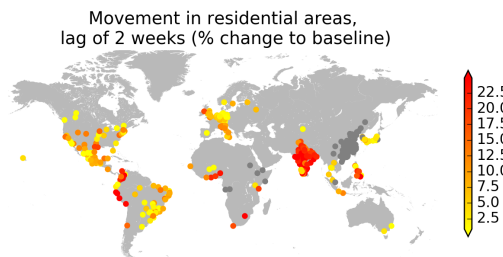
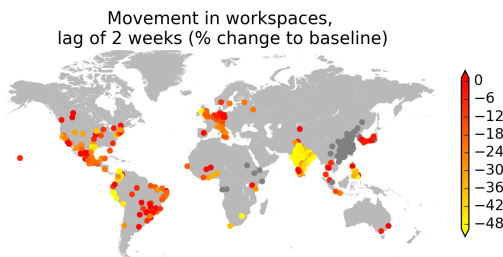
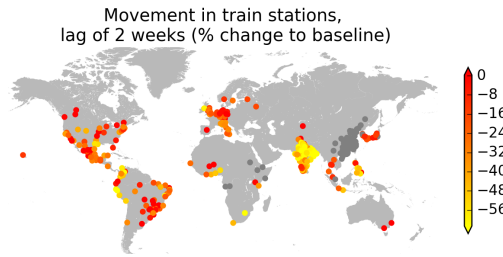
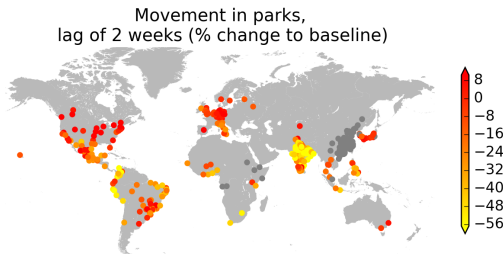
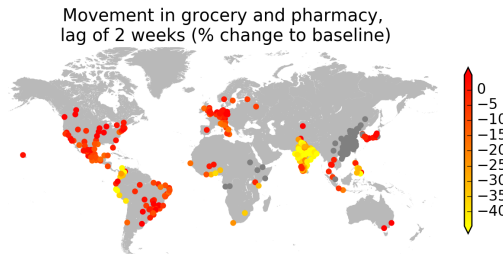
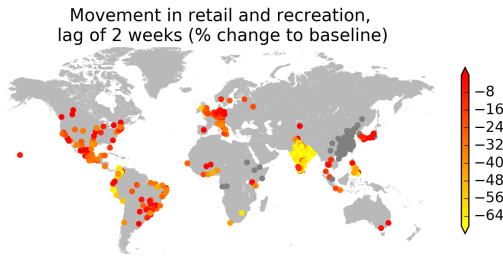
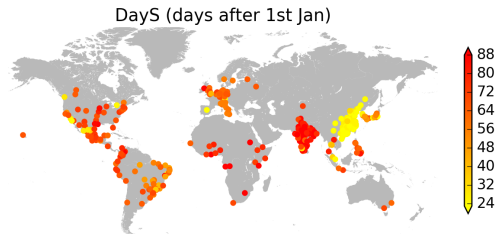
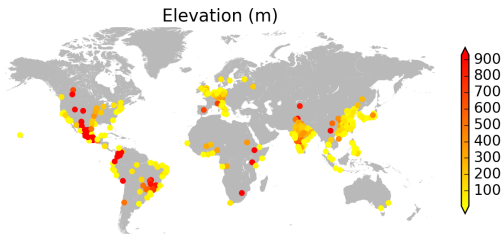
|                          |  |                   |  |                            |   |
|--------------------------|--|-------------------|--|----------------------------|---|
| Park Activity            | activity at national parks, public beaches, marinas, dog parks, plazas, and public gardens (% change compared to baseline) | epidemic response | city, otherwise administrative division, otherwise country | Google [10]                | Fitting Window with 2 weeks lag <sup>15</sup> |
| Transit Station Activity | activity at public transport hubs e.g. subways, stations, ports (% change compared to baseline)                            | epidemic response | city, otherwise administrative division, otherwise country | Google [10]                | Fitting Window with 2 weeks lag <sup>15</sup> |
| Workplace Activity       | activity at workplaces (% change compared to baseline)   | epidemic response | city, otherwise administrative division, otherwise country | Google [10]                | Fitting Window with 2 weeks lag <sup>15</sup> |
| Residential Activity     | activity at places of residence (% change compared to baseline)  | epidemic response | city, otherwise administrative division, otherwise country | Google [10]                | Fitting Window with 2 weeks lag <sup>15</sup> |
| IHR Capacity             | mean self-reported International Health Regulations capacity rating (%)  | socioeconomic     | country  | WHO [26]                   | 2019  |
| GDP per capita           | GDP per capita (USD, constant prices, constant PPP, base year 2015)  | socioeconomic     | city, otherwise country                                    | OECD [21], World Bank [25] | 2018  |
| Air Pollution            | mean population air pollution exposure to PM2.5 ( $\mu\text{g}/\text{m}^3$ )   | socioeconomic     | city, otherwise country                                    | OECD [21], GBD [9]         | 2017  |
| Elder Dependency Ratio   | ratio between population 65+ years to population 15-64 years old (%)   | demographic       | city, otherwise country                                    | OECD [21], CIA [2]         | 2018  |
| Life Expectancy          | life expectancy at birth (years)   | demographic       | country  | WHO [27]                   | 2016  |
| CRD Prevalence           | prevalence of chronic respiratory diseases including COPD, pneumoconiosis, asthma (%)                                      | socioeconomic     | country  | GBD [9]                    | 2017  |

|                                   |  |                   |  |                  |   |
|-----------------------------------|--|-------------------|--|------------------|---|
| Stringency of Government Response | mean government response stringency index aggregated over 13 indicators (scale from 0 - 100) | epidemic response | city, derived from administrative division (Brazil, UK, USA), otherwise derived from country | Hale et al. [13] | Fitting Window with 2 weeks lag <sup>15</sup> |
| DayS                              | Starting day of data fitting window <sup>14</sup>  | -                 | city   | case data        | 2020  |

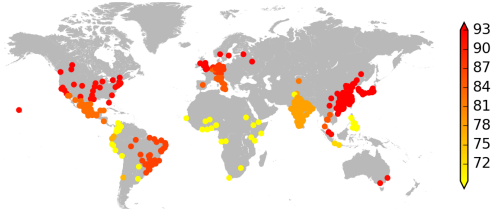
All covariate data was plotted within the range of the first and last decile, see figures below.



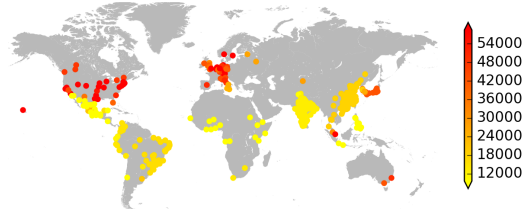




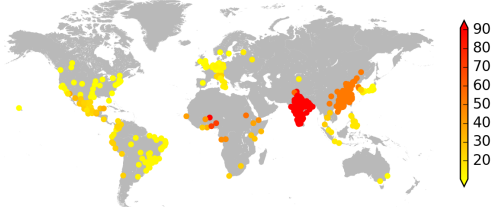
International Health Regulations capacity (%)



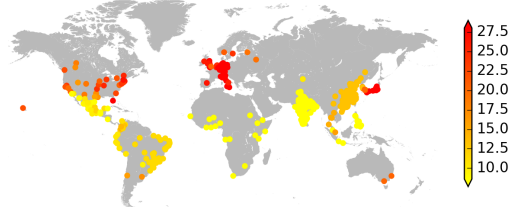
GDP (US\$)



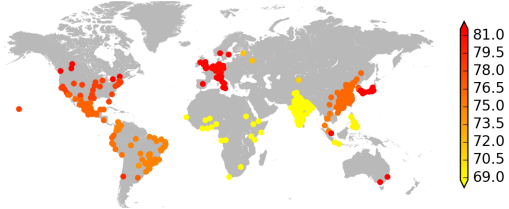
Air pollution exposure to PM2.5 ( $\mu\text{g}/\text{m}^3$ )



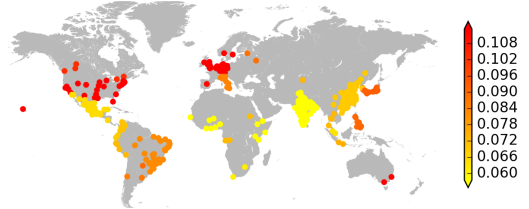
Ratio between 65+ year olds to 15-64 year olds



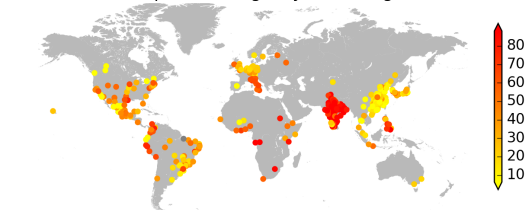
Life expectancy (years)



Prevalence of chronic respiratory diseases (%)



Government response stringency index, lag of 2 weeks



## S2 Methods: Determining the Exponential Growth

At least in the early stages, we observe that the majority of epidemics in large cities are typified by a rapid growth phase followed by a period in which the outbreak is being brought under control. We model this process by using the logistic equation

$$dN_t/dt = rN_t(1 - N_t/K) \quad (\text{S2.1})$$

with solution

$$N_t = \frac{e^{rt}N_0}{1 + (e^{rt} - 1)N_0/K} \quad (\text{S2.2})$$

where  $N_t$  is the total number of cases at time  $t$ ,  $N_0$  is the initial number of cases,  $r$  is the underlying exponential growth rate and  $K$  is a parameter representing the total number of individuals that would be infected at the end of an outbreak. This gives rise to an S-shaped curve, similar to that which is observed in the first part of the majority of data for large cities. In using this model, we are assuming that for a given city, the ratio of detected to actual cases remains constant throughout the part of the epidemic we fit to.

In general  $t$  is continuous, i.e.  $t \in [0, \infty)$ . For our purposes  $t$  represents a particular day in an outbreak and is considered to be discrete, i.e.  $t = 1, 2, \dots$ , such that  $t = 1$  is the first day of an outbreak. Let  $I_t$  denote the incidence (number of new cases) on day  $t$ , it represents the time interval  $(t - 1, t]$ . Let  $C_t$  denote the cumulative total number of cases from day 1 to  $t$ , it represents the time interval  $(0, t]$ .  $I_t$  is related to  $C_t$  as follows

$$C_t = \sum_{n=1}^t I_n. \quad (\text{S2.3})$$

We cannot fit the daily incidence or cumulative case data directly to the logistic equation, as the data is incomplete. In particular, the total number of cases up to and including day  $t$  is given by

$$N_t = N_0 + \sum_{n=1}^t I_n = N_0 + C_t, \quad (\text{S2.4})$$

where  $N_0$  is the number of cases prior to day 1, which have not been reported and are therefore unknown. However, from equation (S2.4), we have that  $I_t$  is related to  $N_t$  by

$$I_t = N_t - N_{t-1} \quad (\text{S2.5})$$

and  $C_t$  is related to  $N_t$  by

$$C_t = N_t - N_0. \quad (\text{S2.6})$$

Using these relationships, we can fit one of the two following models:

- **Model 1: Fit to daily incidence data.** This approach is used by Ma et al. [18] and Ma [17] where, using equation (S2.5), we obtain the following model where the fitted values of  $I_t$ , denoted  $\hat{I}_t$ , for  $t = 1, 2, \dots$  are given by

$$\hat{I}_t = \frac{e^{\hat{r}t}\hat{N}_0}{1 + (e^{\hat{r}t} - 1)\hat{N}_0/\hat{K}} - \frac{e^{\hat{r}(t-1)}\hat{N}_0}{1 + (e^{\hat{r}(t-1)} - 1)\hat{N}_0/\hat{K}} \quad (\text{S2.7})$$

where  $\hat{r}, \hat{N}_0, \hat{K}$  are the fitted values of  $r, N_0, K$ .

- **Model 2: Fit to cumulative data.** Using equation (S2.6), the fitted values of  $C_t$ , denoted  $\hat{C}_t$ , for  $t = 1, 2, \dots$  are given by the model

$$\hat{C}_t = \frac{e^{\hat{r}t}\hat{N}_0}{1 + (e^{\hat{r}t} - 1)\hat{N}_0/\hat{K}} - \hat{N}_0 \quad (\text{S2.8})$$

where  $\hat{r}, \hat{N}_0, \hat{K}$  are the fitted values of  $r, N_0, K$ .

This means that the fitted values of  $N_t$ , denoted  $\hat{N}_t$ , are given by

$$\hat{N}_t = \frac{e^{\hat{r}t}\hat{N}_0}{1 + (e^{\hat{r}t} - 1)\hat{N}_0/\hat{K}},$$

where  $\hat{r}, \hat{N}_0, \hat{K}$  are the fitted values of  $r, N_0, K$  obtained from either model 1 or 2. Fitting to the logistic equation is numerically efficient in comparison to, for example, the SIR model, because it avoids the need for repeatedly solving a differential equation system [17]. Data fits are carried out in the R programming language using a function that implements the Levenberg-Marquardt algorithm.

## S2.1 Comparison between approaches

While it is more common to fit to daily incidence data (model 1), here we fit to cumulative data (model 2). When fitting to cumulative data, errors in individual observations are correlated since they contain all cases from previous observations [18]. This results in uncertainty being underestimated leading to overconfidence in the model fit [18, 15], and is particularly problematic when trying to forecast the epidemic curve, which we are not doing. We, on the other hand, are estimating the exponential growth rate from the early phase of an outbreak. In this case, King et al. [15] showed that fitting the deterministic susceptible–infected–recovered (SIR) model to incidence or cumulative data (generated using a stochastic model) gives a fairly accurate estimate. To check that this is indeed the case, we fit the logistic equation to data generated with noise as follows.

1. Generate perfect data using the logistic equation (S2.2) with parameters  $r, N_0, K$ .
2. Generate incidence data with noise such that

$$i_t = \max(0, \mathcal{N}(\mu_t, \sigma_t^2)) \quad (\text{S2.9})$$

where

$$\mu_t = N_t - N_{t-1} \text{ and } \sigma_t = \epsilon\mu_t, \epsilon \geq 0. \quad (\text{S2.10})$$

That is,  $i_t$  is normally distributed random variable with mean  $\mu_t$  and variance  $\sigma_t^2$ , but it is truncated so that  $i_t \geq 0$ . Note that  $\epsilon$  controls the noise such that for  $\epsilon = 0$  there is no noise. Calculate cumulative data using equation (S2.3), as follows

$$c_t = \sum_{n=1}^t i_n.$$

- Fit models 1 and 2 up to the point of inflection,  $t_*$ , which is given by

$$t_* = \frac{\ln(K/N_0 - 1)}{r}.$$

The models are fitted to data up to  $t_*$  because, as seen later in section S2.2, we want to estimate the growth rate from the early phase of an epidemic but stop at the point where control behaviour starts to dominate over growth.

- Store the fitted values  $\hat{N}_0, \hat{r}, \hat{K}$  obtained from fitting models 1 and 2 to the data set.
- Repeat steps 2–4 for as many realisations as required.

The results of our numerical experiment are shown in Figure S1. We see that the variance in the fitted exponential growth rate when fitting to the incidence data (model 1) is larger than when fitting to cumulative data (model 2). Furthermore, the mean has a slight upward bias in model 1 when the noise parameter ( $\epsilon$ ) is increased. This bias is also found to persist when the normally distributed noise (equation (S2.9)) is symmetrically truncated to be in  $[0, 2\mu_t]$ .

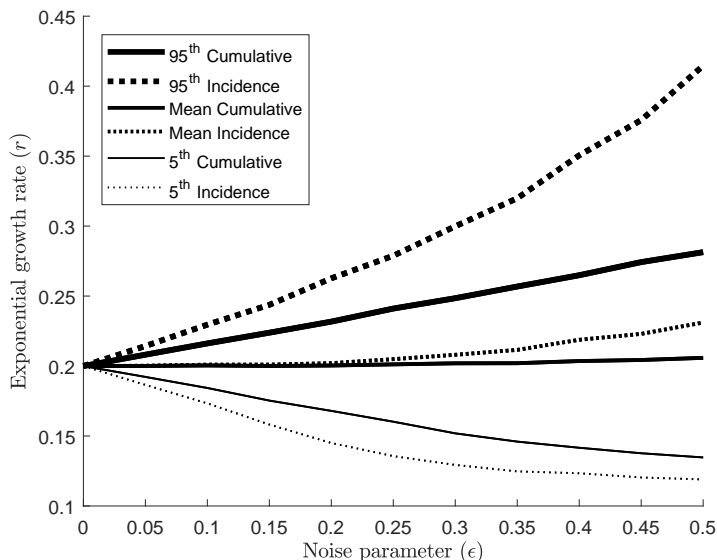


Figure S1: Comparison between fitting to incidence data (model 1) and cumulative data (model 2). Parameters used to generate the logistic growth curve are  $r = 0.2, N_0 = 100, K = 10000$ . Plots shown are the 5<sup>th</sup> percentile, mean and 95<sup>th</sup> percentile of the fitted exponential growth rate for  $10^4$  incidence curves with noise.

## S2.2 Finding initial exponential growth rate:

We are interested in obtaining the underlying exponential growth rate  $r$  as a measure of the intrinsic rate of spread of the epidemic in the absence of control. The logistic equation can be seen to be

piecewise linear when plotted on the logarithmic scale (see Figure S2); that is, there are two segments consisting of an initial upward sloping line followed by a horizontal line. This is typically the case in the cumulative case curve when there is a single peak of high incidence caused by one wave of infections.

In the presence of multiple waves, the second segment would be upward sloping instead of horizontal. However, the slope of the second segment could be lower than that of the first due to control measures put in place.

For our purposes, the first segment is considered to be the first wave of an epidemic and, therefore, fitting to this part of the curve allows us to obtain the underlying exponential growth rate  $r$  we require. To find the first segment, we ensure that we crop the end point of the data before it gets too far into the control phase by determining the point of inflection when control behaviour starts to dominate over growth. Note that this is consistent with the experiment we carried out earlier where we fit to the point of inflection. We do this by using the following algorithm:

1. Let  $T$  be the last point of this interval so that  $I_1, \dots, I_T$  is the incidence data and  $C_1, \dots, C_T$  is the cumulative data. Use the correct data to fit either model 1 or 2.
2. Fit model to the data window  $t \in W_m = \{1, 2, \dots, m\}$ . For our fits we have set the minimum value of  $m$  to 5. For  $t \in W_m$  we define

$$\hat{N}_t(m) = \frac{e^{\hat{r}(m)t} \hat{N}_0(m)}{1 + (e^{\hat{r}(m)t} - 1) \hat{N}_0(m) / \hat{K}(m)} \quad (\text{S2.11})$$

where  $\hat{N}_t(m)$ ,  $\hat{r}(m)$ ,  $\hat{N}_0(m)$ ,  $\hat{K}(m)$  are the fitted values of  $N_t$ ,  $r$ ,  $N_0$ ,  $K$  respectively when fitting to the first  $m$  data points. Calculate the slope at point  $m$  as follows

$$\dot{N}_m(m) = \hat{r}(m) \hat{N}_m(m) \left[ \hat{K}(m) - \hat{N}_m(m) \right] / \hat{K}(m). \quad (\text{S2.12})$$

3. Repeat the previous step for all data windows with length greater than  $m$ , i.e.  $W_{m+1}, \dots, W_T$ .
4. Choose the data window  $W_M$  such that the slope is largest at time point  $M$ ; that is,

$$\dot{N}_M(M) = \max_{n=m}^T \left\{ \dot{N}_n(n) \right\}. \quad (\text{S2.13})$$

The fit to  $W_M$  is used to give the exponential growth rate of the epidemic; that is,

$$r = \hat{r}(M). \quad (\text{S2.14})$$

### S2.3 Calculation of the basic reproduction number

The basic reproduction number ( $R_0$ <sup>16</sup>) is calculated following the approximation by Wallinga & Lipsitch [24] as

$$R_0 = 1 + rT \quad (\text{S2.15})$$

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<sup>16</sup>It is important to note that this is not the  $R_0$  in the complete absence of control. People's behaviour is determined by factors that include government interventions and people's natural avoidance of infection. We are determining  $R_0$  for the system under study; that is, the number of secondary cases per primary in an uninfected population and the behaviour of that uninfected population is a key factor in this quantity.

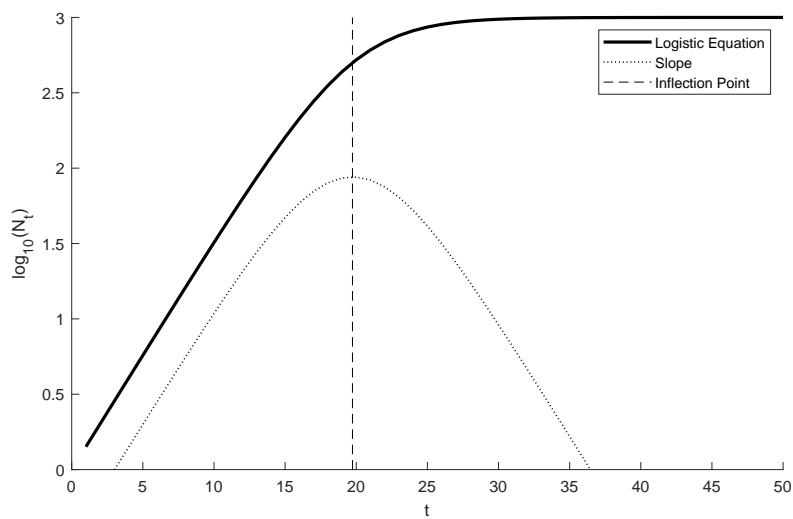


Figure S2: Logistic equation with  $N_0 = 1, r = 0.35, K = 1000$  plotted on the logarithmic scale. The slope and inflection point (where slope is maximum) are also shown.

where the serial interval,  $T$ , is estimated to be 4.7 days [19]. Earlier estimates of  $T$  were in the range of 7-8 days [16, 28], resulting in higher  $R_0$  values. More recent studies give lower serial intervals between 3.95 for China to 5.2 for Singapore [7, 5].

## S2.4 R0 values

Table S3: Descriptive statistics for values of  $R_0$  over exponential growth period for 359 world cities with at least half a million inhabitants, stratified by region. IQR = interquartile range.

| Continent         | Number of cities | Min  | Median | Max  | IQR  |
|-------------------|------------------|------|--------|------|------|
| China             | 85               | 1.28 | 2.21   | 4.42 | 0.85 |
| Australia         | 2                | 1.63 | 1.68   | 1.73 | 0.05 |
| Asia (exc. China) | 103              | 1.07 | 1.56   | 4.38 | 0.67 |
| Europe            | 46               | 1.20 | 1.49   | 2.63 | 0.20 |
| South America     | 52               | 1.16 | 1.45   | 4.93 | 0.31 |
| North America     | 56               | 1.15 | 1.43   | 3.55 | 0.41 |
| Africa            | 15               | 1.03 | 1.34   | 2.68 | 0.58 |
| World             | 359              | 1.03 | 1.58   | 4.93 | 0.70 |

A total of 15 cities were excluded due to the following reasons:

1. The fitting algorithm did not work due to too few data points, jumps or local maxima in the cumulative data (8 cities: Beijing, Richmond, Houston, Virginia Beach, Wichita, Amsterdam, Yogyakarta, Des Moines).
2. There were too few data points within the first 60 days (5 cities: Aracaju, Thrissur, Aguascalientes, General Santos City, Udon Thani).
3. The start of the outbreak was not recorded (2 cities: Accra, Johannesburg).



## S3 Statistical analysis

All data handling and analysis was conducted using R v3.6.1 [22]. Supporting data and code is available at <https://github.com/lbrierley/metelmann.covid19.climate>.

### S3.1 Data handling

To avoid inflated error estimates in predictive models, we firstly examined correlation between all potential covariates (Figure S3) and retained a subset without multicollinearity for model inclusion, defined as all variance inflation factors (VIF)  $< 5$ , calculated using R package ‘car’, v3.0-7 [6]. When determining which covariates to retain, we preferentially retained the covariate(s) with higher resolution (i.e. data at city- or administrative division-resolution over country-resolution) and fewer missing data values. We therefore retained UV radiation while excluding temperature; stringency of government responses while excluding population activity covariates; and GDP per capita and exposure to air pollution while excluding population life expectancy, IHR capacity, and prevalence of chronic respiratory disease.

Missing values in city-level air pollution ( $n = 237$ : all cities within Argentina, Brazil, Burkina Faso, China, Congo, Cote d’Ivoire, Djibouti, Ecuador, Ethiopia, India, Indonesia, Kazakhstan, Kenya, Malaysia, Niger, Nigeria, Pakistan, Paraguay, Peru, Philippines, Russia, Senegal, Singapore, Somalia, South Africa, Sudan, Thailand; plus Honolulu, USA) and elder dependency ratio ( $n = 237$ : as for air pollution), and GDP per capita ( $n = 282$ : as for air pollution, plus all cities within Canada, Colombia, Japan; Bergamo, Italy; and Acapulco, Cancun, Chihuahua, Ciudad Juarez, Culiacan, Durango, Hermosillo, Leon, Mexicali, Morelia, Oaxaca, Puebla, Reynosa, Saltillo, San Luis Potosi, Tampico, Tijuana, Toluca, Torreon, Tuxtla Gutierrez, Veracruz, Villahermosa, and Xalapa, Mexico) were substituted with country-level data. Missing values in temperature ( $n = 5$ : Medellin, Colombia; Djibouti, Djibouti; Erode, India; Arequipa, Peru; Khartoum, Sudan), relative humidity ( $n = 3$ : Erode, India; Arequipa, Peru; Khartoum, Sudan), and stringency of government response ( $n = 1$ : Belem, Brazil) were imputed based on other covariates before modelling following a random forest-based procedure using R package ‘missForest’ v1.4 [23]. No other covariates selected for model inclusion had missing values. Covariates exhibiting overdispersion (population, population density, elevation, GDP per capita) were subject to a  $\log_{10}(x)$  transformation prior to modelling, adjusting  $\log_{10}(\text{elevation}) = 0$  for cities below sea level (Amsterdam and Rotterdam, Netherlands).

### S3.2 Regression modelling

To test whether our hypothesised covariates predicted  $R_0$  values, linear OLS regression models were initially constructed featuring all covariates, before reducing down to a final selected model by stepwise removal and retaining the model with the minimal AIC score. To minimise the influence of cities for which  $R_0$  estimates may have greater uncertainty, all regression models weighted cities proportionally to the number of data points with non-zero incidence in their data fitting window ( $W_M$ , see Section S2.2). As unexplained residual variation may be correlated within-country, we then tested whether adding country-level random intercepts in a mixed-effects approach significantly improved model fits using likelihood ratio tests. Mixed-effects regression models were fitted using R package ‘lme4’ v.1.1-23 [1]. All model fits were examined by plotting residuals against fitted values and theoretical quantiles, and by examining Cook’s distance plots.

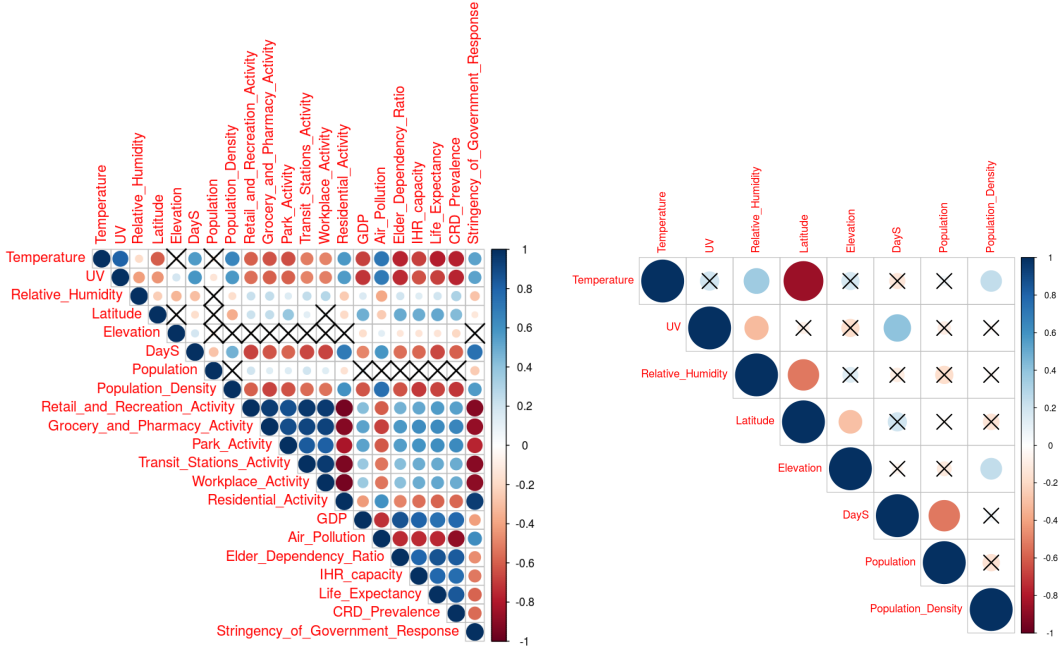


Figure S3: Cross correlation matrices, colour code indicates Spearman’s correlation coefficient. Crossed out cells indicate no statistical significance ( $p > 0.05$ ). Left: covariate data for cities outside China. Activity indices show a strong correlation with each other, so do socioeconomic indices. Right: covariate data for cities inside China for which activity and socioeconomic data was not available on city level.

Significance of covariates was determined in finalised models through likelihood ratio tests (LRTs). To additionally quantify the relative overall importance of climatic covariates, we also calculated total contribution to  $R^2$  for each covariate type using proportional marginal variance decomposition [12] using R package ‘relaimpo’ v2.2-3 [11].

Before constructing the models for cities in China ( $n = 83$ , excluding Xinyang and Yichun based on excessive influence over model fits determined by Cook’s distance), we discarded the following covariates with either country-level substituted data (i.e. constant values) or multicollinearity: latitude, elder ratio, GDP per capita, air pollution and change in retail and recreation (see Tables S6 and S7). In the minimal OLS model,  $R_0$  was associated with only three covariates representing climate and epidemic response which collectively explained 34.5% (adjusted measure: 32.0%) of variation. Lower rates of transmission were observed for warmer climates within China, with  $R_0$  decreasing by an average of 0.46 for every  $10^\circ\text{C}$  increase (Figure S6A). We also observe evidence for lower  $R_0$  in cities with more stringent government responses two weeks prior (Figure S6C).

Finally, we repeated all regression modelling procedures without weighting cities by available incidence data, and confirmed similar resulting model effects and coefficients for the global analysis of all cities and excluding China (see Tables S8 and S9), and the model for cities in China only (Table S10).

Table S4: Outputs from initial saturated OLS regression model predicting  $R_0$  within global cities ( $n = 359$ ). CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| Covariate                                    | Coefficient (95% CI)    | $\Delta$ AIC | $\mathbb{P}(\mathbf{LRT})$ |
|--|-------------------------|--------------|----------------------------|
| Relative Humidity (%)                        | -0.004 (-0.008, 0)      | 1.493        | 0.062                      |
| Surface UV radiation (kJ/m <sup>2</sup> )    | -0.005 (-0.007, -0.002) | 9.229        | 0.001                      |
| Calendar day                                 | 0.001 (-0.003, 0.005)   | -1.624       | 0.54                       |
| Latitude                                     | -0.003 (-0.005, -0.001) | 4.14         | 0.013                      |
| log(Elevation (m))                           | -0.065 (-0.116, -0.013) | 4.129        | 0.013                      |
| log(Population)                              | -0.124 (-0.215, -0.033) | 5.283        | 0.007                      |
| log(Population Density per km <sup>2</sup> ) | 0.137 (-0.044, 0.319)   | 0.282        | 0.131                      |
| log(GDP per capita (USD))                    | 0.079 (-0.128, 0.287)   | -1.413       | 0.443                      |
| Air Pollution ( $\mu\text{g}/\text{m}^3$ )   | 0.008 (0.005, 0.01)     | 44.766       | < 0.001                    |
| Elder Dependency Ratio (%)                   | 0 (-0.007, 0.008)       | -1.991       | 0.925                      |
| Stringency of government response            | -0.01 (-0.013, -0.007)  | 43.075       | < 0.001                    |

Table S5: Outputs from initial saturated OLS regression model predicting  $R_0$  within global cities excluding China ( $n = 274$ ). CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| Covariate                                    | Coefficient (95% CI)    | $\Delta$ AIC | $\mathbb{P}(\mathbf{LRT})$ |
|--|-------------------------|--------------|----------------------------|
| Relative Humidity (%)                        | -0.003 (-0.007, 0.001)  | -0.24        | 0.185                      |
| Surface UV radiation (kJ/m <sup>2</sup> )    | -0.002 (-0.005, 0.001)  | 0.765        | 0.096                      |
| Calendar day                                 | 0.004 (0, 0.008)        | 1.157        | 0.076                      |
| Latitude                                     | -0.003 (-0.005, -0.001) | 5.346        | 0.007                      |
| log(Elevation (m))                           | -0.055 (-0.107, -0.003) | 2.472        | 0.034                      |
| log(Population)                              | -0.08 (-0.177, 0.018)   | 0.712        | 0.1                        |
| log(Population Density per km <sup>2</sup> ) | 0.166(-0.017, 0.349)    | 1.334        | 0.068                      |
| log(GDP per capita (USD))                    | 0.13 (-0.075, 0.334)    | -0.376       | 0.203                      |
| Air Pollution ( $\mu\text{g}/\text{m}^3$ )   | 0.006 (0.004, 0.009)    | 26.247       | < 0.001                    |
| Elder Dependency Ratio (%)                   | 0.004 (-0.003, 0.012)   | -0.79        | 0.271                      |
| Stringency of government response            | -0.01 (-0.013, -0.007)  | 40.54        | < 0.001                    |

Table S6: Outputs from initial saturated OLS regression model predicting  $R_0$  within cities in China ( $n = 83$ ). CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| Covariate                                       | Coefficient (95% CI)    | $\Delta$ AIC | $\mathbb{P}(\text{LRT})$ |
|---|-------------------------|--------------|--------------------------|
| Temperature ( $^{\circ}\text{C}$ )              | -0.047 (-0.081, -0.012) | 5.917        | 0.005                    |
| Relative Humidity (%)                           | -0.004 (-0.027, 0.018)  | -1.827       | 0.677                    |
| Surface UV radiation ( $\text{kJ}/\text{m}^2$ ) | 0.006 (-0.017, 0.028)   | -1.736       | 0.607                    |
| Calendar day                                    | 0.049 (-0.032, 0.131)   | -0.384       | 0.204                    |
| log(Elevation (m))                              | -0.039 (-0.29, 0.212)   | -1.892       | 0.742                    |
| log(Population)                                 | 0.049 (-0.348, 0.446)   | -1.932       | 0.794                    |
| log(Population Density per $\text{km}^2$ )      | 0.091 (-0.782, 0.965)   | -1.951       | 0.825                    |
| Stringency of government response               | -0.039 (-0.056, -0.022) | 18.516       | < 0.001                  |

Table S7: Outputs from selected OLS regression model predicting  $R_0$  within cities in China ( $n = 83$ ) based on stepwise reduction from saturated model using AIC. CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| Covariate                          | Coefficient (95% CI)    | $\Delta$ AIC | $\mathbb{P}(\text{LRT})$ |
|------------------------------------|-------------------------|--------------|--------------------------|
| Temperature ( $^{\circ}\text{C}$ ) | -0.046 (-0.070, -0.022) | 12.1         | < 0.001                  |
| Calendar day                       | 0.051 (-0.012, 0.113)   | 0.68         | 0.101                    |
| Stringency of government response  | -0.040 (-0.056, -0.024) | 20.5         | < 0.001                  |

Table S8: Outputs from selected unweighted OLS regression model predicting  $R_0$  within global cities ( $n = 359$ ) based on stepwise reduction from saturated model using AIC. CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| Covariate                                       | Coefficient (95% CI)    | $\Delta$ AIC | $\mathbb{P}(\text{LRT})$ |
|---|-------------------------|--------------|--------------------------|
| Relative Humidity (%)                           | -0.007 (-0.014, -0.001) | 4.05         | 0.014                    |
| Surface UV radiation ( $\text{kJ}/\text{m}^2$ ) | -0.007 (-0.011, -0.004) | 11.871       | 0                        |
| Calendar day                                    | 0.005 (0, 0.01)         | 2.362        | 0.037                    |
| Latitude  | -0.004 (-0.008, 0)      | 2.793        | 0.029                    |
| log(Elevation (m))                              | -0.085 (-0.164, -0.006) | 2.573        | 0.032                    |
| log(Population)                                 | -0.118 (-0.258, 0.022)  | 0.826        | 0.093                    |
| log(Population Density per $\text{km}^2$ )      | 0.205 (-0.061, 0.471)   | 0.348        | 0.125                    |
| Air Pollution ( $\mu\text{g}/\text{m}^3$ )      | 0.009 (0.006, 0.012)    | 36.146       | < 0.001                  |
| Stringency of government response               | -0.014 (-0.018, -0.01)  | 46.68        | < 0.001                  |

Table S9: Outputs from selected unweighted OLS regression model predicting  $R_0$  within global cities excluding China ( $n = 274$ ) based on stepwise reduction from saturated model using AIC. CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| <b>Covariate</b>                             | <b>Coefficient (95% CI)</b> | <b><math>\Delta</math>AIC</b> | <b><math>\mathbb{P}</math>(LRT)</b> |
|--|-----------------------------|-------------------------------|-------------------------------------|
| Relative Humidity (%)                        | -0.005(-0.011, 0.001)       | 0.929                         | 0.087                               |
| Surface UV radiation (kJ/m <sup>2</sup> )    | -0.005 (-0.009, -0.001)     | 3.006                         | 0.025                               |
| Calendar day                                 | 0.007 (0.002, 0.013)        | 4.62                          | 0.01                                |
| Latitude                                     | -0.005 (-0.009, -0.001)     | 5.45                          | 0.006                               |
| log(Elevation (m))                           | -0.071 (-0.149, 0.006)      | 1.424                         | 0.064                               |
| log(Population)                              | -0.125 (-0.277, 0.027)      | 0.736                         | 0.098                               |
| log(Population Density per km <sup>2</sup> ) | 0.317 (0.031, 0.603)        | 2.921                         | 0.027                               |
| log(GDP per capita (USD))                    | 0.266 (-0.01, 0.542)        | 1.737                         | 0.053                               |
| Air Pollution ( $\mu$ g/m <sup>3</sup> )     | 0.008 (0.005, 0.011)        | 21.106                        | < 0.001                             |
| Stringency of government response            | -0.015 (-0.019, -0.011)     | 52.015                        | < 0.001                             |

Table S10: Outputs from selected OLS unweighted regression model predicting  $R_0$  within cities in China ( $n = 83$ ) based on stepwise reduction from saturated model using AIC. CI: confidence interval,  $\Delta$ AIC: change in Akaike Information Criterion when term excluded, LRT: Likelihood ratio test.

| <b>Covariate</b>                  | <b>Coefficient (95% CI)</b> | <b><math>\Delta</math>AIC</b> | <b><math>\mathbb{P}</math>(LRT)</b> |
|-----------------------------------|-----------------------------|-------------------------------|-------------------------------------|
| Temperature ( $^{\circ}$ C)       | -0.049 (-0.074, -0.023)     | 11.9                          | < 0.001                             |
| Calendar day                      | 0.047 (-0.019, 0.112)       | 0.069                         | 0.150                               |
| Stringency of government response | -0.040 (-0.058, -0.022)     | 16.3                          | < 0.001                             |

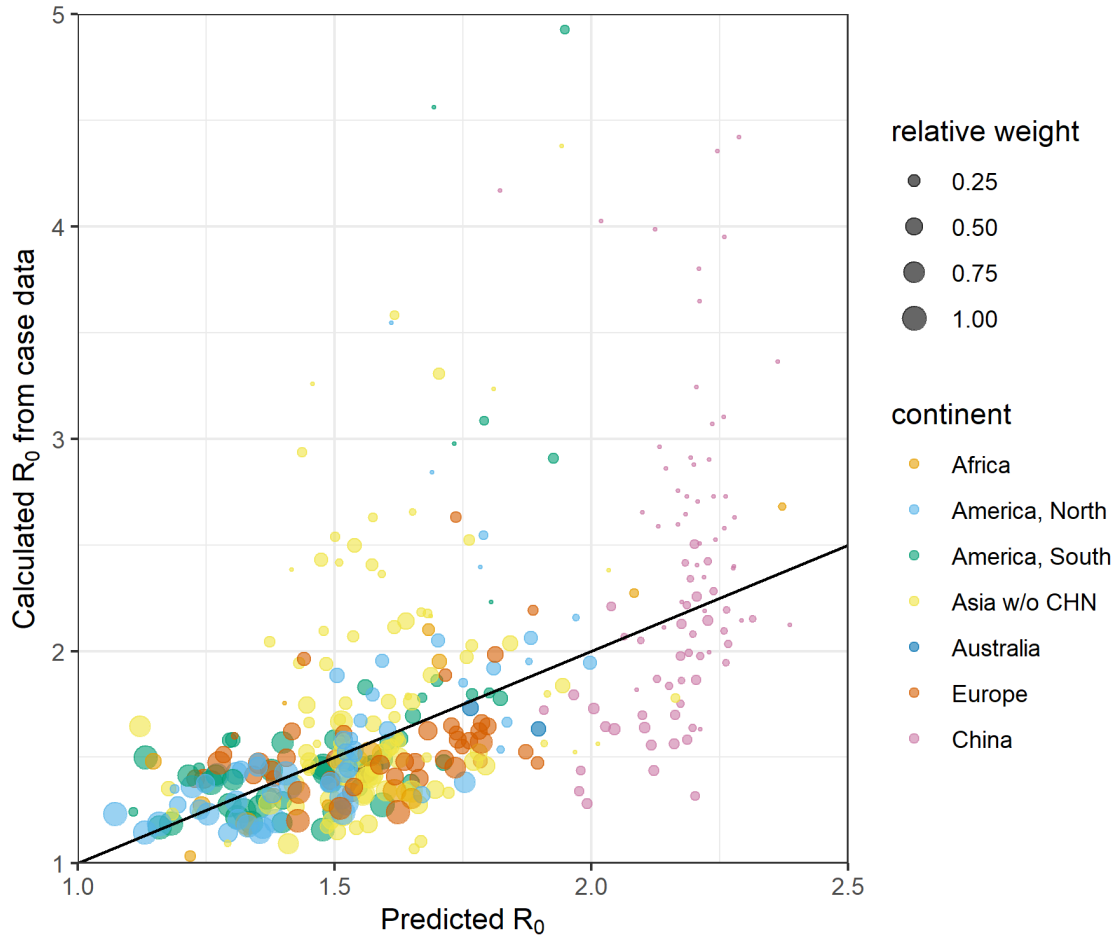


Figure S4: Plotted model performance for selected OLS regression model predicting  $R_0$  in global cities ( $n = 359$ ) based on climate, demographic and epidemic response covariates. Size of points is proportional to weighting in model, determined as number of observed available days of incidence. Cities above diagonal have under-estimated  $R_0$ , while those below have over-estimated  $R_0$ .

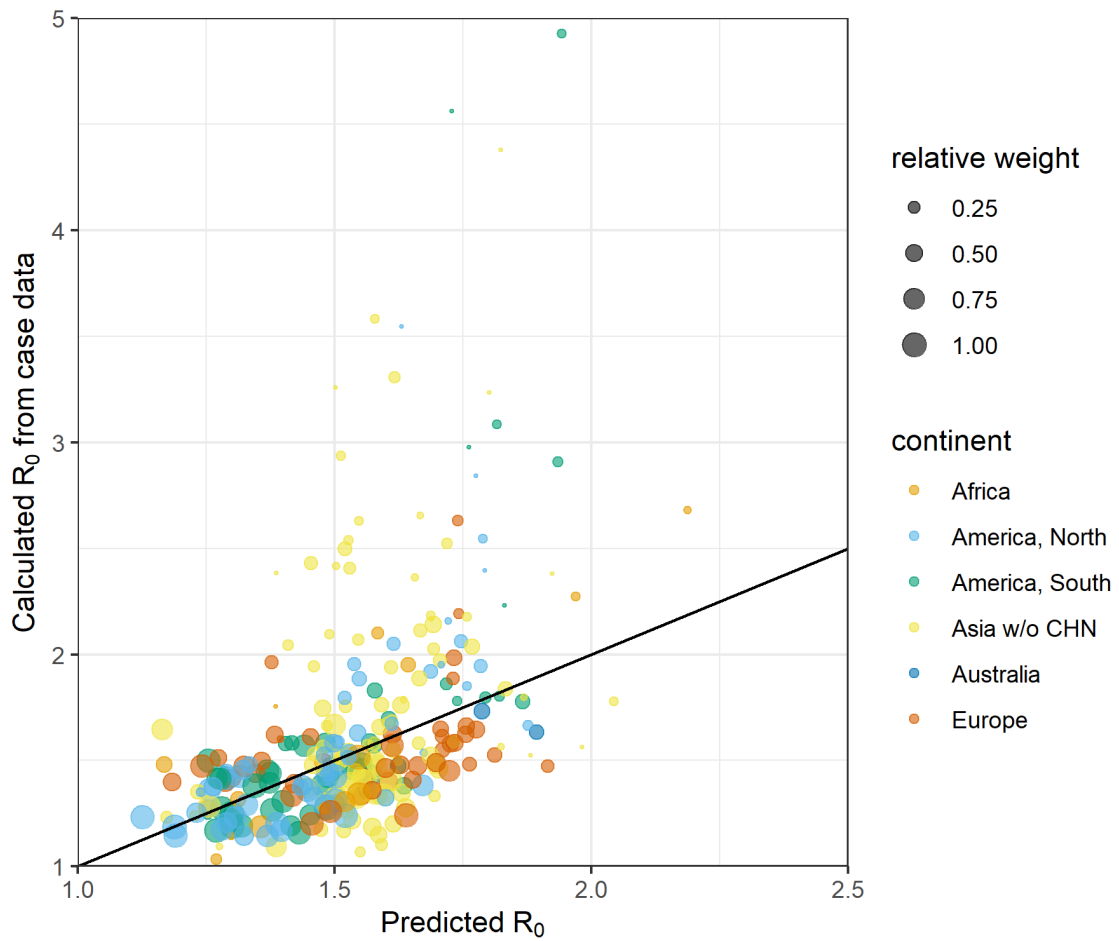


Figure S5: Plotted model performance for selected mixed-effects regression model predicting  $R_0$  in global cities excluding China ( $n = 274$ ) based on demographic and epidemic response covariates. Size of points is proportional to weighting in model, determined as number of observed available days of incidence. Cities above diagonal have under-estimated  $R_0$ , while those below have over-estimated  $R_0$ .

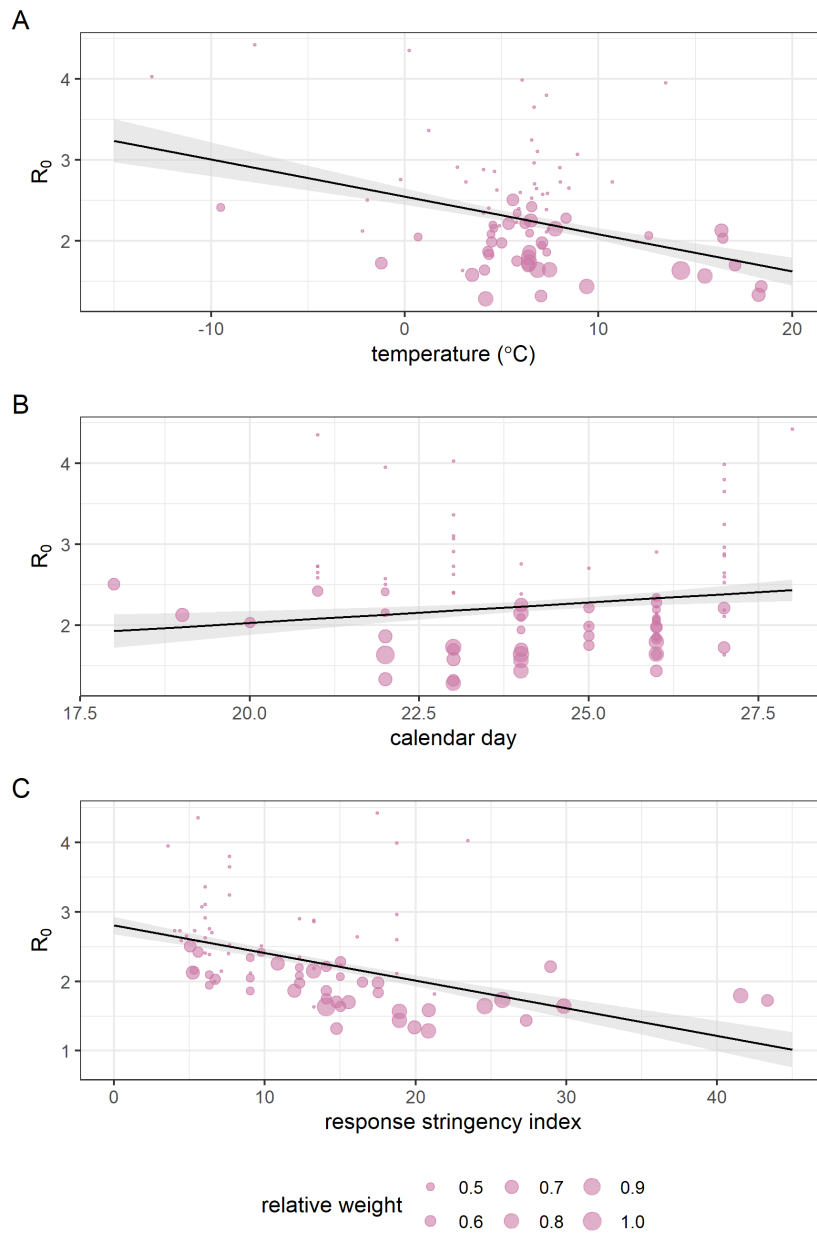
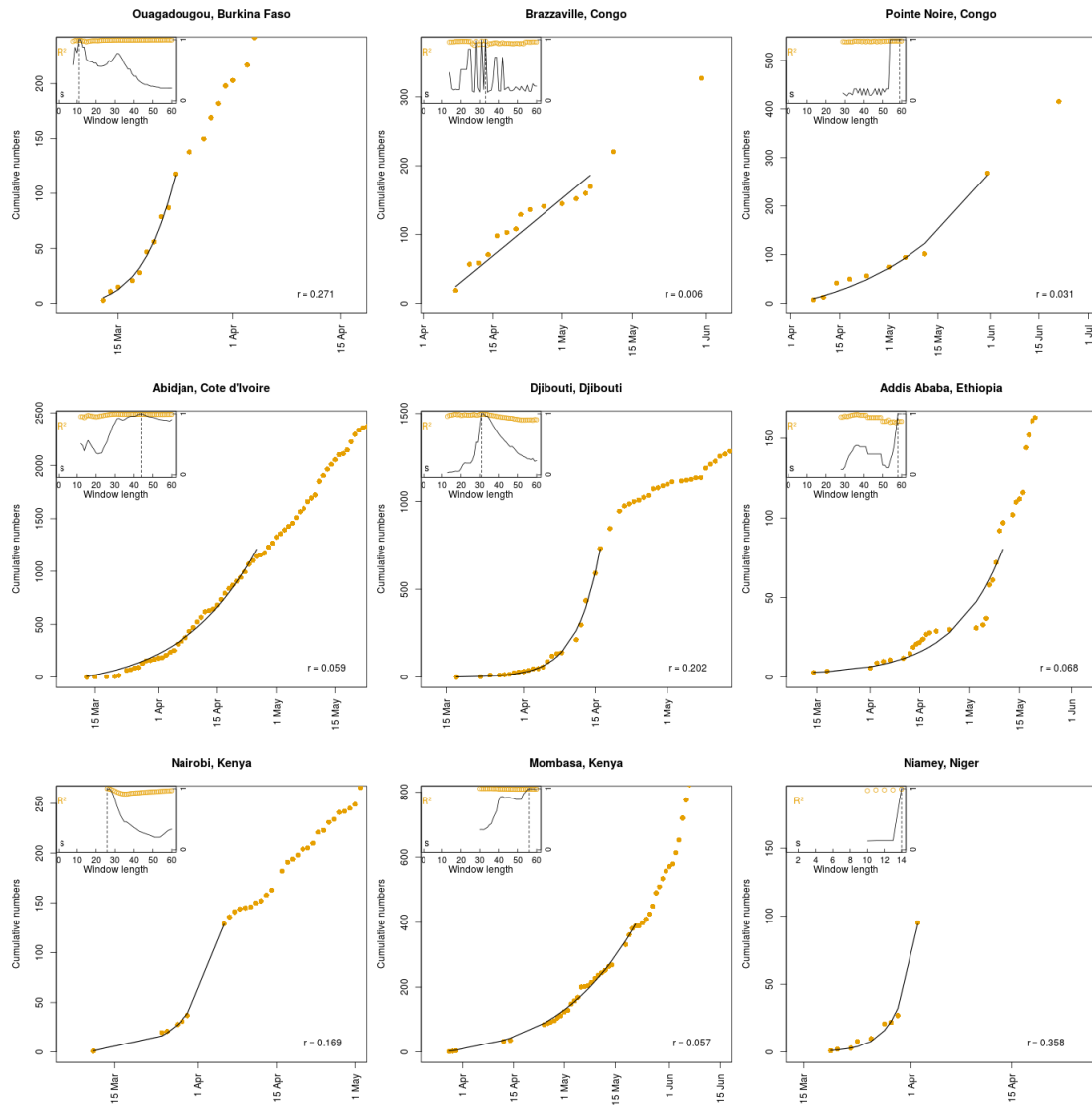


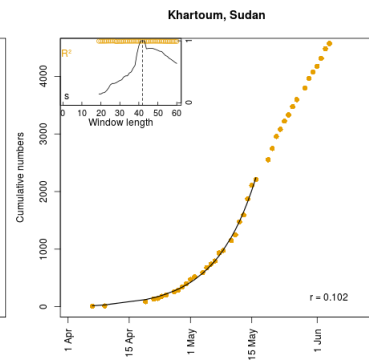
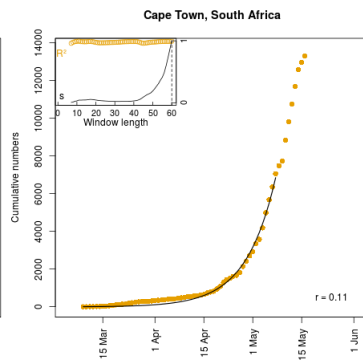
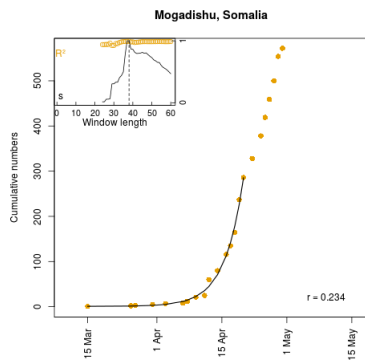
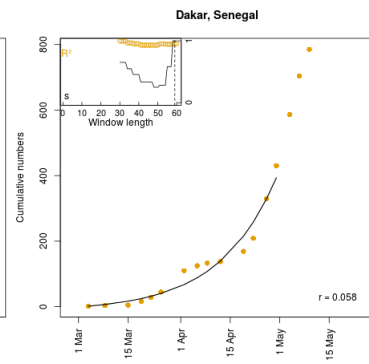
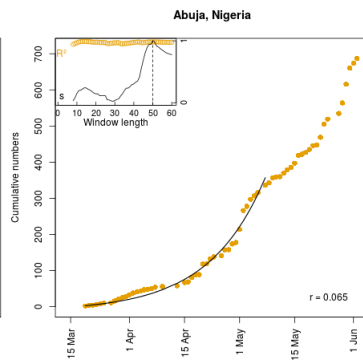
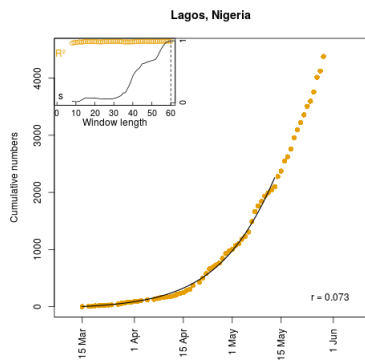
Figure S6: Plotted covariates from selected regression model predicting  $R_0$  within cities in China ( $n = 83$ ), showing effect of A) mean daily temperature, B) calendar day of start of fitting window, and C) index measuring stringency of government response two weeks before epidemic growth period. Lines denote fits, calculated as estimated marginal means holding all other model variables constant. Shaded areas denote 95% confidence interval.



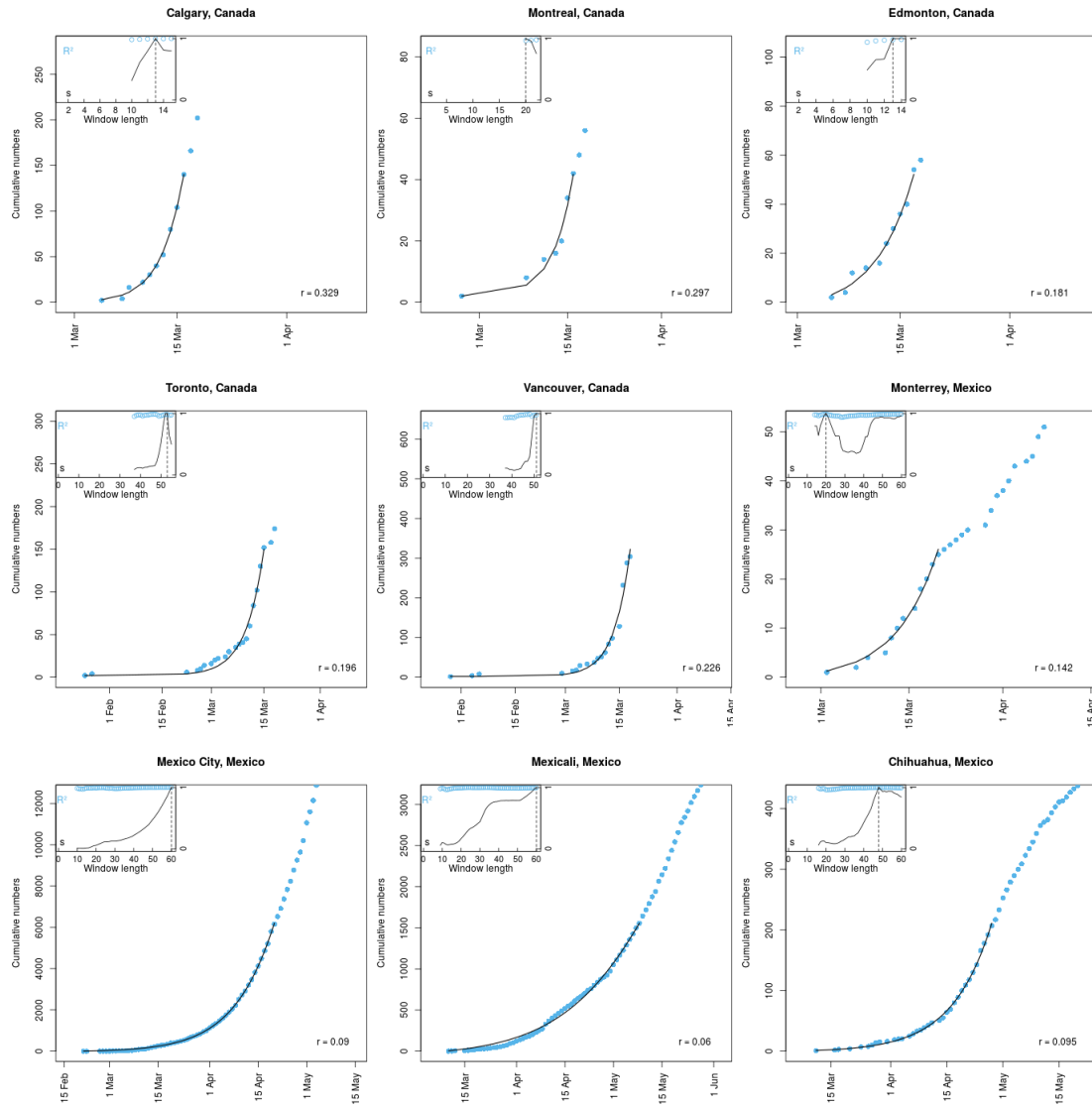
# S4 City data and fits

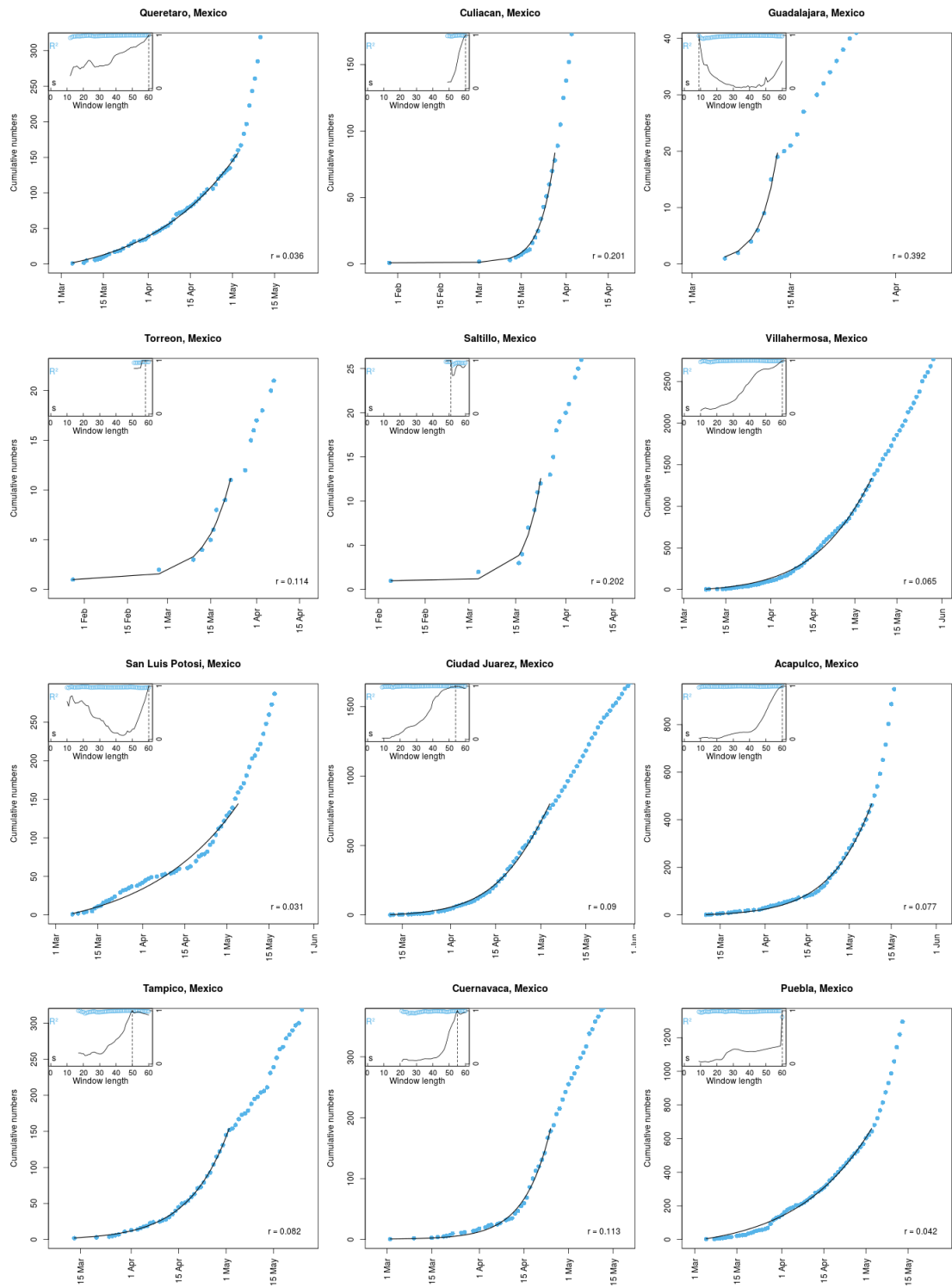
## S4.1 Africa

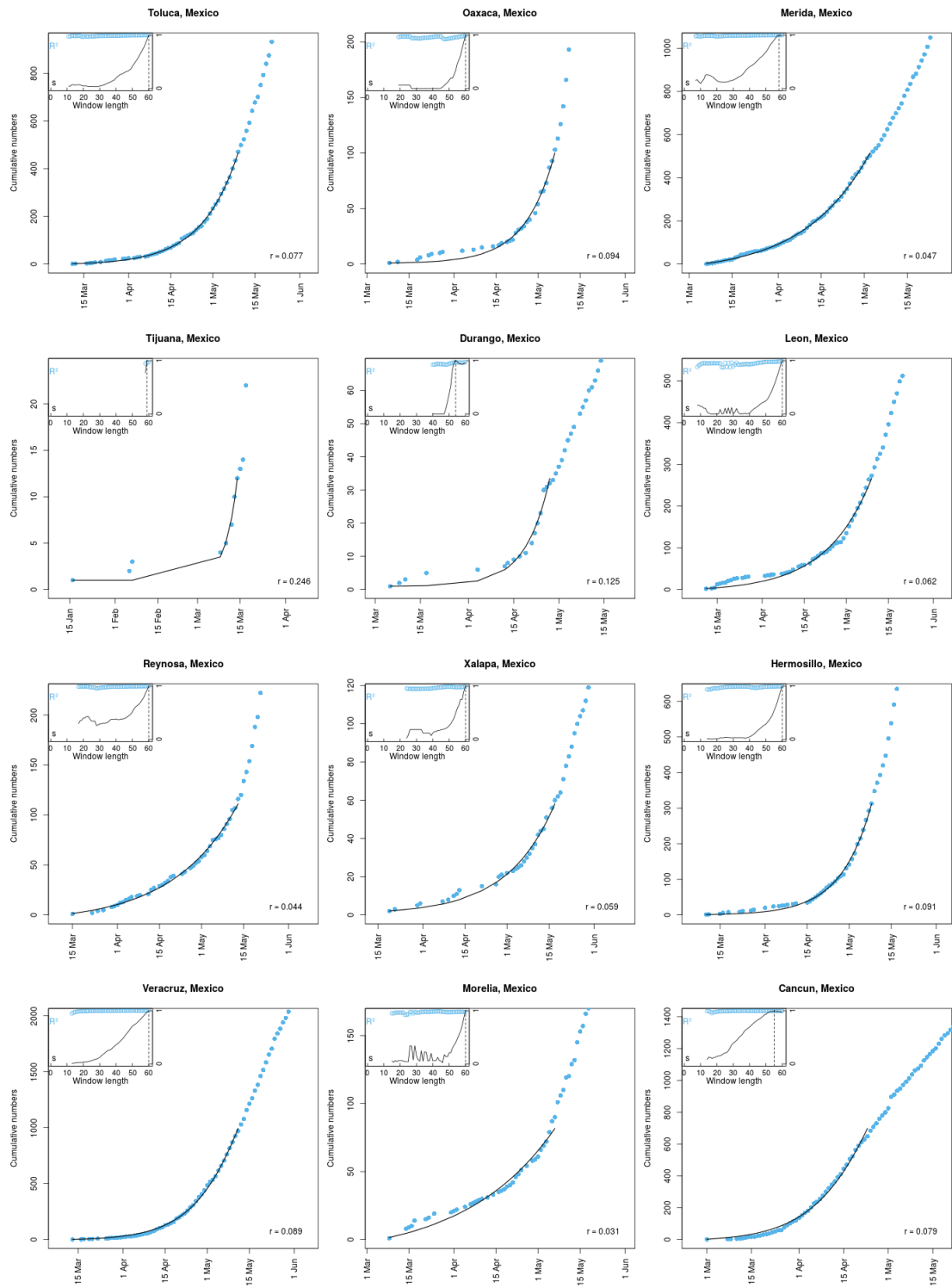


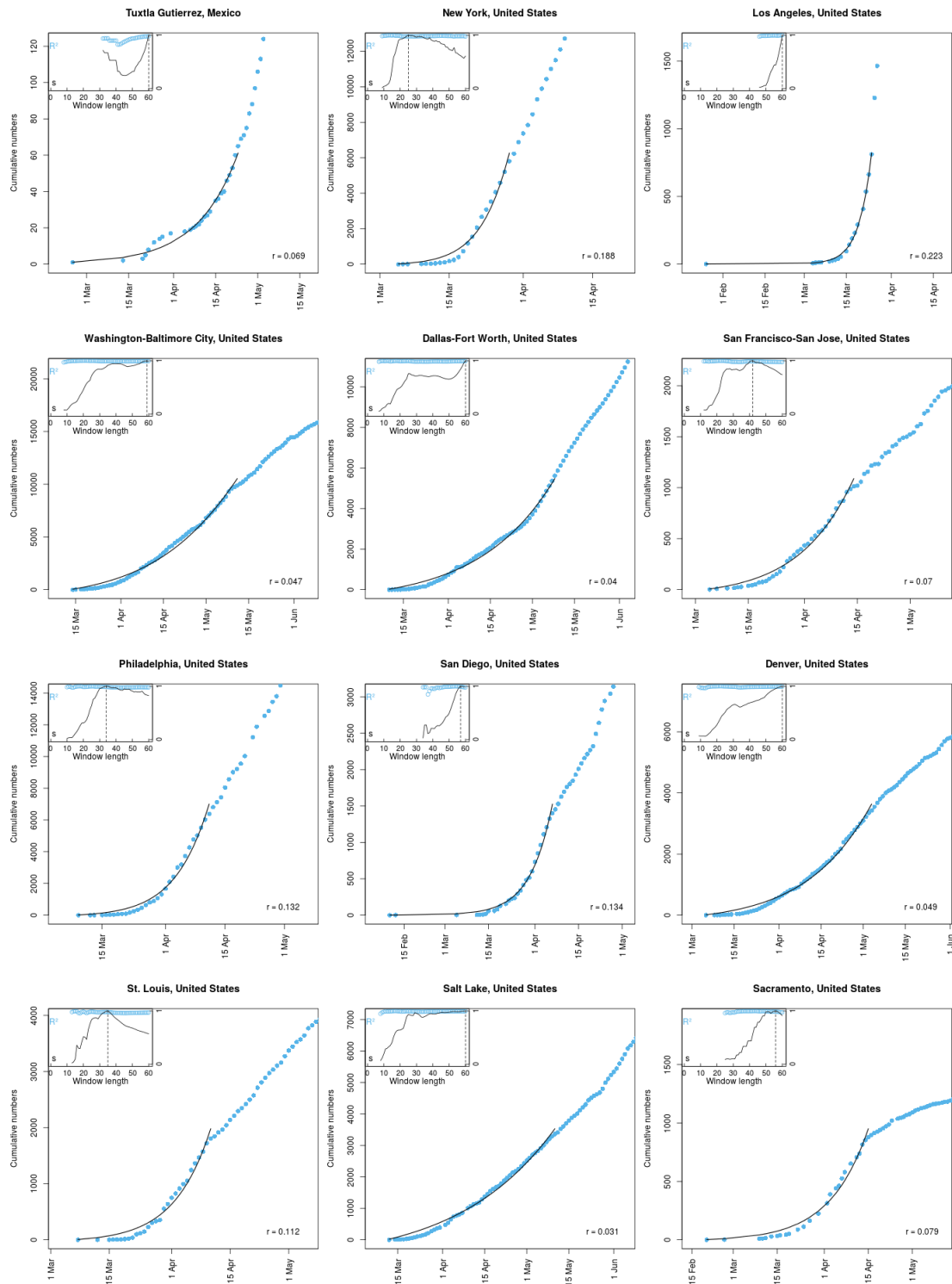


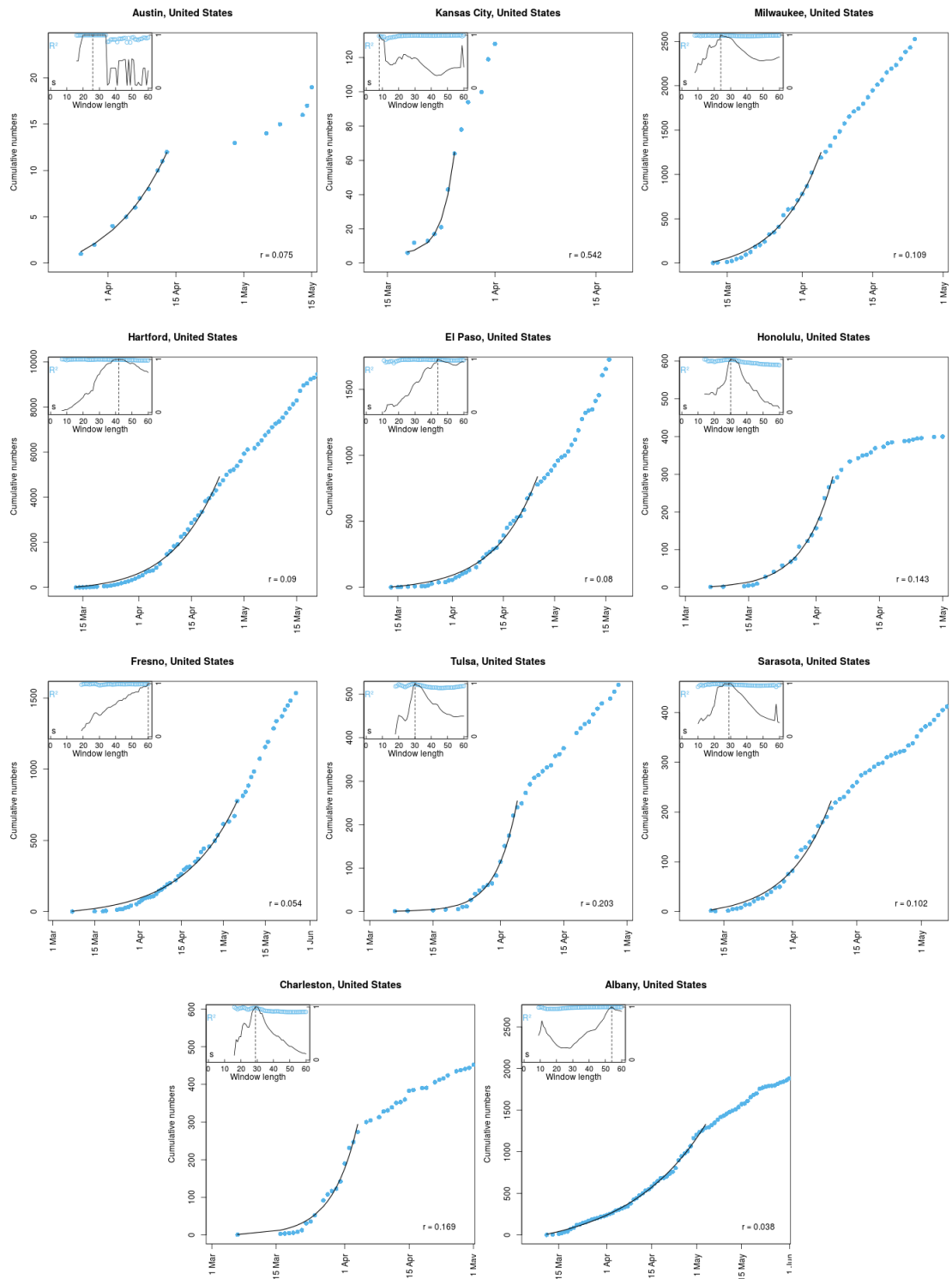
## S4.2 America, North



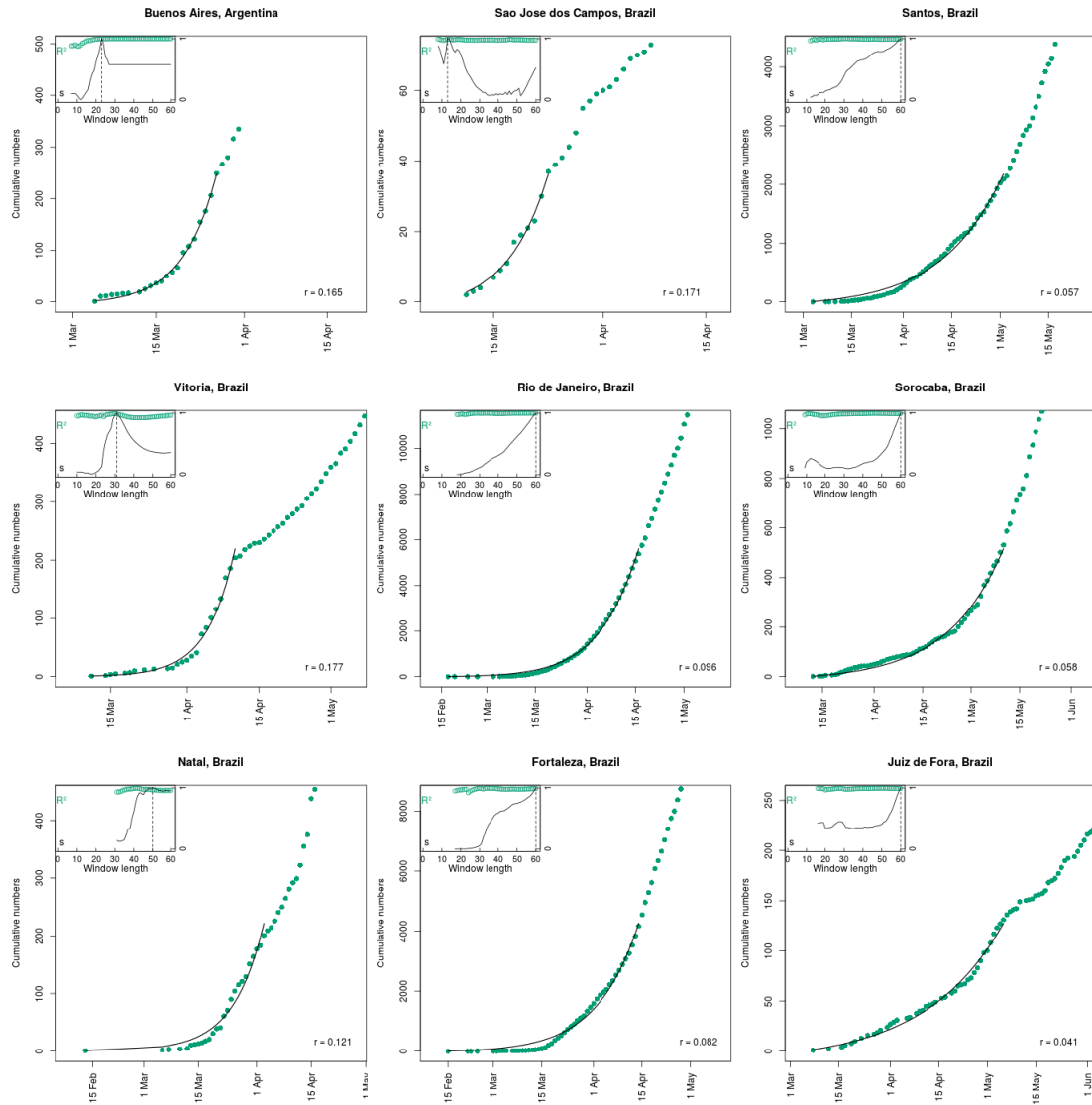




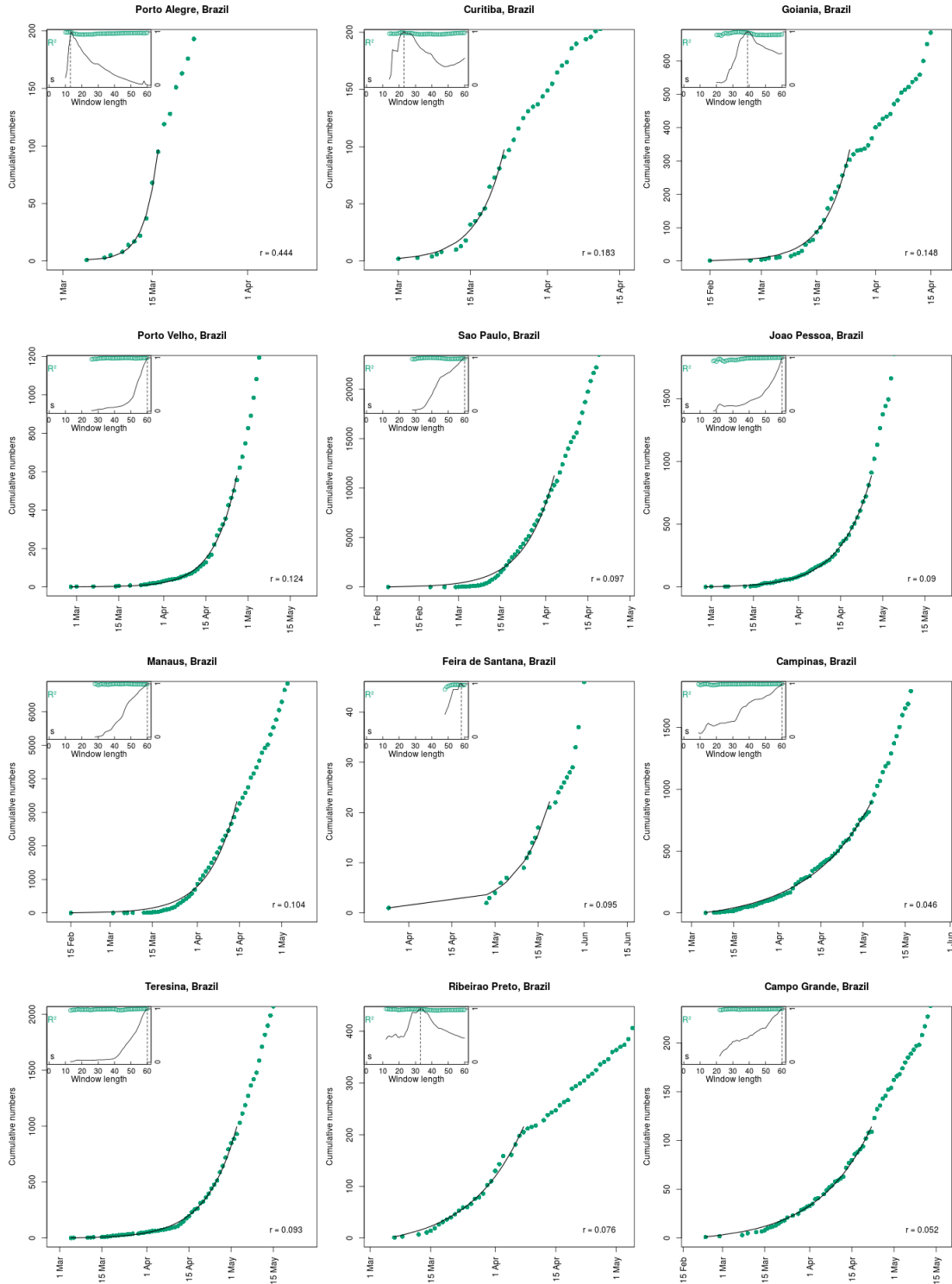


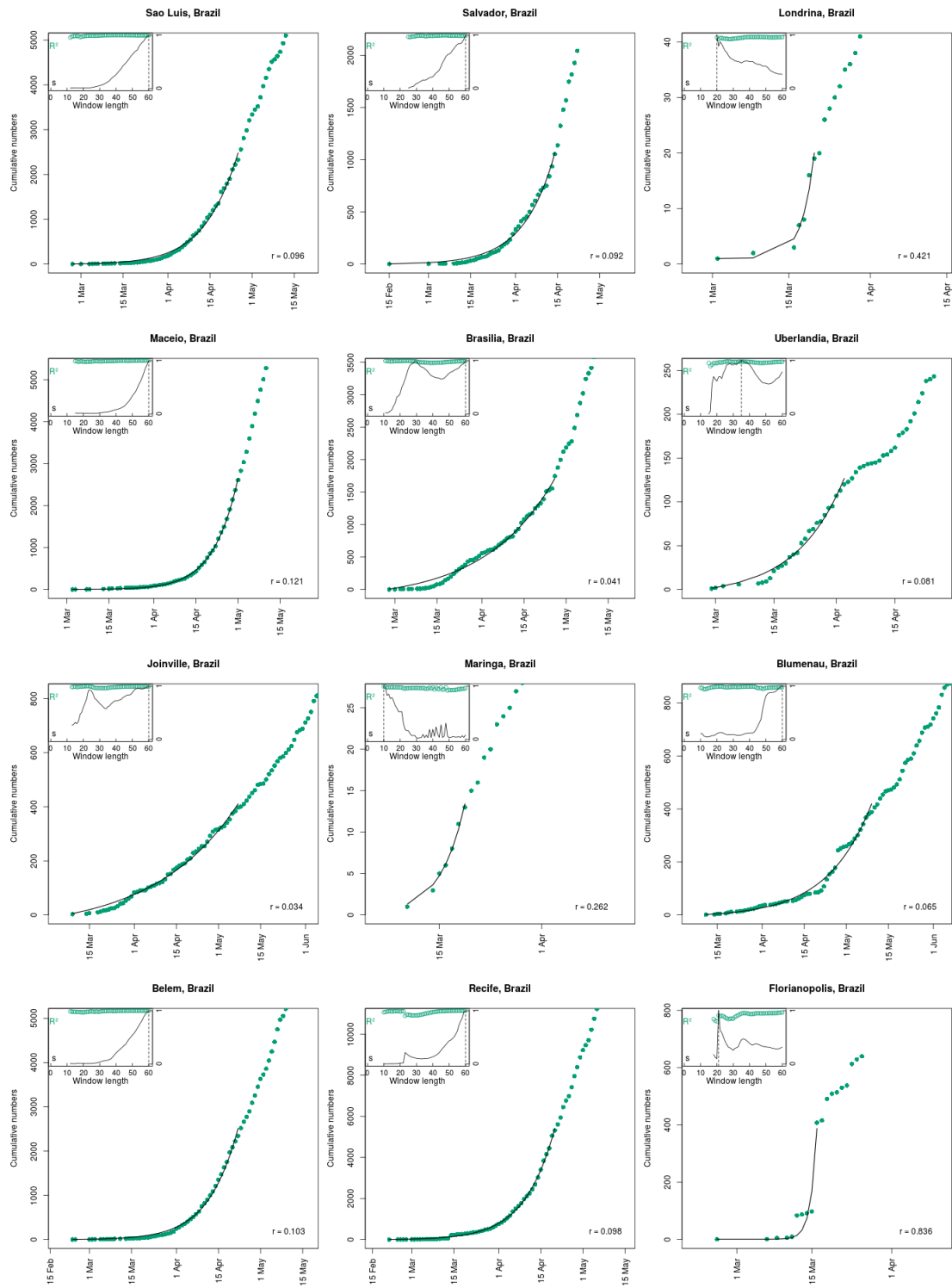


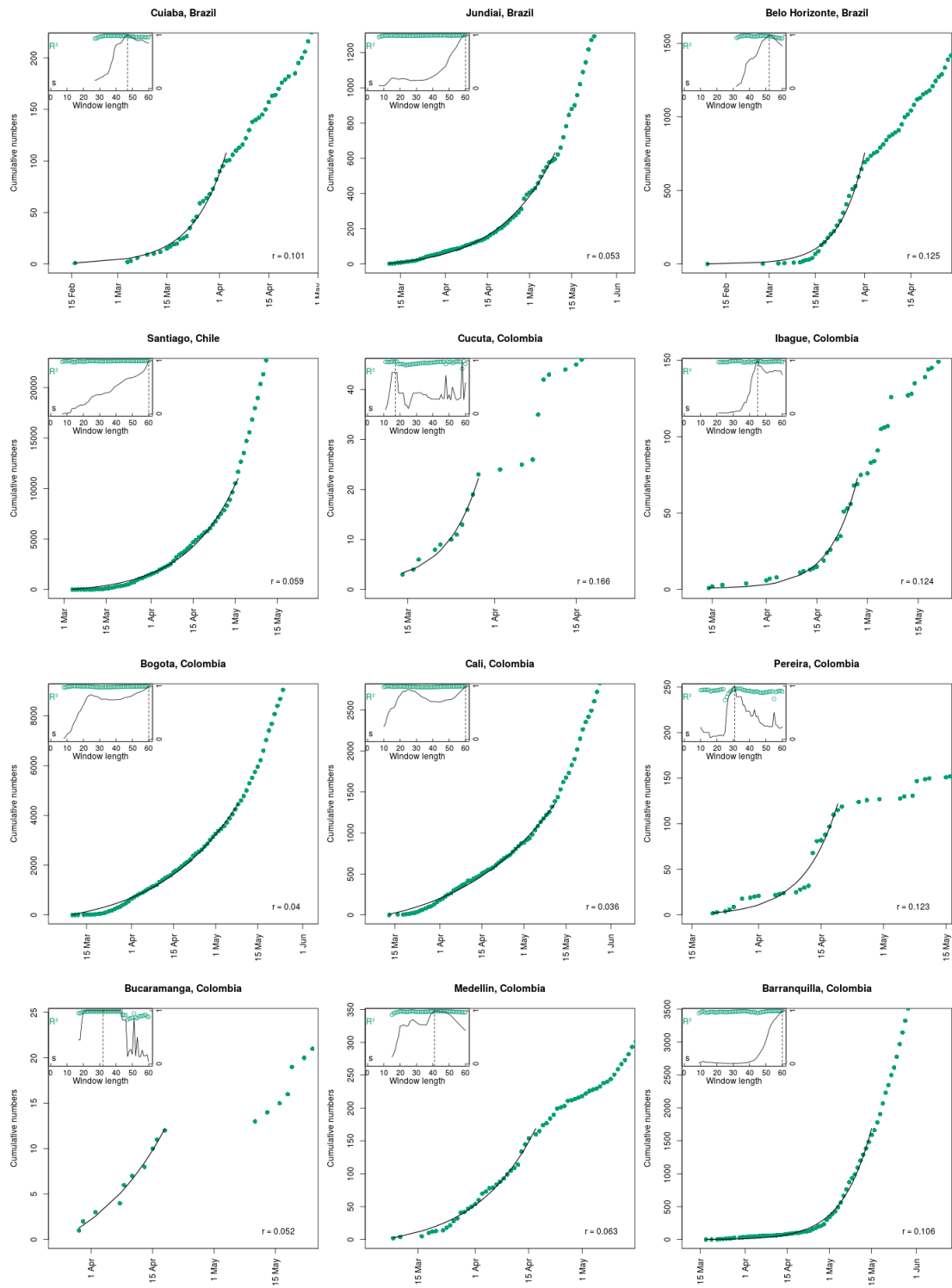
### S4.3 America, South

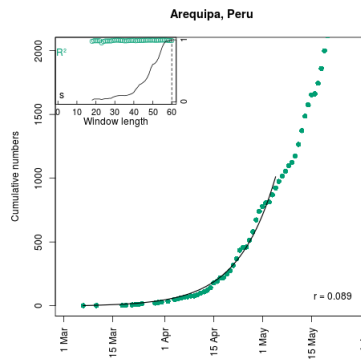
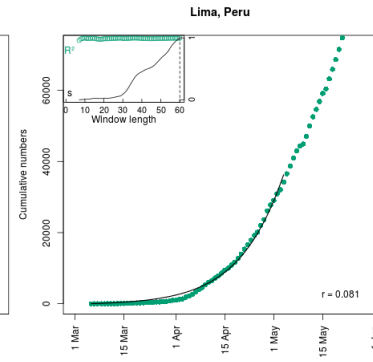
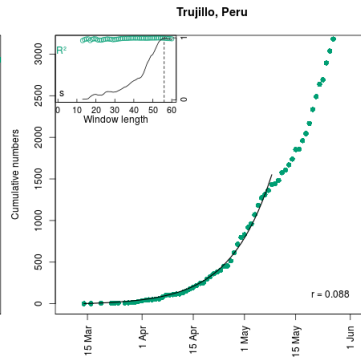
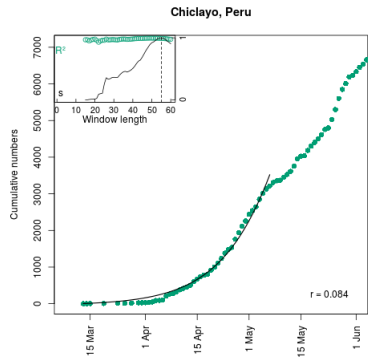
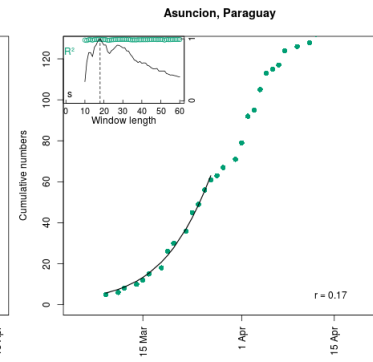
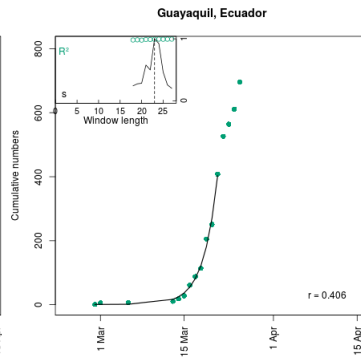
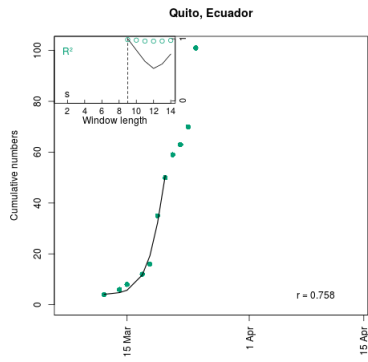




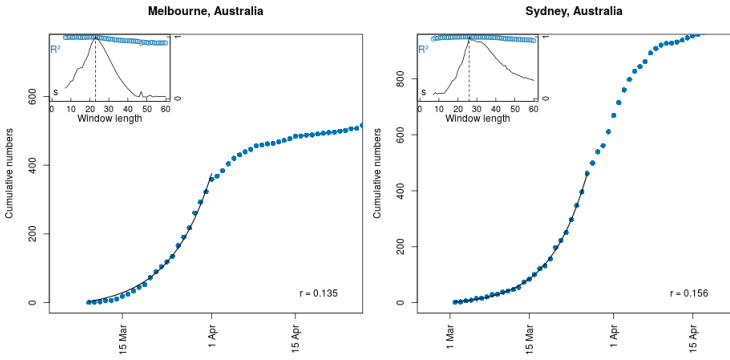




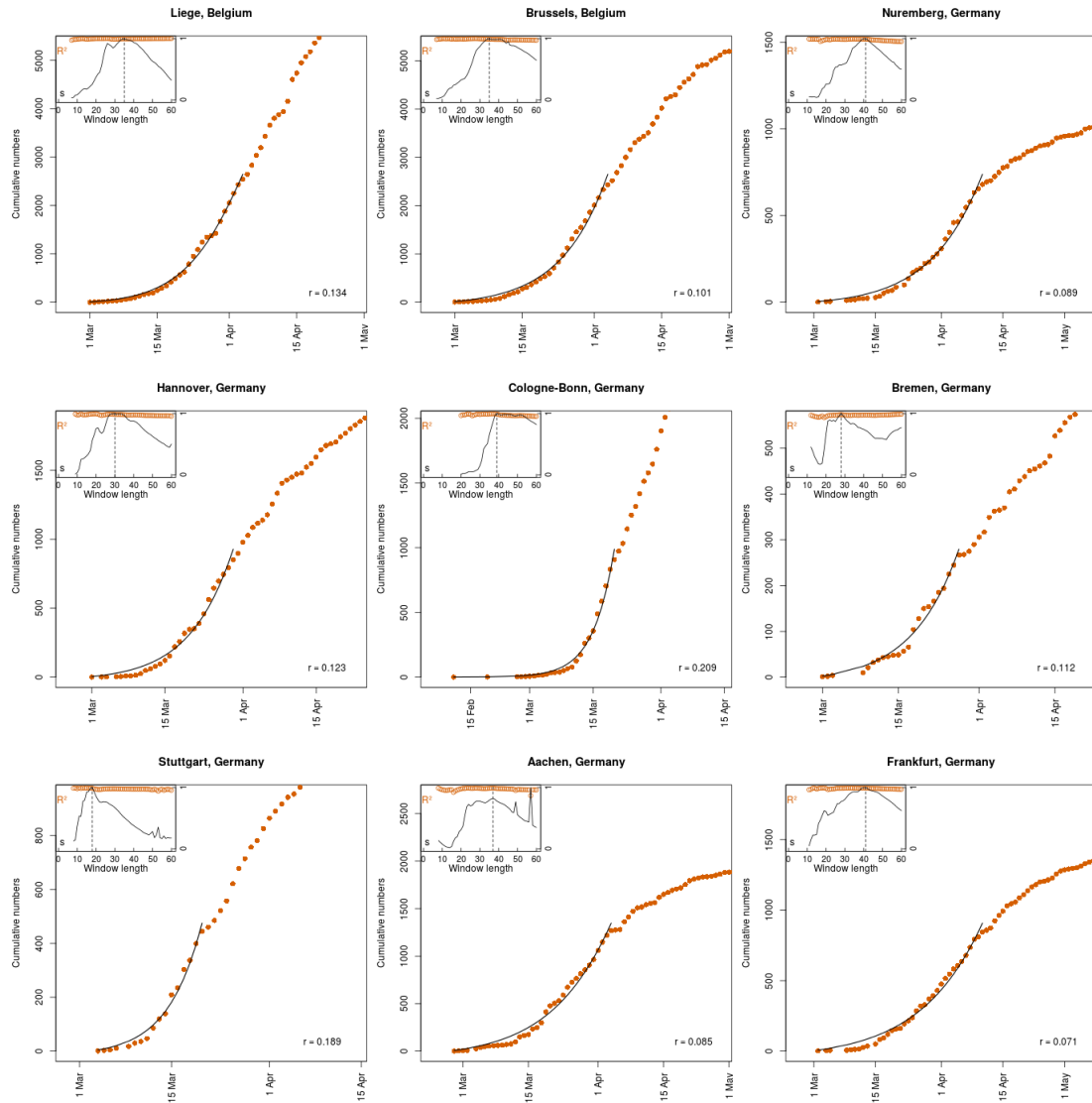


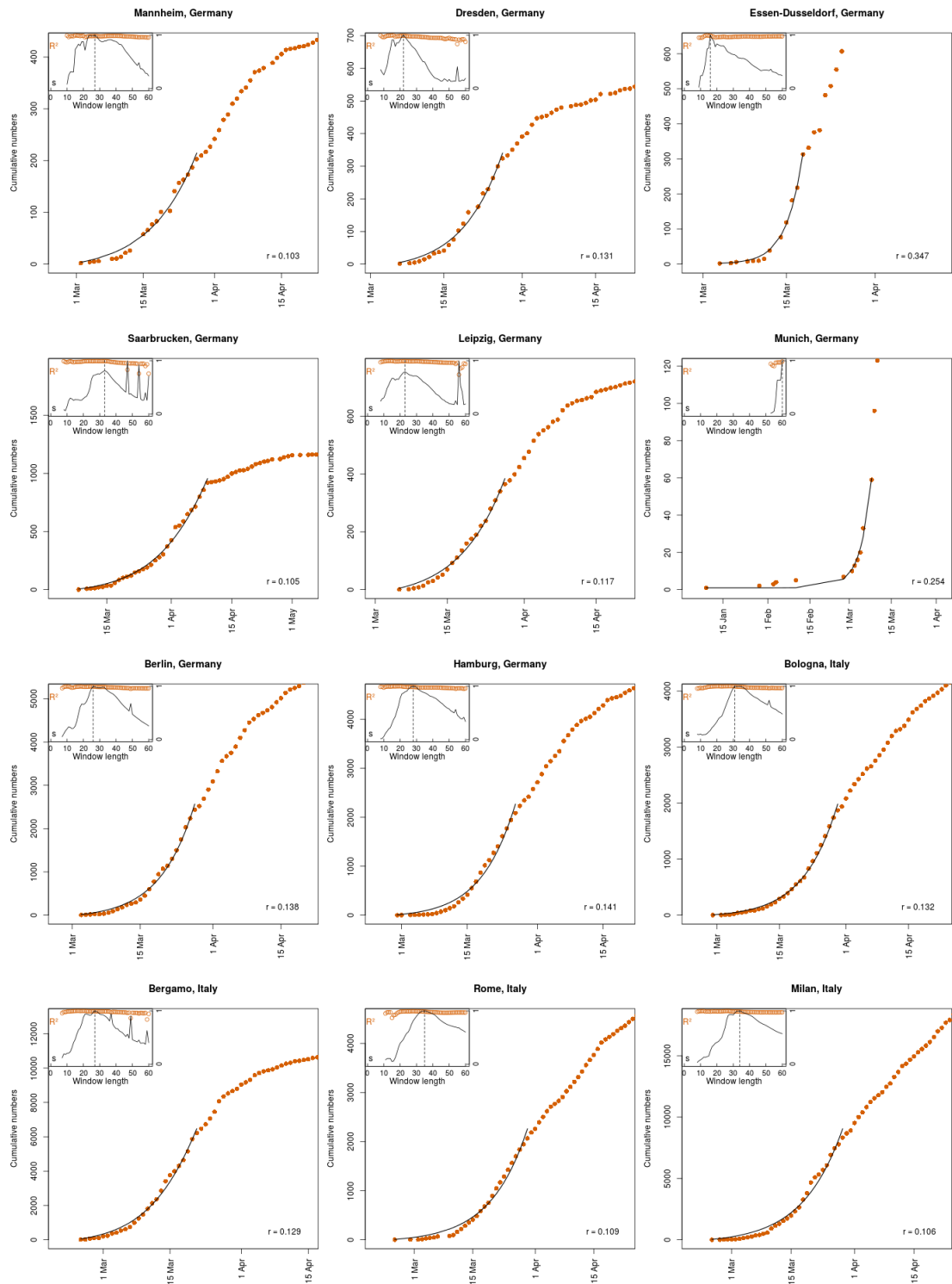


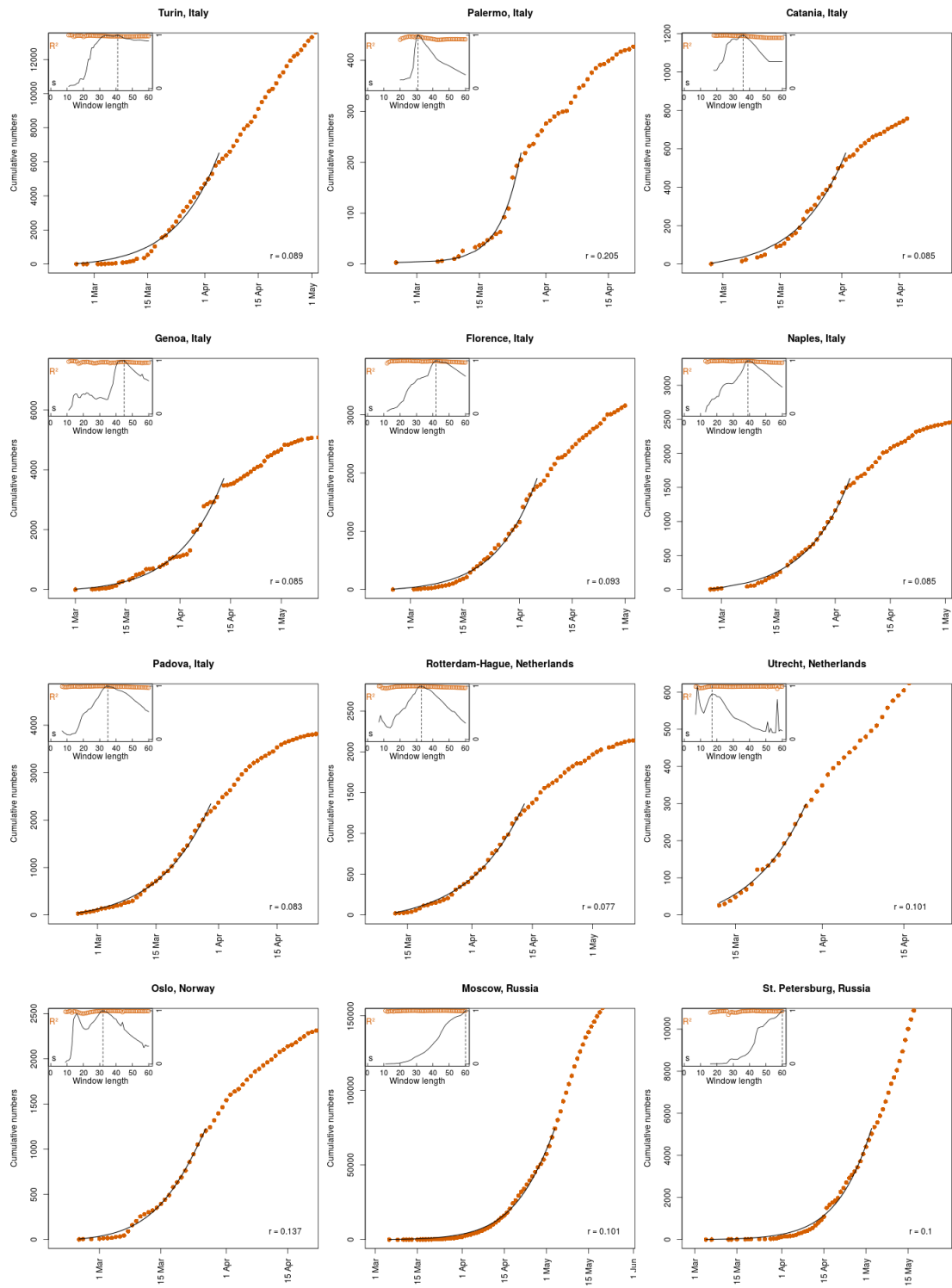
# S4.4 Australia



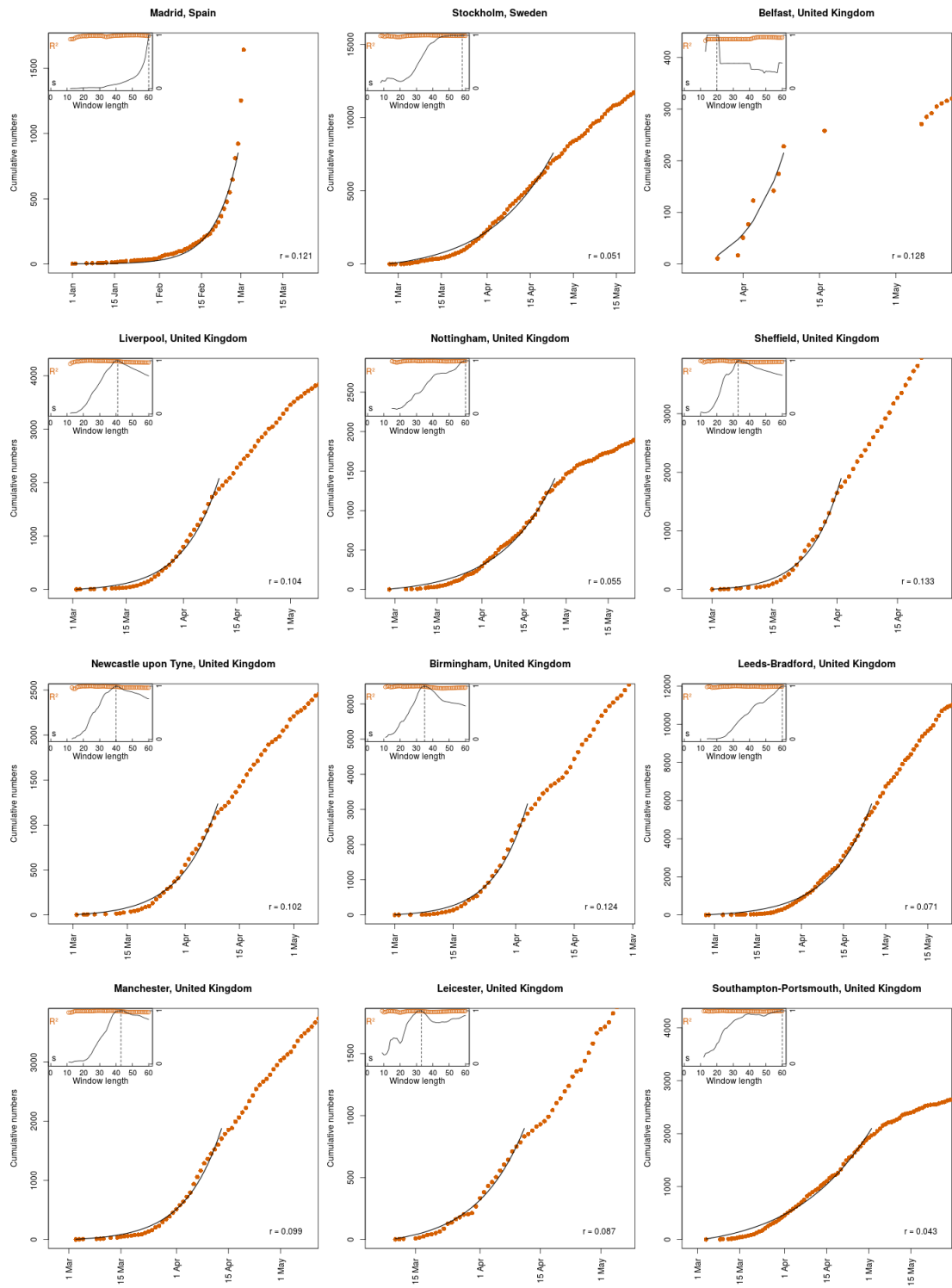
## S4.5 Europe

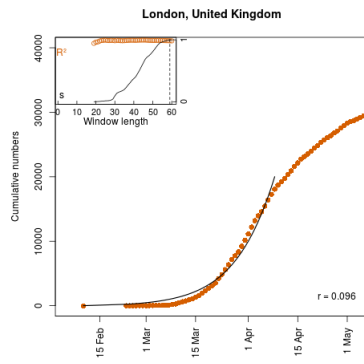




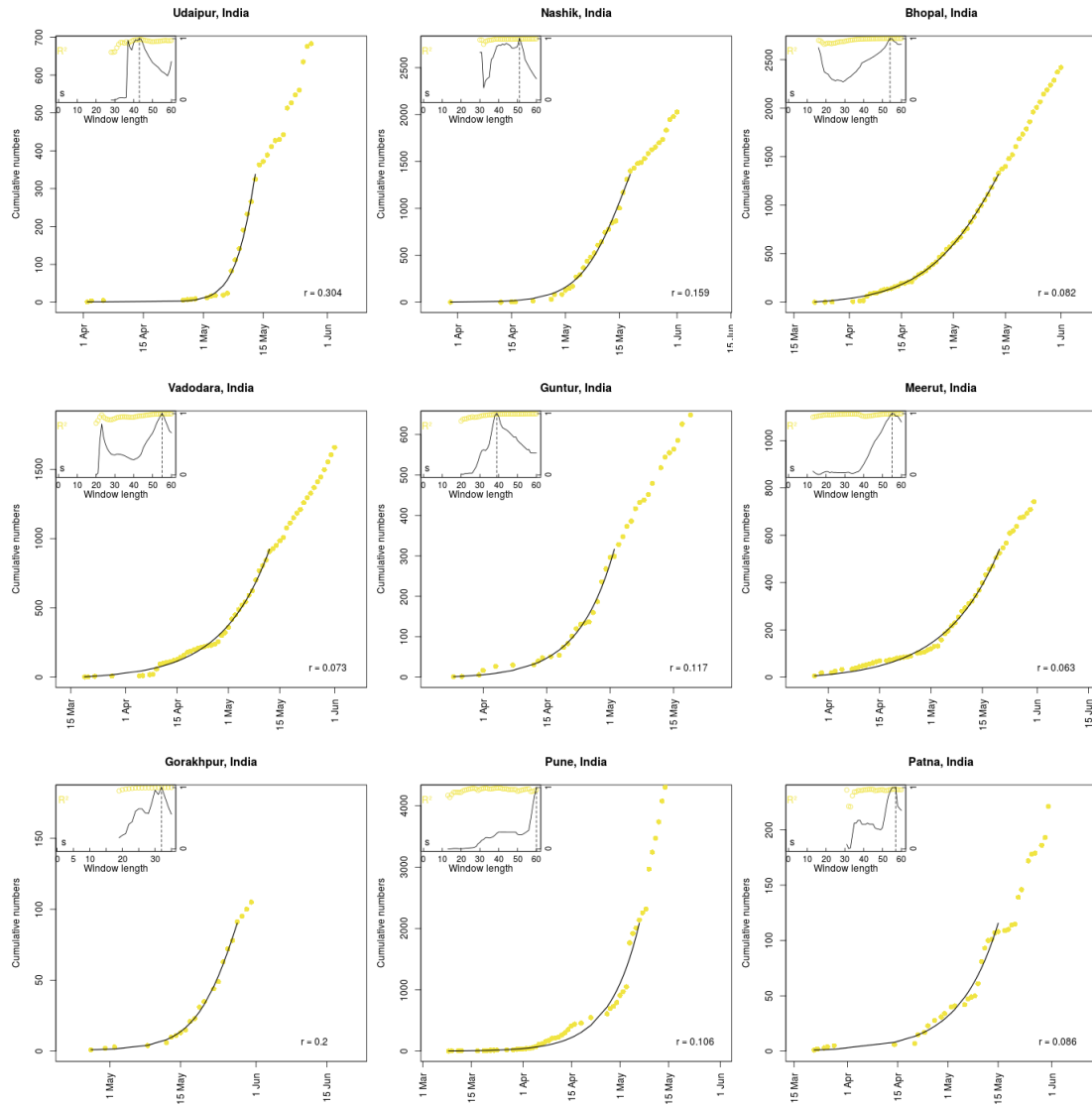


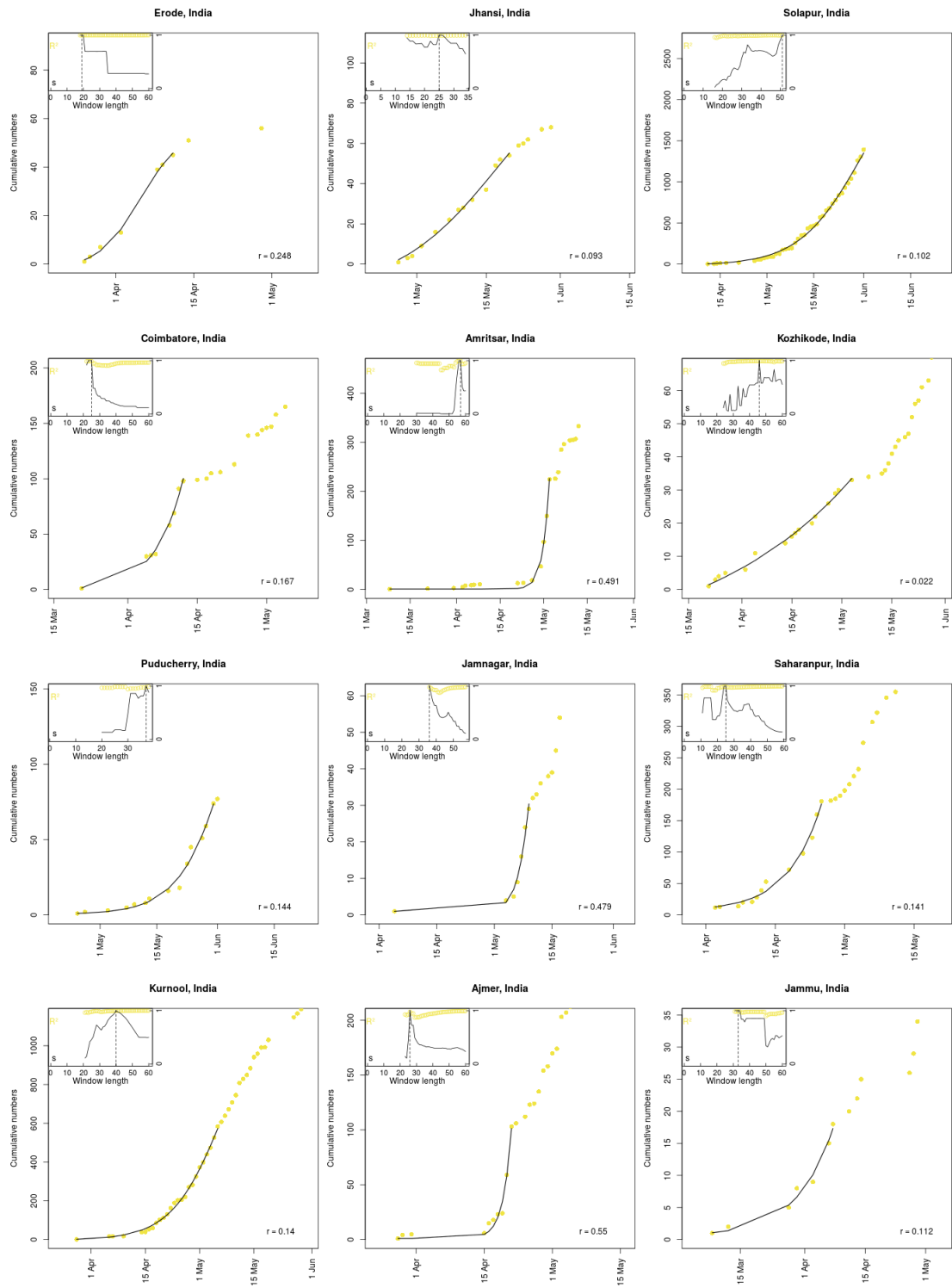


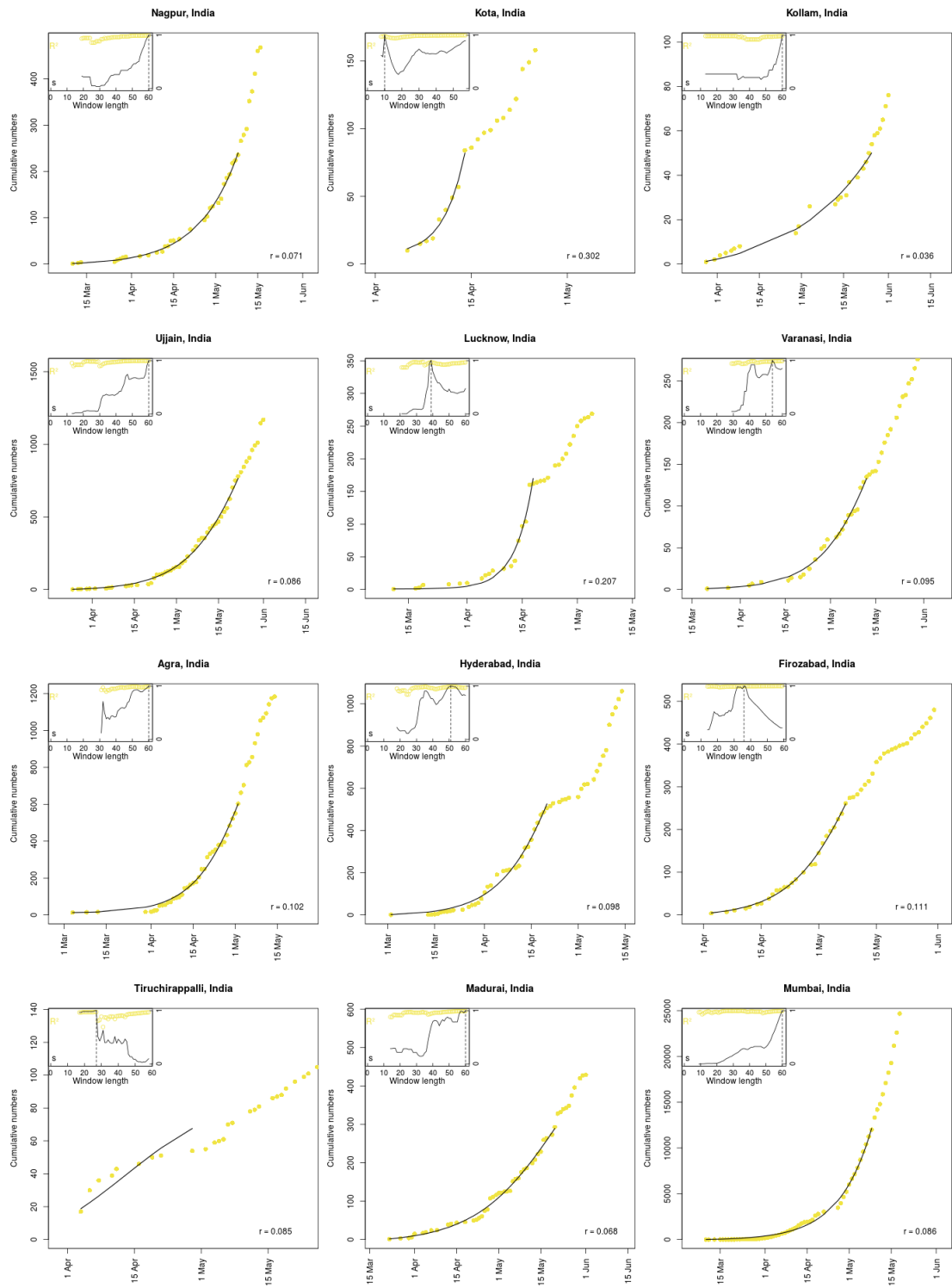


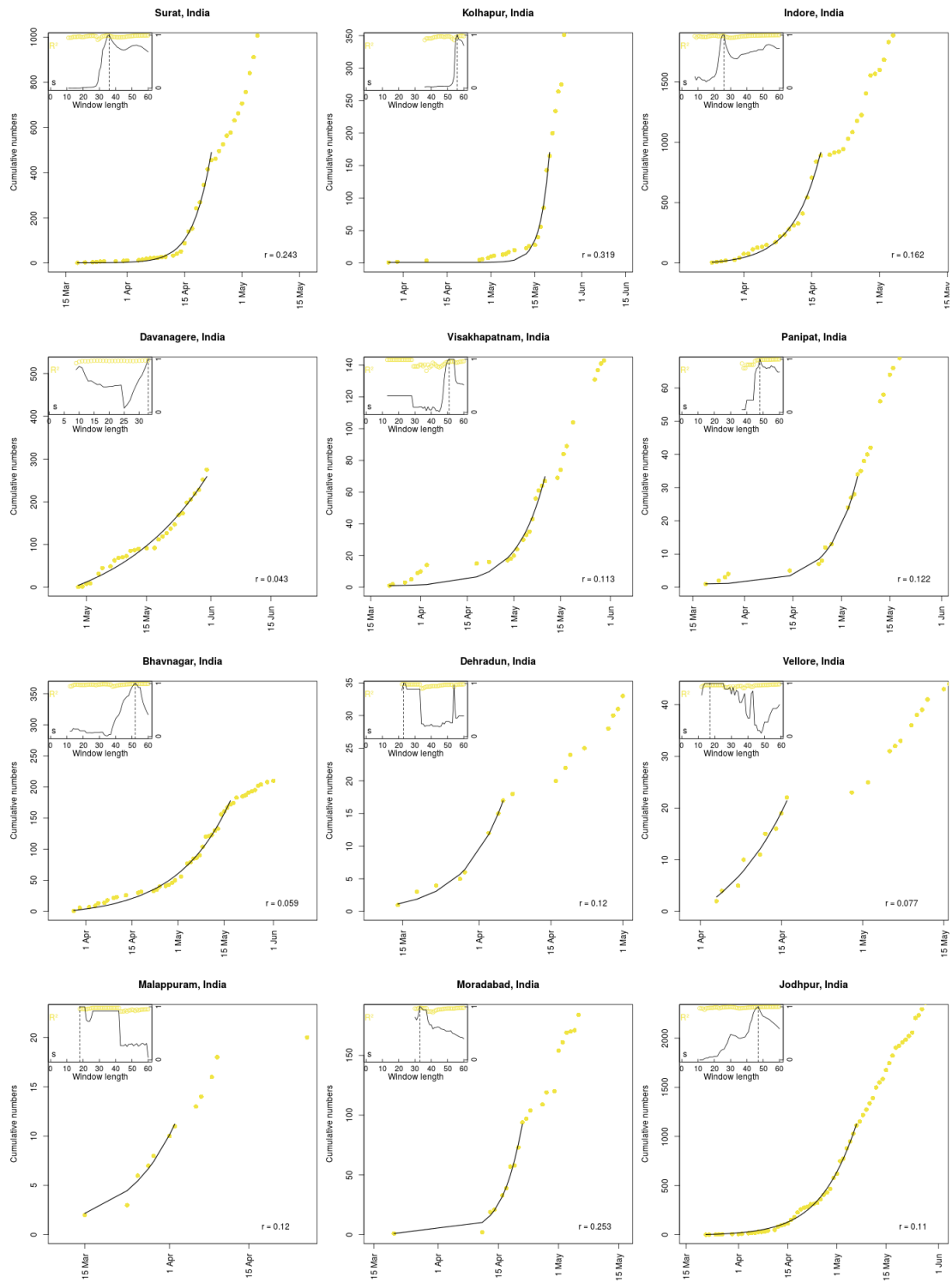


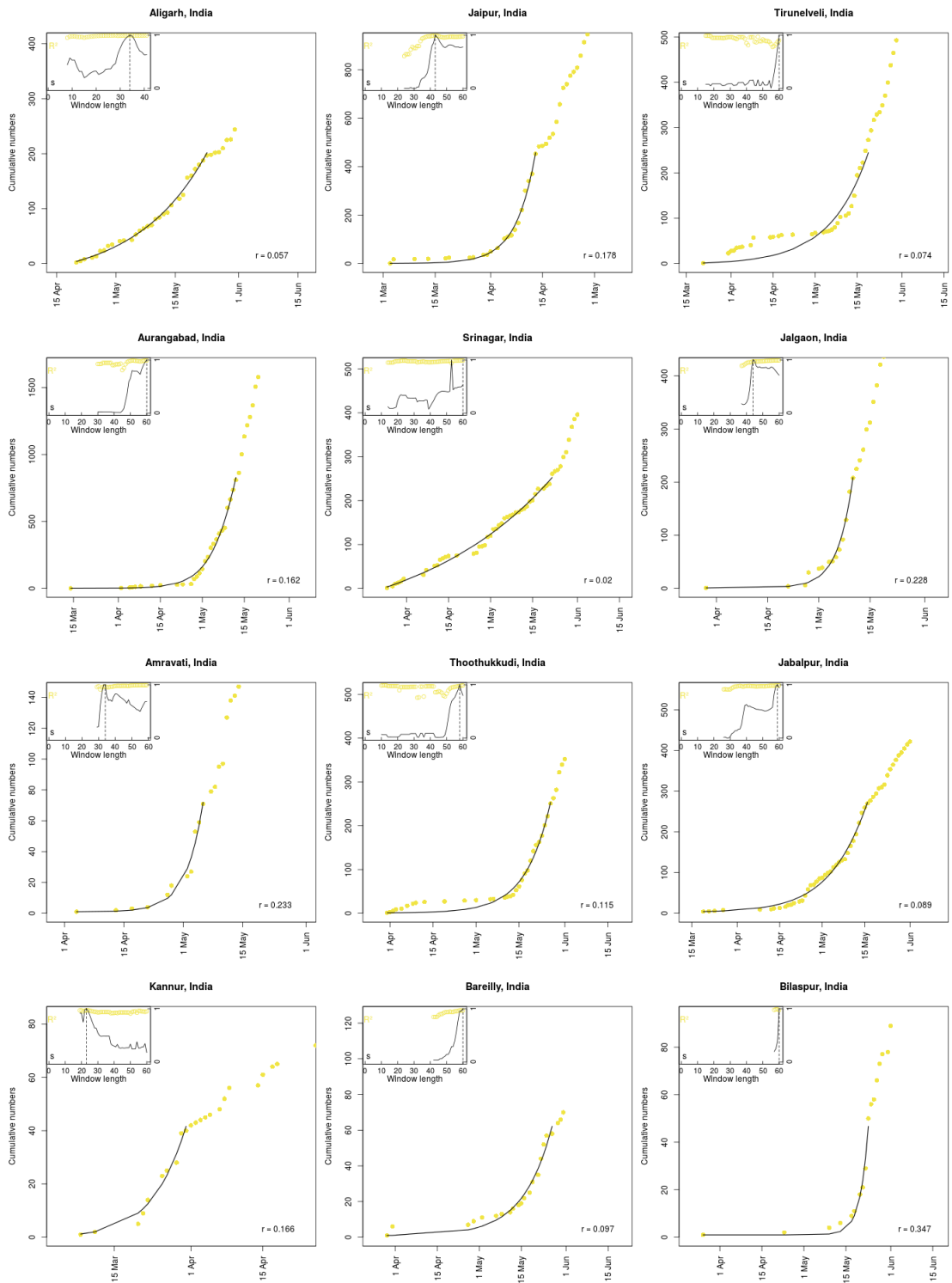
## S4.6 Asia w/o China

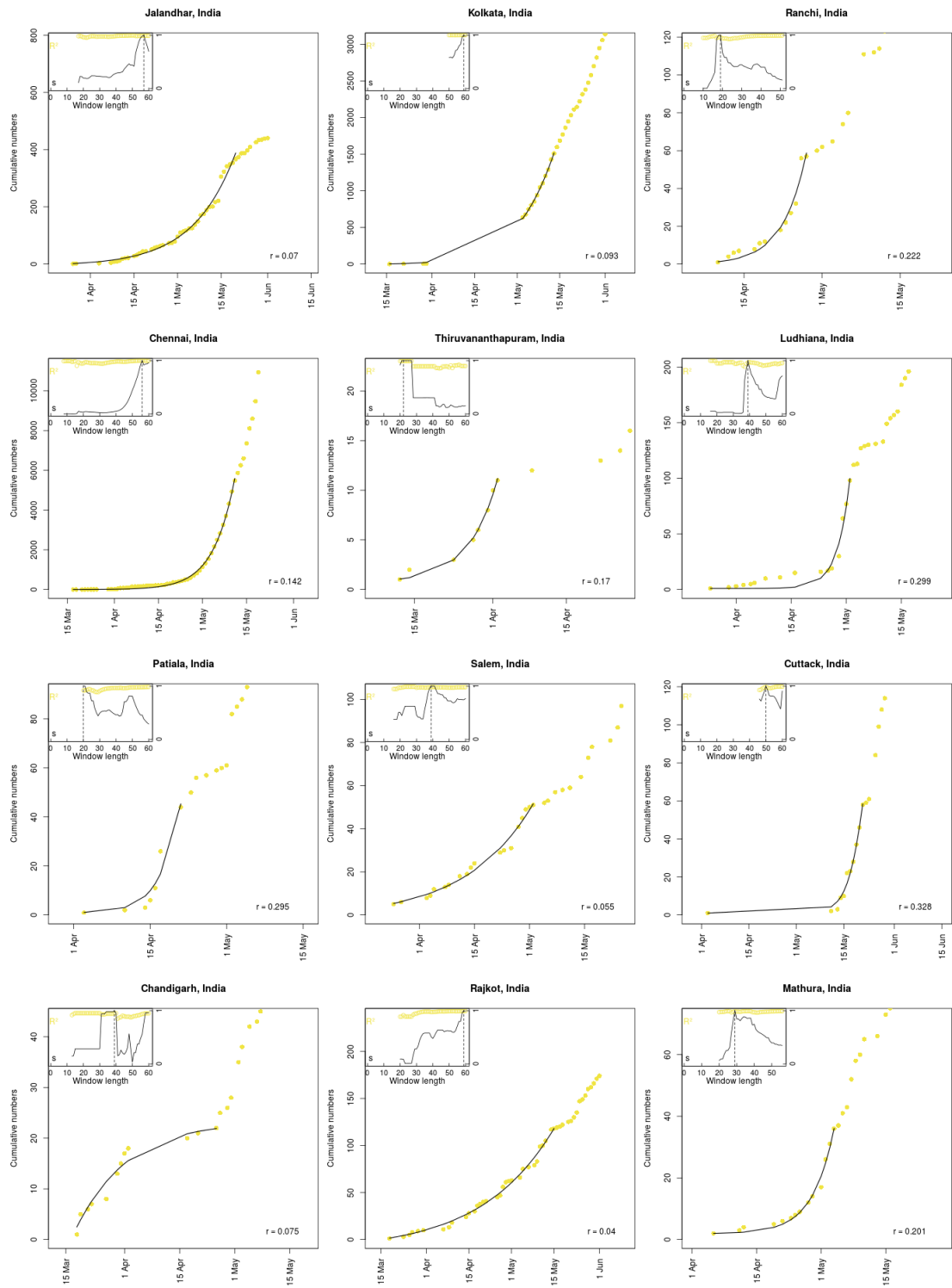




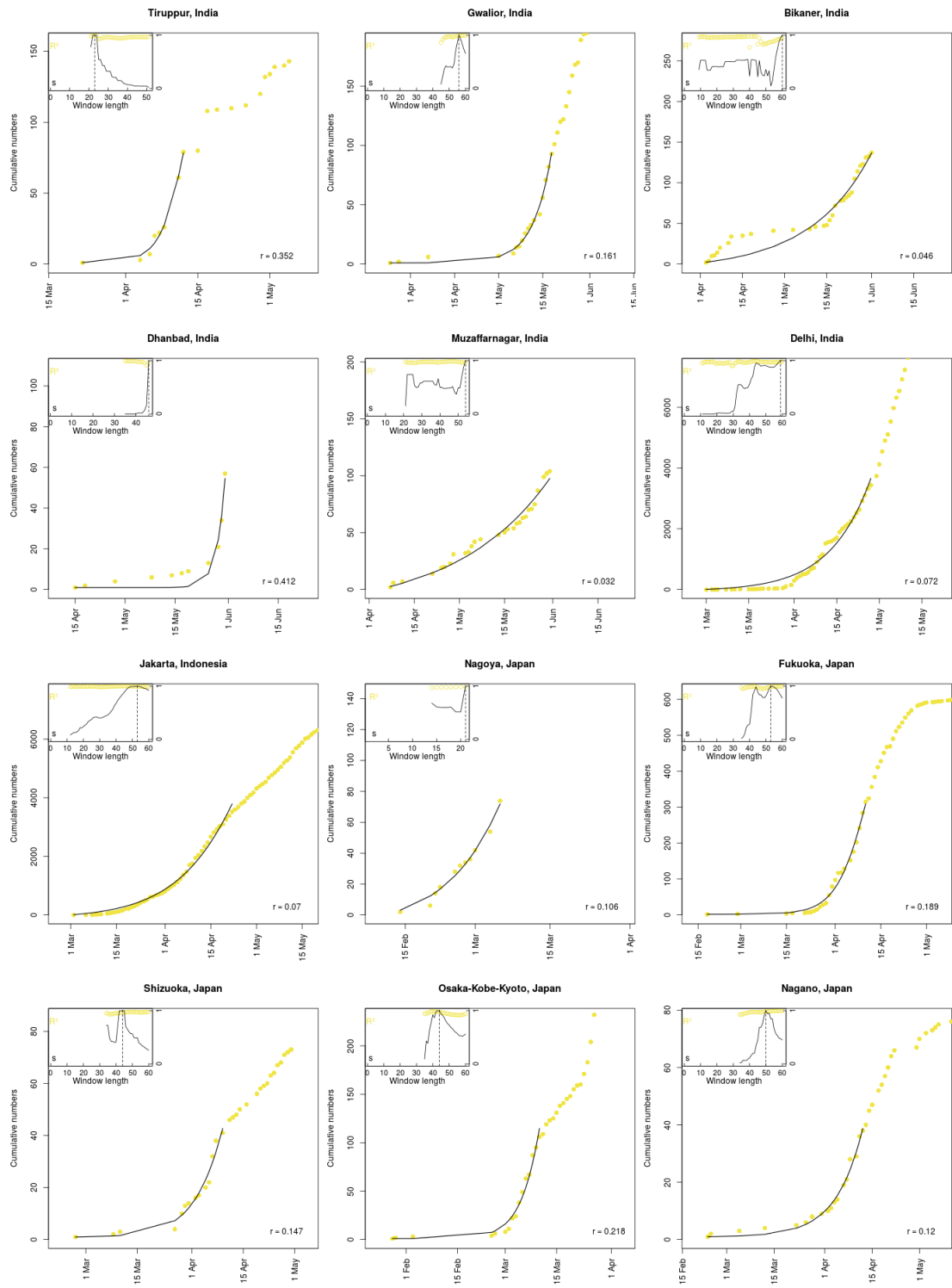


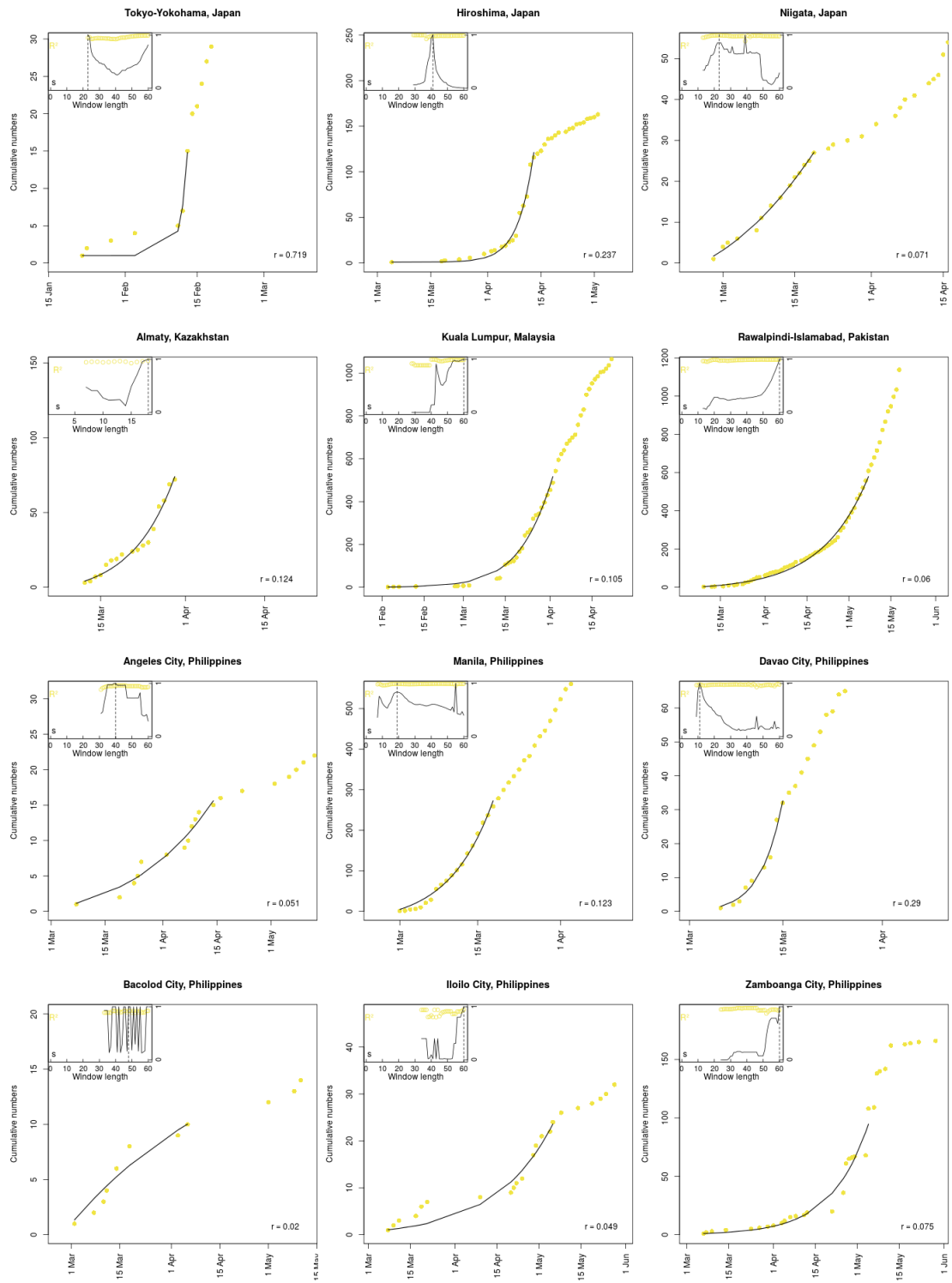


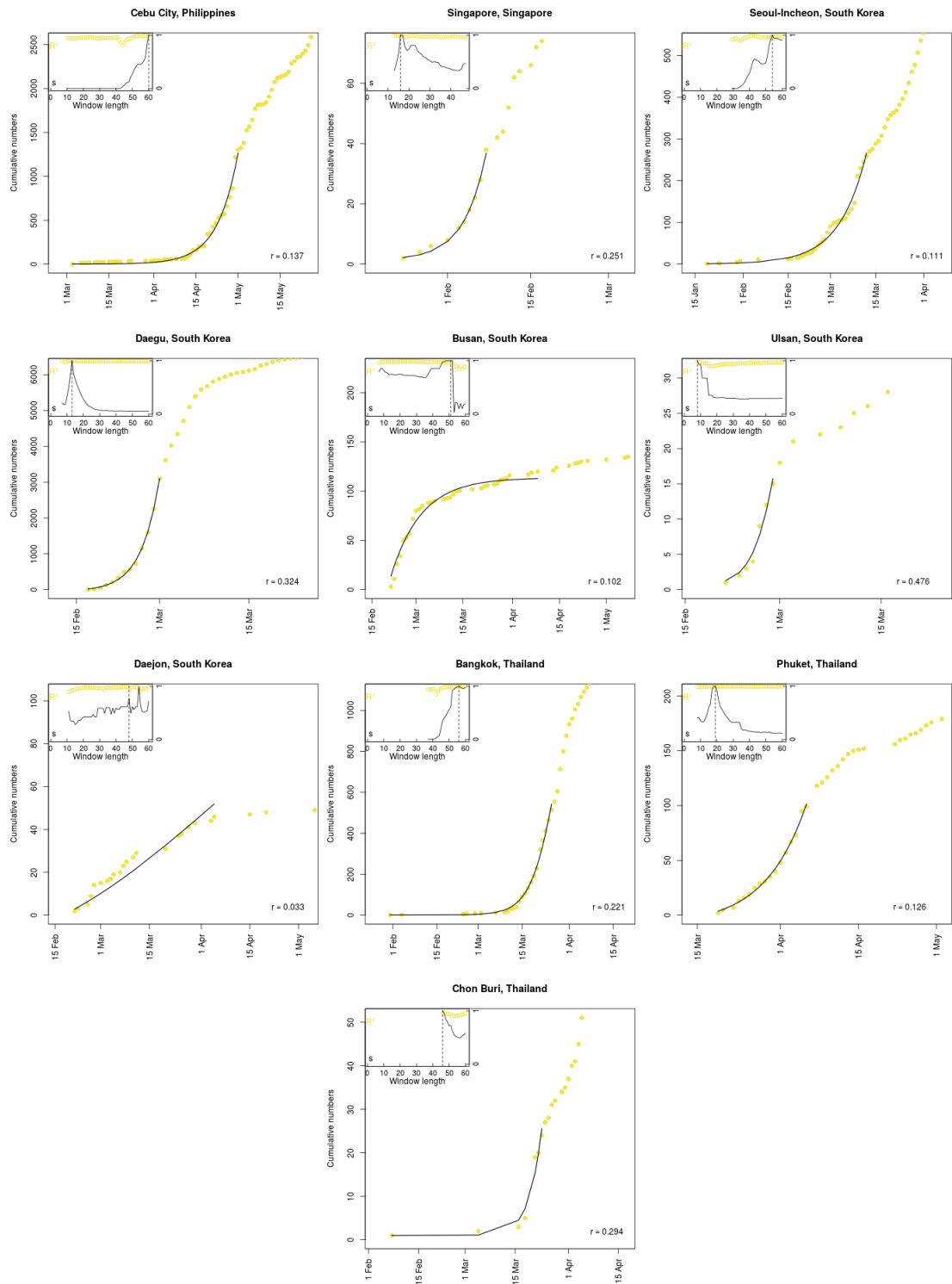




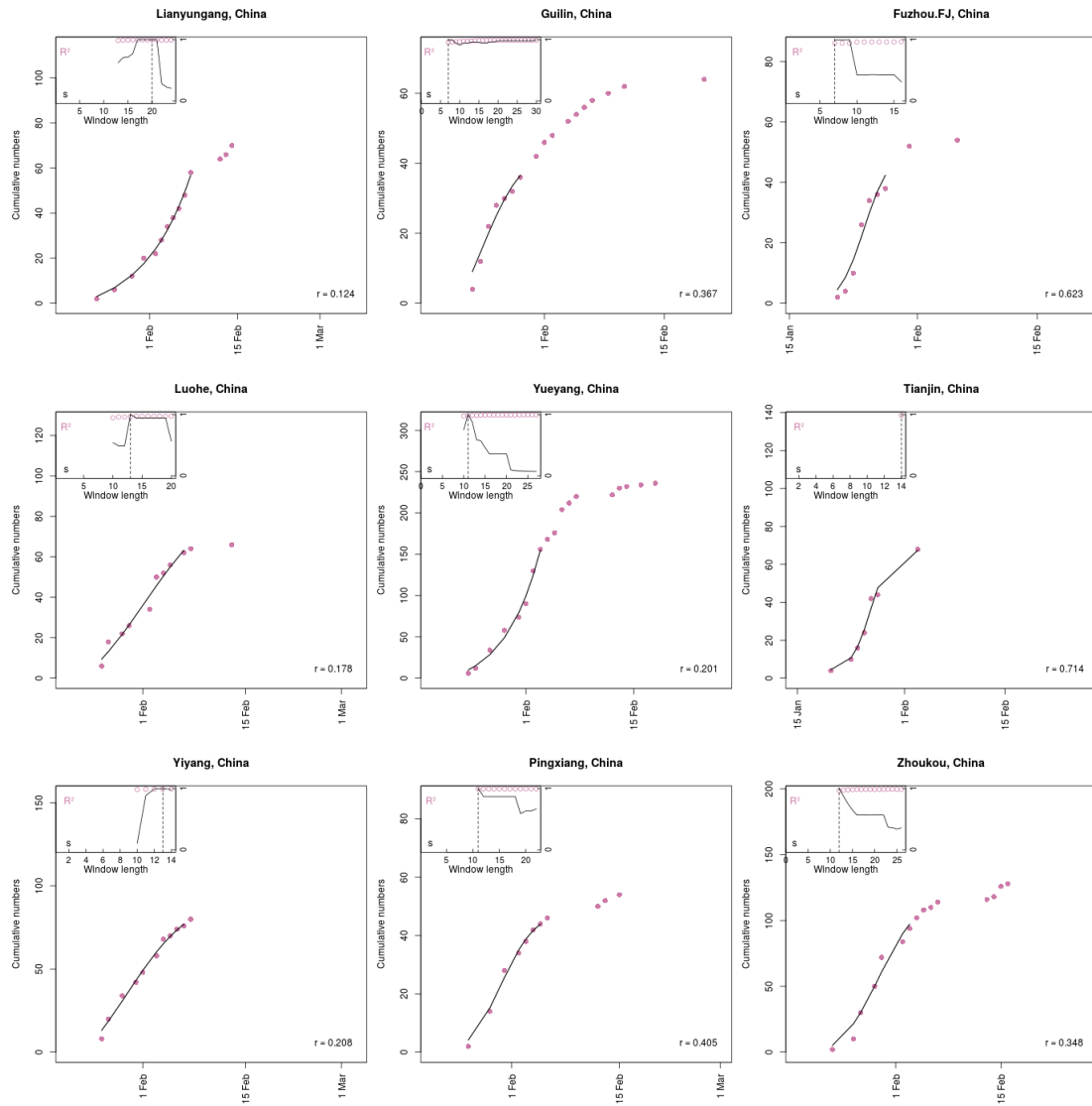


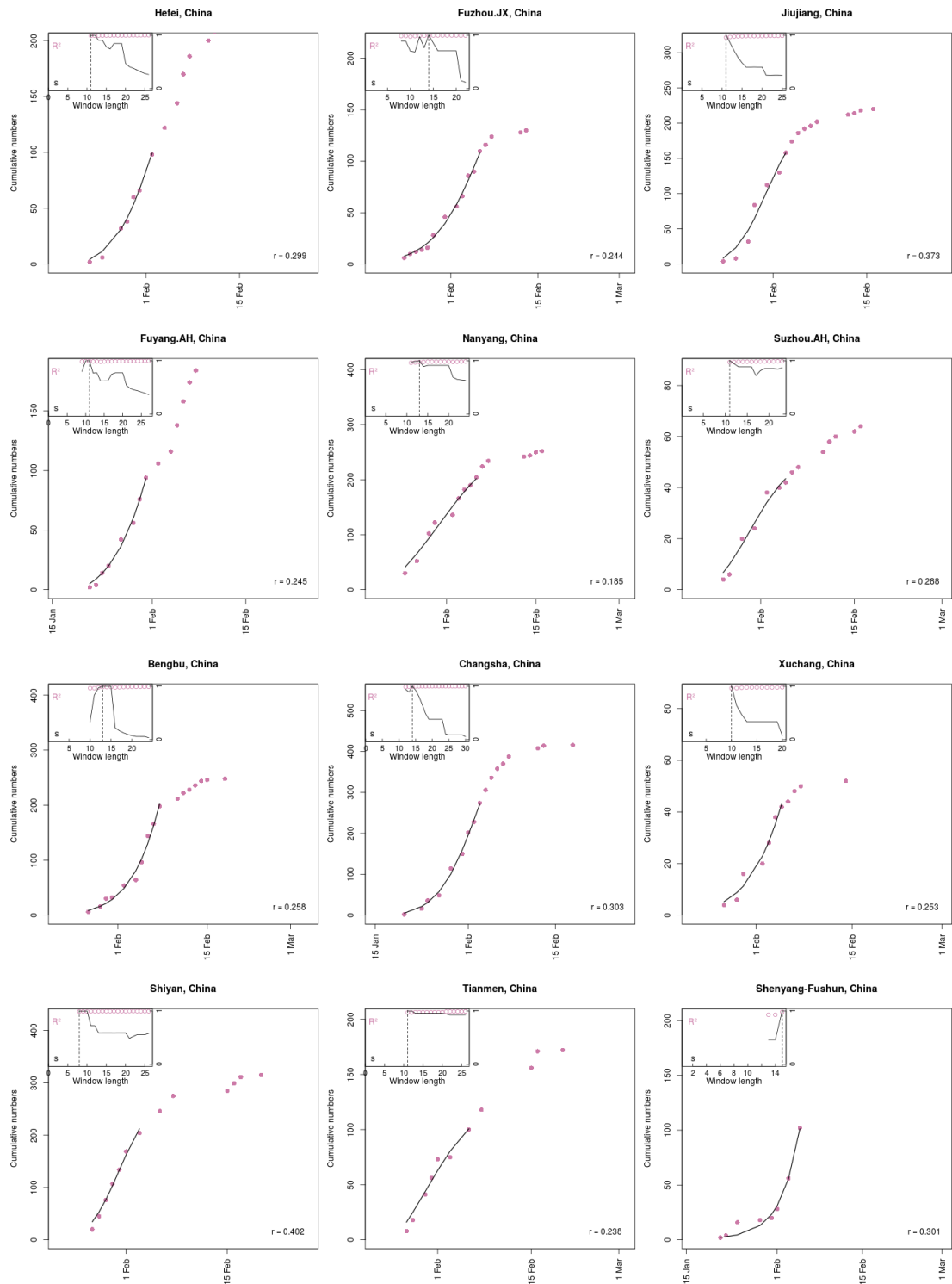


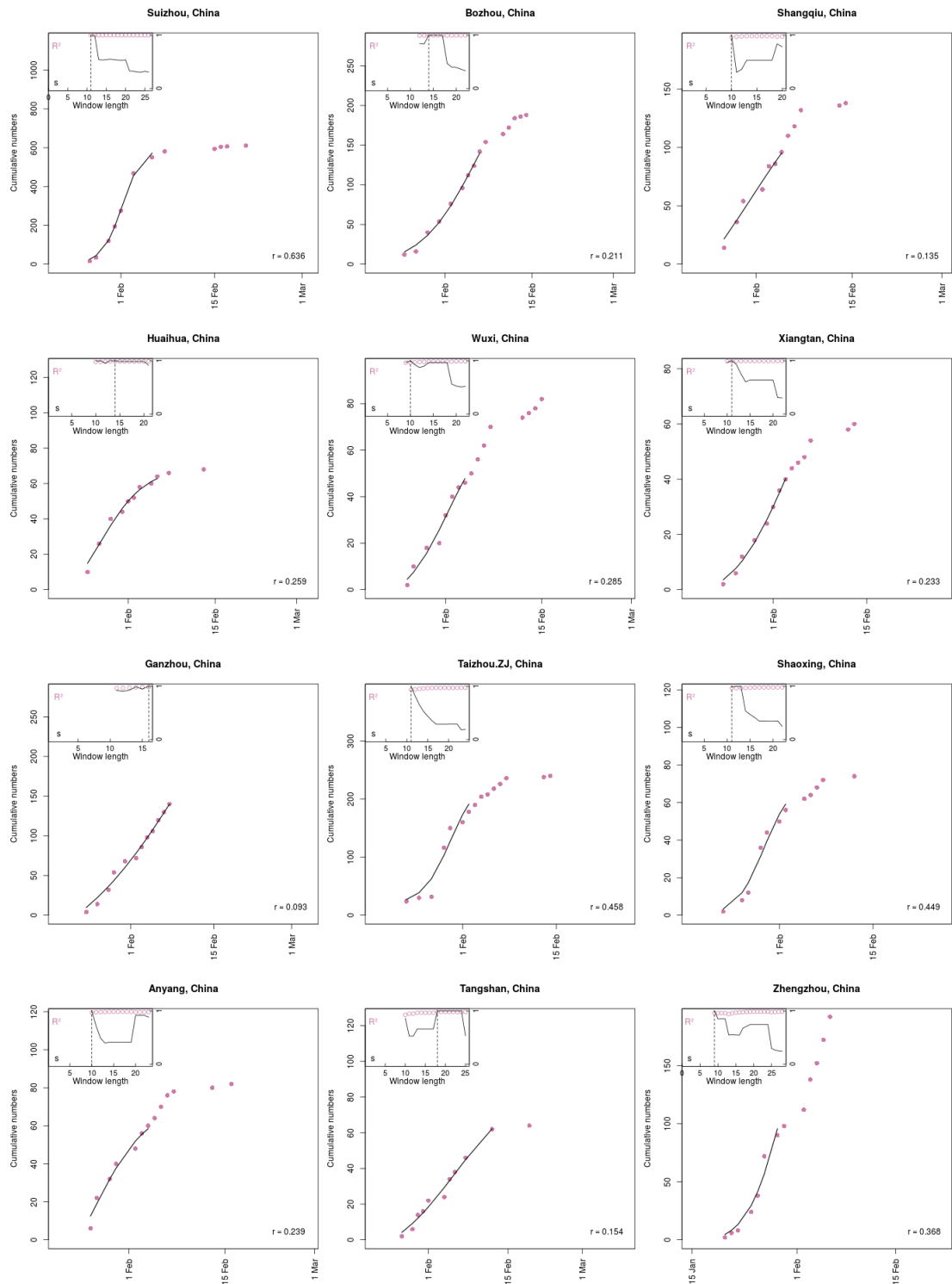


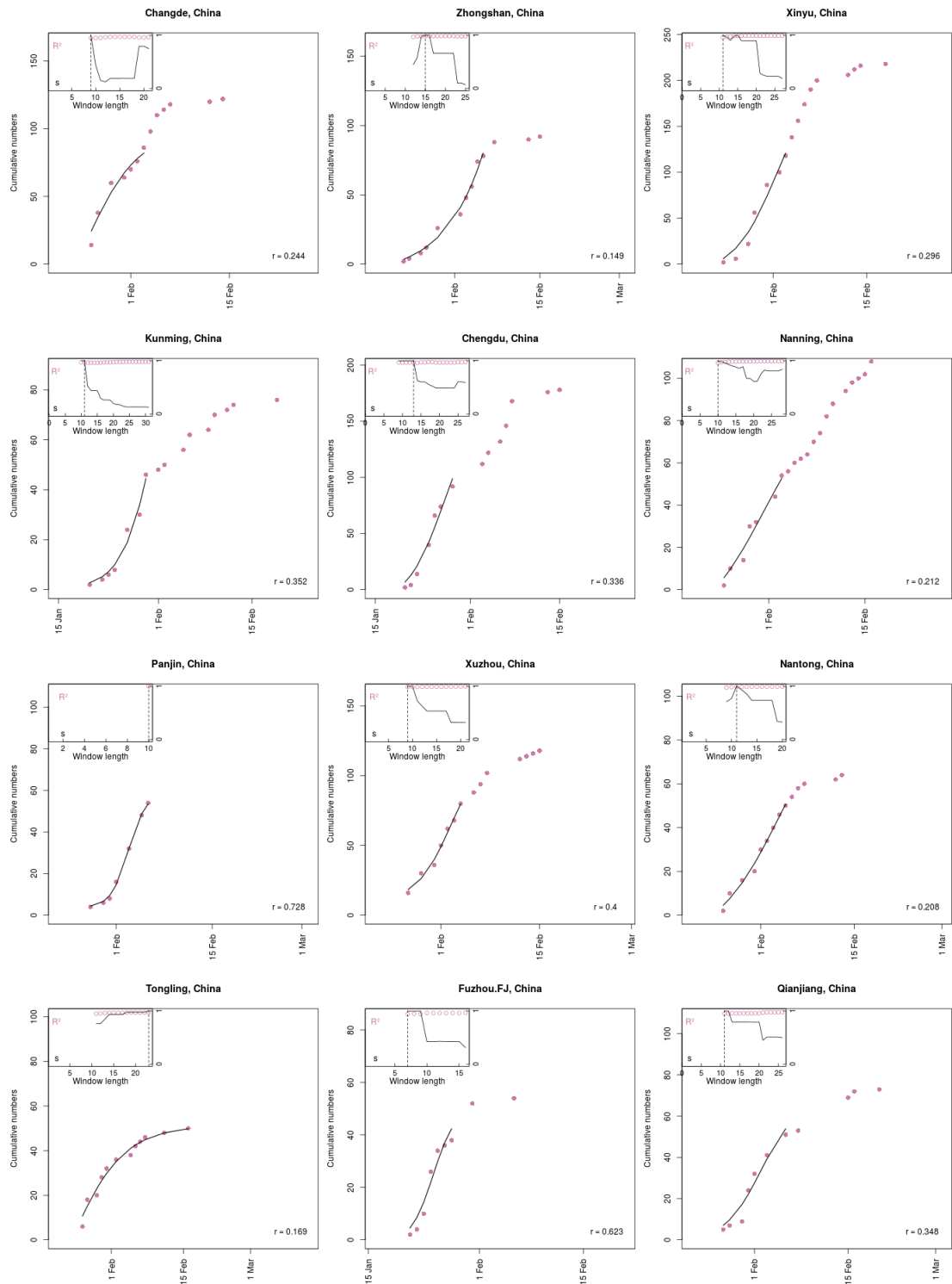


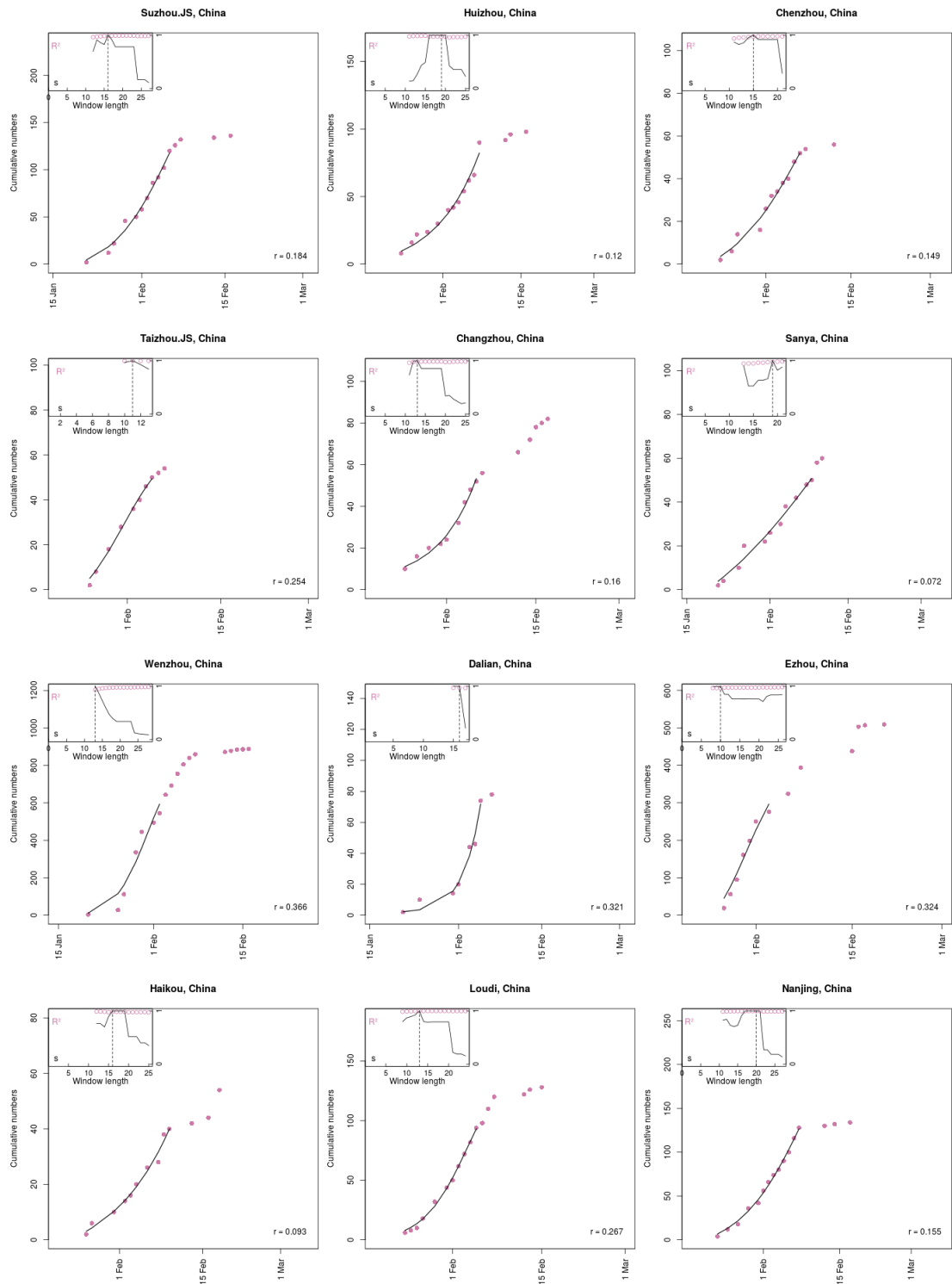
## S4.7 China



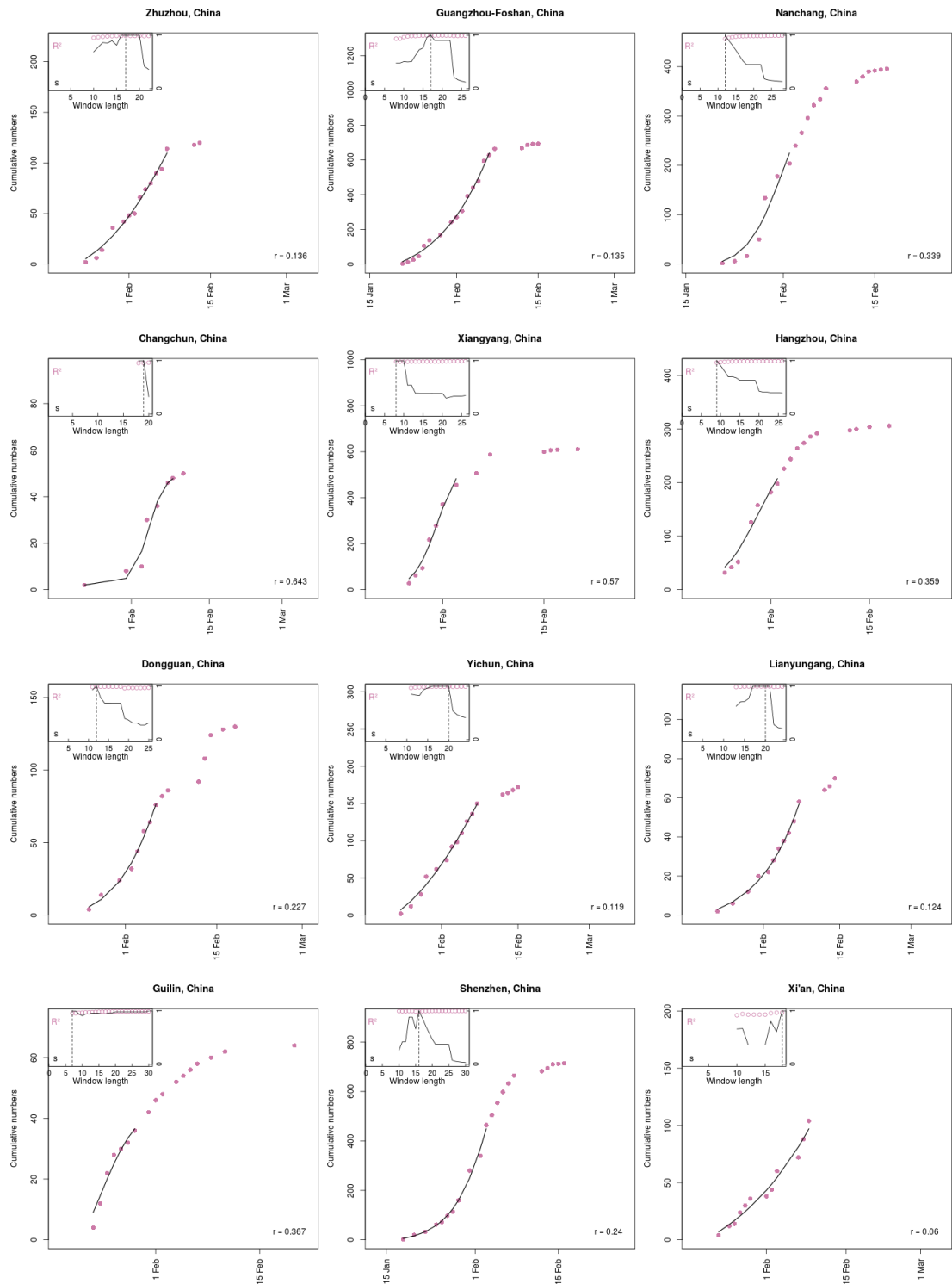


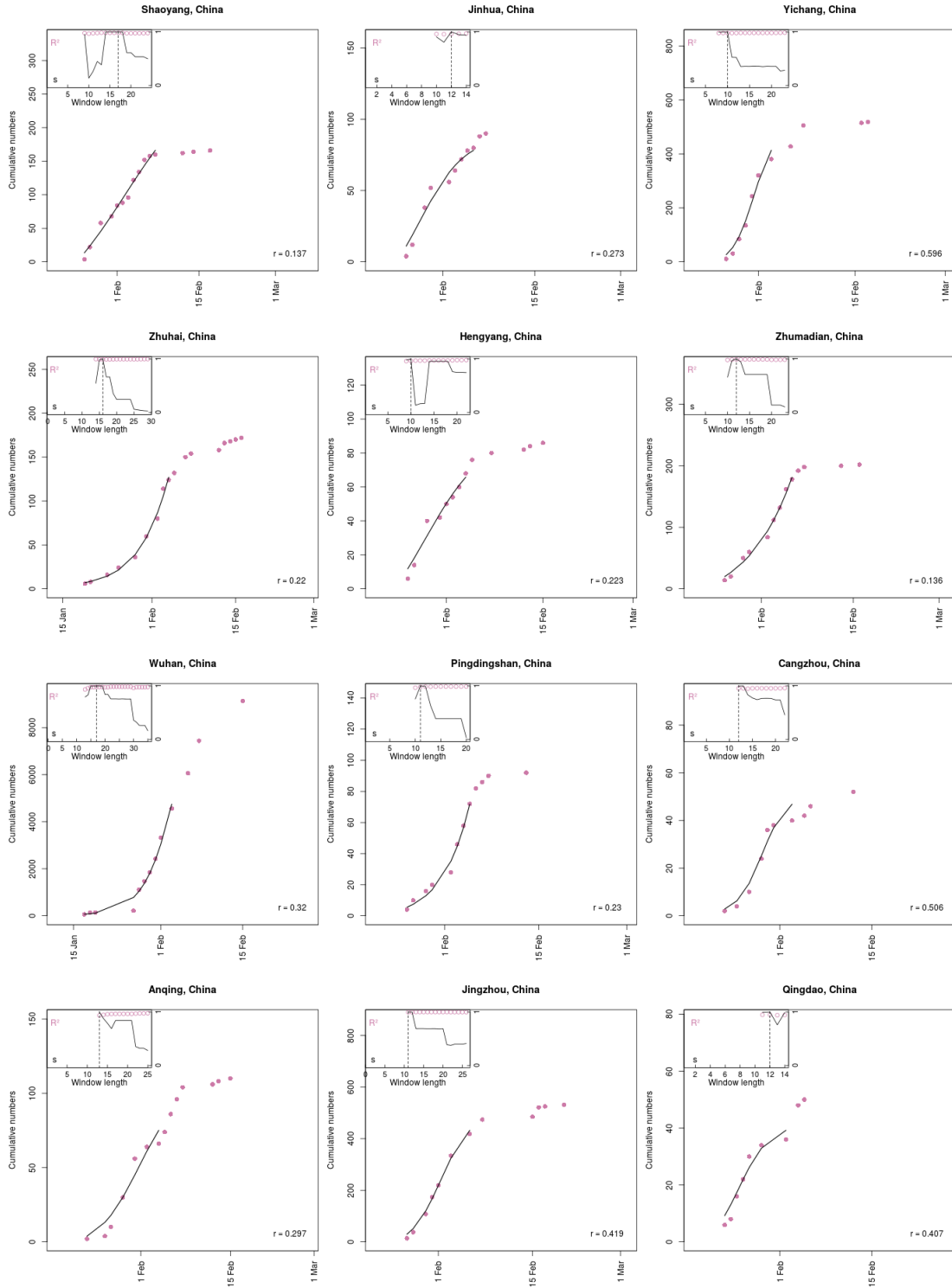


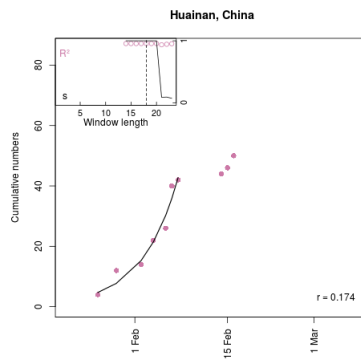
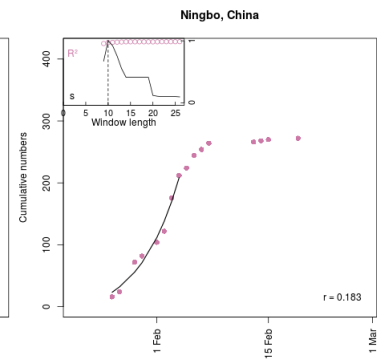
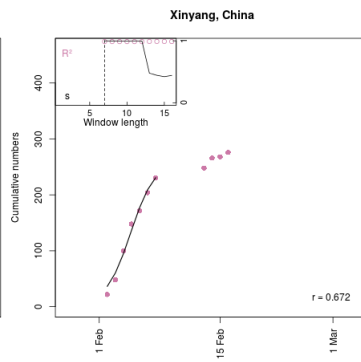
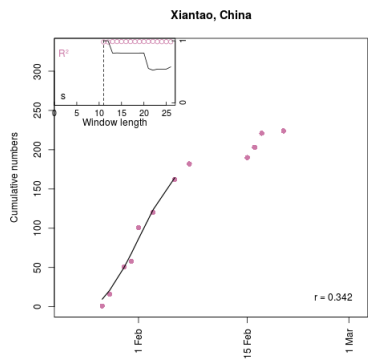












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