

# Modeling Infectious Diseases

- Pej Rohani & John Drake
- Odum School of Ecology
- University of Georgia

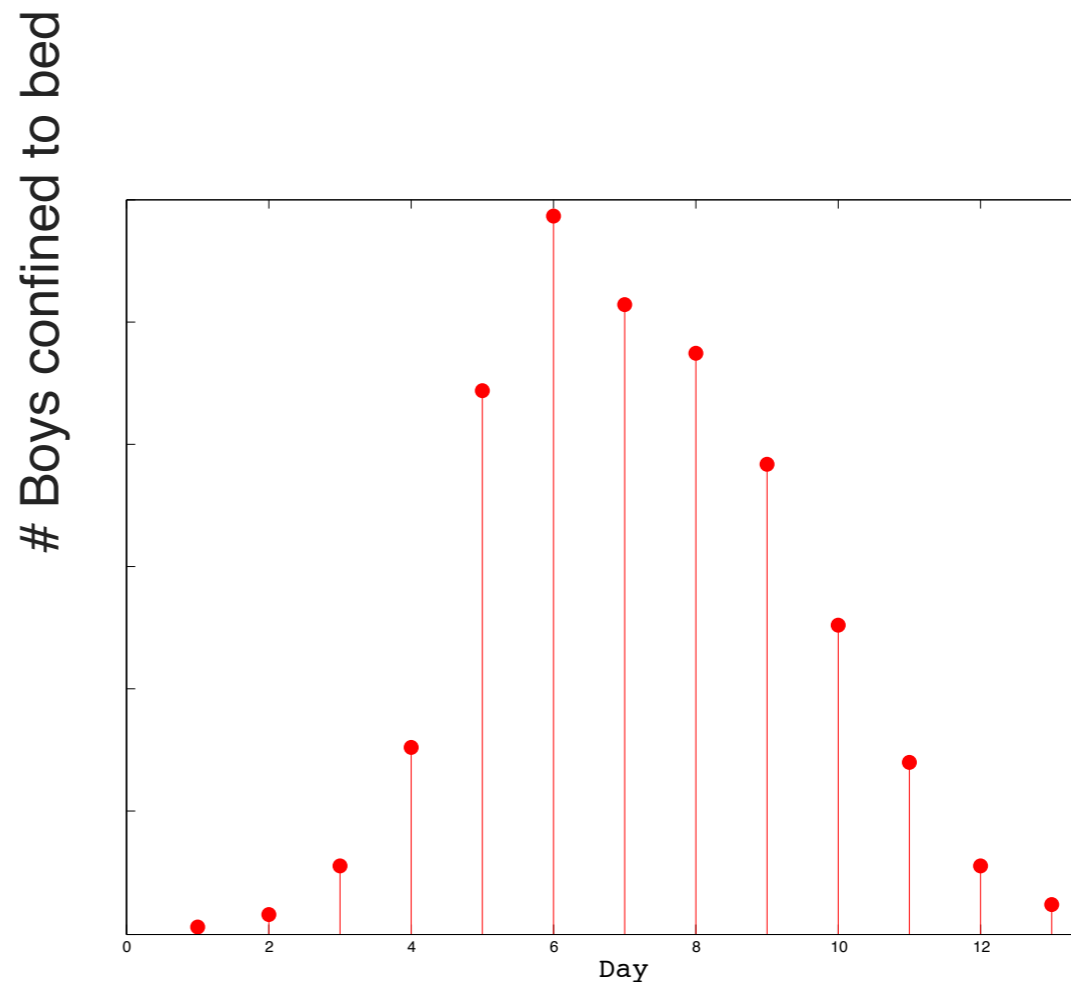
# School outbreak



Boarding School, England  
Jan 1978

Raises numerous questions:

- What is etiological agent?
- Is it novel?
- Is a vaccine available?



# Multifaceted approach to understanding infectious diseases

Medicine

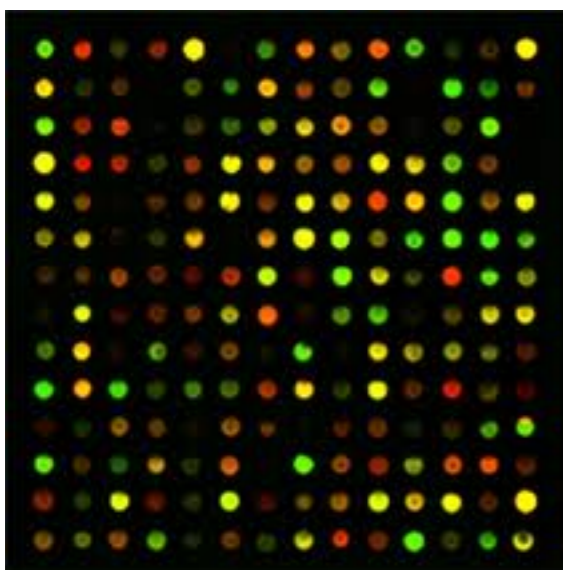


**But these approaches don't address important questions at population level ...**

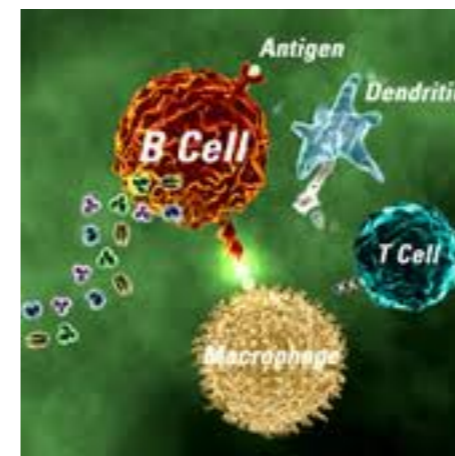
Microbiology



Genomics



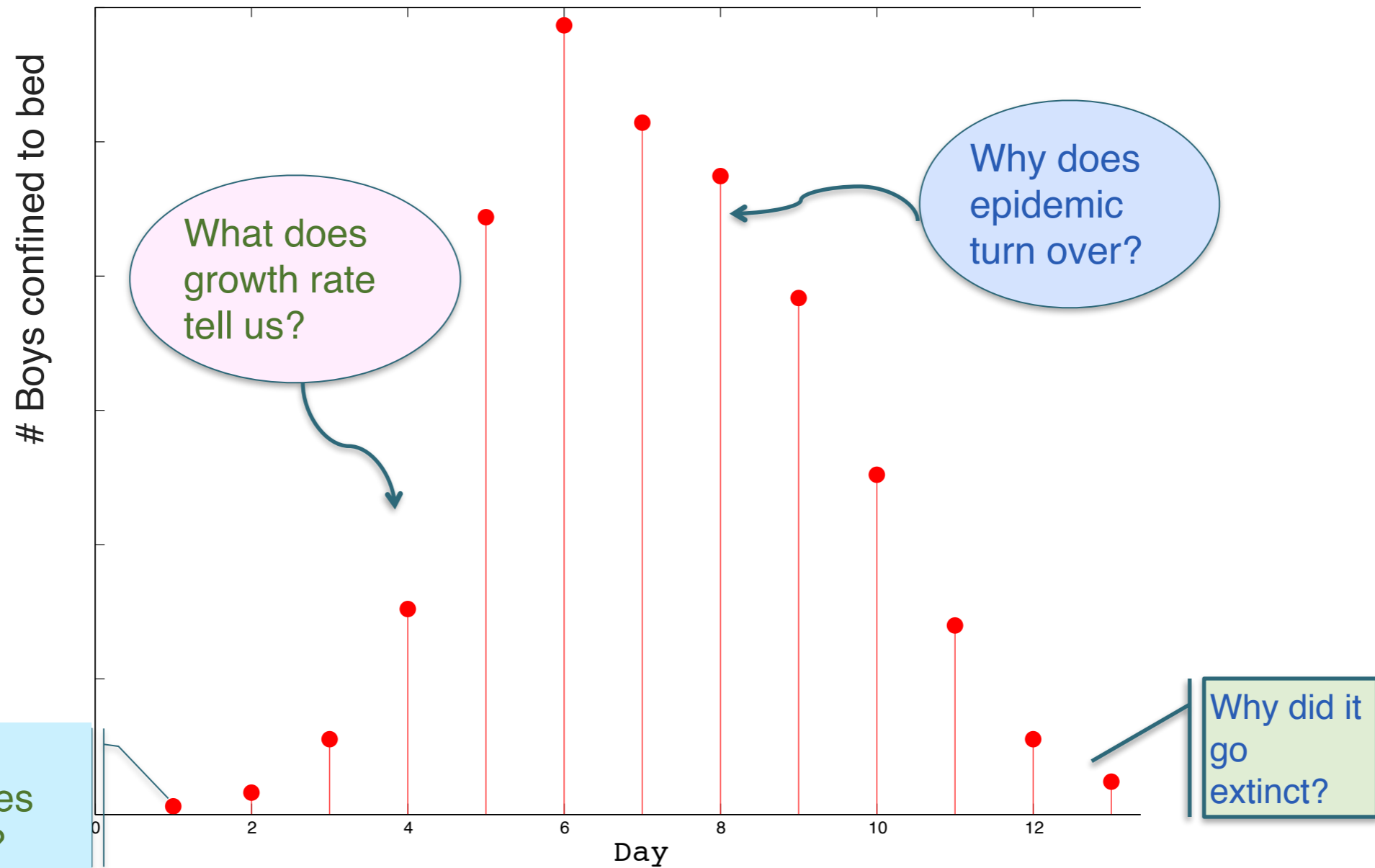
Immunology



Vaccines & Drugs



# Modeling questions I. Basics

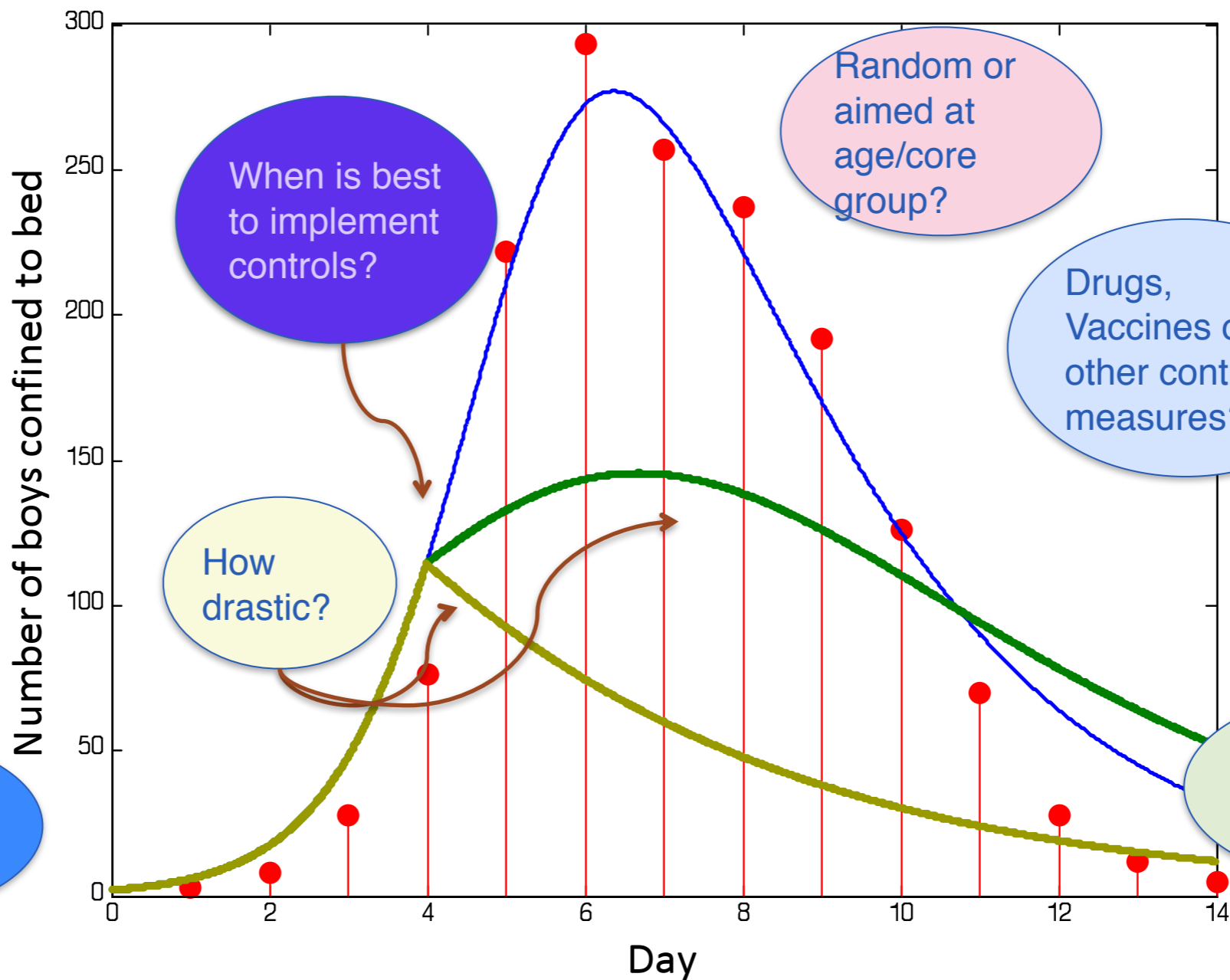


# Modeling questions II. Control Implications

How to prevent spatial spread?

Is it evolving?

How to prevent invasion/reinvasion?



When is best to implement controls?

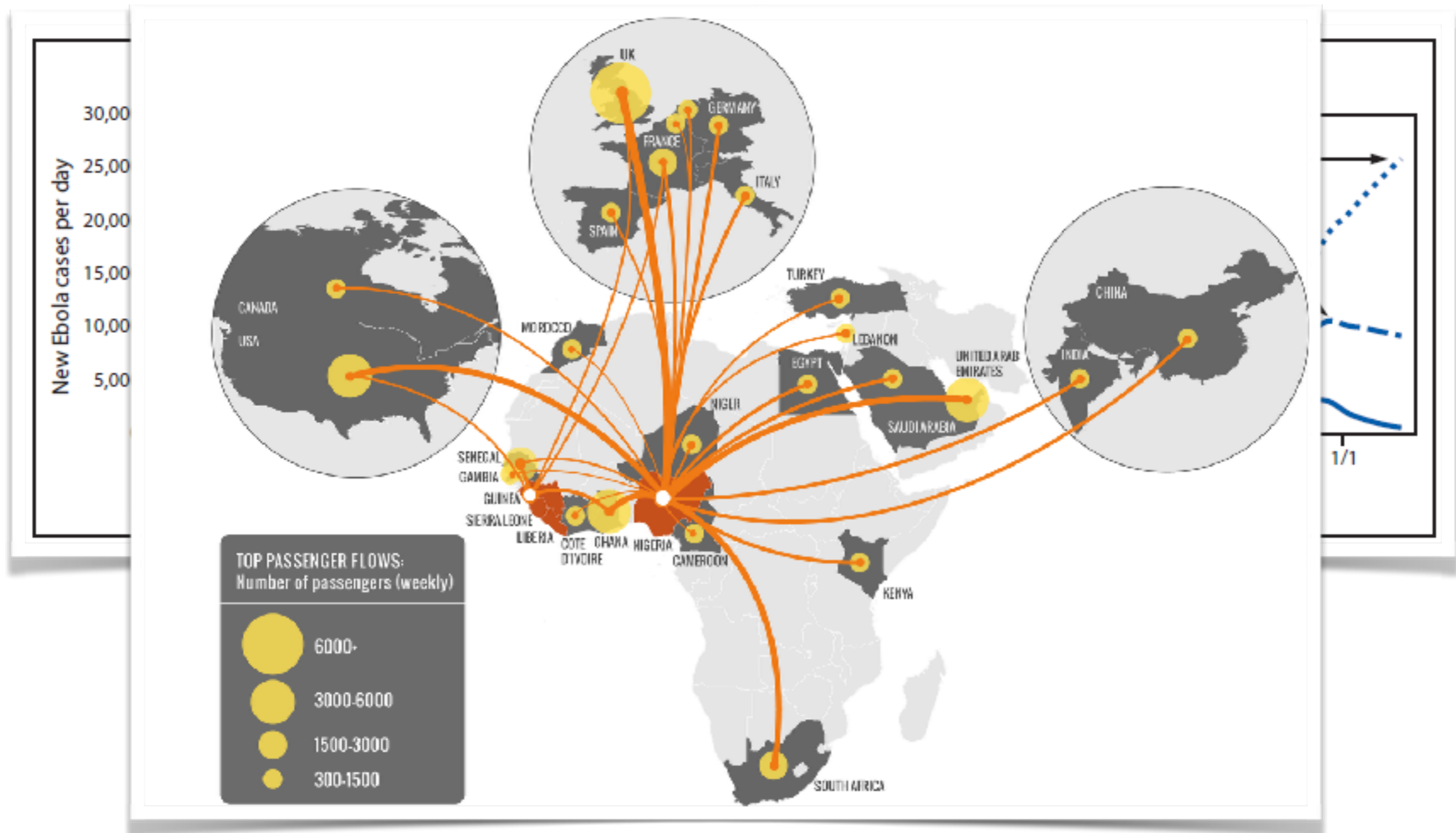
How drastic?

Random or aimed at age/core group?

Drugs, Vaccines or other control measures?

Probability of invasion or extinction

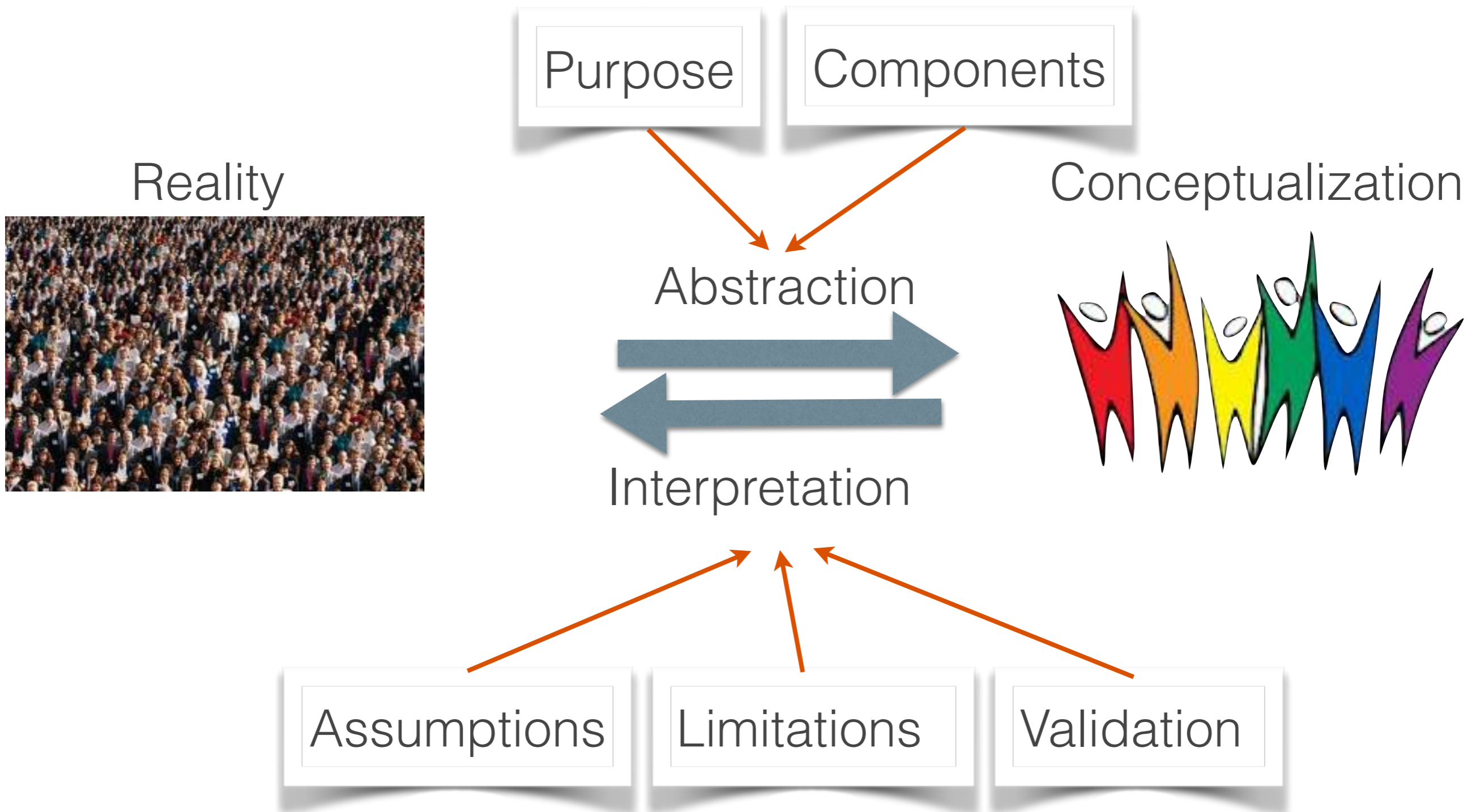
# Emerging pathogens



# What is a model?

- Different types of models:
  - A **mathematical/computational model** is an abstract model that uses mathematical language to describe behaviour of a system
  - A **Statistical model** attempts to describe relationships between observed quantities and independent variables
- Developing a mechanistic model is different from statistical analyses of data

# Abstraction





# What's a 'Good' Model?

- Choice of model depends crucially on focal question and available data (hammer & chisel or pneumatic drill?)
- Use model principally for
  - understanding nature
  - making predictions

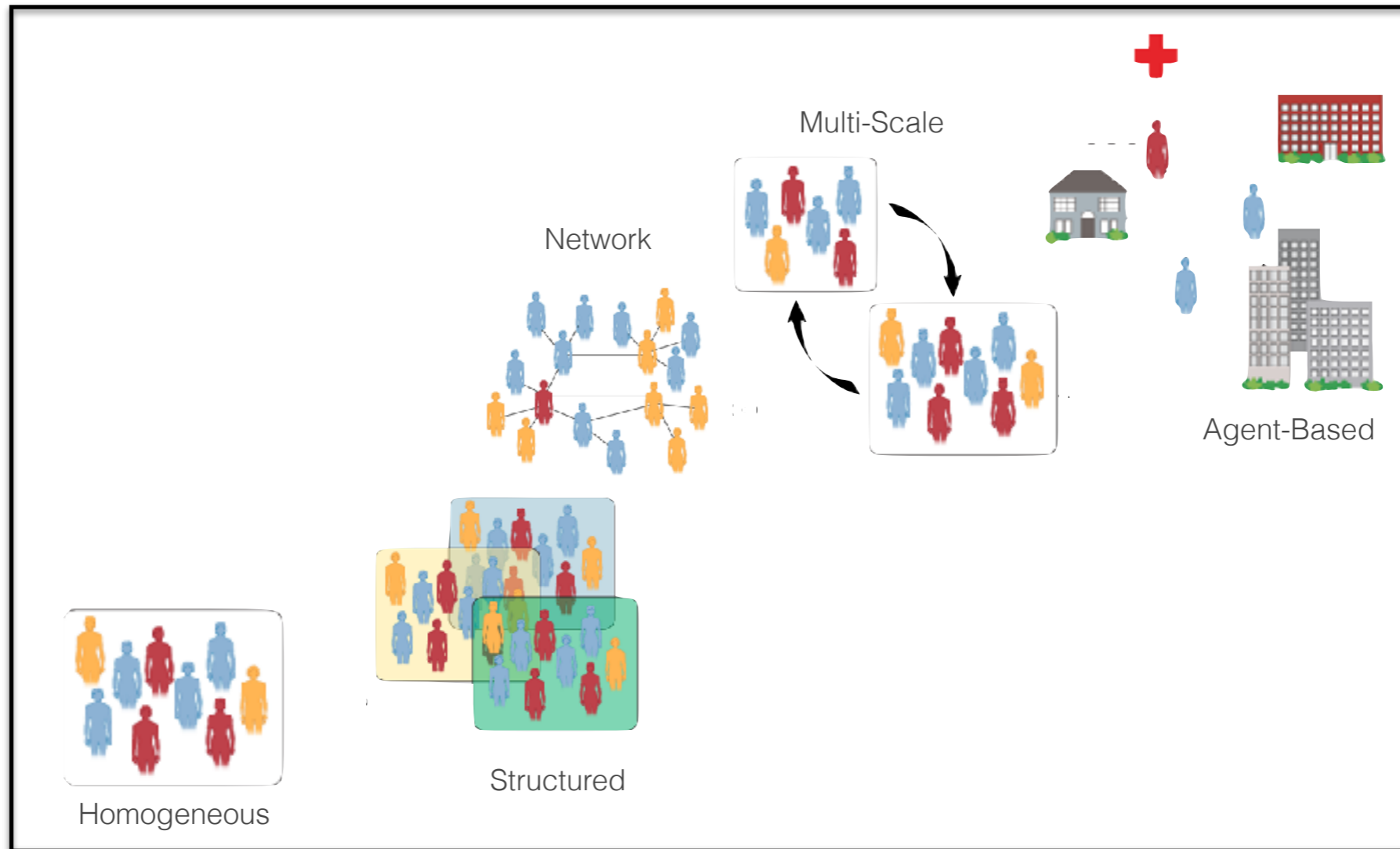
# Judging a Model...

- Three fundamental features of models, often opposing forces:
  - **Accuracy**
    - Capture observed patterns (qualitative or quantitative?) and make predictions
    - Increases with model complexity
  - **Transparency**
    - Ability to understand model components
    - Decreases with model complexity
  - **Flexibility**
    - How easily can model be adapted to new scenarios?
    - Decreases with model complexity

# Realism Vs Transparency

↑  
“Realism”  
↓  
Transparency

Resolution



Solution tools



# 'How' do you Model?

## Analytical Models

Concentrate on problems that can be expressed and analysed fully using analytical approaches



## Problem-based Models

Construct most “appropriate” model and use whatever combination of methods for analysis and prediction



## Ready-Made Software

### ModelMaker

[www.modelkinetix.com/modelmaker/modelmaker.html](http://www.modelkinetix.com/modelmaker/modelmaker.html)



# Global simulators



# Resource Materials

- Keeling & Rohani (2008)
- Vynnycky & White (2010)
- Anderson & May (1991)
- Otto & Day (2007)
- Diekmann et al. (2012)



# Modelling Infectious Diseases

- **Objective 1:** Setting up simple models
  - Different transmission modes
  - Basic Reproduction Ratio ( $R_0$ ), Simple Epidemics, Invasion threshold & extinction
  - Stability analysis
- **Objective 2:** Control
  - Infection management
- **Objective 3:** Statistical estimation
  - $R_0$  and other parameters
- **Objective 4:** Heterogeneities
  - Risk structure
  - Age-structured transmission
  - Realistic pathogenesis
  - Seasonality
- **Objective 5:** Sensitivity & Variability
  - Stochastic implementation
  - Parameter uncertainty

# Steps in Developing a Model

Formulate problem/objectives



Conceptual model diagram



Dynamic equations



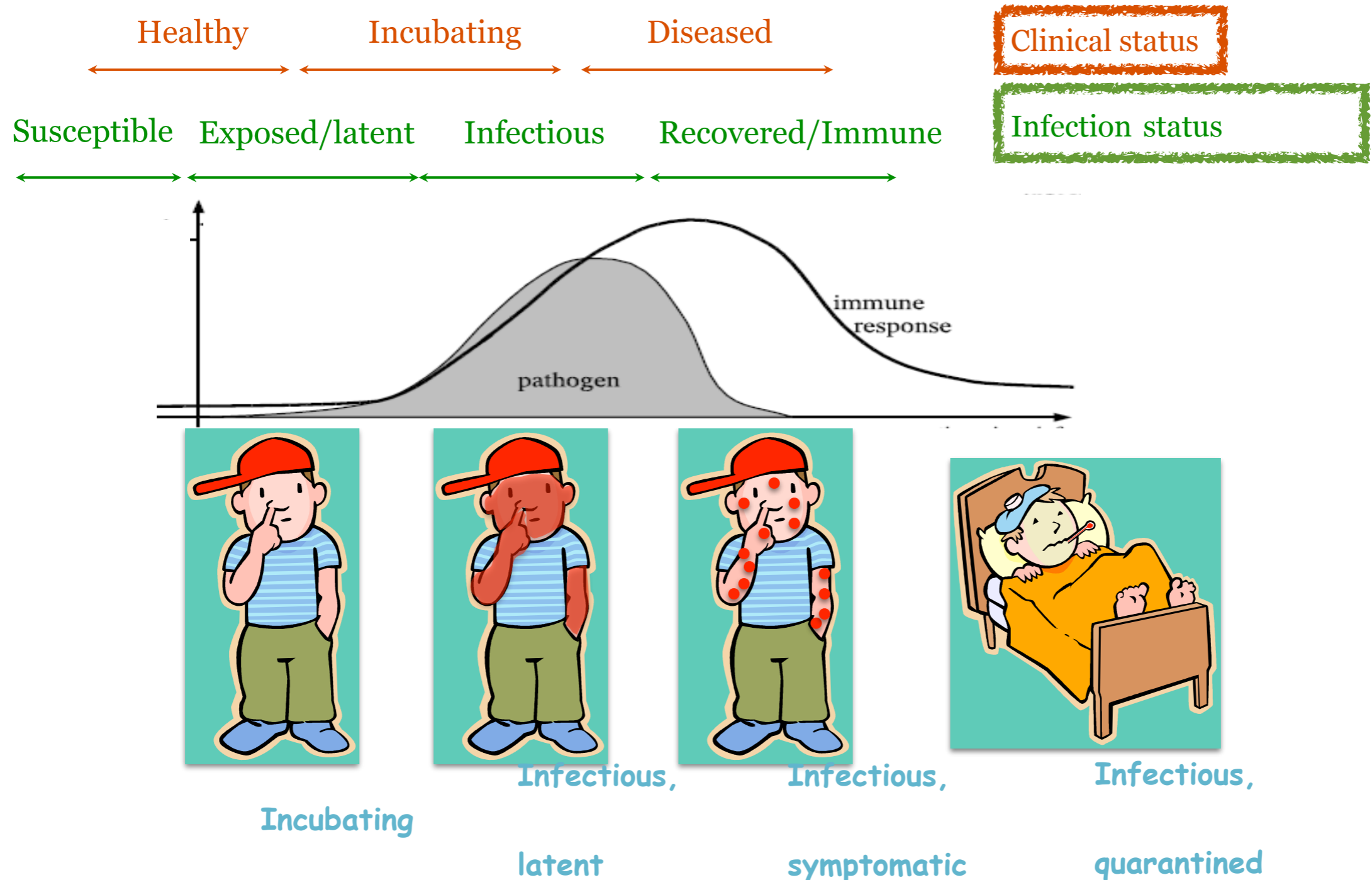
Computer code



# The simplest models

- Let's develop a model for Boarding School influenza outbreak
  - Some **important** choices need to be made at outset
1. **What do we want to keep track of?**
    - Amount of *virus* in population?
    - *Antibody titre* of everyone in population (school)?
    - *Cities* in which infected people have been found?

# Categorising individuals



# The simplest models

- Pragmatic choice: categorise individuals in population according to their infection status, eg:

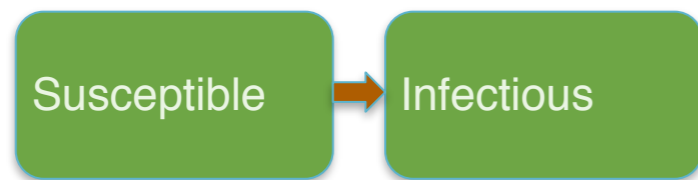
- Susceptible
- Infectious
- Recovered/Immune

These are our  
“system variables”

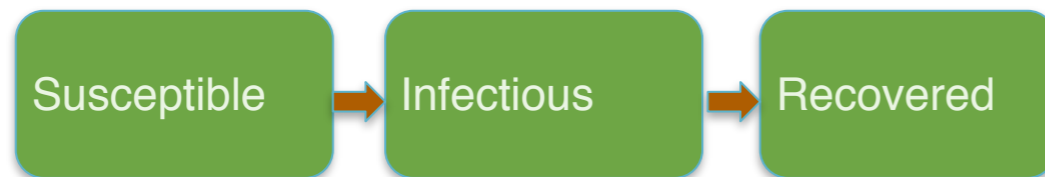
# The simplest models

## 2. What model structure?

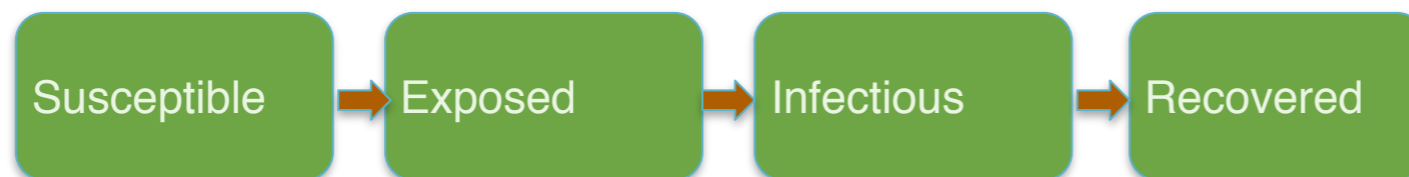
-- Determined by pathogen biology



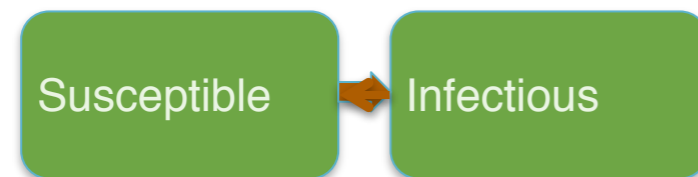
SI – signifies fatal infection



SIR – recovery after infection



SEIR – latency

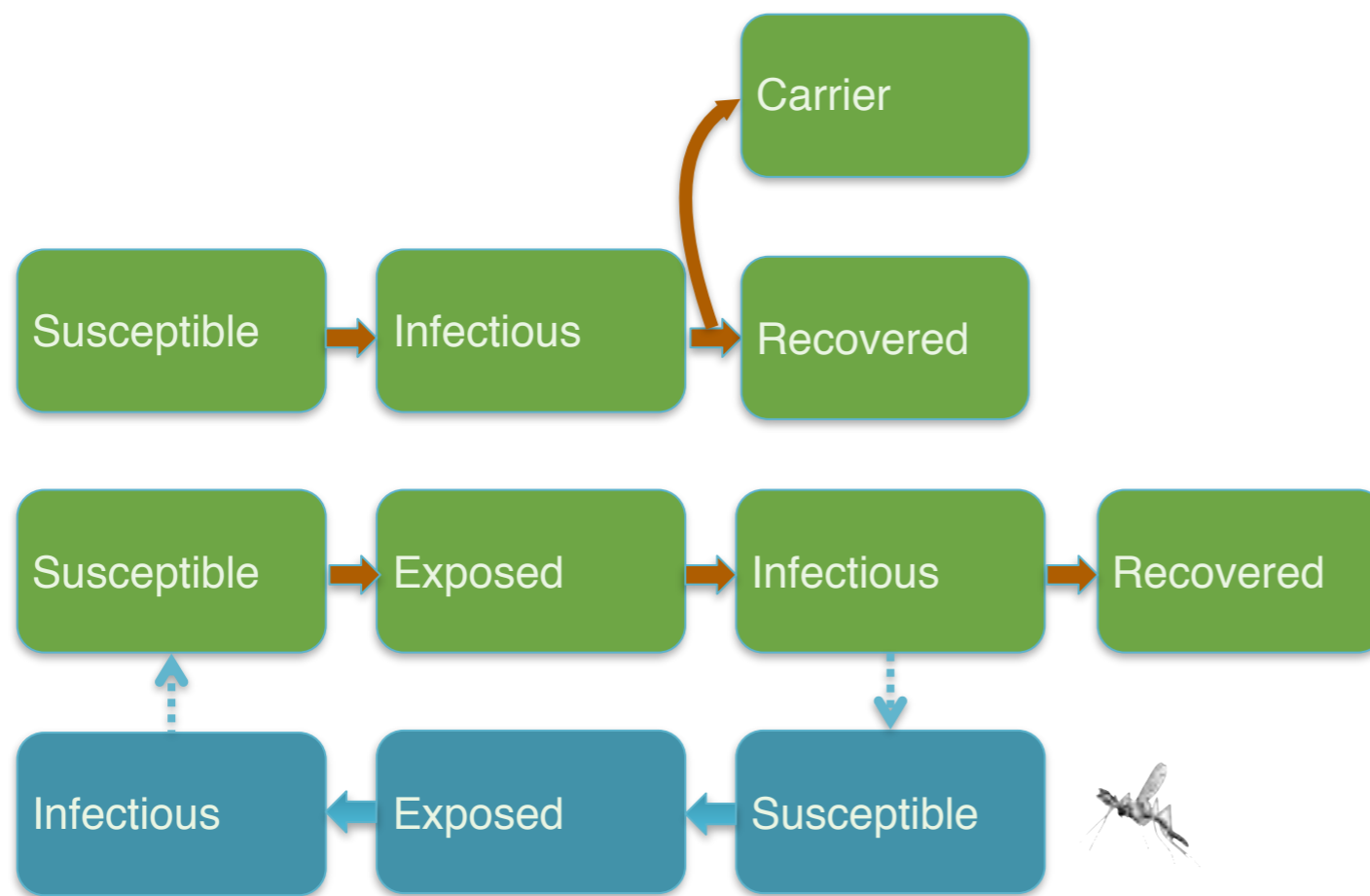


SIS – no immunity elicited

# The simplest models

## 2. What model structure?

-- Determined by pathogen biology

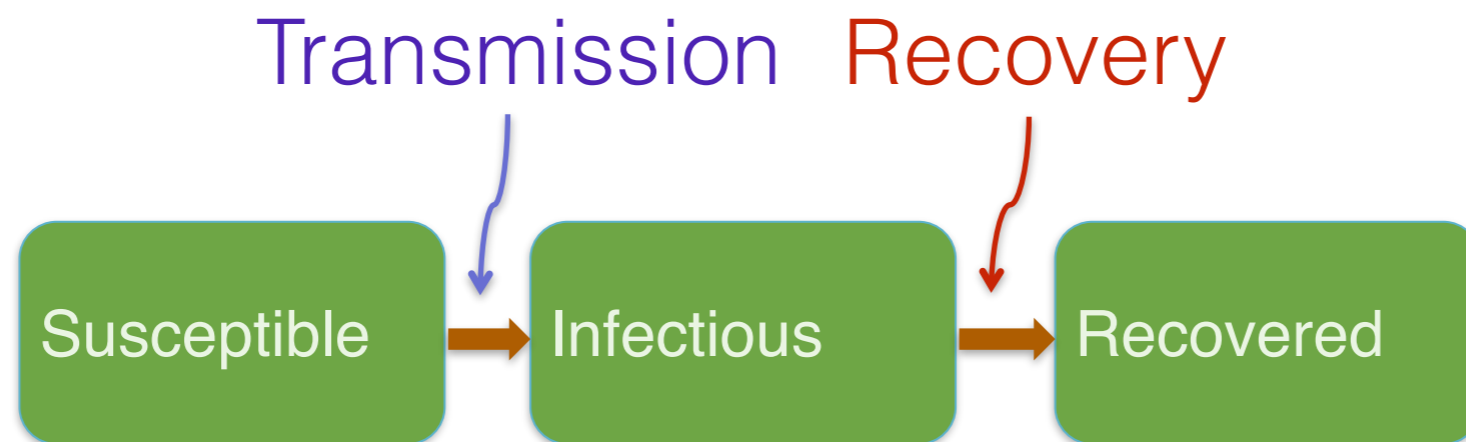


SIR – with carriers

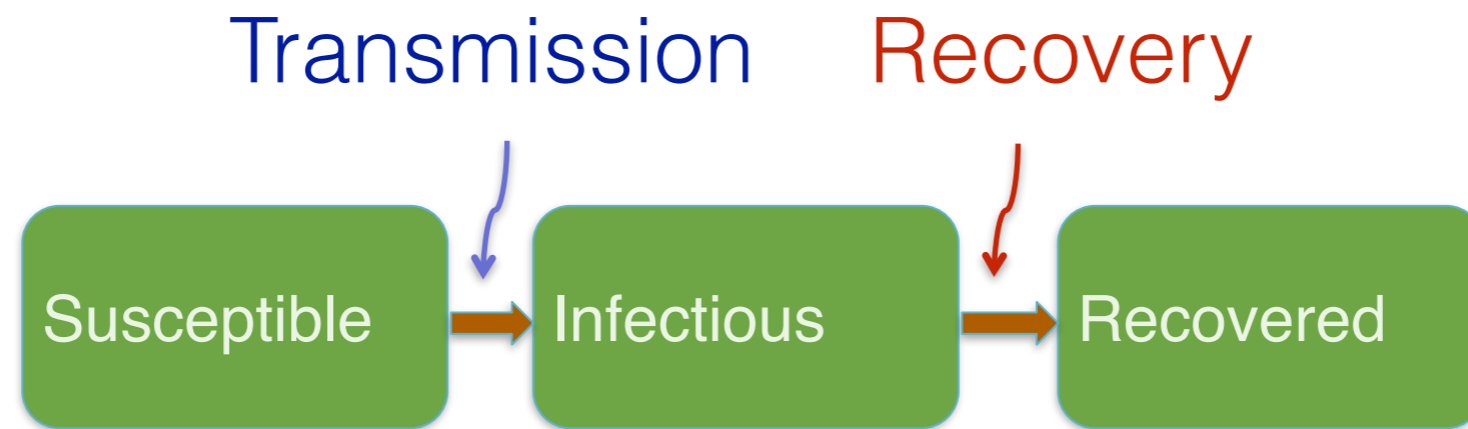
Vectored transmission

# The simplest models

- **What model structure?**
- Depends on what do we know about the pathogen (eg, influenza)
  - It's directly transmitted (aerosol)
  - An acute infection
  - Lifelong immunity (to that strain)



# The simplest models



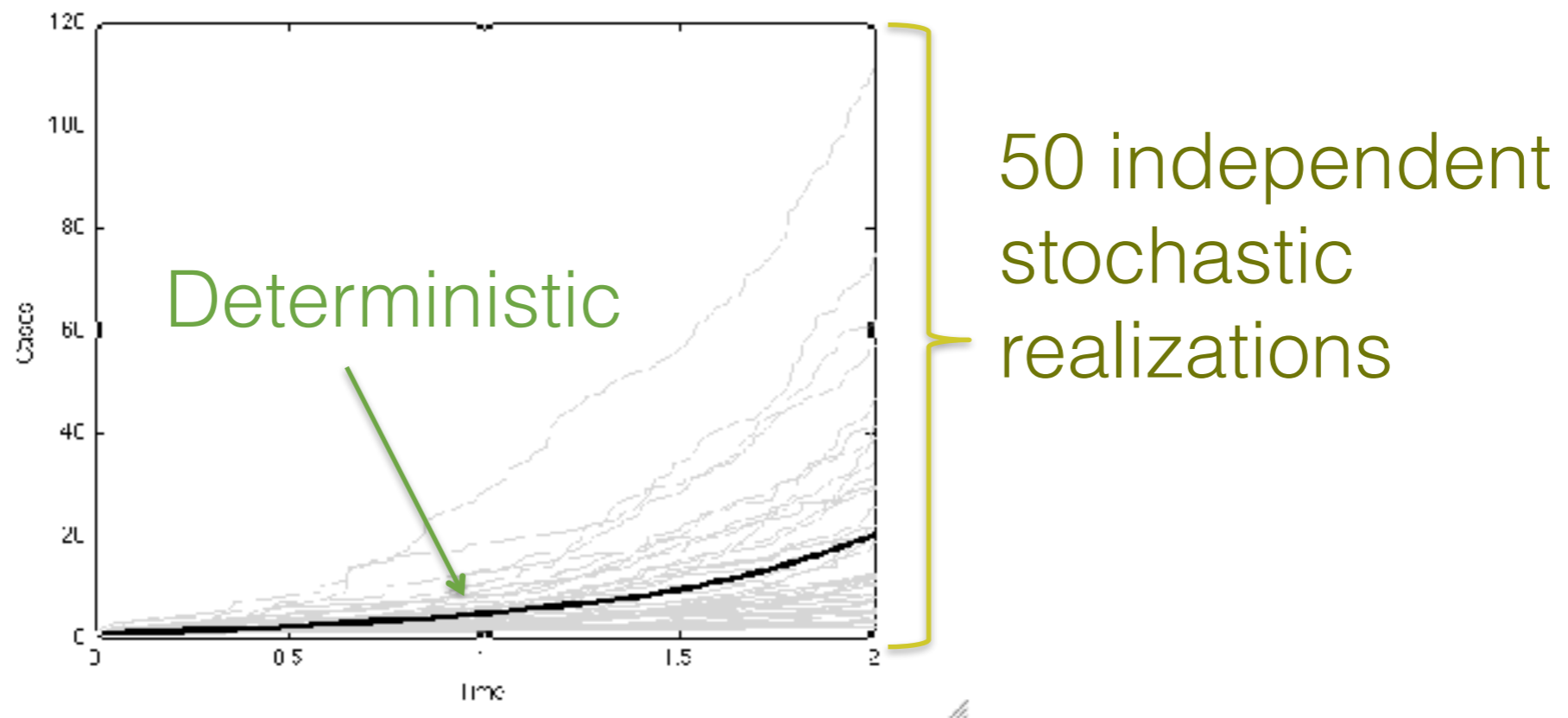
- Flow between classes/compartments determined by details of **host population structure** and **pathogen biology**

- Host population size
- Contact rates
- Pathogen infectivity

These are our  
“parameters”

# The simplest models

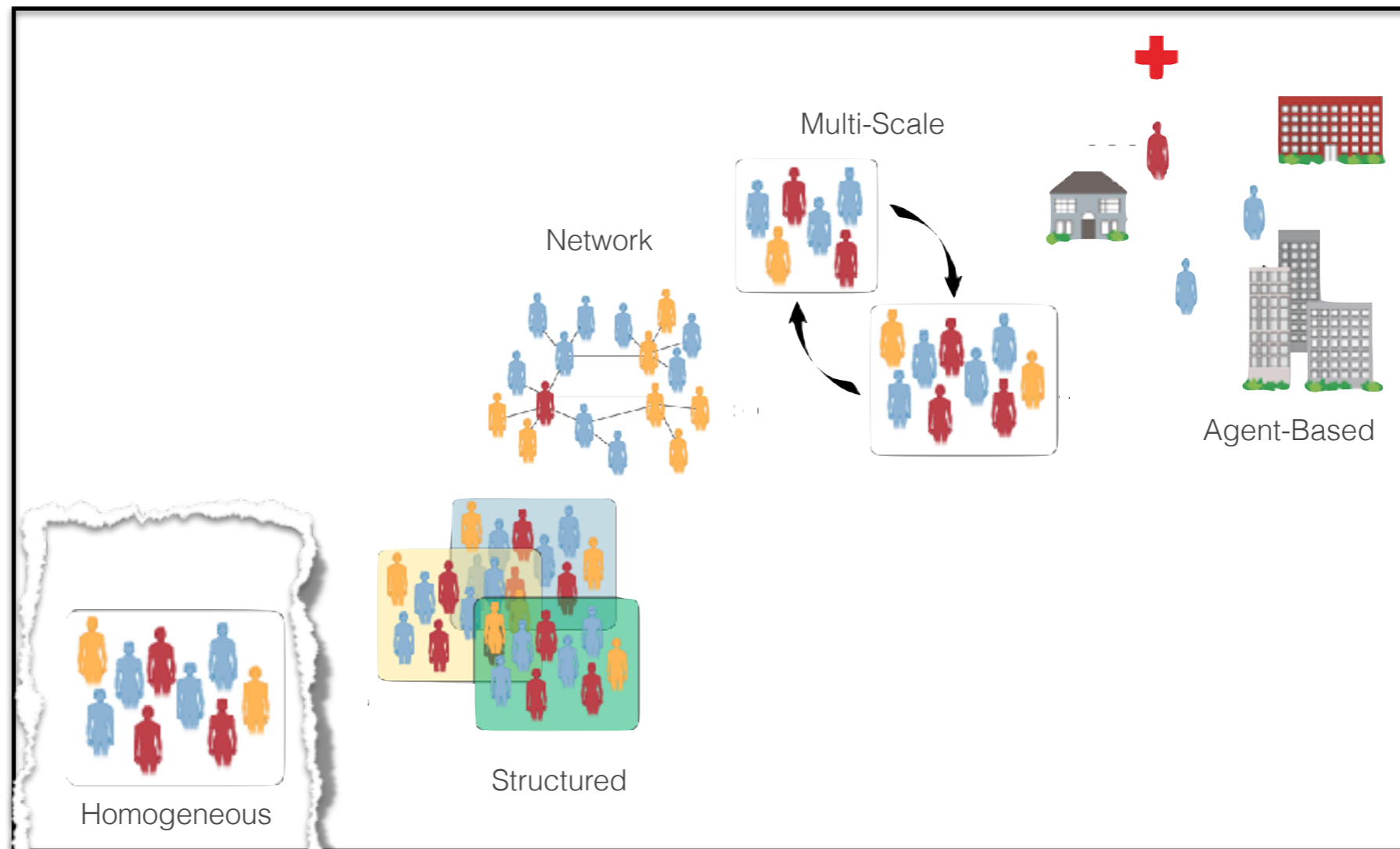
- **Deterministic or Stochastic?**



*On average, stochastic simulations identical to deterministic predictions, though individual realizations may be quite different*



# Realism Vs Transparency



Solution tools



# The simplest models

- We've settled on a deterministic SIR model – now what?
- How do we write down some equations to describe spread of 'flu in this population?
- Assign each system variable a unique Roman letter, eg:
  - Susceptible,  $S$  (proportion) or  $X$  (number)
  - Infectious,  $I$  (proportion) or  $Y$  (number)
  - Recovered/Immune,  $R$  (proportion) or  $Z$  (number)
- Assign parameters a unique (typically Greek) letter, eg:
  - Contact rate,  $\kappa$
  - Pathogen infectivity,  $\nu$

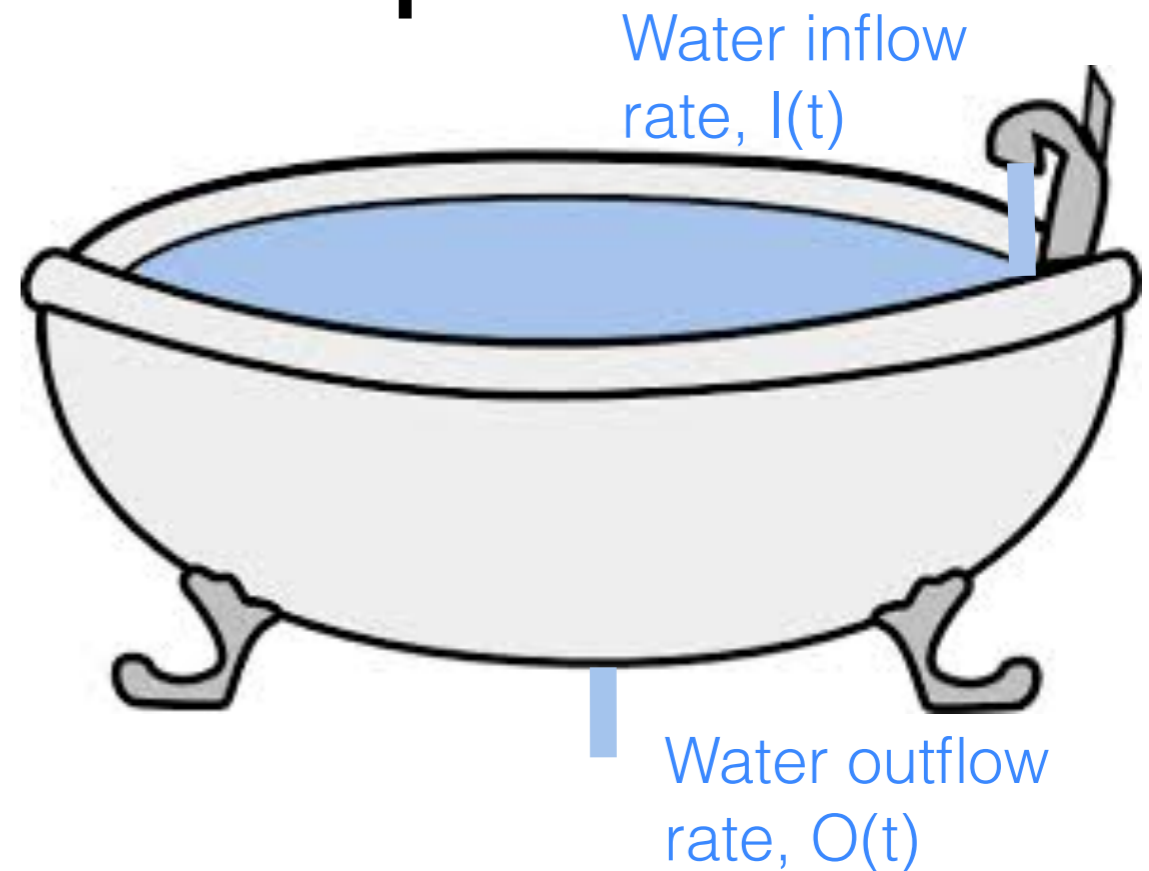
# Very important!

- NOTHING SPECIAL ABOUT MY CHOICE OF NOTATION – USE OF PARTICULAR LETTERS HIGHLY IDIOSYNCRATIC
- OTHER AUTHORS MAY USE DIFFERENT LETTERS TO DENOTE SAME VARIABLES OR PARAMETERS.
- YOU CANNOT AUTOMATICALLY ASSUME THAT  $\beta$  IN TWO DIFFERENT PAPERS MEANS THE SAME THING!

# 3. Model equations

# Bath tub example

- Let  $W(t)$  be amount of water in bathtub (ml)
- Need a dynamic equation that tells us how  $W(t)$  will change through time



\* Consider a small time interval,  $\delta t$

\* Then,

$$W(t + \delta t) = W(t) + \text{Inflow rate} \times \text{elapsed time} - \text{Outflow rate} \times \text{elapsed time}$$

# Bath tub example

$$W(t + \delta t) = W(t) + I \times \delta t - O \times \delta t$$

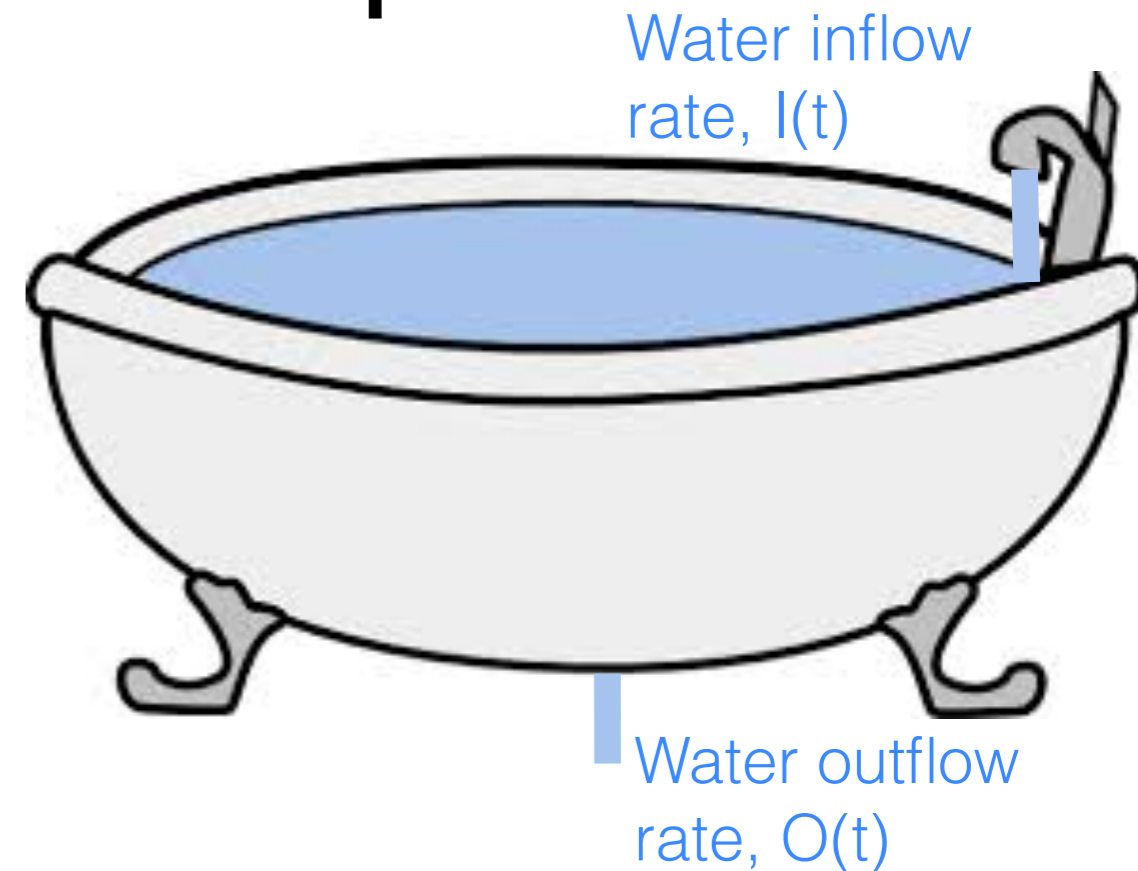
\* Rearrange

$$\frac{W(t + \delta t) - W(t)}{\delta t} = I - O$$

\* Left hand side is a difference quotient for derivative of  $W$  with respect to time

\* Let  $\delta t \rightarrow 0$

$$\frac{dW}{dt} = I - O$$



Many Linked bath tubs  
= compartment models

# Model equations

- If we knew  $X_t$  and  $Y_t$ , could we predict  $X_{t+\delta t}$  and  $Y_{t+\delta t}$ , where  $\delta t$  is some (very short) time later?

$$X_{t+\delta t} = X_t - \text{Transmission}$$

$$Y_{t+\delta t} = Y_t + \text{Transmission}$$

- Transmission rate  $\propto$  Contacts  $\times$  P(Infectious)  $\times$  P(Transmission)  
per susceptible
- $$= \kappa \times \delta t \quad \times \frac{Y_t}{N} \quad \times \nu$$
- $$= \kappa \nu \frac{Y_t}{N}$$
- $$= \beta \frac{Y_t}{N}$$



# Model equations

- If we knew  $X_t$  and  $Y_t$ , could we predict  $X_{t+\delta t}$  and  $Y_{t+\delta t}$ , where  $\delta t$  is some (very short) time later?

$$X_{t+\delta t} = X_t - X_t (\beta \delta t) Y_t / N$$

$$Y_{t+\delta t} = Y_t + X_t (\beta \delta t) Y_t / N - \text{Recovery}$$

- Recovery assumed at constant rate,  $\gamma$

# Basic questions?

$$\beta = \nu \kappa$$

$$X_{t+\delta t} = X_t - (\beta \delta t) X_t Y_t / N$$

$$Y_{t+\delta t} = Y_t + (\beta \delta t) X_t Y_t / N - (\gamma \delta t) Y_t$$

$$Z_{t+\delta t} = Z_t + (\gamma \delta t) Y_t$$

- Average infectious period given by  $1/\gamma$  [why?]

# Mean life time calculation

Consider recovery of a single infectious individual:  $I(t) = e^{-\gamma t}$

$$1 = \int_0^{\infty} c e^{-\gamma t} dt = \frac{c}{\gamma}$$

Hence, probability density function is  $\gamma e^{-\gamma t}$

$$\tau = \int_0^{\infty} t \gamma e^{-\gamma t} dt = \frac{1}{\gamma}$$

For a random variable  $x$ , with probability density function  $f(x)$ , the mean is given by  $\int_0^{\infty} x f(x) dx$

# An ODE model

- Consider equation describing Susceptible dynamics

$$X_{t+\delta t} = X_t - (\beta \delta t) X_t Y_t / N$$

- Re-write as

$$X_{t+\delta t} - X_t = - (\beta \delta t) X_t Y_t / N$$

$$(X_{t+\delta t} - X_t) / \delta t = - \beta X_t Y_t / N$$

By fundamental theorem of calculus, as  $\delta t \rightarrow 0$ ,

$$dX/dt = - \beta X Y / N$$

# An ODE SIR model

$$\frac{dX}{dt} = -\beta X \frac{Y}{N}$$

$$\frac{dY}{dt} = \beta X \frac{Y}{N} - \gamma Y$$

$$\frac{dZ}{dt} = \gamma Y$$

- By definition,  $X+Y+Z = N$
- These equations describe rates of change in state variables
- Parameters  $\beta$ ,  $\gamma$  represent instantaneous rates

# An ODE SIR model

$$\frac{dX}{dt} = \beta Y - \gamma X$$

In my lectures (as in K&R 2008), variables  $X$ ,  $Y$  &  $Z$  refer to the numbers of individuals in each class. Variables  $S$ ,  $I$ , &  $R$  refer to the proportions of the population in each class

- These equations describe rates of change in state variables
- Parameters  $\beta$ ,  $\gamma$  represent instantaneous rates

# An ODE SIR model

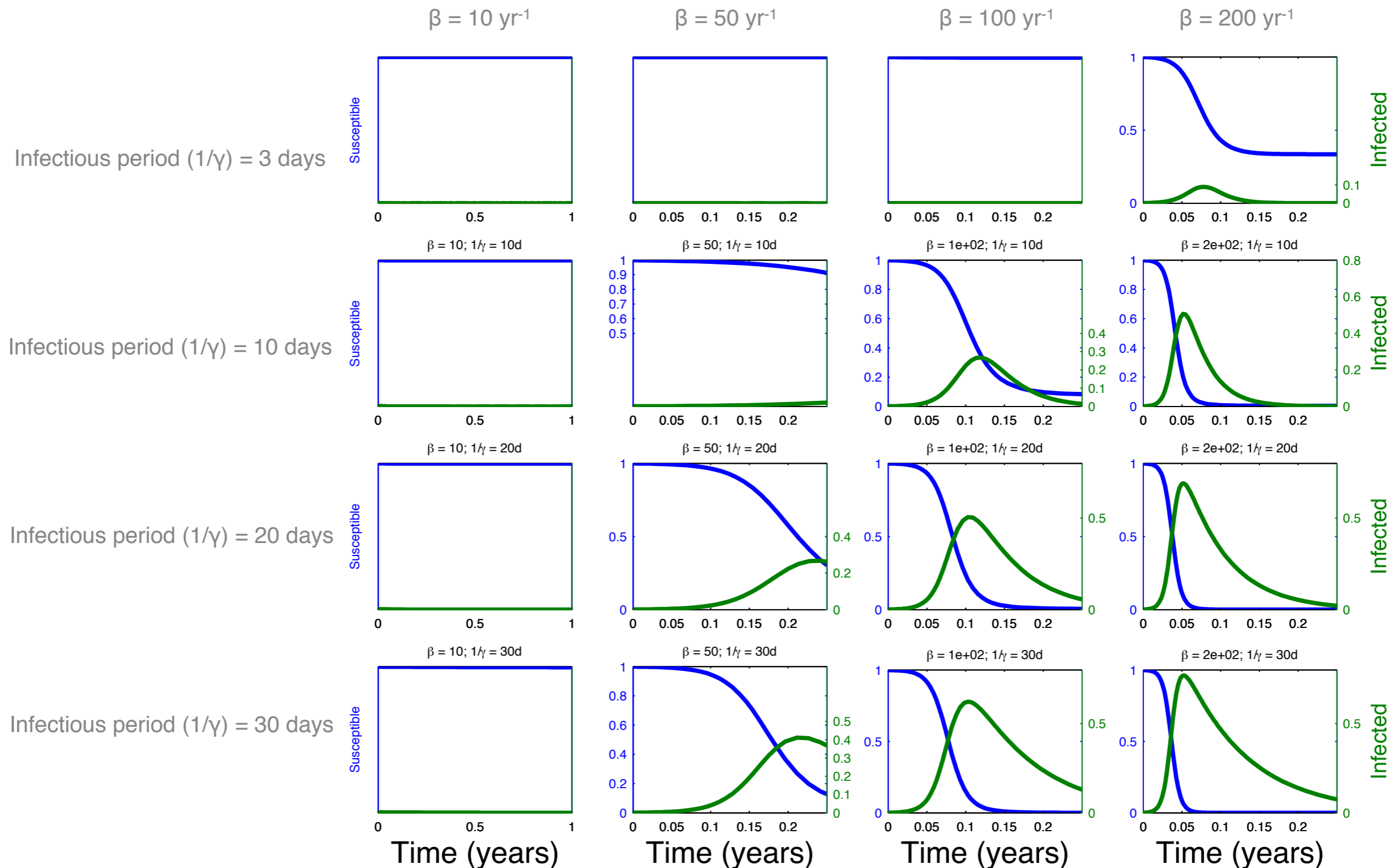
$$\frac{dX}{dt} = -\beta X \frac{Y}{N}$$

$$\frac{dY}{dt} = \beta X \frac{Y}{N} - \gamma Y$$

$$\frac{dZ}{dt} = \gamma Y$$

- ★ Important to notice: transmission rate is assumed to depend on frequency of infecteds in population ( $Y/N$ ). Hence, this is **frequency-dependent transmission**

# Simulating epidemics





# Model dynamics

- As parameters are varied, model predicts different outcomes
- Can we anticipate trajectories without resorting to numerical integration?
- Question: under what conditions will an infectious disease invade a system?

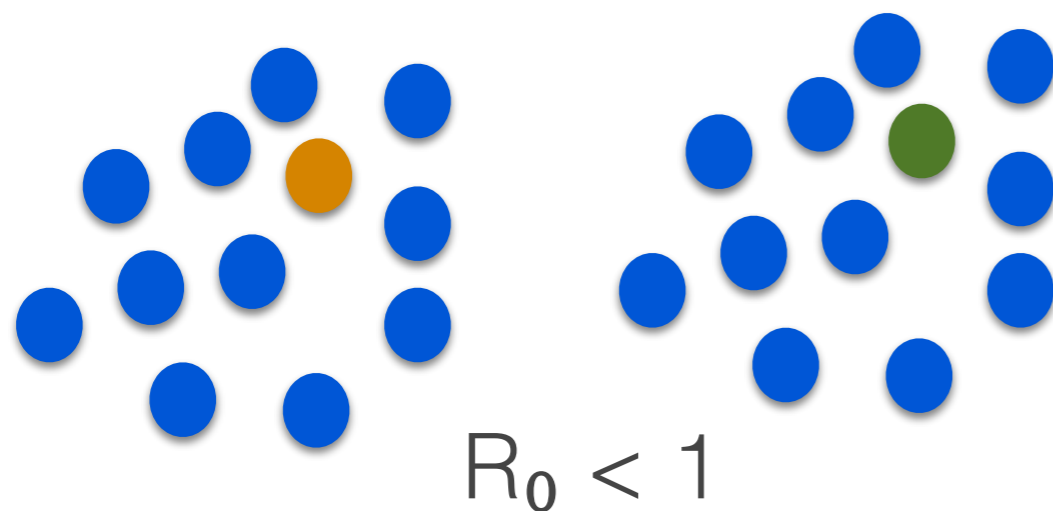
# The Invasion Threshold

- When can an infectious disease invade a population?
- Initial conditions:  $X(0) = N$ ,  $Y(0) = 1$ ,  $Z(0) = 0$
- Invasion only if  $dY/dt > 0$
- ie,  $\beta XY/N - \gamma Y > 0 \Rightarrow Y(\beta X/N - \gamma) > 0$ 
  - If and only if  $X/N > \gamma/\beta$
  - Since  $X=N$ , requires  $1 > \gamma/\beta$
  - Or  $\beta/\gamma > 1$

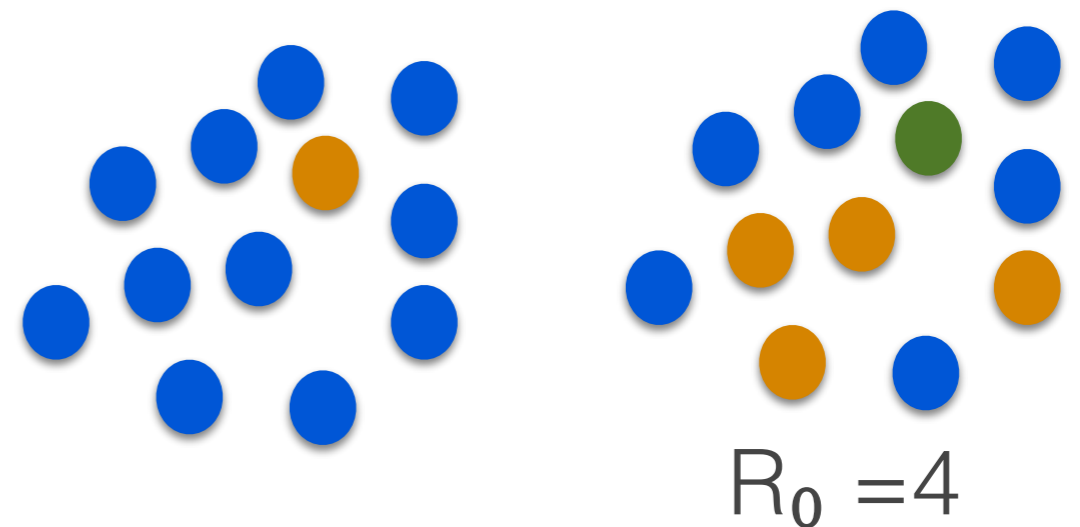
Kermack & McKendrick (1927)

# Basic Reproductive Ratio, $R_0$

- Ratio  $\beta/\gamma$  gives number of cases before infected individual recovers
- Universally referred to as  $R_0$  or **Basic Reproductive Ratio**
- Definition: Number of secondary cases generated by a typical infected in an entirely susceptible population



No invasion



Successful invasion

# $R_0$ and Model parameters

