

Multi-agent simulation of trust in vaccination

Project presentation

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Internship funded by CNRS MODCOV19

Supervised by Carole ADAM (LIG) and Didier GEAORGES (GIPSA-lab)

With the help of Pierrick TRANOUEZ (Litis, Université Rouen Normandie)

Masters defence - 1st of September 2022



- ① Introduction
- ② State-of-the-art
- ③ Conceptual model
- ④ Implementation
- ⑤ Key observations
- ⑥ Discussion

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Vaccine hesitancy

Influencing factors:

- Complacency
- Fear of needles
- Lack of proper scientific background
- Distrust of public authorities
- Deaths from vaccine-preventable diseases

Vaccine hesitancy

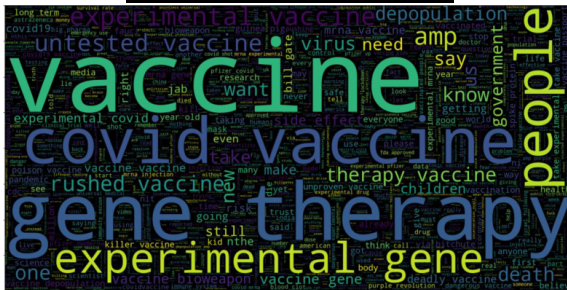
Influencing factors:

- Complacency
- Fear of needles
- Lack of proper scientific background
- Distrust of public authorities
- Deaths from vaccine-preventable diseases

COVID-19 vaccine additional influencing factors:

- Early vaccine roll-out
- "New" vaccine technology

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Word cloud visualization for vaccine misinformation tweets

¹<https://twitter.com/BFMTV/status/1471539246985060360>

²<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8648668/>

Problem

Misleading information and misinterpretation of information

- Decrease in the population's trust

Effects of the decrease

- Lower trust in vaccines and institutions
- Lower vaccination rates

Goal

Educational simulation

- Agent-based simulations on vaccine effectiveness
- Public trust in vaccines
- Computer Science, Psychology, and Epidemiology

In the continuity of CoVprehesion

GRETSI'22 presentation by Pierrick TRANOUEZ

1 Introduction

2 State-of-the-art

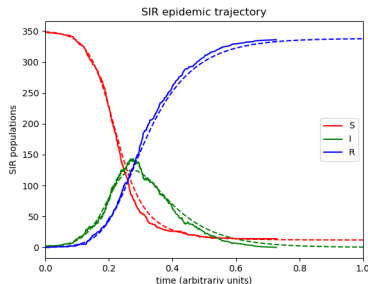
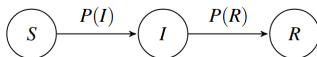
3 Conceptual model

4 Implementation

5 Key observations

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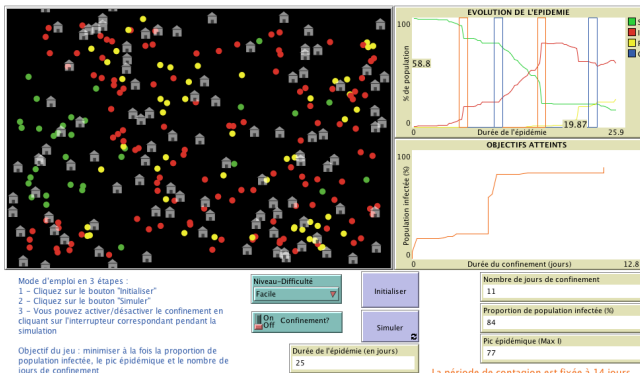
Epidemic simulations - Mathematical models



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³https://en.wikipedia.org/wiki/Compartmental_models_in_epidemiology

Epidemic simulations - Agent-based models (ABM)



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La période de contagion est fixée à 14 jours

⁴<https://covprehension.org/2020/03/30/q6.html>

Epidemic simulations

Mathematical models

- Homogeneous
- Macro-level model
- Macro-level analysis

Agent-based models

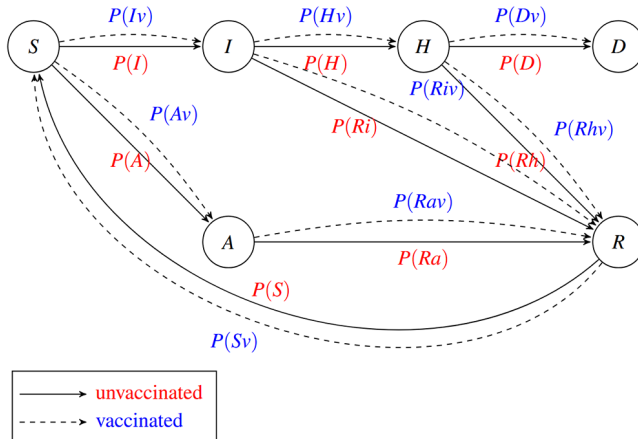
- Heterogeneous
- Micro-level model
- Micro & Macro-level analysis

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Agent attributes

- Epidemiological state
- Vaccine status (boolean)
- Trust level (float: 0.0 - 1.0)
- Misinterpretation status (boolean)

Epidemiological model



S: Susceptible; I: Symptomatic; A: Asymptomatic; H: Hospitalised;
R: Recovered; D: Deceased

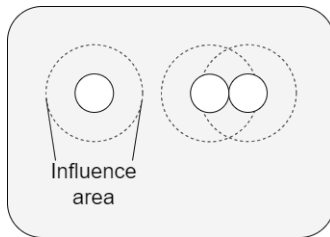
Agent behaviour

- Move randomly
- Hospitalised are put apart
- Susceptible, Asymptomatic & Recovered visit hospitalised
- Uninfected get vaccinated based on their trust level

Three influence over trust:

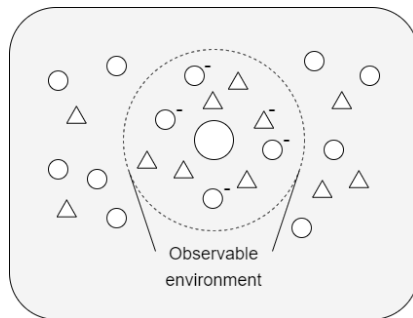
- Interpersonal
- Observational
- Institutional

Interpersonal influence



Agent A's trust level	Agent B's trust level	Resulting influence
0.9	0.5	High influence of A over B
0.9	0.8	Mutual confirmation
0.9	0.3	A less influenced than B
0.9	0.1	Influence almost cancelled out

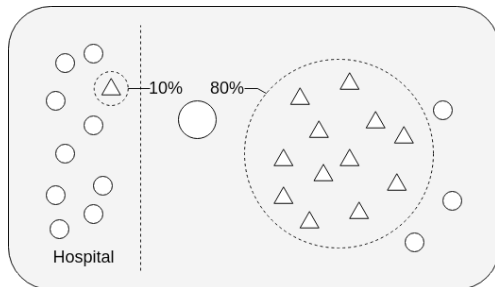
Observational influence



Agent's observation	Resulting influence
Vaccinated and not infected	Small increase in observer's trust
Vaccinated and infected	Decrease in observer's trust

Negative information have more impact than positive information

Institutional influence and misinterpretation

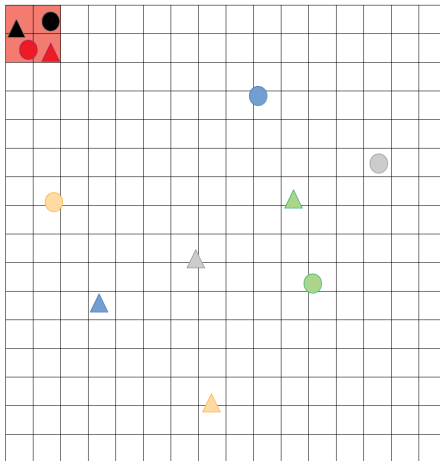


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Details

- NetLogo
- ~800 lines
- Based on CoVprehension's Q17
- Available on [GitHub](#)
- Runnable on [NetLogo Web](#)

Simulation environment



Legend:

- Susceptible
- Symptomatic
- Asymptomatic
- Hospitalised
- Recovered
- Deceased
- Unvaccinated agent
- Vaccinated agent
- Hospitalised area

Environment details

- 2000 agents
- Agents initialised unvaccinated
- Agents initialised as Susceptible
- One agent initialised as Symptomatic
- Trust initialised randomly following custom law similar to a skew normal distribution

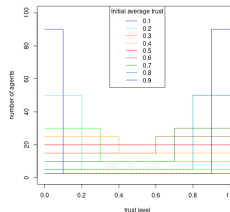


Figure 1: Output of the algorithm used in the initialisation of the population's average trust.

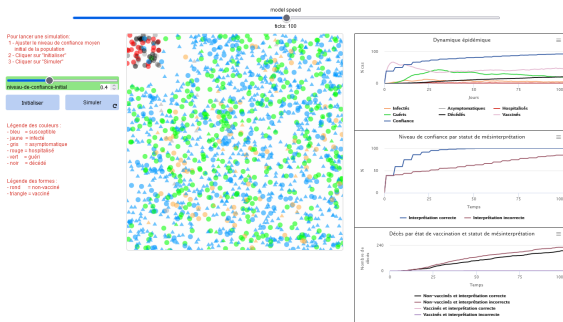
Inputs & Outputs

Input:

- Population average initial trust (0.1 - 0.9)

Outputs:

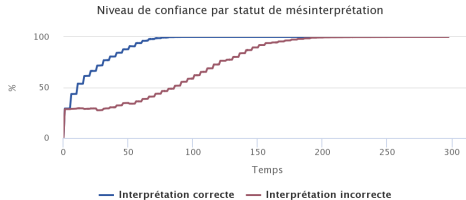
- Trust level per misinterpretation status
- Deceased per vaccination & per misinterpretation status



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Trust and misinterpretation

Population's initial
average trust: **0.3**



Population's initial
average trust: **0.7**

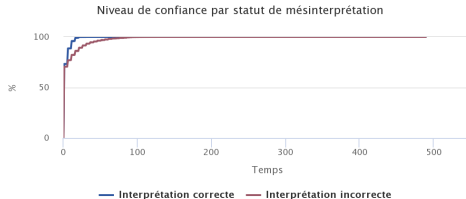
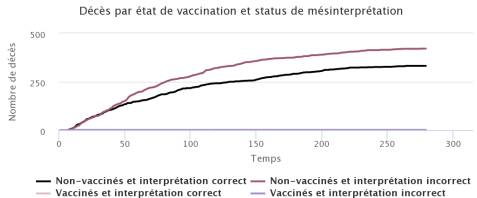


Figure 2: Average trust level per misinterpretation status

Deceased, vaccinated and misinterpretation

Population's initial
average trust: **0.3**



Population's initial
average trust: **0.7**

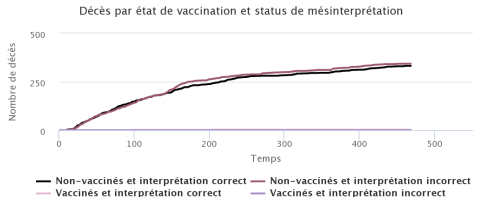


Figure 3: Deceased per vaccination & per misinterpretation status

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Contribution

- Combination of epidemiological ABM & trust in vaccines
- Population trust is important and needed before the start of the vaccination campaign
- Making sure that the population correctly understands given information is crucial to heighten trust and give people the desire to get vaccinated

Future plans

- Add age groups
- Households (influence trust among families)
- Different types of information sources (influence trust differently)

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