

# Multi-agent simulation of trust in vaccination

## Presentation

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

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- 2 State-of-the-art
- 3 Conceptual model
- 4 Implementation
- 5 Observations
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- Emergence in late December 2019

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- SARS-CoV-2 variants
- Vaccines
- Misinformation and disinformation



# Problem

- Agent-based simulations on vaccine effectiveness
- Public trust in vaccines

# Goal

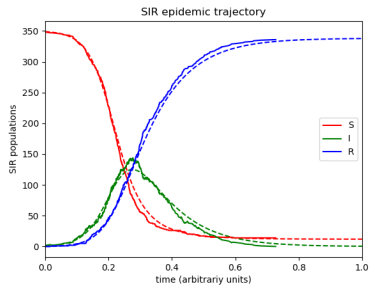
- Agent-based simulations on vaccine effectiveness



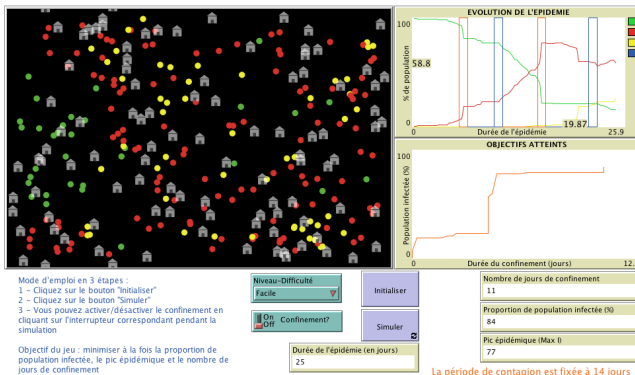
- Public trust in vaccines
- In the continuity of CoVprehension
- With the help of Pierrick Tranouez (Litis, University of Rouen Normandie)

- 1 Introduction
- 2 State-of-the-art**
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- 4 Implementation
- 5 Observations
- 6 Discussion

# Epidemic simulations - Mathematical models



# Epidemic simulations - Agent-based models



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

# Epidemic simulations

## Mathematical models

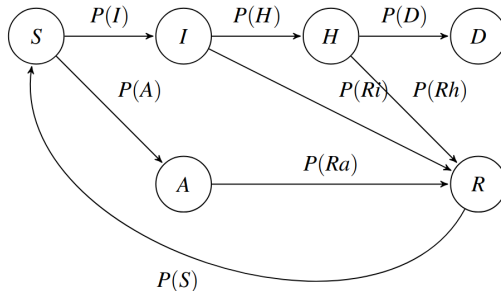
- Homogeneous
- Macro-level model & analysis

## Agent-based models

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

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

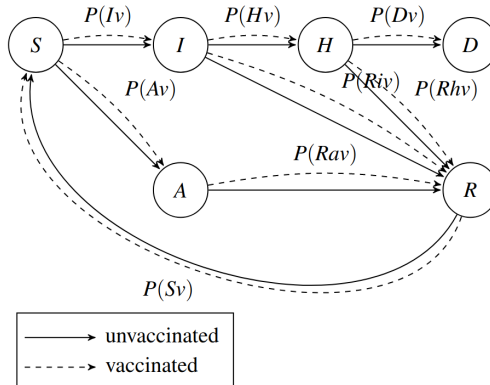
# Compartmental model



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



# Compartmental model with vaccination



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

# Compartmental model probabilities

$x$  : *virus dangerousness*

$$P(T) = 1/2 * x$$

$$P(I) = 1 - P(A)$$

$$P(A) = P(T) + 1/4 * (1 - x)$$

$$P(H) = 7/10 * x + i$$

$$P(D) = 1/2 * x + h$$

$$P(Ri) = 1 - P(H)$$

$$P(Rh) = 1 - P(D)$$

$$P(Ra) = a$$

$$P(S) = 1/2 * x + r$$

$y$  : *vaccine effectiveness*

$$P(Tv) = P(T) * (1 - y)$$

$$P(Iv) = 1 - P(Av)$$

$$P(Av) = P(A) * y$$

$$P(Hv) = P(H) * (1 - y)$$

$$P(Dv) = P(D) * (1 - y)$$

$$P(Riv) = P(Ri)$$

$$P(Rhv) = P(Rh)$$

$$P(Rav) = P(Ra)$$

$$P(Sv) = P(S) * (1 - y)$$

$$, i \sim \mathcal{N}(21, 1), h \sim \mathcal{N}(10, 3), a \sim \mathcal{N}(15, 2), r \sim \mathcal{N}(6, 1)$$

# Agents

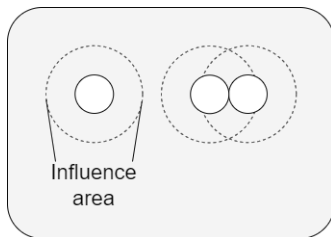
## Attributes

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

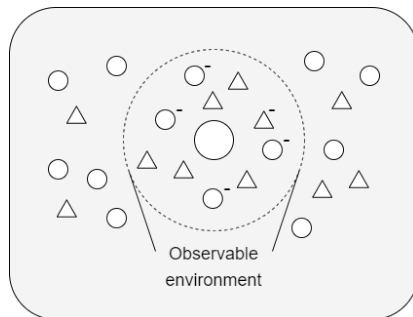
## Behaviour

- Move randomly
- Influence each other's trust
- Symptomatic & Asymptomatic infect Susceptibles only
- Hospitalised are put apart
- Susceptible, Asymptomatic & Recovered visit hospitalised
- Uninfected vaccinate themselves based on their trust level and available doses

# Trust and agent interactions (1/3)

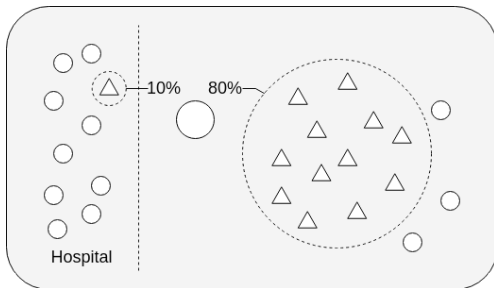


**Figure 1:** Interpersonal influence - Agents close enough to each other will influence each other's trust. On the right, two agents are close enough to update their trust levels between themselves.



**Figure 2:** Observational influence - Agents will observe their environment and update their own trust level based on their observations. The observing agent (big circle) can see four unvaccinated agents (small circles) with symptoms (-), five vaccinated agents (small triangles) without symptoms and one vaccinated agent with symptoms.

## Trust and agent interactions (3/3)



**Figure 3:** Institutional influence - Agents will receive information about the proportion of vaccinated agents in and out of a specific epidemiological state. The aware agent (big circle) is informed that 10% of hospitalised agents are vaccinated and that 80% of unhospitalised agents are vaccinated.

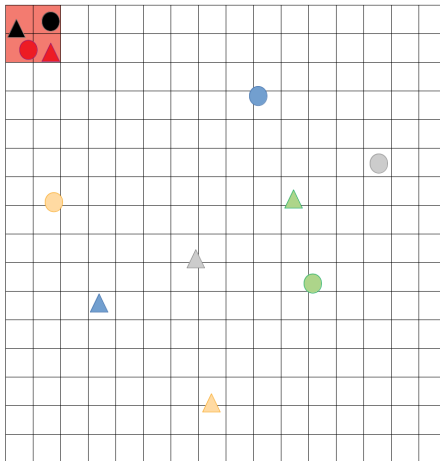
- 1 Introduction
- 2 State-of-the-art
- 3 Conceptual model
- 4 Implementation**
- 5 Observations
- 6 Discussion

# Details

- NetLogo
- ~800 lines
- Based on CoVprehension's Q17
- Available on GitHub & CoVprehension



# Simulation environment

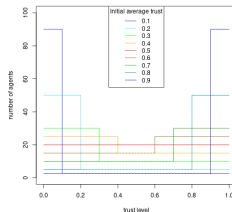


Legend:

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

# Environment details

- 2000 agents
- Agents initialised unvaccinated
- Agents initialised in the Susceptible class
- One agent initialised in the Symptomatic class
- Trust initialised randomly following custom law



**Figure 4:** Output of the algorithm used in the initialisation of the population's average trust.

# Inputs

- Virus dangerousness (1 - 5)
- Vaccine effectiveness (1 - 9)
- Population average initial trust (0.1 - 0.9)
- Population misinterpretation of information (false/true)

The image shows a user interface for adjusting simulation parameters. It consists of four horizontal sliders with green backgrounds and orange tracks, each with a black circular knob. To the right of each slider is a numerical value and a small up/down arrow icon. The parameters are: 'dangerosite-du-virus' set to 4, 'efficacite-du-vaccin' set to 7, 'niveau-de-confiance-initial' set to 0.5, and a checkbox labeled 'activer-information-mal-interpretee?' which is checked with a red square icon.

Parameter	Value
dangerosite-du-virus	4
efficacite-du-vaccin	7
niveau-de-confiance-initial	0.5
activer-information-mal-interpretee?	<input checked="" type="checkbox"/>

# Outputs

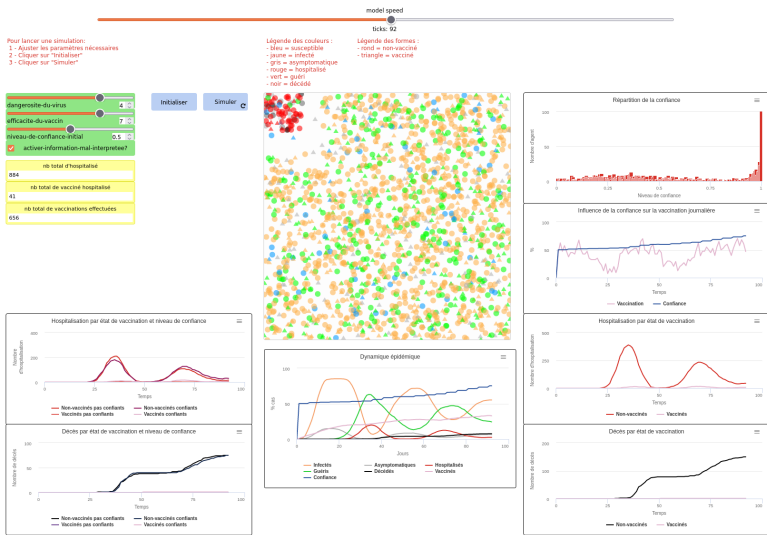
## Raw numbers

- Total number of Hospitalised
- Total number of Hospitalised and vaccinated
- Total number of vaccines given

## Graphs

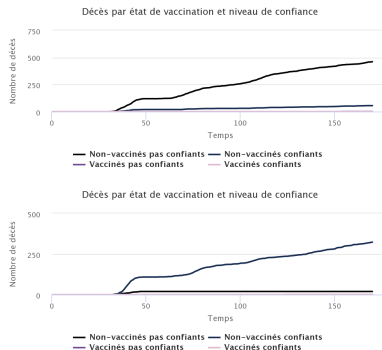
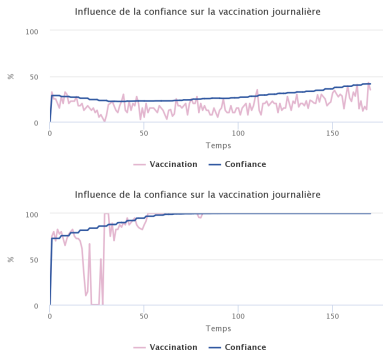
- Epidemic dynamic
- Trust distribution
- Trust influence over daily vaccinations
- Hospitalisations and deaths per vaccination status
- Hospitalisations and deaths per vaccination status and trust level

## Layout



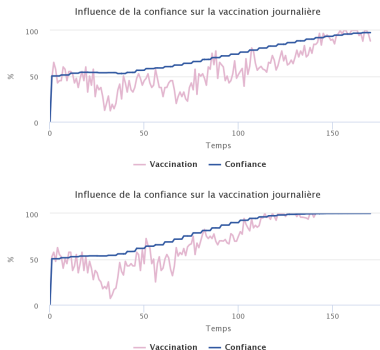
- 1 Introduction
- 2 State-of-the-art
- 3 Conceptual model
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# Population initial trust



**Figure 5:** An high initial trust (bottom: 0.7) and an effective vaccine heightens population trust and results in almost two times less deaths than starting with a low population trust (top: 0.3).

# Misinterpretation of information



**Figure 6:** The population trusts faster **without** misinterpretation of information (bottom), which maximises daily vaccinations rates earlier than **with** misinterpretation of information (top).



- 1 Introduction
- 2 State-of-the-art
- 3 Conceptual model
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## Contribution

- 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)
- Distrust when insufficient available vaccines
- Different types of information sources (influence trust differently)