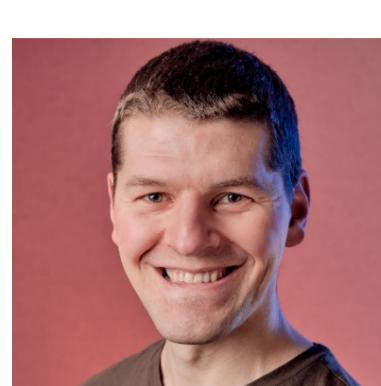


Modelling seasonal influenza in England: Approaches to capture immunity propagation



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Propagation of seasonal influenza immunity is stronger if derived from natural infection.

1. Motivation & aims

Seasonal influenza-related respiratory illnesses cause an estimated annual death toll of 291,000-646,000 people [1]. Influenza vaccination can offer some protection against infection for the individual, while contributing to reduced risk of ongoing transmission via establishment of herd immunity [2]. Transmission models connected to data, when interfaced with health economic evaluations, are a key tool to inform national influenza vaccine policy [3]. However, prior modelling studies have typically treated each season and each strain circulating within that season independently.

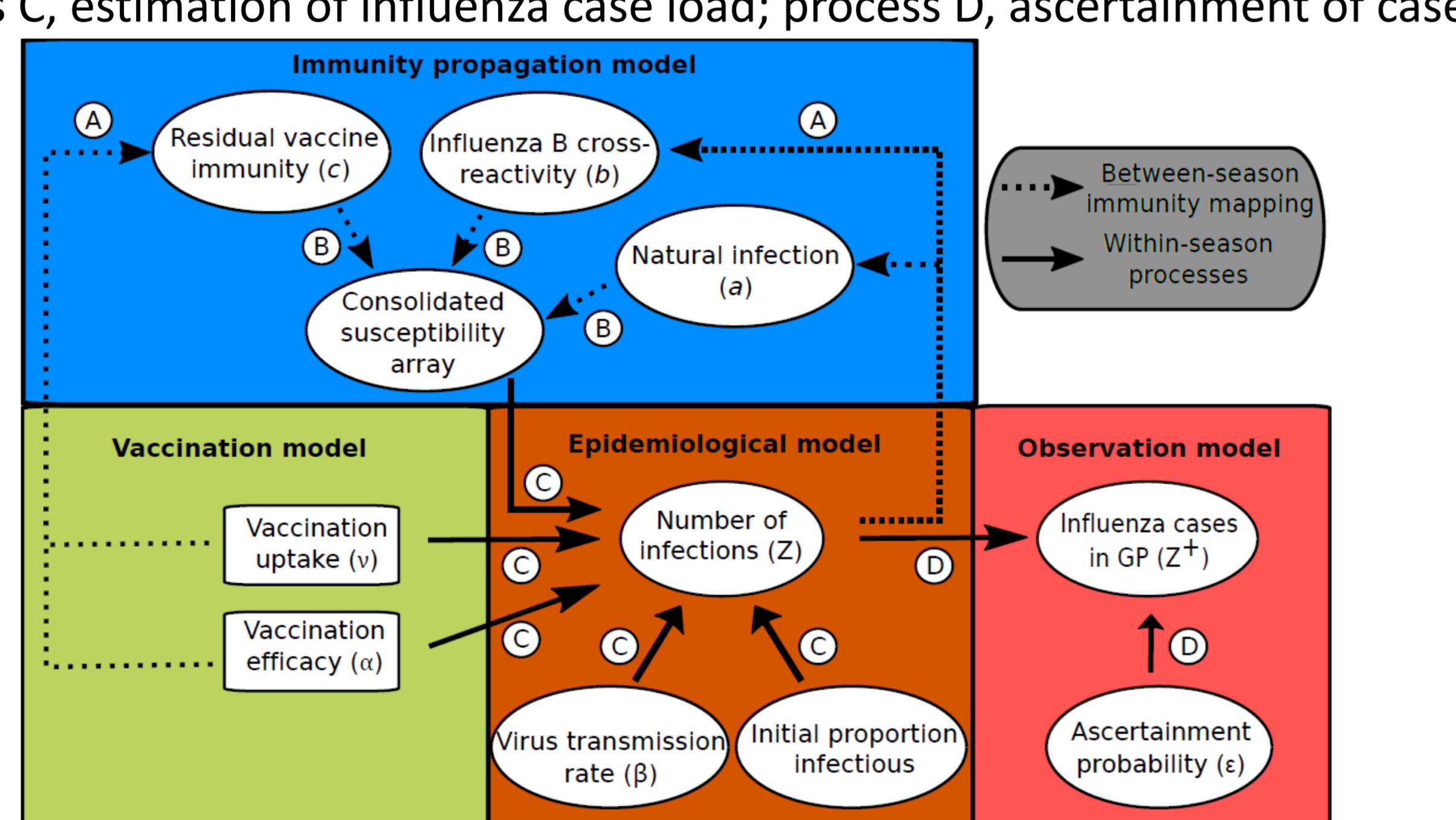
Study objectives:

- Develop a mathematical model incorporating a mechanism to link prior season epidemiological outcomes to immunity at the beginning of the following season;
- Quantify contribution of differing sources of immunity propagation between years on seasonal influenza transmission dynamics in England, 2012/13 to 2017/18.

2. Model overview

- Non-age, multi-strain model, capturing the four strains targeted by the quadrivalent influenza vaccine: A(H1N1)pdm09, A(H3N2), B/Victoria, B/Yamagata.

Fig. 1: Model schematic. Process A (circled capitalised letters), propagation of immunity; process B, modulation of current influenza season virus susceptibility; process C, estimation of influenza case load; process D, ascertainment of cases.



3. Immunity propagation model component

Fig. 2: Interaction between prior season exposure and start of season susceptibility.

		Strain susceptibility			
		A(H1N1)pdm09	A(H3N2)	B/Victoria	B/Yamagata
Exposure history (h)	Naïve	1	1	1	1
	A(H1N1)pdm09	a	1	1	1
	A(H3N2)	1	a	1	1
	B/Victoria	1	1	a	b
	B/Yamagata	1	1	b	a
	Vaccinated (V)	c _{A(H1N1)}	c _{A(H3N2)}	c _{B/Victoria}	c _{B/Yamagata}
	A(H1N1)pdm09 & V	min(a, c _{A(H1N1)})	c _{A(H3N2)}	c _{B/Victoria}	c _{B/Yamagata}
	A(H3N2) & V	c _{A(H1N1)}	min(a, c _{A(H3N2)})	c _{B/Victoria}	c _{B/Yamagata}
	B/Victoria & V	c _{A(H1N1)}	c _{A(H3N2)}	min(b, c _{B/Victoria})	min(b, c _{B/Yamagata})
	B/Yamagata & V	c _{A(H1N1)}	c _{A(H3N2)}	min(b, c _{B/Victoria})	min(a, c _{B/Yamagata})

- Propagated vaccine immunity related linearly to prior season vaccine efficacy:

$$c_m^y = 1 - \xi \alpha_m^{y-1}; \quad \xi \in (0, 1)$$

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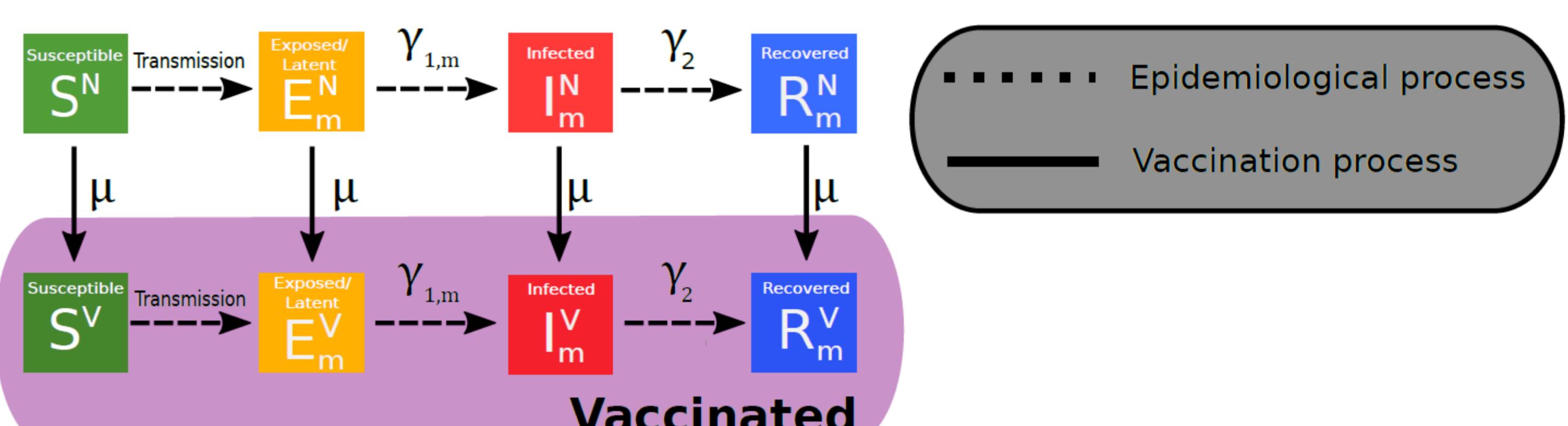
4. Transmission & observation model components

- Vaccination model: 'Leaky' vaccine
- Epidemiological model: SEIR-type deterministic, ODEs (Fig. 3).

– Track incidence rate (per 100,000) of new strain m influenza infections in season y :

$$Z_m(y) = \left(\int_{y-1}^y \gamma_{1,m}(E_m^N + E_m^V) dt \right) \times 100,000.$$

Fig. 3: Transmission model schematic (for a single strain).

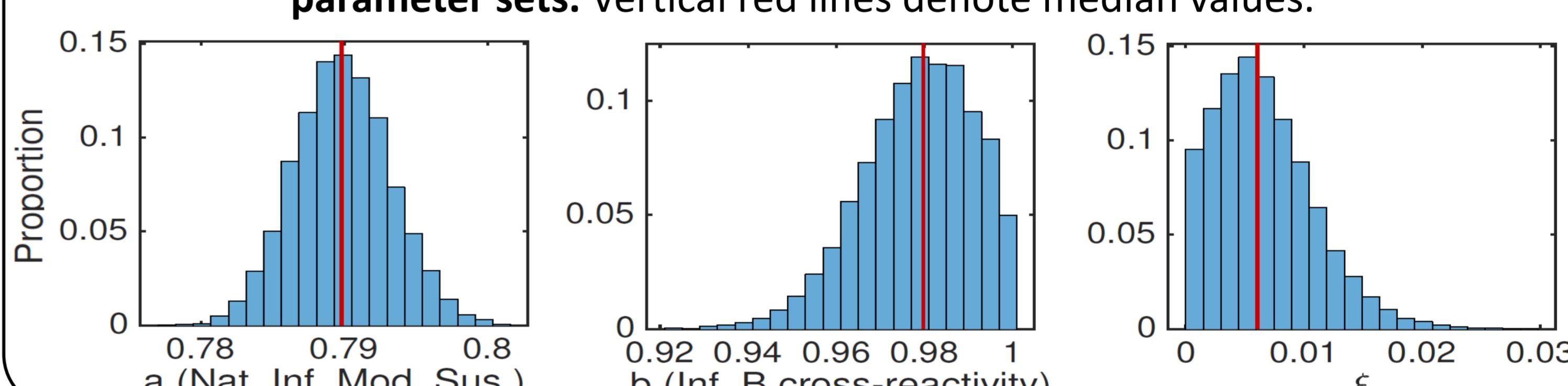


- Observation model - Estimate ascertainable influenza cases: $Z_m^+(y) = \epsilon_y Z_m(y)$.

5. Results: Parameter inference

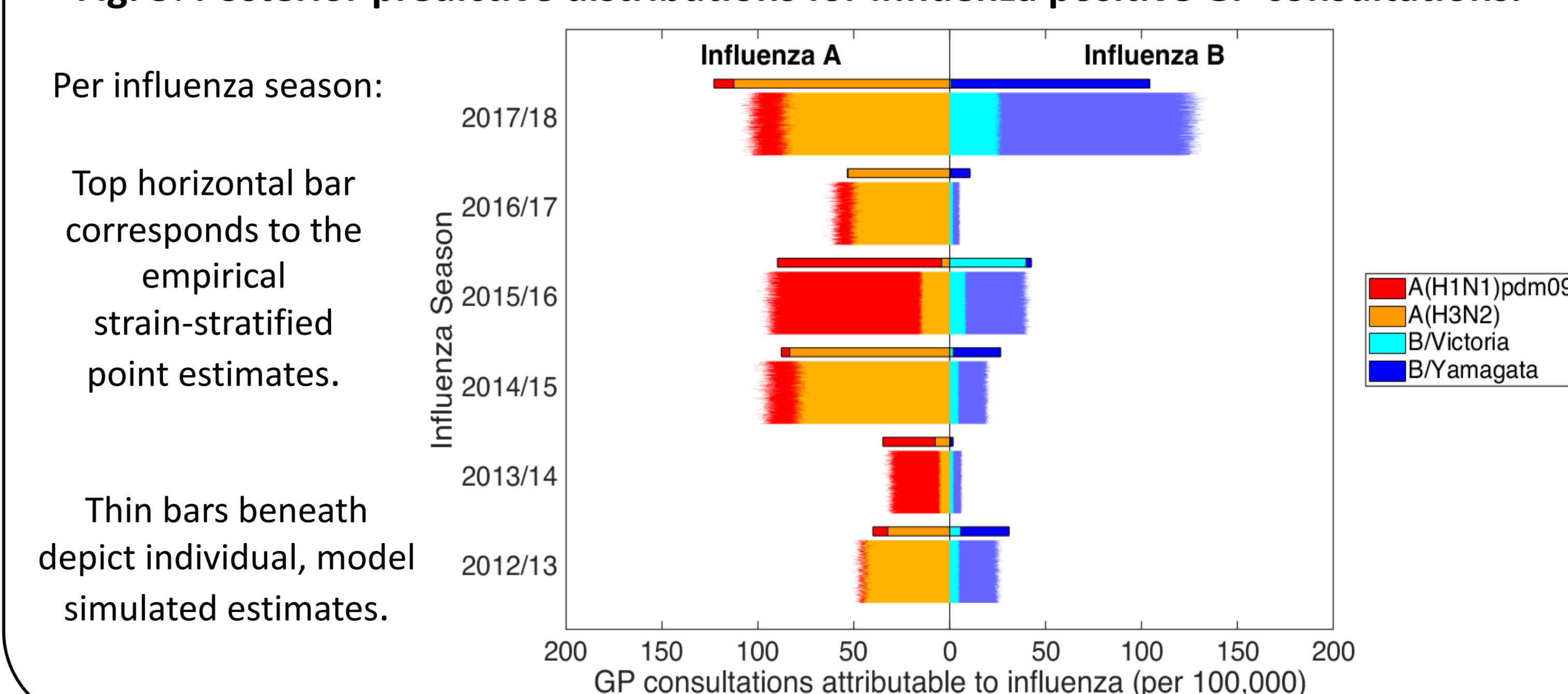
- Invoked an adaptive-population Monte Carlo ABC algorithm [4]. Prior season influenza B cross-reactivity and carry over vaccine efficacy had little impact on immunity.

Fig. 4: Immunity propagation parameter posterior distributions, from 10,000 parameter sets. Vertical red lines denote median values.



6. Results: Goodness-of-fit

Fig. 5: Posterior predictive distributions for influenza positive GP consultations.



7. Outlook

- Augment model with age structure.
- Couple transmission model with economic evaluation frameworks.
- Appraise cost-effectiveness of prospective seasonal influenza vaccine programmes.

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