Strategic Timing and Resource Allocation for Optimal Isolation and Travel Restrictions in Infectious Disease Control

George Adu-Boahen

Memorial University of Newfoundland Department of Mathematics

June 10, 2024

Motivation

- ▶ In public health, strategies to reduce the impacts of infectious disease spread are elimination, suppression, mitigation, and circuit breaker, where these strategies differ in their objectives, the timing and magnitude of public health interventions, and the resultant epidemiology (Table 1).
- Optimal control is a branch of mathematics that determines the timing of control measures for biological dynamics, such as those described by epidemiological models, to minimize disease incidence [Hansen and Day, 2011] or achieve another objective.

Objectives

The aim of our study is to:

 Identify when different public health strategies are optimal, as defined by optimal control theory.

2. Extend existing results to consider imported infections and travel measures.

Definitions of Public Health Strategies

Public Health Strategy	Description	Our Definition
Elimination	Strict public health measures reduce infection prevalence to zero locally, but not in all regions, such that there remains a risk of disease importation (Baker, Wilson, and Blakely 2020; Metcalf et al. 2021)	(a) The outbreak is eliminated by public health measures not infected-derived immunity, i.e., $U_1[u_{1\max}](T) < U_{1\max} \text{ and/or } U_2[u_{2\max}](T) < U_{2\max}.$ (b) $\frac{dl_1}{dt} < 0 \text{ shortly after } u_1^*(t) \text{ and/or } u_2^*(t) \text{ are implemented.}$
Suppression	Infection is kept at low levels (Baker, Wilson, and Blakely 2020)	(a) The outbreak is eliminated by public health measures not infected-derived immunity, i.e., $U_1[u_{1\max}](T) < U_{1\max} \text{ and/or } U_2[u_{2\max}](T) < U_{2\max};$ (b) $\frac{dl_1}{dt} > 0 \text{ shortly after } u_1^*(t)$ and/or $u_2^*(t)$ are implemented.
Circuit Breaker	Public health measures are intermittent with breaks in between	The optimal control involves at least two switches between public health measures of different intensity.

Table 1: Definitions of public health strategies





We extend the epidemiological model of Hansen and Day (2011) to consider disease importation. Specifically,

$$\frac{dS}{dt} = -\beta S(I_1 + cI_2)$$
(1)
$$\frac{dI_1}{dt} = \beta S(I_1 + cI_2) - (\mu + u_1)I_1$$
(2)
$$\frac{dI_2}{dt} = \theta - (\gamma + u_2)I_2$$
(3)

$$\frac{dI_1}{dt} = \beta S(I_1 + cI_2) - (\mu + u_1)I_1 \tag{2}$$

$$\frac{dI_2}{dt} = \theta - (\gamma + u_2)I_2 \tag{3}$$

with S(0) > 0, $I_1(0) \ge 0$, $I_2(0) \ge 0$, $\beta, \mu, \theta, \gamma \ge 0$, where β is the transmission rate, μ is the per capita loss rate of infected community members through both mortality and recovery, θ is the baseline number of infected non-resident travellers per unit time, c is the relative transmissibility of travellers, γ is the removal rate of nonresident travellers.

In keeping with Hansen and Day (2011), we assume that resources are limited, such that,

$$\int_0^T u_1 I_{1[u_1, u_2]} dt \le U_{1max} \tag{4}$$

and

$$\int_0^T u_2 I_{2[u_1, u_2]} dt \le U_{2max} \tag{5}$$

The aim of public health measures is assumed to be to minimize the number of new infections,

$$\min J = \int_0^T \beta S_{[u_1, u_2]} (I_{1[u_1, u_2]} + I_{2[u_1, u_2]}) dt$$
 (6)

$$T = \inf\{t | I_{1[u_1,u_2]}(t) = 0.5\}, (u_1(t), u_2(t)) \in [0, u_{1max}] \times [0, u_{2max}]$$
 for all $t \in [0, T], u_{1,2max} \in (0, \infty)$.

We assume that infected non-resident travellers have contracted the infection before entering the community. These individuals have a temporary stay and are promptly either recovered or removed from the community; therefore, $\gamma > \mu$.

Hansen and Day (2011) defined an outbreak as over at t=T if prevalence is less than a minimum value ($I_{min}=0.5$ is assumed). The reason for defining an outbreak end-point in this way is to prevent a second wave of infection arising from a fractional individual [Hansen and Day, 2011]. Defining an outbreak end-point in this way is necessary to consider elimination strategies as a possible recommended strategy [Martignoni et al., 2024].

Problem Description

Problem	Description	Special values of parameters
1	Community member self- isolation only, no impor- tations	$\theta = 0, I_2(0) = 0, U_{2max} = 0$
2	Community member self- isolation, with importa- tions	$U_{2max}=0.$
3	Travel measures only	$U_{1max}=0.$
4	Both community member self-isolation and travel measures	None

Table 2: The four problems that we analyze

Problem 1

This problem has previously been solved by Hansen and Day (2011).

Theorem (1)

(Optimal Isolation Policy): If $U_{1[u_{1max}]}(T) \leq U_{1max}$, then the optimal isolation policy for Problem 1 is $u_1^* = u_{1max}$. If $U_{1[u_{1max}]}(T) > U_{1max}$, then the optimal policy u_1^* is any control u_1 such that $U_{1u_{1max}}(T) = U_{1max}$.

Rephrasing Theorem 1 in terms of public health terminology, the optimal isolation strategy is:

- ▶ **Elimination:** if $U_{1[u_{1max}]}(T) < U_{1max}$ and community infections decline shortly after the implementation of public health measures (Figure 1A).
- ▶ **Suppression:** if $U_{1[u_{1max}]}(T) \leq U_{1max}$ and community infections increase shortly after the implementation of public health measures (Figure 1B)
- ▶ Suppression or circuit-breaker: if $U_{1[u_{1max}]}(T) = U_{1max}$ (Figure 1C)

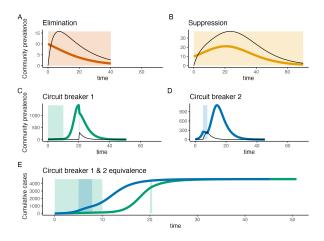


Figure 1:

Optimal control for the isolation-only model (Hansen and Day 2011) is described in terms of public health strategies. Infected community members currently in isolation are shown with the black line (A-D). In A and B, there are sufficient resources to implement the control for the entire outbreak. In C-D, resource limitations mean isolation measures cannot remain in place for the entire outbreak. Here, as shown in Hansen and Day, 2011, the cumulative number of cases in the outbreak does not depend on when isolation requirements are implemented, and any strategy that uses all the resources is equivalent (E).

Problem 2 I

The optimal control is similar to Problem 1; however, the terminal condition that $I_1(T) = I_{\min} = 0.5$ may never be met if a substantial amount of infection is spread from travellers to community members.

We found that achieving elimination necessitates a higher isolation rate (u_{1max}). This results in a prolonged outbreak duration due to the continuous influx of imported cases, extending the time needed to reach the terminal condition.

Problem 2 II

- Consequently, sufficient resources are required to maintain isolation efforts until the epidemic ends.
- Conversely, if resources are limited or the isolation rate is minimal, this will result in suppression rather than elimination, increasing the likelihood of a second infection peak.

Problem 3

The optimal control is similar to that of Problem 2. We note that high u_{2max} and U_{2max} can make it possible to achieve the terminal condition $I_1(T) = I_{\min} = 0.5$, when otherwise it may not have been possible as the endemic equilibrium without any public health measures exceeds 0.5 (Figure 2).

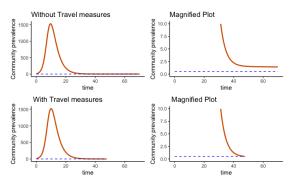


Figure 2:

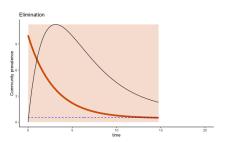
Problem 4

The optimal control is similar to Problems 2 and 3, where elimination can be an optimal strategy (Figure 3A). If one of the controls is used up before elimination occurs, we assume that under biologically reasonable parameter values, community infections

$$\frac{dI_1}{dt}$$

would then increase, such that the optimal control is then either suppression (Figure 3B) or suppression or circuit-breaker (Figure 1(C-D)).

(A)



(B)

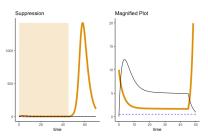


Figure 4 shows the dynamics of u_{1max} (x-axis) and u_{2max} (y-axis) on the control strategy (A-B).

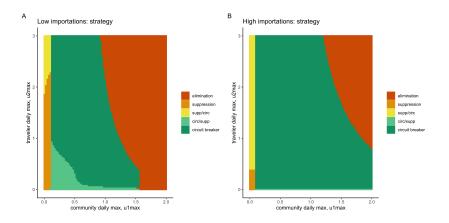


Figure 4:

Figure 5 shows the dynamics of u_{1max} (x-axis) and u_{2max} (y-axis) on the duration of the outbreak (A-B), number of new cases (C-D).

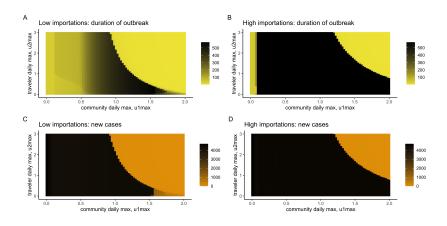


Figure 5:

Elimination can be achieved with adequate isolation resources and maximum efforts, resulting in a shorter outbreak duration and fewer new cases.

- ► For Suppression and supp/circ strategies:
 - ► The outbreak duration is shorter due to delays in rapidly isolating infections.
 - This causes the epidemic to grow quickly (resulting in a higher number of new cases and few or no susceptibles) and end swiftly.

- ► For Circuit breaker and circ/supp strategies:
 - Similar results are observed as with the suppression strategy, indicating that timing does not significantly affect the outcome.



Conclusion I

Hansen and Day (2011) discovered that the optimal control strategy is to isolate with maximal effort until all resources are depleted or the epidemic ends.

We built upon their work by considering the importation of cases from infected travellers and implementing travel restrictions as a control measure.

- Our results indicate that:
 - If sufficient resources are available, it is best to isolate with maximum effort.

Conclusion II

► If resources are insufficient for the entire outbreak duration, any strategy that uses the maximum available resources remains optimal (Theorem 1).

- Despite the importation of cases, the optimal course of action mirrors that of [Hansen and Day, 2011].
- We also observed that while the timing of actions does not significantly impact the outcome, delaying action can be costly.

References I

Baker, M., Wilson, N., and Blakely, T. (2020). Elimination could be the optimal response strategy for covid-19 and other emerging pandemic diseases. BMJ, 371:m4907.

Hansen, E. and Day, T. (2011).

Optimal control of epidemics with limited resources.

Journal of Mathematical Biology, 62(3):423–451.

Martignoni, M. M., Arino, J., and Hurford, A. (2024). Is SARS-CoV-2 elimination or mitigation best? Regional and disease characteristics determine the recommended strategy. Pages: 2024.02.01.24302169.

References II



Metcalf, C. J., Andriamandimby, S., Baker, R., Glennon, E., Hampson, K., Hollingsworth, T., Klepac, P., and Wesolowski, A. (2021).

Challenges in evaluating risks and policy options around endemic establishment or elimination of novel pathogens.

Epidemics, 37:100507.