

# Measles and Rubella Transmission Modelling Workshop

NDMC, IIT-Bombay, 5-8 February 2024

## Block 2: History and current understanding of measles and rubella- specific dynamics

### 2.1: Population-level dynamics

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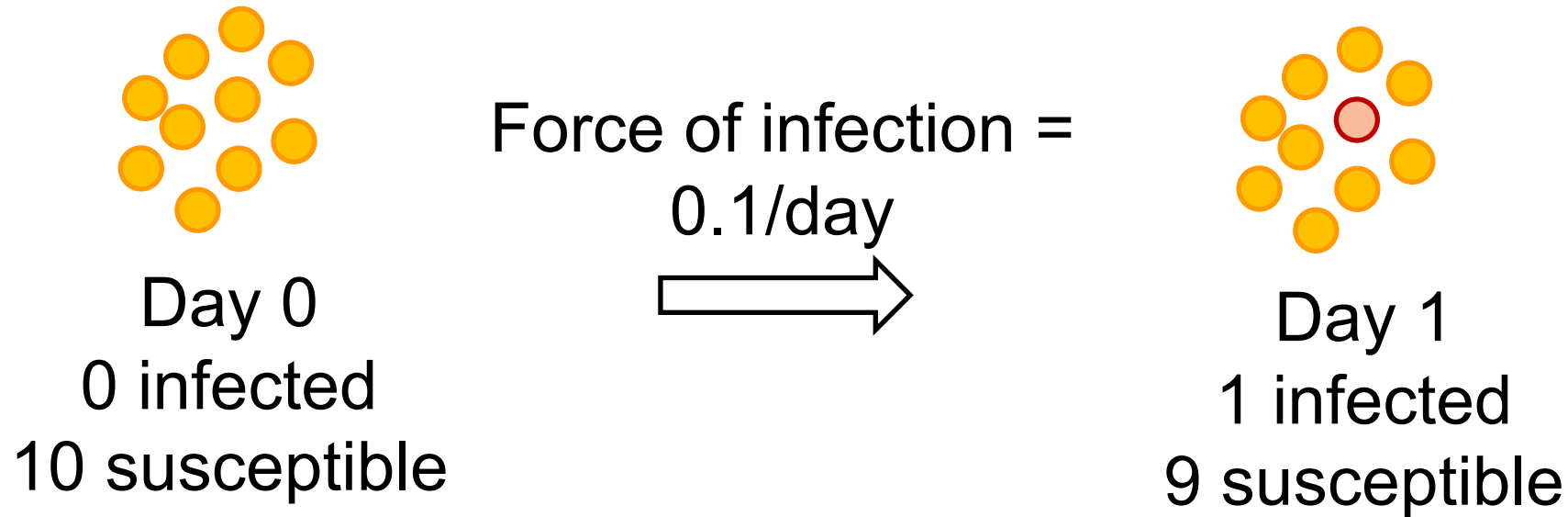
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& TROPICAL  
MEDICINE



By the end of this session you should ...

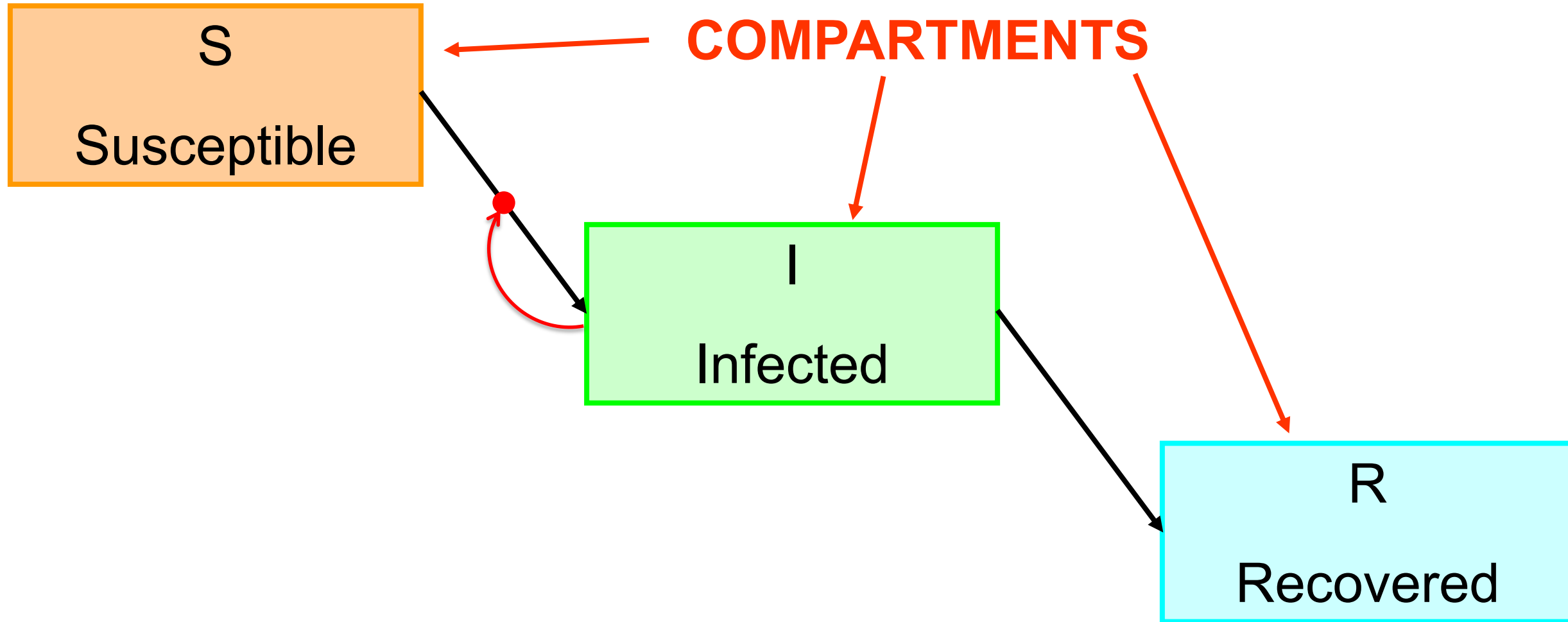
- ☐ Know how to construct simple models of infectious disease transmission and express them in computer code.
- ☐ Understand how demographic processes can lead to cycles and express them in computer code.
- ☐ Understand basic concepts (force of infection, reproduction numbers) and how they relate to parameters in infectious disease models.

Recap: In an infectious disease model, the **force of infection** is the rate at which people who are susceptible to an infection become infected.



In a **static model**, the force of infection is fixed (unchanging).  
In a **dynamic model**, the force of infection changes over time.

# SIR compartmental model (e.g. measles)



***Exercise: Can you write this as a set of differential equations?***

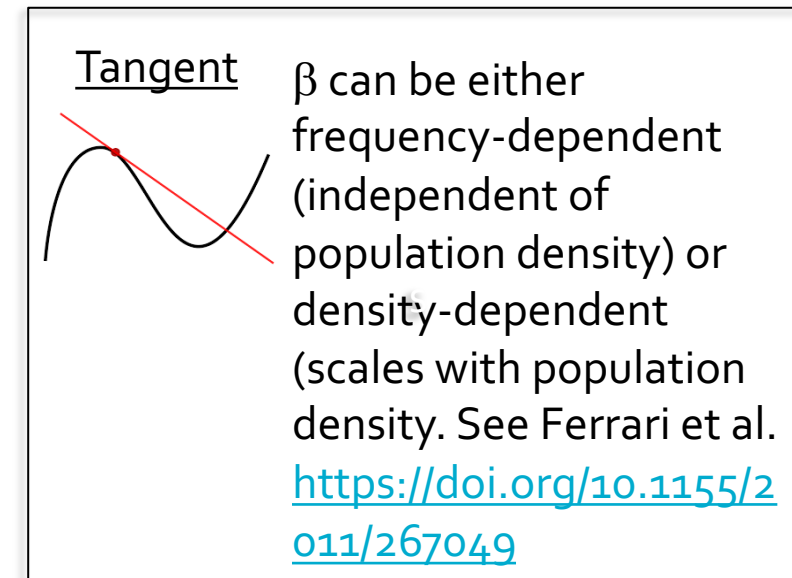
# Mathematical representation

They can be written as a set of **differential equations**:

susceptible  $\rightarrow \frac{dS}{dt} = -\underbrace{\beta IS}_{\text{force of infection}}$  Rate of infection transmission

infectious  $\rightarrow \frac{dI}{dt} = \beta IS - \gamma I$

recovered  $\rightarrow \frac{dR}{dt} = \gamma I$  recovery rate



## Notes:

1. Key assumption: **homogenous mixing** (each infectious individual is as likely to contact a susceptible person as an immune individual).
2. S, I and R can be expressed as either counts (number of individuals) or proportions (% of the total population).

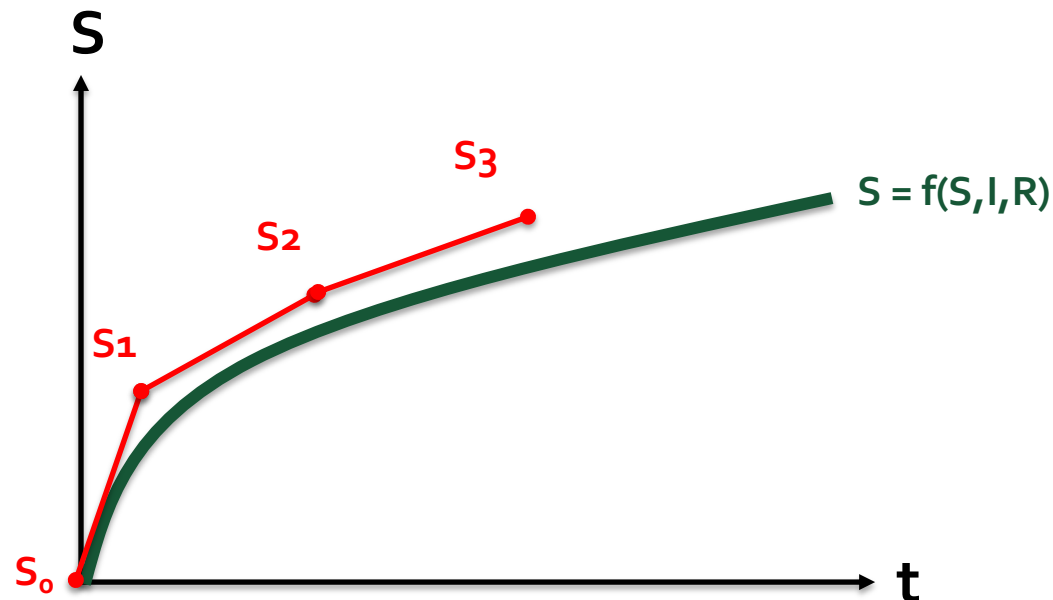
# Mathematical representation

We can then integrate the **differential equations** e.g.  
using Euler's method

$$\frac{dS}{dt} = -\beta SI$$



$$S_{t+1} = S_t - \beta S_t I_t$$



# Mathematical representation

This generates a set of **difference equations**:

susceptible  $\rightarrow S_{t+1} = S_t - \beta S_t I_t$

Probability of transmission

infected  $\rightarrow I_{t+1} = I_t + \beta S_t I_t - \gamma I_t$

recovered  $\rightarrow R_{t+1} = R_t + \gamma I_t$

recovery rate

*Exercise: Can you write the equations above in pseudo-code or actual code in your preferred language?*

# Pseudo-code (R syntax)

```
function SIR_model
```

*Define variables and parameters*

```
tmax    =2000
```

```
S       =array[0,...tmax+1]
```

```
I       =array[0,...tmax+1]
```

```
R       =array[0,...tmax+1]
```

```
beta    =1
```

```
rec_rate=0.1
```

*Run equations*

```
for(t in 1:tmax){
```

```
    S[t+1]=S[t]-beta*S[t]*I[t]
```

```
    I[t+1]=I[t]+beta*S[t]*I[t]-rec_rate*I[t]
```

```
    R[t+1]=R[t]+rec_rate*I[t]}
```



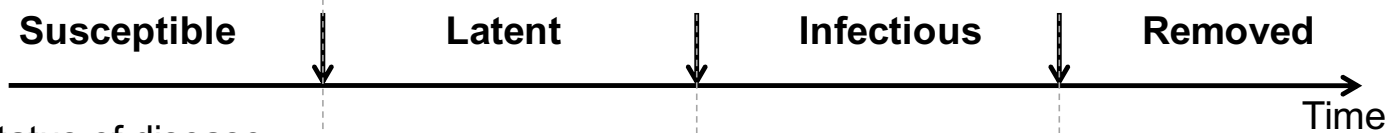
# Exercise

Look at the R code for an SIR model and understand it.

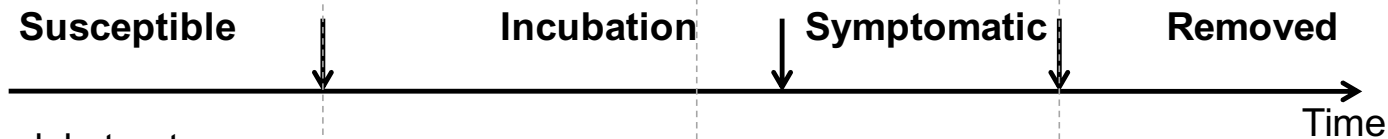
Run it with different values of  $\beta$  (beta) and  $\gamma$  (rec\_rate). Do you notice anything?

# Other compartmental models

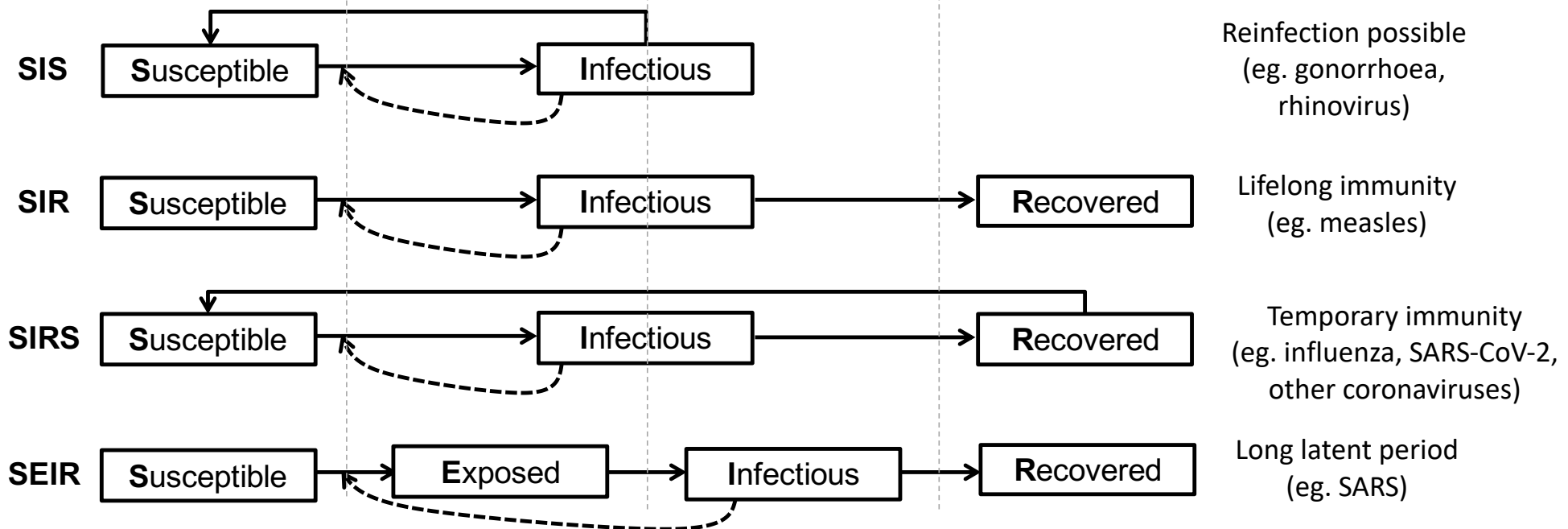
(a) Status of infection



(b) Status of disease



(c) Model structures

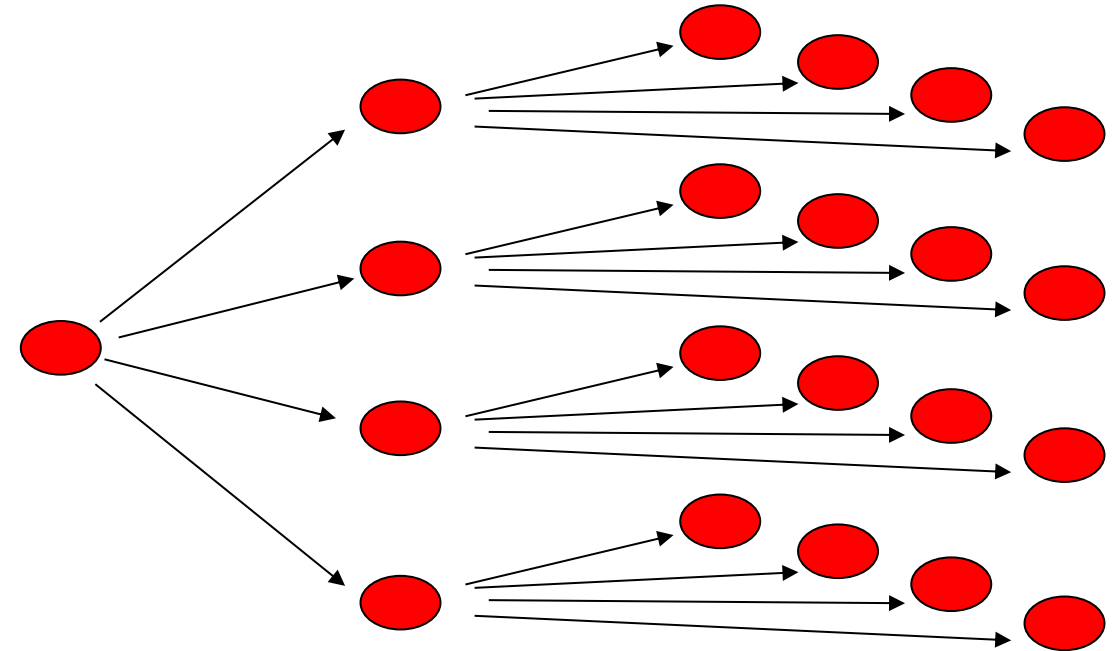


# Basic reproduction number

$R_0$

Basic reproduction  
number

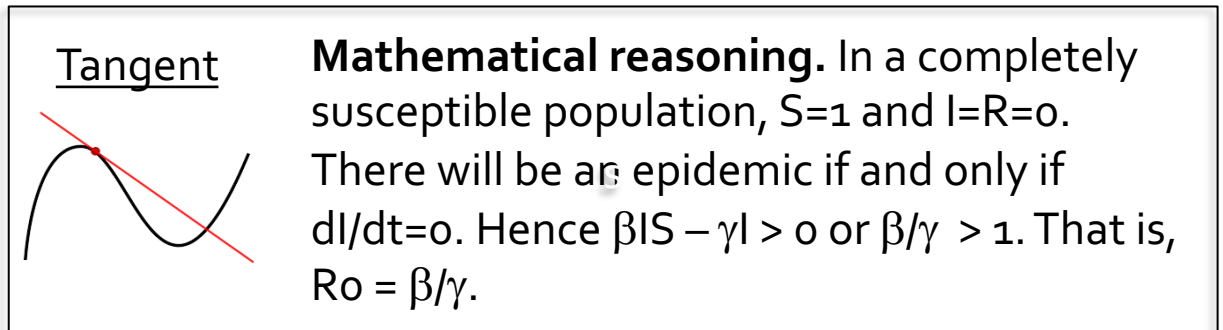
The average number of  
secondary infectious cases  
resulting from the introduction of  
a single infectious case into a  
totally susceptible population



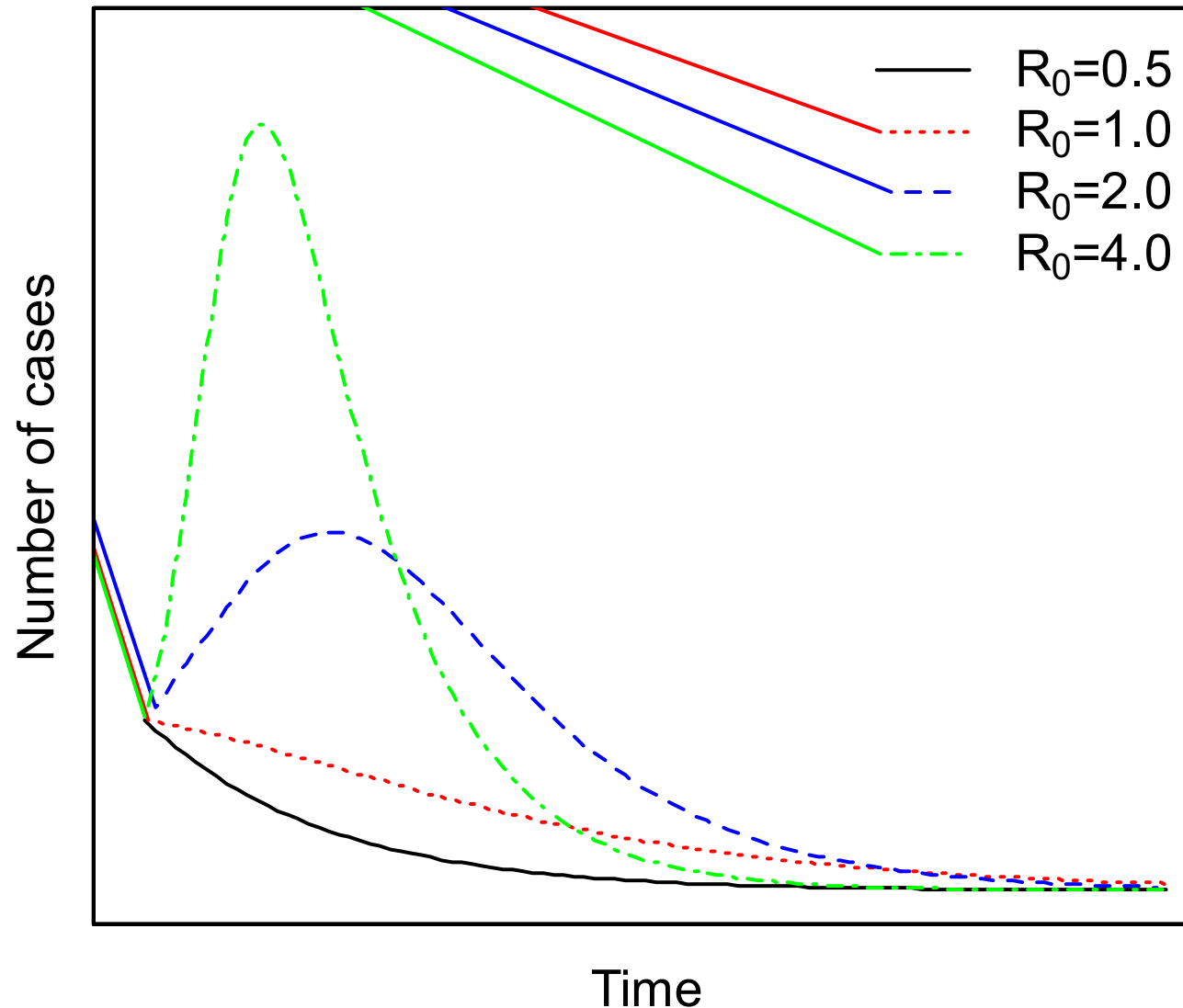
**Population with  $R_0$  of 4**

# Basic reproduction number

$$\begin{aligned} R_0 &= \text{Number of people someone will come in contact with per unit time} \times \text{Probability that contacts is with infectious individual} \times \text{Probability contact will be infectious} \\ &= \text{Number of effective contacts per unit time} \times \text{Length of time someone is infectious (L)} \\ &= \beta/\gamma \end{aligned}$$



# Basic reproduction number



For an infection to persist in a population, it must have an  $R_0 > 1$ .

$R_0$  has limited use in practice:

- Hard to find a totally susceptible population!
- Once the disease spreads, a portion of the population will move into the infected and recovered compartments (if the infection is **immunising**).

Usually, it is more useful to talk about ...

# Net reproduction number

$R_0$

Basic reproduction  
number

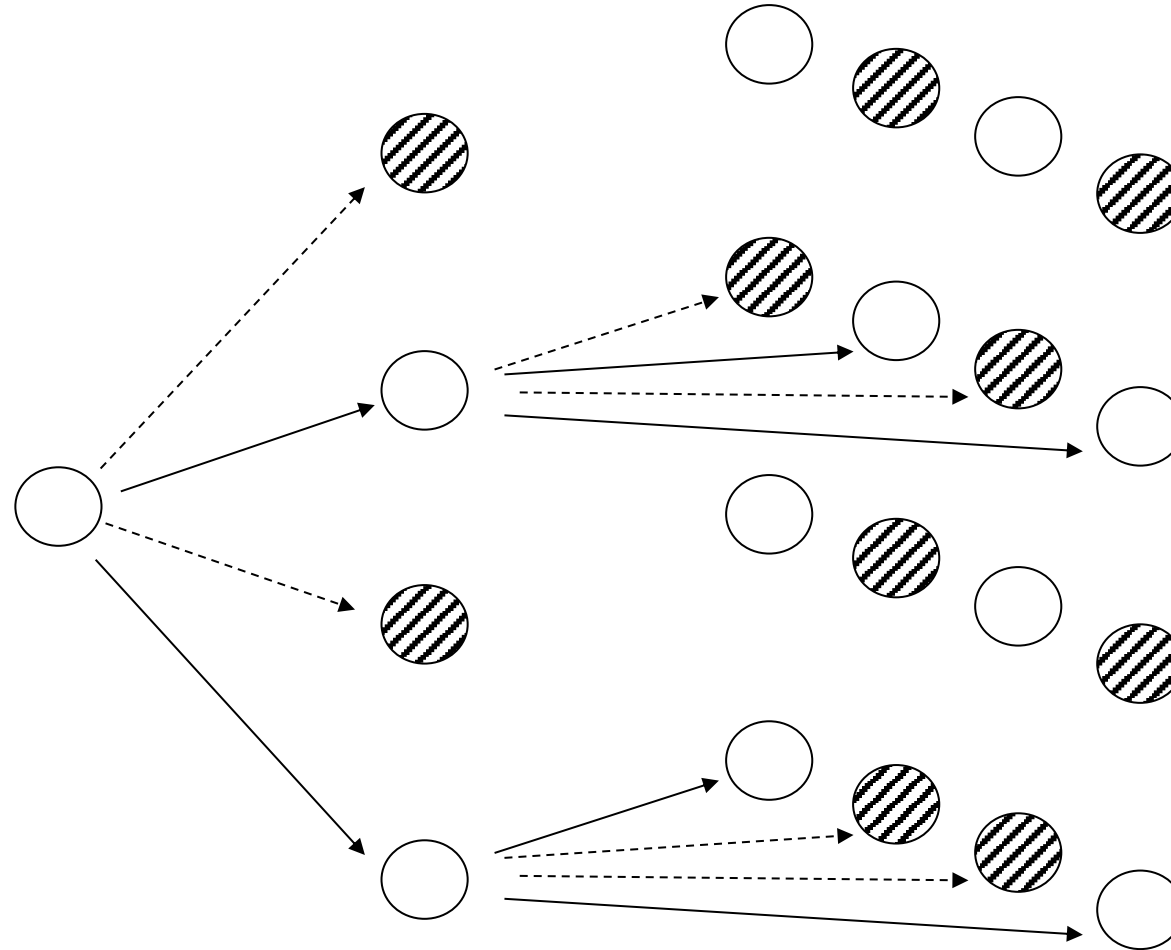
The average number of  
secondary infectious cases  
resulting from the introduction of  
a single infectious case into a  
totally susceptible population

$R_n$

Net reproduction number

The average number of  
secondary infectious cases  
resulting from each infectious  
case in a given population

# Net reproduction number

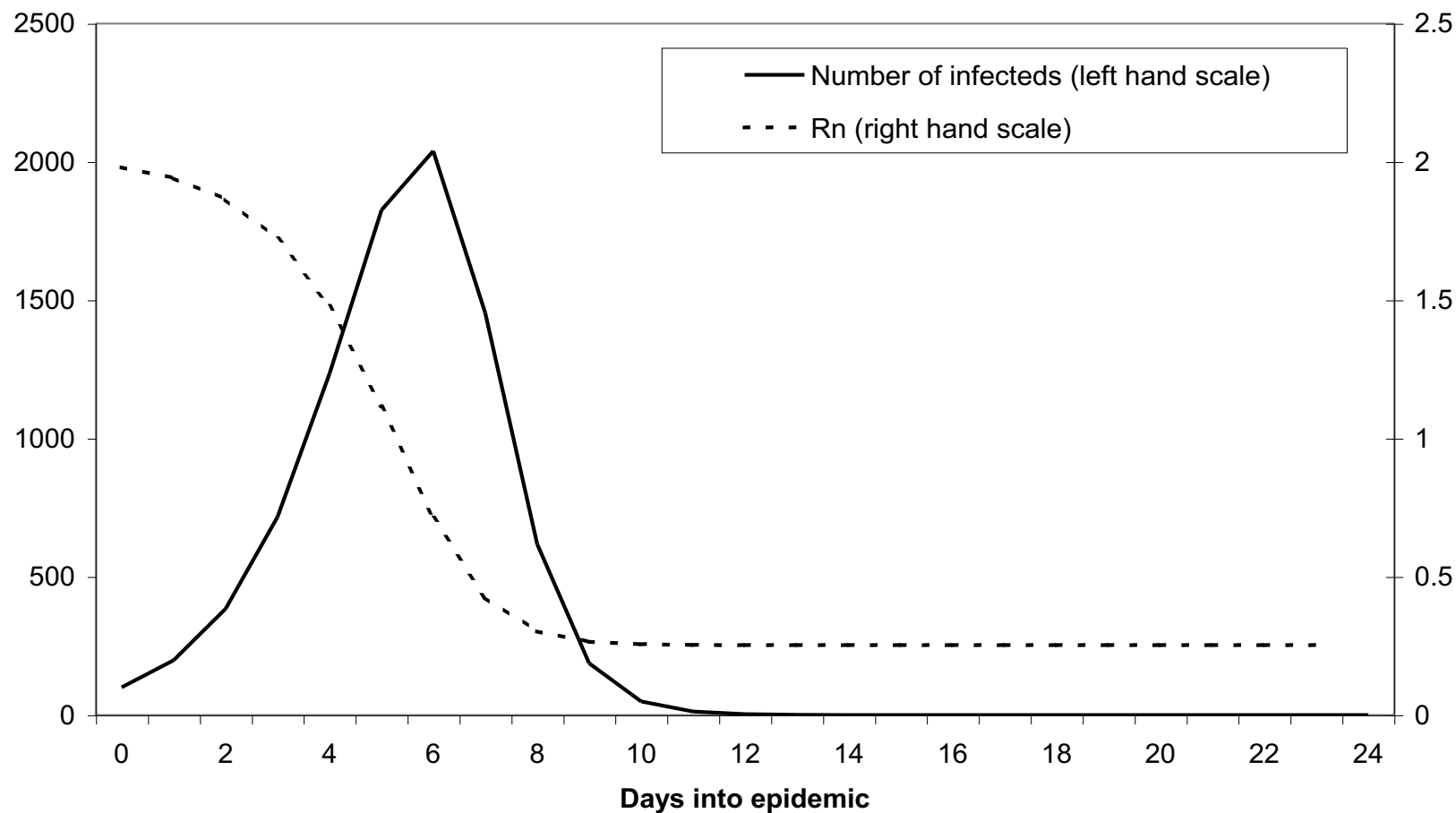


**Population with  $R_0$  of 4 but  $R_n$  of 2**



# Net reproduction number

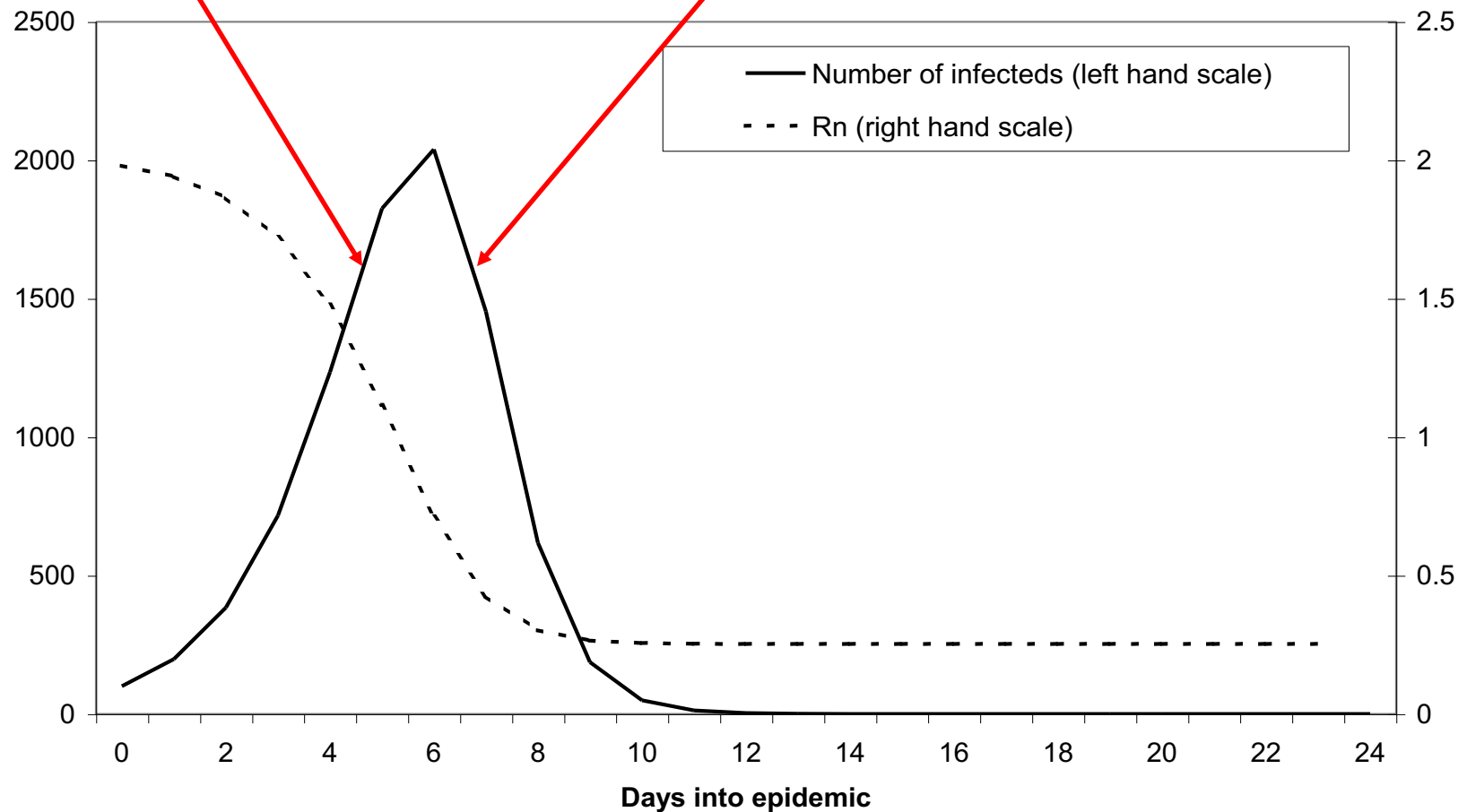
The magnitude of  $R_n$  usually correlates with the trend in the disease incidence.



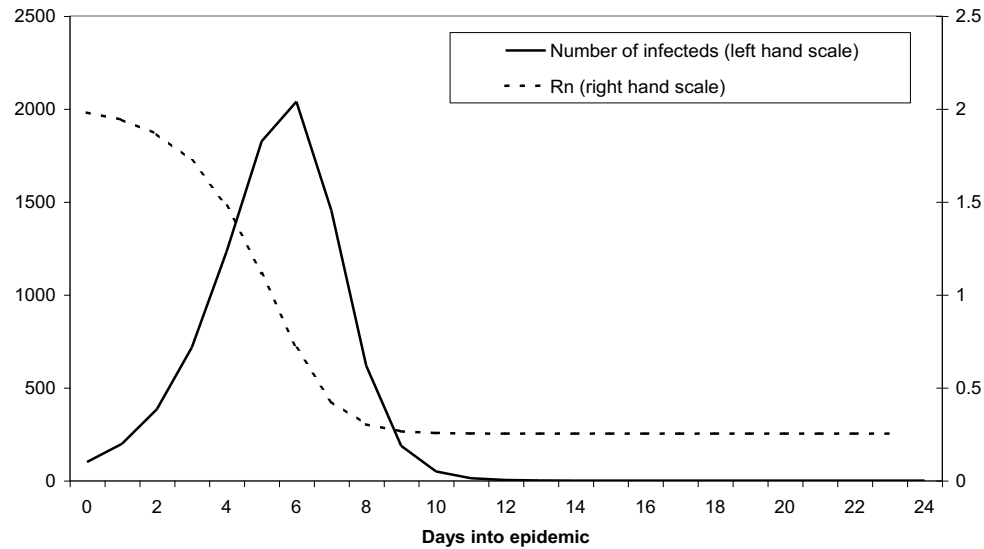
# Net reproduction number

$R_n > 1$ . Disease incidence increases,  
number of susceptibles decreases.

$R_n < 1$ . Most susceptibles are immune,  
disease incidence decreases.

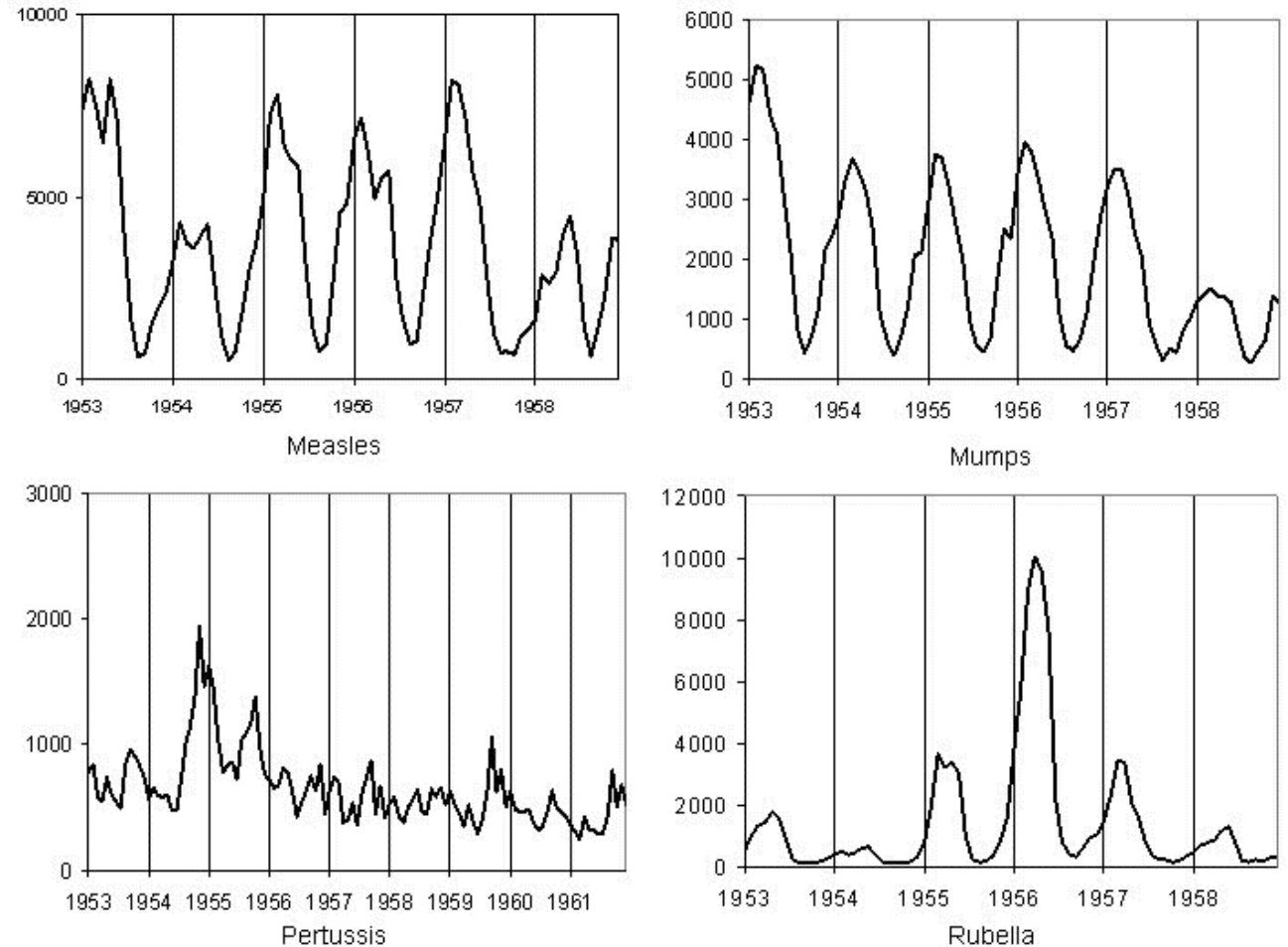


# Seasonal patterns



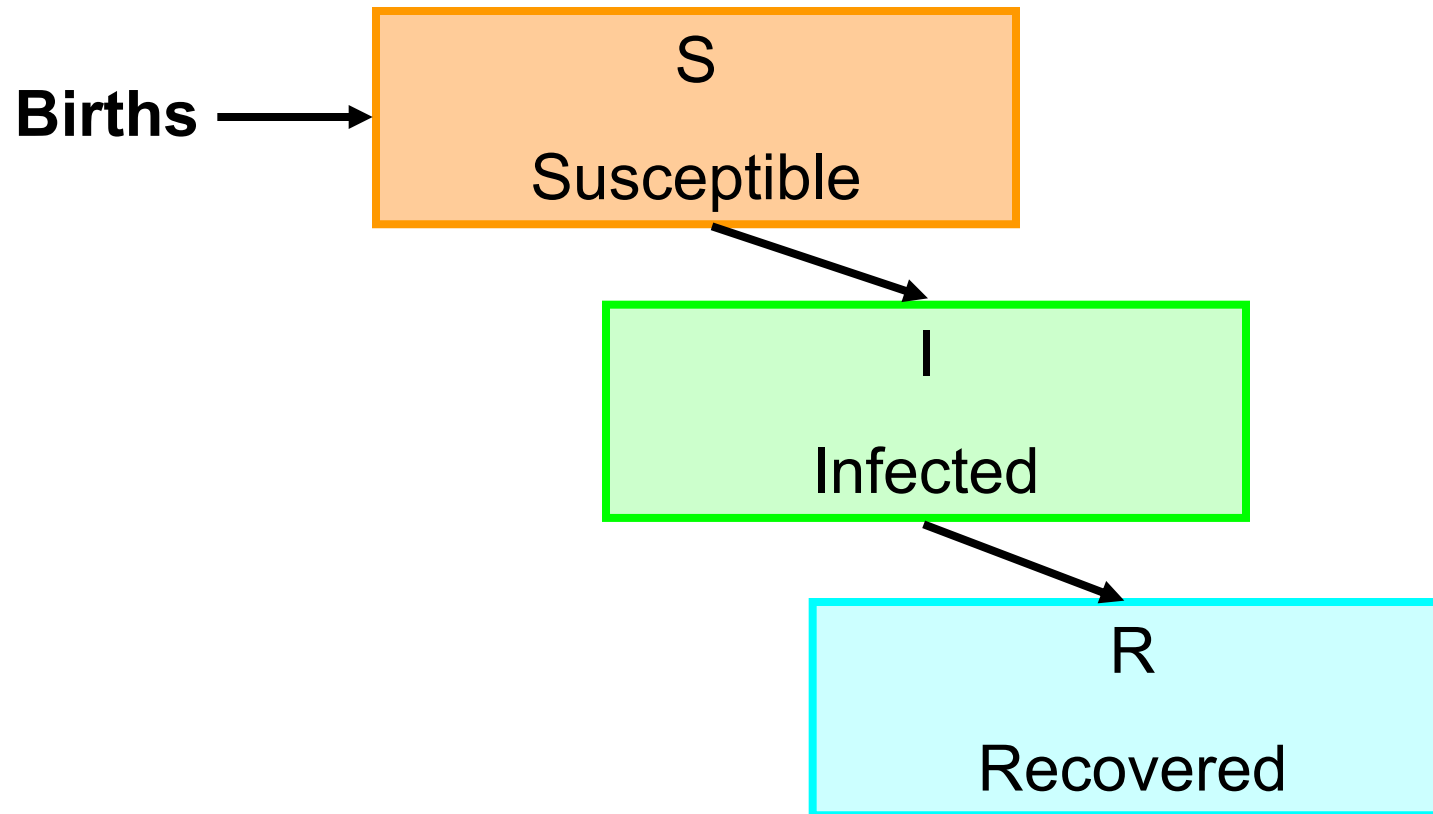
***Do these model results  
match actual time-series  
data about the incidence of  
endemic diseases like  
measles? Why not?***

## 4-weekly notifications of measles, mumps, rubella and pertussis in Canada (pre-vaccination)



## Why does disease incidence cycle?

Hamer (1906): Changes in the prevalence of susceptibles as a result of recovering from disease and new births (and waning vaccine protection).



## SIR equations with births and deaths

$$S_{t+1} = b(S_t + I_t + R_t) + S_t - \beta I_t S_t - dS_t$$

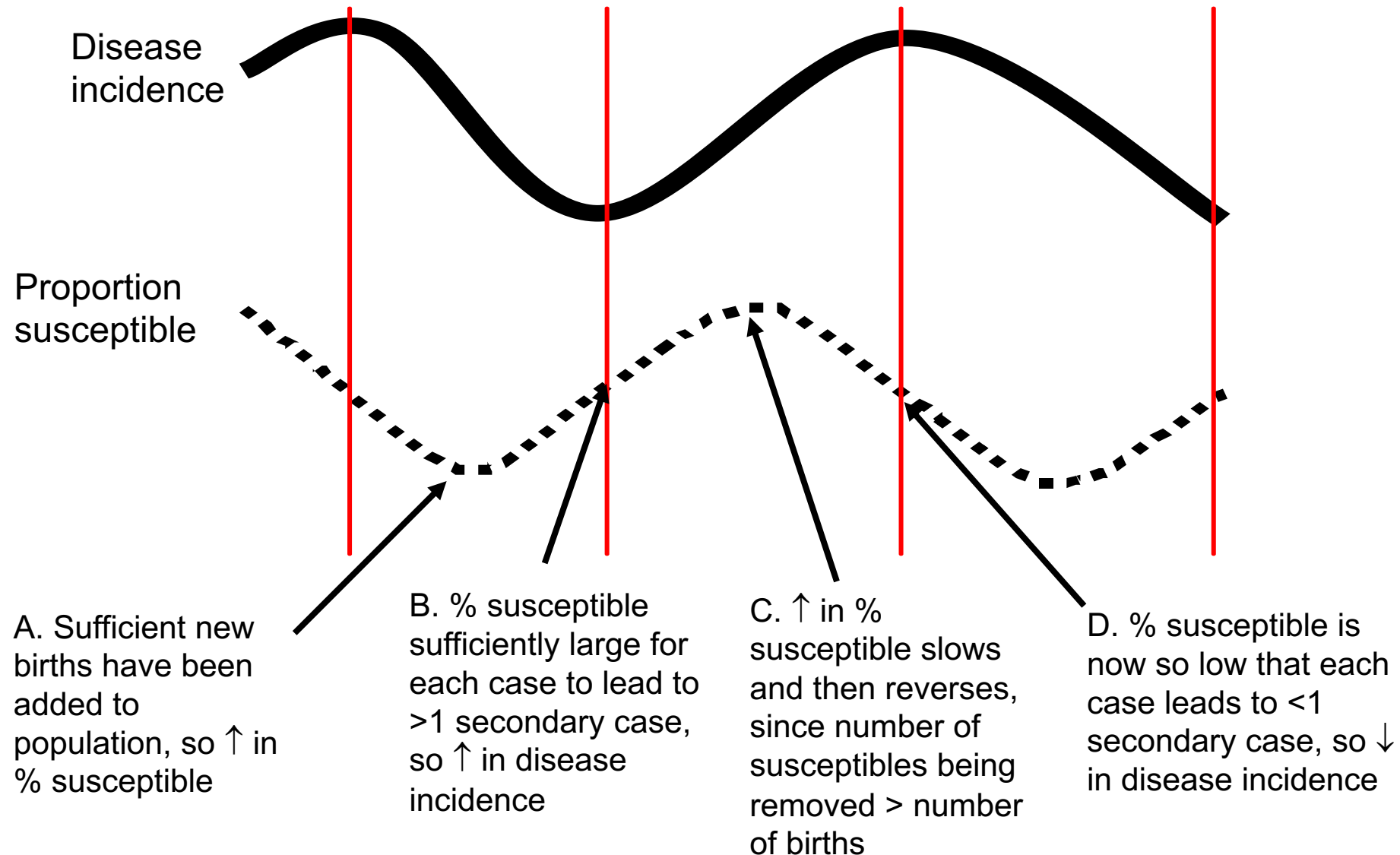
$$I_{t+1} = I_t + \beta I_t S_t - \gamma I_t - dI_t$$

$$R_{t+1} = R_t + \gamma I_t - dR_t$$

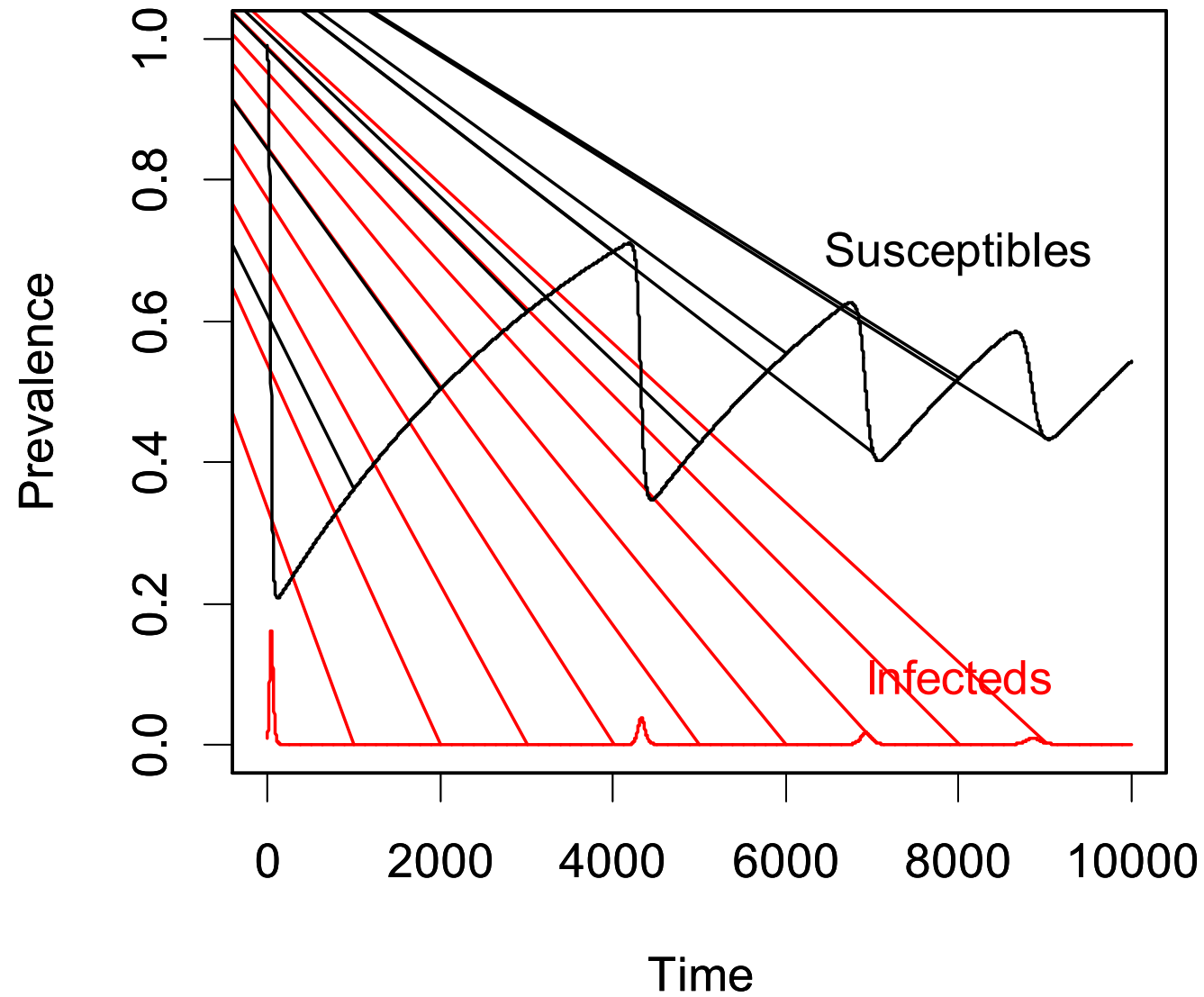
Notes:

1. Births occur in susceptibles but deaths can occur in any compartment.
2. This assumes that the infection itself does not increase the death rate.

# Seasonal patterns



# Seasonal patterns



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