

# Epidemics in Networks

## Part I — Introduction

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# Introduction

Disease spread

Key Questions

Modeling approaches

Networks

Random network models

Real world networks

References

# Who are we?

- ▶ Joel C. Miller:
  - ▶ Former math and biology faculty at Penn State and later Monash University (Melbourne).
  - ▶ Now senior research scientist at Institute for Disease Modeling
  - ▶ Co-author of “Mathematics of Epidemics on Networks”.
  - ▶ Developer of python package EoN: <http://epidemicsonnetworks.readthedocs.io/en/latest/>
  - ▶ 7th year teaching this course.
- ▶ Thomas J. Hladish
  - ▶ Biology and Emerging Pathogens Institute faculty at the University of Florida
  - ▶ Developer of C++ EpiFire, AbcSmc packages: <https://github.com/tjhladish/>
  - ▶ 9th year teaching this course

# Layout of course

The course will consist of a mixture of theory and computer labs.

- ▶ Theory
  - ▶ Properties of diseases and networks
  - ▶ Analytic predictions of disease behavior
- ▶ Computer Lab
  - ▶ Python and EpiFire-based stochastic simulation of epidemics on networks.
- ▶ Notes are available at ...

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# Disease spread

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- ▶ Relation between mode of transmission and population structure.

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- ▶ Relation between mode of transmission and population structure.
- ▶ How the immune system responds to exposure.



# Immune response

The response of the immune system determines what effect an exposure has on an individual and whether that individual will transmit to others.

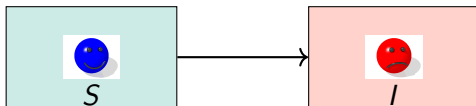
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HIV, Tuberculosis (without treatment), Hepatitis (sometimes),

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- ▶ Remains infected forever: SI
- ▶ Gains permanent immunity: SIR



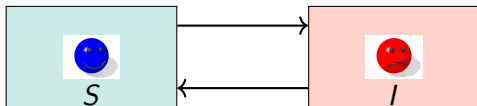
Measles, Mumps, Rubella, Pertussis, ...

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- ▶ Recovers but can be reinfected: SIS



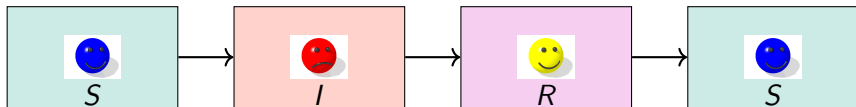
Many parasites (e.g., lice), Many bacteria, Many STDs, ...

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- ▶ Recovers with temporary immunity: SIRS



Dengue (sort of), Pertussis, Influenza (because of genetic drift of virus).

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# Lots of things to think about

For SIR, we are typically interested in

- ▶  $\mathcal{P}$ , the probability of an epidemic.
- ▶  $\mathcal{A}$ , the “attack rate”: the fraction infected (better named the attack ratio)
- ▶  $\mathcal{R}_0$ , the average number of infections caused by those infected early in the epidemic.
- ▶  $I(t)$ , the time course of the epidemic.

For SIS, we are typically interested in

- ▶  $\mathcal{P}$
- ▶  $I(\infty)$ , the equilibrium level of infection
- ▶  $\mathcal{R}_0$
- ▶  $I(t)$



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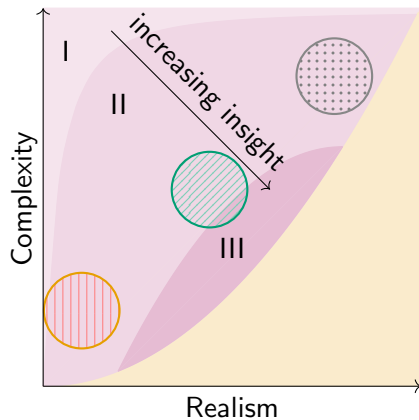
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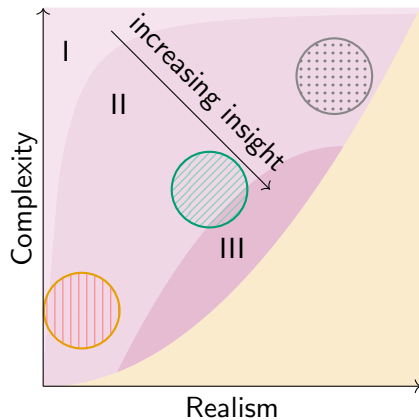
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# Modeling options

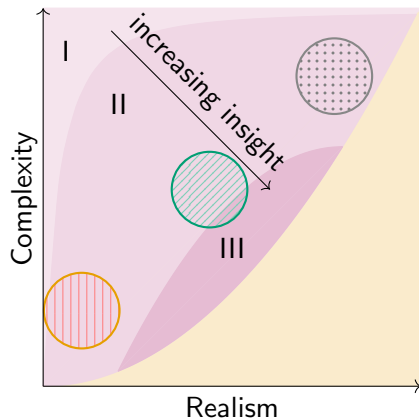



# Modeling options



► : Compartmental models

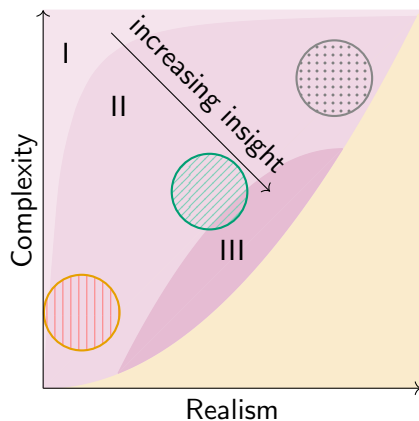
# Modeling options






► : Compartmental models

► : Agent-based models

# Modeling options



- ▶ : Compartmental models
- ▶ : Network models
- ▶ : Agent-based models

# Simple Compartmental Models

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- ▶ Usually SIR or SIS

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The major assumptions:

- ▶ Every individual is average.
- ▶ Every interaction of  $u$  is with a randomly chosen other individual.
- ▶ The probability an interaction is with a susceptible [infected] individual is  $S/N$  [  $I/N$  ]

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We will analyze compartmental models in detail later to provide context for network models.



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- ▶ Heterogeneously distributed
- ▶ Directed.
- ▶ ...

# Other important types of networks

- ▶ Airline network
- ▶ Connected communities
- ▶ Livestock movement
- ▶ ...

# Network definition

- ▶ A network is a collection of nodes which are joined into pairs by edges.
- ▶ Two nodes that are joined together are called neighbors. The number of neighbors a given node has is its degree,  $k$ .
- ▶ There is no real difference between the definitions of “network” and “graph”.
- ▶ I will tend to use the terminology “partner” for neighbor and “partnership” for edge [the term “contact” is more commonly used but can be ambiguous].

# Network Properties

There are a number of things we can measure:

- ▶ **Degree distribution:**  $P(k)$ , the proportion of nodes with degree  $k$ .

High degree nodes tend to be infected early and in turn infect more nodes. So the early growth is more affected by the presence of high-degree nodes than by the average degree.

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- ▶ Degree distribution:  $P(k)$ , the proportion of nodes with degree  $k$ .
- ▶ **Clustering**: frequency of short cycles [not common in sexual networks].

Clustering tends to slow the spread of a disease, but often does not significantly affect whether a disease occurs or how large it gets. Its role is reduced as typical degrees increase.

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There are a number of things we can measure:

- ▶ Degree distribution:  $P(k)$ , the proportion of nodes with degree  $k$ .
- ▶ Clustering: frequency of short cycles [not common in sexual networks].
- ▶ Partnership duration: Network may be dynamics, with partnerships changing in time. Individuals may enter/leave the population.

Changing partnerships reduces the effect of local “susceptible depletion”

# More Network Properties

There are a number of things we can measure:

- ▶ **Edge weights**: some edges may have higher transmission probabilities than others.

Edge weights and many other effects are generally less significant (but what if weights inversely correlated with degree?)

# More Network Properties

There are a number of things we can measure:

- ▶ Edge weights: some edges may have higher transmission probabilities than others.
- ▶ **Assortativity**: Individuals may actively select similar partners. In particular, partners with similar degree.

Assortative mixing by degree tends to make it easier for a disease to get established because the core of high-degree nodes provides a good place to spread. However, it often reduces the total size of the epidemic because the low degree nodes tend to connect only to low degree nodes.



# More Network Properties

There are a number of things we can measure:

- ▶ Edge weights: some edges may have higher transmission probabilities than others.
- ▶ Assortativity: Individuals may actively select similar partners. In particular, partners with similar degree.
- ▶ **Modularity**: some parts of the network may be more densely connected than others.

The existence of subcommunities may influence how a disease spreads (and when it is detected).

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# Random networks

We rarely have exact data about a population's contact structure. Instead we have measurements of a few important features.

- ▶ We want to generate a random network that captures these properties.
- ▶ If these properties are the relevant properties, then disease spread in the simulated network will accurately reproduce dynamics in the real population.
- ▶ An interesting challenge [outside our scope] is finding ways to generate random networks with specified properties.

# Common random network models

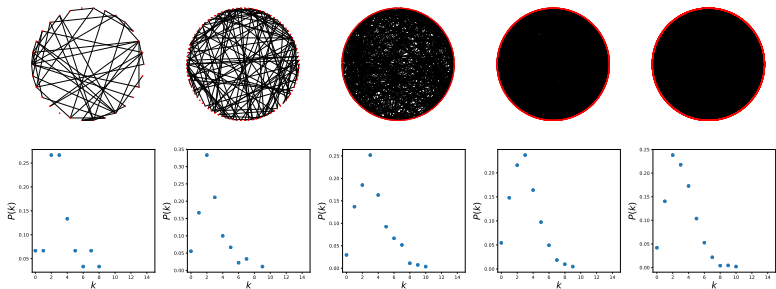
- ▶ Erdős–Rényi aka  $G_{N,p}$
- ▶ Configuration Model
- ▶ Chung–Lu
- ▶ Exponential Random Graph Model [ERGM]

# Erdős–Rényi networks

- ▶ To generate an Erdős–Rényi network, we take  $N$  nodes and connect each pair independently with probability  $p$ .
- ▶ As  $N$  increases with  $p = \langle K \rangle / (N - 1)$ , the degree distribution becomes Poisson with mean  $\langle K \rangle$ .
- ▶ The resulting networks are fairly homogeneous.

# Erdős–Rényi networks

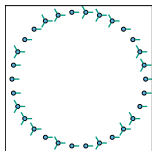
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$$\langle K \rangle = 3, \quad N = 30, 90, 270, 810, 2430$$

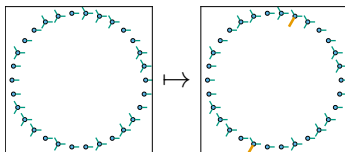
# Configuration Model

One of the two simplest models capturing a heterogeneous degree distribution:



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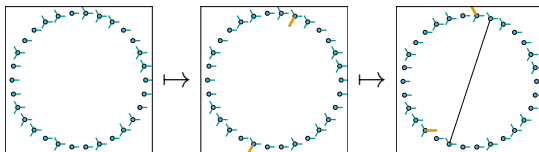
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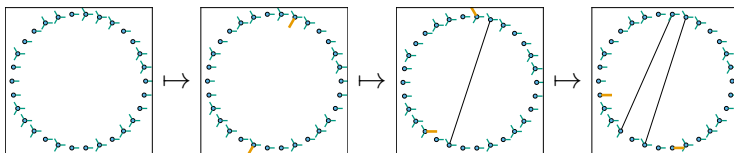
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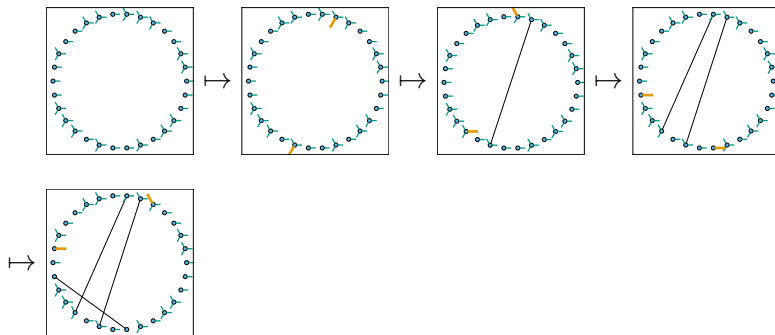
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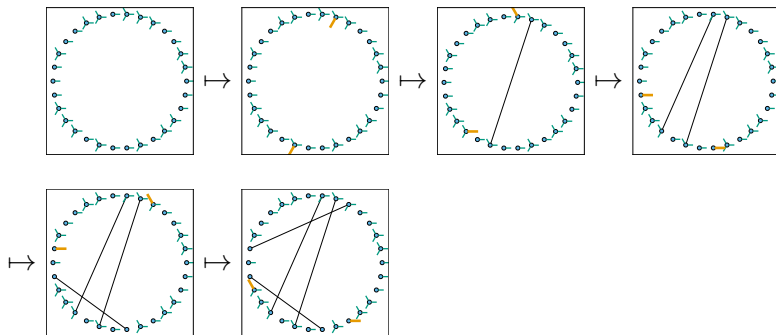
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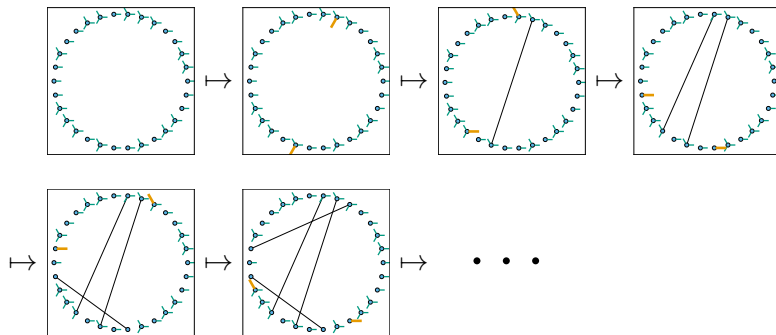
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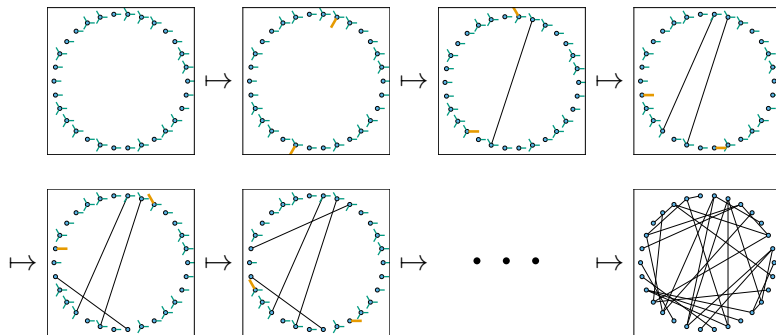
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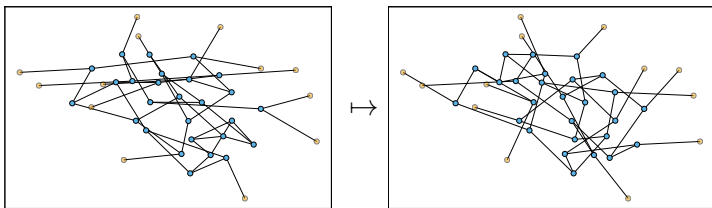


# Configuration Model

One of the two simplest models capturing a heterogeneous degree distribution:



# “Annealed” Configuration Model



- ▶ The annealed network version assumes that at every moment the network looks like a Configuration model network.
- ▶ However, at every moment, an individual changes all of its partners.
- ▶ In practice this is appropriate if partnerships are so short or disease transmission so rare that an individual is unlikely to ever transmit to the same individual twice or transmit back to its infector.
- ▶ People who use the term “annealed network” call the static version a “quenched network”.

# Chung–Lu Model

The other simple model capturing a heterogeneous degree distribution  $[1, 2]$ .



# Chung–Lu Model

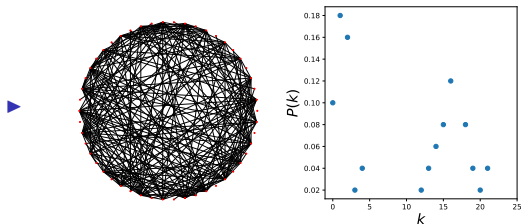
The other simple model capturing a heterogeneous degree distribution [1, 2].

- ▶ Assign each node an expected degree  $\kappa$ . Place an edge between each pair  $u$  and  $v$  with probability proportional to  $\kappa_u \kappa_v$ .

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In the example half have  $\kappa = 1$  and half have  $\kappa = 15$ .

# Exponential Random Graph Model (ERGM)

- ▶ Given some vector of parameters  $\theta$  and statistical measurements  $s$  on a graph  $G$ , choose  $G$  with probability proportional to

$$\exp[\theta \cdot s]$$

- ▶ Generally a network is chosen through MCMC.
- ▶ Computational power significantly constrains the network size

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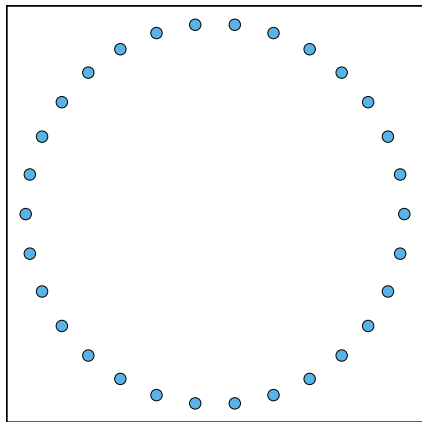
If we choose a random individual in a configuration model network, is its expected degree

1. higher
2. lower
3. the same
4. depends on the degree distribution

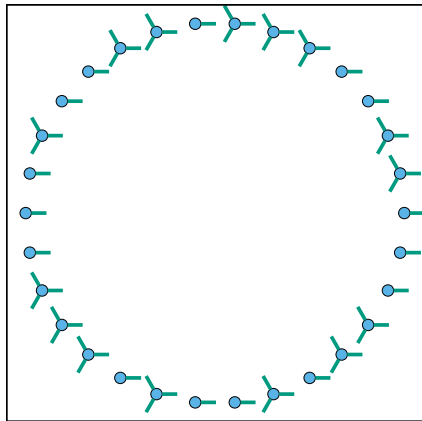
than the expected degree of a random partner?

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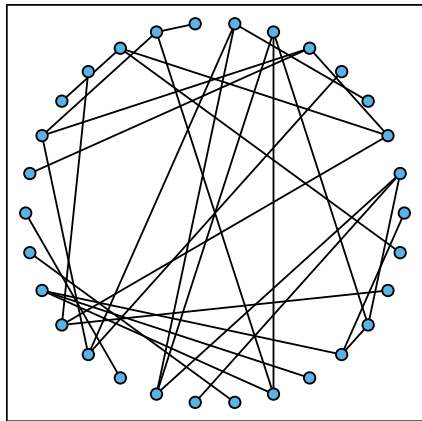


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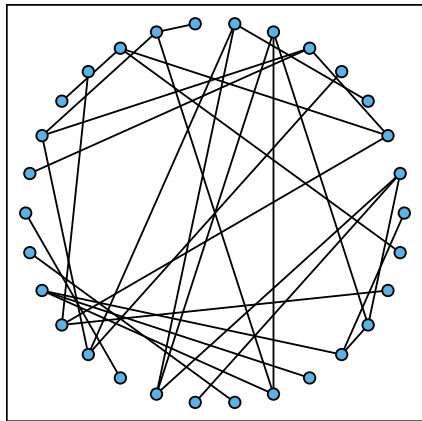




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The probability a partner has degree  $k$  is  $P_n(k) = kP(k) / \langle K \rangle$ .

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  - ▶ So  $P_n(k) = NkP(k) / N \langle K \rangle = kP(k) / \langle K \rangle$  where  $\langle K \rangle$  is the average degree.
- ▶ A partner's partner also has degree  $k$  with probability  $P_n(k)$ .



# Size Bias

I cannot stress enough that if  $P(k)$  is the probability a random individual has  $k$  partners, then

$$P_n(k) = kP(k) / \langle K \rangle$$

is the probability a random partner has  $k$  partners.

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# Social networks

- ▶ facebook
- ▶ linkedin
- ▶ twitter
- ▶ ...

These may be more appropriate for spread of ideas or opinions.

# Contact networks

- ▶ The network of physical interactions.
- ▶ Often highly clustered.
- ▶ Appropriate for respiratory diseases.
- ▶ Sometimes measured by giving people devices that measure physical proximity.

# Sexual networks

- ▶ Appropriate for sexually transmitted diseases.
- ▶ Often low clustering.
- ▶ Often highly heterogeneous.
- ▶ Transient partnerships may play a large role.

# Location–Location networks

- ▶ Cities connected by travel of people between them [spread of H1N1, Ebola].
- ▶ Farms connected by movement of animals [foot and mouth].
- ▶ Habitats connected by bird migrations [West Nile].

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- ▶ Other wildlife [11].

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- ▶ Hospital interactions [6]: Employees, patients, and visitors at a pediatric hospital in Rome wore proximity detectors over a week-long period.
- ▶ School interactions [7]: Students and employees at a high school wore proximity detectors.
- ▶ Tasmanian Devils [8, 9]: Contacts between Tasmanian Devils were measured through collars with proximity detectors.
- ▶ Lion interactions [10]: observations of within pride, between pride, and nomadic lion interactions.
- ▶ Other wildlife [11].
- ▶ Romantic networks [12]

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- ▶ Seasonal population movements [18]: study of seasonal population movements for malaria control (phone data, census, satellite imagery).

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- ▶ South Africa: Simulation by George Seage’s group at HSPH for HIV transmission ( $\approx 6$  million?)



Introduction

Disease spread

Key Questions

Modeling approaches

Networks

Random network models

Real world networks

References

# References I

- [1] F. Chung and L. Lu.  
Connected components in random graphs with given expected degree sequences.  
[Annals of Combinatorics](#), 6(2):125–145, 2002.
- [2] Joel C. Miller and Aric Hagberg.  
Efficient generation of networks with given expected degrees.  
[Proceedings of the 8th International Workshop on Algorithms and Models for the Web Graph](#), pages 115–126, 2011.
- [3] Scott L. Feld.  
Why your friends have more friends than you do.  
[American Journal of Sociology](#), 96(6):1464–1477, 1991.
- [4] N.A. Christakis and J.H. Fowler.  
Social network sensors for early detection of contagious outbreaks.  
[PLoS ONE](#), 5(9):e12948, 2010.
- [5] Joël Mossong, Niel Hens, Mark Jit, Philippe Beutels, Kari Auranen, Rafael Mikolajczyk, Marco Massari, Stefania Salmaso, Gianpaolo Scalia Tomba, Jacco Wallinga, Janneke Heijne, Malgorzata Sadkowska-Todys, Magdalena Rosinska, and W. John Edmunds.  
Social contacts and mixing patterns relevant to the spread of infectious diseases.  
[PLoS Medicine](#), 5(3):381–391, 2008.
- [6] Anna Machens, Francesco Gesualdo, Caterina Rizzo, Alberto E Tozzi, Alain Barrat, and Ciro Cattuto.  
An infectious disease model on empirical networks of human contact: bridging the gap between dynamic network data and contact matrices.  
[BMC infectious diseases](#), 13(1):185, 2013.
- [7] Marcel Salathé, Maria Kazandjiev, Jung Woo Lee, Philip Levis, Marcus W. Feldman, and James H. Jones.  
A high-resolution human contact network for infectious disease transmission.  
[Proceedings of the National Academy of Sciences](#), 107(51):22020–22025, 2010.

# References II

- [8] Rodrigo K Hamede, Jim Bashford, Hamish McCallum, and Menna Jones.  
Contact networks in a wild tasmanian devil (*sarcophilus harrisii*) population: using social network analysis to reveal seasonal variability in social behaviour and its implications for transmission of devil facial tumour disease.  
[Ecology Letters](#), 12(11):1147–1157, 2009.
- [9] Rodrigo Hamede, Jim Bashford, Menna Jones, and Hamish McCallum.  
Simulating devil facial tumour disease outbreaks across empirically derived contact networks.  
[Journal of Applied Ecology](#), 49(2):447–456, 2012.
- [10] Meggan E Craft, Erik Volz, Craig Packer, and Lauren Ancel Meyers.  
Disease transmission in territorial populations: the small-world network of serengeti lions.  
[Journal of the Royal Society Interface](#), 8(59):776–786, 2011.
- [11] Meggan E Craft and Damien Caillaud.  
Network models: an underutilized tool in wildlife epidemiology?  
[Interdisciplinary perspectives on infectious diseases](#), 2011, 2011.
- [12] Peter S. Bearman, James Moody, and Katherine Stovel.  
Chains of affection: The structure of adolescent romantic and sexual networks.  
[The American Journal of Sociology](#), 110(1):44–91, 2004.
- [13] I.Z. Kiss, D.M. Green, and R.R. Kao.  
The network of sheep movements within great britain: network properties and their implications for infectious disease spread.  
[Journal of the Royal Society Interface](#), 3(10):669, 2006.
- [14] Susan S Huang, Taliser R Avery, Yeohan Song, Kristen R Elkins, Christopher C Nguyen, Sandra K Nutter, Alaka S Nafday, Curtis J Condon, Michael T Chang, David Chrest, et al.  
Quantifying interhospital patient sharing as a mechanism for infectious disease spread.  
[Infection control and hospital epidemiology: the official journal of the Society of Hospital Epidemiologists of America](#), 31(11):1160, 2010.

# References III

- [15] Tjibbe Donker, Jacco Wallinga, and Hajo Grundmann.  
Patient referral patterns and the spread of hospital-acquired infections through national health care networks.  
[PLoS Computational Biology](#), 6(3):e1000715, 2010.
- [16] A Sarah Walker, David W Eyre, David H Wyllie, Kate E Dingle, Rosalind M Harding, Lily O'Connor, David Griffiths, Ali Vaughan, John Finney, Mark H Wilcox, et al.  
Characterisation of clostridium difficile hospital ward-based transmission using extensive epidemiological data and molecular typing.  
[PLoS medicine](#), 9(2):e1001172, 2012.
- [17] Duygu Balcan, Vittoria Colizza, Bruno Gonçalves, Hao Hu, José J Ramasco, and Alessandro Vespignani.  
Multiscale mobility networks and the spatial spreading of infectious diseases.  
[Proceedings of the National Academy of Sciences](#), 106(51):21484–21489, 2009.
- [18] Amy Wesolowski, Nathan Eagle, Andrew J Tatem, David L Smith, Abdisalan M Noor, Robert W Snow, and Caroline O Buckee.  
Quantifying the impact of human mobility on malaria.  
[Science](#), 338(6104):267–270, 2012.
- [19] Lauren Ancel Meyers, Babak Pourbohloul, Mark E. J. Newman, Danuta M. Skowronski, and Robert C. Brunham.  
Network theory and SARS: predicting outbreak diversity.  
[Journal of Theoretical Biology](#), 232(1):71–81, January 2005.
- [20] C. L. Barrett, S. G. Eubank, and J. P. Smith.  
If smallpox strikes Portland. . . .  
[Scientific American](#), 292(3):42–49, 2005.
- [21] Timothy C. Germann, Kai Kadau, Ira M. Longini Jr., and Catherine A. Macken.  
Mitigation strategies for pandemic influenza in the United States.  
[Proceedings of the National Academy of Sciences](#), 103(15):5935–5940, 2006.

# References IV

- [22] Ira M Longini, Azhar Nizam, Shufu Xu, Kumnuan Ungchusak, Wanna Hanshaoworakul, Derek AT Cummings, and M Elizabeth Halloran.  
Containing pandemic influenza at the source.  
Science, 309(5737):1083–1087, 2005.