Age structure and mixing patterns

Session 7

Outline

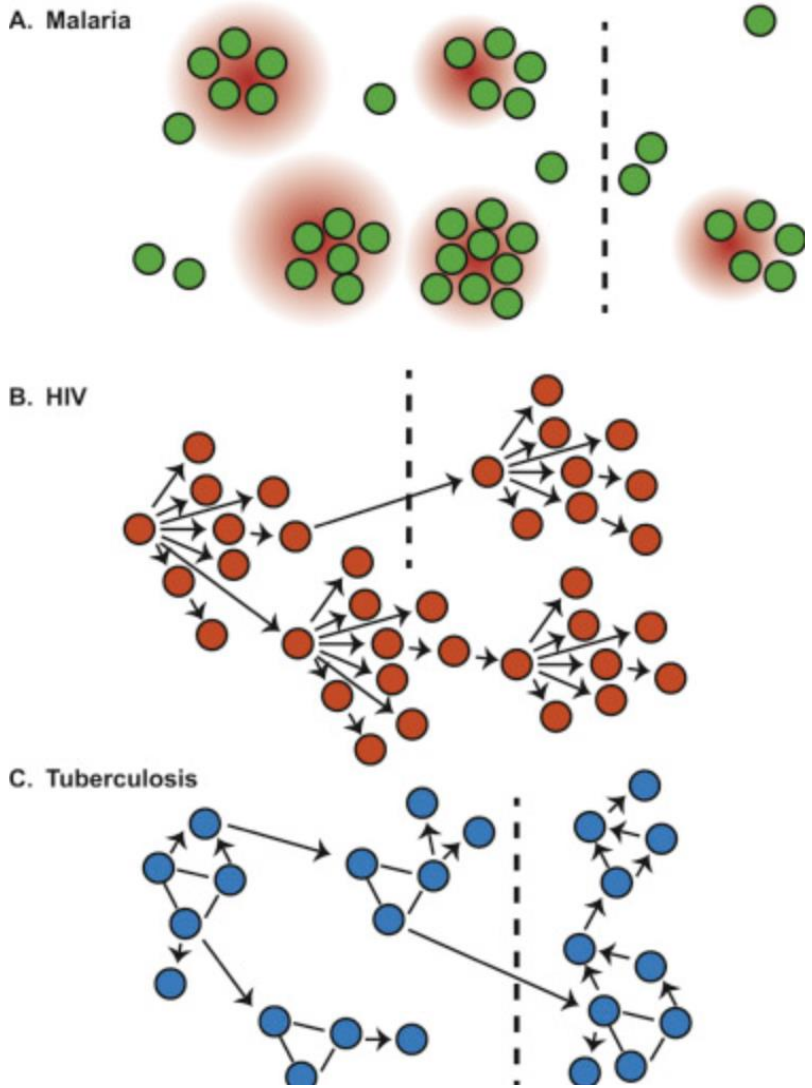
1. Effective 'contacts' and why they matter
2. How to measure contact?
3. The GlobalMix study

Respiratory and enteric infections

Centrality of **human** behavior

Direct, person-to-person transmission

- contacts ubiquitous
- communities, households

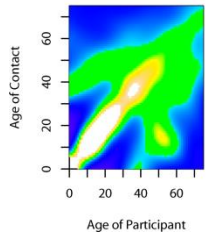


Childs et al. 2015

Social contact data is a key input into transmission models

S = susceptible
I = infected
R = recovered

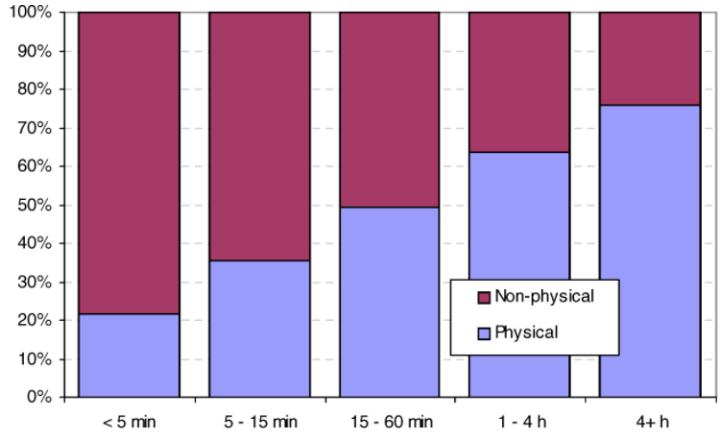
$$\lambda = \beta * I_t$$



Defining 'contacts'

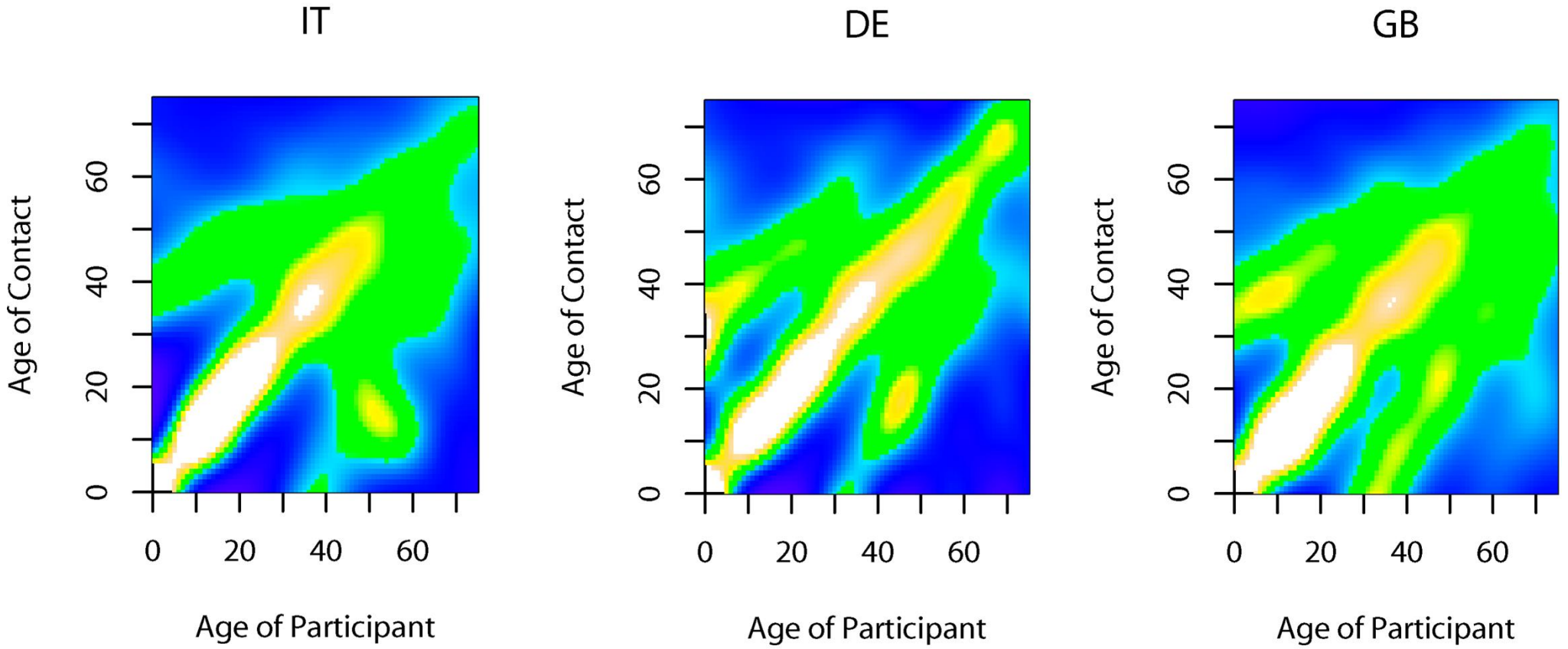
Definition of an (effective) contact

- Often difficult to know
  - How many contacts that could have led to respiratory / enteric disease transmission did you have yesterday?
- $\lambda = \beta * I_t$
  - β is **per-capita rate of effective contact** and can be estimated from a model (often is) but hard to measure empirically

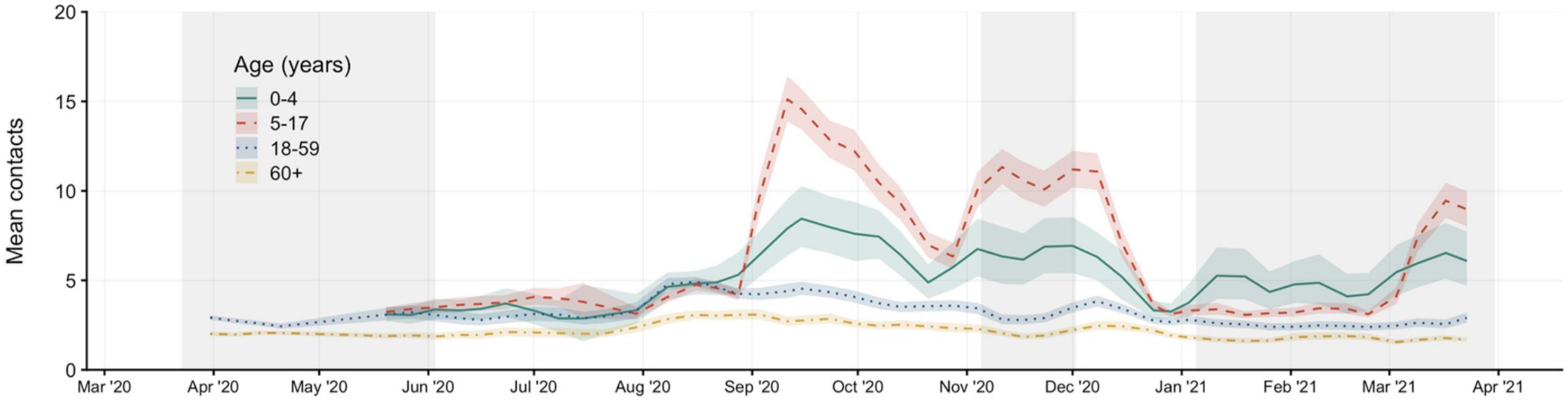


Mossong et al. 2008

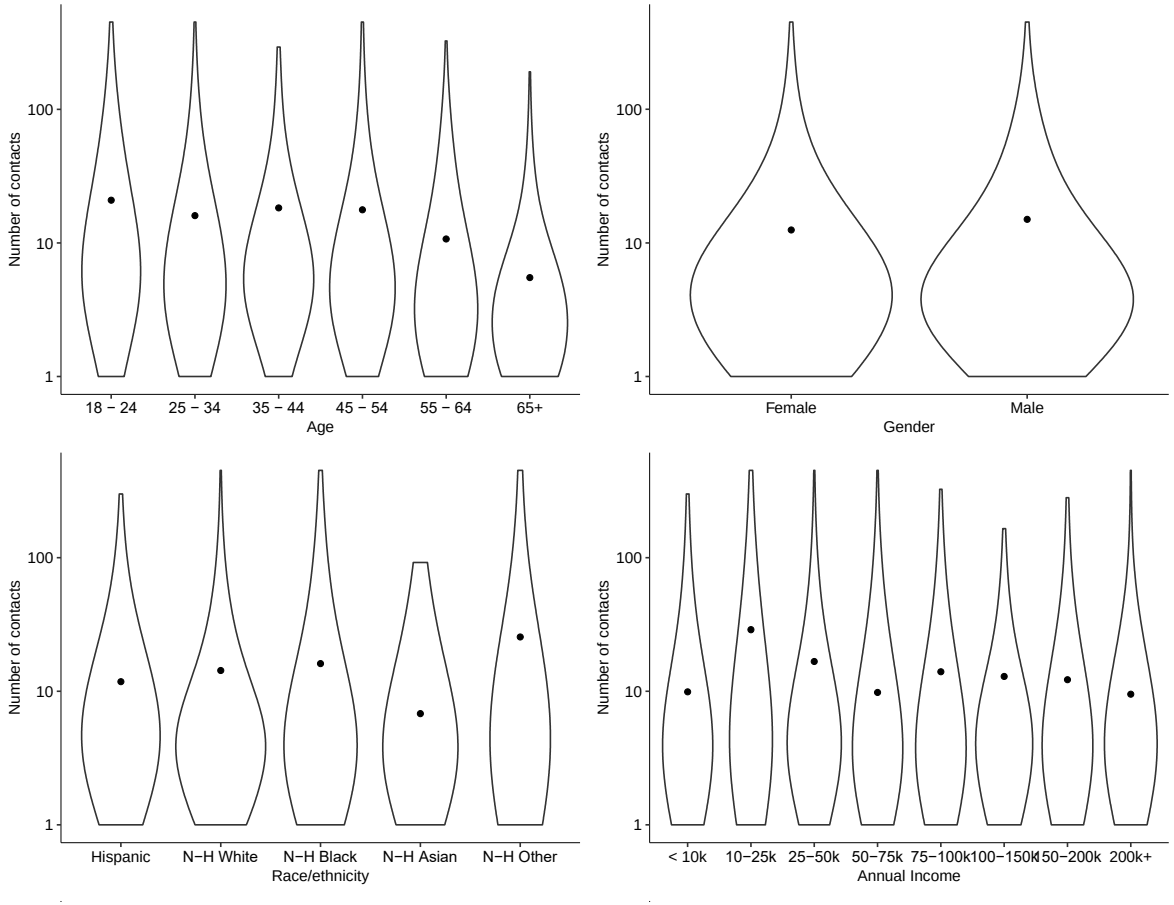
Social contact patterns: who interacts with whom?



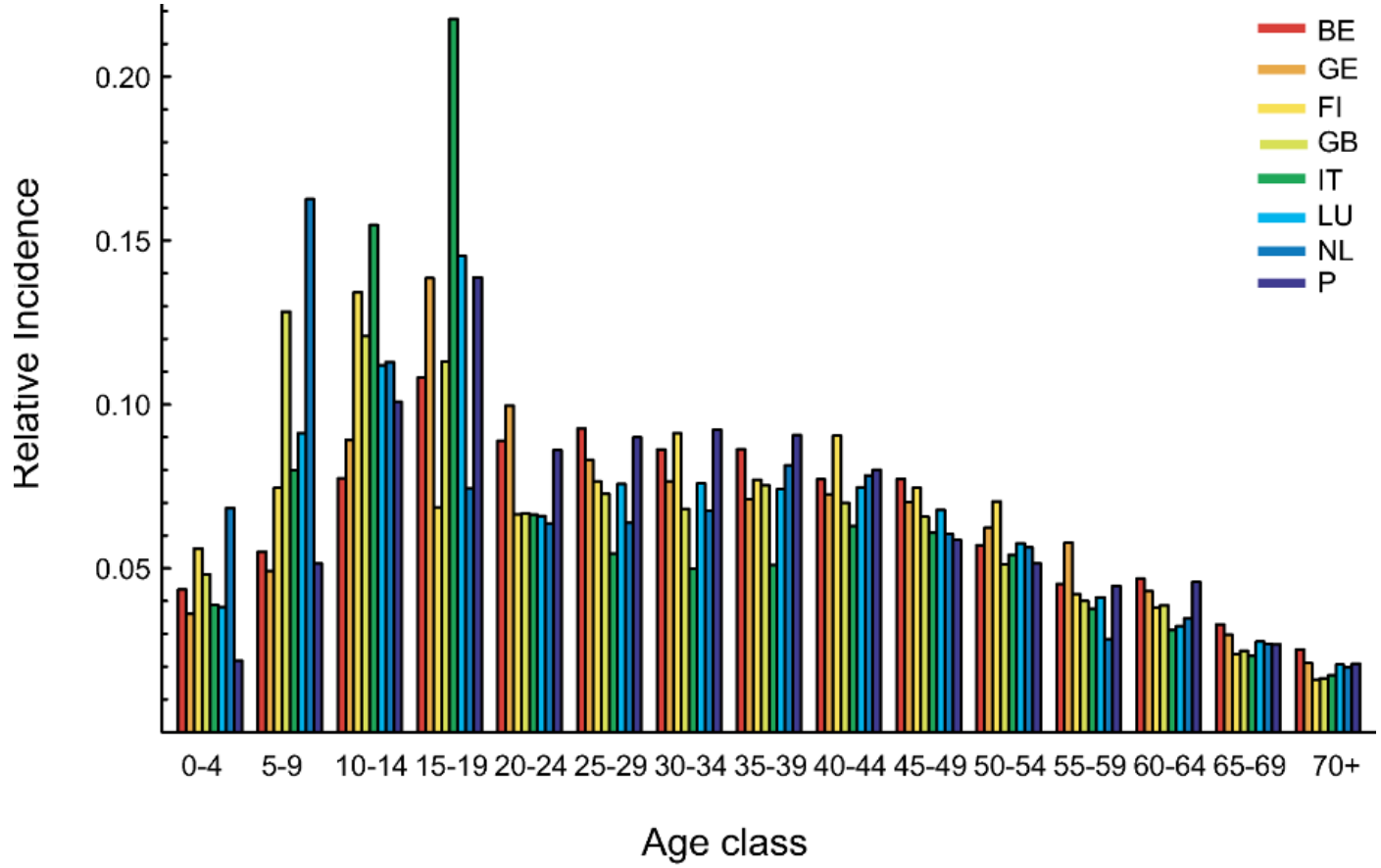
Social contact patterns change through time



Social contacts rates differ within populations

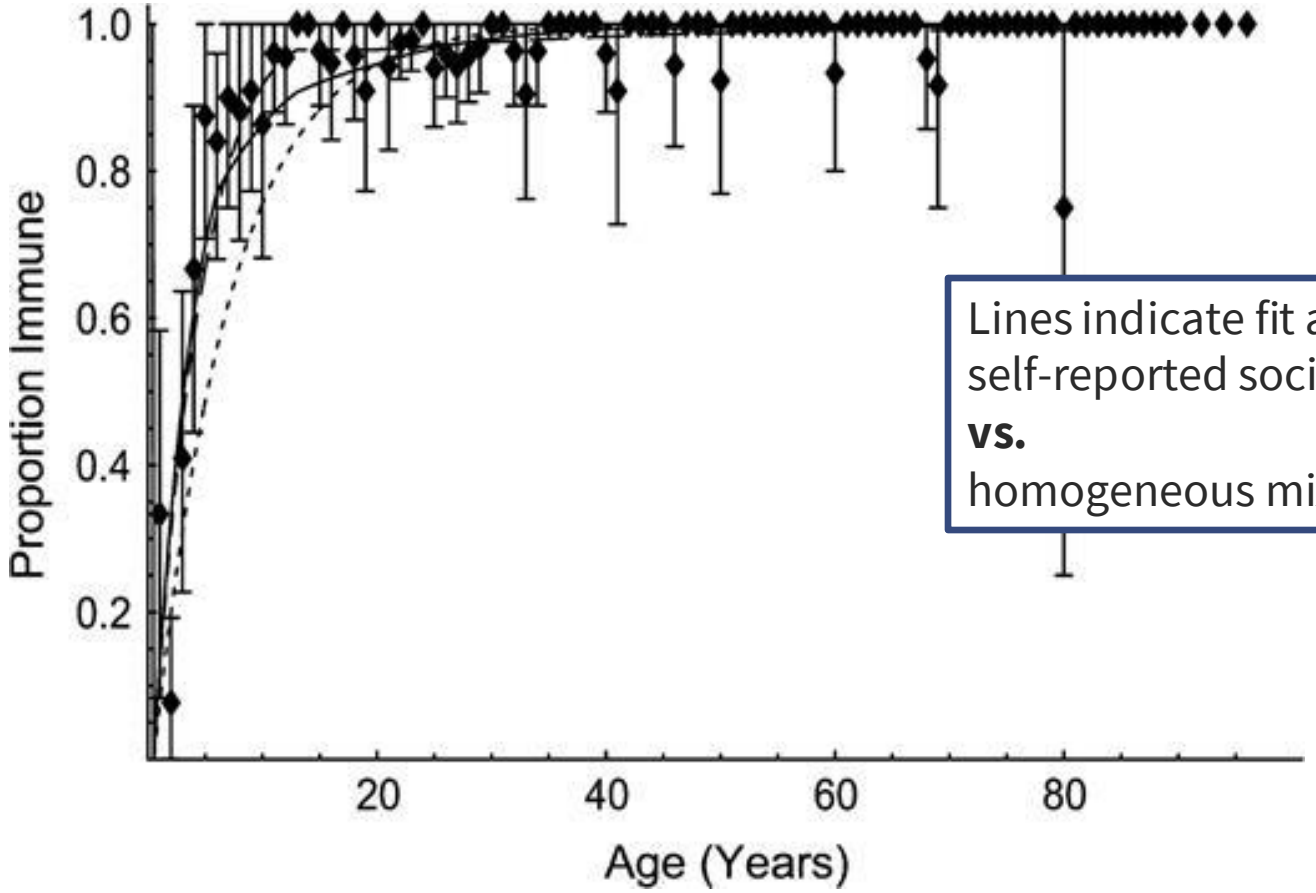


Model outputs depend on assumptions about social contact patterns



Mossong *et al*. PlosMed 2008

Social contact patterns, as measured in those studies, are linked with infection risk

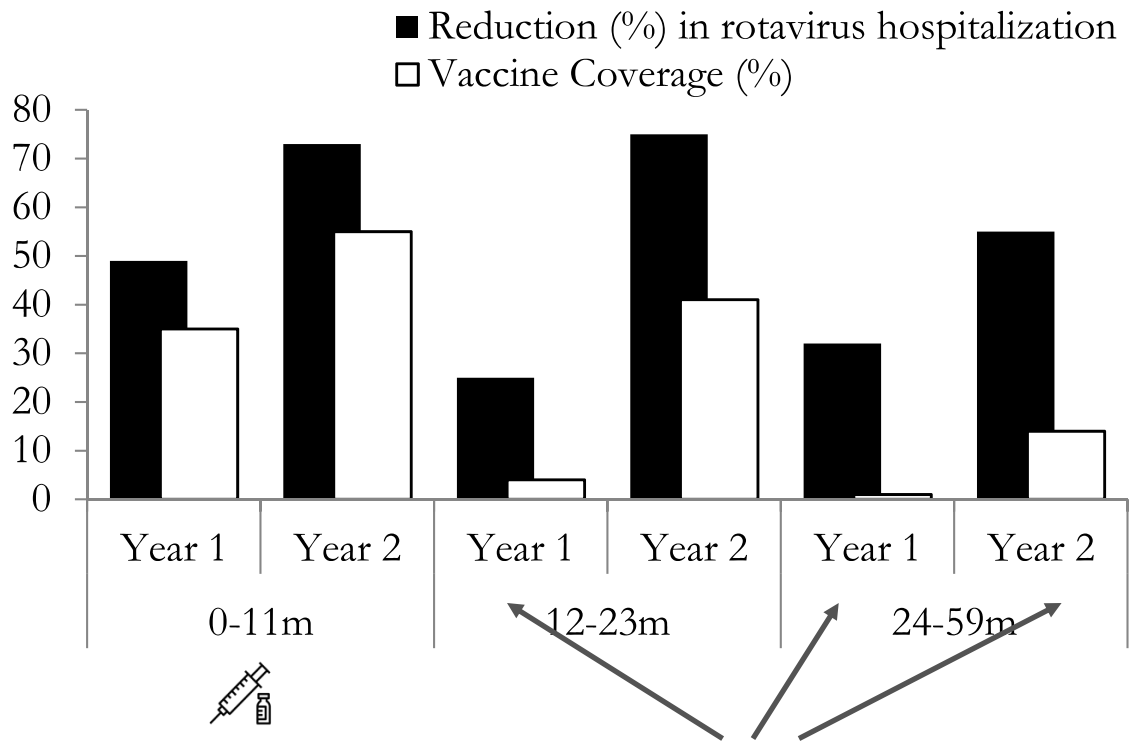


Lines indicate fit according to the hypotheses of:
self-reported social contacts (solid line)
vs.
homogeneous mixing (short-dashed line)

Wallinga et al. AJE 2006

Measuring transmission-reducing effects of vaccines

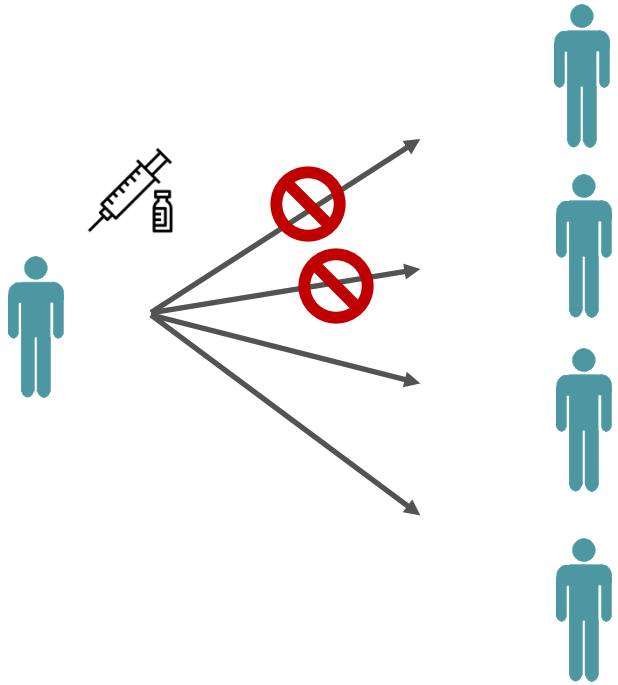
Rotavirus hospitalization data for two years post-rotavirus vaccine introduction in Moldova

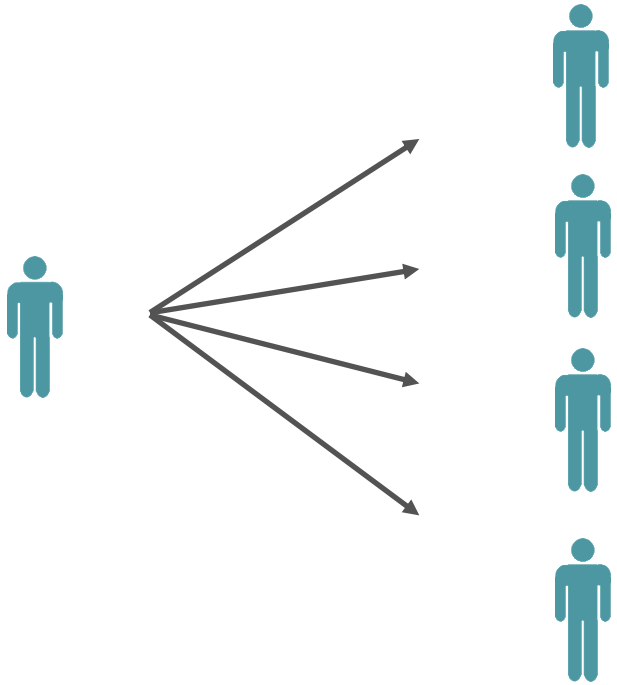


Too old to have received vaccine

Indirect (transmission-reducing) vaccine effects

Indirect (transmission-reducing) vaccine effects





Infected despite being vaccinated, but **less infectious**

Data from Europe has been used to project social contact patterns in many other countries

RESEARCH ARTICLE

Projecting social contact matrices in 152 countries using contact surveys and demographic data

Kiesha Prem[1], Alex R. Cook[1,2,3]*, Mark Jit[4,5]

1 Saw Swee Hock School of Public Health, National University of Singapore and National University Health System, Singapore, Singapore, **2** Program in Health Services and Systems Research, Duke-NUS Graduate Medical School, Singapore, Singapore, **3** Department of Statistics and Applied Probability, National University of Singapore, Singapore, Singapore, **4** Department of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine, London, United Kingdom, **5** Modelling and Economics Unit, Health Protection Agency Centre for Infections, London, United Kingdom

Countries

Polymod countries
Belgium
Germany
Finland
Italy
Luxembourg
Netherlands
Poland
United Kingdom

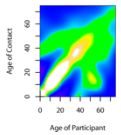
DHS countries
Bangladesh
Bolivia
Ghana
India
Indonesia
Philippines
Sierra Leone
Uganda
Zambia

Data Sources

No. of countries	Polymod 8	DHS 9	ROW 135
Data			
Individual-level contact data[a]	✓	×	×
Household-age structure[a e]	✓	✓	×
Population age composition[b]	✓	✓	✓
Labour force participation [c]	✓	✓	✓
Pupil-to-teacher ratio[d]	✓	✓	✓
School enrolment rates[d]	✓	✓	✓
Socio-demographic indicators[f]	✓	✓	✓

DHS: Demographic and Health Survey
ROW: Rest of the World

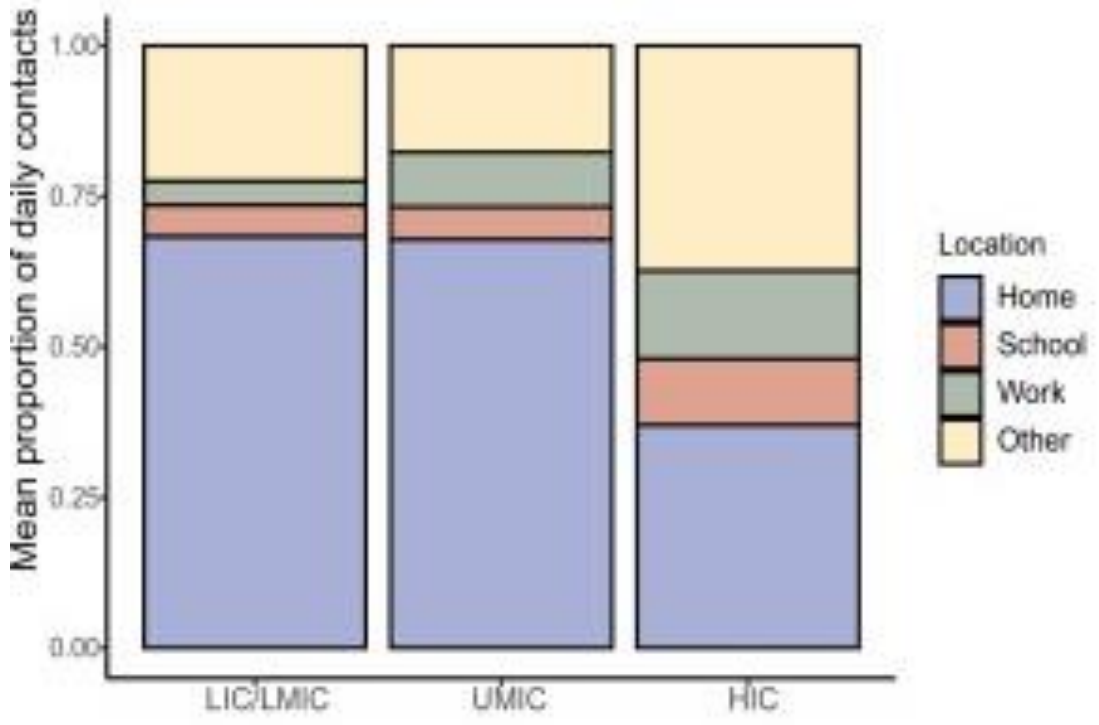
Data source
[a] Mossong et al. (2008)
[b] United Nations Statistics Division
[c] International Labour Organization
[d] United Nations Educational, Scientific and Cultural Organization Institute for Statistics
[e] Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys
[f] The World Bank

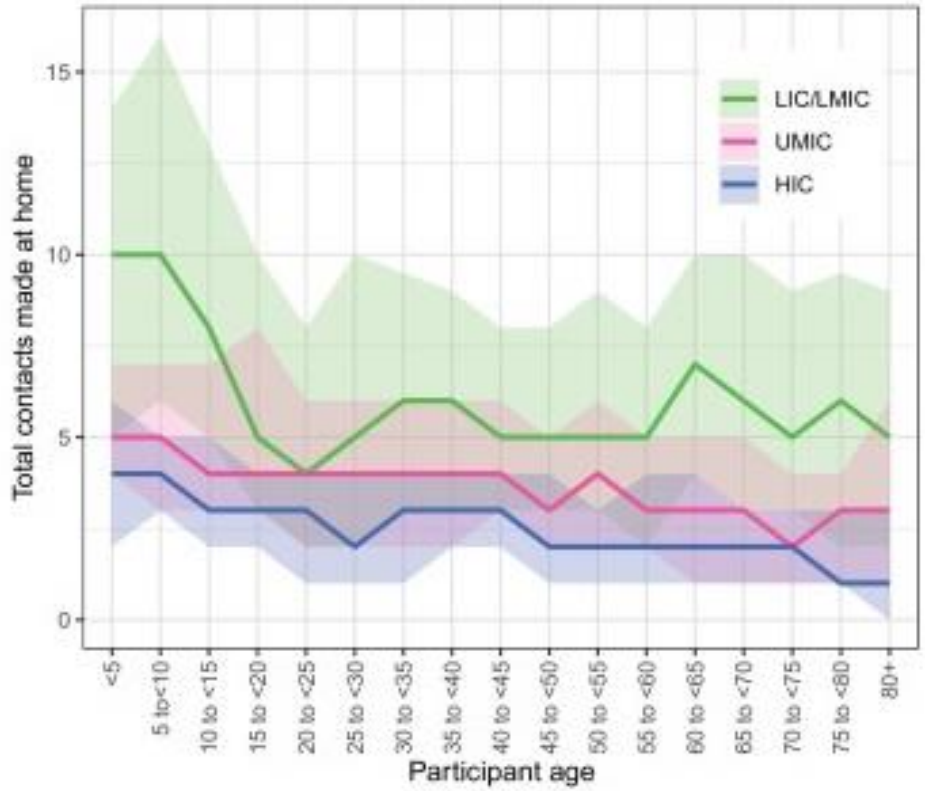


*POLYMOD + this paper cited **over 4k times** since published in 2008

PLOS | COMPUTATIONAL BIOLOGY

In low- and middle-income countries, more contacts at home and among older adults





Mousa *et al*, ELife 2021

The GlobalMix study

Objective: Characterize social mixing patterns across rural and urban settings in four countries: Guatemala, India, Mozambique, Pakistan

UVG UNIVERSIDAD DEL VALLE DE GUATEMALA

THE AGA KHAN UNIVERSITY

cism centro de investigação em saúde de manhiça

NOT TO BE MINISTERED UNTO BUT TO MINISTER
CHRISTIAN MEDICAL COLLEGE VELLORE INDIA

EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

Yale University
LUX ET VERITAS

The GlobalMix study design

Extensive qualitative work to inform data collection procedures

- Aguolu and Kiti *et al.* 2024

600 participants per site across age range

- 1200 per country

Two modes of data collection

- Individuals: 2-day contact diary
- Households: 5-day RFID sensors + contact diary

Oversample children (~25% under 5)

PLOS ONE

STUDY PROTOCOL

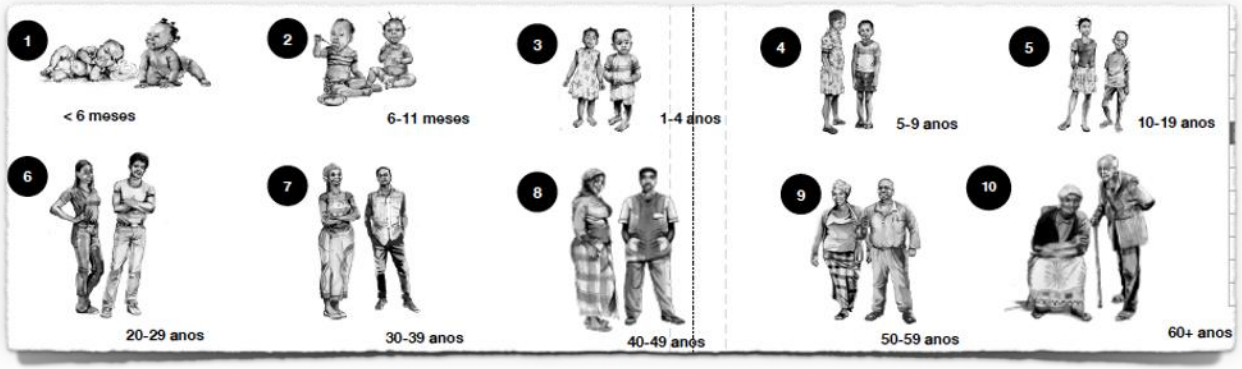
Comprehensive profiling of social mixing patterns in resource poor countries: A mixed methods research protocol

Obianuju Genevieve Aguolu[1]*, Moses Chapa Kiti[2], Kristin Nelson[2], Carol Y. Liu[2], Maria Sundaram[3], Sergio Gramacho[2], Samuel Jenness[2], Alessia Melegaro[4], Charfudin Sacoor[5], Azucena Bardaji[5,6,7], Ivalda Macicame[8], Americo Jose[8], Nilzio Cavele[8], Felizarda Amosse[5], Migdalia Uamba[8], Edgar Jamisse[5], Corssino Tchavana[5], Herberth Giovanni Maldonado Briones[9], Claudia Jarquín[9], María Ajsivinac[9], Lauren Pischel[10], Noureen Ahmed[11], Venkata Raghava Mohan[12], Rajan Srinivasan[12], Prasanna Samuel[12], Gifta John[12], Kye Ellington[2], Orvalho Augusto Joaquim[5], Alana Zelaya[2], Sara Kim[2], Holin Chen[2], Momin Kazi[13], Fauzia Malik[11], Inci Yildirim[10], Benjamin Lopman[2‡], Saad B. Omer[11‡]

1 Division of Epidemiology, College of Public Heath, The Ohio State University, Columbus, Ohio, United States of America, 2 Rollins School of Public Health, Emory University, Atlanta, Georgia, United States of America, 3 Center for Clinical Epidemiology and Population Health, Marshfield Clinic Research Institute,

GlobalMix data collection tools

Nome	Idade (Escreva abaixo grupo de idade. Ex. Se uma criança, escreva "1")	Sexo	Relação	Tocaste a ele/ela?		O contact ocorreu dentro ou fora de edifício?		Logar de contacto. Escreva todos os locais onde você teve contato com essa pessoa.	A pessoa usava uma máscara?	Nos últimos 6 meses, com que frequência teve contacto com esta pessoa?	Há quanto tempo conhece esta pessoa?	Quanto tempo durou o contacto com esta pessoa?		Outros comentários
				Não	Sim	Dentro de edifício	Fora de edifício (ao ar livre)					hrs	min	



Slide courtesy of Moses Kiti, PhD

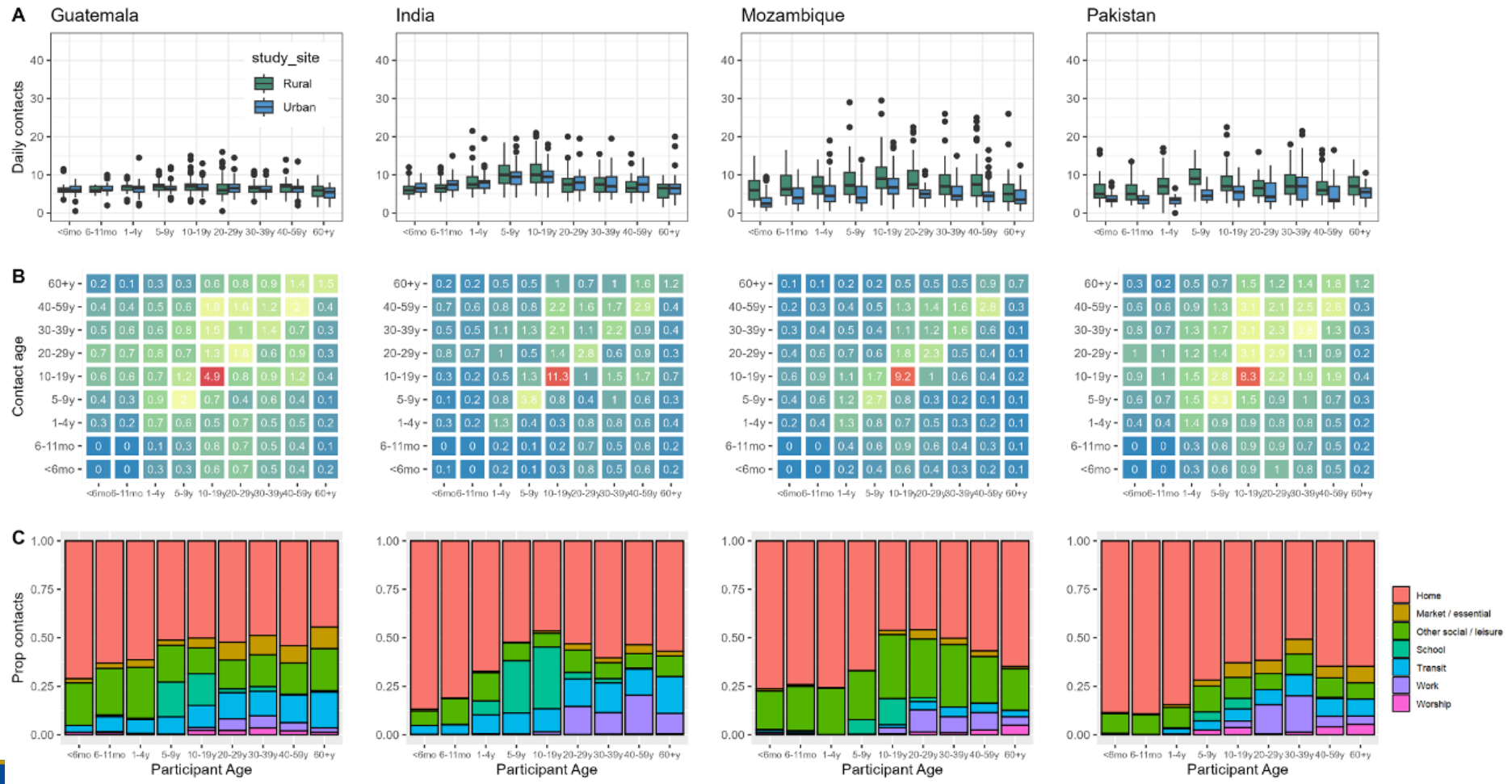
The GlobalMix study: results

	Guatemala n = 332 N (%)	India n = 348 N (%)	Mozambique n = 409 N (%)	Pakistan n = 391 N (%)
Age				
<6mo	111 (33.4%)	113 (32.5%)	128 (31.3%)	133 (34.0%)
6-11mo	103 (31.0%)	109 (31.3%)	146 (35.7%)	130 (33.3%)
1-4y	118 (35.5%)	126 (36.2%)	135 (33.0%)	128 (32.7%)
Household features				
Median household size (IQR)	3 (3, 4.5)	5 (3, 5)	6 (4, 8)	6 (4, 7)
Three-generation household	8 (2.4%)	176 (50.6%)	75 (18.3%)	96 (24.6%)
Multiple family household	24 (7.2%)	68 (19.5%)	109 (26.7%)	71 (18.2%)

The GlobalMix study: results

	Guatemala n = 4162 contacts N (%)	India n = 5047 contacts N (%)	Mozambique n = 4603 contacts N (%)	Pakistan n = 7559 contacts N (%)
Mean daily contacts (IQR)	6.2 (1.3)	7.2 (2.3)	6.1 (3.4)	9.7 (5.4)
Relationship				
Household member	1787 (42.9%)	2655 (52.6%)	1511 (32.8%)	3725 (49.3%)
Non-household member	2375 (57.1%)	2392 (47.4%)	3092 (67.2%)	3834 (50.7%)
Environment				
Indoors	3542 (85.1%)	3200 (63.4%)	216 (4.7%)	2322 (30.7%)
Outdoors	474 (11.4%)	597 (11.8%)	1795 (39.0%)	286 (3.8%)
Both	84 (2.0%)	968 (19.2%)	2591 (56.3%)	4601 (60.9%)
Duration				
< 1 h	2913 (70.0%)	2976 (59.0%)	3499 (76.0%)	3603 (47.7%)
> 1 h	1187 (28.5%)	1789 (35.5%)	1102 (23.9%)	3607 (47.7%)

The GlobalMix study: results



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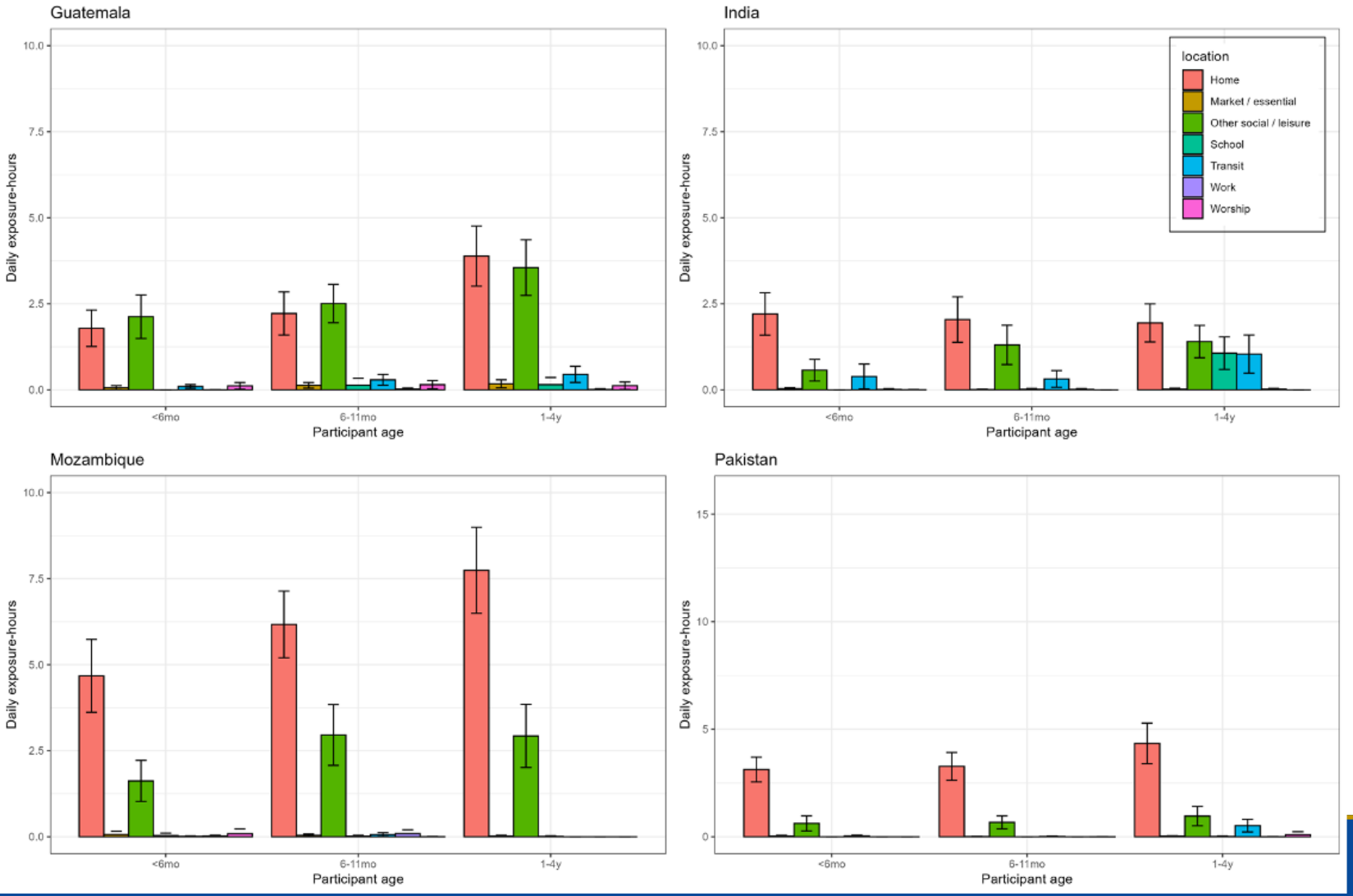

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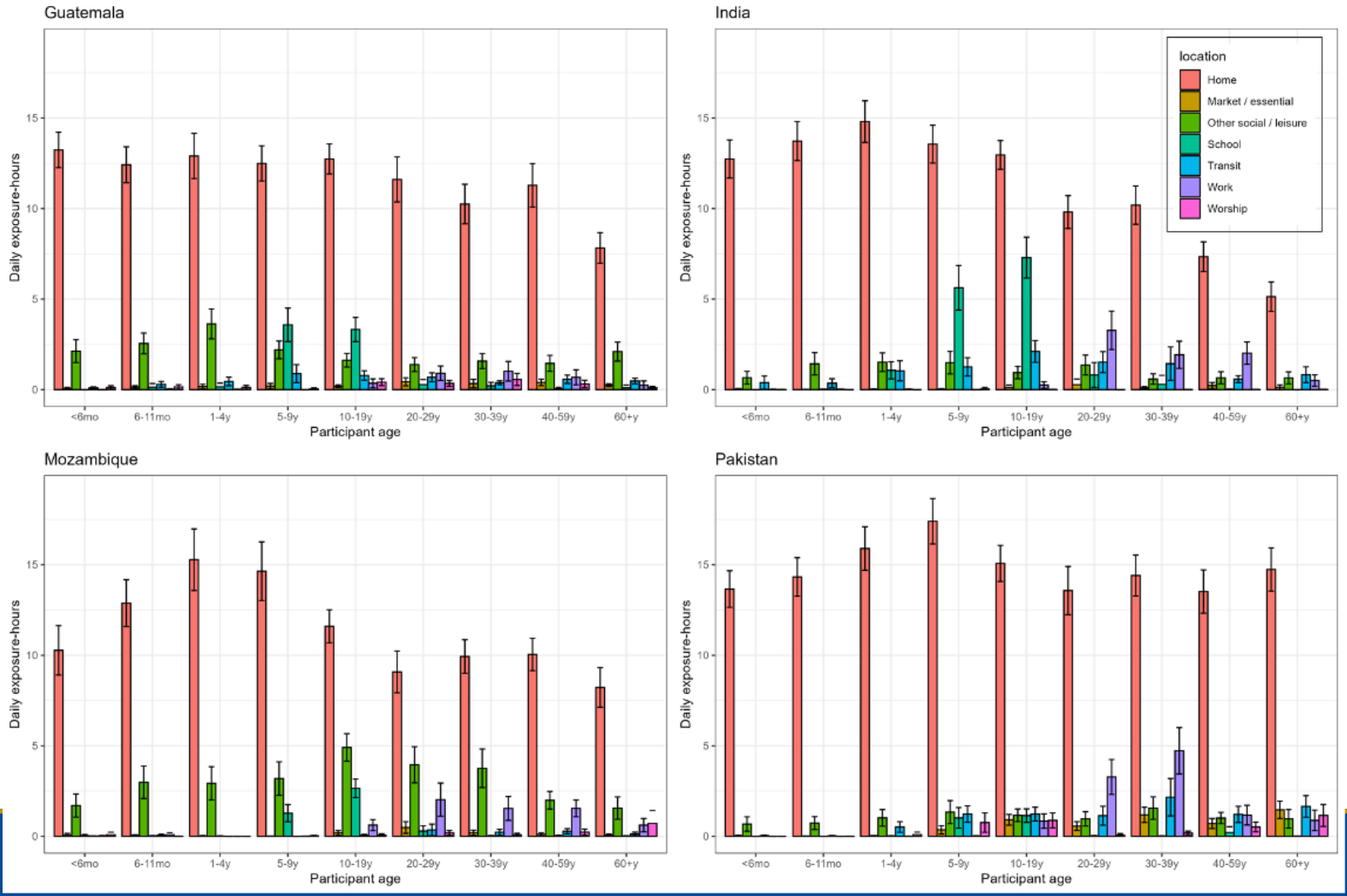

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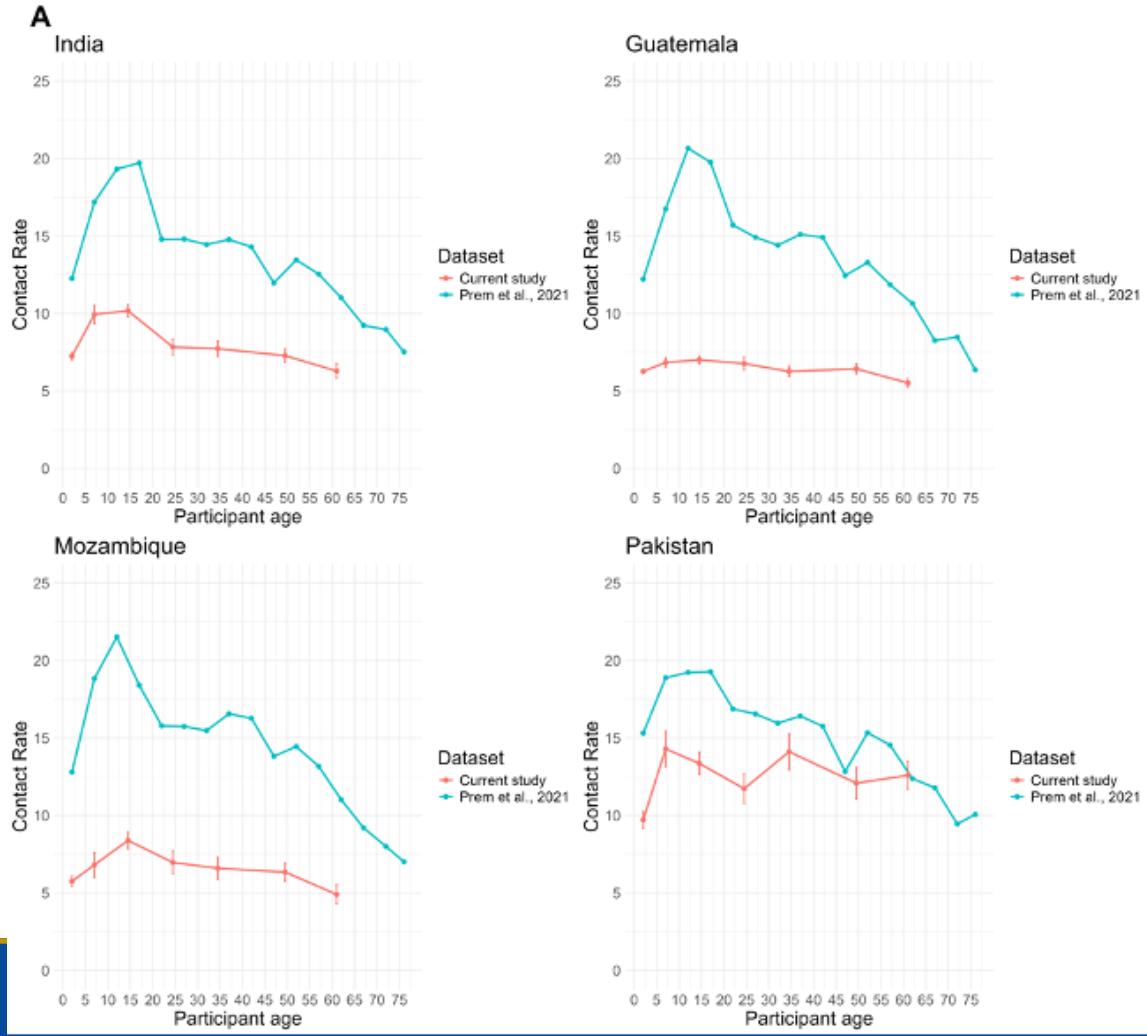
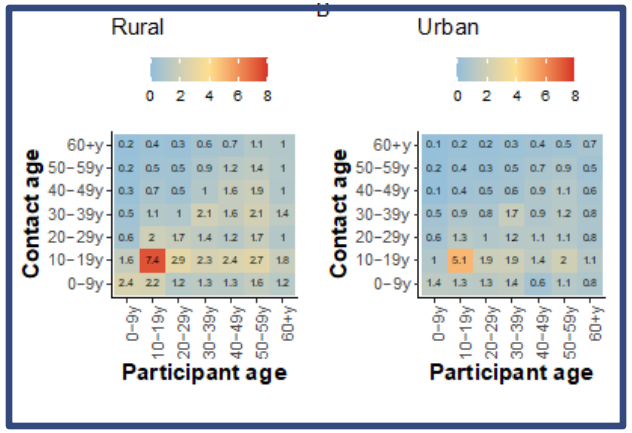


Assumptions about contact patterns affect conclusions about intervention effects

GlobalMix



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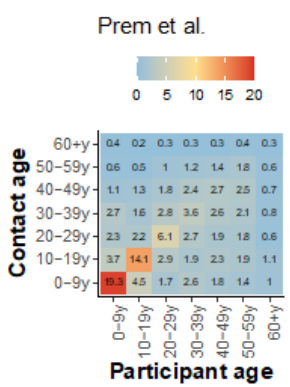
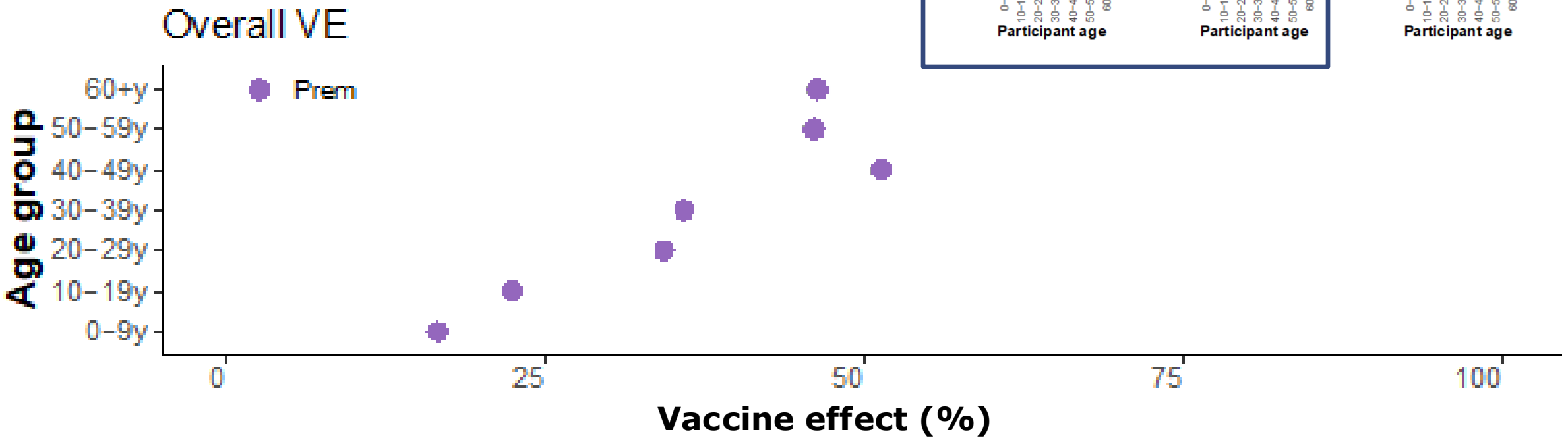
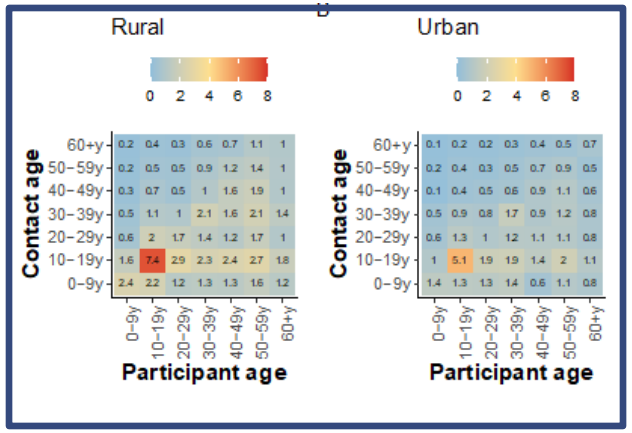




Assumptions about contact patterns affect conclusions about intervention effects

GlobalMix



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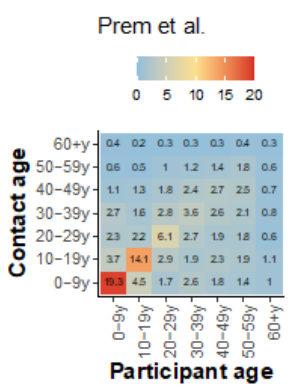

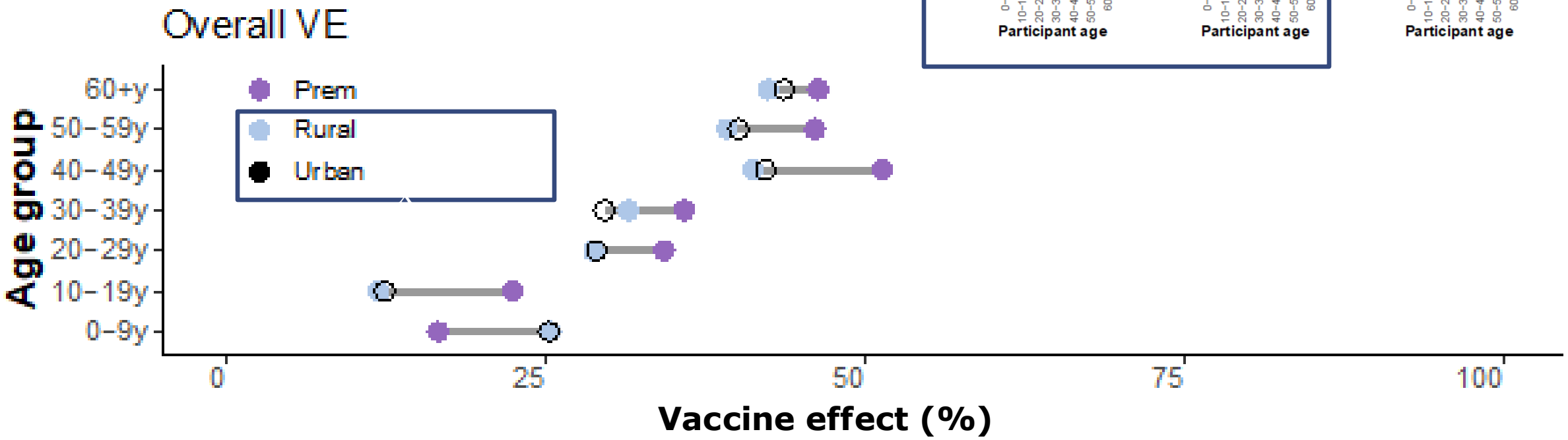

Kiti and Sacoor et al. EID 2025

India (and other) data is publicly available

https://github.com/lopmanlab/GlobalMix

Questions?