

Measures of natural history

Incubation period

• Time from exposure to the onset of clinical symptoms

Latent period

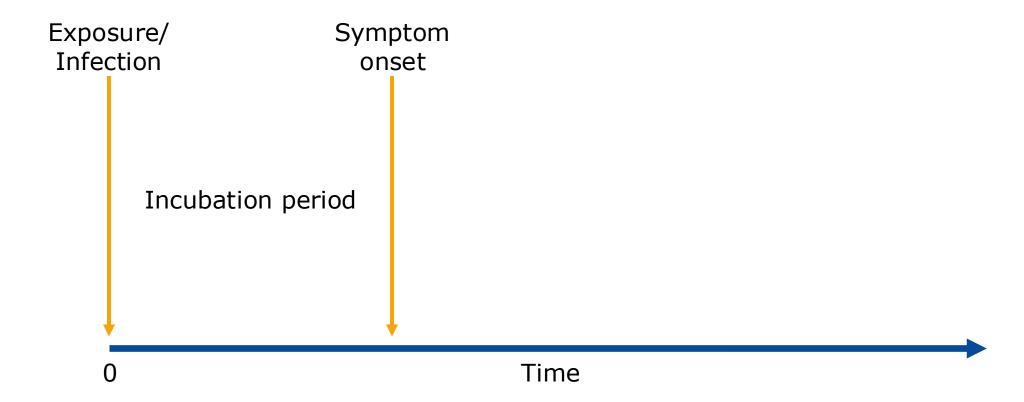
• Time from exposure to start of infectiousness

Infectious period

• Time during which an infected person can transmit to a susceptible host

The reproduction number, R, and herd immunity threshold

Incubation period



Incubation period: Why is it important?

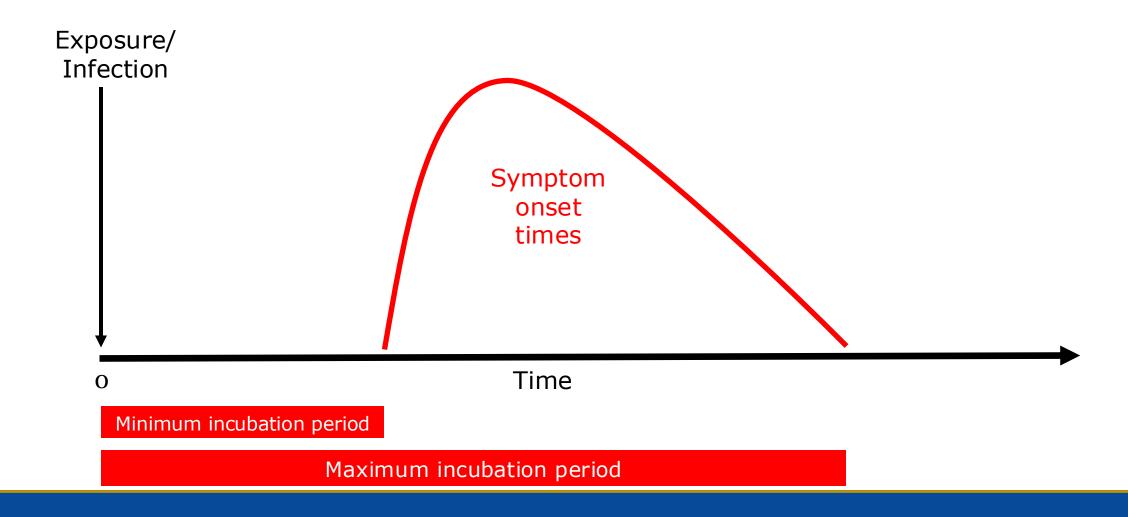
Need to measure

- Time of exposure/infection (hard)
- Time of onset of clinical symptoms (easier)

Can be affected by

- Infectious dose
- Route of infection
- Pathogen replication
- Host immune function

Incubation period



Latent period

Time from exposure/infection to start of infectiousness

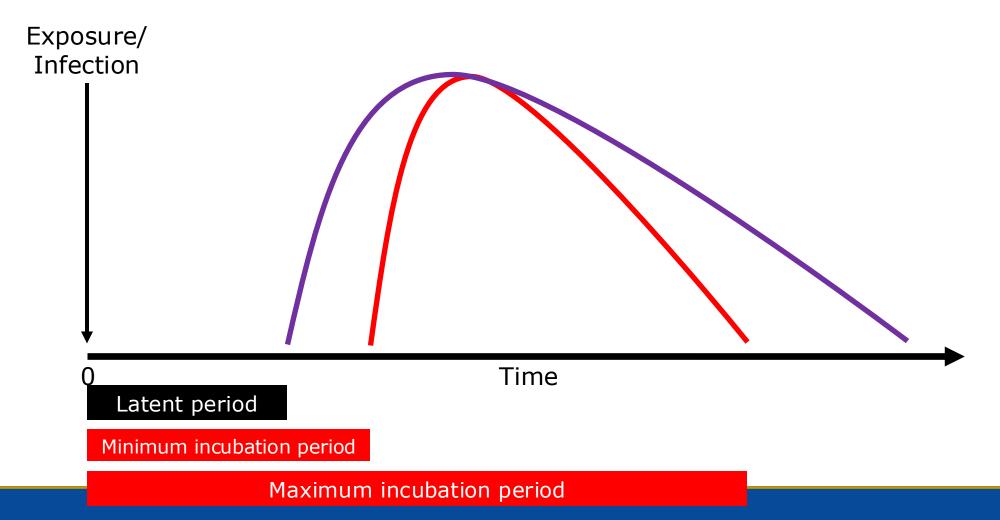
Need to measure

- Exposure
- Time of pathogen detection (?)

End of latent period can...

- precede symptoms
- be strongly associated with symptoms

Latent period



Infectious period

Time during which an infected person can transmit to a susceptible host

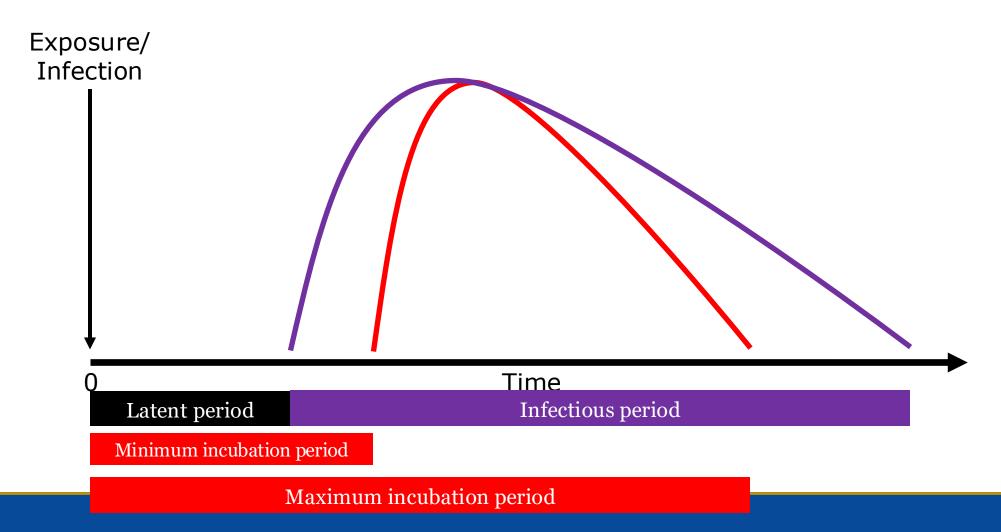
Need to measure

- Time of pathogen detection
- Secondary transmission events (contacts leading to secondary infections)

Can...

- precede symptoms
- be strongly associated with symptoms
- continue after symptoms end

Infectious period



Incubation and latent periods: Why are they important?

Public health

- Setting quarantine / isolation periods
- Prospective / active case finding

Treatment

Application of antiviral medications

Outbreak studies

• Identifying sources of infection, epidemiology of a new pathogen

Modeling studies

• A critical parameter to predicting spread: are people infectious prior to symptom onset?

We often assume that infectiousness is uniform across the infectious period.

What are some reasons that might not be true?

Give an example when people are **more/less** infectious because of symptoms?

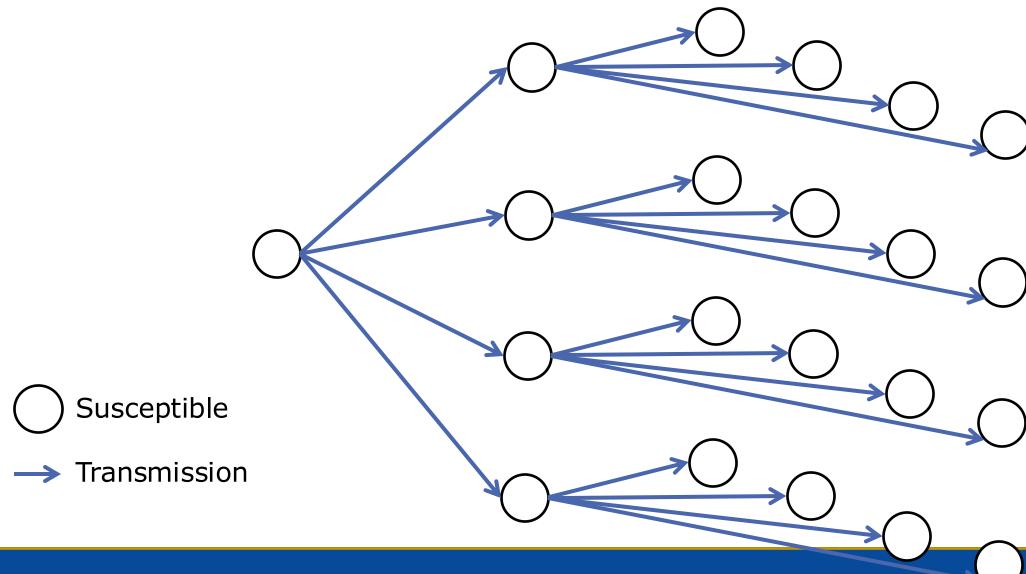
Assumptions about changing behavior sometimes incorporated in models, but not always.

Basic reproduction number, R₀

The average number of secondary infectious cases infected by a single infectious person when entering a **totally susceptible population**

When $R_0 > 1$ an epidemic (on average) will occur

Transmission of an infection with $R_0 = 4$



Why do we want to know R_0 ?

- Determines how quickly infection will spread
- To calculate the **expected final size** of an epidemic
 - (i.e., how many cases will there be?)
- To model/predict
 - when the epidemic will peak and
 - expected impact of control measures

R_0 of selected diseases

Disease	Transmission	R ₀
<u>Measles</u>	Airborne	12-18
<u>Diphtheria</u>	Saliva	6-7
<u>Smallpox</u>	Airborne droplet	5-7
<u>Polio</u>	Fecal-oral route	5-7
<u>Rubella</u>	Airborne droplet	5-7
<u>Mumps</u>	Airborne droplet	4-7
<u>HIV/AIDS</u>	Sexual contact	2-5
<u>Pertussis</u>	Airborne droplet	5.5
COVID-19 (Delta variant)	Airborne droplet	5
<u>SARS</u>	Airborne droplet	2-5
Influenza (1918 pandemic strain)	Airborne droplet	2-3
COVID-19	Airborne droplet	2.5
Ebola (2014 Ebola outbreak)	Bodily fluids	1.5-2.5

Calculating R₀

Basic reproduction number, R₀, from component parts

The rate of contact (a), e.g. 5 contacts/day

The duration of infection (d), e.g., 2 days

The probability that when an infectious and susceptible person come into contact, transmission occurs (β), e.g., 0.5 (50% probability of infection given contact)

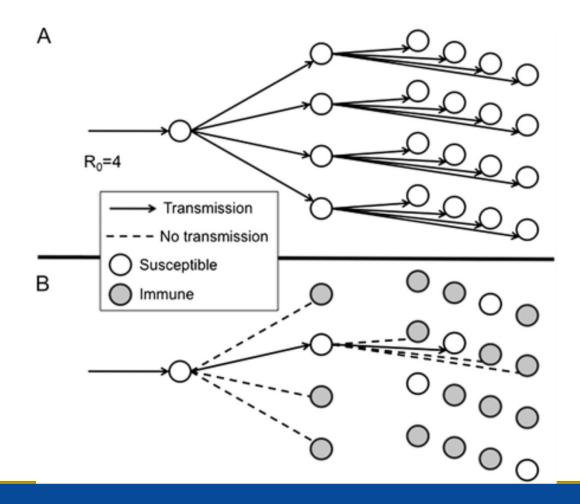
So, in this case: $R_0 = \beta^* a^* d = 0.5^* 5^* 2 = 5$

Effective reproduction number, R_E

Effective reproduction number, R_{E} , is the **actual** number of successful transmissions per infectious person

$$R_E = R_0 * s$$

s = fraction susceptible



Transmission of an infection with Ro = 4,

75% protected by vaccination Infected Susceptible **Immune Transmission**

Herd immunity threshold (HIT)

The proportion of the population that must be <u>immune</u> for an epidemic to start slowing down

vaccination or previous infection (if infection confers immunity)

$$HIT = 1 - 1/R_0$$

- The larger R₀, the higher the herd immunity threshold
- e.g., If $R_0 = 10$, HIT = .90

Questions?