

# Mathematical Modelling of Infectious Diseases

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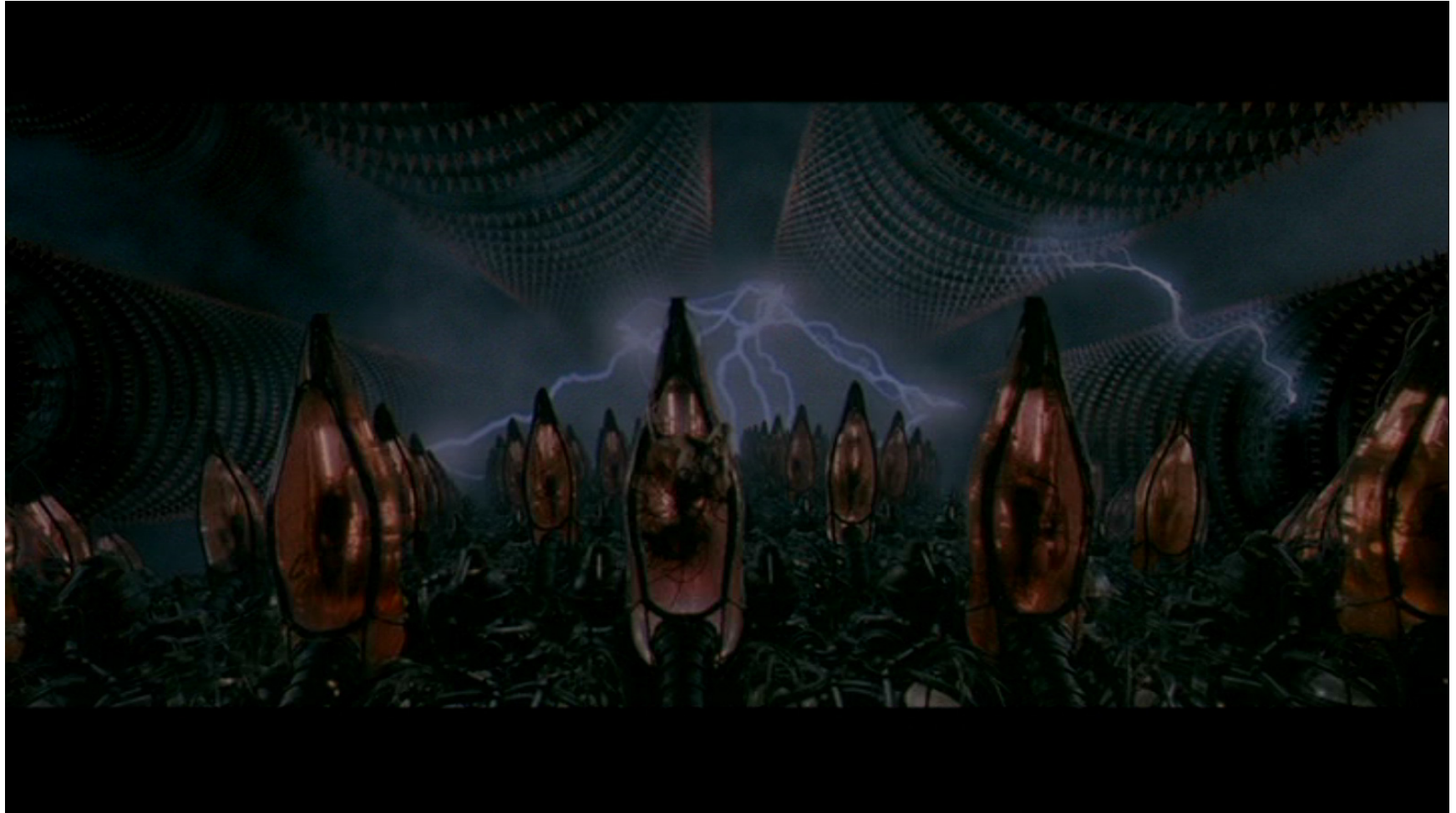
KEANU REEVES LAURENCE FISHBURNE



ON APRIL 2ND THE FIGHT FOR THE FUTURE BEGINS.







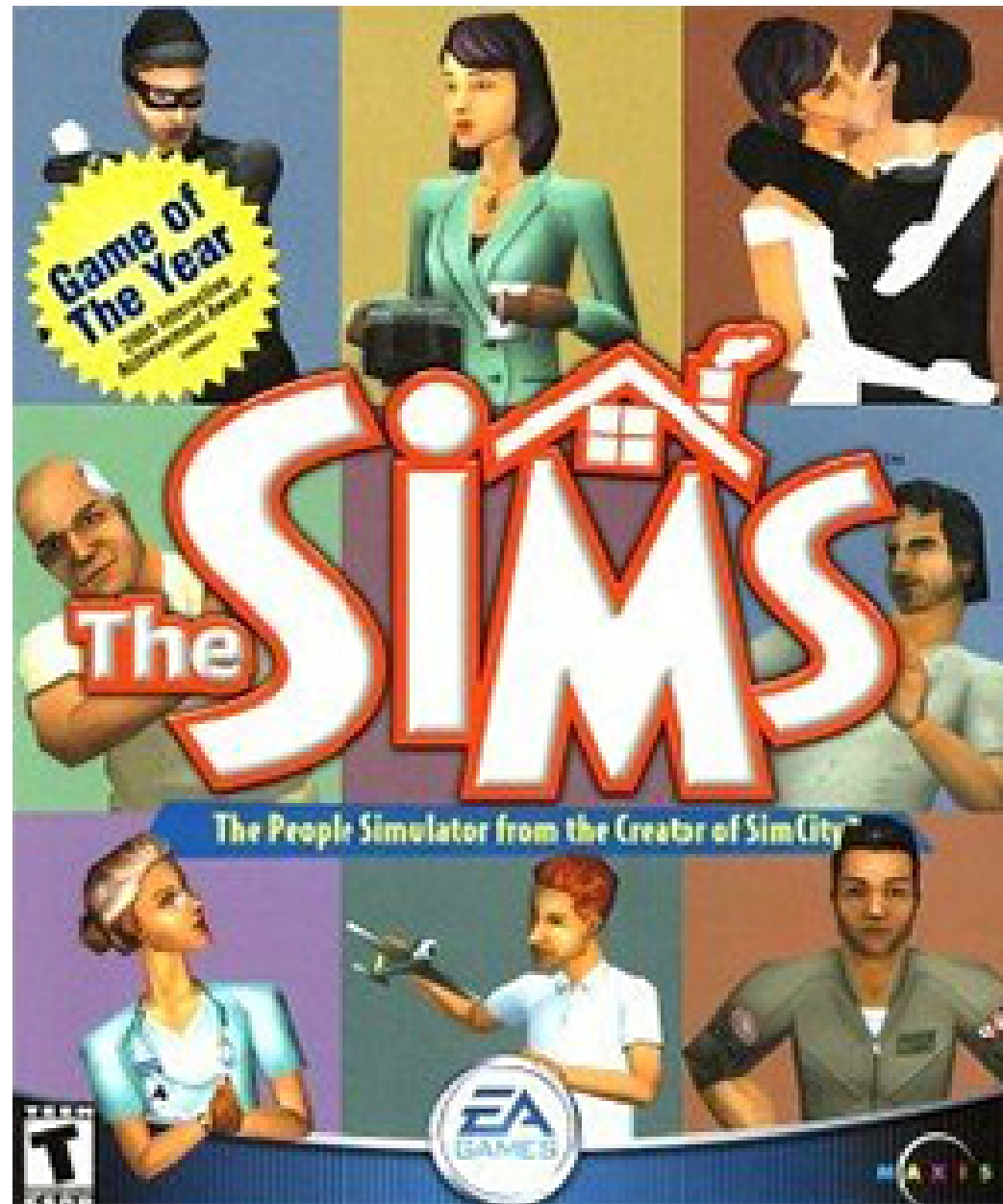
# If We Had That Much Computing Power...

- Run multiple world simulations
- Change initial conditions
  - Infect different people
  - Change behaviour
  - Change the environment
- Observe multiple outcomes

We could run experiments on something indistinguishable from reality...  
But we don't have that much computing power. Yet.

# What Can We Do?

- Simulate smaller universes
- Simplify processes
- Model bulk behaviours instead of individuals



# Sims can catch “Guinea Pig Disease”





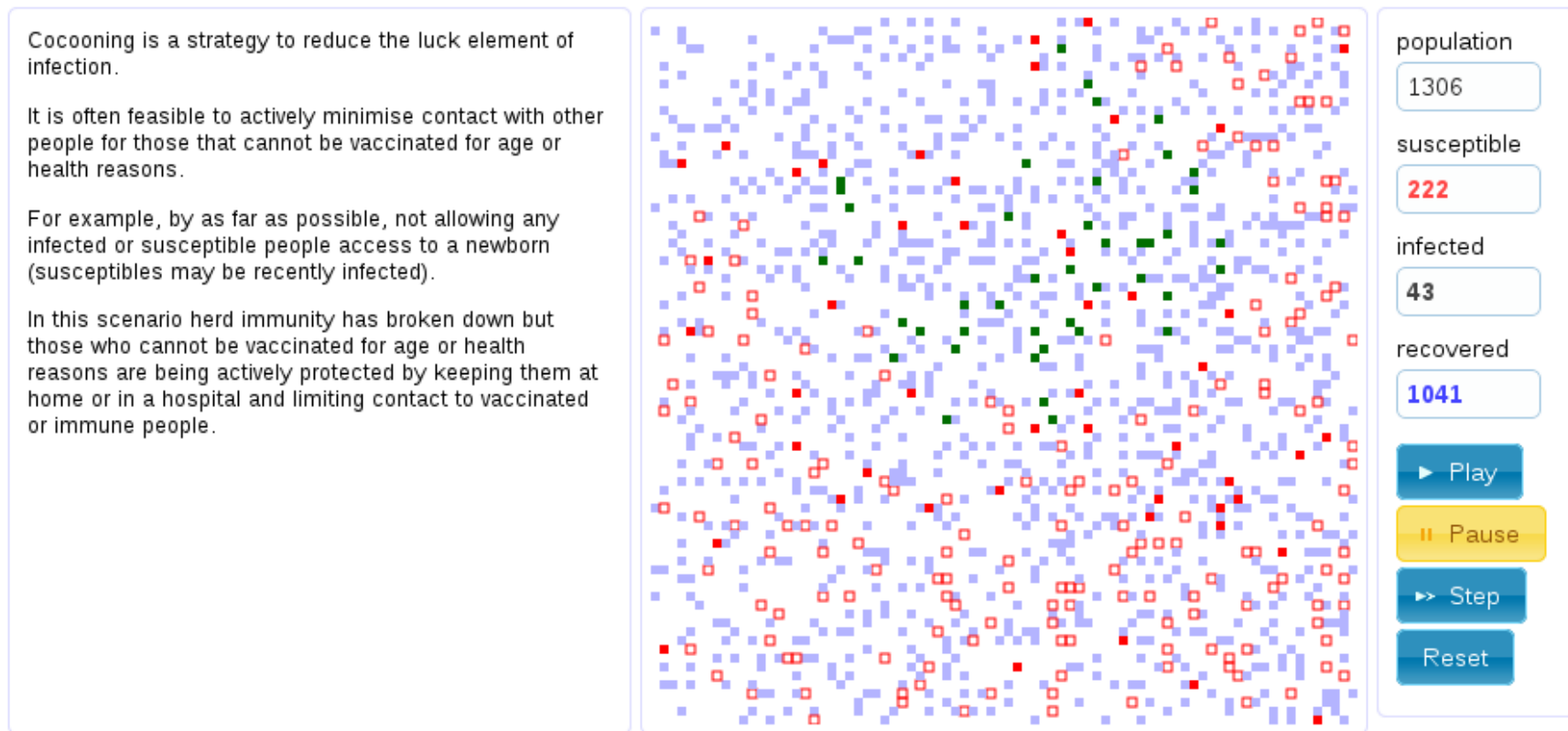
and dysentery...



...which they can pass on to other Sims.

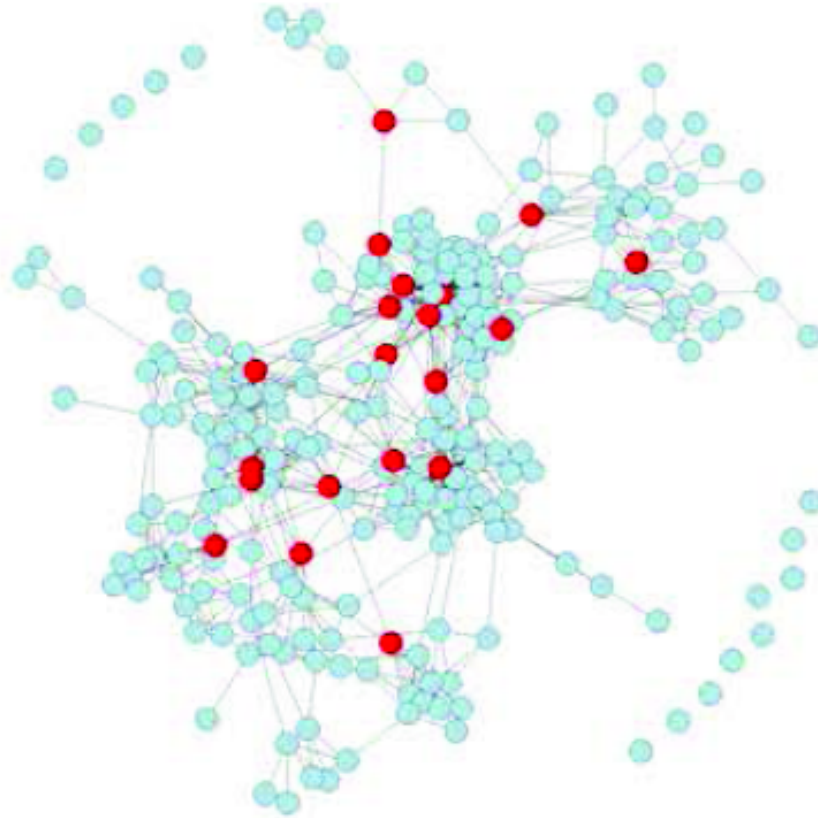
# How Simple Can We Make This?

<http://op12no2.me/toys/herd/>



This model has “people” as squares on a grid, running around randomly.  
Can illustrate various principles of disease transmission and immunity.

# Network Model Analysis



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18 January 2015 Last updated at 00:03



## Popular medical students 'should get flu jab first'

[COMMENTS \(168\)](#)

The government wants three-quarters of healthcare workers to be vaccinated

**Prioritising medical students with lots of friends for flu jabs could help increase the number of healthcare workers protected against the virus, say Lancaster University researchers.**

In a study in [The Lancet](#), they calculated that vaccination rates would rise if people with large social networks influenced their peers.

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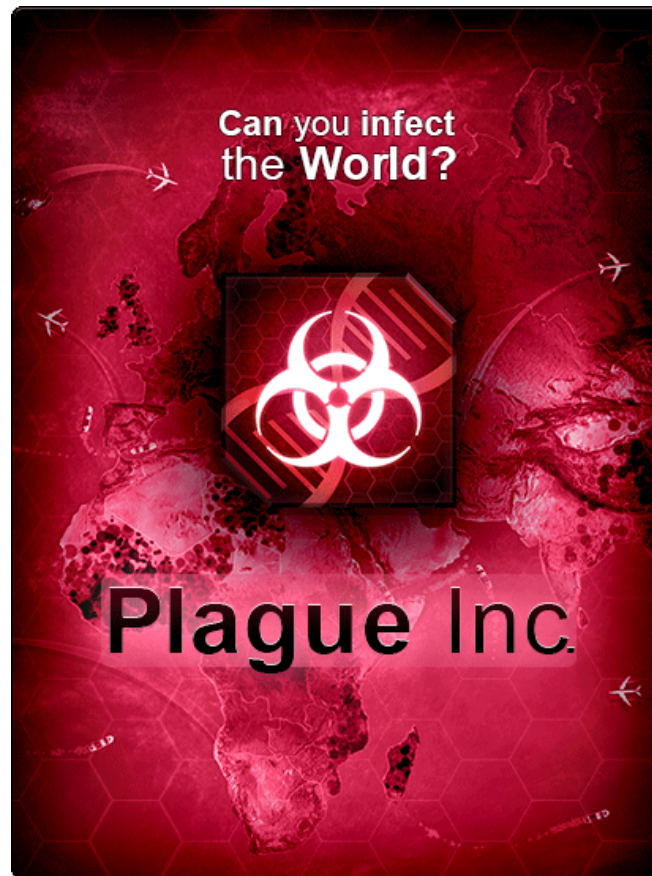
# Agent-based Modelling

- Smallest modelled unit is an individual
- Mathematical model of agent behaviour
- Multiple simulations to get probabilistic answers to “if” questions.
- Found in other disciplines, eg traffic modelling, finance

But what if we have too many agents to model?



# Aggregated Models



<http://www.ndemiccreations.com/en/>

News

UK declares national emergency

13 2 2013



DNA 37

Cure 50%

Disease

Infected  
231 017 000

World

Dead  
293 836

World

Release a Plague across the globe



## Aggregated Data

country	alive	dead	infected
China	1367881909	118091	2526122
India	1266241347	98653	4858299
USA	320290404	30596	676075
Indonesia	255745993	7	2536025
Brazil	203813756	12244	1040675
Pakistan	188862038	4962	484372
Nigeria	183512943	10057	914459

*What might affect how these numbers change with time?*

## Suppose...

- One initial case
- One infected person infects two new people every day
- There is a very large population
- People are infectious for one day

Then the number of infectious people on any one day doubles:

$$I_{t+1} = 2I_t$$

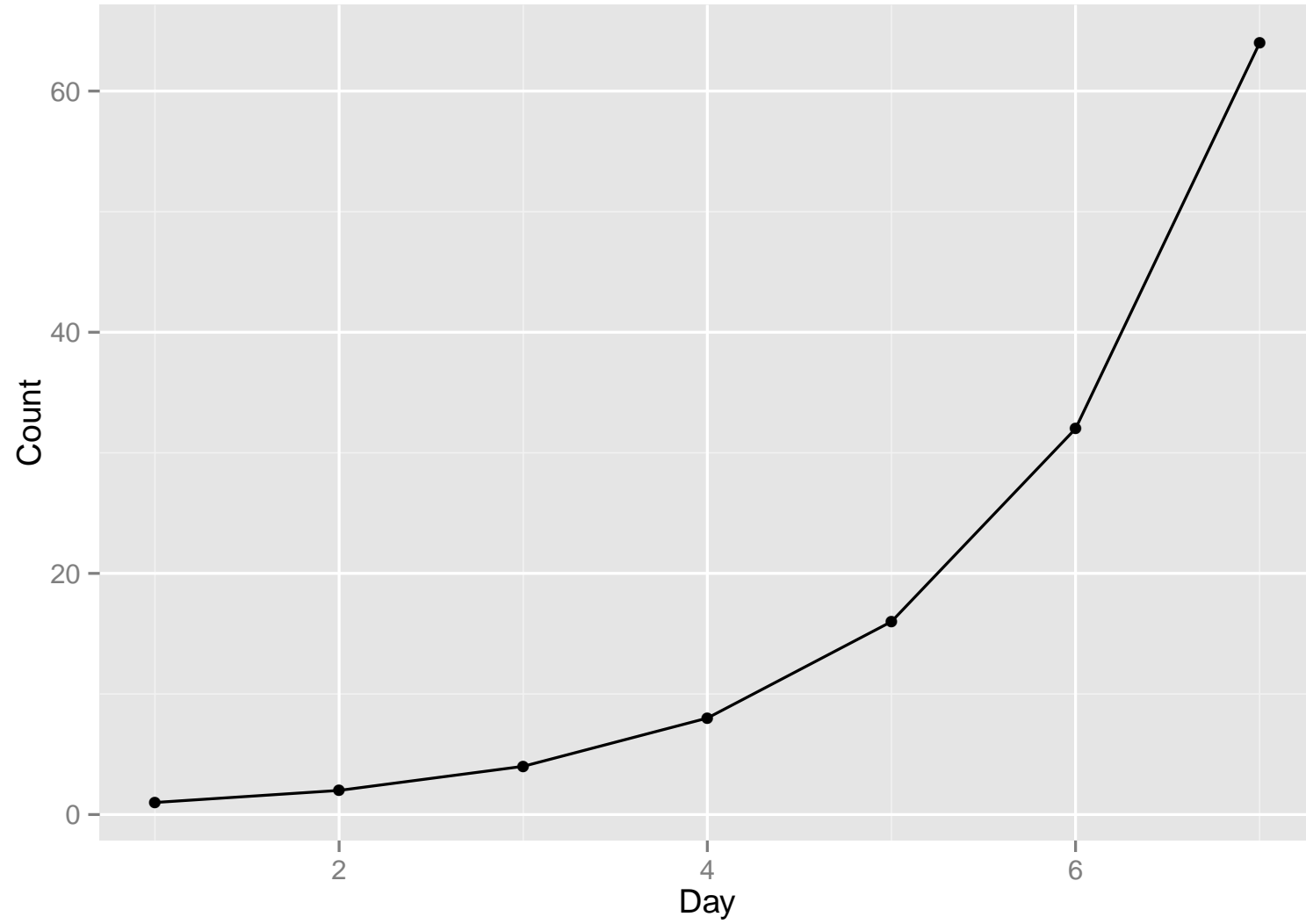
And the total number of people affected so far increases:

$$T_{t+1} = T_t + I_t$$

# Code

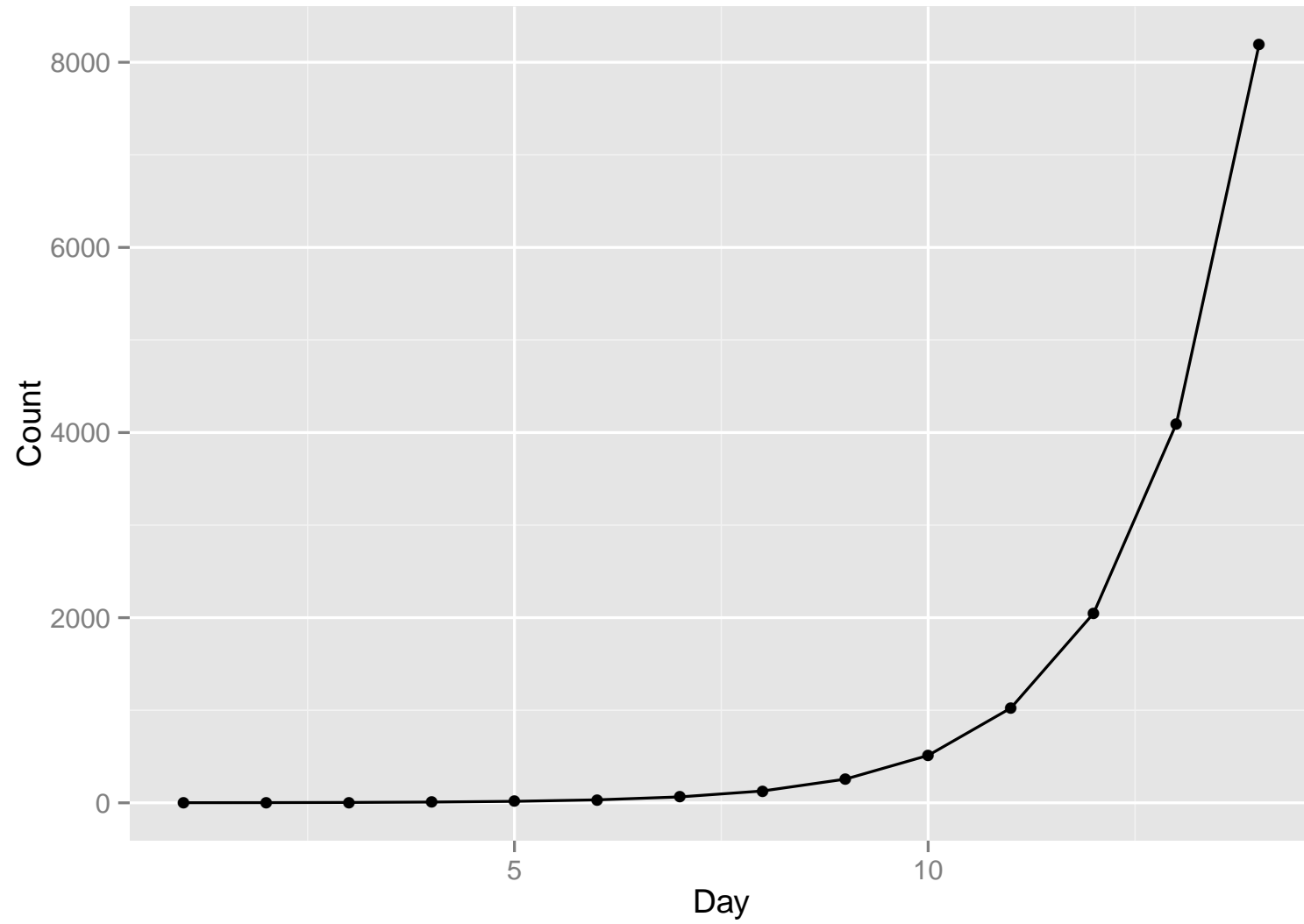
```
>>> I=1
>>> for t in range(7):
...     I = I * 2
...     print I
...
2
4
8
16
32
64
128
```

after one week...

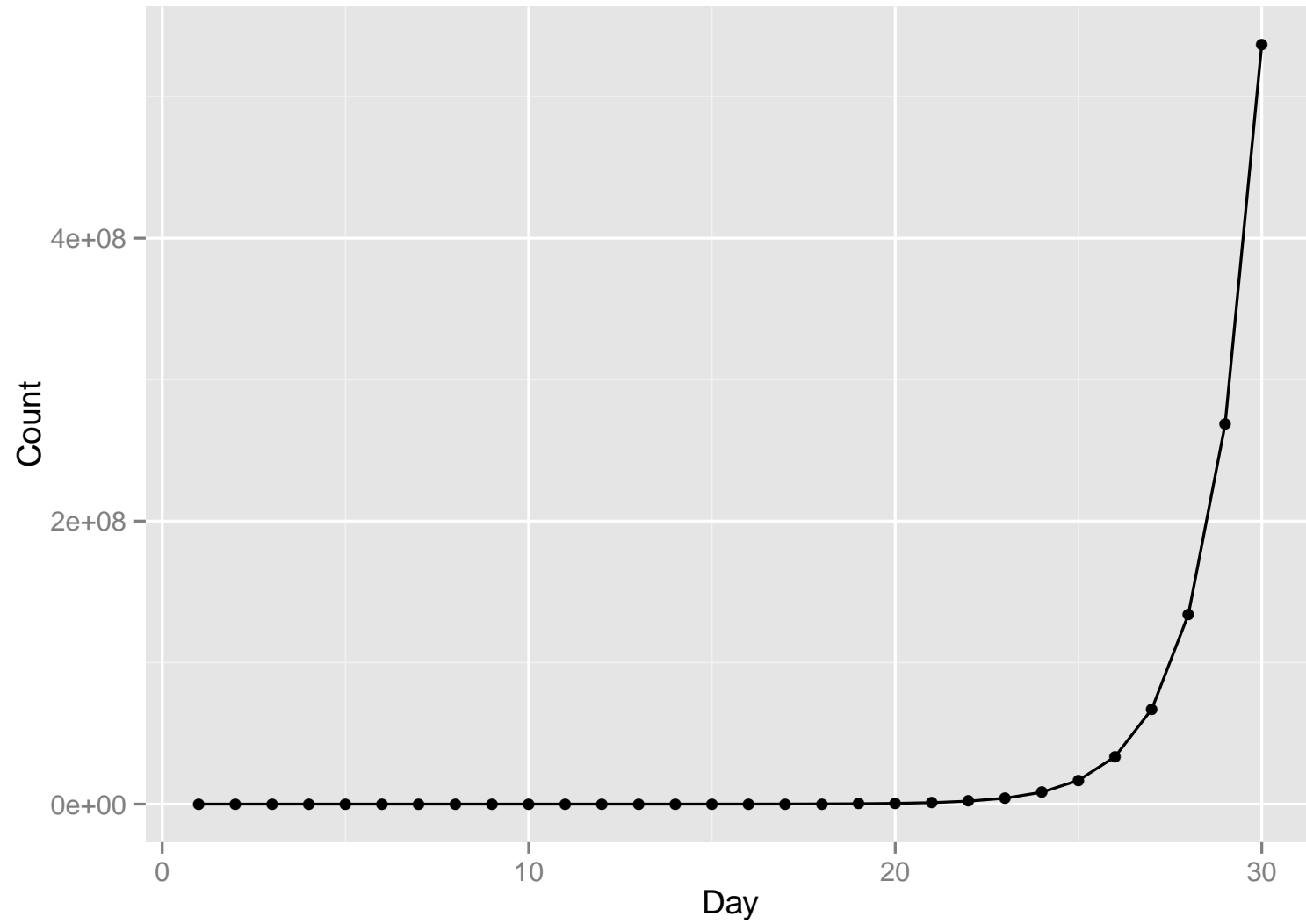




after two weeks...



after 30 days



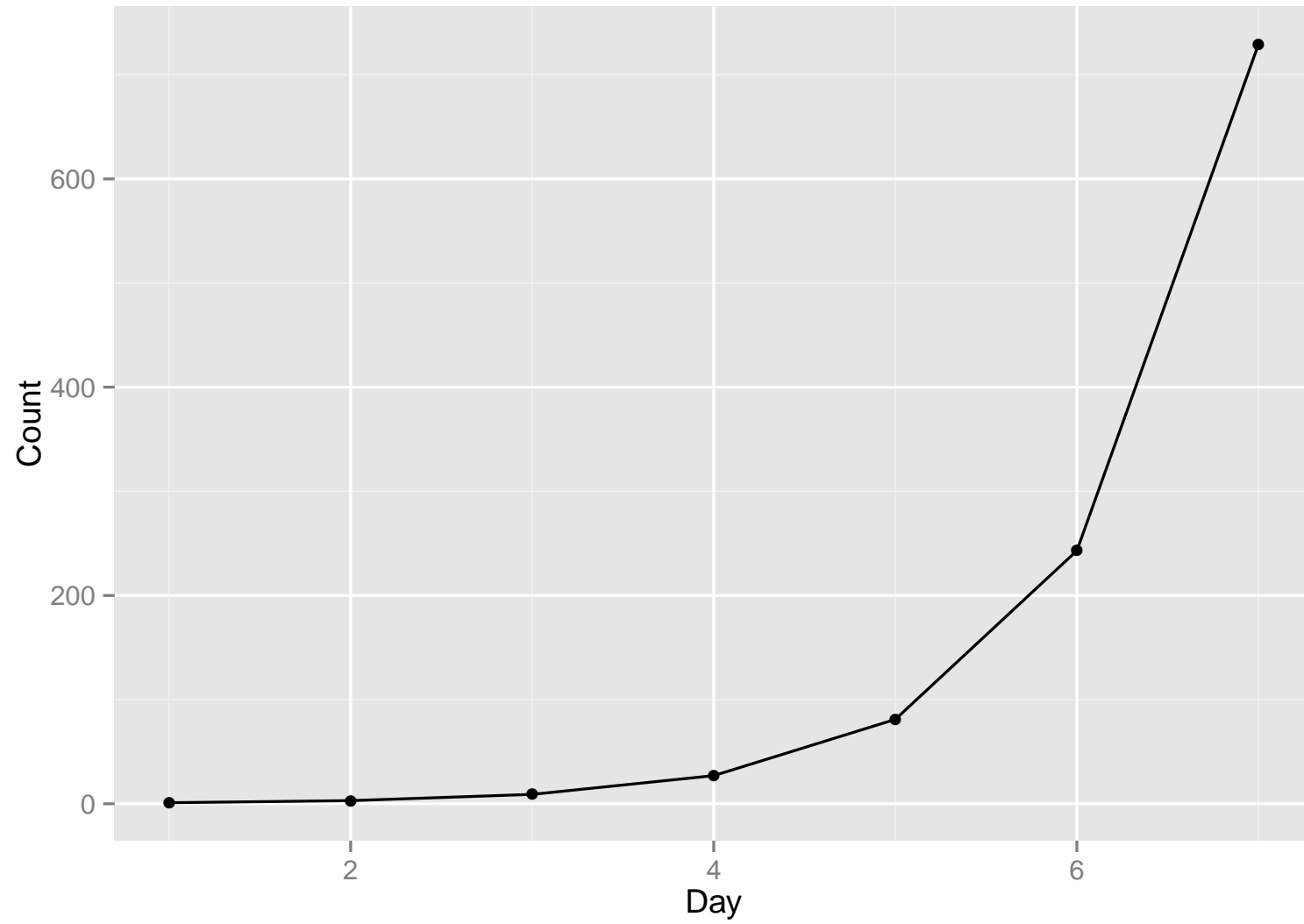
## What if people remain infectious?

Then the number of infectious people on any one day triples:

$$I_{t+1} = I_t + 2I_t$$

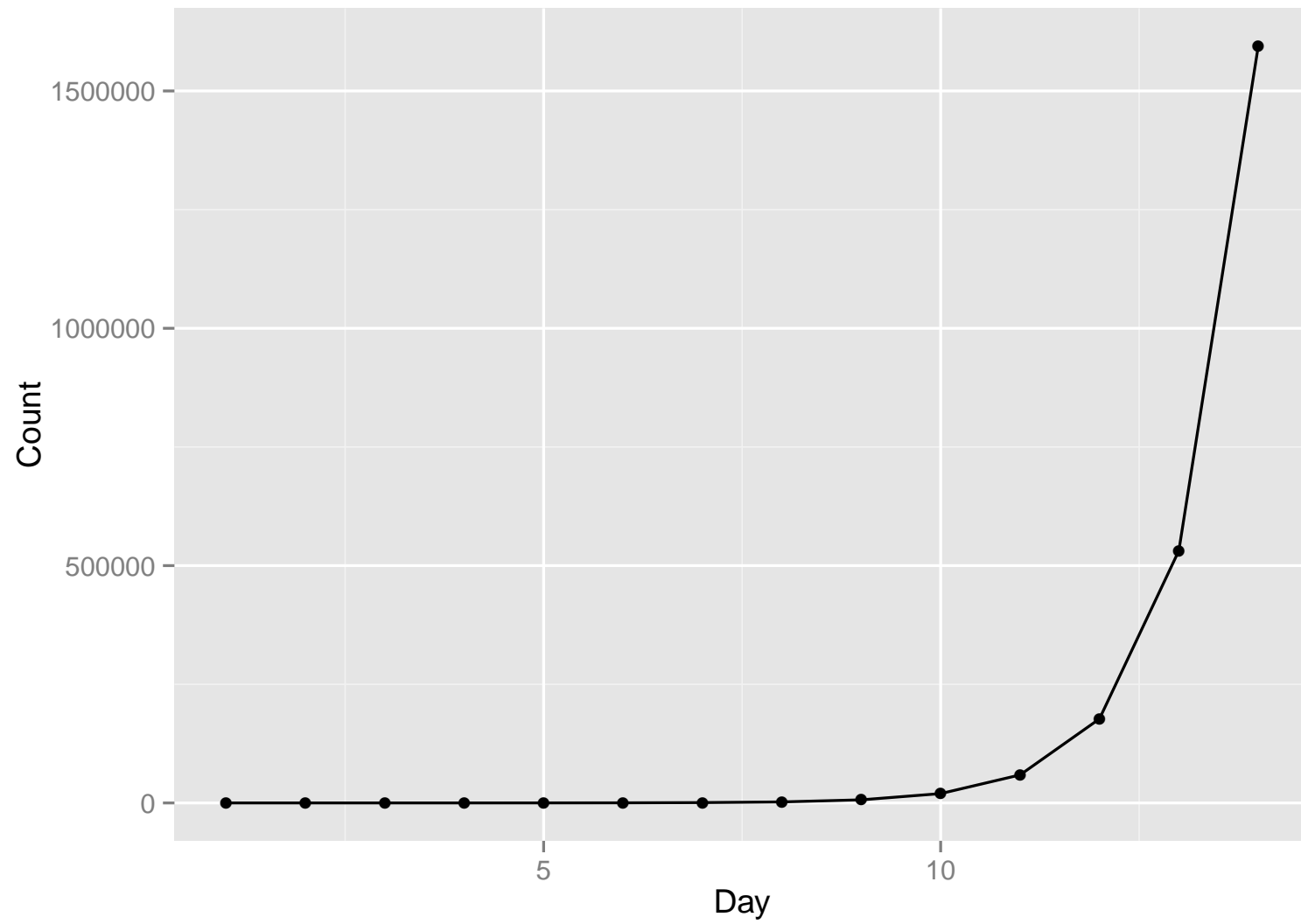
because its the infectious people from the previous day plus two for each of those.

after one week...





after two weeks



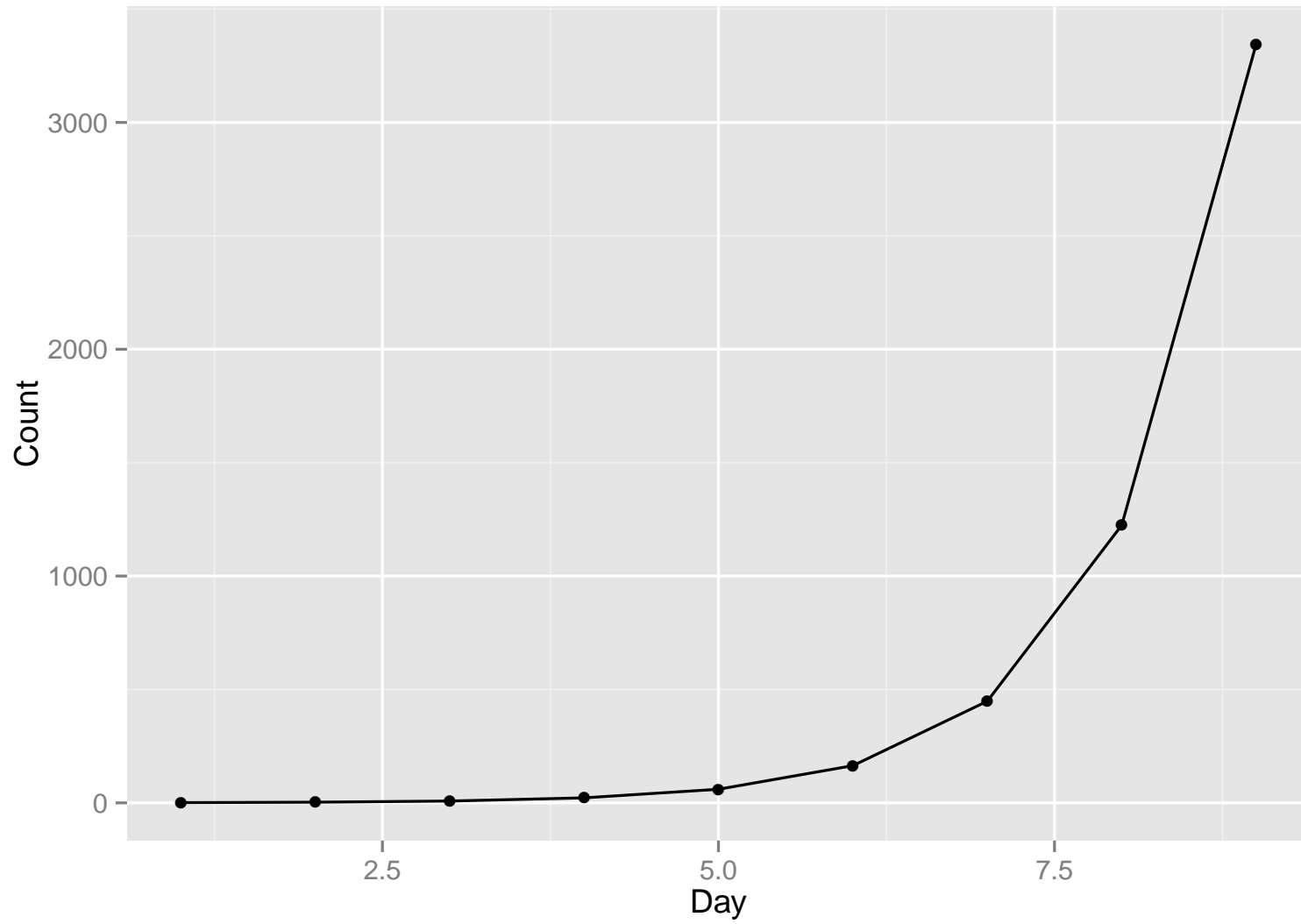
suppose cases are infectious for 2 days

$$I_{t+1} = 2(I_t + I_{t-1})$$

```
Itm1 = 1
It = 3
for i in range(9):
    Itp1 = 2*(It+Itm1)
    print Itp1
    Itm1 = It
    It = Itp1
```

gives

Day	1	2	3	4	5	6	7	8	9
Count	1	3	8	22	60	164	448	1224	3344



fewer cases, but still out of control..

# Exponential model

Each of those examples above can be represented as an exponential model

$$I_t = I_1 e^{t \log(\mathbb{R}_0)}$$

where  $I_{t+1} =$

$2I_t$	$\mathbb{R}_0 = 2$	1-day infectious period
$2I_t + 2I_{t-1}$	$\mathbb{R}_0 = 2.73$	2-day infectious period
$I_t + 2I_t$	$\mathbb{R}_0 = 3$	no recovery

$\mathbb{R}_0$  is the “basic reproduction number”

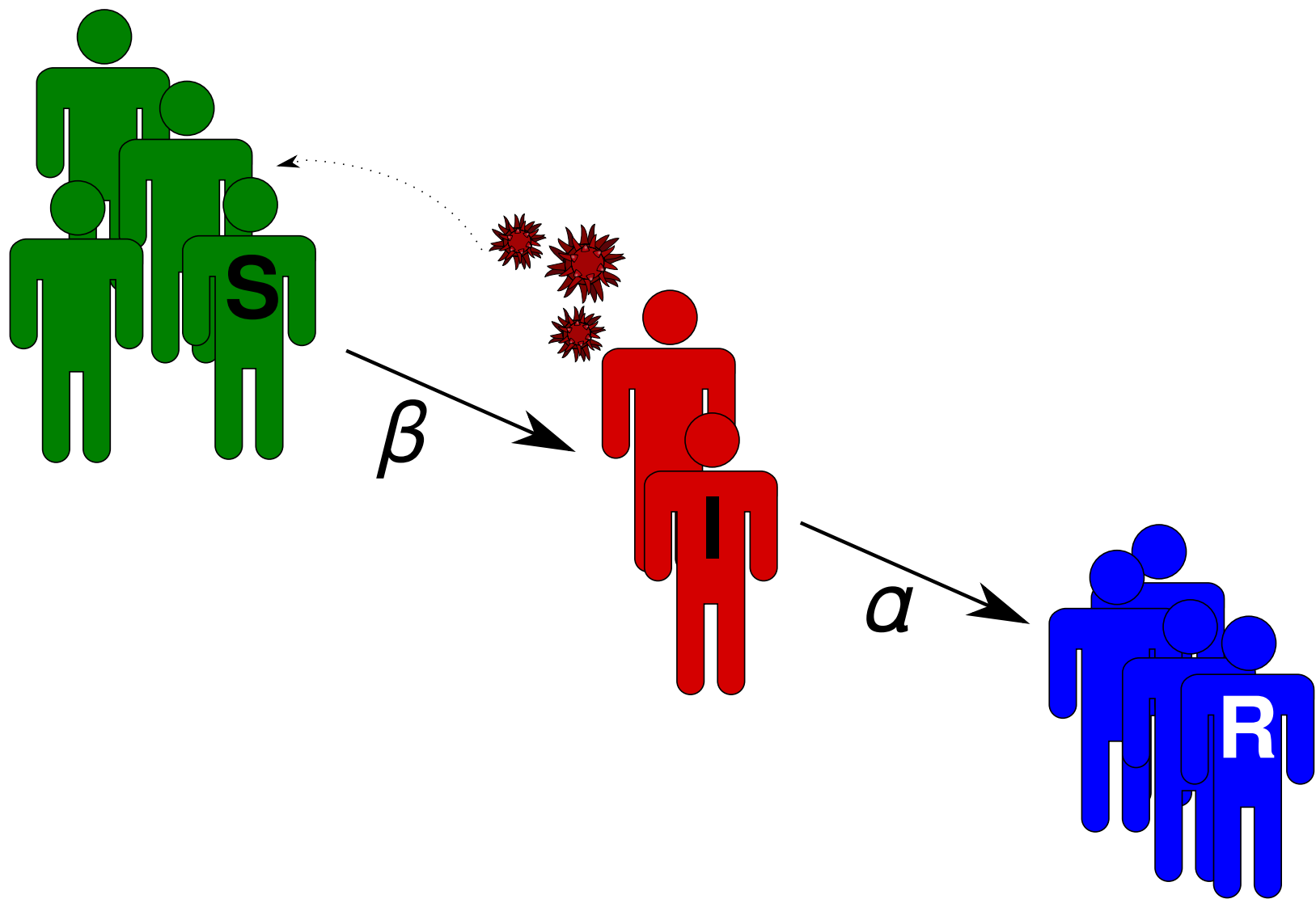
$\mathbb{R}_0 < 1$	Decreasing
$\mathbb{R}_0 = 1$	Steady-state
$\mathbb{R}_0 > 1$	Increasing

# Finite Populations

At any time  $t$ , we can divide the population into:

- $S_t$  = number of **susceptible** individuals
- $I_t$  = number of **infectious** individuals
- $R_t$  = number of **removed** individuals

**Removed** refers to individuals who may have contracted the disease at an earlier time, but are no longer infectious and no longer susceptible. Its also called “recovered” and often means “dead”.



We assume a **closed population** so that, at any time  $t$ ,

$$S_t + I_t + R_t = N$$

The **initial conditions** are the values of  $S_1, I_1, R_1$ .

The epidemic then develops as follows:

- $\alpha$  is the daily fraction of infectious individuals recovering (“death rate”):

$$R_{t+1} = R_t + \alpha \times I_t$$

- $\beta$  is the rate at which infectious individuals infect susceptibles:

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

- Number of infectious people updates like this:

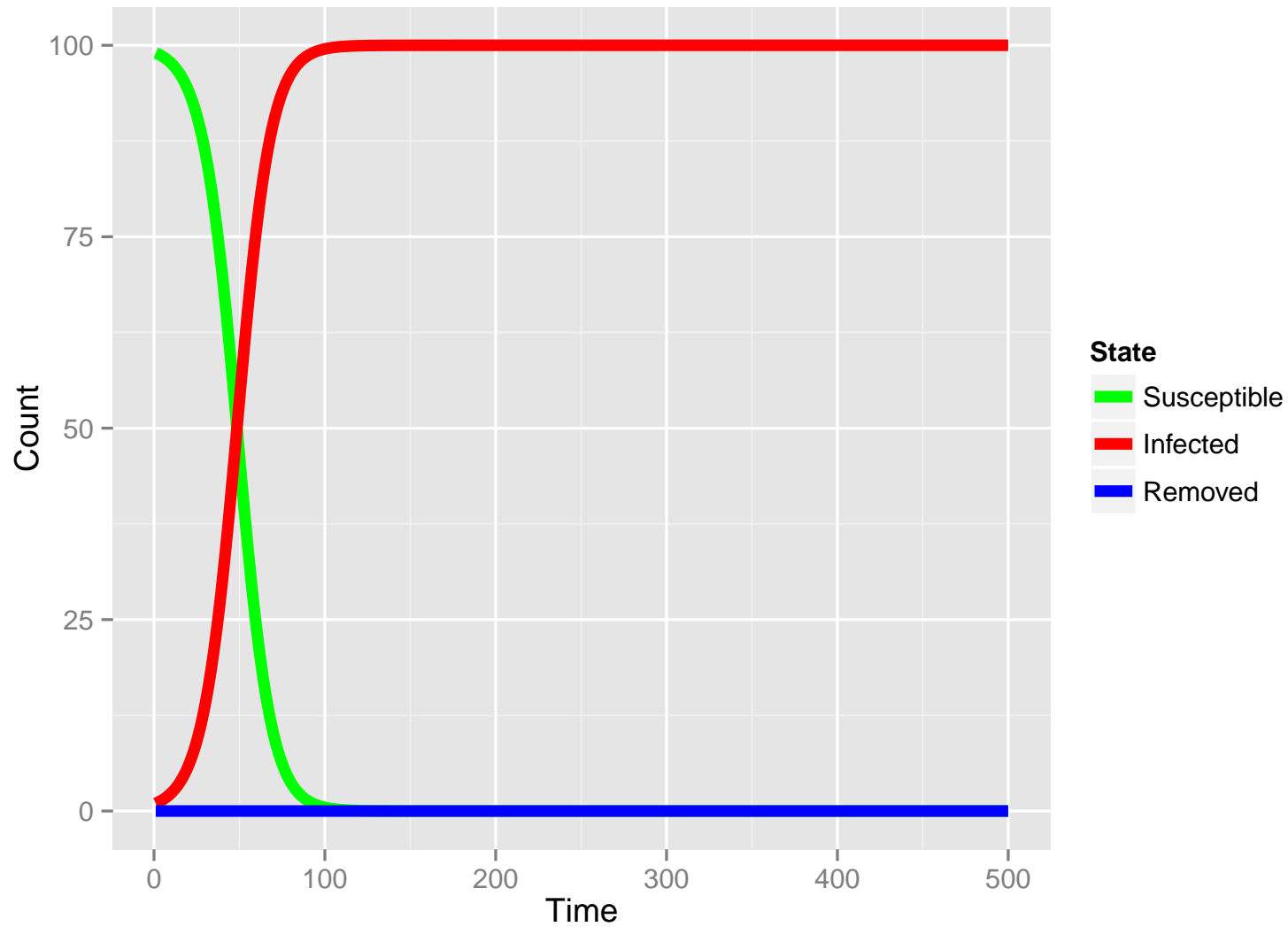
$$I_{t+1} = \beta \times I_t \times S_t - \alpha \times I_t$$

What happens when  $I_t = 0$ ?

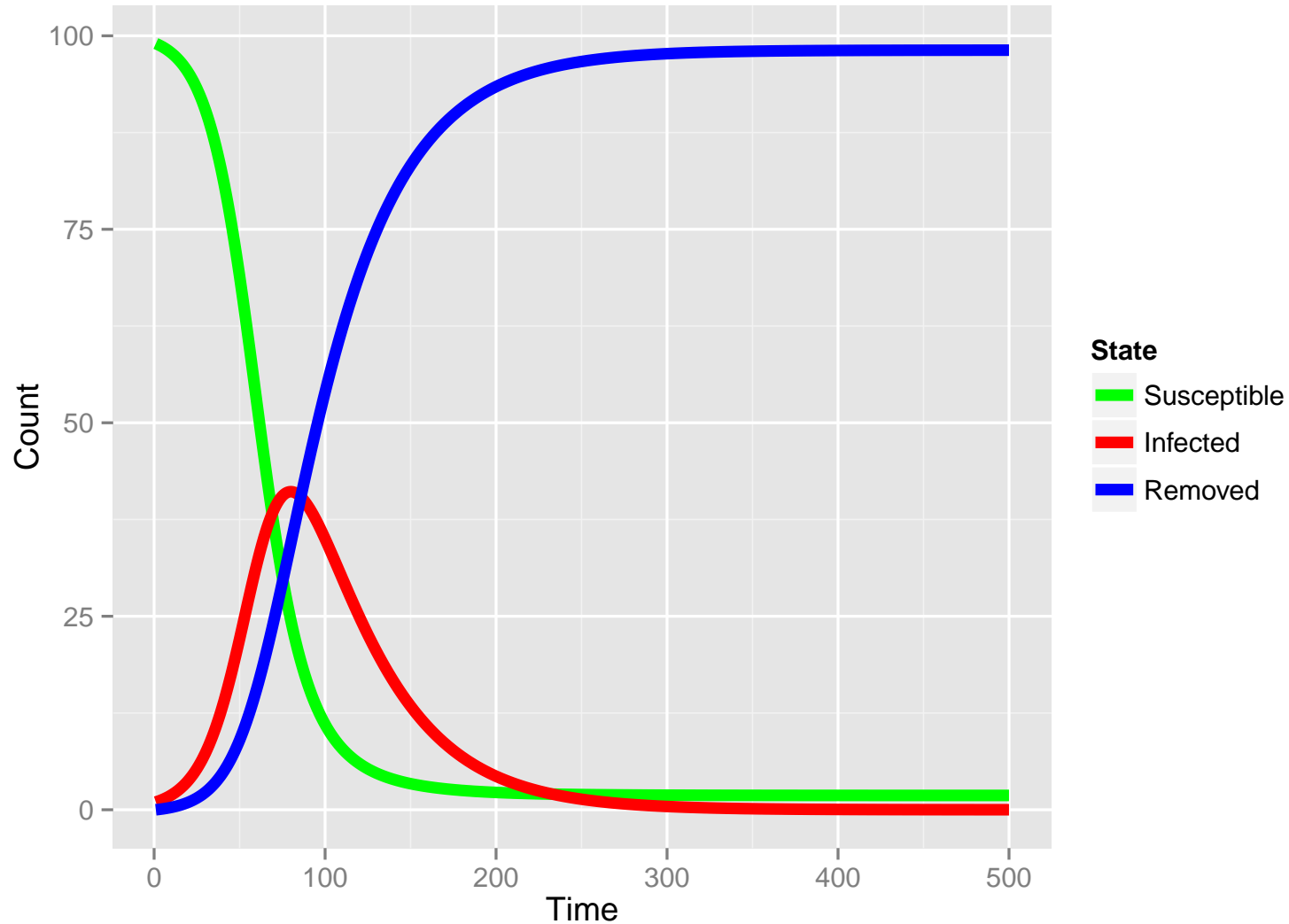
What if it's not?



**Example** 100 people, 1 infection,  $\alpha = 0$   $\beta = 0.001$   $N = 100$  (Nobody recovers)

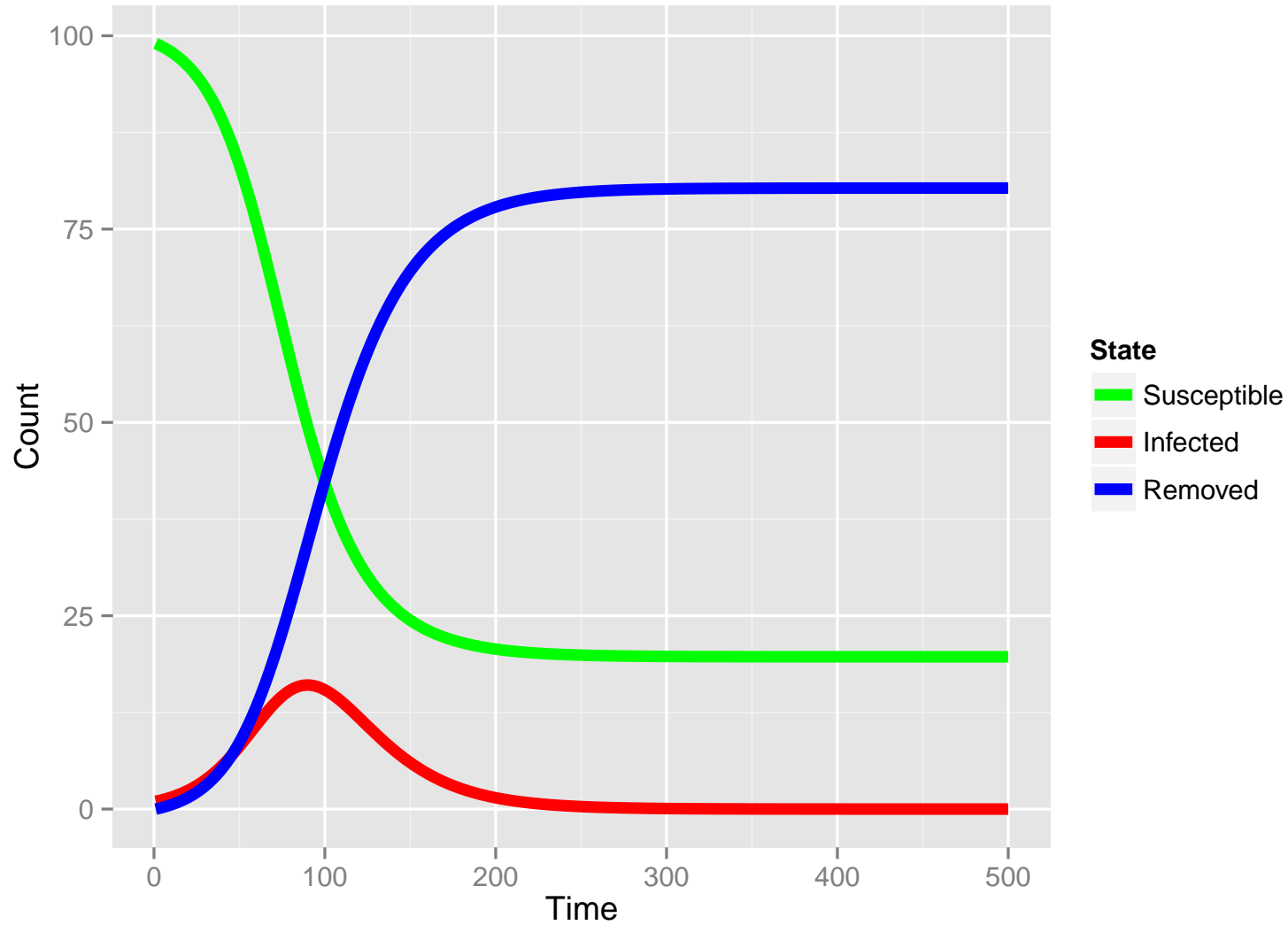


Example  $\alpha = 0.025$   $\beta = 0.001$  (Nearly everyone gets infected)



Only 1.85179 people uninfected. Infection peaks on day 80.

Example  $\alpha = 0.05$   $\beta = 0.001$  (Faster recovery)



This time 19.6937161 people uninfected. Infection peaks on day 90.

# Computational note

What we are actually have here are *differential equations*

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

$$\frac{dI}{dt} = \beta SI - \alpha I$$

$$\frac{dR}{dt} = \alpha I$$

which we convert to finite-differences:

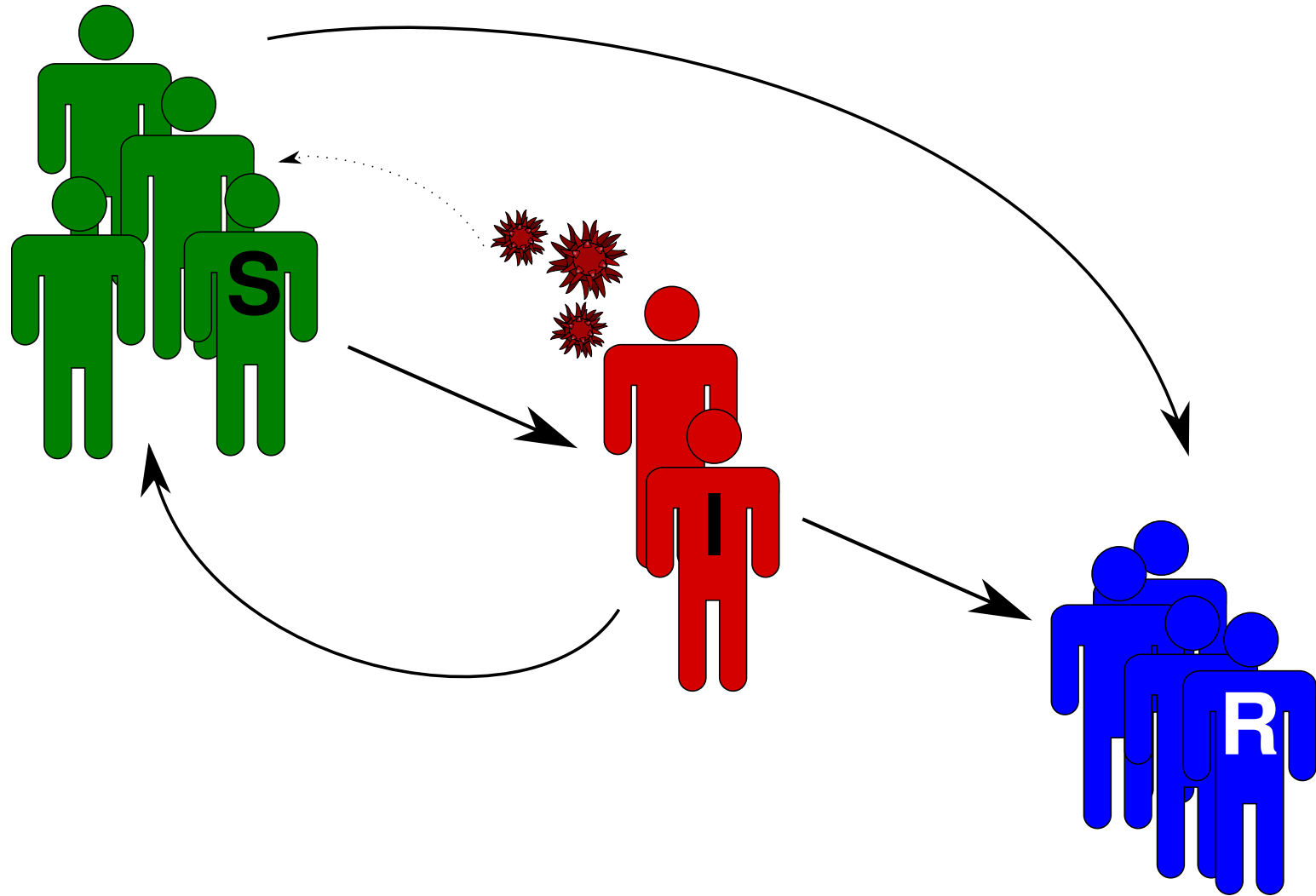
$$\frac{S_{t_2} - S_{t_1}}{t_2 - t_1} = -\beta S_{t_1} I_{t_1}$$

and for a time-step of 1 we get

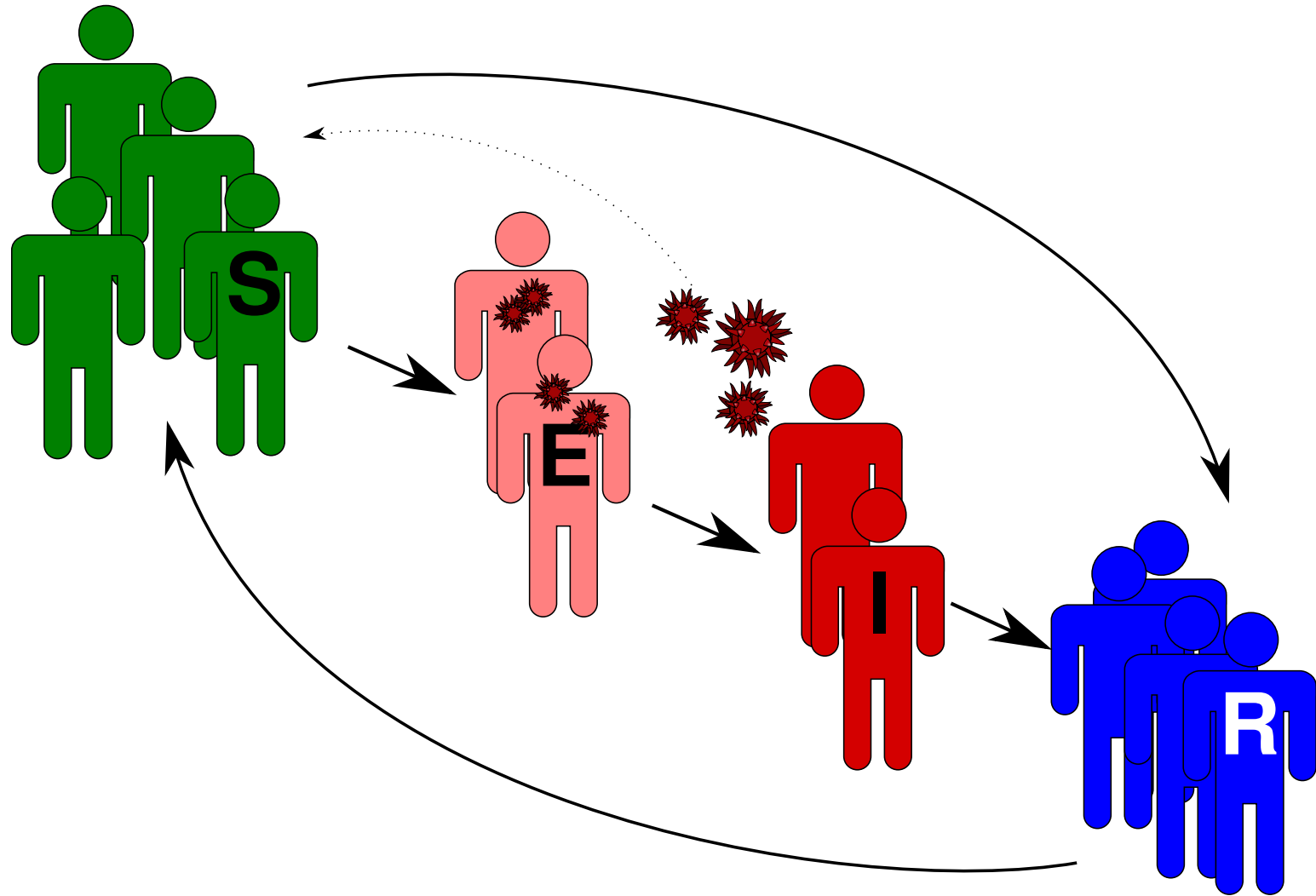
$$S_{t+1} = S_t - \beta S_t I_t$$

but this is an approximation to a continuous process.

Other models – more transitions:

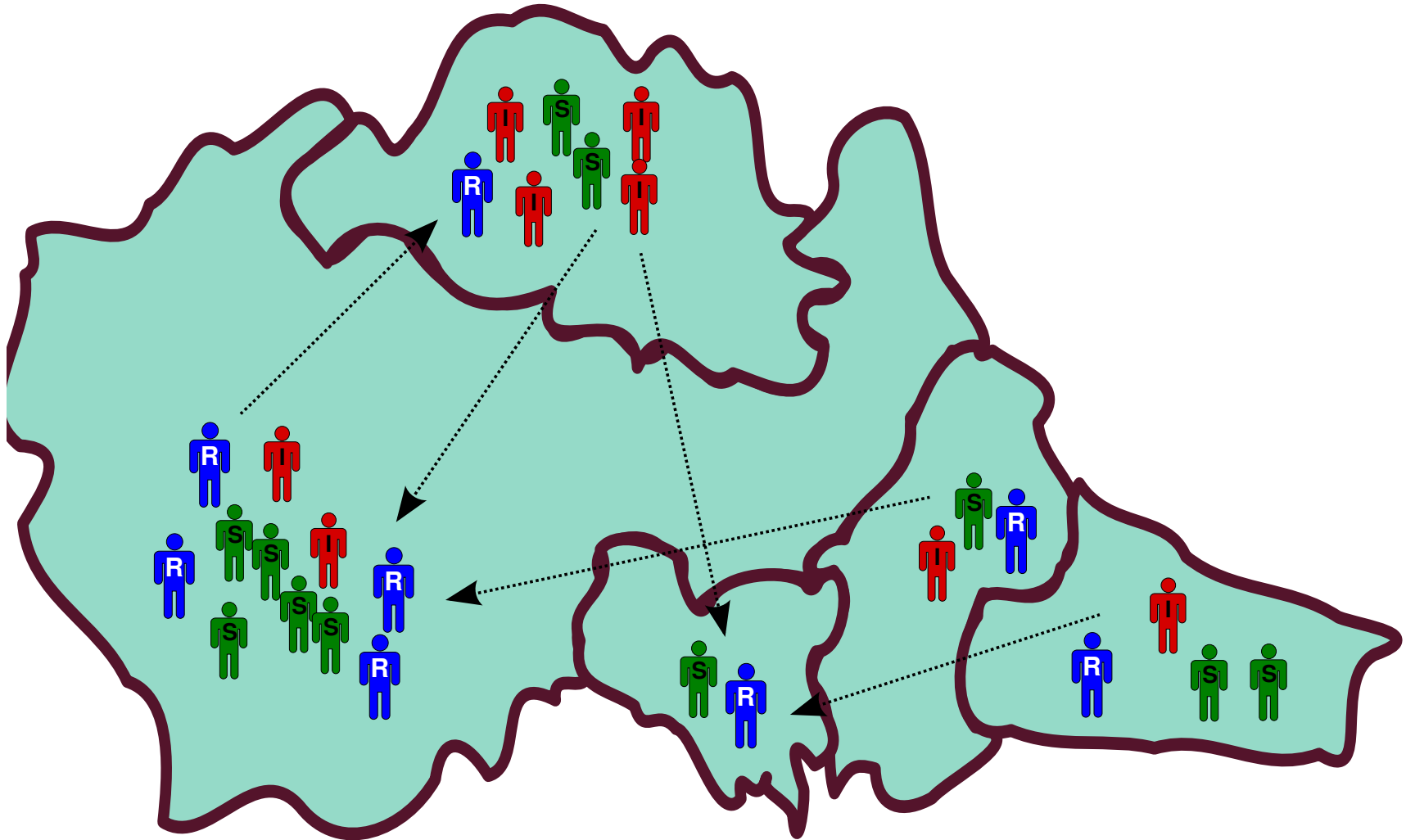


Other models – more states:



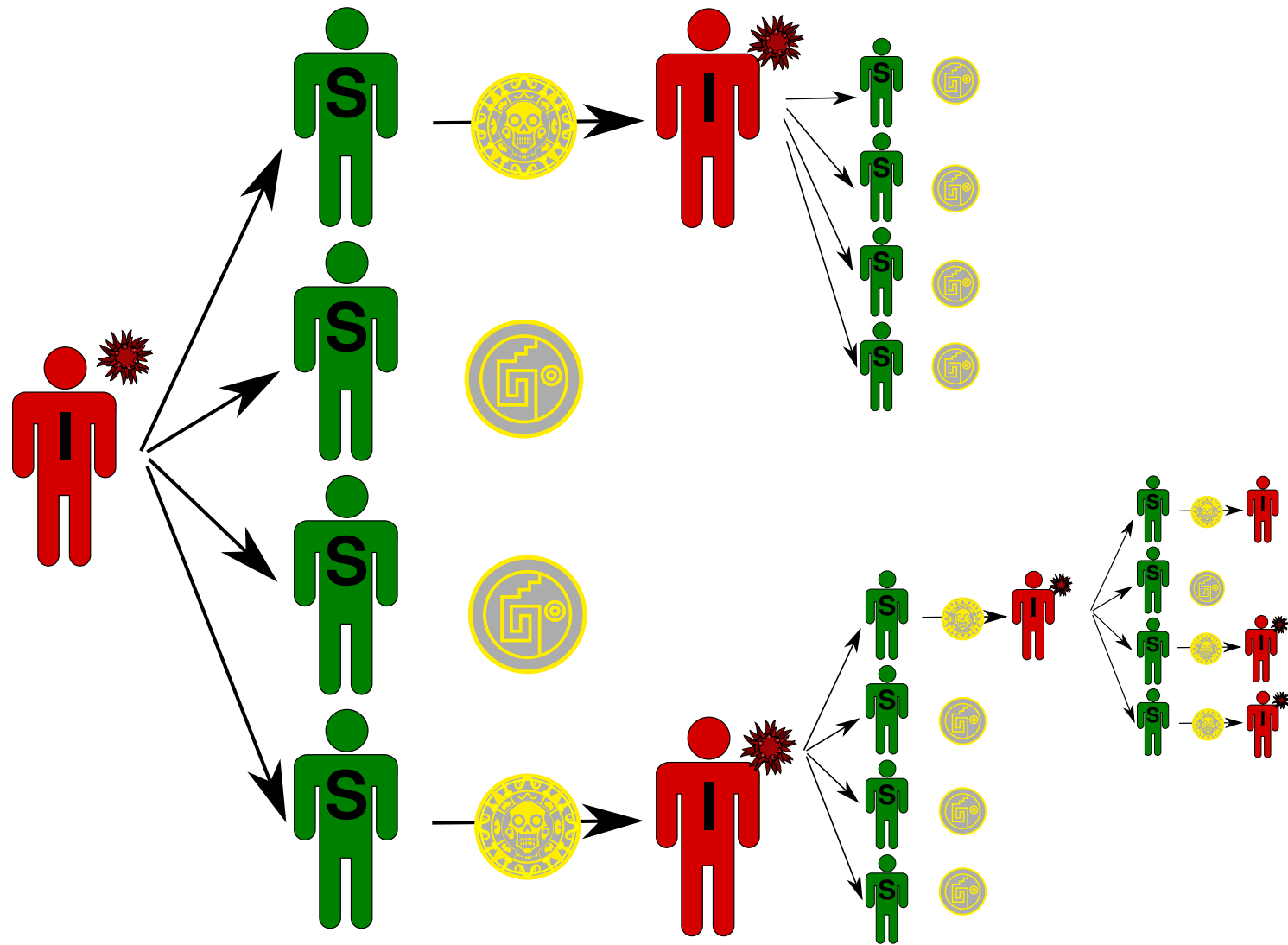


## Regional SIR model



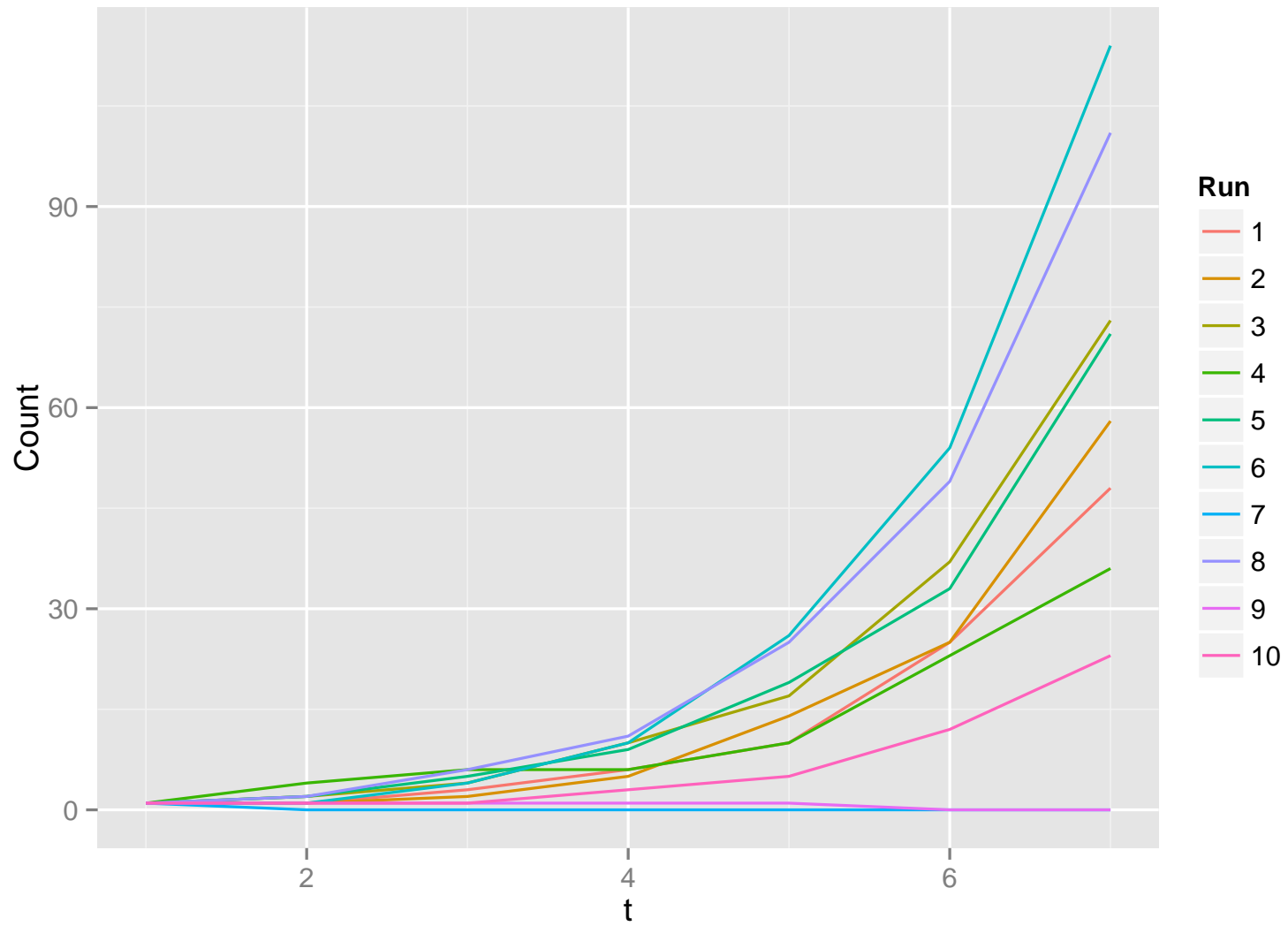
# Reality Is Not Predictable

- Deterministic: 1 case infects 2 new cases
- Stochastic: 1 case infects 4 people with probability  $\frac{1}{2}$
- Averages at 1 case infecting 2 new cases
- What happens?



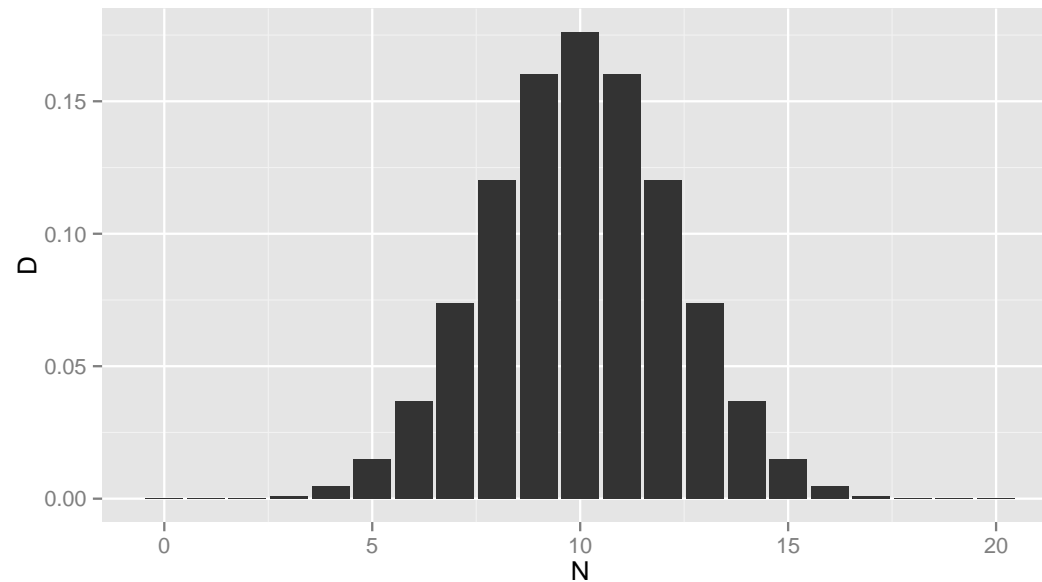
# Multiple Simulations

- One simulation is not enough.
- Need repeated replications
- Results are summaries of the replications properties



# Statistical Theory

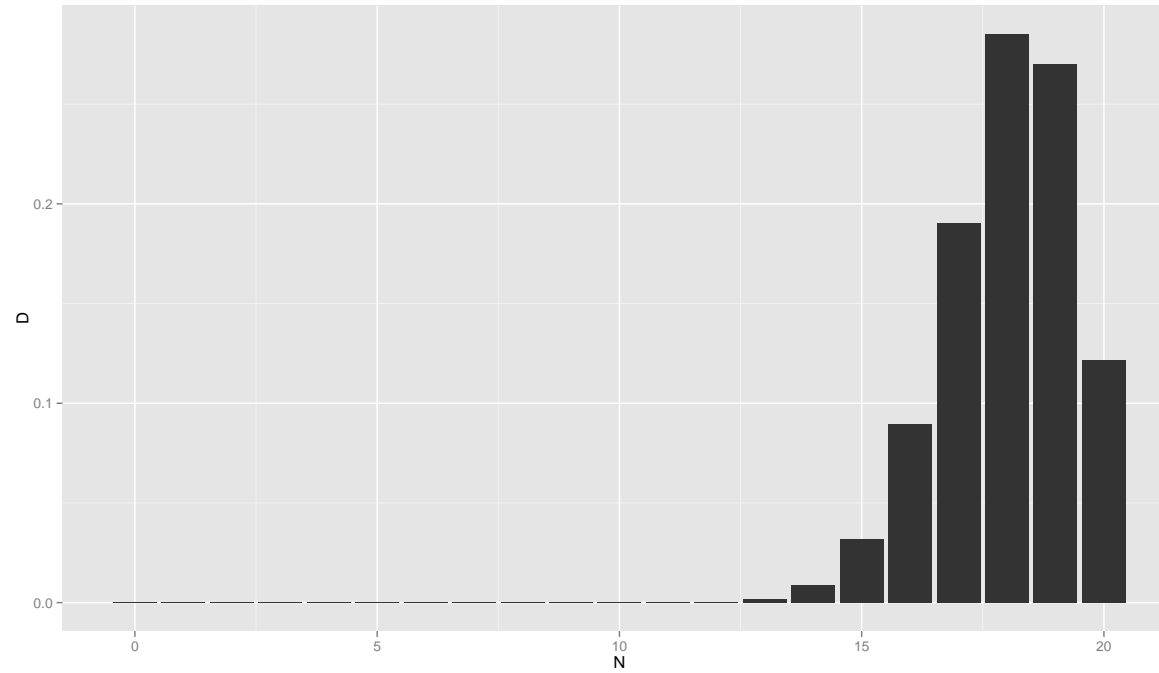
- Is this back to individual, “agent-based” models?
- Can sample directly from a probability density
- Consider 20 infectious cases, probability  $\frac{1}{2}$



- Now we can model bulk behaviour

# Changing Probabilities

Infection probability = 90%



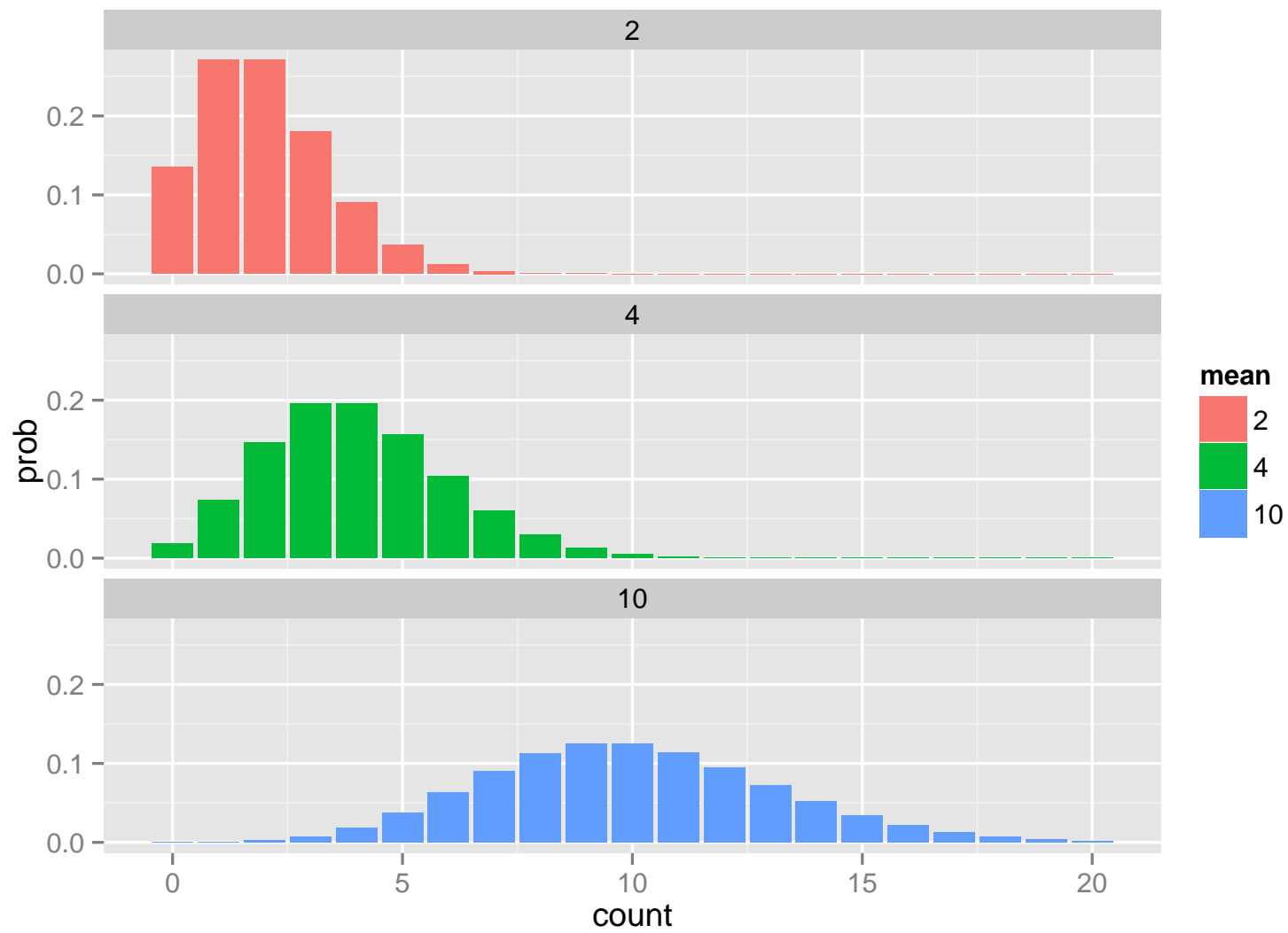


# Changing Numbers

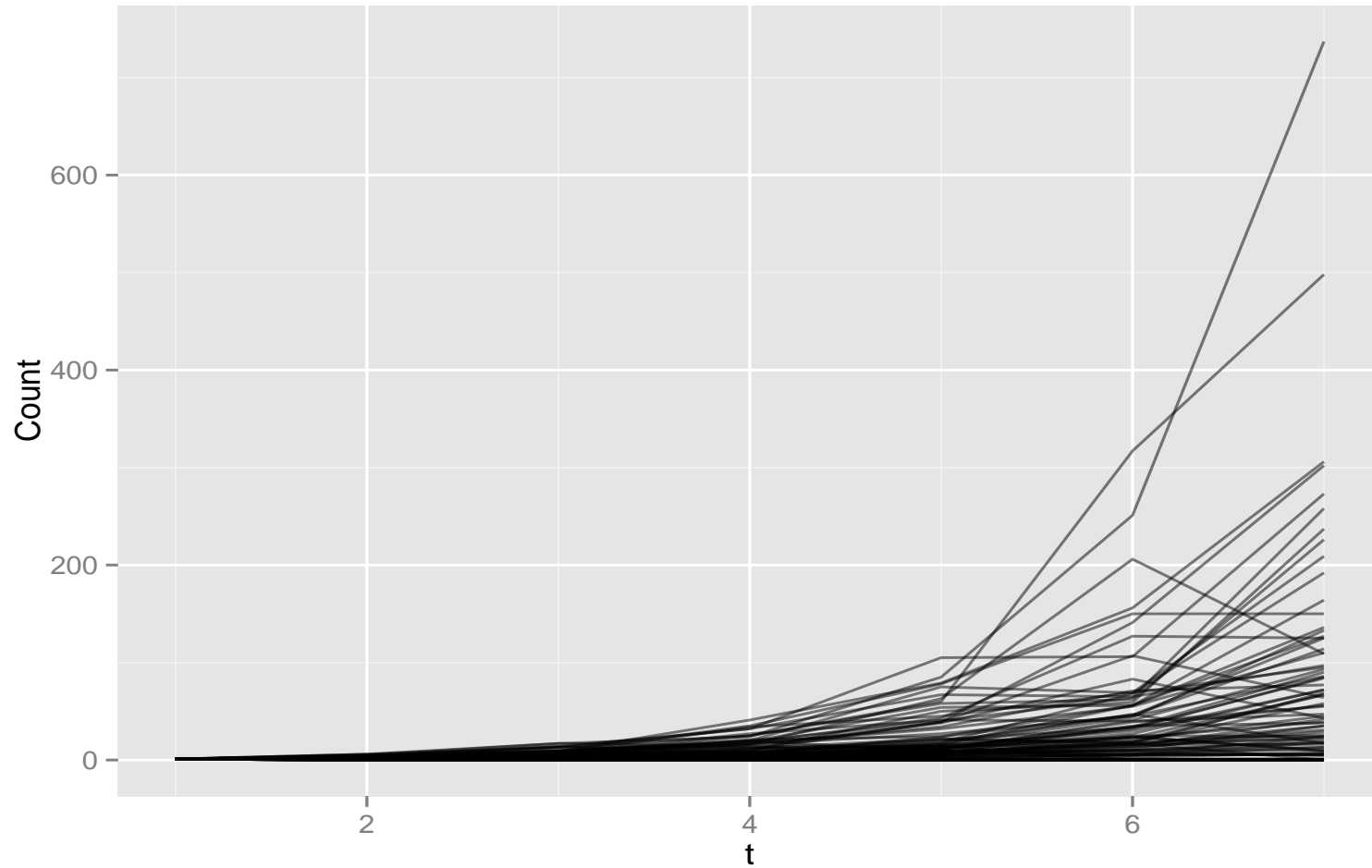
- Each infected person contacts 4 susceptibles
- Seems a bit... deterministic

The “natural” random numbers for count data are “Poisson” random numbers.

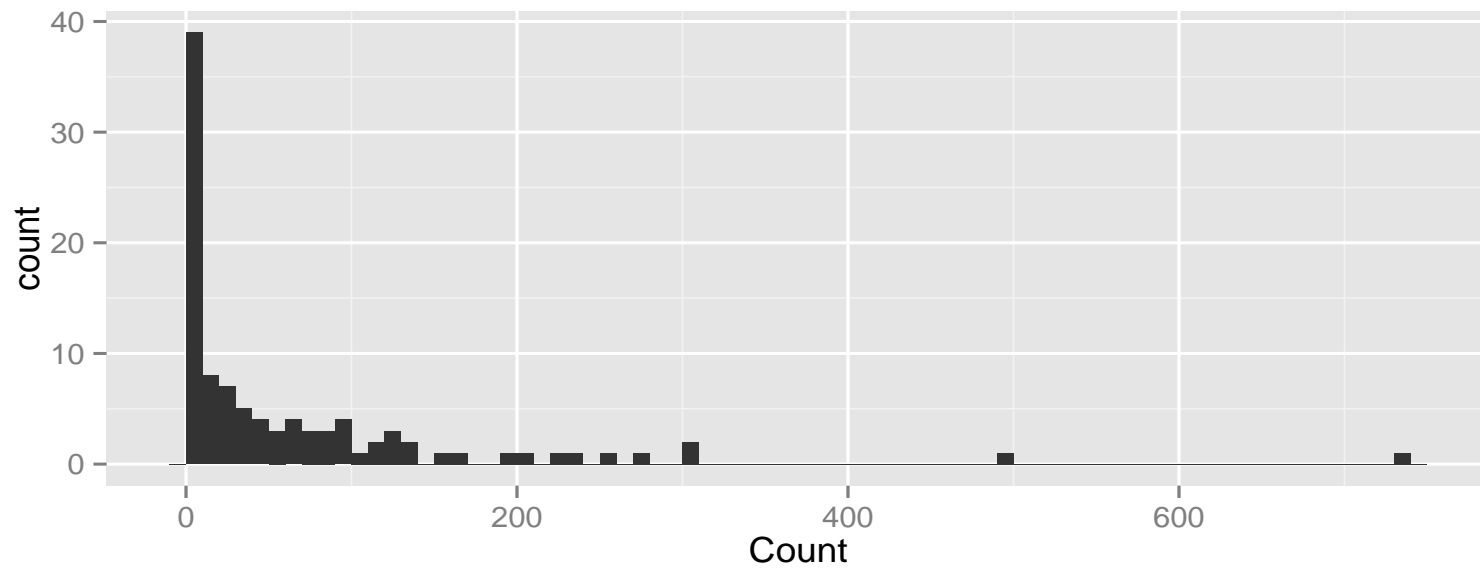
- Integer-valued
- Zero minimum
- Infinite maximum
- Single mean parameter



Poisson(4) contacts with transmission prob= $\frac{1}{2}$



# Summary Statistics on Day 7



- Average count: 65
- Epidemic dies out: 30/100
- Epidemics over 128 cases: 14/100

# The Real World

<http://t.co/pPyHVcZb61>



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FEBRUARY 10, 2015 · RESEARCH

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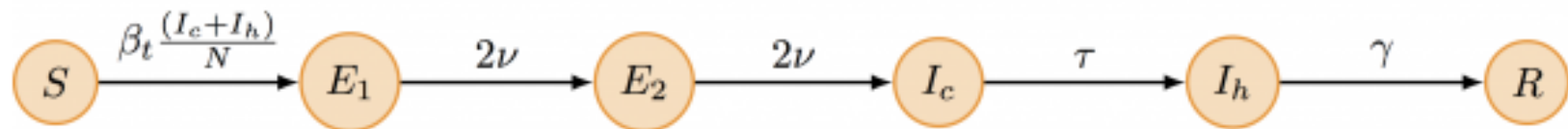
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# Model

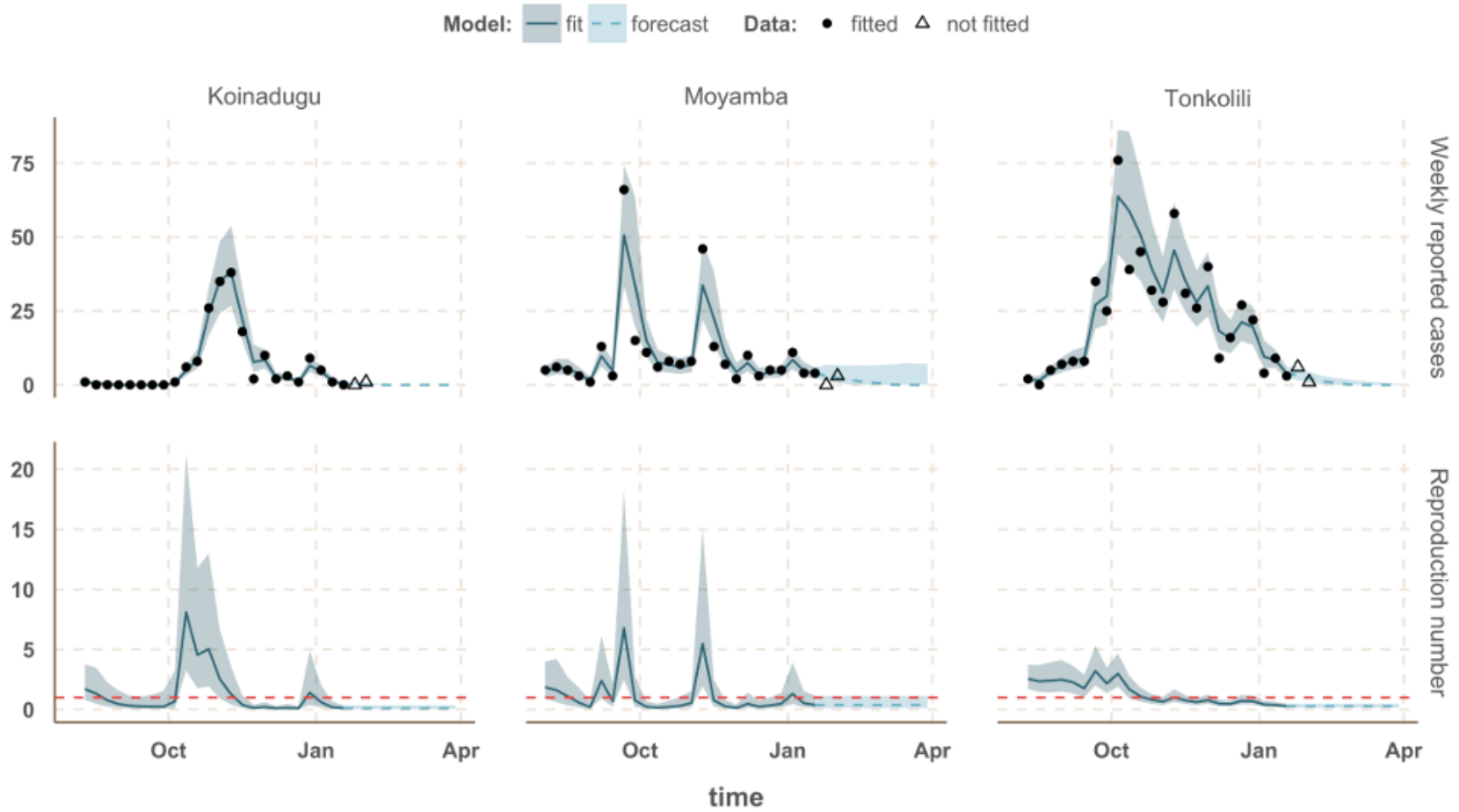


**Fig. 1: Flowchart of the model**

**Table 2. Description of the transition rates**

Transition	Description	Rate	Note
$S \rightarrow E_1$	Infection	$\beta_t S(I_c + I_h)/N$	$\log(\beta_t)$ is a Wiener process <sup>9</sup> . $N$ is the population size.
$E_1 \rightarrow E_2$	Progression of incubation	$2\nu E_1$	
$E_2 \rightarrow I_c$	Onset of symptoms and infectiousness	$2\nu E_2$	
$I_c \rightarrow I_h$	Hospitalisation and notification	$\tau I_c$	Includes multiplicative Gamma noise
$I_h \rightarrow R$	Removal	$\gamma I_h$	

# Predictions





# Some Conclusions

- simple models can be useful
- complex models can be better
- perfect models are probably impossible
- stochastic effects can be counter-intuitive
- if you can't calculate, simulate!