

Fundamentals of Ecology

Week 8, Ecology Lecture 5

Cara Brook

February 21, 2023

Let's recap a bit!

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Interspecies Dynamics

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- The four equilibria of the system give the conditions under which the population size of neither species is changing. Under certain parameter conditions, we can find an equilibrium in which the two species demonstrate stable coexistence.

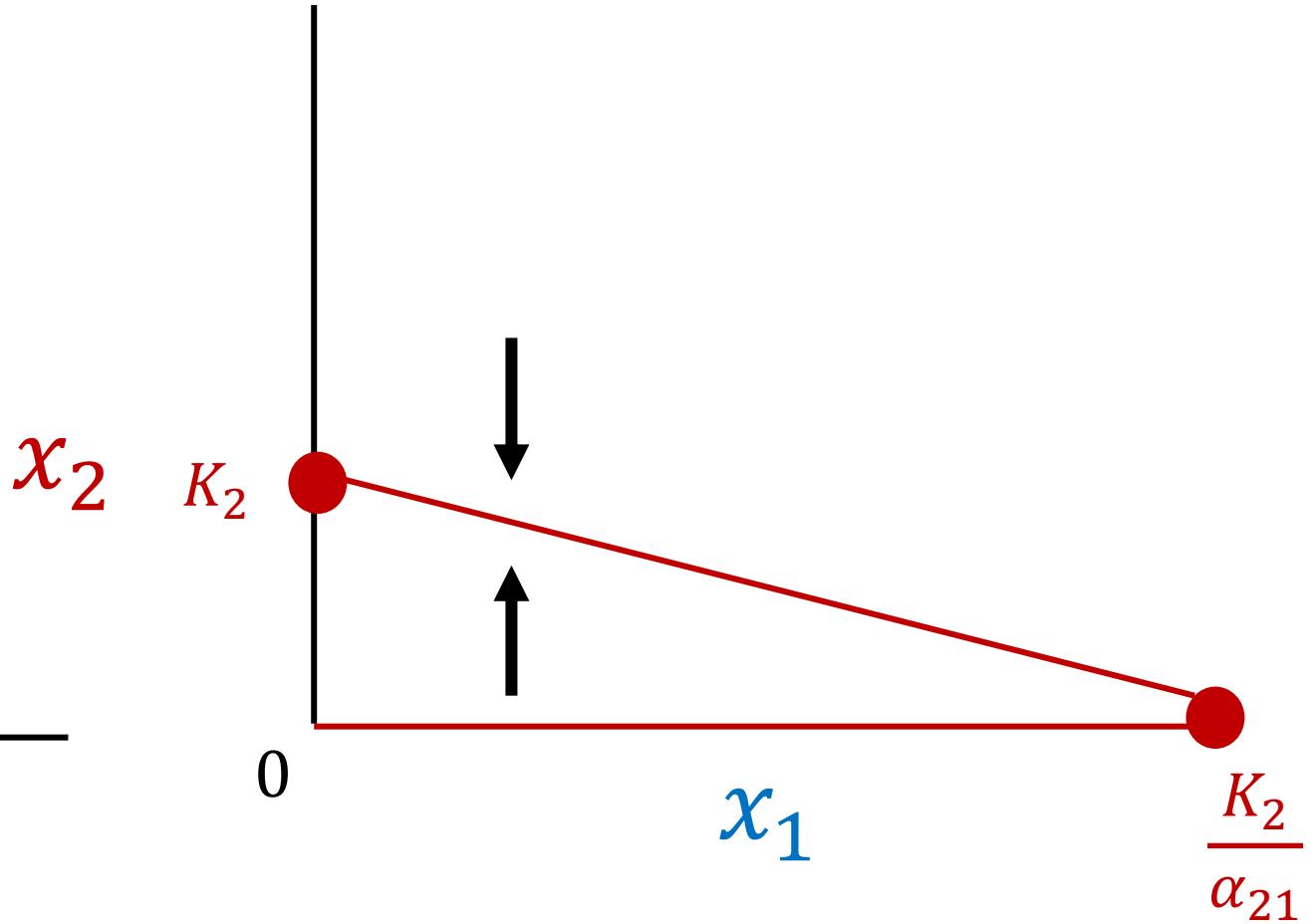
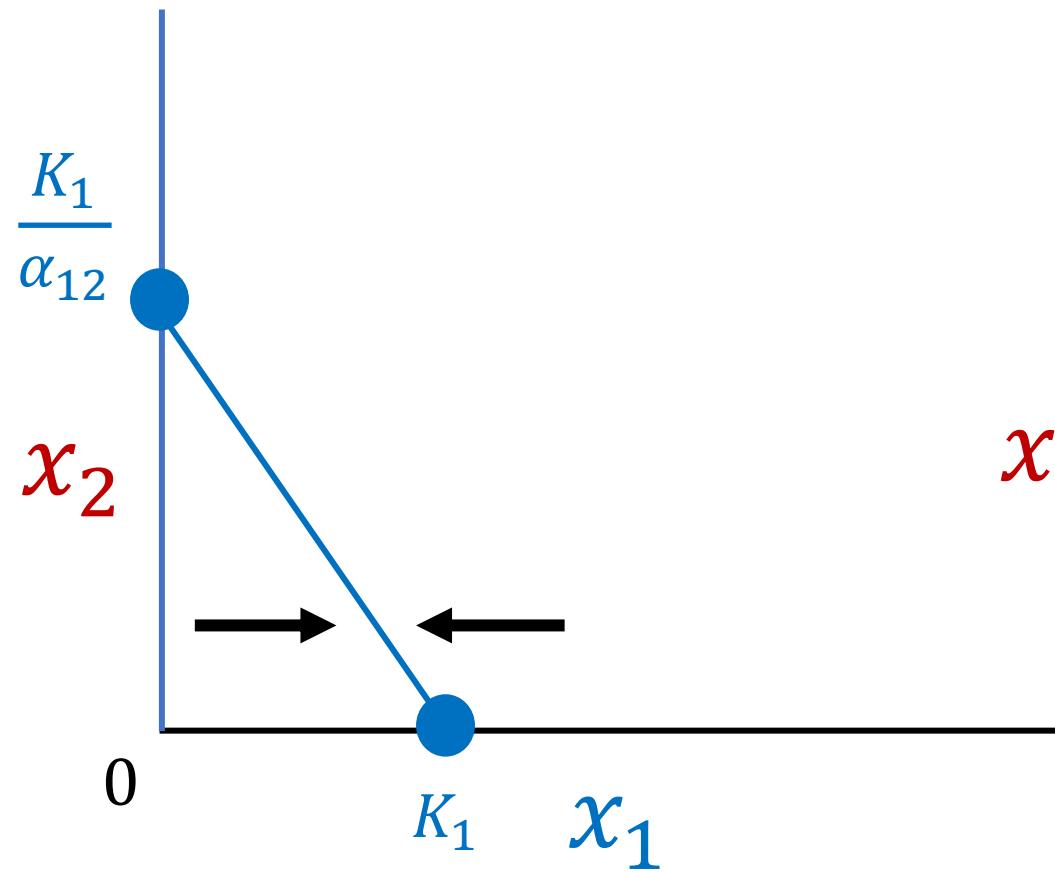
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- We can determine the stability of the system using vector addition on the nullcline planes.

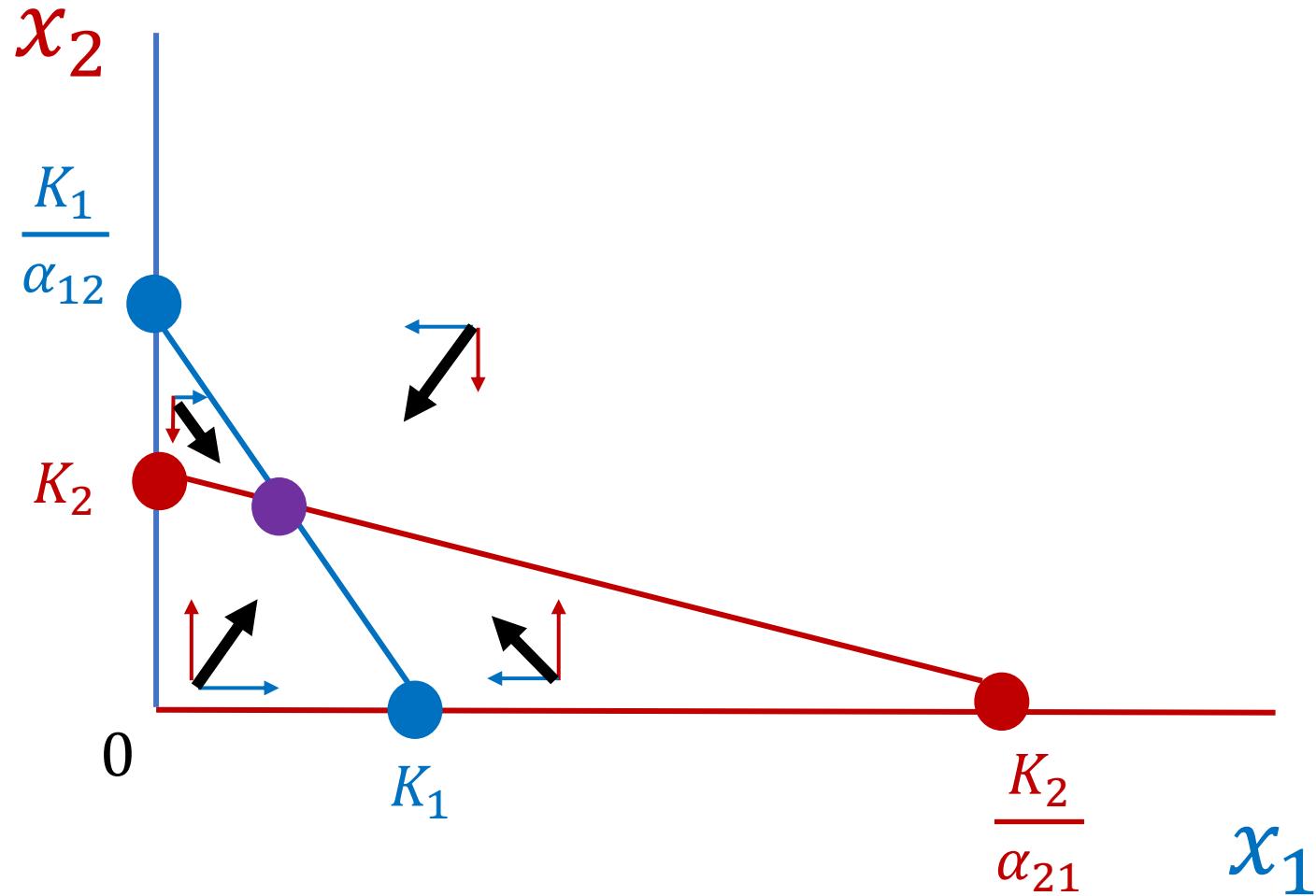
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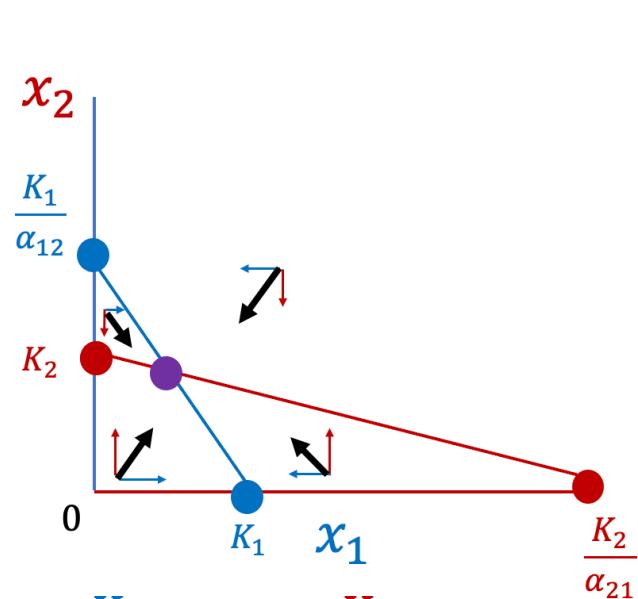
- There are four possible outcomes of competition that can be observed from drawing the nullclines of the system.

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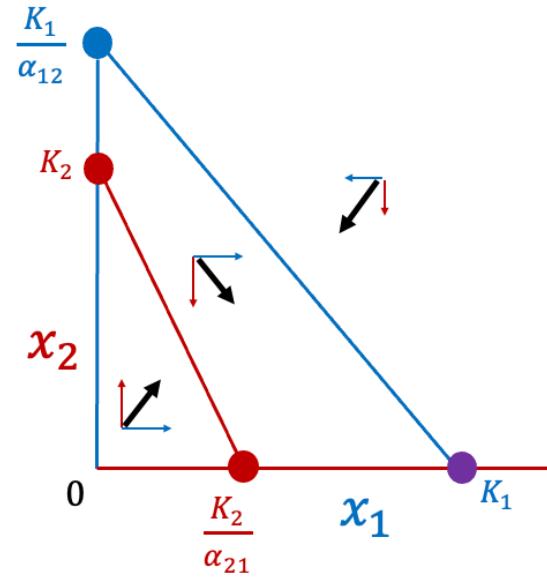
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Case 1: Stable coexistence



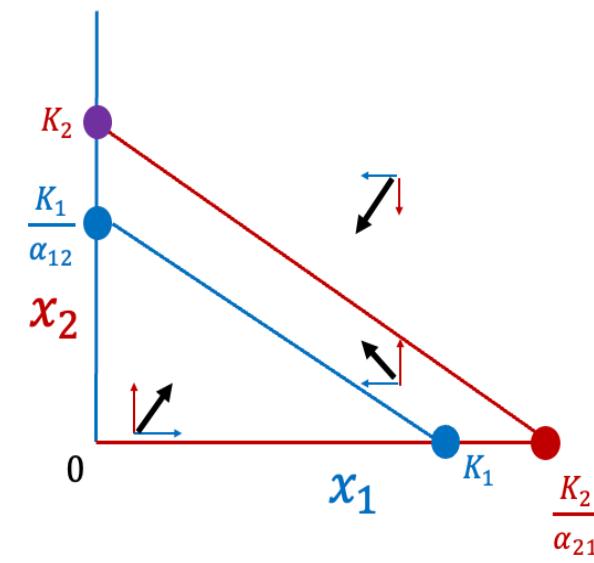
$$\frac{K_1}{\alpha_{12}} > K_2 \text{ and } \frac{K_2}{\alpha_{21}} > K_1 \\ (\alpha_{12} * \alpha_{21} < 1)$$

Case 2: Spp. 1 wins



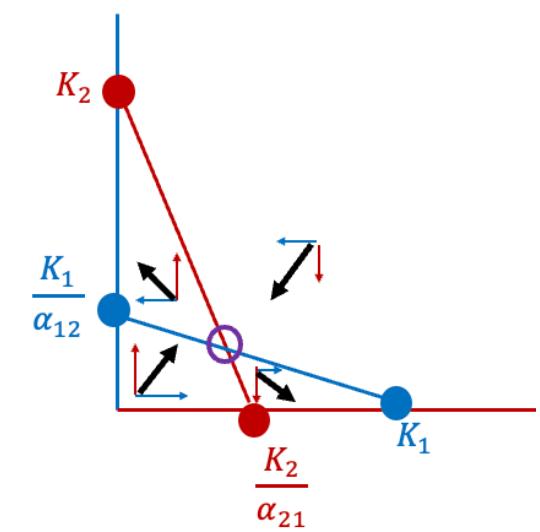
$$\frac{K_1}{\alpha_{12}} < K_2 \text{ and } \frac{K_2}{\alpha_{21}} > K_1$$

Case 3: Spp. 2 wins



$$\frac{K_1}{\alpha_{12}} < K_2 \text{ and } \frac{K_2}{\alpha_{21}} > K_1$$

Case 4: Precedence



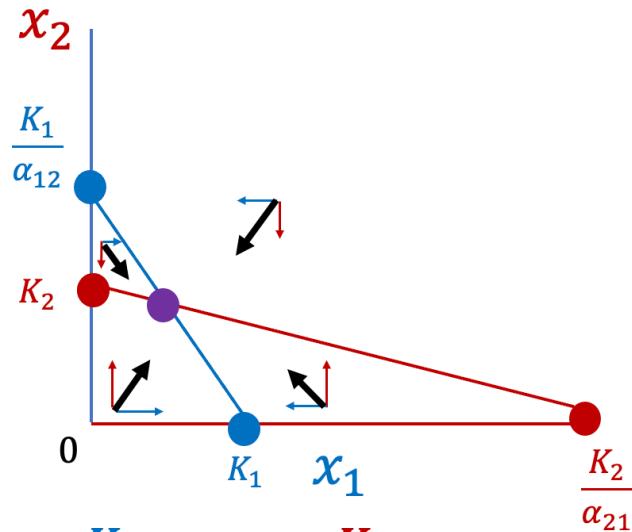
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Interspecies Dynamics

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$$\frac{K_1}{\alpha_{12}} > K_2 \text{ and } \frac{K_2}{\alpha_{21}} > K_1$$

$(\alpha_{12} * \alpha_{21} < 1)$

Stable coexistence is possible when intraspecies competitive interactions are greater than interspecies interactions.

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- Character displacement is the evolutionary process by which species occupying similar habitats accentuate differences to avoid competition.

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Interspecies Dynamics

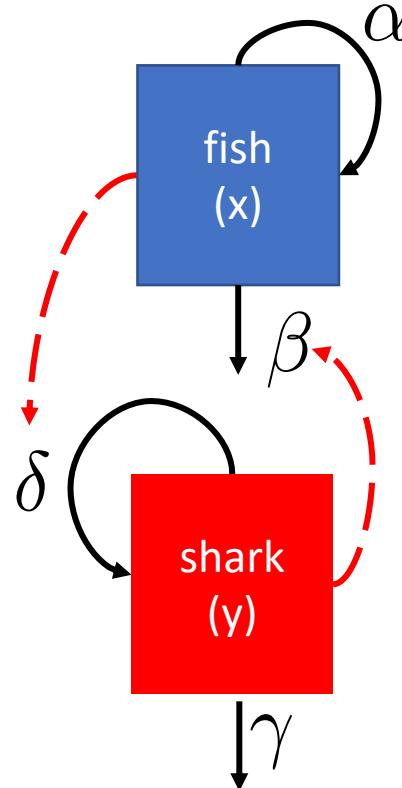
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- Consumer resource models developed by MacArthur and Tilman offered a mechanistic explanation of how species compete for specific resources.

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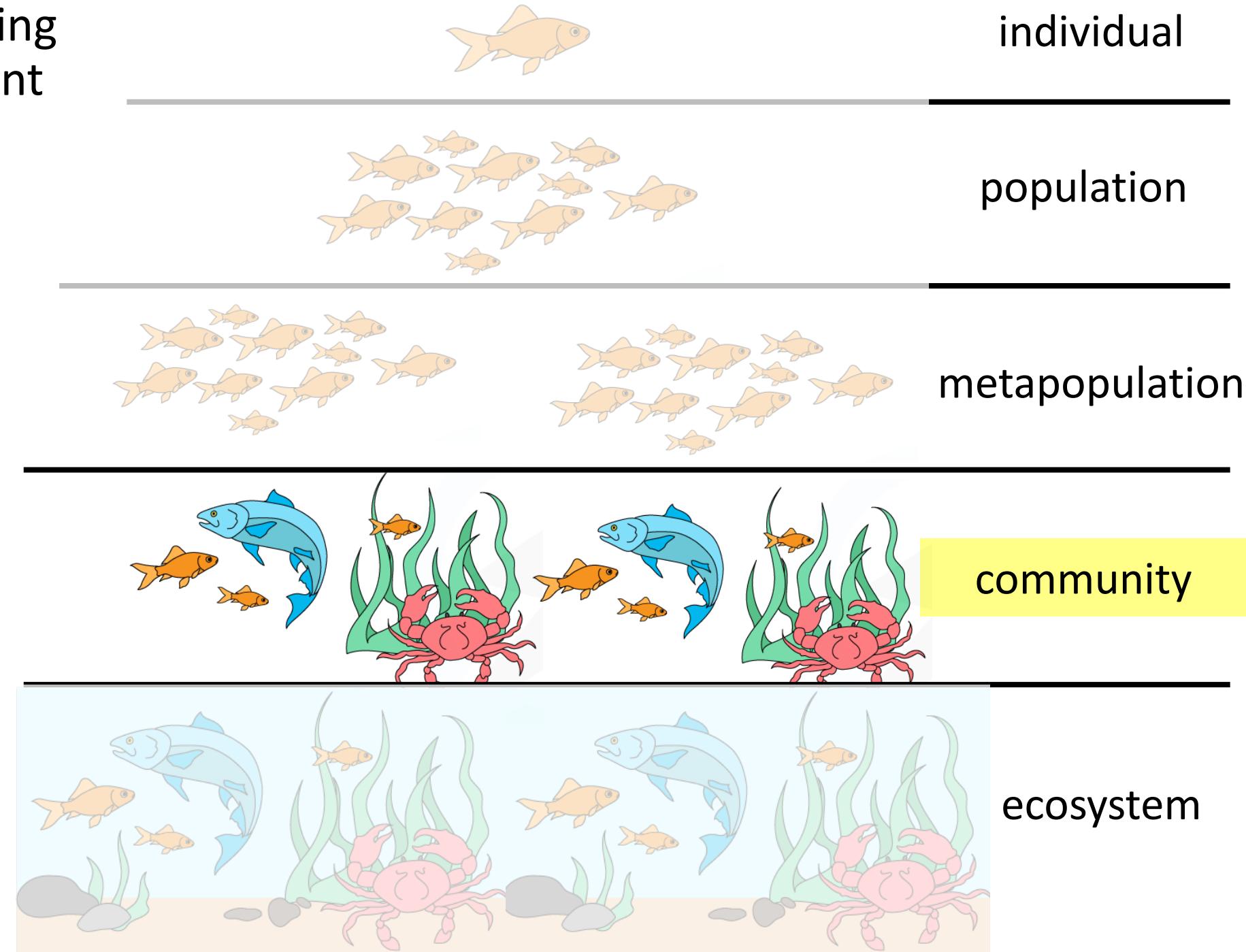
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- Consumer resource models developed by MacArthur and Tilman offered a mechanistic explanation of how species compete for specific resources.
- Tilman showed how if multiple species compete for the same limiting resource, the species with the lowest equilibrium resource level (e.g. the species able to live on the lowest quantity of resource) would win.

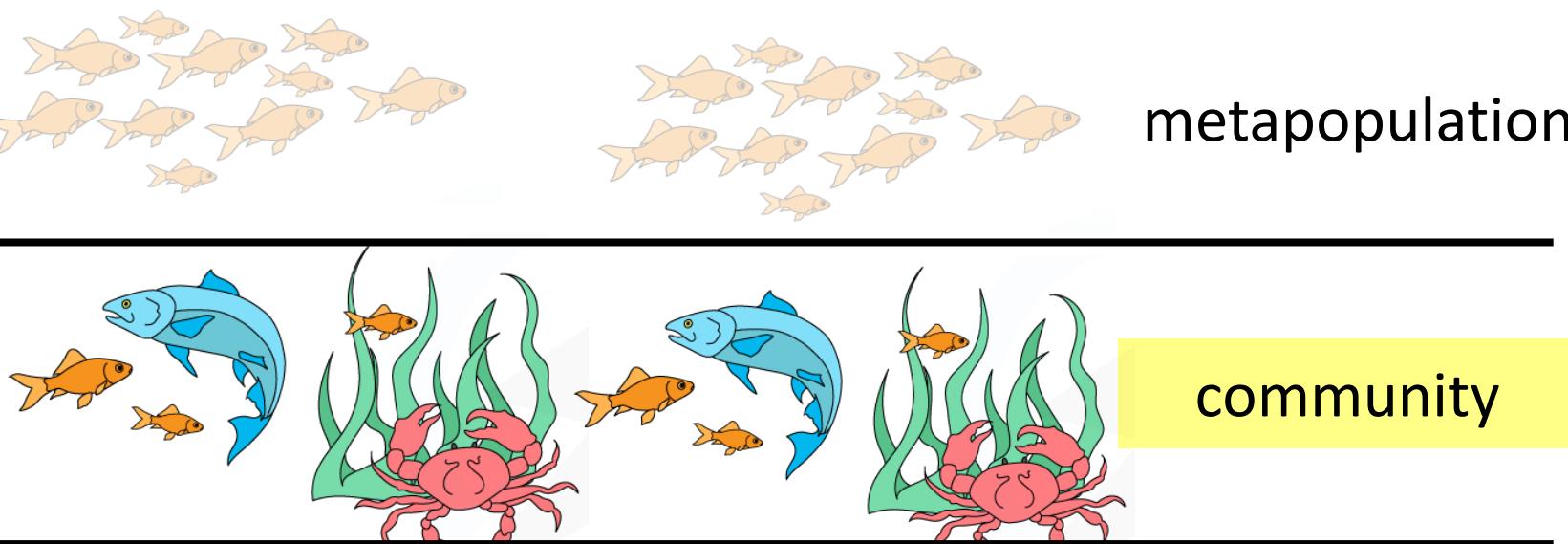
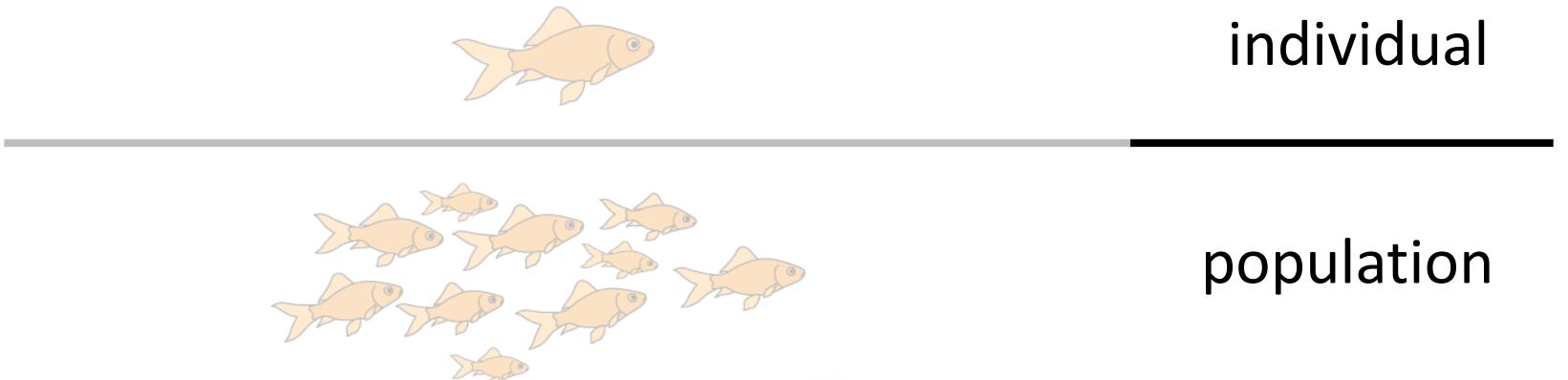
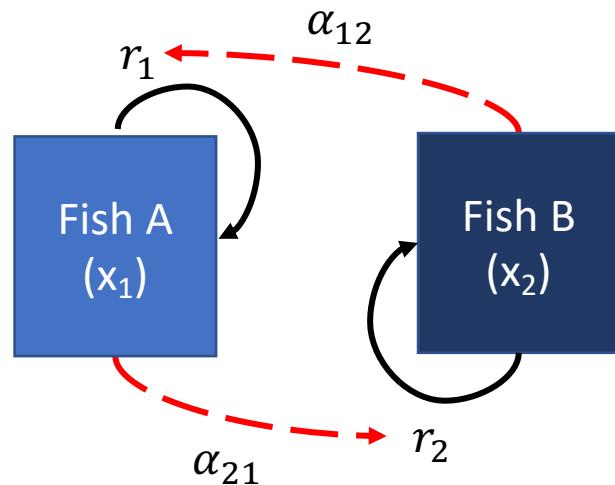
Community = interacting populations of different species



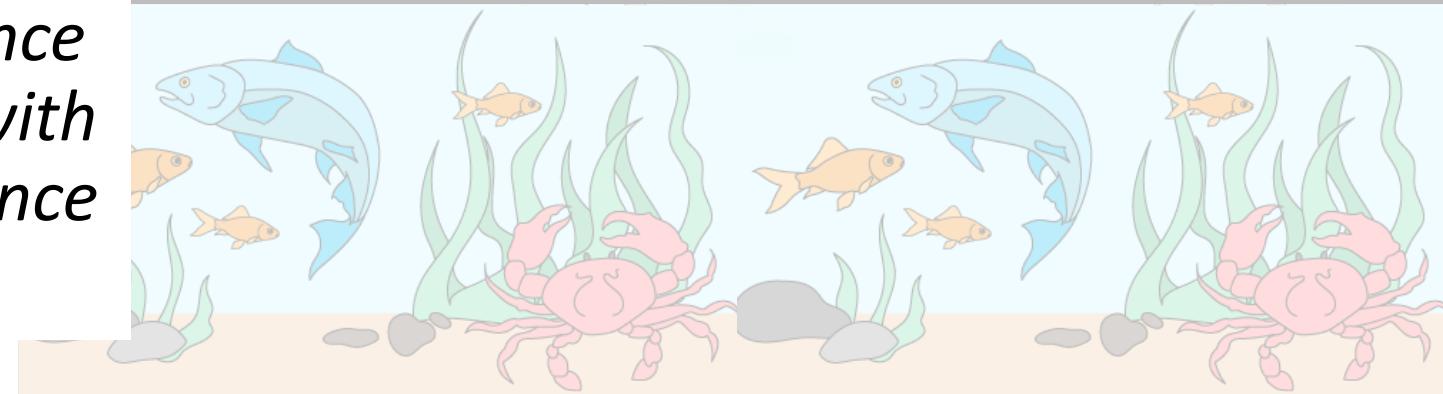
How does fish abundance **vary** with changes in shark abundance?



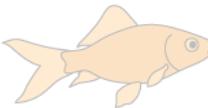
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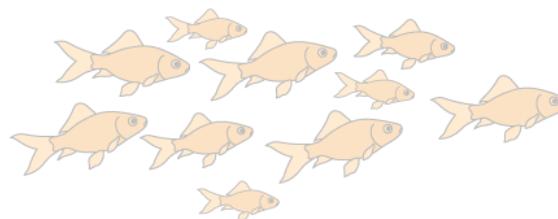
How does the abundance of **fish species A** vary with changes in the abundance of **fish species B**?



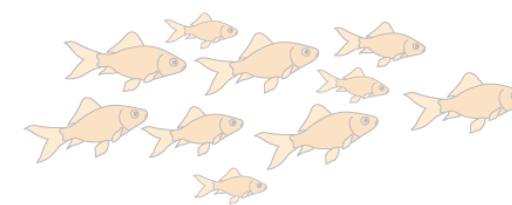
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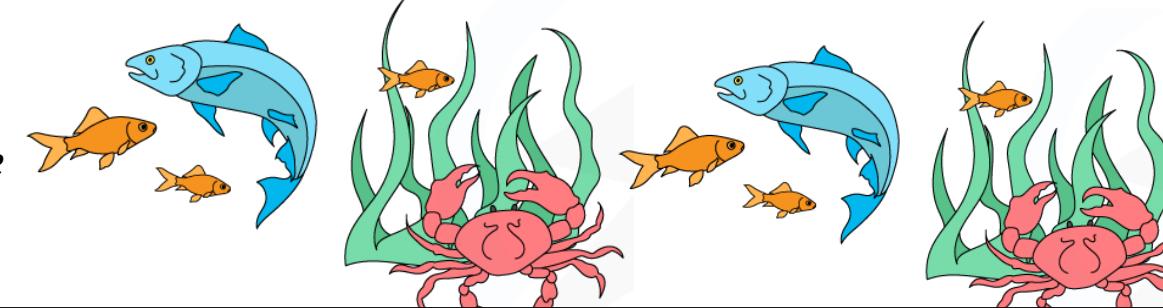
individual



population

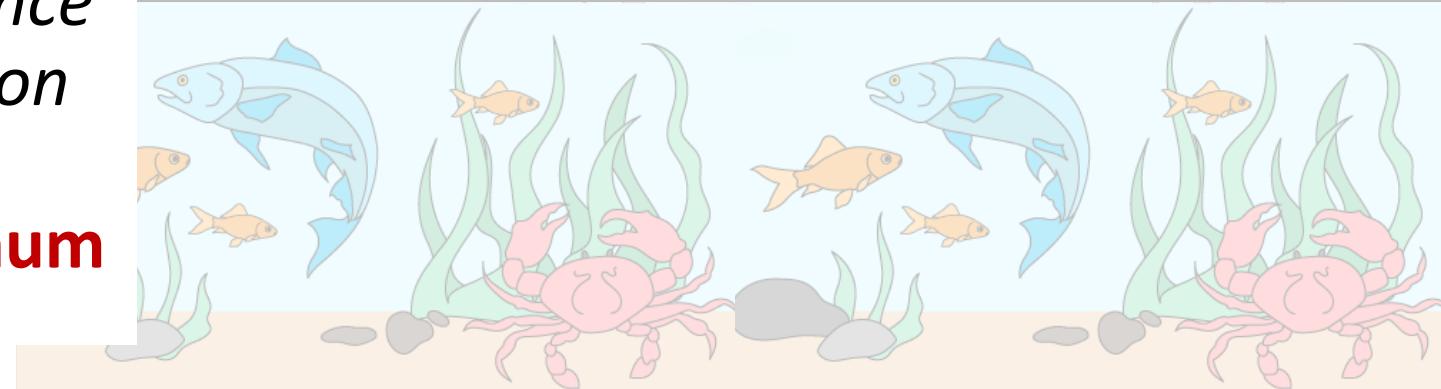


metapopulation



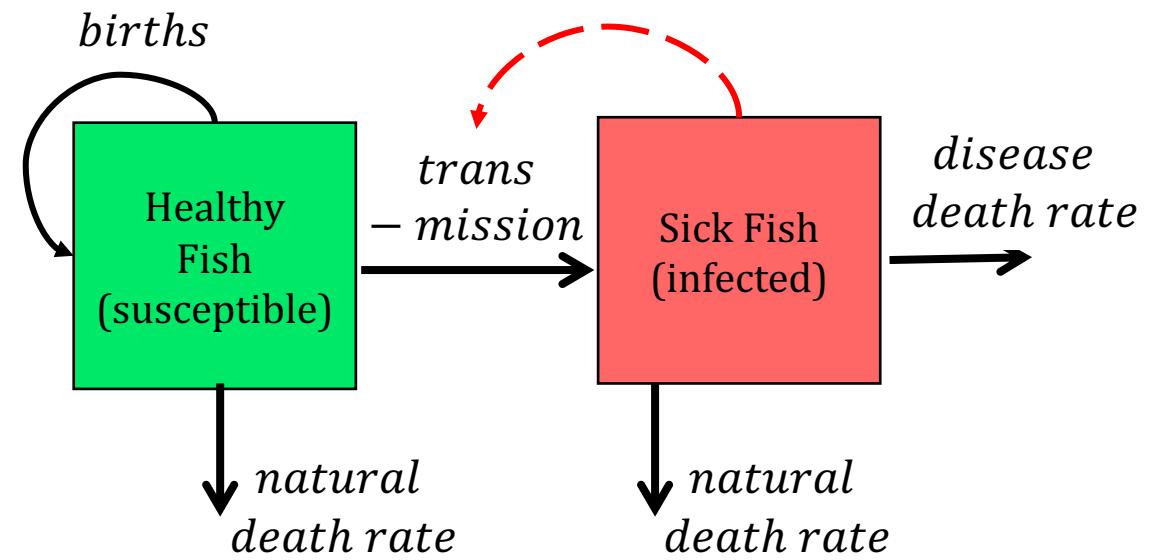
community

How does the abundance of **fish** change based on **infection with Mycobacterium marinum** (wasting disease)?



ecosystem

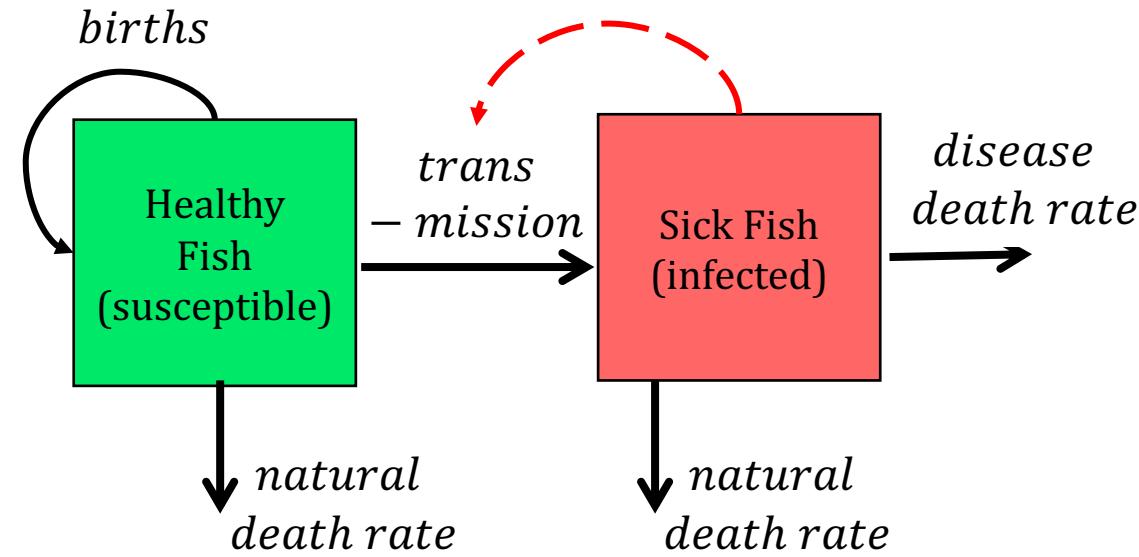
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Community = interacting populations of different species

Species can interact in several distinct ways.

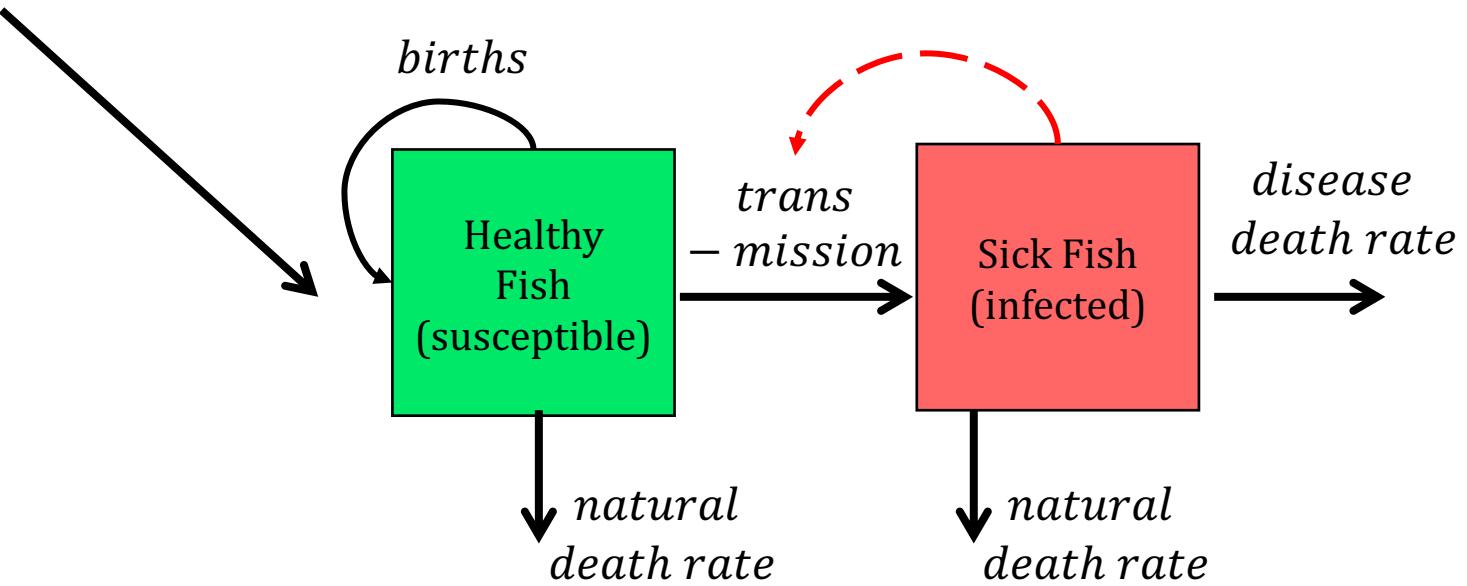


How does the abundance of **fish** change based on **infection with Mycobacterium marinum** (wasting disease)?

- **Mutualism** – both species benefit
- **Commensalism** – one species benefits, the other is unaffected
- **Predation** – one species benefits, the other is harmed (eaten!)
- **Competition** – two species compete for the same limiting resource, both harmed by the interaction
 - Direct = wolves and coyote at a moose carcass
 - Indirect = diurnal cheetah, nocturnal leopard at a giraffe carcass
- **Parasitism** – one species (the parasite) lives *in* or *on* the other species (the host)

Each box is a distinct population!

Population Biology

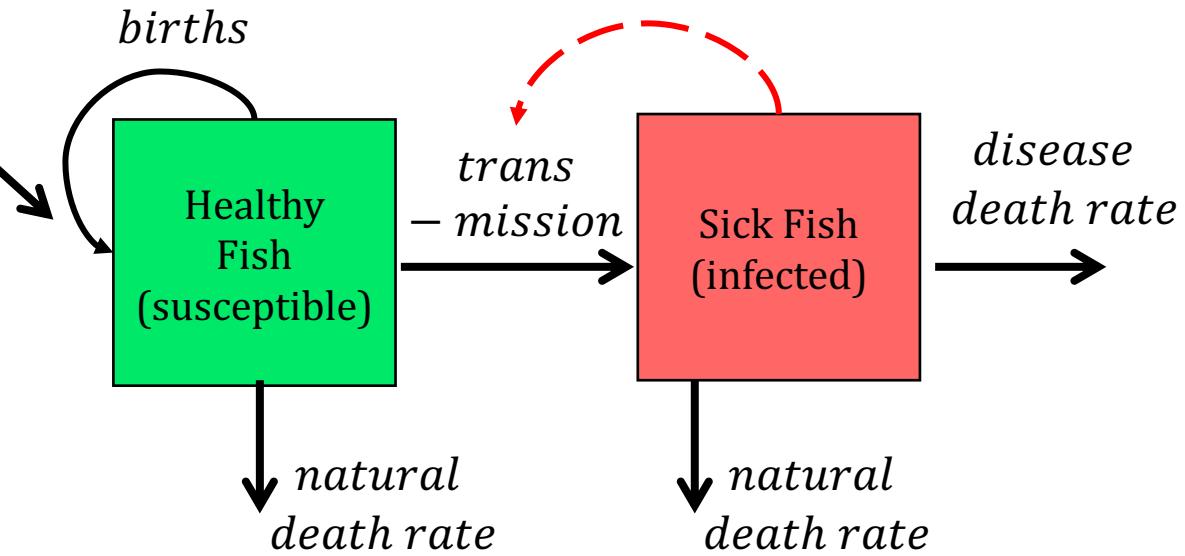


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Each box is a distinct population!

When we model these populations, everyone in the box is considered the same.



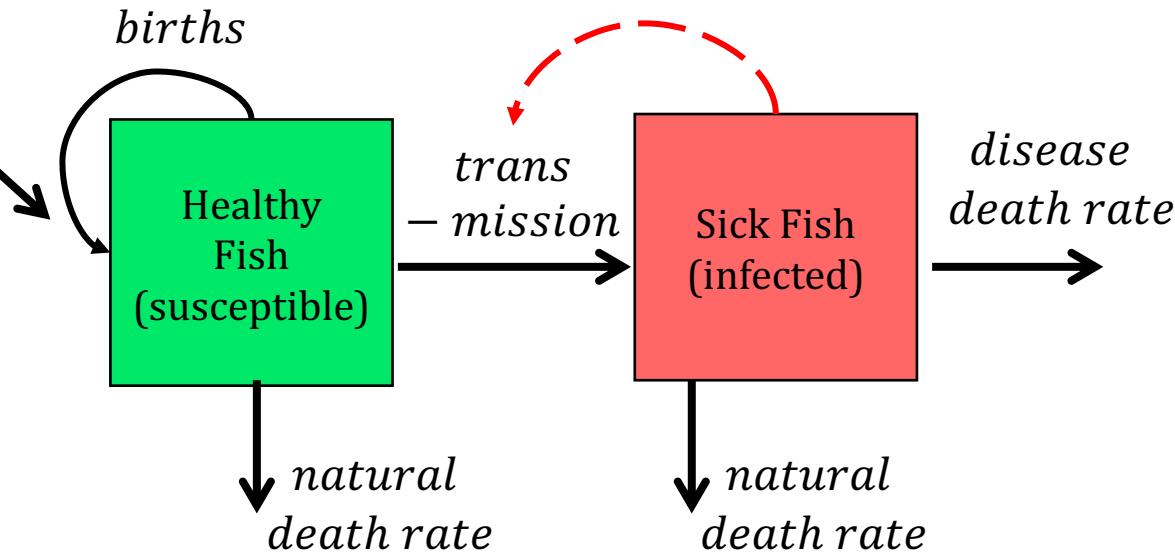
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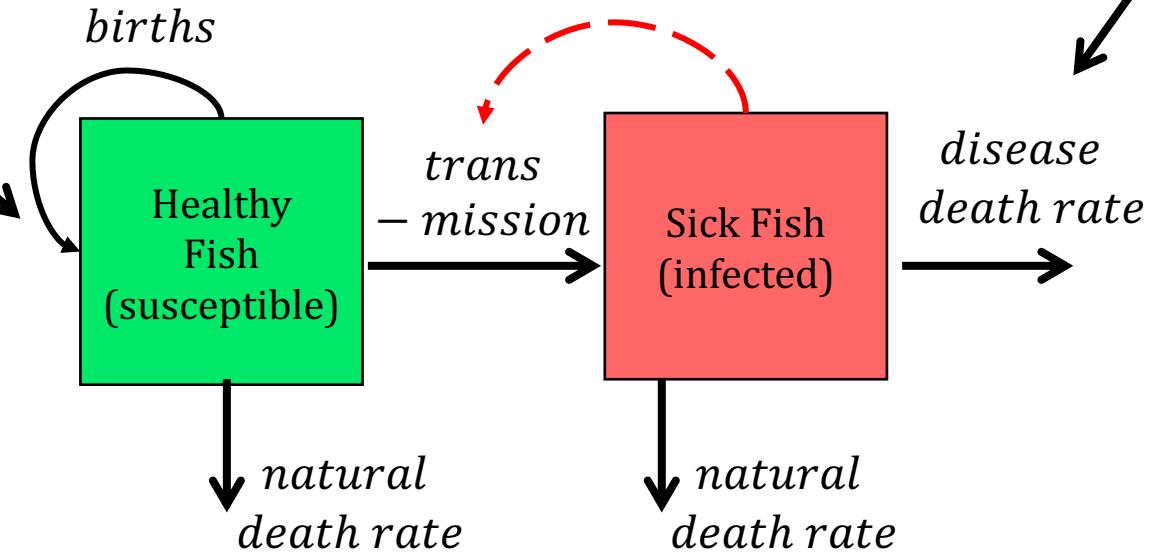
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Solid lines are processes by which individuals in each population move between boxes.

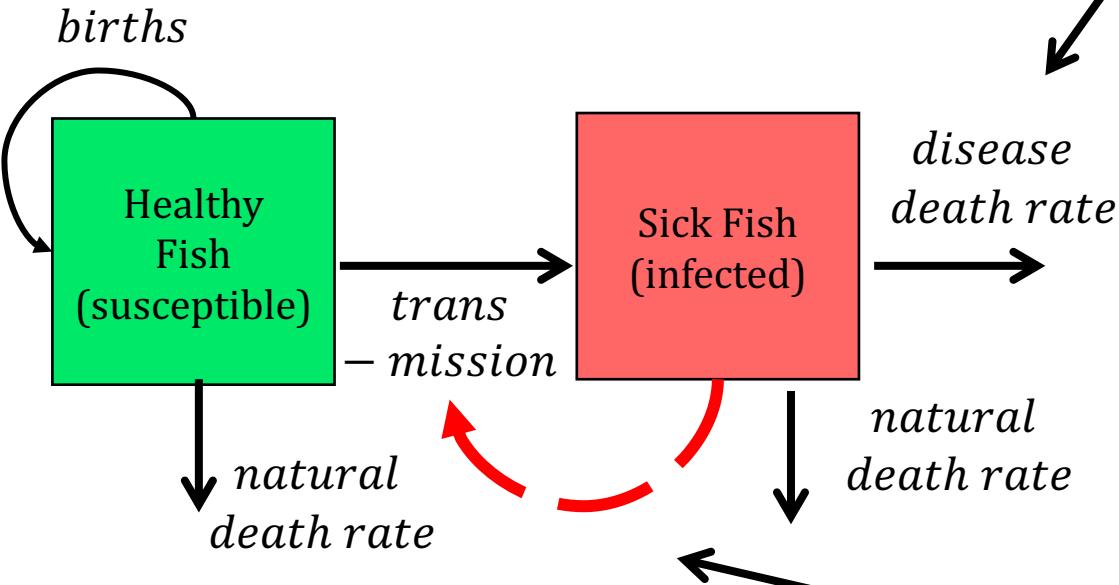
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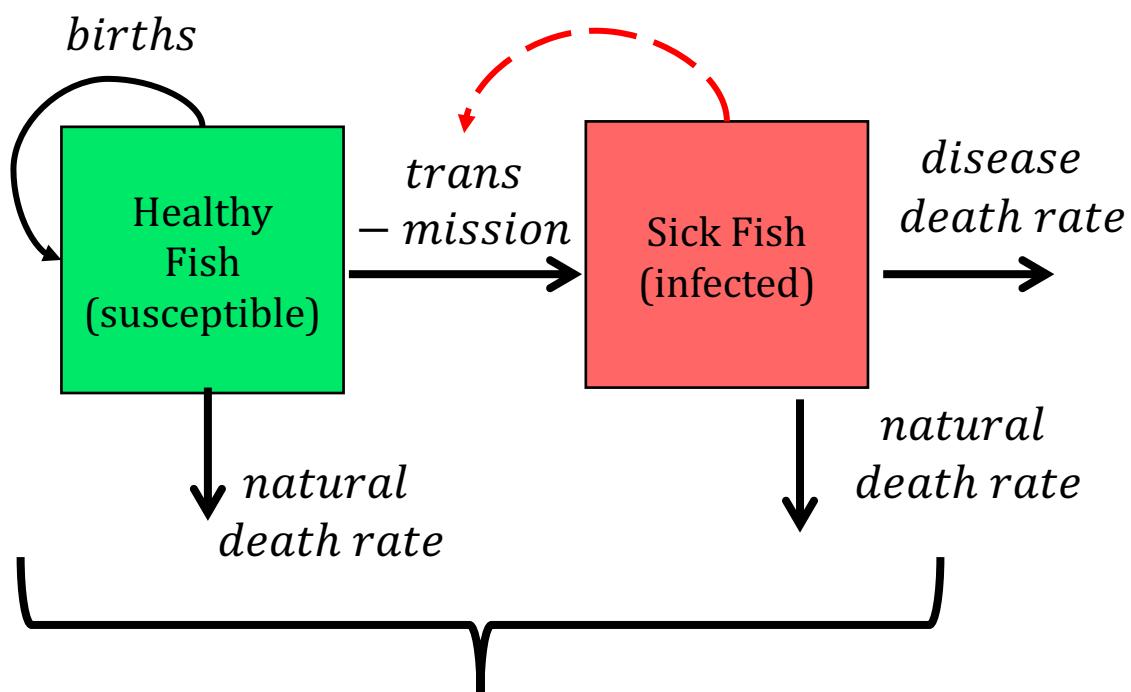


Solid lines are processes by which individuals in each population move between boxes.

Dashed lines are influences of populations on rates (transmission is higher when there are more sick fish)

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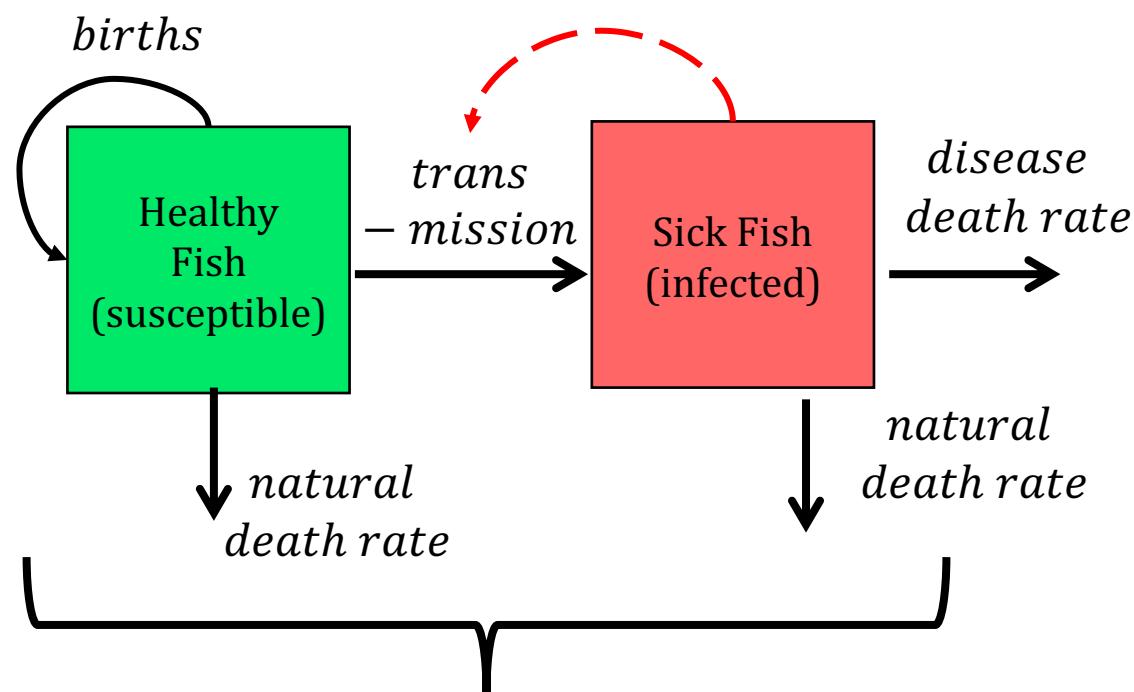
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*How does the abundance of **fish** change based on **infection with Mycobacterium marinum** (wasting disease)?*

In disease ecology, we model populations based on their **infection status**.

Population Biology



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*How does the abundance of fish change based on infection with **Mycobacterium marinum** (wasting disease)?*

Previously, we modeled populations of **different species**, or of **distinct life history classes within a species**.

Population Biology

Conservation Biology

Disease Ecology



Population Biology

Conservation Biology

- Goal:

- protect **populations** from extinction

Disease Ecology



Population Biology

Conservation Biology

- Goal:
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- Concept:
 - **Minimum Viable Population** size (MVP)

Disease Ecology



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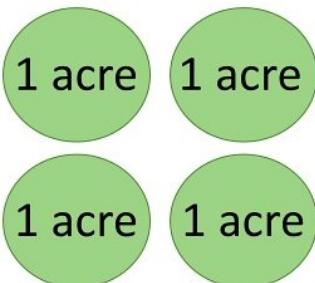
Conservation Biology

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- Approach:
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Single Large



Several Small



Disease Ecology



Population Biology

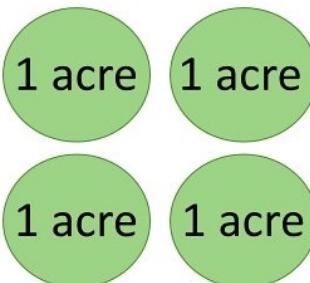
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Disease Ecology

- Goal:
 - protect **populations** from disease via pathogen **extinction**

Population Biology

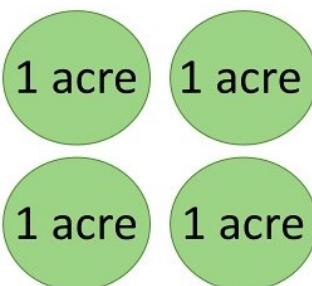
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Single Large
4 acres



Several Small



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 - **Critical Community Size** (CCS)

Population Biology

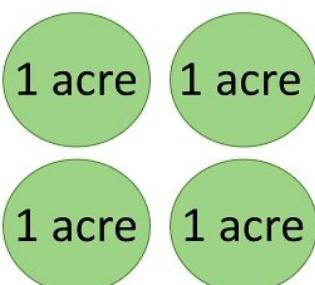
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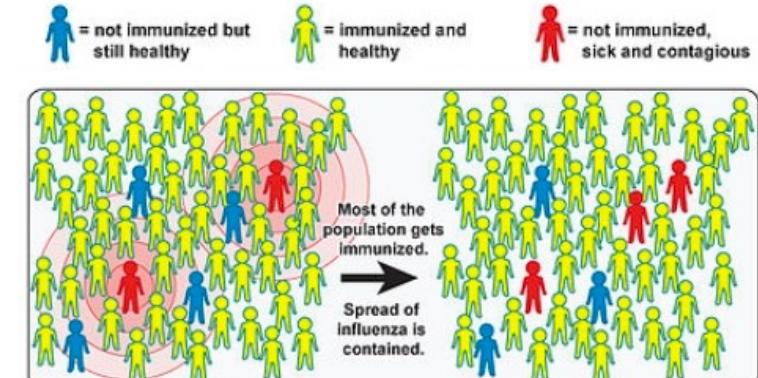


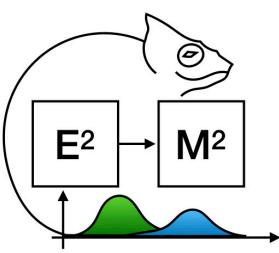
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Disease Ecology

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- Approach:
 - sanitation
 - **vaccination**



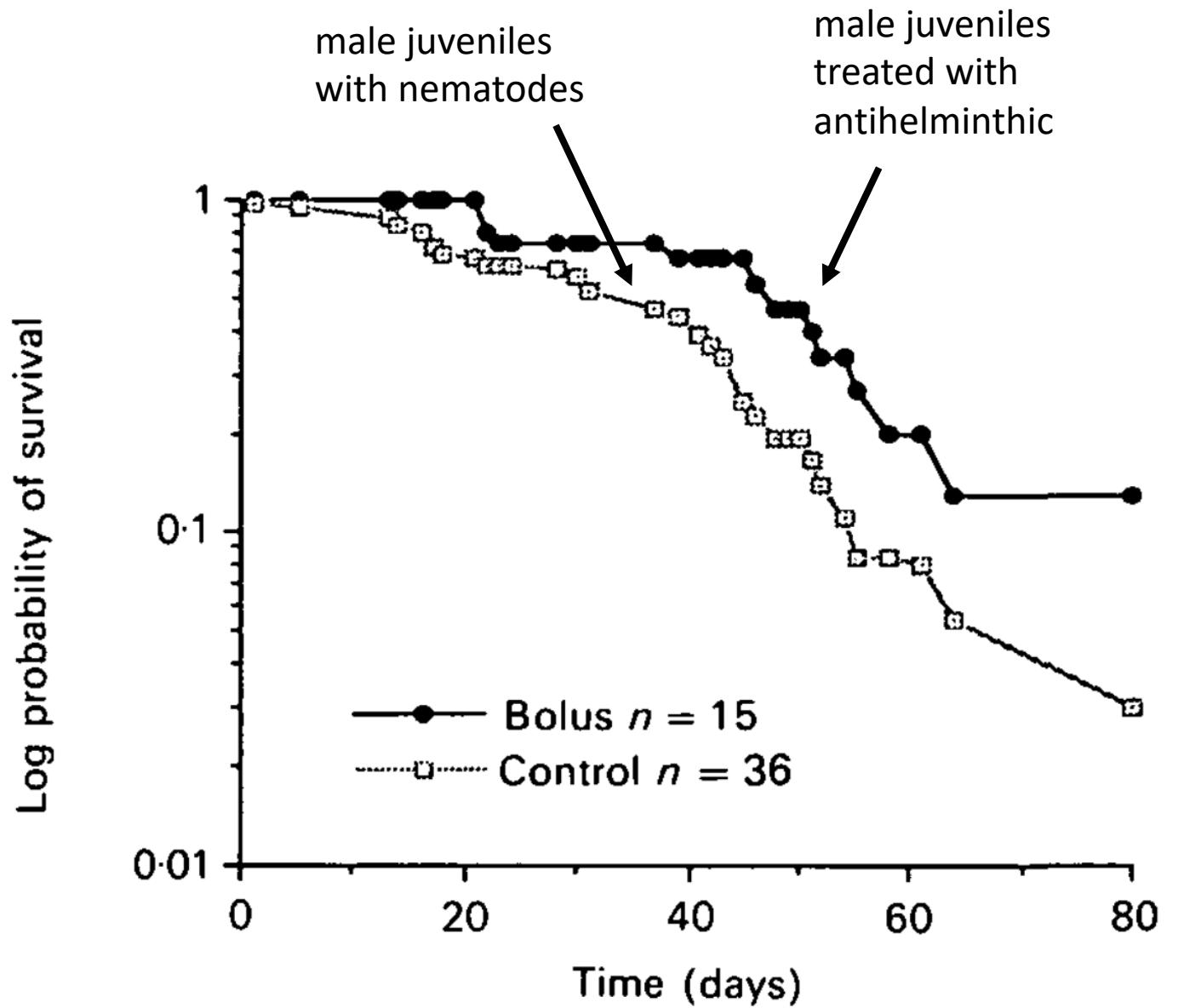
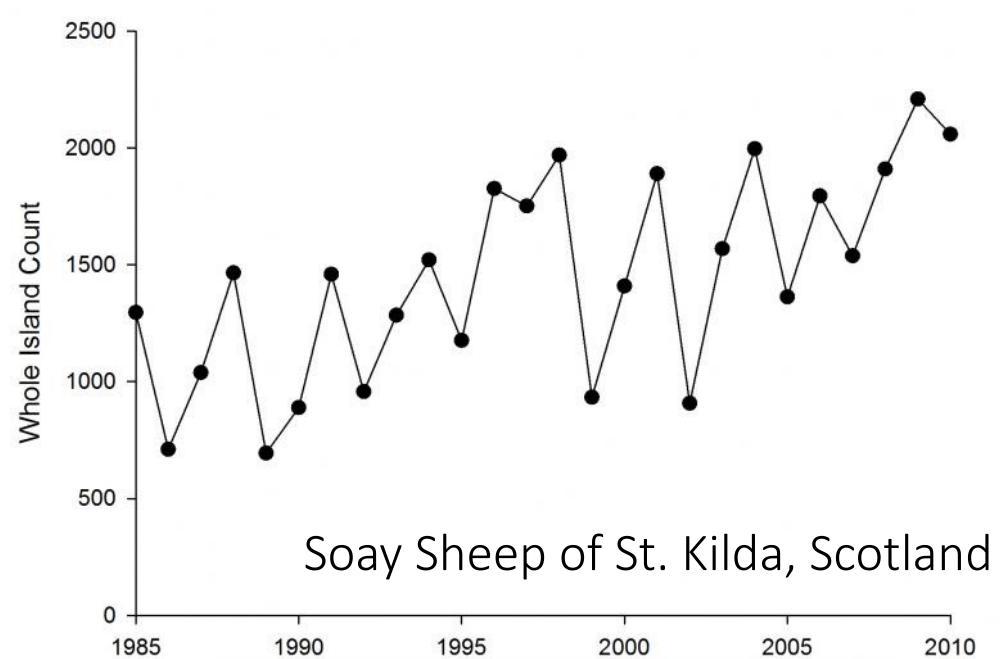


E²M²: Ecological and Epidemiological Modeling in Madagascar



December 16, 2022
E2M2.org

We already know that
parasites can play a role in
regulating populations!



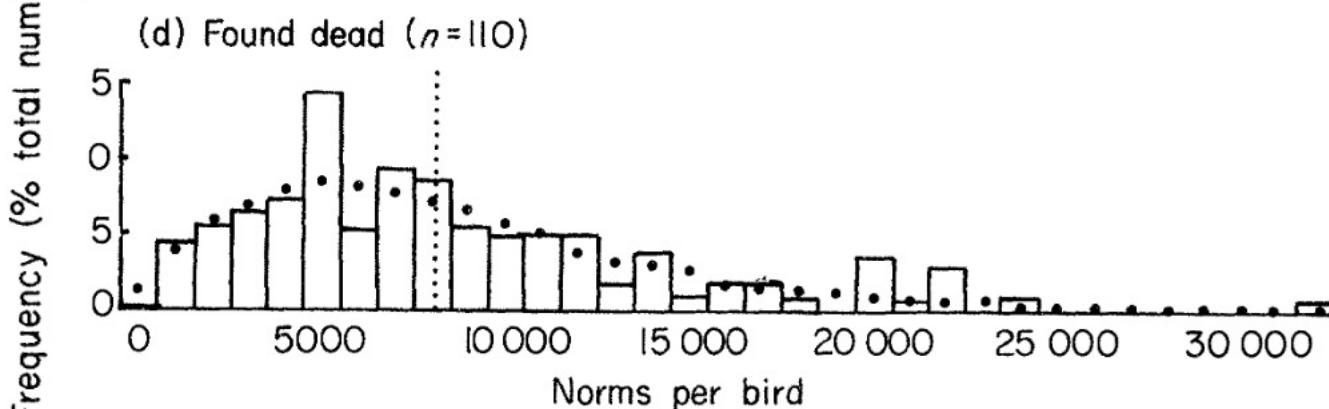
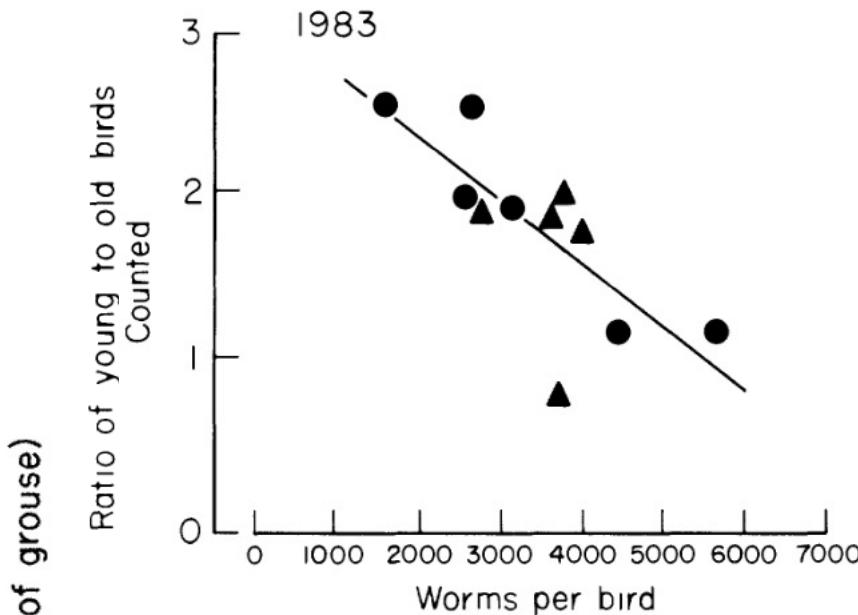
Gulland 1992. *Parasitology*.

Early work in red grouse experimentally demonstrated the power of parasites to regulate populations.



Hudson 1986. *J Animal Ecology*.
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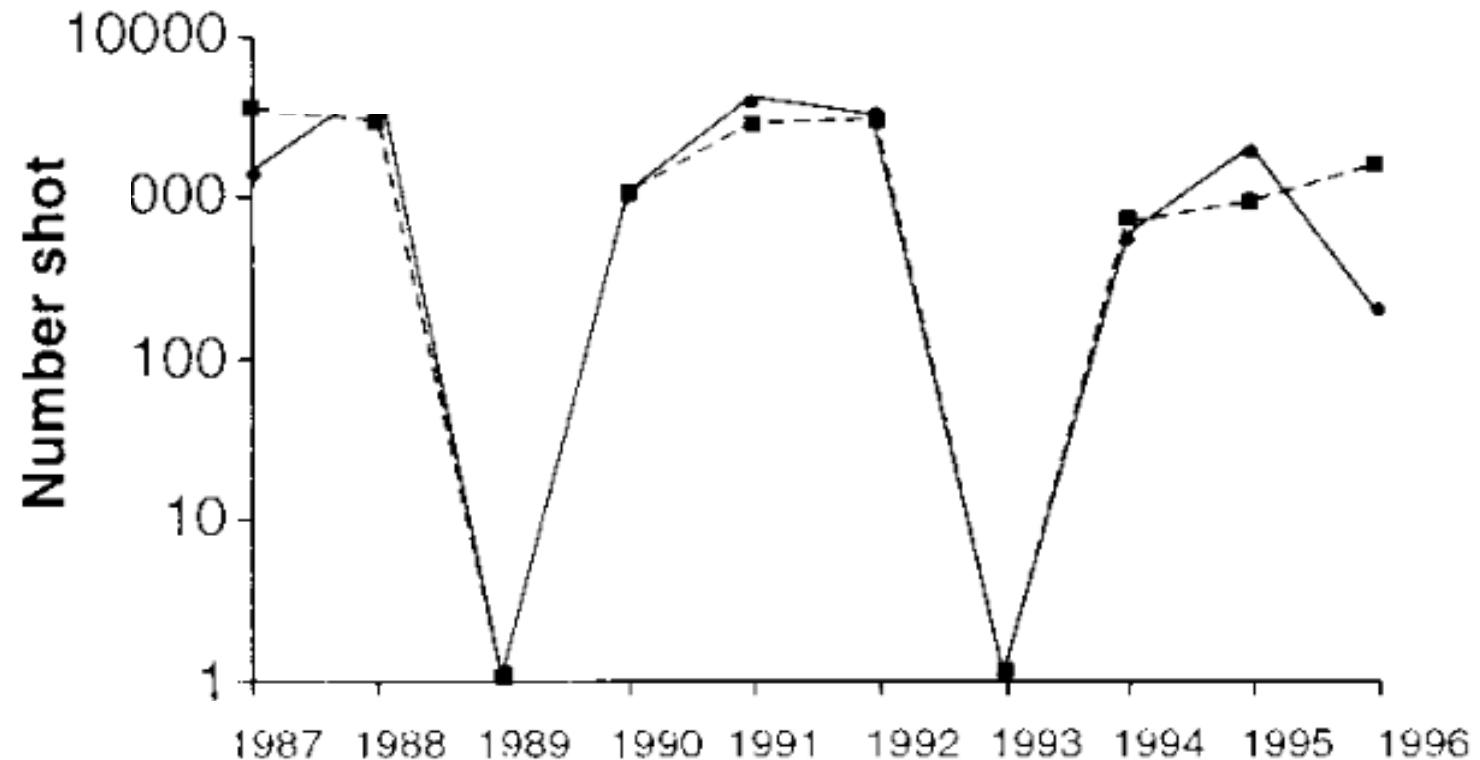


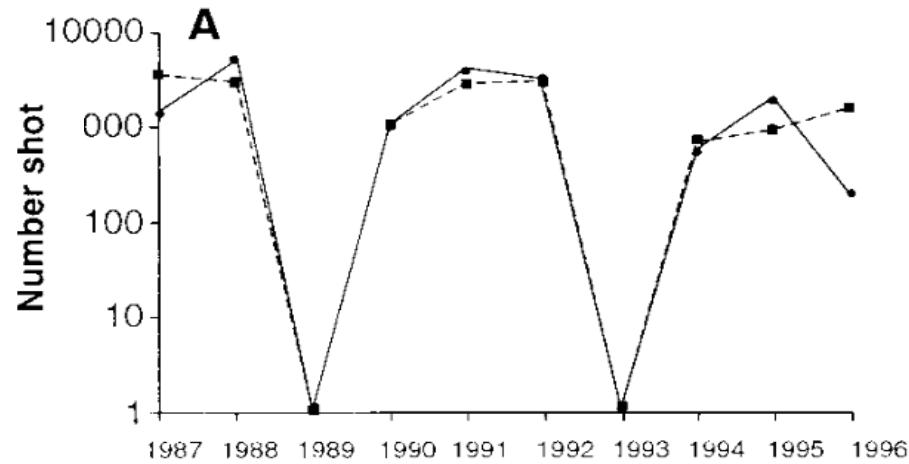
Higher burden of the intestinal strongyle worm, *Trichostrongylus tenuis*, both reduces breeding success and increases mortality in red grouse.

Hudson 1986. *J Animal Ecology*.

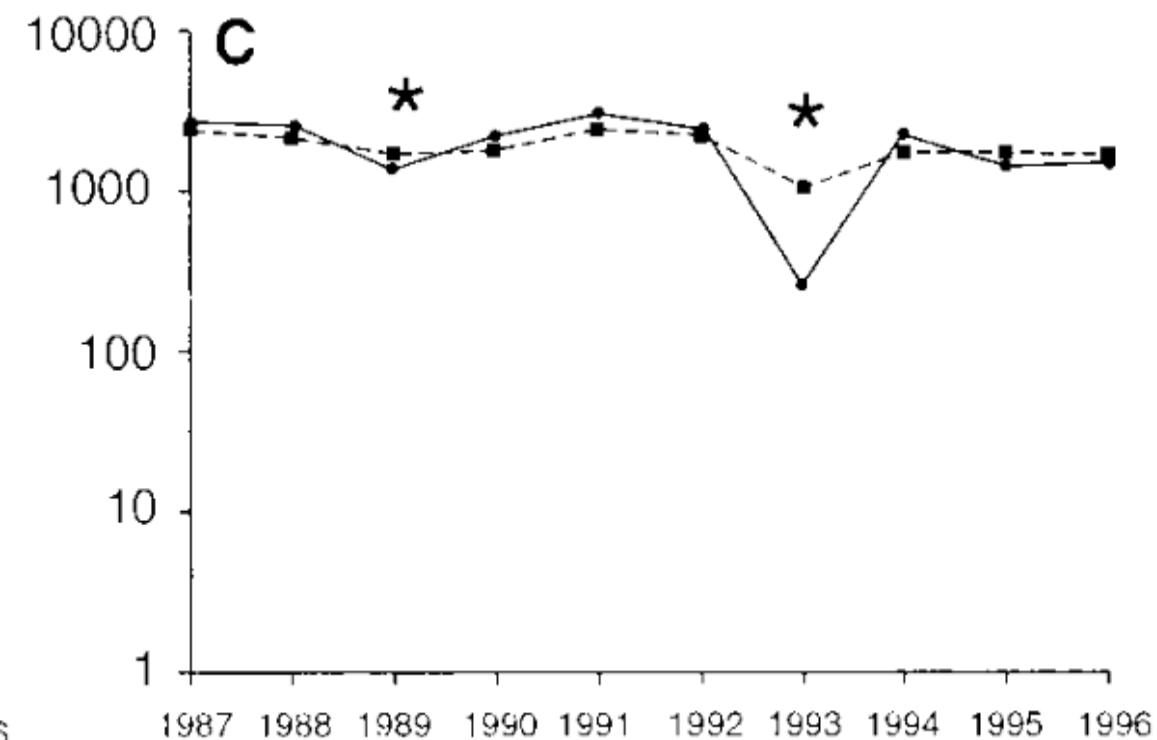
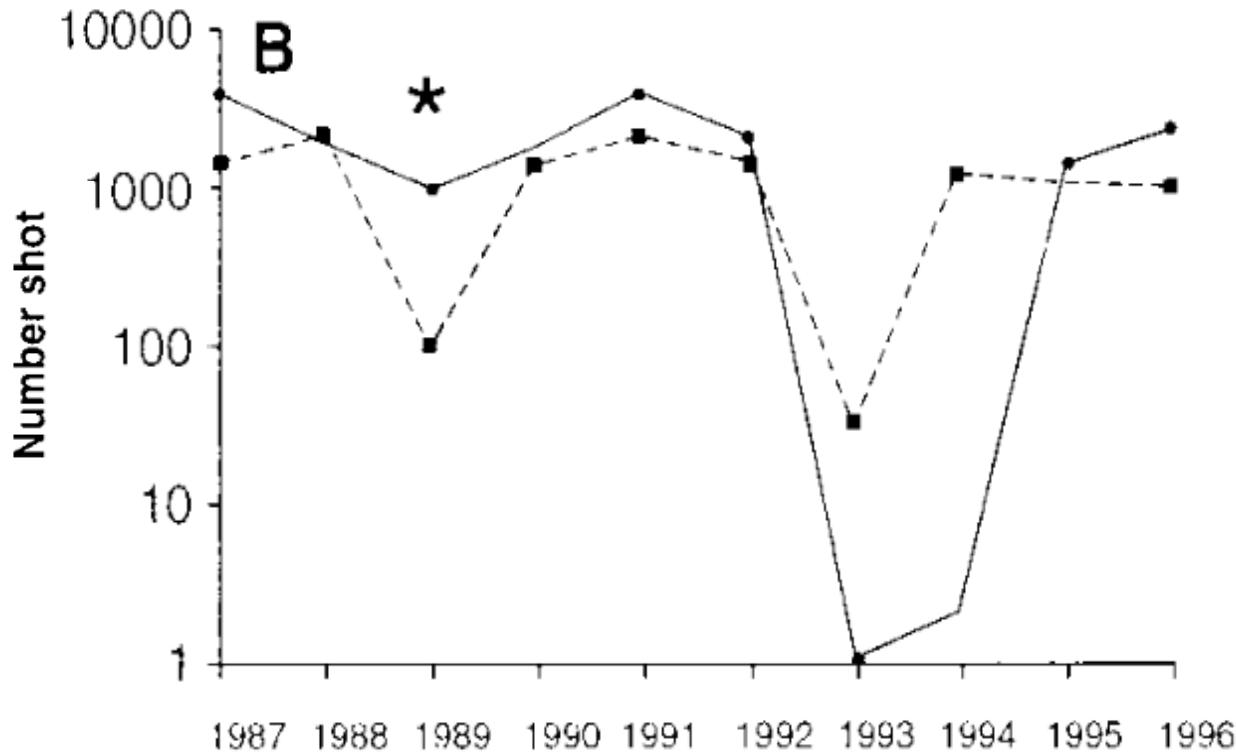
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Worms were hypothesized to be responsible for the observed population cycles in ‘bag data’ from northern England.





Deworming eliminated population cycles to prove this effect!



Parasites and pathogens have also shaped human history.

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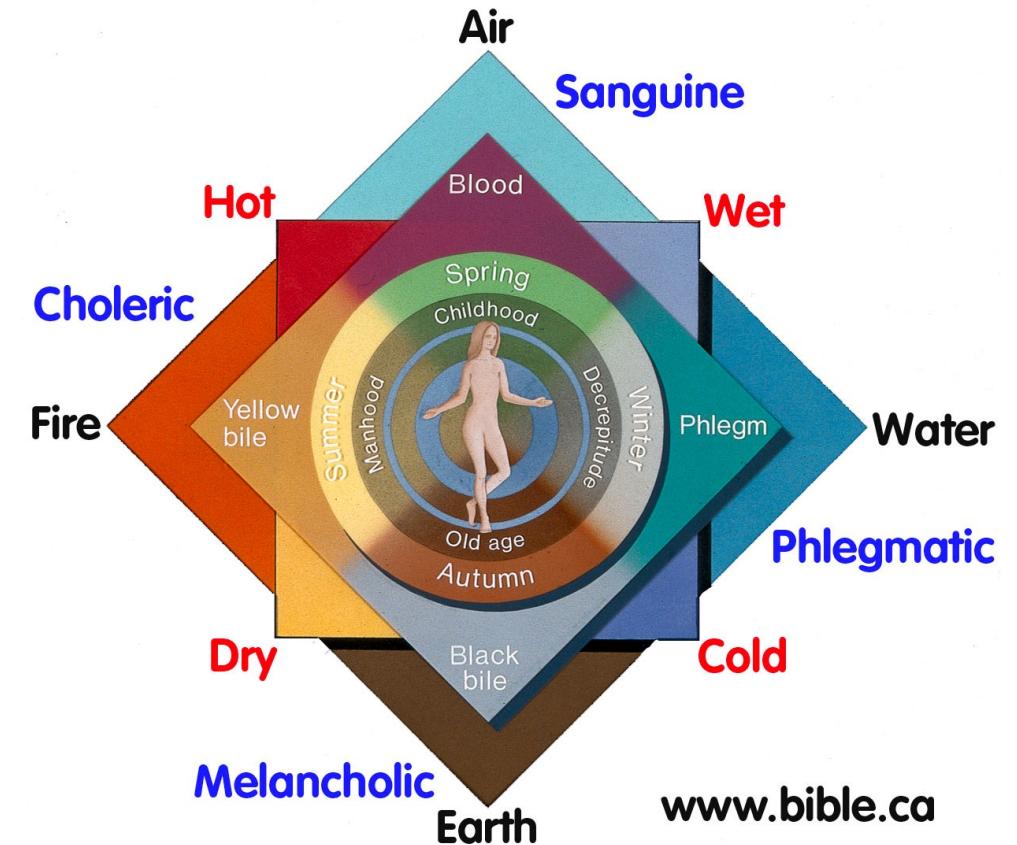
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The Four Humors of Hippocratic Medicine
450 BC - 1858 AD
Melancholy Blood (depression)



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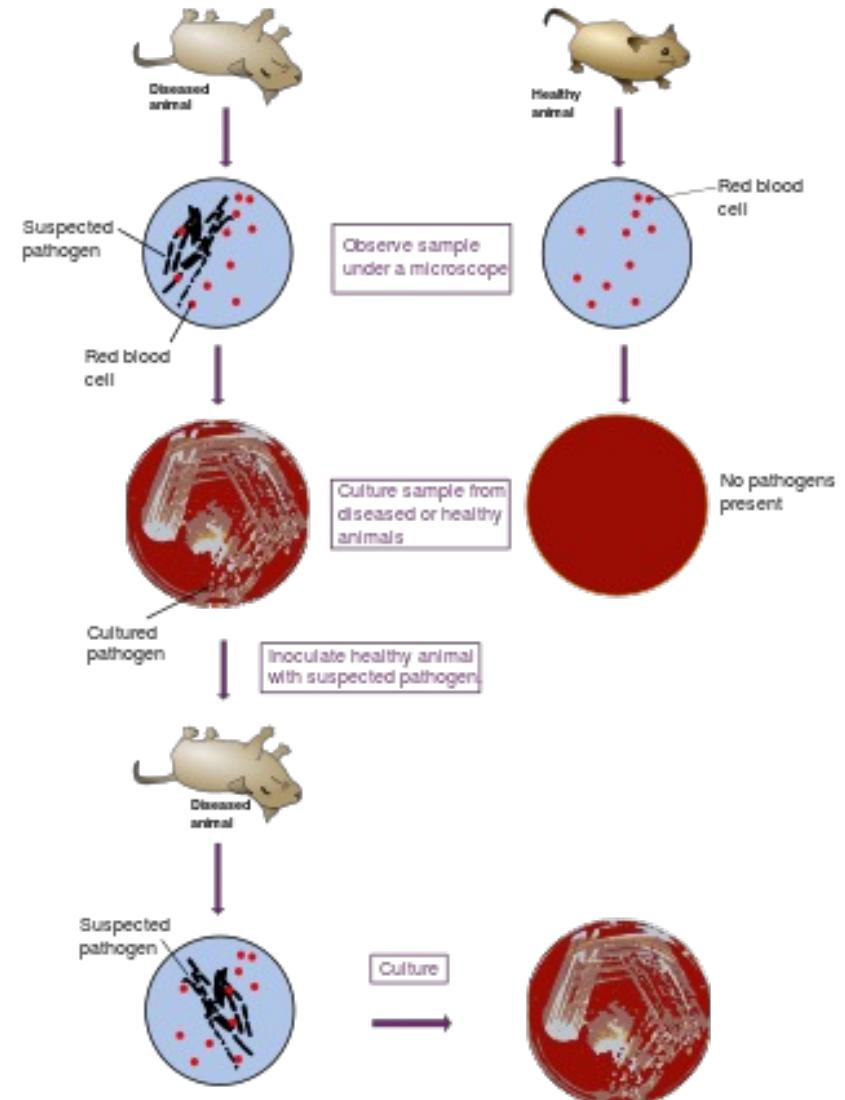
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2. **Miasmatic Theory**: Extension of Hippocrates that lasted through the 1800s – idea that disease was caused by bad air. Popularized by Florence Nightengale



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 - idea that disease was caused by bad air.
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3. **Germ Theory of Disease:** Idea that disease results from germs
 - Leuwenhoek's microscope (1675)
 - Koch's postulates (1890)



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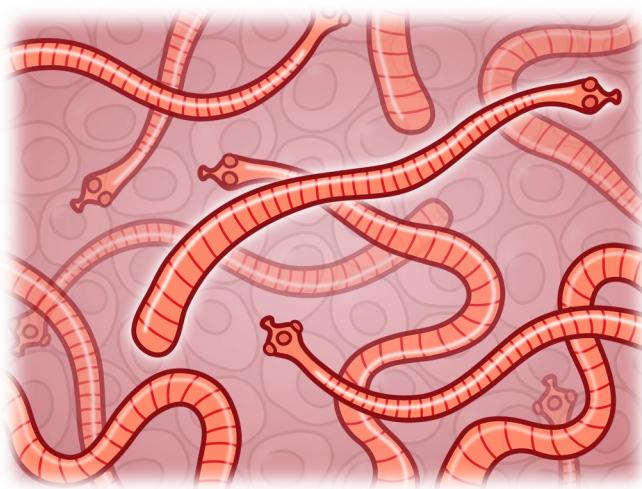
4. **Classic epidemiology**

- Risk factors for disease = John Snow (1854)



Parasites and Pathogens

- Parasite: an organism that lives in or on another organism and benefits at the expense of others.
 - Ex: helminths (parasitic worms: tapeworms, roundworms, hookworms), ectoparasites (ticks, fleas)



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Pathogen: *Yersinia pestis*

Disease: Plague



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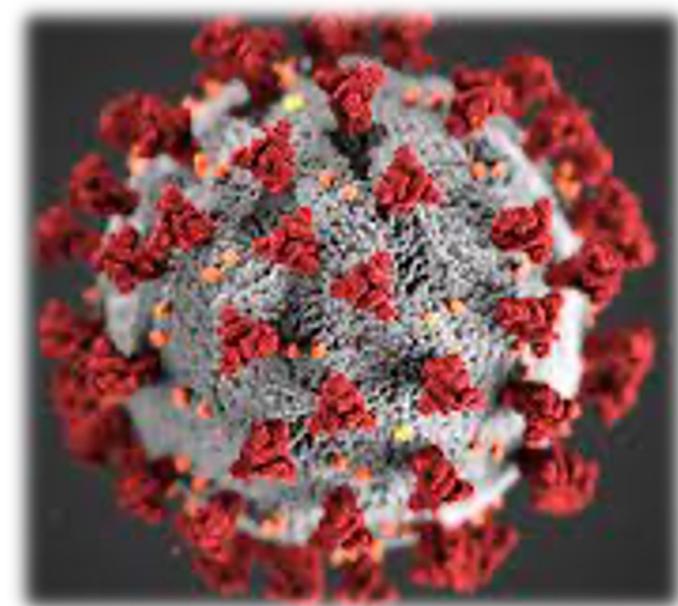
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Disease: Plague



Pathogen: SARS-CoV-2

Disease: COVID-19



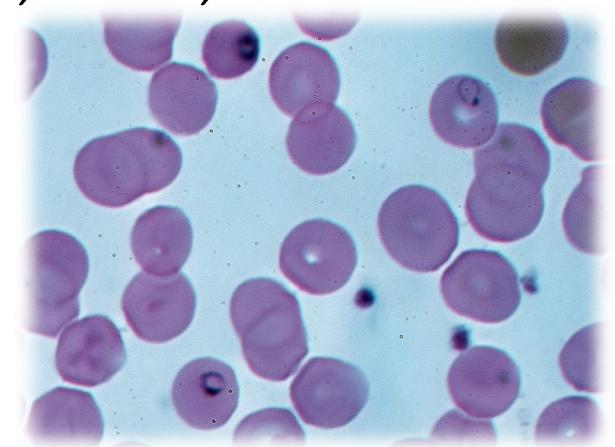
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Pathogen: *Yersinia pestis*
Disease: Plague

Pathogen: SARS-CoV-2
Disease: COVID-19

Pathogen: *Plasmodium falciparum, P. vivax, P. malariae, P. ovale, P. knowlesi*
Disease: malaria



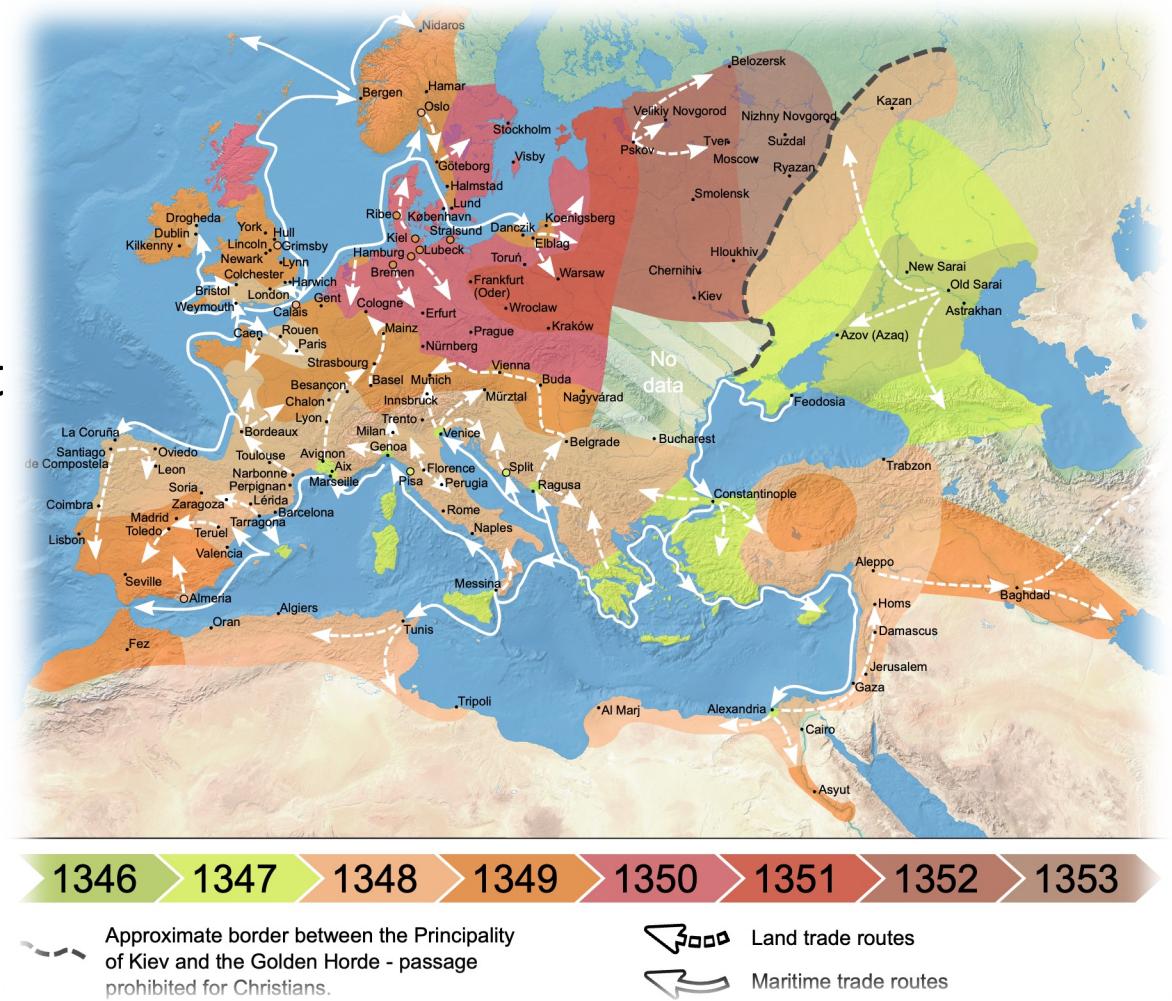
Parasites and pathogens have also shaped human history.

- Plague of Justinian (541-549 AD)
 - First historically recorded pandemic of *Yersinia pestis*
 - Launched the ‘first plague pandemic’ resulting in the deaths of 15-100 million people, 25-60% of Europe’s population at the time



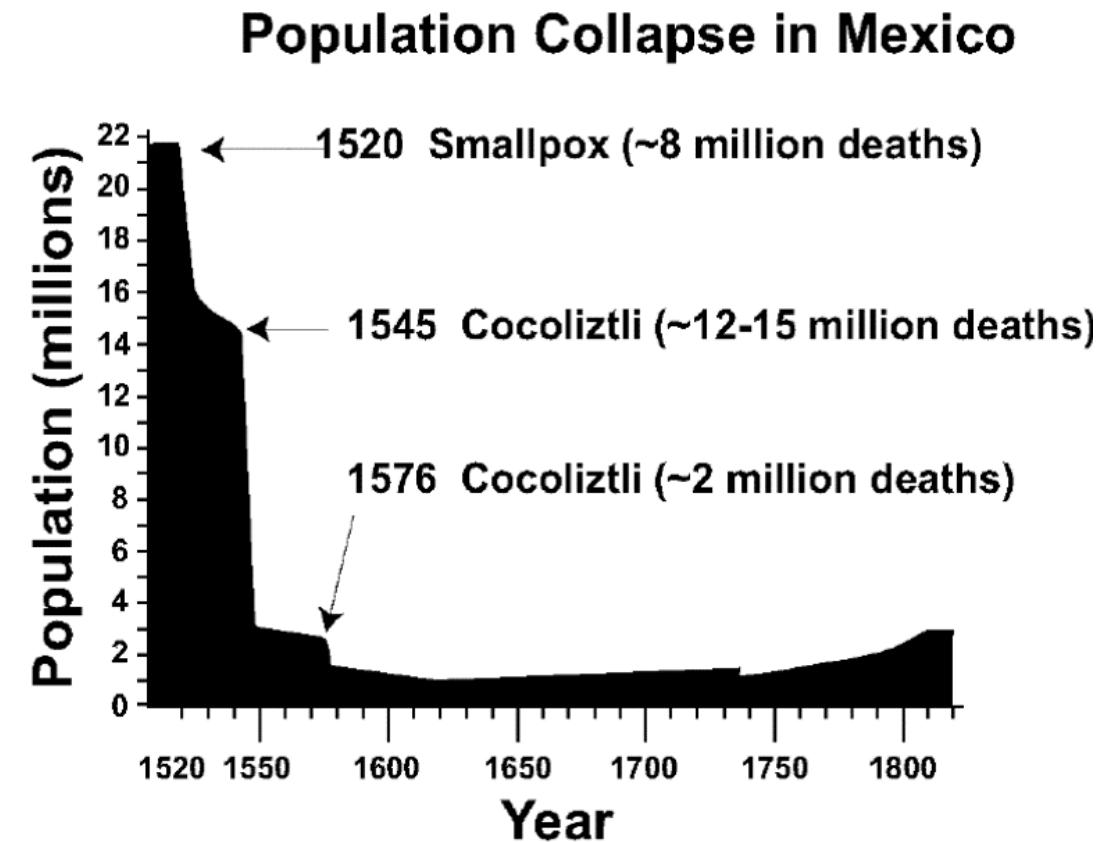
Parasites and pathogens have also shaped human history.

- Plague of Justinian (541-549 AD)
- Black Death (1346-1353 AD)
 - Most fatal pandemic in human history, resulting in deaths of 75-200 million people
 - Killed 30-60% of Europe's population at the time; 17-54% of global population



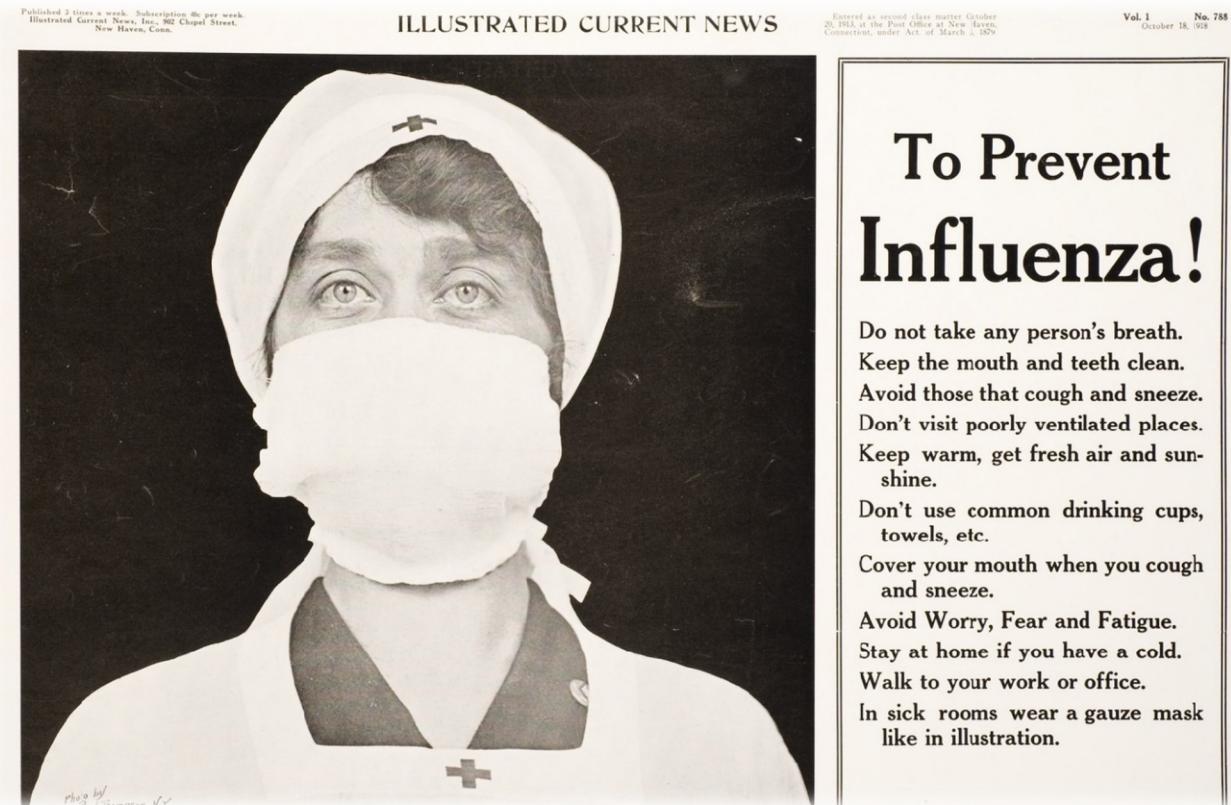
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- Plague of Justinian (541-549 AD)
- Black Death (1346-1353 AD)
- Cocoliztli (1545-1548)
 - Pathogen still unknown! Maybe viral hemorrhagic fever, maybe bacterium
 - Killed 80% of the population of Mexico



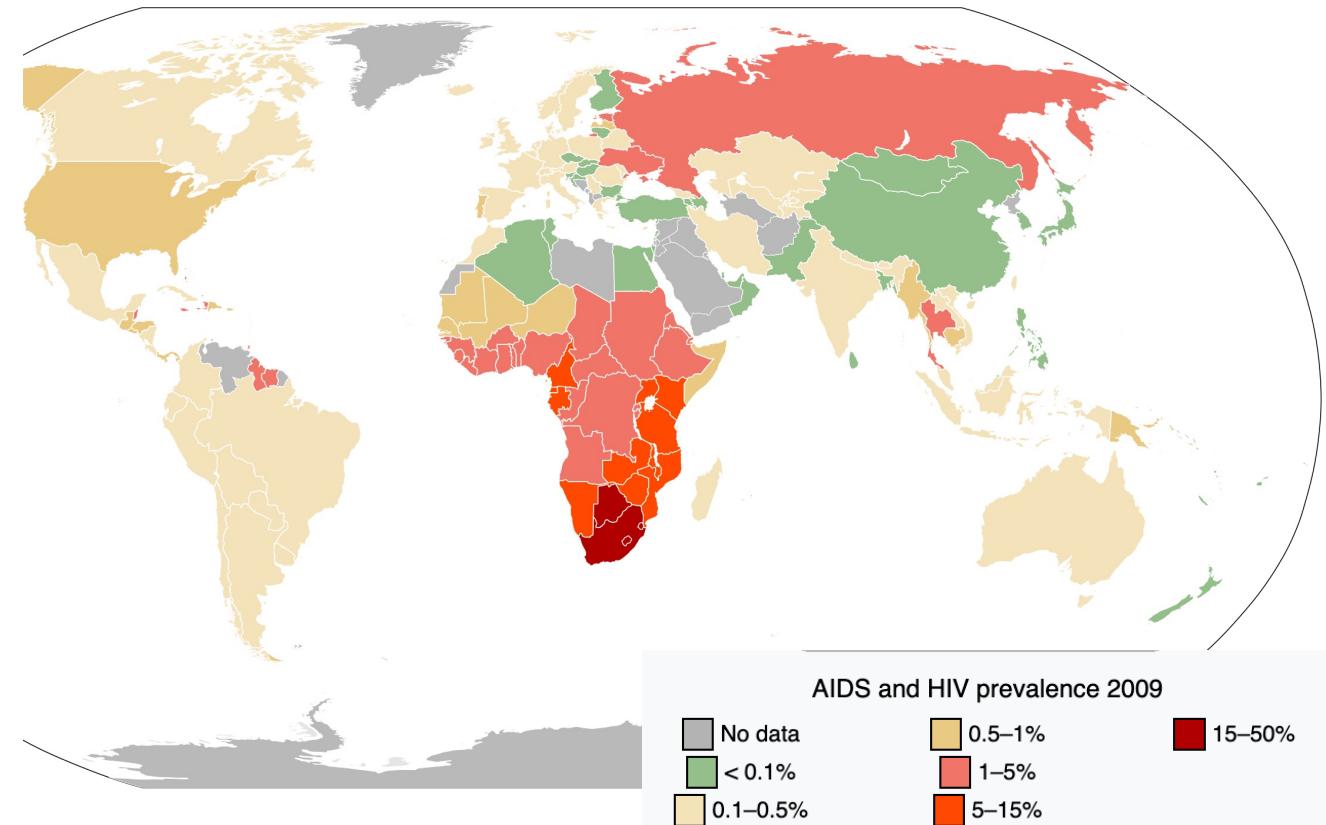
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- Plague of Justinian (541-549 AD)
- Black Death (1346-1353 AD)
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- Spanish Influenza (1918-1920)
 - 17-100 million deaths worldwide.
 - 1-5% of global population
 - 2nd-most devastating pandemic in history (after Black Death)



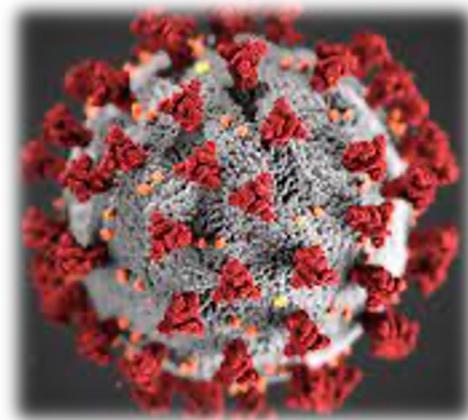
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- Spanish Influenza (1918-1920)
- HIV (~1960-now)
 - >40 million deaths and counting
 - Prevalence still >20% in some countries in southern Africa



Parasites and pathogens have also shaped human history.

- Plague of Justinian (541-549 AD)
- Black Death (1346-1353 AD)
- Cocoliztli (1545-1548)
- Spanish Influenza (1918-1920)
- HIV (~1960-now)
- COVID-19 (2019-now)
 - ~7-29 million deaths worldwide
 - ~0.1-0.4% of population

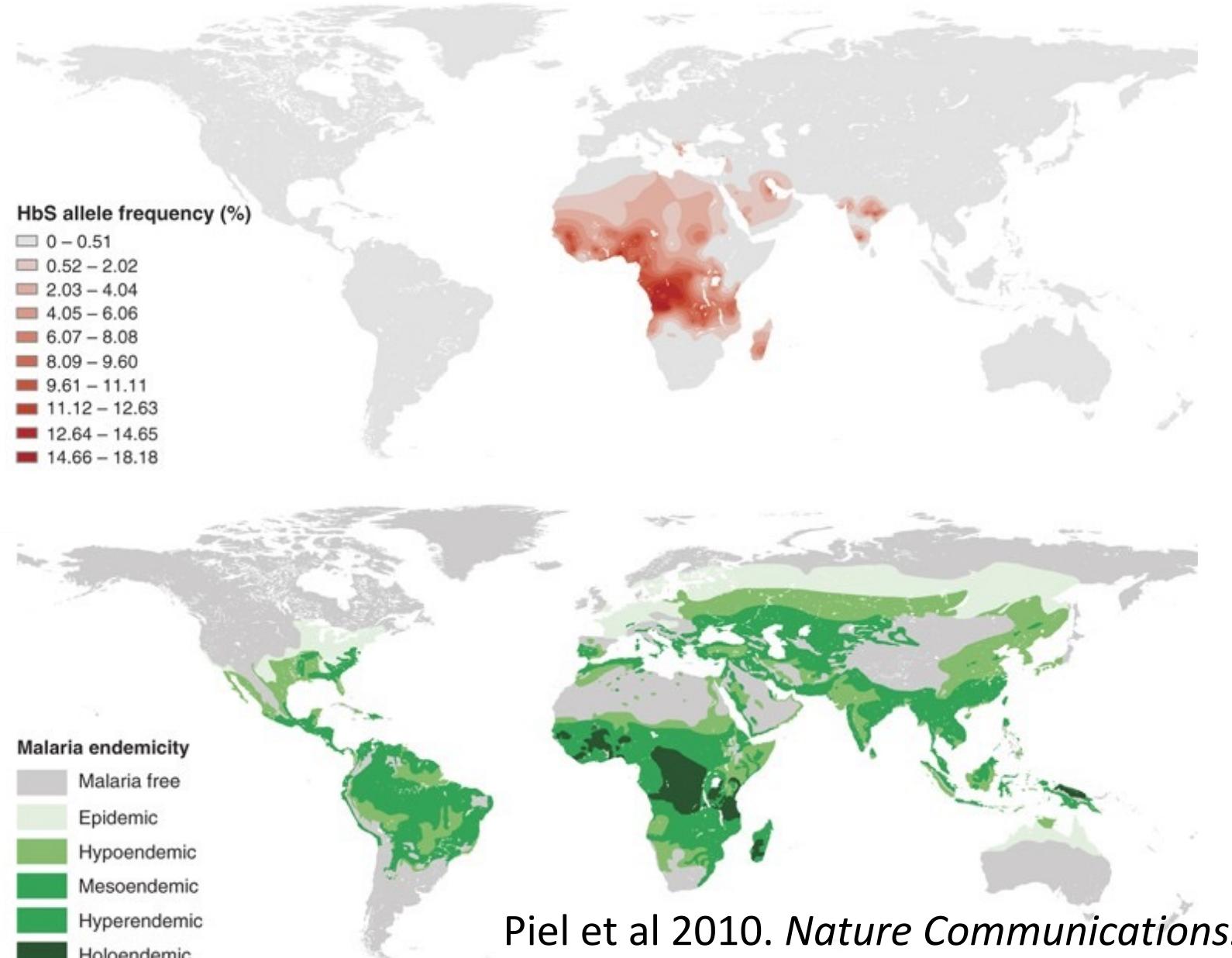


Parasites and pathogens have also shaped human DNA.

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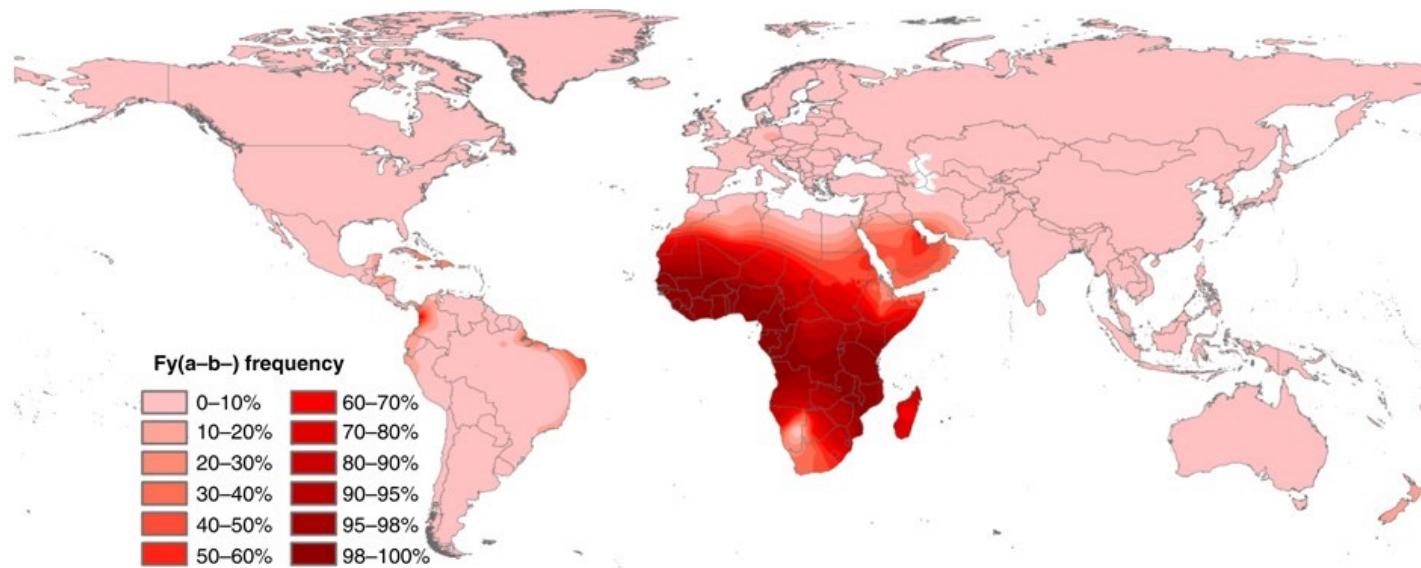
Sickle cell anemia

- The HbS allele confers resistance to malaria but also results in sickle cell anemia when homozygous.
- Natural selection has favored this trait in malaria-endemic regions of the planet.
- As of 2021, WHO estimates 247 million malaria cases worldwide and >600,000 deaths, 95% in Africa.
- Children <5 account for 80% of malaria deaths.



Parasites and pathogens have also shaped human DNA.

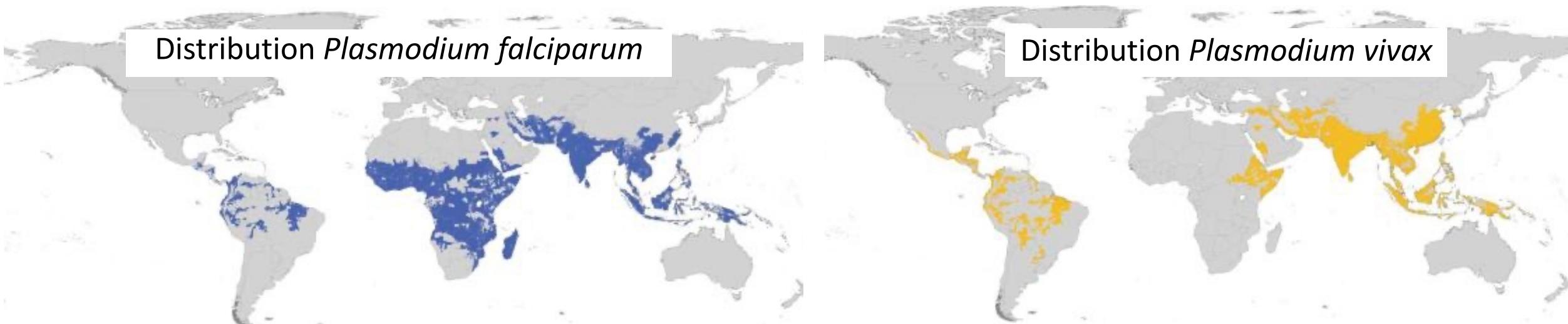
Duffy antigen



- Modeled distribution of Duffy-negative human population

Distribution *Plasmodium falciparum*

Distribution *Plasmodium vivax*



Guerra et al. 2006. *Trends in Parasitology*
Howes et al 2011. *Nature Communications*.

Epidemiology vs. Disease Ecology



Epidemiology vs. Disease Ecology

- Epidemiology = “the study of **what** is on the people”
 - Coined by Spanish physician Villalba in 1802
- Disease Ecology = the study of **how** a disease spreads
 - Emphasis on the **interactions** of organisms with each other and the environment...when interactions result in disease

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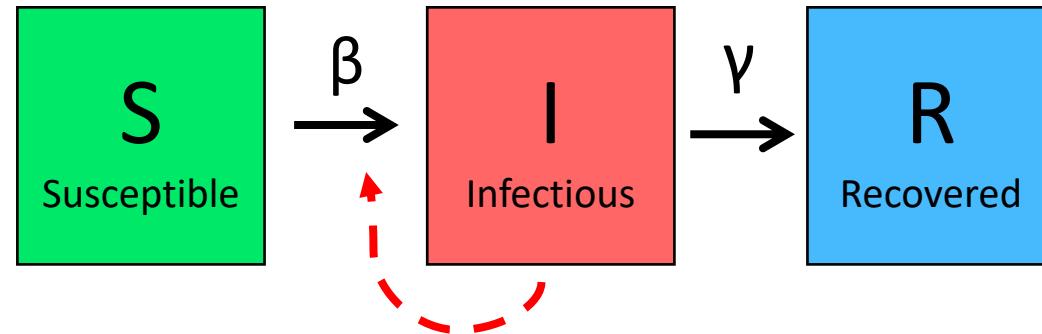
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- Emphasis on the study and analysis of the **distribution and determinants** of health and disease (“risk factors”)
 - Including chronic diseases!
- Often uses **cross-sectional** data to demonstrate associations of variables with outcome (disease)
- More statistical ($y=mx+b$)
 - **Pattern**

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- Emphasis on understanding the **transmission dynamics** of infectious disease
- Typically involves fitting dynamical (population) models to **time series** data
- More mathematical (dN/dt)
 - **Process**

The SIR Model

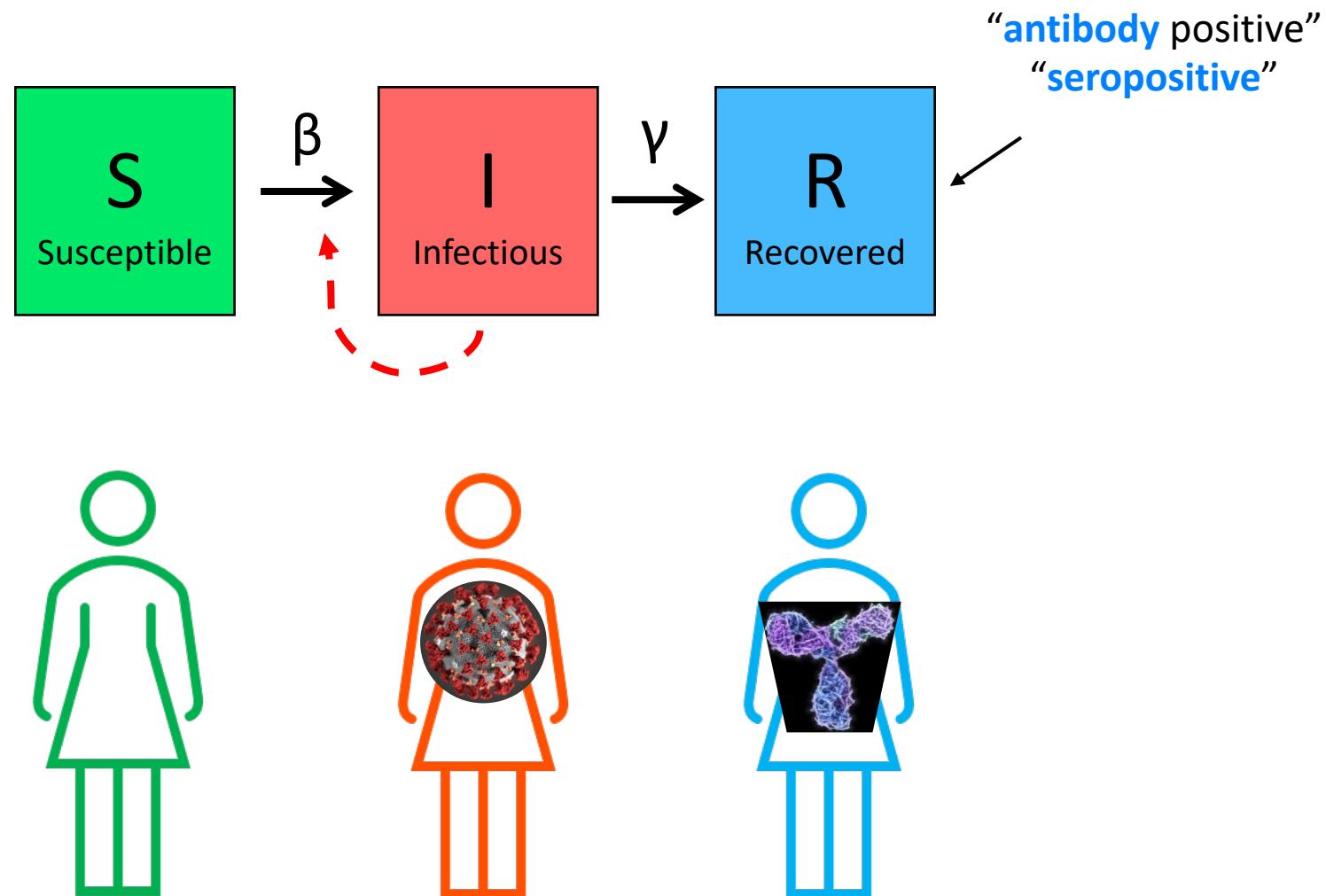


β = transmission rate

γ = recovery rate

Kermack and McKendrick 1927 *Proc Roy Soc A*

We class hosts into categories of **susceptible**, **infectious**, and **recovered** to model **pathogen dynamics**.



β = transmission rate
 γ = recovery rate

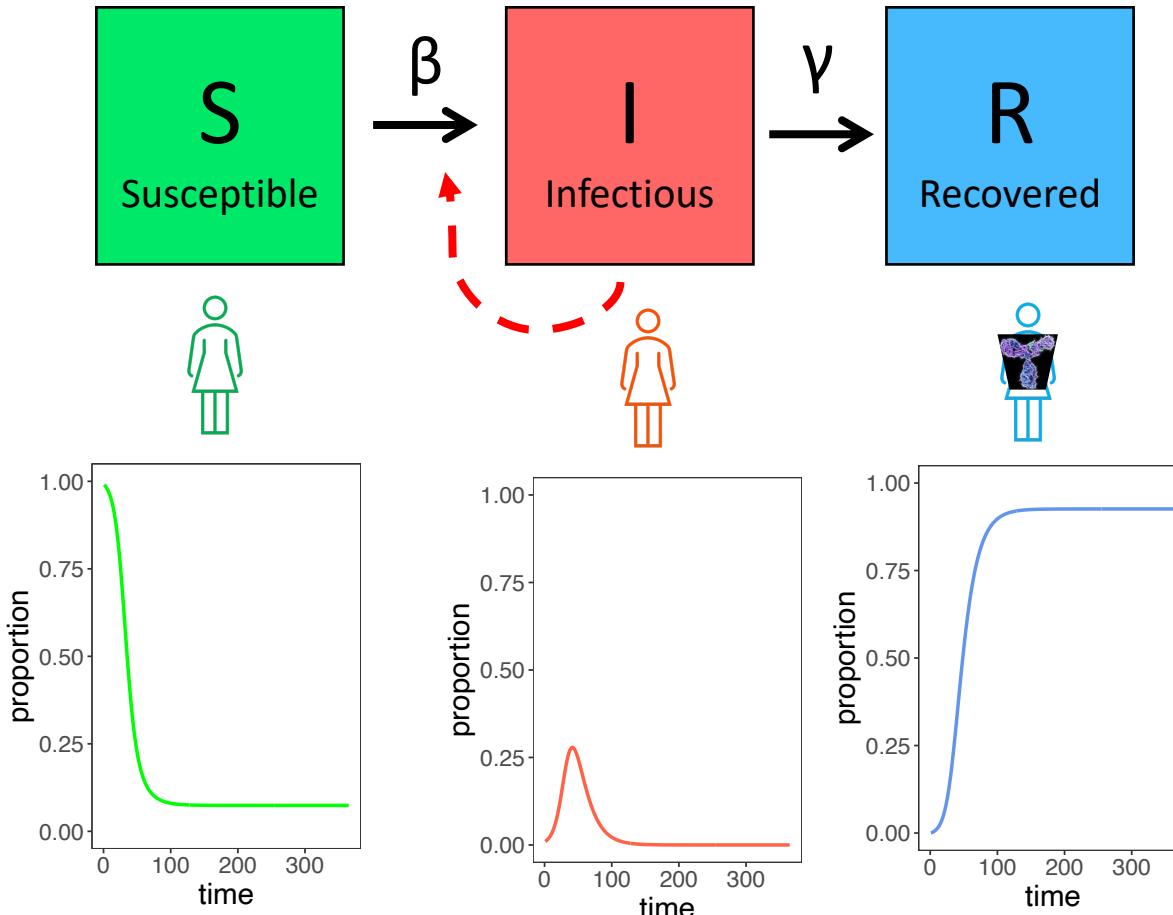
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We use computers to simulate systems of equations in the SIR framework.

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

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

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



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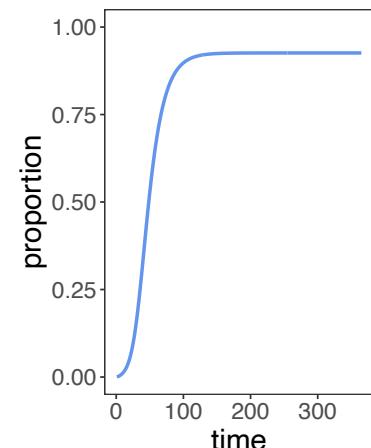
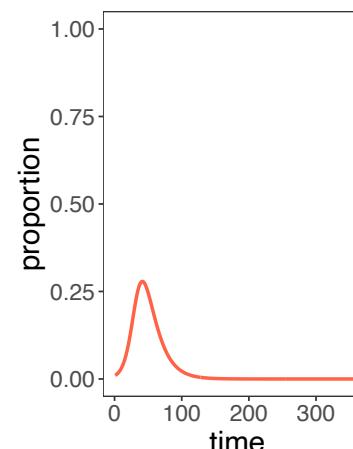
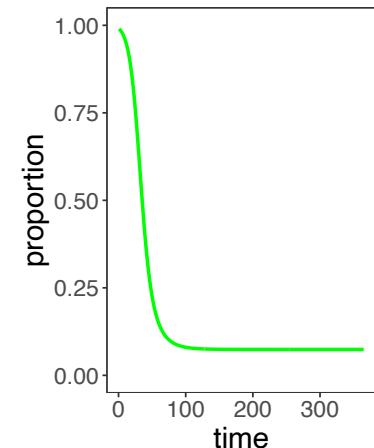
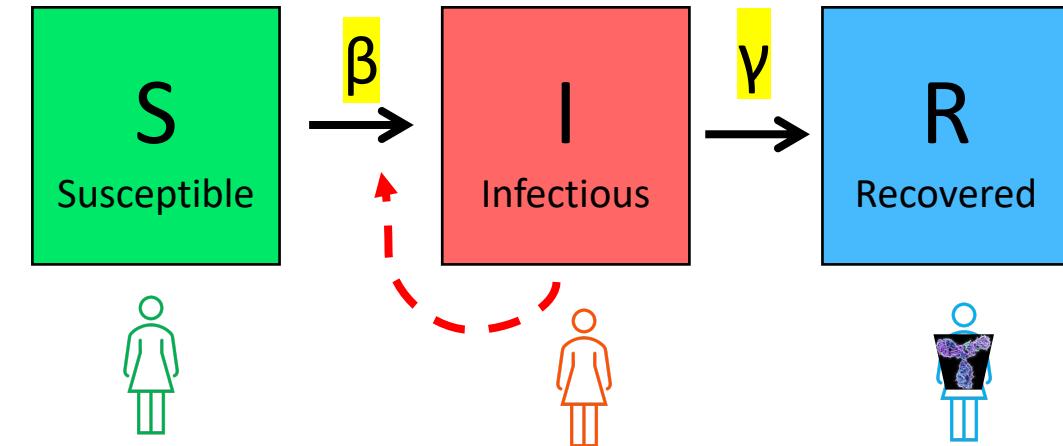
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R_0 is the pathogen **basic reproduction number**.

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$$R_0 = \frac{\beta}{\gamma}$$

β = transmission rate

γ = recovery rate

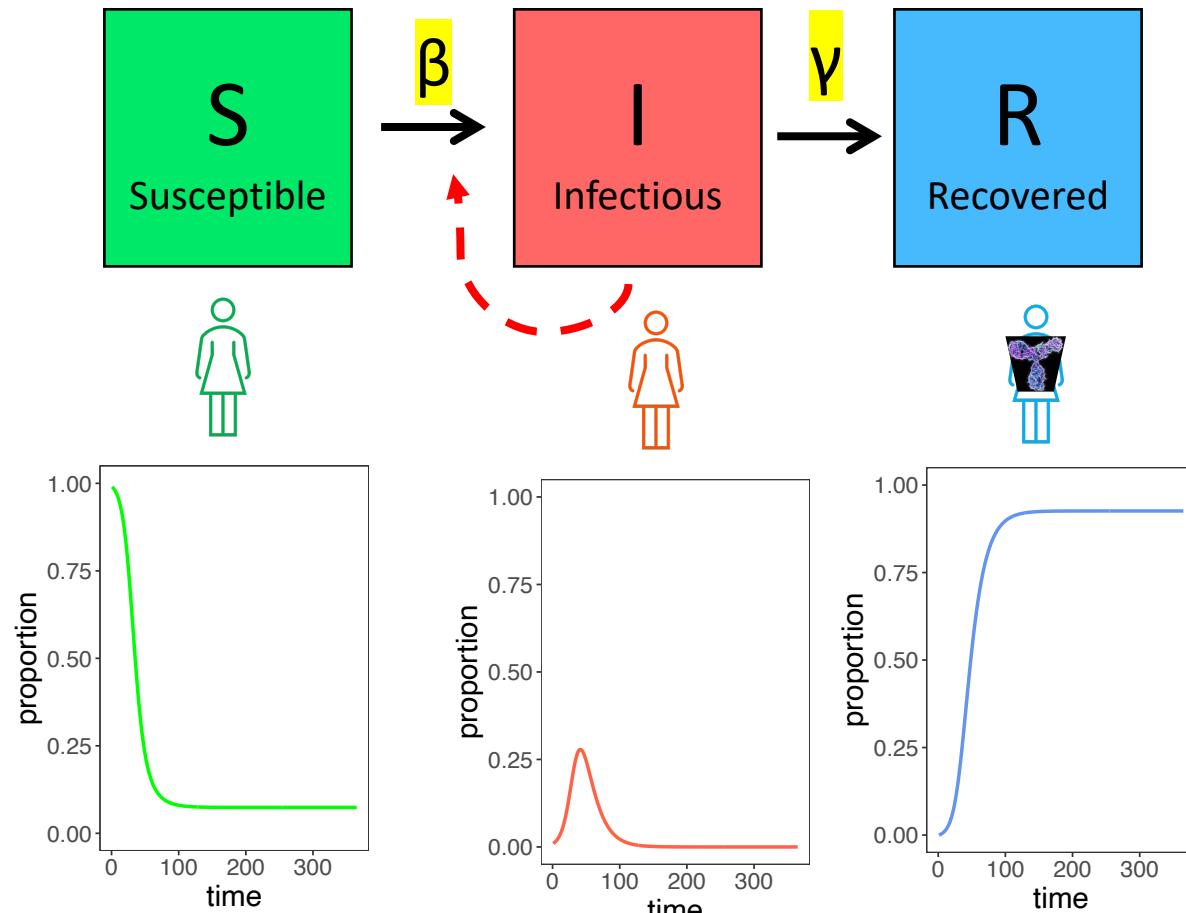
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$$R_0 = \frac{\beta}{\gamma}$$

} infections created
} infections lost

R_0 must be >1 for a disease to start spreading!

$\approx \lambda$ for a population model

β = transmission rate

γ = recovery rate

R_o

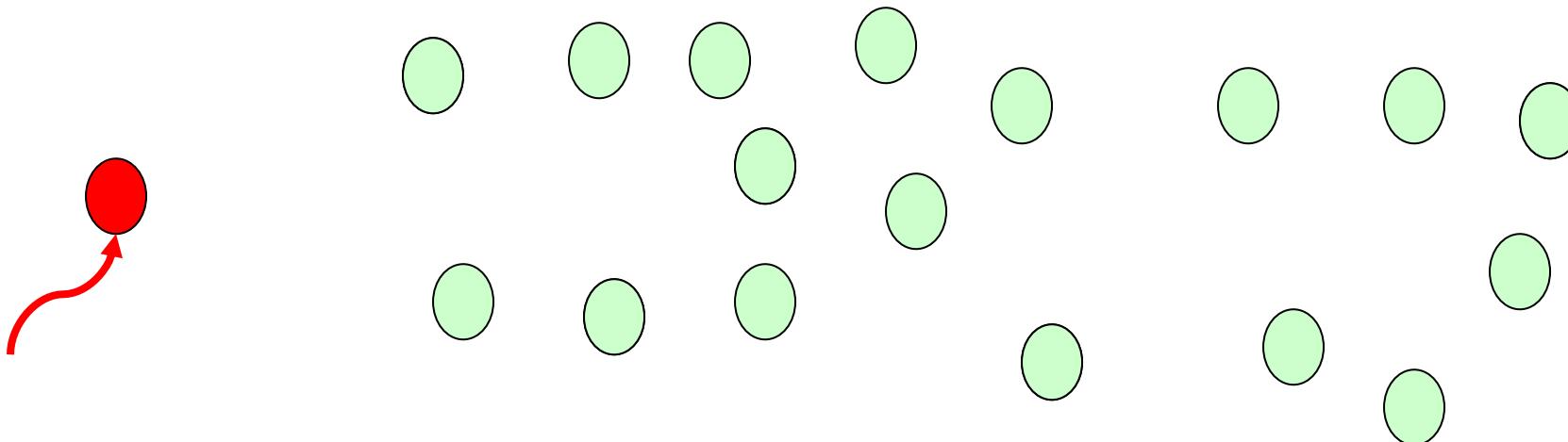
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R_o

- The **basic reproduction number** for a pathogen
- Defined as: the number of new cases caused by one infectious case in a **completely susceptible** population

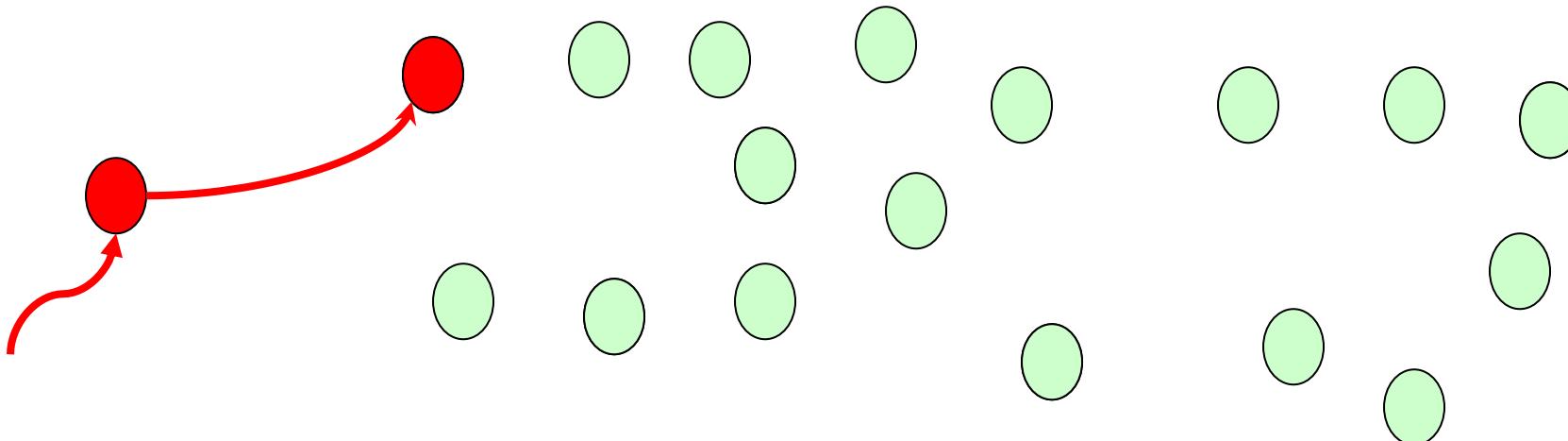
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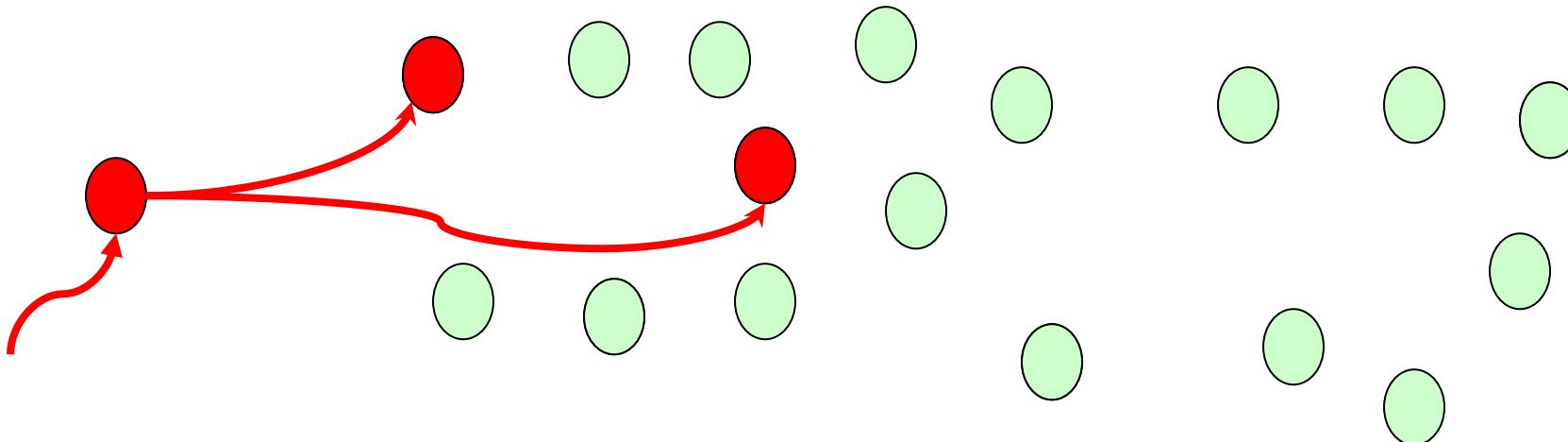
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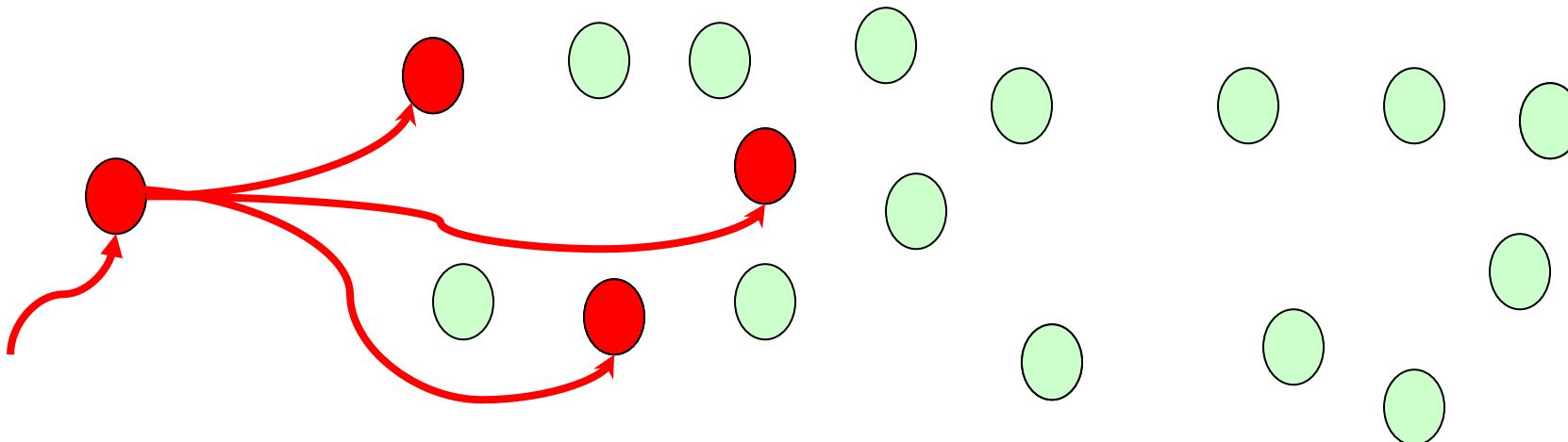
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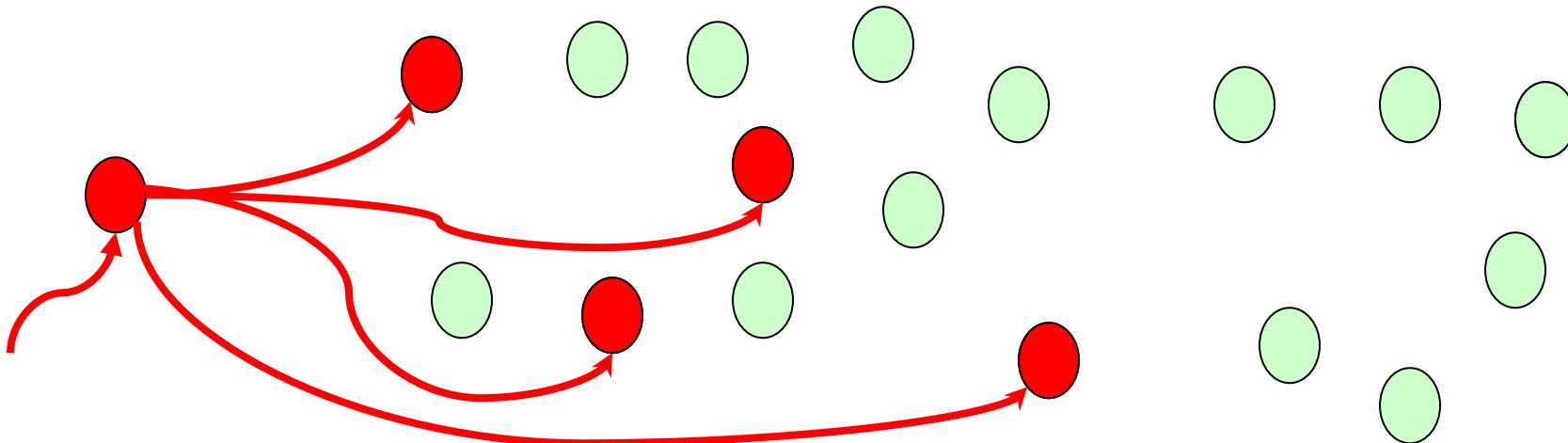
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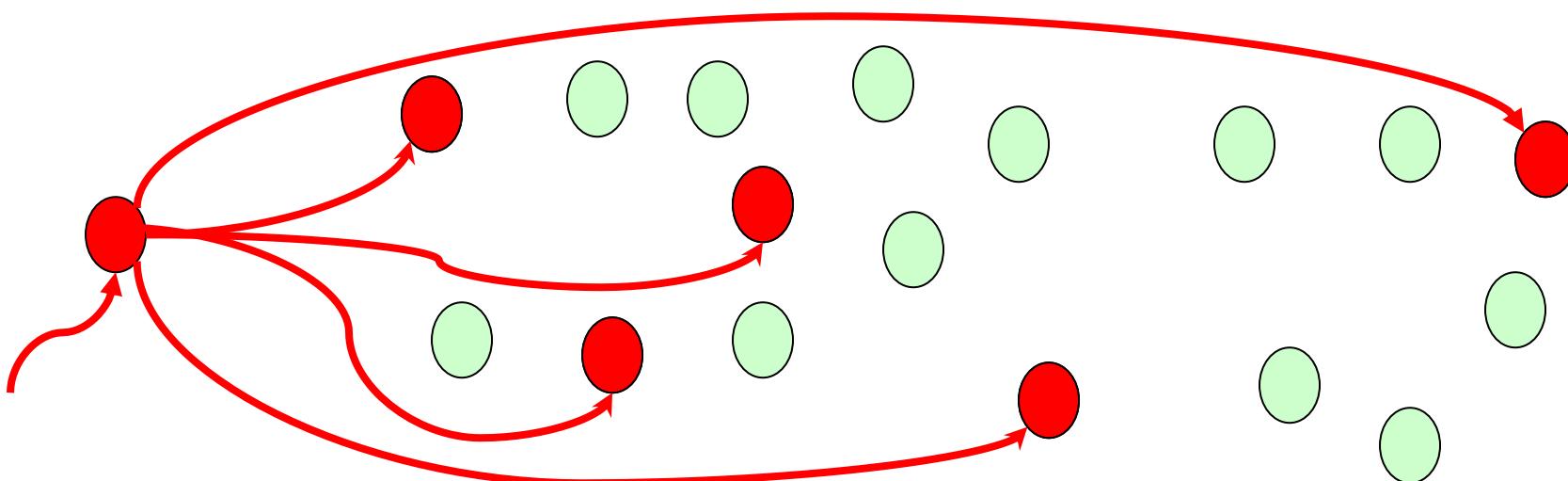
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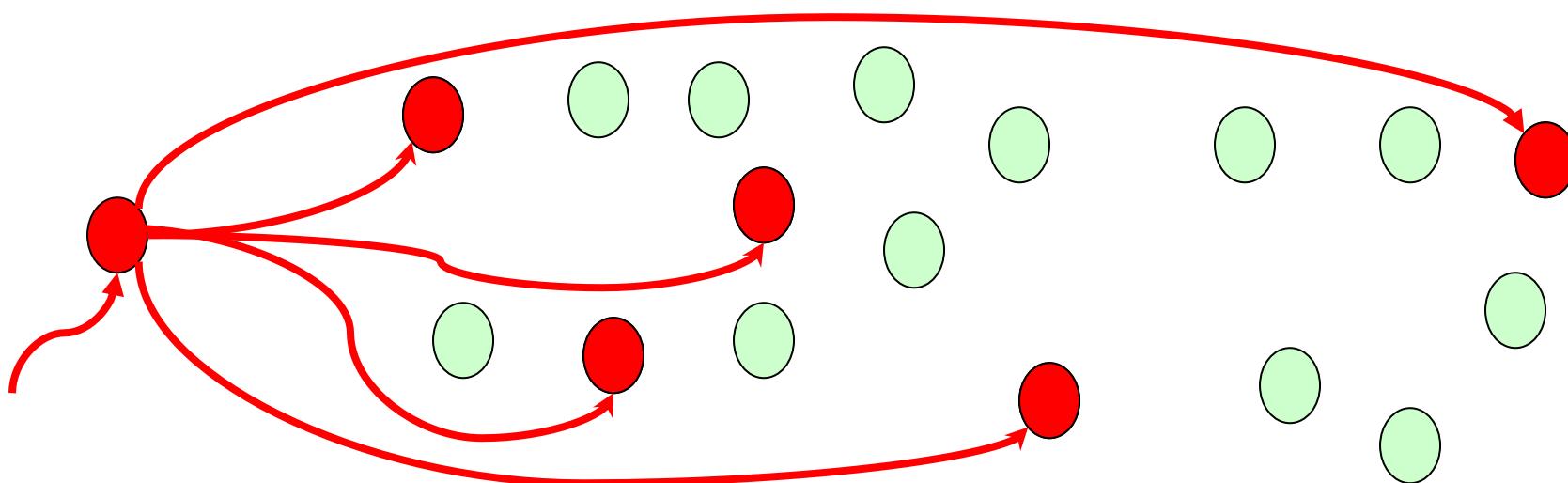
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What is R_o ?

R_o

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What is R_o ?

$R_o = 5$

We can add realism to our models with births and deaths to **maintain** endemic pathogens.

$$\frac{dS}{dt} = bS - \beta SI - \mu S$$

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

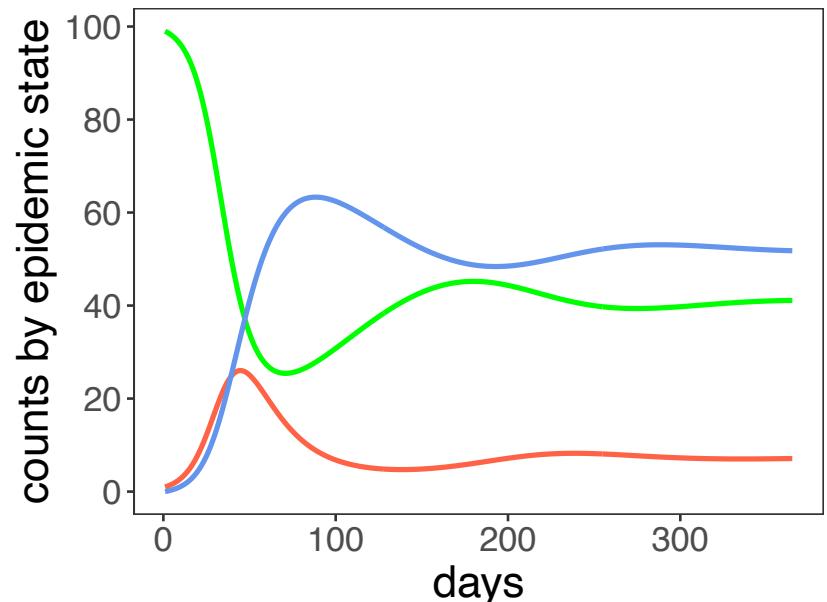
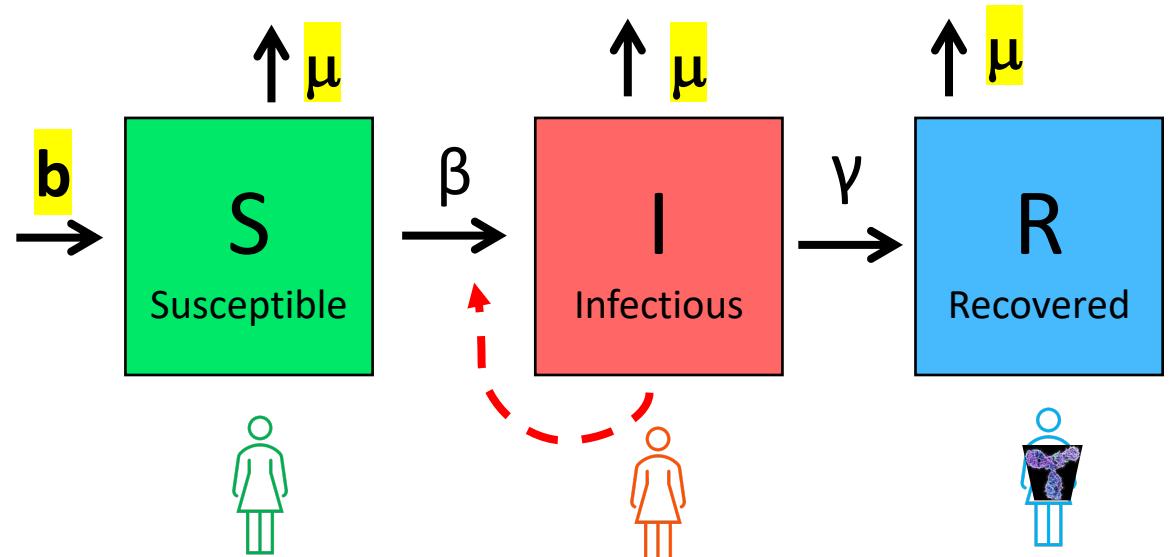
$$\frac{dR}{dt} = \gamma I - \mu R$$

b = birth rate

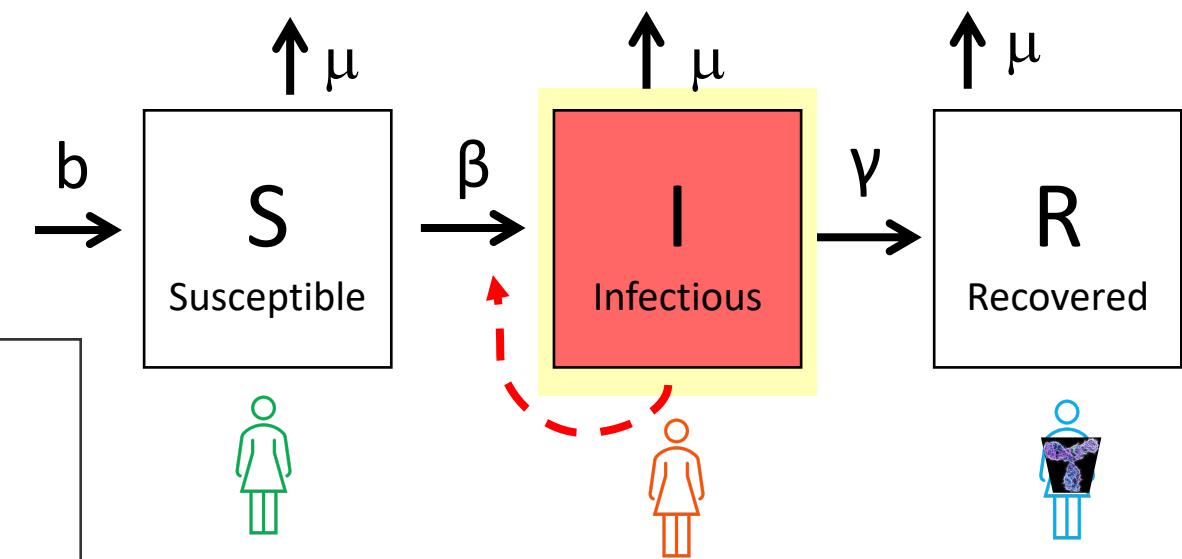
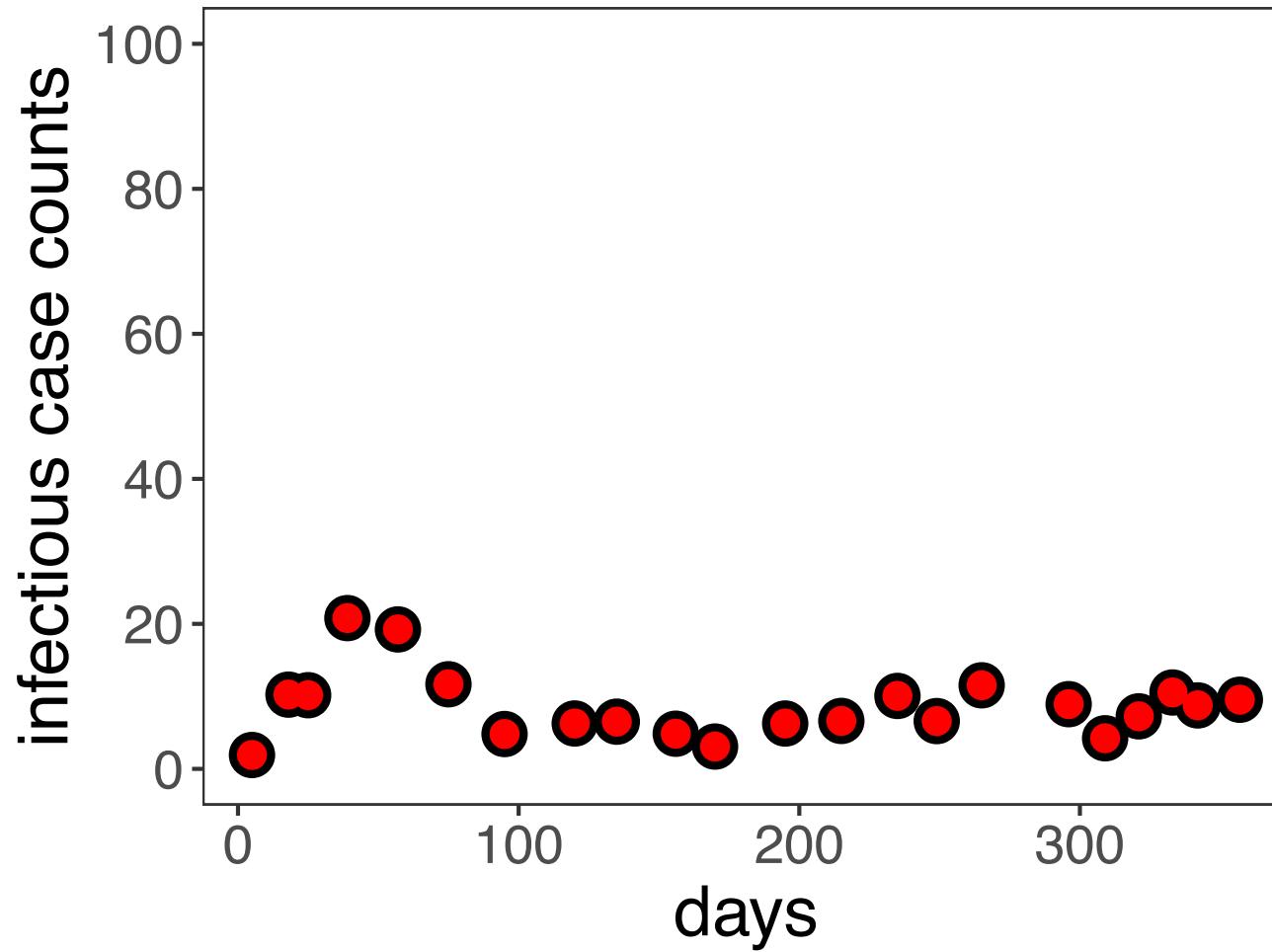
μ = death rate

β = transmission rate

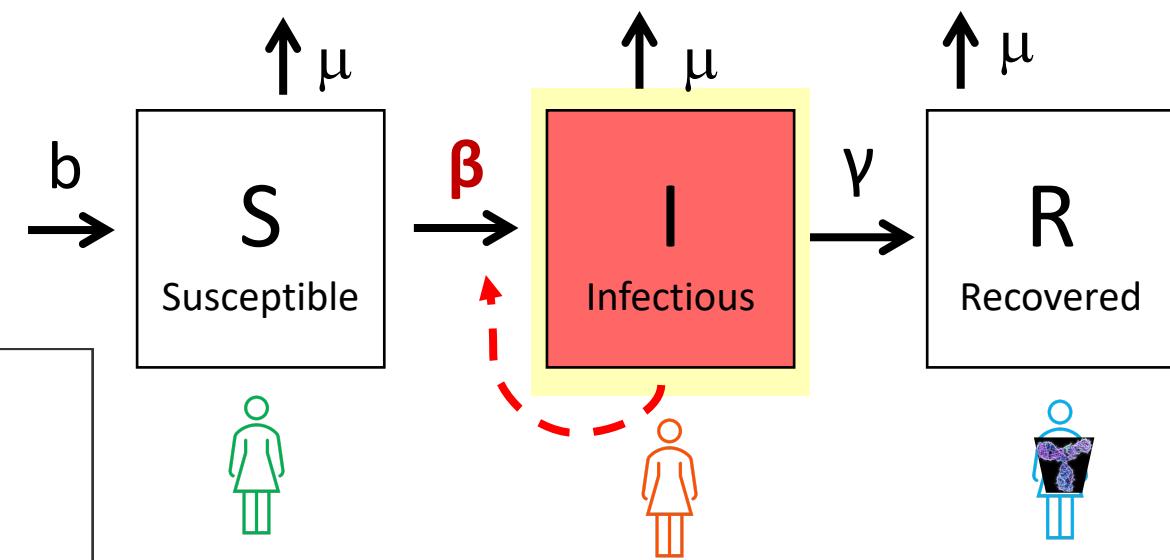
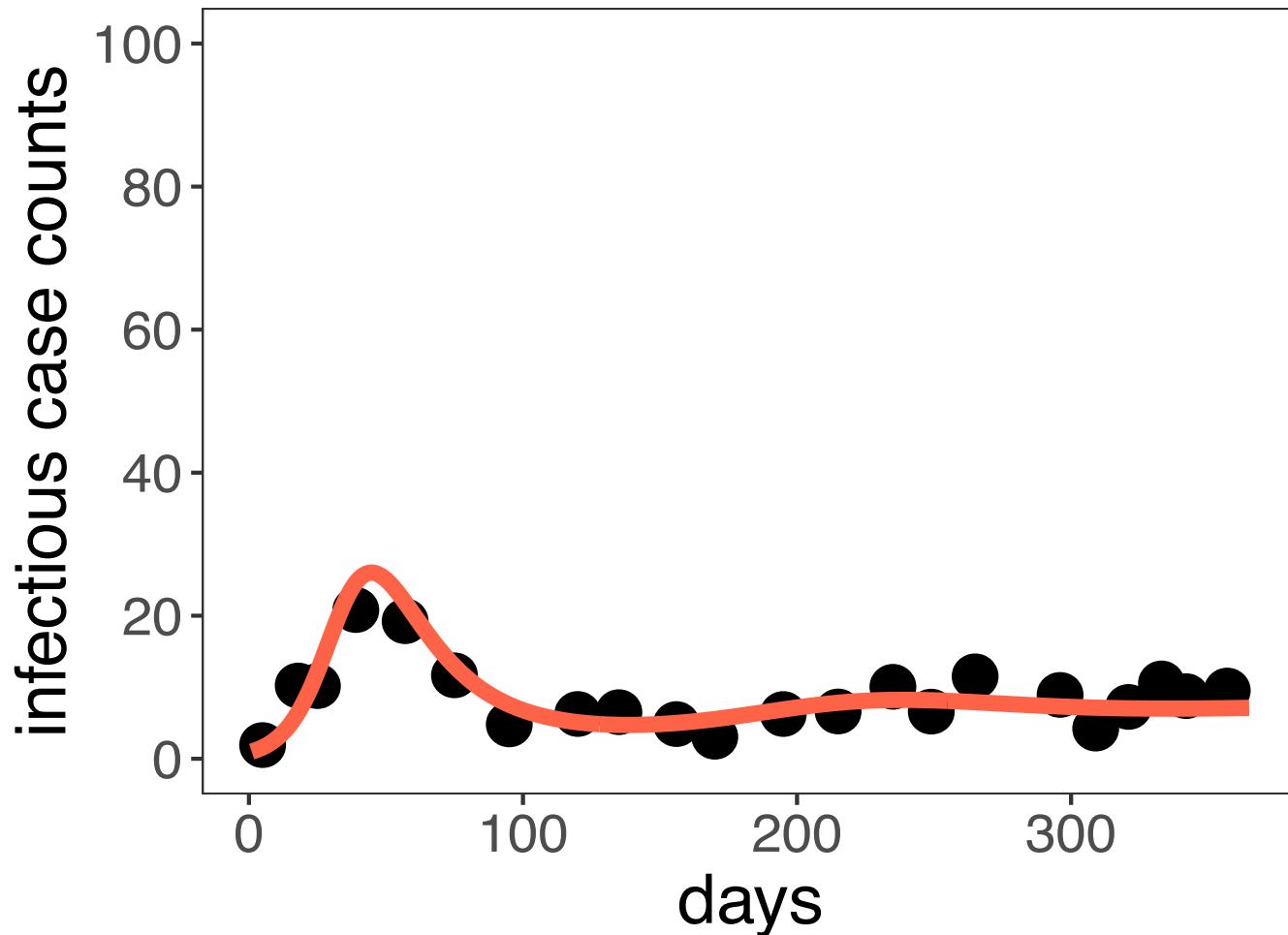
γ = recovery rate



We can **estimate epidemic trajectories**
by fitting SIR models to infectious case
count data.



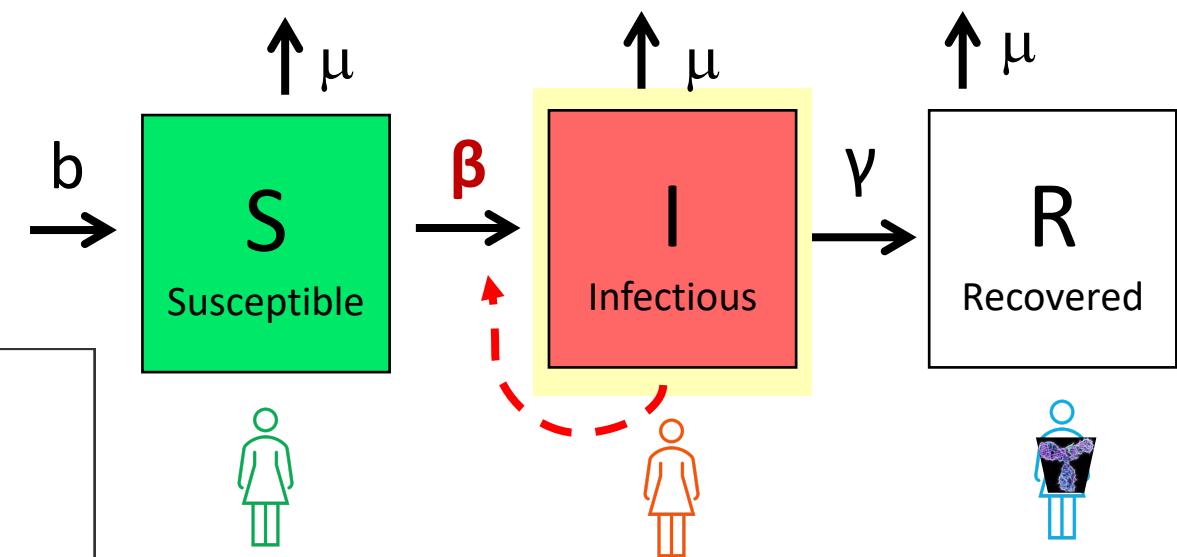
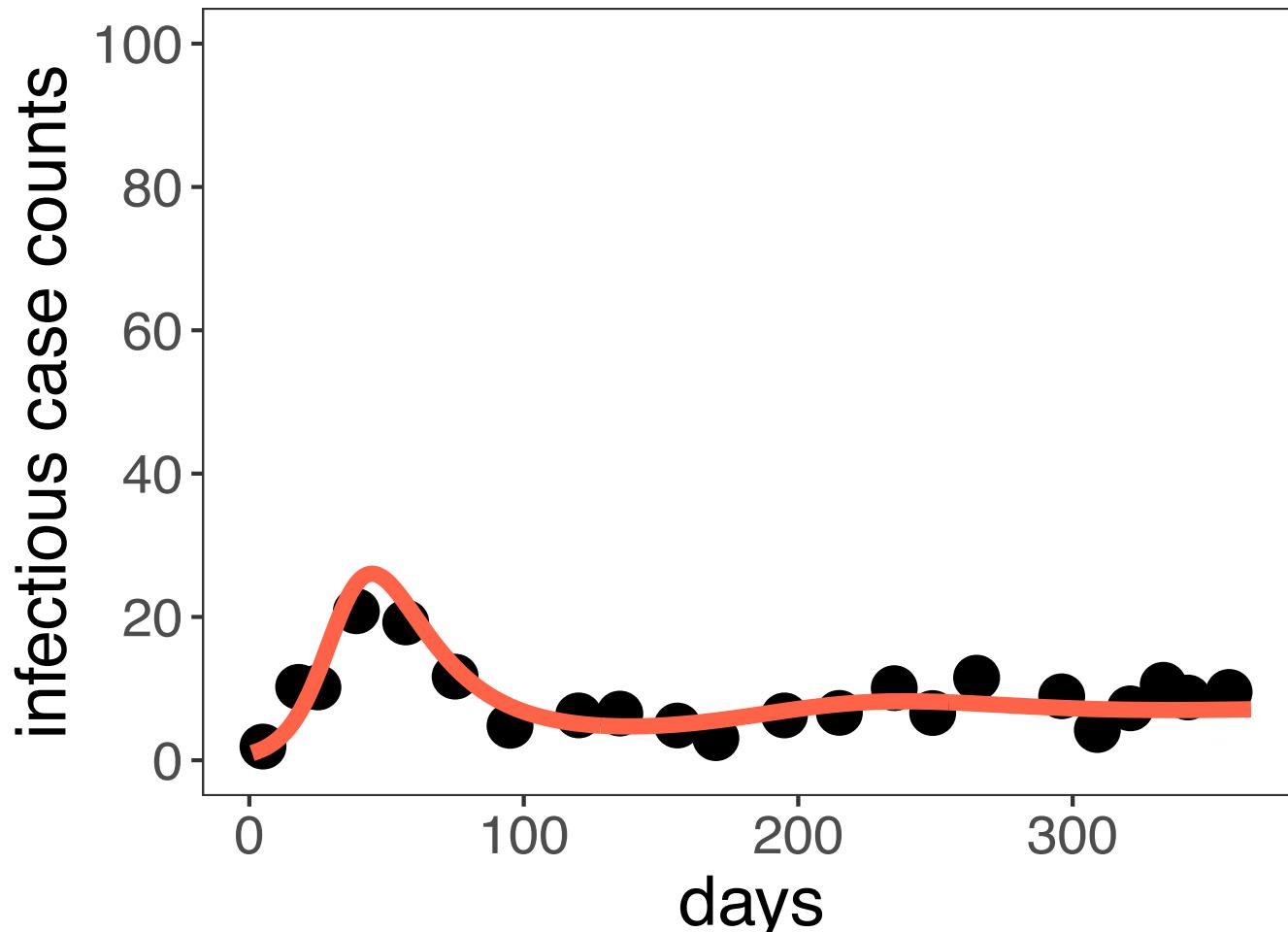
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$$R_0 = \frac{\beta}{\gamma + \mu}$$

b = birth rate
 μ = death rate
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 γ = recovery rate

We can **estimate epidemic trajectories**
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$$R_0 = \frac{\beta}{\gamma + \mu}$$

$$R_E = R_0 \frac{S}{N}$$

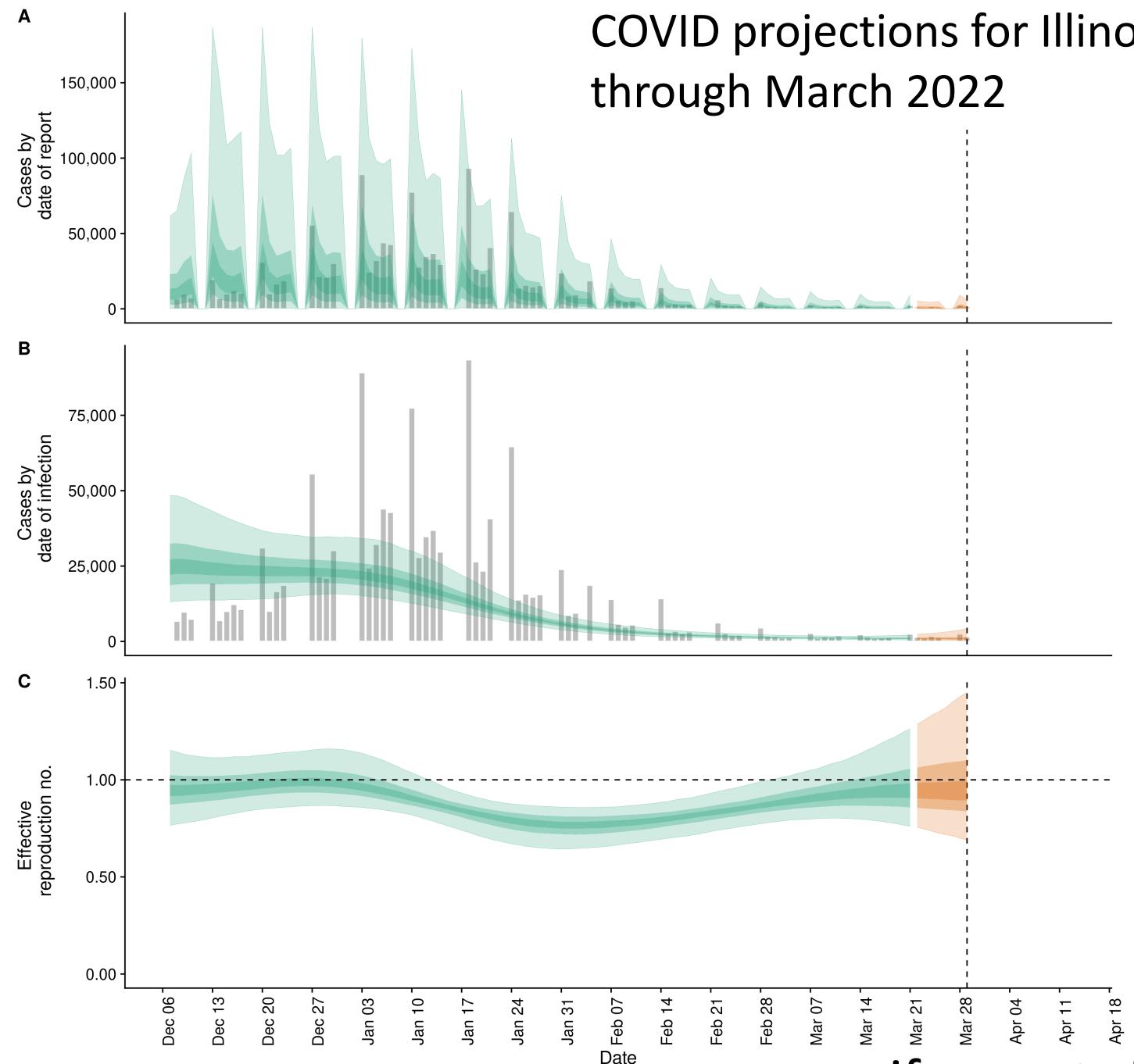
b = birth rate
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(epidemics spread @ $R_E > 1$ and decline @ $R_E < 1$)

R_E OR R_t

- The **effective reproduction number** for a pathogen

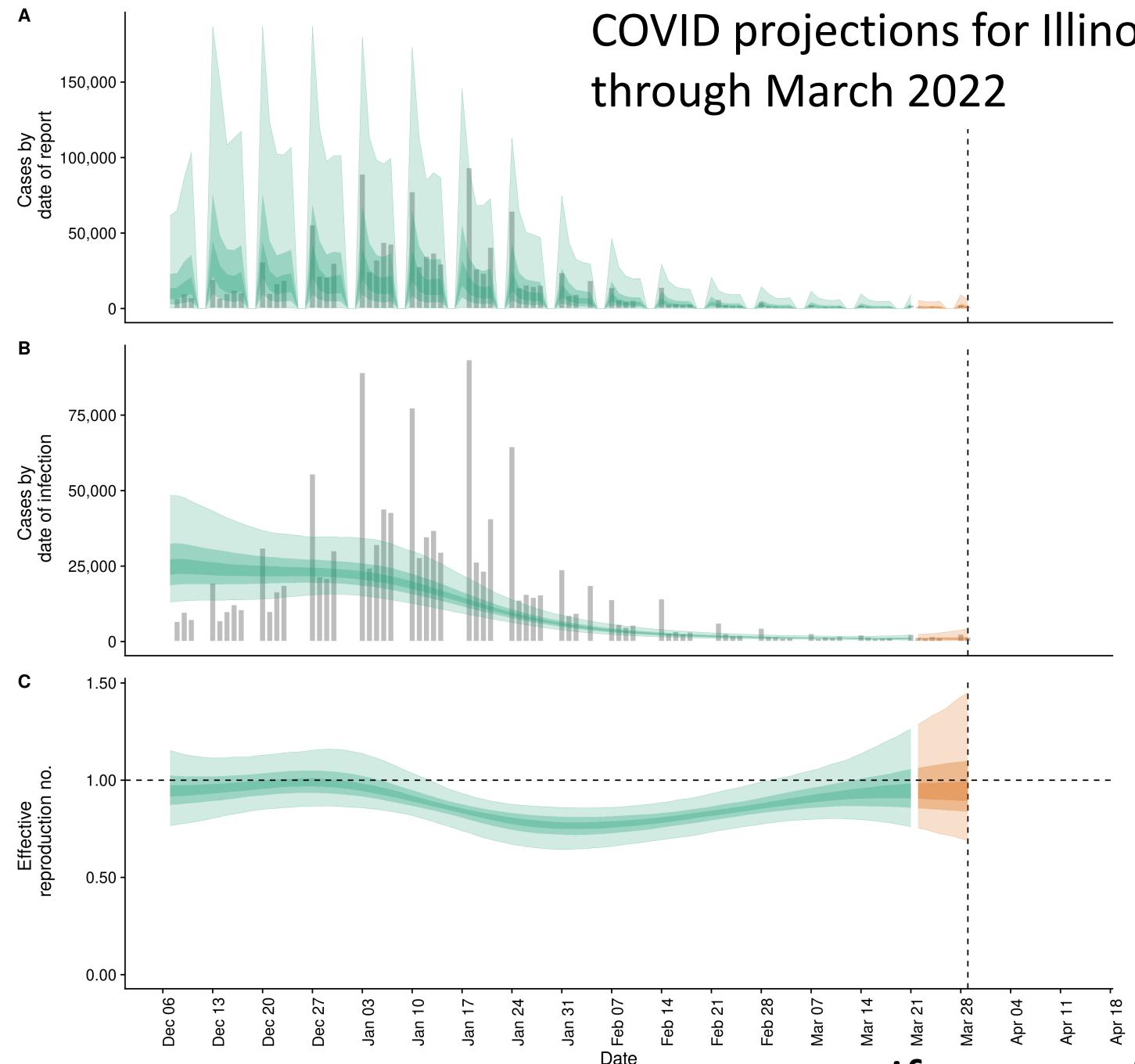
COVID projections for Illinois through March 2022



R_E OR R_t

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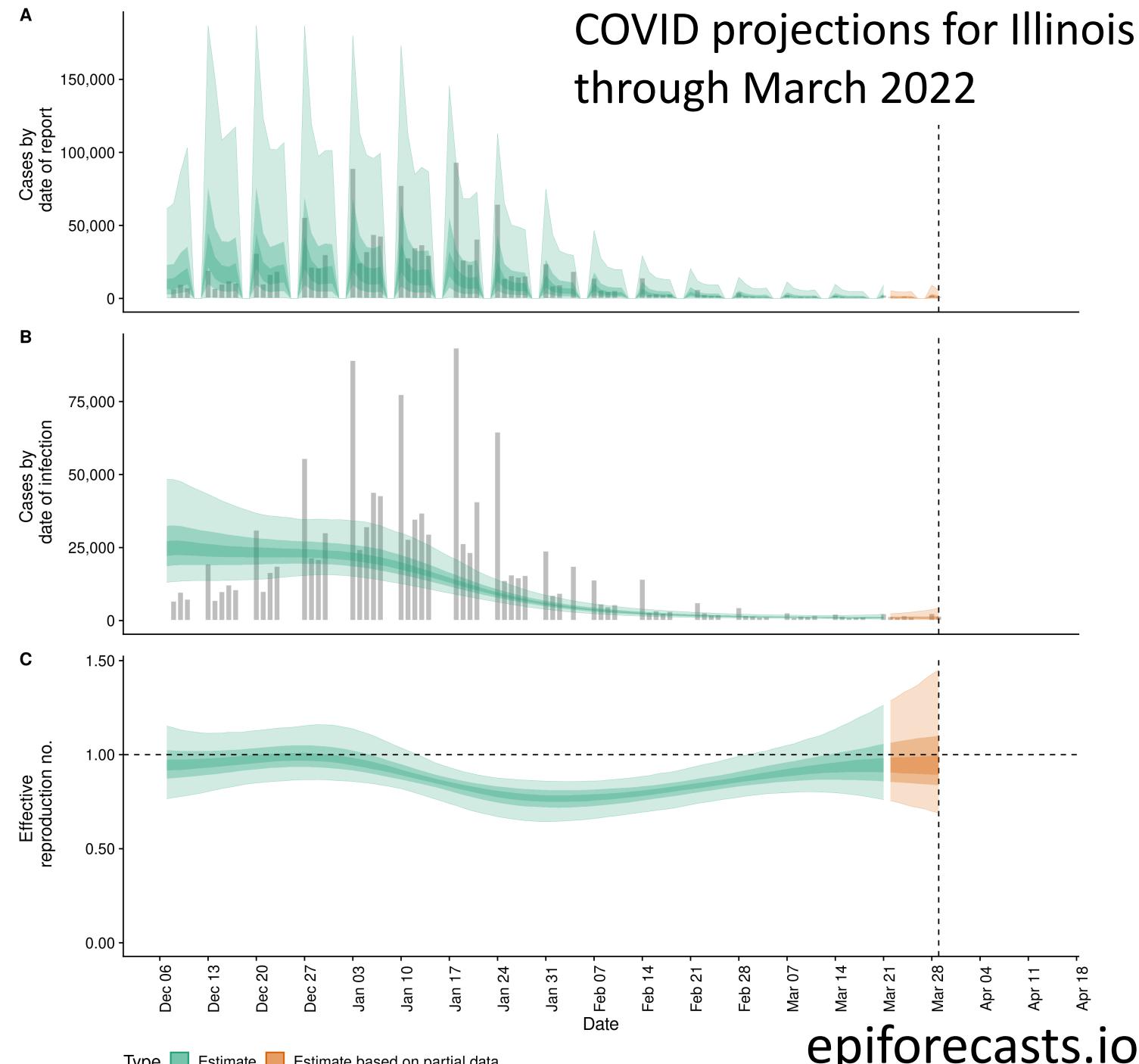
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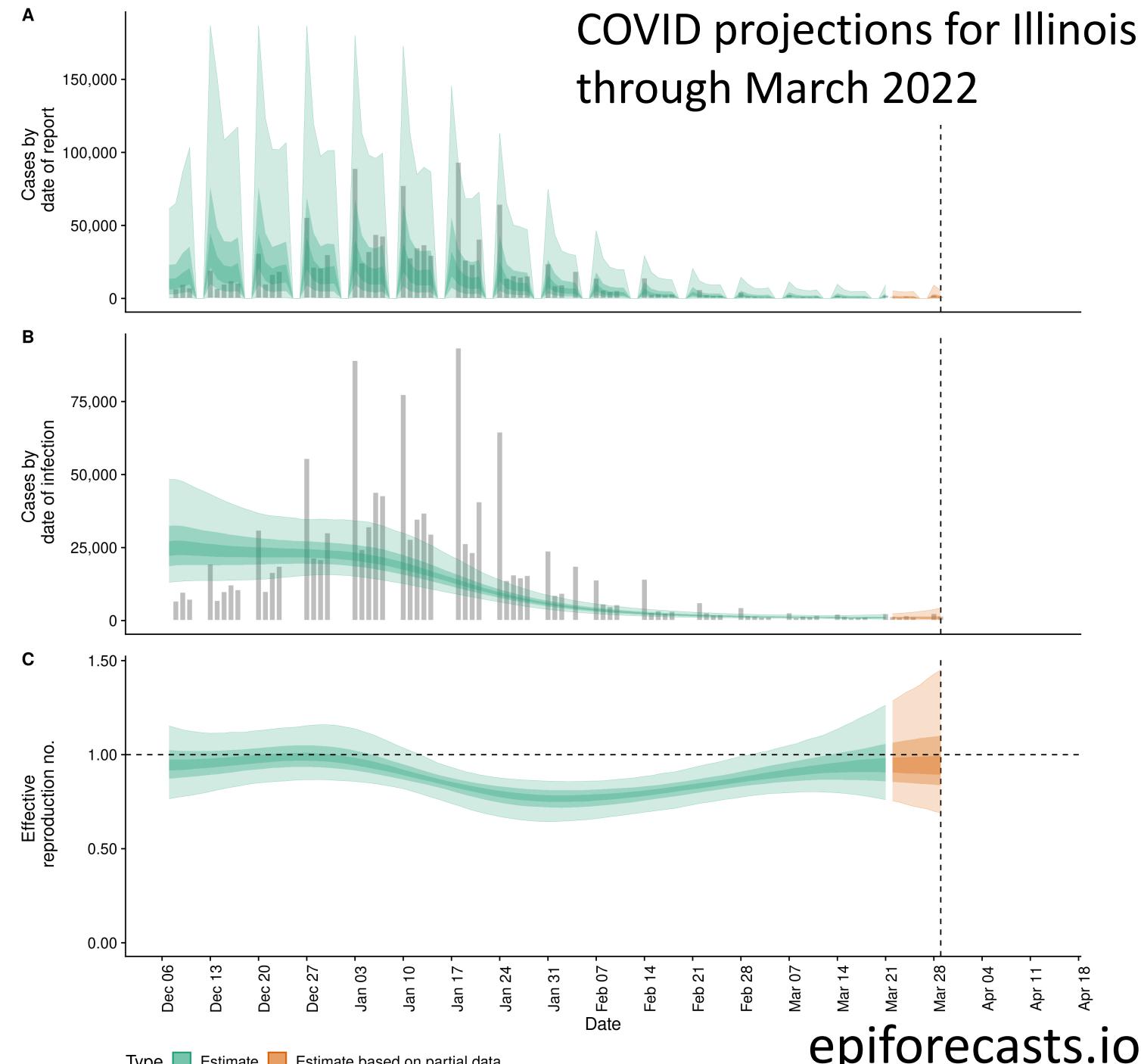
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- Calculated as R_0^* *proportion susceptible

$$R_E = R_0 \frac{S}{N}$$



R_E OR R_t

- The **effective reproduction number** for a pathogen
 - Defined as: the number of new cases caused by one infectious case in a **partially susceptible** population
 - Calculated as R_0^* *proportion susceptible
 - Gives a realistic pulse of the current pace of the epidemic!
- $$R_E = R_0 \frac{S}{N}$$

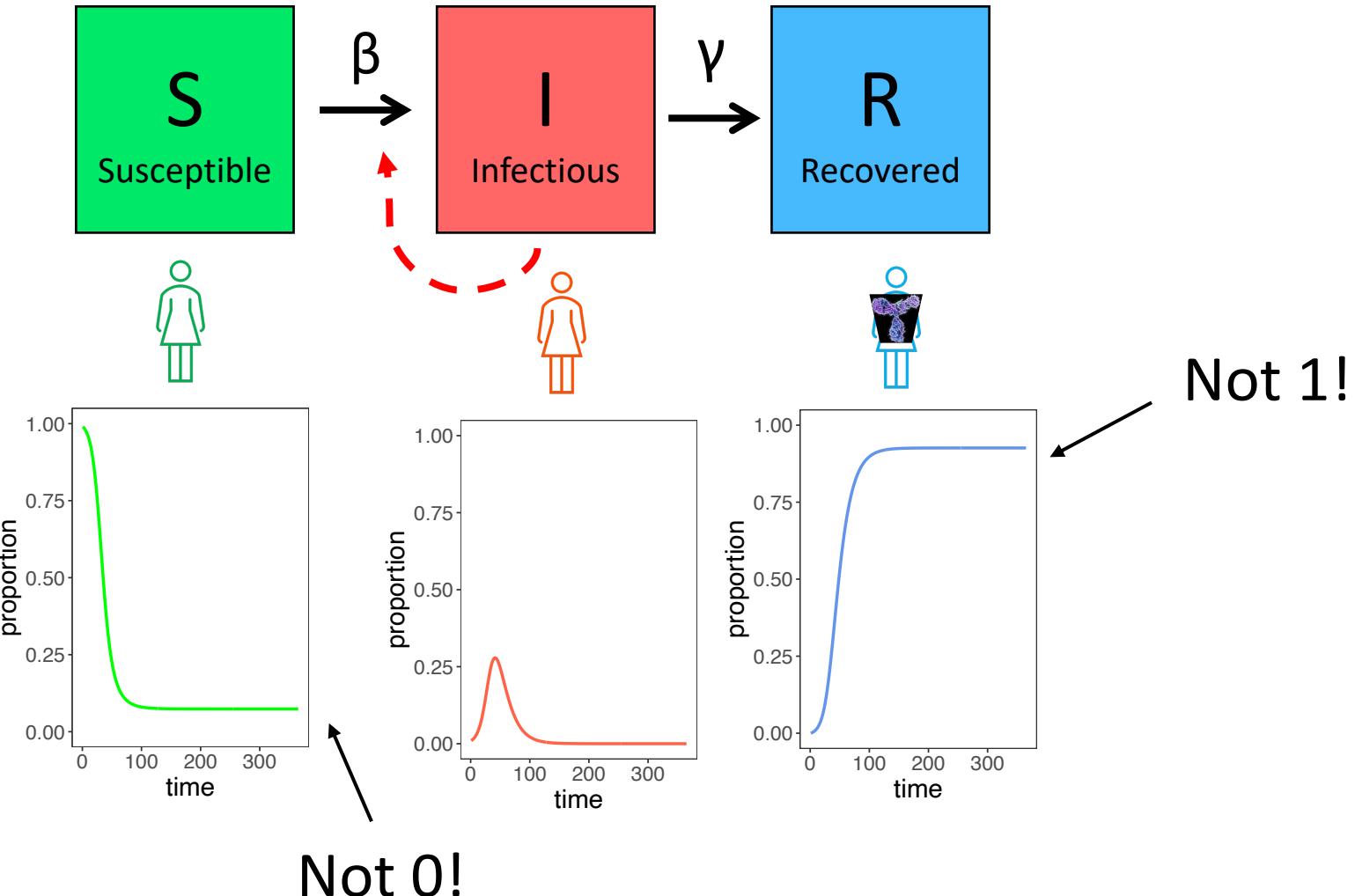


No matter the dynamics, not everyone gets infected before the epidemic ends!

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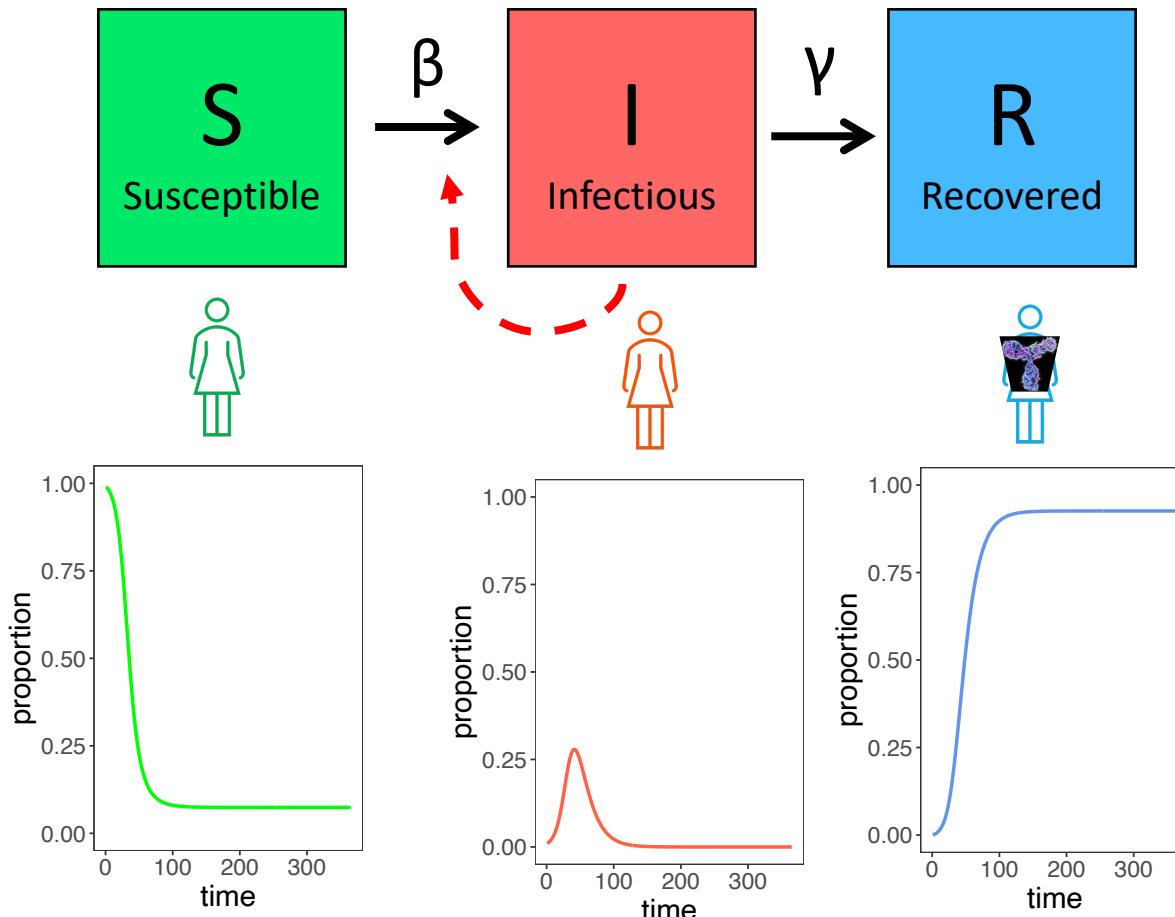
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- The epidemic does not end because all individuals have been infected and have either died or recovered.
- Rather, finding new susceptibles becomes more difficult and $R_E < 1$

β = transmission rate

γ = recovery rate

Public health interventions can be employed to reduce both R_0 and R_E

R_0 interventions

- Social distancing
- Masking
- Limits to gathering sizes
- Drugs that shorten the infectious period



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R_E interventions

- Vaccination

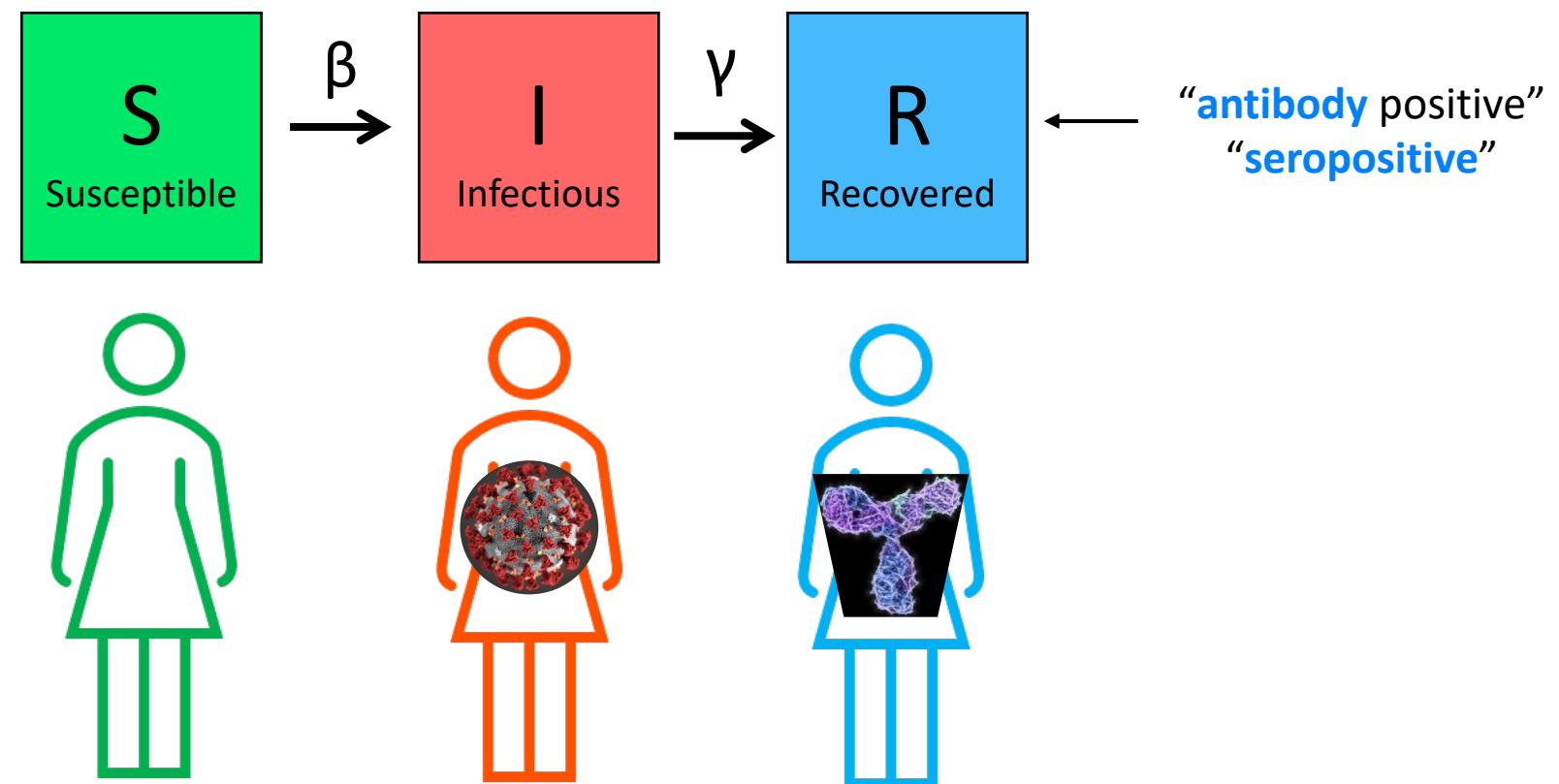


Mathematics of Vaccination

- Goal: **Reduce $R_E < 1$** by removing individuals from the susceptible population.

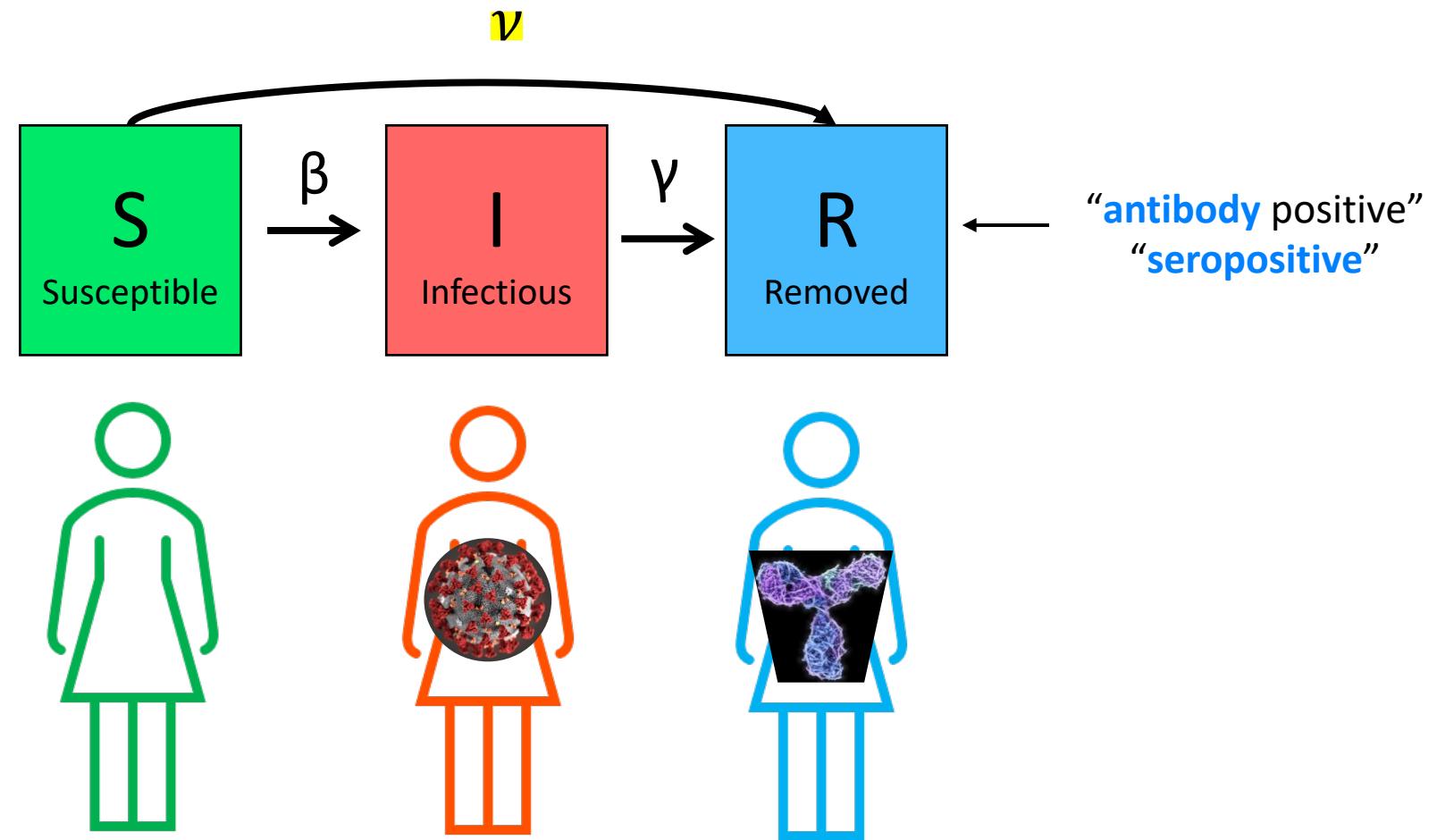
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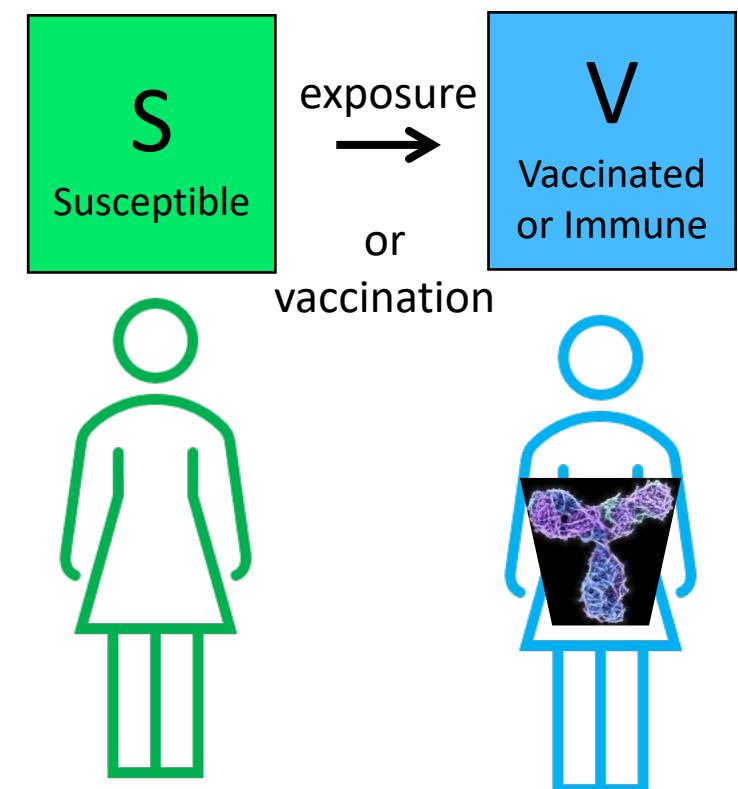
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γ = recovery rate

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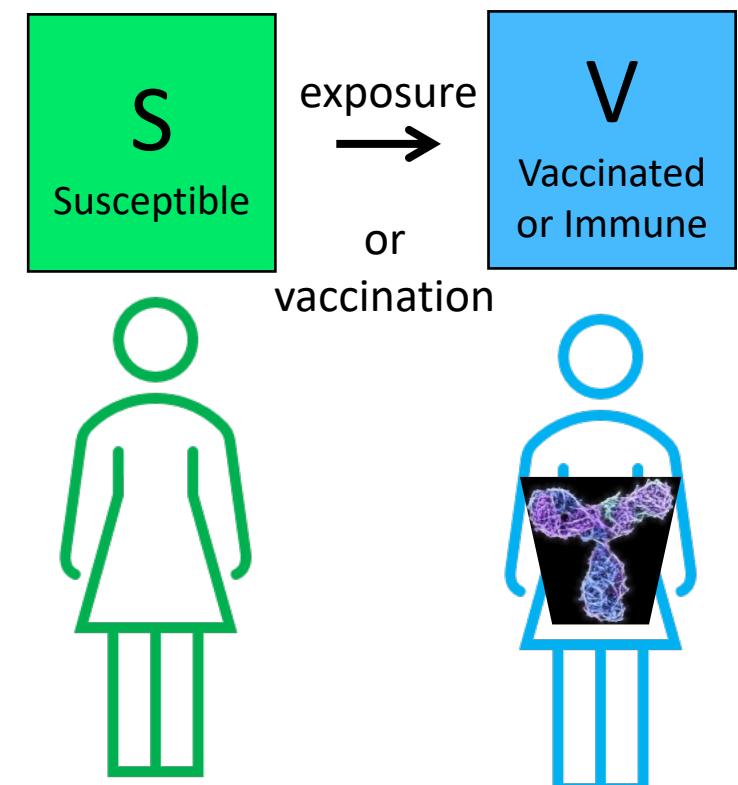
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- Because infectious periods tend to be short-lived (*depending on the pathogen!*), we can theoretically divide the population into two classes: S (susceptible) and V (vaccinated, or immune)



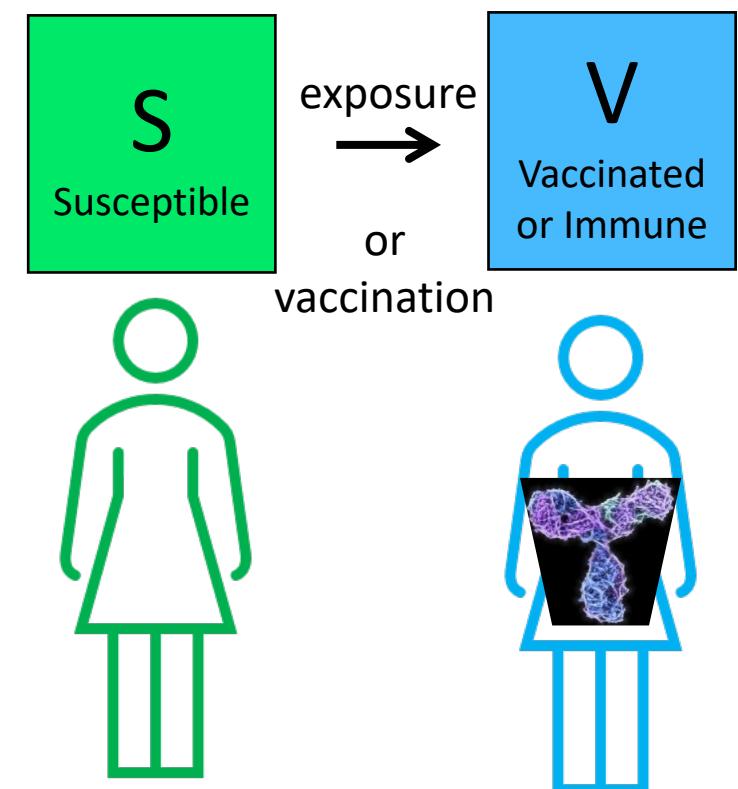
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Prop. Susceptible + Prop. Vaccinated = 1.



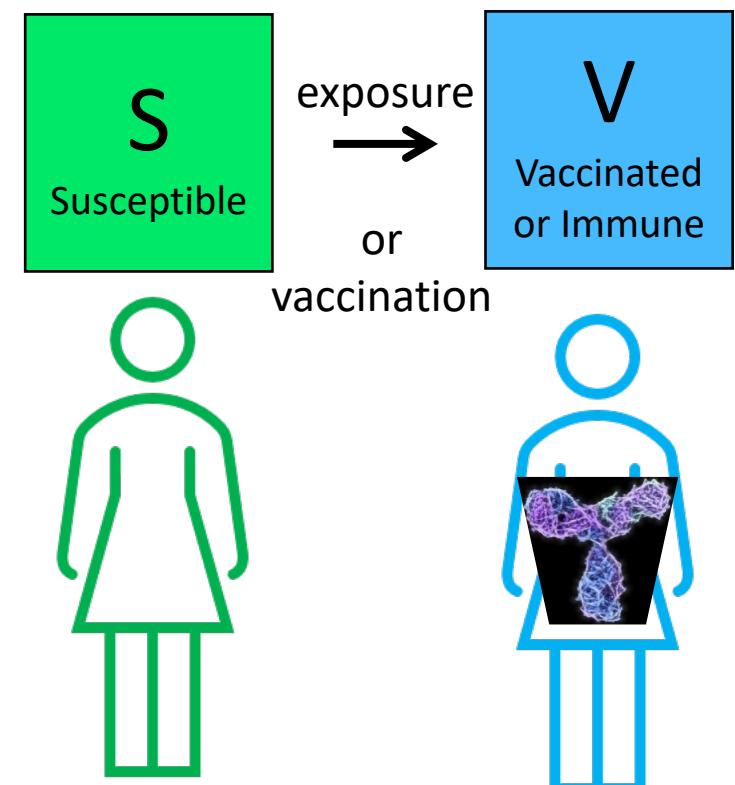
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- Remember, $R_E = R_0 P_S$ or $R_E = R_0(1 - P_V)$



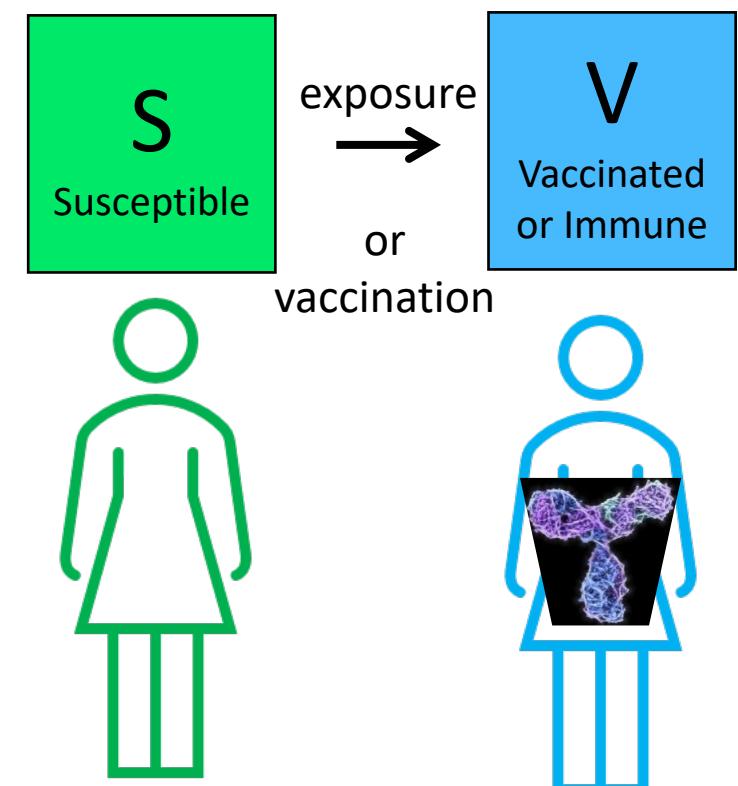
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- $R_E < 1 \approx (1 - P_V)R_0 < 1$



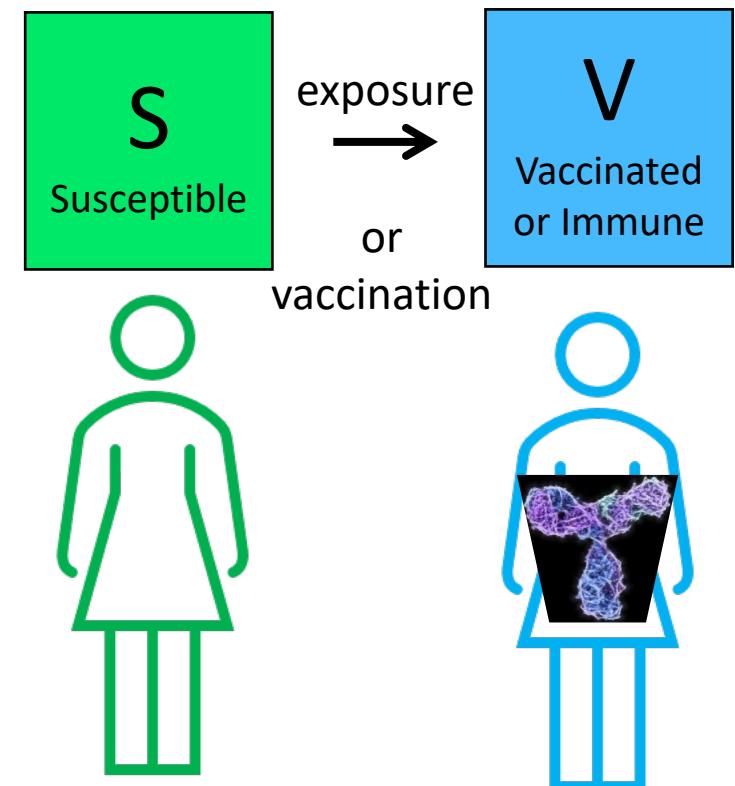
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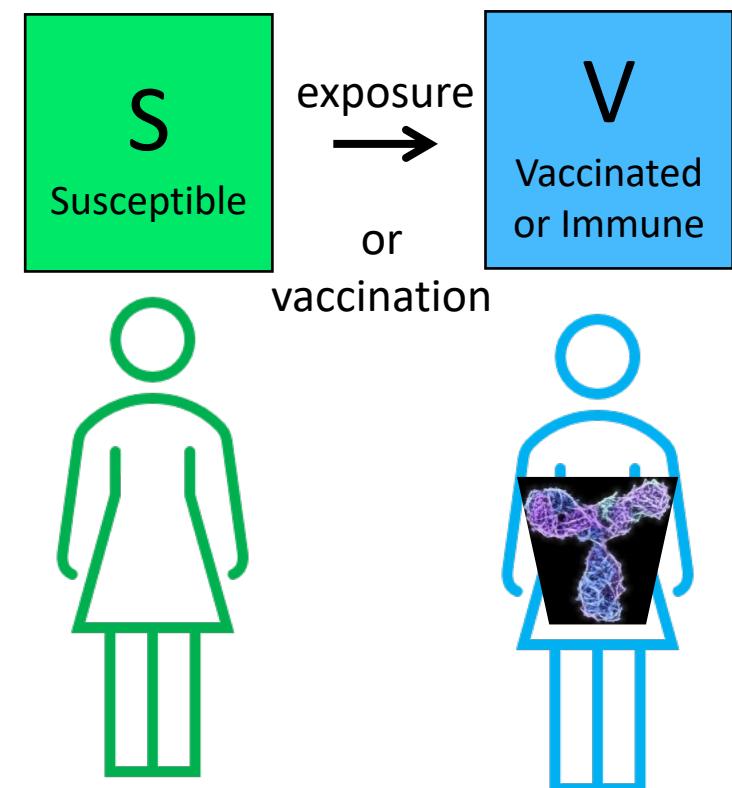
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- **This is the herd immunity threshold.**

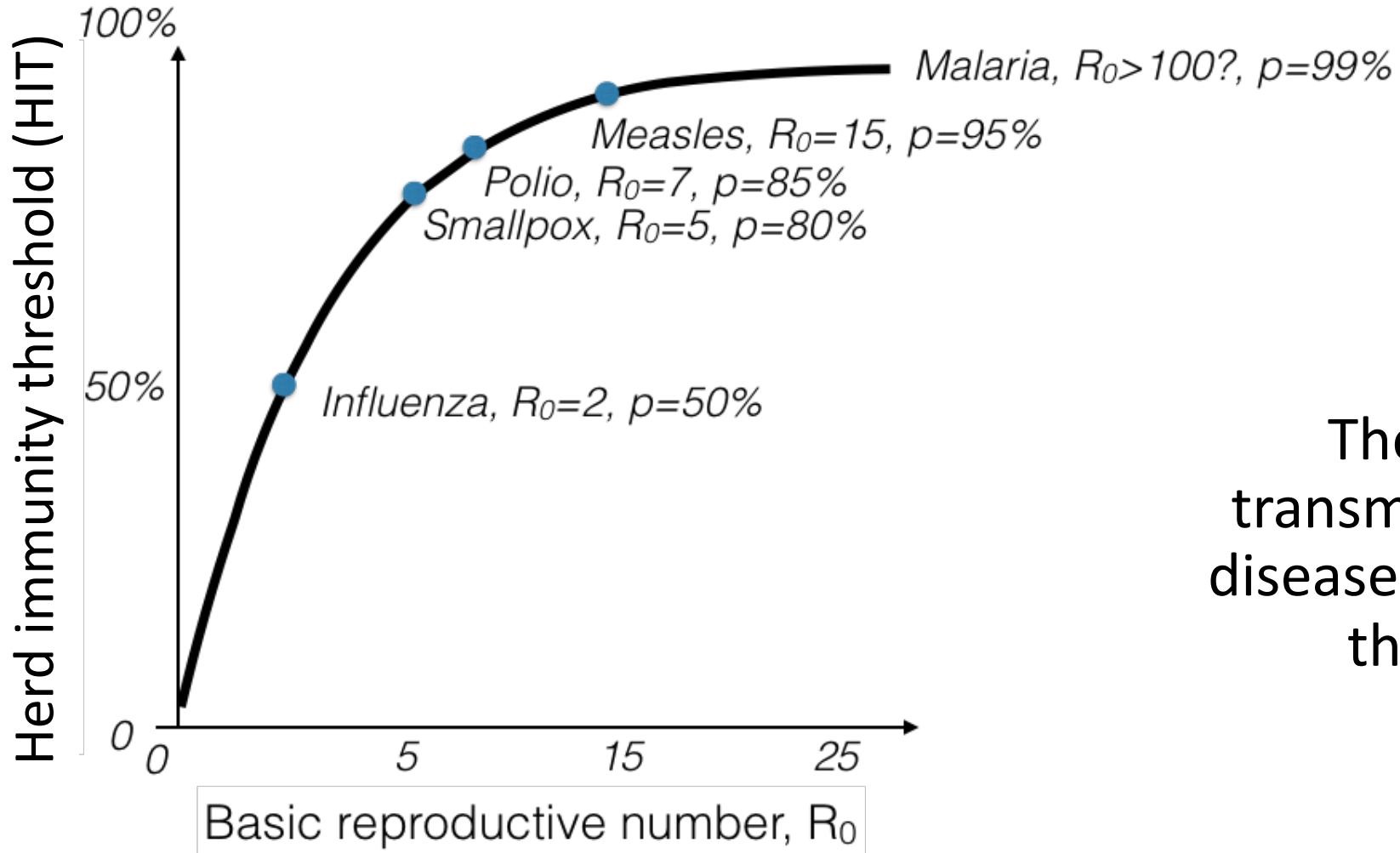


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- Rearranging, $P_V > 1 - \frac{1}{R_0}$
- **This is the herd immunity threshold.**
- Even susceptibles will not become infected because the disease will not spread ($R_E < 1$).

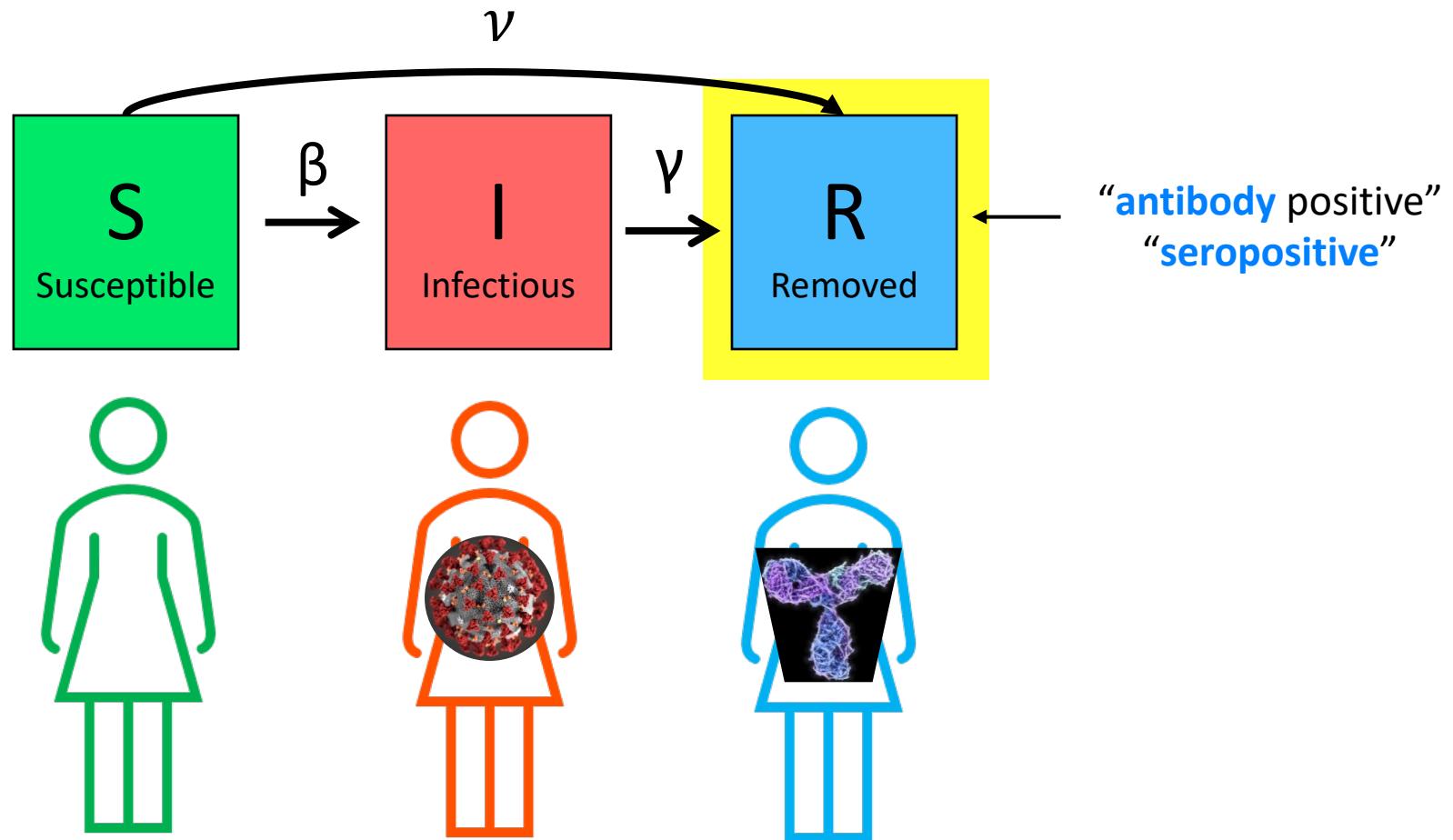


R_0 and the Herd Immunity Threshold



The more
transmissible the
disease, the higher
the HIT!

Vaccination stems from a long history



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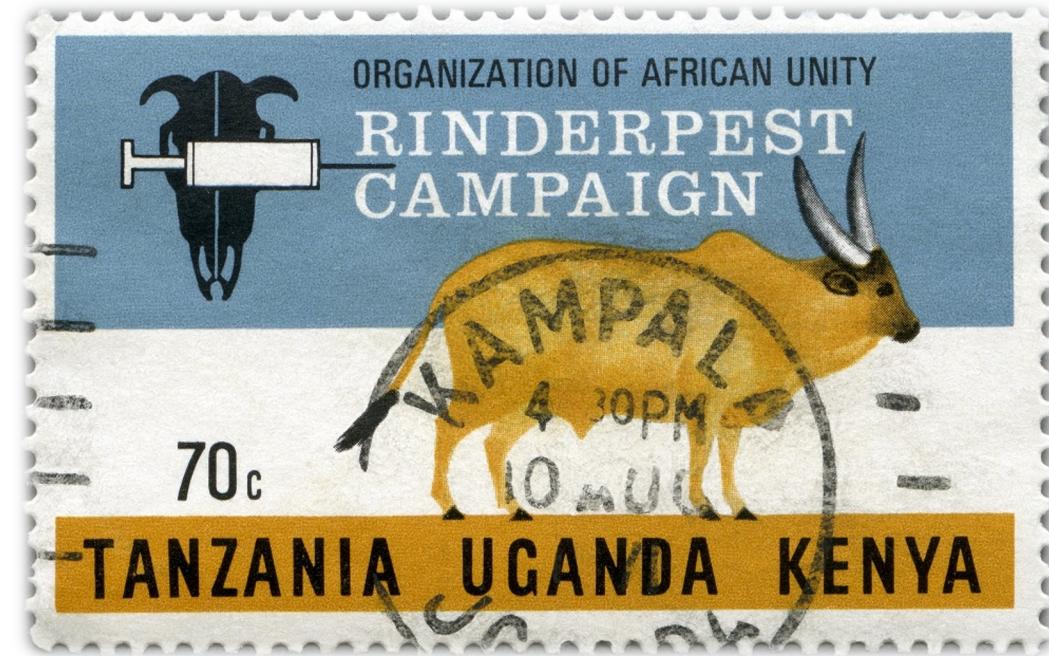


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- Today, we are seeing enhanced transmission of monkeypox partly resulting from a lack of circulating immunity to closely related smallpox

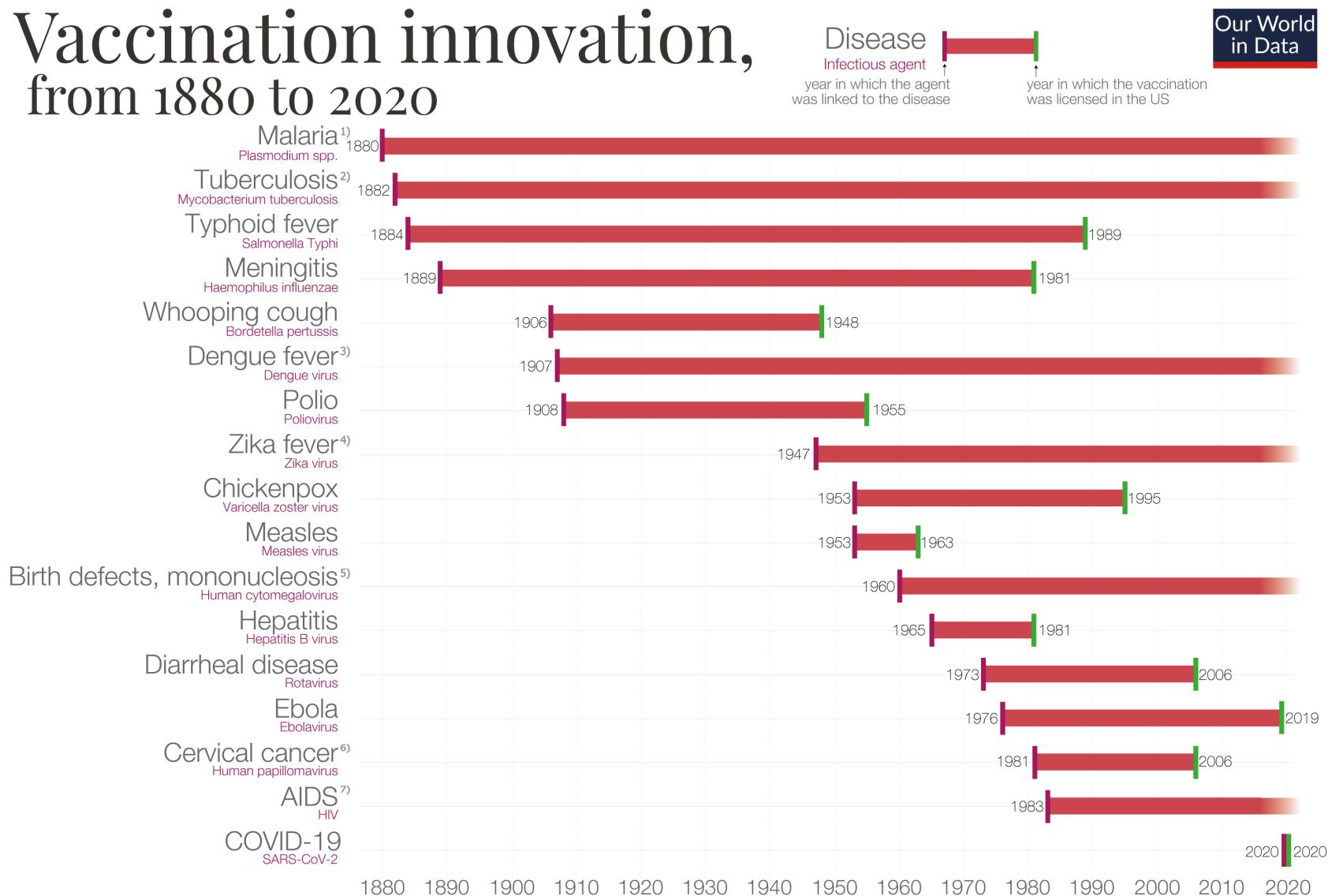


Only two global vaccination success stories



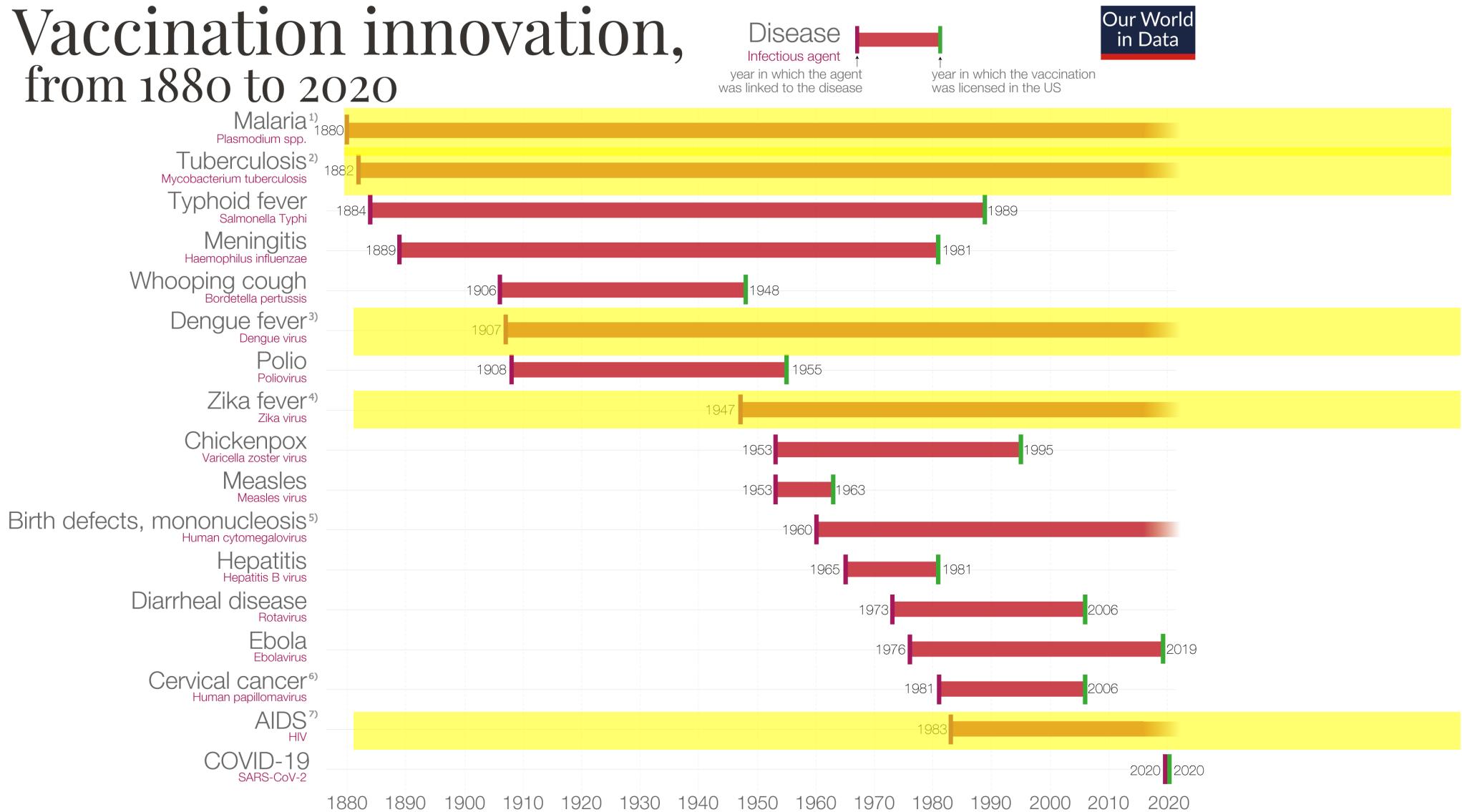
The pace of vaccine development has accelerated drastically

Vaccination innovation, from 1880 to 2020



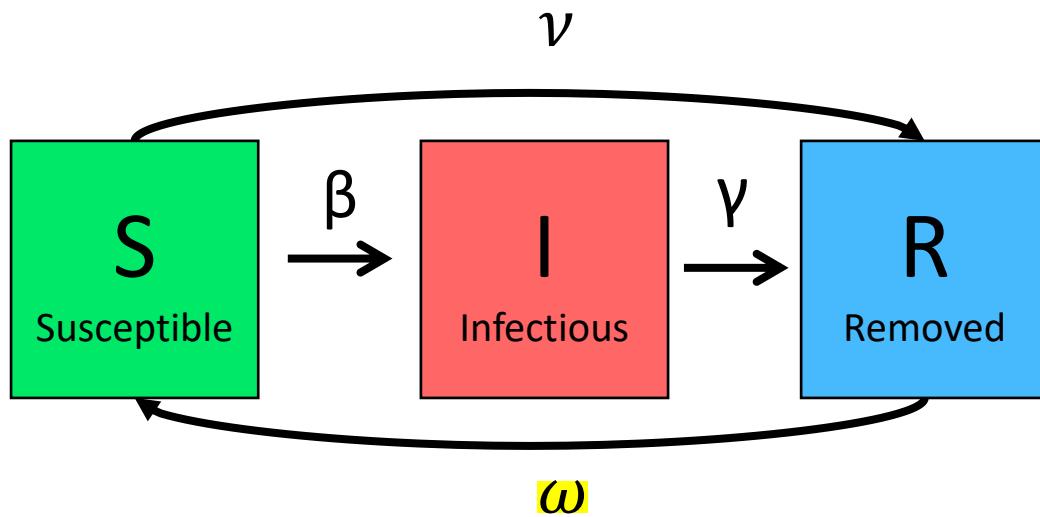
But we still lack vaccines for several important diseases.

Vaccination innovation, from 1880 to 2020



Challenges to Vaccination

- Imperfect immunity, especially with non-viral pathogens

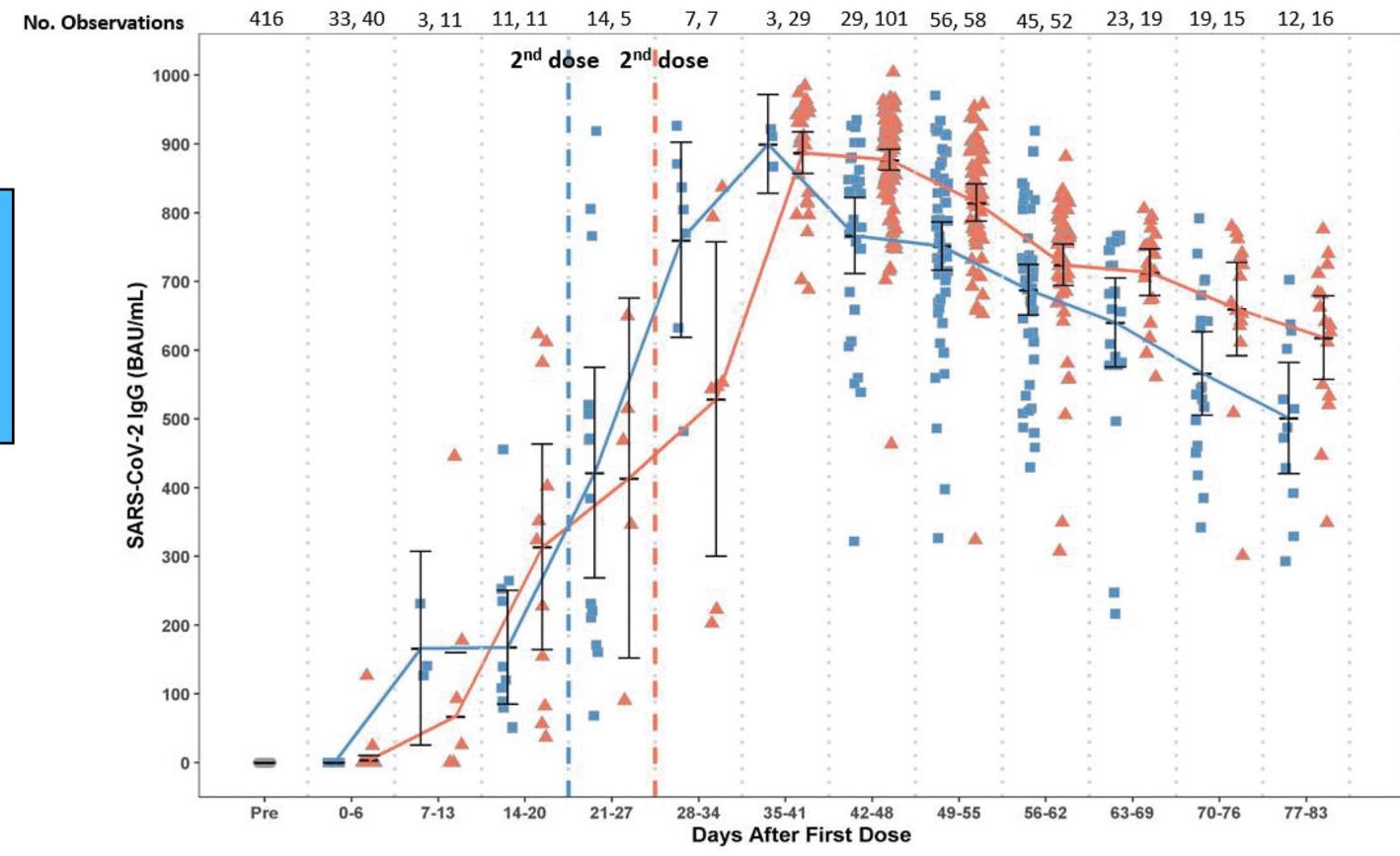


β = transmission rate

γ = recovery rate

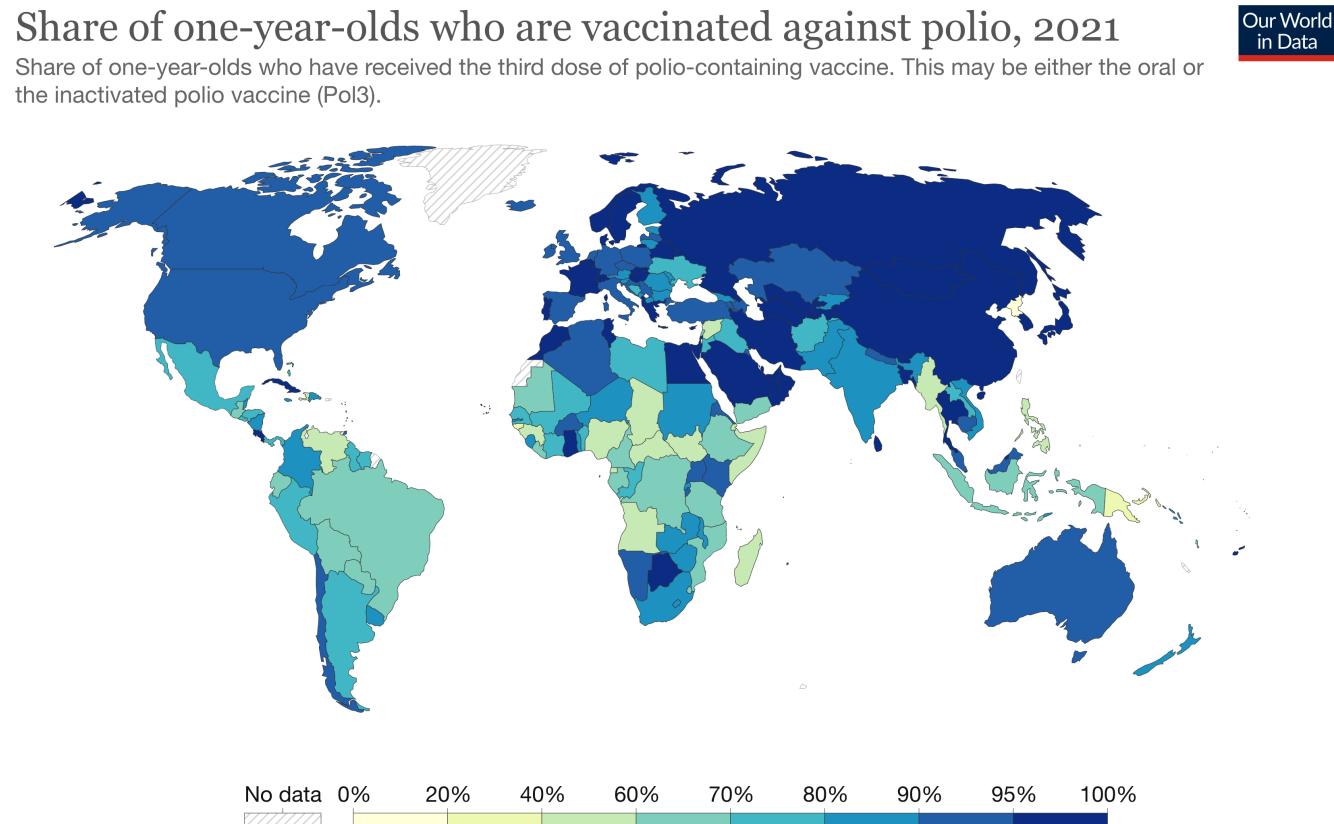
ν = vaccination rate

ω = rate waning immunity



Challenges to Vaccination

- Imperfect immunity, especially with non-viral pathogens
- Geographic differences in public health policy and access



Source: WHO; UNICEF (2022)

Note: Polio is a highly infectious viral disease. The polio virus invades the nervous system and can cause irreversible paralysis.

OurWorldInData.org/polio/ • CC BY

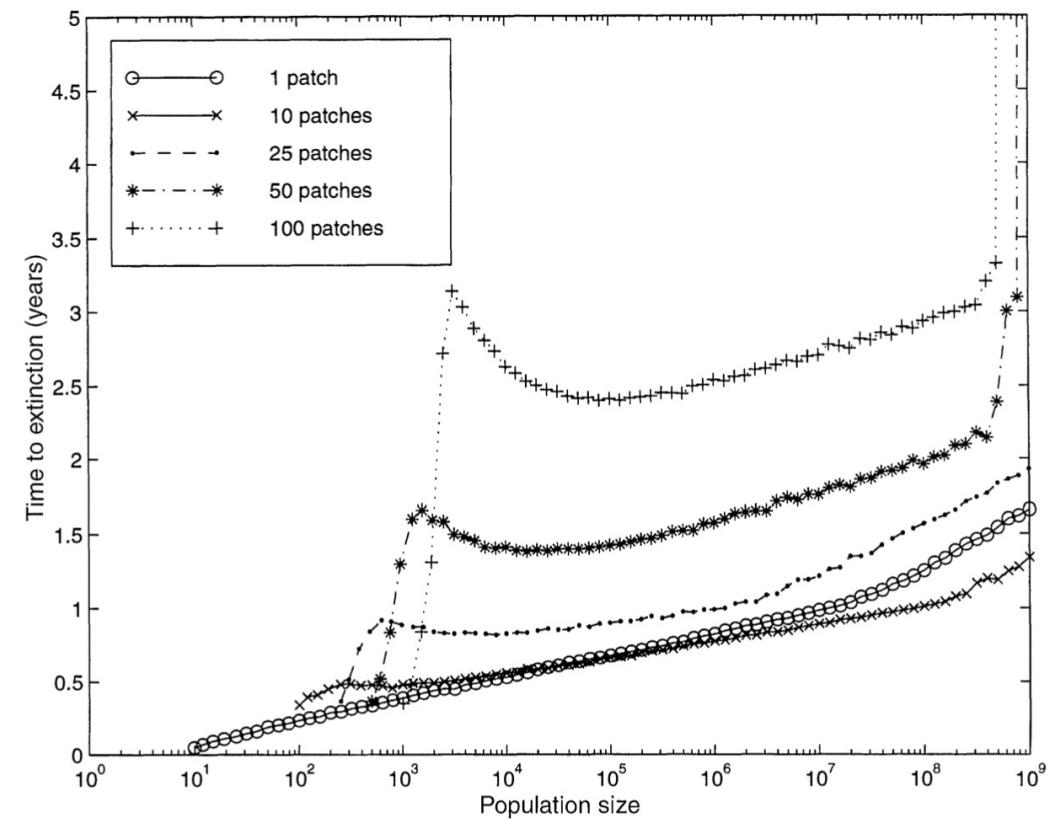
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- Animal reservoirs



Challenges to Vaccination

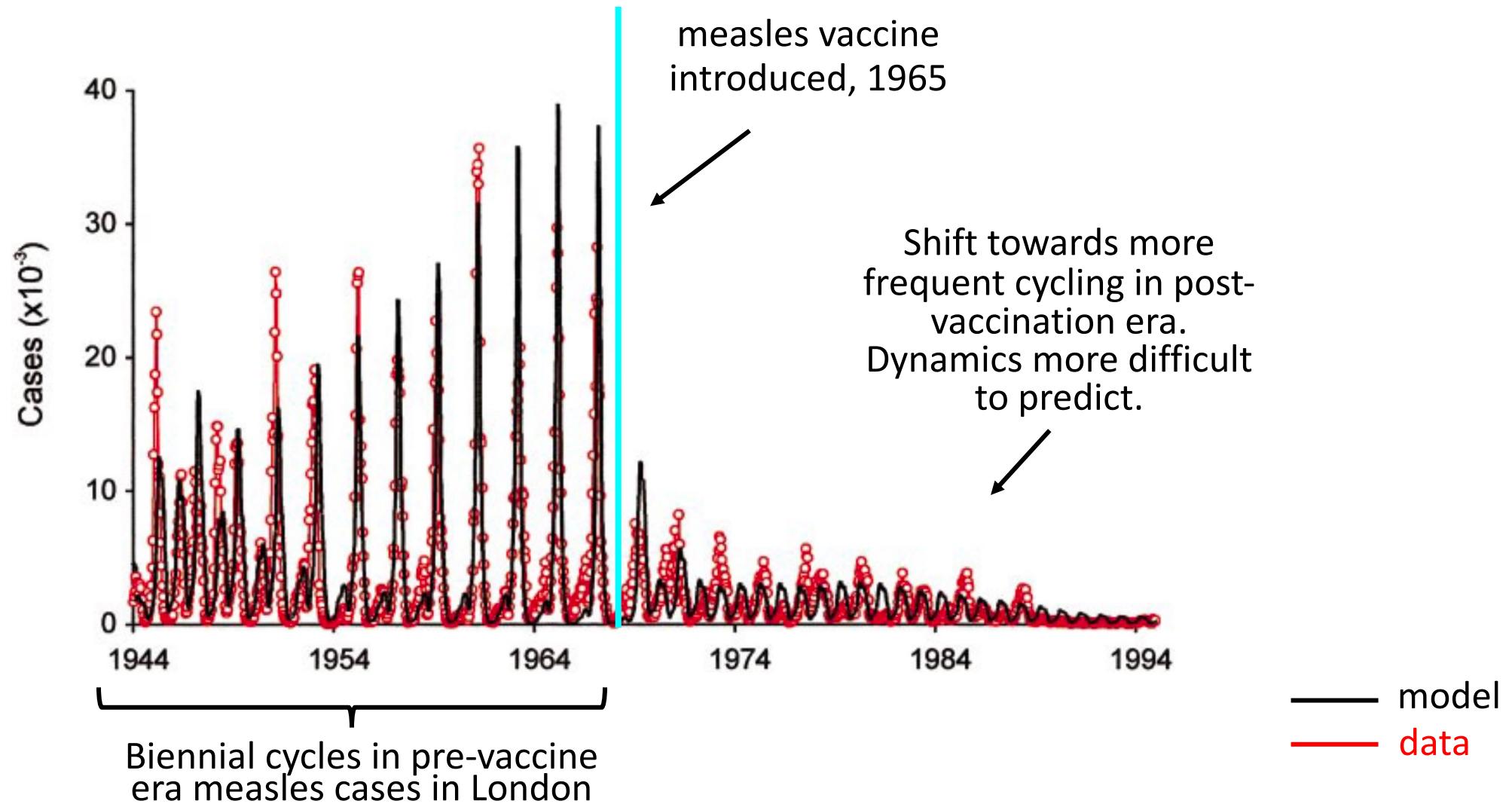
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Challenges to Vaccination

- Imperfect immunity, especially with non-viral pathogens
- Geographic differences in public health policy and access
- Continuous births
- Animal reservoirs
- Spatial structure (metapopulation rescue)
- More complex pathogens!

Much of the mathematical theory underlying vaccination was first developed for measles



Even for measles, stochastic dynamics mean that predictions become more challenging at smaller population sizes.

