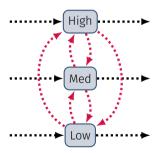
Influence of simulated risk group turnover in STI epidemics with assortative mixing

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Canadian Student Health Research Forum

2020 August 25



Disclosures

None

Acknowledgements

Stefan Baral, Sheree Schwartz, Linwei Wang, Huiting Ma, Katherine Young, Harry Hausler







Background

¹Rowley et al. 2019.

²UNAIDS 2020.

³Mishra et al. 2014.

Background

STI — Sexually Transmitted Infections

- ► 1+ million new STI infections per day¹
- ► 1.7 million new HIV infections per year²



¹Rowley et al. 2019.

²UNAIDS 2020.

³Mishra et al. 2014.

Background

- STI Sexually Transmitted Infections
- ► 1+ million new STI infections per day¹
- ► 1.7 million new HIV infections per year²
- tPAF Transmission Population Attributable Fraction³
- based on epidemic simulation models
- \blacktriangleright % onward infections from unmet needs of risk group \rightarrow inform interventions

¹Rowley et al. 2019.

²UNAIDS 2020.

³Mishra et al. 2014.

Introduction Methods Results Implications

Key Modelling Concepts



Turnover:

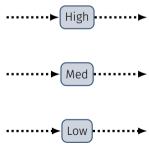
Turnover:



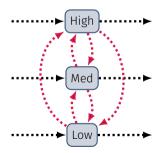




Turnover:

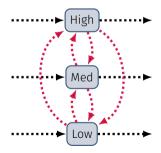


Turnover:



Turnover:

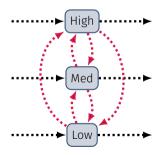
movement between risk groups



Assortative Mixing:

Turnover:

movement between risk groups



Assortative Mixing:

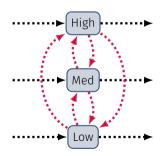




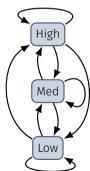


Turnover:

movement between risk groups

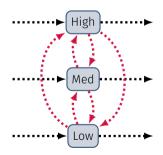


Assortative Mixing:

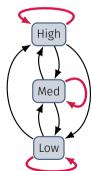


Turnover:

movement between risk groups



Assortative Mixing:



Research Questions

Influence of turnover on:

- 1. equilibrium STI prevalence
- 2. tPAF of High Risk group

...under random vs assortative mixing

Methods Results Implications

Methods



► Susceptible, Infectious, Recovered (SIR)

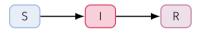


► Susceptible, Infectious, Recovered (SIR)



► Stable turnover in 3 risk groups

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- ► Stable turnover in 3 risk groups
- ► STI prevalence vs turnover

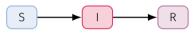
► Susceptible, Infectious, Recovered (SIR)



- ► Stable turnover in 3 risk groups
- ► STI prevalence vs turnover

Calibrate risk group partners per year to reproduce the same STI prevalence

► Susceptible, Infectious, Recovered (SIR)



- ► Stable turnover in 3 risk groups
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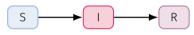
- ► Calibrate risk group partners per year to reproduce the same STI prevalence
- 4 model variants:

Random No Turnover

VS × VS

Assortative Turnover

► Susceptible, Infectious, Recovered (SIR)



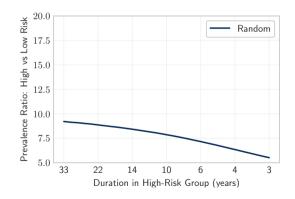
- ► Stable turnover in 3 risk groups
- ► STI prevalence vs turnover

- ► Calibrate risk group partners per year to reproduce the same STI prevalence
- ► 4 model variants:

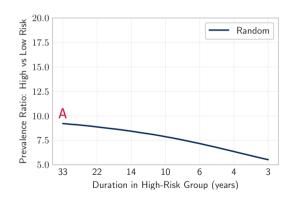
Random		No Turnover
VS	\times	VS
Assortative		Turnover

► tPAF of High Risk for each variant

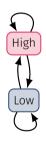
Random mix — turnover "homogenizes" STI prevalence



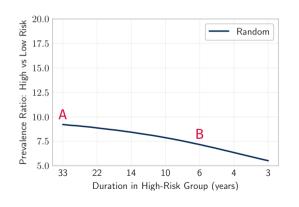
Random mix — turnover "homogenizes" STI prevalence



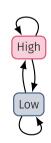
No Turnover (A)

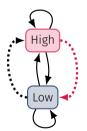


Random mix — turnover "homogenizes" STI prevalence



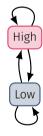
No Turnover (A)

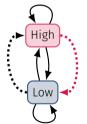




	No Turnover	Turnover
STI prevalence *		
Partners per year *		
10-year tPAF (Cal)		
* Ratios = (High:Low)	Risk; Pre → Post-0	Calibration

No Turnover (A)



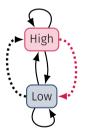


	No Turnover	Turnover
STI prevalence *	9.2 → 6.7	6.7 → 6.7
Partners per year *		
10-year tPAF (Cal)		

^{*} Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)



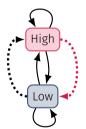


	No Turnover	Turnover
STI prevalence *	9.2 → 6.7	6.7 → 6.7
Partners per year *	25.0 → 15.2	25.0 → 23.9
10-year tPAF (Cal)		

^{*} Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)



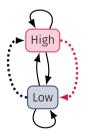


	No Turnover	Turnover
STI prevalence *	9.2 → 6.7	6.7 → 6.7
Partners per year *	25.0 → 15.2	25.0 → 23.9
10-year tPAF (Cal)	0.759	0.804

^{*} Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)





	No Turnover	Turnover
STI prevalence *	9.2 → 6.7	6.7 → 6.7
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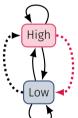
^{*} Ratios = (High:Low) Risk; $Pre \rightarrow Post-Calibration$

▶ Ignore turnover → underestimate tPAF (5.6%)

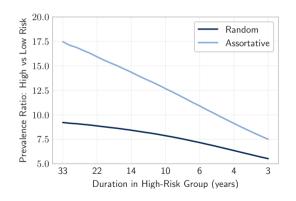
No Turnover (A)



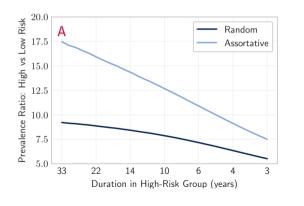




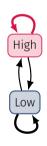
Assort mix — turnover allows infections to "escape" sexual networks



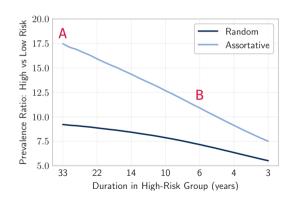
Assort mix — turnover allows infections to "escape" sexual networks



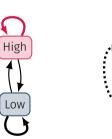
No Turnover (A)



Assort mix — turnover allows infections to "escape" sexual networks



No Turnover (A)



Turnover (B)

High

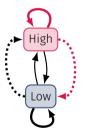
Low

	No Turnover	Turnover
STI prevalence *		
Partners per year *		
10-year tPAF (Cal)		

* Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)



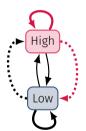


	No Turnover	Turnover
STI prevalence *	17.5 → 6.7	9.8 → 6.7
Partners per year *		
10-year tPAF (Cal)		

^{*} Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)



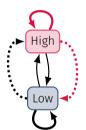


	No Turnover	Turnover
STI prevalence *	17.5 → 6.7	9.8 → 6.7
Partners per year *	25.0 → 6.0	25.0 → 10.1
10-year tPAF (Cal)		

^{*} Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)



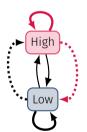


	No Turnover	Turnover
STI prevalence *	17.5 → 6.7	9.8 → 6.7
Partners per year *	25.0 → 6.0	25.0 → 10.1
10-year tPAF (Cal)	0.505	0.643

^{*} Ratios = (High:Low) Risk; Pre → Post-Calibration

No Turnover (A)





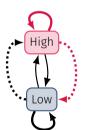
No Turnover	Turnover
17.5 → 6.7	9.8 → 6.7
25.0 → 6.0	25.0 → 10.1
0.505	0.643
	$17.5 \rightarrow 6.7$ $25.0 \rightarrow 6.0$

^{*} Ratios = (High:Low) Risk; $Pre \rightarrow Post-Calibration$

▶ Ignore turnover → underestimate tPAF (21.5%)

No Turnover (A)





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Methods
Results
Implications

Implications



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1. Influence of turnover on STI epidemics is larger under assortative mixing

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- 1. Influence of turnover on STI epidemics is larger under assortative mixing
- 2. If turnover is **ignored**: we **underestimate** the impact of prioritizing and tailoring interventions to **high risk** groups

May be relevant to some non-STI epidemics