

Foundations of dynamic modeling: The SIR Model Family

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DAIDD 2020

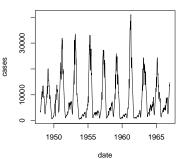
Goals

- This lecture will:
 - introduce the idea of dynamical modeling
 - explain why dynamical modeling is a key tool for understanding infectious disease
 - discuss and demonstrate simple dynamical models from the SIR model family
 - investigate some insights that can be gained from these models

Dynamical modeling connects scales



Measles reports from England and Wales

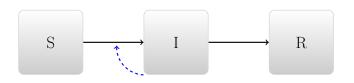


- Start with rules about how things change in short time steps
 - Usually based on individuals
- Calculate results over longer time periods
 - Usually about populations



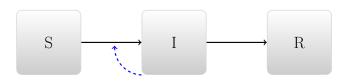
Compartmental models

Divide people into categories:



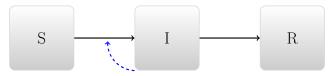
 $\blacktriangleright \ \, \text{Susceptible} \to \text{Infectious} \to \text{Recovered}$

What determines transition rates?



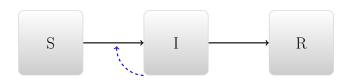
- People get better independently
- People get infected by infectious people

Conceptual modeling



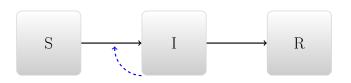


Conceptual modeling



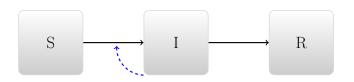
- What is the final result?
- When does disease increase, decrease?

Dynamic implementation



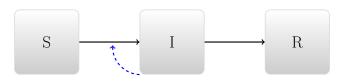
- Requires assumptions about recovery and transmission
- The conceptually simplest implementation uses Ordinary Differential Equations (ODEs)
 - Other options may be more realistic
 - Or simpler in practice

Recovery



- ▶ Infectious people recover at *per capita* rate γ
 - ► Total recovery rate is γI
 - Mean time infectious is $D = 1/\gamma$

Transmission

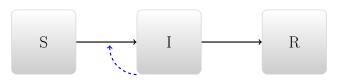


- Susceptible people get infected by:
 - Going around and contacting people (rate c)
 - Some of these people are infectious (proportion I/N)
 - Some of these contacts are effective (proportion p)
- ▶ Per capita rate of becoming infected is $cpI/N \equiv \beta I/N$
- ▶ Population-level transmission rate is $T = \beta SI/N$



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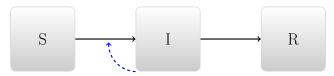
Another perspective on transmission



- Infectious people infect others by:
 - Going around and contacting people (rate c)
 - Some of these people are susceptible (proportion S/N)
 - ► Some of these contacts are effective (proportion *p*)
- ▶ Per capita rate of infecting others is $cpS/N \equiv \beta S/N$
- ▶ Population-level transmission rate is $T = \beta SI/N$



Conceptual modeling





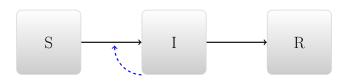
The basic reproductive number

 $ightharpoonup \mathcal{R}_0$ is the number of people who would be infected by an infectious individual *in a fully susceptible population.*

- $ightharpoonup \mathcal{R}_0 = \beta/\gamma = \beta D = (cp)D$
 - c: Contact Rate
 - p: Probability of transmission (infectivity)
 - D: Average duration of infection
- ▶ A disease can invade a population if and only if $\mathcal{R}_0 > 1$.

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ODE implementation



$$\begin{array}{rcl} \frac{dS}{dt} & = & -\beta \frac{SI}{N} \\ \frac{dI}{dt} & = & \beta \frac{SI}{N} - \gamma I \\ \frac{dR}{dt} & = & \gamma I \end{array}$$

Model taxonomy

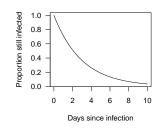
	CONTINUOUS TREATMENT OF INDIVIDUALS (averages, proportions, or population densities)	DISCRETE TREATMENT OF INDIVIDUALS
IISTIC	CONTINUOUS TIME	
Deterministic	DISCRETE TIME	
U	CONTINUOUS TIME	CONTINUOUS TIME
STOCHASTIC	DISCRETE TIME	DISCRETE TIME

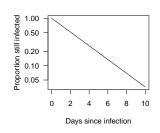
ODE assumptions



- Lots and lots of people
- Perfectly mixed

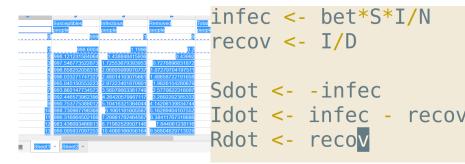
ODE assumptions





- Waiting times are exponentially distributed
- Rarely realistic

Scripts vs. spreadsheets



- Scripts are more transparent, less redundant
- Spreadsheets are more intuitive for simple problems



More about transmission

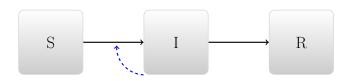


- $\beta = pc$
 - What is a contact?
 - What is the probability of transmission?
- Sometimes this decomposition is clear
- But usually it's not

Population sizes

- ▶ How does β change with population size?
- We can make different assumptions about this
 - It may increase with population size, or not
- If population size changes we have to consider the question

Population sizes (repeat)

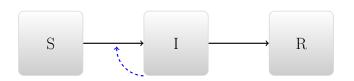


$$\frac{dS}{dt} = -\beta \frac{SI}{N}$$

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

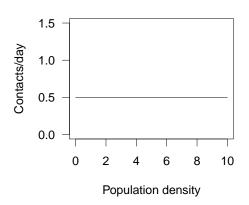
$$\frac{dR}{dt} = \gamma I$$

Population sizes



$$\begin{array}{ll} \frac{dS}{dt} & = & -\beta(N)\frac{SI}{N} \\ \frac{dI}{dt} & = & \beta(N)\frac{SI}{N} - \gamma I \\ \frac{dR}{dt} & = & \gamma I \end{array}$$

Standard incidence



$$\beta(N) = \beta_0$$

$$\mathcal{T} = \frac{\beta_0 SI}{N}$$

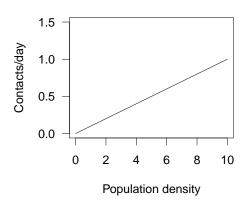
$$\mathcal{T} = \frac{\beta_0 S_N}{N}$$

Also known as frequency-dependent transmission



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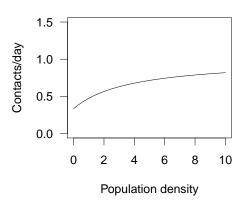
Mass action



- \triangleright $\beta(N) = \alpha_0 N$
- $ightharpoonup \mathcal{T} = \alpha_0 SI$
- Also known as density-dependent transmission



General



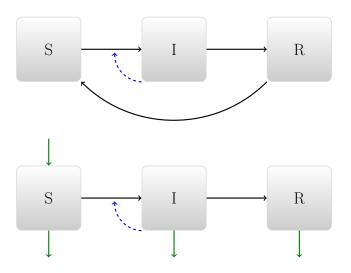
- Per-capita rate:
 - May not go to zero when N does
 - ► May not go to ∞ when N does



Digression – units

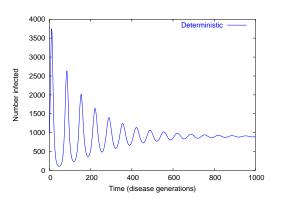
- $ightharpoonup \mathcal{T} = \beta SI/N : [ppl/time]$
- \triangleright β : [1/time]
 - The true β always has people in the numerator and the denominator
 - $\beta/\gamma = \beta D : [1]$
- $ightharpoonup \mathcal{T} = \alpha SI : [ppl/time]$
 - ▶ Mass-action incidence, α : [1/(people · time)]

Closing the circle





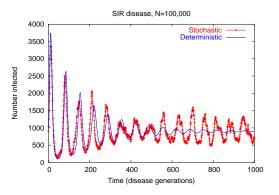
Tendency to oscillate



- ▶ Many susceptibles \rightarrow many infections \rightarrow few susceptibles \rightarrow few infections $\rightarrow \dots$
- Oscillations in simple models tend to be "damped"



With individuality



- ► Treating individuals as individuals can produce substantial oscillations even in large populations
- Interaction between random effects and the different time scales (of infection and recovery)

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Model taxonomy (repeat)

	CONTINUOUS TREATMENT OF INDIVIDUALS (averages, proportions, or population densities)	DISCRETE TREATMENT OF INDIVIDUALS
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Summary

- Dynamic models are an essential tool because they allow us to link between scales
- There are many ways to construct and implement dynamic models
- Very simple models can provide useful insights
 - Reproductive numbers and thresholds
 - Tendency for oscillation (and tendency for damping)
- More complex models can provide more detail, but also require more assumptions, and more choices
- Understanding simple models can help guide our understanding of more complicated models







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