

# Foundations of dynamic modeling: The SIR Model Family

DAIDD 2020

## Goals

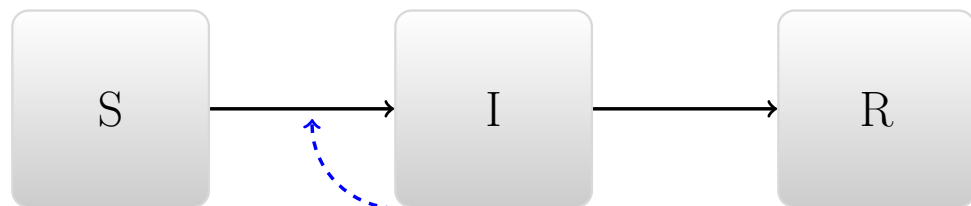
- This lecture will:
  - introduce the idea of dynamical modeling
  - explain why dynamical modeling is a key tool for understanding infectious disease
  - discuss and demonstrate simple dynamical models from the SIR model family
  - investigate some insights that can be gained from these models

## Dynamical modeling connects scales

- 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:

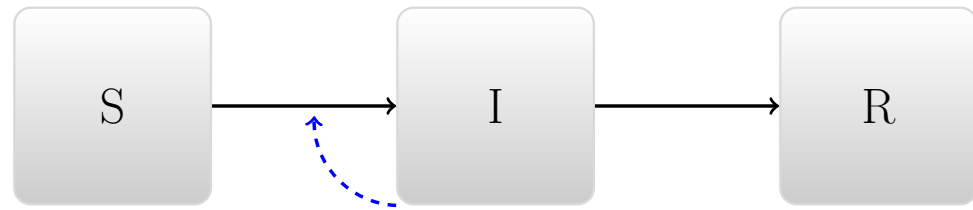


- Susceptible  $\rightarrow$  Infectious  $\rightarrow$  Recovered

## 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  $\gamma$ 
  - Total recovery rate is  $\gamma I$
  - Mean time infectious is  $D = 1/\gamma$

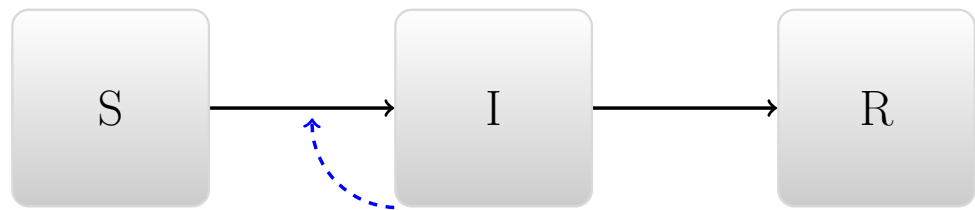
## Transmission

- 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  $\mathcal{T} = \beta SI/N$

## 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  $\mathcal{T} = \beta SI/N$

## Conceptual modeling



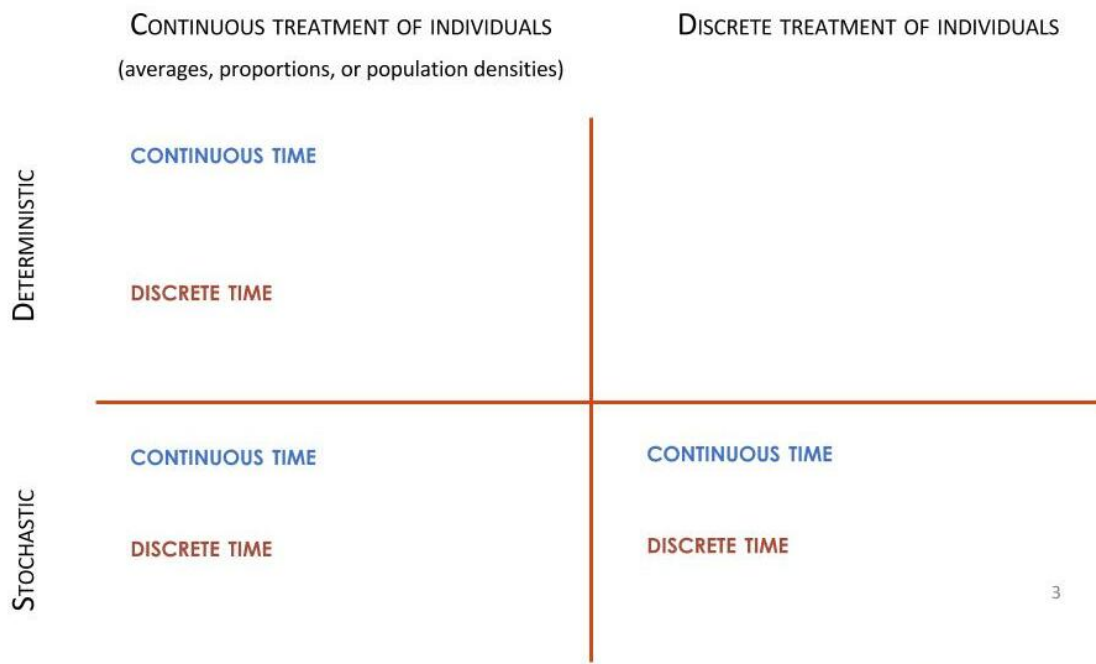
## The basic reproductive number

- $\mathcal{R}_0$  is the number of people who would be infected by an infectious individual *in a fully susceptible population*.
- $\mathcal{R}_0 = \beta/\gamma = \beta D = (cp)D$ 
  - $c$ : Contact Rate
  - $p$ : Probability of transmission (infectivity)
  - $D$ : Average duration of infection
- A disease can invade a population if and only if  $\mathcal{R}_0 > 1$ .

## ODE implementation

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

## Model taxonomy

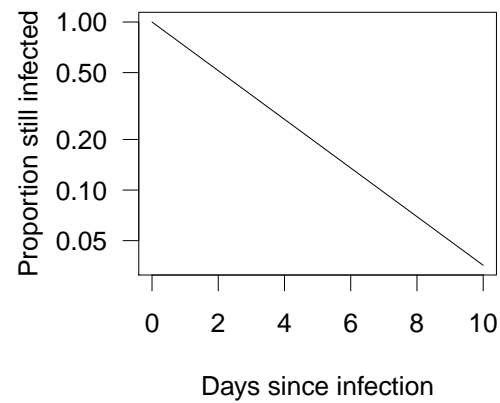
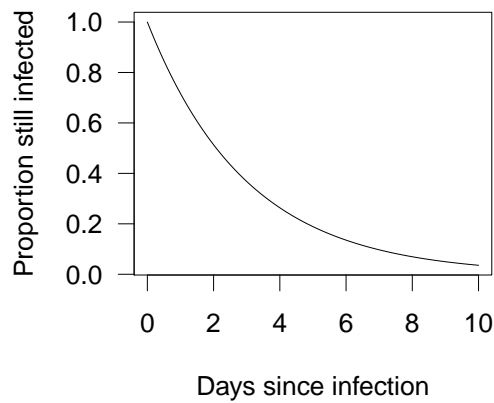


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## ODE assumptions

- 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

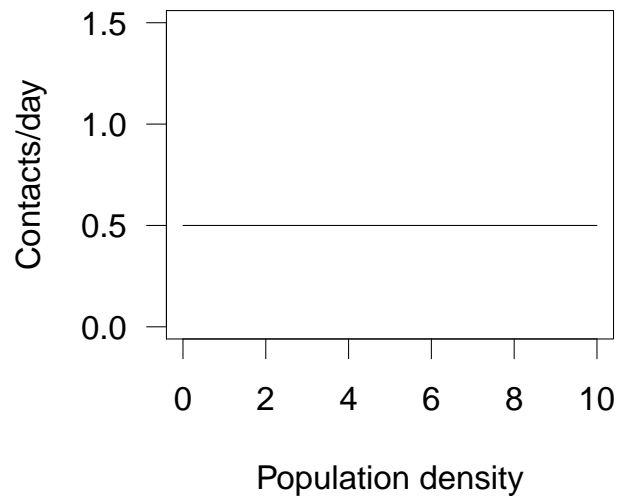
## Population sizes

- How does  $\beta$  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

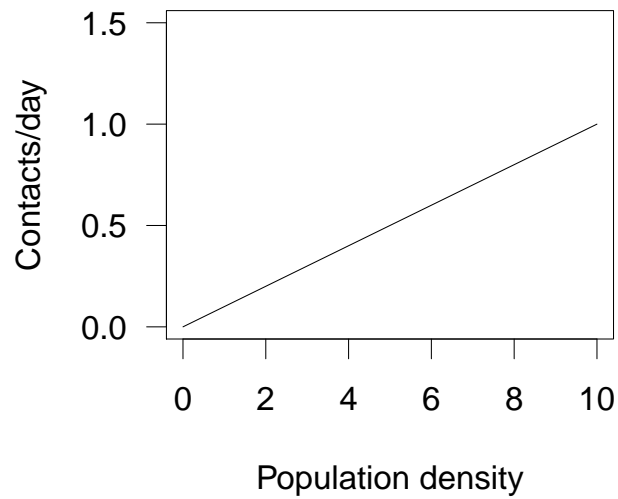
$$\begin{aligned}\frac{dS}{dt} &= -\beta(N)\frac{SI}{N} \\ \frac{dI}{dt} &= \beta(N)\frac{SI}{N} - \gamma I \\ \frac{dR}{dt} &= \gamma I\end{aligned}$$

### Standard incidence



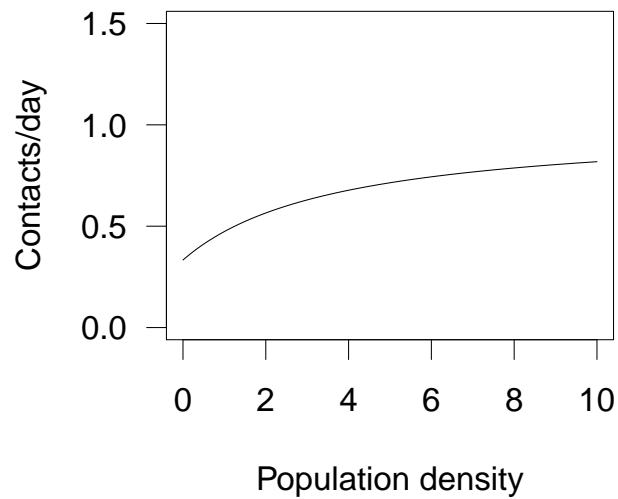
- $\beta(N) = \beta_0$
- $\mathcal{T} = \frac{\beta_0 SI}{N}$
- Also known as *frequency-dependent* transmission

## Mass action



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

## General



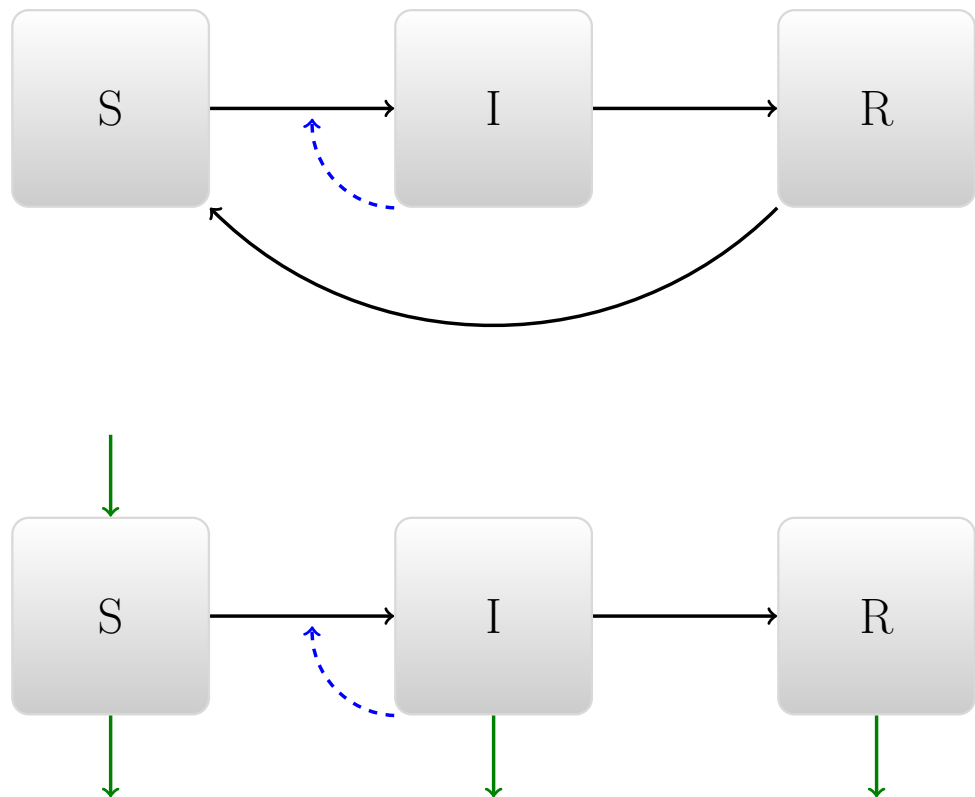
- Per-capita rate:
  - May not go to zero when  $N$  does

- May not go to  $\infty$  when  $N$  does

### Digression – units

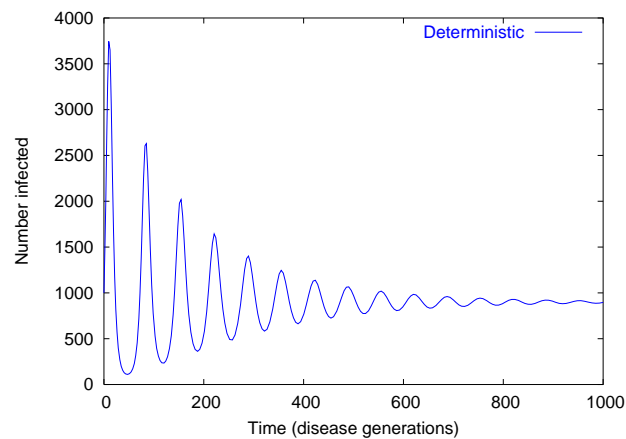
- $\mathcal{T} = \beta SI/N : [\text{ppl}/\text{time}]$
- $\beta : [1/\text{time}]$ 
  - The true  $\beta$  always has people in the numerator and the denominator
  - $\beta/\gamma = \beta D : [1]$
- $\mathcal{T} = \alpha SI : [\text{ppl}/\text{time}]$ 
  - Mass-action incidence,  $\alpha : [1/(\text{people}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

### Closing the circle



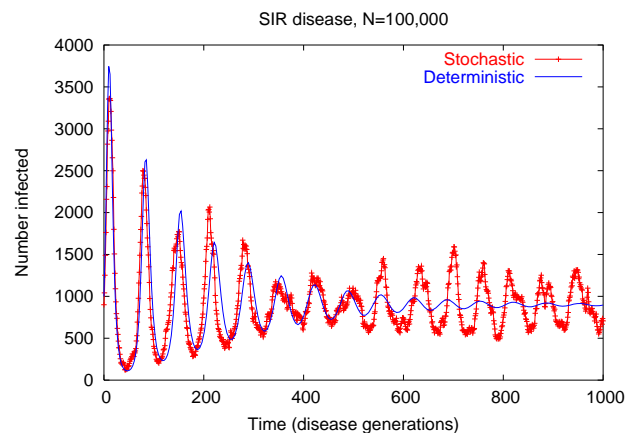


## Tendency to oscillate



- 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)

## 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