

Foundations of dynamic modeling: The SIR Model Family DAIDD 2017

Goals

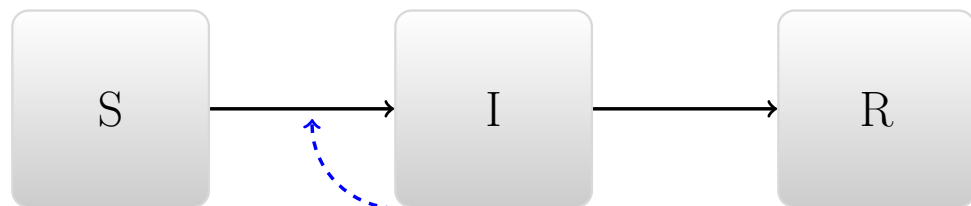
- This lecture will:
 - introduce the idea of dynamical modeling
 - explain why dynamical modeling is a key tool for understanding infectious disease
 - discuss and demonstrate simple dynamical models from the SIR model family
 - investigate some insights that can be gained from these models

Dynamic 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

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

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

ODE implementation

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

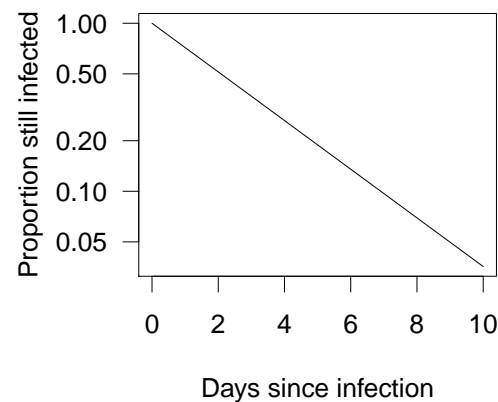
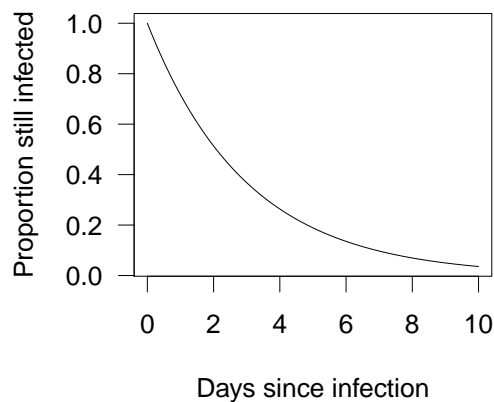
Spreadsheet implementation

<http://tinyurl.com/SIR-DAIDD-2017>

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

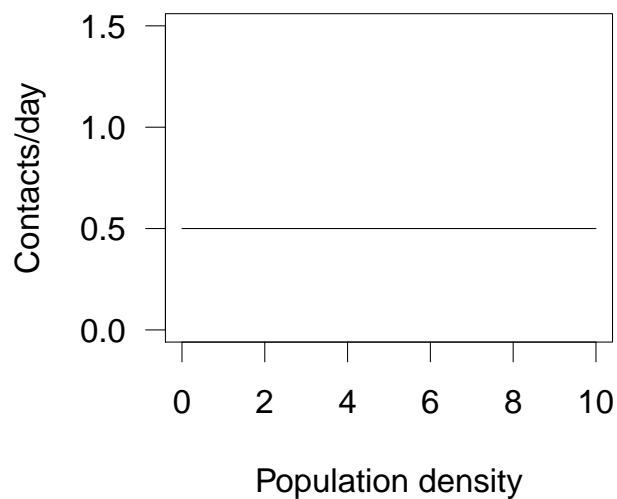
- $\beta = pc$
 - What is a contact?
 - What is the probability of transmission?
- Sometimes this decomposition is clear
- But usually it's not

Population sizes

- How does β change with population size?
- Recall that β is the *per capita* rate of contacts

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

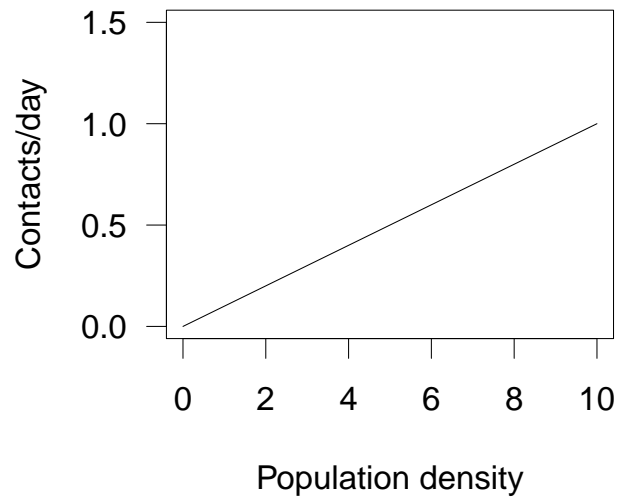
Standard incidence



- $\beta(N) = \beta_0$

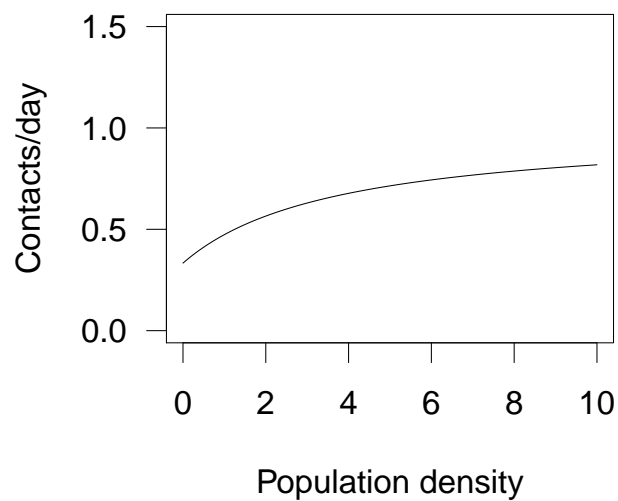
- $\mathcal{T} = \frac{\beta_0 SI}{N}$
- Also known as *frequency-dependent* transmission

Mass action



- $\beta(N) = \beta_1 N$
- $\mathcal{T} = \beta_1 SI$
- Also known as *density-dependent* transmission

General

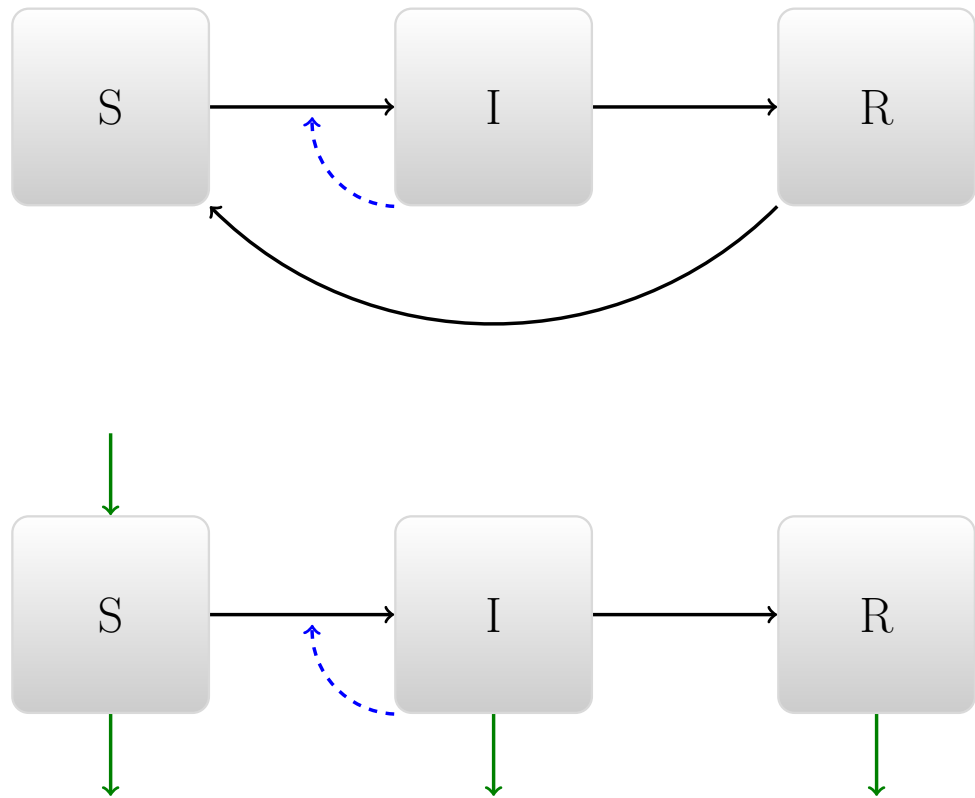


- Per-capita rate:
 - May not go to zero when N does
 - May not go to ∞ when N does

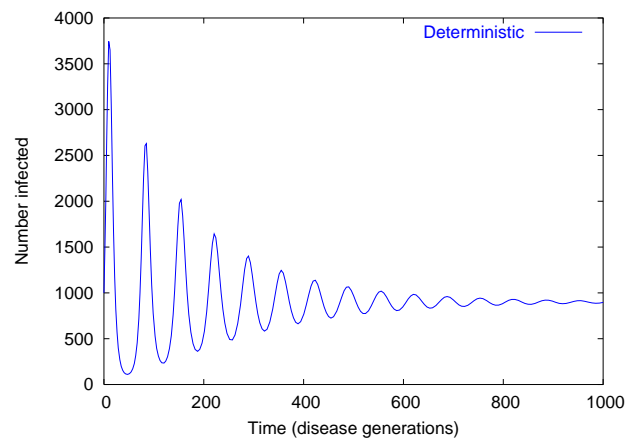
Digression – units

- $\mathcal{T} = \beta SI/N : [\text{ppl}/\text{time}]$
- $\beta : [1/\text{time}]$
 - $\beta/\gamma = \beta D : [1]$
 - Standard incidence, $\beta_0 : [1/\text{time}]$
 - Mass-action incidence, $\beta_1 : [1/(\text{people} \cdot \text{time})]$

Closing the circle

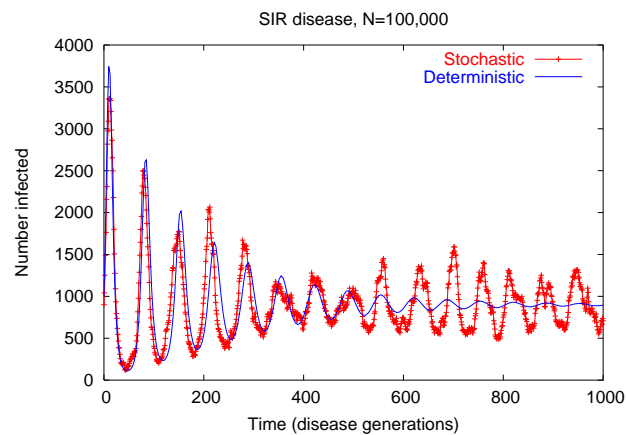


Tendency to oscillate



- 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