- The anthors are very honest about the complexity of factors that can effect ouch a study. There is the natural difficulty of establishing transmission rated, partly because of the tennous reliance on body size.

 Other factors include age structure, spatial diversity, seasonality factors, predation issues, etc. I wasn't looking for a comprehensive list from you, but a real sense that you due into the paper and under-stood some strengths and limitations of the study.
- 2. In the Asian flu come, children would be much more at risks and transmission rates are much higher than in the adult population. In the Hong Kong flu cases the attack rates are roughly age independent. The andhors calibrated their model closer to the Asian flu case.

The authors also considered social networks for contact sufficient to transmit flu as a large set of connecting mixing groups. These groups include households and household clusters, preschool groups, schools, markets, shops, temples and churches, hospitals, etc.

3. starts on the next page.

The normal g(I) we have used has been g(I)=\$I, which as a "force of infection" in De Leo's terminology, represented a density-despendent infection rate. Here, as the number of infections, I, increases, the contact rate treaches a maximin, then declines. This could be due to self-isolation or other mechanisms. It is the normal recovery rate, and I is a rate of emigration of susceptibles. Hence, the component of the population that in taken out of participation in the disease are those that amigrated (moving away that quaranteen ing Hemselpes) and those that recovered from the disease and shave imministry from the disease.

As a steady state $S=0=-S\{g(T)+\lambda\} \rightarrow S=0$ conly, since $g(T)+\lambda \geqslant \lambda > 0$. $T'=0=g(T)S-\lambda T|=-\lambda T \Rightarrow T=0 \rightarrow (S,T)=(0,0)$ is the only steady state.

Also, in the 1st quadrant

S'=-S{S(I) + \lambda] < 0

T'=-VI

So S(+) in always decreasing so

emethally to must get close to the I-axis and

T'=0

be drawin down to the origin.

Here is in the relative infection (tromomission) rate of susceptibles to infectives, while for in the relative framewission rate from the consceptible schools to the iniculariting class S. rio a percentage of these two rates, r=pr/s < 1 since, as stated, it is harder to catch the disease from an encubating individual, then a fully infected one. Is in the transmission rate from incubating to infectious class, and c is the recovery rate. Since N=S+E+I+R and we are only interested in a local analysis about the healthy population case, consider the steady state (SE, I)=(N,OP).

(We need not include To because initially TOOD and once we move away from the healthy state, knowing I(+) guies us knowledge of TO(+) by integration.)
The Jacobian of the (S, E, I) system is

so at
$$(N,0,0)$$
 $J = \begin{bmatrix} 0 & -\beta r & -\beta \end{bmatrix}$
 $J = \begin{bmatrix} 0 & \beta r - b & \beta \end{bmatrix}$

Since, with a column of yeros, det J=0 > \ =0 is an excession of this traduces the characteristic equation to a quadratic, namely

a2 = - c 6 + bc - 66

For r<1 small it is reasonable to counder pr< c+6 so we can only have instability if a2 < 0 3 i.p.

be < pb+cpr = \$(b+cr) -> 1 < (8/bc) (b+cr).

That can dition we will consider our directed condition for anset of the disease since the health state becomes unstable. Hence it is consistent with our other model studies to dofine Ro to be the right-hand side.