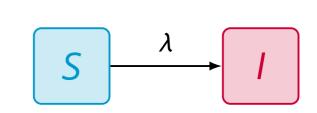
Jesse Knight 1,2 and Sharmistha Mishra 1,2,3,4





- Compartmental models of STI & HIV are **key tools** in epidemic response ¹
- Modelled rate of new infections depends on average infection prevalence
- So: newly infected immediately contribute to more infections (incidence)
- Assumption: partnerships are effectively instantaneous ²
- Reality: partnerships include before & after transmission
- This assumption can bias estimates of intervention impact ³



OBJECTIVES

- (1) Develop a **new compartmental model** which avoids instantaneous partnerships
- (2) Explore whether modelled incidence is biased with instantaneous partnerships
- (a) **overall**, and (b) in **longer vs shorter** partnerships

LIMITATIONS OF INSTANTANEOUS PARTNERSHIP MODELS

Modelled incidence rate:

$$\lambda = \left[1 - \left(1 - \beta\right)^{F\delta}\right] C I$$

probability of escaping infection

- 1 : prevalence of infectious
- C: number of concurrent partners
- δ : average partnership duration *
- F: sex frequency per-partnership
- β : transmission probability per contact

adjusted

partnership duration δ

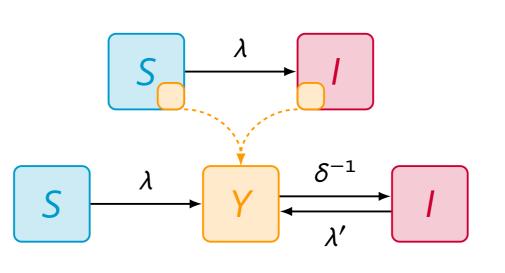
How duration δ is used:

- Contacts after transmission are "wasted"
- So: adjust for wasted contacts via probability of escaping infection
- However: forced to assume either
- **true duration** → underestimate early transmission
- max 1-year duration → underestimate wasted contacts

Limitations:

- Partnerships are assumed instantaneous
- Forced to capture either early transmission or wasted contacts

METHODS: OBJECTIVE 1 — PROPOSED MODEL



Core idea:

- Individuals who recently acquired (S) or transmitted (1) might be still with same partner
- So: they might not contribute to incidence

The details:

- New compartment (Y) for recently acquired or transmitted
- Remove Y from incidence rate λ :
- until: they change partners (duration⁻¹)
- if > 1 partnership types: only 1 type affected
- if > 1 concurrent partners: only 1 partner removed

$\lambda = \beta F[Y(C-1) + IC]$

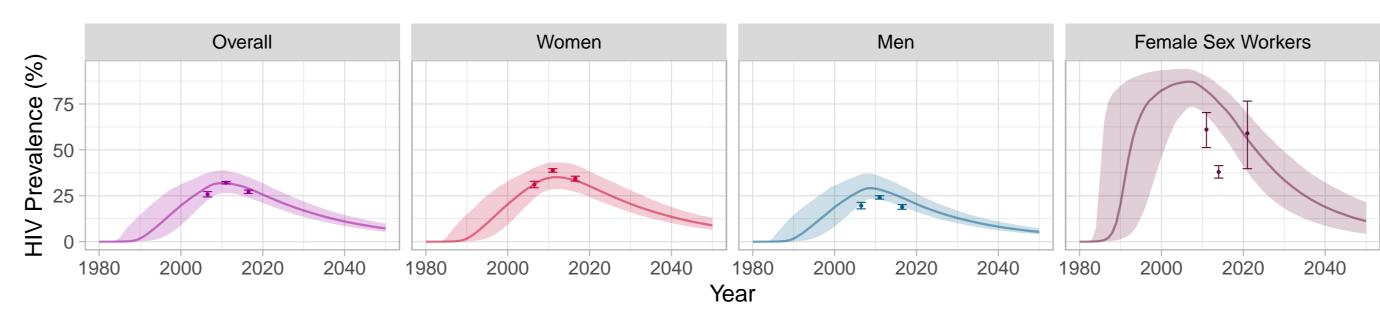
−1 partners after transmission

METHODS: OBJECTIVE 2 — SIMULATION STUDY

Context: Heterosexual HIV transmission in eSwatini

Full compartmental model:

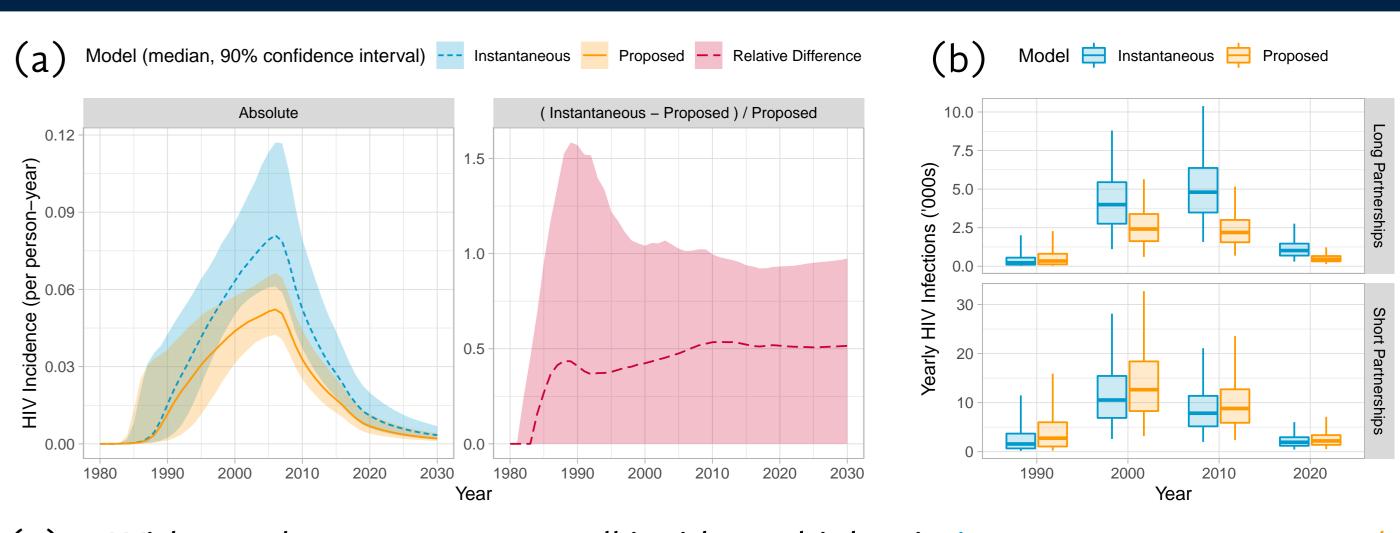
- 8 risk groups, 5 HIV stages, 5 treatment cascade states
- 4 partnership types, including: main (12–25 years), casual & sex work (0–2 years)
- Calibrated to HIV prevalence, incidence, treatment cascade data under instantaneous model; repeat for proposed model:



Experiment: Compare *instantaneous* vs *proposed* models:

- (a) **overall incidence**, with equal parameters from *proposed* calibration
 - → direct influence of instantaneous partnerships
- (b) incidence in longer vs shorter partnerships, with model-specific parameters
 - → indirect influence on model-inferred prevention priorities

RESULTS: OBJECTIVE 2 — SIMULATION STUDY



- (a) With equal parameters, overall incidence higher in instantaneous vs proposed
 - Differences grow over time due to **partnership-level herd effects** in **proposed**: infections become "trapped" within partnerships after transmission
- (b) With model-specific parameters, incidence in *instantaneous* vs *proposed*: higher in longer partnerships, lower in shorter partnerships

IMPLICATIONS

- Proposed model overcomes decades-old partnership modelling challenge ²
- Captures **true partnership duration** \rightarrow early transmission and wasted contacts
- Captures accumulation of partnership-level herd effects
- Avoids need for more complex modelling frameworks (e.g. network)
- Existing models likely overestimate impacts of prevention in longer partnerships, and underestimate impacts of prevention in shorter partnerships

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