

Discussion: Targeted Vaccine Subsidies for Healthcare Workers

By T. Tasseir, P. Polgreen, and A. Segre

James Murray
Department of Economics
University of Wisconsin - La Crosse

November 21, 2009

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in $\text{Prob}(\text{infected})$ and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in $\text{Prob}(\text{infected})$ and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in $\text{Prob}(\text{infected})$ and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in Prob(infected) and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in $\text{Prob}(\text{infected})$ and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in Prob(infected) and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in $\text{Prob}(\text{infected})$ and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

Susceptible-Infected-Recovered (SIR) Model

- Extended for heterogeneous contact:
- Possible disconnect in $\text{Prob}(\text{infected})$ and Marginal Infections.
- Vaccination: low private benefit, but high social benefit.

Model Simulation

- Collected contact data on 140 workers in 16 different roles in hospital.
- Used averages to calibrate contact frequency heterogeneity.
- Found simulations for marginal infections, expected marginal infections.
- Some expected and surprising results extremely relevant for H1N1 policy.
- What is a unit clerk?

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- “General Population” refers to population of hospital workers / patients.
- Protecting patient population is probably most crucial in protecting general population.
- Patients could be your agent j connecting:
 - Group A: Hospital employees.
 - Group B: Actual general population.
 - Possibly have much higher marginal infections (in general population)
- Use a term “Hospital Population” and tone down its importance.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - ① Draw a sample from sampling distributions Table 1.
 - ② Generate results of marginal infections
 - ③ Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - ① Draw a sample from sampling distributions Table 1.
 - ② Generate results of marginal infections
 - ③ Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - ① Draw a sample from sampling distributions Table 1.
 - ② Generate results of marginal infections
 - ③ Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - 1 Draw a sample from sampling distributions Table 1.
 - 2 Generate results of marginal infections
 - 3 Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - 1 Draw a sample from sampling distributions Table 1.
 - 2 Generate results of marginal infections
 - 3 Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - 1 Draw a sample from sampling distributions Table 1.
 - 2 Generate results of marginal infections
 - 3 Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - 1 Draw a sample from sampling distributions Table 1.
 - 2 Generate results of marginal infections
 - 3 Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- There are no standard deviations / confidence intervals / hypothesis tests.
- Table 1 shows average contacts between worker categories.
- These means have standard deviations, normal sampling distributions.
- Monte-Carlo simulation:
 - 1 Draw a sample from sampling distributions Table 1.
 - 2 Generate results of marginal infections
 - 3 Repeat a couple million times.
- Result: means and standard deviations for results in Tables 3,4,6,7.

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - ① Length of contact time.
 - ② Whether physical contact was made.
 - ③ Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - 1 Length of contact time.
 - 2 Whether physical contact was made.
 - 3 Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - 1 Length of contact time.
 - 2 Whether physical contact was made.
 - 3 Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - 1 Length of contact time.
 - 2 Whether physical contact was made.
 - 3 Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - 1 Length of contact time.
 - 2 Whether physical contact was made.
 - 3 Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - 1 Length of contact time.
 - 2 Whether physical contact was made.
 - 3 Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?

- Transmission probability, α , identical across groups and contact types.
- Data was collected on:
 - 1 Length of contact time.
 - 2 Whether physical contact was made.
 - 3 Whether hand washing / sanitizing was done.
- Maybe summarize this data in a Matrix like Table 1.
- Might provide clues:
 - Is transmission rate independent of group and contact type?
 - Is transmission rate lower around patients?
 - Are certain groups' transmission rates different around patients?