

Compartmental models in epidemiology

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Purpose

- explain simple (indeed very simple) mathematical models in epidemiology
- probably too simplistic for detailed analysis of COVID-19 but should still be useful to learn the basics of epidemiology and get some insight into what is happening now
- ref: “Compartmental models in epidemiology” in wikipedia and references therein (and some others)

Contents

- introduction of some models
 - SIR model
 - SEIR model
 - SEIRS model
- implications for COVID-19

SIR model (w/o vital dynamics)



$$\frac{dS}{dt} = -\frac{\beta SI}{N}$$

$$\frac{dI}{dt} = \frac{\beta SI}{N} - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

$$N = S + I + R = \text{const.}$$

β [T^{-1}] : time scale of contacts/infections

γ [T^{-1}] : time scale of recovery

$$R_0 = \frac{\beta}{\gamma} \quad \text{controls the dynamics}$$

R_0 : basic reproduction number

Reproduction numbers

- basic reproduction number

$$R_0 = \frac{\beta}{\gamma}$$

β ← contact/infection time scale
→ depends on environmental conditions
(culture, lockdown, social distancing, ...)

γ ← recovery time scale
→ (mainly) biological constant

✂ however, it is often defined as a value in absence of any deliberate intervention in disease transmission

- effective reproduction number

$$R_e = \frac{\beta}{\gamma} \frac{S}{N}$$

change with time, $R_e \approx R_0$ when $S \approx N$

- **here I mostly use R_0 and regards it as a variable** (unlike the convention in this field)

R₀ of well-known diseases

はしか
水痘
おたふく風邪
ポリオ
風疹
百日咳

天然痘

ジフテリア

Values of R_0 of well-known infectious diseases^[1]

Disease ◆	Transmission ◆	R ₀ ◆
Measles	Aerosol	12–18 ^[2]
Chickenpox (varicella)	Aerosol	10–12 ^[3]
Mumps	Respiratory droplets	10–12 ^[4]
Polio	Fecal–oral route	5–7 ^[citation needed]
Rubella	Respiratory droplets	5–7 ^[citation needed]
Pertussis	Respiratory droplets	5.5 ^[5]
COVID-19	Respiratory droplets	3.8–8.9 ^[6]
Smallpox	Respiratory droplets	3.5–6 ^[7]
HIV/AIDS	Body fluids	2–5 ^[citation needed]
SARS	Respiratory droplets	3.1–4.2 ^[8]
Common cold	Respiratory droplets	2–3 ^[9]
Diphtheria	Saliva	1.7–4.3 ^[10]
Influenza (1918 pandemic strain)	Respiratory droplets	1.4–2.8 ^[11]
Ebola (2014 Ebola outbreak)	Body fluids	1.5–1.9 ^[12]
Influenza (2009 pandemic strain)	Respiratory droplets	1.4–1.6 ^[13]
Influenza (seasonal strains)	Respiratory droplets	0.9–2.1 ^[14]
MERS	Respiratory droplets	0.3–0.8 ^[15]

(from wikipedia)

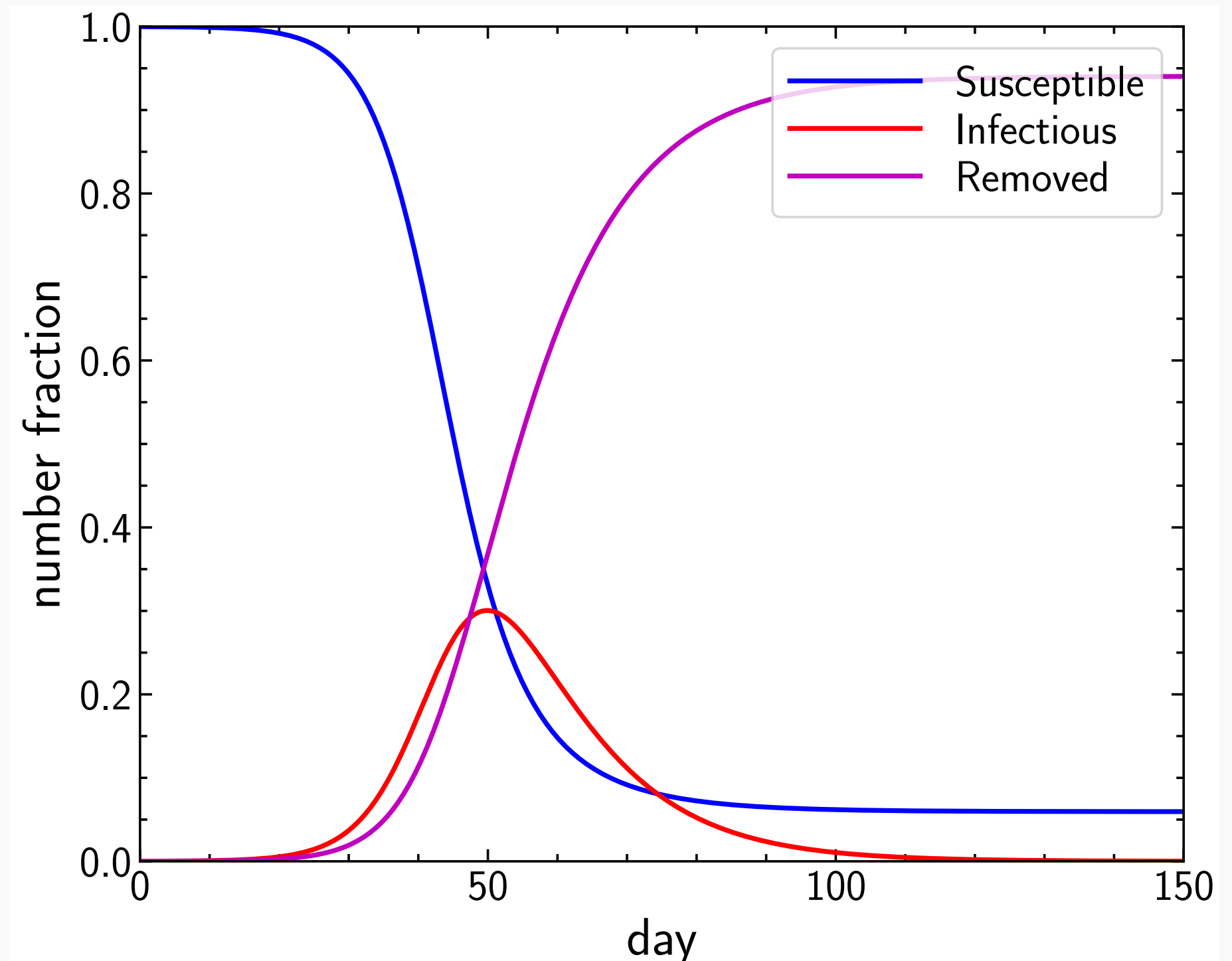
SIR model: example

$$\beta = 0.3 \text{ day}^{-1}$$

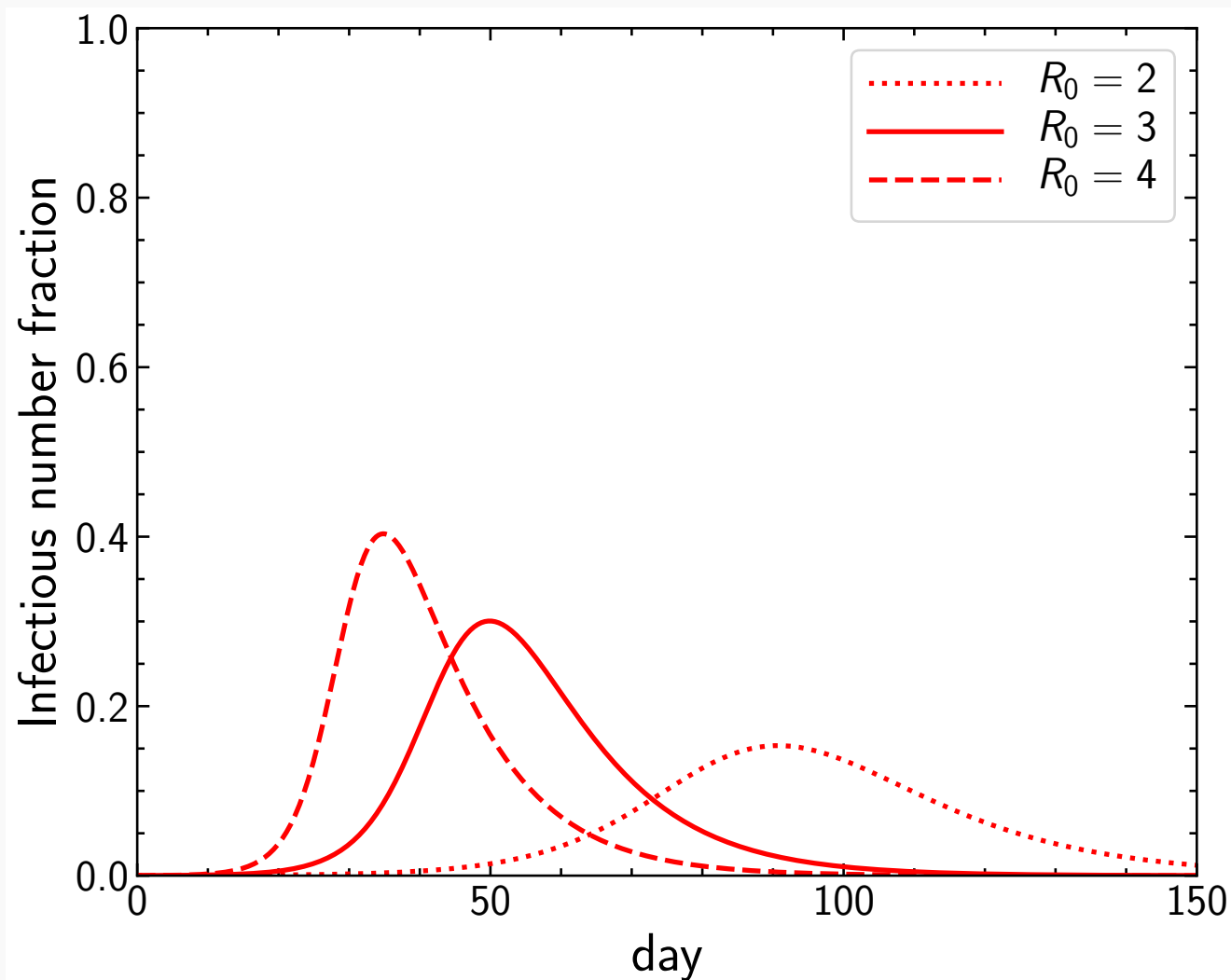
$$\gamma = 0.1 \text{ day}^{-1}$$

$$R_0 = 3$$

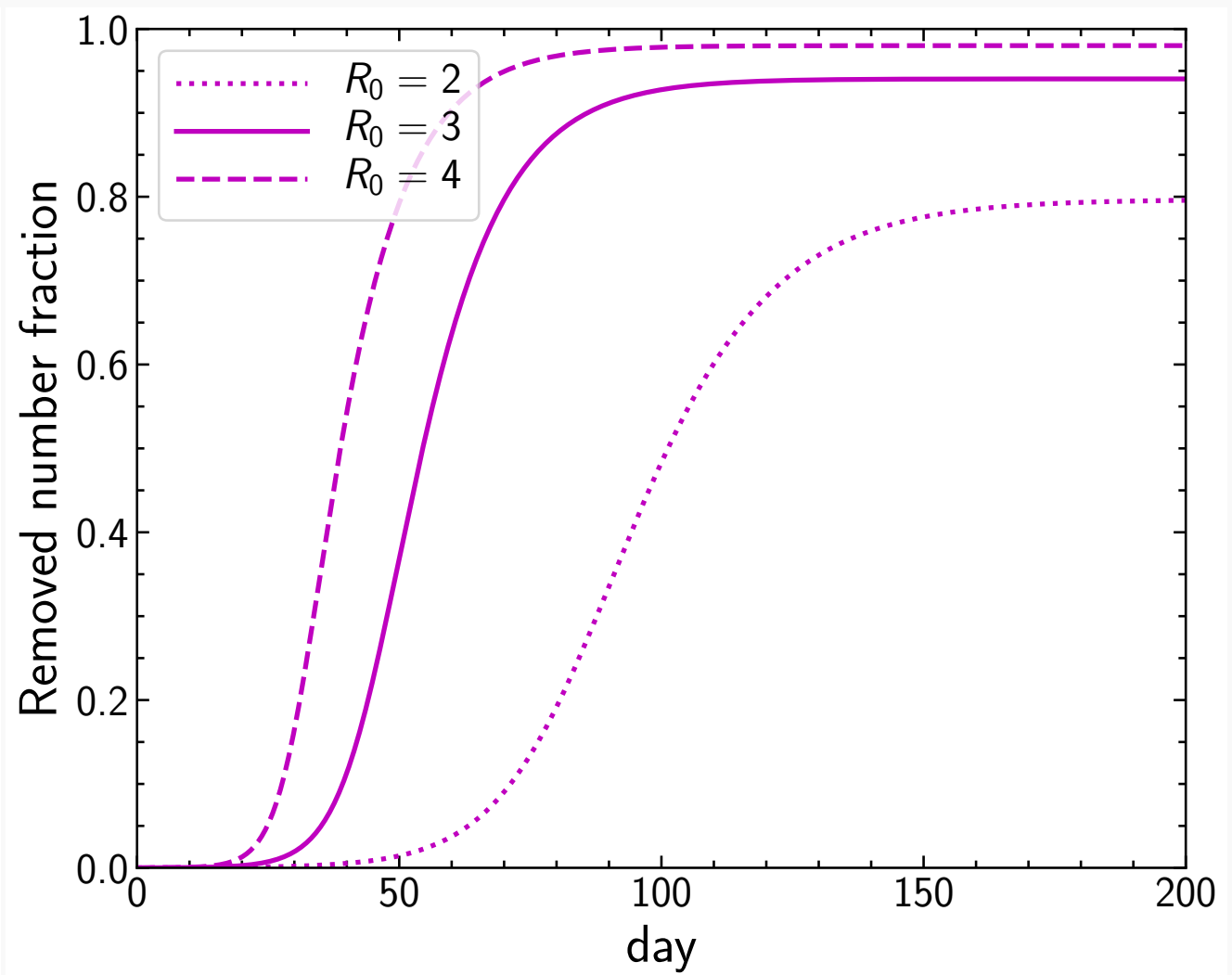
>90% people
experiences
infections
in the end



Effect of different R_0 (β)



smaller $R_0 \rightarrow$ lower peak at later time
("flatten the curve")



converged values of fraction of
Removed persons depend on R_0

Limiting behaviors

- at early stage when $S \approx N$

$$\frac{dI}{dt} \sim \gamma(R_0 - 1)I \quad \longrightarrow \quad I \propto e^{\gamma(R_0 - 1)t}$$

slope depends on R_0

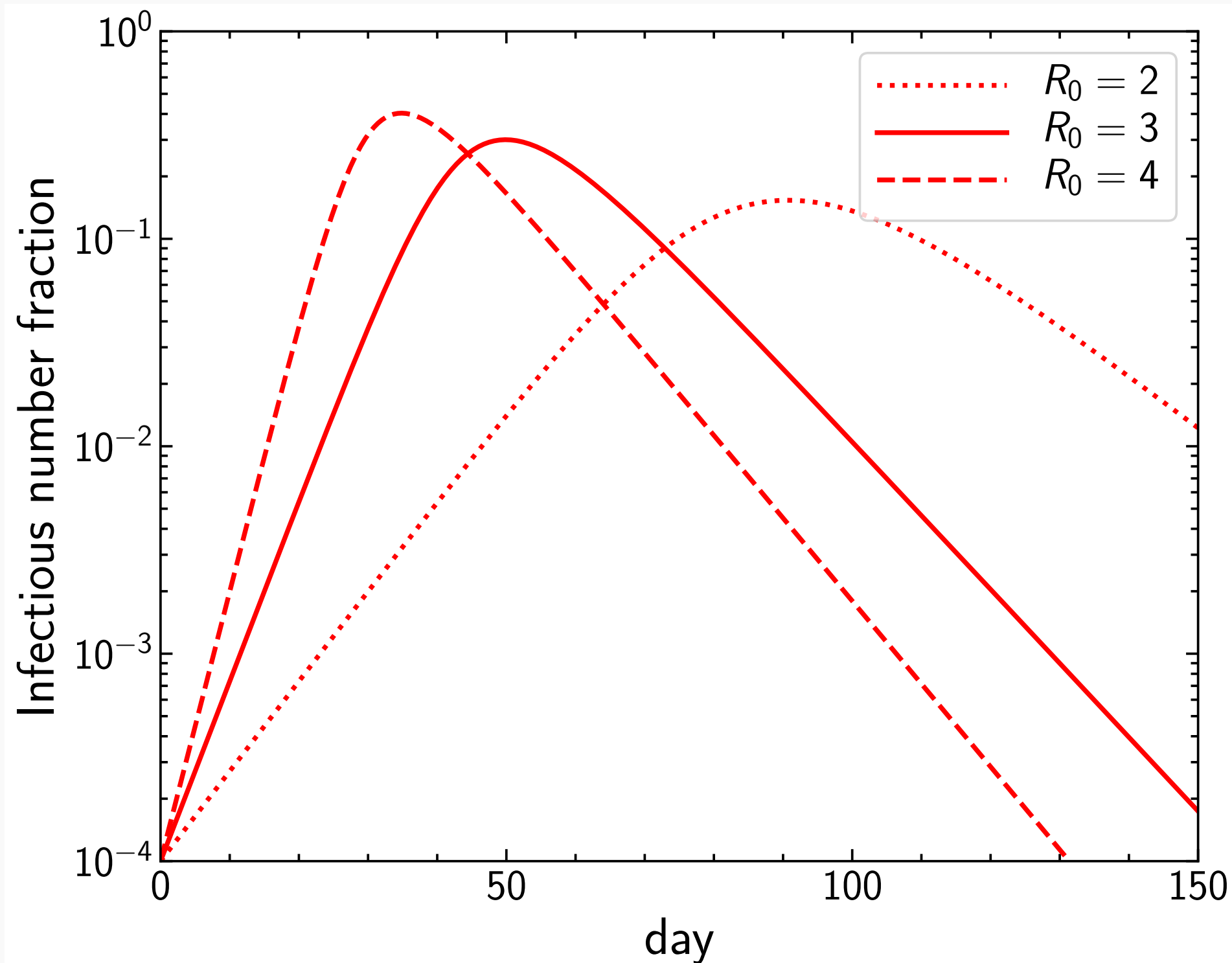
- at $t \rightarrow \infty$
 - from the original differential equations

$$\frac{dS}{S} = -R_0 \frac{dR}{N} \quad \longrightarrow \quad \frac{S(\infty)}{S(0)} = e^{-R_0 \{R(\infty) - R(0)\}/N}$$

$$\xrightarrow[R(0)=0]{S(\infty)+R(\infty)=N} \frac{S(\infty)}{S(0)} = e^{-R_0 \{1 - S(\infty)/N\}}$$

convergence value can be derived from this equation

Exponential growth



R_0 may be
inferred
from slope

Importance of R_0 (or R_e)

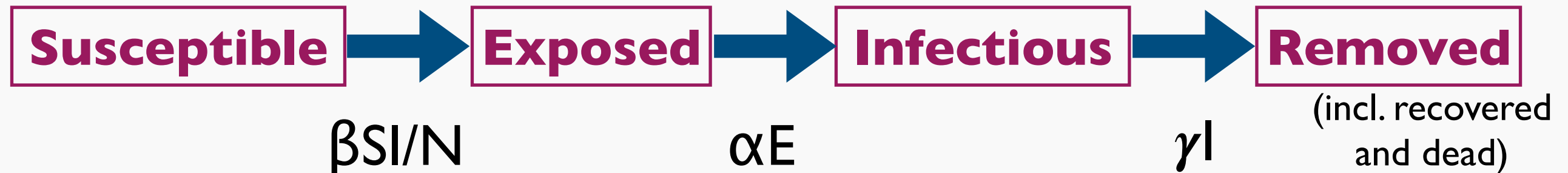
at early stage $I \propto e^{\gamma(R_0-1)t}$

or at any time $\frac{dI}{dt} = \gamma(R_e - 1)I$

R_0 or $R_e > 1 \rightarrow$ exponential grow

R_0 or $R_e < 1 \rightarrow$ exponential decay

SEIR model (w/o vital dynamics)



$$\frac{dS}{dt} = -\frac{\beta SI}{N}$$

$$\frac{dE}{dt} = \frac{\beta SI}{N} - \alpha E$$

$$\frac{dI}{dt} = \alpha E - \gamma I$$

$$\frac{dR}{dt} = \gamma I$$

$$N = S + E + I + R = \text{const.}$$

β [T^{-1}] : time scale of contacts/infections

α [T^{-1}] : time scale of incubation

γ [T^{-1}] : time scale of recovery

$$R_0 = \frac{\beta}{\gamma} \quad (\text{will be discussed later})$$

SEIR model: example

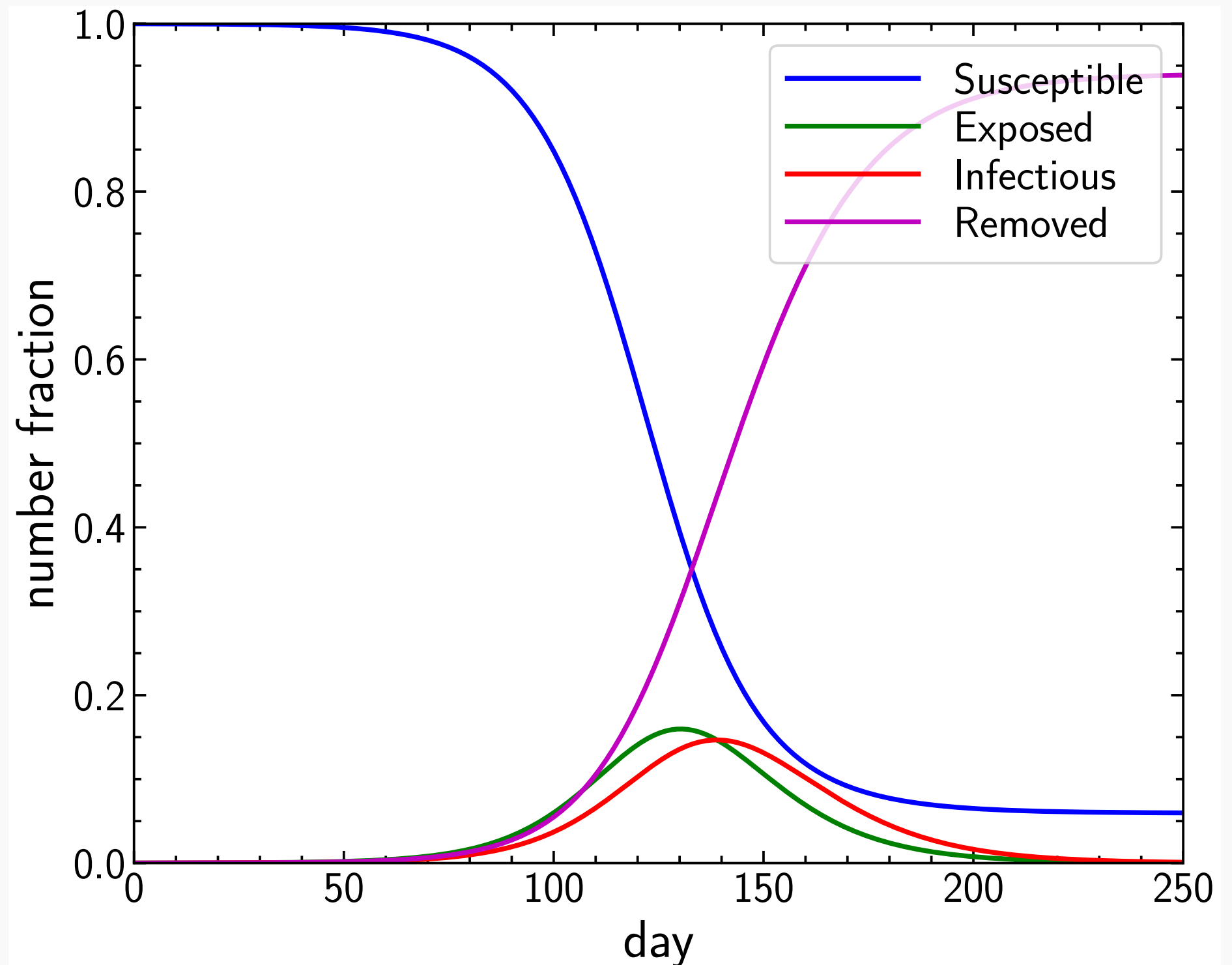
$$\beta = 0.3 \text{ day}^{-1}$$

$$\alpha = 0.1 \text{ day}^{-1}$$

$$\gamma = 0.1 \text{ day}^{-1}$$

$$R_0 = 3$$

>90% people
experiences
infections
in the end



Limiting behavior at $t \rightarrow \infty$

$$\begin{aligned} \frac{dS}{dt} &= -\frac{\beta SI}{N} \\ \frac{dR}{dt} &= \gamma I \end{aligned} \quad \begin{array}{l} \nearrow \\ \nearrow \end{array} \quad \frac{dS}{S} = -R_0 \frac{dR}{N} \quad \rightarrow \quad \frac{S(\infty)}{S(0)} = e^{-R_0 \{1 - S(\infty)/N\}}$$

same as in SIR model
(determined only by R_0)

Limiting behavior at early stage (1/2)

- at early stage when $S \approx N$

$$\frac{d}{dt} \begin{pmatrix} E \\ I \end{pmatrix} = \begin{pmatrix} -\alpha & \beta \\ \alpha & -\gamma \end{pmatrix} \begin{pmatrix} E \\ I \end{pmatrix} = \gamma \begin{pmatrix} -\alpha' & R_0 \\ \alpha' & -1 \end{pmatrix} \begin{pmatrix} E \\ I \end{pmatrix}$$

$$\alpha' = \frac{\alpha}{\gamma} \quad R_0 = \frac{\beta}{\gamma}$$

– characteristic equation

$$\begin{vmatrix} -\alpha' - \lambda & R_0 \\ \alpha' & -1 - \lambda \end{vmatrix} = 0$$

$$\lambda_{\pm} = \frac{-(1 + \alpha') \pm \sqrt{(1 + \alpha')^2 + 4\alpha'(R_0 - 1)}}{2}$$

Limiting behavior at early stage (2/2)

– “growing” mode

$$\lambda_+ = \frac{-(1 + \alpha') + \sqrt{(1 + \alpha')^2 + 4\alpha'(R_0 - 1)}}{2} \quad \rightarrow \quad I \propto e^{\gamma\lambda_+ t}$$

$\lambda_+ > 0$ if $R_0 > 1$, $\lambda_+ < 0$ if $R_0 < 1$

→ R_0 can be regarded as basic reproduction number

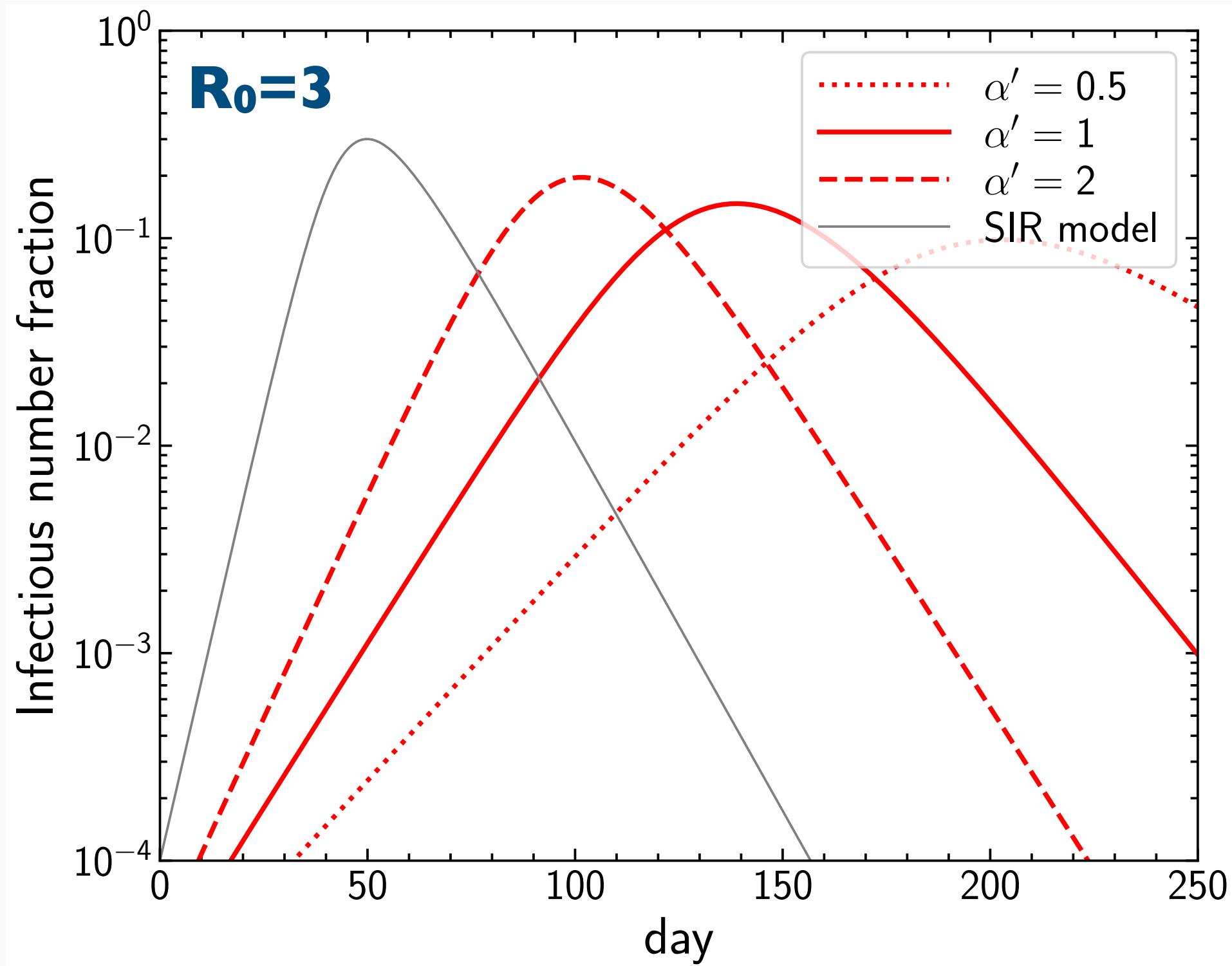
$\lambda_+ \sim R_0 - 1$ at $\alpha' \gg 1$

→ $I \propto e^{\gamma(R_0 - 1)t}$ (same as SIR)

$\lambda_+ \sim \alpha'(R_0 - 1)$ at $\alpha' \ll 1$

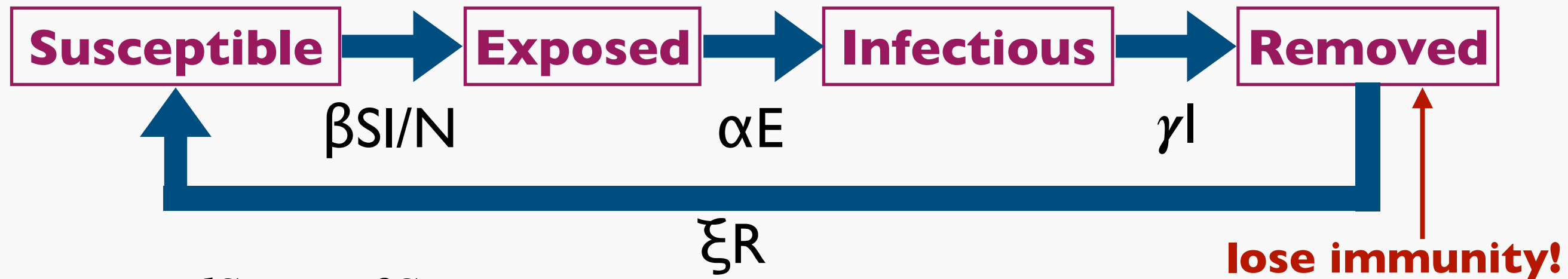
→ $I \propto e^{\alpha(R_0 - 1)t}$ (slower than SIR)

Exponential growth



slope gets
shallower
for
smaller α'

SEIRS model (w/o vital dynamics)



$$\frac{dS}{dt} = -\frac{\beta SI}{N} + \xi R$$

$$\frac{dE}{dt} = \frac{\beta SI}{N} - \alpha E$$

$$\frac{dI}{dt} = \alpha E - \gamma I$$

$$\frac{dR}{dt} = \gamma I - \xi R$$

$$N = S + E + I + R = \text{const.}$$

$\beta [T^{-1}]$: time scale of contacts/infections

$\alpha [T^{-1}]$: time scale of incubation

$\gamma [T^{-1}]$: time scale of recovery

$\xi [T^{-1}]$: time scale of losing immunity

$$R_0 = \frac{\beta}{\gamma}$$

SEIRS model: example

$$\beta = 0.3 \text{ day}^{-1}$$

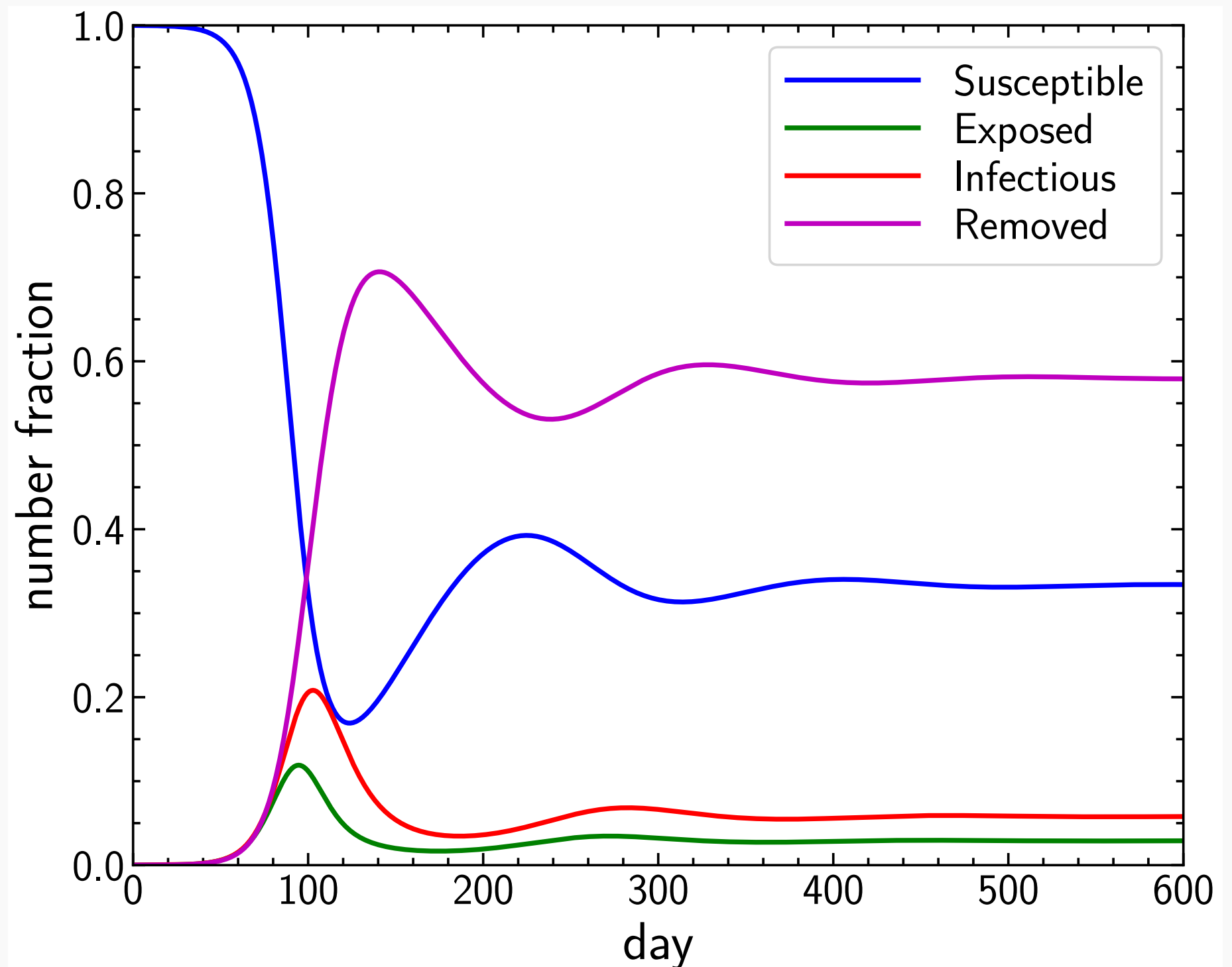
$$\alpha = 0.2 \text{ day}^{-1}$$

$$\gamma = 0.1 \text{ day}^{-1}$$

$$\xi = 0.01 \text{ day}^{-1}$$

$$R_0 = 3$$

all converge
to non-zero
values
(**endemic**)



Limiting behavior at early stage

- at early stage when $S \approx N$

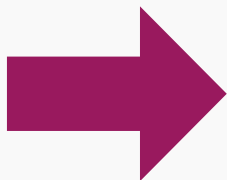
$$\frac{d}{dt} \begin{pmatrix} E \\ I \end{pmatrix} = \begin{pmatrix} -\alpha & \beta \\ \alpha & -\gamma \end{pmatrix} \begin{pmatrix} E \\ I \end{pmatrix} = \gamma \begin{pmatrix} -\alpha' & R_0 \\ \alpha' & -1 \end{pmatrix} \begin{pmatrix} E \\ I \end{pmatrix}$$

same as in SEIR model

Limiting behavior at $t \rightarrow \infty$

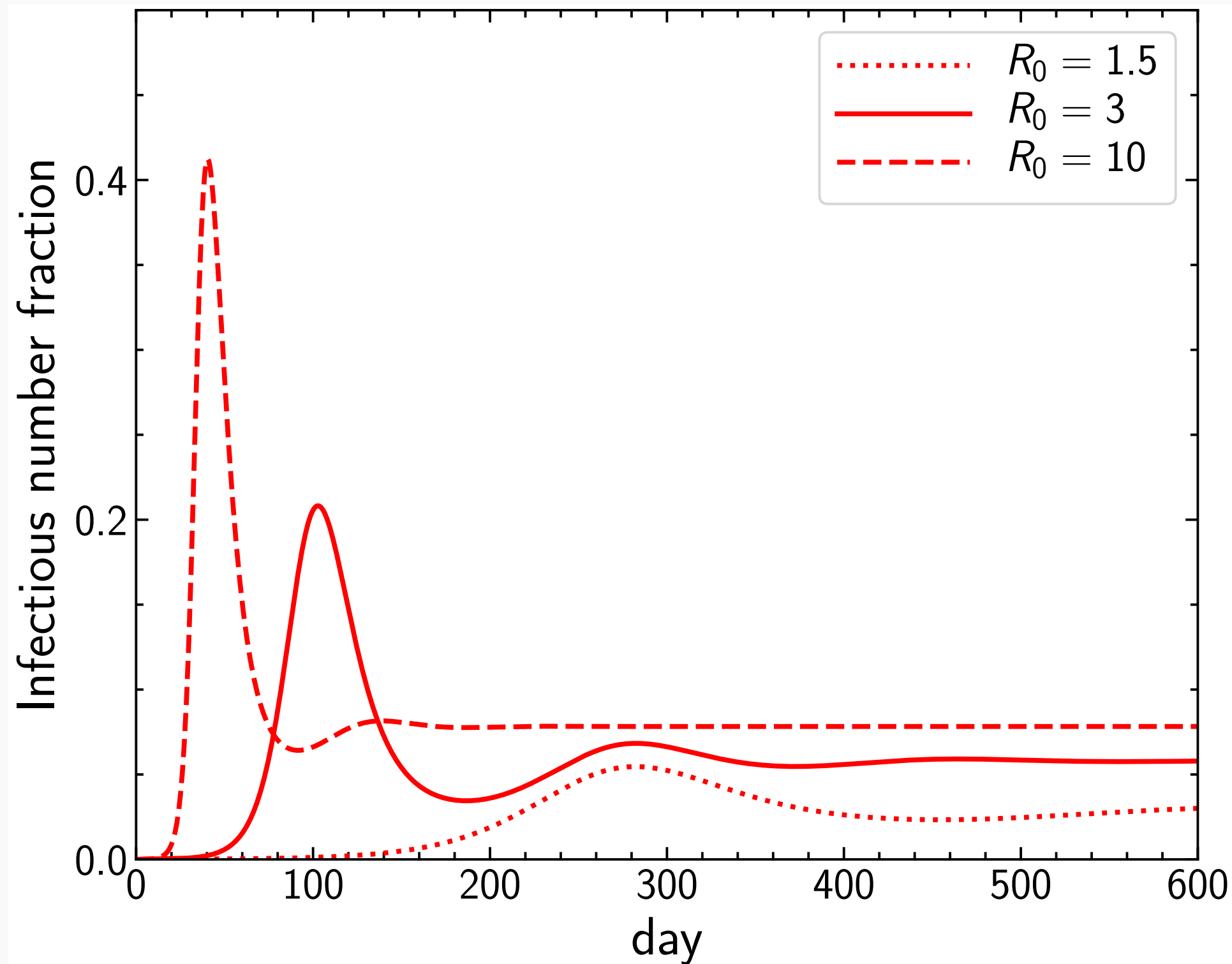
- at equilibrium

$$\frac{dS}{dt} = \frac{dE}{dt} = \frac{dI}{dt} = \frac{dR}{dt} = 0$$


$$\left[\begin{aligned} \frac{S(\infty)}{N} &= \frac{1}{R_0} \\ \frac{E(\infty)}{N} &= \frac{1}{\alpha} \left(\frac{1 - 1/R_0}{1/\alpha + 1/\gamma + 1/\xi} \right) \\ \frac{I(\infty)}{N} &= \frac{1}{\gamma} \left(\frac{1 - 1/R_0}{1/\alpha + 1/\gamma + 1/\xi} \right) \\ \frac{R(\infty)}{N} &= \frac{1}{\xi} \left(\frac{1 - 1/R_0}{1/\alpha + 1/\gamma + 1/\xi} \right) \end{aligned} \right.$$

Infectious
proportional to
 $1 - 1/R_0$

Some examples

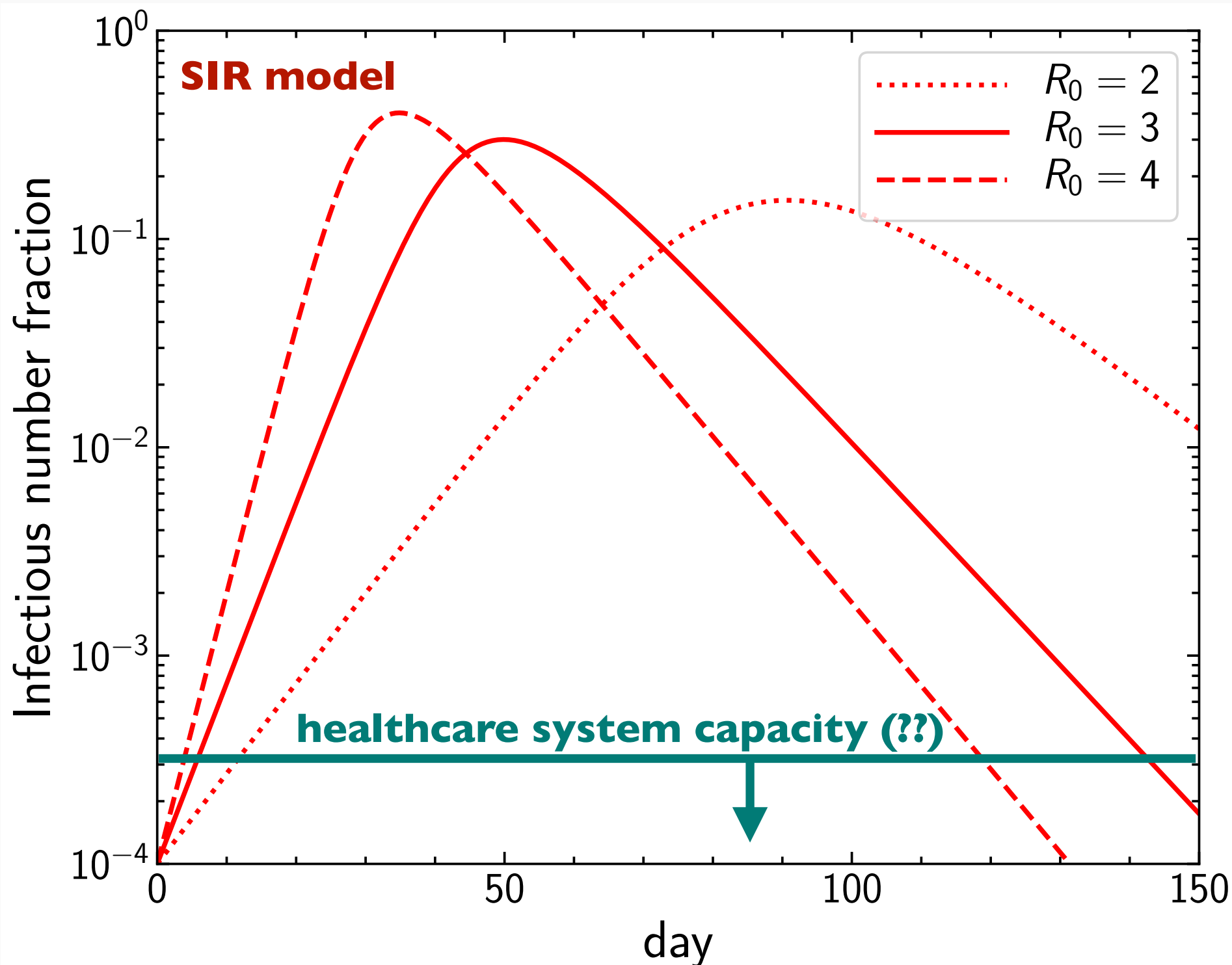


Infectious
at $t \rightarrow \infty$
proportional
to $1 - 1/R_0$

Introduction to models: summary

- these models are very simple yet capture the essence of epidemiology
- the models can be extended in several ways, e.g., adding more compartments (isolated, vaccination, deceased, ...), considering birth and death, introducing stochasticity in model parameters, etc.

Implications for COVID-19



of infected person need to be below capacity

disaster if $R_0 > 1$

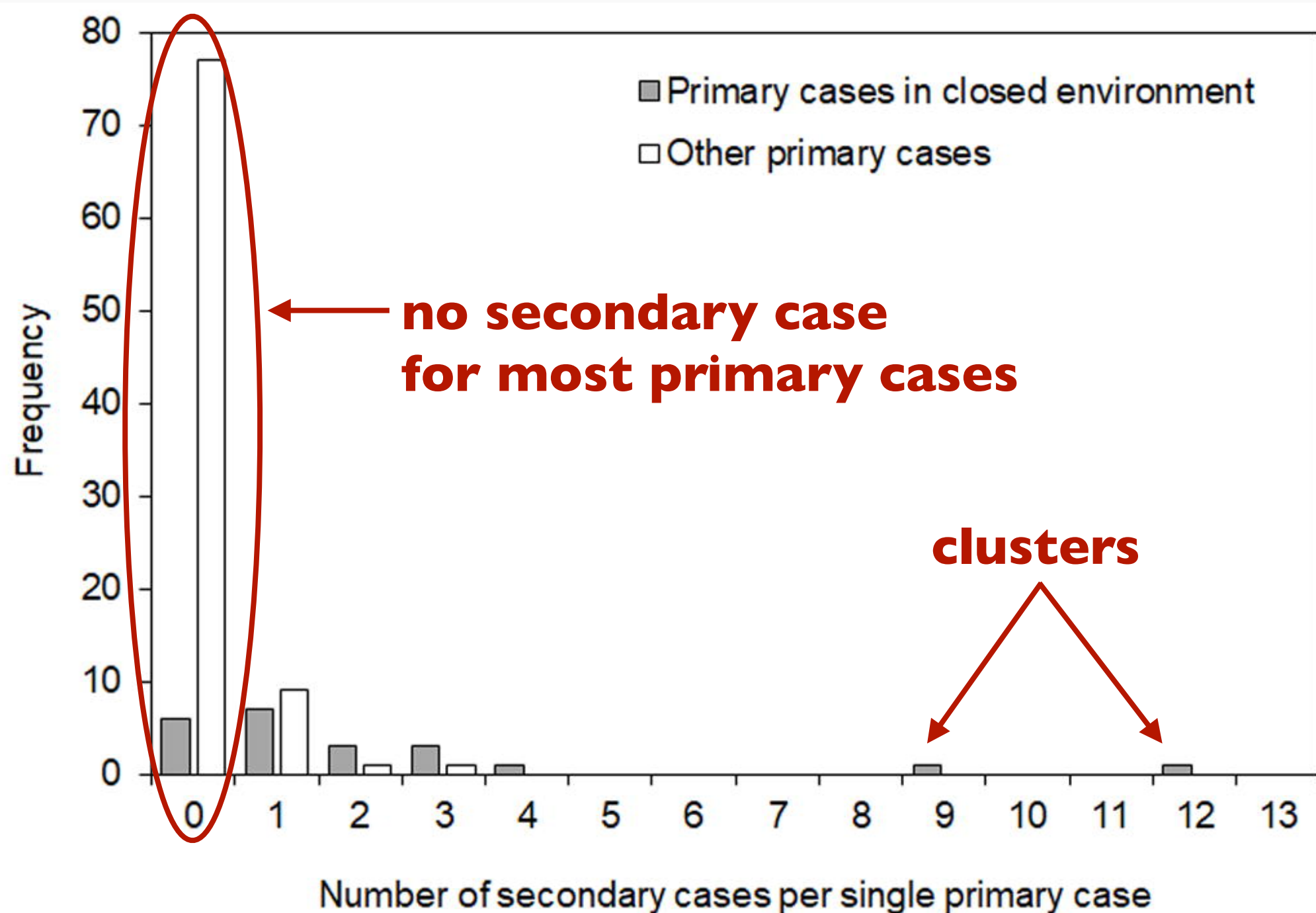
reducing R_0 to $R_0 < 1$ is needed

How to reduce R_0

- it's a highly complicated problem
 - vaccine
 - isolation of infected persons
 - social distancing
 - wearing mask
 - lockdown/“lockdown”
 - ...

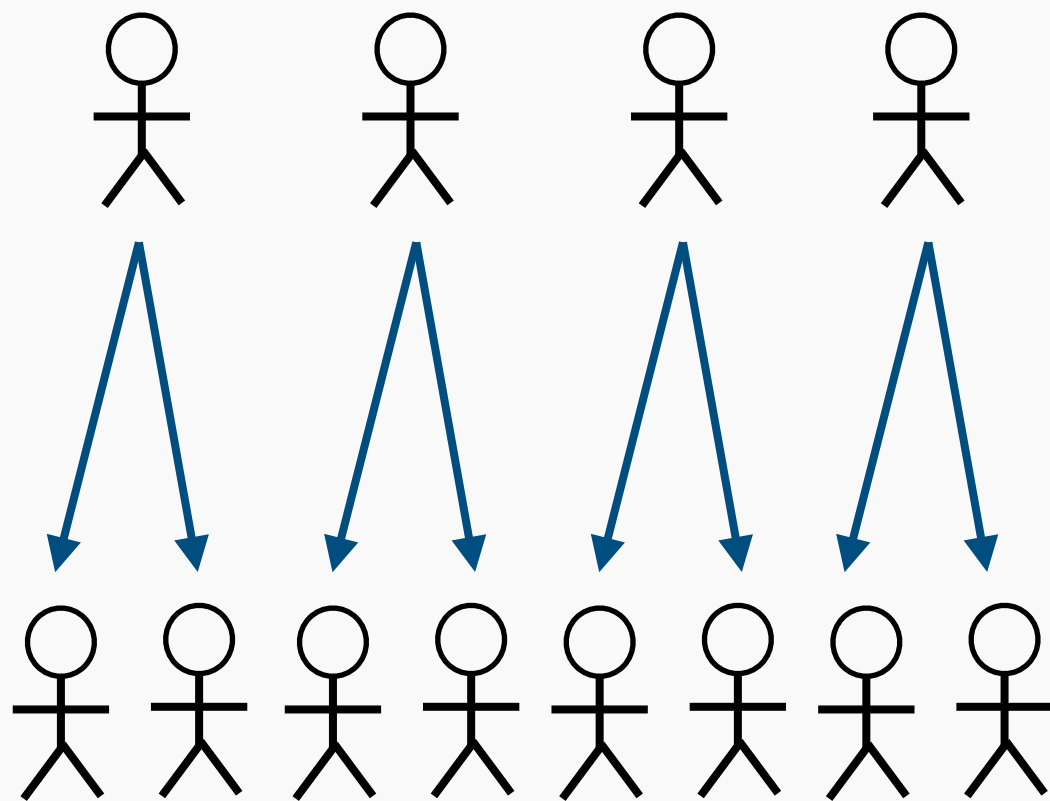
Cluster strategy

- analysis of 110 cases in Japan as of Feb. 28

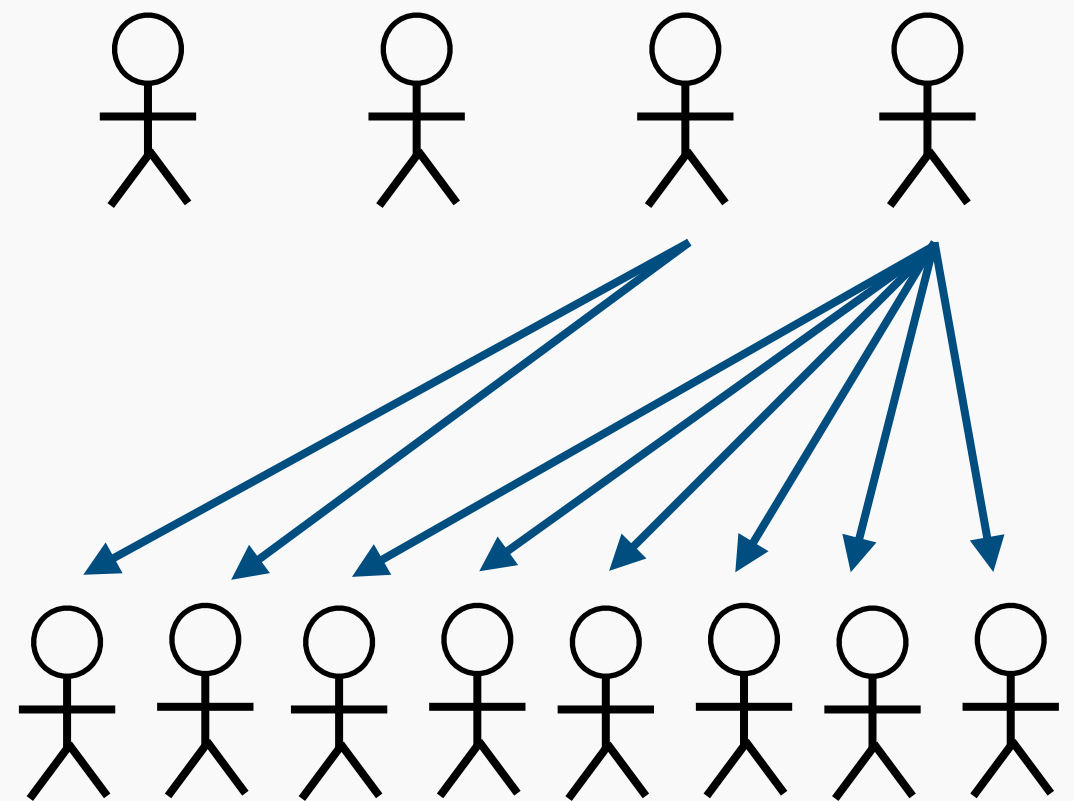


Removing clusters

$R_0=2$ uniform

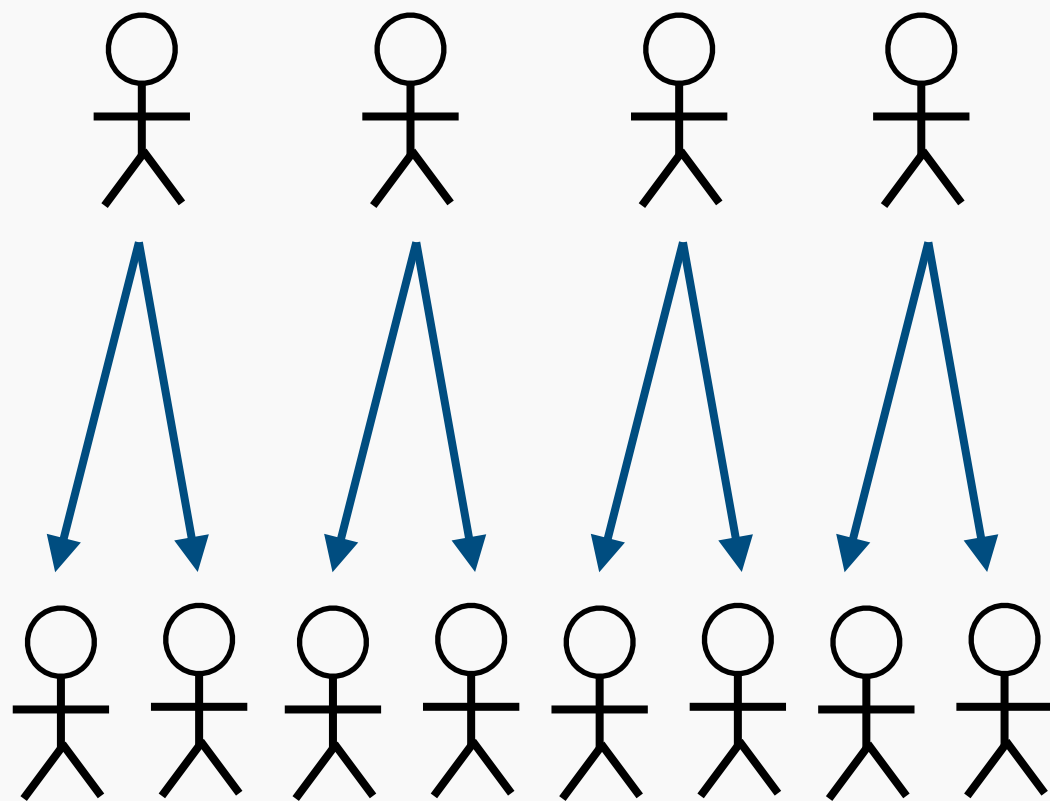


$R_0=2$ irregular (COVID-19)

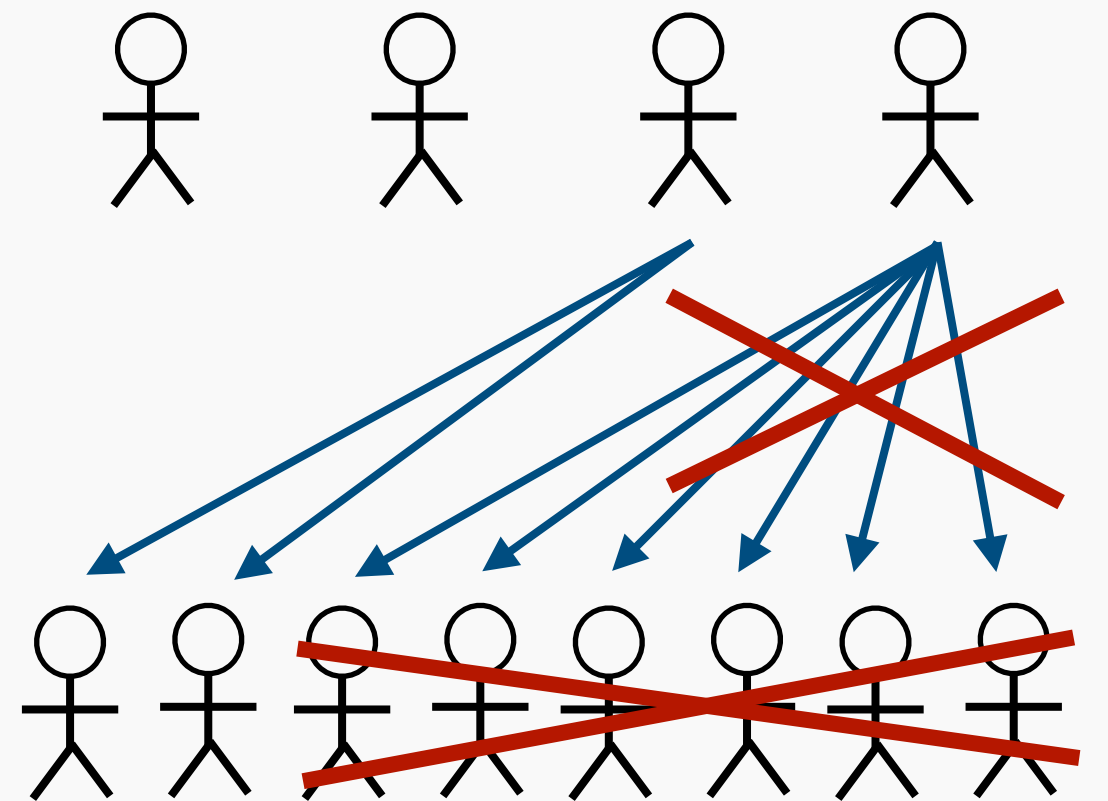


Removing clusters

$R_0=2$ uniform



$R_0=2$ irregular (COVID-19)

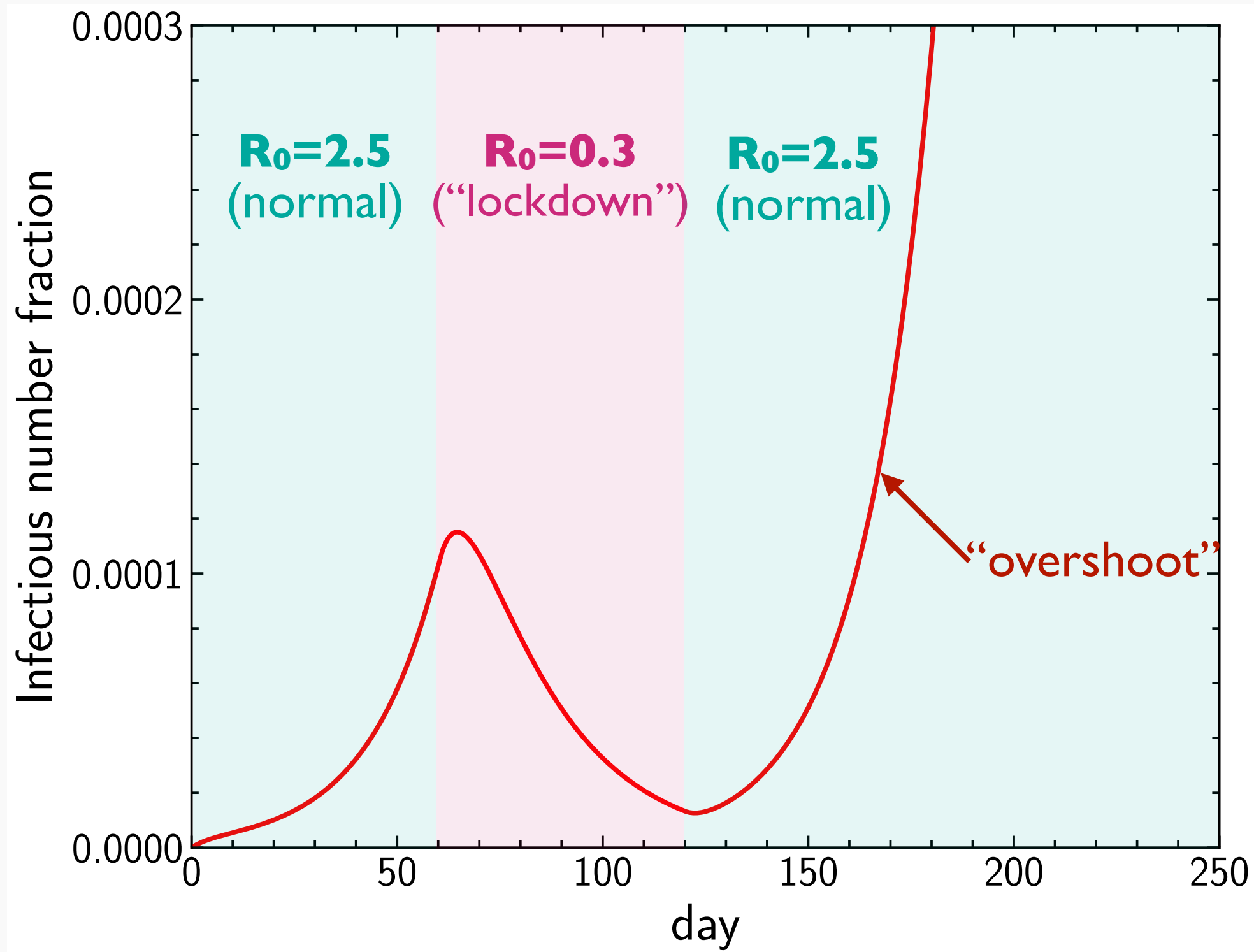


- “avoid three Cs” campaign
- find/isolate clusters

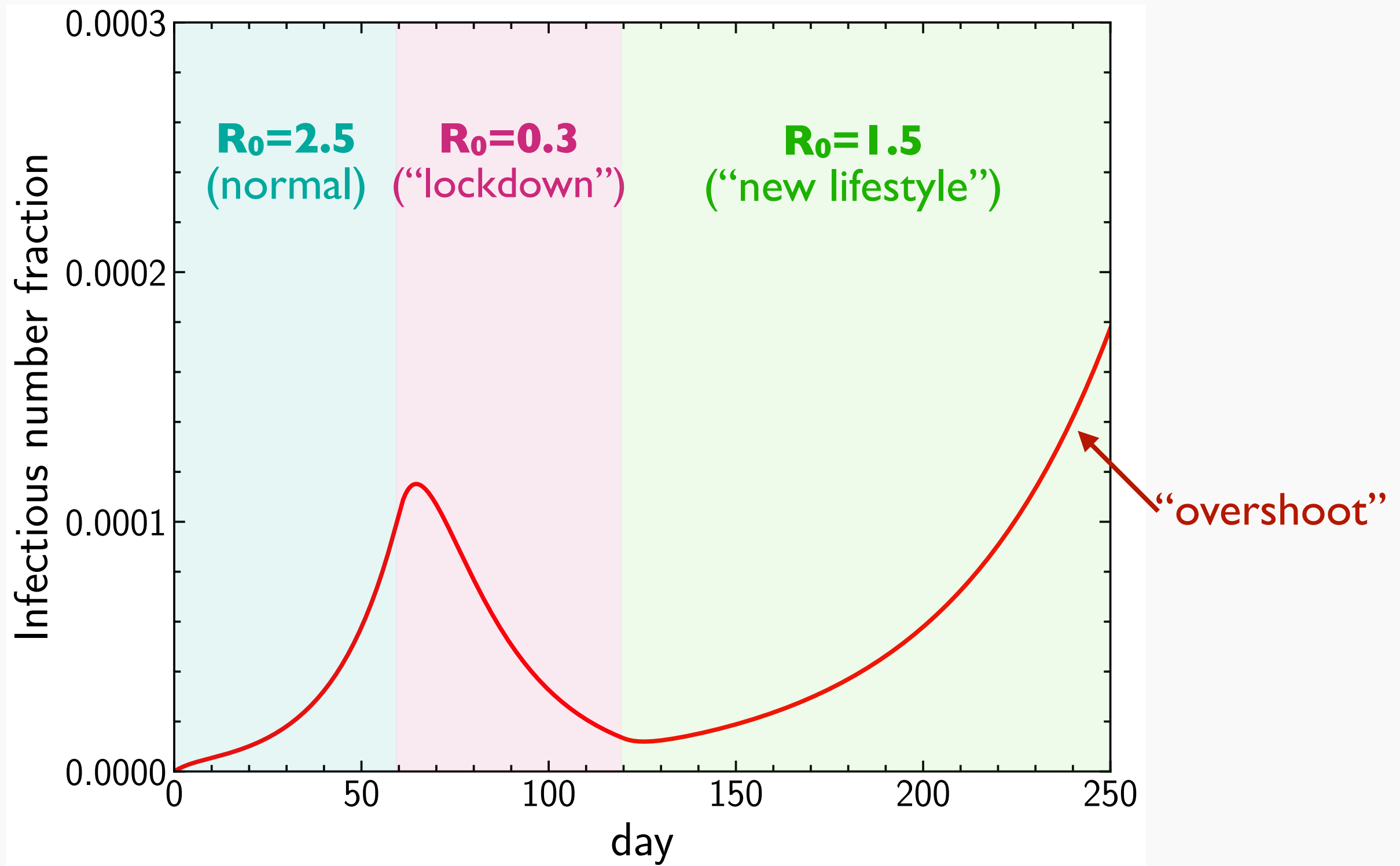
significantly reduce R_0

to some extent worked (?)

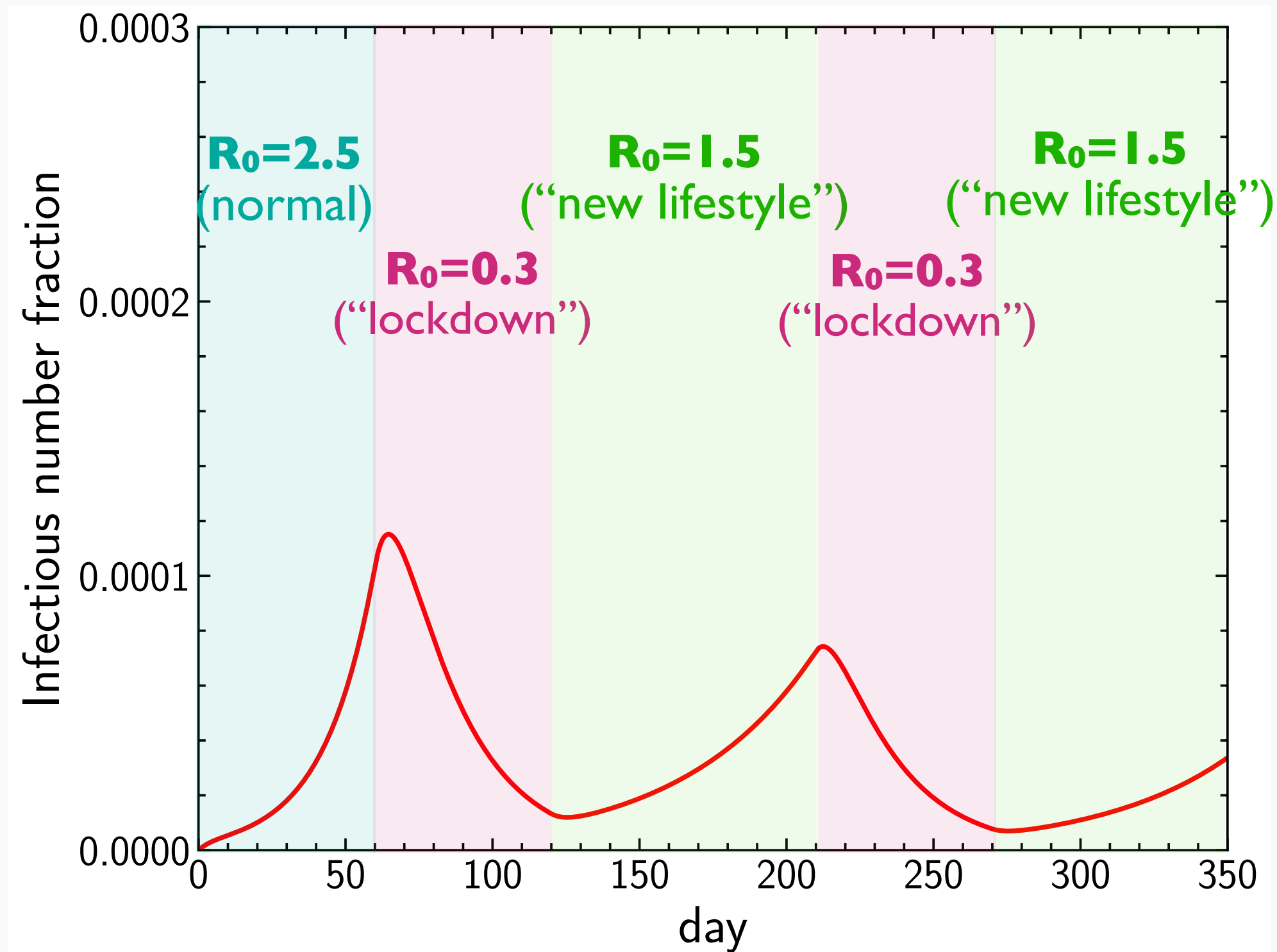
Reducing R_0 : SEIR simulations (1/3)



Reducing R_0 : SEIR simulations (2/3)



Reducing R_0 : SEIR simulations (3/3)



plausible
scenario?

Summary

- compartmental models in epidemiology discussed in this talk are simple and easy to understand, yet they are useful to get qualitative understanding of epidemic
- for quantitative analysis of COVID-19 pandemic more sophisticated models are (should be) used