

Prioritizing COVID-19 vaccination in changing social and epidemiological landscapes

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Slides and script available at
https://git.uwaterloo.ca/pjentsch/smb_epi_talk.git

Studying COVID-19 vaccination

- Model-based analyses are exploring which group should be the first to get the vaccine [Bubar et al., 2020, Buckner et al., 2020].
- The epidemiological landscape will change throughout the remainder of the pandemic
- Perception of risk due to the virus, and therefore perception of benefit of physical distancing, also fluctuates
- The group to vaccinate first, to most reduce mortality, is a function of this landscape

Social responses to the pandemic

- Non-pharmaceutical interventions (NPIs) can have a significant impact on SARS-CoV-2 transmission
- Pandemic waves are a creation of the population response to a pathogen
- Important to model the incentive structures informing population response

Compartmental model overview

Disease Compartments

$S(t)$: Susceptible

$S_2(t)$: Vaccinated but still susceptible

$V(t)$: Vaccinated and immune

$E(t)$: Exposed

$P(t)$: Pre-symptomatic

$I_a(t)$: Infectious and asymptomatic

$I_s(t)$: Infectious and symptomatic

$R(t)$: Recovered

Social compartments

$x(t)$: Uses NPIs

$1 - x(t)$: Does not use NPIs

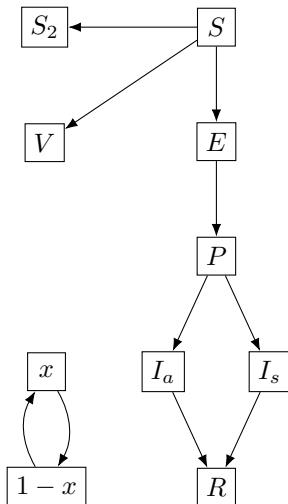


Figure: Compartments

Incorporating age-structure

- Age is an important factor in determining COVID-19 outcomes
- Different age groups exhibit different contact patterns
- Lockdowns affect age groups differently (work vs. school)
- Each disease compartment is further divided into 16 age compartments
- Interactions between age compartments defined by contact matrices

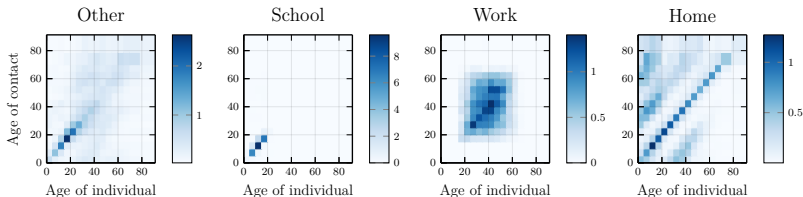


Figure: Contact matrices for Canada, mean contacts per day. Data from [Prem et al., 2017].

Game theory as a model of NPI adoption

| P2 | | use NPI | don't use NPI |
|---------------|--|------------------------------|------------------------------|
| P1 | | | |
| use NPI | | low risk, NPIs unpleasant | med risk |
| | | low risk, NPIs unpleasant | med risk, NPIs unpleasant |
| don't use NPI | | med risk, NPIs unpleasant | high risk |
| | | med risk | high risk |

Table: NPI adoption as a two-player game (between P1 and P2)

Replicator equation for population games

Population dynamics under a population game can be approximated by the replicator equation

$$\frac{dx}{dt} = \sigma x(1-x)(-p(x,t)) \quad (1)$$

where

- $x(t)$ is the fraction of population using NPIs
- $p(x,t)$ is the payoff function
- σ is the rate of population response

Our model of NPI usage

The full equation for $x(t)$, in this model, is given by

$$\frac{dx}{dt} = \sigma x(1 - x) \left(\frac{\sum_{i=1}^{16} \alpha_i (I_{a_i} + I_{s_i})}{\sum_{i=1}^{16} N_i} - cx \right) + p_{ul}(1 - 2x) \quad (2)$$

- The term $p_{ul}(1 - 2x)$ accounts for outside influence, where p_{ul} is small.
- α_i denotes the fraction of cases ascertained through testing.
- N_i is the population in age compartment i , $\sum_{i=1}^{16} N_i$ is the total population.
- $x(t)$ interacts with the infection dynamics by reducing the fraction of "home" and "other" contacts contributing to the infection rate

Lockdown mechanics

- There have been a few government-initiated lockdowns in Ontario, affecting schools and workplaces
- Implemented in the model by reducing the contribution of the "work" and "school" contact matrices to the infection rate
- Assume the government will initiate a partial or complete shutdown of workplaces and schools when the observed cases exceed some threshold T
- We express T as a percentage of the peak active cases during the first wave of the pandemic

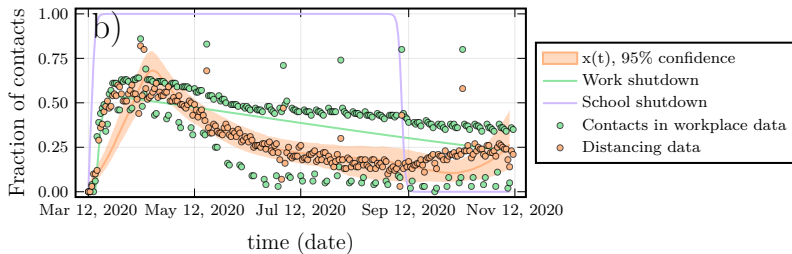
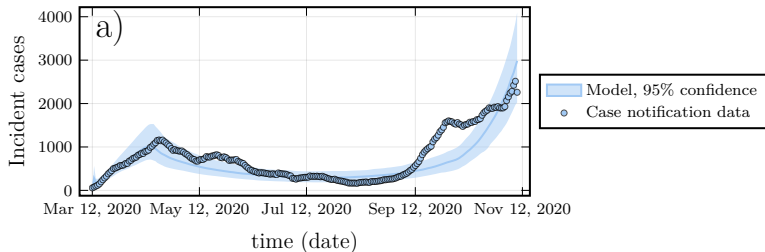
Vaccination mechanics

- Implemented as an impulsive process, where we have ψ vaccines available per day
- The fraction of the ψ people in age group i that are immunized against severe disease is ν_{D_i}
- The fraction immunized against disease *and* transmission is ν_{T_i}
- The allocation of vaccines to each age group i is referred to as the vaccination strategy
- Leftover vaccines are allocated uniformly to remaining non-empty compartments.
- We also assume that some vaccines are "wasted" on people who are already recovered or infected, by modifying the vaccination per compartment by $\frac{S_i(t)}{N_i - V_i}$.

Parameterization

- We used an approximate bayesian method to fit the model to case data from Ontario, Canada from March 12 to Nov 12, 2020.
- $x(t)$, proportion of people using NPIs was fit to google mobility data for Ontario
- Also fit the population seroprevalence to a point estimate from June 2020 for Ontario
- Provincial shutdowns (school and workplace) that occurred in Ontario were also implemented at their respective dates
- The efficacy of work shutdowns were fit to google mobility to account for work that could not be moved to remote
- Results were evaluated with 400 points sampled from the posterior distributions from this method

Parameterization



Results

We compare four vaccination strategies

- > 60 first
- < 20 first
- Uniform
- Contact-based

with respect to reduction in cumulative mortality after 5 years.

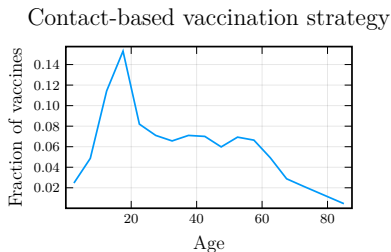


Figure: The contact-based strategy is the normalized leading eigenvector of the sum of the contact matrices

Results

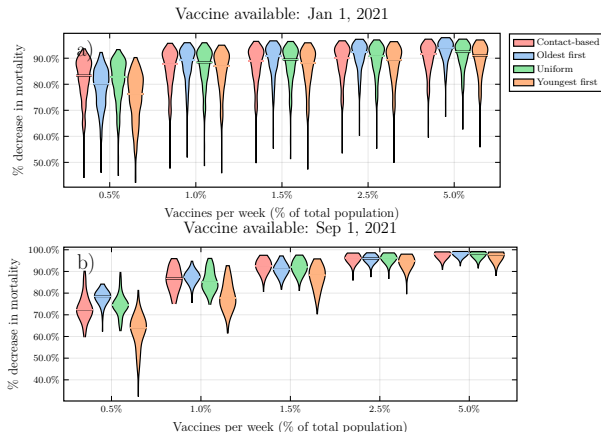
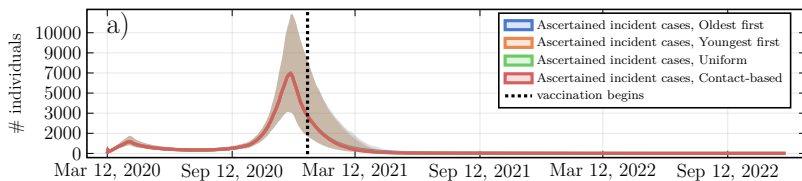
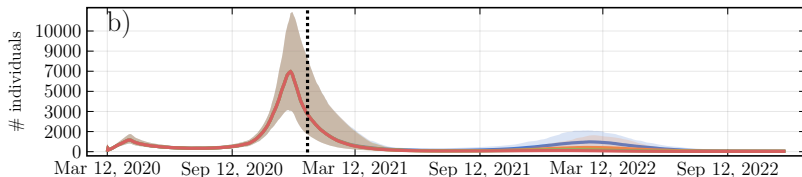


Figure: Percentage reduction in cumulative mortality due to COVID-19 after 5 years with respect to psi , expressed as a percentage of the total population per week. Here $v_{D_i} = v_{T_i} = 0.75$, shutdown at 200% of first wave. Percentage reductions are relative to no vaccination.

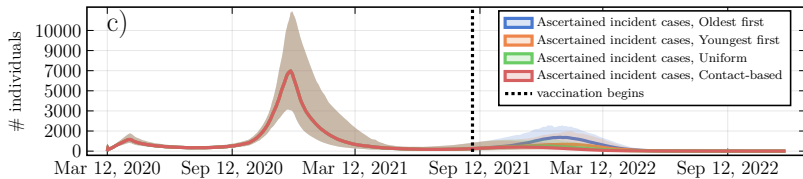
Vaccination begins on Jan 1, 21, 1.5% of pop. vaccinated per week



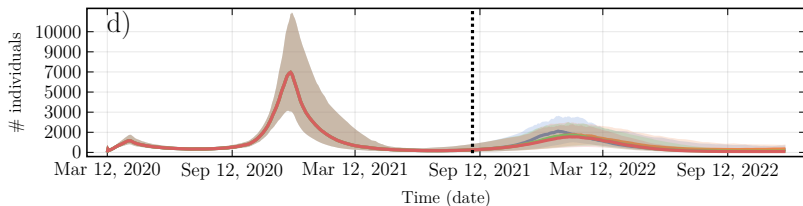
Vaccination begins on Jan 1, 21, 0.5% of pop. vaccinated per week



Vaccination begins on Sep 1, 21, 1.5% of pop. vaccinated per week



Vaccination begins on Sep 1, 21, 0.5% of pop. vaccinated per week



Results

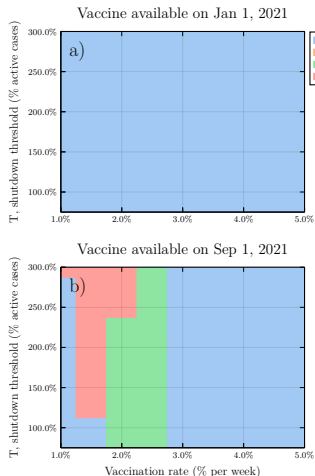


Figure: Each parameter pair is colored according to the strategy that prevents most deaths on average, over all realizations of the model.

Results

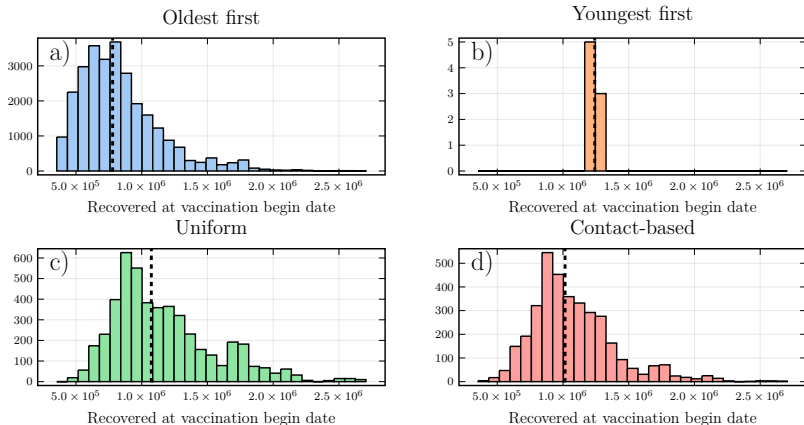





Figure: Histogram of no. recovered at vaccination begin date, according to best strategy for that realization, over all parameter values in sensitivity analysis. Vertical lines are the median.

Discussion

- We described an age structured compartmental model of Sars-CoV-2 infection and vaccination coupled to a social model
- Showed that sometimes transmission interrupting strategies can be more effective
- Depends on the pre-existing immunity in the population

-  Bubar, K. M., Kissler, S. M., Lipsitch, M., Cobey, S., Grad, Y., and Larremore, D. B. (2020).
Model-informed COVID-19 vaccine prioritization strategies by age and serostatus.
medRxiv.
-  Buckner, J. H., Chowell, G. H., and Springborn, M. R. (2020).
Optimal dynamic prioritization of scarce COVID-19 vaccines.
medRxiv.
-  Prem, K., Cook, A. R., and Jit, M. (2017).
Projecting social contact matrices in 152 countries using contact surveys and demographic data.
PLoS computational biology, 13(9):e1005697.

Model Equations

$$\frac{dS_i^1}{dt} = -r\rho_i s(t)S_i^1 \sum_{j=1}^{16} C_{ij}(t) \left(\frac{I_{sj} + I_{aj} + P_j}{N_j} \right) - \tau S_i^1 \quad (3)$$

$$\frac{dS_i^2}{dt} = -r\rho_i s(t)S_i^2 \sum_{j=1}^{16} C_{ij}(t) \left(\frac{I_{sj} + I_{aj} + P_j}{N_j} \right) - \tau S_i^2 \quad (4)$$

$$\frac{dE_i}{dt} = r_i s(t)(S_i^1 + S_i^2) \sum_{j=1}^{16} C_{ij}(t) \left(\frac{I_{sj} + I_{aj} + P_j}{N_j} \right) - \sigma_0 E_i + \tau(S_i^1 + S_i^2) \quad (5)$$

$$\frac{dP_i}{dt} = \sigma_0 E_i - \sigma_1 P_i \quad (6)$$

$$\frac{dI_{a_i}}{dt} = \eta\sigma_1 E_i - \gamma_a I_{a_i} \quad (7)$$

$$\frac{dI_{s_i}}{dt} = (1 - \eta)\sigma_1 E_i - \gamma_s I_{s_i} \quad (8)$$

$$\frac{dR_i}{dt} = \gamma_a I_{a_i} + \gamma_s I_{s_i} \quad (9)$$

$$\frac{dx}{dt} = \kappa x(1 - x) \left(\frac{\sum_{i=1}^{16} \alpha_i (I_{a_i} + I_{s_i})}{\sum_{i=1}^{16} N_i} - cx \right) + p_{ul}(1 - 2x) \quad (10)$$

$$C_{ij}(t, x) = C_{ij}^W(t) + C_{ij}^S(t) + (1 - \epsilon_P x) (C_{ij}^O + C_{ij}^H) \quad (11)$$