Intentional infection as a method of population level disease control

Newborn infection

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 - New application to disease control: transmissible vaccines

Standard SIR model:

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$$\frac{\mathrm{d}S}{\mathrm{d}t} = \mu - \beta SI - \mu S,
\frac{\mathrm{d}I}{\mathrm{d}t} = \beta SI - \gamma I - \mu I,
\frac{\mathrm{d}R}{\mathrm{d}t} = \gamma I - \mu R,$$
(1)

where S, I and R represent susceptible, infected and recovered.

- ullet μ is birth/death rate (total population size ${\it N}$ is constant)
- ullet β is transmission rate
- ullet γ is recovery rate



Assumptions:

- No difference between intentionally infected and naturally infected individuals.
- No disease induced mortality (in first version of model)
- Latent period (time from infection to becoming infectious) is short enough to be ignored.
- All susceptible individuals are equally likely to be infected, and all infected individuals are equally infectious.

With intentional infection of newborns,

$$\frac{\mathrm{d}S}{\mathrm{d}t} = \mu(1-p) - \beta SI - \mu S,
\frac{\mathrm{d}I}{\mathrm{d}t} = \beta SI + \mu p - \gamma I - \mu I,
\frac{\mathrm{d}R}{\mathrm{d}t} = \gamma I - \mu R,$$
(2)

where

p = proportion of newborns intentionally infected



Non-dimensionalize the above system by scaling time, by

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Dimensionless system is:

$$\frac{\mathrm{d}S}{\mathrm{d}\tau} = \epsilon(1-p) - \mathcal{R}_0 SI - \epsilon S, \qquad (4a)$$

$$\frac{\mathrm{d}I}{\mathrm{d}\tau} = \mathcal{R}_0 SI + \epsilon p - I, \qquad (4b)$$

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where

$$\epsilon = \frac{\mu}{\gamma + \mu}$$
 (infectious period as proportion of lifetime), (5a)

$$\mathcal{R}_0 = \frac{\beta}{\gamma + \mu} \qquad \text{(basic reproduction number)} \,. \tag{5b}$$

Solving equations above to find equilibria, we obtain only one solution,

$$\hat{S} = \frac{1}{\mathcal{R}_0} - \frac{2p}{(\mathcal{R}_0 - 1) + \sqrt{(\mathcal{R}_0 - 1)^2 + 4\mathcal{R}_0 p}},$$
 (6a)

$$\hat{I} = \frac{\epsilon(\mathcal{R}_0 - 1) + \epsilon\sqrt{(\mathcal{R}_0 - 1)^2 + 4\mathcal{R}_0 p}}{2\mathcal{R}_0}.$$
 (6b)

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- This equilibrium is an Endemic Equilibrium (EE).
- ullet Without intentional infection (p=0) EE reduces to

$$\hat{S} = \frac{1}{\mathcal{R}_0}, \qquad \hat{I} = \epsilon \left(1 - \frac{1}{\mathcal{R}_0} \right). \tag{7}$$



Stability of Equilibria

Jacobian Matrix,

$$\mathcal{J} = \begin{bmatrix} -\mathcal{R}_0 I - \epsilon & -\mathcal{R}_0 S \\ \mathcal{R}_0 I & \mathcal{R}_0 S - 1 \end{bmatrix} . \tag{8}$$

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- If intentionally infected cases have the same case fatality proportion (CFP) as naturally infected cases, then it will result in more deaths.
 - ▶ But variolation had lower CFP ⇒ revise model to include different CFP for intentional infections.
- We need to divide I into two separate infective classes. V for intentionally infected class, I for naturally infected class.

Model with disease induced mortality rate

Therefore, our model becomes,

$$\frac{\mathrm{d}S}{\mathrm{d}\tau} = \epsilon(1-p) - \mathcal{R}_0 S(V+I) - \epsilon S, \qquad (9a)$$

$$\frac{\mathrm{d}V}{\mathrm{d}\tau} = \mathcal{R}_0 SV + \epsilon p - V \,, \tag{9b}$$

$$\frac{\mathrm{d}I}{\mathrm{d}\tau} = \mathcal{R}_0 SI - I \,, \tag{9c}$$

$$\frac{\mathrm{d}M}{\mathrm{d}\tau} = p_V(1-\epsilon)V + p_I(1-\epsilon)I, \qquad (9d)$$

$$\frac{\mathrm{d}R}{\mathrm{d}\tau} = (1 - p_V)(1 - \epsilon)V + (1 - p_I)(1 - \epsilon)I - \epsilon R, \qquad (9e)$$

where p_V and p_I represent the case fatality proportion (CFP) for intentionally infected and naturally infected cases, respectively.



If $p \neq 0$, the only equilibrium is,

$$\hat{S} = \frac{1}{\mathcal{R}_0} - \frac{2p}{(\mathcal{R}_0 - 1) + \sqrt{(\mathcal{R}_0 - 1)^2 + 4\mathcal{R}_0 p}},$$
 (10a)

$$\hat{V} = \frac{\epsilon(\mathcal{R}_0 - 1) + \epsilon\sqrt{(\mathcal{R}_0 - 1)^2 + 4\mathcal{R}_0 p}}{2\mathcal{R}_0}, \tag{10b}$$

$$\hat{l} = 0. ag{10c}$$

- No naturally infected cases at endemic equilibrium (EE).
 - Helpful for disease eradication.

Smallpox

Table: Model parameters and smallpox values.

Symbol	Meaning	Value
$\frac{1}{\mu}$	Average lifespan	50 years
$\frac{1}{\gamma}$	Mean infectious period	22 days
$\mathcal{R}_{0}^{'}$	Basic reproduction number	4.5
p_V	Intentionally infected CFP	0.01
p_I	Naturally infected CFP	0.3

Mortality rate at EE

$$\frac{\mathrm{d}M}{\mathrm{d}\tau}\bigg|_{\mathrm{EE}} = \frac{p_{V}(1-\epsilon)\epsilon(\mathcal{R}_{0}-1) + p_{V}(1-\epsilon)\epsilon\sqrt{(\mathcal{R}_{0}-1)^{2} + 4\mathcal{R}_{0}p}}{2\mathcal{R}_{0}},$$
(11)

Mortality rate at EE

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 Mortality rate at EE increases as proportion intentionally infected (p) increases.

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(11)

- Mortality rate at EE increases as proportion intentionally infected (p) increases.
- In the long run, a larger p will lead to more deaths.



Mortality rate at EE

Initial state near equilibrium

In history, intentional infection was introduced when the population was endemic, so near the equilibrium for p=0.

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$$\hat{l} = \epsilon (1 - \frac{1}{\mathcal{R}_0}) \tag{12c}$$

Initial state being at equilibrium

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Since the new equilibrium has $\hat{I}=0$, define reaching equilibrium by $I<10^{-6}$.

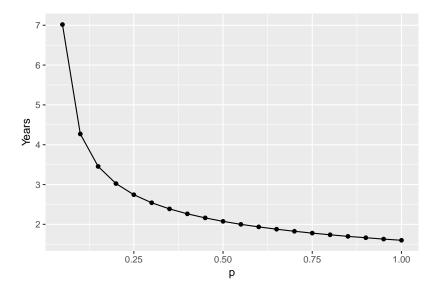


Figure: Determination of time taken to reach equilibrium

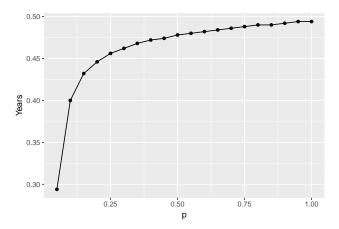


Figure: Time to advantage, as a function of p

With a lower proportion of intentional infection, we can gain advantages relatively faster.

 $\hat{I}=0$ at EE. We can consider the Naturally infected cases already been eradicated at EE.

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For intentionally infected cases, if we stop intentional infection after we reach EE, can they burn out?

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If S remains below this threshold until V goes extinct, then we can achieve complete eradication of this disease.

Example: p = 1 initially, stop intentional infection after reaching EE,

Increase of S after we stop intentional infection

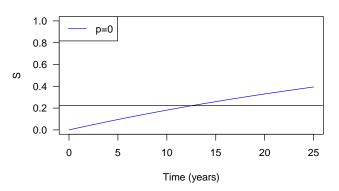


Figure: For more than 10 years after we stop intentional infection, $S<\frac{1}{\mathcal{R}_0}$

V as a function of time, after we stop intentional infectior

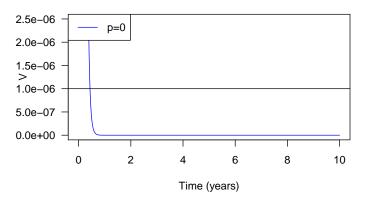


Figure: It takes less than 1 year for V to fall below 1×10^{-6}

Model extension

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- Other approaches for intentional infection
- Use intentional infection models to improve understanding of historical smallpox dynamics

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Another approach would be to intentionally infect susceptible individuals, with a certain rate r.

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(13)

Challenges to this method

Identify susceptible individuals

Conclusion

- Intentional infection has positive effects on population level disease control.
- Further study is required for determining intentional infection strategies to optimize this method.

References

- Paulinevan den Driessche *Reproduction numbers of infectious disease models*, Infectious Disease Modelling, Volume 2, Issue 3, August 2017, Pages 288-303.
 - R.M. Anderson, R.M. May *Infectious diseases of humans:*Dynamics and control, Oxford University Press, Oxford, UK (1991)