



# Week 1: Determinants of Epidemic Growth

Dr. Henrik Salje  
University of Cambridge

# Week 1 Overview

- ~~• Monday, July 26:~~
  - ~~• Introductory material, history of mathematical modeling~~
  - ~~• Introduction to R~~
- Tuesday, July 27:
  - Epidemic determinants & parameters
  - Guided practice in R
- Wednesday, July 28:
  - Model structures
  - Plots & compartmental models in R

# Objectives

- Learn the key determinants of epidemics
- Understand how these determinants are related to one another
- Learn to estimate these determinants in simple scenarios

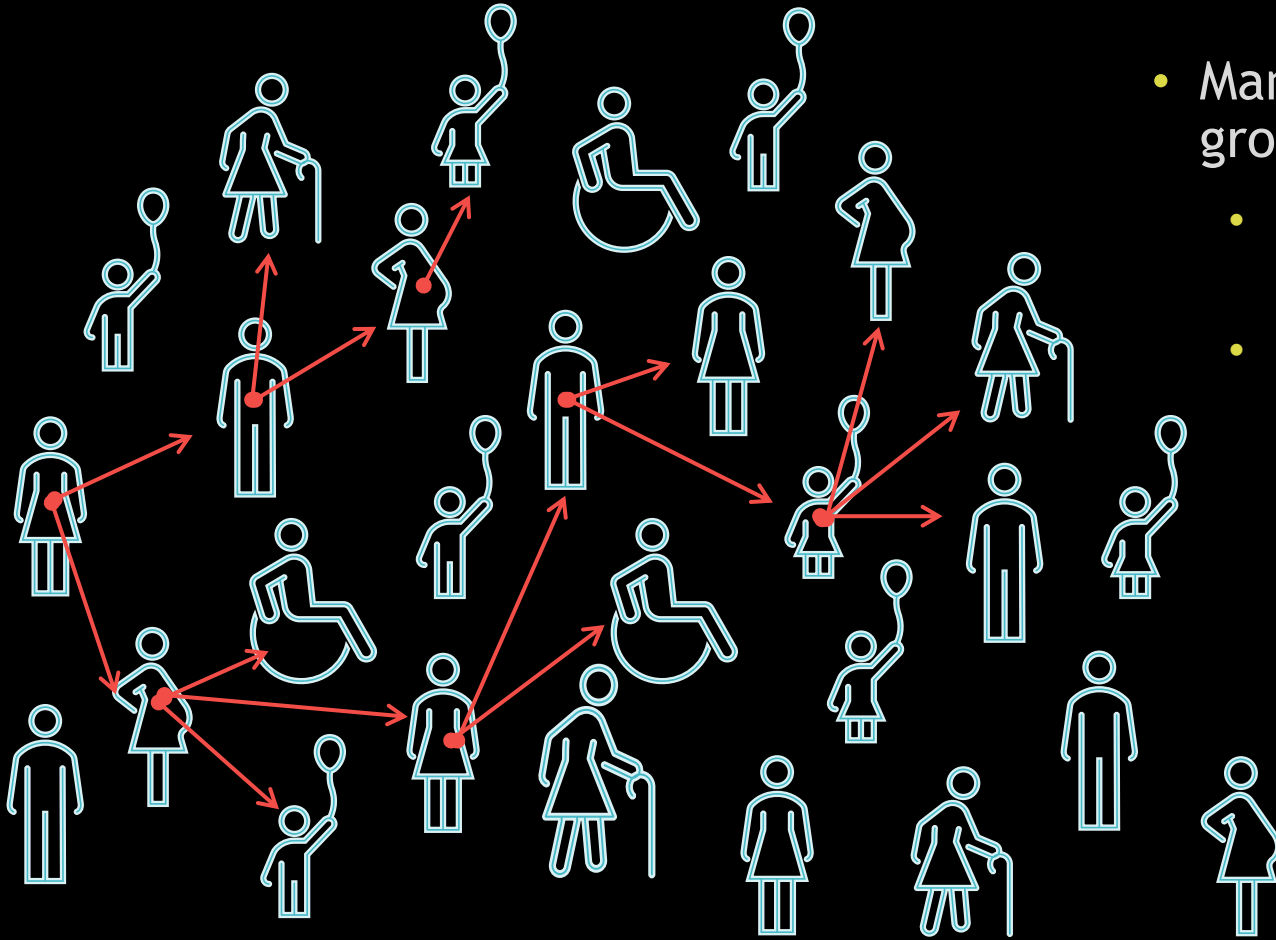
# Post Questions in the Chat!

(we will have breaks to answer these during the workshop)

# Workshop Schedule

Time	Topics
2:00–2:05 pm	Greetings
2:05–3:00 pm	Epidemic Determinants
3:00–3:10 pm	Break
3:10–4:00 pm	R Practical: Working with Data
4:00–4:10 pm	Break
4:10–5:00 pm	R Practical: Data Summaries

# Determinants of Epidemic Growth



- Many factors contribute to the growth of an epidemic
  - these are often represented as parameters in our models
  - we are interested in trying to estimate these parameters

# Doubling Time & Reproductive Number

# Doubling Time

- Simple measure of growth
- The time it takes for the number of incident cases to double early in an epidemic
- Good measure of how quickly a disease spreads in a population

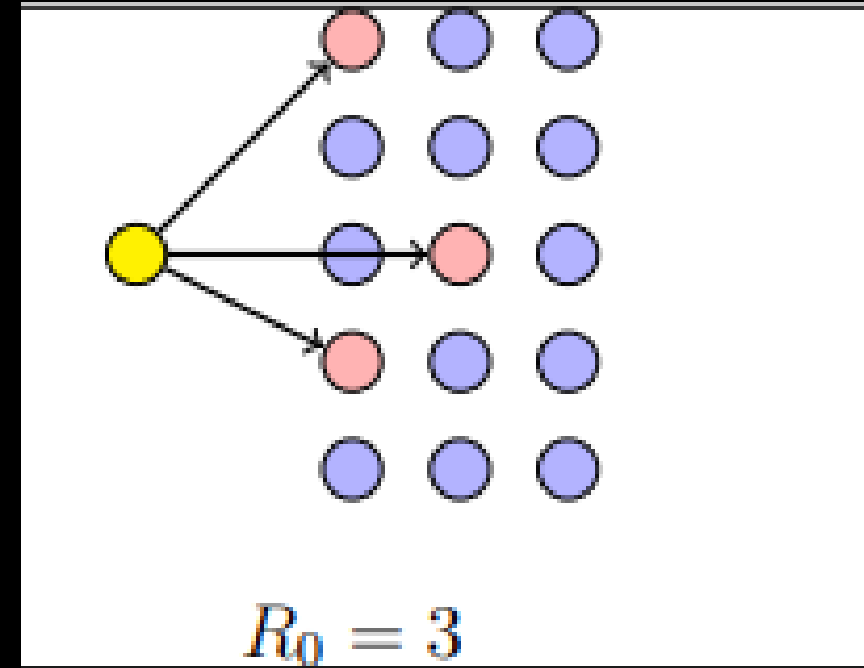
$$• T_d = \frac{t_\tau - t_{\tau-1}}{\log_2 \left( \frac{N_\tau}{N_{\tau-1}} \right)}$$

- $T_d$  : doubling time
- $t_\tau$  : time  $\tau$
- $N_\tau$  : number of incident cases at time  $\tau$



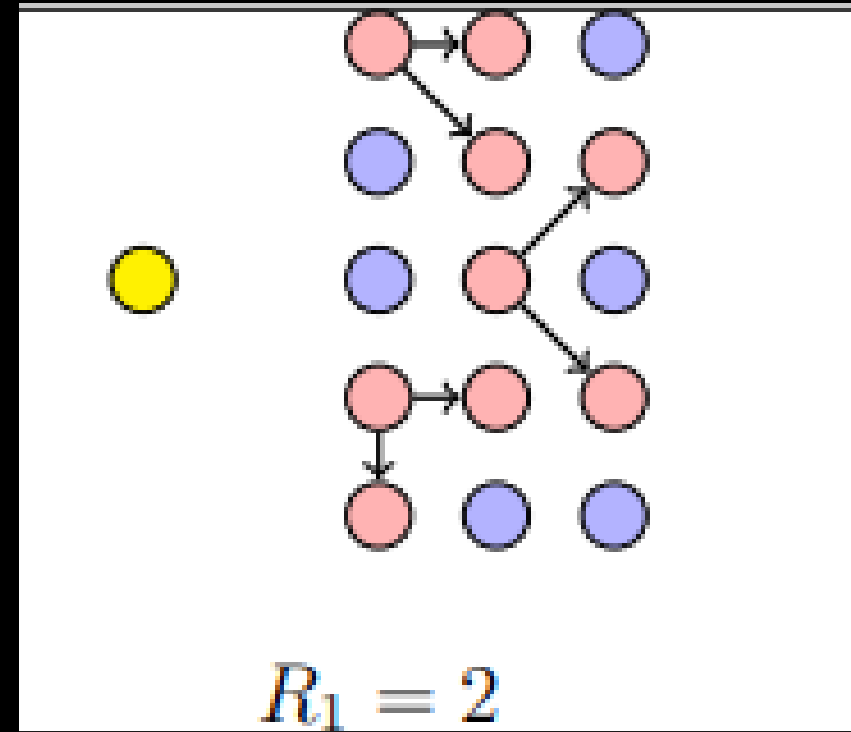
# Reproductive Number

- Basic reproductive number ( $R_0$ ), R-naught
  - the number of people a single case will infect in a completely susceptible population
  - the 0 indicates  $t=0$ , or the start of the epidemic when the population is completely susceptible and a case enters the population



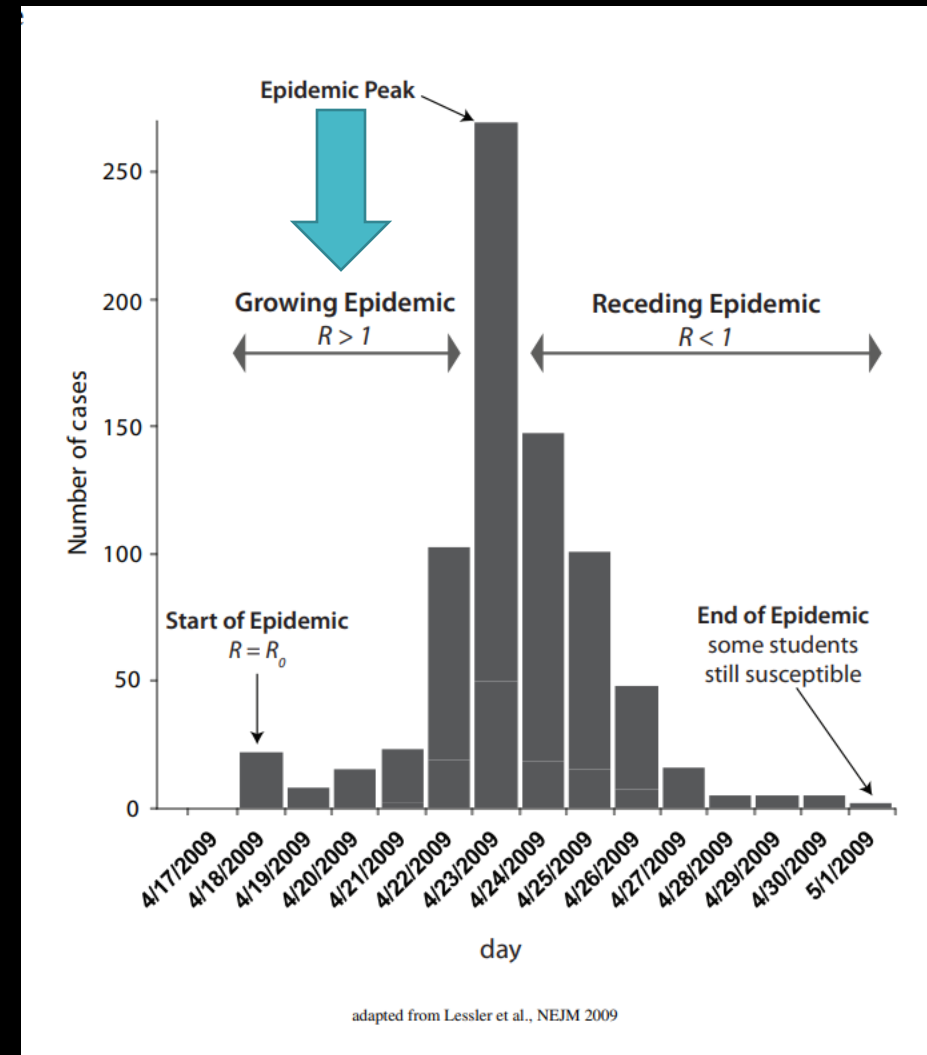
# Reproductive Number

- Reproductive number ( $R_t$ )
  - sometimes called *net* reproductive number or *effective* reproductive number
  - the number of people a single infectious person will infect at time  $t$ , or when there is some immunity in the population
  - this has an impact on the doubling time



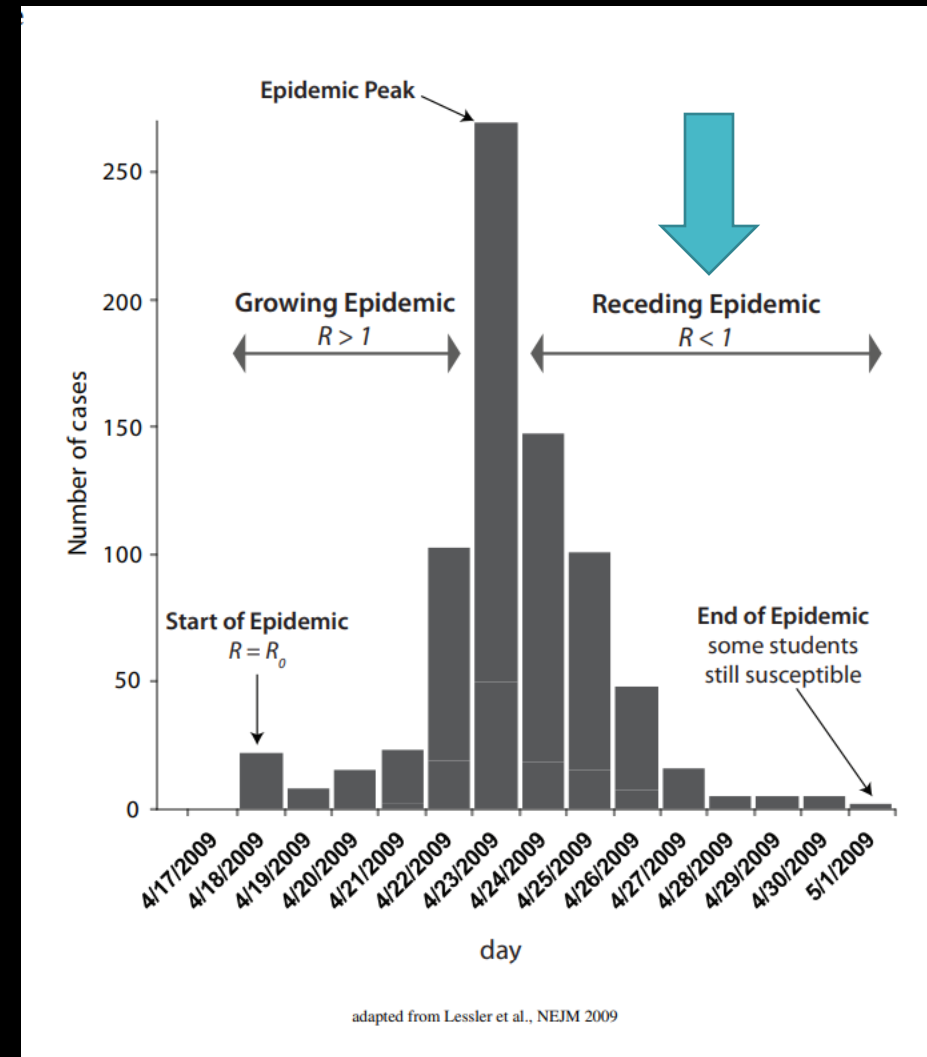
# Reproductive Numbers & Epidemic Curve

- Reproductive numbers change throughout an epidemic
  - $R_t$  will correlate to trends in incidence
  - at the start, as long as  $R_t > 1$ , the epidemic will grow
    - $R_t > 1$  means each case causes more than one additional case



# Reproductive Numbers & Epidemic Curve

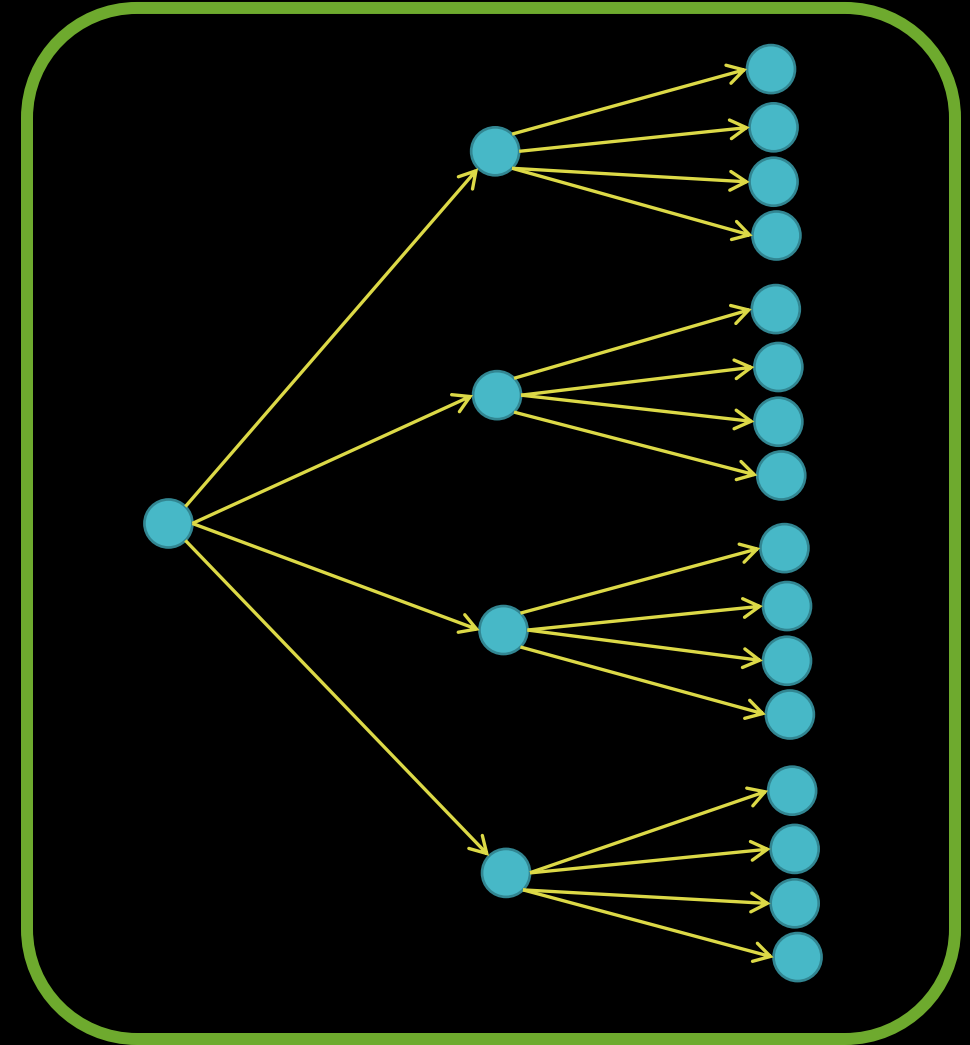
- Reproductive numbers change throughout an epidemic
  - as the epidemic continues, there will be fewer susceptible people and the reproductive number will decrease unless:
    - more susceptibles are added
    - something changes to increase transmission
  - if  $R_t=1$ , transmission will be stable
  - as soon as  $R_t<1$ , the epidemic will start to fade



# What is the Reproductive Number?

- The entire population is susceptible
  - $R_0$  or  $R_t$ ?

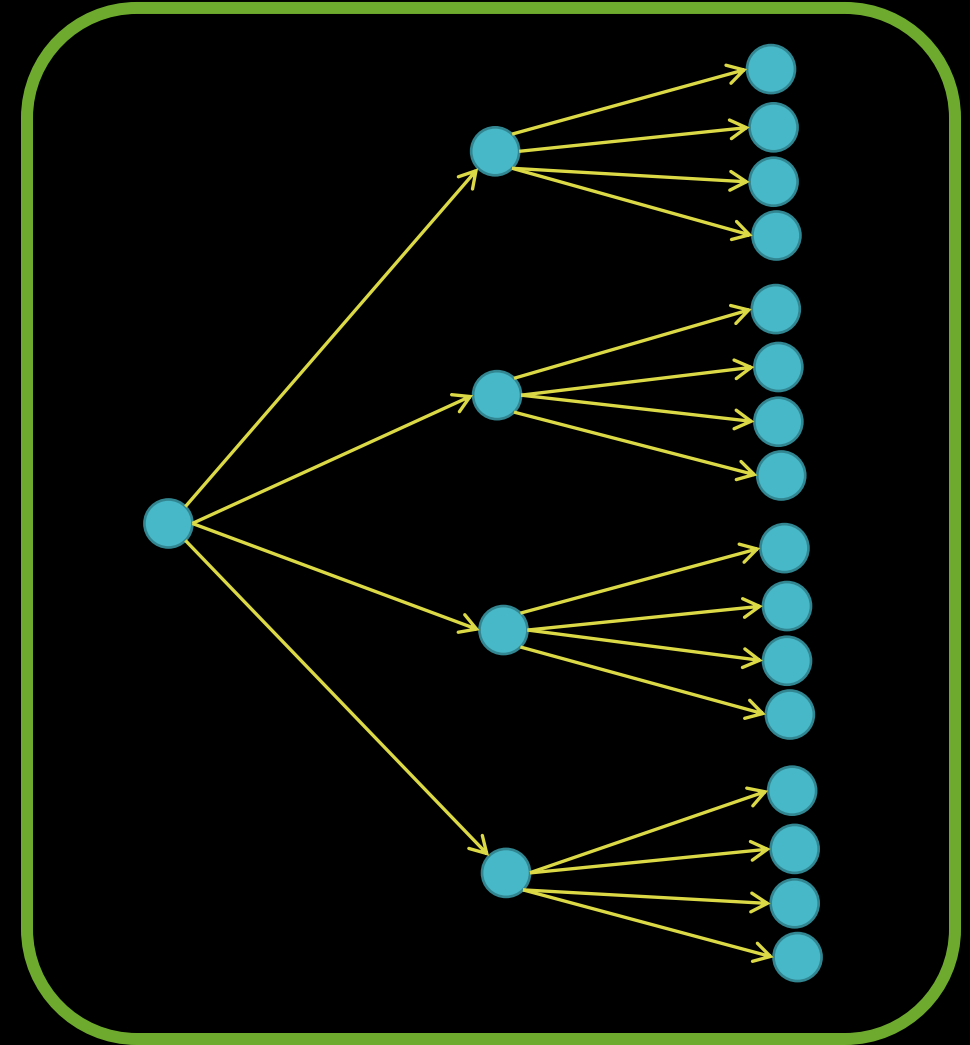
- Susceptible



# What is the Reproductive Number?

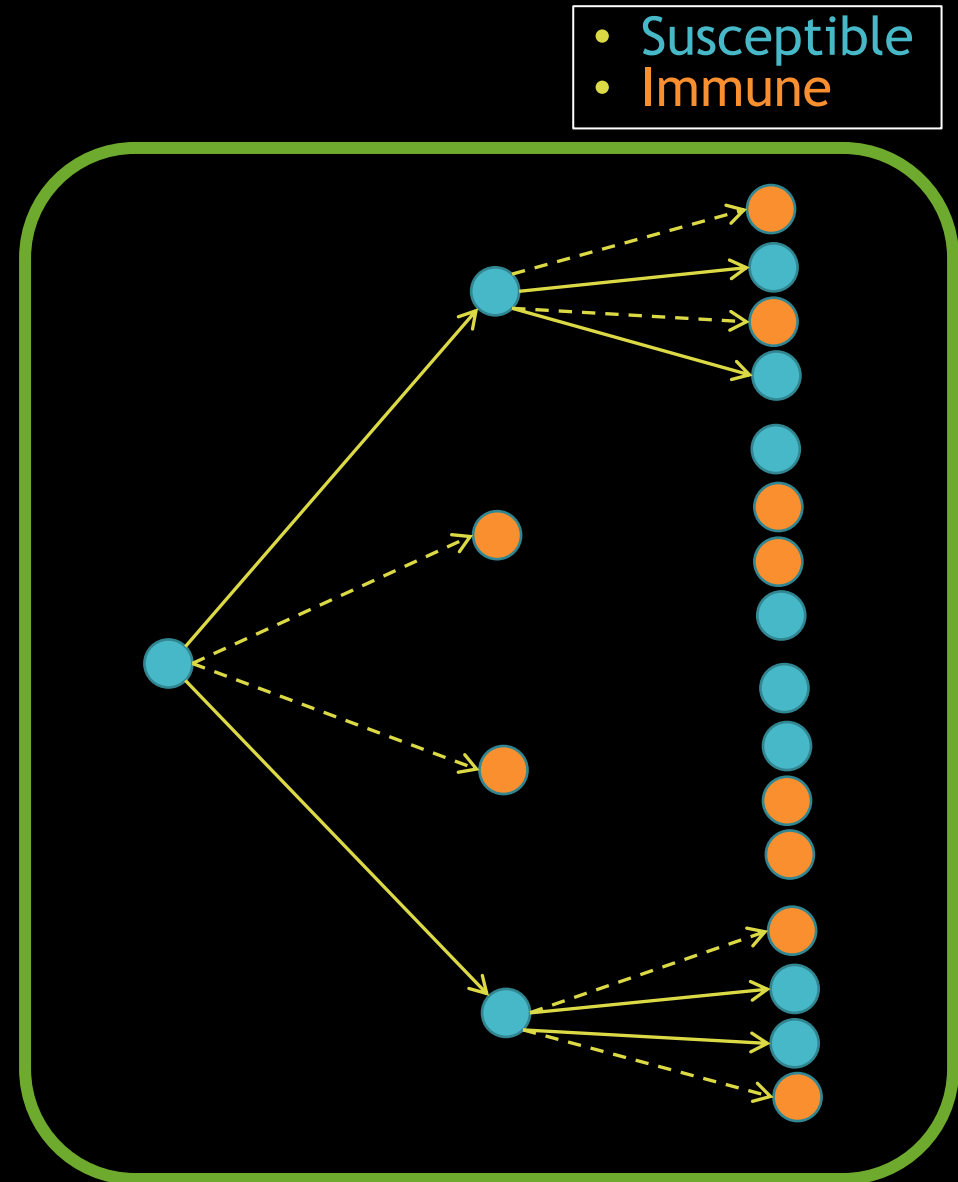
- The entire population is susceptible
  - $R_0=4$

- Susceptible



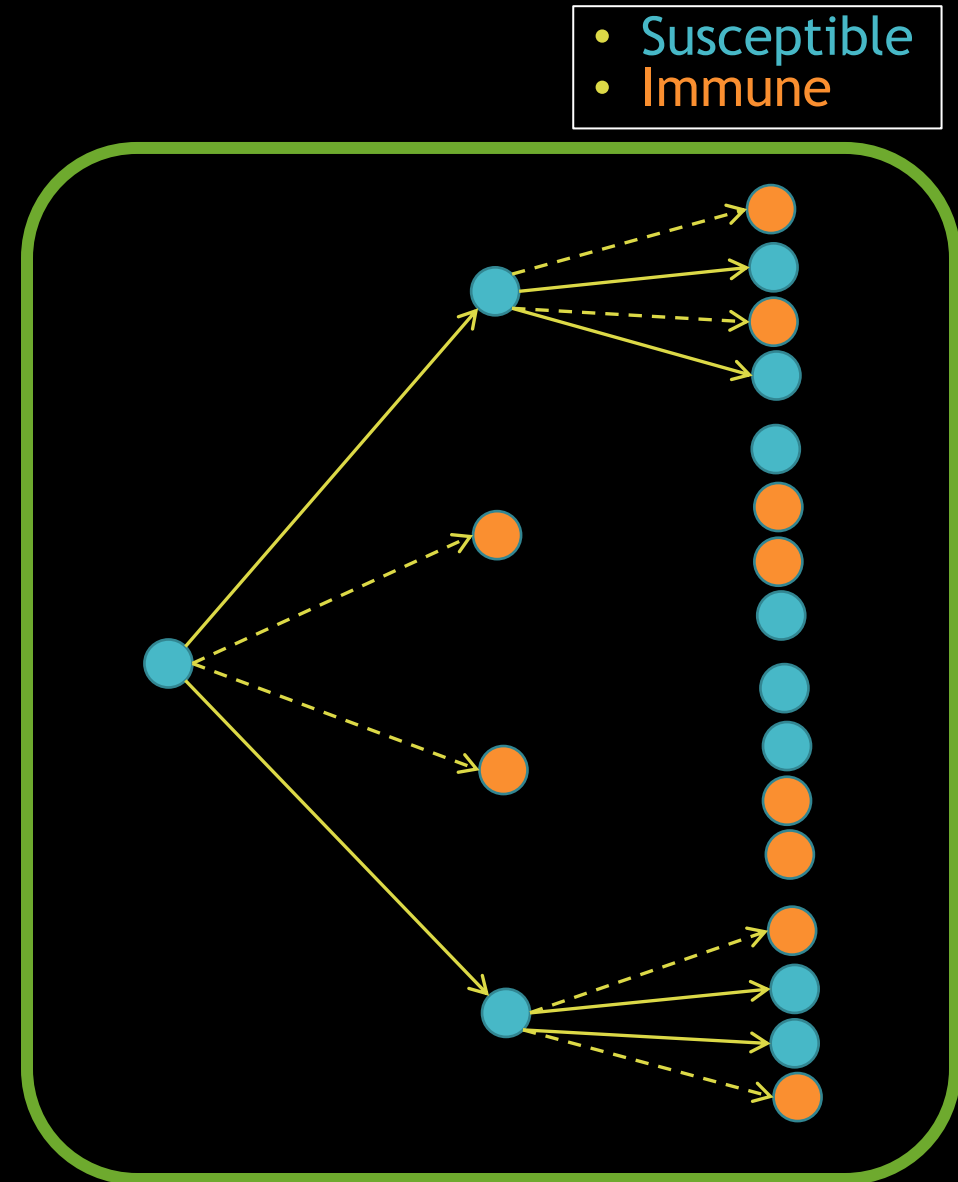
# What is the Reproductive Number?

- Same population, but now 50% of the population is immune
  - $R_0$  or  $R_t$ ?



# What is the Reproductive Number?

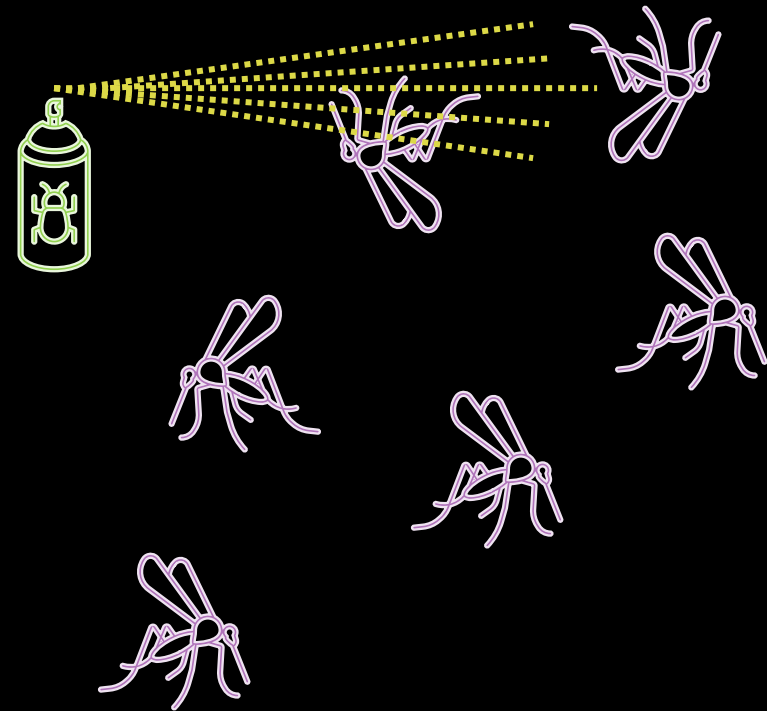
- Same population, but now 50% of the population is immune
  - $R_0=4$
  - $R_t=2$
  - if there is random mixing, then the reproductive number is  $R_0$  time the proportion of susceptibles in the population
- $R_t = R_0 s_t$





# Reproductive Number & Disease Control

- our ability to control disease arises from knowledge that a reproductive number below 1 will result in decreasing incidence
- if we can calculate the reproductive number from its determinants, we can assess which control measures will cause a decline in the reproductive number
- estimating the reproductive number is a common modeling goal



# Reproductive Number & Disease Control

- Do we need to eliminate mosquitoes to eliminate malaria?
  - malaria elimination was thought to be impossible
  - MacDonald demonstrated mathematically that an increase in mosquito mortality would eliminate malaria
- $R_0 = b^2 sa$ 
  - $b$ : mosquito biting rate
  - $s$ : time  $\tau$
  - $a$ : number of incident cases at time  $\tau$

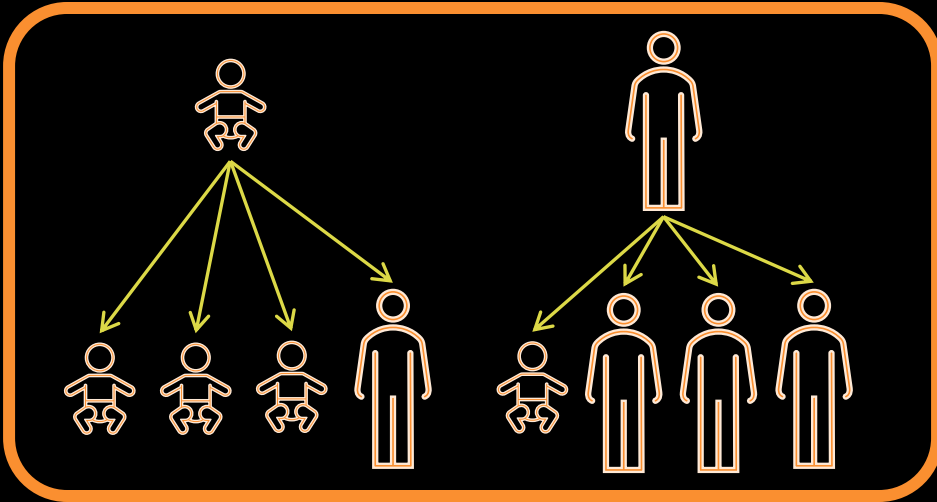
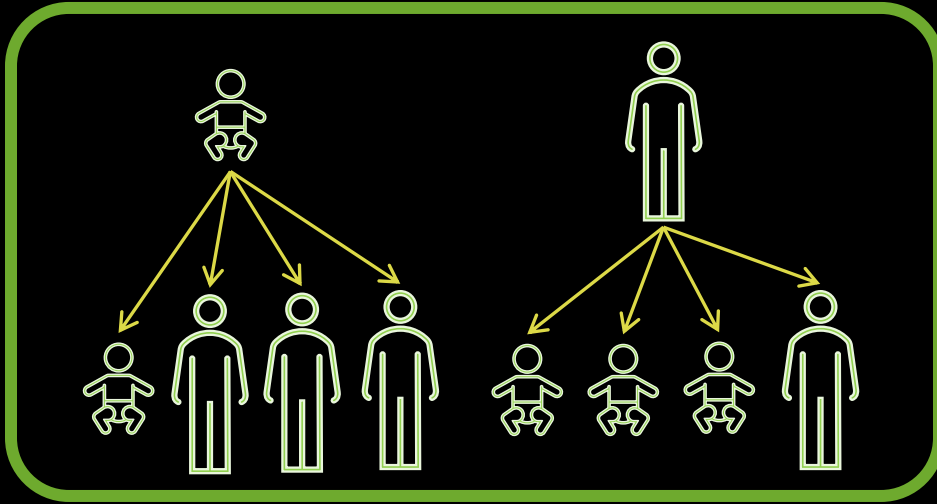
# Reproductive Numbers are Disease- and Setting-specific

Pathogen	R0
Cholera	2.6, 5.0, 4.0–15.0
Dengue	1.3–6.3
Influenza	1.5–2.0
Malaria	1–10, 100–1000, 1–3000
Measles	7.7, 7.1–29.3, 11.0–18.0
Rubella	2.9–7.8, 3.4–5.6
SARS	1.2, 2.7, 2.2–3.6
Smallpox	3.2, 6.9, 3.5–6.0

- For many diseases, the reproductive number will be very similar across different settings

# Reproductive Number

- If there is not random mixing,  $R_0$  is more difficult to calculate, but models can help achieve this
  - it is more likely that there is heterogenous mixing
  - not everyone has an equal chance of encountering everyone else in the population
- Population A
  - each infected child leads to 3 infections in adults, and 1 infection in children
  - each infected adult leads to 1 infection in adults and 3 infections in children
- Population B
  - each infected child leads to 1 infection in adults, and 3 infections in children
  - each infected adult leads to 3 infections in adults and 1 infection in children



# Reproductive Number

- **Population A**

- each infected child leads to 3 infections in adults, and 1 infection in children
- each infected adult leads to 1 infection in adults and 3 infections in children

- **Population B**

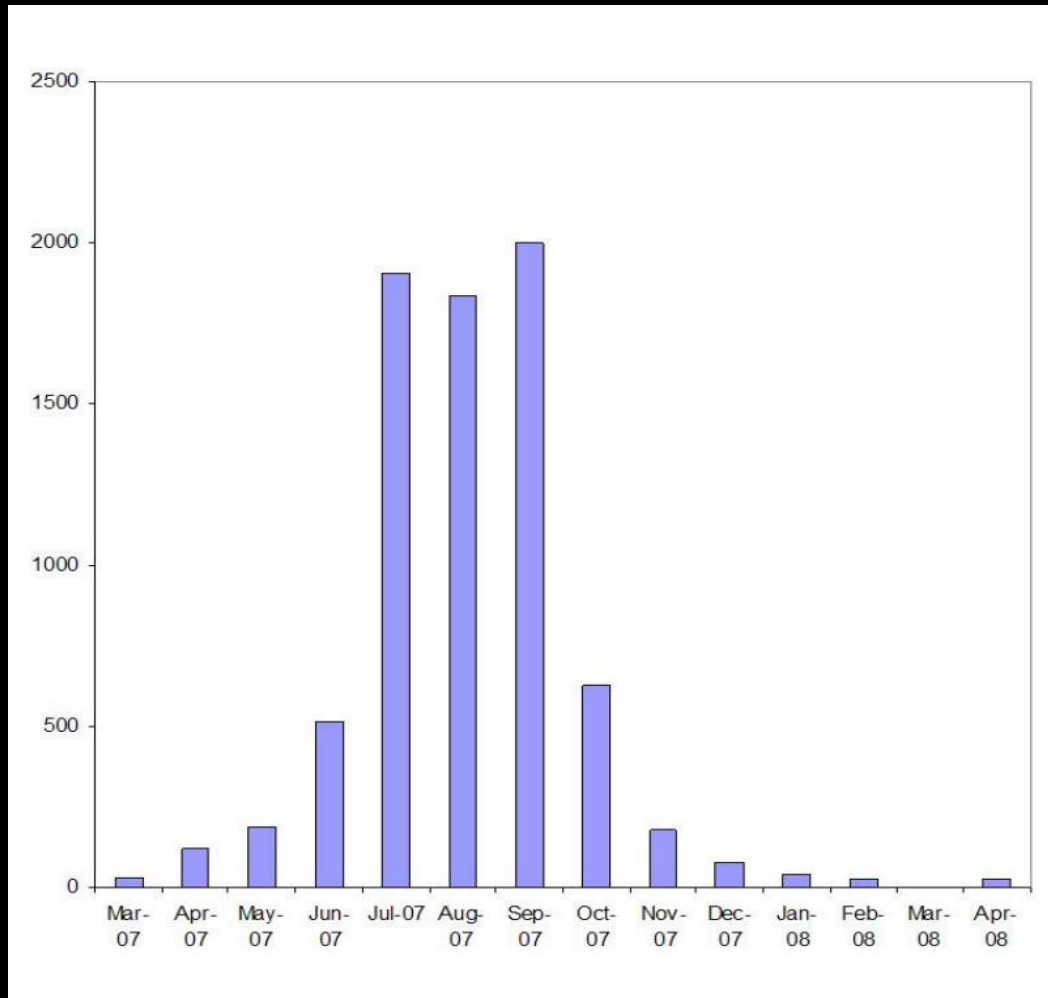
- each infected child leads to 1 infection in adults, and 3 infections in children
- each infected adult leads to 3 infections in adults and 1 infection in children

- If we vaccinate children, which population would see the biggest effect?

# Generation Time & Serial Intervals

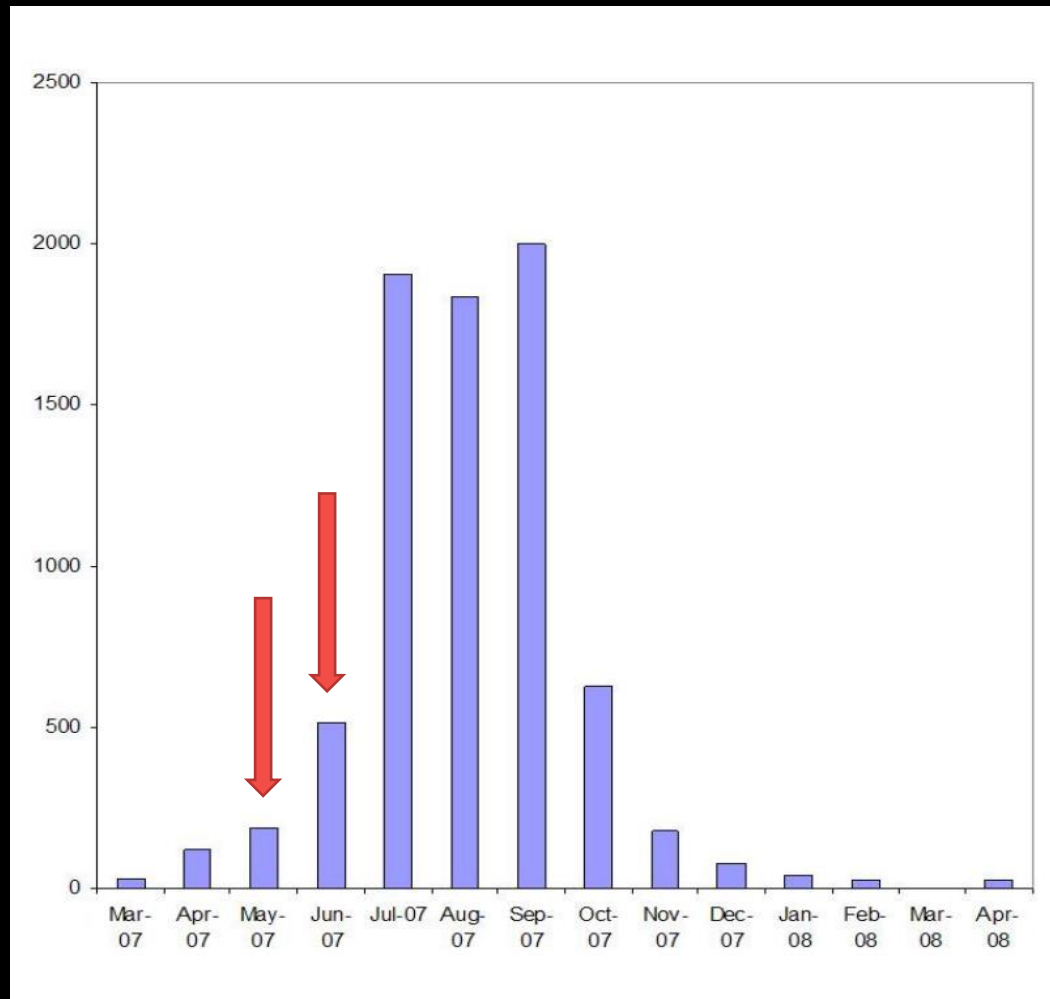
# Generation Time & Epidemic Growth

- Measles outbreak in Iceland



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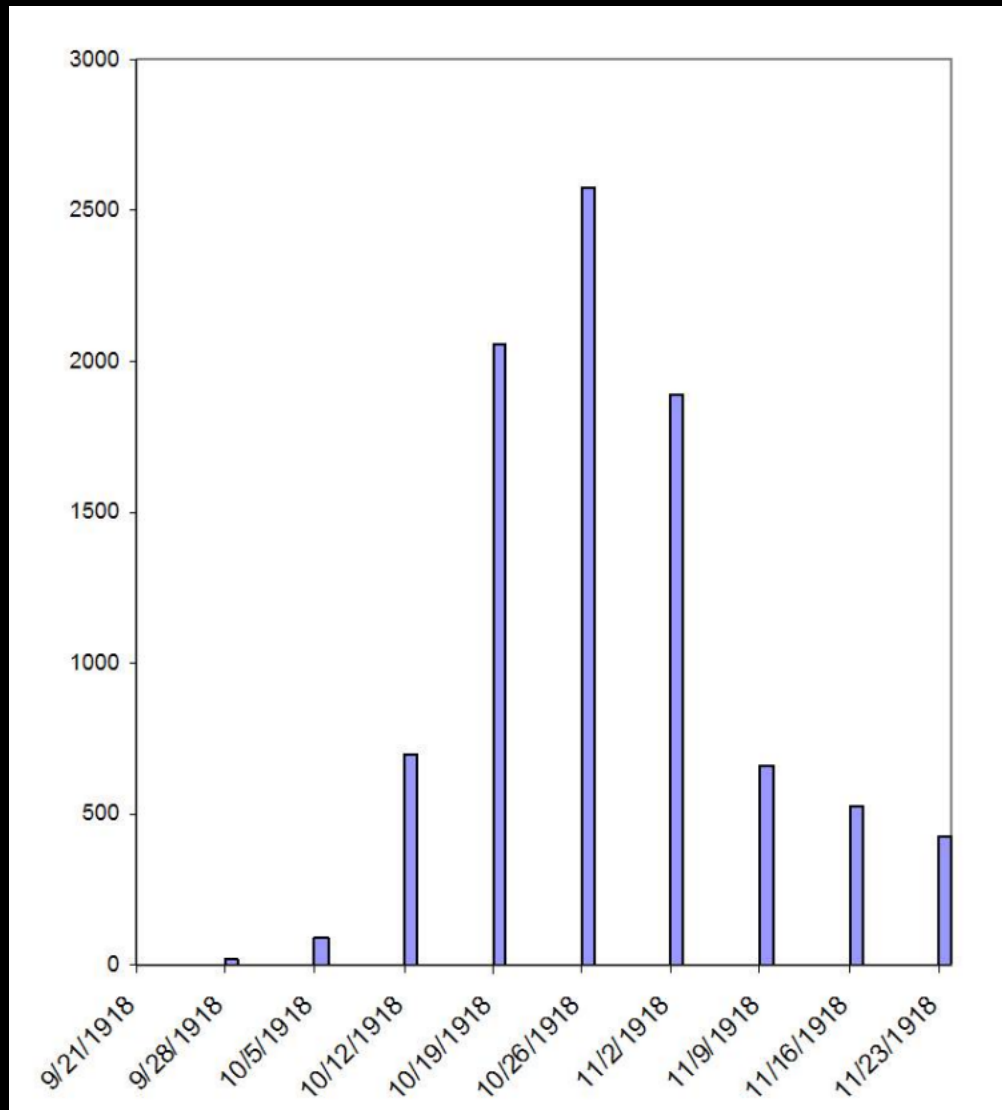


$$T_d = \frac{t_\tau - t_{\tau-1}}{\log_2 \left( \frac{N_\tau}{N_{\tau-1}} \right)}$$

$$T_d = \frac{1 \text{ month}}{\log_2 \left( \frac{514}{191} \right)} = 0.7 \text{ months}$$

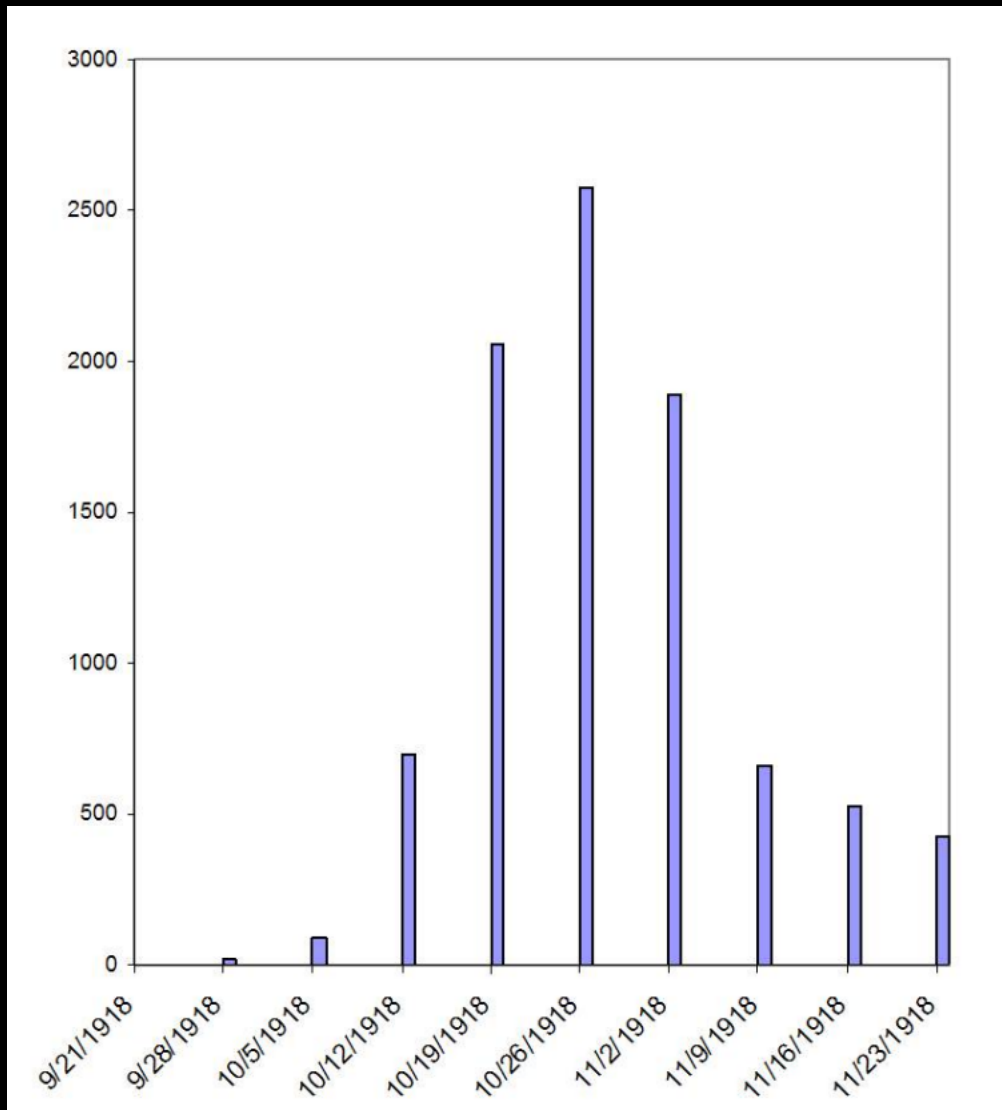
- Doubling time ranges from 0.5–1.5 months during epidemic





## Generation Time & Epidemic Growth

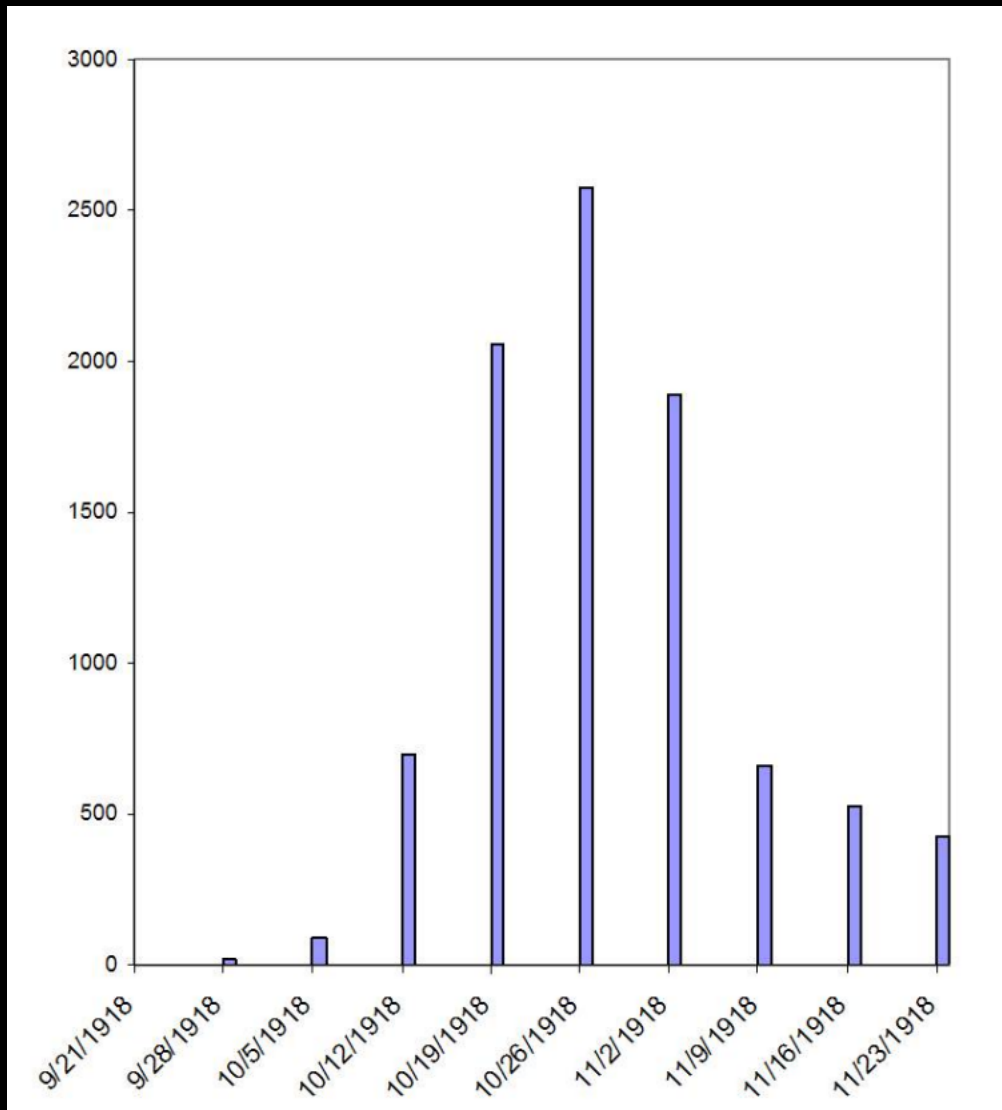
- Influenza outbreak in USA
- Doubling time ranges from 0.3–0.6 weeks during epidemic
- Comparing the two epidemics:
  - Measles: 0.7 months
  - Influenza: 0.6 weeks



## Generation Time & Epidemic Growth

- Influenza outbreak in USA
- Doubling time ranges from 0.3–0.6 weeks during epidemic
- Comparing the two epidemics:
  - Measles: 0.7 months
  - Influenza: 0.6 weeks
- But
  - Measles  $R_0=15$
  - Influenza  $R_0=2$





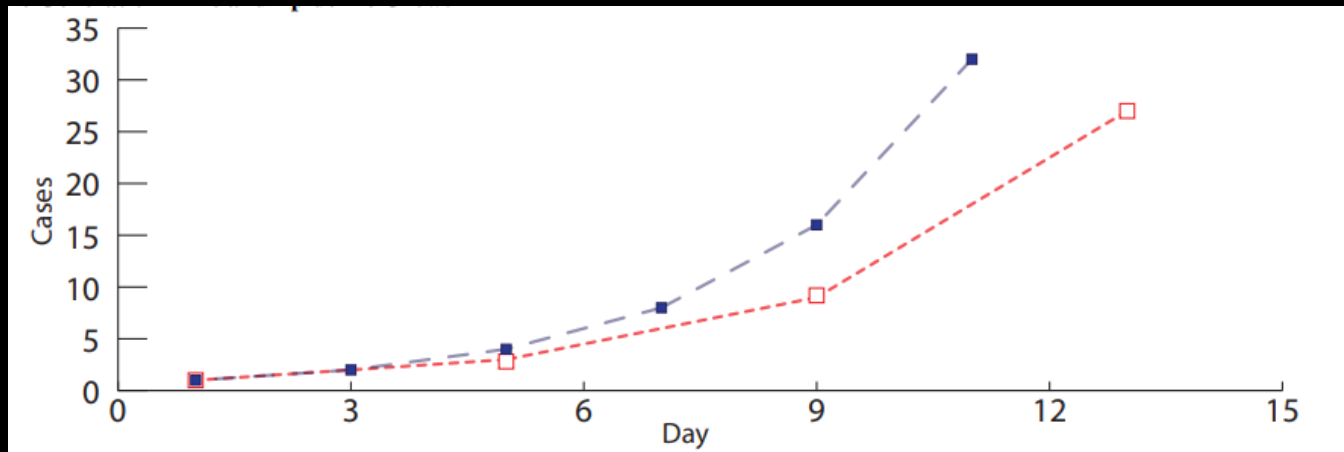
## Generation Time & Epidemic Growth

- Influenza outbreak in USA
- Doubling time ranges from 0.3–0.6 weeks during epidemic
- Comparing the two epidemics:
  - Measles: 0.7 months
  - Influenza: 0.6 weeks
- But
  - Measles  $R_0=15$
  - Influenza  $R_0=2$



# Generation Time & Epidemic Growth

- Consider two outbreaks:
  - Blue:  $R=2$
  - Red:  $R=3$



# Generation Time & Epidemic Growth

- Consider two outbreaks:

- Blue:  $R=2$

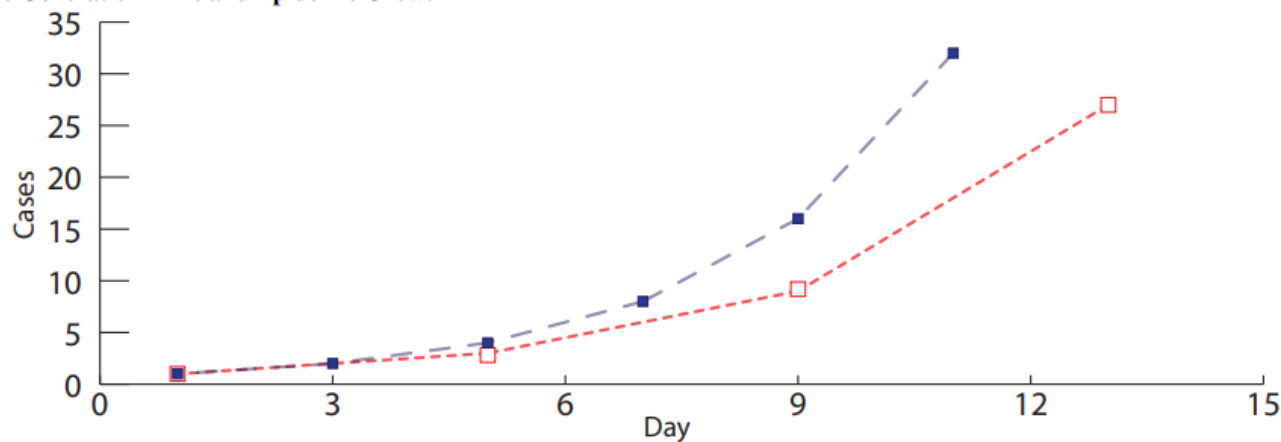
- Red:  $R=3$

- Because blue grows more rapidly, we may think it has a higher reproductive number

- The outbreaks have different generation times

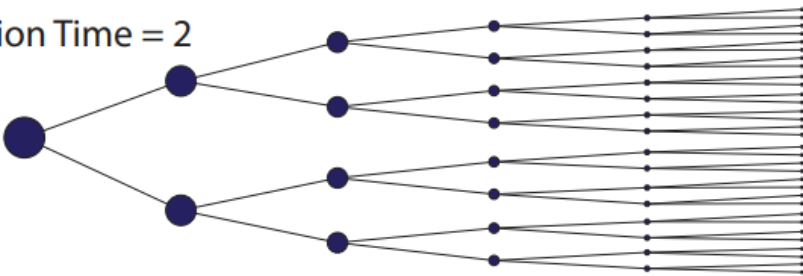
- Blue: Generation  $T=2$

- Red: Generation  $T=4$



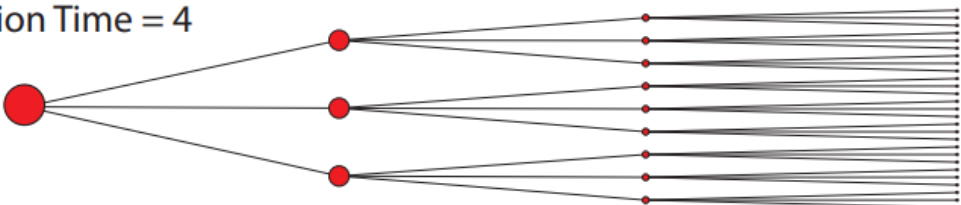
$R=2$

Generation Time = 2



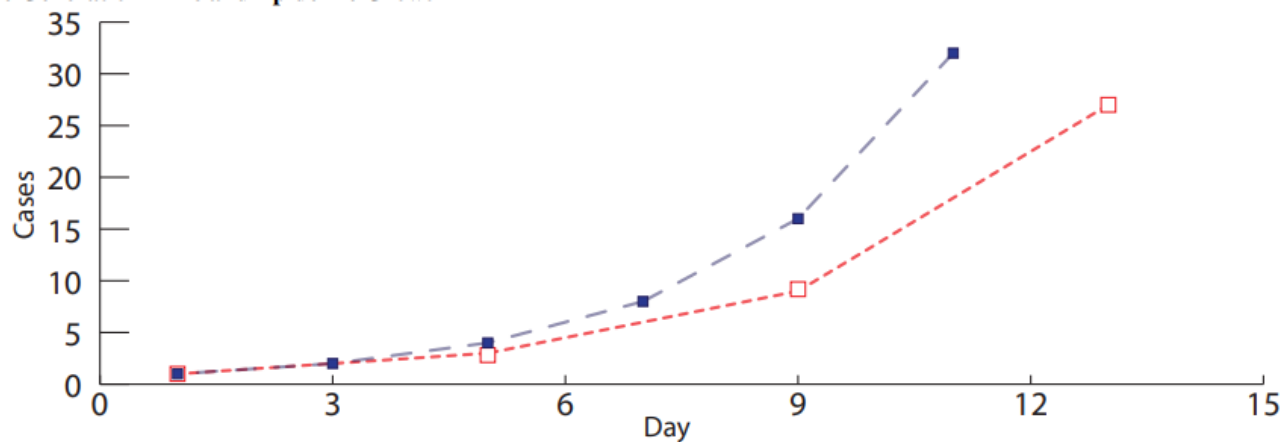
$R=3$

Generation Time = 4



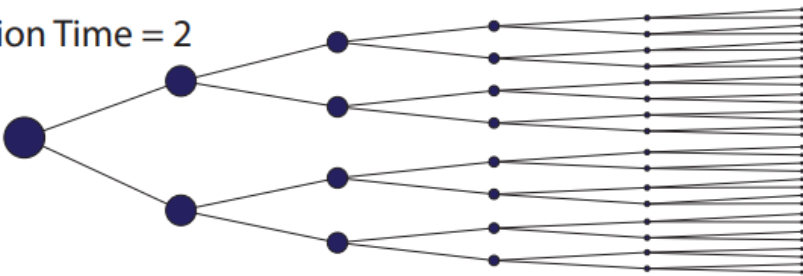
# Generation Time & Epidemic Growth

- Generation time
  - time between time of infection in subsequent generations of infection
  - time between becoming infected and infecting others
- Both  $R_0$  and generation time are important for the disease growth rate early in an epidemic



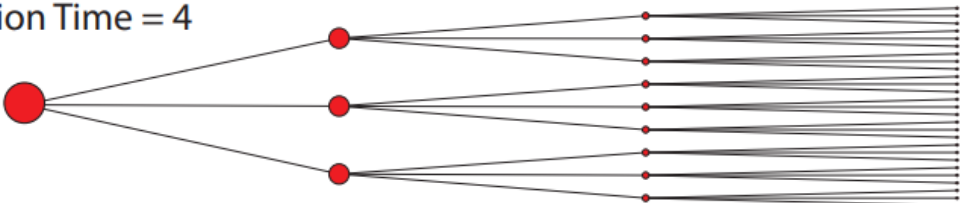
$R = 2$

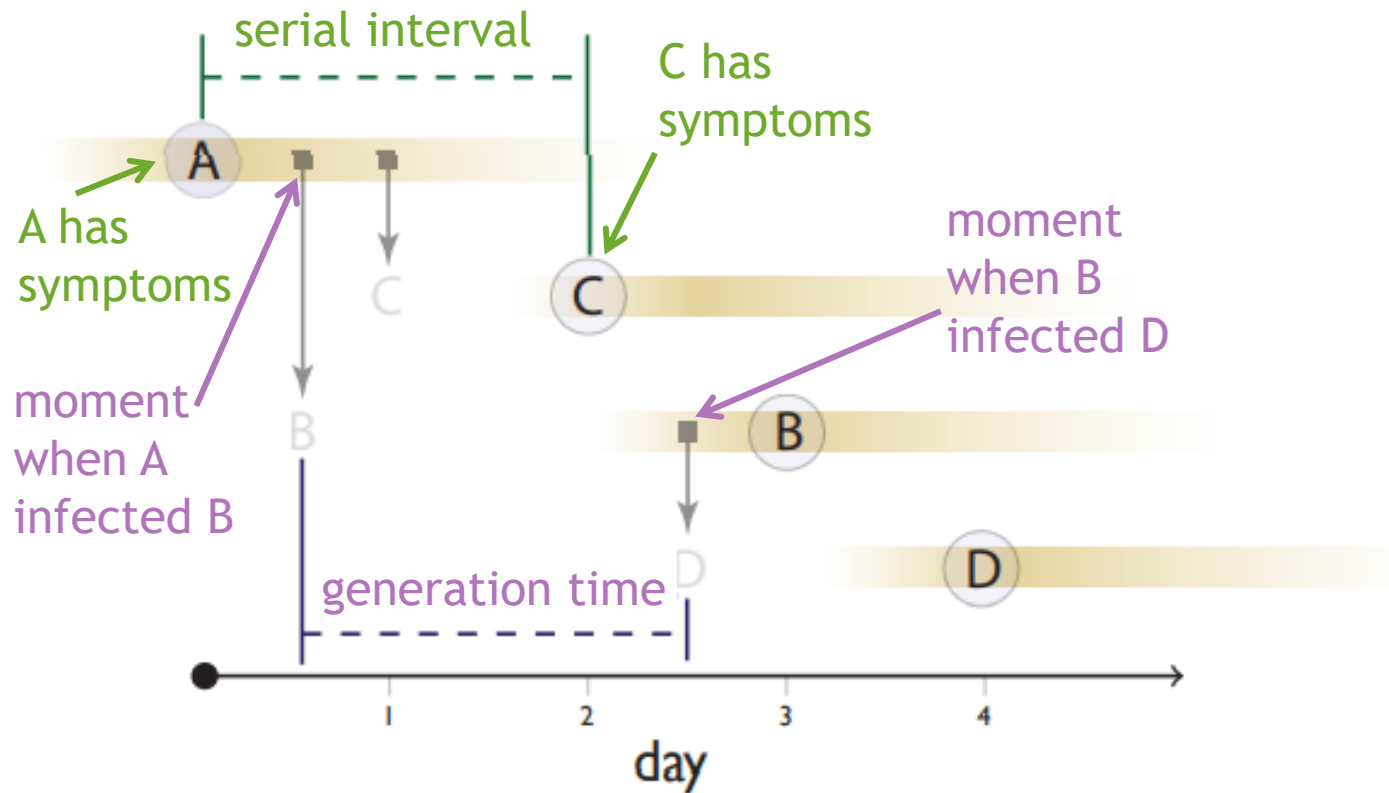
Generation Time = 2



$R = 3$

Generation Time = 4



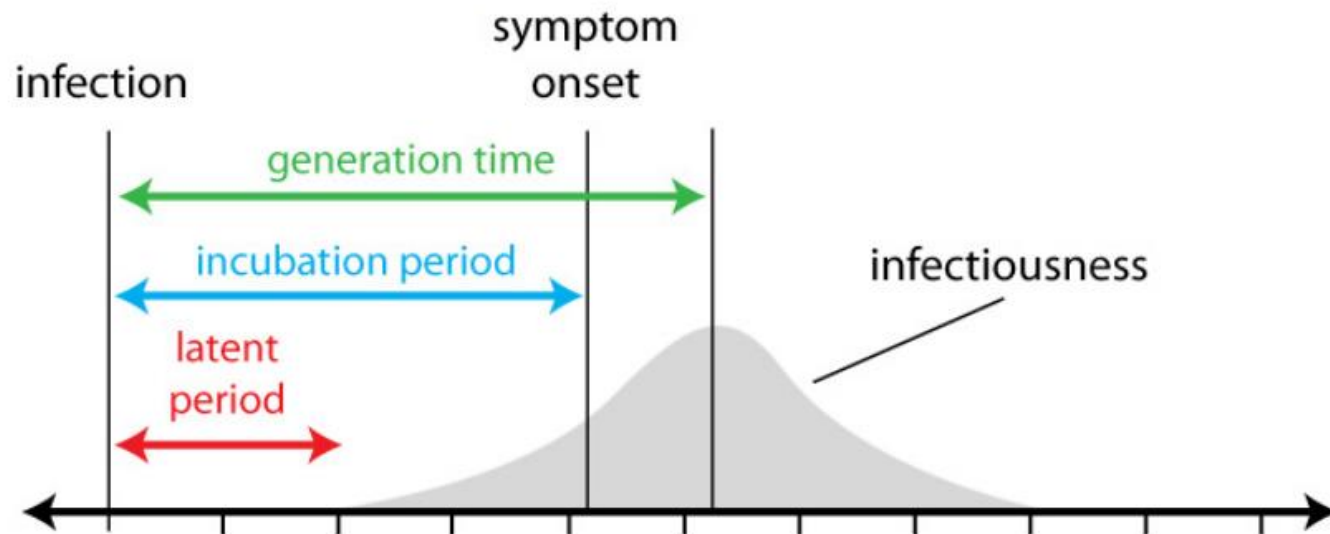


# Generation Time & Serial Intervals

- Serial Interval
  - time between symptom onset in subsequent generations of cases
  - often used as a proxy for generation time

# Generation Time & Epidemics

- Incubation period
  - time between infection and development of symptoms
- Latent period
  - time between infection and becoming infectious
- Infectious period
  - period when a case is infectious
- Generation time is most important
  - depends on biological factors and number of contacts





# Reproductive Numbers & Generation Times

Pathogen	R0	Generation Time (days)
Cholera	2.6, 5.0, 4.0–15.0	7.1–9.3, 7–10
Dengue	1.3–6.3	19–22, 24
Influenza	1.5–2.0	3.6, 1.5–2.7, 3.1, 2.2–4, 2.7
Malaria	1–10, 100–1000, 1–3000	60–120, >200
Measles	7.7, 7.1–29.3, 11.0–18.0	9–17, 12
Rubella	2.9–7.8, 3.4–5.6	22, 15–23
SARS	1.2, 2.7, 2.2–3.6	8.4
Smallpox	3.2, 6.9, 3.5–6.0	14–16, 16, 14–20

- Generation time is also disease- and setting-specific
- Easier to understand why influenza grows more quickly than measles

# Doubling Time & Generation Time

- R, doubling time, and generation time are related
- Influenza
  - $T_d = 2.5 \text{ days}$
  - $T_g = 2.5 \text{ days}$
- Measles
  - $T_d = 4.7 \text{ days}$
  - $T_g = 18 \text{ days}$

$$T_d = \frac{\ln 2}{\ln\left(\frac{R}{T_g}\right)}$$

- $T_d$  : doubling time
- $T_g$  : generation time
- $R$ : reproductive number

# Doubling Time & Generation Time

Disease	$R_0$	$T_g$ (days)	$T_d$ (days)
Cholera	2.6	8.5	6.4
Dengue	4.0	20	10
Influenza	2.0	2.5	2.5
Measles	15.0	18	4.7
Rubella	5.0	22	9.5
SARS	2.7	8.4	5.8
Smallpox	4.0	16	8

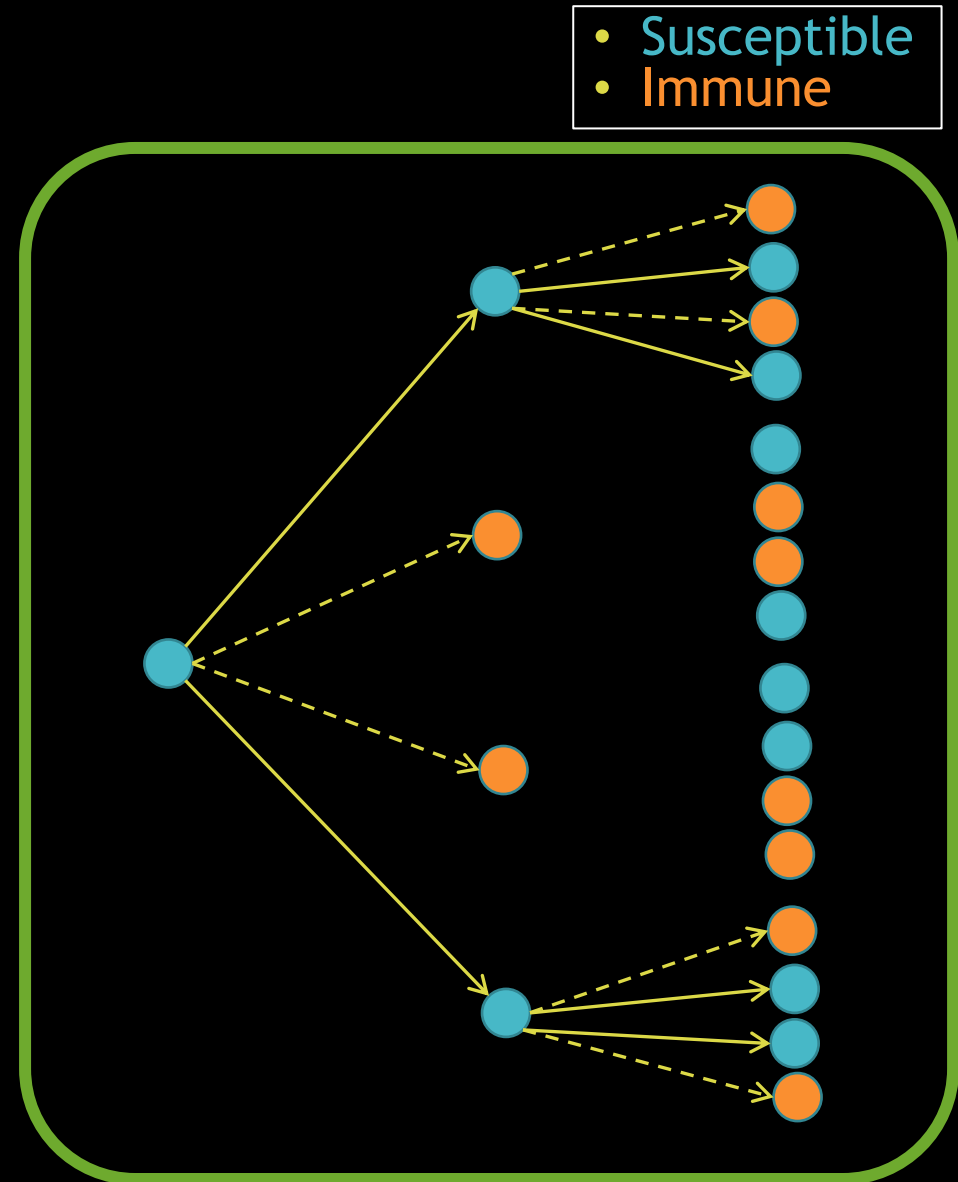
- $R = 2^{T_g/T_d}$

- We can use doubling time and generation time to estimate R

# Herd Immunity

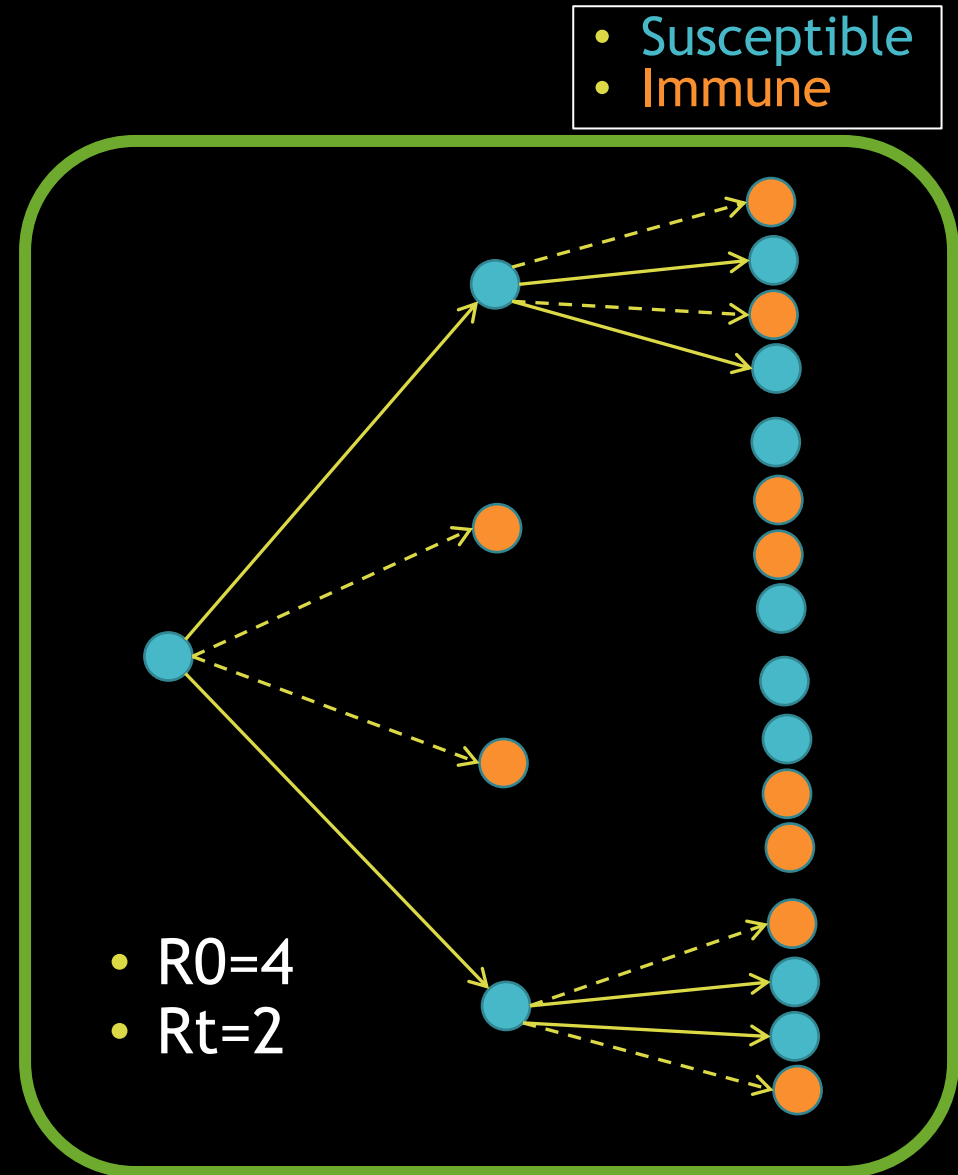
# Reproductive Number & Herd Immunity

- Herd immunity
  - proportion of the population that is immune to infection
  - indirect protection resulting from immune individuals in the population
  - $HI = 1 - s$



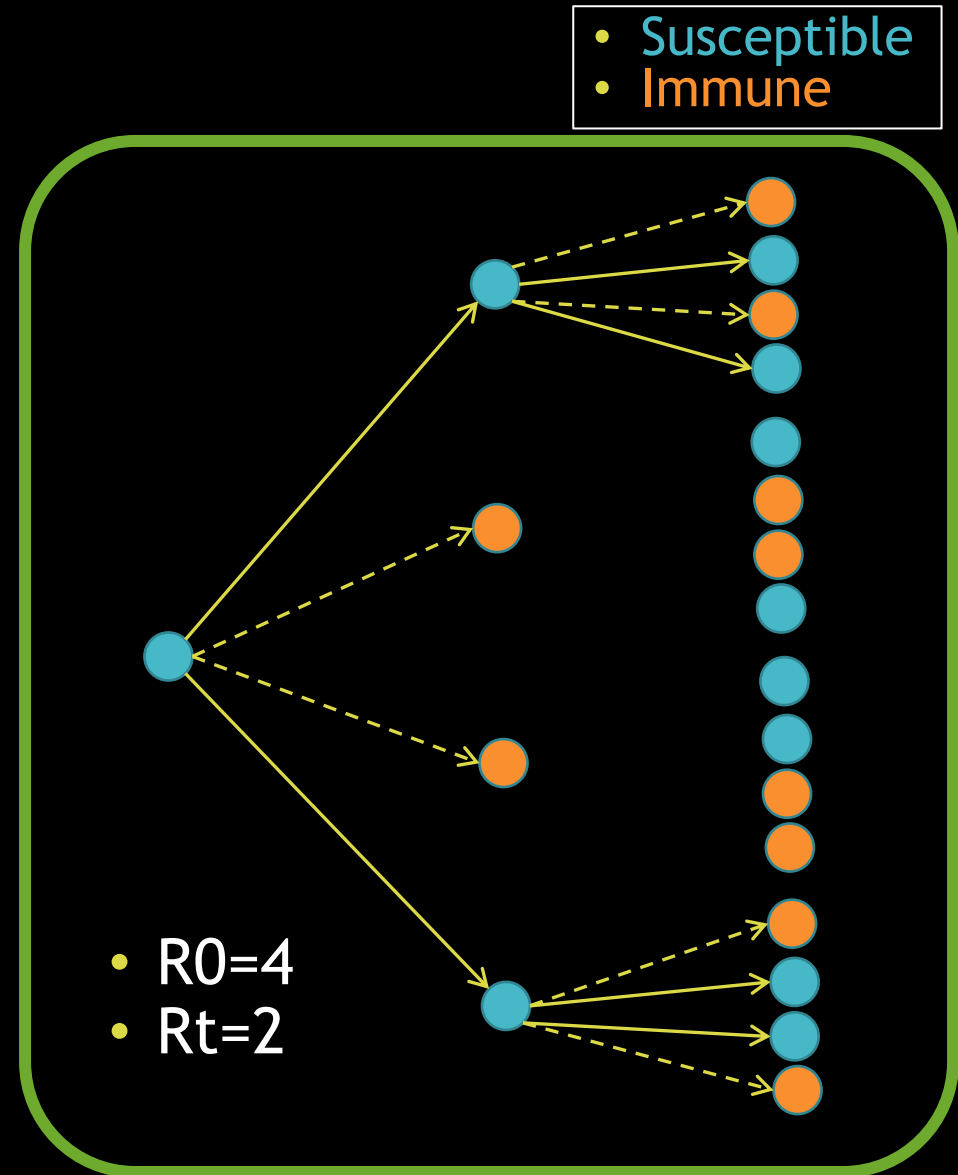
# Reproductive Number & Herd Immunity

- Herd immunity
  - recall that the number of new cases depends on the presence of infected persons (to cause infection) but also the presence of susceptible persons (to become infected)
  - $R_t = R_0 s_t$



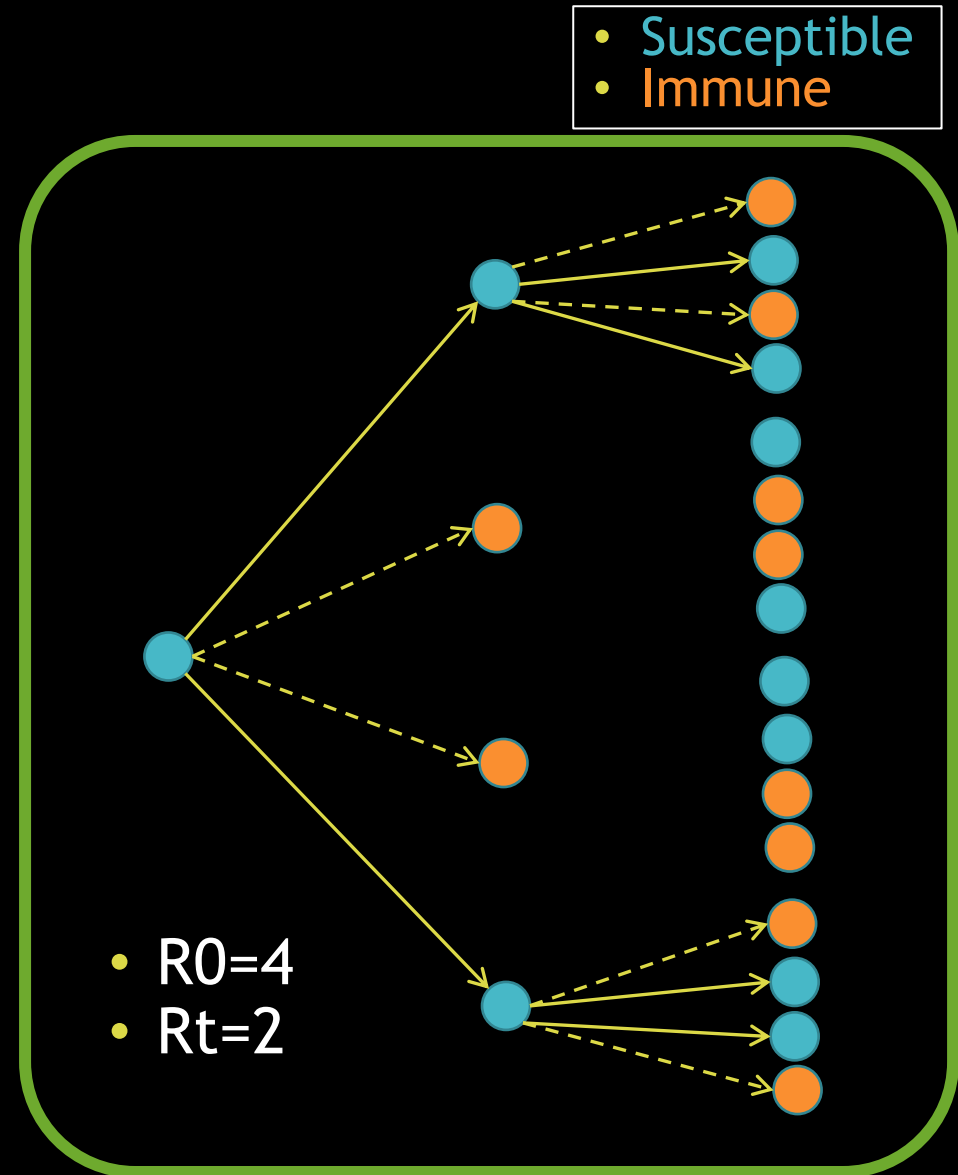
# Reproductive Number & Herd Immunity

- Herd immunity
  - recall that the number of new cases depends on the presence of infected persons (to cause infection) but also the presence of susceptible persons (to become infected)
  - $R_t = R_0 S_t$
  - if half of the population is immune, the reproductive number is cut in half
  - if there are enough immunes, we can control transmission



# Reproductive Number & Herd Immunity

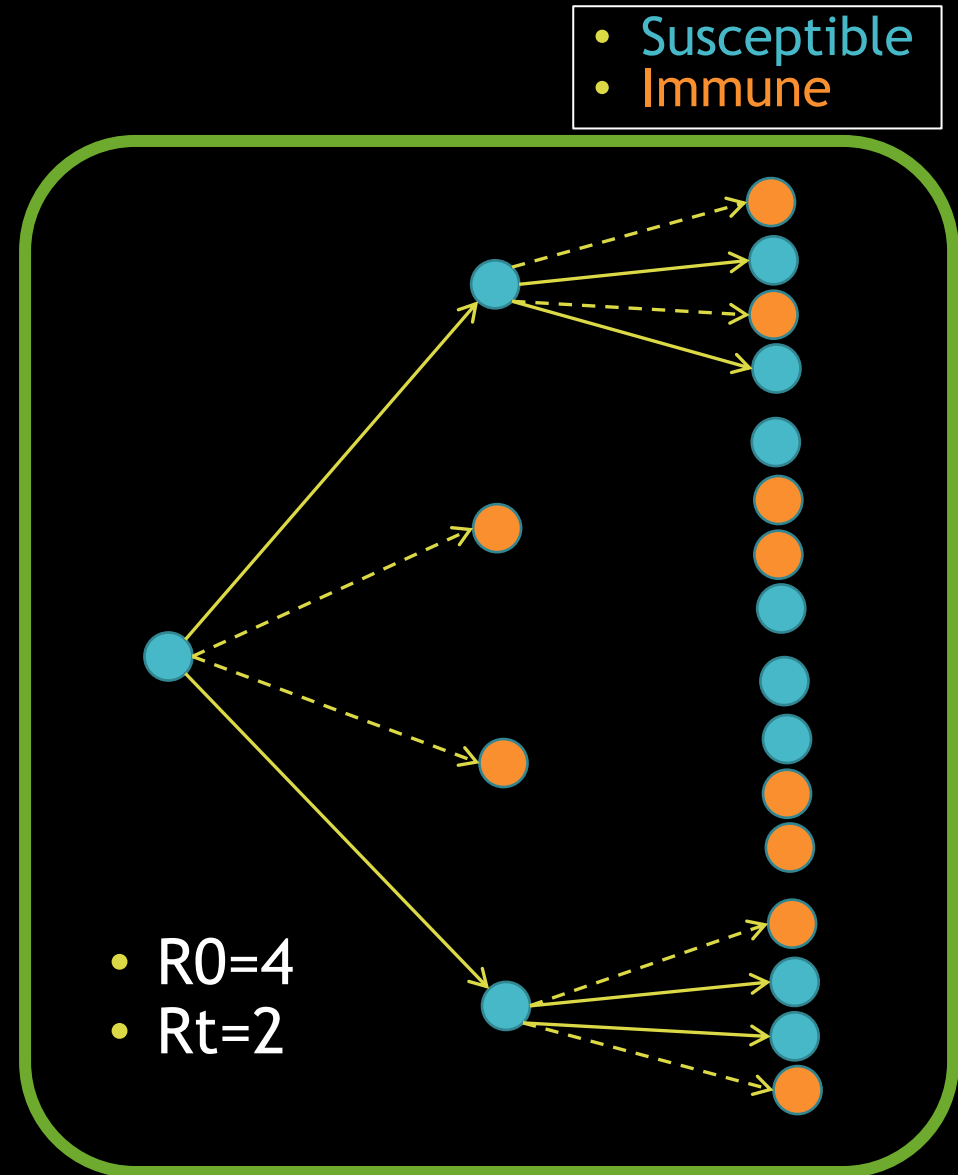
- Herd immunity threshold (HIT)
  - the proportion of the population that would need to be immune to control transmission
  - transmission is controlled when  $R_t=1$
- $HIT = 1 - \frac{1}{R_0}$
- What is the HIT for this population?



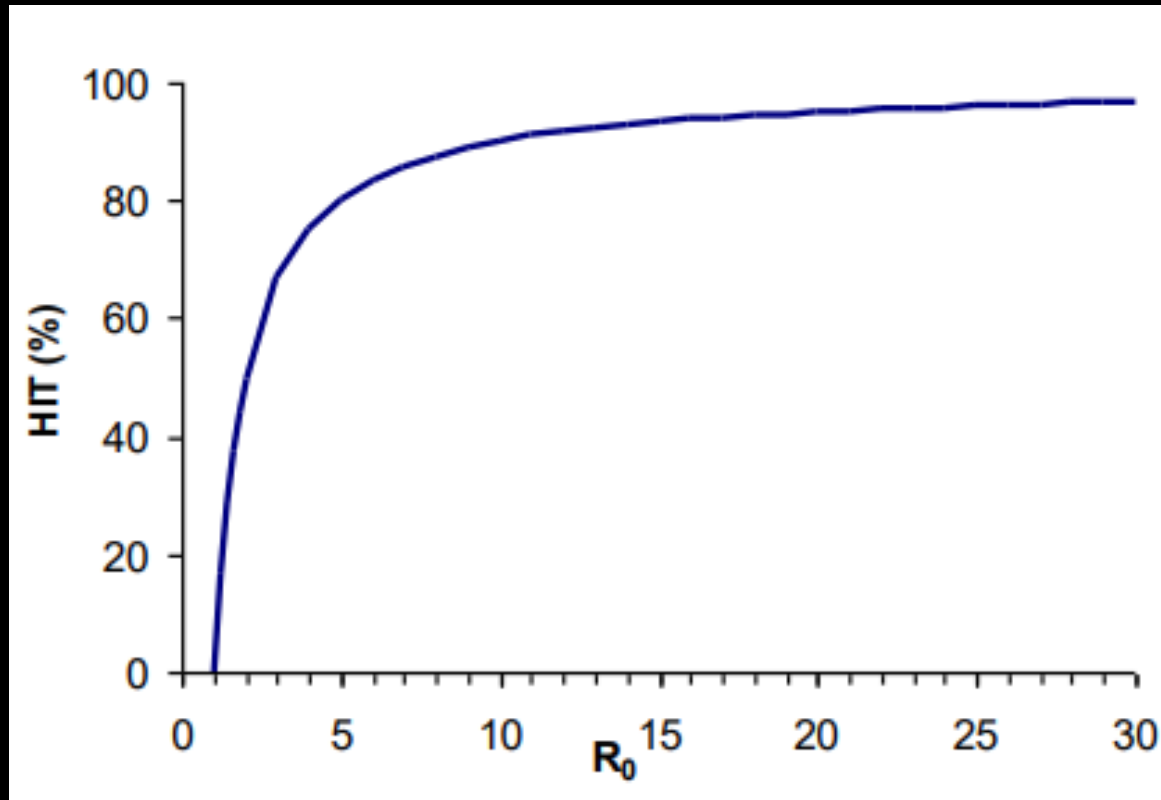


# Reproductive Number & Herd Immunity

- Herd immunity threshold (HIT)
  - the proportion of the population that would need to be immune to control transmission
  - transmission is controlled when  $R_t=1$
- $HIT = 1 - \frac{1}{R_0}$
- What is the HIT for this population?
- HIT=75%

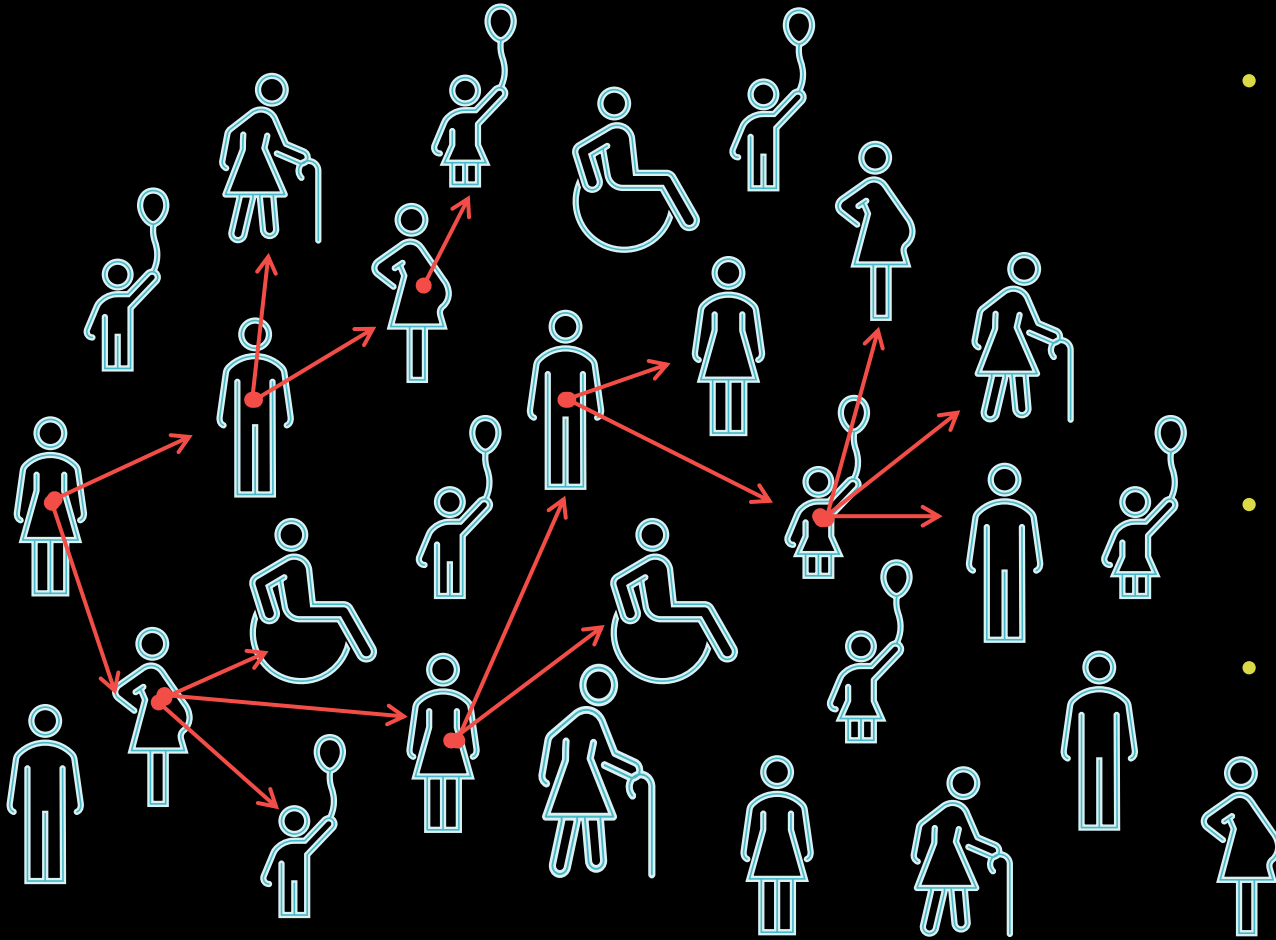


# Herd Immunity Threshold



Disease	$R_0$	HIT (%)
Diphtheria	7.2	82-87
Malaria	100	99
Measles	15.0	90-95
Pertussis	15.0	90-95
Poliomyelitis	6.0	82-87
Rubella	5.0	82-87
Smallpox	4.0	70-80

# Determinants of Epidemic Growth



- Many factors contribute to the growth of an epidemic
  - we are interested in trying to estimate these parameters
  - these give us an idea of how much control/intervention is needed
- In simple scenarios (e.g. random mixing),  $R$  is easier to estimate
- More complex scenarios require the use of modeling

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