LIFE DATA EPIDEMIOLOGY

Lecture 4: Extended SIR models

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SIR model

Susceptible-Infected-Recovered model



 Actually, this can be generalized to any other similar compartmental model
 for example, including incubation of a disease or vanishing immunity

SIRS model (waning immunity)

In the SIRS model, immunity acquired by recovered individuals is not permanent



 Rate of exit transitions from R: w
 i.e., one spends an exponentially distributed time with average 1/w in class R

SIRS model

SIR equations
 (with demography)
 can be modified as:

(analogous solution)

$$\frac{ds}{dt} = \lambda + Wr - \beta sx - \lambda s$$
$$\frac{dx}{dt} = \beta sx - \mu x - \lambda x$$
$$\frac{dr}{dt} = \mu x - Wr - \lambda r$$

□ If w=0, the model is just a plain SIR; if $w\gg\mu$ then this becomes an SIS model

SIRS model

□ Still, basic reproductive ratio $R_0 = \beta / (\lambda + \mu)$ □ and stable endemic solution if $R_0 > 1$

The average age at 1st infection can be found to be $A = \frac{W + \mu + \lambda}{(W + \lambda)(\beta - \mu - \lambda)}$

SIRS model

• Once again the endemic equilibrium is reached through damped oscillations of period $T = \frac{4\pi}{\sqrt{4(R_0 - 1)\frac{1}{G_I G_R} - \left(\frac{1}{G_R} - \frac{1}{A}\right)^2}}$

where $G_I = 1/(\lambda + \mu)$ and $G_R = 1/(w + \mu)$ are the avg time spent in I and R classes, resp.

Latent period: SEIR

 Many diseases have an "incubation" for individuals before becoming infective
 the individual already has contracted the disease and will eventually become infected



□ Thus, we can add an "exposed" (E) state

SEIR model

 SEIR equations (with demography) can be written as:

σ

and σ = transition rate class S \rightarrow class E

$$\frac{ds}{dt} = \lambda - (\beta x + \lambda)s$$
$$\frac{dy}{dt} = \beta sx - (\lambda + \sigma)y$$
$$\frac{dx}{dt} = \sigma y - (\lambda + \mu)x$$
$$\frac{dr}{dt} = \mu x - \lambda r$$

Endemic equilibrium of SEIR

 \Box We can derive $R_0 = \beta \sigma / [(\lambda + \mu) (\lambda + \sigma)]$ this can be found by directly interpreting the physical meaning of R_0 with "merged" states E and I; but we account for that only during the I phase the individual is infective \Box yet, typically $\sigma \gg \lambda \rightarrow as$ before $R_0 = \beta / (\lambda + \mu)$ and stable endemic solution if $R_0 > 1$ actually, to prove stability is slightly more complicated but doable (3rd deg equations)

Endemic equilibrium of SEIR

Endemic equilibrium also analogous to SIR as still (albeit R₀ is slightly different: it is R₀ = βσ / [(λ+μ) (λ+σ)]) we have s_∞ = 1/R₀ x_∞ = (R₀ -1) λ / β
We also derive y_∞ = (R₀ -1) λ (λ+μ) / (σ β) and naturally r_∞ = 1 - s_∞ - x_∞ - y_∞

□ For $\sigma \rightarrow \infty$ we re-obtain the results of SIR (duration of incubation is infinitesimal)

SEIR at invasion

SEIR may seem a useless complication
 indeed, for small λ≪μ,σ R₀ is same as SIR, only longer disease recovery (1/μ)+(1/σ)
 however, models are very different at the initial phase of the disease (invasion) where state E slows down the spreading

$$x_{\text{SEIR}}(t) \approx x_0 e^{\left(\sqrt{4(R_0 - 1)\sigma\mu + (\sigma + \mu)^2} - (\sigma + \mu)\right)t/2} \approx x_0 e^{\left(\sqrt{R_0} - 1\right)\mu t}$$

whereas $x_{SIR}(t) \approx x_0 e^{(R_0 - 1)\mu t}$

Permanent carriers: SICR

Some infecteds may enter a "chronic" state from which they slowly (or never) recover



□Good model for some permanent infections such as herpes simplex or hepatitis B

SICR model

 $\Box C = \#$ carriers, c = C / N $\Box C \rightarrow R$ has rate Γ $\neg I \rightarrow C$ or $I \rightarrow R$ with split probabilities, *q* or 1-*q*, resp. □C and I cause undistinguishable infection, but C's is weaker by $\varepsilon < 1$

$$\frac{\mathrm{d}s}{\mathrm{d}t} = \lambda - (\beta x + \varepsilon \beta c + \lambda)s$$
$$\frac{\mathrm{d}x}{\mathrm{d}t} = [\beta(x + \varepsilon c)]s - (\lambda + \mu)y$$
$$\frac{\mathrm{d}c}{\mathrm{d}t} = \mu qx - (\Gamma + \lambda)c$$
$$\frac{\mathrm{d}r}{\mathrm{d}t} = \mu (1 - q)x + \Gamma c - \lambda r$$

SICR model

□ To compute R_0 and apply threshold criterion $R_0 > 1$ we observe that



SICR model

- □ After some tedious math, one can find the endemic equilibrium where $s_{\infty} = 1/R_0$ □ and similar results for the other classes
- Generally, in these models the number of acute infected individual is much smaller than the number of carriers
 because the time spent as acute infected (I) is much smaller than that spent as carrier C think of AIDS or similar diseases

Generalizations with more states



if exponential sojourn time = exponential, their sum is Erlang-distributed

Parameter estimation

Even though a more detailed model may seem a good idea, also the number of parameters greatly increases □it is usually difficult to estimate all parameters with good accuracy more experimental data are required and good insight on the process is needed (modeling assumptions)

Change of population size

- Given the origin of the SIR model (closed system) we often impose the condition that birth rate = (natural) death rate = λ
 sensible for short-time periods
- But sometimes the population size matters
 longer time windows
 or demography is influenced by disease

Mass action

What if the population size changes?
 In our formulation, we just consider fractions of a population of size N
 for SIR: s = S/N, x = X/N, r = R/N

If we want to change N over time:
 we rescale the variables (no big deal)
 but also we need to check whether the parameters are constant for different N

Mass action

□ The SIR model with "force of infection" φ assumes it is linear in *X* : $\varphi = \beta x = \beta X / N$

 $\frac{dS}{dt} = -\varphi S$ $\frac{dX}{dt} = \varphi S - \mu X$ $\frac{dR}{dt} = \mu I$

Underlying assumption:
 contact rate independent
 of *N* (true if contagions
 spread just around you)
 →β is constant in *N*

Mass action



also called frequency-dependent model

Pseudo-mass (density-based)

The assumption that #contacts is constant in N reflects intuition for many diseases However, other diseases have the **parameter** β being itself linear in N the rationale is that #contacts depends on #individuals crammed in the ecosystem called density-dependent compartmental model or pseudo-mass action

Discussion

Frequency dependent is the common assumption for **human**-carried diseases □idea: humans are social beings, interacting despite distance, looking for each other (even more true in tech or social contexts) Density dependent is better for animals (or plants) crammed in a given space when individuals die, fewer interactions

Actually, also intermediate situations

What happens if the disease is deadly and removes individuals from the population?
To answer, we need some parameters:
now birth rate = λ ≠ natural death rate = ν
the individual probability of succumbing to the disease (between 0 and 1) = ρ

□ We have a dynamically variable *N* In the absence of the disease, $N \rightarrow \lambda / v$

- □ Exit from state I can happen because:
 □ the infected recovers, rate = µ
 □ the infected dies of natural death, rate = v
 □ the infected dies because of the disease
- The impact of the latter is that the infectious period is cut short by a factor of (1-ρ) as on average only those survive
 The exit rate is thus (v+μ)/(1-ρ)

Infected equations is now:

 $\frac{\mathrm{d}X}{\mathrm{d}t} = \frac{\beta}{N}SX - \frac{\nu + \mu}{1 - \rho}X \quad \text{(analogous for } S \text{ and } R\text{)}$

□ density-dependent: $B = \beta / N = \text{constant}$ □ but for frequency-dependent model, N is not a constant anymore and must be included

 \square + population equation:

$$\frac{\mathrm{d}N}{\mathrm{d}t} = \lambda - vN - \rho\mu X$$

 Both choices can be the right one
 frequency-dependent (mass action): describes situations where #contact per infected is same (even with decimated N)
 density-dependent: if N shrinks → we have less frequent contacts among individuals

It really depends on the phenomenon
 besides, there are also intermediate choices

In both models, 2 equilibria: disease-free or endemic, the latter if $R_0 > 1$ (also stable) □e.g., for frequency-dep: $X_{\infty} = \frac{v}{\beta(1-\rho)} (R_0 - 1)$ $s_{\infty} = \frac{\nu + \mu}{\beta(1 - \rho)} = 1/R_0$ and we also need $N_{\infty} = \frac{\lambda}{\nu} \left(\frac{R_0(1-\rho)}{(R_0-\rho)} \right)$ □for density-dep: $R_0 = (\lambda/\nu) (1-\rho)\beta / (\nu+\mu)$ $=1/S_{-}$

Vertical transmission

 Certain diseases exhibit transmission from an infected parent to the offspring
 we can incorporate this in the model by assuming that newborns are susceptible, except for a fraction proportional to x

$$\frac{ds}{dt} = \lambda - h\lambda x - \beta sx - vs$$
$$\frac{dx}{dt} = h\lambda x + \beta sx - \mu x - vx$$

just rescales parameters (and does not affect the analysis, as we will see)

General model

Even if all parameters are different, we get

$$\frac{ds}{dt} = \lambda - h\lambda x - \beta sx - vs + wr$$
$$\frac{dx}{dt} = h\lambda x + \beta sx - \mu x - vx$$
$$\frac{dr}{dt} = \mu x - wr - vr$$

□ which can be solved in x and r(s = 1 - x - r)

General model

$$\frac{dx}{dt} = (h\lambda + \beta(1 - x - r) - (\mu + \nu))x$$

$$\frac{dr}{dt} = \mu x - (w + \nu)r$$

$$\circ \text{ set } \omega = w + \nu \text{ and } \psi = h\lambda + \beta - \mu - \lambda$$

$$\frac{dx}{dt} = (\psi + \beta x - \beta r)x$$

$$\frac{dr}{dt} = \mu x - \omega r$$

$$\frac{dr}{dt} = \mu x - \omega r$$

$$S_{\infty} = \frac{\beta - \psi}{\beta} = \frac{\mu + \lambda(1 - h)}{\beta}, \ x_{\infty} = \frac{\omega \psi}{\beta(\mu + \omega)}, \ r_{\infty} = \frac{\mu \psi}{\beta(\mu + \omega)}$$