



Modeling the spread of influenza through a spatially-structured host population

Gregg Hartvigsen

Thursday, February 24, 2005
Posted: 1324 GMT (2124 HKT)

VATICAN CITY (CNN) -- Pope John Paul II has been rushed to hospital by ambulance after suffering a recurrence of the flu that forced him to be hospitalized for 10 days earlier this month.



Modeling the Spread of Influenza

Overview of the Problem

Structure of the Host Network

Modeling Influenza

Results

Conclusions



Modeling the Spread of Influenza

Overview of the Problem

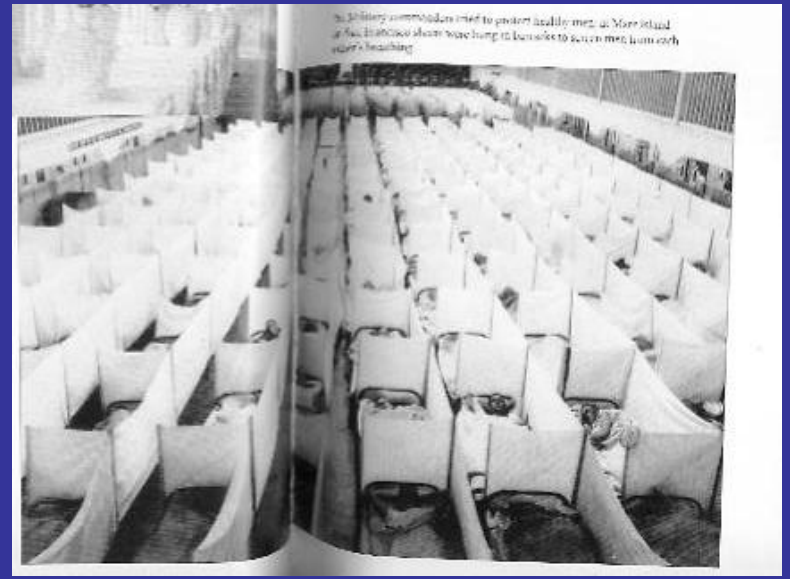
Structure of the Host Network

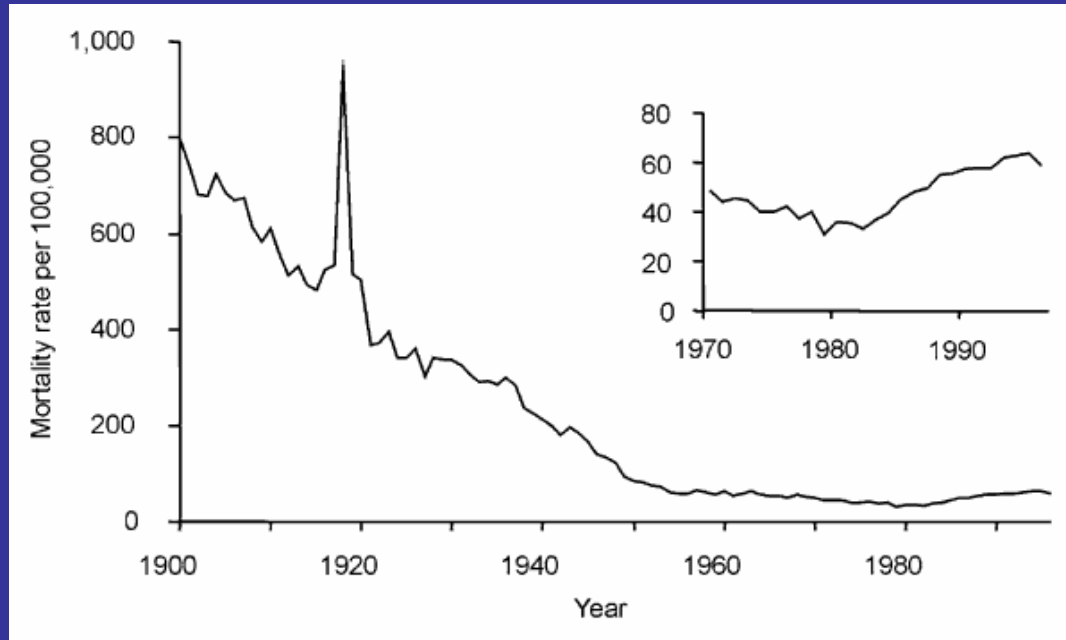
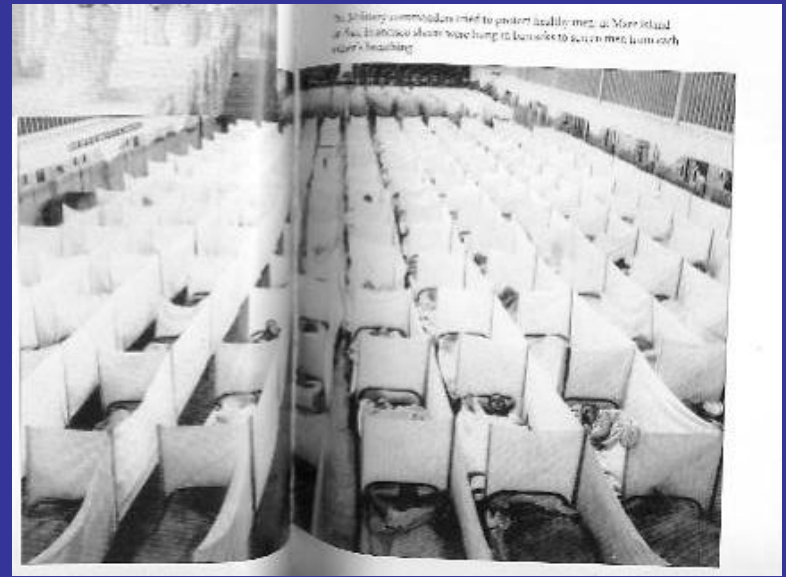
Modeling Influenza

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Presentation from the 2000 Emerging Infectious Diseases Conference in Atlanta, Georgia
Emerging Infectious Diseases: A CDC Perspective. James M. Hughes, M.D.
Centers for Disease Control and Prevention, Atlanta, Georgia, USA



Who should get a flu vaccination?



People who are 65 years old or older —

Even if you're in great health!

Children 6 to 23 months old —

Children younger than 2 years old have one of the highest rates of hospitalization from influenza

Adults and children with a chronic health condition —

Like heart disease, diabetes, kidney disease, asthma, cancer, or HIV/AIDS

Women who will be pregnant during flu season —

Flu season is typically November through March

Residents of nursing homes and long-term care facilities

Children aged 6 months to 18 years on chronic aspirin therapy

Healthcare workers involved in direct patient care

Out-of-home caregivers and household contacts of children younger than 6 months

If you're not in one of these groups, you should not get vaccinated, to allow those at highest risk to get a shot.

<http://www.cdc.gov/flu>
November 12, 2004

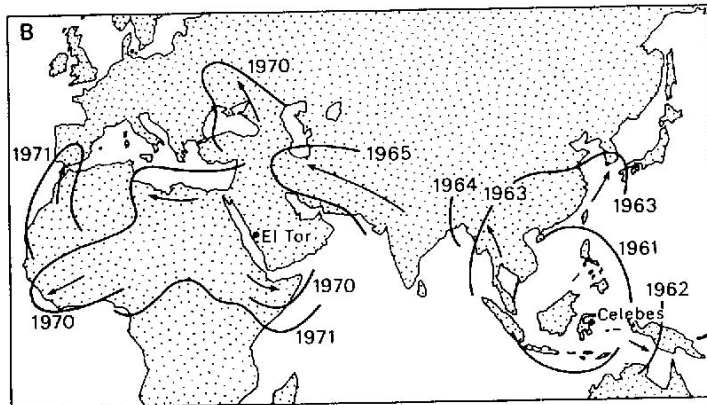
Department of Health
and Human Services
Centers for Disease Control
and Prevention



For more information, ask your healthcare provider or call the CDC Immunization Hotline
English and Español **800-CDC-INFO** Website **www.cdc.gov/flu**

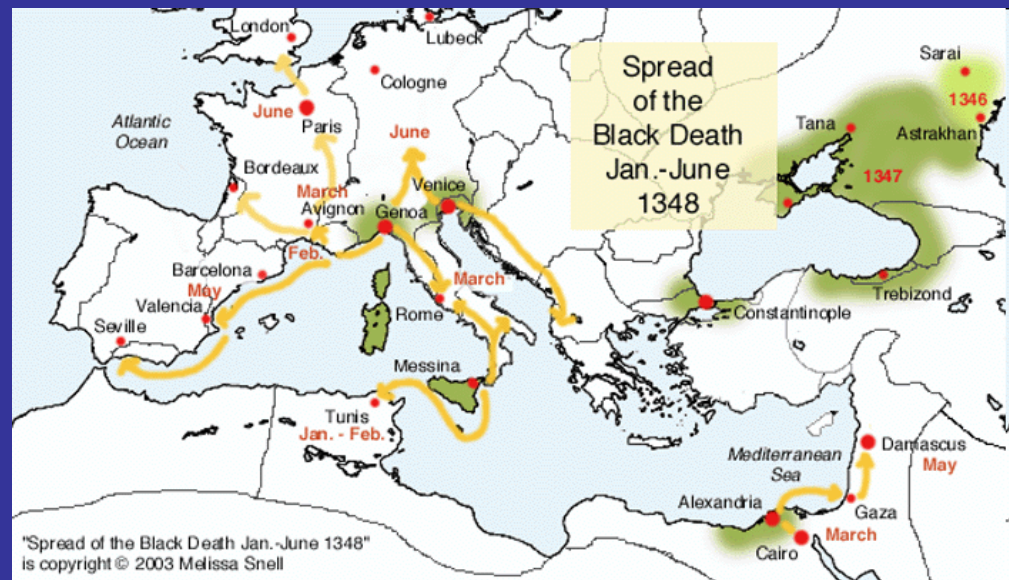
The Progression of Diseases

Figure 10.8. Spread of the El Tor cholera pandemic, 1960–71.
(Reproduced from Cliff, Haggett, Ord and Versey, 1981 by permission of Cambridge University Press).



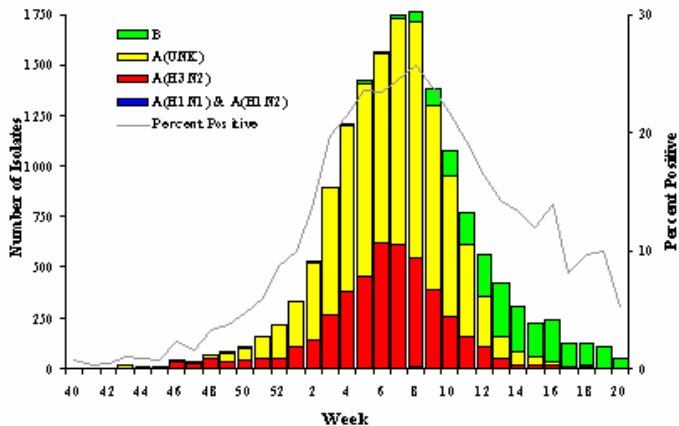
Cholera

1348 Black Death

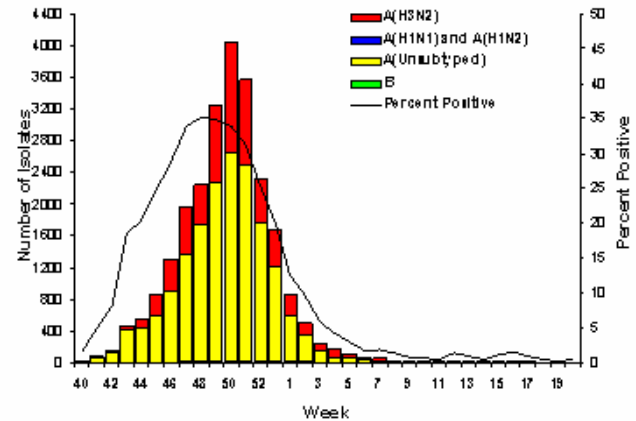


The Progression of Flu

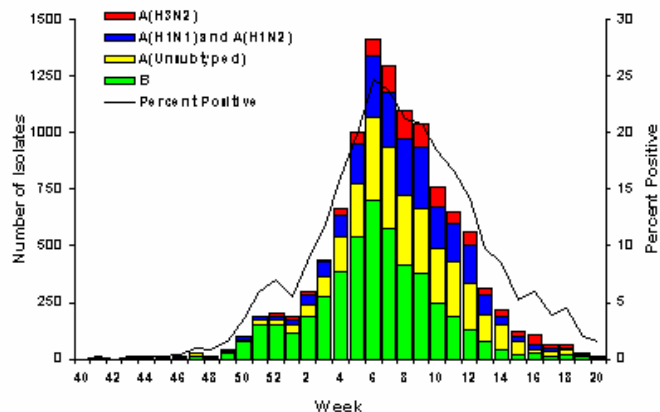
WHO/NREVSS Collaborating Laboratories
National Summary, 2001-2002



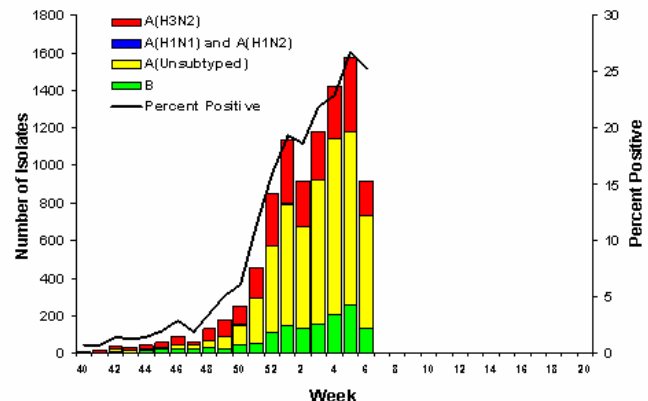
Influenza Viruses Identified By
WHO/NREVSS Collaborating Laboratories
National Summary, 2003-04



WHO/NREVSS Collaborating Laboratories
National Summary, 2002-03



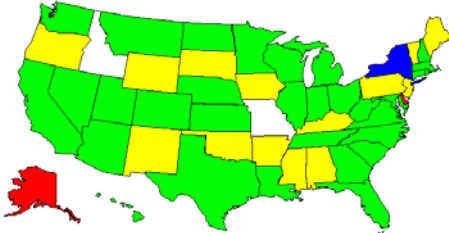
U.S. WHO/NREVSS Collaborating Laboratories
Summary, 2004-05



Nov. 20, 2004

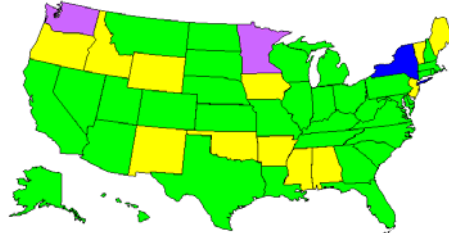
<http://www.cdc.gov/flu>

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending November 20, 2004 - Week 46



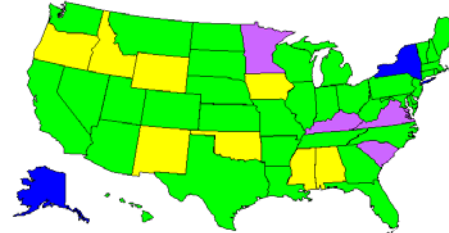
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending November 27, 2004 - Week 47



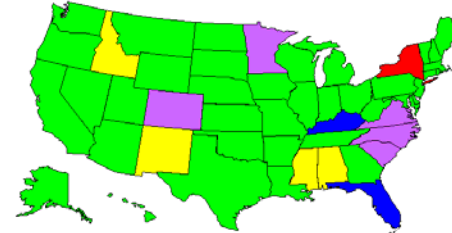
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending December 04, 2004 - Week 48



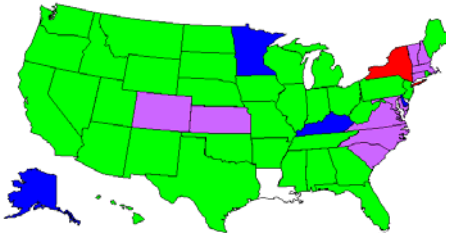
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending December 11, 2004 - Week 49



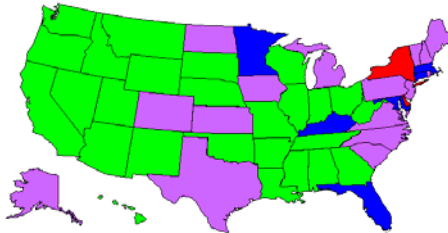
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending December 18, 2004 - Week 50



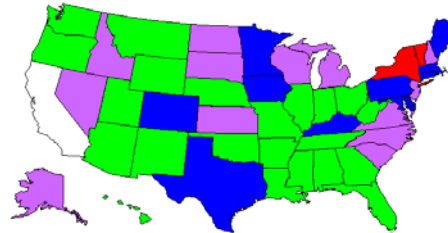
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending December 25, 2004 - Week 51



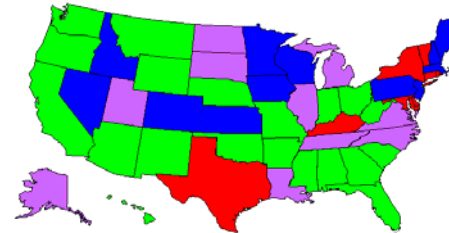
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending January 1, 2005 - Week 52



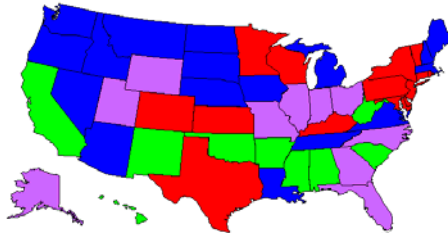
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending January 8, 2005 - Week 1



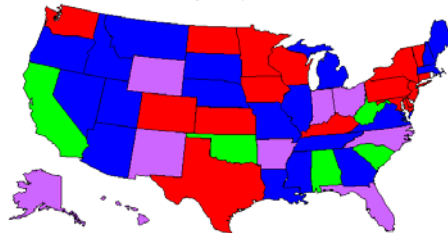
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending January 22, 2005 - Week 3



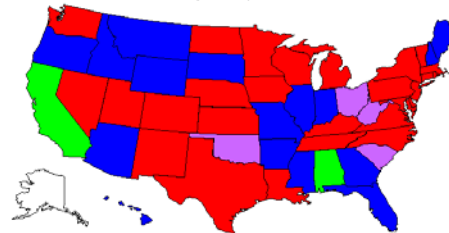
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending January 29, 2005 - Week 4



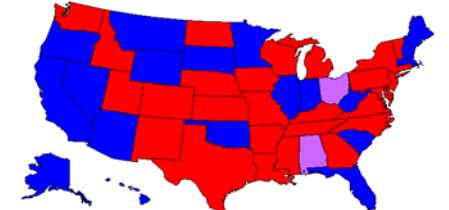
No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending February 05, 2005 - Week 5



No Report No Activity Sporadic Local Activity Regional Widespread

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists
Week ending February 12, 2005 - Week 6



No Report No Activity Sporadic Local Activity Regional Widespread

No Report



No Activity



Sporadic



Local Activity



Regional



Widespread



Feb. 12, 2005

Modeling the Spread of Influenza

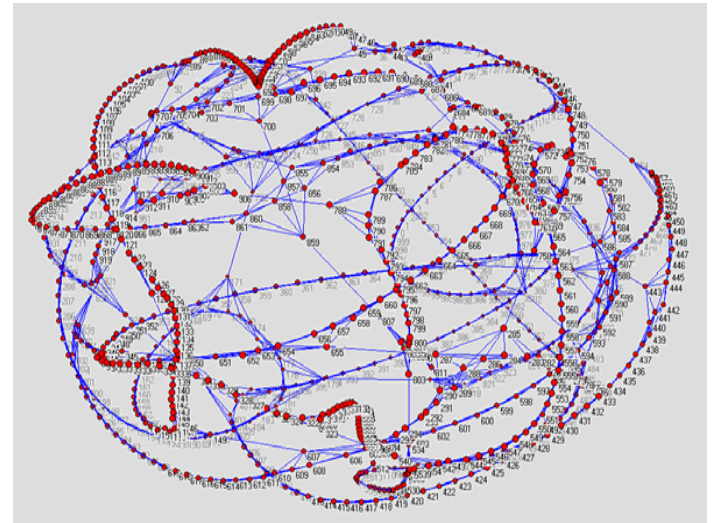
Overview of the Problem

Structure of the Host Network

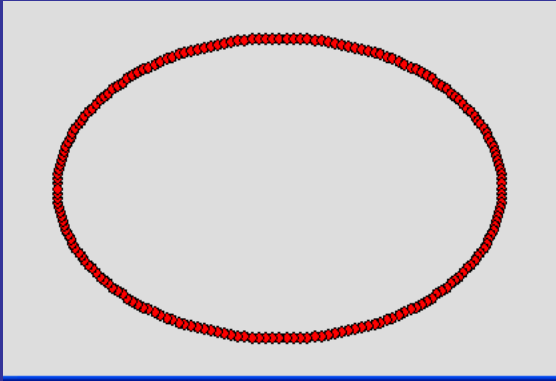
Modeling Influenza

Results

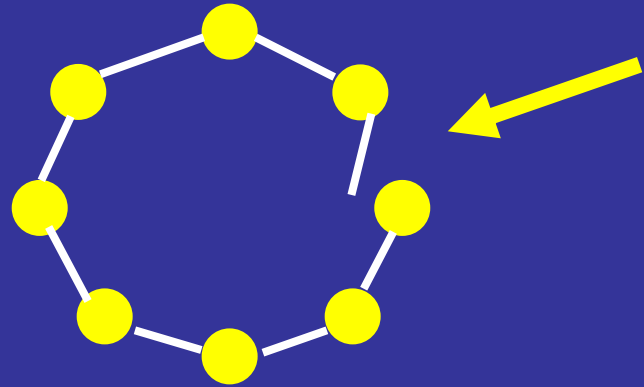
Conclusions



Small-World Networks

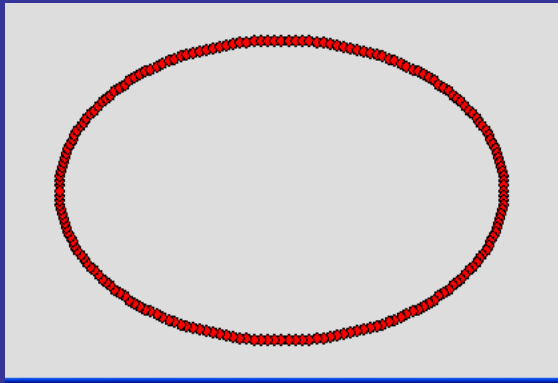


$$\text{swn-P} = 0.00$$

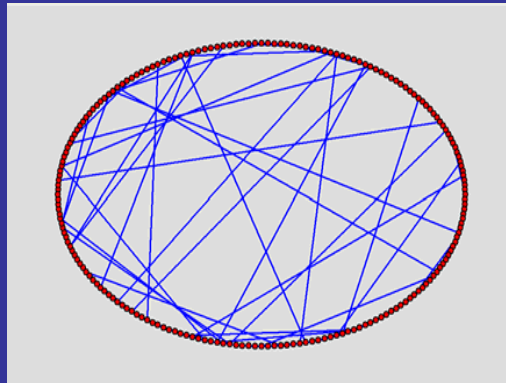


swn-P = probability that each host's edge is broken and rewired to a randomly chosen host from the population.

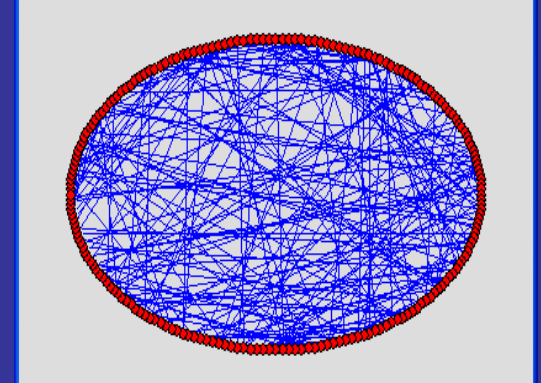
Small-World Networks



$swn-P = 0.00$



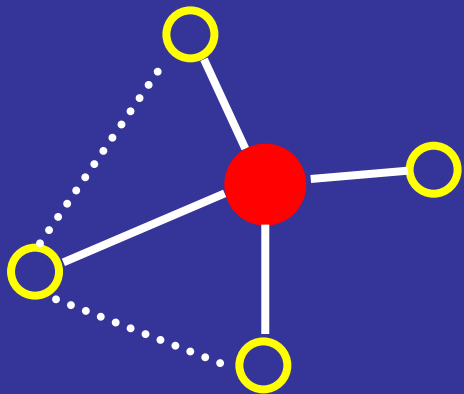
0.01



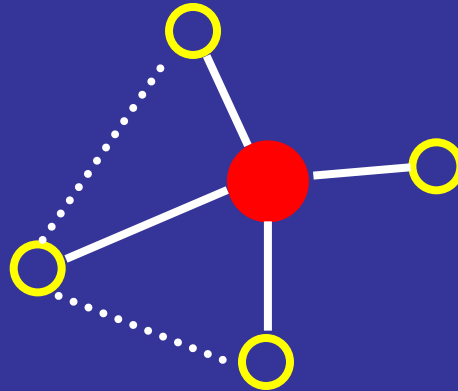
0.05

Use Networks with 1K, 10K, and 100K
Hosts begin with four **neighbors** (k)
(transmission network)

One unlucky **host** gets inoculated



Structure of a Network



$k = \text{degree}$

$\text{NCR} = \text{Neighbor Contact Rate}$

Population Size

s_{wn-P}

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$$\text{C.C.} = \frac{|E(T_v)|}{\binom{k_v}{2}}$$

Vaccination Strategies

1. Vaccinating Random Nodes
2. Vaccinating Hubs (nodes with the highest degree)
3. Vaccinating Nodes with Lowest Clustering Coefficient
4. Vaccinating Nodes with Highest Clustering Coefficient
5. Vaccinating Nodes Containing Cross-Cut Edges

Vaccination Strategies

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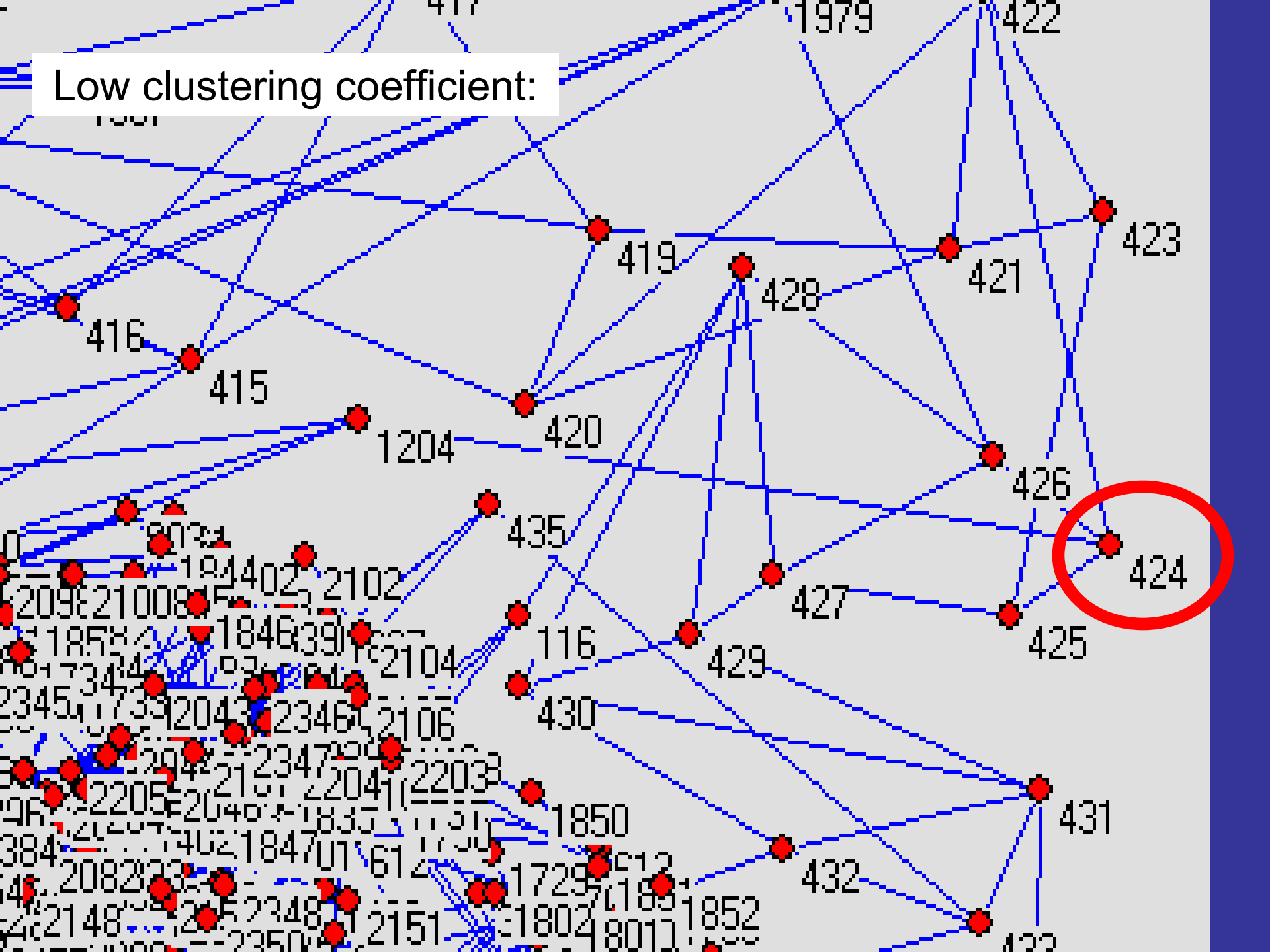
Clustering Coefficient:

$$\text{C.C.} = \frac{|E(T_v)|}{\binom{k_v}{2}}$$

$|E(T_v)|$ = # of edges in the neighborhood of v

$\binom{k_v}{2}$ = total # of possible edges in T_v

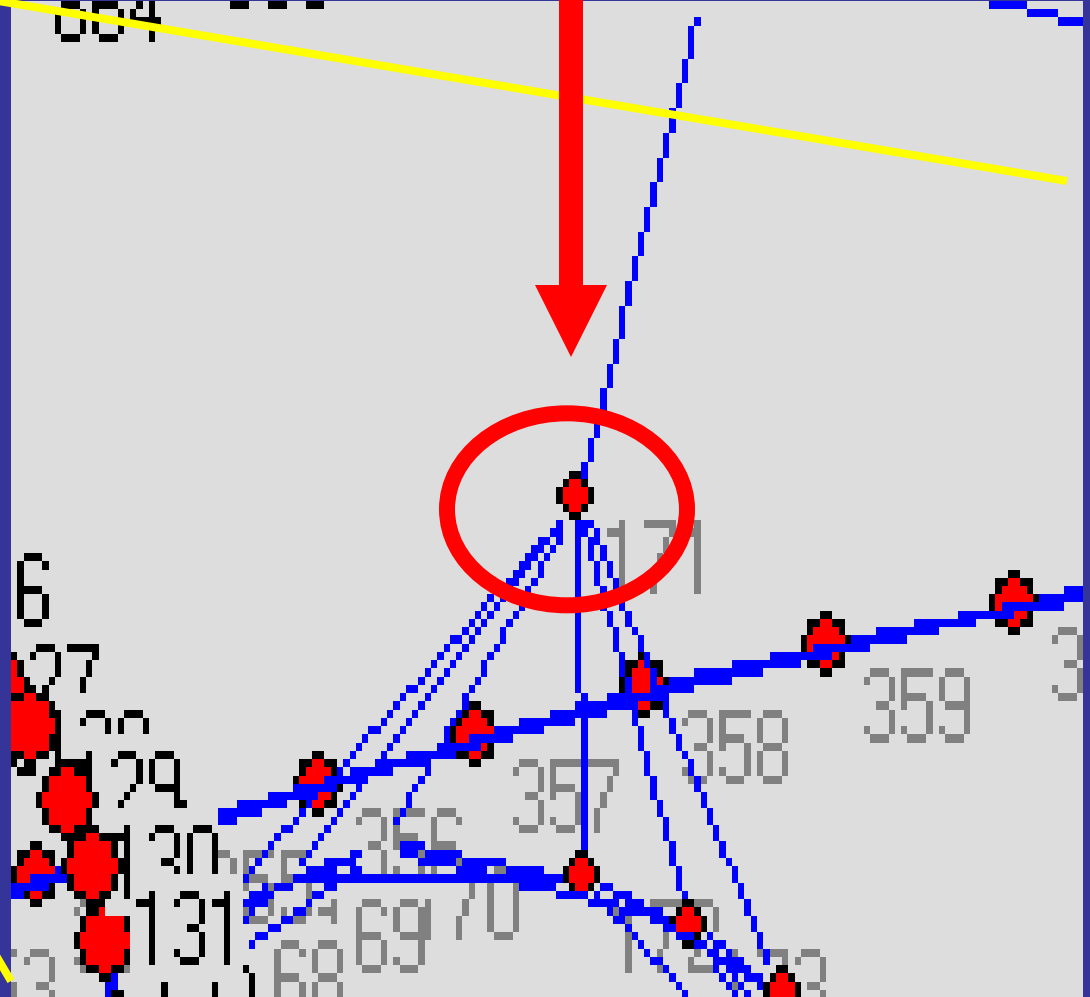
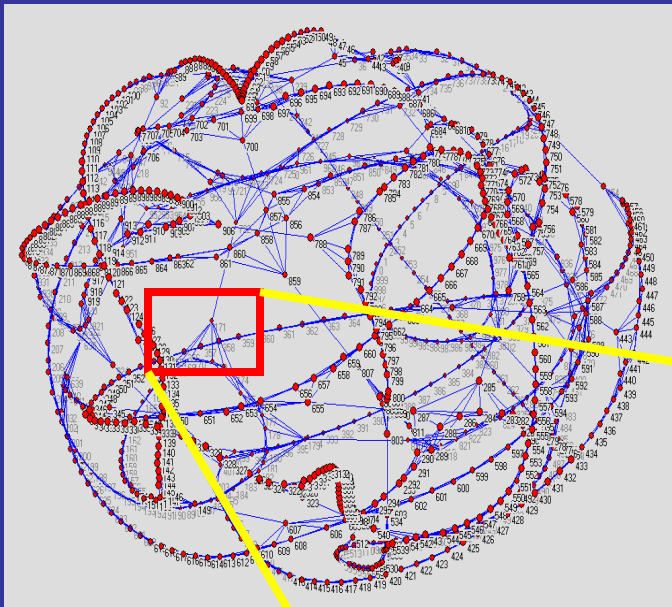
Low clustering coefficient:



Vaccination Strategies

1. Vaccinating Random Nodes
2. Vaccinating Hubs (nodes with the highest degree)
3. Vaccinating Nodes with Lowest Clustering Coefficient
4. Vaccinating Nodes with Highest Clustering Coefficient
5. Vaccinating Nodes Containing Cross-Cut Edges

Vaccinating nodes with cross-cut edges



Design = 4-Way Factorial

Factors

Levels

SWN – P

9

Vaccination Strategy

5

Percent Vaccinated

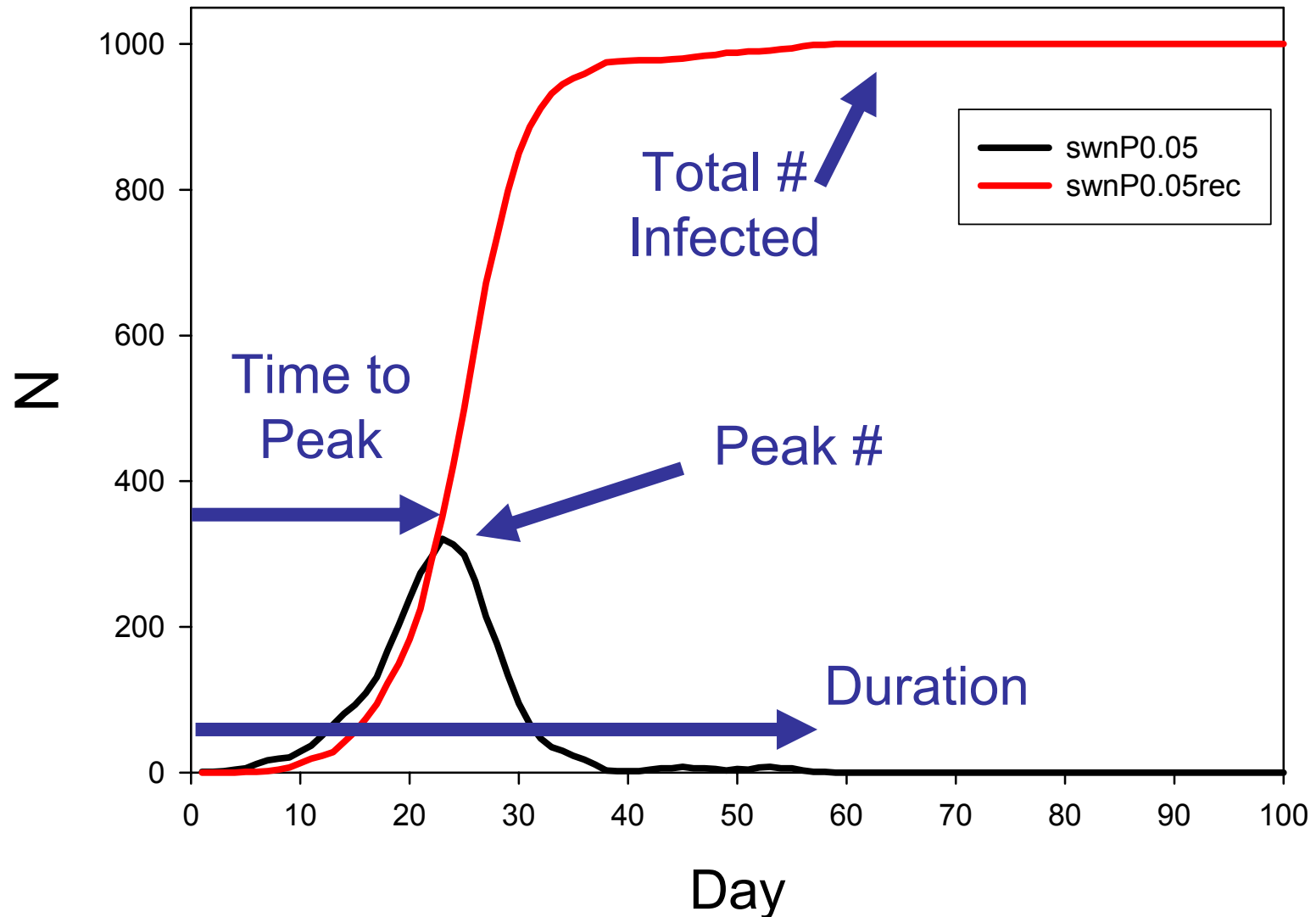
7

Population size

3

9 x 5 x 7 x 3 x 10 replicates = **9450 simulations**

What do we measure?



Modeling the Spread of Influenza

Overview of the Problem

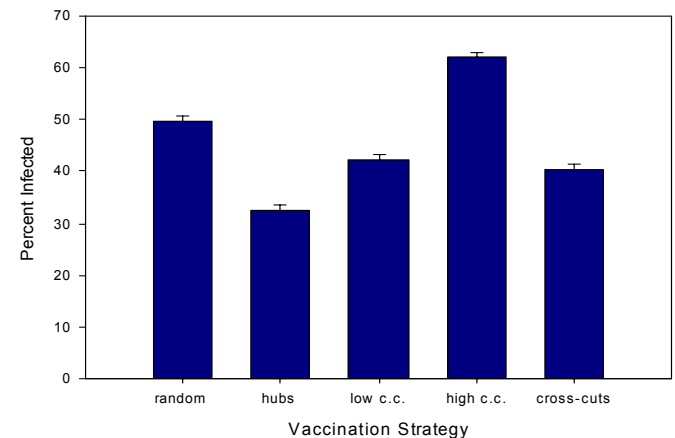
Structure of the Host Network

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Percent Infected for each Vaccination Strategy

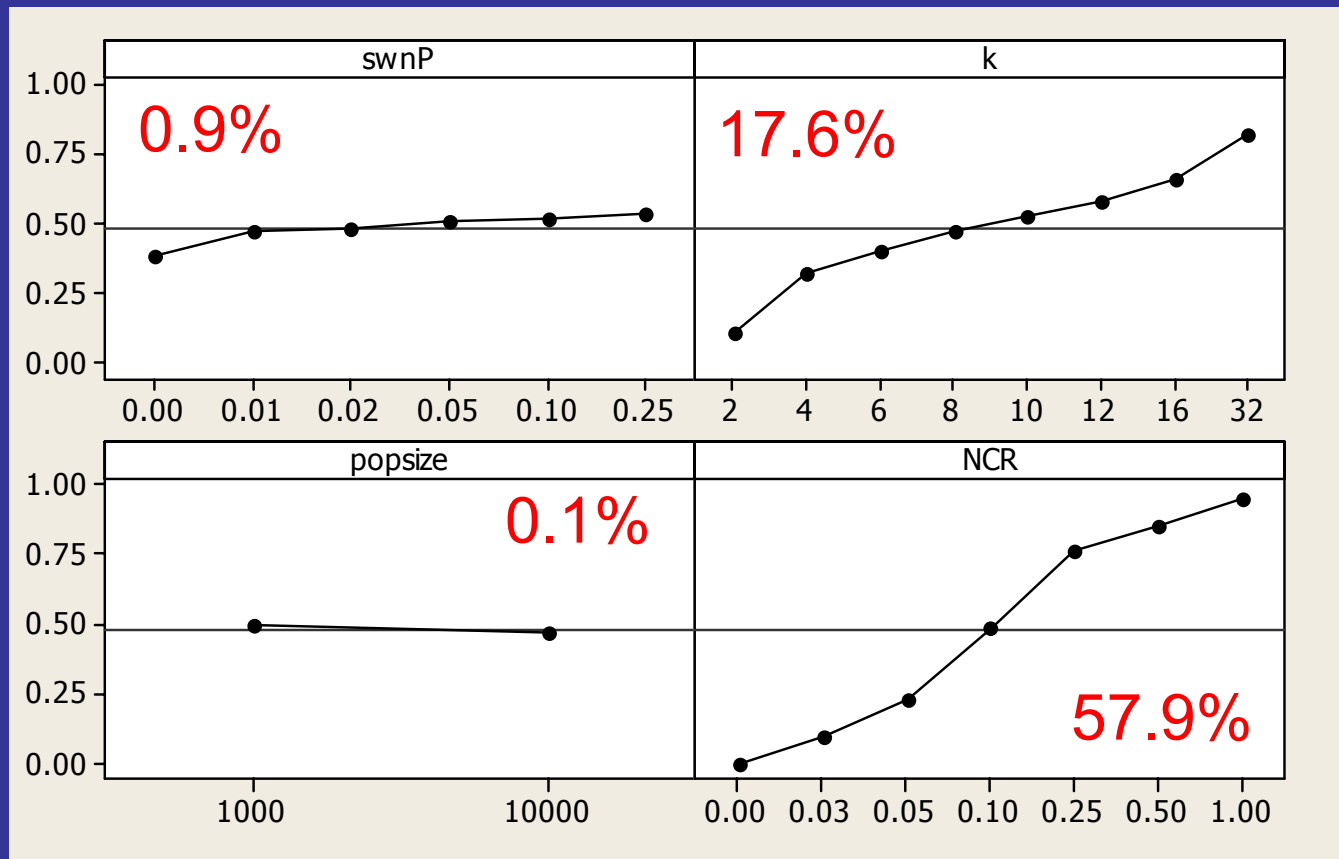


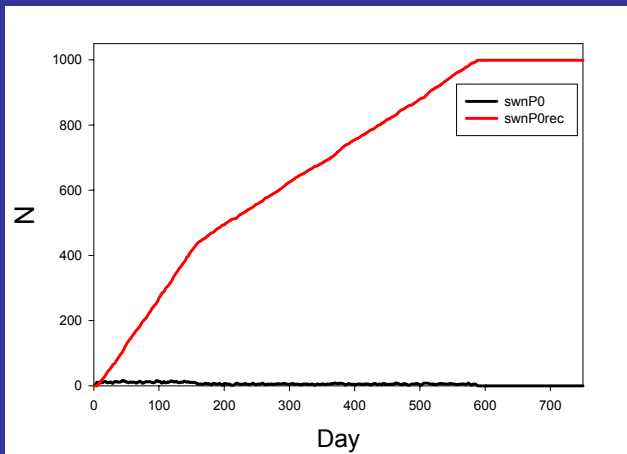
Two experiments:

1. Test spread across network
2. Investigate vaccination rates and strategies on the slowing of influenza

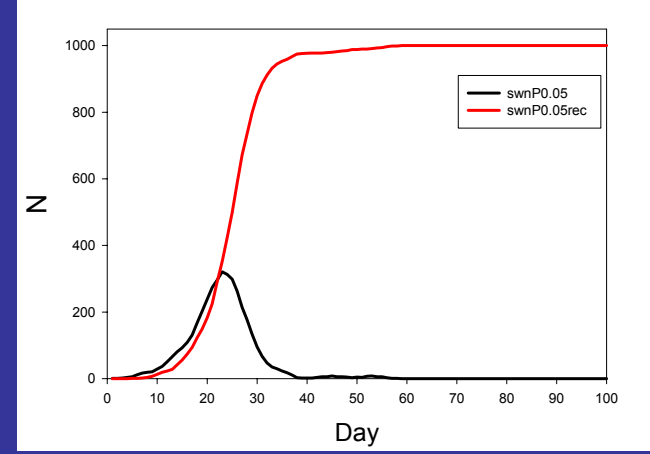
Structure of the Transmission Network Influences the Extent of the Epidemic

Proportion of
Population Infected

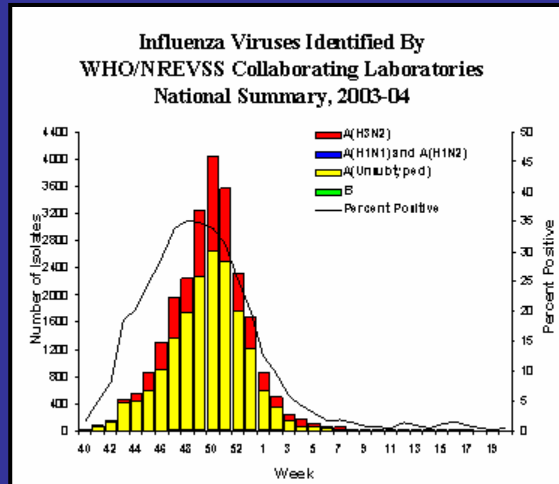




$swnP = 0$

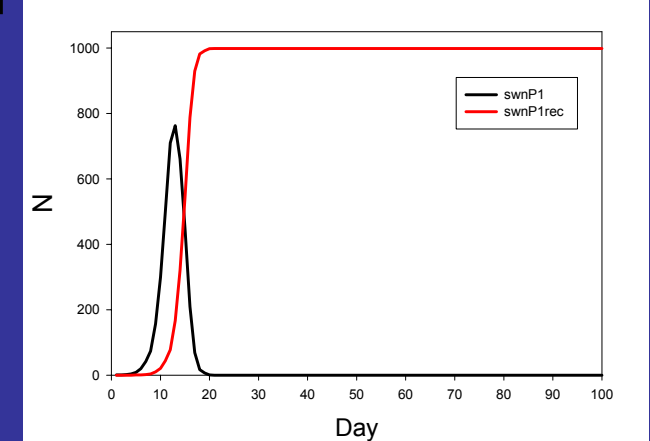
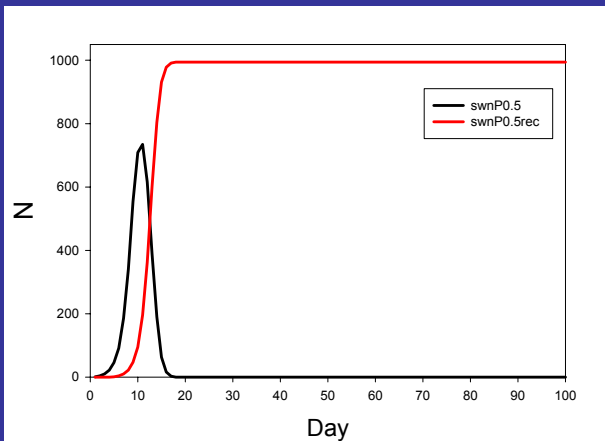


$swnP = 0.05$



$swnP = 0.5$

$swnP = 1.0$

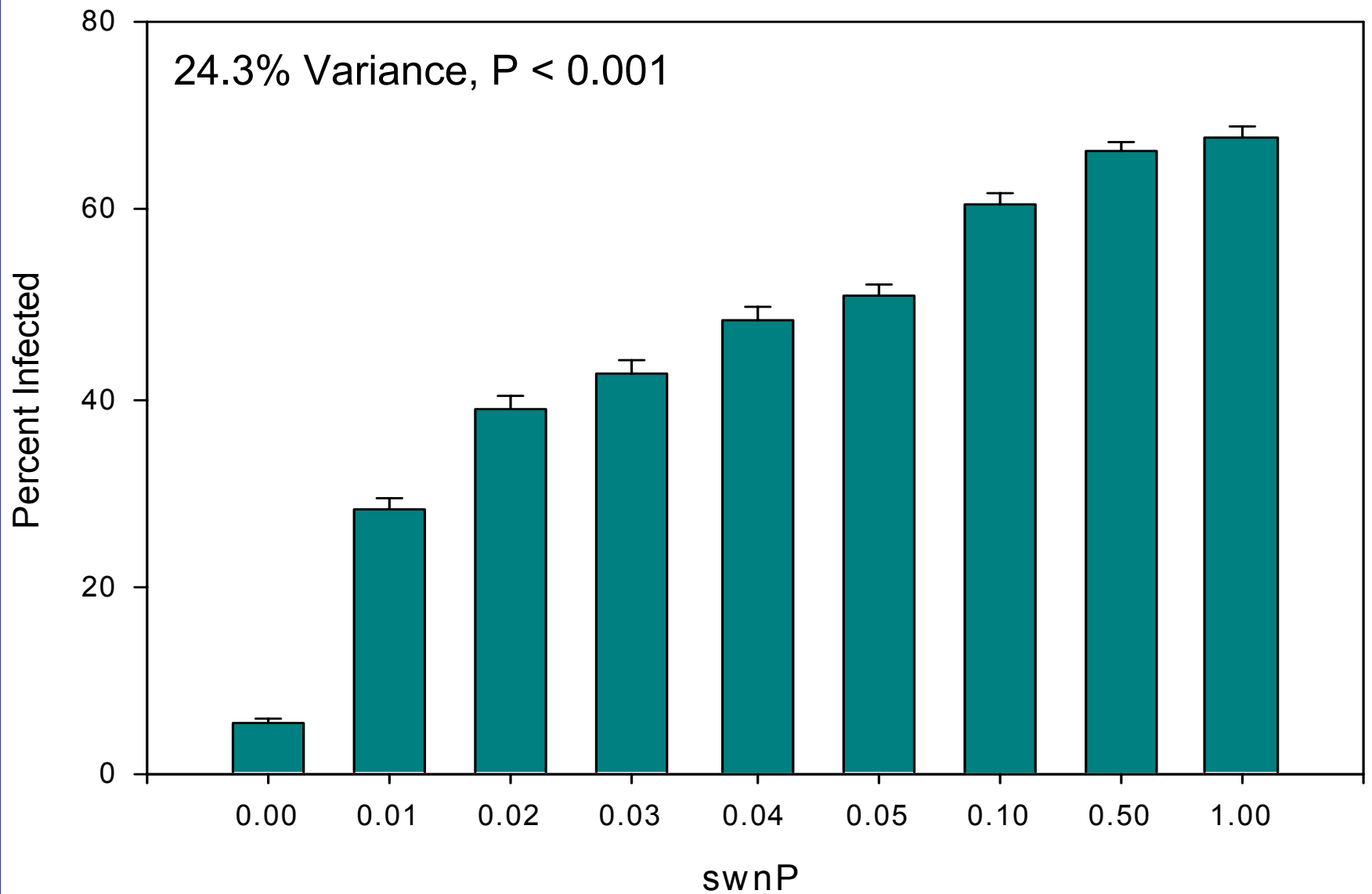


Response Variable = ArcSin Proportion of Population Infected

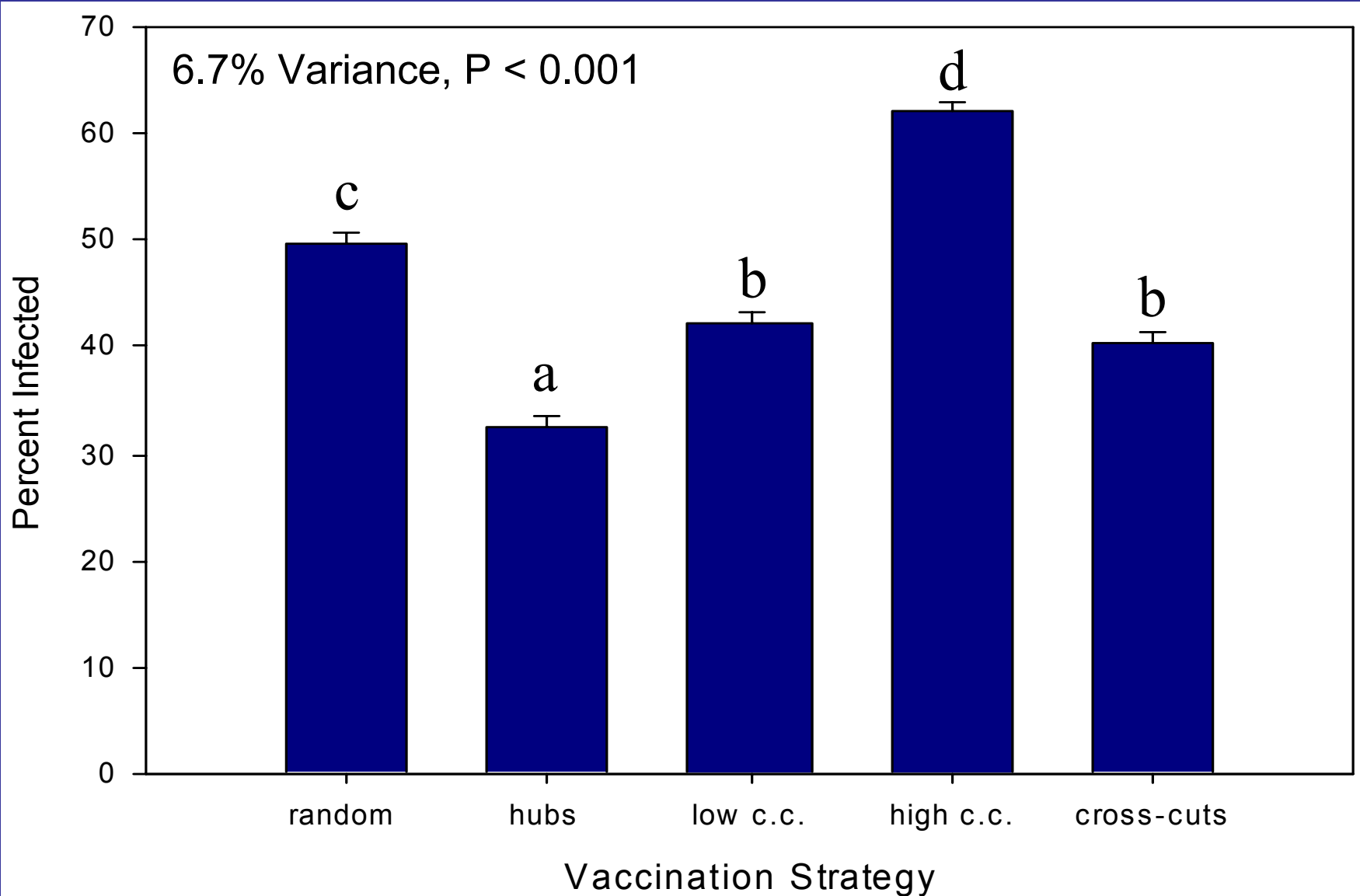
Source	DF	MS	F	P
swnP	8	72.053	996.50	<0.001
vacstrat	4	46.822	647.55	<0.001
per_vacc	6	253.705	3508.75	<0.001
popsize	2	12.832	177.46	<0.001
swnP*vacstrat	32	2.663	36.82	<0.001
swnP*per_vacc	48	4.035	55.80	<0.001
swnP*popsize	16	0.640	8.86	<0.001
vacstrat*per_vacc	24	2.359	32.62	<0.001
vacstrat*popsize	8	3.035	41.98	<0.001
per_vacc*popsize	12	0.160	2.22	0.009
swnP*vacstrat*per_vacc	192	0.555	7.68	<0.001
swnP*vacstrat*popsize	64	0.261	3.61	<0.001
swnP*per_vacc*popsize	96	0.325	4.50	<0.001
vacstrat*per_vacc*popsize	48	0.227	3.14	<0.001
swnP*vacstrat*per_vacc*popsize	384	0.092	1.27	<0.001
Error	8504	0.072		
Total	9448			

$r^2 = 93.9$

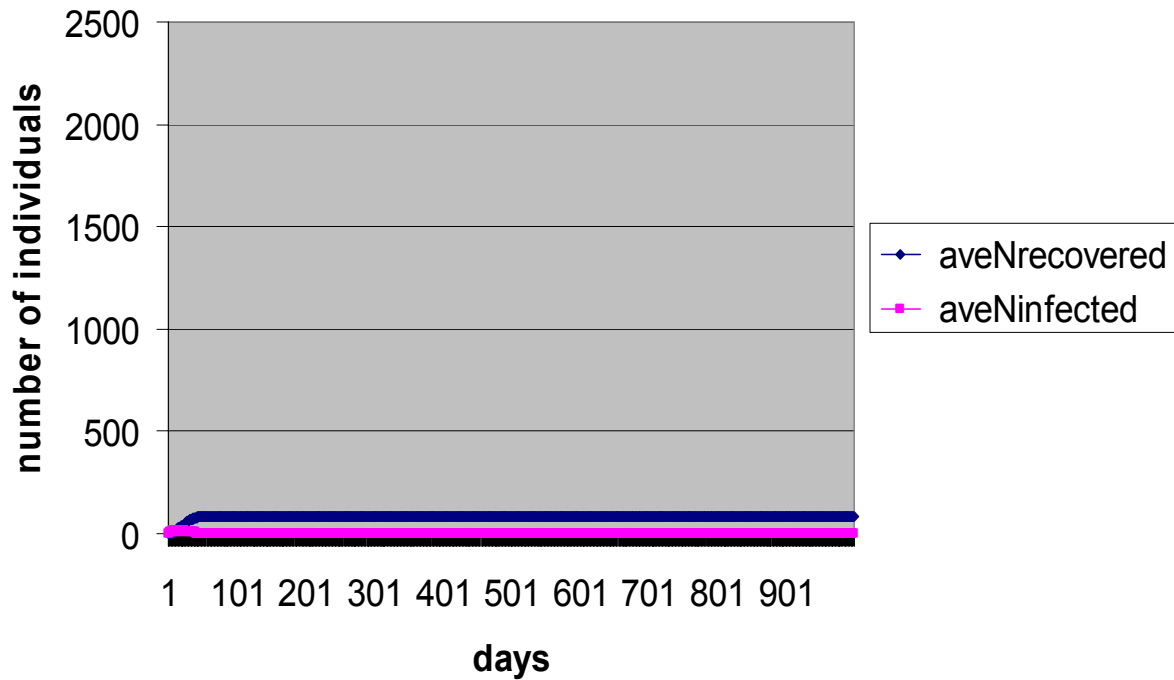
Main Effect of swnP



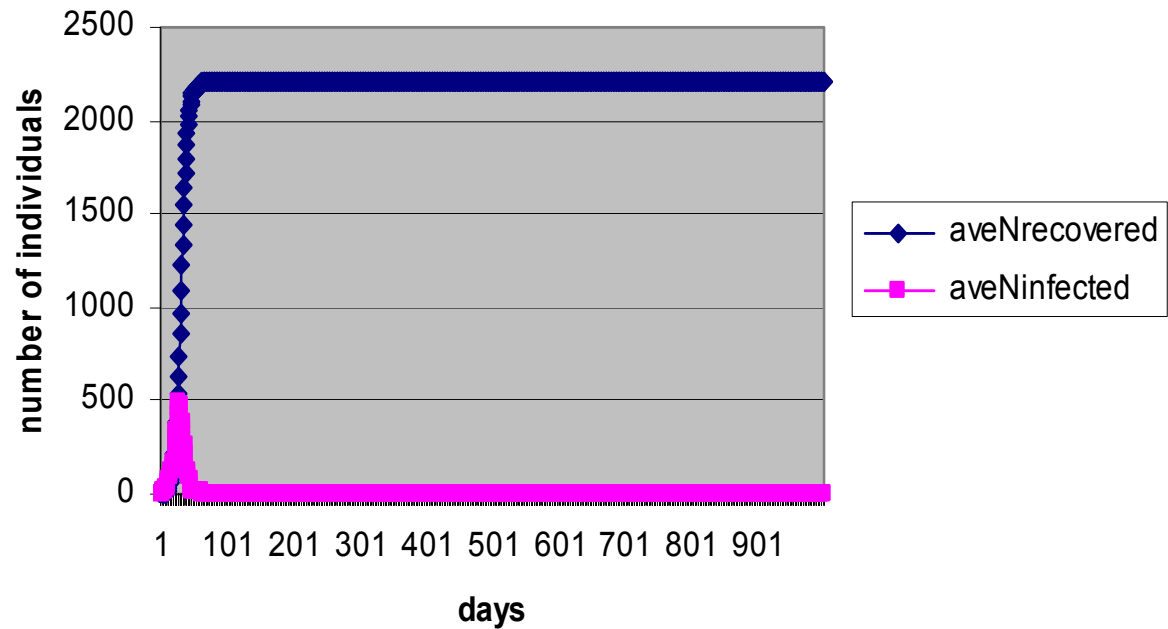
Main Effect of Vaccination Strategy



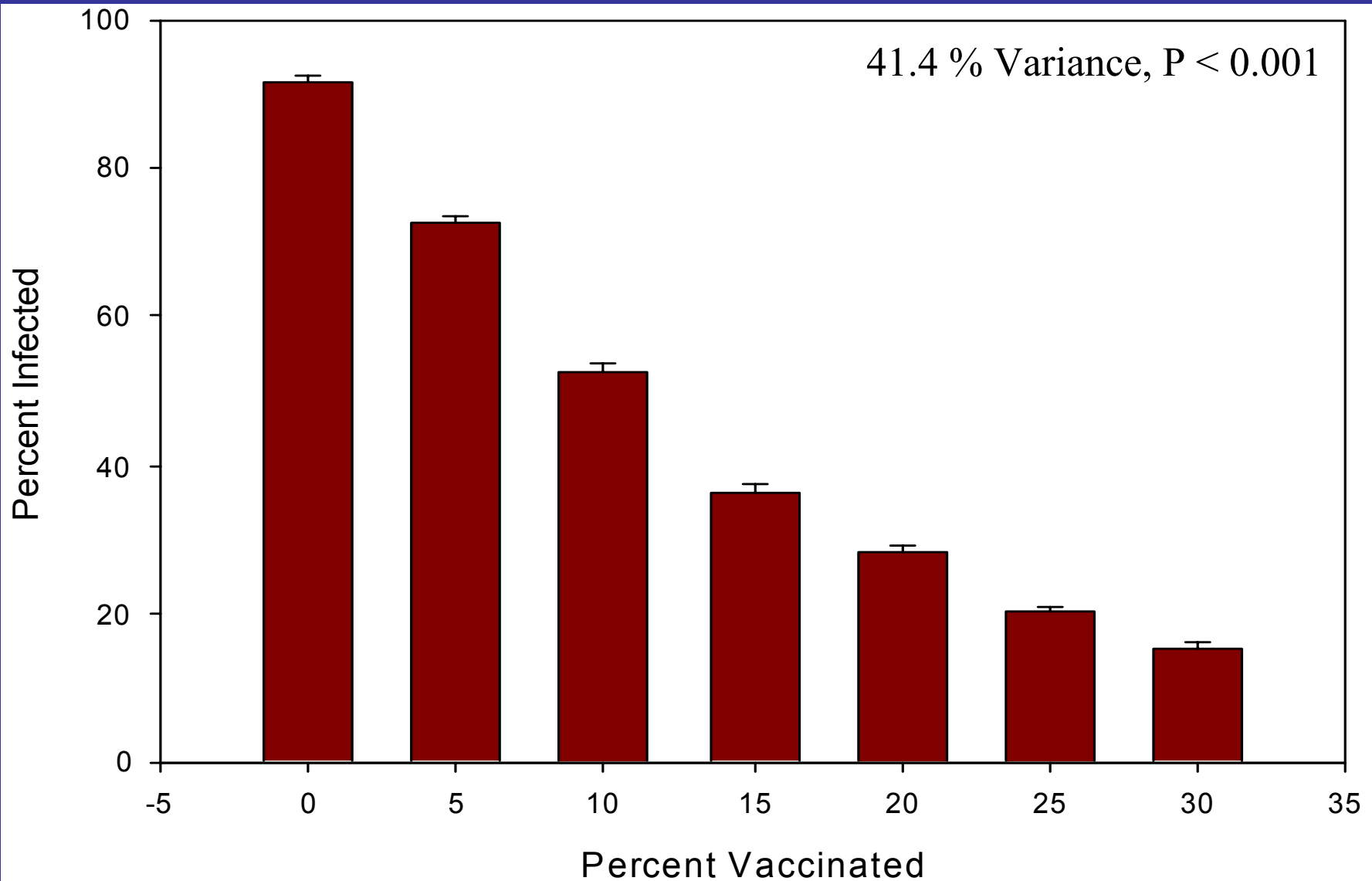
Vaccinate 10%
Low Clustering
Coefficient



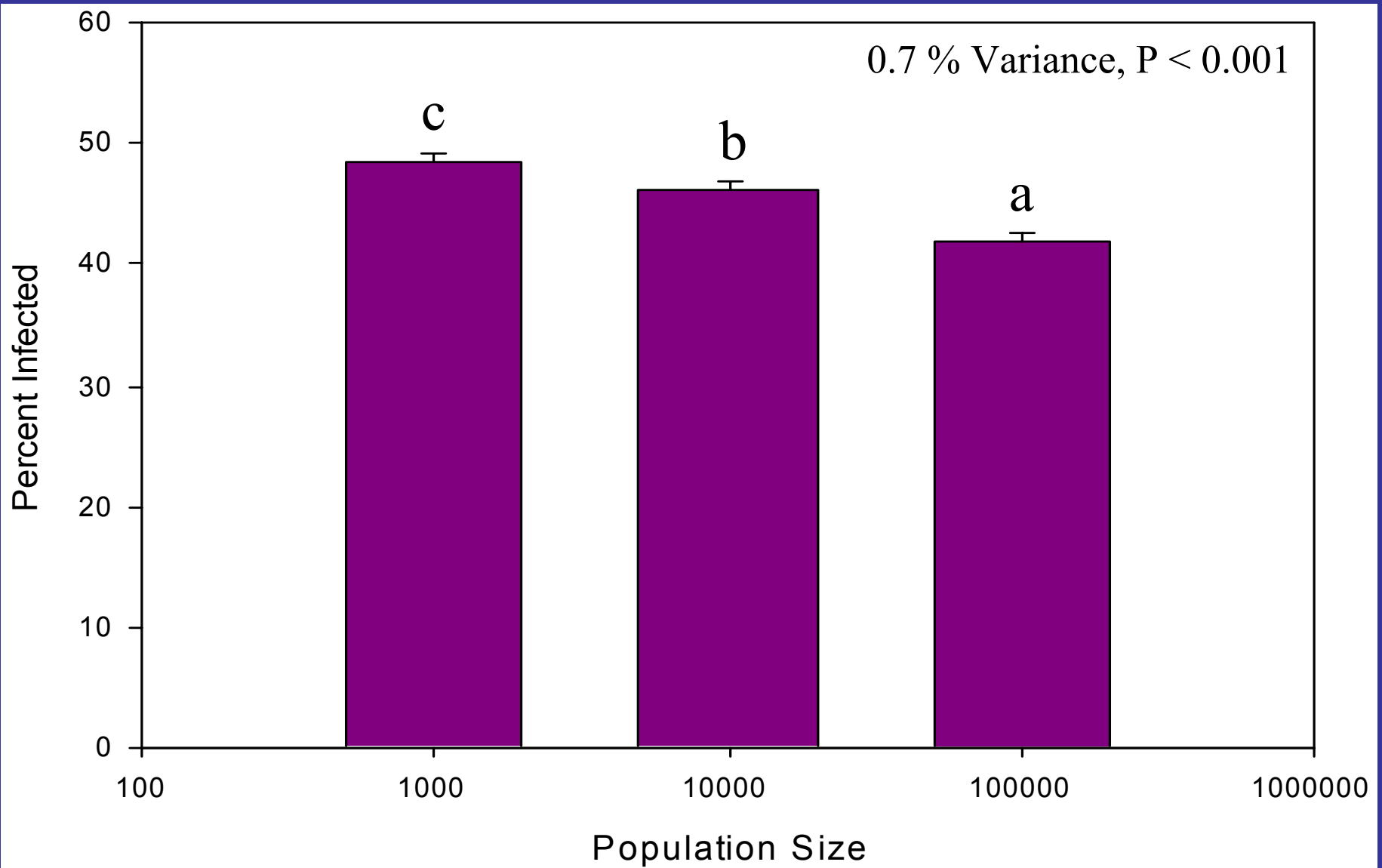
Vaccinate 10%
High Clustering
Coefficient



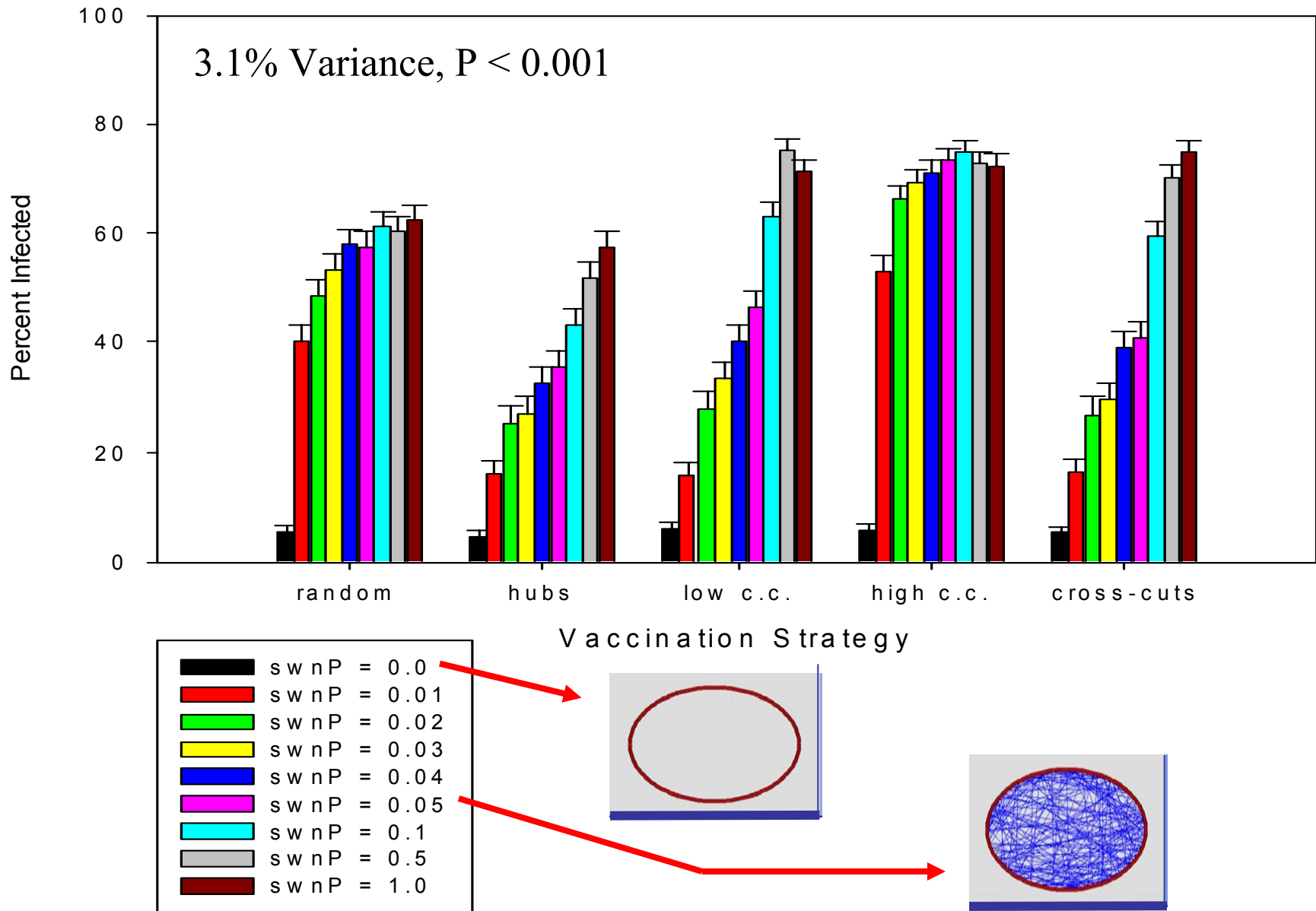
Main Effect of Percent Vaccinated



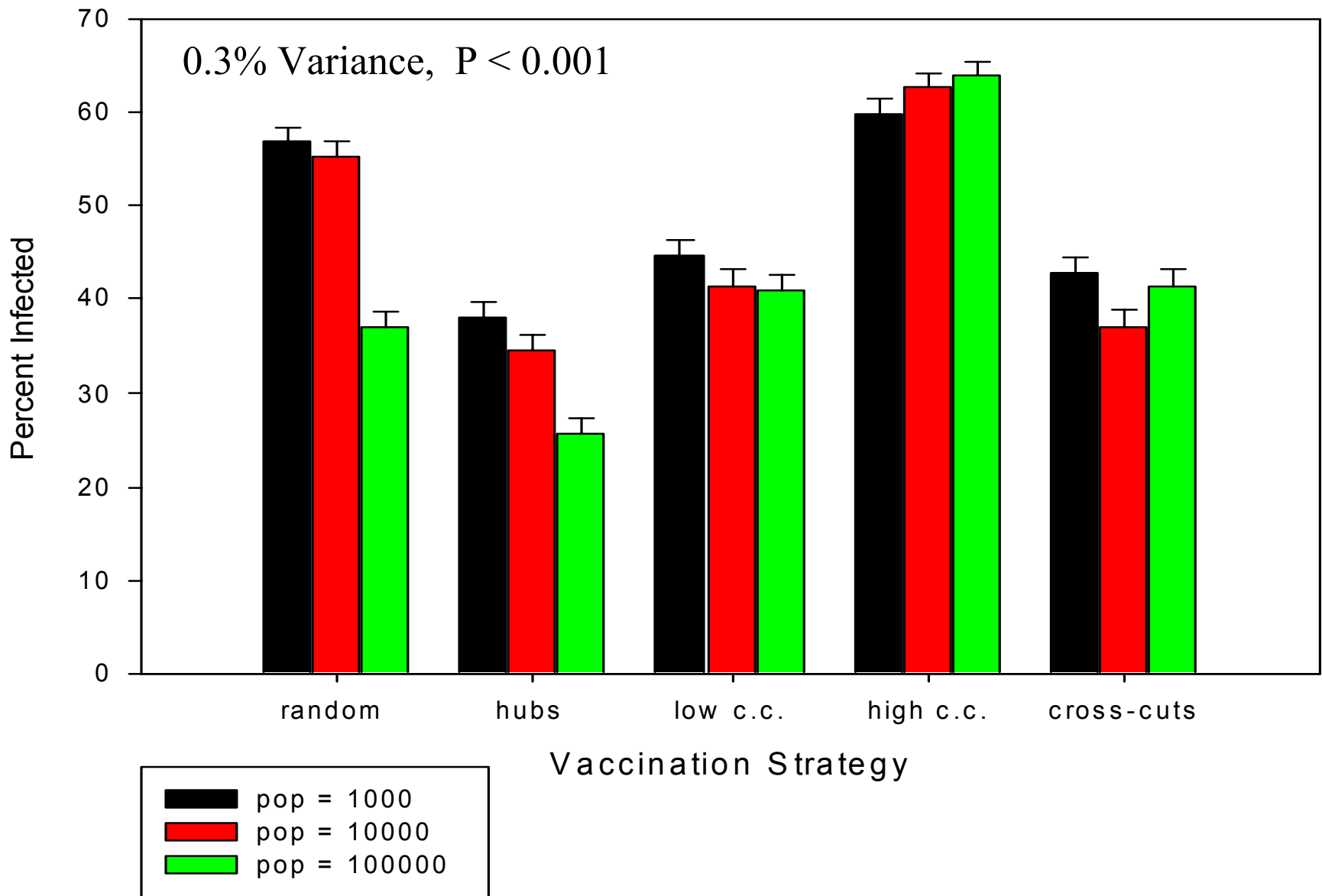
Main Effect of Population Size



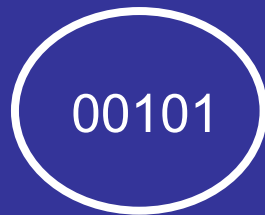
Vaccination Strategy x swnP



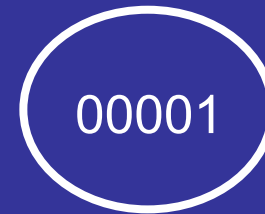
Vaccination Strategy x Population Size



Antigenetic Evolution



Host 1
Day t



Host 2
Day t+1

Cross Immunity

Vaccine Circulating
 Flu Strain

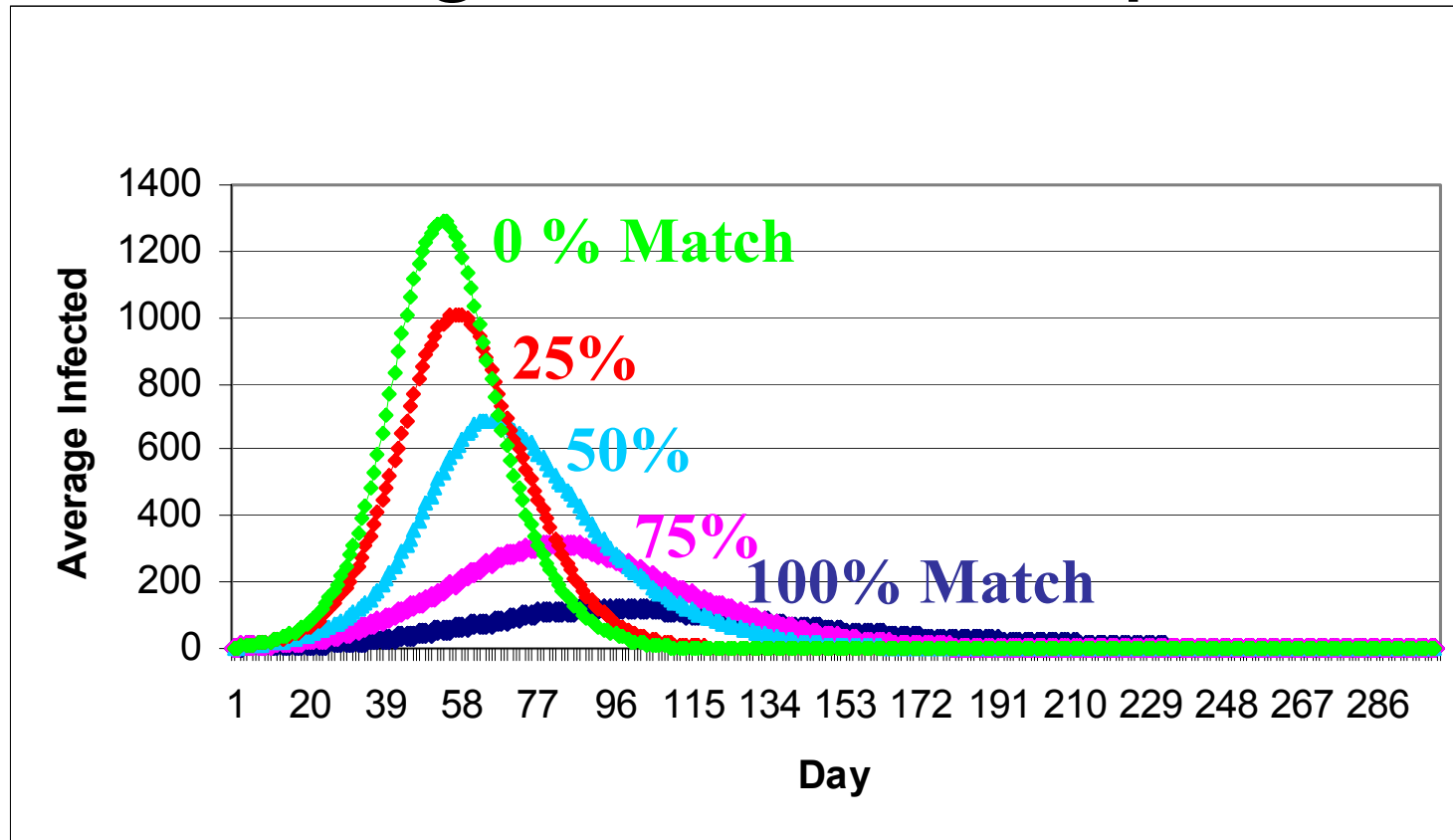
$$\begin{array}{|c|c|c|c|} \hline 1 & 1 & 1 & 1 \\ \hline \end{array} + \begin{array}{|c|c|c|c|} \hline 1 & 1 & 1 & 1 \\ \hline \end{array} = \text{Total Immunity}$$

$$\begin{array}{|c|c|c|c|} \hline 1 & 1 & 1 & 1 \\ \hline \end{array} + \begin{array}{|c|c|c|c|} \hline 1 & 0 & 1 & 0 \\ \hline \end{array} = \text{Partial Immunity}$$

$$\begin{array}{|c|c|c|c|} \hline 1 & 1 & 1 & 1 \\ \hline \end{array} + \begin{array}{|c|c|c|c|} \hline 0 & 0 & 0 & 0 \\ \hline \end{array} = \text{No Immunity}$$

- The percent match between flu strains determines the degree of cross immunity observed

Closer matches of vaccine to circulating flu reduces epidemic



20 % population (N=10,000) vaccinated

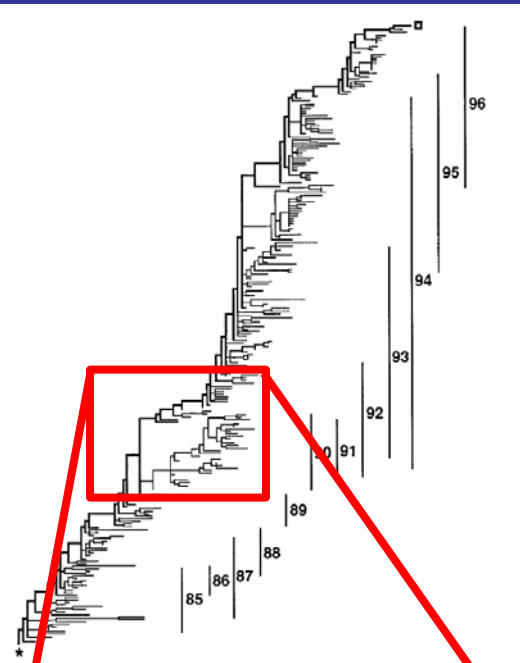
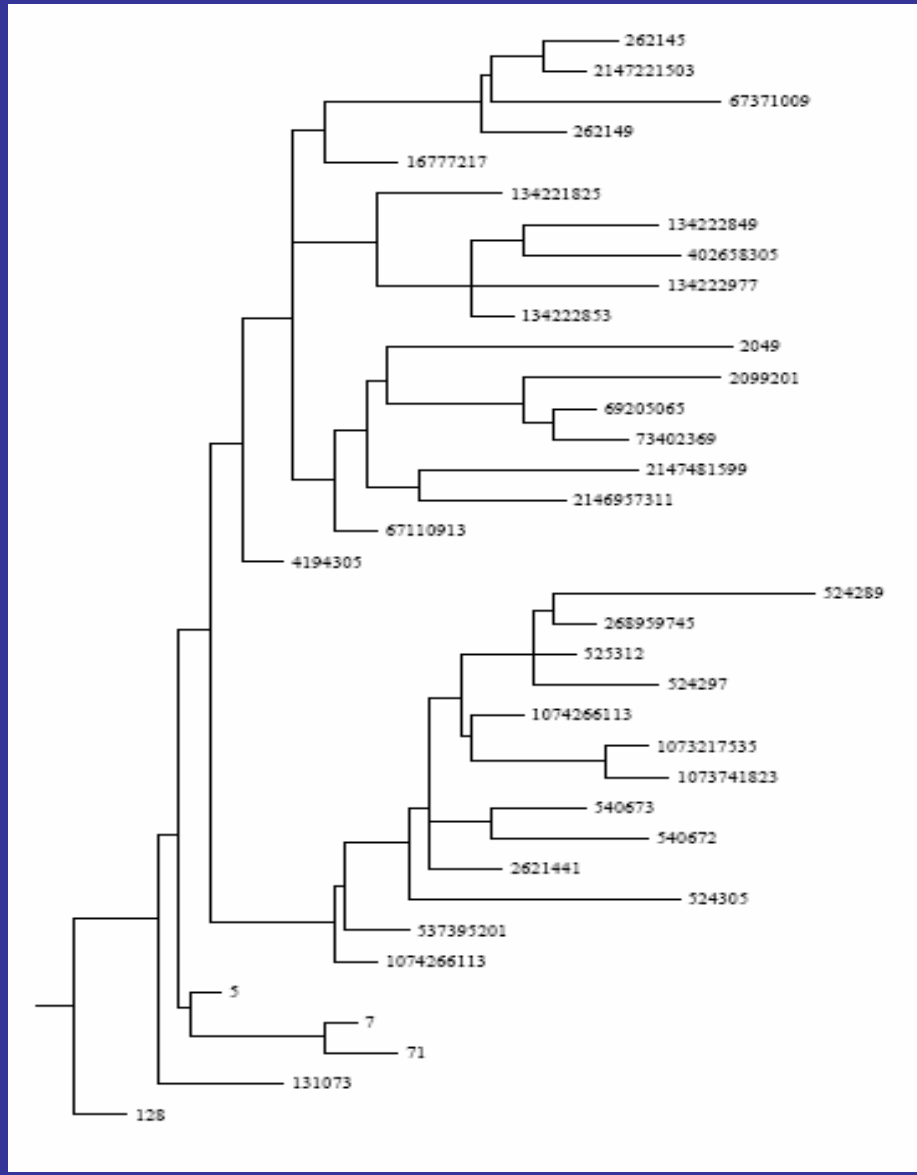
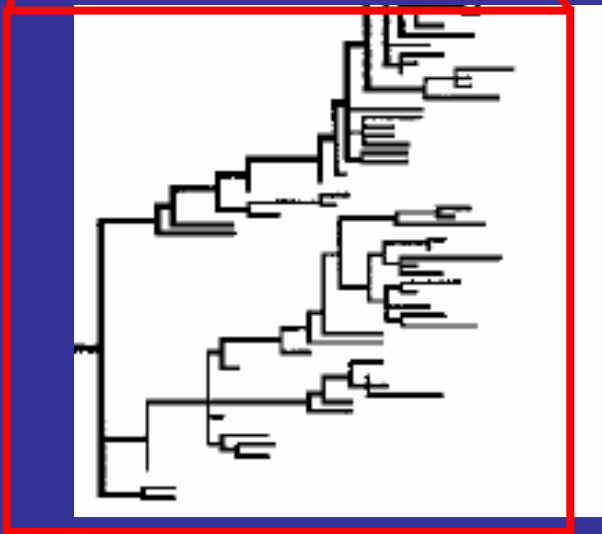


FIG. 1. Overall structure of the most parsimonious trees. The thick line running from the lower left (* = root) to the upper right (open square) is called the trunk and represents the successful H3N2 lineage. The vertical lines indicate the range of isolates from the flu years (October 1 to September 30).



Modeling the Spread of Influenza

Overview of the Problem

Structure of the Host Network

Modeling Influenza

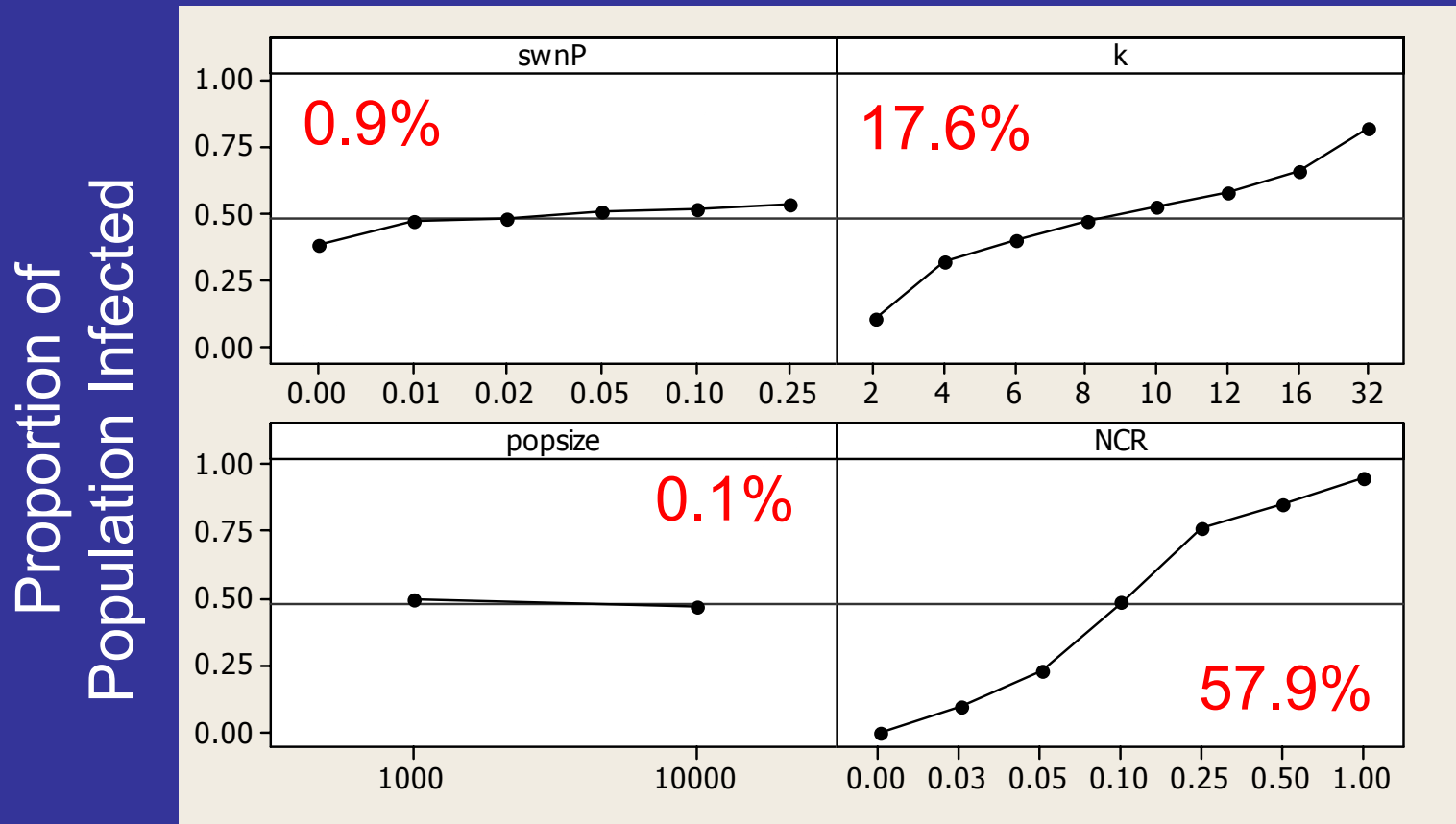
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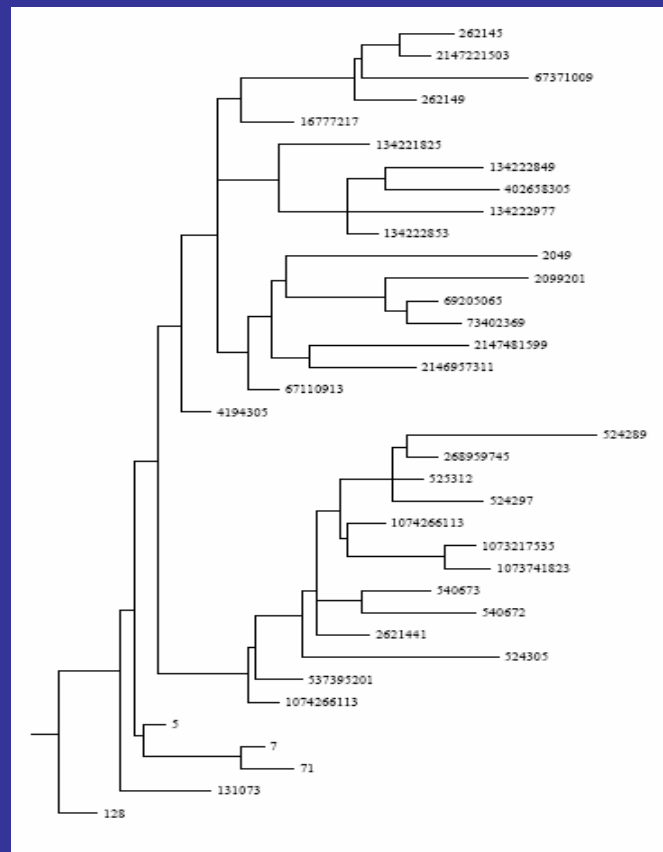
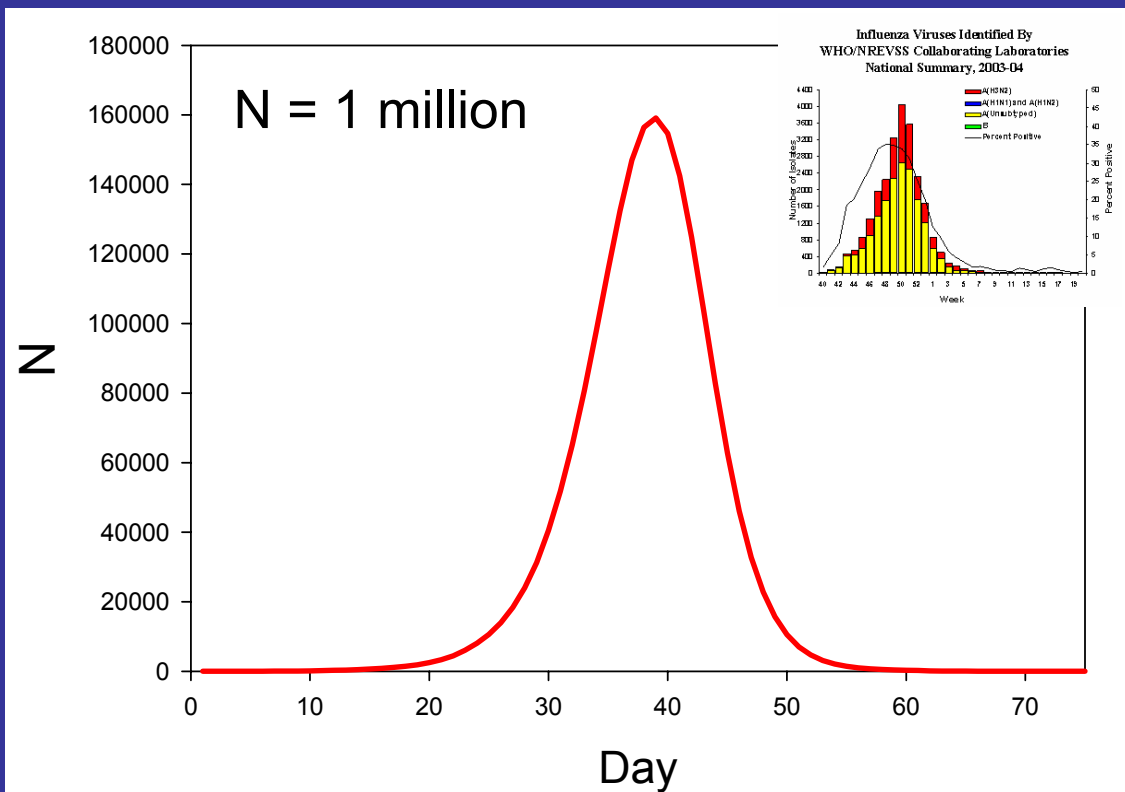
Conclusions (5)

1. Structure of the transmission network influences the extent of the epidemic



Conclusions (5)

2. Model appears to simulate both the dynamics and evolution of influenza.



CDC's Eight Priority Groups for Vaccination
(All of Equal Importance)



<http://www.cdc.gov/flu>
November 12, 2004



Who should get a flu vaccination?



People who are 65 years old or older —
Even if you're in great health!

Children 6 to 23 months old —
Children younger than 2 years old have one of the highest rates of hospitalization from influenza

Adults and children with a chronic health condition —
Like heart disease, diabetes, kidney disease, asthma, cancer, or HIV/AIDS

Women who will be pregnant during flu season —
Flu season is typically November through March

Residents of nursing homes and long-term care facilities

Children aged 6 months to 18 years on chronic aspirin therapy

Healthcare workers involved in direct patient care

Out-of-home caregivers and household contacts of children younger than 6 months

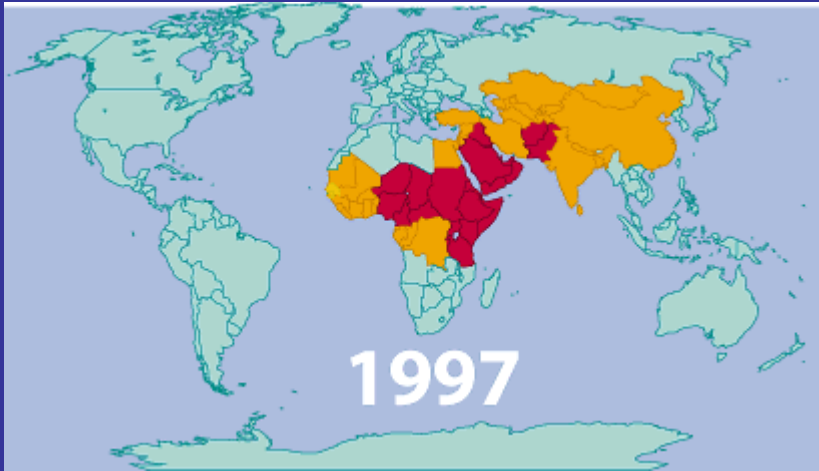
If you're not in one of these groups, you should not get vaccinated, to allow those at highest risk to get a shot.



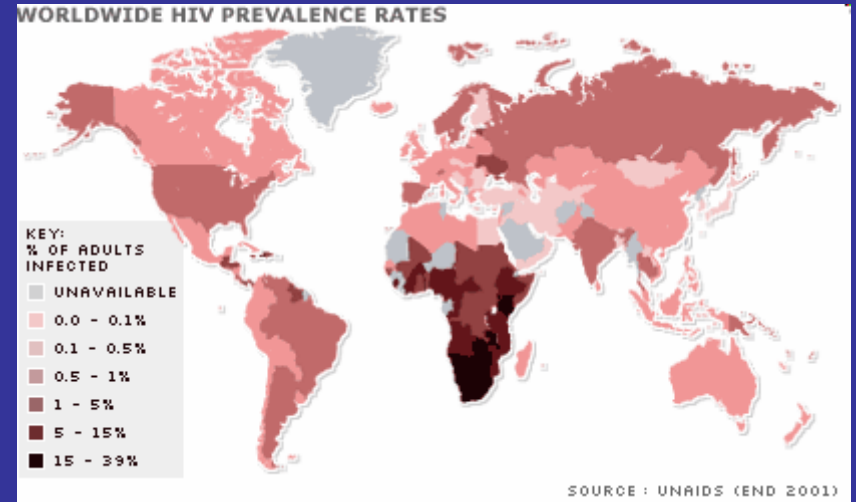
For more information, ask your healthcare provider or call the CDC Immunization Hotline
English and Español **800-CDC-INFO** Website **www.cdc.gov/flu**

Modeling Other Systems?

Rinderpest

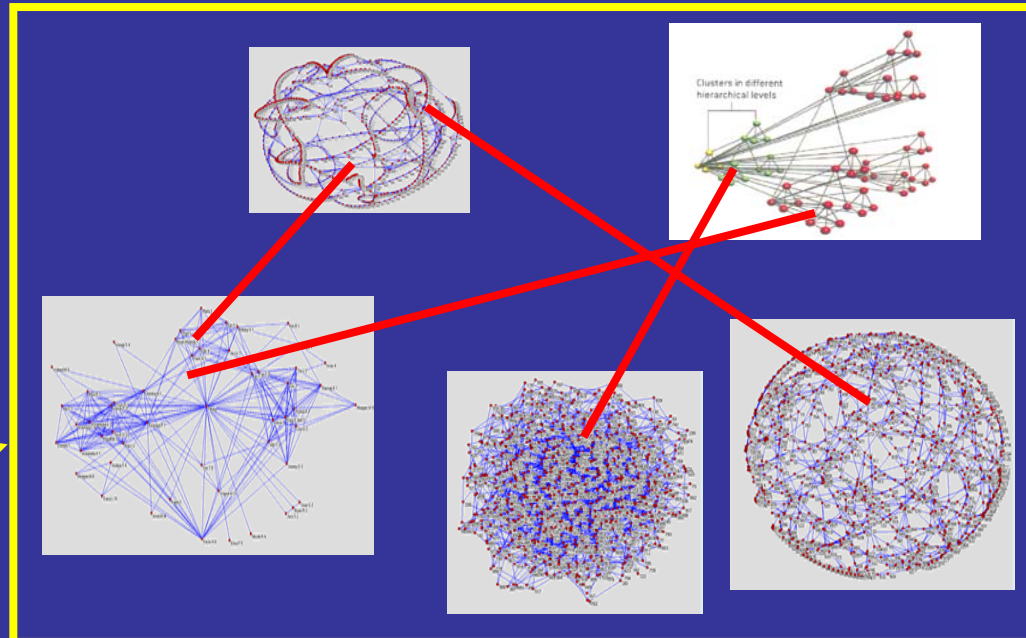


FAO - UN

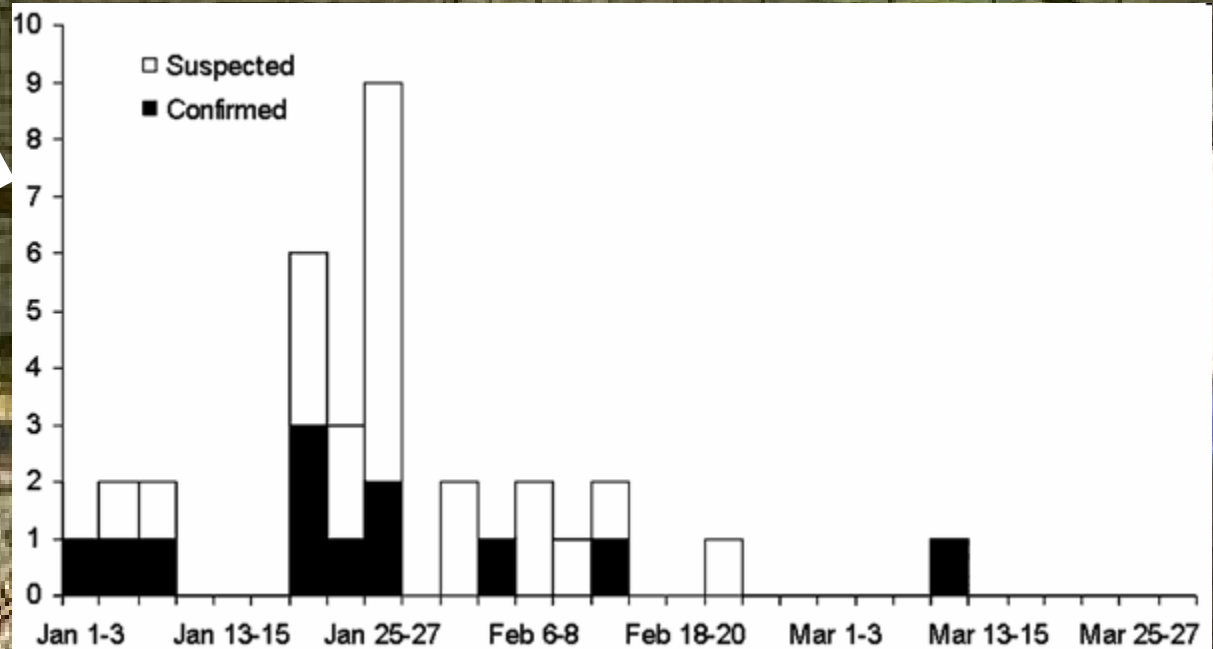


SARS (work by Sarah Olscamp)

Homma Farian
Matthew Haas et al.



23 of 34 (68%)
patients died



Epidemic curve showing the dates of onset for 12 confirmed and 21 suspected human cases of avian influenza A (H5N1) infection, Thailand, 2004.

Chotpitayasunondh, T. et al. 2005. Human disease from influenza A (H5N1), Thailand 2004. Emerging Infectious Disease 11(2): 201-209.

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