

Mathematics and Statistics $\int_{M} d\omega = \int_{\partial M} \omega$

Mathematics 747 / 5GT3 Topics in Mathematical Biology

Instructor: David Earn

Lecture 6 Cholera and Influenza Pandemics Thursday 29 October 2020

COVID-19 status today

Worldwide COVID-19 confirmed cases up to 2020-10-28 5×10^5 4×10⁵ - 3×10^{5} doubling time: 39 days 0000 2×10^{5} -1×10⁵ doubling time: 45 days

doubling timedoubling time:

Mar

4.6 days

May

2 days

date

Jul

Aug

Sep

Oct

Nov

Jun

Daily reported cases

0 -

Jan

2020



Worldwide COVID-19 confirmed cases up to 2020-10-28

Ontario COVID-19 confirmed cases up to 2020-10-27



Ontario COVID-19 confirmed cases up to 2020-10-27



Cholera

19th c. cholera epidemics in London



19th c. cholera epidemics in London



Tien, Poinar, Fisman, Earn 2011, J. R. Soc. Interface 8:756-760

19th c. cholera epidemics in London

Observations:

- 4 cholera pandemics in the 19th century
- ▶ 3/4 were preceded by an out-of-season "Herald Wave"

Hypothesis:

- New strain invaded out-of-season
- Major wave occured in the summer following
- ▶ In 1866, new strain happenned to appear in the summer

Mechanistic plausibility:

Can a sensible dynamical model capture the hypothesized process and the observed two-wave pattern?

Tien, Poinar, Fisman, Earn 2011, J. R. Soc. Interface 8:756-760

SIWR waterborne pathogen model



Tien & Earn 2010, Bull. Math. Biol. 72:1506-1533

New strain \implies herald wave before main in-season wave



Tien, Poinar, Fisman, Earn 2011, J. R. Soc. Interface 8:756-760

New strain \implies herald wave before main in-season wave



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Influenza

102 years ago in Ontario



Earn 2018, "How many people died from influenza in 1918?" In: Defining Moments Canada, ed. J. Lorinc

The 1918–1919 Influenza Pandemic in Ontario



1918 population: 2.8×10^6 Earn 2018, "How many people died from influenza in 1918?"Max P&L per 10^5 /day:11.7In: Defining Moments Canada, ed. J. Lorinc

Pneumonia & Influenza Mortality, Philadelphia USA, 1918

Daily P&I Deaths



Pneumonia & Influenza Mortality, London England, 1918



Weekly P&I Deaths

He, Dushoff, Day, Ma, Earn 2013, Proc. R. Soc. B 280:20131345

The SIR model







The SIR model



$$\frac{dS}{dt} = -\beta SI$$
$$\frac{dI}{dt} = \beta SI - \gamma I$$
$$\frac{dR}{dt} = \gamma I$$

Parameters:

- Transmission rate β
- $\blacktriangleright \text{ Recovery rate } \gamma$

The SIR model



 $\frac{dS}{dt} = -\beta SI$ $\frac{dI}{dt} = \beta SI - \gamma I$ $\frac{dR}{dt} = \gamma I$

Derived Parameters:

- Initial growth rate $\beta \gamma$
- Mean infectious period $\frac{1}{\gamma}$
- Basic Reproduction Number

$$\mathcal{R}_0 = \frac{\beta}{\gamma}$$

The SIR model: Effects of Control Measures

If a proportion (p) of the population is protected from infection (e.g., social distancing, vaccine, ...) then the "effective R₀" is R₀(1 − p).

▶ ∴ An epidemic will be prevented if $\mathcal{R}_0(1-p) < 1$, *i.e.*,

$$p > p_{\mathrm{crit}} = 1 - \frac{1}{\mathcal{R}_0}$$

▶ For flu, $\mathcal{R}_0 \simeq 1.5$ -2 ⇒ $p_{crit} \simeq 33$ -50%.
▶ For COVID-19, $\mathcal{R}_0 \simeq 3$ -6 ⇒ $p_{crit} \simeq 67$ -83%.

The SIR model: expected final size (without interventions)

 Final size Z (final proportion infected) is determined entirely by R₀:

 $Z = 1 - e^{-\mathcal{R}_0 Z}$

 Formula derived for SIR model (Kermack & McKendrick, 1927) is valid for much more realistic models (Ma & Earn, 2006; Miller 2012)



- ► For 1918 flu: $1.5 \leq \mathcal{R}_0 \leq 2 \implies$ Proportion of world population infected ~ 60–80%
- ► For COVID-19: $\mathcal{R}_0 \simeq 3-6 \implies$ expected final size ~ 94–99.7%

- Use compartmental SIR framework as a starting point, but include:
 - Case Fatality Proportion (CFP, ϕ);
 - Rate of decay of immunity (δ).
- Basic model predicts a single epidemic wave.
- Perhaps parameters are time-varying?
 - time-varying transmission rate $\beta(t)$?
 - time-varying recovery rate $\gamma(t)$?
 - time-varying $\delta(t)$ or $\phi(t)$?
- Best model (judged by AICc) has:
 - time-varying β with 12 cubic B-spline basis;
 - constant γ and ϕ ;
 - permanent immunity ($\delta = 0$).

He, Dushoff, Day, Ma, Earn 2011, Theoretical Ecology 4:283-288

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What explains time-varying transmission rate $\beta(t)$?

He, Dushoff, Day, Ma, Earn 2013, Proc. R. Soc. B 280:20131345

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Expand SIR model

 $dS/dt = -\beta SI$ Susceptible $dI/dt = \beta SI - \gamma I$ Infectious $dR/dt = (1 - \phi)\gamma I$ Recovered $dD/dt = \phi\gamma I - gD$ Not infectious, will diedM/dt = gDDied of influenza $dP/dt = gD - \lambda P$ Public perception of risk

1/g = mean time from loss of infectiousness to death $1/\lambda$ = mean duration of impact of deaths on public perception

Mechanistic basis of transmission rate variation:

$$\beta(t, P) = \underbrace{\beta_{0}}_{\text{Baseline}} \cdot \underbrace{\left[e^{-\xi T(t)}\right]}_{\text{Weather}} \cdot \underbrace{\left[1 + \alpha H(t)\right]}_{\text{School}} \cdot \underbrace{\left[1 - P(t)\right]^{\kappa}}_{\text{Behaviour}}$$

He, Dushoff, Day, Ma, Earn 2013, Proc. R. Soc. B 280:20131345

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Behavioural response to perception of risk

cannot fit three distinct waves without it

 school closing and weather have detectable effects, but much smaller than behaviour change

He, Dushoff, Day, Ma, Earn 2013, Proc. R. Soc. B 280:20131345

Why were there two distinct waves in 2009?

Earn, He, Loeb, Fonseca, Lee, Dushoff 2012, Ann. Int. Med. 156, 173-181

Earn, He, Loeb, Fonseca, Lee, Dushoff 2012, Ann. Int. Med. 156, 173-181

- Cases fell in school ages when schools closed
- Cases fell in other ages 3–4 weeks later
- Second wave began a few weeks after schools re-opened
- Mass vaccination started in late October
- Investigate mechanisms with two-age-class SIR model

Earn, He, Loeb, Fonseca, Lee, Dushoff 2012, Ann. Int. Med. 156, 173-181

Earn, He, Loeb, Fonseca, Lee, Dushoff 2012, Ann. Int. Med. 156, 173-181

Earn, He, Loeb, Fonseca, Lee, Dushoff 2012, Ann. Int. Med. 156, 173-181

- Schools closing had a major effect on attenuating the first wave
- Weather also had a detectable effect
- Summer wave would have been much larger if schools had not closed

Earn, He, Loeb, Fonseca, Lee, Dushoff 2012, Ann. Int. Med. 156, 173-181