Epidemics in Networks Part 3 — Qualitative observations of disease spread in networks

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1/26

## Recall our key questions

For SIR:

- $\mathcal{P}$ , the probability of an epidemic.
- ► A, the "attack rate": the fraction infected if an epidemic happens (better named the attack ratio).
- ►  $\mathcal{R}_0$ , the average number of infections caused by those infected early in the epidemic.
- I(t), the time course of the epidemic.

For SIS:

- ► P
- $I(\infty)$ , the equilibrium level of infection
- ► R<sub>0</sub>
- ► I(t)

#### Introduction

Sample stochastic simulations

Impact of network properties

References

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### Assumptions

We start with some simple assumptions:

- SIS or SIR disease on a fixed static network.
- Susceptible nodes 

   , infected nodes
   , and recovered nodes
   .

### Assumptions

We start with some simple assumptions:

- SIS or SIR disease on a fixed static network.
- Susceptible nodes 

   , infected nodes
   , and recovered nodes
   .
- Disease transmits along an edge with rate  $\beta$  (many authors use  $\tau$ )

4 / 26

 $\blacktriangleright$  Infected individuals recover with rate  $\gamma$ 

#### Introduction

#### Sample stochastic simulations

Impact of network properties

References

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## Sample SIR epidemic



## Sample SIS epidemic



$$P(5) = 1,$$
  $P(1) = P(9) = 0.5$ 



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= 0.5

$$P(5) = 1$$
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$$P(1) = P(9) = 0.5$$





## SIR observations

- In large networks outbreaks are either small (non-epidemic) or large (epidemic).
- Small outbreaks don't care about network size (once network is sufficiently large).
- Epidemic sizes are proportional to network size.
- The degree distribution affects the final size and the early growth.

$$P(5) = 1,$$
  $P(1) = P(9) = 0.5$ 



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# Stochastic simulation — SIS on network case

What does the "equilibrium" distribution look like?

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#### Stochastic simulation — SIS on network case What does the "equilibrium" distribution look like?

$$P(5) = 1,$$
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### SIS observations

- In large networks outbreaks either go extinct quickly (non-epidemic) or reach an endemic equilibrium (epidemic).
- Small outbreaks don't care about network size.
- Epidemic equilibrium sizes are proportional to network size.
- Coefficient of variation decreases for large networks. [typical deviation from mean is small compared to mean.]

#### Introduction

Sample stochastic simulations

Impact of network properties

References

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13 / 26

From [1]: 10.000000 cumulative frequency normalized 1.000000 100 1000 0.100000 homosexual men y=1.6 homosexua women v=3 0.010000 heterosexual men γ=2.5 0.001000 heterosexual women  $\gamma = 3.1$ 0.000100

number of partners over a 1 year period



number of partners over a 1 year period

Impact on  $\mathcal{R}_0$ :



Impact on  $\mathcal{R}_0$ : Holding  $\langle K \rangle$  fixed, increasing heterogeneity increases  $\mathcal{R}_0$ .



Impact on  $\mathcal{R}_0$ : Holding  $\langle K \rangle$  fixed, increasing heterogeneity increases  $\mathcal{R}_0$ .

Why does this increase  $\mathcal{R}_0$ ?

### Impact of degree distribution



Small transmission rate

### Impact of degree distribution



15/26

### Impact of degree distribution



15 / 26

## Understanding impact on final size

Why does degree heterogeneity increase final epidemic size at smaller transmission rate?

## Understanding impact on final size

- Why does degree heterogeneity increase final epidemic size at smaller transmission rate?
- Why does degree heterogeneity decrease final epidemic size at higher transmission rate?

People claim opposites attract, but really they tend not to.

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If high degree individuals preferentially contact high degree individuals, impact on  $\mathcal{R}_0$ :

People claim opposites attract, but really they tend not to. Individuals likely form partnerships with similar individuals.

If high degree individuals preferentially contact high degree individuals, impact on  $\mathcal{R}_0$ : Increases it.

Why do degree correlations increase final epidemic size at smaller transmission rate?

- Why do degree correlations increase final epidemic size at smaller transmission rate?
- Why do degree correlations decrease final epidemic size at higher transmission rate?



Small transmission rate



Small transmission rate



19/26



Small transmission rate



19/26

### Partnership duration

If partnerships have long duration, people are likely to have some transmissions blocked, and are likely to reinfect their infector (in SIS) rather than someone else.

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Impact on  $\mathcal{R}_0$ :

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Impact on  $\mathcal{R}_0$ :

For SIR, long partnership duration decreases  $\mathcal{R}_0$  because repeated transmissions are wasted.

If partnerships have long duration, people are likely to have some transmissions blocked, and are likely to reinfect their infector (in SIS) rather than someone else.

Impact on  $\mathcal{R}_0$ :

For SIR, long partnership duration decreases  $\mathcal{R}_0$  because repeated transmissions are wasted.

For SIS, it is complex — repeated transmissions are wasted, but long-lasting partnerships help ensure that newly-recovered high degree nodes are quickly reinfected [2].

## Partnership duration

Cumulative infections 1.0 0.05 0.8 0.04 n = 0.54Infections n = 0.20 $\eta = 0.10$ 0.6 0.03 n = 0.03n = 0.05n = 0.010.4 0.02 0.2 0.01 0.00 0.0 20 30 40 50 10 20 0 10 60 30 40 50 t t

Sample SIR epidemics from [3]

( $\eta$  is inverse partnership duration, "CM" is static Configuration Model)

If partnerships are clustered, even early on individuals who become infected are likely to have partners who are infected by others.

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Impact on  $\mathcal{R}_0$ :

If partnerships are clustered, even early on individuals who become infected are likely to have partners who are infected by others.

Impact on  $\mathcal{R}_0$ : For SIR, decreases it. For SIS, it is complex.

Ratio of successive generation sizes from [4]



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Dotted line is prediction ignoring clustering. Dashed line is correction accounting for triangles and squares.

But the size is not so affected:

But the size is not so affected:

Comparison of unclustered prediction (line) with stochastic simulation (symbols)



(horizontal axis is transmission probability, vertical is fraction infected.)

#### Introduction

Sample stochastic simulations

Impact of network properties

#### References

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25 / 26

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