# Part 5 - Percolation approaches to disease spread 

Joel C. Miller \& Tom Hladish

18-20 July 2018

# SIR and percolation 

SIS disease

## References

## Percolation

We are going to explore a relationship between SIR disease and percolation.
This will lead to methods to

- predict epidemic probability from a single infection.
- predict final size of an epidemic.
- predict the dynamics of an epidemic.


## Recall SIR behavior





## Modified model

We have a network

- An edge represents a potential transmission path (unweighted, bidirectional).


## Modified model

We have a network

- An edge represents a potential transmission path (unweighted, bidirectional).
- An infected node remains infected for a single time step.


## Modified model

We have a network

- An edge represents a potential transmission path (unweighted, bidirectional).
- An infected node remains infected for a single time step.
- An infected node transmits to a neighbor with probability $p$.


## Modified model

We have a network

- An edge represents a potential transmission path (unweighted, bidirectional).
- An infected node remains infected for a single time step.
- An infected node transmits to a neighbor with probability $p$.
- Warning - no longer assuming continuous time

Modeling Disease Spread in a network


Modeling Disease Spread in a network


Modeling Disease Spread in a network


Modeling Disease Spread in a network


Modeling Disease Spread in a network


Modeling Disease Spread in a network


Modeling Disease Spread in a network


## Alternative perspective



At each step, if there is an edge to cross, it is crossed with probability $p$. No edge is ever crossed twice.

## Alternative perspective



At each step, if there is an edge to cross, it is crossed with probability $p$. No edge is ever crossed twice.

- It is equivalent to decide in advance whether the edges will be crossed if encountered.


## Alternative perspective



At each step, if there is an edge to cross, it is crossed with probability $p$. No edge is ever crossed twice.

- It is equivalent to decide in advance whether the edges will be crossed if encountered.


$$
p(1-p)^{2}
$$



## Alternative perspective



At each step, if there is an edge to cross, it is crossed with probability $p$. No edge is ever crossed twice.

- It is equivalent to decide in advance whether the edges will be crossed if encountered.

$(1-p)^{3}$


$$
p^{2}(1-p)
$$

$$
p^{2}(1-p)
$$

$$
p(1-p)^{2}
$$

$p(1-p)^{2}$



## Percolation in different size networks

Comparison of largest (red) and second largest (blue) components in different size networks below and above percolation threshold.


- Below threshold largest and second largest in a network are about the same size as each other and similar size in both networks
- Above threshold largest is proportional to network size.


## More detailed comparison of network size



- Above the threshold, an epidemic occurs if the initial node is in the giant component.
- The entire component containing the index is infected.
- For a large network with given $p$, the giant component's size is remarkably consistent. So the probability of an epidemic equals the proportion infected.





| $\boldsymbol{N}$ | $\mathcal{P}$ | $\mathcal{A}$ |
| :---: | :---: | :---: |
| 100 | 0.237 | 0.423 |
| 400 | 0.340 | 0.387 |
| 1600 | 0.339 | 0.350 |
| 6400 | 0.365 | 0.366 |
| 25600 | 0.368 | 0.368 |

Now return back to transmitting with rate $\beta$ and recovering with rate $\gamma$.

## Transmission probability

- We'll want to know the probability an infected node $v$ transmits to its neighbor $u$ (assuming $v$ is infected).


## Transmission probability

- We'll want to know the probability an infected node $v$ transmits to its neighbor $u$ (assuming $v$ is infected).
- Transmission is at rate $\beta$, and recovery is at rate $\gamma$. The probability of transmitting before recovering is $\beta /(\beta+\gamma)$.


## Transmission probability

- We'll want to know the probability an infected node $v$ transmits to its neighbor $u$ (assuming $v$ is infected).
- Transmission is at rate $\beta$, and recovery is at rate $\gamma$. The probability of transmitting before recovering is $\beta /(\beta+\gamma)$.
- Note: $v$ transmitting to $u$ and to $w$ are correlated events (both depend on duration of $v$ 's infection), but transmissions from different nodes to a single node are independent.


## Directed percolation analogy

Given a network G, I want to simulate the spread of an SIR disease with given $\beta$ and $\gamma$

- I use Tom as a random number generator.


## Directed percolation analogy

Given a network G, I want to simulate the spread of an SIR disease with given $\beta$ and $\gamma$

- I use Tom as a random number generator.
- When a node $u$ becomes infected, I ask Tom: "how long will its infection last?"
- Then for each neighbor $v$ I ask "will $u$ transmit to $v$ ? When?"


## Directed percolation analogy

Given a network G, I want to simulate the spread of an SIR disease with given $\beta$ and $\gamma$

- I use Tom as a random number generator.
- When a node $u$ becomes infected, I ask Tom: "how long will its infection last?"
- Then for each neighbor $v$ I ask "will $u$ transmit to $v$ ? When?"
- Tom decides he doesn't like the rush to generate a random number on the fly. So he does it in advance.


## Directed percolation analogy

Given a network $G$, I want to simulate the spread of an SIR disease with given $\beta$ and $\gamma$

- I use Tom as a random number generator.
- When a node $u$ becomes infected, I ask Tom: "how long will its infection last?"
- Then for each neighbor $v$ I ask "will $u$ transmit to $v$ ? When?"
- Tom decides he doesn't like the rush to generate a random number on the fly. So he does it in advance.
- For each node Tom assigns the duration its infection will last if infected.
- Once the duration is chosen, Tom decides which neighbors it will transmit to and how long it will take.
- Then he reports those to me when I ask.


## Directed percolation analogy

Given a network $G$, I want to simulate the spread of an SIR disease with given $\beta$ and $\gamma$

- I use Tom as a random number generator.
- When a node $u$ becomes infected, I ask Tom: "how long will its infection last?"
- Then for each neighbor $v$ I ask "will $u$ transmit to $v$ ? When?"
- Tom decides he doesn't like the rush to generate a random number on the fly. So he does it in advance.
- For each node Tom assigns the duration its infection will last if infected.
- Once the duration is chosen, Tom decides which neighbors it will transmit to and how long it will take.
- Then he reports those to me when I ask.
- Is it possible for me to know whether he is calculating in advance or not?



Every number that Tom gives me is a random number that is generated independently of every other number. It doesn't matter when he generates it.

## Typical structure



## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:


## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:
- Take a network $G$.
- Choose an initial infected individual.
- Allow edges to transmit until the random time the individual recovers.


## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:
- Take a network $G$.
- Choose an initial infected individual.
- Allow edges to transmit until the random time the individual recovers.
- Percolation-based simulation:


## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:
- Take a network $G$.
- Choose an initial infected individual.
- Allow edges to transmit until the random time the individual recovers.
- Percolation-based simulation:
- Take a network $G$.


## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:
- Take a network $G$.
- Choose an initial infected individual.
- Allow edges to transmit until the random time the individual recovers.
- Percolation-based simulation:
- Take a network $G$.
- Generate a new directed network $H$ :


## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:
- Take a network $G$.
- Choose an initial infected individual.
- Allow edges to transmit until the random time the individual recovers.
- Percolation-based simulation:
- Take a network $G$.
- Generate a new directed network $H$ :
- For each individual $u$, assign a duration $d$ of infection.
- For each edge from $u$, determine delay $\hat{t}$ until transmitting.
- If $\hat{t}<d$, place directed edge into network with associated time.


## Directed Percolation Equivalence

The following processes produce indistinguishable output:

- Standard epidemic simulation:
- Take a network $G$.
- Choose an initial infected individual.
- Allow edges to transmit until the random time the individual recovers.
- Percolation-based simulation:
- Take a network $G$.
- Generate a new directed network $H$ :
- For each individual $u$, assign a duration $d$ of infection.
- For each edge from $u$, determine delay $\hat{t}$ until transmitting.
- If $\hat{t}<d$, place directed edge into network with associated time.
- Choose an initial infected individual.
- Trace the disease spread following edges in H, transmitting after the given time.


## Comments on directed percolation

- Directed percolation can be used more generally when there are other sources of heterogeneity in infectiousness and/or susceptibility.
- The eventually infected nodes are exactly those nodes in the out-component of the index case.
- The probability a random node is infected follows from the size of its in-component.


## Typical structure



- We can understand the dynamics with a "bowtie" diagram.


## Typical structure



- We can understand the dynamics with a "bowtie" diagram.
- Above a threshold there is a Giant Strongly Connected Component HSCC


## Typical structure



- We can understand the dynamics with a "bowtie" diagram.
- Above a threshold there is a Giant Strongly Connected Component $H_{S C C}$
- It has an in-component $H_{\text {IN }}$ and an out-component $H_{\text {OUT }}$.


## Typical structure



- We can understand the dynamics with a "bowtie" diagram.
- Above a threshold there is a Giant Strongly Connected Component HSCC
- It has an in-component $H_{\text {IN }}$ and an out-component HOUT.
- If the index case is in $H_{I N}$ or $H_{S C C}$ then all of $H_{S C C}$ and Hout are eventually infected.


## Typical structure



- We can understand the dynamics with a "bowtie" diagram.
- Above a threshold there is a Giant Strongly Connected Component $H_{S C C}$
- It has an in-component $H_{\text {IN }}$ and an out-component HOUT.
- If the index case is in $H_{I N}$ or $H_{S C C}$ then all of $H_{S C C}$ and Hout are eventually infected.
- So Epidemic Probability $\mathcal{P}=\mathbb{E}\left(\left|H_{I N} \cup H_{S C C}\right|\right) / N$ and Attack rate $\mathcal{A}=\mathbb{E}\left(\left|H_{S C C} \cup H_{\text {OUT }}\right|\right) / N$.


## Some consequences

The dynamic process of the epidemic is now encoded in a static network $H$. Studying $H$ gives us some insight into what is happening.

## Some consequences

The dynamic process of the epidemic is now encoded in a static network $H$. Studying $H$ gives us some insight into what is happening.

- There is a symmetry between epidemic probability and epidemic final size.


## Some consequences

The dynamic process of the epidemic is now encoded in a static network $H$. Studying $H$ gives us some insight into what is happening.

- There is a symmetry between epidemic probability and epidemic final size.
- Because edges out of a node are correlated and edges in to a node are not, $\mathcal{P} \neq \mathcal{A}$.


## Some consequences

The dynamic process of the epidemic is now encoded in a static network $H$. Studying $H$ gives us some insight into what is happening.

- There is a symmetry between epidemic probability and epidemic final size.
- Because edges out of a node are correlated and edges in to a node are not, $\mathcal{P} \neq \mathcal{A}$.
- The probability of an epidemic is the proportion of nodes from which there is a long chain of transmissions in $H$.


## Some consequences

The dynamic process of the epidemic is now encoded in a static network $H$. Studying $H$ gives us some insight into what is happening.

- There is a symmetry between epidemic probability and epidemic final size.
- Because edges out of a node are correlated and edges in to a node are not, $\mathcal{P} \neq \mathcal{A}$.
- The probability of an epidemic is the proportion of nodes from which there is a long chain of transmissions in $H$.
- The final size of an epidemic with a very small initial proportion infected is the proportion of nodes which are the target of a long chain of transmissions in $H$.


## SIR epidemics in Configuration Model networks

- Consider a Configuration Model network in which we infect a (probably small) fraction of the population $\rho$.
- Allow the SIR disease to spread.
- We assume $\rho N$ is large enough that stochastic die-out does not play a major role.


## Recall our key questions

For SIR:

- $\mathcal{P}$, the probability of an epidemic.
- $\mathcal{A}$, 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:

- $\mathcal{P}$
- $I(\infty)$, the equilibrium level of infection
- $\mathcal{R}_{0}$
- I(t)


## $\mathcal{R}_{0}$ calculation

For SIR disease:

## $\mathcal{R}_{0}$ calculation

For SIR disease:

- The probability a newly infected individual has degree $k$ is $P_{n}(k)$.


## $\mathcal{R}_{0}$ calculation

For SIR disease:

- The probability a newly infected individual has degree $k$ is $P_{n}(k)$.
- The expected number of infections it causes given $k$ is $(k-1) \frac{\beta}{\beta+\gamma}$ [it cannot reinfect the source of its infection].
- So

$$
\left.\mathcal{R}_{0}=\mathbb{E} \text { (number infections caused } \mid \text { infected early }\right)
$$

## $\mathcal{R}_{0}$ calculation

For SIR disease:

- The probability a newly infected individual has degree $k$ is $P_{n}(k)$.
- The expected number of infections it causes given $k$ is $(k-1) \frac{\beta}{\beta+\gamma}$ [it cannot reinfect the source of its infection].
- So

$$
\begin{aligned}
\mathcal{R}_{0} & =\mathbb{E}(\text { number infections caused } \mid \text { infected early }) \\
& =\sum_{k} P(k \mid \text { infected early }) \mathbb{E}(\text { number infections } \mid k)
\end{aligned}
$$

## $\mathcal{R}_{0}$ calculation

For SIR disease:

- The probability a newly infected individual has degree $k$ is $P_{n}(k)$.
- The expected number of infections it causes given $k$ is $(k-1) \frac{\beta}{\beta+\gamma}$ [it cannot reinfect the source of its infection].
- So

$$
\begin{aligned}
\mathcal{R}_{0} & =\mathbb{E}(\text { number infections caused } \mid \text { infected early }) \\
& =\sum_{k} P(k \mid \text { infected early }) \mathbb{E}(\text { number infections } \mid k) \\
& =\sum_{k} P_{n}(k)(k-1) \frac{\beta}{\beta+\gamma}
\end{aligned}
$$

## $\mathcal{R}_{0}$ calculation

For SIR disease:

- The probability a newly infected individual has degree $k$ is $P_{n}(k)$.
- The expected number of infections it causes given $k$ is $(k-1) \frac{\beta}{\beta+\gamma}$ [it cannot reinfect the source of its infection].
- So

$$
\begin{aligned}
\mathcal{R}_{0} & =\mathbb{E}(\text { number infections caused } \mid \text { infected early }) \\
& =\sum_{k} P(k \mid \text { infected early }) \mathbb{E}(\text { number infections } \mid k) \\
& =\sum_{k} P_{n}(k)(k-1) \frac{\beta}{\beta+\gamma} \\
& =\frac{\beta}{\beta+\gamma} \sum_{k} \frac{k P(k)(k-1)}{\langle K\rangle}
\end{aligned}
$$

## $\mathcal{R}_{0}$ calculation

For SIR disease:

- The probability a newly infected individual has degree $k$ is $P_{n}(k)$.
- The expected number of infections it causes given $k$ is $(k-1) \frac{\beta}{\beta+\gamma}$ [it cannot reinfect the source of its infection].
- So

$$
\begin{aligned}
\mathcal{R}_{0} & =\mathbb{E}(\text { number infections caused } \mid \text { infected early }) \\
& =\sum_{k} P(k \mid \text { infected early }) \mathbb{E}(\text { number infections } \mid k) \\
& =\sum_{k} P_{n}(k)(k-1) \frac{\beta}{\beta+\gamma} \\
& =\frac{\beta}{\beta+\gamma} \sum_{k} \frac{k P(k)(k-1)}{\langle K\rangle} \\
& =\frac{\beta}{\beta+\gamma} \frac{\left\langle K^{2}-K\right\rangle}{\langle K\rangle}
\end{aligned}
$$

## Recall our key questions

For SIR:

- $\mathcal{P}$, the probability of an epidemic.
- $\mathcal{A}$, 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:

- $\mathcal{P}$
- $I(\infty)$, the equilibrium level of infection
- $\mathcal{R}_{0}$
- $I(t)$


## Changing the final size question

Instead of asking what proportion end up susceptible or recovered ask:

## Changing the final size question

Instead of asking what proportion end up susceptible or recovered ask:

What is the probability a random node does not have a transmission path to it from one of the index nodes?

$\Theta=P(v$ did not transmit to $u)$


Probability a random degree $k$ test individual is susceptible at the end is

$$
(1-\rho) \Theta^{k}
$$



Probability a random degree $k$ test individual is susceptible at the end is

$$
\frac{S}{N}=\sum_{k} P(k)(1-\rho) \Theta^{k}
$$



Probability a random degree $k$ test individual is susceptible at the end is

$$
\frac{S}{N}=\sum_{k} P(k)(1-\rho) \Theta^{k}=(1-\rho) \psi(\Theta)
$$

where

$$
\psi(x)=\sum_{k} P(k) x^{k}
$$

## Finding $\Theta$



Probability a random degree $k$ partner never infected is

$$
(1-\rho) \Theta^{k-1}
$$

## Finding $\Theta$



Probability a random degree $k$ partner never infected is

$$
\phi_{S}=\sum_{k} P_{n}(k)(1-\rho) \Theta^{k-1}
$$

## Finding $\Theta$



Probability a random degree $k$ partner never infected is

$$
\phi_{S}=\sum_{k} \frac{k P(k)}{\langle K\rangle}(1-\rho) \Theta^{k-1}
$$

## Finding $\Theta$



Probability a random degree $k$ partner never infected is

$$
\phi_{S}=\sum_{k} \frac{k P(k)}{\langle K\rangle}(1-\rho) \Theta^{k-1}=(1-\rho) \frac{\psi^{\prime}(\Theta)}{\langle K\rangle}
$$

## Finding $\Theta$



Probability a random degree $k$ partner never infected is

$$
\phi_{S}=\sum_{k} \frac{k P(k)}{\langle K\rangle}(1-\rho) \Theta^{k-1}=(1-\rho) \frac{\psi^{\prime}(\Theta)}{\langle K\rangle}
$$

Given $\beta$ and $\gamma$, partner does not transmit to $u$ with probability

$$
\Theta=\phi_{S}+\left(1-\frac{\beta}{\beta+\gamma}\right)\left(1-\phi_{S}\right)
$$

## Finding $\Theta$



Probability a random degree $k$ partner never infected is

$$
\phi_{S}=\sum_{k} \frac{k P(k)}{\langle K\rangle}(1-\rho) \Theta^{k-1}=(1-\rho) \frac{\psi^{\prime}(\Theta)}{\langle K\rangle}
$$

Given $\beta$ and $\gamma$, partner does not transmit to $u$ with probability

$$
\Theta=\phi_{S}+\left(1-\frac{\beta}{\beta+\gamma}\right)\left(1-\phi_{S}\right)=1-\frac{\beta}{\beta+\gamma}+\frac{\beta}{\beta+\gamma} \frac{(1-\rho) \psi^{\prime}(\Theta)}{\langle K\rangle}
$$

## Final Size

So

$$
\mathcal{A}=1-(1-\rho) \psi(\Theta)
$$

where

$$
\Theta=\frac{\gamma}{\beta+\gamma}+\frac{\beta}{\beta+\gamma}(1-\rho) \frac{\psi^{\prime}(\Theta)}{\langle K\rangle}
$$

## Final Size

So

$$
\mathcal{A}=1-(1-\rho) \psi(\Theta)
$$

where

$$
\Theta=\frac{\gamma}{\beta+\gamma}+\frac{\beta}{\beta+\gamma}(1-\rho) \frac{\psi^{\prime}(\Theta)}{\langle K\rangle}
$$

A more rigorous definition would be that $\Theta$ is the probability that the given edge isn't the final edge of a directed path from an index node to $u$ in the percolated network $H$.

## Recall our key questions

For SIR:

- $\mathcal{P}$, the probability of an epidemic.
- $\mathcal{A}$, 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:

- $\mathcal{P}$
- $I(\infty)$, the equilibrium level of infection
- $\mathcal{R}_{0}$
- I $(t)$


## Finding $S(t)$ for SIR disease



## Finding $S(t)$ for SIR disease



Probability a random degree $k$ test individual still susceptible is

$$
(1-\rho) \theta(t)^{k}
$$

## Finding $S(t)$ for SIR disease



Probability a random degree $k$ test individual still susceptible is

$$
\frac{S(t)}{N}=\sum_{k} P(k)(1-\rho) \theta(t)^{k}
$$

## Finding $S(t)$ for SIR disease



Probability a random degree $k$ test individual still susceptible is

$$
\frac{S(t)}{N}=\sum_{k} P(k)(1-\rho) \theta(t)^{k}=(1-\rho) \psi(\theta(t))
$$

where

$$
\psi(x)=\sum_{k} P(k) x^{k}
$$

How does $\theta$ evolve?


How does $\theta$ evolve?


- $\theta=\phi_{S}+\phi_{I}+\phi_{R}$.

How does $\theta$ evolve?


- $\theta=\phi_{S}+\phi_{I}+\phi_{R}$.
- $\dot{\theta}=-\beta \phi_{I}$.


## How does $\theta$ evolve?



- $\theta=\phi_{S}+\phi_{I}+\phi_{R}$.
- $\dot{\theta}=-\beta \phi_{I}$.
- Our goal is to find $\phi_{I}$ in terms of $\theta$.


## Finding $\phi_{R}(t)$



Because derivatives are proportional, $\phi_{R}=\frac{\gamma}{\beta}(1-\theta)$

## Finding $\phi_{S}(t)$



Probability a random degree $k$ partner still susceptible is

$$
(1-\rho) \theta(t)^{k-1}
$$

## Finding $\phi_{S}(t)$



Probability a random degree $k$ partner still susceptible is

$$
\phi_{S}(t)=\sum_{k} P_{n}(k)(1-\rho) \theta(t)^{k-1}
$$

## Finding $\phi_{S}(t)$



Probability a random degree $k$ partner still susceptible is

$$
\phi_{S}(t)=\sum_{k} \frac{k P(k)}{\langle K\rangle}(1-\rho) \theta(t)^{k-1}
$$

## Finding $\phi_{S}(t)$



Probability a random degree $k$ partner still susceptible is

$$
\phi_{S}(t)=\sum_{k} \frac{k P(k)}{\langle K\rangle}(1-\rho) \theta(t)^{k-1}=(1-\rho) \frac{\psi^{\prime}(\theta)}{\langle K\rangle}
$$



We have

$$
\begin{aligned}
\phi_{I} & =\theta-\phi_{S}-\phi_{R} \\
\dot{\theta} & =-\beta \phi_{I}
\end{aligned}
$$



We have

$$
\begin{aligned}
\phi_{I} & =\theta-\phi_{S}-\phi_{R}=\theta-\frac{(1-\rho) \psi^{\prime}(\theta)}{\langle K\rangle}-\frac{\gamma}{\beta}(1-\theta) \\
\dot{\theta} & =-\beta \phi_{I}
\end{aligned}
$$



We have

$$
\begin{aligned}
\phi_{I} & =\theta-\phi_{S}-\phi_{R}=\theta-\frac{(1-\rho) \psi^{\prime}(\theta)}{\langle K\rangle}-\frac{\gamma}{\beta}(1-\theta) \\
\dot{\theta} & =-\beta \phi_{I}=-\beta \theta+\beta \frac{(1-\rho) \psi^{\prime}(\theta)}{\langle K\rangle}+\gamma(1-\theta)
\end{aligned}
$$

## Final System

We finally have

$$
\begin{aligned}
& \dot{\theta}=-\beta \theta+\beta \frac{(1-\rho) \psi^{\prime}(\theta)}{\langle K\rangle}+\gamma(1-\theta) \\
& \dot{R}=\gamma I \quad S=(1-\rho) N \psi(\theta) \quad I=N-S-R
\end{aligned}
$$

Compare with

$$
\begin{aligned}
& \dot{\theta}=-\beta \theta+\beta \theta^{2} \frac{(1-\rho) \psi^{\prime}(\theta)}{\langle K\rangle}-\theta \gamma \ln \theta \\
& \dot{R}=\gamma I, \quad S=(1-\rho) N \psi(\theta), \quad I=N-S-R
\end{aligned}
$$

More details in [1, 2, 3]


## A good exercise

Repeat this derivation for a model in which infections last for one time step and transmission occurs with probability $p$.

## Epidemic probability

- To calculate epidemic probability, we consider a single introduced node, randomly chosen in the population.


## Epidemic probability

- To calculate epidemic probability, we consider a single introduced node, randomly chosen in the population.
- $\rho=0$.


## Epidemic probability

- To calculate epidemic probability, we consider a single introduced node, randomly chosen in the population.
- $\rho=0$.
- $\psi(x)=\sum_{k} P(k) x^{k}$ is the probability generating function for the degree distribution.


## Calculating epidemic probability


$\Omega(D)=P(u$ does not transmit to a neighbor $\mid D)+P(u$ transmits, but neighbor doesn't lead to an epidemic $)$

## Calculating epidemic probability


$\Omega(D)=P(u$ does not transmit to a neighbor $\mid D)+P(u$ transmits, but neighbor doesn't lead to an epidemic $)$

Probability a random degree $k$ index case whose infection duration is $D$ does not start an epidemic is

$$
\Omega(D)^{k}
$$

## Calculating epidemic probability


$\Omega(D)=P(u$ does not transmit to a neighbor $\mid D)+P(u$ transmits, but neighbor doesn't lead to an epidemic $)$

Probability a random degree $k$ index case whose infection duration is $D$ does not start an epidemic is

$$
\sum_{k} P(k) \Omega(D)^{k}
$$

## Calculating epidemic probability


$\Omega(D)=P(u$ does not transmit to a neighbor $\mid D)+P(u$ transmits, but neighbor doesn't lead to an epidemic $)$

Probability a random degree $k$ index case whose infection duration is $D$ does not start an epidemic is

$$
1-\mathcal{P}=\int_{0}^{\infty} \gamma e^{-\gamma D} \sum_{k} P(k) \Omega(D)^{k} \mathrm{~d} D
$$

## Calculating epidemic probability


$\Omega(D)=P(u$ does not transmit to a neighbor $\mid D)+P(u$ transmits, but neighbor doesn't lead to an epidemic $)$

Probability a random degree $k$ index case whose infection duration is $D$ does not start an epidemic is

$$
1-\mathcal{P}=\int_{0}^{\infty} \gamma e^{-\gamma D} \sum_{k} P(k) \Omega(D)^{k} \mathrm{~d} D=\int_{0}^{\infty} \gamma e^{-\gamma D} \psi(\Omega(D)) \mathrm{d} D
$$

where

$$
\psi(x)=\sum_{k} P(k) x^{k}
$$

Finding $\Omega$


## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
[1-p(D)]+\quad p(D) \Omega(\hat{D})^{\hat{k}-1}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
[1-p(D)]+\quad \sum_{\hat{k}} P_{n}(\hat{k}) p(D) \Omega(\hat{D})^{\hat{k}-1}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
\Omega(D)=[1-p(D)]+\int_{0}^{\infty} \gamma e^{-\gamma \hat{D}} \sum_{\hat{k}} P_{n}(\hat{k}) p(D) \Omega(\hat{D})^{\hat{k}-1} \mathrm{~d} \hat{D}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
\Omega(D)=[1-p(D)]+p(D) \int_{0}^{\infty} \gamma e^{-\gamma \hat{D}} \sum_{\hat{k}} P_{n}(\hat{k}) \Omega(\hat{D})^{\hat{k}-1} \mathrm{~d} \hat{D}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
\Omega(D)=[1-p(D)]+p(D) \int_{0}^{\infty} \gamma e^{-\gamma \hat{D}} \sum_{\hat{k}} \frac{\hat{k} P(\hat{k})}{\langle K\rangle} \Omega(\hat{D})^{\hat{k}-1} \mathrm{~d} \hat{D}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
\Omega(D)=[1-p(D)]+p(D) \int_{0}^{\infty} \gamma e^{-\gamma \hat{D}} \frac{\sum_{\hat{k}} \hat{k} P(\hat{k}) \Omega(\hat{D})^{\hat{k}-1}}{\langle K\rangle} \mathrm{d} \hat{D}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Finding $\Omega$



Probability a random partner of the index case having degree $\hat{k}$ whose infection duration is $\hat{D}$ does not start an epidemic is

$$
\Omega(D)=[1-p(D)]+p(D) \int_{0}^{\infty} \gamma e^{-\gamma \hat{D}} \frac{\psi^{\prime}(\Omega(\hat{D}))}{\langle K\rangle} \mathrm{d} \hat{D}
$$

$p(D)=1-e^{-\beta D}$ is the probability of transmitting given infection duration of $D$

## Calculating epidemic probability

We arrive at

$$
\begin{aligned}
& 1-\mathcal{P}=\int_{0}^{\infty} \gamma e^{-\gamma D} \psi(\Omega(D)) \mathrm{d} D \\
& \Omega(D)=e^{-\beta D}+\left(1-e^{-\beta D}\right) \int_{0}^{\infty} \gamma e^{-\gamma \hat{D}} \frac{\psi^{\prime}(\Omega(\hat{D}))}{\langle K\rangle} \mathrm{d} \hat{D}
\end{aligned}
$$

In general we can only solve this numerically, but it is straightforward. We start with a guess that $\Omega(D)=1$, plug it in and iterate.
In fact the $n$th iteration will give the probability that the disease spreads at least $n$ generations.

# SIR and percolation 

SIS disease

References

## SIS disease

It is very difficult to write down an analytic model of SIS disease in networks that accounts for partnership duration.

## SIS disease

It is very difficult to write down an analytic model of SIS disease in networks that accounts for partnership duration.

- The difficulty results from the fact that a node can infect its neighbors, thus changing the exposure it receives after it recovers.


## SIS disease

It is very difficult to write down an analytic model of SIS disease in networks that accounts for partnership duration.

- The difficulty results from the fact that a node can infect its neighbors, thus changing the exposure it receives after it recovers.
- This effect is real: a person who has recovered from, say, MRSA but passed it on to his/her family is at higher risk of reaquiring MRSA. Ignoring this weakens our ability to draw conclusions.


## SIS disease

It is very difficult to write down an analytic model of SIS disease in networks that accounts for partnership duration.

- The difficulty results from the fact that a node can infect its neighbors, thus changing the exposure it receives after it recovers.
- This effect is real: a person who has recovered from, say, MRSA but passed it on to his/her family is at higher risk of reaquiring MRSA. Ignoring this weakens our ability to draw conclusions.
- This has policy implications: how much will it reduce MRSA transmission if we clear the disease from a hospital or a prison?


## SIS disease

It is very difficult to write down an analytic model of SIS disease in networks that accounts for partnership duration.

- The difficulty results from the fact that a node can infect its neighbors, thus changing the exposure it receives after it recovers.
- This effect is real: a person who has recovered from, say, MRSA but passed it on to his/her family is at higher risk of reaquiring MRSA. Ignoring this weakens our ability to draw conclusions.
- This has policy implications: how much will it reduce MRSA transmission if we clear the disease from a hospital or a prison?
- So for SIS disease simulation is likely to play a major role.


## Percolation-like results and SIS

- It is possible to use percolation-like results to for rigorous conclusions about SIS disease.


## Percolation-like results and SIS

- It is possible to use percolation-like results to for rigorous conclusions about SIS disease.
- As a general rule, these rigorous results do not generalize if we do not assume constant infection and transmission rates.


## A percolation-like approach



## A percolation-like approach



- Find transmission events as Poisson process


## A percolation-like approach



- Find transmission events as Poisson process
- Find recovery events as Poisson process


## A percolation-like approach



- Find transmission events as Poisson process
- Find recovery events as Poisson process
- Trace out from initial infection

Now invert the picture


Now invert the picture


Now invert the picture


## Some conclusions

- An infection of $u$ at time 0 leads to an infection of $v$ at time $t$ iff there is a path that doesn't go through a recovery event.


## Some conclusions

- An infection of $u$ at time 0 leads to an infection of $v$ at time $t$ iff there is a path that doesn't go through a recovery event.
- That reversed path also works. So any node infected at time $t$ would cause infection of the initial node at time $t$ in the reversed process.


## Some conclusions

- An infection of $u$ at time 0 leads to an infection of $v$ at time $t$ iff there is a path that doesn't go through a recovery event.
- That reversed path also works. So any node infected at time $t$ would cause infection of the initial node at time $t$ in the reversed process.
- So the expected number of nodes infected at time $t$ starting from infection of $u$ at time 0 is equal to the probability $u$ is infected at time $t$ if we infect a random individual at time 0 .


## Some conclusions

- An infection of $u$ at time 0 leads to an infection of $v$ at time $t$ iff there is a path that doesn't go through a recovery event.
- That reversed path also works. So any node infected at time $t$ would cause infection of the initial node at time $t$ in the reversed process.
- So the expected number of nodes infected at time $t$ starting from infection of $u$ at time 0 is equal to the probability $u$ is infected at time $t$ if we infect a random individual at time 0 .
- The equilibrium size of an SIS epidemic with Poissonian transmission and recovery equals the probability that an epidemic occurs.


## SIS size vs Probability

1000 simulations starting with a single randomly chosen node in a Configuration model network with $P(1)=P(5)=0.5$.

## SIS size vs Probability

1000 simulations starting with a single randomly chosen node in a Configuration model network with $P(1)=P(5)=0.5$.


$$
\beta=0.5, \quad \gamma=1
$$

273 did not die out

## SIS size vs Probability

1000 simulations starting with a single randomly chosen node in a Configuration model network with $P(1)=P(5)=0.5$.


## SIS size vs Probability

1000 simulations starting with a single randomly chosen node in a Configuration model network with $P(1)=P(5)=0.5$.


$$
\beta=1, \quad \gamma=1
$$

537 did not die out

# SIR and percolation 

SIS disease

References

## References I

[1] Joel C. Miller, Anja C. Slim, and Erik M. Volz.
Edge-based compartmental modelling for infectious disease spread.
Journal of the Royal Society Interface, 9(70):890-906, 2012.
[2] Joel C. Miller.
Epidemics on networks with large initial conditions or changing structure.
PLoS ONE, 9(7):e101421, 2014.
[3] Istvan Z Kiss, Joel C Miller, and Péter L Simon.
Mathematics of epidemics on networks: from exact to approximate models.
IAM. Springer, 2017.

