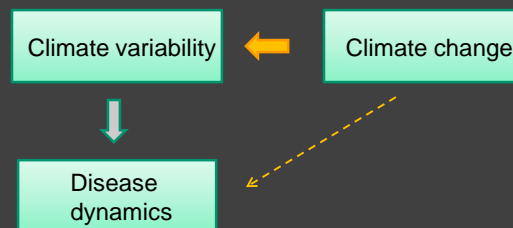
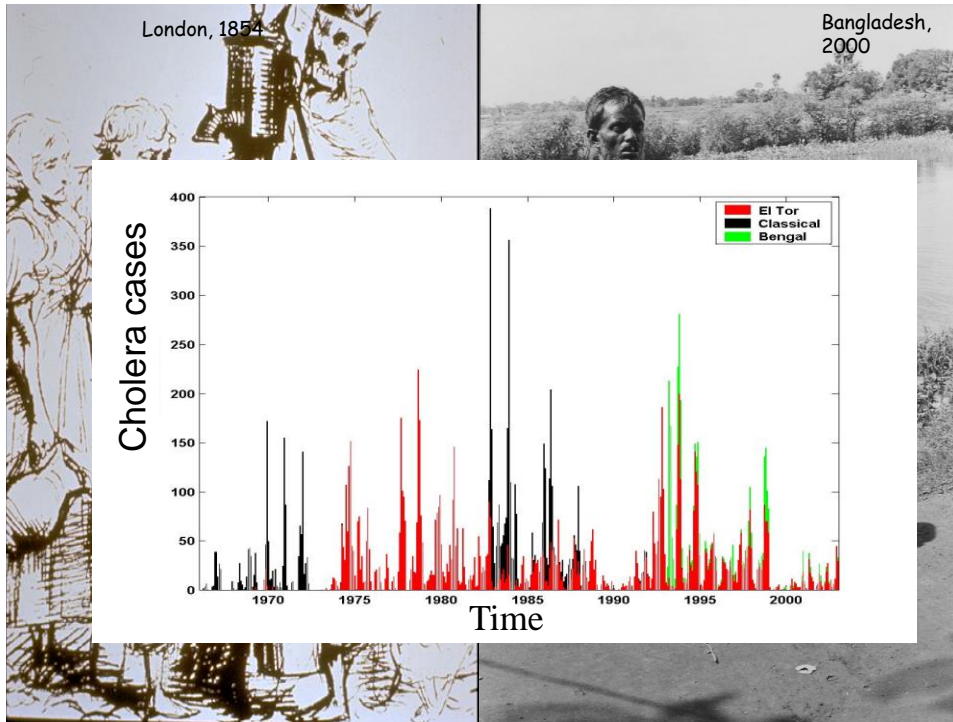


# Introduction and Microparasitic models (the basics)

Mercedes Pascual





## Population regulation: examples in the wild

"The catastrophes of the **1890s** began with the great **Rinderpest** panzootic in 1890.

Spreading southward from the Horn of Africa, **Rinderpest** swept over the country like bushfire, killing cattle and game. The estimate ... 90 per cent of Tanganyika's cattle and half of its wild animals perished from **Rinderpest**...

**Famine** and **Smallpox** followed [the **Rinderpest**], especially among peoples who depended on cattle. ..."

**Koponen, Juhani** *Population: A Dependent Variable*, 1996



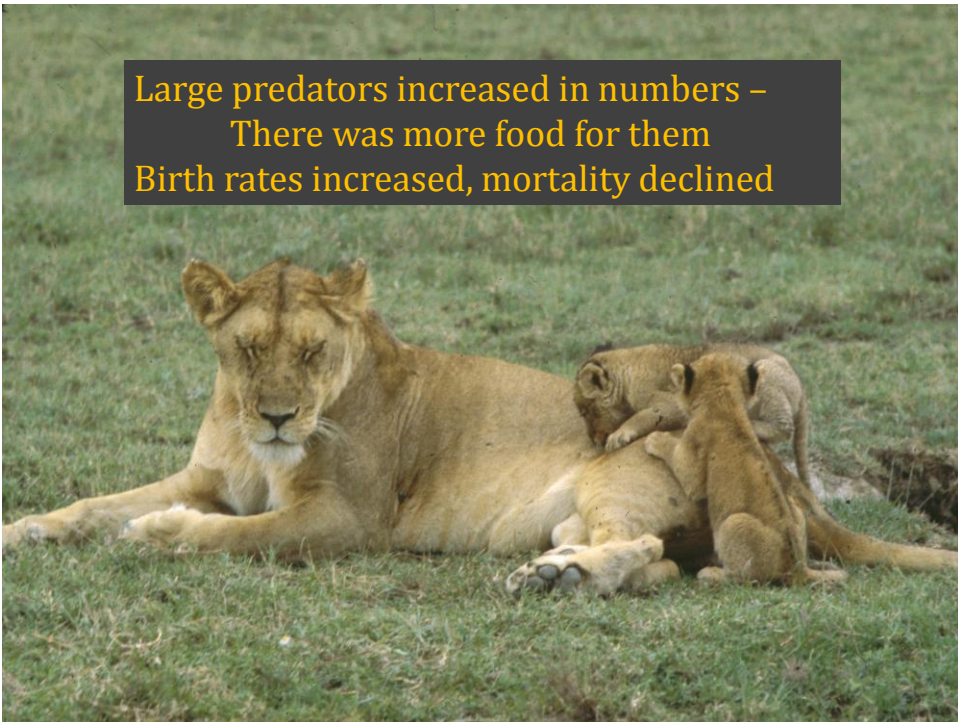
Widespread rinderpest  
vaccination of cattle



Although no wildebeest  
were vaccinated, their  
numbers increased by x8.

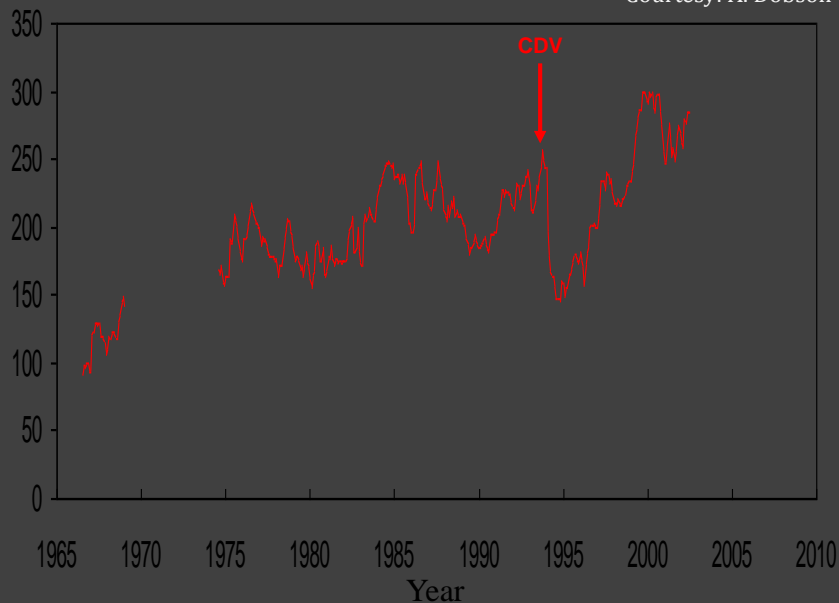


Large predators increased in numbers –  
There was more food for them  
Birth rates increased, mortality declined



## Lion population: Serengeti study area

Courtesy: A. Dobson



## Predators versus Pathogens

### PREDATORS

- Usually same size as victim.
- Similar, or slower, rate of population increase
- Tend to satiate

### PATHOGENS

- Much smaller than victims
- Much faster rate of population increase
- Insatiable, unless vectored, or STD's

## From population regulation to ecosystem regulation

OPEN ACCESS Freely available online

PLOS BIOLOGY

### A Disease-Mediated Trophic Cascade in the Serengeti and its Implications for Ecosystem C

Ricardo M. Holdo<sup>1\*</sup>, Anthony R. E. Sinclair<sup>2</sup>, Andrew P. Dobson<sup>3</sup>, Kristine L. Metzger<sup>2</sup>, Benjamin M. Bolker<sup>1</sup>, Mark E. Ritchie<sup>4</sup>, Robert D. Holt<sup>1</sup>

<sup>1</sup> Department of Biology, University of Florida, Gainesville, Florida, United States of America, <sup>2</sup> Department of Zoology, University of British Columbia, Vancouver, British Columbia, Canada, <sup>3</sup> Department of Ecology and Evolutionary Biology, Princeton University, Princeton, New Jersey, United States of America, <sup>4</sup> Department of Biology, Syracuse University, Syracuse, New York, United States of America

#### Abstract

Tree cover is a fundamental structural characteristic and driver of ecosystem processes in terrestrial ecosystems, and trees are a major global carbon (C) sink. Fire and herbivores have been hypothesized to play dominant roles in regulating trees in African savannas, but the evidence for this is conflicting. Moving up a trophic scale, the factors that regulate fire occurrence and herbivores, such as disease and predation, are poorly understood for any given ecosystem. We used a Bayesian state-space model to show that the wildebeest population irruption that followed disease (rinderpest) eradication in the Serengeti ecosystem of East Africa led to a widespread reduction in the extent of fire and an ongoing recovery of the tree population. This supports the hypothesis that disease has played a key role in the regulation of this ecosystem. We then link our state-space model with theoretical and empirical results quantifying the effects of grazing and fire on soil carbon to predict that this cascade may have led to important shifts in the size of pools of C stored in soil and biomass. Our results

## Biodiversity and disease

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PLOS MEDICINE

Essay

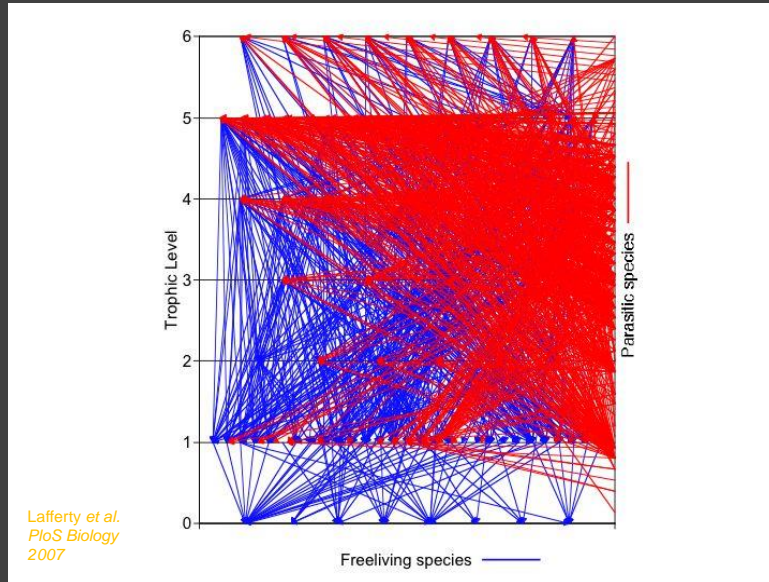
### Sacred Cows and Sympathetic Squirrels: The Importance of Biological Diversity to Human Health

Andy Dobson<sup>1</sup>, Isabella Cattadori, Robert D. Holt, Richard S. Ostfeld, Felicia Keesing, Kristle Krichbaum, Jason R. Rohr, Sarah E. Perkins, Peter J. Hudson

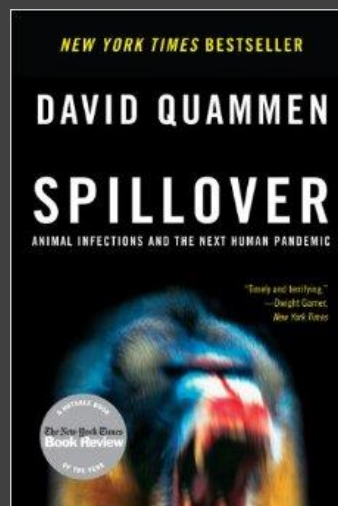
**W**hy are cows sacred? Travel anywhere in India and they have the right of way. Travel anywhere in the eastern United States and you'll see squirrels, more than likely, as roadkill. Yet both species serve a similar epidemiological function: they receive bites from infected vectors that might otherwise have bitten humans, and they break the chain of pathogen transmission. In the case of Indian cattle, the bites are from mosquitoes infected with malaria parasites; the squirrels, on the other hand, receive







## Pathogen emergence



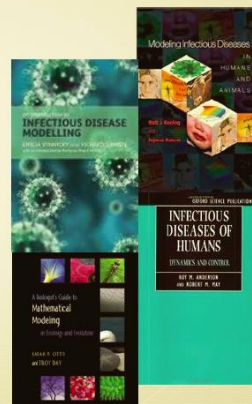
## This course/workshop is a bit like a marathon ...

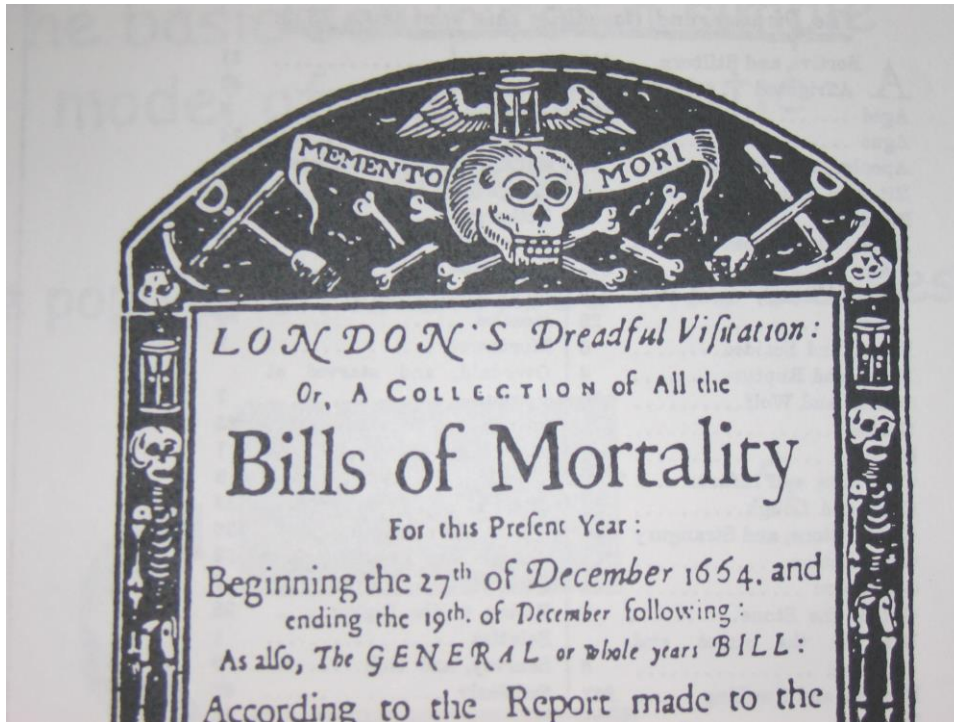
- The basic models
- Variations of these models for different kinds of infectious diseases, and to incorporate structure in the host population (e.g. age, space) or in the community of hosts (e.g. species diversity)
- Different kinds of epidemiological models (deterministic, stochastic, individual-based)
- Sources of climate data and climate-based predictions
- Different kinds of model applications, especially at the interface with environmental forcing
- Current research in the field
- Parameter inference for process-based models
- Group projects

all in two weeks!!!!

## Resources:

- \* Keeling & Rohani (2008)
- \* Vynnycky & White (2010)
- \* Anderson & May (1991)
- \* Otto & Day (2007)





*The Diseases and Casualties this Week.*

<b>A</b> Bortive	4	Impossitume	8
<b>A</b> Aged	45	Infants	22
Bleeding	1	Kingevill	4
Broken legges	1	Lethargy	1
Broke her skull by a fall in the street at St. Mary VVool church	1	Livergrowne	1
Childbed	28	Meagroune	1
Chinfomes	9	Palfe	1
Contumtion	126	Plague	4237
Consultion	89	Pterples	2
Cough	1	Quinsie	5
Dropie	53	Rascals	23
Feaver	348	Rising of the Lights	18
Flux and Small-pox	11	Rupture	1
Flux	1	Scurvy	3
Frighted	2	Shingles	1
Gout	1	Spotted Feaver	166
Grief	3	Stillborn	4
Griping in the Guts	79	Stone	2
Head-ach and shot	1	Stopping of the Stomach	17
Jaundies	7	Strangury	3
		Suddeny	2
		Swicke	74
		Teeth	111
		Thrush	6
		Tiffick	9
		Ulcer	1
		Vomiting	10
		Winder	4
		Wormes	20

Christned	Males	80	Buried	Males	2772	Plague	4237
	Females	81		Females	2791		
	In all	171		In all	5563		

Increased in the Burials this Week 249

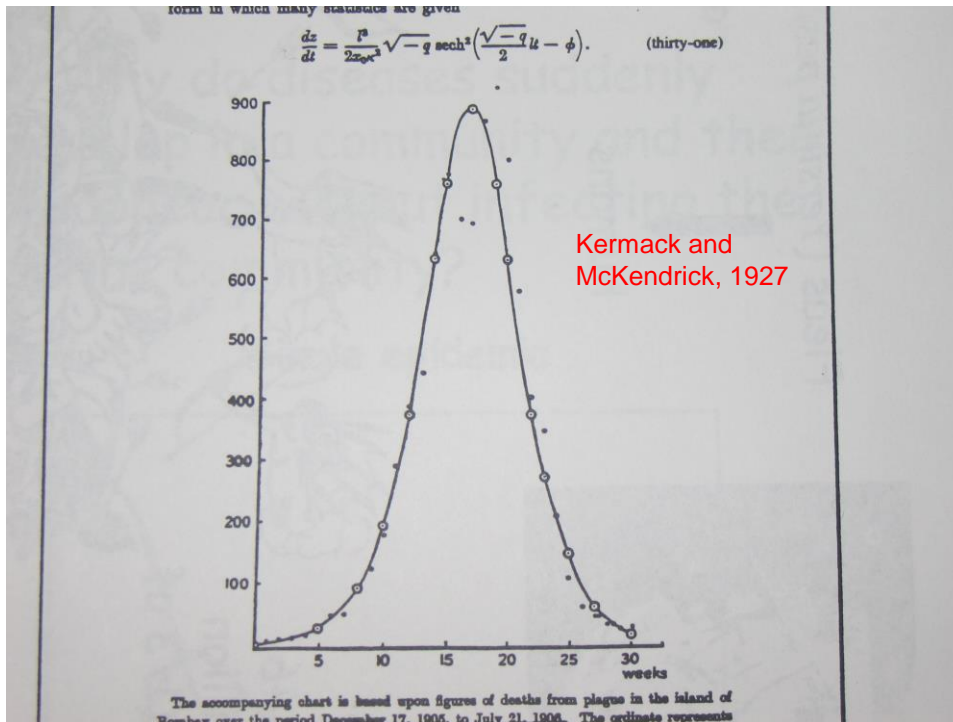
Parishes clear of the Plague 27 Parishes Infected 103

*The Office of Bread set forth by Order of the Lord Mayor and Councill of Aldermen,  
 A penny Wheaten Loaf to contain Nine Ounces and a half, and three  
 half-penny White Loaves the like weight.*

London's  
'Bills of Mortality'

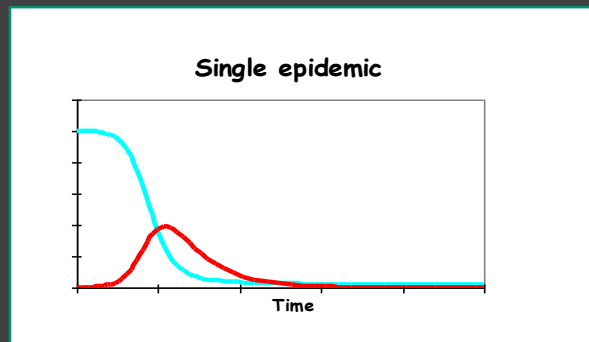
London's  
'Bills of Mortality'





## Some key questions:

- ❖ Why do diseases suddenly develop in a community and then disappear without infecting the entire community?

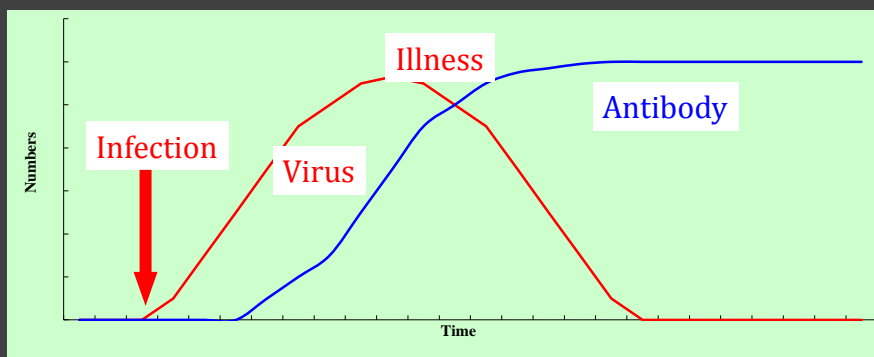


- ❖ Once a pathogen invades a population, what determines whether an epidemic will take place?

## Main conceptual points:

- ❖ The idea of a population threshold for epidemic behavior
- ❖ The concept of  $R_0$ : the basic reproductive number of a disease
- ❖ The concept of herd immunity
- ❖ Why do we observe recurrent epidemics (i.e. cycles)?

## Basic variables: microparasitic infections



Susceptible

**S**

Years

Infectious

**I**

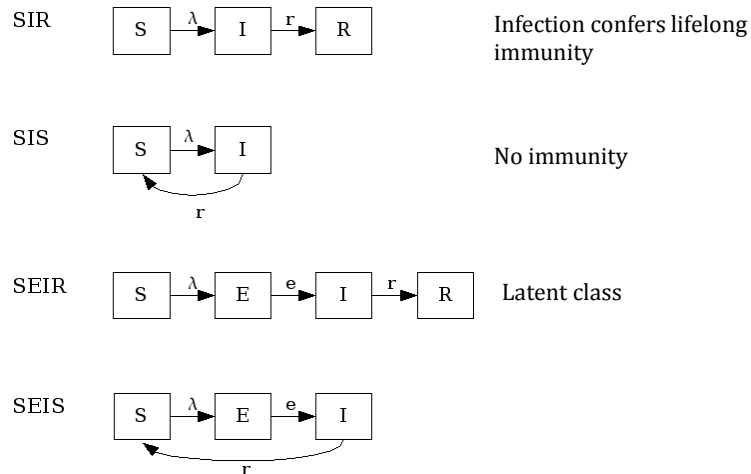
Days

Recovered

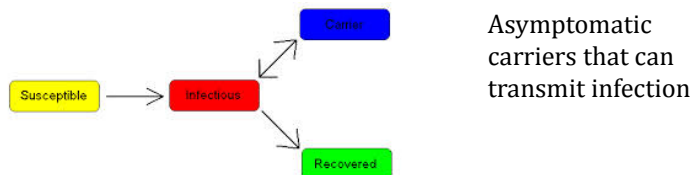
**R**

Many years

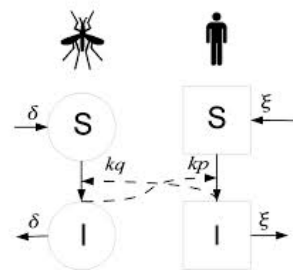
## The population is divided into classes



## Other variations of this theme...



Vector-borne infection

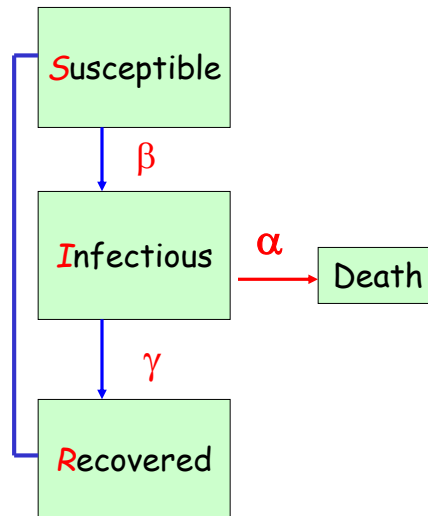


## SIR equations

$$\frac{dS}{dt} = \dots$$

$$\frac{dI}{dt} = \dots$$

$$\frac{dR}{dt} = \dots$$



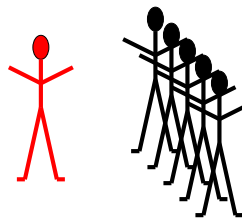
## The transmission rate

Number of contacts / day

= contact rate  $\kappa$

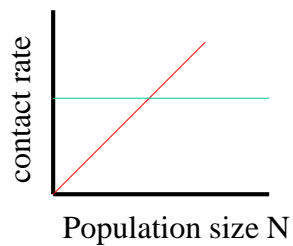
Probability of transmission  
given contact

= infectivity  $\nu$



Fraction of  
individuals that  
are susceptible

=  $S/N$

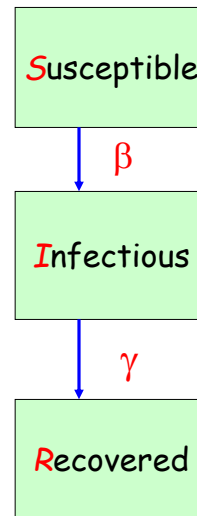


Density-dependent transmission

Frequency-dependent transmission

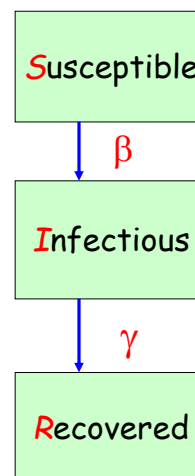
## Transmission

$$\begin{aligned}\frac{dS}{dt} &= -\beta S \frac{I}{N} \\ \frac{dI}{dt} &= +\beta S \frac{I}{N} - \dots \\ \frac{dR}{dt} &= \dots\end{aligned}$$



## add recovery

$$\begin{aligned}\frac{dS}{dt} &= -\beta SI \\ \frac{dI}{dt} &= +\beta SI - \gamma I \\ \frac{dR}{dt} &= +\gamma I\end{aligned}$$





## Mean recovery time – Mean infectious period

Consider recovery of a single infectious individual

$$I(t) = e^{-\gamma t}$$

$$1 = \int_0^{\infty} c e^{-\gamma t} dt = \frac{c}{\gamma}$$

Hence, probability density function is  $\gamma e^{-\gamma t}$

$$\tau = \int_0^{\infty} t \gamma e^{-\gamma t} dt = \frac{1}{\gamma}$$

For a random variable  $x$ , with probability density function  $f(x)$ , the mean is given by  $\int_0^{\infty} x f(x) dx$

## Deriving the transmission rate

- \* Contact rate assumed to be  $\kappa$  per unit time
- \* For a susceptible, a fraction  $\gamma/N$  of contacts is with infecteds
- \* In a small time interval,  $\delta t$ , the number of contacts with infecteds is  $\kappa (\gamma/N) \delta t$
- \* If  $c$  is probability of transmission, given contact, then probability of escaping infection in  $\delta t$  is
  - \*  $1 - \delta q = (1 - c)^{\kappa (\gamma/N) \delta t}$
- \* Define  $\beta = \kappa \log(1 - c)$ , then
  - \*  $\delta q = 1 - e^{-\beta \gamma \delta t / N}$
  - $\delta q = 1 - (1 - \beta \gamma \delta t / N + (\beta \gamma \delta t / N)^2 - (\beta \gamma \delta t / N)^3 + \dots)$
  - \*  $\delta q / \delta t = \beta \gamma / N \Rightarrow dq / dt = \beta \gamma / N$

$$e^x = 1 + x + \frac{x^2}{2!} + \dots$$

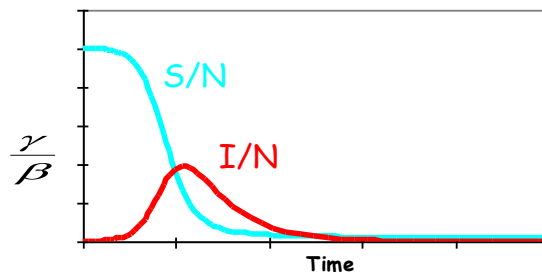
When does the number of infecteds increase?

$$\frac{dI}{dt} = (\beta \frac{S}{N} - \gamma)I$$

- When  $\frac{S}{N} < \frac{\gamma}{\beta}$ , the number of infected individuals decreases
- When  $\frac{S}{N} > \frac{\gamma}{\beta}$ , the number of infected individuals increases

➔ EPIDEMIC

But what is happening to S/N?



Concept of a population threshold

## The famous $R_0$ or basic reproductive number

THOUGHT EXPERIMENT:

introduce a small number of infected individuals in a population and ask whether there will be an epidemic

We need

$$R_0 = \frac{\beta}{\gamma} > 1$$

## A biological interpretation of $R_0$

$$\underbrace{\beta}_{\text{Number of susceptibles that come into contact with an infected}} \cdot \underbrace{\frac{1}{\gamma}}_{\text{Average duration of infection}}$$



$R_0$  is the average number of secondary infections arising from an average primary infection (in an entirely susceptible population)

## Density-dependent transmission

$$\frac{S_o \cdot \beta \cdot \frac{1}{\gamma}}$$

Number of susceptibles  
that come into contact  
with an infected

Average duration  
of infection

## Estimates of $R_0$

Disease	Host	Estimated $R_0$	Reference
FIV	domestic cats	1.1-1.5	Smith (2001)
Rabies	dogs (Kenya)	2.44	Kitala <i>et al.</i> (2002)
Phocine Distemper	seals	2 - 3	Swinton <i>et al.</i> (1998)
Tuberculosis	cattle	2.6	Goodchild & Clifton-Hadley (2001)
Influenza	human	3 - 4	Murray (1989)
Foot and Mouth Disease	livestock farms (UK)	3.5 - 4.5	Ferguson <i>et al.</i> (2001b)
Smallpox	human	3.5 - 6	Gani & Leach (2001)
Rubella	human (UK)	6 - 7	Anderson & May (1991)
Chickenpox	human (UK)	10 - 12	Anderson & May (1991)
Measles	human (UK)	16 - 18	Anderson & May (1982)
Whooping Cough	human (UK)	16 - 18	Anderson & May (1982)

Keeling & Rohani (2008)

### Other estimates of interest:

- HIV: among homosexual men in UK ~ 4
- HIV: among female sex workers in Kenya ~ 11
- 2003 SARS epidemic: ~ 3
- 1918 Influenza pandemic: ~ 1.5-3
- 2009 Swine flu epidemic: ~ 1.2-1.5

# How many people should we vaccinate?

## INOCULATION

Those who are desirous to take the infection of the SMALL - POX, by inoculation, may find themselves accommodated for the purpose, by applying to.

Stephen Samuel Hawley

Fiskdale, in Sturbridge.

February 7, 1801

N. B. A Pest-House will be opened, and accommodations provided by the first day of March next.

1967



1972



1975



## Poster campaign



Figure 3.6 WALL POSTER IN BANGLADESH announcing a reward for reporting a smallpox case. The Bangladeshi village office a "100-day prize" (about \$25) to anyone who reports a smallpox case to a health office. Reports and even rumors of cases were followed up by health workers.

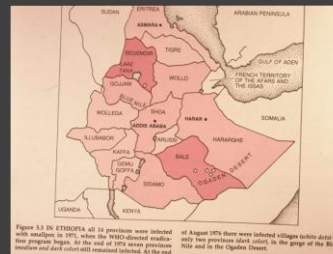


Figure 3.7 IN ETHIOPIA all 14 provinces were infected with smallpox in 1974, when the WHO-directed eradication program began. At the end of 1974 seven provinces (Amhara, Arsi, Bale, Gama, Harari, and Shewa) remained infected. At the end of August 1974 there were infected villages (which dated to the previous decade) only in the gorge of the Blue Nile and in the Ogaden Desert.

## The final few cases



## The basic idea behind vaccination:

Reduce  $R_0$  below 1 by reducing the effective number of susceptibles.

Proportion  $p$  of the population that needs to be vaccinated

$$p > 1 - \frac{1}{R_0}$$

Concept of herd immunity

## Results with SIR model

- Epidemic occurs if and only if  $R_0 > 1$
- Single epidemic, then disease disappears
- Cannot explain diseases that persist
- Cannot explain recurrent cycles of epidemics