

**Epidemic malaria and climate variability: a dynamic perspective**

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“Water mingles with every kind of natural phenomenon; and more than one might imagine, it has also mingled with the particular destiny of mankind”

--- Fernand Braudel

(from *Water, The Epic Struggle for Wealth, Power and Civilization*, S. Solomon)

## Etiology of interepidemic periods of mosquito-borne disease

Simon I. Hay<sup>\*,†</sup>, Monica F. Myers<sup>‡</sup>, Donald S. Burke<sup>§</sup>, David W. Vaughn<sup>¶</sup>, Timothy Endy<sup>||</sup>, Nisalak Ananda<sup>|</sup>, G. Dennis Shanks<sup>§\*\*</sup>, Robert W. Snow<sup>††‡</sup>, and David J. Rogers<sup>\*</sup>

standing of the factors involved in epidemic genesis. In this report we discuss the potential causes of the interepidemic periods in dengue hemorrhagic fever in Bangkok and of *Plasmodium falciparum* malaria in a highland area of western Kenya. The alternative causes are distinguished by a retrospective analysis of two unique and contemporaneous 33-year time series of epidemiological and associated meteorological data recorded at these two sites. We conclude that intrinsic population dynamics offer the most parsimonious explanation for the observed interepidemic periods of disease in these locations.

PNAS 2000

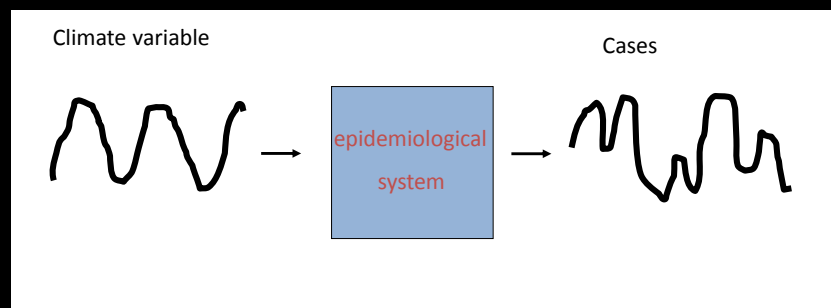
JOURNAL  
OF  
THE ROYAL  
SOCIETY

Interface

### The interaction of seasonal forcing and immunity and the resonance dynamics of malaria

Dylan Z. Childs and Michael Boots

*J. R. Soc. Interface* 2010 **7**, doi: 10.1098/rsif.2009.0178 first published online 1 July 2009



Epidemiological model + statistical inference methods



Intrinsic dynamics

Extrinsic drivers

Koelle and Pascual (*Am. Nat.* 2004)

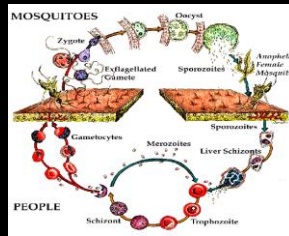
Koelle, Rodo, Pascual et al. (*Nature* 2005)

## Testing hypotheses on disease dynamics and climate forcing by comparing mechanistic models

Best disease models  
with no climate

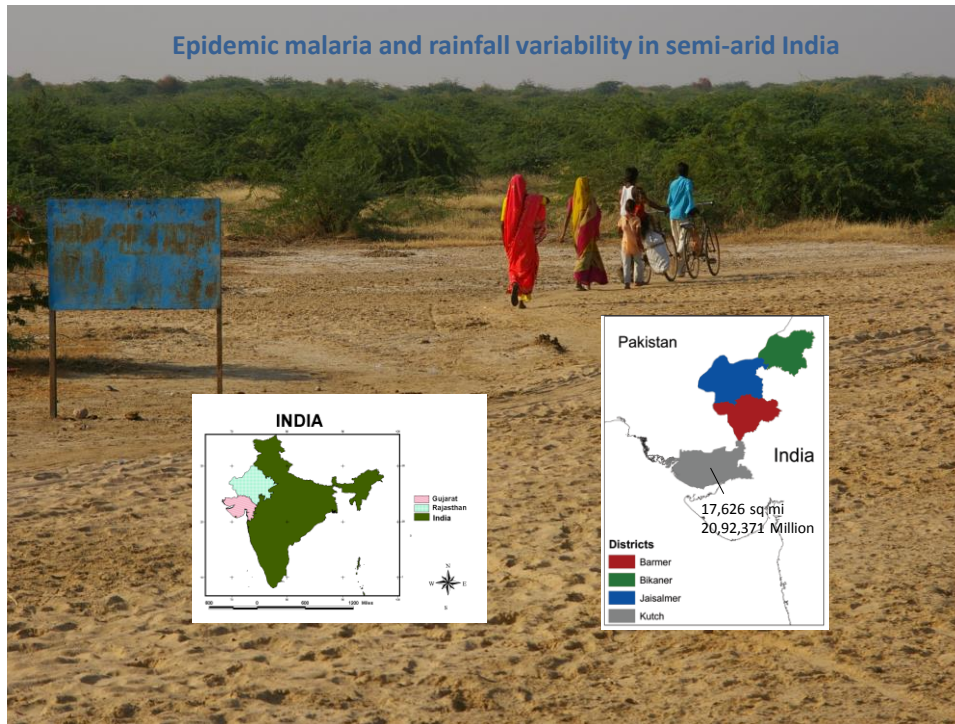


Best disease models  
with climate variability



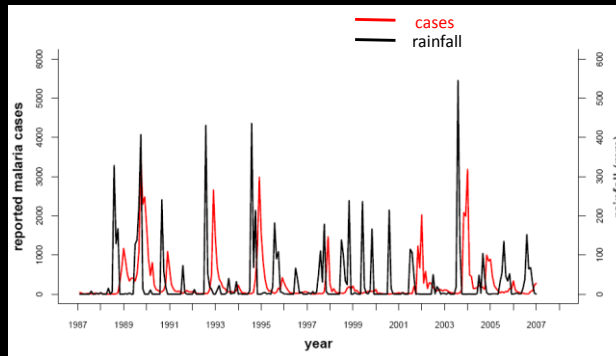
## Conceptual outline

- The effect of climate forcing will be most apparent where climate factors act as strong limiting factors (at the edge of the spatial distribution of the disease, in highland and semi-arid regions). But here, by definition, transmission is low, and therefore, population immunity, is most unlikely to play a strong dynamical role.
- We will see that epidemiological processes matter but primarily at seasonal scales.
- The nonlinear feedbacks that matter most may be primarily the result of 'reactive control'.
- At higher transmission, super-infection/complex processes underlying immunity appear to modify the response to forcing in fundamental ways
- Long-term trends are unavoidable. This does not mean that fitted models are no longer relevant to prediction.

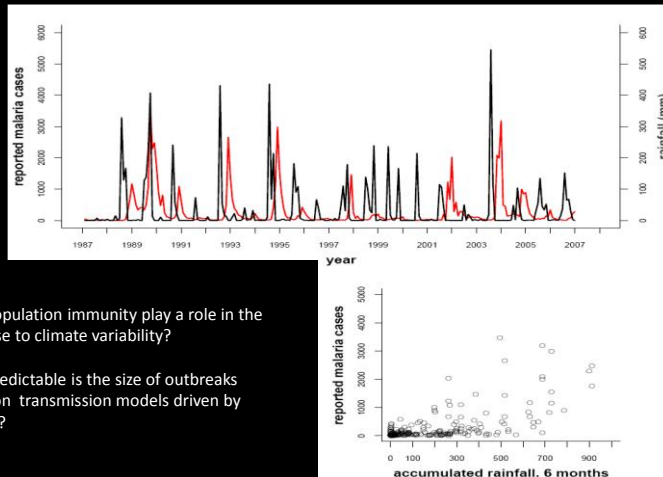


### Typical epidemic behavior of *P. falciparum* cases

District of Kutch:  
30 years  
monthly cases

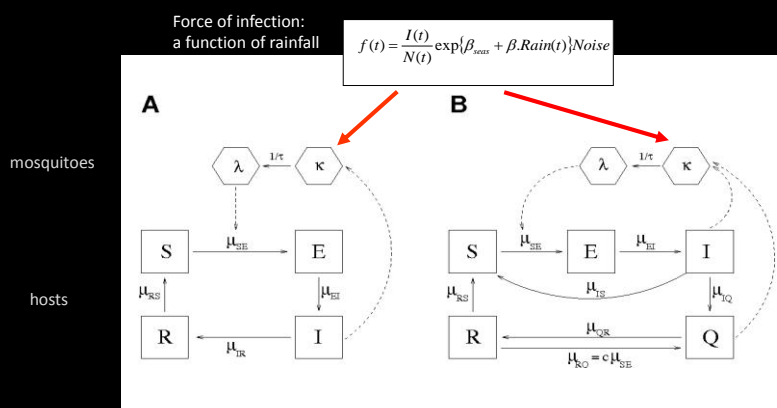


Laneri *et al.* PloS Computational Biology 2010



- does population immunity play a role in the response to climate variability?
- how predictable is the size of outbreaks based on transmission models driven by climate?

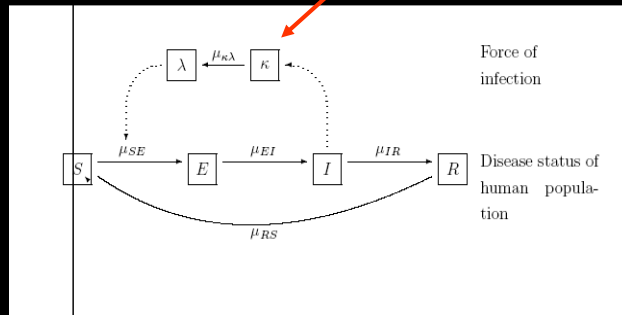
## Transmission models and parameter inference from time series of cases



Novel statistical and computational method to maximize likelihood (sequential Monte Carlo approach) (Ionides *et al.* PNAS 2006; King *et al.* Nature 2008).

# Malaria model

$$f(t) = \frac{I(t)}{N(t)} \exp\{\beta_{seas} + \beta \cdot Rain(t)\} Noise$$



Latent force of infection

$$\kappa = \lambda_0$$

$\Rightarrow$

$$\lambda_1$$

$\Rightarrow$

$$\lambda_2$$

$\Rightarrow$

$$\lambda$$

Force of infection

Parasite's development in surviving mosquitoes

## Inference method:

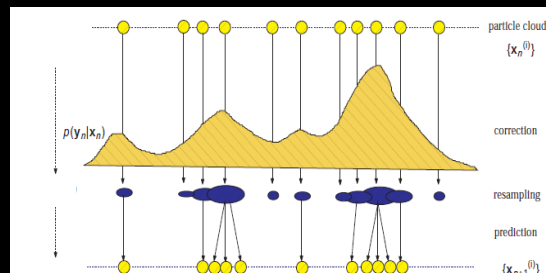
[Ionides et al. \(PNAS 2006\)](#); [King et al. Nature 2008](#)

Likelihood maximization by iterated filtering (based on sequential Monte Carlo methods -- particle filters)

can accommodate:

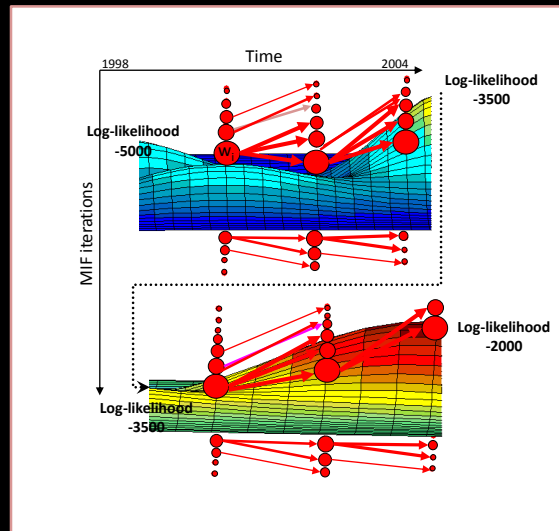
- flexible model formulations ; continuous time
- unobserved variables (e.g. susceptibles)
- stochasticity , trends
- measurement error (under-reporting)

See Laneri et al (PloS Comp. Biol.)  
for inclusion of covariates  
and  
pseudo-code  
in a malaria example



From Z. Chen 2009

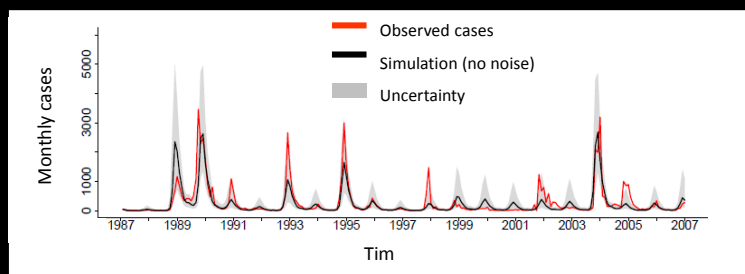
## Inference method:



Likelihood maximization by iterated filtering (based on sequential Monte Carlo methods -- particle filter ; Ionides and King PNAS 2006)

## Both rainfall and clinical immunity are included in the 'best' model

- Clinical immunity is important at seasonal scales
- This model outperforms a 'standard' non-mechanistic, linear autoregressive, model that includes rainfall



Laneri *et al.* PLoS Computational Biology 2010  
Bhadra *et al.* J. American Statistical Association 2011



## Model comparison

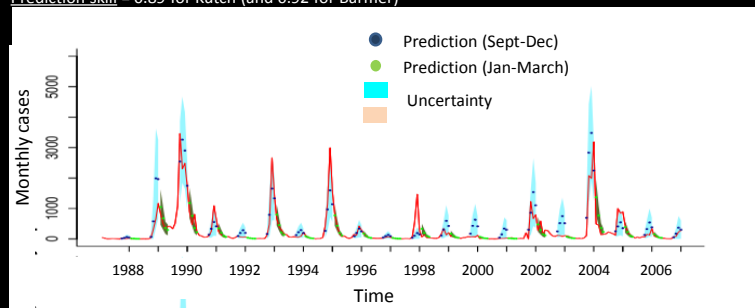
Table S1. Table of log-likelihood ( $\ell$ ) and AIC of the fitted models for Kutch and Barmer.

model	p	log-likelihood ( $\ell$ )		AIC	
		Kutch	Barmer	Kutch	Barmer
VSEIRS model without rainfall	19	-1275.0	-984.1	2588.0	2006.2
VSEIRS model with rainfall	20	-1265.0	-978.6	2570.0	1997.2
$VS^2EI^2$ model without rainfall	24	-1261.1	-975.3	2570.2	1998.6
$VS^2EI^2$ model with rainfall	25	-1251.0	-970.5	2552.0	1991.0
SARIMA $(1, 0, 1) \times (1, 0, 1)_{12}$ without rainfall	6	-1329.0	-983.7	2670.0	1979.4
SARIMA $(1, 0, 1) \times (1, 0, 1)_{12}$ with rainfall	7	-1322.6	-977.0	2659.2	1968.0

In the table “ $p$ ” denotes the number of parameters for each model. AIC is computed by the formula  $AIC = -2\ell + 2p$ . The SARIMA model was fitted to the data on the log scale (see the supplement of [2] for a detailed description of this procedure).

The rainfall-driven transmission model exhibits high prediction skill (retrospectively)

Prediction skill = 0.89 for Kutch (and 0.92 for Barmer)





## Prediction performance: 4 months

$$\text{skill} = 1 - \frac{\sum_{i=1987}^{2006} (y_i - \hat{y}_i)^2 w_i}{\sum_{i=1987}^{2006} (y_i - \mu)^2 w_i}$$

- $w_i$  inverse of the prediction variance for the year  $i$
- $\hat{y}_i$  and  $y_i$  are the predicted and observed cases, accumulated over September to December for the year  $i$
- $\mu$  : 20 year mean of the observed cases accumulated between September and December

*skill*  $\rightarrow$  1 Good Prediction  
*skill*  $\rightarrow$  0 Bad Prediction

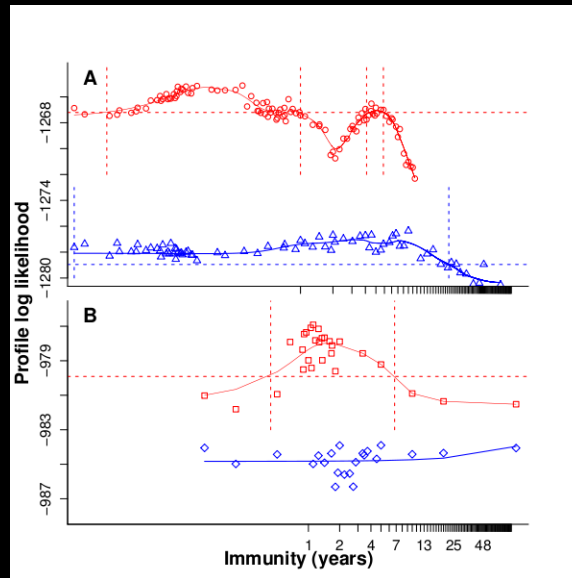
## Prediction performance:

	Kutch			Barmer		
	skill <sub>1</sub>	skill <sub>3</sub>	$\ell$	skill <sub>1</sub>	skill <sub>3</sub>	$\ell$
1. VSEIRS with rainfall	0.899	0.798	-161.3	0.928	0.887	-141.0
2. VSEIRS without rainfall	0.545	-0.921	-176.2	0.747	0.596	-150.0
3. Linear model	0.787	0.619	-176.7	-0.004	0.405	-181.9
4. Mixture negative binomial model	0.753	0.409	-167.3	0.826	0.613	-147.6

Subscripts 1 and 3 denote the model whose variances were used for the calculation of the skill measure.  $\ell$  is the prediction log likelihood as defined in Text S1.

doi:10.1371/journal.pcbi.1000898.t002

## Duration of Immunity



Simulation  
model with  
rainfall (MLE  
parameters)

Observed  
cases

Rainfall

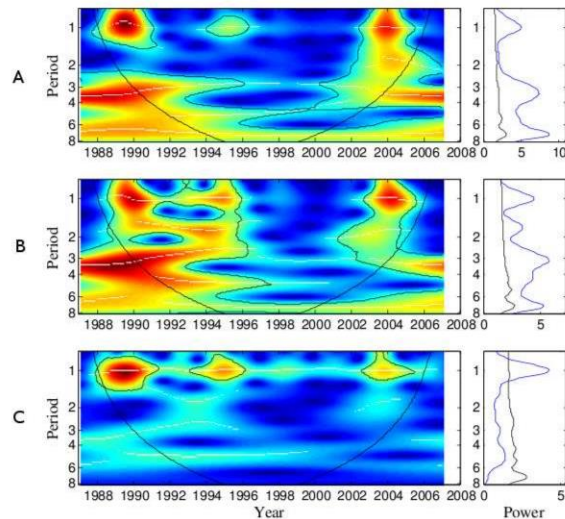
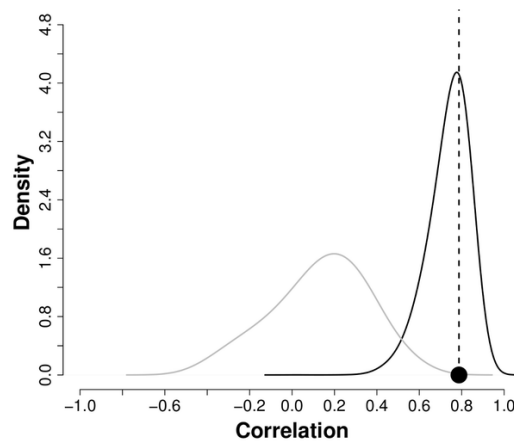
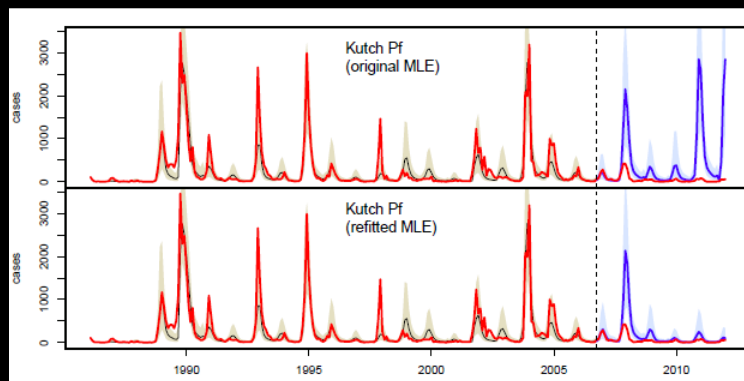


Figure 5. Density plot of correlation between the accumulated rainfall from May to August and the accumulated cases from September to December in 10,000 simulations from a set of 2,000 solutions for the model with rainfall (black) and without rainfall (gray).

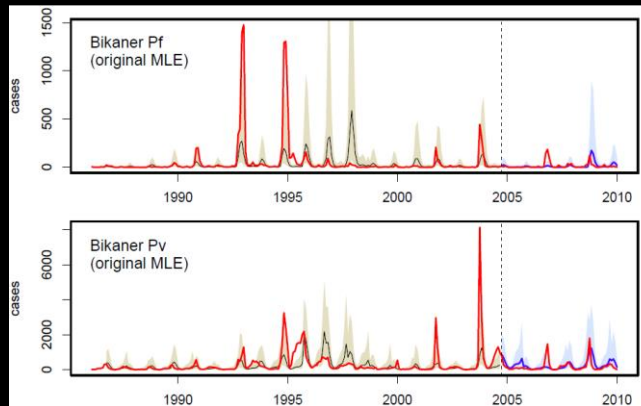


Laneri K, Bhadra A, Ionides EL, Bouma M, Dhiman RC, et al. (2010) Forcing Versus Feedback: Epidemic Malaria and Monsoon Rains in Northwest India. *PLoS Comput Biol* 6(9): e1000898. doi:10.1371/journal.pcbi.1000898  
<http://127.0.0.1:8081/ploscompbiol/article?doi=10.1371/journal.pcbi.1000898>

## 'Prediction' in the presence of non-stationarity



In this other district, we can see that the recent decrease in cases can completely be explained by the lack of rains



Ocean temperatures in the Tropical South Atlantic influence malaria epidemics in NW India

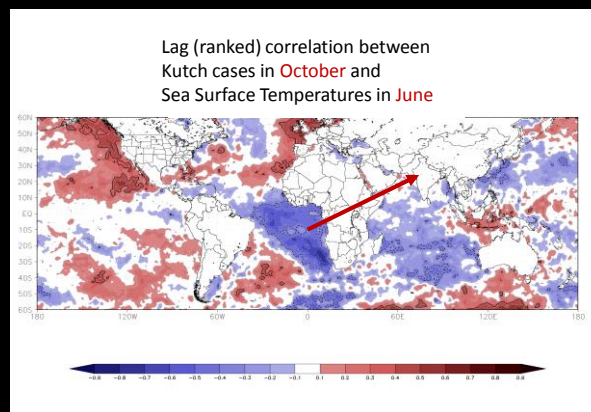
Sea Surface  
Temperatures  
(Atlantic)



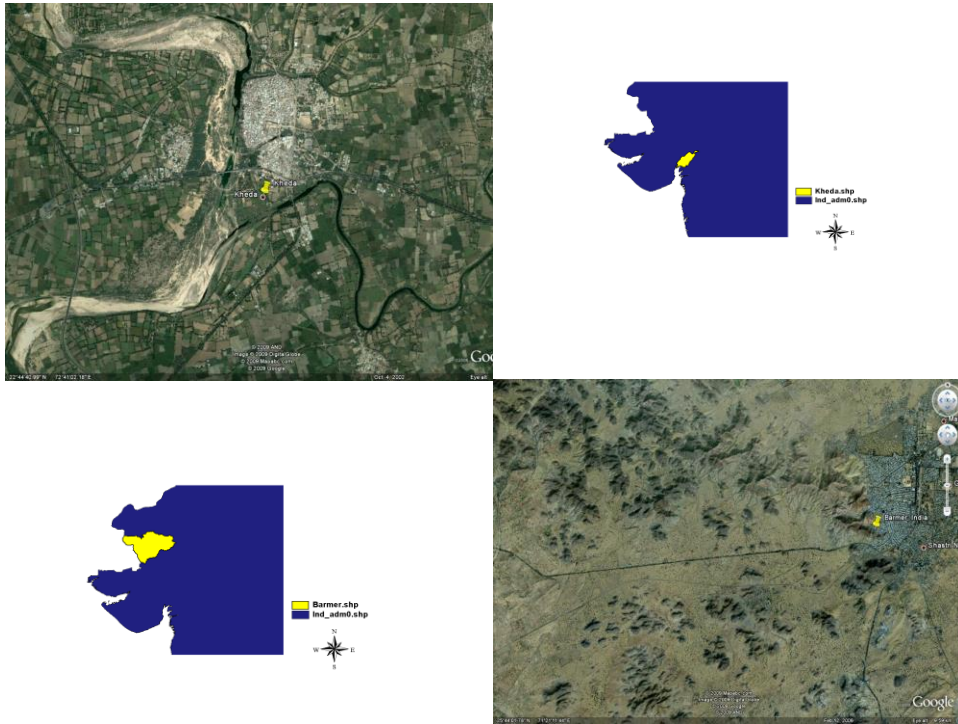
Rainfall  
NW India



Malaria risk

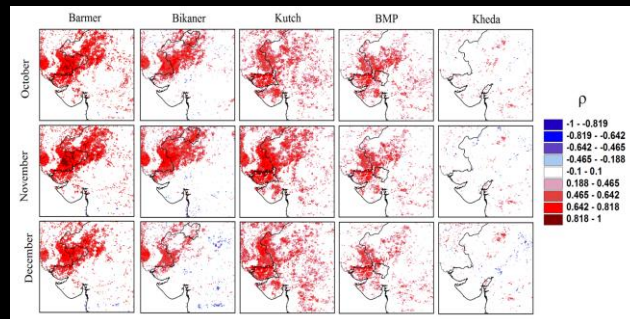


Cash *et al.* Nature Climate Change 2013



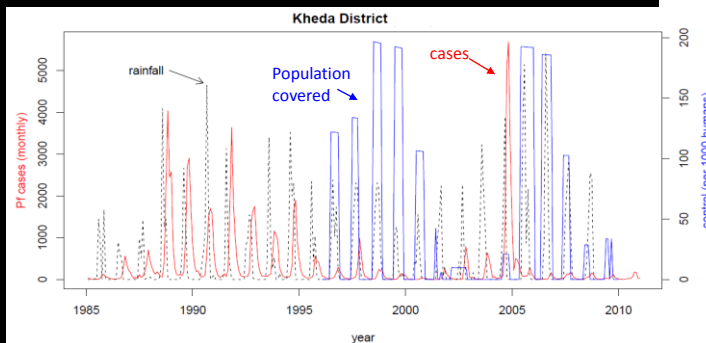
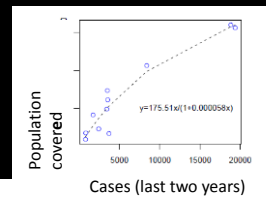
## Association with climate breaks down along an irrigation gradient

More irrigated land (more mosquito habitat / more wealth)

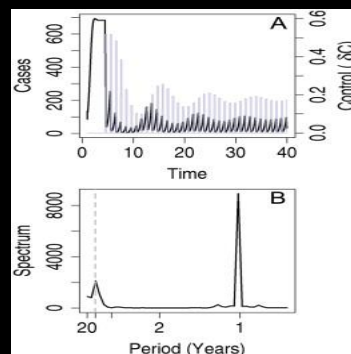


Baeza *et al.*, Malaria Journal 2011

“Reactive” control policy  
generates cycles and unexpected epidemics,  
precluding elimination



Baeza *et al.* Acta Tropica 2013  
Baeza *et al.*, PNAS 2013

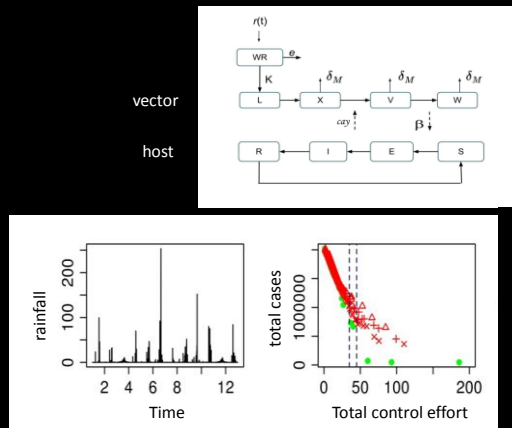


Malaria and control dynamics without environmental variability. The top panel shows the time series of new infected individuals

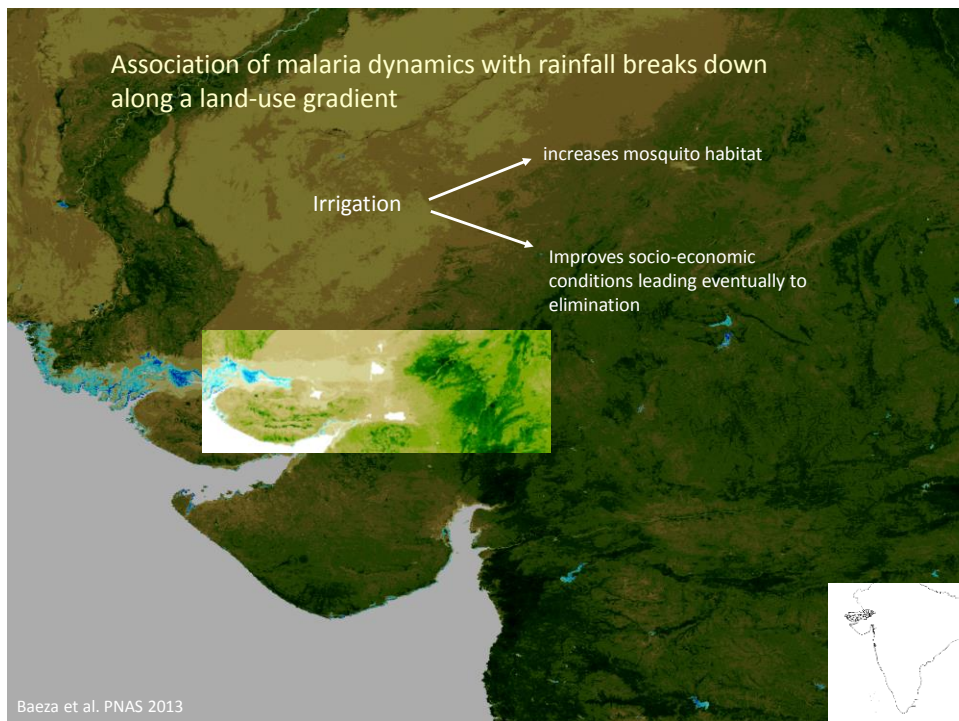
Andres Baeza, Menno J. Bouma, Ramesh Dhiman, Mercedes Pascual. Acta Tropica 2013

Malaria control under unstable dynamics: Reactive vs. climate-based strategies

A 'reactive' policy is less effective than one based on rainfall

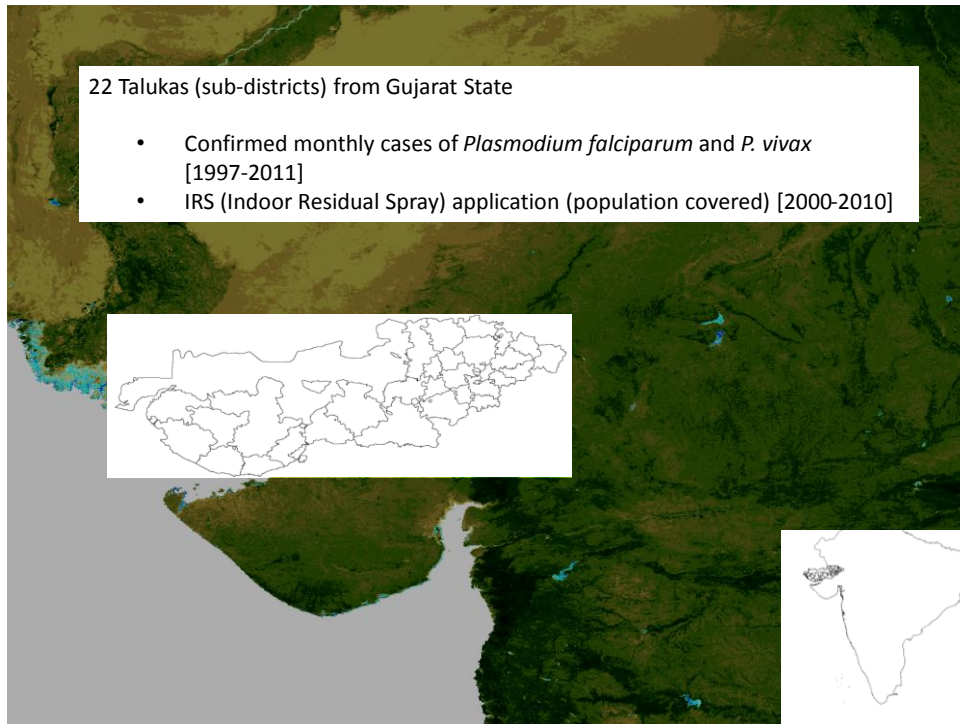


Baeza *et al.* Acta Tropica, 2013

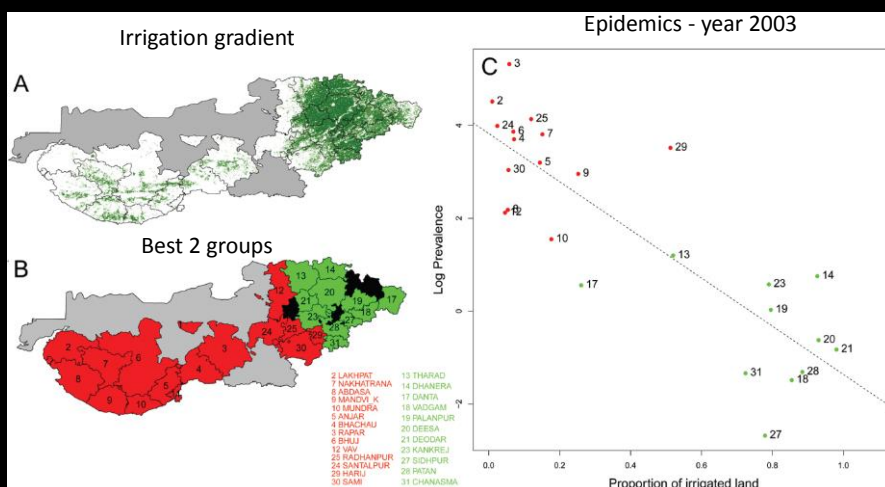


Baeza *et al.* PNAS 2013



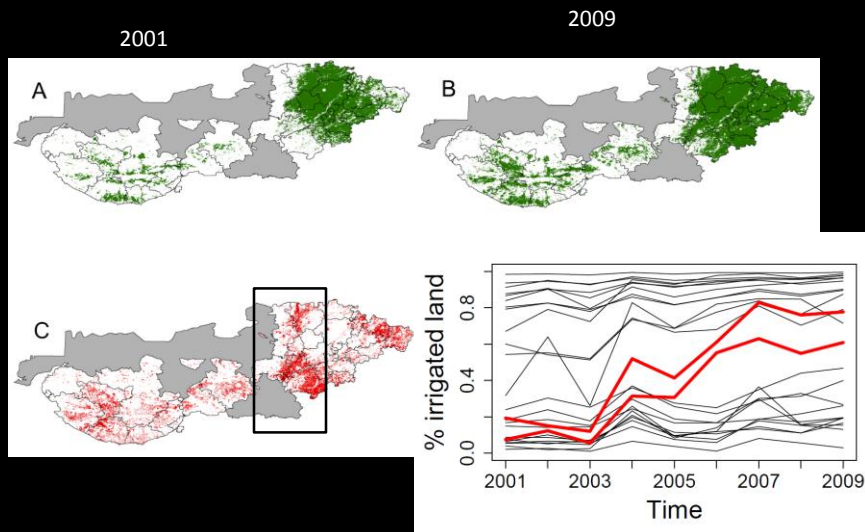


## Two groups and irrigation

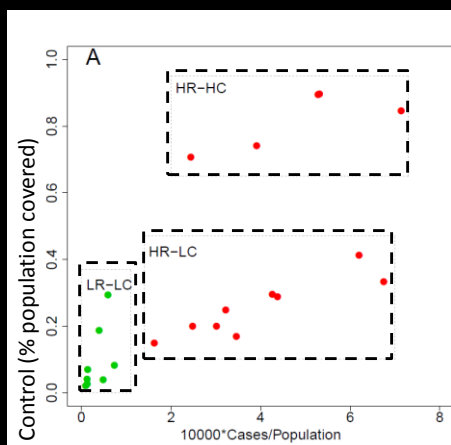


Baeza et al. PNAS 2013

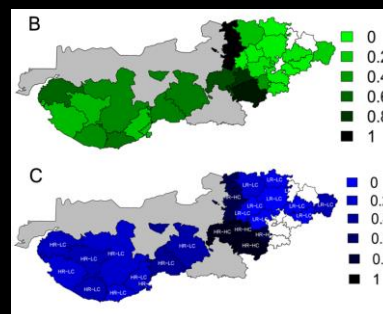
## Temporal change in vegetation (NDVI) outside monsoon season (i.e. irrigated agriculture)



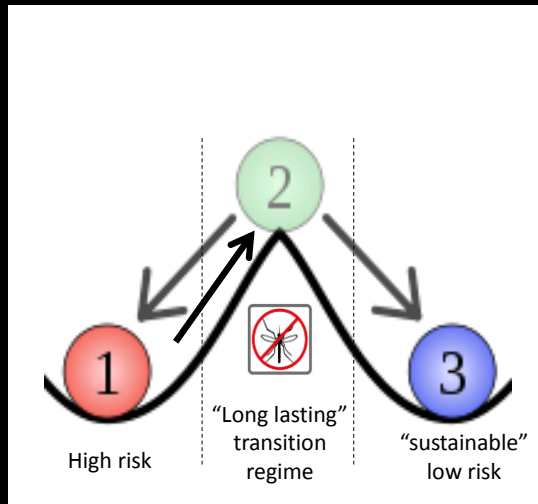
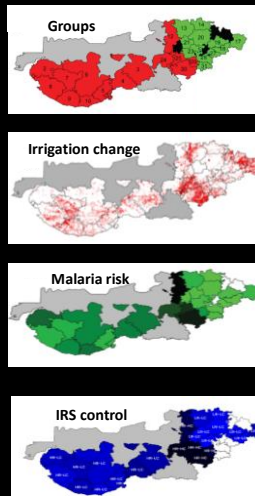
## patterns of risk and IRS control



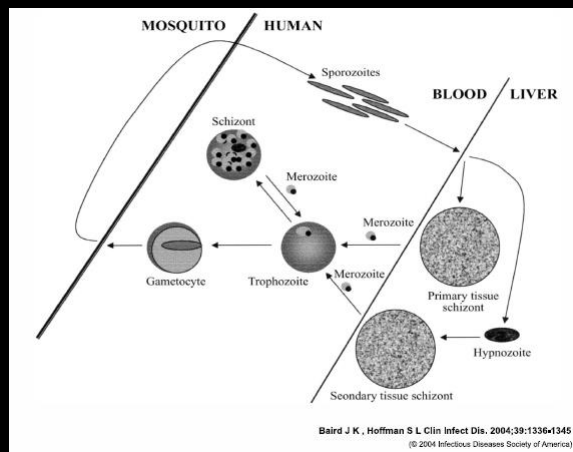
LR-LC: Low Risk-Low Control  
HR-LC: High Risk-Low Control  
HR-HC: High Risk-High Control



## Transitional phase can be long-lasting

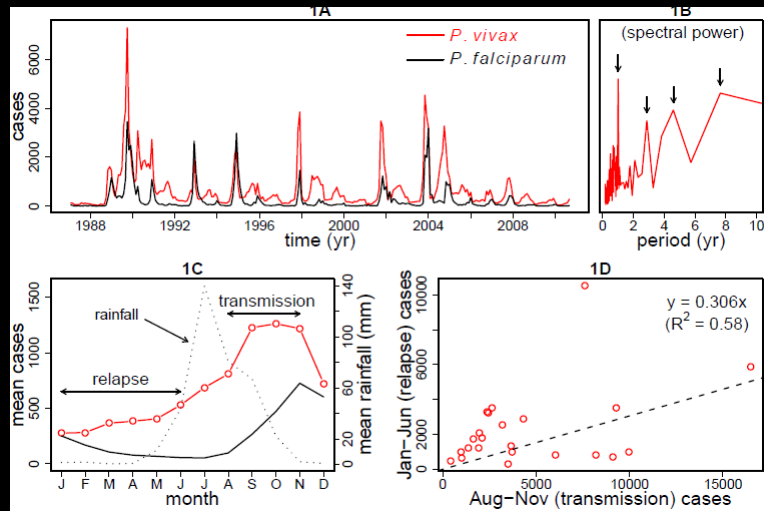


## *P. vivax* malaria : relapses, rainfall and treatment

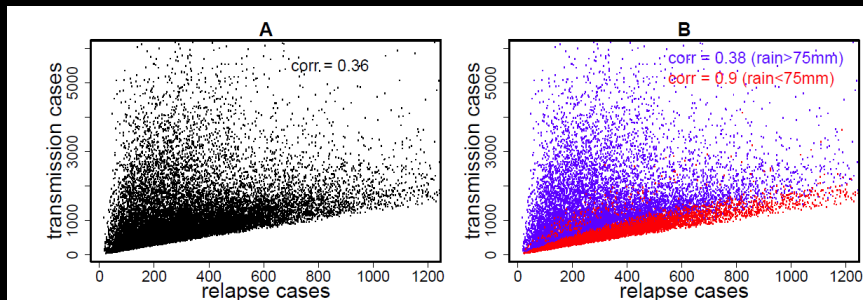
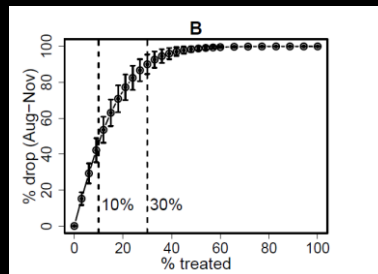
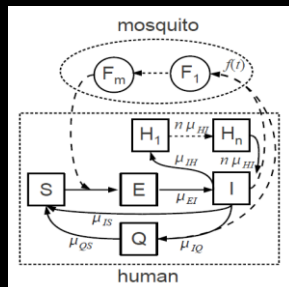


Inference on importance and duration of relapses from the population dynamics of the disease?

Potential implications for treatment that focuses on this stage of the disease?



### *P. vivax*: relapses, rainfall, and treatment

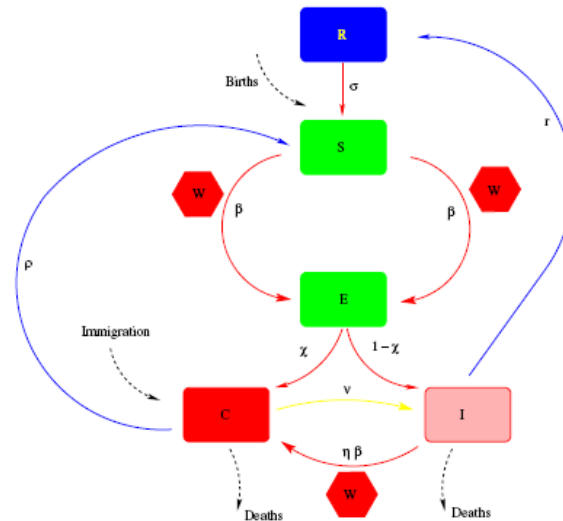


Roy et al, PLoS Neglected Tropical Diseases, PLoS NTD

## Coupled mosquito-human transmission model

- Larvae
- Adults in three classes:

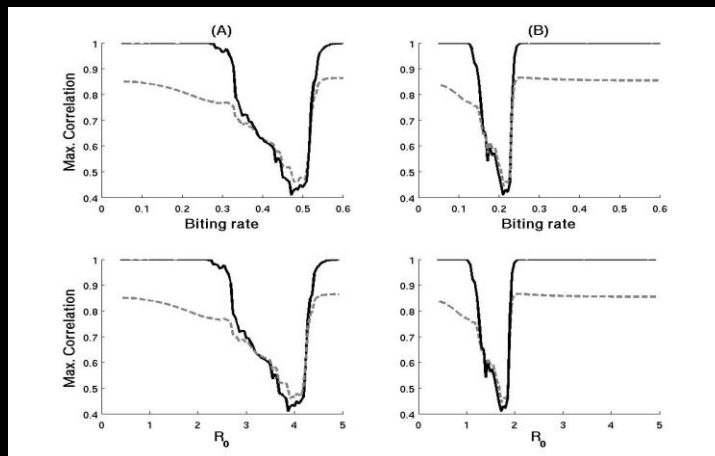
uninfected  
exposed  
infectious



### Correlation between simulated cases and forcing (seasonal and interannual)

Low carrying capacity for mosquito larvae  
Prevalence in humans from 0.01 to 0.07

High carrying capacity  
Prevalence in humans from 0.1 to 0.9



From Rodo *et al.* (Review on climate and disease in Climatic Change 2012)

## Gracias



Ed Ionides



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David Alonso



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Menno Bouma LSHTM



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NOAA, Oceans and Health  
Howard Hughes Medical Institute