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# Deterministic Compartmental Models

The workhorse of epidemic modelers  
And a good place to build intuition

# Deterministic compartmental models

- Only the aggregate count in each state (“compartment”) is represented, not the individual persons
- Within each compartment, people are homogeneous
- Transitions (“flows”) are represented in terms of rates
  - The fraction of the aggregate count that moves from one compartment to another at any time point



# Deterministic compartmental models

- May be discrete time or continuous time
  - We will focus on discrete time in what follows because it's easier to understand
  - Most published models, and most packages (including EpiModel) solve in continuous time
- Compartmental models are usually deterministic – each run gives exactly the same result
- Measures = EXPECTED counts (across an infinite number of stochastic runs)
- Compartments and flows can represent fractional persons

# DCMs: SIR model

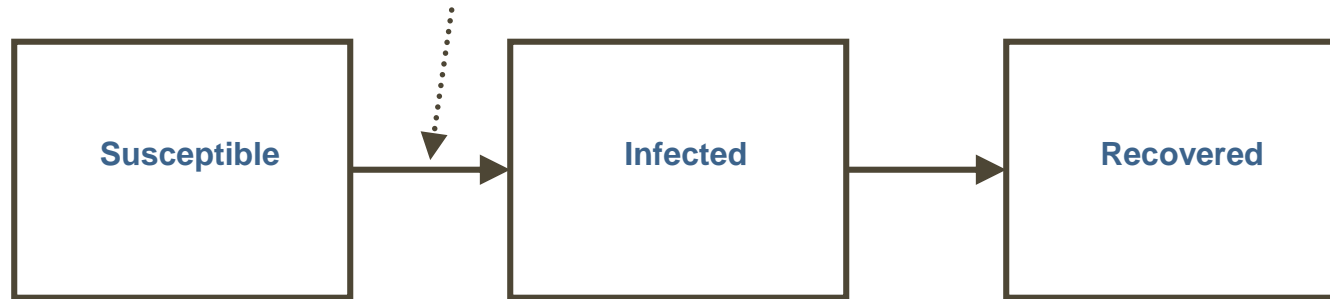


Here R stands for:

- **Recovered** with immunity
- Also sometimes called “**removed**” in the literature – but be careful
  - *Removed* from the infection process
  - *Not removed* from the contact process

# DCMs: SIR model

New infections per unit time (incidence)  
What is a reasonable expression for this quantity?



$t$  = time

## State variables

$s(t)$  = expected number of susceptible people at time  $t$

$i(t)$  = expected number of infected people at time  $t$

$r(t)$  = expected number of recovered people at time  $t$

## Parameters

$\alpha$  = act rate per unit time

$\tau$  = prob. of transmission given S-I act

$\rho$  = recovery rate

# DCMs: SIR model

A new infection requires: a susceptible person to have an act with an infected person and for infection to transmit because of that act

$t$  = time

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Expected incidence at time  $t$  =

# DCMs: SIR model

A new infection requires: a **susceptible person** to have an act with an infected person and for infection to transmit because of that act

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Expected incidence at time  $t$  =  $s(t)$

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$\alpha$  = act rate per unit time

Expected incidence at time  $t$  =  $s(t)\alpha$



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$$\text{Expected incidence at time } t = s(t)\alpha \frac{i(t)}{s(t)+i(t)+r(t)}$$

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$\alpha$  = act rate per unit time

$\tau$  = “transmissibility” = prob. of transmission given S-I act

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$n(t)$  = total population =  $s(t) + i(t) + r(t)$

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$$= s(t)\alpha \frac{i(t)}{n(t)} \tau$$

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$$\begin{aligned}\text{Expected incidence at time } t &= s(t)\alpha \frac{i(t)}{s(t)+i(t)+r(t)} \tau \\ &= s(t)\alpha \frac{i(t)}{n(t)} \tau \\ &= s(t)\alpha \frac{i(t)}{n} \tau\end{aligned}$$

Careful: only for a “closed” population can the time subscript be dropped for  $n$

# DCMs: SIR model

New recoveries per unit time  
What is a reasonable expression for this quantity?



$t$  = time

$s(t)$  = expected number of susceptible people at time  $t$

$i(t)$  = expected number of infected people at time  $t$

$r(t)$  = expected number of recovered people at time  $t$

$\alpha$  = act rate per unit time

$\tau$  = prob. of transmission given S-I act

$\rho$  = recovery rate

# DCMs: SIR model

- Much simpler process: expected number of recoveries at time  $t$  equals  $\rho i(t)$
- Reminder: Expected incidence at time  $t = s(t)\alpha \frac{i(t)}{n} \tau$
- How do we turn this into a system of equations?



$$s(t + 1) = s(t) - s(t)\alpha \frac{i(t)}{n} \tau$$

$$i(t + 1) = i(t) + s(t)\alpha \frac{i(t)}{n} \tau - \rho i(t)$$

$$r(t + 1) = r(t) + \rho i(t)$$

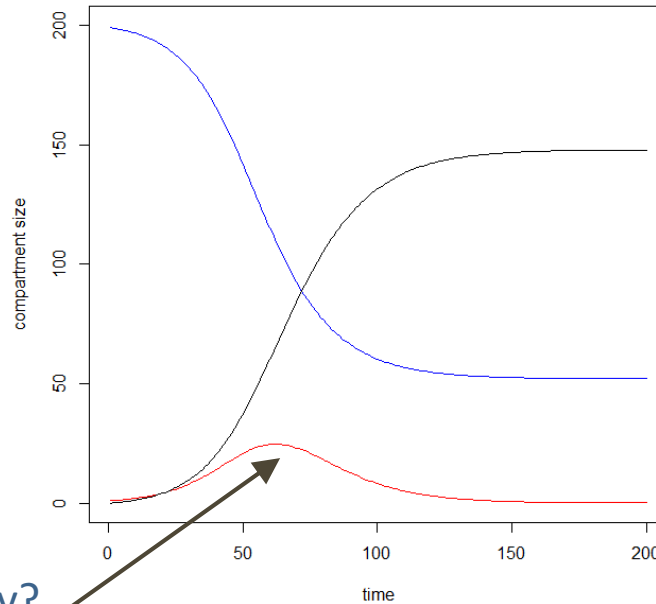
} Difference equations

# DCMs: SIR model

Add in a set of initial conditions:  
and a set of parameter values

$$s(0) = 999, i(0) = 1, r(0) = 0$$
$$\alpha = 0.6, \tau = 0.3, \rho = 0.1$$

And one has the full trajectory of  
each state over time:



What happens on Day 62? Why?

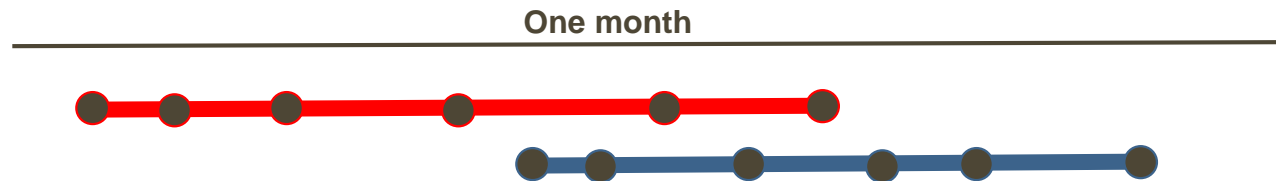
# Brief digression: contacts and acts

- The epi modeling literature typically uses the term “contact” – so why do we use “act”?
- Because “contact” is an ambiguous word in this context
  - E.g. think of sexual activity - when we say “# of contacts per year”
    - Does it mean number of sex acts?
    - Or numbers of different partners?
- To be explicit, we will make the distinction between “acts” and “partners” throughout this workshop
- This distinction matters for disease dynamics when there are repeated acts with the same person



# Brief digression: contacts and acts

- If multiple acts occur within partnerships, DCMs take one of two forms.



1. Define a contact as an act. Model each act as a separate independent event, ignoring the persistent nature of the partnerships
  2. Define a contact as a partnership. Compress all of the acts over the partnership into a single instance in time
- We'll return to this later

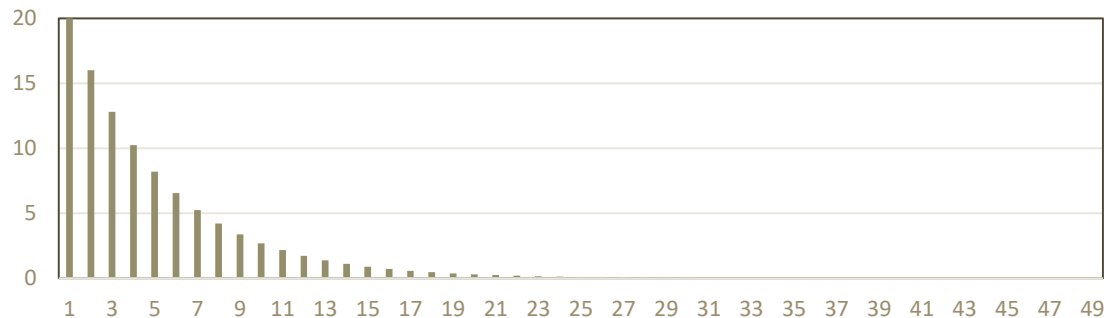
# DCMs: SIR model

- Relationship between duration of infection and recovery rate
  - Imagine a disease with a constant recovery rate of 0.2.
    - I.e., on Day 1 of infection, you have a 20% probability of recovering.
    - If you don't recover on Day 1, you have a 20% probability of recovering on Day 2. Etc.

# DCMs: SIR model

- Now, imagine 100 people who start out infected on the same day.
  - How many recover after being infected 1 day?  $100 * 0.2 = 20$
  - How many recover after being infected 2 days?  $80 * 0.2 = 16$
  - How many recover after being infected 3 days?  $64 * 0.2 = 12.8$
  - What is this distribution called? Geometric
  - What is the mean (expected) duration spent infected?  $1/0.2 = 5$  days
  - $1/p = D$

<b>Geometric</b>	
<b>Parameters</b>	$0 < p \leq 1$ success probability (real)
<b>Support</b>	$k \in \{1, 2, 3, \dots\}$
<b>Probability mass function (pmf)</b>	$(1 - p)^{k-1} p$
<b>Cumulative distribution function (CDF)</b>	$1 - (1 - p)^k$
<b>Mean</b>	$\frac{1}{p}$



# $R_0$ : A key summary metric

*Definition:* The expected number of secondary infections generated by the first infected case in a population that has never seen this infection before

A single number that summarizes the epidemic potential in a population

- What happens if the first infected case recovers before transmitting to someone else?
- ... nothing.

# $R_0$ and the “persistence threshold”

There is an epidemic persistence threshold at  $R_0 = 1$

Value of $R_0$	Implication
< 1	The first infected individual will on average infect < 1 person total. In a deterministic model, the epidemic will always go extinct
> 1	The first infected individual will on average infect >1 person total. In a deterministic model, the epidemic will always grow
= 1	We are right on the threshold between an epidemic and extinction. In a deterministic model, the epidemic will just putter along

# DCMs: $R_0$

- So, how do we calculate  $R_0$  for a DCM?
  - Intuitively, for that first case, the expected number of secondary infections generated is:

duration infected x act rate per timestep x transmission rate per act

$D$

$\alpha$

$\tau$

- For a simple SIR DCM:  $R_0 = \frac{\alpha\tau}{\rho}$       Because  $D = \frac{1}{\rho}$