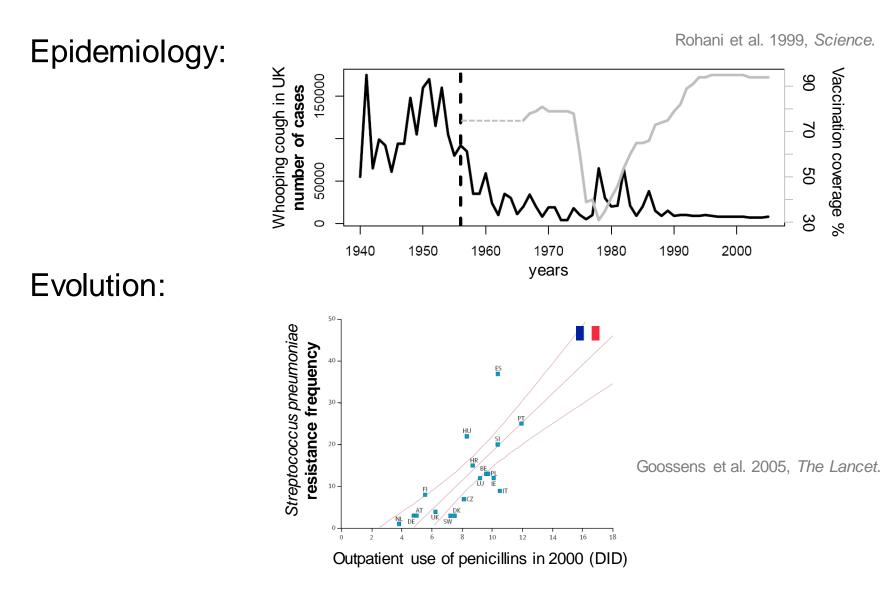
An introduction to evolutionary epidemiology of infectious diseases Part 1

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Evolutionary epidemiology of infectious diseases



Outline

1. Two examples :

Myxomatosis

Smallpox

- 2. Epidemiological dynamics
- 3. Adaptive dynamics
- 4. Evolutionary epidemiology

Myxomatosis

Poxviridae virus (DNA virus, ~161kb) Indirect life cycle (rabbit-insect vector)



Pathology :

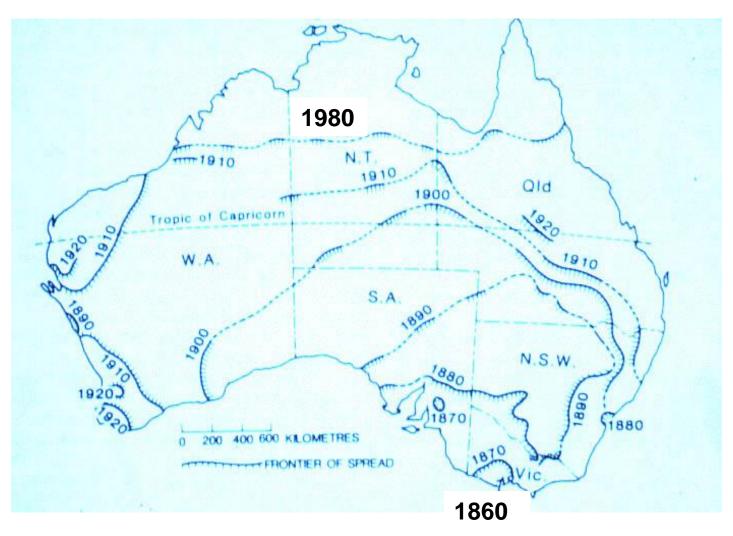
Variable, depends on both the virus type and its host **History :**

Old rabbit disease in south america

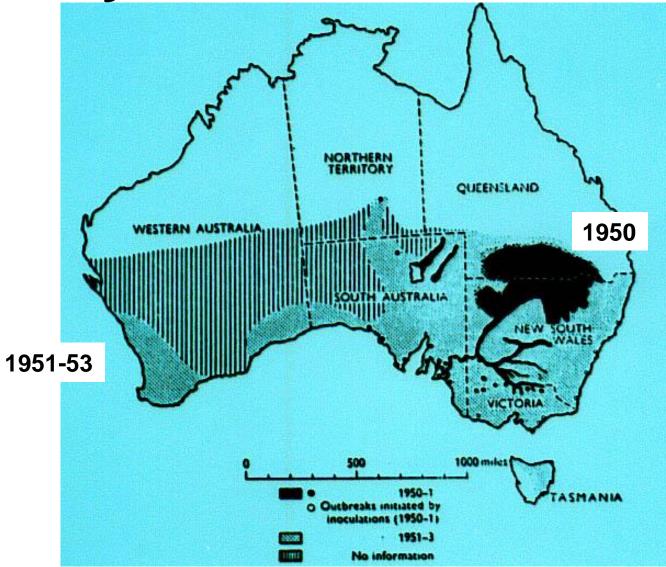
1859 introduction of rabbits in Australia

- 1950 introduction of myxomatosis in Australia
- 1952 introduction in France and Europe

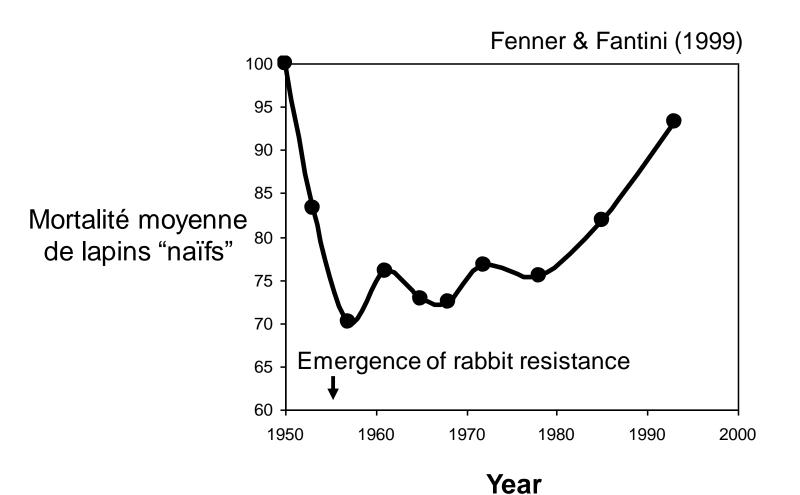
Rabbit invasion



Myxomatosis invasion



Myxoma evolution



Smallpox (variole)



Poxviridae virus (DNA virus, ~200kb)

Direct life cycle (only human-human transmission) Pathology :

Variable (~30% mortality case for *Variola major*) Depends on both the virus type and its host **History :**

Old human disease (at least 3000 years old)

Major role in human history (new world colonization)

- 1796: Vaccination
- 1980: Eradication

Vaccination: an empirical science

- **1700:** reports reach the Royal Society (England) about a Chinese procedure (variolation) in which dried matter from smallpox lesions is soaked into a moistened cotton swab and inserted into the nostrils of persons who had not had the disease and that this creates resistance to the disease
- **1798:** Edward Jenner demonstrates vaccination with cowpox
- **1860:** Louis Pasteur's germ theory
- **1880:** Virulence attenuation (Pasteur)
- **1880-85:** Attenuated vaccines against anthrax, rabies... (Pasteur)
- **1967:** WHO eradication campain of smallpox
- **1980:** smallpox is officially eradicated...(stocks in US and Russian labs)
- **Now:** Development of new vaccines (HIV, Malaria, Flu...)
- Ethical constraints limit progress but increase safety

Perfect Vaccines



Edward Jenner, 1796

conclusion

- Epidemiology:
 - both host and parasite density can change
 - human interventions can affect epidemiology (vaccination and eradication)

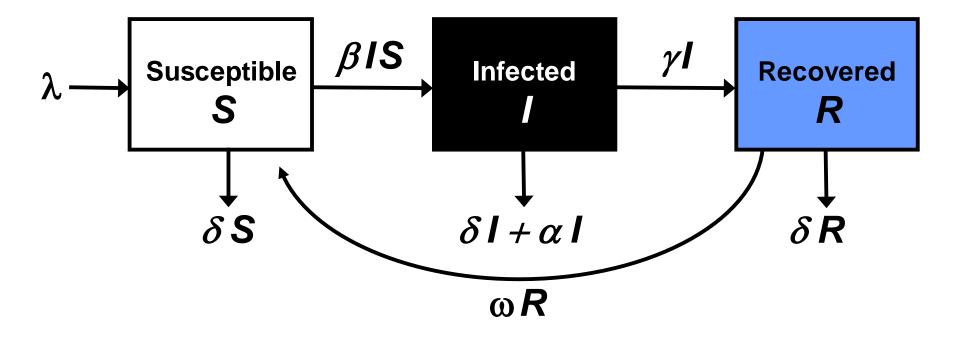
Pathology:

- depends on both the parasite and the host

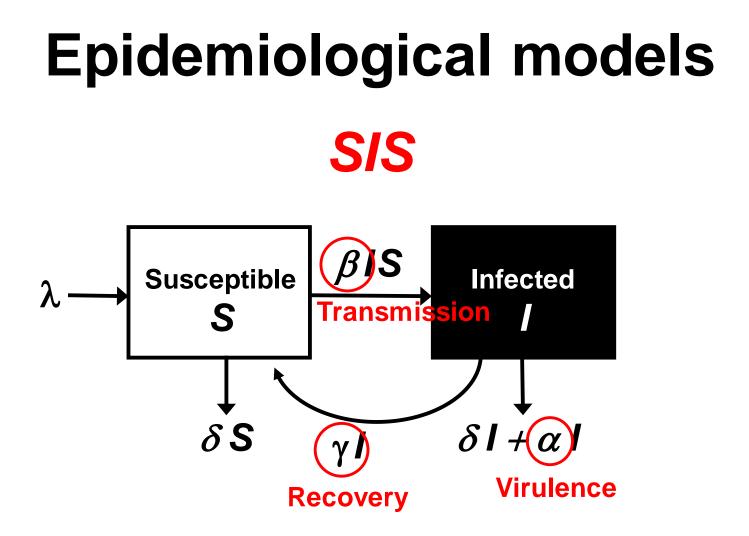
• Evolution:

- both the parasite and its host can evolve
- human intervention may affect evolution (virulence management)

Epidemiological models SIR



Childhood diseases (measles, chickenpox, ...)



SIR SIS

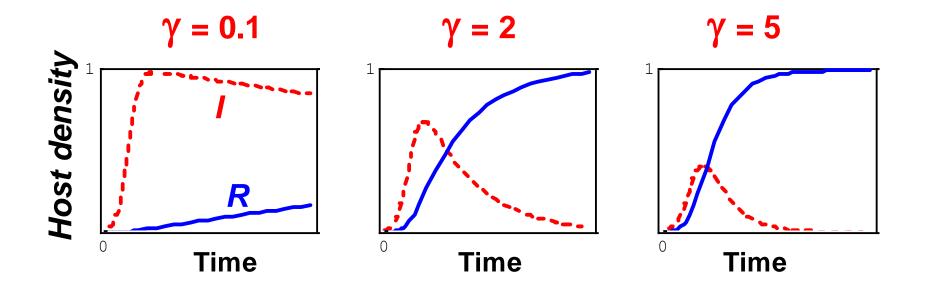
$$\frac{dS}{dt} = \lambda - \delta S - \beta I S + \omega R$$
$$\frac{dI}{dt} = \beta I S - (\delta + \alpha) I - \gamma I$$

 $\frac{dS}{dt} = \lambda - \delta S - \beta I S + \gamma I$ $\frac{dI}{dt} = \beta I S - (\delta + \alpha) I - \gamma I$

 $\frac{dR}{dt} = \gamma I - \delta I - \omega R$

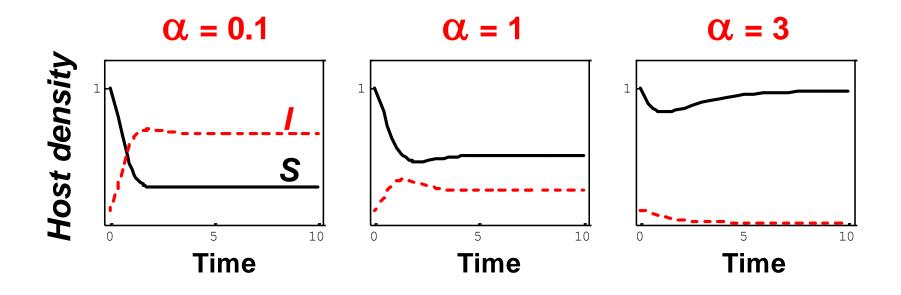
Simulations: SIR

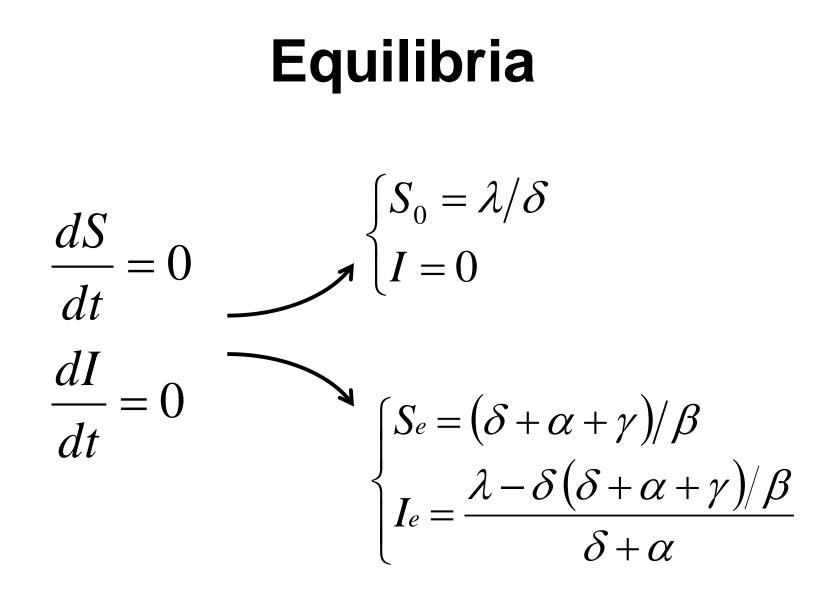
$$\beta = 20, \lambda = 0, \alpha = 0, \delta = 0$$



Simulations: SIS

$$\beta = 4, \lambda = 1, \gamma = 0, \delta = 1$$





Stability analysis of S*, I*

• First equilibrium: $S_0 = \lambda/\delta, \tilde{I} = \varepsilon$

$$\frac{dS}{dt} = \lambda - \delta S_0 - \beta \widetilde{I} S_0 + \gamma \widetilde{I}$$

= $0 - \varepsilon (\beta S_0 - \gamma)$
$$\frac{dI}{dt} = \beta \widetilde{I} S_0 - (\delta + \alpha) \widetilde{I} - \gamma \widetilde{I}$$

= $\widetilde{I} (\beta S_0 - (\delta + \alpha + \gamma))$
 r_0 Epidemic if:
$$\frac{\beta S_0}{\delta + \alpha + \gamma} > 1$$

Disease free equilibrium $\{S_0, I_0\}$ unstable if : $\frac{\beta S_0}{\delta + \alpha + \gamma} > 1$

Endemic equilibrium $\{S_e, I_e\}$ always stable.

Interpretation: R_0

 R_0 (the basic reproductive ratio) is the expected number of secondary infections due to a single infected host in a susceptible host population:

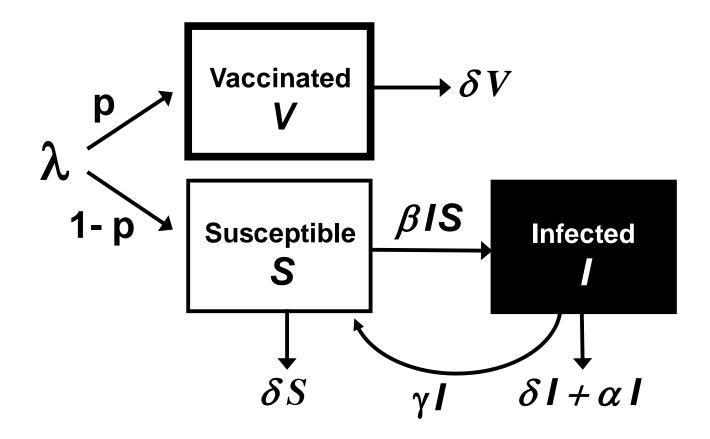
$$R_0 = \int_0^\infty l(a)\beta(a)S_0 \, da$$

Per generation (R_0) and instantaneous (r_0) growth rates:

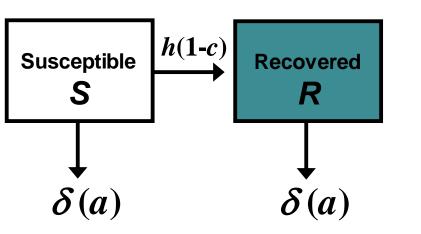
$$\frac{dI}{dt} = \beta I S_0 - (\delta + \alpha + \gamma) I$$

= $(\beta S_0 - (\delta + \alpha + \gamma)) I$ \longrightarrow $R_0 > 1 \Leftrightarrow r_0 > 0$
= $r_0 I$

Modelling vaccination

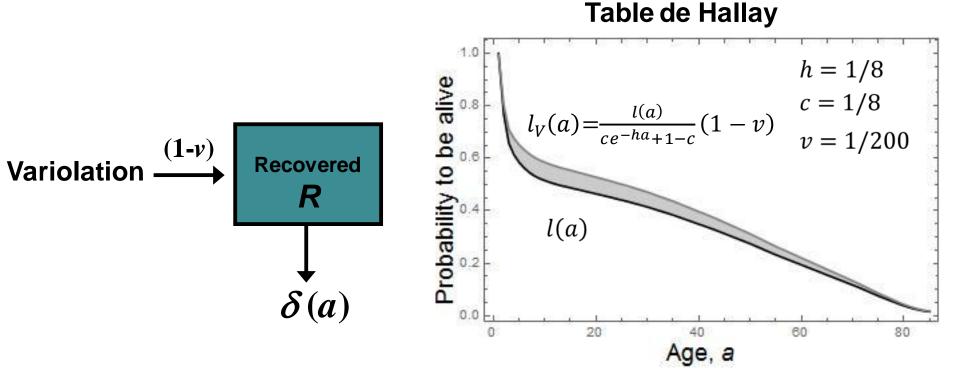


Bernoulli's model (1760)



Expected lifespan without variolation= 26.5 years

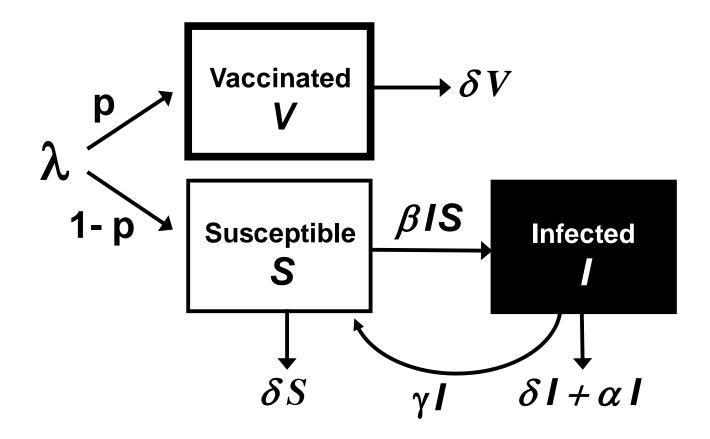
Bernoulli's model (1760)



Expected lifespan without variolation = 26.5 years

Expected lifespan with variolation = 29.5 years

Modelling vaccination



Vaccination threshold

Before vaccination:

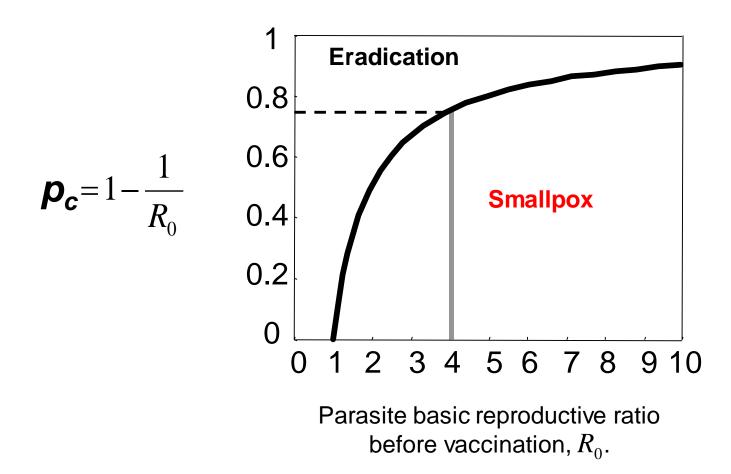
$$R_0 = \frac{\beta S_0}{\delta + \alpha + \gamma}$$

After vaccination:

$$R_0^V = \frac{\beta}{\delta + \alpha + \gamma} S_0(1-p)$$

Vaccination threshold ?: $p_c = 1 - 1/R_0$

Vaccination threshold

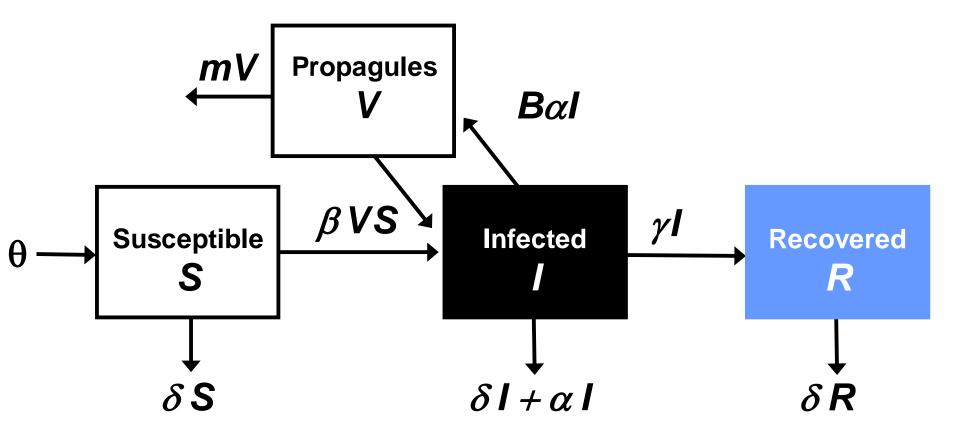


- 1- Draw pathogen life cycle as a set of compartments
- 2- Write down epidemiological dynamics as a system of ODEs
- **3-** What is the disease-free equilibrium: S_0 ?

4- Is it possible to reduce dynamics in one dimention with a separation of time scale?

- **5-** Matrix formulation:
 - derivation of instantaneous growth rate r_0
 - derivation of per-generation growth rate R_0

1- Draw pathogen life cycle as a set of compartments



2- Write down epidemiological dynamics as a system of ODEs

$$\dot{S} = \theta - \delta S - \beta SV$$

$$\dot{I} = \beta VS - (\delta + \alpha + \gamma)I$$

$$\dot{V} = B\alpha I - mV - \beta SV$$

$$\dot{R} = \gamma I - \delta R$$

2-Write down epidemiological dynamics as a system of ODEs

$$\dot{S} = \theta - \delta S - \beta SV$$

$$\dot{I} = \beta VS - (\delta + \alpha + \gamma)I$$

$$\dot{V} = B\alpha I - mV - \beta SV$$

$$\dot{R} = \gamma I - \delta R$$

3- What is the disease-free equilibrium?

$$\dot{S} = 0 \qquad \Rightarrow \qquad S_0 = \frac{\theta}{\delta}$$

4- Is it possible to reduce dynamics in one dimension with a separation of time scale?

$$\dot{V} = 0 \qquad \Rightarrow \qquad \widehat{V} = \frac{B\alpha I}{m + \beta S}$$

The separation of time scale simplifies the dynamics:

$$\begin{split} \dot{S} &= \theta - \delta S - \beta SV \\ \dot{I} &= \beta \hat{V} S - (\delta + \alpha + \gamma) I \\ \dot{R} &= \gamma I - \delta R \end{split} \Rightarrow R_0 = \frac{\beta B \alpha}{(m + \beta S_0)(\delta + \alpha + \gamma)} S_0$$

5- Matrix formulation: derivation of instantaneous growth rate r_0

 $\dot{\mathbf{X}} = \mathbf{A} \mathbf{X}$ $\mathbf{T} = \begin{pmatrix} 0 & \beta S_0 \\ \beta \alpha & 0 \end{pmatrix}$ $\Sigma = \begin{pmatrix} -(\delta + \alpha + \gamma) & 0\\ 0 & -m - \beta S_0 \end{pmatrix}$ $\mathbf{A} = \mathbf{T} + \mathbf{\Sigma} = \begin{pmatrix} -(\delta + \alpha + \gamma) & \beta S_0 \\ B\alpha & -m - \beta S_0 \end{pmatrix}$ $r_0 = \frac{\delta + \alpha + \gamma + m + \beta S_0 + \sqrt{(\delta + \alpha + \gamma - m - \beta S_0)^2 + 4\beta S_0 B\alpha}}{2}$

5- Matrix formulation: derivation of per-generation growth rate R_0

 $\dot{\mathbf{X}} = \mathbf{A} \mathbf{X}$ $\mathbf{T} = \begin{pmatrix} 0 & \beta S_0 \\ B \alpha & 0 \end{pmatrix}$ $\mathbf{\Sigma} = \begin{pmatrix} -(\delta + \alpha + \gamma) & 0\\ 0 & -m - \beta S_0 \end{pmatrix}$

Conclusion

- Compartments models are used to describe many different pathogen life cycles.
- *R*₀ is an important epidemiological quantity that summarizes the influence of many epidemiological parameters of both the pathogen and its host.
- When there is data, inference can be used to predict epidemiological dynamics.
- But these models assume that the pathogen population is monomorphic...

Definitions

- R₀ (the basic reproductive ratio): expected number of secondary infections due to a single infected host in a virgin host population (i.e., where the parasite is absent)
- **Epidemiology**: study of the dynamics of diseases and other health related issues (e.g., infectious diseases, genetic diseases, pollutants)
- Virulence: (1) Induced host mortality or (2) ability to infect the host
- **Case mortality**: probability of dying once infected $\chi = \alpha/(\alpha + \gamma)$
- Morbidity: Incidence of disease in a population, including both fatal and nonfatal cases
- **Prevalence**: Proportion of infected hosts. In a SIR model: I/(S+I+R)
- Force of infection: Rate at which uninfected hosts become infected $h = \beta I$
- **Superinfection**: when a secondary infection occurs and when the new parasite strain does not coexist with the resident strain in the host
- Multiple infection: when a secondary infection occurs and when the new parasite strain coexists with the resident strain in the host