

# AN OVERVIEW ON MOBILITY-AWARE MODELS FOR INFECTIOUS DISEASE DYNAMICS

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# Outline

- Introduction
- Mathematical modeling process
- From simple ODE-SIR to Hybrid-Graph-ODE
- Why should we care about mobility and spatial resolution?
- Numerical assessment of the NoCovid strategy
- Generalizations by Integro-differential equations
- Agent-based models
- Hybrid epidemiological models
- Digression: Data Science

# Introduction

# Some recent epi- and pandemics



- 2019: SARS-CoV-2 (2020-2021: 14.9m excess deaths; 336.8 million years of life lost<sup>[1]</sup>)
- 2012: MERS-CoV ( $\approx 1\text{k}$  deaths<sup>[2]</sup>)
- 2009: Influenza A (150-575k deaths<sup>[2]</sup>)
- 2002: SARS-CoV ( $\approx 1\text{k}$  deaths<sup>[2]</sup>)
- 1968: Influenza A ( $\approx 1\text{m}$  deaths<sup>[2]</sup>)

[1] WHO World Health Statistics 2023, [2] Abdelrahman et al., Front. Immunol. (2021).

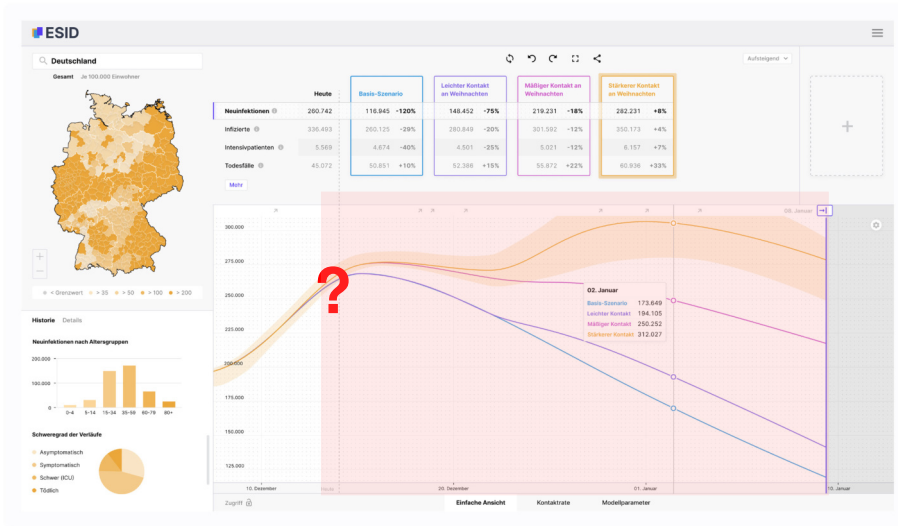
Daszak et al. (2020), doi:10.5281/zenodo.4147317

- “Without predictive and preventative strategies, pandemics will emerge more often, spread more rapidly, kill more people [...] with more devastating impact than ever”
- Estimation: More than 600 000 “undiscovered viruses” in “mammal and avian hosts [...] could have the ability to infect humans”
- The costs for prevention of pandemics are “trivial in comparison to the trillions of dollars of impact due to COVID-19, let alone the rising tide of future diseases.”
- “Reducing pandemic risks [...] would cost 1-2 orders of magnitude less than estimates of the economic damages caused by global pandemics”

- Epidemics and pandemics are **no** “once in every 100 years” event
- The frequency of epidemics and pandemics could increase
- Endemic infectious diseases can still cause a large number of deaths and people suffering from the disease (with or without dying from it)
  - HIV, Malaria, and Tuberculosis account for 9k deaths eachs day<sup>[3]</sup>

[3] Brauer, Castillo-Chavez, Feng (2019)

# Motivation for infectious disease modeling

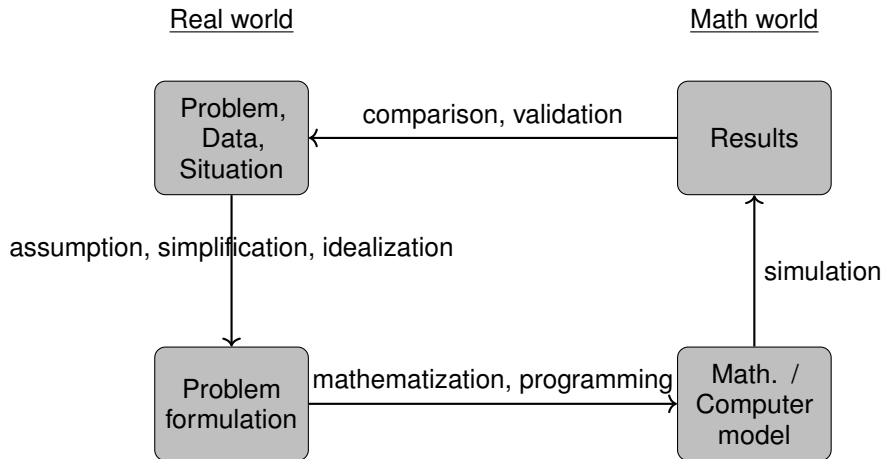


- Real life experiments not feasible
- Knowledge from other situations might be difficult to transfer directly
- Theoretical or mathematical models can help to gain insight
- Use of modern computers allows to consider detailed models and a lot of scenarios, e.g.,
  - home-office ratio of 10 %,
  - vs home-office ratio of 30 %,
  - closure of X,
  - vs closure of Y,
  - ...

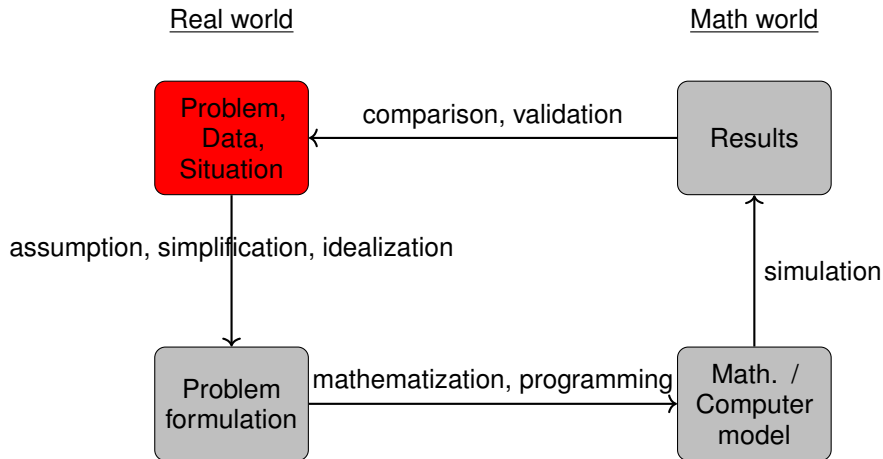


# The mathematical modeling process on an example

# Schematic view of mathematical modeling process



# Schematic view of modeling process: Problem, Data, Situation



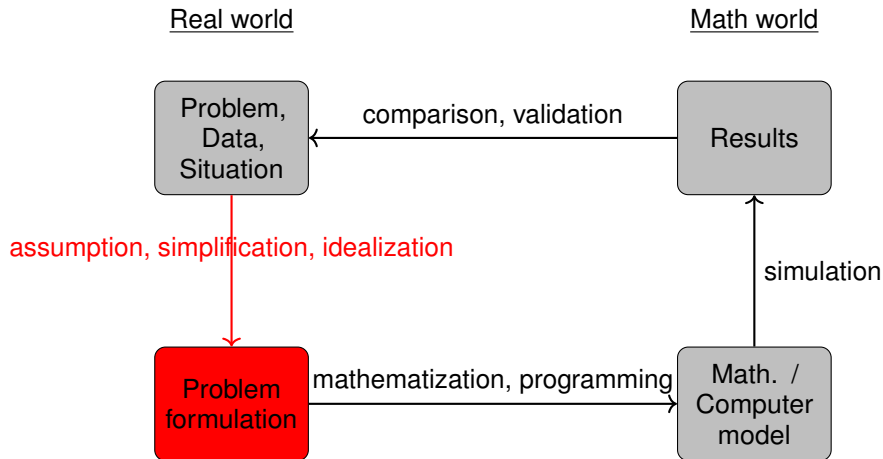
## Sars-CoV-2 in Europe in beginning of 2020:

- A new pathogen appeared on scene
- Some confirmed cases in some regions

ID	County	Gender	Date	Confirmed	Deaths	Recovered
1001	SK Flensburg	female	2020-01-13	1	0	1
			2020-03-10	1	0	1
			2020-03-11	1	0	1
			2020-03-12	1	0	1
			2020-03-14	2	0	2
			2020-03-15	1	0	1
			2020-03-17	2	0	2
			2020-03-19	1	0	1
			2020-03-20	1	0	1
			2020-03-21	1	0	1
			2020-03-22	1	0	1
			2020-03-26	2	0	2
			2020-03-31	1	0	1
			2020-05-17	1	0	1
			2020-05-21	3	0	3
			2020-05-22	1	0	1
			2020-05-28	1	0	1
			2020-06-04	1	0	1
			2020-06-06	1	0	1

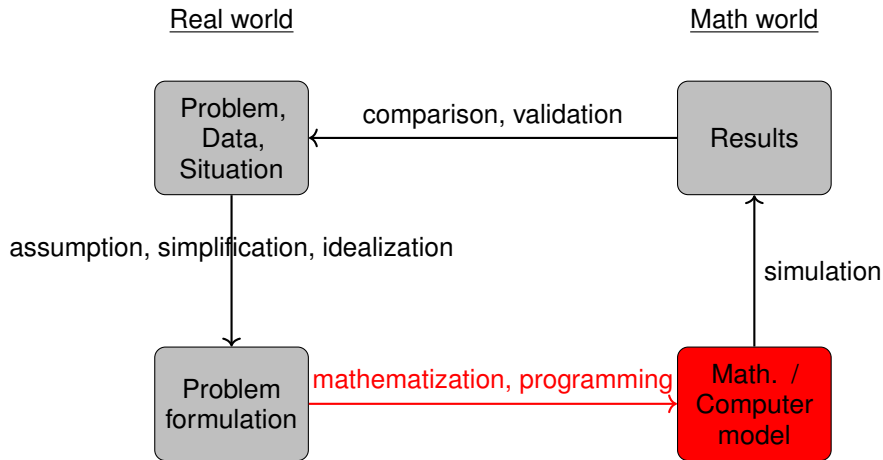
- Some knowledge about the transmission as they appeared

# Schematic view of modeling process: Problem formulation



- A “contact” leads to transmission with some probability  $\rho$ 
  - Needs a definition (simple physical, exposure through air, sexual, waterborne, ...)
- all people are equally susceptible
  - neglect that (cross-)immunity could reduce risk
- ...

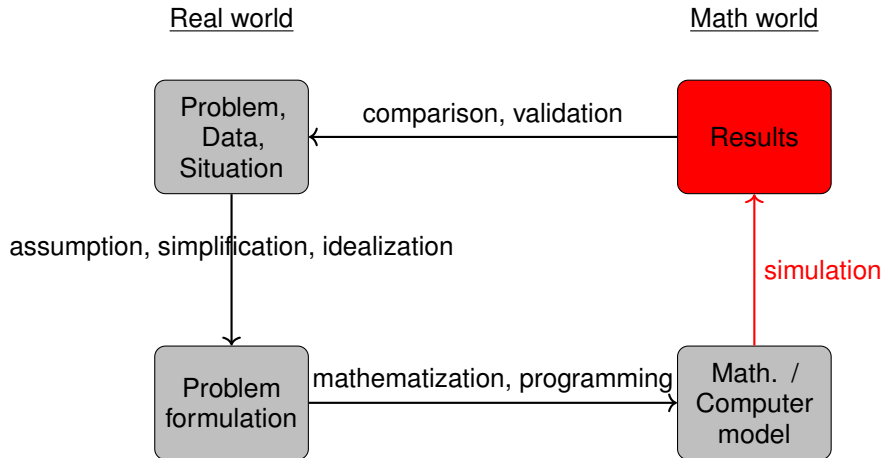
# Schematic view of modeling process: Math. / Computer model



- A person is described as an *agent*
  - It has features such as age or infection state
  - We can set and ask if the person is in quarantine
  - ...
- For every infection state, we need to estimate the time a person is in this state and translate this into a parameter
- Let  $X \sim \mathcal{U}[0, 1]$  be uniformly distributed. For every contact of a person  $P$  with an infected person, we draw a sample  $x_i$  from  $X$ . If  $x_i \leq \rho$ , the virus gets transmitted.
- ...

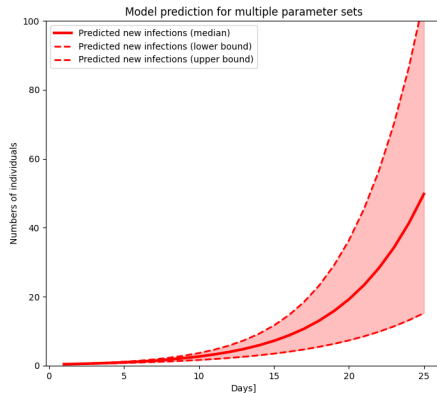
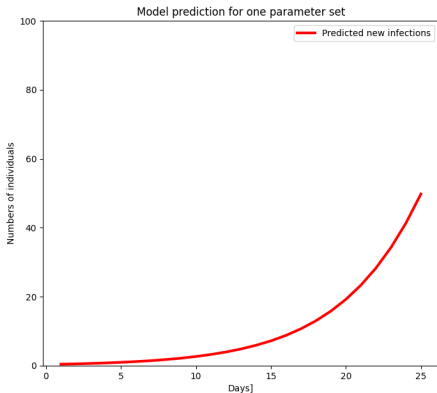


# Schematic view of mathematical modeling process: Results

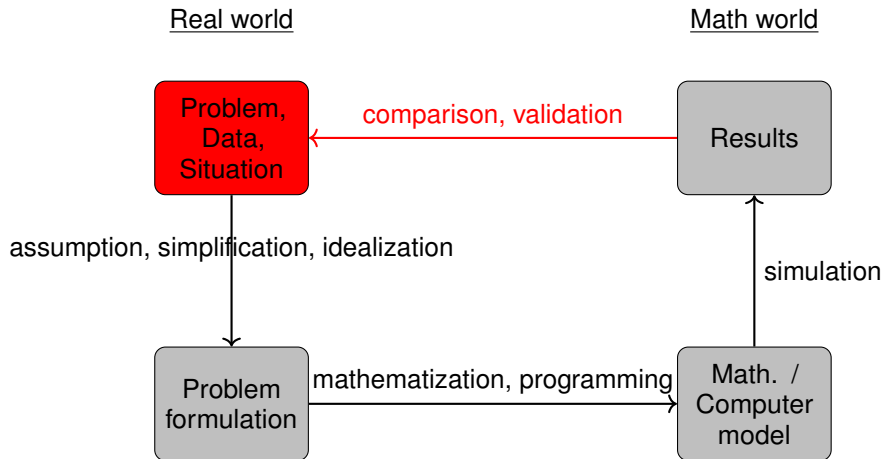


- Given a set of parameters, one can compute the outcome of the model
- Outcomes are often computed as approximations using a computer and not by an analytical solution (which may be difficult or impossible to obtain)
- Input parameters are uncertain and uncertainty in the input leads to uncertainty in the output (although often with different quantification)
- Simulations with multiple sets of parameters can assess uncertainty in the prediction

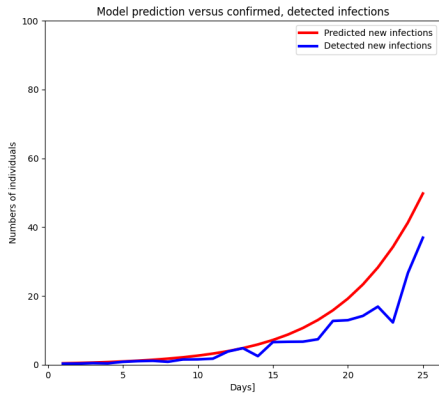
# Results and examples of simulation



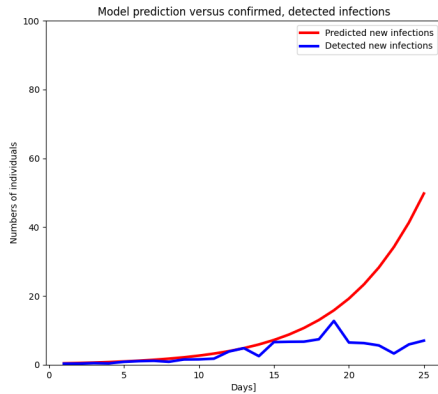
# Schematic view of mathematical modeling process: Validation



## Scenario A:



## Scenario B:



- Problems of underdetection, delayed reporting, week-end effects etc. in real data
  - Changed real world behavior has to be reflected in model runs
  - ...
- start anew and adapt simplifications, assumptions, model, parameters, ...

# From simple ODE-SIR to Hybrid-Graph-ODE

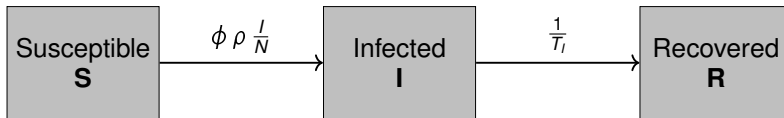
- $S$  (*Susceptible*): Persons that are susceptible to get the virus if they "get in contact"
- $I$  (*Infected (Infectious)*): Persons that have the virus and can transmit it to susceptibles
- $R$  (*Removed*): Persons that had the virus and cannot infect again
- $\phi$  (contact rate): the number of contacts per day
- $\rho$ : the transmission risk when "having a contact" with an infectious person
- $T_I$ : The time a person is on average in infected state



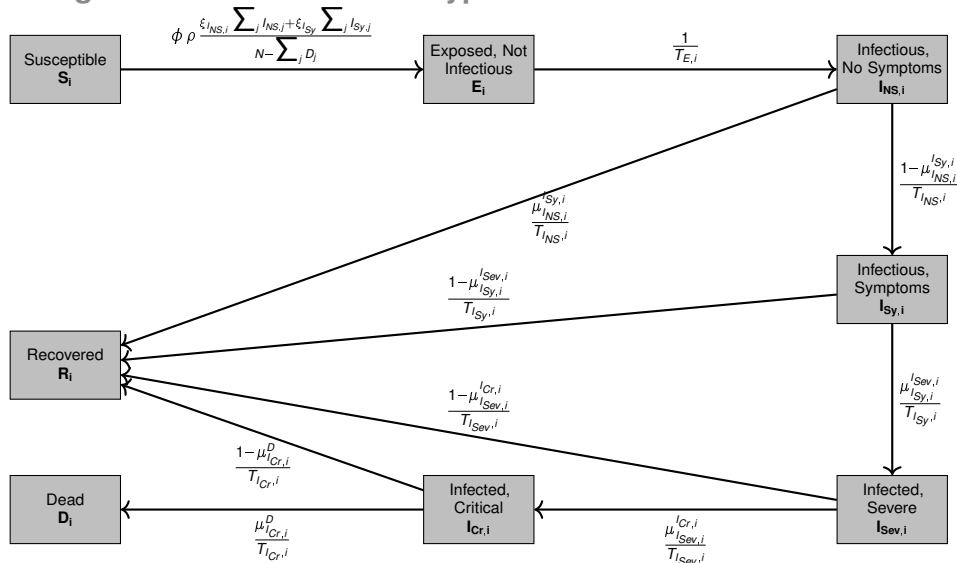
- We consider the deterministic system

$$\begin{aligned}S'(t) &= -\rho\phi\frac{I(t)}{N}S(t), \\I'(t) &= \rho\phi\frac{I(t)}{N}S(t) - \frac{1}{T_I}I(t), \\R'(t) &= \frac{1}{T_I}I(t).\end{aligned}\tag{1}$$

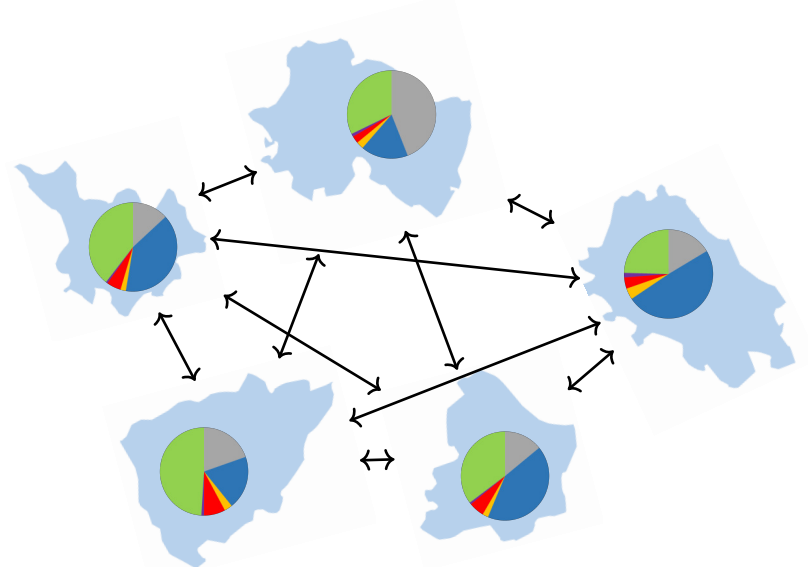
- We present the system (1) by the following flow chart:



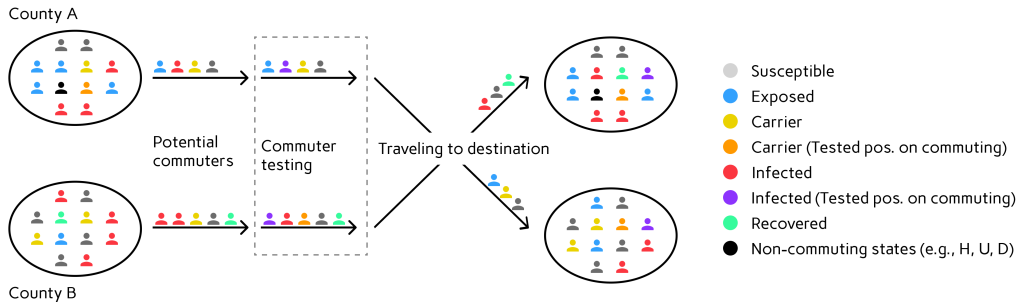
# An age-resolved ODE-SECIIR-type model



# Spatial resolution for EBMs: Hybrid Graph-ODE model



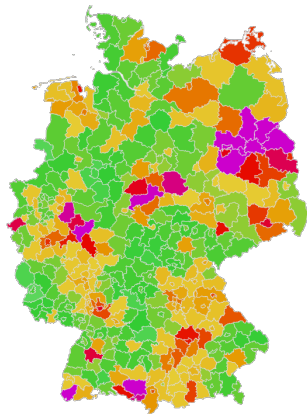
# Commuter testing in hybrid graph-ODE model



# Why should we care about spatial resolution?

# Why should we care about spatial resolution?

What the situation is:



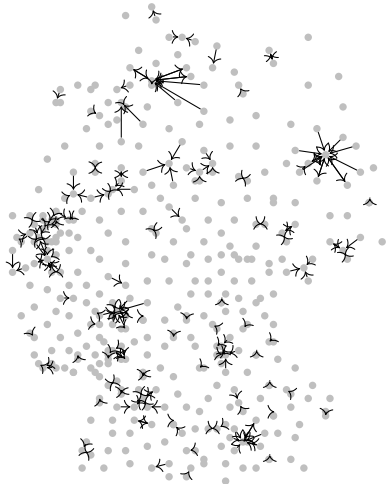
What a simple Germany-SIR model sees:



# Why should we care about mobility?

# Why should we care about mobility?

Official home and work locations: Connections of more than 10k persons



Source: Federal Agency of Work, 2020.



**“In the end, it will arrive anyway...”**

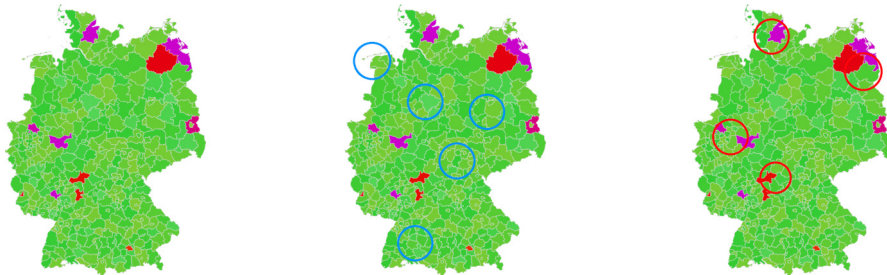
“In the end, it will arrive anyway...”



If it looks like  
that, you are  
probably doing  
it wrong...

Well... This is the curve, only community directly...

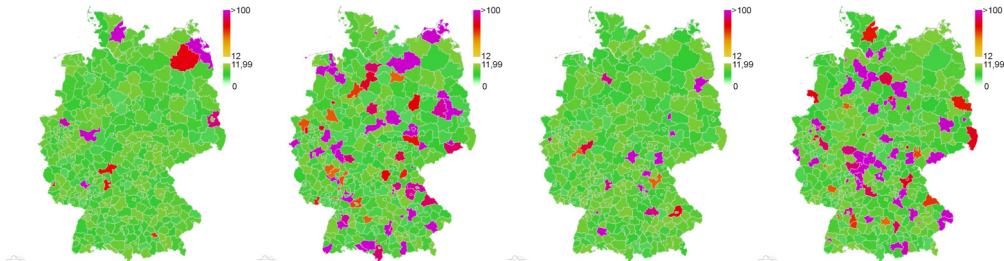
# Limited resources is an argument, not an obstacle



- Ressources are always limited
- Preparation is better than reaction
- Swift reaction can save lives

# Numerical assessment of the NoCovid strategy

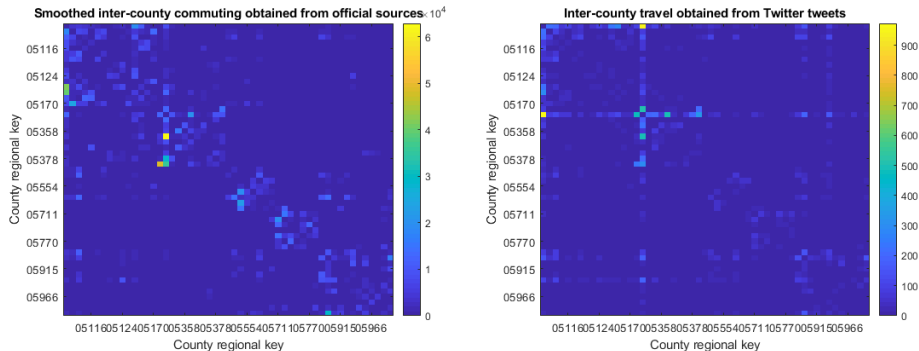
- NoCovid  $\neq$  ZeroCovid, NoCovid  $\neq$  Chinese strategy
- NoCovid: “Controlling the Covid-19 pandemic through Green Zones”



Four different initial scenarios. Random initial incidence (weekly cases per 100 000 individuals) of 75-150 for 2-20% of the counties and incidence below 10 otherwise (top).

# Inter-regional contacts: Official sources and social network

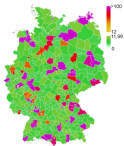
E.g., North Rhine-Westfalia:



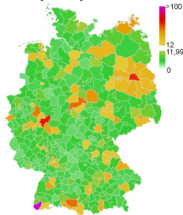
**Vorläufige bundesweite Verkehrsströme (PANDEMOS Output):**

<https://mobilithek.info/offers/573360269906817024>

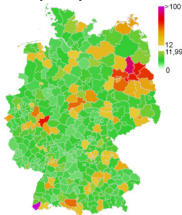
- Test of commuters coming from red zones
- 75 % detection ratio (averaged value for mix of massive deployment of antigen tests plus PCR, RTD-PCR and pool tests)
- Considering different frequencies (daily, twice per week, ...)



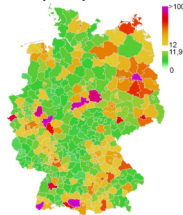
**L, T5, D1W**



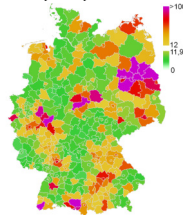
**L, T5, D3W**



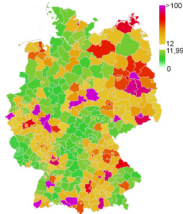
**L, T2, D1W**



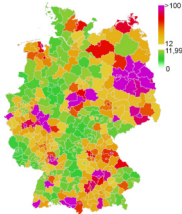
**L, T2, D3W**



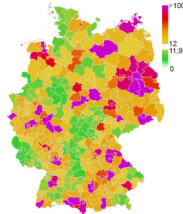
**L, T1, D1W**



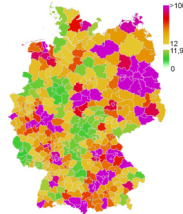
**L, T1, D3W**



**L, T0, D1W**



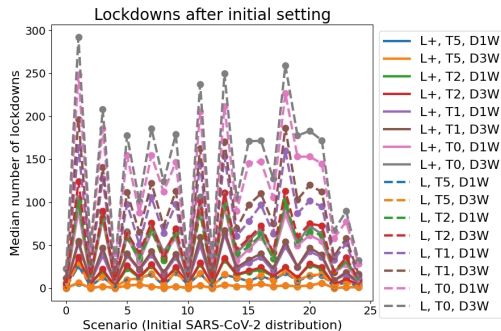
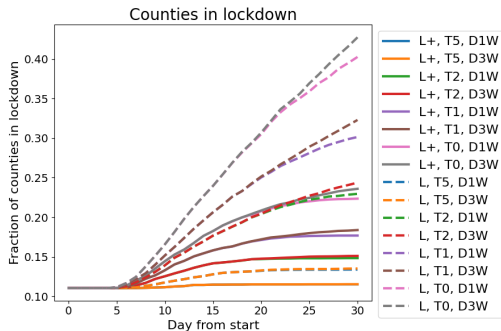
**L, T0, D3W**



Simulated spread of SARS-CoV-2 cases for one initial scenario of about 18% red zones and 8 different strategies. Median result after 30 days of simulation time.



# Numerical assessment of the NoCovid strategy



# Generalizations of ODE-based models by Integro-differential equations

- $\gamma_I^R(\tau)$  is the fraction of infected individuals that will still recover from infection after time  $\tau$  (i.e., that is still infected at time  $\tau$ ).
- We need

$$\begin{aligned} \gamma_I^R(0) &= 1, \quad \gamma_I^R(\tau) \geq 0 \quad \text{for all } \tau \geq 0, \\ \gamma_I^R(x) &\text{ monotonously decreasing, } \int_0^\infty \gamma_I^R(\tau) d\tau < \infty. \end{aligned} \tag{2}$$

- Theorem 1 shows that our ODE-SIR model implicitly assumed that compartment stays were exponential.

## Theorem 1

Consider the system of integro-differential equations

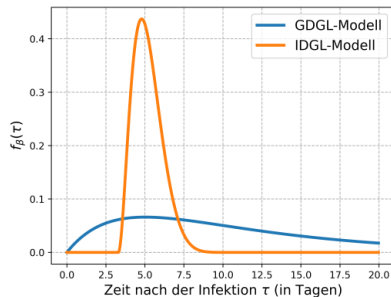
$$\begin{aligned} S'(t) &= \rho \phi(t) \frac{S(t)}{N} \int_{t_0}^t \gamma_I^R(t-x) S'(x) dx, \\ I(t) &= - \int_{t_0}^t \gamma_I^R(t-x) S'(x) dx, \\ R(t) &= - \int_{t_0}^t (1 - \gamma_I^R(t-x)) S'(x) dx. \end{aligned} \tag{3}$$

Let  $\gamma_I^R(\tau) = \exp(-\frac{\tau}{T_I})$ . Then (3) reduces to

$$\begin{aligned} S'(t) &= -\rho \phi(t) I(t) \frac{S(t)}{N} \\ I'(t) &= \rho \phi(t) I(t) \frac{S(t)}{N} - \frac{1}{T_I} I(t) \\ R'(t) &= \frac{1}{T_I} I(t) \end{aligned}$$

- Infectiousness depends on age of infection:  $\rho \rightarrow \rho(\tau)$
- Contacts depend on age of infection:  $\phi(t) \rightarrow \phi(t, \tau)$

“Infectiousness” over time



More details: Keimer/Pflug (2020), Plötzke (2020).

## Theorem 2

Consider the system of integro-differential equations

$$\begin{aligned}
 S'(t) &= \frac{S(t)}{N} \int_{t_0}^t \phi(t, t-x) \rho(t-x) \gamma_I^R(t-x) S'(x) dx, \\
 I(t) &= - \int_{t_0}^t \gamma_I^R(t-x) S'(x) dx, \\
 R(t) &= - \int_{t_0}^t (1 - \gamma_I^R(t-x)) S'(x) dx.
 \end{aligned} \tag{4}$$

Let  $\gamma_I^R(\tau) = \exp(-\frac{\tau}{T_I})$ ,  $\rho(\tau) = \rho$ , and  $\phi(t, \tau) = \phi(t)$ . Then (4) reduces to:

$$\begin{aligned}
 S'(t) &= -\rho \phi(t) I(t) \frac{S(t)}{N} \\
 I'(t) &= \rho \phi(t) I(t) \frac{S(t)}{N} - \frac{1}{T_I} I(t) \\
 R'(t) &= \frac{1}{T_I} I(t)
 \end{aligned}$$

# Agent-based models (ABM)

- **Agents**

Object which holds information, e.g., infection status, current location or age

- **Locations**

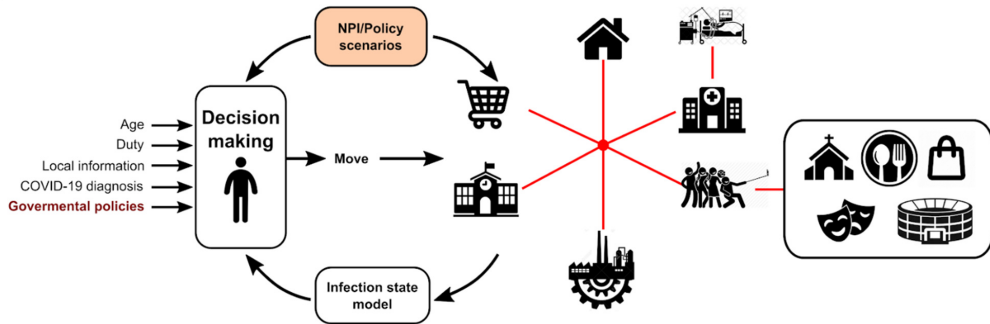
Multiple locations which can be visited, e.g., individual homes, schools, workplaces

- **Rules / Interactions**

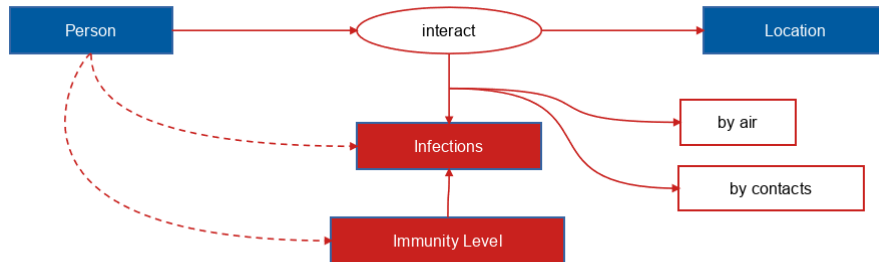
Interactions of different Agents at a current location, or rules for traveling between locations

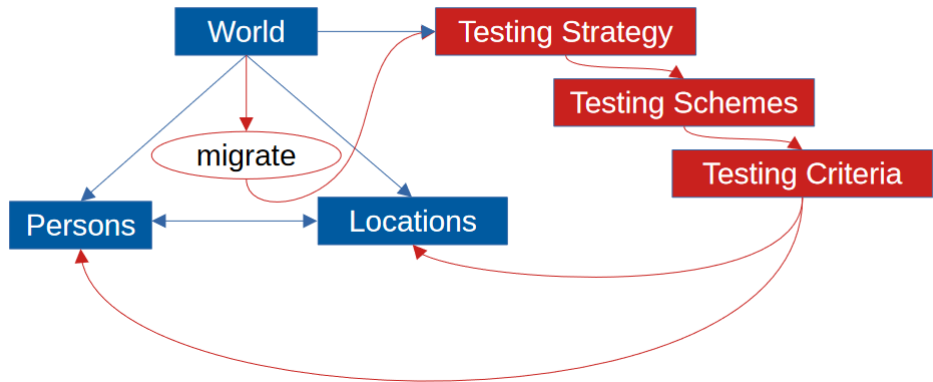
→ micro granularity & stochastic effects !





# Agent-based modeling: Infection Model



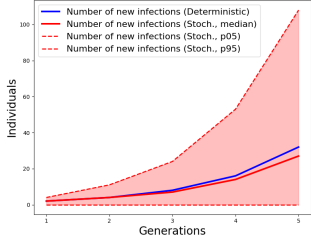


*Further reading:* D. Kerkmann, S. Korf, K. Nguyen, ..., M. J. Kühn. Evaluating Test, Isolate and Self-Protection Strategies for Infectious Diseases using an Agent-based Model (In preparation, 2024)

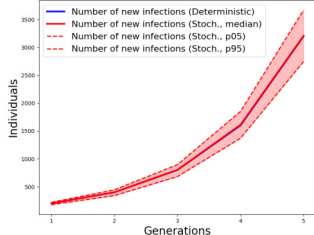
# Hybrid epidemiological models

- Gain fine-scaled insights to, e.g., households with limited resources
- Spatial hybridization can focus compute resource to area of interest
- Motivation for temporal hybridization

New infections for two generation-based approaches

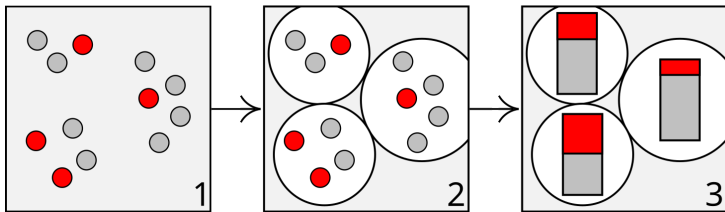


New infections for a stochastic generation-based approach



Hybrid models require (nontrivial) population exchange

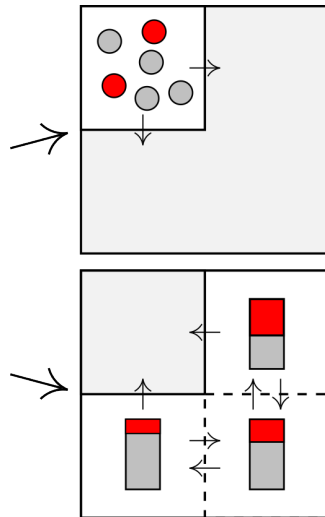
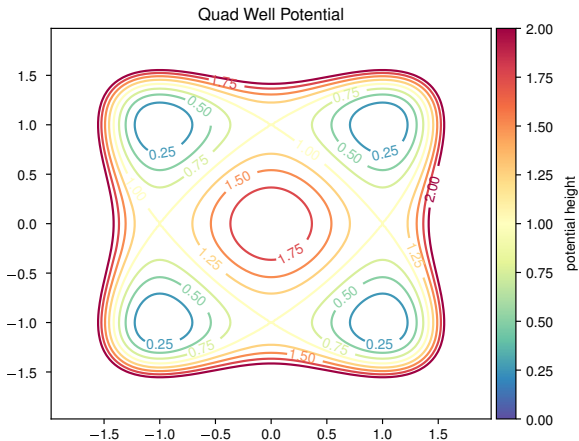
- Fine  $\rightarrow \dots \rightarrow$  coarse : By projection
- Coarse  $\rightarrow \dots \rightarrow$  fine : (Re-)generate data necessary



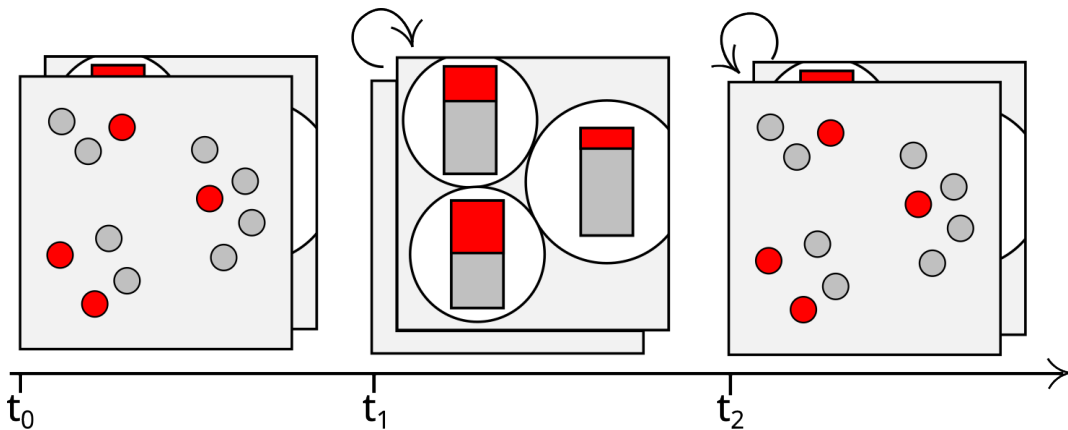
1. Agent Based Model (ABM)
2. Stochastic Metapopulation Model (SMM)
3. Piecewise Deterministic Metapopulation Model (PDMM)

Winkelmann et al. Mathematical modeling of spatio-temporal population dynamics and application to epidemic spreading, Mathematical Biosciences, 2021.

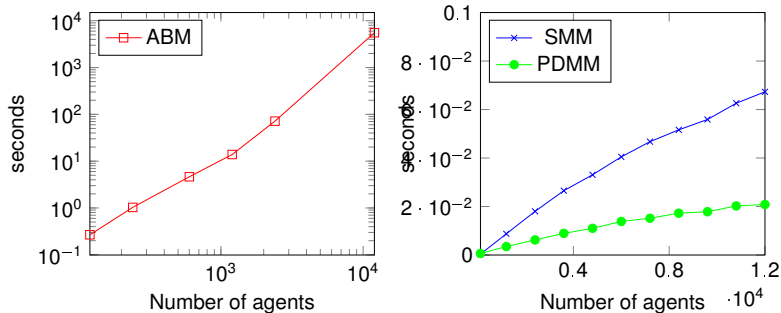
# Hybridization - Spatial Approach





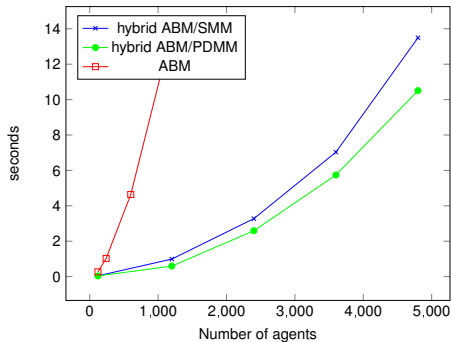


## Results - Computational Costs

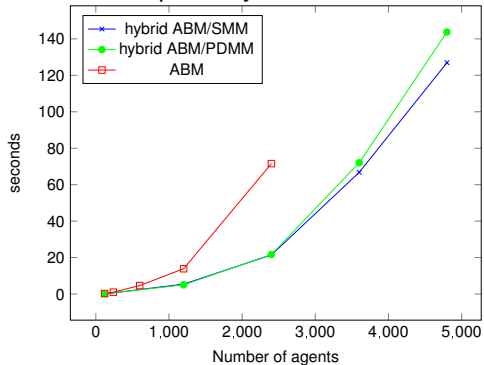


- Runtime in seconds for 120 up to 12000 agents
- at 12000 agents:  $\approx 1.5$  hours (ABM) vs.  $< 0.1$  second (SMM/PDMM)

### Spatial Hybridization



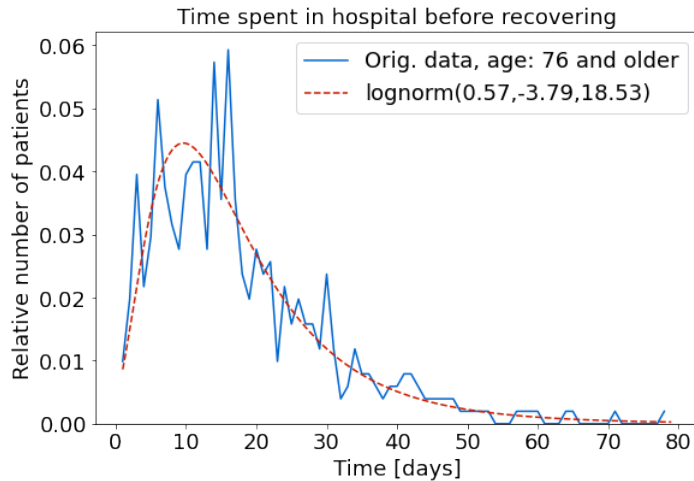
### Temporal Hybridization



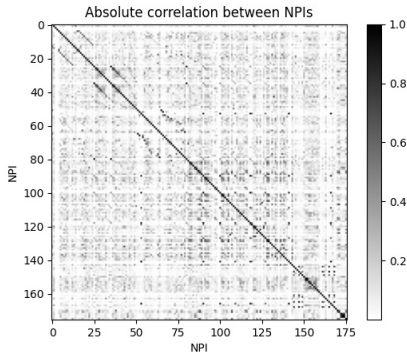
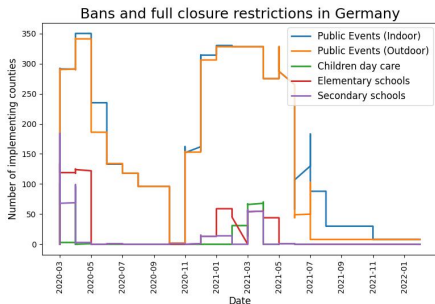
*Further reading:* J. Bicker, R. Schmieding, M. J. Kühn. Hybrid epidemiological models for compute- and energy-efficient insights on disease dynamics on individual and country-wide scale (Working title, in preparation, 2023)

# Digression: Data science

# Data science is essential part of the process



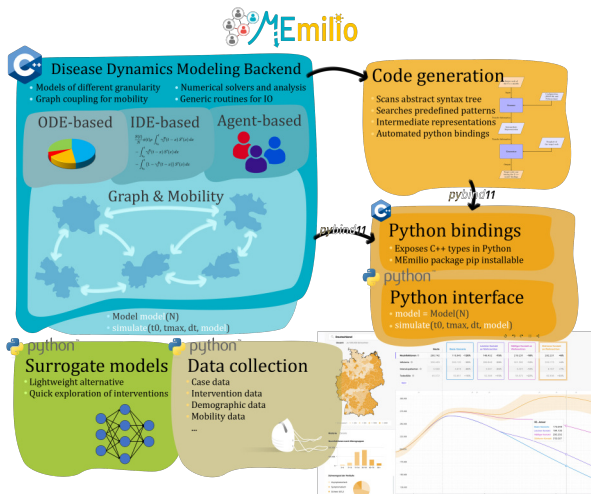
# Data science is essential part of the process



*Further reading:* A. Wendler, P. Lenz, M. J. Kühn. Inferring the effectiveness of nonpharmaceutical interventions against COVID-19 in Germany and Neural Network Predictors (Working title, in preparation, 2024)

- Mobility and spatial resolution are important ingredients
- Simple-ODE-based models can be extended
  - By Integro-differential equations for more realistic state transitions
  - By graphs for more realistic spatial distribution of the pathogen
- Agent-based models provide insights on individual or house hold level...
- ...but are computationally expensive.
- Hybrid models try to combine the “best out of two worlds”
- Data science is essential part of the process

# MEmlilio: A high performance Modular EpideMics simuLatiOn software





## Further reading

All models and techniques available open source:



A high performance Modular EpideMics simuLatIOn software

<https://github.com/SciCompMod/memilio>

## Further reading:

- W. Koslow, M. J. Kühn, S. Binder et al. Appropriate relaxation of non-pharmaceutical interventions minimizes the risk of a resurgence in SARS-CoV-2 infections in spite of the Delta variant (2022). PLoS Comput Biol 18(5): e1010054.
- M. J. Kühn, D. Abele, S. Binder et al. Regional opening strategies with commuter testing and containment of new SARS-CoV-2 variants (2022). BMC Infectious Diseases 22:333
- ...Several papers to be submitted in 2023...

# Thank you



Joint work with:

D. Abele, D. Kerkmann, S. Korf, H. Zunker, A. Wendler, J. Bicker, K. Nguyen, M. Klitz, W. Koslow, M. Siggel, J. Kleinert, K. Rack, S. Binder, L. Plötzke, R. Schmieding, P. Lenz, M. Betz, C. Gerstein, A. Schmidt, M. Meyer-Hermann, A. Basermann, ...

“Predictive Simulation Software” at Institute for Software Technology:

We are highly interested in future collaborations in  
Mathematics / Computer Science + Epidemiology / Life Science !

Thank you for your kind attention!