

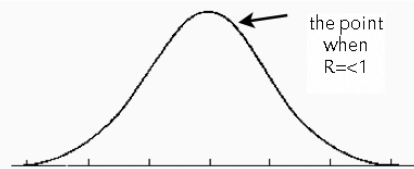
# EPIDEMICS and EPIDEMIOLOGICAL MODELS

## Epidemics: agents, hosts, vectors & rates of infection

Epidemiology is the study of infections and disease in populations.

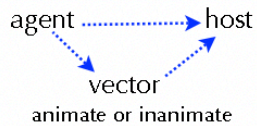
All epidemics at the population level have this same bell-curve pattern.

What we don't know is the scaling.

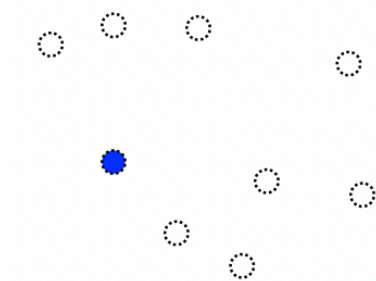


### Scenario 1: no epidemic

In this scenario, an agent infects a host who then recovers or dies. If  $R$  is the rate of infection, and  $R < 1$ , there is no chance of an epidemic.



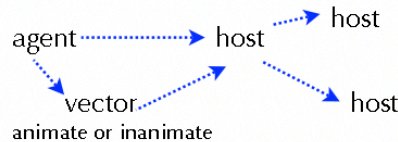
An agent can infect a host directly or, sometimes, via a vector.



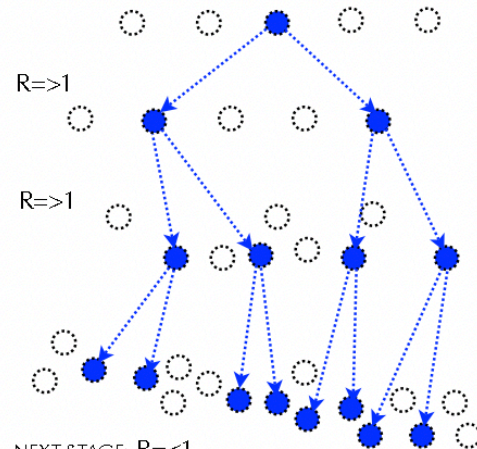
$R < 1$   
because no other agent is infected before the host recovers or dies

### Scenario 2: chance of epidemic

In this scenario, an agent infects *and* before recovery or death, it infects one or more other hosts. If  $R \geq 1$ , there is a chance of an epidemic.



Host carriers can be *true* (i.e. infected, but not diseased), *incubatory* or *convalescent*.



NEXT STAGE:  $R < 1$   
providing no new susceptibles arrive before all hosts recover or die

## The four factors for disease epidemics: i.e. when $R \geq 1$

The factors for Scenario 2 are *fourfold* and a change in any one of them changes the outcome:

**1 Probability of transmission:** dependent upon infectivity, virulence and pathogenicity

**2 Duration of infectivity:** e.g. 2-3 days for Ebola, 10+ years for HIV because of treatment regimes

**3 Contact rates:** who comes into contact with the agent

**4 Susceptibility:** determinants can be changed through the *physical environment* (e.g. temperature, nutrients, toxins), *interventions* (e.g. vaccines, animal dips, movement controls, quarantines) or other *biological conditions* (e.g. being in utero, immunosuppression)

Susceptibility is the fuel by which epidemics run . . . but it gets even more complicated than this.

A host's susceptibility depends on all the factors above *and* upon whether the agent is, itself, changing. If it stays the same, the epidemic follows what's known as the SIR-model; if the agent changes, it follows the SIS-model.

### The SIR-model

e.g. measles, mumps, rubella

S I R

Susceptible Infective Removal

Removal is through death, natural immunity, cross-immunity effects, or vaccination.

### The SIS-model

e.g. influenza, HIV

S I S

Susceptible Infective Susceptible

Hosts become re-susceptible after recovery from the initial infection because of antigenetic change in the agent, either *drift* (to which the host has partial immunity), or *shift* (so the host has no immunity).

In both the SIR and SIS-models new susceptibles arrive through births, loss of immunity or immigration.