

DATA DRIVEN INFECTIOUS DISEASE MODELLING FOR PUBLIC HEALTH: USING EMPIRICAL DATA IN MALARIA MODELS

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Workshop on Infectious disease modelling- Malaria

National Disease Modelling Consortium | IIT Mumbai

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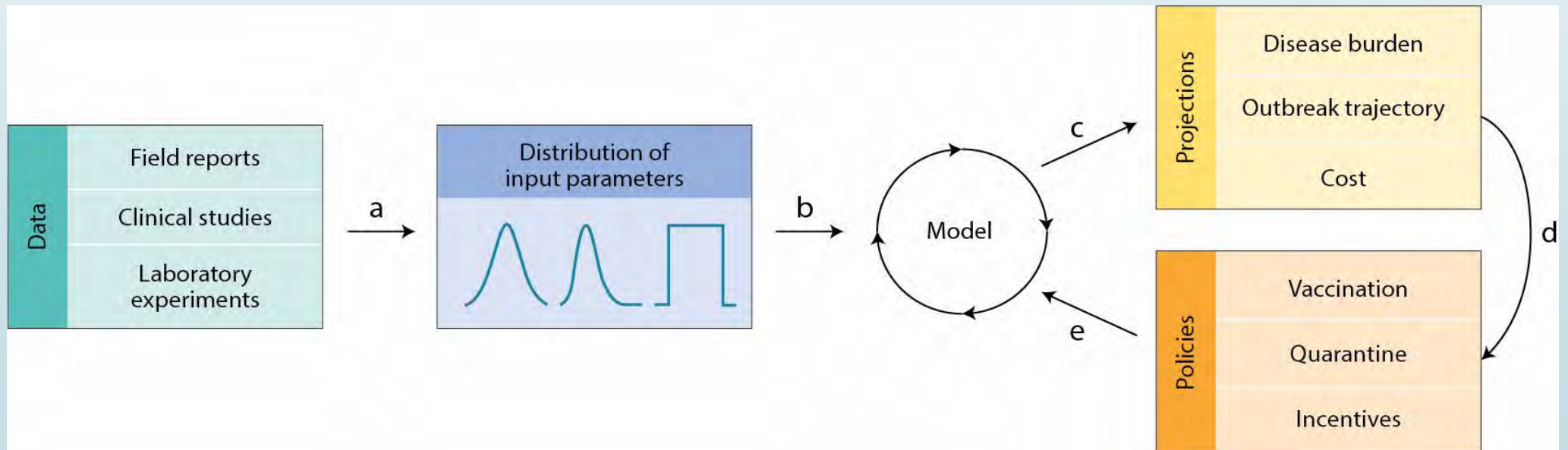
Outline

- ▶ Role played by mathematical models :
 - Some examples from *COVID19* pandemic.
- ▶ Using empirical data in mathematical models : Examples from *Malaria* Model

Core modeling opportunities (priority questions)

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- Where is the pandemic/epidemic going (baseline)?
- What is driving transmission?
- What is the potential of existing/expected delivery interventions to reduce transmission and accelerate reduction in epidemic?
- What combinations of tools, strategies in real-world implementation will be most cost-effective at accelerating reduction?



A microscopic image of several COVID-19 virus particles, appearing as spherical structures with prominent, spiky protrusions (spikes) extending from their surfaces. The particles are rendered in shades of blue and cyan against a dark background. The central particle is the most prominent and in focus, while others are scattered around it, some appearing blurred due to a shallow depth of field.

Role played by mathematical models in shaping control policies - COVID19 pandemic

Example 1

16 March 2020

Imperial College COVID-19 Response Team

Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand

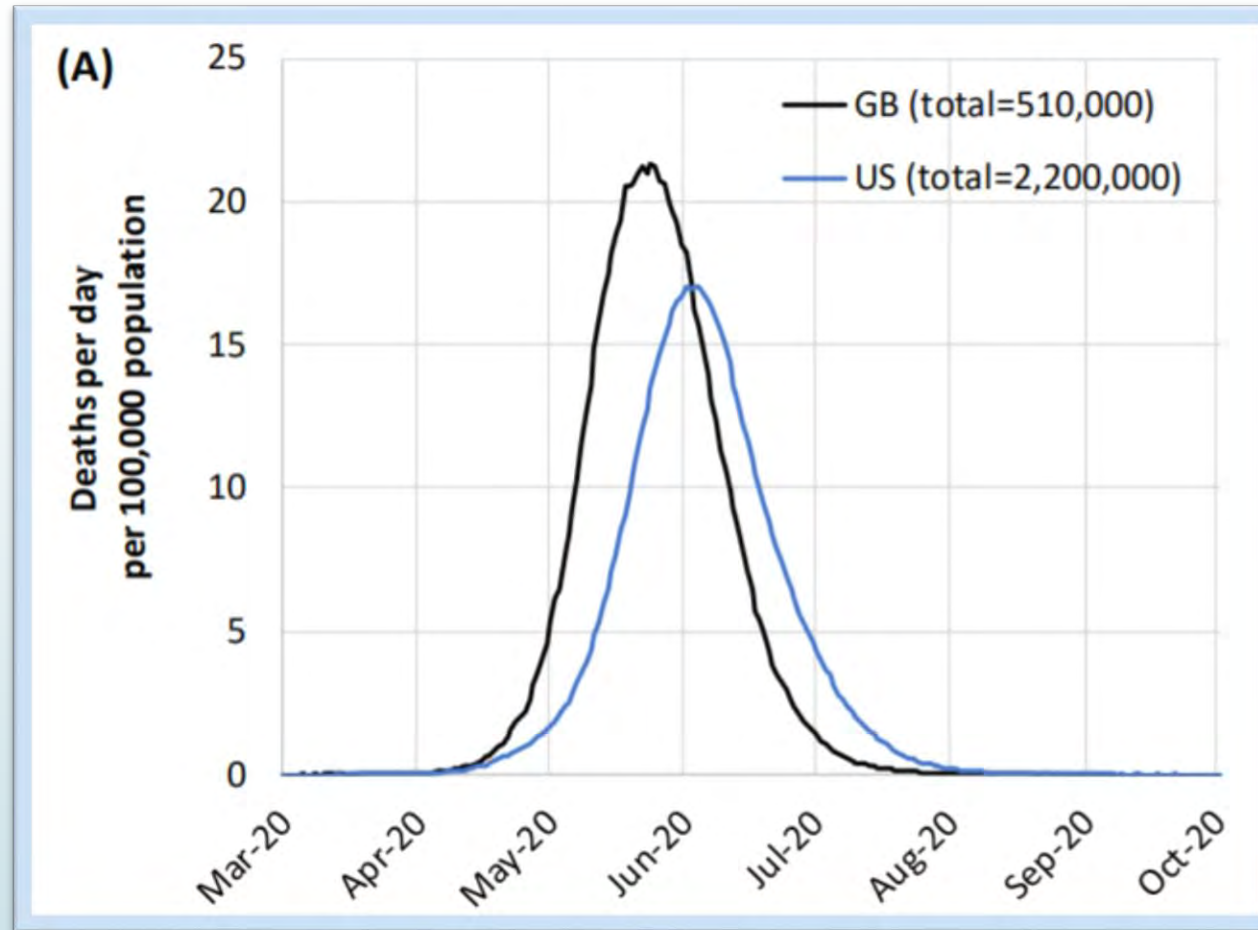
Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani, Natsuko Imai, Kylie Ainslie, Marc Baguelin, Sangeeta Bhatia, Adhiratha Boonyasiri, Zulma Cucunubá, Gina Cuomo-Dannenburg, Amy Dighe, Ilaria Dorigatti, Han Fu, Katy Gaythorpe, Will Green, Arran Hamlet, Wes Hinsley, Lucy C Okell, Sabine van Elsland, Hayley Thompson, Robert Verity, Erik Volz, Haowei Wang, Yuanrong Wang, Patrick GT Walker, Caroline Walters, Peter Winskill, Charles Whittaker, Christl A Donnelly, Steven Riley, Azra C Ghani.

On behalf of the Imperial College COVID-19 Response Team

WHO Collaborating Centre for Infectious Disease Modelling
MRC Centre for Global Infectious Disease Analysis
Abdul Latif Jameel Institute for Disease and Emergency Analytics
Imperial College London

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- Results of epidemiological modelling which has informed policymaking in the UK and other countries.
- Assessed the potential role of a number of public health measures – non-pharmaceutical interventions (NPIs)



Baseline Reproduction number: $R_0 = 2.4$

Figure 1: Unmitigated epidemic scenarios for GB and the US. (A) Projected deaths per day per 100,000 population in GB and US.

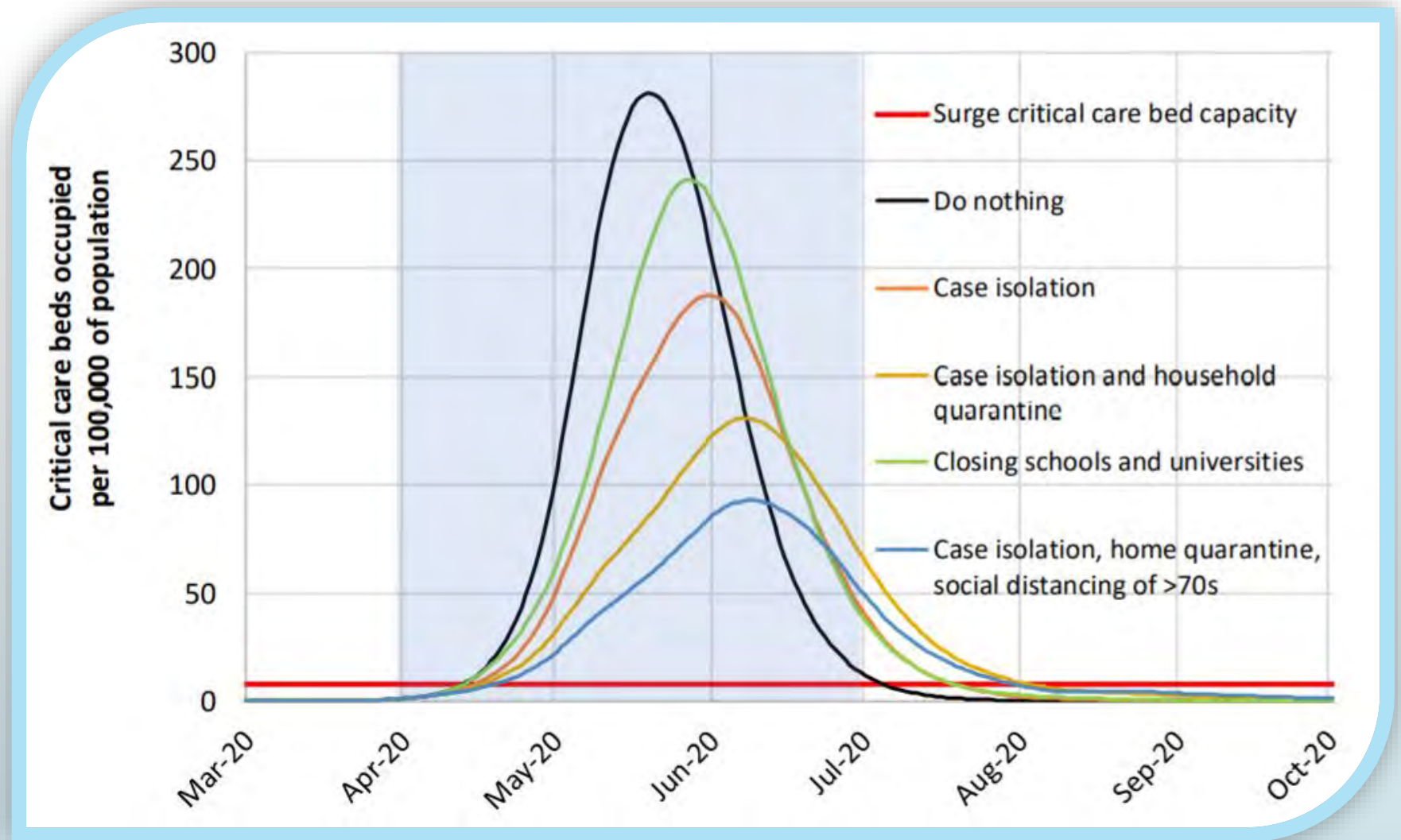


Figure 2: Mitigation strategy scenarios for GB showing critical care (ICU) bed requirements.

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NEWS FEATURE · 02 APRIL 2020 · CORRECTION 03 APRIL 2020

Special report: The simulations driving the world's response to COVID-19

How epidemiologists rushed to model the coronavirus pandemic.

David Adam

Research does not get much more policy-relevant than this. When updated data in the Imperial team's model indicated that the United Kingdom's health service would soon be overwhelmed with severe cases of COVID-19, and might face more than 500,000 deaths if the government took no action, Prime Minister Boris Johnson almost immediately announced stringent new restrictions on people's movements.*

*Ferguson, N. M. et al. Preprint at Spiral <https://doi.org/10.25561/77482> (2020).



Summary of various estimates:

Cases and deaths averted

	Cases averted	Deaths averted
Estimate 1 (BCG)	36-70 lakhs	1.2-2.1 lakh
Estimate 2 (PHFI)	-	78,000
Estimate 3 (MK & SR)	23 lakhs	68,000
Estimate 4 (AP, RMM, SM, PN)	15.9 lakh	51,000
Estimate 5 (MoSPI/ISI)	20 lakh (Range 14 – 29 lakh)	54,000 (Range 37,000 – 78,000)

<https://www.youtube.com/watch?v=Ql28alqlDrU> Apprx

Use of empirical data in
mathematical models :
Examples from Malaria model

- ❖ Using simple models to generate proxy estimation for a parameter in the complex model:
 - Discussing field data from Kenya on Mosquito density in presence and absence of Biolarvicides
 - Estimating parameters from field survey data by plugging into sub-models (Example from Malaria model)
- ❖ Using time series data to estimate transmission parameters via nonlinear inverse problem
 - Discussing Malaria incidence data from Kokrajhar Assam
 - Estimating parameters from complex models (Example from Malaria model)
- ❖ Using mathematical expressions like R_0 and Endemic state to estimate parameter



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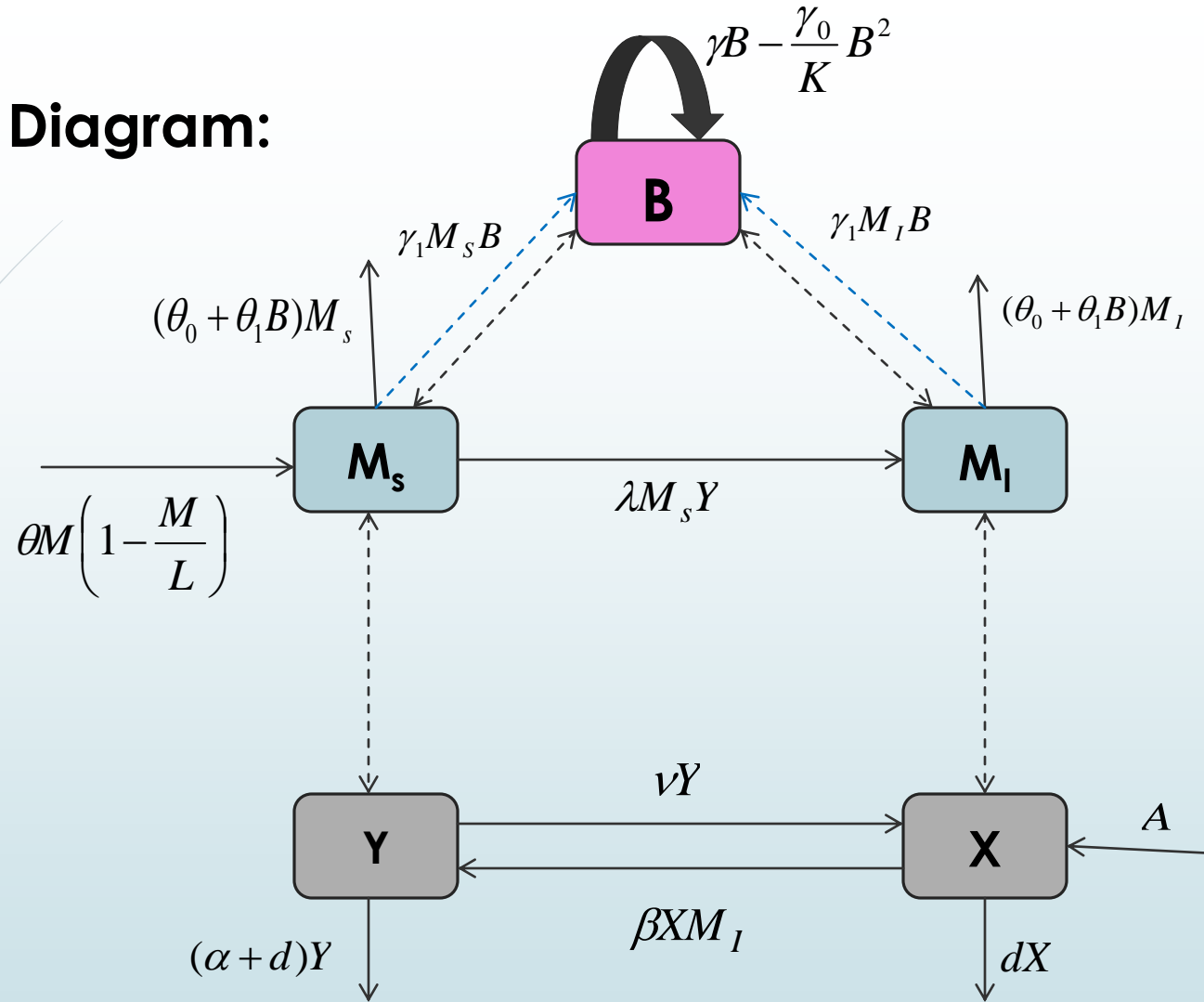
Modeling the impact of biolarvicides on malaria transmission

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Goal –

- To study the impact of biolarvicides on malaria prevalence.
- Estimate parameter values which were not available or measureable.

Block Diagram:



Mathematical Model

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$$\frac{dX}{dt} = A - \beta XM_I - dX + vY$$

$$\frac{dY}{dt} = \beta XM_I - (v + \alpha + d)Y$$

$$\frac{dN}{dt} = A - dN - \alpha Y$$

$$\frac{dM_s}{dt} = \theta M \left(1 - \frac{M}{L} \right) - (\theta_0 + \theta_1 B) M_s - \lambda M_s Y$$

$$\frac{dM_I}{dt} = \lambda M_s Y - (\theta_0 + \theta_1 B) M_I$$

$$\frac{dM}{dt} = \theta M \left(1 - \frac{M}{L} \right) - (\theta_0 + \theta_1 B) M$$

$$\frac{dB}{dt} = \gamma B - \frac{\gamma_0}{K} B^2 + \gamma_1 MB$$

$$X + Y = N, M_s + M_I = M$$

$$X(0) > 0, Y(0) \geq 0, N(0) > 0, B(0) \geq 0, M_s(0) \geq 0, M_I(0) > 0, M(0) \geq 0$$

Parameters directly obtained
from literature and are fixed
(A, d, alpha - 3 parameters)

Census/ demographic/
epidemiological data

RESEARCH

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Evaluation of long-lasting microbial larvicide for malaria vector control in Kenya

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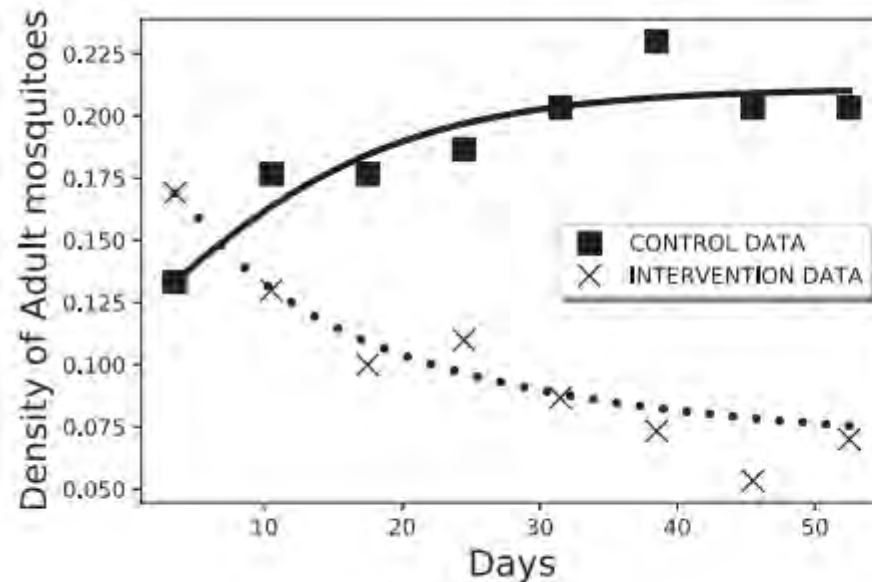
- This was a controlled study of biolarvicide (specifically *Bti* and *Bs*) use in highland regions of Kenya that are prone to epidemic malarial outbreaks.
- Mosquito populations from trials in the presence, as well as in the absence of biolarvicides during an eight week period were used to calibrate parameters in the *M*, *B* subsystem.

- Since Kenya data was on per-household basis; the M-B subsystem was scaled down : the *M equation was factored by 30* (representing average number of households in the region).
- Setting $M_h = M/30$ and sub-system was calibrated.

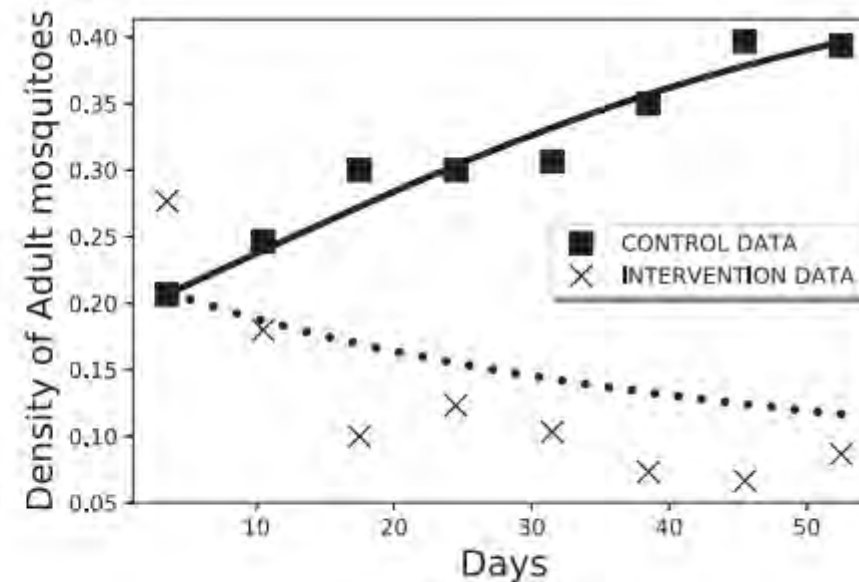
$$\frac{dM_h}{dt} = M_h \left(\theta \left(1 - 30 \frac{M_h}{L} \right) - (\theta_0 + \theta_1 B) \right)$$
$$\frac{dB}{dt} = B \left(\gamma \left(1 - \frac{B}{K} \right) + 30 \gamma_1 M_h \right)$$

Parameters
indirectly estimated
from entomological
data and submodel
(7 parameters)

1. Sub-model calibration (M - B system) - **mosquito abundance timeseries data** in the ***absence of biolarvicides***, by setting initial bacteria population $B_0 = 0$ and estimated the *mosquito growth and death rates*: θ and θ_0 and *carrying capacity* L .
2. Fixing the parameters obtained above and calibrating sub-model to intervention data (setting B_0 to *biolarvicide* population at the beginning of the field study) – estimated values for the *bacterial growth rates* γ , *mosquito death rate by biolarvicides* θ_1 , the *interaction rate* γ_1 of *bacteria and mosquito*; and *carrying capacity* K .



(a) Indoor



(b) Outdoor

Fig. The control data corresponds to mosquito population with no biolarvicide use. The intervention data corresponds to malaria population in presence of biolarvicide in *Afrane et. al.* (2016).

Solid and dotted lines are obtained from fitting. Values obtained from fitting are

(a) Indoor: $\theta = 2.516$, $\theta_0 = 2.416$, $\theta_1 = 2.3 \times 10^{-7}$;

(b) Outdoor: $\theta = 0.4751$, $\theta_0 = 0.4340$, $\theta_1 = 1.31 \times 10^{-7}$.

Common parameters values obtained for both indoor and outdoor settings are
 $\gamma_1 = .001$, $\gamma = 39$, $L = 160$, $K = 300,000$.

Association between Climatic Variables and Malaria Incidence: A Study in Kokrajhar District of Assam, India

Climatic Variables and Malaria Incidence in Kokrajhar District

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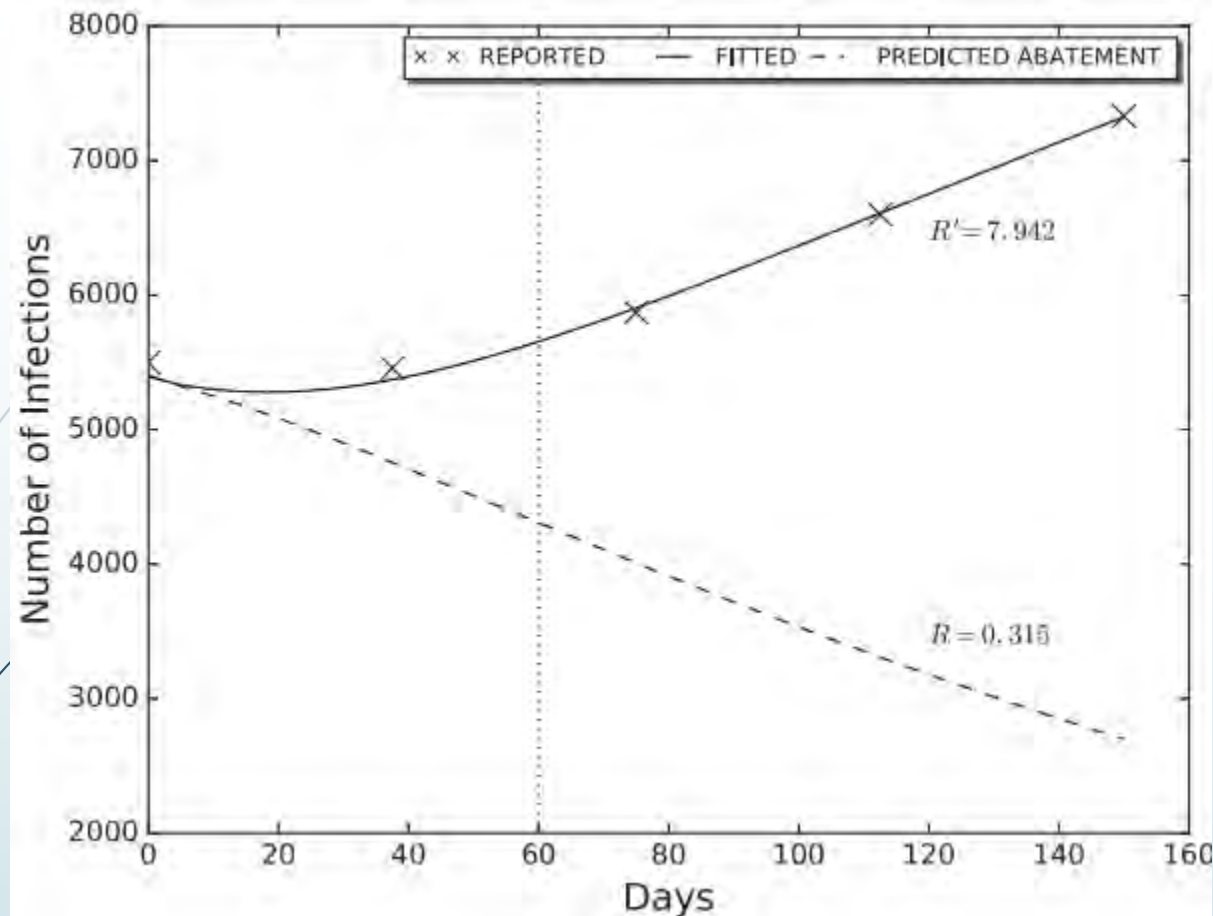
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Kokrajhar district of Assam, India, a region that suffers regularly from malaria.

Considered mean *District malaria incidence rates* (DMIR) for the months of August to December (2001 to 2010), during which the district experiences a spike in malaria infections for calibration.

- While calibrating full model system to *Kokrajhar* data – parameters for the M, B system were fixed at values obtained for the outdoor region calibration above.
- Starting with no initial bacteria (in order to account for the lack of biolarvicide use), full model was calibrated to estimate transmission rates β and λ using averaged malaria incidences over a 10 year period from 2001 to 2010 from Kokrajhar.
- As a final step, using the same malaria incidence data from Kokrajhar, model was calibrated with non-zero value for B_0 ensuring presence of biolarvicide.



In absence of Biolarvicides

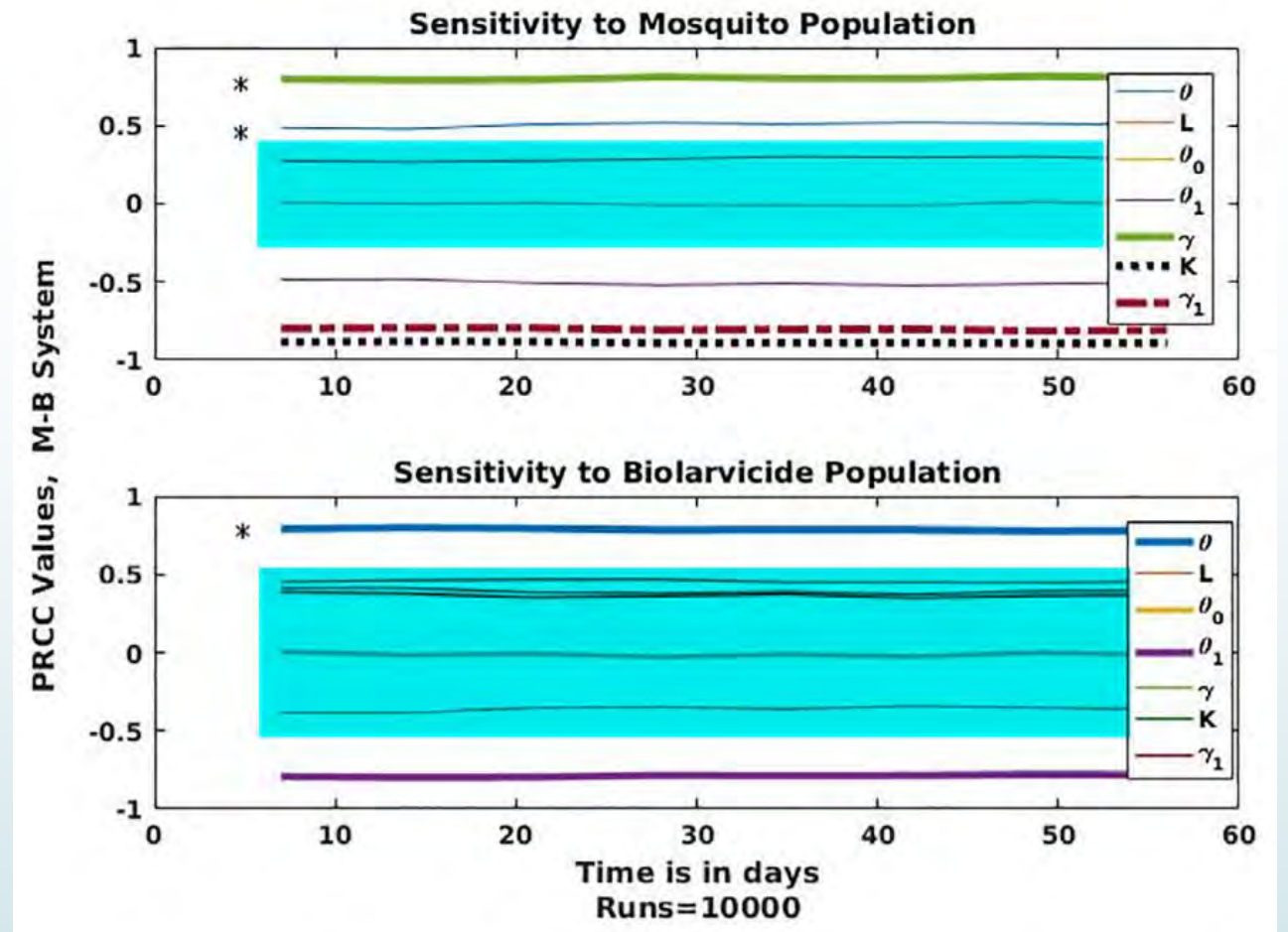
$$R' = \frac{\beta \lambda A \tilde{M}}{d \theta_0 (\nu + \alpha + d)}$$

$$R = \frac{\beta \lambda A \tilde{M}}{d (\nu + \alpha + d) (\theta_0 + \theta_1 \tilde{B})}$$

Fig. Reported values are of total malaria infection. Fitting the full model system to malaria incidence data from Kokrajhar district of Assam, India. **Values obtained for transmission rates:** $\beta = 5.227 \times 10^{-6}$ and $\lambda = 4.117 \times 10^{-5}$.

The dashed line shows the predicted reduction in malaria incidence – if biolarvicides are used starting at initial time. The vertical dotted line captures the reduction in malaria infection at 60 days.

Sensitivity Analysis



Almost constant PRCC values indicates the particular parameter as having a constant influence on the outcome, over the eight week period. The parameters were sampled from a uniform distribution with mean of the intervals. Significant parameters with $p < 0.001$ are marked with *. *For the mosquito population, γ , θ are the two most significant parameters.* θ is the **most significant** parameter for the **biolarvicide population**. The highlighted PRCC values belong to those parameters whose uncertainty contributes little to uncertainty of outcomes.



Conclusion:

- Comprehending empirical studies is crucial for utilizing data within mathematical models.
- Mathematical models, crafted with insights into disease epidemiology and informed by field data, have the potential to generate evidence for policymaking.

Thank You!