

Swiss Tropical and Public Health Institute Schweizerisches Tropen- und Public Health-Institut Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Introduction to OpenMalaria

Thiery Masserey & Lars Kamber

28 November 2023



- 1) Introduction to OpenMalaria
- 2) Practical 1: How to run a simulation in OpenMalaria
- 3) Practical 2: How to compare interventions effect in OpenMalaria
- 4) Practical 3: How to automate the workflow for multiple simulations

What is a mathematical model?



A mathematical model is an abstract description of a system that uses precise language to describe its behaviour. Mathematical equations

Transmission, epidemiology, and pathology of malaria

Ross Model

S: Susceptible I: Infectious



- m: Number of female mosquitoes per human host
- a: Number of bites per mosquito per unit time
- γ : Recovery rate of humans
- μ : Death rate of mosquitoes
- e: Probability of transmission of infection from infectious humans to mosquitoes per bite
- b: Probability of transmission of infection from infectious mosquitoes to humans per bite

Limitations of mathematical models



A mathematical model is an **abstract description** of a system that uses precise language to describe its behaviour.



Ross model:



- Ignores the extent of heterogeneity in many factors between individuals.
- ✤ No immunity
- No human morbidity or mortality
- No latent period in humans and mosquitoes
- Ignores stochasticity
- * ...

Individual-based simulations





- ✤ Heterogeneity can be accounted for:
 - Exposure
 - Immunity
 - Symptoms
 - * ...
- More precisely estimated the impact of interventions on the malaria burden
- Captures more stochasticity

OpenMalaria

Swiss TPH 😏



OpenMalaria



- OpenMalaria is an individual-based stochastic simulator of malaria epidemiology and control.
- ✤ OpenMalaria is composed of multiple model components that run on 5-day time steps.



Entomological model



Vector model:



More details: https://link.springer.com/article/10.1007/s11538-011-9710-0

- Model the emergence of mosquitos and the feeding cycle (parameters depend on vector species).
- Three different infectious states of mosquitos based on the probability of getting infected after biting a human and the time for parasite development (extrinsic incubation period ~ 10 days):
 - Susceptible
 - ✤ Infected
 - ✤ Infectious.
- The number of infectious mosquitos determines the entomological inoculation rate (EIR, the number of infectious bites received by an individual over time).
- Seasonality depends on the emergence rate of mosquitos.



Demography

- ✤ Define a population size and age structure that remain stable across time
- Process:
 - 1. Remove death (due to malaria and other)
 - 2. Add birth
 - 3. Add importation







Incidence of infections

- Translates the EIR to infection in a specific host.
- Depends on:
 - Variation of host availability to mosquitos (based on age)
 - Pre-erythrocyte immunity (based on previous exposure)
 - Poisson distribution.
- ♦ Does not account for sporozoites density or number of infected hepatocytes \rightarrow Success/failure.

Age-adjusted EIR of individual i at time t



Mean number of potential new blood-stage infection

$$\lambda(i,t)=S_p(i,t)E_a(i,t)$$

Survival function for soprozoite

Number of new blood-stage infection per unit time

$$h(i,t)$$
 ~ Poisson $(\lambda(i,t))$

More details: https://www.ajtmh.org/view/journals/tpmd/75/2_suppl/article-p11.xml





Blood-stage models

- ✤ Two mains options:
 - ✤ Maire et al. (2006) :
 - A statistical representation of the parasite densities over time in a naive human (malaria therapy data).

Molineaux et al. (2001):

- ✤ A mechanistic model of *Plasmodium falciparum* asexual parasite densities.
- ✤ Needed to use PK/PD model and for drug resistance modelling.



Blood-stage model - Maire et al. (2006)

- ✤ Assumes 15 days between infection and the start of the blood stage.
- Statistical representative description of the parasite density over time of the malaria therapy dataset (MT).
- Immunity reduces total parasite density and depends on:
 - Exposure to asexual blood stage based on the cumulative parasite density
 - Exposure to asexual blood stage based on the number of infections
 - Effect of maternal immunity.
- Allows multiple infections and competition dynamics between them.
- Considers stochastic noise between and within individuals.



More details: https://pubmed.ncbi.nlm.nih.gov/16931812/



Blood-stage model – Molineaux et al. (2006)

- Mechanistic model fitted to malaria therapy dataset using one day time steps.
- Includes:
 - Intraclonal antigenic variation (model 50 variants)
 - Multiplication factor (vary between variants and hosts)
 - Immune responses: innate + acquired variant specific + acquired variant transcending.
- ✤ Needed to use PK/PD model and for drug resistance modelling.



More details: journals.cambridge.org/action/displayAbstract?aid=76599





Transmission model

- Links the asexual parasite density to infectivity to mosquitos based on the malaria therapy data.
- Captures delay between parasitaemia and gametocytaemia (10-20 days).
- Mosquitoes need a blood meal containing both male and female gametocytes at a minimum quantity to be infected.

Weighted sum of the asexual parasite densities over last days

$$\Upsilon(i,t) = \beta_1 Y(i,t-2) + \beta_2 Y(i,t-3) + \beta_3 Y(i,t-4)$$

Weight Asexual parasite density

Density of functional female gametocytes in the host blood

 $\ln(y_g(i,t)) \sim \text{Normal}(\ln(\rho \Upsilon(i,t)), \sigma_g^2)$ Standard deviation

Geometric mean of the ratio of female gametocytes to $\Upsilon(i,t)$

The proportion of mosquitoes that are infected feeding on individual i at time t

Density of female gametocytes necessary for infection of the mosquito

More details: https://www.ajtmh.org/view/journals/tpmd/75/2_suppl/article-p32.xml





Clinical disease model

- Determines the symptoms and their severity
 - No symptoms
 - Uncomplicated episodes
 - Sever episodes
 - ✤ Deaths.



Clinical disease model

- Uncomplicated episodes:
 - The probability of an episode depends on parasite density and pyrogenic threshold.
 - The pyrogenic threshold is patients specific and increases with previous exposure to malaria.

Probability that an episode occurs in individual *i*, at time *t*,

$$P_m(i,t) = rac{Y_{ ext{max}}(i,t)}{Y^*(i,t) + Y_{ ext{max}}(i,t)}$$

Maximum density during the time interval *t*

Pyrogenic threshold for individual *i* at time *t*

$$egin{aligned} rac{dY^*(i,t)}{dt} = & f_1(Y(i,t)) f_2\left(Y^*(i,t)
ight) - arpi Y^*(i,t) \end{aligned}$$

Function describing the increase of the threshold at high parasite density

Function describing the saturation of the threshold at high parasite density

More Details: https://www.ajtmh.org/view/journals/tpmd/75/2_suppl/article-p56.xml



Clinical disease model

- Sever episodes:
 - Sever episodes due to high parasite density.

The probability that a clinical malaria episode in individual i is severe as a result of high parasite density



Maximum parasite density measurements during the last time interval

Sever episodes due to comorbidities (malnutrition, anemia, bacterial infections) which depend on age.

The probability that a clinical malaria episode occurs in an individual as a result of comorbidity $P_{B_2}(i,t) = F(a(i,t))$ Risk of comorbidities depending on age

More details: https://www.ajtmh.org/view/journals/tpmd/75/2_suppl/article-p63.xml



Clinical disease model

- ✤ Death:
 - Direct mortality results from sever episodes of malaria (depends on access to hospital).

Reported number of deaths in hospital

 $Q_c(a) + Q_h(a)$

Reported number of deaths in community

Indirect death due to comorbidity (depends on age).

$$P_{D_2}(i,t) = egin{array}{c} Q_D \ 1 + \left(rac{a(i,t)}{a_F^*}
ight) \end{array}$$
 Depend on age

Neonatal mortality results from pregnant women infected with malaria (depends on prevalence in pregnant women).

 $\mu_{PG} = \mu_{\max} \left[1 - \exp\left(-\frac{x_{PG}}{x_{PG}^*}\right) \right],$

Related to the prevalence in pregnant woman

More details: https://www.ajtmh.org/view/journals/tpmd/75/2_suppl/article-p63.xml





Case management

- Describes the use and access to treatment based on three categories:
 - ✤ Uncomplicated malaria with no previous use of treatment (within 35 days) →1st line treatment
 - ♦ Uncomplicated malaria with prior use of treatment (within 35 days) \rightarrow 2nd line treatment
 - Severe malaria.
- The model can consider:
 - Different access to official care for uncomplicated and severe malaria.
 - Different diagnostic tools (vary sensitivity and specificity).
 - Heath system memory (time for which a recurrent bout of illness counts as the same episodes, 35 days).



Drug dynamics

* Simple treatment model

- ✤ Define the proportion of infection that are cleared.
- ✤ In patient with treatment failure, the parasite density is not impacted by drug.



Drug dynamics

PK/PD model of drug action

PK: drug concentration over time (one-/two-/three- compartment models with instantaneous or firstorder absorption) depending on dosage regimen (vary with age or weight).

Drug concentration over time (mg/L):	<i>C</i> ₀ :	initial drug concentration (mg/L)
	t:	time (day)
$C = C_0 \cdot e^{-\kappa}$	k:	eliminate rate (1/day)

✤ PD: killing effect of a drug on the parasite based on the drug concentration.

Maximum killing rate (1/day)
half maximal effective concentration (mg/L)
drug concentration (mg/L)
slope
-

More details: https://journals.asm.org/doi/pdf/10.1128/aac.01712-10



Drug dynamics

PK/PD model of drug action

The killing effect of the drug is transformed into a survival factor that impacts the multiplication factors of the parasite within hosts (Molineaux model needed).

Density of parasite at time t+1:

P(t): Density of parasite at time t

$$P(t+1) = P(t) m I(t) D(t)$$

- *m:* Multiplication factors of genotype i*I(t):* Probability that parasites escape immune responses at time t
- D(t): Probability that parasite escape drug effect at time t

$$D(t) = \frac{1}{exp(intergral(f(C)))}$$

Library of PK/PD parameterization:

https://github.com/SwissTPH/openmalaria.snippets/tree/master/pharmacology

More details: https://journals.asm.org/doi/pdf/10.1128/aac.01712-10

Limitations of mathematical models



A mathematical model is an abstract description of a system that uses precise language to describe its behaviour.

Ross model:



OpenMalaira:



- Many parameters
- More time to run simulations.

Fitting of OpenMalaria



Challenges:

- Core parameters: 23 (e.g. case fatality rate, decay maternal immunity, pyrogenic threshold, immunity acquisition)
- Objectives functions: 11 (e.g. transmission intensity and age pattern of prevalence, incidence)
- Long-simulation time
- Interdependency between the different modules of the model

Single-Layer Bayesian optimisation approaches*



*Reiker et al., 2021



Who knows how to code with R?

Who knows how to code with Python?



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Practical 1: How to run a simulation in OpenMalaria

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How to use OpenMalaria ?



1. Model configuration: XML file describing the simulation to run



2. Run the model (C++): command line



3. Obtain the output (survey or continuous)

Survey output example:

P

s	Survey	Age group	m	Output neasure	Value	С	ontinu	ious output:	
1	1 1 0	158		times	step	simulated	EIR		
2 3	1	2	0	842		0	0.06	94153	
4	1	2	3	246		1	0.02	96148	
5	1	1	14	4		2	0.02	10636	
7	1	1	15	0		2	0.01	20566	
8	1	2	15	0	05670	3	0.01	30366	
. 9	+	0	30	0.1.	350/3				

4. Post-process the results



XML



<?xml version="1.0" encoding="UTF-8" standalone="no"?>
<om:scenario xmlns:om="http://openmalaria.org/schema/scenario 45" xmlns:xsi=</pre>

<demography maximumAgeYrs="90" name="Ifakara" popSize="2000">

<monitoring name="monthly surveys" startDate="1990-01-01">

<interventions name="GVI example"/>

<healthSystem>

<entomology mode="dynamic" name="Namawala" scaledAnnualEIR="20">

<diagnostics>

<model>

</om:scenario>

https://github.com/SwissTPH/openmalaria/wiki

XML - Demography



<pre><demography maximumageyrs="90" name="Ifakara" popsize="2000"></demography></pre>
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<pre><group poppercent="12.76004028" upperbound="5"></group></pre>
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<pre><group poppercent="12.75565434" upperbound="15"></group></pre>
<pre><group poppercent="10.836323739" upperbound="20"></group></pre>
<pre><group poppercent="8.393312454" upperbound="25"></group></pre>
<pre><group poppercent="7.001421452" upperbound="30"></group></pre>
<pre><group poppercent="5.800587654" upperbound="35"></group></pre>
<pre><group poppercent="5.102136612" upperbound="40"></group></pre>
<pre><group poppercent="4.182561874" upperbound="45"></group></pre>
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<pre><group poppercent="1.77400255" upperbound="70"></group></pre>
<pre><group poppercent="1.008525491" upperbound="75"></group></pre>
<pre><group poppercent="0.74167341" upperbound="80"></group></pre>
<pre><group poppercent="0.271863401" upperbound="85"></group></pre>
<pre><group poppercent="0.161614642" upperbound="90"></group></pre>

Population size

Proportions of individual in each age group

</demography>

XML - Monitoring





Start date of simulation

Measures of interest (https://github.com/SwissTPH/openmalaria/wiki/MonitoringOptions)

Start date of the survey

End date of the survey

Frequencies of survey deployment (d: day, y: year) (snapshot vs aggregated)

Age categories for reporting the measured values

XML – Health system





Access to treatments

Effect of treatments

Case fatality rate

Probability of sequelae

XML - Entomology





EIR

Mosquitos species name

Seasonality

(https://swisstph.github.io/openmalaria/four ier)

Mosquitoes species-specific parameters

XML - Diagnostic



Minimum density at which parasite is detected within host

NB: The diagnostic is used to diagnose patients with uncomplicated malaria seeking treatment and for performing each survey.

XML - Parameter



<human></human>	
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oparameter in	clude="0" name="log oddsr CF community" number="17" value="0.736202"/>
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-parameter in	since o name critical age for comorbialty number- 50 value- 0.11/305/>
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ANNAL OF ANY OF HOMY SUFFACE ALEA. THIS SHOULD HOP DE CHANGE MILESS YOU HAVE A STUSTATION SOULCE.

Do not change the parameter values of the list of parameter at end of XML

Output



Survey output example:

Su	rvey	group	Ou mea	tput asure	Value
1	1	1	0	158	
2	1	2	0	842	
3	1	1	3	18	
4	1	2	3	246	
5	1	1	14	1	
6	1	2	14	4	
7	1	1	15	0	
8	1	2	15	0	
9	1	0	36	0.1	35673
	-	-	-		

Continuous output example:

times	tep	simulated	EIR
0	0.069	4153	
1	0.029	6148	
2	0.021	0636	
3	0.013	0566	

(https://github.com/SwissTPH/openmalaria/wiki/MonitoringOptions)





Practical 1 continued: Getting started

November 28th 2023

Thiery Masserey, Lars Kamber, Nakul Chitnis Swiss TPH, Disease Modelling Unit

Objectives of Practical 1

- 1. Successfully **run OpenMalaria** on your computer
- 2. Download files for the hands-on session and set up the folder structure
- **3**. Go through first practical script:
 - 1. Run an OpenMalaria simulation from R/python using a given scenario XML
 - 2. Read in the output file and plots some results
 - **3**. Make minor adjustment to the XML and rerun the simulations





Installing OpenMalaria

A) Use pre-compiled version

- Download the latest compiled version of OpenMalaria from our GitHub page as a zip archive
 - <u>https://github.com/SwissTPH/openmalaria/releases</u>
 - Extract the archive

B) Compile OpenMalaria on your machine

- Installation instructions can be found on our GitHub wiki
 - <u>https://github.com/SwissTPH/openmalaria/wiki/UserGuide</u>

Check if OpenMalaria runs by double-clicking the file *run-example-scenario.bat* in your OpenMalaria folder (Windows). You should see the following window:





2. Setting up the folder structure

Setting up the folder structure for the hands-on session

Create a new folder containing two subfolders:

- Folder containing your running version of Openmalaria
- Folder containing the resources for the hands-on available on Google drive
 - <u>https://drive.google.com/drive/folders/1IG</u>
 <u>dBK5dWFRCYczMuSTjo9vqbFEtuj7jl</u>
 - We will continuously upload solutions and simulation outputs to the Google drive



folder





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Practical 2: How to compare interventions in OpenMalaria

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28 November 2023

Intervention and OpenMalaria



Vector model:



TBV **BSV** Infectious Infectiousness mosquitos to mosquitos Incidence of **Blood-stage** Immunity infections infections Case-**Clinical events** management (uncomplicated, AIV and drug sever, deaths)

- Efficacy can decay over time (half-life and shape functions).
- Variation of efficacy among individuals.

Human model:

Example of XML parameterisation



Pre-erythrocytic vaccine (PEV)



Category of interventions

- human (deploy to human)
- vectorPop (deploy to mosquitos)

Define the name of the intervention Define the decay of the intervention Define the variation of efficacy between ind. Define the efficacy of the intervention

Example of XML parameterisation



Insecticide-treated bed nets (ITNs)



Category of intervention (human/vector) Define the name of the intervention Define the decay of the intervention Define the mosquito's specie affected Define the % of mosquito bites affected Define the effect of the intervention

Deployment of interventions



* Timed: mass administration of the intervention to a part of the population (time, coverage, age range, etc.).



Continuous: Individuals receive the intervention when they reach a specific age.



Objectives of practical 2



Compare the impact of interventions in OpenMalaria:

1) Run three simulations:

- Control arm
- ITN arm
- PEV arm
- 2) Compare the effect of the two interventions on the number of uncomplicated cases (p.p./year)



We will use the same XML as in Practical 1 for the control arm but with:

- Monthly survey
- Only one age group (0-100)

3) Quantify the impact of the interventions

Interventions	% of cases averted
ITN	Z%
PEV	X%