A linear algebra approach to understanding the basic reproduction number

> Andrew Brouwer January 13, 2016

Motivation

- Just because you have the tools and know what to do with them doesn't mean you know why they work.
- The linear algebra techniques of matrix multiplication and inversion may allow us to compute the basic reproduction number, but interpretation requires that we understand what the pieces and operations mean.
- Outline: Next Generation Method, Geometric explanation of why it works, Graph theory methods of interpretation.

Basic reproduction number

- "the average number of secondary cases arising from a typical primary case in an entirely susceptible population"
- In practice, R₀ may not correspond exactly to the above definition, especially when considering extensions like vectors or the environment
- Threshold for the local stability of the disease-free equilibrium (DFE)

Classic SIR example

 $\frac{dS}{dt} = -\beta IS$ $\frac{dI}{dI} = \beta IS - \gamma I$ $\frac{dR}{dI} = \gamma I$

 In the classic SIR model, R_o is the contact rate times the average duration of the infectious period

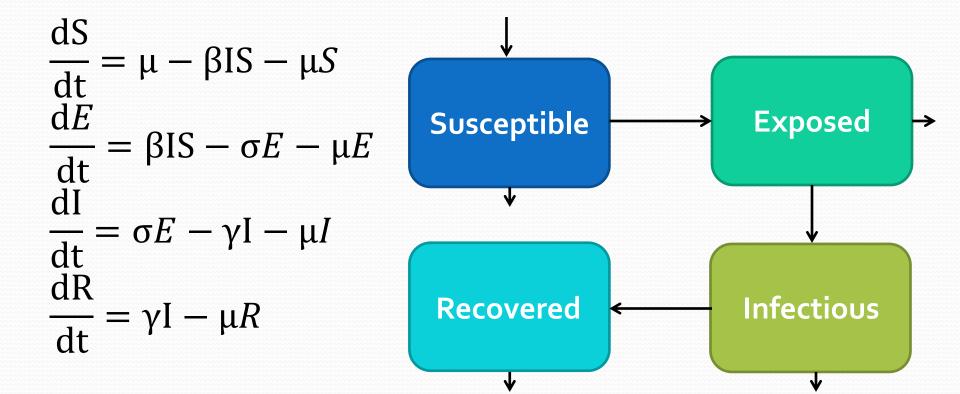
 $R_0 = \beta \times \frac{1}{\gamma}$ contact rate average infectious period

Next generation method

- Multiple methods exist to calculate R_o, but the next generation method is one of the most common and rigorous ways.
- Define:
 - Let x be the vector of states and x₀ the DFE
 - For each infected compartment *i*
 - Let f_i be the rate of influx of newly infected people to compartment i
 - Let v_i be the net transfer of individuals out of compartment i

• Then
$$\frac{dx_i}{dt} = f_i(x) - v_i(x)$$

Example: SEIR with demography



Example: SEIR with demography

$$\frac{dS}{dt} = \mu - \beta IS - \mu S$$
$$\frac{dE}{dt} = \beta IS - \sigma E - \mu E$$
$$\frac{dI}{dt} = \sigma E - \gamma I - \mu I$$
$$\frac{dR}{dt} = \gamma I - \mu R$$

$$f(x) = \begin{bmatrix} \beta IS \\ 0 \end{bmatrix}$$
$$v(x) = \begin{bmatrix} (\sigma + \mu)E \\ (\gamma + \mu)I - \sigma E \end{bmatrix}$$

Next generation method

- Define:
 - Let *F* and *V* be the Jacobians of *f* and *v* evaluated at the disease-free equilibrium
- That is

•
$$F_{ij} = \frac{df_i}{dx_j}\Big|_{x=x_0}$$
 e.g. $F = \begin{bmatrix} \frac{df_E}{dE} & \frac{df_E}{dI} \\ \frac{df_I}{dE} & \frac{df_I}{dI} \end{bmatrix}_{x=x_0}$

Example: SEIR with demography

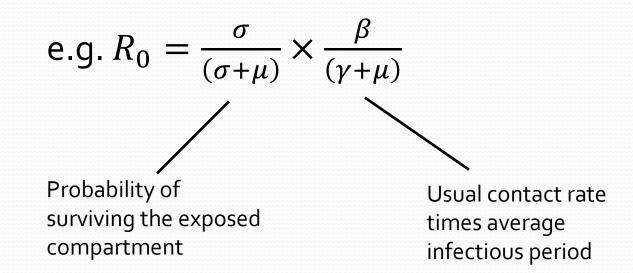
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$$f(x) = \begin{bmatrix} \beta IS \\ 0 \end{bmatrix}$$
$$v(x) = \begin{bmatrix} (\sigma + \mu)E \\ (\gamma + \mu)I - \sigma E \end{bmatrix}$$

$$F = \begin{bmatrix} 0 & \beta \\ 0 & 0 \end{bmatrix}$$
$$V = \begin{bmatrix} \sigma + \mu & 0 \\ -\sigma & \gamma + \mu \end{bmatrix}$$

Next generation method

- The matrix FV^{-1} is called the next generation matrix
- The basic reproduction number is the spectral radius (largest eigenvalue) of the next generation matrix.

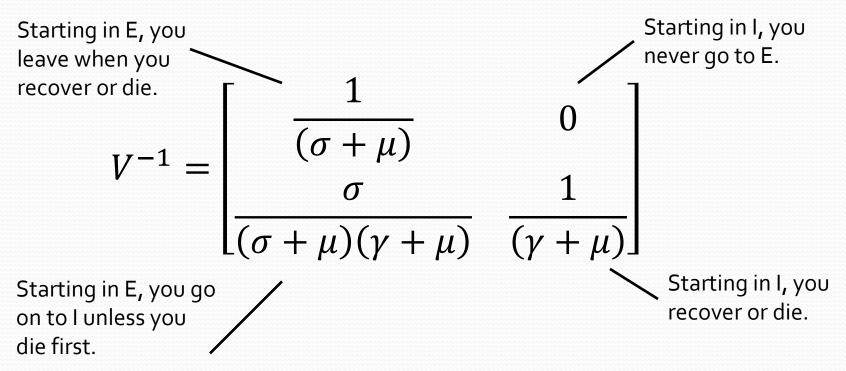


Um, what? Why *FV*⁻¹?

 The (j, k) entry of V⁻¹ is the average length of time an individual introduced into compartment k spends in compartment j in its lifetime.

$$V^{-1} = \begin{bmatrix} \frac{1}{(\sigma + \mu)} & 0\\ \frac{\sigma}{(\sigma + \mu)(\gamma + \mu)} & \frac{1}{(\gamma + \mu)} \end{bmatrix}$$

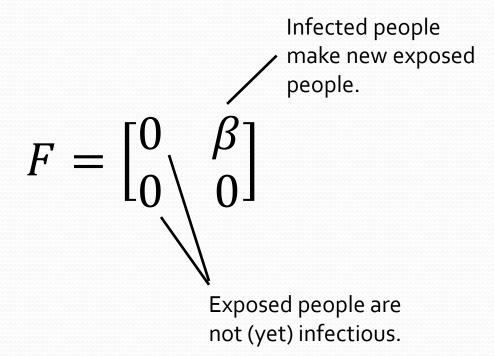
 The (j, k) entry of V⁻¹ is the average length of time an individual introduced into compartment k spends in compartment j in its lifetime.



 The (*i*, *j*) entry of *F* is the rate at which infected individuals in compartment *j* produce a new infection in compartment *i*.

$$F = \begin{bmatrix} 0 & \beta \\ 0 & 0 \end{bmatrix}$$

 The (i, j) entry of F is the rate at which infected individuals in compartment j produce a new infection in compartment i.



 The (i, k) entry of FV⁻¹ is the thus the expected number of new infections in compartment i produced by an infected individual started in k.

$$FV^{-1} = \begin{bmatrix} \frac{\beta\sigma}{(\sigma+\mu)(\gamma+\mu)} & \frac{\beta}{(\gamma+\mu)} \\ 0 & 0 \end{bmatrix}$$

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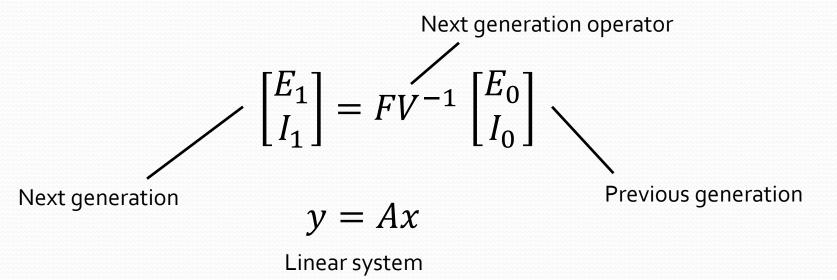
$$FV^{-1} = \begin{bmatrix} \frac{\beta\sigma}{(\sigma + \mu)(\gamma + \mu)} & \frac{\beta}{(\gamma + \mu)} \\ 0 & 0 \end{bmatrix}$$

Infected people make new exposed, not new infectious.

But why the spectral radius?

Next generation

 Near the disease free equilibrium, the process of making the next generation is approximately linear.

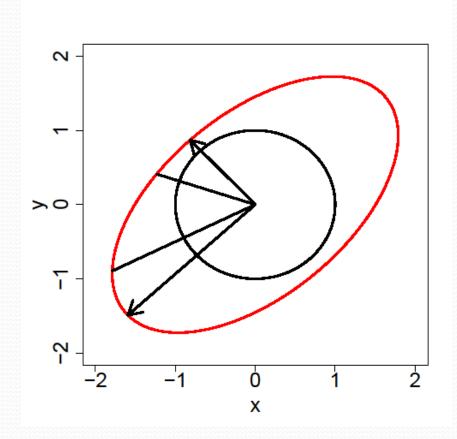


• We can use the geometry of linear systems!

Apply a linear transformation to a circle

- The resulting ellipse has major and minor axes.
- We also note the eigenvectors of the transformation matrix.

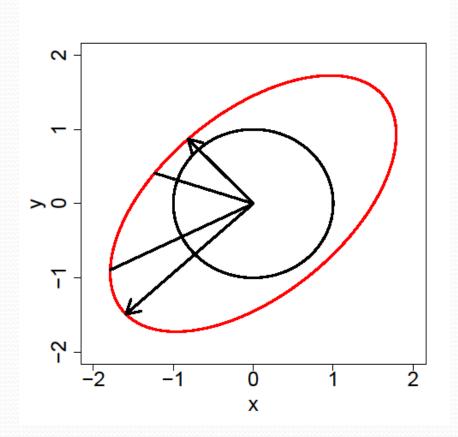
$$A = \begin{bmatrix} 1.58 & 0.84 \\ 0.14 & 1.72 \end{bmatrix}$$



Apply a linear transformation to a circle

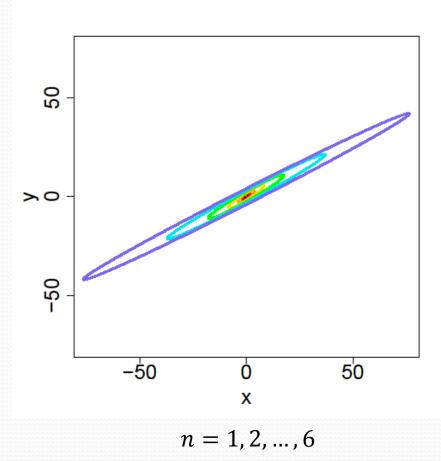
- The size of the next generation depends on the initial conditions.
- The largest possible next generation

 (||A|| =2.18) is not the same as the largest eigenvalue (ρ(A) =2).



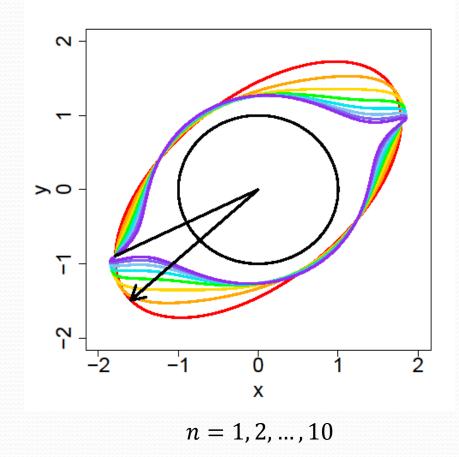
Multiple generations: $A^n x$

- After multiple generations, the ellipse becomes exaggerated, and the relative influence of the eigenvectors changes.
- This tells us about long term behavior.
- But we want AVERAGE behavior.
- We need to scale the ellipses.

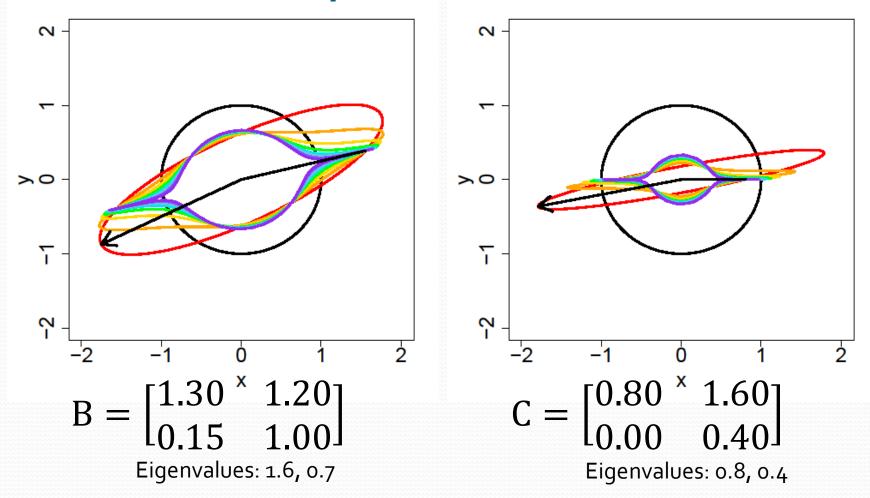


Scale so that magnitude is $\sqrt[n]{||A^n x||}$

- Taking the limit as n → ∞ gives the long run average behavior.
- As *n* increases, we see $\sqrt[n]{\|A^n\|}$ converging to $\rho(A)$.
- The size of the average next generation will be ρ(A) because (almost every) initial condition converges to lie along the dominant eigenvector.



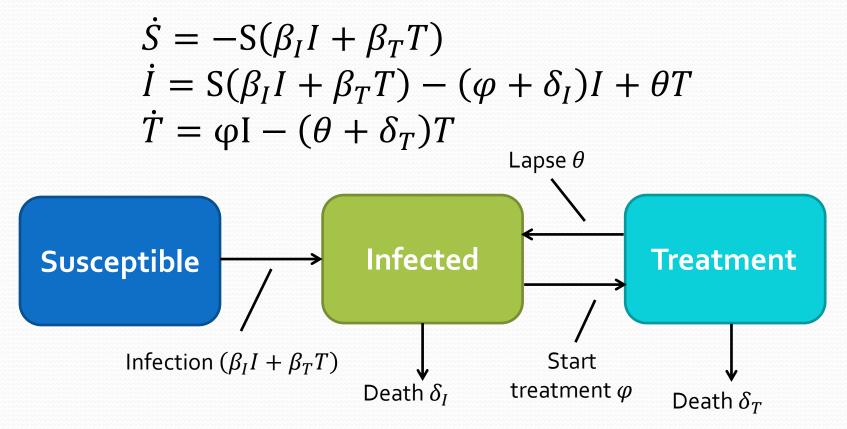
More examples



- We now understand why the spectral radius is the right measure.
- But we still may struggle with interpreting the NGM matrix in terms of our parameters, especially in high dimensional cases.

Example: Treatment compliance

 Infected individuals can go on and off a treatment that reduces their infectivity and mortality rate



Example: Treatment compliance

$$f(x) = \begin{bmatrix} S(\beta_I I + \beta_T T) \\ 0 \end{bmatrix} \qquad F = \begin{bmatrix} \beta_I & \beta_T \\ 0 & 0 \end{bmatrix}$$
$$v(x) = \begin{bmatrix} (\varphi + \delta_I)I - \theta T \\ (\theta + \delta_T)T - \varphi I \end{bmatrix} \qquad V = \begin{bmatrix} \varphi + \delta_I & -\theta \\ -\varphi & \theta + \delta_T \end{bmatrix}$$

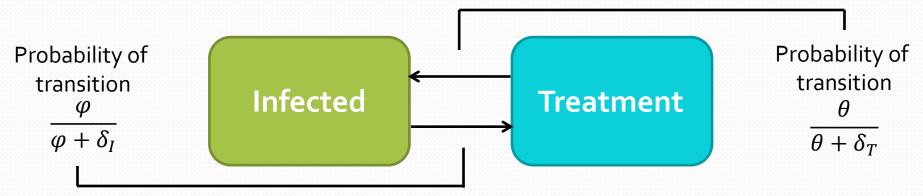
$$V^{-1} = \begin{bmatrix} \frac{\theta + \delta_T}{(\varphi + \delta_I)(\theta + \delta_T) - \varphi\theta} & \frac{\theta}{(\varphi + \delta_I)(\theta + \delta_T) - \varphi\theta} \\ \frac{\varphi}{(\varphi + \delta_I)(\theta + \delta_T) - \varphi\theta} & \frac{\varphi + \delta_I}{(\varphi + \delta_I)(\theta + \delta_T) - \varphi\theta} \end{bmatrix}$$

Um, what?

These are average times spent in the compartments?

How do we interpret $(\varphi + \delta_I)(\theta + \delta_T) - \varphi \theta$?

 How many times, on average, will I not be on treatment? To answer this, first ask, what is the probability that I relapse if I start treatment.



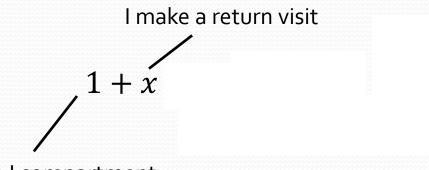
• The probability of jumping to treatment and back is $\frac{\varphi\theta}{(\varphi+\delta_I)(\theta+\delta_T)}$.

• Let us count the number of visits times the probability of making the visit. This will give us the expected number.

• First define
$$x \coloneqq \frac{\varphi \theta}{(\varphi + \delta_I)(\theta + \delta_T)}$$

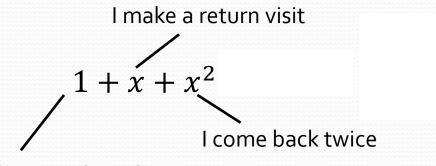
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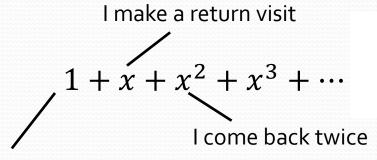
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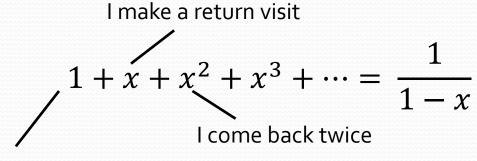
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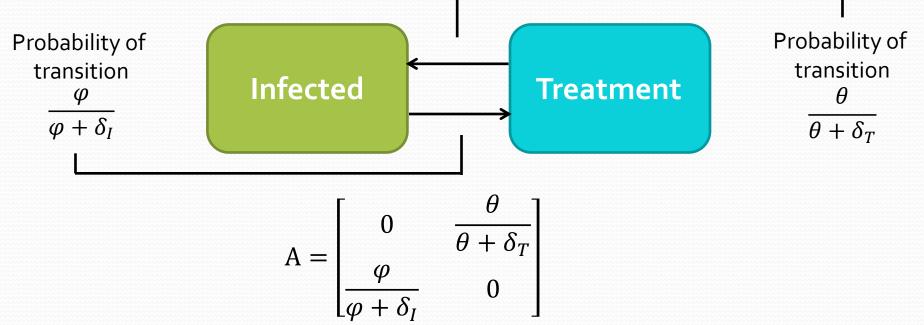
• First define
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- So the expected number of visits to I is $\frac{1}{1-x} = \frac{1}{1-\frac{\varphi\theta}{(\varphi+\delta_I)(\theta+\delta_T)}} = \frac{(\varphi+\delta_I)(\theta+\delta_T)}{(\varphi+\delta_I)(\theta+\delta_T)-\varphi\theta}$
- Each visit to I lasts, on average, $\frac{1}{\varphi + \delta_I}$.
- So, I expect to spend $\frac{(\varphi + \delta_I)(\theta + \delta_T)}{(\varphi + \delta_I)(\theta + \delta_T) - \varphi\theta} \times \frac{1}{\varphi + \delta_I} = \frac{\theta + \delta_T}{(\varphi + \delta_I)(\theta + \delta_T) - \varphi\theta}$ much time in the compartment over my infectious lifetime. This is $V^{-1}_{1,1}$.

Graph-theoretic interpretation

• Write the adjacency matrix *A* of the weighted, directed graph of the infected compartments such that *A*_{*m*,*n*} is the probability of moving from compartment *n* to compartment *m*



Graph-theoretic interpretation

Then

$$M = I + A + A^2 + A^3 + \dots = (I - A)^{-1}$$

is the matrix who (i, j) entry is the expected number of visits to compartment i if you start in compartment j.

• So we can write V^{-1} as the product of waiting times and this matrix of expected visits Probability of going T to I Average time $\int_{\text{visit to I}} \frac{1}{V^{-1}} = \begin{bmatrix} \frac{1}{\varphi + \delta_I} & 0\\ 0 & \frac{1}{\theta + \delta_T} \end{bmatrix} \times \left(\begin{bmatrix} 1 & 0\\ 0 & 1 \end{bmatrix} - \begin{bmatrix} 0 & \frac{\theta}{\theta + \delta_T} \\ \frac{\varphi}{\varphi + \delta_I} & 0 \end{bmatrix} \right)^{-1}$ Average time spent in a visit to T Probability of going I to T

Teaser: R_o and infection control

- The basic reproduction number has implications for infection control. If a fraction of susceptibles greater than $1 \frac{1}{R_0}$ is permanently protected at birth, an epidemic cannot occur.
- If we want to control not by mass vaccination rather but by targeting subgroups (e.g. only vectors) or specific pathways (e.g. genital-to-genital intercourse), then there exist extensions of R_0 , called the *type* and *target reproduction numbers* that can do this.

Questions?



All this—and more!—is written up in a document I can share upon request.