

# Modeling spatial transmission of infectious diseases

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# Content

- Training and career path
- Forecasting spatial spread of influenza (2016-2019)
- Modeling and inference for COVID-19 (2020-2023)
- Use of foot-traffic data in epidemic models

Undergraduate

PhD

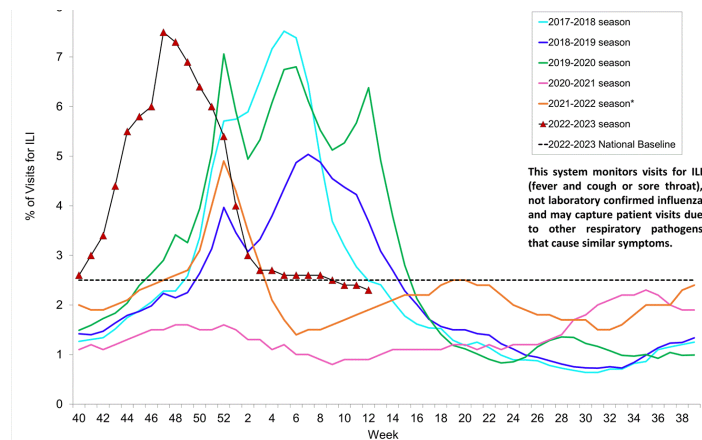
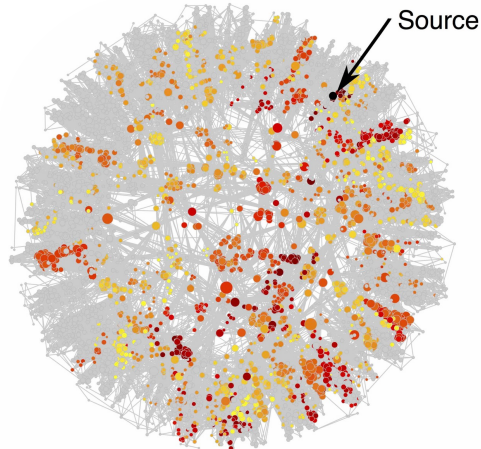
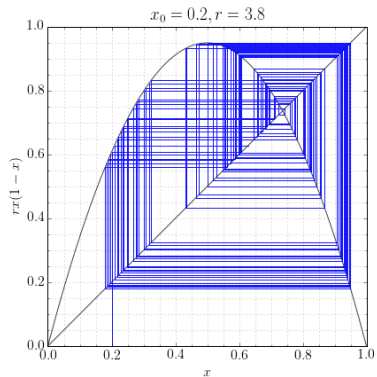
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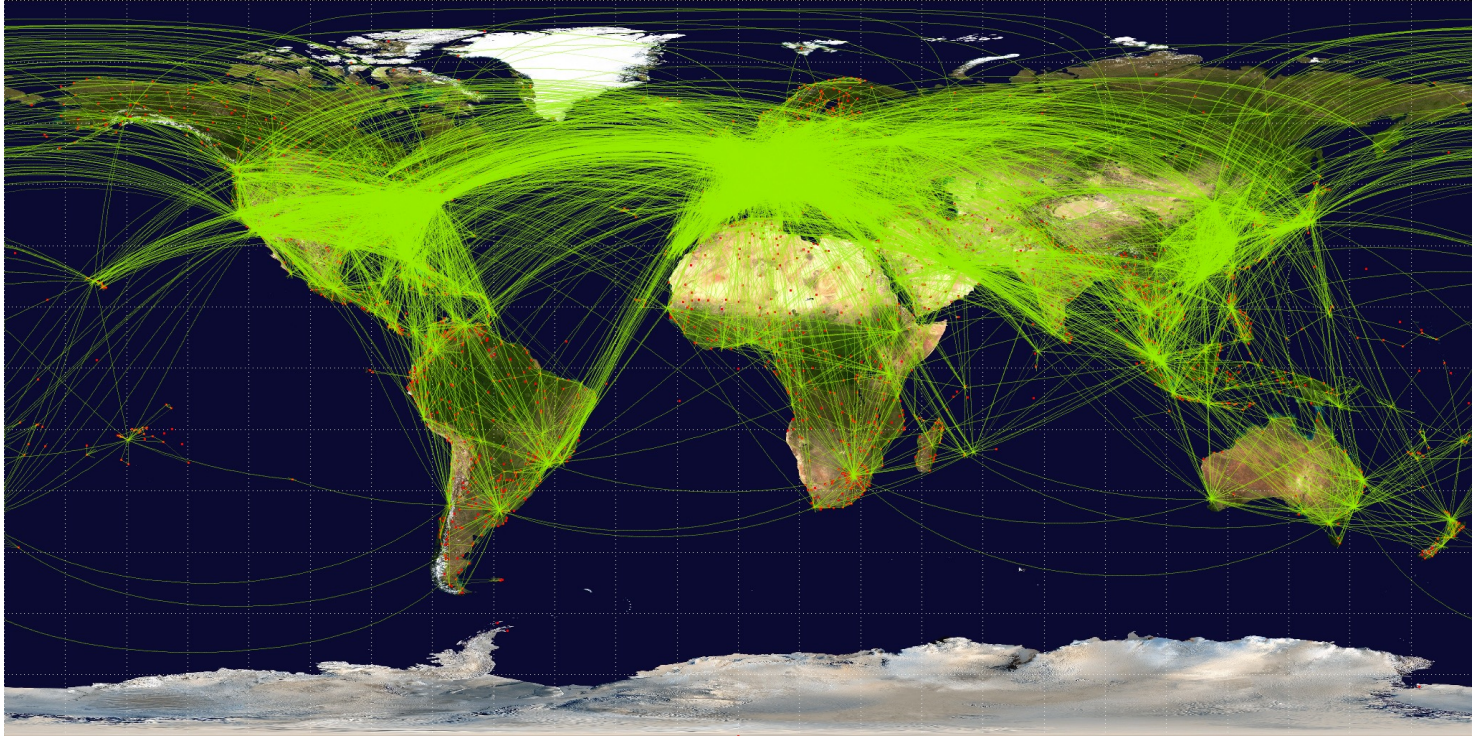
Dynamical systems

Networks

Infectious Disease



# Human mobility and spatial spread of infectious diseases

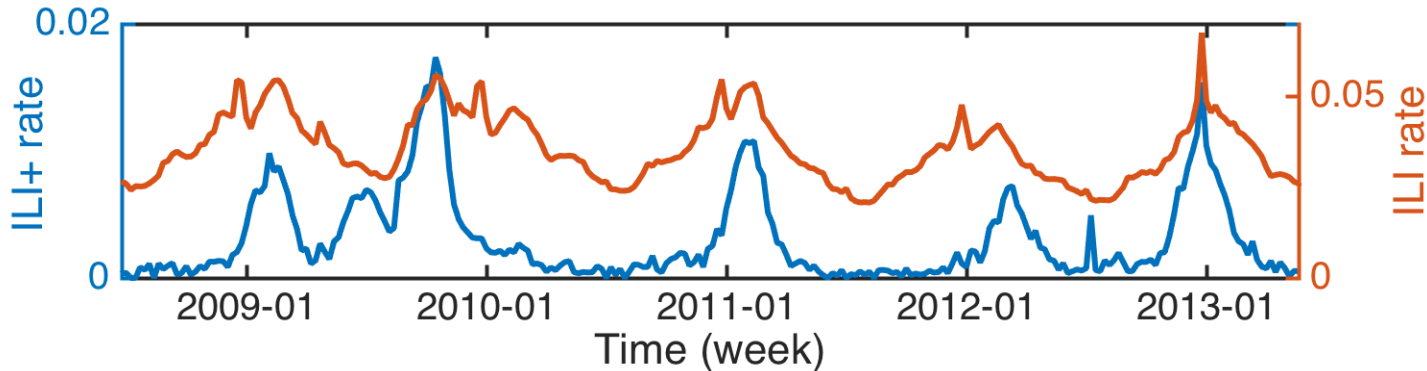
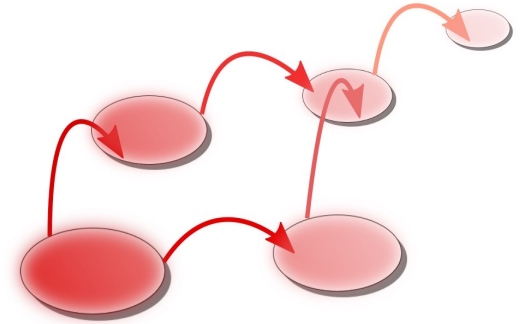




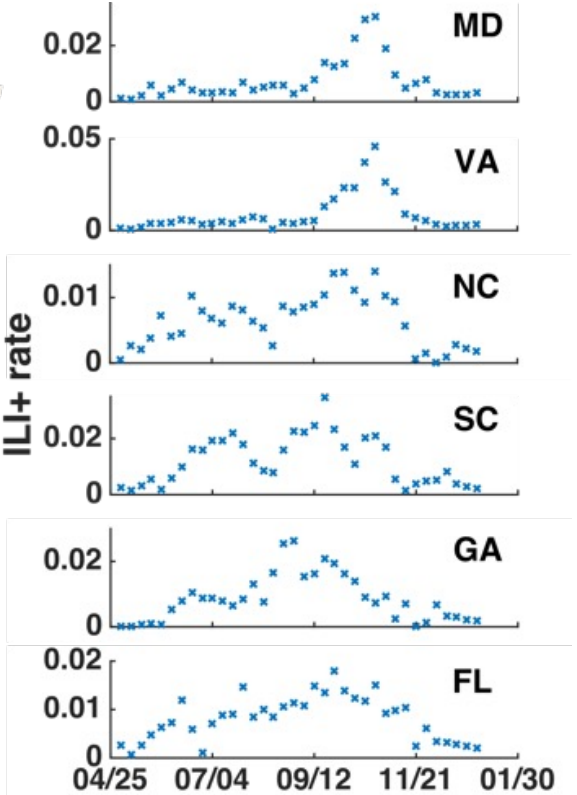
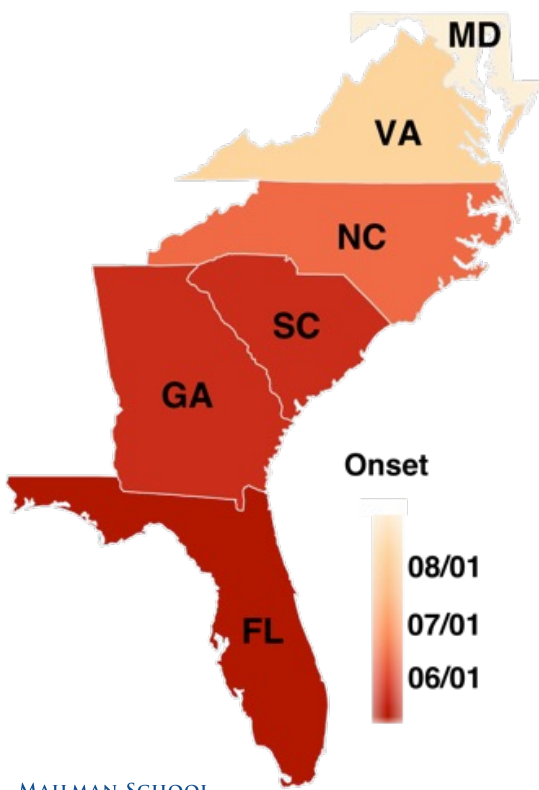
# Can we predict the spatial spread of influenza in real time?

# Forecasting spatial spread is challenging

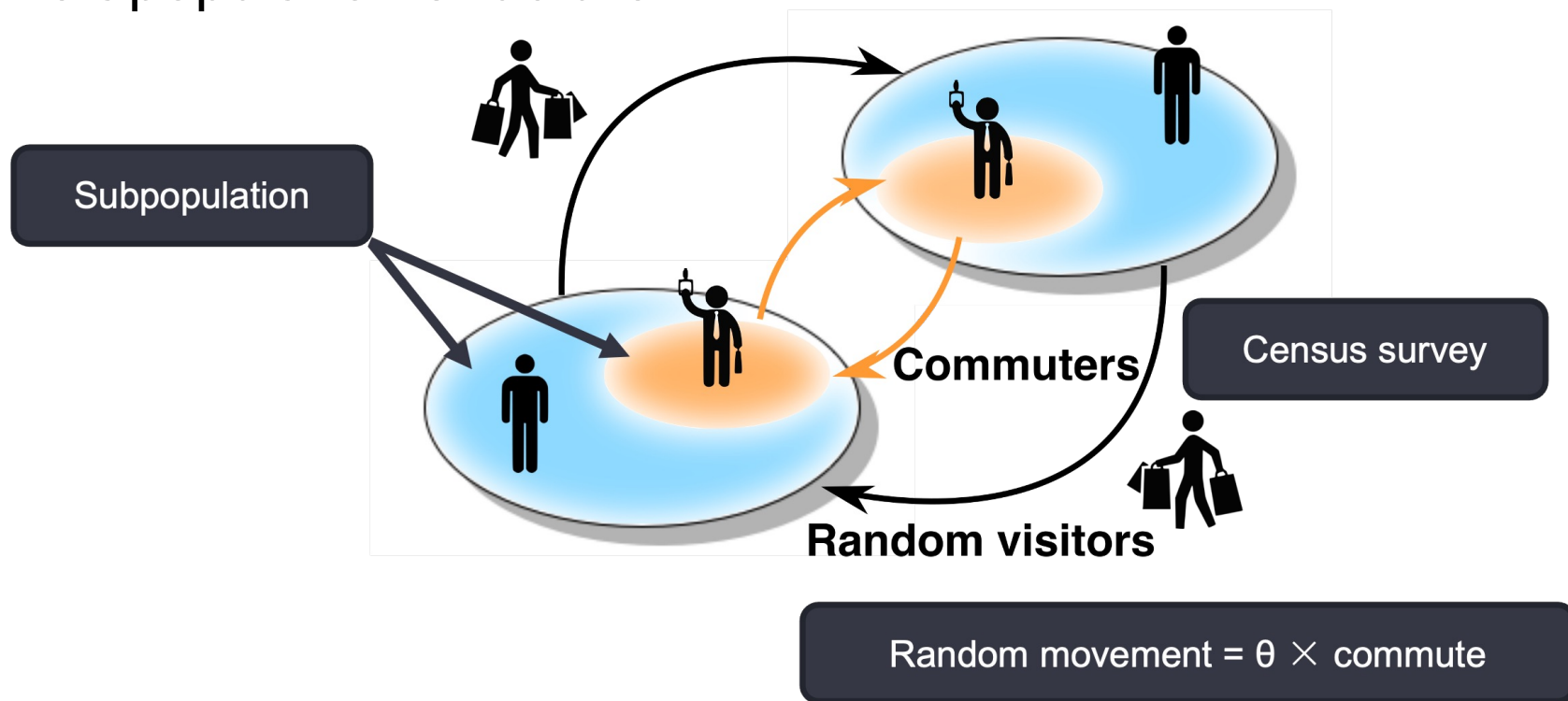
- Mobility data are not available in real-time
- Parameter may change over time
- Limited disease data to validate (in 2017)
- A data-driven metapopulation model
- Influenza data from DoD healthcare system (35 states)



# Spatial spread of 2009 H1N1 pandemic



# A metapopulation structure



# A humidity-driven SIRS model

## Day time transmission equations: SIRS model

Modulated by humidity data

$$\frac{dI_n^k}{dt} = \frac{\beta_n(t) S_n^k I_n^k}{N_n} - \frac{I_n^k}{D} - \frac{\theta I_n^k}{N_n} \sum_{m \neq n} \bar{N}_m^n + \frac{\theta N_n^k}{N_n} \sum_{m \neq n} \bar{N}_n^m \frac{I_m^k}{N_m},$$

$$\frac{dS_n^k}{dt} = \frac{N_n^k - S_n^k - I_n^k}{L} - \frac{\beta_n(t) S_n^k I_n^k}{N_n} - \frac{\theta S_n^k}{N_n} \sum_{m \neq n} \bar{N}_m^n + \frac{\theta N_n^k}{N_n} \sum_{m \neq n} \bar{N}_n^m \frac{S_m^k}{N_m}.$$

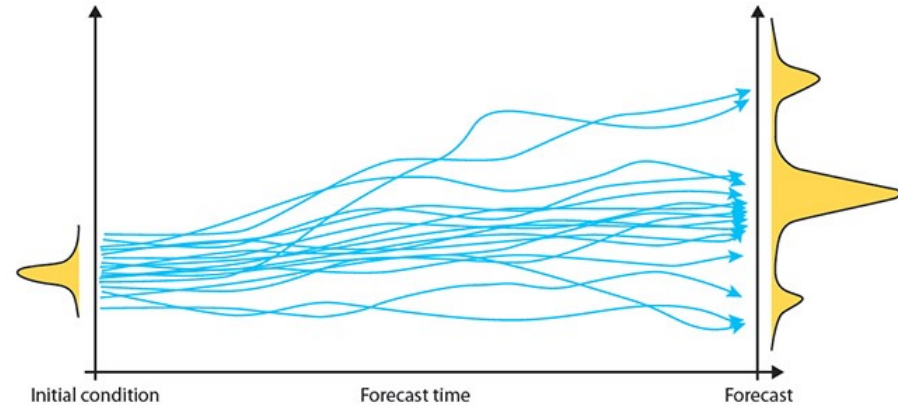
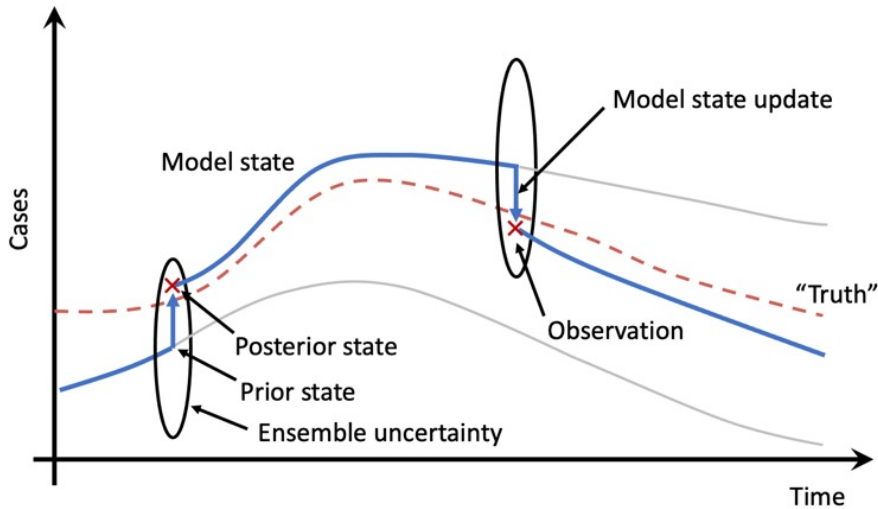
Within location transmission

Population exchange

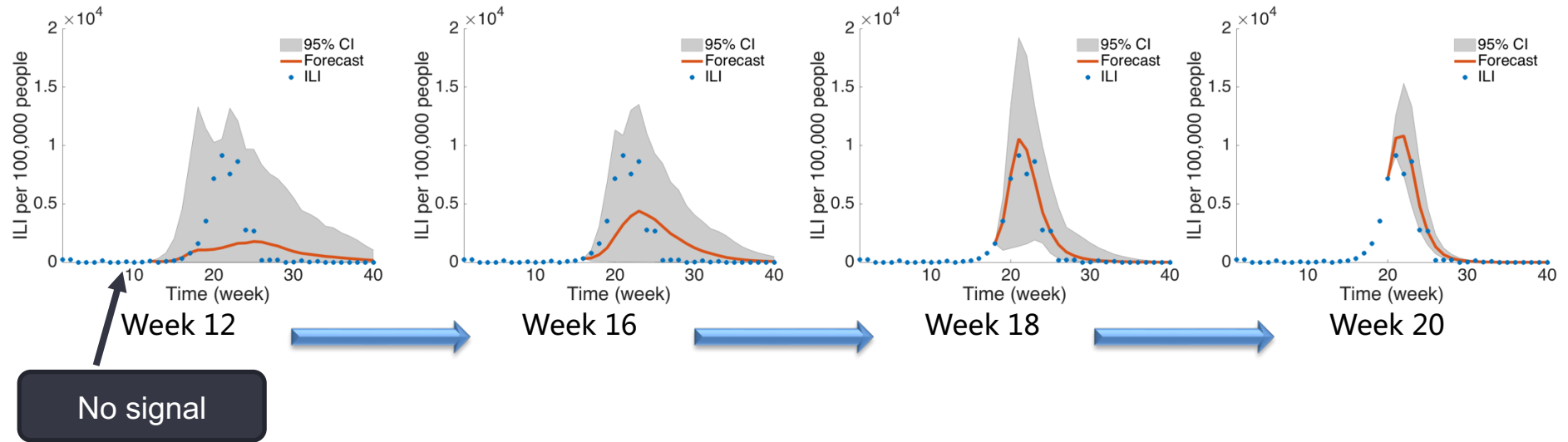


# Model calibration and forecasting

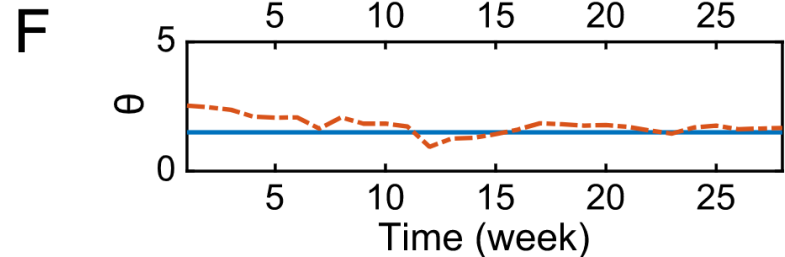
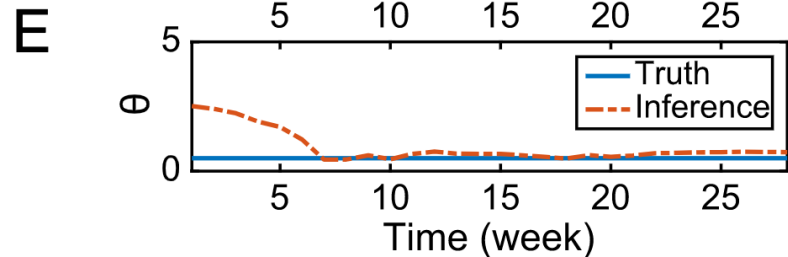
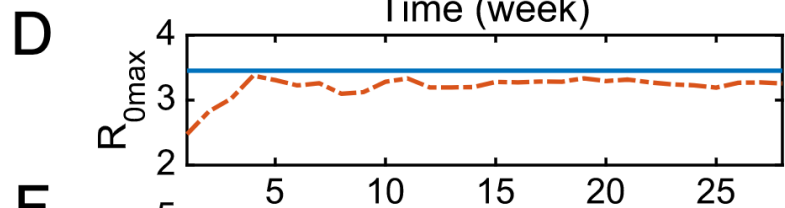
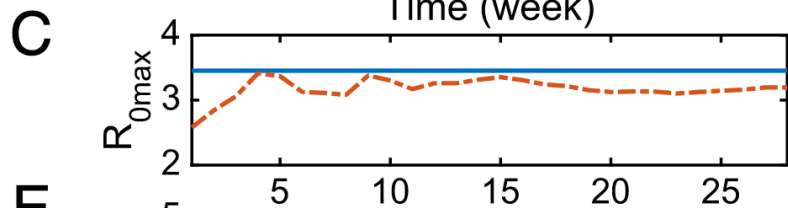
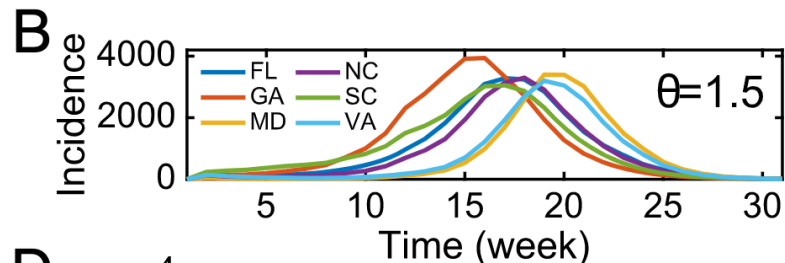
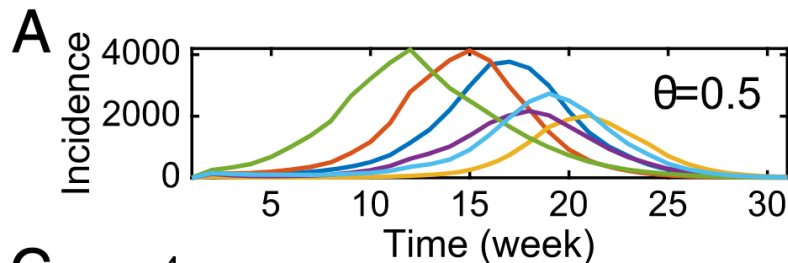
- A high-dimensional system
- Ensemble Kalman filter (numerical weather prediction)



# An example of ensemble forecasting using a local model

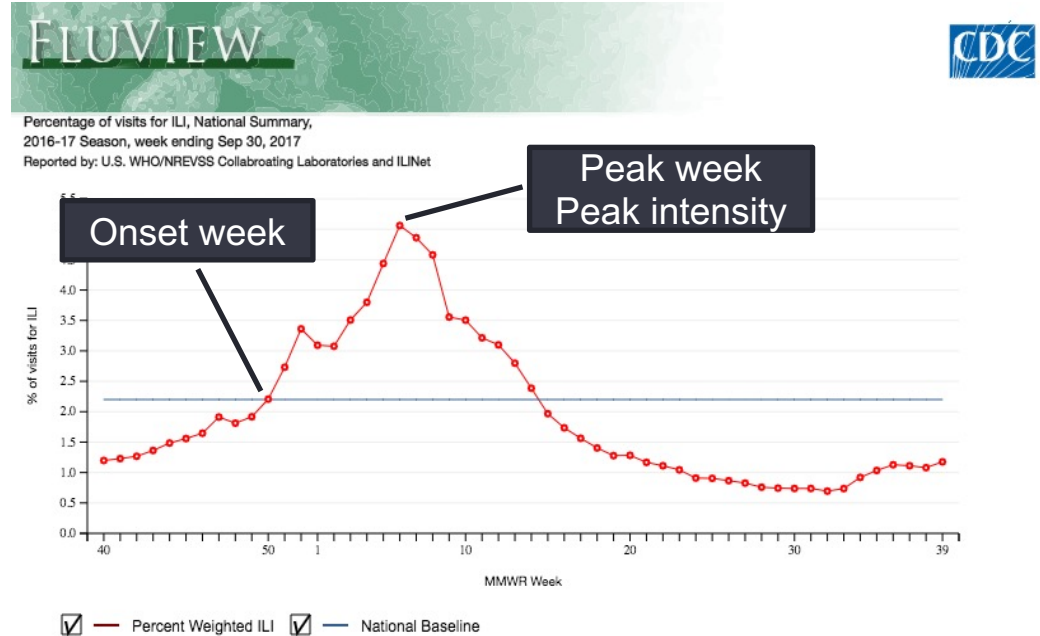


# Parameter inference

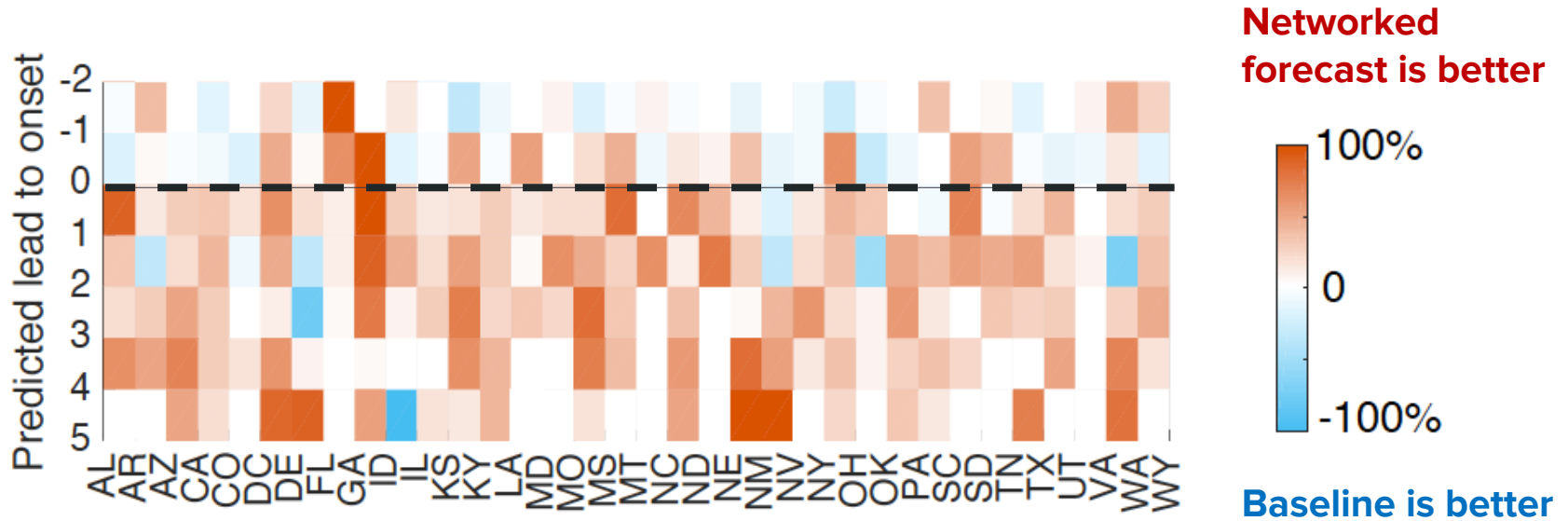


# Retrospective forecasting

- 2008-2012, 35 US states
- Weekly forecasting
  - Metapopulation model
  - Local model (Baseline)



## Improvement of onset prediction for each individual state

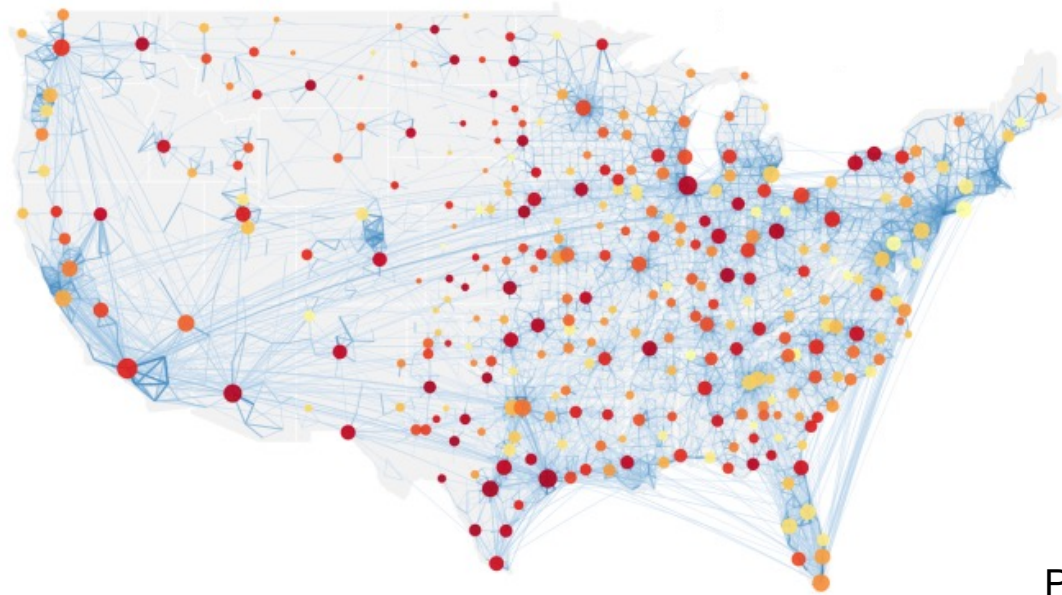


Forecasts for peak week and peak intensity are also improved

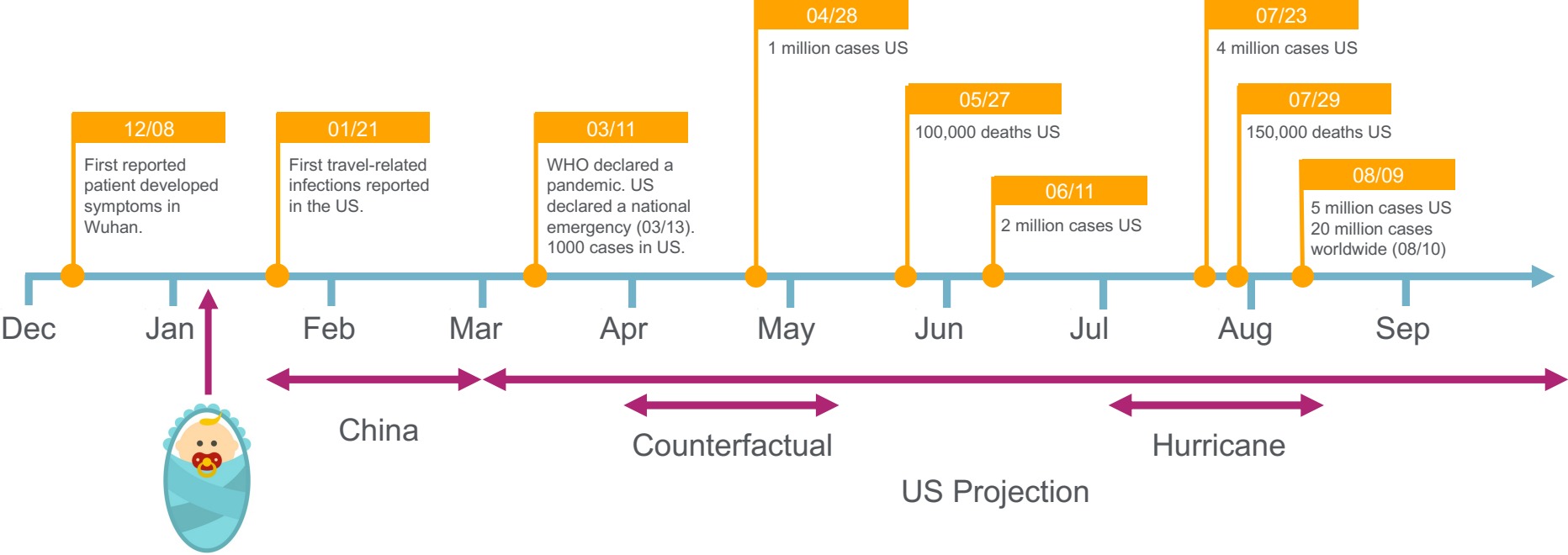


# A county-level model for respiratory viruses

- Optimal selection of surveillance sites (2018-2019)
- Influenza, human metapneumovirus, **endemic coronavirus**



# COVID-19 in 2020



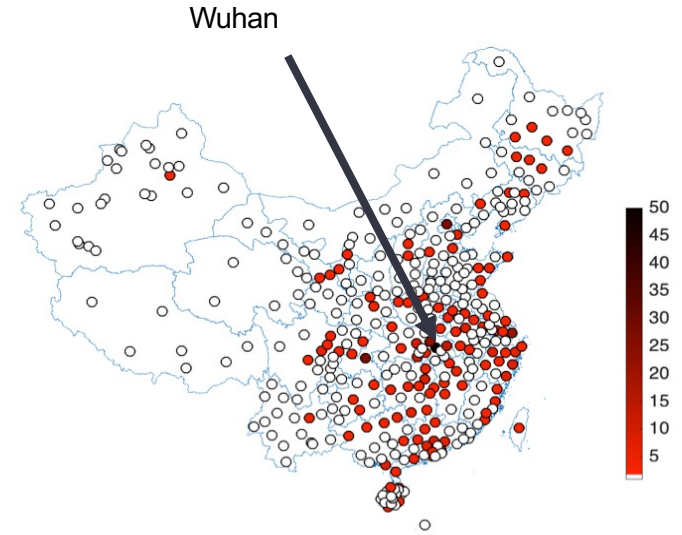
# A pandemic?

- Fast spatial spread, only ~900 cases
- Endemic coronavirus (229E, NL63, OC43, HKU1)
  - Infections with no/mild symptoms

**How many infections were not detected?**

**How infectious are the undetected infections?**

- Potential for a pandemic?

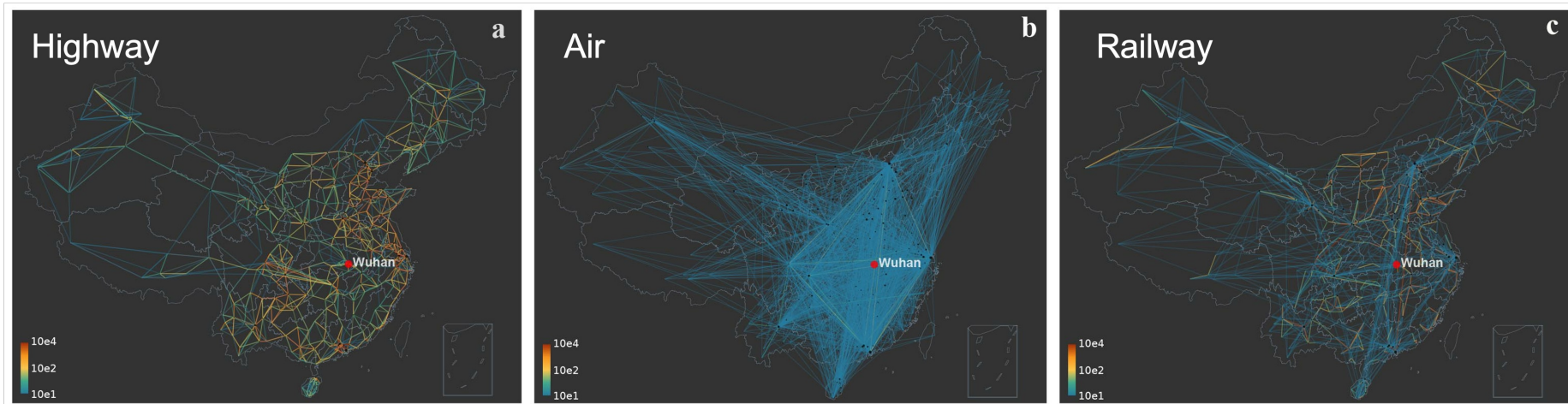


Cumulative number of reported cases in 375 cities as of Jan 23. Wuhan has 454 cases.

# What is the role of undetected infections?

# Modeling SARS-CoV-2 spread in China

- Chunyun: travel during lunar New Year (3 billion trips in 40 days)
- Tencent location-based service data in 2018
- 375 cities, Jan 10 – Jan 23, before Wuhan lockdown





# Metapopulation SEIR model

- Susceptible (S), exposed (E), **documented infection** (I<sup>r</sup>), **undocumented infection** (I<sup>u</sup>), removed (R)
- **Fraction of undocumented infection, relative contagiousness**

$$\begin{array}{l}
 \frac{dS_i}{dt} = \left[ -\frac{\beta S_i I_i^r}{N_i} - \frac{\mu \beta S_i I_i^u}{N_i} \right] + \left[ \theta \sum_j \frac{M_{ij} S_j}{N_j - I_j^r} - \theta \sum_j \frac{M_{ji} S_i}{N_i - I_i^r} \right] \\
 \frac{dE_i}{dt} = \left[ \frac{\beta S_i I_i^r}{N_i} + \frac{\mu \beta S_i I_i^u}{N_i} - \frac{E_i}{Z} \right] + \left[ \theta \sum_j \frac{M_{ij} E_j}{N_j - I_j^r} - \theta \sum_j \frac{M_{ji} E_i}{N_i - I_i^r} \right] \\
 \frac{dI_i^r}{dt} = \alpha \frac{E_i}{Z} - \frac{I_i^r}{D} \\
 \frac{dI_i^u}{dt} = (1 - \alpha) \frac{E_i}{Z} - \frac{I_i^u}{D} + \left[ \theta \sum_j \frac{M_{ij} I_j^u}{N_j - I_j^r} - \theta \sum_j \frac{M_{ji} I_i^u}{N_i - I_i^r} \right]
 \end{array}$$

Within city transmission

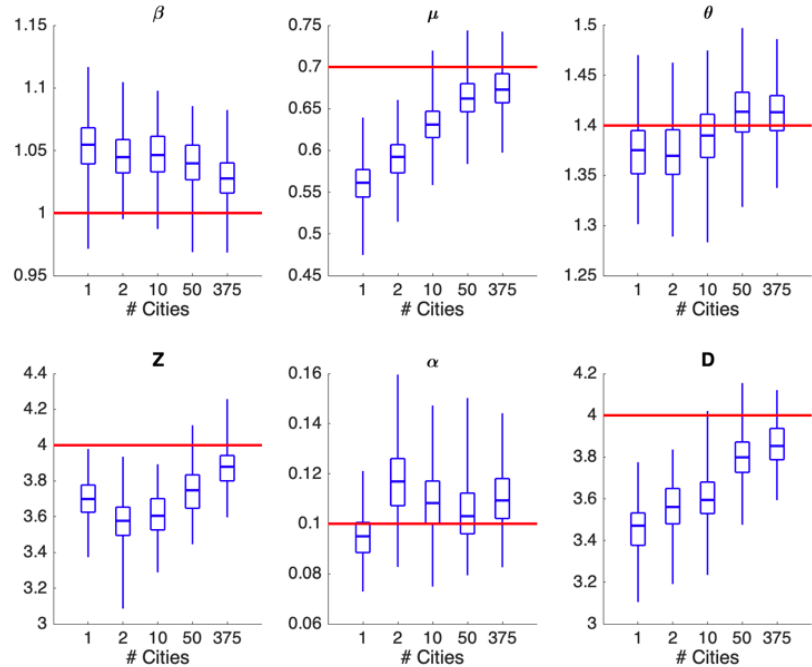
Cross city migration

## Parameter

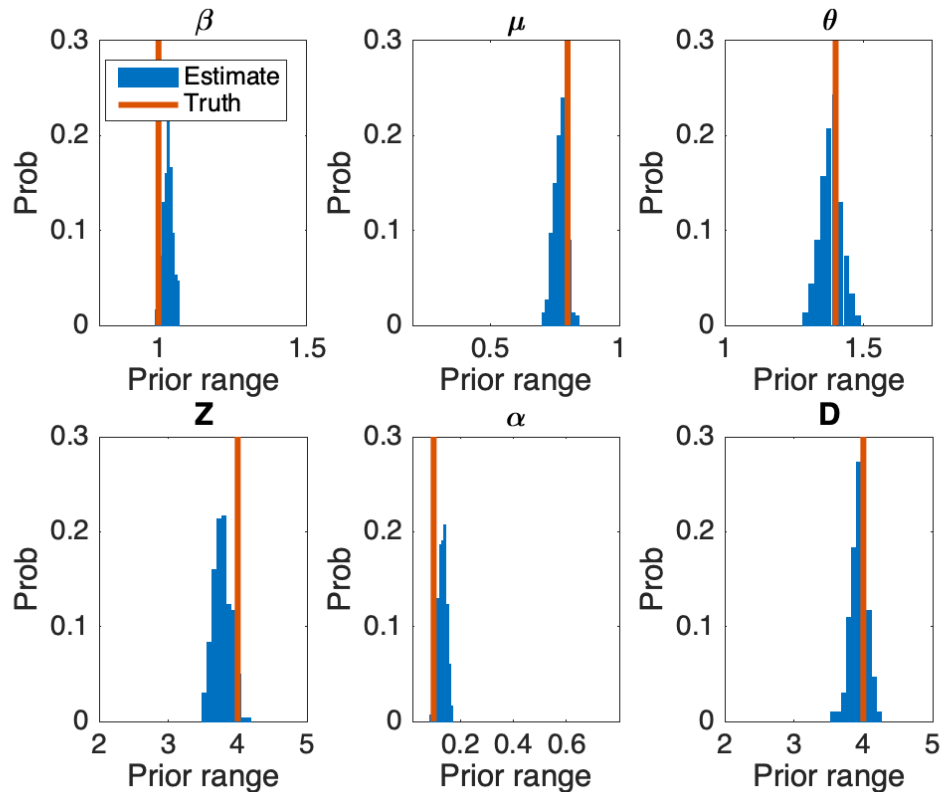
- Transmission rate ( $\beta$ , days<sup>-1</sup>)
- Relative transmission rate ( $\mu$ )
- Latency period ( $Z$ , days)
- Infectious period ( $D$ , days)
- Reporting rate ( $\alpha$ )
- Basic reproductive number ( $R_e$ )
- Mobility factor ( $\theta$ )

# Parameter inference

- Iterated filtering with ensemble adjustment Kalman filter
- Parameter identifiability?
- Connectivity improves identifiability!

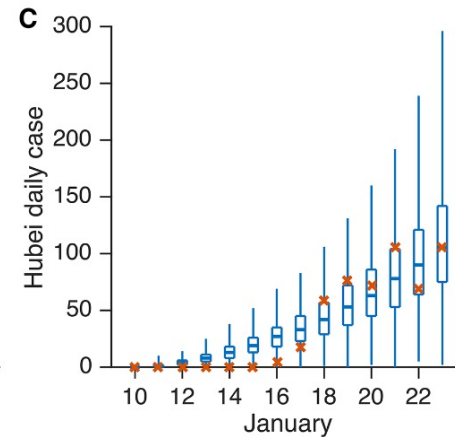
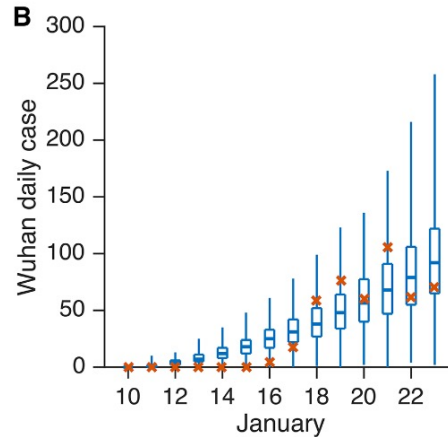
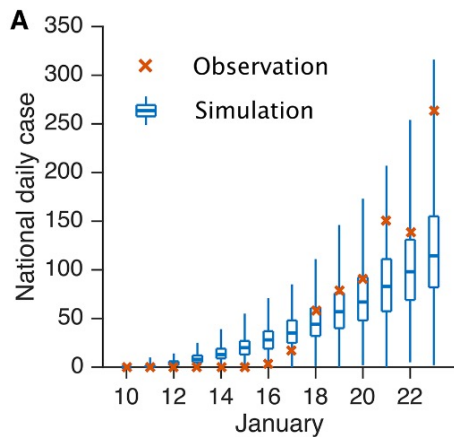


# Validation using synthetic outbreaks



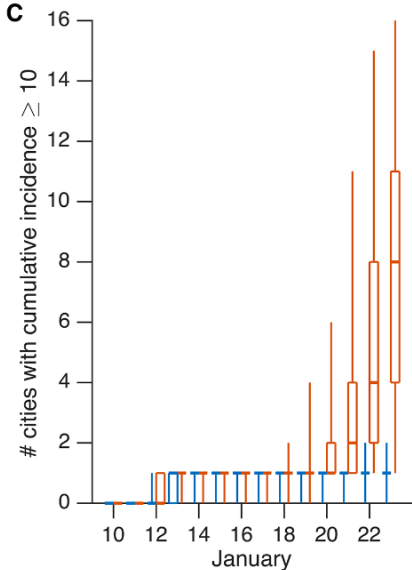
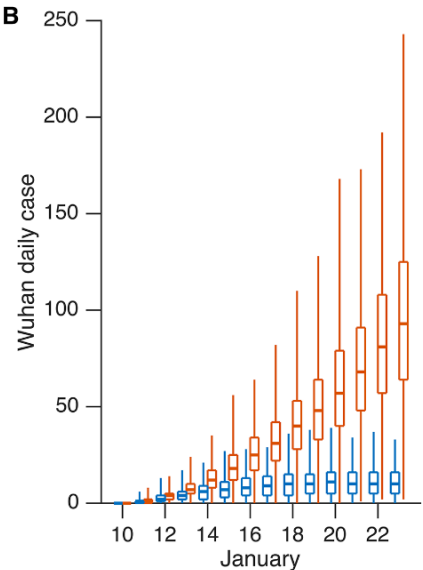
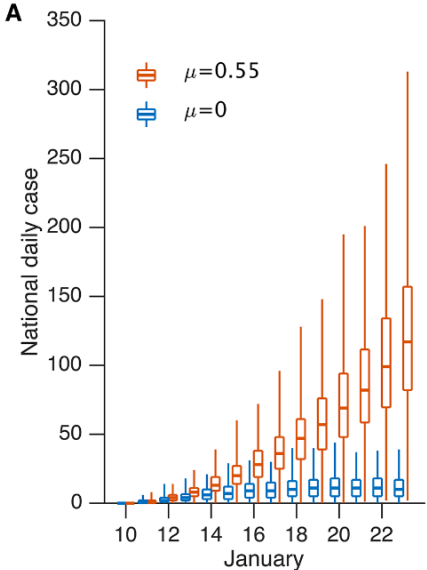
# Inference results

- **86% [82%, 90%]** infections were undocumented before travel restrictions
- The transmission rate of undocumented infections was **55% [46%, 62%]** of documented infections



# Counterfactual simulations

- Assume undocumented infections are not contagious

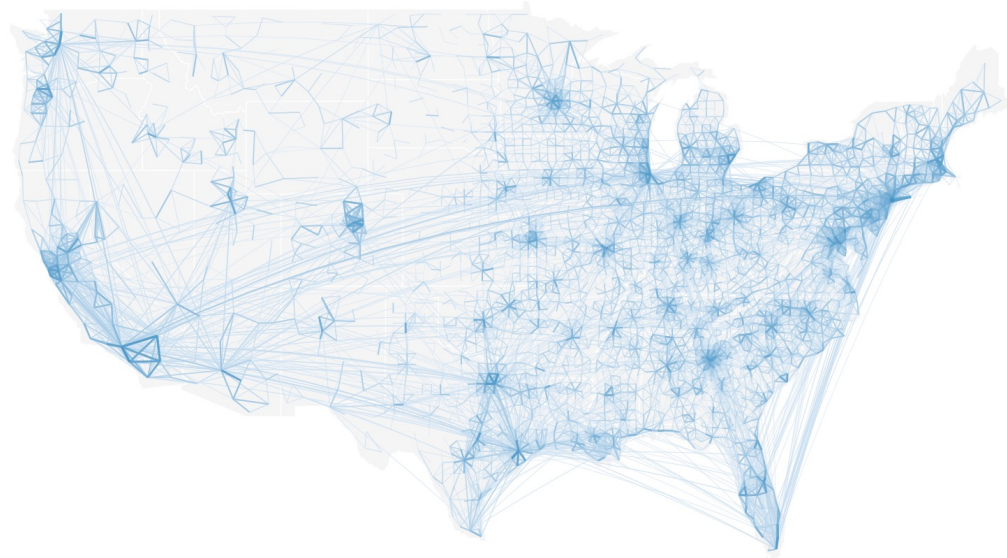




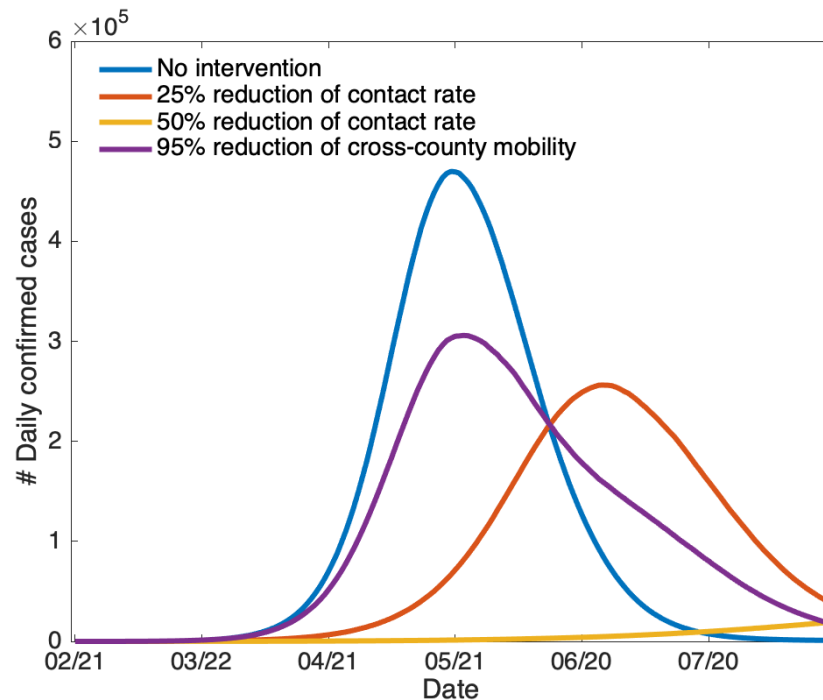
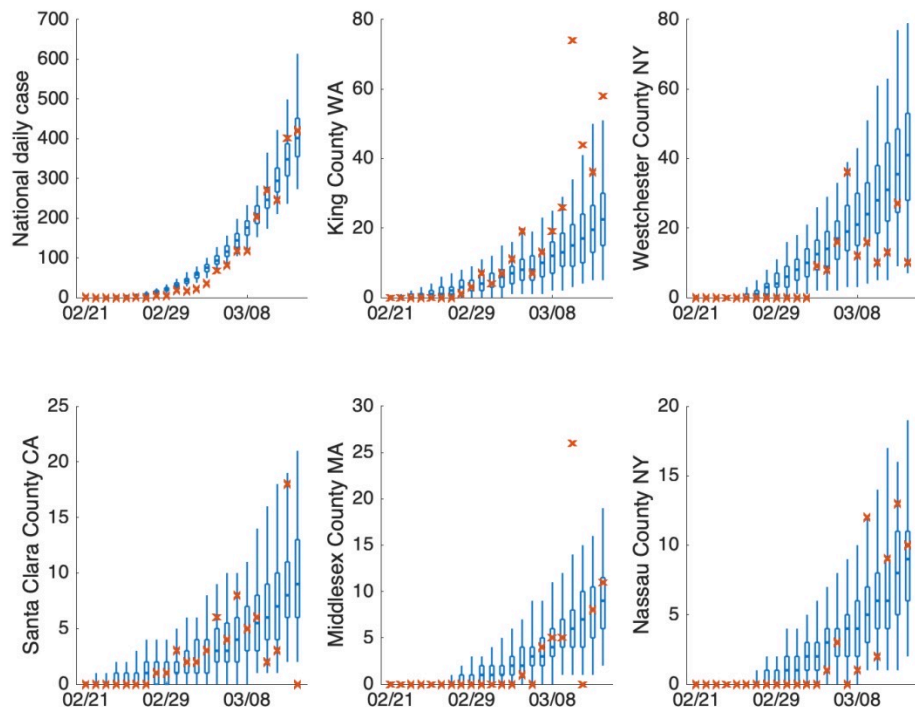
“These findings explain the rapid geographic spread of SARS-CoV-2 and indicate that containment of this virus will be particularly challenging.”

# SARS-CoV-2 spread in the US

- A metapopulation model for 3142 US counties
- Commuting data from census
- Fit to county-level data from NYT



# Early simulation in the US



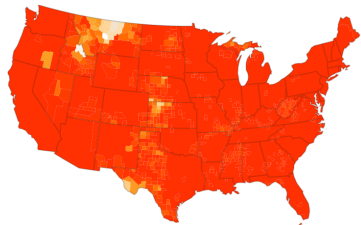
# Communications with the public

The New York Times

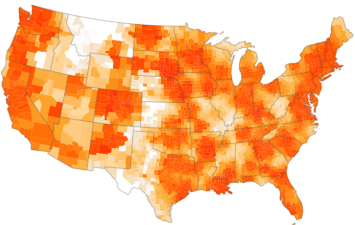
PLAY THE CROSSWORD

## Coronavirus Could Overwhelm U.S. Without Urgent Action, Estimates Say

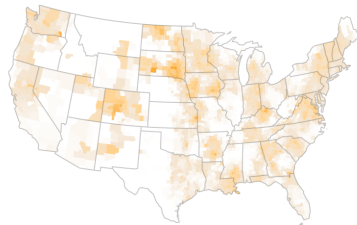
By James Glanz, Lauren Leatherby, Matthew Bloch, Mitch Smith, Larry Buchanan, Jin Wu and Nicholas Bogel-Burroughs March 20, 2020



No control measures

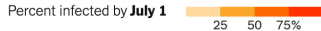


Some control measures



Severe control measures

Three scenarios for how the outbreak could spread.



### PRESSURE ON TRUMP AS MILLIONS ARE KEPT HOME

Mixed Signals From President Show Confusion

How the Outbreak Could Spread Across U.S. Counties Under Three Social Control Scenarios

Decreases From New York and Illinois — Virus Tightens Grip on Nation

By STEVE GRANITZ and JENNIFER HADLEY

WASHINGTON — President Donald Trump's mixed signals about the coronavirus outbreak have left many Americans confused and uncertain about the best way to protect themselves and their families.

Mr. Trump's statements about the virus have been inconsistent, at times contradicting his own officials and the scientific community. He has urged Americans to wear masks and to avoid large gatherings, but he has also encouraged them to get back to work and to travel.

Mr. Trump's statements have also been inconsistent with the actions of his administration. He has ordered the closure of schools and universities, but he has also ordered the reopening of many businesses and schools.

With no restrictions — That is, if the virus spreads unchecked, it could infect 100 million to 200 million Americans by July 1.

With some restrictions — That is, if the virus spreads but is somewhat contained, it could infect 25 million to 50 million Americans by July 1.

With severe restrictions — That is, if the virus spreads but is almost completely contained, it could infect 5 million to 10 million Americans by July 1.

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With some control measures, 10 million to 20 million Americans could be infected by July 1.

With severe control measures, 5 million to 10 million Americans could be infected by July 1.

With no control measures, 100 million to 200 million Americans could be infected by July 1.

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### \$1 Trillion Stimulus Spurs Lobbying Gold Rush

Old Agenda Infiltrate Aid Package Proposal

Lawyers' Deluged Dressed Up as Lobbying

Is a Crisis, the Floor Is Left Further Behind

WASHINGTON — The \$1 trillion stimulus package is being written in a matter of days, and it is being written in a way that is likely to be heavily influenced by lobbyists.

Lawyers are being hired in large numbers to write the legislation, and many of them are former lobbyists.

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Lawyers' Deluged Dressed Up as Lobbying

Is a Crisis, the Floor Is Left Further Behind

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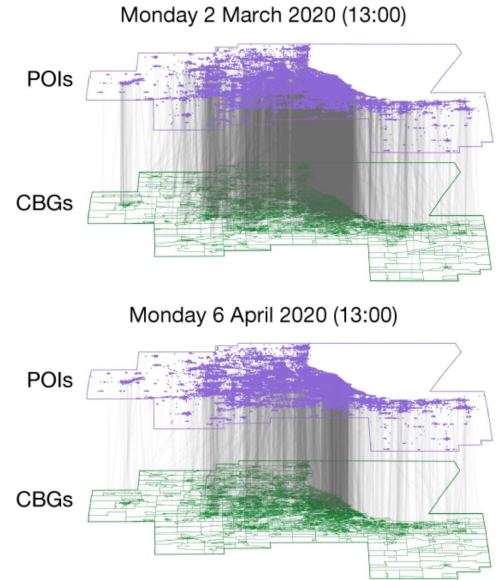
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# New data streams on human mobility

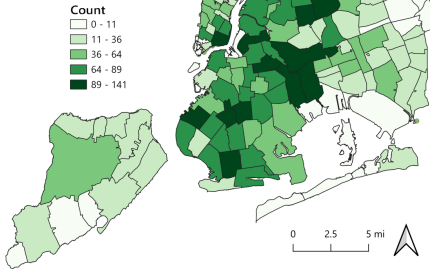
- Aggregated mobility data shared by private companies
  - SafeGraph, Cuebiq, Google, GPS, etc.
- Unprecedented data for infectious disease modeling
- High-resolution foot-traffic data to understand contact patterns and mobility
  - SafeGraph: points of interest (POIs) and mobility
- Potentials and challenges



# POIs and mobility in NYC

- Place categories: Grocery & Pharmacy, Other Retail, Art & Entertainment, Restaurant & Bar, Education, Healthcare, Other Places.

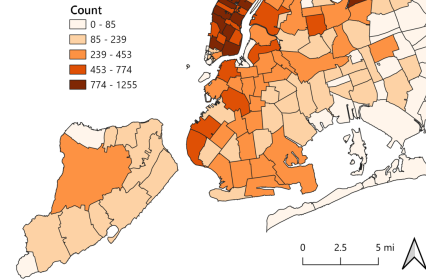
Groceries & Pharmacies per Zip Code, New York City 2020



Grocery & Pharmacy Locations, New York City 2020

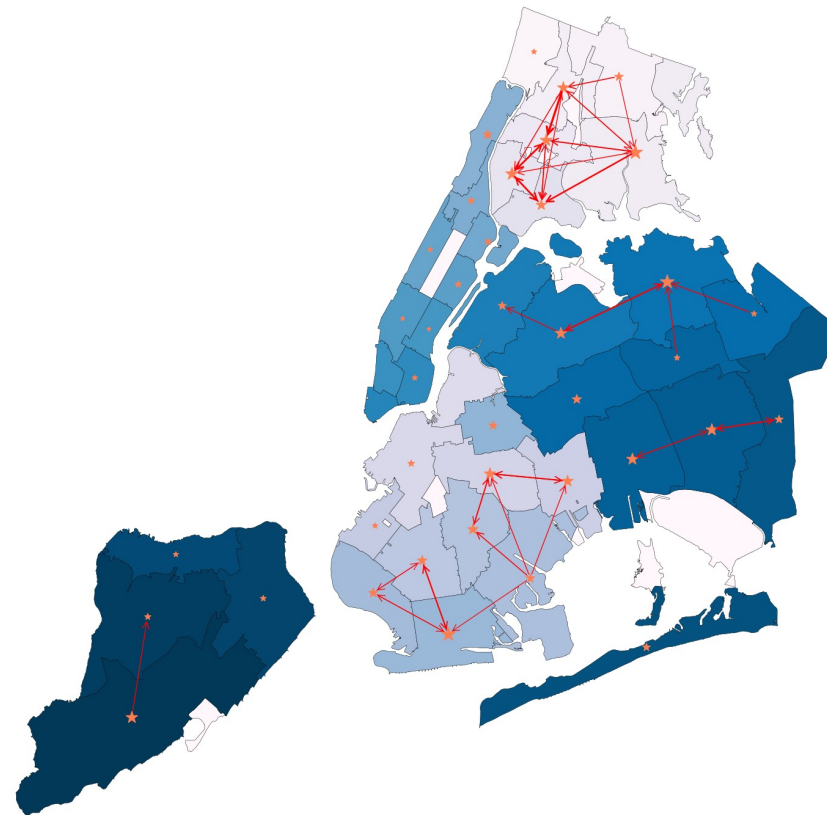
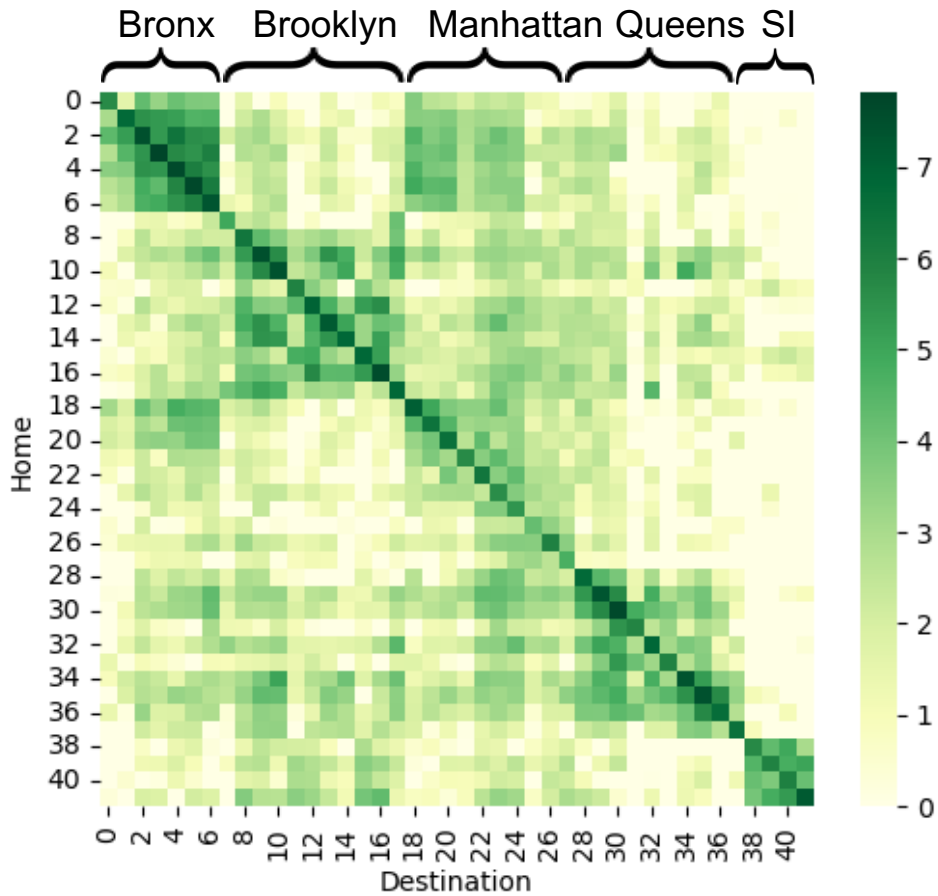


Restaurant & Bar Count by Zip Code, New York City 2020

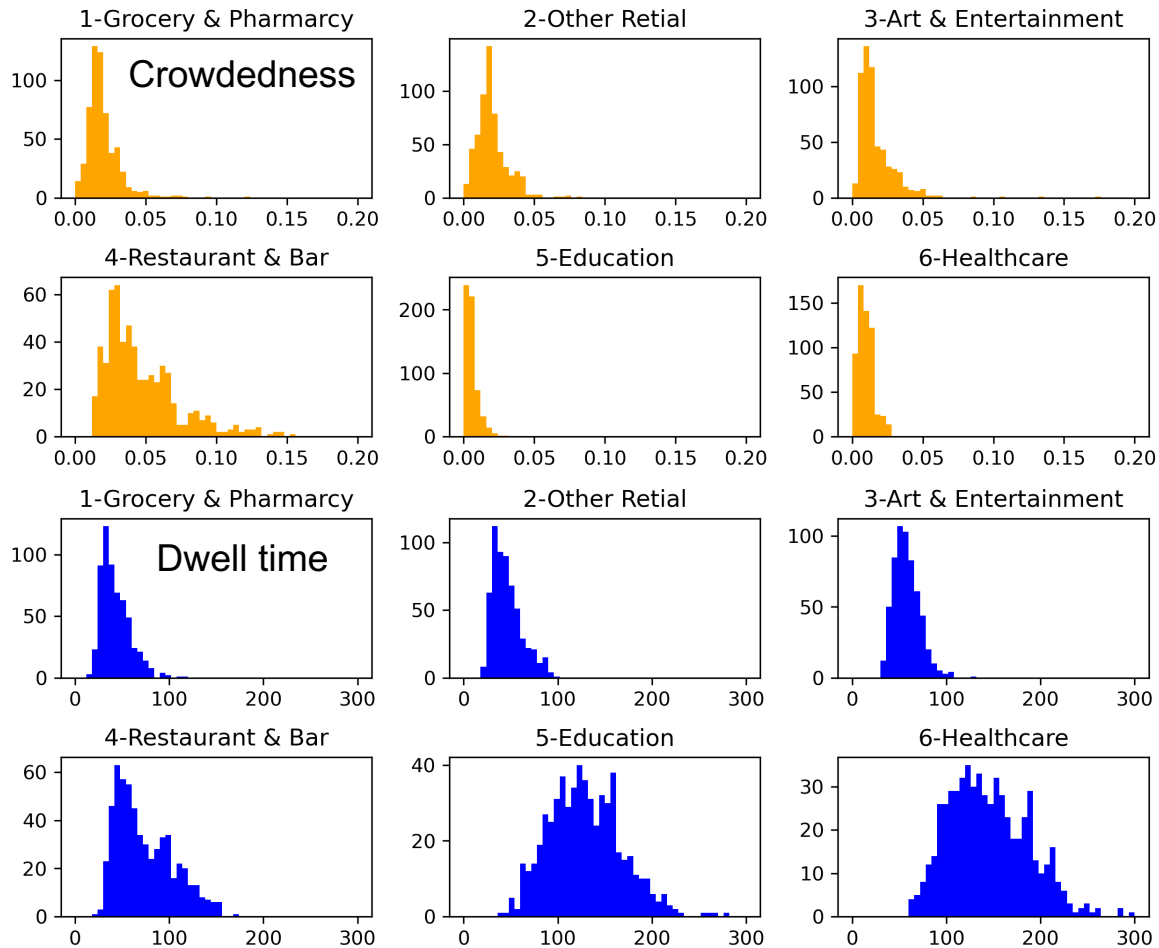


Restaurant & Bar Locations, New York City 2020







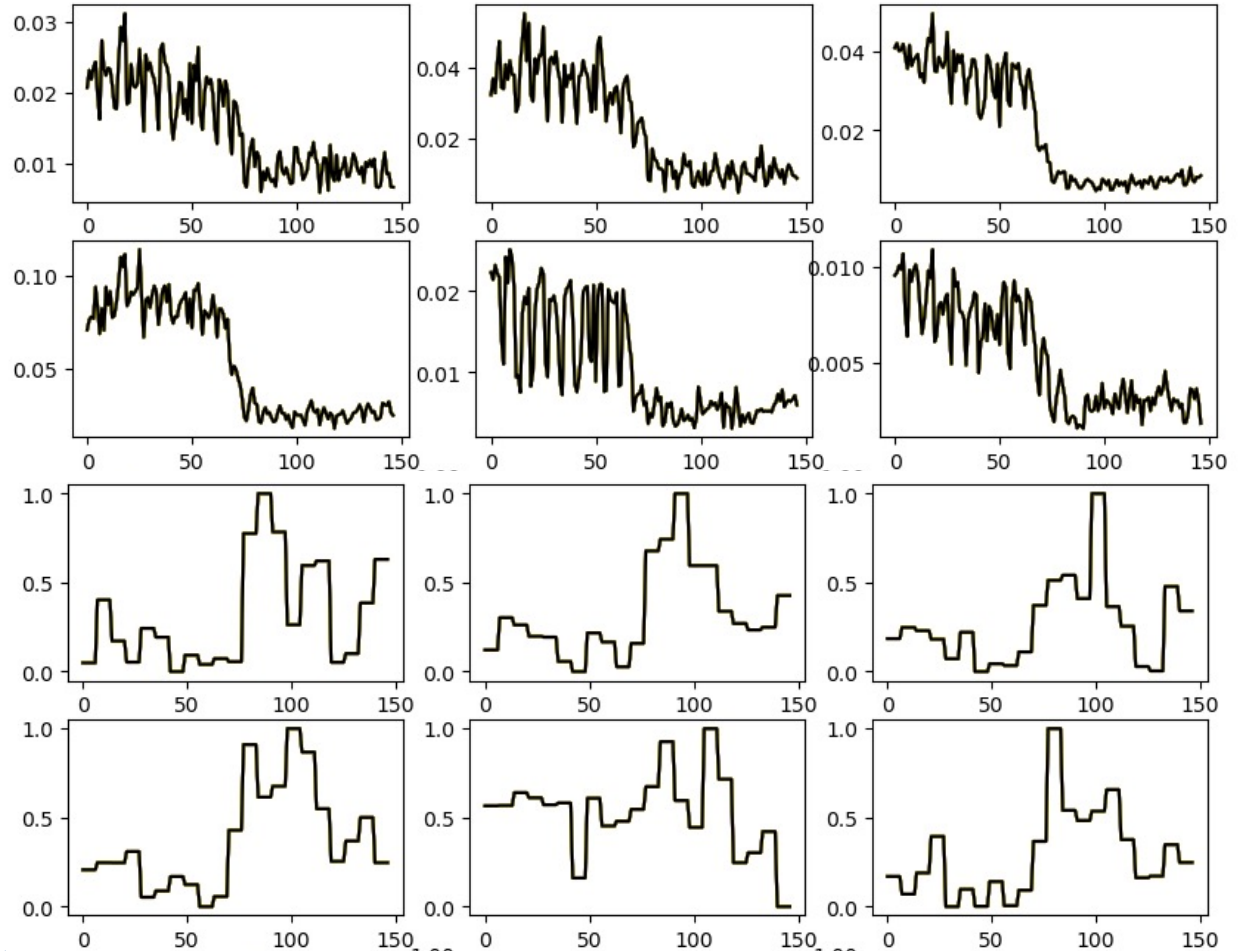




# Upper East Side

Crowdedness

Dwell time



# Ongoing research

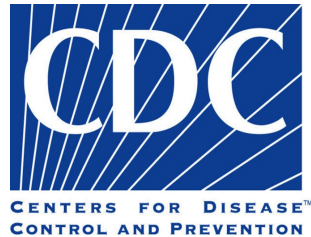
- Link behavior features with mobility change in different neighborhoods
  - Temporal discounting, loss aversion, agency, normative decisions
- Develop a parsimonious model for NYC informed by foot-traffic data
  - Represent population mixing in different settings
- Couple risk-driven behavior model with mobility-driven epidemic model
  - Feedback, retrospective forecasting

# Reflections

- More complex models do not necessarily work better in real-world applications
  - Imperfect data, unrealistic assumptions, high computational cost
  - Complexity versus Parsimony
- Real-world data are imperfect
  - Underreporting, reporting delay, large observational noise, non-stationary
  - Develop methods to deal with imperfect data
  - Avoid perfectionism
- Communicate with end-users
  - Understand real needs, think about how model will be used
  - Push for better data collection

# Acknowledgement

- Columbia: Jeffrey Shaman, Wan Yang, Kai Ruggeri, Sasikiran Kandula, Teresa Yamana, Marta Galanti, Charles Branas, Andrew Rundle, et al.
- NYC DOHMH, Test & Trace: Theodore Long, Jay Varma, Steffen Foerster, et al.
- China: Ruiyun Li, Zhanwei Du, Xiao-Ke Xu, Lin Wang, Renquan Zhang, et al.
- CDC FluSight challenge, COVID-19 forecasting hub, COVID-19 scenario hub
- Funding



National Institutes  
of Health



# Thank you!

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