A Complex Systems Theory of Disease

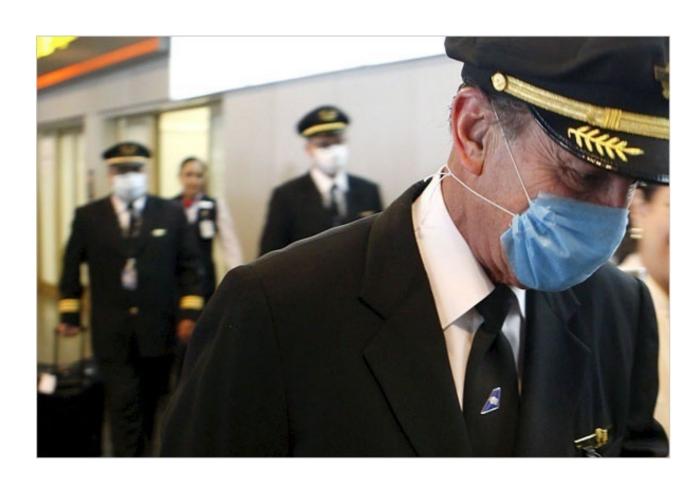
Samuel V. Scarpino

Omidyar Fellow Santa Fe Institute

scarpino@santafe.edu @svscarpino scarpino.github.io

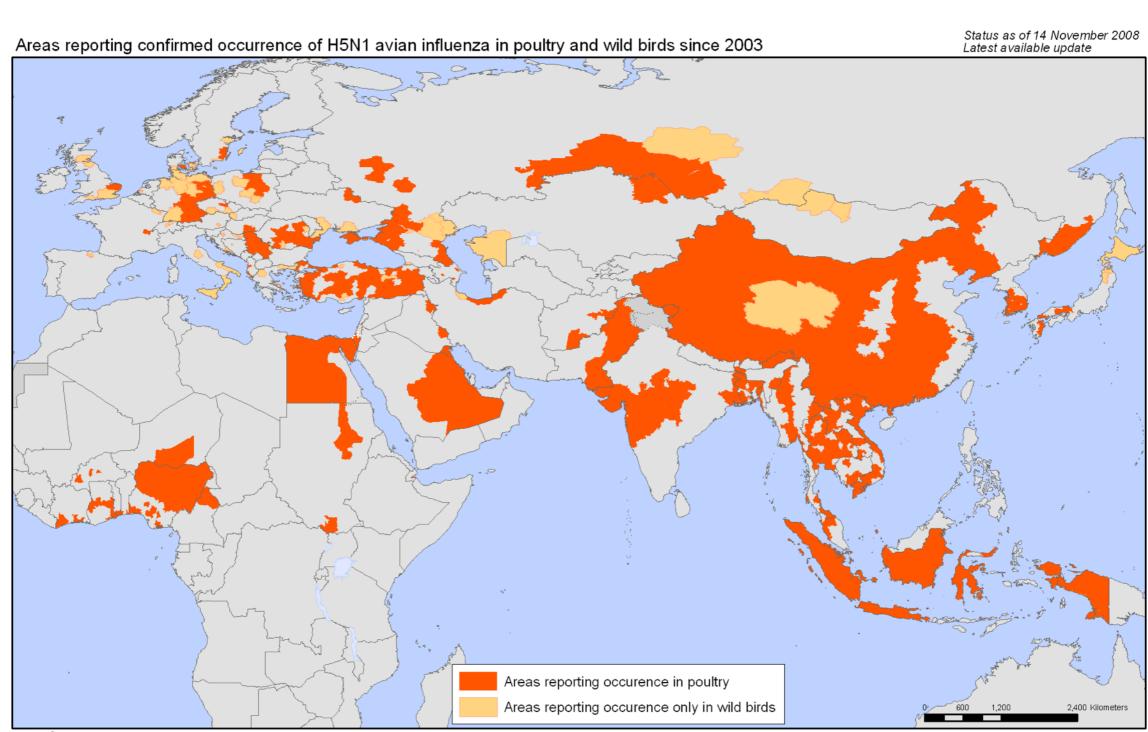


Where will the next pandemic emerge?





Where will the next influenza pandemic emerge?



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World Health

Organization

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Organisation for Animal Health (OIE) and national governments

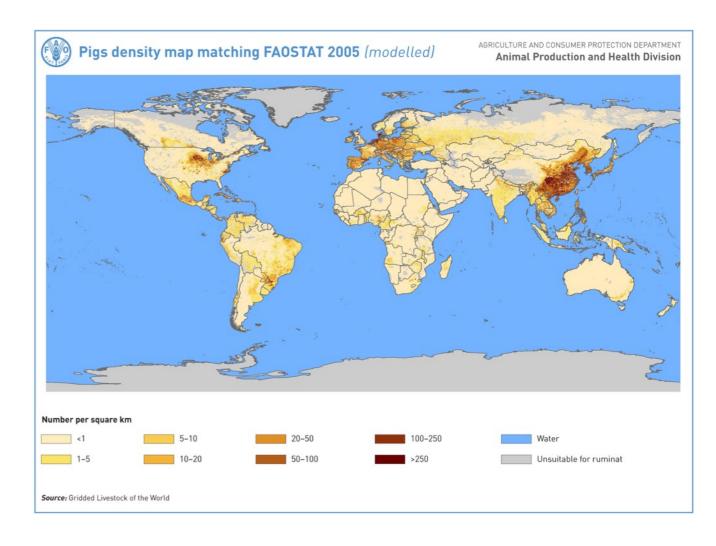
Map Production: Public Health Information and Geographic Information Systems (GIS), World Health Organization

What factors are important for pandemic flu?

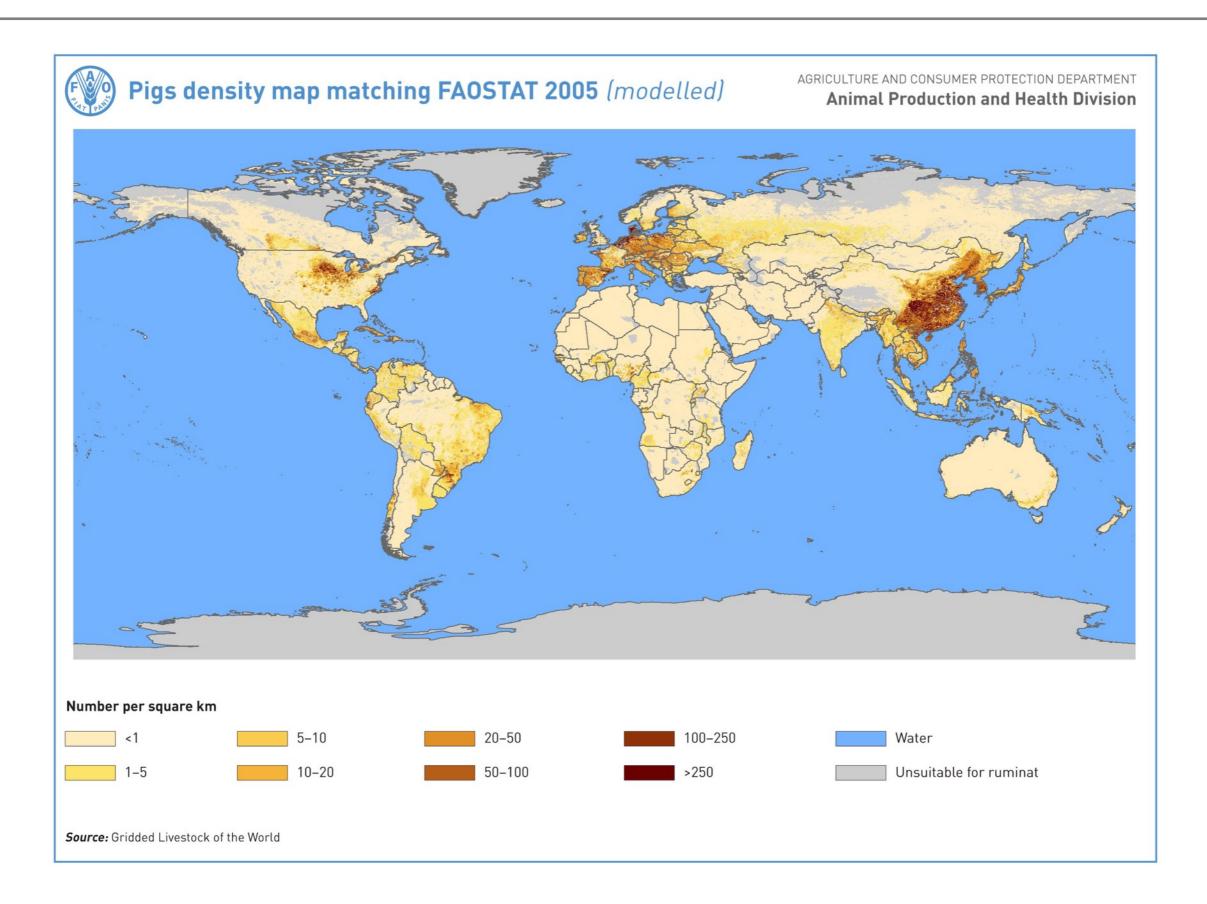
Air travel

Duration of Travel | Duration

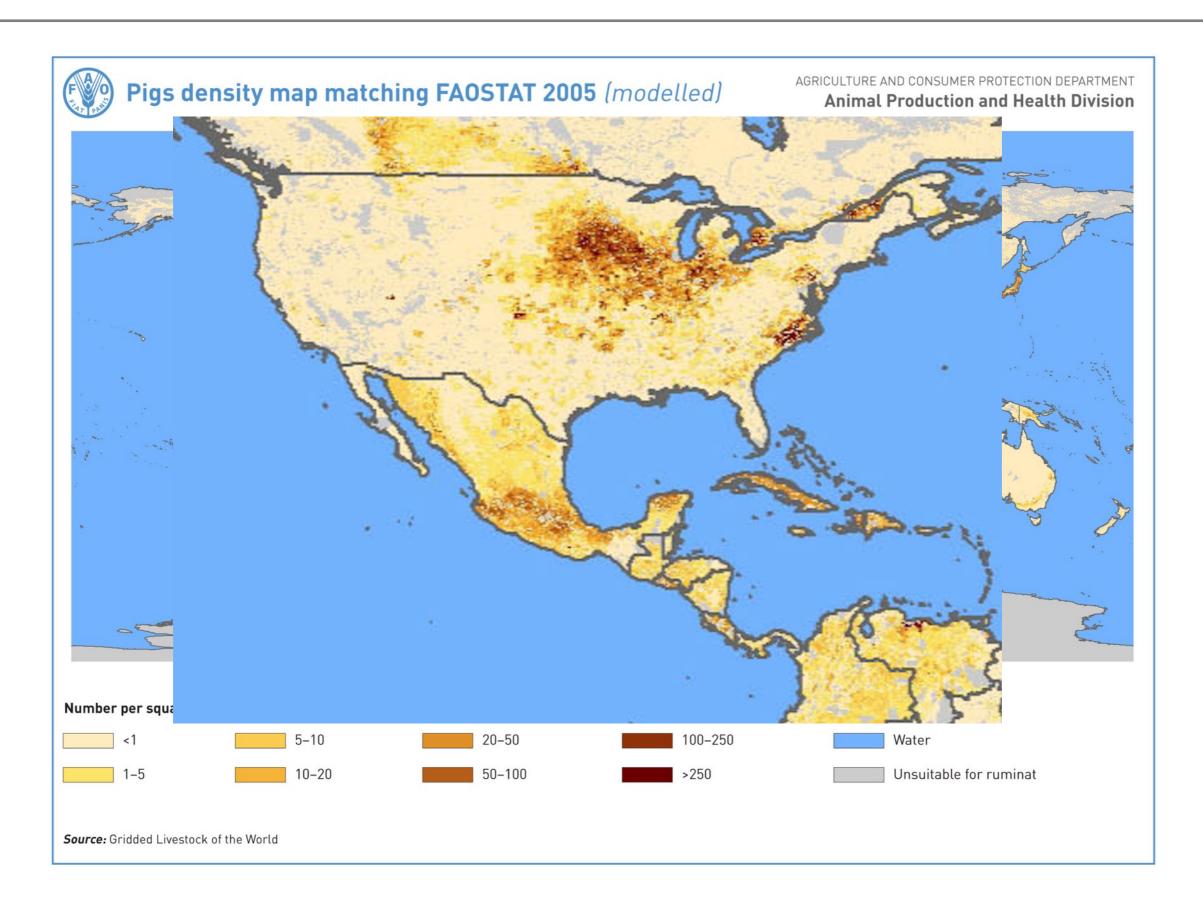
Density of pig farms



Worldwide pig density



Worldwide pig density



and it happened again with Ebola



and it happened again with Ebola



Table I. — Age distribution of persons positive for either Lassa (LAS), Ebola (EBO) or Marburg (MAR) virus antibodies.

Age (years)	Nb tested	LAS-positive (prevalence %)	EBO-positive (prevalence %)	MAR-positive (prevalence %)
0-9	49	5 (10 %)	2 (4 %)	0
10-19	68	11 (16 %)	$\frac{1}{5}(7\%)$	$\overline{0}$
20-29	108	21 (19 %)	6 (6 %)	1
30-39	94	16 (17 %)	5 (5 %)	1
40-59	88	9 (10 %)	6 (7 %)	1
60 plus	26	5 (16 %)	2 (8 %)	2
Total	433	67 (16 %)	26 (6 %)	5 (1 %)



and it may happened again with Chagas



Brumpt et al. 1912 Salazar et al. 2015

and it may happened again with Chagas



Brumpt et al. 1912 Salazar et al. 2015

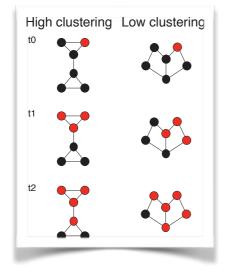


Modeling infectious diseases





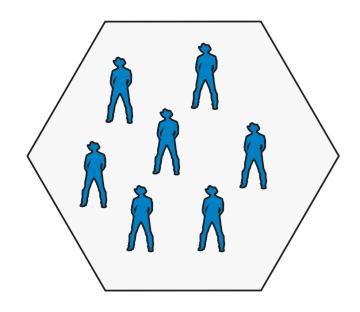
Inequality & disease





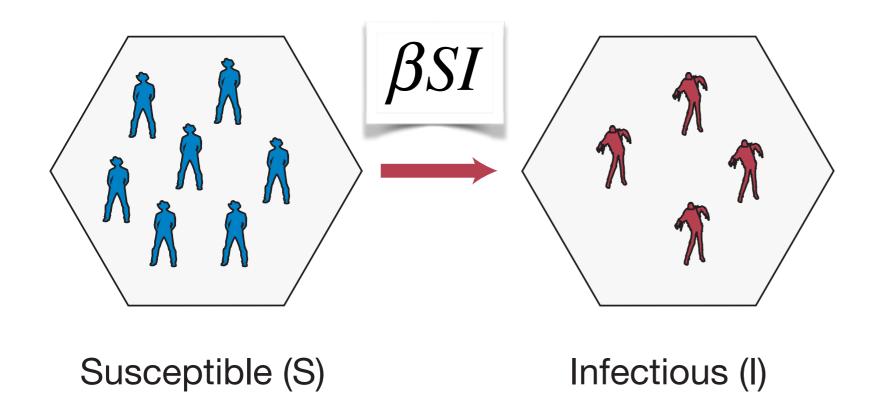
Social clustering & Ebola

Compartmental models

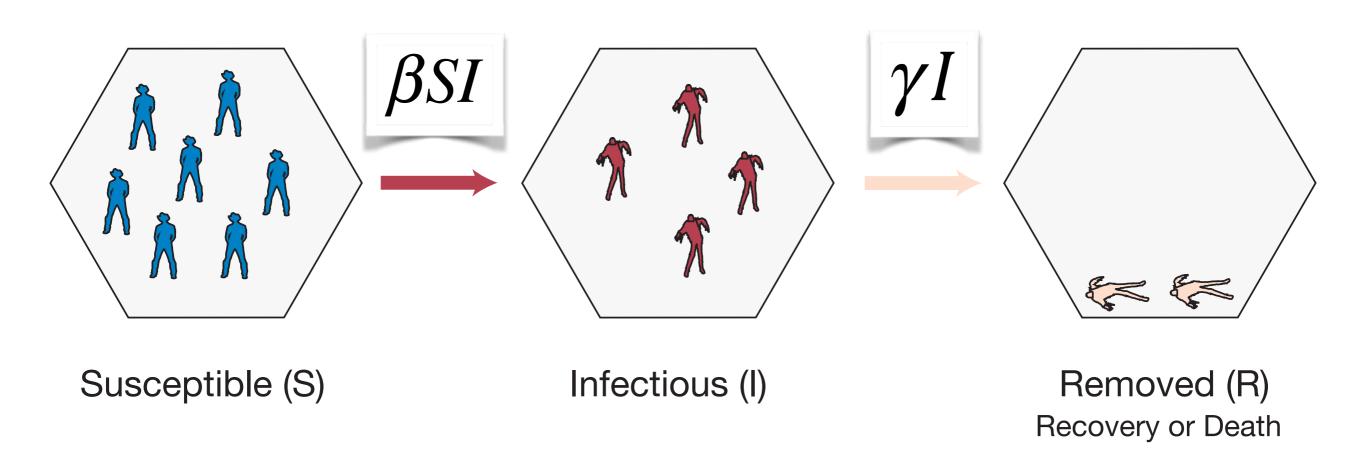


Susceptible (S)

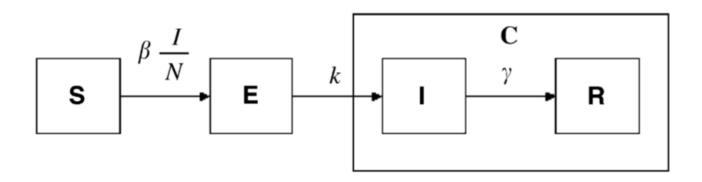
Compartmental models - Mass Action Assumption



Compartmental models



Lions, Tigers, and Boxes ... oh my



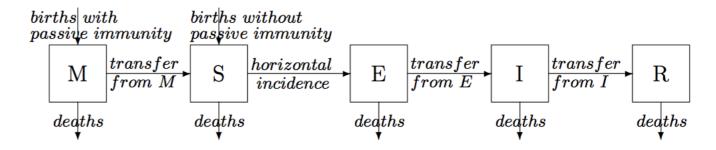


Fig. 1 The general transfer diagram for the MSEIR model with the passively immune class M, the susceptible class S, the exposed class E, the infective class I, and the recovered class R.

$$S'(t) = \mu \cdot (1 - wP - aP) - \beta [I_s(t) + I_a(t)]S(t) - \nu S(t)$$
(1)

$$I_s'(t) = \beta \sigma [I_s(t) + I_a(t)]S(t) - \gamma_s I_s(t) - \nu I_s(t)$$
(2)

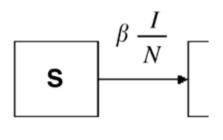
$$I_a'(t) = \beta(1-\sigma)[I_s(t) + I_a(t)]S(t) + \beta[I_s(t) + I_a(t)]V(t) - \gamma_a I_a(t) - \nu I_a(t)$$
(3)

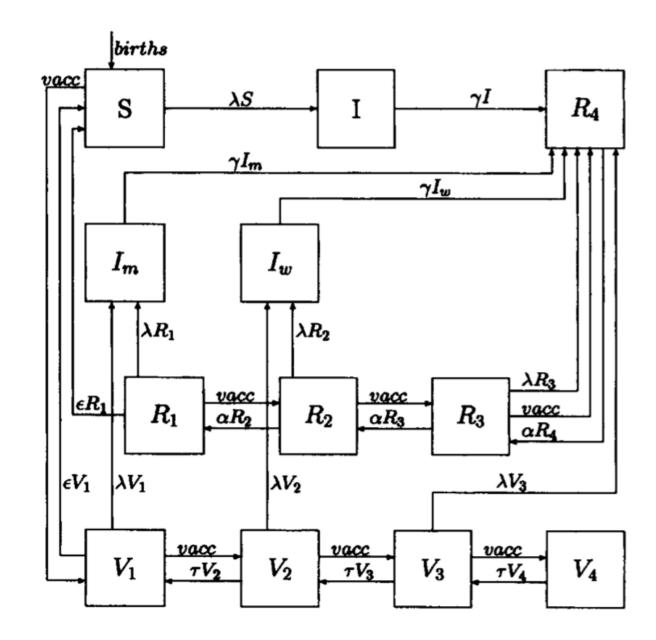
$$V'(t) = \mu \cdot aP - \beta [I_s(t) + I_a(t)]V(t) - \nu V(t)$$

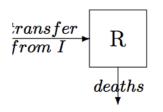
$$\tag{4}$$

$$R'(t) = \mu \cdot wP + \gamma_s I_s(t) + \gamma_a I_a(t) - \nu R(t)$$
(5)

Lions, Tigers, and Boxes ... oh my







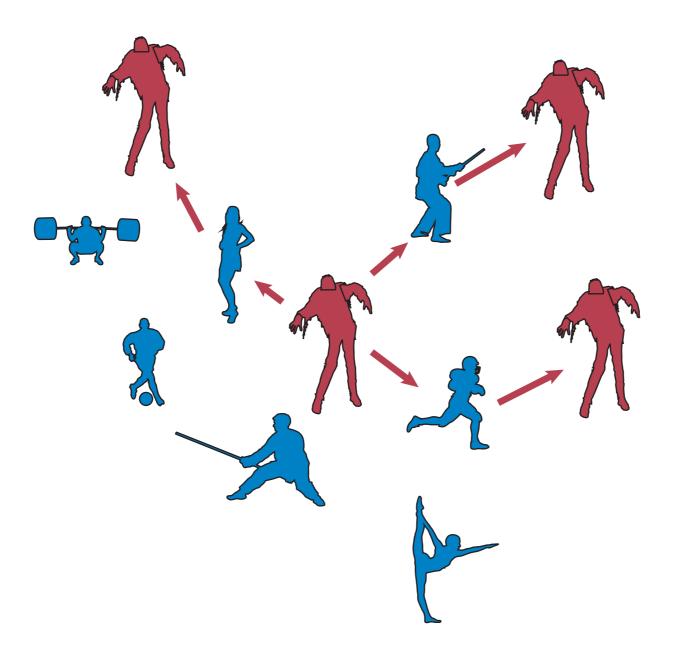
ly immune class M, the recovered class R.

 $I'_s(t) = \beta \sigma [I_s(t)]$ $I'_a(t) = \beta (1 - \epsilon)$ $V'(t) = \mu \cdot aP$ $R'(t) = \mu \cdot wP$

 $S'(t) = \mu \cdot (1 -$

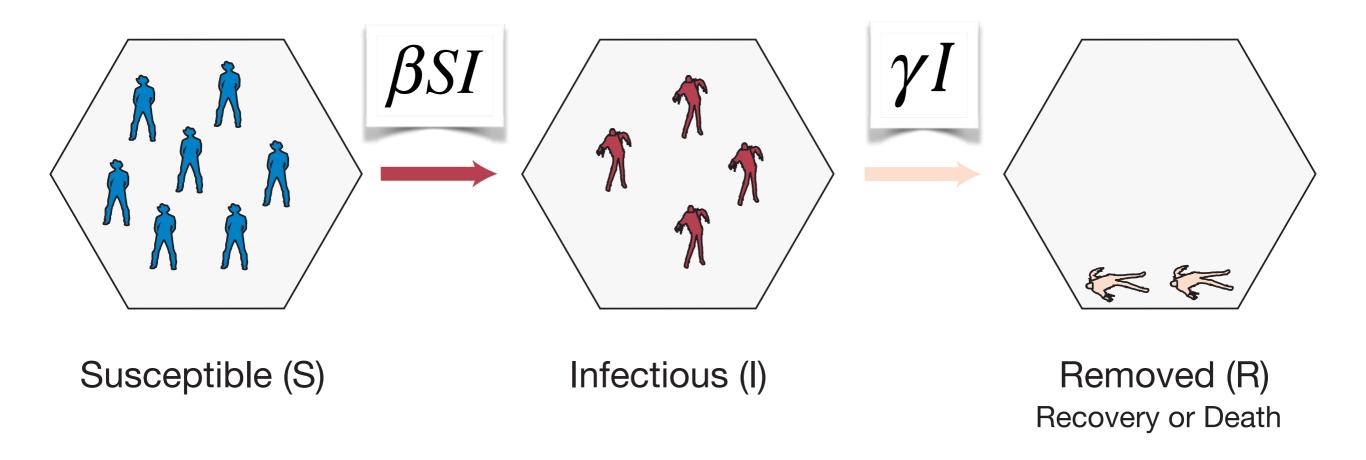
Fig. 3. Transfer diagram for the pertussis model with vaccination.

Reproduction Number



Expected number of secondary cases in the begining of an outbreak

Compartmental models



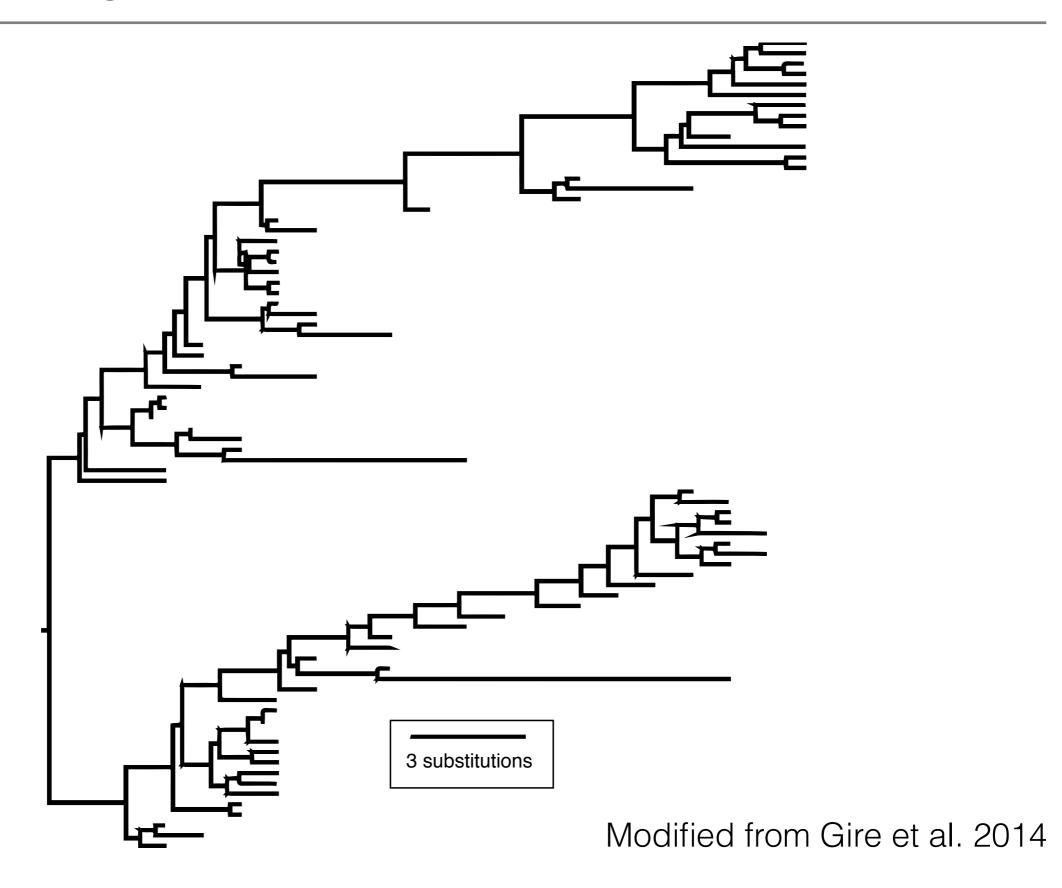
$$R_0 = \frac{\text{Infection rate}}{\text{Recovery rate}} = \frac{\beta S}{\gamma}$$

Reproduction Numbers

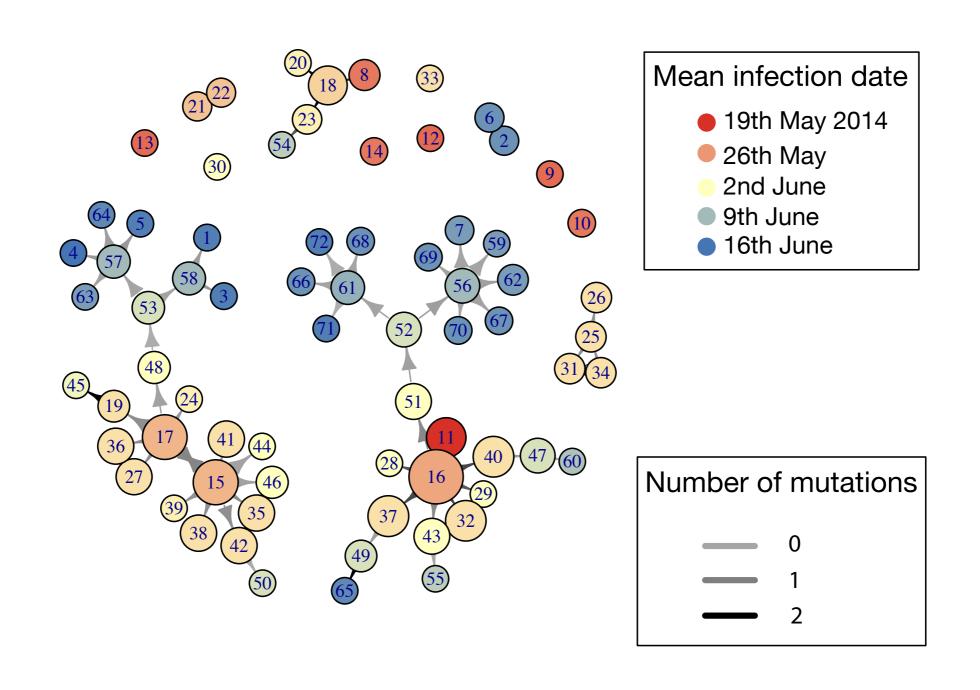
Disease	R_0	
Measles & Whooping Cough	5 - 18	
Chicken Pox	7 - 12	
Polio	5 - 7	
Smallpox	1.5 - 20+	
Seasonal flu	1.1 - 1.5	
Ebola	1.1 - 3	

Problems with the Reproduction Number

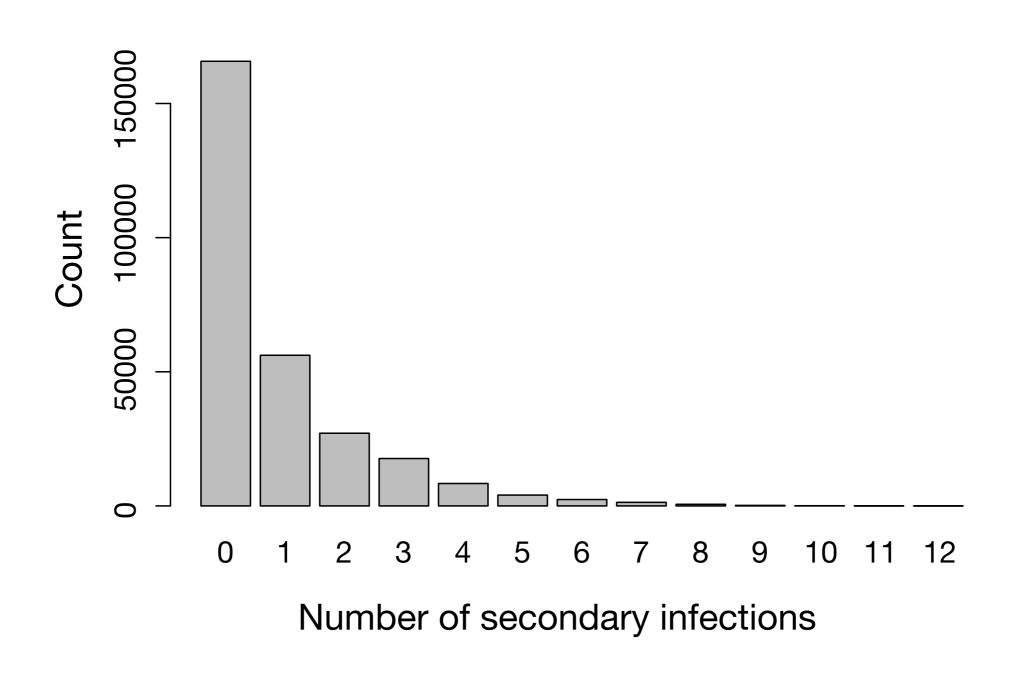
Ebola virus genomic data



Reconstructed transmission network



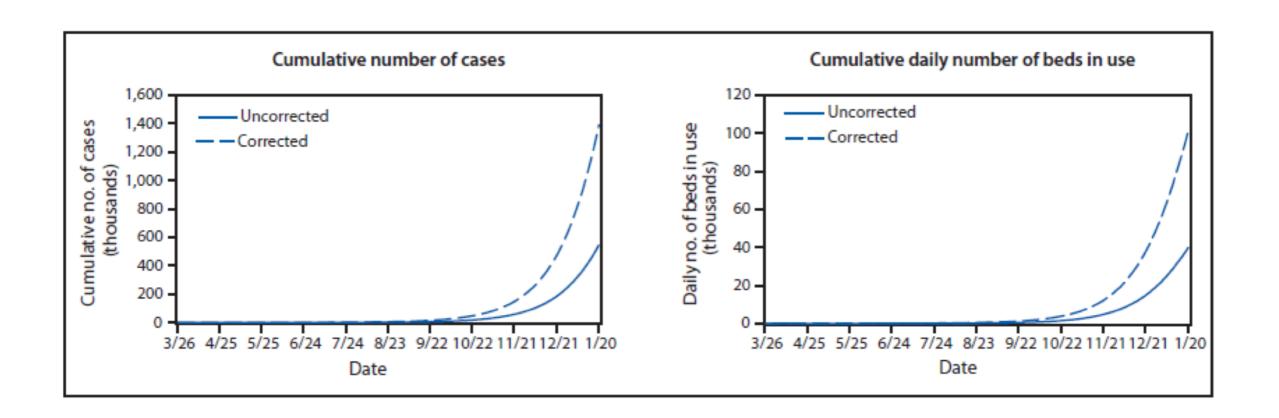
Posterior number of secondary infections

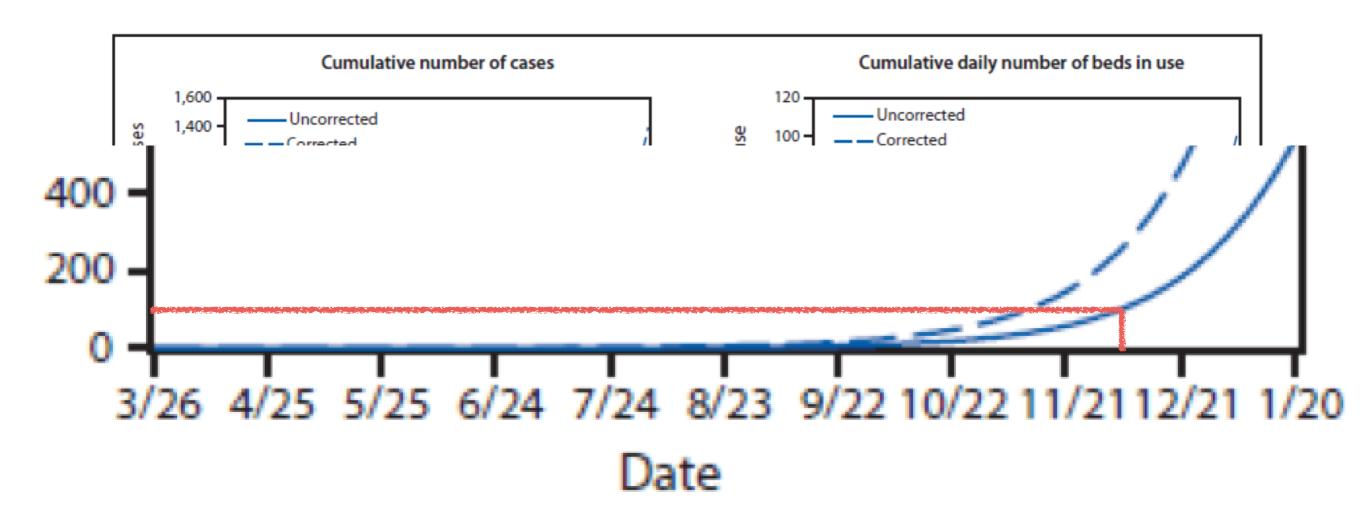


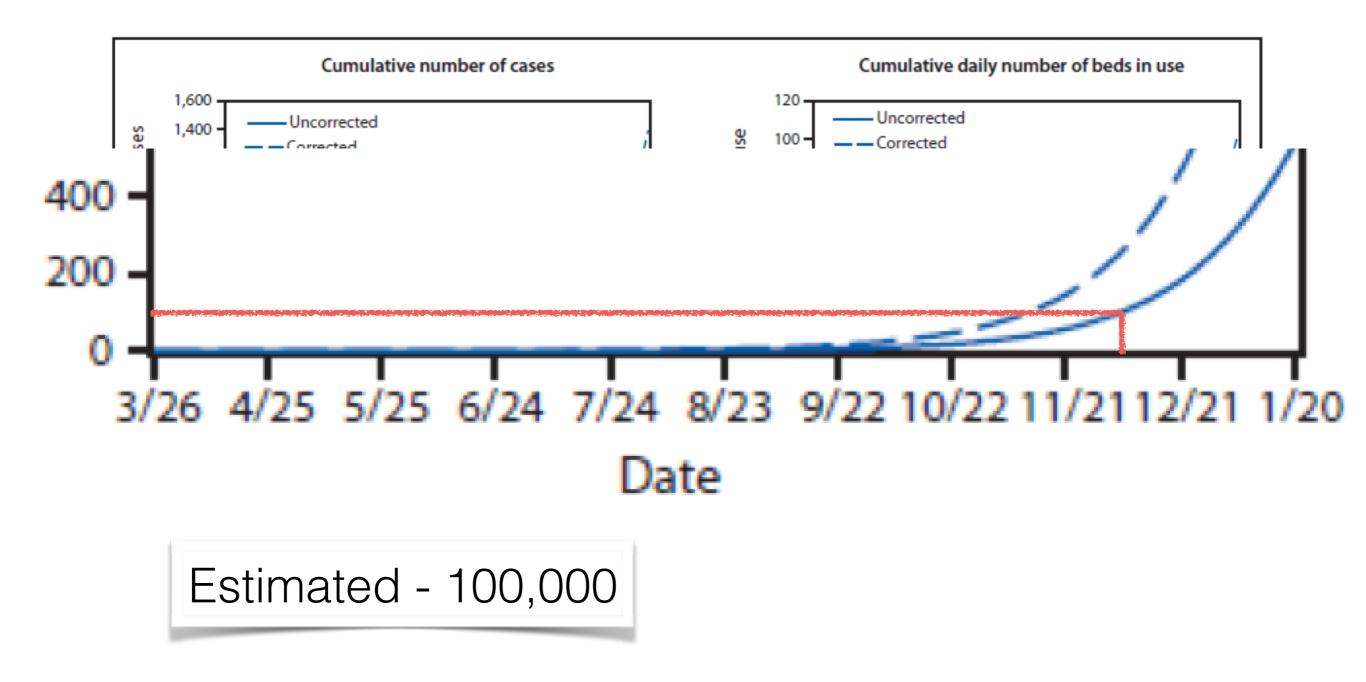
Problems with the Reproduction Number

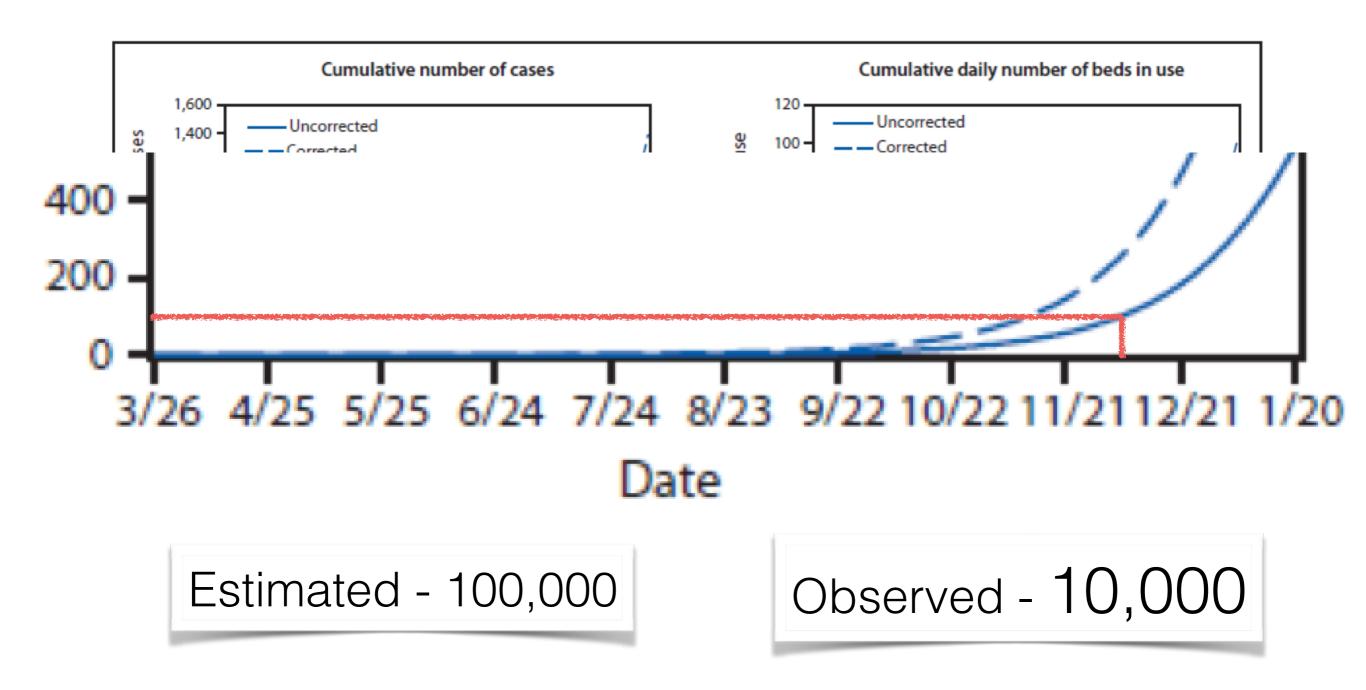
Contact Patterns Vary









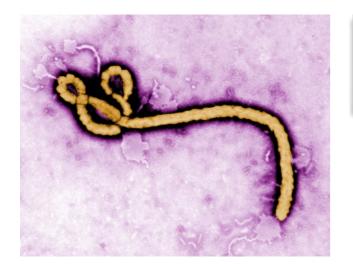


Meltzer et al. 2014

Why do these problems exist?

Why do these problems exist?

1.



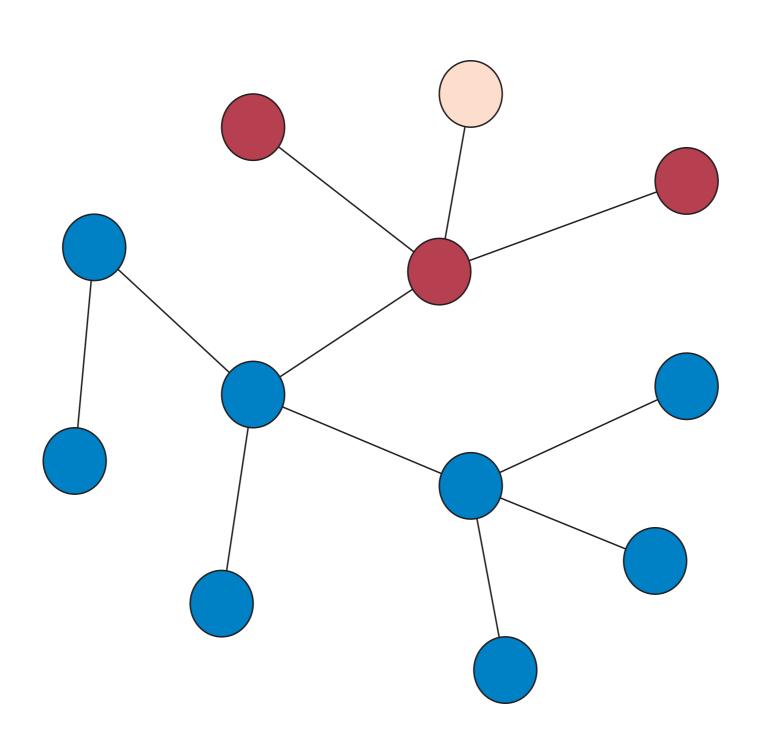
Intrinsic properties of the pathogen

2.



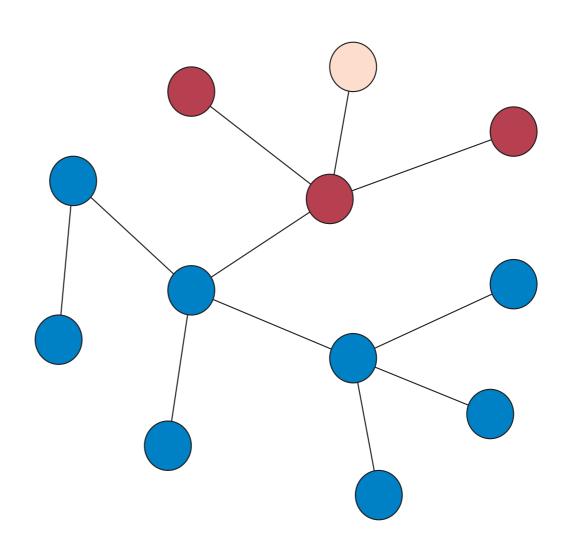
Contact patterns of the host

Network Epidemiology



Network Epidemiology

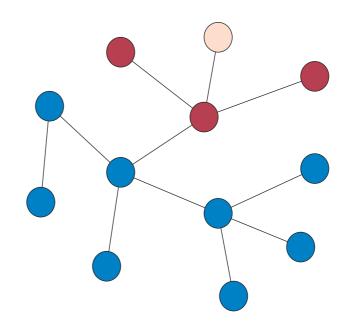
$$R_{0} = T \left(\frac{\langle K^{2} \rangle - \langle K \rangle}{\langle K \rangle} \right)$$



Network Epidemiology Vs.

Standard Calculation

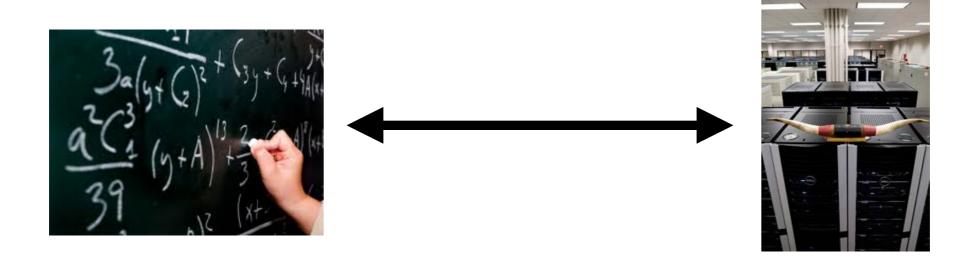
$$R_{0} = T \left(\frac{\langle K^{2} \rangle - \langle K \rangle}{\langle K \rangle} \right)$$

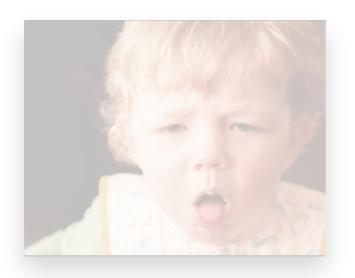


$$R_0 = \frac{\beta S}{\gamma}$$



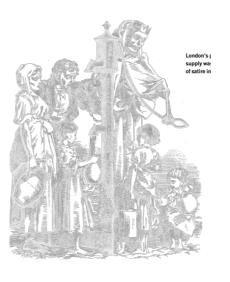
Model complexity



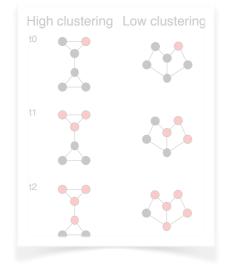


Modeling infectious diseases





Inequality & disease





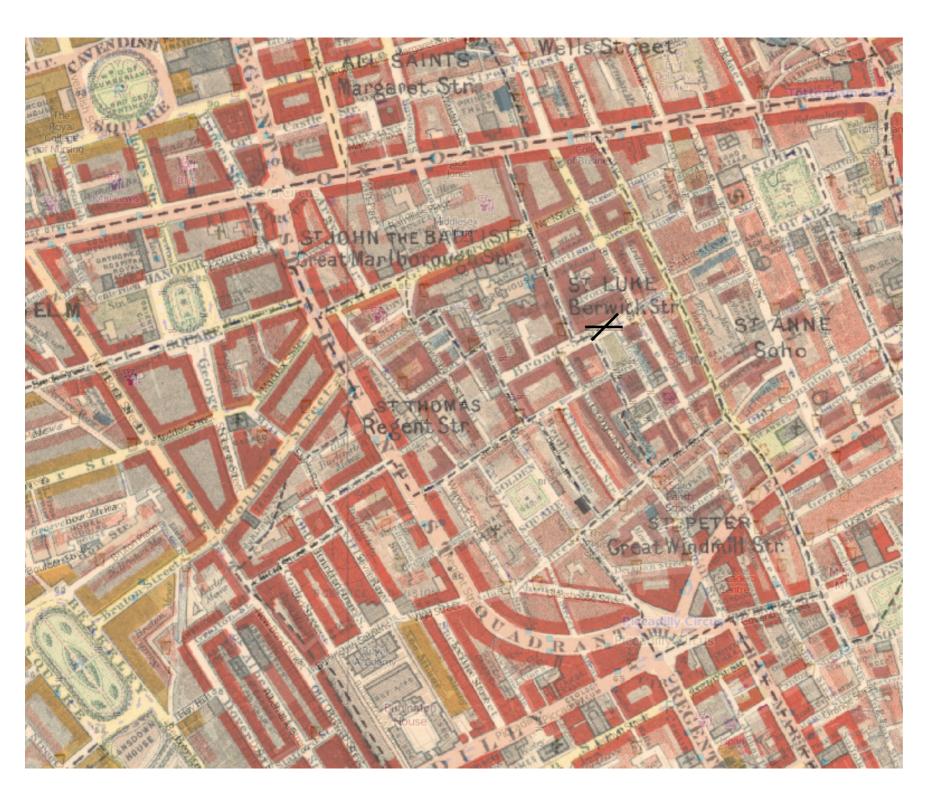
Social clustering & Ebola

The Cholera Outbreak of 1854





Poverty and the Cholera Outbreak of 1854





Modern Inequality and health

Life Expectancy Income Inequality **Primary Care** Life Expectancy

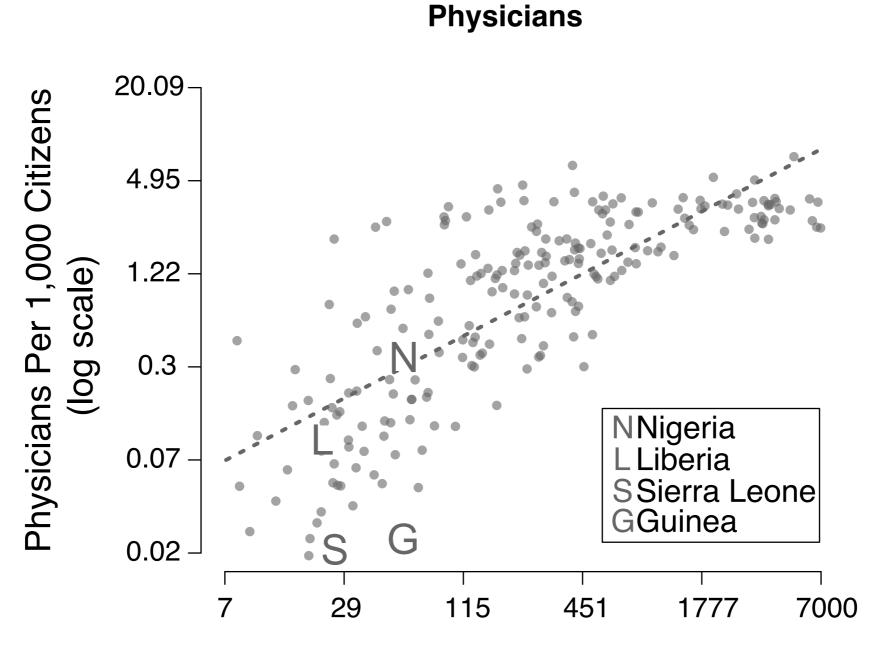


modified from Shi et al. 1999

The current Ebola outbreak

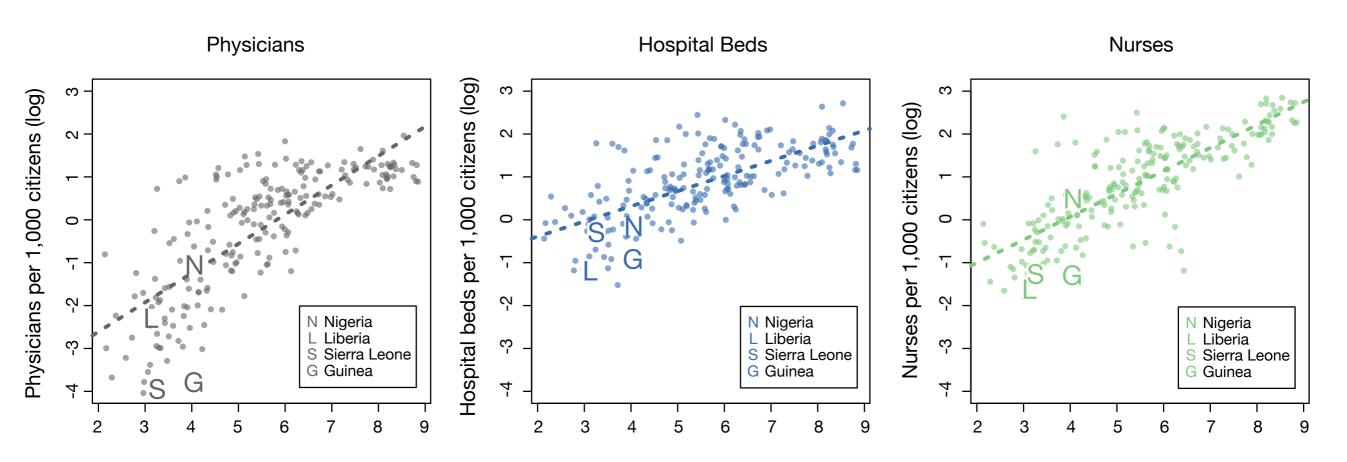


Poverty and the current Ebola virus outbreak



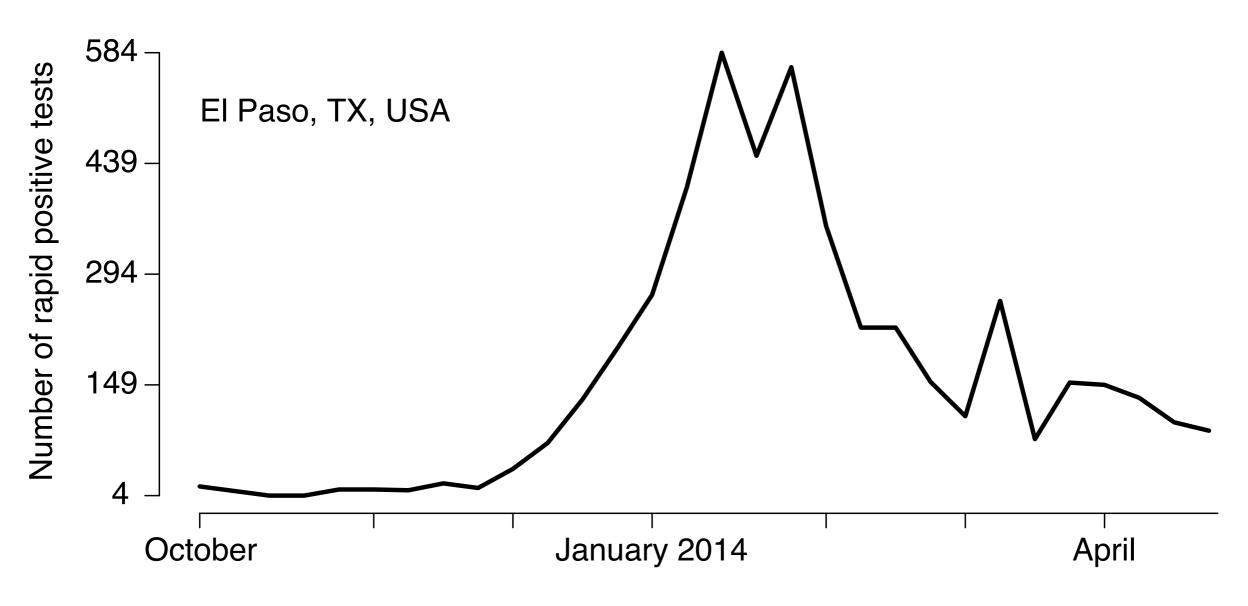
Health Care Expenditure Per Person U.S.D. (log scale)

Poverty and the current Ebola outbreak



Health Care Expenditure Per Person (log U.S.D.)

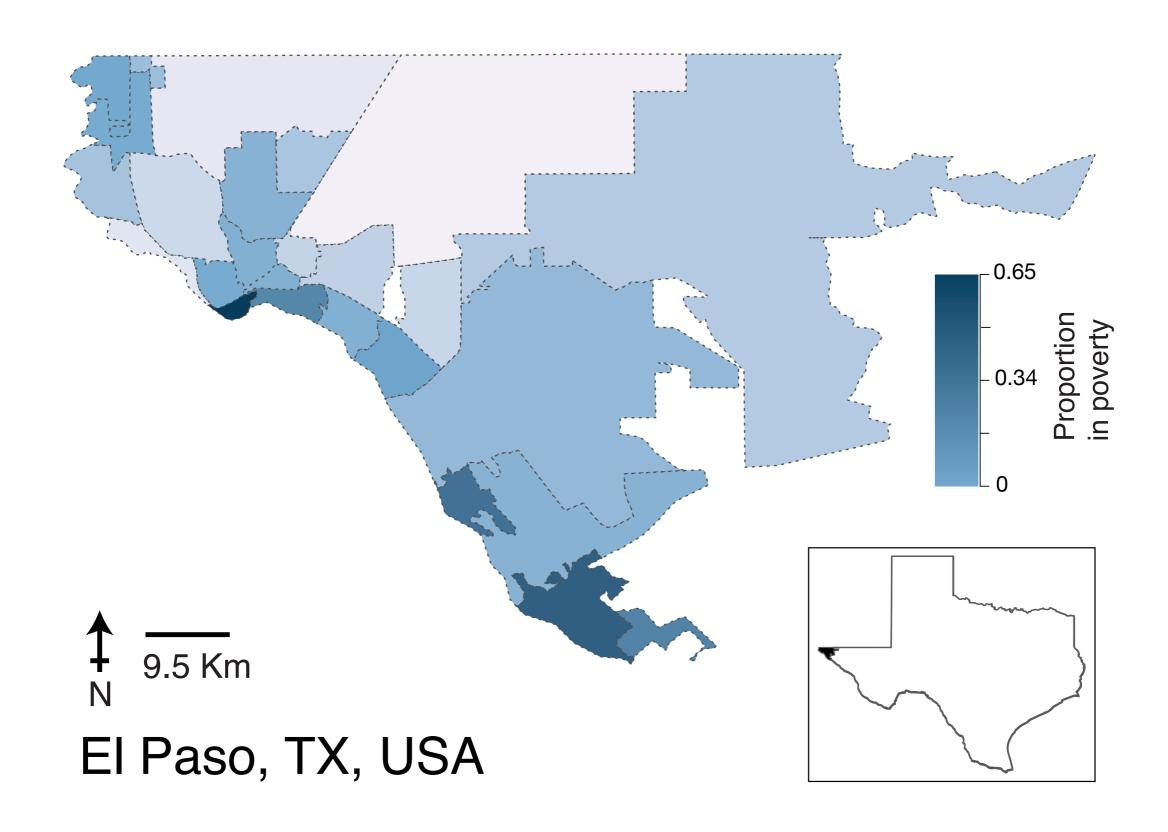
Influenza in El Paso, TX



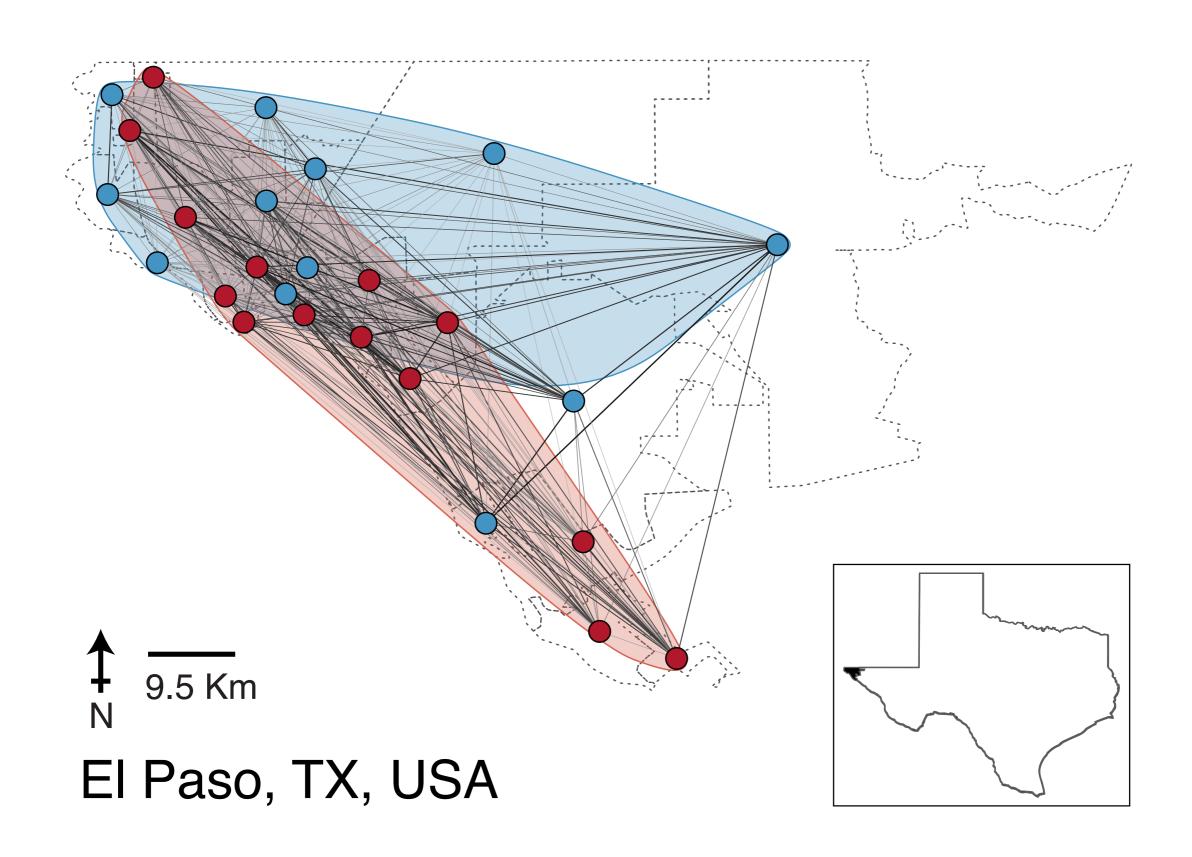
2013 - 14 Influenza Season



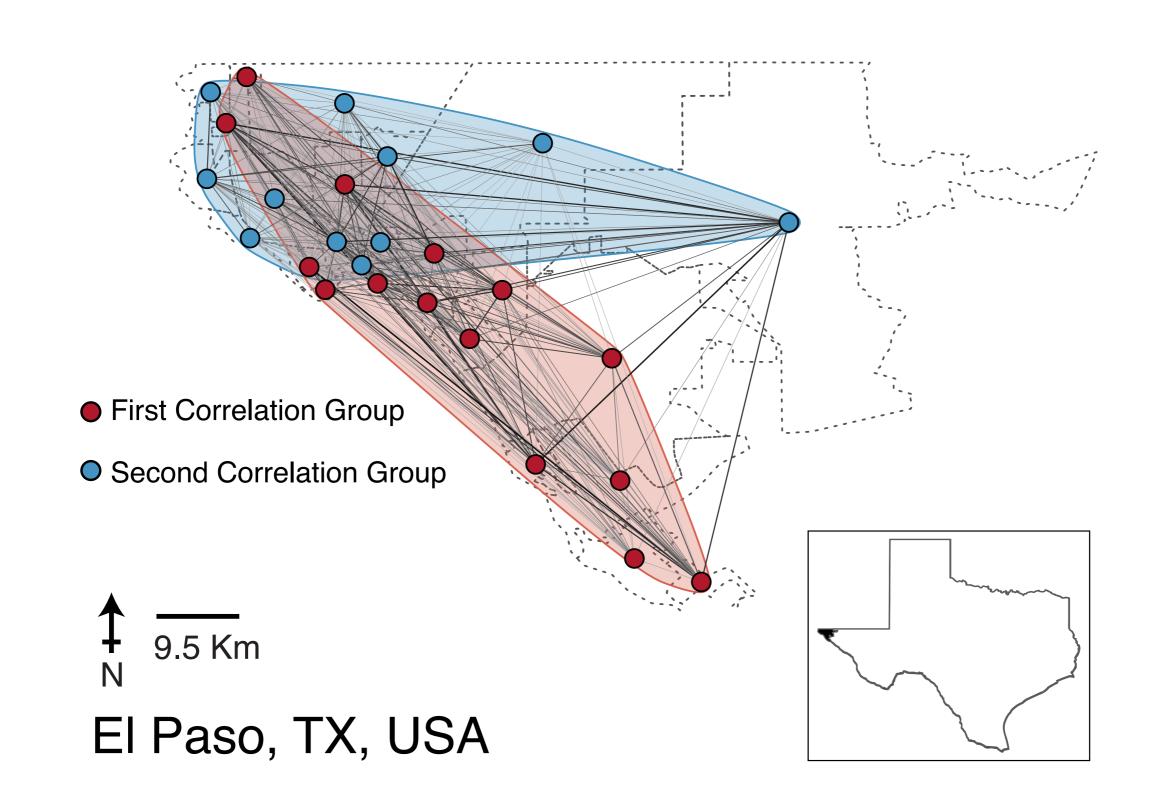
Poverty in El Paso



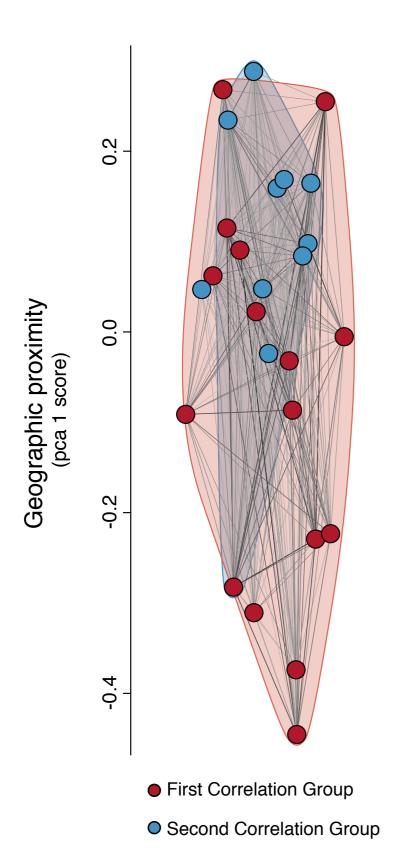
Poverty and flu in El Paso



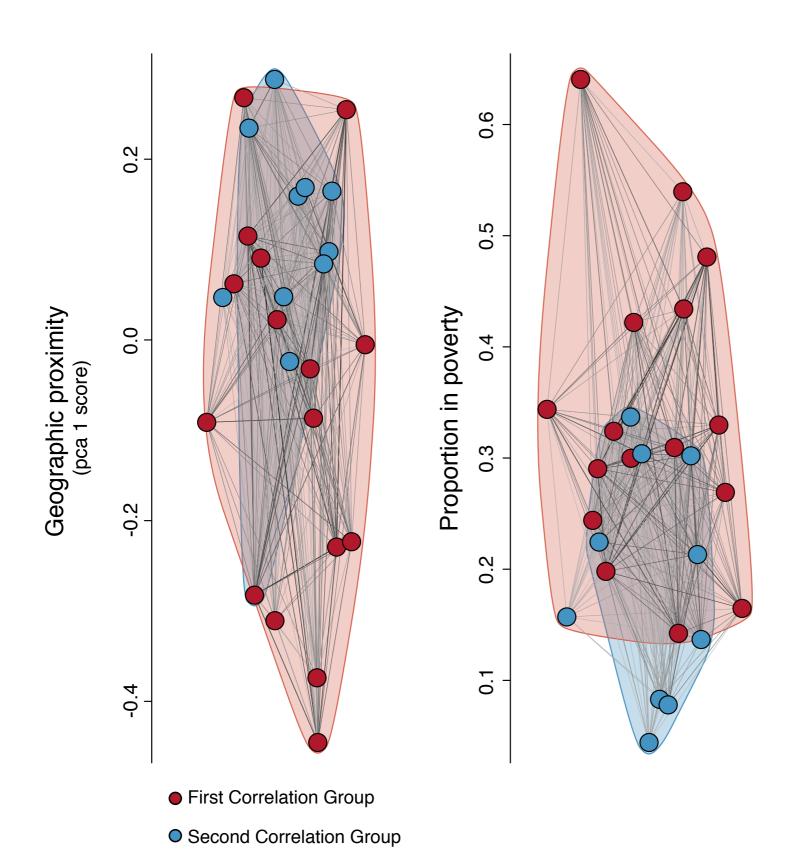
At least two strongly correlated groups



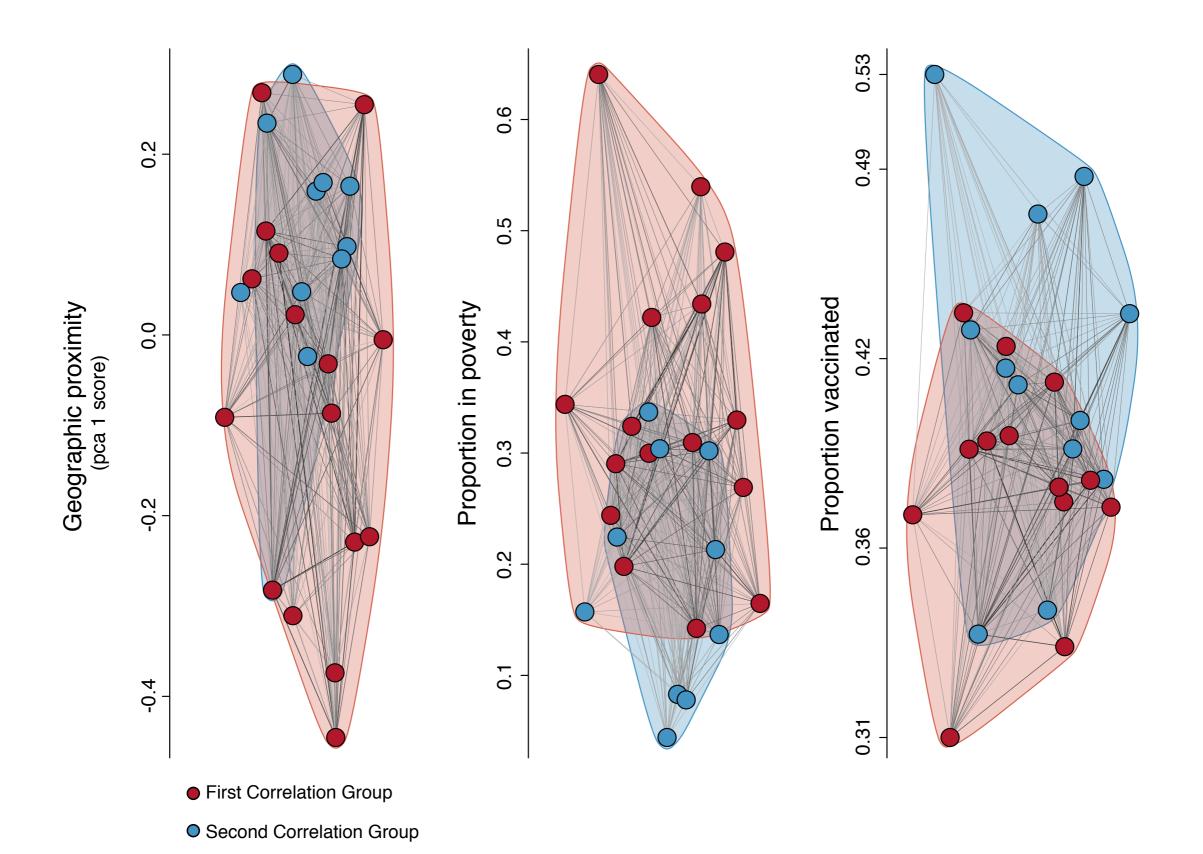
It's not geographic



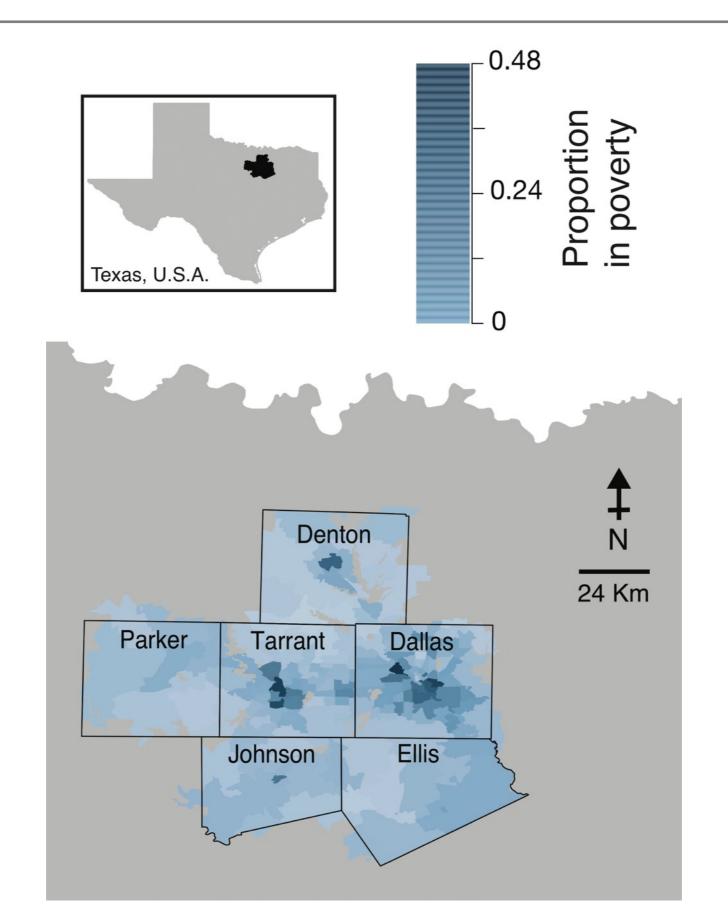
It's poverty and ...



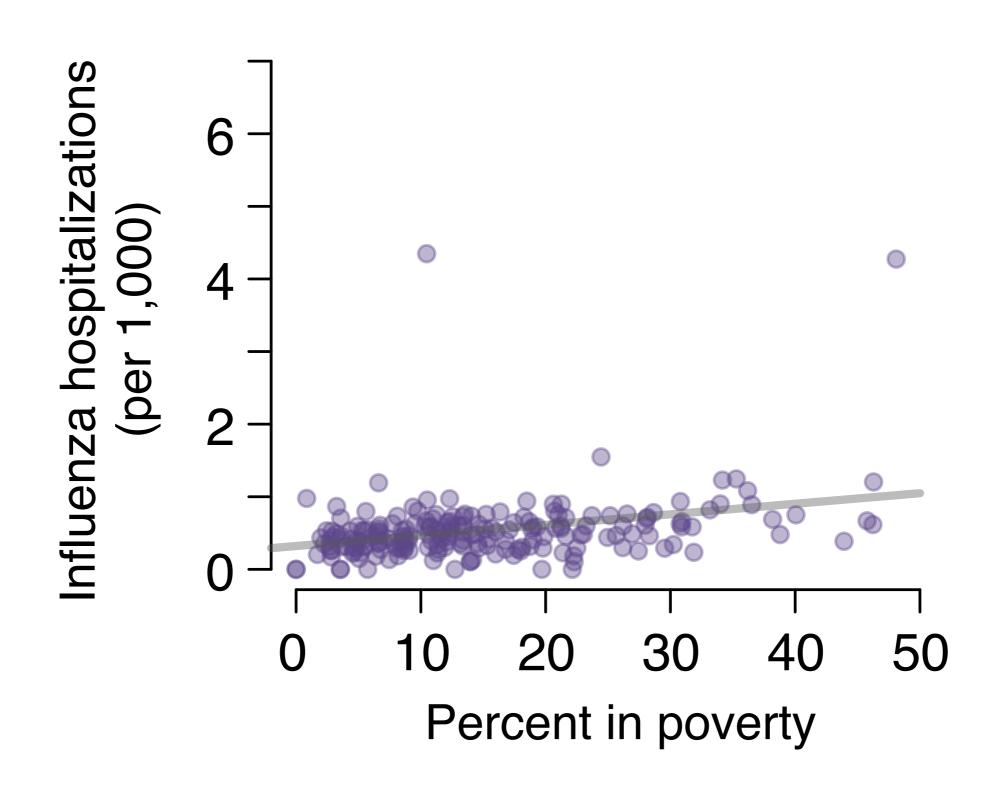
It's poverty and vaccination



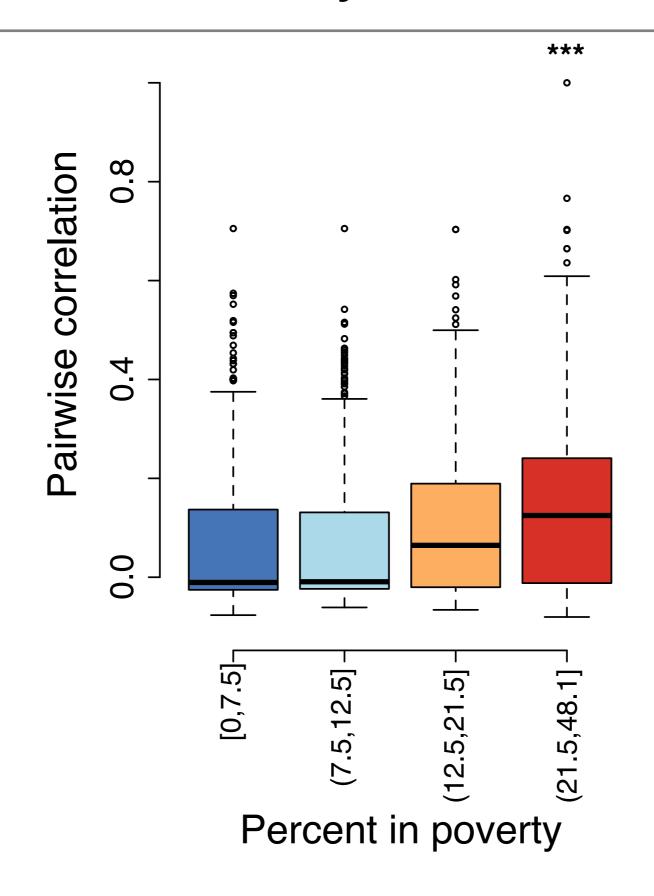
Poverty and influenza in Dallas, TX



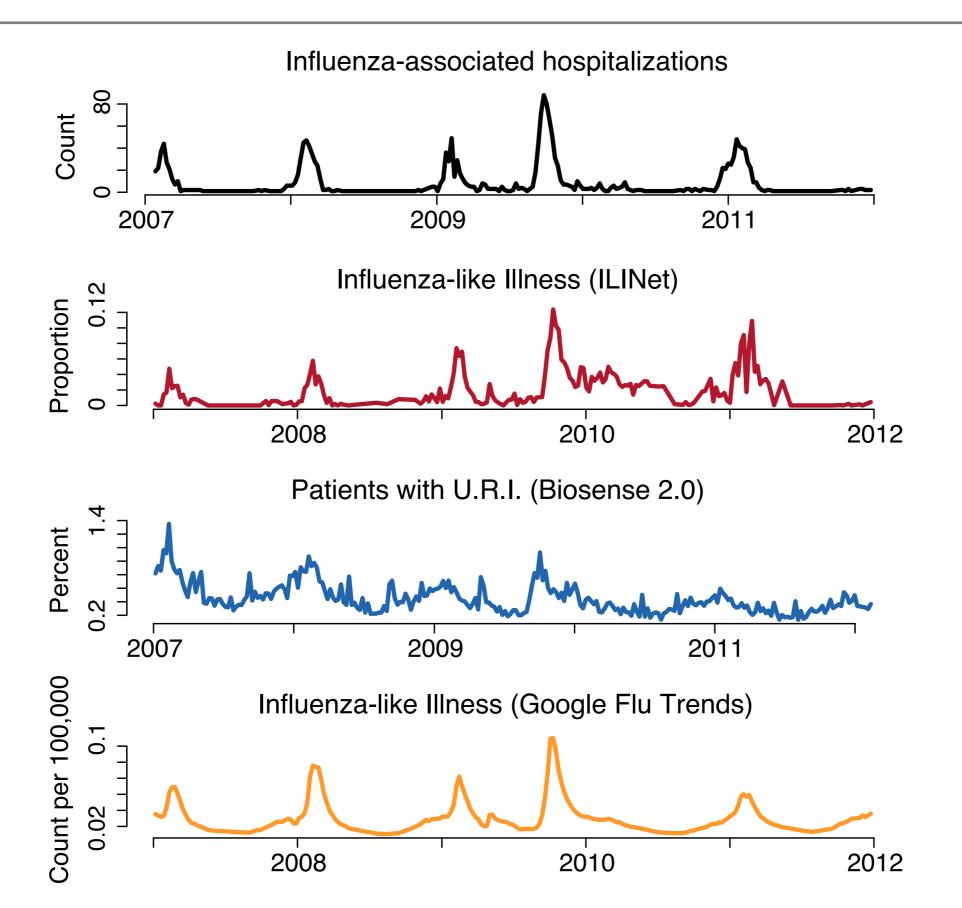
Higher hospitalization rates in poorer zip codes



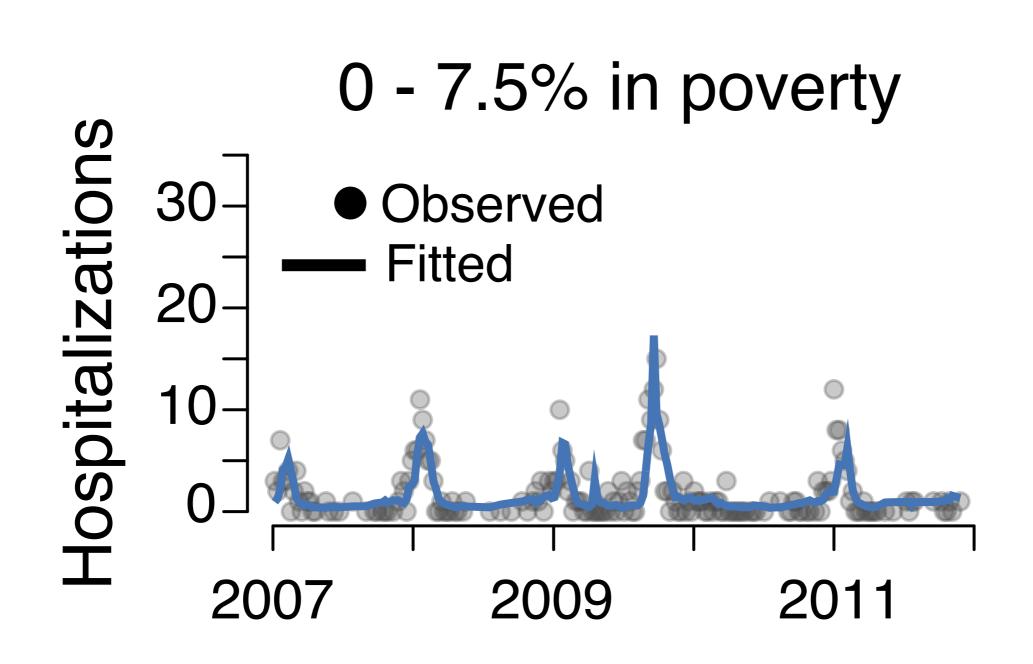
Poorer zip codes are in sync



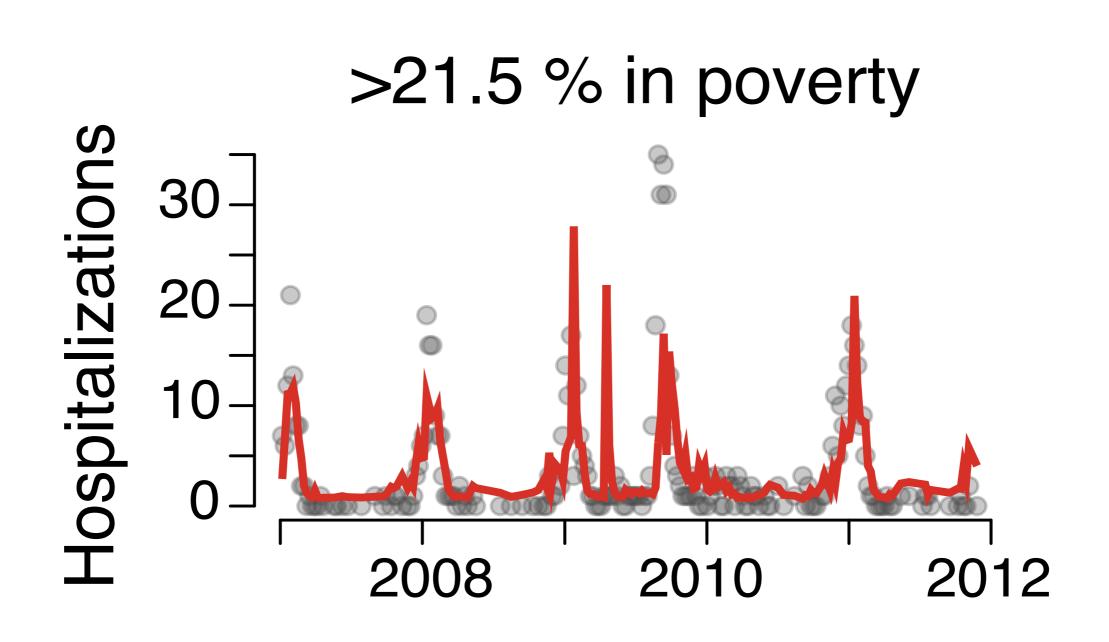
Predicting hospitalizations



Predicting hospitalizations in the richest areas



Predicting hospitalizations in the poorest areas



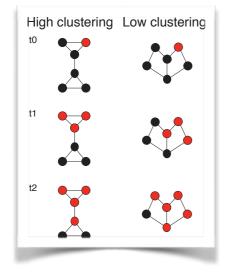


Modeling infectious diseases





Inequality & disease

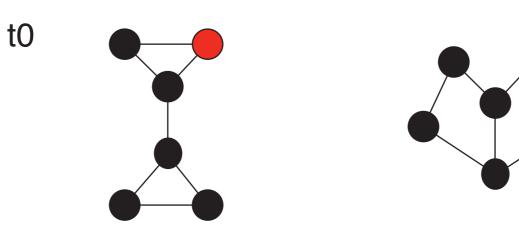




Social clustering & Ebola

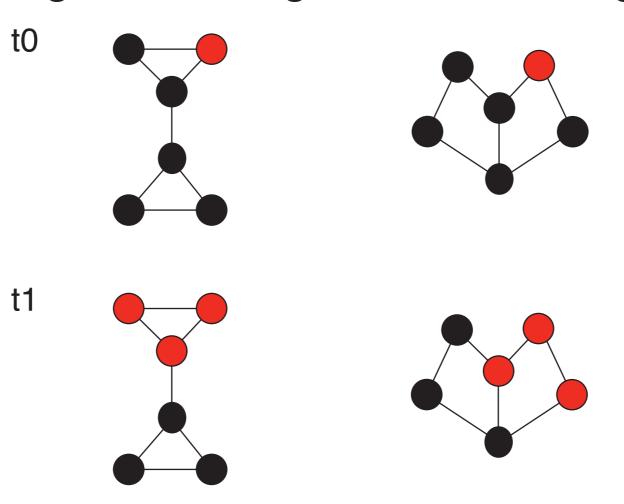
Clustering and disease transmission

High clustering Low clustering



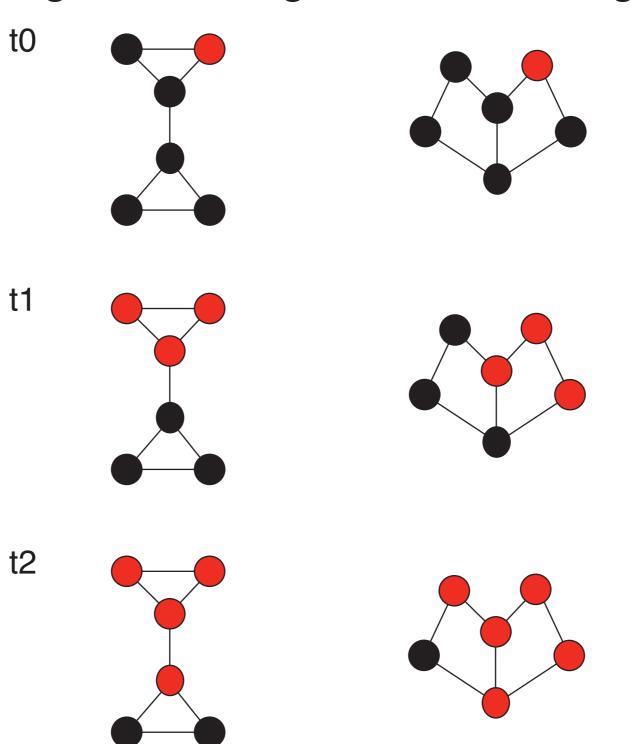
Clustering and disease transmission

High clustering Low clustering

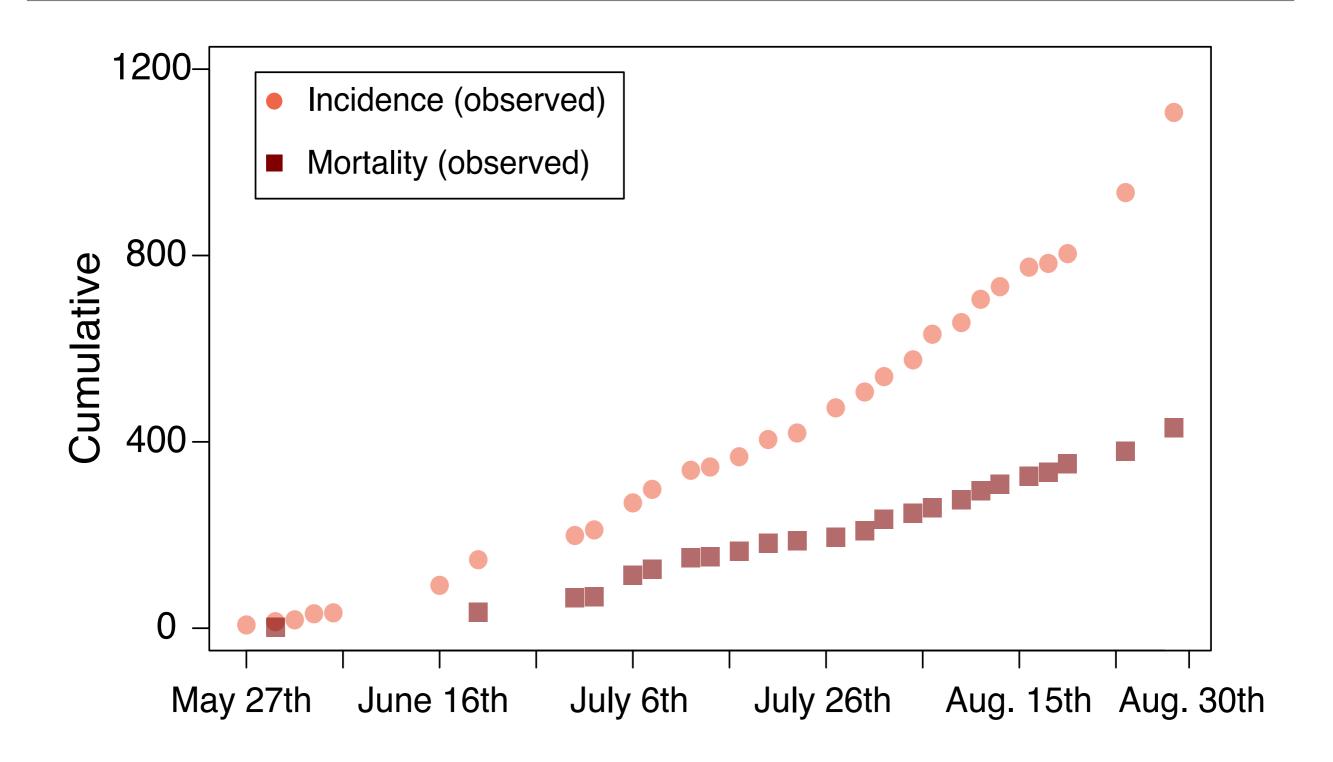


Clustering and disease transmission

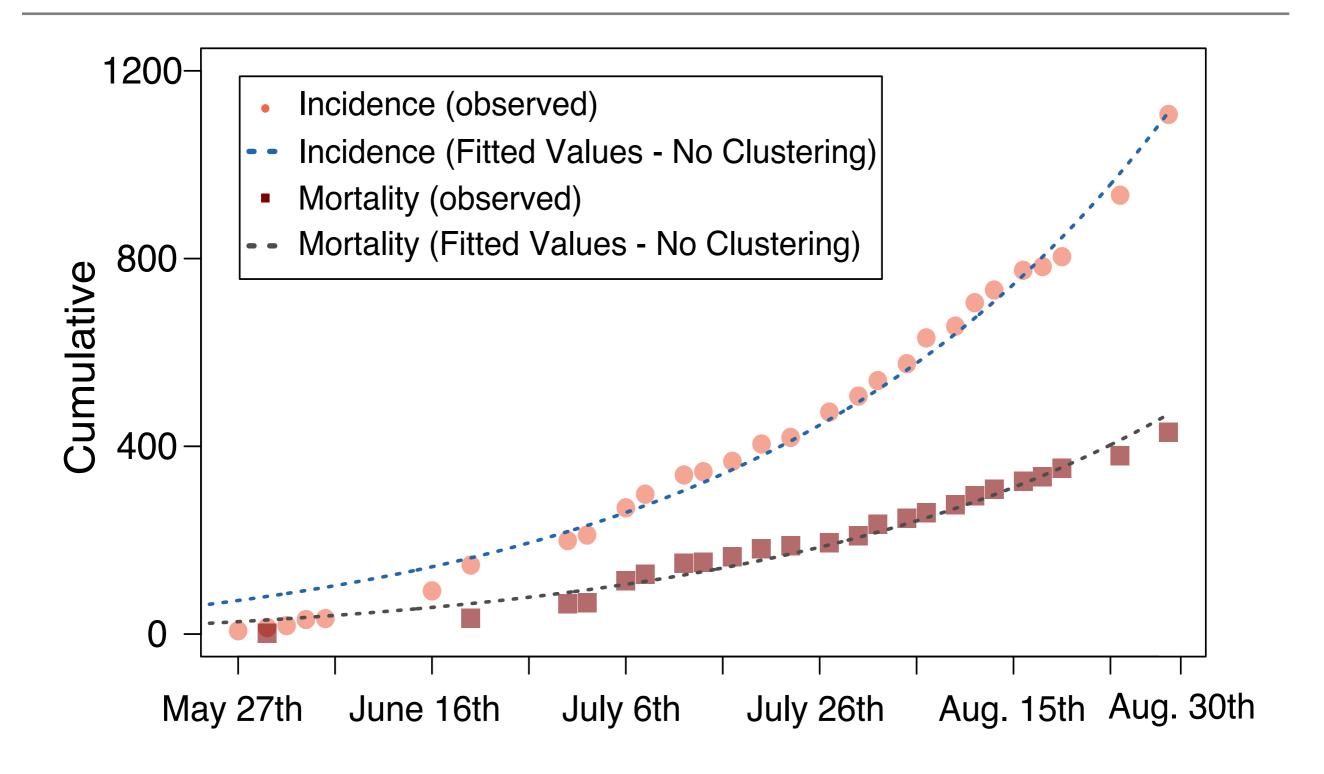
High clustering Low clustering



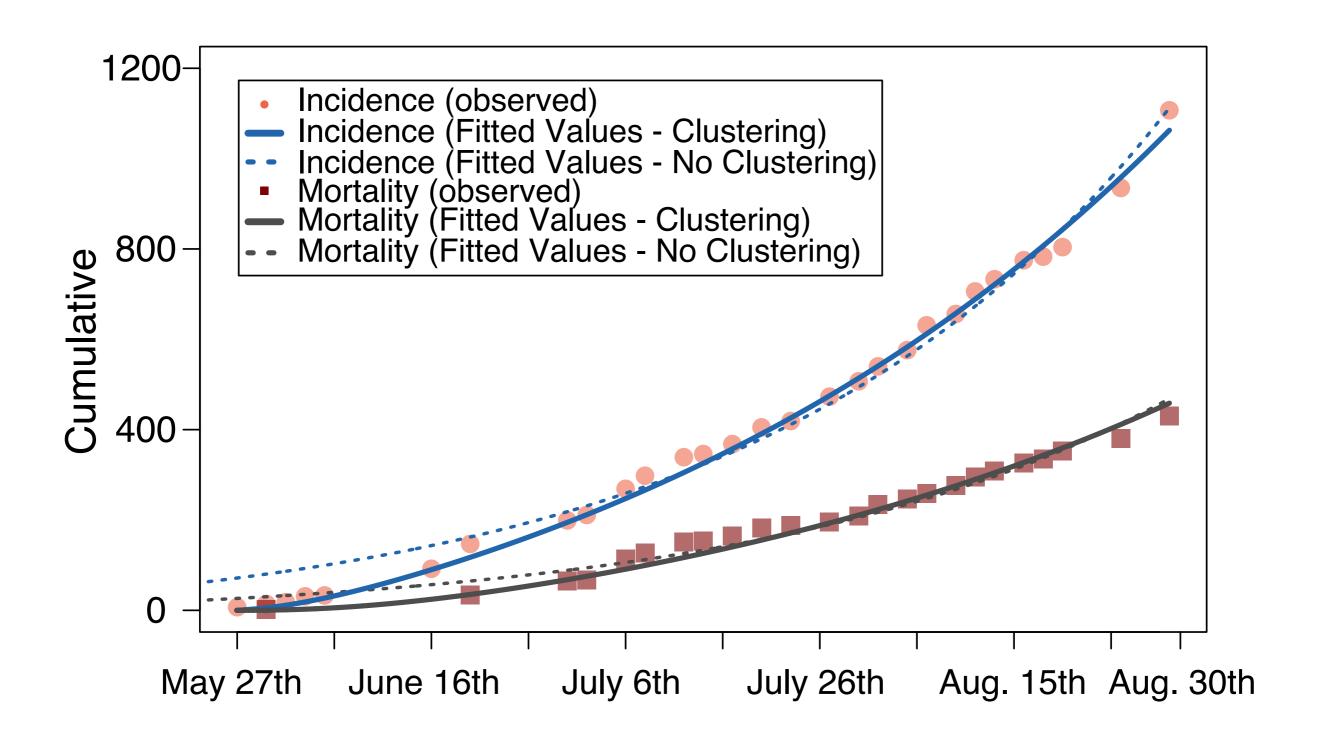
Outbreak in Sierra Leone



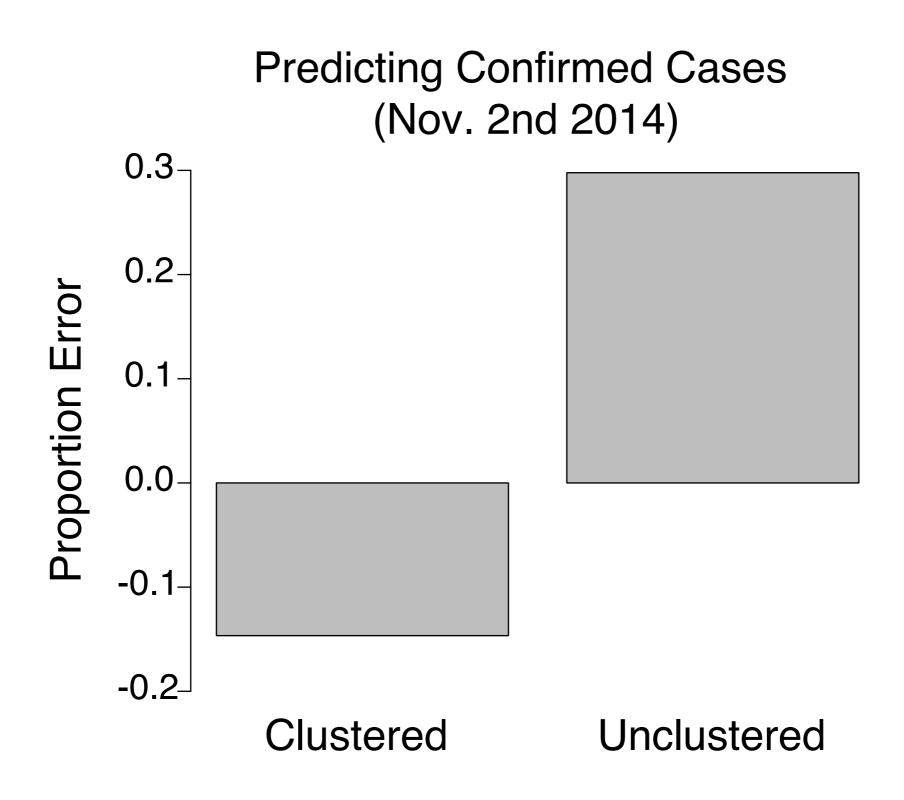
Evidence for clustered transmission



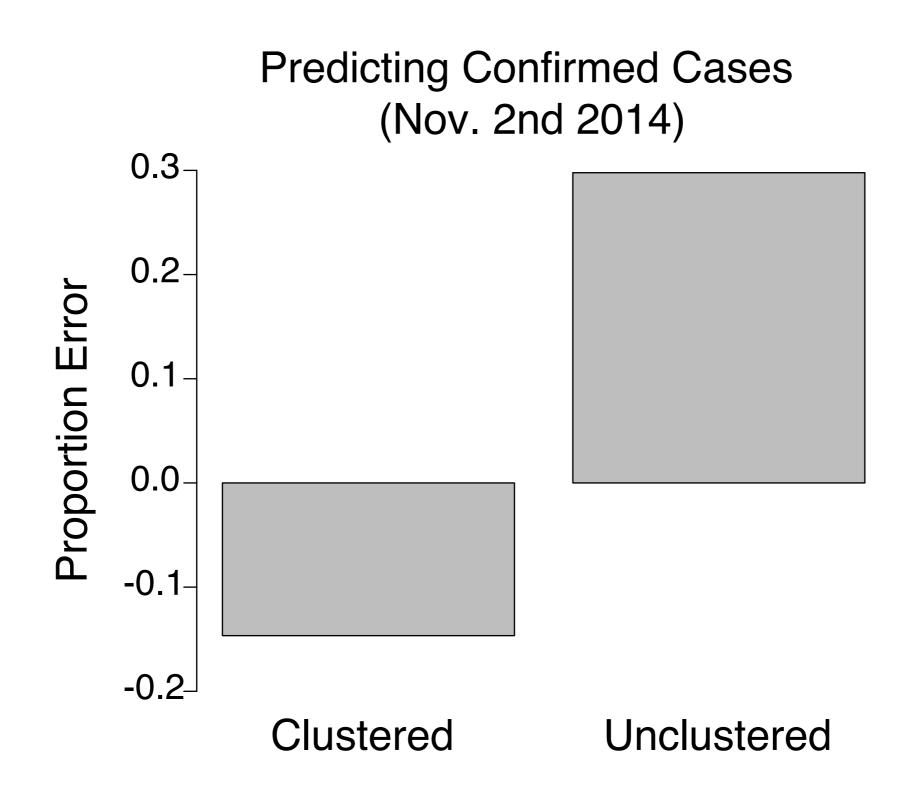
Evidence for clustered transmission



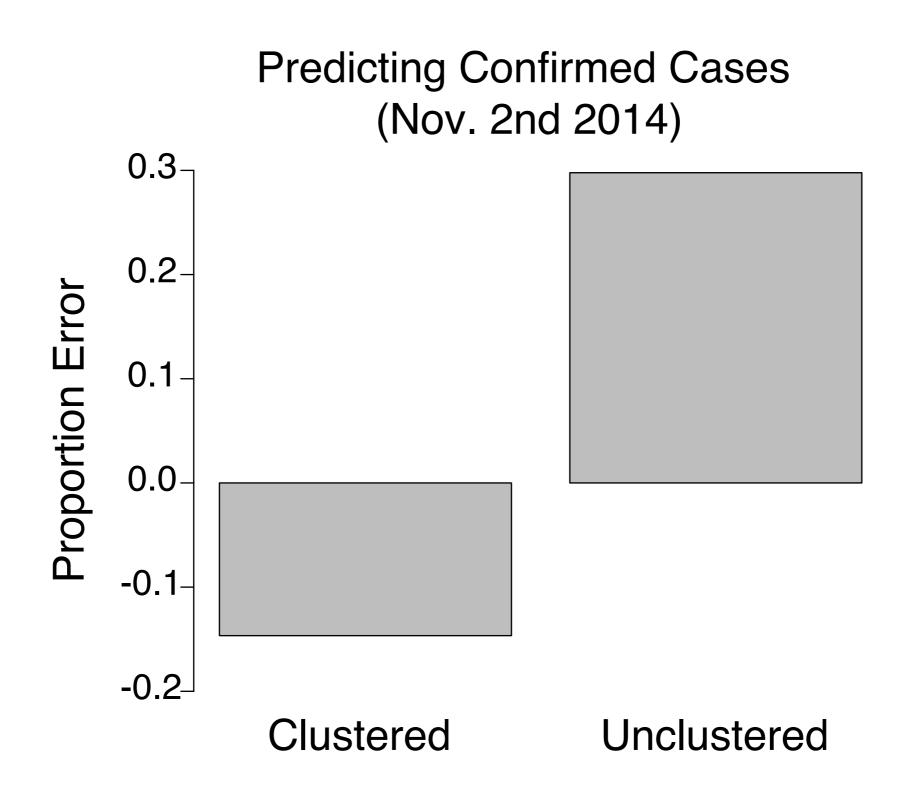
1. Dynamic importance of clustering



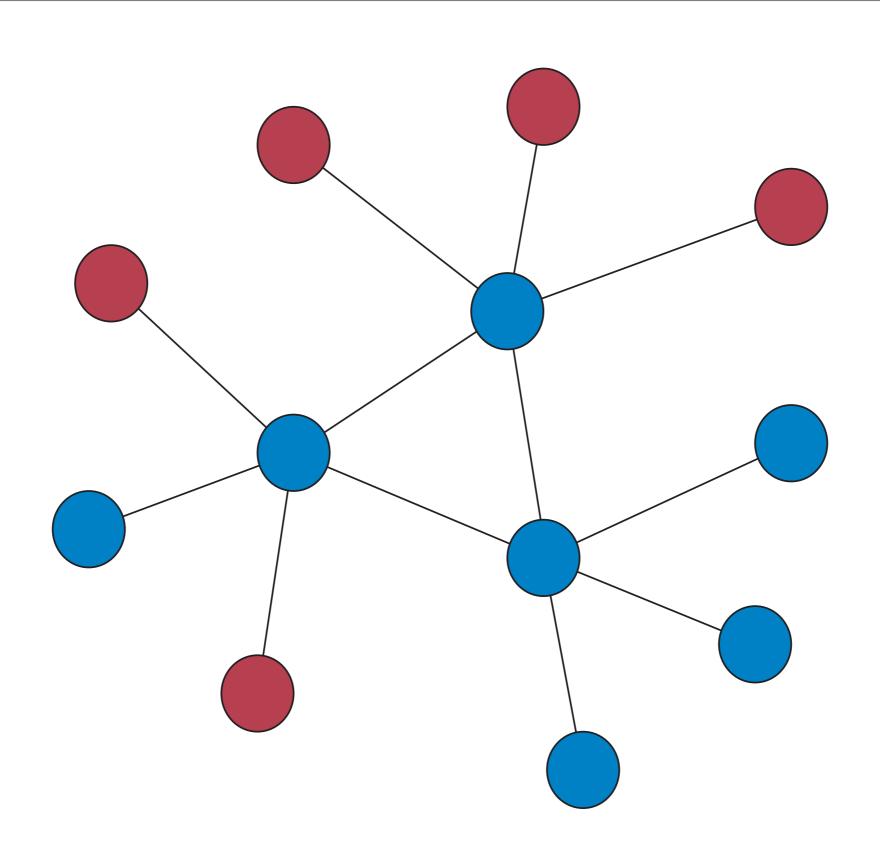
2. No evidence for interventions



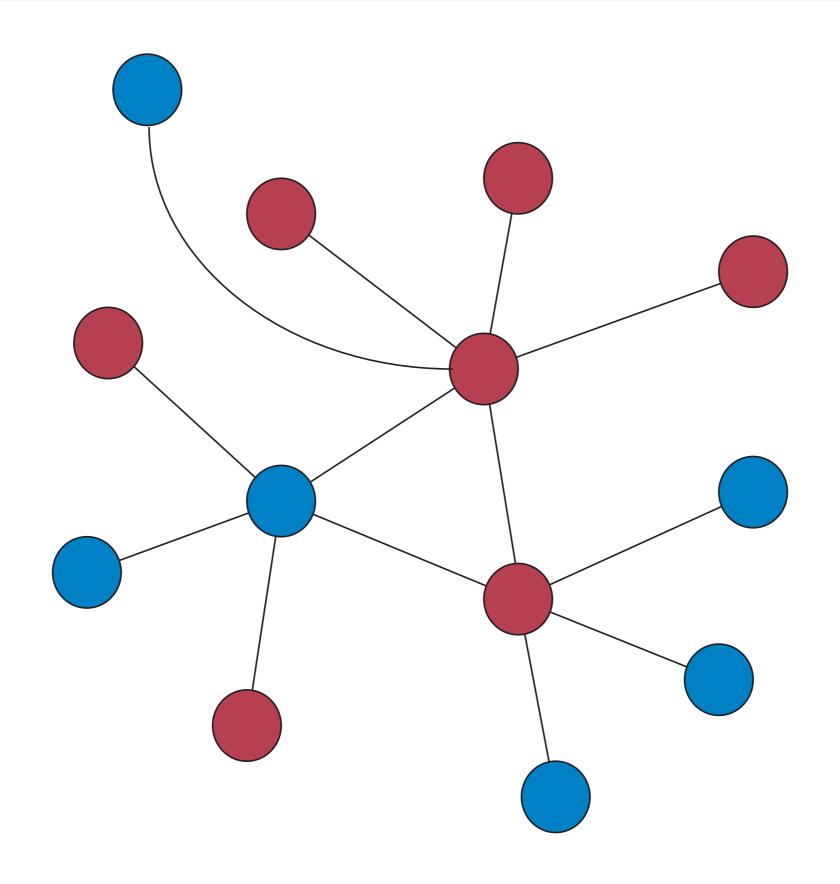
3. Perhaps we can forecast outbreaks



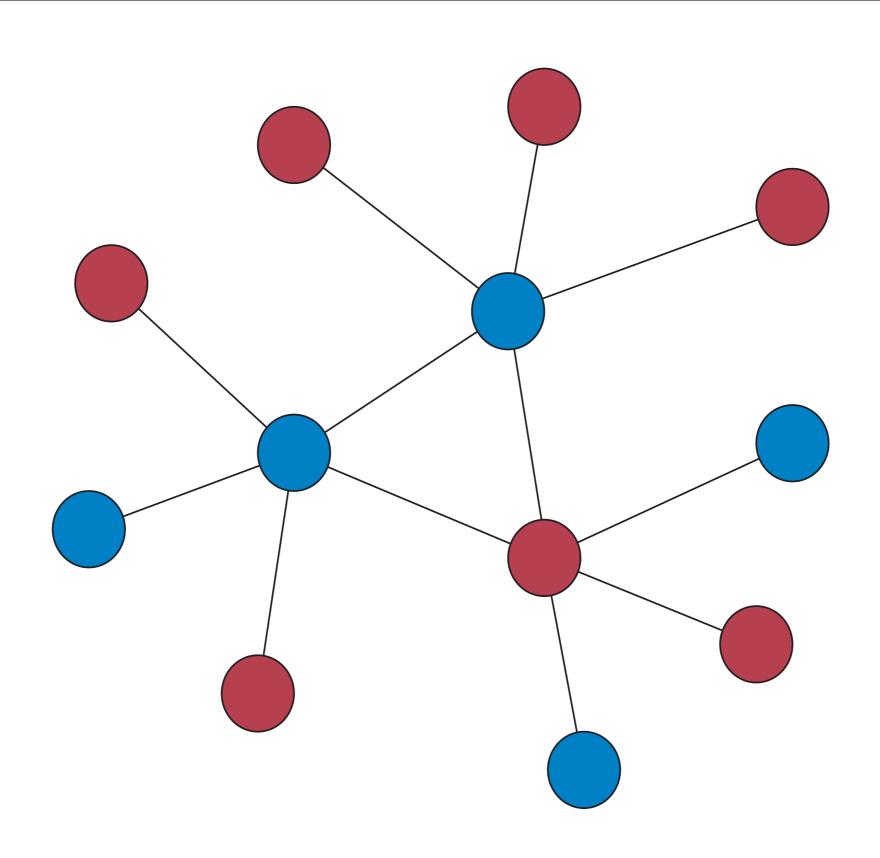
What happens when you replace sick workers?



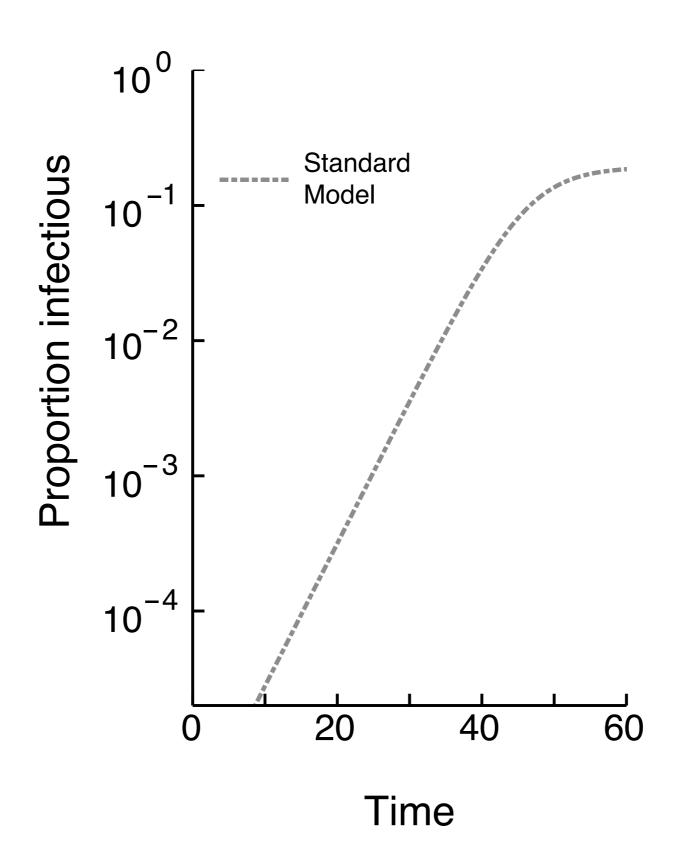
What happens when you replace sick workers?



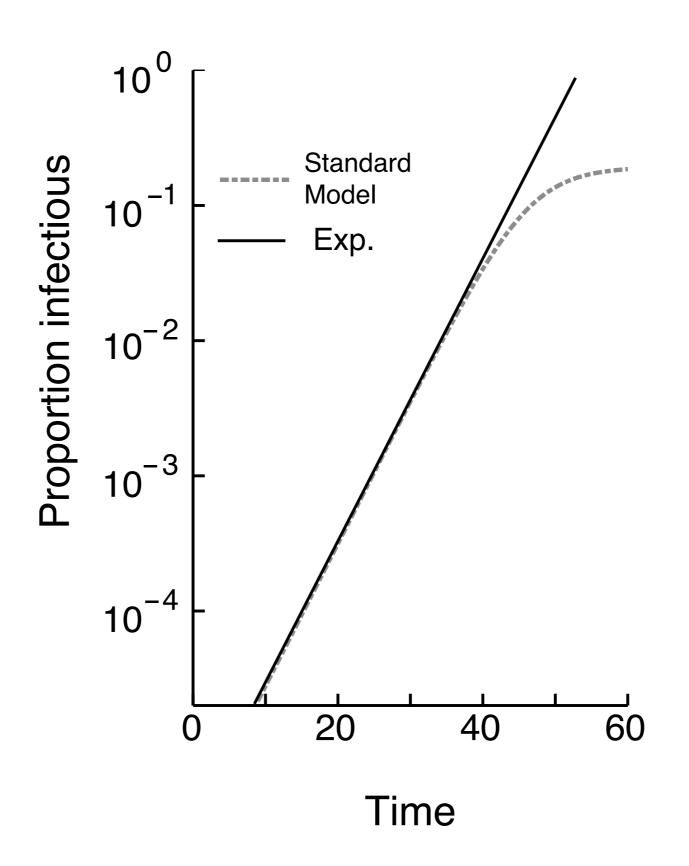
What happens when you replace sick workers?



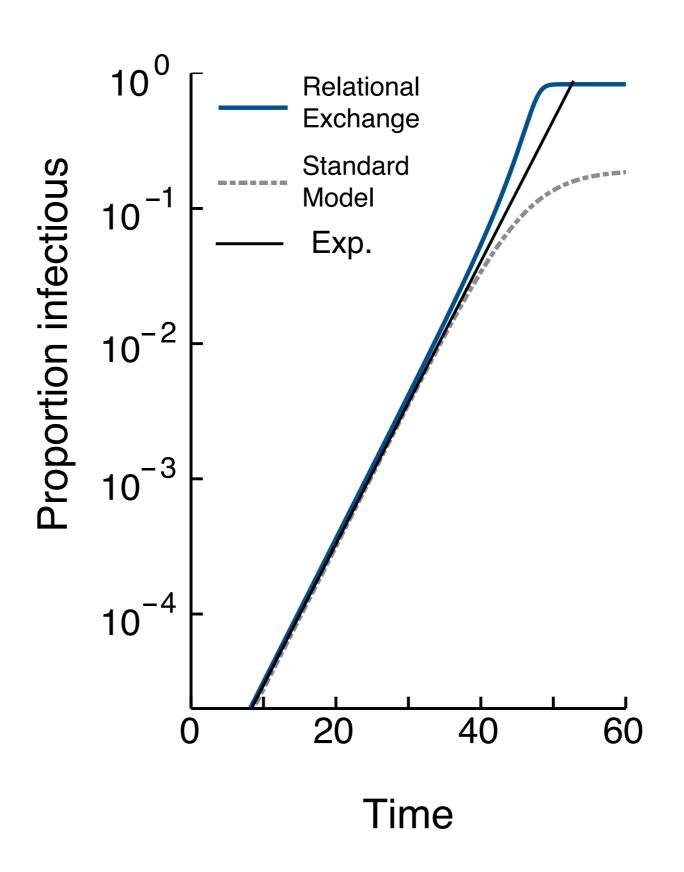
How does Relational Exchange work?



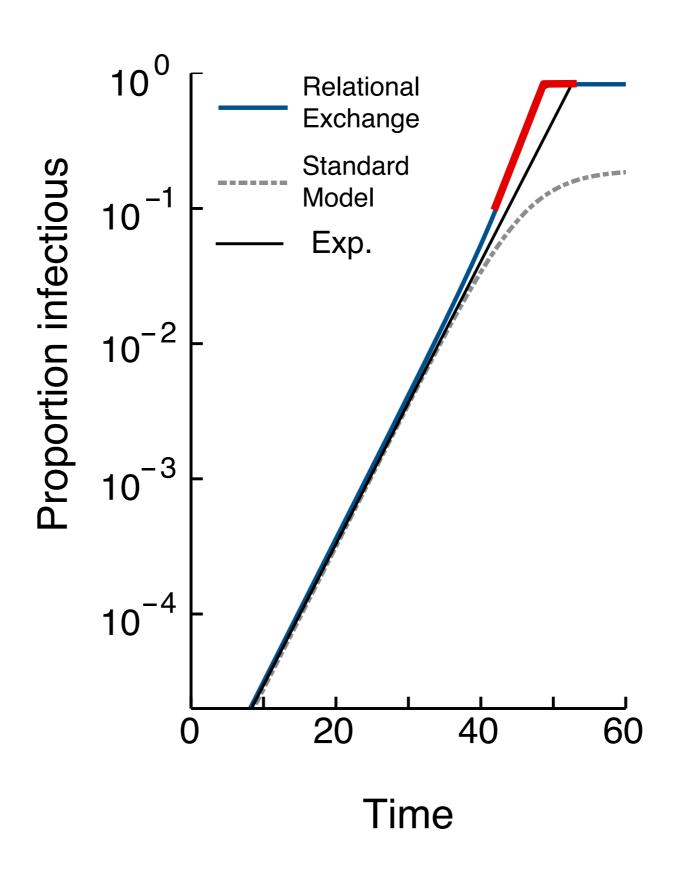
How does Relational Exchange work?

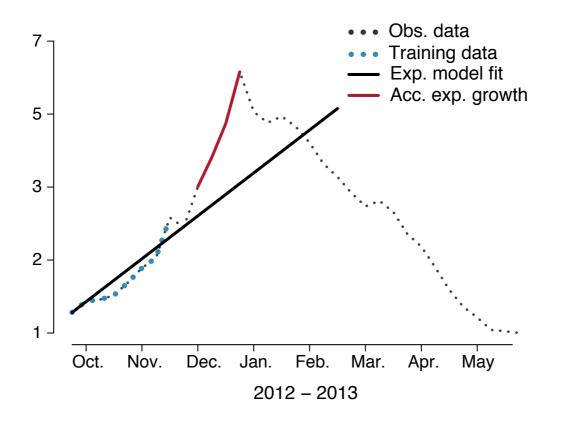


Accelerating exponential growth

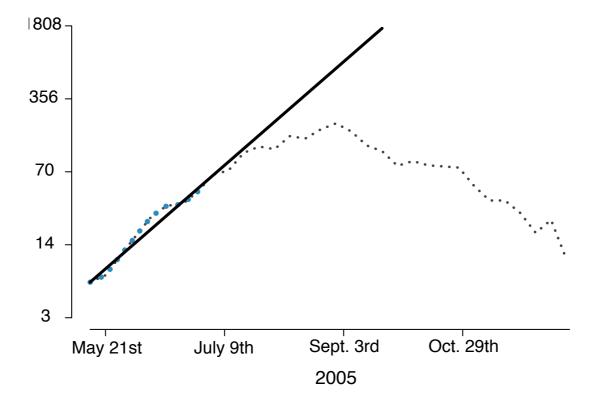


Accelerating exponential growth

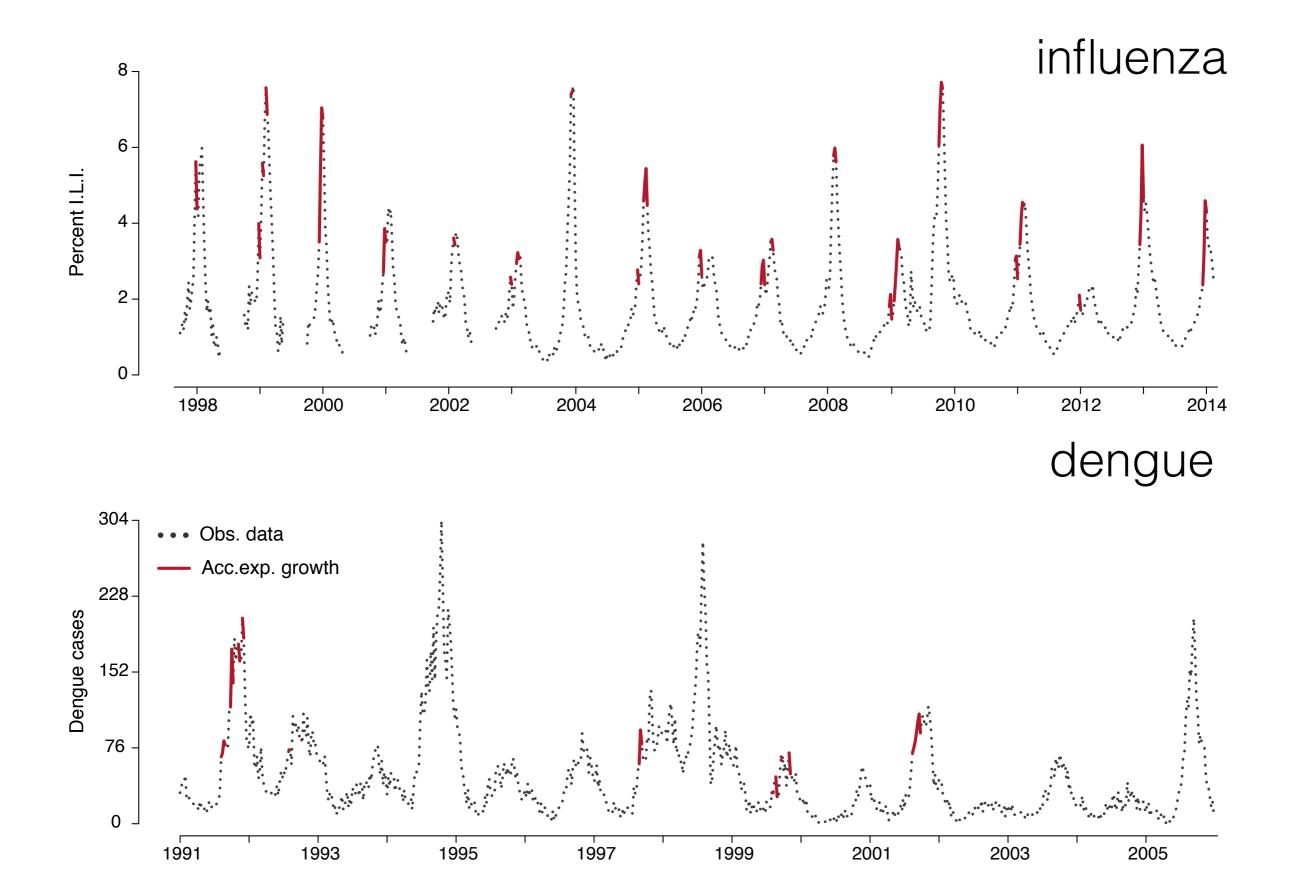




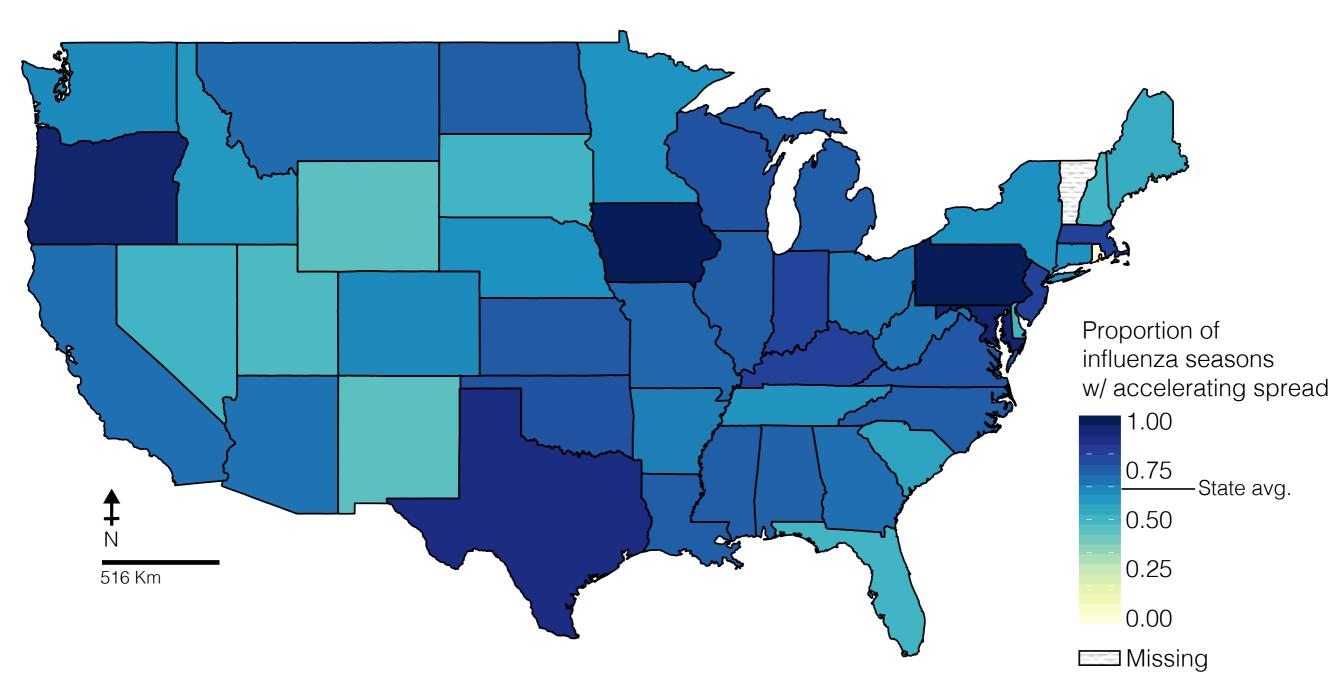
influenza



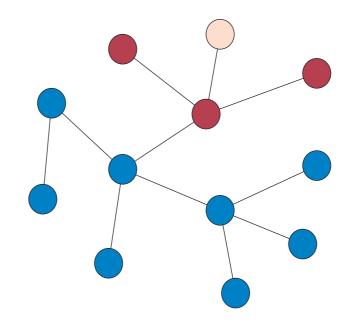
dengue



Influenza in the U.S.A. 1926 - 1951

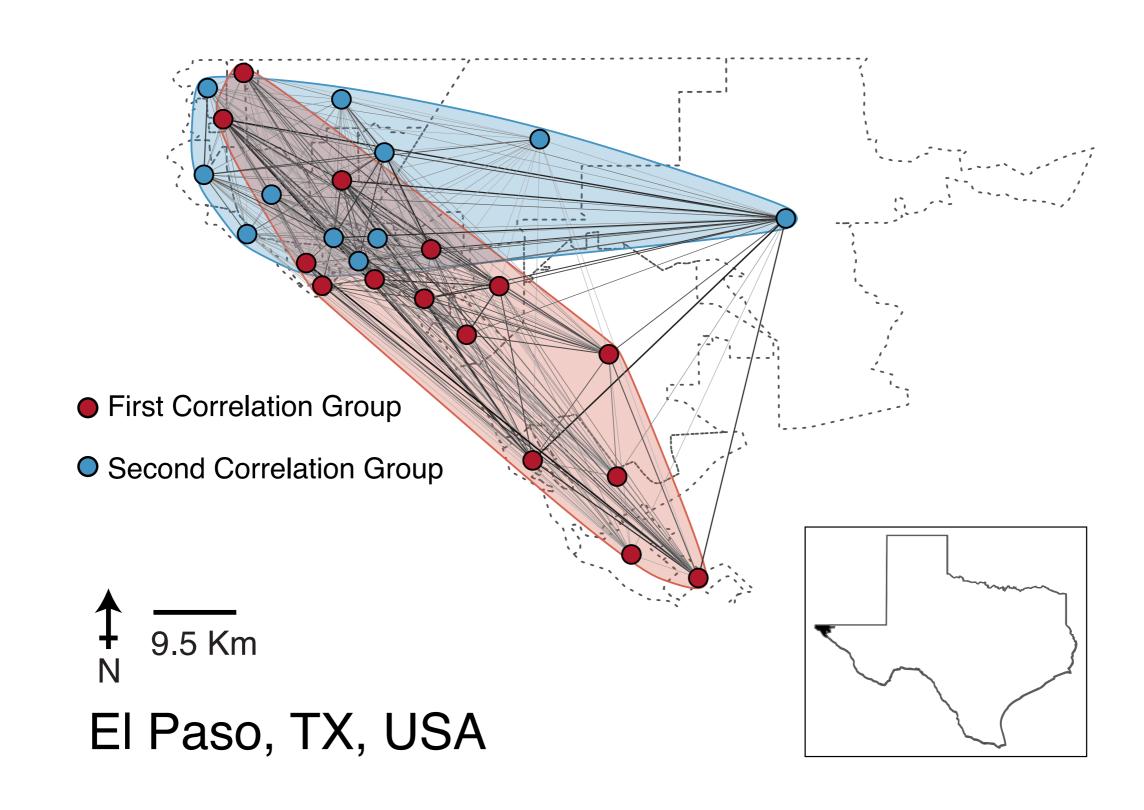


$$R_{0} = T \left(\frac{\langle K^{2} \rangle - \langle K \rangle}{\langle K \rangle} \right)$$

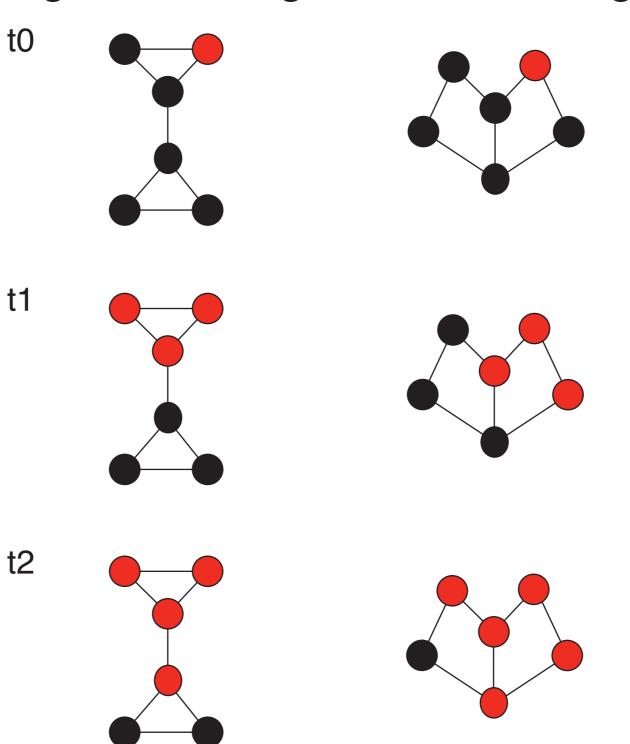


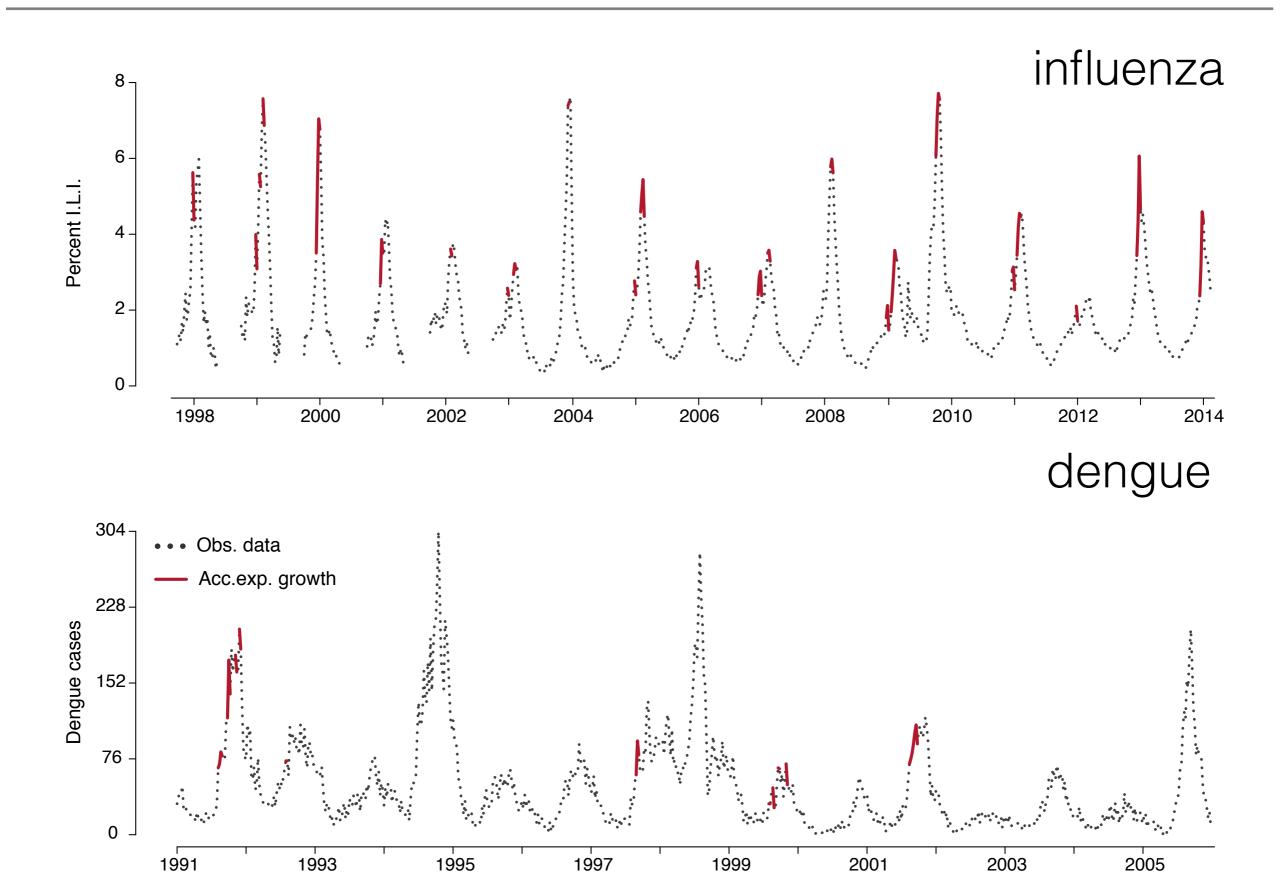
$$R_0 = \frac{\beta S}{\gamma}$$





High clustering Low clustering





Toward a complex systems theory of disease



Acknowledgments

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Tolbert Nyenswah
Frederick Altice
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Questions?

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