

Measuring Human Contact Networks & the mathematics of how diseases spread

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Spread of Infectious Diseases

Thread to public health: e.g.,



SARS, AIDS

- Current understanding of disease spread dynamics
 - Epidemiology: Small scale empirical work
 - Physics/Math: Mostly large scale abstract/simplified models
- Real-world networks are far more complex
 - Advantage of real world data
 - Emergence of wireless technology for proximity data (tiny wireless sensors, mobile phones...)
 - Post-facto analysis and modelling yield insight into human interactions
- Model realistic infectious disease epidemics and predictions





Susceptible, Infected, Recovered: the SIR Model of an Epidemic





What is a Mathematical Model?

a mathematical description of a scenario or situation from the real-world

focuses on specific quantitative features of the scenario, ignores others

a simplification, abstraction, "cartoon"

involves hypotheses that can be tested against real data and refined if desired

one purpose is improved understanding of real-world scenario

e.g. celestial motion, chemical kinetics



The SIR Epidemic Model

First studied, Kermack & McKendrick, 1927.

Consider a disease spread by contact with infected individuals.

Individuals recover from the disease and gain further immunity from it.

S = fraction of *susceptibles* in a population

I = fraction of *infecteds* in a population

R = fraction of *recovereds* in a population

S + I + R = 1



The SIR Epidemic Model (Cont'd)

• *Differential equations* (involving the variables *S*, *I*, and *R* and their rates of change with respect to time *t*) are

$$\frac{dS}{dt} = -\rho SI, \quad \frac{dI}{dt} = \rho SI - \alpha I, \quad \frac{dR}{dt} = \alpha I$$

• An equivalent *compartment diagram* is





Parameters of the Model

- ρ = the *infection rate*
- $\alpha = \text{the removal rate}$
- The *basic reproduction number* is obtained from these parameters:

$$N_R = \rho / \alpha$$

• This number represents the average number of infections caused by one infective in a totally susceptible population. As such, an epidemic can occur only if $N_R > 1$.



Vaccination and Herd Immunity

If only a fraction S_0 of the population is susceptible, the *reproduction number* is $N_R S_0$, and an epidemic can occur only if this number exceeds 1.

Suppose a fraction *V* of the population is vaccinated against the disease. In this case, $S_0=1-V$ and no epidemic can occur if

 $V > 1 - 1/N_{R}$

The *basic reproduction number* N_R can vary from 3 to 5 for smallpox, 16 to 18 for measles, and over 100 for malaria [Keeling, 2001].



Case Study: Boarding School Flu



Fig. 19.3. Influenza epidemic data (•) for a boys boarding school as reported in British Medical Journal, 4th March 1978. The continuous curves for the infectives (I) and susceptibles (S) were obtained from a best fit numerical solution of the SIR system (19.1)-(19.3): parameter values N = 763, $S_0 = 762$, $I_0 = 1$, $\rho = 202$, $r = 2.18 \times 10^{-3}$ /day. The conditions for an epidemic to occur, namely $S_0 > \rho$ is clearly stisfied and the epidemic is severe since R/ρ is not small.



Boarding School Flu (Cont'd)

• In this case, time is measured in days, $\rho = 1.66$, $\alpha = 0.44$, and $R_N = 3.8$.





Flu at Hypothetical Hospital

• In this case, new susceptibles are arriving and those of all classes are leaving. $\frac{dS}{dt} = \beta \cdot \rho SI \cdot \lambda S, \quad \frac{dI}{dt} = \rho SI \cdot \alpha I \cdot \lambda I, \quad \frac{dR}{dt} = \alpha I \cdot \lambda R$





*Flu at Hypothetical Hospital (Cont'd)*Parameters ρ and α are as before. New parameters β = λ = 1/14, representing an average turnover time of 14 days. The disease becomes *endemic*.





Case Study: Bombay Plague, 1905-6

• The *R* in SIR often means *removed* (due to death, quarantine, etc.), not *recovered*.



Fig. 19.2. Bombay plague epidemic of 1905-6. Comparison between the data (•) and theory (•) from the (small) epidemic model and where the number of deaths is approximately dR/dt given by (19.16). (After Kermack and McKendrick 1927)



Eyam Plague, 1665-66

Raggett (1982) applied the SIR model to the famous Eyam Plague of 1665-66.

http://www.warwick.ac.uk/statsdept/staff/WSK/Courses/ST333/eyam.html

It began when some cloth infested with infected fleas arrived from London. George Vicars, the village tailor, was the first to die.

Of the 350 inhabitants of the village, all but 83 of them died from September 1665 to November 1666.

Rev. Wm. Mompesson, the village parson, convinced the villagers to essentially quarantine themselves to prevent the spread of the epidemic to neighboring villages, e.g. Sheffield.



Eyam Plague, 1665-66 (Cont'd)

• In this case, a rough fit of the data to the SIR model yields a basic reproduction number of R_N =





Enhancing the SIR Model

Can consider additional populations of disease vectors (e.g. fleas, rats).

Can consider an exposed (but not yet infected) class, the SEIR model.

SIRS, SIS, and double (gendered) models are sometimes used for sexually transmitted diseases.

Can consider biased mixing, age differences, multiple types of transmission, geographic spread, etc.

Enhancements often require more compartments.



Geo-mapping,, Snow's Ghost Map





We meet, we connect, we communicate

We meet in real life in the real world

We use text *messages*, phones, IM

We make friends on facebook, Second Life

How are these **related**?

How do they **affect** each other?

How do they **change** with new technology?











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Cliques and Communities



k=10



We are still learning about this!

There are big problems understanding this

Data?

Privacy?

Usefulness?



Spread of Infectious Diseases

Thread to public health: e.g.,



SARS, AIDS

- Current understanding of disease spread dynamics
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The FluPhone Project

- Understanding behavioural responses to infectious disease outbreaks
- Proximity data collection using mobile phone from general public in Cambridge

https://www.fluphone.org



This study will record how often different people (who may not know each other) come close to one another, as part of their everyday lives. To do this, we will ask volunteers to install a small piece of software (called FluPhone) on their mobile phones and to carry their phones with them during their normal day-to-day activities. The software will look for other nearby phones periodically using Bluetooth, record this information and send it back to the research team via the cellular phone data service. This information will give us a much better understanding of how often people congregate into small groups or crowds, such as when commuting or through work or leisure activities. Also, by knowing which phones come close to one another, we will be able to work out how far apart people actually are, and how fast diseases could spread within communities. We are also asking participants to inform us of any influenza-like symptoms they may experience during the study period, so that we can match the spread of 'flu to the underlying social network of encounters made.

If you wish to take part in this study, please read the study information below, and then click **here** to start the registration process.



News:

1st. 2010

The pilot study within the

•The webpage is up!

university will start on the April



Various Data Collection

- Flu-like symptoms
- Proximity detection by Bluetooth
- Environmental information (e.g. in train, on road)
- Feedback to users
 - (e.g. How many contacts past hours/days)
- Towards potential health-care app
- Extending Android/iPhone platforms











Sensor Board or Phone or ...

- iMote needs disposable battery
 - Expensive
 - Third world experiment
- Mobile phone
 - Rechargeable
 - Additional functions (messaging, tracing)
 - Smart phone: location assist applications
- Provide device or software



Phone Price vs Functionality

- ~<20 GBP range</p>
 - Single task (no phone call when application is running)
- ~>100 GBP
 - GPS capability
 - Multiple tasks run application as a background job
- Challenge to provide software for every operation system of mobile phone
- FluPhone
 - Mid range Java capable phones (w/ Blutooth JSR82 –Nokia)
 - Not yet supported (iPhone, Android, Blackberry)



Experiment Parameters vs Data Quality

- Battery life vs Granularity of detection interval
- Duration of experiments
 - Day, week, month, or year?
 - Data rate
- Data Storage
 - Contact /GPS data <50K per device per day (in compressed format)
 - Server data storage for receiving data from devices
 - Extend storage by larger memory card
- Collected data using different parameters or methods → aggregated?



Proximity Detection by Bluetooth

nly ~=15% of devices Bluetooth on

canning Interval

5 mins phone (one day battery life)

luetooth inquiry (e.g. 5.12 seconds) gives >90% chance of finding device

omplex discovery protocol

• Two modes: discovery and being discovered

Make sure to produce reliable data!



FluPhone

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FluPhone





FluPhone





Data Retrieval Methods

- Retrieving collected data:
 - Tracking station
 - Online (3G, SMS)
 - Uploading via Web
 - via memory card
- Incentive for participating experiments
- Collection cycle: real-time, day, or week?



FluPhone Server

Via GPRS/3G FluPhone server collects data





Security and Privacy

- Current method: Basic anonymisation of identities (MAC address)
- FluPhone server use of HTTPS for data transmission via GPRS/3G
- Anonymising identities may not be enough?
 - Simple anonymisation does not prevent to be found the social graph
- Ethic approval tough!
 - ~40 pages of study protocol document for FluPhone project – took several months to get approval



Currently No Location Data

- Location data necessary?
 - Ethic approval gets tougher
 - Use of WiFi Access Points or Cell Towers
 - Use of GPS but not inside of buildings
- Infer location using various information
 - Online Data (Social Network Services, Google)
 - Us of limited location information Post localisation







Consent









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Consent

This page asks for you to agree to be a participant in the study. It is important that you understand and agree with the consent and study information.

See here for information about this study.

You must read this software disclaimer.

If you are under 16 years old, we require that your parent or carer provide their consent for you to take part in this study. You must be over 12 years old to take part in this study.

To participate in this study, you must:

- · have read, understand and agree with the consent and study information;
- · have access to a compatible mobile phone;
- · have read, understand and agree with the Fluphone software disclaimer;
- · agree to download and run the FluPhone software application on your mobile phone;
- agree for the Fluphone application to use the Bluetooth function of your mobile phone;
- agree for the Fluphone application to send the data it collects to the study team via your network connection, and that this may incur a cost to the billpayer of the phone;
- be willing to allow your data and the information that the FluPhone software collects on your phone to be used for scientific research by the study team.

Please note: You have to fill in all fields.

 Please click the appropriate one: 	○I am under 16 years old, but over 12 years old, and have parental or carer consent for me to take part in this study. ○I am over 16 years old and wish to take part in this study.
 Please click the appropriate one: 	\square I have the permission of the bill payer to use this mobile in the study.
	Submit

Log in assword?



Study Status

- Pilot study (April 21 ~ May 15)
 - Computer Laboratory
 - Very few participants people do not worry flu in summer

University scale study (May 15 ~ June 30)

- Advertisement (all departments, 35 colleges, student union, industry support club, Twitter, Facebook...)
- Employees of University of Cambridge, their families, and any residents or people who work in Cambridge
- Issues
 - Limited phone models are supported
 - Slightly complex installation process
 - Motivation to participate...



Encountered Bluetooth Devices

A FluPhone Participant Encountering History





Existing Human Connectivity Traces

- Existing traces of contact networks
- ..thus far not a large scale

Experimental data set	MIT	UCSD	CAM	INFC06	BATH
Device	Phone	PDA	iMote	iMote	PC
Network type	Bluetooth	WiFi	Bluetooth	Buetooth	Bluetooth
Duration (days)	246	77	11	3	5.5
Granularity (seconds)	300	600	120	120	Continuous
Number of Experimental Devices	97	274	36	78	7431

 Let's use Cambridge trace data to demonstrate what we can do with FluPhone data...



Analyse Network Structure and Model

- Network structure of social systems to model dynamics
- Parameterise with interaction patterns, modularity, and details of time-dependent activity
 - Weighted networks
 - Modularity
 - Centrality (e.g. Degree)
 - Community evolution
 - Network measurement metrics
 - Patterns of interactions

Publications at: http://www.haggleproject.org http://www.social-nets.eu/



Regularity of Network Activity

 Cambridge Data (11 days by undergraduate students in Cambridge): Size of largest fragment shows network dynamics





Uncovering Community

- Contact trace in form of weighted (multi) graphs
 - Contact Frequency and Duration
- Use community detection algorithms from complex network studies
 - K-clique, Weighted network analysis, Betweenness, Modularity, Fiedler Clustering etc.





Simulation of Disease – SEIR Model

Four states on each node: SUSCEPTIBLE→EXPOSED→INFECTED→RECOVERD Parameters

- p: exposure probability
- a: exposed time (incubation period)
- t: infected time

Diseases

D1 (SARS): p=0.8, a=24H, t=30H D2 (FLU): p=0.4, a=48H, t=60H D3 (COLD): p=0.2, a=72H, t=120H

Seed nodes

Random selection of 20% of nodes (=7) among 36 nodes



SARS

- Exposure probability = 0.8
- Exposed time = 24H (average)
- Infected time =30H (average)





Flu

- Exposure probability = 0.4
- Exposed time = 48H (average)
- Infected time = 60H (average)





Time to Exposure vs #of Meetings

 Distribution of time to infection (black line) is strongly influenced by the time dependent adjacency matrices of meetings





D0: Simple Epidemic (3 Stages)

- First Rapid Increase: Propagation within Cluster
- Second Slow Climbing
- Reach Upper Limit of Infection





Virtual Disease Experiment

- Spread virtual disease via Blutooth communication in proximity radio range
- Integrate SAR, FLU, and COLD in SIER model
- Provide additional information (e.g. Infection status, news) to observe behavioural change





Conclusions

- Quantiative Study
- Lots more to be done
- Acknowledge Veljko Pejovic, Daniel Aldman, Tom Nicolai, and Dr Damien Fay



The FluPhone Project

http://www.cl.cam.ac.uk/research/srg/netos/fluphone/ https://www.fluphone.org

Email: flu-phone@cl.cam.ac.uk









Email:



Password:

Main page	<u>Information</u>	<u>Help</u>	Contact	us

FluPhone Study

This is the home page for the FluPhone study. A study to measure social encounters made between people, using their mobile phones, to better understand how infectious diseases, like 'flu, can spread between people.

This study will record how often different people (who may not know each other) come close to one another, as part of their everyday lives. To do this, we will ask volunteers to install a small piece of software (called FluPhone) on their mobile phones and to carry their phones with them during their normal day-to-day activities. The software will look for other nearby phones periodically using Bluetooth, record this information and send it back to the research team via the cellular phone data service. This information will give us a much better understanding of how often people congregate into small groups or crowds, such as when commuting or through work or leisure activities. Also, by knowing which phones come close to one another, we will be able to work out how far apart people actually are, and how fast diseases could spread within communities. We are also asking participants to inform us of any influenza-like symptoms they may experience during the study period, so that we can match the spread of 'flu to the underlying social network of encounters made.

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For more detailed information about the study, please visit the study information page.



Forgotten your password

Log in

News:

•The pilot study within the university will start on the April 1st, 2010 •The webpage is up!



Reserve Slides

Visualisation of Community Dynamics



Data Collection

- Robust data collection from real world
- Post-facto analysis and modelling yield insight into human interactions
- Data is useful from building communication protocol to understanding disease spread

Modelling Contact Networks: Empirical Approach



Classification of Node Pairs

Pair Classification:

I: Community

High Contact Nº - Long Duration:

II: Familiar Stranger

High Contact N° - Short Duration:

III: Stranger

Low Contact N° – Short Duration:

IV: Friend

Low Contact Nº - High Duration:



Contact Duration



Centrality in Dynamic Networks

- Degree Centrality: Number of links
- Closeness Centrality: Shortest path to all other nodes
- Betweenness Centrality: Control over information flowing between others
 - High betweenness node is important as a relay node
 - Large number of unlimited flooding, number of times on shortest delay deliveries → Analogue to Freeman centrality





Betweenness Centrality

 Frequency of a node that falls on the shortest path between two other nodes

