

Monitoring SARS-CoV-2: Combining clinical and wastewater surveillance

This is Public Health!

13.4.2022

Dr. Jana S. Huisman

The role of mathematical modelling in public health

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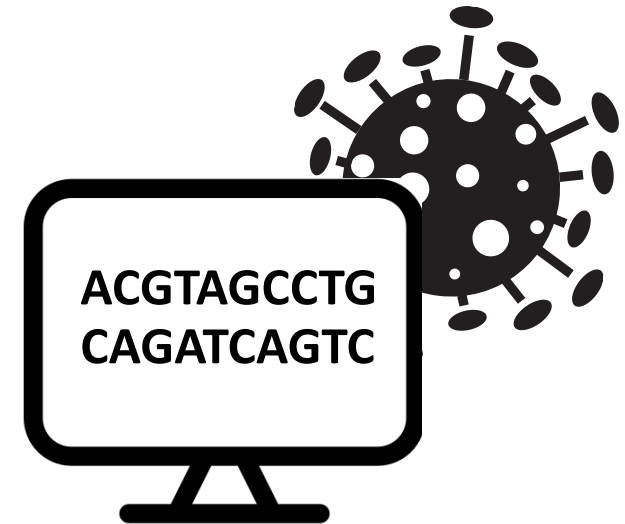
Mathematics in public health

Statistics (planning, analysis, prediction)

Bioinformatics (multi-omics data)

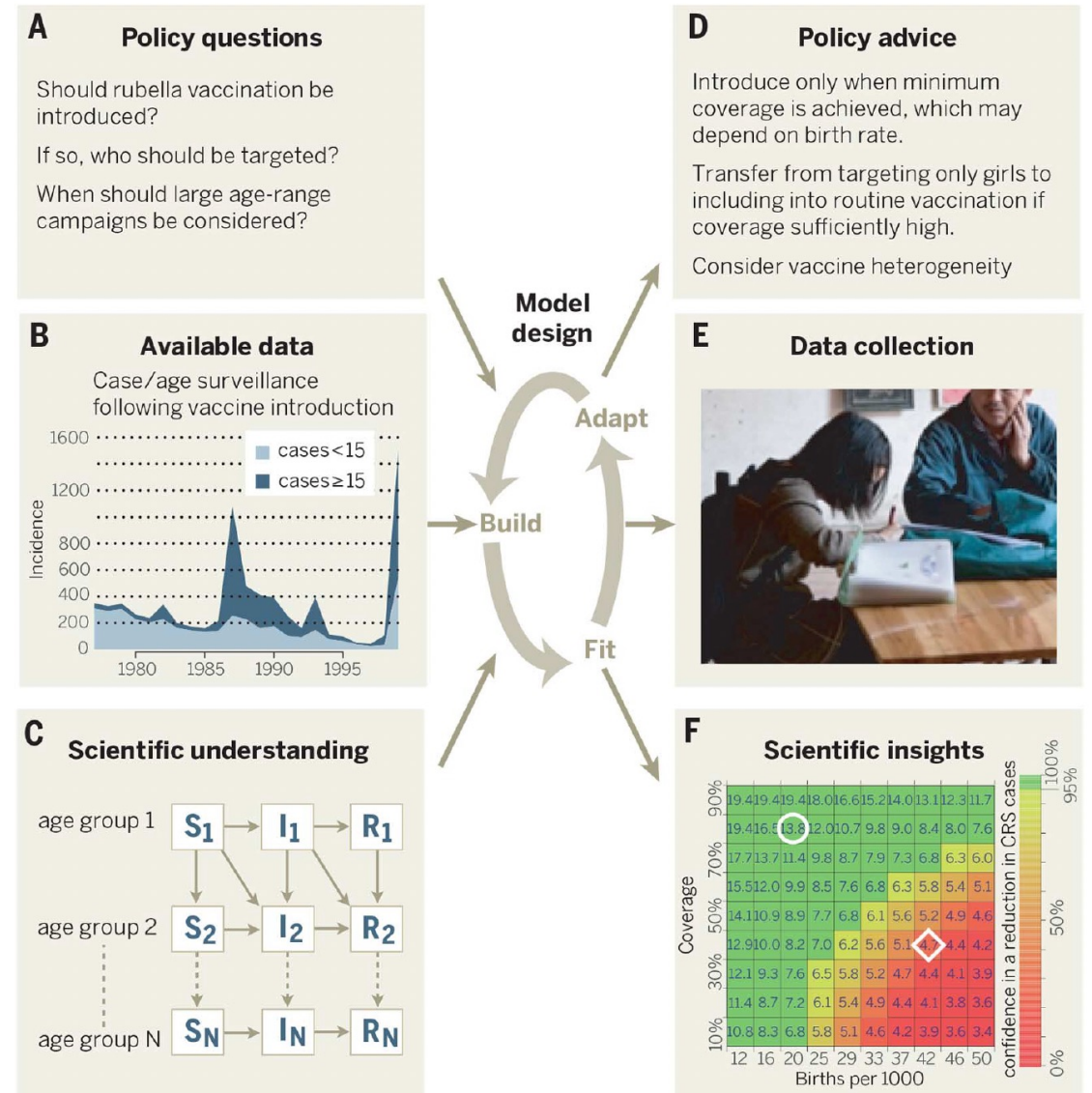
Modelling:

- **Within-host** models
- **Between-host** models (infectious disease dynamics)



Mathematical modelling in public health

- A. Question
- B. Available data:
 - (i) To inform and fit the model
 - (ii) To quantify / validate outcome
- C. Model with mechanistic and phenomenological parts
- D. Research
- E. Advice / Conclusion



Why modelling?

Test what cannot be tested otherwise:

- Experiments would be unfeasible
- Counterfactual scenarios: what if?

“all models are wrong, but some are useful”

– George Box

Test mechanistic understanding:

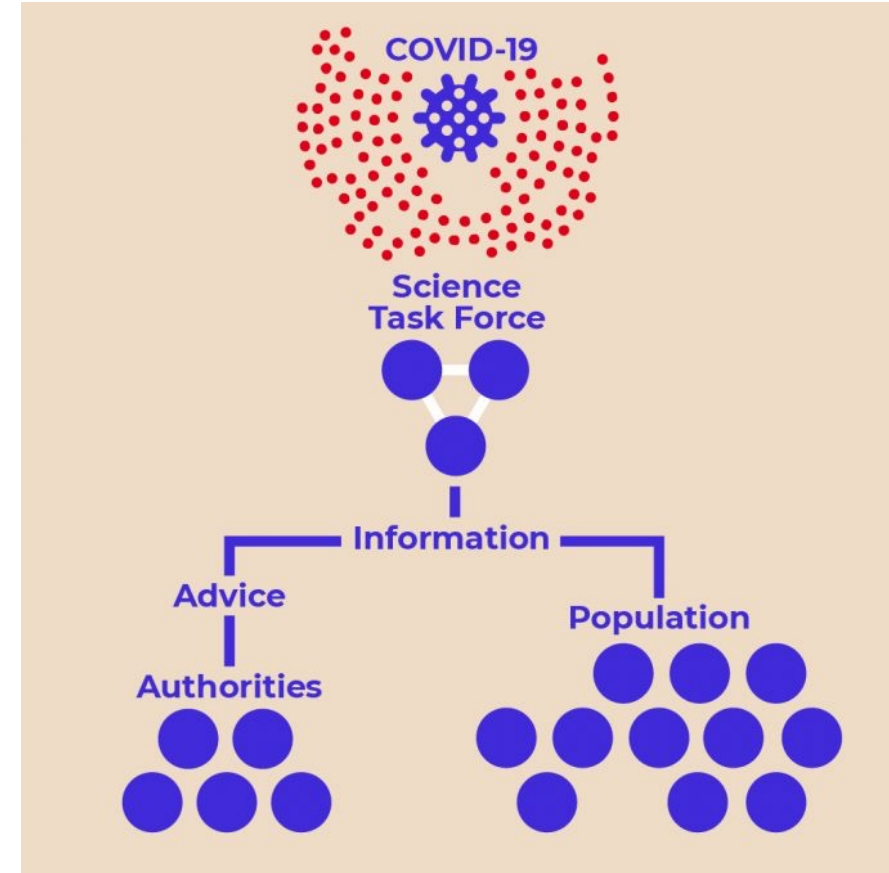
- All relevant parameters and no more?

Generate quantitative insight and comparison

Mathematical modelling during COVID-19

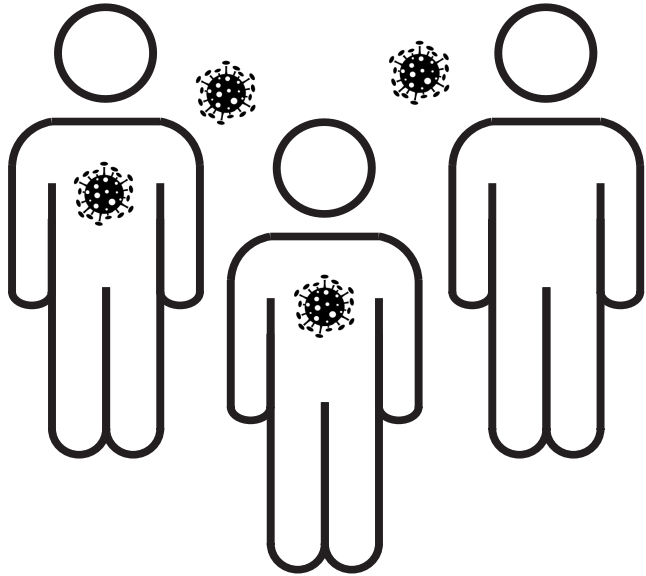
Policy questions:

- Predict when and where people will be **infected**
- Predict **ICU bed** occupancy
- Assess the impact of **interventions** on disease dynamics
- Optimal **vaccination strategy** to prevent death / infection
- Optimal **quarantine duration**
- Impact of **variants** with different transmission dynamics
- Assess **underreporting** and true cases (“Dunkelziffer”)



SWISS NATIONAL
COVID-19
SCIENCE TASK FORCE

I. R_e



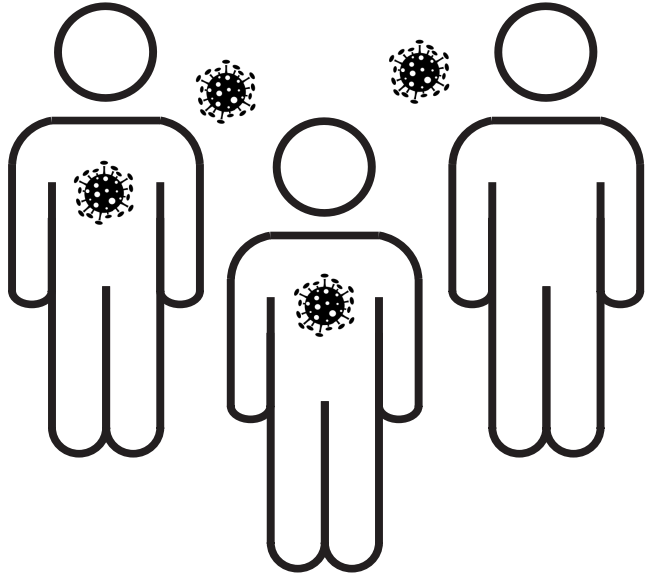
II. Wastewater



III. Variants



I. R_e



II. Wastewater

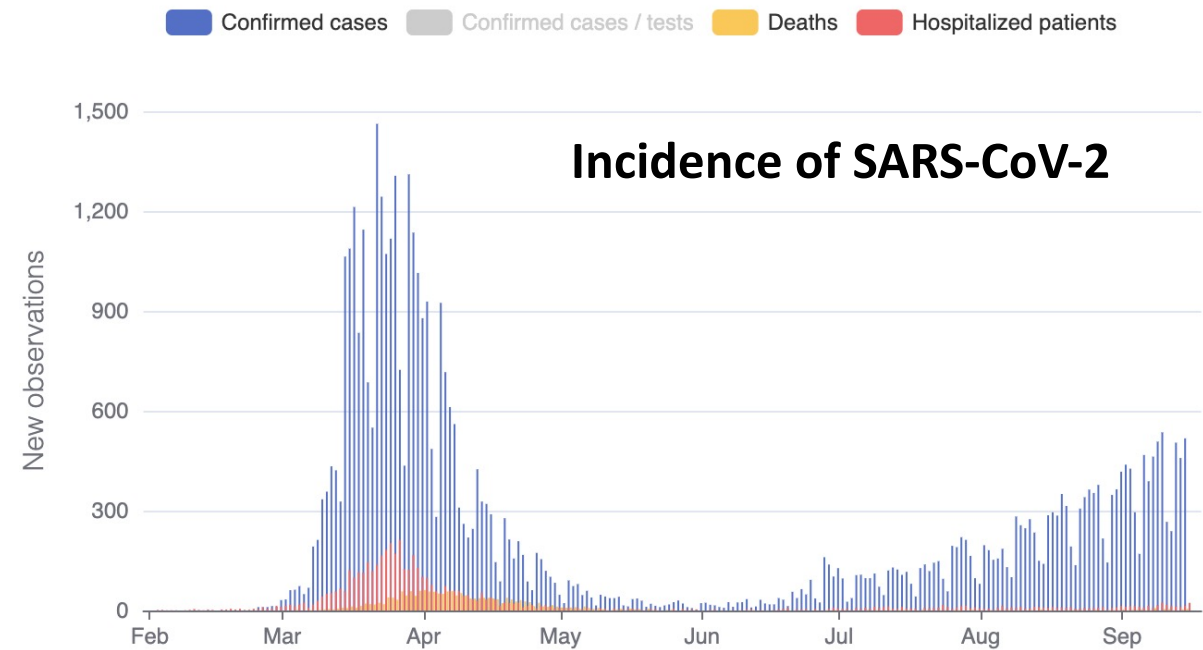


III. Variants



Monitoring an infectious disease epidemic

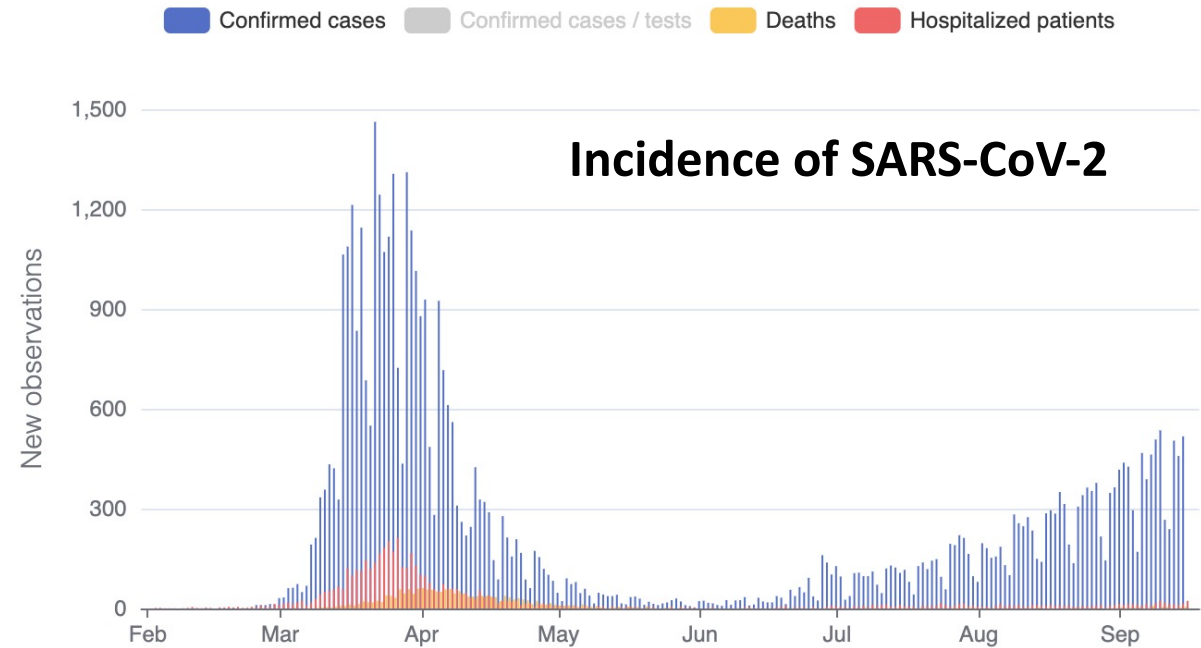
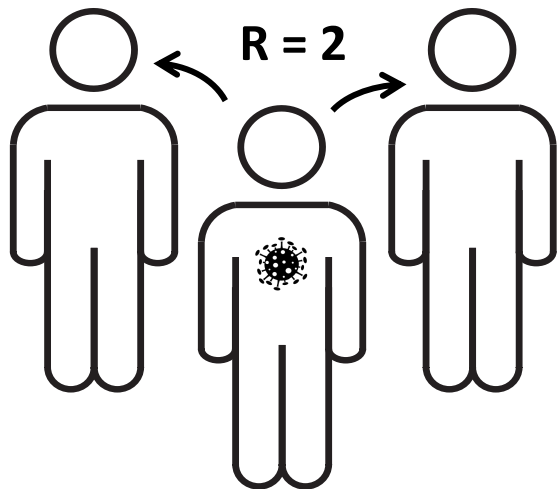
Essential to monitor disease **prevalence**, **incidence**, and **changes to the incidence**



Monitoring an infectious disease epidemic

Essential to monitor disease **prevalence**, **incidence**, and **changes to the incidence**

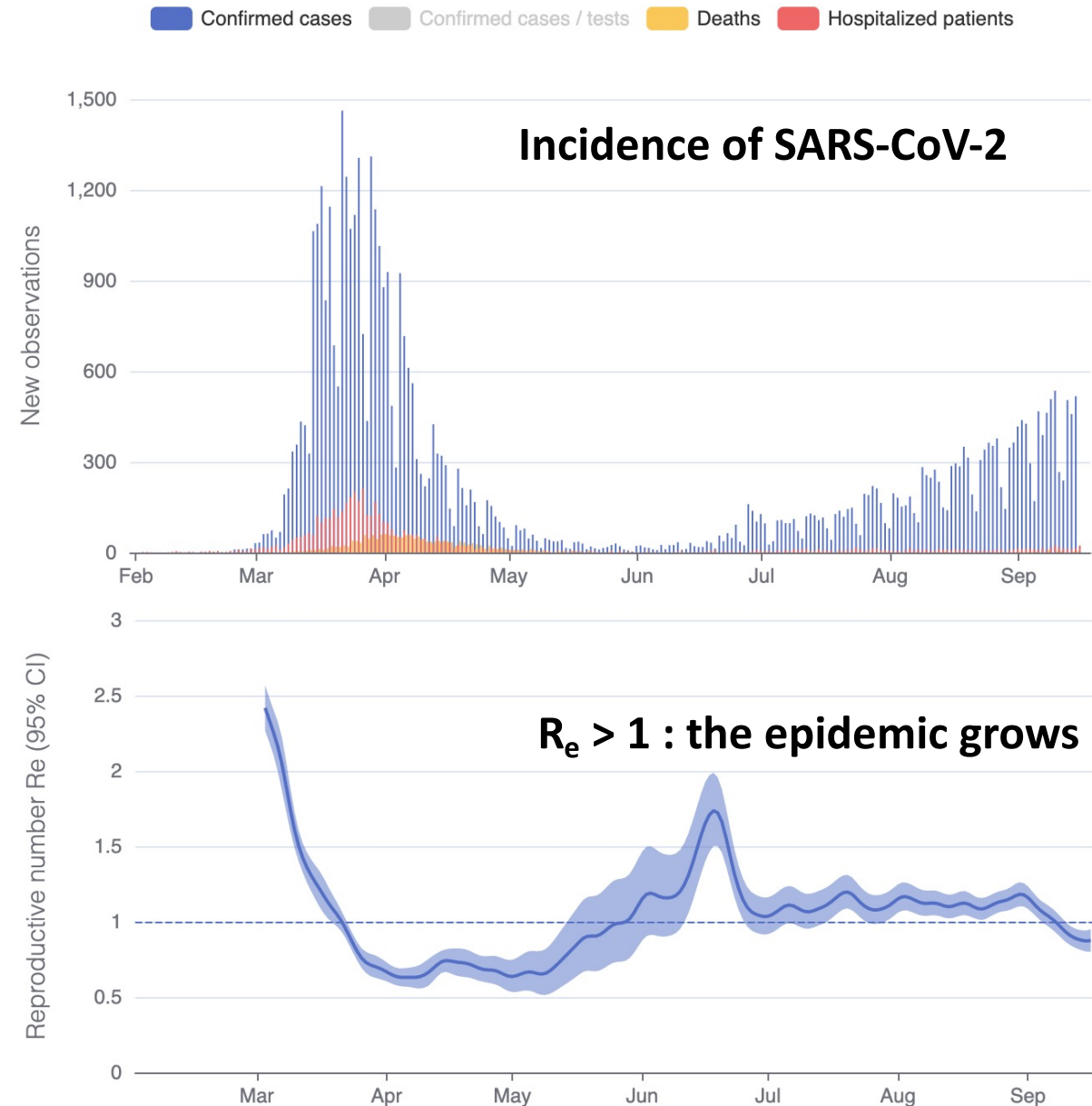
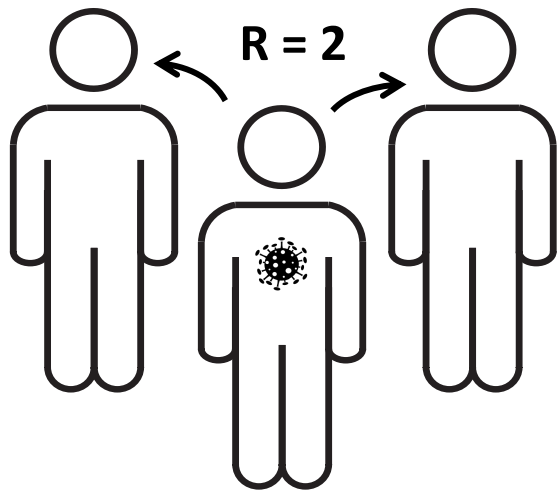
The **effective reproductive number R_e** :
average number of secondary infections caused by
an infected individual



Monitoring an infectious disease epidemic

Essential to monitor disease **prevalence**, **incidence**, and **changes to the incidence**

The **effective reproductive number R_e** :
average number of secondary infections caused by
an infected individual



Monitoring SARS-CoV-2

COVID-19 R_e

Timeseries

Map

About

EN

Country

Switzerland

Subdivisions

Select subdivisions

Greater regions Sentinella Regions

R_e in Switzerland (Sep-03)

7-Day

1.05 (0.92 - 1.17)

Average

Most recent

1.04 (0.91 - 1.17)

Display incidence data as

daily incidence

More Options

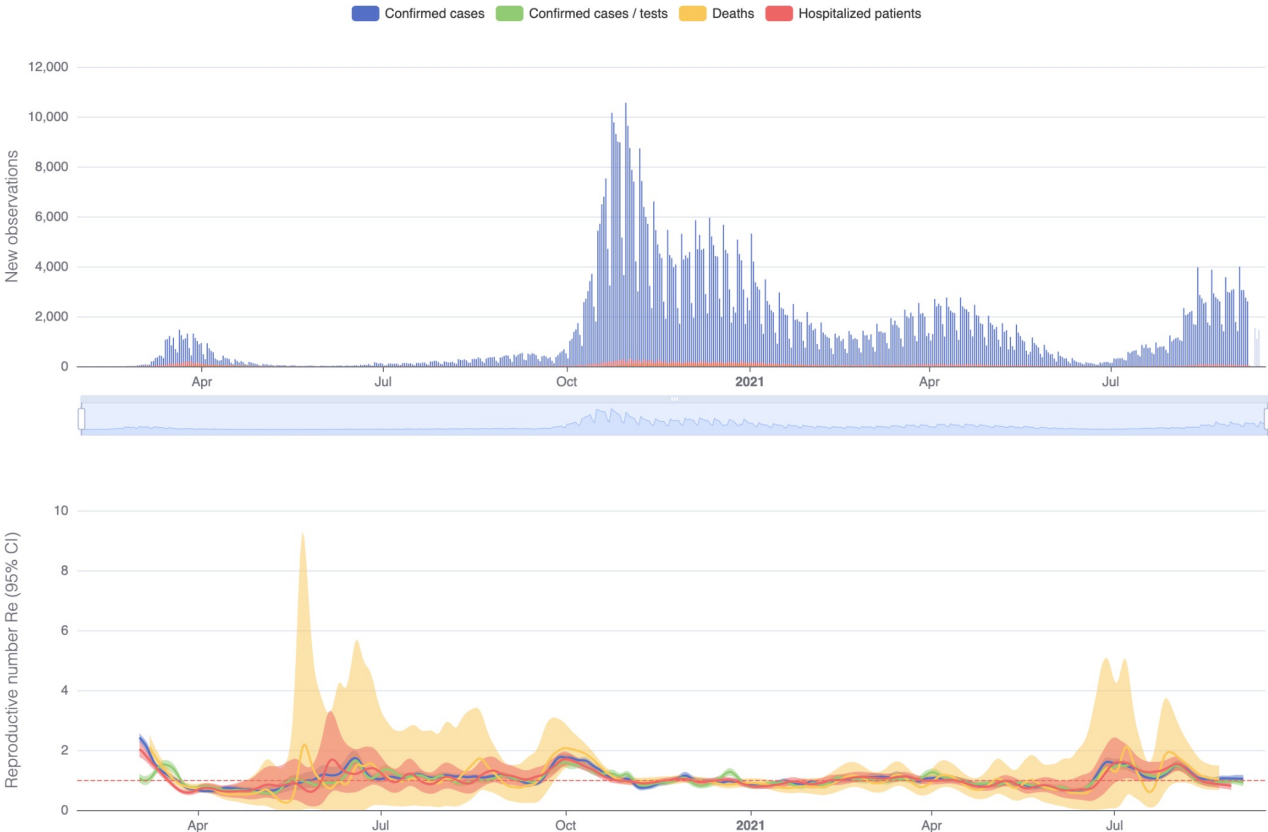
- Normalize incidence to per 100'000 inhabitants
- Show smoothed data (Loess Fit)
- Show estimated infection times (deconvolution)
- Logarithmic axis for Incidence

Select estimation type to show

Sliding window

'Sliding Window' estimates R_e using a 3 day sliding window.
'Step-wise constant' estimates R_e assuming constant R_e when Oxford Stringency Index is constant.


[Download raw data](#)



Since March 2020 we estimate R_e for SARS-CoV-2 in Switzerland and abroad

COVID-19 Re Shiny App (15.9);
Huisman *et al.* (in review, 2020);
Scire *et al.* (Swiss Med. Wkly, 2020)

Monitoring SARS-CoV-2

 Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

AS 2020
www.bundesrecht.admin.ch
Massgebend ist die signierte
elektronische Fassung



Verordnung über Massnahmen in der besonderen Lage zur Bekämpfung der Covid-19-Epidemie

Art. 7 Abs. 2–5

Tagen liegt unter 1; **massgebend sind die von der *Theoretical Biology Group* des Instituts für Integrative Biologie der Eidgenössischen Technischen Hochschule Zürich **veröffentlichten Daten****².

“The data published by the Theoretical Biology Group [...] are authoritative”

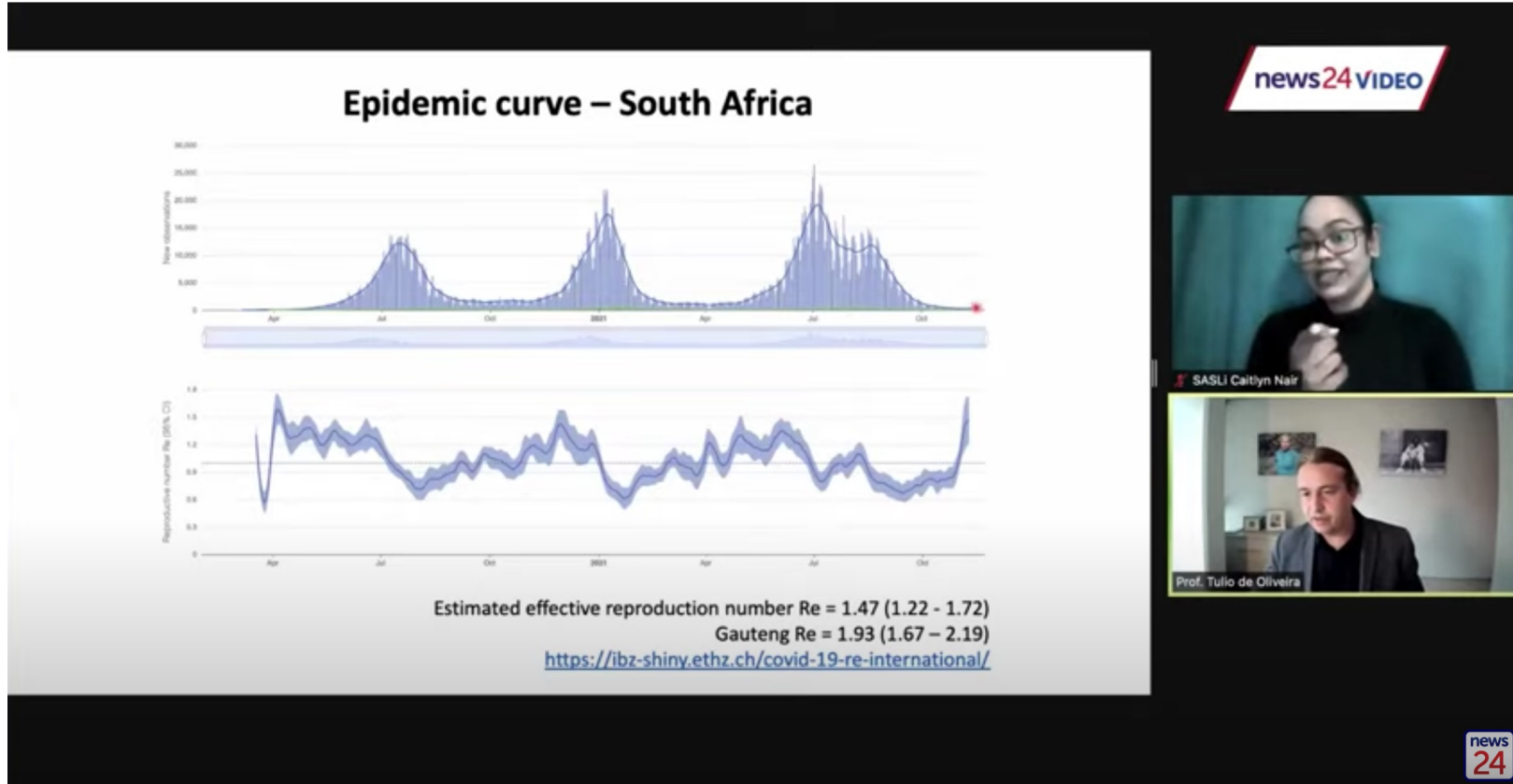
Since March 2020 we **estimate R_e** for SARS-CoV-2 in Switzerland and abroad

These estimates directly **inform public health policy** in Switzerland

COVID-19 Re Shiny App (15.9);
Huisman *et al.* (in review, 2020);
Scire *et al.* (Swiss Med. Wkly, 2020)

AS 2020 5377 (https://www.admin.ch/opc/de/official-compilation/2020/index_157.html)

Monitoring SARS-CoV-2



Since March 2020 we **estimate R_e** for SARS-CoV-2 in Switzerland and abroad

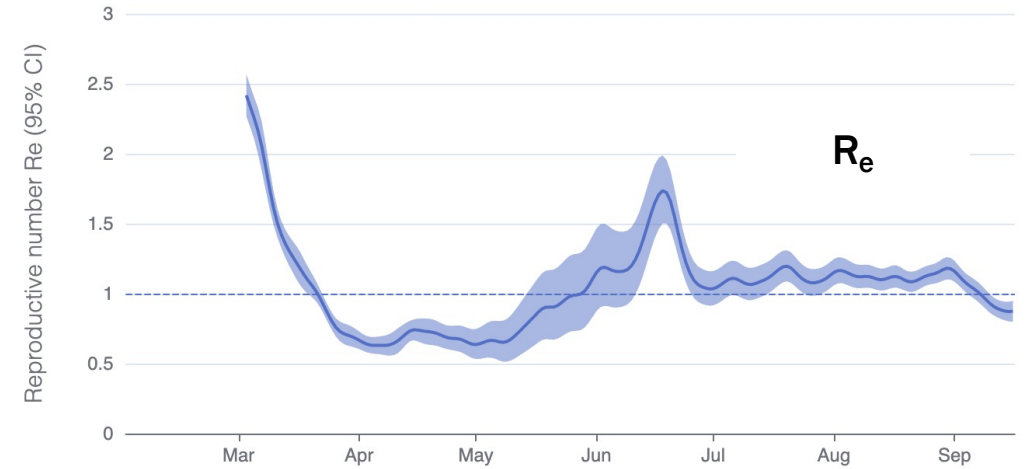
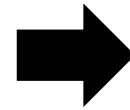
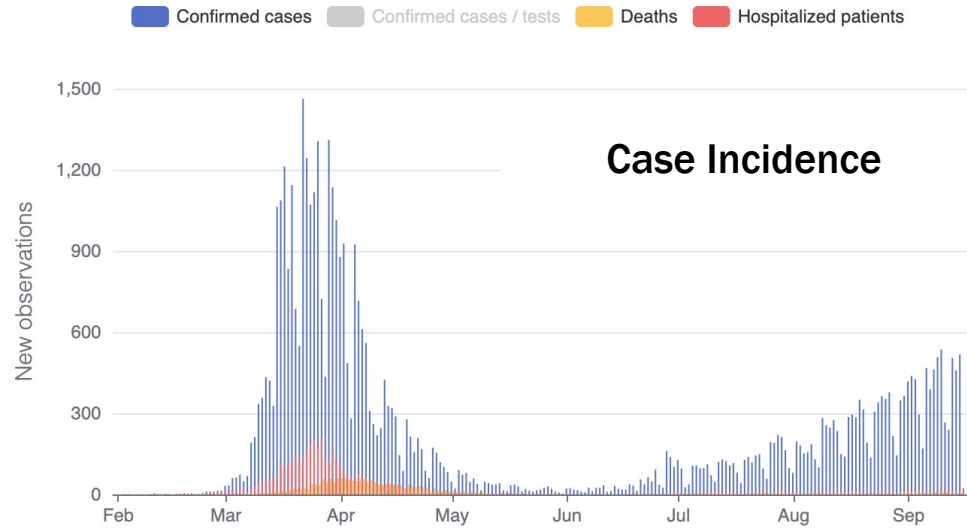
These estimates directly **inform public health policy** in Switzerland and abroad

Used in the presentation of omikron to the public; 25.11

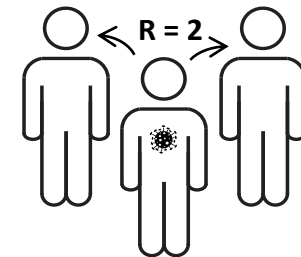
COVID-19 Re Shiny App (15.9);
Huisman *et al.* (in review, 2020);
Scire *et al.* (Swiss Med. Wkly, 2020)

Tulio de Oliveira (https://www.youtube.com/watch?v=Vh4XMueP1zQ&ab_channel=News24)

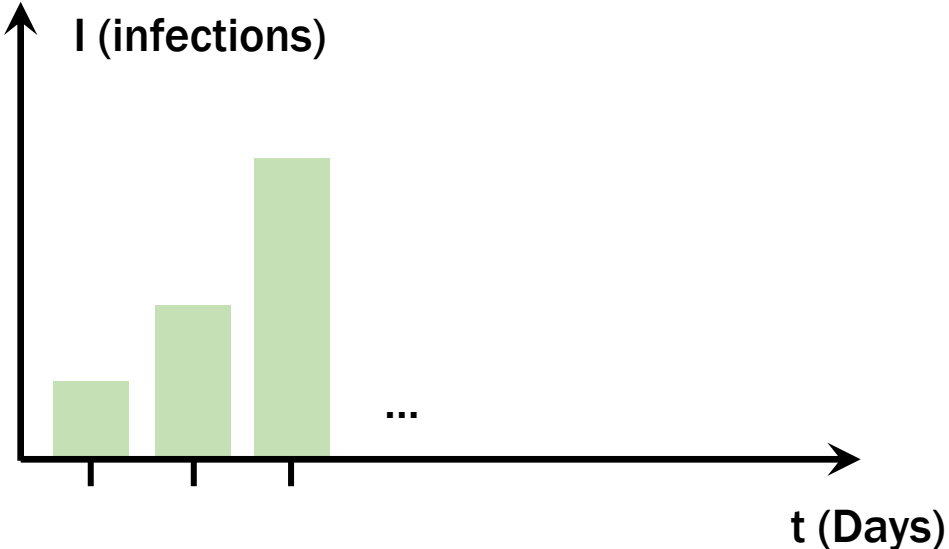
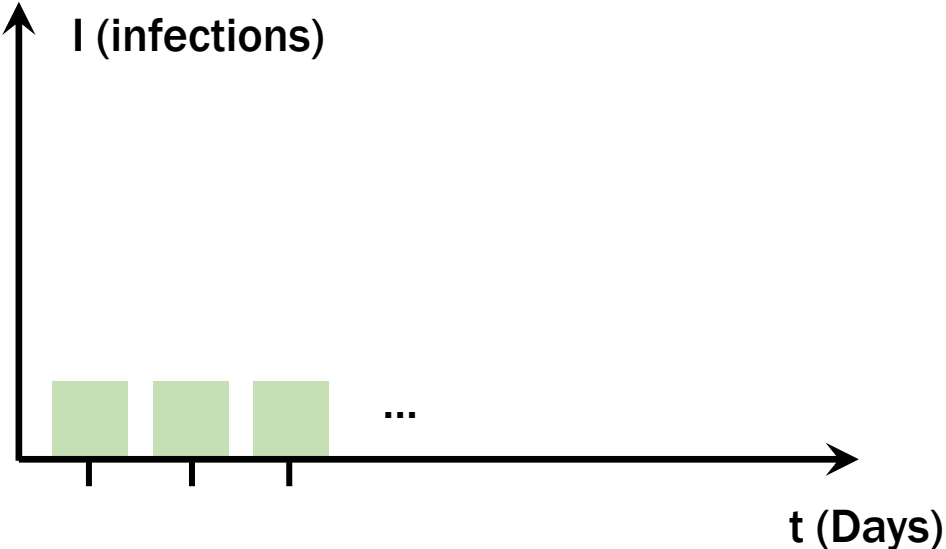
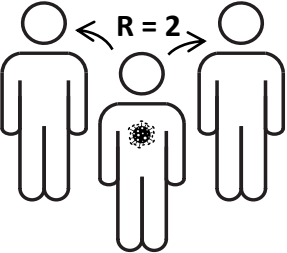
Our pipeline



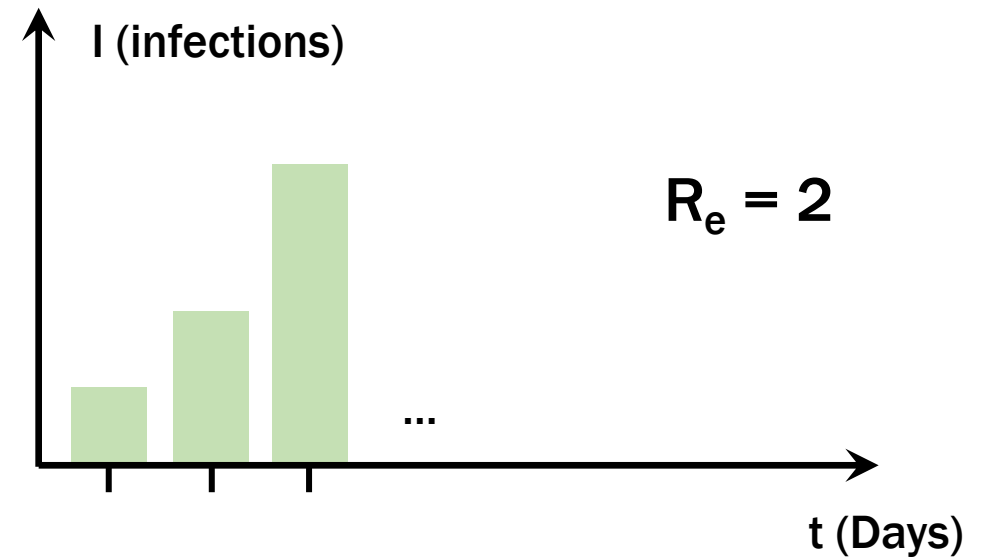
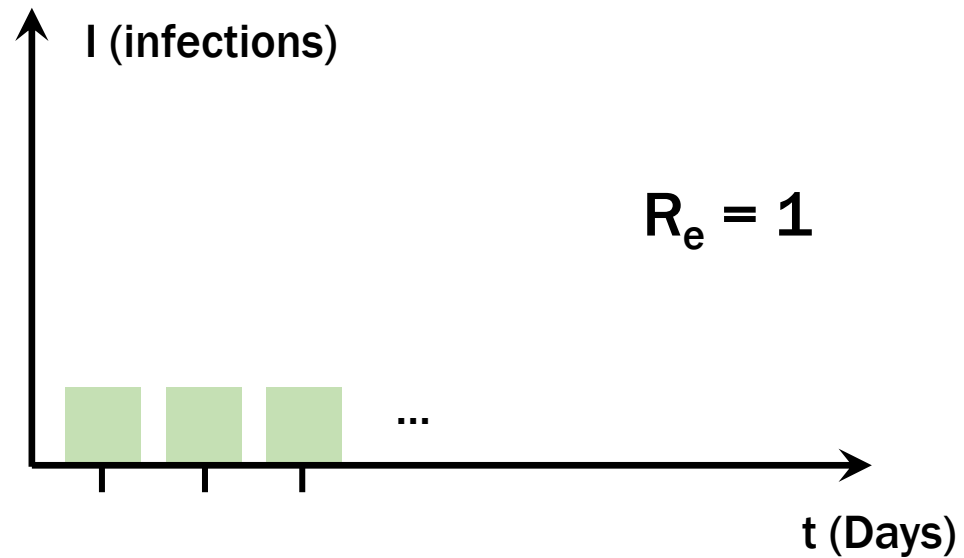
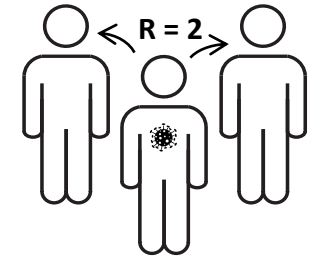
Core idea: infection incidence contains information on R_e



The infection incidence contains information on R_e



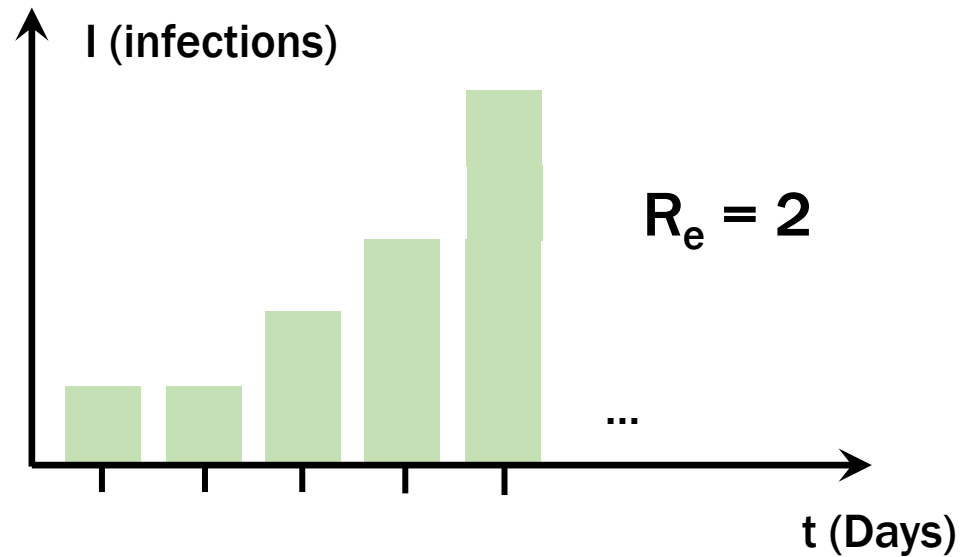
The infection incidence contains information on R_e



All new infections take place the next day:

$$I_t = R_e(t) \cdot I_{t-1}$$

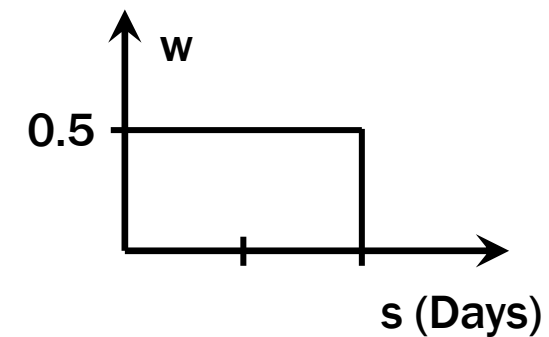
When infections occur is given by the infectivity profile



All new infections take place over 2 days:

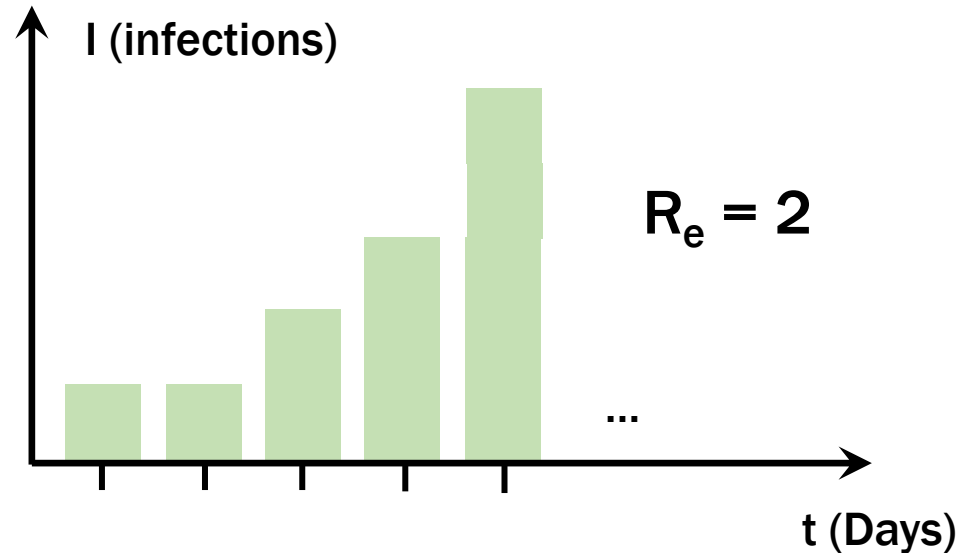
$$I_t = R_e(t) \cdot \left(\frac{1}{2} I_{t-1} + \frac{1}{2} I_{t-2}\right)$$

Infectivity profile:



For a disease,
this can be measured

The EpiEstim method



All new infections take place over 2 days:

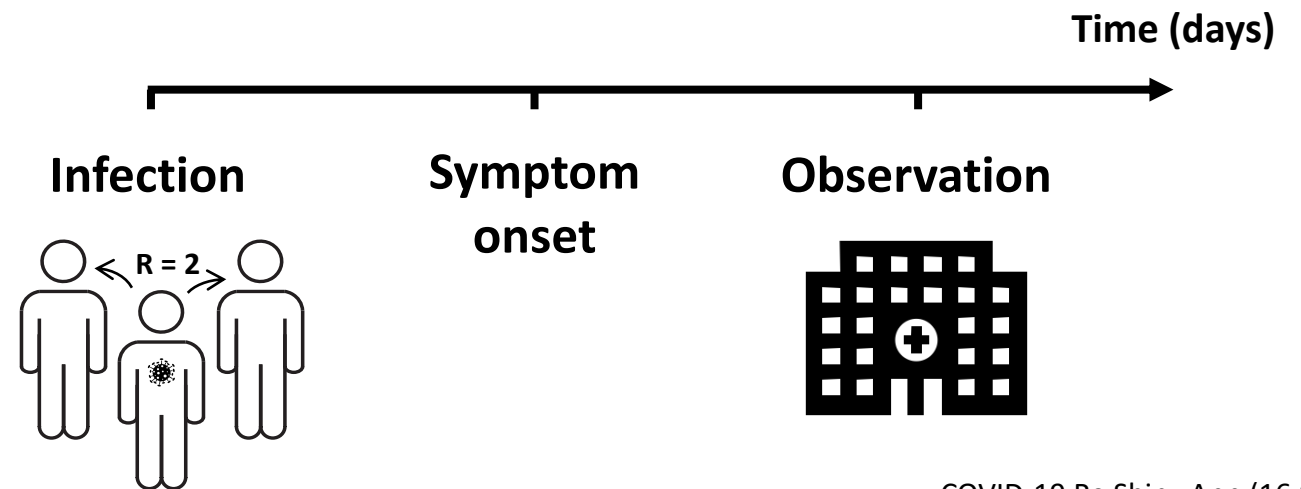
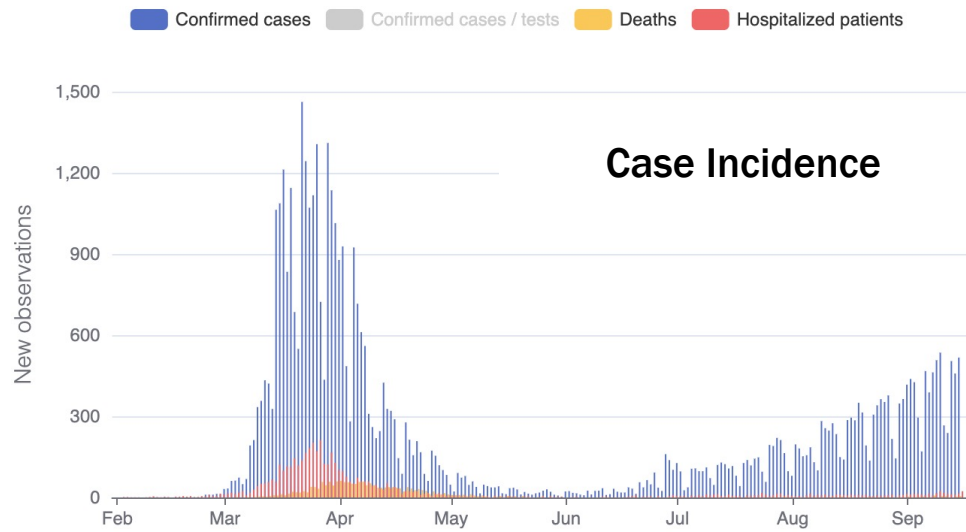
$$I_t = R_e(t) \cdot \left(\frac{1}{2} I_{t-1} + \frac{1}{2} I_{t-2} \right)$$

Model which describes the incidence I_t by:

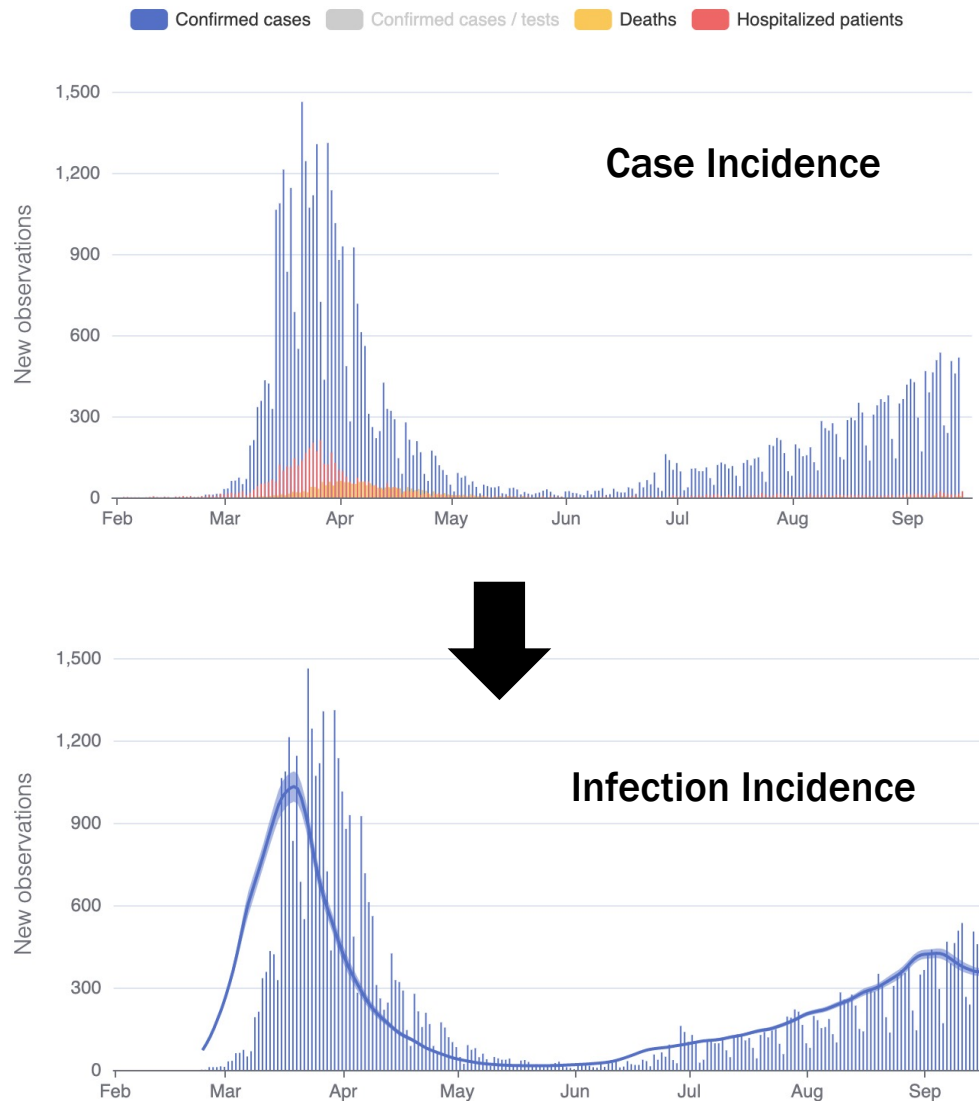
- (i) Past incidence $I_0 \dots I_{t-1}$,
- (ii) The infectivity profile
- (iii) $R_e(t)$

We estimate the $R_e(t)$ most likely to have led to the observed infection incidence

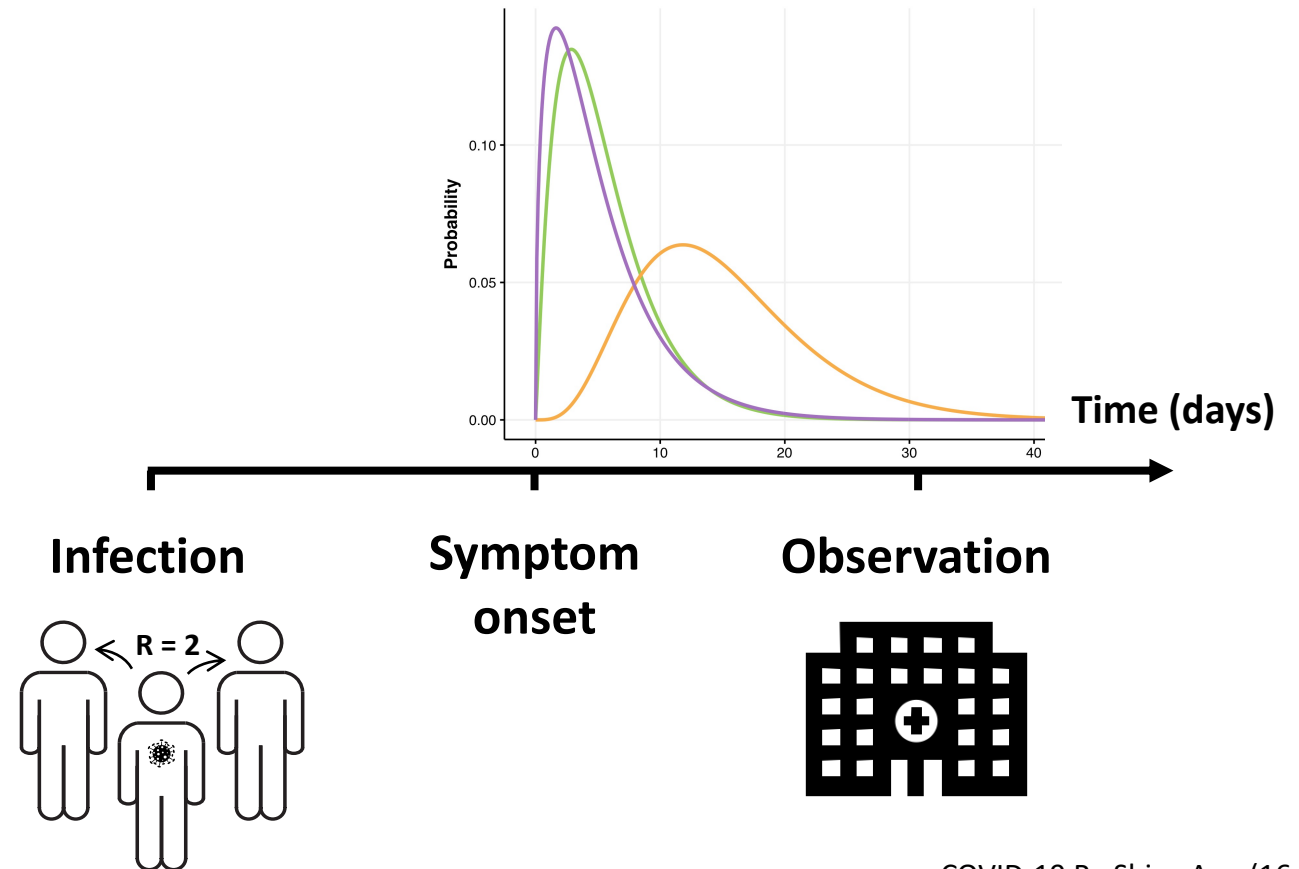
Problem: infections are observed with delay



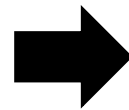
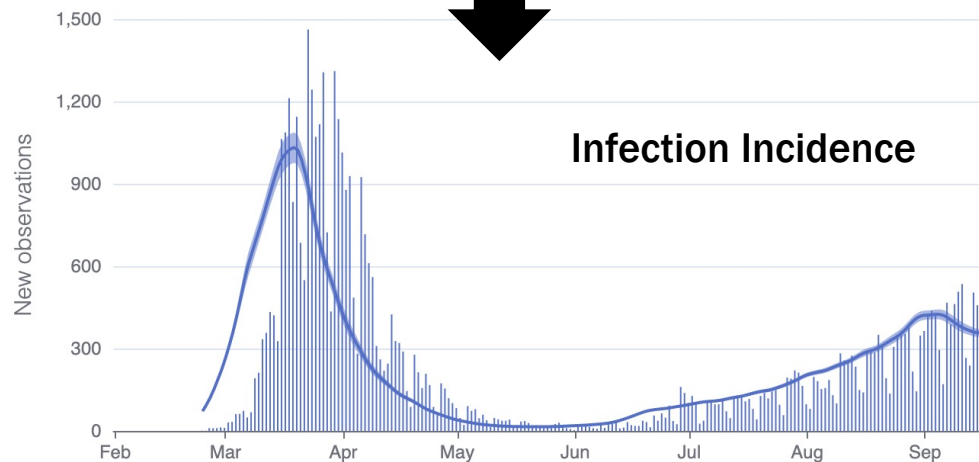
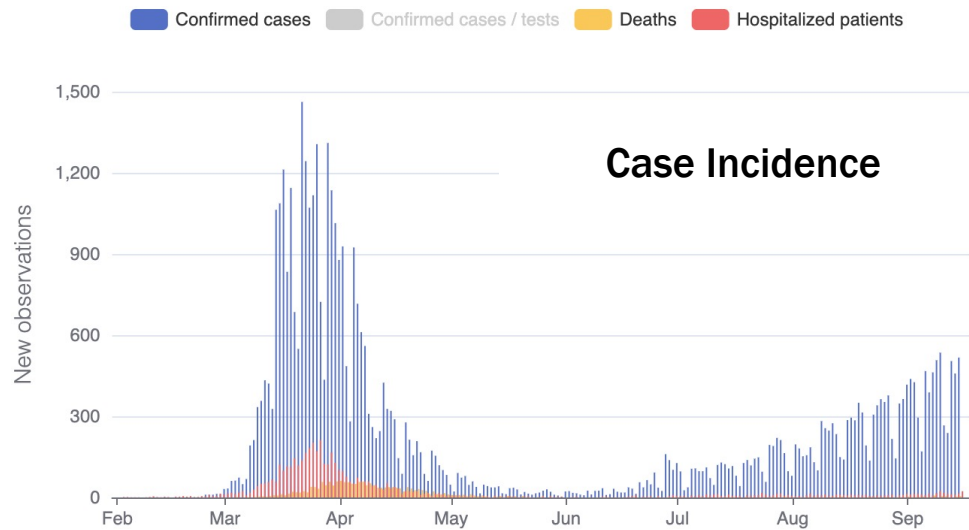
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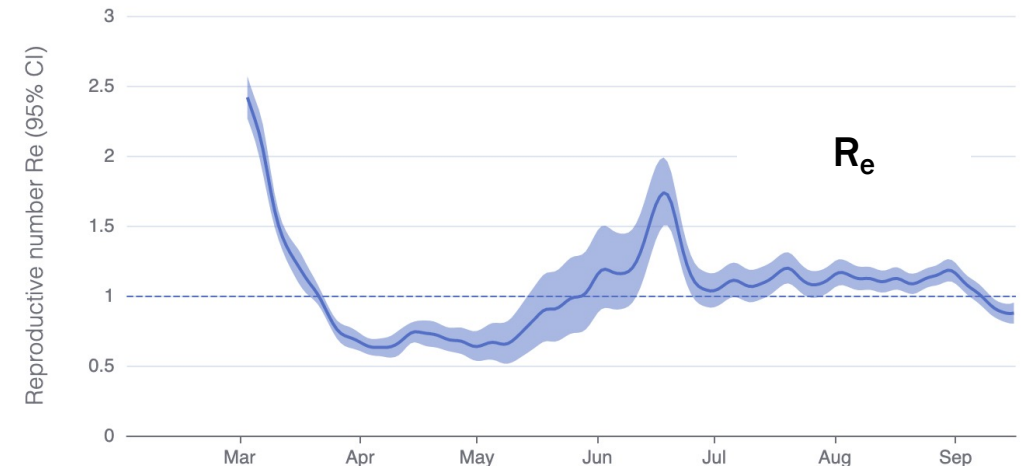
(i) Use a **deconvolution** to infer the time series of infection incidence from the smoothed case observations



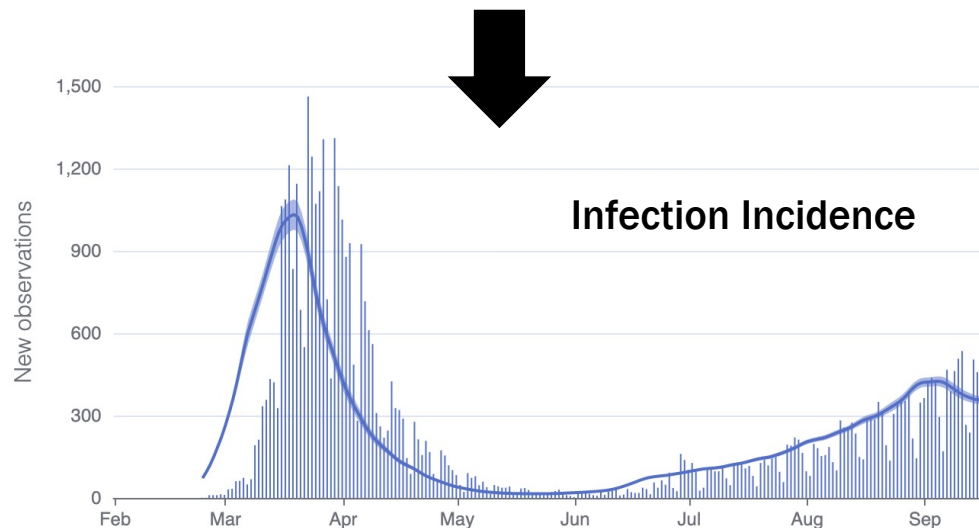
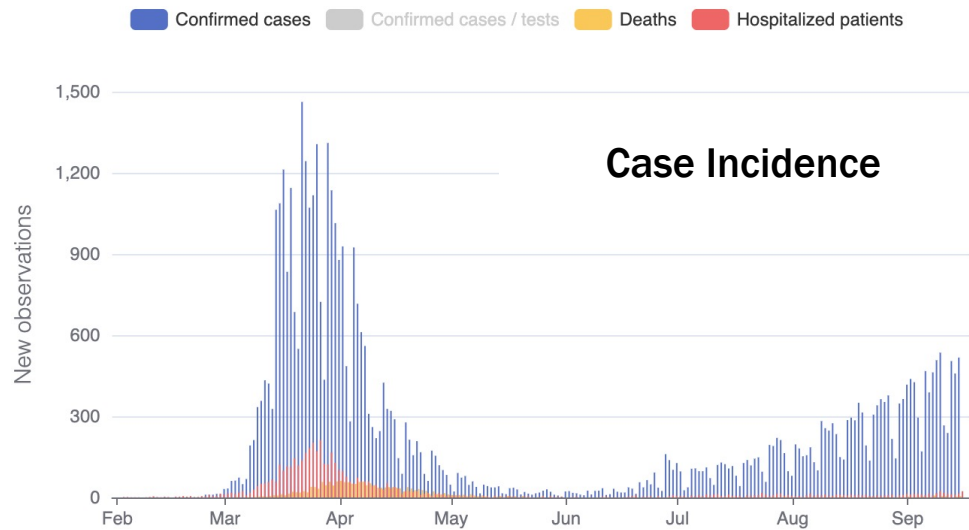
Our pipeline



- (i) Use a **deconvolution** to infer the time series of infection incidence from the smoothed case observations
- (ii) Use **EpiEstim** to estimate R_e from the infection incidence



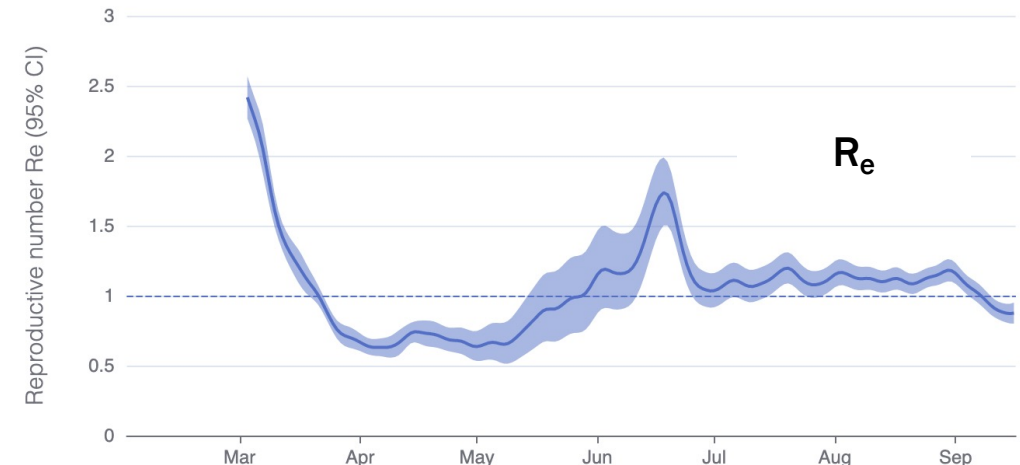
Our pipeline



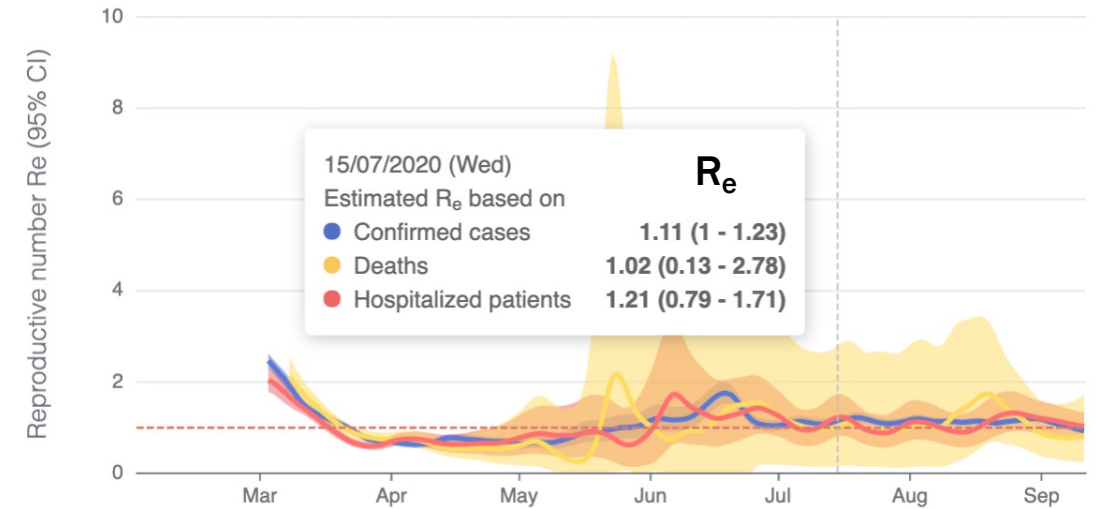
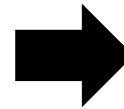
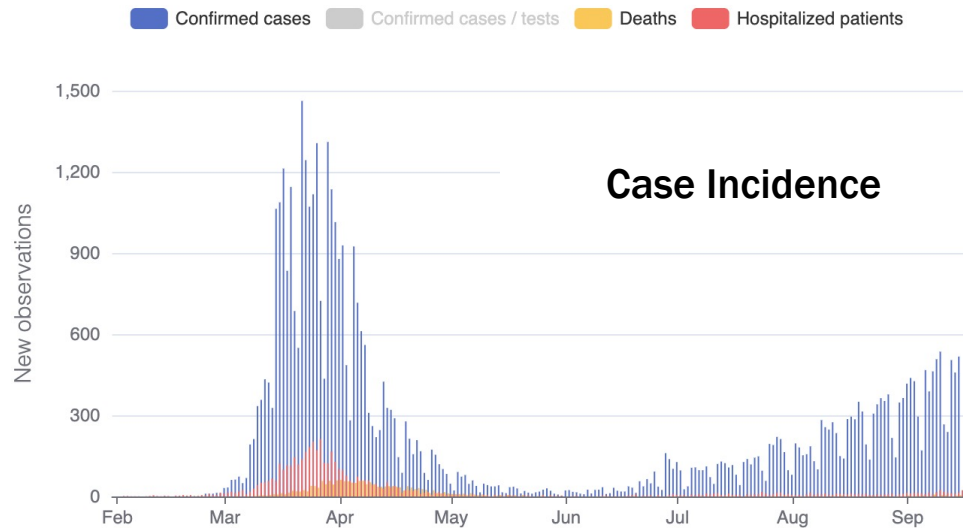
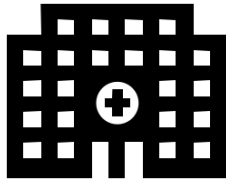
(i) Use a **deconvolution** to infer the time series of infection incidence from the smoothed case observations

(ii) Use **EpiEstim** to estimate R_e from the infection incidence

(iii) **Bootstrap** case incidence and repeat to obtain confidence intervals

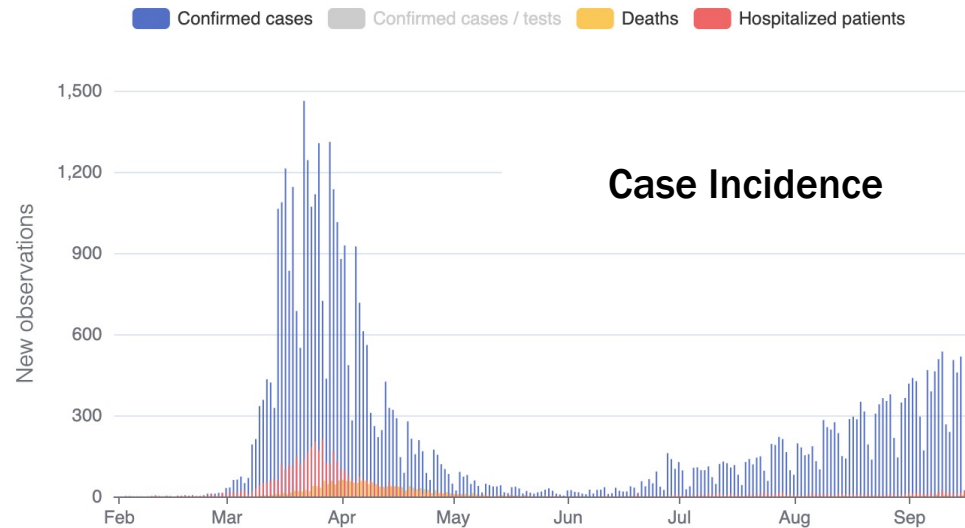
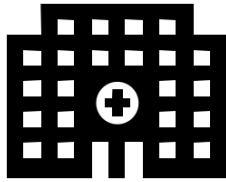


Our pipeline



Proxies for infections:
Confirmed cases
Hospitalisations
Deaths

Goal: independent proxy

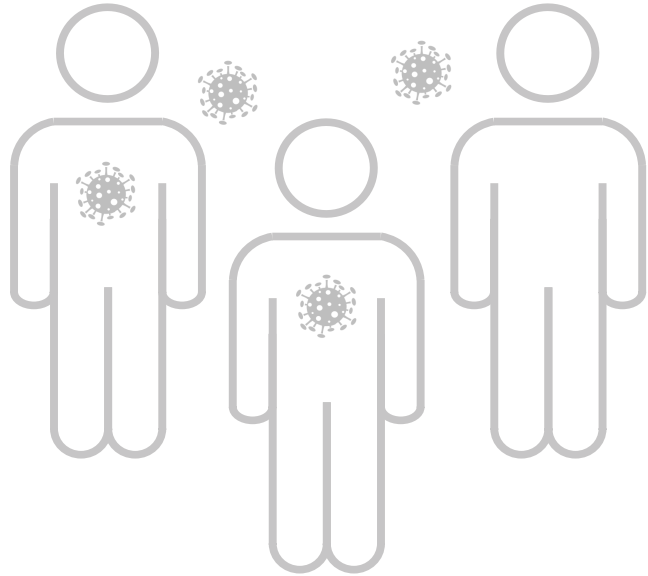


Independent, population level proxy?

Proxies for infections:

- Confirmed cases
- Hospitalisations
- Deaths

I. R_e



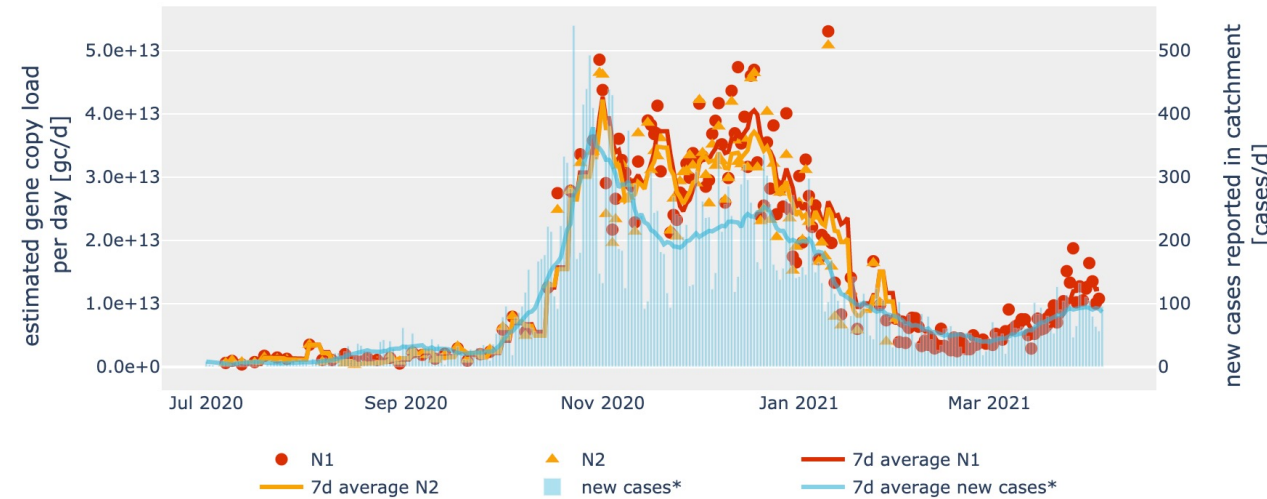
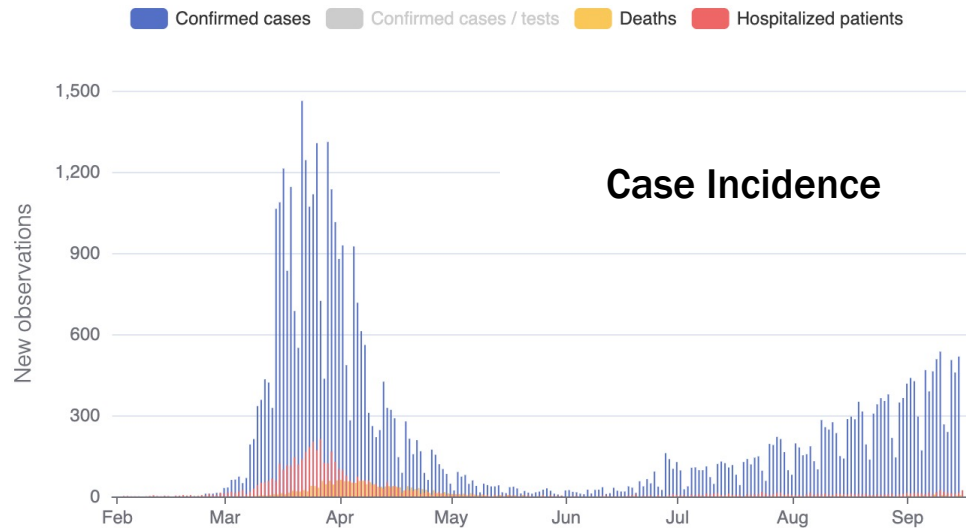
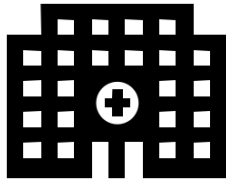
II. Wastewater



III. Variants



Goal: Wastewater-based R_e

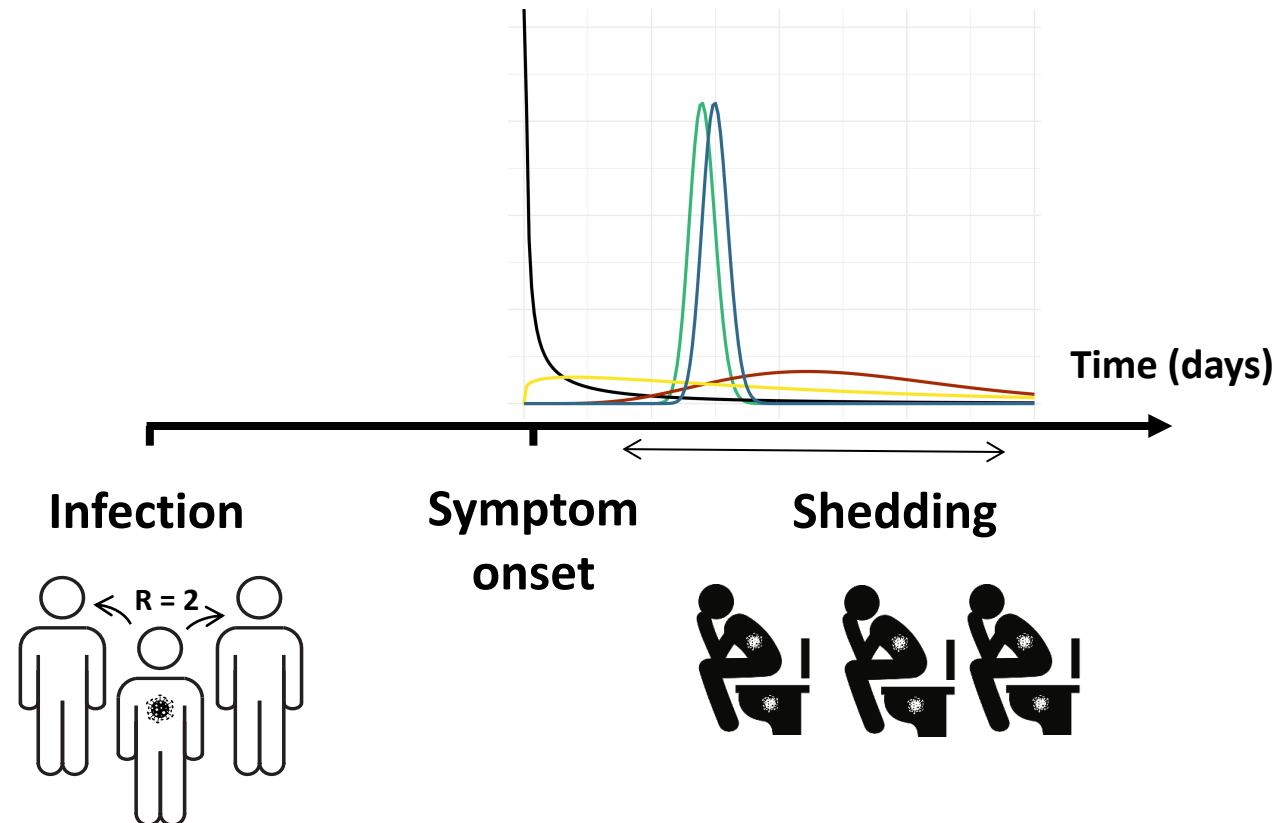


Proxies for infections:
 Confirmed cases
 Hospitalisations
 Deaths

Wastewater is an **independent** proxy

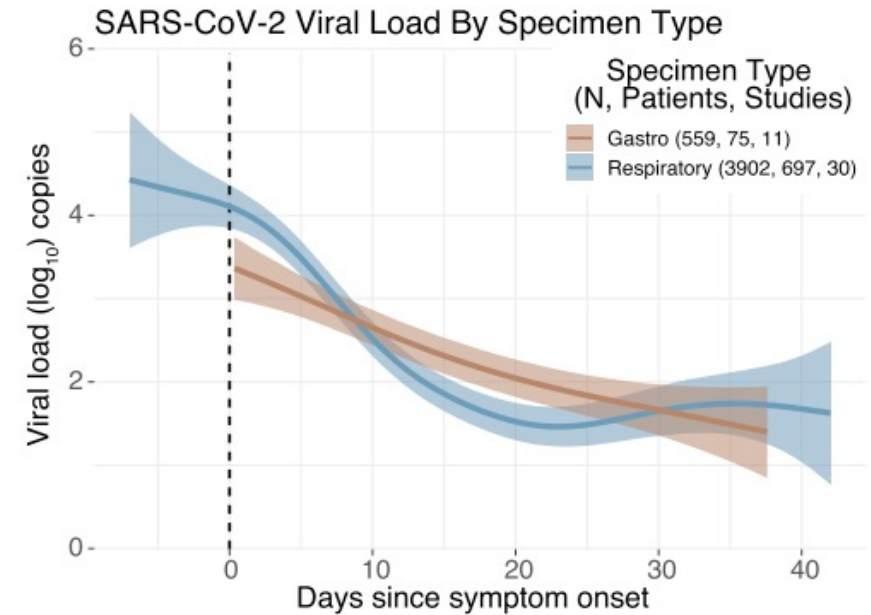
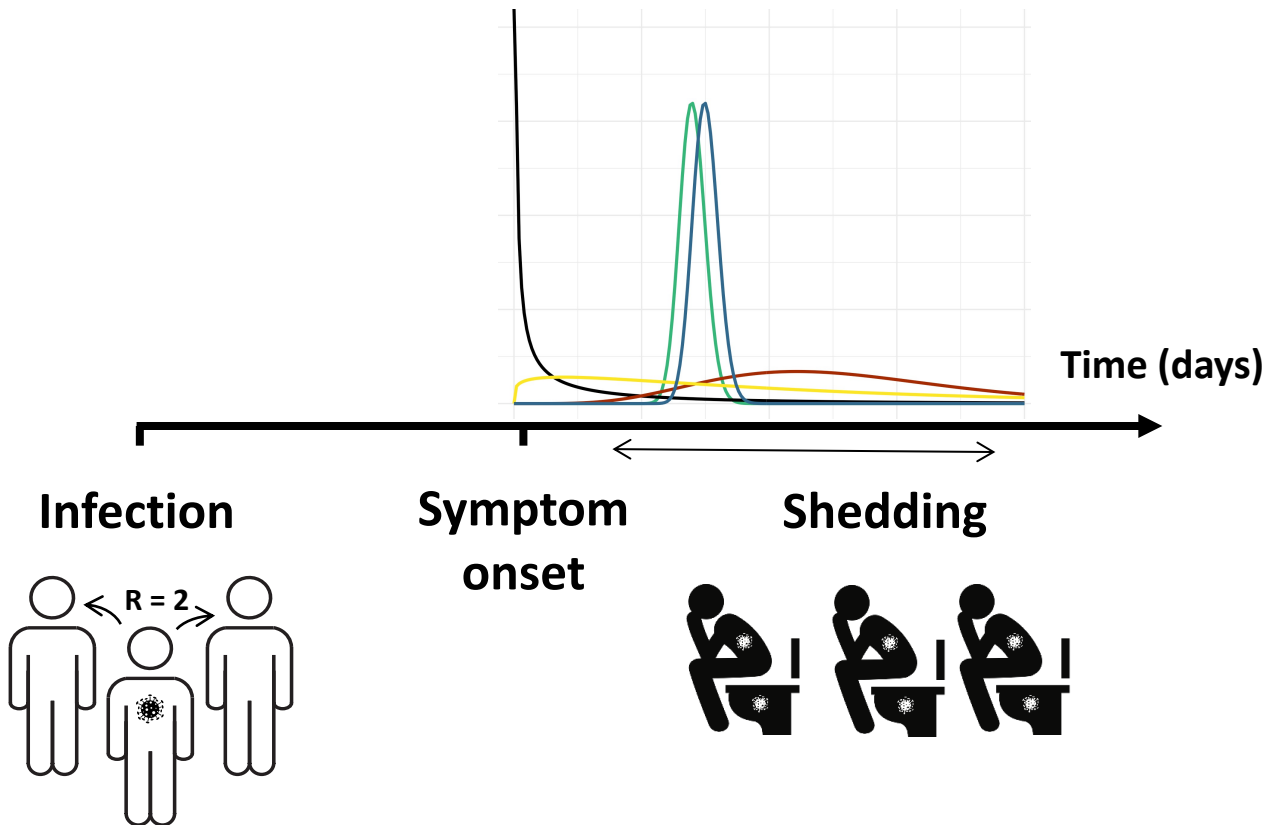
How delayed is wastewater wrt. infection?

(i) Use a **deconvolution** to infer the time series of infection incidence from the smoothed case wastewater observations



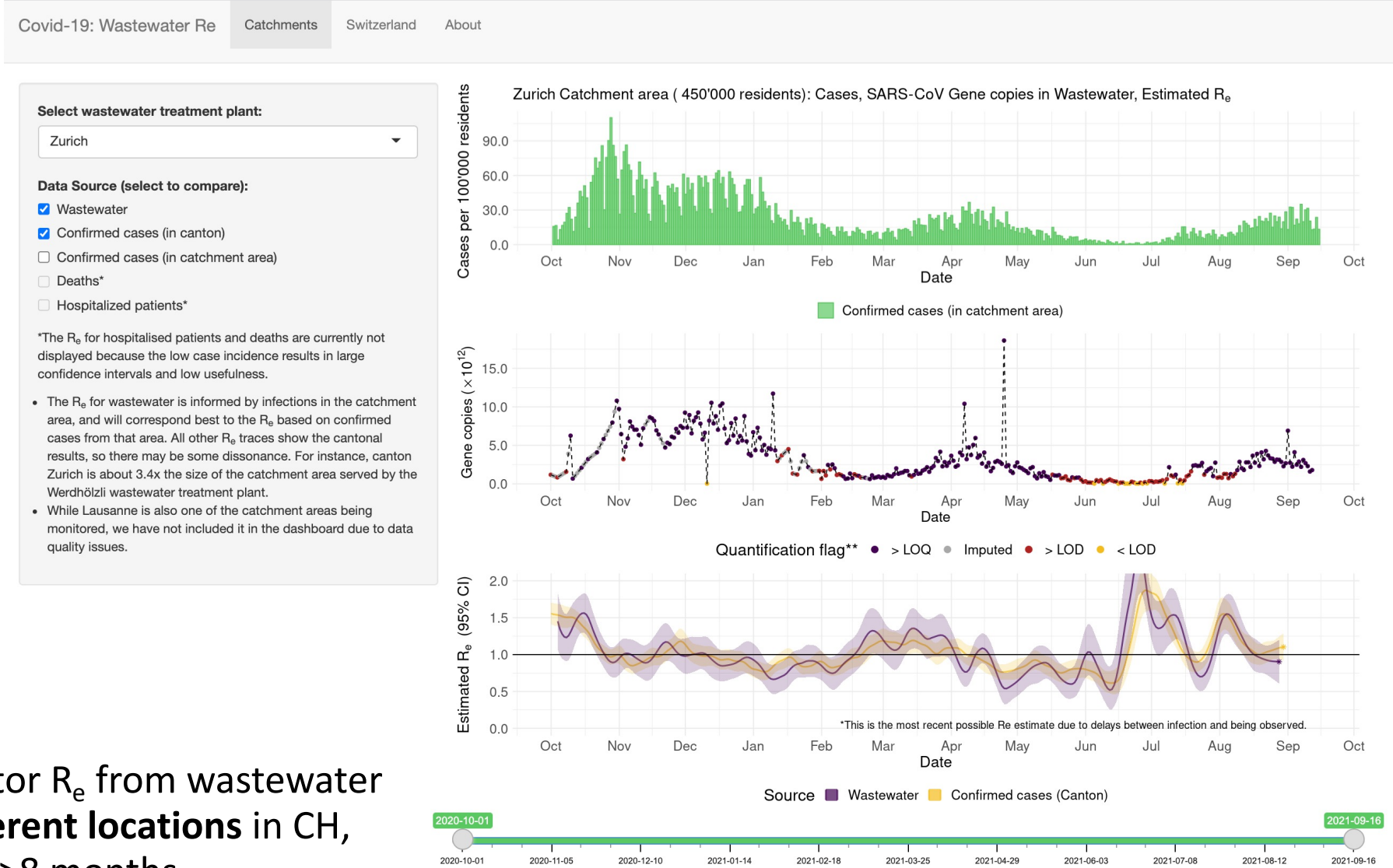
How delayed is wastewater wrt. infection?

(i) Use a **deconvolution** to infer the time series of infection incidence from the smoothed case wastewater observations



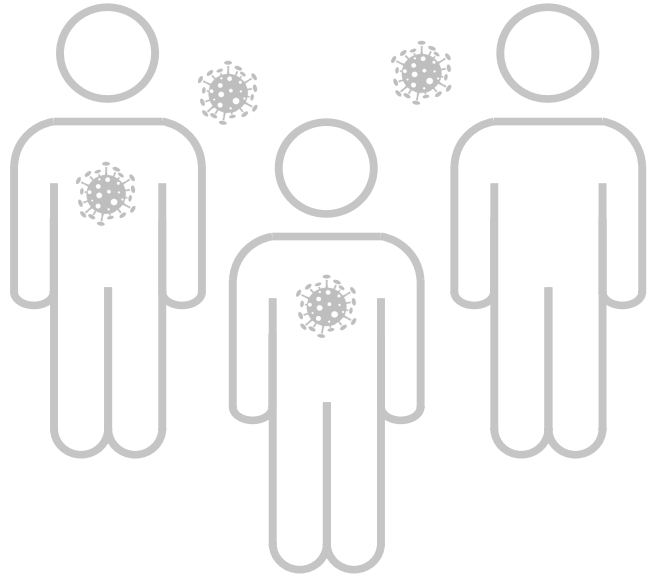
We care about the temporal dynamics of shedding **not** the absolute magnitude

Continuous monitoring of the wastewater-based R_e



We monitor R_e from wastewater for **6 different locations** in CH, some for >8 months

I. R_e



II. Wastewater



III. Variants



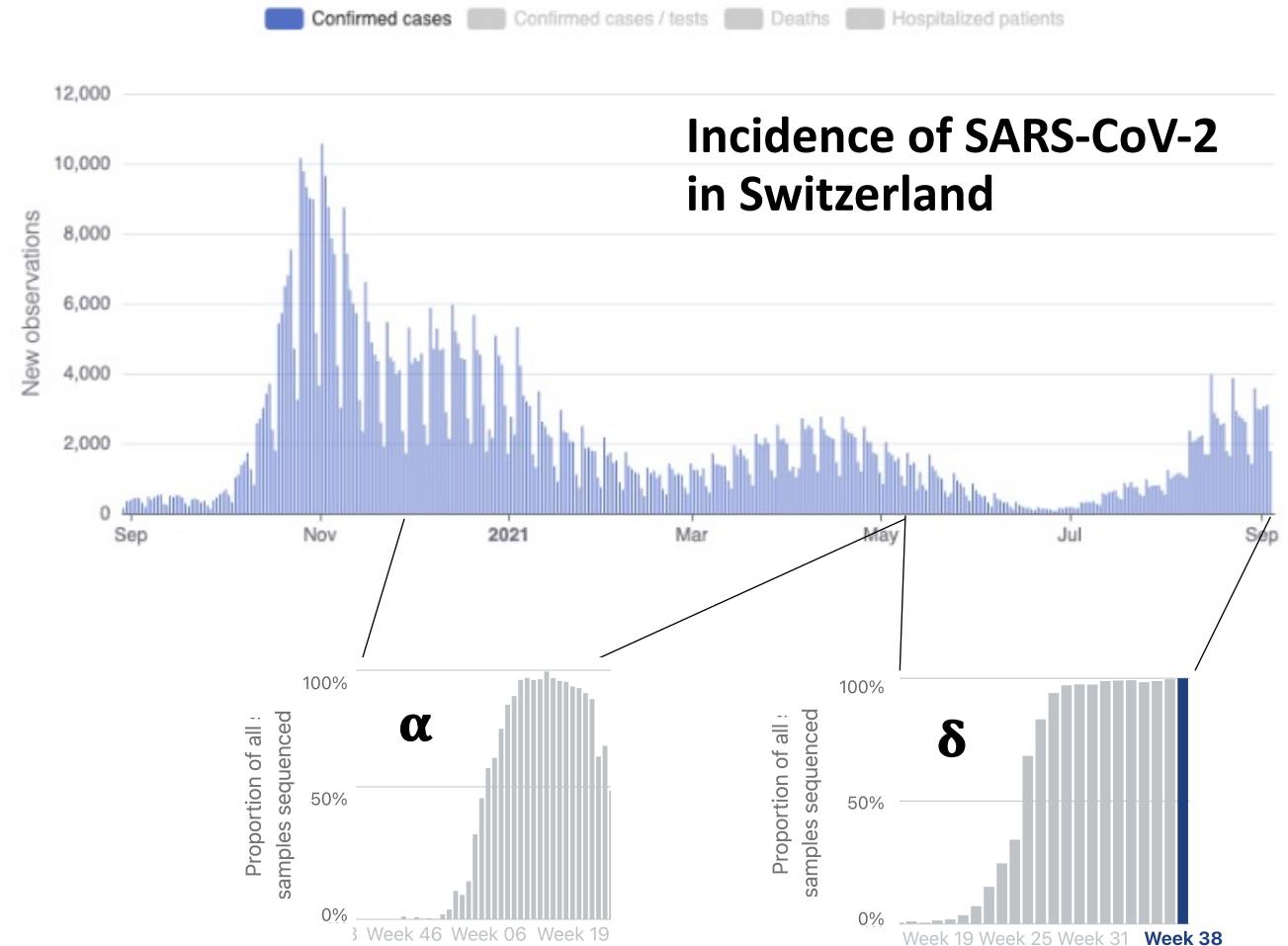
Variants: the hidden danger

Genomics can reveal dynamics that would otherwise remain hidden

- **Source** and frequency of introductions
- Population structure (**variants**)

Variants of concern exhibit one of the following characteristics (WHO):

- Increased transmission
- Increased severity
- Decreased effectiveness diagnostics, therapeutics, vaccines



A busy Christmas

Report 42 - Transmission of SARS-CoV-2 Lineage B.1.1.7 in England: insights from linking epidemiological and genetic data

WHO Collaborating Centre for Infectious Disease Modelling, MRC Centre for Global Infectious Disease Analysis, Abdul Latif Jameel Institute for Disease and Emergency Analytics (J-IDEA), in collaboration with the Department of Mathematics, Imperial College London, University of Edinburgh, Public Health England (PHE), the Wellcome Sanger Institute, University of Birmingham and the COVID-19 Genomics UK (COG-UK) Consortium+.

Key info

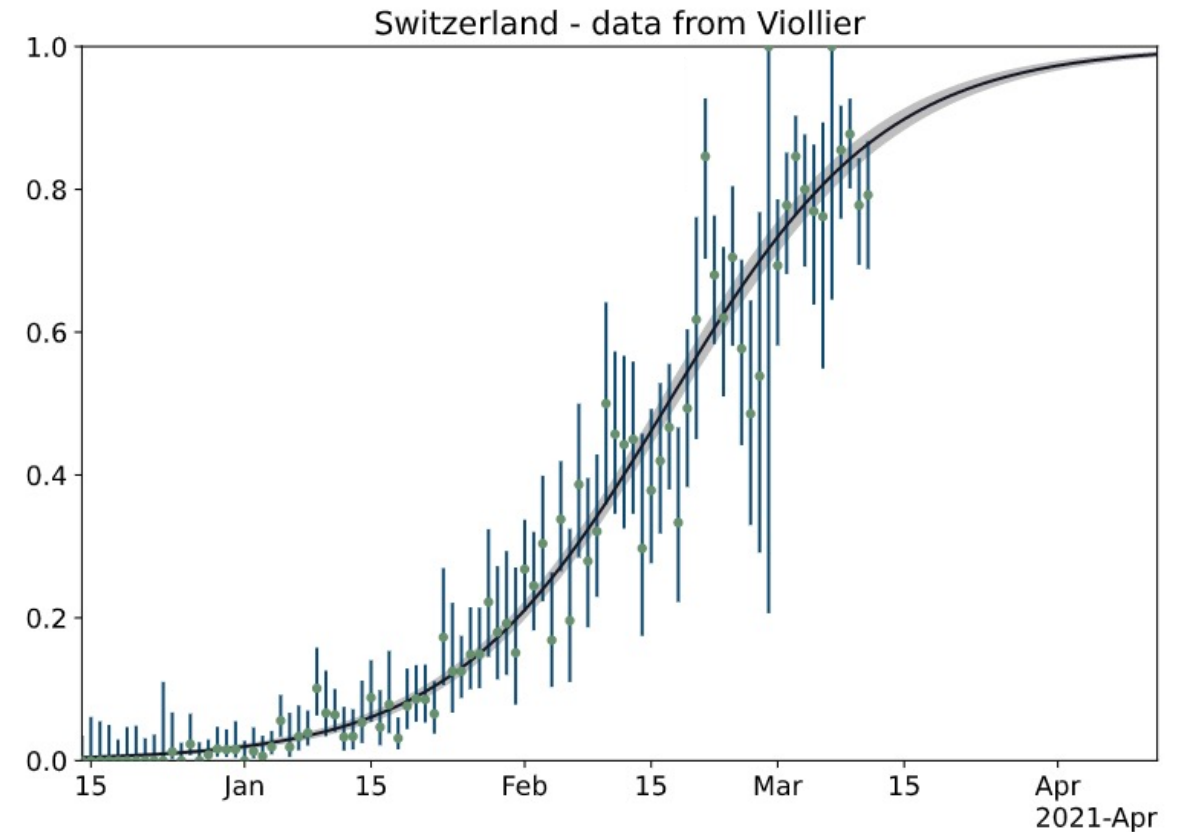
Date:

31 December 2020

Policy question mid Dec. 2020:
Does B.1.1.7 have a transmission advantage and
how will it impact the Swiss epidemic?

Sequencing reveals the proportion of B.1.1.7 (α)

Date	Region	# Total sequenced	# B.1.1.7
2020-12-21	Nordwestschweiz	9	5
2020-12-21	Grossregion Zurich	3	3
2020-12-22	Central Switzerland	2	1
...

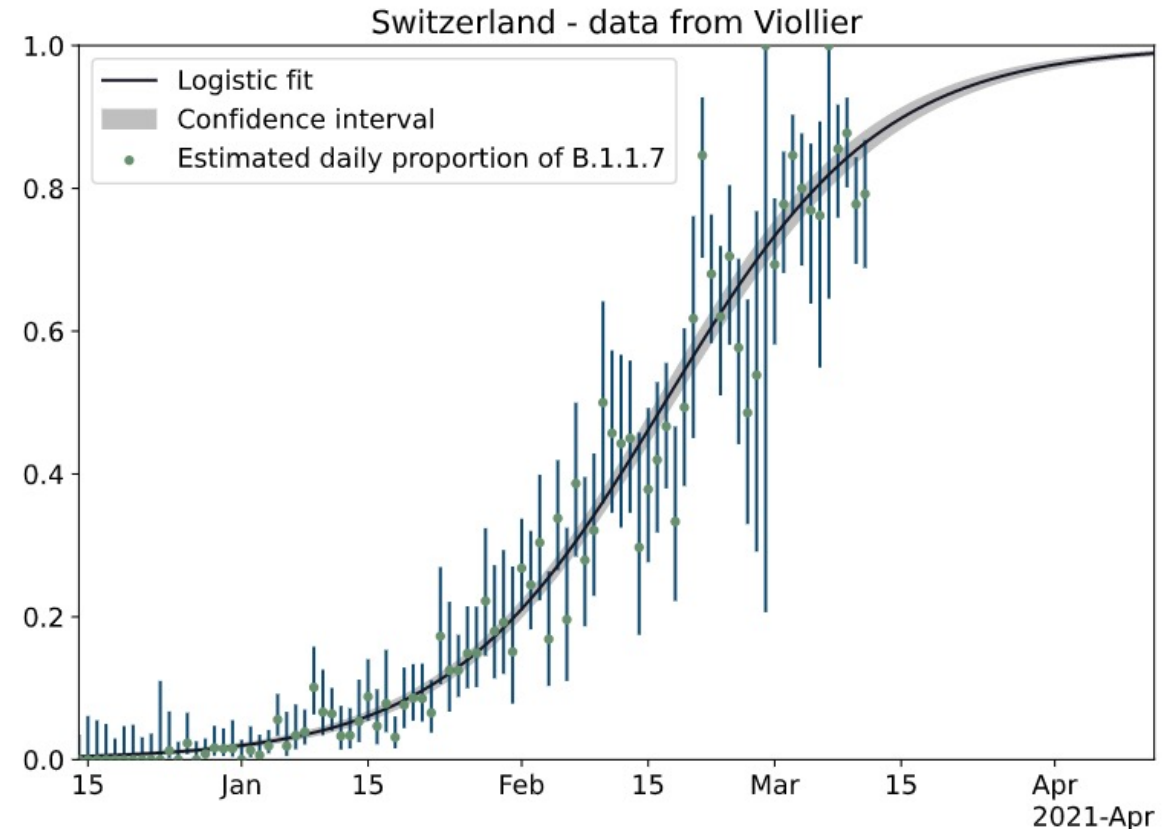


Transmission fitness advantage of B.1.1.7 (α)

Fit a logistic curve to variant proportions;
estimate growth rate

This allows to estimate the fitness advantage
compared to other variants

Transmission **fitness advantage** of 43–52 %
compared to other variants



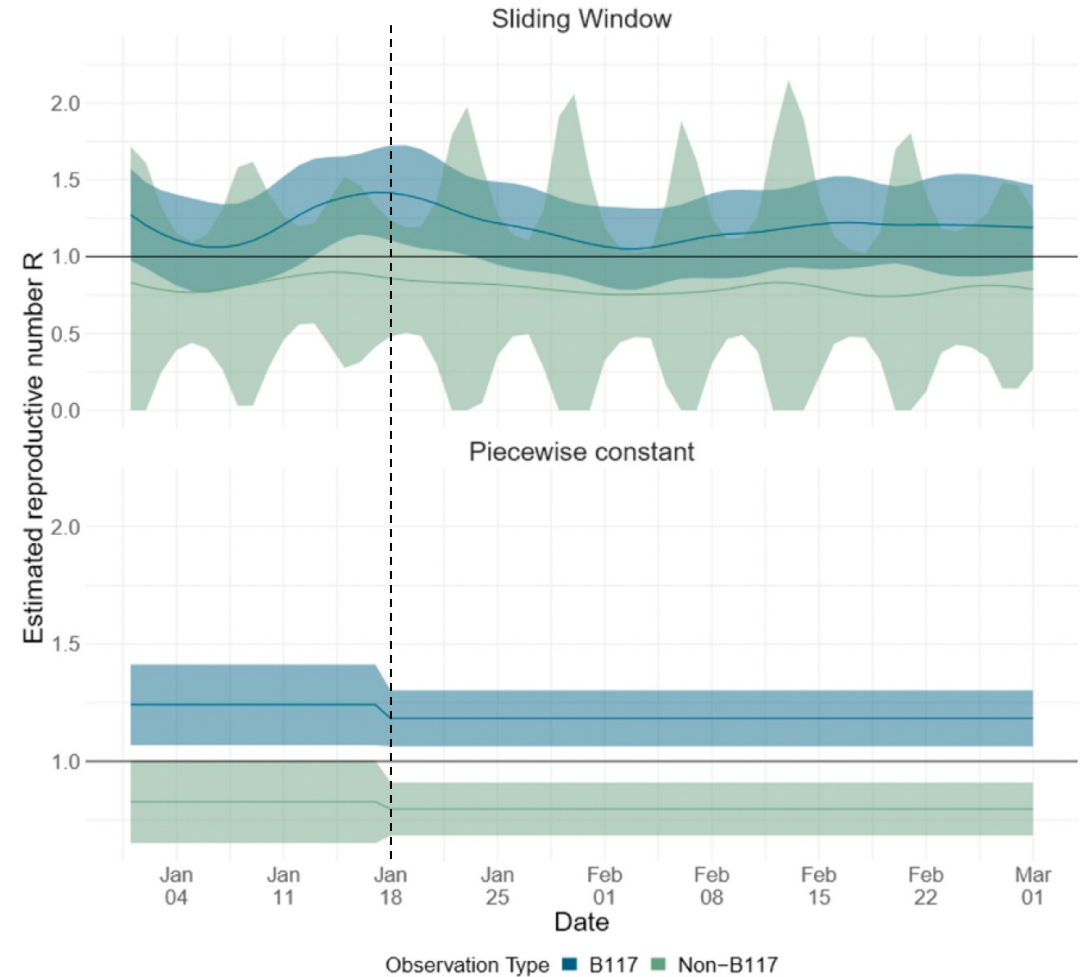
Application: variant-specific R_e

Estimate **variant incidence** from the variant proportions and case incidence

Markedly different R_e estimates (early Jan.)

B1.1.7: 1.24 [1.07–1.41]

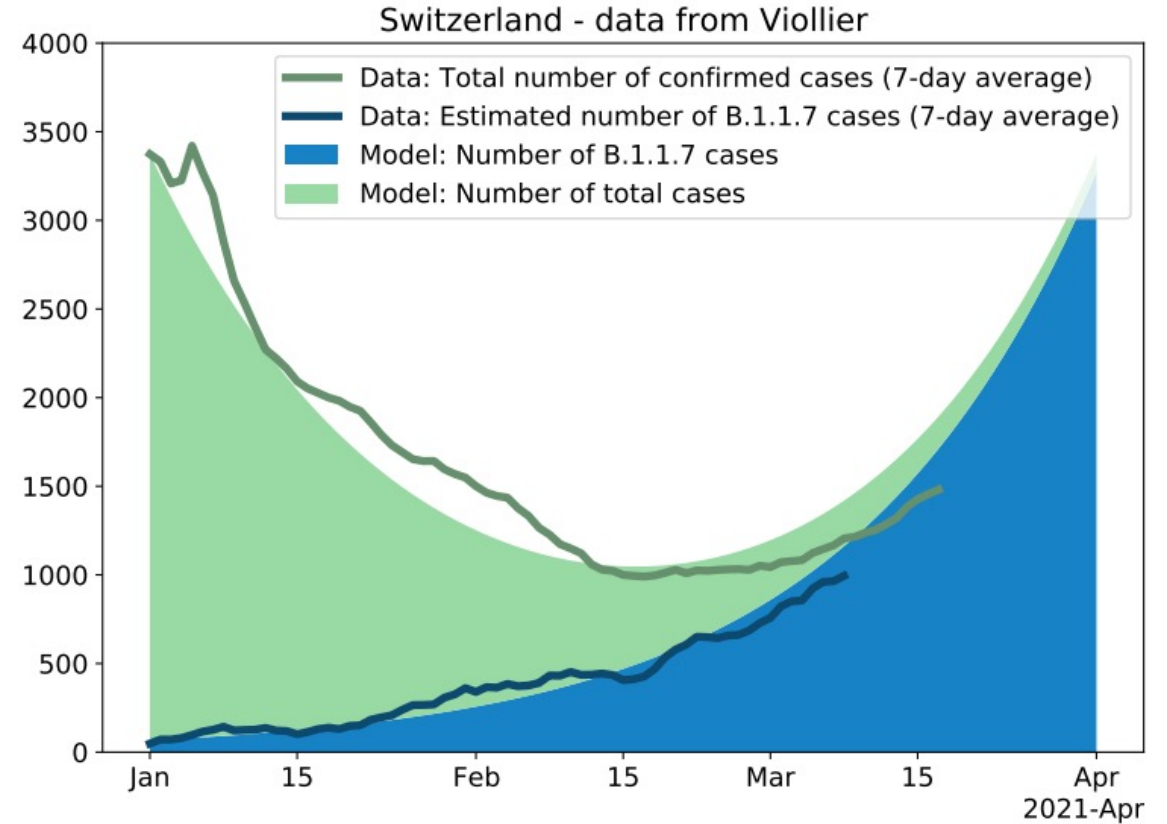
Non-B1.1.7: 0.83 [0.65–1.00]



Predict future development of the epidemic

How will this transmission advantage impact the Swiss epidemic?

Predict the number of absolute cases assuming a constant R_e



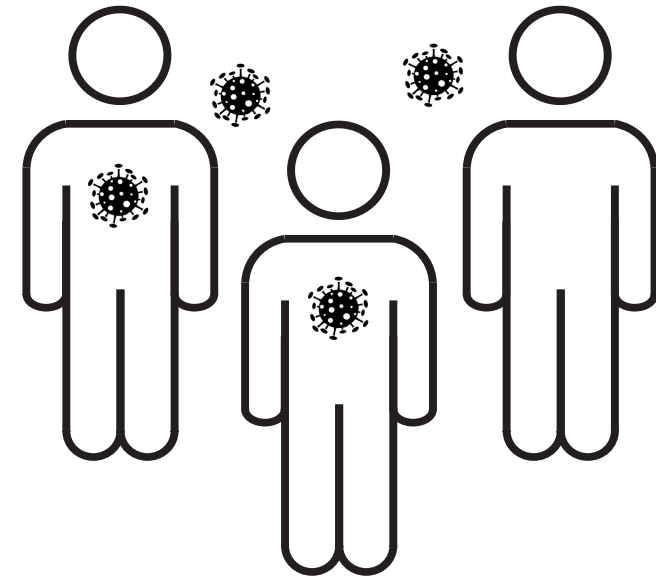
Conclusion



Mathematical modelling informed the Swiss public health response to SARS-CoV-2

We developed a pipeline to estimate R_e from noisy observational data, including wastewater

R_e can be used to study the effect of interventions and variants



Further Sources

Course at ETH Zurich:

701-1708-00L Infectious Disease Dynamics

Book:

Keeling & Rohani, *Modeling Infectious Diseases in Humans and Animals*, Princeton Univ. Press 2008

REVIEW

EPIDEMIOLOGY

Modeling infectious disease dynamics in the complex landscape of global health

Hans Heesterbeek,^{1*}† Roy M. Anderson,² Viggo Andreasen,³ Shweta Bansal,⁴ Daniela De Angelis,⁵ Chris Dye,⁶ Ken T. D. Eames,⁷ W. John Edmunds,⁷ Simon D. W. Frost,⁸ Sebastian Funk,⁴ T. Deirdre Hollingsworth,^{9,10} Thomas House,¹¹ Valerie Isham,¹² Petra Klepac,⁸ Justin Lessler,¹³ James O. Lloyd-Smith,¹⁴ C. Jessica E. Metcalf,¹⁵ Denis Mollison,¹⁶ Lorenzo Pellis,¹¹ Juliet R. C. Pulliam,^{17,18} Mick G. Roberts,¹⁹ Cecile Viboud,¹⁸ Isaac Newton Institute IDD Collaboration^{‡§}

The team

Jérémie Scire
Daniel Angst
Taru Singhal
Chaoran Chen
Marc Manceau
Sebastian Bonhoeffer
Tanja Stadler



Illustration by David Parkins Nature, 3.7.2020

Jinzhou Li
Richard Neher
Marloes Maathuis
Christoph Ort
Tamar Kohn
Tim Julian
et al.

Check out the websites:

<https://ibz-shiny.ethz.ch/covid-19-re-international/>

<https://ibz-shiny.ethz.ch/wastewaterRe/>

Questions?



@SIOUXSIEW @XTOTL thespinoff.co.nz

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