

Biological Contagion

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Computational Story Lab | Vermont Complex Systems Center
Vermont Advanced Computing Core | University of Vermont



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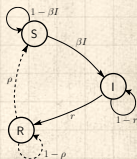
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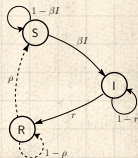
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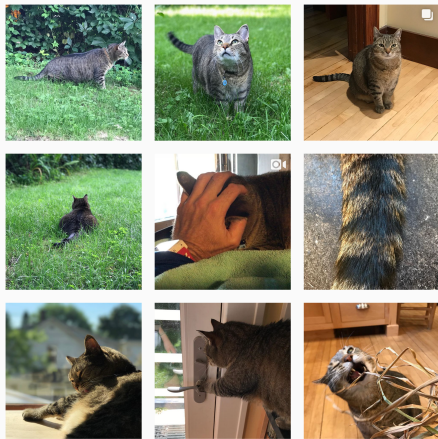
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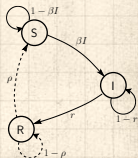
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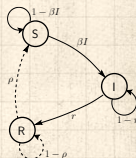
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An awful recording: Wikipedia's list of epidemics from 430 BC on.

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List of epidemics

From Wikipedia, the free encyclopedia

This article is a **list of epidemics** of **infectious disease**. Widespread and chronic complaints such as **heart disease** and **allergy** are not included if they are not thought to be infectious.

This list is incomplete; you can help by expanding it.

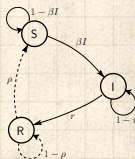
Death toll (estimate)	Location	Date	Comment	Disease	Reference
ca. 75,000 - 100,000	Greece	429–426 BC	Known as Plague of Athens , because it was primarily in Athens.	unknown, similar to typhoid	
ca. 30% of population	Europe, Western Asia, Northern Africa	165–180	Known as Antonine Plague , due to the name of the Roman emperor in power at the time.	unknown, symptoms similar to smallpox	
	Europe	250-266 AD	Known as the Plague of Cyprian named after St. Cyprian Bishop of Carthage.	unknown, possibly smallpox	
ca. 40% of population	Europe	541–542	Known as Plague of Justinian , due to the name of the Byzantine emperor in power at the time.	Bubonic plague	[1]
30% to 70% of population	Europe	1346–1350	Known as "Black Death" or Second plague pandemic , first return of the plague to Europe after the Justinianic plague of the 6th century.	plague	[2]
5-15 million (80% of population)	Mexico	1545-1548	Cocoliztli	viral hemorrhagic fever	[3][4]
2 - 2.5 million (50% of population)	Mexico	1576	Cocoliztli	viral hemorrhagic fever	[5][6]
	Seneca nation	1592–1596		measles	[9]



Plague panel with the triumph of death, 1607–35, Deutsches Historisches Museum Berlin



An artistic portrayal of cholera which was epidemic in the 19th century



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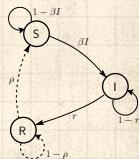
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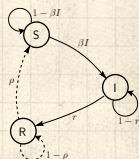
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 Is Harry Potter some kind of virus?



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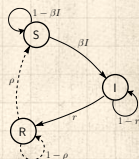
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🧱 Is Harry Potter some kind of virus?

🧱 What about the Da Vinci Code?



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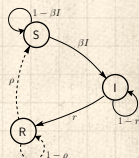
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A confusion of contagions:

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 What about the Da Vinci Code?

 Did Sudoku spread like a disease?



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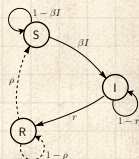
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Did Sudoku spread like a disease?

Language? The alphabet? ^[10]



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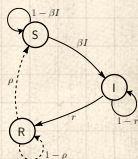
Is Harry Potter some kind of virus?

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Language? The alphabet? ^[10]

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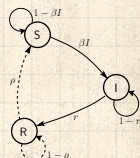
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Language? The alphabet? ^[10]

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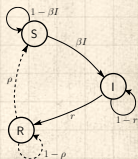
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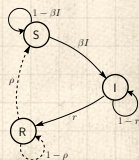
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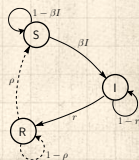
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- “The feeling was contagious.”
- “The news spread like wildfire.”
- “Freedom is the most contagious virus known to man.”
—Hubert H. Humphrey, Johnson’s vice president

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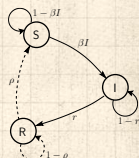
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- “Nothing is so contagious as enthusiasm.”
—Samuel Taylor Coleridge

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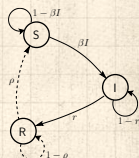
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Optimism according to Ambrose Bierce:

The doctrine that everything is beautiful, including what is ugly, everything good, especially the bad, and everything right that is wrong. ...

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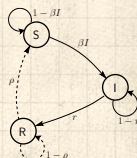
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Optimism according to Ambrose Bierce:

The doctrine that everything is beautiful, including what is ugly, everything good, especially the bad, and everything right that is wrong. ... **It is hereditary, but fortunately not contagious.**

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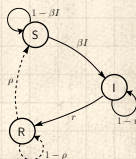
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Social contagion

Eric Hoffer, 1902–1983

There is a grandeur in the uniformity of the mass.

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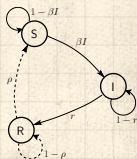
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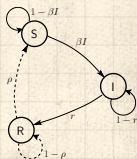
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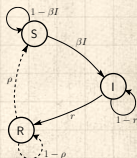
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There is a grandeur in the uniformity of the mass.
When a fashion, a dance, a song, a slogan or a joke
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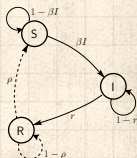
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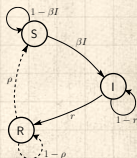
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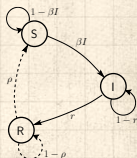
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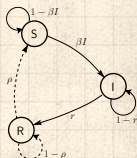
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 Hoffer  was an interesting fellow...

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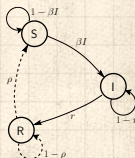
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The spread of fanaticism

Hoffer's most famous work: "**The True Believer:**
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(1951)^[12]

Aphorisms-aplenty:

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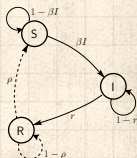
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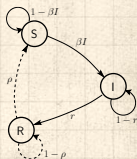
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Aphorisms-aplenty:



"We can be absolutely certain only about things
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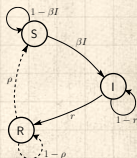
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Aphorisms-aplenty:

- ☰ "We can be absolutely certain only about things we do not understand."
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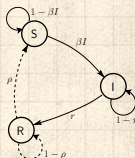
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"



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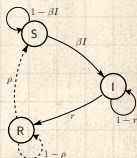
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- ☰ "Where freedom is real, equality is the passion of the masses. Where equality is real, freedom is the passion of a small minority."



Imitation

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CONFORMITY

WHEN PEOPLE ARE FREE TO DO AS THEY PLEASE,
THEY USUALLY IMITATE EACH OTHER.

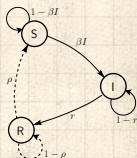
www.despair.com

despair.com

“When people are free to do as they please, they usually imitate each other.”

—Eric Hoffer

“The Passionate State of Mind” [13]



The collective...

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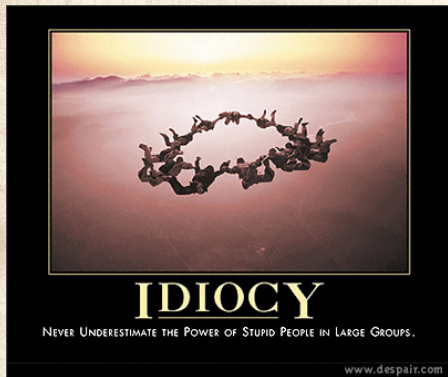
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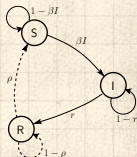
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despair.com

“Never
Underestimate the
Power of Stupid
People in Large
Groups.”



Examples of non-disease spreading:

Interesting infections:

 Spreading of certain buildings in the US:

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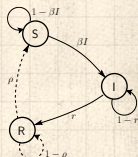
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<http://www.youtube.com/watch?v=EGzHBtoVvpc?rel=0>

Marbleization of the US:

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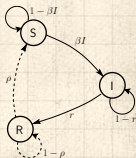
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<http://www.youtube.com/watch?v=9ihSeStoXOw?rel=0>

The most terrifying contagious outbreak?

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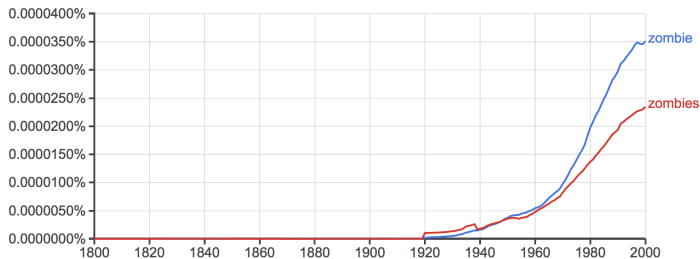
Next

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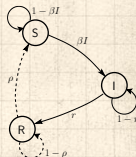
Google books Ngram Viewer

Graph these comma-separated phrases: case-insensitive

between and from the corpus with smoothing of [Search lots of books](#)



(click on line/label for focus)



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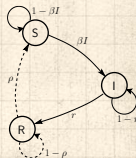
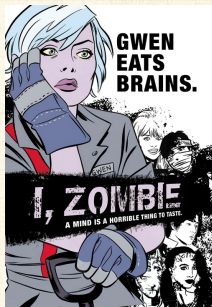
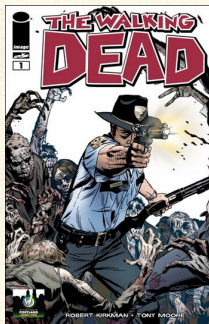
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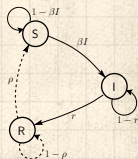
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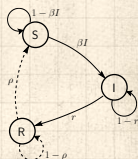
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 (1) The spreading of a quality or quantity between individuals in a population.



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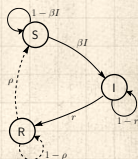
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Definitions

-  (1) The spreading of a quality or quantity between individuals in a population.
-  (2) A disease itself: the plague, a blight, the dreaded lurgi, ...



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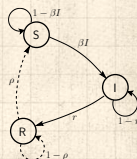
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-  (1) The spreading of a quality or quantity between individuals in a population.
-  (2) A disease itself: the plague, a blight, the dreaded lurgi, ...
-  from Latin: *con* = 'together with' + *tangere* 'to touch.'



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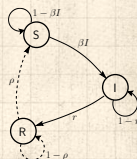
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-  Contagion has unpleasant overtones...



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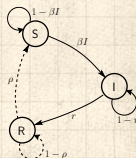
 (1) The spreading of a quality or quantity between individuals in a population.

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 Contagion has unpleasant overtones...

 Just **Spreading** might be a more neutral word



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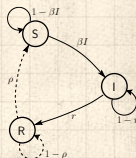
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 Contagion has unpleasant overtones...

 Just **Spreading** might be a more neutral word

 But contagion is kind of exciting...



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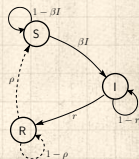
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Two main classes of contagion



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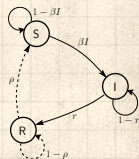
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1. Infectious diseases



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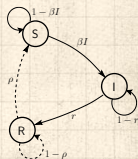
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1. Infectious diseases

2. Social contagion



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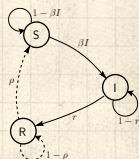
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1. **Infectious diseases:**
tuberculosis, HIV, ebola, SARS, influenza,
zombification, ...
2. **Social contagion**



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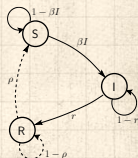
Two main classes of contagion

1. **Infectious diseases:**

tuberculosis, HIV, ebola, SARS, influenza,
zombification, ...

2. **Social contagion:**

fashion, word usage, rumors, uprisings, religion,
stories about zombies, ...



Archival footage from the Black Plague

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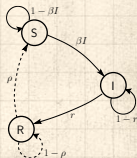
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<http://www.youtube.com/watch?v=GU0d8kpybVg?rel=0>

Community—S2E6: Epidemiology

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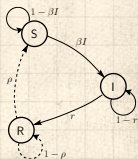
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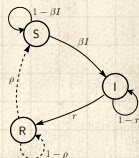
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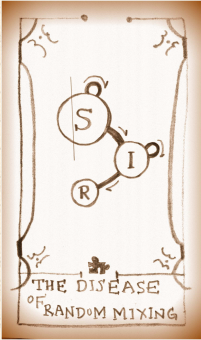
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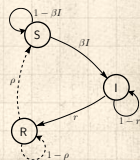
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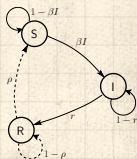


The standard SIR model [18]





The standard **SIR model** [18]

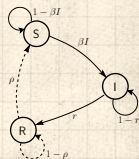
 = basic model of disease contagion



The standard SIR model ^[18]


 = basic model of disease contagion


 Three states:



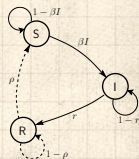
Mathematical Epidemiology

The standard **SIR model** [18]

 = basic model of disease contagion

 Three states:

1. S = Susceptible



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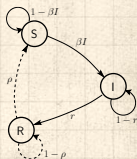
References

The standard **SIR model** [18]


 = basic model of disease contagion


 Three states:

1. S = Susceptible
2. I = Infective/Infectious

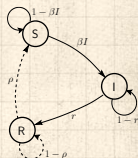


The standard SIR model ^[18]


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 Three states:

1. S = Susceptible
2. I = Infective/Infectious
3. R = Recovered

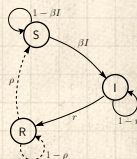


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 Three states:

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2. I = Infective/Infectious
3. R = Recovered or Removed or Refractory




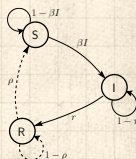
The standard SIR model ^[18]

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 Three states:


1. S = Susceptible
2. I = Infective/Infectious
3. R = Recovered or Removed or Refractory

 $S(t) + I(t) + R(t) = 1$





The standard SIR model ^[18]

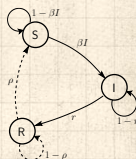
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 Presumes random interactions (mass-action principle)





The standard SIR model ^[18]


 = basic model of disease contagion

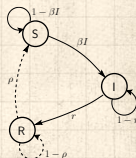
 Three states:

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 Presumes random interactions (mass-action principle)

 Interactions are independent (no memory)





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 Three states:

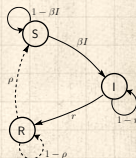
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2. I = Infective/Infectious
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 $S(t) + I(t) + R(t) = 1$

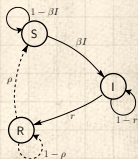
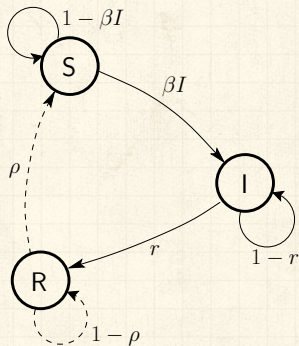
 Presumes random interactions (mass-action principle)

 Interactions are independent (no memory)

 Discrete and continuous time versions

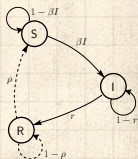
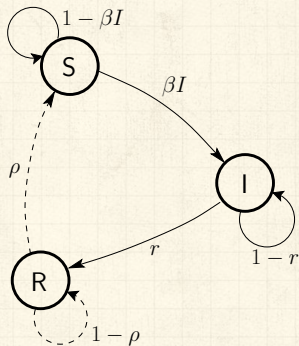


Discrete time automata example:

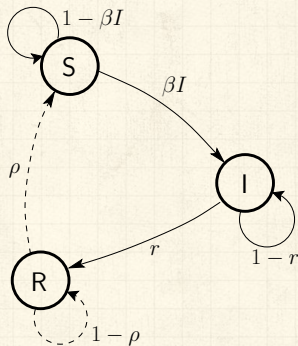


Discrete time automata example:

Transition Probabilities:

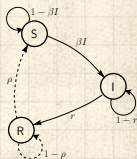


Discrete time automata example:

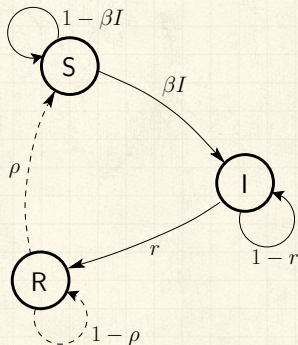


Transition Probabilities:

β for being infected given
contact with infected



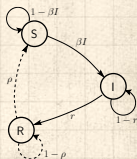
Discrete time automata example:



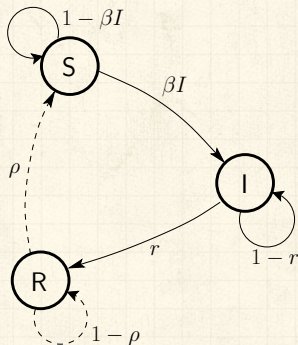
Transition Probabilities:

β for being infected given
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r for recovery



Discrete time automata example:

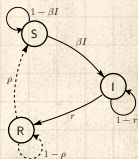


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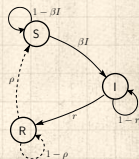
β for being infected given
contact with infected

r for recovery

ρ for loss of immunity



Original models attributed to



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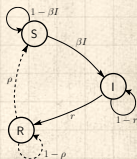
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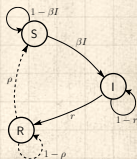
1920's: Reed and Frost






Original models attributed to

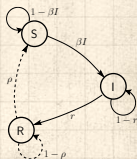
 1920's: Reed and Frost

 1920's/1930's: Kermack and McKendrick [14, 16, 15]



Original models attributed to

-  1920's: Reed and Frost
-  1920's/1930's: Kermack and McKendrick [14, 16, 15]
-  Coupled differential equations with a mass-action principle



Independent Interaction models

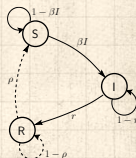
Differential equations for continuous model

$$\frac{d}{dt}S = -\beta IS + \rho R$$

$$\frac{d}{dt}I = \beta IS - rI$$

$$\frac{d}{dt}R = rI - \rho R$$

β , r , and ρ are now **rates**.



Reproduction Number R_0

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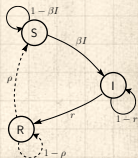
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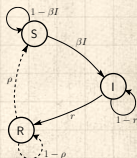
Reproduction Number R_0 ↗



Reproduction Number R_0


Reproduction Number R_0


 R_0 = expected number of infected individuals resulting from a single initial infective

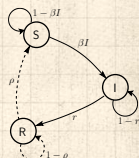


Reproduction Number R_0

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 R_0 = expected number of infected individuals resulting from a single initial infective

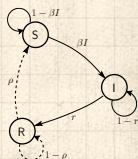
 Epidemic threshold: If $R_0 > 1$, 'epidemic' occurs.



Reproduction Number R_0





Reproduction Number R_0

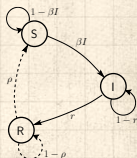
-  R_0 = expected number of infected individuals resulting from a single initial infective
-  Epidemic threshold: If $R_0 > 1$, 'epidemic' occurs.
-  Exponential take off: R_0^n where n is the number of generations.



Reproduction Number R_0

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-  R_0 = expected number of infected individuals resulting from a single initial infective
-  Epidemic threshold: If $R_0 > 1$, 'epidemic' occurs.
-  Exponential take off: R_0^n where n is the number of generations.
-  Fantastically awful notation convention: R_0 and the R in SIR .

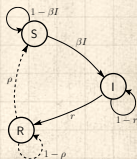


Reproduction Number R_0

Discrete version:



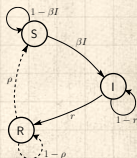
Set up: One Infective in a randomly mixing population of Susceptibles



Reproduction Number R_0

Discrete version:

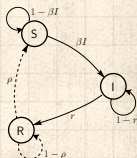
- Set up: One Infective in a randomly mixing population of Susceptibles
- At time $t = 0$, single infective random bumps into a Susceptible



Reproduction Number R_0

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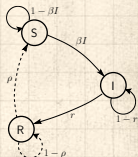
- Set up: One Infective in a randomly mixing population of Susceptibles
- At time $t = 0$, single infective random bumps into a Susceptible
- Probability of transmission = β



Reproduction Number R_0

Discrete version:

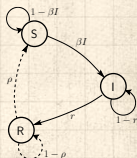
- Set up: One Infective in a randomly mixing population of Susceptibles
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- Probability of transmission = β
- At time $t = 1$, single Infective remains infected with probability $1 - r$



Reproduction Number R_0


Discrete version:

- Set up: One Infective in a randomly mixing population of Susceptibles
- At time $t = 0$, single infective random bumps into a Susceptible
- Probability of transmission = β
- At time $t = 1$, single Infective remains infected with probability $1 - r$
- At time $t = k$, single Infective remains infected with probability $(1 - r)^k$

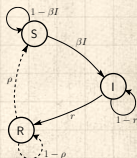


Reproduction Number R_0

Discrete version:


 Expected number infected by original infective:

$$R_0 = \beta + (1 - r)\beta + (1 - r)^2\beta + (1 - r)^3\beta + \dots$$



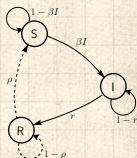
Reproduction Number R_0

Discrete version:

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$$R_0 = \beta + (1 - r)\beta + (1 - r)^2\beta + (1 - r)^3\beta + \dots$$

$$= \beta (1 + (1 - r) + (1 - r)^2 + (1 - r)^3 + \dots)$$



Reproduction Number R_0

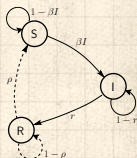
Discrete version:

 Expected number infected by original infective:

$$R_0 = \beta + (1 - r)\beta + (1 - r)^2\beta + (1 - r)^3\beta + \dots$$


$$= \beta(1 + (1 - r) + (1 - r)^2 + (1 - r)^3 + \dots)$$

$$= \beta \frac{1}{1 - (1 - r)}$$



Reproduction Number R_0

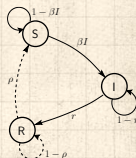
Discrete version:

 Expected number infected by original infective:

$$R_0 = \beta + (1 - r)\beta + (1 - r)^2\beta + (1 - r)^3\beta + \dots$$


$$= \beta(1 + (1 - r) + (1 - r)^2 + (1 - r)^3 + \dots)$$

$$= \beta \frac{1}{1 - (1 - r)} = \beta/r$$



Reproduction Number R_0

Discrete version:

 Expected number infected by original infective:

$$R_0 = \beta + (1 - r)\beta + (1 - r)^2\beta + (1 - r)^3\beta + \dots$$

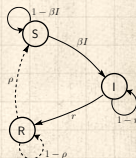
$$= \beta(1 + (1 - r) + (1 - r)^2 + (1 - r)^3 + \dots)$$

$$= \beta \frac{1}{1 - (1 - r)} = \beta/r$$

For $S(0) \simeq 1$ initial susceptibles

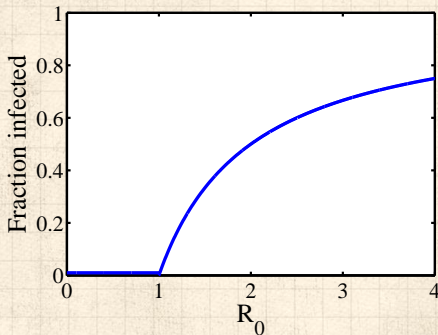
$(1 - S(0) = R(0) =$ fraction initially immune):


$$R_0 = S(0)\beta/r$$




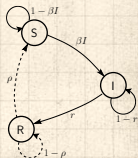
Independent Interaction models

Example of epidemic threshold:




 Continuous phase transition.

 Fine idea from a simple model.



Independent Interaction models

For the continuous version

 Second equation:

$$\frac{d}{dt}I = \beta SI - rI$$

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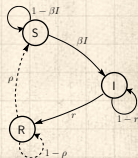
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For the continuous version

 Second equation:

$$\frac{d}{dt}I = \beta SI - rI$$

$$\frac{d}{dt}I = (\beta S - r)I$$

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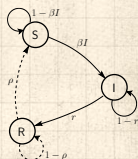
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 Second equation:

$$\frac{d}{dt}I = \beta SI - rI$$

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 Number of infectives grows initially if

$$\beta S(0) - r > 0$$

where $S(0) \simeq 1$.

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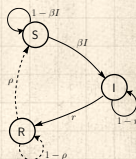
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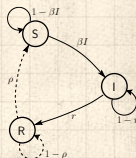
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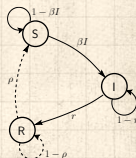
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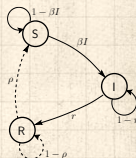
$$\frac{d}{dt}I = (\beta S - r)I$$

 Number of infectives grows initially if

$$\beta S(0) - r > 0 \Rightarrow \beta S(0) > r \Rightarrow \beta S(0)/r > 1$$

where $S(0) \simeq 1$.

 Same story as for discrete model.



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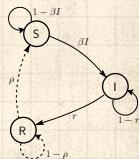
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Many variants of the SIR model:



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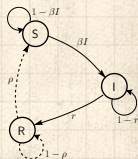
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Many variants of the SIR model:

 **SIS**: susceptible-infective-susceptible



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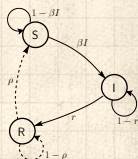
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Many variants of the SIR model:

 **SIS**: susceptible-infective-susceptible

 **SIRS**: susceptible-infective-recovered-susceptible



Independent Interaction models

Many variants of the SIR model:



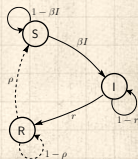
SIS: susceptible-infective-susceptible



SIRS: susceptible-infective-recovered-susceptible



compartment models (age or gender partitions)



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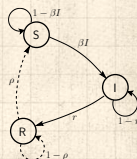
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Many variants of the SIR model:

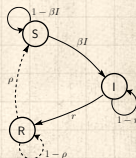
-  **SIS**: susceptible-infective-susceptible
-  **SIRS**: susceptible-infective-recovered-susceptible
-  compartment models (age or gender partitions)
-  more categories such as 'exposed' (**SEIRS**)



Independent Interaction models

Many variants of the SIR model:

-  **SIS**: susceptible-infective-susceptible
-  **SIRS**: susceptible-infective-recovered-susceptible
-  compartment models (age or gender partitions)
-  more categories such as 'exposed' (**SEIRS**)
-  recruitment (migration, birth)



Watch someone else pretend to save the world:

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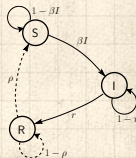
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Save the world yourself: 



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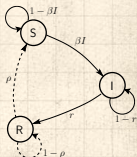
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 And you can be the virus. 

 Also contagious?: Cooperative games ...

Neural reboot—Save another pretend world with

Vax: 

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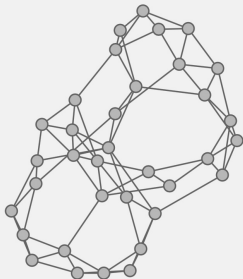
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Lesson 4: Quarantine



Vaccines take time to 'kick in' so they're ineffective
if an infection has already begun to spread.

Start >

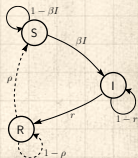
VAX!

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Epidemics

Vaccines

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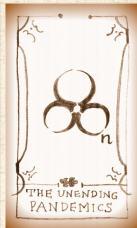
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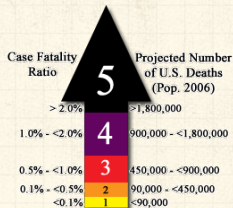
References



Pandemic severity index (PSI)



Classification during/post pandemic:



Assumes 30% illness rate
and unmitigated pandemic
without interventions

CDC

U.S. Gov.




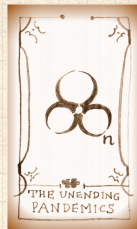
Category based.



1-5 scale.



Modeled on the
Saffir-Simpson hurricane
scale 



For novel diseases:

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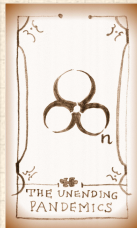
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For novel diseases:

1. Can we predict the size of an epidemic?

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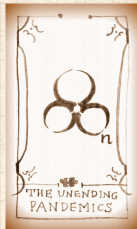
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For novel diseases:

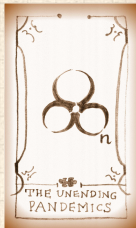
1. Can we predict the size of an epidemic?
2. How important is the reproduction number R_0 ?



For novel diseases:

1. Can we predict the size of an epidemic?
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R_0 approximately same for all of the following:



For novel diseases:

1. Can we predict the size of an epidemic?
2. How important is the reproduction number R_0 ?

R_0 approximately same for all of the following:


- 📦 1918-19 "Spanish Flu" ~ 75,000,000 world-wide, 500,000 deaths in US.




For novel diseases:

1. Can we predict the size of an epidemic?
2. How important is the reproduction number R_0 ?

R_0 approximately same for all of the following:

 1918-19 "Spanish Flu" ~ 75,000,000 world-wide,
500,000 deaths in US.




 1957-58 "Asian Flu" ~ 2,000,000 world-wide,
70,000 deaths in US.

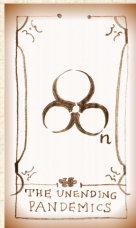


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-  1968-69 "Hong Kong Flu" ~ 1,000,000 world-wide, 34,000 deaths in US.

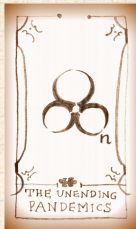


For novel diseases:

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R_0 approximately same for all of the following:

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-  1957-58 "Asian Flu" ~ 2,000,000 world-wide, 70,000 deaths in US.
-  1968-69 "Hong Kong Flu" ~ 1,000,000 world-wide, 34,000 deaths in US.
-  2003 "SARS Epidemic" ~ 800 deaths world-wide.



Size distributions

Size distributions are important elsewhere:

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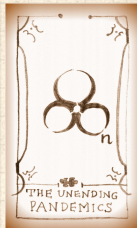
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Size distributions are important elsewhere:

 earthquakes (Gutenberg-Richter law)

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Size distributions are important elsewhere:

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 city sizes, forest fires, war fatalities

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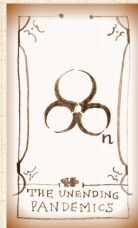
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Size distributions

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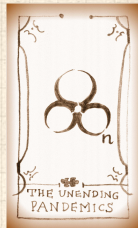
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-  'popularity' (books, music, websites, ideas)

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-  Epidemics?

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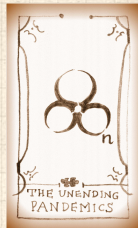
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-  **Epidemics?**

Power law distributions are common but not obligatory...

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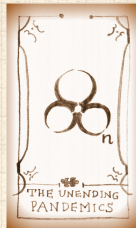
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-  **Epidemics?**

Power law distributions are common but not obligatory...

Really, what about epidemics?

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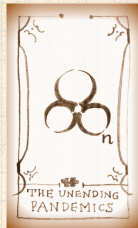
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-  'popularity' (books, music, websites, ideas)
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Really, what about epidemics?

-  Simply hasn't attracted much attention.

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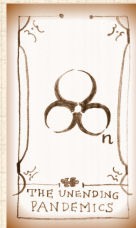
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Size distributions

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-  wealth distributions
-  'popularity' (books, music, websites, ideas)
-  **Epidemics?**

Power law distributions are common but not obligatory...

Really, what about epidemics?

-  Simply hasn't attracted much attention.
-  Data not as clean as for other phenomena.

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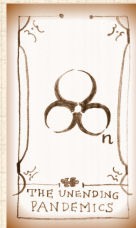
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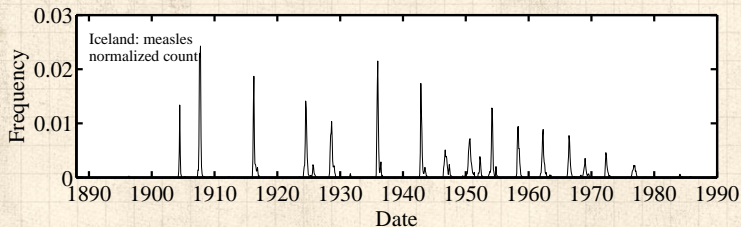
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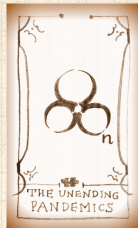
References



Caseload recorded monthly for range of diseases in Iceland, 1888-1990



Treat outbreaks separated in time as 'novel' diseases.



Really not so good at all in Iceland

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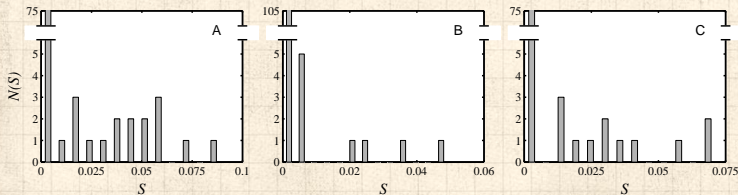
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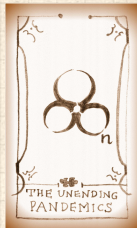
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Epidemic size distributions $N(S)$ for
Measles, Rubella, and Whooping Cough.



Spike near $S = 0$, relatively flat otherwise.



Measles & Pertussis

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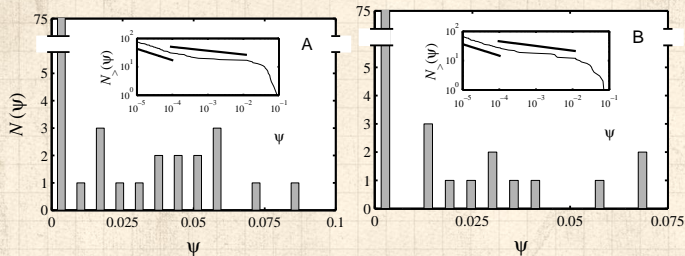
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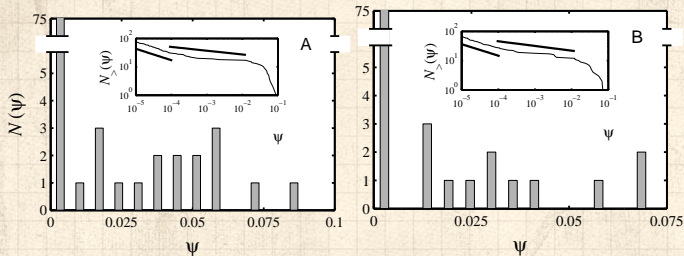
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Measles & Pertussis

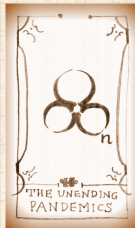


Insert plots:

Complementary cumulative frequency distributions:

$$N(\Psi' > \Psi) \propto \Psi^{-\gamma+1}$$

Limited scaling with a possible break.



Power law distributions

Measured values of γ :

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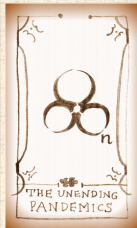
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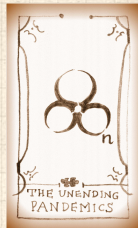
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Measured values of γ :

 measles: 1.40 (low Ψ) and 1.13 (high Ψ)



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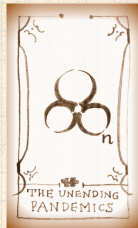
Power law distributions

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 Expect $2 \leq \gamma < 3$ (finite mean, infinite variance)





Power law distributions

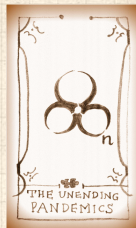
Measured values of γ :

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 When $\gamma < 1$, can't normalize





Power law distributions


Measured values of γ :

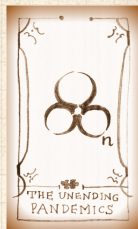
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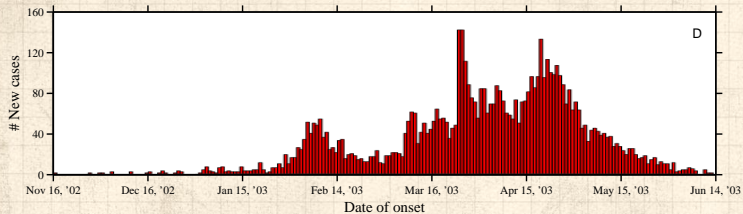
 Expect $2 \leq \gamma < 3$ (finite mean, infinite variance)

 When $\gamma < 1$, can't normalize

 Distribution is quite flat.



Resurgence—example of SARS



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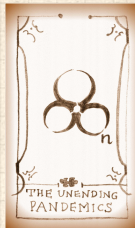
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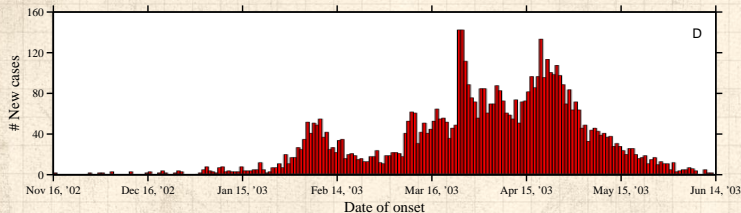
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Resurgence—example of SARS



Epidemic slows...

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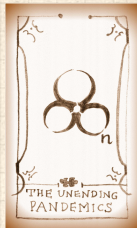
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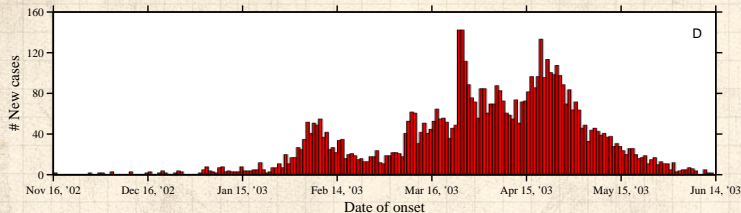
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Resurgence—example of SARS



Epidemic slows...
then an infective moves to a new context.

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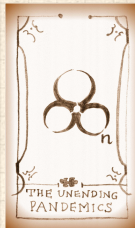
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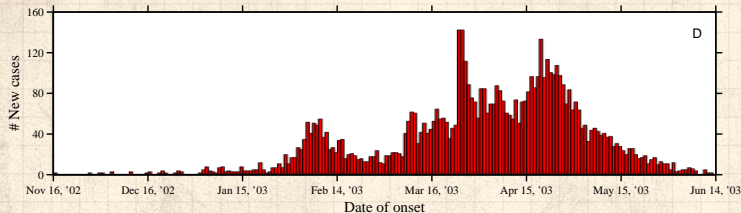
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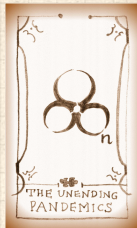
Resurgence—example of SARS



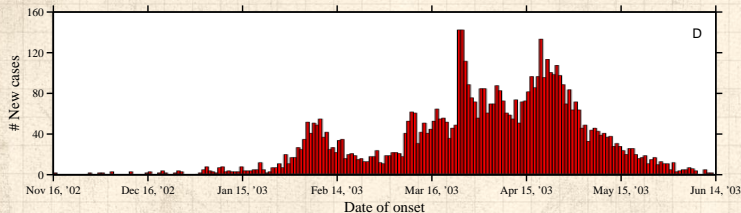
Epidemic slows...
then an infective moves to a new context.



Epidemic discovers new 'pools' of susceptibles:
Resurgence.



Resurgence—example of SARS



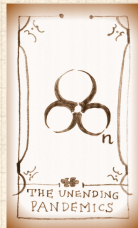
Epidemic slows...
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Resurgence.



Importance of rare, stochastic events.



Community—S2E6: Epidemiology

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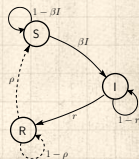
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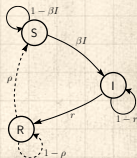
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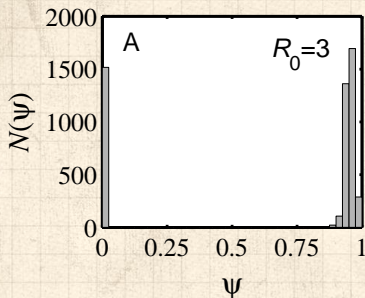
The challenge

So... can a simple model produce

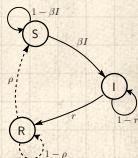
1. **broad epidemic distributions**
and
2. **resurgence ?**



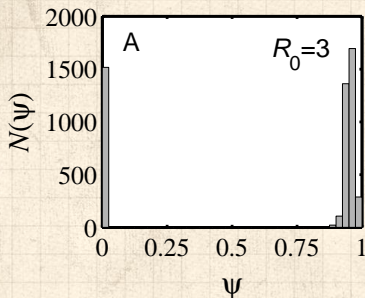
Size distributions



Simple models
typically produce
bimodal or **unimodal**
size distributions.



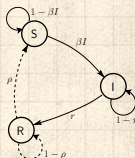
Size distributions



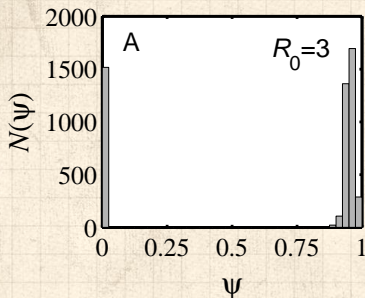
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This **includes** network models:
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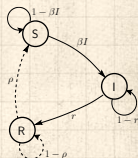
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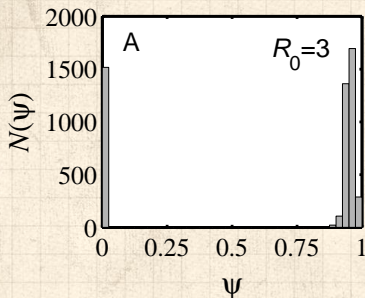
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 Exceptions:




Size distributions

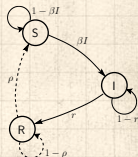


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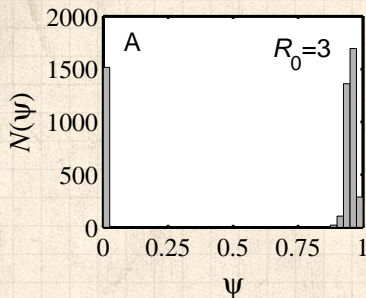
 This **includes** network models:
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 Exceptions:


1. Forest fire models




Size distributions

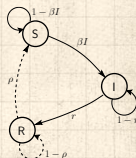


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 This **includes** network models:
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 Exceptions:

1. Forest fire models
2. Sophisticated metapopulation models



Burning through the population

Forest fire models: ^[19]

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 Rhodes & Anderson, 1996



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Forest fire models: ^[19]

 Rhodes & Anderson, 1996


 The physicist's approach:


"if it works for magnets, it'll work for people..."



Burning through the population

Forest fire models: ^[19]

 Rhodes & Anderson, 1996

 The physicist's approach:

"if it works for magnets, it'll work for people..."

A bit of a stretch:



Burning through the population

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A bit of a stretch:


1. Epidemics \equiv forest fires spreading on 3-d and 5-d lattices.



Burning through the population

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Burning through the population

Forest fire models: ^[19]

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 The physicist's approach:

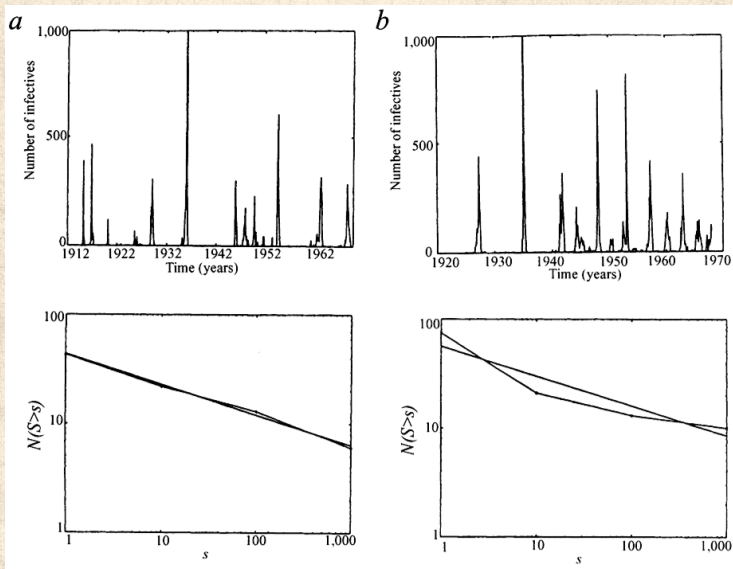
"if it works for magnets, it'll work for people..."

A bit of a stretch:

1. Epidemics \equiv forest fires spreading on 3-d and 5-d lattices.
2. Claim Iceland and Faroe Islands exhibit power law distributions for outbreaks.
3. Original forest fire model not completely understood.




Size distributions

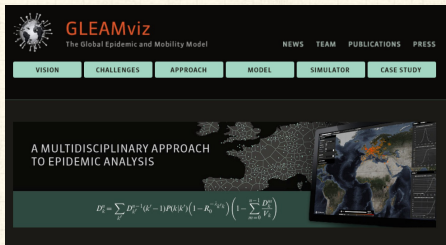


From Rhodes and Anderson, 1996.



Sophisticated metapopulation models:

- ☰ Multiscale models suggested earlier by others but not formalized (Bailey ^[1], Cliff and Haggett ^[6], Ferguson et al.)
- ☰ Community based mixing (two scales)—Longini. ^[17]
- ☰ Eubank et al.'s EpiSims/TRANSIMS —city simulations. ^[9]
- ☰ Spreading through countries—Airlines: Germann et al., Colizza et al. ^[7]




GLEAMviz
The Global Epidemic and Mobility Model

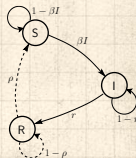
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VISION CHALLENGES APPROACH MODEL SIMULATOR CASE STUDY


A MULTIDISCIPLINARY APPROACH TO EPIDEMIC ANALYSIS

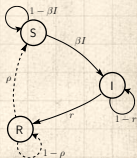
$$D_t^c = \sum_{k=1}^{K-1} D_t^{c,k} (1 - R_0^{-k/\alpha}) \left(1 - \sum_{i=1}^{k-1} \frac{D_t^{c,i}}{D_t^c} \right)$$

☰ **GLEAM** :
Global pandemic simulations by Vespignani et al.





“The hidden geometry of complex,
network-driven contagion phenomena” 
Brockmann and Helbing,
Science, **342**, 1337–1342, 2013. [5]



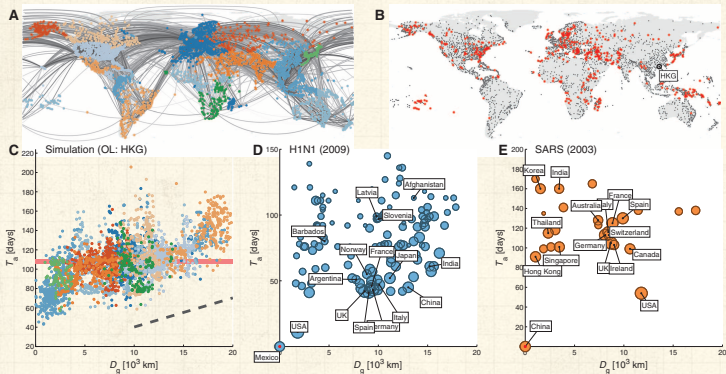
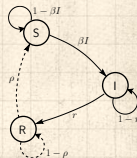


Fig. 1. Complexity in global, network-driven contagion phenomena. (A) The global mobility network (GMN). Gray lines represent passenger flows along direct connections between 4069 airports worldwide. Geographic regions are distinguished by color [classified according to network modularity maximization (39)]. (B) Temporal snapshot of a simulated global pandemic with initial outbreak location (OL) in Hong Kong (HKG). The simulation is based on the metapopulation model defined by Eq. 3 with parameters $R_0 = 1.5$, $\beta = 0.285 \text{ day}^{-1}$, $\gamma = 2.8 \times 10^{-3} \text{ day}^{-1}$, $\epsilon = 10^{-8}$. Red symbols depict locations with epidemic arrival times in the time window 105 days $\leq T_a \leq 110$ days. Because of the multiscale structure of the underlying network, the spatial distribution of disease prevalence (i.e., the fraction of infected individuals) lacks geometric coherence. No clear wave-front is visible, and based on this dynamic state, the OL cannot be easily deduced. (C) For the same simulation as in (B), the panel depicts arrival times T_a as a function of geographic distance D_g from the OL [nodes are colored according to geographic region as in (A)] for each of the 4069 nodes in the network. On a

global scale, T_a weakly correlates with geographic distance D_g ($R^2 = 0.34$). A linear fit yields an average global spreading speed of $v_g = 331 \text{ km/day}$ (see also fig. S7). Using D_g and v_g to estimate arrival times for specific locations, however, does not work well owing to the strong variability of the arrival times for a given geographic distance. The red horizontal bar corresponds to the arrival time window shown in (B). (D) Arrival times versus geographic distance from the source (Mexico) for the 2009 H1N1 pandemic. Symbols represent 140 affected countries, and symbol size quantifies total traffic per country. Arrival times are defined as the date of the first confirmed case in a given country after the initial outbreak on 17 March 2009. As in the simulated scenario, arrival time and geographic distance are only weakly correlated ($R^2 = 0.0394$). (E) In analogy to (D), the panel depicts the arrival times versus geographic distance from the source (China) of the 2003 SARS epidemic for 29 affected countries worldwide. Arrival times are taken from WHO published data (2). As in (C) and (D), arrival time correlates weakly with geographic distance.



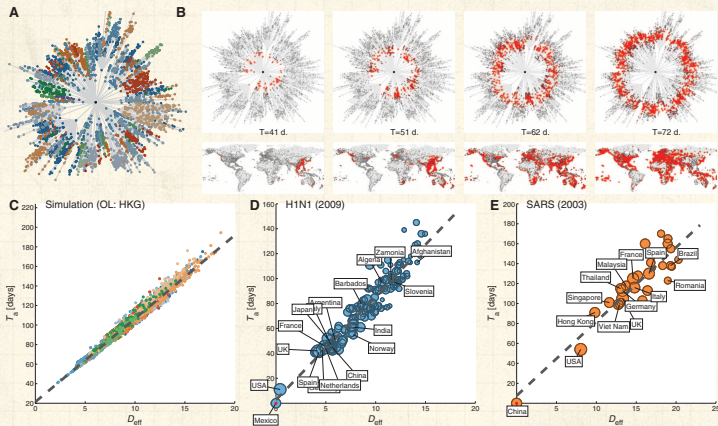
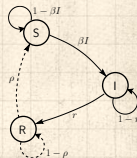


Fig. 2. Understanding global contagion phenomena using effective distance. (A) The structure of the shortest path tree (in gray) from Hong Kong (central node). Radial distance represents effective distance D_{eff} as defined by Eqs. 4 and 5. Nodes are colored according to the same scheme as in Fig. 1A. (B) The sequence (from left to right) of panels depicts the time course of a simulated model disease with initial outbreak in Hong Kong (HKG), for the same parameter set as used in Fig. 1B. Prevalence is reflected by the redness of the symbols. Each panel compares the state of the system in the conventional geographic representation (bottom) with the effective distance representation (top). The complex spatial pattern in the conventional view is equivalent to a homoge-

neous wave that propagates outwards at constant effective speed in the effective distance representation. (C) Epidemic arrival time T_a versus effective distance D_{eff} for the same simulated epidemic as in (B). In contrast to geographic distance (Fig. 1C), effective distance correlates strongly with arrival time ($R^2 = 0.973$), i.e., effective distance is an excellent predictor of arrival times. (D and E) Linear relationship between effective distance and arrival time for the 2009 H1N1 pandemic (D) and the 2003 SARS epidemic (E). The arrival time data are the same as in Fig. 1, D and E. The effective distance was computed from the projected global mobility network between countries. As in the model system, we observe a strong correlation between arrival time and effective distance.



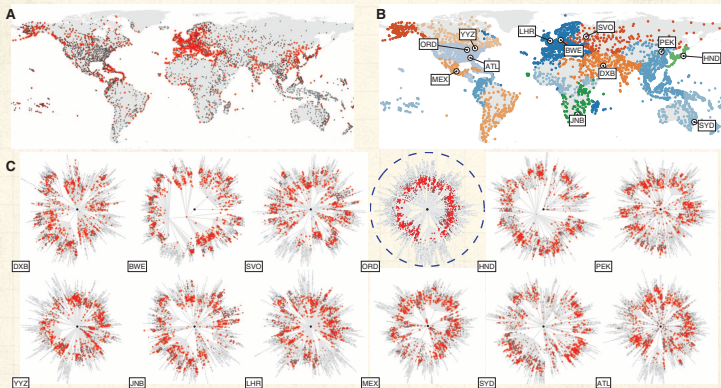
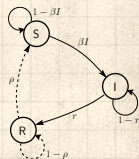


Fig. 3. Qualitative outbreak reconstruction based on effective distance. (A) Spatial distribution of prevalence $j_n(t)$ at time $T = 81$ days for OL Chicago (parameters $\beta = 0.28 \text{ day}^{-1}$, $R_0 = 1.9$, $\gamma = 2.8 \times 10^{-3} \text{ day}^{-1}$, and $\epsilon = 10^{-4}$). After this time, it is difficult, if not impossible, to determine the correct OL from snapshots of the dynamics. (B) Candidate OLs chosen from different geographic regions. (C) Panels depict the state of the system shown in (A) from the

perspective of each candidate OL, using each OL's shortest path tree representation. Only the actual OL (ORD, circled in blue) produces a circular wavefront. Even for comparable North American airports [Atlanta (ATL), Toronto (YYZ), and Mexico City (MEX)], the wavefronts are not nearly as concentric. Effective distances thus permit the extraction of the correct OL, based on information on the mobility network and a single snapshot of the dynamics.



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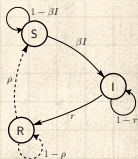
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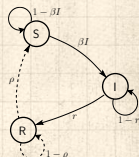
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Size distributions




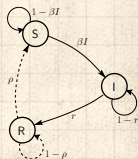
Vital work but perhaps hard to generalize from...




Size distributions


 Vital work but perhaps hard to generalize from...


 \Rightarrow Create a simple model involving multiscale travel

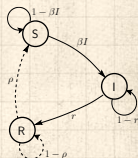


Size distributions

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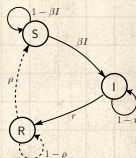
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 Very big question: **What is N ?**



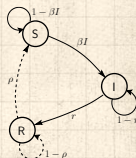
Size distributions

- 🧱 Vital work but perhaps hard to generalize from...
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- 🧱 Should we model SARS in Hong Kong as spreading in a neighborhood, in Hong Kong, Asia, or the world?



Size distributions

- 🧱 Vital work but perhaps hard to generalize from...
- 🧱 \Rightarrow Create a simple model involving multiscale travel
- 🧱 Very big question: **What is N ?**
- 🧱 Should we model SARS in Hong Kong as spreading in a neighborhood, in Hong Kong, Asia, or the world?
- 🧱 For simple models, we need to know the final size beforehand...



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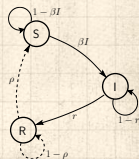
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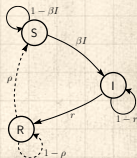
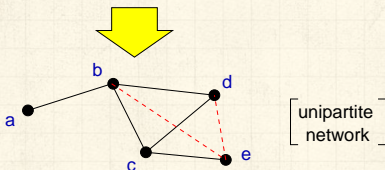
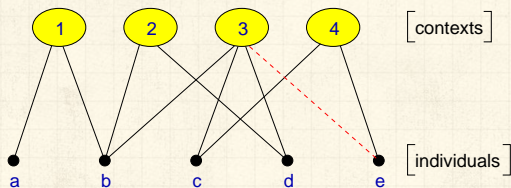
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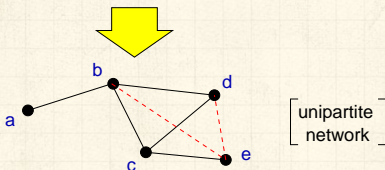
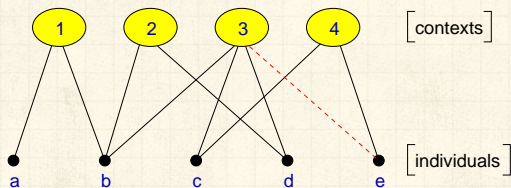
Improving simple models

Contexts and Identities—Bipartite networks

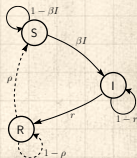


Improving simple models

Contexts and Identities—Bipartite networks

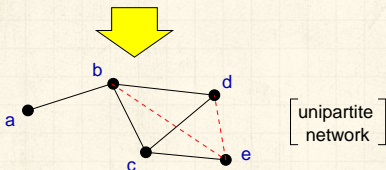
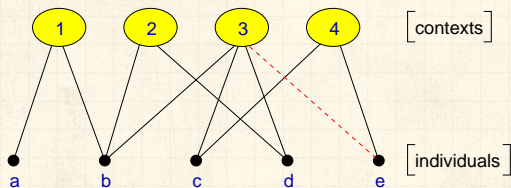


boards of directors



Improving simple models

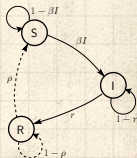
Contexts and Identities—Bipartite networks



boards of directors

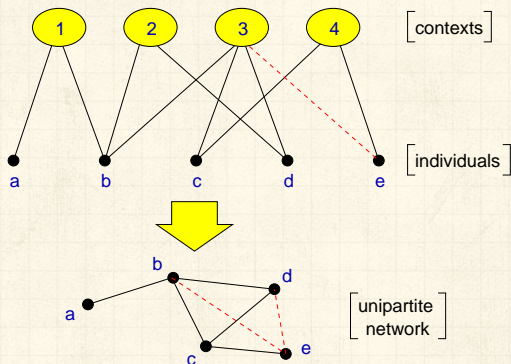





movies

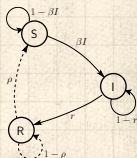


Improving simple models

Contexts and Identities—Bipartite networks



-  boards of directors
-  movies
-  transportation modes (subway)



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models**

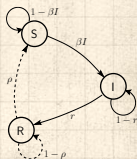
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Identity is formed from attributes such as:

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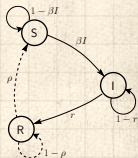
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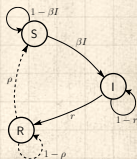
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Idea for social networks: incorporate identity

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-  Type of employment

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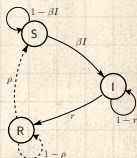
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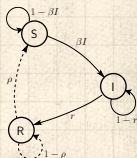
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-  Recreational activities

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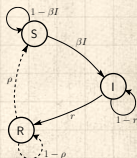
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Groups are crucial...

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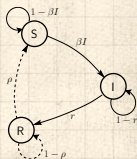
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Improving simple models

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-  Age
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Groups are crucial...

-  formed by people with at least one similar attribute

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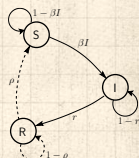
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Improving simple models

Idea for social networks: incorporate identity

Identity is formed from attributes such as:

-  Geographic location
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-  Recreational activities

Groups are crucial...

-  formed by people with at least one similar attribute
-  Attributes \Leftrightarrow Contexts \Leftrightarrow Interactions \Leftrightarrow Networks. [23]

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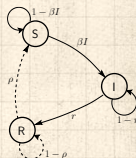
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Infer interactions/network from identities

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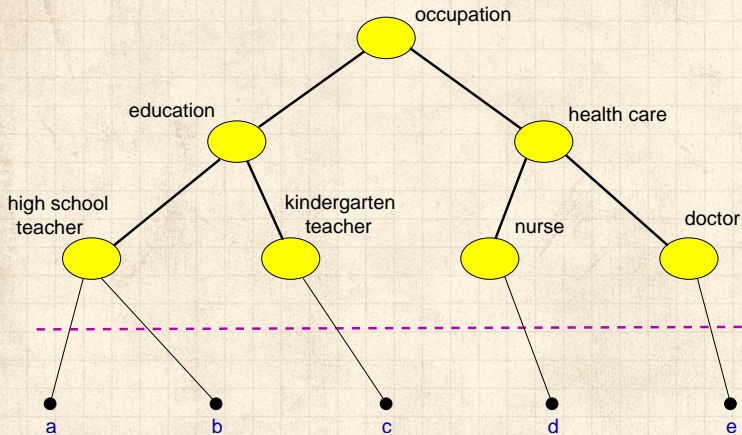
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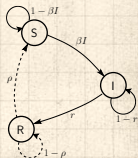
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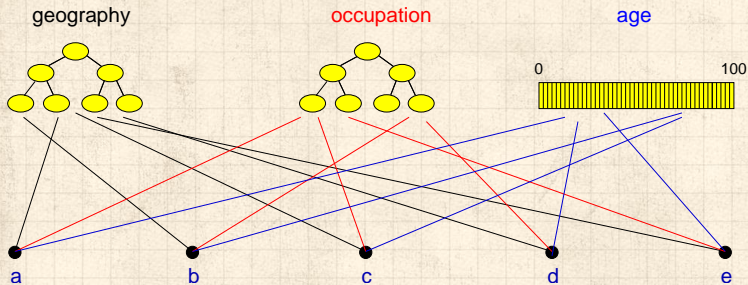
References



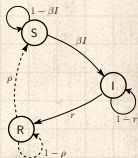
Distance makes sense in identity/context space.



Generalized context space




(Blau & Schwartz ^[3], Simmel ^[20], Breiger ^[4])



A toy agent-based model:



"Multiscale, resurgent epidemics in a hierarchical metapopulation model" 

Watts et al.,

Proc. Natl. Acad. Sci., **102**, 11157–11162, 2005. [24]

Geography: allow people to move between contexts

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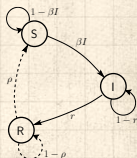
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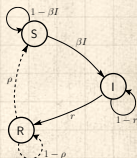
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 Locally: standard SIR model with random mixing



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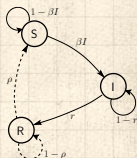
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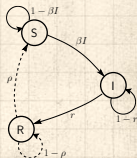
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 β = infection probability



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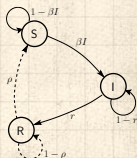
Geography: allow people to move between contexts

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 β = infection probability

 γ = recovery probability



A toy agent-based model:

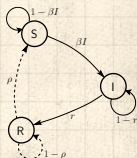


“Multiscale, resurgent epidemics in a hierarchical metapopulation model” ↗

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Proc. Natl. Acad. Sci., **102**, 11157–11162,
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Geography: allow people to move between contexts

- 🧱 Locally: standard SIR model with random mixing
- 🧱 discrete time simulation
- 🧱 β = infection probability
- 🧱 γ = recovery probability
- 🧱 P = probability of travel



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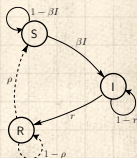
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🧱 **Movement distance:** $\Pr(d) \propto \exp(-d/\xi)$



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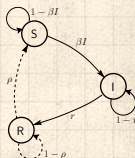
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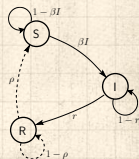
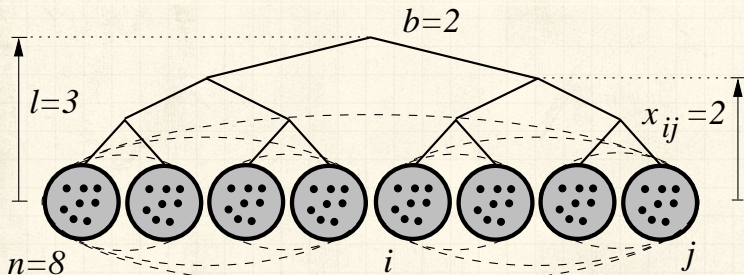
🧱 **Movement distance:** $\Pr(d) \propto \exp(-d/\xi)$

🧱 ξ = typical travel distance



A toy agent-based model

Schematic:



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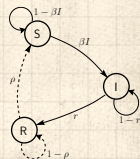
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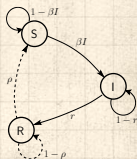
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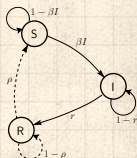
Define P_0 = Expected number of infected individuals **leaving** initially infected context.



Model output

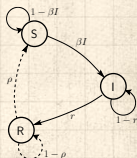
Define P_0 = Expected number of infected individuals **leaving** initially infected context.

Need $P_0 > 1$ for disease to spread (independent of R_0).



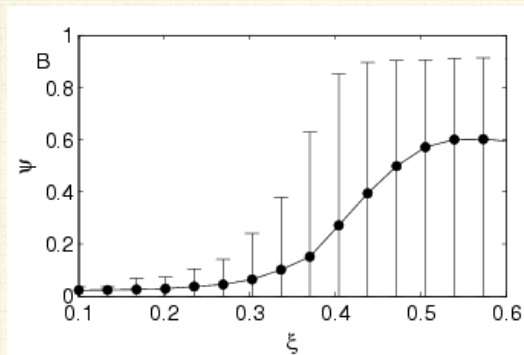
Model output

- Define P_0 = Expected number of infected individuals **leaving** initially infected context.
- Need $P_0 > 1$ for disease to spread (independent of R_0).
- Limit epidemic size by **restricting frequency of travel and/or range**

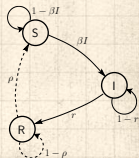


Model output

Varying ξ :

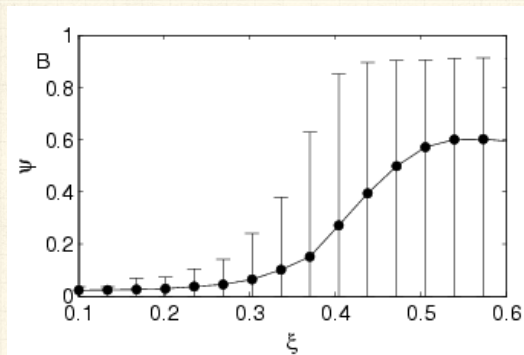


Transition in expected final size based on typical movement distance

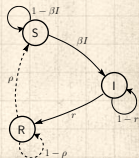


Model output

Varying ξ :

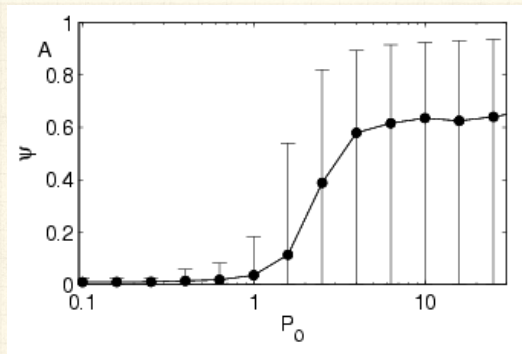


Transition in expected final size based on typical movement distance (**sensible**)

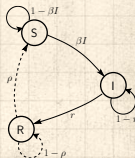


Model output

Varying P_0 :

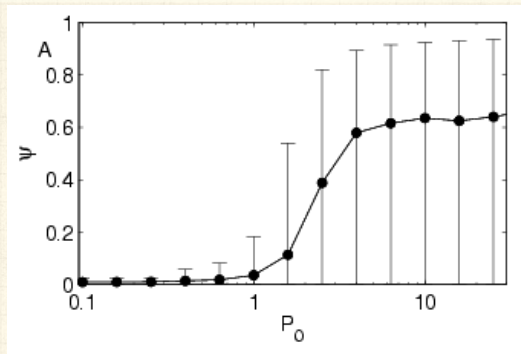


Transition in expected final size based on typical number of infectives leaving first group

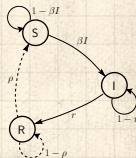


Model output

Varying P_0 :

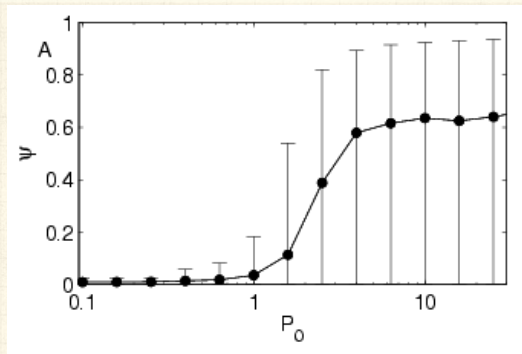



Transition in expected final size based on typical number of infectives leaving first group (also sensible)




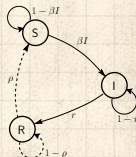
Model output

Varying P_0 :

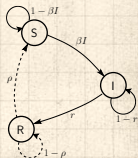
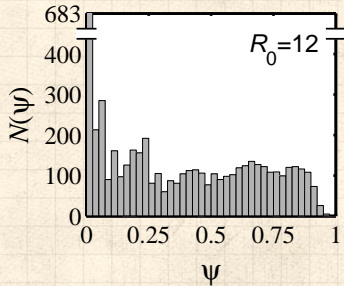
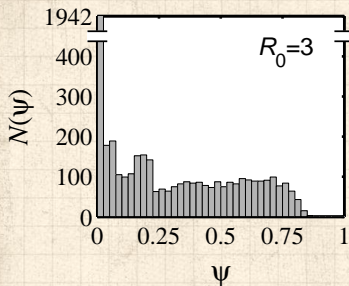


 Transition in expected final size based on typical number of infectives leaving first group (also sensible)

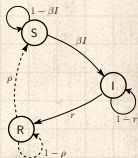
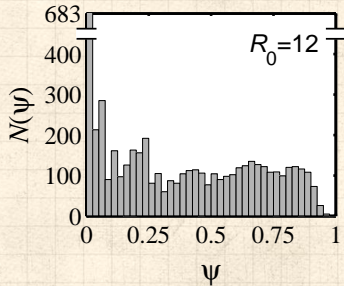
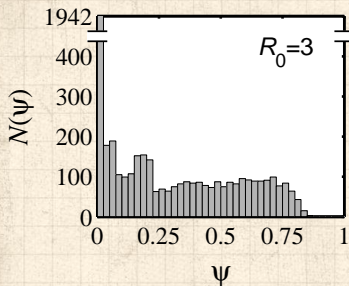
 Travel advisories: ξ has larger effect than P_0 .



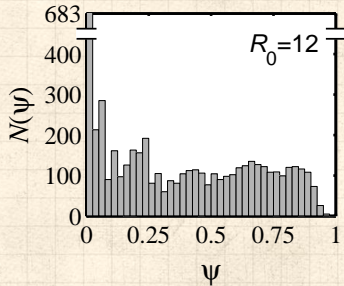
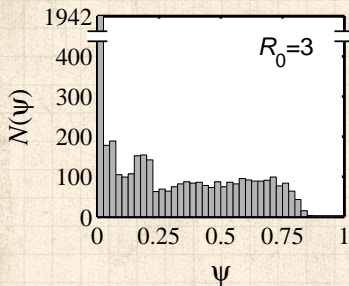
Example model output: size distributions



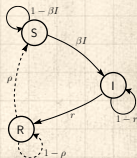
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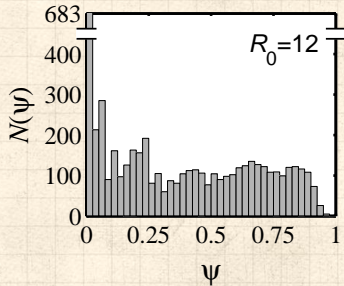
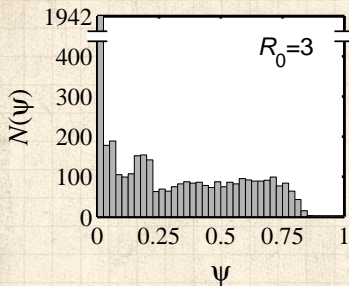
Example model output: size distributions





Flat distributions are possible for certain ξ and P .

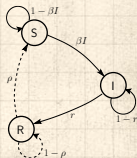


Example model output: size distributions

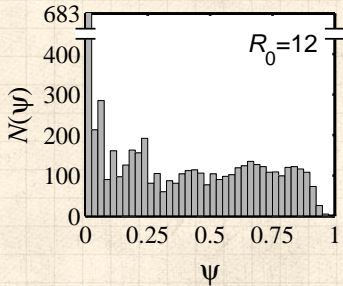
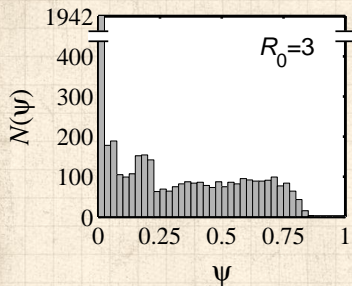





 Flat distributions are possible for certain ξ and P .

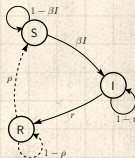
 Different R_0 's may produce similar distributions



Example model output: size distributions

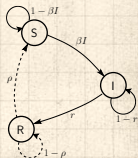
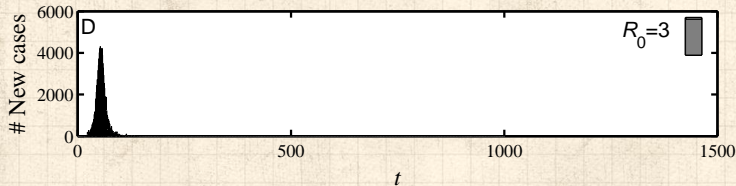


-  Flat distributions are possible for certain ξ and P .
-  Different R_0 's may produce similar distributions
-  Same epidemic sizes may arise from different R_0 's



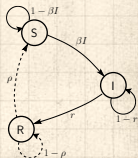
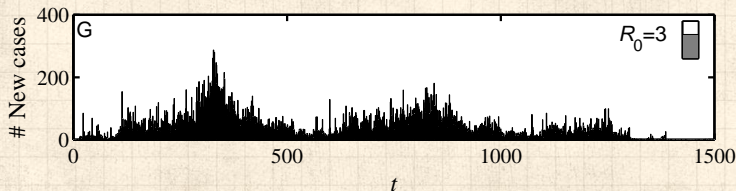
Model output—resurgence

Standard model:



Model output—resurgence

Standard model with transport:



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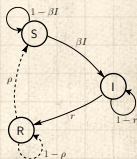
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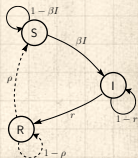
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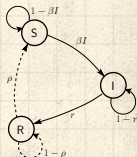
The upshot

Simple multiscale population structure
+
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leads to

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+
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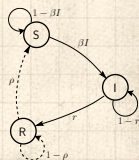
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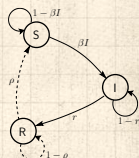
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 For the hierarchical movement model, epidemic size is highly unpredictable



Nutshelling

- For the hierarchical movement model, epidemic size is highly unpredictable
- Model is more complicated than SIR but still simple.

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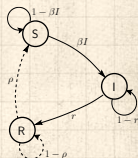
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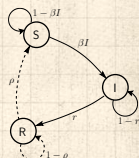
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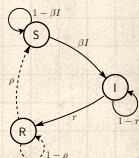
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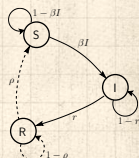
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- For the hierarchical movement model, epidemic size is highly unpredictable
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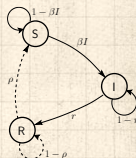
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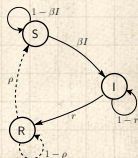
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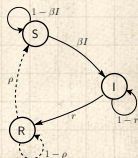
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- R_0 , however measured, is not informative about
 - how likely the observed epidemic size was,
 - and how likely future epidemics will be.
- Problem: R_0 summarises **one** epidemic after the fact and enfolds movement, the price of bananas, everything.



Conclusions



Disease's spread is highly sensitive to population structure.

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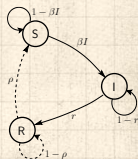
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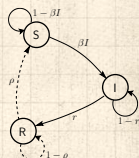
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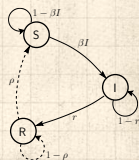
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 Rare events may matter enormously:



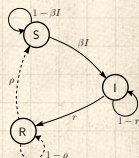
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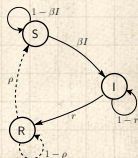
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Conclusions

- 🧱 Disease's spread is highly sensitive to population structure.
- 🧱 Rare events may matter enormously: e.g., an infected individual taking an international flight.
- 🧱 More support for controlling population movement:
e.g., travel advisories, quarantine



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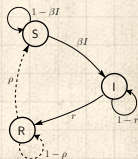
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 Need to separate movement from disease

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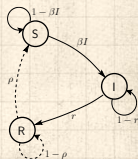
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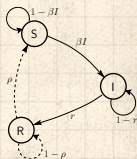


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What to do:

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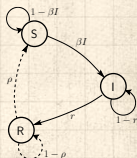
🧱 R_0 needs a friend or two.



Nutshelling

What to do:

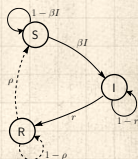
- Need to separate movement from disease
- R_0 needs a friend or two.
- Need $R_0 > 1$ and $P_0 > 1$ and ξ sufficiently large for disease to have a chance of spreading



Nutshelling

What to do:

- Need to separate movement from disease
- R_0 needs a friend or two.
- Need $R_0 > 1$ and $P_0 > 1$ and ξ sufficiently large for disease to have a chance of spreading
- And in general: keep building up the kitchen sink models.

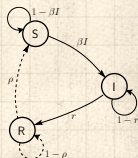


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More wondering:



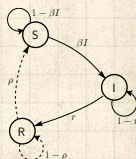
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- Exactly how important are rare events in disease spreading?



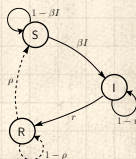
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More wondering:

- Exactly how important are rare events in disease spreading?
- Again, what is N ?



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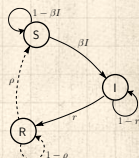
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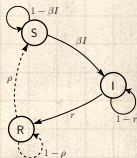
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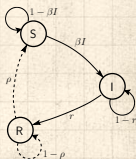
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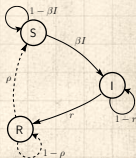
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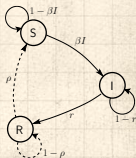


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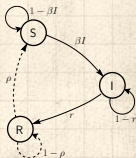
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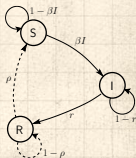
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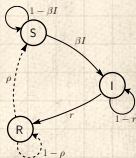
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¹<http://www.redherring.com/mag/issue55/economics.html>

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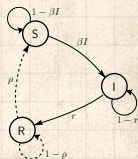
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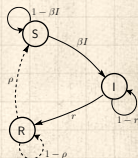
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"I've been dealing with these big
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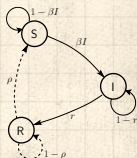
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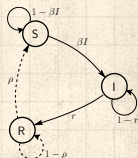
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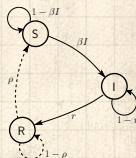
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I could forecast the economy better than any way I know."



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Greenspan continues:

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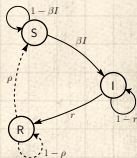
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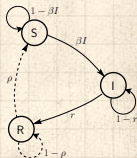
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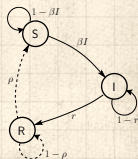
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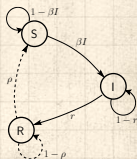
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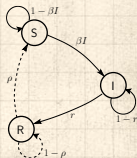
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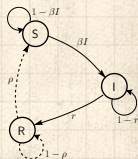
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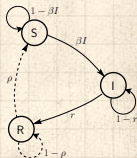
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Greenspan continues:

“The trouble is that we can’t figure that out. I’ve been in the forecasting business for 50 years. I’m no better than I ever was, and nobody else is. Forecasting 50 years ago was as good or as bad as it is today. And the reason is that human nature hasn’t changed. We can’t improve ourselves.”

Jon Stewart:

“You just bummed the @*!# out of me.”



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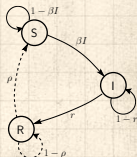
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From the Daily Show  (September 18, 2007)



The full episode is here:

<http://www.cc.com/video-clips/cenrt5/the-daily-show-with-jon-st>

Predicting social catastrophe isn't easy...

"Greenspan Concedes Error on Regulation"

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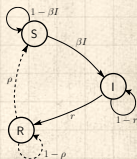
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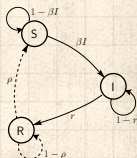


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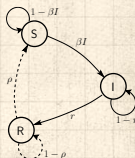
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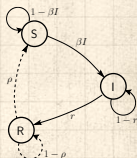
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Mr. Greenspan conceded: "Yes, I've found a flaw. I don't know how significant or permanent it is. But I've been very distressed by that fact."

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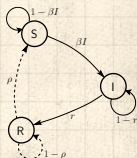
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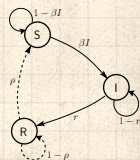
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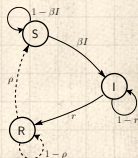
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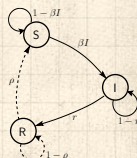
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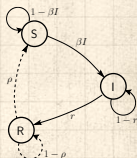
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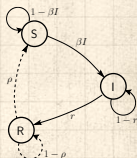
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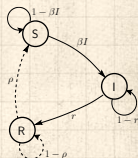
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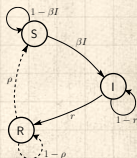
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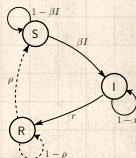
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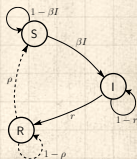
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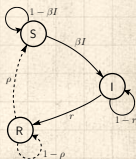
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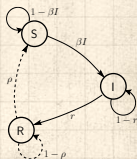
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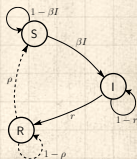


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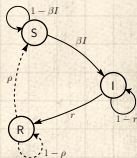
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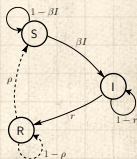
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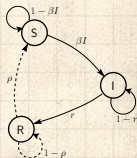
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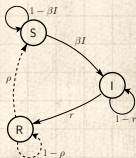


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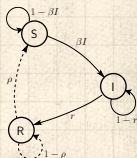


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Social contagion:

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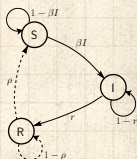


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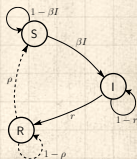


We really should know social contagion is different but ...



"It's contagious: Rethinking a metaphor dialogically" 

Warren and Power,
Culture & Psychology, **21**, 359–379,
2015. [22]



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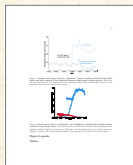


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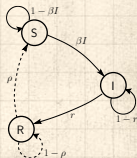


"Facebook will lose 80% of users by 2017, say Princeton researchers" ↗ (Guardian, 2014)

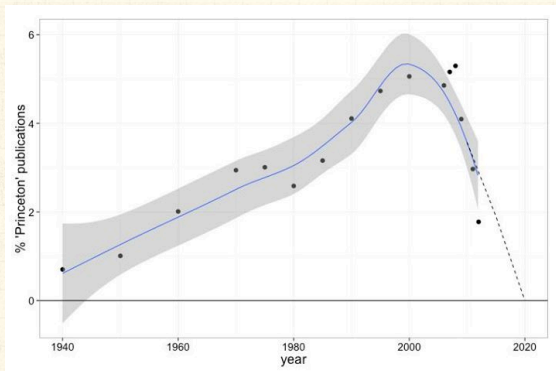


"Epidemiological modeling of online social network dynamics" ↗

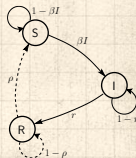
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The Facebook Data Science team's response

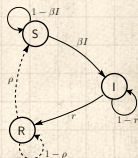


Mike Develin, Lada Adamic, and Sean Taylor.



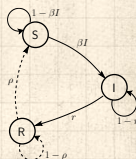
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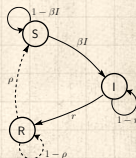
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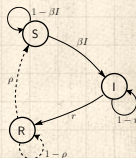
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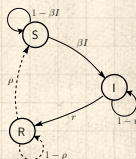
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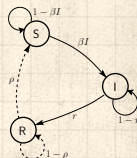
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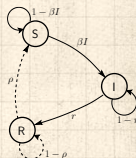
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