

Biological Contagion

Last updated: 2024/11/12, 10:04:02 EST

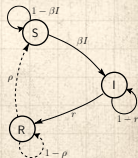
Principles of Complex Systems, Vols. 1, 2, & 3D
CSYS/MATH 6701, 6713, & a pretend number, 2024–2025

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Santa Fe Institute | University of Vermont



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Biological Contagion
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spreading models

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Model output

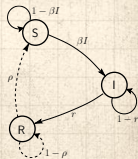
Nutshell

Other kinds of prediction

SIR is the virus

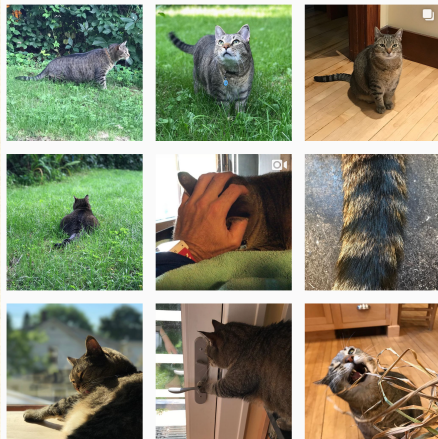
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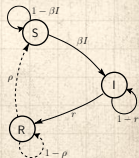
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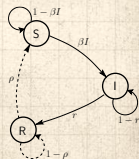
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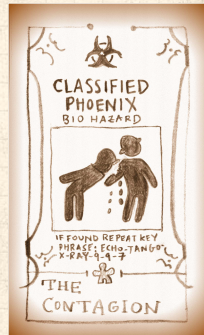
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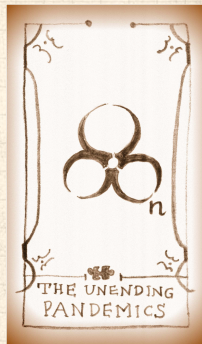
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An awful recording: Wikipedia's list of epidemics from 430 BC on.

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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.

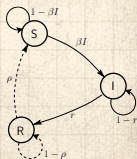
Death toll (estimate)	Location	Date	Comment	Disease	Reference
ca. 75,000 - 100,000	Greece	429–426 BC	Known as Plague of Athens , because it was primarily in Athens.	unknown, similar to typhoid	
ca. 30% of population	Europe, Western Asia, Northern Africa	165–180	Known as Antonine Plague , due to the name 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]
			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][7][8]
	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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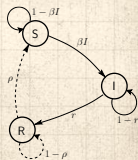
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A confusion of contagions:

- Did Harry Potter spread like a virus?
- Can disinformation be “infectious”?
- Suicide, violence?
- Morality? Evil? Laziness? Stupidity? Happiness?
- Religion?
- Democracy ...?
- Language? The alphabet? ^[10]
- Stories?



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Naturomorphisms



“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

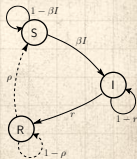


“Nothing is so contagious as enthusiasm.”

—Samuel Taylor Coleridge

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.**



Social contagion

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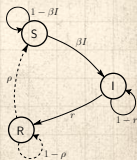
References

Eric Hoffer, 1902–1983

There is a grandeur in the uniformity of the mass. When a fashion, a dance, a song, a slogan or a joke sweeps like wildfire from one end of the continent to the other, and a hundred million people roar with laughter, sway their bodies in unison, hum one song or break forth in anger and denunciation, there is the overpowering feeling that in this country we have come nearer the brotherhood of man than ever before.



Hoffer  was an interesting fellow...



The spread of fanaticism

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Hoffer's most famous work: “**The True Believer:**
Thoughts On The Nature Of Mass Movements” (1951) [12]

Aphorisms-aplenty:



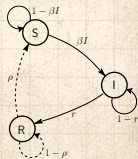
“We can be absolutely certain only about things we do not understand.”



“Mass movements can rise and spread without belief in a God, but never without belief in a devil.”



“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.

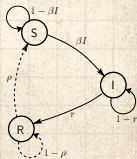
www.despair.com

despair.com

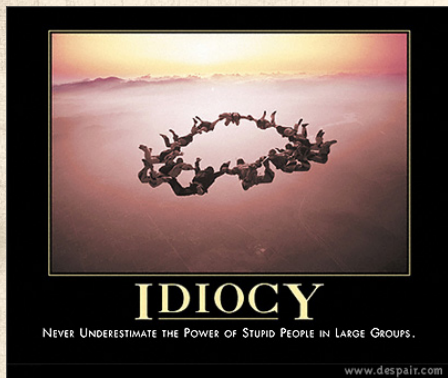
“When people are free to do as they please, they usually imitate each other.”

—Eric Hoffer

“The Passionate State of Mind” [13]



The collective...



despair.com

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

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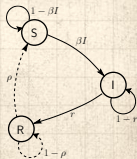
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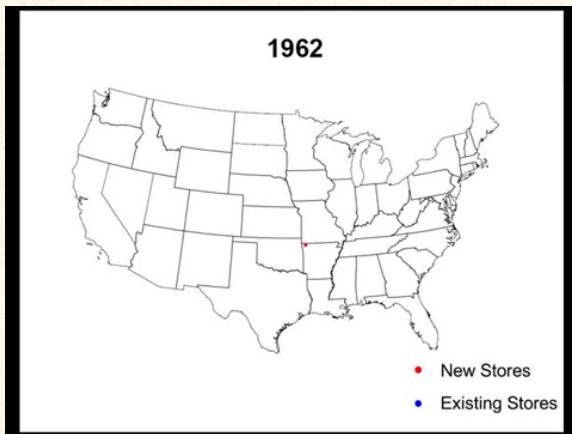
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Examples of non-disease spreading:



Spreading of certain buildings in the US.

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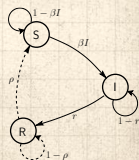
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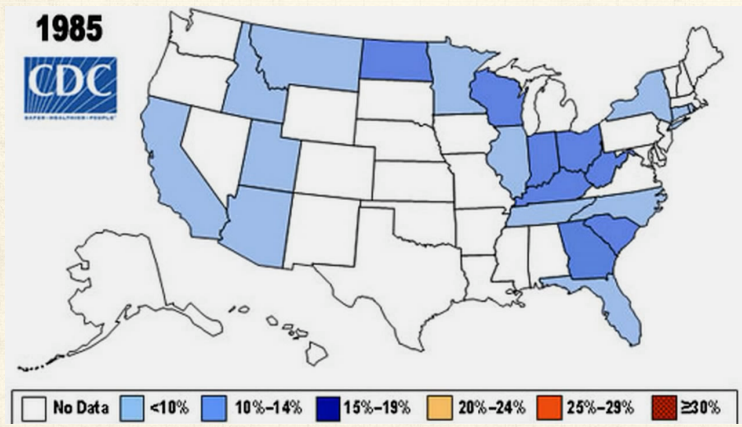
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Marbleization of the US:



The spreading of spreading.

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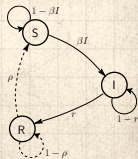
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The most terrifying contagious outbreak?

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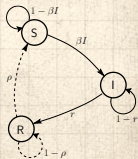
Google books Ngram Viewer

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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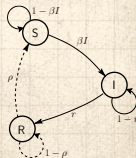
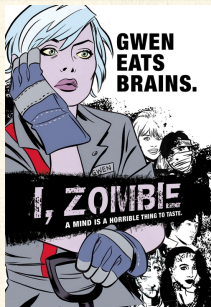
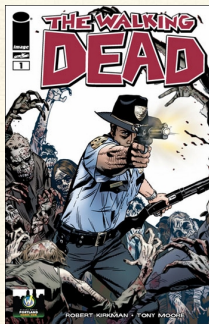
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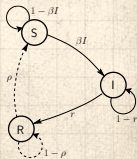
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Definitions

-  (1) The spreading of a quality or quantity between individuals in a population.
-  (2) A disease itself: the plague, a blight, the dreaded lurgi, ...
-  from Latin: *con* = 'with' + *tangere* 'to touch.'
-  Contagion has unpleasant overtones...
-  Just **Spreading** might be a more neutral word
-  But contagion is kind of exciting...



Contagions

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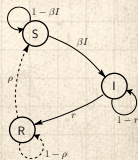
Two main classes of contagion

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:



Bring out your dead.

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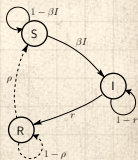
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Community—S2E06: Epidemiology



“I thought I was special”

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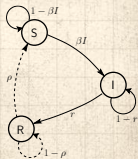
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Mathematical Epidemiology


The standard **SIR model** [18]


 = basic model of disease contagion


 Three states:

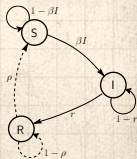
1. **S** = Susceptible
2. **I** = Infective/Infectious
3. **R** = Recovered or Removed or Refractory

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

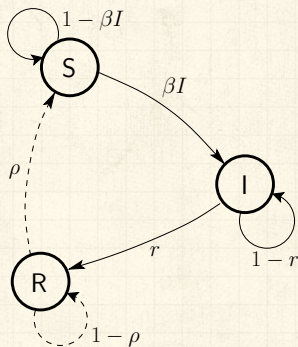
 Presumes random interactions (mass-action principle)

 Interactions are independent (no memory)

 Discrete and continuous time versions



Discrete time automata example:

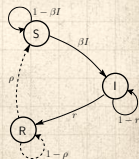


Transition Probabilities:


β for being infected given contact
with infected


r for recovery


ρ for loss of immunity

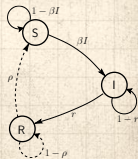


Original models attributed to

 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

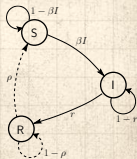
Differential equations for continuous model

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

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





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

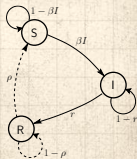
β , r , and ρ are now **rates**.



Reproduction Number R_0

Reproduction Number R_0

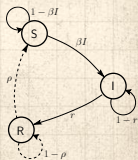
-  R_0 = expected number of infected individuals resulting from a single initial infective
-  Epidemic threshold: If $R_0 > 1$, 'epidemic' occurs.
-  Exponential take off: R_0^n where n is the number of generations.
-  Fantastically awful notation convention: R_0 and the R in *SIR*.



Reproduction Number R_0


Discrete version:

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

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

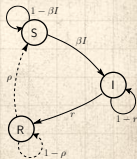
$$= \beta(1 + (1 - r) + (1 - r)^2 + (1 - r)^3 + \dots)$$

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

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

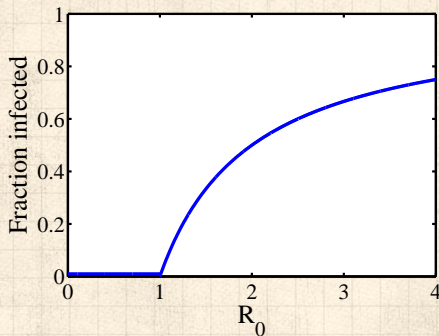
$(1 - S(0) = R(0) =$ fraction initially immune):

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



Independent Interaction models

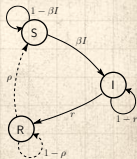
Example of epidemic threshold:



Continuous phase transition.




Fine idea from a simple model.




Independent Interaction models

For the continuous version

 Second equation:


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

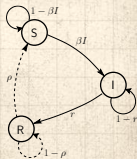
$$\frac{d}{dt}I = (\beta S - r)I$$

 Number of infectives grows initially if

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






where $S(0) \simeq 1$.

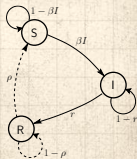
 Same story as for discrete model.



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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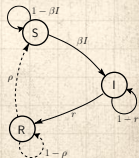
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Save the world yourself: 



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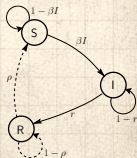
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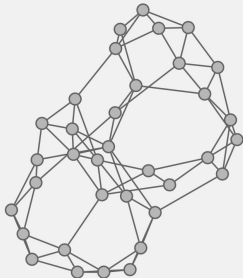
 And you can be the virus. 

 Also contagious?: Cooperative games ...



Neural reboot—Save another pretend world with Vax:

Lesson 4: Quarantine



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

Start >

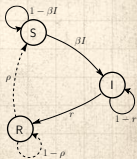
VAX!

Networks

Epidemics

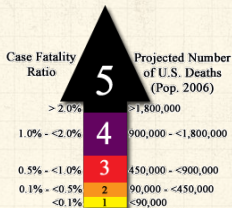
Vaccines

Quarantine



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:

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” \sim 75,000,000 world-wide, 500,000 deaths in US.
-  1957-58 “Asian Flu” \sim 2,000,000 world-wide, 70,000 deaths in US.
-  1968-69 “Hong Kong Flu” \sim 1,000,000 world-wide, 34,000 deaths in US.
-  2003 “SARS Epidemic” \sim 800 deaths world-wide.





Size distributions

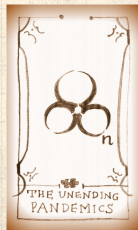
As we know, heavy-tailed size distributions are somewhat prevalent in complex systems:

-  earthquakes (Gutenberg-Richter law)
-  city sizes, forest fires, war fatalities
-  wealth distributions
-  'popularity' (books, music, websites, ideas)
-  **Epidemics?**

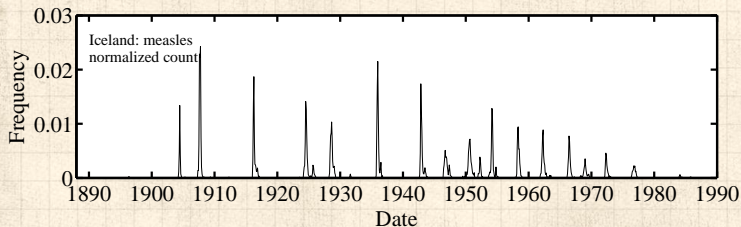
Power law distributions are common but not obligatory...

Really, what about epidemics?

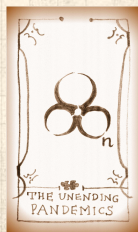
-  Simply hasn't attracted much attention.
-  Data not as clean as for other phenomena.



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

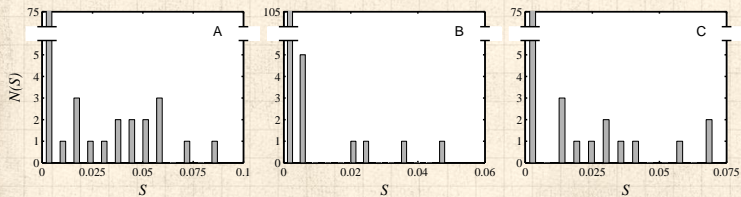


Treat outbreaks separated in time as ‘novel’ diseases.

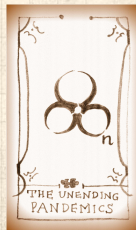


Really not so good at all in Iceland

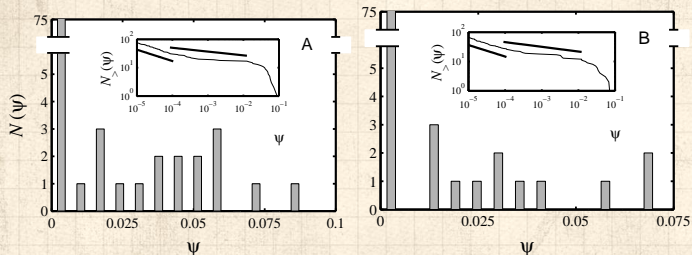
Epidemic size distributions $N(S)$ for
Measles, Rubella, and Whooping Cough.



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



Measles & Pertussis

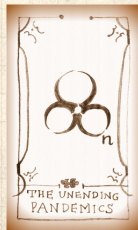


Insert plots:

Complementary cumulative frequency distributions:


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


Limited scaling with a possible break.





Power law distributions


Measured values of γ :

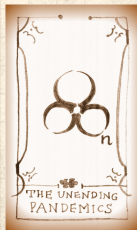
 measles: **1.40** (low Ψ) and **1.13** (high Ψ)

 pertussis: **1.39** (low Ψ) and **1.16** (high Ψ)

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

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

 Distribution is quite **flat**.



Resurgence—example of SARS

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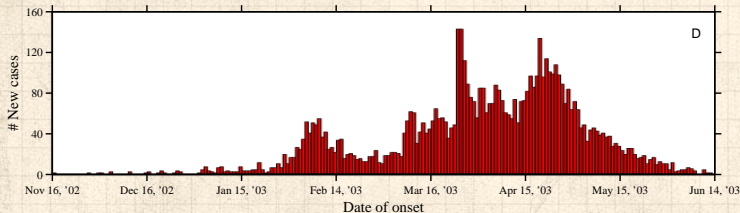
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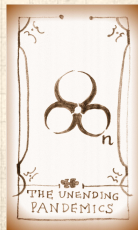
Epidemic slows...
then an infective moves to a new context.



Epidemic discovers new 'pools' of susceptibles: **Resurgence.**



Importance of rare, stochastic events.



Community—S2E06: Epidemiology



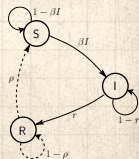
Classified Phoenix.



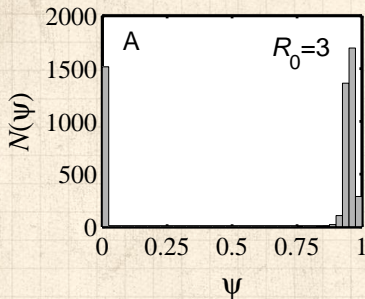
The challenge

So... can a simple model produce


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




Size distributions

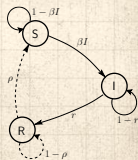


Simple models typically produce **bimodal** or **unimodal** size distributions.

 This **includes** network models:
random, small-world, scale-free, ...


 Exceptions:


1. Forest fire models
2. Sophisticated metapopulation models



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:

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.



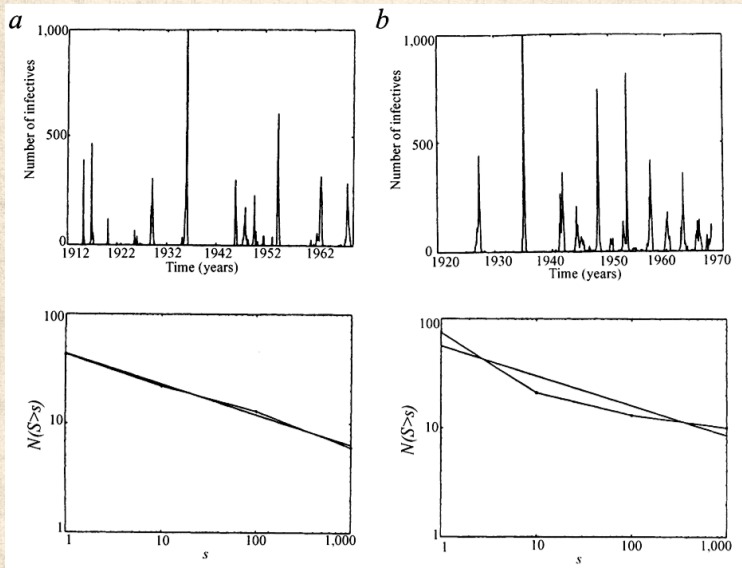
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From Rhodes and Anderson, 1996.




LIBERAL ARTS PHDS MAY BE AWKWARD SOMETIMES, BUT THERE'S NOTHING MORE OBVIOUS THAN A PHYSICIST FIRST ENCOUNTERING A NEW SUBJECT.

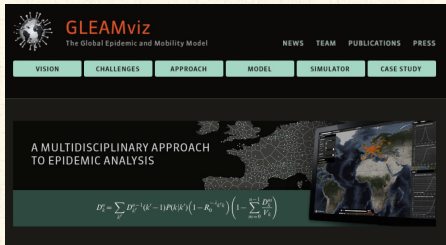
Sophisticated metapopulation models:

🧱 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

NEWS TEAM PUBLICATIONS PRESS

VISION CHALLENGES APPROACH MODEL SIMULATOR CASE STUDY

A MULTIDISCIPLINARY APPROACH TO EPIDEMIC ANALYSIS

$$D_i^c = \sum_j D_{ij}^{c-1} (k-1) P(k|k') (1 - R_0^{-k'}) \left(1 - \sum_{i'} \frac{D_{i'}^c}{V_i} \right)$$

🧱 GLEAM :
Global pandemic simulations by Vespignani et al.

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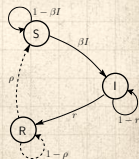
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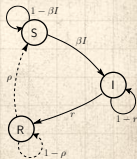
SIR is the virus

References



“The hidden geometry of complex, network-driven
contagion phenomena” 

Brockmann and Helbing,
Science, **342**, 1337–1342, 2013. [5]



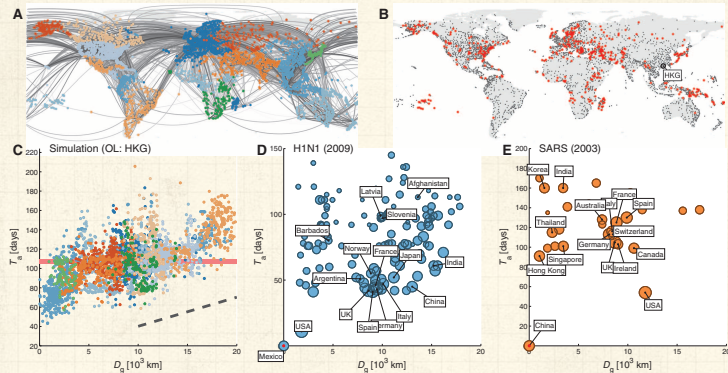
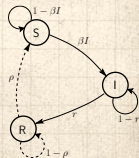


Fig. 1. Complexity in global, network-driven contagion phenomena. (A) The global mobility network (GMN). Gray lines represent passenger flows along direct connections between 4069 airports worldwide. Geographic regions are distinguished by color [classified according to network modularity maximization (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 $R_0 = 1.5$, $\beta = 0.285 \text{ day}^{-1}$, $\gamma = 2.8 \times 10^{-3} \text{ day}^{-1}$, $\varepsilon = 10^{-6}$. 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.



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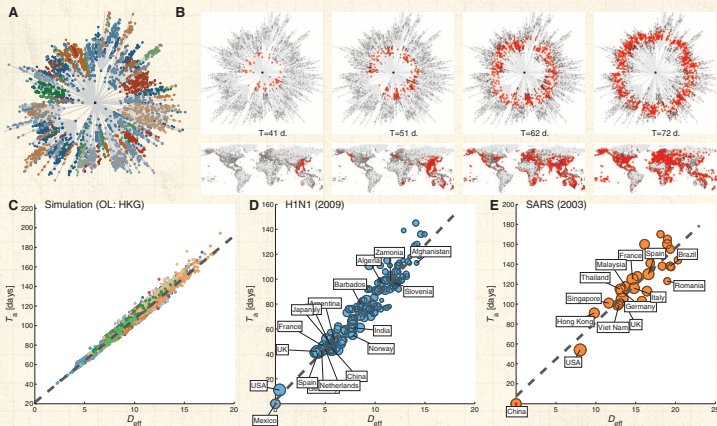
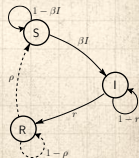


Fig. 2. Understanding global contagion phenomena using effective distance. (A) The structure of the shortest path tree (in gray) from Hong Kong (central node). Radial distance represents effective distance D_{eff} as defined by Eqs. 4 and 5. Nodes are colored according to the same scheme as in Fig. 1A. (B) The sequence (from left to right) 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.



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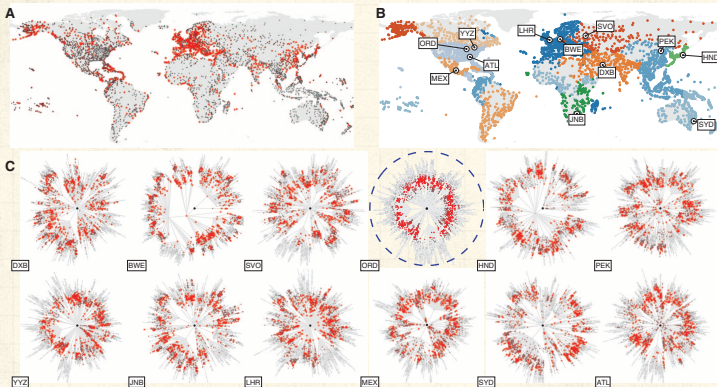
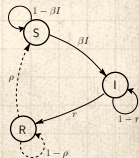


Fig. 3. Qualitative outbreak reconstruction based on effective distance. (A) Spatial distribution of prevalence $j_n(t)$ at time $T = 81$ days for OL Chicago (parameters $\beta = 0.28 \text{ day}^{-1}$, $R_0 = 1.9$, $\gamma = 2.8 \times 10^{-3} \text{ day}^{-1}$, and $\epsilon = 10^{-9}$). After this 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.



Community—S2E06: Epidemiology



Scenario B.

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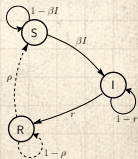
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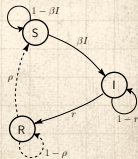
SIR is the virus

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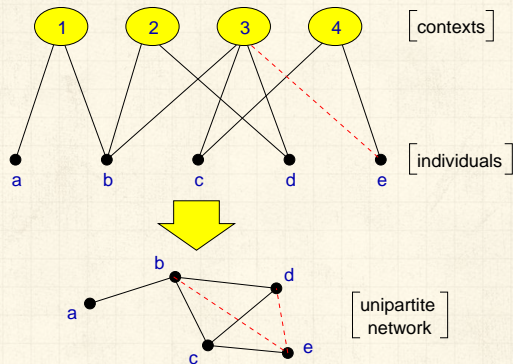
Size distributions




- ✉ 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...

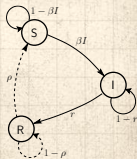


Improving simple models

Contexts and Identities—Bipartite networks







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





Improving simple models

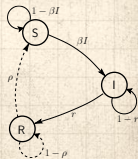
Idea for social networks: incorporate identity

Identity is formed from attributes such as:

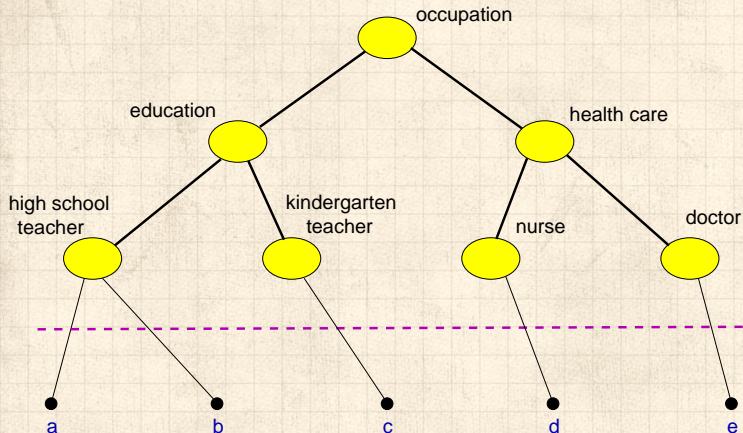
-  Geographic location
-  Type of employment
-  Age
-  Recreational activities

Groups are crucial...

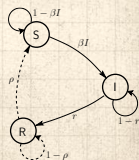
-  formed by people with at least one similar attribute
-  Attributes \Leftrightarrow Contexts \Leftrightarrow Interactions \Leftrightarrow Networks. [23]



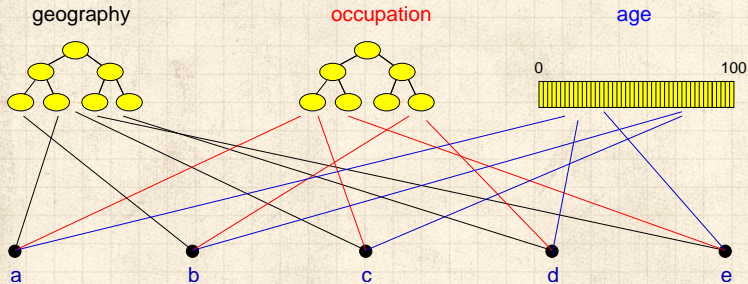
Infer interactions/network from identities



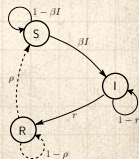
Distance makes sense in identity/context space.



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



Locally: standard SIR model with random mixing



discrete time simulation



β = infection probability



γ = recovery probability



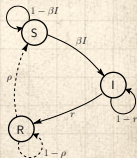
P = probability of travel



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

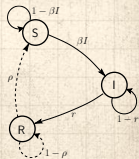
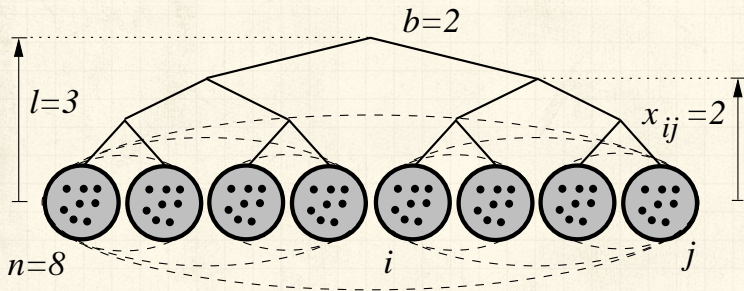


ξ = typical travel distance



A toy agent-based model

Schematic:

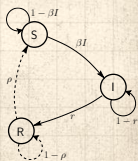


Model output

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

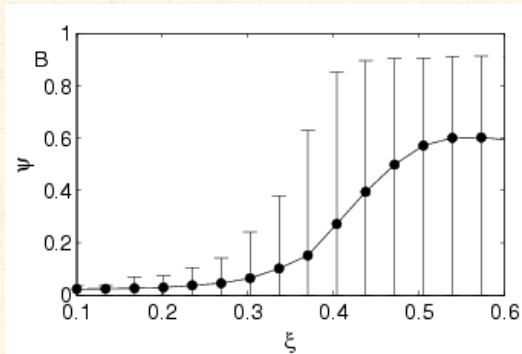
Need $P_0 > 1$ for disease to spread (independent of R_0).

Limit epidemic size by **restricting frequency of travel and/or range**

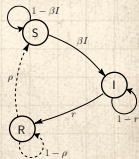


Model output

Varying ξ :

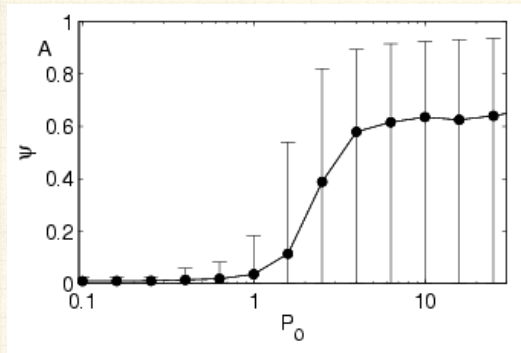


Transition in expected final size based on typical movement distance (**sensible**)



Model output

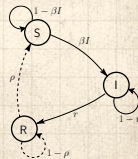
Varying P_0 :



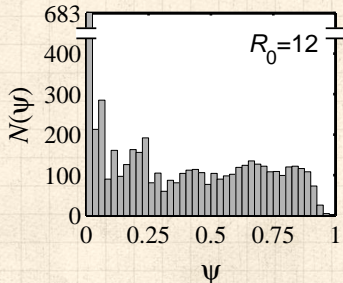
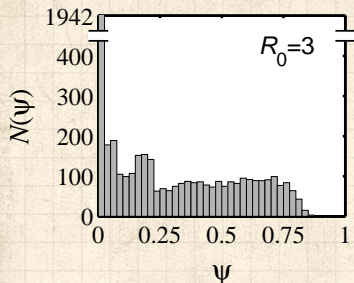
Transition in expected final size based on typical number of infectives leaving first group (also sensible)



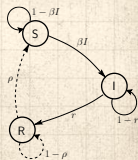
Travel advisories: ξ has larger effect than P_0 .



Example model output: size distributions

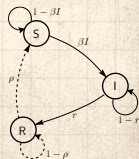
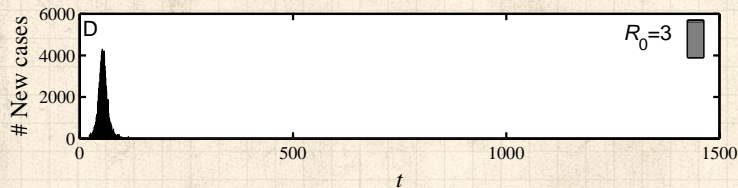


- Flat distributions are possible for certain ξ and P .
- Different R_0 's may produce similar distributions
- Same epidemic sizes may arise from different R_0 's



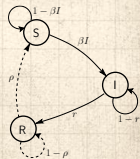
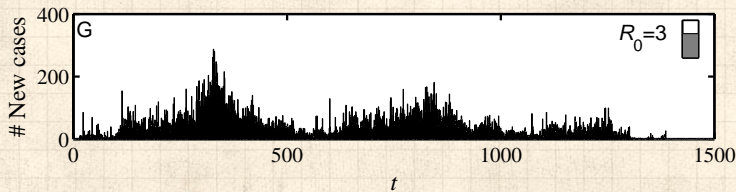
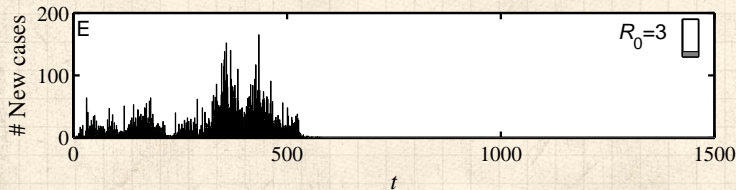
Model output—resurgence

Standard model:



Model output—resurgence

Standard model with transport:



The upshot

Simple multiscale population structure

+

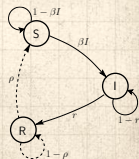
stochasticity

leads to

resurgence

+

broad epidemic size distributions



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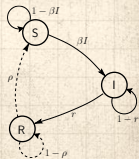
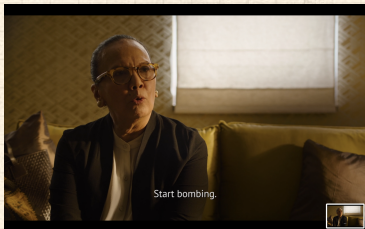
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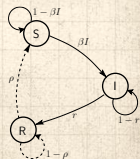
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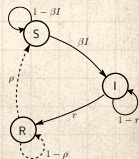
SIR is the virus

References



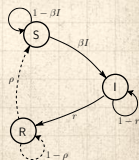
Nutshelling

- For the hierarchical movement model, epidemic size is highly unpredictable
- Model is more complicated than SIR but still simple.
- We haven't even included normal social responses such as travel bans and self-quarantine.
- The reproduction number R_0 is not terribly useful.
- 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.
- 🧱 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



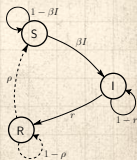
Nutshelling

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.

More wondering:

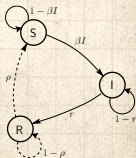
- Exactly how important are rare events in disease spreading?
- Again, what is N ?



Krugman, 1998: “Why most economists’ predictions are wrong.”



“The growth of the Internet will slow drastically, as the flaw in ”Metcalfé’s law” —which states that the number of potential connections in a network is proportional to the square of the number of participants—becomes apparent: most people have nothing to say to each other! By 2005 or so, it will become clear that the Internet’s impact on the economy has been no greater than the fax machine’s.”¹



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

Economics, Schmeconomics

Alan Greenspan (September 18, 2007):

“I’ve been dealing with these big mathematical models of forecasting the economy ...

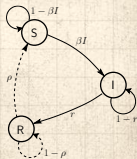
If I could figure out a way to determine whether or not people are more fearful or changing to more euphoric,

I don’t need any of this other stuff.

I could forecast the economy better than any way I know.”



<http://wikipedia.org>



Economics, Schmeconomics

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.”



wildbluffmedia.com



From the Daily Show  (September 18, 2007)



The full episode is here:

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

Introduction

Simple disease
spreading models

Background

Prediction

More models

Toy metapopulation models

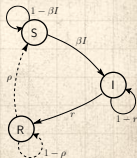
Model output

Nutshell

Other kinds of prediction

SIR is the virus

References



Predicting social catastrophe isn't easy...

“Greenspan Concedes Error on Regulation”

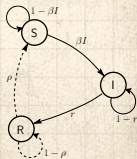
...humbled Mr. Greenspan admitted that he had put too much faith in the self-correcting power of free markets ...

“Those of us who have looked to the self-interest of lending institutions to protect shareholders' equity, myself included, are in a state of shocked disbelief”

Rep. Henry A. Waxman: “Do you feel that your ideology pushed you to make decisions that you wish you had not made?”

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.”

New York Times, October 23, 2008 



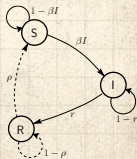
Economics, Schmeconomics

James K. Galbraith:

NYT But there are at least 15,000 professional economists in this country, and you're saying only two or three of them foresaw the mortgage crisis? [JKG] Ten or 12 would be closer than two or three.

NYT What does that say about the field of economics, which claims to be a science? [JKG] It's an enormous blot on the reputation of the profession. There are thousands of economists. Most of them teach. And most of them teach a theoretical framework that has been shown to be fundamentally useless.

From the New York Times, 11/02/2008 



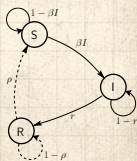
“Waiter! There’s an SIR model randomly mixing in my soup.”¹

Other attempts to use SIR elsewhere:

- Adoption of ideas/beliefs (Goffman & Newell, 1964) [11]
- Spread of rumors (Daley & Kendall, 1965) [8]
- Diffusion of innovations (Bass, 1969) [2]
- Spread of fanatical behavior (Castillo-Chávez & Song, 2003)
- Spread of Feynmann diagrams (Bettencourt et al., 2006)

Social contagion:

- SIR may apply sometimes ...
- But we need new fundamental models.
- Next up: Thresholds.



¹Apologies sir, I’m afraid our chefs can’t help themselves

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



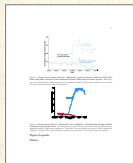
“It’s contagious: Rethinking a metaphor dialogically” ↗

Warren and Power,

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



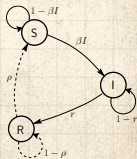
“Facebook will lose 80% of users by 2017, say Princeton researchers” ↗ (Guardian, 2014)



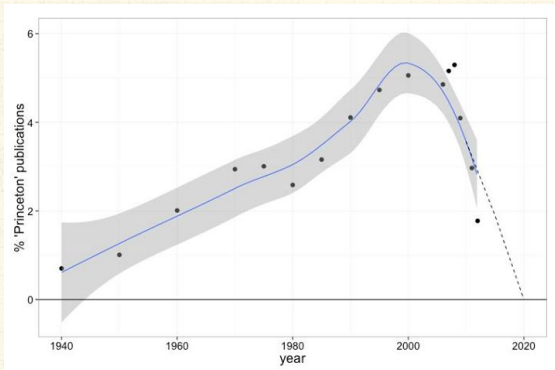
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Spechler and Cannarella,

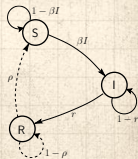
Available online at <https://arxiv.org/abs/1401.4208>, 2014. [21]



The Facebook Data Science team's response

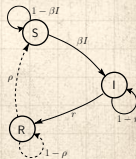


Mike Develin, Lada Adamic, and Sean Taylor.





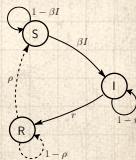
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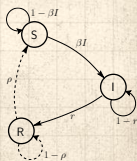
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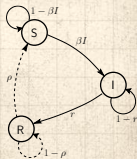
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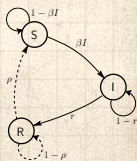
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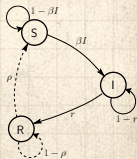
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