Generalized Contagion

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Generalized Contagion

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

Annendix

References

Frame 1/63



Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version Heterogeneous version

Appendix

References

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

Appendix

References

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Frame 2/63



Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

References

Basic questions about contagion

- How many types of contagion are there?
- How can we categorize real-world contagions?
- Can we connect models of disease-like and social contagion?
- Focus: mean field models.

Frame 3/63



The standard SIR model [10]

- = 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

Introduction

Independent Interaction models

Interdependent interaction models

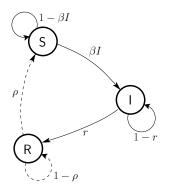
Generalized Model

References

Frame 4/63



Discrete time automata example:



Transition Probabilities:

eta for being infected given contact with infected r for recovery ho for loss of immunity

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

френия

References

Frame 5/63



Homogeneous version

Heterogeneous version

пропал

References

Original models attributed to

- ▶ 1920's: Reed and Frost
- ▶ 1920's/1930's: Kermack and McKendrick [7, 9, 8]
- Coupled differential equations with a mass-action principle

Frame 6/63



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 :

- ▶ R₀ = expected number of infected individuals resulting from a single initial infective
- ▶ Epidemic threshold: If $R_0 > 1$, 'epidemic' occurs.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 7/63



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 $(1 r)^k$

Frame 8/63



Discrete version:

Expected number infected by original Infective:

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

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

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

Similar story for continuous model.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Appendix

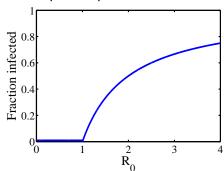
References

Frame 9/63



Generalized Contagion





- Continuous phase transition.
- Fine idea from a simple model.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Appendix

References

Frame 10/63



Valiant attempts to use SIR and co. elsewhere:

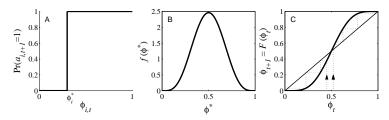
- Adoption of ideas/beliefs (Goffman & Newell, 1964) [6]
- Spread of rumors (Daley & Kendall, 1964, 1965) [2, 3]
- ▶ Diffusion of innovations (Bass, 1969) [1]
- Spread of fanatical behavior (Castillo-Chávez & Song, 2003)

Frame 11/63



Granovetter's model (recap of recap)

Action based on perceived behavior of others.



- Two states: S and I.
- Recovery now possible (SIS).
- ϕ = fraction of contacts 'on' (e.g., rioting).
- ▶ Discrete time, synchronous update.
- This is a Critical mass model.
- Interdependent interaction model.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 12/63



events.

- Threshold models only involve proportions: $3/10 \equiv 30/100$.
- Threshold models ignore exact sequence of influences
- Threshold models assume immediate polling.
- Mean-field models neglect network structure
- Network effects only part of story: media, advertising, direct marketing.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Appendix

References

Frame 13/63



- ▶ Incorporate memory of a contagious element [4, 5]
- ▶ Population of *N* individuals, each in state S, I, or R.
- Each individual randomly contacts another at each time step.
- ϕ_t = fraction infected at time t = probability of contact with infected individual
- ▶ With probability p, contact with infective leads to an exposure.
- If exposed, individual receives a dose of size d drawn from distribution f. Otherwise d = 0.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 14/63



▶ Individuals 'remember' last *T* contacts:

$$D_{t,i} = \sum_{t'=t-T+1}^t d_i(t')$$

► Infection occurs if individual i's 'threshold' is exceeded:

$$D_{t,i} \geq d_i^*$$

► Threshold d_i^{*} drawn from arbitrary distribution g at t = 0.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

neterogeneous vers

Appendix

References

Frame 15/63



Interdependent interaction models

Generalized Model

References

 $R \Rightarrow S$

 $I \Rightarrow R$

When $D_{t,i} < d_i^*$,

Once in state R, individuals become susceptible again with probability ρ .

individual *i* recovers to state R with probability *r*.

Frame 16/63





Independent Interaction models

Interdependent interaction models

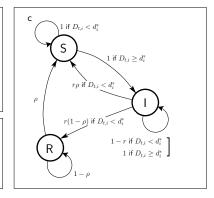
Generalized Model

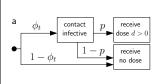
Homogeneous version

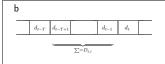
Heterogeneous version

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References







Frame 17/63



Study SIS-type contagion first:

Recovered individuals are immediately susceptible again:

$$r = \rho = 1$$
.

- Look for steady-state behavior as a function of exposure probability p.
- ▶ Denote fixed points by ϕ^* .

Homogeneous version:

- All individuals have threshold d*
- ► All dose sizes are equal: d = 1

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

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References

Frame 18/63



Fixed points for r < 1, $d^* = 1$, and T = 1:

- ightharpoonup r < 1 means recovery is probabilistic.
- ightharpoonup T = 1 means individuals forget past interactions.
- d* = 1 means one positive interaction will infect an individual.
- Evolution of infection level:

$$\phi_{t+1} = \underbrace{p\phi_t}_{\mathbf{a}} + \underbrace{\phi_t(1-p\phi_t)}_{\mathbf{b}} \underbrace{(1-r)}_{\mathbf{c}}.$$

- a: Fraction infected between t and t + 1, independent of past state or recovery.
- b: Probability of being infected and not being reinfected.
- c: Probability of not recovering.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

Appendix

References

Frame 20/63



Fixed points for r < 1, $d^* = 1$, and T = 1:

• Set $\phi_t = \phi^*$:

$$\phi^* = p\phi^* + (1 - p\phi^*)\phi^*(1 - r)$$

$$\Rightarrow 1 = p + (1 - p\phi^*)(1 - r), \quad \phi^* \neq 0,$$

$$\Rightarrow \phi^* = \frac{1 - r/p}{1 - r}$$
 and $\phi^* = 0$.

- ightharpoonup Critical point at $p = p_c = r$.
- ▶ Spreading takes off if p/r > 1
- Find continuous phase transition as for SIR model.
- ▶ Goodness: Matches $R_0 = \beta/\gamma > 1$ condition.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

References

Frame 21/63



Simple homogeneous examples

Fixed points for r = 1, $d^* = 1$, and T > 1

- ightharpoonup r = 1 means recovery is immediate.
- T > 1 means individuals remember at least 2 interactions.
- d* = 1 means only one positive interaction in past T interactions will infect individual.
- Effect of individual interactions is independent from effect of others.
- ► Call ϕ^* the steady state level of infection.
- Pr(infected) = 1 Pr(uninfected):

$$\phi^* = 1 - (1 - p\phi^*)^T$$
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Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

lomogeneous version leterogeneous version

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References

Frame 22/63



Fixed points for r = 1, $d^* = 1$, and T > 1

▶ Closed form expression for ϕ^* :

$$\phi^* = 1 - (1 - p\phi^*)^T$$
.

- ▶ Look for critical infection probability p_c .
- As $\phi^* \rightarrow 0$, we see

$$\phi^* \simeq pT\phi^* \Rightarrow p_c = 1/T$$
.

- Again find continuous phase transition...
- ▶ Note: we can solve for p but not ϕ^* :

$$p = (\phi^*)^{-1} [1 - (1 - \phi^*)^{1/T}].$$

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Appendix

References

Frame 23/63



Fixed points for $r \le 1$, $d^* = 1$, and T > 1

Start with r = 1, $d^* = 1$, and $T \ge 1$ case we have just examined:

$$\phi^* = 1 - (1 - p\phi^*)^T$$
.

- For r < 1, add to right hand side fraction who:
 - 1. Did not receive any infections in last T time steps,
 - 2. And did not recover from a previous infection.
- ▶ Define corresponding dose histories. Example:

$$H_1 = \{\dots, d_{t-T-2}, d_{t-T-1}, 1, \underbrace{0, 0, \dots, 0, 0}_{T \text{ 0's}}\},$$

▶ With history H_1 , probability of being infected (not recovering in one time step) is 1 - r.

Generalized Contagion

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

Appendix

References

Frame 24/63



▶ In general, relevant dose histories are:

$$H_{m+1} = \{\dots, d_{t-T-m-1}, 1, \underbrace{0, 0, \dots, 0, 0}_{m \text{ 0's}}, \underbrace{0, 0, \dots, 0, 0}_{T \text{ 0's}}\}.$$

Overall probabilities for dose histories occurring:

$$P(H_1) = p\phi^*(1 - p\phi^*)^T(1 - r),$$

$$P(H_{m+1}) = \underbrace{p\phi^*}_{a} \underbrace{(1-p\phi^*)^{T+m}}_{b} \underbrace{(1-r)^{m+1}}_{c}.$$

- a: Pr(infection T + m + 1 time steps ago)
- b: Pr(no doses received in T + m time steps since)
- c: Pr(no recovery in *m* chances)

Generalized Contagion

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

Appendi

References

Frame 25/63



Fixed points for $r \le 1$, $d^* = 1$, and $T \ge 1$

Pr(recovery) = Pr(seeing no doses for at least T time steps and recovering)

$$= r \sum_{m=0}^{\infty} P(H_{T+m}) = r \sum_{m=0}^{\infty} p \phi^* (1 - p \phi^*)^{T+m} (1 - r)^m$$
$$= r \frac{p \phi^* (1 - p \phi^*)^T}{1 - (1 - p \phi^*)(1 - r)}.$$

Fixed point equation:

$$\phi^* = 1 - \frac{r(1 - p\phi^*)^T}{1 - (1 - p\phi^*)(1 - r)}.$$

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 26/63



Fixed points for r < 1, $d^* = 1$, and T > 1

Fixed point equation (again):

$$\phi^* = 1 - \frac{r(1 - p\phi^*)^T}{1 - (1 - p\phi^*)(1 - r)}.$$

 Find critical exposure probability by examining above as $\phi^* \rightarrow 0$.

$$\Rightarrow \quad p_c = \frac{1}{T + 1/r - 1} = \frac{1}{T + \tau}.$$

where τ = mean recovery time for simple relaxation process.

Decreasing r keeps individuals infected for longer and decreases p_c .

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

References

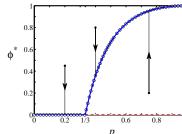
Frame 27/63



Fixed points for $d^* = 1$, $r \le 1$, and $T \ge 1$

$$ightharpoonup \phi^* = 0$$

$$p_c = 1/(T+\tau)$$



- ▶ Example details: $T = 2 \& r = 1/2 \Rightarrow p_c = 1/3$.
- ▶ Blue = stable, red = unstable, fixed points.
- au = 1/r 1 = characteristic recovery time = 1.
- ▶ $T + \tau \simeq$ average memory in system = 3.
- ► Phase transition can be seen as a transcritical bifurcation. [11]

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 28/63



- ▶ All right: $d^* = 1$ models correspond to simple disease spreading models.
- ▶ What if we allow $d^* \ge 2$?
- Again first consider SIS with immediate recovery (r = 1)
- Also continue to assume unit dose sizes $(f(d) = \delta(d-1))$.
- ➤ To be infected, must have at least d* exposures in last T time steps.
- Fixed point equation:

$$\phi^* = \sum_{i=d^*}^T \binom{T}{i} (p\phi^*)^i (1-p\phi^*)^{T-i}.$$

▶ As always, $\phi^* = 0$ works too.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Mode

Homogeneous version Heterogeneous version

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References

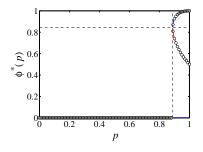
Frame 29/63



Homogeneous, multi-hit models:

Fixed points for r = 1, $d^* > 1$, and $T \ge 1$

- Exactly solvable for small T.
- e.g., for $d^* = 2$, T = 3:



Fixed point equation:

$$3p^2\phi^{*2}(1-p\phi^*)+p^3\phi^{*3}$$

- See new structure: see a saddle node bifurcation [11] appear as p increases.
- $(p_b, \phi^*) = (8/9, 27/32).$
- See behavior akin to output of Granovetter's threshold model.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version Heterogeneous version

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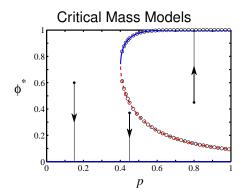
References

Frame 30/63



Homogeneous, multi-hit models:

► Another example:



 $r = 1, d^* = 3, T = 12$

Saddle-node bifurcation.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

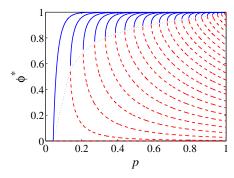
References

Frame 31/63



Fixed points for r = 1, $d^* > 1$, and $T \ge 1$

 $T = 24, d^* = 1, 2, \dots 23.$



- d* = 1 → d* > 1: jump between continuous phase transition and pure critical mass model.
- ► Unstable curve for $d^* = 2$ does not hit $\phi^* = 0$.
- See either simple phase transition or saddle-node bifurcation, nothing in between.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

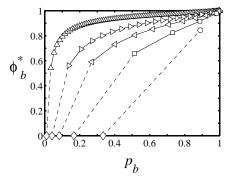
Appendix

References

Frame 32/63



▶ Bifurcation points for example fixed T, varying d*:



- ► $T = 96 \ (\triangle)$.
- ► *T* = 24 (▷),
- ► *T* = 12 (<),
- ▶ $T = 6 \; (\Box),$
- ► *T* = 3 (○),

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Annondiy

References

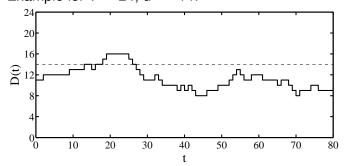
Frame 33/63



- For r < 1, need to determine probability of recovering as a function of time since dose load last dropped below threshold.
- Partially summed random walks:

$$D_i(t) = \sum_{t'=t-T+1}^t d_i(t')$$

• Example for T = 24, $d^* = 14$:



Generalized Contagion

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version Heterogeneous version

Appendix

References

Frame 35/63



- ▶ Define γ_m as fraction of individuals for whom D(t) last equaled, and his since been below, their threshold m time steps ago,
- Fraction of individuals below threshold but not recovered:

$$\Gamma(p,\phi^*;r)=\sum_{m=1}^{\infty}(1-r)^m\gamma_m(p,\phi^*).$$

Fixed point equation:

$$\phi^* = \Gamma(\rho, \phi^*; r) + \sum_{i=d^*}^T \binom{T}{i} (\rho \phi^*)^i (1 - \rho \phi^*)^{T-i}.$$

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

Appendix

References

Frame 36/63



Want to examine how dose load can drop below threshold of d* = 2:

$$D_n = 2 \Rightarrow D_{n+1} = 1$$

► Two subsequences do this:

$${d_{n-2}, d_{n-1}, d_n, d_{n+1}} = {1, 1, 0, 0}$$

and ${d_{n-2}, d_{n-1}, d_n, d_{n+1}, d_{n+2}} = {1, 0, 1, 0, 0}.$

- Note: second sequence includes an extra 0 since this is necessary to stay below $d^* = 2$.
- To stay below threshold, observe acceptable following sequences may be composed of any combination of two subsequences:

$$a = \{0\}$$
 and $b = \{1, 0, 0\}$.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

Appendix

References

Frame 37/63



- ▶ N_a = number of $a = \{0\}$ subsequences.
- ▶ N_b = number of $b = \{1, 0, 0\}$ subsequences.

$$m = N_a \cdot 1 + N_b \cdot 3$$

Possible values for N_b :

$$0,1,2,\ldots,\left|\frac{m}{3}\right|$$
.

where $|\cdot|$ means floor.

Corresponding possible values for N_a:

$$m, m-3, m-6, \ldots, m-3 \left| \frac{m}{3} \right|$$
.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version Heterogeneous version

Appendix

References

Frame 38/63



▶ Think of overall sequence in terms of subsequences:

$$\{Z_1, Z_2, \dots, Z_{N_a+N_b}\}$$

- $ightharpoonup N_a + N_b$ slots for subsequences.
- ► Choose positions of either a's or b's:

$$\binom{N_a+N_b}{N_a}=\binom{N_a+N_b}{N_b}.$$

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 39/63



▶ Total number of allowable sequences of length *m*:

$$\sum_{N_b=0}^{\lfloor m/3\rfloor} \binom{N_b+N_a}{N_b} = \sum_{k=0}^{\lfloor m/3\rfloor} \binom{m-2k}{k}$$

where $k = N_b$ and we have used $m = N_a + 3N_b$.

- ► $P(a) = (1 p\phi^*)$ and $P(b) = p\phi^*(1 p\phi^*)^2$
- ► Total probability of allowable sequences of length *m*:

$$\chi_m(p,\phi^*) = \sum_{k=0}^{\lfloor m/3\rfloor} {m-2k \choose k} (1-p\phi^*)^{m-k} (p\phi^*)^k.$$

Notation: Write a randomly chosen sequence of a's and b's of length m as $D_m^{a,b}$.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 40/63



Fixed points for r < 1, $d^* > 1$, and $T \ge 1$

- Nearly there... must account for details of sequence endings.
- ► Three endings ⇒ Six possible sequences:

$$D_{1} = \{1, 1, 0, 0, D_{m-1}^{a,b}\}$$

$$D_{2} = \{1, 1, 0, 0, D_{m-2}^{a,b}, 1\}$$

$$D_{3} = \{1, 1, 0, 0, D_{m-3}^{a,b}, 1, 0\}$$

$$D_{4} = \{1, 0, 1, 0, 0, D_{m-2}^{a,b}\}$$

$$D_{5} = \{1, 0, 1, 0, 0, D_{m-3}^{a,b}, 1\}$$

$$D_{6} = \{1, 0, 1, 0, 0, D_{m-4}^{a,b}, 1, 0\}$$

$$P_{1} = (p\phi)^{2}(1 - p\phi)^{2}\chi_{m-1}(p, \phi)$$

$$P_{2} = (p\phi)^{3}(1 - p\phi)^{3}\chi_{m-2}(p, \phi)$$

$$P_{3} = (p\phi)^{3}(1 - p\phi)^{3}\chi_{m-3}(p, \phi)$$

$$P_{4} = (p\phi)^{2}(1 - p\phi)^{3}\chi_{m-2}(p, \phi)$$

$$P_{5} = (p\phi)^{3}(1 - p\phi)^{3}\chi_{m-3}(p, \phi)$$

 $P_6 = (p\phi)^3 (1 - p\phi)^4 \chi_{m-4}(p, \phi)$

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Appendix

References

Frame 41/63



F.P. Eq:
$$\phi^* = \Gamma(p, \phi^*; r) + \sum_{i=d^*}^T {T \choose i} (p\phi^*)^i (1 - p\phi^*)^{T-i}$$
.

where
$$\Gamma(\boldsymbol{p}, \phi^*; \boldsymbol{r}) =$$

$$(1-r)(p\phi)^2(1-p\phi)^2+\sum_{m=0}^{\infty}(1-r)^m(p\phi)^2(1-p\phi)^2\times$$

$$\left[\chi_{m-1} + \chi_{m-2} + 2p\phi(1-p\phi)\chi_{m-3} + p\phi(1-p\phi)^2\chi_{m-4}\right]$$

and

$$\chi_m(p,\phi^*) = \sum_{k=0}^{\lfloor m/3\rfloor} {m-2k \choose k} (1-p\phi^*)^{m-k} (p\phi^*)^k.$$

Note: $(1-r)(p\phi)^2(1-p\phi)^2$ accounts for $\{1,0,1,0\}$ sequence.

Introduction Independent

Interaction models
Interdependent

interaction models

Generalized Model

Homogeneous version Heterogeneous version

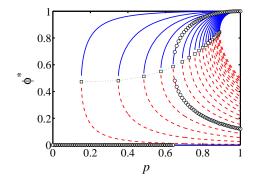
Appendix

References

Frame 42/63







 $r = 0.01, 0.05, 0.10, 0.15, 0.20, \dots, 1.00.$

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

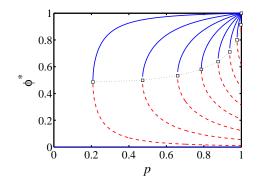
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References

Frame 43/63



$$T = 2, d^* = 2$$



- $r = 0.01, 0.05, 0.10, \dots, 0.3820 \pm 0.0001.$
- ▶ No spreading for $r \gtrsim 0.382$.

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Appendi

References

Frame 44/63



Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendi)

References

- Two kinds of contagion processes:
 - 1. Continuous phase transition: SIR-like.
 - 2. Saddle-node bifurcation: threshold model-like.
- $ightharpoonup d^* = 1$: spreading from small seeds possible.
- $ightharpoonup d^* > 1$: critical mass model.
- Are other behaviors possible?

Frame 45/63



- Now allow for dose distributions (f) and threshold distributions (g) with width.
- Key quantities:

$$P_k = \int_0^\infty \mathrm{d}d^*\, g(d^*) P\left(\sum_{j=1}^k d_j \geq d^*\right) \,\, ext{where 1} \leq k \leq T.$$

- ► P_k = Probability that the threshold of a randomly selected individual will be exceeded by k doses.
- ▶ e.g.,
 - P₁ = Probability that <u>one dose</u> will exceed the threshold of a random individual
 - = Fraction of most vulnerable individuals.

Independent Interaction models

Interdependent interaction models

Generalized Model Homogeneous version

Appendix

References

Frame 47/63



Fixed point equation:

$$\phi^* = \sum_{k=1}^{I} {T \choose k} (p\phi^*)^k (1 - p\phi^*)^{T-k} \underline{P_k}$$

▶ Expand around $\phi^* = 0$ to find when spread from single seed is possible:

$$pP_1T \ge 1$$
 or $\Rightarrow p_c = 1/(TP_1)$

- Very good:
 - 1. P_1T is the expected number of vulnerables the initial infected individual meets before recovering.
 - 2. pP_1T is : the expected number of successful infections (equivalent to R_0).
- Observe: p_c may exceed 1 meaning no spreading from a small seed.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Heterogeneous version

Appendix

References

Frame 48/63



- ▶ Expand fixed point equation around $(p, \phi^*) = (p_c, 0)$.
- Find slope depends on $(P_1 P_2/2)^{[5]}$ (see appendix).
- Behavior near fixed point depends on whether this slope is
 - 1. positive: $P_1 > P_2/2$ (continuous phase transition)
 - 2. negative: $P_1 < P_2/2$ (discontinuous phase transition)
- Now find three basic universal classes of contagion models...

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 49/63



- Dose sizes are lognormally distributed with mean 1 and variance 0.433.
- ▶ Memory span: T = 10.
- Thresholds are uniformly set at
 - 1. $d_* = 0.5$
 - 2. $d_* = 1.6$
 - 3. $d_* = 3$
- Spread of dose sizes matters, details are not important.

Independent Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

Appendix

References

Frame 50/63





Independent Interaction models

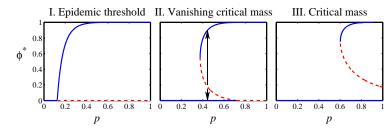
Interdependent interaction models

Generalized Model

Heterogeneous version

Appendix

References



Epidemic threshold:

$$P_1 > P_2/2, \, p_c = 1/(TP_1) < 1$$

Vanishing critical mass:

$$P_1 < P_2/2, p_c = 1/(TP_1) < 1$$

► Pure critical mass:

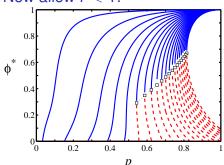
$$P_1 < P_2/2, \, p_c = 1/(\textit{TP}_1) > 1$$

Frame 51/63



Heterogeneous case

Now allow r < 1:



- ▶ II-III transition generalizes: $p_c = 1/[P_1(T + \tau)]$ where $\tau = 1/r 1$ = expected recovery time
- I-II transition less pleasant analytically.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

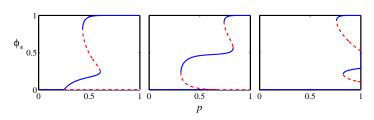
Homogeneous version
Heterogeneous version

Appendix

References

Frame 52/63





- Due to heterogeneity in individual thresholds.
- Three classes based on behavior for small seeds.
- Same model classification holds: I, II, and III.

Independent Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

Appendix

References

Frame 53/63



Hysteresis in vanishing critical mass models





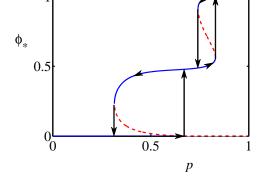
Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

References



Frame 54/63





Three universal classes of contagion processes:

- 1. I. Epidemic Threshold
- 2. II. Vanishing Critical Mass
- 3. III. Critical Mass
- Dramatic changes in behavior possible.
- To change kind of model: 'adjust' memory, recovery, fraction of vulnerable individuals (T, r, ρ, P₁, and/or P₂).
- ▶ To change behavior given model: 'adjust' probability of exposure (p) and/or initial number infected (ϕ_0).

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version
Heterogeneous version

Appendix

References

Frame 55/63



- Key quantity: $p_c = 1/[P_1(T+\tau)]$
- ▶ If p_c < 1 \Rightarrow contagion can spread from single seed.
- ▶ Depends only on:
 - 1. System Memory $(T + \tau)$.
 - 2. Fraction of highly vulnerable individuals (P_1) .
- Details unimportant: Many threshold and dose distributions give same P_k.
- Another example of a model where vulnerable/gullible population may be more important than a small group of super-spreaders or influentials.

Independent Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

Appendix

References

Frame 56/63



$$\phi^* = \sum_{k=1}^{T} {T \choose k} P_k (p\phi^*)^k (1 - p\phi^*)^{T-k},$$

$$= \sum_{k=1}^{T} {T \choose k} P_k (p\phi^*)^k \sum_{j=0}^{T-k} {T - k \choose j} (-p\phi^*)^j,$$

$$= \sum_{k=1}^{T} \sum_{j=0}^{T-k} {T \choose k} {T - k \choose j} P_k (-1)^j (p\phi^*)^{k+j},$$

$$= \sum_{m=1}^{T} \sum_{k=1}^{m} {T \choose k} {T - k \choose m-k} P_k (-1)^{m-k} (p\phi^*)^m,$$

$$= \sum_{m=1}^{T} C_m (p\phi^*)^m$$

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Appendix

References

Frame 57/63



Independent Interaction models

Interdependent interaction models

Generalized Model

Appendix

References

$$C_m = (-1)^m {T \choose m} \sum_{k=1}^m (-1)^k {m \choose k} P_k,$$

since

$$\begin{pmatrix} T \\ k \end{pmatrix} \begin{pmatrix} T-k \\ m-k \end{pmatrix} = \frac{T!}{k!(T-k)!} \frac{(T-k)!}{(m-k)!(T-m)!}$$

$$= \frac{T!}{m!(T-m)!} \frac{m!}{k!(m-k)!}$$

$$= \begin{pmatrix} T \\ m \end{pmatrix} \begin{pmatrix} m \\ k \end{pmatrix}.$$

Frame 58/63



$$\phi^* \simeq C_1 p \phi^* + C_2 p_c^2 \phi^{*2}$$
.

where $C_1 = TP_1 (= 1/p_c)$ and $C_2 = {T \choose 2} (-2P_1 + P_2)$.

▶ Using $p_c = 1/(TP_1)$:

$$\phi^* \simeq rac{C_1}{C_2
ho_c^2} (
ho -
ho_c) = rac{T^2 P_1^3}{(T-1)(P_1 - P_2/2)} (
ho -
ho_c).$$

▶ Sign of derivative governed by $P_1 - P_2/2$.

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Heterogeneous version

Appendix

References

Frame 59/63



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Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model
Homogeneous version

Appendix

References

Frame 60/63



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Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model
Homogeneous version

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References

Frame 61/63



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Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version Heterogeneous version

Appendix

References

Frame 62/63



References IV

Generalized Contagion

Introduction

Independent Interaction models

Interdependent interaction models

Generalized Model

Homogeneous version

Heterogeneous versio

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Frame 63/63

