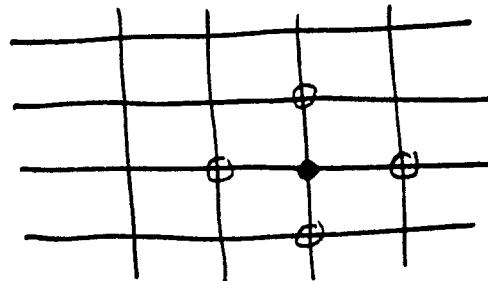


Example Spatial Epidemic Models

▷ [Dur95] { discrete-time
discrete-space
discrete-state

States:

- susceptible
- infected
- removed



each site has
4 neighbors
1 individual at
each site

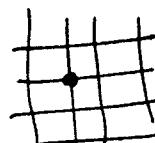
- Dynamics:
- Susceptible individuals become infected at rate proportional to # of infected neighbors
 - infected individuals become healthy at a fixed rate δ
 - removed individuals become susceptible at a fixed rate α

Simulation, Case 1

$$\alpha = 0$$

(no return from removed)

Simple initial condition



single infected
individual

Theorem (!)

if δ is big, epidemic dies out

for $\delta < \delta_c = \text{some critical } \delta$, epidemic spreads
linearly with time
& approaches fixed shape

0.1.8

[Dur 95]

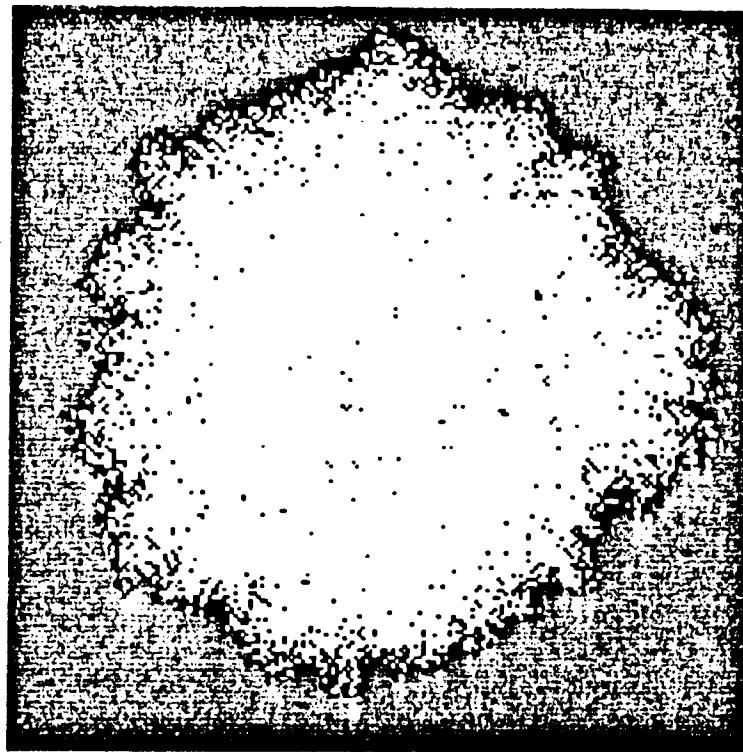


Figure 1:

SPREAD

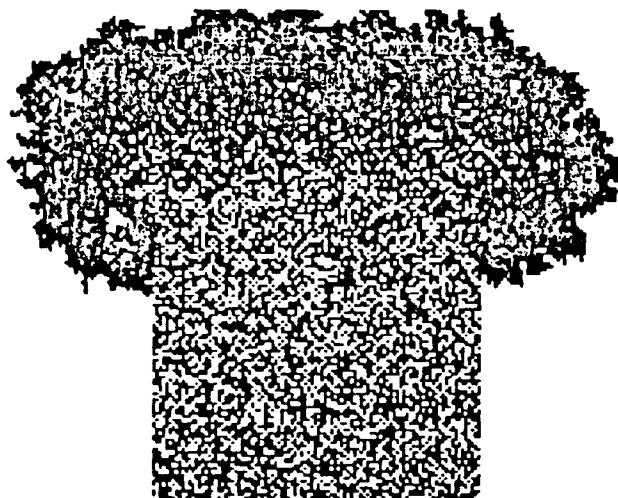


Figure 7:

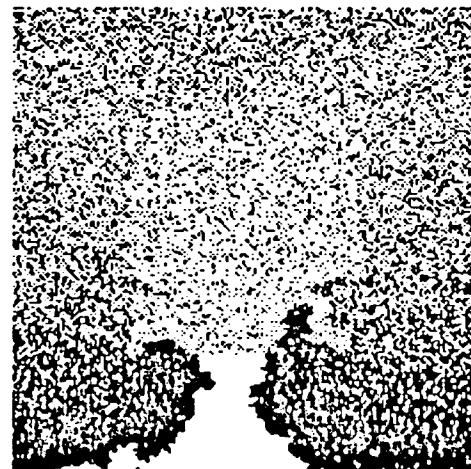


Figure 8:

FLEXIBLE EXPERIMENTS

[Dur 95] gives data from 1929:

→ measles took 24 weeks to spread over Glasgow,
 $\sim \frac{1}{12}$ mile/week = 440 ft./week.

also confirmation of linear spread rate with racoon rabies in NY

$\delta > 0$ (return from removed) is a more complicated problem.

if $\delta < \delta_c$ (supercritical) \Rightarrow approaches steady-state distribution

An Ordinary differential equation model

$$\left\{ \begin{array}{l} u = \text{fraction of infected individuals} \\ v = " " " \text{ removed individuals} \\ 1-u-v = " " \text{ susceptible individuals} \end{array} \right.$$

large, mixed, homogeneous population model

$$\frac{du}{dt} = u \cdot (1-u-v) - s \cdot u \quad \begin{matrix} \nearrow \text{removed} \\ \searrow \text{removed} \end{matrix}$$

$$\frac{dv}{dt} = s u - d v \quad \begin{matrix} \nearrow \text{removed} \\ \nearrow \text{become susceptible} \end{matrix}$$

0.1.10

Dury 95]

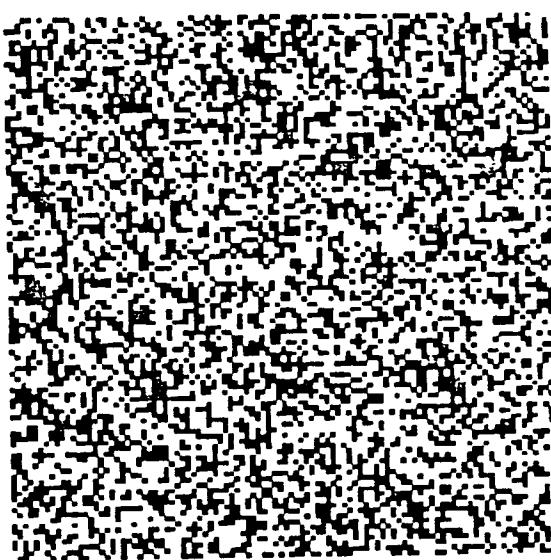
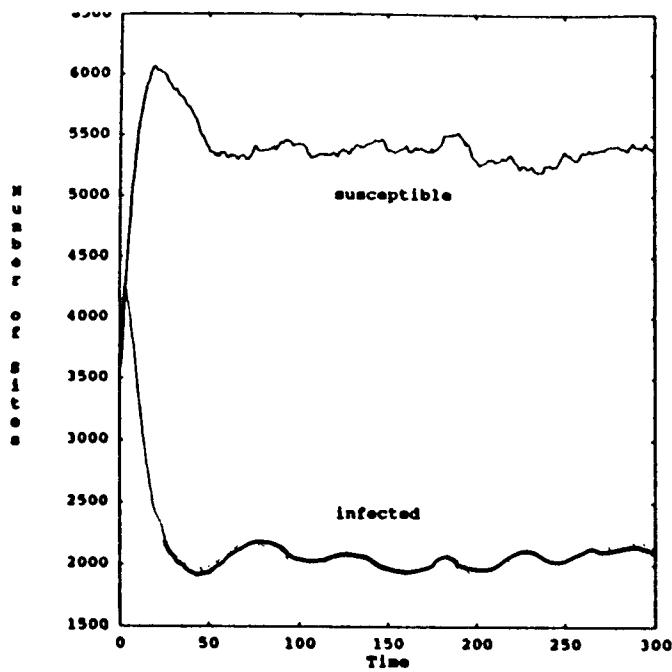
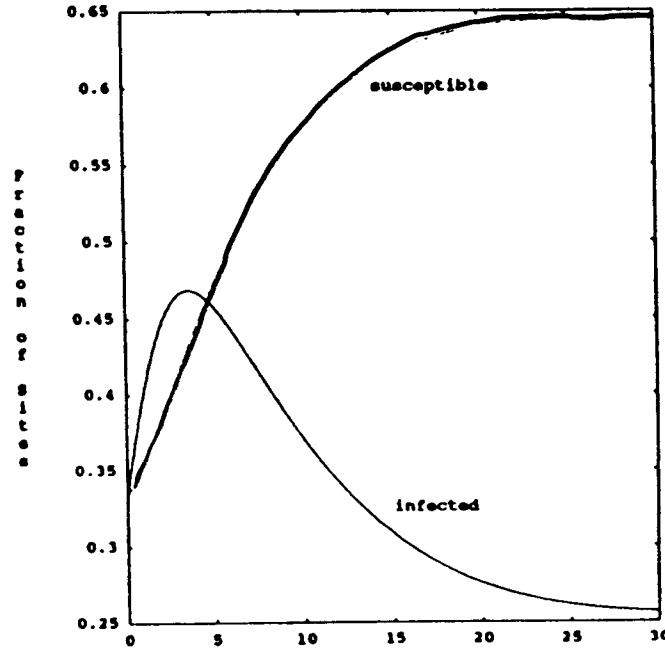
 $\alpha > 0$ 

Figure 3:

ODE Model:

$$\begin{aligned}\frac{du}{dt} &= u(1 - u - v) - \delta u \\ \frac{dv}{dt} &= \delta u - \alpha v\end{aligned}$$

not accurate.
why not?



Partial Differential Equation Models

models similar phenomena - but takes spatial distribution into account.

Example from [E-K88]:

$$P = P(x, t) = \text{population density}$$

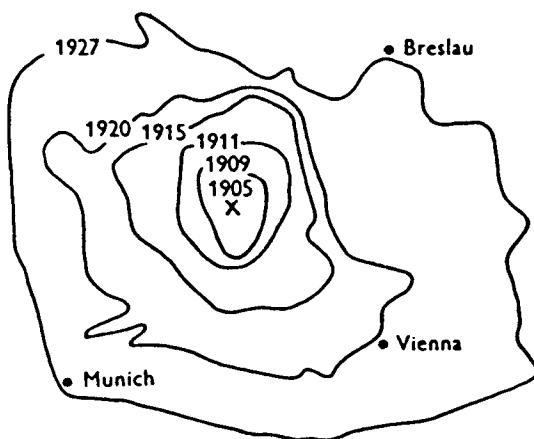
$$\frac{\partial P}{\partial t} = D \cdot \nabla^2 P + \alpha P$$

also leads to linear spread rate.

approximates random walk.

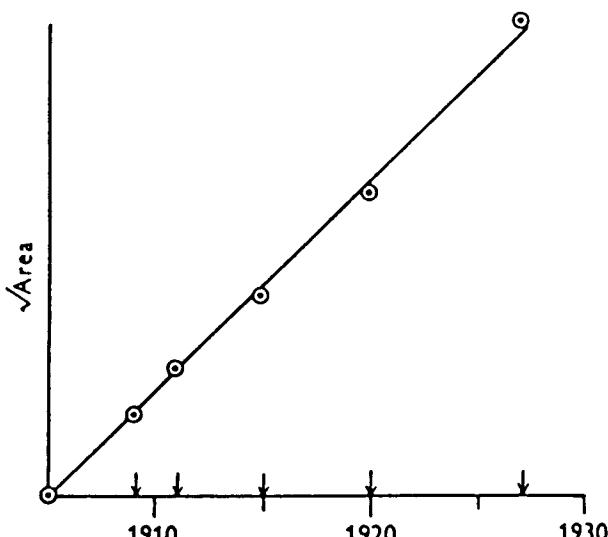
Muskrats Escape in 1905...

K88]



(a)

Figure 10.1 Spread of muskrats over central Europe during a period of 27 years described by Skellam (1951) as a random dispersal. (a) Equipopulation contours (level curves of $p(x, t)$) for the lowest detectable muskrat population. A graph of $(\text{area})^{1/2}$ of the regions enclosed by these curves



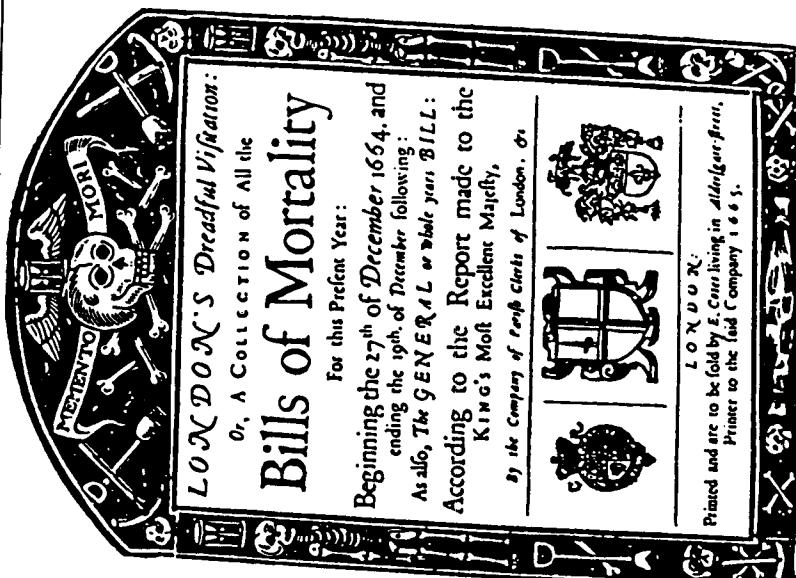
(b)

reveals linear dependence on time t , as predicted by the growth-dispersal model of equation (1). [From Skellam J. G. (1951). Random dispersal in theoretical populations. Biometrika, 38, figs. 1 and 2, p. 200. Reprinted with permission of the Biometrika Trustees.]

The Diseases, and Casualties this year being 1632.

A	Bortive, and Stillborn	445	Grief	11
Affrighted	1	Jaudies	43	
Aged	638	Jawfals	8	
Ague	43	Impotance	74	
Applex, and Meegrom	17	Kil'd by several accidents	46	
Bit with a mad dog	1	King's Evil	38	
Bleeding	3	Lethargie	2	
Bloody flux, scowring, and flux	348	Livergrovna	87	
Bruised, Iasues, sores, and ulcers,	28	Lunatique	5	
Burnt, and Scalded	6	Made away themselves	16	
Burst, and Rupture	9	Measles	80	
Cancer, and Wolf	10	Murthered	7	
Canker	1	Over-laid, and starved at nurse	7	
Childbed	171	Pals	25	
Chilomes, and Infants	2288	Piles	1	
Cold, and Cough	55	Plague	8	
Colic, Stone, and Strangury	56	Planet	13	
Consumption	1797	Pleuriae, and Spleen	36	
Convulsion	241	Purples, and spotted Feaver	38	
Cut of the Stone	5	Quinacie	7	
Dead in the street, and starved	6	Rising of the Lights	98	
Dropsie, and Swelling	267	Scolias	1	
Drowned	34	Sourvy, and Ich	9	
Executed, and prest to death	18	Suddenly	62	
Falling Sickness	7	Sunlet	86	
Fever	1108	Swine Feuz	6	
Fistulas	13	Teeth	470	
Flocks, and small Pox	631	Turush, and Sore mouth	40	
French Pox	12	Tympany	13	
Gangrene	5	Tislick	34	
Gout	4	Vomiting	1	

Males ... 4994 **Females ... 4690** **Males ... 4932** Whereof,
Christened **In all ... 9584** **Buried** **Females ... 4603** of the
Increased in the Burials in the 122 Parishes, and at the Poor-
house this year **In all ... 9535** Plague. 8
Decreased of the Plague in the 122 Parishes, and at the Poor-
house this year **206 [10]**



Mortality from a variety of afflictions, only some of which were caused by disease, were systematically recorded as early as the 1600's in the Bills of Mortality published in London. Reproduced here is the title page of the London Bills of Mortality for 1665, the year of the great plague. The people of the city followed with anxiety the rise and fall in the number of deaths from the plague, hoping always to see the sharp decline which they knew from past experience indicated that the epidemic was nearing its end. When the decline came the refugees, mostly from the nobility and wealthy merchants, returned to the city, and then for a time

the mortality rose again as the disease attacked these new arrivals. The plague of 1665 started in June; its peak came in September and its decline in October. The secondary rise occurred in November and cases of the disease were reported as late as March of the following year. [From H. W. Haggard (1957), Devils, Drugs, Doctors, Harper & Row, New York.]

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