

Incorporating behaviour into models Challenges and Questions

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Previous workshops on modelling behaviour

Modelling Behaviour to Inform Policy for Pandemics



Behaviour and Policy During Pandemics: Models and Methods



Tuesday 2nd November 2021 to Friday 5th November 2021

Background

Over the course of the COVID-19 pandemic, modelling has taken centre stage both in forecasting, policy formulation and in informing the public, featuring prominently in the advice given to government in the UK and beyond. The pandemic has had profound influence on social and economic activity, meaning that different policy interventions such as lockdowns and furlough schemes cannot be seen as merely public health policies or as economic policies in isolation. It is therefore important to better understand how policies interact through intertwined economic and disease dynamics and how different policies must be designed to work together.

Tuesday 22nd February 2022

Background

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Toxvaerd (University

Cambridge)

of

Academic Organiser

Dr Flavio Toxvaerd is a Lecturer at the Faculty of Economics at the University of Cambridge and a member of the Microeconomic Theory Research Group. Flavio holds degrees from the University of Copenhagen (BSc Economics, MSc Economics), the London School of Economics (MSc Econometrics and Mathematical Economics) and the London Business School (PhD Economics) and was awarded a Mid-Career Fellowship by the British Academy (2012-2013).

Research Interests: Microeconomic Theory. Game Theory. Finance. Industrial Organisation. Economic Epidemiology.

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Modelling to Support Resilience for Pandemics – Open Questions

23 June 2022

The ultimate challenge?



Unifying theoretical frameworks from behavioural science and infectious disease dynamics.



Modelling to Support Resilience for Pandemics – Open Questions

- **1.** Scenario modelling Intervention engagement
- 2. Scenario modelling Contact rates & mobility
- **3. Models with behavioural feedback**
- 4. Behaviour and Policy During Pandemics workshops Themes



Modelling to Support Resilience for Pandemics – Open Questions

1. Scenario modelling – Intervention engagement

- a) Vaccine acceptability
- b) NPIs in enclosed settings
- c) Adherence
- 2. Scenario modelling Contact rates & mobility
- **3. Models with behavioural feedback**
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Modelling to Support Resilience for Pandemics – Open Questions

(1A) Vaccine acceptability

For simplicity, we assumed 70% vaccine uptake across all age-groups based on what has been obtainable for vaccines targeting other infections, such as within elder age groups and healthcare workers for the UK seasonal influenza vaccination programme [46]. In practice,



Is it reasonable to "repurpose" intervention response data?



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(1B) NPIs in enclosed settings

Article | Open Access | Published: 17 August 2021

High COVID-19 transmission potential associated with re-opening universities can be mitigated with layered interventions

Ellen Brooks-Pollock , Hannah Christensen, Adam Trickey, Gibran Hemani, Emily Nixon, Amy C. Thomas, Katy Turner, Adam Finn, Matt Hickman, Caroline Relton & Leon Danon

 Nature Communications
 12, Article number: 5017 (2021)
 Cite this article

 8258
 Accesses
 6
 Citations
 103
 Altmetric
 Metrics





C. Whitfield & I. Hall. Social Care Working Group chairs summary of role of shielding. (Annex A) https://assets.publishing.service.gov.uk/government/uploads/s ystem/uploads/attachment_data/file/1043615/S1453_SCWG

chairs summary of role of shielding.pdf

Impact of heterogeneity & what level of detail to include?



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(1C) Adherence

Figure: Percentage of people who reported requesting a test after developing COVID-19 symptoms and who reported intending to request a test if they were to develop COVID-19 symptoms.



Reproduced from Smith LE et al. (2021) Adherence to the test, trace, and isolate system in the UK: results from 37 nationally representative surveys. *BMJ*. 372; n608.

How to reconcile intended behaviour vs actual behaviour?

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1. Scenario modelling – Intervention engagement

- 2. Scenario modelling Contact rates & mobility
 - a) Roadmap
 - b) USA COVID-19 Scenario Modelling Hub
 - c) Voluntary risk mitigation

3. Models with behavioural feedback

4. Behaviour and Policy During Pandemics workshops - Themes



Modelling to Support Resilience for Pandemics – Open Questions

(2A) Roadmap modelling





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(2A) Roadmap modelling



How to account for uncertainty in behavioural response in the face of changing restrictions and changing risk?

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(2B) COVID-19 Scenario Modelling Hub

Borchering et al. (2022) Impact of SARS-CoV-2 vaccination of children ages 5-11 years on COVID-19 disease burden and resilience to new variants in the United States, November 2021-March 2022: a multi-model study. *medRxiv*. https://doi.org/10.1101/2022.03.08.22271905.

Table S2: additional model-specific assumptions including those about nonpharmaceutical interventions (NPIs).

	<u>CU-</u>	<u>JHUAPL</u>	<u>JHU_ID</u>	<u>NotreD</u>	MOBS_NEU	UNCC-	USC-	UVA-adaptive	UVA-
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			<u>CovidSP</u>	FRED	<u>GLEAM_CO</u>				
					VID				
Model	Compart	Meta-	Meta-	Agent-	Meta-	Trajectory	Discrete time	Meta-	Agent-based
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		mental	mental)	al		
Geography	County	County	State	State	County	State	State	County	State
	-	-			-			-	
Mobility	SafeGra	SafeGra	Commuti	Google	Google	Not used	Cuebiq	Not used	ACS
and	ph	ph	ng	mobility	mobility,		contact		Commute,
contact	mobility,	mobility,			commuting,		scores data		National
data	POLYM	age-			flight, age-		to model		Household
	OD	based			based		future NPI		Travel
	contact	contact			contact		changes		Survey
	rates	matrices			matrices				
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	n			projectio					
	reached			n period					



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(2C) Voluntary risk mitigation

Impact of voluntary risk-mitigation behaviour on transmission of the Omicron SARS-CoV-2 variant in England

[D] Ellen Brooks-Pollock, [D] Kate Northstone, [D] Lorenzo Pellis, [D] Francesca Scarabel, [D] Amy Thomas,
[D] Emily Nixon, [D] David A. Matthews, Vicky Bowyer, Maria Paz Garcia, [D] Claire J. Steves,
[D] Nicholas J. Timpson, [D] Leon Danon
doi: https://doi.org/10.1101/2022.01.26.22269540

Α Meeting people Use of face masks Working from home 1.00 0.75 0.75 Age group Age group <30 <30 30-39 40-49 30-39 0.50 40-49 50-59 50-59 60-69 60-69 0.25 70-79 70-79 Alfeady **Risk Averting Behaviour** Behaviour change C 1.00 D 0.20 Age group Age group 0.75 <30 <30 Proportion 0.50 **5** 0.15 30-39 30-39 40-49 40-49 50-59 0.10 50-59 60-69 60-69 70-79 70-79 0.25 80 or older 0.05 80 or olde 0.00 60.59 30:39 40.49 10:79 60.69 30

Risk Averting Behaviou

Figure 1: Survey responses from ALSPAC (Avon Longitudinal Survey of Parents and Children) and TwinsUK/CSS Biobank. (A): The proportion of ALSPAC respondents (N=2,686) by age group reporting risk mitigation measures during the period 20 December 2021 to 2 January 2022 inclusive. (B): The proportion of ALSPAC respondents who changed their behaviour (meeting people, use of face masks, working from home) due to the announcement of "plan B". (C): The proportion of TwinsUK/CSS Biobank respondents (N=6,155) by age group reporting risk mitigation measures during the period 20 December 2021 to 2 January 2022 inclusive. (D): The proportion of TwinsUK/CSS Biobank respondents who changed their behaviour due to the announcement of "plan B".



Modelling to Support Resilience for Pandemics – Open Questions

(2C) Voluntary risk mitigation

Impact of voluntary risk-mitigation behaviour on transmission of the Omicron SARS-CoV-2 variant in England

¹⁰ Ellen Brooks-Pollock, ¹⁰ Kate Northstone, ¹⁰ Lorenzo Pellis, ¹⁰ Francesca Scarabel, ¹⁰ Amy Thomas,
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doi: https://doi.org/10.1101/2022.01.26.22269540

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Figure 2: The estimated size of the effective reproduction number (panels A, D, G), cumulative hospital admissions (panels B, E, H) and cumulative deaths (panels C, F, I) with and without reported risk mitigation measures. Panels A, B, C: with a 40% reduction in severity associated with Omicron relative to Delta. Panels D, E, F: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron relative to Delta. Panels G, H, I: with a 20% reduction in severity associated with Omicron

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(2C) Voluntary risk mitigation



Fig. 1: Changes in the inferred precautionary behaviour from April 2020 to December 2021 (top panel), together with the resultant changes to R excluding immunity for the three main variants (lower panel). Vertical lines indicate the time of key changes to the control measures, while the top bar specifies the dominant variant over time. From May 2021 onwards, we have inferred two levels of precautionary behaviour applying to younger (under 40) and older (over 65) individuals, with those between 40 and 65 scaling between the two.

Do we have the means to parameterise behaviour change attributable to policy vs voluntary action?

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1. Scenario modelling – Intervention engagement

2. Scenario modelling – Contact rates & mobility

3. Models with behavioural feedback

- a) Disease awareness
- b) Statens Serum Institut model

4. Behaviour and Policy During Pandemics workshops - Themes



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Models with behavioural feedback



Schematic by Flavio Toxvaerd

Can these processes be realistically characterised by a unified behavioural science and infectious disease modelling framework?



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(3A) Disease awareness

В

PLOS MEDICINE

🔓 OPEN ACCESS 度 PEER-REVIEWED

RESEARCH ARTICLE

Impact of self-imposed prevention measures and shortterm government-imposed social distancing on mitigating and delaying a COVID-19 epidemic: A modelling study

Alexandra Teslya 🔯 🖾, Thi Mui Pham 🔯, Noortje G. Godijk 🤯, Mirjam E. Kretzschmar, Martin C. J. Bootsma, Ganna Rozhnova

Published: July 21, 2020 • https://doi.org/10.1371/journal.pmed.1003166

Citation: Teslya A, Pham TM, Godijk NG, Kretzschmar ME, Bootsma MCJ, Rozhnova G (2020) Impact of self-imposed prevention measures and short-term government-imposed social distancing on mitigating and delaying a COVID-19 epidemic: A modelling study. PLoS Med 17(7): e1003166. https://doi.org/10.1371/journal.pmed.1003166

A Infection dynamics



Awareness dynamics





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(3B) Statens Serum Institut model



Statens Serum Institut. <u>Scenarios for infections and new admissions caused by the Omicron</u> <u>variant</u>. Report by the Expert Group for Mathematical Modelling, 17 December 2021.

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1. Scenario modelling – Intervention engagement

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4. Behaviour and Policy During Pandemics workshops – Themes

- a) Data
- b) Model complexity
- c) Informing policy



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(4A) Themes: Data

- Data collection "Striking a balance"
- Pipelines to synthesise a range of data sources
- Format and accessibility
- What already exists that could be used/repurposed/tweaked that would be informative?



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(4B) Themes: Integrated models

- Should behaviour always be included in models?
- > A checklist for constructing an interdisciplinary model?
- Building the team that has the expertise across research disciplines
- Having flexible frameworks to cater for future challenges, when we do not even know what those challenges may be...



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(4C) Themes: Policy

- > Objective matters, Perspective matters
- > What is the end game in the face of uncertainty?
- > Role of the public in the research process Public Involvement
- Scientific communication



Modelling to Support Resilience for Pandemics – Open Questions

Challenges and Questions

Is it reasonable to "repurpose" intervention response data?

Impact of heterogeneity & what level of detail to include?

How to reconcile intended behaviour vs actual behaviour?

How to account for uncertainty in behavioural response in the face of changing restrictions and changing risk?

Do we have the means to parameterise behaviour change attributable to policy vs voluntary action?

Unifying theoretical frameworks from behavioural science and infectious disease dynamics – The ultimate challenge?



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