





Edward Hill¹, S. Petrou², S. de Lusignan^{2,3}, I. Yonova^{3,4}, Matt Keeling¹

¹University of Warwick, UK. ²University of Oxford, UK.
³Royal College of General Practitioners, UK. ⁴University of Surrey, UK.


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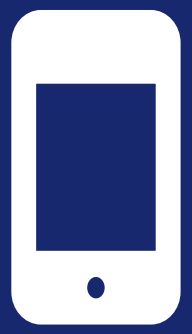
Edward.Hill@warwick.ac.uk




@EdMHill



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Propagation of seasonal influenza immunity is stronger if derived from natural infection.

1. Motivation & aims

Seasonal influenza-related respiratory illnesses cause an estimated annual death toll of 291,000-646,000 people [1]. Influenza vaccination can offer some protection against infection for the individual, while contributing to reduced risk of ongoing transmission via establishment of herd immunity [2]. Transmission models connected to data, when interfaced with health economic evaluations, are a key tool to inform national influenza vaccine policy [3]. However, prior modelling studies have typically treated each season and each strain circulating within that season independently.

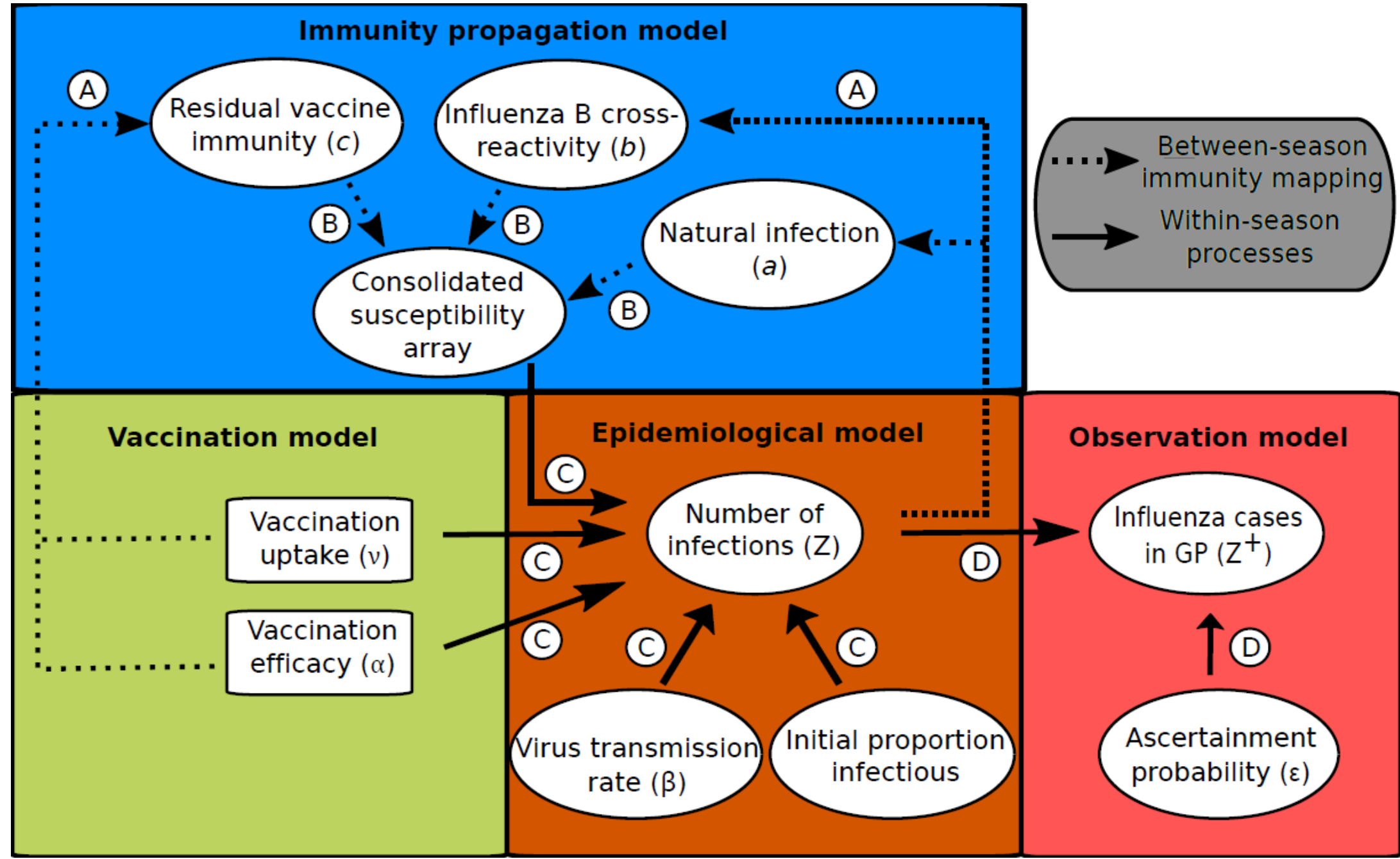
Study objectives:

- Develop a mathematical model incorporating a mechanism to link prior season epidemiological outcomes to immunity at the beginning of the following season;
- Quantify contribution of differing sources of immunity propagation between years on seasonal influenza transmission dynamics in England, 2012/13 to 2017/18.

2. Model overview

- Non-age, multi-strain model, capturing the four strains targeted by the quadrivalent influenza vaccine: A(H1N1)pdm09, A(H3N2), B/Victoria, B/Yamagata.

Fig. 1: Model schematic. Process A (circled capitalised letters), propagation of immunity; process B, modulation of current influenza season virus susceptibility; process C, estimation of influenza case load; process D, ascertainment of cases.



3. Immunity propagation model component

Fig. 2: Interaction between prior season exposure and start of season susceptibility.

Mandated that $0 < a, b, c_m < 1$.

		Strain susceptibility			
		A(H1N1)pdm09	A(H3N2)	B/Victoria	B/Yamagata
Exposure history (h)	Naïve	1	1	1	1
	A(H1N1)pdm09	a	1	1	1
	A(H3N2)	1	a	1	1
	B/Yamagata	1	1	a	b
	B/Victoria	1	1	b	a
	Vaccinated (V)	$c_{A(H1N1)}$	$c_{A(H3N2)}$	$c_{B/Victoria}$	$c_{B/Yamagata}$
A(H1N1)pdm09 & V		$\min(a, c_{A(H1N1)})$	$c_{A(H3N2)}$	$c_{B/Victoria}$	$c_{B/Yamagata}$
A(H3N2) & V		$c_{A(H1N1)}$	$\min(a, c_{A(H3N2)})$	$c_{B/Victoria}$	$c_{B/Yamagata}$
B/Victoria & V		$c_{A(H1N1)}$	$c_{A(H3N2)}$	$\min(a, c_{B/Victoria})$	$\min(b, c_{B/Yamagata})$
B/Yamagata & V		$c_{A(H1N1)}$	$c_{A(H3N2)}$	$\min(b, c_{B/Victoria})$	$\min(a, c_{B/Yamagata})$

- Propagated vaccine immunity related linearly to prior season vaccine efficacy:
$$c_m^y = 1 - \xi \alpha_m^{y-1}; \quad \xi \in (0, 1)$$

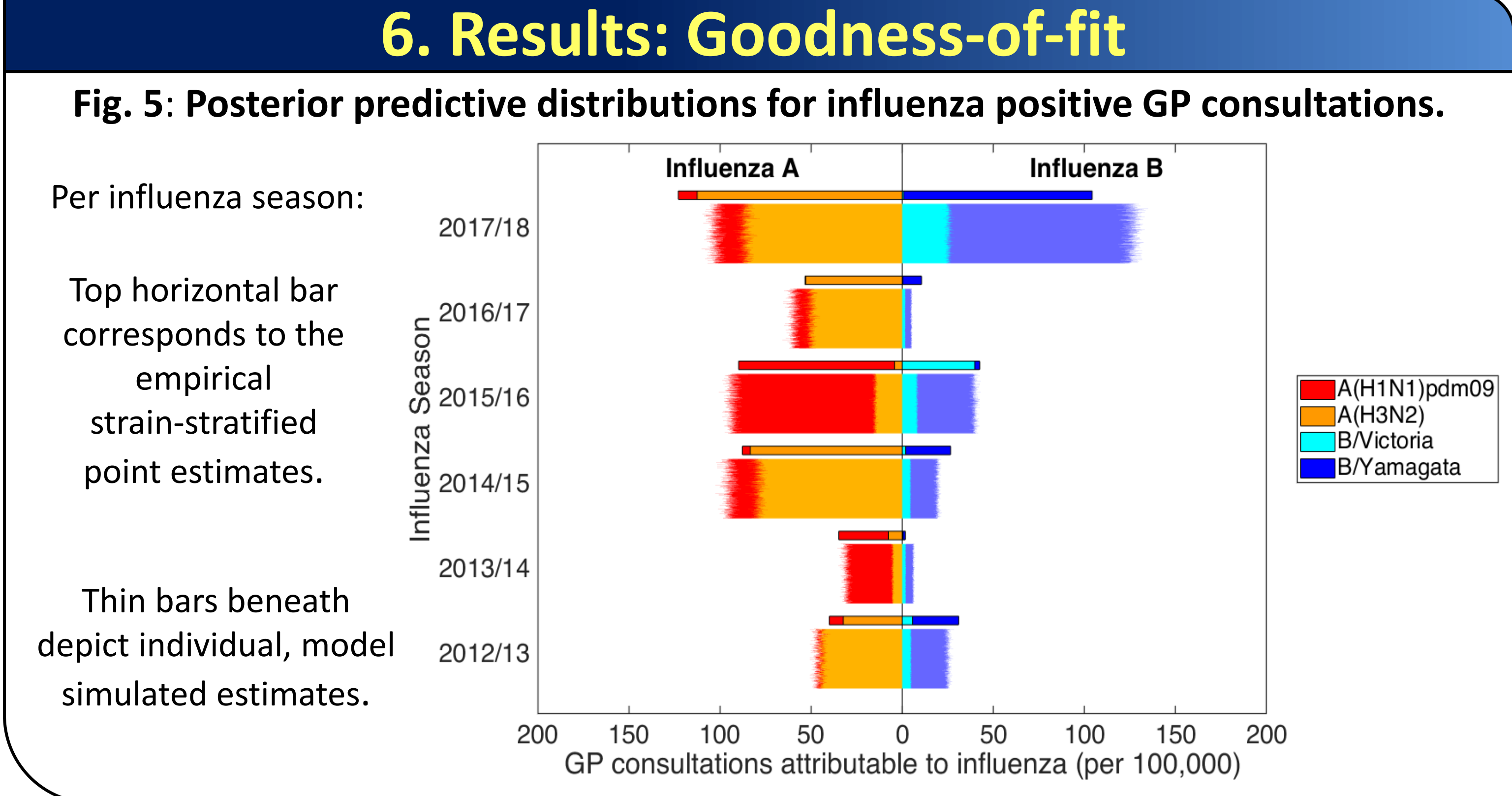
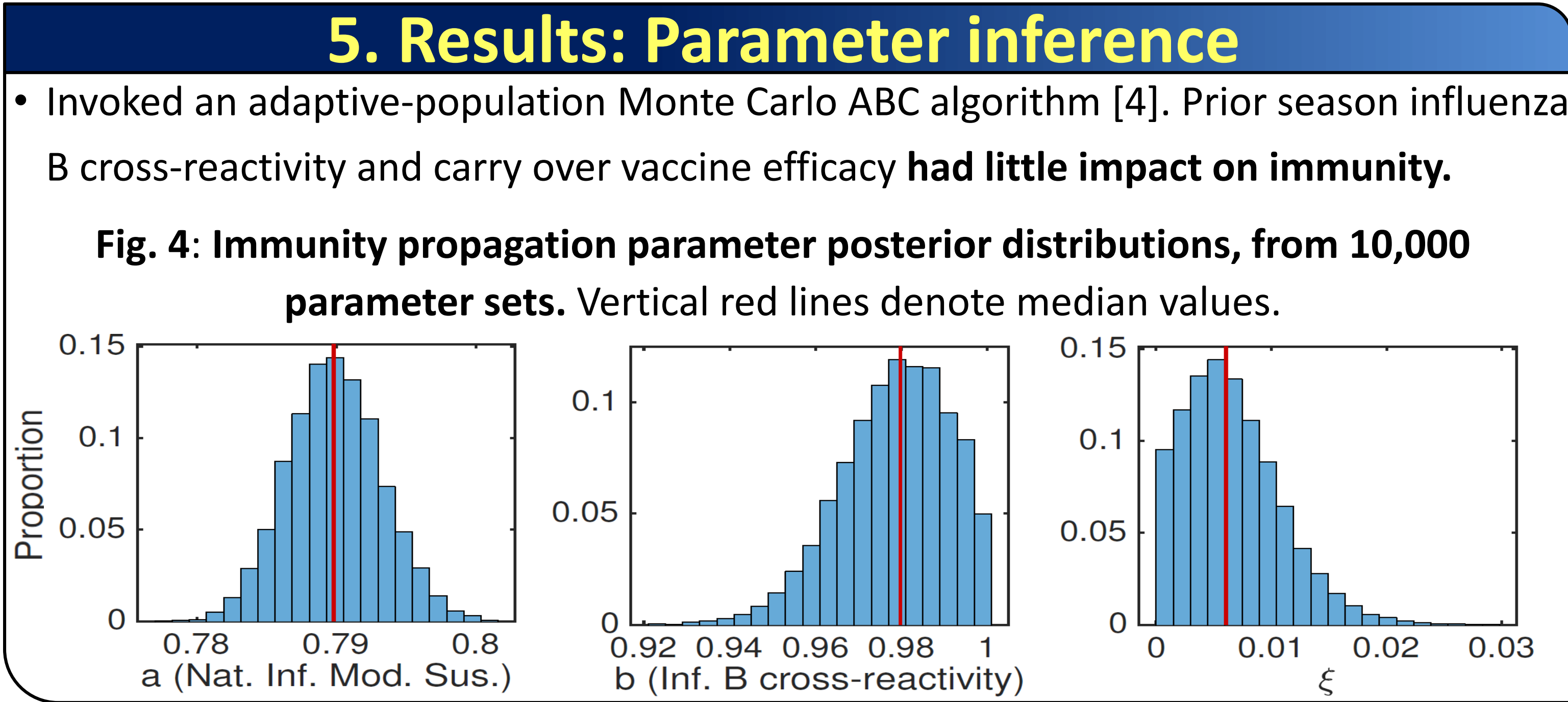
4. Transmission & observation model components

- Vaccination model:** 'Leaky' vaccine
- Epidemiological model:** SEIR-type deterministic, ODEs (Fig. 3).
 - Track incidence rate (per 100,000) of new strain m influenza infections in season y :
$$Z_m(y) = \left(\int_{y-1}^y \gamma_{1,m} (E_m^N + E_m^V) dt \right) \times 100,000.$$

Fig. 3: Transmission model schematic (for a single strain).

The schematic shows two parallel processes: one for the non-vaccinated population (top) and one for the vaccinated population (bottom). Each process starts with a Susceptible state (S^N or S^V), followed by an Exposed/Latent state (E_m^N or E_m^V), then an Infected state (I_m^N or I_m^V), and finally a Recovered state (R_m^N or R_m^V). Transitions are labeled with rates: μ for natural death, $\gamma_{1,m}$ for infection, and γ_2 for recovery. A legend indicates that dashed lines represent the epidemiological process and solid lines represent the vaccination process.

- Observation model** - Estimate ascertainable influenza cases: $Z_m^+(y) = \epsilon_y Z_m(y)$.



7. Outlook

- Augment model with age structure.
- Couple transmission model with economic evaluation frameworks.
- Appraise cost-effectiveness of prospective seasonal influenza vaccine programmes.

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