



Assessing the effect of social contact structure on the impact of pneumococcal conjugate vaccines

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Anabelle Wong Infectious Disease Epidemiology Group (PI: Matthieu Domenech de Cellès) Max Planck Institute for Infection Biology

Streptococcus pneumoniae causes **pneumonia** and **invasive diseases**

Colonization is key for transmission



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pcillin pcillion pcillion pcillion pcillion

PCVs cover up to 15 / 20 out of 100 serotypes¹



Serotype replacement observed in carriage



1. Gladstone et al. (2015) Vaccine

Serotype replacement observed in carriage across settings^{1,2}



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2. Adamu et al. (2023) Nat Comm

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Can the social contact structure affect these dynamics?















Non-neutral model

Intrinsically favours co-existence

Neutral model

Can fix any prevalence



Duplicate compartments for vaccinated individuals





Allow vaccine protection to wane over time



Age 2,3,...,84









1) Our model can reproduce real-world VT colonization decline



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VE_{col} 0.33 0.60 0.77

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VE_{col} — 0.33 — 0.60 — 0.77

JOURNAL ARTICLE

Effect of Pneumococcal Conjugate Vaccine on Nasopharyngeal Colonization among Immunized and Unimmunized Children in a Community-Randomized Trial **i**

Katherine L. O'Brien 🕿, Eugene V. Millar, Elizabeth R. Zell, Melinda Bronsdon, Robert Weatherholtz, Raymond Reid, Jocelyn Becenti, Sheri Kvamme, Cynthia G. Whitney, Mathuram Santosham Author Notes

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2) Contact matrices led to different time-to-elimination

• Simulate transmission using different contact matrices¹



2) Contact matrices led to different time-to-elimination

- Simulate transmission using different contact matrices¹
- Measure time-to-elimination



3) Vaccine factors were the most influential parameters



We tested:

- Vaccine efficacy
- Vaccine coverage
- Waning rate
- Initial VT:NVT ratio
- Population susceptibility







1. Sage et al. (2021) PLoS ONE

- Features¹
 - Total contact





- Features¹
 - Total contact
 - Assortativity = -



Contacter age

- Features¹
 - Total contact
 - Assortativity





Time-to-elimination was highly dependent on contact patterns in children under 5



Time-to-elimination was highly dependent on contact patterns in children under 5



Our model recapitulated real-world VT colonization decline



VE_{col} — 0.33 — 0.60 — 0.77

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Assessing the effect of social contact structure on the impact of pneumococcal conjugate vaccines

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Thank you!



Parameters

Parameter	Interpretation	Value	Source
$\beta_V^{(i)}(=\beta_N^{(i)})$	Age-specific susceptibility to carriage acquisition	$\begin{array}{l} \beta^{(0,,4)} = 0.015 \\ \beta^{(5,,19)} = 0.004 \\ \beta^{(20,,59)} = 0.003 \\ \beta^{(60,,84)} = 0.005 \\ \\ ^{*\pm}20\% \text{ for high and low} \\ \text{population susceptibility} \\ \text{respectively} \end{array}$	[48]
$1/\gamma_i$	Age-specific average duration of carriage	See Supplementary Figure 1	Fitted to observed data (Supplementary Data 1)
$k_N(=k_V)$	Competition parameter: Effect of existing VT (NVT) carriage on acquiring NVT (VT) carriage	0.5	[36]
С	Fraction of co-carriers returning to C_V (C_N) upon reinfection with VT (NVT)	0.5	[15]
q	Relative infectiousness with each serotype for co-carriers	0.5	[15]
ϵ_V	Vaccine efficacy against carriage acquisition	33%, 60%, 77%	[40]
p_V	Vaccine coverage	50%, 90%	[10]
α_V	Waning rate of vaccine- conferred immunity	0, 0.1, 0.2, 0.3 per year	[42,43]
$f_{C}^{(i)}(0)$	Initial prevalence of carriers in age group <i>i</i>	$f_C^{(0,,4)}(0) = 0.5$ $f_C^{(5,,19)}(0) = 0.2$ $f_C^{(20,,59)}(0) = 0.1$ $f_C^{(60,,84)}(0) = 0.1$	[23], observed data (Supplementary Data 2)
$f_V(0), f_N(0)$	Initial proportions of VT-, NVT- carriers	$f_V(0): 0.2-0.8 f_N(0): 0.2, 0.4 where f_V(0) + f_N(0) \le 1$	Observed data (Table 2)



• Fit clearance rate (to extracted estimates from literature)

23 studies





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 $\begin{array}{l} \textbf{23 studies} \\ \rightarrow \textbf{culture only} = \textbf{15} \end{array}$





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23 studies

 \rightarrow culture only = 15

• Fit clearance rate (to extracted estimates from literature)

23 studies \rightarrow culture only = 15 \rightarrow take median only = 8

Formula: Duration $\sim \mathbf{k} + (\mathbf{b} - \mathbf{k})^* \exp(-\mathbf{c}^* \mathbf{Age})$



Parameters: Contact matrices (\tilde{m}_{ij})



Fig. 1 Modeling framework. Schematic representation of the workflow for modeling human-mixing patterns and infection transmission dynamics.

1) Verify model against real-world VT-decline

Location	Sample characteristics	Overall carriage (age 0, 1-4, 5-17, 18-39, 40-59, 60-84)	Initial proportions of VT-, NVT-carriers	Vaccine coverage
France [16]	Children 3–40 months attending daycare center	0.59, 0.59, 0.30, 0.10, 0.10, 0.10 [16,23]	0.75, 0.25 [16]	2004-05: 61% 2005-05: 74% 2006-07: 86% 2007-08: 90% [30]
UK [17]	Children 1–5 years attending primary care practices	0.49, 0.49, 0.21, 0.08, 0.08, 0.08 [17]	0.659, 0.341 [17]	90% [49]
Alaska, US [18]	Children 3 months–5 years attending primary care practices	0.38, 0.38, 0.30, 0.10, 0.10, 0.10 [18,23]	0.53, 0.47 [18]	60% [18]
Massachusetts, US [19]	Children 3 months-7 years attending primary care practices	0.28, 0.28, 0.28, 0.10, 0.10, 0.10 [19,23]	0.36, 0.64 [19]	85% [19]

2) Contact matrices led to different time-to-elimination



3) Effect of other factors



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We tested:

- Vaccine efficacy
- Vaccine coverage
- B) Waning rate
- C) Initial VT:NVT ratio
- D) Population susceptibility

A neutral, S–C transmission model



- Neutral model : does not assume one serotype to have fitness advantage over the other
- To check neutrality, track fraction of VT-carriers among all carriers $(f)^1$

$$f = \frac{C_{VT}^{NV} + q \times C_{VT,NVT}^{NV} + C_{VT}^{V} + q \times C_{VT,NVT}^{V}}{C_{VT}^{NV} + C_{NVT}^{NV} + C_{VT}^{V} + C_{VT}^{V} + 2q(C_{VT,NVT}^{NV} + C_{VT,NVT}^{V})}$$