

An abstract network diagram featuring a complex web of nodes and edges. The nodes are represented by circles of varying sizes, some in solid black and others in light gray. The edges are lines of varying thicknesses, also in black or light gray, connecting the nodes. The overall structure is dense and interconnected, with some nodes having many connections (hubs) and others having fewer. The background is white, and the network elements are layered, with some appearing more prominent than others.

Modeling Epidemics on Multi-Layer Networks

Network Modeling for Epidemics 2025

A solid blue horizontal bar spanning the width of the slide at the bottom.

Definition and Motivation

- Multi-layer networks are used to represent different *types* of edges in the same underlying model population
- Same node set, different edge set
- Flexibility in handling different types of relations that may vary in both formation and dissolution model
- General example for social contacts:
 - Family network in a household
 - High mean degree, complex age mixing, long persistence
 - Community network
 - Low mean degree, less complex mixing, short persistence

How Do Network Layers Interact?

- Network layers may be modeled independently...
- Or there may be interactions across layers:
 - Number of school contacts negatively correlated with number of work contacts
 - Number of main partners negatively correlated with number of casual partners
- Interactions can be modeled with degree in one layer as a model term in another layer
 - These cross-layer degrees can change over time and thus the network resimulations can (and should) adapt

HIV Model Example

- Jenness SM, Johnson JA, Hoover KW, Smith DK, Delaney K. Modeling an Integrated HIV Prevention and Care Continuum to Achieve the Ending the HIV Epidemic Goals. *AIDS*. 2020; 34(14): 2103–2113.
 - PDF of paper: <http://samueljenness.org/pdf/Jenness-2020-AIDS.pdf>
 - EpiModelHIV Code: <https://github.com/statnet/EpiModelHIV>
 - Model scripts for paper: <https://github.com/epimodel/combprev>

An Integrated Prevention & Care Continuum

Who Have Sex With Men in Atlanta Georgia

Collee
Eli S. I

United S
to Contr

A to Cont

90 — 100% 100

80% 90%

60 — 80% —

Response	Percentage
Yes, the current system is the best way to run the country	70%
No, the current system is not the best way to run the country	30%

30	50%		
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40% -

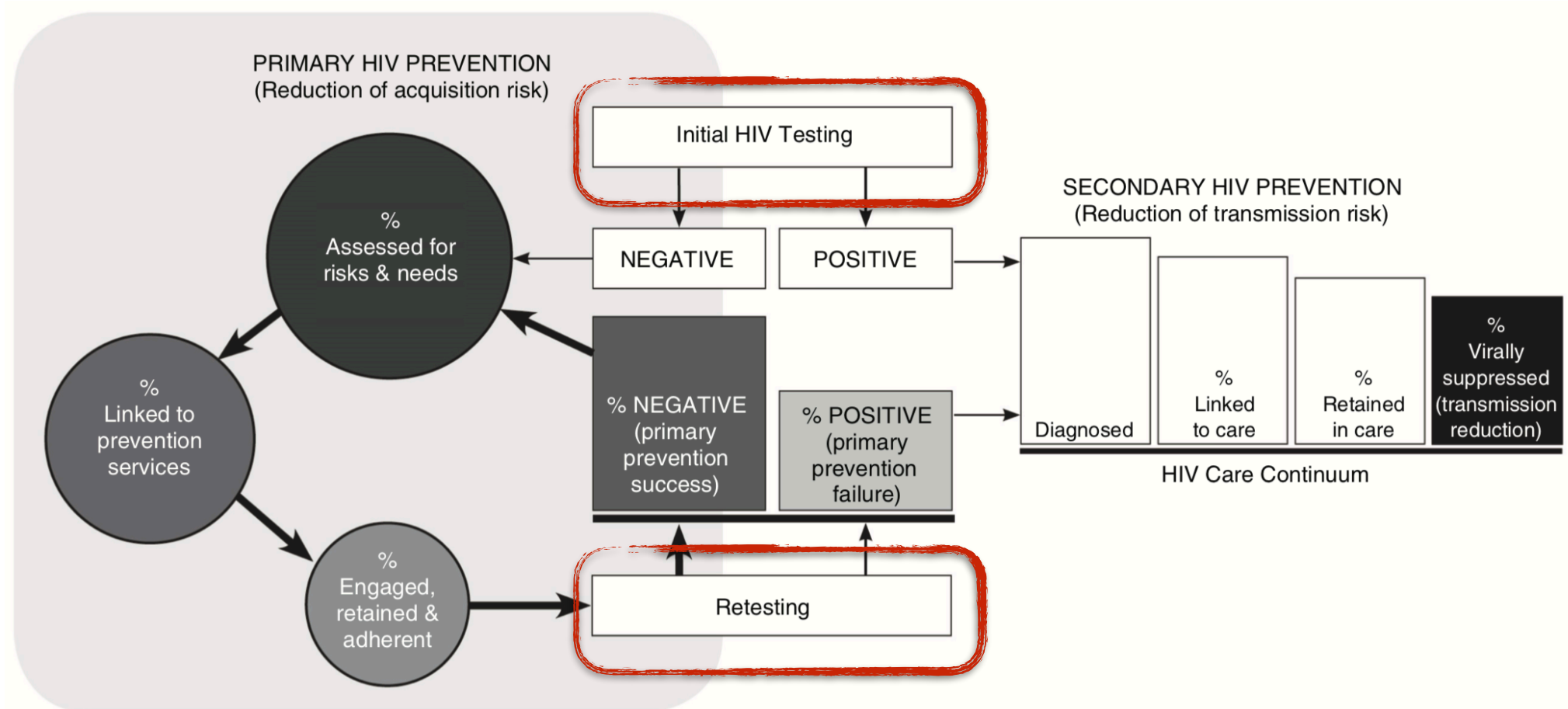
Percentage of respondents who believe that the current government is doing a good job of handling the COVID-19 crisis
28%

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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Response	Percentage
Yes, it is a problem	100%
No, it is not a problem	0%

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Ending the Epidemic Plan

- Ending the HIV Epidemic plan introduced in Feb 2019
 - 75% incidence reduction by 2025
 - 90% reduction by 2030
 - Resources directed at high-burden counties and states
- Will it be enough for HIV?
 - Lowest levels of HIV viral suppression in the Southern states where Medicaid not expanded through ACA

Ending the HIV Epidemic: A Plan for America

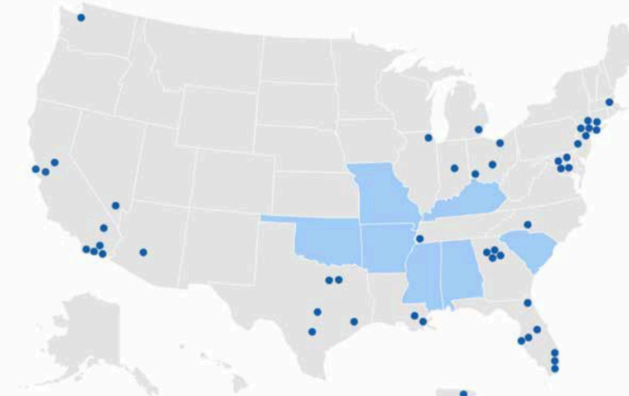
HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL:

Our goal is ambitious and demanding, but we can employ strategic practices in the *places* focused on the right *people* to:



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

*2016-2017 data

Ending
the
HIV
Epidemic

www.HIV.gov

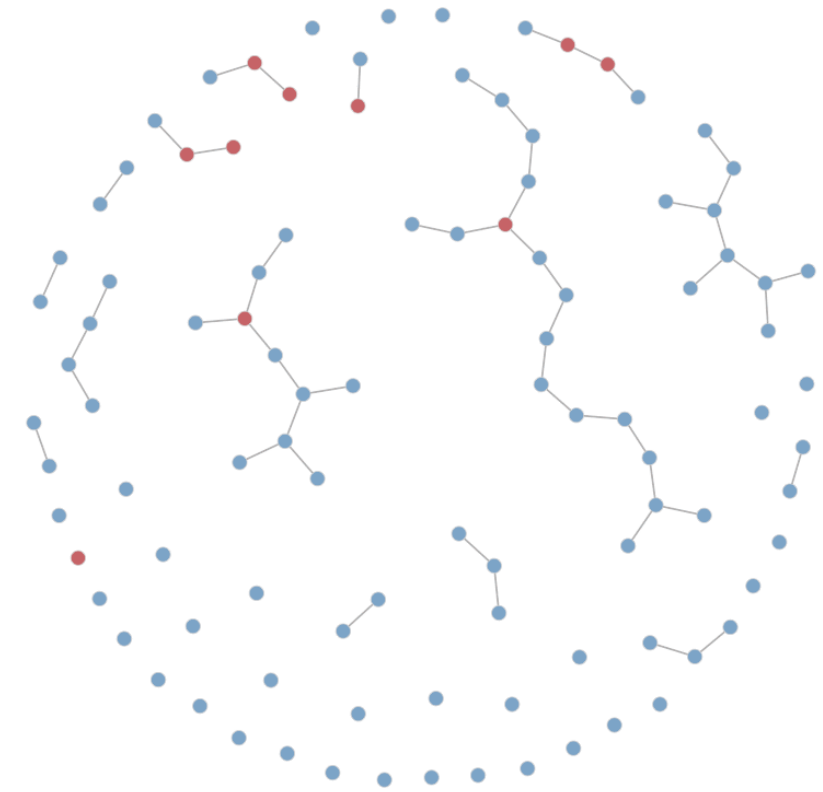
- **Using modeling to understand an integrated HIV prevention and care continuum to achieve EHE goals**
- *Primary Study Question*
 - What combinations of improvements to HIV screening (alone or as a gateway to PrEP initiation), HIV care linkage, and HIV care retention could meet the 2030 EHE goal of a 90% reduction in HIV incidence?

Methods Overview

- Stochastic network model for HIV transmission dynamics
- Target study population:
 - Men who have sex with men (MSM) in Atlanta metropolitan area
 - Aged 15 to 65, stratified by Black, Hispanic, White/Other race/ethnicity
- Model calibrated to recent estimates of HIV care continuum steps and PrEP utilization in population
- Intervention scenarios for improvements to:
 - HIV screening
 - With and without PrEP initiation linked to HIV screening events
 - HIV care linkage
 - HIV retention in care

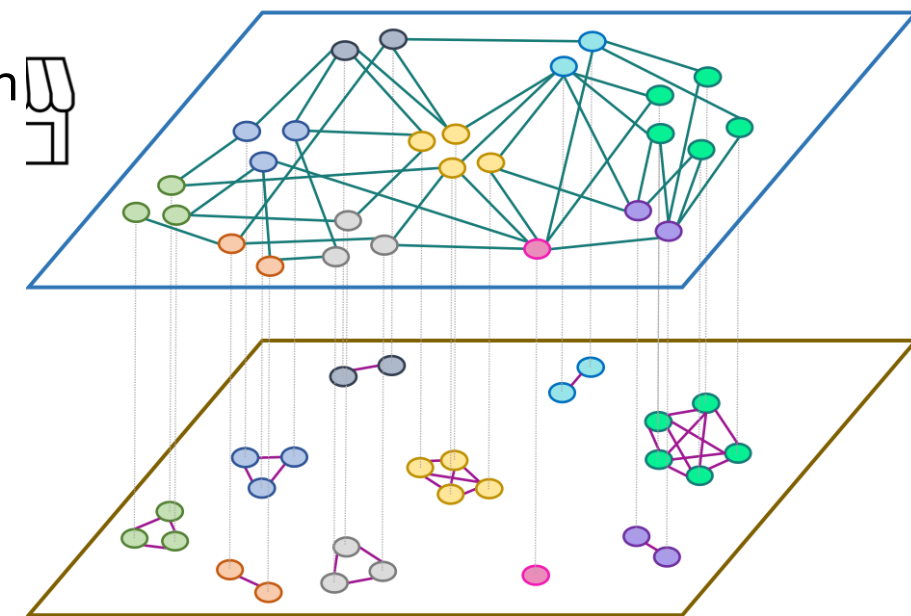
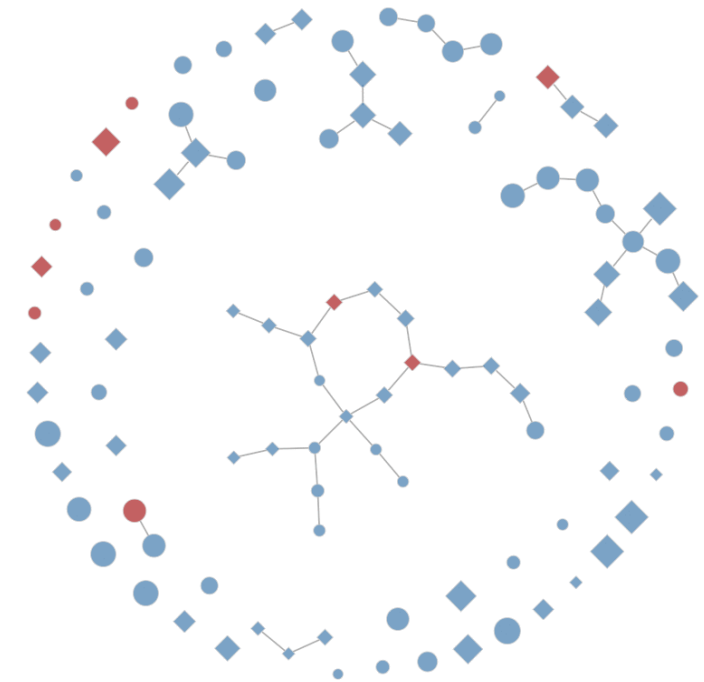
Network Modeling Methods

- Temporal exponential random graph models (TERGMs) define partnership formation and dissolution
 - Sexual network types: main, casual, one-off
 - Men form partnerships according to model terms based on numbers of each partner type, differential activity and mixing on race and age, sexual role segregation
- HIV epidemiology
 - Natural history (disease stages, continuous VL, HIV-related mortality)
 - ART initiation and adherence
 - HIV transmission dynamics within serodiscordant partnerships
- Demographic processes



Multi-Layer Networks for MSM Sexual Partnerships

- Three partnership networks: main, casual, one-time
 - Same node set, different edge set
- Distinguished in both their formation and dissolution model components
 - Formation formula for main network differs from other two
 - Dissolution model varies (substantially) by average duration of partnerships
- Formation model for partnerships
 - Heterogeneity and assortative mixing by demographics, degree in other networks, sexual positioning; non-parametric degree distribution terms
- Dissolution model for partnerships
 - Mean duration of partnerships by type and age-group-specific durations (young-young partnerships shorter than old-old partnerships)



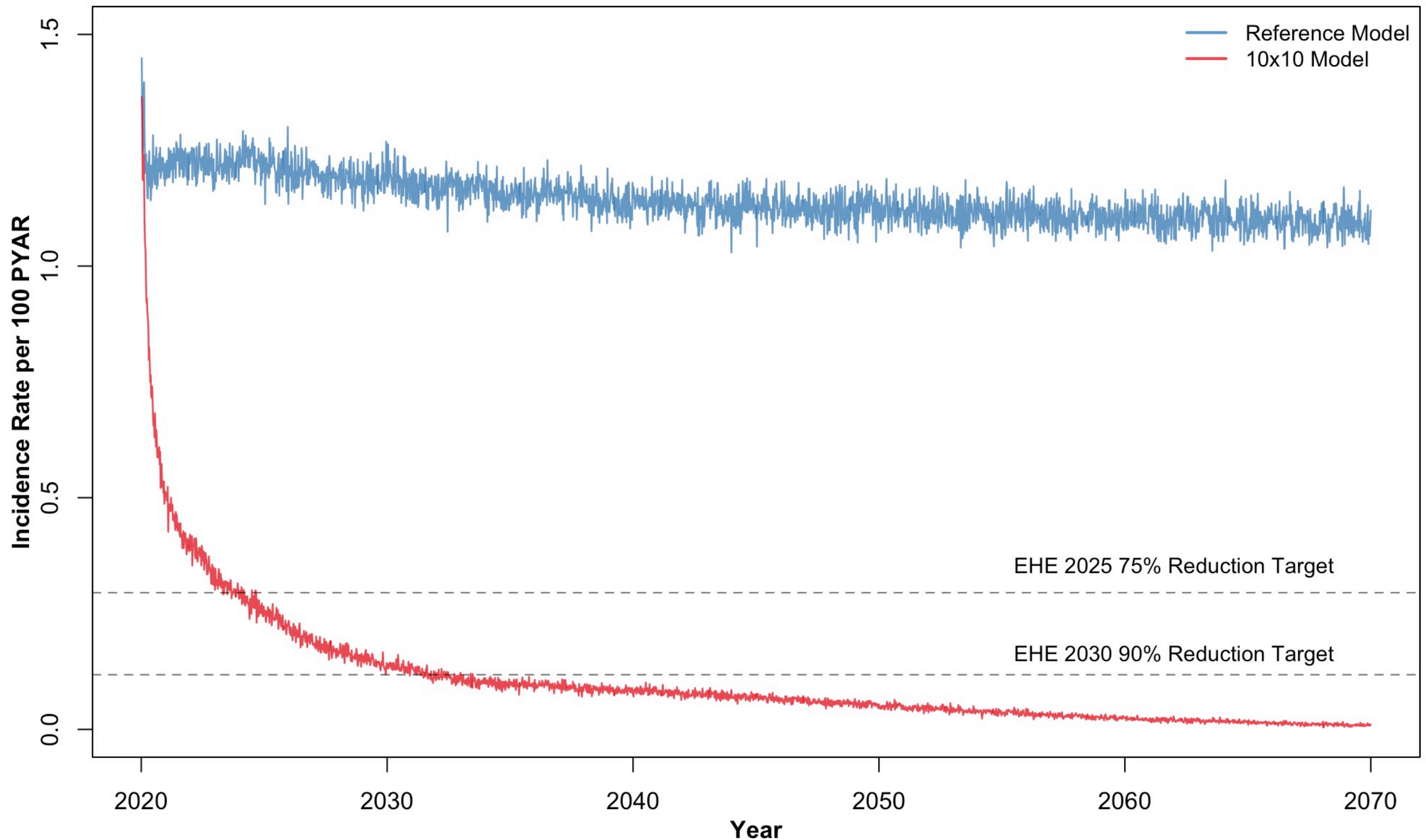
Empirical Data \rightsquigarrow Network Model Parameters

- Recently completed **ARTnet Study** of MSM in the US (R21 MH112449)
 - 4904 MSM reporting on 16198 sexual partnerships
- **Primary innovation:** data-driven statistical models embedded within ID transmission models where primary data available
 - TERGMs for network structure \rightsquigarrow simulate
 - Poisson models for coital frequency \rightsquigarrow predict
 - Logit models for condom use \rightsquigarrow predict
- Allows for confounding adjustment and addressing parameter covariance, statistical interactions when necessary
- Secondary data for (more) universal parameters
 - PrEP/ART effectiveness, probability of HIV transmission per act, ...



<https://pubmed.ncbi.nlm.nih.gov/32004795/>

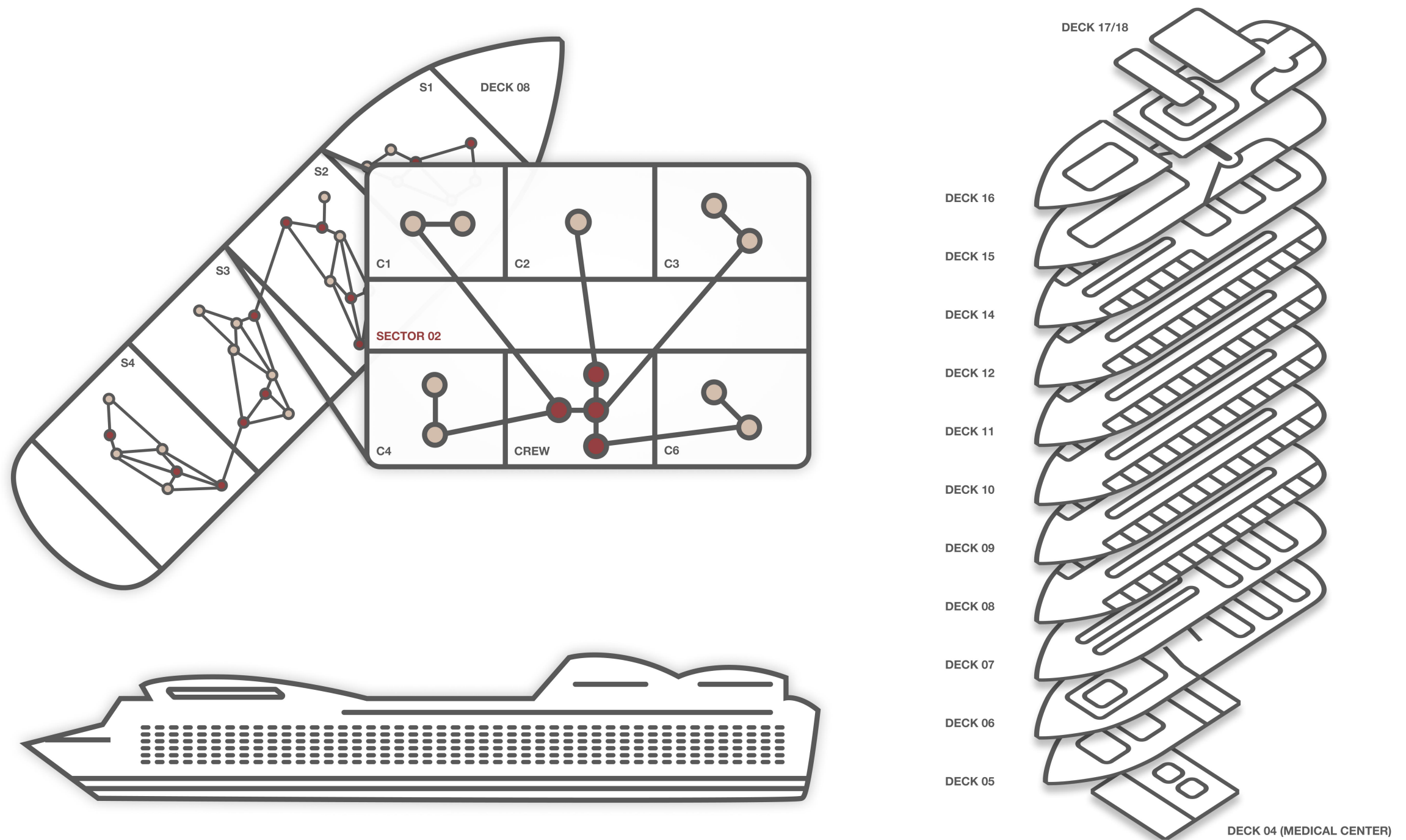
How Long Will it Take to Achieve the EHE Goals?



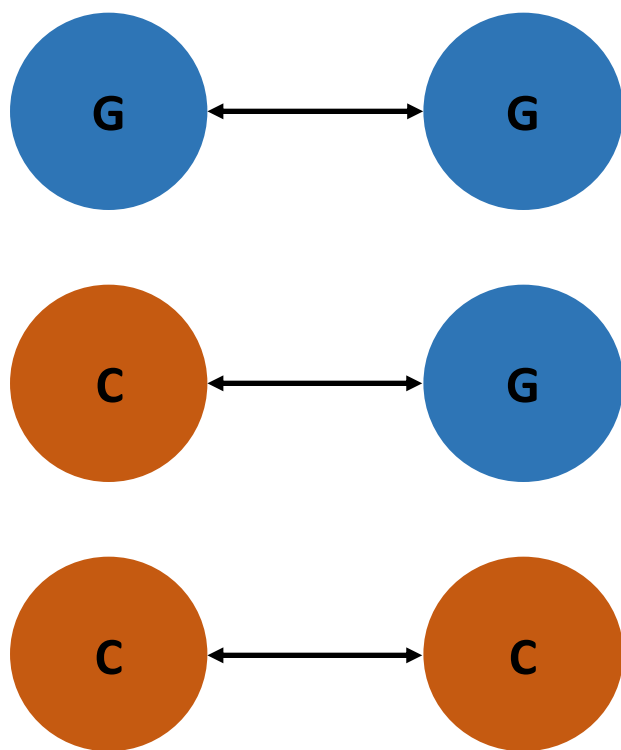
COVID Model Example

- Jenness SM, Willebrand KS, Malik AA, Lopman BA, Omer SB. Modeling Dynamic Network Strategies for SARS-CoV-2 Control on a Cruise Ship.
 - Paper: https://epimodel.github.io/sismid/0_nme_prep/pdf/Jenness-Epidemics-COVIDCruise.pdf
 - EpiModelCOVID Code: <https://github.com/epimodel/epimodelcovid>
 - Model scripts for paper: <https://github.com/EpiModel/COVID-CruiseShip>

Cruise Ship Network Model Schematic

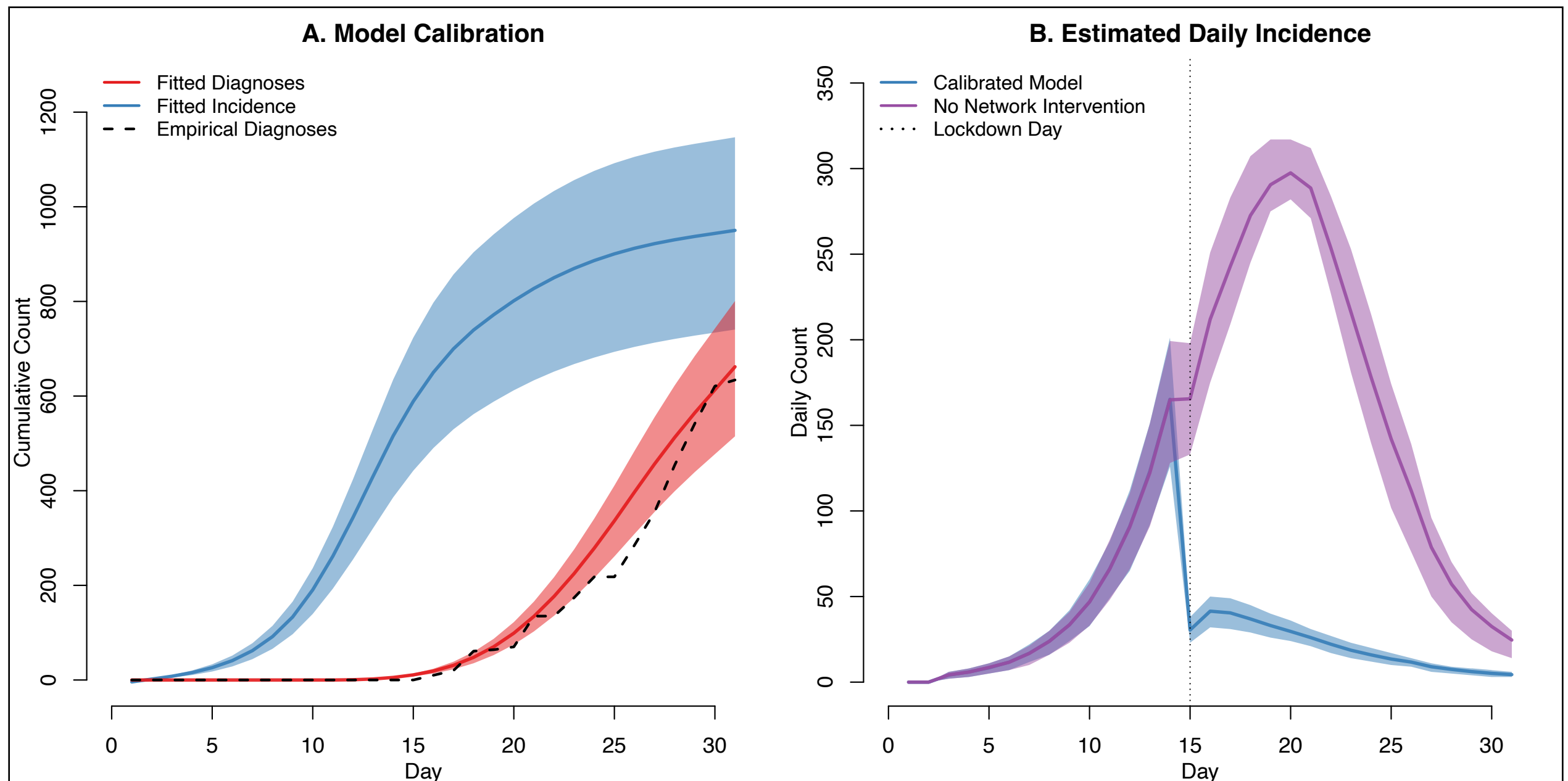


Multi-Layer Dynamic Contact Networks



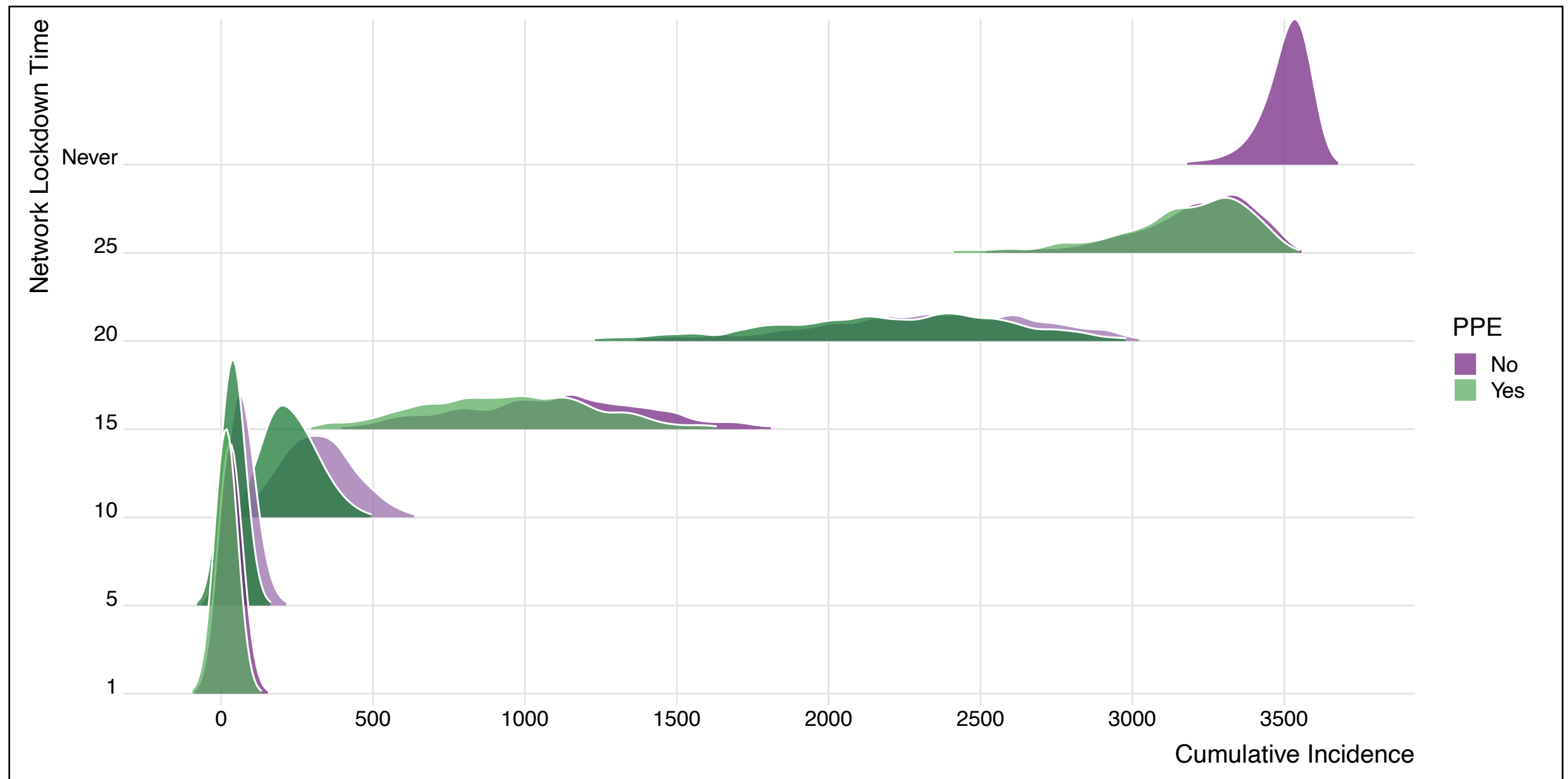
- Three overlapping ERGMs to represent guest/guest, crew/guest, and crew/crew contacts
- Multi-level structure: guests within cabins, cabins within ship sectors, crew assigned to cabins within sectors
 - x2 ERGMs, for pre-lockdown and post-lockdown network structures
- ERGMs with ship structure allow for repeated contacts with deterministic dissolution
- Scenarios focused on timing of lockdown, design of sectorization, and degree and within-cabin and within-sector mixing constraints given lockdown
 - Control-based strategies: after outbreak has started
 - Prevention-based strategies: informing future ship design

Model Results 1: Calibration



- Fit the model transmission parameters to daily screening rates and diagnoses on ship
 - True incidence > diagnosed incidence
- Empirical lockdown occurred Day 15 of the cruise

Model Results 2: Timing of Network Lockdown



- Distribution of cumulative incidence across 1000 simulations in each scenario
- Earlier (counterfactual) lockdown associated with major reduction in cumulative incidence compared to empirical (actual) lockdown on Day
 - Little impact of PPE in these settings: high-intensity contact and directionality of transmission...

Model Results 3: Directionality of Transmission

Table 2. Directionality of Transmission and Contact Intensity Reductions, with Day 15 Network Lockdown and PPE, on COVID Incidence at 1 Month					
Scenario	Total	Passenger to Passenger	Passenger to Crew	Crew to Passenger	Crew to Crew
	Cuml. Incid.	Cuml. Incid.	Cuml. Incid.	Cuml. Incid.	Cuml. Incid.
	Median (95% SI)	Median (95% SI)	Median (95% SI)	Median (95% SI)	Median (95% SI)
With Contact Intensity Reductions, Network Lockdown, and PPE at Day 15					
<i>Base Scenario</i>					
No Intensity Reduction	933.5 (366.0, 1556.2)	551.0 (213.9, 941.0)	163.0 (66.0, 265.0)	124.0 (46.0, 211.0)	93.0 (33.0, 175.0)
<i>Varying Passenger-Passenger Contact Intensity</i>					
50% Reduction	862.5 (353.9, 1454.0)	488.0 (203.9, 843.0)	155.0 (67.0, 257.0)	124.5 (47.0, 216.0)	93.5 (29.0, 174.0)
90% Reduction	765.5 (316.9, 1348.0)	401.0 (164.9, 727.0)	145.5 (63.0, 248.0)	122.0 (44.0, 214.0)	90.0 (31.0, 173.0)
100% Reduction	749.0 (297.9, 1255.1)	381.0 (155.9, 677.0)	147.5 (61.0, 241.0)	126.0 (44.0, 208.0)	93.0 (32.0, 168.0)
<i>Varying Passenger-Crew Contact Intensity</i>					
50% Reduction	849.0 (352.9, 1379.1)	545.0 (230.0, 868.0)	125.5 (54.0, 203.0)	87.0 (31.0, 158.1)	90.0 (31.0, 168.0)
90% Reduction	787.0 (332.9, 1346.1)	535.5 (227.0, 899.0)	96.0 (41.0, 173.0)	62.0 (17.0, 130.0)	87.0 (30.0, 170.0)
100% Reduction	744.0 (325.0, 1274.1)	519.5 (225.9, 865.0)	86.0 (37.0, 152.0)	55.0 (17.0, 117.0)	84.0 (29.0, 167.0)
<i>Varying Crew-Crew Contact Intensity</i>					
50% Reduction	897.0 (379.9, 1471.2)	542.0 (220.8, 904.0)	161.0 (70.0, 254.0)	120.0 (48.0, 203.1)	74.0 (23.0, 142.0)
90% Reduction	899.0 (404.0, 1529.2)	558.0 (255.0, 943.2)	165.0 (78.0, 274.0)	118.0 (47.0, 206.0)	61.0 (17.0, 132.0)
100% Reduction	895.5 (362.9, 1459.1)	558.0 (218.0, 909.1)	162.0 (68.0, 263.0)	115.0 (44.0, 200.0)	55.0 (15.0, 119.0)

- In base model, most transmissions were passenger to passenger
 - No/limited PPE was used within cabins
- Reducing the contact intensity could avert hundreds of infections

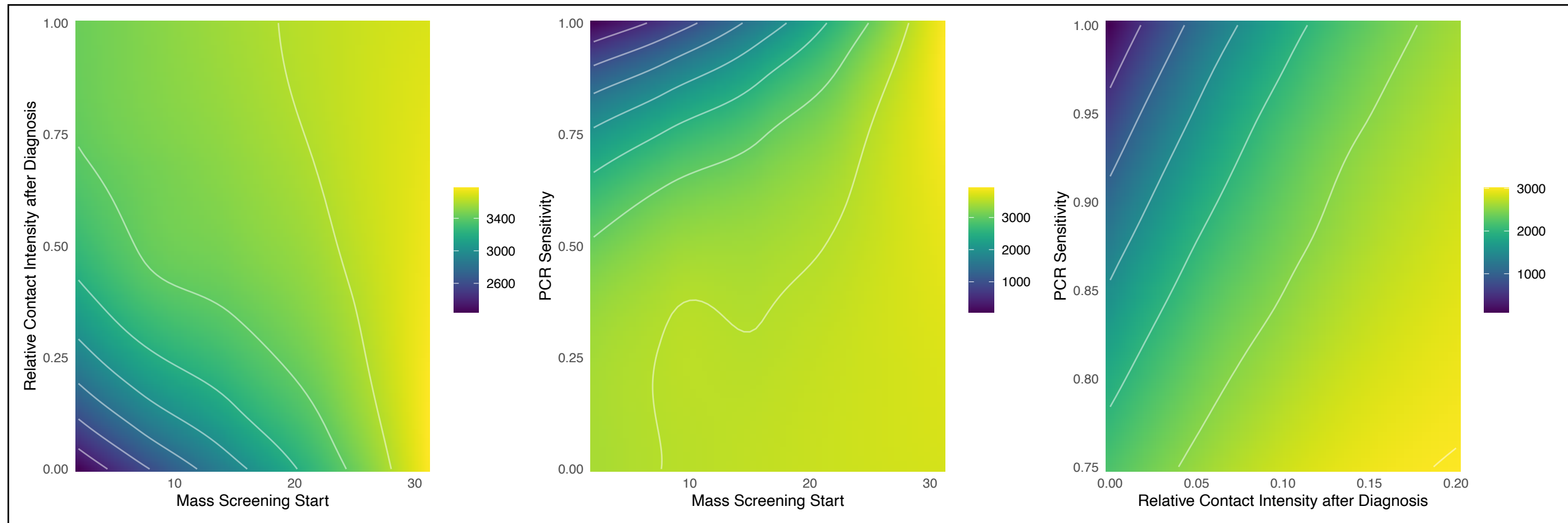
Model Results 4: Prevention with Mass Screening

Table 4. Impact of Timing of Mass Asymptomatic Screening and Diagnosis-Based Case Isolation, with No Network Lockdown and Stratified by PPE Use, on COVID Incidence and Mortality at 1 Month

Scenario	Cumulative Incidence			Cumulative Mortality		
	Total	NIA ¹	PIA ²	Total	NDA ³	PDA ⁴
	Median (95% SI)	Median (95% SI)	Median (95% SI)	Median (95% SI)	Median (95% SI)	Median (95% SI)
<i>Varying Timing of Mass Screening (Never PPE)</i>						
Day 1	2286.0 (0.0, 3421.0)	1403.5 (1396.0, 1409.0)	38.0 (37.9, 38.1)	7.0 (0.0, 24.0)	29.0 (28.0, 29.0)	81.2 (80.6, 81.8)
Day 5	2621.5 (16.0, 3353.1)	1070.5 (1067.0, 1074.0)	29.0 (28.9, 29.1)	9.0 (0.0, 23.0)	27.0 (27.0, 27.0)	75.6 (75.0, 76.0)
Day 10	2917.0 (1787.8, 3310.1)	775.0 (772.5, 777.5)	21.0 (20.9, 21.1)	13.0 (4.0, 25.0)	23.0 (22.0, 23.0)	63.6 (62.9, 64.1)
Day 15	2944.5 (2256.8, 3176.1)	746.0 (744.0, 748.0)	20.2 (20.2, 20.3)	18.0 (8.0, 32.0)	18.0 (17.0, 18.0)	50.0 (48.6, 50.0)
Day 20	3102.5 (2588.8, 3360.1)	590.0 (588.0, 591.5)	16.0 (15.9, 16.0)	30.0 (16.0, 45.0)	6.0 (6.0, 7.0)	17.1 (16.1, 18.4)
Day 25	3607.0 (3360.9, 3668.0)	85.0 (84.0, 86.0)	2.3 (2.3, 2.3)	36.0 (24.0, 50.0)	0.0 (-1.0, 0.0)	0.0 (-2.5, 0.0)
Never (Reference)	3692.0 (3679.0, 3699.0)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)	36.0 (25.0, 49.0)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)
<i>Varying Timing of Mass Screening (Always PPE)</i>						
Day 1	1629.5 (0.0, 3013.0)	2012.0 (1998.0, 2023.0)	55.3 (55.0, 55.4)	5.0 (0.0, 20.0)	27.0 (27.0, 28.0)	85.2 (84.5, 85.7)
Day 5	1856.5 (12.0, 2837.4)	1776.0 (1766.0, 1784.5)	48.8 (48.6, 49.0)	6.0 (0.0, 19.0)	26.0 (26.0, 27.0)	81.0 (80.5, 81.5)
Day 10	2240.5 (1058.0, 2815.1)	1395.0 (1387.0, 1402.0)	38.3 (38.2, 38.5)	10.0 (2.0, 20.0)	23.0 (23.0, 23.0)	70.6 (70.0, 71.1)
Day 15	2372.0 (1585.6, 2755.0)	1267.5 (1262.0, 1273.0)	34.8 (34.7, 34.9)	15.0 (5.0, 27.0)	18.0 (17.0, 18.0)	54.3 (53.5, 55.0)
Day 20	2656.0 (1980.9, 3033.0)	983.5 (977.5, 988.5)	27.0 (26.9, 27.2)	26.0 (12.0, 40.0)	7.0 (7.0, 8.0)	22.2 (20.9, 23.3)
Day 25	3354.0 (2831.8, 3537.1)	285.5 (282.0, 290.0)	7.8 (7.8, 7.9)	33.0 (20.0, 47.0)	0.0 (0.0, 1.0)	0.0 (0.0, 2.5)
Never (Reference)	3643.0 (3563.0, 3669.0)	0.0 (-1.0, 1.0)	0.0 (-0.0, 0.0)	33.0 (20.0, 45.0)	0.0 (0.0, 0.0)	0.0 (0.0, 0.0)

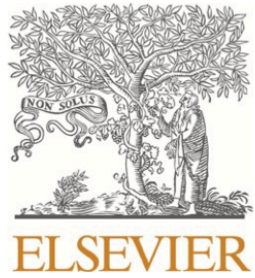
- In absence of behavioral change, screening and diagnosis-based case isolation could avert a substantial number of infections but not 100%
 - Here, PPE has an impact!
 - Why does Day 1 screening not prevent an outbreak?

Model Results 5: Sensitivity Analysis for Screening Interventions



- Base model assumed 100% reduction in contacts after case isolation, 80% PCR test sensitivity, and a Day 1 screening strategy
- Only when PCR sensitivity reaches 100% is an outbreak averted in the absence of behavioral change

Modeling SARS-CoV-2 in Carceral Settings



Contents lists available at [ScienceDirect](#)

Epidemics

journal homepage: www.elsevier.com/locate/epidemics



Dynamic contact networks of residents of an urban jail in the era of SARS-CoV-2

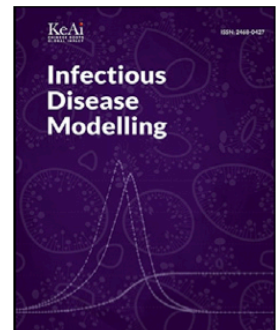
Samuel M. Jenness^{a,*}, Karina Wallrafen-Sam^a, Isaac Schneider^a, Shanika Kennedy^a,
Matthew J. Akiyama^b, Anne C. Spaulding^a



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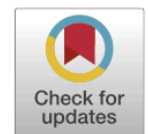
Infectious Disease Modelling

journal homepage: www.keaipublishing.com/idm



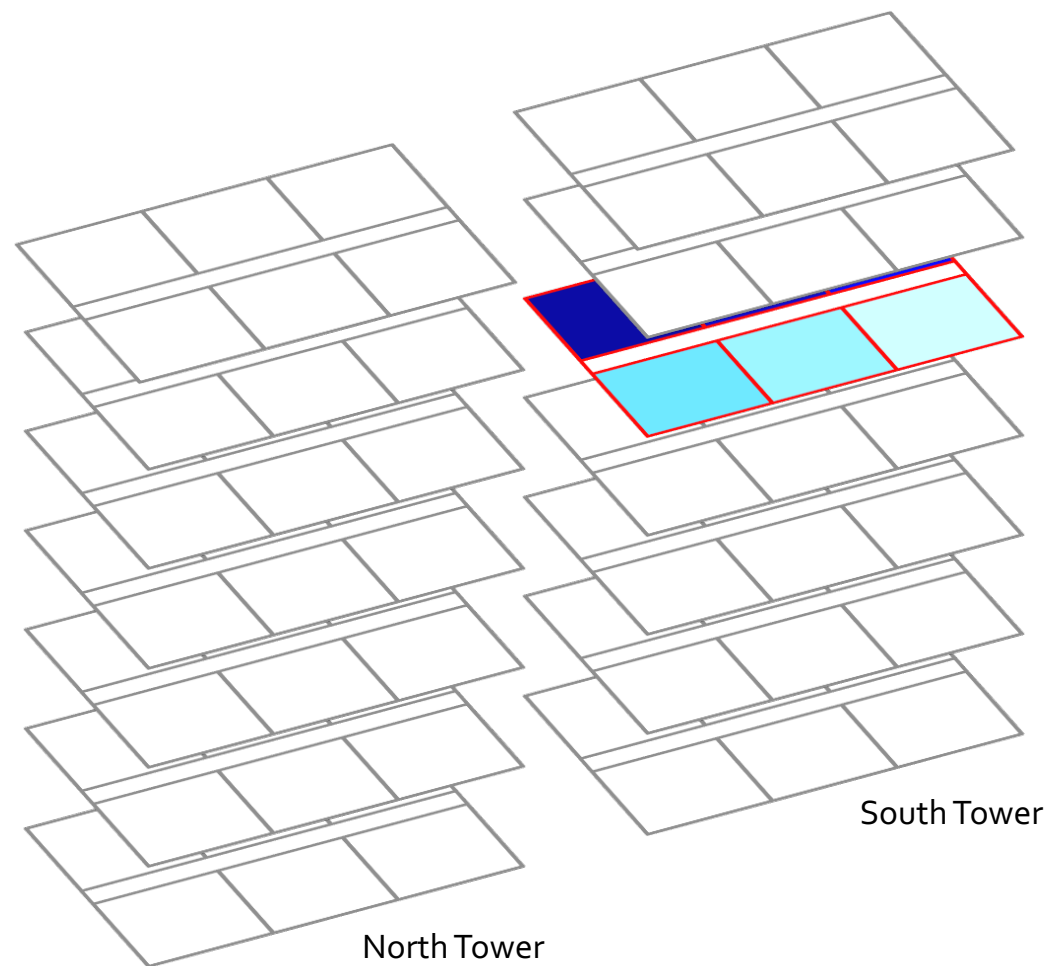
Interventions for SARS-CoV-2 prevention among Jailed adults: A network-based modeling analysis

Isaac Schneider^{a,*}, Karina Wallrafen-Sam^a, Shanika Kennedy^a,
Matthew J. Akiyama^b, Anne C. Spaulding^a, Samuel M. Jenness^a

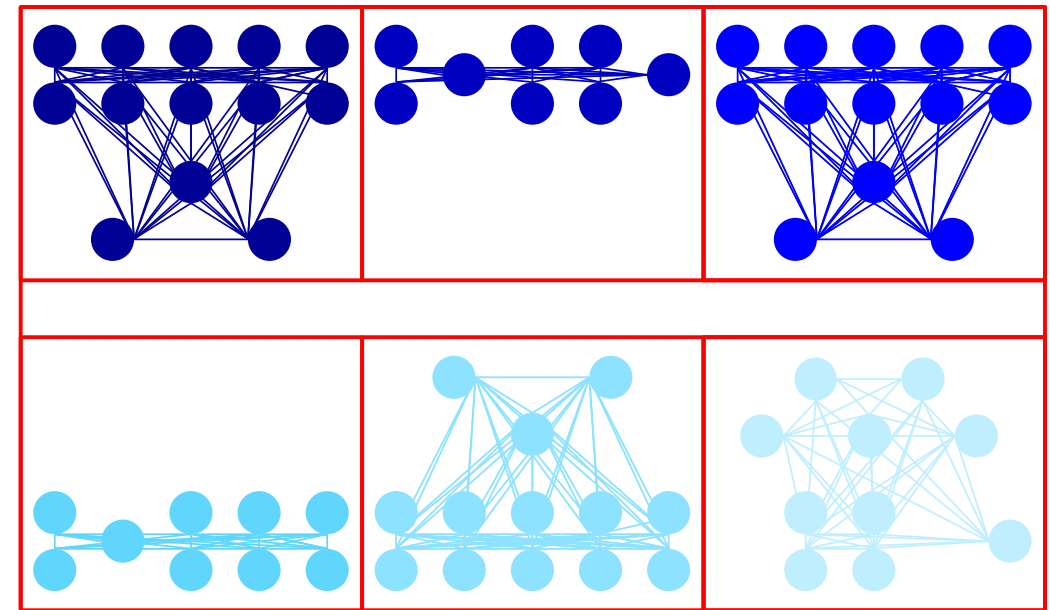


Modeling SARS-CoV-2 in Carceral Settings

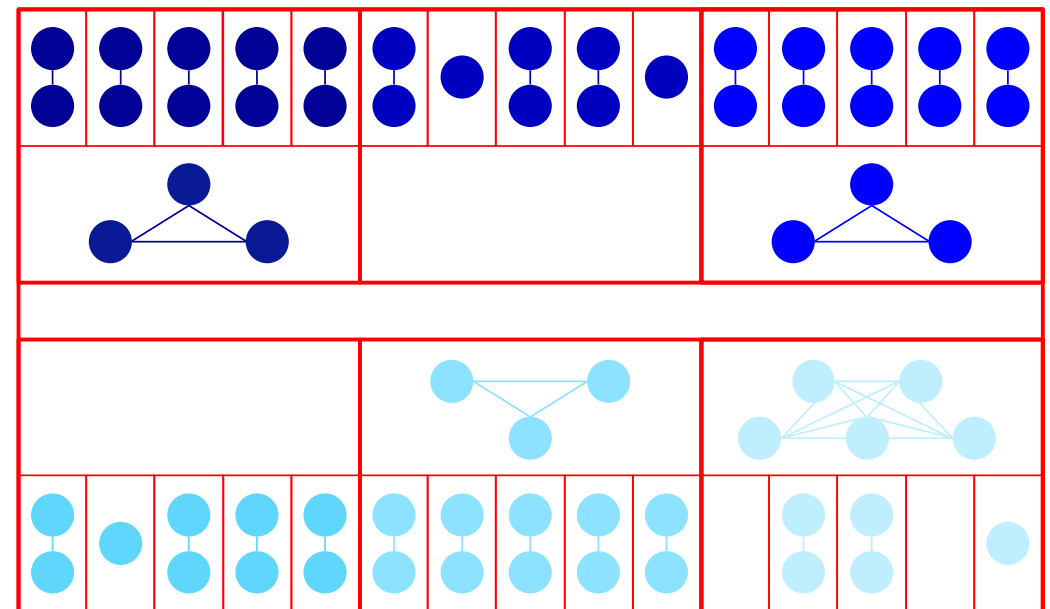
Overall Structure of Jail



Block-Level Network



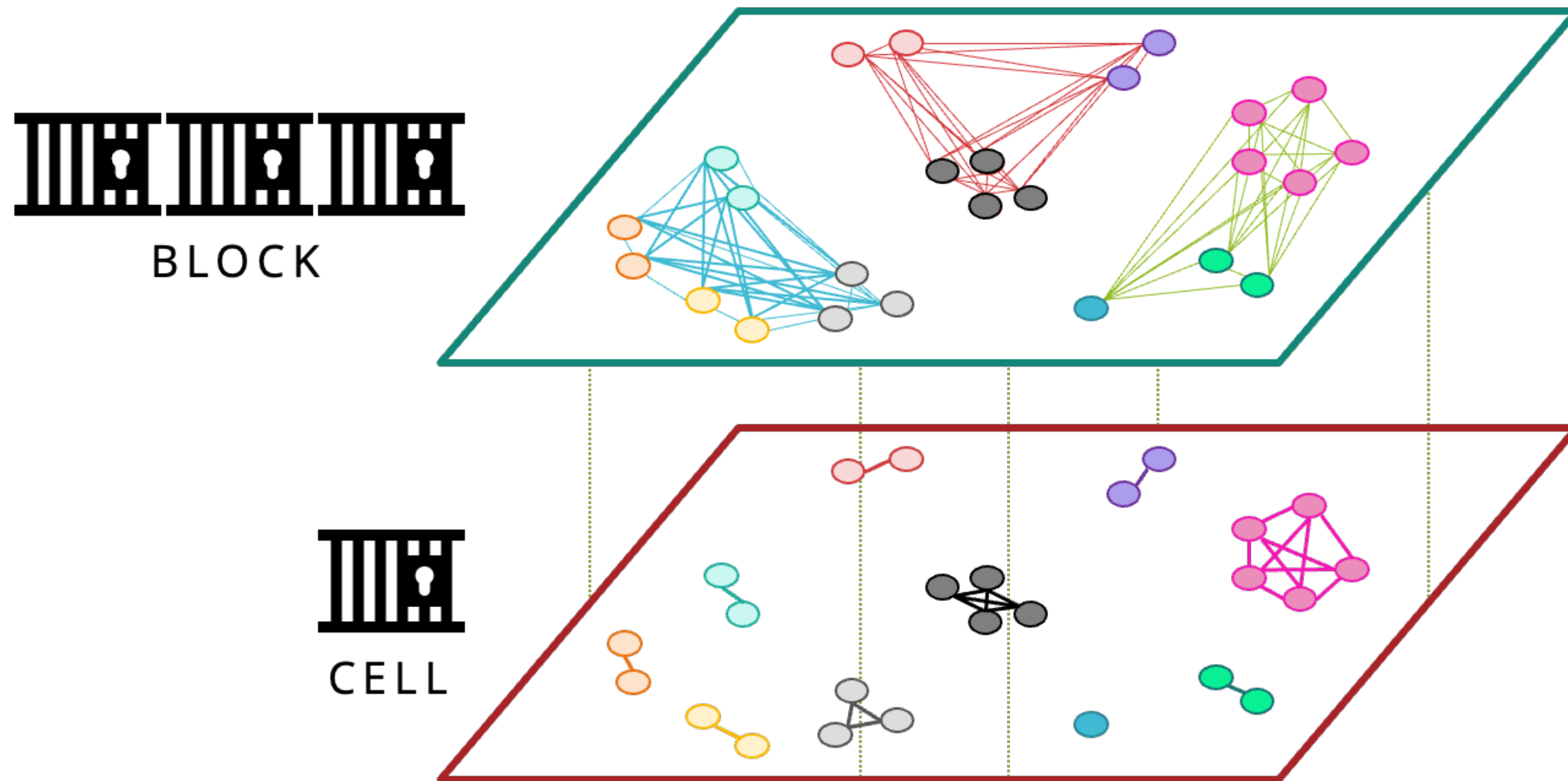
Cell-Level Network



Fulton County Jail Roster Data

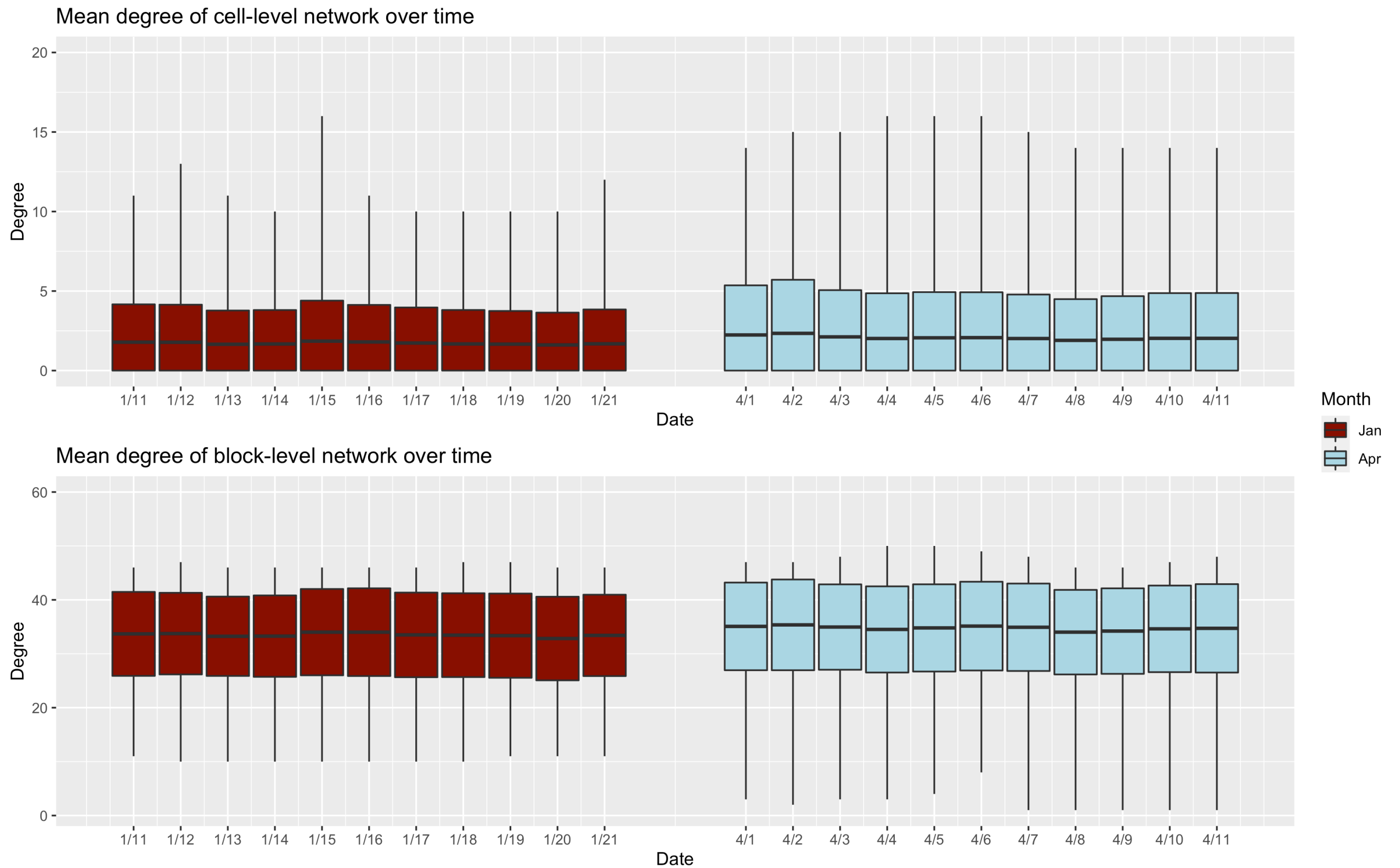
- Location of jail residents coded in the format: 1N103
 - 1 = floor (1 – 7)
 - N = tower (N and S)
 - 1XX = block
 - X00 = cell within block
- Focusing on FCJ main building only
 - Excluding annex buildings
 - Excluding women in FCJ due to small size in building
- Some challenges in coding for non-standard locations
 - Intake, holding, transportation, medical areas

Network of Contacts within Carceral Setting



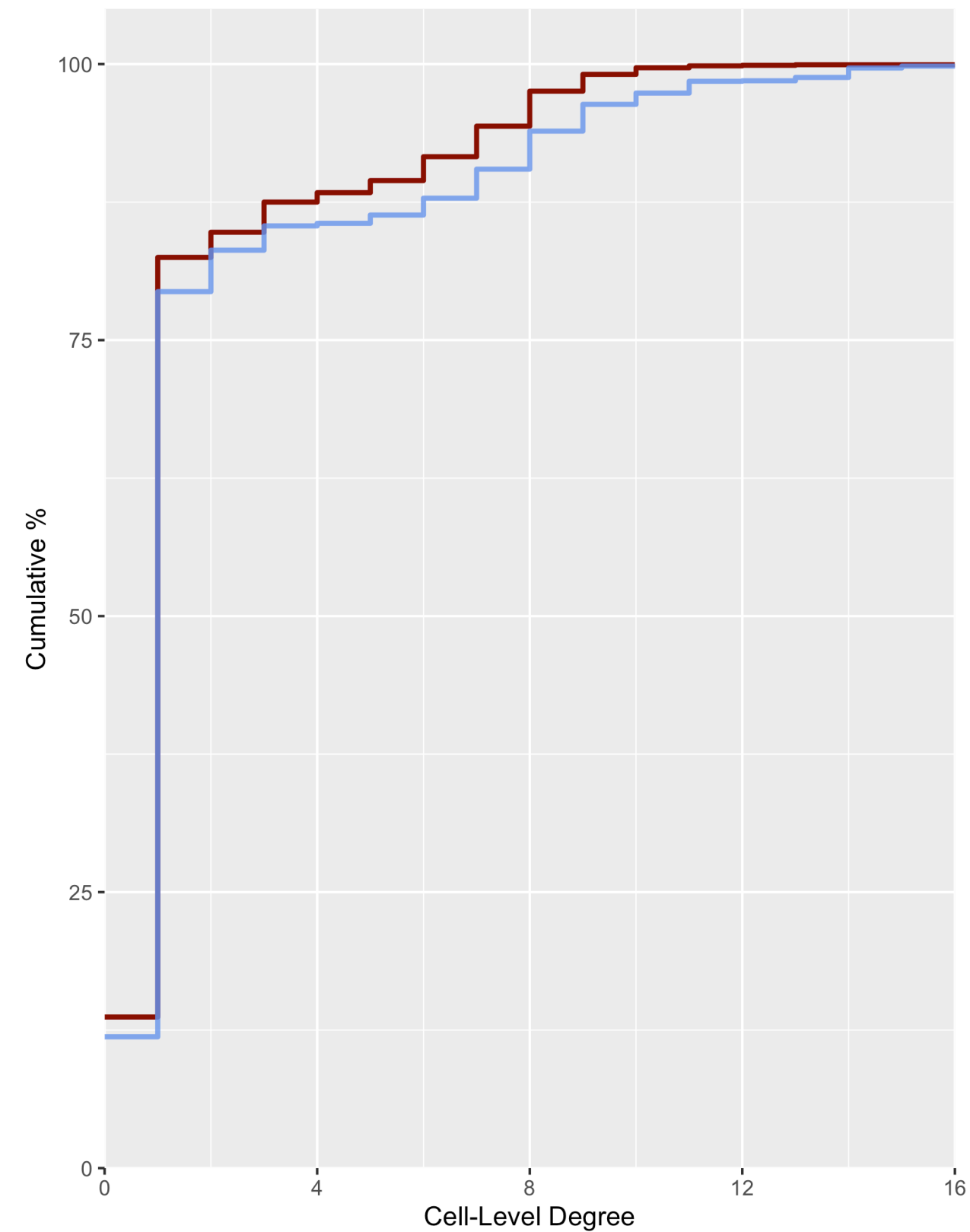
- Contact networks in cells were assumed to be saturated with strong exposures per time step
- Contact networks in blocks were assumed to be random with weaker exposures per time step

Mean Degree During Omicron Wave and Post-Wave

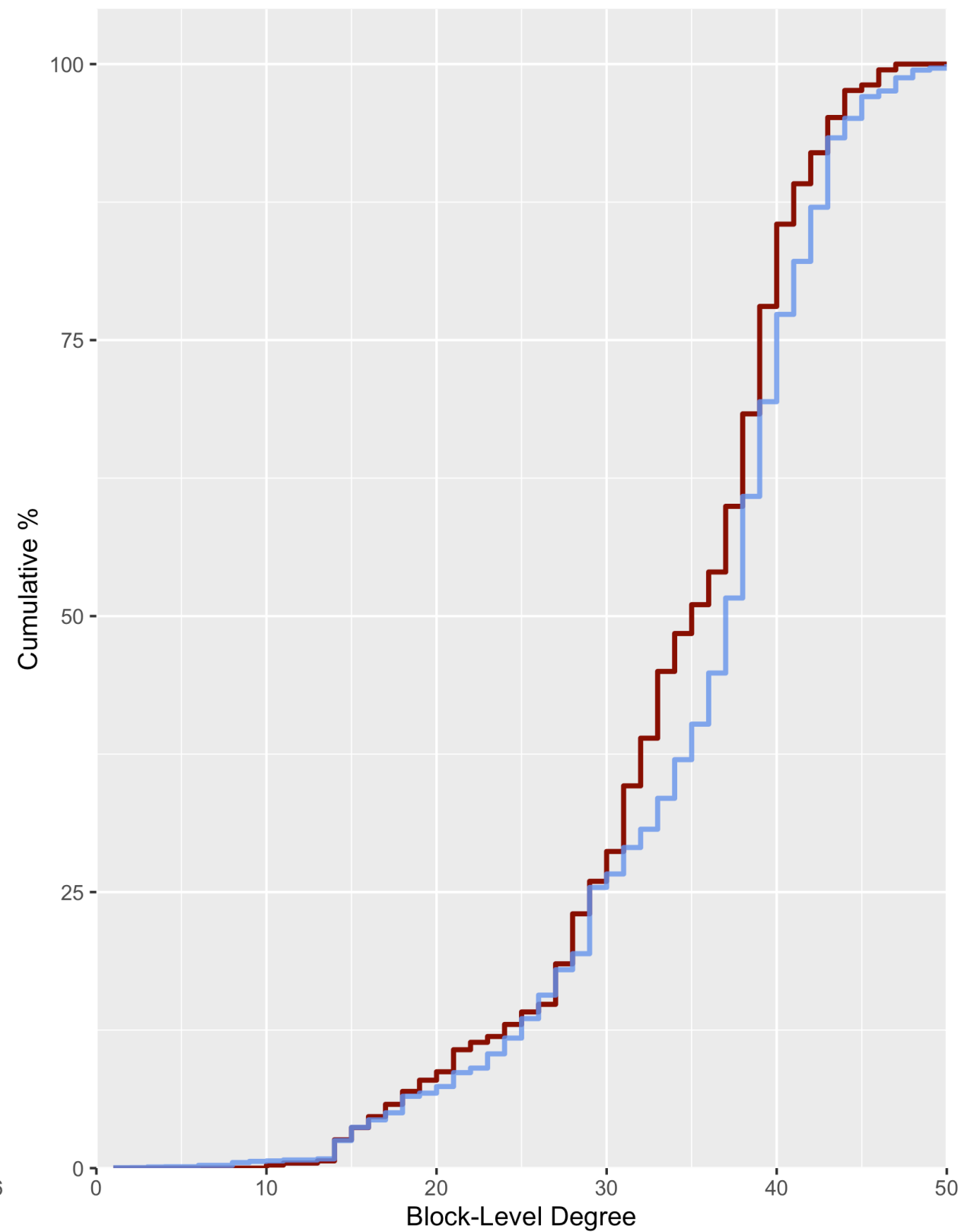


Cumulative Density Function for Mean Degree by Period

Cell-Level



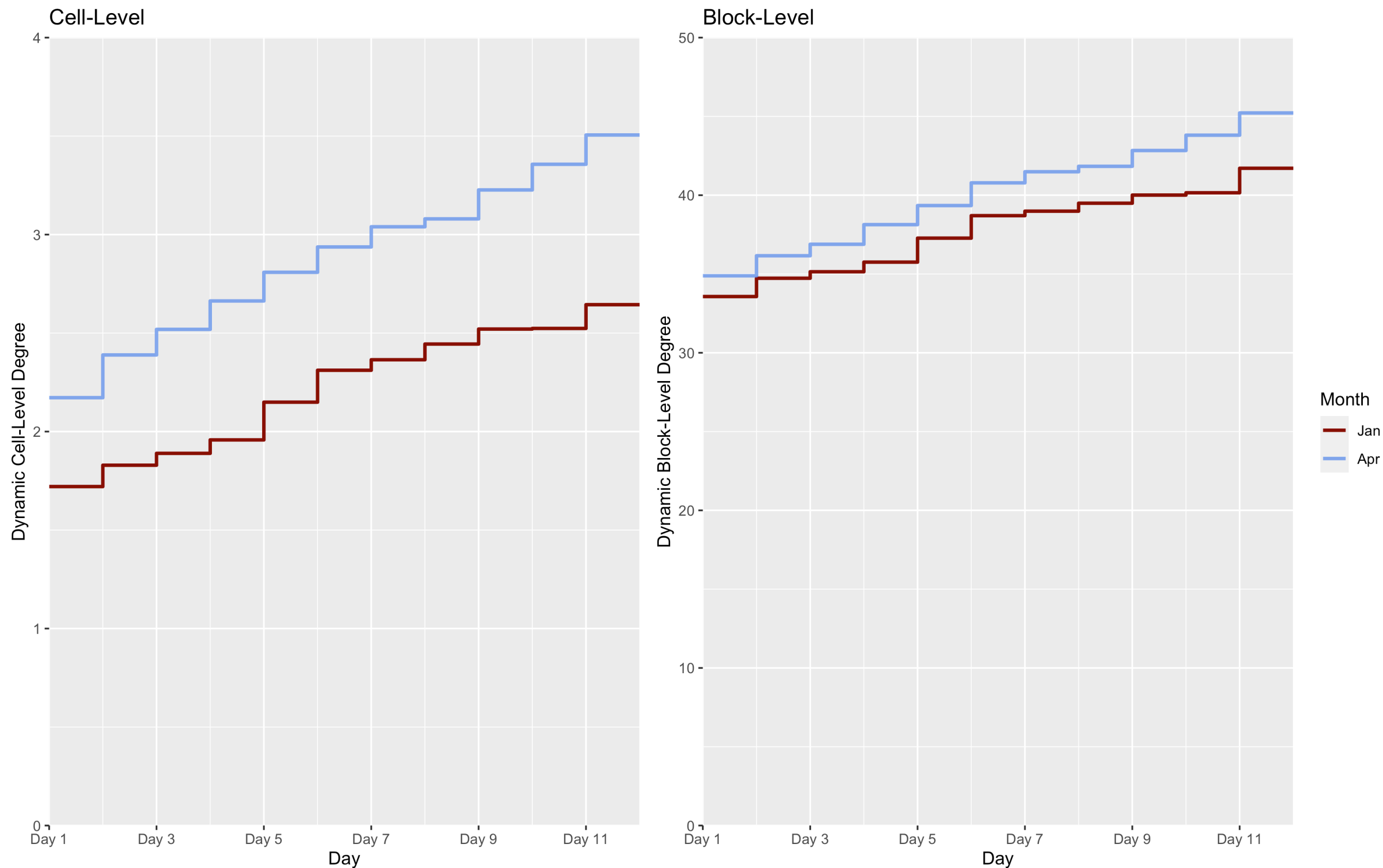
Block-Level



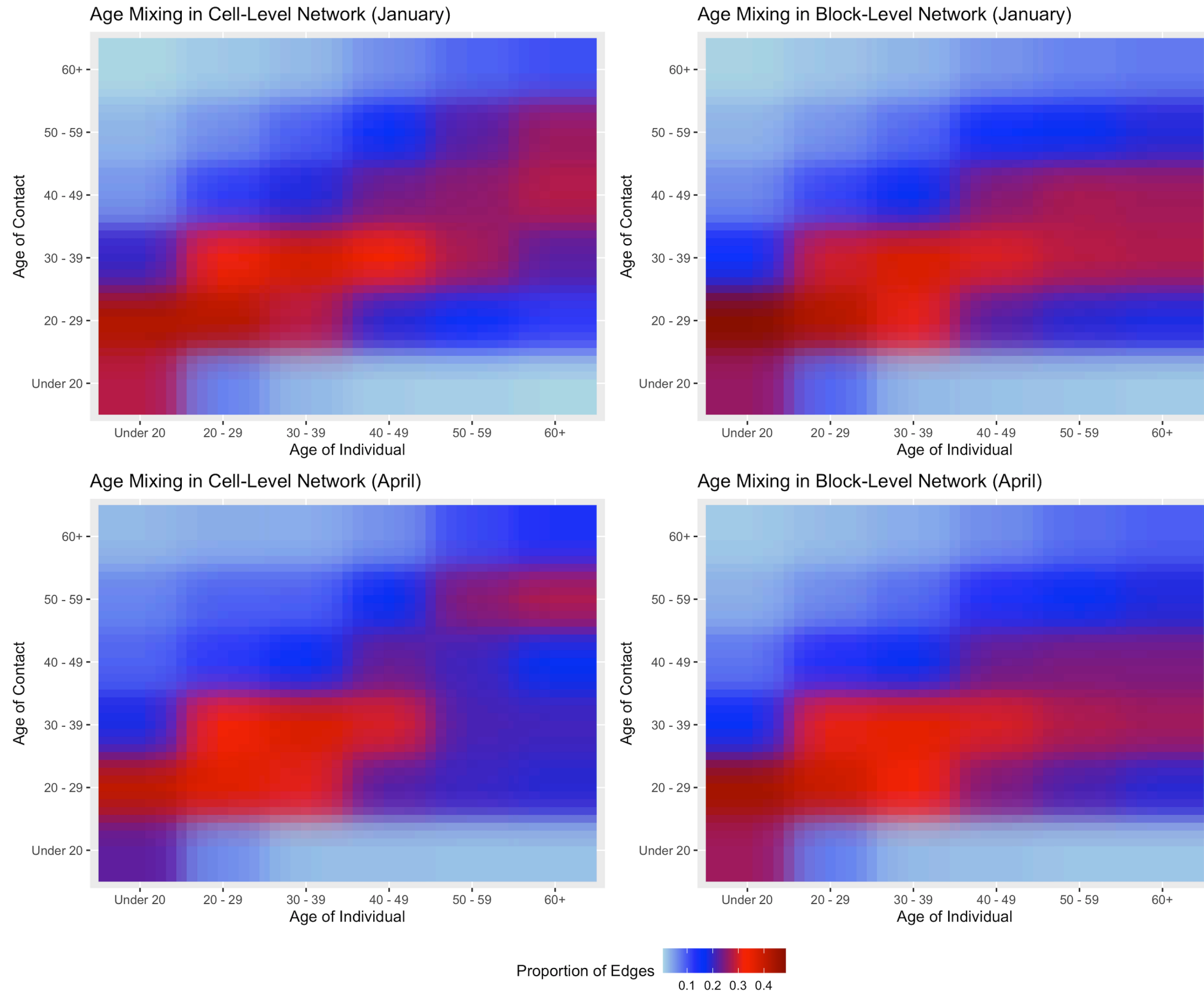
Month

- Jan
- Apr

Forward Reachable Paths Over Time Periods



Age Mixing in Different Network Layers by Period

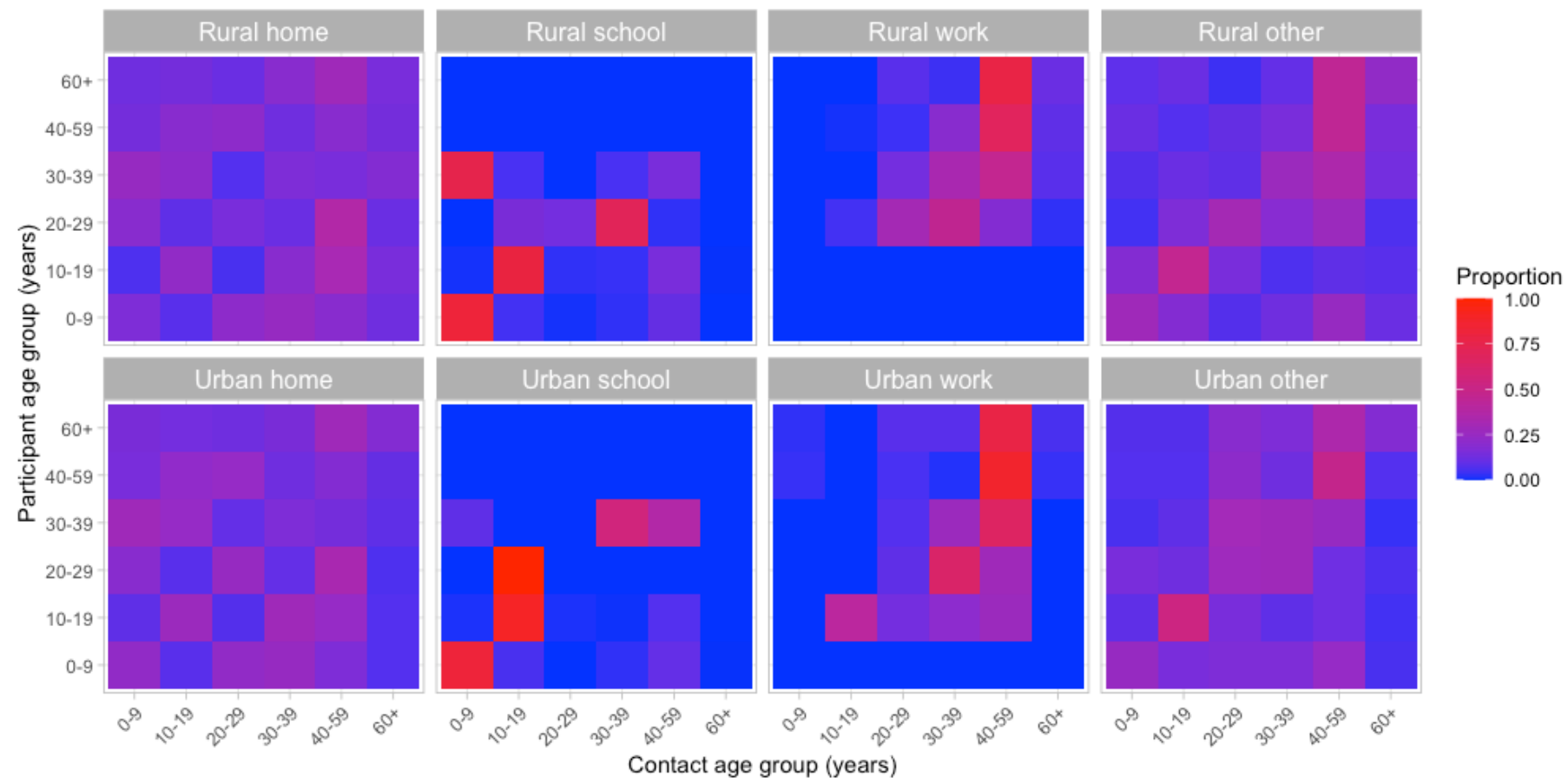


Comprehensive profiling of social mixing patterns in resource poor countries: A mixed methods research protocol

Obianuju Genevieve Aguolu^{1*}, Moses Chapa Kiti², Kristin Nelson², Carol Y. Liu², Maria Sundaram³, Sergio Gramacho², Samuel Jenness², Alessia Melegaro⁴, Charfudin Saco⁵, Azucena Bardaji^{5,6,7}, Ivalda Macicame⁸, Americo Jose⁸, Nilzio Cavele⁸, Felizarda Amosse⁵, Migdalia Uamba⁸, Edgar Jamisse⁵, Corssino Tchavana⁵, Herberth Giovanni Maldonado Briones⁹, Claudia Jarquín⁹, María Ajsivinac⁹, Lauren Pischel¹⁰, Noreen Ahmed¹¹, Venkata Raghava Mohan¹², Rajan Srinivasan¹², Prasanna Samuel¹², Gifty John¹², Kye Ellington², Orvalho Augusto Joaquim⁵, Alana Zelaya², Sara Kim², Holin Chen², Momin Kazi¹³, Fauzia Malik¹¹, Inci Yildirim¹⁰, Benjamin Lopman^{2‡}, Saad B. Omer^{11‡}

- Social contact diary study of contacts rural and urban study sites in India, Pakistan, Mozambique, and Guatemala
- Fills key gap in social contact data for ID modeling in low-and-middle income countries

Global Mix Survey Design



- Two-day social contact diary
- All contacts enumerated and categorized with respect to ego and alter
- Estimated duration of relation
- Location of relation
- Four key locations emerged in data analysis for distinct types of contacts: home, school, work, and all other (community) locations

- Separate layers for home, school, work, and community contacts
- Home network represented as separated and saturated network subcomponents (no ergm needed)
- Other layers represented with degree distribution and age mixing terms in formation model and distinct mean durations for dissolution model
 - Strong cross-layer effect for school and work layers