

# Introducing JUNE an open-source epidemiological simulation

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# Outline

- 1 introduction: individual-based models
- 2 introducing JUNE
- 3 results for the first wave(s) in England
- 4 some example projections (no fit to data)
- 5 a spin-off: Cox's Bazaar Refugee Operation
- 6 conclusions & outlook



June Almeida

discovered Corona Virus (1964)

# introduction: individual-based models

# agent-based models for epidemics: construction principle

- track disease progression through each individual  
(thus populations become highly heterogeneous by health status during simulations),
- track contacts of individuals in social environments and geographies
- add explicit rules for disease transmission and impact
- agents are individuals: → **individual-based model**
- need to construct:

population & social environment  
+  
disease transmission & health impact

# most famous example: Imperial College model

N.Ferguson et al., "Strategies for containing an emerging influenza pandemic in Southeast Asia", Nature 437 (2005) 209-214  
N.Ferguson et al., "Strategies for mitigating an influenza pandemic", Nature 442 (2006) 448-452

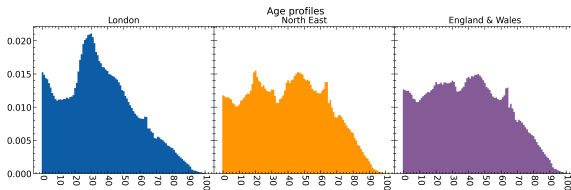
- population model:
  - distribute population in age & sex according to national distributions
  - distribute population according to national population density
- social environments:
  - four relevant environments: household, company, school, other
  - household, company, and school sizes and composition distributed according to nation-wide distribution
  - "other" captures all contacts in the closer or wider community:
    - venues such as: shops, gyms, pubs, . . .
    - activities such as visiting friends & relatives, travel, . . .
    - distribute them according to a  $1/(r + r_0)$ -law w.r.t. place of residence

# JUNE

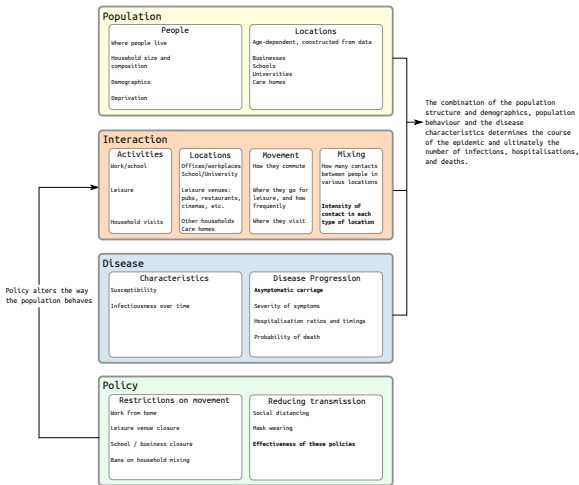
# motivation: why granularity matters

- impact of COVID=19 highly age-dependent  
→ **need geographical granularity for regional planning**

(coincidence: Durham hosts & maintains England & Wales census data of past decades)



# JUNE simulation content - summary



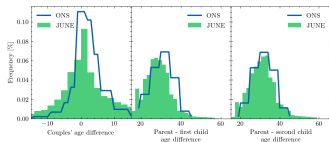




# virtual households

- correct compositions important: primary place for infections
- household composition in 20 categories at OA level

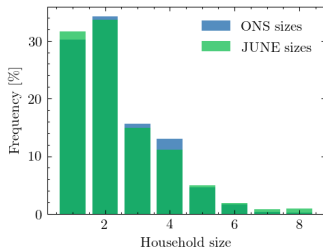
(children, young adults, adults, old adults)



- also: communal facilities

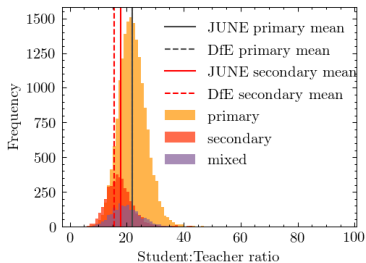
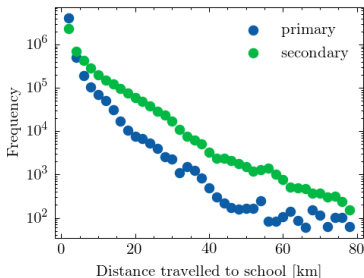
(carehomes)

- further test: interplay with social mixing
- example: North-East England



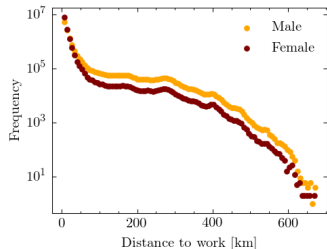
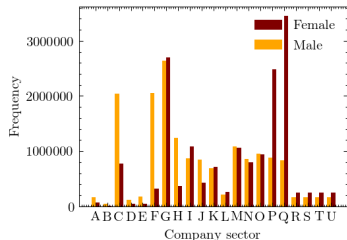
# virtual schools

- information about schools: age range of children and locations
- send kids to nearest age-appropriate structure
- could modulate this with school sizes, if necessary



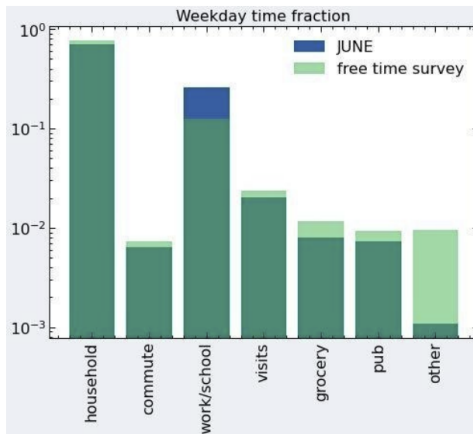
# work & virtual companies

- workers and companies in  $\sim 20$  macro-sectors at MSOA level
- know age/sex distribution in sectors nation wide
- distribute workers over companies (we know their sizes in bins)
  - (construct a big origin-destination matrix & optimise)
- information about commute mode: public vs. private



## daily activities: average time budget

- compare our simulation with data from ONS
- average time spent per day in different activities



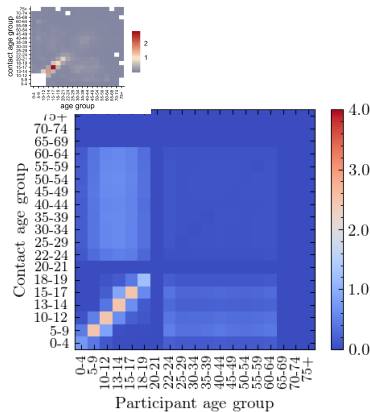
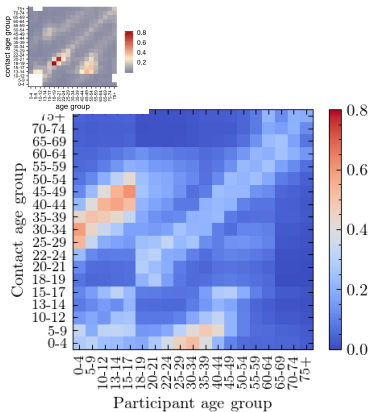
# social mixing matrices

- move on to the environment for the interactions
- use social mixing matrices from POLYMOD and BBC Pandemics project
  - J.Mossong et al., PLoS Med 5(3) e74, <https://doi.org/10.1371/journal.pmed.0050074>;
  - P.Klepac et al., <https://www.medrxiv.org/content/10.1101/2020.02.16.20023754v2>
- denote number of contacts of person with age  $i$  with person of age  $j$
- somewhat tricky format: averages over full population
  - have to normalise it to our fractured social environment
  - interplay with household sizes etc. (may have to be fitted?)

# JUNE output

- example: household (left) & schools (right) (BBC results as inlays)
- broad agreement with input from surveys: interesting closure test

(in JUNE contacts also depend on composition of environment)



# disease transmission

- probabilistic process:

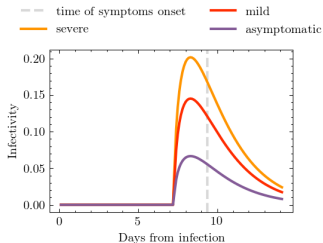
$$\mathcal{P}_{f\gamma}(t, t + \Delta t) = 1 - \exp \left[ -\psi_s \beta_{si}^{(E,g)} \int_t^{t+\Delta t} dt' \sum_{i \in g} I_i(t') \right],$$

- $\psi_s$  is susceptibility (reduced for children)
- $\beta_{si}^{(E,g)}$  is constant “closeness” in environment  $E$ , modulated by contact matrix:

$$\beta_{si}^{(E,g)} = \beta^E \cdot \frac{\chi_{si}^{(g)}}{N_g}$$

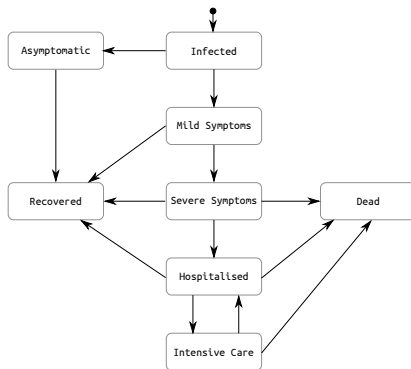
with size of group  $N_g$

- $I_i(t')$  is infectiousness profile

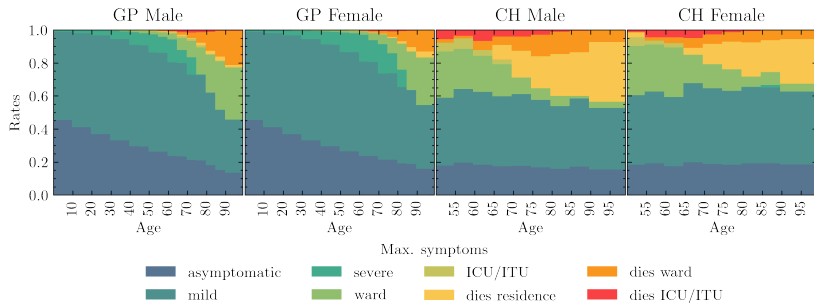




# outcomes of infection



- this was a tiring data-mining exercise with inconsistent and often contradictory data
- extra difficulty: include care homes (CH) vs. general population (GP)



# policies

- below a list of relevant policies for results
- realised by modifications of  $\beta$  (e.g. social distancing) or by making activities unavailable

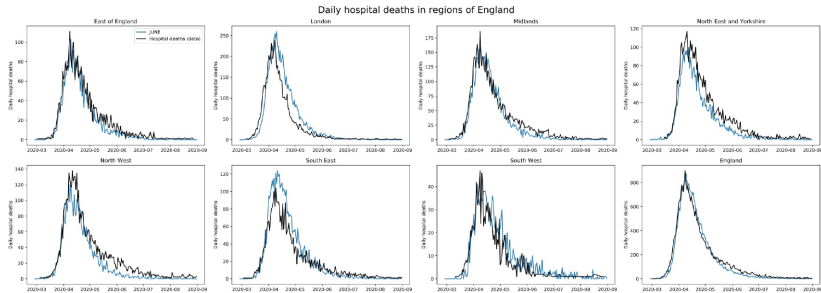
Date (dd/mm/yy)	Policy
12/03/20	case isolation at home
16/03/20	voluntary household quarantine, work from home, avoidance of leisure activities, encourage social distancing, stop all non-essential travel & contact, shielding of over 70's
20/03/20	closure of schools and universities
21/03/20	closure of leisure venues
11/05/20	multiple trips outside are allowed in England only
13/05/20	encourage to go back to work while distancing
01/06/20	meeting in groups of up to 6 outside allowed, shielding of over 70s relaxed, school reopening for Early Year and Year 6 students
13/06/20	'support bubbles' allowed
15/06/20	school reopening for Year 10 and 12 students for face-to-face support
04/07/20	leisure venues allowed to reopen, household-to-household visits permitted along with overnight stays
24/07/20	Mask wearing compulsory in grocery stores
01/08/20	shielding is paused, 'Eat Out to Help Out' scheme introduced
31/08/20	'Eat Out to Help Out' scheme ends
01/09/20	schools and Universities allowed to reopen, 'Rule of 6'
14/10/20	Tiered local lock-down system introduced

# JUNE results for the first wave

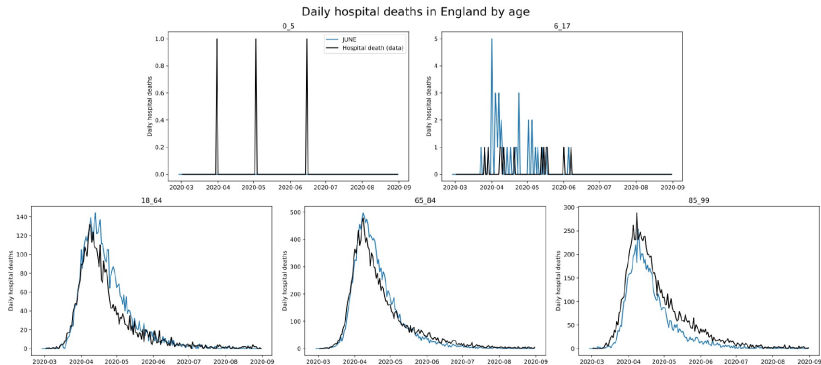
# JUNE results

- below a selection of JUNE results for the 1<sup>st</sup> wave in England
- some aspects of the code changed in the meantime:
  - seeding of infections: variants, clusters
  - added vaccination protocols and uptakes
  - added gyms as leisure venues
  - take into account ethnicity in household compositions

- 1<sup>st</sup> wave: deaths in hospitals - regional distribution

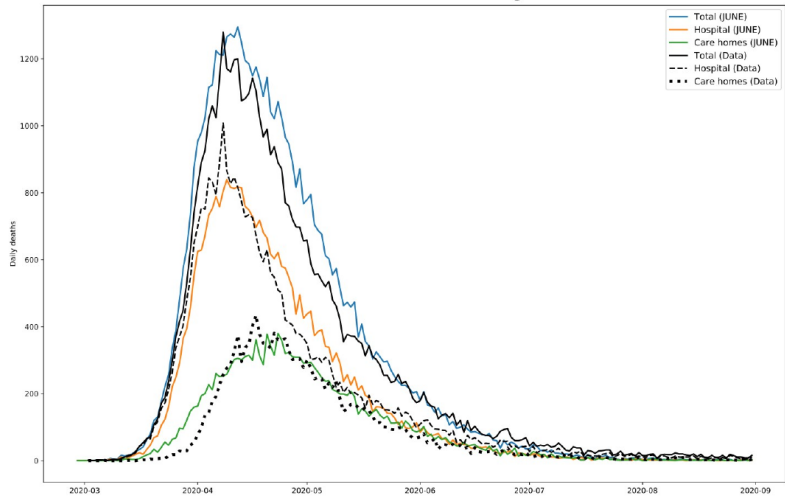


- 1<sup>st</sup> wave: deaths in hospitals - age distribution



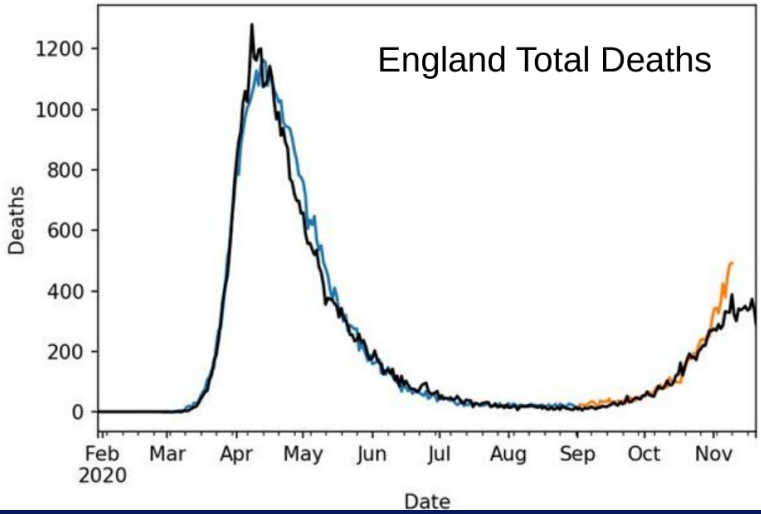
• 1<sup>st</sup> wave: all deaths - distribution of location

Breakdown of location of death in England



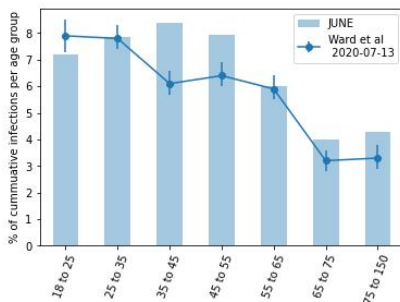


- extrapolation to second wave from September 1<sup>st</sup>  
fitted parameters from first wave only!

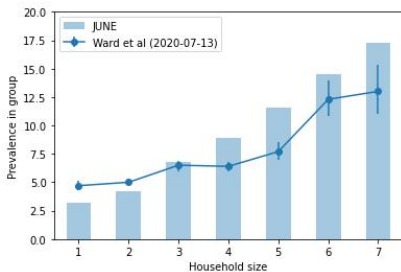


## social imbalances

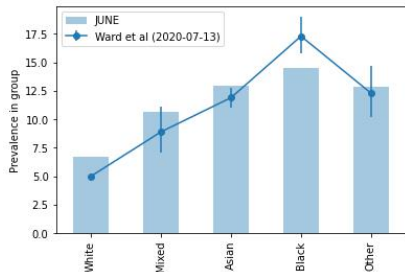
- look at cumulative infection rates until July 2020 in dependence on
  - age band
  - household size
  - ethnicity
- keep in mind: all imbalances only due to regional and sociological differences encoded in census data



## impact of household size



## impact of ethnicity

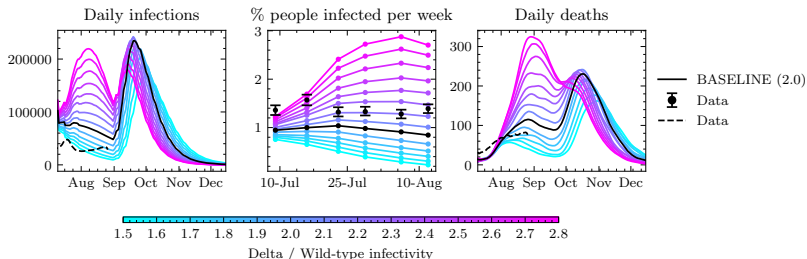


# JUNE projections for ongoing waves

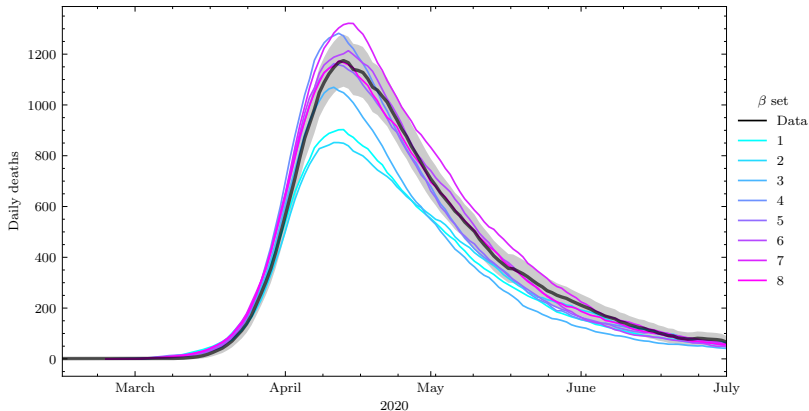
# JUNE projections

- below a selection of JUNE projections for NHS England
- often in absence of good data:
  - school reopening in September 2022: Delta
  - Omicron projections at Christmas 2022
- additional issues:
  - fractured sociology: adherence to rules/own rules, vaccinations
  - individual daily routines massively impacted by COVID

# Delta infectivity

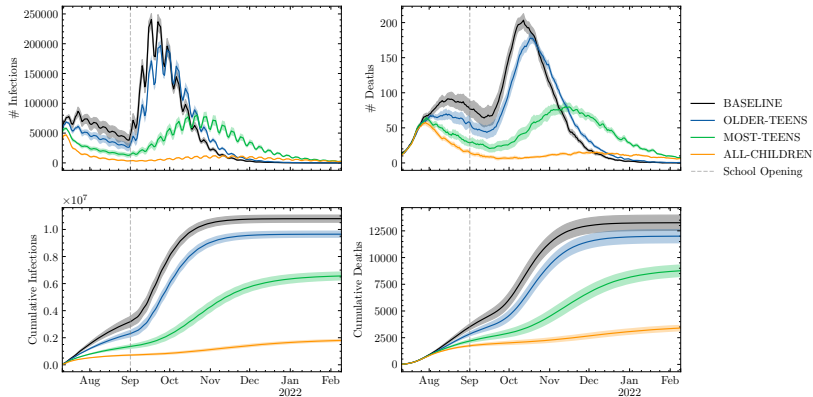


# Daily deaths: projections vs data



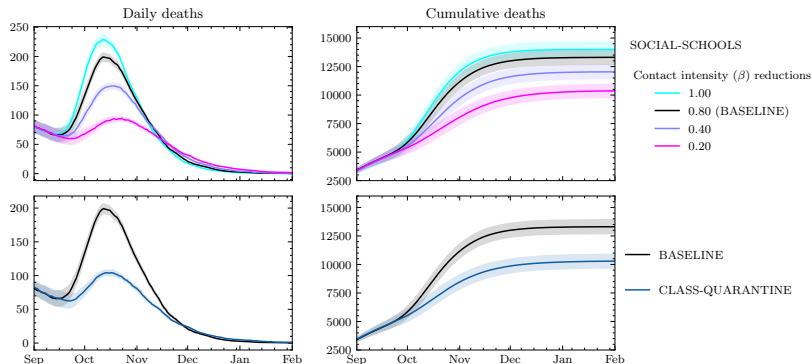
# PIs in schools and their (projected) impact

(different vaccination strategies by age: older > 16, most > 12 vs. baseline)





# NPIs in schools and their (projected) impact

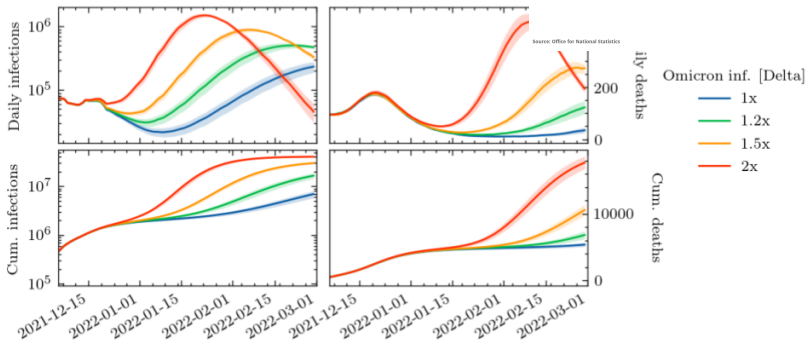


# omicron projections

Booster efficacy 67.5 / 98 %

75% vax sterilisation efficacy respect to baseline

Deaths involving COVID-19 decreased in the UK  
Number of deaths registered by week, England and Wales, week ending 13 March 2020 to week ending 20 January 2022



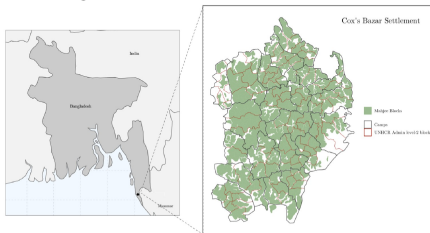
a spin-off:

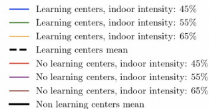
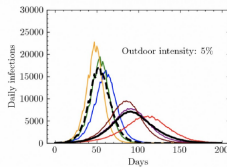
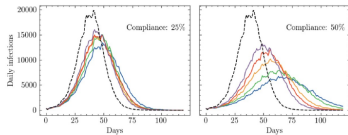
# JUNE for Cox's Bazaar Refugee Operation

- one of our former PhD students (J.Bullock) has spent 6 months of placement with UN Global Pulse in New York
- ongoing contact, now working for UN-GP
- as a result, three students collaborated with WHO, UN-Global Pulse, and IBM-MIT Watson AI lab to provide tools for scenario planning for Cox's Bazaar in Bangladesh

(huge refugee camp, Rohingya crisis in Myanmar)

- largest settlement in the world
- in some areas, the settlement is denser than New York City
- high risk of COVID transmission





# conclusions & outlook

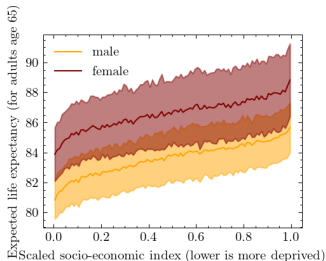
## summary

- epidemiology is an interesting field of science
- constructed an individual-based model with supreme granularity: demography, geography, sociology
- model informed operational planning of NHS:
  - early warning of second wave
  - projections for school re-opening
  - projections for Delta and omicron waves
  - understanding of transmission sociology
- code is highly flexible:
  - addition of new effects & policies relatively painless
  - adaptation to new environments: Cox's Bazaar
  - adaptation to Germany underway (M.Schott, U Mainz)
- challenge to widespread perception in computational sociology: more and better detail often helps



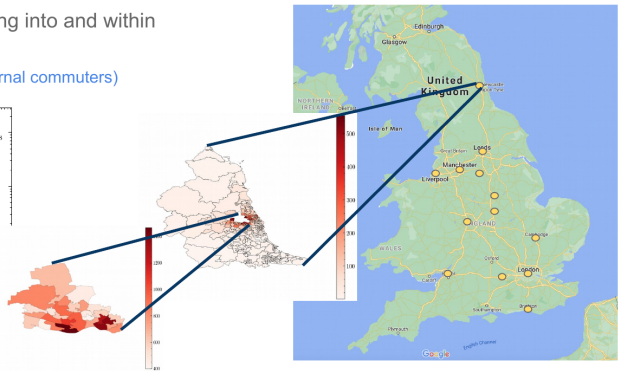
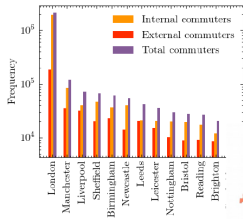
# outlook

- vaccine waning: probabilistic effect?
- refine modelling for settlements: better understanding of sociology
- follow-up studies on social imbalances: ethnicity, IFR in dependence on socio-economic deprivation
- continue decision support for NHS:
  - impact of mutations: added variants
  - impact of vaccination protocols: take-up, efficacy
  - new fits underway (difficult sociology)



# commuting patterns

- distinguish commuting into and within metropolitan areas  
(external vs. internal commuters)



# simulating daily structure

- JUNE allows flexible daily routines, separation of weekday/weekend
- time spent on activities known from ONS surveys

(this changes under lock-down)

- can translate into age-dependent probabilities for activities

