

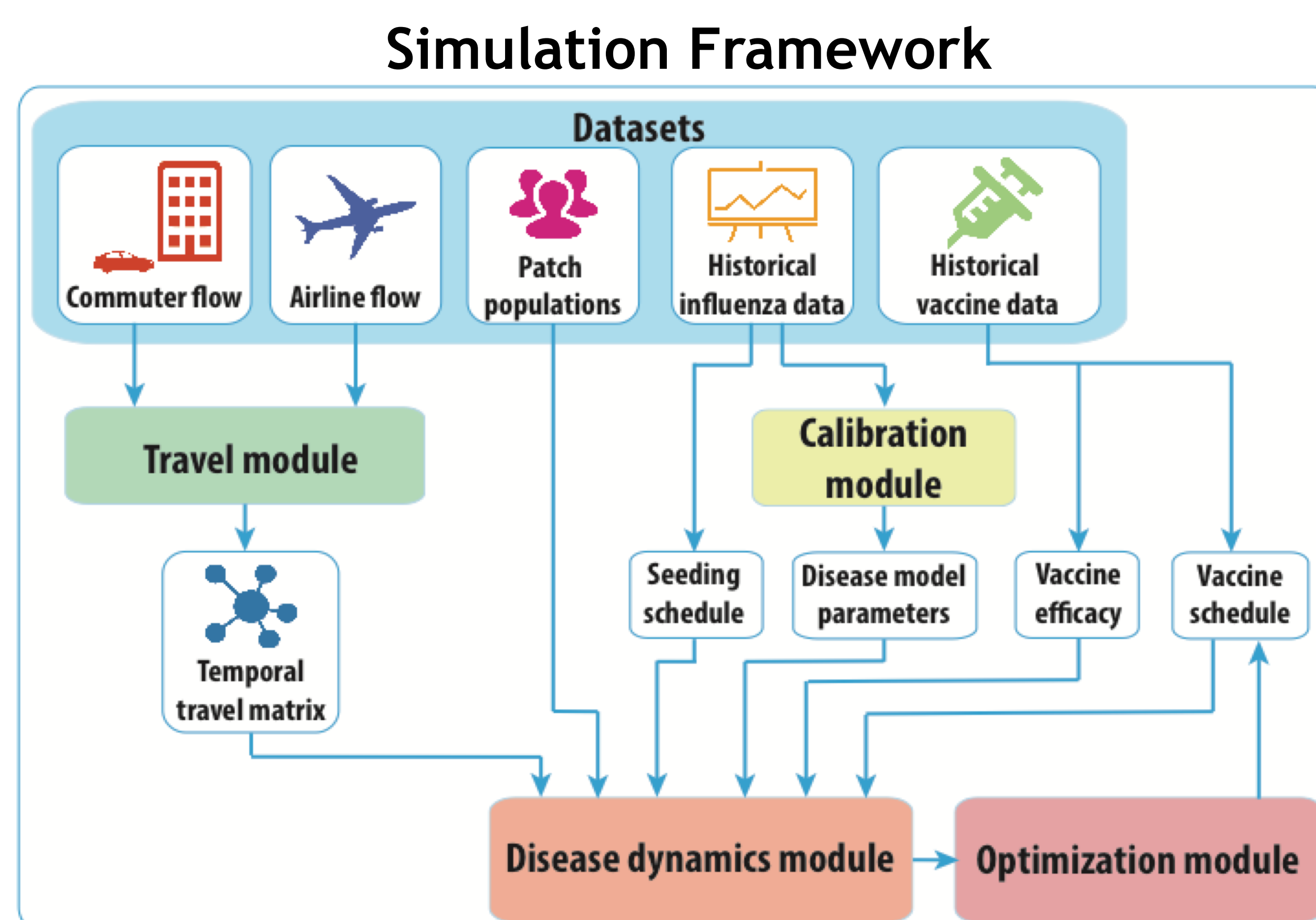
Questions

Can we optimize the allocation of vaccines to minimize the epidemic impact of seasonal/pandemic influenza?

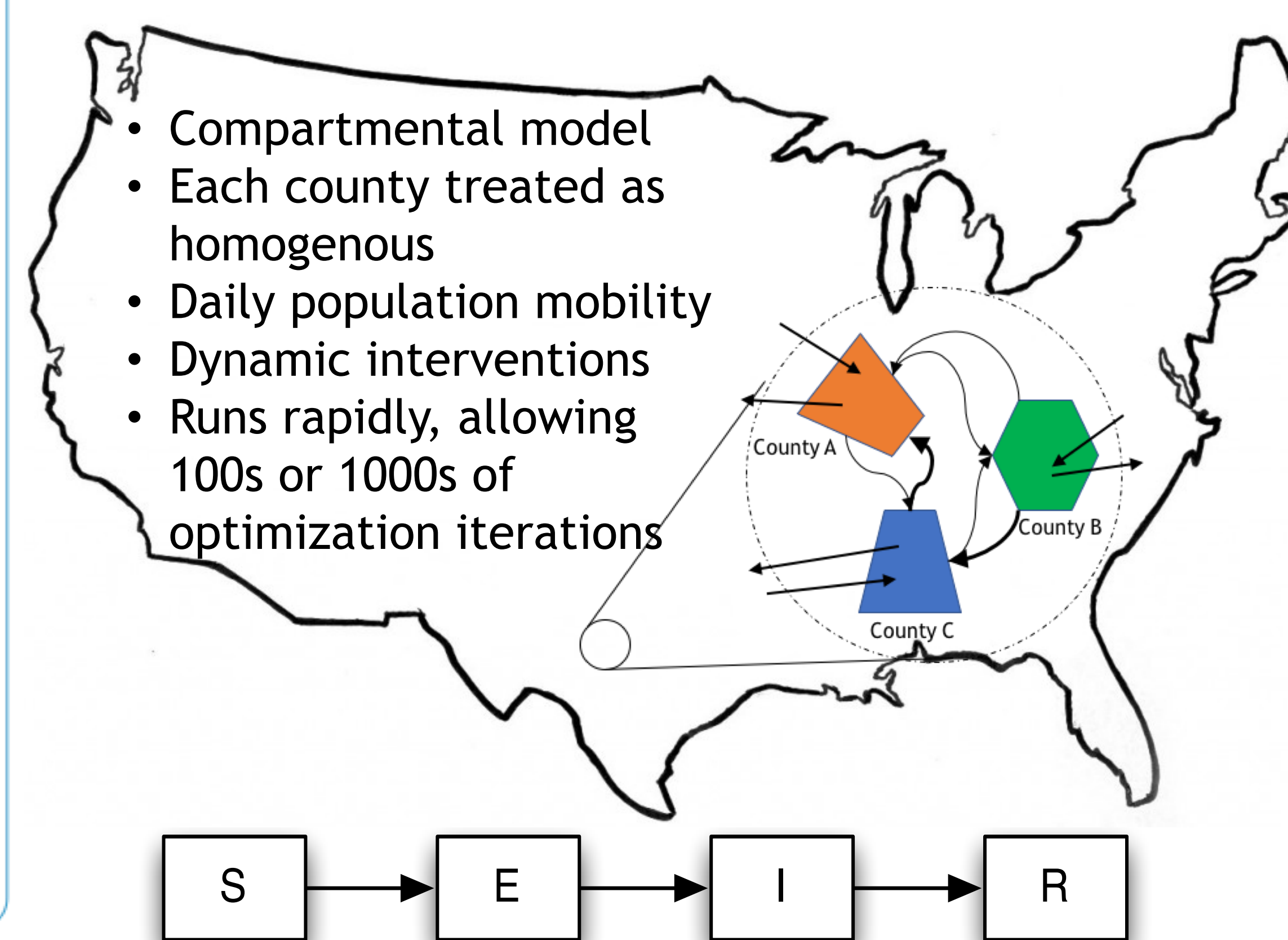
Can we model the spatiotemporal spread of the epidemic?

Can we capture human mobility at the national scale?

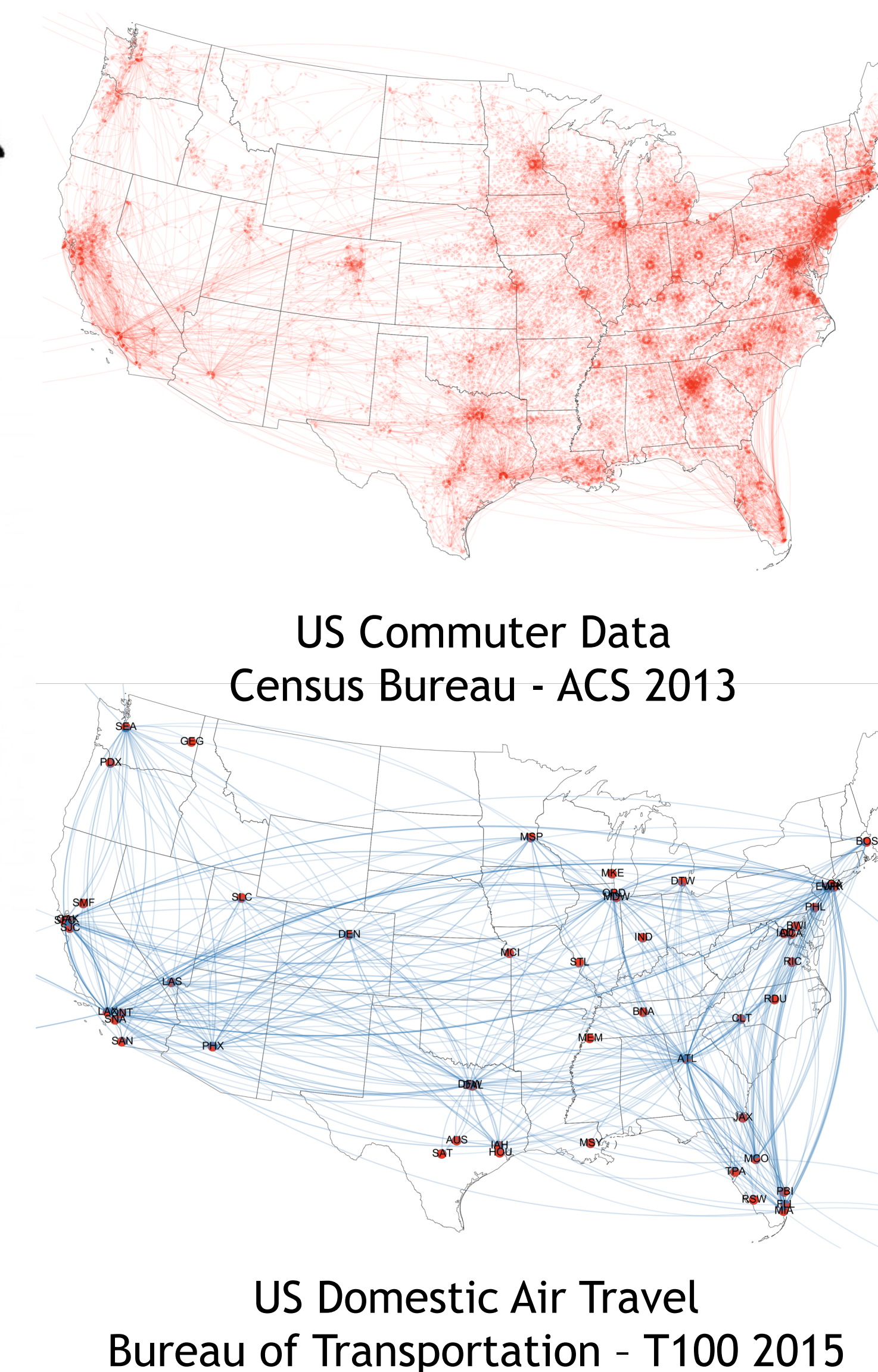
National Influenza Spread Model



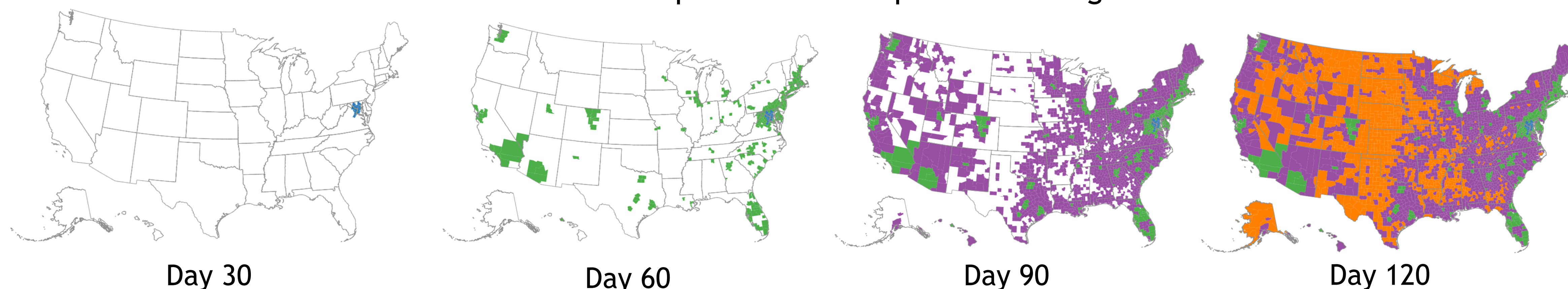
National Spread Model



National and Regional Mobility



Sample Scenario - Epidemic Emergence



$$\begin{aligned} \frac{dS_i}{dt} &= -\beta S_i(t) \frac{I_i(t)}{N_i} \\ \frac{dE_i}{dt} &= \beta S_i(t) \frac{I_i(t)}{N_i} - \alpha E_i(t) \\ \frac{dI_i}{dt} &= \alpha E_i(t) - \gamma I_i(t) \\ \frac{dR_i}{dt} &= \gamma I_i(t) \end{aligned}$$

Modeling the effective force of infection due to the temporal travel matrix

$$I_j^{\text{eff}} = \sum_i \Theta_{ij} I_i; \quad N_j^{\text{eff}} = \sum_i \Theta_{ij} N_i$$

Formulation

Spatiotemporal allocation of vaccines

- Space - State level (pro rata to counties)
- Time - Weekly resolution

Temporal budget constraint

- Number of vaccines available each week
- Historical data source: FluVaxView

$$\begin{aligned} &\text{minimize}_X f(X) \\ &\text{subject to } \sum_i X_{i,t} \leq B_t, \text{ for all } t, \end{aligned}$$

Baseline

Population proportional vaccine allocation

Approach

Greedy algorithm with bounded look-ahead

Scenarios

Four different reference attack sizes

- 40 million, 61 million, 73 million, 86 million
- Based on 2014-15, 2009-10, 1957/68 and 1918 estimates
- Achieved by tuning the transmissibility

Parameter space

- Vaccine efficacy: Low (0.2), Medium (0.35), High (0.5)
- $\alpha = 0.67$ (avg. incubation period = 1.5 days)
- $\gamma = 0.4$ (avg. infectious period = 2.5 days)
- Vaccine delay = 14 days
- Time - Weekly resolution

Optimization hyperparameters

- Lookahead duration: 5 weeks, 10 weeks, 15 weeks, Full
- Vaccine distribution units: 100k, 200k, 500k

Results

