# Mathematical modelling of HIV and injection drug use:

# Introduction to models & discussion of challenges

J. Lindquist, J. Ma, P. van den Driessche Department of Mathematics & Statistics University of Victoria

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## OUTLINE

- I. Background: IDU & HIV modelling
- 2. Survey data (Victoria, BC)
- 3. A new model

# Background

- 2004/2006 ITrack identified high HIV rates among Victoria IDU (2x national avg)
- Team goal: identify personal risk networks that could be behind high prevalence
- Modeling goal: describe syringe-sharing and HIV spread among injection drug users in Victoria, BC; identify control options

# Existing Models

- Needles as vectors
  Kaplan, 1989; Greenhalgh et al. 1997; Massad, 1997
- Susceptible-Infectious ODE models Blower et al. 1991; Kretschmar & Weissing 2004
- Sharing group models Murray et al. 2003;Vickerman et al. 2006; Kwon et al. 2009
- Simulation models
  Hutchinson et al. 2006; Kretschmar & Weissing 1998, 2004; Peterson et al. 2007

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# Target Population

- Important characteristics
  - demographics
  - sharing behaviors
  - other risk factors
- I05 clients of Victoria needle exchange program interviewed

# Survey Results

- 70 % male
- 73 % shared drug paraphenalia
- 21 % shared syringes in past 6 months
- No. of Syringe sharing parter (SSP) = <u>one</u>
- SSP is sex partner or trusted friend
  - sharing and helping inject highly correlated
  - women also likely to share with sex partners

## Need for a New Model

- Spread of HIV occurs due to partnership formation & dissolution
  - Pair-formation models
    Dietz & Hadeler, 1988; Kretschmar & Dietz, 1998;
- Pairing model
  - female-male partnerships
  - male-male partnerships
- SI dynamics (no recovery)

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Assume homogeneous mixing of single persons



Infectious Single Females Infectious Paired Females

Susceptible Single Females

Susceptible Paired Females











#### Parameters

- per-person pair-formation rate
- per-pair breakage rate
- pairwise transmission rate
  - sharing frequency
  - transmission probability
- immigration rate and removal rate (e.g. hospitalization, death)
- male/female ratio

# Missing Crucial Info

- pair formation and breakage rates
- rate of sharing within partnership
- immigration & removal rates

A major problem in both the literature and our current study

#### Basic Reproduction No.

$$\mathcal{R}_0 = \beta \left( \frac{A}{2} + \sqrt{\left(\frac{A}{2}\right)^2 + BC} \right)$$

- $\beta$  : prob. transmission occurs before pair breaks
- A: expected total time an avg infectious male will spend in sharing partnership with a male
- B: expected total time an avg infectious female will spend ... with a male
- C: expected total time an avg infectious male will spend ... with a female

#### Results

- R<sub>0</sub> increases and saturates with transmission rate
- R<sub>0</sub> increases with pair formation rate
- R<sub>0</sub> initially increases with partnership duration, but then decreases (for fixed pair formation rate)
  - potentially accessible as novel control strategy

#### Conclusions

- Victoria syringe-sharing clients have optimal sharing behavior
  - So why is there above average prevalence?
    - Hypothesis: sharing behaviors were riskier in the past, creating a higher than average prevalence.

## Conclusions (cont)

- A new model describing the <u>current</u> Victoria IDU population and disease dynamics
  - supporting stable relationships and personal risk networks may decrease secondary infections

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## Discussion: Public Health Issues

- IDU are a partially hidden population
  - population size?
  - how to reach them?
- Is there universal access to health resources for IDU?
- Are there control or intervention strategies beyond syringe exchange or abstinence counseling?

## Discussion: Modeling

- How do we reconcile the parameters needed with the data available (identifiability)?
- How do we model syringe-sharing?
  - What type(s) of models are appropriate for a particular population?
  - How does the sharing network evolve?
- How do we model education & behavior change?

## R<sub>0</sub> Contours

