

A mathematical model for the eradication of Guinea worm disease



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Outline

- Biology/epidemiology of Guinea worm disease

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- Impulsive differential equations

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- Implications.

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- It is mentioned in the bible and afflicted Egyptian mummies
- Europeans first saw the disease on the Guinea coast of West Africa in the 17th century.



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The Guinea Worm

Infection

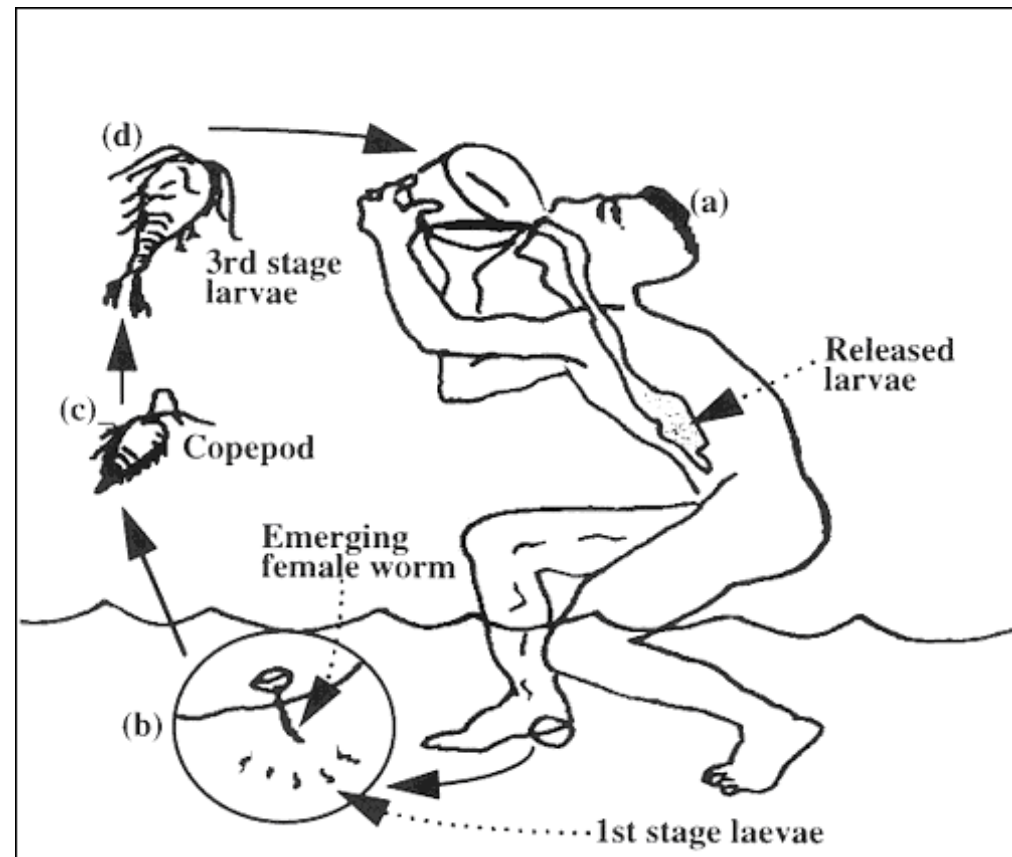
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- Carried by water fleas which are ingested by humans
- Stomach acid dissolves the flea, leaving the parasite free to penetrate the body cavity
- The parasite travels to the extremities, usually the foot
- It resides here for about a year.



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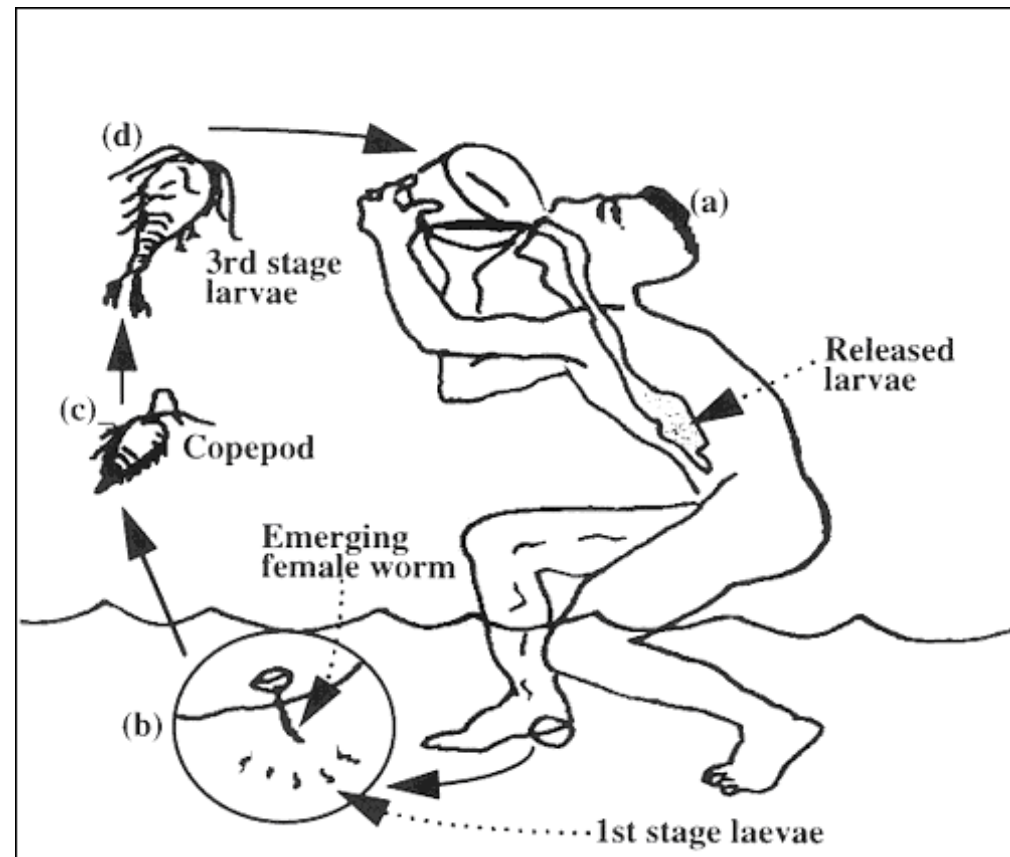
Transmission

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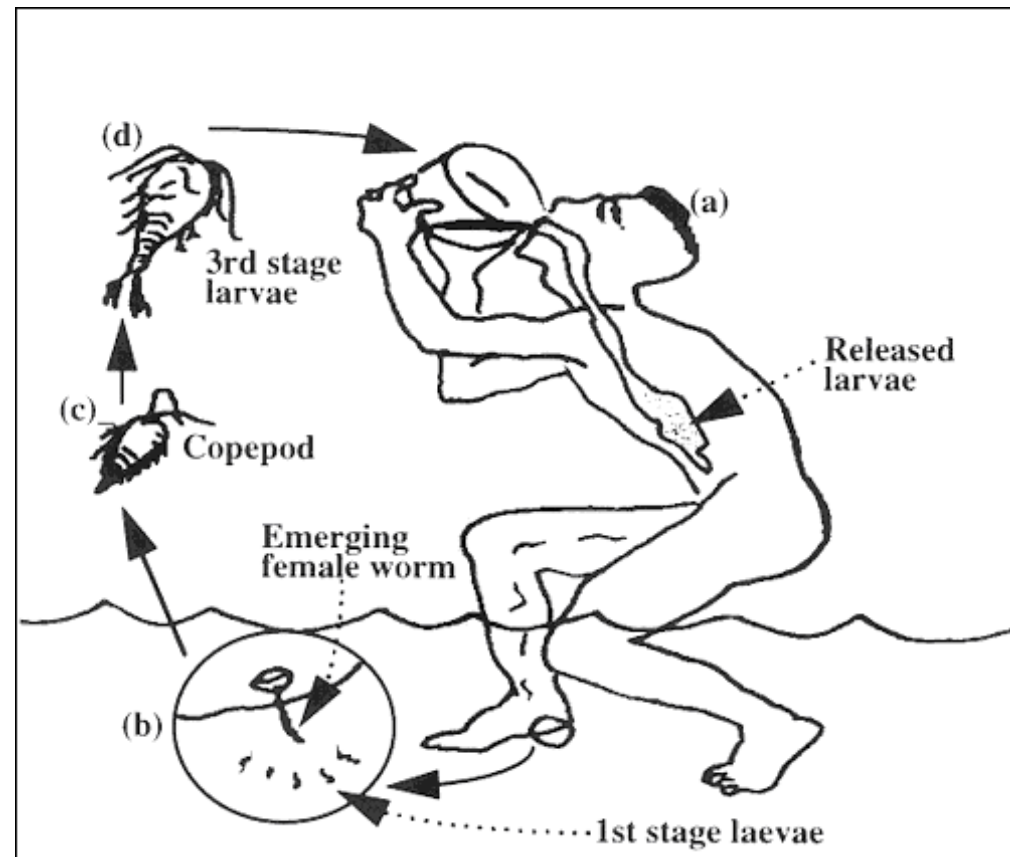
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Transmission

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- The host places the infected limb in water
- At this point, the worm ejects hundreds of thousands of larvae, restarting the cycle.



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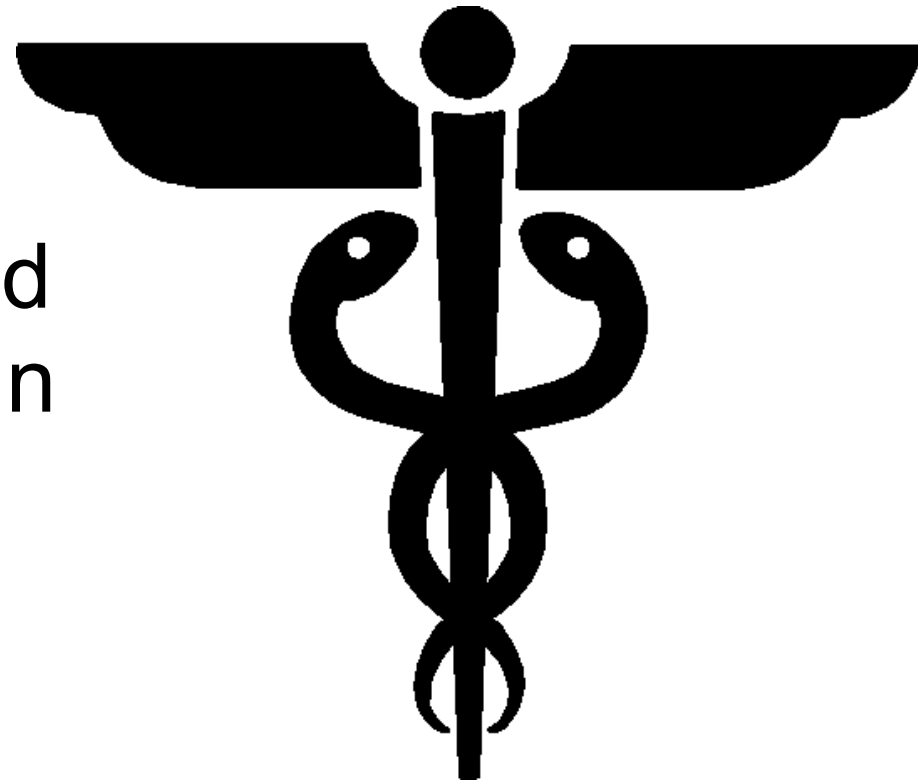
The worm

- The worm can grow up to a metre in length
- Can be removed by physically pulling the worm out, wrapped around a stick
- Only 1-2cm can be removed per day
- This takes up to two months.



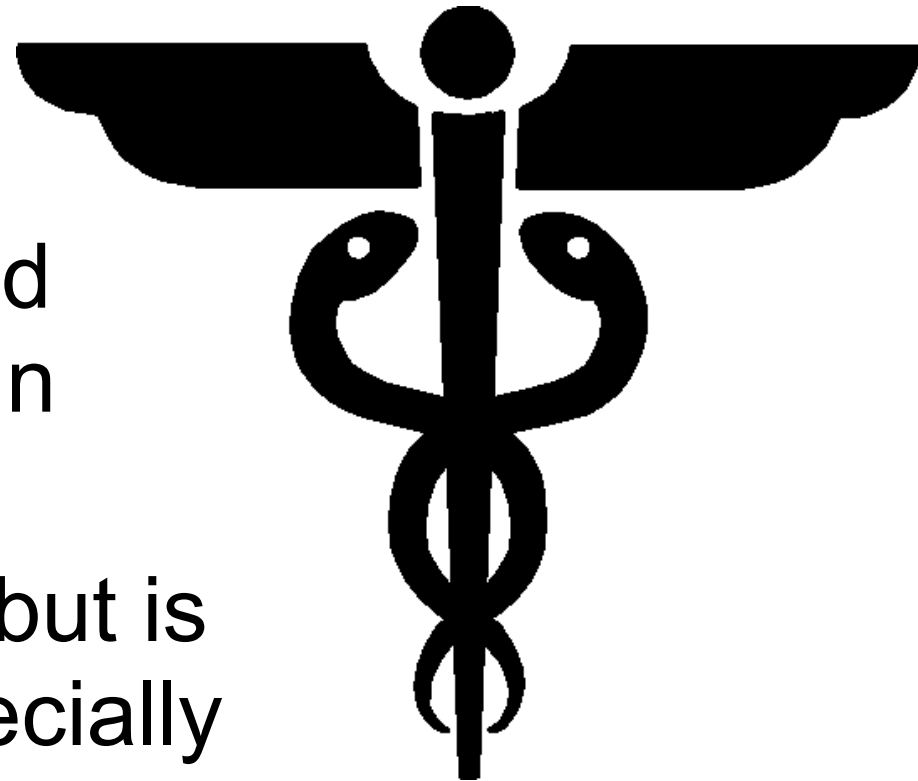
Burden of infection

- The medical symbol of the Staff of Asclepius is based upon the stick used to extract guinea worms in ancient times



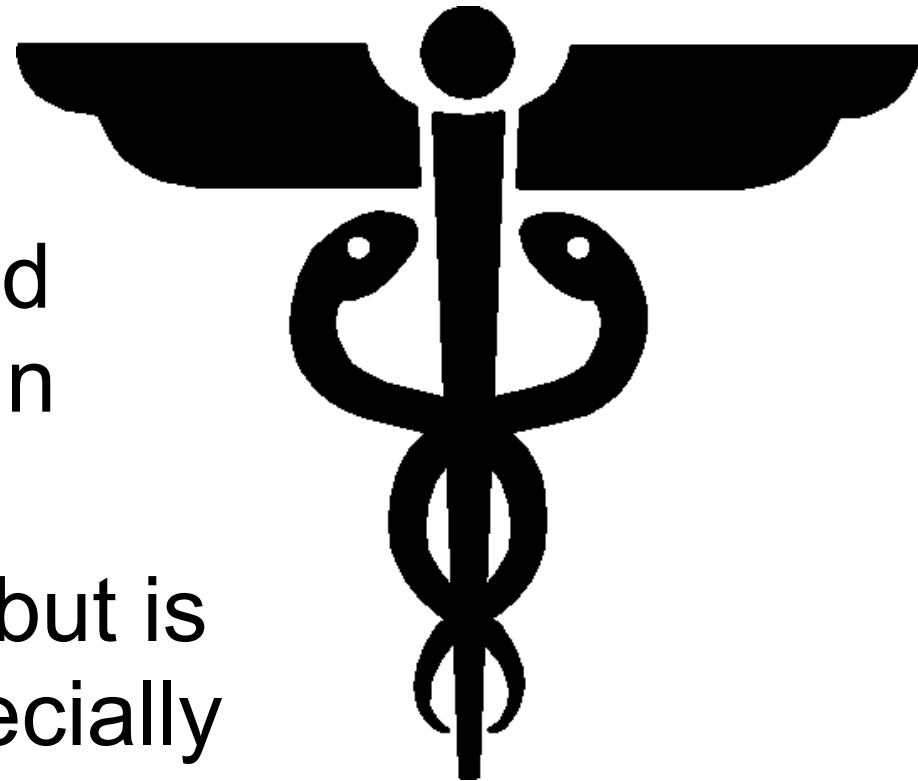
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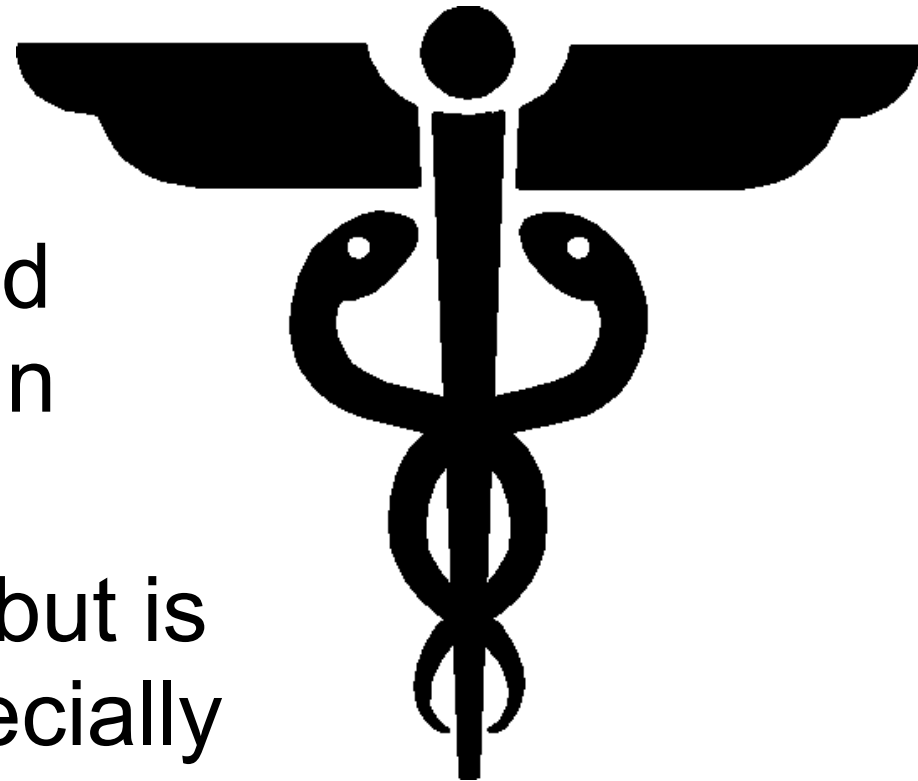
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- Individuals do not develop immunity.



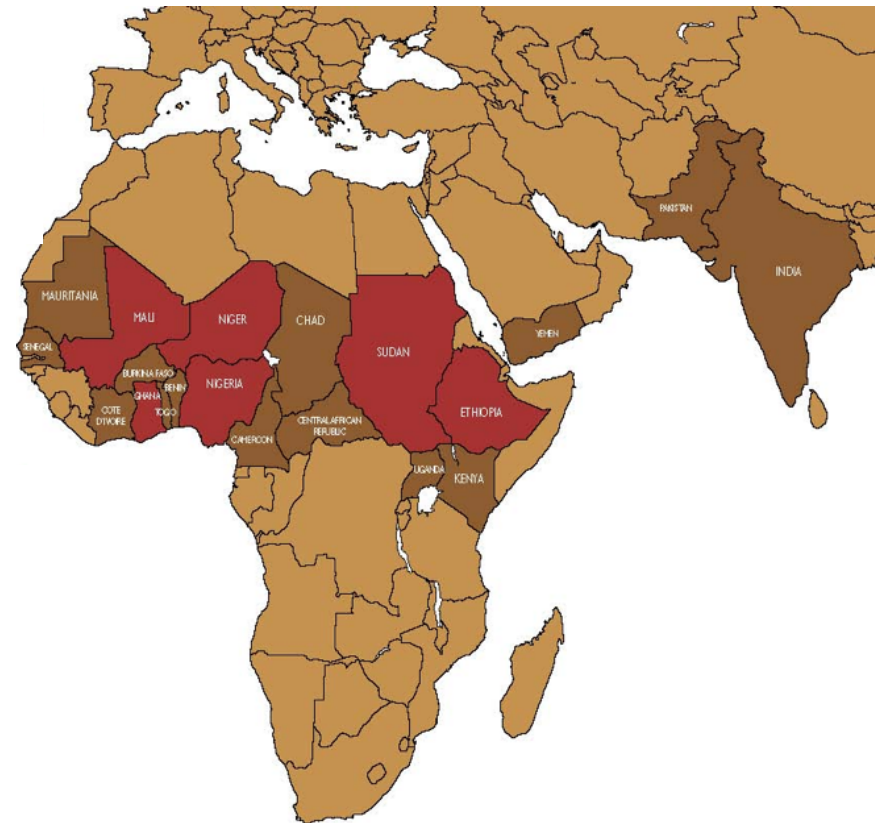
Geography

- During the 19th and 20th centuries, the disease was found in



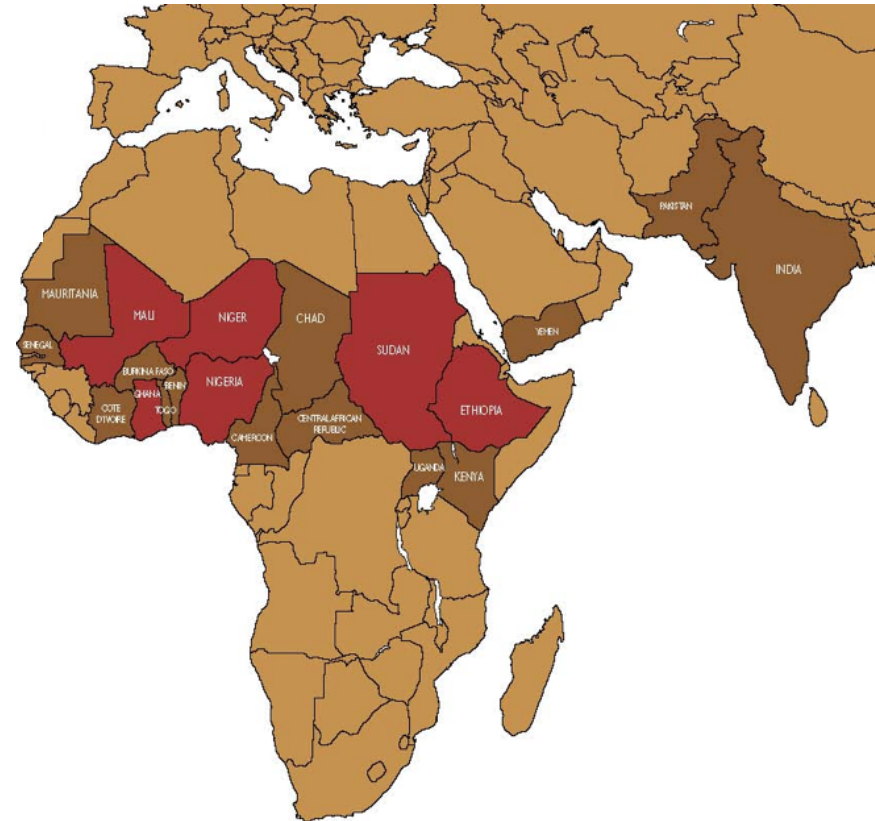
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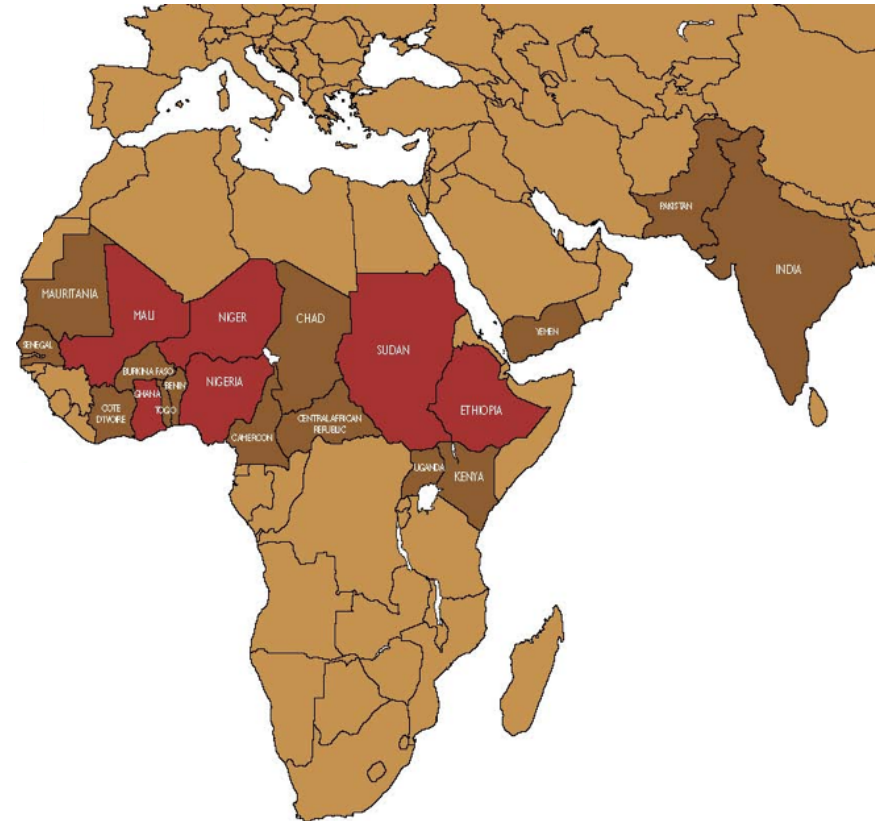
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- In the 1950s, there were an estimated 50 million cases...
- ...however, today it is almost eradicated.



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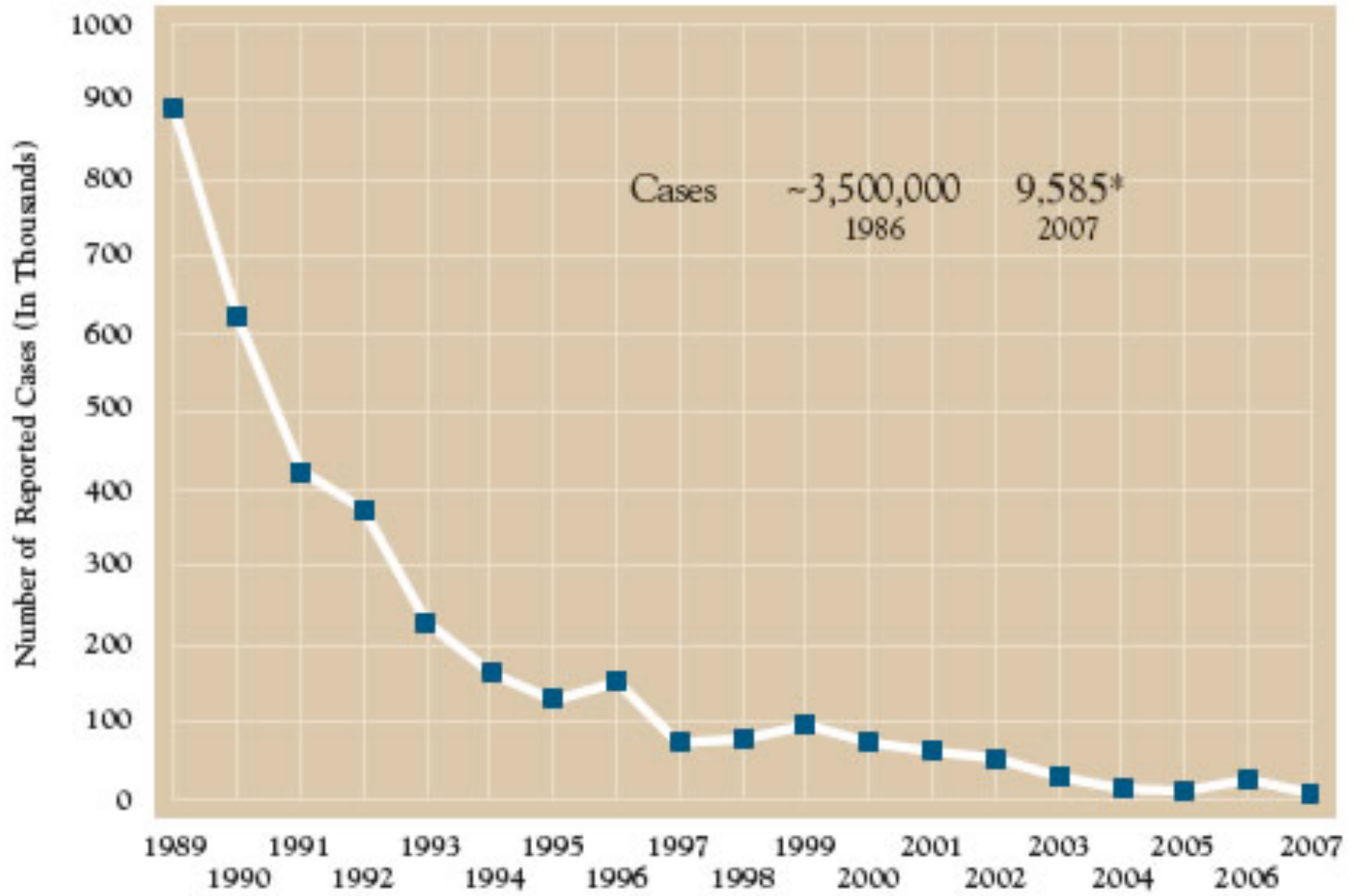


On the brink of eradication

- 1989: 892,000 cases, widespread countries
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 - North/South Sudan
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 - Mali
 - Ghana
- If eradicated, it will be the first parasitic disease and also the first to be eradicated using behaviour changes alone.



Significant decline



Prevention

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- Infected individuals can be educated about not submerging wounds in drinking water
- Cloth filters that fit over pots and pans can be distributed to villages
- Nomadic people have received personal-use cloths fitted over pipes, worn around the neck
- Chemical larvacides can be added to stagnant water supplies.

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- Also limited supplies of resources

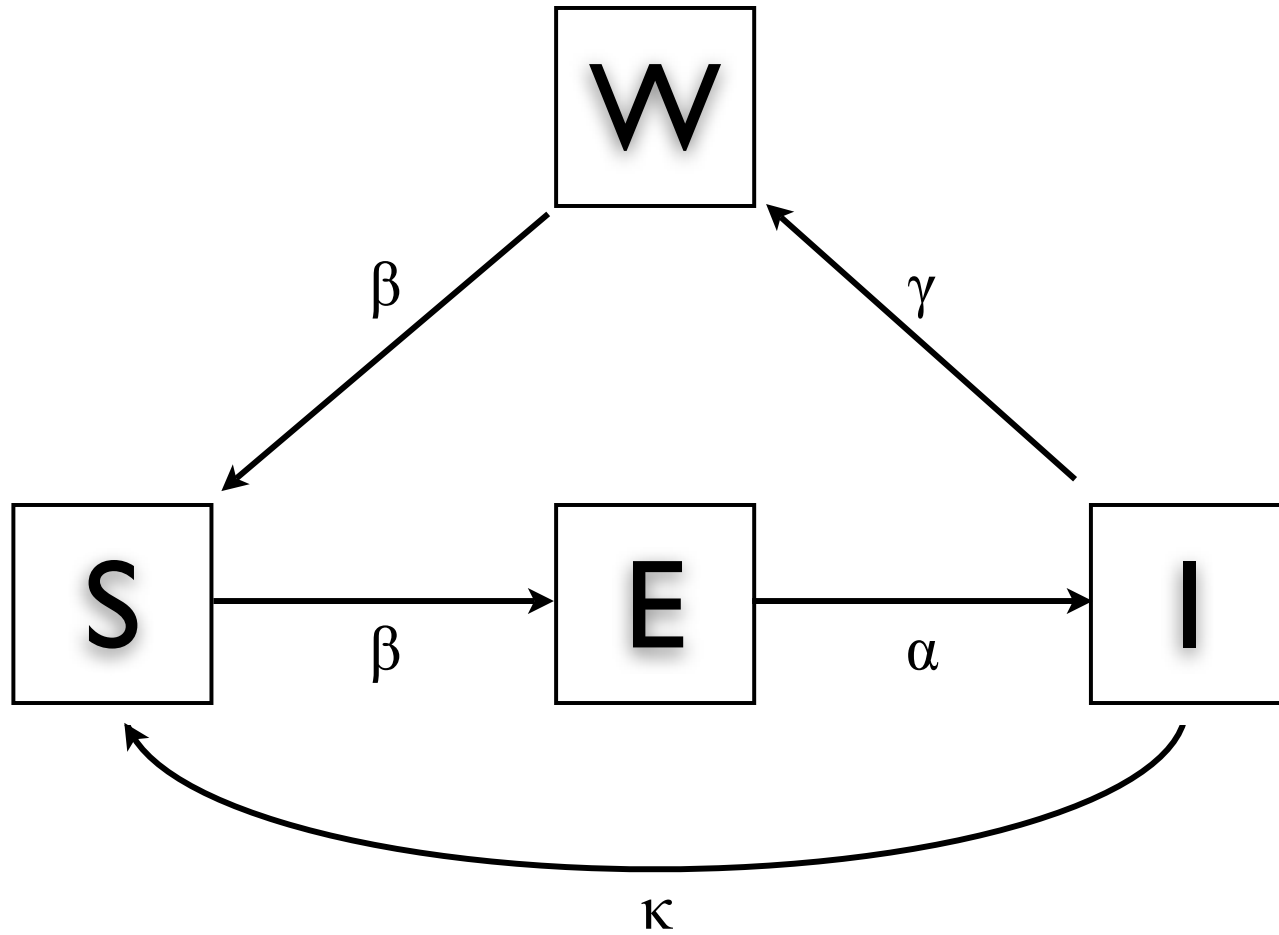


Continuous treatment

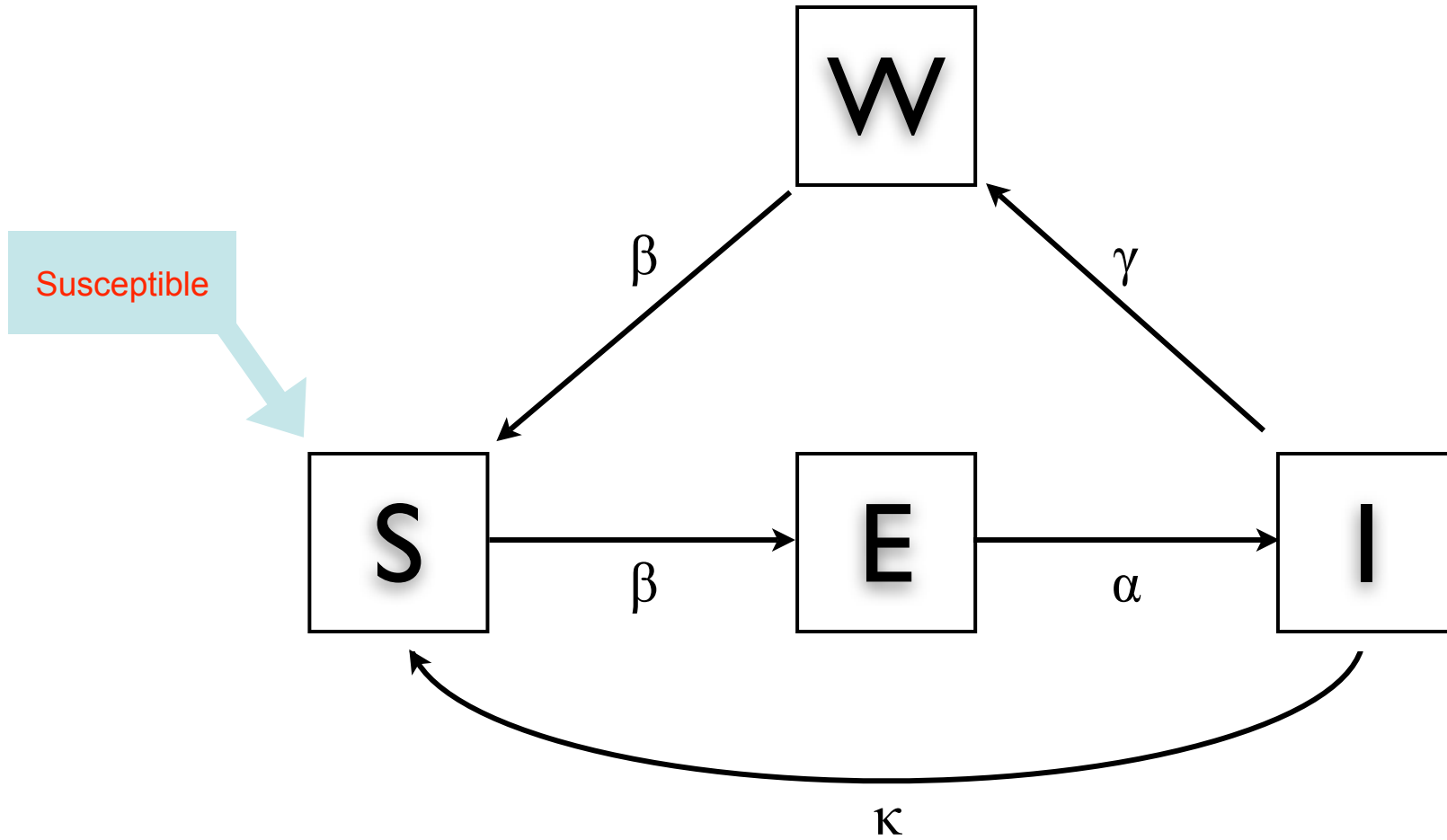
- However, continuous water treatment is neither desirable nor feasible
- There are environmental and toxicity issues
- Also limited supplies of resources
- Thus, we consider chlorination at discrete times.



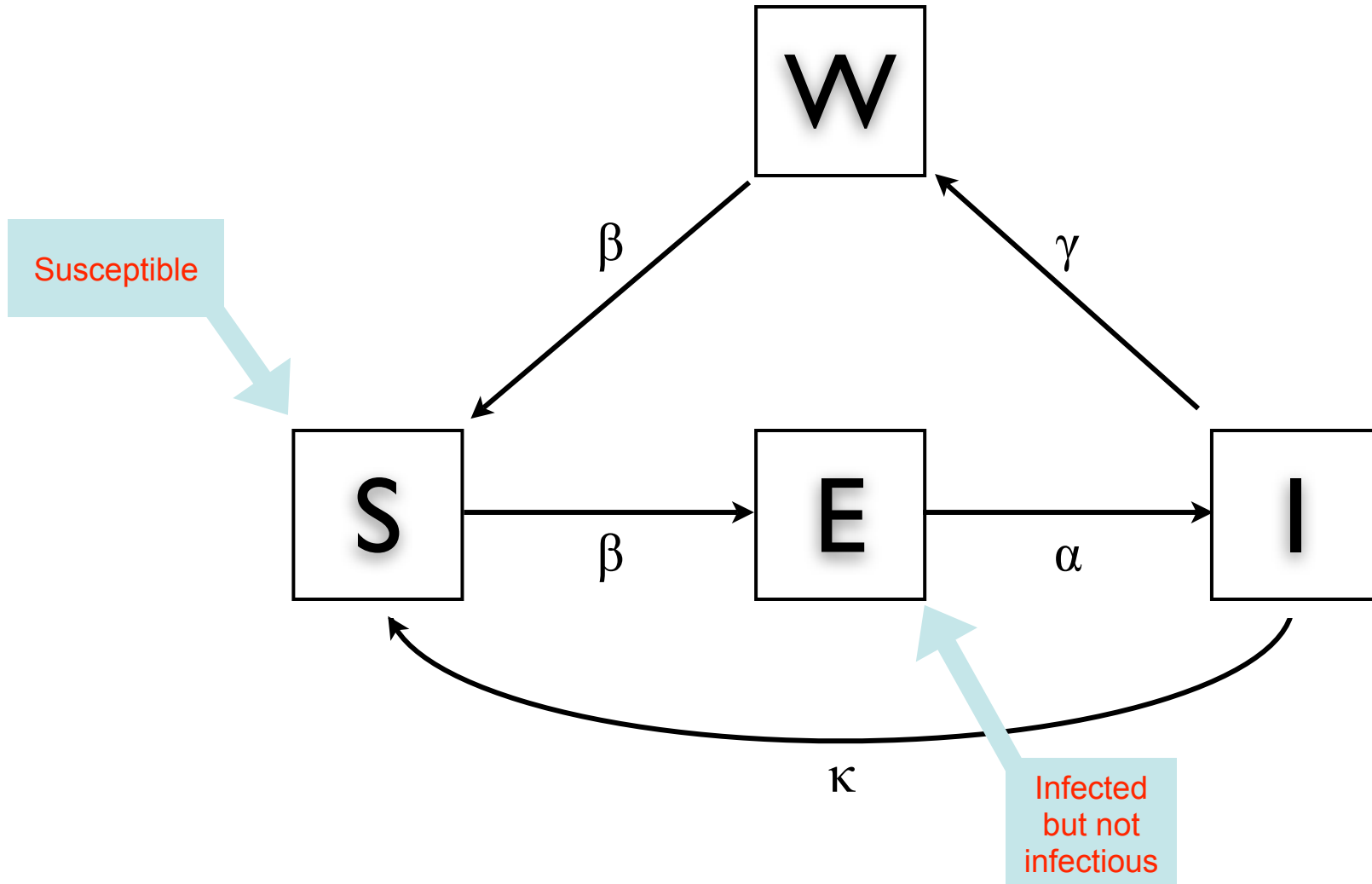
The model



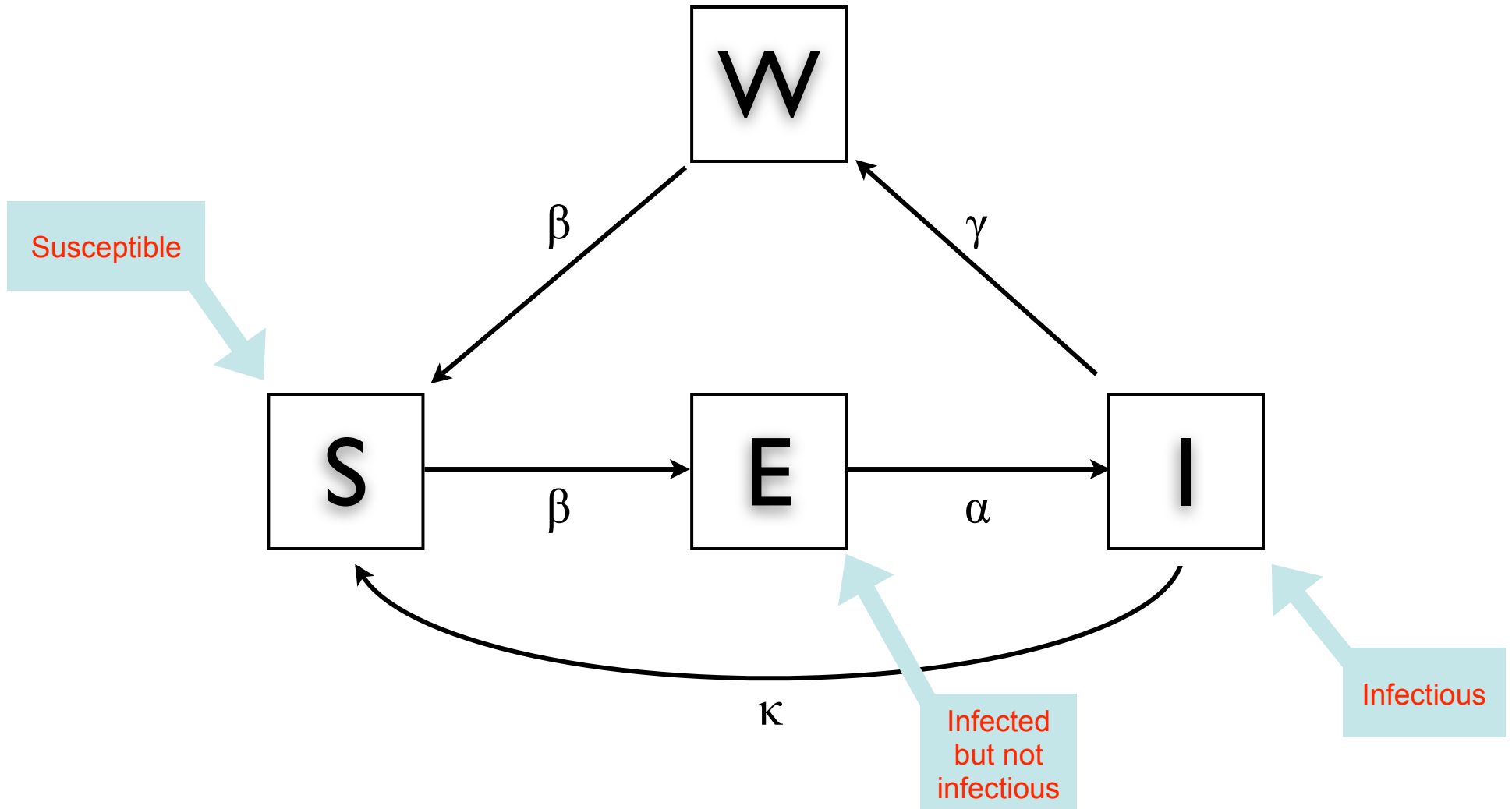
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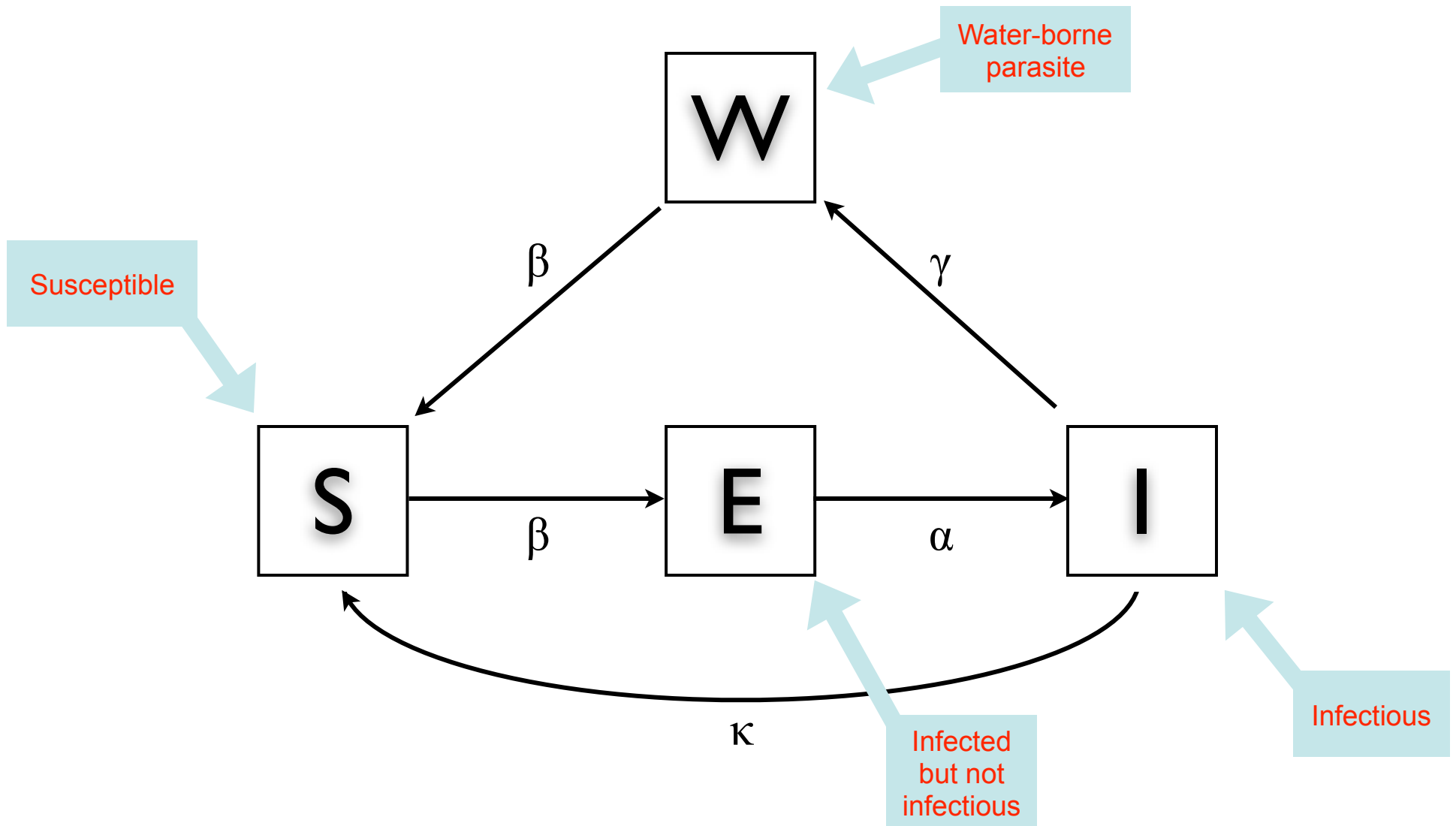
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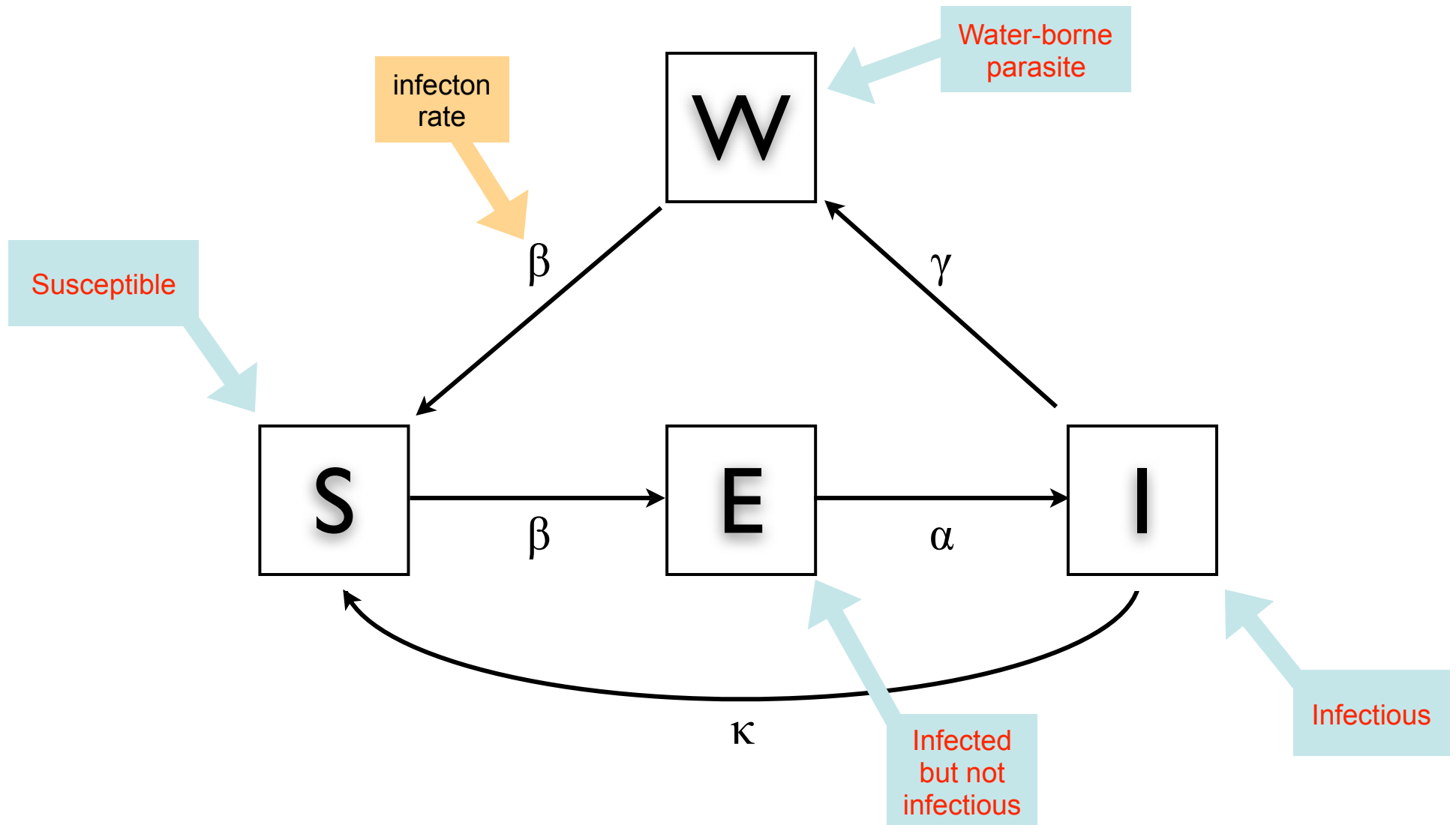
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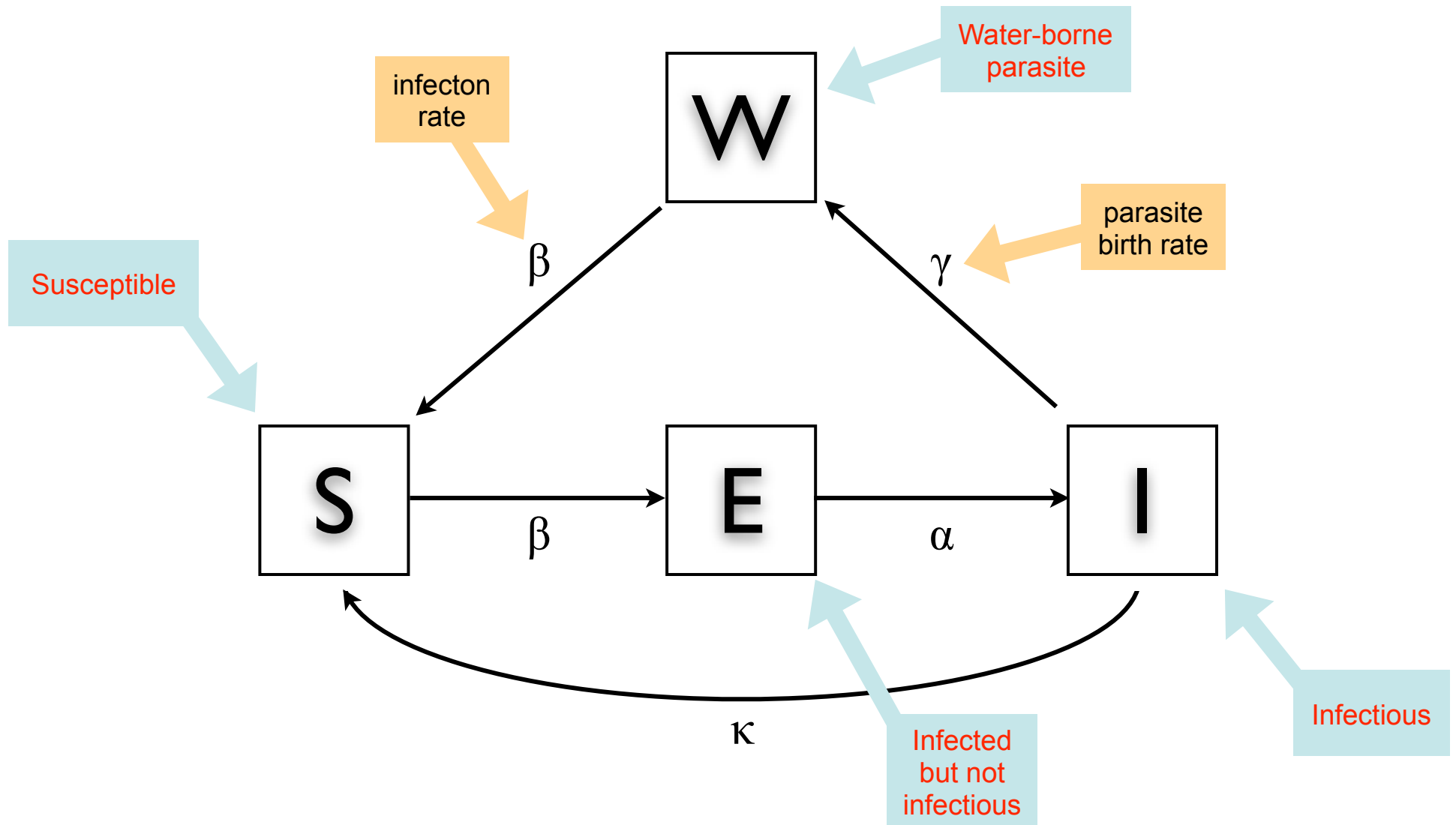
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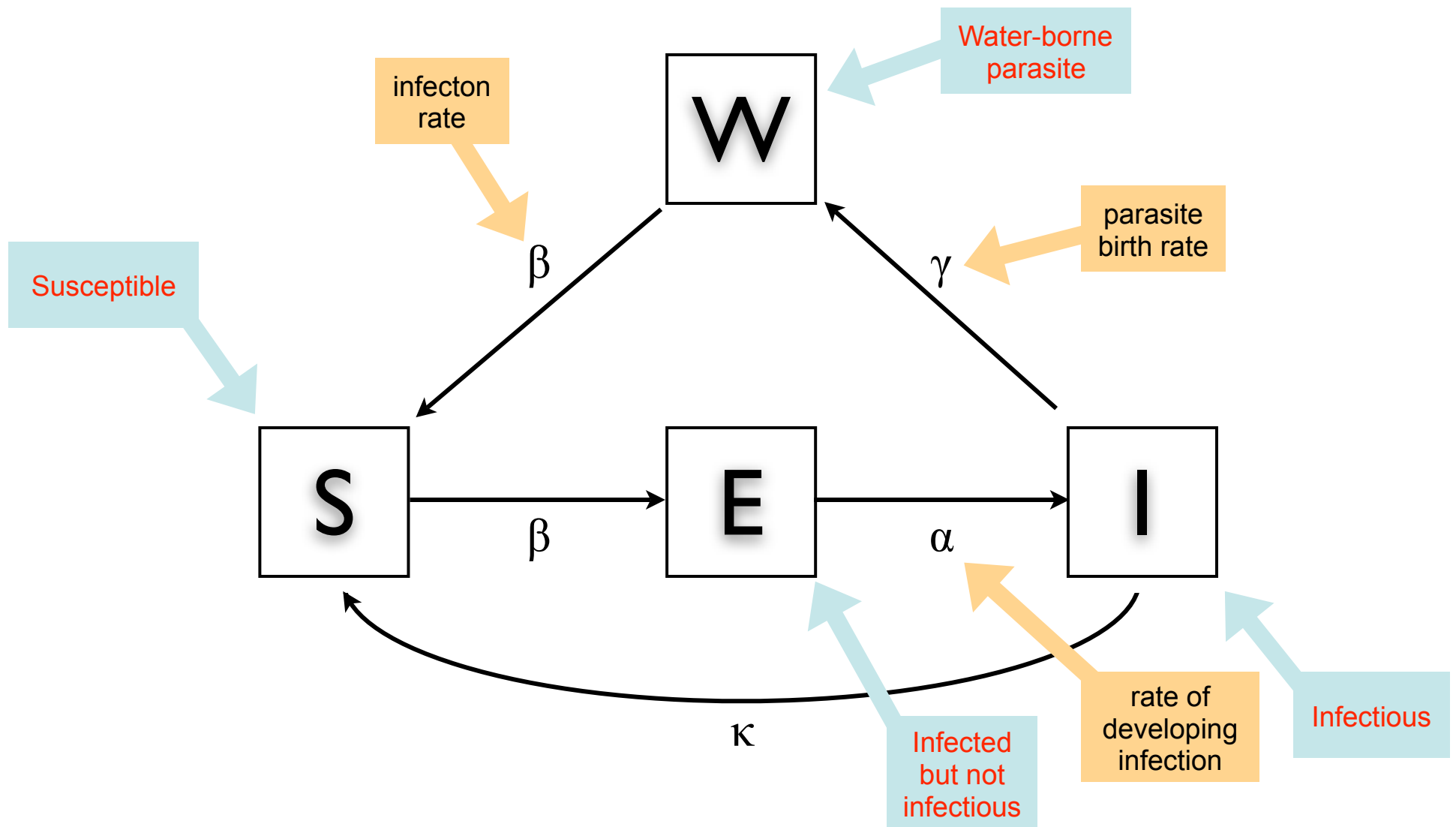
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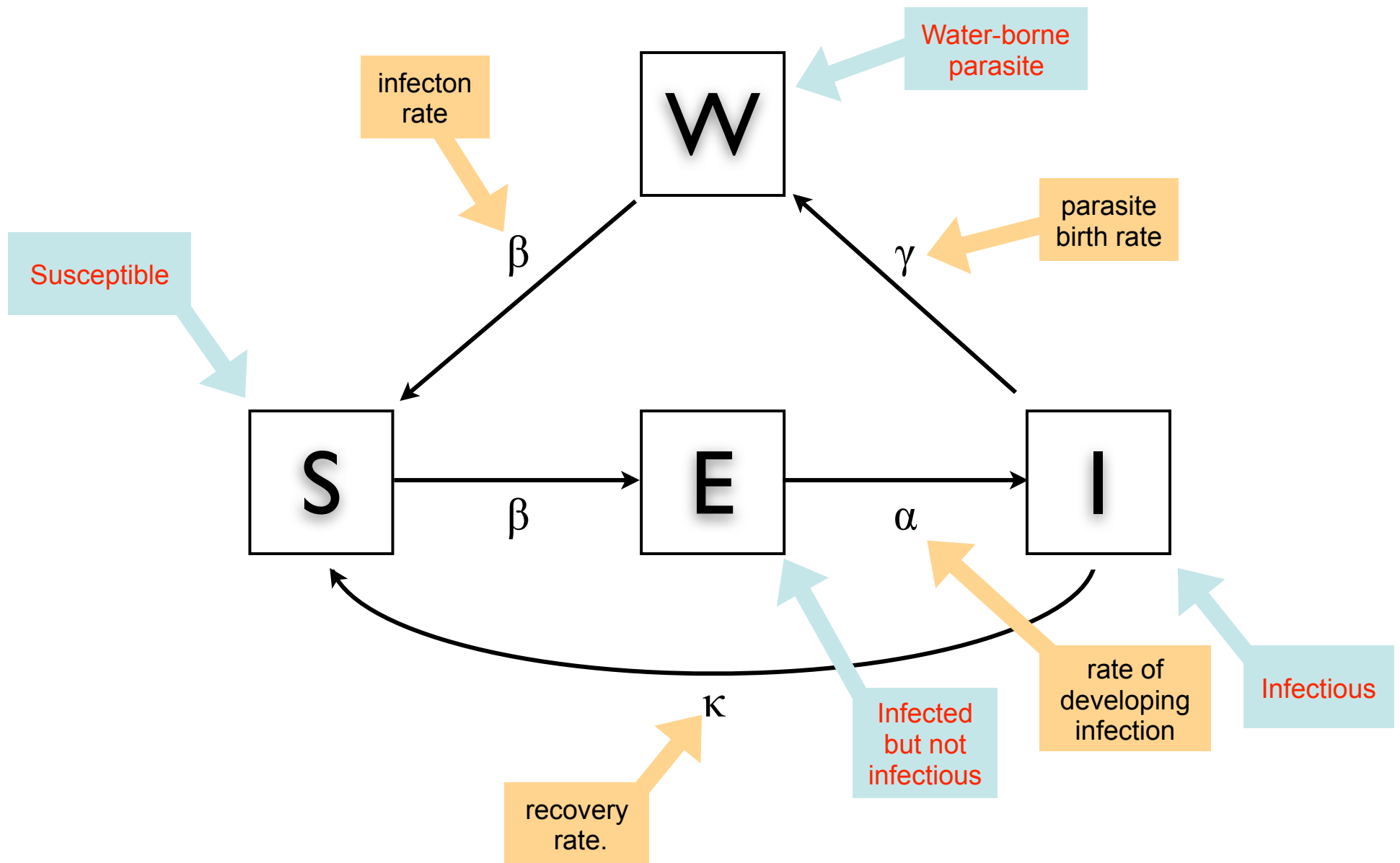
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- Assume chlorination is instantaneous
- That is, the time required for the larvicide to be applied and reach its maximum is assumed to be negligible
- Impulsive differential equations are a useful formulation for systems that undergo rapid changes in their state
- The approximation is reasonable when the time between impulses is large compared to the duration of the rapid change.

Putting it together

- The model thus consists of a system of ODEs (humans) together with an ODE and a difference equation (parasite).



Equations

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$$S' = \Pi - \beta SW - \mu S + \kappa I$$

$$t \neq t_k$$

$$E' = \beta SW - \alpha E - \mu E$$

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$$I' = \alpha E - \kappa I - \mu I$$

$$t \neq t_k$$

$$W' = \gamma I - \mu_W W$$

$$t \neq t_k$$

$$\Delta W = -rW$$

$$t = t_k$$

S=susceptibles Π =birth rate β =transmissability
 μ =background death rate *E*=exposed *I*=infectious
W=parasite-infested water κ =recovery rate
 α =incubation period γ =parasite birth rate
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$$W' = \gamma I - \mu_W W \quad t \neq t_k$$

$$\Delta W = -rW \quad t = t_k$$

- t_k is the chlorination time
- Chlorination may occur at regular intervals or not.

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- Two equilibria: disease free and endemic



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- The former always exists
- The latter only exists for some parameters.

*S=susceptibles Π =birth rate
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The basic reproductive ratio

$$R_0 = \frac{\Pi\alpha\gamma\beta}{\mu(\alpha + \mu)(\kappa + \mu)\mu_W}$$

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 - When $R_0 > 1$, the disease-free equilibrium is unstable; the endemic equilibrium exists and is stable
- Thus, R_0 is our eradication threshold.

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Effect of interventions

- Education discourages infected individuals from putting infected limbs in the drinking water

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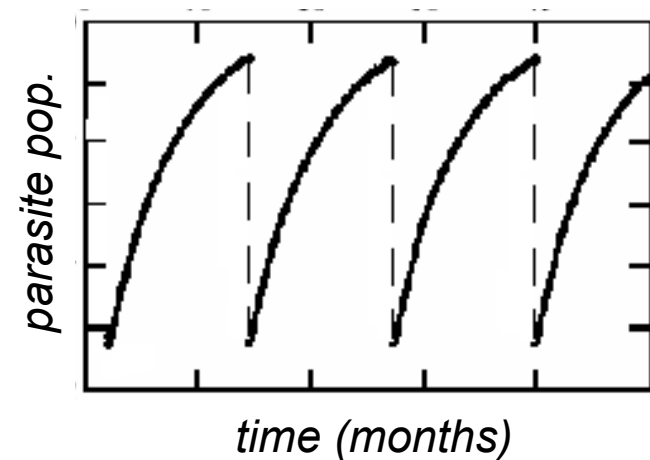
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- Filtration decreases β and hence R_0
- (Continuous) chlorination increases μ_W and hence decreases R_0 .

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The system with impulses

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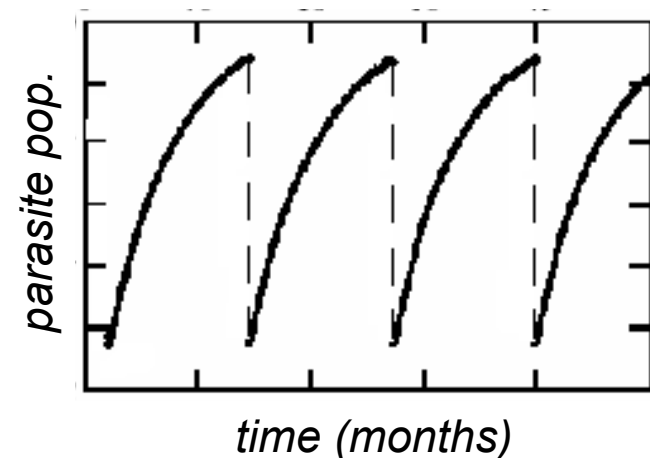


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$$W' = \frac{\alpha\Pi\gamma}{\mu(\kappa + \mu)} - \mu_W W \quad t \neq t_k$$

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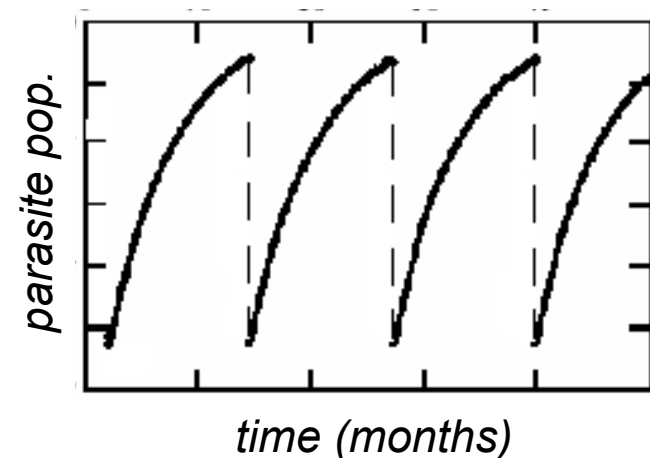
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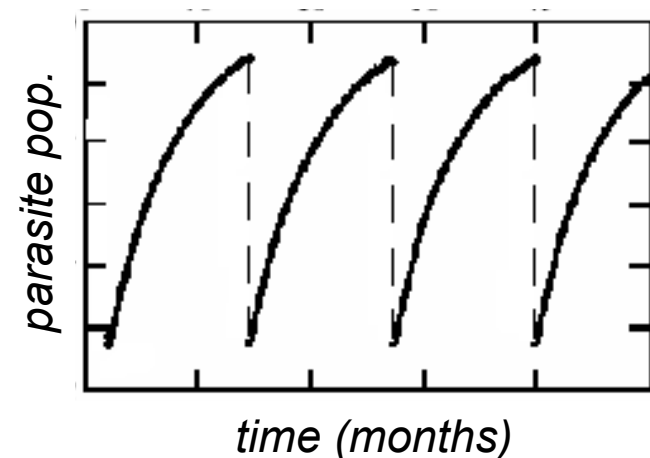
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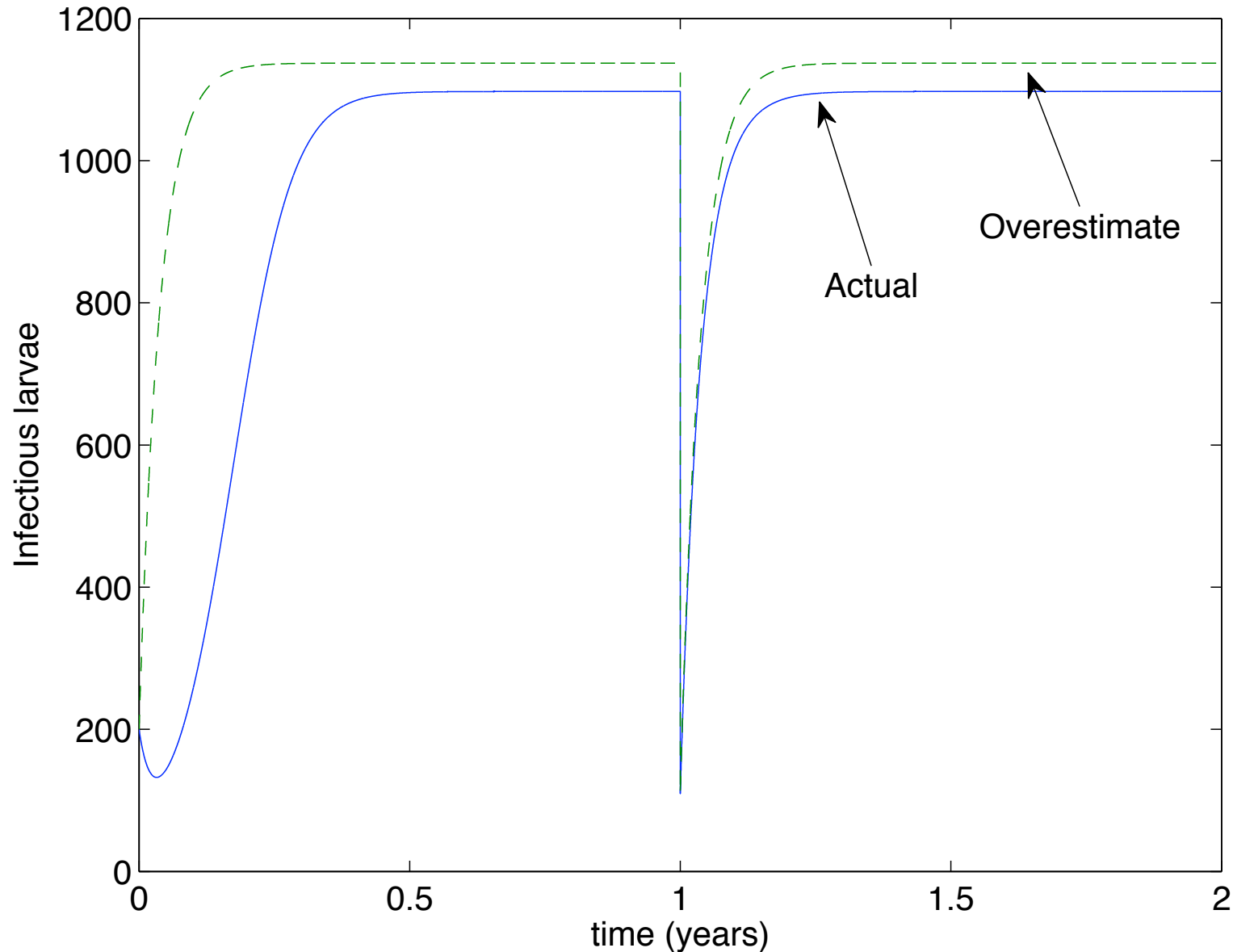
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$$W(t_{k+1}^-) = W(t_k^+)e^{-\mu_W(t_{k+1}-t_k)} + \frac{\alpha\Pi\gamma}{\mu\mu_W(\kappa + \mu)} \left[1 - e^{-\mu_W(t_{k+1}-t_k)} \right].$$

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The degree of overestimation



An explicit solution

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$$W_n^- = \frac{\alpha\Pi\gamma}{\mu\mu_W(\kappa + \mu)} \left[(1 - r)^{n-1} e^{-\mu_W(t_n - t_1)} + (1 - r)^{n-1} e^{-\mu_W(t_n - t_2)} + \dots + (1 - r) e^{-\mu_W(t_n - t_{n-1})} + 1 - (1 - r)^{n-2} e^{-\mu_W(t_n - t_1)} - (1 - r)^{n-3} e^{-\mu_W(t_n - t_2)} - \dots - e^{-\mu_W(t_n - t_{n-1})} \right].$$

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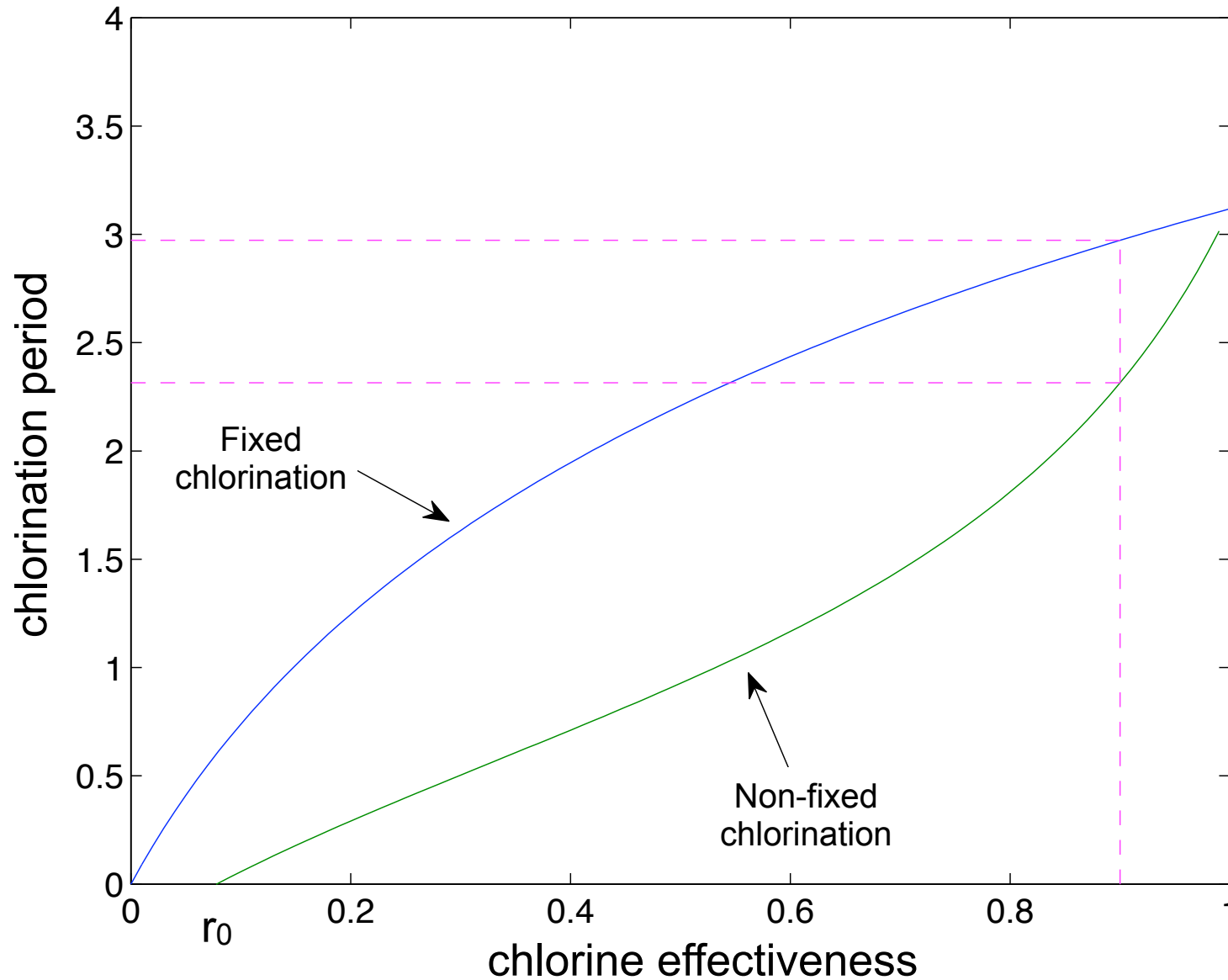
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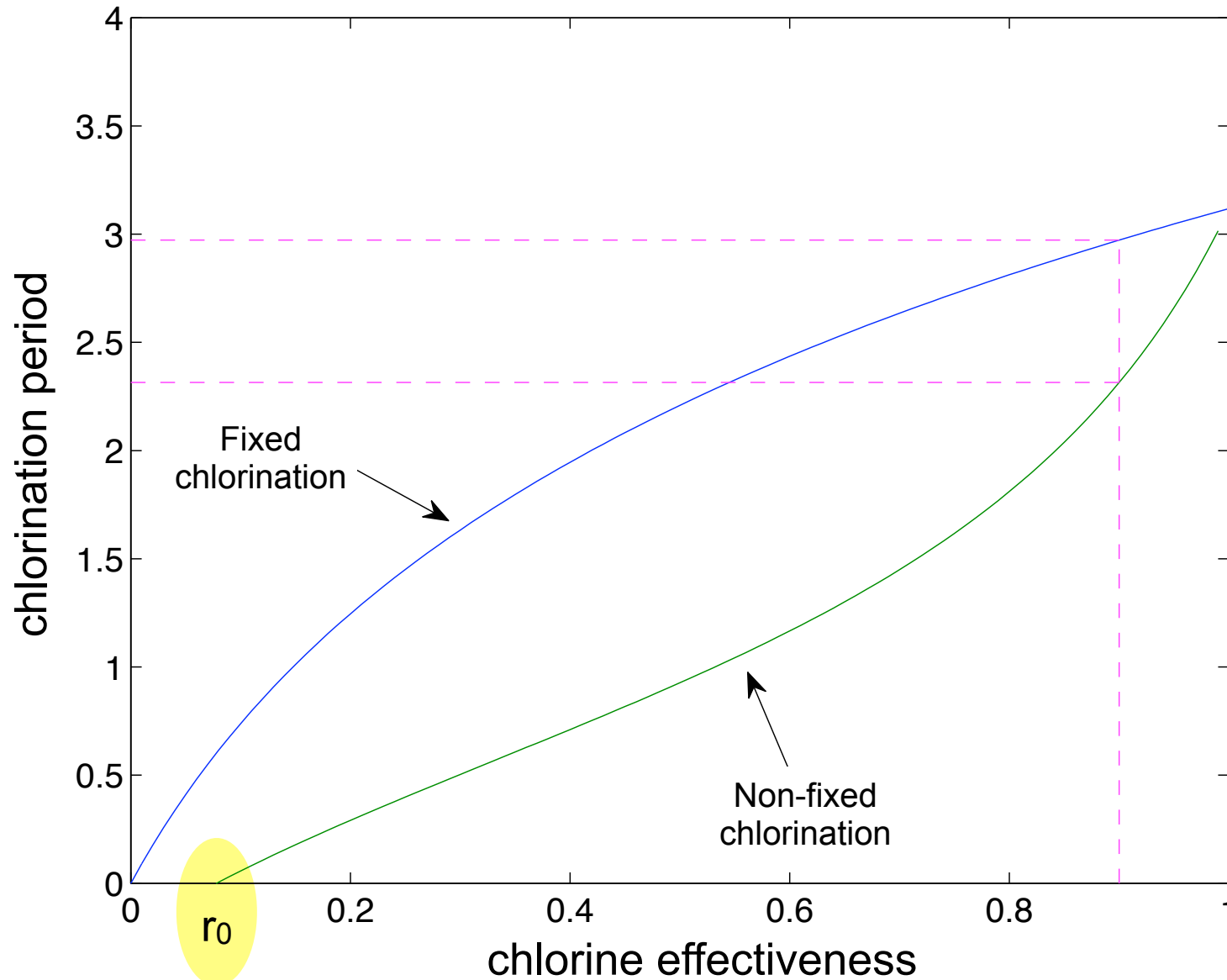
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Fixed chlorination is always better



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Latin Hypercube Sampling

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Example







Example

	✓	









Example










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Partial Rank Correlation Coefficients

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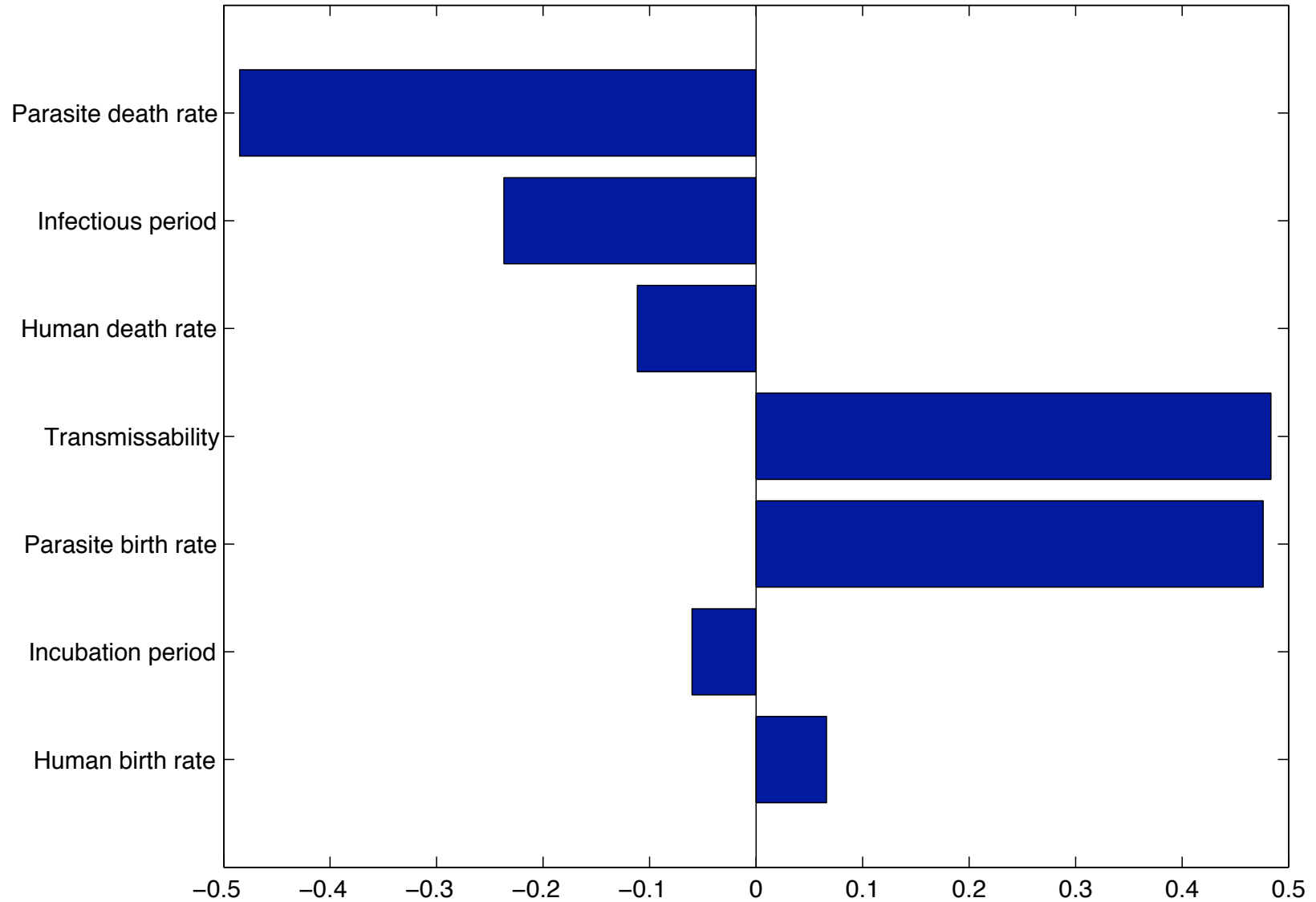
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PRCCs



Most important parameters

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R_0 =basic reproductive ratio

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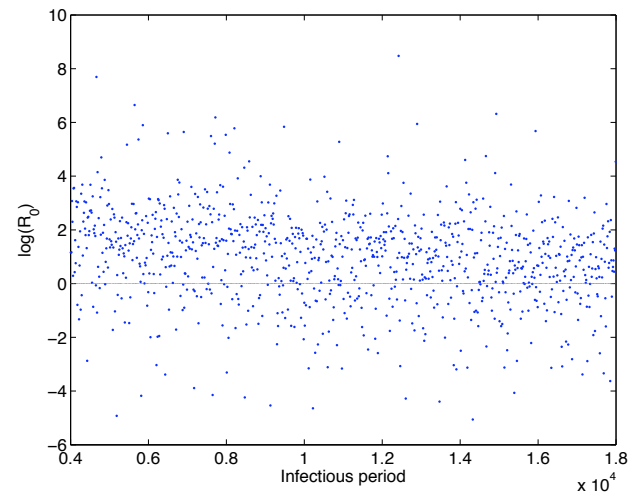
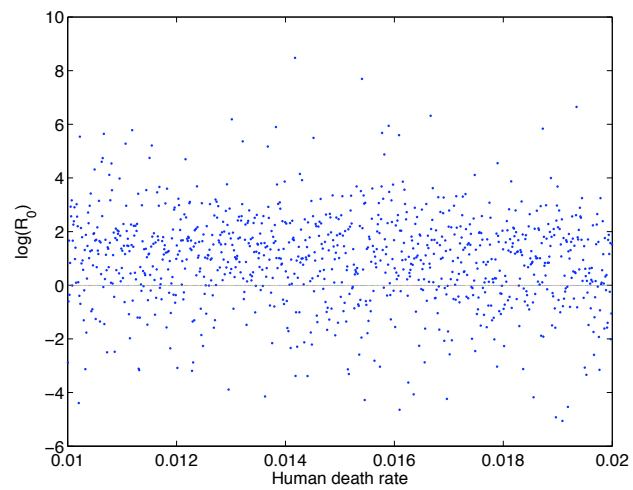
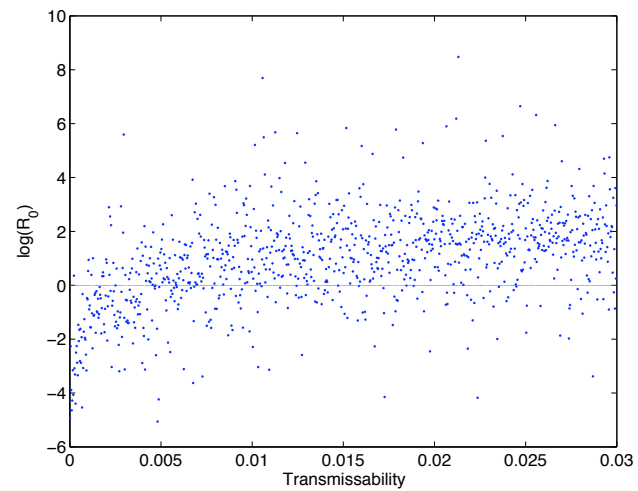
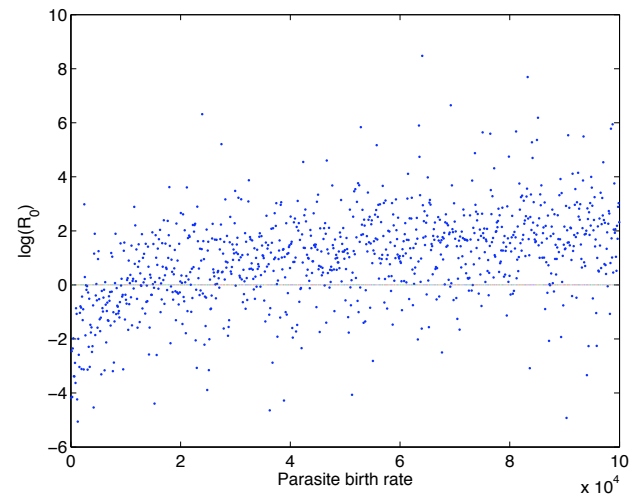
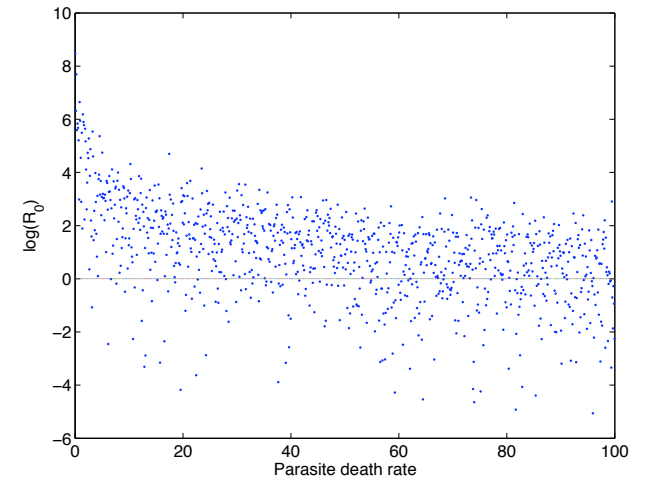
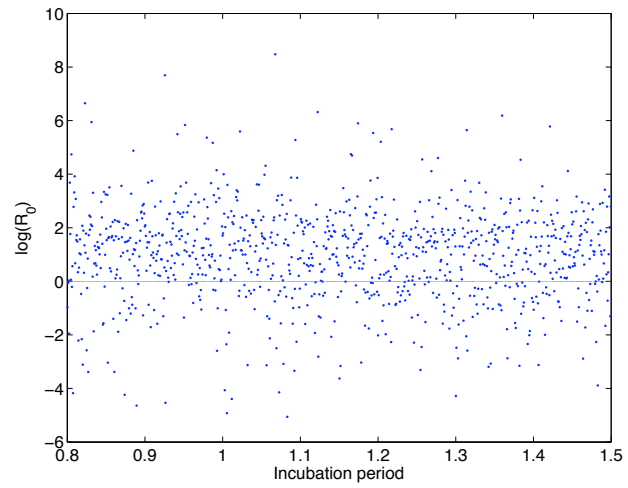
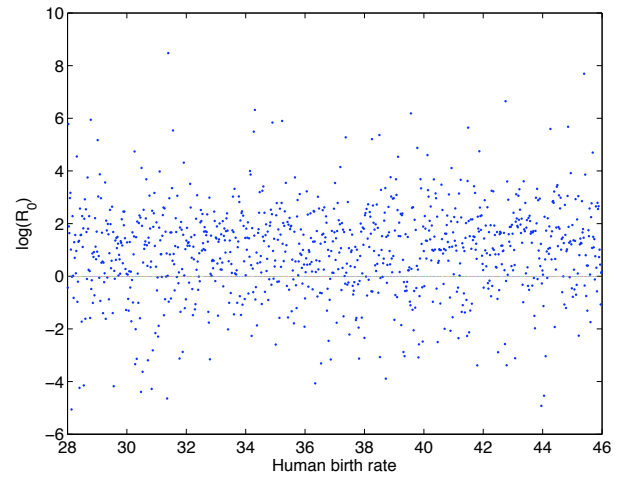
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 - education.





Variation of control parameters

- The same three parameters have the greatest impact



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Variation of control parameters

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γ =parasite birth rate μ_w =parasite death rate R_0 =basic reproductive ratio

Variation of control parameters

- The same three parameters have the greatest impact (as expected)
- However, increasing μ_w (eg via continuous chlorination) is unlikely to lead to eradication
- Conversely, sufficiently decreasing γ (via education) is likely to bring R_0 below 1.



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Eradication threshold

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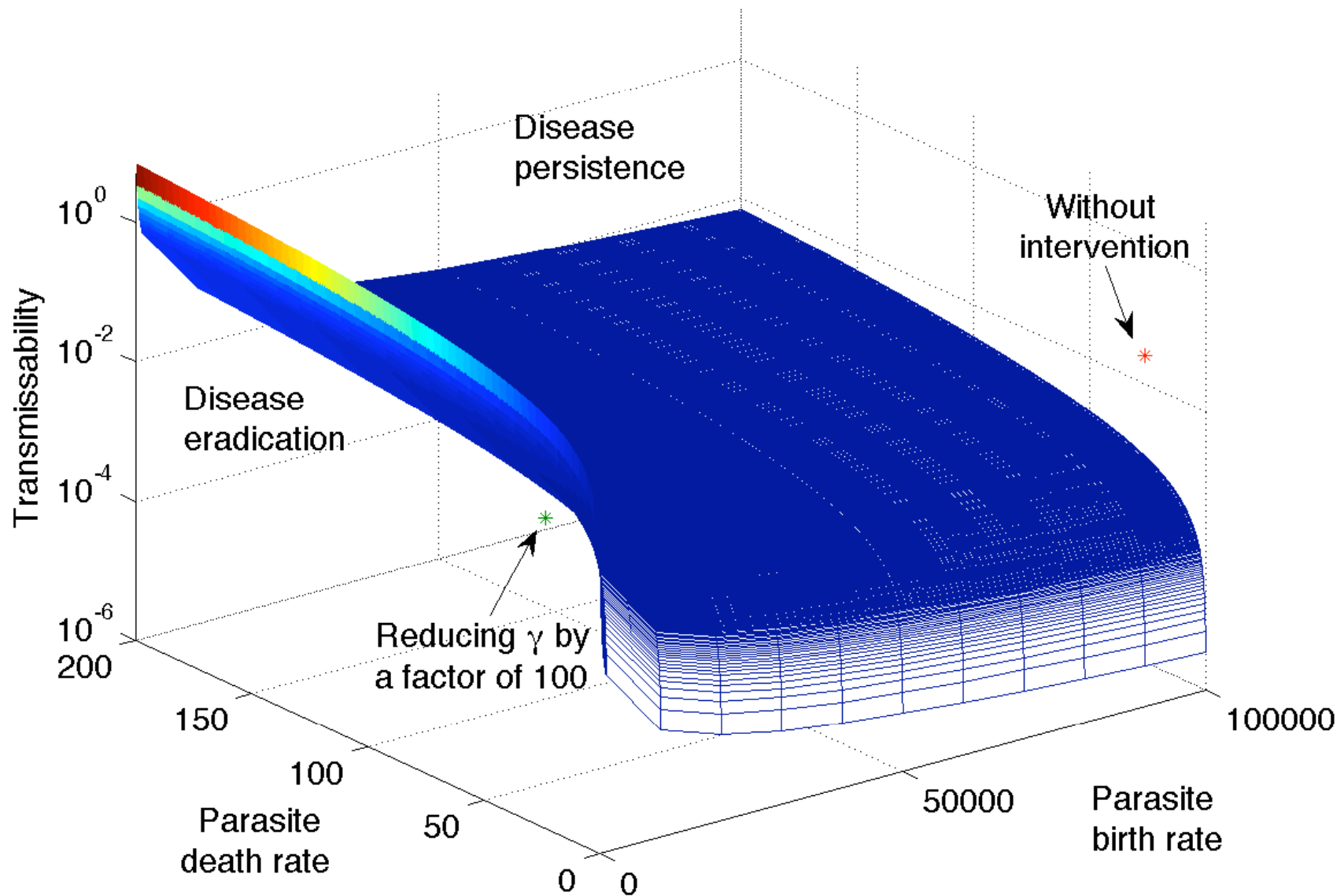


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- For $R_0=1$, we can plot the threshold surface for our three control parameters (representing education, filtration and chlorination)
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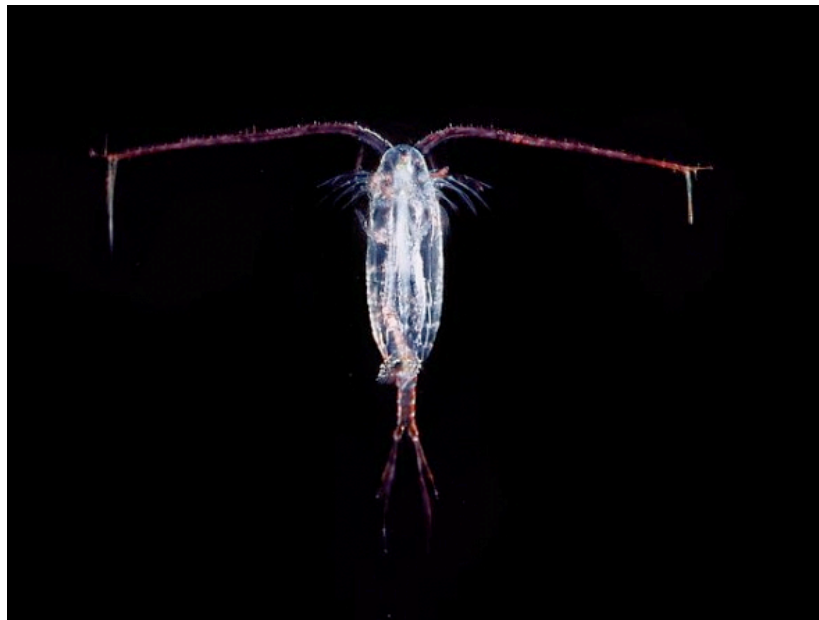
Eradiation surface



Effect of control parameters

- The outcome is significantly dependent on changes in γ

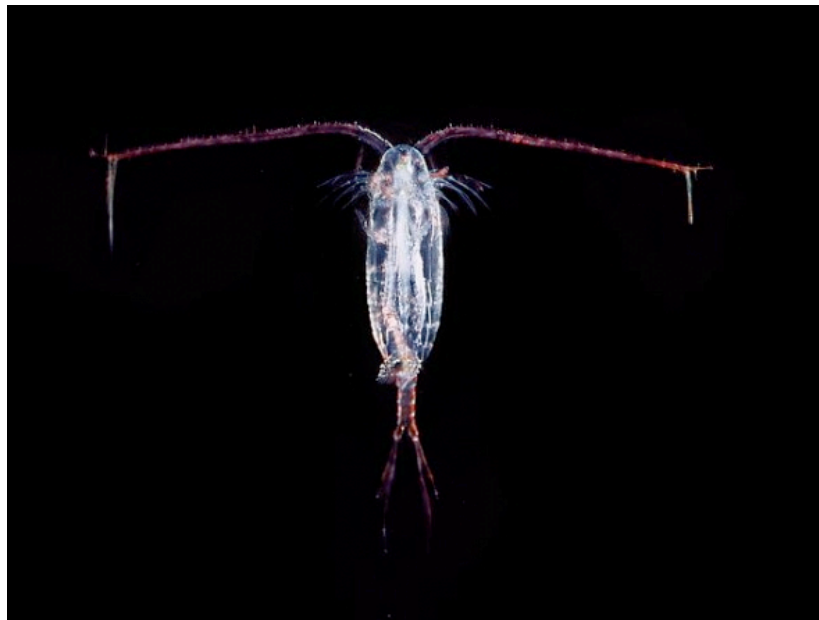
β =transmissability
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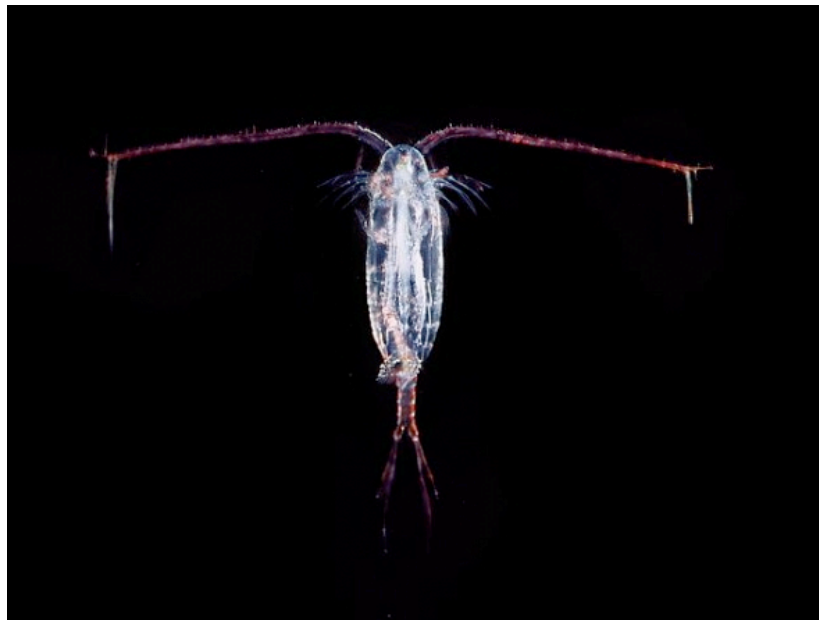
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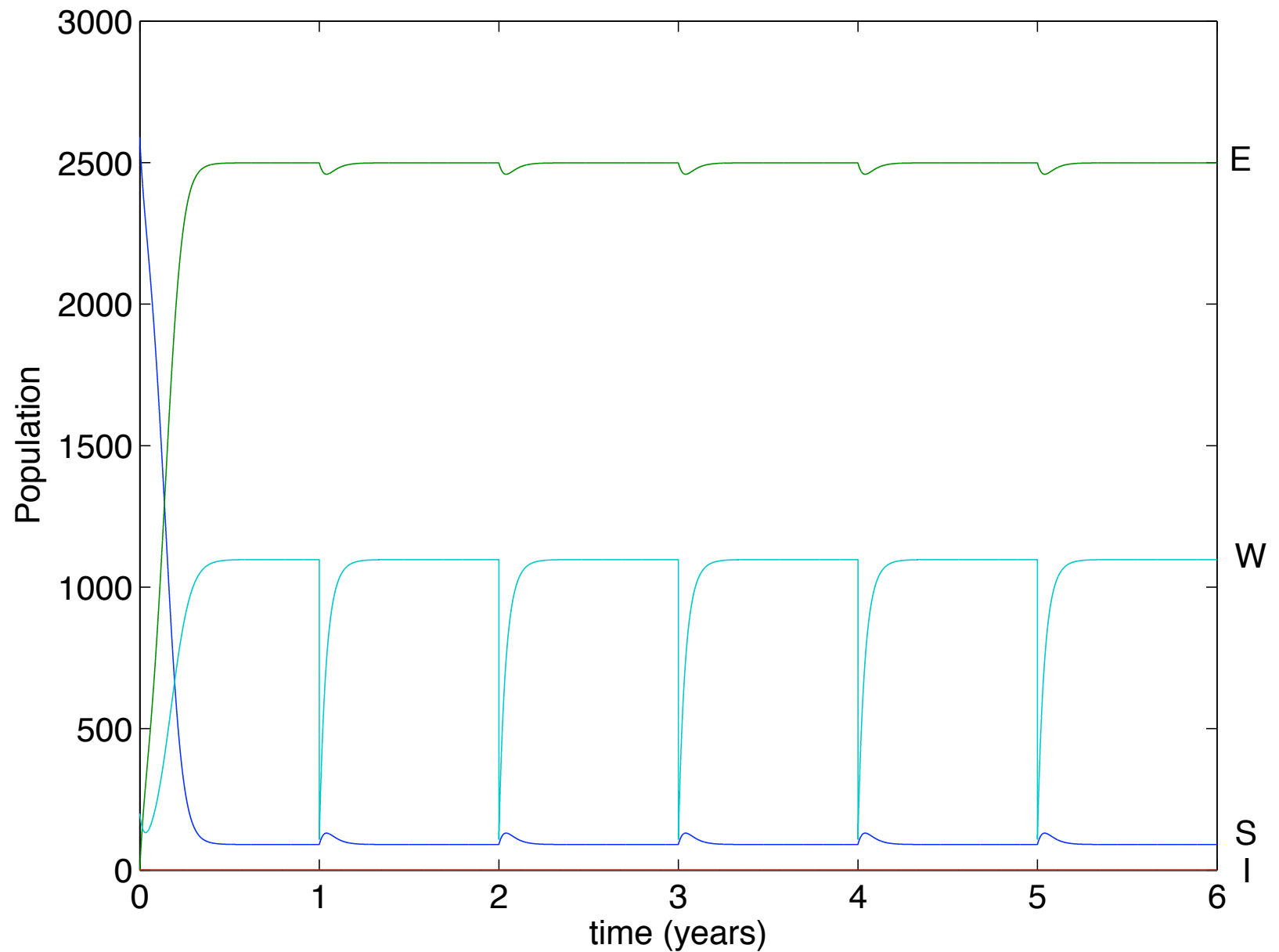
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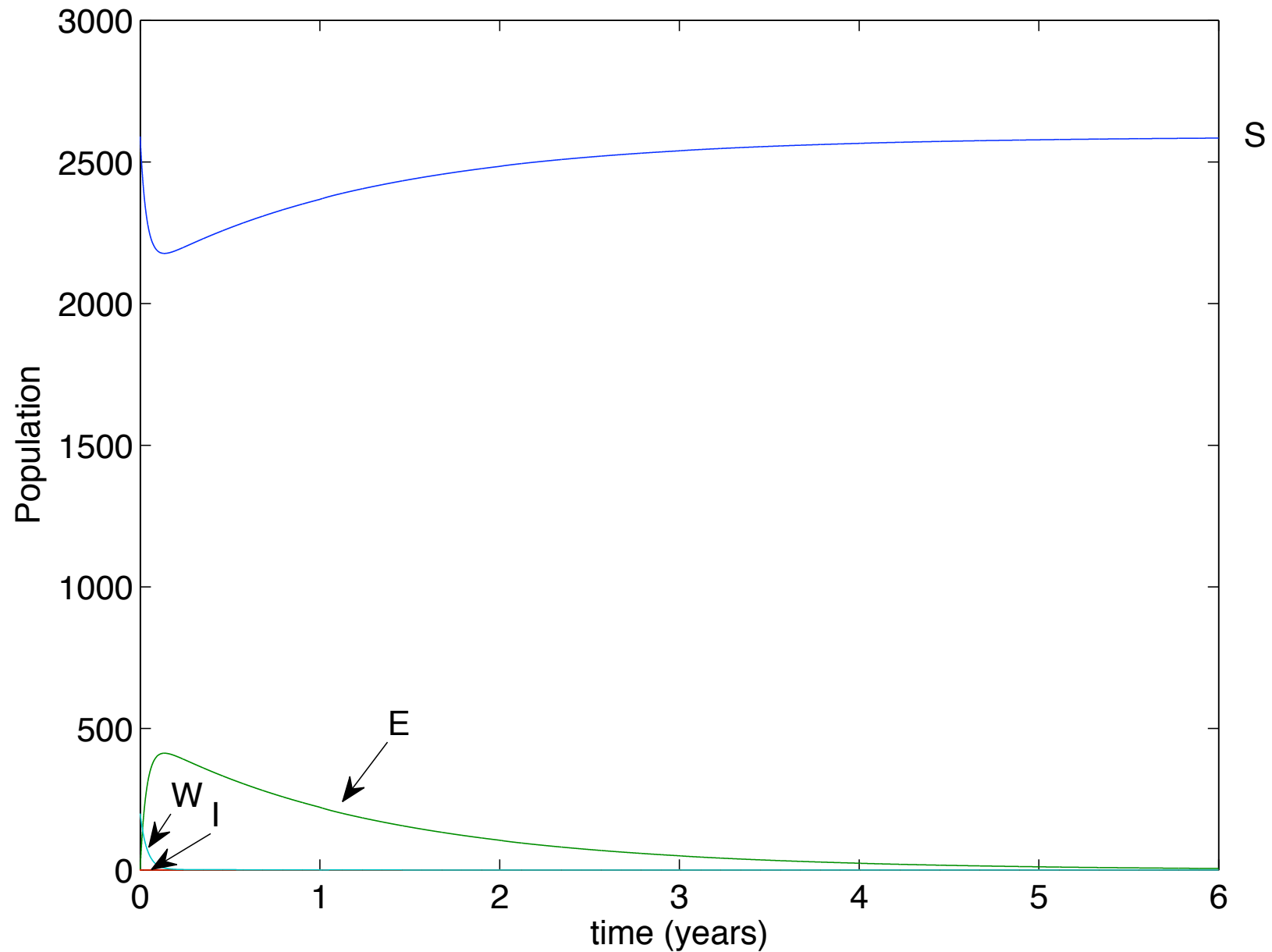


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Annual chlorination

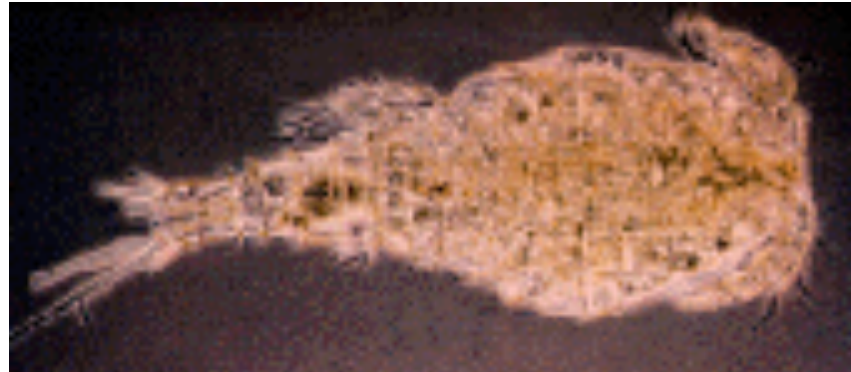


Reducing the parasite birthrate by 99%



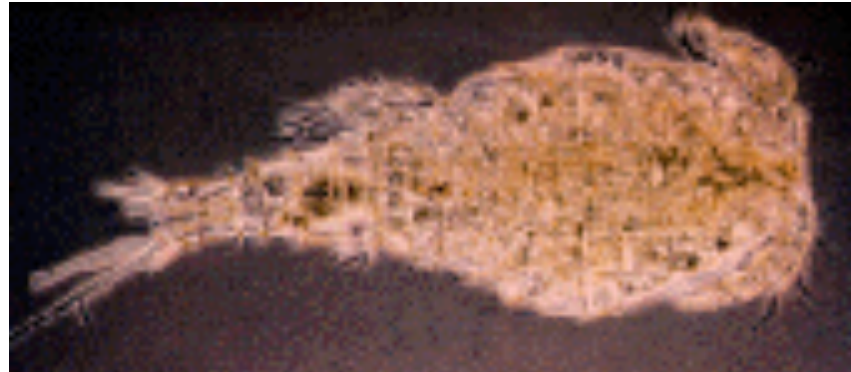
Long-term dynamics

- Annual chlorination alone has little effect on the disease



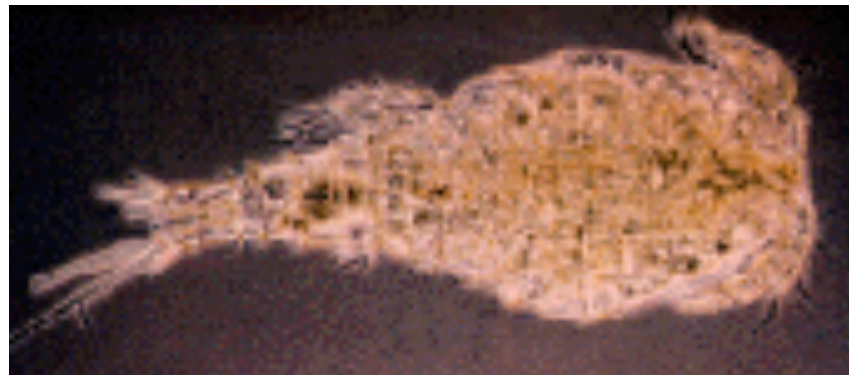
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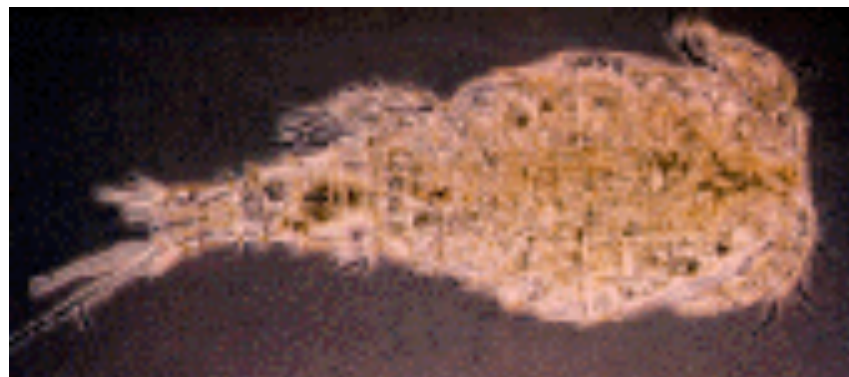
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- The population quickly returns to high levels following chlorination
- Reducing the parasite birth rate by 99% (eg via education) can lead to eradication
- The entire population becomes uninfected.



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 - biological and technical feasibility
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- Guinea worm disease satisfies all three.



Comparison with smallpox

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 - however, ongoing efforts mean India is about to be declared yaws-free.

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- Of course, a combination of education, chlorination and filtration is most desirable
- Efforts should be focussed on reaching remote communities.

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- Without a vaccine or drugs, behaviour changes alone will likely lead to eradication of the first parasitic disease
- This may reshape our understanding of what it takes to eradicate a disease
- By mustering both scientific and cultural resources, we can successfully defeat one of the oldest diseases in human history.

Key references

1. P. Cloutier, J. Harrison, A. Desforjes and R.J. Smith? *A mathematical model for the eradication of Guinea worm disease* (under review)
2. A. Kealey and R.J. Smith? (2010) *Neglected Tropical Diseases: Infection Modeling and Control*. *Journal of Healthcare for the Poor and Underserved* 21, 53-69.

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