

Participatory Epidemiology and the Use of Models to Design Control Strategies





Participatory Epidemiology

The use of participatory rural appraisal techniques to collect epidemiological knowledge and intelligence

Participatory Rural Appraisal (PRA)

- Qualitative intelligence gathering process
- Key informants
- Problem solving
 - Multiple methods
 - Multiple perspectives
 - Triangulation
- Best-bet scenarios





Existing Veterinary Knowledge

- Traditional terms and case definitions
- Clinical presentation
- Pathology
- Vectors
- Reservoirs
- Epidemiologic features



Photo: T. Leyland

Applications

- Basic Research
- Active Surveillance
 - Participatory Disease Surveillance (PDS)
- Holistic Needs Assessment
 - Stakeholders, livelihoods and risk
- Impact Assessment
 - Participatory Impact Assessment (PIA)
 - Qualitative and Quantitative
- Institutional change

Participatory Disease Surveillance PDS

- Active surveillance done by professionals
- Risk-targeted
- High detection rate
 - Information networks
 - Extended time frame
- Sensitive and Specific
 - Validation processes
 - Laboratory support
- Timely



Attributes of PE/PDS Programs

- Flexible approach that allows for discovery
- Practitioners are problem-solvers and not enumerators
- Strength of the approach lies in its flexible and qualitative nature
- Orients and complements, but does not replace structured and quantitative methods
- Information from diverse sources and methods
- Analyzed in an iterative process referred to as triangulation
- Integrates biological testing and quantitative methods when appropriate to objectives

PENAPH

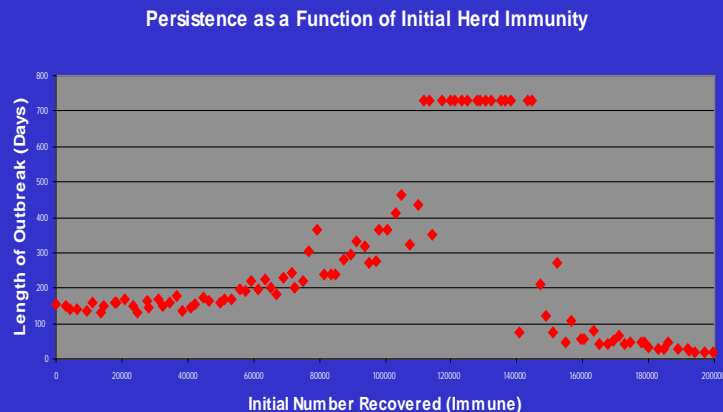
Participatory Epidemiology Network for Animal and Public Health

- Nine core partners
- Building Surveillance Capacity
- Good Practice Guidelines
- Certification of Training
- Research, Policy and Advocacy
- Pro-Poor and One Health Focus
- Knowledge Exchange



Appropriate Combinations of Complimentary Techniques

- Participatory methods
- Biological testing
- Analytical methods



Participatory Approaches to the Mathematical Modelling of Rinderpest and CBPP

PARC, PACE and CAPE

Modelling Objective

- Model agents and lineages as they occurred in pastoral areas of East Africa
- Involve stakeholders at all levels in design and address principal questions of pastoralists and policy-makers
 - More useful and creates a sense of ownership
- Inform policy dialogue leading to more effective strategies
 - Targeting interventions and surveillance

Data Collection

- Evidence-based literature review
- Participatory epidemiology – expert opinion
 - Mortality, prevalence, clinical course, spatial and temporal patterns and contact structure, estimation of R_0
 - SSI, proportional piling, matrix scoring, relative prevalence scoring, mapping and event trees
- Serology - Estimation of R_0



“Some of us believe we have rinderpest, but we are not really sure. The disease looks like rinderpest, but it doesn’t kill the animals. It is rinderpest-like or mild rinderpest.”

Somali elder on lineage 2 rinderpest

El Wak, Somalia 1996

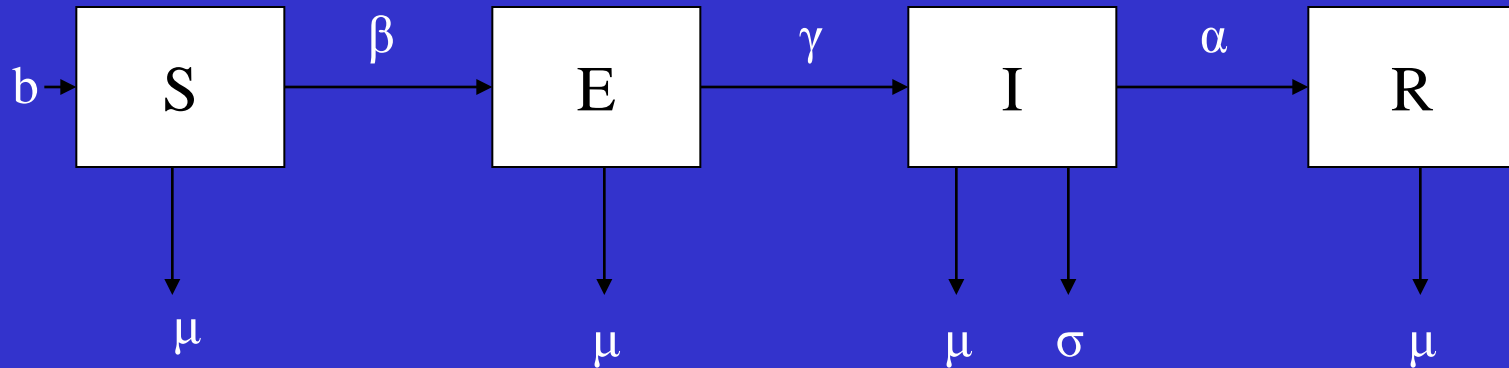


Modelling Approach

- State-Transition
- Stochastic
 - Critical Community Size
 - Fade - Out
- Open Population
- @ Risk Software
- Input Parameters – Beta Pert Distributions
- Single population and multipopulation
- Outputs – Probability Distributions



RP Model Structure



S = Susceptible

E = Exposed

I = Infectious

R = Resistant

α = recovery rate

b = birth rate

β = effective contact rate

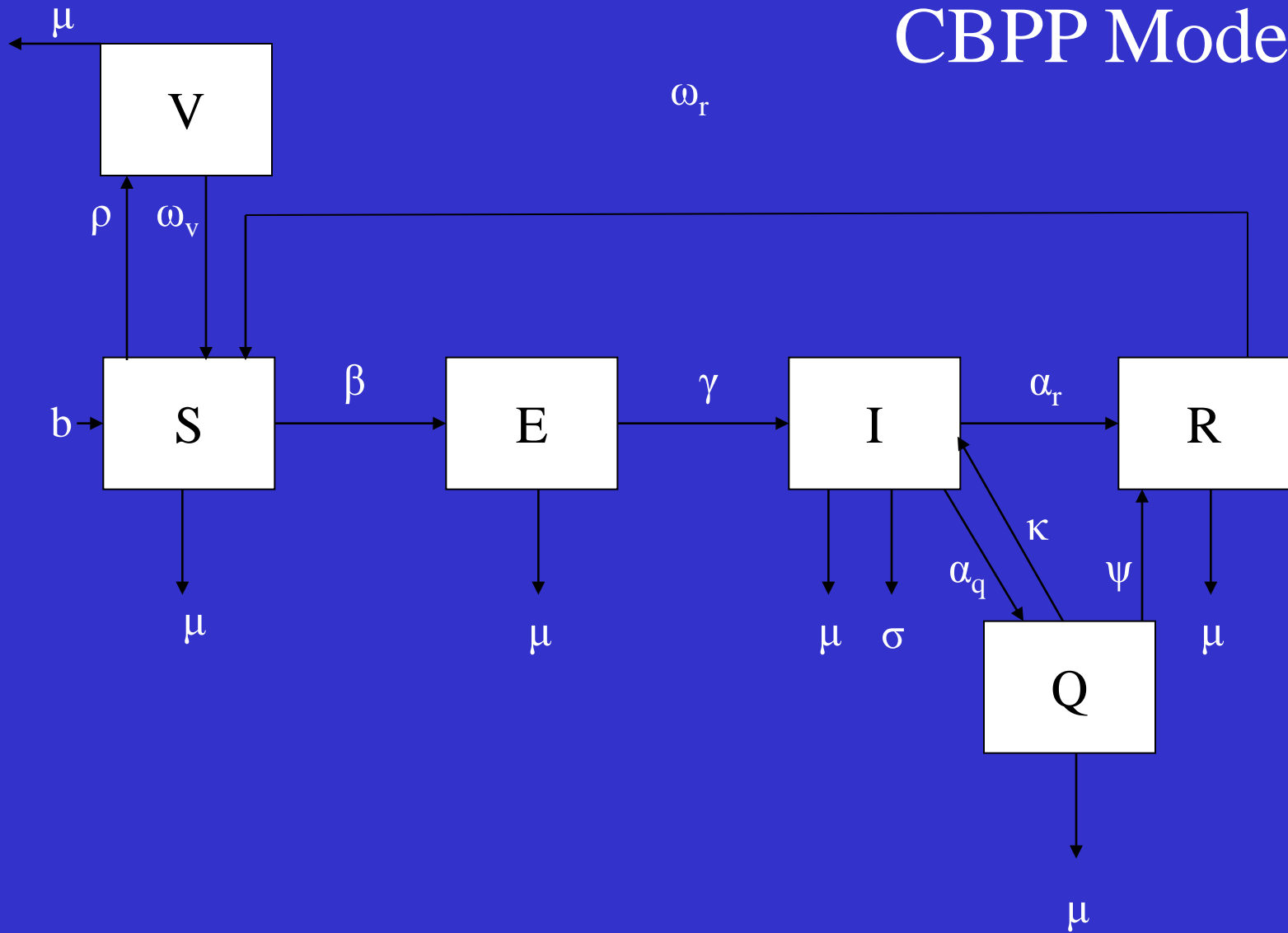
γ = latency to infectious rate

μ = non-specific mortality rate

σ = RP mortality rate



CBPP Model



The Basic Reproductive Number

R_0

- Number of secondary cases resulting from one infected animal in susceptible population
- R_0 is a feature of both the *strain* of infectious agent and the host population

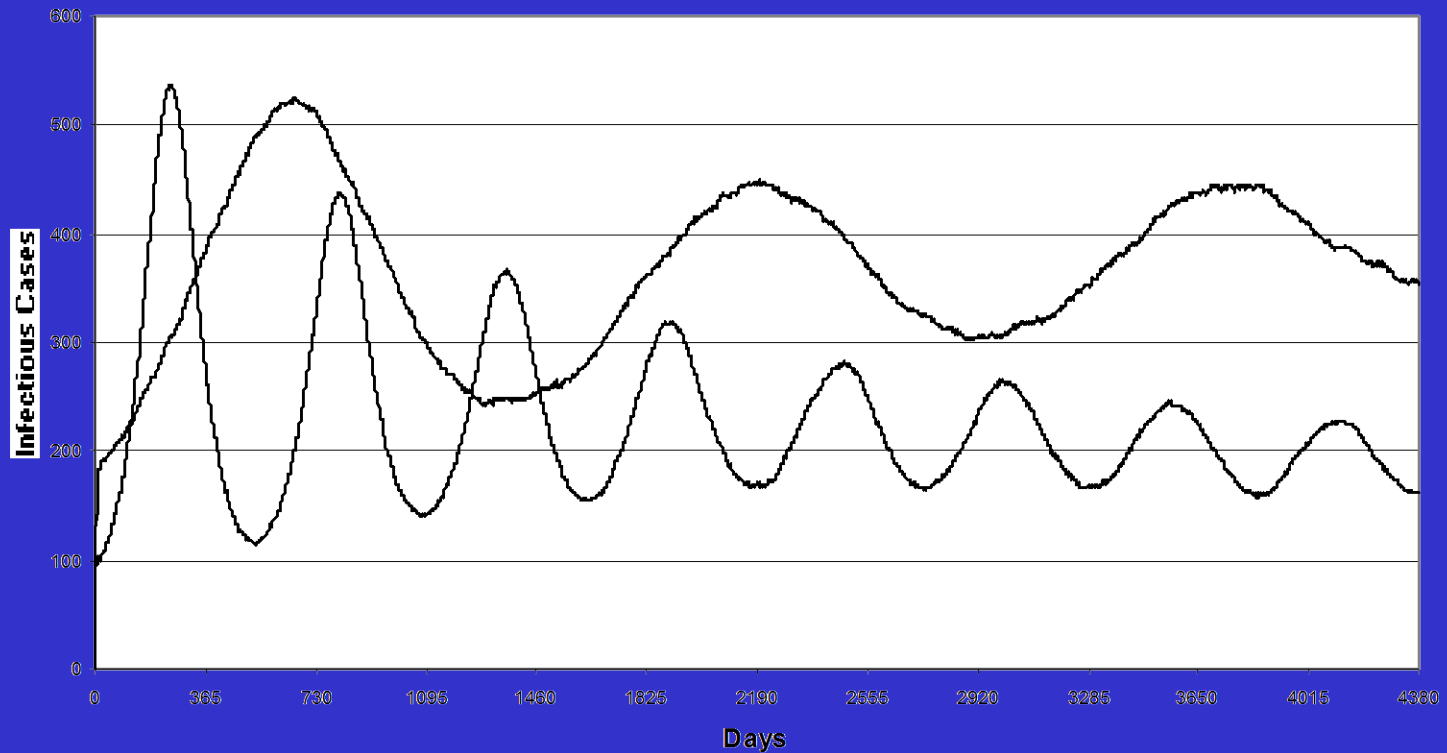


The Importance of R_0

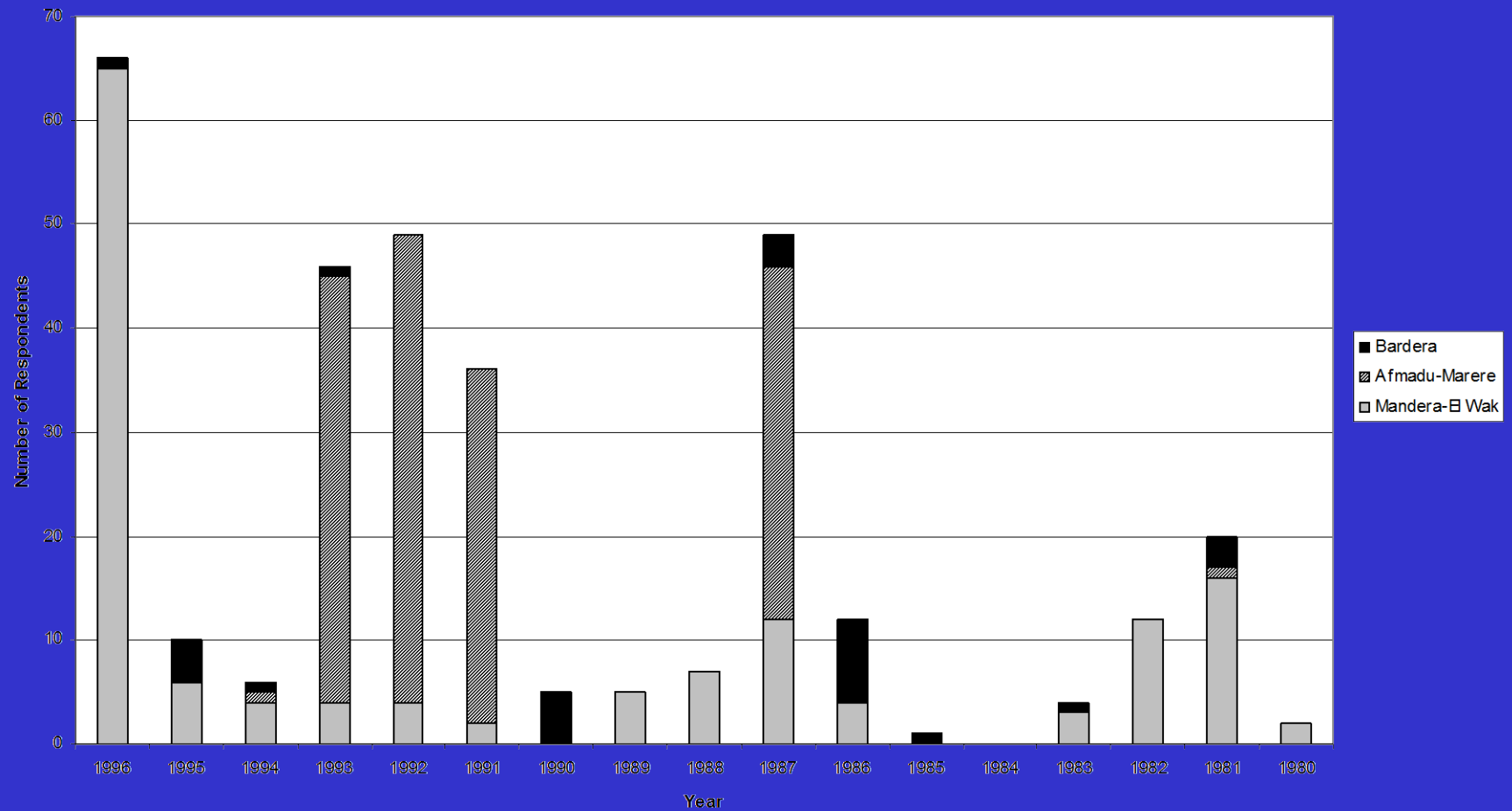
- A measure of the transmission rate
- Can be easily estimated from field data
 - RP - Herd immunity threshold ($1-1/R_0$)
 - CBPP - Average of first infection
 - HPAI – Final fraction size
- Effective contact rate, β , can be calculated from R_0 .
- Herd immunity targets

Inter-Epidemic Period

Rinderpest in Sudan and Somalia



Temporal distribution of reports on rinderpest compatible events by year and interview area

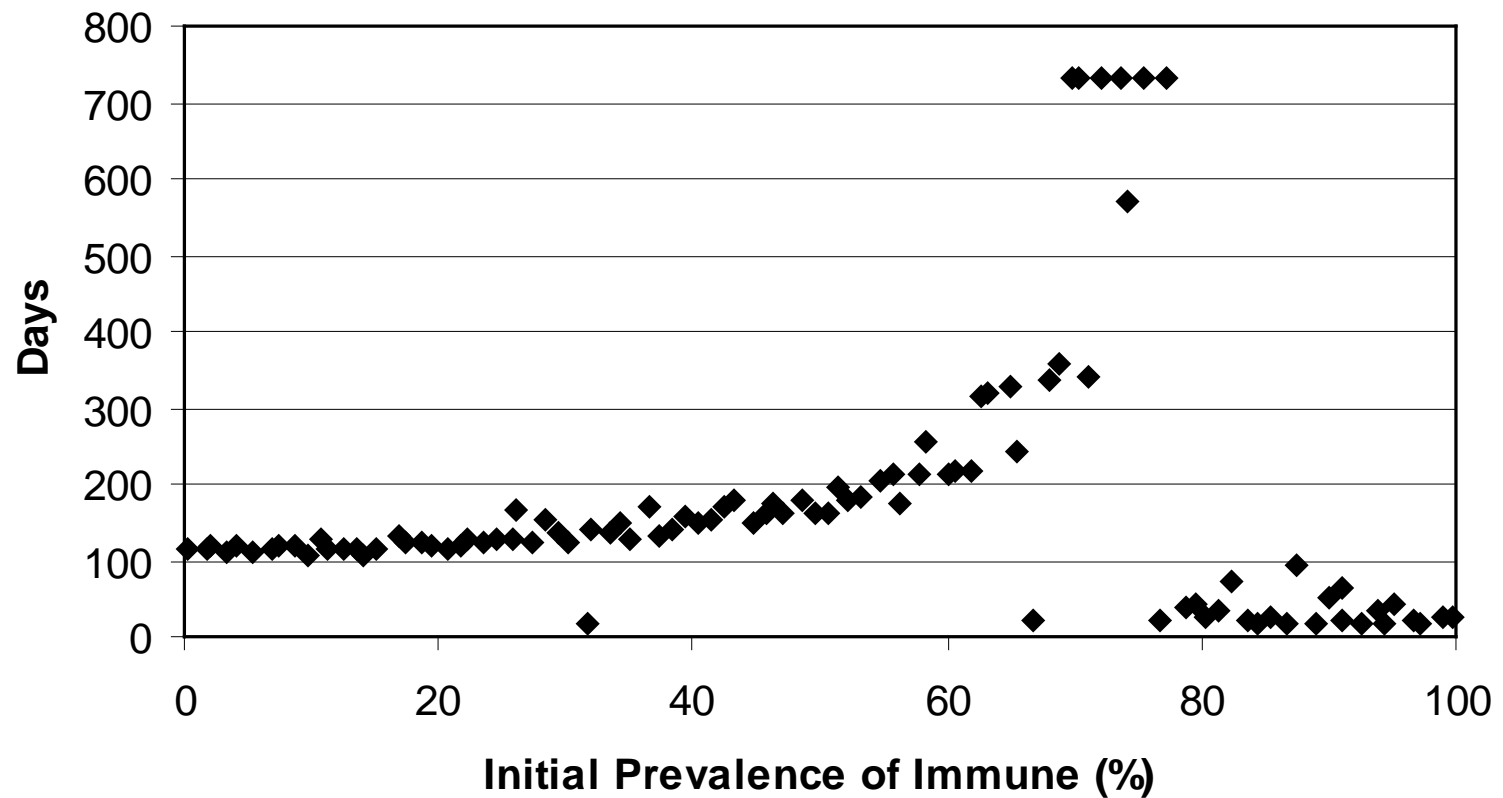


So What?

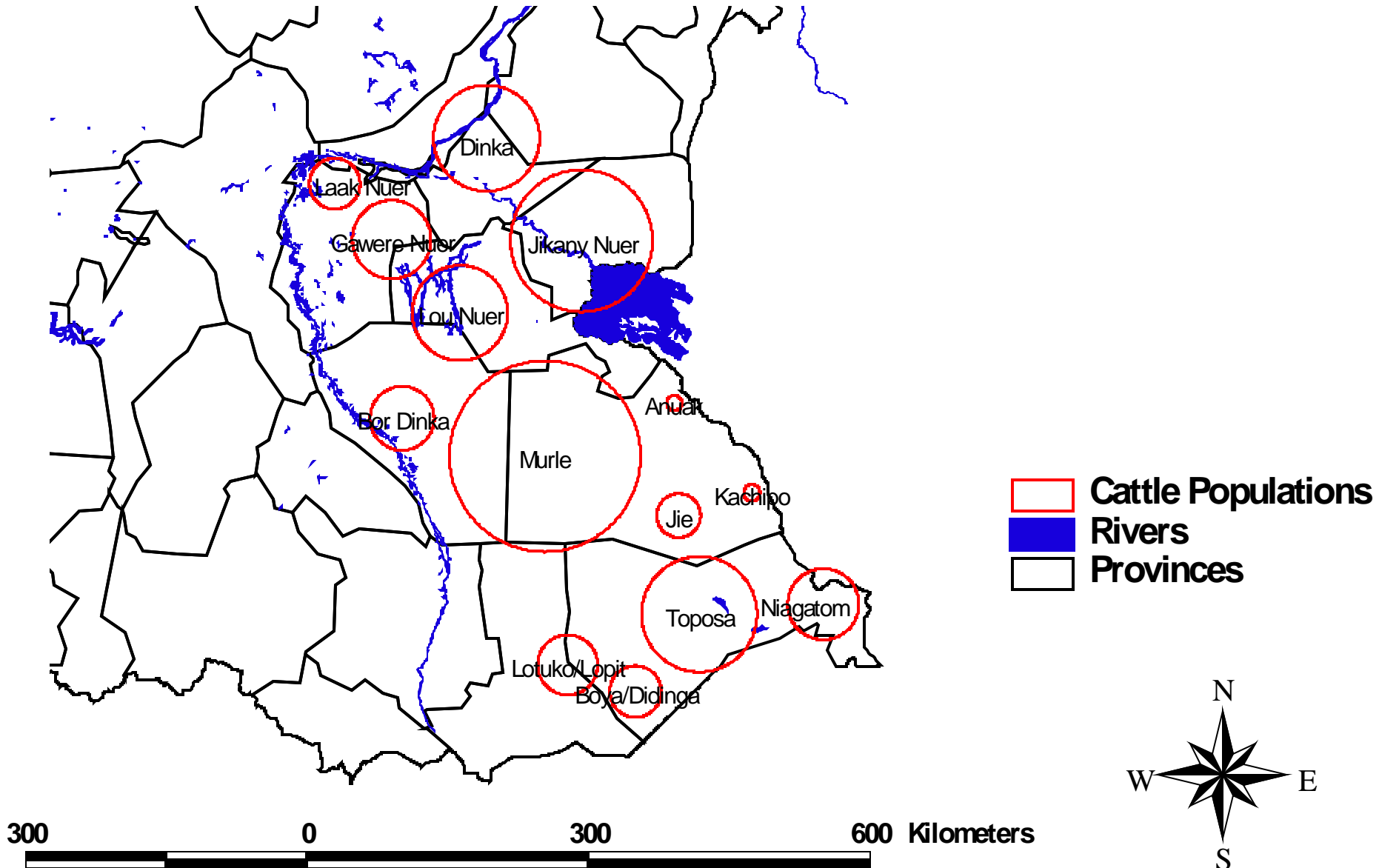
- Prevalence of Infection
 - 0.1 – 0.2 %
 - Random clinical surveillance to OIE standards (1%) not useful
 - Participatory disease surveillance
- Critical Community Size
 - ~200,000 head
 - Target vaccination to high risk populations
 - Large, remote pastoral communities
- Lineage 2 in Somalia
 - Modest herd immunity levels could eradicate



Disease Persistence as a Function of the Initial Prevalence of Immunity

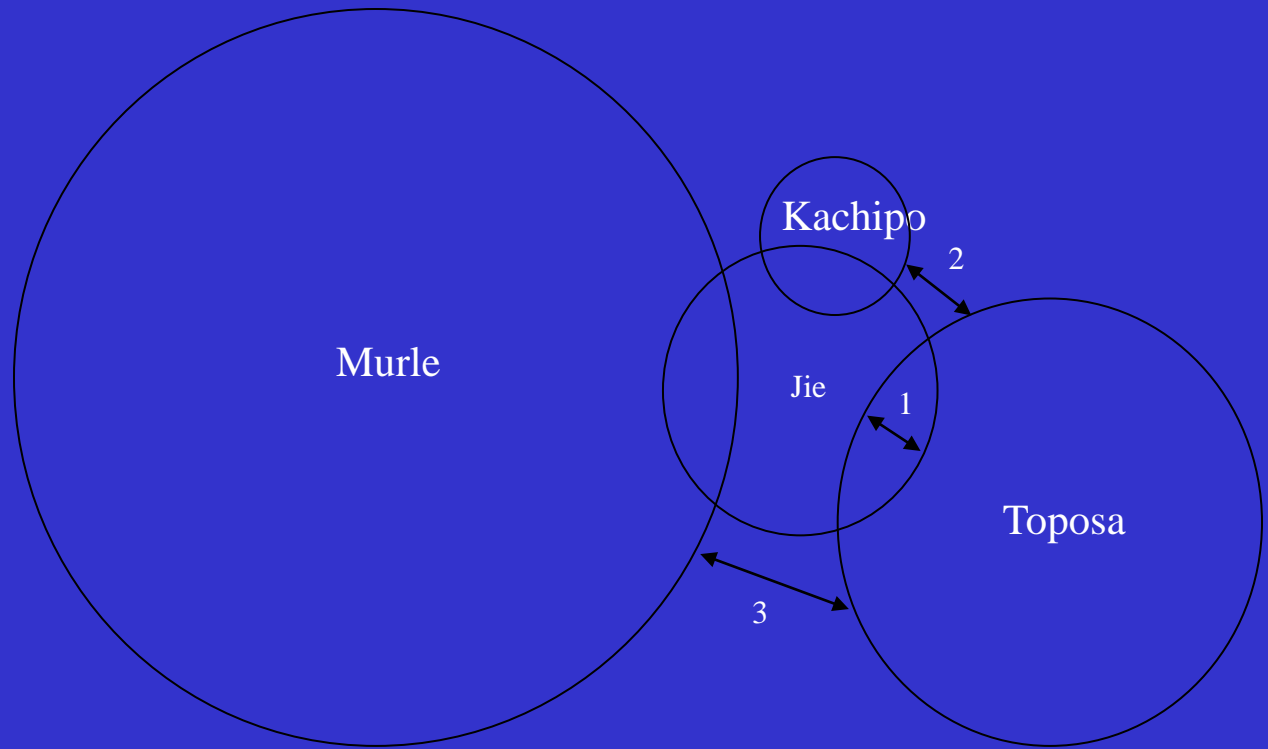


East Nile Cattle Populations





Traditional Livestock Exchange

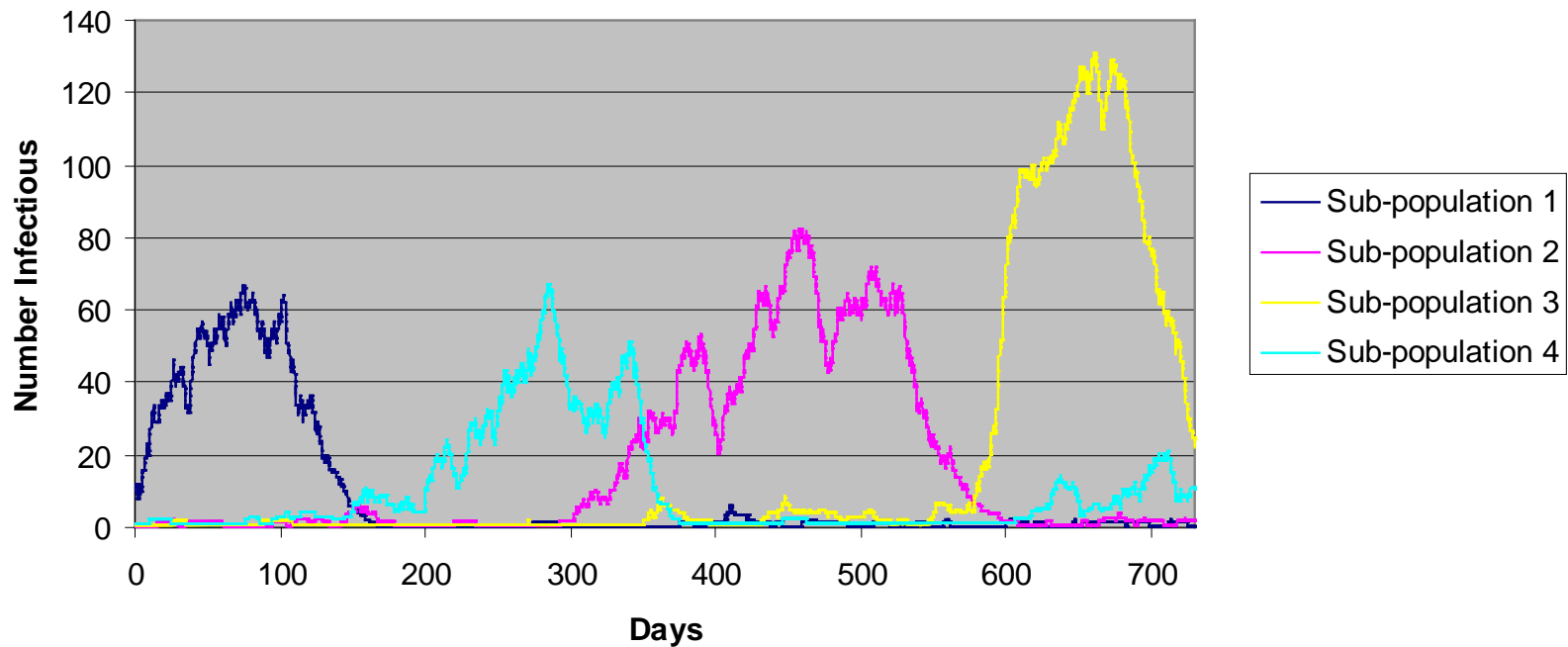


Heterogeneous RP Model for lineage 2 in the Somali Ecosystem

- Four populations
- Multiple species
 - Parameter values can set independently
- Eight year duration
- Cattle and buffaloes
- Buffalo $R_0 \sim 8$



Four Sub-Population Epidemic Curves from a Heterogeneous Population Model for Rinderpest in Cattle Where the Between Population Contact Rate is 1% of the Within Population Contact Rate



Results Over 2 Years

- Mean mortality 0.85% per year
- 34% of iterations ended with a prevalence of infection of 0.1 to 1%
- Maximum prevalence 2%
- Final average immunity 26%

Eight Year Model

$\eta = 0.005$ and $R = 35\%$

	Duration			
	Mean	95 th %	Max	Persistence (%)
10,000	137	323	603	0
20,000	227	532	1100	0
30,000	329	878	1571	0
40,000	408	948	1915	0
50,000	477	1418	2633	0
100,000	1031	2553	2920	3

The Role of Buffaloes

Buffaloes % Immune	Cattle - Day of Last Case	Overall – Day of Last Case
5-15	245	247
15-25	264	269
25-35	261	266
45-55	258	265
55-65	253	260

Somali Ecosystem

- Buffalo act as an indicator host and do not contribute to persistence in cattle
 - Explosive outbreaks of short duration
- Small isolated communities can maintain Lineage 2 for prolonged periods
- Intensive surveillance and time

Potential of a Combined Vaccination and Treatment Strategy for CBPP

Scenario	Baseline $1/\alpha$		75% $1/\alpha$		50% $1/\alpha$	
None	75.4	178	59.6	129	33.2	64
Annual – 5 yr	67.8	130	43.0	79	7.6	24
Biannual – 2 yr	57.2	129	-	-	4.4	20
Biannual – 5 yr	35.2	83	8.0	43	0.4	16

Indications from the CBPP Modelling

- Eradication not possible with existing vaccine without severe movement control
- The potential impact of treatment is at least great as available vaccines
 - Private sector and consumer driven application
- Research on treatment regimes merits the same level of attention and investment as vaccine development.

Conclusion

- Simple, intuitive models serve as good communications tools for underlying concepts
- Bring diverse information together to be tested as for biological coherence
- Choose between strategy options or identify new options
- Involve beneficiaries and decision-makers from the outset.

