

**ECCMID, Vienna, April 2017**

# **Which mathematical models for antimicrobial resistance?**

Niel Hens:

*Better models?*

*A bird's eye view*



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# Overview

- Mathematical Modeling
  - Daniel Bernoulli & Jean le Rond d'Alembert
  - Sir Ronald Ross
- Statistical Modeling
- Model Issues
  - Design
  - Identifiability
- Model Tools
- Design
- Discussion & Conclusion

# Mathematical Modelling

- Daniel Bernoulli (1700-1782)
  - first mathematical model for smallpox (1760) → vaccination
  - mean life expectancy would increase from 26.6 yrs to 29.7 yrs
- Jean Le Rond d'Alembert (1717-1783)
  - personal rivalry
  - individual vs social decision making (vaccination implied risk of mortality) – life expectancy is not the best rational decision criterion for an individual (1761)
  - distinguishing between what is metaphysically possible and physically possible

# Mathematical Modelling

- Since then a lot of work has been done ...
- The superspreader event of modelling:

*A Contribution to the Mathematical Theory of Epidemics.*

By W. O. KERMACK and A. S. MCKENDRICK.

(Communicated by Sir Gilbert Walker, F.R.S.—Received May 13, 1927.)

# Mathematical Modelling

- Purposes:
  - prediction: requires the inclusion of known complexities and population-level heterogeneity
  - understanding: investigating the factors that drive dynamics
- Building a model presents a trade-off:
  - accuracy: reproduce what is observed and predict future dynamics
  - transparency: ability to understand how model components influence the dynamics and interact
  - flexibility: ease of adapting the model to new situations

# Mathematical Modelling

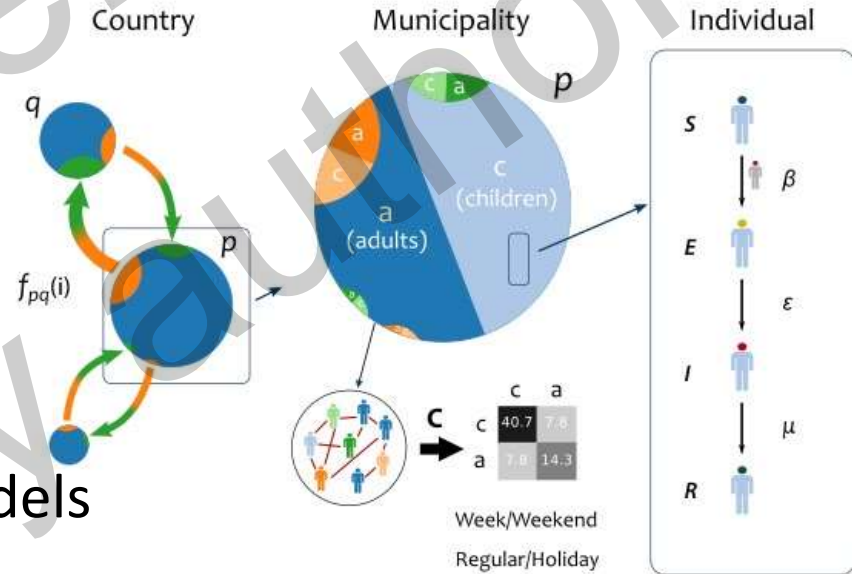
- Limitations:
  - models present a simplification of reality
  - chance events of infectious disease transmission hinder perfect prediction
- A good model:
  - suited to its purpose: simple as possible, but no simpler
  - balance accuracy, transparency, flexibility
  - parametrisable from available data (see Guillaume and Lulla)

# Mathematical Modelling

- Problem solving principle by William of Ockham (1287-1347)
- Heuristic guide to developing theoretical models
  - preference for simplicity based on falsifiability: simple models are more testable
  - ‘shaving away’ unnecessary assumptions or cutting apart two similar conclusions
  - John Punch: ‘Occam’s Razor’
- This is different from the principle of parsimony

# Mathematical Modelling

- Deterministic or *compartmental* models (SIR model -> Guillaume)
- Stochastic models
- Meta-population models
- Network models
- Agent-based models
- Within and/or between-host models





# Statistical and Mathematical Models



- Sir Ronald Ross (1857-1932): Nobel Prize for Medicine (1902) for his malaria research.

Quote: 'The whole subject is capable of study by **two distinct methods** which are used in other branches of sciences, which are **complementary of each other**, and which would **converge towards the same results** – the **a posteriori** and the **a priori** methods. In the former we commence with observed statistics, endeavor to fit analytical laws to them and so work backwards to the underlying cause (as done in much **statistical work** of the day); and in the latter we assume a knowledge of causes, **construct our differential equations** on that supposition, follow up the logical consequences, and finally test the calculated results by comparing them with the observed statistics.'

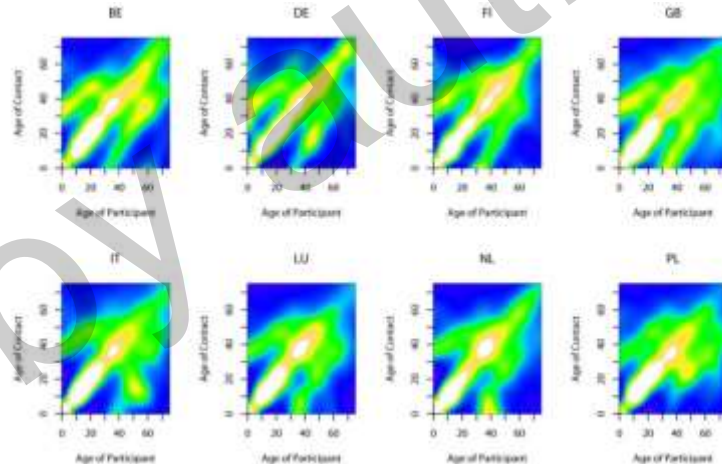
- Take Home Message: Uniting statistical and mathematical approaches

# Statistical Modelling

- association  $\neq$  causation
- observational intervention studies
  - uncontrolled before-after designs
  - bad practice because of (time-varying) confounders
- RCT as a gold standard
  - often affected by clustering (including sparseness; e.g. at the country, district, hospital or physician level)
  - stepped wedge designs
- quasi-experimental designs as a workable alternative
  - interrupted time series analyses (need for replication)
  - inclusion of a control arm
  - time-varying confounders still constitute an issue

# Statistical Modelling

- infectious diseases: herd immunity which statistical models alone do not capture → integrating mathematical concepts
- Who acquires infection/resistance from whom?
  - (bipartite) networks of contacts (hospital setting, MRSA, etc)
  - general population: mixing patterns →

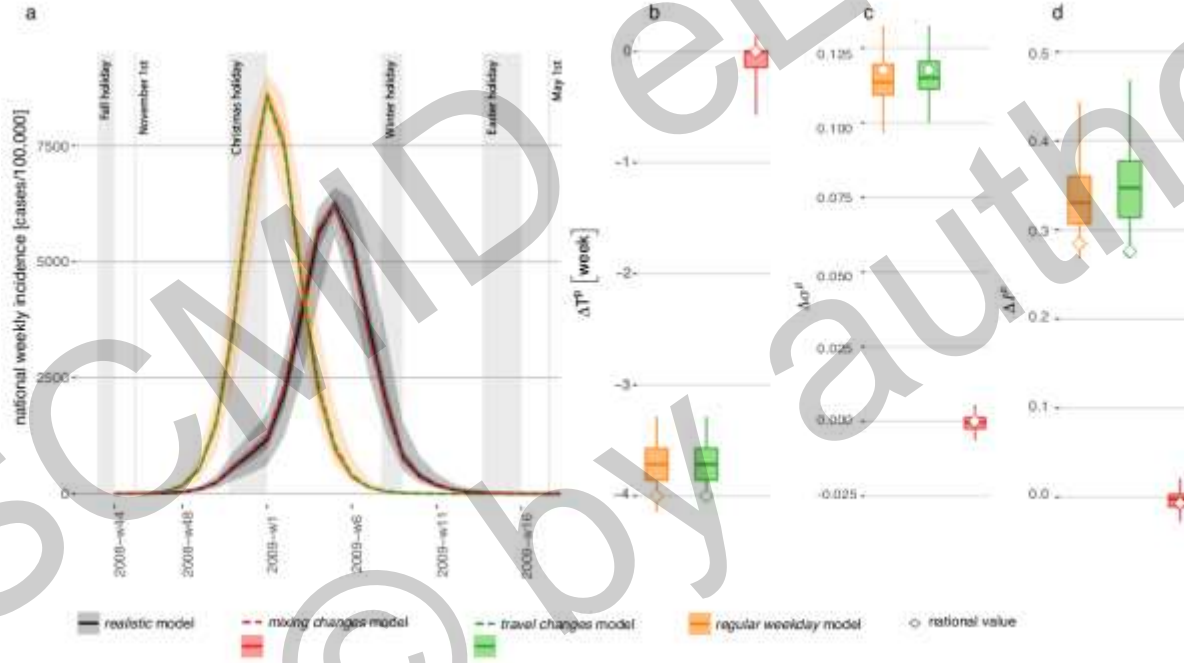


# Intermezzo: Social Encounters

- Predictive for the spread of infectious diseases?
  - Pandemic H1N1, seasonal influenza and vaccination programs, ... 🖱
  - Hepatitis A , ... 🖱
  - Bacterial infections:
    - hospital setting 🖱
    - community setting 🖱
- Invitation to use mixing data: ERC TransMID grant



# Intermezzo: Social Encounters



# Model Issues: Identifiability (statistics)

- Identifiability: lack of data or too complex model
- Assessing (quasi-) identifiability is not easy unless models exhibit a simple structure
- General purpose methods do exist:
  - profiling
  - parameter redundancy measures
  - emulators
- Raise new hypotheses to be tested with data

# Model Issues: Biological plausibility

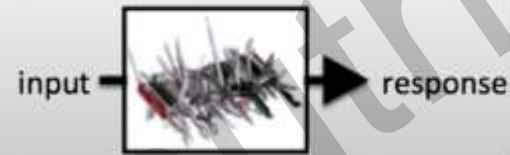
- ≠ detailed and complex
- informing models by parameters estimated from data & informing models by estimating/calibrating the model to data
- don't put your eggs in one basket
- question the literature
  - the bodyguard principle (known in statistics)
  - assumptions

# Model Tools: Emulators

## 1. Design of Experiments

	$x_1$	$x_2$	...	$x_n$
Run 1	0.5	2.4	...	100
Run 2	0.5	2.4	...	400
Run 3	0.7	0.1	...	100
...	...	...	...	...
10 000	0.4	1.7	...	500

## 2. Simulation Model



## 4. System Understanding

## 3. Surrogate Modelling



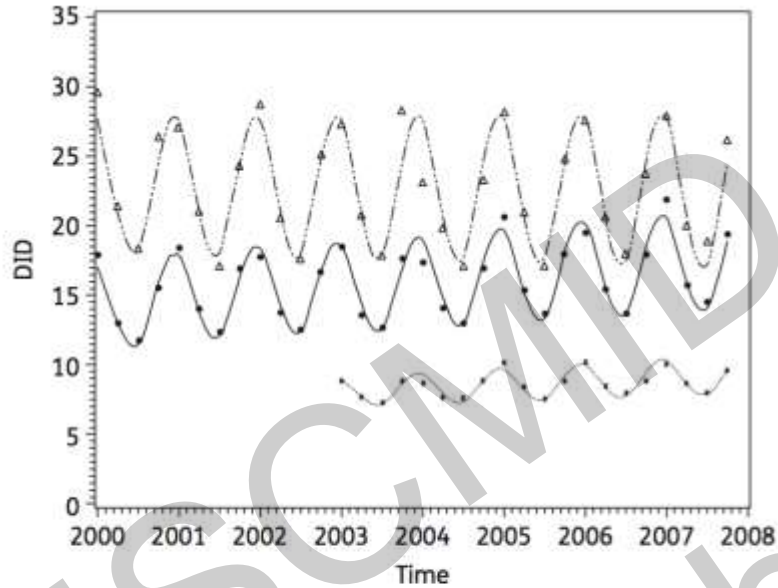
# Model Tools: Uncertainty

- model selection uncertainty - model averaging
- simple stochastic versus complex deterministic methods
  - Stocks et al. (submitted) vs Weidemann et al. (2014) on rotavirus dynamic modelling
- taking ‘multiple datasets’ uncertainty in account through sampling
  - meta-analytic estimates
  - literature estimates
- ...

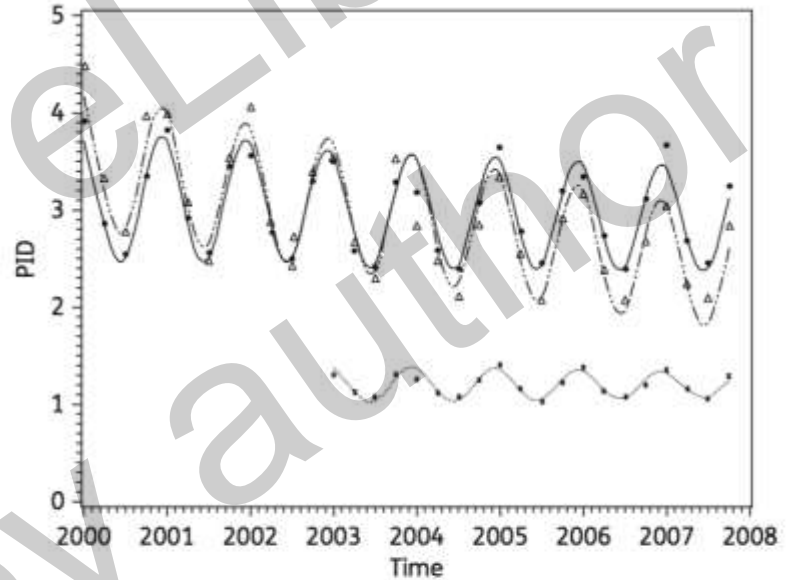
# Model Tools: Proper use of measurements?

- Definition of resistance?
  - use of thresholds
  - underlying distribution?
  - limits of detection
  - ...
- Antibiotic use:
  - DID and/or PID and/or prescriptions?
  - ...
- Statistical literature is rich, mathematical models are being developed

# Model Tools: Proper use of measurements?

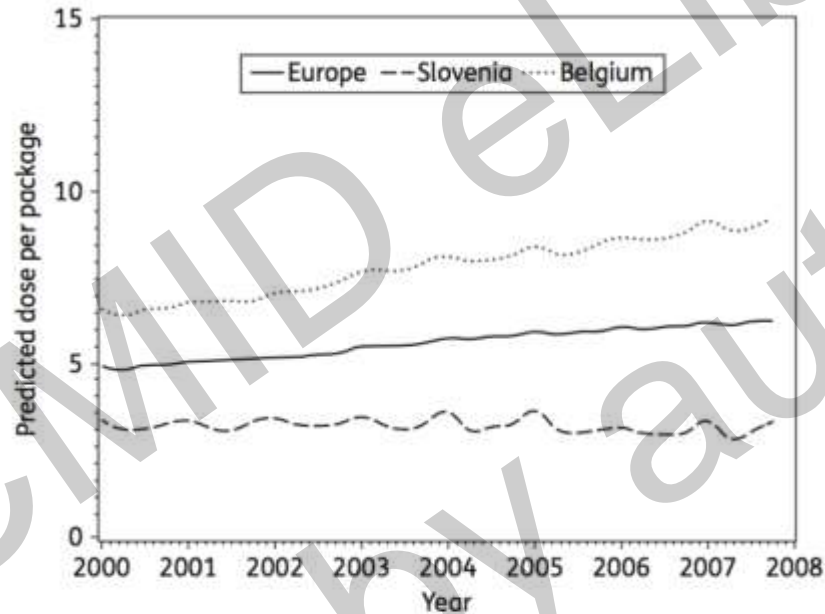


**Figure 1.** Total outpatient antibiotic use expressed in DID. Predicted average (solid line), predicted country-specific [Belgium (dashed line) and the Netherlands (dotted line)] and observed (circles, triangles and stars, respectively).



**Figure 2.** Total outpatient antibiotic use expressed in PID. Predicted average (solid line), predicted country-specific [Belgium (dotted line) and the Netherlands (dashed line)] and observed (circles, triangles and stars, respectively).

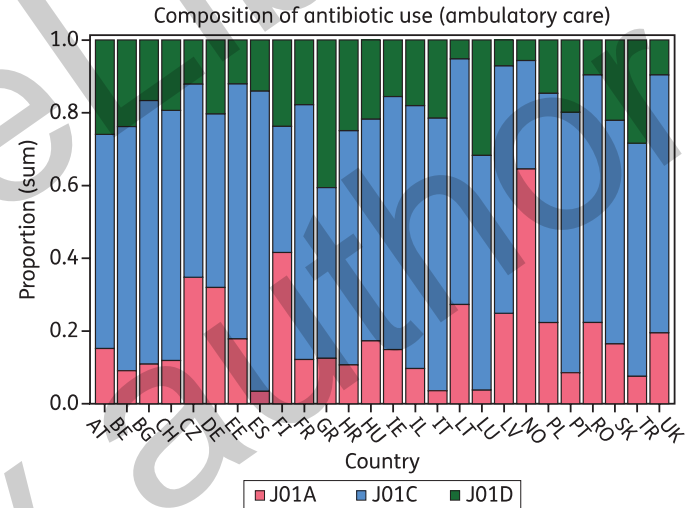
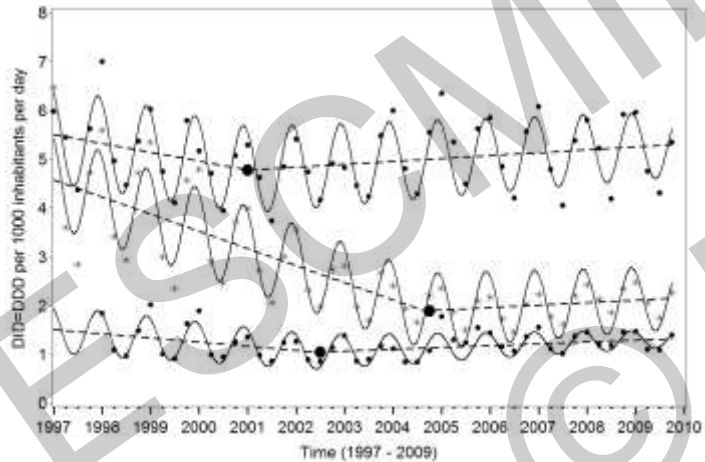
# Model Tools: Proper use of measurements?



**Figure 1.** Trends in the number of DDDs per package for total outpatient antibiotic consumption.<sup>4</sup>

# Model Tools: Proper data generating mechanisms?

- Changepoint analysis
  - continuous versus abrupt
  - lags and distributed lags



- Compensation behaviour
  - compositional data analysis

# Study Design

- Protocols
  - EPOC, ORION (ITS), CONSORT (RCT), ...
- Future:
  - designs based on mathematical modelling acknowledging mathematical epidemiological features
  - combine mathematical and statistical approaches e.g. acknowledging outcome dependent sampling

# Conclusion & discussion

- Mathematical and statistical models, if properly used, offer valuable instruments to understand mechanisms of antibiotic use and resistance
- Interdisciplinary research
  - Example: Methusalem grant awarded to Herman Goossens (Vaxinfectio, UAntwerpen) and Geert Molenberghs (CenStat, UHasselt)
- Lulla Opatowski will present several examples

# Acknowledgements

- Colleagues at Vaxinfectio and CenStat
- Collaborators internationally
- Parts of what is presentend here was supported by funding from the European ResearchCouncil (ERC) under the European Union's Horizon 2020 research and innovation programme (grant agreement 682540 — TransMID)



# Additional Reading

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- Dynamic models of pneumococcal carriage and the impact of the Heptavalent Pneumococcal Conjugate Vaccine on invasive pneumococcal disease. Melegaro A, Choi YH, George R, Edmunds WJ, Miller E, Gay NJ. *BMC Infect Dis*. 2010 Apr 8;10:90. doi: 10.1186/1471-2334-10-90. PMID: 20377886
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- Active learning to understand infectious disease models and improve policy making. Willem L, Stijven S, Vladislavleva E, Broeckhove J, Beutels P, Hens N. *PLoS Comput Biol*. 2014 Apr 17;10(4):e1003563. doi: 10.1371/journal.pcbi.1003563. eCollection 2014 Apr 17. PMID: 24743387