

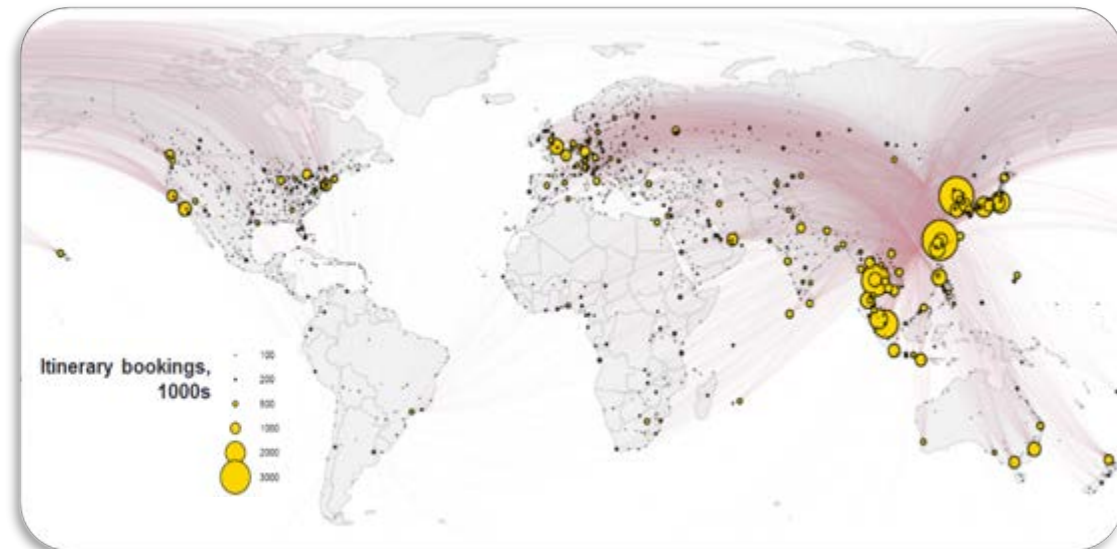
# The Potential for International Dissemination of Emerging Viral Pathogens

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**EPSRC**

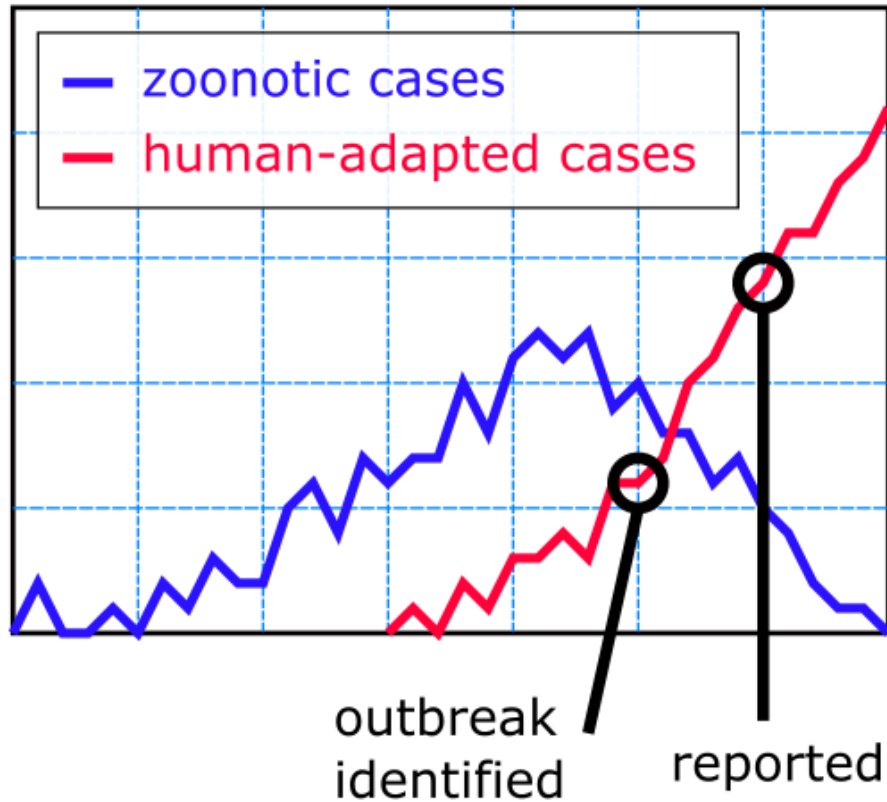
Engineering and Physical Sciences  
Research Council



Data source: OAG traffic analyser, Jan 2017

5.2m outbound  
201 countries

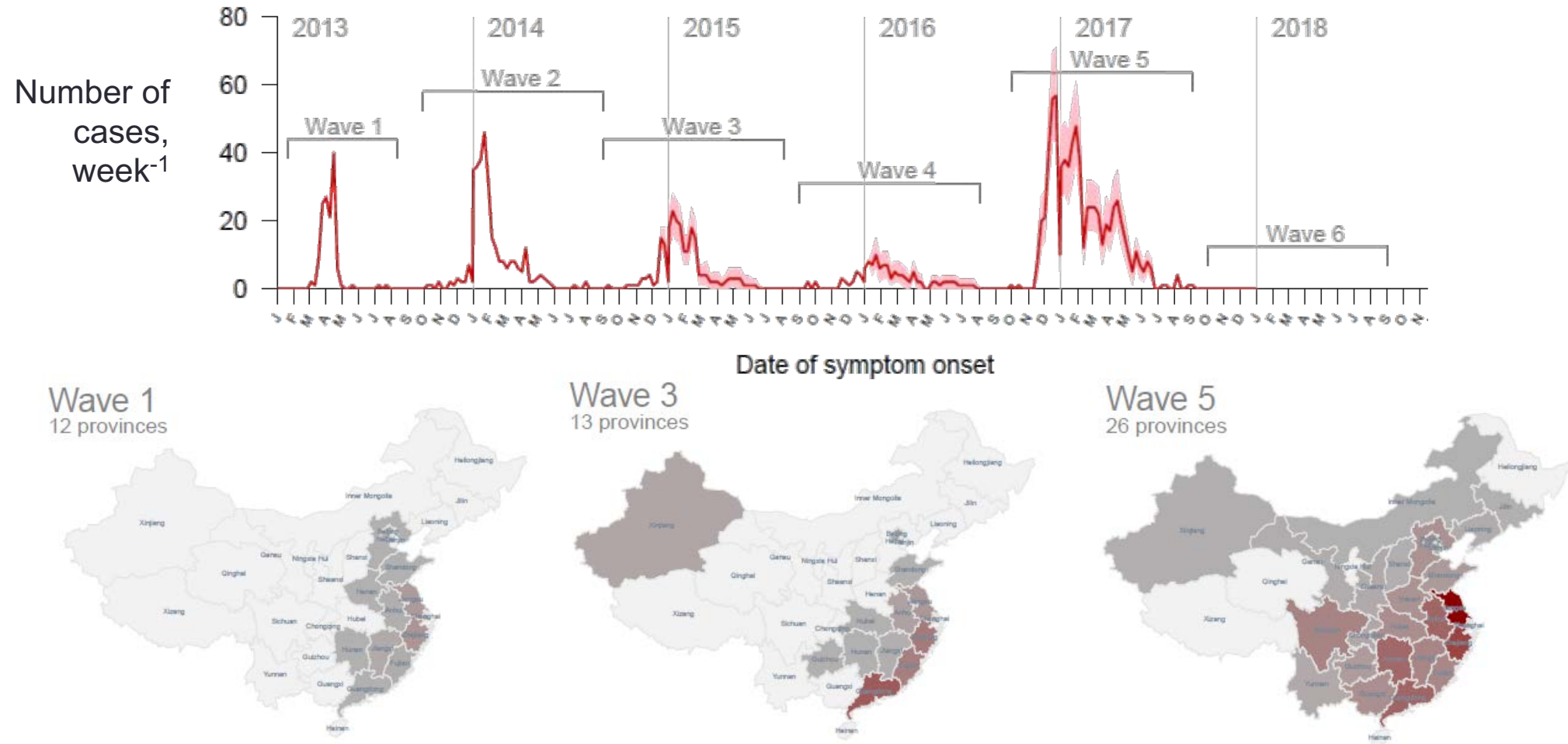
IMED, Vienna, Nov 2018



## Aims

- Quantify delays
- Model implications for epidemic and international spread
- Apply to emergence of human-adapted avian influenza A(H7N9)

# A(H7N9) human cases, China 2013-2018

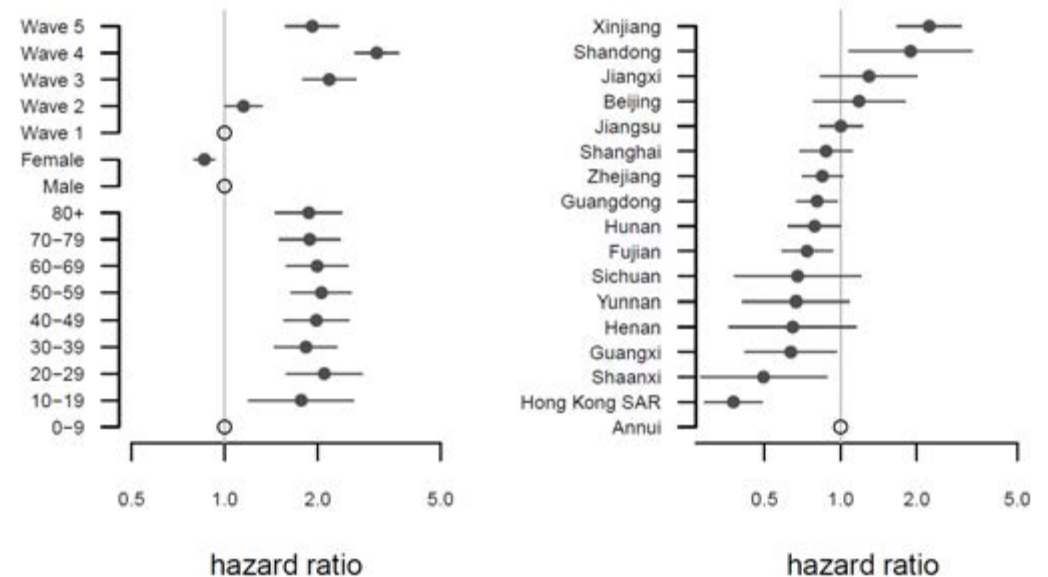


Data source: WHO DON; HKCPH reports

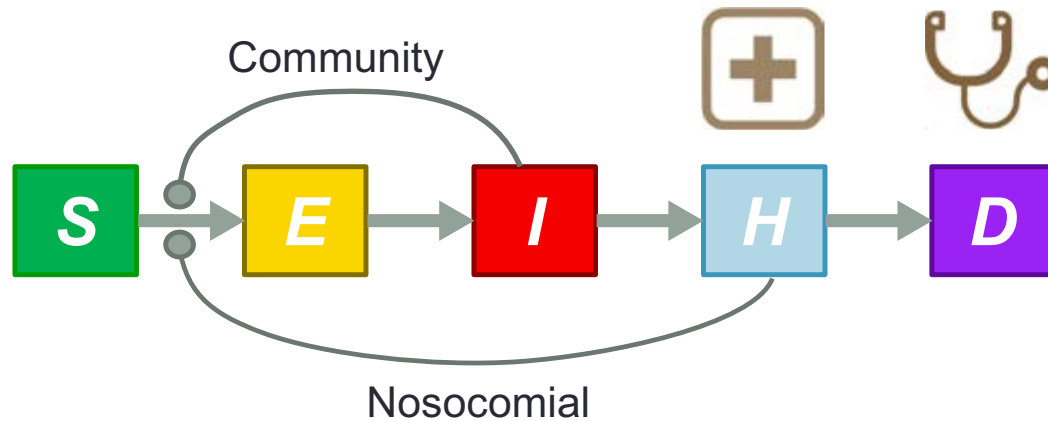
# Reporting delay: Onset → Reporting to WHO

- Delays are frequent and can be substantial
  - median 13 days, range 1 – 72
- Associated with sex, age, province, and epidemic wave
- Adjusted delays:
 

Hong Kong	9 d	(Prl: 7-11)
<b>Zhejiang</b>	<b>19 d</b>	<b>(Prl: 16-23)</b>
Jiangsu	23 d	(Prl: 19-27)
Xinjiang	51 d	(Prl: 37-69)



# Pandemic emergence model



- Stochastic state transition and infection
- Used observed interval distributions
  - Wang 2017 Lancet ID
- Sensitivity to  $R_0$

## Best case

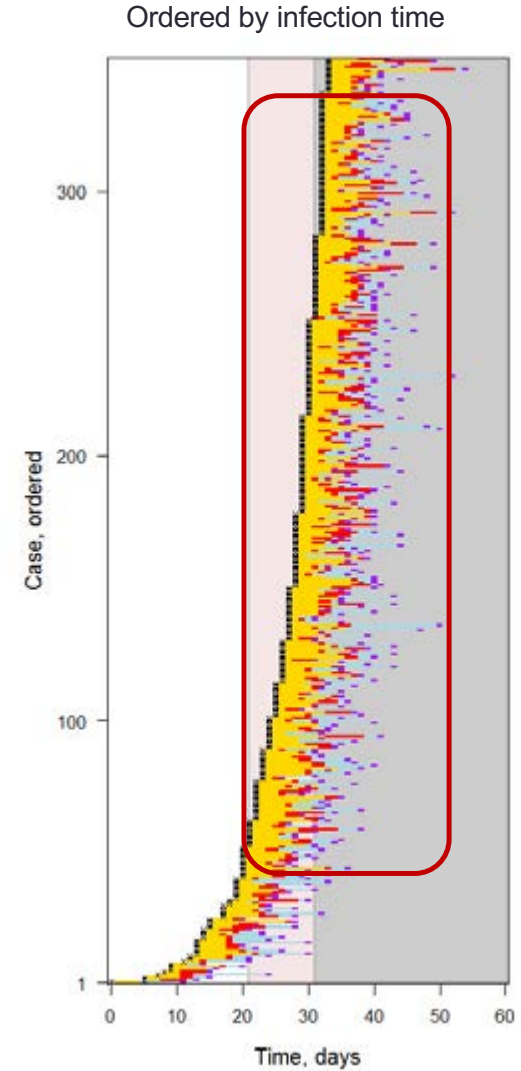
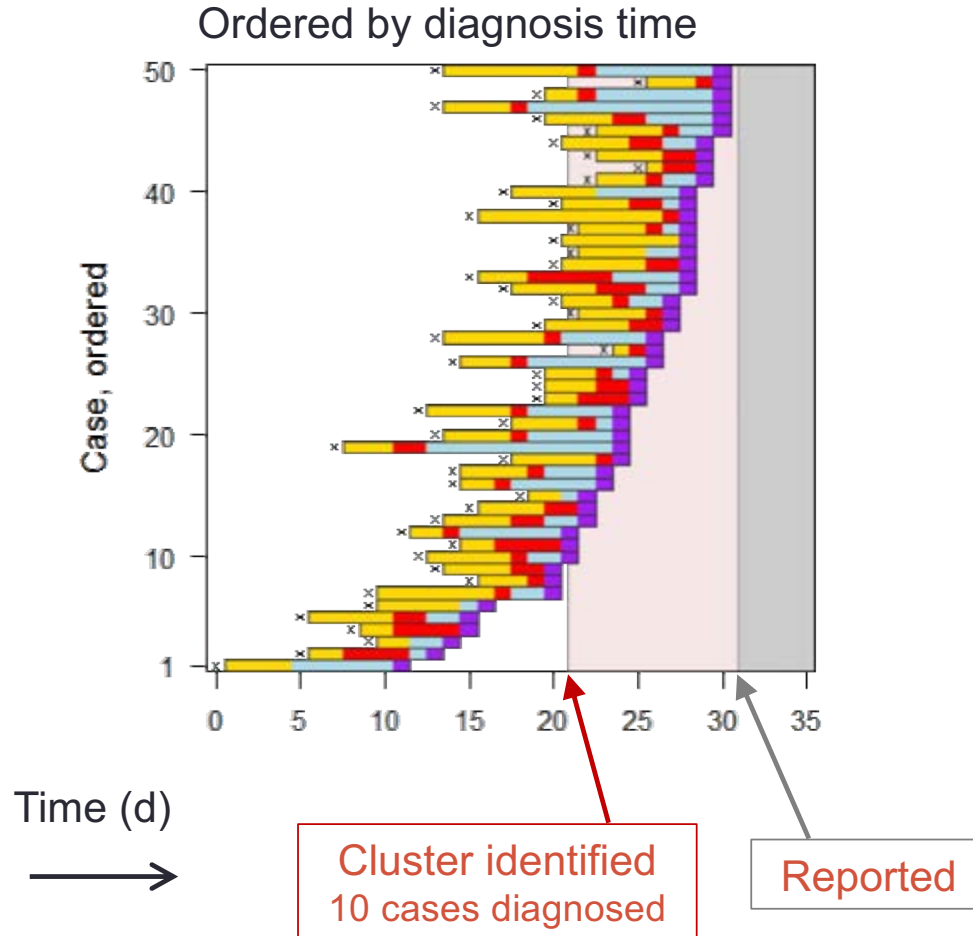
- Intervals as zoonotic A(H7N9)
- Infectious when symptomatic

## Worst case

- Shorter incubation period
- Initial nosocomial transmission
- Infectious prior to symptoms

# Simulated emergence example

- × Infection
- Incubating
- Infectious
- Hospitalized
- Diagnosed



# Exportation risk Zhejiang province

Rank	Destination	Departing Passengers, month <sup>-1</sup>	Cases required to exceed importation risk of 5%
1	China	1,271,083	2
2	Hong Kong	35,771	80
3	Taiwan	33,288	86
4	Rep. Korea	21,920	130
5	Thailand	17,630	162
6	Macao	13,730	208
7	Italy	11,958	239
8	Malaysia	11,526	248
9	Japan	7,437	384
10	Singapore	6,479	441
11	France	4,288	666
12	Spain	3,567	800
13	USA	3,156	904
14	Viet Nam	2,622	1089
15	India	2,564	1113

$$\frac{X}{F} \approx \frac{I}{N}$$

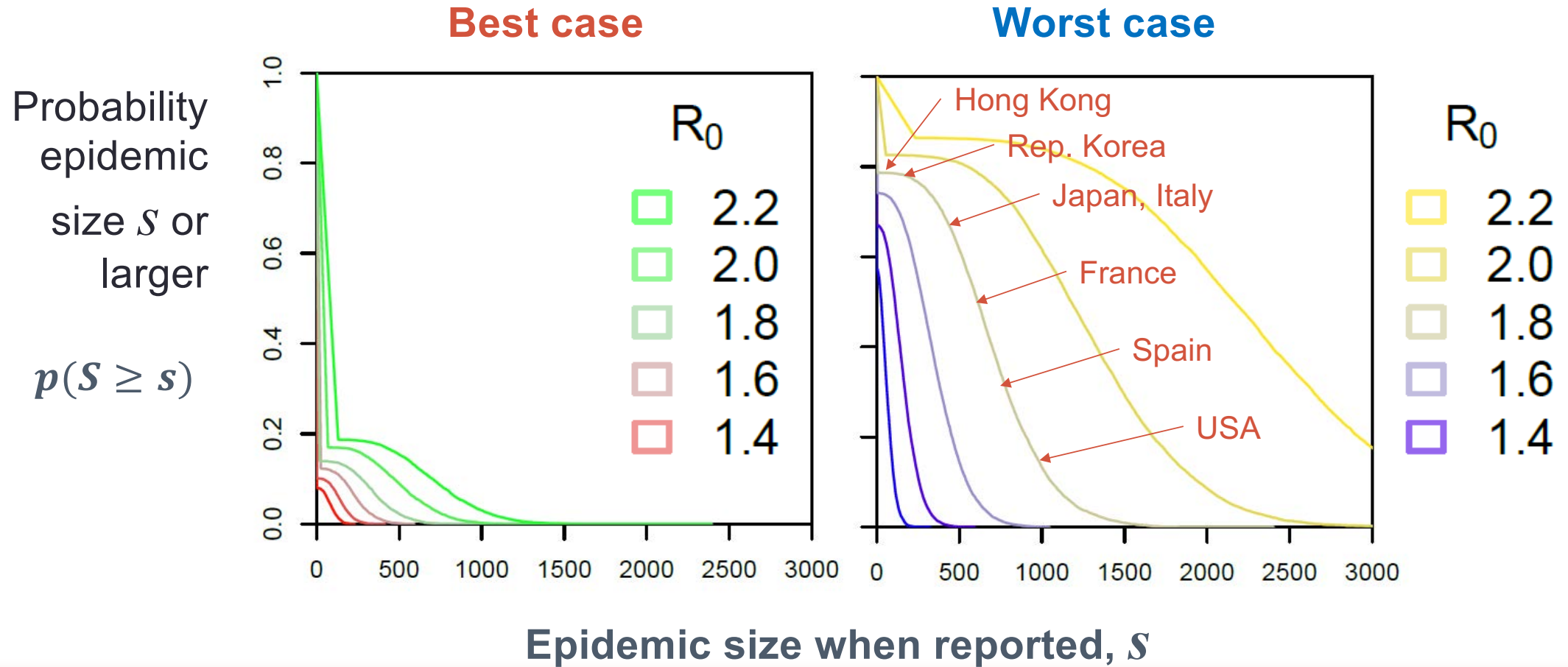
## Imports A(H7N9) 2013+

Hong Kong	21
Taiwan	5
Canada	2
Macao	2
Malaysia	1

Read et al 2015 Lancet  
Data source: OAG traffic analyser;  
HKCHP reports

# Scenario outcomes

Identified: 15 diagnosed cases  
Reporting : 15 days





# Conclusions

- Intuitive, but important to quantify
- Feasible for epidemic to be firmly established when first identified and reported
- Reasonable risk outbreak has reached other countries before identified and reported in origin country
- Situation much worse for mild disease / poor surveillance
  - Expect significant delay in identification
  - e.g., A(H1N1)pdm 2009

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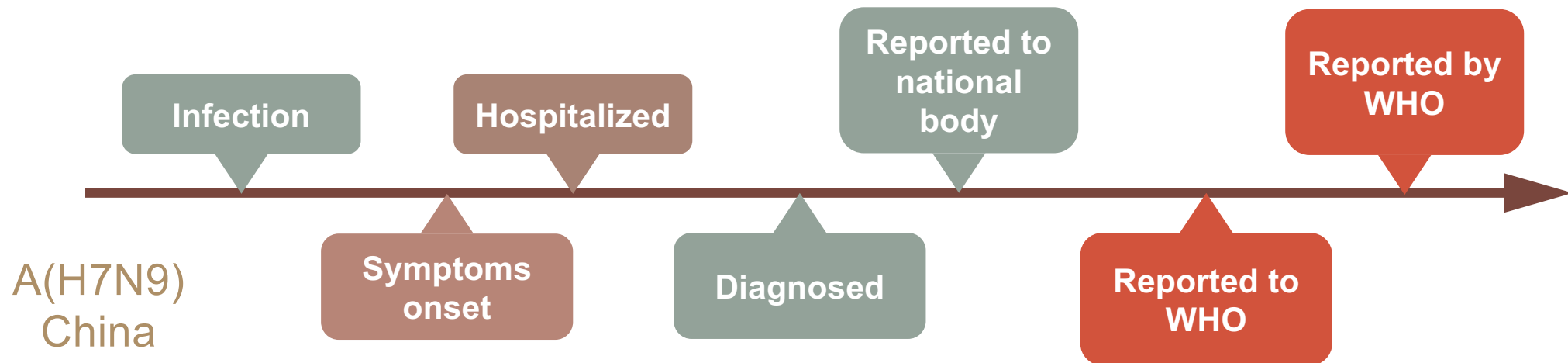
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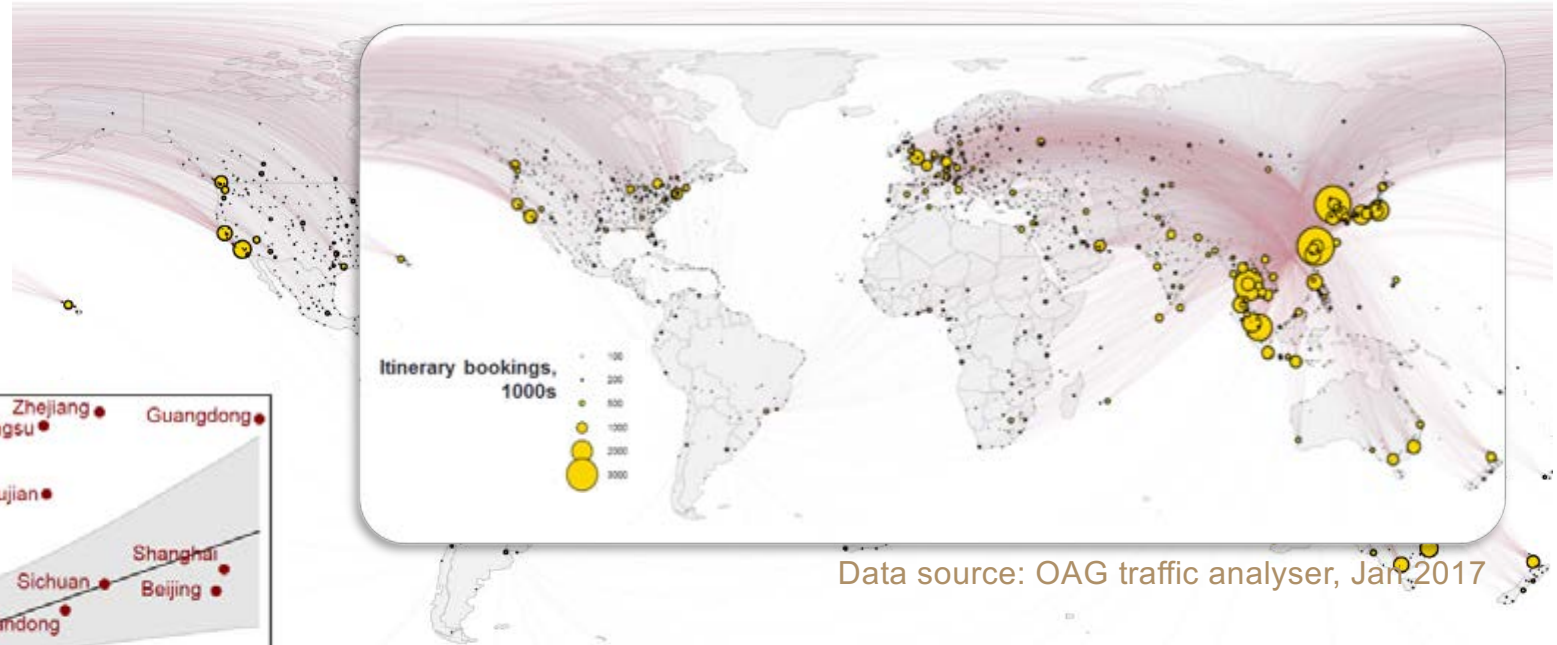
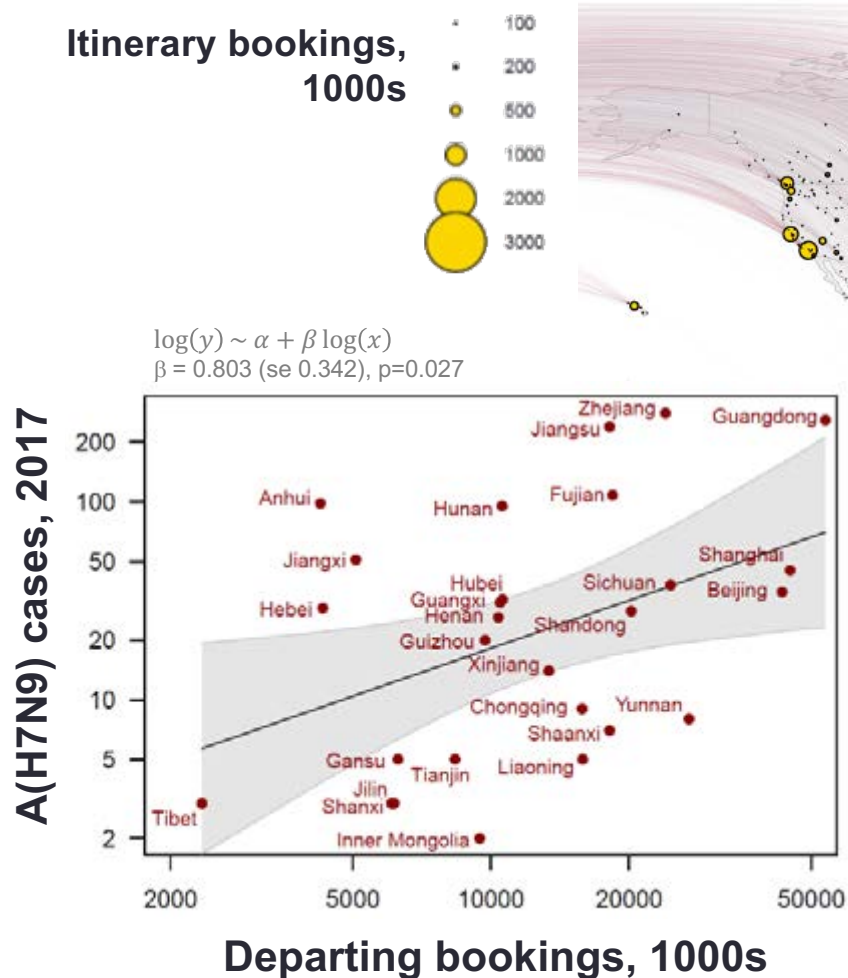
# Delays in diagnosis and reporting

Delays are a function of:

- pathogen characteristics
- healthcare provision
- governance



# Global connectivity of China



- Highly connectivity via airline network
- Provinces with more A(H7N9) cases also have most departing passengers

Data source: OAG traffic analyser, Jan 2017