

# A model of HIV transmission with interacting high risk groups and a bridge population

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# Data about HIV transmission in China

## Number of persons living with HIV/AIDS (PLWHA)

**2013 - 0.81 mil** (nationwide prevalence of 0.06%), of whom **0.174 mil** diagnosed with AIDS, unevenly distributed among provinces, mainly in high-risk groups (Chinese CDC, 2015)

**2015 - 1.115 mil** (AEM method), **1.37 mil** (spectrum method), **1.15 mil** (stratification method)

**2020 - 1.71 mil** (AEM method), **1.55 mil** (spectrum method), **1.51 mil** (stratification method) (2012 personal communication of Y. Ruan)

## Transmission facts

**prior to 2006:** HIV transmission has been particularly high among **injectable drug users (IDUs)** and former plasma donors

**after 2006:** heterosexual sex has become the dominant route of transmission (37.9%:29.4%, assessment of State Council AIDS Working Committee Office, P.R. China, 2008, Huang et al. 2016), a large portion attributable to the role of female **sex workers (SWs)**

# Female sex workers (SWs) as a high risk group

## Figures

- No official estimation for the number of SWs in China. **Unofficial estimations:** 4-6 millions in 2000 (Tucker et al. 2010; Wang et al. 2010). Highest estimation: 20 millions (Wei 2000)
- **Status:** 75% are married or have steady relationships (Wei 2000); 27% married or partnered in SW (Ruan et al. 2006)
- 6.9% men aged 18-49 years have bought sex from SWs at least once in their lives (Pan et al. 2011)

## High risk factors

- **Behavior:** 18% unprotected sex with primary sex partner(s) and 44% unprotected commercial sex (Ruan et al. 2006). Estimations on consistent condom use with SWs: from 13.9% to 33.7% (Huang et al. 2011)
- High risk of HIV transmission from SWs to long-term partners or to newborns through mother-to-child vertical transmission
- The prevalence of HIV among SWs exceeds 1% at surveillance sites in several regions of China (Huang et al. 2011). The national HIV prevalence among SWs declined from 0.74% in 2000-2002 to 0.40% in 2009-2011. (Zhang et al. 2015)

# Injectable drug users (IDUs) as a high risk group

## Estimations

- 15-fold increase in the reported number of illegal drug users (1990–2003) (Xinhua 2007)
- Estimation for the actual number of illegal drug users in 2004: 4–7 millions. Estimation for the number of IDUs: 3.6–6.2 millions (Chinese State Council 2004)

## High risk factors

- The first HIV outbreak in China was recorded in 1989 in Yunnan Province, confined to IDUs
- Drug users in China are usually young and are typically poorly educated. As a result, they are usually very sexually active and have a low awareness of the consequences of high-risk behaviors
- 45.5% of IDUs share syringes and 11% of IDUs perform high-risk sexual activities (MOH China 2006)

# Biological assumptions

- 1 Two high risk groups: **female sex workers** (SWs) and **male injectable drug users** (IDUs); a non high-risk group: **male drug-free clients** (DFCs).
- 2 **Only  $S$  and  $I$  for each group** since the AIDS patients are usually hospitalized or inactive, contributing little to HIV transmission.
- 3 Two HIV transmission routes: **needle sharing** between male IDUs and **commercial sex** between SWs and sexually active male clients (including IDUs).
- 4 The population is assumed to **mix homogeneously**.
- 5 **All newly recruited individuals** to the compartments of male DFCs, female SWs, male IDUs **are** respectively assumed **susceptible**.
- 6 The incidence is **mass action**.

## Notations

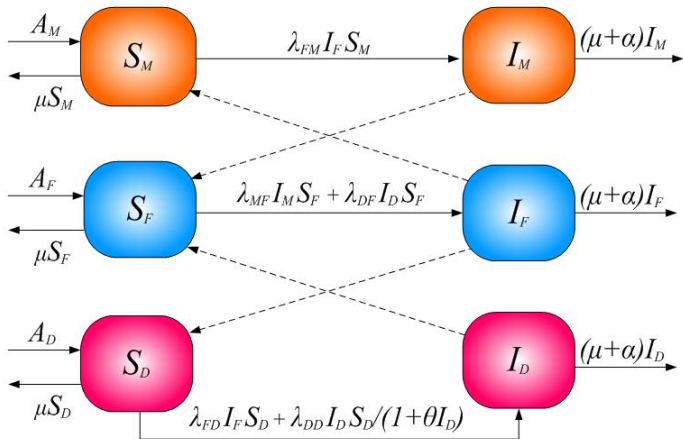
Subscripts  $M$ ,  $F$  and  $D$  designate male DFCs, female SWs and male IDUs, respectively.

Table: Meaning of various parameters

Parameter	Biological meaning
$A_M$	Constant recruitment into the group of susceptible male DFCs
$A_F$	Constant recruitment into the group of susceptible female SWs
$A_D$	Constant recruitment into the group of susceptible male IDUs
$\lambda_{XY}$	HIV transmission coefficient from $I_X$ to $S_Y$
$\mu$	Natural death rate
$\alpha$	Rate of AIDS development
$\theta$	Inhibition strength of HIV infection among male IDUs

# Flowchart

Figure 1. Model flow diagram: solid arrow denotes disease progression, broken arrow denotes disease transmission



# The model equations

$$\begin{aligned}\frac{dS_M}{dt} &= A_M - \lambda_{FM} I_F S_M - \mu S_M \\ \frac{dI_M}{dt} &= \lambda_{FM} I_F S_M - (\mu + \alpha) I_M \\ \frac{dS_F}{dt} &= A_F - \lambda_{MF} I_M S_F - \lambda_{DF} I_D S_F - \mu S_F \\ \frac{dI_F}{dt} &= \lambda_{MF} I_M S_F + \lambda_{DF} I_D S_F - (\mu + \alpha) I_F \\ \frac{dS_D}{dt} &= A_D - \lambda_{FD} I_F S_D - \frac{\lambda_{DD} I_D S_D}{1 + \theta I_D} - \mu S_D \\ \frac{dI_D}{dt} &= \lambda_{FD} I_F S_D + \frac{\lambda_{DD} I_D S_D}{1 + \theta I_D} - (\mu + \alpha) I_D.\end{aligned}\tag{1}$$



# The multigroup $SI$ model

Let us consider the multigroup  $SI$  model

$$\begin{cases} \frac{dS_i}{dt} = A_i - d_i S_i - \sum_{j=1}^n \beta_{ij} S_i g_{ij}(I_j) \\ \frac{dI_i}{dt} = \sum_{j=1}^n \beta_{ij} S_i g_{ij}(I_j) - (\mu_i + \alpha_i) I_i \end{cases}, \quad 1 \leq i \leq n. \quad (2)$$

Assumptions upon the functions  $g_{ij}$ ,  $1 \leq i, j \leq n$

- (i)  $g_{ij}$  are locally Lipschitz continuous function on  $[0, \infty)$  satisfying  $g_{ij}(0) = 0$ .
- (ii)  $0 \leq \lim_{I_j \rightarrow 0+} \frac{g_{ij}(I_j)}{I_j} = C_{ij} < \infty$ .
- (iii)  $g_{ij}(I_j) \leq C_{ij} I_j$  for all  $I_j \geq 0$ .
- (iv) The matrix  $(\beta_{ij} C_{ij})_{\substack{1 \leq i \leq n \\ 1 \leq j \leq n}}$  is irreducible.

# The basic reproduction number

## The next generation matrix

$$\mathcal{M}^0 = \left( \frac{\beta_{ij} S_i^0 C_{ij}}{\mu_j + \alpha_j} \right)_{\substack{1 \leq i \leq n \\ 1 \leq j \leq n}} = FV^{-1}, \quad \widetilde{\mathcal{M}}^0 = \left( \frac{\beta_{ij} S_i^0 C_{ij}}{\mu_i + \alpha_i} \right)_{\substack{1 \leq i \leq n \\ 1 \leq j \leq n}} = V^{-1}F,$$

where

$$F = \left( \beta_{ij} S_i^0 C_{ij} \right)_{\substack{1 \leq i \leq n \\ 1 \leq j \leq n}}, \quad V = \text{diag}(\mu_i + \alpha_i)_{\substack{1 \leq i \leq n \\ 1 \leq j \leq n}}.$$

## The basic reproduction number

$$\mathcal{R}_0 = \rho(\mathcal{M}^0),$$

Since  $\rho(FV^{-1}) = \rho(V^{-1}F)$ , it also follows that  $\mathcal{R}_0 \doteq \rho(\widetilde{\mathcal{M}}^0)$ .

# The stability of the disease-free equilibrium

## Theorem

- 1 If  $\mathcal{R}_0 \leq 1$ , then the disease-free equilibrium  $\mathbf{E}_0$  is the unique equilibrium of (2) and it is globally asymptotically stable in  $\Gamma$ .
- 2 If  $\mathcal{R}_0 > 1$ , then the disease-free equilibrium  $\mathbf{E}_0$  is unstable.

**Proof:** Lyapunov-LaSalle invariance principle

$$W_1(t) = \sum_{i=1}^n \frac{\omega_i}{\mu_i + \alpha_i} I_i.$$

$(\omega_1, \omega_2, \dots, \omega_n)$  is a strictly positive left eigenvector corresponding to the eigenvalue  $\rho(\widetilde{\mathcal{M}}^0)$  of the matrix  $\widetilde{\mathcal{M}}^0$

# The existence and stability of the endemic equilibrium

## Theorem

- 1 If  $\mathcal{R}_0 > 1$ , then the system (2) is uniformly persistent and has an endemic equilibrium  $\mathbf{E}^*$ .
- 2 If  $\mathcal{R}_0 > 1$  and

$$(g_{ij}(I_j) - g_{ij}(I_j^*)) \left( \frac{g_{ij}(I_j)}{I_j} - \frac{g_{ij}(I_j^*)}{I_j^*} \right) \leq 0, \quad 1 \leq i, j \leq n,$$

with equality if and only if  $I_j = I_j^*$  for any nonzero  $g_{ij}$ , then the endemic equilibrium  $\mathbf{E}^*$  is globally asymptotically stable in  $\text{int}(\Gamma)$ .

**Proof:** Lyapunov-LaSalle invariance principle

$$W_2(t) = \sum_{i=1}^n c_i V_i(t),$$

with

$$V_i = \left( S_i - S_i^* - S_i^* \ln \frac{S_i}{S_i^*} \right) + \left( I_i - I_i^* - I_i^* \ln \frac{I_i}{I_i^*} \right),$$

$$A = (\beta_{ij} S_i^* g_{ij}(I_j^*))_{\substack{1 \leq i \leq n \\ 1 \leq j \leq n}}$$

and  $c_i = C_{ii}$ , the cofactor of the  $(i, i)$ -entry of the Laplacian matrix of the directed graph  $G(A)$  associated with  $A$ .

$n = 3$ , male DFC group  $\rightarrow 1$ , female SW group  $\rightarrow 2$ , male IDU group  $\rightarrow 3$ ,  
**Natural death rates and rates of AIDS development**

$$d_1 = d_2 = d_3 = \mu, \quad \alpha_1 = \alpha_2 = \alpha_3 = \alpha$$

## Forces of infection

$$\begin{aligned} g_{11}(I_1) &= 0, & g_{12}(I_2) &= I_2, & g_{13}(I_3) &= 0, \\ g_{21}(I_1) &= I_1, & g_{22}(I_2) &= 0, & g_{23}(I_3) &= I_3, \\ g_{31}(I_1) &= 0, & g_{32}(I_2) &= I_2, & g_{33}(I_3) &= \frac{I_3}{1+\theta I_3} \\ \beta_{11} &= 0, & \beta_{12} &= \lambda_{FM}, & \beta_{13} &= 0, \\ \beta_{21} &= \lambda_{MF}, & \beta_{22} &= 0, & \beta_{23} &= \lambda_{DF}, \\ \beta_{31} &= 0, & \beta_{32}(I_2) &= \lambda_{FD}, & \beta_{33} &= \lambda_{DD}. \end{aligned}$$

## Transmission matrix

$$(\beta_{ij} C_{ij}) = \begin{pmatrix} 0 & \lambda_{FM} & 0 \\ \lambda_{MF} & 0 & \lambda_{DF} \\ 0 & \lambda_{FD} & \lambda_{DD} \end{pmatrix},$$

## Next generation matrix

$$\mathcal{M}^0 = \begin{pmatrix} 0 & \frac{\lambda_{FM}A_M}{d(\mu+\alpha)} & 0 \\ \frac{\lambda_{FM}A_M}{d(\mu+\alpha)} & 0 & \frac{\lambda_{DF}A_F}{d(\mu+\alpha)} \\ 0 & \frac{\lambda_{FD}A_D}{d(\mu+\alpha)} & \frac{\lambda_{DD}A_D}{d(\mu+\alpha)} \end{pmatrix}, \quad \mathcal{R}_0 = \rho(\mathcal{M}^0).$$

## Characteristic equation

$$\lambda^3 + a_2\lambda^2 + a_1\lambda + a_0 = 0, \quad (3)$$

$$a_2 = -\frac{\lambda_{DD}A_D}{d(\mu+\alpha)}, \quad a_1 = -\frac{\lambda_{FM}\lambda_{MF}A_MA_F + \lambda_{FD}\lambda_{DF}A_DA_F}{d^2(\mu+\alpha)^2},$$
$$a_0 = \frac{\lambda_{FM}\lambda_{MF}\lambda_{DD}A_MA_FA_D}{d^3(\mu+\alpha)^3}.$$

Let

$$Q = \frac{3a_1 - a_2^2}{9}, \quad R = \frac{9a_1a_2 - 27a_0 - 2a_2^3}{54}, \quad D = Q^3 + R^2.$$

Since the sign of  $D$  depends on the concrete values of  $a_0$ ,  $a_1$ ,  $a_2$ , the nature of the roots of (3) has a similar behavior.

# Practical stability conditions

## Partial reproduction numbers

$$\mathcal{R}_{MF} = \frac{\sqrt{\lambda_{FM}\lambda_{MF}A_M A_F}}{\mu(\mu + \alpha)} \quad \mathcal{R}_D = \frac{\lambda_{DD}A_D}{\mu(\mu + \alpha)}$$
$$\mathcal{R}_{FD} = \frac{\lambda_{DD}A_D + \sqrt{(\lambda_{DD}A_D)^2 + 4\lambda_{FD}\lambda_{DF}A_D A_F}}{2\mu(\mu + \alpha)}$$

## Theorem

(a) If  $\mathcal{R}_{MF} < 1$ ,  $\mathcal{R}_D < 1$  and

$$(1 - \mathcal{R}_D)(1 - \mathcal{R}_{MF}^2) > P, \quad \left(P = \frac{\lambda_{FD}\lambda_{DF}A_D A_F}{\mu^2(\mu + \alpha)^2}\right) \quad (4)$$

then the disease-free equilibrium  $\mathbf{E}_0$  of (1) is GAS in  $\text{int}(\Gamma)$ .

(b) If  $\mathcal{R}_{MF} > 1$  and  $\mathcal{R}_D > 1$ , then the unique endemic equilibrium  $\mathbf{E}^*$  of (1) is GAS in  $\text{int}(\Gamma)$ .

**Proof:** Jury conditions



# Related work and directions for further study

## Previous HIV Modeling for Thailand

- Modeling sex industry in Thailand using a two-sex model. (Busenberg, Cooke, and Hsieh, Math Biosci.1995)
- With behavior change and treatment (Hsieh and Cooke, IMA J. of Math. Appl. Biol. Med 2000)
- Modeling SWs and customers with activity levels (Hsieh and Chen, BMB 2004)
- Basic reproduction number for model with SWs and their customers (Hsieh and Wang, BMB 2006)

## Thoughts for Future

- **Modeling:** Contact/transmission rate for SWs of different venues; steady partners of SWs; different incidence term for different transmission mode
- **Analysis:** Nicer expression for  $R_0$ ? Reproduction numbers of different risk groups (Hsieh and Chen 2014; Hsieh and Wang 2006)
- **Applications:** Guesstimates of model parameters? Estimating  $R_0$

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**Thank you for your attention!**