Modelling the viral dynamics of SARS-CoV-2 in the general community in a context of emerging variants

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The COVID-19 pandemic – a changing landscape

From early 2021, the epidemic as been affected by:

- a strong vaccination campaign,
- and the emergence of variants of concerns (VoCs)





Successive waves of VoCs in France since 2021²

¹datavaccin-covid.ameli.fr (2023) ² N. Berrod, data from Santé publique France (2022)

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Study the impact of this changing landscape on viral dynamics in the population

- Variant of infection and patient characteristics may also shape the viral dynamics 3.4
 - Studies often conducted on small specific cohorts (symptomatic, commorbidities...) → Potential selection bias



³ Puhach et al, *Nat. Rev. Microbiol* (2023) ⁴ Yang et al, *The Lancet Microbe* (2023)

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324,428 individuals (**407,375** obs) with:

- Date of symptom onset,
- Vaccination status,
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Can we model the community labs tests to identify patterns in viral load ?

Simple viral load dynamics model to identify patterns

Modelling the viral load dynamics : reconstruct the individual viral load trajectories with mathematical models



Identify how viral dynamics patterns are impacted by variants and vaccination

- \rightarrow Using simple mathematical models
- Estimate subset of key parameters related to viral dynamics
- → Adapted to massive datasets

Description of the data from community labs



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- Clearance phase (days), T_c



We use the symptom onset to estimate the start of the infection (t_{inf}):

$$t_{inf} = tSS - T_i$$

• We deduct the time to peak (t_p) as followed:

$$t_p = t_{inf} + T_g$$

$$E[\Delta Ct(t)] = \begin{cases} 0 & t = t_{inf} \\ Vp \times \left(\frac{t-t_{inf}}{t_p-t_{inf}}\right) & t_{inf} < t < t_p \\ Vp & t = t_p \end{cases}$$

$$earance phase & t = t_p$$

$$E[\Delta Ct(t)] = \begin{cases} Vp & t = t_p \\ Vp + (V_{inf} - LOD - Vp) \times \left(\frac{t-t_p}{t_c - t_p}\right) & t_p < t < t_c \\ V_{inf} - LOD & t = t_c \end{cases}$$

with
$$\Delta Ct(t) = V_{inf} - Ct(t)$$
, $V_{inf} = 50$, and $LOD = 40$

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Vector of individual parameters
 θ[i] = {T_i[i], T_g[i], T_c[i], V_p[i]} is defined as followed:

 $\log(\theta[i]) = exp(\log(\mu_{\theta}) + \eta_{\theta[i]})$ Fixed effects: $\mu_{\theta} \sim N^{+}(\overline{m}_{\theta}, \sigma_{\theta})$ Random effects: $\eta_{\theta[i]} \sim N(0, \omega^{2})$



- 50 simulated datasets of 1000 individuals
- 50% of the population is infected

• Few repetead tests

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	Inclusion criteria	Percentage of infected individuals (P _{inf})	Timing of testing
Scenario 1	≥ 1 positive PCR	100%	Uniform from infection to clearance



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Scenario 2	Entire population	50%	Uniform from infection to clearance



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Scenario 2	Entire population	50%	Uniform from infection to clearance
Scenario 3	Entire population	50%	Mostly at symptom onset



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Likelihood definition in each scenario

• Modelling the viral dynamics of the infected individuals only (Scenario 1, 4)

 $L(y_{i,t}|\psi_i) = \mathbb{1}_{\{uncensored\}} f_N(x|E[y_{i,t}|\psi_i],\sigma) + \mathbb{1}_{\{censored\}} F_N(LOD|E[y_{i,t}|\psi_i],\sigma)$

Contribution if infected

Likelihood definition in each scenario

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 $L(y_{i,t}|\psi_i) = \mathbb{1}_{\{uncensored\}} f_N(x|E[y_{i,t}|\psi_i],\sigma) + \mathbb{1}_{\{censored\}} F_N(LOD|E[y_{i,t}|\psi_i],\sigma)$

Determining infectious status and modeling viral dynamics for all individuals (Scenario 2, 3)

 $L(y_{i,t}|\psi_i) = P_{inf}[\mathbb{1}_{\{uncensored\}}f_N(x|E[y_{i,t}|\psi_i],\sigma) + \mathbb{1}_{\{censored\}}F_N(LOD|E[y_{i,t}|\psi_i],\sigma)] + (1 - P_{inf})[\mathbb{1}_{\{uncensored\}}P(false\ positive) + \mathbb{1}_{\{censored\}}P(true\ negative)]$

- $> f_N$ the Normal PDF, F_N the Normal CDF,
- LOD = Limit of detection
- \geq P(false positive) =0,0002, P(true negative) = 0,9998,
- $> P_{inf}$ the percentage of infected individuals in the dataset

Contribution if infected

Contribution if not infected

Evaluation of the model

- Chains convergence: R-hat 5
 - Ratio of intra-chain to inter-chain variance
 - Must be less than 1.1 for each parameter
- Error estimation: (Relative Estimates Error, REE in %)⁶

$$REE(\hat{\theta}^k) = \frac{\hat{\theta}^k - \theta^*}{\theta^*} \times 100$$

• Estimation accuracy: (Coverage rate, CR) ⁶

$$CR_{(1-\alpha)}(\theta) = \frac{1}{K} \sum_{k=1}^{K} \mathbb{1}_{\{\theta^* \in \widehat{CI}_{(1-\alpha)}^k\}}$$

• Goodness of fit: (Posterior Predictive Check)

⁵ Gelman et al, *Bayesian Data Analysis* (1995) ⁶ Morris et al, *Statistics in Medicine* (2018)



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Coverage rate



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Posterior predictive checks



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High computation time



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High computation time

500				•
475				
450				
400	Scenarios			
425	S1: \geq 1 positive PCR, tests from infection to clearance			
400	 S2: entire population, tests from infection to clearance S3: entire population, tests around symptom onset 			
375	S4: ≥ 1 positive PCR, tests around symptom onset			-
350	Bonds. Population of 35 0 times larger			
325				•
(s				
UNC 300-				•
<u>ک</u> 275				
₩ 250				
9 225				
. <u>Ĕ</u> 200				
175				
175				
150				•
125				
100				
75				
50				
25		_ :		
20				
0-	1 2	3	4	5
		Scenario		

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How to run faster ?

- Vectorization of the code
- Within-chain parallelization

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- Data reduction

<u>The idea</u> : 2 individuals with the same Ct value at the same time from symptom onset contributes exactly the same way in the LL

→ weight the LL contribution by the number of individuals having exactly the sames observations at the same time

With 80% of individuals with only one positive PCR test \rightarrow could be highly valuable

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	Original dataset		Reduced dataset	
Number o	Number of individuals Number of observations		Number of individuals	Number of observations
580	6,635	738,403	38,368	104,542
		Divided by 15		
We were una	ble to run		The chains did not m	iix

Findings

• We can identify the main patterns of viral load with a piecewise linear model

Limitations

- High computation time due to Bayesian framework
- Prior distributions are weakly informative but centred on the true value of the parameter

Perspectives

- Impact of variant of infection and vaccination in patterns of viral load ?
- Model other acute respiratory diseases (Influenza and RSV) M2 internship Laura MULAS (April-October 2025)

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ON INFECTIOUS DISEASES