

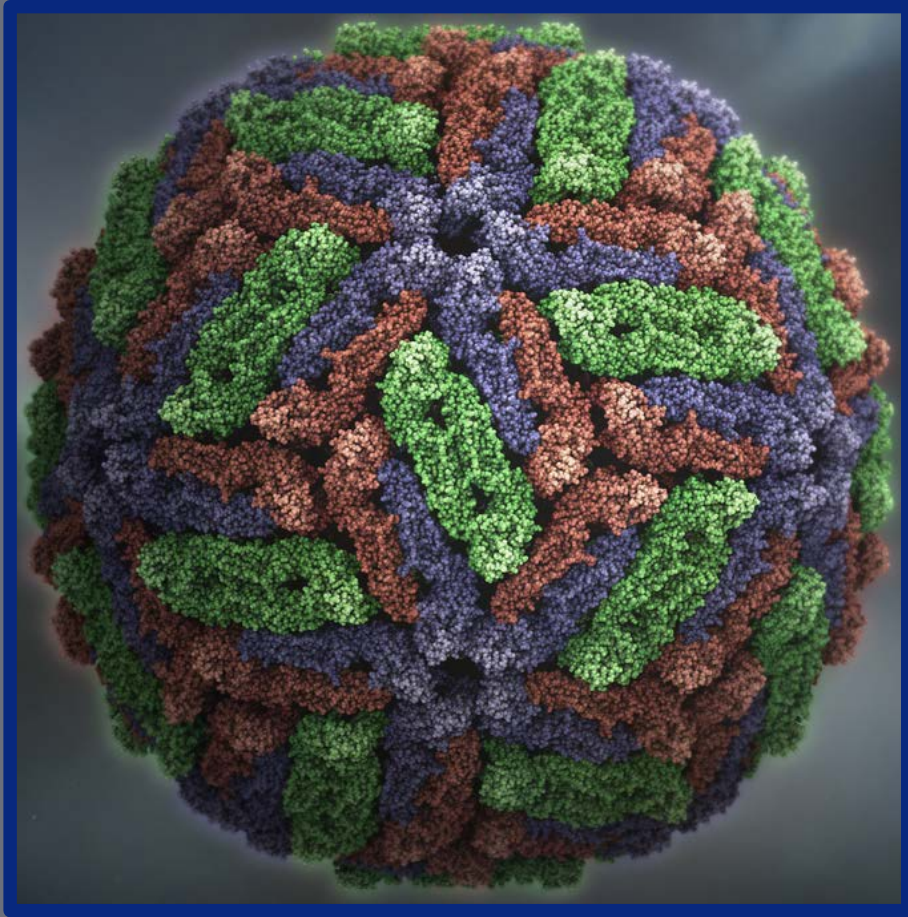
# Estimating serotype-specific dengue virus force of infection and temporary cross immunity using longitudinal serological data



Bobby Reiner  
Assistant Professor  
Epidemiology & Biostatistics  
Indiana University School of Public  
Health



# Dengue virus



Dengue virus (DENV) is a mosquito-borne viral infection caused by any of four related, but antigenically distinct virus serotypes (DENV-1, -2, -3, and -4)

# Dengue virus



The primary vector of DENV is *Aedes aegypti* (the yellow-fever mosquito). *Aedes albopictus* (the tiger mosquito) is another, less competent, vector.

# Dengue virus



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Crucially, *Ae. aegypti* has a limited dispersal distance (<100m)

## The global distribution of the arbovirus vectors *Aedes aegypti* and *Ae. albopictus*

Moritz UG Kraemer<sup>1\*</sup>, Marianne E Sinka<sup>1</sup>, Kirsten A Duda<sup>1</sup>, Adrian QN Mylne<sup>2</sup>, Freya M Shearer<sup>2</sup>, Christopher M Barker<sup>3</sup>, Chester G Moore<sup>4</sup>, Roberta G Carvalho<sup>5</sup>, Giovanini E Coelho<sup>5</sup>, Wim Van Bortel<sup>6</sup>, Guy Hendrickx<sup>7</sup>, Francis Schaffner<sup>7</sup>, Iqbal RF Elyazar<sup>8</sup>, Hwa-Jen Teng<sup>9</sup>, Oliver J Brady<sup>2</sup>, Jane P Messina<sup>1</sup>, David M Pigott<sup>1,2</sup>, Thomas W Scott<sup>10,11</sup>, David L Smith<sup>1,10,12</sup>, GR William Wint<sup>13</sup>, Nick Golding<sup>2</sup>, Simon I Hay<sup>2,10,14\*</sup>

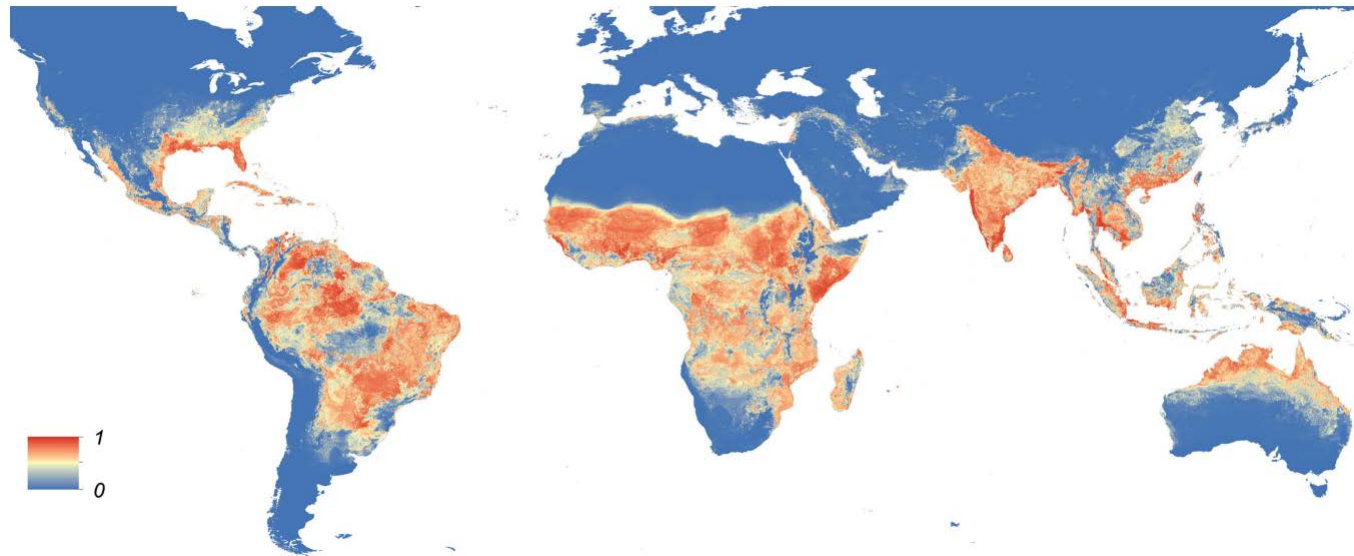
# Dengue virus

Recent work has shown that the range of these mosquitoes has grown in the past 40 years.



# Dengue virus

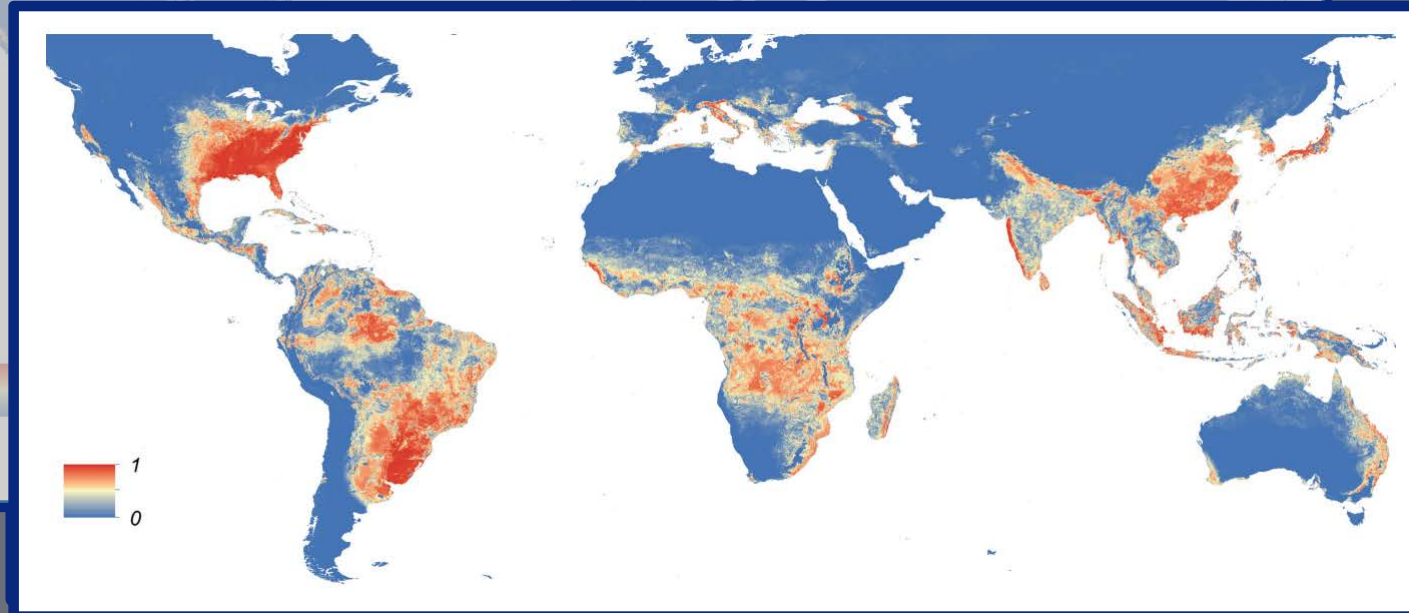
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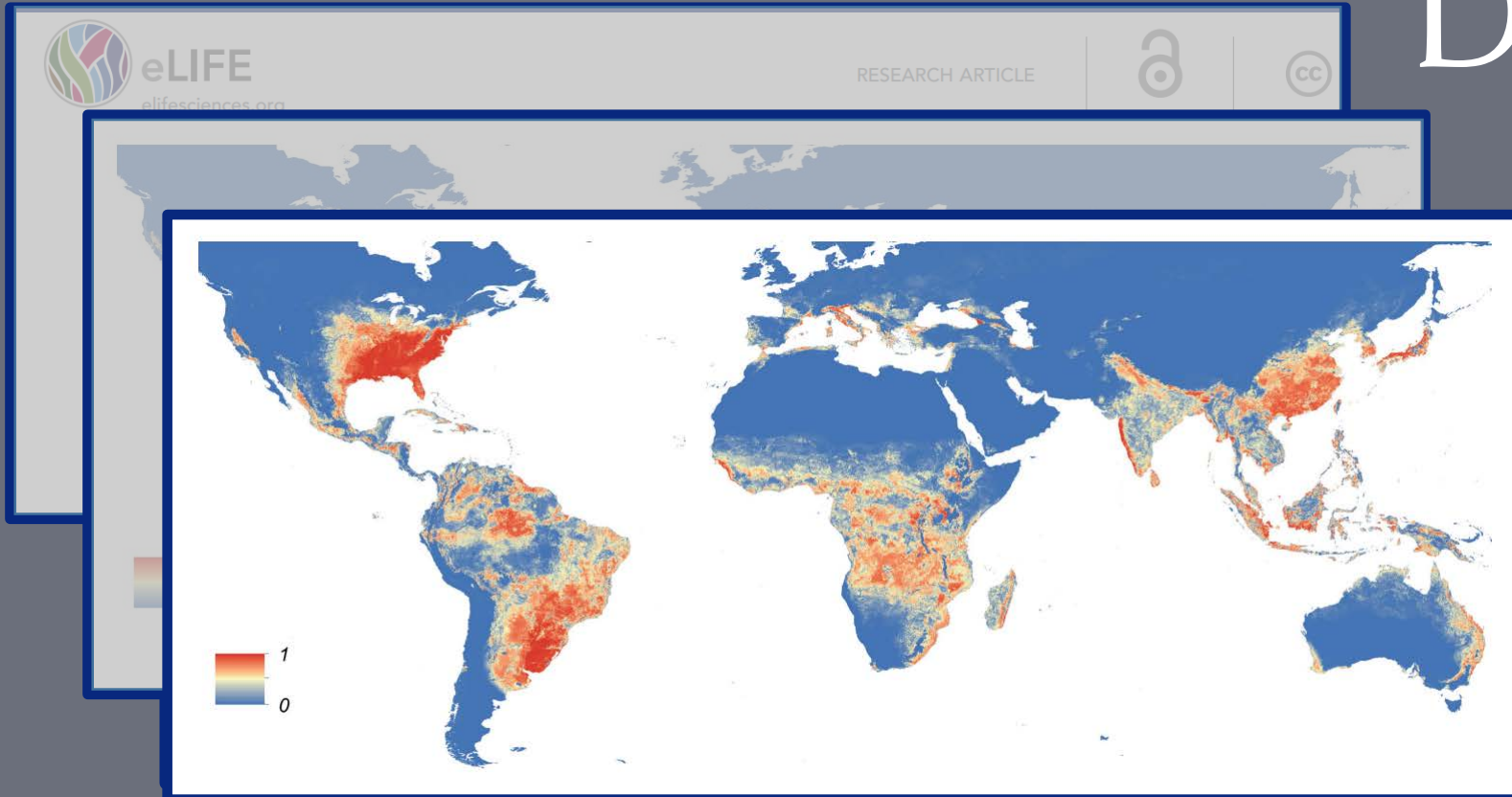


# Dengue virus

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# Dengue virus



Recent work has shown that the range of these mosquitoes has grown in the past 40 years.

These mosquitoes are also vectors for chikungunya virus and Zika virus



## LETTER

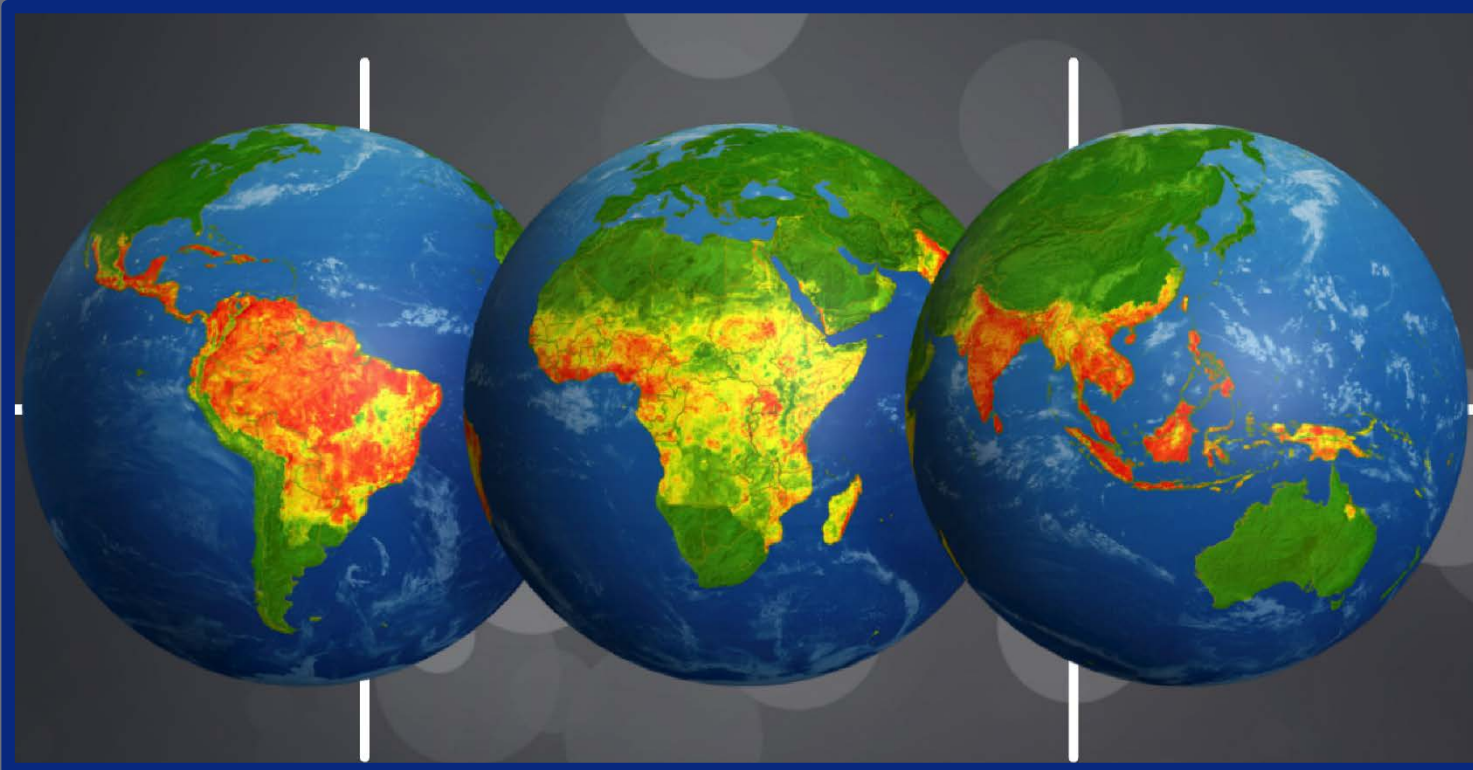
doi:10.1038/nature12060

### The global distribution and burden of dengue

Samir Bhatt<sup>1</sup>, Peter W. Gething<sup>1</sup>, Oliver J. Brady<sup>1,2</sup>, Jane P. Messina<sup>1</sup>, Andrew W. Farlow<sup>1</sup>, Catherine L. Moyes<sup>1</sup>, John M. Drake<sup>1,3</sup>, John S. Brownstein<sup>4</sup>, Anne G. Hoen<sup>5</sup>, Osman Sankoh<sup>6,7,8</sup>, Monica F. Myers<sup>1</sup>, Dylan B. George<sup>9</sup>, Thomas Jaenisch<sup>10</sup>, G. R. William Wint<sup>1,11</sup>, Cameron P. Simmons<sup>12,13</sup>, Thomas W. Scott<sup>9,14</sup>, Jeremy J. Farrar<sup>12,13,15</sup> & Simon I. Hay<sup>1,9</sup>

# Dengue virus

Not surprisingly (based on the increased range of the vectors) the burden of DENV has also increased to include half the world's population with an estimated 50-100 million infections and 20,000 deaths yearly



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ORIGINAL ARTICLE

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# Dengue virus

Over the past decades, there has been increased interest (and development) in vaccines for DENV.

# Dengue virus

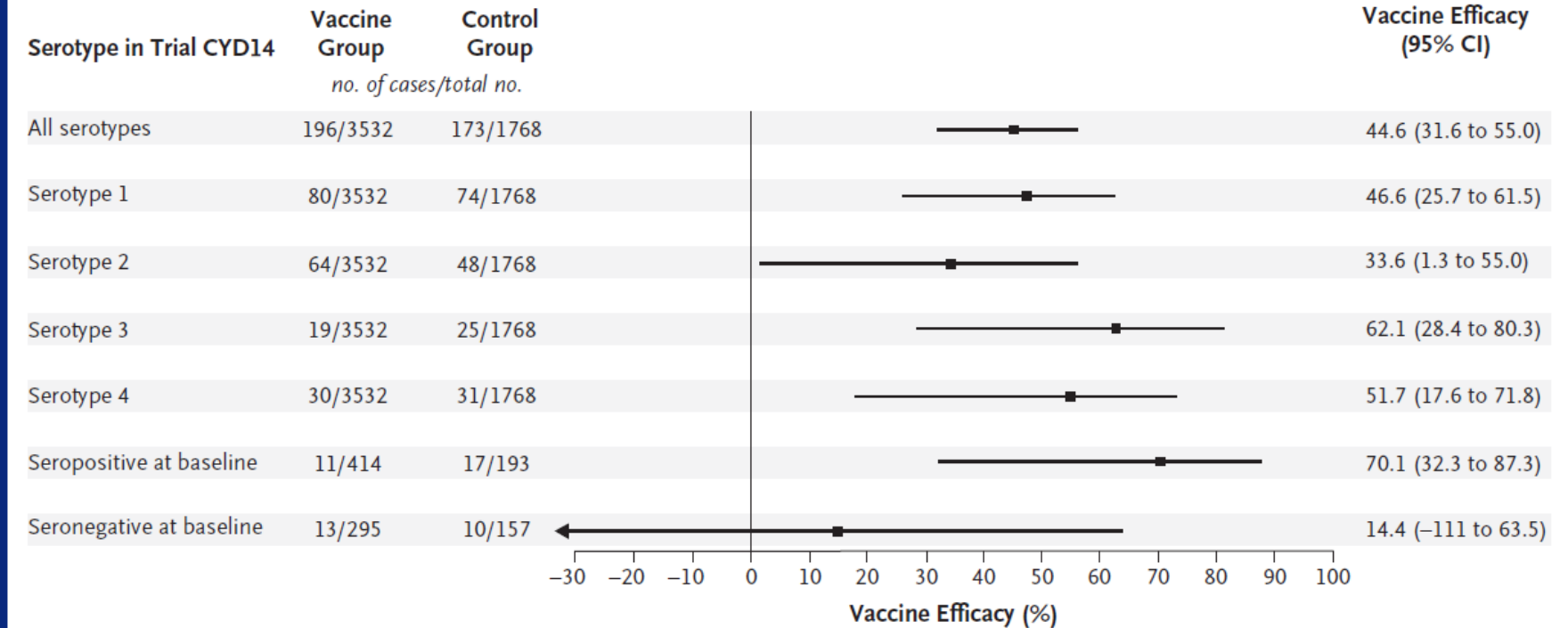
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### B Participants under 9 Yr of Age



# Dengue virus

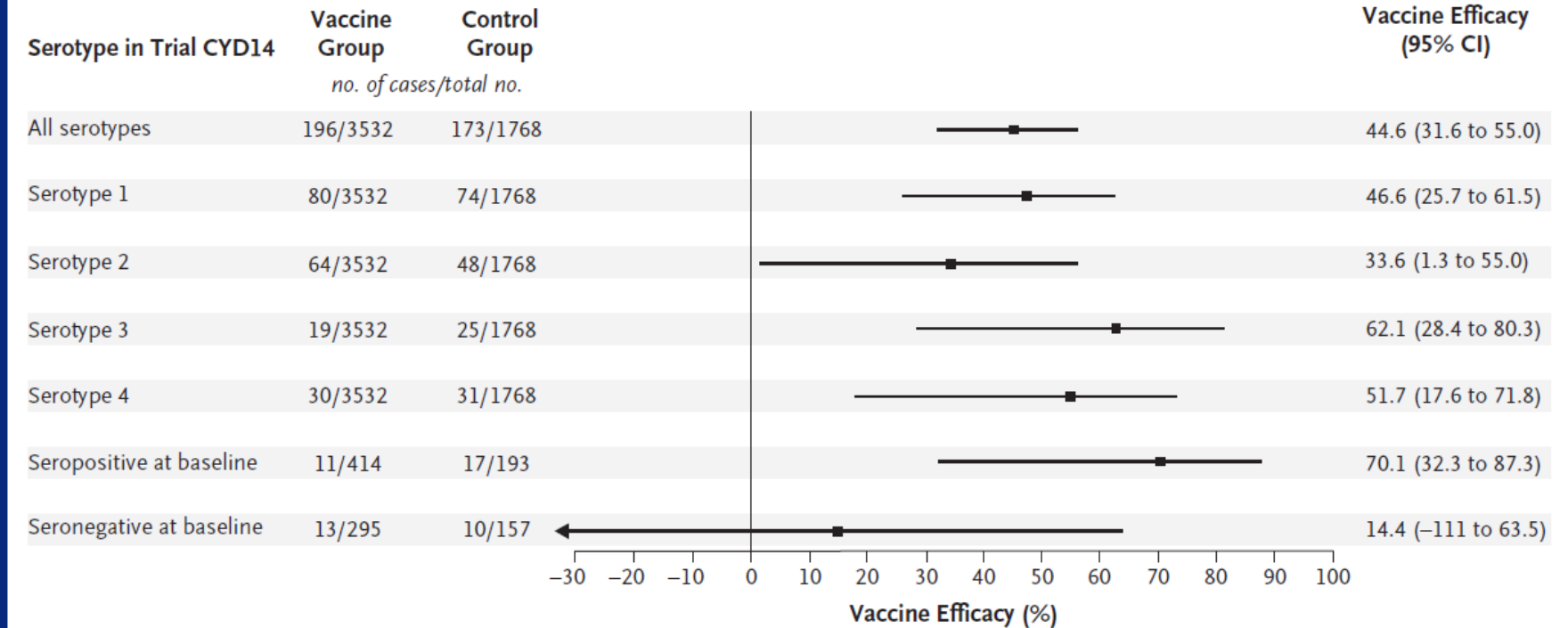
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# Dengue virus

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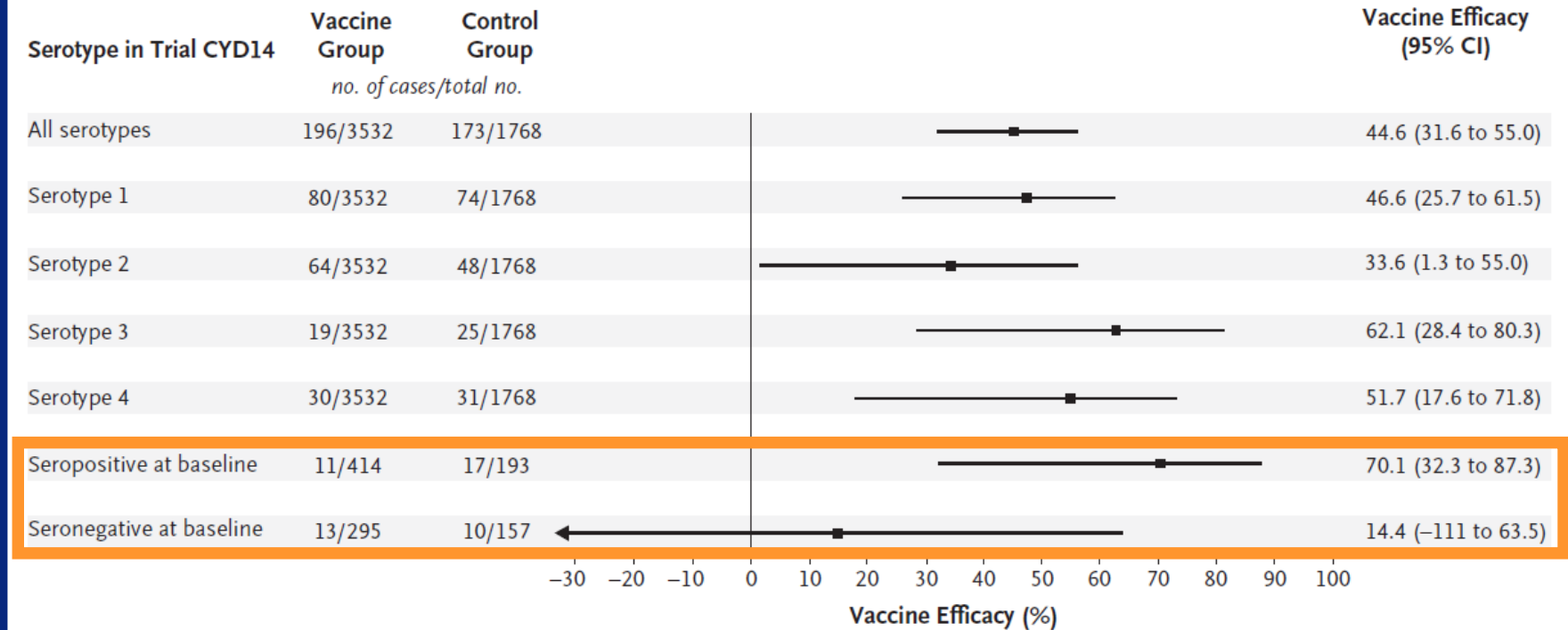
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Performance has been sub-optimal

### B Participants under 9 Yr of Age



## INTERFACE

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Research



**Cite this article:** Kraemer MUG, Perkins TA, Cummings DAT, Zakar R, Hay SI, Smith DL, Reiner Jr RC. 2015 Big city, small world: density, contact rates, and transmission of dengue across Pakistan. *J. R. Soc. Interface* **12**: 20150468.

<http://dx.doi.org/10.1098/rsif.2015.0468>

## Big city, small world: density, contact rates, and transmission of dengue across Pakistan

M. U. G. Kraemer<sup>1</sup>, T. A. Perkins<sup>2,3</sup>, D. A. T. Cummings<sup>4</sup>, R. Zakar<sup>5</sup>, S. I. Hay<sup>3,6,7</sup>, D. L. Smith<sup>1,3,8</sup> and R. C. Reiner Jr<sup>3,9</sup>

<sup>1</sup>Department of Zoology, University of Oxford, Oxford OX1 3PS, UK

<sup>2</sup>Department of Biological Sciences and Eck Institute for Global Health, University of Notre Dame, Notre Dame, IN 46556, USA

<sup>3</sup>Fogarty International Center, National Institutes of Health, Bethesda, MD 20892, USA

<sup>4</sup>Department of Epidemiology, Johns Hopkins University, Bloomberg School of Public Health, Baltimore, MD 21205, USA

<sup>5</sup>Department of Public Health, University of Punjab, Lahore 54590, Pakistan

<sup>6</sup>Wellcome Trust Centre for Human Genetics, University of Oxford, Oxford OX3 7BN, UK

<sup>7</sup>Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA 98121, USA

<sup>8</sup>Sanaria Institute for Global Health and Tropical Medicine, Rockville, MD 20850, USA

<sup>9</sup>Department of Epidemiology and Biostatistics, Indiana University School of Public Health, Bloomington, IN 47405, USA



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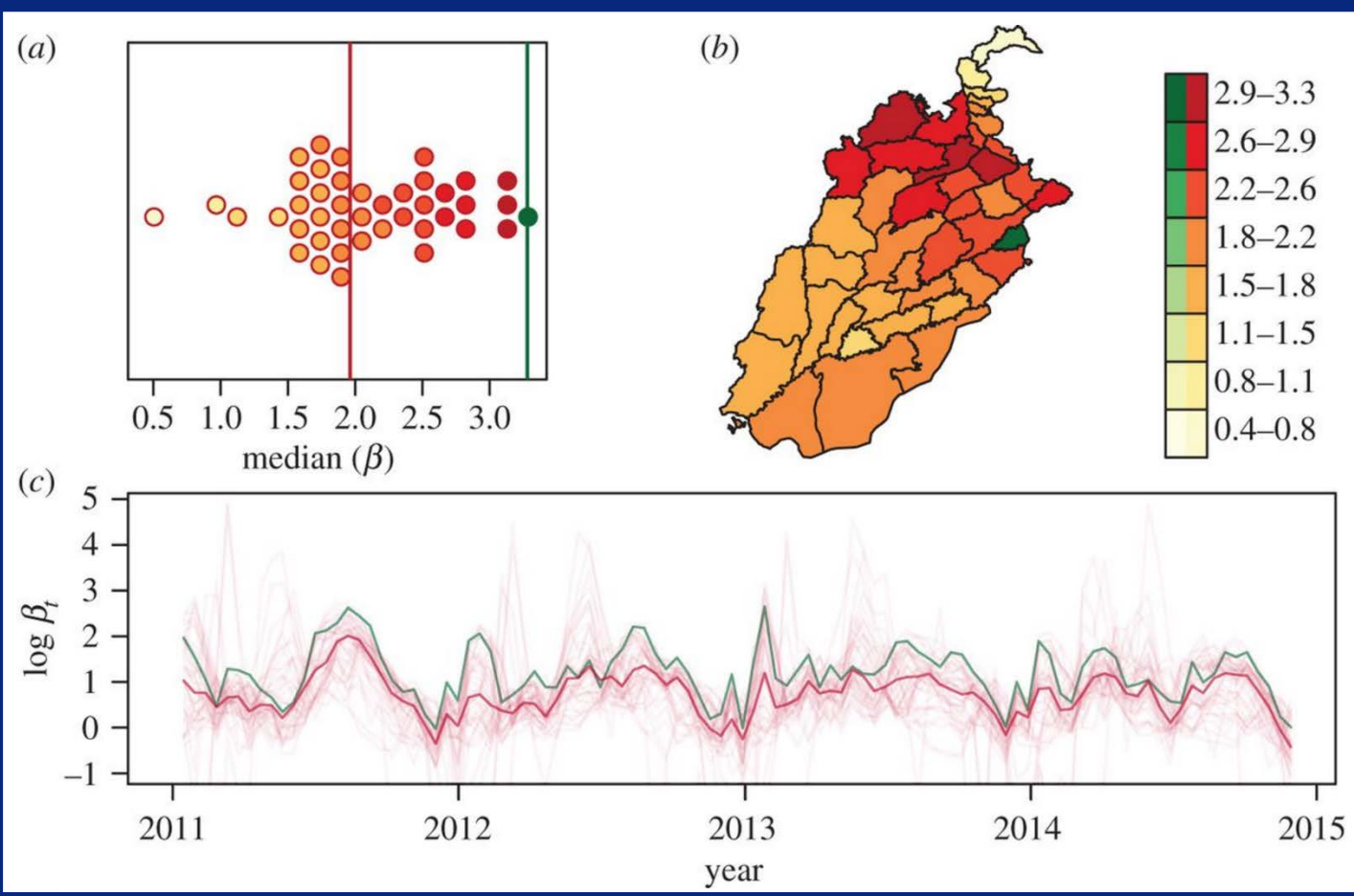


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S. I. Hay<sup>3,6,7</sup>,

<sup>1</sup>Department of Zoology, University of Illinois at Urbana-Champaign, Urbana, IL 61801, USA  
<sup>2</sup>Department of Biological Sciences, University of Illinois at Chicago, Chicago, IL 60607, USA  
<sup>3</sup>Fogarty International Center, National Institutes of Health, Bethesda, MD 21205, USA  
<sup>4</sup>Department of Epidemiology, Johns Hopkins University, Baltimore, MD 21205, USA  
<sup>5</sup>Department of Population, Behavior, and Environment, Johns Hopkins University, Baltimore, MD 21205, USA  
<sup>6</sup>Wellcome Trust Centre for Integrative Tropical Disease Prevention, University of Liverpool, Liverpool, UK  
<sup>7</sup>Institute for Health, Behavior, and Society, Johns Hopkins University, Baltimore, MD 21205, USA  
<sup>8</sup>Sanaria Institute for Malaria Research, Rockville, MD 20850, USA  
<sup>9</sup>Department of Epidemiology, Johns Hopkins University, Baltimore, MD 21205, USA



### House-to-house human movement drives dengue virus transmission

Steven T. Stoddard<sup>a,b,1</sup>, Brett M. Forshey<sup>c,d,e</sup>, Amy C. Morrison<sup>a,c,d</sup>, Valerie A. Paz-Soldan<sup>f</sup>, Gonzalo M. Vazquez-Prokopec<sup>b,g</sup>, Helvio Astete<sup>c,d</sup>, Robert C. Reiner, Jr.<sup>a,b</sup>, Stalin Vilcarrromero<sup>c,d</sup>, John P. Elder<sup>h</sup>, Eric S. Halsey<sup>c,d</sup>, Tadeusz J. Kochel<sup>c,d,2</sup>, Uriel Kitron<sup>b,g</sup>, and Thomas W. Scott<sup>a,b</sup>

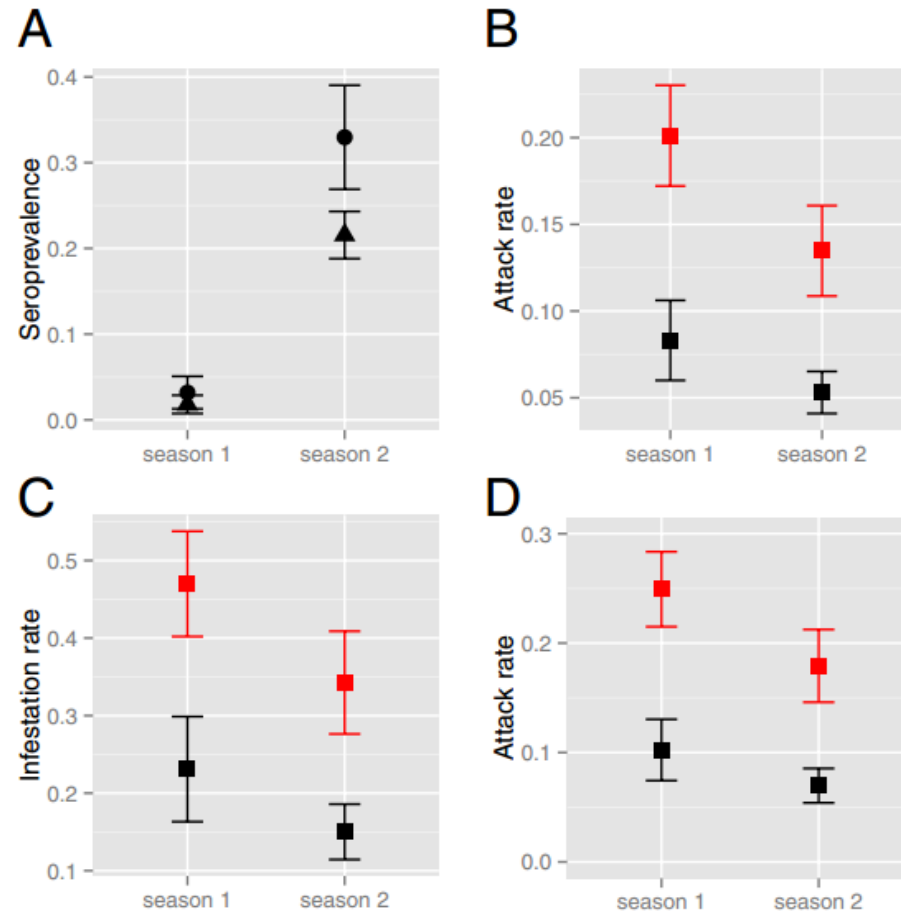
<sup>a</sup>Department of Entomology, University of California, Davis, CA 95616; <sup>b</sup>Fogarty International Center, National Institutes of Health, Bethesda, MD  
<sup>c</sup>Virology Department, US Naval Medical Research Unit No. 6, Hospital Centro Medico Naval, Lima, Peru; <sup>d</sup>Virology Department, US Naval Medical Unit No. 6, Clinica Naval de Iquitos, Iquitos, Peru; <sup>e</sup>Department of Biostatistics, College of Public Health, University of Iowa, Iowa City, IA 52242; <sup>f</sup>Global Systems and Development, School of Public Health and Tropical Medicine, Tulane University, New Orleans, LA 70112; <sup>g</sup>Department of Environmental Health, Emory University, Atlanta, GA 30322; and <sup>h</sup>Division of Health Promotion and Behavioral Sciences, Graduate School of Public Health, San Diego State University, San Diego, CA 92182

## Ecology of DENV

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<sup>a</sup>Department of Entomology, University of California, Davis, CA 95616; <sup>b</sup>Fogarty International Center, National Institutes of Health, Bethesda, MD 20895; <sup>c</sup>Virology Department, US Naval Medical Research Unit No. 6, Hospital Centro Medico de Iquitos, Unit No. 6, Clinica Naval de Iquitos, Iquitos, Peru; <sup>d</sup>Department of Biostatistics, College of Public Health and Tropical Medicine, Tulane University, New Orleans, LA 70112; <sup>e</sup>Department of Systems and Development, School of Public Health and Tropical Medicine, Tulane University, New Orleans, LA 70112; and <sup>9</sup>Division of Health Promotion and Behavior, Centers for Disease Control and Prevention, Atlanta, GA 30322



House-to-house human movement drives dengue



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**Socially structured human movement shapes dengue transmission despite the diffusive effect of mosquito dispersal**

Robert C. Reiner Jr. <sup>a,b,\*</sup>, Steven T. Stoddard <sup>a,b</sup>, Thomas W. Scott <sup>a,b</sup>



## Ecology of DENV

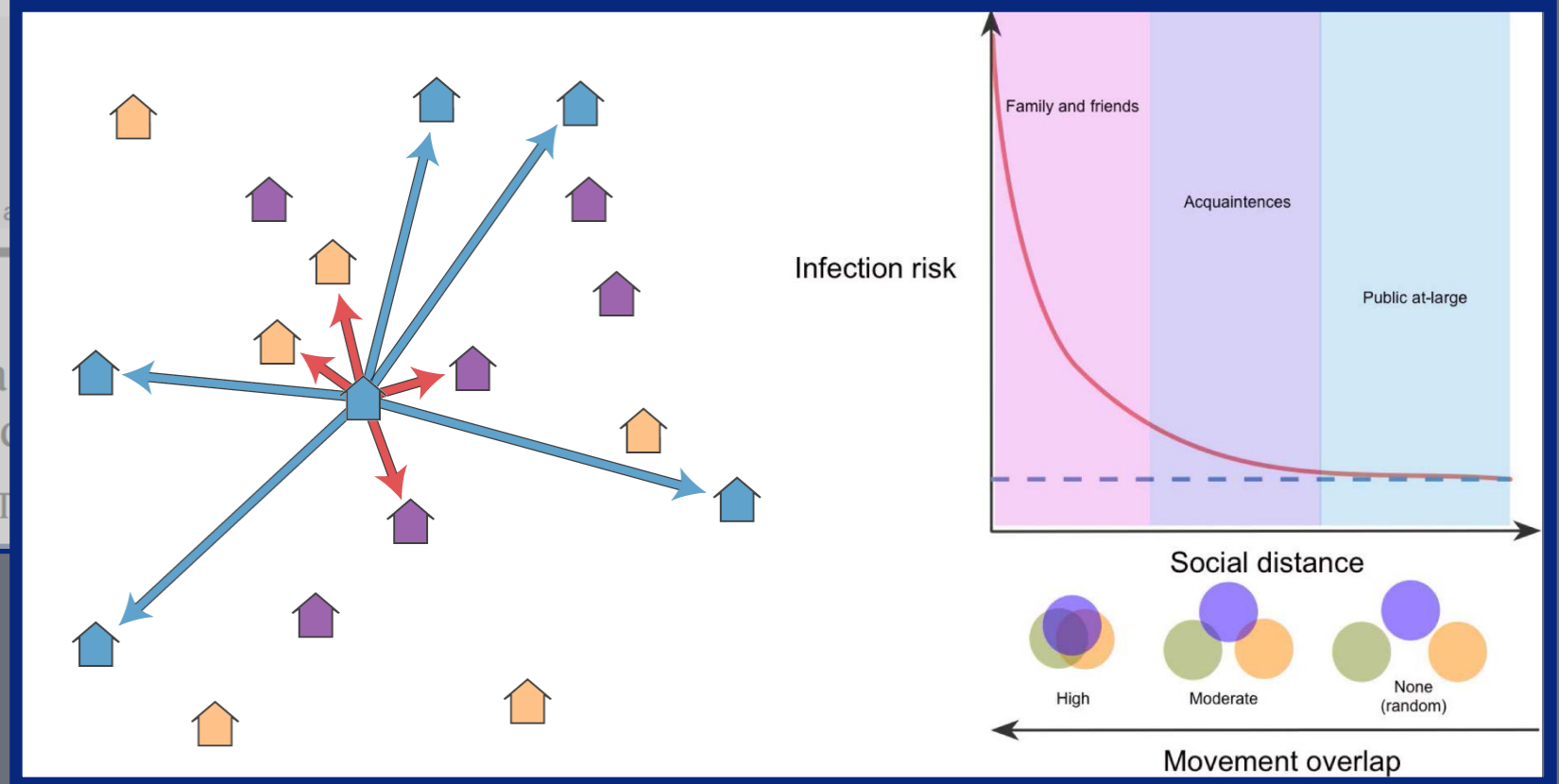
House-to-house human movement drives dengue

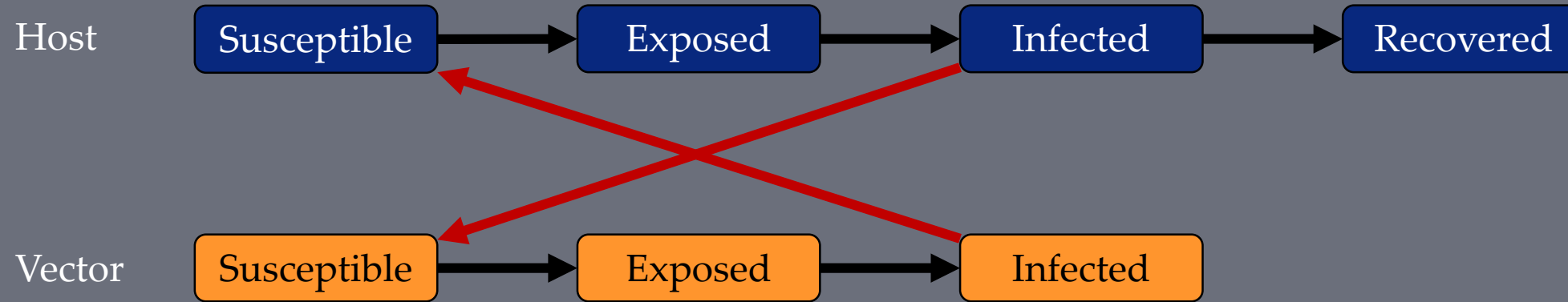


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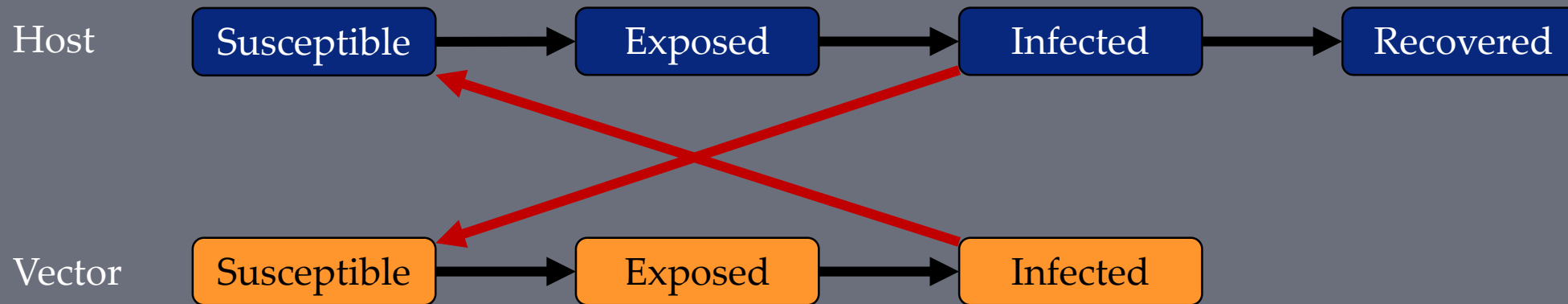
Socially structured human movement  
despite the diffusive effect

Robert C. Reiner Jr. <sup>a,b,\*</sup>, Steven T.











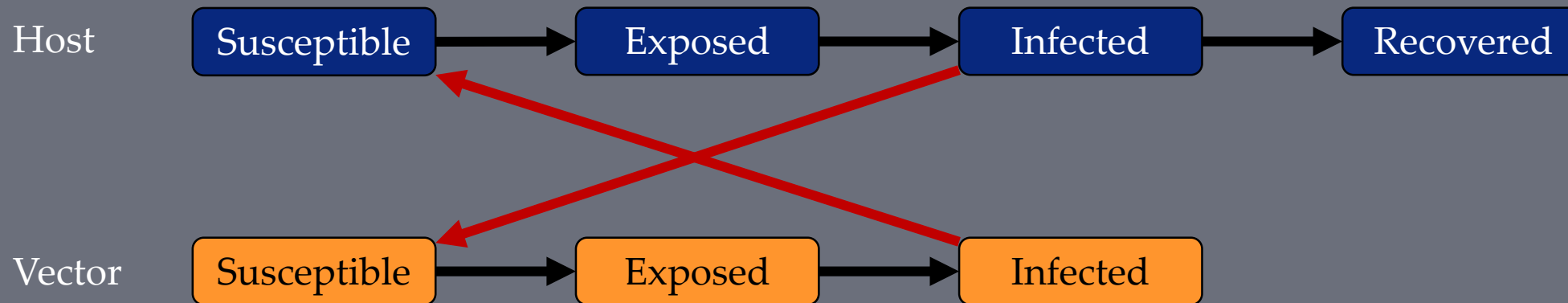
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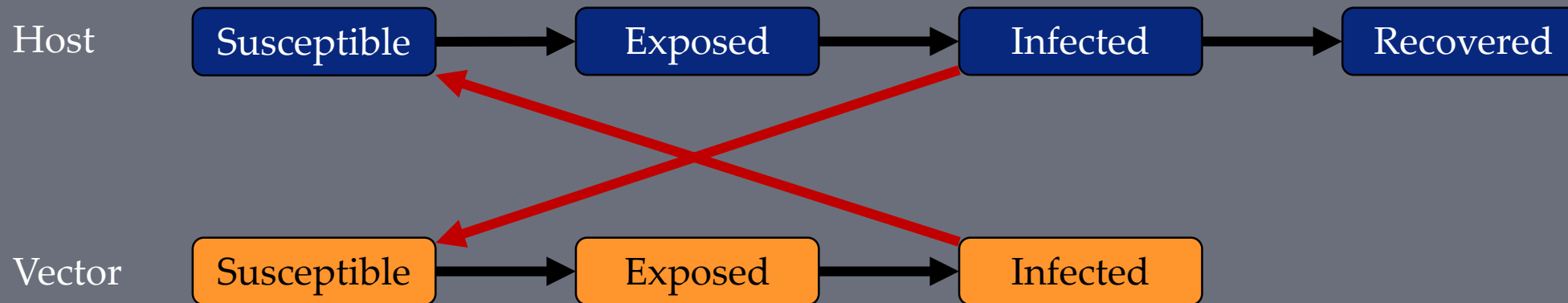
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We found that the vast majority of models haven't changed much from the frameworks of the 1950s



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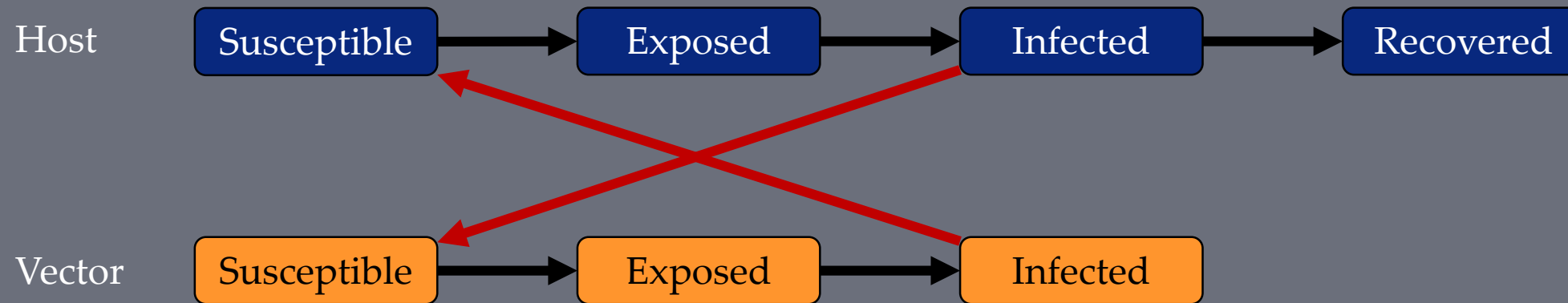
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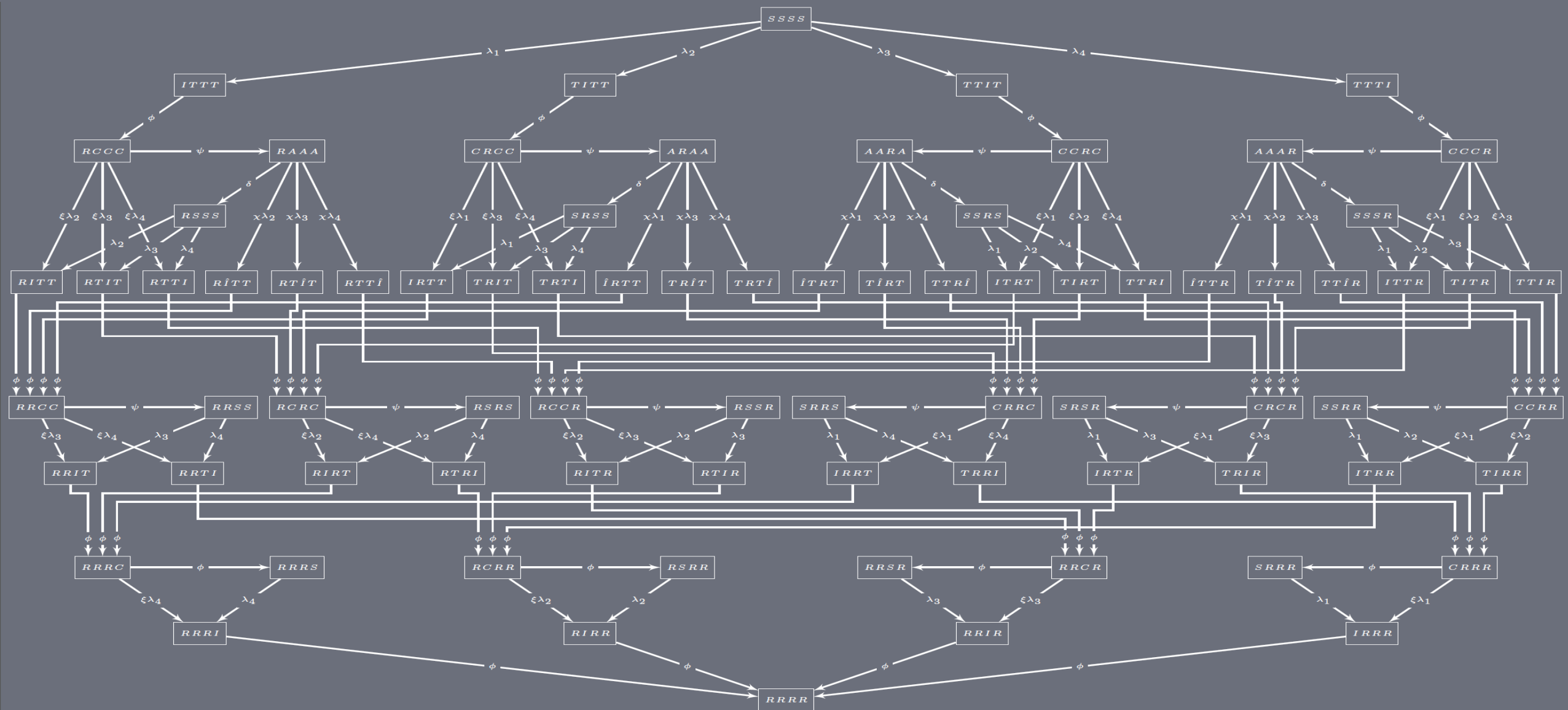
Fewer than 10% incorporated any abiotic temporal variation





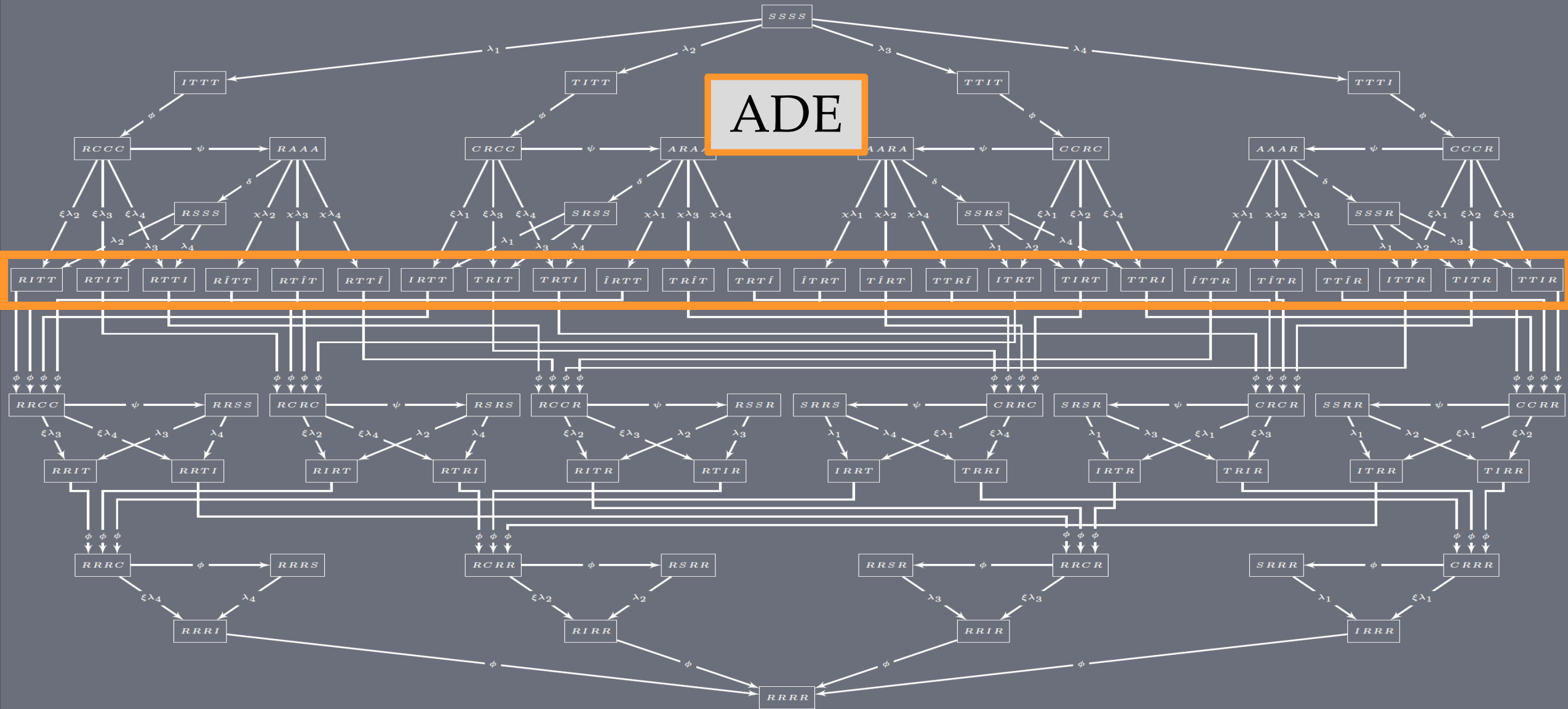
Given these complexities (and the presence of four distinct serotypes), the above model is inadequate

# Ecological Complexity

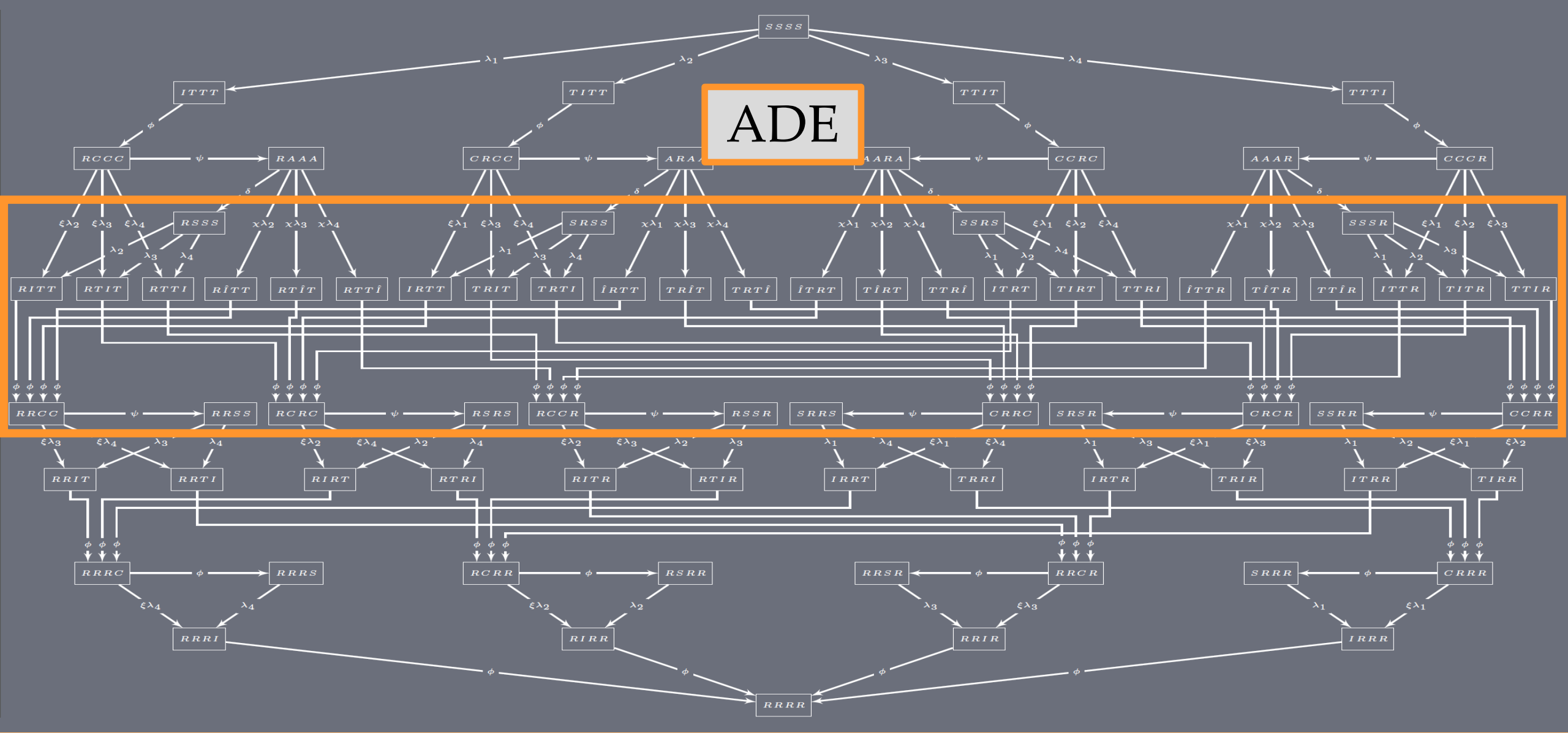




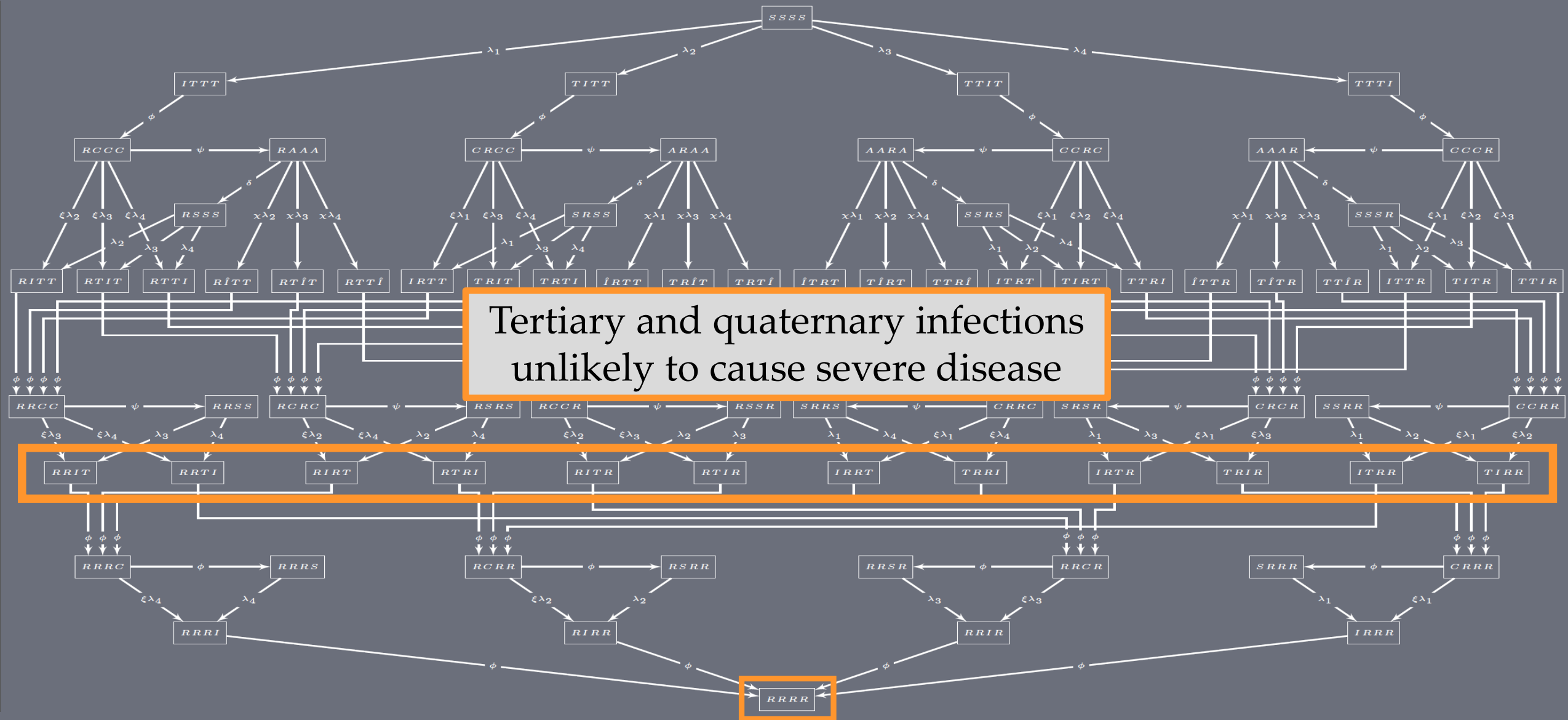
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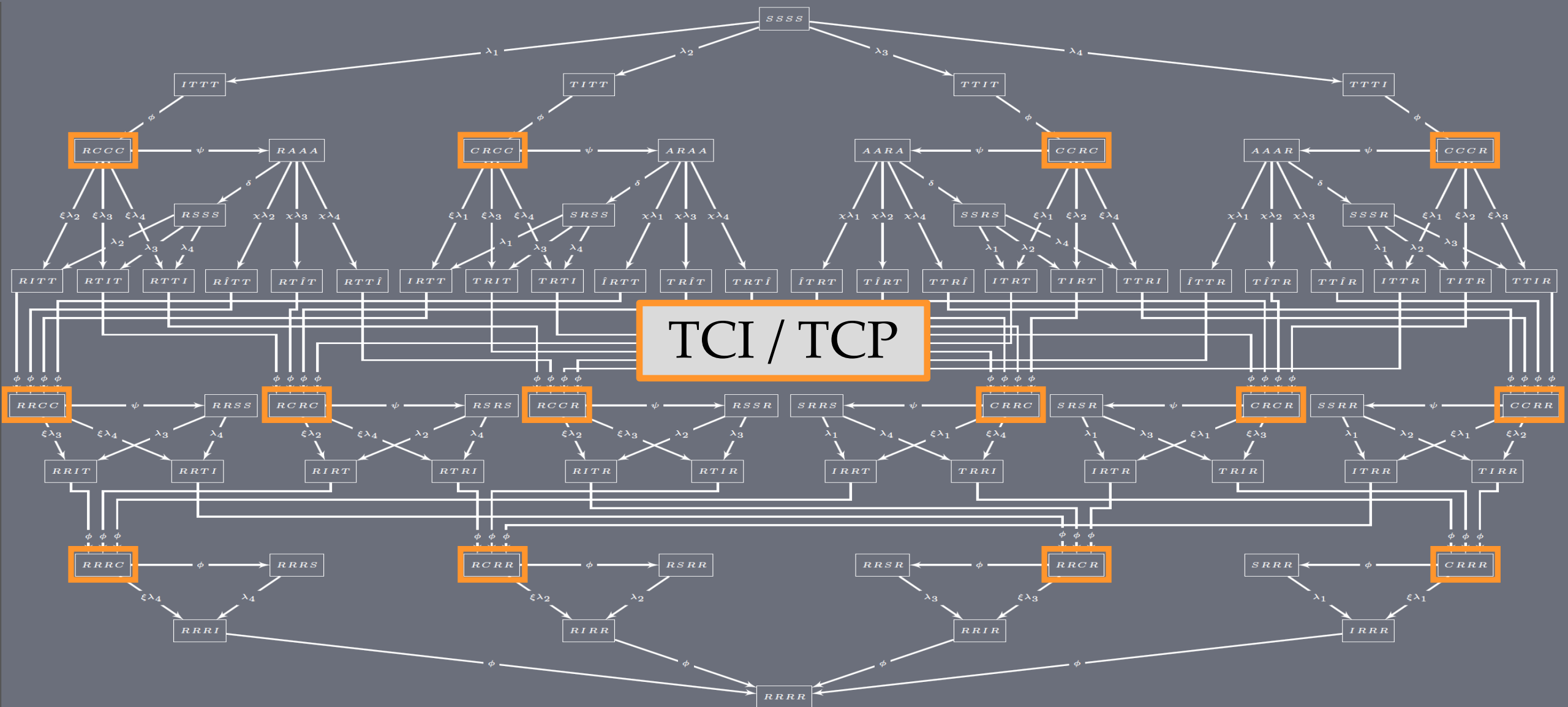
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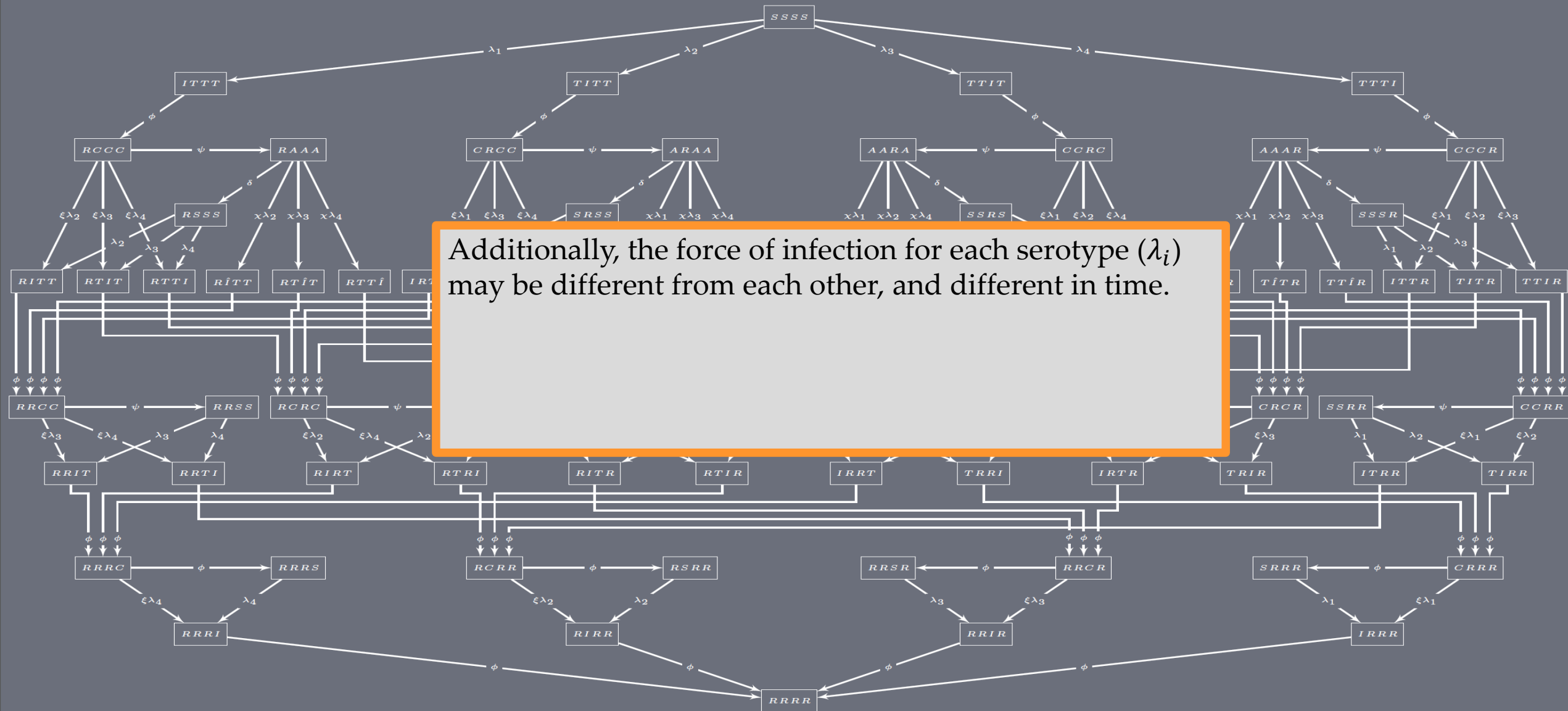
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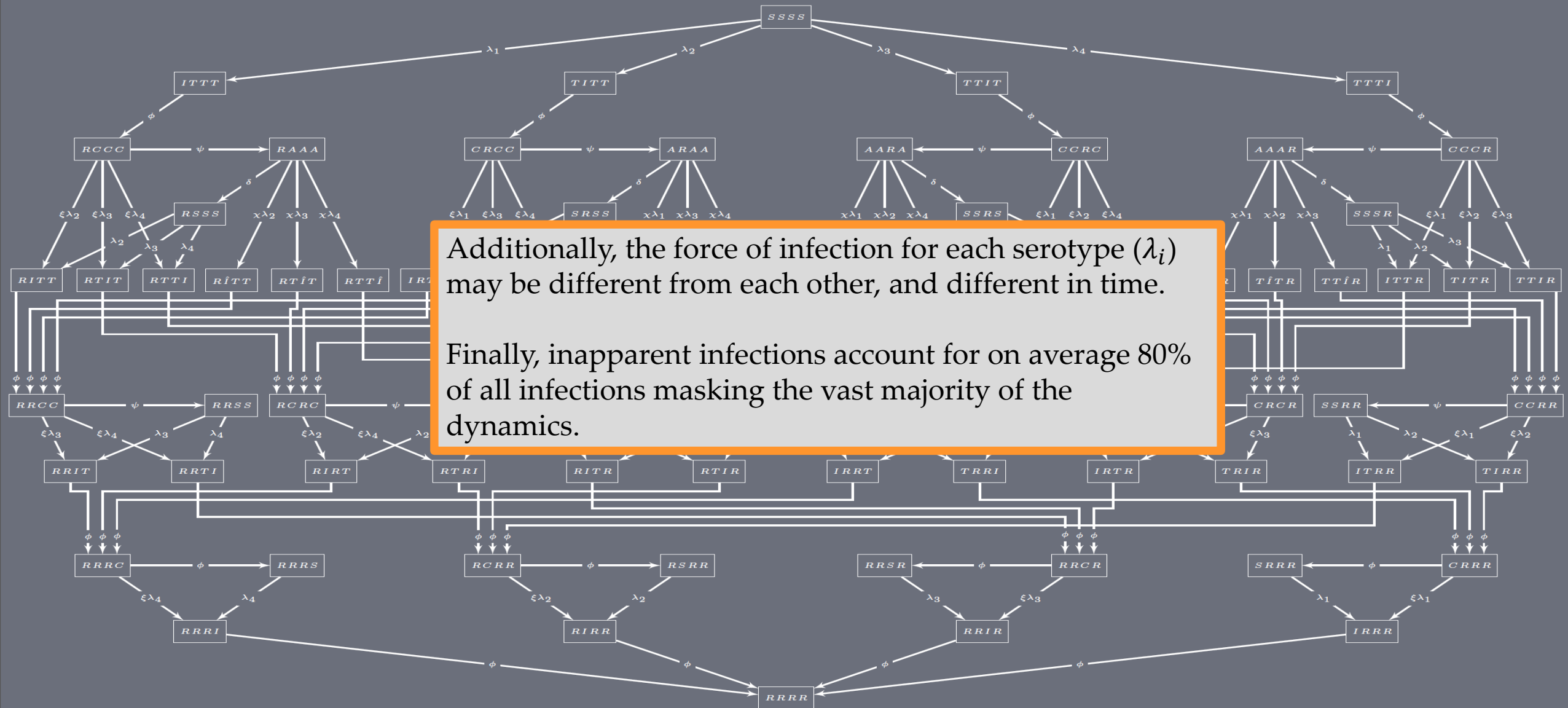
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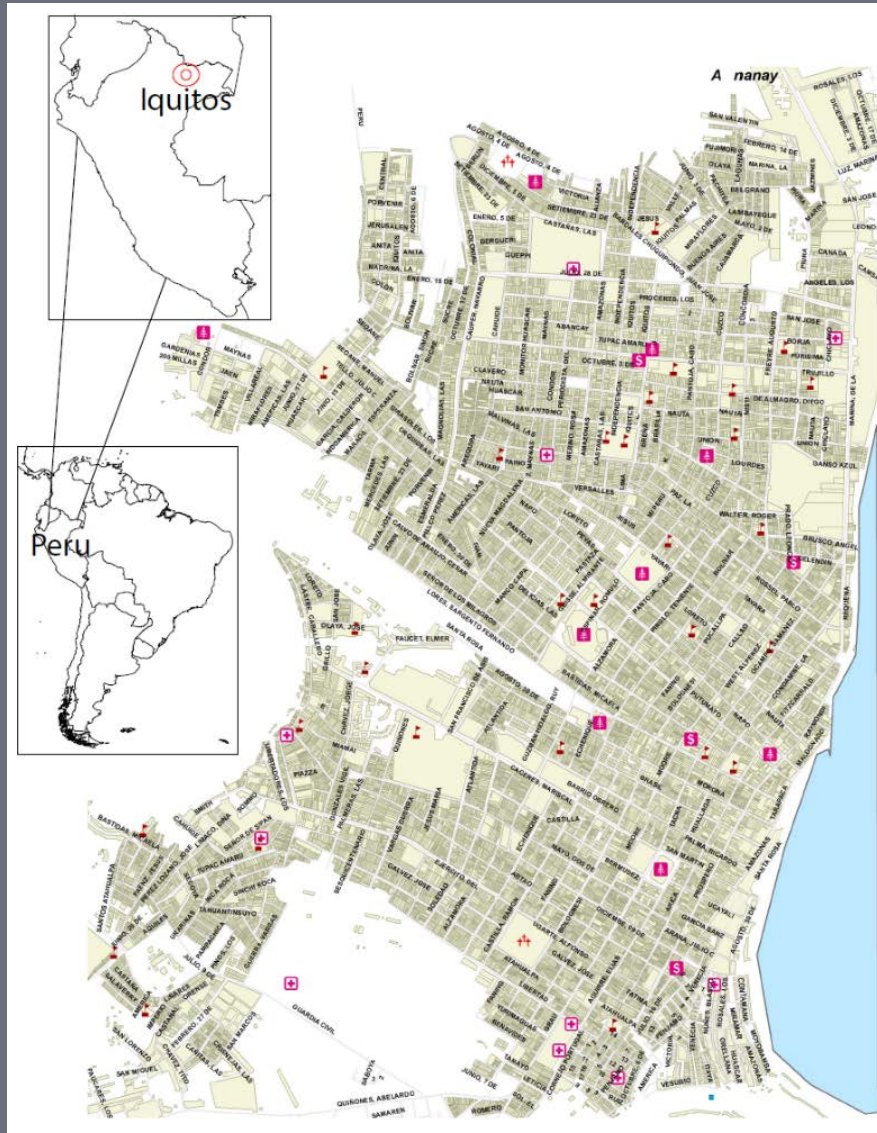
# Ecological Complexity



# Ecological Complexity







## Iquitos, Peru

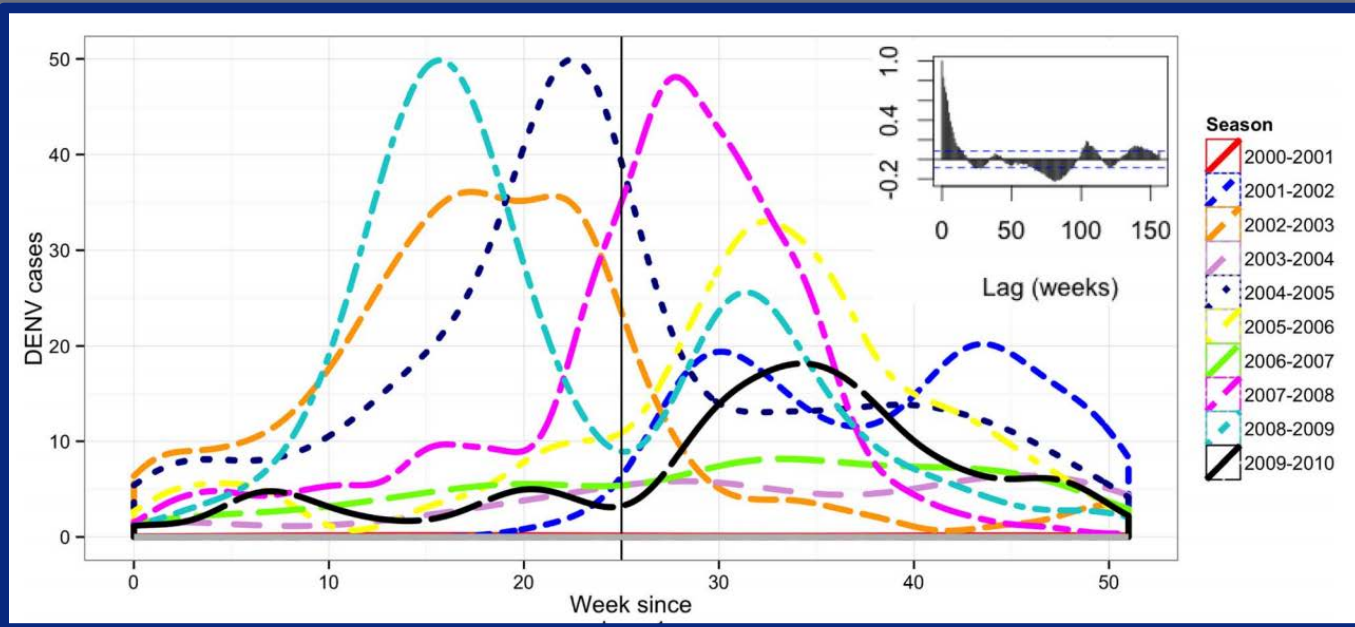
- Iquitos has a population of 400,000. The city, located at the beginning of the Amazon river, is relatively isolated from other large cities.
- DENV-1 was introduced in 1991, DENV-2 in 1995, DENV-3 in 2001 and DENV-4 in 2008-2009.
- The Scott lab at UC Davis began extensive studies of dengue in Iquitos in 1999 and thus were able to collect data during two 'virgin-soil' invasions

## Long-Term and Seasonal Dynamics of Dengue in Iquitos, Peru

Steven T. Stoddard<sup>1,2\*</sup>, Helen J. Wearing<sup>3</sup>, Robert C. Reiner Jr.<sup>1,2</sup>, Amy C. Morrison<sup>1,4</sup>, Helvio Astete<sup>4</sup>, Stalin Vilcarrromero<sup>4</sup>, Carlos Alvarez<sup>5</sup>, Cesar Ramal-Asayag<sup>6</sup>, Moises Sihuincha<sup>7</sup>, Claudio Rocha<sup>4</sup>, Eric S. Halsey<sup>4</sup>, Thomas W. Scott<sup>1,2</sup>, Tadeusz J. Kochel<sup>8</sup>, Brett M. Forshey<sup>4</sup>

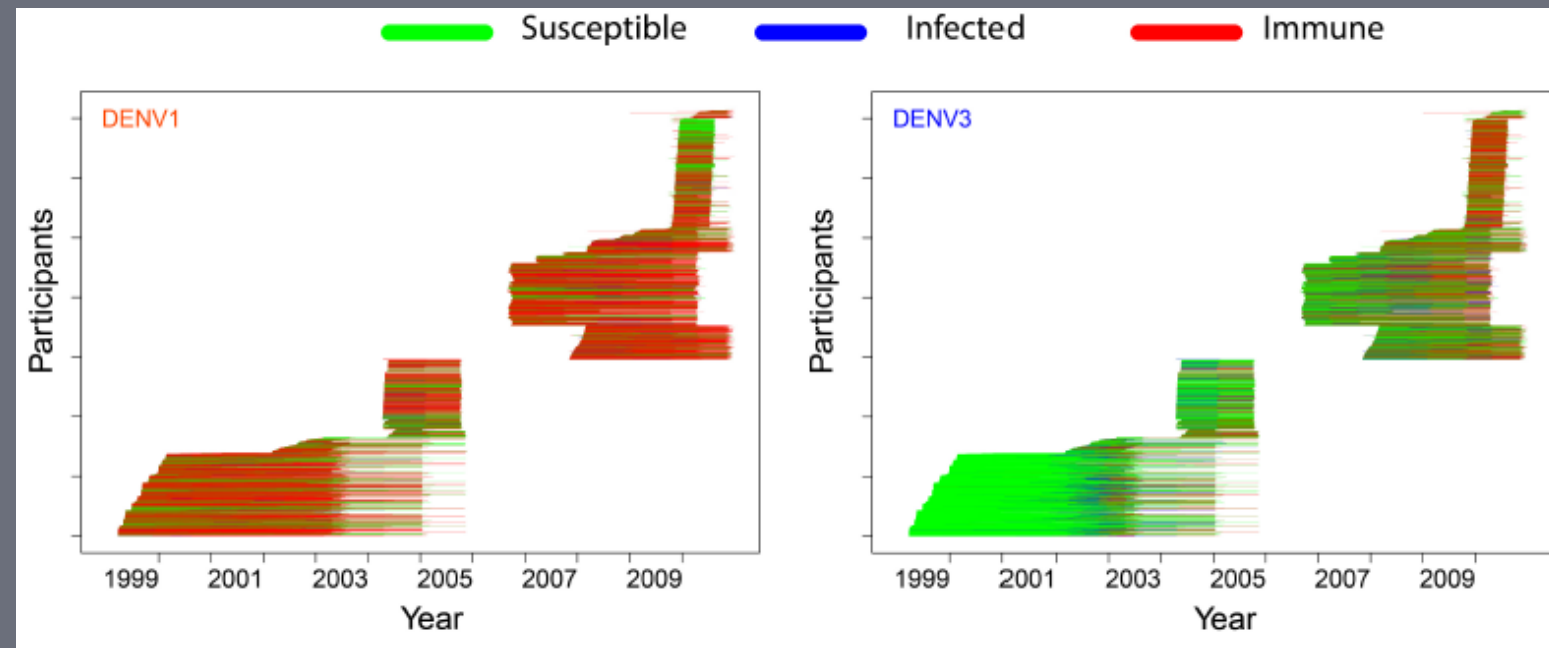
## Iquitos, Peru

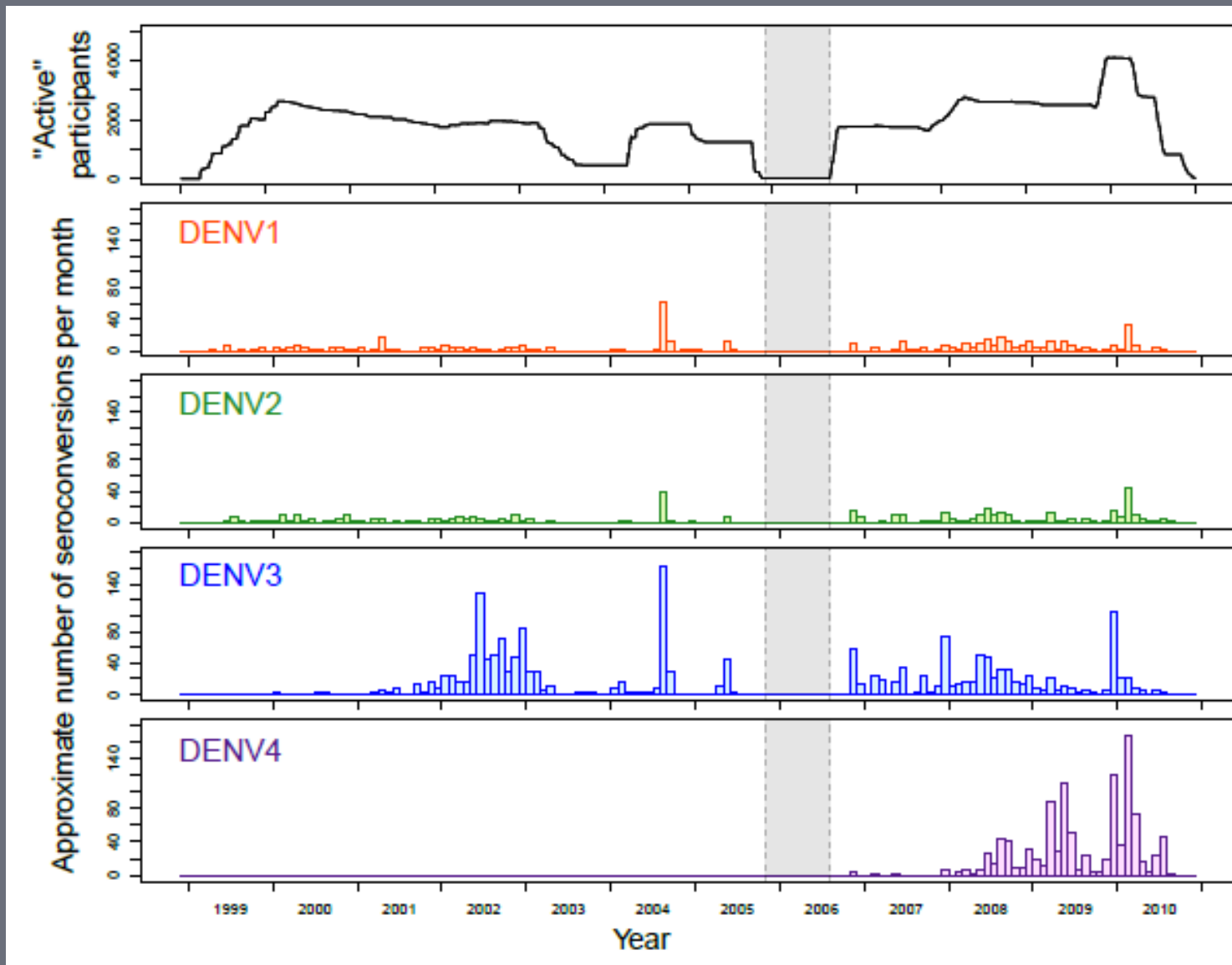
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- Since 1999, longitudinal cohorts of ~3,000-4,000 have been maintained. Each individual's serostatus to all four serotypes is evaluated every 6-9 months they are participants.
- Around 15,000 participant's serotype-specific serostatus was measured several (2-14) times (over 47,00 blood samples)

# Force of infection

## Time-varying, serotype-specific force of infection of dengue virus

Robert C. Reiner, Jr.<sup>a,b,1</sup>, Steven T. Stoddard<sup>a,b</sup>, Brett M. Forshey<sup>c</sup>, Aaron A. King<sup>a,d</sup>, Alicia M. Ellis<sup>a,e</sup>, Alun L. Lloyd<sup>a,f</sup>, Kanya C. Long<sup>b,g</sup>, Claudio Rocha<sup>c</sup>, Stalin Vilcarrromero<sup>c</sup>, Helvio Astete<sup>c</sup>, Isabel Bazan<sup>c</sup>, Audrey Lenhart<sup>h,i</sup>, Gonzalo M. Vazquez-Prokopec<sup>a,j</sup>, Valerie A. Paz-Soldan<sup>k</sup>, Philip J. McCall<sup>h</sup>, Uriel Kitron<sup>a,j</sup>, John P. Elder<sup>l</sup>, Eric S. Halsey<sup>c</sup>, Amy C. Morrison<sup>b,c</sup>, Tadeusz J. Kochel<sup>c</sup>, and Thomas W. Scott<sup>a,b</sup>

<sup>a</sup>Fogarty International Center, National Institutes of Health, Bethesda, MD 20892; <sup>b</sup>Department of Entomology and Nematology, University of California, Davis, CA 95616; <sup>c</sup>US Naval Medical Research Unit No. 6 Lima and Iquitos, Peru; <sup>d</sup>Department of Ecology and Evolutionary Biology, University of Michigan, Ann Arbor, MI 48109; <sup>e</sup>Rubenstein School of Environment and Natural Resources, University of Vermont, Burlington, VT 05405; <sup>f</sup>Department of Mathematics and

PNAS

## 'Key transmission parameters'

- The force of infection (**FoI**, denoted  $\lambda$ ) is the rate at which susceptible individuals become infected. In the simplest 'catalytic' model of transmission, if  $s(t)$  is the percent of individuals that are susceptible at time  $t$ , then

$$\frac{ds(t)}{dt} = -\lambda(t)s(t) \quad \Leftrightarrow \quad \frac{dF(t)}{dt} = \lambda(t)(1 - F(t))$$

- We can use our censored data, methods derived from reliability and B-splines to estimate the pdf of infection times

$$f(t) = \frac{dF(t)}{dt}$$

which we can then use to estimate the force of infection.



## 'Key transmission parameters'

- Left Censored (**L**)

$$\text{LIKELIHOOD} = \int_{-\infty}^{t_1} f(t)dt$$

where  $t_1$  was the time of the first test (which in these cases was positive)

- Interval Censored (**C**)

$$\text{LIKELIHOOD} = \int_{t_1}^{t_2} f(t)dt$$

where  $t_1$  was the time of the last negative test and  $t_2$  was the time of the first positive test

- Right Censored (**R**)

$$\text{LIKELIHOOD} = 1 - \int_{-\infty}^{t_2} f(t)dt$$

where  $t_2$  was the time of the last test (which in these cases was negative)

## 'Key transmission parameters'

We cannot estimate  $f$  before 1999. However, since infections that occurred before 1999 will appear as left censored infections, we can estimate the percent of the population that was exposed previous to 1999. With  $t_0$  representing the beginning of the study, we write:

$$\kappa = \int_{-\infty}^{t_0} f(s) ds$$

Combining this with the equations above, the log-likelihood of the data for a given serotype is

$$l(f, \kappa) = \sum_{j \in L} \log \left( \kappa + \int_{t_0}^{t_{j,1}} f(s) ds \right) + \sum_{k \in C} \log \left( \int_{t_{k,1}}^{t_{k,2}} f(s) ds \right) \\ + \sum_{l \in R} \log \left( 1 - \kappa - \int_{t_0}^{t_{l,2}} f(s) ds \right)$$

## 'Key transmission parameters'

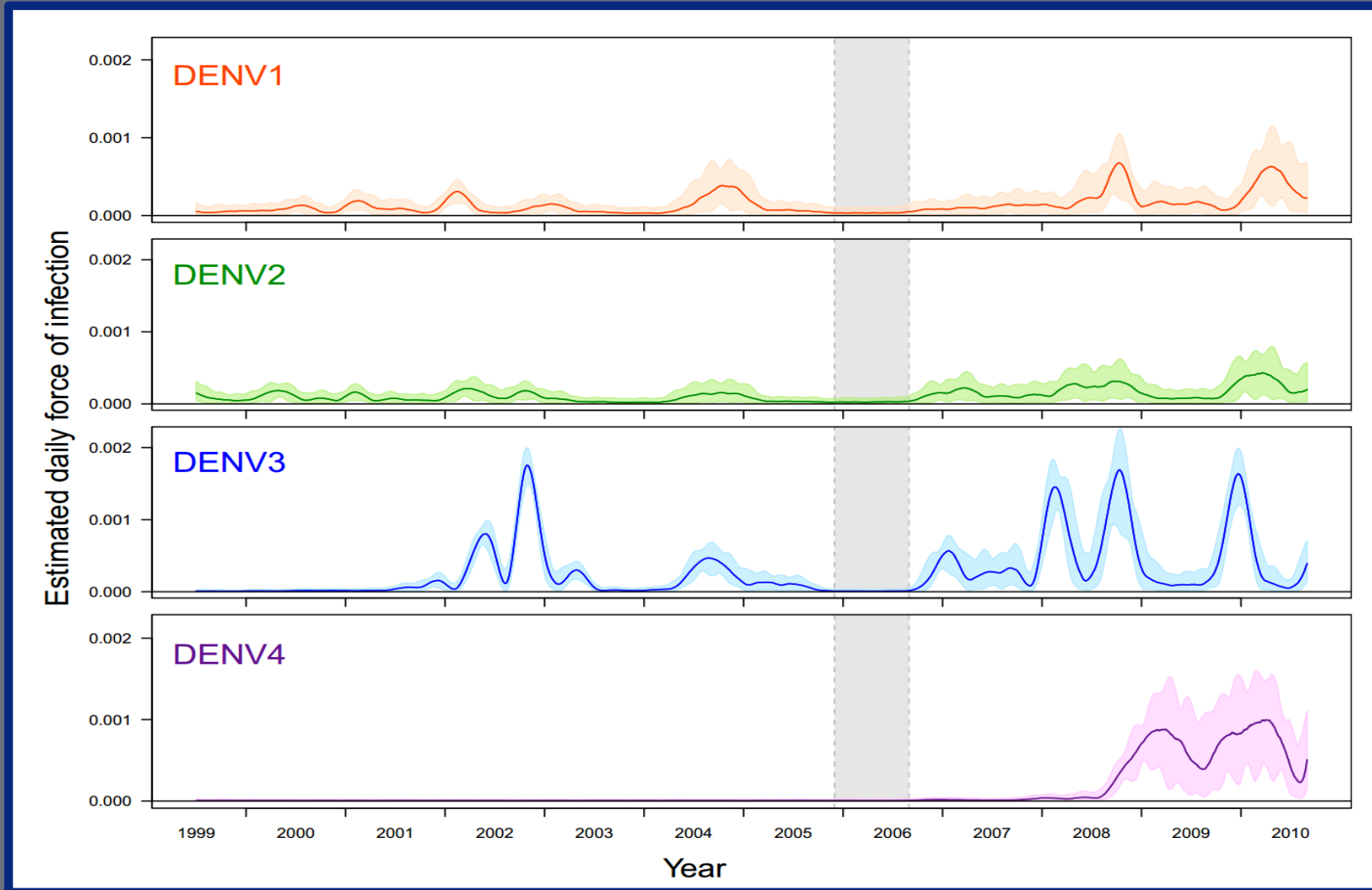
The basic reproductive number (denoted  $R_0$ ) is the number of secondary infections which one infection would produce in a completely susceptible population. Once the pathogen has invaded and some individuals have been infected and become immune, the expected number of secondary infections from a single infection is called the effective reproductive rate (denoted  $R(t)$ ) and

$$R_0 = \frac{R(t)}{s(t)}.$$

Using the mean time between successive DENV infections (i.e., serial interval) of 15-17 days, and letting  $s_P(t)$  be the fraction of the entire population susceptible at time  $t$ , we approximate the effective reproductive rate as:

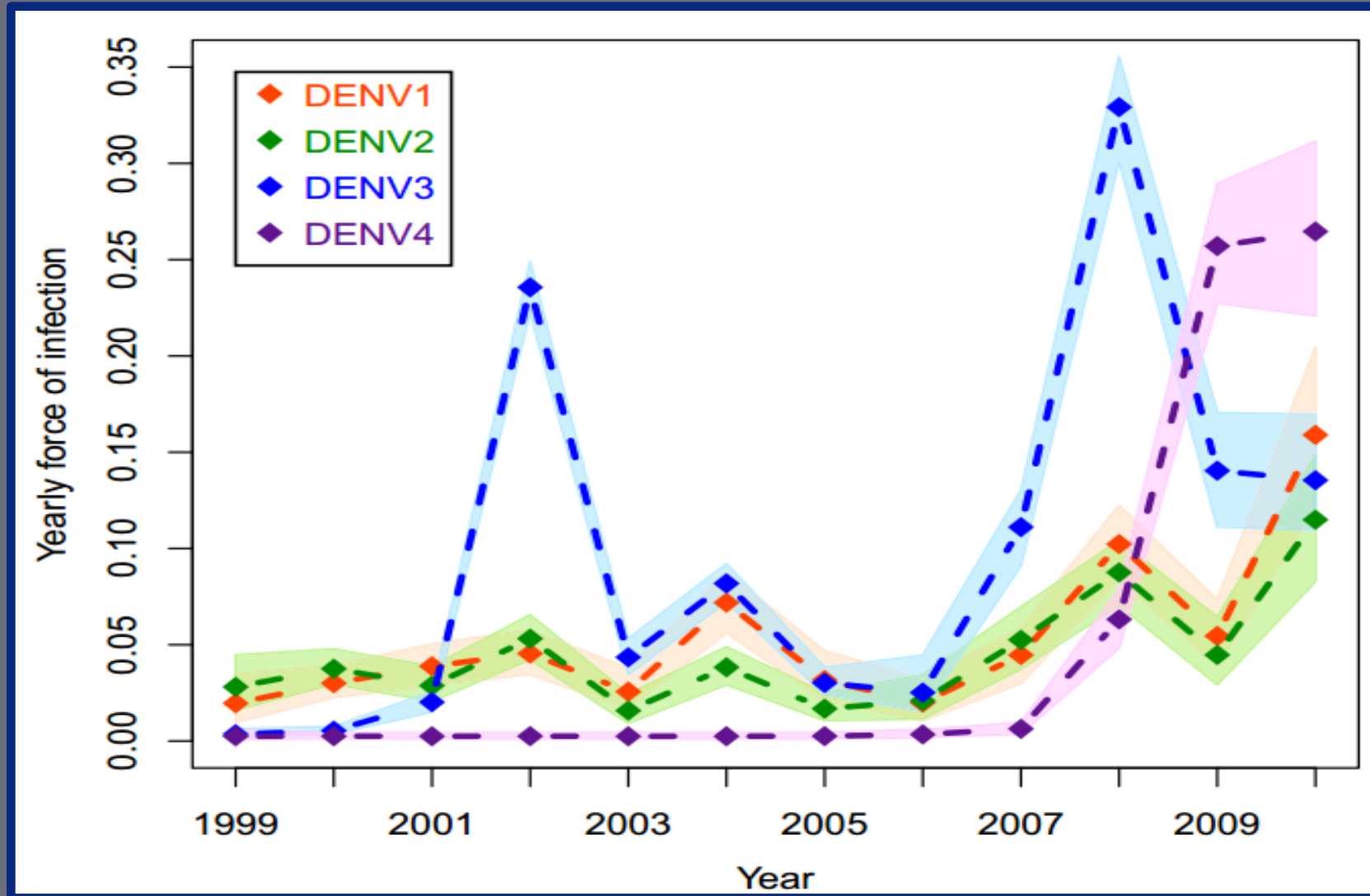
$$R(d) \approx \hat{R}(d) = \frac{\int_{d+15}^{d+18} s_P(u)\lambda(u)du}{3 * \int_d^{d+1} s_P(u)\lambda(u)du}$$

# Force of Infection



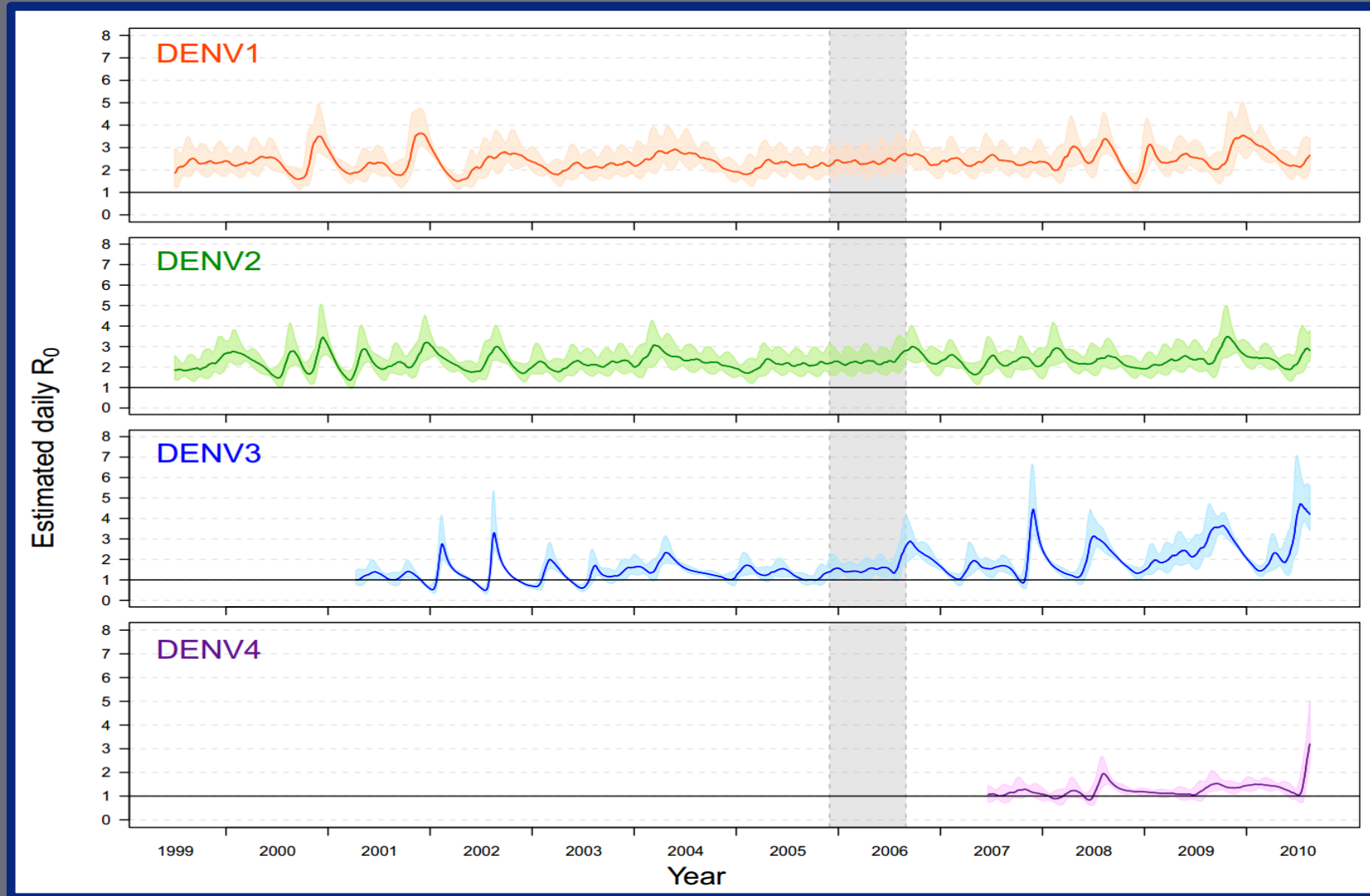
*F<sub>01</sub>*

# Force of Infection



*Fol*

# Force of Infection



$R_0$



# Force of infection

- Novel serotypes appear to disrupt previous *FoI* patterns.
- There appear to be some serotype-independent dynamics
- Synchronization appears to be able to occur between any subsets of serotypes.
- $R_0$  vary through time and across serotypes from 1 up to 5

# Temporary Cross-Immunity/Cross-Protection

# Temporary Cross-Immunity/Cross-Protection

In the 1950's, Albert Sabin identified the existence of short term heterologous protection for dengue virus.

When challenged with a different serotype 2-3 months after already being infected by a first, individuals who were infected with one virus **did** develop viremia. However they did not develop severe symptoms.

These results, cross-protection from severe illness, lasted at least 9 months in his samples.

## Interactions between serotypes of dengue highlight epidemiological impact of cross-immunity

Nicholas G. Reich, Sourya Shrestha, Aaron A. King, Pejman Rohani, Justin Lessler, Siripen Kalayanarooj, In-Kyu Yoon, Robert V. Gibbons, Donald S. Burke and Derek A. T. Cummings

*J. R. Soc. Interface* 2013 **10**, 20130414, published 3 July 2013

Much more recently, Reich et al quantified temporary cross-protection to disease using 38 years of case data from Bangkok. They fit a TSIR model

$$S_{t,i} = B_{t-d} + S_{t-1,i} - I_{t,i} - \delta Q_{t,L,-i}$$

where the form of the temporary cross-protection was either:

1. Fixed duration for all individuals with an imperfect protection
2. Exponential duration where protection was perfect

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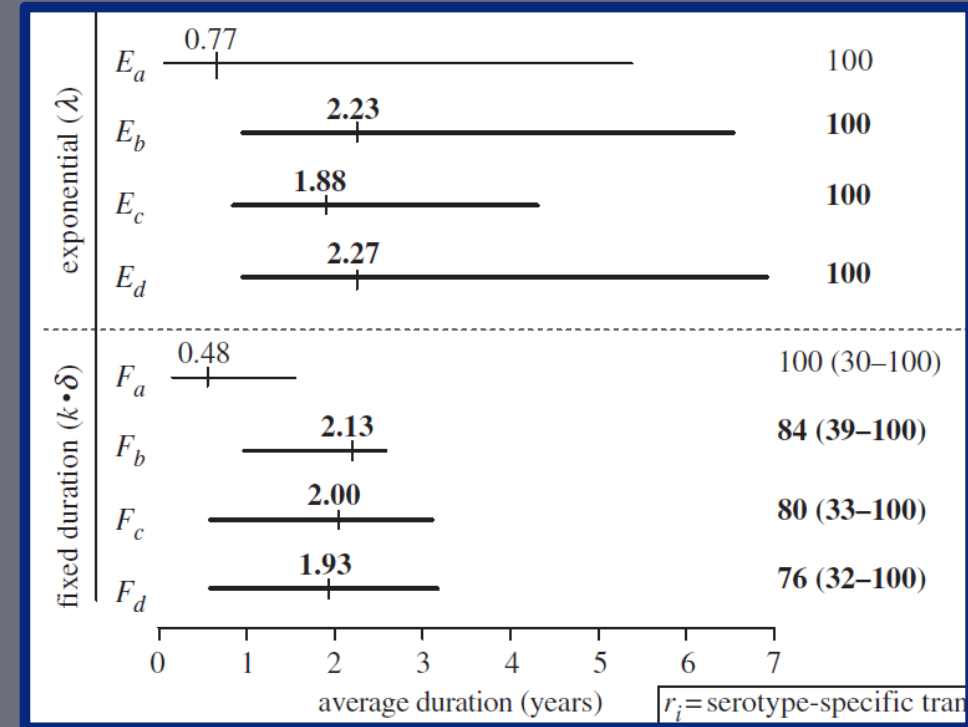
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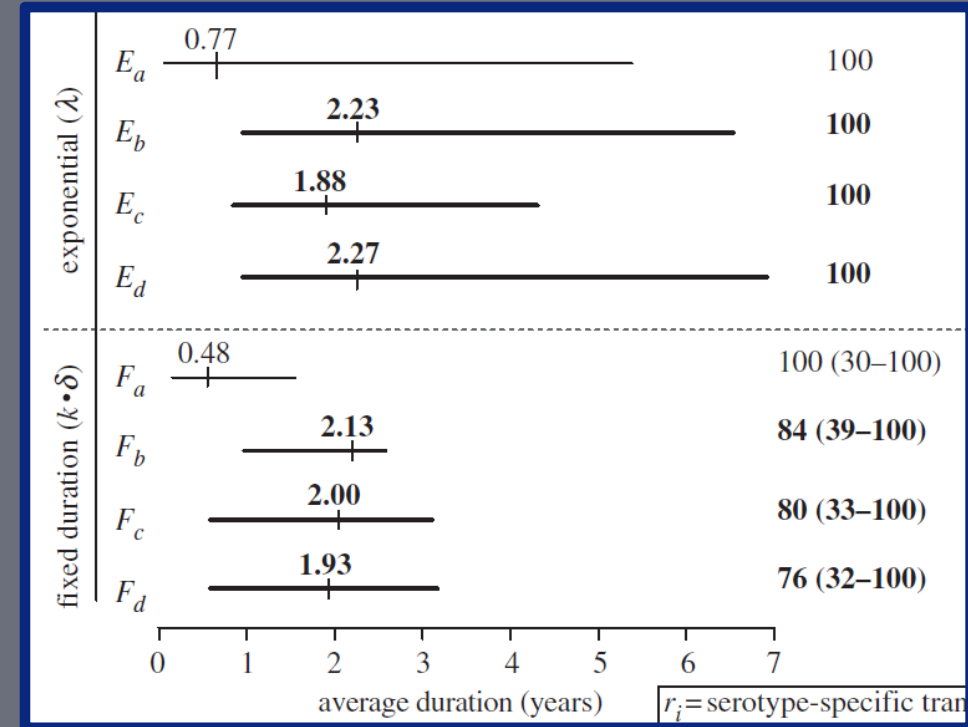
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Their model found that serotype-specific dynamics were not significantly better than a model that only adjusted for seasonality

The best fixed duration and exponential duration models indicated heterologous disease protection lasted 2.00 and 1.88 years respectively



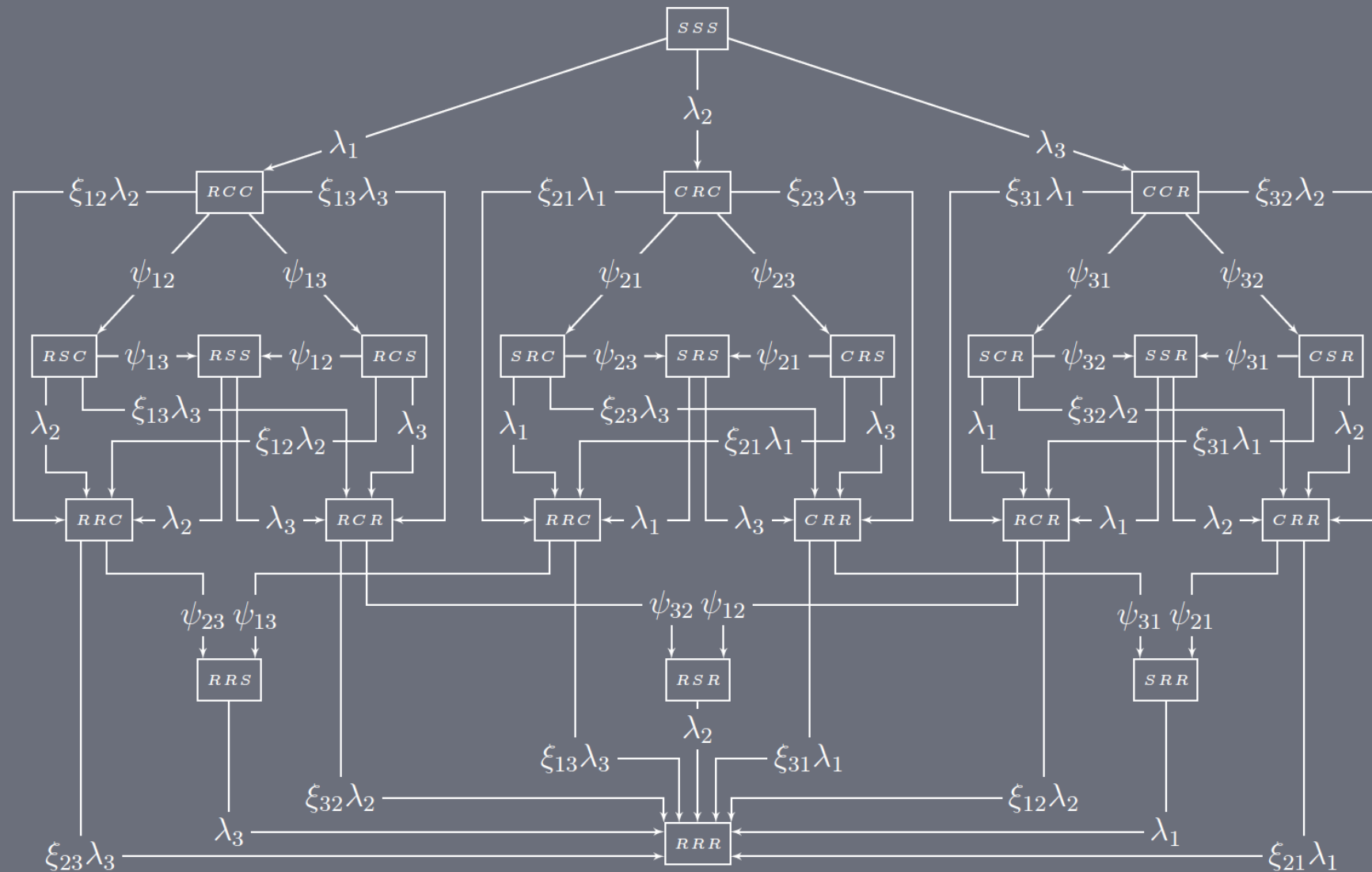
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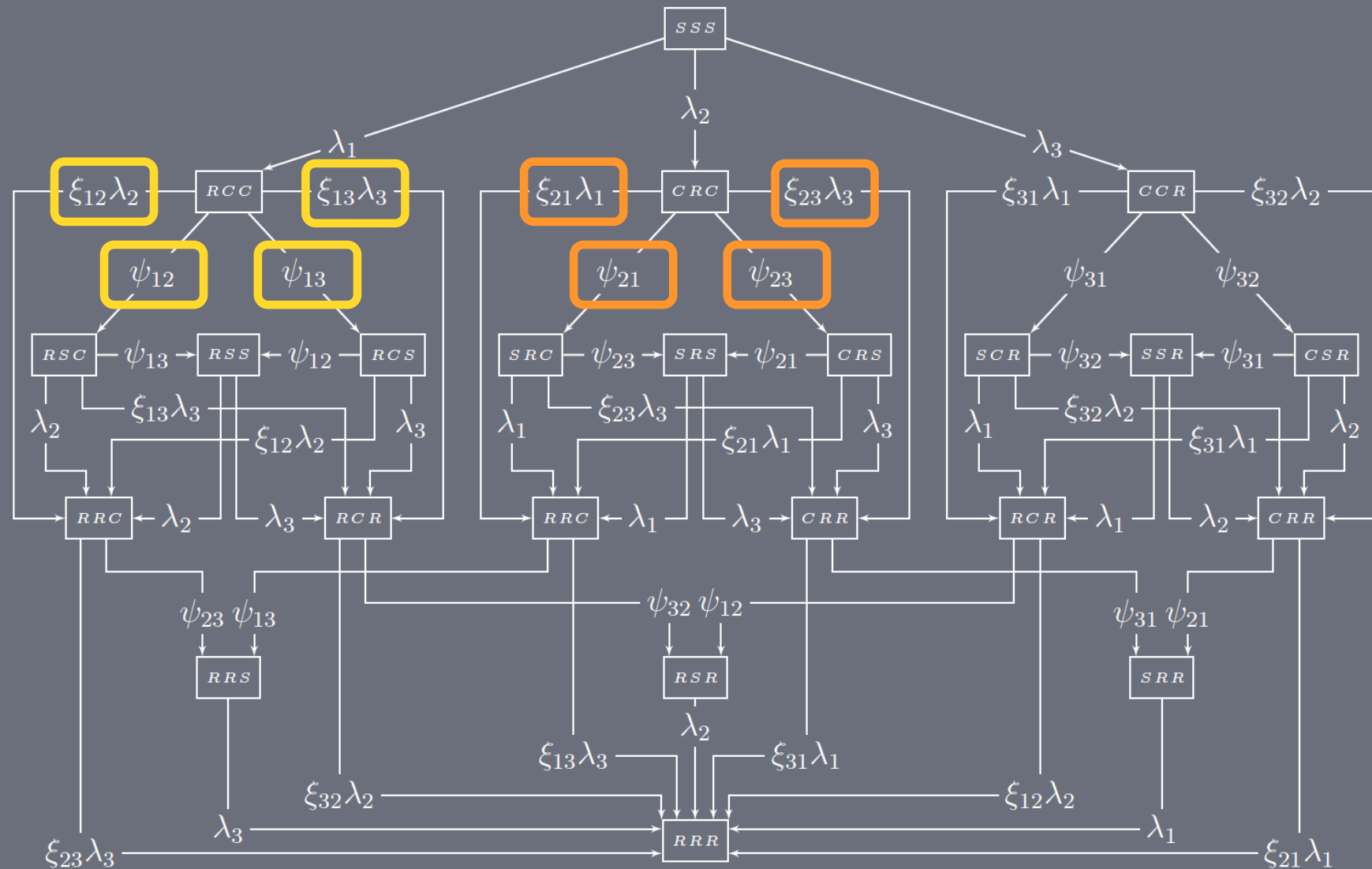
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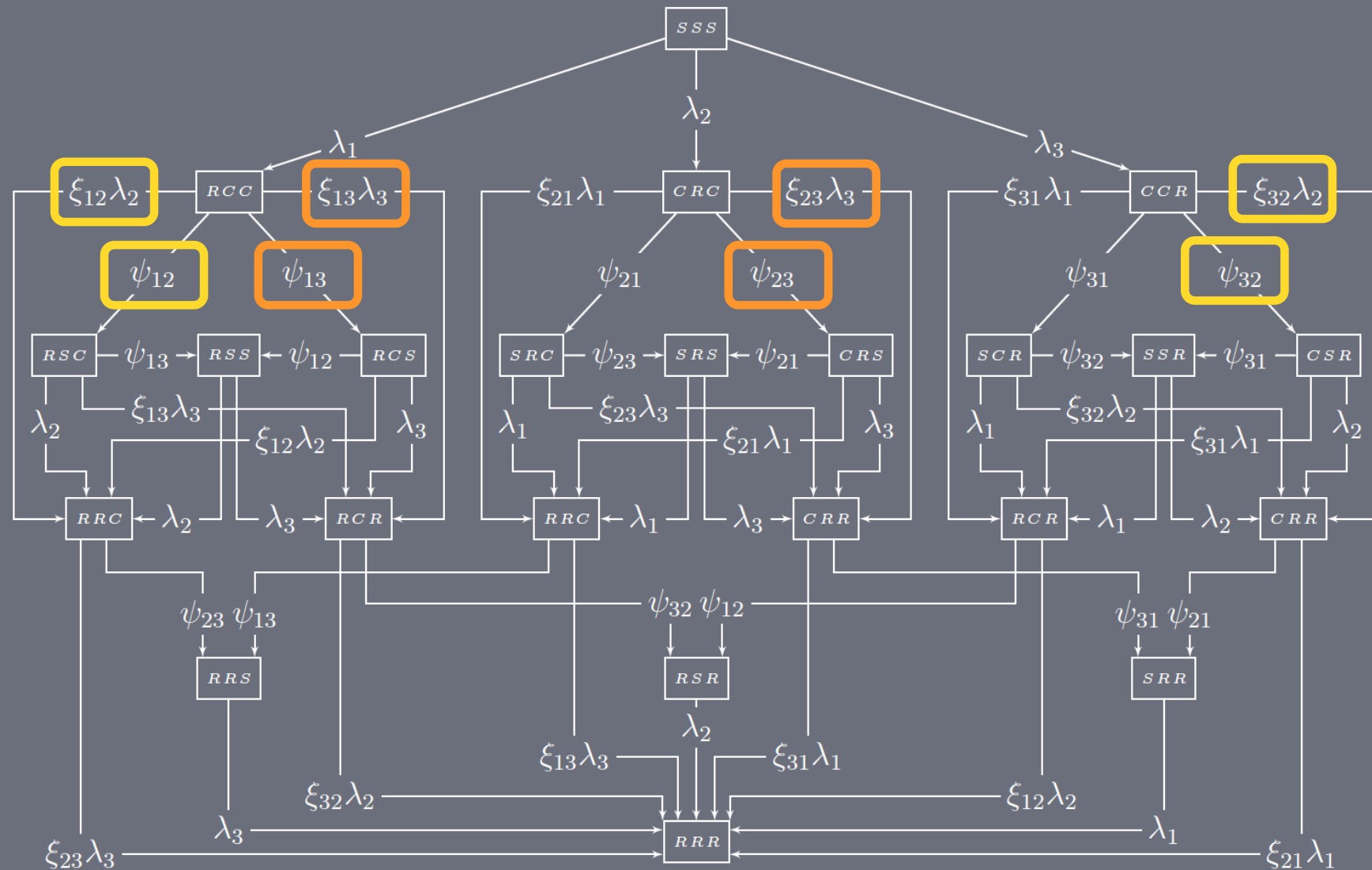
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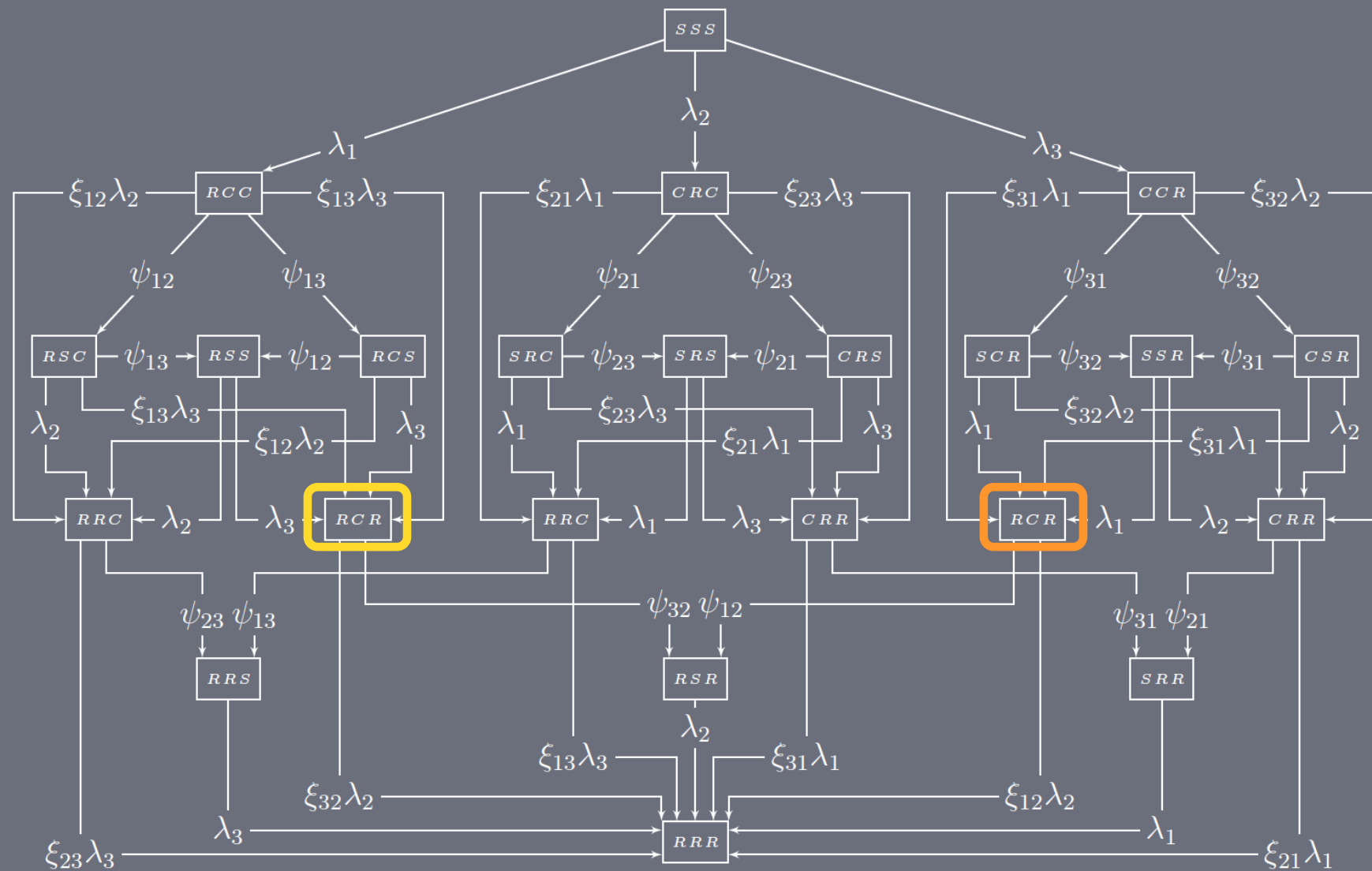
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- Since there were only 3 serotypes circulating in Iquitos before 2007 we can simplify the model.
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- It also allows serotypes to “break through” protection at different levels and rates

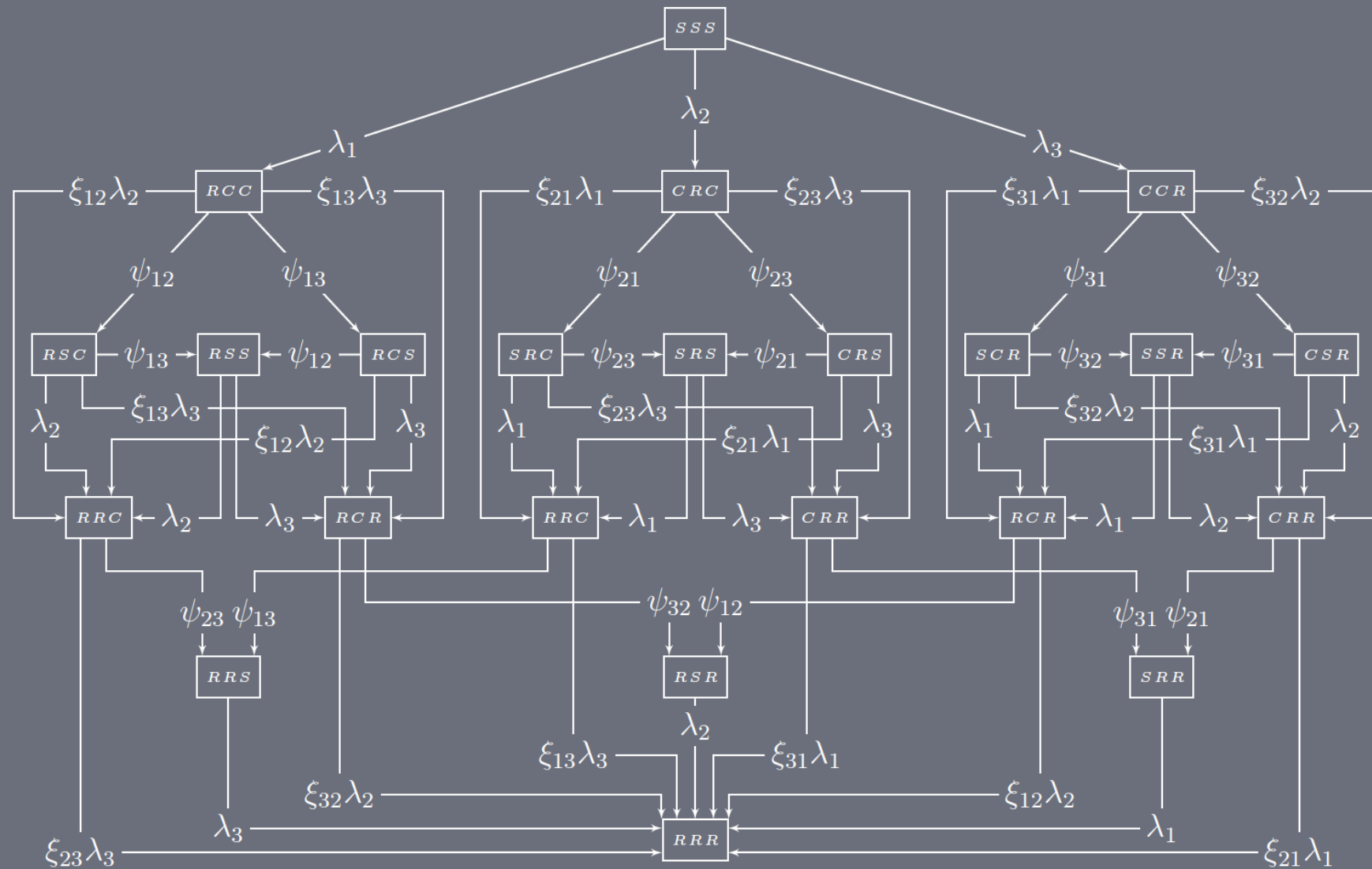
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- An individual’s serostatus isn’t necessarily the only information required to evaluate future risk
- Force of infections are functions of time and are fit simultaneously to  $\xi$  and  $\psi$

## Model fitting

We essentially have two types of censored data: interval censored and right censored

### Interval Censored

One serotype

$$P(t_1^1 < X_1 < t_1^2) = \int_{t_1^1}^{t_1^2} f_1(s) ds$$



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#### Two serotypes

$$P(t_1^1 < X_1 < t_1^2, t_2^1 < X_2 < t_2^2) = \int_{t_1^1}^{t_1^2} \int_{t_2^1}^{t_2^2} \delta(s_1, s_2) f_1(s_1) f_2(s_2) ds_2 ds_1$$

$$\text{where } \delta(s_1, s_2) = \begin{cases} 1 & \text{if } |s_1 - s_2| > \psi \\ \xi & \text{if } |s_1 - s_2| \leq \psi \end{cases}$$

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### Interval Censored

Three serotypes

$$P(t_1^1 < X_1 < t_1^2, t_2^1 < X_2 < t_2^2, t_3^1 < X_3 < t_3^2)$$
$$= \int_{t_1^1}^{t_1^2} \int_{t_2^1}^{t_2^2} \int_{t_3^1}^{t_3^2} \delta(s_1, s_2) \delta(s_1, s_3) \delta(s_2, s_3) f_1(s_1) f_2(s_2) f_3(s_3) ds_3 ds_2 ds_1$$

## Model fitting

### Right Censored

#### One serotype

$$P(X_1 > t_1^2) = 1 - \int_{t_1^0}^{t_1^2} f_1(s) ds$$

## Model fitting

### Right Censored

Two serotypes

One interval censored, one right censored

$$P(t_1^1 < X_1 < t_1^2, X_2 > t_2^2) = \int_{t_1^1}^{t_1^2} f_1(s) ds - \int_{t_1^1}^{t_1^2} \int_{t_2^0}^{t_2^2} \delta(s_1, s_2) f_1(s_1) f_2(s_2) ds_2 ds_1$$

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# Model fitting

Right Censored

Three serotypes

Math omitted

## Model fitting

Right Censored

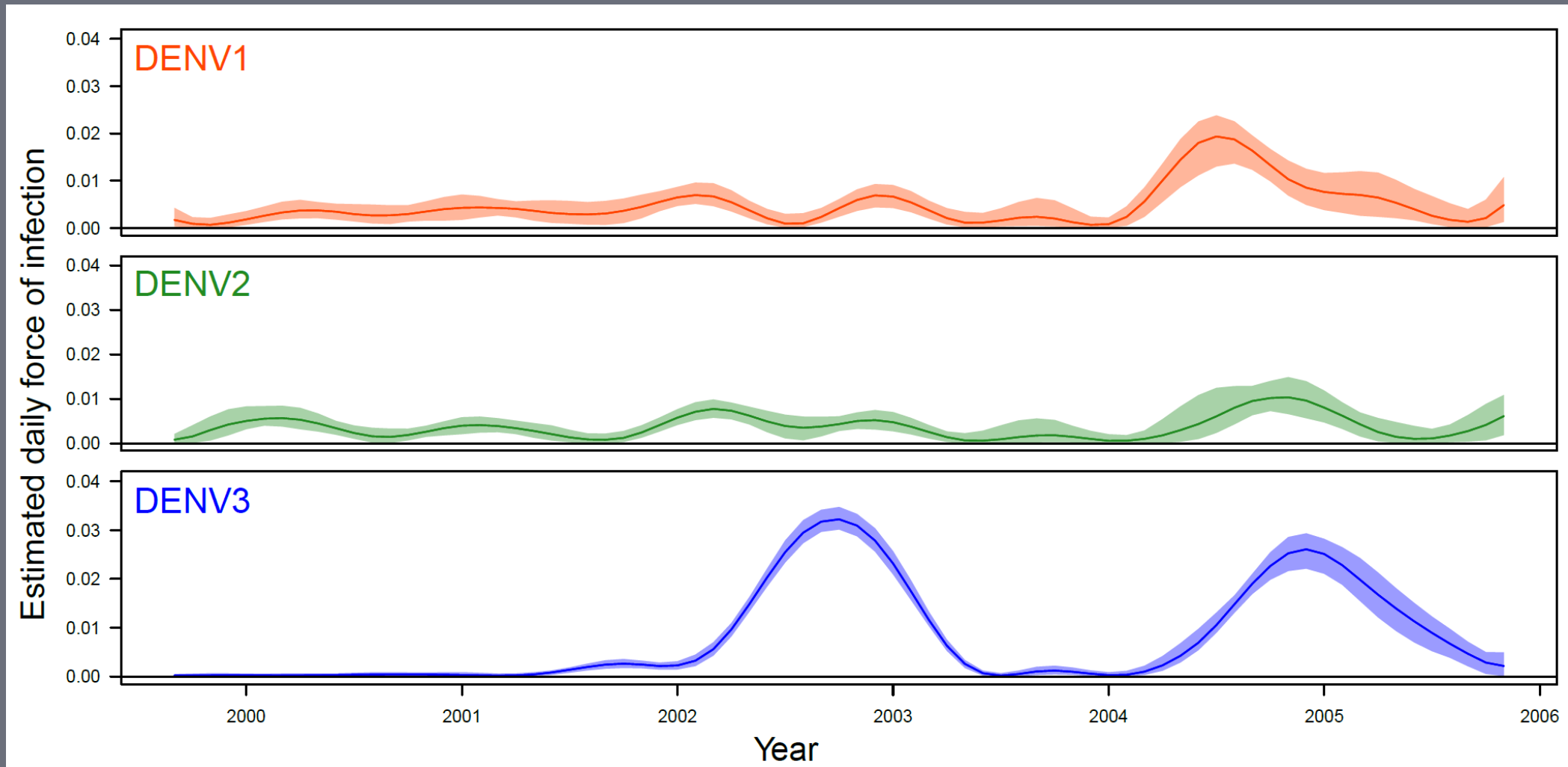
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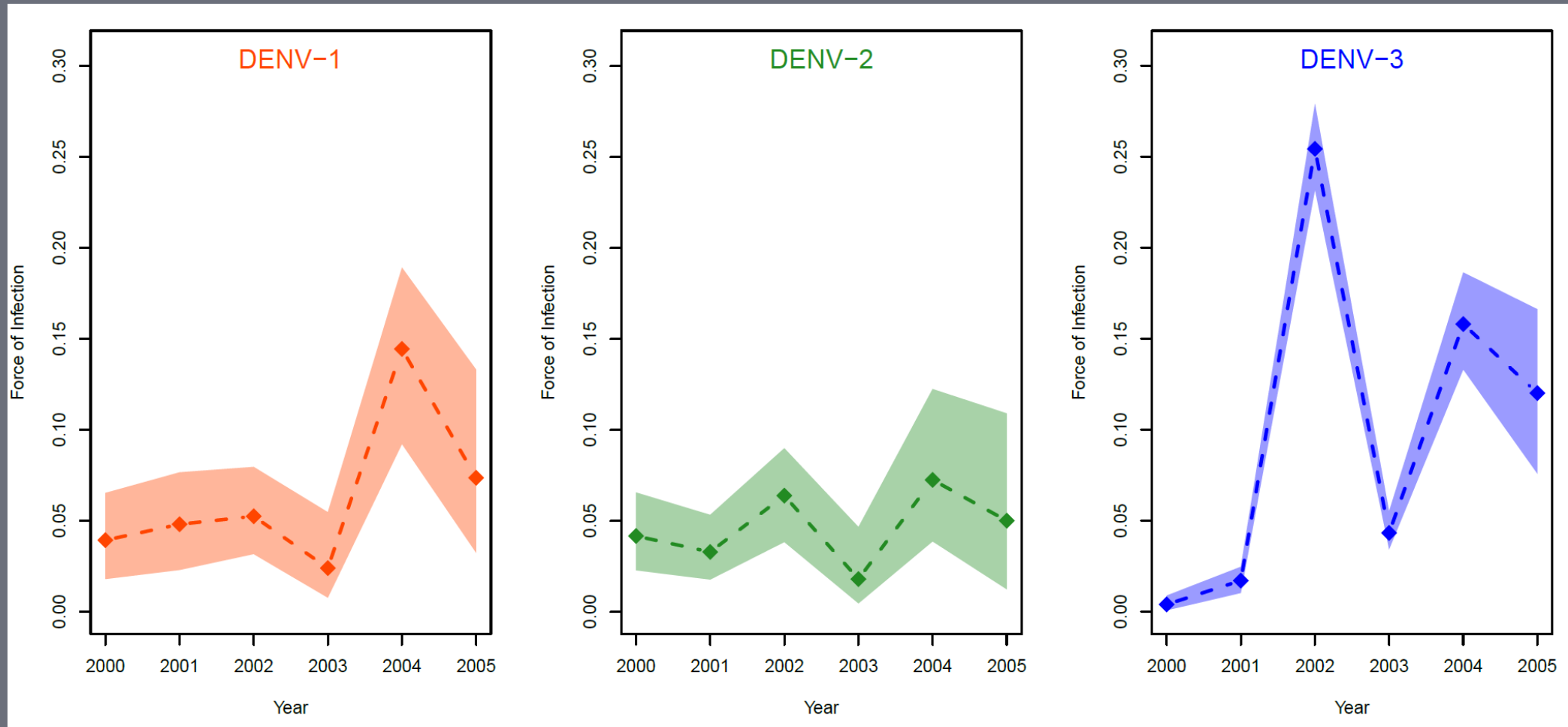
We use adaptive Gibbs-within-Metropolis MCMC to estimate the parameters governing durations and strengths of temporary cross-protection for each serotype/serotype combination as well as the temporally varying serotype-specific forces of infection



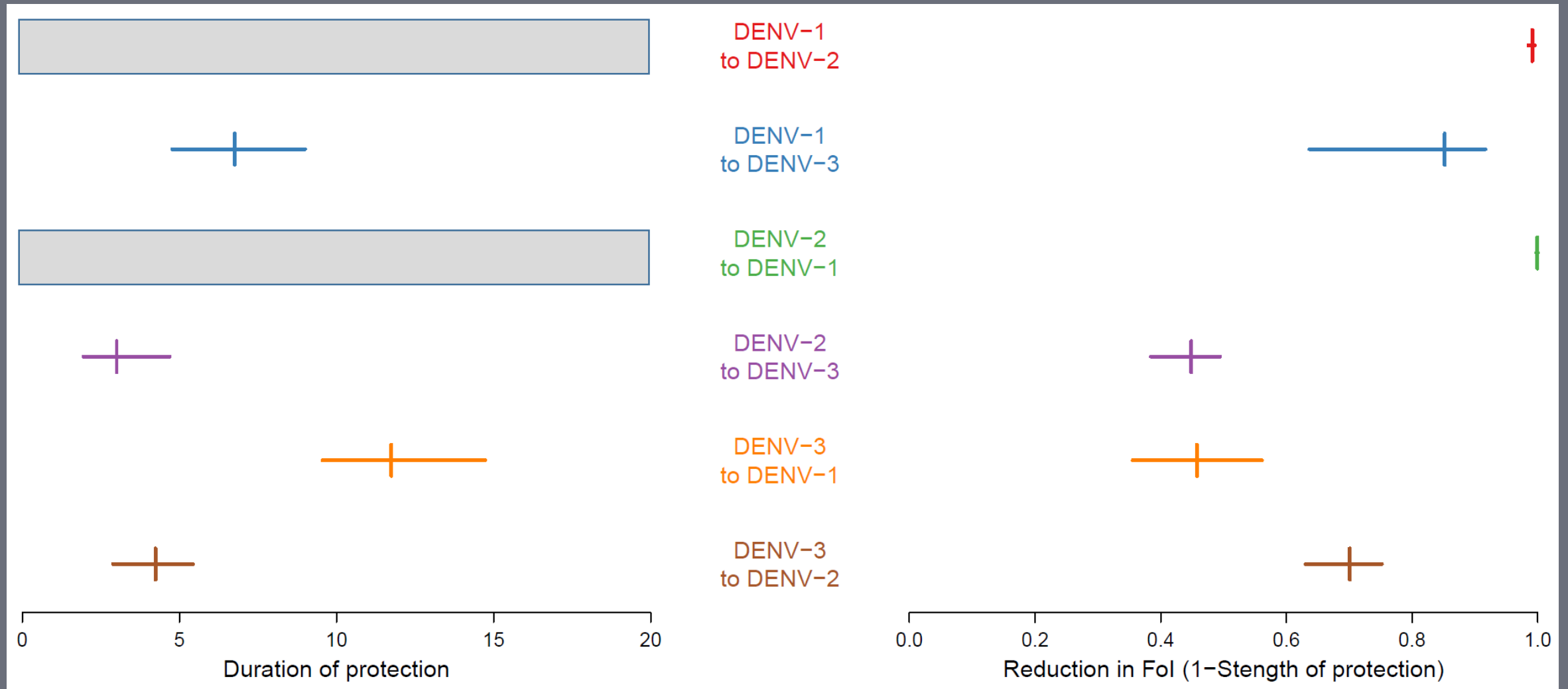
## Force of Infection



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## Temporary Cross-Protection



## Conclusions

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## Next Steps

- Use values to simulate populations
  - Evaluate statistical significance versus practical importance
  - Interpretation of results in context of vaccination protection
- Explore sub-models with greedy algorithms
- Add DENV-4 (include data from 2008)
- Add Asian-American DENV-2 (include data from 2011)
- Antibody-dependent enhancement may increase infectability
- Evaluate functional form of TCI
- Incorporate finer scale of FoI

Obrigado!!!

Questions?