Infected host competence overshadows heterogeneity in susceptibility in shaping experimental epizootics

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Abstract

The accelerated rate of disease emergence in recent decades underscores the need to understand conditions that promote or dampen epidemics. Theoretical models consistently show that epidemics are smaller in populations with higher among-individual heterogeneity in susceptibility. Experimental tests of these predictions are rare but critical for understanding how heterogeneity in susceptibility shapes epidemics in natural systems. We directly link data-parameterized models from previous dose response experiments in the house finch and *Mycoplasma gallisepticum* system to experimental epidemics in replicated aviary mesocosm flocks. We manipulated flock-level heterogeneity in susceptibility by seeding epidemics in flocks composed of either pathogen-naïve or previously exposed birds, which prior work showed have higher heterogeneity in susceptibility relative to pathogen-naïve populations. We tracked epidemics for over two months, combining empirical data and stochastic compartmental models to address how heterogeneity in susceptibility changes epidemic severity. Consistent with previous work, estimates of heterogeneity in susceptibility based on coefficients of variation were higher for flocks given prior pathogen exposure relative to pathogen-naïve flocks. However, in contrast with prior work on individually-housed birds which showed relatively homogeneous susceptibility for pathogen-naïve birds, the pathogen-naïve flocks in this study were better described by heterogeneous, rather than homogenous, models of susceptibility. This suggests that flock-level epidemics captured sources of heterogeneity absent in controlled experiments, such as transmission heterogeneity. Finally, although prior exposure conferred protection from disease at the individual level, we did not detect predicted effects of prior exposure and its associated flock-level heterogeneity on prevalence. However, our ability to detect effects of prior exposure on flock-level prevalence was obscured by unexpected variation

in the competence of the initially pathogen-naïve index birds that seeded each epidemic. This variation in infectiousness among index birds significantly predicted flock-level prevalence, with low index bird infectiousness contributing to the absence of detectable epidemics in two of the three naïve flocks. Our stochastic simulations generated a wide range of prevalence outcomes for small epidemics over the timescales examined, further underscoring the challenges of measuring transmission dynamics in naturalistic settings, where unexpected variation in host traits such as competence can obscure other factors of interest.

Keywords: heterogeneity; host-pathogen interactions; prior exposure; susceptibility; transmission

Introduction

The accelerated emergence and spread of pathogens in both human and wildlife populations (Jones et al. 2008; Rosenberg 2015; Smith et al. 2014) underscores the urgent need to better characterize the conditions that promote or dampen epidemics and their severity. A growing body of work suggests that key traits of hosts in a population are often highly heterogenous in nature, and this complexity can have considerable epidemiological influence (Lloyd et al. 2020; Gomes et al. 2022; Elie, Selinger, and Alizon 2022; Aalen et al. 2015). Some sources of host heterogeneity have been well-studied, such as transmission-relevant traits (VanderWaal and Ezenwa 2016; Vazquez-Prokopec et al. 2016), including heterogeneity in infectiousness (Woolhouse et al. 1997; Lloyd-Smith et al. 2005; White et al. 2020) and host competence (Gervasi et al. 2015; Cortez and Duffy 2021), or contact rates and exposure (Collins and Govinder 2014; Paull et al. 2012; Hamede et al. 2012). This body of work has consistently

highlighted the importance of incorporating certain types of heterogeneity into disease models to

accurately predict outbreaks and apply realistic control measures (Collins and Govinder 2014;

Lloyd-Smith et al. 2005; Paull et al. 2012). While less well-studied, how heterogeneous a

population is in its susceptibility to a given pathogen (defined here as the probability of infection

given exposure) can also have far-reaching downstream epidemiological (Rodrigues et al. 2009;

Rose et al. 2021; Hawley et al. 2024; Langwig et al. 2017; Dwyer, Elkinton, and Buonaccorsi

1997) and evolutionary (Fleming-Davies et al. 2015; Read et al. 2015) consequences. However,

to date, there have been no opportunities to experimentally test how alterations in the degree of

heterogeneity in susceptibility in a population alter epidemic outcomes.

Heterogeneity in susceptibility among individuals can stem from intrinsic factors (e.g.,

genetics, age class) but can also be induced or augmented by prior pathogen exposure, whether

that be through vaccination or natural infection (Gomes et al. 2014). Prior pathogen exposure

reduces the mean susceptibility of a population while also often increasing the variance by

generating incomplete or variable immune protection across individuals. Even where exposure

dose can be controlled (i.e., vaccines), the degree and duration of protection generated can vary

substantially across individuals, inducing population-level heterogeneity (Le et al. 2021). While

the degree of heterogeneity in susceptibility can be challenging to measure empirically because it

is inherently a population-level metric, dose-response experiments that measure infection

probability over a series of controlled challenge doses (Gomes et al. 2014; Haas, Rose, and

Gerba 2014; Ben-Ami, Ebert, and Regoes 2010) allow direct quantification of population-level

heterogeneity in susceptibility that are not confounded by other sources of host variation. Using

these approaches, two studies to date demonstrated that vaccination against or prior exposure to a

pathogen augmented heterogeneity in susceptibility: rainbow trout vaccinated for infectious

hematopoietic necrosis virus (IHNV) show significantly higher population-level heterogeneity in

susceptibility than unvaccinated trout (Langwig et al. 2017), and house finches (*Haemorhous*

mexicanus) with prior exposure to either a low or high dose of their naturally-occurring pathogen

Mycoplasma gallisepticum show higher heterogeneity in susceptibility relative to pathogen-naïve

birds (Hawley et al. 2024).

Population-level heterogeneity generated by prior pathogen exposure is particularly

important because theoretical models consistently show that heterogeneous susceptibility

dampens the size of epidemics (Langwig et al. 2017; Ben-Ami, Ebert, and Regoes 2010; Katriel

2012; Gomes et al. 2014; Gomes et al. 2022; Dwyer, Elkinton, and Buonaccorsi 1997), in part

because the most susceptible individuals become infected first ("cohort selection") while the

most resistant individuals remain (Katriel 2012; Gomes et al. 2014; Langwig et al. 2017; Hawley

et al. 2024). For instance, in an SIR model of vaccinated versus unvaccinated rainbow trout,

Langwig et al. (2017) found that when controlling for the expected mean reduction in

susceptibility from vaccination, population-level heterogeneity in susceptibility alone still

resulted in a 35% reduction in outbreak size relative to homogeneous – or non-vaccinated –

populations. Further, using experimental data on previously exposed house finches to

parameterize SIR models, epidemics were substantially reduced ($> 55\%$) in populations with

heterogeneous relative to homogenous susceptibility, even when controlling for differences in

mean susceptibility (Hawley et al. 2024). Importantly however, how heterogeneity in

susceptibility shapes epidemics in natural settings, where additional sources of heterogeneity are

present, has not been empirically tested. Here we use the house finch – *Mycoplasma*

gallisepticum system to directly link data-parameterized models to experimental epidemics in

aviary mesocosm flocks.

The house finch is a common backyard North American songbird that experiences

seasonal epidemics of a bacterial pathogen (*Mycoplasma gallisepticum*; MG), which causes

severe conjunctivitis (Ley, Berkhoff, and McLaren 1996). Infection-induced mortality in this

system is largely indirect, primarily due to increased predation of infected birds in the wild

(Adelman, Mayer, and Hawley 2017), but birds in captivity (in the absence of predators)

typically recover. Birds that recover from prior infection have incomplete acquired protection,

with antibody levels further waning over time since initial exposure (Fleming-Davies et al. 2018)

– characteristics that augment heterogeneity in susceptibility to reinfection (Hawley et al. 2024).

But, importantly, and as in any natural disease system, multiple other sources of transmission

heterogeneity exist, each with a differential degree of influence on epidemiological outcomes

(VanderWaal and Ezenwa 2016). For instance, in this system, characteristics such as the degree

and duration of infectiousness (as measured by pathogen loads) can vary substantially among

infected house finches (Hurtado 2012; Leon, Fleming-Davies, and Hawley 2019). Contact rates

or exposure risk can also be highly heterogenous. Because MG transmission is primarily linked

to the use of bird feeders that act as fomites (Dhondt et al. 2007), foraging behaviors (e.g., time

spent at bird feeders) are correlated with pathogen transmission and acquisition (Adelman et al.

2015), which covary with other factors such as social dominance and ambient temperature

(Adelman et al. 2013; Hawley et al. 2007; Teemer and Hawley 2024). In this way, some birds

may act as "super-spreaders" and others as "super-receivers" (Adelman et al. 2015).

The well-characterized MG-house finch system is poised to examine heterogeneity in

susceptibility and its epidemiological influence under semi-natural conditions. Here, we

experimentally test whether prior exposure-induced population heterogeneity in susceptibility

dampens the size of experimental epidemics in free-flying aviaries, which naturally harbor other

sources of transmission heterogeneity. Unlike past experimental dose-response studies, our use

of a mesocosm experimental design examines heterogeneity in susceptibility in a context where

it is, by definition, broader: because exposure dose and transmission cannot be controlled for

under natural conditions, in this context heterogeneity in susceptibility is better defined as

heterogeneity in the likelihood of hosts to become infected. We do this by initiating epidemics in

mesocosm flocks comprised of house finches with experimentally manipulated exposure

histories: either no prior exposure (pathogen-naïve) or prior exposure to a low dose of MG,

which past work showed significantly augments population-level heterogeneity in susceptibility

(Hawley et al. 2024). We longitudinally track epidemics over more than two months and

combine empirical data and compartmental models to address how prior exposure-induced

heterogeneity in susceptibility (i.e., host risk of infection) influences epidemic severity.

Methods

Experimental design

To test how prior exposure to MG alters epidemic dynamics, we set up experimental

flocks comprised of birds that varied in their exposure history and seeded experimental

epidemics of MG using three "index" birds per flock (Figure 1). All birds in the study were wild-

caught and confirmed immunologically pathogen-naïve before the experiment (Appendix

S1:Section S1). A total of 84 "flockmates" were randomly assigned to either the prior exposure

(n = 42) treatment or no prior exposure (hereafter, referred to as "naïve"; n = 42), which received

a sham inoculation. Index birds were treated identically and were all initially pathogen-naïve to

control for potential effects of prior exposure on infectiousness (Leon et al., 2025). Sex ratios

were made as even as possible within treatment groups and flocks, although some incidental

mortality unrelated to infection (see sample sizes in Appendix S1:Table S1) and the presence of

males with female-typical plumage before molting resulted in a skewed sex ratio for one flock

(Table 1; note that this had no apparent statistical effect [Appendix S1:Section S2]). Birds were

kept in individual cages during the controlled prior exposure treatments and then allowed to

recover from this initial pathogen exposure for 38 days. Then, birds were placed into one of six

flocks (three per treatment) for experimental epidemics, with 17 birds per flock (14 flockmates

from the same treatment group [prior exposure or naïve] plus three index birds). Flocks were

established in six large replicate aviary units (Appendix S1:Section S1), which are partially

exposed to the environment so that animals experience ambient conditions. The experimental

epidemics began when index birds were inoculated and re-released back into their flocks.

Experimental timeline and sample collection

On day 0 of the experiment (i.e., the day primary inoculations took place; September 2nd,

2022), flockmates in the prior exposure group received a bilateral ocular inoculation of 70 µl (35

µl per eye) of 7.5×10^2 color-changing units (CCU)/mL of MG suspended in Frey's media. The

MG isolate used was the original index isolate, VA1994 (Ley, Berkhoff, and McLaren 1996).

The birds in the naïve group received a sham inoculation of the same amount of sterile Frey's

media. Thirty-eight days post inoculation (DPI), flocks were established by moving birds into

each of the six aviary units (Figure 1). All prior exposure treatment birds were confirmed to be

recovered – i.e., absence of clinical signs – before flock establishment. Pathogen load data were

collected from all birds to ensure they were uninfected (defined as < 15 MG copies per assay

[Appendix S1:Section S3]) before epidemics were initiated.

To seed epidemics, four days after establishing the flocks at the aviaries (October 14th;

DPI 42), the three index birds in each flock received a high inoculation dose (3.0×10^6 CCU/mL)

of 50 µl (25 µl per eye) of the same MG isolate that the prior exposure flockmates had received.

All index birds were successfully infected and presented clinical signs in one or both eyes by the

first sampling occasion six days later (Appendix S1:Figure S1). On sampling days, birds were

caught with butterfly nets and epidemic progression was monitored using eye swab (pathogen

load) and eye score (pathology) data collected longitudinally throughout the experiment for each

bird (Appendix S1:Table S2).

Disease severity was measured using a categorical scoring system where the severity of

mycoplasmal conjunctivitis is scored from 0 - 3 in 0.5 increments for each eye, where 0 indicates

there is no pathology and 3 is the most severe, for a total summed score of 0 - 6 per bird at a

given time point (Sydenstricker et al. 2005). To collect pathogen load data, both conjunctiva

were swabbed with small, sterile cotton swabs that were then vigorously dipped and swirled in

300 µl tryptose phosphate broth (TPB). The swabs were discarded and the TPB sample solution

was frozen at -20°C until nucleic acid extraction and measurement via qPCR assay (Appendix

S1:Section S4). The same two researchers (APU and DMH) blind to treatment scored and

swabbed the birds throughout the experiment to minimize observer biases.

Data Analysis

Statistical analysis

To understand the effects of prior exposure and associated heterogeneity in susceptibility

on flock-level prevalence of infection, we fit a generalized linear mixed effects model (GLMM;

glmmTMB (Brooks et al. 2017); R v. 4.3.1 [team 2024]) with a binomial distribution and a logit

link. The response variable was individual presence/absence of infection (with infection defined

as >15 copies of MG detected via qPCR) each day. Mean duration of index bird infection per

flock and flock type were interacting fixed effects. Random effects were individual bird nested

within flock to account for repeated measures (the sampling of the same birds and flocks over

time). Model selection was performed using Akaike's Information Criterion values adjusted for

small sample sizes (Burnham and Anderson 2002; AIC_C). Because we expected prior exposure to

confer some degree of protection to re-infection and the development of conjunctivitis, we also

modeled prevalence as defined by the absence (0) or presence (1) of pathology (> 0 eyescore) in

the same manner. To account for the one flock with a skewed sex ratio, we asked whether an

individual's infection probability differed by sex in a GLMM with a binomial distribution and

logit link, and where the response variable was 0 (uninfected) or 1 (ever infected; results

presented in Appendix S1:Section S2 and Table S3). In models that included effects of flock type

and mean infection duration of the index bird, we calculated variance inflation factors (VIF)

using the package *car* (Fox and Weisberg 2019) to assess potential multicollinearity in the

predictor variables. We centered the data (subtracted the mean value from all input values of the

continuous predictor variable, such that the centered mean was zero; Schielzeth 2010) and re-ran

the models to confirm that model parameter estimate stability (Schielzeth 2010) had improved.

Where applicable, values reported in the results section are based on these adjusted models.

To ask whether prior exposure reduced infection or disease severity, we compared

maximum pathogen loads and pathology by flock type. We limited this analysis to infected birds

only, to ensure that the large number of flockmates that did not get infected – including all of the

flockmates from two naïve flocks (see Results) – did not bias our results. Pathogen loads and

pathology of infected birds did not follow a Gaussian or other described distribution, so we used

nonparametric Wilcoxon rank sum tests.

Population model fitting

To determine whether prior exposure induced heterogeneity in susceptibility in the

experimental epidemics, and whether, under more natural conditions, the observed heterogeneity

in infection risk followed previous patterns of experimental dose-response data where exposure

was controlled for each individual, we modeled epidemics within flocks using a continuous-time

Markov chain SIR model.

Continuous heterogeneity in susceptibility was described using a gamma distribution that

was truncated and discretized for simulations (described below; see Appendix S1:Section S5.1-

5.3 equations for the equivalent deterministic model). Incorporating heterogeneity in

susceptibility meant that the force of infection depended on an individual's susceptibility,

denoted by *x,* as well as on the transmission rate β (Table 2). This was compared to the

equivalent homogeneous SIR model in which there is no variation in susceptibility, represented

by a single class of susceptible individuals (see Appendix S1:Section S5.4-S5.6 equations). To

allow for more direct comparisons between the heterogeneous and homogeneous models, we

rescaled transmission rate between the two models by adding a parameter *a*, which summarizes

the mean susceptibility between the two models where $a = 1/k\theta$ and k and θ are shape and scale

parameters, respectively, from the gamma distribution of susceptibilities in the heterogeneous

model.

The use of a stochastic rather than a deterministic model allowed us to account for

stochastic population processes that are relevant at small experimental population sizes (i.e., n =

17 birds per flock). Infection, recovery, and mortality were all treated as Markov processes

which depend on the transition probabilities at time *t* but not on the history of previous events

(Table 2). Transmission rate β and recovery rate γ were set at values derived from previous work

in this system (Williams et al. 2014). Because transmission in this model depended on

transmission rate β multiplied by host susceptibility x (or *a* in the equivalent homogenous model;

see above and Appendix S1: Section S5.1-5.5 equations), we were able to estimate changes in

transmission as changes in susceptibility x, even though transmission rate β was fixed. Mortality

rate α was set at 0 for model fitting, under the assumption that disease-induced mortality is zero

in captivity (Kollias et al. 2004).

Stochastic models were simulated using the Gillespie algorithm (Gillespie 1977) in R,

which approximates the time to the next event τ as an exponential, and the probabilities of each

event based on the states at time *t* and parameter values (Table 2). At the beginning of the

simulation, each of the initially susceptible birds (n = 14) was randomly assigned a susceptibility

x according to the gamma distribution *f(x)*. To discretize this continuous distribution, we

truncated individual susceptibilities at 10 and divided the 0 to 10 range into 1000 evenly sized

bins, chosen to match the discretization used in numerical simulations of the equivalent

deterministic models in previous work (Hawley et al. 2024). With 1000 bins over the range 0 to

10, the mean and variance of susceptibility within the initial population of infected birds closely

matched that of the continuous gamma distribution on average across 1000 model realizations.

At the start of the epidemic, individuals were assigned to a susceptibility value according to a

multinomial distribution (Appendix S1:Section S5), where the probability of each susceptibility

bin was set by the gamma probability distribution function in R (*dgamma*). Therefore,

heterogeneity in susceptibility became an additional source of stochasticity in the model: as the

heterogeneity described by the gamma distribution increased, the probability of choosing

fourteen individuals with high variance in susceptibility increased.

 Model fitting

276   To ask how heterogeneity in susceptibility changed with prior exposure, we compared

277   model fits to the experimental epidemic dataset using two candidate models fit to the data

278   separately:

279   1) The heterogeneous SIR model described above, with a gamma distribution of

280   susceptibilities within each flock.

281   2) A homogeneous SIR model assuming all individuals in a flock have equal susceptibility

282   to infection.

284   For each of these models, we also compared two sets of parameter values for susceptibility:

285   1) Estimated from a previous study using experimental dose response data (Hawley et al.

286   2024).

287   2) Fitted directly to the experimental epidemic dataset using a Bayesian approach (outlined

288   below).

By comparing these parameters sets, we were able to determine whether prior exposure-

induced heterogeneity in host risk of infection (i.e., susceptibility) in a more naturalistic setting

followed patterns of heterogeneity in susceptibility in experimentally controlled laboratory

infections, where susceptibility was defined more narrowly as the likelihood of infection to a

controlled exposure. For the heterogenous model, we estimated the shape and scale parameters

for the gamma distribution of susceptibilities directly from the epidemic dataset for prior

exposure and naïve flocks using an Approximate Bayesian Criteria (ABC) approach (Minter and

Retkute 2019; described below). Models were fit to the prior exposure group and naïve groups

separately (Table 3). We included data from all three flocks per treatment when fitting model

parameters, including the two of three naïve flocks that had no evidence of ongoing transmission

from the index birds (see Results). The absence of epidemics in some experimental populations

is not unexpected given their small population sizes and the inherently high degree of

stochasticity in these processes (see simulation Results). However, to ensure that our results were

robust to the inclusion of the two naïve flocks where no epidemics occurred, we also compared

model fits for the single naïve flock that had transmission (Appendix S1:Table S4).

In the ABC approach, each set of parameters proposed from the prior distribution was

used to simulate the model, which was then compared to the data using a summary statistic to

compute the discrepancy between the model simulation and the data across three realizations.

Parameter sets whose discrepancy from the data fell below an assigned tolerance threshold were

retained in the posterior. Because we had three different experimental flock trajectories per

treatment, we simulated three realizations of the model and compared each of these to one of the

empirical infection trajectories (randomly matched). We used the sums of squares difference of

the infected population trajectories at each empirically sampled time point to measure the

discrepancy between the data and the model for each realization (Smith et al. 2005). We then

summed that squared difference across all time points and all three experimental flocks to form

our summary statistic.

While ABC algorithms often simulate only one realization per parameter set for

computational efficiency, we instead chose to simulate 50x per parameter set (with three

realizations each time) and recorded the median sums of squares discrepancy out of those 50

values. The use of more realizations (150 total) of the stochastic model to approximate the sums

of squares discrepancy from the data was particularly valuable here due to the increased

stochasticity in the initial conditions that was introduced by the discretized gamma distribution

of heterogeneity in susceptibility in the heterogeneous model. The priors were vague lognormal

distributions ($\sigma^2 = 2$) centered on the gamma shape and scale values estimated from the previous

dose response experiment, in which naïve and previously exposed birds were infected with the

same MG strain as the current study (e.g., see Results, Table 3).

We used the same general ABC method to fit the homogeneous stochastic model to the

prior exposure and naïve flock datasets. In the homogenous model, only a single parameter was

fit (the mean susceptibility value), and there was only one S class (in other words, a traditional

stochastic SIR model; see Appendix S1:Section S5.4-S5.6 for equivalent deterministic model

equations). Finally, to compare goodness of fits of the parameters estimated from dose response

data versus experimental epidemic data, we simulated the stochastic models 1000 x 3 times for

both sets of parameter values (previous estimates from the dose response model and fitted

estimates) for the heterogeneous and homogenous models (four total parameter sets). We then

saved the median and minimum sums of squares discrepancy out of the 1000 realizations for

each parameter set. Lower values of sums of squares discrepancy between the data and the model

indicate a better fit to the data (Smith et al. 2005).

Results

There was substantial variation in prevalence among flocks (0 – 71.4%; Figure 2; Table

1), with 2/3 experimental flocks in the naïve treatment showing no detectable transmission from

index birds. Although we used identically-treated and all immunologically-naïve index birds

(three index birds per flock) to seed the flock epidemics, we found unexpected variation in index

bird competency (defined as pathogen transmission ability [Cortez and Duffy 2021; Gervasi et

al. 2015]) across flocks and treatment groups, measured as both the average pathogen loads and

lengths of infection for index birds. By chance, the longest index bird infections occurred in two

of three prior exposure flocks (b and d) which each contained an index bird that did not resolve

their infection during the period they were sampled (Figure 3; Table 1). Therefore, we accounted

for this random variation among index birds in infection duration (6-35 days; Figure 3) by

including mean index bird duration in statistical models of prevalence.

Model selection using AICc identified the most informative model – a generalized linear

mixed model with binomially distributed data and a nested random effect of bird within flock –

as having an interaction between flock type and mean duration of index bird infection (prior

exposure:mean index infection duration: coefficient $\pm$ 1 SE: 1.23 $\pm$ 0.544). A simpler model

including only the fixed effect of mean index bird infection duration (coefficient $\pm$ 1 SE: 0.323 $\pm$

0.156) received similar support ($\Delta AIC_C < 2$; Appendix S1:Table S3). While average prevalence

was higher in the prior exposure versus naïve flocks (Figure 2, Table 1), models that considered

flock type as the sole predictor were not supported.

When prevalence was defined by the presence/absence of pathology, the top model was

the null model (generalized linear mixed model with binomially distributed data and a nested

random effect of bird/flock, including only the intercept; $\beta_0 = -7.99 \pm 1.05$), indicating that flock

type did not improve model explanatory power of the prevalence of pathology. Models with

single fixed effects (mean index infection duration: coefficient $\pm$ 1 SE = 0.074 $\pm$ 0.233; prior

exposure: coefficient $\pm$ 1 SE = 0.167 $\pm$ 1.044) ranked similarly to the top model ($\Delta AIC_C < 2$;

Appendix S1:Table S3).

On an individual level, prior exposure appeared to induce protection in birds that became

detectably infected (qPCR+) during the epidemics, particularly from disease (Figure 4). In

367 Wilcoxon rank sum tests, infected bird maximum pathogen load did not significantly differ by

368 flock type (W = 39, n = 3 naïve, 15 prior exposure, p = 0.0564). However, maximum pathology

369 was greater in naïve flockmates (W = 41.5, n = 3 naïve, 15 prior exposure, p = 0.0184; [median]

370 prior exposure flockmates = eyescore 0, [median] naïve flockmates = eyescore 3), suggesting

371 that prior pathogen exposure protects birds from severe disease upon reinfection, even if

372 pathogen loads do not vary as strongly. Whereas all infected naïve birds also had detectable

373 conjunctivitis, in prior exposure flocks, most infected birds were aclinical. This resulted in

374 discrepancies between the prevalence of infection versus pathology, where the total number of

375 infected birds (n = 15) exceeded that with conjunctivitis (n = 9; Figure 2 left versus right panels;

376 Table 1) in prior exposure flocks.

377
378 ***Population model fitting***

379  When stochastic models were fit to the data from each treatment (Figure 5), heterogeneity

380 in susceptibility was greater for prior exposure flocks (CV [66% credible intervals] = 3.53 [1.98,

381 7.12]) relative to naïve flocks (CV = 1.79 [1.28, 2.44]) when modeled with gamma-distributed

382 heterogeneity in susceptibility (Table 3). However, the estimated CV of 1.79 for pathogen-naïve

383 flocks, while lower than prior exposure flocks, was higher relative to heterogeneity estimates for

384 pathogen-naïve birds from prior dose response experiments in individual cages (CV = 0.899 for

385 pathogen-naïve birds in Hawley et al. 2024; Table 3). Using the epidemic data from naïve flocks,

386 models with heterogeneity in susceptibility were preferred to homogenous models (Table 3),

387 providing further support for notable heterogeneity in susceptibility even in pathogen-naïve

388 flocks in this study.

389  When we fit the stochastic model parameters to the data from the single naïve flock with

390 detectable transmission, estimates for heterogeneity in susceptibility remained similar (CV =

1.59 [1.09, 2.29]) to that estimated for all three naïve flocks combined (CV = 1.79 [1.28, 2.44]),

with largely overlapping credible intervals (Appendix S1:Table S4). For models fit to only the

single naïve flock, both the heterogeneous and homogenous models yielded slightly higher

estimates for mean susceptibility than when all naïve flocks were analyzed together (Appendix

S1:Table S4). However, restricting the analysis to this single naïve flock did not improve model

fits (Appendix S1:Table S4).

While prior exposure flocks showed a similar qualitative pattern of increased estimates of

heterogeneity (CV = 3.53) compared to those derived from published dose response experiments

in individual cages (CV = 1.630 in Hawley et al. 2024 for birds with prior exposure; Table 3), all

four stochastic models considered (i.e., homogeneous and heterogeneous with parameter values

from dose response versus fit to the flock data) produced similar fits using the residual sums of

squares values (median or minimum across 100 model realizations) to compare predicted versus

observed numbers of infected birds in prior exposure flocks (Table 3). While the median

discrepancy across 100 realizations was slightly lower for the homogeneous model than the

heterogeneous model, the opposite was true for the minimum discrepancy across those same

realizations. This indicates that, while more of the simulated trajectories from the homogeneous

model were slightly closer to the observed data in the prior exposure flocks, the best matching

individual realization for a given parameter set was slightly better for the heterogeneous model.

Discussion

Infectious disease outbreaks and their characteristics are fundamentally driven by

pathogen and host traits (Gomes et al. 2022; Lloyd-Smith et al. 2005; VanderWaal and Ezenwa

2016), which can vary substantially in natural populations (Vazquez-Prokopec et al. 2016).

Although continuous distributions of host traits are increasingly included in epidemiological

models (Gomes et al. 2022; Tuschoff and Kennedy 2024; Corder, Ferreira, and Gomes 2020),

experimental transmission studies that integrate theoretical predictions and empirical data remain

rare. Here, we tested whether prior-exposure induced heterogeneity in susceptibility, and

resulting experimental epidemics, aligned with theoretical predictions generated from a previous

dose-response experiment in the house finch-*M. gallisepticum* system (Hawley et al., 2024).

Consistent with previous work (Hawley et al., 2024), heterogeneity in susceptibility was

estimated as being higher in flocks with prior pathogen exposure relative to pathogen-naïve

flocks. However, despite the heterogeneous model performing slightly better, prior exposure

flocks were described equally well by homogenous as heterogeneous models, and so there was

no "best fit". A key difference from past findings was that, while pathogen-naïve birds in the

dose response study (performed using individually-housed birds) were best described by models

that assume homogenous susceptibility, pathogen-naïve flocks in our experimental epidemics

were best described by models that incorporated gamma-distributed heterogeneity (although, we

note that the differences in parameter numbers across studies limits this comparison). This result

indicates that in a more "natural" mesocosm setting, infection risk can be heterogenous even for

a population with no previous pathogen exposure. It appears that the flock epidemics captured

additional sources of heterogeneity, such as variable host competence, that are absent from more

controlled experiments.

Contrary to theoretical predictions (Langwig et al. 2017; Ben-Ami, Ebert, and Regoes

2010; Katriel 2012; Gomes et al. 2014; Gomes et al. 2022; Dwyer, Elkinton, and Buonaccorsi

1997; Hawley et al. 2024) and our prior work (Hawley et al. 2024), flocks with prior exposure

and greater estimated heterogeneity in susceptibility did not have lower mean prevalence during

experimental epidemics. However, the lack of transmission in two of the three naïve flocks

makes it difficult to determine whether this was due to treatment or a lack of exposure

opportunities. In fact, we found that among-flock prevalence was significantly predicted by the

duration of index bird infection alone and in interaction with flockmate treatment, despite our

attempts to standardize index bird infectiousness by using all naïve index birds in our

experimental design (for both naïve and prior-exposed flockmate treatments). The index birds,

which were all inoculated with the same high pathogen dose, varied substantially in their time to

pathogen clearance, which, conservatively, ranged from 6 to 35 days (Figure 3; Appendix

S1:Figure S1). Moreover, the random placement of the two index birds with the longest

infections in two of the three prior exposure flocks appeared to be the strongest driver of

flockmate infection and disease prevalence in our experiment. The presence of individual hosts

with disproportionately high infectiousness (i.e., "superspreaders") is a common and important

feature of disease dynamics (Lloyd-Smith et al. 2005; Woolhouse et al. 1997; VanderWaal and

Ezenwa 2016; Vazquez-Prokopec et al. 2016), and can cause less frequent but more intense

(occurring faster and reaching higher epidemic peaks) disease outbreaks (Lloyd-Smith et al.

2005; Elie, Selinger, and Alizon 2022; Woolhouse et al. 1997). While individual variability in

transmission is a product of multiple underlying factors (i.e., environmental conditions,

immunological status, physiology, behavior [Stein 2011; Paull et a. 2012]), the index birds in this

present study showed clear inter-individual variability in host competence – as measured by their

infection duration – with which infectiousness, or pathogen shedding, was strongly correlated

(Figure 3; Appendix S1: Figure S1).

An intriguing additional, and non-mutually exclusive, possibility for why prior exposure

flocks did not have lower prevalence as predicted, is that birds in those flocks were more likely

to be aclinical carriers (i.e., infected but with no pathology). Indeed, prior exposure provided

protection to birds at the individual level, such that birds with prior exposure had significantly

lower maximum pathology if infected during the epidemics, and most of the infected flockmates

in prior exposure flocks remained entirely aclinical. This raises the possibility that the lack of

pathology in infected birds with prior exposure allowed for better maintenance of normal

behaviors during infection, which can be positively correlated with transmission in this system

(Adelman and Hawley 2017; Ruden and Adelman 2021), and facilitated aclinical pathogen

spread. On the other hand, more severe conjunctivitis is also known to promote transmission in

this system (Hawley et al. 2023; Henschen et al., 2025), in which case the lower maximum

pathology of infected flockmates would reduce transmission in prior exposure flocks relative to

naïve flocks.

Disease epidemics, which typically begin with only a few infected individuals, are

inherently stochastic and thus subject to die out (e.g., Lloyd-Smith et al. 2005). Indeed, our

stochastic simulations revealed highly variable outcomes for these small epidemics, highlighting

the challenge of capturing transmission dynamics in a naturalistic setting. To capture the full

range of stochastic outcomes, we included all flocks in our parameter estimation and simulations,

despite the absence of ongoing transmission in two of our six flocks. While this makes it

challenging to estimate the relative importance of prior exposure for epidemic outcomes, the

exclusion of no-transmission flocks could bias our results and hide important biological

phenomena, such as the differences in host competence among index birds that we observed.

When we fit the stochastic model parameters to the data from the single naïve flock with

transmission, we obtained slightly higher estimates for mean susceptibility than when all naïve

flocks were analyzed together, as would be expected given that flocks without transmission

reduce estimates of mean susceptibility. While these susceptibility estimates from the single

flock were more consistent with previous work showing that prior exposure reduces mean

susceptibility (Hawley et al. 2024), the differences were minor and restricting the analysis to this

single naïve flock did not improve model fits. Further, estimates of heterogeneity in

susceptibility, the main parameter of interest in our study, from the single naïve flock were

statistically indistinguishable from estimates made using all three naïve flocks. Overall, the

global increase in heterogeneity for both flock types under mesocosm conditions may have

masked our ability to detect any potential dampening effects of heterogeneity in susceptibility

between the treatments. Additionally, it is possible that the experimental epidemics were simply

too short to fully capture the epidemiological impacts of heterogeneity in susceptibility. Our

stochastic simulated epidemics had not yet burned out by the timepoint at which they were

truncated (67 days) to correspond with the experimental epidemic data. Among the many

challenges of quantifying heterogeneity in susceptibility empirically, is reliably measuring it

during the early stages of an outbreak and at small sample sizes (Tuschoff and Kennedy 2024).

These challenges are difficult to feasibly remedy for systems that use wild-caught vertebrates in

captivity. However, recently developed methods that harness contact tracing data (Tuschoff and

Kennedy 2024) could be used in the future to measure heterogeneity in susceptibility in the

earlier stages of an epidemic, which, incidentally, may include the entire time span of this study.

The substantial differences in our estimates for mean susceptibility and heterogeneity in

susceptibility (Table 3) between our flock mesocosm study and prior work on individually-

housed birds (Hawley et al. 2024) are important but not surprising. The probability of infection,

and thus mean susceptibility, is likely to be lower in a setting where transmission is natural (i.e.,

from other birds or fomites versus direct inoculation), the exposure dose is uncontrolled, animals

can freely move and interact/avoid one another, and hosts and pathogen are exposed to ambient

conditions. The discrepancy in the conclusions generated by controlled experiments (which

estimate that a naïve population's response is relatively homogenous for the two studies done to

date [Hawley et al. 2024; Langwig et al. 2017] versus mesocosm epidemics, highlights the

importance of quantifying heterogeneity in infection risk in more naturalistic settings. These

results also give even greater credence to the necessity of incorporating heterogeneity in

susceptibility in epidemiological models when fitting real-world data (Gomes et al. 2022). Not

only does the incorporation provide more realistic epidemiological estimates, it also offers an

opportunity to deconstruct the factors (e.g., behavioral, environmental, endogenous traits) with

the greatest contributions to the observed dynamics.

In conclusion, we found that prior pathogen exposure contributed to the host

heterogeneity in susceptibility that we observed in our experimental epidemics, offering further

support for the importance of variable acquired immune protection (likely as a function of

waning or incomplete immunity [Gomes et al. 2014; Le et al. 2021]) and its role in determining a

population's disease dynamics and subsequent host-pathogen evolution (Rodrigues et al. 2009;

Rose et al. 2021; Hawley et al. 2024; Langwig et al. 2017; Fleming-Davies et al. 2015; Fleming-

Davies et al. 2018; Read et al. 2015). Intriguingly, however, other sources of heterogeneity were

present in the more naturalistic mesocosm setting, which may have masked any detectable

epidemiological consequences of prior exposure-induced heterogeneity in susceptibility. Lloyd et

al. (2020) argues that future work in this field should focus on "coupled" heterogeneities – where

heterogeneity of a trait such as susceptibility or transmission extends beyond a single source of

variation, but rather is modeled as a function of multiple covarying and coincident sources, such

as coupled heterogeneities in infectiousness, contact rates, or infection duration (Paull et al.

2012; Vazquez-Prokopec et al. 2016). Broadly speaking, incorporating multiple types (i.e.,

susceptibility, transmission) of heterogeneity and multiple sources of that variation are key to

understanding disease dynamics in human and wildlife populations.

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Tables

Table 1. Summary of results by flock. Flocks (a - f) are divided by treatment group (naïve vs prior exposure flocks). For the prior exposure flocks, the number of birds (prevalence and count) that became infected during primary inoculation are shown. The sex ratio is male (M) to female (F). Duration of infection is listed in ascending order for each flock's index birds and mean infection duration per flock is reported for infected flockmates. The mean of infected flockmates' maximum pathogen load and eyescore are the log_{10} copies and total categorical value, respectively. Prevalence of infection and pathology (conjunctivitis) is the proportion of flockmates that ever exhibited that characteristic, reported as the percentage and count. Standard errors are given with mean values.

Treatment group	Aviary flock	Sex ratio	Primary exposure infection prevalence % (n)	Duration of infection (days)		Infected flockmates		Flockmate prevalence	
				Index birds (in ascending order)	Flockmates (infected only) mean ± SE	Mean maximum pathogen load (log_{10} copy number) ± SE	Mean maximum eyescore ± SE	Infection % (n)	Pathology % (n)
Naïve	a	9M:8F	--	14, 14, 21	--	--	--	0.0 (0)	0.0 (0)
	c	9M:8F	--	14, 14, 21	--	--	--	0.0 (0)	0.0 (0)
	e	8M:9F	--	6, 14, 21	12.7 ± 4.3	4.84 ± 0.1	2.8 ± 1.0	21.4 (3)	21.4 (3)
Prior Exposure	b	9M:8F	28.6 (4)	6, 14, 35	5.0 ± 2.7	3.3 ± 0.8	2.0 ± 0.4	21.4 (3)	14.3 (2)
	d	12M:5F	14.3 (2)	14, 14, 35	10.1 ± 5.1	2.7 ± 0.5	1.5 ± 0.4	71.4 (10)	28.6 (4)
	f	8M:9F	28.6 (4)	6, 21, 21	1.0 ± 0.0	1.5 ± 0.1	--	14.3 (2)	0.0 (0)

792   **Table 2.** Stochastic population model events and probabilities. Initial conditions: *S(x,0)*

793   *~Multinomial (n=S(0), p=Gamma(x))*

Event	Change in states	Probability
Transmission	$S(x, t + 1) = S(x, t) - 1$ $I(t + 1) = I(t) + 1$	$x\beta S(x, t)I(t) + o(t)$
Recovery	$I(t + 1) = I(t) - 1$ $R(t + 1) = R(t) + 1$	$\gamma I(t) + o(t)$
Mortality	$I(t +1) = I(t) - 1$	$\alpha I(t) + o(t)$

Table 3. Model fitting for stochastic SIR. Better fitting models have a lower median and

minimum discrepancy, measured as the sums of squares difference (residual sums of squares;

RSS) between model realizations and the three (per treatment) empirical flock trajectories of

infected birds over time. Parameters from dose response data were from a previously published

study (Hawley et al. 2024) and experimental epidemic data were collected in the current study.

Note that a coefficient of variation (CV) for susceptibility is not reported for homogenous

models because these models do not allow for any variation in susceptibility. Sixty-six percent

credible intervals are reported for mean susceptibility and CV. [A] Reported values are the value of

mean susceptibility (and CV) from fitted dose response data parameters, which is not identical to

the median of the bootstrapped confidence intervals. [B] Parameter for the homogenous dose

response data model restricted between 0 and 1, therefore not directly comparable to the mean

susceptibility of the heterogeneous model. [C] Dose response data confidence intervals are

computed via 1000 bootstrapped samples with replacement from data, therefore not directly

comparable to the credible intervals computed in this study.

Treatment	Model	Number of parameters fitted (n)	Dataset for susceptibility parameter estimates	Mean susceptibility: median estimate (66% credible intervals)	CV susceptibility: median estimate (66% credible intervals)	Median Discrepancy (RSS) between model and flock data	Minimum Discrepancy (RSS) between model and flock data
Naïve	Homogeneous susceptibility	1	Dose response data (Hawley et al. 2024)	0.838[A,B] (0.708, 1.000)[C]	--	1060.8	98.2
			Flock data (this study)	0.062 (0.033, 0.10)	--	167.4	52.0
	Heterogeneous susceptibility	2	Dose response data (Hawley et al. 2024)	1.18[A] (1.039, 1.530)[C]	0.899[A] (0.805, 0.961)[C]	217.9	32.9
			Flock data (this study)	0.06 (0.022, 0.088)	1.79 (1.28, 2.44)	75.0	22.0
Prior exposure	Homogeneous susceptibility	1	Dose response data (Hawley et al. 2024)	0.140[A,B] (0.107, 0.246)[C]	--	164.1	41.0
			Flock data (this study)	0.023 (0.0025, 0.12)	--	167.4	52.0
	Heterogeneous susceptibility	2	Dose response data (Hawley et al. 2024)	0.446[A] (0.295, 0.687)[C]	1.630[A] (1.230, 1.786)[C]	174.0	36.0
			Flock data (this study)	0.065 (0.013, 0.24)	3.53 (1.98, 7.12)	173.4	47.1

Figures

Figure 1. Experimental design. Flockmates (n = 84) were evenly split into two treatment groups:

naïve (grey) vs prior exposure (orange). [1] First, flockmates received either a sham dose of

sterile media (naïve birds) or a low dose of *M. gallisepticum* (prior exposure). Birds were

allowed to recover from their primary exposure for more than a month. [2] Flocks of 17 birds,

comprising 14 flockmates from the same treatment group and three initially pathogen-naïve

index birds (blue), were established in six identical aviary units. [3] Index birds received a high

inoculation dose to [4] seed epidemics among the flockmates. Arrows between panels indicate

how many days passed between parts of the experiment. Created in BioRender. Perez-Umphrey,

A. (2026) https://BioRender.com/5gfelrv.

863   **Figure 2.** Prevalence of infection (left panels) and pathology (right panels) in flockmates (y-

864   axes) over time since the inoculation of the index birds (not shown) in each flock (x-axis, t = 0

865   marks the start of the epidemic). Naïve (top panels) and prior exposure flocks (bottom panels)

866   are distinguished by color.

Figure 3. Pathogen loads (y-axis, $\log_{10}$ scale) per individual index bird over time since

inoculation (x-axis, t = 0 marks the start of the epidemic). Flock is represented by the shape of

the data points and lines show the mean per flock type (solid, prior exposure; dashed, naïve). The

horizontal dashed line indicates the pathogen load cutoff used to determine infection status. Note

that index birds in both treatments were pathogen-naïve when inoculated; differences between

flock type are due to random chance and not to applied treatments.

Figure 4. Flockmates with prior exposure (flock type) showed moderately, but not significantly, lower maximum pathogen loads (A), and significantly lower maximum eyescores (B) relative to flockmates that were pathogen-naïve when successfully infected during the epidemic. The line indicates group median and is overlaid by datapoints of maximum pathogen load (log_{10} scale; left) and eyescore (right) for flockmates ever infected during the epidemics (> 15 pathogen copies). Naïve flockmates are on the left of each panel (blue) and prior exposure flockmates are on the right (orange).

Figure 5. Stochastic model realizations (black dotted lines; n = 100 realizations) and empirical

data (red solid lines) for the number of infected individuals from an SIR model with

heterogeneity in susceptibility, using best-fitting parameters for experimental flocks that were

pathogen-naïve (left panel) or had prior exposure (right). Only the infected class, to which the

models were fit, is shown [see Appendix S1:Figure S2 for all classes]). Heterogeneity was

described as a gamma distribution (naïve flocks: k = 0.312, θ = 0.129; prior exposure flocks: k =

0.08, θ = 0.783). Transmission (β = 0.00275) and recovery rates (γ = 0.03) were from prior

literature (Hawley et al. 2024; Williams et al. 2014). Mortality α was set to zero because

infection-induced mortality did not occur in captivity.