

# The Influence Of Social Behavior On Competition Between Virulent Pathogen Strains

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## 1 Abstract

Infectious disease interventions like contact precautions and vaccination have proven effective in disease control and elimination. The priority given to interventions can depend strongly on how virulent the pathogen is, and interventions may also depend partly for their success on social processes that respond adaptively to disease dynamics. However, mathematical models of competition between pathogen strains with differing natural history profiles typically assume that human behaviour is fixed. Here, our objective is to model the influence of social behaviour on the competition between pathogen strains with differing virulence. We couple a compartmental Susceptible-Infectious-Recovered model for a resident pathogen strain and a mutant strain with higher virulence, with a differential equation of a population where individuals learn to adopt protective behaviour from others according to the prevalence of infection of the two strains and the perceived severity of the respective strains in the population. We perform invasion analysis, time series analysis and phase plane analysis to show that perceived severities of pathogen strains and the efficacy of infection control against them can greatly impact the invasion of more virulent strain. We demonstrate that adaptive social behaviour enables invasion of the mutant strain under plausible epidemiological scenarios, even when the mutant strain has a lower basic reproductive number than the resident strain. Surprisingly, in some situations, increasing the perceived severity of the resident strain can facilitate invasion of the more virulent mutant strain. Our results demonstrate that for certain applications, it may be necessary to include adaptive social behaviour in models of the emergence of virulent pathogens, so that the models can better assist public health efforts to control infectious diseases.

## 2 Introduction

Modern approaches to developing a theory of the spread of infectious diseases can be traced to 1927 when Kermack and McKendrick developed an integro-differential equation model now widely described as the SIR (Susceptible-Infected-Recovered) model [1]. The model tracks changes in the number of individuals susceptible to an infection  $S(t)$ , the number of infected individuals  $I(t)$ , and (implicitly) the number of recovered individuals  $R(t)$ . Compartmental models such as the SIR model are useful for mechanistic modelling of infection transmission in populations. They have since been further developed to study the evolution and epidemiology of multiple species of pathogens in a population or different strains of the same species [2]. Some models focus on between-host competition while some others on within-host competition [3]. Bull suggested in the 1990s that coupling inter-host and intra-host dynamics in models may be desirable [4]. Models linking between-host transmission dynamics to within-host pathogen growth and immune response are now becoming commonplace [3, 5, 6, 7, 8]. One such approach is to link host viral load (which is a necessary condition of virulence) to the between-host transmission rate.

Compartmental models have also been used to study the phenomenon of pathogen virulence—the rate at which a pathogen induces host mortality and/or reduces host fecundity [9, 10, 11, 12]. It was initially believed that hosts and parasites co-evolved to a state of commensalism (whereby parasites benefit from their host without harming them) [13, 14] but this hypothesis was later challenged [15]. In mathematical models, virulence is often treated as a fixed model parameter expressing the excess mortality rate caused by the pathogen. For instance, virulence has been assumed to depend on the intrinsic reproductive rate of the parasite [16]. Other research expresses the transmission rate  $\beta$  and the recovery rate  $\mu$  in terms of a parameter  $\nu$  that represents virulence [17]. When the impact of human behaviour is discussed in such models, it is discussed in terms of hypothesized effects of human behaviour on the value of the fixed parameter representing virulence. A Human Immunodeficiency Virus (HIV) virulence model by Massad *et al* [18] shows that reducing the number of sexual partners could possibly drive HIV to be a more benign pathogen. However, the model assumes that the number of sexual partners can simply be moved up or down as a model parameter, whereas in reality the number of sexual partners in a population is the outcome of a dynamic socio-epidemiological process that merits its own mechanistic modelling, and itself responds to pathogen virulence. In general, these models do not treat human behaviour as a dynamic variable that can evolve in response to transmission dynamics and influence the evolution of virulence. (A few exceptions exist, including work that allows virulence to be a function of the number of infected hosts, thus capturing a situation where the magnitude of the epidemics affects the ability of health care services to host patients [19].) However, as human responses to both endemic and emerging infectious diseases show, human behaviour can

57 have a significant influence on how infections get transmitted. For instance, an early and well-documented  
58 example shows how the residents of the village of Eyam, England quarantined themselves to prevent the  
59 spread of plague to neighbouring villages [20]. Individuals moved to less populated areas during the Spanish  
60 Influenza pandemic in the early 20th century [21]. More recently, masks became widely used during the  
61 outbreak of the Severe Acute Respiratory Syndrome (SARS) at the beginning of the 21st century [22], and  
62 it has been shown pathogen virulence in Marek's disease can evolve in response to how vaccines are used  
63 [23].

64 Theoretical models of the interactions between human behaviour and the spread of infectious diseases  
65 are increasingly studied [24, 25, 26, 27, 28, 29, 30]. For instance, Bagnoli *et al* [31] found that under  
66 certain conditions, a disease can be driven extinct by reducing the fraction of the infected neighbours of an  
67 individual. Zanette *et al* [32] showed that if susceptible individuals decide to break their links with infected  
68 agents and reconnect at a later time, then the infection is suppressed. Gross [33] also shows that rewiring of  
69 edges in a network (and thus social interaction) can greatly influence the spread of infectious diseases. Of  
70 the compartmental models, we focus on those that have used concepts from evolutionary game theory such  
71 as imitation dynamics [34] to describe the evolution of behaviour and its interplay with the epidemics. An  
72 example of imitation dynamics concerns, as described in detail in [35], the effect of vaccination on the spread  
73 of infectious diseases. Each individual in the population picks one strategy and adopts it: "to vaccinate" or  
74 "not to vaccinate". The proportion of vaccinators is modelled using an ordinary differential equation and  
75 is coupled with a standard SIR model. An important aspect of behavioural models is to couple them with  
76 epidemiological processes such as transmission. This coupling creates a feedback loop between behaviour  
77 and spread of the disease.

78 Given that adaptive social behaviour is important in many aspects of infection transmission, we hy-  
79 pothesize that adaptive social behaviour can also influence selection between pathogen strains with differing  
80 virulence in ways that cannot be captured by assuming it to be represented by a fixed parameter. Our  
81 objective in this paper was to explore how behaviour and virulence influence one another, in a coupled  
82 behaviour-disease differential equation model. The model allows individuals who perceive an increase in  
83 the prevalence of infection to increase their usage of practices that reduce transmission rates (such as social  
84 distancing and hand-washing) and thereby boost population-level immunity. This approach can help us  
85 understand the effects specific social dimensions, such as level of concern for a strain or the rate of social  
86 learning, on the coupled dynamics of pathogen strain emergence and human behaviour in a situation where  
87 virulence imposes evolutionary trade-offs and is strain-specific. Instead of considering long-term evolutionary  
88 processes with repeated rounds of mutation and selection, we focus on the case of invasion of a single mutant  
89 strain with a large phenotypical difference compared to the resident strain. In the next section, we describe

90 a model without adaptive social behaviour as well as a model that includes it, and in the following Results  
91 section we will compare their dynamics.

### 92 3 Model

93 We compare dynamics of a two-strain compartmental epidemic model in the presence and absence of adaptive  
94 social behaviour. Individuals are born susceptible ( $S$ ). They may be infected either by a resident strain ( $I_1$ )  
95 or a mutant strain ( $I_2$ ). For simplicity, we assume that co-infection and super-infection are not possible.  
96 Infected individuals can either recover ( $R$ ) or die from infection. We furthermore assume that recovery from  
97 either strain offers permanent immunity to both strains. The system of differential equations representing  
98 the  $SI_1I_2R$  model in the absence of adaptive social behaviour (we will refer to this as the “uncoupled model”  
99 throughout) is given by

$$\begin{aligned}\frac{dS}{dt} &= \mu - \delta S - \beta_1 S I_1 - \beta_2 S I_2, \\ \frac{dI_1}{dt} &= \beta_1 S I_1 - (\gamma_1 + \delta + \nu_1) I_1, \\ \frac{dI_2}{dt} &= \beta_2 S I_2 - (\gamma_2 + \delta + \nu_2) I_2, \\ \frac{dR}{dt} &= \gamma_1 I_1 + \gamma_2 I_2 - \delta R,\end{aligned}\tag{1}$$

100 where  $\beta_1$  ( $\beta_2$ ) represents the transmission rate of the resident (mutant) strain;  $\gamma_1$  ( $\gamma_2$ ) represents the recovery  
101 rate from the resident (mutant) strain;  $\nu_1$  ( $\nu_2$ ) represents the death rate from the resident (mutant) strain  
102 due to infection (virulence);  $\mu$  is a birth rate and  $\delta$  is the background death rate. All variables represent  
103 the number of individuals with the given infection status (for instance,  $S$  is the number of susceptible  
104 individuals). Since  $R$  does not appear in the other equations, we can omit  $R$  from the analysis.

105 The system of differential equations in the presence of adaptive human behaviour couples the  $SI_1I_2R$   
106 epidemic spread with a differential equation for human behaviour (“coupled model”). Each individual in the  
107 population can choose to accept or reject behaviours that reduce infection risk (e.g. washing hands, wearing  
108 a mask, social distancing), and individuals imitate successful strategies observed in others. Let  $x$  represent  
109 the proportion of individuals accepting preventive behaviour (we will call these “protectors”). Individuals  
110 sample others in the population at rate  $\kappa$ , representing social learning. The choice is based on the perceived  
111 severity  $\omega_1$  (resp.  $\omega_2$ ) from the resident (resp. mutant) strain, where  $\omega_1$  (resp.  $\omega_2$ ) can be quantified as the  
112 probability that an infection by the resident (resp. mutant) strain results in a severe case of disease. The  
113 more severe cases the population observes, the more attractive preventive behaviour becomes: we assume

114 that individuals respond to the total number of severe cases  $\omega_1 I_1 + \omega_2 I_2$  they observe at a given time.  
 115 Preventive behaviour is not always completely effective. We introduce efficacy of infection control  $\epsilon_1$  ( $\epsilon_2$ )  
 116 against the resident (mutant) strain. The efficacy of infection control influences the transmission process.  
 117 The more effective infection control is against a strain, the less likely it will be transmitted.

118 More formally, the preceding imitation dynamic (or equivalently, replicator dynamic) assumes that each  
 119 individual samples others as a fixed rate, and if another person is found to be playing a different strategy  
 120 but is receiving a higher payoff, the individual switches to their strategy with a probability proportional  
 121 to the expected gain in payoff [36]. These assumptions give rise to a differential equation of the form  
 122  $dx/dt = \kappa x(1-x)\Delta U$  where  $\kappa$  is the sampling rate and  $\Delta U$  is the payoff difference between the two  
 123 strategies. This equation is derived elsewhere and is used in other socio-ecological and socio-epidemiological  
 124 models [35, 37, 38, 39]. The augmented system of differential equations representing the coupled social-  
 125 epidemiological  $SI_1 I_2 RX$  model with adaptive human behaviour is therefore given by:

$$\begin{aligned}
 \frac{dS}{dt} &= \mu - \delta S - \beta_1(1 - \epsilon_1 x)SI_1 - \beta_2(1 - \epsilon_2 x)SI_2. \\
 \frac{dI_1}{dt} &= \beta_1(1 - \epsilon_1 x)SI_1 - (\gamma_1 + \delta + \nu_1)I_1. \\
 \frac{dI_2}{dt} &= \beta_2(1 - \epsilon_2 x)SI_2 - (\gamma_2 + \delta + \nu_2)I_2. \\
 \frac{dR}{dt} &= \gamma_1 I_1 + \gamma_2 I_2 - \delta R. \\
 \frac{dx}{dt} &= \kappa x(1-x)(w_1 I_1 + w_2 I_2 - 1).
 \end{aligned}
 \tag{2}$$

126 We apply the restrictions  $\epsilon_i \in [0, 1]$  and  $\omega_i \geq 0$ .

127 Baseline parameter values are summarized in Table 1. We chose parameter values to represent an emerg-  
 128 ing infectious disease with a relatively low basic reproduction number and an acute-self limited infection  
 129 natural history, as might occur for viral infections such as ebola or influenza. Recruitment is assumed to  
 130 occur due to births and immigration at a constant rate  $\mu$ , while the per capita death rate due to all causes  
 131 other than the infection is  $\delta$ . The values of  $\mu$  and  $\delta$  are obtained as the reciprocal of an average human  
 132 lifespan of 50 years. Note that  $\gamma_i + \nu_i$  is the reciprocal of the average time spent in the infected class be-  
 133 fore the individual recovers or dies from infection. Since we are assuming that strain 2 is more virulent,  
 134  $\nu_2 - \nu_1 = 0.05/\text{day}$  can be considered as the excess death rate due to infection from the more virulent strain  
 135 2. We assume  $\beta_1 = \beta_2$  and therefore  $\mathcal{R}_{0,2} \approx 1.6 < \mathcal{R}_{0,1} \approx 2$ . Hence, all else being equal, the more virulent  
 136 strain has a lower reproductive number and is therefore at a disadvantage to invade. We note that  $R$  does  
 137 not appear in the other equations and hence could be omitted.

138 We identify all equilibria of the uncoupled and coupled systems and determine their local stability prop-  
139 erties. We study conditions under which the mutant strain successfully invades. Due to the analytical  
140 complexity of the coupled model, we rely primarily on numerical simulations. We used MATLAB to run  
141 our simulations and generate parameter planes (ODE45, ODE23tb, and ODE15s). We also wrote MATLAB  
142 code to analyze the stable regions of all equilibria versus a combination of parameters of interest.

## 143 4 Results

### 144 4.1 Invasion analysis: $SI_1I_2R$ model

The  $SI_1I_2R$  model has 3 equilibria [40]. One equilibrium is disease free and is stable when

$$\max \left\{ \mathcal{R}_{0,1}, \mathcal{R}_{0,2} \right\} < 1.$$

$\mathcal{R}_{0,1}$  (resp.  $\mathcal{R}_{0,2}$ ) is the basic reproductive number of the resident (mutant) strain, where  $R_{0,i}$  is given by

$$\mathcal{R}_{0,i} = \frac{\beta_i}{\gamma_i + \delta + \nu_i}.$$

145 The other two equilibria are endemic. Assuming that basic reproductive numbers are not equal, strains can  
146 not co-exist and the strain with the higher basic reproductive number always invades.

### 147 4.2 Invasion analysis: $SI_1I_2RX$ model

148 In contrast, the addition of a dynamic social variable  $x(t)$  generates 9 equilibria for the  $SI_1I_2RX$  model. Two  
149 equilibria are disease free and the other equilibria are endemic. One of the 7 endemic equilibria represents a  
150 state of coexistence of both strains (which can occur even if basic reproductive numbers are not the same).  
151 The analytical expression and stability criteria for the equilibrium with co-existing strains are difficult to  
152 compute and therefore, we analyze it numerically.

If both basic reproductive numbers are less than 1, then the system is disease-free and social behaviour is not relevant. Assume, on the other hand, that  $1 < \mathcal{R}_{0,2} < \mathcal{R}_{0,1}$  (as in our baseline parameter values, Table 1, and where the expressions for  $\mathcal{R}_{0,1}$  and  $\mathcal{R}_{0,2}$  are the same as in the  $SI_1I_2R$  model and assume  $x = 0$ ). This corresponds to a scenario where the resident strain is more transmissible than the mutant strain. As already noted the mutant strain can not invade in the absence of adaptive social behaviour ( $SI_1I_2R$  model). However, in the presence of adaptive social behaviour, we can derive necessary and sufficient conditions for

the mutant strain to invade when  $1 < \mathcal{R}_{0,2} < \mathcal{R}_{0,1}$ :

$$\omega_2 > \frac{\beta_2}{\delta} \frac{1}{\mathcal{R}_{0,2} - \frac{1}{1-\epsilon_2}}, \quad \epsilon_1 > 1 - \frac{\mathcal{R}_{0,2}}{\mathcal{R}_{0,1}}(1 - \epsilon_2).$$

153 These results show that a high level of perceived severity from the mutant strain is a necessary condition  
154 for invasion. However, it has to be coupled with a sufficiently high efficacy of infection control against the  
155 resident strain (with  $\epsilon_1 > \epsilon_2$ ). A high efficacy of infection control against the resident strain will effectively  
156 reduce its transmission and therefore creating a larger pool of susceptible individuals for the mutant strain.  
157 The two conditions must be met simultaneously to provide a necessary and sufficient condition for invasion.  
158 The condition that  $\epsilon_1 > \epsilon_2$  could easily be met in a real population if the two strains differ in their model  
159 of transmission, and the population has more experience with controlling the resident strain than with the  
160 new mutant strain. Moreover, a high value of  $\omega_2$  could easily be met in a real population due to spreading  
161 panic about a new and more virulent strain that public health does not yet know how to best control.

We also consider necessary and sufficient conditions for failure of invasion of the mutant strain:

$$\omega_1 > \frac{\beta_1}{\delta} \frac{1}{\mathcal{R}_{0,1} - \frac{1}{1-\epsilon_1}}, \quad \epsilon_2 > 1 - \frac{\mathcal{R}_{0,1}}{\mathcal{R}_{0,2}}(1 - \epsilon_1), \quad \omega_2 < \frac{\beta_2}{\delta} \frac{1}{\mathcal{R}_{0,2} - 1}.$$

162 Invasion fails when perceived severity of the mutant strain is low enough but also that of the resident strain  
163 high enough. Note the difference between invasion and failure to invade. Here, we require conditions on  
164 both perceived severities. As predicted, if the efficacy of infection control against the mutant strain is high  
165 enough (relative to that of the resident strain) then invasion fails. Again, all three conditions must be met  
166 jointly. Together, they create a necessary and sufficient condition for the failure of invasion.

167 Finally assume that  $\mathcal{R}_{0,1} < \mathcal{R}_{0,2}$  (this scenario is not discussed at length in this paper). In the absence  
168 of social behaviour, the mutant strain is bound to invade. However, we derive necessary and sufficient  
169 conditions for the failure of invasion when social behaviour is added to the system:

$$\omega_1 > \frac{\beta_1}{\delta} \frac{1}{\mathcal{R}_{0,1} - \frac{1}{1-\epsilon_1}}, \quad \epsilon_2 > 1 - \frac{\mathcal{R}_{0,1}}{\mathcal{R}_{0,2}}(1 - \epsilon_1).$$

170 Note the difference between this case and the case when  $\mathcal{R}_{0,1} < \mathcal{R}_{0,2}$ : there is no conditioning on  $\omega_2$ .  
171 If the mutant strain has a higher fitness, it does not matter how severely it is perceived (since individuals  
172 respond to the weighted sum of mutant and resident prevalence and the mutant is initially rare, hence the  
173 early response is dominated by the resident). It will fail to invade provided that the perceived severity of the  
174 resident strain is high enough and that efficacy of infection control against the mutant strain is high enough  
175 relative to the resident strain (with  $\epsilon_2 > \epsilon_1$ ). Once again we require both inequalities to be satisfied and

176 together they provide necessary and sufficient condition for the mutant strain to fail invasion.

177 We finally turn our attention to the invasion of the mutant strain when it is more transmissible. The  
178 invasion is conditional: necessary and sufficient conditions for the invasion of the mutant strain are:

$$\omega_1 < \frac{\beta_1}{\delta} \frac{1}{\mathcal{R}_{0,1} - 1}, \quad \epsilon_1 > 1 - \frac{\mathcal{R}_{0,2}}{\mathcal{R}_{0,1}}(1 - \epsilon_2).$$

179 In this scenario, a low perceived severity of the resident strain will allow invasion of the mutant strain  
180 provided that the efficacy of infection control against the resident strain is high enough.

181 The addition of adaptive social behaviour to the epidemic model introduced four new parameters, and  
182 it is clear that the model permits conditions for the mutant strain to invade on account of behaviour, even  
183 when the mutant strain has a lower basic reproductive ratio, as long as certain conditions for efficacy of  
184 infection control are satisfied and level of concern about the severity of the mutant strain are satisfied. To  
185 gain further insight into how adaptive social behaviour influences the invasion of the more virulent strain,  
186 we turn to numerical simulation and generation of time series and parameter planes.

### 187 4.3 Time series analysis

188 We use time series of model simulations to illustrate some of the model's dynamical regimes. We consider the  
189 case where  $\nu_1 = 0$  and  $\nu_2 = 0.25$  and therefore  $\mathcal{R}_{0,1} > \mathcal{R}_{0,2}$  while assuming (for simplicity) that  $\beta_1 = \beta_2$  and  
190  $\mu_1 = \mu_2$ . Hence, the mutant strain is more virulent and kills its hosts more quickly, giving it a significantly  
191 lower basic reproduction number. We use a simulation time horizon on the order of hundreds of years—  
192 although both pathogen and social parameters could vary over this period, a long time horizon ensures that  
193 the asymptotic model states are correctly characterized, and thus enables us to meet our objective of gaining  
194 insight into the types of dynamics exhibited by the model.

195 We first consider a scenario where the mutant strain, on account of its greater virulence, is perceived to  
196 be ten times more severe than the resident strain ( $\omega_2 = 10^5 = 10\omega_1$ ). Moreover, infection control against the  
197 resident strain is much more effective, on account of less being known about the modes of transmission of  
198 the mutant strain (baseline values:  $\epsilon_1 = 0.7 > \epsilon_2 = 0.4$ ). In this scenario, the mutant strain invades (Figure  
199 1a). This agrees with the conditions determined in our invasion analysis. We observe that the mutant strain  
200 quickly displaces the resident strain and converges to an endemic state where the proportion of protectors  
201  $x$  remains relatively high (Figure 1a). On shorter timescales, we see a transient phase at the start of the  
202 simulation with a sharp epidemic of the resident strain, followed by periodic epidemics with much lower  
203 incidence of the mutant strain (Figure 1b,c). The numerical simulations agree with the values computed  
204 from analytical expressions at equilibrium (for sufficiently large values of  $t$ ).



205 Decreasing the efficacy of infection control against the resident strain and equating it to that of the more  
206 virulent strain ( $\epsilon_1 = \epsilon_2 = 0.4$ , with all other parameter values at baseline values) prevents the invasion  
207 of the mutant strain (Fig. 1d). This occurs because more susceptible individuals will be infected by the  
208 resident strain, thereby significantly decreasing the pool of susceptible individuals available for infection by  
209 the mutant strain.

210 A surprising scenario under which the invasion of the mutant strain fails is when both perceived severity  
211 of the mutant strain and the efficacy of infection control against are low (Figure 1e,f,  $\omega_2 = 10^2$  and  $\epsilon_2 = 0.3$   
212 with other parameter values at baseline). It is worth noting in this case that we initially have a few outbreaks  
213 of the mutant strain with high incidence. Fig 1f represents the same dynamics as Fig 1e but on a longer time  
214 scale. The oscillations in the prevalence of infection and the prevalence of protectors is typical of coupled  
215 behaviour-disease models with adaptive social behaviour [35].

216 It is difficult for both strains to co-exist without imposing  $\omega_1 = 10^5 > \omega_2 = 10^4$ . If the resident strain  
217 is perceived to be ten times more severe, then co-existence is achieved via a transient but very long-term  
218 pattern of switching between oscillatory regimes before the system finally converges to an equilibrium of  
219 co-existence (Fig 1g). The system switches between a longer-lived regime with relatively small epidemics of  
220 the resident strain, and a shorter-lived regime with very large epidemics of the mutant strain. Changes in the  
221 proportion adopting contact precautions,  $x$ , facilitates the switching. As  $x$  rises, it allows a series of periodic  
222 outbreaks of the mutant strain which in turn decreases the proportion of people adopting prevention and  
223 starts a series of outbreaks of the resident strain. This loop continues with diminishing switching-period as  
224 well as amplitude. If we bring back efficacies of infection control to baseline values, this phenomenon persists  
225 but with wilder oscillations in  $x$ . This happens because lower values of  $\epsilon$  increase the effective transmission  
226 rate which in turns leads to rapid changes in  $x$ . Figure 1h shows the same dynamics as in Figure 1g but on  
227 a shorter timescale.

228 We also allowed the perceived severities to be equally high ( $\omega_1 = \omega_2 = 10^4$ ) and we have increased the  
229 efficacies from their baseline values ( $\epsilon_1 = 0.9$  and  $\epsilon_2 = 0.6$ ) (Figure 1i). We observe that the mutant strain  
230 fails to invade and the prevalence of the resident strain remains relatively close to the initial condition.

231 In order to refine our understanding of the influence of social parameters on the invasion of the mutant  
232 strain, we proceed in the next subsection with phase plane analysis that studies the interplay between the  
233 parameters determining regions of invasion.

## 234 4.4 Phase plane analysis

235 Surprisingly, there are parameter regimes where increasing the perceived severity of the resident strain ( $\omega_1$ )  
236 allows the mutant strain to invade (Figure 2a-c). This occurs across a nontrivial portion of parameter space  
237 despite the fact that  $\mathcal{R}_{0,2} < \mathcal{R}_{0,1}$ . This regime shift occurs because a sufficiently high perceived severity  
238 of the resident strain creates a large pool of susceptible individuals, and coupled with a higher efficacy of  
239 infection control against the resident strain, this means that the invading mutant strain can take advantage of  
240 the increased pool of susceptible individuals to invade. This effect occurs only when the efficacy of infection  
241 control against the resident strain is relatively high (e.g.  $\epsilon_1 = 0.9$  and  $\epsilon_2 = 0.6$ ). However, this phenomenon  
242 does not hold when  $\epsilon_1$  and  $\epsilon_2$  are low, in which event the model behaves similar to the  $SI_1I_2R$  model where  
243 the strain with the higher basic reproductive number invades, as expected. Similarly, increasing  $\omega_2$  can push  
244 the system from a regime of co-existence of the two strains to a region where only strain 2 persists.

245 In  $\epsilon_1 = \epsilon_2$  parameter planes we again find parameter regimes where the more virulent strain can invade  
246 due to adaptive social behaviour, despite the fact that  $\mathcal{R}_{0,2} < \mathcal{R}_{0,1}$ , if there is an imbalance in the perceived  
247 severity of the two strains. When perceived severities are sufficiently low, the mutant strain can never invade  
248 (Figure 2d). But when  $\omega_2 \gg \omega_1$ , the mutant strain can invade and remove the resident strain if  $\epsilon_1$  is  
249 sufficiently large and  $\epsilon_2$  is sufficiently small (Figure 2e). When  $\omega_1 \gg \omega_2$ , the mutant strain and the resident  
250 strain coexist, when  $\epsilon_1$  is sufficiently large and  $\epsilon_2$  is sufficiently small (Figure 6f). Increasing the efficacy of  
251 infection control against the resident strain ( $\epsilon_1$ ) or decreasing efficacy of control against the mutant strain  
252 ( $\epsilon_2$ ) can allow the mutant strain to invade (Figure 2e-f). We note again that, surprisingly, invasion can result  
253 in the elimination of the resident strain if the perceived severity of the mutant strain is significantly higher  
254 than that of the resident strain ( $\omega_2 \gg \omega_1$ ), but when the opposite applies, coexistence results.

## 255 5 Discussion

256 We have showed how adaptive social behaviour greatly impacts the evolution of virulence in a coupled  
257 behaviour-disease model. If we neglect social behaviour, the basic reproductive numbers of the two strains  
258 are sufficient to predict which of the strains will invade a population. However, adding adaptive social  
259 behaviour with asymmetric stimulation and effects on either strain to an epidemiological system completely  
260 shifts how we view whether a more virulent strain will be selected for. As we have seen, social behaviour  
261 can either act in favour or against the invasion of a more virulent strain, and we can describe these effects  
262 with reference to specific social parameters ( $\omega_{1,2}$ ) quantifying how concerned individuals are about the two  
263 strains, and control parameters ( $\epsilon_{1,2}$ ) quantifying how well infection control measures like hand-washing

264 work. Most interestingly, adaptive social behaviour enables invasion of the mutant strain under plausible  
265 epidemiological and social conditions even when it has a lower basic reproductive number.

266 Future work can generate further insights into how behaviour and virulence interact for specific infectious  
267 diseases, by building on existing research on the coupled dynamics of behaviour and infection transmission.  
268 For instance, an increase in the average number of sexual partners of an individual has been predicted  
269 by mathematical models to cause increased HIV virulence [18, 41]. These models use a fixed parameter  
270 to quantify the number of sexual partners, but the number of sexual partners could be made to evolve  
271 dynamically based on the number of infected individuals in a particular population, similar to seminal  
272 work using compartmental models to model core group dynamics [42]. An increase in the number of sexual  
273 partners will decrease the efficacy of infection control against the more virulent strain and effectively increase  
274 its transmission and hence leads to higher virulence. Other future research could explore how adaptive  
275 social behaviour interacts with evolutionary trade-offs to determine virulence evolution. One of the most  
276 common hypotheses is that a trade-off exists for between-host transmission and virulence. To increase its  
277 probability of transmission, the parasite must replicate within the host. This replication, on the other hand,  
278 must be controlled because otherwise it might lead to the host's death and therefore prevent transmission.  
279 However, other trade-offs have been suggested, such as between transmission rate and host recovery rate  
280 [43]. Moreover, complicated host life cycles imply that many other types of trade-offs are also possible  
281 [44], and the presence of multiple trade-offs may complicate the relationship between transmission rate and  
282 virulence [45]. Social behaviour could interact with evolutionary trade-offs to alter the virulence evolution  
283 of an emerging pathogen, and this process could be modelled by building on existing virulence evolution  
284 models.

285 While the model discussed in this paper serves as a general framework for studying the influence of social  
286 behaviour on strain competition and emergence, further research needs to be carried out to understand the  
287 interplay between the epidemiological and social parameters. For instance, we did not model virulence evo-  
288 lution explicitly but rather by assuming two strains have already emerged due to mutation and addressing  
289 conditions under which the more virulent mutant strain is more fit. Future research could instead model  
290 virulence by defining transmission and recovery rates in terms of a virulence parameter, or by using an  
291 adaptive dynamics approach. Future research could also explore different possible relationships between the  
292 virulence parameters  $\nu_{1,2}$  and the perceived severity parameters  $\omega_{1,2}$ , or the interaction between social learn-  
293 ing timescales and pathogen evolutionary timescales. We did not study the influence of the social learning  
294 parameter  $\kappa$  in this paper, but previous research on other socio-ecological and socio-epidemiological systems  
295 suggests that the social learning rate can destabilize interior equilibria [39, 38]. A model that accounts  
296 for multiple rounds of mutation would enable studying how pathogen evolutionary timescales interact with

297 social learning dynamics. Finally, we assumed no specific relationship between the perceived severity  $\omega_{1,2}$   
298 and the virulence  $\nu_{1,2}$  although a non-trivial relationship certainly exists, and future research could explore  
299 possible assumptions for their formal relationship.

300 In conclusion, our model shows how social behaviour can influence the virulence of emerging strains  
301 under plausible parameter regimes when using standard models for social and infection dynamics. When  
302 analyzing emerging and re-emerging pathogens and continually evolving infectious diseases such as influenza,  
303 it is worthwhile further considering aspects of social behaviour in efforts to mitigate serious threats.

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Parameter	Definition	Value
$\delta$	death rate	1/18250 per day, [34].
$\mu$	birth rate	1/18250 per day, [34].
$\gamma_1$	recovery rate for strain 1	0.2 per day (assumed).
$\nu_1$	disease death rate for strain 1	0.0 per day (assumed).
$\gamma_2$	recovery rate for strain 2	0.2 per day (assumed).
$\nu_2$	disease death rate for strain 2	0.05 per day (assumed).
$\beta_1$	transmission rate for strain 1	0.4 per day (assumed).
$\beta_2$	transmission rate for strain 2	0.4 per day (assumed.)
$\kappa$	sampling rate	1/365 per day, [37].
$w_1$	perceived severity from strain 1	10000 (assumed)
$w_2$	perceived severity from strain 2	100000 (assumed)
$\epsilon_1$	efficacy of infection control against strain 1	0.7 (assumed)
$\epsilon_1$	efficacy of infection control against strain 2	0.4 (assumed)

Table 1: Baseline parameter values. Strain 1 is taken to be an avirulent resident strain, and strain 2 is taken to be a more virulent mutant strain.



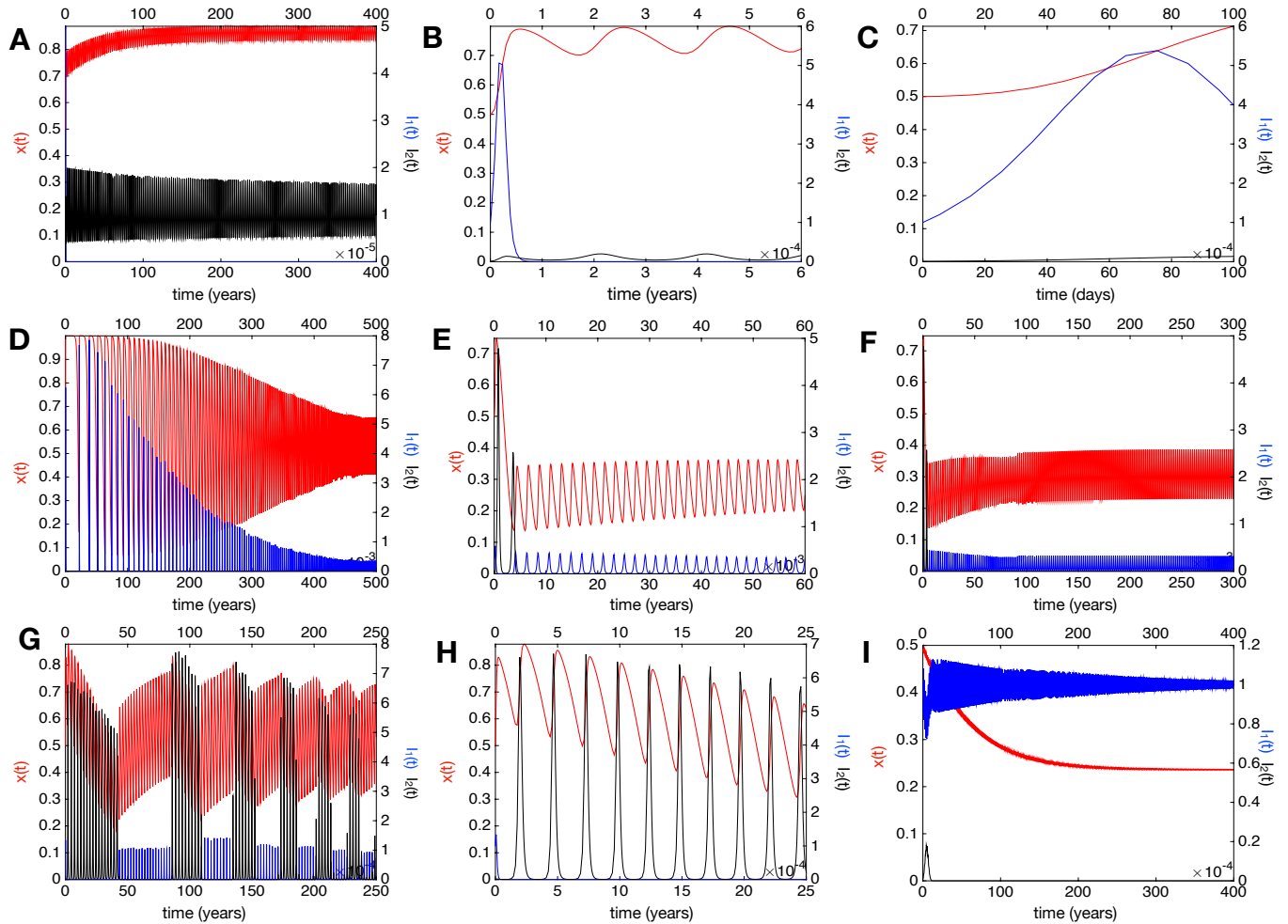


Figure 1: Numerical simulations for the  $SI_1I_2RX$  model at various values for the social and infection control parameters. **(a,b,c)** show baseline values where the mutant strain is perceived to be 10 times more severe ( $\omega_2 = 10\omega_1 = 10^5$ ) and where efficacy of infection control against the resident strain is greater  $\epsilon_1 = 0.7 > \epsilon_2 = 0.4$ . The dynamics are shown at different timescales in **(a)**, **(b)** and **(c)**. **(d)**  $\epsilon_1 = 0.4$ . **(e,f)**  $\omega_2 = 10^2$ ,  $\epsilon_2 = 0.3$ . **(g,h)**  $\omega_1 = 10\omega_2 = 10^5$ . **(i)**  $\omega_1 = \omega_2 = 10^4$ .  $\epsilon_1 = 0.9$ ,  $\epsilon_2 = 0.6$ . All other parameters are held at their baseline values. Red line represents prevalence of protectors  $x$ . Blue line represents prevalence of the resident strain  $I_1$ . Black line represents prevalence of the more virulent mutant strain  $I_2$ .

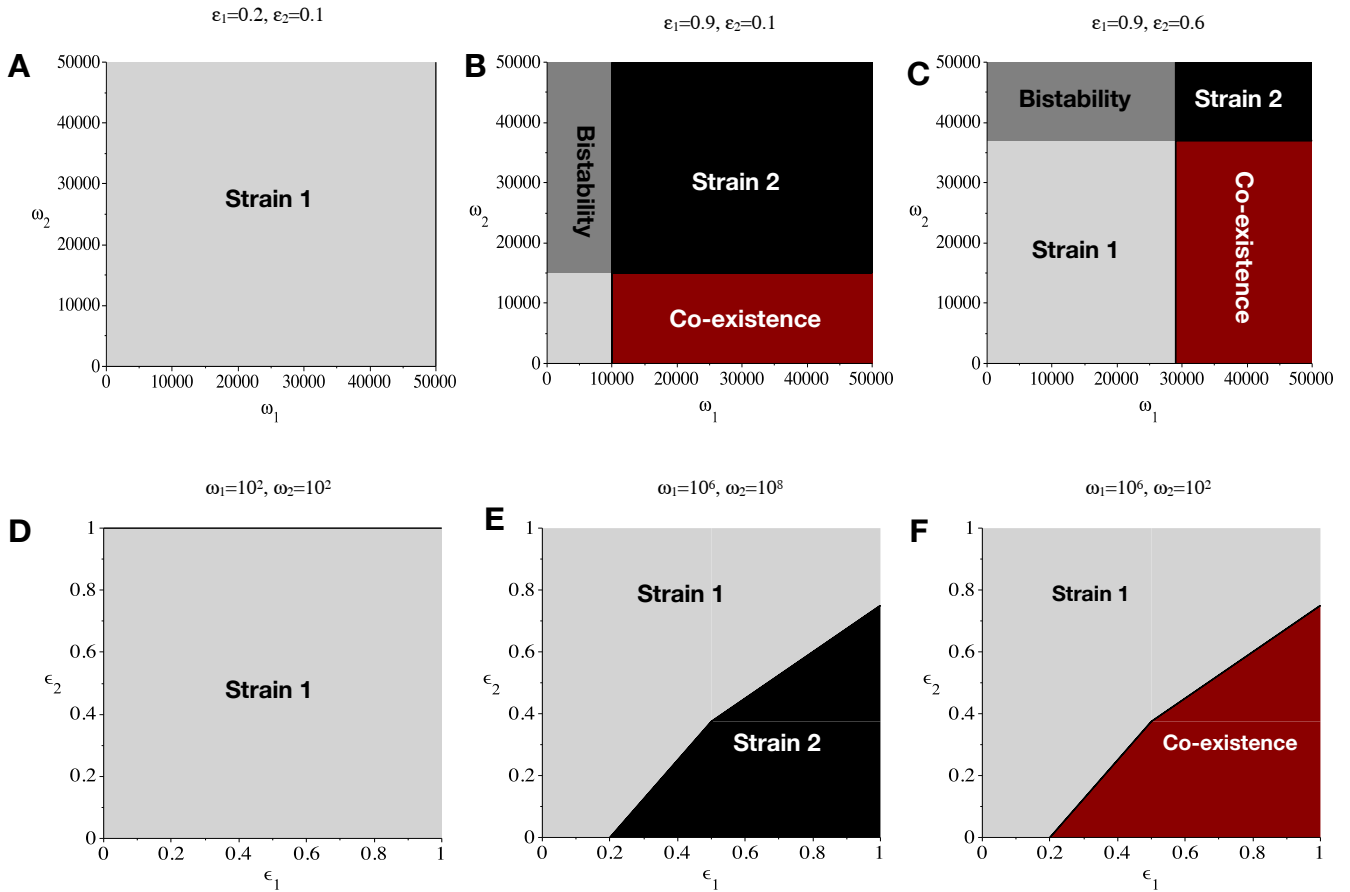


Figure 2: Parameter plane analysis of the  $SI_1I_2RX$  model. These dynamics are more complex than those exhibited by the  $SI_1I_2R$  model, which only predicts persistence of strain 1 for equivalent parameter values. The epidemiological parameters are at baseline values (Table 1). The social parameters are varied. (a) and (d) show no invasion of the mutant strain when  $\epsilon_1 = 0.2$  and  $\epsilon_2 = 0.1$  in the  $\omega_1 - \omega_2$  parameter plane (a) and when  $\omega_1 = \omega_2 = 10^2$  in the  $\epsilon_1 - \epsilon_2$  parameter plane (d). (b) and (c) represent similar qualitative results when for large  $\epsilon_1 = 0.9$  we get invasion of the mutant strain in the black region and co-existence with the resident strain in the red region. The invasion region is bigger when  $\epsilon_2$  is lower ( $\epsilon_2 = 0.1$  in (b) and  $\epsilon_2 = 0.6$  in (c)). Finally, in (e) and (f) we observe qualitatively different results when we vary  $\omega_2$  in the  $\epsilon_1 - \epsilon_2$  parameter plane. In (e),  $10^8 = \omega_2 > \omega_1$ , we have invasion of the mutant strain. In (f),  $\omega_1 = 10^6 > \omega_2$ , we have co-existence of the strains. The light gray region in the lower-left hand corner of subpanel (b) corresponds to both strains being extinct.