

# Thresholds, localization and centrality in epidemic spreading on networks

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## 6,000,000 DEATHS FROM INFLUENZA

This is Estimate For World, For Past 12 Weeks:

**RECALLS BLACK DEATH**

**"Flu" Five Times Deadlier Than World War.**

LONDON, Dec. 29.—Canadian Press, via Reuter's.—The Times' medical correspondent says that it seems reasonable to believe that about 6,000,000 persons perished from influenza pneumonia during the past 12 weeks. It has been estimated that the war caused the death of 20,000,000 persons in four and a half years.

Thus, the correspondent points out, influenza has proved itself five times deadlier than war, because, in the same

## INFLUENZA DEATH RATE IN ONTARIO

London's Fatality List 324 per 100,000 of Population.

Statistics compiled by Dr. J. W. R. Macdonough, chief officer of health for Ontario, indicate that in none of the cities in this province was the death rate from Spanish influenza and complications as great as in the United States capital. Toronto's death rate is given as 287 per 100,000. Kingston was the highest in Ontario, the rate being 342 per 100,000. Windsor suffered the most of any Canadian city, according to the figures now available. The death rate in that city was 744 per 100,000.

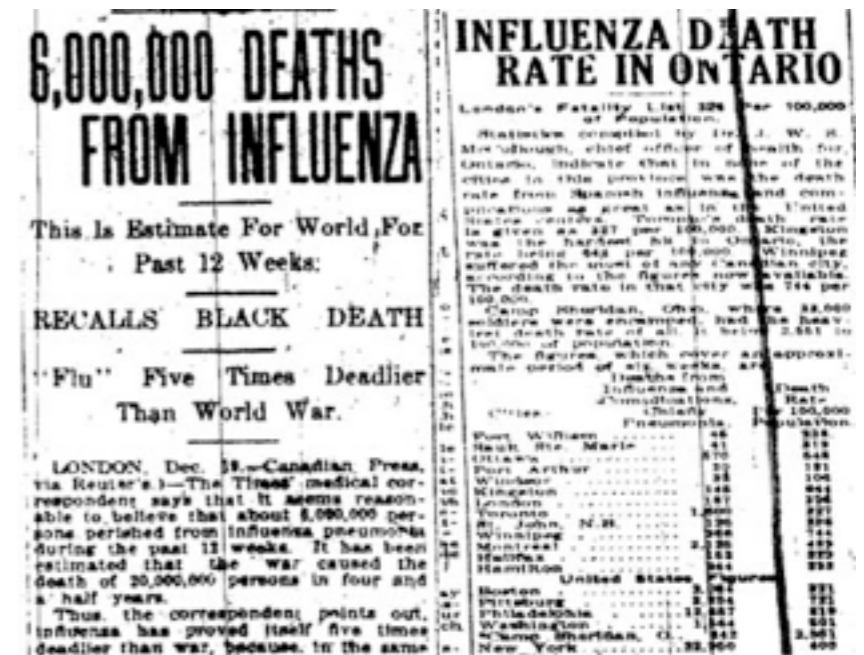
Camp Sherman, Ont., where 28,000 soldiers were encamped, had the heaviest death rate of all, it being 2,551 to 100,000 of population.

The figures which cover an approximate period of six weeks, are:

City	Influenza and Pneumonia	Deaths per 100,000
Port William	46	224
North Bay	51	219
Elliot	57	248
Port Arthur	57	281
Windsor	64	304
Kingston	144	342
London	187	324
Toronto	280	342
St. John, N.B.	320	342
Windsor	320	342
Montreal	320	342
Quebec	320	342
Hamilton	320	342
United States		
Boston	320	342
Pittsburg	320	342
Philadelphia	320	342
Washington	320	342
Camp Sherman, O.	320	342
New York	320	342

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- In 1918 spanish flu killed 40-50 million people, many more than world war I
- New epidemics constantly appear (HIV, SARS, Ebola...)





Epidemic-like phenomena are ubiquitous



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- .....

# Epidemics and networks

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## H1N1 2009 pandemics



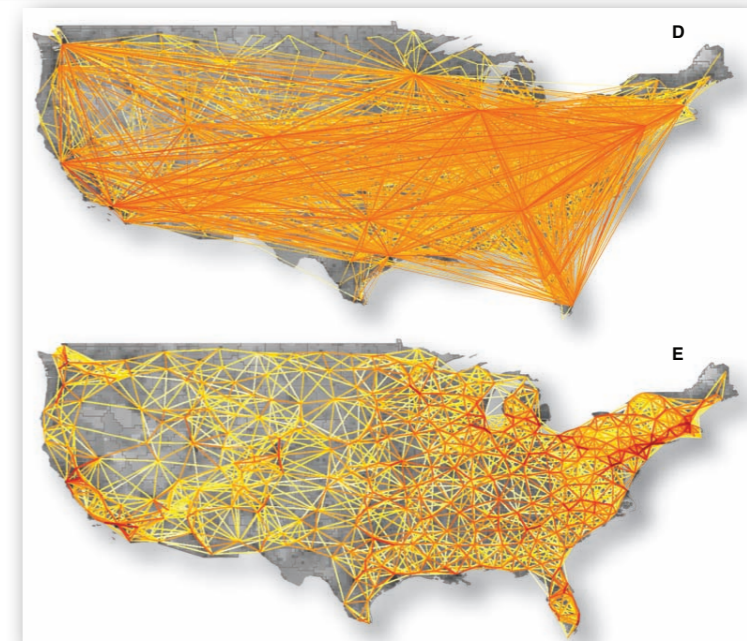
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Black death

Fast and long-range travel is crucial

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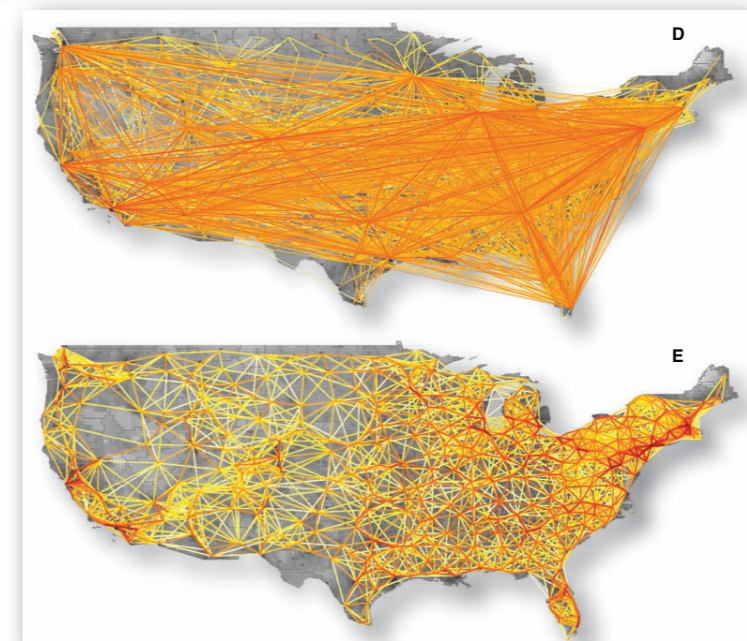


Black death

Fast and long-range travel is crucial

Large-scale heterogeneous transportation networks are relevant

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# Epidemics and networks

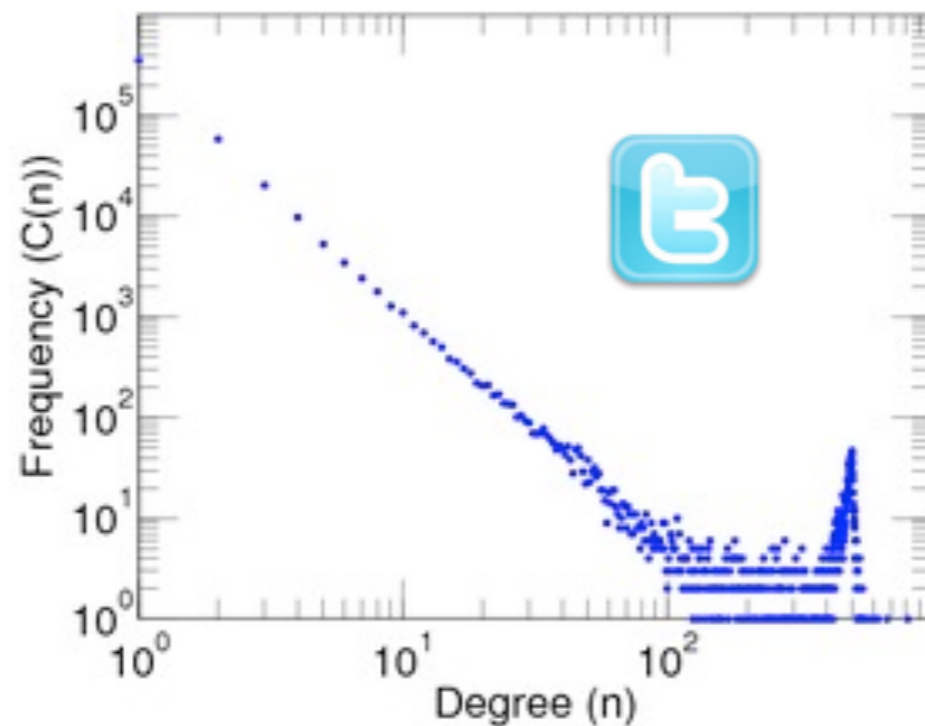
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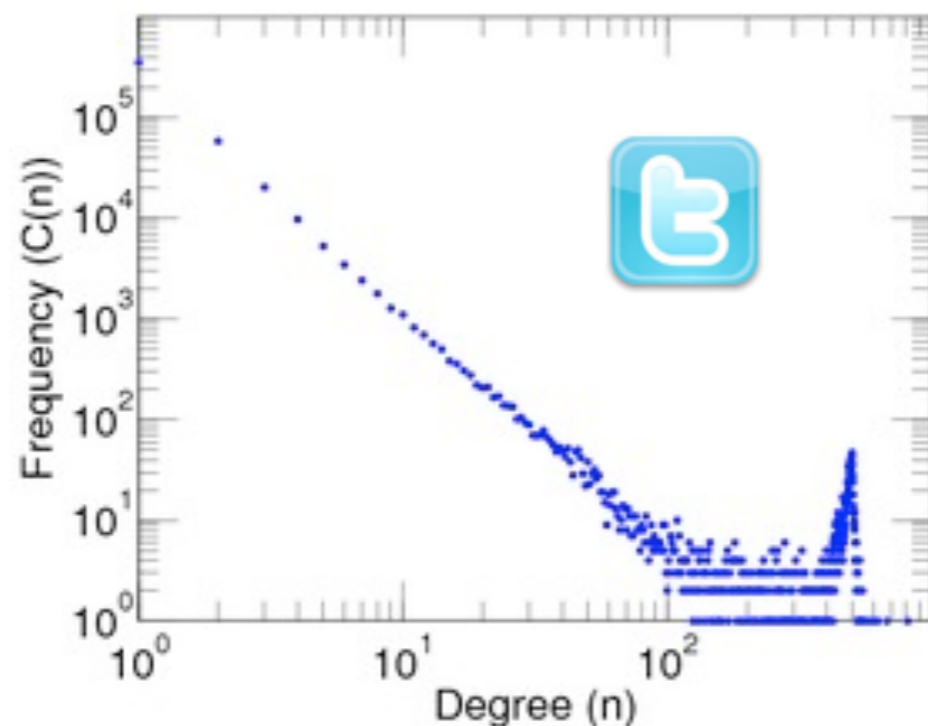
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## Heterogeneous networks are relevant

HIV “patient zero” infected 40 of the 284 cases of AIDS in the USA



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    - Which spreaders are most influentials?
    - How can the origin of an outbreak be reconstructed?



# Classes of epidemics

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## SIS class

- Temporal/no immunity
- Individuals can be infected many times
- Outbreaks can persist forever

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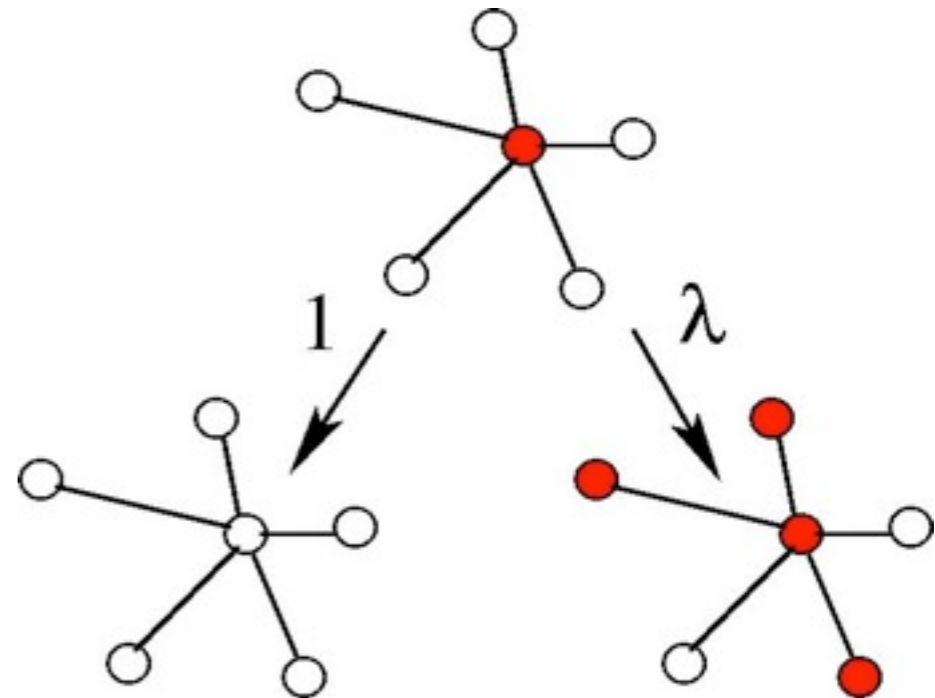
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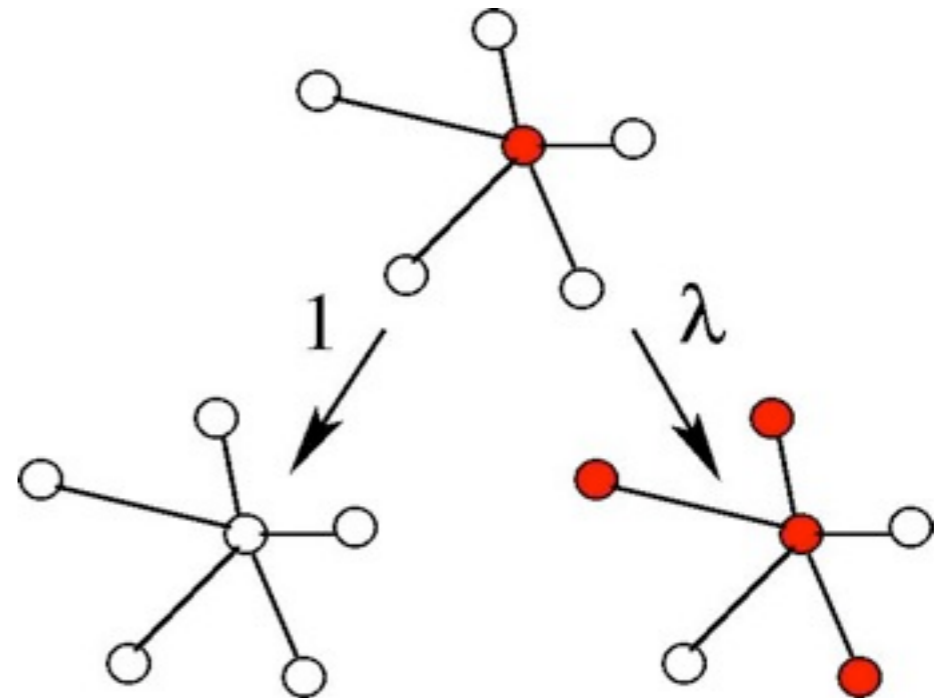
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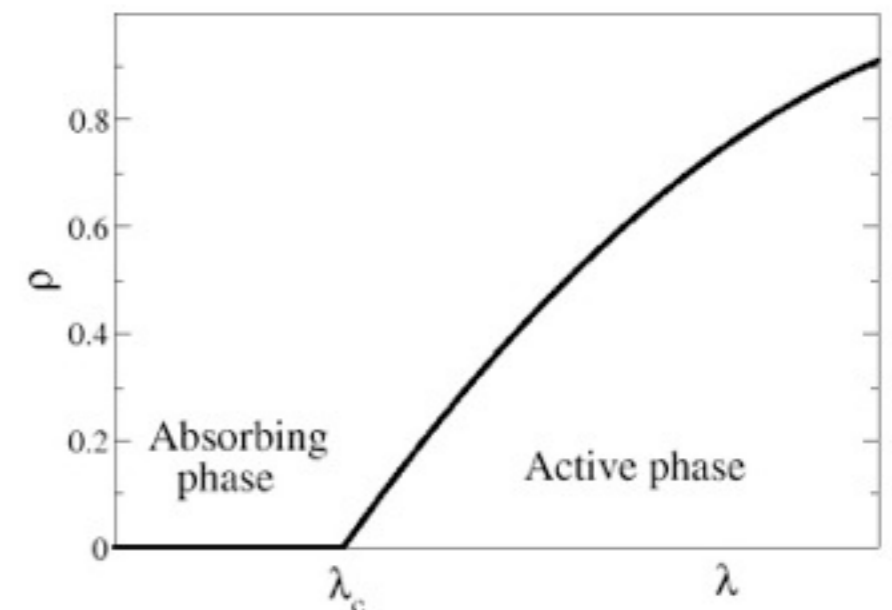


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- Order parameter  
 $\rho$  = fraction of infected nodes  
in the stationary state





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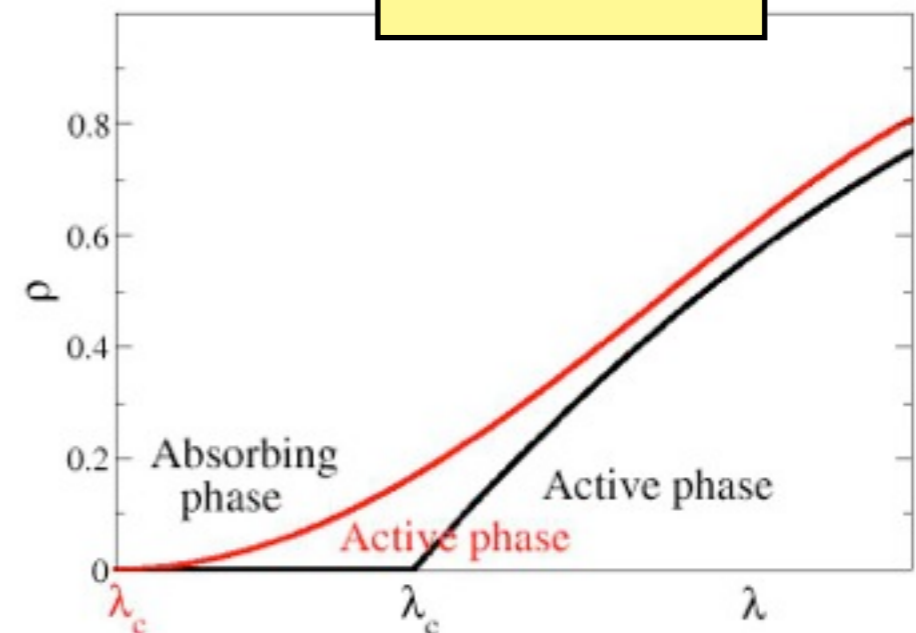
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- In the limit of large system size

$$\lambda_c \rightarrow \begin{cases} 0 & \gamma \leq 3 \\ \text{finite} & \gamma > 3 \end{cases}$$

**Zero threshold for scale-free networks**



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- QMF + Chung et al. formula

$$\lambda_c \simeq \begin{cases} 1/\sqrt{k_{max}} & \gamma > 5/2 \\ \frac{\langle k \rangle}{\langle k^2 \rangle} & 2 < \gamma < 5/2 \end{cases}$$

The epidemic threshold always goes to zero

Zero threshold has not to do with the scale-free property

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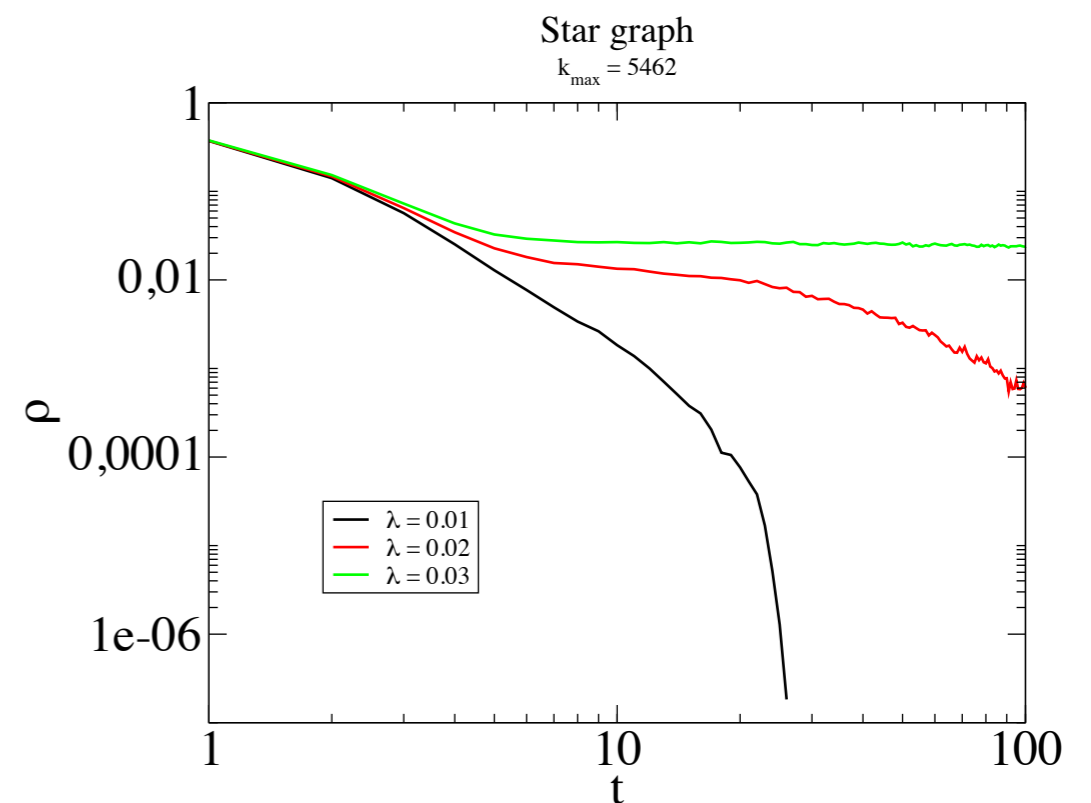
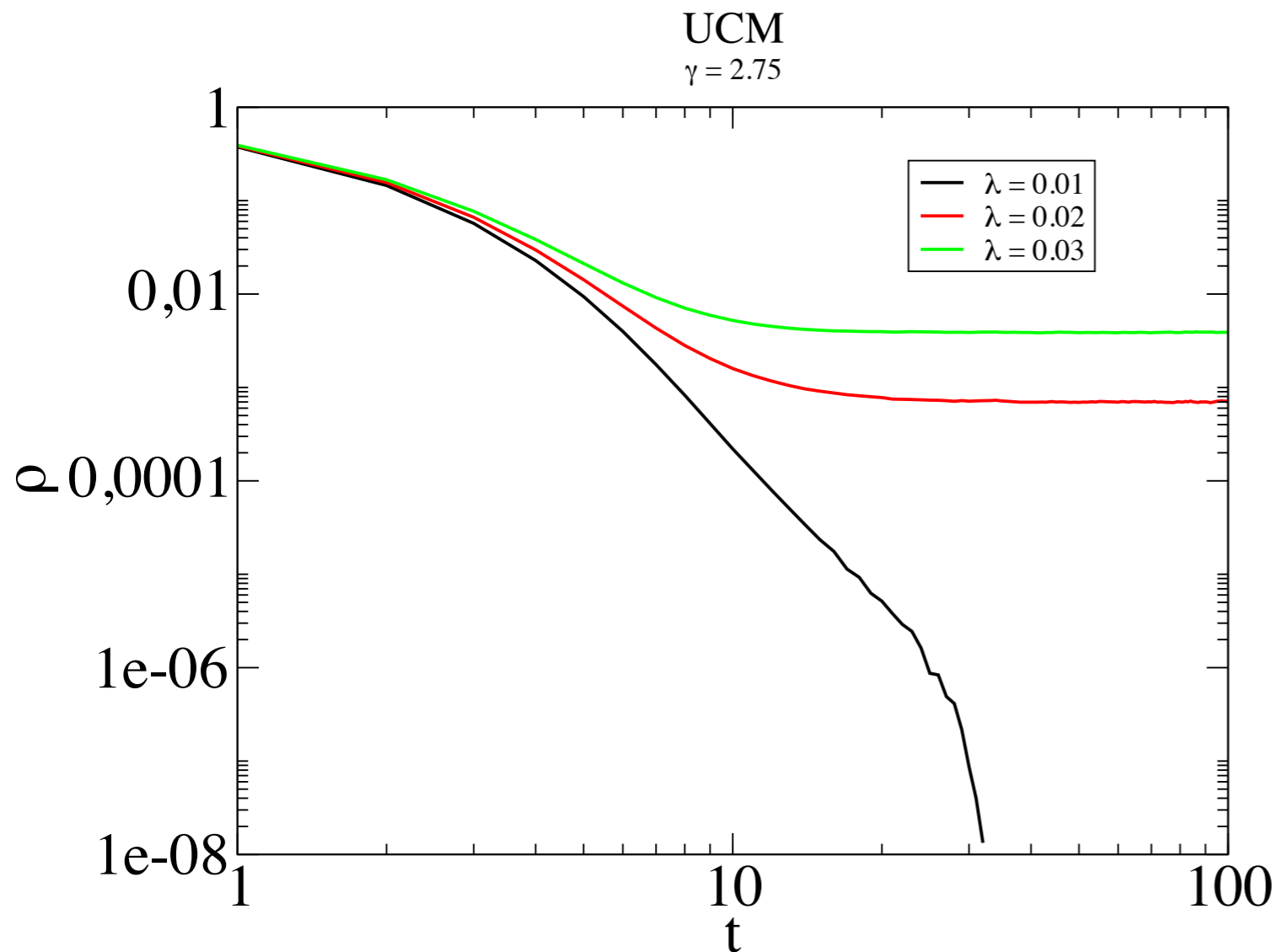
- QMF and HMF coincide only for  $\gamma < 5/2$
- QMF is **not** exact

$$\rho_{ij} \neq \rho_i \rho_j$$

# Triggering mechanisms

- The expressions for the thresholds are different for different ranges of  $\gamma$ . What triggers the transition?

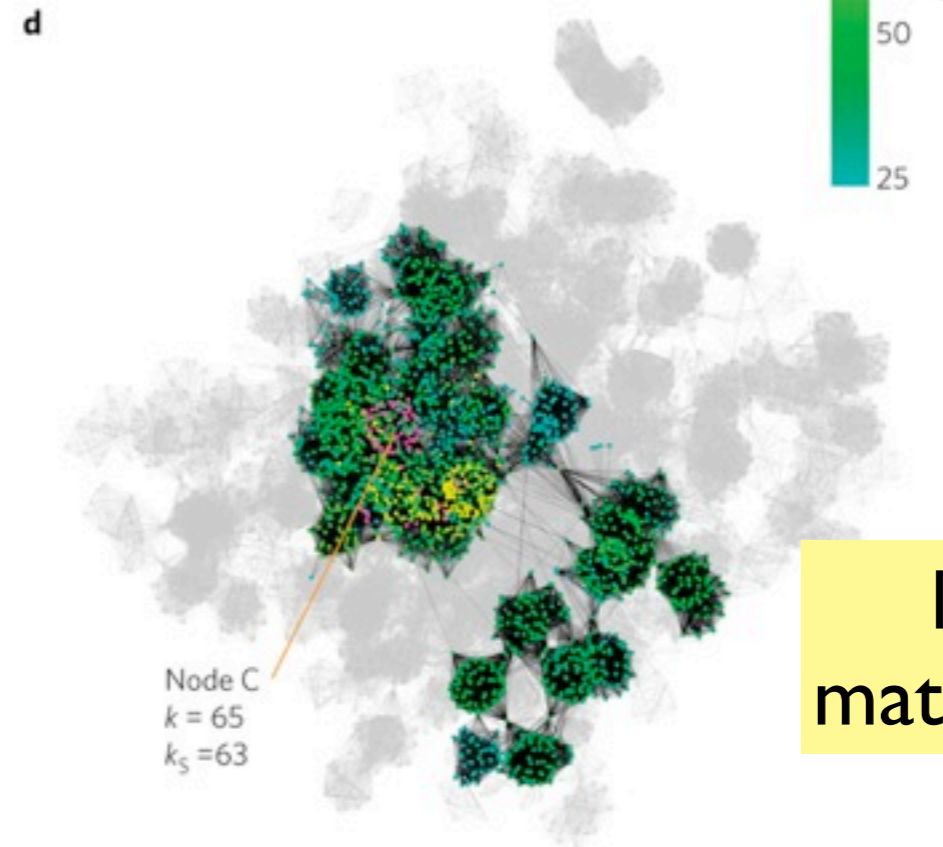
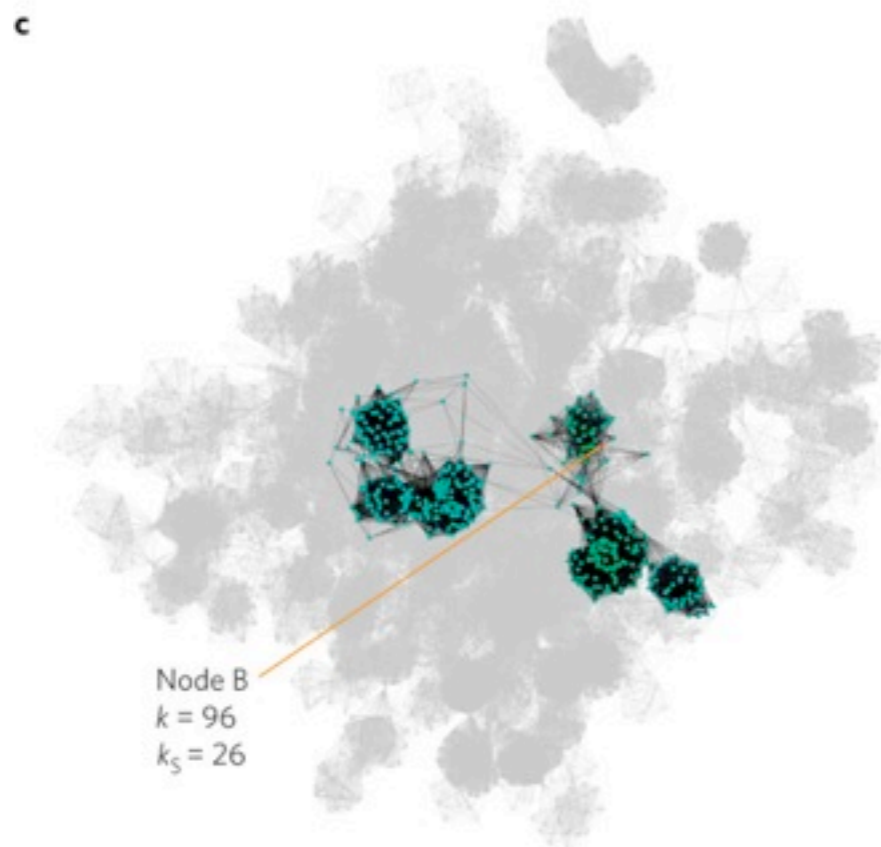
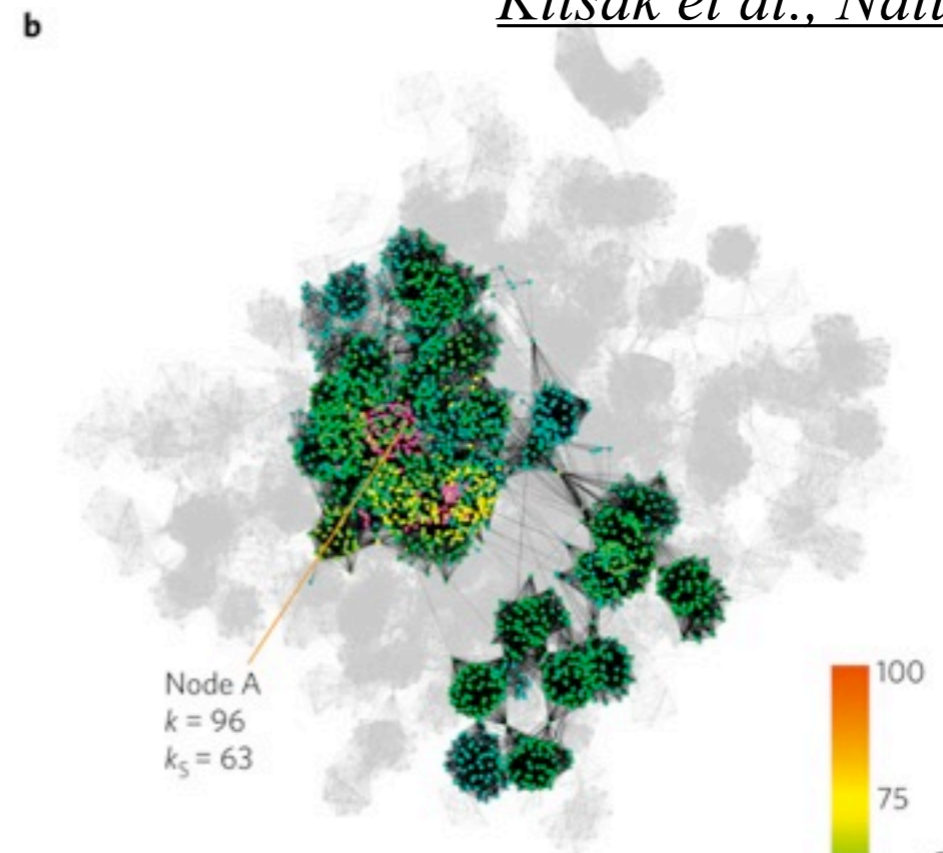
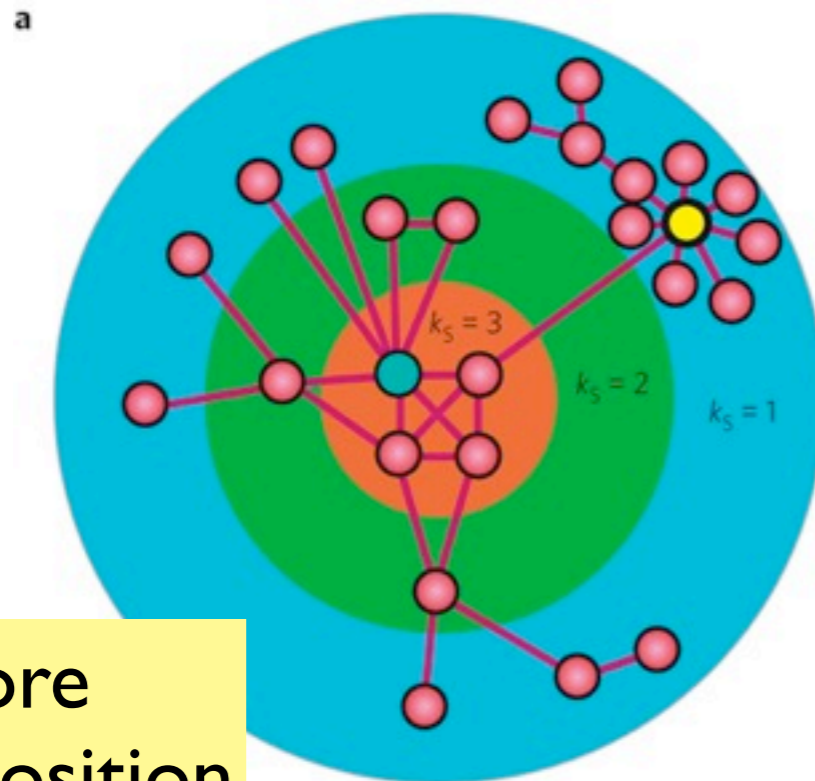
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- For  $\gamma > 5/2$  it is the largest hub



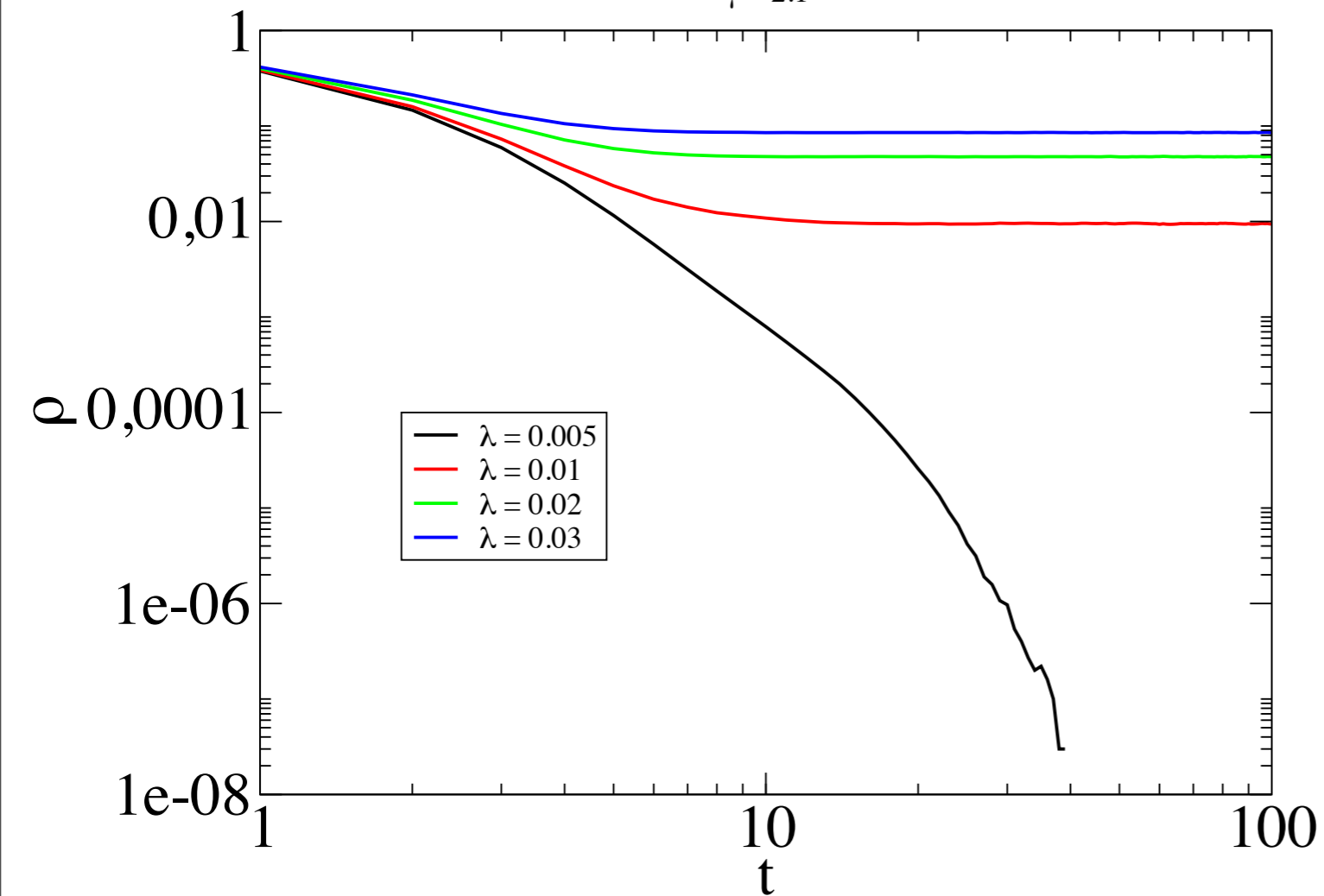
# Influential spreaders for SIR

*Kitsak et al., Nature Physics (2010)*

k-core decomposition



k-cores matter for SIR

UCM  
 $\gamma = 2.1$ 

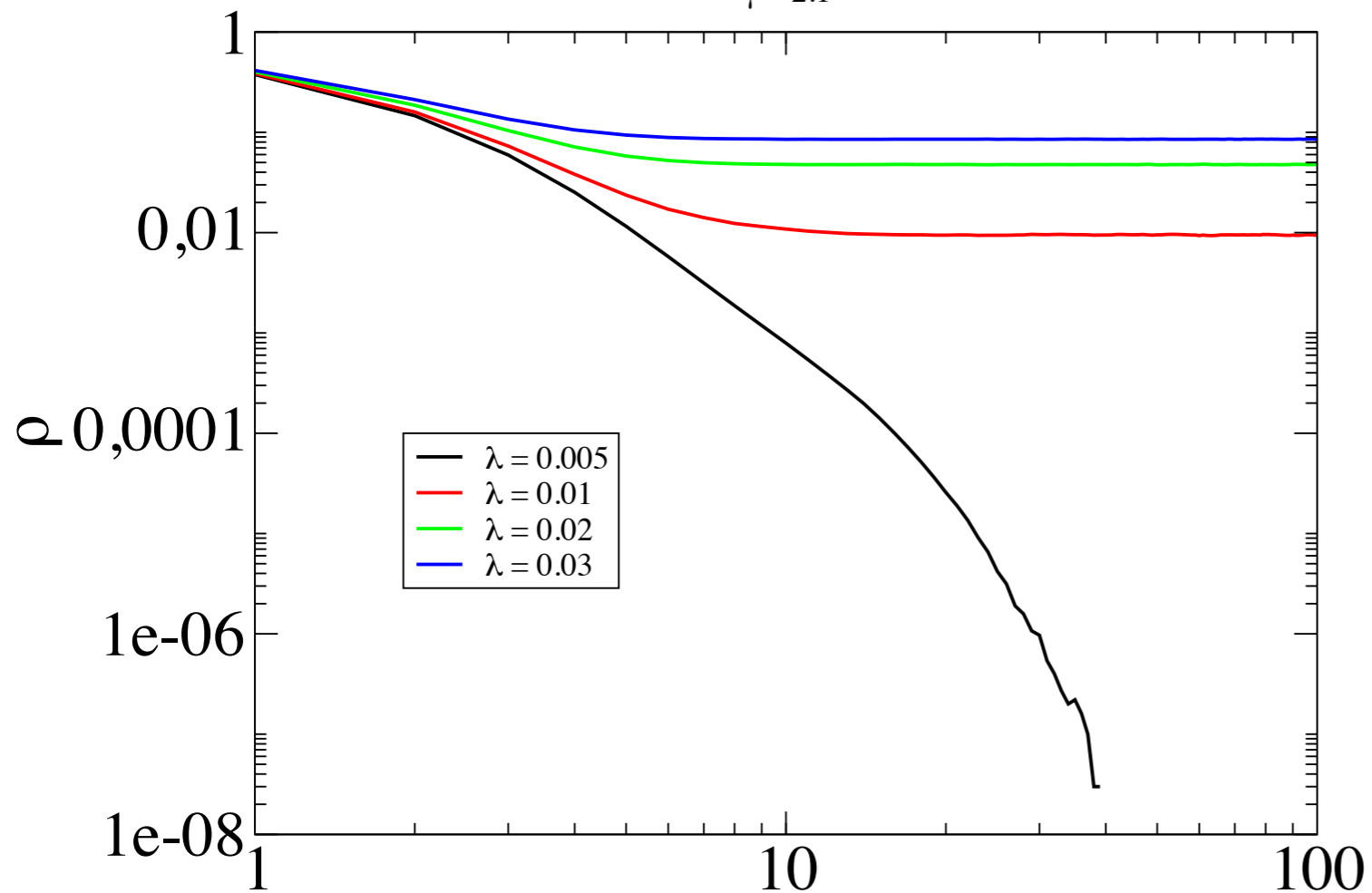
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Transition governed  
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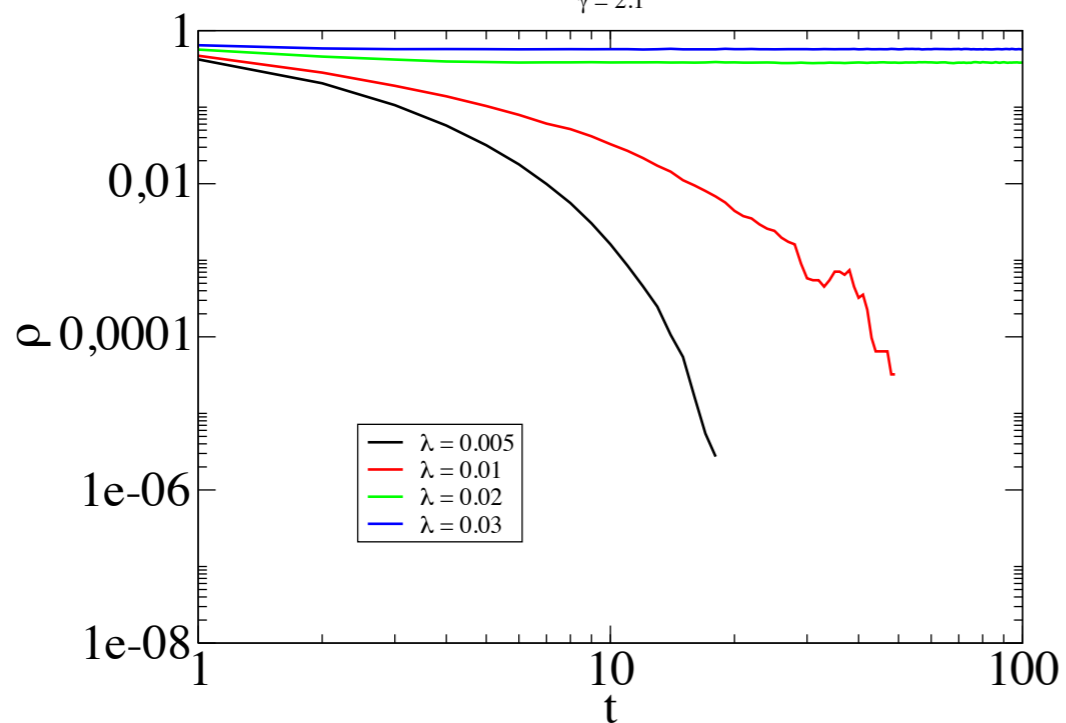
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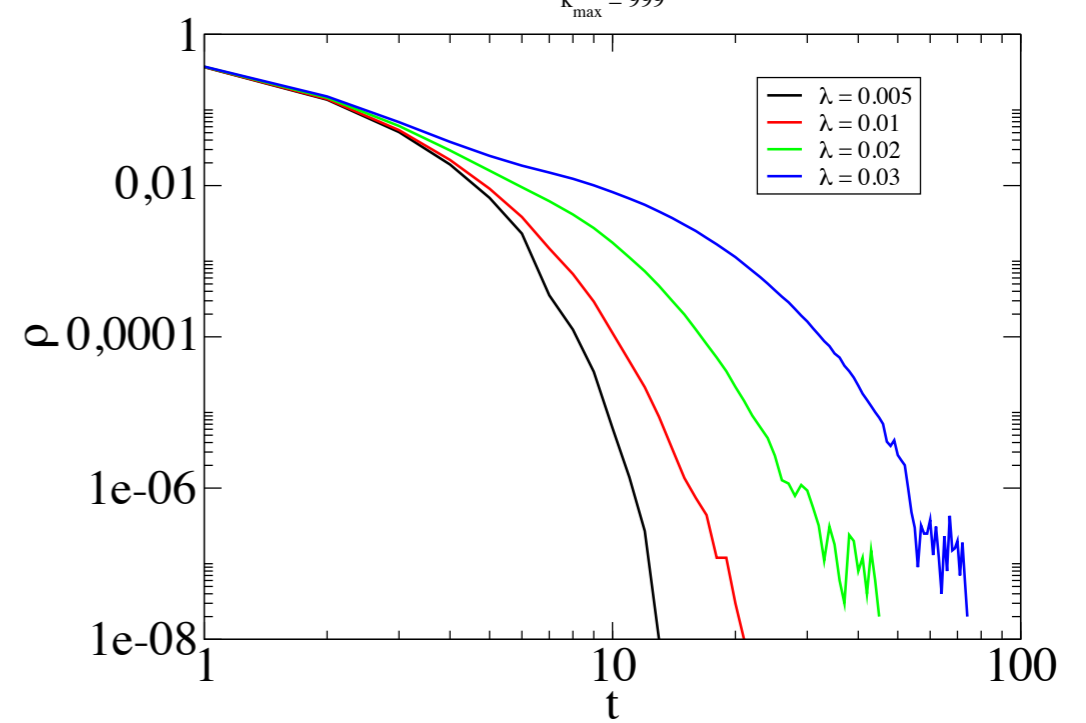
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star graph  
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- This picture is derived **within** QMF framework

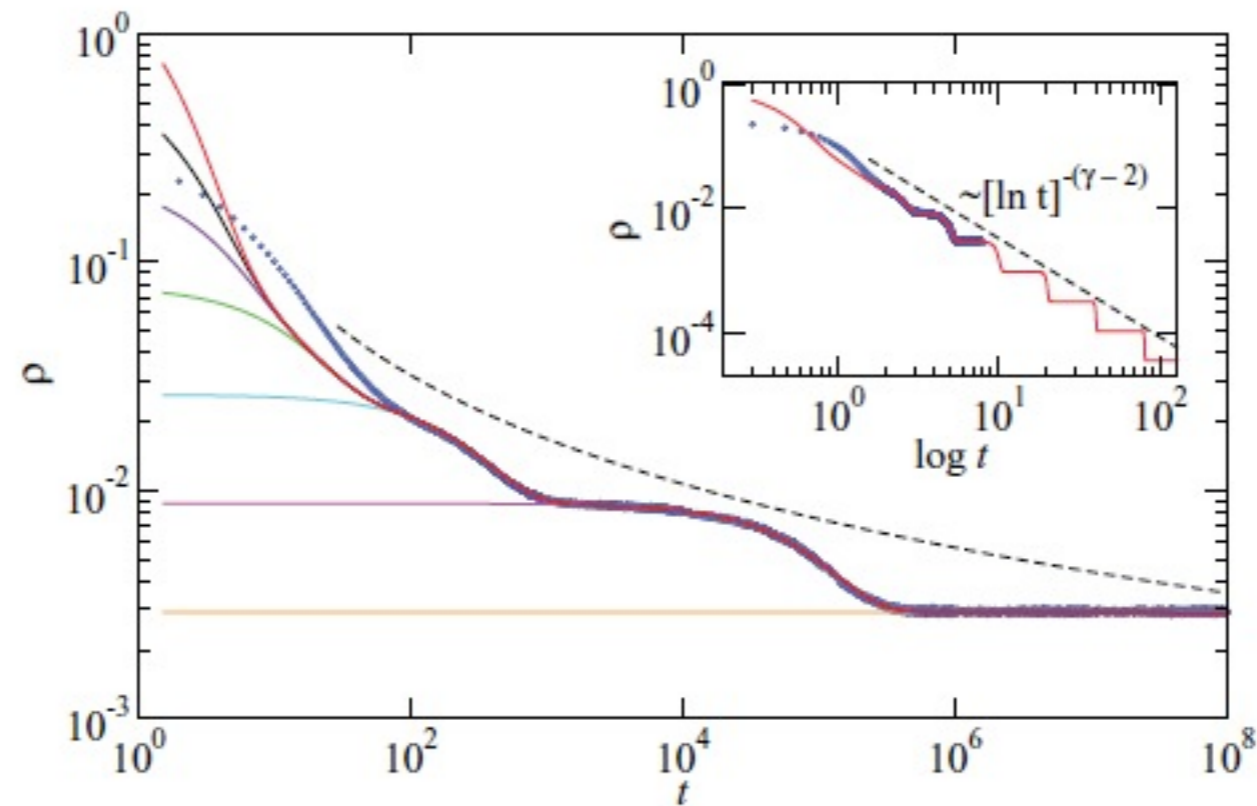
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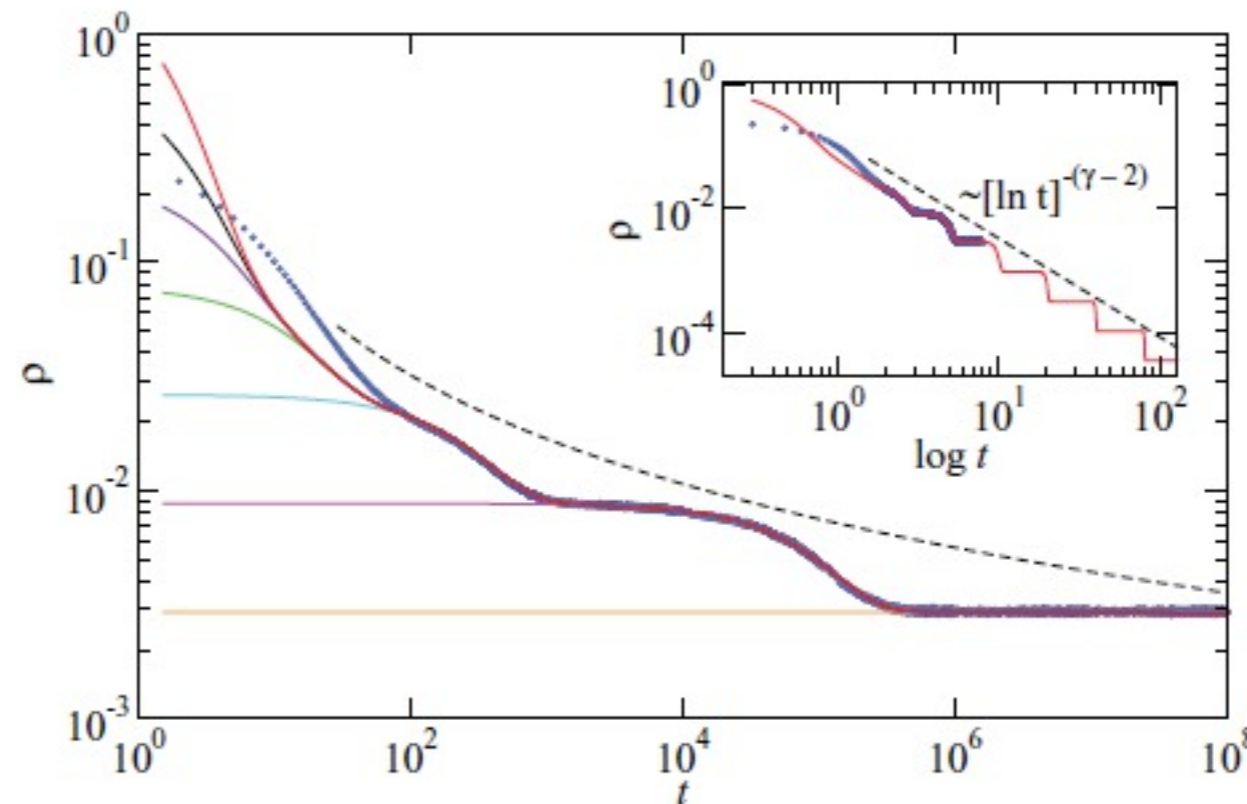




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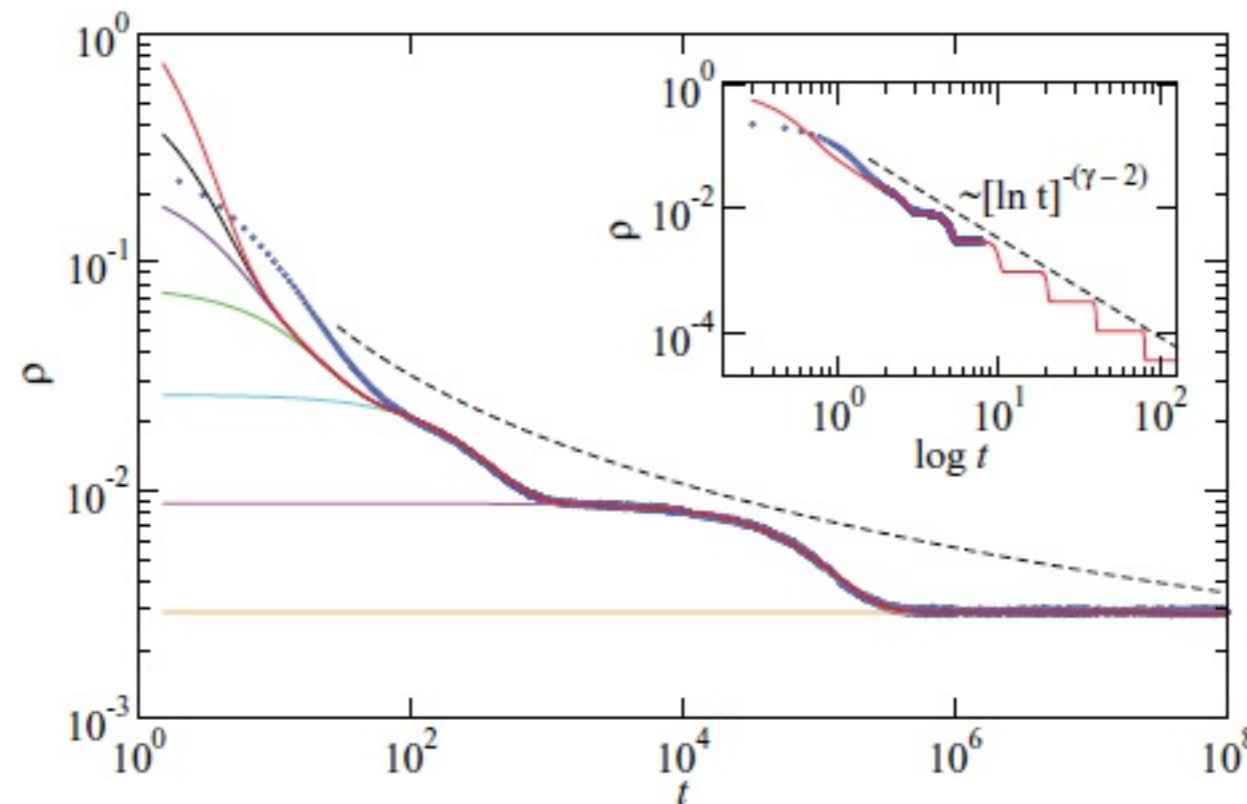


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- If hubs are in directly contact with each other:  
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- For  $\gamma > 3$  hubs are **not** in direct contact with each other:  
Griffiths-like phase

# A new analytical approach: Beyond QMF

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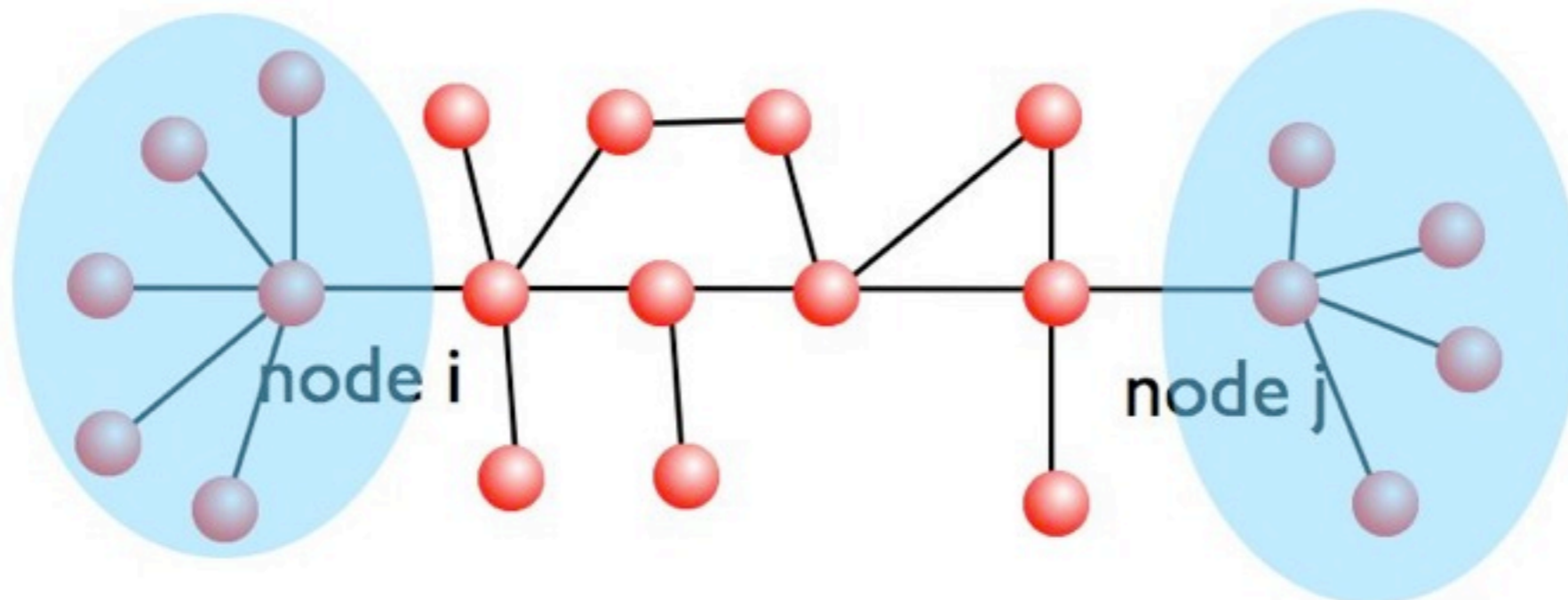
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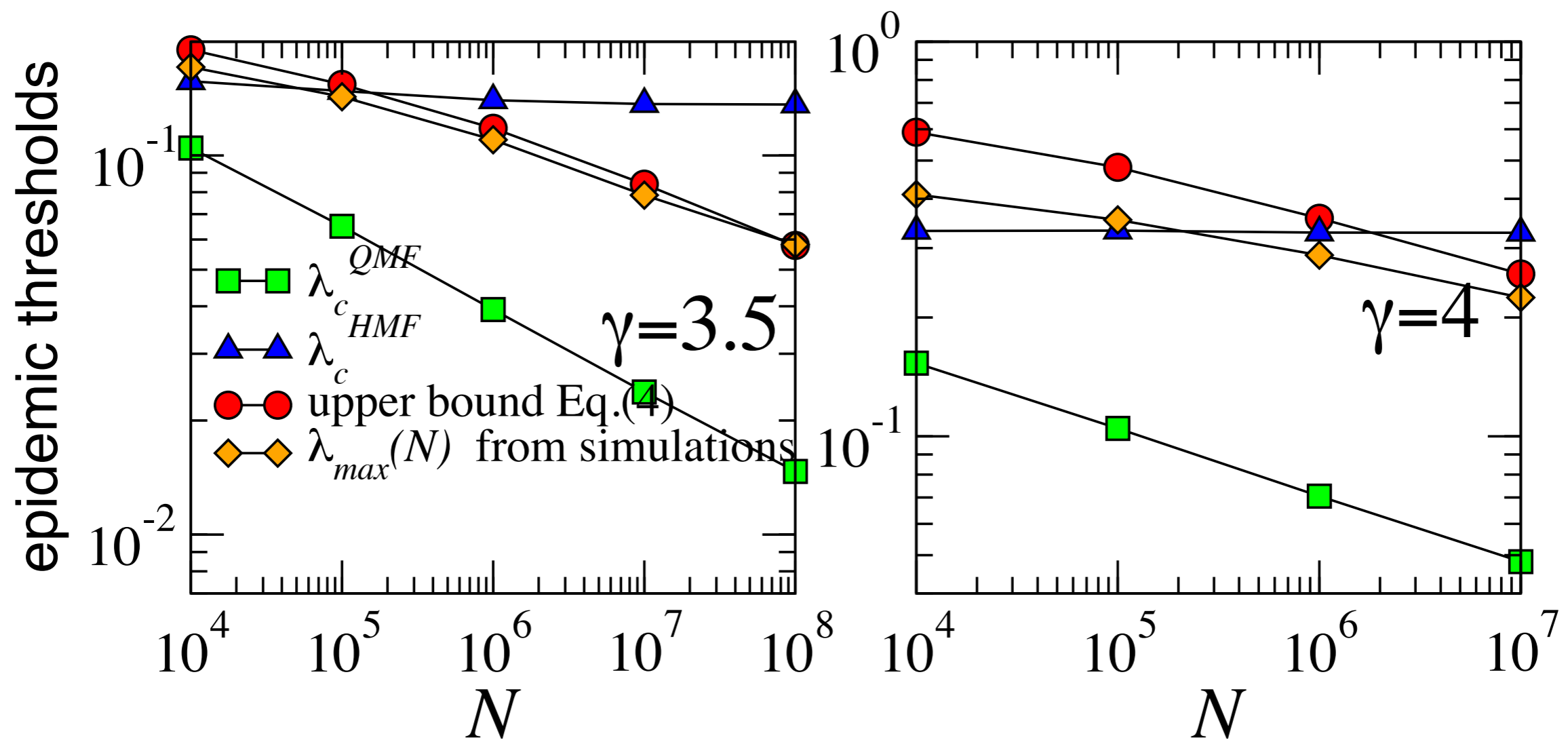
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- New approach: take into account also dynamical correlations between distant neighbors (reinfection among distant hubs)

On long time scales reinfections can happen over long distances



# New numerical simulations

*Boguna, Castellano and Pastor-Satorras, Phys. Rev. Lett.. (2013)*



# Eigenvector centrality localization



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Inverse participation ratio

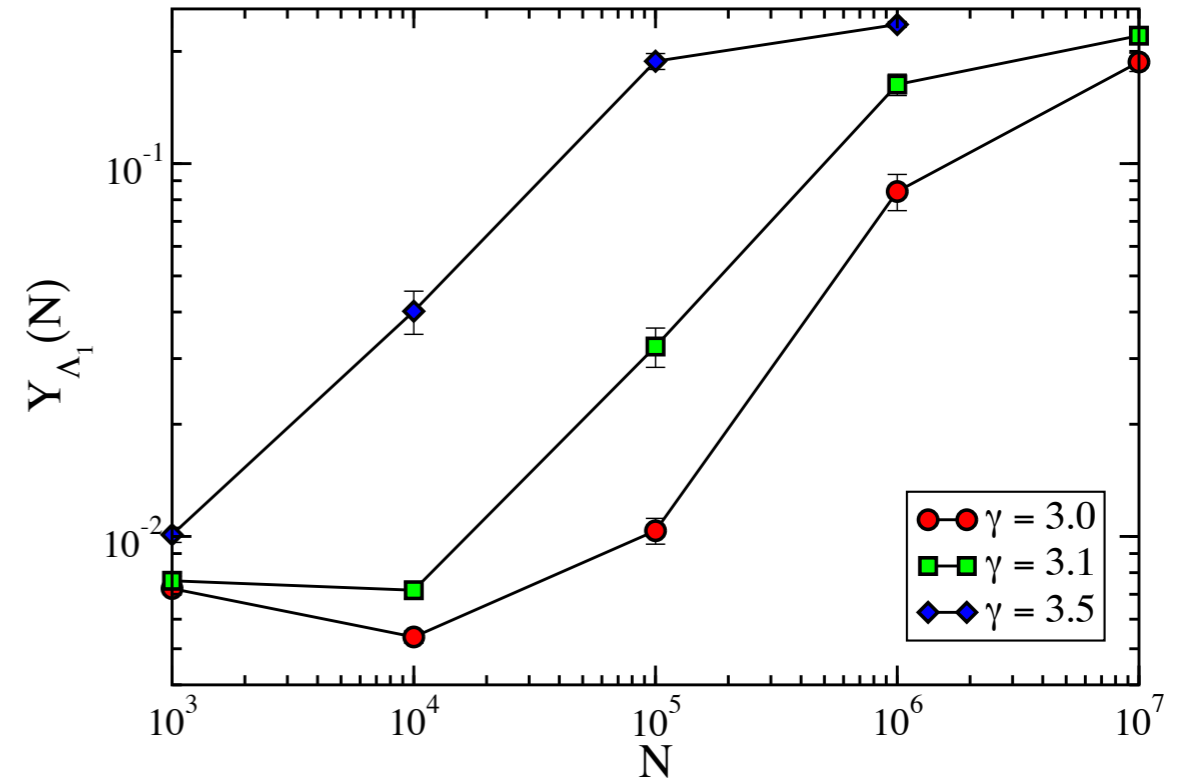
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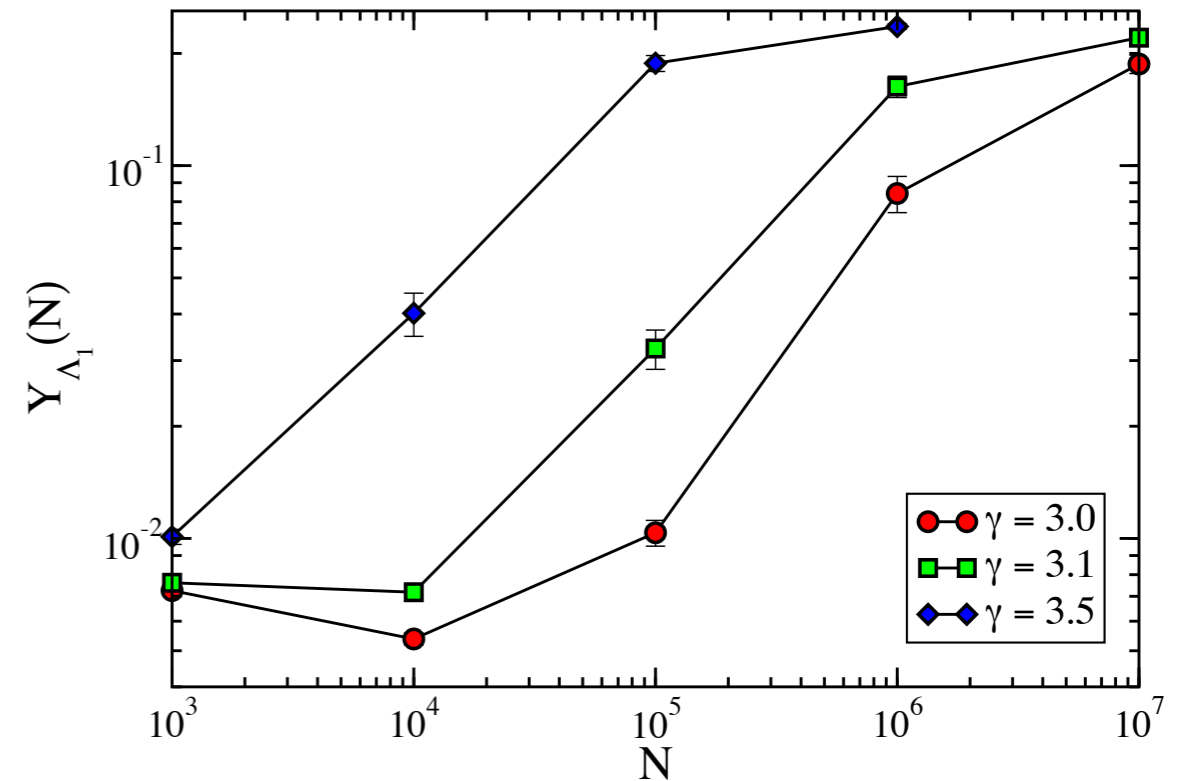


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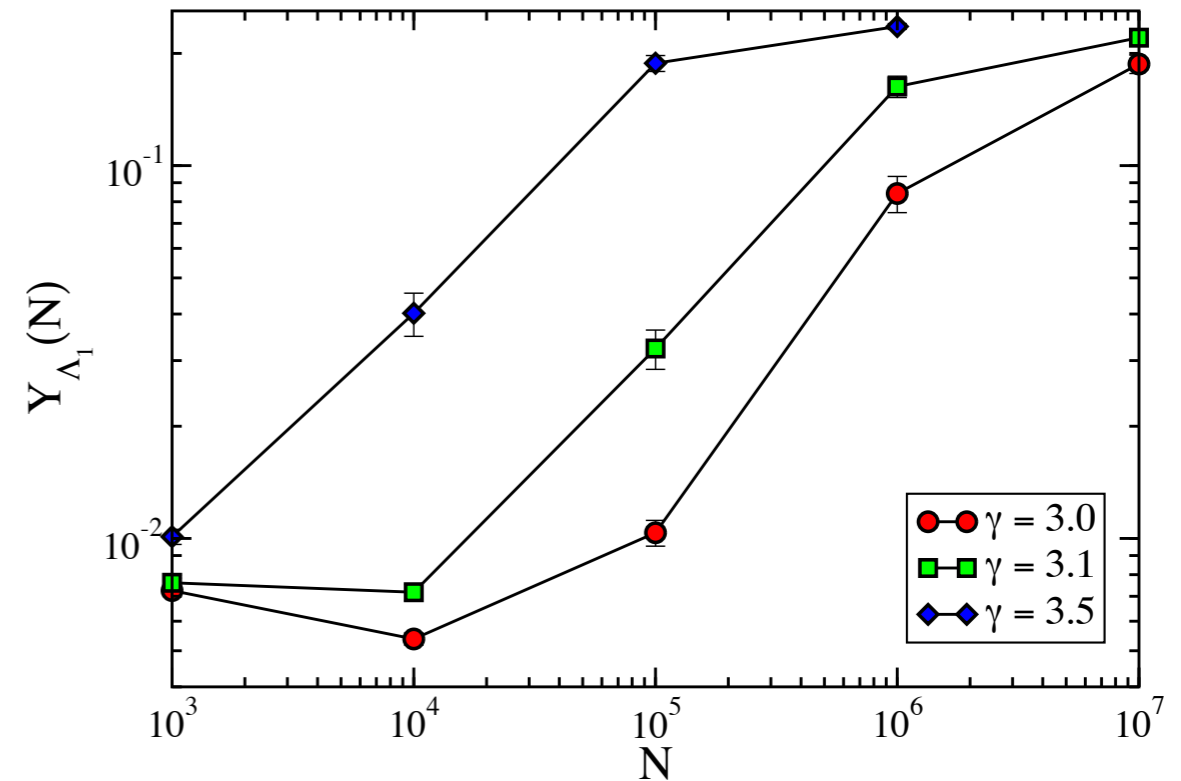
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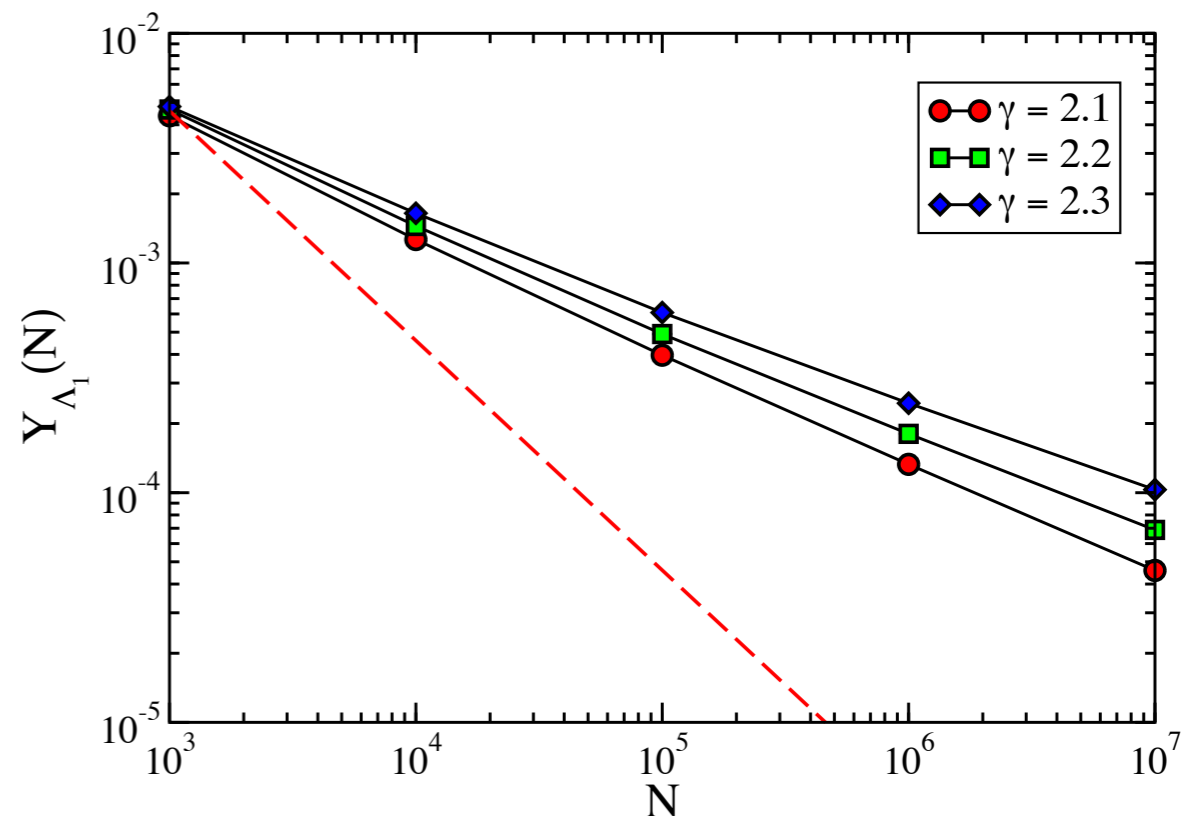
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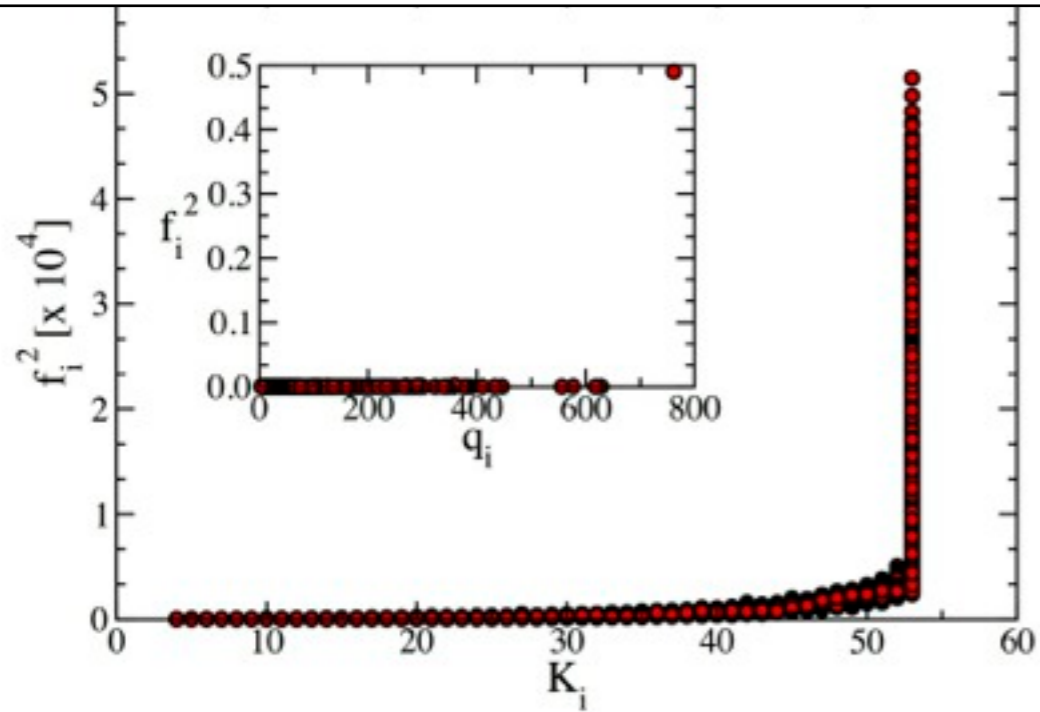
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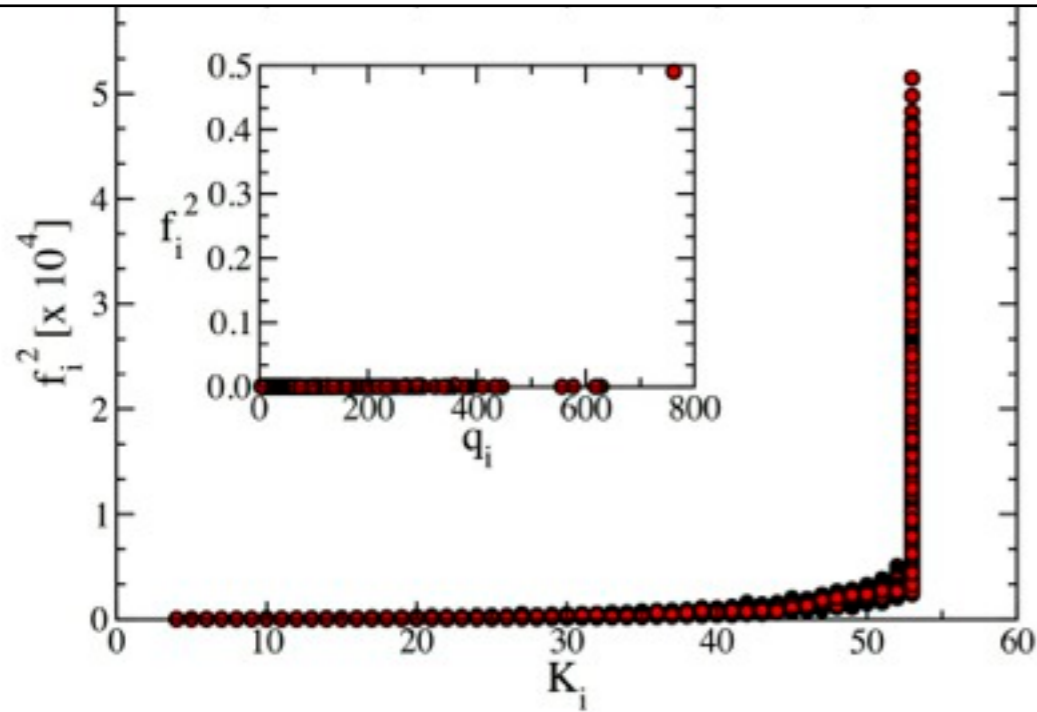
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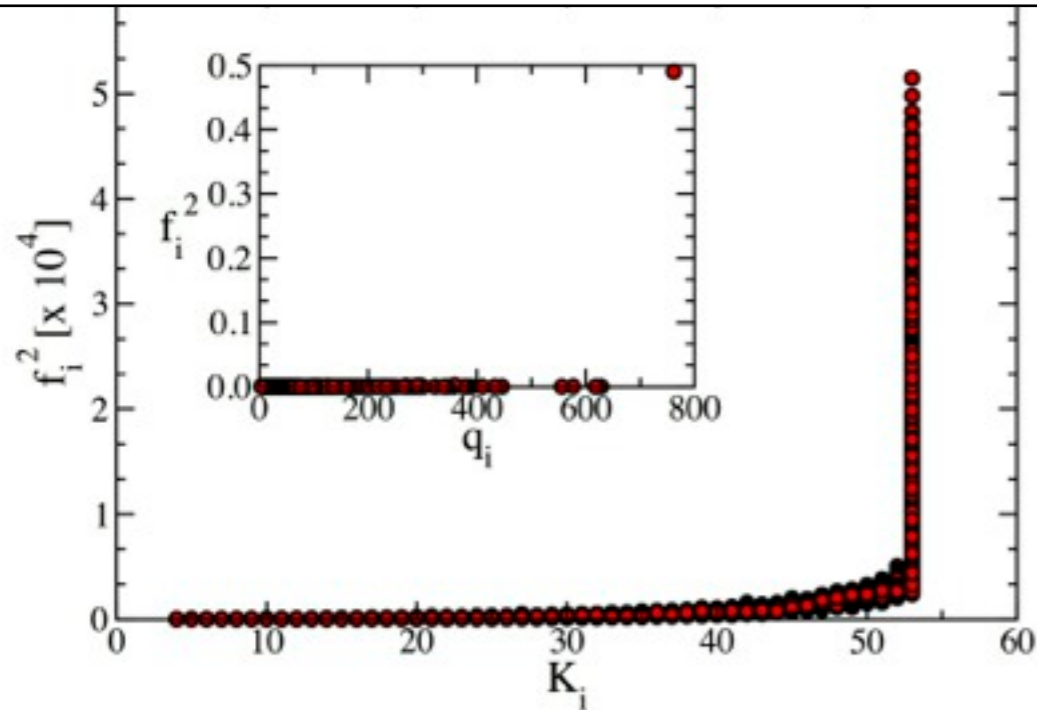
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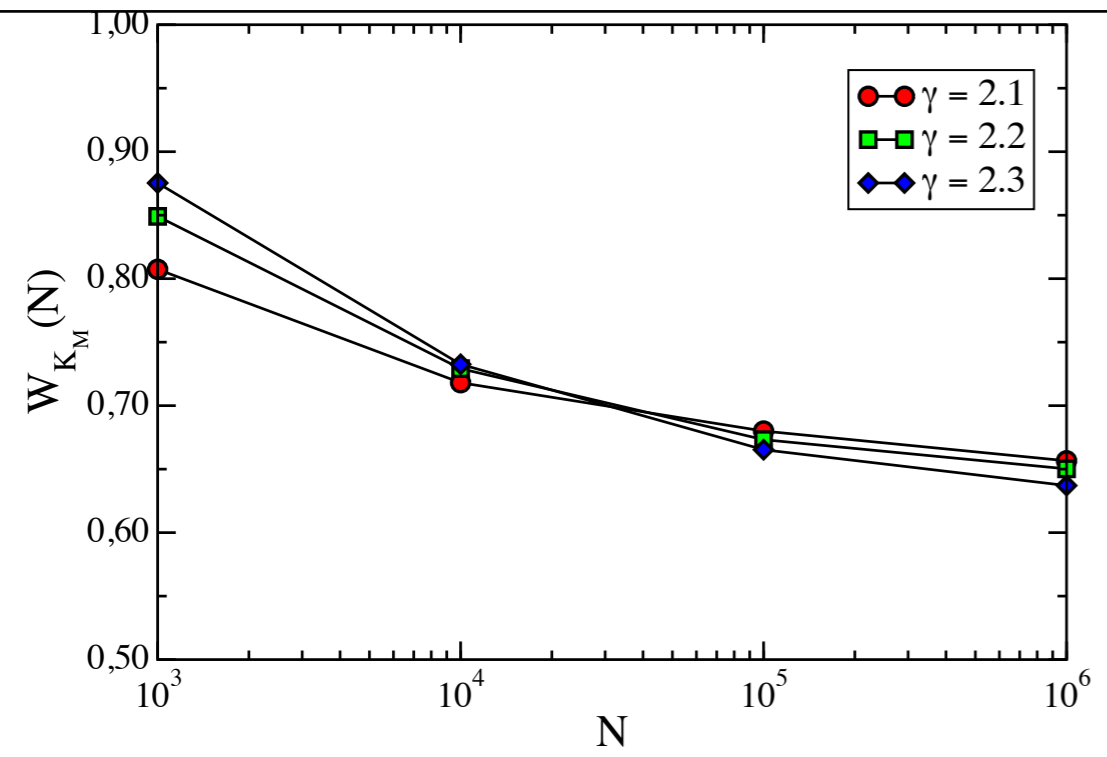
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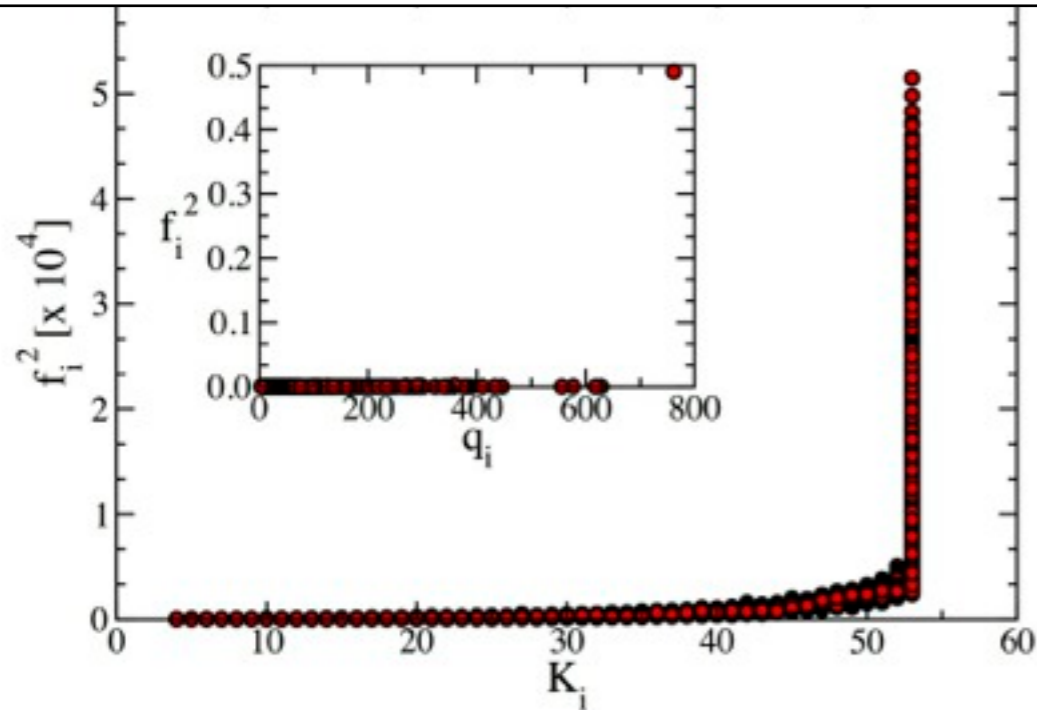
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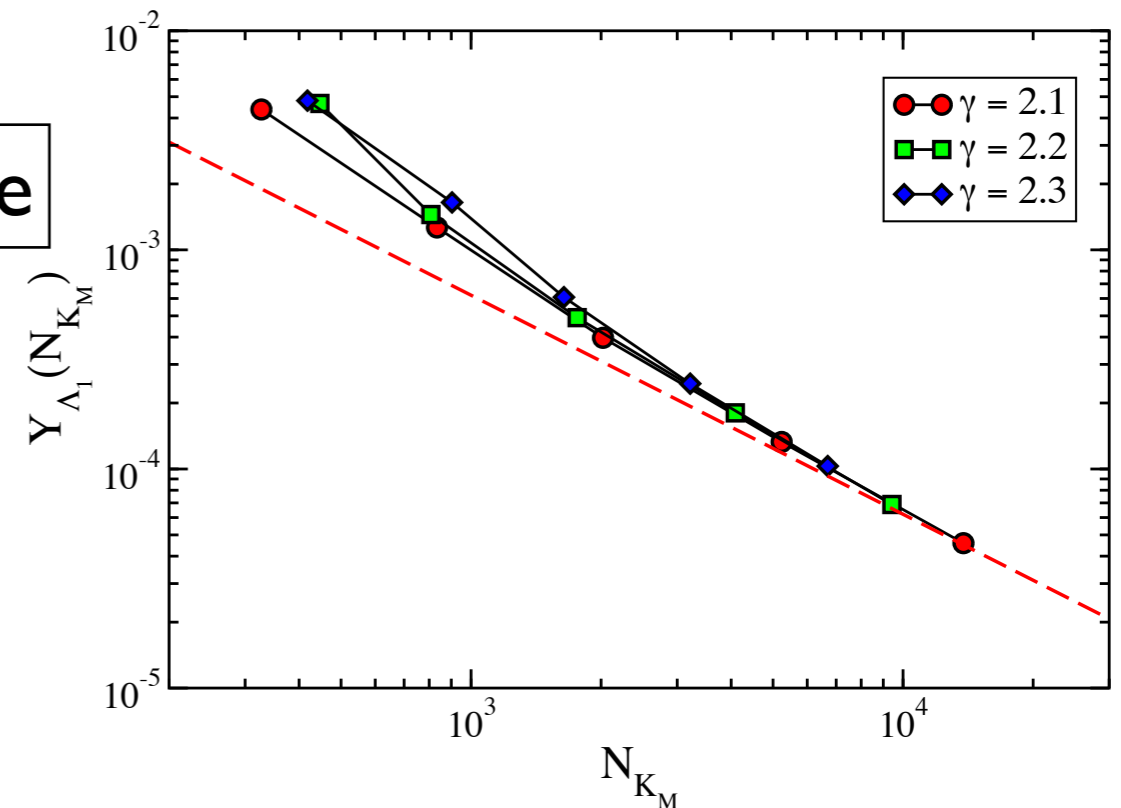
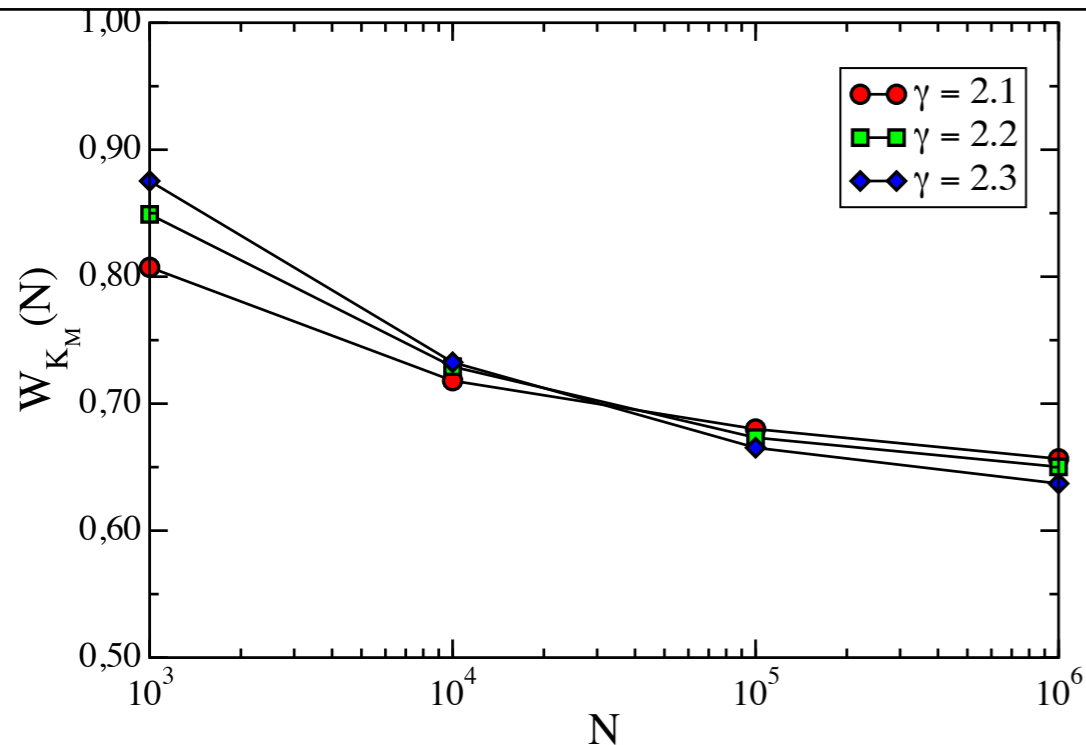
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Localization on the max K-core

# A new type of eigenvector centrality localization

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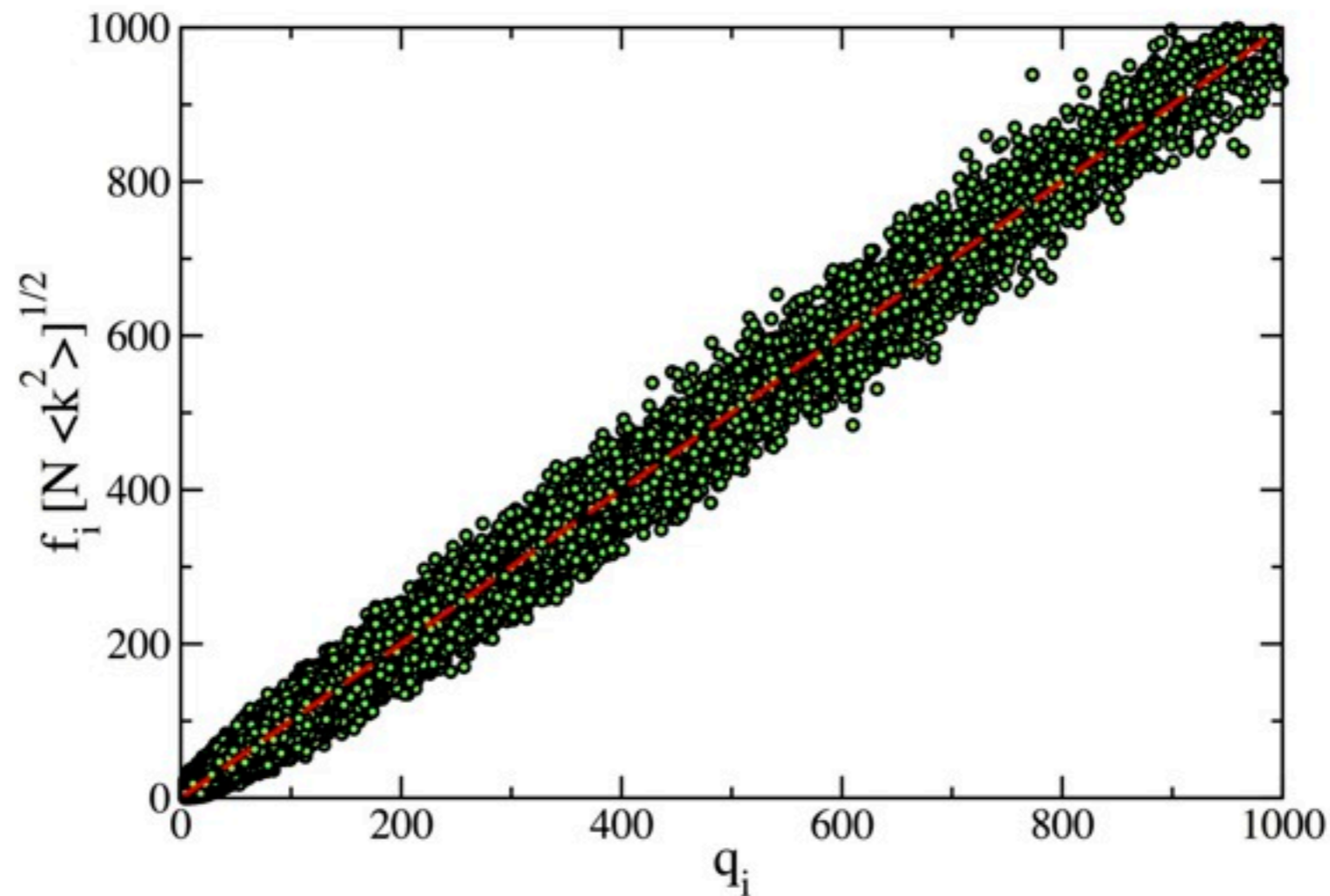
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- For  $\gamma < 5/2$ , EC is localized around a mesoscopic subgraph: the max K-core.  
It is just proportional to degree centrality:  $f_i \sim k_i$

# An alternative centrality

- Martin, Zhang and Newman propose to use an alternative centrality, computed starting from the components of the leading eigenvector of the Non-Backtracking matrix

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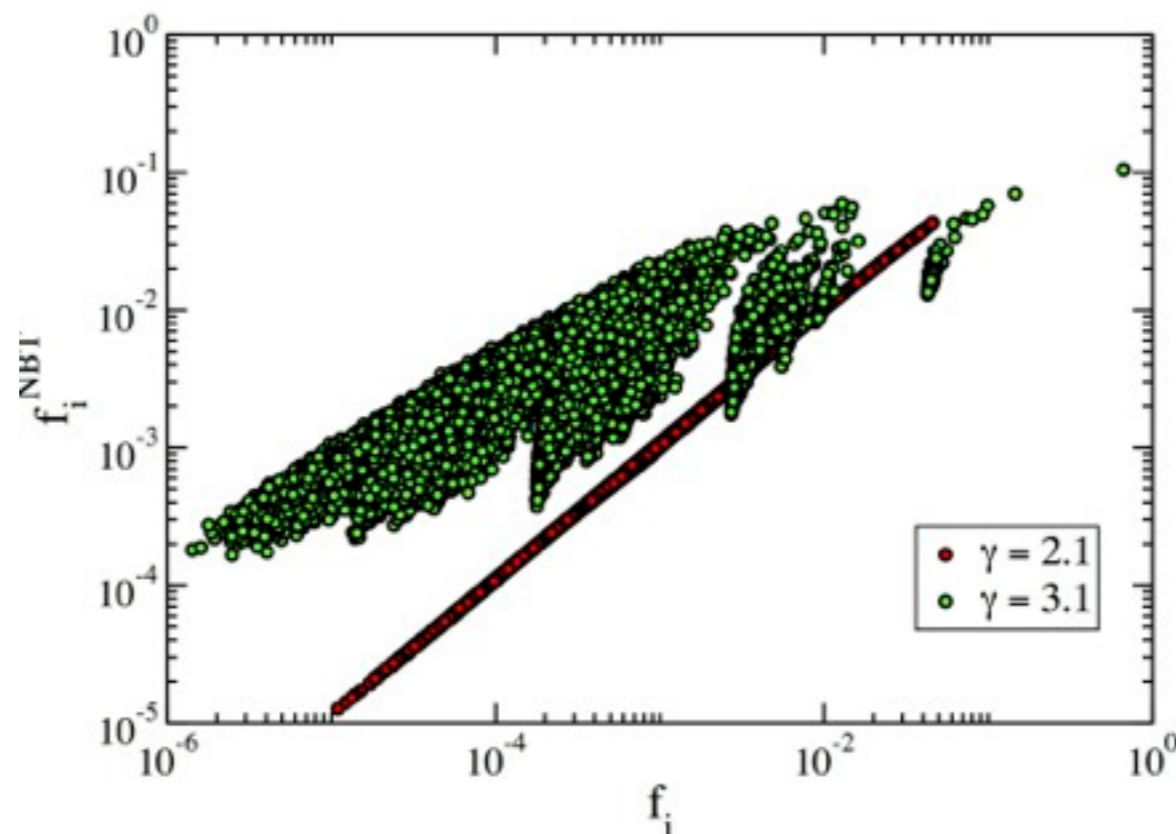
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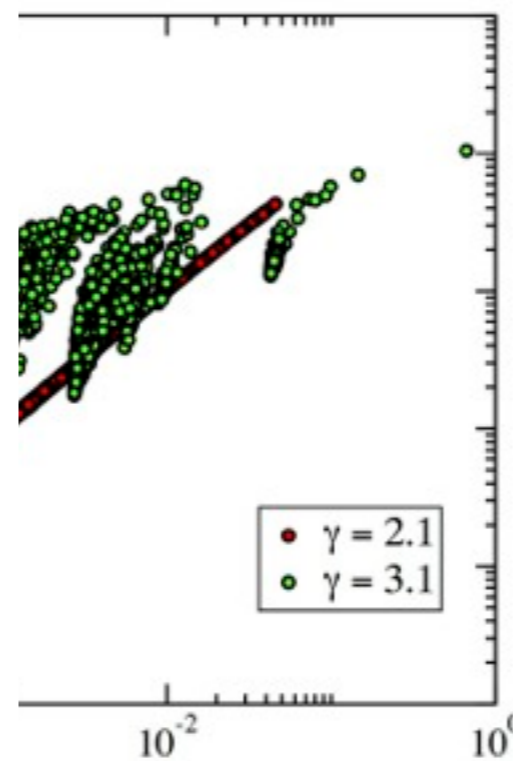
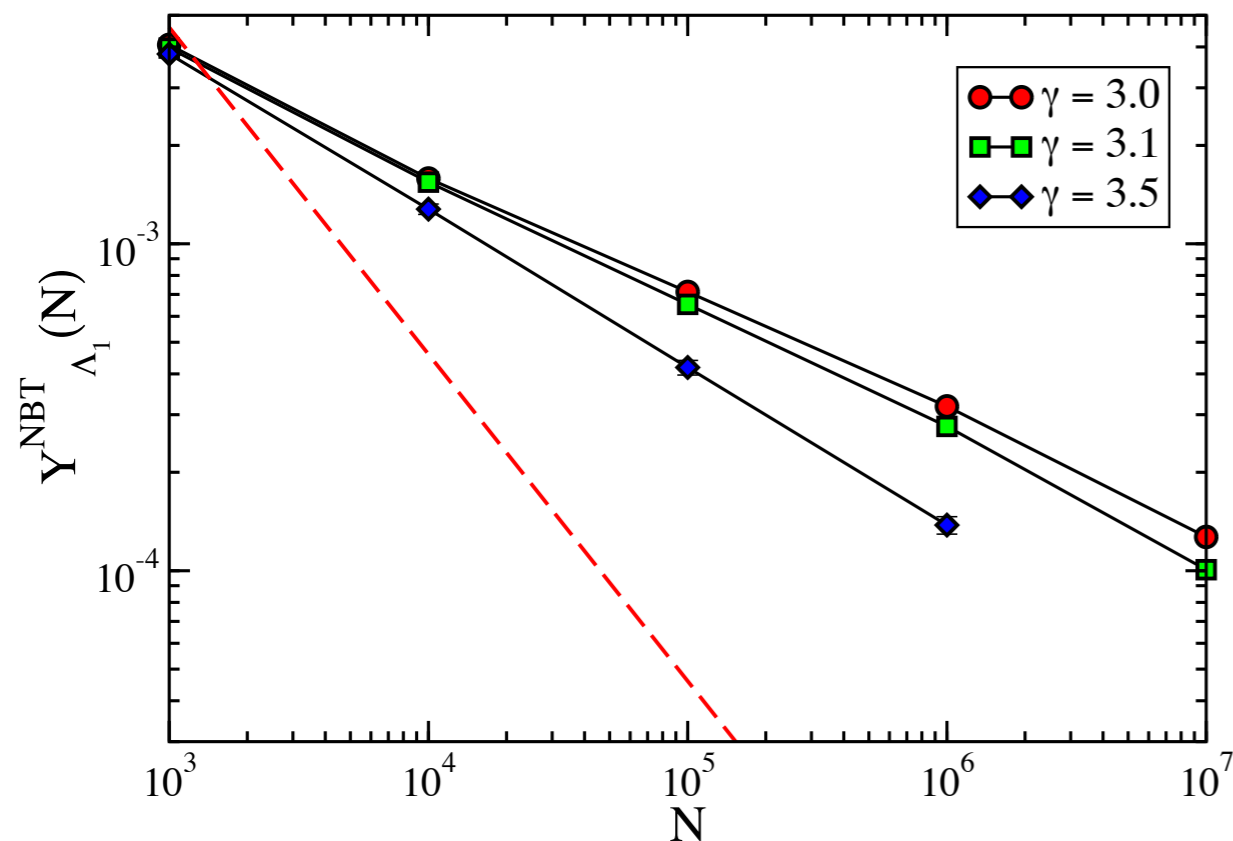
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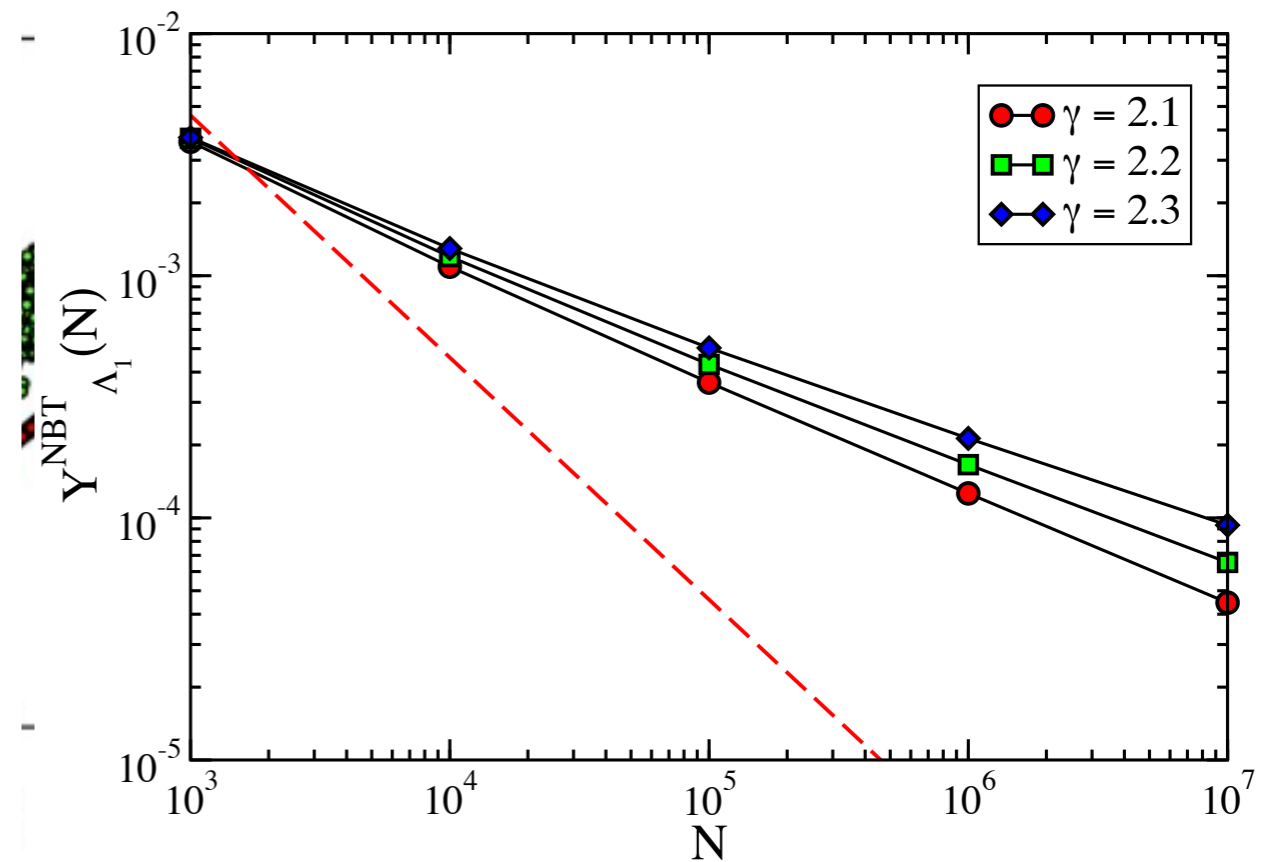
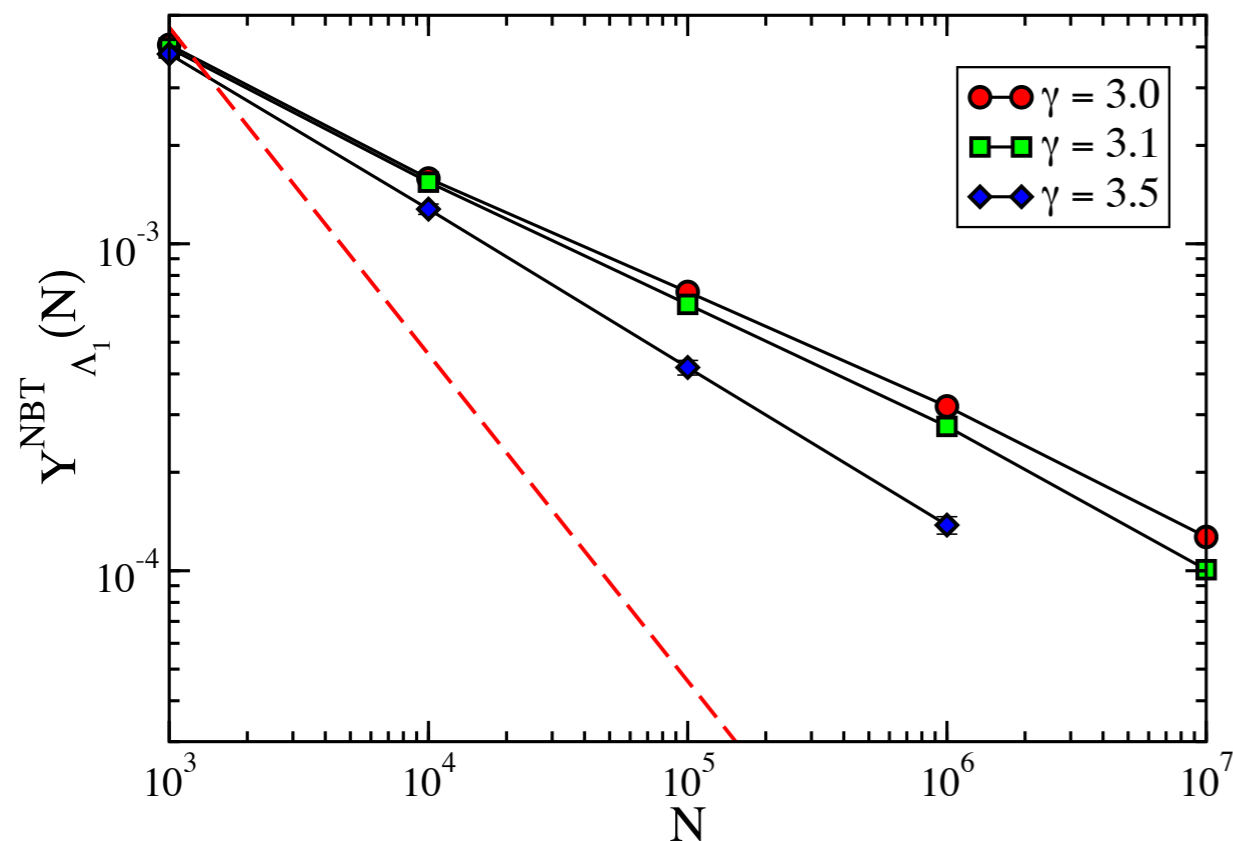
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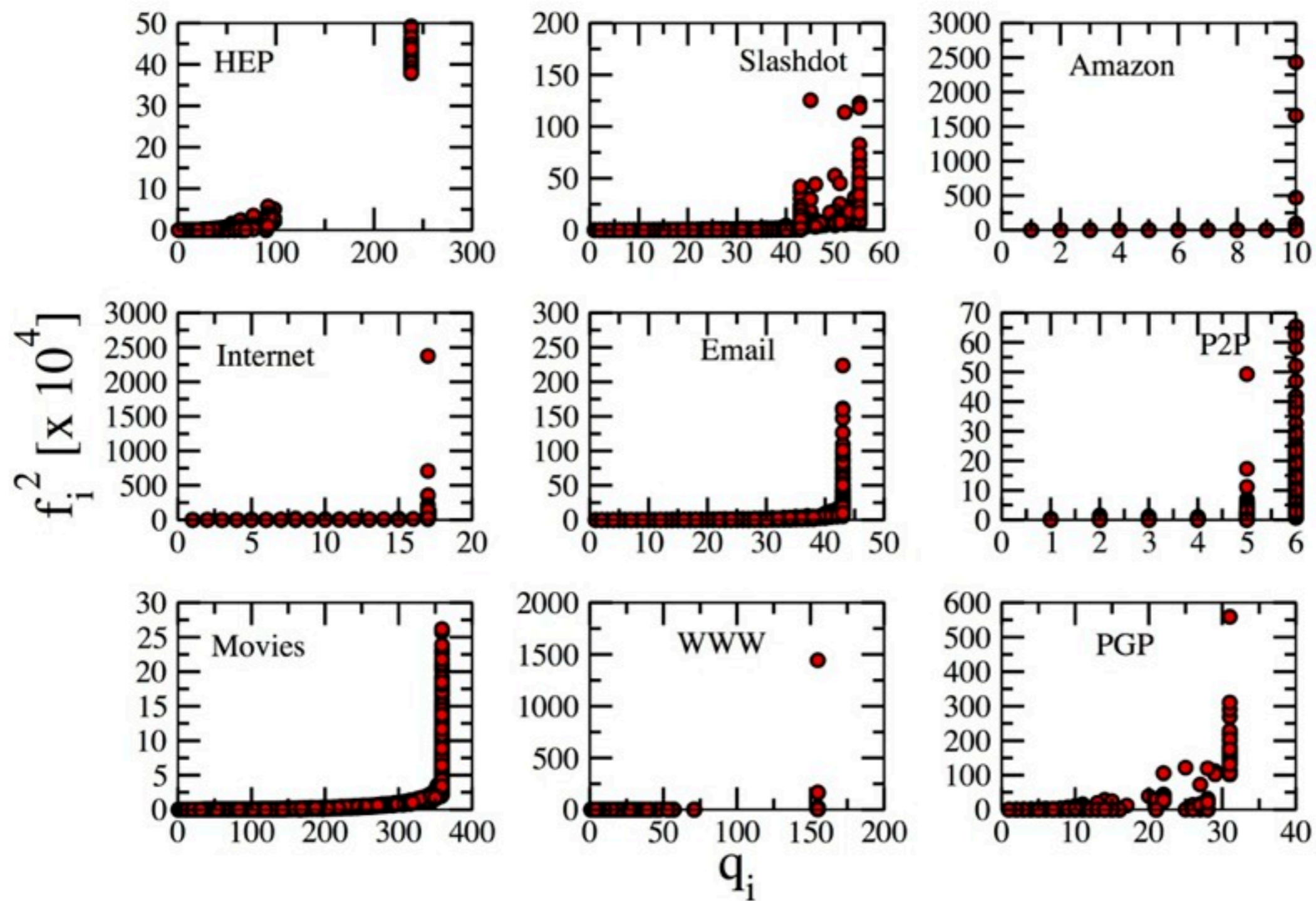


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- SIS epidemic threshold always vanishes in the large size limit
- Mean-field approaches capture only part of the picture
- Depending on heterogeneity
  - Different mechanisms trigger the epidemic transition
  - Different types of eigenvector centrality localization may occur
- Networks with  $\gamma < 5/2$  are much different from those with  $\gamma > 5/2$

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*C. Castellano and R. Pastor-Satorras, Scientific Reports 2, 371 (2012)*

*S. Ferreira, C. Castellano and R. Pastor-Satorras Phys. Rev. E 86, 041125 (2012)*

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