Quantifying How Social Mixing Patterns Affect Disease Transmission

S.E. LeGresley[1,2*], S.Y. Del Valle[1], J.M. Hyman[3]

[1] Energy and Infrastructure Analysis Group (D-4),

Los Alamos National Laboratory, Los Alamos, NM 87545

[2] Department of Physics and Astronomy,

University of Kansas, Lawrence, KS 66046

[3] Department of Mathematics

Tulane University, New Orleans, LA 70118

*Corresponding author. E-mail address: sarah.legresley@gmail.com(S.E. LeGresley).

Abstract

We analyze how disease spreads among different age groups in an agent-based computer simulation of a synthetic population. Quantifying the relative importance of different daily activities of a population is crucial for understanding the disease transmission and in guiding mitigation strategies. Although there is very little real-world data for these mixing patterns, there is mixing data from virtual world models, such as the Los Alamos Epidemic Simulation System (EpiSimS). We use this platform to analyze the synthetic mixing patterns generated in southern California and to estimate the number and duration of contacts between people of different ages. We approximate the probability of transmission based on the duration of the contact, as well as a matrix that depicts who acquired infection from whom (WAIFW). We provide some of the first quantitative estimates of how infections spread among different age groups based on the mixing patterns and activities at home, school, and work. The analysis of the EpiSimS data quantifies the central role of schools in the early spread of an epidemic. Our results support the hypothesis that schools are the most likely place for early transmission and that mitigation strategies targeting school-aged children are one of the most effective strategies in fighting an epidemic.

1 Introduction

The spread of infectious diseases depends upon the contact patterns among people in the population. Mathematical models predicting the spread of a disease that depend upon this contact structure must accurately account for the mixing patterns within the population. Once the relationship between the disease spread and the contact structure in understood, the information can be used to identify activities where the disease is most likely to be transmitted and to indicate where interventions might be most effective. The lack of detailed survey data quantifying how people of different ages mix has been one of the limiting factors for accurately modeling disease transmission.

Although there is limited data available on the contact patterns in the real-world [9, 18, 22], there are sophisticated computer simulations that incorporate realistic mixing patterns to match real-world behavior [21]. We analyze the social mixing and contact patterns in a virtual world created by the stochastic agent-based model, Los Alamos Epidemic Simulation System (EpiSimS) [7, 11, 21], to approximate the detailed contact patterns in the real-world. We then combine these contact patterns with estimates for the susceptibility and infectiousness of the individuals in the population to better understand the roles of social mixing in disease spread. This approach can also be used to estimate the impact on the spread of diseases caused by the population changing behavior in response to a deadly disease.

The importance of accurately accounting for the contact structure in disease modeling is evident by noting how disease transmission models based on homogeneous mixing assumptions can greatly overestimate the speed of transmission [21]. The mathematical foundation has been well developed for epidemic models where there is strong biased mixing between different age groups. The non-random mixing formulation include restricted mixing, proportional mixing, preferred mixing, selective mixing, and non-proportionate mixing [2, 14, 15]. These non-random mixing models all require knowledge of the existing mixing patterns in the population.

Even though biased mixing epidemic models have been developed, most existing predictive models do not include a detailed account for the mixing between different age groups. One reason is that there is little data to quantify how people of different ages spend time together. Using age as a metric of mixing is a natural approach since the mixing between ages is highly biased, the course of the disease is often age dependent, and the behavior of the population (e.g., work, school, and play) is directly correlated with age [8]. This paper will provide data for the underlying age-based contact structure that can be directly incorporated into non-random mixing models.

We used the EpiSimS computer platform to create a virtual world of people going about their daily activities in southern California. The synthetic population was constructed to statistically match the 2000 population demographics of southern California at the census tract level, consisting of 18.8 million individuals living in 6.3 million households, with an additional 938,000 locations representing actual schools, businesses, shops, or restaurant addresses. Each person, as an agent in the simulation, is assigned a schedule of activities to be undertaken throughout the day. There are eight types of activities: *home, work, shopping, visiting, social recreation, passenger server, school,* and *college;* plus a ninth activity designated *other.* Information about the time, duration, and location of activities is obtained from the National Household Transportation Survey [U. S. Department of Transportation 2003]. The integration of the population, activities, and geo-referenced locations forms the dynamic social network in EpiSimS.

We used the social network generated for southern California to find, by activity, the average number of contacts per day, the probability of transmission based on the duration of the contact, as well as the who acquired infection from whom (WAIFW) matrix. From the WAIFW matrix, we can determine which groups are most susceptible to infection from other groups. We stratified the probability of infection by activity, which allows us to draw conclusions regarding activity driven mitigation strategies. Our results show that children are more susceptible than adults, as has been seen in previous research [1, 5, 16, 22]. Furthermore, we show that school-aged children are more likely to be infected at school than any other activity while adults are more likely to be infected at home. Understanding disease dynamics within a population and the activities where people are most likely to become infected, allows us to develop targeted mitigation techniques. Our hope is that the results of our study can be used in mathematical models for more accurate estimations of interventions necessary to achieve control, which could lead to a reduction in costs directly associated to epidemic control.

2 Methodology

Following the approaches developed in Del Valle et al. [5], we used EpiSimS, a stochastic simulation model, to estimate the number and average duration of daily contacts generated by the population in southern California. EpiSimS is used to simulate movement, activities, and social interactions of individuals based on actual data [7, 11, 21]. The synthetic population for the virtual world is created with the same demographics as the real population as determined by the 2000 U.S. Census Data, including: age, household income, gender, composition of the household, and population density.

Schedules of daily activities were obtained from the National Household Transportation Survey (NHTS) based on thousands of households. Each person in the simulation was assigned a sequence of daily activities based on their demographics and their role within their household. The activities consist of: working, staying at home, shopping, visiting, socializing, going to school, going to college, and other. However, people may deviate from their schedule based on reactive events such as closures or disease.

In addition, EpiSimS uses publicly available land use data to assign locations where all the activities take place. While publicly available land use data gives the number of people at a location and the type of activity, the National Household Transportation Survey gives information on the travel time and mode of transportation between activities [5]. For example, based on where a child lives, and how long it takes them to get to school, EpiSimS assigns them to an appropriate school. EpiSimS integrates all this information into a computer model to estimate a second by second record of each individual's activities for the day. Finally, the social network, which includes the number of contacts and duration of contacts at each activity, emerges from the simulation.

Disease transmission events can only occur between individuals that occupy the same room at the same time. Nevertheless, each contact has a weight based on the duration of the contact, which in turns modifies the probability of transmission. This detail in disease transmission makes EpiSimS more realistic than macro-scale simulations or other micro-scale simulations where transmission is instantaneous, rather than time-dependent.

The core of this complex epidemic model is the contact structure of the population being modeled. It is through this contact structure that the disease passes from individual to individual and can then be used to predict where the disease is most likely to be transmitted. Also, the structure can be used to define the contact mixing patterns in other disease models that do not have the extensive social contact structured used by EpiSimS.

3 Contact Structure Analysis

We analyzed the population of southern California, which included the counties of Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Ventura. The population consists of about 18.8 million, ranging between 0 and 90 years of age with a median age of 32 and a mean age of 33. A breakdown of the population reveals that preschoolers (ages 0 to 4) are 8.1%, school-aged children (ages 5 to 18) are 22.8%, adults (ages 19 to 65) are 59.8% while seniors (ages 65 and older) are the final 9.2% of the population [21]. The distribution of the ages in Figure 1 reveals a bimodal distribution in the data with the highest peak occurring around the age of 8 and the second, smaller peak, occurring around the age of 35. This bimodal effect may be the results of the increase in population due to the baby boomers and their offspring.

3.1 Total Number of Contacts by Activity

We denote the total number of contacts between age groups, matrix C_{ij}. This matrix is separated into children's contacts at school and the rest of the population's contacts, which excludes the contacts between children at school. Figure 2 shows that the aggregated number of contacts between children is on the order of 1,000,000 (top), while the remaining contacts is on the order of 10,000 (bottom). These are symmetric matrices since if a person of age i has contact with a person of age j, then a person of age j had a contact with a person of age i. The diamonds along the diagonal on Figure 2 (top) illustrates how children are far more likely to have contacts with their own age than the adult population. Figure 2 (top) shows that contacts at school occur most frequently between children of the same age. This is due to the stratification, or grouping, of the children into classes at school by age group.

Figure 2 (bottom) shows the number of contacts outside of school. Since children's contacts along the diagonal dominate this plot, we removed them to appreciate the dynamics outside the diagonal. In the lower plot, adults are seen to have contact with other adults over a broad range of ages. Also, note that the age-gap between children having contact with their parents is reflected in the plot. We see that children have the most contacts with children of similar age and fewer contacts as the difference between their ages increases. The contacts between middle age adults, ages 20 - 60, have a block pattern in that adults tend to have lots of contacts with adults, with most occurring between adults of the same age. As with contacts between children, adults tend to have more contacts with adults of the same age and fewer contacts as the age difference increases. This assortive (like with like) mixing pattern has been seen by Beutels et al. [4], Del Valle et al. [5], Edmunds et al. [9], Glasser et al. [12], Hens et al. [13], Mossong et al. [18], Newman and Girvan [19], and Wallinga et al. [22]. An exception to this is the weak coupling, or larger number of contacts, that occurs between adults and children, probably due to parent-child relationships. This pattern of strong diagonal and weak coupling is consistent with previous studies including Del Valle et al. [5], Glasser et al. [12], Hen et al. [13], and Mossong et al. [18].

3.2 Average Duration of Contacts by Activity

We denote matrix T_{ij}, the average duration of contacts per day in hours. The average duration of contacts is the duration of all contacts divided by the total number of contacts, matrix C_{ij}. As with the total number of contacts, the average duration of contacts is also a symmetric matrix. Notice how the plots in Figure 3 confirm that children have the longest contacts with other children their own age, while adults have, on average, shorter contacts over a much broader age range.

Figure 3 (top) shows that the average duration of contacts at home vary widely with age. Contacts between preschoolers (ages 0 - 4) are the longest with the average duration being around 10 hours. The shortest average contact durations occur between 80 - 90 year olds with an average of 5.5 hours. This may be due to the fact that more older people live alone.

Figure 3 (bottom) shows the average duration of contacts at all the activities combined. Note that the average contact duration between children (ages 18 and under) are the longest. As seen in the total number of contacts between adults, we see a block for adults (ages 20 - 60) with an average contact duration of around 5 hours. This is probably from contacts between people at work or from spouses in the same household. We observe a weak coupling, as seen in the total number of contacts, between children and adults with an average contact duration of around 6 hours, probably due to the parent-child relationship.

3.3 Probability of Transmission by Activity

The probability of transmission, matrix P_{ij}, is based on the duration of contacts between a susceptible group i and an infected group j. This paper uses the same approach as in [5] where $P_{ij} = 1 - e^{-\sigma T_{ij}}$ and σ is the mean number of transmission events per hour of contact between fully susceptible and fully infectious people. To allow direct comparison with [5], $\sigma = 0.2$ is used. Since this is a Poisson probability distribution with parameter σt, the longer the contact, the greater the probability of transmission.

In the top plot of Figure 4, we see the probability of transmission at home. The probability of transmission between preschoolers (ages 0 - 4) is the highest at around 0.9 and is due to the long duration of their contacts. Between adults, the probability of transmission tends to decrease with increasing age.

In the bottom plot of Figure 4, we see the probability of transmission at all activities, which reveals two blocks and a weak coupling. For the weak coupling between children and adults, there is a probability of about 0.7. The block for adults (ages 20 - 65) has a probability of transmission of around 0.6. For the block with children, transmissions between school-aged children have a probability of 0.7, while preschoolers have a probability of about 0.8. This is in agreement with research that shows people tend to become infected by others from the same age group [16]. This is also consistent with researchers including Mikolajczyk et al. [17] and Mossong et al. [18], which concluded that vaccination of children is an effective mitigation technique in controlling the spread of an infection.

3.4 Who Acquired Infection From Whom by Activity.

The transmission matrix, also known as the who acquired infection from whom (WAIFW) matrix, represents the rate β_{ij} at which a susceptible person from group i will be infected by an infectious person from group j. The formula for calculating β_{ij} is $\gamma_{ij} \times \alpha_i \times \xi_{jk} \times P_{ij}$, where P_{ij}

is the probability of transmission matrix (see Probability of Transmission by Activity section). γ_{ij}, or the average number of contacts per day, can be calculated by taking C_{ij}, which is the total number of contacts per day, divided by N_i, where N_i is the total population size in age group i. In order to simplify the calculations and in keeping with [5], we will assume that α_i, or the susceptibility, and ξ_{jk}, or the infectivity, are both 1. Notice, that this matrix is not symmetric because the susceptibility and infectivity can vary with age (through for comparison we have chosen equal susceptibility and infectivity) and that N_i does not, in general, equal N_j. For example, the lack of symmetry means that the transmission rate from a 35 year old to a 10 year old is not the same as the transmission rate from a 10 year old to a 35 year old.

Figure 5 (top left) shows the transmission rates at home. The highest transmission rate occurs between children of differing ages. This is probably due to transmission between siblings who tend to be of different ages. There is also a high transmission rate among adults of a similar age, probably due to spouses of a similar age. Finally, there is a high transmission rate between children and adults.

Figure 5 (top right) shows the transmission rates at school. Transmission rates among children of the same age are by far the largest. This is due to the stratification in EpiSimS placing children of the same age in the same classroom at school. The implication of this finding is that the largest transmission rates occur between teenagers. This is consistent with actual data from the A(H1N1) virus outbreak in Japan. Of the 361 infections between May 16, 2009 and June 1, 2009, 79.5% of these were in teenagers between ages 10 and 19 [20].

Figure 5 (bottom left) illustrates the transmission rates for shopping. The WAIFW contour plot for shopping activities shows highly non-symmetrical transmissions. The largest transmission rate is from middle age adults (ages 20 - 60) to older adults (ages 70 - 90). This is probably because older adults have fewer contacts and shorter contact duration at home and work and therefore have more exposure to people out shopping than younger people. Additionally, older adults may have a high transmission rate from middle age adults who are more likely to be shopping or working at the shops than children.

Figure 5 (bottom right) shows the transmission rates at work. Adults have the highest transmission rate at work. This high rate for adults (ages 20 - 60) is expected since most workers are in this age range.

Looking at all activities in Figure 6, we see the block between adults and the weak coupling between children and adults. In this plot, the transmission rates between children have been removed because the transmission rate between children is dominated by school (see Figure 5) and are significantly larger than transmission rates between any other group. For the adults, the transmission rate of about 0.2 is highest among adults of the same age and decreases with increasing age differences. The exception is where the weak coupling occurs and there is a transmission rate of about 0.1 both from adults to children and from children to adults.

Table 1 shows the aggregated daily transmission rates for the following ages groups: 0 - 4, 5 - 12, 13 - 19, 20 - 29, 30 - 39, 40 - 49, 50 - 59, 60 - 69 and 70 - 90. This is an aggregation of the β_{ij} transmission matrix in Figure 6. For the aggregated transmission rates by activity see Table 2 for home, Table 3 for school, and Table 4 for work.

3.5 Comparisons to Portland

A comparison between our southern California population and the previous Portland study in [5] shows similarities and differences. The bimodal effect that we see in the age distribution of the southern California population in Figure 1 is reversed for the Portland population. The Portland study, in [5] is not broken down by individual activity. Therefore, the only results that will be compared is the probability of transmission for all activities. One of the reasons for comparison is that southern California has more than 10 times the population of Portland. Therefore, we are able to see if the results for smaller populations are similar to those of a much larger population.

Some of the differences in the youth population can be attributed to the anomaly that the Portland data was based on a less detailed EpiSimS virtual world that did not stratify schools by classrooms (i.e. for Portland, a 5 year old was just as likely to have a contact with a 13 year old as another 5 year old) shown in Figure 7. This lack of stratification was corrected in the current EpiSimS population for the southern California data. Therefore, results for children will vary significantly in that contacts between children of the same age will not dominate in Portland data as it did in the southern California data.

Even with the differences in the two population models, the probabilities of transmission for Portland and southern California show similar results. For Portland, the probability of transmission between adults and children is about 0.8 while for southern California it is about 0.7. The probability of transmission between adults is about 0.5 for Portland and about 0.6 for southern California. Though these numbers are different, the pattern of the two blocks, one between adults and one between children, and the weak coupling between children and adults is present in both analyses.

3.6 Infections by Activity

Table 5 shows the probability of being infected at different activities. Infected children were most likely infected at school, followed by home, and then social recreation, or shopping. Infected adults are most likely to have become infected at home, followed by work and then social recreation, or shopping. A study done by Los Alamos National Lab [7] found that 44% of infections are acquired at home followed by 39% at work and 19% at school in southern California. The Los Alamos study results differ from this study because though using the same data the break down by age was not done. Edmunds et al. [10] speculated that the risk of infection is probably greater at home than at work. We would expect to see a smaller number of senior adults becoming affected at work but this may be a result of using the household transportation data along with a biased smaller data set towards the working population.

4 Summary, Discussion, and Conclusions

Using data from EipSimS, we found the average number of contacts per day followed by the probability of transmission based on the duration of the contact. From the probability of transmission data, the WAIFW matrix was calculated. The WAIFW matrices may be used in deterministic models that stratify the transmission rates by age. This was done for all activities combined as well as broken down by activity (home, school, shopping, and work) for southern California. When analyzing all activities combined, we see two blocks occurring in the matrices, one between adults and one between children, as well as the weak coupling between children and adults, probably due to the parent-child relationship.

The data from southern California shows results similar to those from Portland, Oregon. In both sets of data, we see the blocks between children and between adults, as well as weak coupling between children and adults. Finally, we were able to show which activities are more likely to generate secondary infections. For adults, the activity with the highest probability is home followed by work. For children, the activity with the highest probability is school followed by home. Therefore, mitigation techniques targeting children at schools could help halt the spread of disease [6]. This is consistent with researchers having found that mass vaccination would not be necessary [3]. Researchers have also found that vaccinating 80% of children is almost as effective as vaccinating 80% of the population [16].

If the models predictions are used to guide public health policy, models should account for the contact patterns of a population and consider the impact of behavioral changes. Our goal has been to provide estimates for the contact patterns of a synthetic population. Our hope is that these patterns can increase our understanding of the spread of emerging and re-emerging infectious diseases. Only after the normal contact patterns have been accurately modeled, can the simulations predict the impact of behavioral changes on the spread of a pathogen.

These high-fidelity models based on the structure of interactions among individuals can then investigate the effectiveness of different behavior changes, from reducing specific types of contacts to reducing susceptibility and infectiousness though hand washing, wearing protective masks, avoiding crowded places, and school closures. Biased mixing patterns reduce the spread of disease.Without accurate mixing patterns, mathematical models run the risk of overestimating the spread of an epdiemic.

5 Acknowledgments

This research has been supported at Los Alamos National Laboratory under the Department of Energy contract DE-AC52- 06NA25396 and a grant from NIH/NIGMS in the Models of Infectious Disease Agent Study (MIDAS) program.

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Figures and Tables

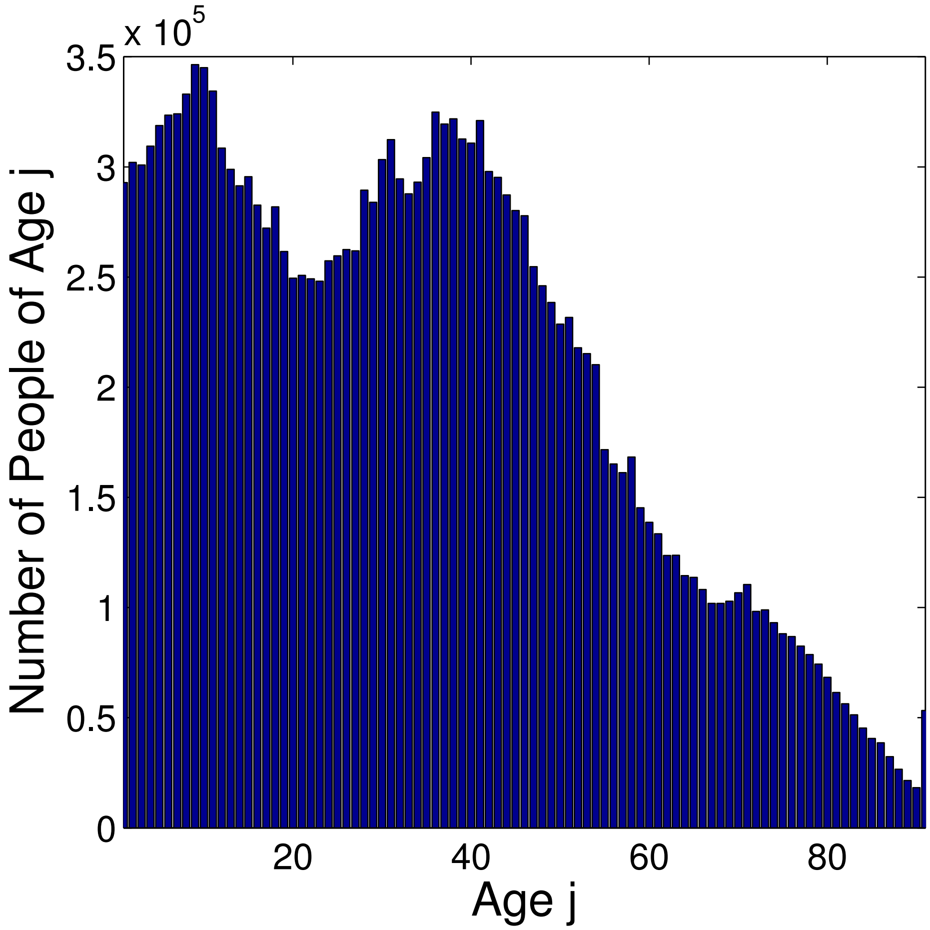

Figure 1: Age Distribution of the synthetic population for southern California. For the total population of 18,828,569 people, the mean age is 33 while the median age is 32. There are two humps that occur, one at about 350,000 for 8 year olds and a second at 325,000 for 35 year olds.

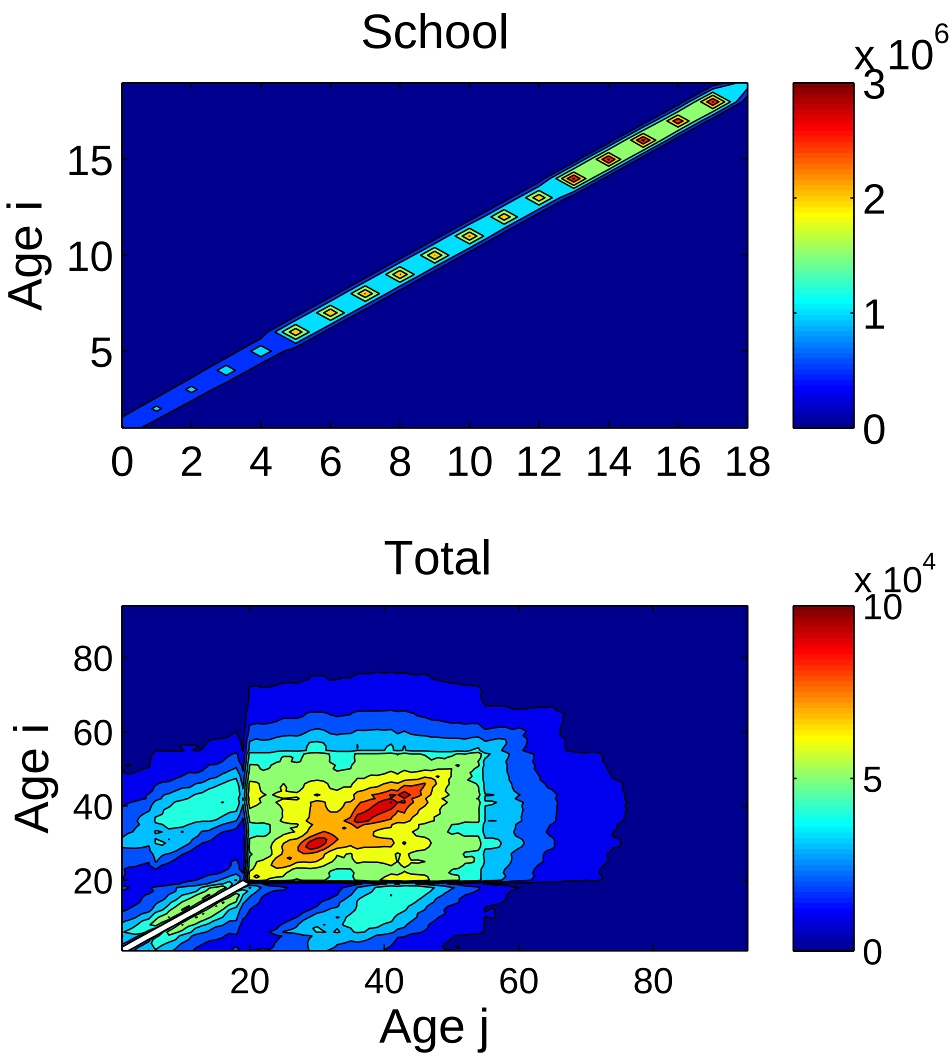

Figure 2: Total Number of Contacts. (top) The number of contacts at schools are the greatest between students of the same age due to the grouping of children into classes by age. The largest number of contacts occurs between teenagers of the same age. (bottom) The number of contacts at all activities has the diagonal for children removed to show the contacts outside of school. This plot shows that in general, as the age difference increases, the number of contacts decrease. The exception is the weak coupling between children and adults, probably due to the parent-child relationship.

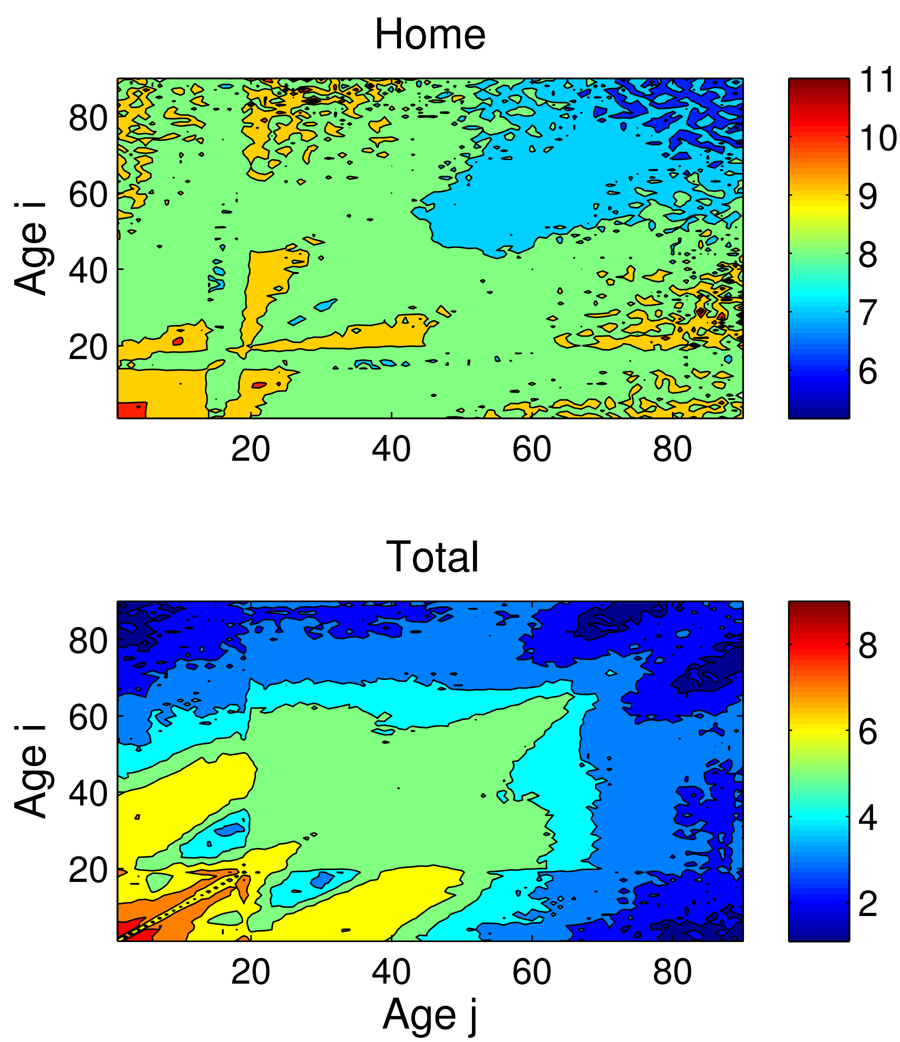

Figure 3: Average Duration of Contacts. (top) The average duration of contacts at home shows a large variation with age. The average duration of contacts between ages 0 - 4 is about 10 hours per day while between older adults (ages 80 - 90) it is only about 5.5 hours per day. (bottom) The average duration of contacts at all activities shows the longest contact durations occurs between children (ages 18 and under) with as much as 9 hours per day, followed by the duration between children and adults (ages 20 - 60) at around 6 hours, and finally the duration between adults (ages 20 - 60) at about 5 hours per day.

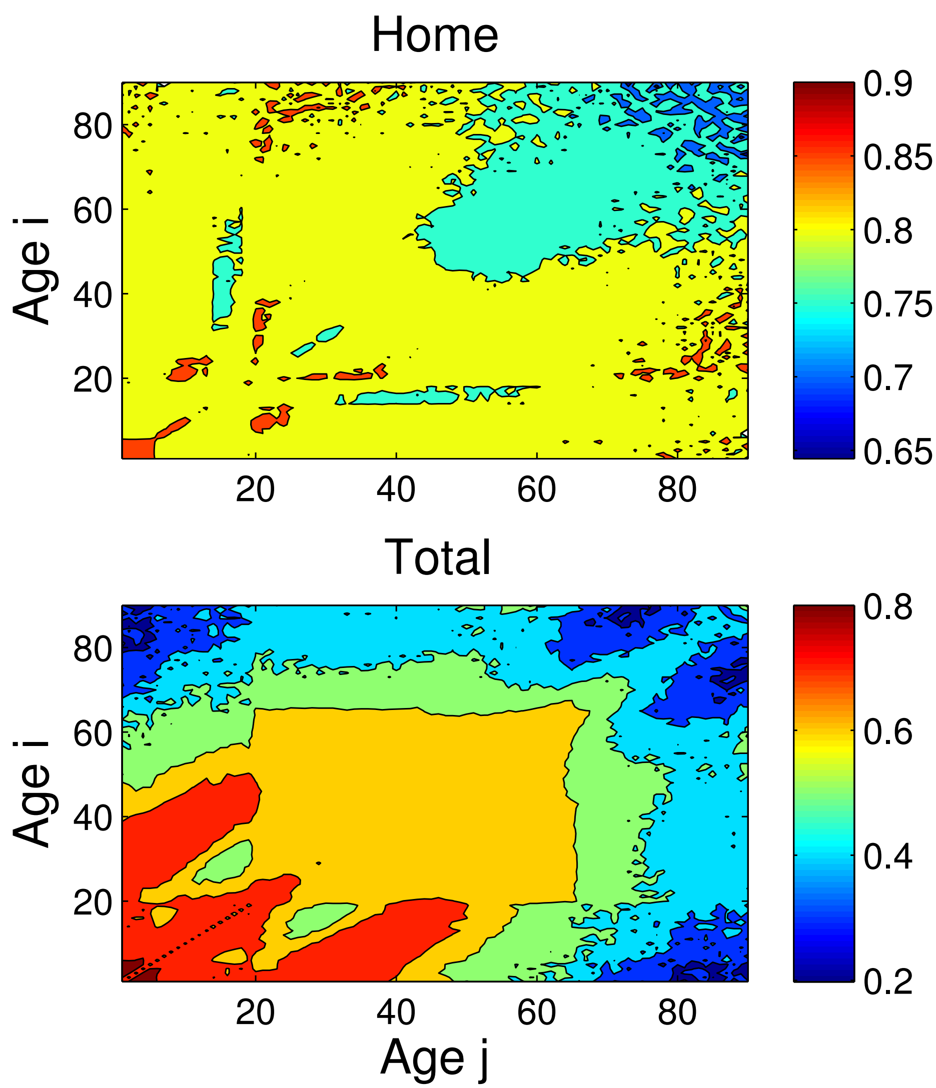

Figure 4: Probability of Transmission (top) At home, the highest probability of transmission occurs between preschoolers (ages 0 - 4) at 0.9 and is lowest between seniors (ages 80 - 90) at around 0.65. (bottom) At all activities, the highest probability of transmission occurs between preschoolers (ages 0 - 4) at around 0.8. The probability of transmission between school-aged children (ages 5 - 18) is about 0.7 as is the probability of transmission between adults (ages 20 - 50) and children, probably due to the parent-child relationship. The probability of transmission between adults (ages 20 - 65) is about 0.6.

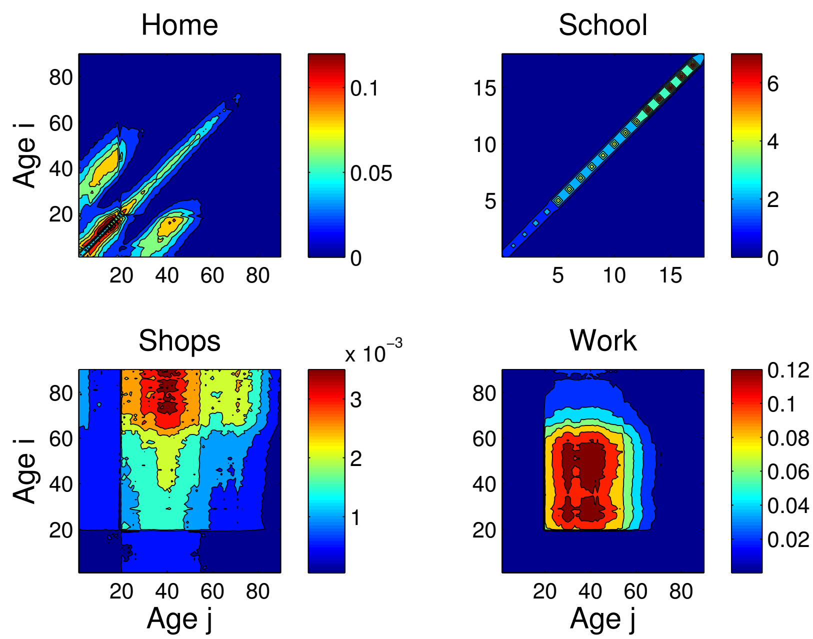

Figure 5: Transmission Matrix (WAIFW) (top left) At home, the highest transmission rates are between children of different ages, probably siblings, followed by transmission between adults and children, and finally between adults of similar ages. (top right) At school, the largest transmission rates are among students of the same age, with teenagers being the largest. Notice these rates are significantly higher than at home, work, and shops. (bottom left) At shops, the highest transmission rates are from middle age adults (20 - 60) to older adults (ages 70 - 90) though this rate is much lower than the transmission rates at home or work. (bottom right) At work, the highest transmission rates are between adults (ages 20 - 60) which should be expected because they compromise the majority of the work force. Even the highest transmission rates at work are lower than the rates at school but still higher than at shops.

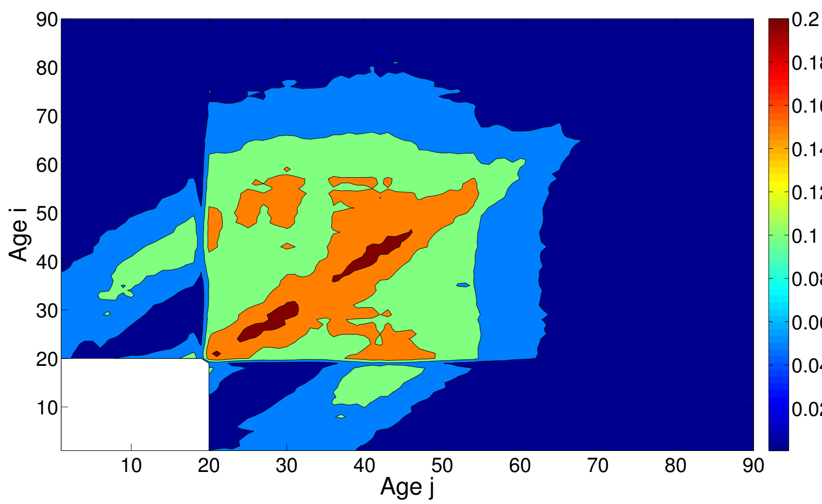

Figure 6: Transmission Matrix (WAIFW) Total. The transmission rates of children at school dominate, so they have been removed from this plot. The transmission rates are high between children and adults (both from children to adults and adults to children) though the highest rates are between adults (ages 20 - 55) of a similar age.

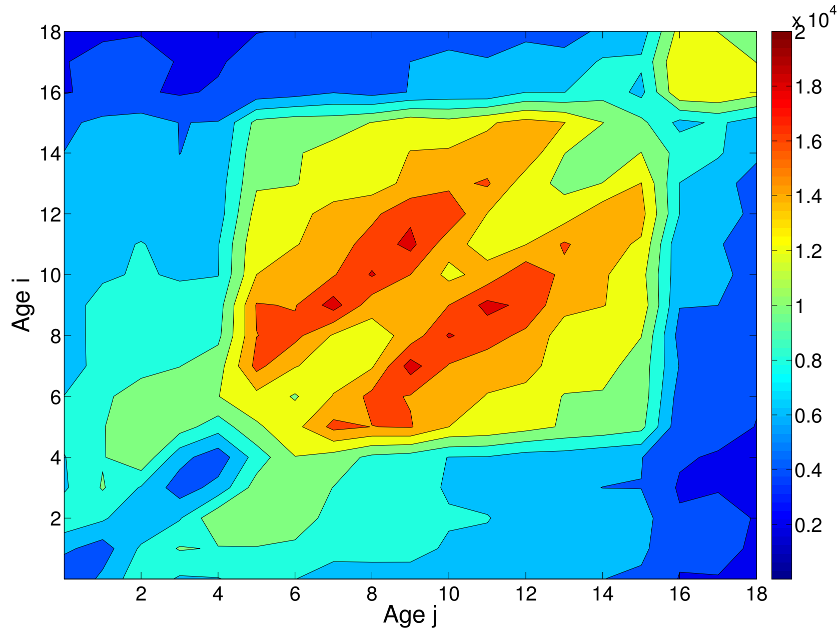

Figure 7: Portland Total Number of Contacts for Children. This is much different than the results seen for southern California in Figure 2. This is due to the stratification used in the southern California data.

Table 1: Transmission matrix (WAIFW) of the daily number of adequate contacts per person between the aggregated age groups at all activities. The highest transmission rates are between teenagers (ages 13 - 19).

Age	**0-4**	**5-12**	**13-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-90**
0-4	0.602	0.083	0.042	0.057	0.069	0.030	0.013	0.006	0.002
5-12	0.077	0.744	0.072	0.046	0.091	0.059	0.019	0.009	0.003
13-19	0.046	0.083	0.913	0.057	0.082	0.107	0.041	0.015	0.005
20-29	0.064	0.055	0.058	0.176	0.151	0.146	0.099	0.039	0.011
30-39	0.069	0.096	0.072	0.131	0.173	0.135	0.087	0.039	0.011
40-49	0.033	0.068	0.106	0.143	0.153	0.174	0.098	0.040	0.013
50-59	0.021	0.034	0.059	0.143	0.146	0.143	0.123	0.045	0.013
60-69	0.017	0.026	0.035	0.091	0.103	0.095	0.070	0.050	0.013
70-90	0.010	0.015	0.021	0.042	0.048	0.049	0.036	0.022	0.013

Table 2: Transmission matrix (WAIFW) of the daily number of adequate contacts per person between the aggregated age groups at home. The highest transmission rate is between children (ages 5 - 12).

Age	**0-4**	**5-12**	**13-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-90**
0-4	0.063	0.072	0.028	0.045	0.056	0.018	0.006	0.003	0.001
5-12	0.067	0.086	0.050	0.031	0.073	0.043	0.010	0.004	0.000
13-19	0.030	0.057	0.067	0.023	0.041	0.063	0.017	0.004	0.002
20-29	0.051	0.038	0.024	0.056	0.019	0.021	0.016	0.004	0.001
30-39	0.056	0.078	0.037	0.017	0.043	0.014	0.006	0.005	0.001
40-49	0.020	0.049	0.064	0.021	0.015	0.042	0.011	0.004	0.002
50-59	0.009	0.017	0.024	0.022	0.010	0.014	0.036	0.008	0.002
60-69	0.007	0.011	0.010	0.010	0.012	0.009	0.012	0.022	0.004
70-90	0.003	0.000	0.006	0.004	0.005	0.008	0.007	0.006	0.006

Table 3: Transmission matrix (WAIFW) of the daily number of adequate contacts per person between the aggregated age groups at school. The highest transmission rate is between children (ages 5 - 12). Notice the transmission rates at school are much higher than at home for children.

Age	**0-4**	**5-12**	**13-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-90**
0-4	0.531	0.000	0.000	0.002	0.002	0.002	0.001	0.001	0.000
5-12	0.000	0.641	0.001	0.004	0.005	0.005	0.003	0.001	0.000
13-19	0.000	0.000	0.618	0.004	0.005	0.005	0.003	0.001	0.000

Table 4: Transmission matrix (WAIFW) of the daily number of adequate contacts per person between the aggregated age groups at work. Notice the high transmission rates between adults (ages 20 - 60) which is consistent with them making up the majority of the working population.

Age	**0-4**	**5-12**	**13-19**	**20-29**	**30-39**	**40-49**	**50-59**	**60-69**	**70-90**
0-4	0.000	0.000	0.000	0.002	0.002	0.002	0.001	0.000	0.000
5-12	0.000	0.000	0.000	0.001	0.001	0.001	0.001	0.000	0.000
13-19	0.001	0.001	0.002	0.014	0.015	0.014	0.010	0.004	0.001
20-29	0.004	0.007	0.018	0.108	0.120	0.113	0.075	0.030	0.007
30-39	0.004	0.007	0.017	0.104	0.117	0.111	0.073	0.029	0.007
40-49	0.005	0.008	0.019	0.111	0.125	0.119	0.079	0.031	0.007
50-59	0.005	0.008	0.019	0.109	0.123	0.117	0.077	0.030	0.007
60-69	0.003	0.005	0.011	0.068	0.076	0.073	0.048	0.019	0.005
70-90	0.001	0.002	0.004	0.026	0.029	0.028	0.018	0.007	0.002

Table 5: If infected, where were you most likely infected? Children ages 19 and under are most likely to have become infected at school followed by home. Adults were most likely to have become infected at home followed by work.

Age	Home	School/Work	Social Recreation / Shop
0 - 4	37.95%	48.19%	13.85%
5 - 12	37.69%	48.95%	13.36%
13 - 19	38.73%	46.73%	14.53%
20 - 29	46.56%	36.00%	17.44%
30 - 39	46.40%	36.55%	17.05%
40 - 49	46.09%	36.59%	17.32%
50 - 59	45.60%	36.50%	17.90%
60 - 69	45.48%	35.83%	18.68%
70 - 90	45.62%	35.18%	19.21%