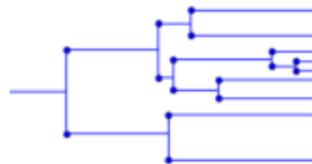
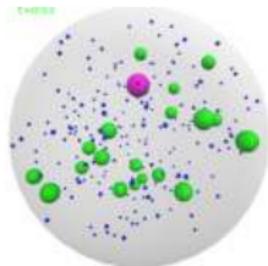
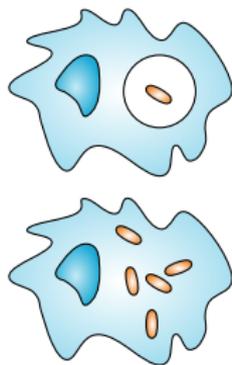


# Stochastic models of *F. tularensis* infection

Grant Lythe, University of Leeds

with Joe Gillard, Tom Laws and Roman Lukaszewski (Dstl)  
Martín López-García, Carmen Molina-París and Jonty Carruthers (Leeds)



Gillard, Laws, Lythe, Molina-París. *Frontiers in Cellular and Infection Microbiology* (2014)

Carruthers, López-García, Gillard, Laws, Lythe, and Molina-París. *Frontiers in Microbiology* (2018)

Carruthers, Lythe, López-García, Gillard, Laws, Lukaszewski, Molina-París. *PLoS computational biology* (2020)

# Outline

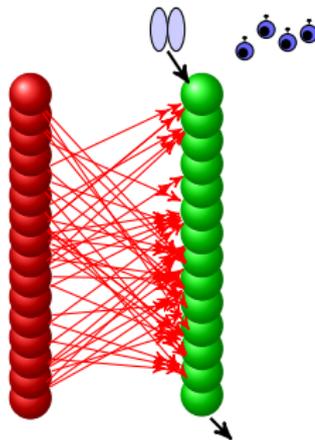
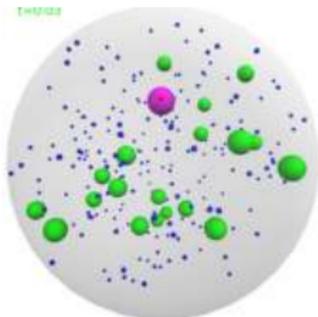
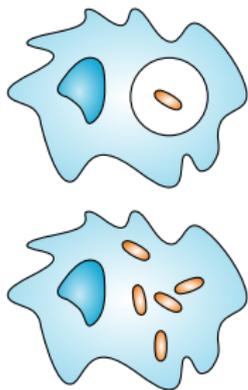
## *Francisella tularensis* pathogenesis

Computational model

Birth and death process with catastrophe

Data

## Modelling Ebola virus in vitro infection



# *Francisella tularensis*

- Gram negative, intracellular
- Extremely low infectious dose
- Untreated 40% fatality rate, no licensed vaccine

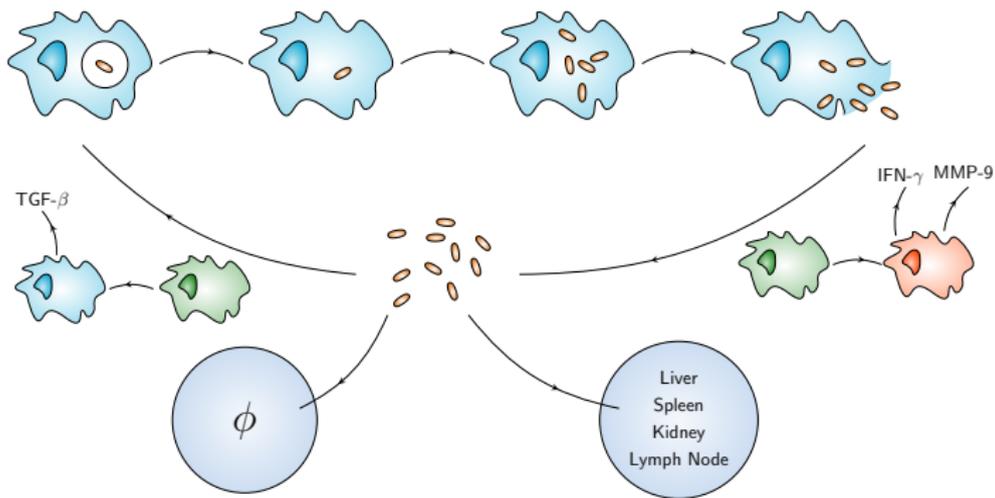
*F. tularensis* bacteria may be inhaled in an aerosol, with initial doses as low as 10 CFU resulting in respiratory or pneumonic tularemia. The bacteria enter alveolar macrophages, evading initial immune recognition and inflammatory response because of their atypical lipopolysaccharide.

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Carruthers, López-García, Gillard, Laws, Lythe, and Molina-París. *Frontiers in Microbiology* (2018)

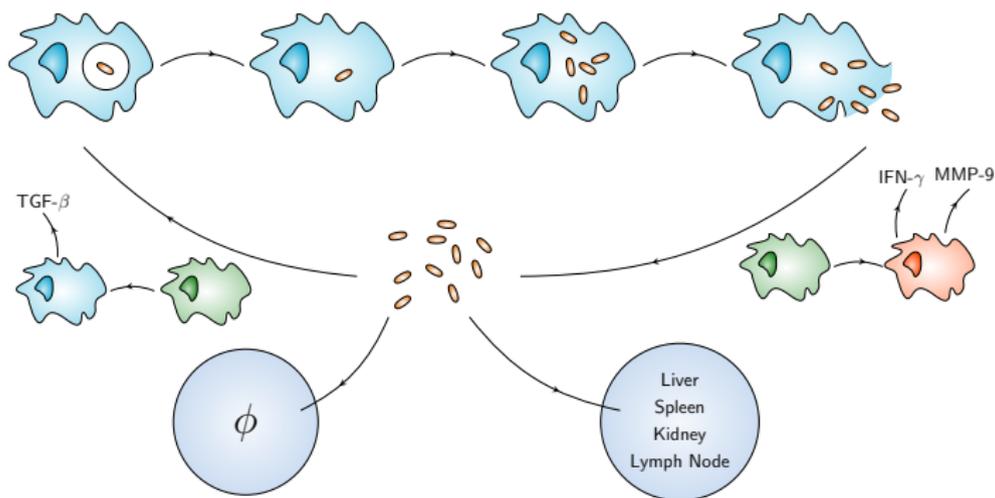
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## *F. tularensis* pathogenesis



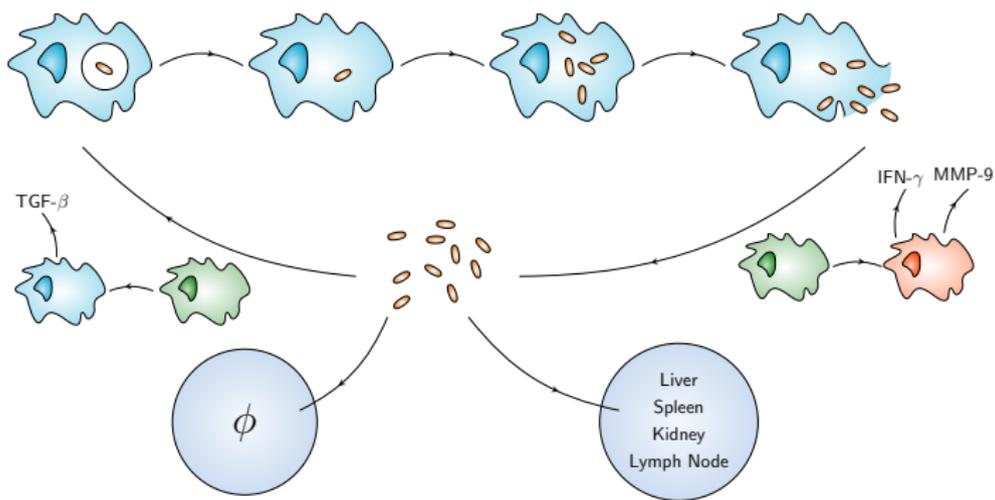
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- Bacteria escape from phagosomes in less than an hour, and begin multiple rounds of replication in the cytosol.
- Instead of producing inflammatory cytokines, the first infected macrophages produce anti-inflammatory  $TGF-\beta$ .
- Macrophage rupture releases bacteria that can migrate to another organ, or again infect macrophages in the lung.

## You might be expecting

free infectious agents:  $\frac{d}{dt}V =$

target cells:  $\frac{d}{dt}T =$

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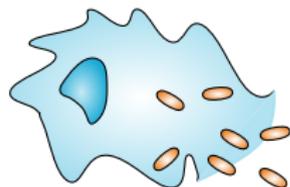
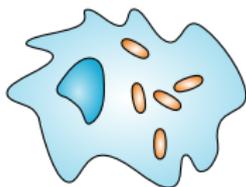
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$p$ ,  $c$  and  $\delta$  are rates: measured in units of inverse time. But ...

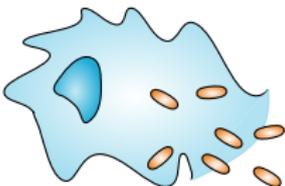
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$$\begin{array}{ll} \text{free infectious agents:} & \frac{d}{dt}V = -rTV + pI - cV \\ \text{target cells:} & \frac{d}{dt}T = -rTV - \delta T \\ \text{infected cells:} & \frac{d}{dt}I = rTV - \delta I \end{array}$$

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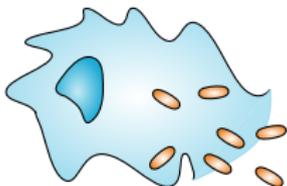


# Rupture of an infected macrophage and the release of its bacterial contents



A consequence of the extreme virulence of *F. tularensis* is that initial doses of bacteria used in experiments are small enough that it is reasonable to assume that host macrophages are infected by one bacterium each. Thus the ensemble of realisations of the stochastic process describing the **dynamics of a population of bacteria inside one cell** can equally be thought of as describing the dynamics inside a set of host cells, that behave independently until they rupture.

# Rupture of an infected macrophage and the release of its bacterial contents



It is possible to assume that the **rupture time and number of bacteria released** per rupture event are fixed parameters that can be fitted from experimental data (Wood et al PHE), or to assume a distribution of rupture times that is independent of the intracellular dynamics. Here, we adopt a mathematical description of the rupture of an infected macrophage and the release of its bacterial contents as a catastrophe in a birth-and-death process.

# Agent-based computational model

Each macrophage and each bacterium has a unique identity and set of mutable attributes.

The attributes of a macrophage are: state of activation, cohort counter, number of phagosomal bacteria, list of cytosolic bacteria and spatial location (lung, liver, spleen, MLN or kidney).

At any time, each macrophage is in one of three states: resting, suppressed (anti-inflammatory) or activated (pro-inflammatory).

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Every one of the initial macrophages begins in the resting state.

On phagocytosis, resting macrophages enter a suppressed state in which they are unable to kill bacteria and secrete the anti-inflammatory cytokine  $\text{TGF-}\beta$  that contributes to the suppression of other macrophages.

Resting macrophages can become activated through the detection of host damage caused by rupturing macrophages.

Activated macrophages kill the bacteria they phagocytose; they also secrete  $\text{IFN-}\gamma$  that provokes activation of neighbouring macrophages.

## Agent-based model parameters

- Every *F. tularensis* bacterium in the cytosol of its host macrophage reproduces with rate  $\beta$  and is susceptible to death with rate  $\mu$ .

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$$\delta \times \text{bacterial load.}$$

Thus, cells with high bacterial load at a given time are more likely to rupture, but there is no fixed maximum or minimum time.

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- Bacteria released either reinfect macrophages in the same organ with rate  $\rho$ , are killed, or migrate to a different organ.
- Cytokine-mediated activation and suppression of macrophages are included by means of two dimensionless functions of time,  $G(t)$  and  $T(t)$ , in each organ. The first represents the levels of inflammatory cytokines, such as  $\text{IFN}\gamma$ ; the second represents the levels of anti-inflammatory cytokines, such as  $\text{TGF-}\beta$ .

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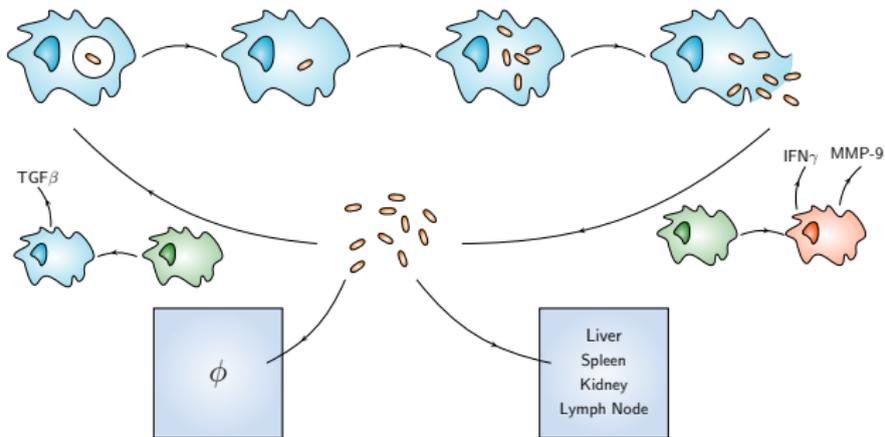
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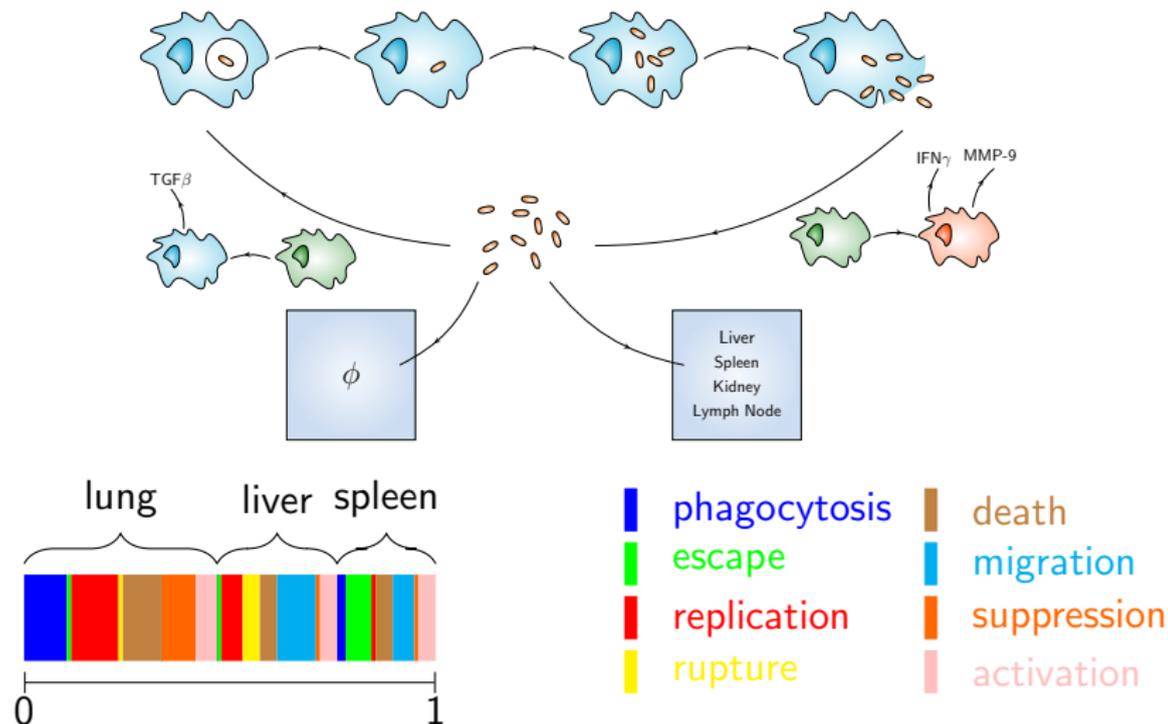
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- Initial conditions:  $N$  bacteria and  $M$  macrophages.  $N \ll M$ .

# Stochastic simulation: eight types of events

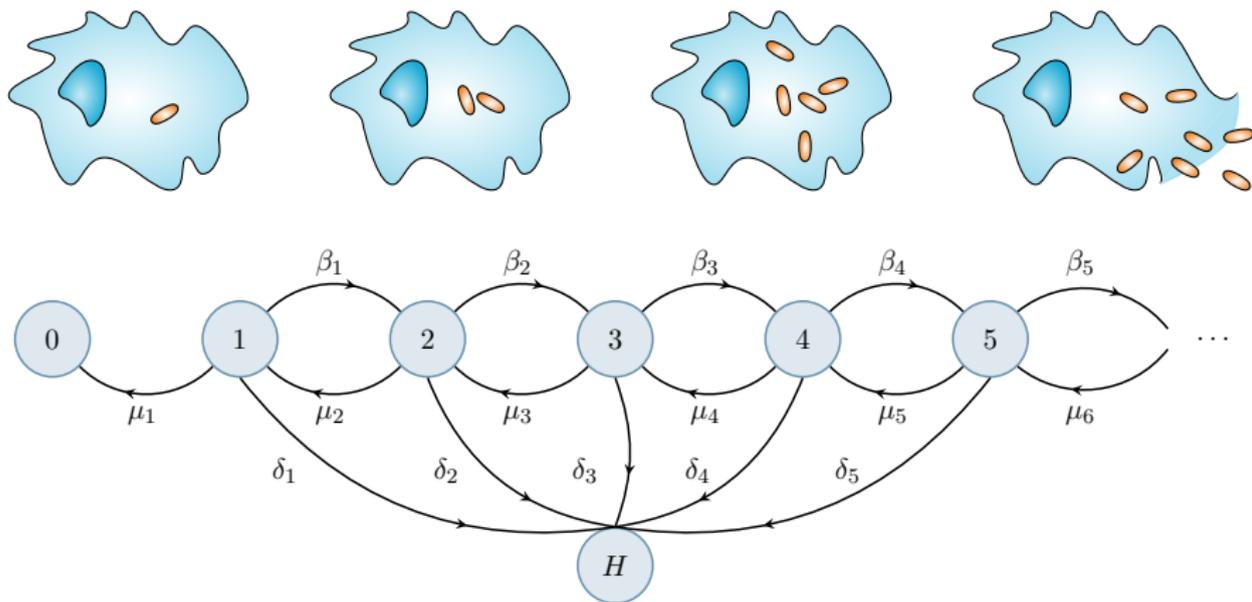


# Stochastic simulation: eight types of events



At each step, one type of event is chosen, with probabilities weighted by the corresponding rates.

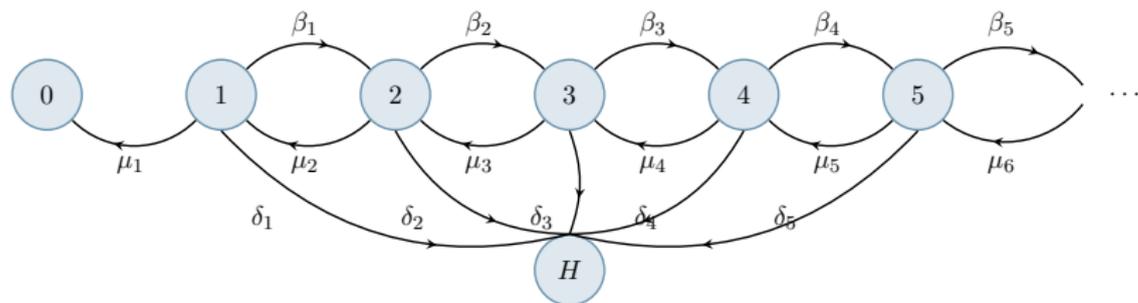
# Inside one infected cell: birth and death process with catastrophe



## Analysis: birth and death process with catastrophe

If  $\mathbf{X}_t$  is the bacterial load in the cytosol of one macrophage at time  $t$  then,  $\mathbf{X}_{t+\Delta t}$  is either

|                    |   |
|--------------------|---|
| $\mathbf{X}_t$     | with probability $1 - (\mu + \beta + \delta)\mathbf{X}_t\Delta t$ |
| $\mathbf{X}_t + 1$ | with probability $\beta\mathbf{X}_t\Delta t$                      |
| $\mathbf{X}_t - 1$ | with probability $\mu\mathbf{X}_t\Delta t$                        |
| $H$                | with probability $\delta\mathbf{X}_t\Delta t$ .                   |



The absorbing state of zero bacteria can be reached by: (i) elimination of bacteria from the macrophage, or (ii) rupture of the macrophage and release of its contents ( $H$ ).

## Survival function

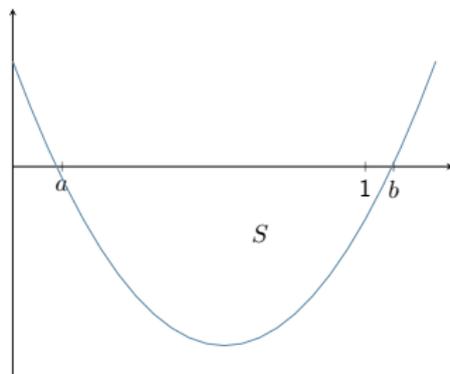
$$S(t) = \Pr[\text{macrophage survives to time } t | \mathbf{X}_0 = 1].$$

If a macrophage is carrying  $\mathbf{X}_t$  bacteria in its cytosol at time  $t$ , its probability of rupture between  $t$  and  $t + \Delta t$  is equal to  $\delta \mathbf{X}_t \Delta t$ . The function  $S(t)$  is the average over possible values of  $\mathbf{X}_t$ . Thus  $S(t + \Delta t) - S(t) = -\delta \mathbb{E}(\mathbf{X}_t) \Delta t$ . In other words,

$$\frac{d}{dt} S = -\delta \mathbb{E}(\mathbf{X}_t).$$

In fact

$$\frac{d}{dt} S = \mu - (\beta + \mu + \delta)S + \beta S^2.$$



## Mean number of bacteria released at time $t$

- If  $\bar{n}(t)\Delta t$  is the mean number of bacteria released by a macrophage that was infected by one bacterium at  $t = 0$  and ruptures between  $t$  and  $t + \Delta t$ , then  $\bar{n}(t) = \delta \mathbb{E}(\mathbf{X}_t^2 | \mathbf{X}_0 = 1)$ .
- The most elegant way to evaluate the moments of  $\mathbf{X}_t$  is by making use of the probability generating function.

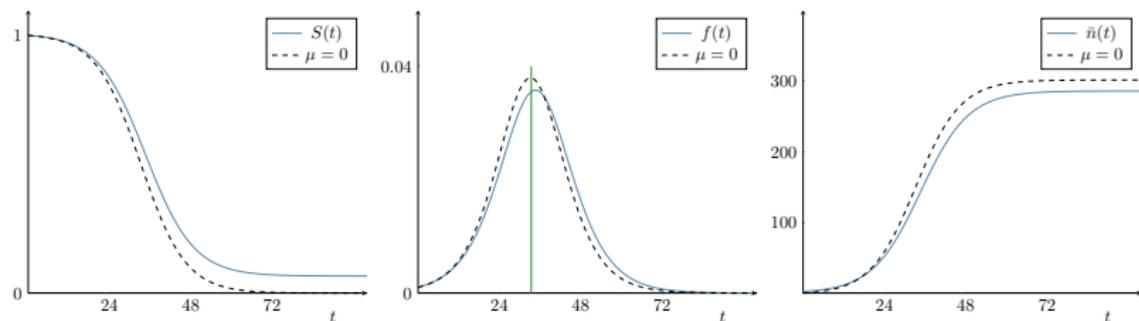
$$p_n(t) = \Pr[\mathbf{X}_t = n | \mathbf{X}_0 = 1] \quad \text{and} \quad G(z, t) \equiv \sum_{n=0}^{+\infty} p_n(t) z^n.$$

It can be shown that

$$G(z, t) = \frac{ab(1 - e^{-\beta(b-a)t}) + z(be^{-\beta(b-a)t} - a)}{b - ae^{-\beta(b-a)t} - z(1 - e^{-\beta(b-a)t})}.$$

- We conclude that  $\bar{n}(t) = \frac{b+1-(1+a)e^{-(\beta+\delta)t}}{b-1+(1-a)e^{-(\beta+\delta)t}}$ .

# The survival function and bacterial release on rupture



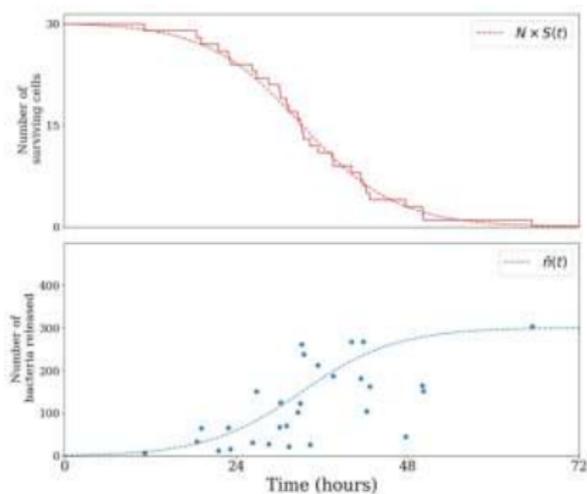
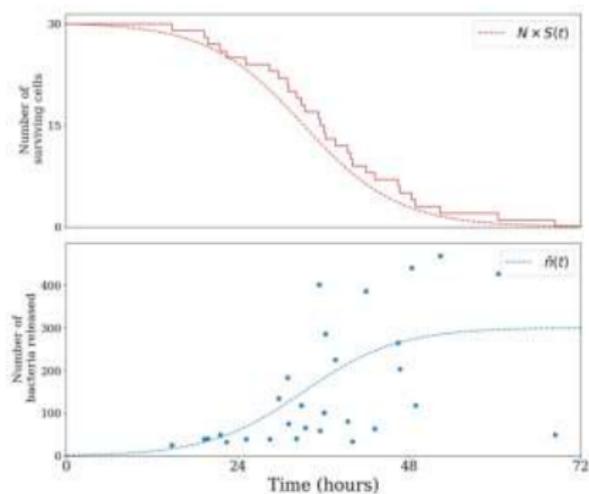
Left: The macrophage survival probability  $S(t)$ .

Centre: The mean bacterial load is proportional to  $f(t) = -\frac{d}{dt}S(t)$ .

Right: the function  $\bar{n}(t)$  that gives the mean number of bacteria released per macrophage.

The parameter values are  $\beta = 0.15 \text{ h}^{-1}$ ,  $\mu = 0.01 \text{ h}^{-1}$  and  $\delta = 0.001 \text{ h}^{-1}$ . (Dashed lines:  $\mu = 0$ .)

## Agent-based realisation compared to predicted means



- In each numerical realisation,  $N = 30$  macrophages are infected, by one bacterium each, at  $t = 0$ . Red line: number of those macrophages surviving up until time  $t$ . Dotted red curve:  $N S(t)$ .
- Each blue dot coincides with a downward step in the red line, corresponding to a macrophage rupture. Dotted blue curve:  $\bar{n}(t)$ .
- Parameter values:  $\beta = 0.15\text{h}^{-1}$ ,  $\mu = 0$  and  $\delta = 0.001\text{h}^{-1}$ .  
Numerical runs:  $M = 10^4$ ,  $\rho = 0.01\text{h}^{-1}$ ,  $\phi = 2\text{h}^{-1}$ ,  $\gamma = 1\text{h}^{-1}$ .

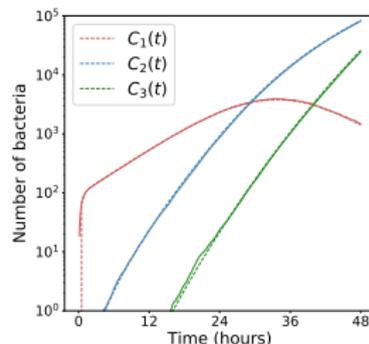
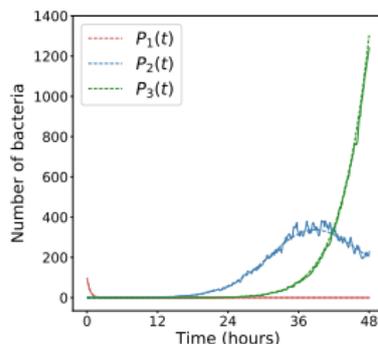
# Cohort analysis

Bacterial loads can be measured in different organs of an infected mouse (but only at one timepoint).

In an agent-based simulation, on the other hand, the entire history of every macrophage and bacterium is available. We explicitly track cohorts of bacteria by assigning a 'cohort number' attribute to each.

We define the quantities

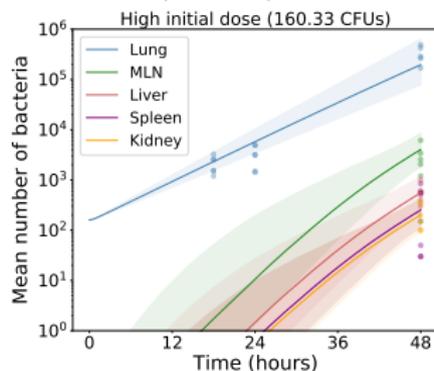
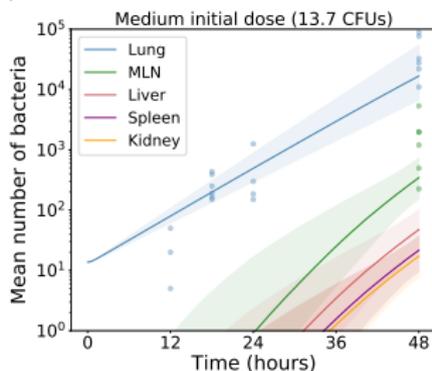
- $P_i(t)$ , the mean number of cohort  $i$  bacteria in macrophage phagosomes at time  $t \geq 0$ ,
- $C_i(t)$ , the mean number of cohort  $i$  bacteria in macrophage cytosols at time  $t \geq 0$ .



# Data (Roman Lukaszewski, Dstl)

Six-to-eight week old female BALB/c mice were challenged with *F. tularensis* SCHU S4. In these experiments, mice were infected with either 160 (high), 14 (medium) or 2 (low) colony forming units.

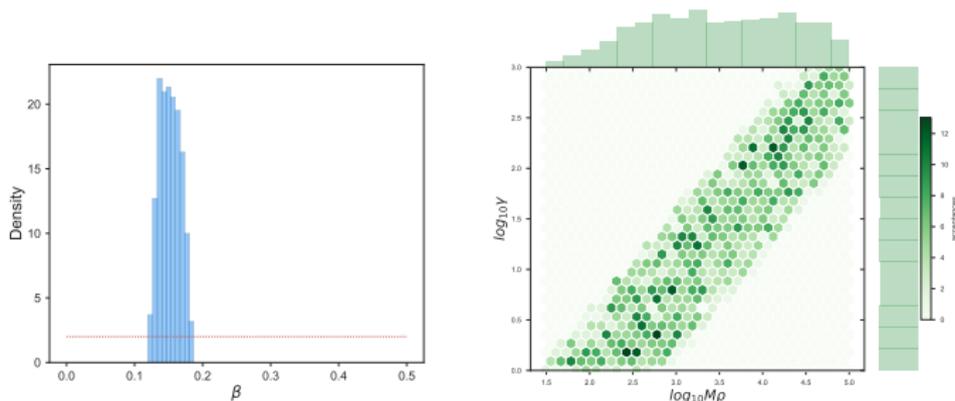
| time<br>(hours) | organ  | High infectious dose (160.33 CFU) |                    |                    |                    |                    |                    | mean               | SD                 |
|-----------------|--------|-----------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
|                 |        | 1                                 | 2                  | 3                  | 4                  | 5                  | 6                  |                    |                    |
| 1               | lung   | 0                                 | 0                  | $2.50 \times 10^2$ | $1.50 \times 10^2$ | 0                  | $3.50 \times 10^1$ | $1.05 \times 10^1$ | $1.42 \times 10^1$ |
| 18              | lung   | $2.60 \times 10^3$                | $3.25 \times 10^3$ | $1.50 \times 10^3$ | $1.55 \times 10^3$ | $1.20 \times 10^3$ | $2.50 \times 10^3$ | $1.97 \times 10^3$ | 1.48               |
|                 | MLN    | $4.00 \times 10^1$                | $8.50 \times 10^1$ | $5.00 \times 10^0$ | $7.00 \times 10^1$ | $2.45 \times 10^2$ | $6.50 \times 10^1$ | $5.16 \times 10^1$ | 3.64               |
| 24              | lung   | $4.95 \times 10^3$                | $3.15 \times 10^3$ | $3.15 \times 10^3$ | $4.90 \times 10^3$ | $1.41 \times 10^3$ | $1.50 \times 10^3$ | $2.83 \times 10^3$ | 1.74               |
| 48              | lung   | $2.65 \times 10^5$                | $2.85 \times 10^5$ | $1.30 \times 10^6$ | $1.70 \times 10^5$ | $4.90 \times 10^5$ | $4.25 \times 10^5$ | $3.89 \times 10^5$ | 2.01               |
|                 | MLN    | $2.05 \times 10^3$                | $6.15 \times 10^3$ | $3.40 \times 10^3$ | $1.50 \times 10^2$ | $2.55 \times 10^3$ | $1.20 \times 10^3$ | $1.64 \times 10^3$ | 3.64               |
|                 | liver  | $5.00 \times 10^2$                | $6.00 \times 10^2$ | $4.00 \times 10^2$ | $3.00 \times 10^2$ | $1.00 \times 10^3$ | $6.00 \times 10^2$ | $5.28 \times 10^2$ | 1.51               |
|                 | kidney | $3.50 \times 10^2$                | $2.00 \times 10^2$ | $3.50 \times 10^2$ | $1.00 \times 10^2$ | $1.00 \times 10^2$ | $1.50 \times 10^2$ | $1.82 \times 10^2$ | 1.77               |
|                 | spleen | $3.00 \times 10^1$                | $5.00 \times 10^1$ | $8.50 \times 10^1$ | $3.00 \times 10^1$ | $5.50 \times 10^2$ | $5.50 \times 10^2$ | $1.50 \times 10^2$ | 4.94               |



# Model calibration from Roman's data

| Event                               | Symbol   | Units    | Range for sensitivity analysis | Value                 |
|-------------------------------------|----------|----------|--------------------------------|-----------------------|
| intracellular bacterial replication | $\beta$  | $h^{-1}$ | [0,0.5]                        | $1.51 \times 10^{-1}$ |
| macrophage rupture                  | $\delta$ | $h^{-1}$ | [0,0.01]                       | $1.00 \times 10^{-3}$ |
| phagocytosis                        | $M\rho$  |          | $\log_{10} M\rho \in [-2, 5]$  | $2.93 \times 10^3$    |
| extracellular bacterial death       | $\mu$    | $h^{-1}$ | [0,0.1]                        | $1.00 \times 10^{-2}$ |
| phagosomal escape                   | $\phi$   | $h^{-1}$ | [0.5,5]                        | $2.00 \times 10^0$    |
| total migration away from the lung  | $\gamma$ | $h^{-1}$ | $\log_{10} \gamma \in [0, 3]$  | $2.35 \times 10^1$    |

Bayesian computation:



**Figure:** Left: Posterior histogram for  $\beta$  with the prior distribution in red. Right: The relationship between  $\log_{10} \gamma$  and  $\log_{10} M\rho$ .

## *F. tularensis*: summary

- With a mouse infection model, agent-based computation and mathematical analysis, we study *F. tularensis* infection.
- Bacteria enter host cells and proliferate inside, eventually destroying the cell and releasing copies that infect other cells.
- Analysis based on a stochastic model of a population of infectious agents inside one host cell, extending the birth-and-death process by the occurrence of catastrophes: cell rupture events that affect all bacteria in a cell simultaneously.
- Compare analysis with agent-based computation and, via Approximate Bayesian Computation, with experimental measurements carried out after murine aerosol infection.

# Outline

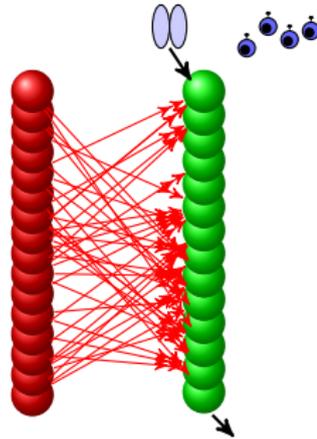
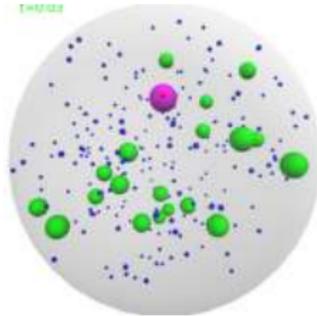
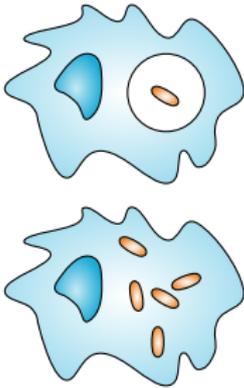
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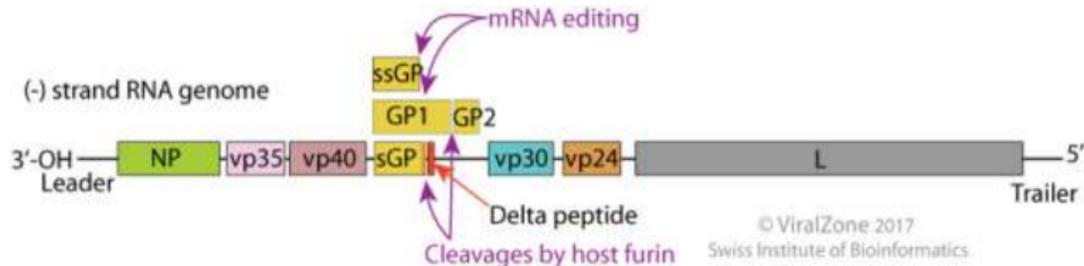
Data

## Modelling Ebola virus in vitro infection

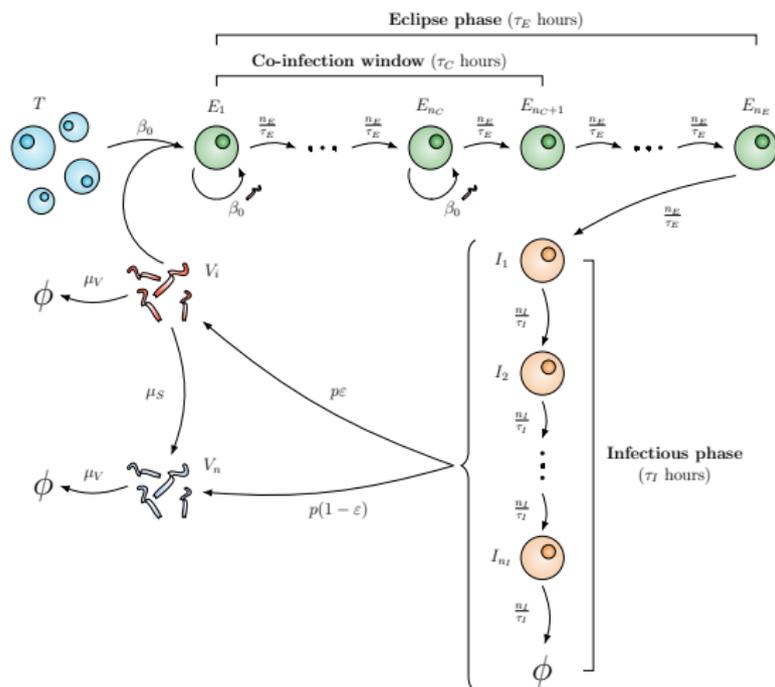


# Ebola virus

- Ebola virus is a highly pathogenic filovirus, with a negative-sense single-stranded non-segmented RNA genome.
- Filoviruses replicate in many different cell types: macrophages, dendritic cells, endothelial cells, . . .
- Viral release occurs by budding.
- Work with infectious filoviruses must be conducted under containment level 4.



# Within-host model: co-infection window and eclipse phase



Following the eclipse phase, infected cells enter a phase where budding of infectious virus and non-infectious virus occurs.

## Intra-cellular stochastic model

Dstl measured intra-cellular viral load for Ebola WT. *In vitro* infection assays (single-cycle, multiple-cycle, and viral infectivity decay assays) using EBOV "E718" and Vero cells, obtained from Culture Collection, Public Health England.

- **Co-infection window:** in this phase, virus can enter already infected cells.
- **Eclipse phase:** viral replication takes place.
- **Infectious phase:** viral replication, assembly and budding.

Posterior distributions of parameters were estimated using a Markov chain Monte Carlo (MCMC) approach.

## Ebola summary

- We estimate that one EBOV-infected cell spends 30h in an eclipse phase before it releases infectious virions at a rate of  $13\text{h}^{-1}$ , over its infectious lifetime of 83h. The number of infectious virions produced over an infected cell's lifetime is about 1000, with an estimated basic reproductive number of 600.
- Once in the culture medium, virus loses infectivity at rate  $0.06\text{h}^{-1}$ .
- EBOV was titrated in 96-well plates using the endpoint fifty percent tissue culture infectious dose (TCID<sub>50</sub>) assay.
- Characterise WT and DI competition and/or interference.

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