

## U.S.A. – Country Zero for the AIDS epidemic? (by James Thompson) <sup>1</sup>

Let country zero be one where a stand-alone AIDS epidemic exists. Let the number of infected individuals in country zero be  $z$ . If the fraction of infected individuals is very low in country  $j$ , then the susceptible pool in country  $j$  is approximately constant. Let the number of infected individuals in  $j$  be  $x_j$ . Let the case rate in country zero divided by that in country  $j$  be  $c_j$ . Suppose  $c_j$  is constant. Let the rate of growth of AIDS be  $\beta_t$ . Let the number of people in country  $j$  be  $N_j$  and that in country zero be  $N_z$ . Let  $\alpha_{j,t}$  be the transmission rate into country  $j$  from the country itself and  $\eta_{j,t}$  be the transmission rate into country  $j$  from country zero. Then,

$$\frac{dz}{dt} = \beta_t z, \quad \frac{dx_j}{dt} = \beta_t x_j.$$

Suppose that the transmission of the disease in a country is proportional to both the number infected in that country and the number infected in country zero. Then,

$$(z/N_z)/(x_j/N_j) = c_j,$$

$$\frac{dx_j}{dt} = \alpha_{j,t} x_j + \eta_{j,t} z = (\alpha_{j,t} + (N_z/N_j) c_j \eta_{j,t}) x_j = \beta_t x_j.$$

Assuming that infected individuals from various countries have relatively little effect on the number of infected individuals in country zero, then for a short time span,

$z(t) \approx z(0)\exp(\beta_t t)$ . Then,

$$\frac{dx_j}{dt} = \alpha_{j,t} x_j + \eta_{j,t} z(0)\exp(\beta_t t).$$

Even if  $\alpha_{j,t}$  is negative, the epidemic in country  $j$  can be sustained if the transmission from infected individuals in country zero is sufficiently high. Let country  $i$  also be contributing to country  $j$ . The comparative contribution of country zero with respect to country  $i$  is

$$\eta_{j,t} = [(c_i N_j)/(c_j N_i)] \eta_{i,t} + (\alpha_{i,t} - \alpha_{j,t}) N_j / (c_j N_z).$$

Let us suppose  $\alpha_{i,t} = \alpha_{j,t}$ . Then  $x_j/x_i = \eta_{j,t}/\eta_{i,t}$  and  $\eta_{j,t} = [(c_i N_j)/(c_j N_i)] \eta_{i,t}$ .

By mid-1997, the cumulative AIDS cases in the U.S. were 612,078 while that in Canada were 15,101. The U.S. population is 9.27 times that of Canada.  $612078/15101 = 40.53$ . Per capita, the incidence of AIDS in the U.S.A. by mid-1997 was comparatively  $40.53/9.27 = 4.37$  times that in Canada.

In Canada, when the epidemic, as a stand-alone, is just at the edge of sustainability,

$$\alpha_{\text{Can}} = 0 \text{ and } \eta_{\text{Can}, t} = ((N_{\text{Can}}/N_{\text{USA}})\beta_t)/c_{\text{Can}} = \beta_t/(9.27*4.14) = 0.026\beta_t.$$

Hence, activity rates from infected Americans roughly 2.6% that experienced in the U.S. could sustain a Canadian epidemic at a comparative ratio of approximately 4 U.S. cases per Canadian case. For infected Canadians to be causing an epidemic in the U.S., the activity rate of infected Canadians with American susceptibles must be  $1/0.026 = 38.5$  times that of infected Canadians with Canadian susceptibles.

Similarly,  $\eta_{\text{France}, t} = 0.076\beta_t$ ,  $\eta_{\text{United Kingdom}, t} = 0.024\beta_t$ ,  $\eta_{\text{Denmark}, t} = 0.0034\beta_t$ , and  $\eta_{\text{Netherlands}, t} = 0.0075\beta_t$ .

Given the same growth rate of AIDS in the First-World, in spite of the considerably larger number of cases in the U.S. compared to other countries, the U.S. is driving the epidemic in the other First-World countries.

### References:

1. Thompson JR. Is the United States country zero for the First-World AIDS epidemic? *J Theor Biol.* Jun 21 2000;204(4):621-628.