# EPIDEMIOLOGICAL MODEL FOR PEDIATRICS PATIENTS WITH LEPROSY INFECTION

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#### 4 Abstract

5 Leprosy Infection (LI) is a long-term chronic infectious disease caused by the bacterium Mycobacterium leprae or Mycobacterium lepromatosis. This infectious disease has caused 6 the public issue in many countries around the globe. The disease is prevalent among the 7 8 adults, although there are now cases of the minor contacting this disease through household 9 contact which is the primary source of infection such as (babysitters, neighbors). The 10 emerging and reemerging diseases have led to a revived interest in infectious diseases in which mathematical models have become important tools in analyzing the spread and control 11 12 of infectious diseases. Mathematical models are used in comparing, planning, implementing, evaluating and optimizing various detection, prevention therapy, and control programs, the 13 model provides conceptual results such as threshold and basic reproduction number. In this 14 15 paper, the Passive Immunity Pediatrics (M) - susceptible- Exposed-infected-recoveredsusceptible (MSEIRS) model was adopted to depict the spread of infections in our 16 17 environment.

# 18 Keywords: Mathematical Model, Basic Reproductive Number, Pediatrics Patients, 19 Leprosy Infection.

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#### 21 **1.0 Introduction**

22 The model uses the principles of epidemiological models, the idea is to investigate the 23 particular details of an infection and express how individuals are progressing through a set of states at different rates. Leprosy is spread through a cough or contact with fluid from the 24 nose of an infected person. [1] It occurs more commonly among those living in the rural area 25 26 with extreme poverty, although, it is not highly contagious. Although, tuberculosis (TB) is not 27 as prevalence as it was before now; the doctors do not take TB disease serious even when 28 evaluating patients who have symptoms. [2] This resulted in the delay in diagnosis of TB disease 29 in patients and the patient may sick and possibly infectious for a prolonged period [3] There are two main types of leprosy disease which are based on the number of bacteria present: 30 paucibacillary and multibacillary.[4] The two are differentiated by the number of poorly 31 32 pigmented, numb skin patches present, with paucibacillary having five or fewer and 33 multibacillary having more than five. Also, acid-fast bacilli can be used in the diagnosis biopsy of the skin or the use of polymerase chain reaction for detecting the DNA. 34

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The greatest risk factor for been infected is been in contact with another case of leprosy, been 36 37 in contacts with people living with leprosy are five to eight times more likely to develop leprosy than members of the general population. Other risk factors are conditions that reduce 38 39 immune function, such malnutrition other illness, or host genetic differences which may 40 increase the risk of developing leprosy (5). These led to the need to development an effective and efficient epidemiological model that can be used to reduce the factors that are responsible 41 42 for the prevalence of the disease in other to reduce leprosy infection. The epidemiological model which involves the individuals transition from a Passive Immunity to Susceptible state 43 44 to Latent period to an Infectious one to a Recovered state at a certain rate, and become 45 Susceptible again at a different rate. This model is called the MSEIRS model, because 46 individuals move between them M (Passive Immunity in paediatrics), E (Latent period) S (Susceptible) and I (Infectious states) R (Recovered). 47

48 The Passive Immunity for pediatrics - Susceptible – Latent - Infected – Recovered-49 Susceptible (MSEIRS) model was introduced by Kermack and McKendrick, in 1927 (6). In

1 2 50 the model, the population is divided into three distinct groups of: the Passive Immunity for 51 Infant (M), Latent period (E), Susceptible (S), Infected (I) and Recovered (R) where M, E, S, 52 I and R represent the number of children in each of the groups respectively and the total 53 population N = M + E + S + I + R. The Susceptibles are those who are not infected and 54 not immune, the Infecteds are those who are infected and can transmit the disease, and the 55 Recovered are those who are immune to re-infection. The characteristic feature of LI is that 56 immunity after infection is temporary, such that the recovered can become susceptible again 57 if all the risk factors are still present.

# 58 **2.0 Mathematical Model Formulation**

Passive immunity is an immunity obtained from external source: immunity from disease acquired by the transfer of antibodies from one person to another, e.g. through injections or between a mother and a fetus through the placenta looking at the case of infection spread on the population, there is an arrival of new susceptible population. In this type of situation, births and deaths rate must be included in the model. The differential equations represent the model which indicates the rate of change of number of individuals in each compartment with respect to time. Below is the Schematic diagram for the single age class M - Passive Immunity Infant, S- Susceptible, E - Latent period, I - Infectious, R - Recovered (MSEIRS) model for LI transmission (4).

An additional feature of LI is employed. By this Newborn babies whose mothers are immune are taken into consideration. As a result, these children are protected by the antibodies present in their mothers. Thus, group M of children who are completely protected by these antibodies are considered. The ratio of these newborn babies M is equal to the ratio of the general population that is immunized after recovering from infection. Protection reduces and these children M become susceptible at a rate. Under the above assumptions, the following are the results.

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 $\frac{dM}{dt} = \mu - (+\mu)M, \qquad M(0) - - - - - - 2.1$  $\frac{dS}{dt} = M - \beta SI - \mu S + \gamma R, \ S(0) - - - - - 2.2$ 

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$$\frac{dE}{dt} = \beta SI - (\sigma + \mu)E, \quad E(0) - - - - - - 2.3$$

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 $\frac{dI}{dt} = \sigma E - (\nu + \mu)I, \qquad I(0) - - - - - 2.4$ 

$$\frac{dR}{dt} = vI - (\mu + \gamma)R, \qquad R(0) - - - - - - 2.5$$

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#### Table 1 the description of parameters used in the model

Parameter	Description	Unit			
S	Susceptible population	Number/unit time			
М	Birth rate of the children i.e the mortality rate	Number / unit time			
Ι	Infected population	Number/unit time			

R	Infected population that Recovered	Number/unit time		
М	Passively immune infants	Number/unit time		
μ	Birth rate of the children i.e the mortality rate	Number/unit time		
γ	rate of loss of immunity	Number/unit time		
ν	Rate of loss of infections	Number/unit time		
ß	Transmission parameter (constant rate)	Number/unit time		
R <sub>0</sub>	Basic reproduction number	Number/unit time		
Σ	Contact number	Number/unit time		
Е	Rate of loss of protection by maternal antibodies	Number/unit time		
he unit time is	(ner vear)			

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The unit time is (per year)

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#### 75 3.0 Model Analysis

76 3.1 Two Classes of Epidemiology Models

Two different epidemiological models were formulated and analysed, they are Epidemic models and Endemic models. Epidemic model describe rapid outbreaks that occur in less than a year due to the availability of some risk factors, while endemic models are used for studying diseases of longer periods, during which there is a renewal of susceptible by births or recovery from temporary immunity.

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84 **3.0** The Virus – Free Equilibrium

86	At equilibrium point
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Thus we have,	$\frac{dM}{dt} = \frac{dS}{dt} = \frac{dE}{dt} = \frac{dI}{dt} = \frac{dR}{dt} = 0$
	$\frac{dM}{dt} = \mu - (+\mu)M = 0 3.1$
	$\frac{dS}{dt} = M - \beta SI - \mu S + \gamma R = 0 3.2$
	$\frac{dE}{dt} = \beta SI - (\sigma + \mu)E = 0 3.3$
	$\frac{dI}{dt} = \sigma E - (\nu + \mu)I = 0 3.4$
	$\frac{dR}{dt} = vI - (\mu + \gamma)R = 0 3.5$

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From equations 3.1, 3.2, 3.3, 3.4 and 3.5 simultaneously, we obtained the Virus – free

95 equilibrium

96 From equation 3.3

$$\sigma E - \mu I - \nu I = 0$$

97 Since the infection Free State is known to be diseases free, then, 98 I = 0, Thus 99 100 This become  $\sigma E = 0, i.e E = 0$ 101 From equation 3.4  $\nu I - \mu R - \gamma R = 0$ 102 Since, *I*=0, the equation becomes  $-(\mu + \gamma)R = 0$ 103 Thus, R = 0Summary, I=0, E=0 and R=0104 From equation 1.0 105 106  $\mu - \varepsilon M - \mu M = 0$  $\mu = \varepsilon M + \mu M = 0$ 107  $\mu = (\varepsilon + \mu)M$ 108 109 This gives  $M = \frac{\mu}{\varepsilon + \mu}$ 110 111 From equation 3.1  $\epsilon M - \beta SI - \mu S + \gamma R = 0$ 112 Since I = 0 and R = 0, this reduces to  $\begin{array}{l} \epsilon M - \ \mu S = 0 \\ \epsilon M = \ \mu S \end{array}$  $MS = \frac{\varepsilon}{\mu}$ 113 But  $M = \frac{\mu}{\varepsilon + \mu}$ 114 Thus,  $\frac{\varepsilon}{\mu} * \frac{\mu}{\varepsilon + \mu} = \frac{\varepsilon}{\varepsilon + \mu}$ 115 Finally for, virus free equilibrium, the solution set is as follows: 116  $\left[M = \frac{\mu}{\epsilon + \mu}, S = \frac{\epsilon}{\epsilon + \mu}, \qquad E = 0, \qquad I = 0, R = 0\right]$ 117 118 119 Establishing Local stability for Virus- free equilibrium 3.2 120 We linearize the system of equations given, using the Jacobian matrix approach to obtain: 121 Evaluating the Jacobian matrix at the virus – free equilibrium E give 122  $J(M, S, E, I, R) \begin{bmatrix} -\varepsilon - \mu & 0 & 0 & 0 & 0 \\ \varepsilon & -\beta I - \mu & 0 & -\beta S & \gamma \\ 0 & \beta I & -\mu - \sigma & \beta S & 0 \\ 0 & 0 & 0 & -\mu - \nu & 0 \\ 0 & 0 & 0 & -\mu - \nu & 0 \end{bmatrix} = 0$ 123

124 We defined the characteristic polynomial equation for the J(E) solve for the eigen valves, to get: 125 After a while, the eigenvalues  $\frac{\lambda_1}{\lambda_1}$ , i=1,2,3,4,5 are given as 126 <mark>λ<sub>1</sub> = -μ</mark> 127  $\lambda_2 = -\mu - \gamma$  $\lambda_3 = -\xi - \mu$ 128  $\lambda_{4} = \frac{1}{2(\xi+\mu)} \left[ -2\mu^{2} \mu v - 2\mu\varepsilon - \mu\sigma - v\varepsilon - \sigma\varepsilon + A \right]$  $\lambda_{5} = \frac{-1}{2(\xi+\mu)} \left[ 2\mu^{2} \mu v - 2\mu\varepsilon - \mu\sigma - v\varepsilon - \sigma\varepsilon + A \right]$ 129 130 131  $A = \sqrt{\mu^2 v^2 - 2\mu^2 v\sigma + \mu^2 \sigma^2 + 2\mu v^2 \varepsilon - 2\mu v^2 \varepsilon - 4\mu v\varepsilon \sigma + 4\mu \varepsilon \beta \sigma + 2\mu \varepsilon \sigma^2} + v^2 \varepsilon^2$  $-2\nu\varepsilon^2\sigma + 4\varepsilon^2\beta\sigma + \varepsilon^2\sigma^2$ From the results above,  $\lambda_1$ , < 0,  $\lambda_2$ <0,  $\lambda_3$  < 0, and  $\lambda_5$  < 0 provided 132 133 
$$\begin{split} \mu^2 v^2 &- 2\mu^2 v\sigma + \mu^2 \sigma^2 + 2\mu v^2 \varepsilon - 4\mu v\varepsilon\sigma + 4\mu \varepsilon\beta\sigma + 2\mu \varepsilon\sigma^2 + v^2 \varepsilon^2 - 2v\varepsilon^2 \sigma + 4\varepsilon^2 \beta\sigma + \varepsilon^2 \sigma^2 \ge 0 \end{split}$$
That is,  $\begin{aligned} \mu^2 v^2 &- \mu^2 \sigma^2 + 2\mu v^2 \varepsilon + 4\mu \varepsilon\beta\sigma + 2\mu \varepsilon\sigma^2 + v^2 \varepsilon^2 + 4\varepsilon^2 \varepsilon\sigma + \varepsilon^2 \sigma^2 \ge 2\mu^2 v\sigma + 4\mu v\varepsilon\sigma + 2\mu \varepsilon^2 \sigma^2 \end{aligned}$ 134 135 136 137 138  $2v\varepsilon^2\sigma$ 139 So also,  $\lambda_4$  must be less than zero, i.e,  $\lambda_4 < 0$ 140 141 142 hence,  $\lambda_{4} = \frac{1}{2(\varepsilon + \mu)} \left( -2\mu^{2} - \mu v - 2\mu\varepsilon - \mu\sigma - v\varepsilon - \sigma\varepsilon + A \right) < 0,$ which implies that,  $\frac{A}{2(\varepsilon + \mu)} < \frac{1}{2(\varepsilon + \mu)} \left( 2\mu^{2} - \mu v - 2\mu\varepsilon - \mu\sigma - v\varepsilon - \sigma\varepsilon \right)$ That is 143 144 145 146 That is  $A < 2\mu^2 - \mu v - 2\mu\varepsilon - \mu\sigma - v\varepsilon - \sigma\varepsilon$ 147 148 Finally, the result is  $R_0 = \frac{A}{2\mu^2 + \mu\nu + 2\mu\varepsilon + \mu\sigma + \nu\varepsilon + \sigma\varepsilon} < 1$ 149 150 A has been defined earlier above. 151 Where  $R_0$  is the basic reproduction number, which is an important threshold in modelling of 152 infectious diseases, since it tells us if a population is at risk from a disease or not. Thus, 153 154 whenever  $R_0 < 1$  the new cases (i.e. incidence) of the disease will be on the decrease and the disease will eventually be eliminated. 155 156 Based on foregoing, the Basic Reproduction number  $(R_0)$  for our model is less than unity i.e

$$R_0 = \frac{1}{2\mu^2 + \mu\nu + 2\mu\varepsilon + \mu\sigma + \nu\varepsilon + \sigma\varepsilon} < 1$$

- 157 Then, I(t) decreases monotonically to zero as  $t \to \infty$ . Therefore, the virus – free equilibrium is 158 locally stable.
- 159
- 160 Local Stability for Virus - Endemic State:
- 161  $\frac{dM}{dt} = \frac{dS}{dt} = \frac{dE}{dt} = \frac{dI}{dt} = \frac{dR}{dt} = 0$
- 162
- 163 This gives
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$$165 \quad \frac{ds}{dt} = \varepsilon M - \beta SI - \mu S + \gamma R = 0 - \dots - 3.7$$

$$166 \quad \frac{dt}{dt} = \beta SI - \sigma E - \mu E = 0 - \dots - 3.8$$

$$167 \quad \frac{dt}{dt} = \sigma E - \sigma E - \mu I - \nu I = 0 - \dots - 3.8$$

$$168 \quad \frac{dt}{dt} \quad \nu I - \mu R - \gamma R = 0 - \dots - 3.10$$

$$169 \quad \text{In this scenario, the state is assumed to be virus endemic, I > 0$$

$$170 \quad \mu - \varepsilon M - \mu M = 0$$

$$M = \frac{\mu}{\varepsilon + \mu} - \dots - 3.10$$

$$171 \quad \mu - \varepsilon M - \mu M = 0$$

$$M = \frac{\mu}{\varepsilon + \mu} - \dots - 3.11$$

$$173 \quad \text{From equation 3.9}$$

$$\sigma E - \mu I \nu I = 0$$

$$174 \quad \text{i.e.}, \qquad \sigma E - (\mu + \nu)I$$

$$175 \quad \text{Hence,}$$

$$E = \frac{(\mu + \nu)}{\sigma}I - \dots - 3.12$$

$$176 \quad \text{From equation 3.10}$$

$$177 \quad \nu I - \mu R - \gamma R = 0$$

$$178 \quad \nu I = (\mu + \gamma)R$$

$$R = (\frac{\nu}{\mu + \gamma})I - \dots - 3.13$$

$$179 \quad \text{From equation 3.8}$$

$$181 \quad \beta SI - \sigma E - \mu E = 0$$

$$182 \quad \beta SI - \sigma E - \mu E = 0$$

$$182 \quad \beta SI - \sigma E - \mu E = 0$$

$$183 \quad S = (\frac{\sigma + \mu}{\beta I})E$$

$$184 \quad \text{But } E = (\frac{\mu + \nu}{\sigma})I$$

$$185 \quad \text{Thus,}$$

$$186 \quad S = (\frac{\sigma + \mu}{\beta I})E$$

$$187 \quad Substitute for M, E, R and S in Equation 3.7$$

$$188 \quad S = (\frac{\sigma + \mu}{\sigma I})E$$

$$19 \quad Substitute for M, E, R and S in Equation 3.7$$

$$19 \quad Substitute for M, E, R and S in Equation 3.7$$

$$19 \quad \varepsilon + \frac{\mu}{\varepsilon + \mu} - \beta + \frac{(\delta + \mu)(\mu + \nu)}{\beta \sigma} + I - \mu + \frac{(\delta + \mu)(\mu + \nu)}{\beta \sigma} + \gamma^{*}(\frac{\nu}{\mu + \gamma})I = 0$$

$$103 \quad \text{Solving for 1 yields:}$$

$$I \quad - (\mu + \gamma)(\mu^{3} + \mu^{2}\nu + \mu^{2}\varepsilon + \mu^{2}\sigma + \mu\nu\varepsilon + \mu\nu\sigma + \mu\varepsilon\sigma + \mu\varepsilon\sigma + \varepsilon\rho\sigma - \varepsilon\rho\sigma)$$

$$19 \quad Consequently,$$

$$R = (\frac{\nu}{\mu + \gamma})I$$

196 The above yields,  $\frac{-\nu(\mu+\gamma)(\mu^{3}+\mu^{2}\nu+\mu^{2}\varepsilon+\mu^{2}\sigma+\mu\nu\sigma+\mu\varepsilon\sigma+\nu\varepsilon\sigma-\varepsilon\beta\sigma)}{\beta(\mu^{3}+\mu^{2}\nu+\mu^{2}\varepsilon+\mu^{2}\sigma+\mu\nu\varepsilon+\mu\nu\sigma+\mu\varepsilon\sigma+\mu\varepsilon\sigma+\nu\varepsilon\sigma+\varepsilon\gamma\sigma+\varepsilon\sigma+\varepsilon\gamma\sigma)}$ 197 198 199 Also,  $E = \left(\frac{\mu + \nu}{\sigma}\right) I$ 200  $\frac{-v(\mu+\gamma)(\mu^{3}+\mu^{2}v+\mu^{2}\varepsilon+\mu^{2}\sigma+\mu v\sigma+\mu\varepsilon\sigma+v\varepsilon\sigma-\varepsilon\beta\sigma)}{\beta\sigma(\mu^{3}+\mu^{2}v+\mu^{2}\varepsilon+\mu^{2}\sigma+\mu v\varepsilon+\mu v\sigma+\mu\varepsilon\sigma+\mu\varepsilon\sigma+\nu\varepsilon\sigma+\varepsilon\gamma\sigma+\varepsilon\sigma+\varepsilon\gamma\sigma)}$ 201 202 For mathematical acceptability,  $(M_E, S_E, E_E, I_E, R_E) > 0$ 203 Thus,  $I_E$  $=\frac{-\nu(\mu+\gamma)(\mu^{3}+\mu^{2}\nu+\mu^{2}\varepsilon+\mu^{2}\sigma+\mu\nu\sigma+\mu\varepsilon\sigma+\nu\varepsilon\sigma-\varepsilon\beta\sigma)}{\beta(\mu^{3}+\mu^{2}\nu+\mu^{2}\varepsilon+\mu^{2}\sigma+\mu\nu\varepsilon+\mu\nu\gamma+\mu\varepsilon\sigma+\mu\varepsilon\sigma+\nu\varepsilon\sigma+\varepsilon\gamma\sigma+\varepsilon\varepsilon\sigma+\varepsilon\gamma\sigma)} > 0$ 204 205 Let,  $A = -(\mu + \nu)(\mu^{3} + \mu^{2}\nu + \mu^{2}\varepsilon + \mu^{2}\sigma + \mu\nu\varepsilon + \mu\nu\sigma + \mu\varepsilon\sigma + \nu\varepsilon\sigma)$ 
$$\begin{split} B &= \varepsilon\beta\sigma \quad \text{and,} \\ C &= (\mu^3 + \mu^2 v + \mu^2 \varepsilon + \mu^2 \gamma + \mu^2 \sigma + \mu v\varepsilon + \mu v\gamma + \mu v\sigma + \mu\varepsilon\sigma + \mu\gamma\sigma + v\varepsilon\gamma + v\varepsilon\sigma + \mu v\varepsilon +$$
206 207 208  $\epsilon\gamma\sigma))$ 209 210 Hence.  $I_E = \frac{(\mu + \gamma)(A - B)}{B * C} > 0$ =  $-(\mu + \gamma)A + B(\mu + \gamma) > 0$ =  $B(\mu + \gamma) > (\mu + \gamma)A$ 211 212 213 214 215 Dividing through by A, we then have, 216  $R_0 = \frac{B}{4} > 1$ 217 218 More elaborately, we have:  $R_0 = \frac{\varepsilon\beta\sigma}{\mu^3 + \mu^2\nu + \mu^2\varepsilon + \mu^2\sigma + \mu\nu\varepsilon + \mu\nu\sigma + \mu\varepsilon\sigma + \nu\varepsilon\sigma} > 1$ 219 If  $\beta$  64.5,  $\nu = 36$ ,  $\varepsilon = 13$ ,  $\delta = 91$ ,  $\mu = 0.041$  are all parameter for a period of one year, then we 220 have the following expression: 221 13 \* 64.5 \* 91  $\frac{13*64.5*91}{(0.041)^3 + (0.041)^236 + (0.041)^213 + (0.041)^291 + (0.041)(36)(13) + (0.041)(36)(91) +} > 1$ (0.041)(91)(13) + (36)(13)(91) $R_0 = 2.944076535 > 1$ 

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If  $R_0 > 1$  then I (t) increases and reaches its maximum and reduces as  $R_0 \rightarrow \infty$ . When the number of children infected increases in this state, it is called the epidemic state. In the long run, the whole population become susceptible if  $R_0 > 1$  226

# 227 4.0 Numerical Solution and Simulation

The MSEIRS model was solved numerically using Runge – Kutta method, Matlab ode45 program was adopted, which is based on an explicit Runge Kutta (4, 5) formula. Runge kutta of order four is also used in plotting the graphs; it's a powerful and popular method because of its accuracy and stability. Also, its simplicity and stability make it one of the most widely used numerical algorithms for stiff and non-stiff equations, it converges faster than that of order two or three.

234

# 235Table 2 simulating the MSEIRS model using the following parameter values

able 2 simulating the wishing model using the following parameter values									
V	$b_0$	<b>b</b> <sub>1</sub>	δ	Φ	μ	γ	ζ	β	R <sub>0</sub>
36	50	0.14	91	0.15	0.041	1.8	13	64.5	0.9515728172
36	20	0.20	91	0.15	0.041	1.8	13	27	2.944076535
									$\langle \rangle$
	V 36	$     V b_0     36 50 $	$ \begin{array}{c ccc} V & b_0 & b_1 \\ \hline 36 & 50 & 0.14 \\ \end{array} $	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				

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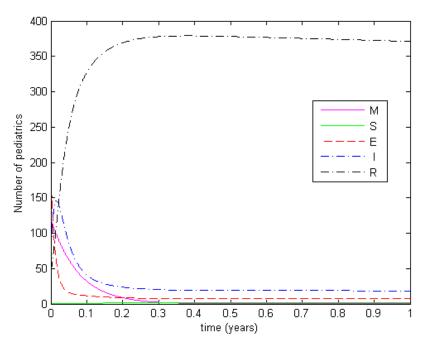
These are the parameters used in plotting the graphs: although some of it changes, since they are the major factors that determining the situations of the environment, whether it is of the

239 virus – free and endemic state.

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The graph of MSEIRS model is used to monitor our environment in case of an outbreak of leprosy based dynamics of the number of on changes on a particular model parameter

242 reprose based dynamics of the number of on changes on a particular n 243



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Figure 2 Graphical representation of MSEIRS model between the space of one year with  $M_0 = 120$ ,  $S_0 = 100$ ,  $E_0 = 82$ ,  $I_0 = 67$ ,  $R_0 = 46$ 

246 247

24/ 248 Figure 2 shows the graphical representation of MSEIDS model between the spec

Figure 2 shows the graphical representation of MSEIRS model between the space of one year. In these model, newborn infants of immune mothers that are protected by maternal antibodies, but later got infected through babysitter or through the infected neighbours. They

# recovered after been treated but since, they domicile in the same infected area, the protected infants become susceptible again.

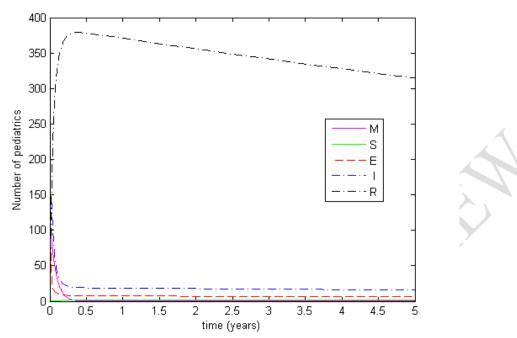




Figure 3 Graphical respresentation of MSEIRS model between the space of five years

Figure 3 shows the graphical representation of MSEIRS model between the space of five years. In these model, These set of children were assumed to be of primary school age, they have the oppourtunity of playing around with their school mates. Some are born are born completely protected while some are from the infected parents. The protected onces are infected but recovered through vacination but since they were in the same environment they become susceptible again.

# 262 Conclusion

The MSEIRS model is used as a benchmark for modeling infectious disease, since the existence of a threshold for infection is far from obvious. The model mathematical analysis was calculated to know if the model is mathematically feasible, also, the local stability was calculated to know if our environment is of virus – free or of an endemic equilibrium. The threshold value was set through the calculation of the basic reproductive number  $R_0$  which is an important part of modelling disease to tell us if the population is at risk or not.

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