

# Impact of risk-perception on decision-making for FMD control

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## INTRODUCTION

- Foot and mouth disease (FMD) represents a major threat for developed countries  $\rightarrow$  economic losses + epidemiological impacts + social impact (massive slaughter acceptability)

- Models on FMD investigate the mean effect of control measures against outbreaks, and not their variability, which is linked to the risk-perception for decision-makers

- How do decision-makers choose a control strategy in case of FMD epizootics ?  $\rightarrow$  according to their **risk perception**: risk-averse decision-makers prefer low variable strategies, whereas risk-seeker prefer strategies with the minimal mean impact → according to the **epidemiological**, **economical or social impact** of control strategies







## RESULTS

SPS



National level: in green, optimal mean strategy; in red, worse mean strategy







*Regional level*: regional optimal strategies according to mean impact

**<u>Question 1</u>**: strategy with lowest mean impact for risk-seeker?

**<u>Question 2</u>**: strategy with lowest impact variability for risk-averse?

according to epidemiology, economy and social opinion

### MATERIALS AND METHODS

#### **Control strategies**

- 7 fixed control strategies against FMD epizootics

|     |                        | slaughter          |                     | vaccination   |             |
|-----|------------------------|--------------------|---------------------|---------------|-------------|
|     | strategy               | infected premisses | preemptive          | preemptive    | suppressive |
| SO  | stamping-out           | yes                | no                  | no            | no          |
| PS  | preemptive slaughter   | yes                | 1 km (1)+(2)        | no            | no          |
| PV  | preemptive vaccination | yes                | no                  | 10 km (1)+(2) | no          |
| SPS | selective PS           | yes                | 1 km <sup>(2)</sup> | no            | no          |



 $\rightarrow$  no unique optimal mean strategy in France for the 4 output variables  $\rightarrow$  the nature of best strategies differ between regions and output variables



**<u>Question 2</u>**: strategy with lowest impact variability for risk-averse?

National level: in green, lowest variability ; in red, highest variability







*Regional level:* regional optimal strategies according to lowest impact variability

**PV** 



**Stochastic state-transition model of FMD** 

Reference: Rautureau et al. 2012 Trans Em Dis, 59:4 311-322



S = exposed and susceptible L = infected but not infectiousI = subclinically infectious J = clinically infectiousR = removed or recovered

3 forces of infection:

- within-batch  $\lambda_{w}$
- between-batch  $\lambda_{\rm b}$ - environmental  $\lambda_{e}$



SPS SPV SPSV **SV PV** 

 $\rightarrow$  preemptive slaughter strategies (SPS) = high impact variability  $\rightarrow$  vaccinal strategies (PV, SPV) = low impact variability  $\rightarrow$  optimal strategy fo variability is different between regions and output variables



 $\rightarrow$  no unique optimal mean strategy at national and regional level regarding epidemiology, economy, and social opinion

SO





#### Main model output variables



#### **Data analysis**

- $\rightarrow$  7350 simulations (7 strategies x 21 regions x 50 introduction points)
- $\rightarrow$  for the 7 strategies, evaluation of the mean output variables at the national and regional level + national variability of the log-transformed output variables (Linear Mixed Models, function lmer)



→ high variability of strategies with preemptive slaughter and low variability of vaccinal strategies (except for export losses)

**Risk-perception of decision-makers should be taken into account. Stakeholders** should be involved. Strategies should be adapted to local conditions  $\rightarrow$  without a unique optimal strategy (risk-perception, stakeholders, local conditions), adaptive strategies are needed

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