

# A dynamic power-law sexual network model of gonorrhoea outbreaks

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## Abstract

Human networks of sexual contacts are dynamic by nature, with partnerships forming and breaking continuously over time. Sexual behaviours are also highly heterogeneous, so that the number of partners reported by individuals over a given period of time is typically distributed as a power-law. Both the dynamism and heterogeneity of sexual partnerships are likely to have an effect in the patterns of spread of sexually transmitted diseases. To represent these two fundamental properties of sexual networks, we developed a stochastic process of dynamic partnership formation and dissolution, which results in power-law numbers of partners over time. Model parameters can be set to produce realistic conditions in terms of the exponent of the power-law distribution, of the number of individuals without relationships and of the average duration of relationships. Using an outbreak of antibiotic resistant gonorrhoea amongst men have sex with men as a case study, we show that our realistic dynamic network exhibits different properties compared to the frequently used static networks or homogeneous mixing models. We also consider an approximation to our dynamic network model in terms of a much simpler branching process. We estimate the parameters of the generation time distribution and offspring distribution which can be used for example in the context of outbreak reconstruction based on genomic data. Finally, we investigate the impact of a range of interventions against gonorrhoea, including increased condom use, more frequent screening and immunisation, concluding that the latter shows great promise to reduce the burden of gonorrhoea, even if the vaccine was only partially effective or applied to only a random subset of the population.

## Introduction

In 2017 the WHO added *Neisseria gonorrhoeae* to its priority list of bacterial pathogens in response to the global spread of antibiotic resistance [1]. The bacteria have developed resistance to every therapy used against them, from penicillin through to third-generation cephalosporins [2]. At a time when resistance to first line therapies is increasingly observed [3], it is more important than ever to understand the transmission dynamics of the infection, and how interventions might be used to reduce the burden on antibiotic treatment [4].

It has been well documented that heterogeneity in sexual activity levels has an impact on disease transmission, with individuals who have many partners bearing much of the burden of disease [5–8]. However, the risk of acquiring and passing on a sexually transmitted infection (STI) depends not only on an individual's sexual risk profile, but also on their position in the wider sexual network [9, 10]. Furthermore the structure of an underlying network affects the probability that an infection that is introduced to the network leads to an outbreak, as well as the size and longevity of any outbreaks that occur [11, 12]. As such, it is important to take into account the structure of the underlying sexual network when modelling STI outbreaks.

The distribution of the number of sexual contacts within a network is known as its degree distribution. Several studies have shown that real world sexual networks often have degree distributions that obey a power-law [13–15], where the probability of having  $k$  partners over a given period of time is proportional to  $k^{-\gamma}$ . The constant  $\gamma$  is usually between 1 and 4, and different values have been observed in heterosexual and same-sex networks, as well as between genders [14]. Power-law networks exhibit high levels of heterogeneity, with the majority of individuals having a relatively small number of contacts, while a few have many. The standard method to simulate power-law networks is to use a system of preferential attachment, in which individuals are added one by one, connecting with a higher probability with existing individuals who already have a large number of partners [16]. Once all individuals have been added, the network thus created is guaranteed to have a static power-law distribution. It is important to note that even though the preferential attachment algorithm is dynamic in nature, the dynamic method used is purely a technique for generating a static network and does not in any way reflect the dynamics known to occur in real world sexual networks. Furthermore, transmission of infection occurs only once the network has been generated, with all partnerships being in place constantly from the beginning of the

simulation of infection transmission until the end. 49

An alternative method of producing static networks with a power-law degree distribution has been 50  
proposed based on each network node having an intrinsic fitness parameter, and a function that 51  
determines the probability that a network connection exists between any two nodes depending on 52  
their fitness [17, 18]. In a sexual network, this can be thought of as each individual having an inherent 53  
propensity to seek new partnerships, with the probability of occurrence of each possible partnership 54  
depending on the mutual attraction of two individuals. 55

In a sexual network model, the rate of transmission to an uninfected individual depends on the infection 56  
status of their sexual partners, rather than on the prevalence of infection in the pool of potential partners, 57  
as in compartmental models. Compartmental models that do not explicitly represent partnerships 58  
have been shown to underestimate the importance of core groups of highly sexually active individuals 59  
in sustaining STI transmission, while overestimating the contribution of long-term partnerships and 60  
low-activity individuals [19]. Furthermore, several studies have shown that, in order to explain observed 61  
patterns of infection, it is important to take into account not only the network structure but also the 62  
duration of partnerships, and the gaps between them [20, 21]. It may therefore be necessary to use a 63  
dynamically evolving network to correctly simulate the spread of STI outbreaks. However, no algorithm 64  
has yet been proposed to simulate a dynamic sexual network with the correct real-world properties such 65  
as a power-law distribution of number of sexual partners, so that the difference between such a realistic 66  
dynamic network and a more approximate static network has not been assessed. 67

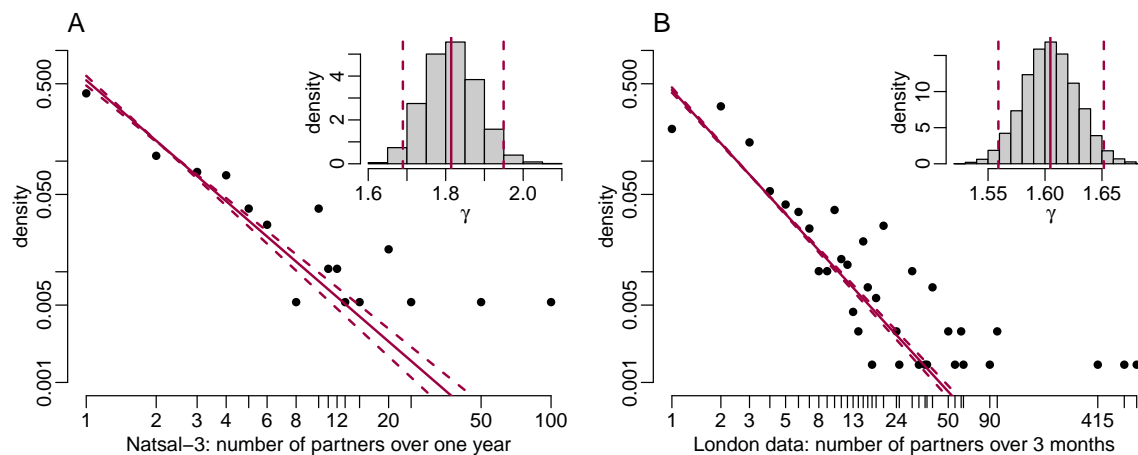
Here we present a novel approach to dynamic network simulation using stochastic partnership formation 68  
and breakdown based on individuals' intrinsic properties. We demonstrate that our method produces 69  
power-law networks, and that it can simulate a population reflecting the observed network characteristics 70  
in UK men who have sex with men (MSM). We then simulate an outbreak of gonorrhoea in three types of 71  
network: a fully-connected static network, a heterogeneous static network, and our novel heterogeneous 72  
dynamic network, showing important differences between all three models in terms of the resulting 73  
patterns of transmission. We estimate the resulting offspring distribution (the number of secondary 74  
cases caused by each primary case) and generation time distribution (time between infection of a 75  
primary case and infection of a secondary case) to assess the likelihood of super-spreading events 76  
predicted by each network structure, as well as the predicted duration of infection. We also compare the 77  
impact of the number of sexual partnerships on the probability of infection and transmission under each 78

network structure, providing a basis for risk assessment. Finally, using the dynamic network model we investigate the impact of a range of interventions against gonorrhoea, including increased condom use, more frequent screening and a hypothetical vaccine.

## Results

### Analysis of survey data on number of partners

We first analysed the number of partners reported by MSM in the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), a population-based survey conducted in 2010-2012 [22, 23]. 15.4% individuals reported zero partners, and amongst the remainder the distribution of number of partners approximately followed a power-law distribution (Fig 1A). We used Bayesian inference to estimate the exponent  $\gamma$  of this power-law distribution, and found a posterior mean of  $\gamma = 1.81$  (95% credible interval: [1.69, 1.96]). This is comparable to estimates calculated based on the previous Natsal data, collected in 2000 and 1990, and the London Gay Men's Sexual Health Survey [24], which were 1.57 (95% CI: [1.43, 1.72]), 1.75 (95% CI: [1.57, 1.95]) and 1.87 (95% CI: [1.80, 1.94]) respectively [14].



**Fig 1.** Double logarithmic plot of cumulative degree distribution of number of partners for UK MSM **A:** reported over 1 year by Natsal-3 respondents. **B:** reported over 3 months in GRASP data from London. Inset histograms show posterior distributions of  $\gamma$  for each dataset with mean and 95% credible intervals in red

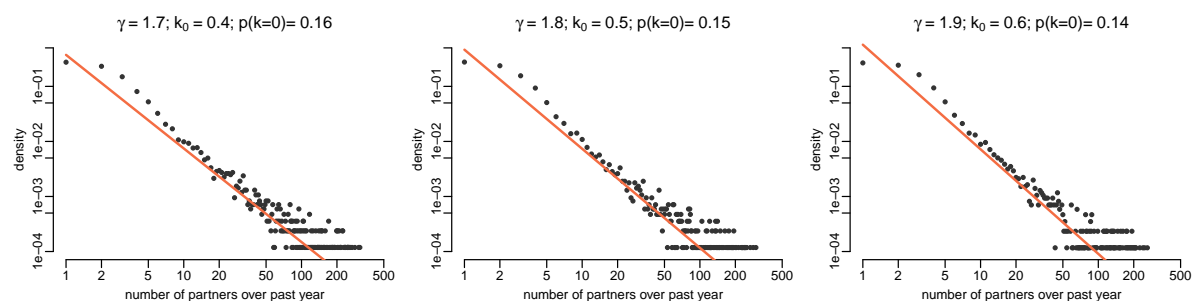
We performed the same analysis based on data collected in 2004 as part of the national Gonococcal

Resistance to Antimicrobials Surveillance Programme (GRASP) run by Public Health England (PHE) 93  
from individuals diagnosed with gonorrhoea in London [25, 26]. Fewer individuals had only one partner 94  
in the last three months than would be expected under a power-law distribution, however a power-law tail 95  
was observed for MSM having more than one partner. The inferred scale-parameter  $\gamma$  for gonorrhoea 96  
infected individuals was significantly lower than that in the Natsal-3 data at 1.60 (95% credible interval: 97  
[1.56, 1.65]) with non-overlapping credible intervals (Fig 1B). 98

## Simulation of dynamic network model 99

We developed a new algorithm to simulate dynamic sexual networks in which relationships are being 100  
formed and broken down over time. To incorporate sexual behaviour heterogeneity, each individual 101  
in the network is characterised by a parameter  $\lambda$  that represents the propensity to make and break 102  
relationships. This  $\lambda$  parameter is analogous to the fitness property used in a previously published 103  
method to generate static power-law networks [17, 18]. The mathematical properties of our method (see 104  
Methods section) imply that the number of partnerships in which individuals were involved over one year 105  
is power-law distributed. 106

To demonstrate the ability of our algorithm to simulate realistic networks, we generated dynamic sexual 107  
networks of size  $N = 10,000$  over one year using a power-law exponent  $\gamma$  equal to 1.7, 1.8 and 1.9 108  
(Fig 2, Fig S1). The network size was chosen to represent MSM aged between 15 and 65 in a UK city 109  
such as Brighton or central Manchester [27, 28]. Our algorithm also requires to set the parameter  $k_0$  110  
which determines the proportion of individuals that do not have a sexual partnership during the year. 111  
Using values of  $k_0$  equal to 0.4, 0.5 and 0.6 respectively, we were able to produce networks exhibiting a 112  
power-law distribution of partnerships and proportion of individuals with zero partners over one year that 113  
were comparable to the 15.4% proportion in the Natsal-3 data (Fig 2). Finally, a third parameter  $\phi$  in our 114  
method determines the rate of partnership breakdown, which in turn decreases the level of partnership 115  
concurrency in the network without affecting the distributions of partner numbers. 116



**Fig 2.** Double logarithmic plot of degree distributions of partners in last year generated with differing parameters  $\gamma$  and  $k_0$ . The orange lines represent the desired degree distribution  $p(k) = ck^{-\gamma}$ . The proportion of individuals having no partners in the last year is shown in the title of each plot as  $p(k=0)$ .

## Effect of network model on simulated gonorrhoea outbreaks

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To assess the importance the underlying sexual network structure and dynamism in the way gonorrhoea outbreaks spread, we performed a comparison of simulated gonorrhoea outbreaks on three types of networks (Fig 3A): a fully connected network, a static power-law network and our new dynamic power-law network. On each type of network we used the same model of gonorrhoea outbreak, adapted from a recent study [29] as illustrated in Fig 3B and described in the Methods section.

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The flow parameters were calibrated for each of the three types of network in order to produce for each type of network outbreaks of the same realistic size over a year (cf Methods section). The resulting parameter values are summarised in Table 1 with no significant difference between the three models for any parameter except the rate of transmission per partnership  $\beta$ , which takes widely different values as expected. From the resulting simulations we analysed the offspring distribution, defined as the number of onward transmissions attributable to each case infected in the first year (Fig 4A) and we extracted the generation times, defined as the length of time from initial infection to onward transmission (Fig 4B). Both the offspring distribution and the generation time distribution exhibited important differences depending on the underlying type of sexual network considered (Fig 4).

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The basic reproduction number is defined as the mean of the offspring distribution in a fully uninfected population. For all three network structures (fully connected, static, and dynamic) the basic reproduction numbers were around 1.2 with overlapping 95% ranges (Fig 4A, X axis). This equality is due to the calibration of the models, which required outbreaks to be of similar sizes. However, we found that the variance in the simulated offspring distributions differed depending on network structure (Fig 4A, Y axis). Simulated outbreaks in both static and dynamic power-law networks had greater variance in the

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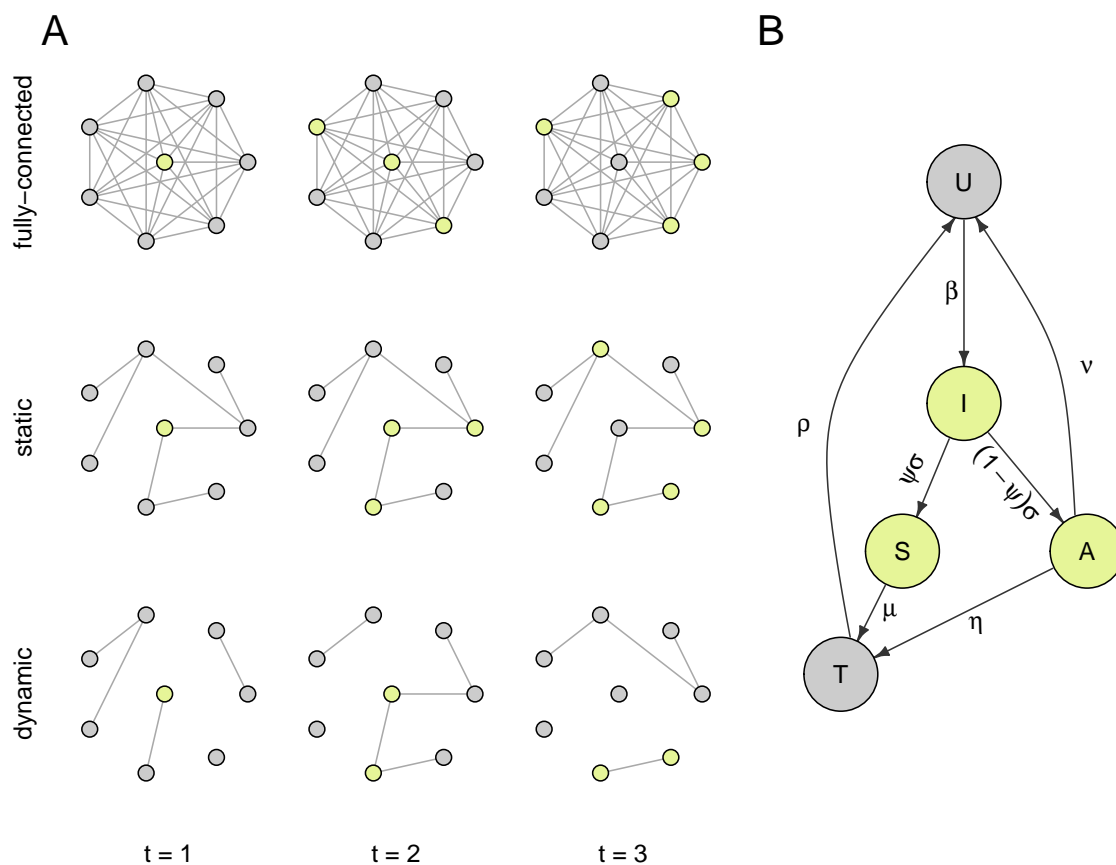
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**Fig 3. A:** Illustration of gonorrhoea transmission over time through the three network structures: fully connected, static and dynamic. **B:** Flow diagram of transmission model with rates of transition between infection states. Uninfected individuals ( $U$ ) become infected after sexual contact with contagious individuals. Infections initially pass through an incubation period ( $I$ ), before either developing symptoms ( $S$ ) or remaining asymptomatic ( $A$ ). Symptomatic individuals seek treatment, and asymptomatic infections identified by screening are also treated ( $T$ ).



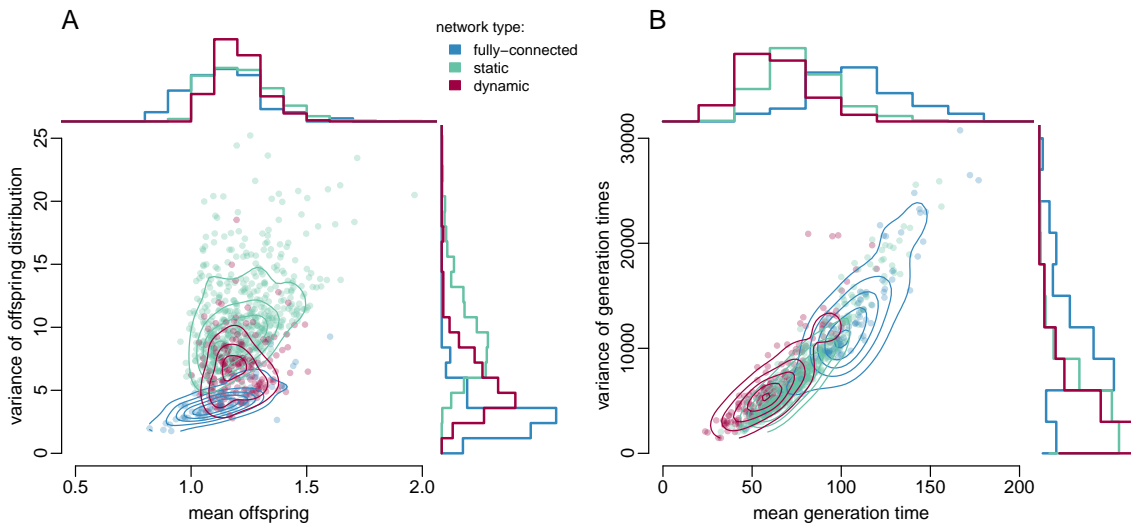
**Table 1.** Parameter notations, input range (cf Appendix S3) and range of parameters that resulted in outbreaks persisting at least one year in at least 20% of simulations with at most 400 total diagnoses per year on average for each network structure

	Parameter description	Unit	Input range	Source
$\beta$	rate of transmission within each partnership	year <sup>-1</sup>	[0, 60]	fitting
$\psi$	infections that become symptomatic	%	[40, 95]	[30–32]
$1/\sigma$	duration incubation period	days	[2, 10]	[33–37]
$1/\nu$	duration of carriage	days	[60, 550]	[38–42]
$\eta$	rate of screening when asymptomatic	year <sup>-1</sup>	[0.5, 4]	[43–45]
$1/\mu$	time to symptomatics seeking treatment	days	[1, 30]	[46]
$1/\rho$	time to recovery following treatment	days	[5, 10]	[47]

	accepted parameter mean [95% range]		
	fully connected	static	dynamic
$\beta$	1.8 [1.1, 3.9] $\times 10^{-3}$	0.11 [0.08, 0.15]	24.0 [11.0, 53.9]
$\psi$	55 [40, 83]	63 [41, 88]	71 [41, 94]
$1/\sigma$	4.8 [3.0, 8.0]	4.7 [3.0, 7.8]	4.6 [2.9, 7.8]
$1/\nu$	223 [113, 459]	167 [93, 392]	166 [96, 385]
$\eta$	1.6 [0.8, 2.8]	2.2 [1.0, 3.7]	2.1 [1.0, 3.6]
$1/\mu$	2.8 [1.2, 21.1]	2.7 [1.1, 15.4]	2.7 [1.1, 13.2]
$1/\rho$	6.9 [5.7, 8.5]	6.9 [5.7, 8.4]	7.0 [5.8, 8.5]

offspring distribution than the fully connected networks (4.2; 95% range: [1.9, 7.7]), due to the effect of heterogeneity in contact patterns. However, dynamic partnership formation and dissolution partially mitigated the impact of the network structure on the offspring distribution. The sample variance of the offspring distributions in the static power-law network (10.9; 95% range: [5.7, 20.3]) was on average greater than in the dynamic network (6.8; 95% range: [3.4, 12.0]), suggesting that adopting a static power-law network in disease models would overstate the importance of super-spreading events.

The distribution of mean generation times in the simulations is also affected by the underlying network structure (Fig 4B, X axis). Outbreaks in the dynamic network structure have a mean generation time of 63 days (95% range: [33, 101]). Generation times are overestimated when partnership dynamics are ignored, as in the case of the static power-law network structure (77 days; 95% range: [49, 124]), an effect which is exacerbated when heterogeneity in sexual activity levels is omitted, as in the fully connected network (109 days; 95% range: [54, 168]). In order to maintain persistence of the outbreak at realistically low prevalence, as is observed in gonorrhoea, outbreaks in the fully connected network overstate the proportion of asymptomatic infections compared to the dynamic network, 44.6% (95%

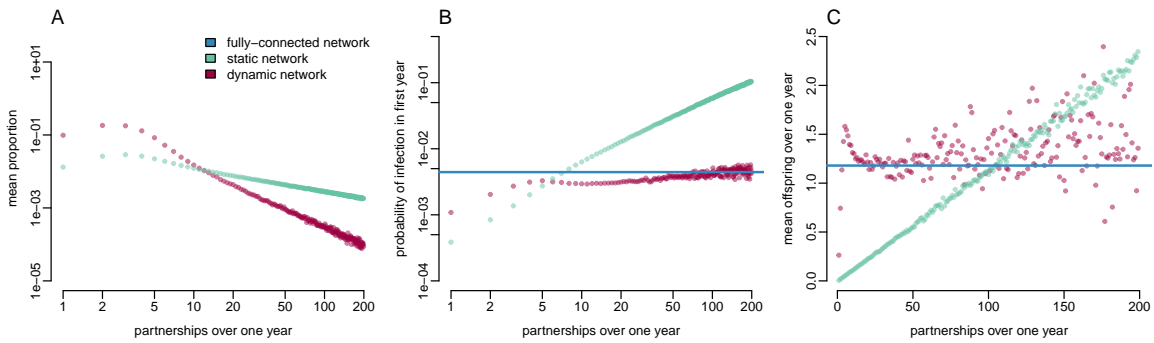


**Fig 4.** Scatter plots with overlaid density contours and marginal histograms for the mean and variance of **A:** the offspring distributions, and **B:** the distribution of generation times, for infections contracted in the first year of the outbreak. Simulations under the fully connected, static, and dynamic network structures are shown in blue, green and red respectively.

range: [17.2%, 59.7%]) compared to 29.5% (95% range: [6.4%, 58.8%]) [5]. This larger untreated asymptomatic reservoir also serves to increase the variance of the simulated generation times from 6,960 (95% range: [2,100, 17,530]) in the dynamic networks to 13,500 (95% range: [3,850, 26,200]) in the fully connected networks (Fig 4B, Y axis).

For both the static and dynamic power-law networks we investigated the relationship between the number of sexual partners that an individual has over one year, the probability of becoming infected, and the number of transmission events arising from those individuals who become infected. Fig 5 shows the proportion of infected individuals, the probability of an individual becoming infected in first year and the mean onward transmissions for infected individuals, split by the number of partners over one year. The proportion of infected individuals having fewer than three partners per year was lower than would be expected under a power-law distribution for both static and dynamic networks, however the distribution exhibited power-law behaviour for more highly active infectees (Fig 5A). This is similar to the pattern exhibited in the GRASP London data (Fig 1B). Compared to the dynamic network the static network structure appears to overestimate the burden of infection in individuals with more than 11 partners per year, while underestimating the burden in individuals with fewer partners.

Under the static network structure an individual's probability of infection increases linearly with their annual number of partners (Fig 5B). When we allow for partnership dynamics, the probability of infection



**Fig 5. A:** Proportion of infected individuals split by number of partners over one year **B:** Probability of an individual becoming infected in first year given their total number of partnerships. **C:** Basic reproduction number - mean onward transmissions for infected individuals with a given number of partnerships.

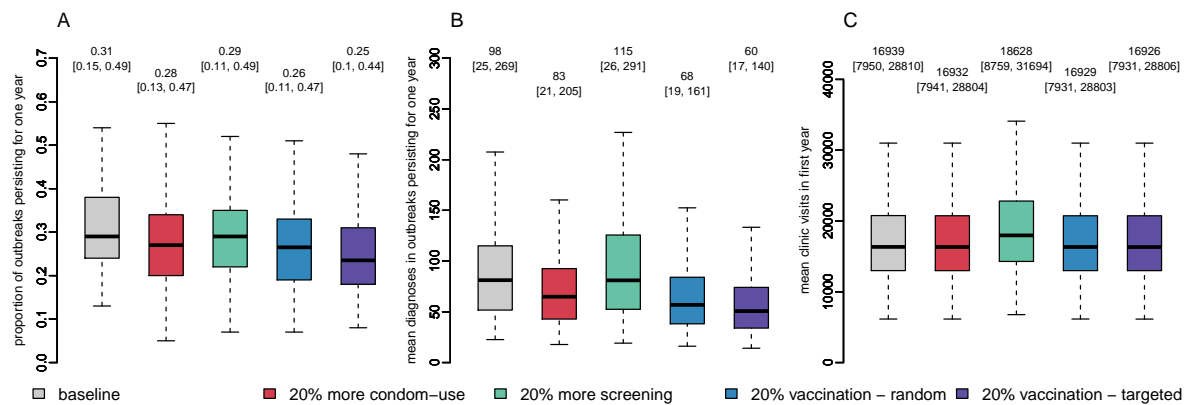
increases linearly at first, albeit at a slower rate than the static network, then levels off in individuals 169  
 having more than five partners per year, eventually approximating the probability of infection observed in 170  
 a fully connected network. This suggests that a static network structure may underestimate the risk of 171  
 infection for individuals with few sexual partners. 172

There is a similar relationship between the expected number of onward transmission events from 173  
 individuals and their number of partners over the year in the static and dynamic network structures (Fig 174  
 5C). An infected individual's expected number of transmissions in the static network increases linearly 175  
 with their total number of partnerships. For individuals with up to five partners per year, the dynamic 176  
 network also shows a strong linear relationship between the expected offspring and number of partners. 177  
 However, for individuals with more than five partners per year the relationship is less strong with a much 178  
 greater variance in mean number of offspring. In the dynamic network the expected number of offspring 179  
 is greater than one in individuals with at least three partners, whereas the mean offspring per person in 180  
 the static network only becomes greater than one in individuals having more than 90 partners. The static 181  
 network therefore likely overestimates the importance of very highly active individuals in maintaining 182  
 transmission. 183

## Impact of interventions 184

Using the dynamic network model we investigated the impact of a range of interventions and preventative 185  
 measures against gonorrhoea, including: 20% increased condom use (resulting in a reduction in the 186  
 transmission rate  $\beta$ ), 20% increased sexual health screening (an increase in parameter  $\eta$ ), and the 187

impact of a hypothetical gonorrhoea vaccine, deployed either at random to 20% of the network or targeted to the 20% of individuals with the highest propensity to form partnerships ( $\lambda$ ). Recent estimates suggest that the meningococcal B vaccine may be 31% [21%, 39%] effective against gonorrhoea [48]. The impact of vaccinating 20% of individuals at random with a vaccine that is 100% effective is comparable to vaccinating 65% [51%, 95%] of individuals with a vaccine of similar effectiveness. We assessed the one-year impact of these four measures on the probability of an outbreak stemming from a single introduction of gonorrhoea into a dynamic sexual network (Fig 6A), the total number of gonorrhoea diagnoses (Fig 6B), and the number of sexual health clinic visits from both screening and symptomatic treatment-seeking (Fig 6C).



**Fig 6. A:** Proportion of outbreaks persisting for at least one year. **B:** Mean number of gonorrhoea diagnoses in first year. **C:** Mean number of clinic visits in first year.

The baseline proportion of simulated outbreaks persisting for at least one year from a single introduction of gonorrhoea was 31% (95% range: [15%, 49%]). All of the interventions we considered reduced the probability of an outbreak, with vaccination having the greatest impact; a fully effective vaccine administered to 20% of individuals in a randomised strategy reduced the probability of an outbreak by around a third to 21% (95% range: [7%, 40%]), a targeted strategy had a greater effect, reducing the probability to 19% (95% range: [5%, 36%]). The non-vaccine interventions had less of an impact. Increasing condom usage by 20% reduced the probability of an outbreak by around 10% to 28% (95% range: [13%, 47%]); A 20% increase in the rate of screening for asymptomatic cases had a similar effect, reducing the probability of an outbreak to 29% (95% range: [11%, 49%]).

The expected size of the visible outbreak in a population of 10,000, as measured by the total number of infected individuals diagnosed and receiving treatment, was reduced by a fifth from 98 (95% range: [25, 269]) to 79 (95% range: [19, 217]) with a 20% increase in condom-use, and could be halved using

vaccination: down to 47 cases (95% range: [14, 114]) using the randomised strategy and 45 cases 209  
(95% range: [14, 105]) by targeting the most sexually-active individuals. However, a 20% increase in 210  
the screening rate resulted in a 5% increase in the visible outbreak size to 103 cases (95% range: [25, 211  
295]), due to more asymptomatic cases receiving treatment. 212

There was a similar pattern in the burden of sexual health services, while increased condom use 213  
decreased the total number of clinic visits by 11% from 16,939 (95% range: [7,950, 28,810]) to 214  
15,053 (95% range: [7,064, 25,602]). A 20% increase in the rate of screening, both of uninfected and 215  
asymptotically infected individuals increased the total clinic visits by 20%, because the majority of 216  
testing is prompted by screening rather than symptomatic treatment seeking. The number of sexual 217  
health clinic visits remained stable in the vaccine scenarios, however the financial and administrative 218  
cost of initiating either a targeted or randomised vaccination programme must be considered once a 219  
vaccine candidate has been developed. It is important to note that while the targeted strategy is more 220  
effective, requires the ability to identify and vaccinate the 20% most sexually active individuals in a given 221  
population. It is unclear how effectively this could be done in practice, but could perhaps be offered at 222  
the GUM clinic at the same time as testing. 223

## Discussion

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Real-world sexual networks are dynamic by nature, and we have developed a method that can reproduce 225  
observed power-law distributions of numbers of sexual partners in the last year in a dynamic network, 226  
which accounts for heterogeneity of individual behaviour in the way relationships form and break down. 227  
Our model allows the user to specify the power-law distribution via the exponent  $\gamma$ , to vary the proportion 228  
of individuals having no partners via the parameter  $k_0$ , and to set the average length of partnerships, via 229  
the parameter  $\phi$ . Varying the length of partnerships for a given degree distribution impacts the pattern 230  
of partnership concurrency in the network. The longer the average partnership, the higher the degree 231  
of concurrency. We implemented this dynamic simulation algorithm into a R package called `simdynet` 232  
which is freely available at <https://github.com/lwhittles/simdynet>. 233

Taking an outbreak of gonorrhoea as a case study, we found that failing to allow for sexual network 234  
structure (i.e. using the fully-connected network) resulted in an overestimation of the duration of carriage 235  
and asymptomatic reservoir. When network structure, but not dynamics of sexual partnership formation 236  
and breakage, was accounted for (i.e. using the static network) the model overstated the likelihood of 237  
super-spreading events and the burden of disease among individuals with high numbers of partners, 238  
compared to a dynamic model. While it is important to take heterogeneity into account, the traditional 239  
formulation of a core group [5, 20] might approximate the true transmission dynamics of gonorrhoea 240  
better than using a static power-law network. Our findings add support to previous modelling work that 241  
suggested that having more sexual partners does not greatly impact the rate at which antibiotic resistant 242  
gonorrhoea can spread [8]. 243

We used our realistic dynamic power-law network model to investigate the impact of a range of 244  
interventions against gonorrhoea, including increased condom use, more frequent screening and 245  
immunisation. Our results confirm that vaccination shows great potential to reduce the burden of 246  
gonorrhoea [49]: if a random 20% of individuals were immune, then the probability of outbreaks 247  
persisting at least a year would be reduced by 16% with the outbreak size reduced on average by 31%. 248  
(Fig 6). Such a level of protection could be achieved either through vaccination of a small portion of the 249  
population with a highly effective vaccine, or by widespread use a less effective vaccine. For example, 250  
a recent retrospective case-control study has shown that the MeNZB vaccine against meningitis is 251  
cross-protective against gonorrhoea, with an estimated effectiveness between 20% and 40% [50, 51]. 252

The dynamic sexual network we implemented is highly realistic, but also too computationally expensive to be used in many applications. For example if the population under study is very large, keeping track of every partnership formation and break down is clearly inefficient, especially for the study of the early stages of an outbreak of a new resistant strain in which only a small subset of individuals are being affected. However, we have computed from the full dynamic model the offspring distribution and distribution of generation time (Fig 4). These estimates allow for our model to be approximated as a stochastic branching process [52,53], where infected individuals transmit to a number of secondary cases drawn from the offspring distribution, and the intervals of time between each primary and secondary cases are drawn from the generation time distribution. The advantage of such a model formulation is that it is much simpler than the full dynamic sexual network we described in this paper, but retains the same basic properties in terms of the transmission process. Furthermore, a branching model is at the basis of several recently developed methods to reconstruct transmission trees from genomic data, such as *outbreaker* [54], *TransPhylo* [55,56] and *phybreak* [57]. Our estimates of the generation time distribution and offspring distribution therefore pave the way for these genomic epidemiology methods to be applied to the reconstruction of transmission in gonorrhoea outbreaks [38, 58–60].

We estimated that on average the mean and variance of the generation time distribution were equal to 63 days and 6980 days<sup>2</sup>, respectively (Fig 4B), which can be emulated using a Gamma distribution with shape and scale parameters equal to 0.57 and 110.48, respectively. The resulting 95% quantile range of the generation time stretches up to 298 days, which is in good agreement with an analysis of genomes from pairs of known sexual contact, in which the greatest observed time to most recent common ancestor was 8 months [38]. Since gonorrhoea can often remain asymptomatic, any outbreak reconstruction would need to account for the possibility of unsampled cases acting as intermediates in the transmission chains [38, 54, 56]. Accurate inference of unsampled cases requires in turn a good prior knowledge of the generation time distribution like the one we estimated here based on a dynamic power-law network. Both the mean and variance of the generation time distribution are overestimated when considering a fully-connected or static network (Fig 4B) which would likely result in an underestimation of the role played by unsampled cases.

The offspring distribution was estimated to have a mean and variance equal to 1.2 and 6.8, respectively (Fig 4A). The mean corresponds to the basic reproduction number and its value results from the conditions we imposed on the frequency and size of outbreaks. Since the variance is greater than the

mean, the offspring distribution is over-dispersed compared to a Poisson process, which indicates the 283  
presence of super-spreaders [61–63], although this transmission heterogeneity is not as pronounced 284  
as would be implied by an unstructured or static network model (Fig 4A). In a branching model, over- 285  
dispersion can be implemented using a Negative-Binomial distribution for the number of offspring, which 286  
in this context is often parametrised in terms of its mean and dispersion parameter  $k$ , with lower values 287  
of  $k$  indicating more over-dispersion [56, 61, 64, 65]. Here we estimated that  $k = 0.257$ , which with an 288  
offspring mean number of 1.2 gives a 95% quantile ranging up to 9 secondary cases, compared to 289  
only 4 cases for a Poisson distribution with the same mean. These estimates of the generation time 290  
distribution and offspring dispersion parameter pave the way for future studies of genomic epidemiology 291  
in gonorrhoea outbreaks. 292



## Materials and methods

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### Estimation of power-law exponents from real data

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The third National Survey of Sexual Attitudes and lifestyles in the UK (Natsal-3), was conducted between 295  
September 2010 and August 2012 in 15,000 adults aged between 16 and 74 [22, 23]. We extracted the 296  
number of same-sex partners over one year for the 188 men who reported sexual contact with another 297  
man within the past five years. 15.4% of MSM reported having no same sex partners over the past year. 298

In addition to the Natsal data we examined the number of partners reported by 691 MSM diagnosed with 299  
gonorrhoea in a collection of 2,045 isolates sampled between June and November 2004 from 13 major 300  
sexual health clinics throughout London as part of the national Gonococcal Resistance to Antimicrobials 301  
Surveillance Programme (GRASP), run by Public Health England (PHE) [25]. PHE has produced a 302  
GRASP report annually since 2000 to monitor trends in resistance and susceptibility to the drugs used 303  
to treat gonorrhoea in England and Wales, which is used to inform national treatment guidelines and 304  
strategy. The GRASP data from London represent 54% of the 3,754 cases reported across the city at 305  
that time [26, 38, 66]. 306

We fitted the power-law distribution using Bayesian inference, implemented via a Monte Carlo Markov 307  
Chain, to obtain obtained posterior estimates of  $\gamma$  based on the Natsal-3 and GRASP London datasets, 308  
using an uninformative  $\gamma \sim \mathcal{U}[1, 10]$  prior. Five chains with over-dispersed starting points were run 309  
for 100,000 iterations after a 10,000 iterations burn-in period and thinned by a factor of 100. The 310  
convergence of the MCMC was assessed by visual inspection of the trace plots, and confirmed to have 311  
a Gelman-Rubin criterion of  $< 1.1$  [67, 68]. 312

### Simulating a dynamic power-law network using vertex intrinsic fitness

313

**Network dynamics.** We consider a population of  $N$  sexually active men who have sex with men 314  
(MSM). Each individual  $j = 1, \dots, N$  has a propensity  $\lambda_j$  to form new partnerships which is randomly 315  
drawn from a probability distribution with density  $f(\lambda)$ , and cumulative density function  $F(\lambda) = \int_0^\lambda f(x)dx$ . 316  
The events that can occur with regard to the network composition are: a new partnership forming (event 317

$a$ ) or a partnership breakup (event  $d$ ). These events occur as Poisson processes: the (time invariant) rate of individual  $j$  forming a partnership with individual  $l$  (given they are not already in a partnership together) is given by the function  $a(\lambda_j, \lambda_l)$ . The rate of individuals  $j$  and  $l$  breaking up, given they are in a partnership, is denoted  $d(\lambda_j, \lambda_l)$ .

The state of each possible partnership is independent from all others, with no limit on the number of concurrent partners. Each possible partnership  $\{j, l\}$  can be thought of as being 'on' or 'off' (i.e. is in existence at a particular point in time or not). We can then derive a stationary distribution of the network, and use this to derive the probability at time  $t$  that each possible partnership exists. By considering the average time spent in each state (on or off) we find that the probability of pair of individuals  $\{j, l\}$  being in a partnership at time  $t$  is:

$$q_0(\lambda_j, \lambda_l) = \frac{\frac{1}{d(\lambda_j, \lambda_l)}}{\frac{1}{d(\lambda_j, \lambda_l)} + \frac{1}{a(\lambda_j, \lambda_l)}} = \left(1 + \frac{d(\lambda_j, \lambda_l)}{a(\lambda_j, \lambda_l)}\right)^{-1} \quad (1)$$

Conversely the probability they are not in a partnership at  $t$  is simply:

$$1 - q_0(\lambda_j, \lambda_l) = \frac{\frac{1}{a(\lambda_j, \lambda_l)}}{\frac{1}{d(\lambda_j, \lambda_l)} + \frac{1}{a(\lambda_j, \lambda_l)}} = \left(1 + \frac{a(\lambda_j, \lambda_l)}{d(\lambda_j, \lambda_l)}\right)^{-1} \quad (2)$$

Given that two individuals are not in a partnership at time  $t$  the time to forming a partnership, is distributed  $\text{Exp}(a(\lambda_j, \lambda_l))$ , so the probability of them forming a partnership in the next year is  $\mathbb{P}[t^* \leq 1] = 1 - e^{-a(\lambda_j, \lambda_l)}$ . Combining these two cases, we can calculate the probability that two individuals have been in a partnership over the last year:

$$\begin{aligned} q(\lambda_j, \lambda_l) &= q_0(\lambda_j, \lambda_l) + (1 - q_0(\lambda_j, \lambda_l))(1 - e^{-a(\lambda_j, \lambda_l)}) \\ &= 1 - (1 - q_0(\lambda_j, \lambda_l))e^{-a(\lambda_j, \lambda_l)} \\ &= 1 - \frac{e^{-a(\lambda_j, \lambda_l)}}{1 + \frac{a(\lambda_j, \lambda_l)}{d(\lambda_j, \lambda_l)}} \end{aligned} \quad (3)$$

**Analytical expression of the degree distribution.** Let  $k_j$  denote the degree distribution of individual  $j$ , that is the number of partnerships involving  $j$  that have been active at some point over the past year. The probability that individual  $j$  was in partnership at some point with an individual  $l$  of unknown  $\lambda_l$  is

equal to:

$$\mathcal{P}(\lambda_j) = \int_0^\infty q(\lambda_j, \lambda_l) f(\lambda_l) d\lambda_l \quad (4)$$

The distribution of  $k_j$  given  $\lambda_j$  is therefore  $k_j|\lambda_j \sim \text{Bin}(N-1, \mathcal{P}(\lambda_j))$ , and its expectation is:

$$\kappa(\lambda_j) = \mathbf{E}[k_j|\lambda_j] = (N-1)\mathcal{P}(\lambda_j) = (N-1) \int_0^\infty q(\lambda_j, \lambda_l) f(\lambda_l) d\lambda_l \quad (5)$$

Since  $\kappa(\cdot)$  is a continuous, monotonically increasing function of  $\lambda$ , we can use the method of transformations to find the degree distribution  $p(\kappa)$ :

$$p(\kappa) = f(\lambda) \frac{d\lambda}{d\kappa} = \frac{f(\lambda)}{\kappa'(\lambda)} \quad (6)$$

**Power-law distribution of partners over a year.** We require the network of partnerships over the last year to have a power-law degree distribution, so:

$$p(\kappa) = c\kappa^{-\gamma} \quad (7)$$

The constant  $c$  is determined by the fact that  $\int_{k_0}^{k_\infty} p(\kappa) d\kappa = 1$ , where  $k_0 = \lim_{\lambda \rightarrow 0} \kappa(\lambda)$  and  $k_\infty = \lim_{\lambda \rightarrow \infty} \kappa(\lambda)$ . For  $\gamma \neq 1$  (in accordance with observations from real-world networks) we have:

$$\int_{k_0}^{k_\infty} p(\kappa) d\kappa = \int_{k_0}^{k_\infty} c\kappa^{-\gamma} d\kappa = c \left( \frac{k_\infty^{1-\gamma} - k_0^{1-\gamma}}{1-\gamma} \right) = 1$$

So

$$c = \frac{1-\gamma}{k_\infty^{1-\gamma} - k_0^{1-\gamma}} \quad (8)$$

While  $k_0$  is an input of the model,  $k_\infty$  is chosen to be as large as possible, subject to the condition that  $\lim_{\lambda_j, \lambda_l \rightarrow \infty} q(\lambda_j, \lambda_l) \leq 1$ . We equate Eqs 6 and 7 and rearrange to obtain an expression for the density of  $\lambda$  in terms of the degree distribution:

$$f(\lambda) = c\kappa(\lambda)^{-\gamma} \kappa'(\lambda) \quad (9)$$

Integrating both sides between 0 and  $\lambda$  we obtain:

$$F(\lambda) = c \int_0^\lambda \kappa(x)^{-\gamma} \kappa'(x) dx = \left[ \frac{c\kappa(x)^{1-\gamma}}{1-\gamma} \right]_0^\lambda = \frac{c(\kappa(\lambda)^{1-\gamma} - k_0^{1-\gamma})}{1-\gamma}$$

And after rearrangement:

$$\kappa(\lambda) = \left( \frac{1-\gamma}{c} F(\lambda) + k_0^{1-\gamma} \right)^{\frac{1}{1-\gamma}} \quad (10)$$

339

Following [18], we consider the special case where:

340

$$q(\lambda_j, \lambda_l) = g(\lambda_j)g(\lambda_l) \quad (11)$$

Substituting Eq 11 into 5 we obtain:

$$\kappa(\lambda_j) = (N-1)g(\lambda_j) \int_0^\infty g(\lambda)f(\lambda)d\lambda = (N-1)g(\lambda_j)\bar{g} \quad (12)$$

where  $\bar{g} = \mathbf{E}_\lambda[g(\lambda)]$

341

Equating Eqs 10 and 12, then multiplying by  $f(\lambda)$  and integrating between 0 and  $\infty$  we obtain:

$$\begin{aligned} (N-1)\bar{g} \int_0^\infty g(\lambda)f(\lambda)d\lambda &= \int_0^\infty \left( \frac{1-\gamma}{c} F(\lambda) + k_0^{1-\gamma} \right)^{\frac{1}{1-\gamma}} f(\lambda)d\lambda \\ (N-1)\bar{g}^2 &= \int_0^1 \left( \frac{1-\gamma}{c} F(\lambda) + k_0^{1-\gamma} \right)^{\frac{1}{1-\gamma}} dF(\lambda) \\ (N-1)\bar{g}^2 &= \frac{(ck_0^{1-\gamma} + 1 - \gamma)(k_0^{1-\gamma} + \frac{1-\gamma}{c})^{\frac{1}{1-\gamma}} - ck_0^{2-\gamma}}{2-\gamma} \end{aligned}$$

So

$$\bar{g} = \sqrt{\frac{(1-\gamma)(k_\infty^{2-\gamma} - k_0^{2-\gamma})}{(2-\gamma)(N-1)(k_\infty^{1-\gamma} - k_0^{1-\gamma})}} \quad (13)$$

Rearranging 12 we obtain:

$$g(\lambda) = \frac{\kappa(\lambda)}{(N-1)\bar{g}} \quad (14)$$

Substituting Eqs 10 and 13 into 14 we obtain:

$$g(\lambda) = \sqrt{\frac{(2-\gamma)(k_\infty^{1-\gamma} - k_0^{1-\gamma})}{(N-1)(1-\gamma)(k_\infty^{2-\gamma} - k_0^{2-\gamma})}} \left( (k_\infty^{1-\gamma} - k_0^{1-\gamma})F(\lambda) + k_0^{1-\gamma} \right)^{\frac{1}{1-\gamma}} \quad (15)$$

Combining Eqs 15 and 11 we deduce the function  $q(\lambda_j, \lambda_l)$  required to the network to follow a power-law distribution. The functions governing partnership formation and dissolution can then be inferred by considering the simple case where  $d(\lambda_j, \lambda_l) = \phi a(\lambda_j, \lambda_l)$  where  $\phi$  is a constant so Eq 3 becomes

$$q(\lambda_j, \lambda_l) = 1 - \frac{e^{-a(\lambda_j, \lambda_l)}}{1 + \frac{1}{\phi}} \quad (16)$$

We set the minimum rate of partnership breakup  $d(\lambda_j, \lambda_l) = \frac{1}{50}$ , so that the longest partnerships in the network are Exponentially distributed with a mean of 50 years. Applying this constraint and rearranging Eq. 16 we obtain:

$$a(\lambda_j, \lambda_l) = \min \left\{ -\ln \left( \left( 1 - q(\lambda_j, \lambda_l) \right) \left( 1 + \frac{1}{\phi} \right) \right), \frac{1}{50\phi} \right\} \quad (17)$$

We deduce an algorithm for the simulation of a static snapshot of the network over a year 342  
 (Appendix S1) and an algorithm for the simulation of the dynamic network (Appendix S2). 343  
 Both algorithms were implemented in a R package called `simdynet` which is freely available at 344  
<https://github.com/lwhittles/simdynet>. 345

## Simulation of gonorrhoea outbreaks 346

In order to investigate the patterns of transmission under different network structures, we consider a 347  
 stochastic individual-based model of gonorrhoea, adapted from [29]. Individuals are initially uninfected 348  
 ( $U$ ) and become infected probabilistically at rate  $\beta$  due to sexual contact with an contagious individual 349  
 as dictated by the underlying sexual network structure. Infected individuals initially pass through an 350  
 incubation period ( $I$ ) which they leave at rate  $\sigma$ . A proportion  $\psi$  of those infected then develop symptoms 351  
 ( $S$ ), whereas the remainder enters an asymptomatic stage ( $A$ ). In men, gonococcal infection can occur 352  
 in the rectum, pharynx and/or urethra, resulting in different rates of onward transmission and probabilities 353  
 of developing symptoms [69]. We do not explicitly model separate anatomical sites of infection, therefore 354

the rate of transmission,  $\beta$ , and the likelihood of developing symptoms,  $\psi$ , should be seen as an average 355  
for any infection site. Asymptomatic individuals ( $A$ ) undergo screening and receive treatment at rate 356  
 $\eta$ , otherwise recovery from asymptomatic infection happens (either naturally or following unrelated 357  
antibiotic treatment) at rate  $\nu$ . The symptomatic individuals ( $S$ ) seek treatment at rate  $\mu$ . Individuals who 358  
have been treated recover from the infection and become uninfected again at rate  $\rho$ . The contagious 359  
population is denoted  $C = I + S + A$ , since individuals in treatment are assumed either to no longer be 360  
contagious or to abstain from sexual activity in accordance with treatment guidelines [47]. 361

## Model calibration 362

Using the Gillespie algorithm described in Appendix S2 we generated dynamic sexual networks exhibiting 363  
a power-law distribution of partnerships and proportion of individuals with zero partners over one year 364  
that were comparable to the Natsal-3 data. A thousand sets of parameters were sampled by Latin 365  
Hypercube Sampling from input ranges selected based on published sources (cf Table 1 and Appendix 366  
S3). For each underlying network structure (fully connected, static and dynamic) we seeded infection 100 367  
times and simulated over three years for each parameter set. Parameter sets that produced outbreaks 368  
persisting at least one year in fewer than 20% of simulations were discarded, as were parameter sets 369  
that resulted in total diagnoses exceeding 400 cases per year on average. Thus only parameter sets 370  
that resulted in realistic gonorrhoea outbreaks were retained. 371

We considered a suite of interventions and preventative measures against gonorrhoea, including: 372  
increased condom use (resulting in a reduction in the transmission rate  $\beta$ ), increased sexual health 373  
screening (an increase in  $\eta$ ), and the impact of a hypothetical gonorrhoea vaccine, deployed either 374  
at random or targeted to the individuals with the highest propensity to form new partnerships ( $\lambda$ ). 375  
We assessed the one-year impact on the probability of a outbreak stemming from the introduction of 376  
gonorrhoea into a dynamic sexual network, the number of sexual health clinic visits from both screening 377  
and symptomatic treatment-seeking, and the total number of gonorrhoea diagnoses. 378

## References

1. Tacconelli E, Magrini N, Kahlmeter G, Singh N. Global Priority List Of Antibiotic-Resistant Bacteria To Guide Research, Discovery, And Development Of New Antibiotics. World Health Organization. 2017; p. 1–7.
2. Unemo M. Current and future antimicrobial treatment of gonorrhoea - the rapidly evolving *Neisseria gonorrhoeae* continues to challenge. *BMC Infectious Diseases*. 2015;15:364.
3. Papp JR, Abrams AJ, Nash E, Katz AR, Kirkcaldy RD, Connor NPO, et al. Azithromycin Resistance and Decreased Ceftriaxone Susceptibility in *Neisseria gonorrhoeae*, Hawaii, USA. *Emerging Infectious Diseases*. 2017;23:25–27.
4. Grad YH, Goldstein E, Lipsitch M, White PJ. Improving Control of Antibiotic-Resistant Gonorrhea by Integrating Research Agendas Across Disciplines: Key Questions Arising From Mathematical Modeling. *Journal of Infectious Diseases*. 2016;213:883–890.
5. Garnett GP, Mertz KJ, Finelli L, Levine WC, St Louis ME. The transmission dynamics of gonorrhoea: modelling the reported behaviour of infected patients from Newark, New Jersey. *Philosophical transactions of the Royal Society of London Series B: Biological Sciences*. 1999;354:787–97.
6. Turner KME, Garnett GP, Ghani AC, Sterne JAC, Low N. Investigating ethnic inequalities in the incidence of sexually transmitted infections: mathematical modelling study. *Sexually transmitted infections*. 2004;80:379–385.
7. White PJ, Ward H, Cassell JA, Mercer CH, Garnett GP. Vicious and virtuous circles in the dynamics of infectious disease and the provision of health care: gonorrhoea in Britain as an example. *The Journal of Infectious Diseases*. 2005;192:824–836.
8. Fingerhuth SM, Bonhoeffer S, Low N, Althaus CL. Antibiotic-Resistant *Neisseria gonorrhoeae* Spread Faster with More Treatment, Not More Sexual Partners. *PLOS Pathogens*. 2016;12:e1005611.
9. Ghani A, Ison C, Ward H, Garnett G, Bell G, Kinghorn G, et al. Sexual Partner Networks in the Transmission of Sexually Transmitted Diseases. *Sexually Transmitted Diseases*. 1996;23:498–503.

10. Ghani A, Garnett G. Risks of acquiring and transmitting sexually transmitted diseases in sexual partner networks. *Sexually Transmitted Diseases*. 2000;27:579–587.
11. Bansal S, Grenfell BT, Meyers LA. When individual behaviour matters: homogeneous and network models in epidemiology. *Journal of the Royal Society, Interface*. 2007;4:879–91.
12. Stack JC, Bansal S, Kumar VSA, Grenfell B. Inferring population-level contact heterogeneity from common epidemic data. *Journal of The Royal Society Interface*. 2012;10:20120578–20120578.
13. Liljeros F, Edling CR, Amaral La, Stanley HE, Aberg Y. The web of human sexual contacts. *Nature*. 2001;411:907–908.
14. Schneeberger A, Mercer C, Gregson S, Ferguson N, Nyamukapa C, Anderson R, et al. Scale-Free Networks and Sexually Transmitted Diseases. *Sexually Transmitted Diseases*. 2004;31:380–387.
15. Danon L, Ford A, House T, Jewell C, Keeling M, Roberts G, et al. Networks and the Epidemiology of Infectious Disease. *Interdiscip Perspect Infect Dis*. 2011;2011:284909.
16. Albert R, Barabási AL. Statistical mechanics of complex networks. *Reviews of Modern Physics*. 2002;74:47–97.
17. Caldarelli G, Capocci A, De Los Rios P, Munoz M. Scale-free networks from varying vertex intrinsic fitness. *Physical review letters*. 2002;89:258702.
18. Servedio VDP, Caldarelli G, Buttà P. Vertex intrinsic fitness: How to produce arbitrary scale-free networks. *Physical Review E - Statistical, Nonlinear, and Soft Matter Physics*. 2004;70:1–4.
19. Johnson LF, Geffen N. A Comparison of Two Mathematical Modeling Frameworks for Evaluating Sexually Transmitted Infection Epidemiology. *Sexually transmitted diseases*. 2016;43:139–46.
20. Chen MI, Ghani AC, Edmunds J. Mind the gap: the role of time between sex with two consecutive partners on the transmission dynamics of gonorrhoea. *Sexually transmitted diseases*. 2008;35:435–444.
21. Ong JBS, Fu X, Lee GKK, Chen MIC. Comparability of results from pair and classical model formulations for different sexually transmitted infections. *PLoS ONE*. 2012;7:e39575.
22. Erens B, Phelps A, Clifton S, Hussey D, Mercer CH, Tanton C, et al. National Survey of Sexual Attitudes and Lifestyles 3 Technical Report Volume 1 : Methodology. London: National Centre for Social Research; 2013.



23. Erens B, Phelps A, Clifton S, Mercer CH, Tanton C, Hussey D, et al. Methodology of the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3). Sexually transmitted infections. 2014;90:84–9.
24. Dodds JP, Nardone A, Mercey DE, Johnson AM. Increase in high risk sexual behaviour among homosexual men, London 1996-8: cross sectional, questionnaire study. British Medical Journal. 2000;320:1510–1511.
25. GRASP Steering Group. The Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) Year 2004 report. London: Health Protection Agency; 2005.
26. Choudhury B, Risley CL, Ghani AC, Bishop CJ, Ward H, Fenton KA, et al. Identification of individuals with gonorrhoea within sexual networks: a population-based study. Lancet. 2006;368:139–146.
27. Park N. Revised population estimates for England and Wales : mid-2012 to mid-2016. ONS; 2018.
28. Van Kampen S, Fornasiero M, Lee W. Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England: Technical Report 1: Review of LGB measures. ONS; 2017. Available from: [www.gov.uk/phe/](http://www.gov.uk/phe/)5Cnwww.gov.uk/phe/0Awww.gov.uk/phe.
29. Whittles LK, White PJ, Didelot X. Estimating the fitness cost and benefit of cefixime resistance in *Neisseria gonorrhoeae* to inform prescription policy: A modelling study. PLoS Medicine. 2017;14:e1002416.
30. Bissessor M, Tabrizi SN, Fairley CK, Danielewski J, Whitton B, Bird S, et al. Differing *Neisseria gonorrhoeae* bacterial loads in the pharynx and rectum in men who have sex with men: Implications for gonococcal detection, transmission, and control. Journal of Clinical Microbiology. 2011;49:4304–4306.
31. Kent CK, Chaw JK, Wong W, Liska S, Gibson S, Hubbard G, et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. Clinical Infectious Diseases. 2005;41:67–74.
32. Norris Turner A, Carr Reese P, Ervin M, Davis JA, Fields KS, Bazan JA. HIV, rectal chlamydia and rectal gonorrhea in men who have sex with men attending an STD clinic in a midwestern US city. Sexually Transmitted Diseases. 2013;40.

33. Harrison WO, Hooper RR, Wiesner PJ, Campbell AF, Karney WW, Reynolds GH, et al. A trial of minocycline given after exposure to prevent gonorrhoea. *New England Journal of Medicine*. 1979;300:1074–1078.
34. McCutchan JA. Epidemiology of venereal urethritis: comparison of gonorrhoea and nongonococcal urethritis. *Reviews of Infectious Diseases*. 1984;6:669–688.
35. Lodin A. Has the incubation period of gonorrhoea undergone a change? *Acta dermato-venereologica*. 1955;35:457–462.
36. Sherrard J, Barlow D. Gonorrhoea in men: clinical and diagnostic aspects. *Genitourinary medicine*. 1996;72:422–6.
37. Korenromp EL, Sudaryo MK, de Vlas SJ, Gray RH, Sewankambo NK, Serwadda D, et al. What proportion of episodes of gonorrhoea and chlamydia becomes symptomatic? *International Journal of STD and AIDS*. 2002;13:91–101.
38. Didelot X, Dordel J, Whittles LK, Collins C, Bilek N, Bishop CJ, et al. Genomic analysis and comparison of two gonorrhoea outbreaks. *mBio*. 2016;7:e00525–16.
39. Hazel A, Marino S, Simon C. An anthropologically based model of the impact of asymptomatic cases on the spread of *Neisseria gonorrhoeae*. *Journal Of The Royal Society Interface*. 2015;12:20150067.
40. Handsfield HH, Lipman TO, Harnisch JP, Tronca E, Holmes KK. Asymptomatic Gonorrhoea in Men. *New England Journal of Medicine*. 1974;290:117–123.
41. Fairley CK, Chen MY, Bradshaw CS, Tabrizi SN. Is it time to move to nucleic acid amplification tests screening for pharyngeal and rectal gonorrhoea in men who have sex with men to improve gonorrhoea control? *Sexual Health*. 2011;8:9–11.
42. Jin F, Prestage GP, Mao L, Kippax SC, Pell CM, Donovan B, et al. Incidence and risk factors for urethral and anal gonorrhoea and chlamydia in a cohort of HIV-negative homosexual men: the Health in Men Study. *Sexually Transmitted Infections*. 2007;83:113–119.
43. Clutterbuck D, Flowers P, Barber T, Wilson H, Nelson M, Hedge B, et al. The 2010 UK national guidelines on safer sex advice. The Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH) and the British HIV Association

- (BHIVA); 2010. Available from: <http://www.bhiva.org/documents/Guidelines/SaferSex/Guideline{ }on{ }Safer{ }Sex{ }Advice.pdf>.
44. Ross J, Brady M, Clutterbuck D, Doyle T, Hart G, Hughes G, et al. BASHH Recommendations for Testing for Sexually Transmitted infections in Men who have Sex with Men. British Association of Sexual Health and HIV; 2014. Available from: <http://www.bashh.org/documents/BASHHRecommendationsfortestingforSTIinMSM-FINAL.pdf>.
  45. Frankis J, Goodall L, Clutterbuck D, Abubakari R, Flowers P. Regular STI testing amongst men who have sex with men and use social media is suboptimal – a cross-sectional study. *International Journal of STD & AIDS*. 2017;28:573–583.
  46. Mercer CH, Aicken CRH, Estcourt CS, Keane F, Brook G, Rait G, et al. Building the bypass—implications of improved access to sexual healthcare: evidence from surveys of patients attending contrasting genitourinary medicine clinics across England in 2004/2005 and 2009. *Sexually transmitted infections*. 2012;88:9–15.
  47. Bignell C, FitzGerald M. UK national guideline for the management of gonorrhoea in adults, 2011. *International Journal of STD & AIDS*. 2011;22:541–547.
  48. Petousis-Harris H, Paynter J, Morgan J, Saxton P, McArdle B, Goodyear-Smith F, et al. Effectiveness of a group B outer membrane vesicle meningococcal vaccine against gonorrhoea in New Zealand: a retrospective case-control study. *The Lancet*. 2017;390:1603–1610.
  49. Craig AP, Gray RT, Edwards JL, Apicella MA, Jennings MP, Wilson DP, et al. The potential impact of vaccination on the prevalence of gonorrhoea. *Vaccine*. 2015;33:4520–4525.
  50. Petousis-Harris H, Paynter J, Morgan J, Saxton P, Sherwood J, McArdle B, et al. Effectiveness of a group B OMV meningococcal vaccine on gonorrhoea in New Zealand - a case control study. *Lancet Infect Dis*. 2017;0:1–8.
  51. Seib KL. Gonorrhoea vaccines: a step in the right direction. *Lancet*. 2017;6736:10–11.
  52. Becker N. Estimation for discrete time branching processes with application to epidemics. *Biometrics*. 1977;33:515–22.
  53. Farrington CP, Kanaan MN, Gay NJ. Branching process models for surveillance of infectious diseases controlled by mass vaccination. *Biostatistics*. 2003;4:279–295.

54. Jombart T, Cori A, Didelot X, Cauchemez S, Fraser C, Ferguson N. Bayesian reconstruction of disease outbreaks by combining epidemiologic and genomic data. *PLoS Computational Biology*. 2014;10:e1003457.
55. Didelot X, Gardy J, Colijn C. Bayesian inference of infectious disease transmission from whole-genome sequence data. *Molecular Biology and Evolution*. 2014;31:1869–1879.
56. Didelot X, Fraser C, Gardy J, Colijn C. Genomic infectious disease epidemiology in partially sampled and ongoing outbreaks. *Molecular Biology and Evolution*. 2017;34:msw075.
57. Klinkenberg D, Backer JA, Didelot X, Colijn C, Wallinga J. Simultaneous inference of phylogenetic and transmission trees in infectious disease outbreaks. *PLoS Computational Biology*. 2017;13:e1005495.
58. De Silva D, Peters J, Cole K, Cole MJ, Cresswell F, Dean G, et al. Whole-genome sequencing to determine transmission of *Neisseria gonorrhoeae*: an observational study. *Lancet Infect Dis*. 2016;16:1295–1303.
59. Fifer H, Cole M, Hughes G, Padfield S, Smolarchuk C, Woodford N, et al. Sustained transmission of high-level azithromycin-resistant *Neisseria gonorrhoeae* in England : an observational study. *Lancet Infect Dis*. 2018;3099:1–9.
60. Peters J, Cresswell F, Amor L, Cole K, Dean G, Didelot X, et al. Whole genome sequencing of *Neisseria gonorrhoeae* reveals transmission clusters involving patients of mixed HIV serostatus. *Sex Transm Infect*. 2018;94:138–143.
61. Lloyd-Smith JO, Schreiber SJ, Kopp PE, Getz WM. Superspreading and the effect of individual variation on disease emergence. *Nature*. 2005;438:355–9.
62. Galvani AP, May RM. Epidemiology: Dimensions of superspreading. *Nature*. 2005;438:293–295.
63. Garske T, Rhodes C. The effect of superspreading on epidemic outbreak size distributions. *Journal of Theoretical Biology*. 2008;253:228–237.
64. Grassly NC, Fraser C. Mathematical models of infectious disease transmission. *Nat Rev Microbiol*. 2008;6(6):477–87.
65. Li LM, Grassly NC, Fraser C. Quantifying Transmission Heterogeneity Using Both Pathogen Phylogenies and Incidence Time Series. *Mol Biol Evol*. 2017;34:2982–2995.

66. Risley CL, Ward H, Choudhury B, Bishop CJ, Fenton KA, Spratt BG, et al. Geographical and demographic clustering of gonorrhoea in London. *Sexually Transmitted Infections*. 2007;83:481–487.
67. Gelman A, Rubin DB. Inference from Iterative Simulation Using Multiple Sequences. *Statistical Science*. 1992;7:457–472.
68. Brooks SPB, Gelman AG. General methods for monitoring convergence of iterative simulations. *Journal of Computational and Graphical Statistics*. 1998;7:434–455.
69. Platt R, Rice P, McCormack W. Risk of acquiring gonorrhoea and prevalence of abnormal adnexal findings among women recently exposed to gonorrhoea. *JAMA*. 1983;250:3205–3209.