Statistical Inference for Spatial and Structured Population Epidemic Models

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Some Apologies

This review is far from comprehensive
It reflects my own interests
If I omit your work, it's not personal....
.....but please mention it in discussions this week!

Outline

- 1. Space and Structure
- 2. Data
- 3. Methods of inference
- 4. Example 1: UK Foot & Mouth
- 5. Example 2: Botanical epidemics
- 6. Example 3: Two-level mixing
- 7. Concluding remarks

What are space and structure...?

Do they matter for inference?

"Real" space

- Botanical epidemics
- Animal diseases in the wild
- How to measure distance?

Networks

- STD networks
- Transportation networks
- Long-range interactions

Structured populations

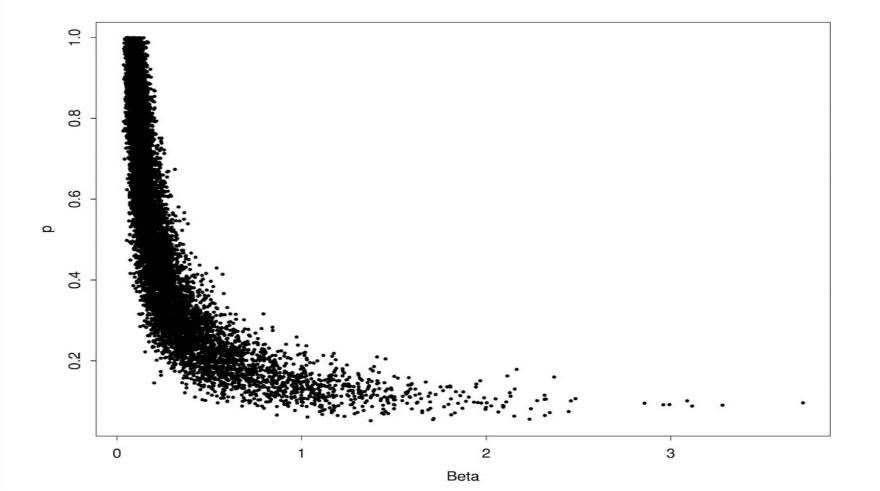
- Household models
- Different levels of mixing
- Small-scale structure e.g. hospital wards

Q: Are space/structure important for statistical inference?

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Answer 1:
Yes, because of confounding
Mechanism of disease spread depends on both spatial components and infection rates

Example (Britton and O'Neill, 2002)

SIR model on a Bernoulli random graph Parameters include infection rate β , edge probability pInference using MCMC methods



Example: Different levels of mixing

Should schools/workplaces be shut to prevent influenza spread?

Hard to answer without good estimates of infection rates at different levels

Q: Are space/structure important for statistical inference?
Answer 2:
Yes, because that is the question...

Example: Isolation for HCAIs in ICUs

- Does isolating patients help to prevent spread of nosocomial infections?
- Can address by statistical inference with model-choice methods.

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2. Data

Examples of data types:

- Data in both space and time
- Snapshot data at a given time = t
- Final outcome data at time = T

(t is a fixed time. T is a stopping time.)

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Mechanistic models (deterministic or stochastic) used to describe disease spread dynamics.

Such models have parameters such as

- Infection rates....
- Spatial-spread parameters....
- Within-host parameters..... etc

Objective of statistical inference is (usually) to provide

- estimates of the model parameters
- some measure of uncertainty of the estimates

using the available data.

For deterministic models, this means trying to match the (single) model outcome to the observed data as closely as possible.

For example, minimise least-squares errors.

For stochastic models, estimation requires the formulation of a likelihood, i.e. given data *x* and model parameters θ , $L(\theta) = f(x \mid \theta)$ = P(data given parameters)(In many cases, f is actually a density)

Given a likelihood, estimation can proceed along various lines, most common approaches being

- Maximum-likelihood estimation
- Bayesian estimation

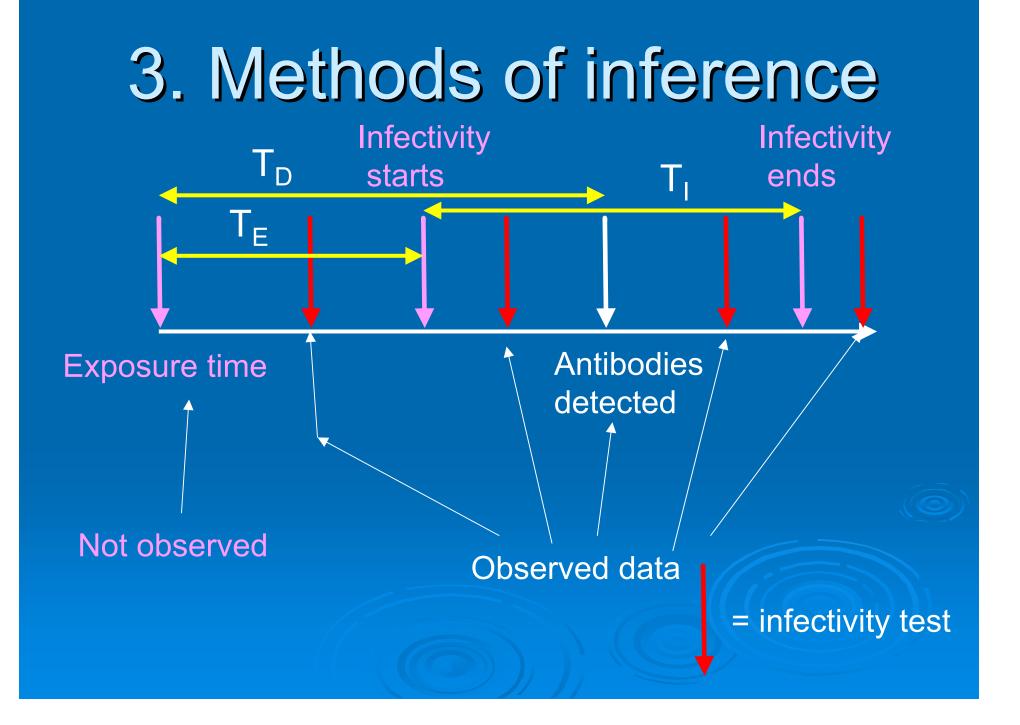
However: likelihood might be very hard (or impossible) to evaluate. Key reasons for this are

- Model intractability
- Missing data e.g. do not observe infections

Example: Swine Fever in penned pigs (Höhle, Jørgensen, and O'Neill, 2005)

- Animal experiment
- Pigs kept in adjacent pens
- Regular tests to detect infected pigs
- Interest in infection rates and efficacy of control measures

- SEIR (Susceptible-Exposed-Infective-Removed) spatial model with exposure/infection/removal times unobserved
- Data consist of antibody detection times and testing for infectivity
- Likelihood is intractable...
- ...but augmented likelihood with event times is tractable



3. Methods of inference Model includes:

- Time from exposure to antibody detection (T_D)
- Time from exposure to infectivity (T_E)
- Period of infectivity (T_I)
- Spatially-dependent infection rate

- If exposure, infection and removal times are imputed and fixed ("best guess") then could e.g. proceed via maximum likelihood
- Obvious problem with this approach is that it requires additional assumptions

- If exposure, infection and removal times are unknown then likelihood involves integrating over all such possible times – difficult because of inter-dependencies
- Thus exposure times are treated as additional model parameters (in MCMC framework in this case)

MCMC (Markov Chain Monte Carlo)

- Target probability density of interest = f(parameters | data)
- MCMC works by constructing a Markov chain whose stationary distribution is f
- Run chain for a long time; samples from chain are (approx) samples from f

3. Methods of inference MCMC (Markov Chain Monte Carlo)

- In practice, implementation requires finding ways of making the Markov chain move around easily
- E.g. here, how to update the unknown exposure/infection/removal times?

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5. Botanical Epidemics

- Plant experiments can provide very rich data sets...
- ...which naturally leads to issues of experimental design, e.g.
- How many data are really necessary?
- How often should data be collected?

5. Botanical Epidemics

- Experimental setting also reduces extent to which data are missing, e.g. may know when plants are infected
- This in turn makes likelihood evaluation simpler

5. Botanical Epidemics

- Models often use spatial (or dispersal) kernel, i.e. a way of modelling how likely infection is to occur at a given distance
- Choice of kernel? model choice and goodness-of-fit issues

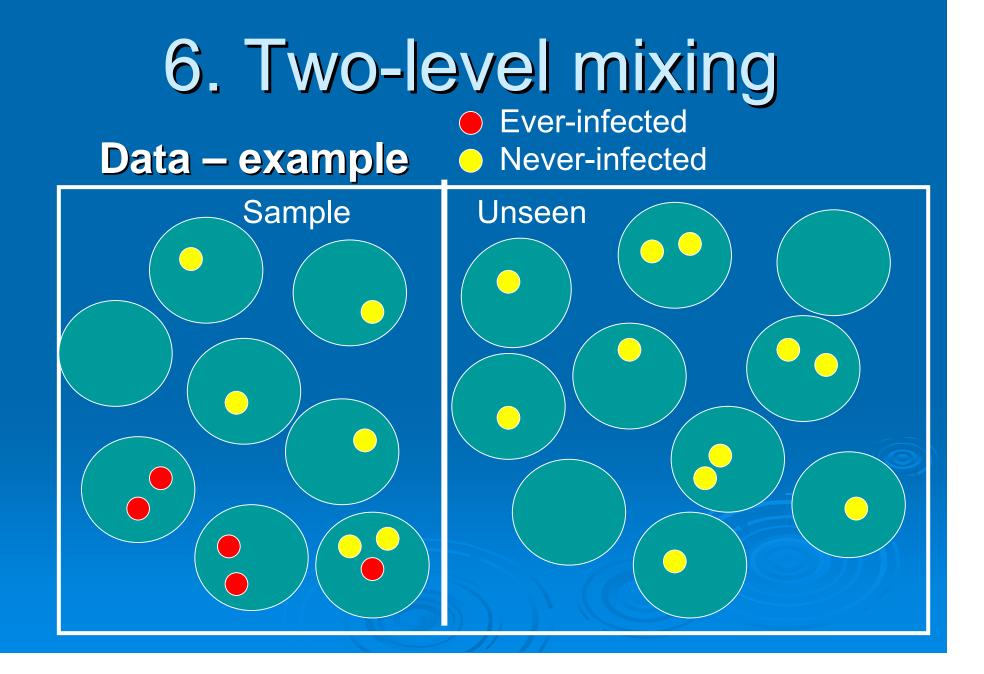
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6. Two-level mixing Model (Ball, Mollison, Scalia-Tomba 1997) Population size N, divided into households SIR (or SEIR) model Infectious period distribution assumed known Local infection rate λ_{I} , global infection rate λ_{G}

6. Two-level mixing Data

- Sample from the population containing:
- Precise household structure
- Numbers initially susceptible
- Numbers ever-infected during epidemic



6. Two-level mixing
Likelihood: f(λ_L, λ_G | data)
Intractable as it stands

Possible solutions:

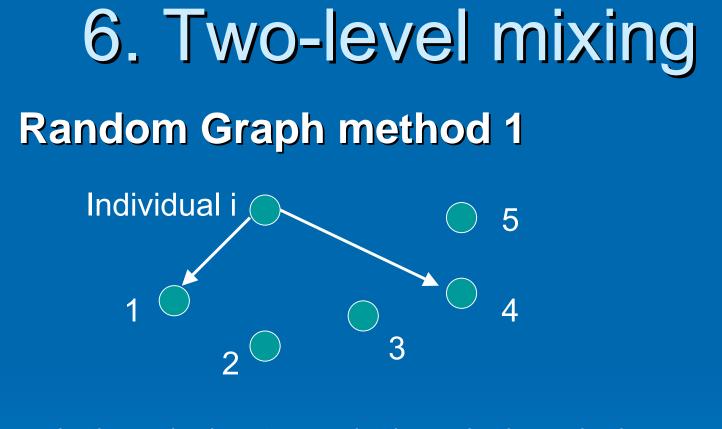
- Use a simpler model with independent households (B, M, S-T 1997; etc)
- Do some kind of data imputation

6. Two-level mixing Data imputation methods

- Impute final severity via approximation (Demiris and O'Neill, 2005a)
- Random graph methods

6. Two-level mixing Random Graph method 1 (Demiris and O'Neill, 2005b)

For each pair of individuals (i,j): X(i,j) = Indicator{"i tries to infect j"} P(X(i,j) = 1) easily evaluated Knowledge of X's gives likelihood



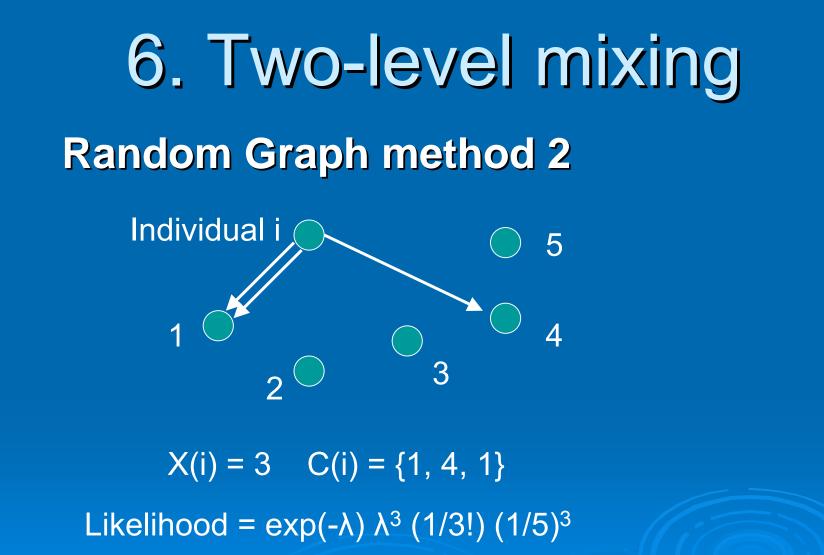
X(i,1) = X(i,4) = 1 X(i,2) = X(i,3) = X(i,5) = 0

Likelihood = $(1 - \exp(-\lambda I))^2 (\exp(-\lambda I))^3$

6. Two-level mixing Random Graph method 2

For each individual i: X(i) = number of contacts i has X(i) is Poisson (λ) C(i) = list of who is contacted

Knowledge of X's and C's gives likelihood

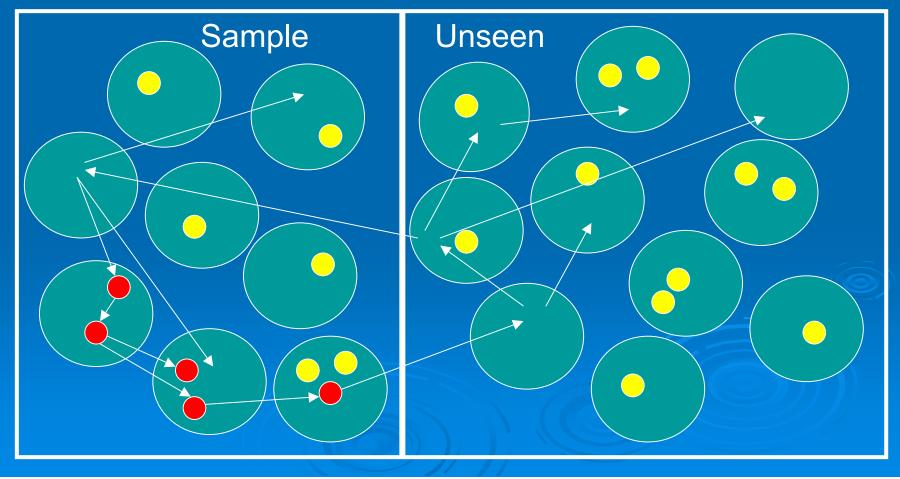


6. Two-level mixing

Random Graph methods

- Method 2 allows for Gibbs updates of parameters and is faster
- Method 1 easier to code
- Both methods struggle if unobserved population is large: correlations between infection rates and contacts

6. Two-level mixing Ever-infected Never-infected



6. Two-level mixing Random Graph method 2 again

- $X(i) = no. contacts ~ Poisson(\lambda)$
- So X, λ strongly correlated
- Makes it hard to update either individually within the MCMC code

6. Two-level mixing Random Graph method 2 again

- Non-centered parameterisation:
- Set d(i) ~ U(0,1)
- $X(i) = F^{-1}(d(i))$ $F = cdf Poisson(\lambda)$
- Here, d(i) and λ are independent
- MCMC mixing much improved

6. Two-level mixing Random Graph methods

- Easily generalised to Multi-type setting
- Easily generalised to other structures (e.g. 3 levels of mixing; specific spatial structures)

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- Wide variety of inference methods have been implemented
- MCMC methods appear powerful but are non-trivial to implement
- Goodness-of-fit and model choice methods need further work