

Using Link-Tracing Data to Inform Epidemiology

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23 October, 2008

For details, see:

- Gile, K.J. (2008). Inference from Partially-Observed Network Data. PhD. Dissertation. University of Washington, Seattle.¹

¹Research supported by NICHD grant 7R29HD034957 and NIDA grant 7R01DA012831

Fitting Models to Partially Observed Social Network Data

- Two types of data: Observed relations (Y_{obs}), and indicators of units sampled (D).

$$\begin{aligned} P(Y_{obs}, D|\beta, \delta) &= \sum_{Unobserved} P(Y, D|\beta, \delta) \\ &= \sum_{Unobserved} P(D|Y, \delta)P(Y|\beta) \end{aligned}$$

- β is the model parameter
- δ is the sampling parameter

If $P(D|Y, \delta) = P(D|Y_{obs}, \delta)$ (*adaptive sampling or missing at random*)

Then

$$P(Y_{obs}, D|\beta, \delta) = P(D|Y, \delta) \sum_{Unobserved} P(Y|\beta)$$

- Can find maximum likelihood estimates by summing over the possible values of unobserved, ignoring sampling
- Sample with Markov Chain Monte Carlo (MCMC)

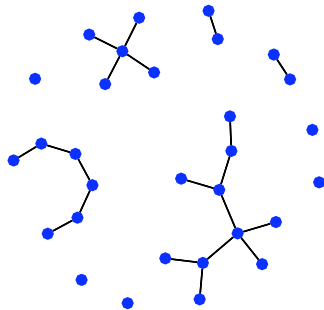
Contact Tracing

Reportable diseases reported to public health authorities. Partners of those infected reported, contacted, and tested.

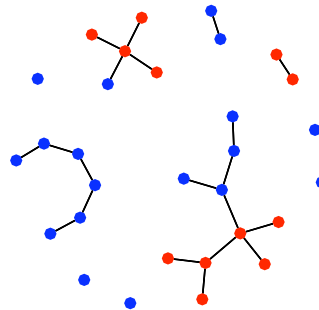
- Reportable Diseases (King County, Washington - partial list)
 - AIDS, HIV
 - Chlamydia
 - Gonorrhea
 - Herpes
 - Syphilis
 - Measles
 - Rabies
 - Smallpox
 - Typhus
 - Yellow Fever
- Type of link-tracing design
- Traced from infected nodes only

Three Random Processes

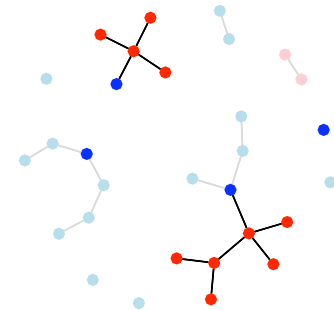
Treat in layers: **Contact Formation**, **Disease Propagation**, **Sampling Propagation**



(a) **Contacts**

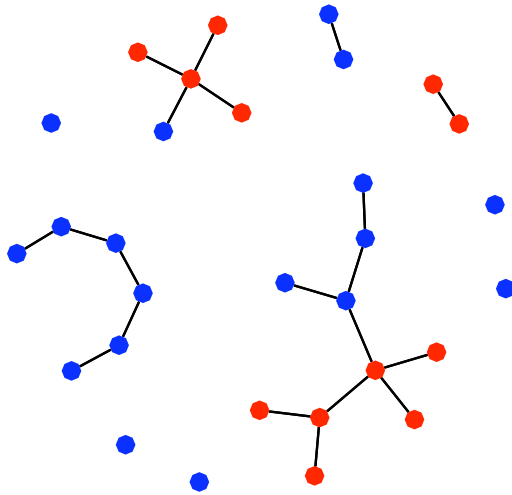


(b) **Disease**

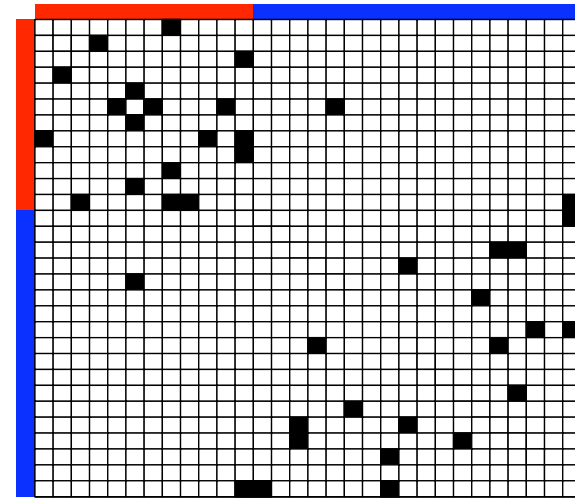


(c) **Sampling**

Contact Tracing Sampling



(d) Sociogram



(e) Sociomatrix

Figure 1: Full Network: Red Nodes Infected, Black squares are edges

Contact Tracing Design 1: Infected Only Sample

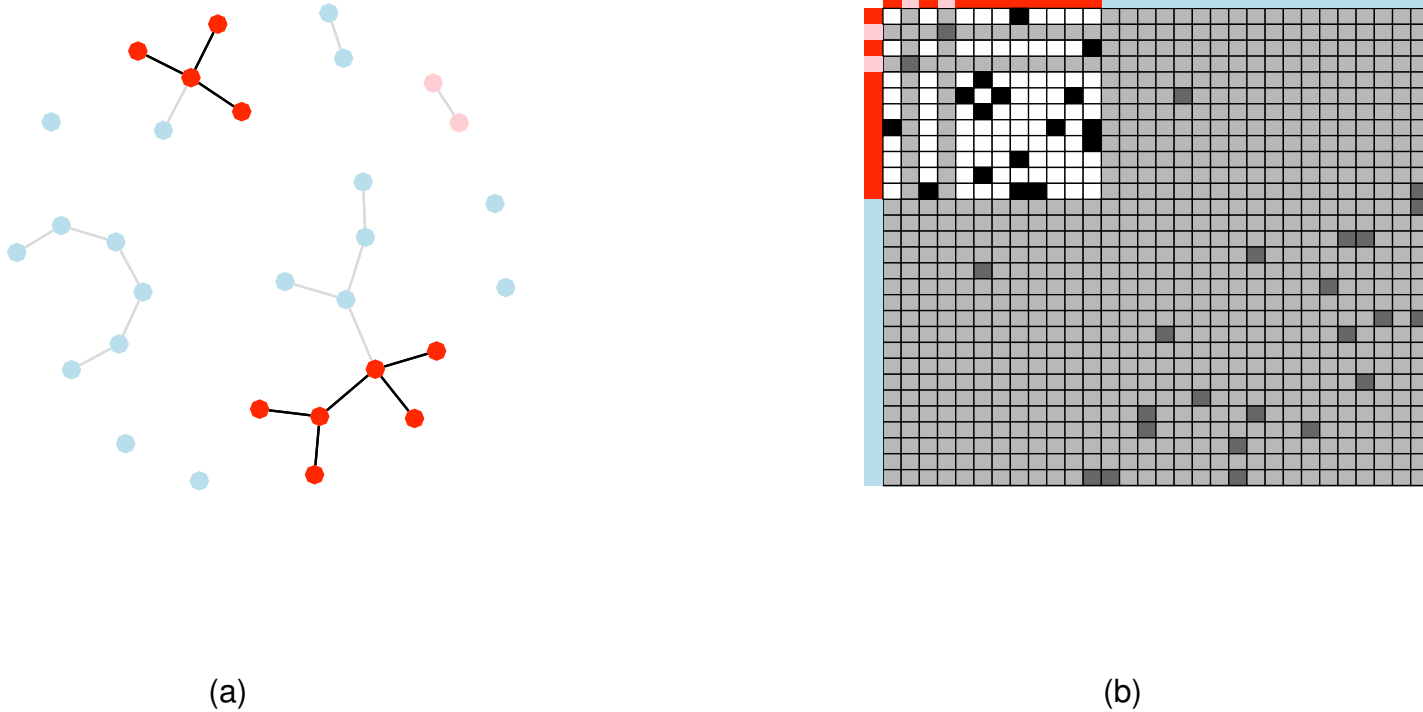


Figure 2: Design 1: Infected Only Sample

$$D = D_W = SS^T$$

Do not record any relations of uninfected individuals (as data currently exist).

Contact Tracing Design 2: Infected & Edge Units Sample

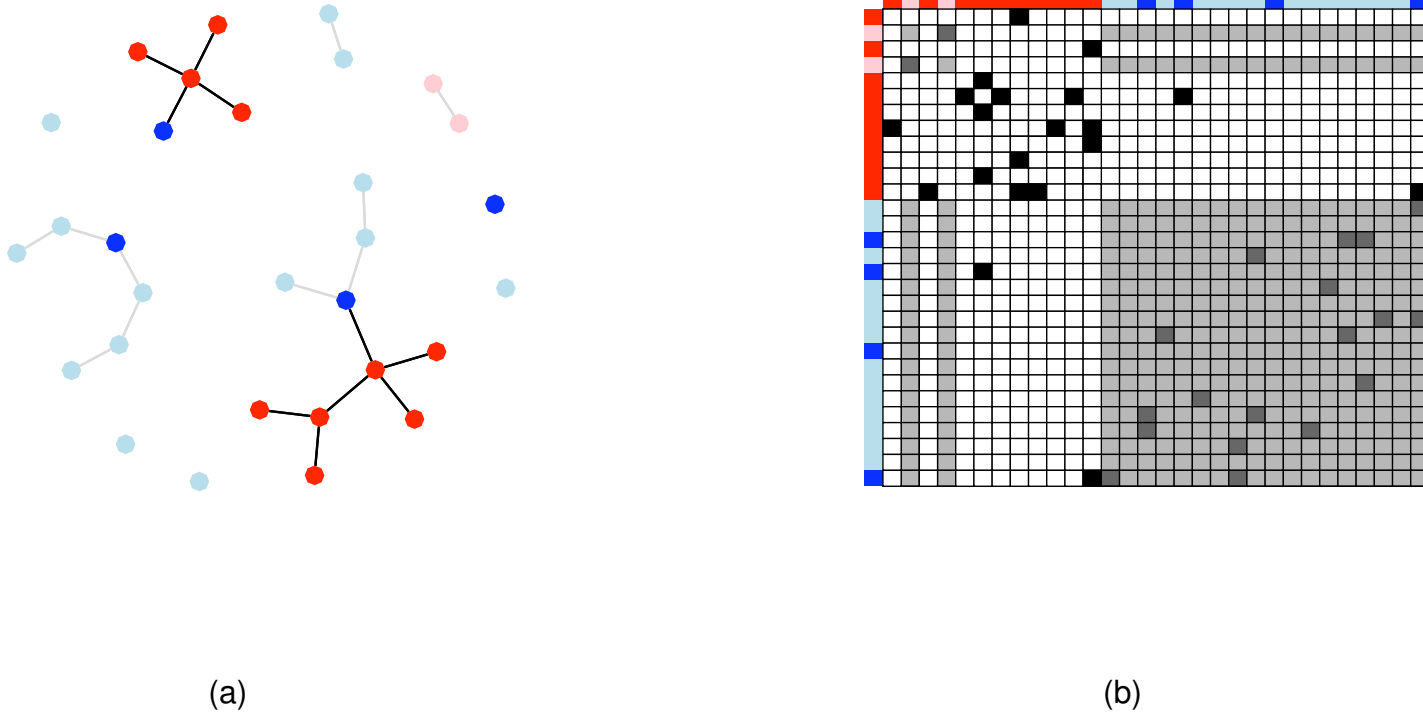


Figure 3: Design 2: Infected & Edge Units Sample

$$D = (S \cdot Z)1^T + 1(S \cdot Z)^T - (S \cdot Z)(S \cdot Z)^T, D_W = (S \cdot Z)1^T$$

Record all uninfected individuals tested.

Contact Tracing Design 3: Contacts of Edge Units Sample

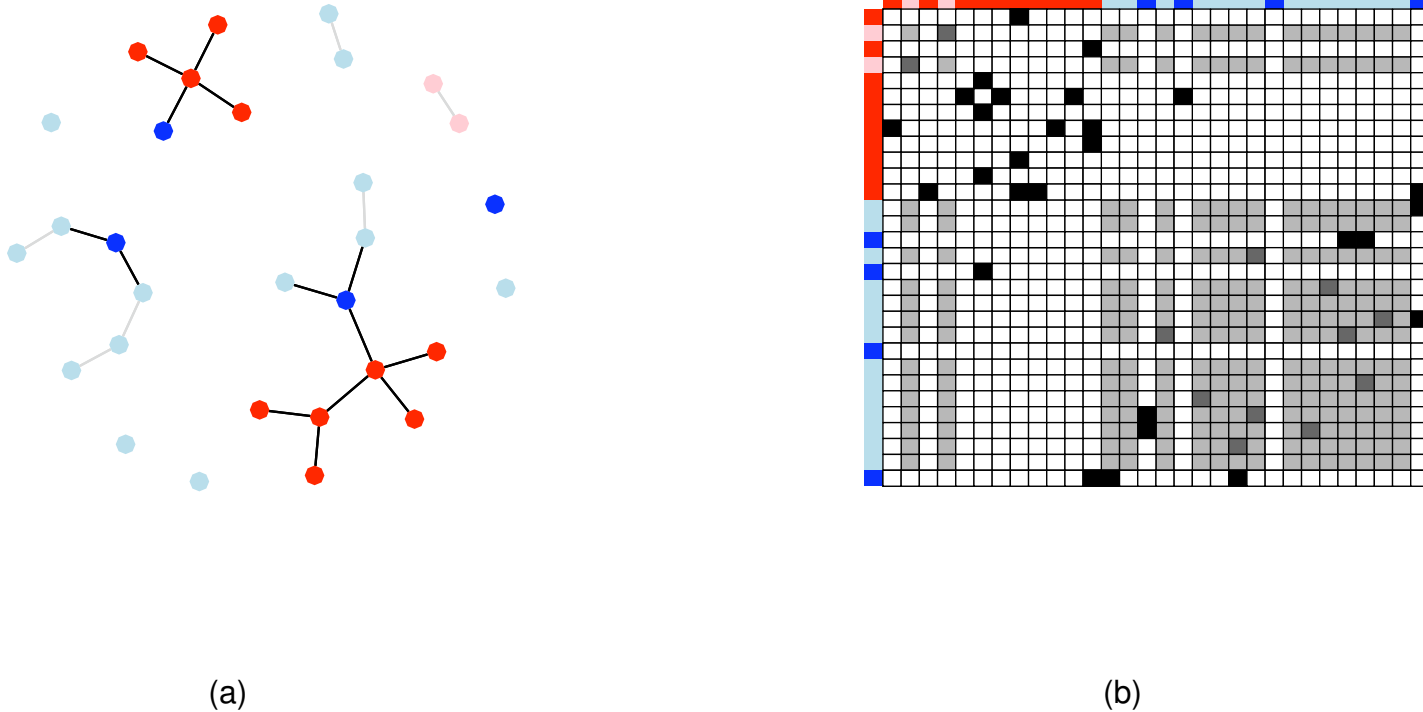


Figure 4: Design 3: Contacts of Edge Units Sample

$$D = S1^T + 1S^T - SS^T, D_W = (S \cdot Z)1^T$$

Record relations of all individuals tested.

Contact Tracing Design 4: Full Contact Components Sample

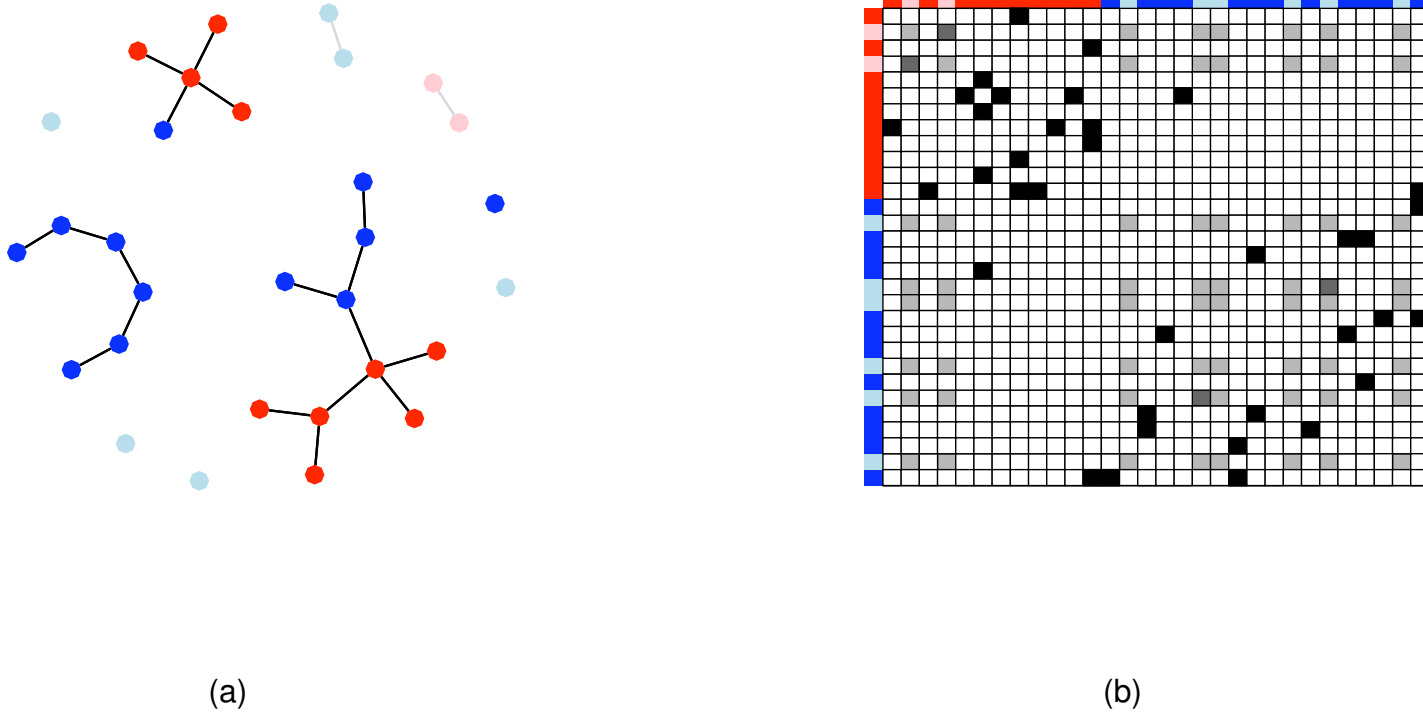


Figure 5: Design 4: Full Contact Components Sample

$$D = S1^T + 1S^T - SS^T, D_W = (S \cdot Z)1^T$$

Enroll any partners reported (most intrusive).

Epidemiological questions of interest

- What is the structure of possible disease-passing contacts in the population?
- What is the transmissibility of the disease?
- What is the epidemic potential in the population?

Contact Models

With parameters β , and covariate matrix X :

- Dyad Independent ERGM (logistic regression):

$$P(Y = y|X, \beta) = \prod_{i < j} \frac{\exp\{\beta^T X_{ij}\} Y_{ij}}{1 + \exp\{\beta^T X_{ij}\}}$$

- Inner Product Model:

$$P(Y = y|X, \beta) = \prod_{i < j} \frac{\exp\{\beta^T X_{ij} + \beta^* u_i u_j\} Y_{ij}}{1 + \exp\{\beta^T X_{ij} + \beta^* u_i u_j\}}$$

Where u_i, u_j unobserved, assumed distributed $N(0, 1)$

- Dyad Dependent ERGM:

$$P(Y = y|X, \beta) = c^{-1} \exp\{\beta^T g(y, X)\}, c = \sum_w \exp\{\beta^T g(w, X)\}$$

Where the normalizing constant is $c \equiv c(\beta)$ (sum over allowable graphs)

Modeling Disease Status Given Contact Structure

Disease Model:

$$P(Z, Z_0, W | \tau, \eta, Y) = \eta^{Z_0^T \mathbf{1}} (1 - \eta)^{N - Z_0^T \mathbf{1}} \tau^{\mathbf{1}^T W \mathbf{1}} (1 - \tau)^{Z^T Y (1 - Z)} \prod_{i: Z_i = 1} \mathbb{I}_{(RZ_0)_i \geq 1}$$

Where R is the reachability graph through transmitting arcs.

- η Probability of exogenous infection (from outside network)
- τ Transmissibility (probability of transmission)

Variable	Meaning	Dimension
Y	Sociomatrix of edges	$N \times N$
Z	Vector of infection	$N \times 1$
Z_0	Vector of exogenous infection	$N \times 1$
W	Matrix of transmissions	$N \times N$
Net	Contact and Disease: (Y, Z, Z_0, W)	

Discussion

Conclusions:

- Established a model-based frame for modeling contact and disease structure based on contact tracing data.
 - Estimate the structure of possible disease-passing contacts in the population
 - Estimate the transmissibility of the disease
 - Estimate the epidemic potential in the population

Limitations and Outstanding Questions:

- Assumed MAR initial sample
 - *Is it possible to use auxiliary information to address NMAR?*
- Assumed known population size
 - *How often do we have a good estimate? Are there ways to estimate?*
- Ignored dynamics
 - *How critical is this limitation?*

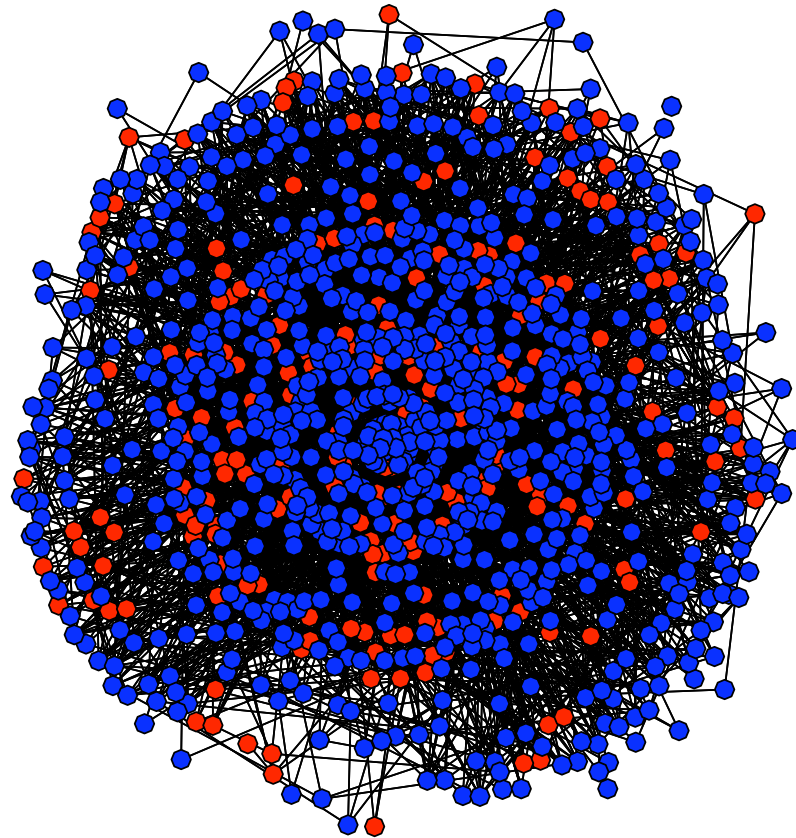
Respondent-Driven Sampling (RDS): Introduction

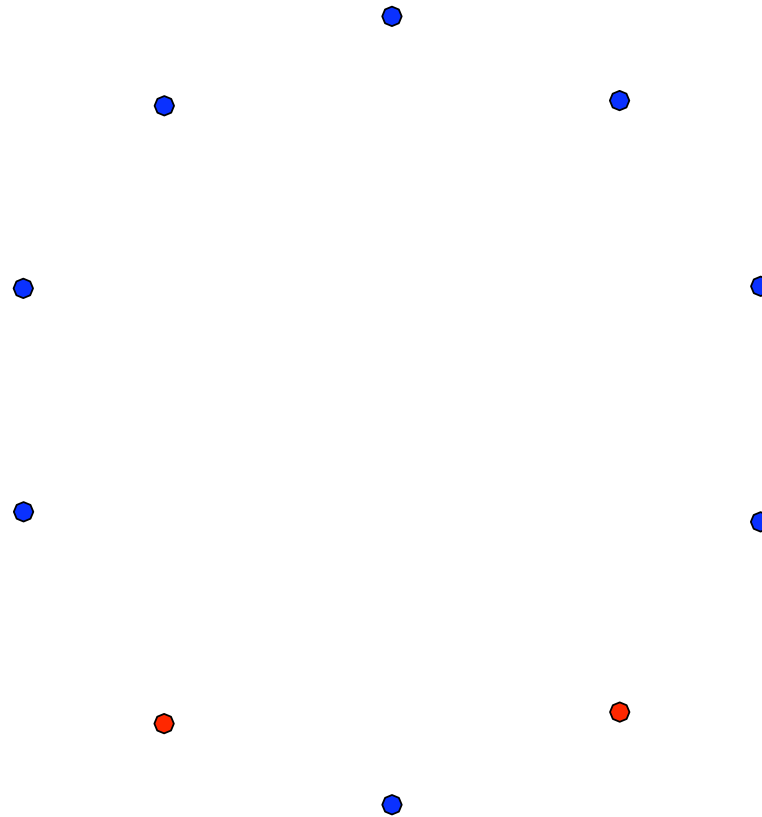
Example:

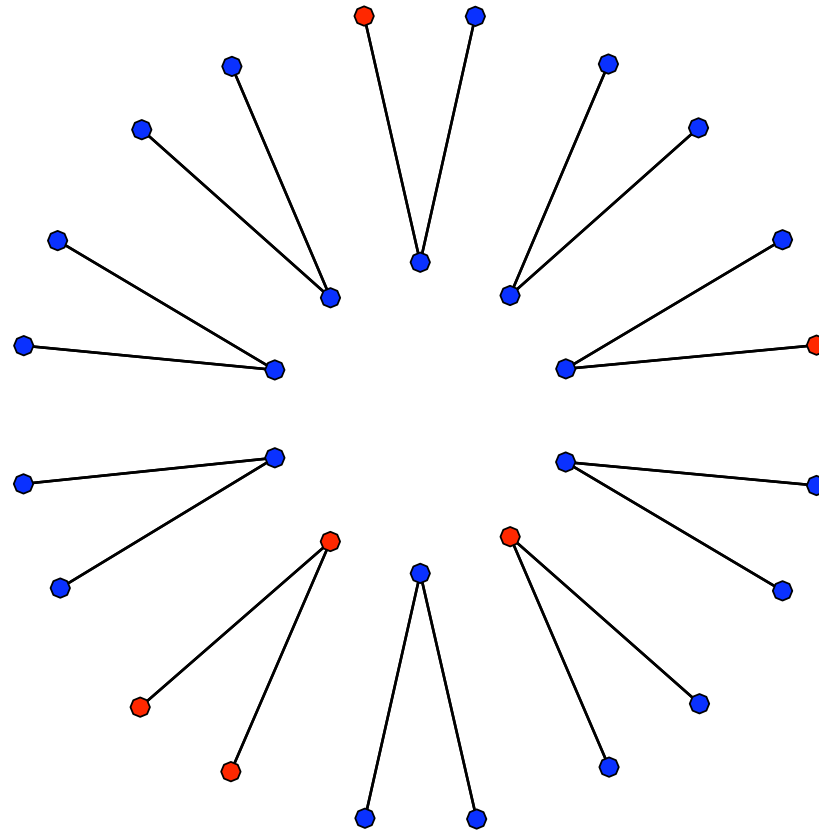
What proportion of Injection Drug Users in New York City are HIV positive?

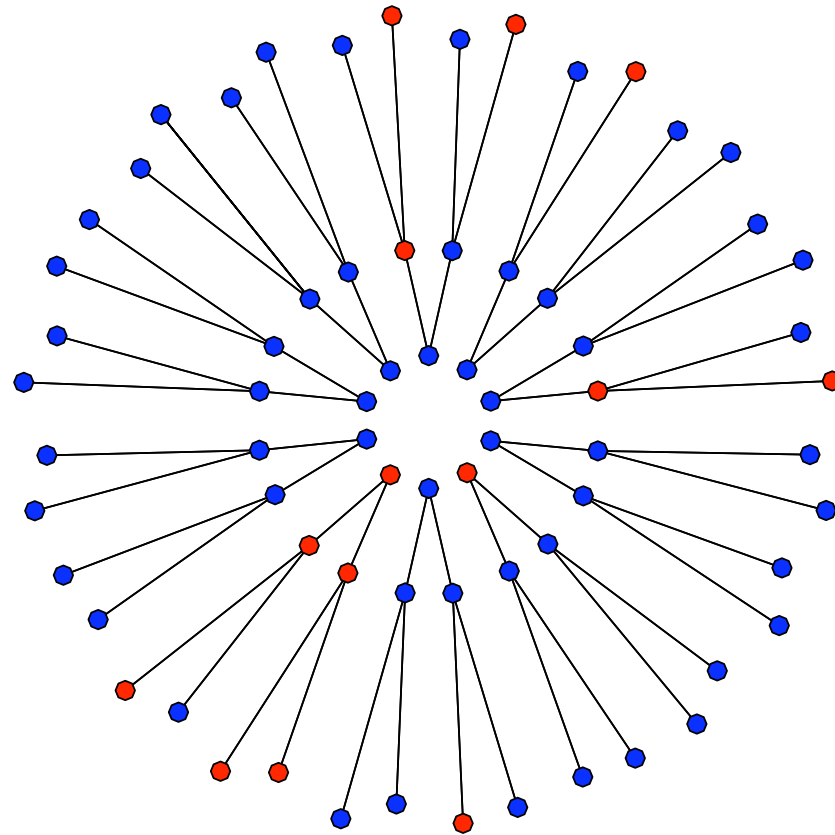
Hard-to-reach population

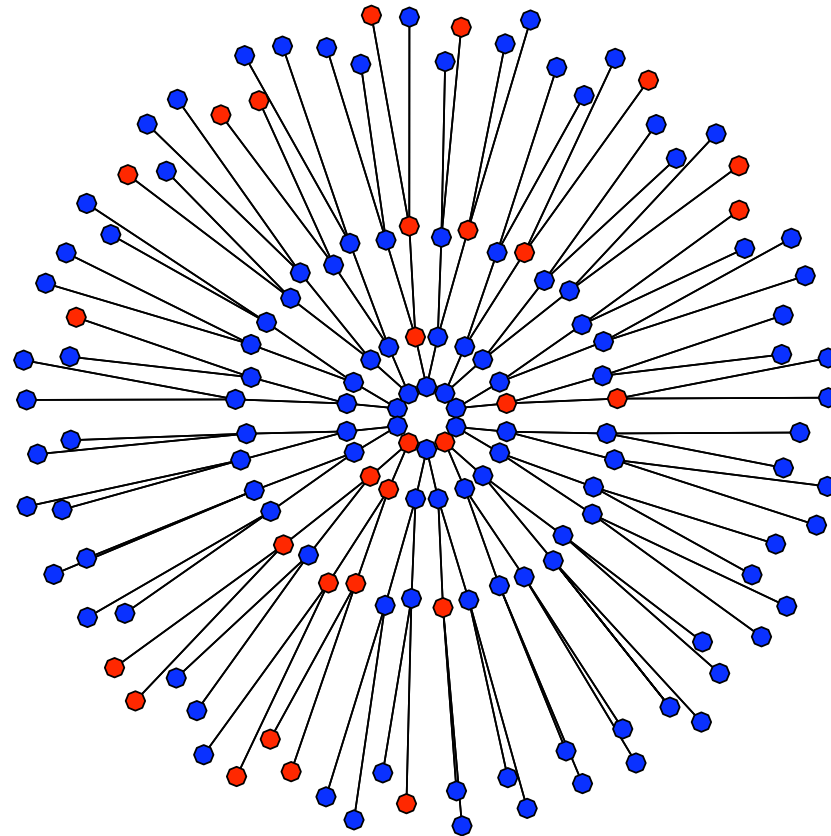
- Other Approaches:
 - Convenience samples of individuals (not probability sample)
 - Time-location samples (not probability sample of individuals)
 - Sample from larger existing sampling frame (too expensive)
- RDS: “Something like” probability sample

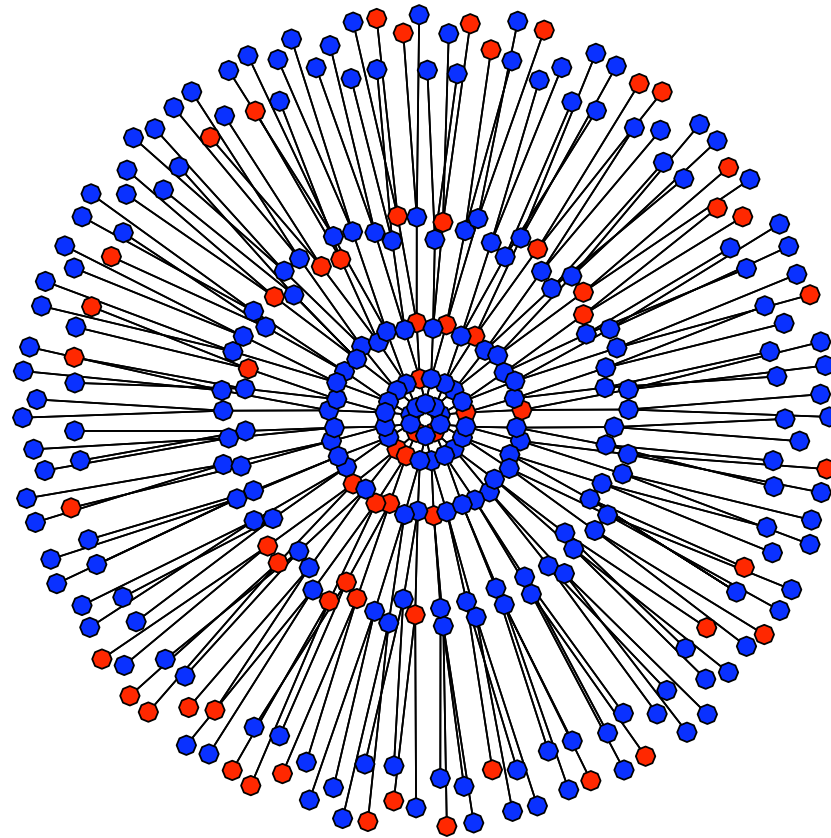


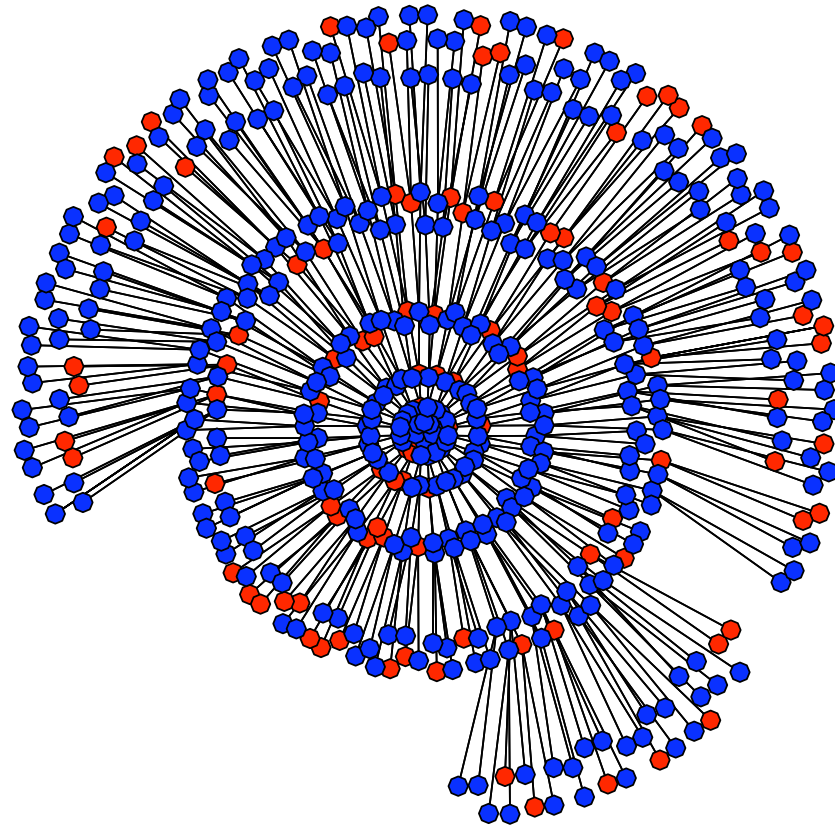


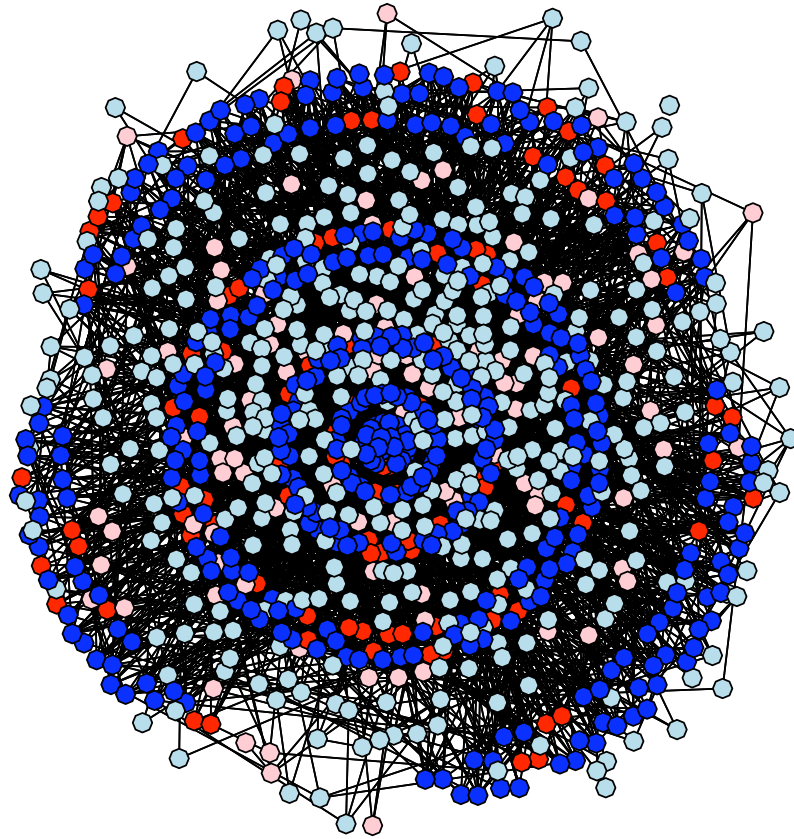












Sampling

Sampling:

- Begin with convenience sample of “seeds”
- Foster many waves of sampling to reduce dependence on convenience-sample seeds

- Good news: Large diverse samples in hard-to-reach populations!
- Bad news: Current inference problematic

Epidemiological questions of interest

- Characteristics of high-risk population
 - Proportion infected
 - Frequency of high-risk behaviors
- What is the structure of the social ties in the high-risk population
 - Note: network here is not strictly disease-contact

Structure of Analysis

Sample:

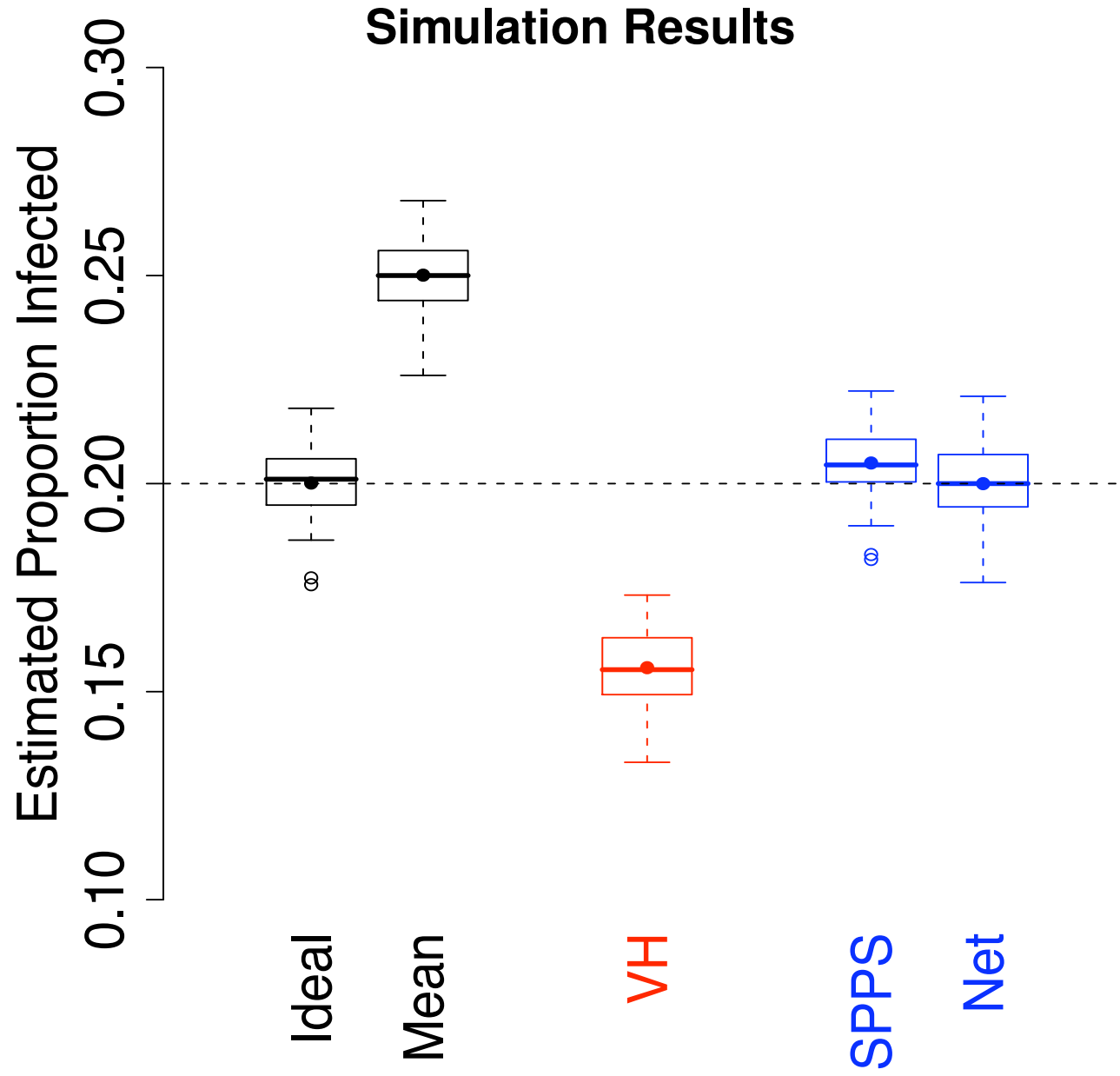
- Link-tracing sampling variant
- Ask number of contacts - but not who. Can't identify alters.
- Network used as sampling tool

Existing Approach:

- Assume inclusion probability proportional to number of contacts (Volz and Heckathorn, 2008)
- Assume many waves of sampling remove bias of seed selection

Our work:

- Design-based (describe structure, not mechanism)
- Fit simple network model to observed data (model-assisted)
- Correct for biases due to network-based sampling, and observable irregularities



Discussion

Conclusions:

- Can estimate nodal proportions of interest
 - Proportions infected
 - Frequencies of high-risk behaviors
- Network-Model estimator corrects for differential activity by infection status, unlike sample mean.
- Network-Model estimator uses appropriate sample weights for simulated high sample fraction, unlike sample mean or Volz-Heckathorn estimator.
- Network-Model estimator corrects for seed bias, unlike any existing method.

Limitations:

- Assume full network size known (subject of ongoing research)
- Can only correct for *observable* sampling biases
- Uncertainty may be quite high
- Computationally expensive

Discussion

- Network models can be applied to data from link-tracing samples to address scientific questions about the full population.
 - Contact Tracing
 - Respondent-Driven Sampling
- Some forms of additional information collected in the study can greatly improve possibilities for inference.
 - Edge unit information
 - Measurement of sampling biases
 - Any characteristics of unobserved population
- All models fit with Exponential-Family Random Graph Models using `statnet` R software.

Outstanding Issues:

- Unknown Network Size
- Boundary Specification Problem

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Thank you for your attention!