# InFER: Inference For Epidemic related Risk

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### What is InFER?

• £600k grant from BBSRC



- Application-driven development of statistical methodology for epidemics
  - Computationally intensive Bayesian methods (eg MCMC, SMC)
  - Models for datasets with varying degrees of missingness and resolution
  - Development of developer- and user-level software
- Collaboration between Statistics and Life Sciences @ Warwick: Gareth Roberts, Laura Green, Matt Keeling, Chris Jewell, Judith Brown





### Overview

- Motivation
- 2 The Approach
- Inference
- Case Studies
  - UK foot and mouth disease, 2007
  - Bayesian risk prediction for HPAI in UK poultry
- S Road Map





### Outline

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- Second Residual Second Resi





## Motivation

# Welfare and Economics

- Foot and Mouth Disease
  - 2001: £8 billion, 6.5 million slaughtered
  - 2007: £100 million, 2610 slaughtered
- Avian Influenza
  - worth >3.5 billion
  - 40% UK primary meat market (2004)
- bTB?
- Endemic diseases?
- Human diseases Influenza H1N1?







## **Epidemic Control**

### Framework Response Plan for Exotic Animal Diseases:

- Minimise the number of animals which need to be culled either to control the disease or on welfare grounds, and which keep animal welfare problems to a minimum.
- Protect public health.
- Cause the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities in the wider economy.
- Minimise damage to the environment.
- Minimise the burden on taxpayers and the public.

Defra 2007



### Aims

- Model-based analysis aims to provide a prediction of the RISK posed by an epidemic in real-time
  - Who is likely to be infected next?
  - Who presents the greatest risk to the population if they get infected?
  - How many occult (undetected) infections are there?
  - Incorporate parameter uncertainty into any predictions
- What is the relative importance of each parameter in propagating the epidemic?
- Incorporate PROBABILITY to better inform control policies





# A job for the statistician...?

- Results of forward simulation depend on model parameters
- A statistical approach provides formal estimates for parameters given the model
- Historically:
  - Estimation of  $R_0$  is relatively easy
    - Relevance to heterogeneous populations?
  - Difficult to estimate infection and removal rates together
  - Due to missing data

References: Bailey (1975); Becker (1989)





### Outline

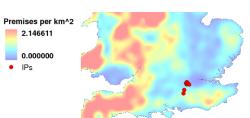
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## Available data

- Covariate data
  - Location, number and type of animals, contact networks
- Epidemiological data
  - Detection times
  - Cull times

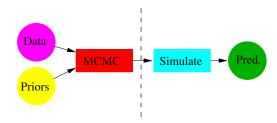






## The Approach

- Define a model for disease transmission in the population
- Take prior opinion and field data make inference on transmission and removal parameters
- Use the results with forward simulation to make fully quantitative predictions

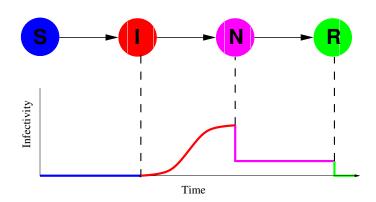






## The Model

#### The basic assumption



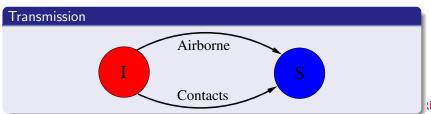
- Continuous time stochastic mechanistic model
- Individual = farm





# The Model Population structure

- Historical modelling treats all infectious contacts as equally likely: homogeneous mixing and often deterministic
  - eg. Anderson and May 1992
- In practice, populations are heterogeneously mixing and highly stochastic
  - Contact networks
  - Spatial proximity







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### The Problem

- Missing data!
  - Infection times are not directly observed
  - What about occult infections?
- We can write down a statistical likelihood function for the model conditional on the infection times
- We cannot explicitly write a likelihood function if we do not observe infection times
  - Require an expectation over all possible infection times and occult status





### A solution....

- Construct a likelihood describing the continuous-time stochastic epidemic
- Bayesian approach allows:
  - Natural framework to include unobserved data by data augmentation MCMC methodology
    - Unobserved infection times
    - Occult infections
  - 2 Coherent inclusion of Prior information
    - Expert opinion
    - Previous disease outbreaks
- MCMC allows us to work in high dimensions

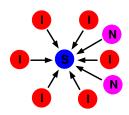
$$d = \dim(\beta) + [\mathbf{I}] + [occults]$$





## <u>Infectious</u> pressure – continuous time

- At any time t, susceptible j has infectious pressure exerted on it by
  - all infected farms i
  - "Background" eg wildlife



In a small time interval  $\Delta t$ :

$$P(j \text{ infected}) \approx T_j \cdot \Delta t$$

$$T_{j} = \beta_{0} + \sum_{i \in \{I_{i} < I_{j} < N_{i}\}} \beta_{ij}(t) + \sum_{i \in \{N_{i} < I_{j} < R_{i}\}} \beta_{ij}^{*}$$





# The Model Infection times

- Infection times are not directly observed
- Require data imputation through data augmentation
- Notification time is observed
  - Assume a distribution for Infection to Notification time

#### ightarrow N time

$$F_D(d) = \exp[-a \cdot \exp(b \cdot d) - 1]$$
  $d \ge 0$ 





# The model The Likelihood

• Likelihood uses a continuous time model:

$$f(\mathbf{I}, \mathbf{N}, \mathbf{R} | \boldsymbol{\beta}, a, b) = \prod_{l=1, l \neq k}^{[\mathbf{I}]} (T_l) \cdot exp \left[ -\int_{I_k}^{T_{obs}} \left( \sum_{j=1}^{[\mathbf{S}]} T_j \right)_{t^-} dt \right]$$

$$\times \prod_{j=1, i \neq k}^{[\mathbf{I}]} f_D(N_j - I_j)$$

- Order  $[I]^2 + [I][S]$  for update any  $\beta$
- Order [I] + [S] for updating an infection time

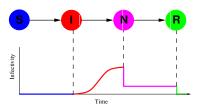




## Statistical Inference

#### Inference on:

- $\bullet$  d-dimensional vector of transmission parameters,  $\beta$
- Unobserved data:
  - Infection times are never directly observed
  - Occult infections are individuals who are infected, but not yet detected (notified)







## Prior distributions

- Gamma for rates  $(\beta \ge 0)$
- Beta for probabilities  $(0 \le p \le 1)$
- Uniform for occult status (0 or 1)
- Wide range of choices for infection times (or infectious period)

 Priors chosen to agree with expert opinion and previous knowledge of epidemics





## MCMC scheme

### Repeat the following steps

- lacktriangle Model parameters eta
  - $oldsymbol{0}$  Propose  $ilde{oldsymbol{eta}}$  en-bloc using MVN $(oldsymbol{eta}^{(q)},\Sigma)$
  - 2 Calculate likelihood
  - $oldsymbol{\Im}$  Calculate acceptance probability, and accept or reject  $ilde{eta}$  accordingly.
- ② Infection times repeat s times:
  - 1 Propose a move, add, or delete
  - ② Update likelihood
  - **3** Calculate acceptance probability, and accept or reject  $I_i^{(q+1)}$  accordingly

Parallel regions in red





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## Foot and Mouth 2007

- 2007 outbreak in Surrey comprising 9 'known' infected premises
- 21 farms slaughtered as Dangerous Contacts
  - Identified by Contact Tracing
- Can we identify undetected infected premises statistically?







UK foot and mouth disease, 2007

# Foot and Mouth 2007 Data and priors

- Covariate Data
  - Location OS Grid coords
  - Number of cattle and sheep on farm (treat pigs as sheep)
- Priors
  - Based on posteriors of Kypraios 2007

### Epidemiological Data

Premises	Ν	R
IP1	0	2
IP2	4	5
IP3a	40	42
IP3b	40	42
IP4	41	41.5
IP5	45	45.5
IP6	49	50
IP7	52	52.5
IP8	58	58.5





## Foot and Mouth 2007

Transmission model

- Use the model of Keeling et al (2001)
  - Spatial location (x,y)
  - Number of cattle
  - Number of sheep

#### Transmission model

$$\beta_{ij} = \left(\beta_1 n_i^{c\psi} + n_i^{s\psi}\right) \left(\beta_2 n_j^{c\psi} + n_j^{s\psi}\right) \cdot \beta_3 \cdot \frac{\delta^2}{\rho_{ij}^2 + \delta^2} \quad i \in \mathbf{I}, j \in \mathbf{S}$$

$$\beta_{ij}^{\star} = \left(\beta_{1} n_{i}^{c\psi} + n_{i}^{s\psi}\right) \left(\beta_{2} n_{j}^{c\psi} + n_{j}^{s\psi}\right) \cdot \beta_{4} \cdot \frac{\delta^{2}}{\rho_{ij}^{2} + \delta^{2}} \quad i \in \mathbf{N}, j \in \mathbf{S}$$

CRISM

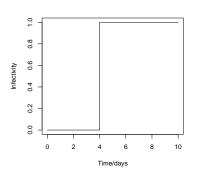


UK foot and mouth disease. 2007

# Foot and Mouth 2007

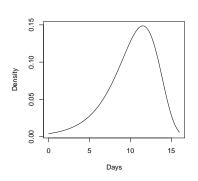
Infectivity and Infectious period functions

### Infectivity function



(fixed - equiv to SEINR model)

### Infection to Notification time



(modified by data)

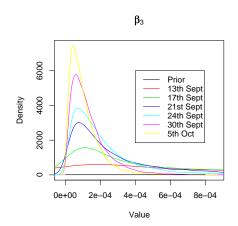




UK foot and mouth disease. 2007

## Parameter learning

As the epidemic progresses, parameters information grows



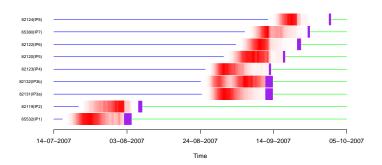




UK foot and mouth disease, 2007

## Infection Times

#### Estimation of infection times



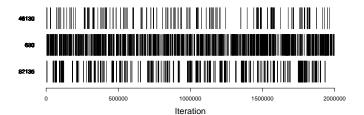




UK foot and mouth disease, 2007

## Occult infections

- Probability of being infected assigned to each presumed susceptible
- Direct consequence of incorporating occult infections into the analysis.

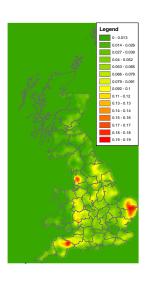






# **HPAI** in UK Poultry

- Extract from Great Britain Poultry Register (May 2006)
- 8363 registered poulty premises after data cleaning
  - Production stock only (10 types)
- 3 contact networks identified
  - Feed lorries
  - Slaughterhouse lorries
  - Company association
- OS National Grid coordinates for each premises



# The Model

### Inter-farm transmission rate

$$\begin{split} \beta_{ij} &= \eta_{sp,j} \left( \beta_1 C_{ij}^{FM} + \beta_2 C_{ij}^{SH} + \beta_3 C_{ij}^{CP} + \beta_4 e^{-\beta_6 \cdot \rho[i,j]} \right) & \quad i \in \mathbf{I}, j \in \mathbf{S} \\ \beta_{ij}^{\star} &= \eta_{sp,j} \left( \beta_5 e^{-\beta_6 \cdot \rho[i,j]} \right) & \quad i \in \mathbf{N}, j \in \mathbf{S} \end{split}$$

- $\eta_{sp,j} =$  susceptibility of major species on farm j
- $\beta_1 C_{ii}^{FM}$  = feedmill infection rate
- $\beta_2 C_{ii}^{SH} = \text{slaughterhouse infection rate}$
- $\beta_3 C_{ii}^{CP} = \text{company infection rate}$
- $eta_{\{4,5\}}e^{-eta_6\cdot
  ho[i,j]}=$  spatial rate between farms ho[i,j]km apart

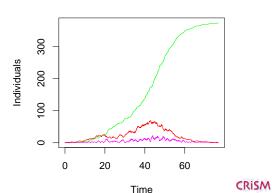




## Simulated epidemic

- No HPAI epidemic in the UK yet!
- Simulate epidemic on our dataset

Time/days	Infections	
0	1	
14	10	
25	61	
50	290	
76	375	





# Risk Maps

"The probability of farms becoming infected given the current situation"

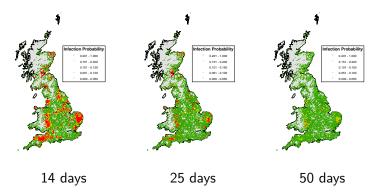


Table: Risk Maps



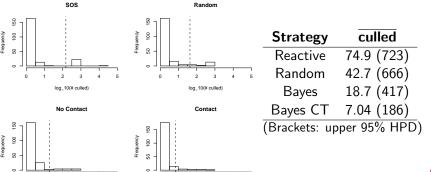


Bayesian risk prediction for HPAI in UK poultry

log 10(# culled)

# Bayesian guided surveillance

- Active surveillance scenarios: how should a limited active surveillance resource be targetted?
- If used: 15 farms surveyed per day, 10km radius of IPs
- Perfect on farm test, depopulated within 24h



log 10(# culled)





### Conclusions

- We have constructed a robust flexible likelihood-based
   Bayesian approach for real-time parameter inference
- Solves the problem of censored data in epidemics
- In conjunction with forward simulation, this provides a powerful risk assessment resource for use during a disease epidemic in the UK
  - Bayesian predictive risk easily calculated using forward simulation.
- Evidence to suggest highly effective for optimising allocation of limited control resource.
- Such an approach can be easily adopted for other model structures as well.





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# Software development

### • Developer:

- C++ API for rapid development of application-specific analysis of epidemics
- Modular design separates model, data, parameters, and algorithm engines (simulation, MCMC etc)
- Open source!

#### User:

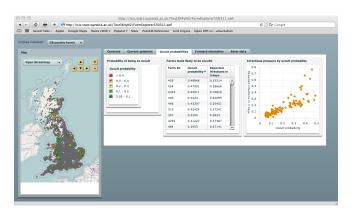
- Frontend: Flash-based web application
- Backend: Web server, relational database server, high-performance cluster
- User concentrates on data and outputs
- Statistician monitors usage, MCMC mixing, intervenes if necessary
- Software updates automatic, controlled centrally





### Frontend

- Web app written using Adobe Flex (open source)
- Concept stage input/ideas/feature requests welcome!







# Road map

- How does a farm's infectivity build during its infection?
- Methods for coping with uncertainty in covariate data
- Effective models for different data resolutions (Spatial and Spatio-temporal Epidemiology, in print)
- Formal methods for model diagnostics
  - Behaviour of DIC? Sellke construction + methods from survival analysis?
- HPC development of more effective parallel algorithms
- R-package BERP: Bayesian inference for Epidemic Risk Prediction





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- Warwick
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