

#### UPPSALA UNIVERSITET

# Bayesian epidemiological modeling: with little and without data

#### Stefan Engblom

Div of Scientific Computing, Dept of Information Technology, Uppsala University, Uppsala, Sweden

EMMC-eSSENCE 2019, June 3-6 2019, Uppsala

Stefan Engblom, TDB/IT UU

Bayesian epidemics: with little and without data

## Outline Bayesian epidemics

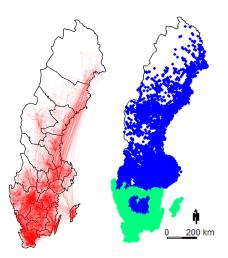
- 1. With little data
- 2. Without data
- 3. Conclusions

⇒ Joint work with **Robin Eriksson** <sup>@</sup> Dept of IT, Uppsala university, and **Stefan Widgren** <sup>@</sup> Dept of Disease Control and Epidemiology, National Veterinary Institute (SVA). ←

# Case study: modeling the spread of VTEC O157

Verotoxinogenic E. coli O157:H7 in the Swedish cattle population

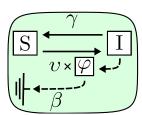
- ► Zoonotic pathogen (animal → human) of great public health interest
- Substantial amount of data:
  - individual-level cattle data from 2005 and onwards
  - meteorological data
- Less data:
  - actual disease measurements at farms (enough for parametrization?)

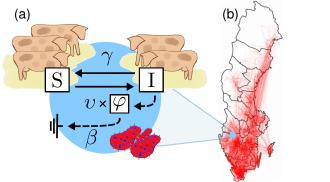


# The $SIS_E$ model

Replicated across a data-driven network

Susceptible individuals, Infected individuals, and  $\varphi$ , the infectious pressure.



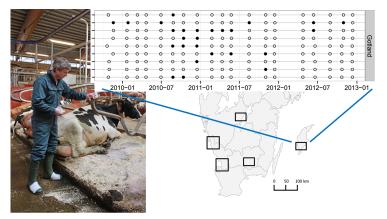




www.siminf.org

## Severely limited by data

126 out of 37,221 holdings were sampled once every 6 to 8 weeks for 38 months; so disease data is 6–8 binary true/false samples per year at 0.3% of the nodes. Also, the sensitivity of the test had to be estimated...



# Synthetic Likelihood Adaptive Metropolis ("SLAM")

Bayesian computations with untractable likelihoods

- Multiple simulations  $z_i$  for a proposed  $\theta$ ;  $z_{\theta} = (z_1, z_2, \dots, z_N)$ .
- Assume that some summary statistics S(·) is an observation from a multivariate Gaussian distribution N(μ<sub>θ</sub>, Σ<sub>θ</sub>), estimated by

$$\begin{split} \hat{\mu}_{\theta} &= \frac{1}{N} \sum_{i=1}^{N} S(z_i) \\ \widehat{\Sigma}_{\theta} &= \frac{1}{N-1} (\mathbf{S} - \hat{\mu} \mathbb{1}^{(N)}) (\mathbf{S} - \hat{\mu} \mathbb{1}^{(N)})^{\top} \end{split}$$

• We get the "synthetic" likelihood  $P(s_{obs}|\mathbf{S}) = \mathcal{N}(s_{obs}|\hat{\mu}_{\theta}, \hat{\Sigma}_{\theta})$  SLAM sampling: Consider initial  $(\theta^{(1)}, \mathcal{L}_{\theta})$  and summarized data sobs. for  $i = 2, \ldots, N_{\text{sample}}$  do Compute  $C^{(i)} =$  $\xi_d \operatorname{Cov}(\theta^{(1)}, \ldots, \theta^{(i-1)}) + \xi_d \epsilon I_d$ Propose  $\theta^* \sim \mathcal{N}(\theta^{(i-1)}, C^{(i)})$ Simulate  $Y = (y_1, \ldots, y_N), y_i \sim F(\theta^*)$ Bootstrap  $Z = (z_1, \ldots, z_R), z_i \sim \hat{F}_N(Y)$ Estimate  $(\hat{\mu}_{\theta^*}, \widehat{\Sigma}_{\theta^*})$  from  $S = \mathbf{S}(Z)$ Compute  $\mathcal{L}_{\theta^*} = P(s_{obs}|\mathbf{S})$ if  $\mathcal{U}(0,1) < \min(1, \mathcal{L}_{\theta^*}/\mathcal{L}_{\theta})$  $\theta^{(i)} = \theta^*$  and  $\mathcal{L}_{\theta} = \mathcal{L}_{\theta^*}$ else  $\theta^{(i)} = \theta^{(i-1)}$ 

### Navigating through a forest of complexity

*Basic idea:* Solve a series of increasingly realistic inverse problems using known truth data until the desired set-up is reached.

#### Personal reflections

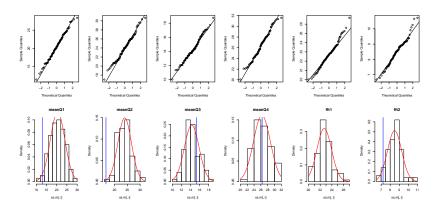
- Model correctness cannot be assumed
- Identifiability cannot be assumed
- Real data is much worse than synthetic data
- ▶ The main *insight* comes from solving problems on the way

# Suitable summary statistics?

N parameters  $\longrightarrow$  find at least N SS.

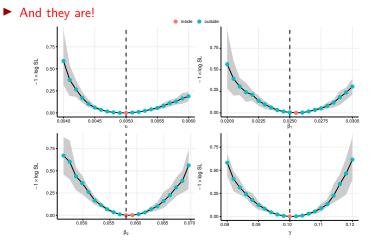
▶ Need "normal"-like SS for the SL ansatz

► And they are!



## Feasible optimization?

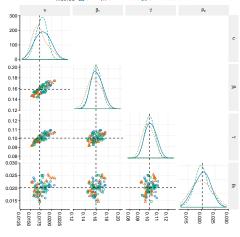
Need that the (-log SL) minima are well defined in each parameter dimension



# Finally, full model results

Real network & actual observations

- From the mean posterior estimate, θ̂, we construct new synthetic data and bootstrap to estimate the bias
- Posterior use: evaluate surveillance- and mitigation strategies probabilistically



method SLAM SLAM / filtered SLAM / observations

Figure: Posterior samples.

# Case study: spread of Antimicrobial Resistance (AMR)

Question-driven rather than data-driven modeling

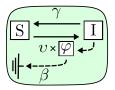
How can we understand the 'flow' of AMR spread?

- "understand"  $\sim$  identify the dominating processes and their timescales, estimate qualitatively, or simply get a feeling for...

BUT: No "hard" data to easily build models on!

# The $SIS_E$ framework again

Being verotoxinogenic is caused by a certain strand, and so is resistance to antibiotics:



- 1.  $\{\gamma, \beta\}$  set the time scale of recovery and open space decay of bacteria, respectively.
- 2. Hence v alone determines the stationary prevalence.

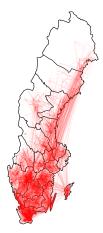
So, the latent variables (AMR fitness & antibiotic pressure)  $\xrightarrow{\text{proxy}} v \xrightarrow{t \to \infty} P_{\infty}$ , the stationary prevalence.

## Network data

Sample real networks



(a) Worldwide travel routes and emergence of antimicrobial resistance Source: Holmes *et al.*, "Understanding the mechanisms and drivers of antimicrobial resistance", Lancet 387 (2016)



(b) Cattle network data:  $\sim$ 10 years of data,  $\sim$ 40,000 nodes

## Model reduction

Bayesian homogenization

Ansatz borrowed from statistical physics: SDE in gradient form for the prevalence  $P(t) := I(t)/N(t) \in [0, 1]$ ,

$$dP(t) = -V'(P) dt + \sigma dW(t),$$

where V is the *epidemic potential energy*.

1

-We can find V and  $\sigma$  by many full simulations over a range of the (proxy) parameter using (Variational-) Bayes techniques.

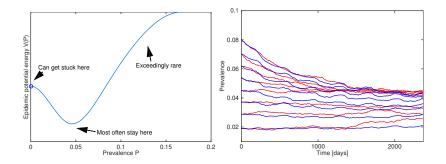
-Fokker-Planck equation for density  $\rho(t, P)$ , known stationary (Gibbs) distribution:

$$\rho_t = [V'(P)\rho]'_P + \frac{\sigma^2}{2} [\rho]''_{PP} + \text{certain BCs},$$
  
$$\rho_{\infty}(P) \propto \exp(-2\sigma^{-2}V(P)).$$

The SDE form fascilitates detailed computational analysis.

# Homogenized SDE

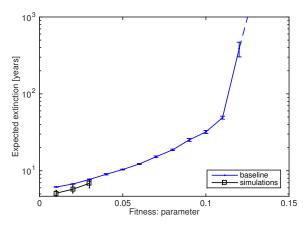
What it looks like



Left: epidemic potential V(P), right: (blue) data from full model, (red) homogenized SDE model.

# Endemic or not?

Courtesy of the Fokker-Planck



Very strong nonlinear response  $\implies$  new question: what is the effect if nodes experience a heterogeneous antibiotic pressure?

# Locally increased antibiotic pressure

According to in-degree: hospitals, schools, resorts...

 The antibiotic pressure is set higher in the top-0.1% in-degree nodes

 Everywhere else the conditions are such that extinction within a few years can be expected

 Result: the nonlinear response makes the full system endemic for indefinite times

# Conclusions

Bayesian epidemiological modeling

#### With little data:

- 1. Put effort into the model itself, this is part of the prior
- 2. Use inverse crimes to ensure identifiability ( $\Longrightarrow$  bootstrap)
- 3. Synthetic Likelihood Adaptive Metropolis (SLAM) performed well

#### Without data:

- 1. Question-driven modeling  $\implies$  identify proxy variables (& proxy data)
- 2. Effective gradient SDE model enabled a detailed computational analysis not possible from simulations alone

#### Thanks for listening!