

# PARAMETER ESTIMATION

## PARAMETER ESTIMATION

- We've seen that basic reproductive ratio,  $R_0$ , is a central and useful quantity
- How do we calculate it from data?
- Review some simple methods
- In general, how do we achieve parameter estimation from epidemiological data?



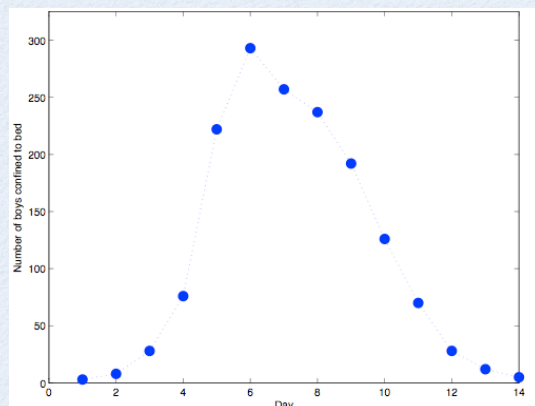
## 1A. FINAL OUTBREAK SIZE

- From lecture 1: for an SIR system at end of epidemic:
  - $S(\infty) = 1 - R(\infty) = S(0) e^{-R(\infty) R_0}$
- So, if we know population size (N), initial susceptibles (to get  $S(0)$ ), and total number infected (to get  $R(\infty)$ ), we can numerically calculate  $R_0$

Note: Ma & Earn (2006) showed this formula is valid even when numerous assumptions underlying simple SIR are relaxed

## 1. FINAL OUTBREAK SIZE

● Worked example:



Influenza epidemic in a British boarding school in 1978

$$N = 764$$

$$X(0) = 763$$

$$Z(\infty) \sim 512$$

Gives

$$R_0 \sim 1.65$$



## 1B. FINAL OUTBREAK SIZE

- Becker (1989) showed that with more information, we can also estimate  $R_0$  from

$$R_0 = \frac{(N-1)}{C} \ln \left\{ \frac{X_0 + \frac{1}{2}}{X_f - \frac{1}{2}} \right\} \quad (\sim 1.66)$$

- Again, we need to know population size (N), **initial susceptibles** ( $X_0$ ), **total number infected** (C)
- Usefully, standard error for this formula has also been derived

$$SE(R_0) = \frac{(N-1)}{C} \sqrt{\sum_{j=X_f+1}^{X_0} \frac{1}{j^2} + \frac{CR_0^2}{(N-1)^2}} \quad (\sim 1.85)$$

## 2. INDEPENDENT DATA: MEAN AGE AT INFECTION

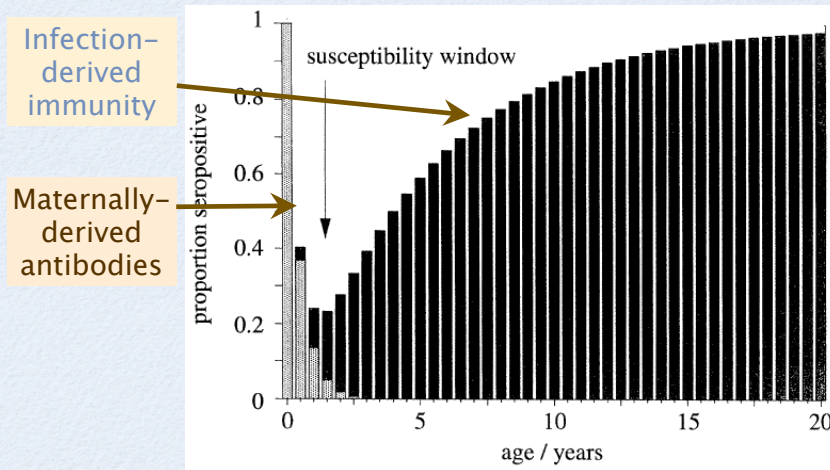
- An epidemiologically interesting quantity is mean age at infection – how do we calculate it in simple models?
- From first principles, it's mean time spent in susceptible class
- At equilibrium, this is given by  $1/(\beta I^*)$ , which (we'll see in next lecture) leads to

$$A \approx \left( \frac{1}{\mu(R_0 - 1)} \right)^{\frac{1}{\beta}}$$

- This can be written as  $R_0 - 1 \approx L/A$  (L= life expectancy)
- Historically, this equation's been an important link between epidemiological estimates of A and deriving estimates of  $R_0$



# MEASLES AGE-STRATIFIED SEROPREVALENCE



Mean age at infection is ~4.5 yrs  
Assume  $L \sim 75$ ,  $\Rightarrow R_0 \sim 16.6$

## HISTORICAL SIGNIFICANCE

Anderson & May (1982; *Science*)

Table 2. The intrinsic reproductive rate,  $R_0$ , and average age of acquisition,  $A$ , for various infections [condensed from (25); see also (36)]. Abbreviations: r, rural; u, conurbation.

| Disease        | Average age at infection, $A$ (years) | Geographical location               | Type of community | Time period  | Assumed life expectancy (years) | $R_0$        |
|----------------|---------------------------------------|-------------------------------------|-------------------|--------------|---------------------------------|--------------|
| Measles        | 4.4 to 5.6                            | England and Wales                   | r and u           | 1944 to 1979 | 70                              | 13.7 to 18.0 |
|                | 5.3                                   | Various localities in North America | r and u           | 1912 to 1928 | 60                              | 12.5         |
| Whooping cough | 4.1 to 4.9                            | England and Wales                   | r and u           | 1944 to 1978 | 70                              | 14.3 to 17.1 |
|                | 4.9                                   | Maryland                            | u                 | 1908 to 1917 | 60                              | 12.2         |
| Chicken pox    | 6.7                                   | Maryland                            | u                 | 1913 to 1917 | 60                              | 9.0          |
|                | 7.1                                   | Massachusetts                       | r and u           | 1918 to 1921 | 60                              | 8.5          |
| Diphtheria     | 9.1                                   | Pennsylvania                        | u                 | 1910 to 1916 | 60                              | 6.6          |
|                | 11.0                                  | Virginia and New York               | r and u           | 1934 to 1947 | 70                              | 6.4          |
| Scarlet fever  | 8.0                                   | Maryland                            | u                 | 1908 to 1917 | 60                              | 7.5          |
|                | 10.8                                  | Kansas                              | r                 | 1918 to 1921 | 60                              | 5.5          |
| Mumps          | 9.9                                   | Baltimore, Maryland                 | u                 | 1943         | 70                              | 7.1          |
|                | 13.9                                  | Various localities in North America | r and u           | 1912 to 1916 | 60                              | 4.3          |
| Rubella        | 10.5                                  | West Germany                        | r and u           | 1972         | 70                              | 6.7          |
|                | 11.6                                  | England and Wales                   | r and u           | 1979         | 70                              | 6.0          |
| Poliomyelitis  | 11.2                                  | Netherlands                         | r and u           | 1960         | 70                              | 6.2          |
|                | 11.9                                  | United States                       | r and u           | 1955         | 70                              | 5.9          |

### 3. EPIDEMIC TAKE-OFF

More common approach is to study epidemic take off

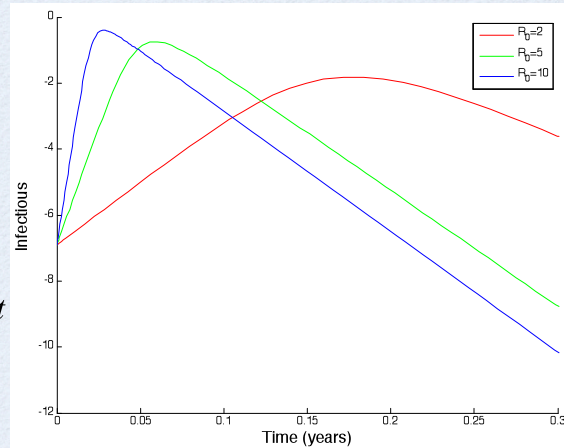
Recall from linear stability analysis that

$$I_{SIR} \approx I(0) \times e^{(R_0 - 1)\gamma t}$$

Take logarithms

$$\log(I_{SIR}) = \log(I(0)) + (R_0 - 1)\gamma t$$

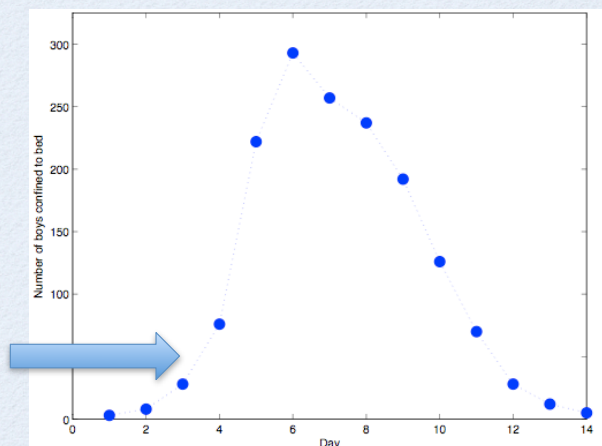
So, regression slope will give  $R_0$



### 3. EPIDEMIC TAKE-OFF

● Back to the school boys

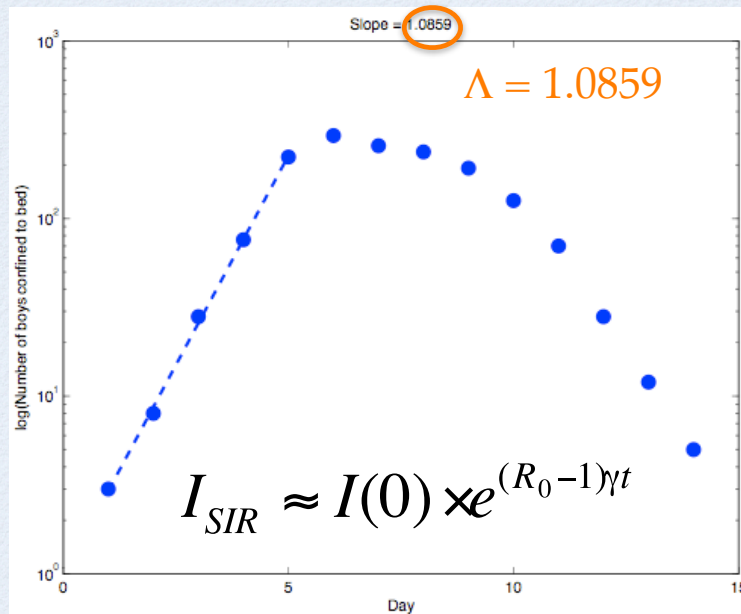
Looks like  
classic  
exponential  
take-off



Influenza  
epidemic in a  
British boarding  
school in 1978



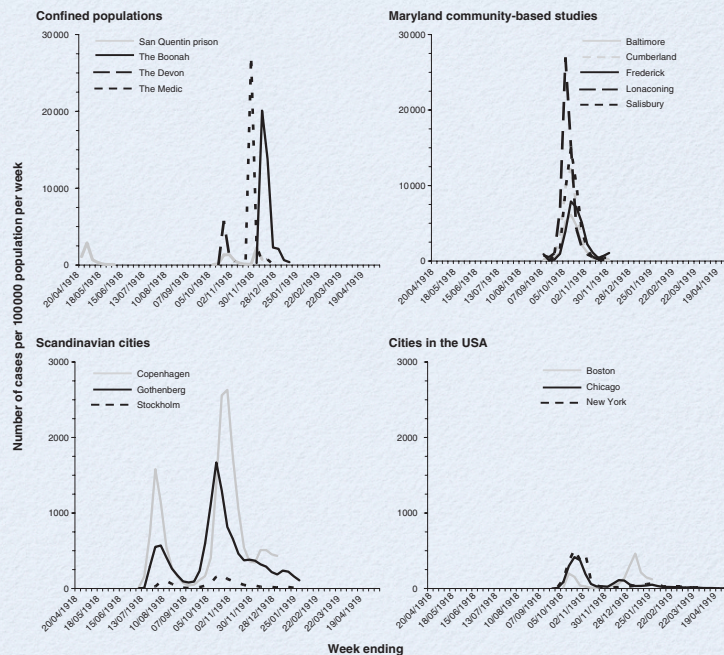
# EPIDEMIC TAKE-OFF



Our  
(guessed?)  
value for 'flu  
incubation  
period

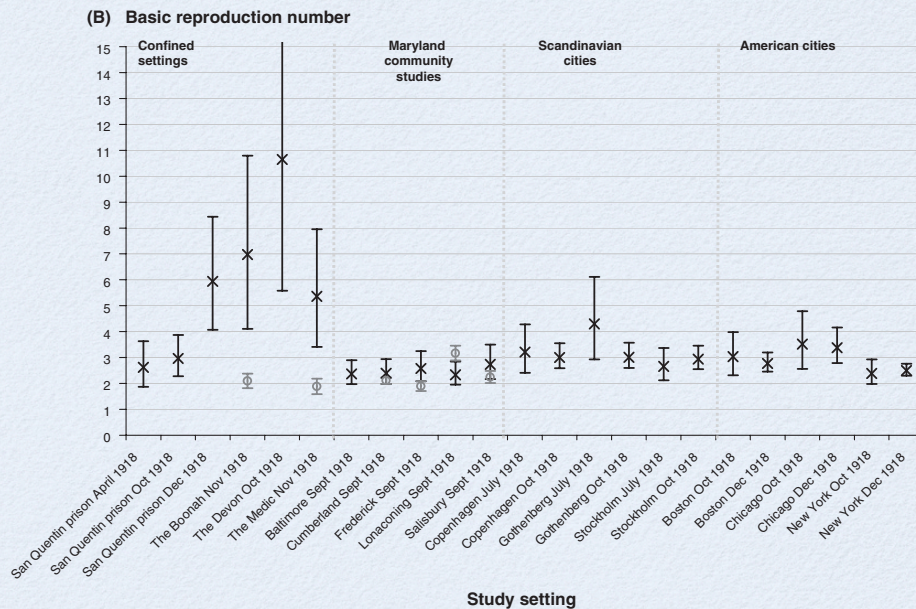
So,  
 $R_0 = 1.0859^{2.5+1}$   
 $= 3.71$

# VYNNYCKY ET AL. (2007)





# VYNNYCKY ET AL. (2007)



## VARIANTS ON THIS THEME

- Recall

$$\log(I_{SIR}) = \log(I(0)) + (R_0 - 1)\gamma t$$

- Let  $T_d$  be 'doubling time' of outbreak

- Then,

- $R_0 = \log(2)/(T_d \gamma) + 1$



## 4. LIKELIHOOD & ESTIMATION

- Given some epidemiological data, a model and some parameter values, “likelihood” is a measure of model’s appropriateness as a descriptor of reality
- $L(\text{model} \mid \text{data}) = \Pr(\text{data} \mid \text{model})$
- Assume we have data,  $D$ , and model output,  $M$  (both are vectors containing state variables). Model predictions are generated using set of parameters,  $\theta$ .

## 4. LIKELIHOOD & ESTIMATION

- Data,  $D$
- Model output,  $M$
- Parameters,  $\theta$
- If (we assume) errors are normally distributed, with mean  $\mu$  and variance  $\sigma^2$  then

$$L(M(\theta) \mid D) = \prod_i \frac{1}{\sqrt{2\pi\sigma^2}} e^{-\frac{(D_i - M_i)^2}{2\sigma^2}}$$

Also assumes likelihood of sequential observations independent – sensible?



## 4. LIKELIHOOD & ESTIMATION

- Data,  $D$
- Model output,  $M$
- Parameters,  $\theta$
- Often easier to deal with Log-likelihoods:

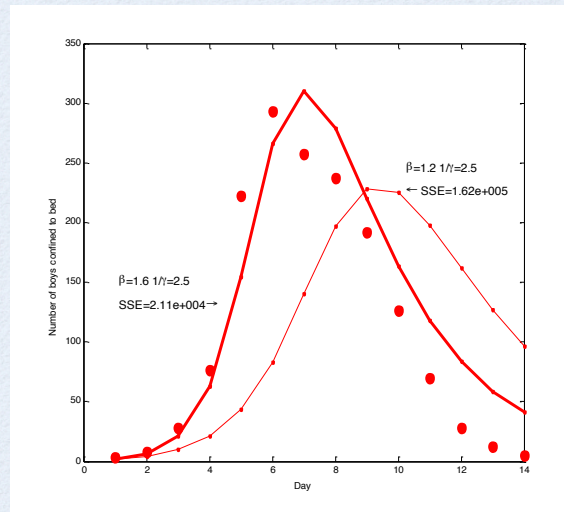
$$\log(L(M(\theta) | D)) = -\frac{n}{2} \log(2\pi\sigma^2) - \frac{1}{2\sigma^2} \sum_i (D_i - M_i)^2$$

## 4. LIKELIHOOD & ESTIMATION

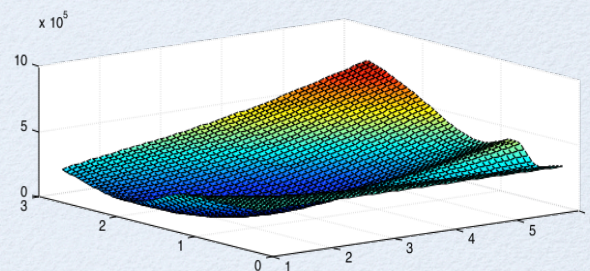
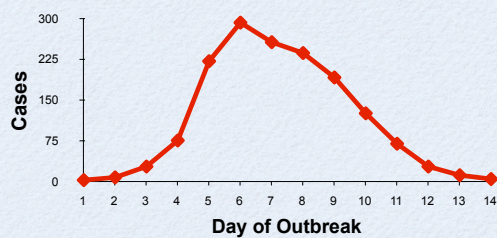
- Want parameter set  $\theta$  that gives predictions with smallest deviation from data
- Can quantify goodness of fit using least square errors
  - $SSE = \sum (D_i - M_i)^2$
- Then minimise SSE to arrive at best parameter estimates



# CURVE FITTING



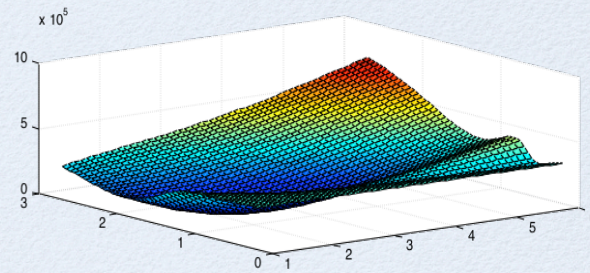
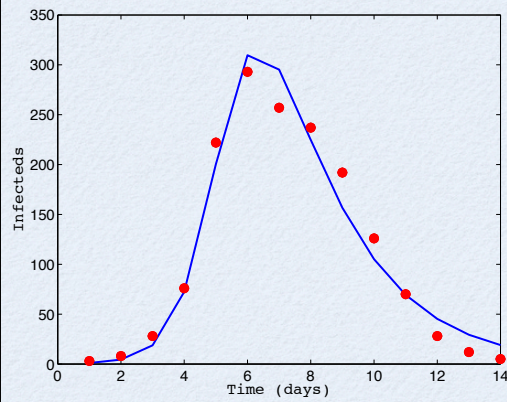
## IMPACT ON $R_0$ ESTIMATION: INFLUENZA OUTBREAK IN A SCHOOL (1978)



- Systematically vary  $\beta$  and  $\gamma$ , calculate SSE
- Parameter combination with lowest SSE is 'best fit'



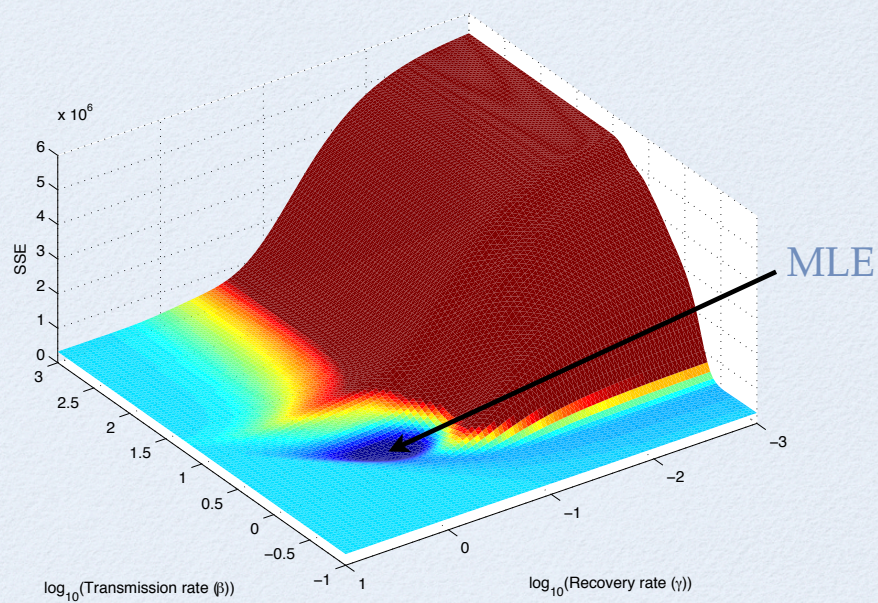
## IMPACT ON $R_0$ ESTIMATION: INFLUENZA OUTBREAK IN A SCHOOL (1978)



Best fit parameter values:

1.  $\beta = 1.7$  (per day)
2.  $1/\gamma = 2.2$  days
3.  $R_0 \sim 3.74$

## LIKELIHOOD SURFACE





# CAVEAT

- In boarding school example, data represent number of boys sick  $\sim I(t)$
- Typically, data are 'incidence' (newly detected or reported infections)
- May not correspond to any model variables
- May need to 'construct' new information:
  - $dC/dt = \gamma I$       diagnosis at end of infectiousness
  - $dC/dt = \beta SI$
- Set  $C(t+\Delta t) = 0$  where  $\Delta t$  is sampling interval of data

# LECTURE SUMMARY ...

- $R_0$  can be estimated from epidemiological data in a variety of ways
  - Final epidemic size
  - Mean age at infection
  - Outbreak exponential growth rate
  - Curve Fitting
- In principle, variety of unknown parameters may be estimated from data
- Big issue we've ignored: reporting bias!