

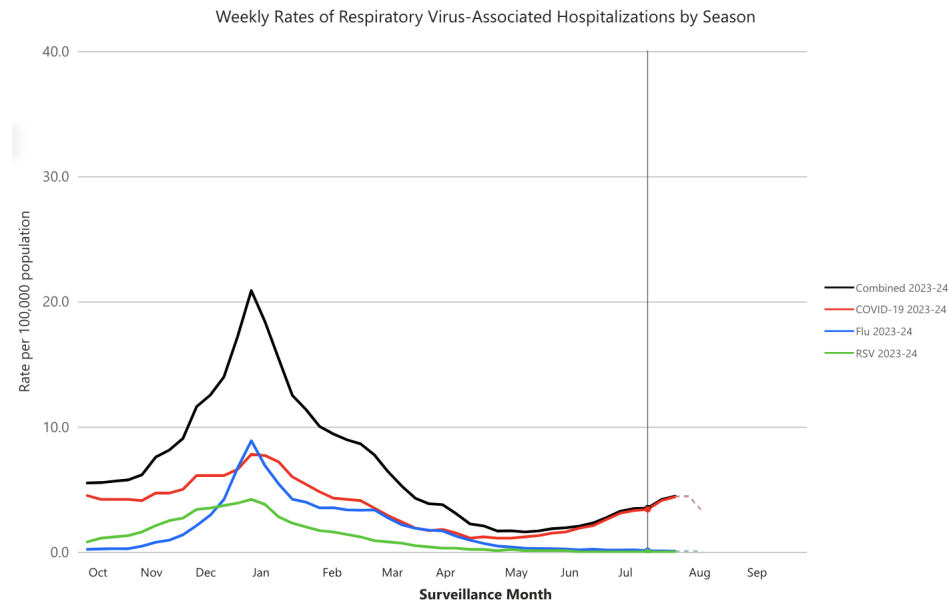
Nowcasting Hospital Admissions on a Fixed Reporting Cycle

The background of the slide features a line chart on a light gray grid. The chart displays a series of data points, represented by small gray circles, connected by a solid gray line. A shaded gray area surrounds the line, indicating a confidence interval or range of uncertainty. A dashed gray line follows the general trend of the data points, showing an overall upward trajectory. The chart is partially obscured by the title text.

Summer 2024, Nowcasting & Natural History

The Data

- Lab-confirmed flu, COVID, RSV hospital admissions
- Counties in 12-14 states, accounting for ~10% of US pop
- Use this to estimate how many individuals admitted to these hospitals each day for each pathogen, accounting for administrative reporting delays



The Problem

(Fake) example data:

Admit Dt	Age	Race	County	State	Sex	Onset Dt	Case ID
10/05/2023	70	4	SANTA FE	NM	1		XXXXXXX
10/02/2023	74	4	MULTNOMAH	OR	1	09/25/23	XXXXXXX
10/06/2023	5	NA	SALT LAKE	UT	1		XXXXXXX
10/03/2023	66	99	DENVER	CO	2	10/01/23	XXXXXXX

- Admission dates = given
- Report dates = ?
 - Set report date = day we receive the data: once per week on Tuesday
- Currently NNH aggregates admit dates to weekly scale and performs weekly nowcast

Project Goals

- Explore and compare impact of reporting structure, testing several techniques to handle the fixed cycle
 - **Can we perform daily nowcasts at all with these data? How well?**
- Build functionality to *explicitly* handle a fixed reporting cycle and implement it into `epinowcast`

	Daily/Daily	Daily/Weekly	Weekly/Weekly
Admission times	Daily resolution	Daily resolution	Weekly resolution
Report times	Daily resolution	Weekly resolution	Weekly resolution
epinowcast functionality	✓	?	✓

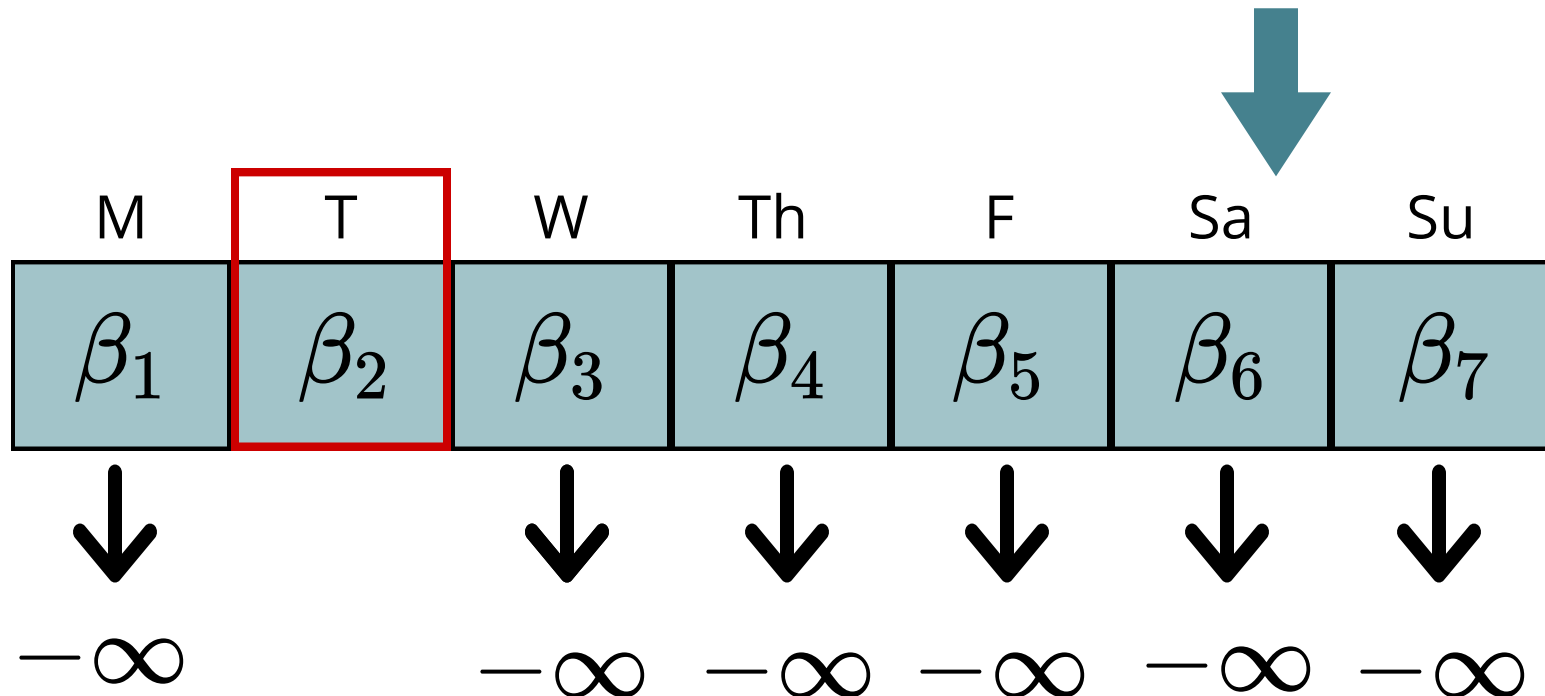
Project Breakdown

- Methods for handling the weekly reporting cycle:
 1. Day-of-week reporting effect
 2. Hardcode the reporting hazard
 3. Aggregate reporting probabilities (✗)
- Apply these to simulated data (compartmental model) and FluSurv-NET data
 - So far: one simulated scenario and one influenza hospital admission dataset

1. Day-of-Week Reporting Effect

`epinowcast` parameterizes reporting delay probabilities with a discrete-time hazard model:

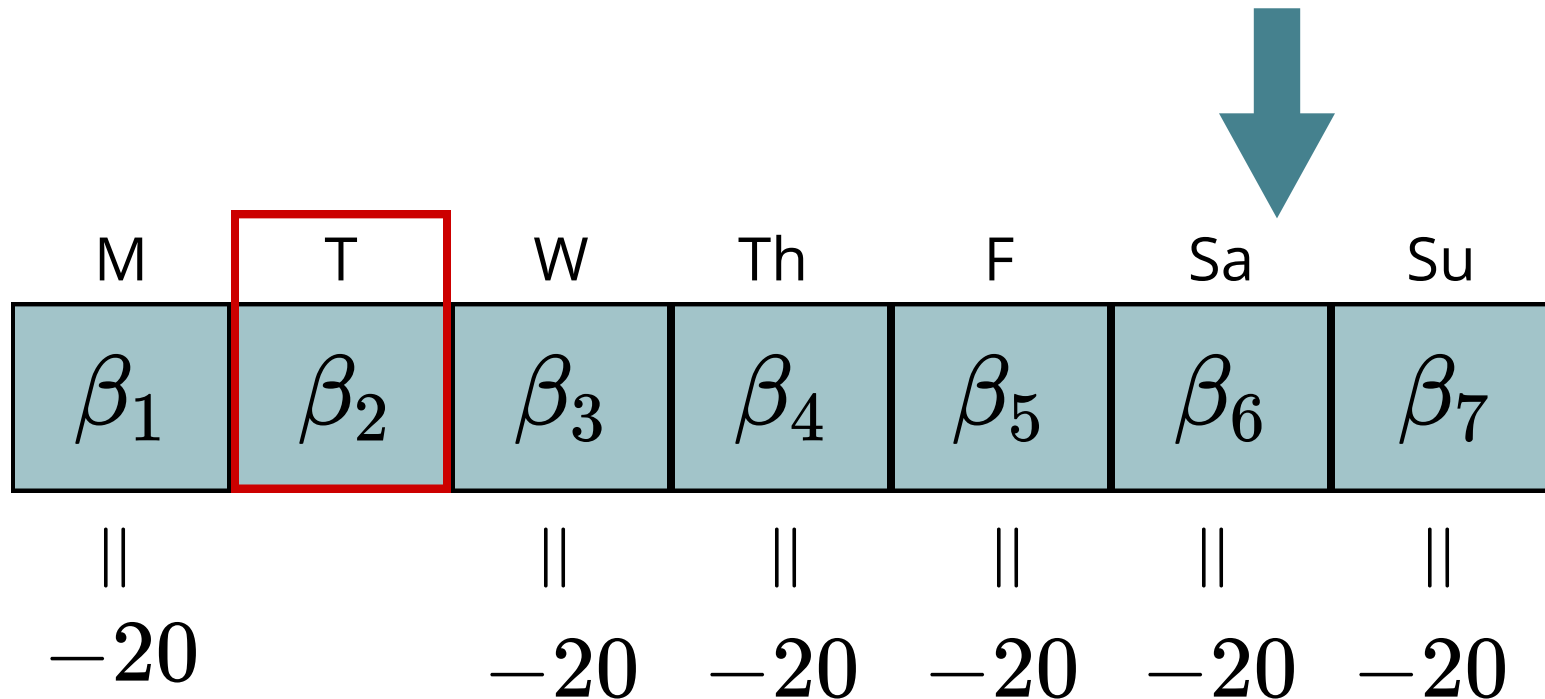
$$\text{logit}(\text{hzd}) = [\text{baseline hzd}] + [\text{linear combo of covariates}]$$



2. Hardcode the Hazard

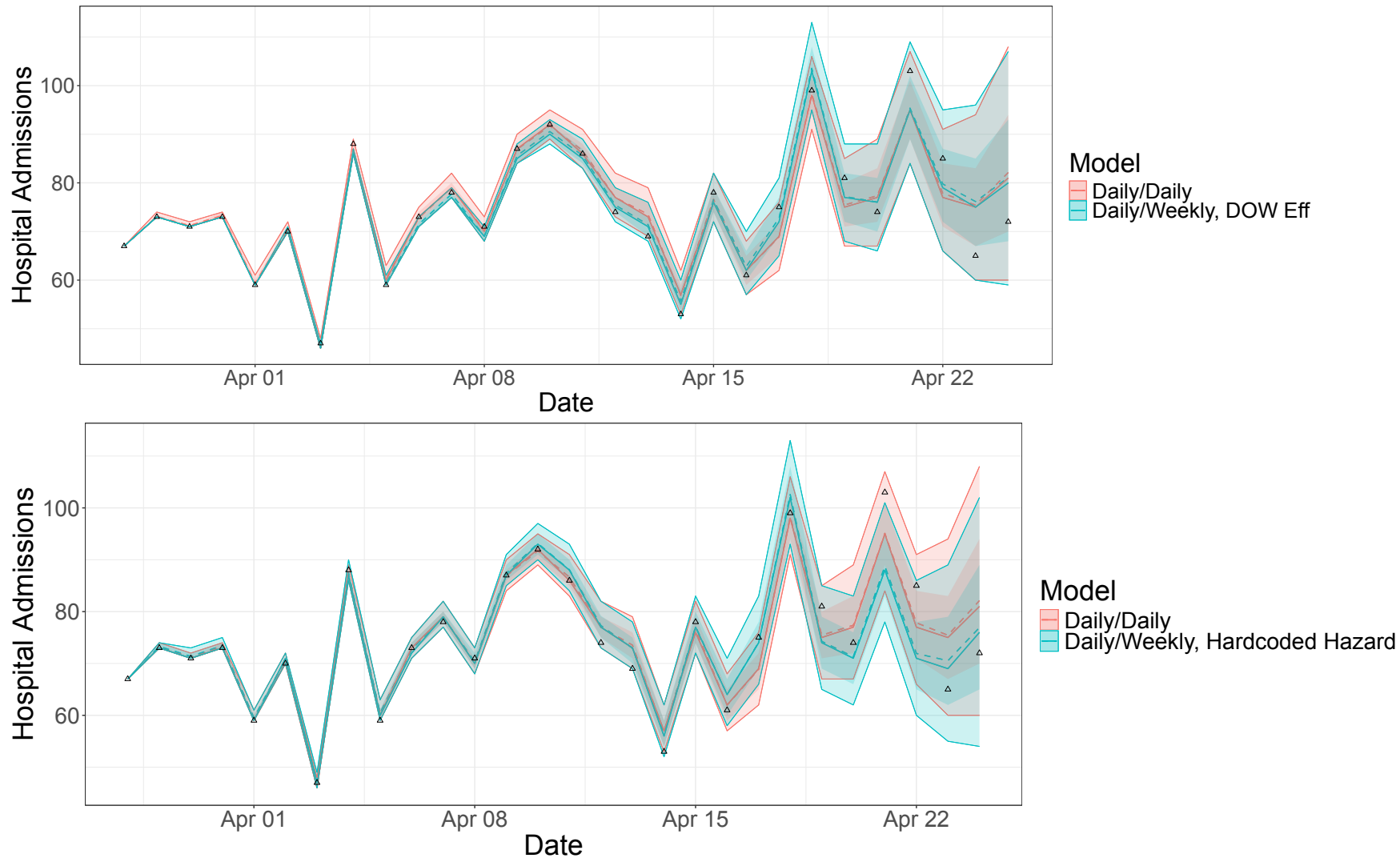
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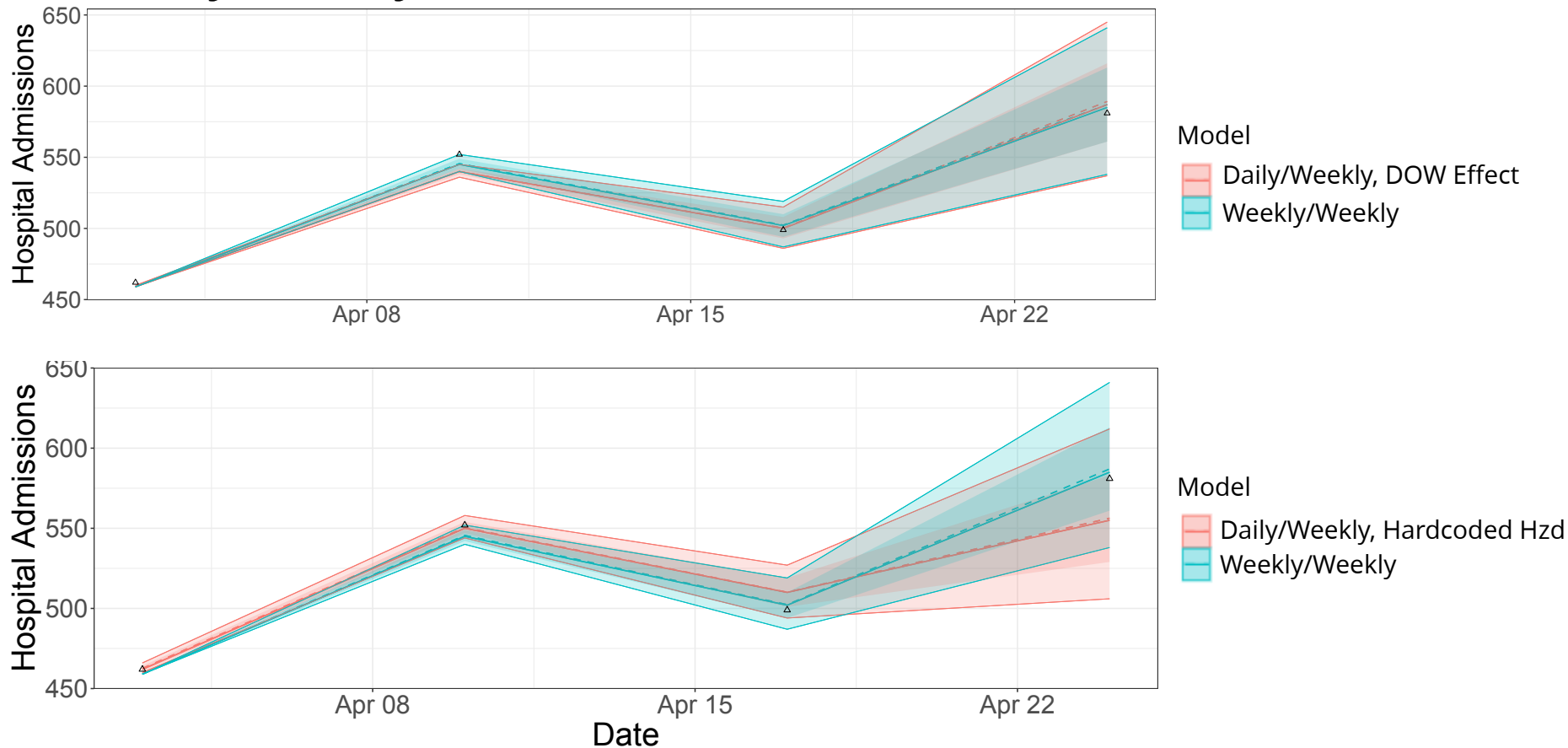
Simulated Dataset

Models with Daily/Weekly data perform comparably to Daily/Daily!



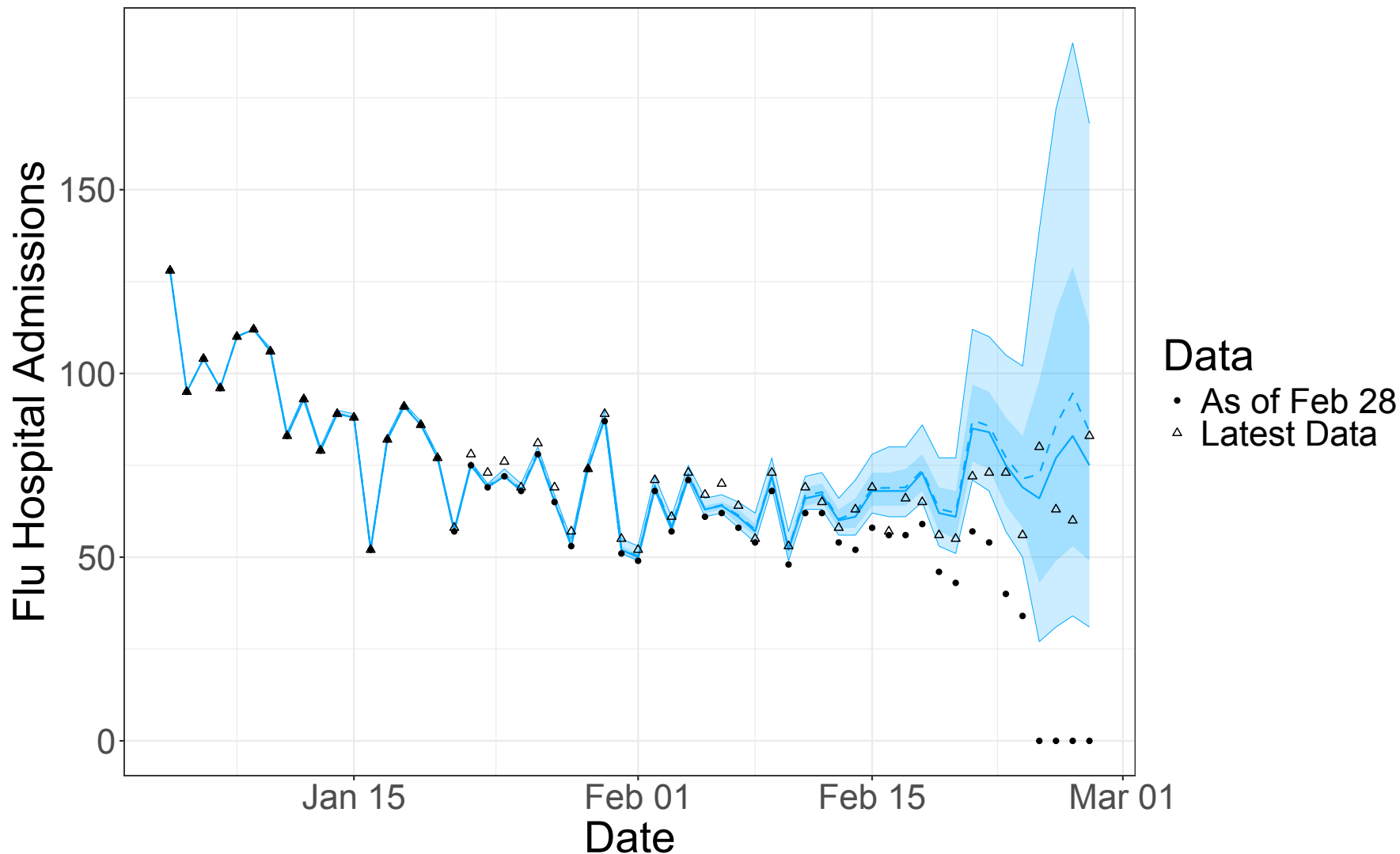
Daily Nowcasts Aggregated to Weekly

Models with Daily/Weekly data perform comparably to Weekly/Weekly (kind of)

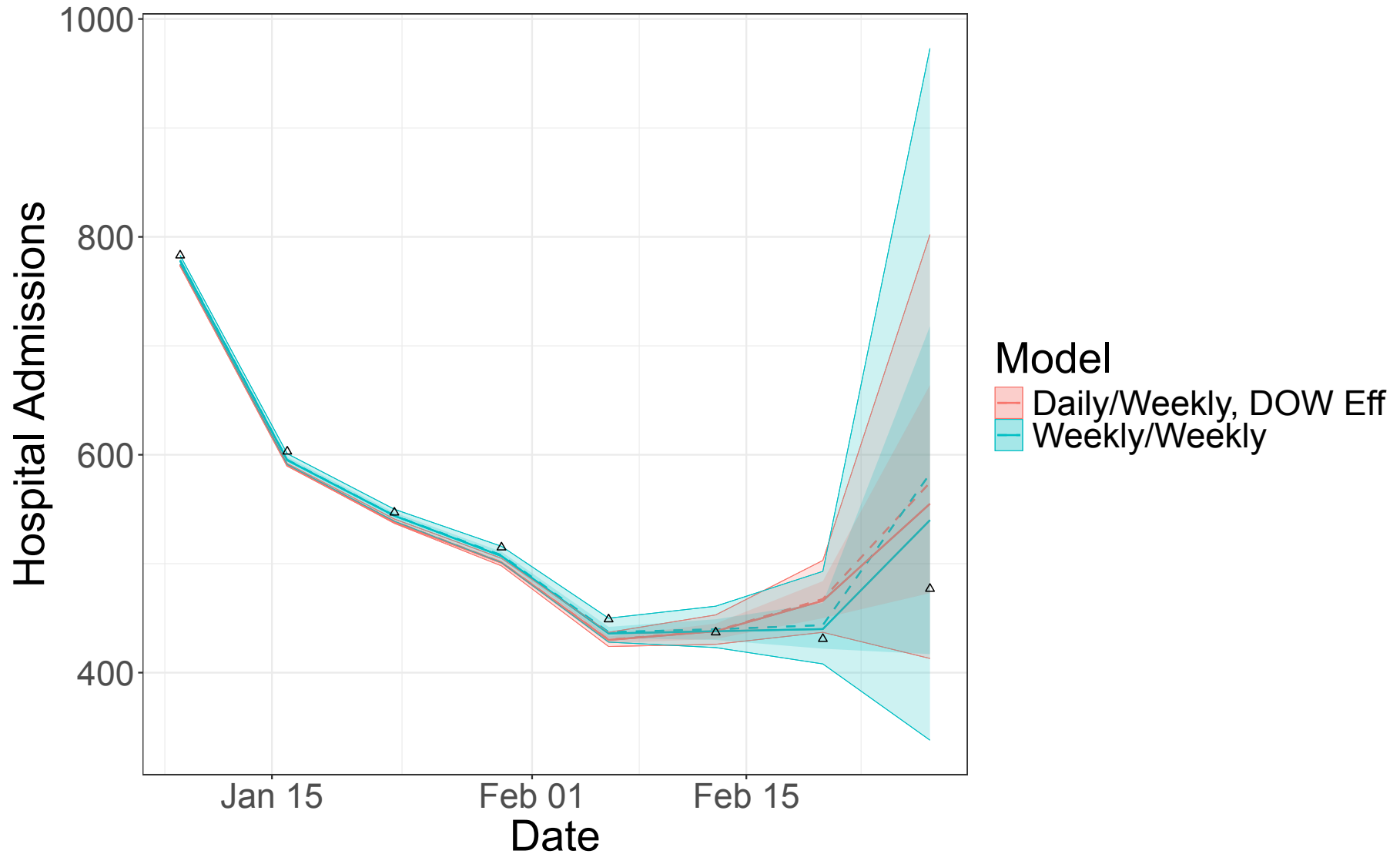


Real Data (FluSurv-NET)

Daily/Weekly, DOW Model



Real Data (FluSurv-NET)

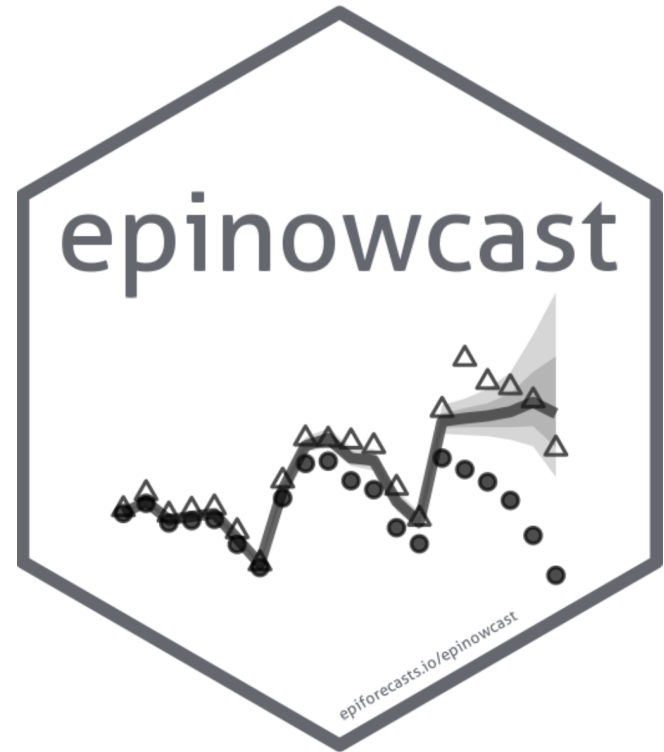


Summary

- Nowcasting with daily resolution seems possible with the reporting cycle data
 - Possibly even good!?
 - Caveat: model run on one simulated dataset, and on one flu set
- Why does this matter?
 - During key periods in an outbreak, decision-makers may want finer resolution than weekly
 - Daily nowcasts useful for things like monthly summaries
 - *If* the Daily/Weekly models aggregated to weekly nowcasts do better, there's a clear benefit

Next Steps

- Basic scoring of nowcasts
- Run nowcasts on large number of dates to test generalizability
- Finish implementing the probability aggregation method into `epinowcast`



Thank you!

Special thanks to:

Katie Gostic,

Sam Abbott,

The NNH team

Appendix: Aggregate Reporting Probabilities

Reporting hazard is ultimately converted back to reporting probability to be used in the likelihood



M	T	W	Th	F	Sa	Su
			$p_{t,0}$	$p_{t,1}$	$p_{t,2}$	$p_{t,3}$
$p_{t,4}$	$p_{t,5}$	$p_{t,6}$	$p_{t,7}$	$p_{t,8}$	$p_{t,9}$	$p_{t,10}$
$p_{t,11}$	$p_{t,12}$	$p_{t,13}$	$p_{t,14}$			

Appendix: Aggregate Reporting Probabilities

Reporting hazard is ultimately converted back to reporting probability to be used in the likelihood



M	T	W	Th	F	Sa	Su
			0	0	0	0
0	$\sum_{i=0}^4 p_{t,i}$	0	0	0	0	0
0	$\sum_{i=5}^{11} p_{t,i}$	0	0			
	$\sum_{i=12}^{14} p_{t,i}$					