

Spatio-temporal prediction of epidemics through fusion of information from diverse sources

Problem Description

Predicting the spread of epidemics through space and time can help government agencies and organizations better prepare and allocate resources. Seasonal flu epidemics have been closely monitored, and many years of historical data have been collected by the medical community. The data collected and aggregated by CDC has been proved valuable for researchers trying to develop models to forecast the spread of flu epidemics. Besides the CDC data, there are many disparate data of human behavior patterns collected by different entities for various purposes – many of them unrelated to flu epidemics. When those datasets are considered together with the CDC data, they offer the opportunity to significantly improve our ability to assess and forecast flu epidemics both spatially and temporally. Such data include weather data, social network data, vaccination statistics and flu medication sales. Those data have different characteristics (e.g. percentages for CDC regional ILI rates and flu vaccination, and quantized flu activity levels for CDC state ILI rates) and different spatial and temporal resolution. Aggregating the data into a forecasting model is challenging but, if successful, can provide much improved forecasting accuracy over longer time horizon than what current approaches based on limited sources of information can accomplish.

Phase 1 Problem

During Phase 1, the goal is to estimate local Influenza-like Illness (ILI) rates at a spatial resolution finer than that of the ILI data from CDC. Performers can use all of the datasets listed in the next section, except for the NREVSS dataset (Phase 2 data), to estimate weekly ILI rates in the 48 contiguous states. The spatial resolution of the estimate should be at the county level. The results will be compared to state ILI rates from select states (Maryland, North Carolina, Rhode Island and Texas) and district ILI rates from 2 states (Mississippi and Tennessee), where each district consists of multiple counties. The development in the first phase also helps to identify important covariates and their contributions to spatio-temporal interpolation and prediction.

The datasets cover the flu seasons 2012-2013, 2013-2014 and 2014-2015. Performers can use all or some of the datasets for their development. The public set consists of data from the 2012-2013 and 2013-2014 flu seasons. The 2014-2015 flu season data is used as the private set for evaluation. All of the 2014-2015 Phase 1 data except for the state and district level ILI rates from the select states are available as input to the models. Performers are evaluated based on their estimated state and district ILI rates against the actual ILI rates of the select states and districts.

Phase 2 Problem

During Phase 2, the goal is to estimate ILI rates more timely than the published CDC data and at the spatial resolution finer than that of the CDC data. The ILI data from CDC and states have 1 to 2 weeks of delay. The models developed by the performers are used to nowcast the weekly state and district ILI rates of the select states. The nowcast results will be compared to the released data from CDC and

select states. Performers can also use the NREVSS dataset in this phase, which may provide additional predictive power.

All of the 2012-2015 data are available to performers in the public set. Performers are to develop models for 2-week-ahead nowcasting of the select states' and districts' ILI rates. Input to the model can include all of the data with 2 weeks of delay except for the Twitter data, where the data from the current week can be used. The evaluation will be conducted on the most recent 2015-2016 flu season. Performers are evaluated based on their nowcast state and district ILI rates against the actual ILI rates.

Data Description

Main Datasets	
CDC Seasonal ILI Rate (HHS Regions)	CDC reports the weekly number of Influenza-like Illness (ILI)* cases collected through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) with roughly 2 weeks of delay. This is considered a highly authoritative source of influenza related information in the medical field. The publicly available dataset contains the percentages of weekly outpatient visits for ILI since 1997. The cases in each reporting period are also divided into 10 Health and Human Services (HHS) regions, where a region covers multiple states, and 5 age groups.
CDC Seasonal Flu Activity Level (States)	CDC also publishes the weekly measure of flu activity of each state. The flu activity is quantized into 10 levels. "The 10 activity levels correspond to the number of standard deviations below, at or above the mean for the current week compared to the mean of the non-influenza weeks. ... An activity level of 1 corresponds to values that are below the mean, level 2 corresponds to an ILI percentage less than 1 standard deviation above the mean, level 3 corresponds to ILI more than 1, but less than 2 standard deviations above the mean, and so on, with an activity level of 10 corresponding to ILI 8 or more standard deviations above the mean."
State and County ILI Rates (Select states and counties)	This dataset contains percentages of ILI cases from Maryland, North Carolina, Rhode Island and Texas between 2012-2013 and 2014-2015 flu seasons. For Mississippi and Tennessee, percentages of ILI cases are also broken out by districts/regions. Mississippi is divided into 9 districts and Tennessee into 13 regions, where each district/region consists of multiple counties. The district/region data are available between 2012-2013 and 2014-2015 flu seasons. However, some districts/regions in some weeks have missing ILI data.
Twitter Data	The dataset contains the number of flu related tweets without re-tweets and not from the same user within syndrome elapsed time of 1 week. The flu related tweets are defined as tweets with keywords "flu," and "influenza." The locations of the tweets provides observations with better granularity in a timely manner but noisier than CDC data.
Flu Vaccination Data of Medicare Recipients	People receiving flu vaccines lower the percentage of population susceptible to flu, or have milder symptoms when they are infected with flu viruses, which in turn reduce reported ILI cases. Hence, the

* "ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat without a KNOWN cause other than influenza."

flu vaccination data may have strong predictive power for future ILI cases. This dataset contains weekly cumulative percentages of Medicare recipients filing flu vaccination claims of each year between 2012 and 2015 for each county in the United States. It is noted that the data covers only Medicare recipients, and the majority of the recipients are age 65 or older.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (Phase 2)

In addition to the ILINet data, CDC also aggregates to HHS regions weekly percentage and number of respiratory specimens tested positive for influenza and weekly number of cases for each influenza virus types. Since illness due to Type A and Type B flu virus may peak at different time during a winter, using this dataset may improve prediction of ILI rates.

Supporting Data

Twitter User Demographics

To account for the demographic difference of Twitter users from the general population, a study by Pew Research, which summarizes the demographics of Twitter users in terms of gender, race, education and income level, can be used. The demographic information can be used to correct some Twitter sampling bias by normalizing the tweet counts based on the demographics of their corresponding local populations.

US Census

Total population and percentages of population by age group, education and income level of each county in the United States.

County Adjacency Data

The file contains state association of each county and its neighboring counties.