

## 3 Epidemic Data

## 4 Epidemic Data Tools



Mathematics  
and Statistics

$$\int_M d\omega = \int_{\partial M} \omega$$

## Mathematics 4MB3/6MB3 Mathematical Biology

Instructor: David Earn

Lecture 3  
Epidemic Data  
Monday 23 September 2019

# Announcements

- You should have received an invitation to do the [contributions survey for Assignment 1](#). Please do it TODAY (e.g., during the mid-class break).
- Don't stress about the ratings about each other's contributions. The issue is whether some group members did not pull their weight. If somebody didn't try and others had to pick up the slack, that person should be penalized. I will not penalize somebody because they tried but felt they didn't contribute as much to the final document as they could have. Do try to even out the work across the assignments.
- Make sure everyone in your group gets a chance to be in control of the `LATEX` for one assignment.

# More Announcements!

- **Assignment 2:**

Due Monday 7 October 2019 by e-mail before class.

- **Midterm test:**

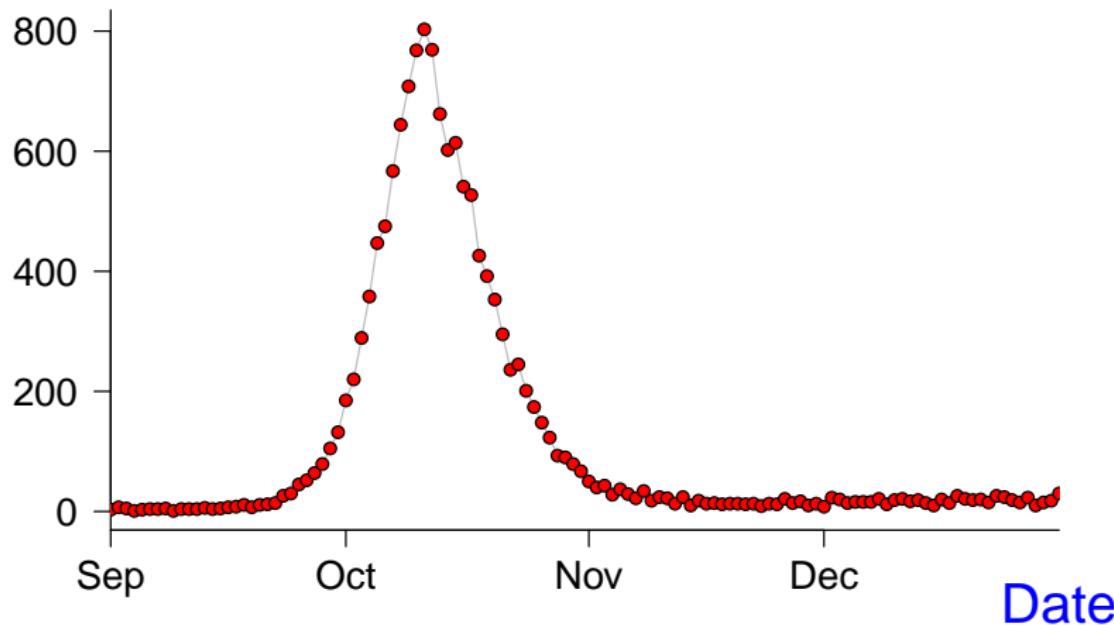
- *Date:* Monday 4 November 2019
- *Time:* 11:30am–1:30pm
- *Location:* in class, ETB-237

# Attendance

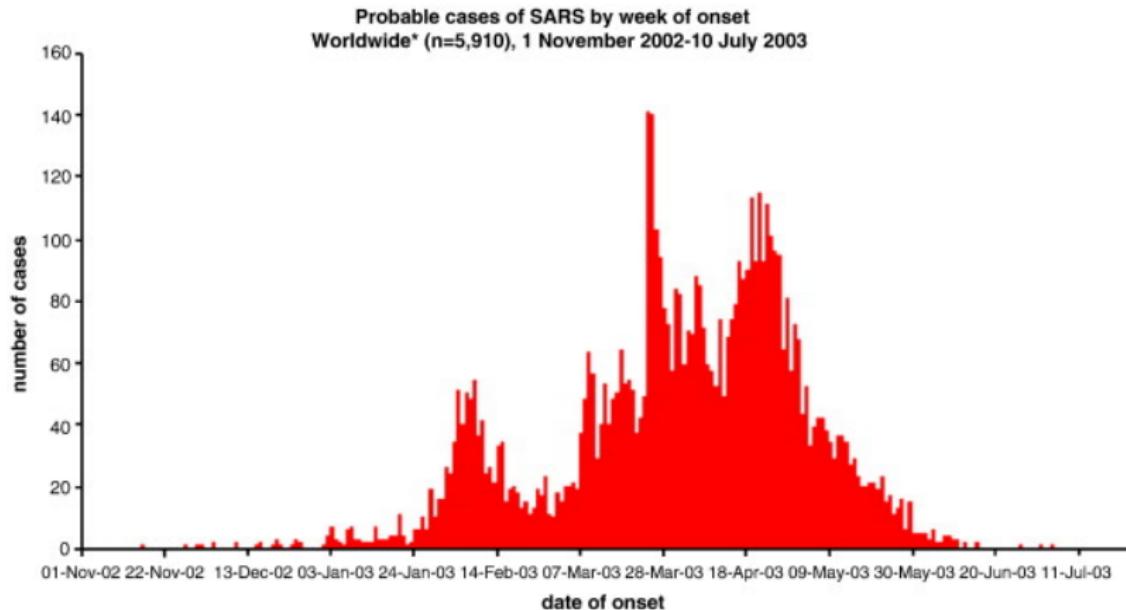
Who is here?

# P&I Mortality, Philadelphia, 1918

## P&I Deaths

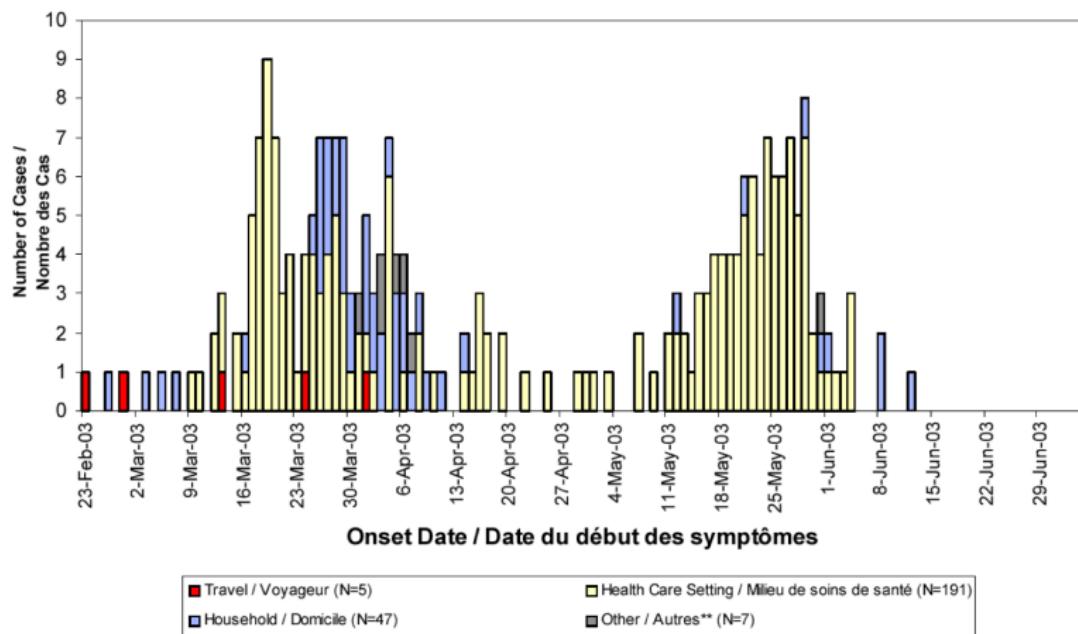


# SARS in 2003 (Worldwide)



\*This graph does not include 2,527 probable cases of SARS (2,521 from Beijing, China), for whom no dates of onset are currently available.

# SARS in 2003 (Toronto)

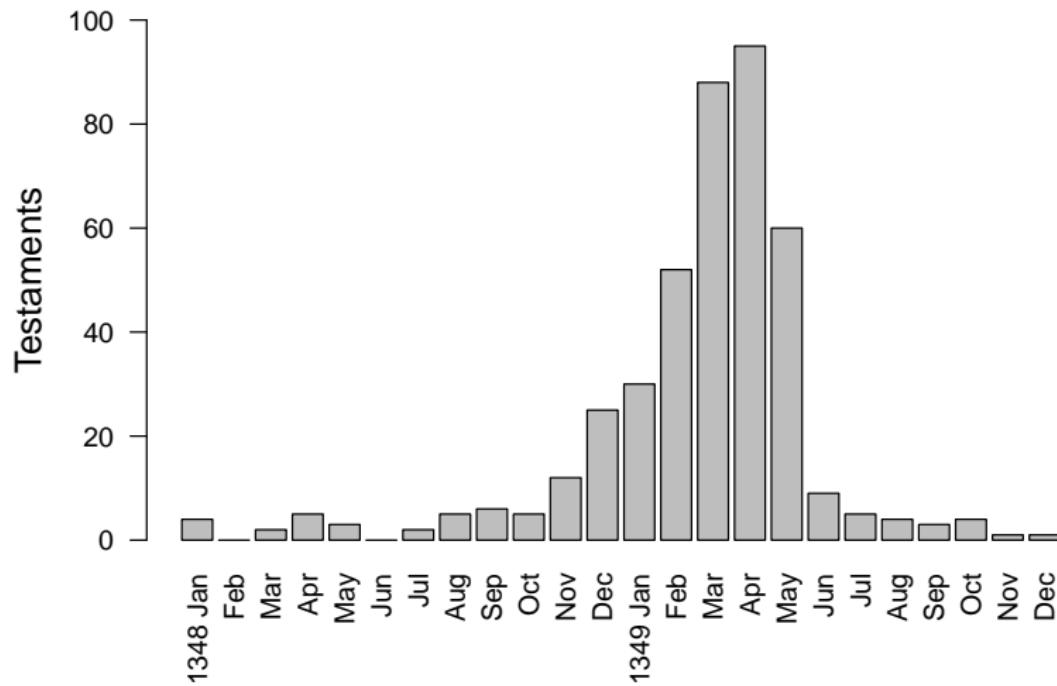


$N = 249$  (of 250 reported)

# Some SARS Facts

- High case fatality
  - 1918 flu < 3%
  - SARS > 10%
- Long hospital stays
  - Mean time from admission to discharge or death:  
~ 25 days in Hong Kong
- 8098 probable cases, 774 deaths
- How bad would it have been if it had not been controlled?

# The Black Death in London, England, 1348–1349



# London Bill of Mortality, 26 Sept to 3 Oct 1665

The Diseases and Casualties this Week.		London 41		From the 26 of September to the 3 of October.				
		Bur	Plague	Bur	Plague			
Frighted	1			1	1			
Gout	1			1	1			
Grief	1			1	1			
Gripping in the Guts	3			3	3			
Jaudies	25			25	25			
Impothame	2			2	2			
Infans	8			8	8			
Kingewil	9			9	9			
Magromore	2			2	2			
Plague	2			2	2			
A Bovine	6			6	6			
Aged	50			50	50			
Ague	1			1	1			
Apoecia	2			2	2			
Chidied	42			42	42			
Chromomes	11			11	11			
Cold	1			1	1			
Consumption	99			99	99			
Convulsion	63			63	63			
Cough	1			1	1			
Dropice	22			22	22			
Drown'd at St. Martin in the Fields	1			1	1			
Feaver	268			268	268			
Fistula	2			2	2			
Flex and Small-pox	4			4	4			
Flux	1			1	1			
Found dead in the Fields at St. Mary Hlington	1			1	1			
Males	68			68	68			
Christened Females	28			28	28			
Buried Females	3248			3248	3248			
In all	146			146	146			
Decreased in the Burials this Week				1837	1837			
Parishes clear of the Plague	7			7	7			
Parishes Infected	123			123	123			
Christified in the 97 Parishes within the Wall				39	39			
christified in the 16 Parishes without the Wall				39	39			
S Andrew Holborn	173	151	5	Bowbush Aldgate	371	318	Swinford Southwark	948
S Barbolinew Great	17	115	5	Bowbush Billingsgate	153	121	S Sepulchre Southwark	3643
S Berbolinesche	7	7	5	Dunfan West	63	59	S Thomas Southwark	13795
S Bishopsgate	52	67	5	George Southwark	140	153	Trinity Minories	4036
S Blythe Prestone	33	23	5	Giles Cripplegate	196	156	at the Bellhouse	2421
S Bowbush Aldgate	71	69	5	Olive Southwark	378	325	St Ethelreda	68
Christified in the 12 Parishes in Middlesex and Surr				45	45	Parish		
christified, and at the Parishes				39	39	Plague	1922	
S Giles in the fields	25	178	1	Lambeth Parish	49	39	S Mary Hlington	
Hackney Parish	74	2	1	S Leonard Shoreditch	15	92	S Mary Whitechapel	3531
S James Clerkenwell	48	42	5	Magnon Remondesh	158	66	Rotherhithe Parish	328301
S Kath. near the Tower	5	39	1	May Newington	81	81	Soupy Parish	2118
Christified in the 5 Parishes in the City and Liberties of Westminster				40	40	Plague	674631	
S Clement Danes	128	810	5	S Martin in the fields	109	141	S Margaret Westminster	109797
S Paul Cobham Garden	25	141	1	S Mary Savoy	19	16	at the Pathway	4
Christified in the 5 Parishes in the City and Liberties of Westminster				18	18	Plague	590	

## London Bill of Mortality, 26 Sept to 3 Oct 1665

Frighted	
Gowt	1
Grief	1
Griping in the Guts	3
Jaundies	35
Imposthume	2
Infants	8
Kingsevil	9
Meagrome	2
Plague	55
Purples	33
Rickets	2

# Mortality Bills are typically handwritten

LONDON 29: From the 4: of July - to the 11: of this same 1665									
	Buried.	Plag.		Buried.	Plag.		Buried.	Plag.	
St Alban Woodstreet	1		St Clement Eastcheap	1		St Margaret Newfisht		St Michael Crookedla.	4
Alhallows Bark-	2		St Dionis Backchurch-	1		St Margaret Pattons-		St Michael Queenhit	3
Alhallows Breadstreet			St Dunstan East	2		St Mary Abchurch-	1	St Michael Queen-	7
Alhallows Great	1		St Edmund Lumbardst.			St Mary Aldermanbury		St Michael Royal	
Alhallows Honilane			St Ethelborough-	2		St Mary Aldemary		St Michael Woodstreet	
Alhallows Less	1		St Faiths-	1		St Mary le Bow		St Mildred Breadstreet	
Alhallows Lombardstr.			St Gabriel Fenchurch-			St Mary Bothaw		St Mildred Poultey	
Alhallows Staining			St George Botolphane			St Mary Cogehurch-		St Nicholas Acons	
Alhallows the Wall	7	3	St Gregories by St. Paul			St Mary Hill		St Nicholas Coleababy	
St Alphege-			St Hellen	2	1	St Mary Mag. Milkstr.		St Nicholas Olaves	
St Andrew Hubbard			St James Dukes place	1		St Mary Mag. Oldfisht		St Olave Hartstreet	
St Andrew Undershaft	3		St James Garlickhithe	1		St Mary Mouthaw		St Olave Jewry	
St Andrew Wardrobe	1		St John Baptifl			St Mary Summerfer	2	St Olave Silverstreet	
St Anne Aldersgate			St John Evangelift			St Mary Staining		St Pancras Soperlane	
St Anne Blackfriyers	7	6	St John Zichary			St Mary Woolchurch		St Peter Cheap	
St Anholmes Parifh			St Katharine Coleman	1		St Mary Woolnoth		St Peter Cornhil	
St Austin's Parish			St Katharine Creechur.			St Martins Iremongerl.		St Peter Paulswarfe	
St Barthol. Exchange	1		St Lawrence Jewry			St Martins Ludgate	2	St Peter Poor	
St Bennet Fynck			St Lawrence Pountney			St Martins Orgars		St Steven Colemaistr.	2
St Bennet Gracechurch	2		St Leonard Bafchcheap			St Martins Outwich	1	St Steven Walbrook	1
St Bennet Paulwharf	7		St Leonard Fosterlane			St Martins Vintrey	1	St Swithin	2
St Bennet Sherehog			St Magnus Parish	1		St Matthew Frydaystr.		St Thomas Apostle	
St Boroloph Billingsgate			St Margaret Lothbury			St Michael Bassishaw	4	Trinity Parish	1
Christ Church	5	3	St Margaret Moses			St Michael Cornhil		St Vedast alias Fosters	
St Christopher			Buried in 27 the Parishes within the walls				86	Plague	28
Chrifts Church	65	40	St Boalph Alderigare	11	3	St George Southwark	13	St Sepulchres Parish	17
St Bartholomew Great	4	4	St Boalph Aldgate	14	4	St Giles Cripplegate	105	St Thomas Southwark	7
St Bartholomew Less			St Boalph Bishopgate	37	29	St Olave Southwark	20	Trinity Minories	5
St Bridge	24	14	St Dunstan West	19	9	St Saviour Southwark	21	At the Pesthouse	6
Bridewell Preonct			Buried in 15 Parishes without the walls						6
Chrifls Church			St Katharine the Tower	2	1	St Mary Islington	3	St Paul Shadwel	
St John at Hackney	1		Lambeth Parish			St Mary Newington	4	Rotherhithe Parish	7
St Giles in the Fields	255	215	St Leonar d Shoreditch	21	13	St Mary Whitechappel	16	Stepney Parish	47
St James Clerkenwel	69	53	St Magdalene Bermond.	14		Buried in 15 Parishes without the walls			
							4	Plague	286

But handwriting is usually very clear

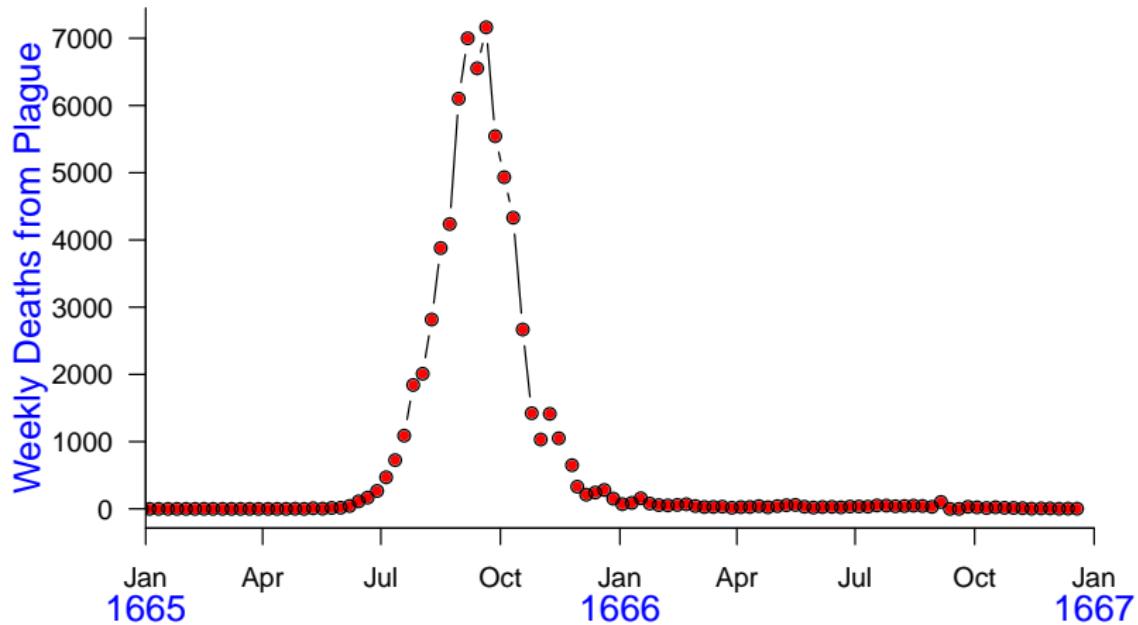
A historical ledger page from London, dated 29th [unclear]. The page is divided into columns for location, burials, and plague cases.

Location	Buried	Plag.
St Alban Woodstreet	2	1
Alhallows Bark-	2	
Alhallows Breadstreet	1	
Alhallows Great	1	

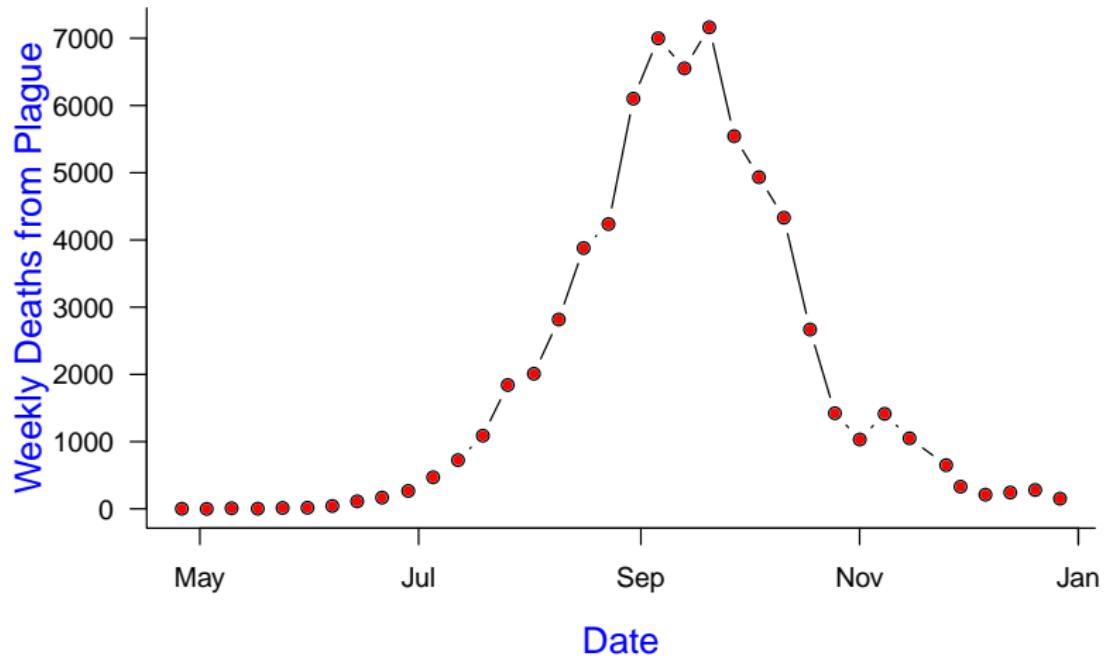
But handwriting is usually very clear

St Christopher's —————— Christened in 97 the Parishes :		
St Andrew Holborn ——————	66	40
St Bartholomew Great	+	+
St Bartholomew Less ——————		
St Bridget ——————	24	14
Bridewell Precept ——————	1	1
Christened in the 16 Parishes :		

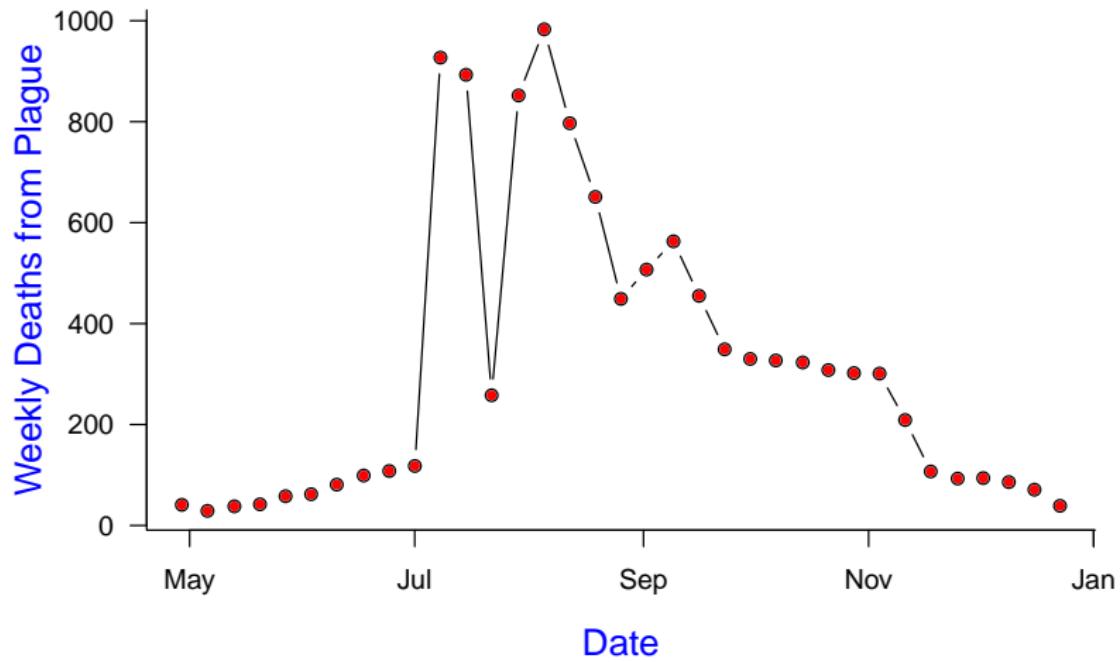
# The Great Plague of London, 1665



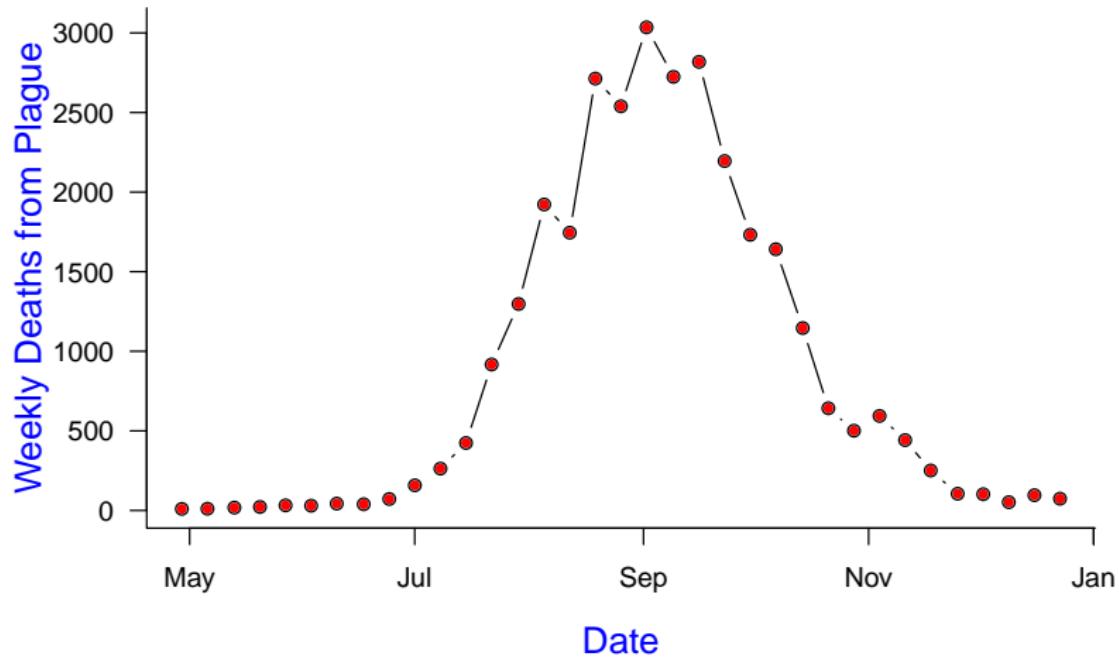
# The Great Plague of London, 1665



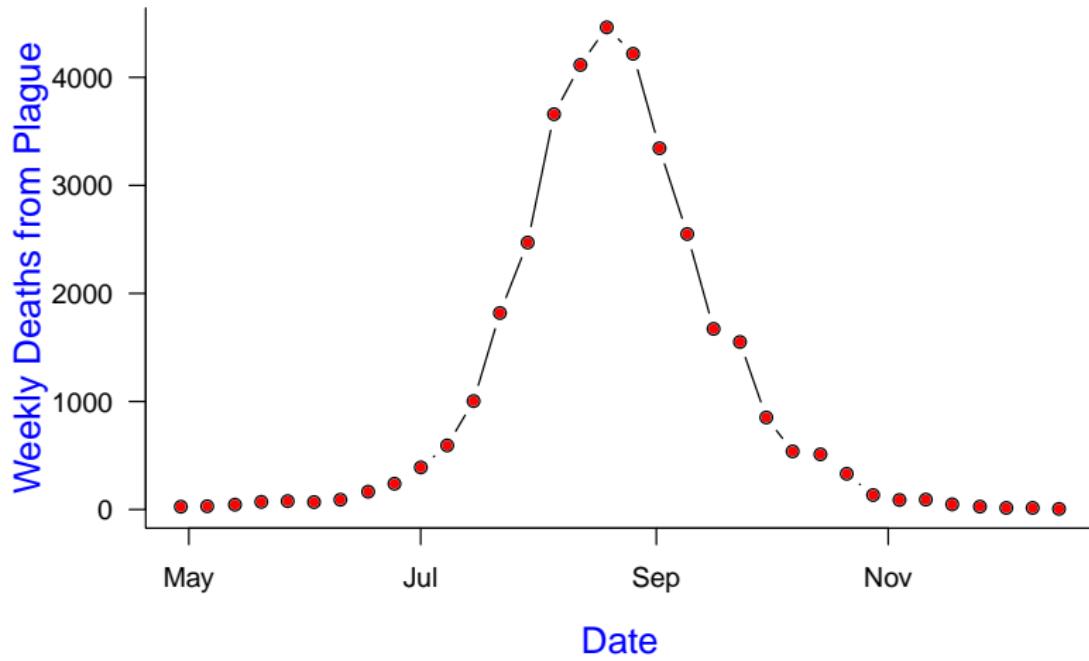
# London Plague of 1593



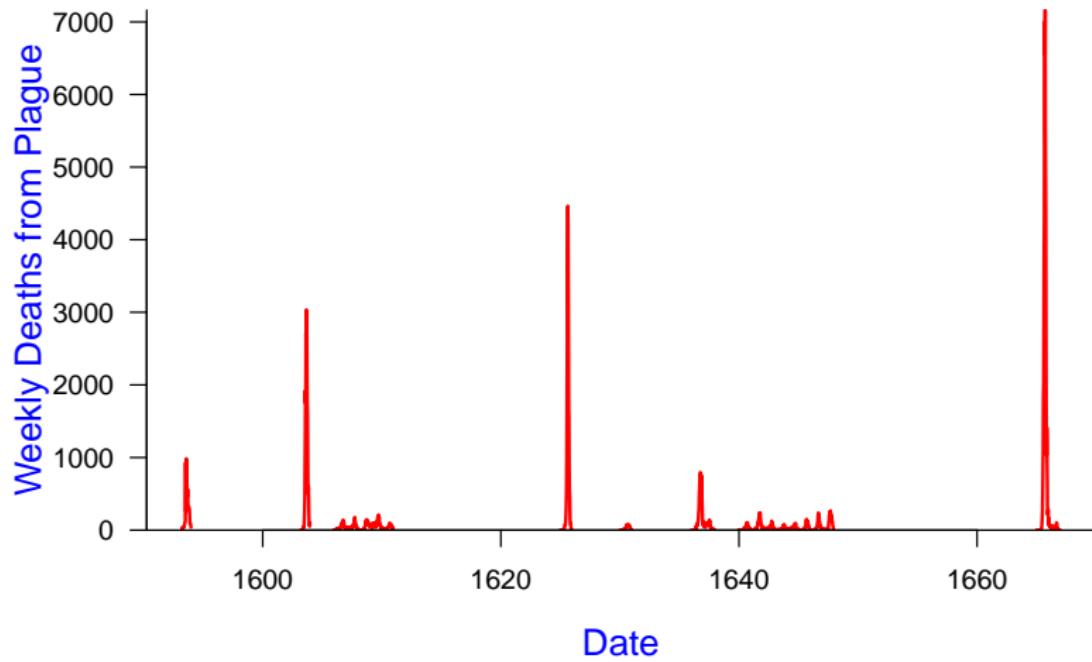
# London Plague of 1603



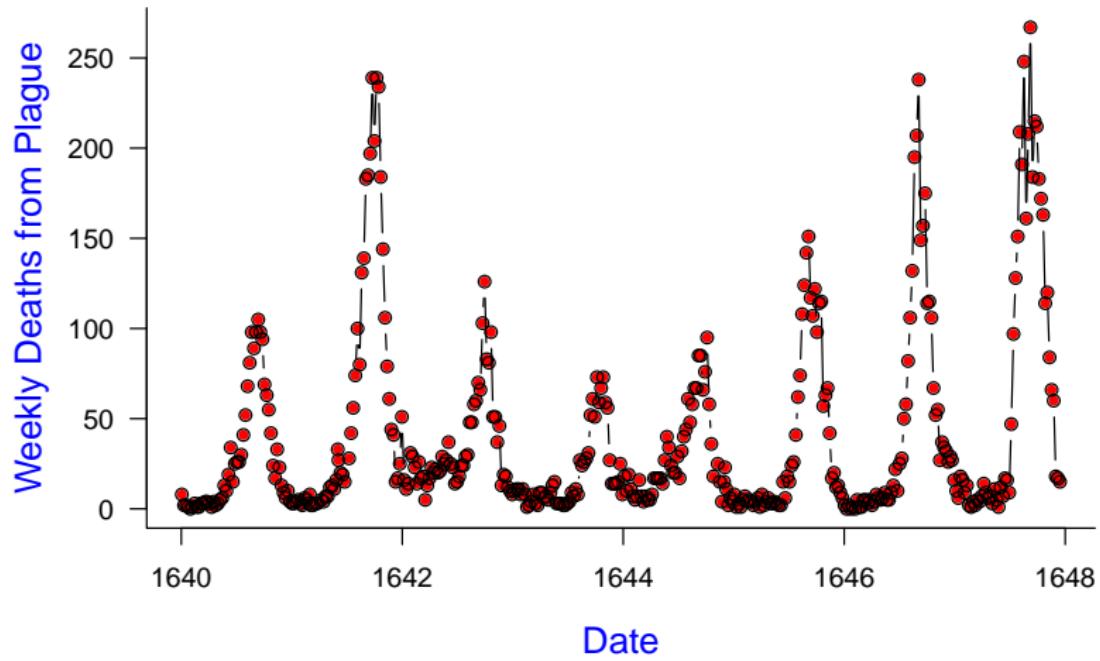
# London Plague of 1625



# Weekly Deaths from Plague in London, 1592–1666



# Weekly Plague in London, 1640–1648



# Some Plague Facts

- Plague epidemics recorded from Roman times to early 1900s.
- $\gtrsim 1/3$  Europe's population died in "Black Death" of 1348
  - $\sim 300$  years for the population to reach the same level.
- Recently (2011) established (at McMaster!) that the pathogen that caused The Black Death was *Yersinia pestis*

[Bos et al. 2011, *Nature* 478, 506–510]

- More recently (2014) established (again at McMaster!) that the pathogen that caused The Plague of Justinian (541–543 AD) was *Yersinia pestis*

[Wagner et al. 2014, *Lancet Infectious Diseases* 14, 319–326]

- *Y. pestis* still a concern?  
Yes: Rodent reservoir, antibiotic-resistant strains, bioterrorism
- **Spatial data** for any plagues? Yes, for London in 1665...

# Visualization of spatial structure of Great Plague

- GIS encoding of parish boundaries
- Overlay parish boundaries on more modern map for reference
- Colour parishes as they become infected
- Is there evidence for spatial spread or was the spatial pattern random?
- DE low-tech animation...
- CBC high-tech animation...
  - *The Nature of Things*, 21 August 2014.  
[http://www.cbc.ca/natureofthings/episodes/  
secrets-in-the-bones-the-hunt-for-the-black-death-killer](http://www.cbc.ca/natureofthings/episodes/secrets-in-the-bones-the-hunt-for-the-black-death-killer)

Please consider...

**5 minute Student Respiratory Illness Survey:**

<https://surveys.mcmaster.ca/limesurvey/index.php/893454>

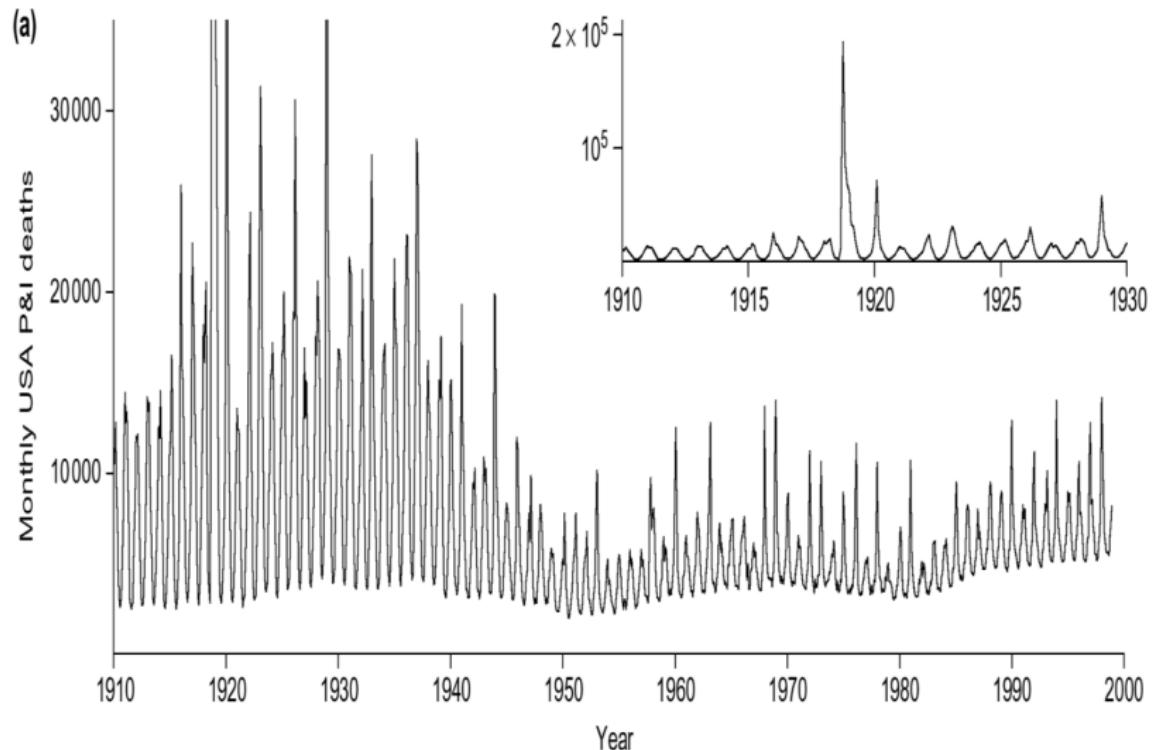
*Please complete this anonymous survey to help us monitor the patterns of respiratory illness, over-the-counter drug use, and social contact within the McMaster community. There are no risks to filling out this survey, and your participation is voluntary. You do not need to answer any questions that make you uncomfortable, and all information provided will be kept strictly confidential. Thanks for participating.*

*–Dr. Marek Smieja (Infectious Diseases)*

# Visualization of entire course of the Great Plague

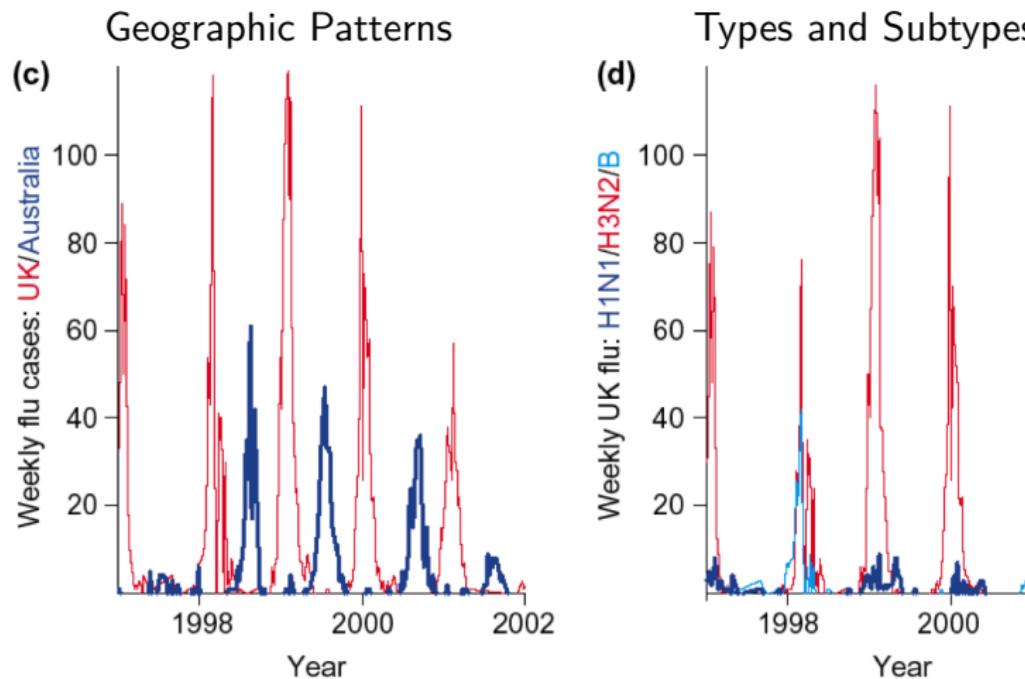
- What happened after initial spatial spread?
- Visualize full spatial epidemic structure
- Show magnitude of epidemic in each parish with cylinder.
- **Epidemic Visualization** (EpiVis) software by Junling Ma.

# P&I mortality in U.S.A., 1910–1998



Earn, Dushoff & Levin 2002, *Trends in Ecology and Evolution* 17, 334–340

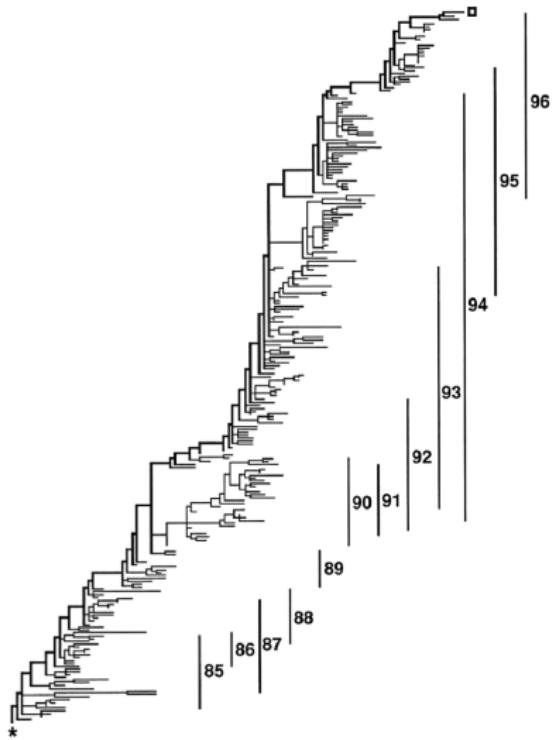
# Influenza Incidence Patterns (lab confirmed)



Earn, Dushoff & Levin 2002, *Trends in Ecology and Evolution* 17, 334–340

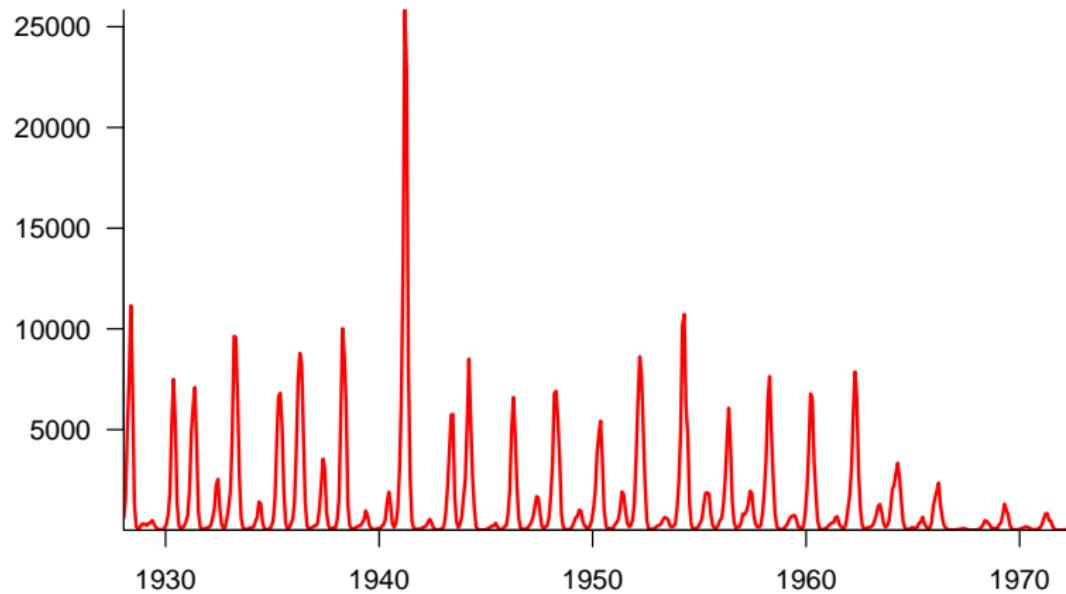
# Influenza Evolution

Molecular phylogenetic reconstruction of influenza A/H3N2 evolution, 1985–1996 (Fitch *et al.* 1997)



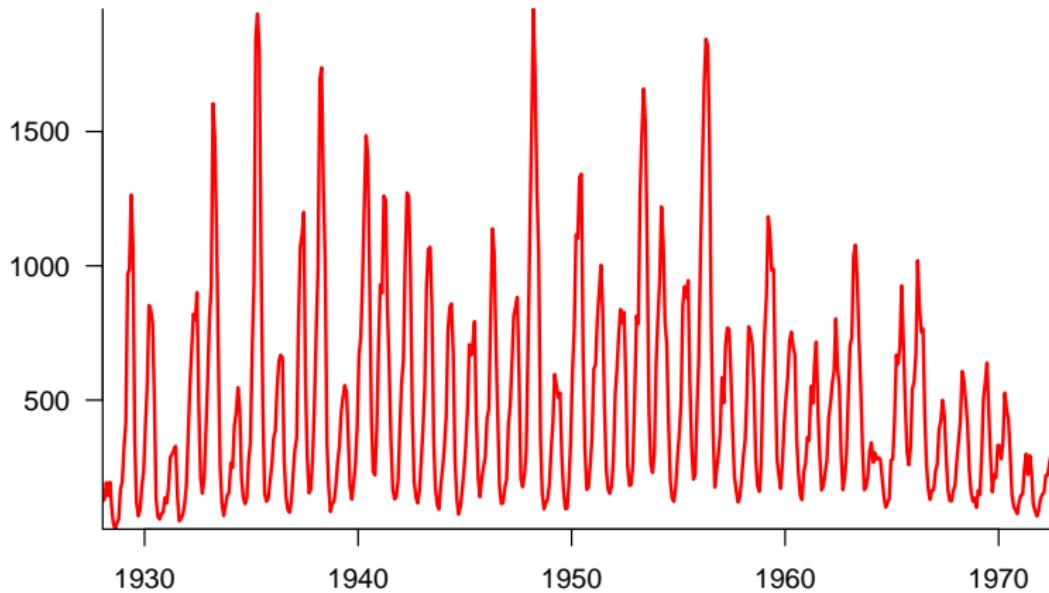
# Measles in New York City, 1928–1972

## Monthly Cases



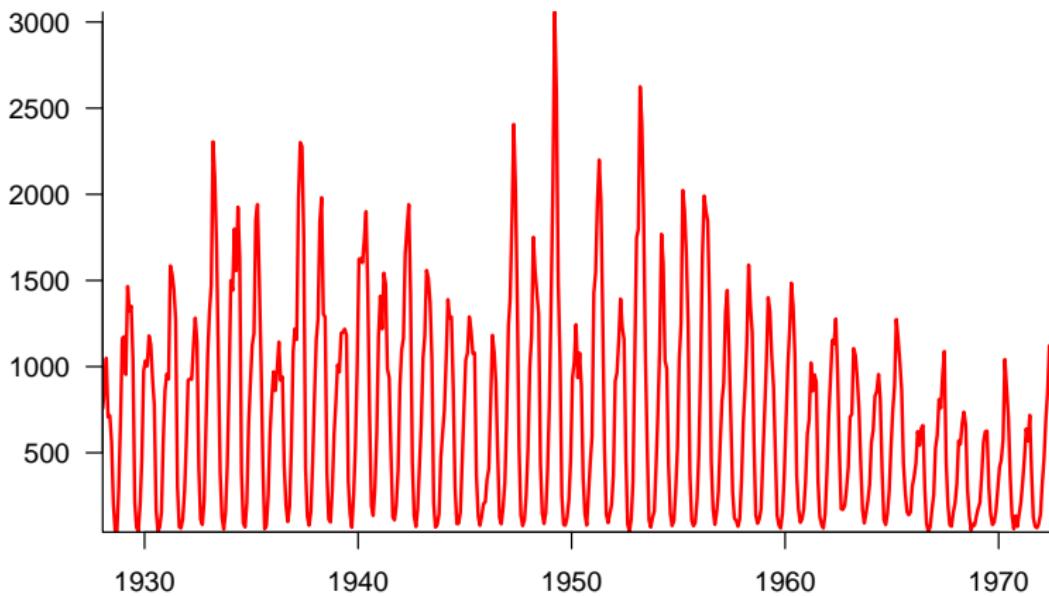
# Mumps in New York City, 1928–1972

Monthly Cases

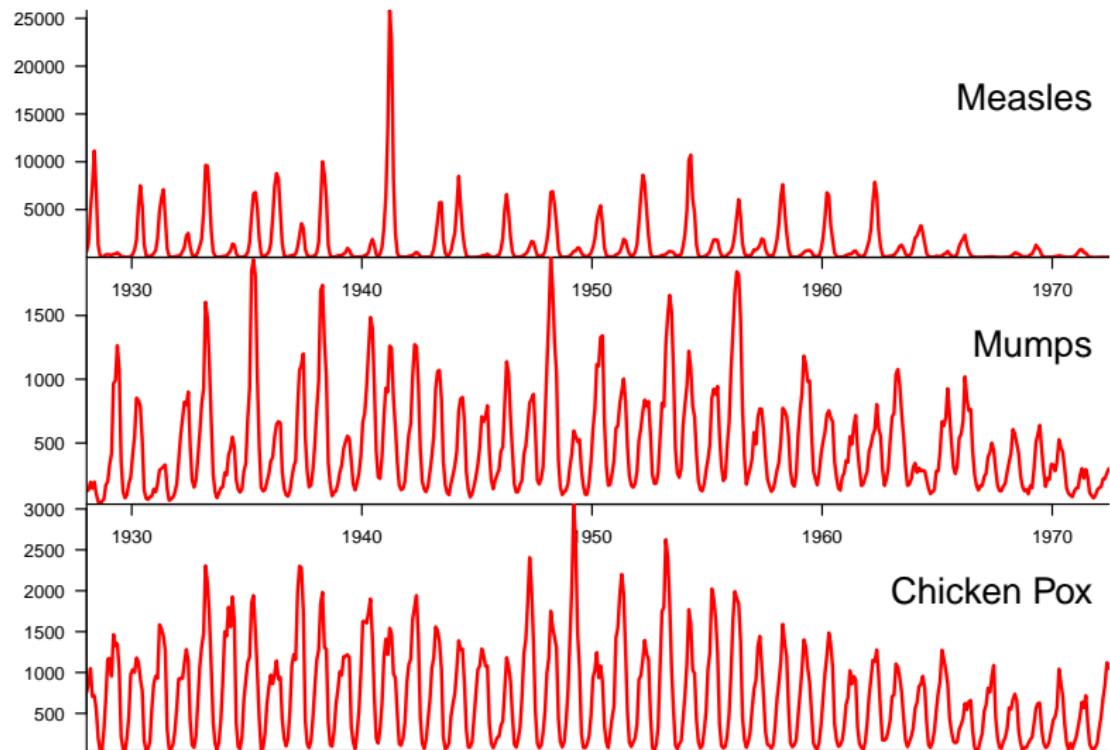


# Chicken Pox in New York City, 1928–1972

## Monthly Cases

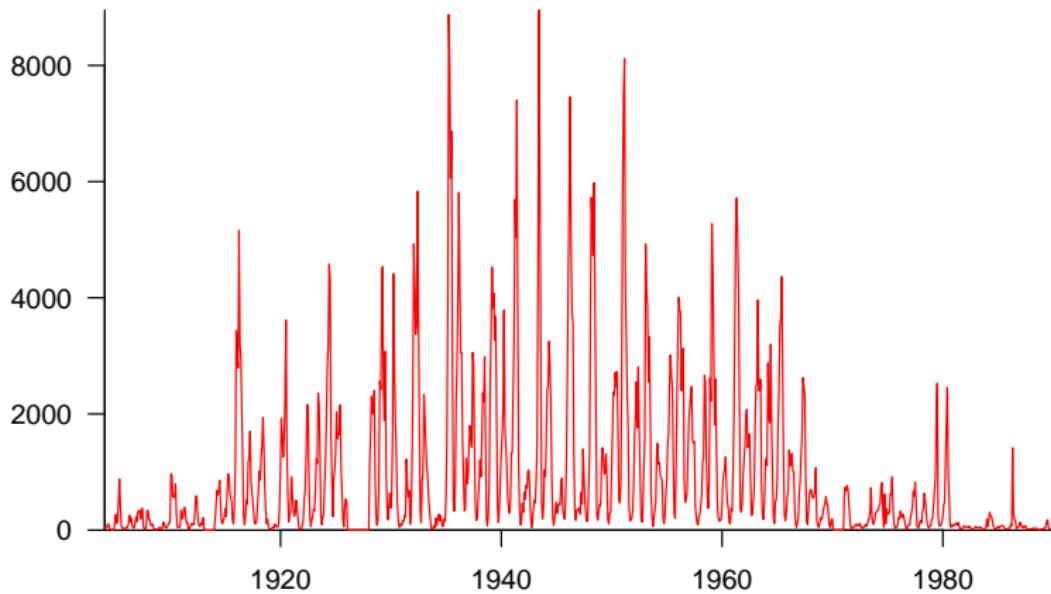


# Childhood diseases in New York City, 1928–1972



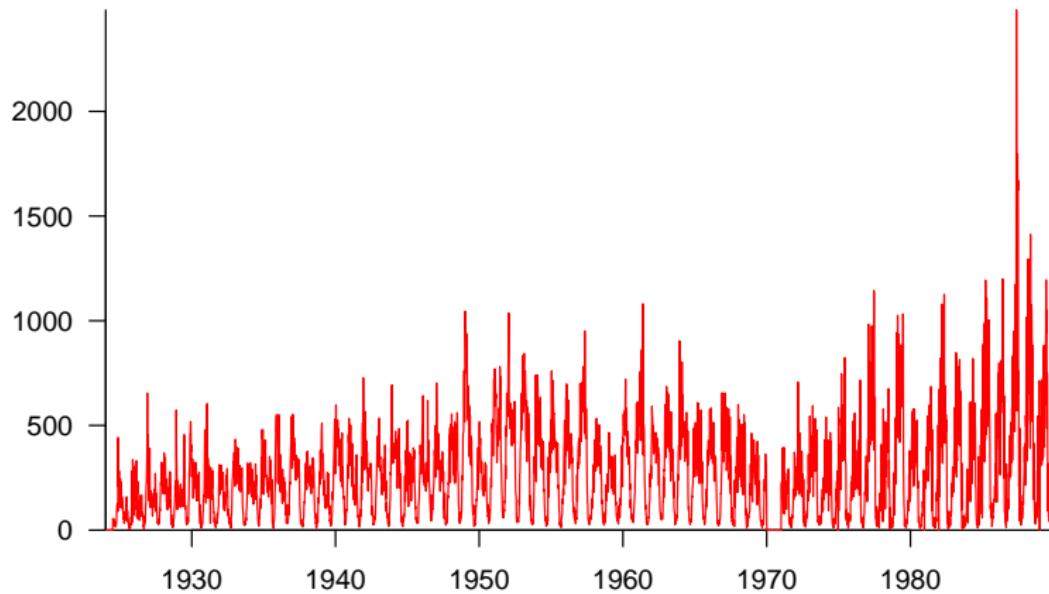
# Measles in Ontario, 1904–1989

## Monthly Cases



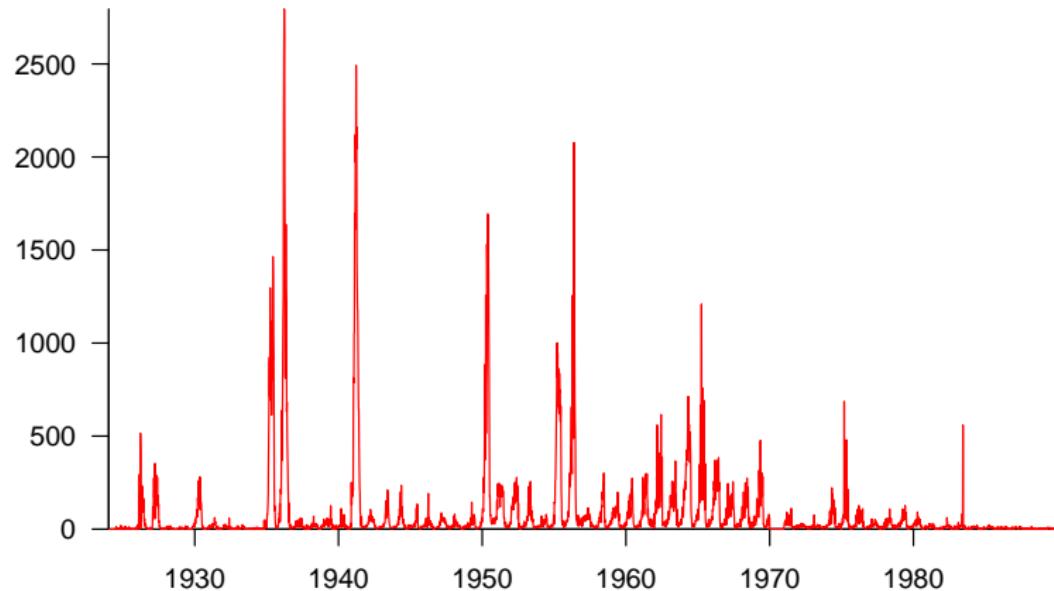
# Chicken Pox in Ontario, 1924–1989

## Monthly Cases



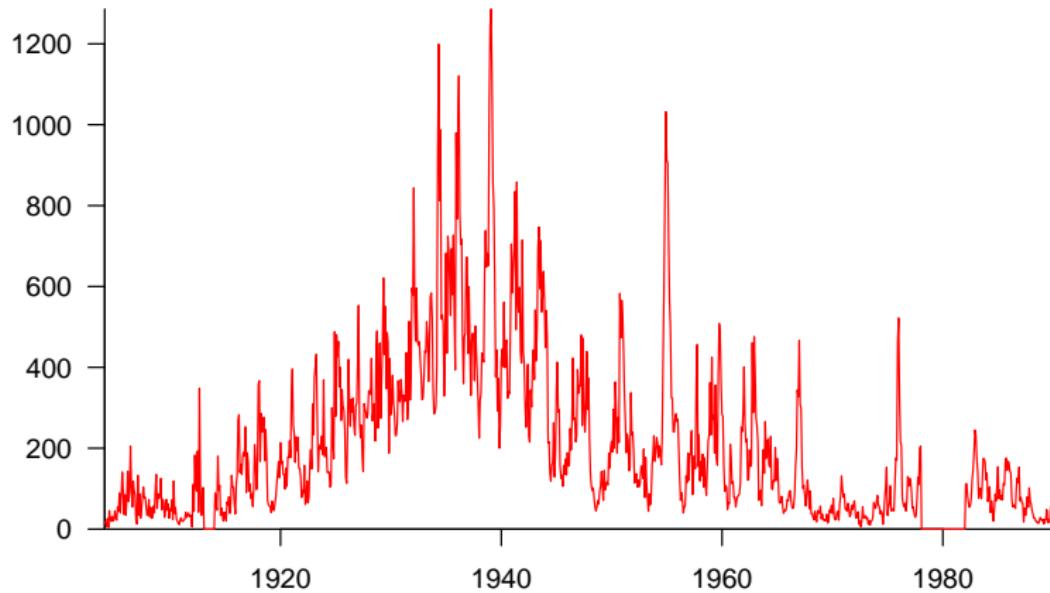
# Rubella in Ontario, 1924–1989

## Weekly Cases

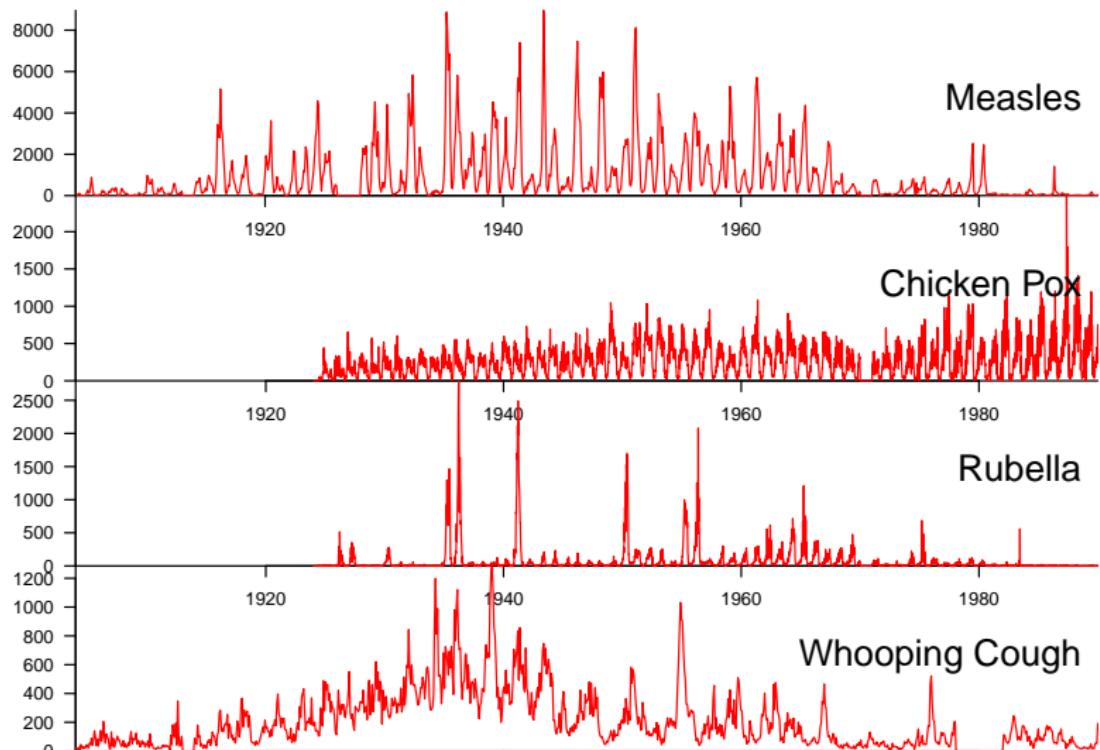


# Whooping Cough in Ontario, 1904–1989

## Monthly Cases



# Childhood diseases in Ontario, 1904–1989



# Ontario Disease Notification Data

Province of Ontario

YEAR: 1939 COUNTY..... MUNICIPALITY.....

Month	Week End.	COUNTY.....												MUNICIPALITY.....													
		CSM		C.P.		DIP.		DYS. A/B		EN. LETH.		ERYS.		G.C.		FLU.		INF. JAUN.		G.M.		MEAS.		MUMPS		PARA. TYPH.	
		C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
Jan.	7 1			452	1	3	0	1	0			5	1	101	0	8	1	17	0	17	0	670	1	56	0	2	0
	14 2	2	1	490	0	8	0					5	0	82	0	21	1	18	0	18	0	850	0	92	0	1	0
	21 3	2	1	511	0	9	3			0	1	5	0	89	0	16	2	26	0	22	0	932	0	98	0		
	28 4	1	0	384	0	2	0					2	0	73	0	164	0	10	0	28	0	933	1	24	0		
	Total	5	2	1931	1	27	3	1	0	0	1	17	0	218	4	71	0	65	2	3385	2	240	0	3	0		
Feb.	4 5			355	0	7	1	1	0			3	0	83	0	57	1	24	0	25	0	1335	1	110	0	2	0
	11 6	2	1	363	0	1	0	1	0			7	0	82	0	27	1	41	1	29	0	1033	0	91	0	1	0
	18 7	2	1	354	1	2	0					4	1	68	0	103	1	35	0	44	0	1161	0	59	0		
	25 8	1	1	308	0	2	0					9	0	560	177	0	19	0	28	0	999	0	73	0			
	Total	5	3	1980	1	27	3	1	0			34	3	19	1	126	0	158	1	338	0	240	0	3	0		
Mar.	4 9	1	1	271	0	7	1	3	1			7	0	93	0	114	19	21	0	40	0	131	2	109	0	1	0
	11 10			239	0	7	0	2	0			8	1	61	0	137	18	31	0	32	0	845	0	91	0	2	0
	18 11			166	0							6	0	66	0	1322	6	5	0	59	0	969	2	69	0	1	0
	25 12	1	2	236	0	1	0	1	0			7	0	63	0	806	16	9	0	20	0	879	0	120	0	case	PAH
	Total	8	3	118	0	15	1	6	1			28	1	283	0	613	4	66	0	151	0	353	1	389	0	34	0
Apr.	1 13	2	0	139	0	3	0	1	0			8	0	95	0	667	6	1	0	24	0	950	0	89	0	3	0
	8 14	2	0	162	0	1	0	1	0			5	0	67	0	731	22			14	0	790	0	65	0	1	0
	15 15	2	0	108	0	1	0			0	1	11	0	41	0	529	16	2	0	16	0	745	0	56	0		
	22 16	1	1	134	0	2	0	1	0	1	1	6	0	64	0	245	8	2	0	26	0	845	0	54	0		
	29 17	5	1	167	0	4	0	2	0	2	1	3	0	55	0	124	9	2	1	13	0	746	1	120	0		
	Total	12	2	110	0	10	0	3	0			33	0	312	0	616	1	1	0	24	0	450	0	334	0	47	0
	6 18	2	0	104	0	1	0	2	0			4	0	71	0	76	3	1	0	14	0	877	0	63	0	3	0

## Dominion Bureau of Statistics Disease Notification Data

## VITAL STATISTICS BRANCH - COMMUNICABLE DISEASE SECTION

Cases of ~~Influenza~~ Reported by Provincial Health Departments, Year 1924

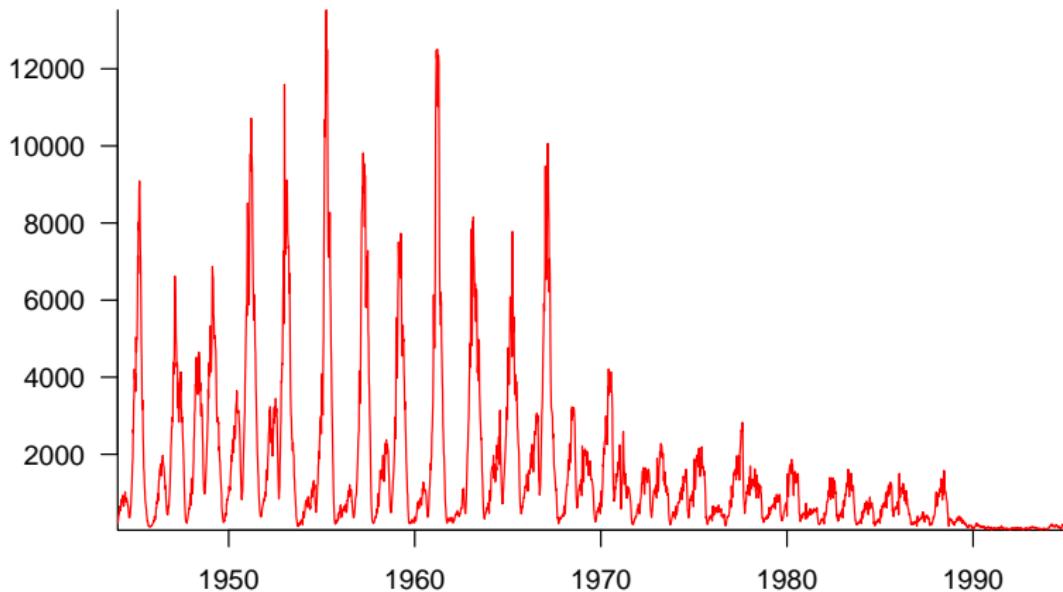
WEEK ENDING	P.E.I.	N.S.	N.B.	QUE.	ONT.	MAN.	SASK.	ALTA.	B.C.	CANADA
	W15-22	W15-22								
1 Jan 5		11						1		12
2	12	29						18		47
3	19	37						32		69
4	26	75 152		68	181	36	13 64	97	4 88 602	
5 FEB 2	12	1					53			66
6	9	5					40			45
7	16	31					14			45
8	23	- 2 50	1 2	267	202	48	4 111	116	1 7 797	
9 MAR 1		2					21			23
10	1						9			9
11	15	3					11			14
12	22	60					34			94
13	29	2 61		144	140	52	15 90	15	7 17 515	
14 APR 5		9					11			20
15	12	1					12			13
16	19	26	1				8			35
17	26	14 50	3 4	42	140	39	16 47	67	5 33 394	
18 MAY 3		26					2			28

# Recurrent epidemics of childhood infections

- Childhood diseases in New York City, 1928–1972
- Childhood diseases in Ontario, 1904–1989

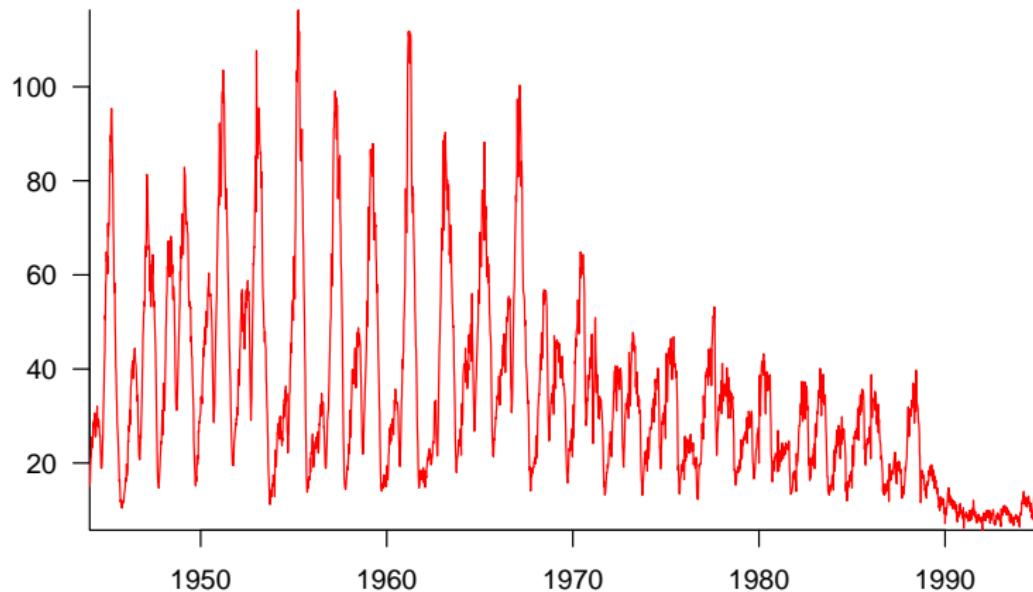
# Measles incidence in England and Wales, 1944–1995

Weekly Cases



# Measles incidence in England and Wales, 1944–1995

Sqrt(Weekly Cases)



# Why study measles epidemics?

- In 2017,  $\sim 110,000$  deaths from measles
- A major cause of *vaccine-preventable* deaths.
- Potential impact in developed countries during vaccine scares (e.g., MMR scare in UK in 1990s).
  
- Understand past patterns
- Predict future patterns
- Manipulate future patterns
- Develop vaccination strategy that can...



# Other reasons to model infectious disease epidemics

- Mathematical models make hypotheses and inferences precise
  - Give better advice to policymakers
  - Make better predictions
- Host-pathogen dynamics are important aspects of ecosystem dynamics
  - Infectious disease models more likely to be successful than predator-prey models
- Excellent data for human infectious diseases
  - Models can be tested!

# Modelling population dynamics of childhood infections

- The basic SIR model cannot explain recurrent epidemics.
- What should we do?... The usual options:
  - 1 Get depressed, drop the course.
  - 2 Keep developing models until we can explain recurrent epidemics.
- First, let's talk about tools that allow us to make our questions about time series data more precise.

Please consider...

**5 minute Student Respiratory Illness Survey:**

<https://surveys.mcmaster.ca/limesurvey/index.php/893454>

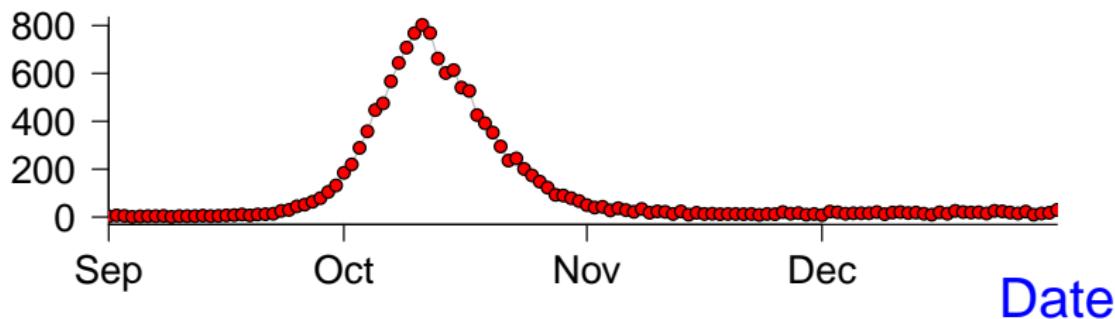
*Please complete this anonymous survey to help us monitor the patterns of respiratory illness, over-the-counter drug use, and social contact within the McMaster community. There are no risks to filling out this survey, and your participation is voluntary. You do not need to answer any questions that make you uncomfortable, and all information provided will be kept strictly confidential. Thanks for participating.*

*–Dr. Marek Smieja (Infectious Diseases)*

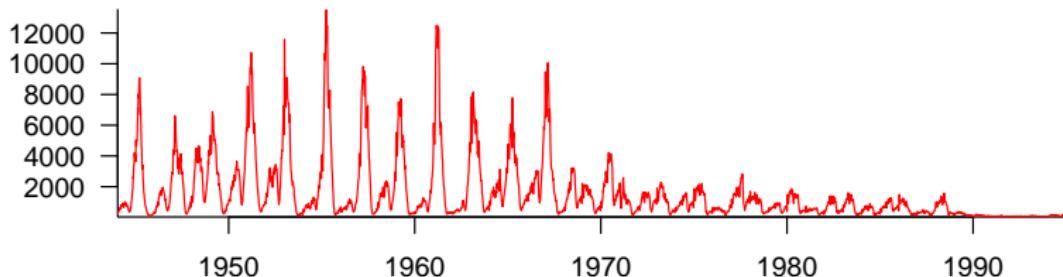
# Epidemic Data Analysis

# Time Plots of Temporal Epidemic Patterns

## 1918 P&I

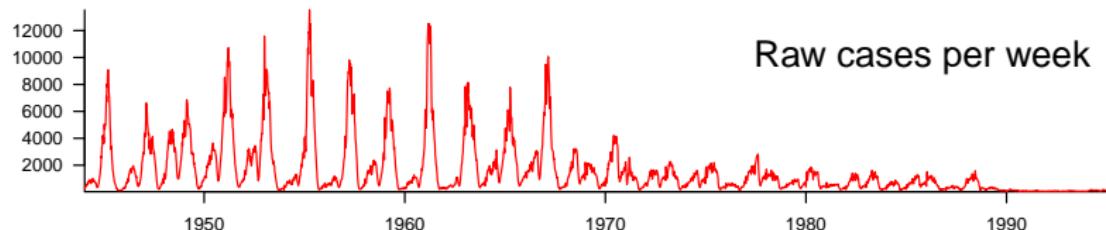


## Weekly Measles in England and Wales

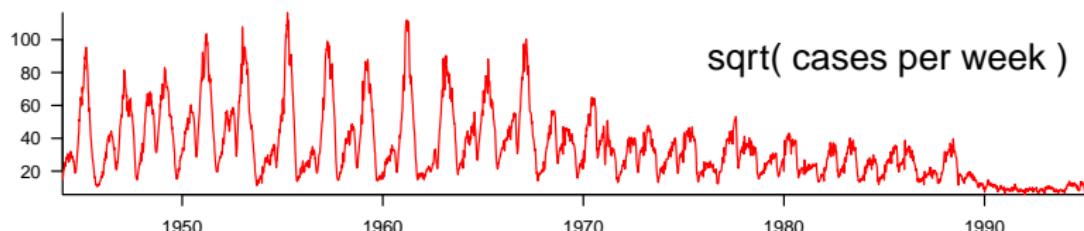


# Time Plots of Transformed Data

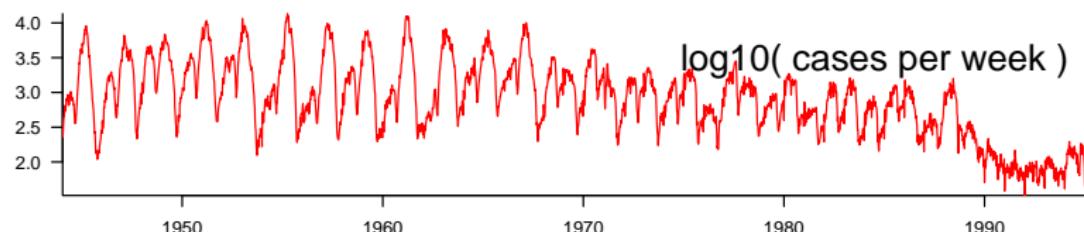
- Reveal unobvious aspects of time series



Raw cases per week



$\text{sqrt}(\text{cases per week})$



$\log_{10}(\text{cases per week})$

# Times Plots of Smoothed Data

- Reveal trends clouded by noise or seasonality
- *Moving Average:*

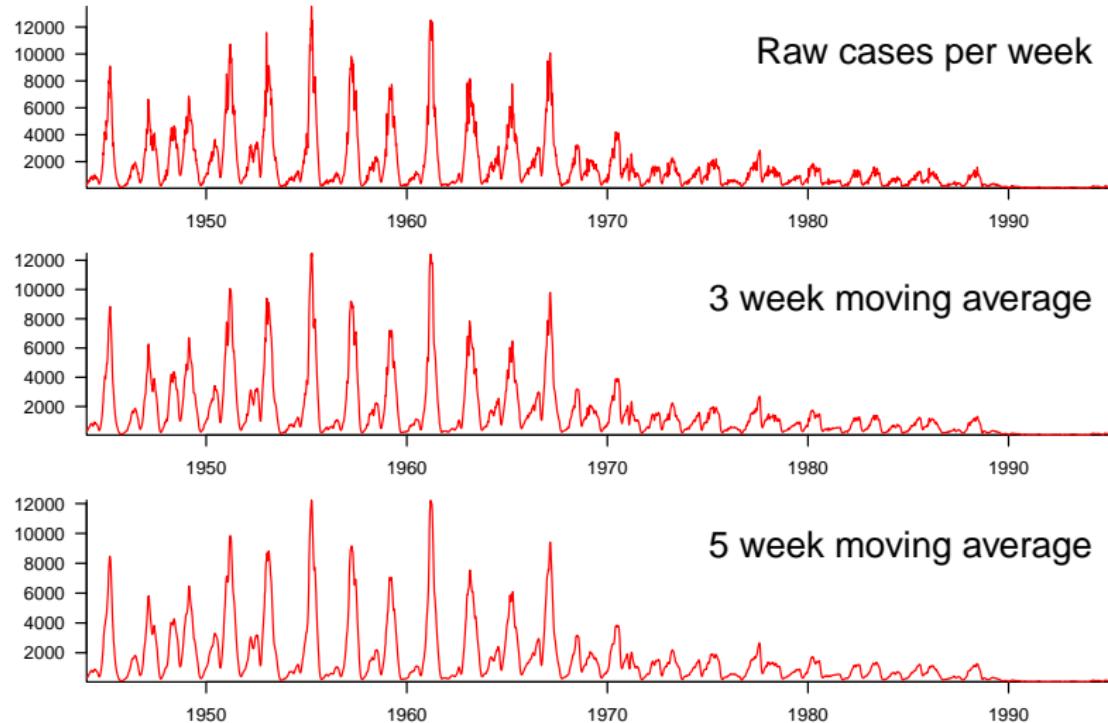
$$x_t \rightarrow \frac{1}{2a+1} \sum_{i=-a}^a x_{t+i}$$

- Replace original data points  $x_t$  with averages of nearby points.
- *Linear filter:*

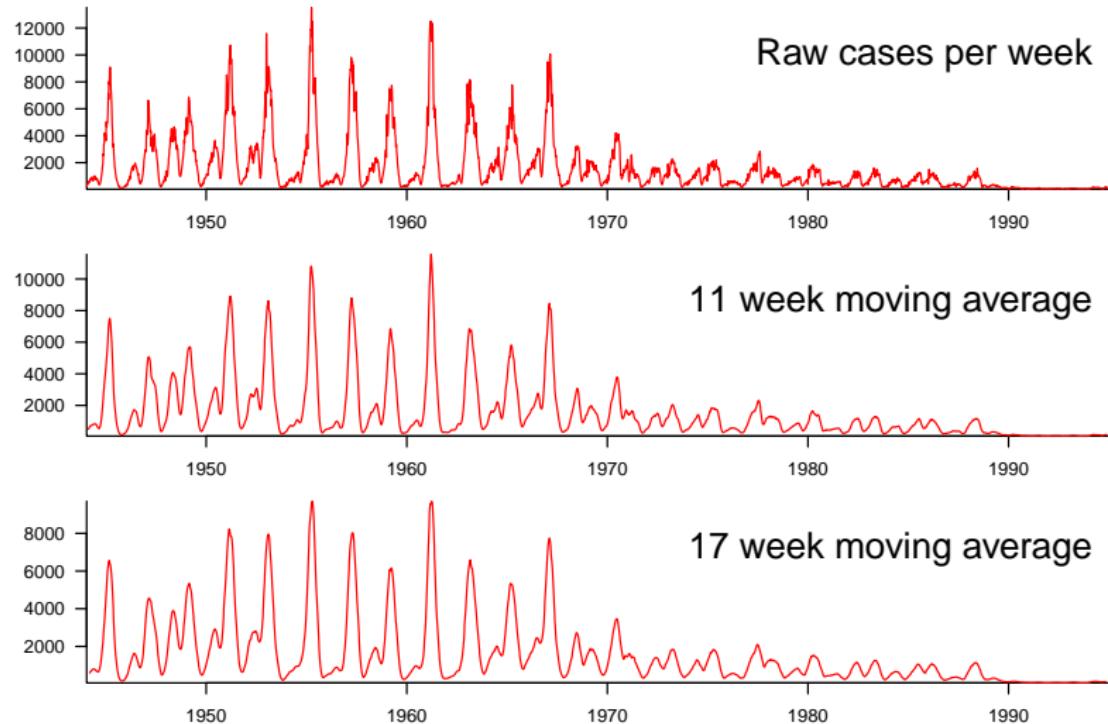
$$x_t \rightarrow \sum_{i=-\infty}^{\infty} \lambda_i x_{t+i}$$

- Generalization of moving average.
- Weights  $\lambda_i$  can be nonlinear functions of  $i$ .

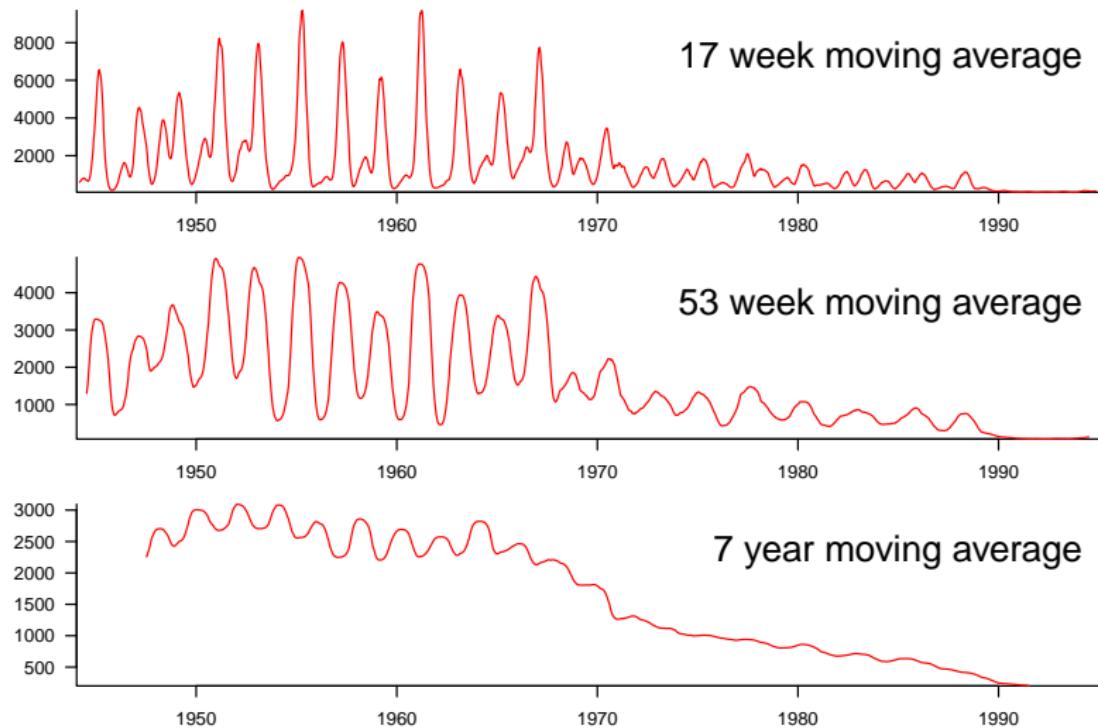
# Times Plots of Smoothed Data



# Times Plots of Smoothed Data



# Times Plots of Smoothed Data



# Correlation

- Recurrent epidemics  $\implies$  number of cases now is correlated with number of cases in the past and the future.
- Given  $N$  pairs of observations of different quantities,  $\{(x_i, y_i) : i = 1, \dots, N\}$ , the *correlation coefficient* is defined to be

$$r = \frac{\sum_{i=1}^N (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum_{i=1}^N (x_i - \bar{x})^2 \sum_{i=1}^N (y_i - \bar{y})^2}}$$

where  $\bar{x}$  and  $\bar{y}$  are the means of  $\{x_i\}$  and  $\{y_i\}$ , respectively.

# Correlation

*Properties of the correlation coefficient:*

- $-1 \leq r \leq 1$  (Proof? Cauchy-Schwarz inequality)
- $r = 1 \iff$  all points lie on a line with positive slope ("complete positive correlation")
- $r = -1 \iff$  all points lie on a line with negative slope ("complete negative correlation")
- $r \simeq 0 \implies$  "uncorrelated"
- *Interpretation:*  $r^2$  is the proportion of the variance in  $y$  explained by a linear function of  $x$ .

*Derivations and discussions:*

- [MathWorld on  \$r^2\$](#) , [Wikipedia on  \$r^2\$](#)
- [Wikipedia on general coefficient of determination](#)

# Autocorrelation

- Given a single sequence of observations  $\{x_t : t = 1, \dots, N\}$ , we can compute the correlation of each observation with the observation  $k$  time steps in the future.
- Thus, we consider the pairs of observations  $\{(x_t, x_{k+t}) : t = 1, \dots, N - k\}$  and define the *autocorrelation coefficient at lag  $k$*  to be

$$r_k = \frac{\sum_{t=1}^{N-k} (x_t - \bar{x}_{1,N-k})(x_{k+t} - \bar{x}_{k+1,N})}{\sqrt{\sum_{t=1}^{N-k} (x_t - \bar{x}_{1,N-k})^2 \sum_{t=1}^{N-k} (x_{k+t} - \bar{x}_{k+1,N})^2}}$$

where  $\bar{x}_{1,N-k}$  and  $\bar{x}_{k+1,N}$  are the means of first and last  $N - k$  observations, respectively.

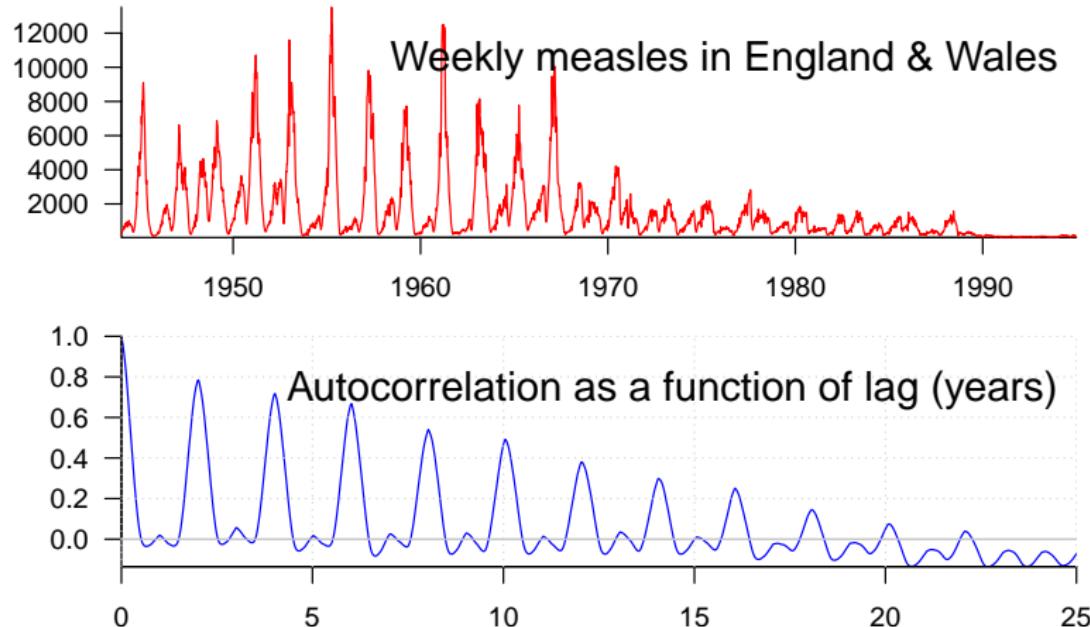
# Autocorrelation

- If number of observations  $N$  is large and lag  $k \ll N$  then

$$r_k \simeq \frac{\sum_{t=1}^{N-k} (x_t - \bar{x})(x_{k+t} - \bar{x})}{\sum_{t=1}^N (x_t - \bar{x})^2}$$

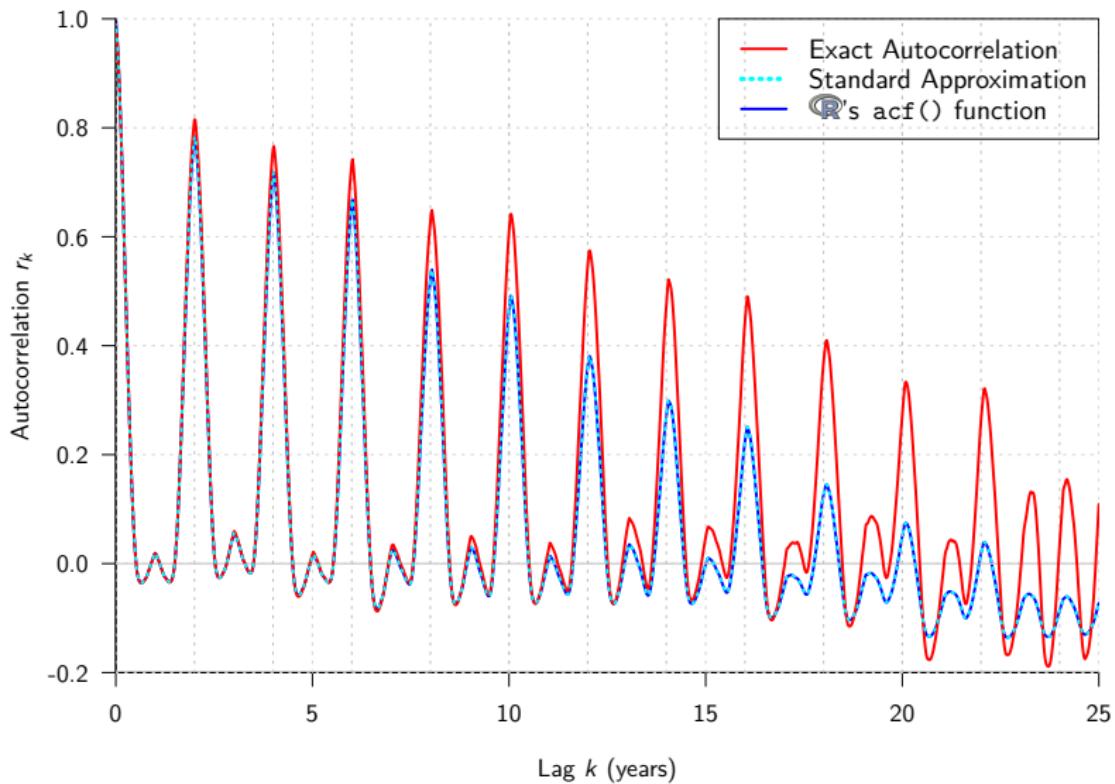
- Approximation of  $r_k$  is worse for larger lags  $k$
- Plot of autocorrelation  $r_k$  as a function of lag  $k$  is called the *correlogram*.

# Correlogram



- Peaks in correlogram  $\implies$  periodicities in original time series.
- Correlograms of temporal segments are often informative.

# Correlogram: exact vs. approximate $r_k$



# Spectral Density

- Can we compute the dominant periods in the time series?  
(Rather than estimating them by eye from the [correlogram](#).)
- Express the time series as a [Fourier series](#):

$$x_t = a_0 + \left( \sum_{p=1}^{(N/2)-1} (a_p \cos \omega_p t + b_p \sin \omega_p t) \right) + a_{N/2} \cos \pi t,$$

where  $\omega_p = 2\pi p/N$ .

- Compute the [Fourier coefficients](#)  $\{a_p\}$ ,  $\{b_p\}$  by taking inner products with  $\cos \omega_p t$  and  $\sin \omega_p t$ .

# Spectral Density

- Fourier coefficients of  $x_t$  are:

$$a_0 = \bar{x} = \frac{1}{N} \sum_t x_t ,$$

$$a_p = \frac{2}{N} \sum_t x_t \cos \omega_p t , \quad b_p = \frac{2}{N} \sum_t x_t \sin \omega_p t ,$$

$$a_{N/2} = \frac{1}{N} \sum_t (-1)^t x_t ,$$

where sum is over observation times.

- Estimated power spectral density (PSD) at frequency  $\omega_p$  is<sup>\*</sup>:

$$I(\omega_p) = \frac{N}{4\pi} (a_p^2 + b_p^2)$$

\*The normalization by  $N/4\pi$  is the convention chosen by Chatfield (2004, "Analysis of Time Series: An Introduction"). Other normalization conventions are also in common use.

Please consider...

**5 minute Student Respiratory Illness Survey:**

<https://surveys.mcmaster.ca/limesurvey/index.php/893454>

*Please complete this anonymous survey to help us monitor the patterns of respiratory illness, over-the-counter drug use, and social contact within the McMaster community. There are no risks to filling out this survey, and your participation is voluntary. You do not need to answer any questions that make you uncomfortable, and all information provided will be kept strictly confidential. Thanks for participating.*

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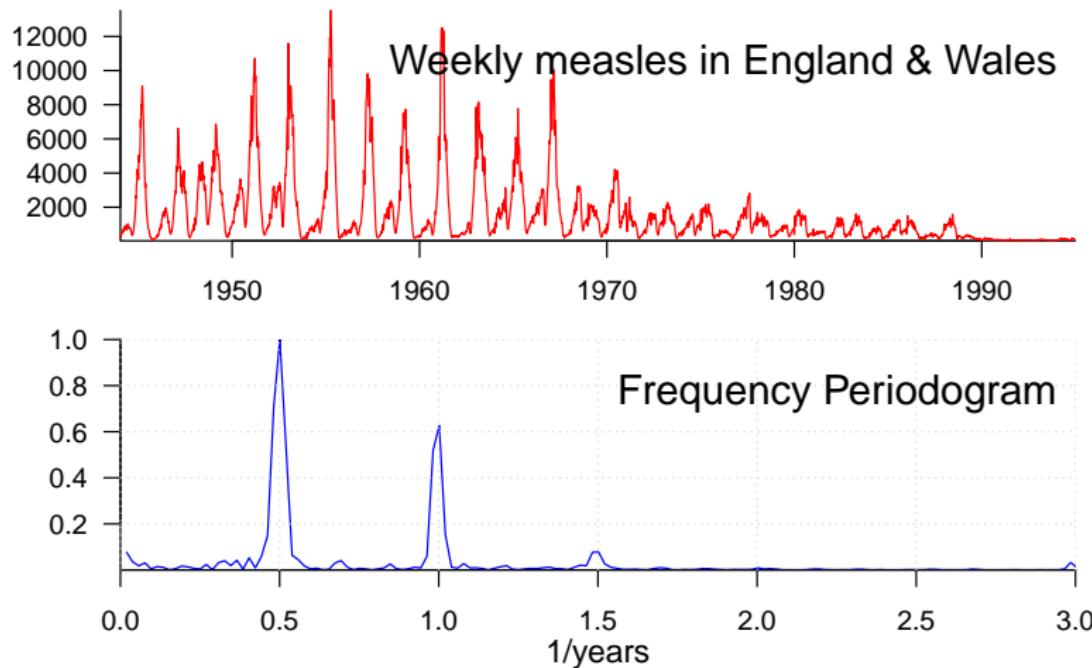
# Spectral Density

- There are many different ways to express the **power spectral density** (aka *power spectrum*).
- Most common/useful equivalence is that the power spectrum is the **discrete Fourier transform** of the **correlogram**:

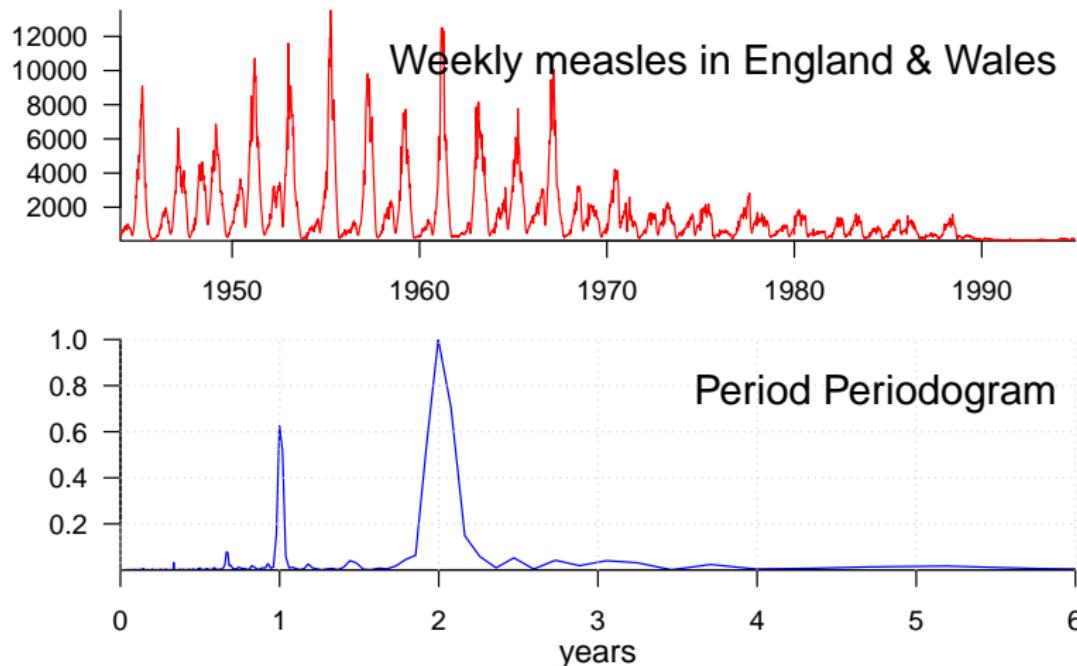
$$I(\omega_p) = \frac{1}{\pi} \left( r_0 + 2 \sum_{k=1}^{N-1} r_k \cos \omega_p k \right)$$

- Plot of estimated power spectrum as a function of frequency  $\omega_p$  is called the **frequency periodogram** or just the **periodogram**.

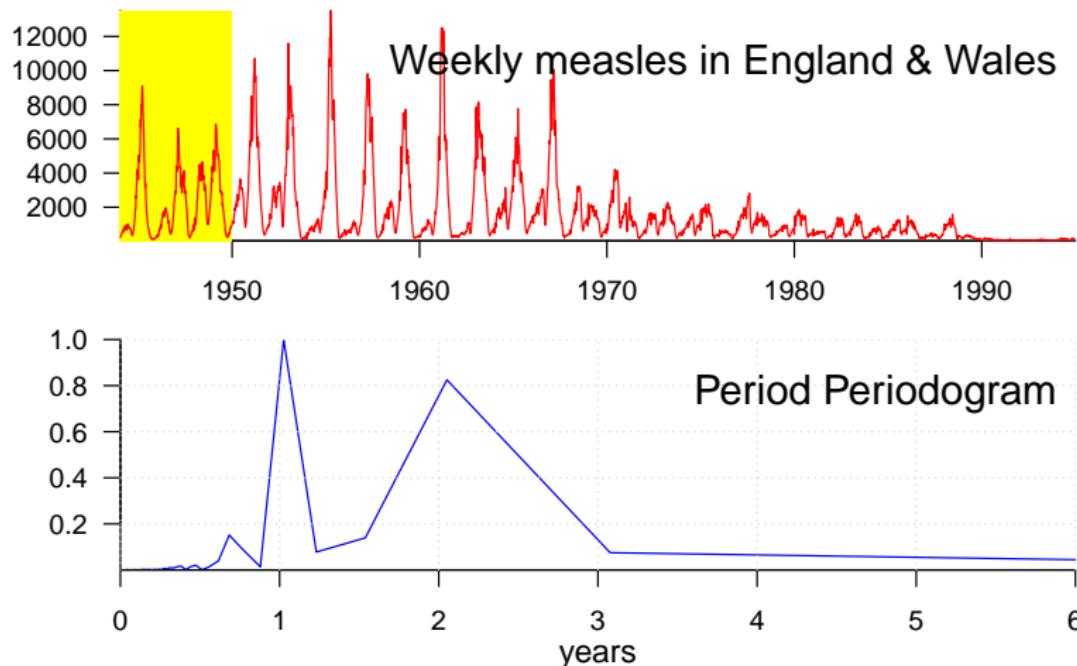
# Spectral Density



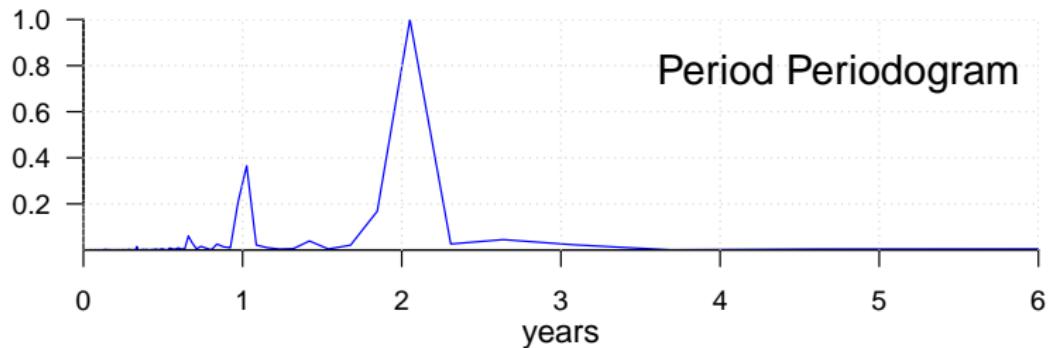
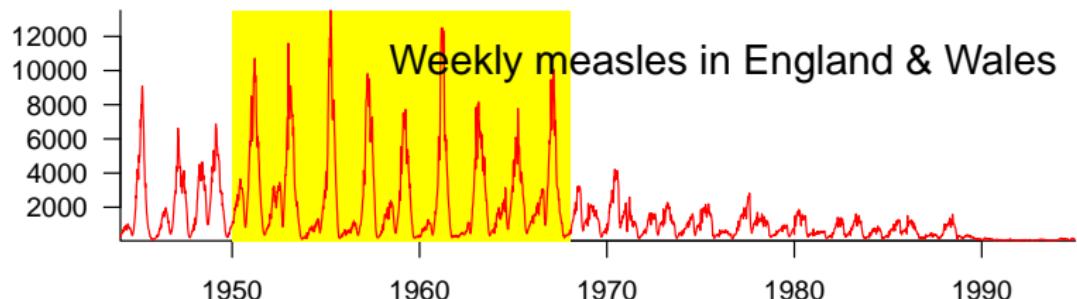
# Spectral Density



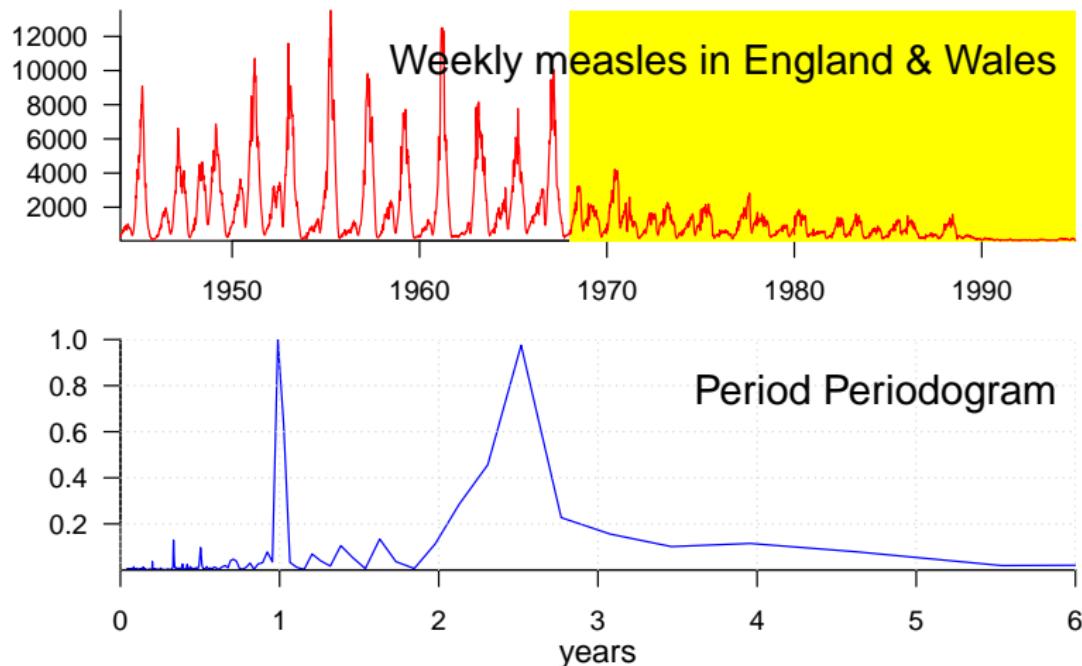
# Spectral Density of Temporal Segments



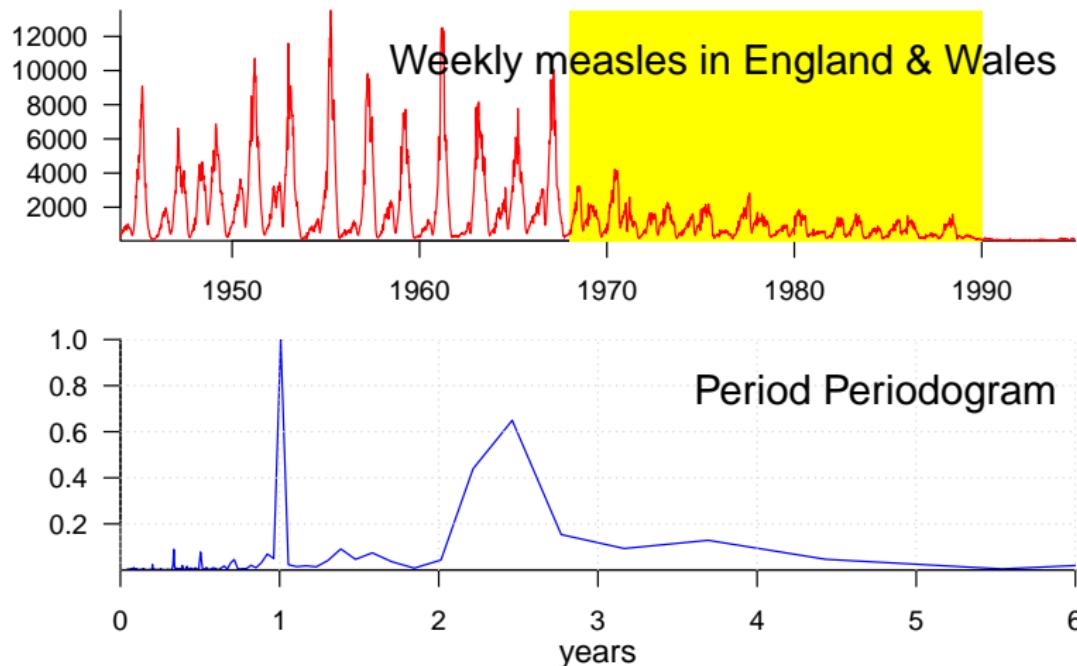
# Spectral Density of Temporal Segments



# Spectral Density of Temporal Segments



# Spectral Density of Temporal Segments

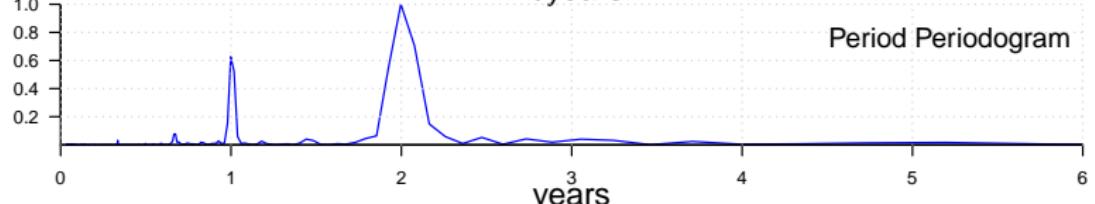
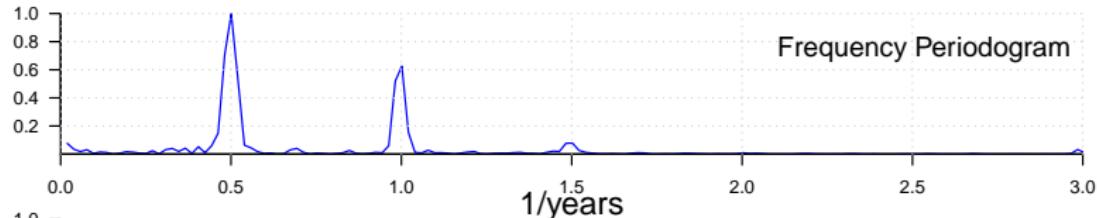
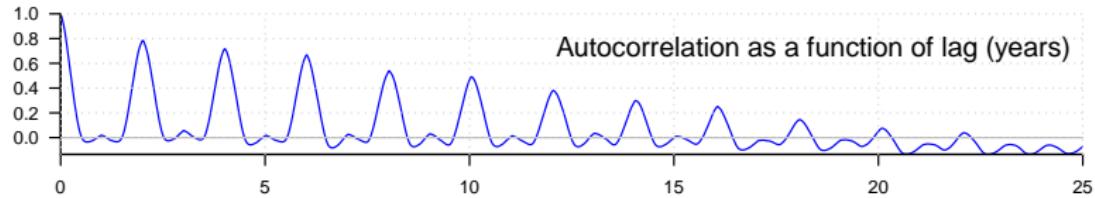
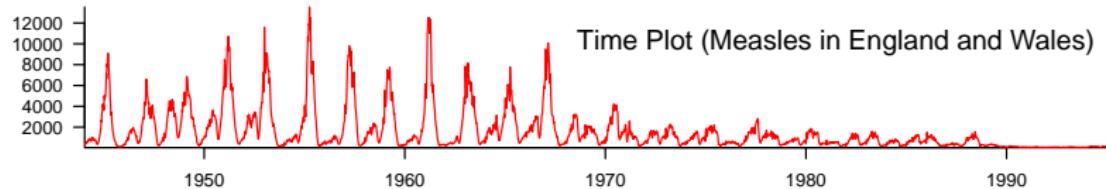


# Spectral Density Properties

- Periodogram is discrete Fourier transform of correlogram
- Same information in correlogram and periodogram
- Periodogram usually easier to interpret
- In , calculate power spectrum with `spectrum()`
- The power spectrum  $I(\omega_p)$  partitions the variance in the time series with respect to frequency  $\omega_p$ .
  - Parseval's theorem implies  $\frac{1}{N} \sum_t (x_t - \bar{x})^2 = \frac{1}{2\pi N} \sum_{p>0} I(\omega_p)$ .  
But  $\frac{1}{N} \sum_t (x_t - \bar{x})^2 = \text{Var}\{x_t\}$ , hence  $I(\omega_p)/(2\pi N)$  is the proportion of the variance in the time series associated with period  $2\pi/\omega_p$ .

[For details, see Chatfield (2004).]

# Basic Time Series Analysis of Epidemic Data





Mathematics  
and Statistics

$$\int_M d\omega = \int_{\partial M} \omega$$

## Mathematics 4MB3/6MB3 Mathematical Biology

Instructor: David Earn

Lecture 4  
Epidemic Data Tools  
Monday 30 Sep 2019

# Announcements

- **Assignment 2:**

Due Monday 7 October 2019 by e-mail before class.

- **Midterm test:**

- *Date:* Monday 4 November 2019
- *Time:* 11:30am–1:30pm
- *Location:* in class, ETB-237

# Attendance

Who is here?

# Spectral Density of Temporal Segments

- Pre-war measles
- Post-war pre-vaccination measles
- Vaccination era measles
- Vaccination era measles until 1990

# Time series analysis functions



has built-in tools for time series analysis:

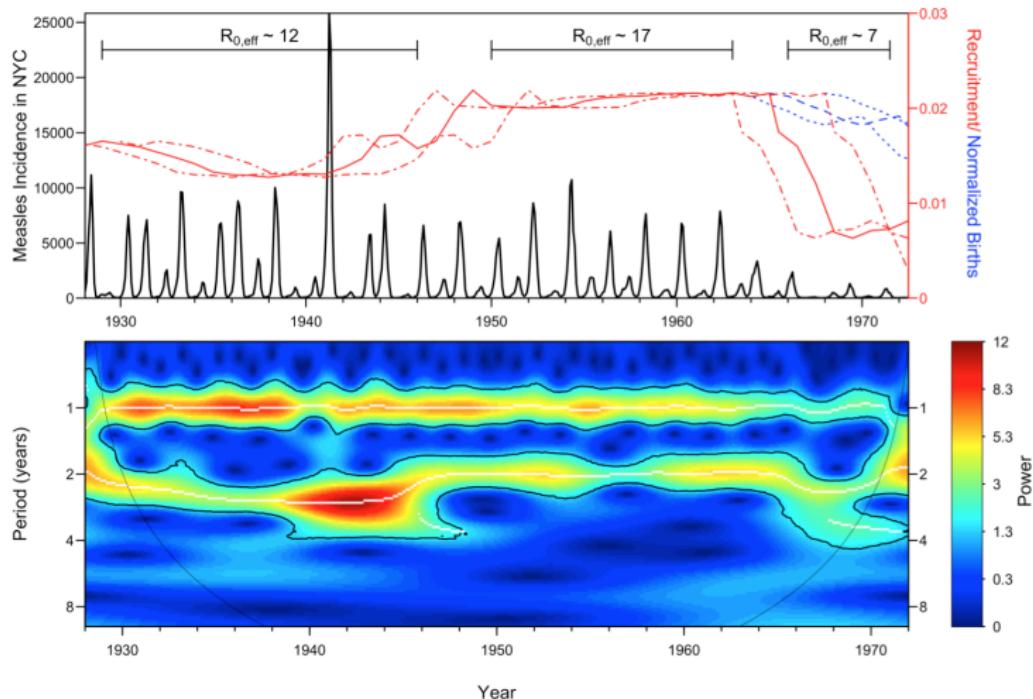
- Time plot: `plot()` etc.
- Linear filter (e.g., moving average): `filter()`
- Correlogram (auto-correlation function): `acf()`
- Periodogram (power spectrum): `spectrum()`

You will use all of these functions in **Assignment 4**.

# More sophisticated spectral method

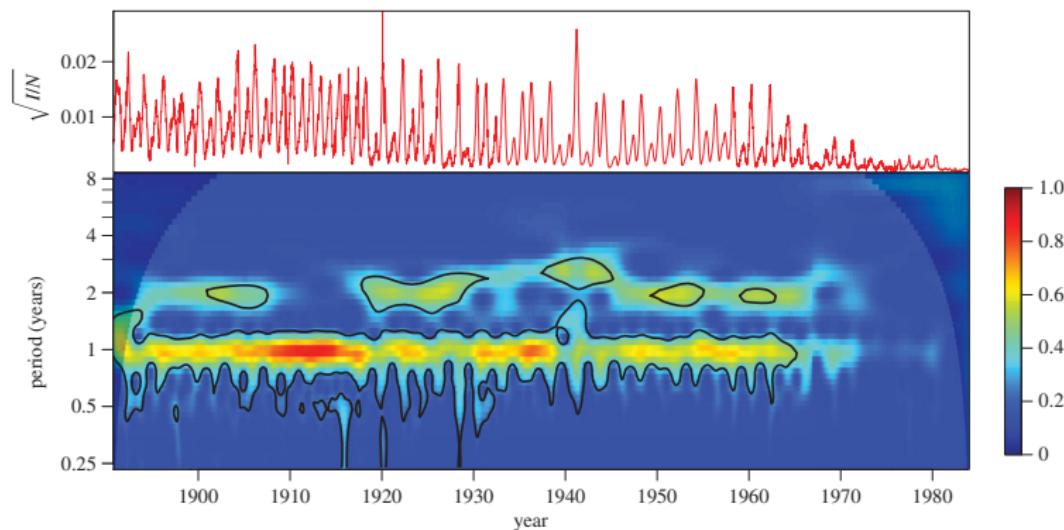
- Traditional power spectrum measures frequency content of entire time series.
- Wavelet decomposition is local in time.
  - Reveals changes in the spectrum over time without having to identify distinct temporal segments yourself.
  - Nice intro to wavelet analysis of time series:  
Torrence and Compo (1998) "A Practical Guide to Wavelet Analysis" *Bulletin of the American Meteorological Society* **79**, 61–78
  - $\exists \text{ } \text{R}$  packages for wavelet analysis of time series (e.g., `WaveletComp`, `wavelets`), and at least one book on wavelet methods in 

# Wavelet Spectrum of Monthly Measles in New York City



Krylova & Earn 2013, *J. R. Soc. Interface* **10**, 20130098

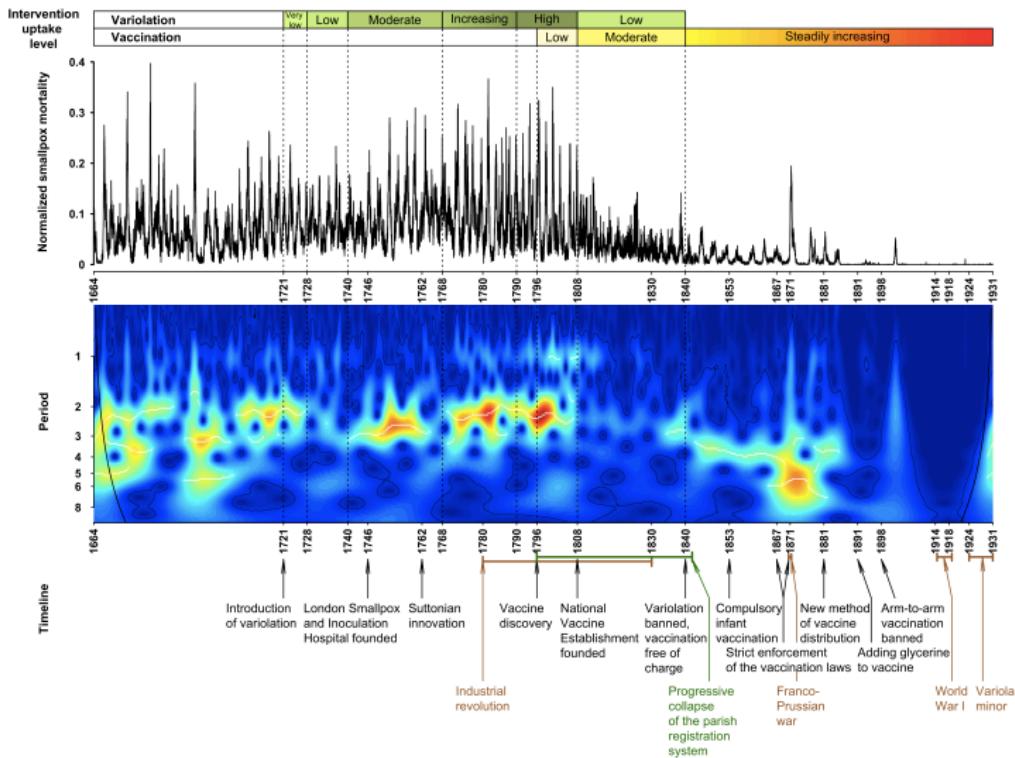
# Wavelet Spectrum of Weekly Measles in New York City



**Figure 5.** Observed measles dynamics in NYC from 1891 to 1984. (a) Square root of measles case reports, normalized by total concurrent population. (b) Colour depth plot of a continuous wavelet transform of the square root of normalized observed NYC measles cases (colour warmth scales with spectral power and 95% significance contours are shown in black). Shaded regions in the upper left and right indicate the cone of influence.

Hempel & Earn 2015, *J. R. Soc. Interface* 12, 20150024

# Wavelet Spectrum of Weekly Smallpox in London



Krylova & Earn 2019, *bioRxiv* doi: <https://doi.org/10.1101/771220>

# Statistical Modelling of Time Series

# Statistical Modelling of Time Series

- Imagine time series  $\{X_t\}$  is generated by random processes.
- Simplest case:  $X_t$  (number of cases at time  $t$ ) is simply a random variable with a known distribution,

$$X_t = \mu + Z_t \quad (*)$$

where  $\mu$  = time average number of cases  
and  $\{Z_t\}$  = sequence of random variables with zero mean.

- Might be a reasonable model for importation of new, infectious individuals into a focal community.
- Bad model for epidemics: ignores transmission from one individual to another.
  - There must be a correlation between the number of individuals in the focal community who are infected now and the number who will be infected in the near future.

## Statistical Modelling of Time Series: AR and MA

- So, imagine that successive data points in  $\{X_t\}$  are correlated.
- For example, perhaps the data are generated by an *autoregressive (AR) process*:

$$X_t - \mu = \alpha_1(X_{t-1} - \mu) + \alpha_2(X_{t-2} - \mu) + \cdots + \alpha_p(X_{t-p} - \mu) + Z_t,$$

where the  $\alpha_i$  are constants that determine the degree of correlation along the time series.

- Alternatively, the data might be generated by a *moving average (MA) process*:

$$X_t - \mu = \beta_0 Z_t + \beta_1 Z_{t-1} + \cdots + \beta_q Z_{t-q},$$

where the  $\beta_i$  are constants that define a weighted average.

# Statistical Modelling of Time Series: ARMA

- More generally, the data might be generated by an *autoregressive moving average “ARMA( $p, q$ )” process:*

$$\begin{aligned} X_t - \mu = & \alpha_1(X_{t-1} - \mu) + \alpha_2(X_{t-2} - \mu) + \cdots + \alpha_p(X_{t-p} - \mu) \\ & + \beta_0 Z_t + \beta_1 Z_{t-1} + \cdots + \beta_q Z_{t-q}. \end{aligned}$$

# Statistical Modelling of Time Series: ARIMA

- Finally, an *autoregressive integrated moving average “ARIMA( $p, d, q$ )” model* includes weighted differences of the time series:

$$\begin{aligned} X_t - \mu = & \alpha_1(X_{t-1} - \mu) + \alpha_2(X_{t-2} - \mu) + \cdots + \alpha_p(X_{t-p} - \mu) \\ & + \gamma_1(X_{t-1} - X_{t-2}) + \gamma_2(X_{t-2} - X_{t-3}) + \cdots \\ & + \beta_0 Z_t + \beta_1 Z_{t-1} + \cdots + \beta_q Z_{t-q}. \end{aligned}$$

- The “I” in ARIMA refers to the original time series  $X_t$ , which is an “integrated” version of the differenced time series.
- Technically, an ARIMA model is just an ARMA model with differently labelled coefficients, but explicit differences are often helpful conceptually (e.g., they can “stationarize” a time series).

# What kind of process generated our data?

- *How can we tell if our data were generated by such a process?  
Can we identify an AR( $p$ ), MA( $q$ ) or ARMA( $p, q$ ) process?*
  
- Compare time plots of these processes with time plot of our data?    (Comparison by eye often challenging/unreliable.)
- Compare autocorrelation functions (correlograms) of these processes with correlogram of our data?    (Better.)
- Compare power spectra (periodograms) of these processes with periodogram of our data?    (Even better.)
- Compare wavelet spectra of these processes with wavelet spectrum of our data?    (Better yet.)

# Statistical Modelling of Time Series: ARMA fitting

- Looking at the power spectra of ARMA models would be instructive.
- But is there a better approach to discovering if an ARMA model could explain our data?
- Find the *best fit* ARMA parameters by minimizing the residual sum of squares. e.g., for an AR model, minimize:

$$S = \sum_{t=p+1}^N [(x_t - \mu) - \alpha_1(x_{t-1} - \mu) - \cdots - \alpha_p(x_{t-p} - \mu)]^2.$$

- More generally, we can find the best fit parameters of an ARIMA( $p, d, q$ ) model
  - Non-trivial, but there are standard methods
- Compare models with **Akaike Information Criterion (AIC)**, which penalizes models that have more parameters
  - See [Earn \(2009\)](#) review article for more discussion of this.

# Time series tools discussed so far...

- Statistical description of time series:  
time plot, moving average, correlation coefficient,  
autocorrelation, correlogram, power spectral density (PSD),  
periodogram, wavelet spectrum
- Time series models:  
AR, MA, ARMA, ARIMA

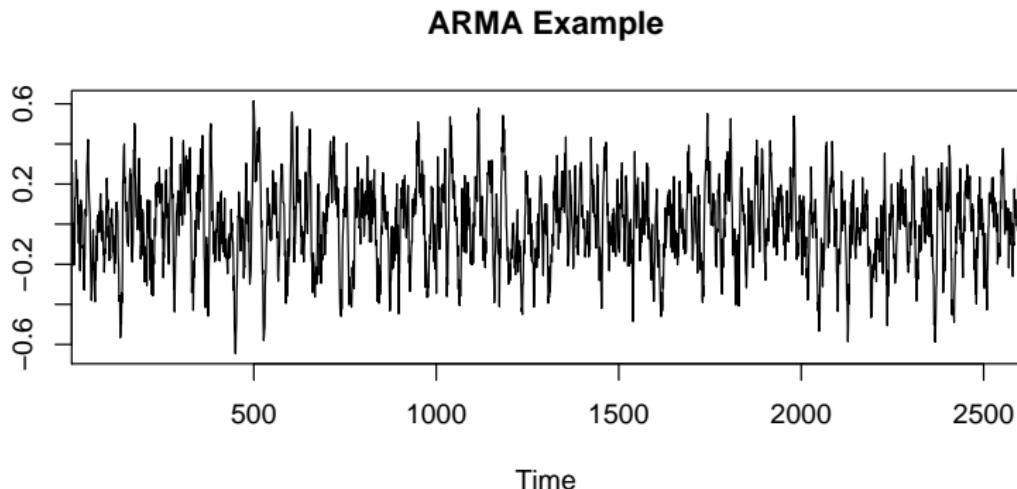
# Statistical Modelling of Time Series

## How to do it in ...

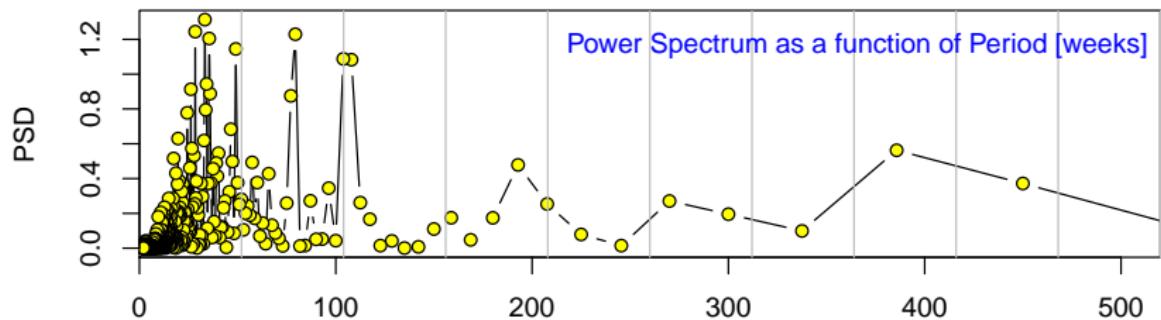
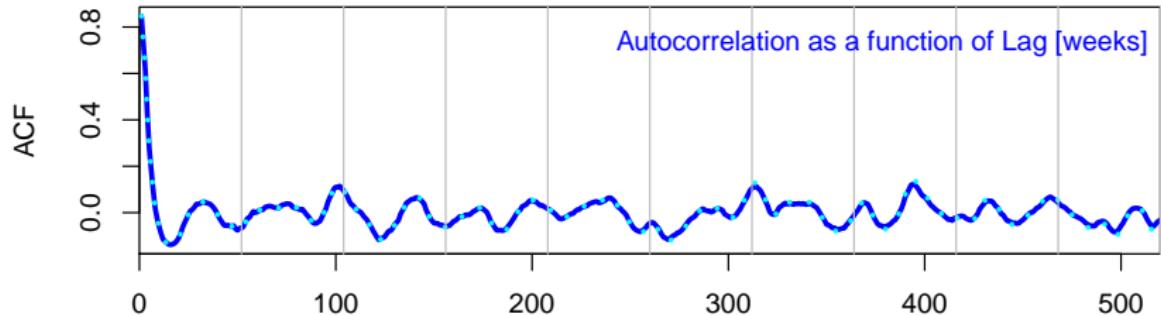
- Simulate any ARIMA( $p, d, q$ ) model with `arima.sim()`
- Fit an AR model to a time series with `ar()`
- Fit an ARIMA model to a time series with `arima()`
- Alternatively, there are specialized time series modelling packages.

# ARMA Example (50 years of weekly data)

```
my.model <- list(ar=c(1,-0.5,0.5,-0.25),ma=c(-0.25,0.5))
my.sim <- arima.sim(n=52*50,model=my.model,sd=0.1)
plot(my.sim,main="ARMA Example",ylab="",xaxs="i")
```



# ARMA Example (ACF and PSD up to 10 year lag)



# Statistical Modelling of Time Series: Forecasting

- Once we have a fitted model, we can then use it to *forecast* future observations
- *Validate* this procedure by using part of the data to fit the model and then forecast the remainder of the data (*cf.* cross-validation)
- How successful is this likely to be for an infectious disease time series?
  - Conceivably good for chicken pox in NYC.
  - Less likely to be good for measles... at least for the main patterns...
  - One of the project options is to look at this more carefully.

# Statistical Modelling of Time Series: Limitations

- It might be best to remove mean, trend and seasonality before fitting an ARMA model
  - But this means we will remove the aspects of the data about which we care most!
- The fitted parameters of an ARMA model have no obvious biological meaning
  - The model completely ignores any understanding we have of infectious disease transmission
- Statistical models use the time series itself to parameterize an ARMA (or more general) process
  - It would be better to have a model that we can parameterize from independently collected data and then see if that model can explain the observed time series

# Mechanistic Mathematical Modelling

- SIR and all that...
- Takes into account transmission process...
- So why did we just spend time talking about statistical modelling?
  - Important to be familiar with time series models that are in common use.
  - Helps us appreciate the value of mechanistic modelling.
  - Some processes that affect disease dynamics might be better modelled as ARMA or similar processes.
    - Weather (e.g., perhaps model  $\beta = \beta(t)$  as an ARMA process)
    - Immigration
  - Ruling out an ARMA model (or at least one with a modest number of parameters) is a step towards finding a good model.
  - A combination of mechanistic and time series models could be useful.

# THINKING ABOUT GRADUATE SCHOOL?

JOIN US TO FIND OUT MORE AT THE GRAD  
INFO SESSION!

**WHEN:** THURSDAY OCTOBER 3, 2019

**TIME:** 5:30PM – 7:00PM

**WHERE:** HH/305 AND THE MATH CAFÉ

---

Matheus Grasselli will give general advice on applying to grad school.

Shui Feng will talk about graduate programs particular to statistics.

Tom Hurd will talk about graduate opportunities in financial math including PhiMac.

Miroslav Lovric will give tips about applying to teachers' college.

**PIZZA** will be served! See you there!

