# Estimating the Attack Ratio of Dengue Epidemics under Time-varying Force of Infection using Aggregated Notification Data

Flávio Codeço Coelho and Luiz Max Carvalho

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Variable Force of Infection

Modeling Dengue

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Single-strain model
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Parameter estimation

Estimating S<sub>0</sub>
Attack Ratio

# **Summary**

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▶ Dengue is a Multi-Strain vector-borne disease

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- ▶ 4 major viral strains in circulation in Brazil

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- Vector population dynamics plays a major role in the modulation of incidence

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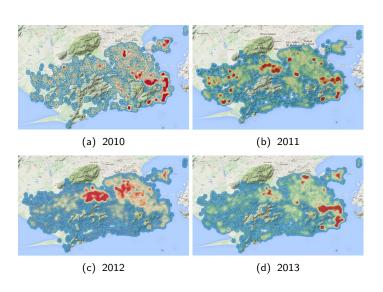
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- ▶ It's a Seasonal disease, but recurrence pattern is hard to predict
- Vector population dynamics plays a major role in the modulation of incidence
- Imunological structure of the population is also a key factor, but is mostly unknown.

# 4 epidemics



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# **Vector dynamics**

▶ A. Aegypti population dynamics display marked seasonality

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- Environmental stock of eggs

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- ▶ A. Aegypti population dynamics display marked seasonality
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- Environmental stock of eggs
- ▶ Effects on mosquito reproduction are non-linear

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- ▶ A. Aegypti population dynamics display marked seasonality
- ▶ Temperature, Humidity and rainfall are important factors
- Environmental stock of eggs
- Effects on mosquito reproduction are non-linear
- ► Delayed influence

# Effective Reproductive number $(R_t)$

The effective reproductive number can be easily estimated from the incidence time-series,  $Y_t$ :

$$R_t = \left(\frac{Y_{t+1}}{Y_t}\right)^{1/n} \tag{1}$$

Where n is the ratio between the length of reporting interval and the mean generation time of the disease.

Nishiura et. al. (2010)

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But what about the uncertainty about  $R_t$  <sup>1</sup>? We explore the approach of Ederer and Mantel[4], whose objective is to obtain confidence intervals for the ratio of two Poisson counts. Let  $Y_t \sim Poisson(\lambda_t)$  and  $Y_{t+1} \sim Poisson(\lambda_{t+1})$  and define  $S = Y_t + Y_{t+1}$ . The authors note that by conditioning on the sum S

$$Y_{t+1}|S \sim Binomial(S, \theta_t)$$
 (2)

$$\theta_t = \frac{\lambda_{t+1}}{\lambda_t + \lambda_{t+1}} \tag{3}$$

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¹Coelho, FC and Carvalho, LM (Submitted) ← → ← ≥ → ← ≥ → → ≥ → へ ?

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Let  $c_{\alpha}(\theta_t) = \{\theta_t^{(L)}, \theta_t^{(U)}\}$  be such that  $Pr(\theta_t^{(L)} < \theta_t < \theta_t^{(U)}) = \alpha$ . Analogously, define  $c_{\alpha}(R_t) = \{R_t^{(L)}, R_t^{(U)}\}$  such that  $Pr(R_t^{(L)} < R_t < R_t^{(U)}) = \alpha$ . Ederer and Mantel (1974) [4] show that one can construct a  $100\alpha\%$  confidence interval for  $R_t$  by noting that

$$R_t^{(L)} = \frac{\theta_t^{(L)}}{(1 - \theta_t^{(L)})} \quad \text{and} \quad R_t^{(U)} = \frac{\theta_t^{(U)}}{(1 - \theta_t^{(U)})}$$
 (4)

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Taking a Bayesian conjugate distribution approach, If we choose a Beta conjugate prior with parameters  $a_0$  and  $b_0$  for the Binomial likelihood in (2), the posterior distribution for  $\theta_t$  is

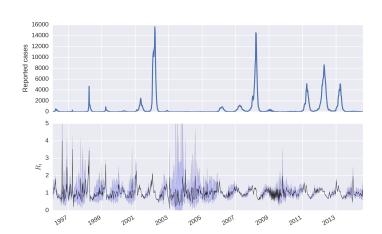
$$p(\theta_t|Y_{t+1},S) \sim Beta(Y_{t+1} + a_0, Y_t + b_0)$$
 (5)

Combining equations (4) and (5) tells us that the induced posterior distribution of  $R_t$  is a Beta prime (or inverted Beta) with parameters  $a_1 = Y_{t+1} + a_0$  and  $b_1 = Y_t + b_0$  [?]. The density of the induced distribution is then

$$f_P(R_t|a_1,b_1) = \frac{\Gamma(a_1+b_1)}{\Gamma(a_1)\Gamma(b_1)} R_t^{a_1-1} (1+R_t)^{-(a_1+b_1)}$$
 (6)

Thus, the expectation of  $R_t$  is  $a_1/(b_1-1)$  and its variance is  $a_1(a_1+b_1-1)/((b_1-2)(b_1-1)^2)$ .

# $R_t$ 's Uncertainty



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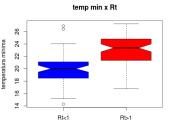
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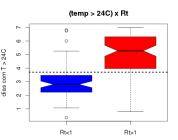
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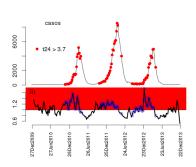
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# $R_t$ vs. Temperature







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(7)

Why not multi-strain? No Multi-strain data!!

$$\frac{dS}{dt} = -\beta(t)SI$$

$$\frac{dI}{dt} = \beta(t)SI - \tau I$$

$$\frac{dR}{dt} = \tau I$$

where 
$$S(t) + I(t) + R(t) = 1 \forall t$$
.

# Variable Force of Infection

From  $R_t$ , we can define a force of infection which varies with time:

$$\beta(t) = \frac{R_t \cdot \tau}{S} \tag{8}$$

But how do we get the value of S? we need to estimate  $S_0$ .

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### Bayesian framework:

▶ Define priors for  $S_0$  in the range (0,1)

$$p(S_{0j}|\mathbf{Y_j}) \propto L(\mathbf{Y_j}|S_{0j}, R_t, m, \tau)\pi(S_{0j})$$
 (9)

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### Bayesian framework:

- ▶ Define priors for  $S_0$  in the range (0,1)
- ▶ Samples from prior, calculate  $\beta(t)$  and run the model

$$p(S_{0j}|\mathbf{Y_j}) \propto L(\mathbf{Y_j}|S_{0j}, R_t, m, \tau)\pi(S_{0j})$$
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- ▶ calculate Likelihood of data given current parameterization

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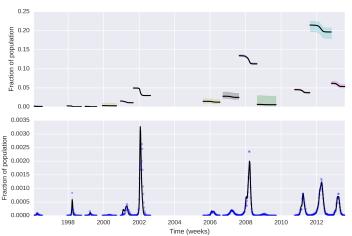
### Bayesian framework:

- ▶ Define priors for  $S_0$  in the range (0,1)
- ▶ Samples from prior, calculate  $\beta(t)$  and run the model
- ▶ calculate Likelihood of data given current parameterization
- ▶ Determine posterior probability of parameterization

$$p(S_{0j}|\mathbf{Y_j}) \propto L(\mathbf{Y_j}|S_{0j}, R_t, m, \tau)\pi(S_{0j})$$
 (9)

# **Models vs Data**

fiting the model to data (Rio de janeiro) to estimate  $S_0^2$ .



Posterior distribution for Susceptible (S) and infectious (I) individuous. Blue dots are data.

<sup>2</sup>Coelho FC et al., 2011

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Once we have  $S_0$ , we can caculate the attack ratio:

$$A_j = \frac{\sum Y_j}{S_{0j}} \tag{10}$$

# Attack ratio

Table: Median attack ratio and 95% credibility intervals calculated according to (10). Values are presented as percentage of total population.  $^{\dagger}$ : Year corresponds to the start of the epidemic, however the peak of cases may occur in the following year.  $^{\ddagger}$ : Susceptible fraction. These results show considerable variation in AR between epidemics, consistent with the accquiring and loss of serotype-specific immunity.

Year <sup>†</sup>	median Attack Ratio	$S_0^{\ddagger}$
1996	0.39 (0.17-0.54)	0.00171(0.0012-0.0038)
1997	0.87 (0.74-0.87)	0.00273(0.0027-0.0032)
1998	0.5 (0.49-0.5)	0.00142(0.0014-0.0014)
1999	0.11 (0.037-0.2)	0.00345(0.0018-0.01)
2000	0.25 (0.24-0.27)	0.0155(0.015-0.016)
2001	0.48 (0.47-0.49)	0.0495(0.048-0.051)
2005	0.15 (0.1-0.21)	0.0147(0.01-0.021)
2006	0.11 (0.08-0.14)	0.0281(0.022-0.037)
2007	0.15 (0.15-0.15)	0.135(0.13-0.14)
2008	0.14 (0.031-0.31)	0.00672(0.003-0.024)
2010	0.18 (0.17-0.19)	0.0454(0.043-0.048)
2011	0.086 (0.082-0.094)	0.215(0.2-0.23)
2012	0.14 (0.13-0.15)	0.0621(0.058-0.068)

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# Thank you!

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