Inference

Connecting models to data

The problem with infection data

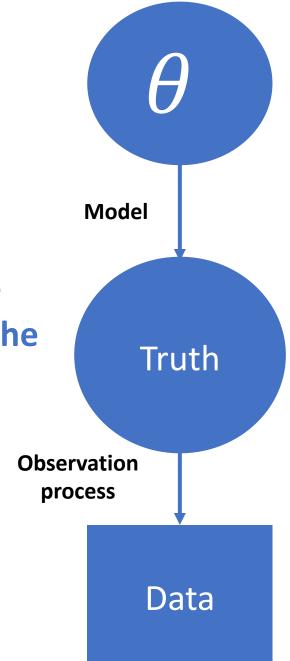
Often only observe a proportion of reality

- Hospitalised case data gives you those who had severe infection
- Symptom onsets are observed but infection times are not

Or only observe a measure of infection

- antibody response at one time point
- result of imperfect diagnostic test

We use this data to infer the 'truth'.



In a perfect world, we would directly observe the 'truth'.

Imperfect reporting of incidence data

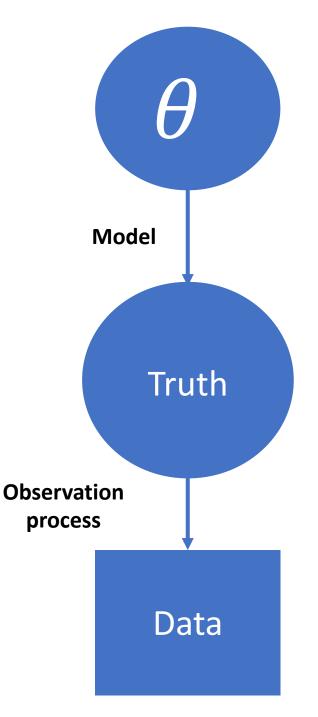
•
$$\theta = R_0, D_{lat}, D_{inf}, D_{imm}, \alpha, \rho$$

Deterministic/Stochastic model SEITL model

• Predicted incidence *Inc*

• We assumed data were recorded according to a Poisson process : Poisson(ρInc) with reporting rate ρ and predicted incidence Inc

Reported incidence over time



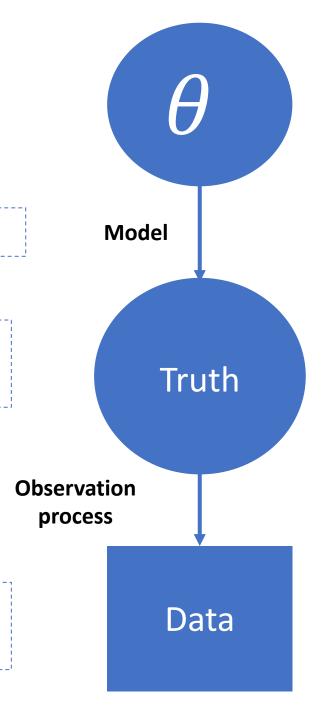
Diagnostic testing results

Susceptible-Infected model

Predicted number of susceptible
(S) and infected (I) animals

• Binomial(*I*, sensitivity).Binomial(*S*, specificity)

 Diagnostic test results: test positives and test negatives



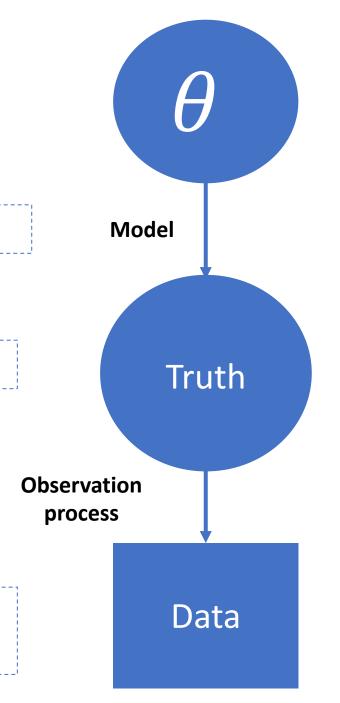
Serological data

Antibody process model

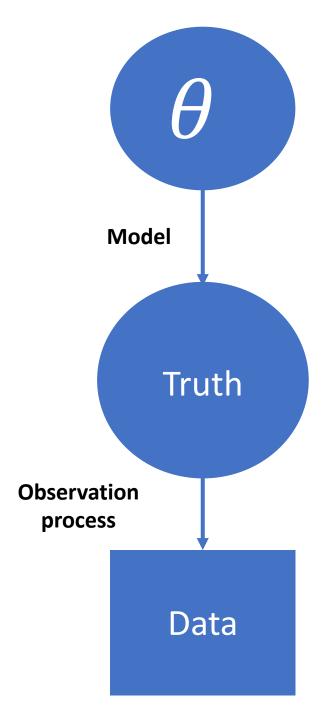
Predicted log antibody titre

 Normally distributed error around predicted log antibody titre

 Laboratory based assay (measure of log antibody titre)



Connecting your models to data relies on distinguishing how you predict the 'truth' (model) and how you connect this 'truth' to your data (observation process).



Examples

- Kucharski AJ, Lessler J, Cummings DAT, Riley S (2018) Timescales of influenza A/H3N2 antibody dynamics. PLOS Biology 16(8): e2004974.https://doi.org/10.1371/journal.pbio.2004974
- Brooks-Pollock E, Roberts G.O, Keeling, M.J (2014) A dynamic model of bovine tuberculosis spread and control in Great Britain.
 Nature, 511, pp. 228-231