

Inference

Connecting models to data

The problem with infection data

Often only observe a proportion of reality

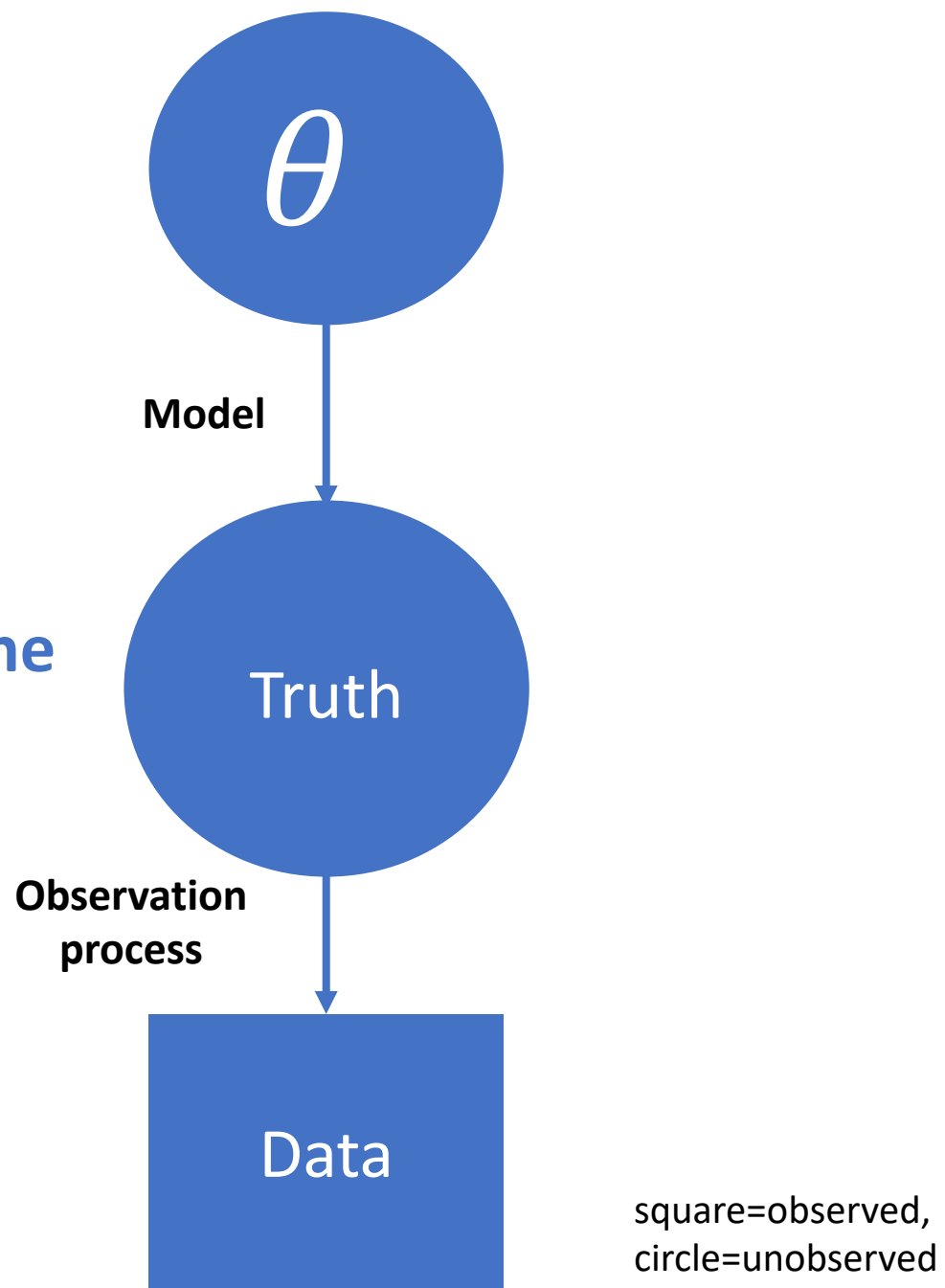
- Hospitalised case data gives you those who had severe infection
- Symptom onsets are observed but infection times are not

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

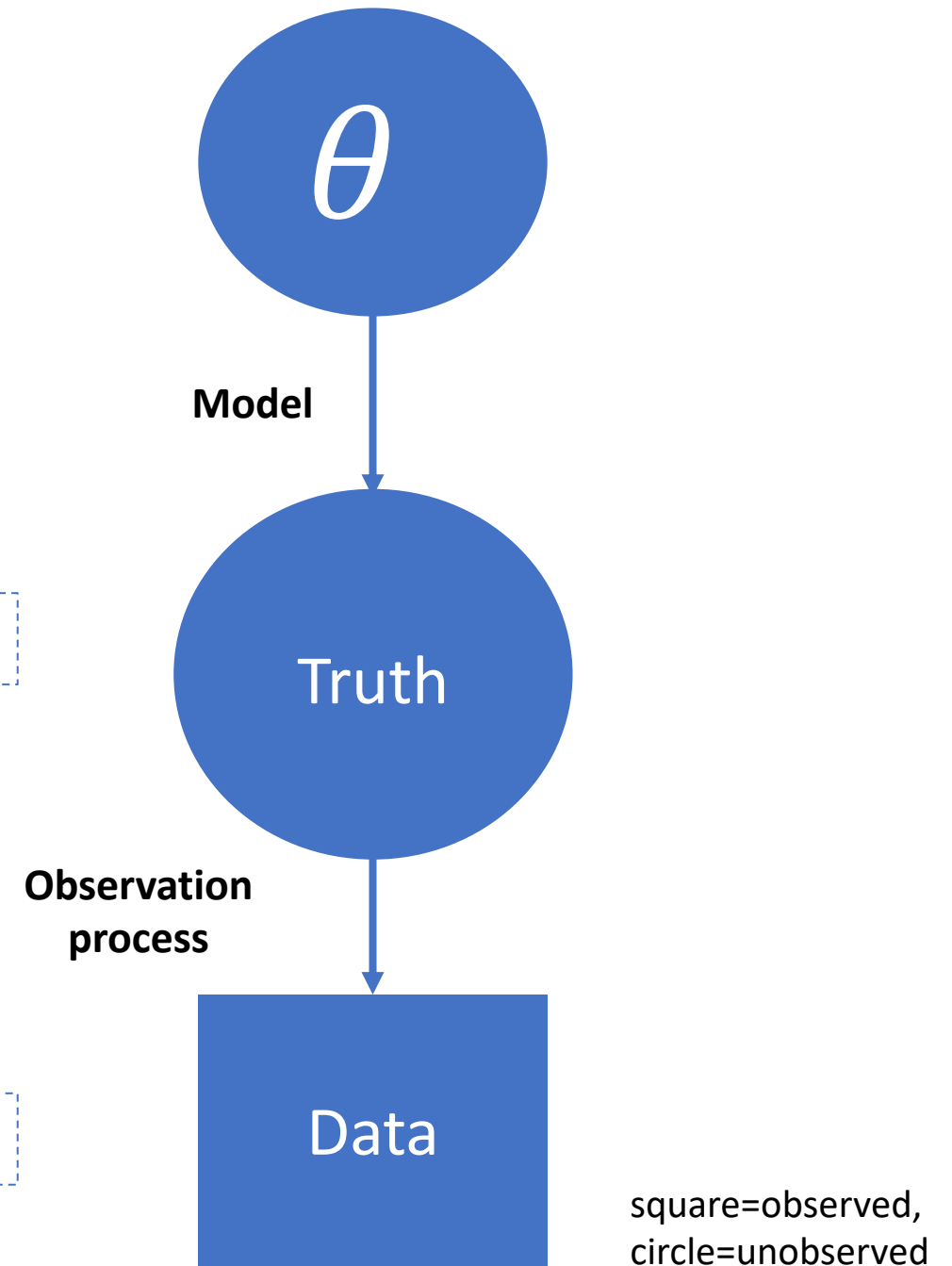
- $\theta = R_0, D_{lat}, D_{inf}, D_{imm}, \alpha, \rho$

- Deterministic/Stochastic model SEITL model

- Predicted incidence Inc

- We assumed data were recorded according to a Poisson process : $\text{Poisson}(\rho Inc)$ with reporting rate ρ and predicted incidence Inc

- Reported incidence over time



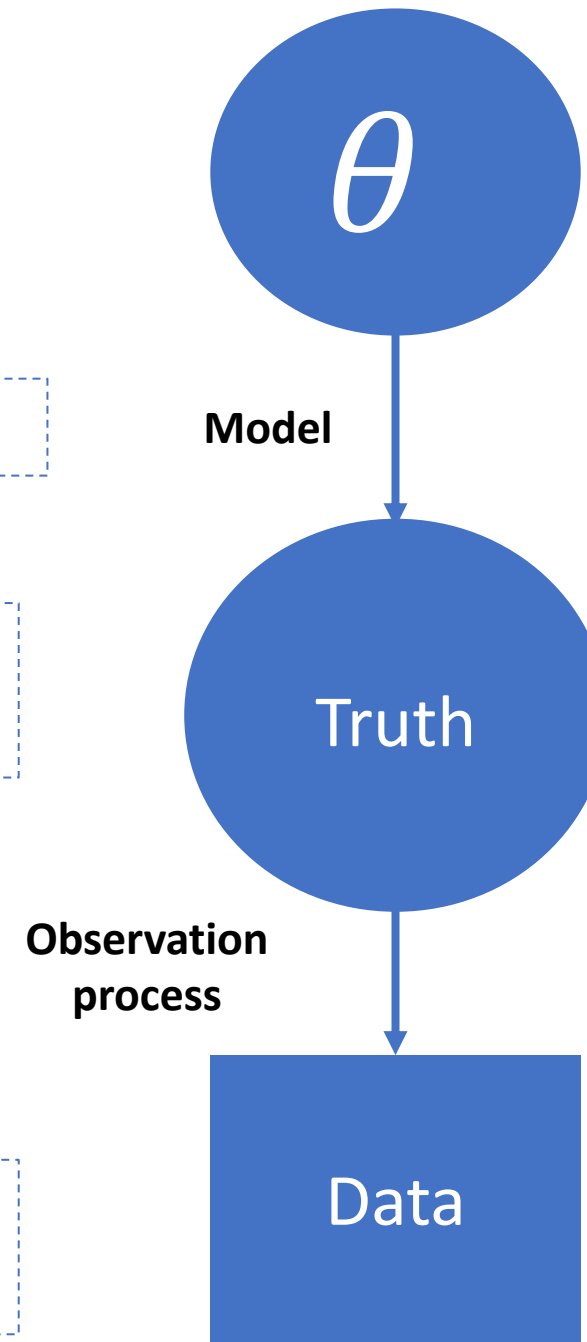
Diagnostic testing results

- Susceptible-Infected model

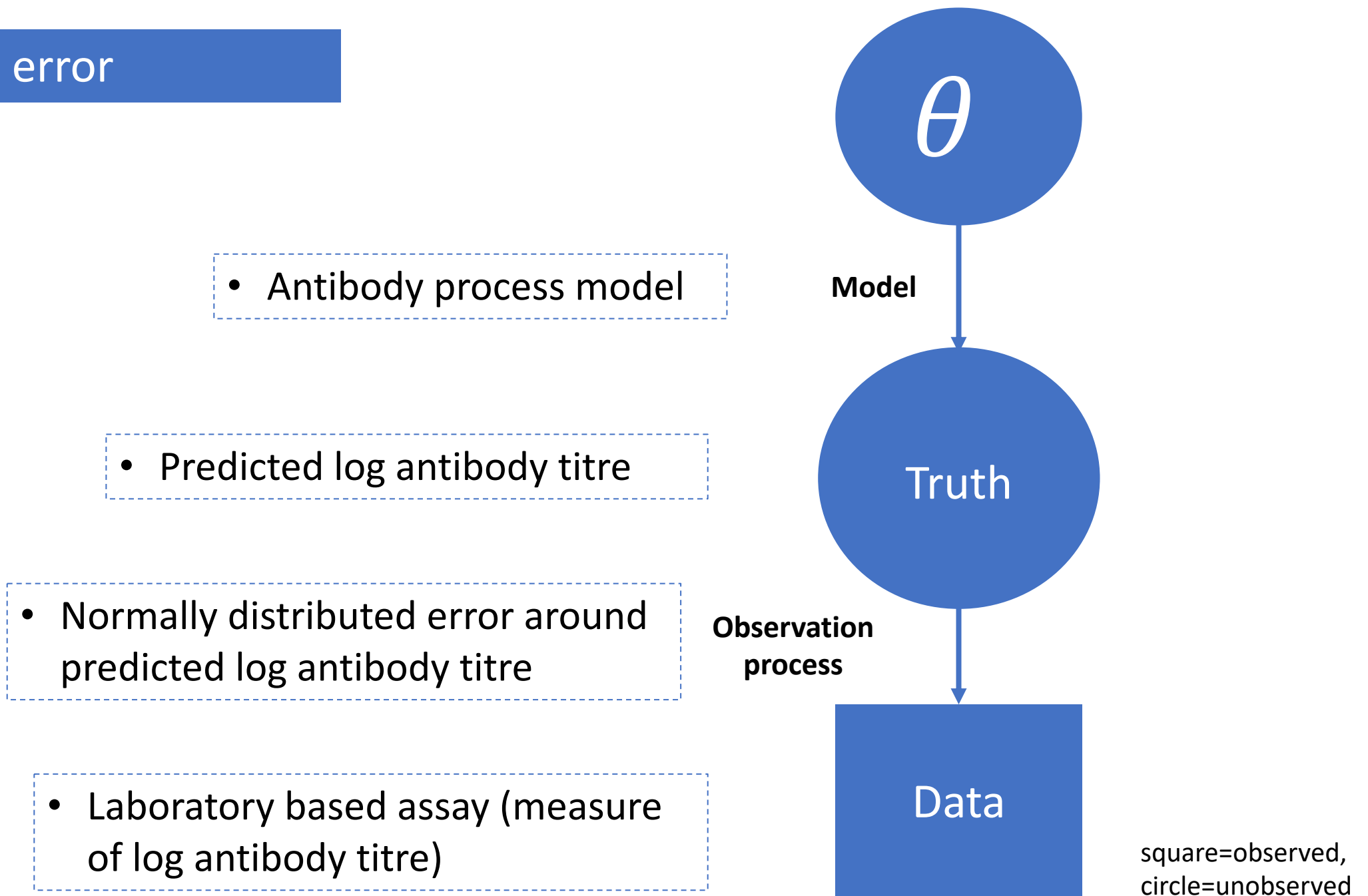
- Predicted number of susceptible (S) and infected (I) animals

- $\text{Binomial}(I, \text{sensitivity}) . \text{Binomial}(S, \text{specificity})$

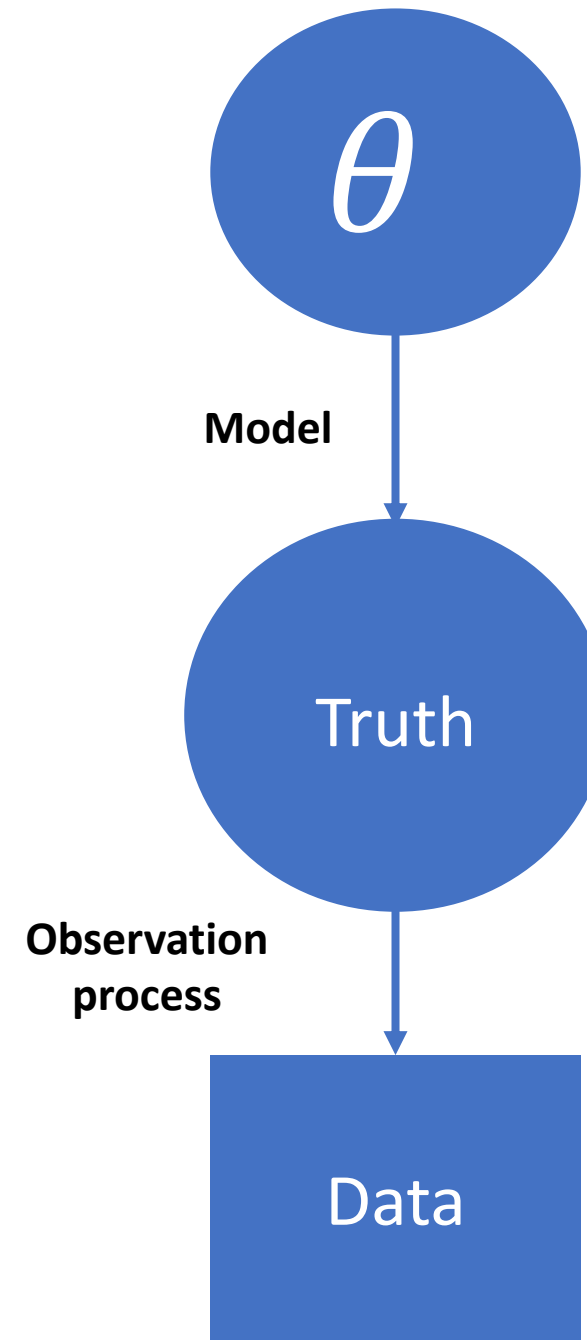
- Diagnostic test results : test positives () and test negatives ()



Laboratory error



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