Estimating local chlamydia incidence and prevalence using surveillance data: eAppendix 3

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1 Local differences in chlamydia prevalence, proportion diagnosed and positivity

In this example, we use local numbers of chlamydia tests and diagnoses recorded during 2012 to investigate local differences in incidence, prevalence and screening in men and women.

Surveillance data on chlamydia testing and diagnosis rates by English local authority (LA) in 2012 were downloaded from: http://www.chlamydiascreening.nhs.uk/ps/data.asp (downloaded 9 February 2016). Numbers of tests and diagnoses were copied into the csv file included with this notebook.

```
In [2]: # now read in the local testing and diagnosis rates
       import pandas as pd
       from pandas import *
       pd.options.mode.chained_assignment = None # default='warn'
       alldata = pd.read_csv('2012_age_sex_LA.csv')
       alldata = alldata[alldata.la != 'Isles of Scilly'] # remove Scilly Isles because of small numbers
       alldata.index = range(len(alldata))
       print alldata[['la','tests.male.15-19','positives.male.15-19', 'population.male.15-19']][:10]
        # la: Local Authority (Upper Tier)
        # gor: Government Office Region
        # phec: Public Health England Region
        # pher: Public Health England Centre
la tests.male.15-19 positives.male.15-19 \
O Barking and Dagenham
                                            1741
                                                                         83
1
                    Barnet
                                              491
                                                                          46
```

```
Bexlev
                                           631
                                                                      55
3
                    Brent
                                          1209
                                                                      98
4
                  Bromley
                                          1049
                                                                      59
5
                   Camden
                                          1225
                                                                      91
6
          City of London
                                            12
                                                                       0
7
                                                                     146
                  Croydon
                                          1570
8
                                                                      47
                   Ealing
                                          1126
9
                  Enfield
                                           609
                                                                      44
   population.male.15-19
0
                     10694
1
2
                      7850
3
                      9809
4
                      9289
5
                      5915
6
                        113
7
                     12161
8
                      9660
9
                     10808
```

Tests, diagnoses and population sizs for men aged 15-19 in ten LAs are printed above, to provide examples of the data used.

1.1 Testing and diagnosis rates

Samples for the testing and diagnosis rates for 16-24-year-old men and women in each LA were generated from gamma distributions based on the data.

```
In [3]: # NB random state (rs) is set in sample_parameters.py, above.
        # set up arrays to store, for each LA:
        test_sample_m = empty([n_sample, len(alldata)]) # testing rate
        test_sample_f = empty([n_sample, len(alldata)])
        diag_sample_m = empty([n_sample, len(alldata)]) # observed diagnosis rate
       diag_sample_f = empty([n_sample, len(alldata)])
       diag_m_la = empty([n_sample, len(alldata)]) # predicted diagnosis rate
       diag_f_la = empty([n_sample, len(alldata)])
       for i in xrange(len(alldata.index)):
            #####
            # men
            #####
             \textit{\# sample for the testing rate, per sexually active 15-24-year-old } \\
            test_sample_m[:,i] = rs.gamma(alldata['tests.male.total'][i],1,size = n_sample)/ \
                rs.binomial(alldata['population.male.15-19'][i] + alldata['population.male.20-24'][i],
                                p_active_m_16_24, size=n_sample)
            diag_sample_m[:,i] = rs.gamma(alldata['positives.male.total'][i],1,size = n_sample)/ \
                rs.binomial(alldata['population.male.15-19'][i] + alldata['population.male.20-24'][i],
                                p_active_m_16_24, size=n_sample)
            #####
            # women
            # sample for the testing rate, per sexually active 15-24-year-old
            test_sample_f[:,i] = rs.gamma(alldata['tests.female.total'][i],1,size = n_sample)/ \
                rs.binomial(alldata['population.female.15-19'][i] + alldata['population.female.20-24'][i],
                                p_active_f_16_24, size=n_sample)
            diag_sample_f[:,i] = rs.gamma(alldata['positives.female.total'][i],1,size = n_sample)/ \
                rs.binomial(alldata['population.female.15-19'][i] + alldata['population.female.20-24'][i],
                                p_active_f_16_24, size=n_sample)
```

We now examine the correlation between local proportions tested and diagnosed, for men and women separately.

```
In [6]: # Figure 1:
        # plot testing and diagnosis rates to examine correlation
        import matplotlib.pyplot as plt
       %matplotlib inline
        def plt_ppc(ax, xsample, ysample, index, ci, col, alpha=1):
            # ci is the confidence interval required, as a %
            ax.errorbar(percentile(xsample, 50, index),
                        percentile(ysample, 50, index),
                        xerr=squeeze(
                            array([[percentile(xsample,50, index) - percentile(xsample, (100.-ci)/2, index)],
                                   [percentile(xsample, (100.+ci)/2, index) - percentile(xsample,50, index)]])
                    ),
                        verr=squeeze(
                            array([[percentile(ysample,50, index) - percentile(ysample, (100.-ci)/2, index)],
                                   [percentile(ysample, (100.+ci)/2, index) - percentile(ysample,50, index)]])
                    ),
                        linestyle = 'None', color = col, alpha=alpha)
       fig = plt.figure(figsize = (10,5))
        ax1 = fig.add_subplot(121)
        ax2 = fig.add_subplot(122)
       plt_ppc(ax1, test_sample_m, diag_sample_m, 0, 95, 'b', alpha=0.3)
        ax1.plot(percentile(test_sample_m, 50, 0), percentile(diag_sample_m, 50, 0), '.b')
       plt_ppc(ax2, test_sample_f, diag_sample_f, 0, 95, 'r', alpha=0.3)
        ax2.plot(percentile(test_sample_f, 50, 0), percentile(diag_sample_f, 50, 0), '.r')
        ax1.set_title('Sexually active men, 15-24'); ax2.set_title('Sexually active women, 15-24')
        ax1.set_xlabel('Proportion tested'); ax2.set_xlabel('Proportion tested')
        ax1.set_ylabel('Proportion diagnosed'); ax2.set_ylabel('Proportion diagnosed')
        ax1.set_xlim([0,1]); ax2.set_xlim([0,1])
        ax1.set_ylim([0,0.1]); ax2.set_ylim([0,0.1])
Out[6]: (0, 0.1)
```

Plotting the proportion of the sexually active population tested for chlamydia against the proportion diagnosed shows clearly the correlation between the two: as more tests are conducted, more infections are discovered. In these (and all subsequent) plots, markers show the median of the sampled distributions, and error bars the 2.5th and 97.5th centiles.

1.2 Positivity and prevalence

Using the sampled proportions tested and diagnosed, we now calculate prevalence in men and women in each LA and then examine the correlation between observed positivity and our estimated prevalence.

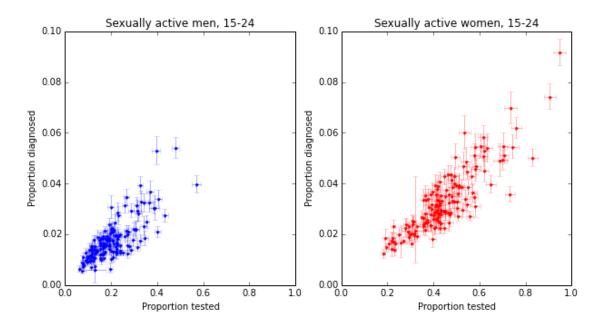


Figure 1: Correlations between the proportions of 16-24-year-old men (left) and women (right) in each local authority who were tested for and diagnosed with chlamydia in 2012.

```
# screening and diagnosis rates
for j in xrange(n_sample):
    # local screening and incidence, given local testing and diagnoses
    [inc_m_la[j,i], scr_m_la[j,i]] = fsolve(lambda x: test_diag_fun(concatenate([
                    x, array([
                            1-p_asymp_m[j], # proportion of incident infections which are symptomatic
                            sc_m[j], # rate of self-clear
                            att_symp[j],
                            p_true_pos_m[j],
                            p_false_pos_m[j]
                        ])])) - array([test_sample_m[j,i],diag_sample_m[j,i]]), [0.09, 0.25])
    # local prevalence, calculated from local screening and incidence
    prev_m_la[j,i] = dyn_fun(
        inc_m_la[j,i]*p_asymp_m[j],
        sc_m[j] + scr_m_la[j,i]*p_true_pos_m[j],
        inc_m_la[j,i]*(1-p_asymp_m[j]),
        scr_m_la[j,i]*p_true_pos_m[j] + att_symp[j]*p_true_pos_m[j]
    )
#####
# women
#####
# screening and diagnosis rates
diag_f_la[:,i] = zeros(n_sample)
for j in xrange(n_sample):
    # local screening and incidence, given local testing and diagnoses
    [inc_f_la[j,i], scr_f_la[j,i]] = fsolve(lambda x: test_diag_fun(concatenate([
                            1-p\_asymp\_f[j] \text{, \# proportion of incident infections which are symptomatic} \\
                            sc_f[j], # rate of self-clear
                            att_symp[j],
                            p_true_pos_f[j],
                            p_false_pos_f[j]
                        ])])) - array([test_sample_f[j,i],diag_sample_f[j,i]]), [0.09, 0.25])
    # local prevalence, calculated from local screening and incidence
```

```
prev_f_la[j,i] = dyn_fun(
                   inc_f_la[j,i]*p_asymp_f[j],
                   sc_f[j] + scr_f_la[j,i]*p_true_pos_f[j],
                   inc_f_la[j,i]*(1-p_asymp_f[j]),
                   scr_f_la[j,i]*p_true_pos_f[j] + att_symp[j]*p_true_pos_f[j]
O Barking and Dagenham
10 Greenwich
20 Kingston upon Thames
30 Waltham Forest
40 Derbyshire
50 Peterborough
60 Solihull
70 Halton
80 Lancashire
90 Wigan
100 South Tyneside
110 Leeds
120 Gloucestershire
130 Bournemouth
140 Medway
150 Wokingham
In []: # Figure 2
       fig = plt.figure(figsize = (10,5))
       ax1 = fig.add_subplot(121)
       ax2 = fig.add_subplot(122)
       # positivity
       pos_m_la = diag_sample_m/test_sample_m
       pos_f_la = diag_sample_f/test_sample_f
       # add to plot
       plt_ppc(ax1, prev_m_la, pos_m_la, 0, 95, 'b', alpha=0.2)
       ax1.plot(percentile(prev_m_la, 50, 0), percentile(pos_m_la, 50, 0), '.b')
       plt_ppc(ax2, prev_f_la, pos_f_la, 0, 95, 'r', alpha=0.2)
       ax2.plot(percentile(prev_f_la, 50, 0), percentile(pos_f_la, 50, 0), '.r')
       ax1.set_xlim([0,0.1]); ax1.set_ylim([0,0.2])
       ax1.set_xlabel('Prevalence in sexually active men 15-24')
       ax1.set_ylabel('Positivity')
       #ax1.set_title('Sexually active men 15-24')
       ax2.set_xlim([0,0.1]); ax2.set_ylim([0,0.2])
       ax2.set_xlabel('Prevalence in sexually active women 15-24')
       #ax2.set_ylabel('Positivity')
       #ax2.set_title('Sexually active women 15-24')
```

Although there is a positive correlation between prevalence and positivity, positivity is consistently higher because the sample of individuals tested is enriched with infected individuals seeking treatment because of symptoms. There are also a large number of possible pairs of local authorities in which the authority with the lower positivity has the higher prevalence.

The confidence intervals on the positivity and prevalence estimates are wide, but much of this uncertainty stems from weak information on the model's natural history parameters. To understand the correlation better, we estimate Spearman's rho separately for each multivariate sample of model parameters, testing and diagnosis rates:

```
In []: from scipy import stats

# examine the Spearman correlation by sample
spearman = empty([shape(pos_m_la)[0],2])
p_val = empty([shape(pos_m_la)[0],2])
```

```
for i in xrange(shape(pos_m_la)[0]):
            spearman[i,0] = stats.spearmanr(prev_m_la[i], pos_m_la[i])[0]
            spearman[i,1] = stats.spearmanr(prev_f_la[i], pos_m_la[i])[0]
            p_val[i,0] = stats.spearmanr(prev_m_la[i], pos_m_la[i])[1]
            p_val[i,1] = stats.spearmanr(prev_f_la[i], pos_m_la[i])[1]
        # find the (0, 2.5, 25, 50, 97.5, 100)th centiles of the p-values,
        # for men (left) and women (right)
       percentile(p_val, [0,2.5,25,50,75,97.5,100], axis=0)
In []: # Figure 3
        # Set the default color cycle
        import matplotlib as mpl
        mpl.rcParams['axes.color_cycle'] = ['b', 'r']
        # histogram of the Spearman correlation values
       h=plt.hist(spearman, 20, histtype='step')
        plt.xlabel('Spearman correlation coefficient')
        plt.ylabel('Frequency')
```

For the samples drawn, the correlation between prevalence and positivity (measured by Spearman's ρ) was always positive and statistically significant (p < 0.05). However, the correlations - especially for women - were sometimes weak (see histograms).

As a consistency check, we calculate weighted averages of the prevalence estimates by LA, and compare these to estimates made from the aggregated national numbers of tests and diagnoses.

```
In [ ]: # Figure 4
```

```
pop_active_m = empty([n_sample,len(alldata.index)])
pop_active_f = empty([n_sample,len(alldata.index)])
for i in xrange(len(alldata.index)):
    pop_active_m[:,i] = rs.binomial(alldata['population.male.15-19'][i] \
                                    + alldata['population.male.20-24'][i],
                        p_active_m_16_24, size=n_sample)
    pop_active_f[:,i] = rs.binomial(alldata['population.female.15-19'][i] \
                                    + alldata['population.female.20-24'][i],
                        p_active_f_16_24, size=n_sample)
# testing and diagnosis rates sampled as in england.ipynb
test_rate_m_15_24 = rs.gamma(566908, 1, size=n_sample)/pop_active_m_15_24
diag_rate_m_15_24 = rs.gamma(48387, 1, size=n_sample)/pop_active_m_15_24
test_rate_f_15_24 = rs.gamma(1205896, 1, size=n_sample)/pop_active_f_15_24
diag_rate_f_15_24 = rs.gamma(88101, 1, size=n_sample)/pop_active_f_15_24
inc_m = empty(n_sample); scr_m = empty(n_sample); prev_m = empty(n_sample);
inc_f = empty(n_sample); scr_f = empty(n_sample); prev_f = empty(n_sample);
for j in xrange(n_sample):
    # local screening and incidence, given local testing and diagnoses
    [inc_m[j], scr_m[j]] = fsolve(lambda x: test_diag_fun(concatenate([
                    x, array([
                            1-p_asymp_m[j], # proportion of incident infections which are symptomatic
                            sc_m[j], # rate of self-clear
                            att_symp[j],
                            p_true_pos_m[j],
                            p_false_pos_m[j]
                        ])])) - array([test_rate_m_15_24[j],diag_rate_m_15_24[j]]), [0.09, 0.25])
    # local prevalence, calculated from local screening and incidence
    prev_m[j] = dyn_fun(
        inc_m[j]*p_asymp_m[j],
        sc_m[j] + scr_m[j]*p_true_pos_m[j],
        inc_m[j]*(1-p_asymp_m[j]),
        scr_m[j]*p_true_pos_m[j] + att_symp[j]*p_true_pos_m[j]
    )
    # local screening and incidence, given local testing and diagnoses
```

```
[inc_f[j], scr_f[j]] = fsolve(lambda x: test_diag_fun(concatenate([
                   x, array([
                           1-p_asymp_f[j], # proportion of incident infections which are symptomatic
                           sc_f[j], # rate of self-clear
                           att_symp[j],
                          p_true_pos_f[j],
                           p_false_pos_f[j]
                       ])])) - array([test_rate_f_15_24[j],diag_rate_f_15_24[j]]), [0.09, 0.25])
    # local prevalence, calculated from local screening and incidence
    prev_f[j] = dyn_fun(
       inc_f[j]*p_asymp_f[j],
       sc_f[j] + scr_f[j]*p_true_pos_f[j],
       inc_f[j]*(1-p_asymp_f[j]),
       sc_f[j] + scr_f[j]*p_true_pos_f[j] + att_symp[j]*p_true_pos_f[j]
hm_las=plt.hist(
   sum(prev_m_la*pop_active_m, axis=1)/sum(pop_active_m, axis=1),
    20, histtype='step', normed='true',
    label = 'men; by LA')
hm_total=plt.hist(prev_m, 20, linestyle='dashed', histtype='step', normed='true', color='b',
   label = 'men; national')
hf_las=plt.hist(
    20, histtype='step', color='r', normed='true',
    label = 'women; by LA')
hf_total=plt.hist(prev_f, 20, linestyle='dashed', histtype='step', normed='true', color='r',
    label = 'women; national')
plt.xlabel('Prevalence')
plt.legend()
```

The sampled prevalence distributions are very close, giving confidence in our method.

1.3 Local differences in prevalence

We now use our samples to compare prevalence by local authority.

```
In []: # Figure 5
        fig = plt.figure(figsize = (12,3))
        ax1 = fig.add_subplot(121)
        ax2 = fig.add_subplot(122)
        order_m = argsort(percentile(prev_m_la,50,axis=0)) # order by prevalence in men
        # Comment-out the next line to plot all LAs. You will also need to adjust axis sizes.
        order_m = order_m[append(range(0,5),range(146,151))]
        ax1.errorbar(
            y = range(len(order_m)),
             x = (percentile(prev_m_la,50,axis=0))[order_m],
             xerr=array([percentile(prev_m_la[:,order_m],50,axis=0) - percentile(prev_m_la[:,order_m],2.5,axis=0),
                     percentile(prev_m_la[:,order_m],97.5,axis=0) - percentile(prev_m_la[:,order_m],50,axis=0)]
                      ),
             fmt='.')
        ax1.set_ylim(-1, len(order_m)); ax1.set_xlim(0, 0.17)
        ax1.set_xlabel('Prevalence in sexually active men 15-24')
        ax1.grid(True)
        ax1.set_yticklabels([])
        print 'Lowest prevalence in men (median sample):', (percentile(prev_m_la,50,axis=0))[order_m[0]]
print 'Highest prevalence in men (median sample):', (percentile(prev_m_la,50,axis=0))[order_m[-1]]
        order_f = argsort(percentile(prev_f_la,50,axis=0)) # order by prevalence in women
        # Comment-out the next line to plot all LAs. You will also need to adjust axis sizes.
        order_f = order_f[append(range(0,5),range(146,151))]
        ax2.errorbar(
             y = range(len(order_f)),
```

In general, the 95% credible intervals for the highest and lowest LAs do not overlap at all, or only slightly. However, there are over 100 LAs with intermediate prevalence in which the distributions do overlap. (A plot showing all LAs can be obtained by commenting-out the lines indicated above.) Although there are local differences in prevalence, they are generally small compared with the uncertainty in our estimates. Only in the most extreme cases can differences be clearly resolved.

We also plot inferred prevalence against deprivation (rank of average score from the English Indices of Deprivation 2010):

```
In [ ]: # Figure 6
```

```
# lookup table for local authority coding in NCSP vs deprivation data
# Contains National Statistics data © Crown copyright and database right 2016
district_key = pd.read_csv('LAD12_CTY12_EN_LU.csv')
# indices of deprivation downloaded from
# https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010 1 December 2010
# Contains public sector information licensed under the Open Government Licence v3.0;
# http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/
code_key = pd.read_csv('code_equivalents.csv') # downloaded from https://data.gov.uk/dataset/local-authority-districts-u
deprivation = pd.read_csv('deprivation_indices_2010.csv')
fig = plt.figure(figsize = (10,5))
ax1 = fig.add_subplot(121)
ax2 = fig.add_subplot(122)
quantiles_m = percentile(prev_m_la, [50,2.5,97.5], 0)
quantiles_f = percentile(prev_f_la, [50,2.5,97.5], 0)
for i in deprivation.index:
    old_code = deprivation[u'LA CODE'][i]
    new_code = code_key['Current code'][code_key['Former code'] == old_code].tolist()[0]
    # special case for Northumberland, because a new code was allocated when boundaries changed:
    if new_code == 'E06000048': # Northumberland
        new_code = 'E06000057'
    if new_code in alldata.la_code.tolist(): # if LA can be found in NCSP data using new code
        ax1.plot(deprivation[u'Rank of Average Score'][i],
                quantiles_m[0][where(alldata.la_code == new_code)],
                , b')
        ax1.errorbar(deprivation[u'Rank of Average Score'][i],
                quantiles_m[0][where(alldata.la_code == new_code)],
                yerr = array([(quantiles_m[0]-quantiles_m[1])[where(alldata.la_code == new_code)],
                             (quantiles_m[2]-quantiles_m[0])[where(alldata.la_code == new_code)]]),
                color='b', alpha=0.2)
        ax2.plot(deprivation[u'Rank of Average Score'][i],
                quantiles_f[0][where(alldata.la_code == new_code)],
                '.r')
```

```
ax2.errorbar(deprivation[u'Rank of Average Score'][i],
                quantiles_f[0][where(alldata.la_code == new_code)],
                yerr = array([(quantiles_f[0]-quantiles_f[1])[where(alldata.la_code == new_code)],
                             (quantiles_f[2]-quantiles_f[0])[where(alldata.la_code == new_code)]]),
                color='r', alpha=0.2)
    elif old_code in district_key['LAD12CD0'].tolist(): # if LA can be found in list of districts
        new_code = district_key['CTY12CD'][district_key['LAD12CDO']==old_code].tolist()[0]
        # special case for Gateshead, because a new code was allocated when boundaries changed:
        if old_code == '00CH':
            new_code = 'E08000037'
        ax1.plot(deprivation[u'Rank of Average Score'][i],
            quantiles_m[0][where(alldata.la_code == new_code)],
        ax1.errorbar(deprivation[u'Rank of Average Score'][i],
                quantiles_m[0][where(alldata.la_code == new_code)],
                yerr = array([(quantiles_m[0]-quantiles_m[1])[where(alldata.la_code == new_code)],
                             (quantiles_m[2]-quantiles_m[0])[where(alldata.la_code == new_code)]]),
                color='b', alpha=0.2)
        ax2.plot(deprivation[u'Rank of Average Score'][i],
            quantiles_f[0][where(alldata.la_code == new_code)],
        ax2.errorbar(deprivation[u'Rank of Average Score'][i],
                quantiles_f[0][where(alldata.la_code == new_code)],
                yerr = array([(quantiles_f[0]-quantiles_f[1])[where(alldata.la_code == new_code)],
                             (quantiles_f[2]-quantiles_f[0])[where(alldata.la_code == new_code)]]),
                color='r', alpha=0.2)
    else:
        # Scilly Isles not plotted because excluded due to low numbers
        print 'no', deprivation[u'LA NAME'][i], old_code, new_code
ax1.set_xlim([0,350]); ax1.set_ylim([0,0.07])
ax1.set_xlabel('Index of Multiple Deprivation')
ax1.set_ylabel('Prevalence in sexually active 15-24-year-olds')
#ax1.set_title('Sexually active men 15-24 years')
ax2.set_xlim([0,350]); ax2.set_ylim([0,0.07])
ax2.set_xlabel('Index of Multiple Deprivation')
#ax2.set_ylabel('Prevalence')
#ax2.set_title('Sexually active women 15-24 years')
```

The pattern shown, of higher prevalence in more deprived areas, agrees with primary analysis of Natsal-3 (Sonnenberg *et al.*, 2013) which identified index of multiple deprivation quintile as a risk factor for chlamydia infection.

We can also show local prevalence on a map:

```
In []: # Figure 7
```

```
import shapefile
import matplotlib.pyplot as plt
import matplotlib.patches as patches
from matplotlib.patches import Polygon
from matplotlib.collections import PatchCollection
from mpl_toolkits.axes_grid1.inset_locator import inset_axes
sf = shapefile.Reader("County_and_unitary_authorities_E+W_2013_Boundaries_Generalised_Clipped/CTYUA_DEC_2013_EW_BGC")
recs
        = sf.records()
shapes = sf.shapes()
blues = plt.get_cmap('Blues') # this returns a colormap
reds = plt.get_cmap('Reds') # this returns a colormap
key_ys = array([5.2, 5.6, 6, 6.4, 6.8])*10**5 # y-co-ordinates for key
key_labels = ['lowest quintile','2nd quintile','3rd quintile','4th quintile','highest prevalence quintile']
fig = plt.figure(figsize = (10,5))
ax1 = fig.add_subplot(121)
ains1 = inset_axes(ax1, width='40%', height='30%', loc=6)
ax2 = fig.add_subplot(122)
ains2 = inset_axes(ax2, width='40%', height='30%', loc=6)
```

```
n_quantile = 5 # how many different colours do you want to plot?
def tickpar(ax):
    ax.tick_params(
        axis='both', # changes apply to
        which='both', # both major and minor ticks are affected
        bottom='off', # ticks along the bottom edge are off
        top='off', # ticks along the top edge are off
        left='off'.
        right='off',
        labelbottom='off',
        labelleft='off') # labels along the left edge are off
#############################
# plot prevalence in men
cNorm = plt.Normalize(vmin=0, vmax=n_quantile)
scalarMap = plt.cm.ScalarMappable(norm=cNorm, cmap=blues)
colors = argsort(percentile(prev_m_la,50,0))
ranks = argsort(colors)
#patches = []
for nshp in alldata.index:
    # code for this LA
    thiscode = alldata.la_code[nshp]
    # index to find the right shape file for this la:
    shpin = where( map(lambda x: thiscode == x, [recs[i][0] for i in range(len(recs))]) )
    shpin = int(shpin[0])
    ptchs = []
    ptchs_1 = [] # for london
           = array(shapes[shpin].points)
    pts
   prt
           = shapes[shpin].parts
           = list(prt) + [pts.shape[0]]
    par
    colorVal = scalarMap.to_rgba(n_quantile*ranks[nshp]/151)
    for pij in xrange(len(prt)):
        ptchs.append(Polygon(pts[par[pij]:par[pij+1]]))
        p = PatchCollection(ptchs, facecolor=colorVal, edgecolor='k', linewidth=0.1)
        p.set_clim([0,151])
        ax1.add_collection(p)
        if alldata.gor[nshp] == 'london':
            p = PatchCollection(ptchs, facecolor=colorVal, edgecolor='k', linewidth=0.1)
            ains1.add_collection(p)
for i in xrange(5):
    ax1.add_patch(patches.Rectangle((0.2*10**5, key_ys[i]), 0.25*10**5, 0.25*10**5, fc=blues(0.2*i)))
    ax1.text(0.6*10**5, key_ys[i], key_labels[i])
ax1.text(0.6*10**5, 6.8*10**5, 'highest prevalence quintile')
ax1.text(0.6*10**5, 6.4*10**5, '4th quintile')
ax1.text(0.6*10**5, 6*10**5, '3rd quintile')
ax1.text(0.6*10**5, 5.6*10**5, '2nd quintile')
ax1.text(0.6*10**5, 5.2*10**5, 'lowest quintile')
ax1.set_xlim(0, 0.7*10**6)
ax1.set_ylim(0, 0.7*10**6)
ax1.set_aspect('equal', 'datalim')
tickpar(ax1)
ains1.set_xlim(0.5*10**6, 0.565*10**6)
ains1.set_ylim(1.55*10**5, 2.05*10**5)
```

```
ains1.set_aspect('equal', 'datalim')
tickpar(ains1)
p = PatchCollection(ptchs, cmap=blues)
p = PatchCollection(ptchs_1, cmap=blues)
###################################
# plot prevalence in women
############################
cNorm = plt.Normalize(vmin=0, vmax=n_quantile)
scalarMap = plt.cm.ScalarMappable(norm=cNorm, cmap=reds)
colors = argsort(percentile(prev_f_la,50,0))
ranks = argsort(colors)
#patches = []
for nshp in alldata.index:
    # code for this LA
    thiscode = alldata.la_code[nshp]
    # index to find the right shape file for this la:
    shpin = where( map(lambda x: thiscode == x, [recs[i][0] for i in range(len(recs))]) )
    shpin = int(shpin[0])
    ptchs = []
    ptchs_1 = []
    pts
           = array(shapes[shpin].points)
            = shapes[shpin].parts
    prt
            = list(prt) + [pts.shape[0]]
    colorVal = scalarMap.to_rgba(n_quantile*ranks[nshp]/151)
    for pij in xrange(len(prt)):
        ptchs.append(Polygon(pts[par[pij]:par[pij+1]]))
        p = PatchCollection(ptchs, facecolor=colorVal, edgecolor='k', linewidth=0.1)
        p.set_clim([0,151])
        ax2.add_collection(p)
        if alldata.gor[nshp] == 'london':
            p = PatchCollection(ptchs, facecolor=colorVal, edgecolor='k', linewidth=0.1)
            ains2.add_collection(p)
for i in xrange(5):
    ax2.add_patch(patches.Rectangle((0.2*10**5, key_ys[i]), 0.25*10**5, 0.25*10**5, fc=reds(0.2*i)))
    ax2.text(0.6*10**5, key_ys[i], key_labels[i])
ax2.set_xlim(0, 0.7*10**6)
ax2.set_ylim(0, 0.7*10**6)
ax2.set_aspect('equal', 'datalim')
ains2.set_xlim(0.5*10**6, 0.565*10**6)
ains2.set_ylim(1.55*10**5, 2.05*10**5)
ains2.set_aspect('equal', 'datalim')
tickpar(ax2)
tickpar(ains2)
p = PatchCollection(ptchs, cmap=reds)
# Crown Copyright statement required by ONS.
fig.text(0.9,0.1,u'Contains National Statistics data \N{COPYRIGHT SIGN} Crown copyright and database right 2016', ha='r:
```

A proportion of the uncertainty in absolute prevalence values is due to uncertainty in model parameters that do not vary across LAs. To make comparisons of relative prevalence across LAs while controlling for this additional uncertainty, we compare the prevalence calculated for each LA, at each sampled set of model parameters.

```
In []: # Figure 8
    import matplotlib.colors as colors
    import matplotlib.cm as cmx
```

```
fig = plt.figure(figsize = (10,5))
ax1 = fig.add_subplot(121)
ax2 = fig.add_subplot(122)
# sort samples
prev_m_la = prev_m_la[argsort(percentile(prev_m_la,50,1)),:]
prev_f_la = prev_f_la[argsort(percentile(prev_f_la,50,1)),:]
rb = plt.get_cmap('gist_rainbow') # this returns a colormap
ax1.set_color_cycle(rb(array(range(151))/151.))
p1=ax1.plot(
    range(n_sample),
    prev_m_la[:,argsort(percentile(prev_m_la,50,0))],
    '.', markersize=0.01,alpha=0.5)
ax2.set_color_cycle(rb(array(range(151))/151.))
p2=ax2.plot(
   range(n_sample),
    prev_f_la[:,argsort(percentile(prev_f_la,50,0))],
     .', markersize=0.01,alpha=0.5)
ax1.set_xlabel('Sample (ordered by median prevalence across LAs)')
ax1.set_ylabel('Sampled prevalence')
ax1.set_title('Sexually active men, 15-24 years')
ax1.set_ylim([0,0.1])
ax2.set_xlabel('Sample (ordered by median prevalence across LAs)')
ax2.set_title('Sexually active women, 15-24 years')
ax2.set_ylim([0,0.1])
```

In each panel (left, men; right, women) one dot represents one sampled prevalence in one local authority. Its position on the x-axis corresponds to one set of sampled parameters (Table 2 in the main text) and indicates whether this set generally estimated prevalence to be low, intermediate or high by ordering for the median prevalence across LAs. The position on the y-axis is the sampled prevalence. The colour is unique to each LA, and determined on a colour scale according to that LA's median sampled prevalence so that low-prevalence LAs are red and high-prevalence are violet.

The samples for each LA form a band – indicating that rank of prevalence is largely preserved across samples. The fact that the bands overlap shows that there is some swapping of rank order – this is due to uncertainty in the rate of testing and diagnosis. The y-range over which the band moves as it goes from left to right is at least as great as the thickness of the band itself, showing that uncertainty in the model parameters in Table 2 contributes at least as much variation in the final sample as does uncertainty in the testing and diagnosis rates. Improving estimates of natural history and behaviour parameters would improve prevalence estimates.

Another approach to examing the same question is shown below:

In []: # Figure 9

```
bottoms = bottoms + array([sizes[j][i] for j in range(151)])/float(n_sample)
# these labels are positioned for quintiles
ax1.annotate('first quintile', [15, 0.6], rotation = 'vertical')
ax1.annotate('second quintile', [45, 0.6], rotation = 'vertical')
ax1.annotate('third quintile', [75, 0.6], rotation = 'vertical')
ax1.annotate('fourth quintile', [110, 0.6], rotation = 'vertical', color='0.9')
ax1.annotate('fifth quintile', [135, 0.6], rotation = 'vertical', color='0.9')
ax1.set_xlim([0,151])
ax1.set_ylim([0,1])
ax1.set_xlabel('LA (ordered by median sampled prevalence)')
ax1.set_ylabel('Proportion of prevalence samples in each quintile')
#ax1.set_title('Sexually active men, 15-24 years')
# how many quintiles are occupied >5% of the time?
#howmany = [sum(sizes[i] \ge 0.05*n\_sample) for i in range(151)]
\#print \{x: howmany.count(x)/151. for x in howmany\}
# women
reds = plt.get_cmap('Reds')
quantiles = n_quantiles*argsort(prev_f_la_s,axis=1)/151
sizes = [bincount(quantiles[:,i], minlength=n_quantiles) for i in range(151)]
bottoms = zeros(151)
for i in xrange(n_quantiles):
    ax2.bar(range(151),
            array([sizes[j][i] for j in range(151)])/float(n_sample),
            bottoms.
            color=reds((0.+i)/n_quantiles), edgecolor='None')
    bottoms = bottoms + array([sizes[j][i] for j in range(151)])/float(n_sample)
# these labels are positioned for quintiles
ax2.annotate('first quintile', [15, 0.6], rotation = 'vertical')
ax2.annotate('second quintile', [45, 0.6], rotation = 'vertical')
ax2.annotate('third quintile', [75, 0.6], rotation = 'vertical')
ax2.annotate('fourth quintile', [110, 0.6], rotation = 'vertical', color='0.9')
ax2.annotate('fifth quintile', [135, 0.6], rotation = 'vertical', color='0.9')
ax2.set_xlim([0,151])
ax2.set_ylim([0,1])
ax2.set_xlabel('LA (ordered by median sampled prevalence)')
#ax2.set_title('Sexually active women, 15-24 years')
# how many quintiles are occupied >5% of the time?
#howmany = [sum(sizes[i] \ge 0.05*n\_sample) for i in range(151)]
#print \{x:howmany.count(x)/151. for x in howmany\}
```

This time one column in the x-direction represents one LA, ordered by median sampled prevalence (lowest to highest). Each column is filled according to how many times out of 10000 samples the LA fell into the lowest, second, third, fourth or highest quintile for prevalence. (Adjust the first line of this code block to choose the number of quantiles used.) Samples for the lowest-and highest-prevalence LAs are almost always in the lowest and highest quintiles, respectively, whilst LAs with prevalence estimates in the middle of the range are more likely to be found in two or sometimes three quintiles. There is again a clear order of prevalence which is generally preserved regardless of the particular sampled model parameters.

1.4 Prevalence and incidence

Finally, we plot incidence in each sex against prevalence in the other to examine the effect of infection levels in men on the rate of new infections in women, and vice versa.

```
In []: # Figure 10
    fig = plt.figure(figsize = (10,5))
    ax1 = fig.add_subplot(121)
```

```
# add to plot
ax1.plot(percentile(prev_m_la, 50, 0), percentile(inc_f_la, 50, 0), '.', color='#F98400')
ax1.plot(percentile(prev_f_la, 50, 0), percentile(inc_m_la, 50, 0), '.', color='#O0A08A')
plt_ppc(ax1, prev_m_la, inc_f_la, 0, 95, '#F98400', alpha=0.15)
plt_ppc(ax1, prev_f_la, inc_m_la, 0, 95, '#00A08A', alpha=0.15)

ax1.set_xlim([0,0.1]); ax1.set_ylim([0,0.17])

ax1.set_xlabel('Prevalence in sexually active 15-24-year-olds');
ax1.set_ylabel('Incidence in sexually active 15-24-year-olds');
ax1.plot(0.005, 0.16, '.', c='#F98400')
ax1.text(0.01, 0.16, 'Prevalence in men; incidence in women', va='center')
ax1.plot(0.005, 0.15, '.', c='#00A08A')
ax1.text(0.01, 0.15, 'Prevalence in women; incidence in men', va='center')
```

Orange indicates the relationship between prevalence in men and incidence in women, and green shows the relationship between prevalence in women and incidence in men.

An natural question is why some LAs have higher incidence and prevalence than others. One possibility is that higher screening rates in some areas lower prevalence and incidence. To investigate this, we plot incidence against screening in men and women:

```
In [ ]: # Figure 11
       fig = plt.figure(figsize = (10,10))
       ax1 = fig.add_subplot(221)
        ax2 = fig.add_subplot(222)
        ax3 = fig.add_subplot(223)
        ax4 = fig.add_subplot(224)
       plt_ppc(ax1, scr_m_la, inc_m_la, 0, 95, 'b', alpha=0.2)
        ax1.plot(percentile(scr_m_la,50,axis=0), percentile(inc_m_la,50,axis=0), '.b')
        ax1.set_xlabel('Screening in men'); ax1.set_ylabel('Incidence in men')
       plt_ppc(ax2, scr_f_la, inc_m_la, 0, 95, '#00A08A', alpha=0.2)
        ax2.plot(percentile(scr_f_la,50,axis=0), percentile(inc_m_la,50,axis=0), '.', c='#00A08A')
        ax2.set_xlabel('Screening in women'); ax2.set_ylabel('Incidence in men')
       plt_ppc(ax3, scr_m_la, inc_f_la, 0, 95, '#F98400', alpha=0.2)
        ax3.plot(percentile(scr_m_la,50,axis=0), percentile(inc_f_la,50,axis=0), '.', c='#F98400')
        ax3.set_xlabel('Screening in men'); ax3.set_ylabel('Incidence in women')
       plt_ppc(ax4, scr_f_la, inc_f_la, 0, 95, 'r', alpha=0.2)
       ax4.plot(percentile(scr_f_la,50,axis=0), percentile(inc_f_la,50,axis=0), '.', c='r')
        ax4.set_xlabel('Screening in women'); ax4.set_ylabel('Incidence in women')
In [ ]: # Figure 12
        # examine the Spearman correlation by sample
        spearman = empty([n_sample,4])
        for i in xrange(shape(pos_m_la)[0]):
            spearman[i,0] = stats.spearmanr(scr_m_la[i], inc_m_la[i])[0]
            spearman[i,1] = stats.spearmanr(scr_f_la[i], inc_m_la[i])[0]
            spearman[i,2] = stats.spearmanr(scr_m_la[i], inc_f_la[i])[0]
            spearman[i,3] = stats.spearmanr(scr_f_la[i], inc_f_la[i])[0]
       mpl.rcParams['axes.color_cycle'] = ['b','#00A08A','#F98400','r']
       h=plt.hist(spearman, 20, histtype='step', )
        plt.xlabel('Spearman correlation coefficient')
```

(Colours correspond to marker colours in the plot above.) In fact, the positive correlations show that areas with more screening tend to have higher incidence.

We also examine the relationship with prevalence:

```
In []: # Figure 13
fig = plt.figure(figsize = (10,10))
```

plt.ylabel('Frequency')

```
ax1 = fig.add_subplot(221)
        ax2 = fig.add_subplot(222)
        ax3 = fig.add_subplot(223)
        ax4 = fig.add_subplot(224)
        plt_ppc(ax1, scr_m_la, prev_m_la, 0, 95, 'b', alpha=0.2)
        ax1.plot(percentile(scr_m_la,50,axis=0), percentile(prev_m_la,50,axis=0), '.b')
        ax1.set_xlabel('Screening in men'); ax1.set_ylabel('Prevalence in men')
        plt_ppc(ax2, scr_f_la, prev_m_la, 0, 95, '#00A08A', alpha=0.2)
        ax2.plot(percentile(scr_f_la,50,axis=0), percentile(prev_m_la,50,axis=0), '.', c='#00A08A')
        ax2.set_xlabel('Screening in women'); ax2.set_ylabel('Prevalence in men')
       plt_ppc(ax3, scr_m_la, prev_f_la, 0, 95, '#F98400', alpha=0.2)
        ax3.plot(percentile(scr_m_la,50,axis=0), percentile(prev_f_la,50,axis=0), '.', c='#F98400')
        ax3.set_xlabel('Screening in men'); ax3.set_ylabel('Prevalence in women')
       plt_ppc(ax4, scr_f_la, prev_f_la, 0, 95, 'r', alpha=0.2)
        ax4.plot(percentile(scr_f_la,50,axis=0), percentile(prev_f_la,50,axis=0), '.', c='r')
        ax4.set_xlabel('Screening in women'); ax4.set_ylabel('Prevalence in women')
In []: # Figure 14
        # examine the Spearman correlation by sample
        spearman = empty([n_sample,4])
       for i in xrange(shape(pos_m_la)[0]):
            spearman[i,0] = stats.spearmanr(scr_m_la[i], prev_m_la[i])[0]
            spearman[i,1] = stats.spearmanr(scr_f_la[i], prev_m_la[i])[0]
            spearman[i,2] = stats.spearmanr(scr_m_la[i], prev_f_la[i])[0]
            spearman[i,3] = stats.spearmanr(scr_f_la[i], prev_f_la[i])[0]
       h=plt.hist(spearman, 20, histtype='step', )
       plt.xlabel('Spearman correlation coefficient')
        plt.ylabel('Frequency')
```

Prevalence is also generally higher in areas with more screening.

What about the relationship between screening in men vs. women, and screening in men vs. women?

In []: # Figure 15

```
fig = plt.figure(figsize = (10,5))

ax1 = fig.add_subplot(121)
plt_ppc(ax1, prev_m_la, prev_f_la, 0, 95, 'k', alpha=0.15)
p = ax1.plot(percentile(prev_m_la,50,0), percentile(prev_f_la,50,0), '.', color='k')
ax1.set_xlim(0,0.1)
ax1.set_ylim(0,0.1)
ax1.set_xlabel('Prevalence in men')
ax1.set_ylabel('Prevalence in women')

ax2 = fig.add_subplot(122)
plt_ppc(ax2, scr_m_la, scr_f_la, 0, 95, 'k', alpha=0.3)
p = ax2.plot(percentile(scr_m_la,50,0), percentile(scr_f_la,50,0), '.', color='k')
ax2.set_xlim(0,1)
ax2.set_ylim(0,1)
ax2.set_ylabel('Screening in men')
ax2.set_ylabel('Screening in women')
```

Prevalence in men and women is positively correlated, because of the incidence-prevalence relationship illustrated above. LAs with more asymptomatic screening of men also tend to have more screening of women, but all LAs have more screening in women than men.