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

Joanna Lewis and Peter White

August 23, 2016

Contents

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.

```
In [1]: # This script also contains the functions linking observed tests, symptomatic/asymptomatic/toal diagnoses,
        # incidence, prevalence, screening and other model parameters
        # Running it takes a little while because of all the symbolic algebra
        %run -i test_diag_fun.py

        # This script provides a function for calculating the likelihood of categorical data.
        %run -i multinomial_pmf.py

        # This script samples model parameters from prior distributions, following the method in england.ipynb.
        %run -i sample_parameters.py
```

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  \
0  Barking and Dagenham              1741                    83
1                Barnet               491                    46
```

2	Bexley	631	55
3	Brent	1209	98
4	Bromley	1049	59
5	Camden	1225	91
6	City of London	12	0
7	Croydon	1570	146
8	Ealing	1126	47
9	Enfield	609	44

	population.male.15-19
0	6672
1	10694
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
            #####
            # 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 [4]: # 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)]])
                    ),
                    yerr=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[4]: (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.

```
In [5]: # set up arrays to store, for each LA:
        scr_m_la = empty([n_sample, len(alldata)]) # screening (estimated for each LA separately)
        scr_f_la = empty([n_sample, len(alldata)])
        inc_m_la = empty([n_sample, len(alldata)])  # estimated incidence
        inc_f_la = empty([n_sample, len(alldata)])
        prev_m_la = empty([n_sample, len(alldata)]) # estimated prevalence
        prev_f_la = empty([n_sample, len(alldata)])

        for i in xrange(len(alldata.index)):

            # keep track of whether stuff is happening
            if fmod(i,10)==0:
                print i, alldata.la[i]

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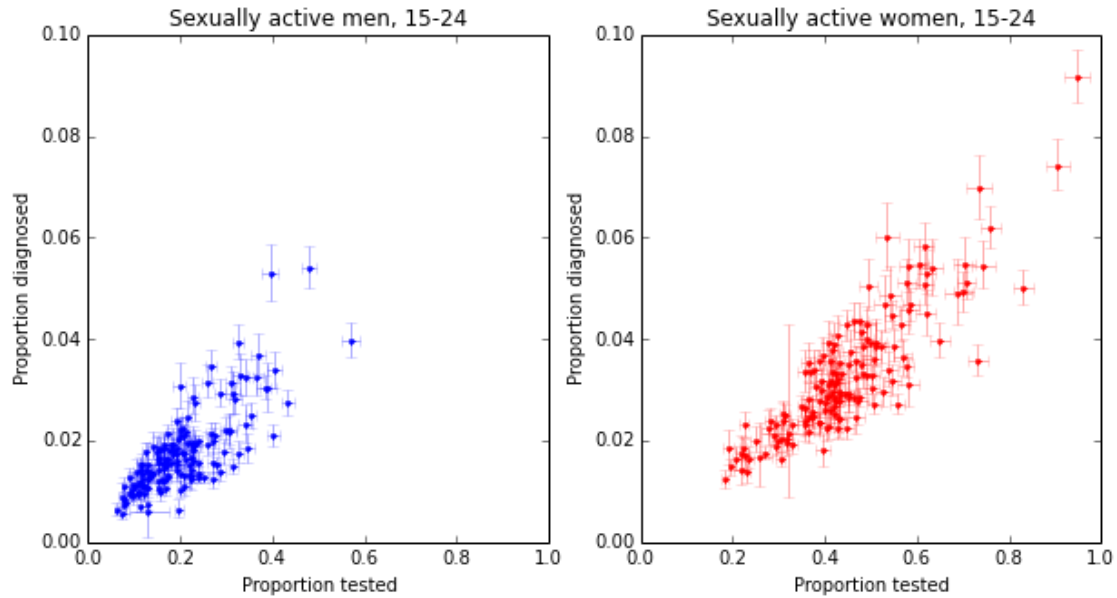
Figure 1: Correlations between the proportions of 16-24-year-old men (left) and women (right) in each local authority who were tested for and diagnosed with chlamydia in 2012.

```python
# 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([
                    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_sample_f[j,i],diag_sample_f[j,i]]), [0.09, 0.25])
    # local prevalence, calculated from local screening and incidence
```

4

```
                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]
                )

0 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
```

```python
In [6]: # 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([0,0.08]); 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([0,0.08]); 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')
```

```
Out[6]: <matplotlib.text.Text at 0x11a355d90>
```

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:

```python
In [7]: from scipy import stats

        # examine the Spearman correlation by sample
```
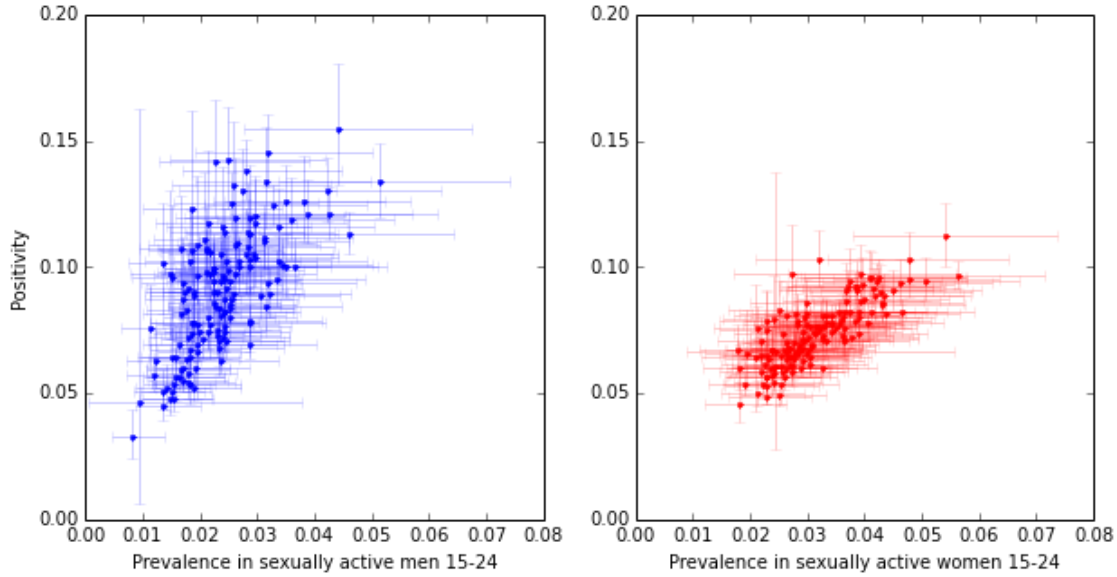
Figure 2: Estimated chlamydia prevalence and observed positivity in 15-24-year-old men (left) and women (right) in English LAs.

```python
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)
```
Out[7]: [array([1.04755350e-173,   2.06354452e-014]),
 array([1.29156539e-65,   4.90912283e-10]),
 array([2.89673284e-29,   4.20692935e-08]),
 array([5.76022005e-21,   3.17066706e-07]),
 array([5.88944724e-16,   2.00062271e-06]),
 array([1.49526226e-10,   3.80620189e-05]),
 array([9.51334495e-07,   2.51852969e-03])]

In [8]: # Figure 3

```python
# 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')
```
Out[8]: <matplotlib.text.Text at 0x116876550>

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).

Next, we examine the relationship between local prevalence and observed diagnoses per capita (without allowing for the fact that not all 15-24-year-olds have become sexually active).
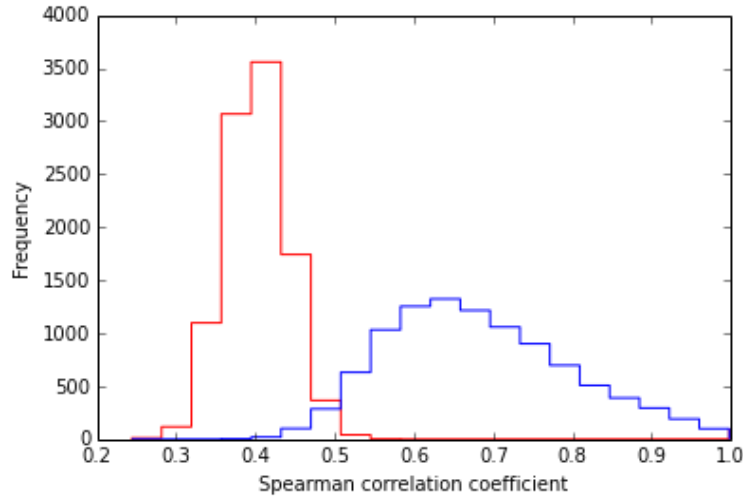
6

Figure 3: Histogram of Spearman correlations between local positivity and estimated prevalence, calculated at each of 10000 parameter samples.

```
In [9]: # prevalence vs diagnosis rate

        fig = plt.figure(figsize = (10,5))
        ax1 = fig.add_subplot(121)
        ax2 = fig.add_subplot(122)

        ax1.errorbar(
            percentile(prev_m_la, 50, 0),
            alldata['positives.male.total']/(alldata['population.male.15-19'] + alldata['population.male.20-24']),
            xerr=squeeze(
                array([[percentile(prev_m_la,50, 0) - percentile(prev_m_la, 2.5, 0)],
                    [percentile(prev_m_la, 97.5, 0) - percentile(prev_m_la,50, 0)]])),
            linestyle='None', color='b', alpha=0.2)
        ax1.plot(
            percentile(prev_m_la, 50, 0),
            alldata['positives.male.total']/(alldata['population.male.15-19'] + alldata['population.male.20-24']),
            '.b')
        ax2.errorbar(
            percentile(prev_f_la, 50, 0),
            alldata['positives.female.total']/(alldata['population.female.15-19'] + alldata['population.female.20-24']),
            xerr=squeeze(
                array([[percentile(prev_f_la,50, 0) - percentile(prev_f_la, 2.5, 0)],
                    [percentile(prev_f_la, 97.5, 0) - percentile(prev_f_la,50, 0)]])),
            linestyle='None', color='r', alpha=0.2)
        ax2.plot(
            percentile(prev_f_la, 50, 0),
            alldata['positives.female.total']/(alldata['population.female.15-19'] + alldata['population.female.20-24']),
            '.r')

        ax1.set_xlim([0,0.08]); ax1.set_ylim([0,0.08])
        ax1.set_xlabel('Prevalence in sexually active men 15-24')
        ax1.set_ylabel('ADPC')
        #ax1.set_title('Sexually active men 15-24')
        ax2.set_xlim([0,0.08]); ax2.set_ylim([0,0.08])
        ax2.set_xlabel('Prevalence in sexually active women 15-24')
        #ax2.set_ylabel('Positivity')
        #ax2.set_title('Sexually active women 15-24')

        ax1.plot([0,1],[0,1], 'k')
        ax2.plot([0,1],[0,1], 'k')
```
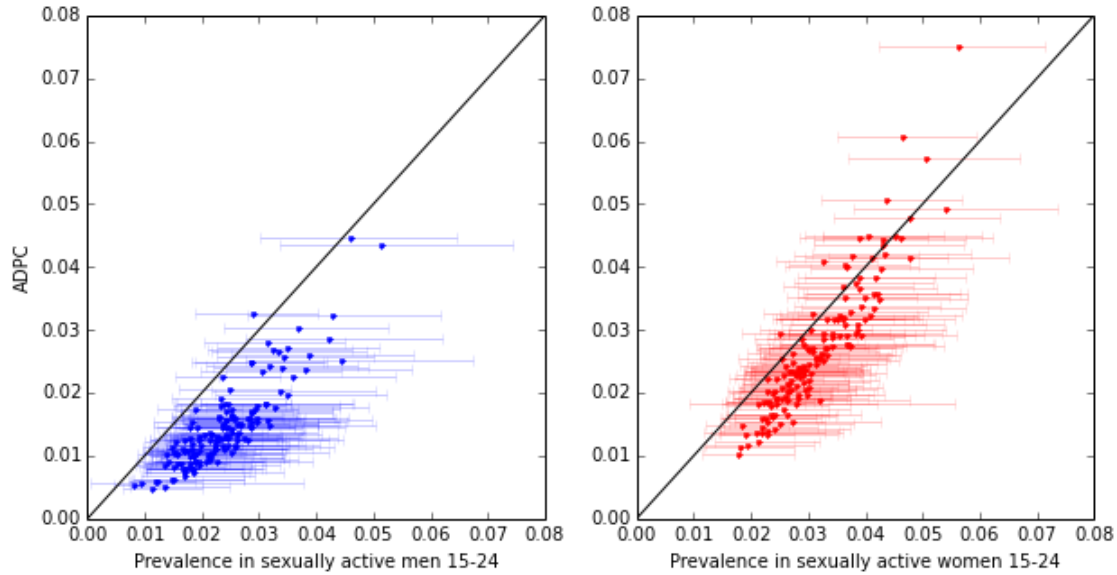
Figure 4: Estimated chlamydia prevalence and observed positivity in 15-24-year-old men (left) and women (right) in English LAs.

Incorporating an estimate for the proportion of each age/sex group who are sexually active, the picture is similar: prevalence is again correlated with, but not equal to, diagnosis rate.

```
In [10]: fig = plt.figure(figsize = (10,5))
         ax1 = fig.add_subplot(121)
         ax2 = fig.add_subplot(122)

         # add to plot
         plt_ppc(ax1, prev_m_la, diag_sample_m, 0, 95, 'b', alpha=0.2)
         ax1.plot(percentile(prev_m_la, 50, 0), percentile(diag_sample_m, 50, 0), '.b')
         plt_ppc(ax2, prev_f_la, diag_sample_f, 0, 95, 'r', alpha=0.2)
         ax2.plot(percentile(prev_f_la, 50, 0), percentile(diag_sample_f, 50, 0), '.r')

         ax1.set_xlim([0,0.08]); ax1.set_ylim([0,0.1])
         ax1.set_xlabel('Prevalence in sexually active men 15-24')
         ax1.set_ylabel('Diagnosis rate')
         #ax1.set_title('Sexually active men 15-24')
         ax2.set_xlim([0,0.08]); ax2.set_ylim([0,0.1])
         ax2.set_xlabel('Prevalence in sexually active women 15-24')
         #ax2.set_ylabel('Positivity')
         #ax2.set_title('Sexually active women 15-24')

         ax1.plot([0,1],[0,1], 'k')
         ax2.plot([0,1],[0,1], 'k')
```

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 [11]: # 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] \
```
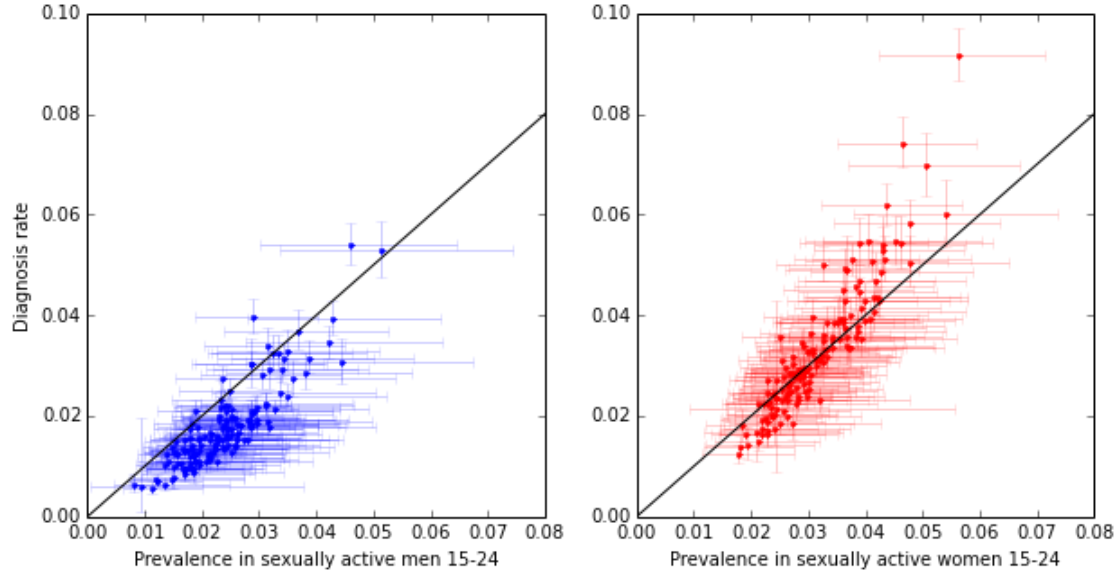
Figure 5:

```
                                + 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],
```
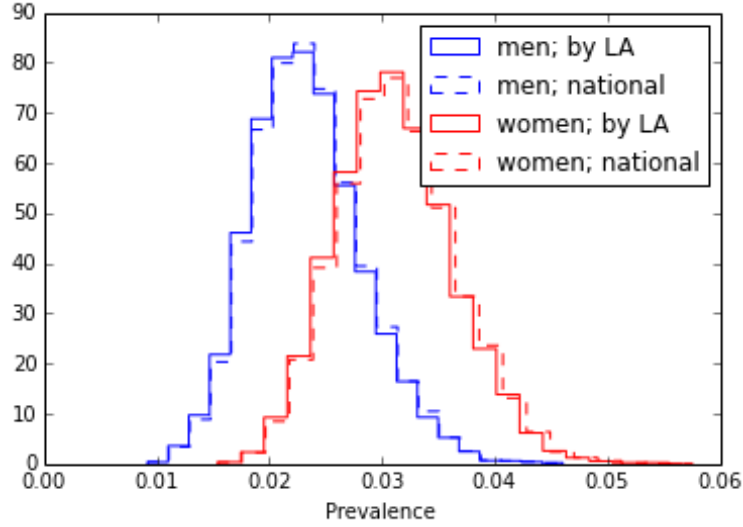
9

Figure 6: Weighted average of sampled prevalences, by LA (solid lines), and sample based on national numbers of tests and diagnoses (dashed lines).

```
                          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(
       sum(prev_f_la*pop_active_f, axis=1)/sum(pop_active_f, axis=1),
       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()
```
Out[11]: <matplotlib.legend.Legend at 0x1167df390>

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 [12]: shape(prev_m_la)
```
Out[12]: (10000, 151)

```
In [13]: # Figure 5

       fig = plt.figure(figsize = (12,3))
```

```python
        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)),
            x = (percentile(prev_f_la,50,axis=0))[order_f],
            xerr=array([percentile(prev_f_la[:,order_f],50,axis=0) - percentile(prev_f_la[:,order_f],2.5,axis=0),
                    percentile(prev_f_la[:,order_f],97.5,axis=0) - percentile(prev_f_la[:,order_f],50,axis=0)]
                ),
            color='r',fmt='.')

        for i in xrange(10):
            ax1.text(0.1, i, alldata.la[order_m[i]])
            ax2.text(0.1, i, alldata.la[order_f[i]])

        ax2.set_ylim(-1, len(order_f)); ax2.set_xlim(0, 0.17)
        ax2.set_xlabel('Prevalence in sexually active women 15-24')
        ax2.grid(True)
        ax2.set_yticklabels([])

        print 'Lowest prevalence in women (median sample):', (percentile(prev_f_la,50,axis=0))[order_f[0]]
        print 'Highest prevalence in women (median sample):', (percentile(prev_f_la,50,axis=0))[order_f[-1]]
```

```
Lowest prevalence in men (median sample): 0.00819755429809
Highest prevalence in men (median sample): 0.0513318116948
Lowest prevalence in women (median sample): 0.0178619507471
Highest prevalence in women (median sample): 0.0561422126184
```

In general, the 95% credible intervals for the highest and lowest LAs do not overlap at all, or only slightly. However there is a large group of over 100 LAs with intermediate prevalence, each with a confidence interval overlapping with all the others in the group. (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. However, the rank order of LAs is robust: we examine consistency in rank order below.

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

```python
In [14]: # 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
```
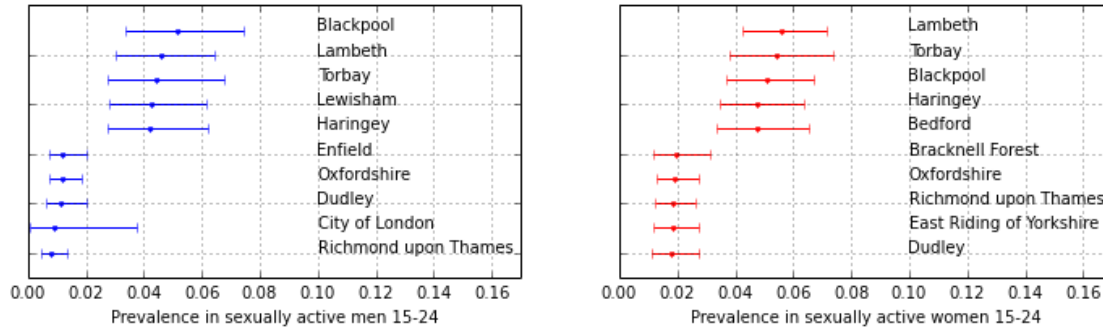
Figure 7: Median and central 95% credible intervals for chlamydia prevalence in the LAs with the five highest and five lowest estimated prevalences for men (left) and women (right).

```python
# 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 equivalents downloaded from
# https://data.gov.uk/dataset/local-authority-districts-uk-2012-names-and-codes 4 January 2016
code_key = pd.read_csv('code_equivalents.csv')
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['LAD12CDO'].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'
```
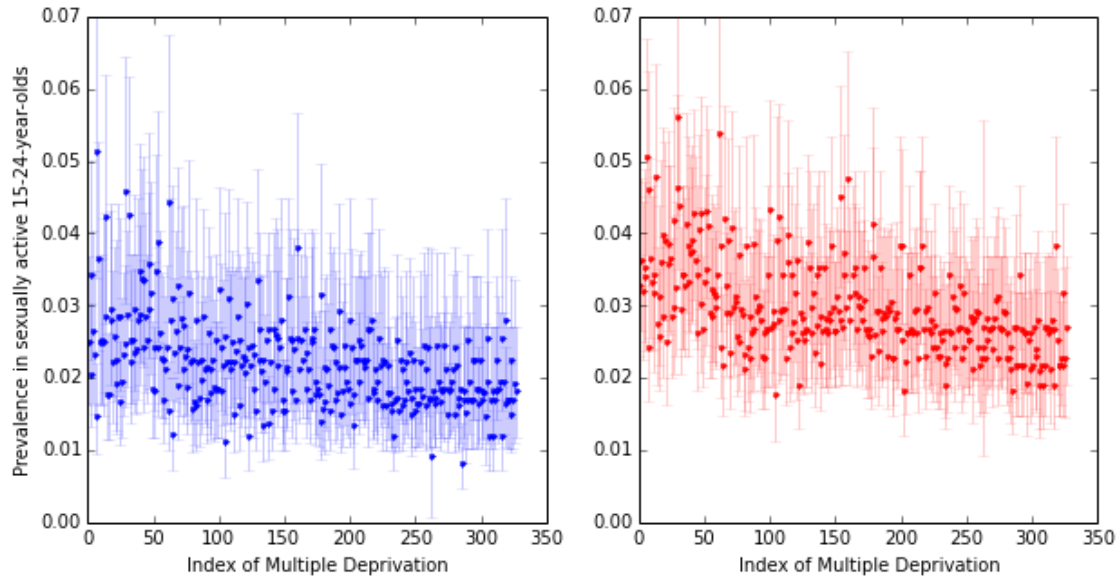
12

Figure 8: Estimated chlamydia prevalence with rank of average deprivation score (lowest rank is most deprived district), for men (left) and women (right) aged 15-24. Points and error bars give median and central 95% credible interval sampled prevalence.

```python
        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)
    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')
```

```
no Isles of Scilly 00HF E06000053
```

Out[14]: <matplotlib.text.Text at 0x11e92b510>

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:

`# Figure 7`

```python
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_l  = [] # for london
    pts      = array(shapes[shpin].points)
    prt      = shapes[shpin].parts
    par      = list(prt) + [pts.shape[0]]

    colorVal = scalarMap.to_rgba(n_quantile*ranks[nshp]/151)
```

```python
        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_l, 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_l  = []
    pts      = array(shapes[shpin].points)
    prt      = shapes[shpin].parts
    par      = 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)
```

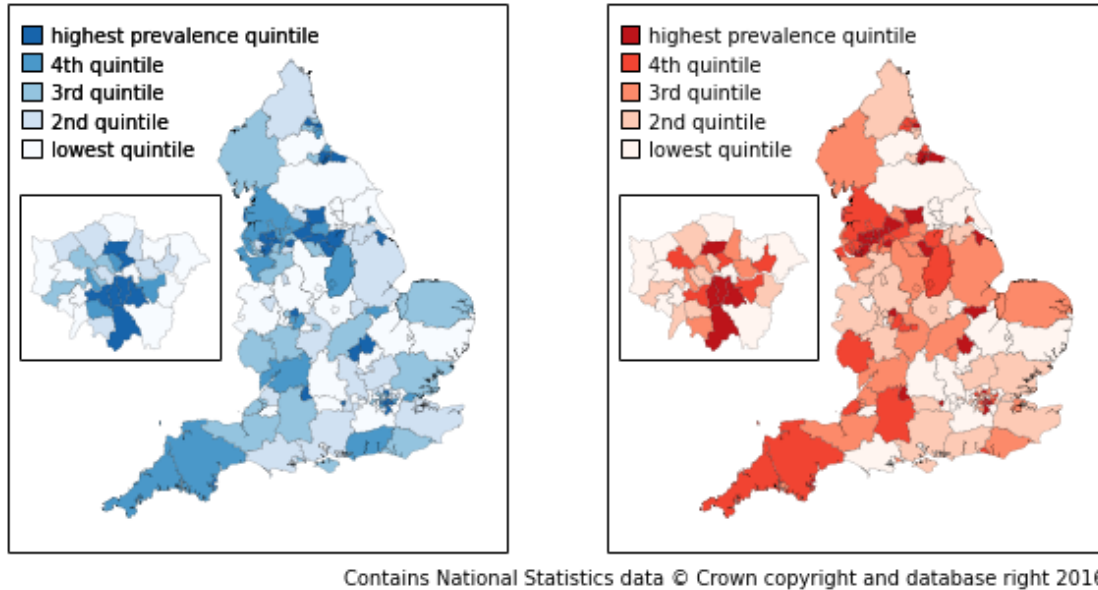Contains National Statistics data © Crown copyright and database right 2016

Figure 9: English local authorities, coloured by quintile for estimated chlamydia prevalence in men (left) and women (right). The inset panel shows the London boroughs.

```
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='right', va='top')
# alternative, if plotting for men only
#fig.text(0.48,0.1,
#    u'Contains National Statistics data \n\N{COPYRIGHT SIGN} Crown copyright and database right 2016',
#    ha='right', va='top')
```

Out[15]: <matplotlib.text.Text at 0x123da0290>

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 uncertainty in parameters, we compare the prevalence calculated for each LA, at each sampled set of model parameters.

In [16]: # Figure 8

```
import matplotlib.colors as colors
import matplotlib.cm as cmx

fig = plt.figure(figsize = (10,5))
```
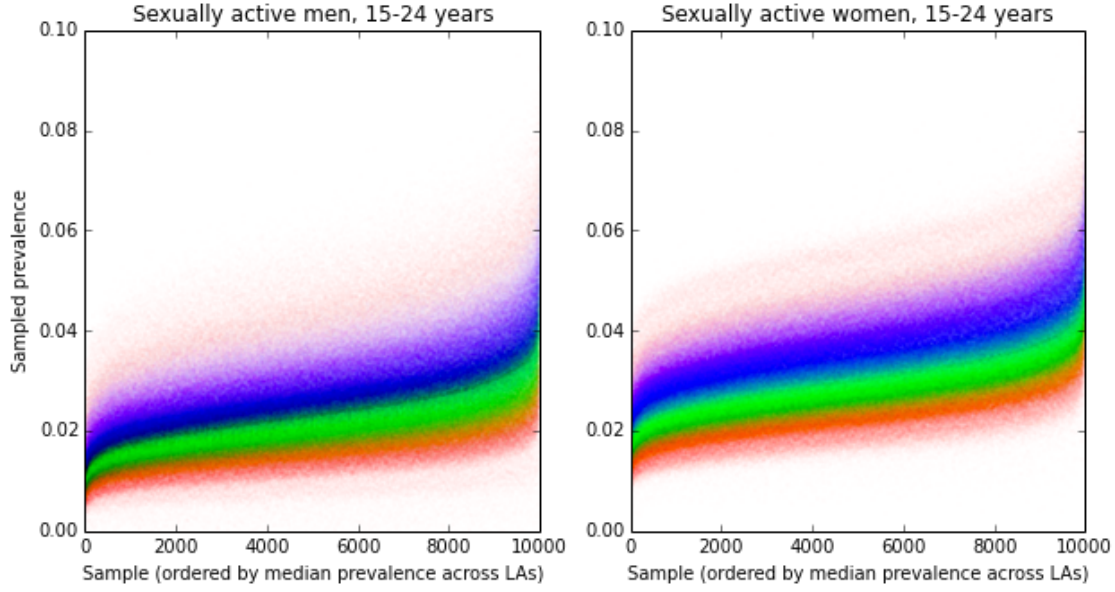
Figure 10: All prevalence samples, for all LA. Horizontal position indicates whether sampled parameter values generally estimated prevalence to be high or low. Vertical position gives the prevalence sampled. Colour (unique to each LA) corresponds to median sampled prevalence for that authority.

```
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])
```

Out[16]: (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.

17

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 [17]:  # Figure 9

          n_quantiles = 5 # choose how many bands you'd like to plot

          fig = plt.figure(figsize = (10,3))
          ax1 = fig.add_subplot(121)
          ax2 = fig.add_subplot(122)

          # sort las
          prev_m_la_s = prev_m_la[:,argsort(percentile(prev_m_la,50,0))]
          prev_f_la_s = prev_f_la[:,argsort(percentile(prev_f_la,50,0))]

          # men
          blues = plt.get_cmap('Blues')
          quantiles = n_quantiles*argsort(prev_m_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):
              ax1.bar(range(151), array([sizes[j][i] for j in range(151)])/float(n_sample),
                   1,
                   bottoms,
                   color=blues((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
          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] >= 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),
                   1,
                   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')
```
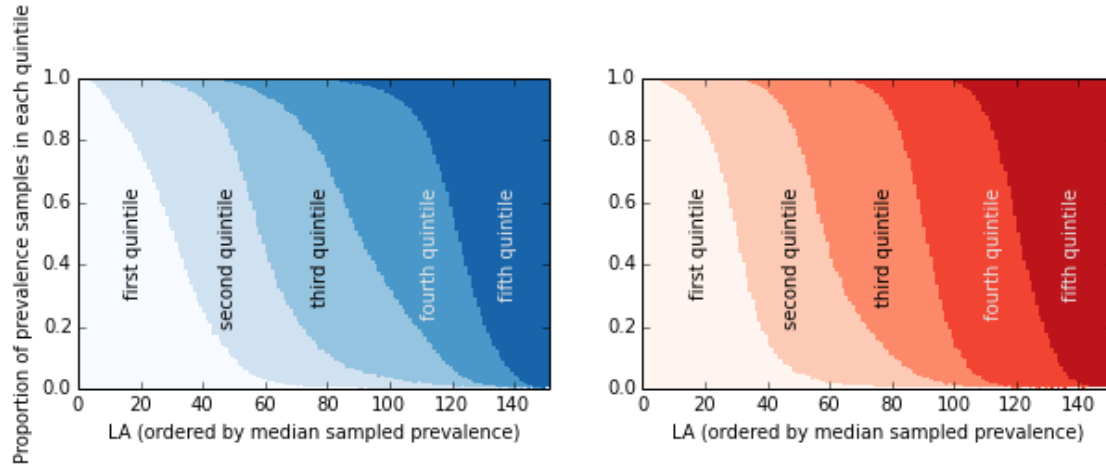
Figure 11: For each LA (horizontal axis), this plot shows how often samples placed the authority in the first, second, ..., fifth quintile for prevalence in men (left) and women (right).

```
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] >= 0.05*n_sample) for i in range(151)]
#print {x:howmany.count(x)/151. for x in howmany}
```

Out[17]: <matplotlib.text.Text at 0x1292fb990>

This time one column 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 [37]: # Figure 10
         #plt.rc("savefig", dpi=2300) # for high-resolution version
         plt.rc("savefig", dpi=80)

         fig = plt.figure(figsize = (5,5), dpi=2300)
         ax1 = fig.add_subplot(111)

         # 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='#00A08A')
         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)
```
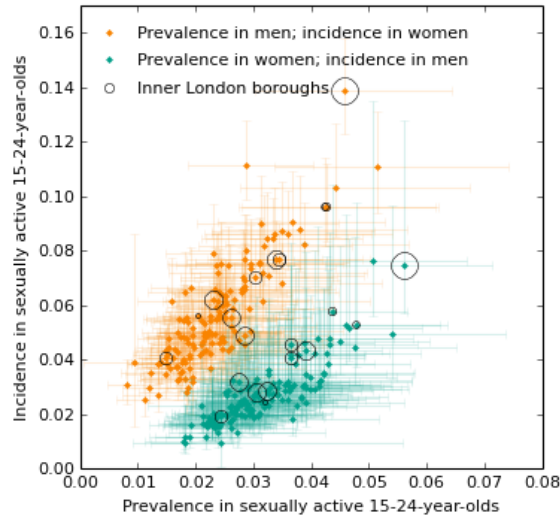
19

Figure 12: Sampled incidence in each sex against prevalence in the other. Markers and error bars indicate median samples and central 95% credible intervals. Hollow circles highlight inner London boroughs, with circle area proportional to the percentage of the 16-44-year-old population estimated to be MSM.

```python
# add inner London boroughs
inn_london_names = ['Lambeth', 'Southwark', 'Lewisham', 'Camden', 'Islington', 'Tower Hamlets',
                    'Hackney', 'Haringey', 'Newham', 'Westminster' 'Kensington and Chelsea',
                    'Hammersmith and Fulham', 'Wandsworth']
inn_london_prop_msm = [15.6, 11.1, 4.9, 11.2, 10.8, 7.7, 7.6, 4.3, 2.9, 9.8, 10.7, 7.5, 4.2]
for i in xrange(len(inn_london_names)):
        interest = where((alldata.la == inn_london_names[i]))
        ax1.plot(percentile(prev_m_la[:,interest], 50, 0)[0],
                percentile(inc_f_la[:,interest], 50, 0)[0],
                'o', markerfacecolor='None', c='k',
                markersize = inn_london_prop_msm[i]
                )
        ax1.plot(percentile(prev_f_la[:,interest], 50, 0)[0],
                percentile(inc_m_la[:,interest], 50, 0)[0],
                'o', markerfacecolor='None', c='k',
                markersize = inn_london_prop_msm[i]
                )


ax1.set_xlim([0,0.08]); 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')
ax1.plot(0.005, 0.14, 'o', markerfacecolor='None', c='k') # this line can be used to add 'x' markers for the London Bor
ax1.text(0.01, 0.14, 'Inner London boroughs', va='center')
```

`Out[37]: <matplotlib.text.Text at 0x130f386d0>`

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. Hollow circles highlight inner London boroughs, with circle area proportional to the percentage of the male population aged 16-44 years estimated to be MSM (Ruf *et al.*, *Int J. STD AIDS* **22**:25-29; 2011).

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:

`# Figure 11`

```python
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')
```

<matplotlib.text.Text at 0x13110d650>

`# Figure 12`

```python
# 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')
plt.ylabel('Frequency')
```

<matplotlib.text.Text at 0x131300e90>

(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:

`# Figure 13`

```python
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, 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')
```
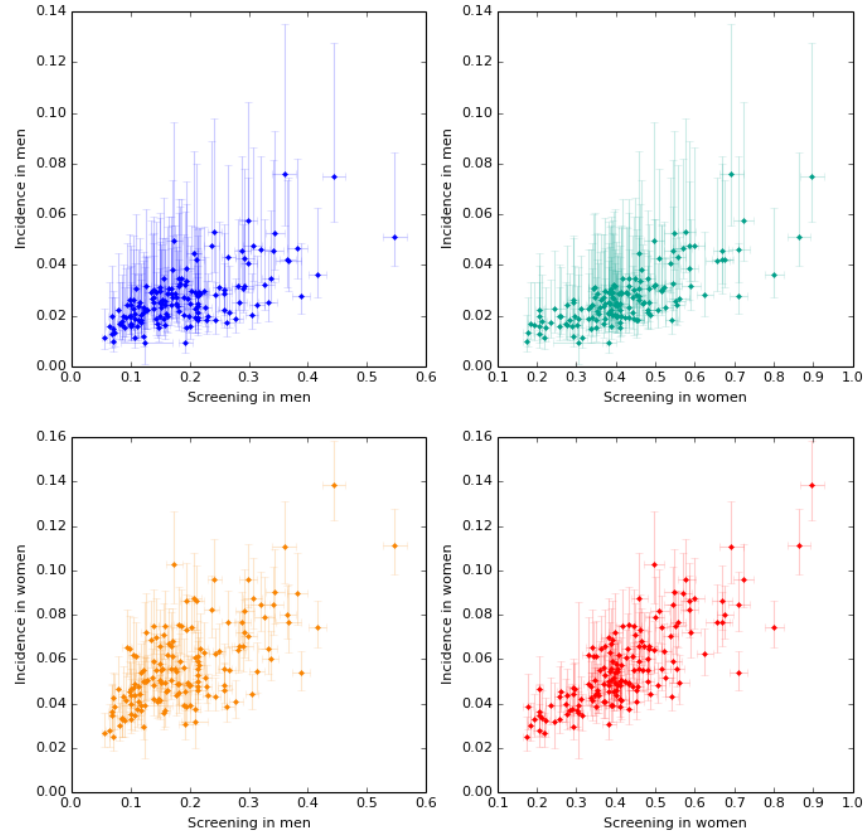
Figure 13: Sampled incidence vs. screening rate. Markers and error bars indicate median samples and central 95% credible intervals. Top-left: incidence in men vs. screening in men; top-right: incidence in men vs. screening in women; bottom-left: incidence in women vs. screening in men; bottom-right: incidence in women vs. screening in women.
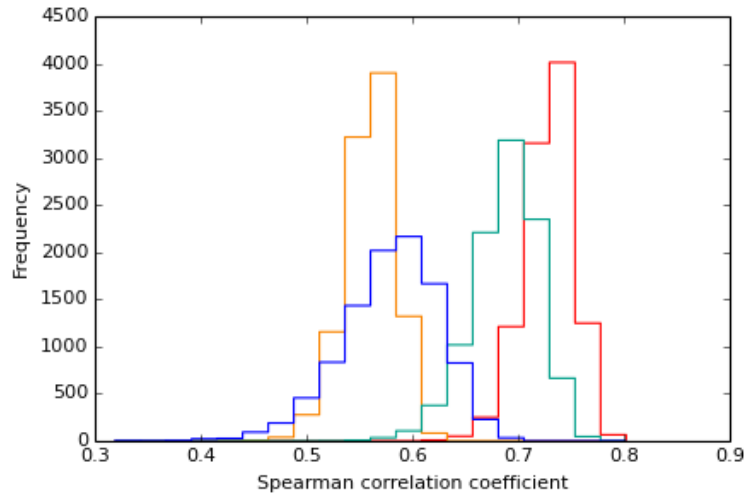

Figure 14: Spearman correlations between screening and incidence, at each of 10000 samples. Blue: incidence in men vs. screening in men; green: incidence in men vs. screening in women; orange: incidence in women vs. screening in men; red: incidence in women vs. screening in women.
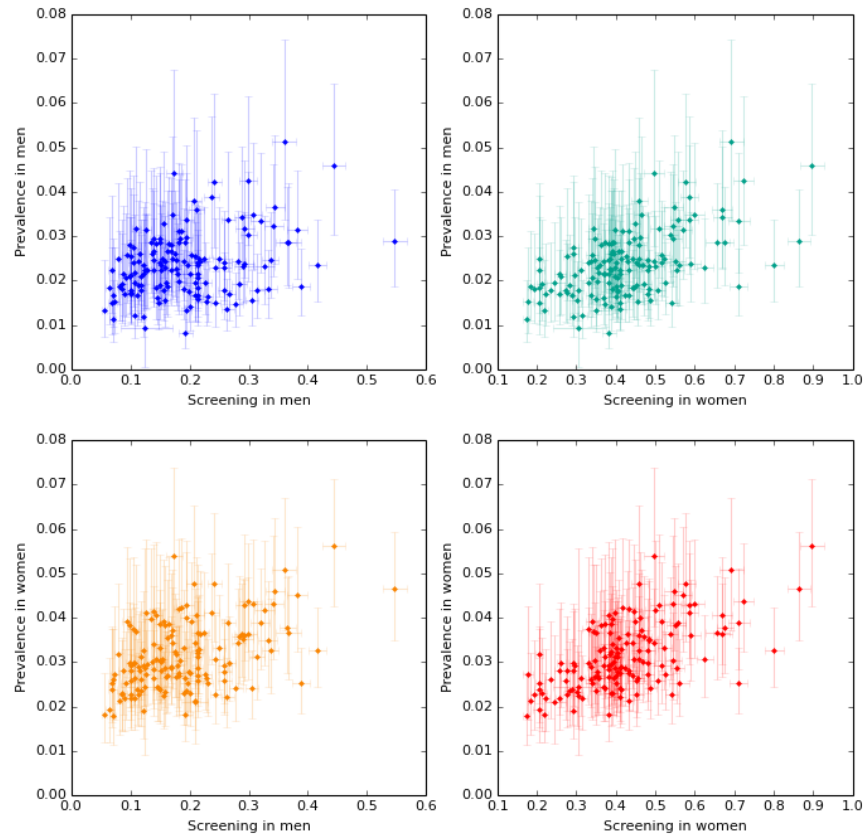
Figure 15: Sampled prevalence vs. screening rate. Markers and error bars indicate median samples and central 95% credible intervals. Top-left: prevalence in men vs. screening in men; top-right: prevalence in men vs. screening in women; bottom-left: prevalence in women vs. screening in men; bottom-right: prevalence in women vs. screening 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')
```

Out[40]: <matplotlib.text.Text at 0x13186a710>

In [41]: # 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')

Out[41]: <matplotlib.text.Text at 0x131a65c10>

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?
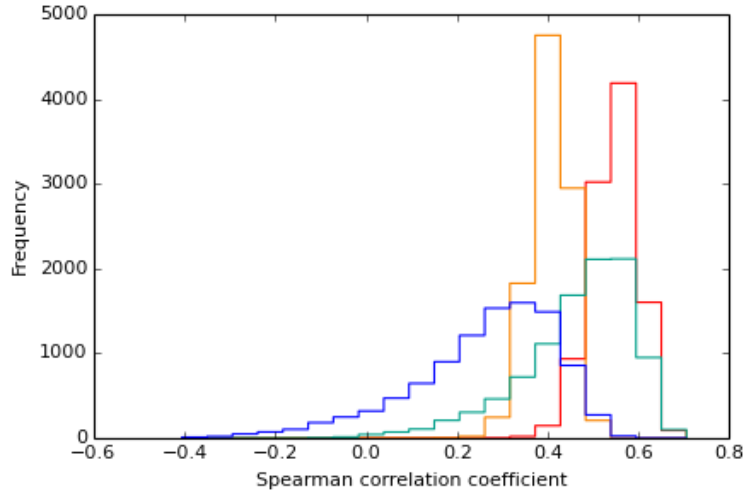
In [42]: # Figure 15

Figure 16: Spearman correlations between screening and prevalence, at each of 10000 samples. Blue: prevalence in men vs. screening in men; green: prevalence in men vs. screening in women; orange: prevalence in women vs. screening in men; red: prevalence in women vs. screening in women.

```
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_xlabel('Screening in men')
ax2.set_ylabel('Screening in women')
```
Out[42]: <matplotlib.text.Text at 0x131e61810>

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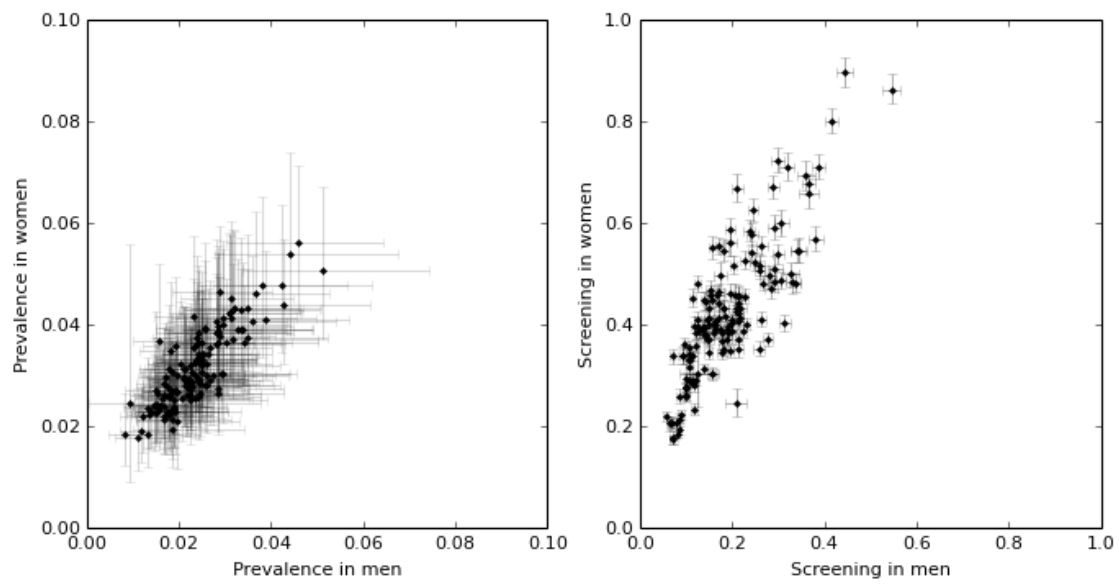
In [ ]:

Figure 17: Correlation in local prevalence (left) and screening (right) in men vs. women. Markers and error bars indicate median samples and central 95% credible intervals.