Why you need a multinomial roll for infection status

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1 How it's supposed to work

F — infected with flu

L — infected with non-flu

V — vaccinated

U — unvaccinated

e — vaccine effectiveness

$$\begin{split} P(F) &= f \\ P(L) &= l \\ P(V) &= v \\ P(U) &= 1 - v = u \\ P(F, V) &= v f (1 - e) \\ P(F, U) &= u f \\ P(L, V) &= v l \\ P(L, U) &= u l \\ OR &= \frac{P(F, V) P(L, U)}{P(F, U) P(L, V)} = \frac{v f (1 - e) u l}{u f v l} = 1 - e \end{split}$$

2 How it works with a multinomial roll

$$\begin{split} P(F|V) &= f(1-e) \\ P(F|U) &= f \\ P(L|V) &= l \\ P(L|U) &= l \\ P(F,V) &= P(F|V)P(V) = vf(1-e) \\ P(F,U) &= P(F|U)P(U) = uf \\ P(L,V) &= P(L|V)P(V) = vl \\ P(L,U) &= P(L|U)P(U) = ul \\ OR &= \frac{P(F,V)P(L,U)}{P(F,U)P(L,V)} = \frac{vf(1-e)ul}{ufvl} = 1-e \end{split}$$

It works exactly how it's supposed to.

3 How it works with a sequential roll

If the first roll works out flu infection and the second roll (non-flu infection) only applies to those not infected with flu, then

$$\begin{split} P(F|V) &= f(1-e) \\ P(F|U) &= f \\ P(L|V) &= l(1-f(1-e)) \\ P(L|U) &= l(1-f) \\ P(F,V) &= P(F|V)P(V) = vf(1-e) \\ P(F,U) &= P(F|U)P(U) = uf \\ P(L,V) &= P(L|V)P(V) = vl(1-f(1-e)) \\ P(L,U) &= P(L|U)P(U) = ul(1-f) \\ OR &= \frac{P(F,V)P(L,U)}{P(F,U)P(L,V)} = \frac{vf(1-e)ul(1-f)}{ufvl(1-f(1-e))} = (1-e)\frac{1-f}{1-f(1-e)} \end{split}$$

The OR is biased.

Note that the "central assumption" is that P(L|V) = P(L|U) and with a sequential roll

$$\begin{split} P(L|V) &= l(1-f(1-e)) \\ P(L|U) &= l(1-f) \end{split}$$

the assumption is violated (unless e=0), in fact, vaccination increases the probability of non-flu (since $f(1-e) \le f$).

Also note that the total proportion infected with non-flu is

$$\begin{split} P(L,V) + P(L,U) &= vl(1-f(1-e)) + ul(1-f) \\ &= l(v-vf(1-e) + (1-v)(1-f)) \\ &= l(v-vf(1-e) + 1 - f - v + vf) \\ &= l(vfe + 1 - f) \end{split}$$

is not l and the expected number of people infected with non-flu is not Nl where N is the total population size.