

# R workshop

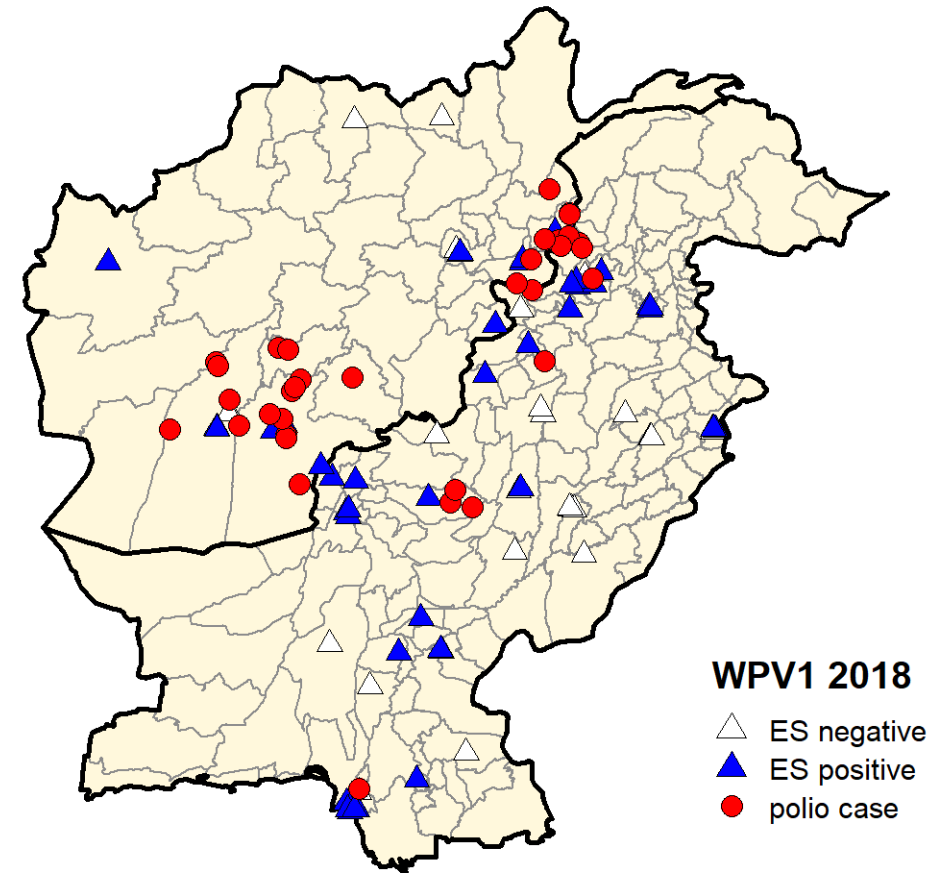
- The next few days will introduce you to using R and Rstudio to interact with and plot data.
- The data we will work with later in the week is related to prediction of the risk of poliovirus in Pakistan.
- The next few slides will introduce how this data is used in risk assessments.

# **Risk factors and short-term projections for serotype-1 poliomyelitis incidence in Pakistan: A spatiotemporal analysis**

*Molodecky et al. 2017 Plos. Med.*

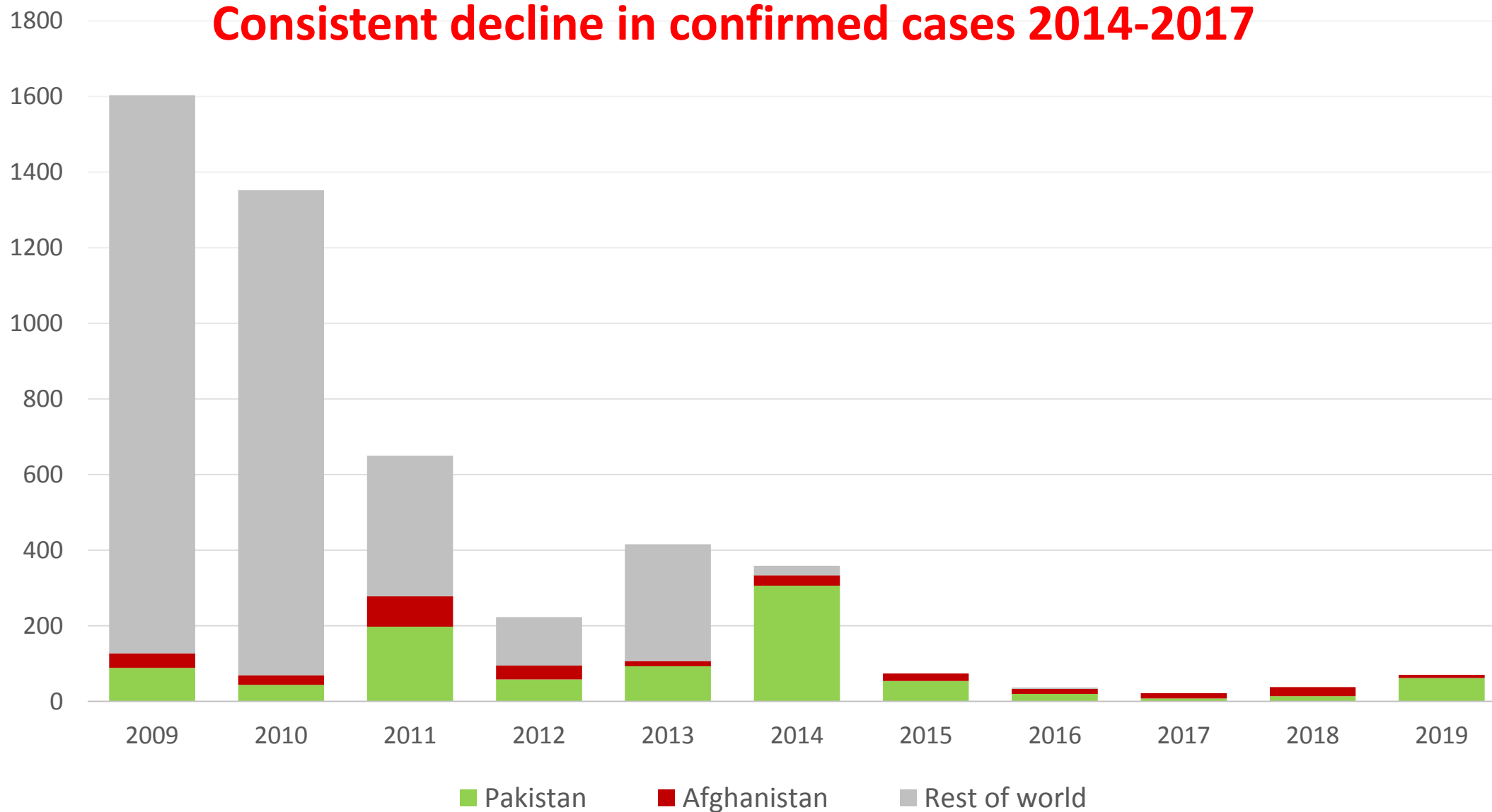
# Background

- Pakistan and Afghanistan represent the last remaining cluster of wild poliovirus transmission globally. No cases have been seen in Nigeria since 2016
- RI and SIAs are the key interventions in Pakistan to interrupt transmission
- Accessibility issues are known – estimating risk in inaccessible areas is hard but they also represent risk of transmission to surrounding areas
- OPV immunogenicity poorer in Pakistan – multiple doses needed
- Targeting interventions important to maximise utility of doses



# Global WPV1 Cases, 2009–2019\*

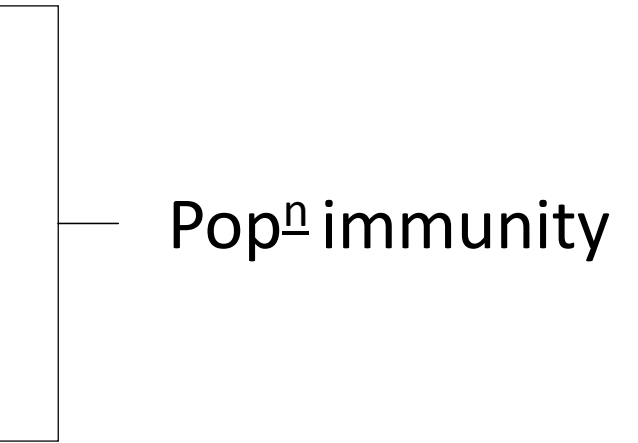
**Consistent decline in confirmed cases 2014-2017**



## Model aim

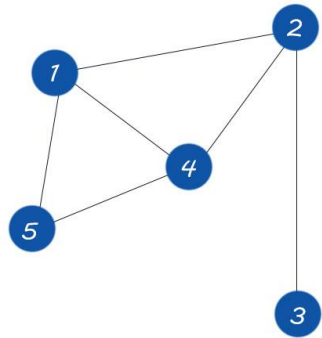
- This work aimed to include movement data in polio risk models to see if polio spread could be better estimated.
- Risk models are used to plan SIAs so accuracy is important to the interruption of WPV transmission.

## Basic parameters

- Vaccination history of AFP cases – reported vaccine doses of non-polio AFP cases divided by number of SIA campaigns in their district between birth and paralysis
  - RI coverage - % of children receiving 3 RI doses of OPV
  - Non-polio AFP rate – marker of surveillance intensity
  - Cases in the same spatial unit
  - Population and density of each spatial unit – number of individuals important to risk of spread
  - Population living in poverty
  - Precipitation
- 
- Pop<sup>n</sup> immunity

# Movement models

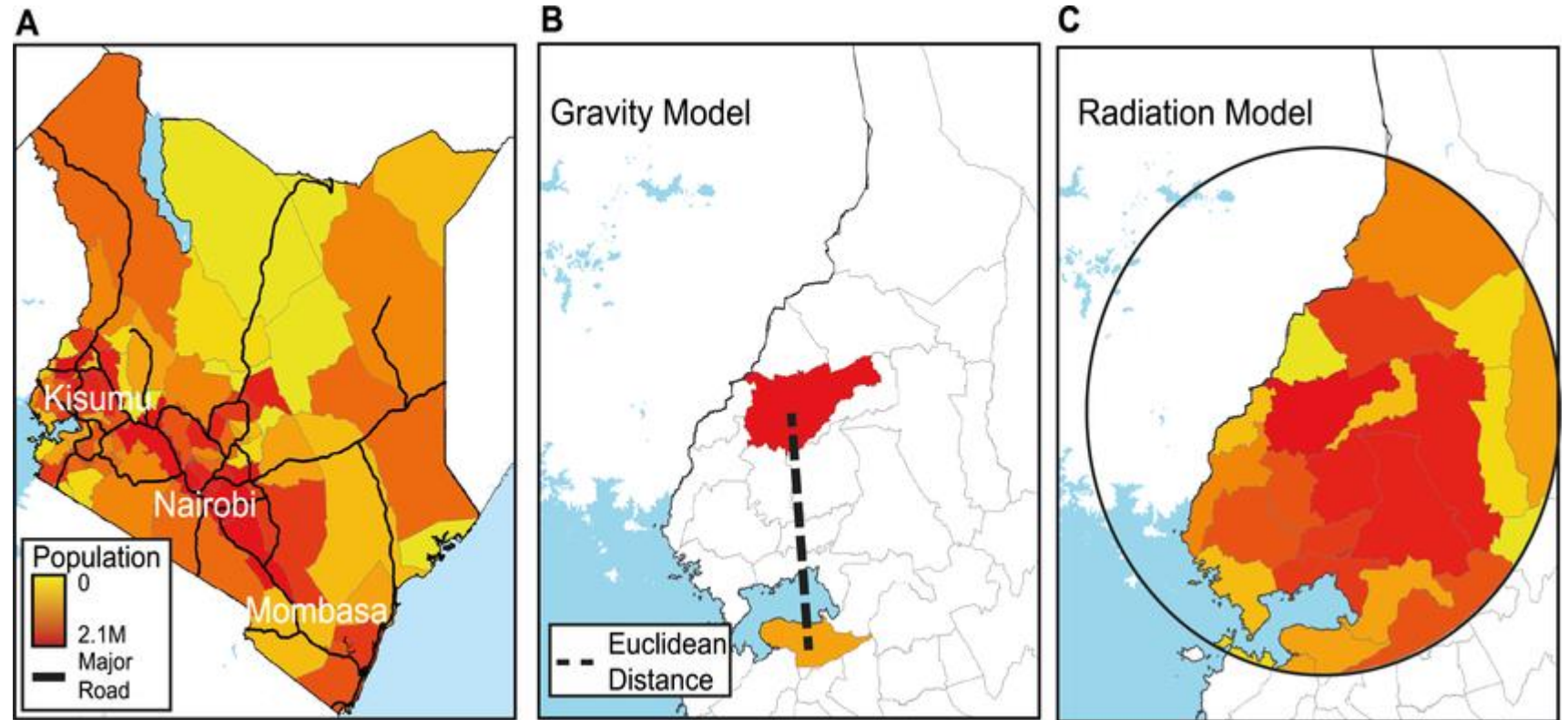
## First order adjacency



$A =$

	1	2	3	4	5
1	0	1	0	1	1
2	1	0	1	1	0
3	0	1	0	0	0
4	1	1	0	0	1
5	1	0	0	1	0

## Gravity and radiation models



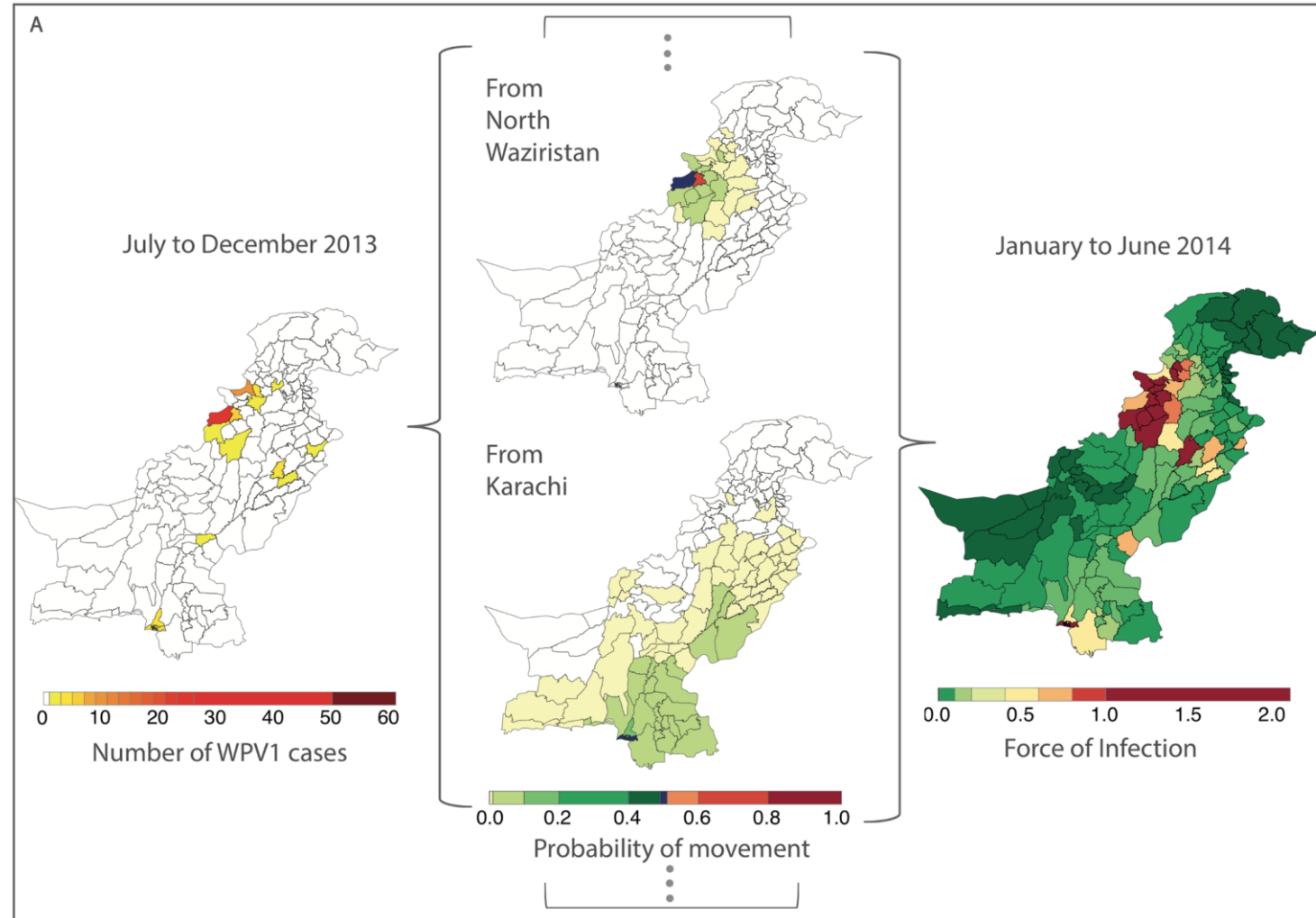
# Movement models

Extensions to these movement models incorporated:

- Population density in the radiation model – a small district with high population density is more likely to attract a migrant than a large district with the same population.
- Travel time in the radiation model – rather than direct distance we can use road network maps etc to estimate real world travel time.
- Mobile phone data in the gravity model – mobile phone data gives an indication of where people are travelling in reality to fit the model to.



# FOI



# Results

**Table 1. Risk factors associated with the incidence of wild poliovirus type 1 (WPV1) cases based on the best-fitting multivariable mixed-effects lagged regression model for January–June 2010 through July–December 2016.** The odds ratio (OR) and the 95% confidence interval (CI) for routine immunization and supplementary immunization activity (SIA) coverage are for an absolute 10% increase in these variables and a 1-unit increase for all other variables. Non-polio acute flaccid paralysis (AFP) rate is per 100,000 persons aged <15 years.

<b>Variable (fixed effects)</b>	<b>OR (95% CI)</b>	<b>P value</b>
Routine immunization coverage (previous 6 months)	0.75 (0.67–0.84)	<0.001
SIA coverage (previous 6 months)	0.75 (0.66–0.85)	<0.001
Non-polio AFP rate (previous 6 months)	1.13 (1.02–1.26)	0.025
Log (population size)	2.62 (1.94–3.55)	<0.001
Cases in the same district (previous 6 months)	1.16 (1.04–1.28)	0.006
Cases in all other districts, weighted by probability of movement (previous 6 months; radiation model)	1.14 (1.02–1.27)	0.021
<b>Variable (random intercepts)</b>	<b>Variance</b>	<b>Standard Deviation</b>
Province	0.393	0.627
Year (6-month interval)	0.838	0.915