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Applications of Transfer Learning With The SIR Model

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I hope to present a novel approach to assessing the movements of a disease or virus in one region, recognize it, then recognize similar movements elsewhere to create a map that minimizes the response time by policymakers. For instance, if we know the behavior of COVID-19 across one city or state, with certain parameters, we can predict the movement of COVID-19 elsewhere. Transfer learning allows for world-class work with fewer resources and less data. Not many people have published any research on this. Thus, I want to apply this to the SIR model and see if we can find a new, faster approach to predicting disease and virus spread.

To motivate this idea, transfer learning is defined in terms of domains and tasks. A domain \mathcal{D} consists of a feature space \mathcal{X} (which is just a vector space with vectors of explanattory variables and we need this to do statistical inference), and a marginal probability distribution P(X), where $X = \{x_1, \ldots, x_n\} \in \mathcal{X}$. Given some domain, $\mathcal{D} = \{\mathcal{X}, P(X)\}$, a task has two parts, that is, a label space \mathcal{Y} and an objective prediction function $f: \mathcal{X} \to \mathcal{Y}$. The function f is used to predict the corresponding label f(x) of a new instance x. The task is denoted as $\mathcal{T} = \{\mathcal{Y}, f(x)\}$, is learned from the training data, which consists of pairs $\{x_i, y_i\}$, where $x_i \in X$ and $y_i \in \mathcal{Y}$.

Given a source domain \mathcal{D}_S and learning task \mathcal{T}_S , a target domain \mathcal{D}_T and learning task \mathcal{T}_T , where $\mathcal{D}_S \neq \mathcal{D}_T$ or $\mathcal{T}_S \neq \mathcal{T}_T$, transfer learning aims to help improve the learning of the target predictive function $f_T(\cdot)$ in \mathcal{T}_T using the knowledge of the domains, T and S.

The SIR model is a simple compartmental model with three parts. First, S is the number of susceptible individuals. When someone in the set of S gets infected, he moves to I. I is the number of infected or infectious individuals. They are capable of infecting susceptible individuals, S. R is the number of removed (and immune, or recovered) or deceased individuals. We construct these variables as a function of time, t, that is, S(t), I(t), R(t). This model is set in continuous time, $t \in [0, \infty)$ and individuals are partitioned into groups, $j = 1, \ldots, J$ with N_j initial members. We normalize this such that $\sum_{j=1}^{\infty} N_j = 1$.

Moreover, the dynamics of **I** depends on the following ratio, $R_0 = \frac{\beta}{\gamma}$, known as the basic reproduction number. We arrive to this fraction from examining the time between contacts, $T_c = \beta^{-1}$ and the typical time until removal, $T_r = \gamma^{-1}$. Thus, the number of contacts by an infectious individual with others before the infectious are removed is T_r/T_c . Simple operations give us our ratio, $R_0 = \frac{\beta}{\gamma}$.

So I am still thinking how to infuse this with transfer learning to build a tractable model. One avenue I will try to take is through Recurrent Neural Networks to see if embedding the outputs of the SIR will make a difference, but I am not sure yet. I believe that for some state i we can embed the outputs into our transfer learning model and minimize the outputs that are outside some confidence interval, given some prior distribution. Essentially, we can

parameterize our new model such that layers become vectors, and we can make inference out of the predictions.