

An ensemble method for early prediction of dengue outbreak

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Abstract

Predicting a dengue outbreak well ahead of time is of immense importance to healthcare personnel. In this study, an ensemble method based on three different types of models has been developed. The proposed approach combines negative binomial regression, autoregressive integrated moving average model and generalized linear autoregressive moving average model through a vector autoregressive structure. Lagged values of terrain and climate covariates are used as regressors. Real life application using data from San Juan and Iquitos shows that the proposed method usually incurs a mean absolute error of less than ten cases when the predictions are made eight weeks in advance. Further, using model confidence set procedure, it is also shown that the proposed method always outperforms other candidate models in providing early prediction for a dengue epidemic.

Keywords: Epidemic, Ensemble forecasting, Model confidence set, Time series

1. Introduction

Dengue is a major public health concern in most tropical and sub-tropical countries. It is a vector-borne infection which causes flu-like illness, fever, and severe pain in the body. In addition, Dengue Haemorrhagic Fever (DHF) is extremely complicated, which can cause haemorrhage and internal organ failures (Ahmed et al. (2020)). Such complications often require hospitalization and focused medical care for Dengue and DHF patients. Currently, treatment is generally supportive while vaccines continue to be under development (Buczak et al. (2018)). While it is endemic to more than 100 countries, these areas periodically experience even higher risk when vector population increase in proximity to human habitation. Environmental factors, such as hot and humid climate, moderate rainfall etc. are known to influence prevalence of mosquito vectors (Wu et al. (2007)). In such cases, the vector population generally undergoes a breeding and maturity period of three to six weeks before they start infecting humans actively, cf. Ebi and Nealon (2016). In another relevant study, Yang et al. (2009) showed that temperature has significant effect in the life cycle of *Aedes aegypti*, the main vector behind dengue. Similar results were discussed in Kearney et al. (2009) and Estallo et al. (2012) as well.

With the dengue outbreaks becoming increasingly common across the world, leading to unrelenting burden on the health infrastructure and services (Bowman et al. (2016)), understandably there have been a large number of studies to predict dengue occurrences and outbreaks using data from various parts of the world. However, most of these research findings are either too specific or the accuracy of results, based on empirical validation, is not strong enough. This is particularly evident for outbreaks and epidemics, generally defined by a prolonged multi-week period with elevated count of patients than other periods. While majority of the researches can model and forecast the regular periods accurately (for example, Wu et al. (2007), Bowman et al. (2016), Guo et al. (2017), Buczak et al. (2018), Kilicman et al. (2018)), they often fail to obtain similar performance levels for the outbreak periods (Buczak et al. (2018), Kilicman et al. (2018)). In this paper, we attempt to bridge that gap by focusing on developing a robust and superior forecasting methodology, that relies on an ensemble technique of three separate models. The method performs consistently well across various types of periods and different locations. Iquitos (Peru) and San Juan (Puerto Rico) have been chosen for application and validation of the proposed methodology, since rich data on both locations are available from public sources, DengAI (2017).

Remaining sections in this paper are structured as below. Section 2 provides a detailed review of relevant literature to understand their strength, weaknesses and to finally combine these learnings into the proposed methodology. In Section 3, after defining some notations, three different models, their ensembling strategy and the implementation details are discussed. Section 4 explains the data and the key results based on the data from Iquitos and San Juan, along with suitable benchmark results. Finally, Section 5 discusses the findings, draws key conclusions, and briefly summarizes the scope of future research on this topic.

2. Literature Review

Studies related to Dengue outbreak modelling largely follow one of the three methodologies *viz.* time series forecasting, epidemiological modelling, or regression-based predictions. In recent times, various ensembles combining one or more of the above types have also been proposed.

Time series approaches, either using covariates or by using the past and recent counts of Dengue cases alone, are generally found to be the most promising among all the methodologies. Such time series models are often found to supersede other model-based approaches, or have been key components in ensemble approaches using a collection of different forecasting techniques. Luz et al. (2008), Dom et al. (2013), Chakraborty et al. (2019) and Prompetchara et al. (2019) are a few great references in this regard. Even within time series techniques, auto-regressive methods are found to be relevant and providing strong accuracy in multiple researches. More on this will follow in the next section.

Another common approach specifically aimed at modelling the peak counts or outbreaks, is known as epidemic modelling which generally adopts different variations of the Susceptible-Infected-Recuperated (SIR) modelling approach. Most of the recent studies have explored and recommended the usage of fractional order differential equations for Dengue modelling (Hamdan and Kilicman (2019b)). Another elaborate fractional order modelling approach has been discussed in Al-Sulami et al. (2014) but was not tested on any Dengue fever related data. The same model was adopted and applied empirically on 2012 Dengue epidemic data for

Selangor, Malaysia by [Hamdan and Kilicman \(2019a\)](#). The results, however, were found to be overestimating the actual number of cases consistently, by both integer-order and fractional-order variants. Based on these published results, it can be argued that, while the approaches are theoretically sound, empirical results based on real data are at best volatile ([Kilicman et al. \(2018\)](#)).

The third broad variant of dengue modelling is the regression-based approach. [Halide and Ridd \(2008\)](#) used stepwise regression to predict DHF cases for the city of Makassar and reported good performance in predicting moderately severe epidemic at lead times of up to six months. Current number of DHF cases and relative humidity were found to be the two most important predictors. It should, however, be noted that Makassar did not see any big outbreak during the study period, unlike San Juan or Iquitos. [Bowman et al. \(2016\)](#) found that recent probable cases, increase in mean temperature and mean age of hospitalized cases were adequately predictive of future counts at a lag of one to twelve weeks. Of these, the probable cases had the best performance, as captured using positive predictive values.

Apart from the above, machine learning approaches have been used in some related applications. The reader is referred to [Guo et al. \(2017\)](#) for a comparison of multiple advanced machine-learning algorithms such as support vector regression, gradient boosting regression trees etc. Another emerging technique in this context is to use ensemble modelling. Since different individual models work well under certain specific scenarios, an ensemble often provides more stable and superior results than any of its component models. One of the most popular ensemble techniques in the machine learning domain is the random forest model. It has been used for predicting disease outbreaks by many authors, and has been one of the more successful machine learning approaches in this regard. A few examples are [Brasier et al. \(2012\)](#), [Eng et al. \(2014\)](#) and [Ong et al. \(2018\)](#). On the other hand, ensemble method of analogous models, additive seasonal Holt-Winters and historical modelling, has shown strong results in forecasting peak height and total cases in a transmission season ([Buczak et al. \(2018\)](#)). The same methodology was, however, not very strong in predicting the peak week precisely. Another interesting study was done by [Guo et al. \(2019\)](#), who used multiple regression models using different penalties, such as LASSO, Ridge, ElasticNet to form the ensemble. The resulting forecast provided superior results for 1-2 weeks lead time. Interestingly, this study used social media surveillance data to boost its prediction accuracy. A more detailed account of prior studies using ensemble approaches for disease outbreak forecasting can be found in [Deb et al. \(2017\)](#).

3. Methods

3.1. Notations and definitions

Throughout this paper, wherever used, (Y_t) denotes a univariate time series. $\mathcal{F}_t = \sigma(Y_i, i \leq t)$ denotes the sigma-field generated by the history of the series. Any boldfaced term, *e.g.* \mathbf{w} , is used to indicate a vector of appropriate order. For a set S , $|S|$ points to the cardinality of the set.

Akaike information criterion (AIC) is going to be used as a selection criteria in many cases. Recall that it is a combination of the likelihood and the number of parameters estimated in the model. A lower value of AIC is preferred.

For evaluating the predictions, we will use mean absolute error (MAE) throughout the study. Let V be the prediction set, and for $t' \in V$, let $\hat{Y}_{t'}$ be the prediction for true values $Y_{t'}$. MAE is then defined as

$$\text{MAE} = \frac{1}{|V|} \sum_{t' \in V} |Y_{t'} - \hat{Y}_{t'}| \quad (3.1)$$

3.2. Candidate models for ensembling

As mentioned in Section 1, our ensembling approach combines three different models, each coming with some advantages and some disadvantages. They are described below.

3.2.1. Negative binomial regression

Using a negative binomial (NB) regression model is one of the most popular techniques for dealing with count data. This approach is considered to be efficient when the issue of overdispersion is observed in the count data, which is often the case for disease incidence data. Suppose, \mathbf{x}_t is a column vector of covariates corresponding to Y_t , the number of dengue cases at the t th time-point. Then, NB regression model assumes

that $Y_t \sim \text{Poisson}(\mu_t)$ where the conditional mean parameter is defined as $\mu_t = \exp(\mathbf{x}_t^T \boldsymbol{\beta} + e_t)$, with $\boldsymbol{\beta}$ being the vector of unknown coefficients, and e_t being a heterogeneity component unrelated to \mathbf{x}_t . [Fairos et al. \(2010\)](#) and [Dhimal et al. \(2015\)](#) are two of the many papers where negative binomial regression has been used in the context of dengue forecasting. One of the best features of this method is its simplicity and ease of explainability. Having said that, performance of this model is generally poor when it encounters unusually high peak periods and is therefore not a great tool to predict epidemics. More on this will follow in the Results and the Discussion sections.

3.2.2. Seasonal ARIMA

Auto-regressive integrated moving average (ARIMA) methods are most popular for analyzing continuous time series data. [Box et al. \(2015\)](#) is an excellent reading on this.

In the same spirit as above, consider a time series of dengue cases as $(Y_t)_{1 \leq t \leq n}$ and assume it to be stationary. In case of nonstationarity, an initial differencing step is done. Then, an ARMA model of order (p, q) is defined by

$$Y_t - \phi_1 Y_{t-1} - \dots - \phi_p Y_{t-p} = e_t + \theta_1 e_{t-1} + \dots + \theta_q e_{t-q}. \quad (3.2)$$

In the above, e_i 's are assumed to be independent and identically distributed Gaussian random variables with mean 0, the ϕ coefficients constitute the autoregressive (AR) part and the θ coefficients form the moving average (MA) part. Further, use $\phi(x) = 1 - \phi_1 x - \dots - \phi_p x^p$ to denote the AR characteristic polynomial, $\theta(x) = 1 + \theta_1 x + \dots + \theta_q x^q$ for the MA characteristic polynomial and B to denote the backward shift operator. Then, the above model can be written in a simplified form as $\phi(B)Y_t = \theta(B)e_t$.

In practical applications, often the above model is extended to seasonal ARIMA (SARIMA) model to incorporate autocorrelation at seasonal lags. Suppose, Y_t has a SARIMA structure with period s , AR order p , MA order q , seasonal AR order p' and seasonal MA order q' . Let the seasonal AR coefficients be $\Phi_1, \dots, \Phi_{p'}$ and the seasonal MA coefficients be denoted by $\Theta_1, \dots, \Theta_{q'}$. Also, let $\phi(x)$ and $\theta(x)$ be defined as above, $\Phi(x) = 1 - \Phi_1 x^s - \dots - \Phi_{p'} x^{p's}$ and $\Theta(x) = 1 + \Theta_1 x^s + \dots + \Theta_{q'} x^{q's}$ be the characteristic polynomial corresponding to the seasonal components. Then, the following equation denotes the SARIMA model.

$$\Phi(B)\phi(B)Y_t = \Theta(B)\theta(B)e_t. \quad (3.3)$$

The above is often indicated as $\text{SARIMA}(p, d, q)(p', d', q')[s]$, where d and d' are the orders of differencing and seasonal differencing required to ensure stationarity for the data. For both ARIMA and SARIMA models, it is possible to include exogenous variables in the mean structure. It thus provides an attractive and effective framework to grasp the effects of various regressors and the linear trend while analyzing a time series data.

SARIMA is the second model in our ensemble approach. Necessary differencing order to achieve stationarity is obtained from the Kwiatkowski–Phillips–Schmidt–Shin (KPSS) test, cf. [Kwiatkowski et al. \(1992\)](#). Then, in order to choose the most appropriate orders, the AIC criterion is used. Maximum lags we consider for the AR and MA orders are 7.

On a related note, SARIMA models have been widely used for forecasting in the context of infectious diseases and other related areas. Some examples are tuberculosis ([Rios et al. \(2000\)](#)), dengue fever ([Luz et al. \(2008\)](#)), hemorrhagic fever with renal syndrome ([Li et al. \(2012\)](#)), avian influenza H5N1 outbreaks ([Kane et al. \(2014\)](#)) and influenza A ([Petukhova et al. \(2018\)](#)). However, one major issue is that the discrete nature of the response variable may be a challenge while using it for count data.

3.2.3. GLARMA

Generalized linear auto-regressive moving-average (GLARMA) method is an appropriate extension of the generalized linear model to deal with the serial dependence in the discrete time series data. They can be thought of as a class of observation-driven non-Gaussian nonlinear state-space models. Here, the state process is assumed to depend linearly on the exogenous variables whereas the dependence on past values of the process is assumed to be nonlinear. In this approach, the distribution of Y_t , which is a discrete variable, conditional on the history, is considered to be of the following exponential family form ([Dunsmuir \(2015\)](#))

$$f(Y_t | \mathcal{F}_t) = \exp \{ Y_t W_t - a_t b(W_t) + c_t \}. \quad (3.4)$$

Here, W_t is a state variable defined as a function of the elements in \mathcal{F}_t and $(a_t), (c_t)$ denote sequences of constants. While there are a lot of choices for the specifications of W_t (Benjamin et al. (2003)), one of the most common form is the following (see Davis et al. (2003)).

$$W_t = \mathbf{x}_t^T \boldsymbol{\beta} + Z_t, \quad Z_t = \sum_{i=1}^p \phi_i (Z_{t-i} + e_{t-i}) + \sum_{i=1}^q \theta_i e_{t-i}. \quad (3.5)$$

In the above equation, similar to before, \mathbf{x}_t is the vector of covariates, and $\boldsymbol{\beta}$ is the coefficient vector. Z_t is a noise process specified through an ARMA-type recursion. (e_t) is the sequence of predictive residuals defined as $e_t = (Y_t - \mu_t)/\sigma_t$, where μ_t and σ_t^2 denote the conditional mean and variance of the time series. So far as the choice of the distribution goes, most common ones are Poisson, negative binomial, and their generalized forms. Throughout this paper, we will work with Poisson GLARMA models, and for orders p, q it will be denoted as GLARMA(p, q). Detailed theoretical results in this aspect can be found in Davis et al. (1999), Benjamin et al. (2003), Kedem and Fokianos (2005).

One of the main advantages of GLARMA models is that they deal with the discrete time series data in an appropriate way and can fit relatively easily to long time series. Because of that, GLARMA models have been applied in various disciplines. In one of the earliest applications, Rydberg and Shephard (2003) used it in the context of financial modeling. Dunsmuir et al. (2008) and Etting and Isbell (2014) are a couple of more interesting examples. This framework has been explored in forecasting disease outbreak as well. Petukhova et al. (2018), for example, analyzed the efficiency of GLARMA in predicting influenza A virus frequency.

3.3. Ensemble method

In this work, a time-dependent weighting scheme has been used to generate ensemble forecasts. To illustrate the scheme, let $\hat{Y}_t^{(1)}, \hat{Y}_t^{(2)}, \hat{Y}_t^{(3)}$ ($t \in U$) indicate the fitted values by the three candidate models (refer to the previous section) for the train set U . Similarly, $\hat{Y}_{t'}^{(1)}, \hat{Y}_{t'}^{(2)}, \hat{Y}_{t'}^{(3)}$ denote the predictions by the three models for $t' \in V$, where V is the prediction set. Our aim is to predict $Y_{t'}, t \in V$ by a weighted combination of the form

$$\hat{Y}_{t'} = \sum_{j=1}^3 w_{t'}^{(j)} \hat{Y}_{t'}^{(j)}. \quad (3.6)$$

We emphasize that the choice of the weights in the above equation is time-dependent and that is where it becomes more attractive than common practices. In order to determine the appropriate weights, we look at the fitted data and compute the following, for $j = 1, 2, 3$ and for $t \in U$,

$$w_t^{(j)} = \exp \left\{ - \left| Y_t - \hat{Y}_t^{(j)} \right| \right\} / \sum_{j=1}^3 \exp \left\{ - \left| Y_t - \hat{Y}_t^{(j)} \right| \right\}. \quad (3.7)$$

Thus, for every time point in the train set, the weights associated with an individual method is inversely proportional to the exponential function of the absolute values of the residuals. This is also known as the softmax function applied to the negative of the fitted residuals. Clearly, a method which does not fit the data well has less weight in the weighted average. Since this computation is done separately for every time point, the sequence $(w_t^{(j)})_{t \in U}$ captures the information of whether the j th model becomes more (or less) suitable for the data over time. Note the restriction $w_t^{(1)} + w_t^{(2)} + w_t^{(3)} = 1$. Further, it is evident that the components of $(w_t^{(1)}, w_t^{(2)}, w_t^{(3)})$ are dependent among each other. They are autocorrelated as well. This motivates us to treat $(w_t^{(1)}, w_t^{(2)})_{t \in U \cup V}$ as a multivariate time series.

Defining $\text{logit}(x) = \log(x/(1-x))$, in order to obtain estimates of $w_{t'}^{(j)}$ for $t' \in V$, we fit a vector autoregressive (VAR) process for the bivariate time series $\mathbf{w}_t = (\text{logit}(w_t^{(1)}), \text{logit}(w_t^{(2)}))_{t \in U}$. Recall that a VAR model of lag p is defined as

$$\mathbf{w}_t = \boldsymbol{\mu} + A_1 \mathbf{w}_{t-1} + A_2 \mathbf{w}_{t-2} + \dots + A_p \mathbf{w}_{t-p} + \mathbf{e}_t. \quad (3.8)$$

Here, $\boldsymbol{\mu}$ is a bivariate constant vector, A_i 's are parameter matrices of appropriate order and \mathbf{e}_t is a zero-mean error process with no temporal autocorrelation. The above model is used to forecast $\mathbf{w}_{t'}$ for $t' \in V$. Subsequently, eq. (3.6) provides the required forecast for the number of dengue cases.

3.4. Forecast evaluation using model confidence set

Hansen et al. (2011) proposed the model confidence sets (MCS) procedure which is used to test if one of the candidate models has superior predictive power over others. In order to describe the MCS procedure, let \mathcal{M} be the set of models we consider and V be the forecast period. We evaluate the forecast accuracy of the models under the MAE loss function. Let $L_{m,t}$ denote the loss associated with $m \in \mathcal{M}, t \in V$. The relative performance for $m_1, m_2 \in \mathcal{M}$ is then defined as $d_{m_1 m_2, t} = L_{m_1, t} - L_{m_2, t}$. Let $\mathbb{E}(d_{m_1 m_2, t})$ be the expectation of $d_{m_1 m_2, t}$ under the loss function. Then, the objective of the MCS procedure is to choose a model set \mathcal{M}^* such that

$$\mathcal{M}^* = \{m \in \mathcal{M} : \mathbb{E}(d_{mm', t}) \leq 0, \forall m' \in \mathcal{M}\}. \quad (3.9)$$

In order to do the above, the MCS procedure performs a sequence of significance tests with null hypothesis of the form

$$H_{0, \mathcal{M}'} : \mathbb{E}(d_{mm', t}) = 0 \quad \forall m, m' \in \mathcal{M}' \subset \mathcal{M}. \quad (3.10)$$

In order to perform the above test, the authors suggested different choices. In this paper, we use the range statistic T_R . If $\bar{d}_{mm'}$ and $v(d_{mm'})$ respectively denote the mean and variance of $d_{mm', t}$ for $t \in V$, then

$$T_R = \max_{m, m' \in \mathcal{M}'} \frac{|\bar{d}_{mm'}|}{\sqrt{v(d_{mm'})}}. \quad (3.11)$$

The asymptotic distribution of T_R is nonstandard, and it depends on some nuisance parameters. So, we use bootstrap methods to estimate the distribution and this approach implicitly solves the nuisance parameter problem, as pointed out by the authors in the original paper. Now, at every step of the hypothesis testing part, an equivalence test $\delta_{\mathcal{M}'}$ is conducted to test if any two models in \mathcal{M}' perform equally well under the loss function. If $\delta_{\mathcal{M}'}$ is rejected, an elimination rule $e_{\mathcal{M}'}$ eliminates the model with poor performance. These tests are repeated until the set of surviving models \mathcal{M}^* is obtained. Throughout this paper, we use a significance level of 0.1 for the MCS procedure.

3.5. Implementation

In the data we analyze, albeit no observation is missing for the response variable (the number of dengue cases), there are a few missing cases in the predictor variables. We choose to impute these missing values using the interpolation method, following Moritz and Bartz-Beielstein (2017). It is imperative to point out that the proportion of missing values is very less for most of the variables. Therefore, the imputation technique has little to no effect on the overall results. After the imputation, we focus on choosing the most appropriate set of terrain and climate related predictors and their lagged values. As Deb et al. (2017) have pointed out, the terrain and weather components from past weeks should be included in the model. In that light, throughout this study, we are going to use the covariate values from up to lag 4, that is previous four weeks. This is justified because the life-cycle of *Aedes aegypti* can span from a few days to 3-4 weeks. However, note that this approach would effectively introduce a lot of new covariates, thereby increasing the chances of multicollinearity and overfitting. Thus, a variable selection step is warranted. That is achieved in two stages.

For the full set of predictors, the variance inflation factor criterion, with a cutoff of 10, is first used to remove the variables showing signs of multicollinearity. Next, the stepwise variable selection method is implemented on a linear model with all predictors to choose the final set of climate and terrain related covariates. Additionally, to deal with seasonality, 11 monthly indicator variables (effect of December taken as 0, for the sake of identifiability issues) are included as well. Note that for each of the candidate models (refer to Section 3.2), we use the same set of regressors.

AIC criterion is used to choose the most appropriate orders in SARIMA and GLARMA methods, and maximum lags of 7 are considered in this regard.

All computations are done in RStudio version 1.0.153, coupled with R version 3.5.2.

4. Results

As an application of the proposed method, we analyze the weekly number of dengue cases from two different regions. This data is publicly available in the GitHub repository [DengAI \(2017\)](#). The two regions are San Juan, Puerto Rico and Iquitos, Peru. For San Juan, the data spans from 30th April, 1990 to 22nd April, 2008 whereas for the latter, the time-span is from 1st July, 2000 to 25th June, 2010.

In addition to the response variable which is the weekly number of dengue cases, we consider 13 main covariates in this study. They are NDVI or normalized difference vegetation index for four different directions; precipitation amount; reanalysis relative humidity and specific humidity; reanalysis air temperature, maximum air temperature and average air temperature; diurnal temperature range; average and maximum temperature of the stations. Summary statistics of all these variables are displayed in Table 1.

Table 1: Percentage of missing values, and the summary of the variables in the study. Data for San Juan spans from April 30, 1990 to April 22, 2008 whereas the timeline for the Iquitos data is from July 1, 2000 to June 25, 2010.

Summaries for San Juan	Missing values	Minimum	Maximum	Average	Std. dev.
Number of dengue cases	0%	0	461	34.2	51.38
NDVI NE	20.4%	-0.41	0.49	0.06	0.11
NDVI NW	5.2%	-0.46	0.44	0.07	0.09
NDVI SE	2.0%	-0.02	0.39	0.18	0.06
NDVI SW	2.0%	-0.06	0.38	0.17	0.06
Precipitation amount (mm)	1.0%	0.00	390.60	35.47	44.61
Reanalysis air temperature (K)	0.6%	295.94	302.20	299.16	1.24
Reanalysis avg air temperature (K)	0.6%	296.11	302.16	299.28	1.22
Reanalysis max air temperature (K)	0.6%	297.80	304.30	301.40	1.26
Reanalysis relative humidity (%)	0.6%	66.74	87.58	78.57	3.39
Reanalysis specific humidity (g/kg)	0.6%	11.72	19.44	16.55	1.56
Reanalysis diurnal temp range (K)	0.6%	1.36	4.43	2.52	0.50
Station avg temperature (C)	0.6%	22.84	30.07	27.01	1.42
Station max temperature (C)	0.6%	26.70	35.60	31.61	1.72
Summaries for Iquitos	Missing values	Minimum	Maximum	Average	Std. dev.
Number of dengue cases	0%	0	116	7.57	10.77
NDVI NE	0.6%	0.06	0.51	0.26	0.08
NDVI NW	0.6%	0.04	0.45	0.24	0.08
NDVI SE	0.6%	0.03	0.54	0.25	0.08
NDVI SW	0.6%	0.06	0.55	0.27	0.09
Precipitation amount (mm)	0.8%	0.00	210.83	64.25	35.22
Reanalysis relative humidity (%)	0.8%	57.79	98.61	88.64	7.58
Reanalysis air temperature (K)	0.8%	294.64	301.64	297.87	1.17
Reanalysis avg air temperature (K)	0.8%	294.89	302.93	299.13	1.33
Reanalysis max air temperature (K)	0.8%	300.00	314.00	307.08	2.38
Reanalysis specific humidity (g/kg)	0.8%	12.11	20.46	17.10	1.45
Reanalysis diurnal temp range (K)	0.8%	3.71	16.03	9.21	2.45
Station avg temperature (C)	7.1%	21.40	30.80	27.53	0.92
Station max temperature (C)	2.7%	30.10	42.20	34.00	1.33

Note that the mean number of dengue cases for Iquitos and San Juan are 7.57 and 34.2, respectively. The corresponding ranges are $[0, 116]$ and $[0, 461]$. This phenomena points to the fact that there are occasions of epidemics in both locations, as can be observed in Figure 1 as well.

The main objective of this work is to analyze and predict the number of dengue cases, especially the outbreaks, based on the aforementioned terrain and weather-related variables ahead of time. For that, we choose six-week periods starting on different dates as different test sets. Then, for each of these test sets, the proposed model is trained on all data up to eight weeks before the forecast period and we look at the predictive accuracy using MAE. So far as the method goes, missing data handling and variable selection are done as discussed in Section 3.5. The results are displayed in Figure 2.

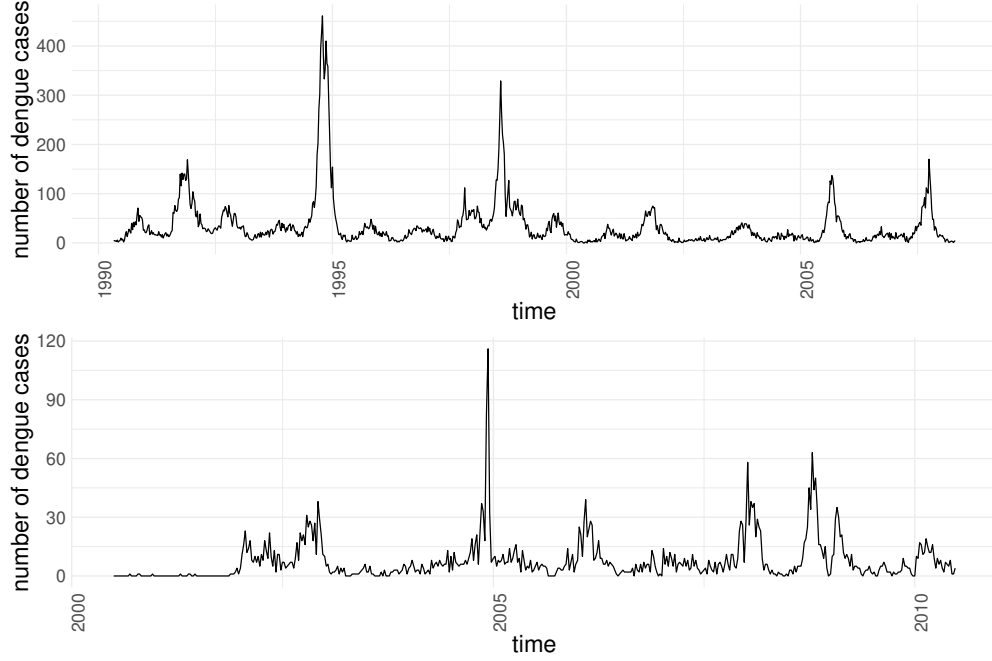


Figure 1: Time series of the weekly number of dengue cases for San Juan (in top panel) and Iquitos (in bottom panel).

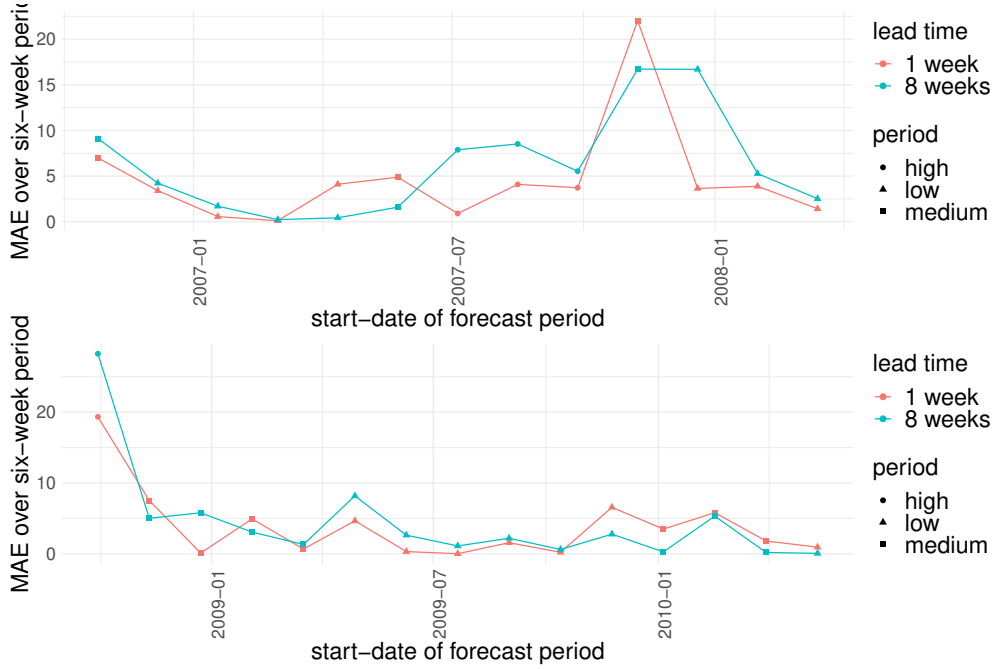


Figure 2: Average six-week MAE of predictions made 1 week and 8 weeks ahead of time for forecast periods starting on different dates. High, medium and low periods are shown using different symbols. Results for San Juan are shown in the top panel and the same for Iquitos are presented in the bottom panel.

The plot shows the average MAE for six-week period in the forecast horizon starting on different dates. The results for San Juan are shown in the top panel and the same for Iquitos are presented in the bottom panel. Each six-week period is categorized as high, medium or low, depending on the average number of

observed cases. For San Juan, a high period is defined as a six-week period with average number of cases greater than 40. This value is in the upper quartile, and signifies an epidemic period. A medium period is defined when the average number of cases is between 15 and 40 (which is around the median) and a low period is for the average cases being below 15 (in the lower quartile). In a similar fashion, noting that the quartiles of the total number of cases are much lower for Iquitos, high, medium and low period are defined for average number of cases being greater than 20, between 5 and 20 and less than 5, respectively. Then, for each of these cases, we take a look at the predictive accuracy if the prediction was made one week before and if it was made eight weeks before. For example, the first point in the graph in the top panel depicts that the average MAE over a six week period starting on 26th October 2006 is 6.99 if the prediction was made on 19th October 2006. Similarly, if we consider the predictions made on 31st August 2006 (eight weeks before), the average MAE for the same period is 9.12.

In the top panel of the graph, results for San Juan are displayed. We can see that the average MAE goes above 10 for the ensemble method only in two cases, for the six-week period starting on 8th November 2007 and on 20th December 2007. First one is a medium period (average number of cases is 21.67) while the latter one is a low period (average number of cases is 13.33). Other than these two cases, the proposed method has been very accurate. Even when the predictions are made eight weeks in advance, the MAE does not go above 10.

Results for Iquitos are displayed in the bottom panel of Figure 2. Once again, only for the first case (six week period starting from 30th September 2008) which is in fact a high period, the MAE is above 20 when we look at the predictions made eight weeks before. The MAE for the same period according to predictions made one week before falls below 20. Other than that, the MAE remains below 10 throughout. The fact that the predictions from eight weeks before ensure good accuracy establishes that using appropriate lagged values of climate and terrain related covariates, early prediction of dengue outbreak is possible.

Next, we turn our attention to the early prediction part and for the same periods above, compute the predictive accuracy of the main model and the three individual models if the forecast was done eight weeks before. In this comparative study, we also include the results from another ensemble model, namely the random forest (RF). Recall that the RF is arguably the most popular ensemble method in related applications and can be taken as a benchmark. In order to keep uniformity in the analysis, the RF model is implemented with same set of regressors and the hyperparameters are tuned appropriately. Now, MCS procedure as described in Section 3.4 is performed on the eight-weeks-ago forecasts from the five models (random forest, negative binomial, ARIMA, GLARMA and ensemble). The p -values from the MCS procedure are displayed in Figure 3. Note that a value greater than 0.1 (dotted line in the graph) indicates an acceptable model whereas a p -value of 1 corresponds to the best model in terms of prediction.

From the graphs, it is evident that the ensemble method outperforms the other candidate models for all of the high periods (three for San Juan and one for Iquitos). Among the medium periods, there is one in San Juan (starting from 26th October 2006) and two in Iquitos (starting from 11th November 2008 and 16th February 2010) where the ensemble method is bettered by the random forest model. Otherwise, the proposed method is the best. However, for the low periods, there is no consistent pattern. Overall, we can say that all the models are equally accurate to predict the low numbers of dengue cases whereas for early prediction of dengue outbreak, our proposed method usually outperforms other candidate models, including the random forest which in itself is another type of ensemble method.

Furthermore, we take a more detailed look at three specific examples of the above six-week periods - one high, one medium and one low - for both locations. For San Juan, we choose the six-week windows starting from 20th August 2007 (high period), 18th June 2007 (medium period) and 11th March 2008 (low period). For Iquitos, the same dates are chosen as 1st October 2008, 12th February 2010 and 21st May 2010, respectively. Here we consider different scenarios where all data up to d weeks (for $d = 1, 2, 3, 4, 6, 8$) before the forecast period are used to train the model and then we get predictions for the forecast period. This is done to understand the robustness of forecast accuracy corresponding to different lead-times. The mean absolute error for the predictions in the high, medium and low periods for San Juan and Iquitos are displayed in Table 2 and Table 3.

Interestingly, for San Juan, we can see that the ensemble method performs way better than the other models. For the high period, the average number of cases is 93, and the MAE for all lead times are below 10 for the proposed method. In comparison, the other models observe errors at least four times in magnitude. For the medium period (average cases 34.67), once again, the ensemble method beats the other models

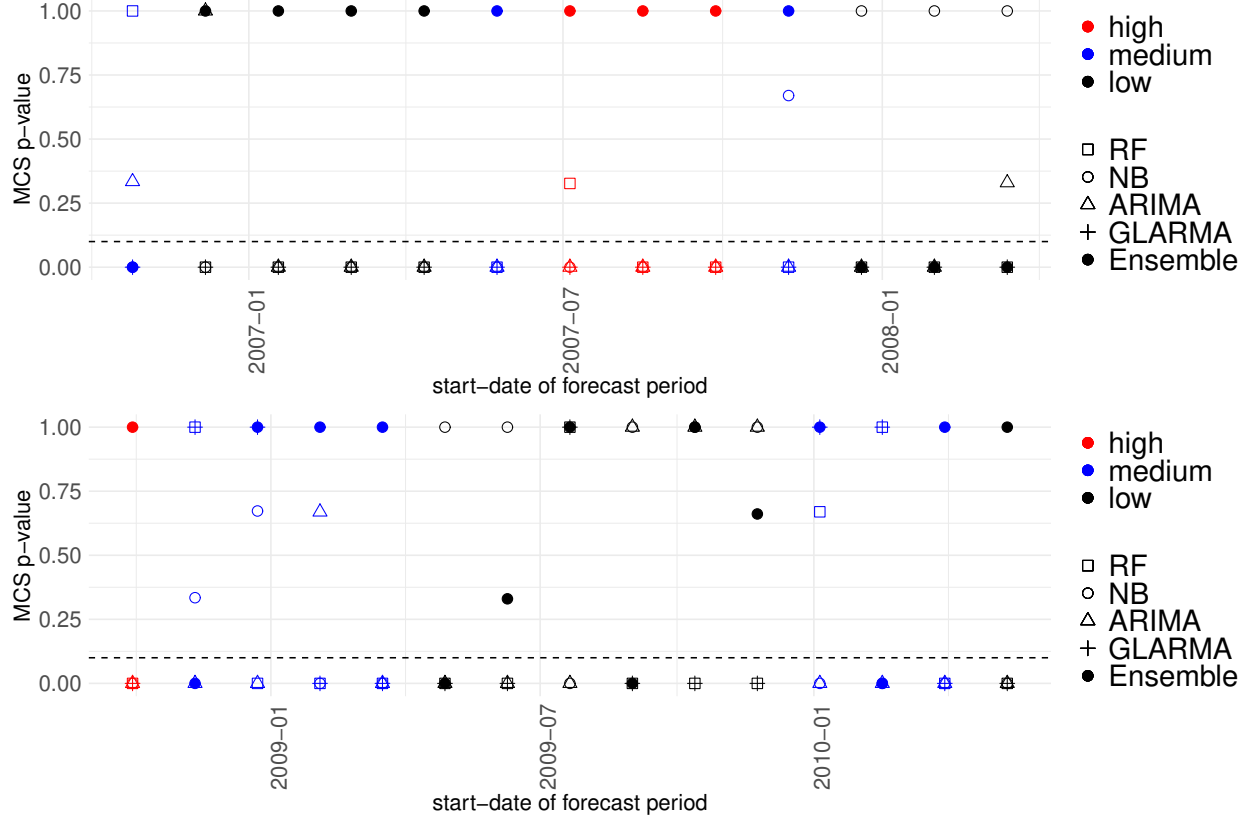


Figure 3: p-values from the MCS procedure for forecasts made eight weeks in advance. Results for San Juan are shown in the top panel and the same for Iquitos are presented in the bottom panel.

whereas the random forest is close second for most of the lead times. On the other hand, all models perform at par with each other for the low period (average cases 2.67).

Superior results for the ensemble method can be noted for the high period in Iquitos as well, except when the predictions are made one week or two weeks before. In that case, random forest beats the proposed method. However, the magnitude of difference in the MAE is much smaller here. Meanwhile, the negative binomial and the random forest models are the best models for the medium period while the ensemble and ARIMA are better than others for the low period. Further note that the best MAE values are very small in all these cases.

Next, we look at the precision and recall for the eight-weeks-ago predictions of the proposed method for all of the high periods within the last five years of the corresponding dataset. These results are presented in Table 4. Keeping the same notion as with earlier analysis, a high or epidemic period is defined as a six-week period where the average number of cases is greater than 40 for San Juan and above 20 for Iquitos.

There are 35 high periods for San Juan, and the ensemble method records great precision and recall. For Iquitos though, the values are little bit smaller, perhaps owing to the fact that the size of the training data are less in this case.

As a final piece of this study, we look at the robustness of the proposed ensemble method in terms of the length and resolution of the training data. For brevity, all of the remaining results presented in this section are based on eight-weeks-ago predictions, for that is the more practical aspect of the problem. We however emphasize that changing the lead-time does not alter the results significantly.

First, in an attempt to understand the effect of the size of the training set, we focus on all of the forecast-periods discussed in Figure 2, but use only the last k years of data (for $k = 2, 3, 5, 8$) to make predictions. Then, the average mean absolute errors are calculated for each case and are presented in Figure 4. With two years of data, the performance is somewhat abrupt, potentially due to the method's inability to extract

Table 2: MAE for predictions in three different periods, corresponding to different lead-times by candidate models for San Juan data. High period starts on 20th August, 2007 and the average number of dengue cases is 93. Medium period, with average number of dengue cases as 34.67, starts on 18th June, 2007. The low period starts on 11th March, 2008 and the average number of cases is 2.67. Best models are marked in bold.

Period	Lead-time	RF	NB	ARIMA	GLARMA	Ensemble
High	1 week	16.83	89.31	26.33	42.50	4.49
	2 weeks	29.33	89.21	32.88	38.65	6.71
	3 weeks	45.50	89.07	35.41	47.34	8.67
	4 weeks	49.33	89.27	32.14	51.82	6.62
	6 weeks	41.83	89.71	32.42	61.15	9.69
	8 weeks	46.33	89.08	31.87	45.68	8.51
Medium	1 week	6.33	32.07	9.52	15.48	4.24
	2 weeks	7.50	31.54	10.78	15.13	5.10
	3 weeks	8.00	32.03	17.32	18.91	6.33
	4 weeks	10.50	31.62	19.83	16.43	5.70
	6 weeks	13.50	31.91	25.17	16.65	5.04
	8 weeks	7.33	31.76	27.40	18.43	4.93
Low	1 week	3.50	1.18	1.76	4.13	1.47
	2 weeks	3.00	0.97	1.99	6.67	2.09
	3 weeks	3.17	0.94	1.36	6.77	2.17
	4 weeks	3.67	1.00	2.39	6.89	1.94
	6 weeks	4.83	0.81	2.06	8.67	3.14
	8 weeks	4.50	0.98	4.21	7.36	3.12

Table 3: MAE for predictions in three different periods, corresponding to different lead-times by candidate models for Iquitos data. High period starts on 30th September, 2008 and the average number of dengue cases is 40.33. Medium period, with average number of dengue cases as 14.33, starts on 11th February, 2010. The low period starts on 20th May, 2010 and the average number of cases is 4.17. Best models are marked in bold.

Period	Lead-time	RF	NB	ARIMA	GLARMA	Ensemble
High	1 week	17.67	28.36	18.04	37.89	19.33
	2 weeks	21.83	29.91	24.91	38.01	22.27
	3 weeks	25.33	30.47	23.95	38.40	22.53
	4 weeks	26.50	31.36	31.09	38.38	25.13
	6 weeks	29.83	31.52	36.21	38.85	27.34
	8 weeks	33.50	32.32	37.74	38.10	28.23
Medium	1 week	2.33	1.89	9.30	12.07	4.72
	2 weeks	2.17	4.92	12.60	12.29	7.49
	3 weeks	3.00	5.19	13.88	12.46	8.05
	4 weeks	5.17	4.16	14.18	12.52	7.38
	6 weeks	6.00	3.17	13.94	11.81	6.22
	8 weeks	2.17	3.53	11.02	11.92	5.63
Low	1 week	5.33	1.76	0.89	2.73	0.15
	2 weeks	7.17	2.30	2.46	3.20	0.82
	3 weeks	8.00	4.67	0.56	2.82	0.89
	4 weeks	9.67	2.07	3.22	3.27	1.10
	6 weeks	11.00	3.15	3.71	3.33	1.03
	8 weeks	11.33	5.30	1.89	2.33	1.87

sufficient information about the seasonality in the time series. Results for San Juan (top panel of the figure) indicate that the errors are less than 20 in all but a couple of forecast periods. Those two periods (around August-September of 2007) are epidemic periods and saw more than 90 cases on an average. The ensemble method, when only up to 5 years of data are used to train the model, records an MAE of around 40. We also notice that the error decreases with bigger training sets and earlier we saw that the error is only about

Table 4: Precision and Recall for eight-weeks-ago predictions of the ensemble method for high/epidemic periods.

Location	San Juan	Iquitos
Test period	1st January, 2004 to 22nd April, 2008	1st January, 2006 to 14th May, 2010
No of high periods	35	29
Precision	84.62%	42.11%
Recall	94.29%	27.59%

17 when all data are used in the model. For all other periods in San Juan, even with only three years of data, the method achieves great accuracy. A similar phenomena is observed in all periods of Iquitos as well. Comparing the bottom panels of Figure 2 and Figure 4, it is easy to conclude that the size of the training set has very little effect on the prediction accuracy of the ensemble method in case of Iquitos. Such performance stability can be attributed to the presence of high and medium periods within the extracted training sets. As long as the training set covers a number of such periods, the ensemble model is able to learn and provide accurate estimates even with small training sets. In summary, the method appears to be performing well even when the time series is shorter.

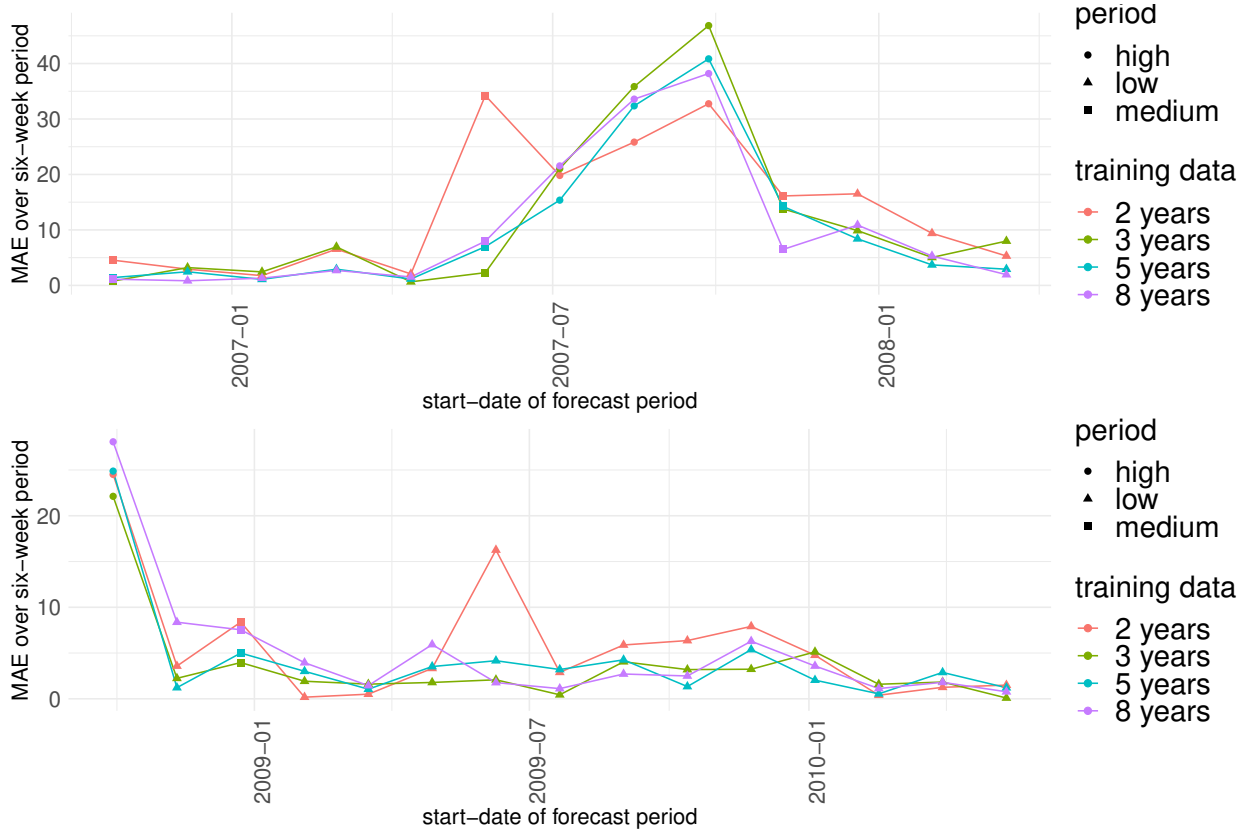


Figure 4: Average six-week MAE of predictions made 8 weeks ahead of time for forecast periods starting on different dates, corresponding to training data of different sizes. High, medium and low periods are shown using different symbols. Results for San Juan are shown in the top panel and the same for Iquitos are presented in the bottom panel.

Next, we check the performance of the model if the data are aggregated to a less granular level. Here, we transform the weekly number of cases to monthly number of cases, by taking the average of all the values within a particular month. This is done to keep in line with the earlier analysis. It results in a time series of length 217 for San Juan and a time series of length 120 for Iquitos. In both cases, we focus on the last four months of data, and find out the accuracy of the one-month-ago or the two-months-ago predictions (equivalent to eight-weeks-ago predictions). These results are provided in Table 5.

Table 5: MAE of the one-month-ago and the two-months-ago predictions of the ensemble method when monthly data are considered.

Location	Month	Period	MAE (one-month-ago)	MAE (two-months-ago)
San Juan	Nov, 2007	Medium	42.0	31.7
	Dec, 2007	Low	10.0	29.7
	Jan, 2008	Low	0.1	5.2
	Feb, 2008	Low	3.1	2.2
	Mar, 2008	Low	1.4	2.5
	Apr, 2008	Low	0.3	0.2
Iquitos	Jan, 2010	Medium	4.3	0.2
	Feb, 2010	Medium	5.8	7.0
	Mar, 2010	Medium	7.3	7.0
	Apr, 2010	Medium	1.7	4.1
	May, 2010	Low	6.4	8.8
	Jun, 2010	Low	1.3	3.8

We can see that the errors on predicting the average number of cases are still less than 10 barring a couple of forecast periods in San Juan. In those cases, the proposed method records considerably higher errors. We hypothesize that the monthly or more coarse aggregations average the fluctuations out in both the response and the predictor variables and as a result, the information content and the predictive power of the independent variables go down. This impacts the prediction accuracy adversely, especially in case of high or medium periods. However, if the monthly data are available for a longer time period and if the data includes sufficient number of high and medium periods, the ensemble approach should be able to achieve greater accuracy.

5. Discussion

In this study, we have proposed a new method to analyze and forecast time series count data in the context of dengue outbreaks. The ensemble approach is precise and easy to interpret. The VAR method in estimating the weights enables us to leverage the efficacy of every method in the system. It is flexible in nature. So, although we include three different models in the ensemble, one can easily include more types of models that may deem suitable for the problem. More regressors and their lagged values can also be included in the mean structure as necessary.

The real life examples from San Juan and Iquitos show that the method works well to predict dengue epidemics at least eight weeks in advance. It is considerably better than other competing models in that aspect. In comparison, the forecast accuracy is similar when the target period has less number of cases. A couple of interesting phenomena are worth mention at this point. Akin to the existing literature which establish that the negative binomial regression model suffers from the presence of outliers, it is observed that the NB model fails miserably in case of high periods in our data too. It however performs very well for the low periods (for example, it is the single best model for all lead-times in case of the discussed low period in San Juan), thereby motivating its inclusion in the ensemble. Further, the structure of the NB model does not capture the time-dependent nature of the data and that is also responsible behind its poor performance in case of the high periods. This is where the other two models perform better. If there is a series of weeks with increasing number of cases, ARIMA or GLARMA can leverage that to provide considerably better forecasts. This in turn helps the ensemble to achieve great accuracy as well. Another critical observation is that the random forest model has a tendency to over-forecast the low periods and under-forecast the high periods. It is actually a common problem with this approach. Sometimes it cannot analyze the relationships between the response and the predictors efficiently, and as a consequence, the predictions tend to move towards the average.

The results also establish that climate and terrain covariates from past weeks are instrumental in predicting the outbreaks. On a related note, the results from San Juan are much better than that from Iquitos. This can be attributed to the fact that San Juan has recorded more dengue epidemics over the years and the pattern can be successfully captured by our proposed method.

It is clear that it is of significant importance for healthcare as well as public health governing bodies to detect ensuing dengue epidemics. The method described in this paper can do that with strong confidence and with a reasonable lead time, thereby helping both health systems and disease control programs to respond and plan both preventive and curative measures more efficiently.

Declaration of interest

None.

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