Forecasting epidemiological patterns using multi-scale semi-mechanistic models

# Privacy and Ethics in Pandemic Data Collection and Processing

## **ICERM @ Brown University**

19 January 2023

Gerardo Chowell, PhD



# Inferring the structure of aggregate epidemiological patterns



More than one transmission tree could give rise to very similar epidemic curves

Date of onset

#### **Real epidemics exhibit variable epidemic growth scaling**



Viboud et al. Epidemics 2016; Chowell et al. JR Interface 2016

## The initial phase of the HIV/AIDS epidemic in the United States



1=White; 2= Black; 3=Hispanic; 4=unknown

Colgate et al. PNAS 1989

#### **Multimodal epidemics**



- Aggregation of multiple underlying spreading mechanisms.
- Transmission occurs in high-risk groups first before affecting others.
- Transmission in different geographic areas occurs at different times.
- Emergence of new variants

#### **Building block: generalized logistic growth model**



Chowell et al. Plos Currents Outbreaks 2016.

#### **Overlapping sub-epidemic wave model**

- Each sub-epidemic is modelled by a generalized logistic growth model
- An epidemic wave comprising of a set of *n* over lapping sub-epidemics is modelled using coupled differential equations



#### Where,

 $C_i$  = cumulative number of infections for sub-epidemic i,  $K_i$  = size of the i<sub>th</sub> sub-epidemic

A<sub>i</sub>= indicator variable

$$A_i(t) = f(x) = \begin{cases} 1 & C_i(t) > C_{thr} \\ 0 & Otherwise \end{cases} \quad i = 1,2,3 \dots n$$

Number of model parameters is 5 (n>1) Chowell, G., Tariq, A., & Hyman, J. M. (2019). *BMC medicine*, 17(1), 1-18.

## **Modeling sub-epidemic sizes**

Assuming the subsequent sub-epidemic sizes decline exponentially we have,

$$K_i = K_0 e^{-q(i-1)}$$

Where,

 $K_0$  is the size of the initial sub-epidemic ( $K_i = K_0$ )

The total size of the epidemic wave composed of n overlapping sub-epidemics is given by:



Where  $C_{tot}(t)$  = cumulative curve of epidemic wave

# Representative epidemic waves composed of overlapping sub-epidemics



Number of model parameters is 5 (n>1)

#### **Parameter estimation**



Model parameters are estimated by fitting the model to the aggregated incidence curve

maximum likelihood estimation with parametric bootstrapping.

#### SARS outbreak in Singapore, 2003





Research article | Open Access | Published: 22 August 2019

#### A novel sub-epidemic modeling framework for shortterm forecasting epidemic waves

<u>Gerardo Chowell</u> ⊡, <u>Amna Tariq & James M. Hyman</u>

BMC Medicine 17, Article number: 164 (2019) Cite this article

10k Accesses | 72 Citations | 11 Altmetric | Metrics

## **Spatial wave sub-epidemic framework - MATLAB Toolbox**

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https://github.com/gchowell/spatial\_wave\_subepidemic\_framework

#### **Real-time forecasts of the ongoing COVID-19 pandemic**



https://publichealth.gsu.edu/research/coronavirus/

## Sub-epidemic wave model forecasts: USA



#### **Performance metrics**

#### **Mean Absolute Error**

$$MAE = \frac{1}{n} \sum_{i=1}^{n} \left| f\left(t_{i}, \hat{\Theta}\right) - y_{t_{i}} \right|$$

**Mean Squared Error** 

$$MSE = \frac{1}{n} \sum_{i=1}^{n} \left( f\left(t_{i}, \hat{\Theta}\right) - y_{t_{i}} \right)^{2}$$

#### Weighted Interval Score

$$WIS_{\alpha_{0:K}}(F, y) = \frac{1}{K + \frac{1}{2}} (w_0 \cdot |y - m| + \sum_{k=1}^{K} w_k \cdot IS_{\alpha_k}(F, y))$$

 $y_{t_i}$  = time series of incident cases describing epidemic wave

 $t_i$ = time points of time series data

 $f(t_i, \widehat{\Theta})$ = model fit

Coverage of the 95% Prediction Interval  $\frac{1}{n} \sum_{t=1}^{n} 1\{y_t > L_t \cap y_t < U_t\}$ 

 $L_t$ = lower bound of 95% prediction interval

 $U_t$ = Upper bound of 95% prediction interval

Tilmann Gneiting & Adrian E Raftery (2007)

#### Sub-epidemic wave model performance - USA



# COVID-19 Resurgence after relaxation of social distancing - USA





#### *n*-subepidemic modeling framework

- Each sub-epidemic is modelled by a generalized logistic growth model
- An epidemic wave comprising of a set of *n* overlapping sub-epidemics is modelled using coupled differential equations

• 
$$\frac{dC_{i}(t)}{dt} = C_{i}'(t) = A_{i}(t)r_{i}C_{i}^{p_{i}}(t)\left(1 - \frac{C_{i}(t)}{K_{0_{i}}}\right)^{250}$$
Where,  
 $C_{i}$  = cumulative number of infections for sub-epidemic i,  
 $K_{i}$  = size of the i<sub>th</sub> sub-epidemic  
 $A_{i}$  = indicator variable  
 $A_{i}(t) = f(x) = \begin{cases} 1 & C_{i}(t) > C_{thr} \\ 0 & Otherwise \end{cases}$   $i = 1,2,3....n$ 

#### Number of model parameters is 3n+1

#### Top-ranking K sub-epidemic models via model selection

We considered a set of *n*-subepidemic models with  $1 \le n \le 2$  and different values of  $C_{thr}$ . Then we ranked them from best to worst according to the  $AIC_c$  which is given by:

$$AIC_c = n_d log(SSE) + 2m + \frac{2m(m+1)}{n_d - m - 1}$$

where  $SSE = \sum_{j=1}^{n_d} (f(t_j, \widehat{\Theta}) - y_{t_j})^2$ , m = 3n + 1 is the number of model parameters and  $n_d$  is the number of data points.

#### Ensemble(K) models from top-ranking K sub-epidemic models

We generate ensemble models from the weighted combination of the highest-ranking subepidemic models as deemed by the AIC<sub>c</sub>. An ensemble derived from the top-ranking "K" models is denoted by Ensemble(K).



#### Ensemble n-subepidemic modeling framework

#### **Representative fits of the top-ranking sub-epidemic models**



#### Parameter estimates for the top-ranking sub-epidemic model



#### **Summer resurgence, USA**



#### **Sub-epidemic profiles**





#### **Ensemble models – Summer resurgence, USA**



#### Fall resurgence, USA







#### **Sub-epidemic profiles**



#### **Ensemble models – Fall resurgence**



#### Spring 2021





#### **Ensemble models – Spring 2021**



## **Ensemble n-subepidemic framework - MATLAB Toolbox**

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#### **ARIMA models**

>> Commonly used to forecast trends in finance and the weather.

The auto.arima function in the R package "forecast" is used to select orders and build the model. First, the degree of differencing  $0 \le d \le 2$  is selected based on successive KPSS unit-root. Then given d, the orders p and q are selected based on the AICc for the d-times differenced data. For d=0 or d=1, a constant will be included if it improves the AICc value; for d>1, the constant  $\mu$  is fixed as 0 to avoid the model having a quadratic or higher order trend.

**<u>1)</u>** (log)ARIMA using log-transformed data. Then we take the exponential of the forecasted values and the PI bounds to predict the incident death counts and get the PIs.

**<u>2)</u> ARIMA.** Any negative values are set as zero. Then, it is possible that the actual coverage probability of such PIs can be smaller than the nominal value (95%).

#### **Forecasting strategy**

**Data.** We used daily COVID-19 deaths reported in the USA from the publicly available data tracking system of the Johns Hopkins Center for Systems Science and Engineering (CSSE) from <u>27 February 2020 to 30 March 2022</u>.

**Models**. We conducted short-term forecasts using the top-ranking *n*-subepidemic model  $(1 \le n \le 2)$  and three ensemble models constructed with the top-ranking sub-epidemic models namely Ensemble(2), Ensemble(3), and Ensemble(4). For comparison, we also generated short-term forecasts using the previously described ARIMA models.

**Forecasting periods.** Using a 90-day calibration period for each model, we conducted a total of 98 weekly sequential 10-day, 20-day and 30-day ahead forecasts from <u>20 April 2020 to 28</u> <u>February 2022</u>, spanning five pandemic waves. The calibration period for each sequential forecast included seven additional days of data than the previous forecast.

#### **Average forecasting performance metrics**

#### 20 April 2020 to 28 February 2022 (98 sequential forecasts)

Model	Mean	Mean squared	Percentage coverage	Weighted		
	absolute	error (MAE)	of the 95%	Interval Score		
	error (MSE)		prediction interval	(WIS)		
20 days ahead						
Top ranked sub-						
epidemic model	646880.00	570.34	85.15	382.90		
Ensemble(2) model	576700.00	544.35	88.57	354.04		
Ensemble (3) model	558890.00	540.71	89.59	350.73		
Ensemble (4) model	557130.00	539.30	89.44	346.83		
(log) ARIMA model	591980.00	536.22	51.07	422.41		
ARIMA model	538690.00	528.87	55.05	404.92		
	•	30 days ahead				
Top ranked sub-						
epidemic model	749560.00	613.75	82.18	421.29		
Ensemble (2) model	670740.00	586.52	87.35	383.36		
Ensemble (3) model	650790.00	584.20	88.20	382.79		
Ensemble (4) model	644270.00	579.77	88.16	377.64		
(log) ARIMA model	818530.00	621.58	57.99	767.05		
ARIMA model	656480.00	591.93	60.34	439.29		

#### **Performance metrics**



20 April 2020 to 28 February 2022

#### **Representative top-ranking sub-epidemic forecasts**





#### **Representative top-ranking sub-epidemic profile forecasts**



#### Representative ensemble sub-epidemic forecasts derived from topranking sub-epidemic models



# PLOS COMPUTATIONAL BIOLOGY

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RESEARCH ARTICLE

# An ensemble *n*-sub-epidemic modeling framework for short-term forecasting epidemic trajectories: Application to the COVID-19 pandemic in the USA

Gerardo Chowell 🖾, Sushma Dahal, Amna Tariq, Kimberlyn Roosa, James M. Hyman, Ruiyan Luo

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Version 2

Published: October 6, 2022 • https://doi.org/10.1371/journal.pcbi.1010602

#### **Summary**

- Our <u>ensemble sub-epidemic models</u> outperformed top-ranking sub-epidemic models and a set of ARIMA models in weekly short-term forecasts covering the national trajectory of the COVID-19 pandemic in the USA from the early growth phase up until the Omicrondominated wave.
- Forecasting performance consistently improved for the ensemble sub-epidemic models that incorporated a higher number of top-ranking sub-epidemic models.
- The sub-epidemic framework could also be used to forecast other biological and social growth processes, such as the epidemics of lung injury associated with e-cigarette use or vaping and the viral spread of information through social media platforms.
- Code and performance metrics are publicly available in a GitHub repository to facilitate comparison with other modeling approaches.
- Possibilities for further development of the framework.

#### **Real-time forecasting monkeypox, July-October 2022**

• Data. Weekly updates of the daily confirmed monkeypox cases by date of report from the CDC and the Global.health (G.h) GitHub repository. The CDC and G.h data sources define a confirmed case of monkeypox as a person with a laboratory-confirmed case of monkeypox.

- Scope. At the global level and for countries that have reported the great majority of the cases including Brazil, Canada, England, France, Germany, Spain, and the United States.
- Forecasting periods. Data updated on Wednesday evening from both the CDC and GitHub Global.health (G.h) repository.

# **EPIDEMIC FORECASTING CENTER**

#### Forecasts of national monkeypox incidence in the United States.

#### Model: Ensemble n-sub-epidemic modeling framework

Forecasts are updated every Wednesday by 9 p.m. ET. Please contact gchowell@gsu.edu for more information.

Please click on the ^ symbol to open the previous forecasts.



#### https://publichealth.gsu.edu/research/monkeypox-forecasting-center/

#### Weighted ensemble model forecasts, Global



#### Weighted ensemble model forecasts, USA



#### Weighted ensemble model forecasts, Brazil



#### Weighted ensemble model forecasts, England





Research article | Open Access | Published: 16 January 2023

Real-time forecasting the trajectory of monkeypox outbreaks at the national and global levels, July– October 2022

Amanda Bleichrodt, Sushma Dahal, Kevin Maloney, Lisa Casanova, Ruiyan Luo & Gerardo Chowell 🖂

BMC Medicine 21, Article number: 19 (2023) Cite this article

2 Altmetric Metrics

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# **Collaborators**



Kimberlyn Roosa Now postdoc



Amna Tariq Now postdoc



Sushma Dahal PhD student



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