

Bayesian inference and model selection for  
stochastic epidemics and other  
coupled hidden Markov models  
(with special attention to epidemics of  
*Escherichia coli* O157:H7 in cattle)

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# Acknowledgements



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# Outline

1. Introduction
2. Bayesian inference for epidemics
3. Model selection for epidemics
4. Scalable inference for epidemics
5. Conclusion

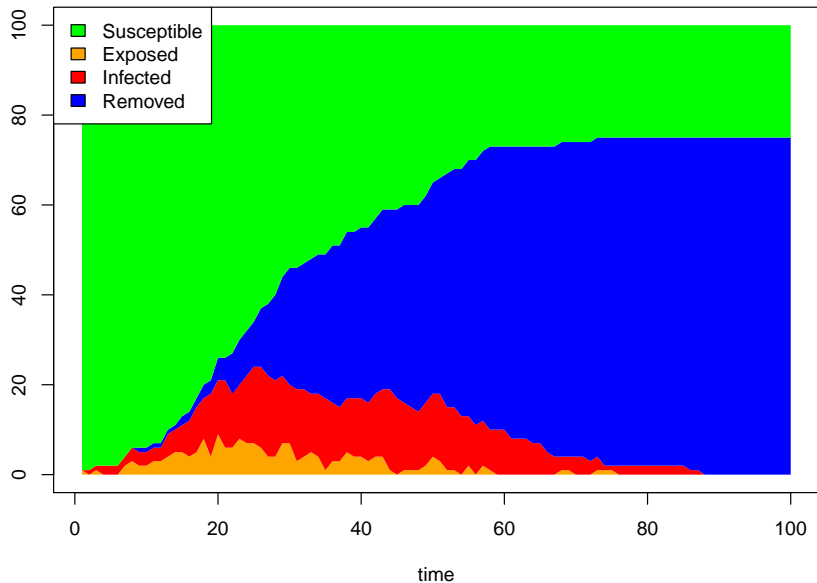
# Introduction

## A typical epidemic model:

*Susceptible*  $\rightarrow$  *Exposed*  $\rightarrow$  *Infected*  $\rightarrow$  *Removed*

Infections occur according to an inhomogeneous Poisson process with rate  $\propto S(t)I(t)$ .

# A simulation



- Statistical inference for epidemic models is hard.
- Intractable likelihood – need to know infection times.
- Usual solution: large scale data augmentation MCMC.
- What are the observed data?

# Epidemic data

- Historically: final size (single number).
  - Final size in many sub-populations, e.g. households.
- Markov models: removal times.
  - Who is removed is not needed / recorded.



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  - Who is removed is not needed / recorded.
- Individual level diagnostic test results.
  - To be realistic, tests are imperfect.
  - Temporal resolution of 1 day.

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  - Who is removed is not needed / recorded.
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⇒ View epidemic as **hidden Markov model**

## Motivating example: *Escherichia coli* O157

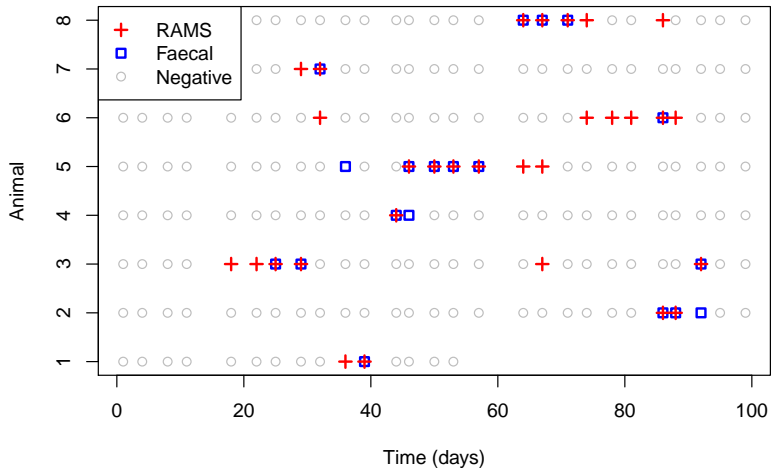
- *E. coli* O157 is a highly pathogenic form of *Escherichia coli*.
- It can cause severe gastrointestinal illness, haemorrhagic diarrhoea and even death.
- Outbreaks and endemic cases are associated with food, water or direct contact with infected animals.
- Cattle are the main reservoir.
- Additional economic burden due to impacts on trade.

# Study design

- Natural colonization and faecal excretion of *E. coli* O157 in commercial feedlot.
- 20 pens containing 8 calves were sampled 27 times over a 99 day period.
- Each sampling event included a **faecal pat sample** and a **recto-anal mucosal swab (RAMS)**.
- Tests were assumed to have perfect *specificity* but imperfect *sensitivity*.

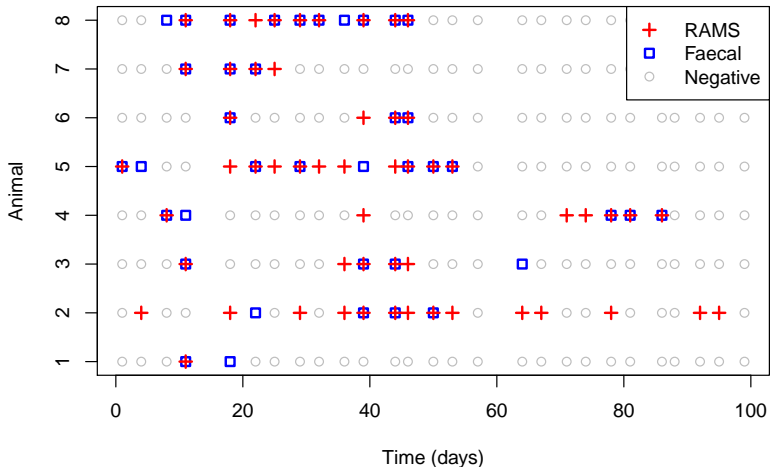
# Patterns of infection

## Positive Tests, Pen 5 (South)



# Patterns of infection

## Positive Tests, Pen 7 (North)



# Bayesian inference for epidemics

# Bayesian inference for epidemics

- Intractable likelihood:  $\pi(\mathbf{y}|\boldsymbol{\theta})$ .
- Need to impute infection status of individuals  $\mathbf{x}$  for augmented likelihood  $\pi(\mathbf{y}|\mathbf{x}, \boldsymbol{\theta})$ .
- Missing data  $\mathbf{x}$  typically very high dimensional.



# Updating the infection status

- Standard method by O'Neill and Roberts (1999) involves 3 steps:
  - 1 **Add** a period of infection
  - 2 **Remove** a period of infection
  - 3 **Move** an end-point of a period of infection
- This method was designed for SIR models (where individuals can't be infected twice).
- Easily adapted to discrete time models.

# Add a period of infection

Current: 0



Propose: 0 0 0 0 0 0 1 1 1 1 1 0 0 0 0 0 0 0 0 0 0

- 1 Choose a block of zeros at random.
- 2 Propose changing zeros to ones.
- 3 Accept or reject based on ratio of posteriors.

# Remove a period of infection

Current: 0 0 0 0 0 0 1 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0



Propose: 0

- 1 Choose a complete block of ones.
- 2 Propose changing ones to zeros.
- 3 Accept or reject based on ratio of posteriors.

# Move an endpoint

Current: 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 0 0 0 0 0

↓

Propose: 0 0 0 0 0 0 0 0 0 0 1 1 1 1 1 0 0 0 0 0

- 1 Choose an endpoint of a block of ones.
- 2 Propose a new location for that endpoint.
- 3 Accept or reject based on ratio of posteriors.

## Some pros and cons

- ✓ Considerably fast
- ✓ Can handle non-Markov models
- ✗ Most of the hidden states are not updated
- ✗ High degree of autocorrelation
  - Slow mixing of the chain and long run length
- ✗ Tuning of the maximum block length required.

## Alternative approach: FFBS

- Discrete time epidemic is a hidden Markov model.
  - Gibbs step: sample from the **full condition distribution** of the hidden states.
- Use Forward Filtering Backward Sampling algorithm (Carter and Kohn, 1994).

# Some pros and cons

- ✓ Very good mixing of the MCMC chains
- ✓ No tuning required
- ✗ Computationally intensive
  - At each timepoint we need to calculate  $N^C$  summations
  - $\mathcal{O}(TN^{2C})$
- ✗ High memory requirements
  - All  $T$  forward variables must be stored
  - The transition matrix is of dimension  $N^C \times N^C$

$N$  = number of infection states (e.g. 2)

$C$  = number of cows (e.g. 8)

$T$  = number of timepoints (e.g. 99)

## Example: SIS model

- Stochastic SIS (Susceptible-Infected-Susceptible) transmission model in discrete time.<sup>1</sup>
- $X_{p,i,t}$  infection status for animal  $i$  in pen  $p$  on day  $t$ .
  - $X_{p,i,t} = 1$  – infected/colonized.
  - $X_{p,i,t} = 0$  – uninfected/susceptible.
- We treat  $X_{p,i,t}$  as missing data and infer it using MCMC.
- Epidemic model parameters updated via Metropolis-Hastings and test sensitivities updated using Gibbs.

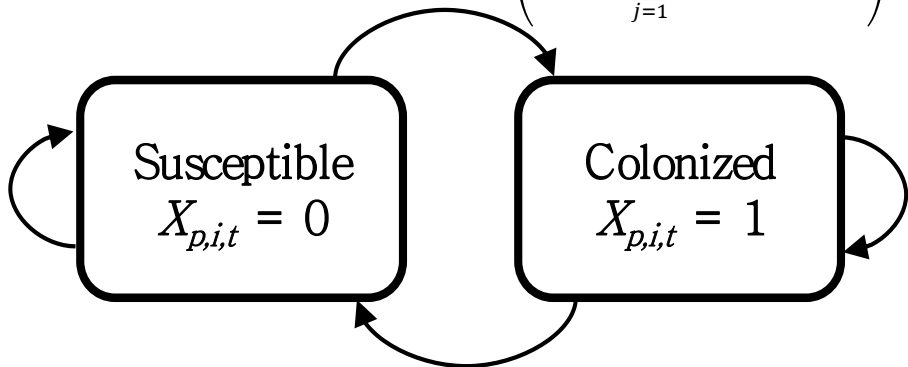
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<sup>1</sup>Spencer *et al.* (2015) 'Super' or just 'above average'? Supershedders and the transmission of *Escherichia coli* O157:H7 among feedlot cattle. *Interface* **12**, 20150446.



Colonization probability:

$$P(X_{p,i,t+1} = 1 | X_{p,i,t} = 0) = 1 - \exp\left(-\alpha - \beta \sum_{j=1}^8 X_{p,j,t} \rho^{\mathbb{I}(S_{p,j,t} > \tau)}\right)$$



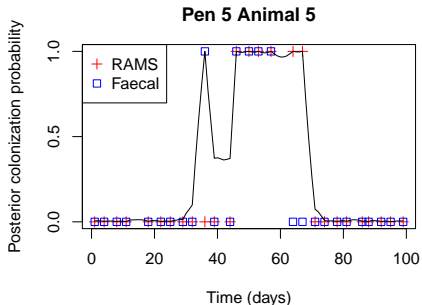
Colonization duration: NegativeBinomial( $r, \mu$ )

Pens:  $p = 1 \dots 20$

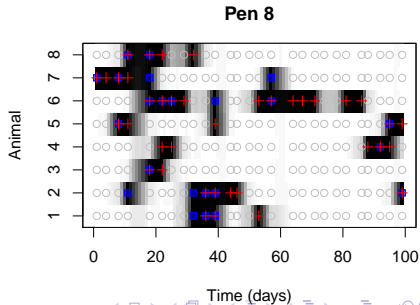
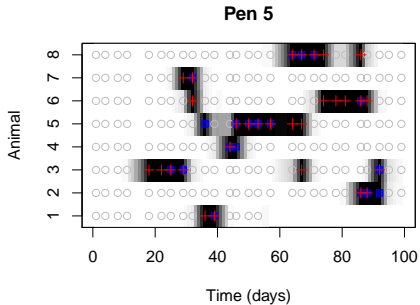
Animals:  $i = 1 \dots 8$

Time:  $t = 1 \dots 99$  days

# Example: Posterior infection probabilities



- We can calculate the posterior infection probability for every day of the study.



## Model selection for epidemics

# Model selection for epidemics

A lot of epidemiologically interesting questions take the form of model selection questions.

- What is the transmission mechanism of this disease?
- Do infected individuals really exhibit an exposed period?
- Do water troughs spread *E. coli* O157?

# Posterior probabilities and marginal likelihoods

Would like the posterior probability in favour of model  $i$ .

$$P(M_i|\mathbf{y}) = \frac{\pi(\mathbf{y}|M_i)P(M_i)}{\sum_j \pi(\mathbf{y}|M_j)P(M_j)}$$

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Equivalently, the Bayes factor comparing models  $i$  and  $j$ .

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All we need is the marginal likelihood,

$$\pi(\mathbf{y}|M_i) = \int \pi(\mathbf{y}|\boldsymbol{\theta}, M_i)\pi(\boldsymbol{\theta}|M_i) d\boldsymbol{\theta}$$

but how can we calculate it?

# Marginal likelihood estimation

- Many existing approaches:
  - Chib's method
  - Power posteriors
  - Harmonic mean
  - Bridge sampling
- Most direct approach: importance sampling.
- Use asymptotic normality of the posterior to find efficient proposal.
- But how to deal with the missing data?



*Dr Peter Neal*




# Marginal likelihood estimation using importance sampling

- 1 Run MCMC as usual.
- 2 Fit normal distribution to posterior samples<sup>2</sup>  $\Rightarrow q(\boldsymbol{\theta})$ .
- 3 Draw  $N$  samples from  $q(\boldsymbol{\theta})$ .

$$\pi(\mathbf{y}) = \int \pi(\mathbf{y}|\boldsymbol{\theta})\pi(\boldsymbol{\theta}) d\boldsymbol{\theta}.$$

---


<sup>2</sup>To avoid problems, make  $q$  overdispersed relative to the posterior. 

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---

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# Marginal likelihood estimation with missing data

- 1 Run MCMC as usual.
- 2 Fit normal distribution to posterior samples  $\rightarrow q(\theta)$ .
- 3 Draw  $N$  samples from  $q(\theta)$ .
- 4 For each sampled  $\theta_i$  draw missing data  $\mathbf{x}_i$  from the **full conditional** using FFBS.

$$\pi(\mathbf{y}) \approx \sum_{i=1}^N \frac{\pi(\mathbf{y}|\mathbf{x}_i, \theta_i) \pi(\mathbf{x}_i|\theta_i) \pi(\theta_i)}{\pi(\mathbf{x}_i|\mathbf{y}, \theta_i) q(\theta_i)}.$$

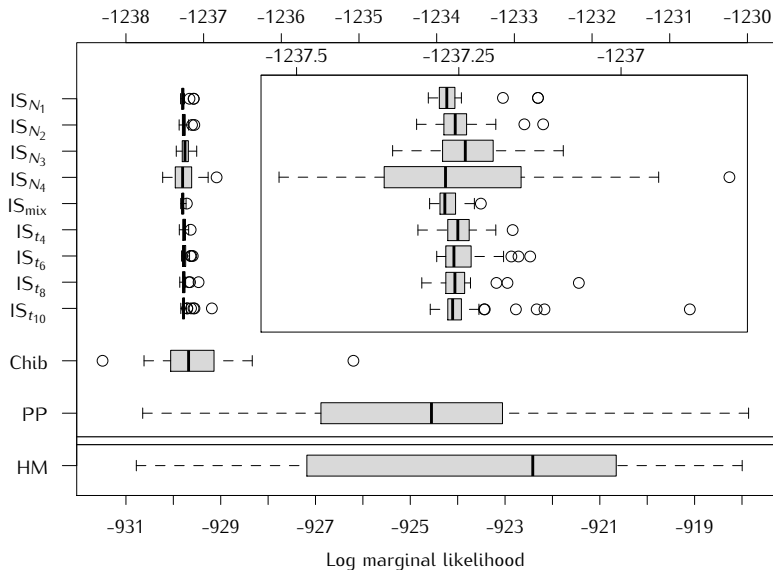
# Simulation study: pneumococcol carriage

- Panayiota performed a thorough simulation study<sup>3</sup> based on Melegaro *et al.* (2004).
- Household based longitudinal study on carriage of *Streptococcus Pneumoniae*.
- Data consist of repeated diagnostic tests.
- Multi-type model with 11 parameters, 2600 observed data and 6500 missing data.

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<sup>3</sup>Touloupou *et al.* (2016) Model comparison with missing data using MCMC and importance sampling. arXiv 1512.04743

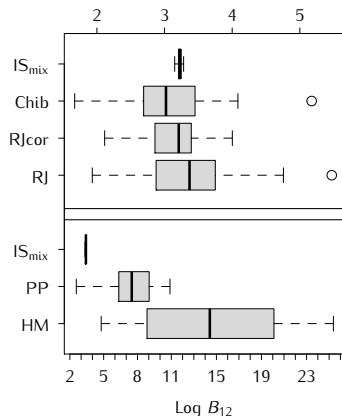
# Results: marginal likelihood estimation



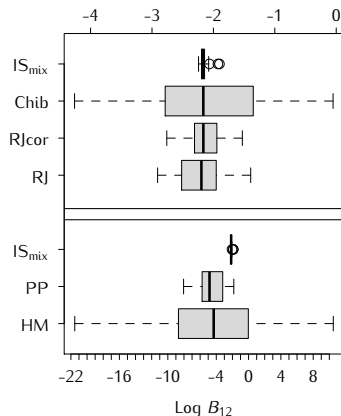
# Results: Bayes factor estimation

Do adults and children acquire infection at the same rate?

- $M_1 : k_A \neq k_C$
- $M_2 : k_A = k_C$



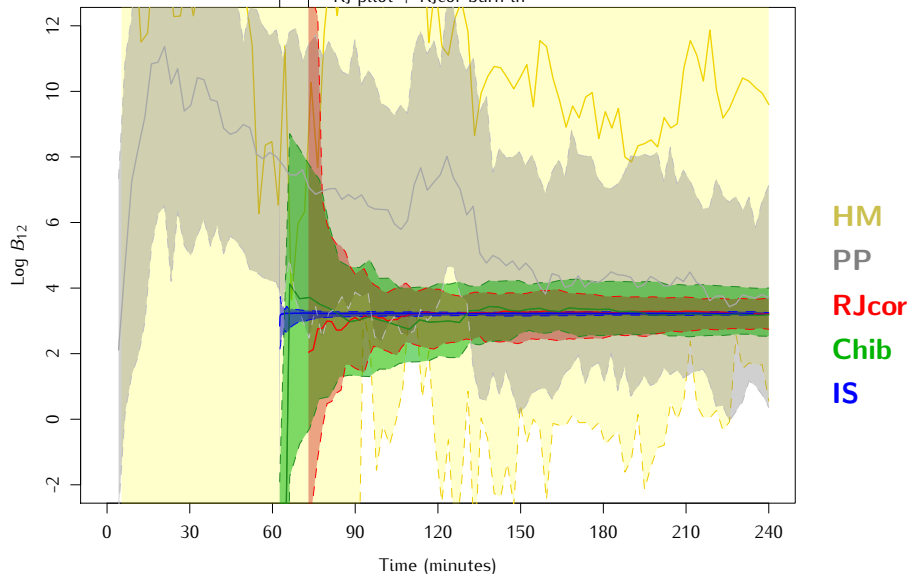
(a) Data simulated from model  $M_1$



(b) Data simulated from model  $M_2$

# Results: Evolution of the log Bayes factor

Initial MCMC run for IS and Chib  
RJ pilot + RJcor burn in

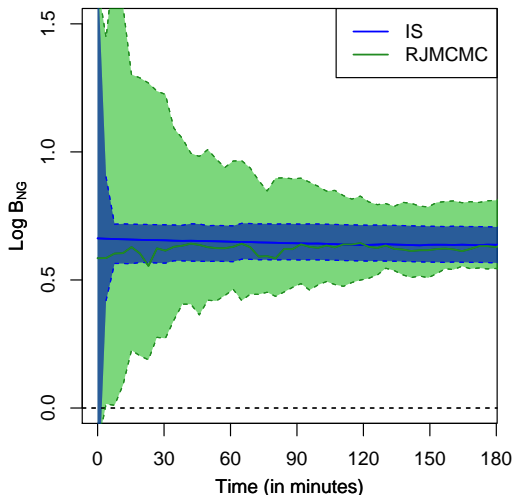


### Do animals develop immunity over time?

- We compare two models for infection period:
  - Geometric: lack of memory.
  - Negative Binomial: probability of recovery depends on duration of infection.
- The Negative Binomial is a generalisation of the Geometric:
  - Setting Negative Binomial dispersion parameter  $\kappa = 1$  leads to Geometric.

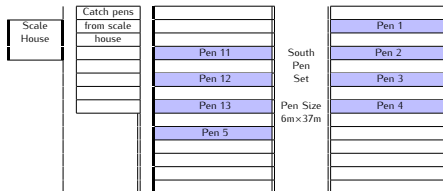
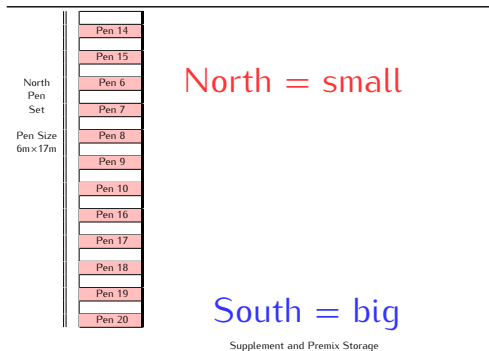


# Application 1: Results



- **RJMCMC** and **IS** agree on the estimate of the Bayes factor
- **IS** estimator: faster convergence
- Bayes factor supports the Negative Binomial model
- The longer the colonization, the greater the probability of clearance – may indicate an immune response in the host

# Application 2: Role of pen area/location



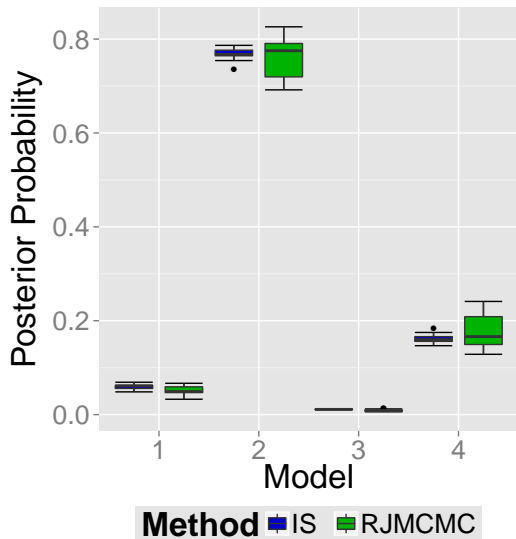
## Application 2: Role of pen area/location

### Do north and south pens have different risk of infection?

- Allow different external ( $\alpha_s, \alpha_n$ ) and/or within-pen ( $\beta_s, \beta_n$ ) transmission rates.
- Candidate models:

Model	External		Within-pen	
	North	South	North	South
1	$\alpha_n$	$\alpha_s$	$\beta_n$	$\beta_s$
2	$\alpha$	$\alpha$	$\beta_n$	$\beta_s$
3	$\alpha_n$	$\alpha_s$	$\beta$	$\beta$
4	$\alpha$	$\alpha$	$\beta$	$\beta$

## Application 2: Posterior probabilities

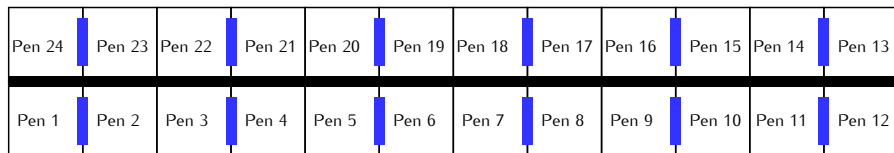


- **RJMCMC** and **IS** provide identical conclusions.
- Evidence to support different within-pen transmission rates.
- Animals in smaller pens more at risk of within-pen infection

## Application 3: Investigating transmission between pens

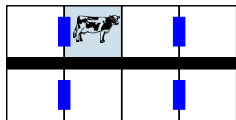
Additional dataset: pens adjacent in a  $12 \times 2$  rectangular grid.

- No direct contact across **feed buck**.
- Shared **waterers** between pairs of adjacent pens.

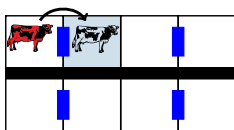


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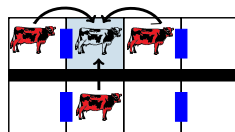
**Do waterers spread infection?**



(a) Model 1: No contacts between pens

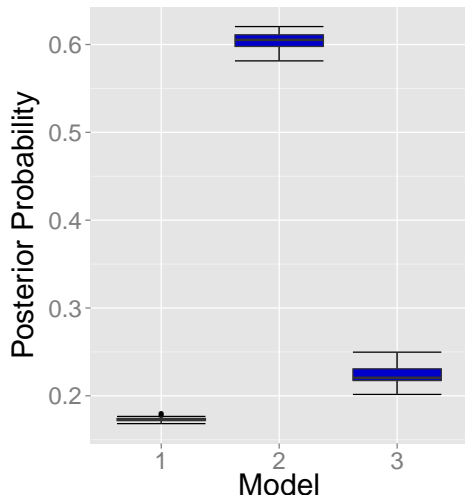


(b) Model 2: Transmission via a waterer



(c) Model 3: Transmission via any boundary

## Application 3: Posterior probabilities



- **RJMCMC**: hard to design jump mechanism
- Using **IS** results still possible.
- Evidence for transmission between pens sharing a waterer rather than another boundary.

# Scalable inference for epidemics

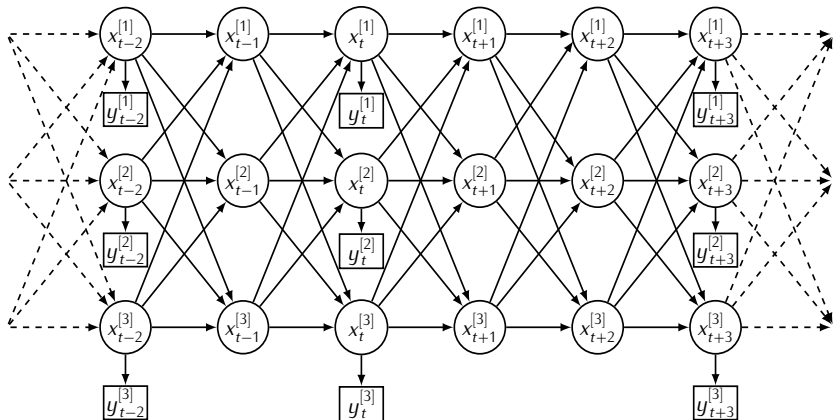


# Scalable inference for epidemics

- Thus far we have been doing inference for small populations.
  - Households
  - Pens
- The FFBS algorithm scales very badly with population size.
- We would like an inference method that scales better with population size.

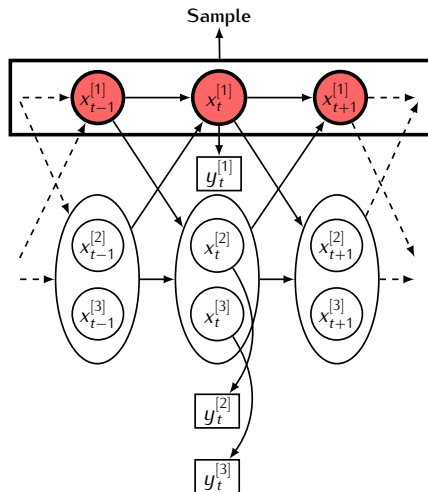
# Graphical representation

Diagram of the Markovian epidemic model. Circles are hidden states and rectangles are observed data. Arrows represent dependencies.



# A new approach – the iFFBS algorithm

Reformulate graph:



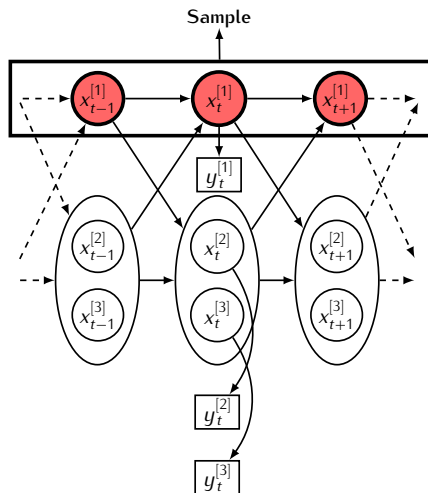
Update one individual at a time by sampling from the full conditional:

$$P(\mathbf{x}_{1:T}^{[c]} \mid \mathbf{y}_{1:T}^{[1:C]}, \mathbf{x}_{1:T}^{[-c]}, \boldsymbol{\theta}).$$

⇒ View as **coupled** hidden Markov model

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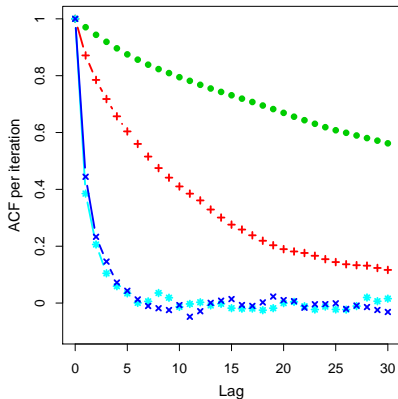
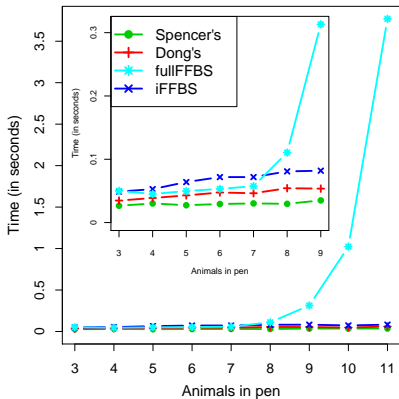
- Computational complexity reduced from  $\mathcal{O}(TN^{2C})$  to  $\mathcal{O}(TCN^2)$ .

$N$  = number of infection states (e.g. 2)

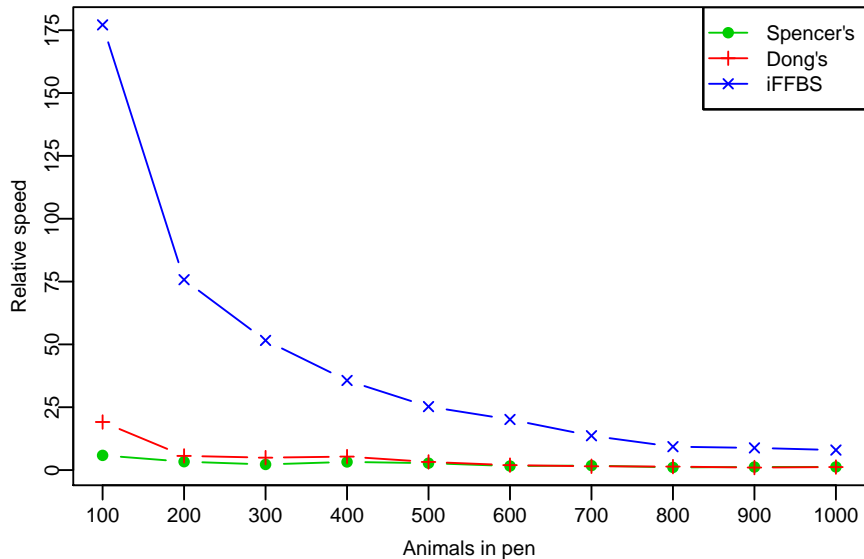
$C$  = number of cows (e.g. 8)

$T$  = number of timepoints (e.g. 99)

# Comparison of methods



# Larger populations



# Conclusion

# Conclusion

- FFBS algorithm generates better mixing MCMC for parameter inference.
- Unlocks direct approach to marginal likelihood estimation.
- Allows important epidemiological questions to be answered via model selection.
- iFFBS can perform inference in large populations – exploits dependence structure in epidemic data.



# What I didn't say

- All of this work (and much more!) has been done by Panayiota.
- FFBS and iFFBS can also be used as a Metropolis-Hastings proposal to fit non-Markovian epidemic models.
- Can we do model selection with iFFBS?
- Power of iFFBS allows more complex models to be fitted, e.g. multi-strain epidemic models.

# Current work

