

3 Epidemic Data

4 Epidemic Data Tools



Mathematics
and Statistics

$$\int_M d\omega = \int_{\partial M} \omega$$

Mathematics 4MB3/6MB3 Mathematical Biology

Instructor: David Earn

Lecture 3
Epidemic Data
Monday 23 September 2019

Announcements

- You should have received an invitation to do the [contributions survey for Assignment 1](#). Please do it TODAY (e.g., during the mid-class break).
- Don't stress about the ratings about each other's contributions. The issue is whether some group members did not pull their weight. If somebody didn't try and others had to pick up the slack, that person should be penalized. I will not penalize somebody because they tried but felt they didn't contribute as much to the final document as they could have. Do try to even out the work across the assignments.
- Make sure everyone in your group gets a chance to be in control of the \LaTeX for one assignment.

More Announcements!

- **Assignment 2:**

Due Monday 7 October 2019 by e-mail before class.

- **Midterm test:**

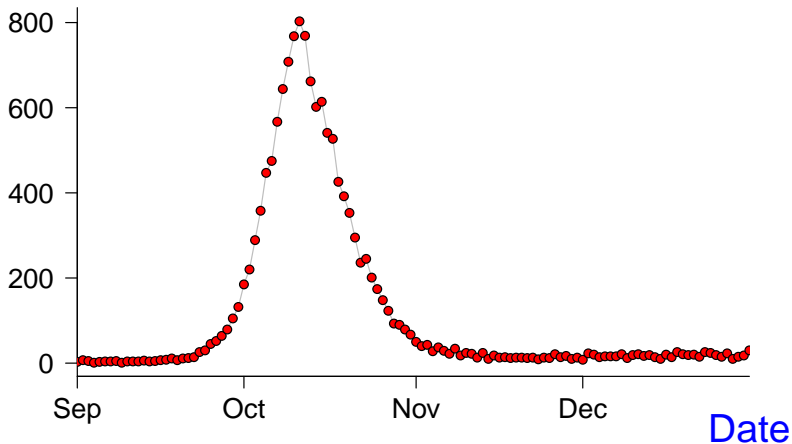
- *Date:* Monday 4 November 2019
- *Time:* 11:30am–1:30pm
- *Location:* in class, ETB-237

Attendance

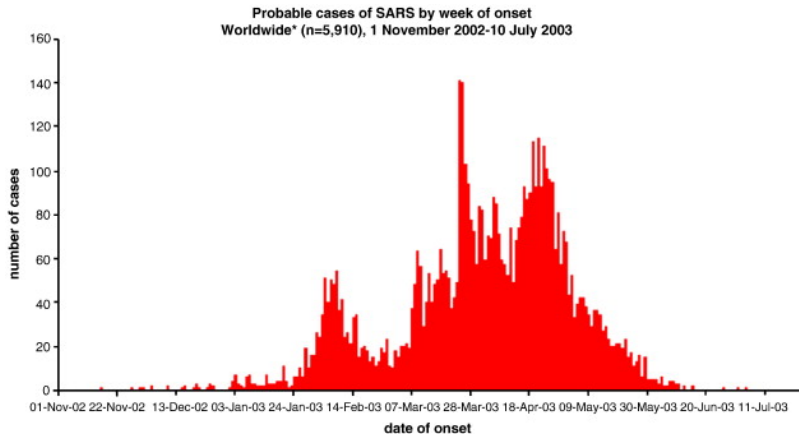
Who is here?

P&I Mortality, Philadelphia, 1918

P&I Deaths

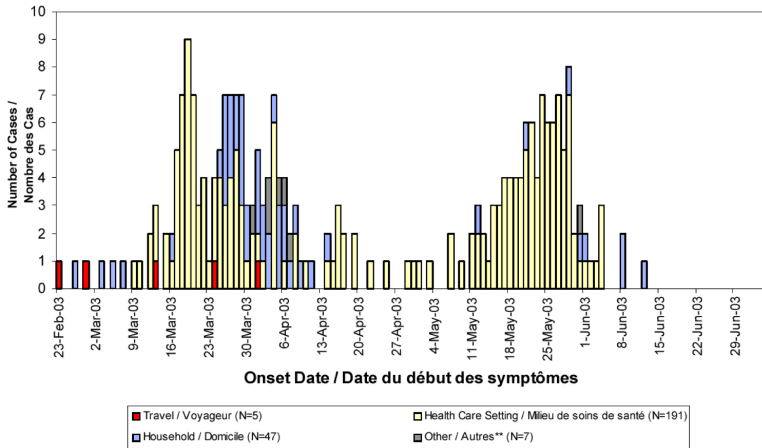


SARS in 2003 (Worldwide)



*This graph does not include 2,527 probable cases of SARS (2,521 from Beijing, China), for whom no dates of onset are currently available.

SARS in 2003 (Toronto)

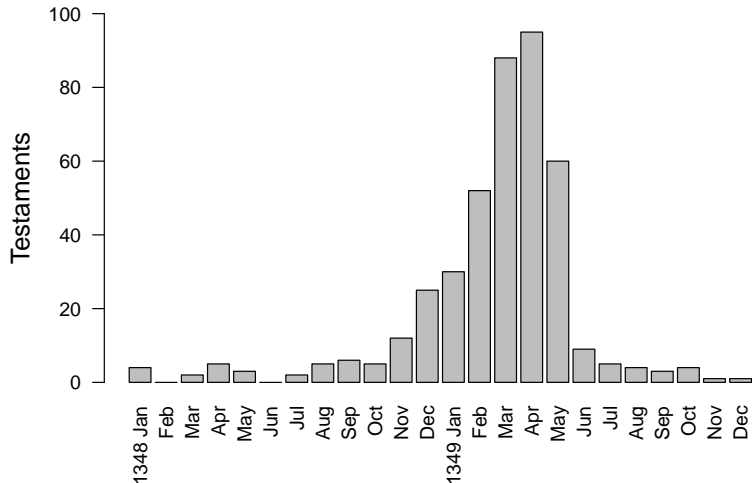


$N = 249$ (of 250 reported)

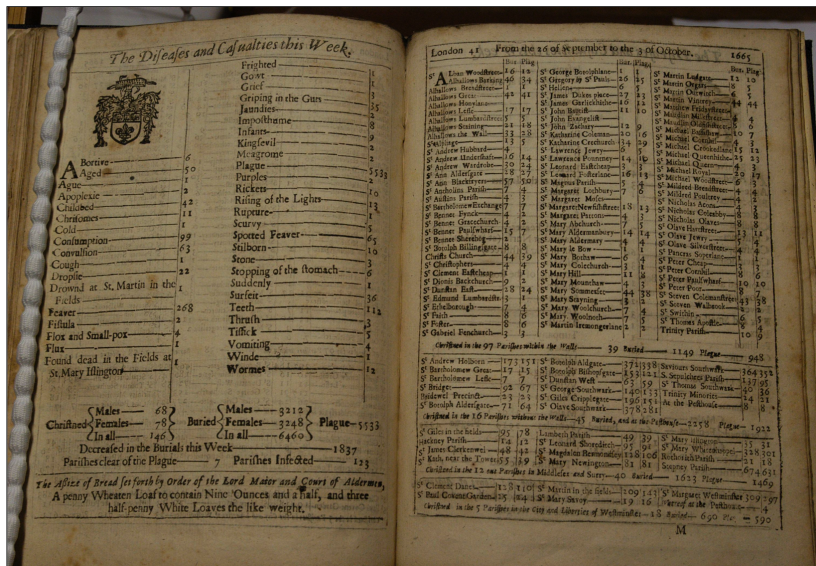
Some SARS Facts

- High case fatality
 - 1918 flu $< 3\%$
 - SARS $> 10\%$
- Long hospital stays
 - Mean time from admission to discharge or death:
~ 25 days in Hong Kong
- 8098 probable cases, 774 deaths
- How bad would it have been if it had not been controlled?

The Black Death in London, England, 1348–1349



London Bill of Mortality, 26 Sept to 3 Oct 1665



The Diseases and Casualties this Week.

Frighth	1
Gout	1
Grief	3
Griping in the Guts	1
Jaundies	25
Impothame	2
Infants	2
Kingevil	2
Micgrome	2
Plague	56
Purples	5
Rickets	2
Riting of the Lights	1
Rupture	42
Scurvy	1
Spotted Fever	1
Stilbenen	63
Stone	1
Stopping of the stomach	22
Suddenly	6
Surfeit	36
Teeth	112
Thrush	3
Tifick	7
Vomiting	7
Winde	4
Wormes	12

Bores
Aged 50
Ague 2
Apoplexie 1
Childbed 42
Chridomes 1
Cold 1
Consumption 99
Covallion 63
Cough 1
Drople 22
Drown'd at St. Martin in the Fields 268
Fever 2
Fifula 2
Flux and Small-pox 4
Flux 1
Found dead in the Fields at St. Mary Islington 1

Charized { Males 68 }
 { Females 78 }
 { In all 146 }
Buried { Males 3212 }
 { Females 3248 }
 { In all 6460 }
Plague 5533
Decreased in the Burials this Week 1837
Parishes clear of the Plague 7 Parishes Infected 123

The Afize of Bread for this Order of the Lord Mayor and Court of Aldermen, A penny Wheaten Loaf to contain Nine Ounces and a half, and three half-penny White Loaves the like weight.

London From the 26 of September to the 3 of October. 1665

	How Many	How Many		How Many	
St Andrew Woodhouse	16	19	St George Broadstreet	1	
St Andrew Woodhouse	46	34	St Gregory St Pauls	26	35
Albion Breadstreet	1	1	St Helens	6	1
Albion Grove	41	41	St James Duke place	17	13
Albion Morelane			St James Giltchilde	10	13
Albion Lark	17	17	St John Baptist	11	10
Albion Lombardstreet	13	5	St John Evangelist	1	2
Albion Seating	31	18	St John Zachary	12	9
Albion the Wall	33	38	St Katharine Coleman	10	16
Attingham	13	5	St Katharine Crutchech	14	1
St Andrew Hubbard	4	5	St Lawrence Jewry	2	1
St Andrew Undershot	16	14	St Lawrence Panney	14	10
St Andrew Wincoburgh	20	22	St Leonard Eastcheap	3	3
St Ann Aldersgate	18	27	St Leonard Fothering	16	13
St Ann Blackmores	57	50	St Magnus Parish	5	4
St Annholme Parish	7	4	St Margaret Leabury	7	6
St Andrew Parish	4	3	St Margaret Mews	1	1
St Bartholomew Exchange	7	7	St Margaret Newfishers	13	13
St Bennet Fyncke	4	2	St Margaret Patern	4	3
St Bennet Gracechurch	4	2	St Mary Abchurch	7	5
St Bennet Paulwharfe	15	7	St Mary Aldermanbury	14	4
St Bennet Shereburg	1	1	St Mary Aldermany	4	14
St Bonhill Billinggate	8	8	St Mary le Bow	1	1
St Clement Church	44	39	St Mary Botham	6	4
St Clement Eshcheap	1	1	St Mary Colebrooke	1	1
St Clements Church	1	1	St Mary Hill	11	8
St Dionis Backchurch	5	3	St Mary Mountebank	4	3
St Dunst East	23	24	St Mary Somerset	44	38
St Edmund Lambwith	3	1	St Mary Spaying	1	1
St Ethelburg	7	4	St Mary Woolchurch	3	4
St Faith	8	6	St Mary Woolchurch	7	5
St Giles	3	1	St Martin Ironmongers	2	2
St Gabriel Fenchurch	3	3			

buried in the 97 Parishes within the Walls — 39 Buried — 1149 Plague — 943

St Andrew Holborn	173	151	St Bonhill Aldgate	371	338
St Bartholomew Great	17	15	St Bonhill Bishopsgate	153	121
St Bartholomew Little	7	7	St Dunstons West	65	59
St Bride	52	67	St George Southwark	140	133
St Dunstons Precinct	33	33	St Giles Cripplegate	196	181
St Dunstons Church	71	64	St Olave Southwark	378	281

buried in the 16 Parishes without the walls, and at the Pavilions — 2258 Plague — 1922

St Giles in the fields	95	78	Lambeth Parish	49	39
St Giles in the fields	10	13	St Leonard Shorechurch	25	91
St Giles Clerkenwell	48	42	St Magnus Barking	13	10
St Giles near the Tower	5	19	St Mary Newington	81	81
St James in the 12 new Parishes in Middlesex and Surrey	40	buried		1623	Plague — 1469
St Clement Danes	11	10	St Martin in the Fields	209	141
St Paul Covent Garden	25	14	St Mary Savoy	19	16
			St Margaret Westminster	309	397

buried in the 5 Parishes in the city and Liberties of Westminster — 18 Buried — 690 Plague — 590

London Bill of Mortality, 26 Sept to 3 Oct 1665

A handwritten table from the London Bill of Mortality, 26 Sept to 3 Oct 1665. The table lists various ailments and their corresponding counts. The ailments are listed on the left, and the counts are listed on the right. The ailments are: Frighted, Gowt, Grief, Griping in the Guts, Jaundies, Imposthume, Infants, Kingsevil, Meagrome, Plague, Purples, and Rickets. The counts are: 1, 1, 3, 35, 2, 8, 9, 2, 2, 5533, and 2.

Frighted	1
Gowt	1
Grief	3
Griping in the Guts	35
Jaundies	2
Imposthume	8
Infants	9
Kingsevil	2
Meagrome	2
Plague	5533
Purples	2
Rickets	

Mortality Bills are typically handwritten

LONDON 29 th From the 4 th of July to the 11 th of August 1665			
Buried.	Plag.	Buried.	Plag.
St Alban Woodstreet	2	1	
Alhallows Bark			
Alhallows Breadstreet			
Alhallows Great	1		
Alhallows Honilane			
Alhallows Luff	1		
Alhallows Lombardstr.			
Alhallows Staining			
Alhallows the Wall	4	3	
St Alphage	1		
St Andrew Hubbard			
St Andrew Underthafe	3		
St Andrew Wardrobe			
St Anne Aldersgate	1		
St Anne Blackfyers	7	6	
St Antholiers Parish.	7		
St Austins Parish			
St Barthol. Exchange	1		
St Bennet Fynck			
St Bennet Gracechurch			
St Bennet Paulwharf	7		
St Bennet Sherchog			
St Borolgh Billingsgate			
Christ Church	5	3	
St Christophers			
St Clement Eastcheap			
St Dionis Backchurch	1		
St Dunstons East	2		
St Edmund Lombardstr.			
St Ethelborough	2		
St Faiths			
St Gabriel Fenchurch			
St George Botolphlane			
St Gregories by St. Paul			
St Hellen	2	1	
St James Dukes place	1		
St James Garlickhithe	1		
St John Baptist			
St John Evangelist			
St John Zichary			
St Katharine Coleman	1		
St Katharine Creechur.			
St Lawrence Jewry			
St Lawrence Pountney			
St Leonard Eastcheap			
St Leonard Fosterlane.			
St Magnus Parish	1		
St Margaret Lothbury.			
St Margaret Moses			
St Margaret Newfishst			
St Margaret Pattons			
St Mary Abchurch	1		
St Mary Aldermanbury			
St Mary Alde mary			
St Mary le Bow			
St Mary Bothaw			
St Mary Colechurch			
St Mary Hill			
St Mary Mag. Milkstr.			
St Mary Mag. Oldfishst			
St Mary Mounthaw			
St Mary Summerset	2	1	
St Mary Staining			
St Mary Woolchurch			
St Mary Woolnoth			
St Martins Iremongerl.			
St Martins Ludgate	2	1	
St Martins Orgars			
St Martins Outwich	1		
St Martins Vintrey	1		
St Matthew Frydaystr.			
St Michael Bassishaw	5	4	
St Michael Cornhil			
St Michael Crookedla.	4	3	
St Michael Queenhit	7		
St Michael Quern			
St Michael Royal			
St Michael Woodstreet			
St Mildred Breadstreet			
St Mildred Poultry			
St Nicholas Acons			
St Nicholas Coleabby-			
St Nicholas Olaves			
St Olave Hartstreet			
St Olave Jewry			
St Olave Silverstreet	4	1	
St Pancras Soperlane			
St Peter Cheap			
St Peter Cornhil			
St Peter Paulwharf			
St Peter Poor			
St Steven Colemanstr.	1		
St Steven Walbrook.	2	1	
St Swithin	2	1	
St Thomas Apottle	1	1	
Trinity Parish	1		
St Vedast alias Fosters			
Buried in the 29 th the Parishes within the walls		Buried	86
Plague		Plague	28
St Andrew Holborn	6	4	
St Bartholomew Great	7	4	
St Bartholomew Leli-			
St Bridget	24	17	
Bridewell Precinct	1		
St Borolgh Aldergate	11	9	
St Borolgh Aldgate	24	4	
St Borolgh Bishopgate	37	20	
St Dunstan West	19	9	
St Giles Southwark	13	4	
St Giles Cripplegate	105	49	
St Olave Southwark	20	6	
St Saviour Southwark	21	1	
St Sepulchres Parish	117	81	
St Thomas Southwark	7	5	
Trinity Minorities			
At the Pethouse	6	6	
Buried in the 15 th Parishes without the walls		Buried	473
Plague		Plague	273
Christ's Church			
St John at Hackney	1		
St Giles in the Fields	208	215	
St James Clerkenwel	8	43	
St Kath. near the Tower	7	1	
Lambeth Parish	7		
St Leonar d Shoreditch	21	13	
St Magdalen Bermond.	14		
St Mary Islington	3	2	
St Mary Newington	7		
St Mary Whitechappel	16	3	
St Paul Shadwel			
Rotherhich Parish	7	3	
Stepney Parish	47	1	
Buried in the 15 th Parishes in Middlesex and Surrey		Buried	455
Plague		Plague	280

But handwriting is usually very clear

LONDON 29th

	Buried.	Plag.
St ALban Woodstreet	2	1
Alhallows Bark.-	2	
Alhallows Breadstreet	1	
Alhallows Great —		

But handwriting is usually very clear

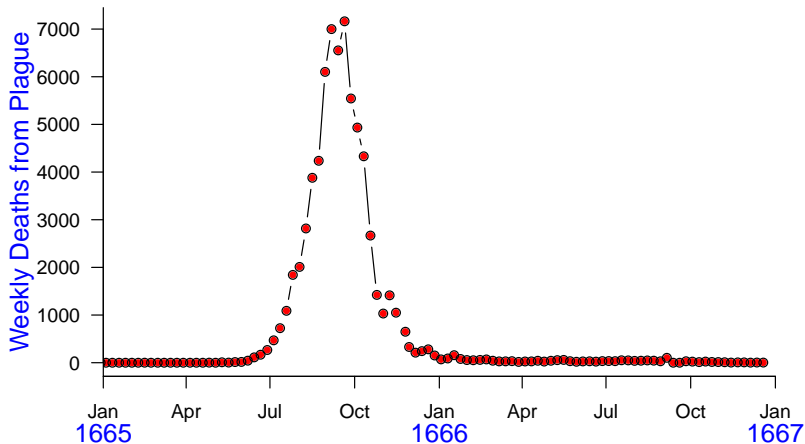
St Chrittophers

Christned in 97 the Parishes

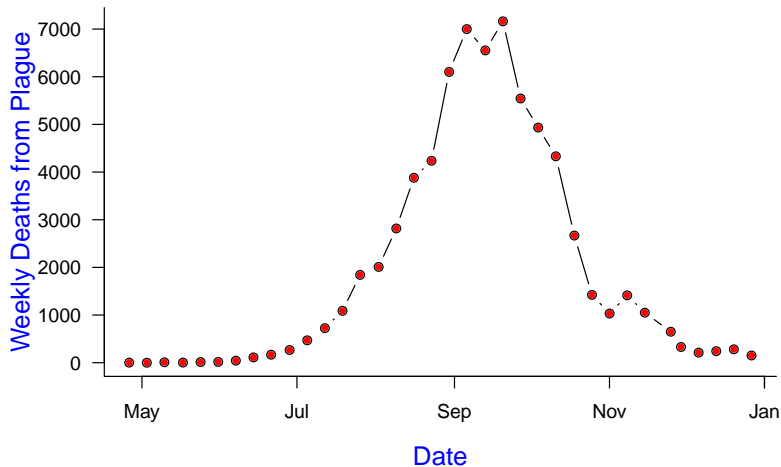
St Andrew Holborn	66	40	St
St Bartholomew Great	7	4	St
St Bartholomew Less			St
St Bridget	24	17	St
Bridewel Precinct	1	1	

Christned in the 16 Parishes

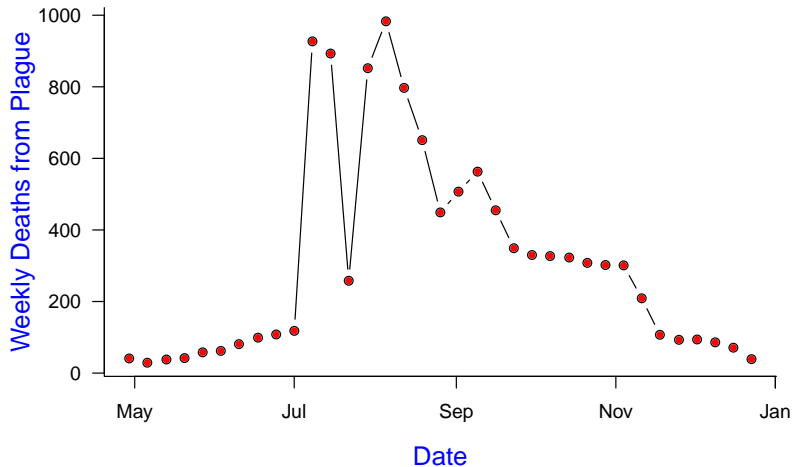
The Great Plague of London, 1665



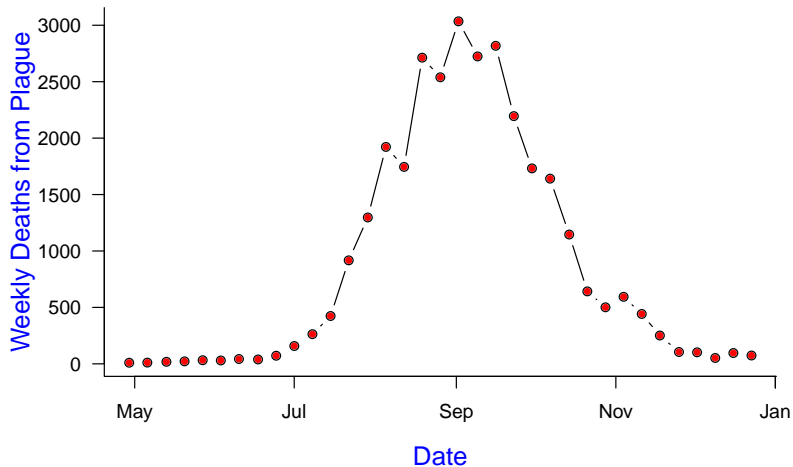
The Great Plague of London, 1665



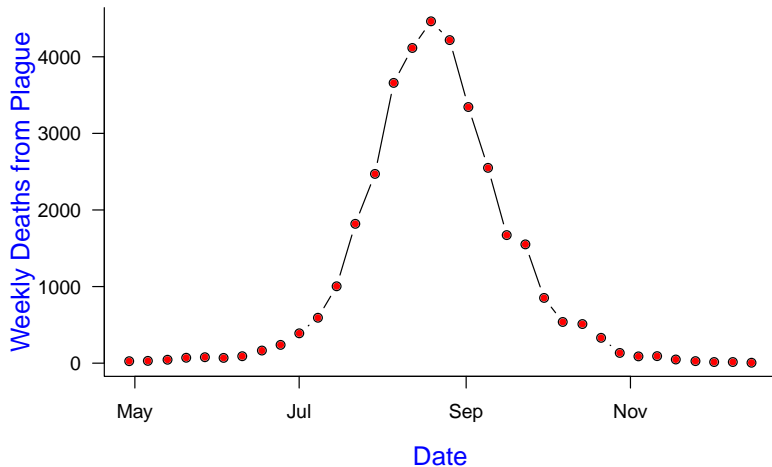
London Plague of 1593



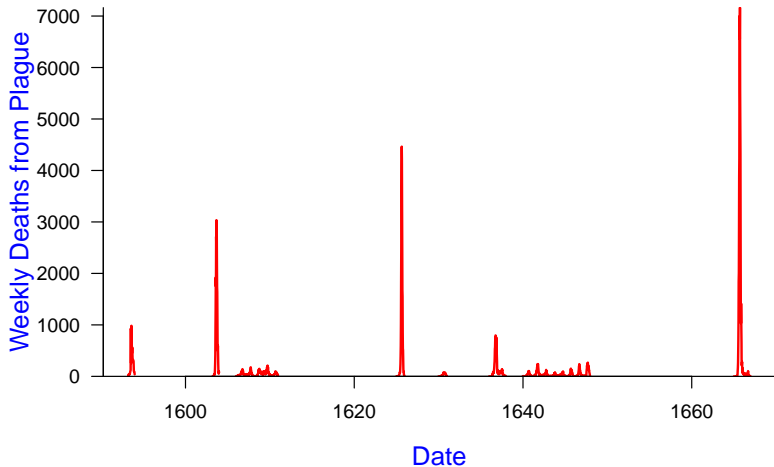
London Plague of 1603



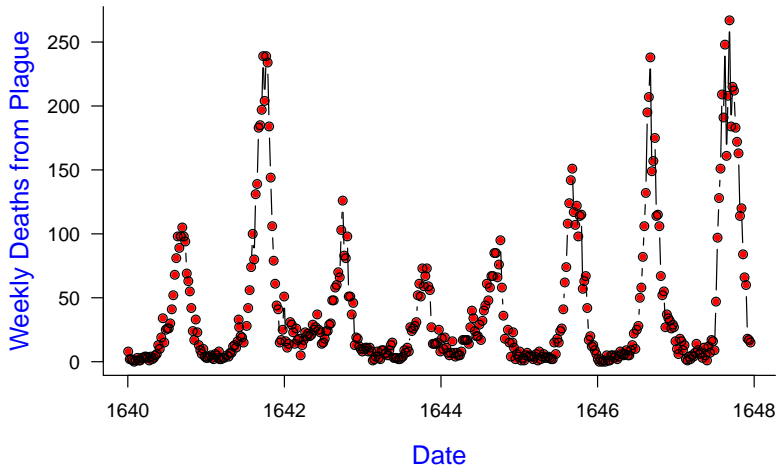
London Plague of 1625



Weekly Deaths from Plague in London, 1592–1666



Weekly Plague in London, 1640–1648



Some Plague Facts

- Plague epidemics recorded from Roman times to early 1900s.
- $\gtrsim 1/3$ Europe's population died in "Black Death" of 1348
 - ~ 300 years for the population to reach the same level.
- Recently (2011) established (at McMaster!) that the pathogen that caused The Black Death was *Yersinia pestis*

[Bos *et al.* 2011, *Nature* 478, 506–510]

- More recently (2014) established (again at McMaster!) that the pathogen that caused The Plague of Justinian (541–543 AD) was *Yersinia pestis*

[Wagner *et al.* 2014, *Lancet Infectious Diseases* 14, 319–326]

- *Y. pestis* still a concern?
Yes: Rodent reservoir, antibiotic-resistant strains, bioterrorism
- **Spatial data** for any plagues? Yes, for London in 1665...

Visualization of spatial structure of Great Plague

- GIS encoding of parish boundaries
- Overlay parish boundaries on more modern map for reference
- Colour parishes as they become infected
- Is there evidence for spatial spread or was the spatial pattern random?
- DE low-tech animation...
- CBC high-tech animation...
 - *The Nature of Things*, 21 August 2014.
<http://www.cbc.ca/natureofthings/episodes/secrets-in-the-bones-the-hunt-for-the-black-death-killer>

Please consider. . .

5 minute *Student Respiratory Illness Survey:*

<https://surveys.mcmaster.ca/limesurvey/index.php/893454>

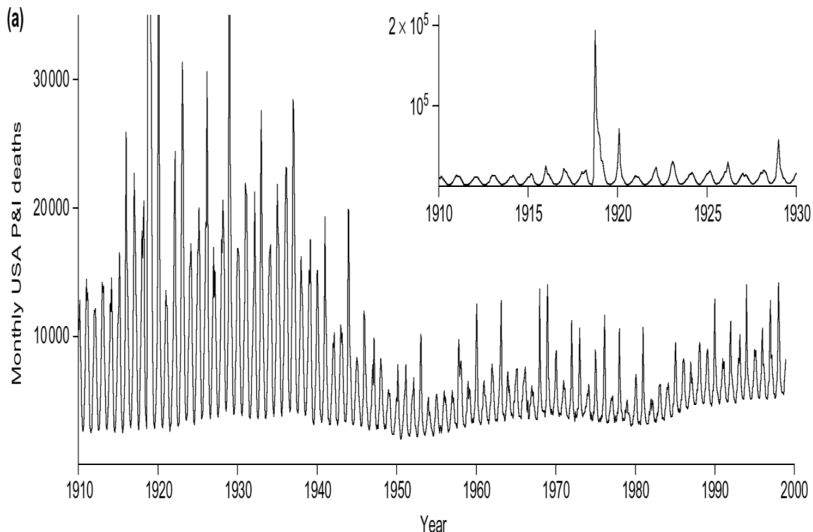
Please complete this anonymous survey to help us monitor the patterns of respiratory illness, over-the-counter drug use, and social contact within the McMaster community. There are no risks to filling out this survey, and your participation is voluntary. You do not need to answer any questions that make you uncomfortable, and all information provided will be kept strictly confidential. Thanks for participating.

–Dr. Marek Smieja (Infectious Diseases)

Visualization of entire course of the Great Plague

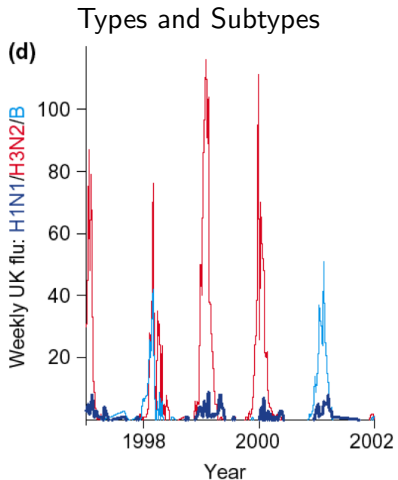
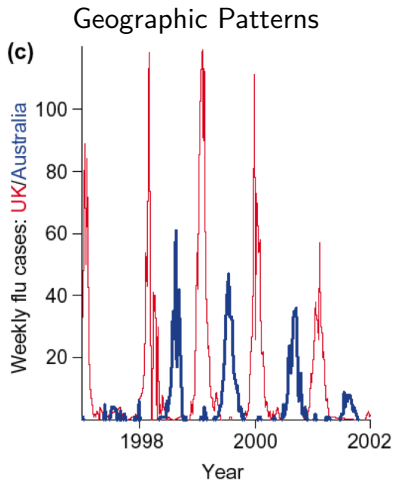
- What happened after initial spatial spread?
- Visualize full spatial epidemic structure
- Show magnitude of epidemic in each parish with cylinder.
- [Epidemic Visualization](#) (EpiVis) software by Junling Ma.

P&I mortality in U.S.A., 1910–1998



Earn, Dushoff & Levin 2002, *Trends in Ecology and Evolution* **17**, 334–340

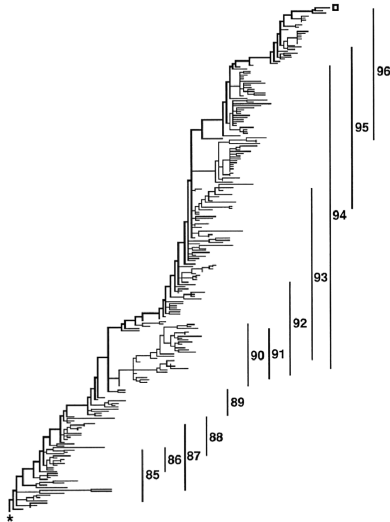
Influenza Incidence Patterns (lab confirmed)



Earn, Dushoff & Levin 2002, *Trends in Ecology and Evolution* **17**, 334–340

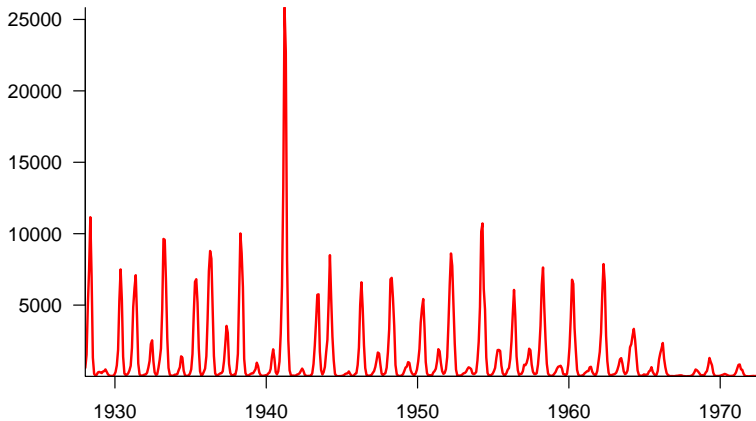
Influenza Evolution

Molecular
phylogenetic
reconstruction of
influenza A/H3N2
evolution,
1985–1996
(Fitch *et al.* 1997)



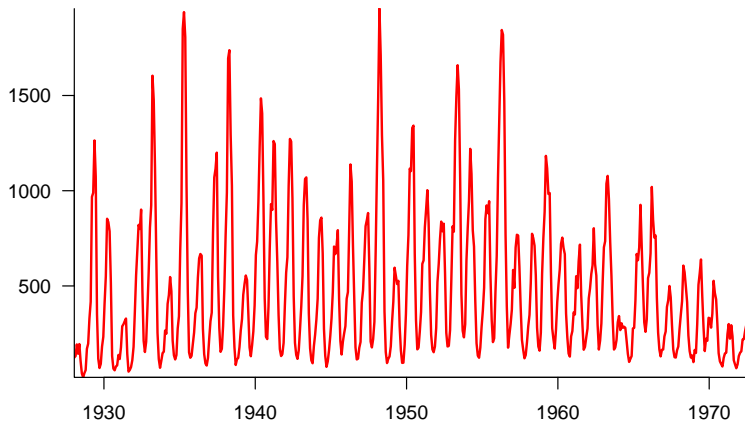
Measles in New York City, 1928–1972

Monthly Cases



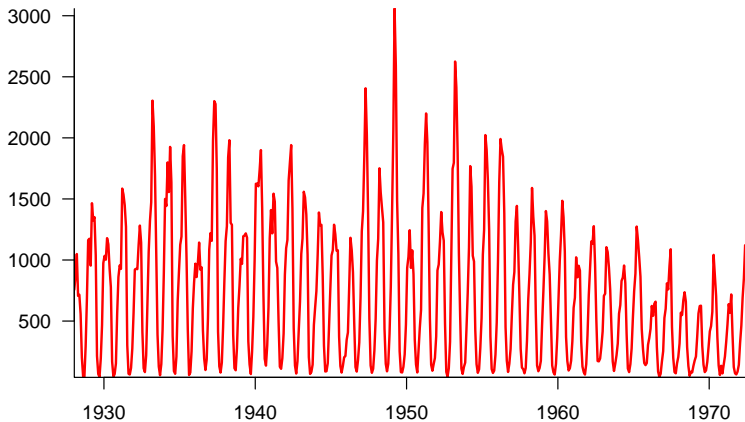
Mumps in New York City, 1928–1972

Monthly Cases

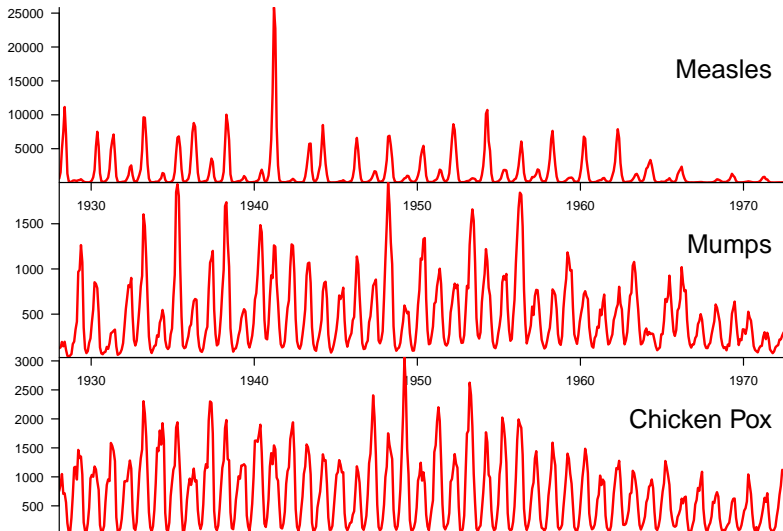


Chicken Pox in New York City, 1928–1972

Monthly Cases

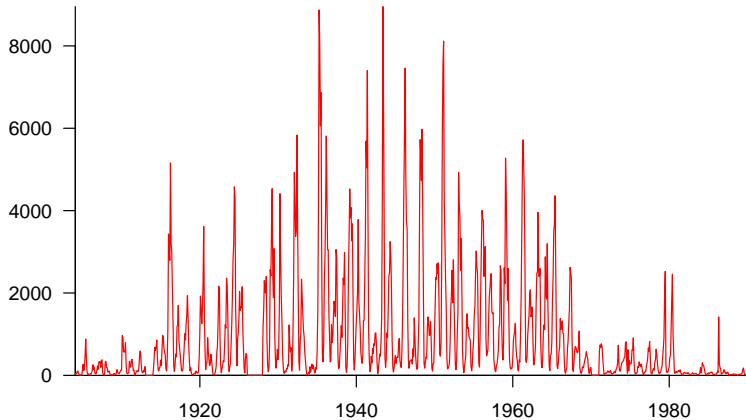


Childhood diseases in New York City, 1928–1972



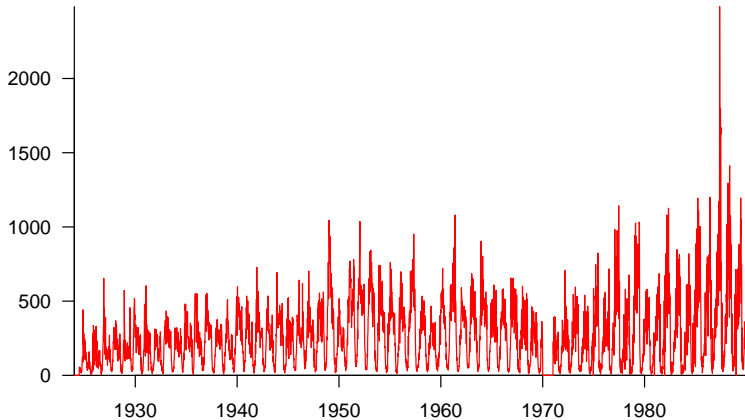
Measles in Ontario, 1904–1989

Monthly Cases



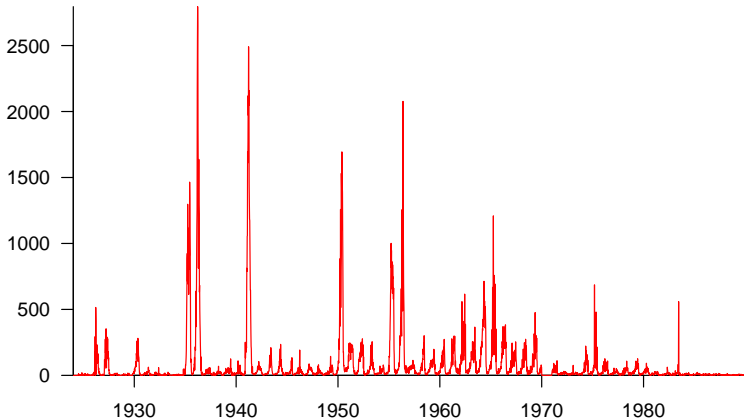
Chicken Pox in Ontario, 1924–1989

Monthly Cases



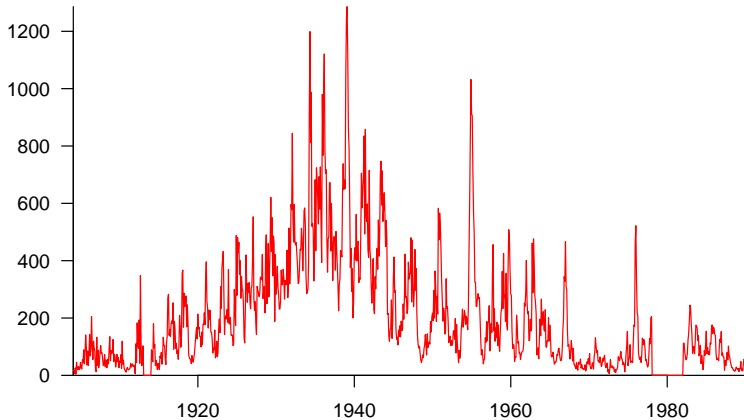
Rubella in Ontario, 1924–1989

Weekly Cases

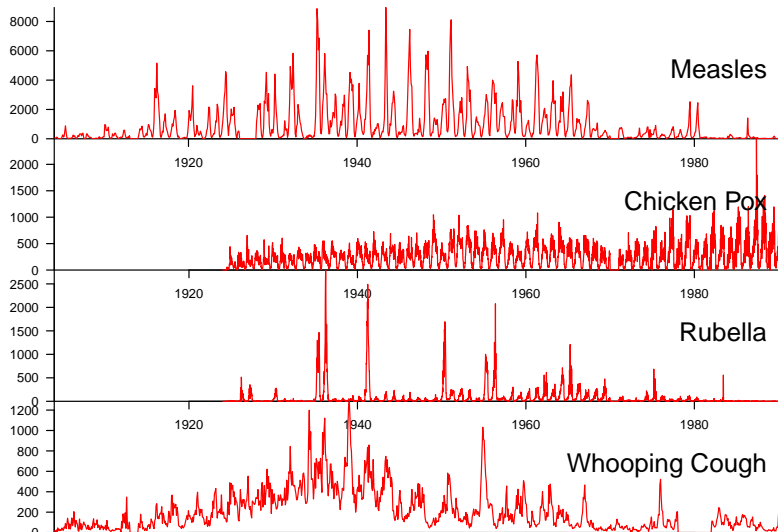


Whooping Cough in Ontario, 1904–1989

Monthly Cases



Childhood diseases in Ontario, 1904–1989



Ontario Disease Notification Data

Province of O

YEAR: 1939 * COUNTY..... MUNICIPALITY.....

Month	Week End.	CSM		C.P.		DIP.		DYS. A/B		EN. LETH.		ERY.S.		G.C.		FLU.		INF. JAUN.		G.M.		MEAS.		MUMPS		PARA. TYPH.	
		C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
		Jan.	7	1		452	1	3	0	1	0			5	1	101	0	8	1	17	0	17	0	670	1	56	0
	14	2	2	1490	0	8	0					5	0	82	0	21	1	18	0	18	0	850	0	92	0	1	0
	21	3	2	1511	0	9	3			0	1	5	0	89	0	16	2	26	0	22	0	932	0	98	0		
	28	4	1	0384	0	2	0					2	0	73	0	164	0	10	0	28	0	933	1	24	0		
	Total	5	2	1937	1	22	3	1	0	0	1	17	1	343	0	208	4	71	0	85	0	3385	2	210	0	3	0
Feb.	4	5		355	0	7	1	1	0			3	0	83	0	57	1	24	0	25	0	1335	1	110	0	2	0
	11	6	2	1363	0	1	0	1	0			7	0	82	0	27	1	47	1	29	0	1033	0	91	0	1	0
	18	7	2	1354	1	2	0					4	1	68	0	103	1	35	0	44	0	1161	0	59	0		
	25	8	1	1308	0	2	0					9	0	56	0	177	0	19	0	28	0	999	0	73	0		
	Total	5	3	1388	1	14	1	2	0			23	1	309	0	367	3	19	1	126	0	4788	1	338	0	2	0
Mar.	4	9	1	271	0	7	1	3	1			7	0	93	0	114	19	21	0	40	0	1131	2	109	0	1	0
	11	10		239	0	7	0	2	0			8	1	61	0	137	8	31	0	32	0	845	0	91	0	2	0
	18	11		166	0							6	0	66	0	122	6	5	0	59	0	969	2	69	0	1	0
	25	12	1	236	0	1	0	1	0			7	0	63	0	306	16	9	0	20	0	879	0	170	0	1	0
	Total	2	3	912	0	15	1	6	1			28	1	283	0	463	49	66	0	151	0	3884	4	383	0	34	0
Apr.	1	13	2	0139	0	3	0	1	0			8	0	95	0	667	6	1	0	24	0	950	0	89	0	3	0
	8	14	2	0162	0	1	0	1	0			5	0	67	0	731	22			14	0	790	0	65	0	1	0
	15	15	2	0108	0	1	0			0	1	11	0	41	0	529	16	2	0	16	0	745	0	56	0		
	22	16	5	1134	0	2	0	1	0	1	1	6	0	64	0	245	8	2	0	26	0	845	0	54	0		
	29	17	1	1167	0	4	0	2	0	2	1	3	0	55	0	124	9	2	1	13	0	746	1	120	0		
	Total	13	2	710	0	11	0	5	0	3	3	33	0	372	0	234	61	7	1	99	0	4016	1	384	0	4	0
	6	18	2	0104	0	1	0	2	0			4	0	71	0	76	3	1	0	14	0	877	0	63	0	3	0

Dominion Bureau of Statistics Disease Notification Data

VITAL STATISTICS BRANCH - COMMUNICABLE DISEASE SECTION

Cases of *H. Hooping Cough* Reported by Provincial Health Departments, Year *1924*

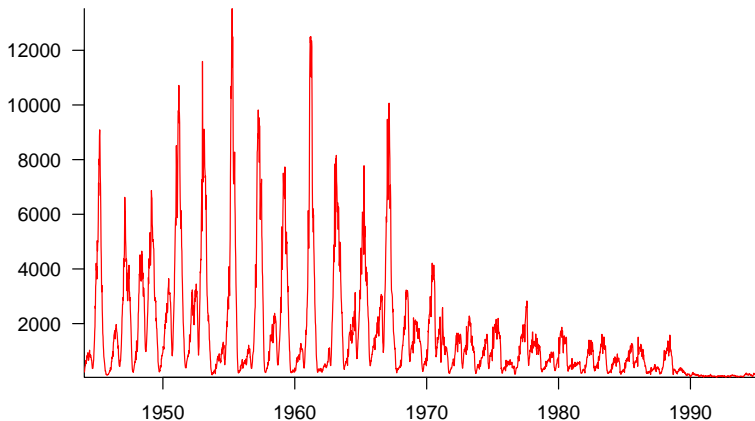
WEEK ENDING	P.E.I.		N.S.		N.B.		QUE.		ONT.		MAN.		SASK.		ALTA.		B.C.		CANADA	
	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT	WKS	NOT
1 JAN 5			11										1							12
2 12			29										18							49
3 19			37										32							69
4 26			75	52			68	181	36	13	64			97		4			88	602
5 FEB 2			12		1								53							66
6 9			5										40							45
7 16			31										14							45
8 23			-2	50	1	2	267	202	48	4	111			116		1			7	797
9 MAR 1			2										21							23
10 8													9							9
11 15			3										11							14
12 22			60										34							94
13 29			2	61			144	140	52	15	90			15		7			17	515
14 APR 5			9										11							20
15 12			1										12							13
16 19			26		1								8							35
17 26			14	50	3	4	42	140	37	16	47			67		5			33	394
18 MAY 3			26										2							28

Recurrent epidemics of childhood infections

- Childhood diseases in New York City, 1928–1972
- Childhood diseases in Ontario, 1904–1989

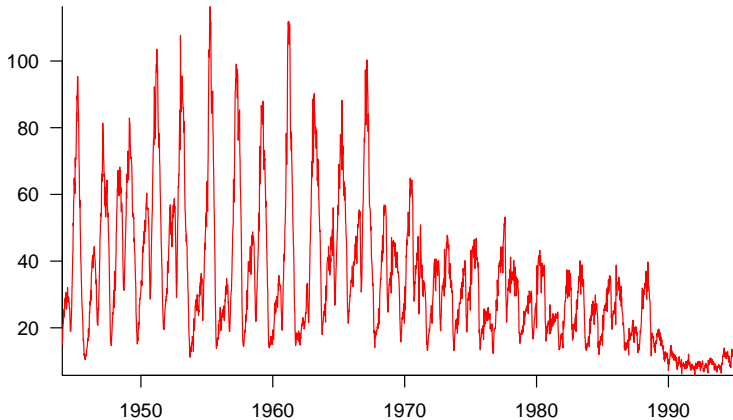
Measles incidence in England and Wales, 1944–1995

Weekly Cases



Measles incidence in England and Wales, 1944–1995

Sqrt(Weekly Cases)



Why study measles epidemics?

- In 2017, $\sim 110,000$ deaths from measles
- A major cause of vaccine-preventable deaths.
- Potential impact in developed countries during vaccine scares (e.g., MMR scare in UK in 1990s).

- Understand past patterns
- Predict future patterns
- Manipulate future patterns
- Develop vaccination strategy that can...

**BRING
MEASLES
TO ITS
KNEEZLES!**



Other reasons to model infectious disease epidemics

- Mathematical models make hypotheses and inferences precise
 - Give better advice to policymakers
 - Make better predictions
- Host-pathogen dynamics are important aspects of ecosystem dynamics
 - Infectious disease models more likely to be successful than predator-prey models
- Excellent data for human infectious diseases
 - Models can be tested!

Modelling population dynamics of childhood infections

- The basic SIR model cannot explain recurrent epidemics.
- What should we do? . . . The usual options:
 - 1 Get depressed, drop the course.
 - 2 Keep developing models until we can explain recurrent epidemics.
- First, let's talk about tools that allow us to make our questions about time series data more precise.

Please consider. . .

5 minute *Student Respiratory Illness Survey:*

<https://surveys.mcmaster.ca/limesurvey/index.php/893454>

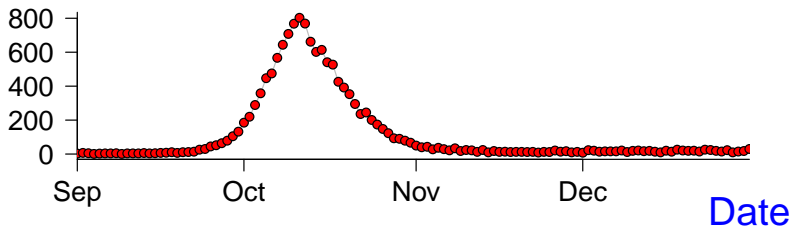
Please complete this anonymous survey to help us monitor the patterns of respiratory illness, over-the-counter drug use, and social contact within the McMaster community. There are no risks to filling out this survey, and your participation is voluntary. You do not need to answer any questions that make you uncomfortable, and all information provided will be kept strictly confidential. Thanks for participating.

–Dr. Marek Smieja (Infectious Diseases)

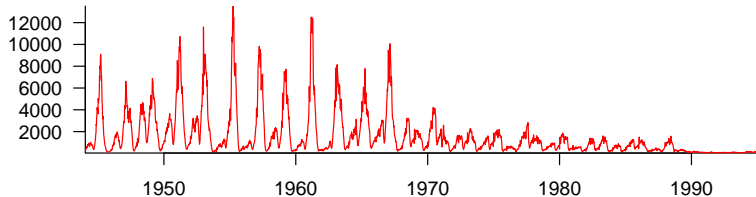
Epidemic Data Analysis

Time Plots of Temporal Epidemic Patterns

1918 P&I

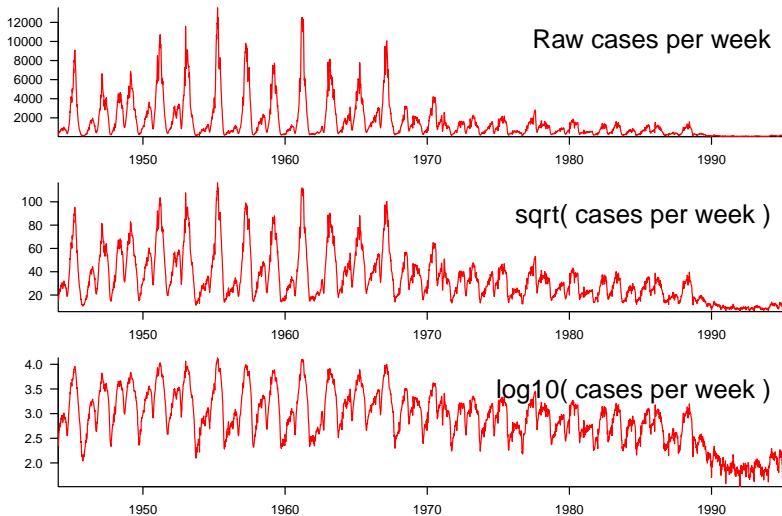


Weekly Measles in England and Wales



Time Plots of Transformed Data

- Reveal unobvious aspects of time series



Times Plots of Smoothed Data

- Reveal trends clouded by noise or seasonality
- *Moving Average:*

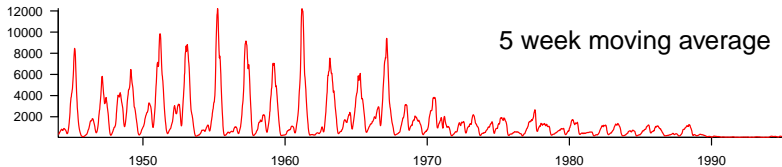
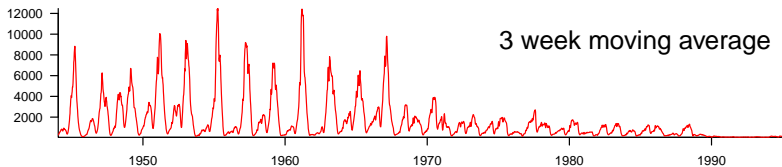
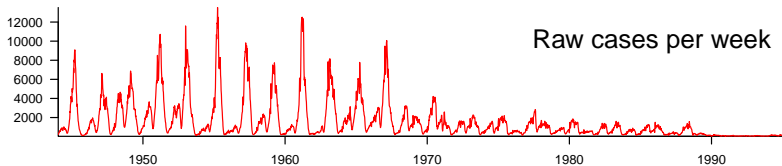
$$x_t \rightarrow \frac{1}{2a+1} \sum_{i=-a}^a x_{t+i}$$

- Replace original data points x_t with averages of nearby points.
- *Linear filter:*

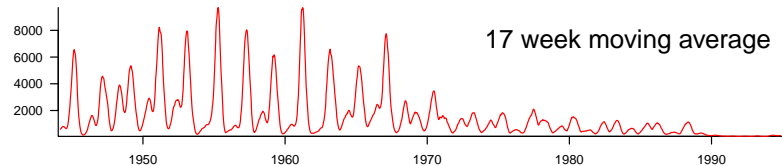
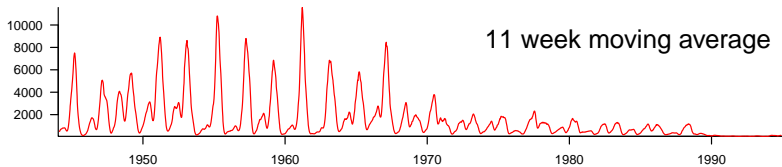
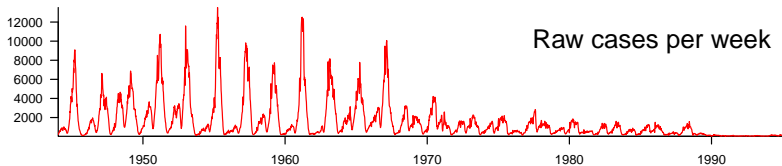
$$x_t \rightarrow \sum_{i=-\infty}^{\infty} \lambda_i x_{t+i}$$

- Generalization of moving average.
- *Weights* λ_i can be nonlinear functions of i .

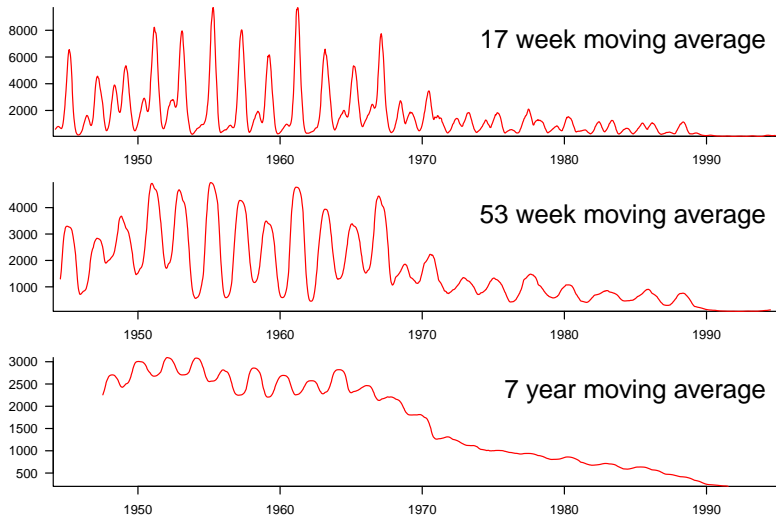
Times Plots of Smoothed Data



Times Plots of Smoothed Data



Times Plots of Smoothed Data



Correlation

- Recurrent epidemics \implies number of cases now is correlated with number of cases in the past and the future.
- Given N pairs of observations of different quantities, $\{(x_i, y_i) : i = 1, \dots, N\}$, the *correlation coefficient* is defined to be

$$r = \frac{\sum_{i=1}^N (x_i - \bar{x})(y_i - \bar{y})}{\sqrt{\sum_{i=1}^N (x_i - \bar{x})^2 \sum_{i=1}^N (y_i - \bar{y})^2}}$$

where \bar{x} and \bar{y} are the means of $\{x_i\}$ and $\{y_i\}$, respectively.

Correlation

Properties of the correlation coefficient:

- $-1 \leq r \leq 1$ (Proof? [Cauchy-Schwarz inequality](#))
- $r = 1 \iff$ all points lie on a line with positive slope (“complete positive correlation”)
- $r = -1 \iff$ all points lie on a line with negative slope (“complete negative correlation”)
- $r \simeq 0 \implies$ “uncorrelated”
- *Interpretation:* r^2 is the proportion of the variance in y explained by a linear function of x .

Derivations and discussions:

- [MathWorld on \$r^2\$](#) , [Wikipedia on \$r^2\$](#)
- [Wikipedia on general coefficient of determination](#)

Autocorrelation

- Given a single sequence of observations $\{x_t : t = 1, \dots, N\}$, we can compute the correlation of each observation with the observation k time steps in the future.
- Thus, we consider the pairs of observations $\{(x_t, x_{k+t}) : t = 1, \dots, N - k\}$ and define the *autocorrelation coefficient at lag k* to be

$$r_k = \frac{\sum_{t=1}^{N-k} (x_t - \bar{x}_{1, N-k})(x_{k+t} - \bar{x}_{k+1, N})}{\sqrt{\sum_{t=1}^{N-k} (x_t - \bar{x}_{1, N-k})^2 \sum_{t=1}^{N-k} (x_{k+t} - \bar{x}_{k+1, N})^2}}$$

where $\bar{x}_{1, N-k}$ and $\bar{x}_{k+1, N}$ are the means of first and last $N - k$ observations, respectively.

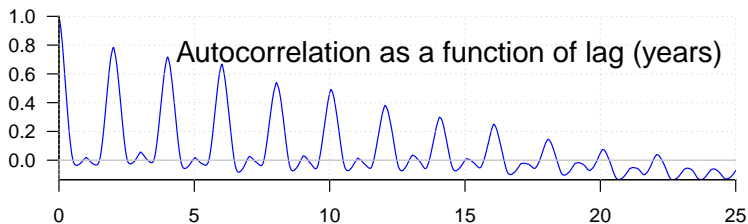
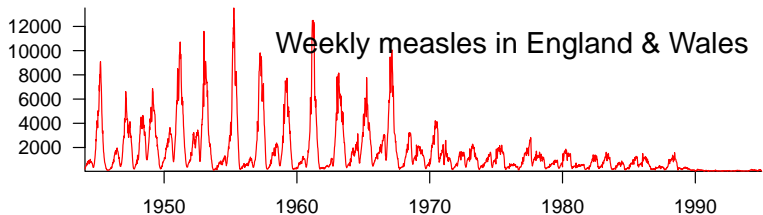
Autocorrelation

- If number of observations N is large and lag $k \ll N$ then

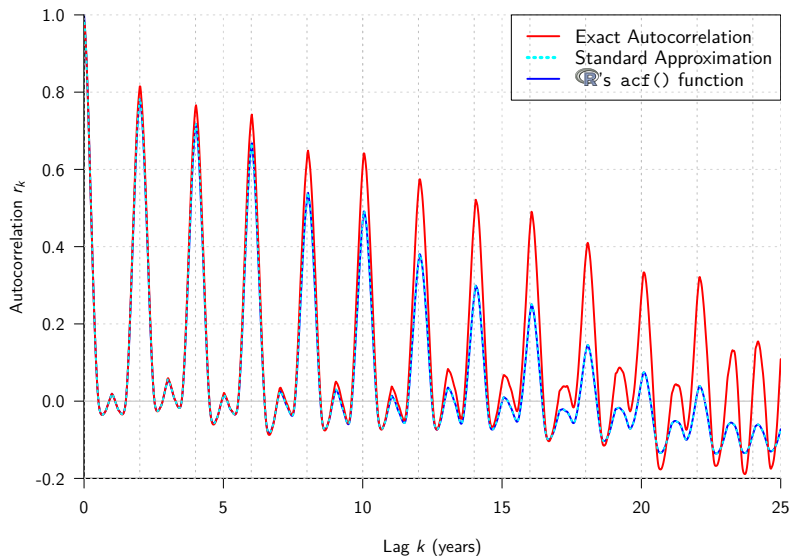
$$r_k \simeq \frac{\sum_{t=1}^{N-k} (x_t - \bar{x})(x_{k+t} - \bar{x})}{\sum_{t=1}^N (x_t - \bar{x})^2}$$

- Approximation of r_k is worse for larger lags k
- Plot of autocorrelation r_k as a function of lag k is called the *correlogram*.

Correlogram



- Peaks in correlogram \implies periodicities in original time series.
- Correlograms of temporal segments are often informative.

Correlogram: exact vs. approximate r_k 

Spectral Density

- Can we compute the dominant periods in the time series? (Rather than estimating them by eye from the [correlogram](#).)
- Express the time series as a [Fourier series](#):

$$x_t = a_0 + \left(\sum_{p=1}^{(N/2)-1} (a_p \cos \omega_p t + b_p \sin \omega_p t) \right) + a_{N/2} \cos \pi t,$$

where $\omega_p = 2\pi p/N$.

- Compute the [Fourier coefficients](#) $\{a_p\}$, $\{b_p\}$ by taking inner products with $\cos \omega_p t$ and $\sin \omega_p t$.

Spectral Density

- Fourier coefficients of x_t are:

$$a_0 = \bar{x} = \frac{1}{N} \sum_t x_t,$$

$$a_p = \frac{2}{N} \sum_t x_t \cos \omega_p t, \quad b_p = \frac{2}{N} \sum_t x_t \sin \omega_p t,$$

$$a_{N/2} = \frac{1}{N} \sum_t (-1)^t x_t,$$

where sum is over observation times.

- Estimated **power spectral density (PSD)** at frequency ω_p is^{*}:

$$I(\omega_p) = \frac{N}{4\pi} (a_p^2 + b_p^2)$$

^{*}The normalization by $N/4\pi$ is the convention chosen by [Chatfield \(2004, "Analysis of Time Series: An Introduction"\)](#). Other normalization conventions are also in common use.

Please consider. . .

5 minute *Student Respiratory Illness Survey:*

<https://surveys.mcmaster.ca/limesurvey/index.php/893454>

Please complete this anonymous survey to help us monitor the patterns of respiratory illness, over-the-counter drug use, and social contact within the McMaster community. There are no risks to filling out this survey, and your participation is voluntary. You do not need to answer any questions that make you uncomfortable, and all information provided will be kept strictly confidential. Thanks for participating.

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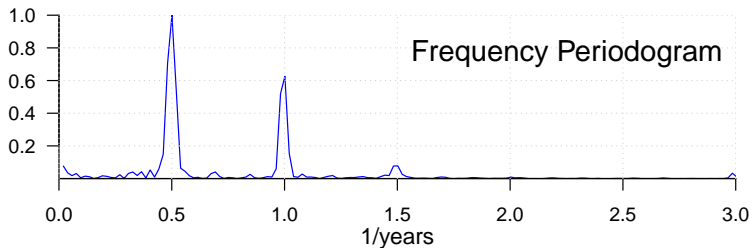
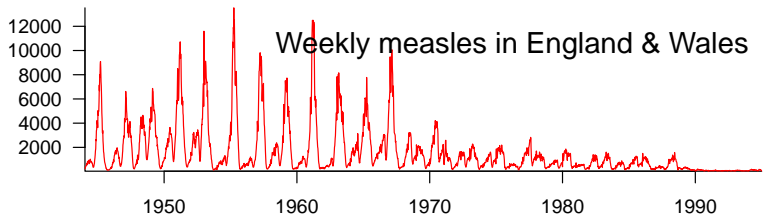
Spectral Density

- There are many different ways to express the **power spectral density** (aka **power spectrum**).
- Most common/useful equivalence is that the power spectrum is the **discrete Fourier transform** of the **correlogram**:

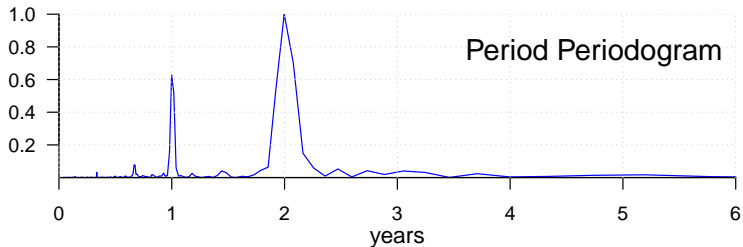
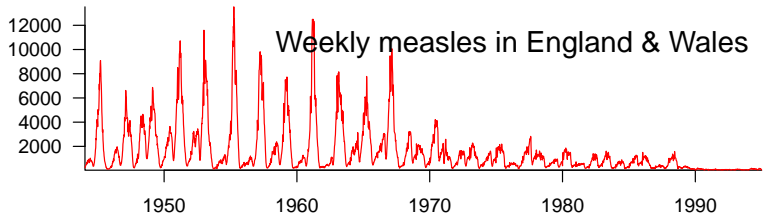
$$I(\omega_p) = \frac{1}{\pi} \left(r_0 + 2 \sum_{k=1}^{N-1} r_k \cos \omega_p k \right)$$

- Plot of estimated power spectrum as a function of frequency ω_p is called the **frequency periodogram** or just the **periodogram**.

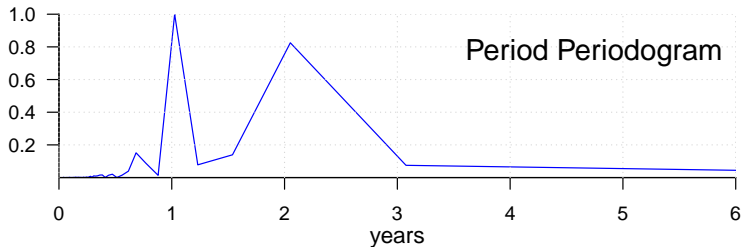
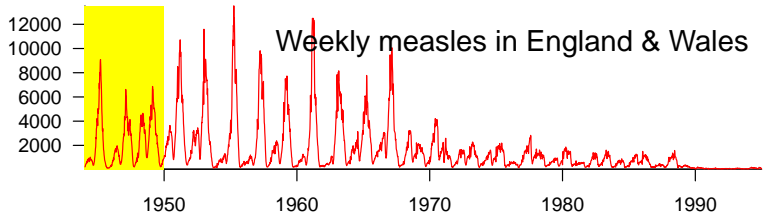
Spectral Density



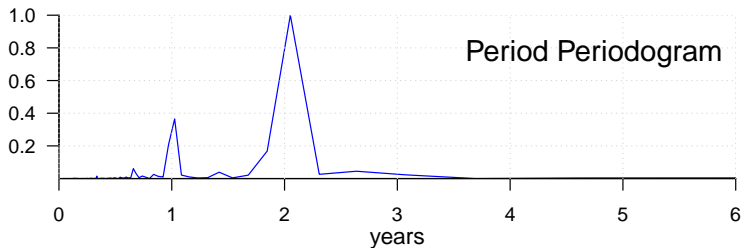
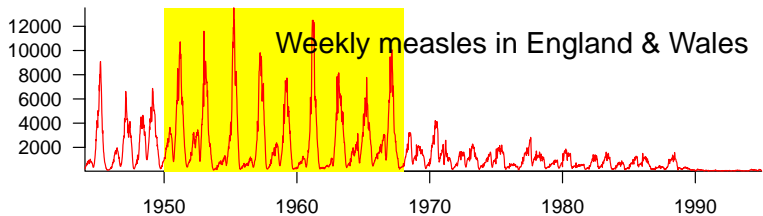
Spectral Density



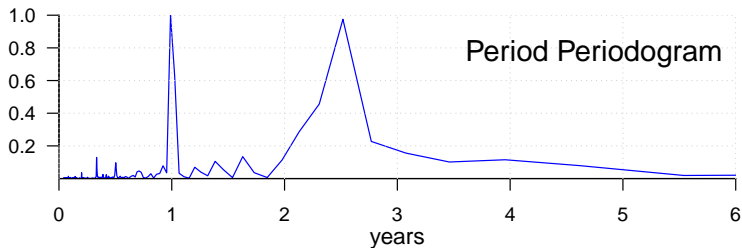
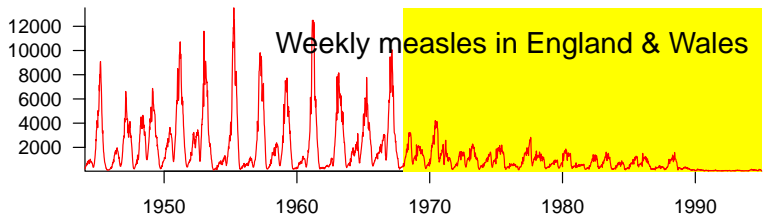
Spectral Density of Temporal Segments



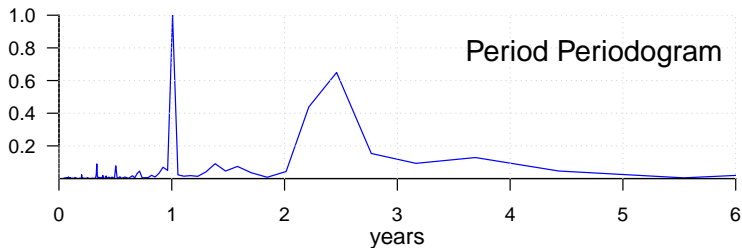
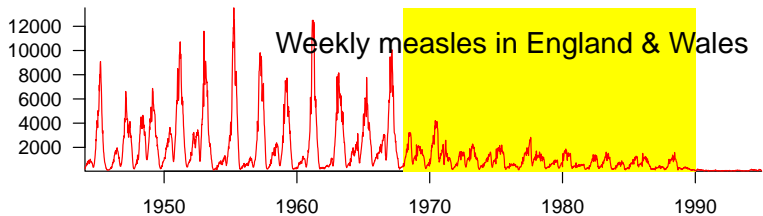
Spectral Density of Temporal Segments



Spectral Density of Temporal Segments



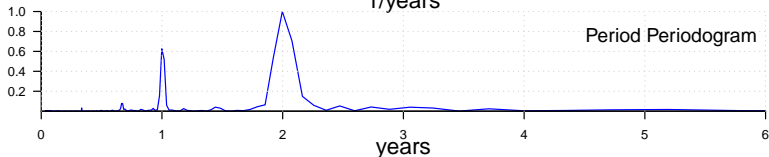
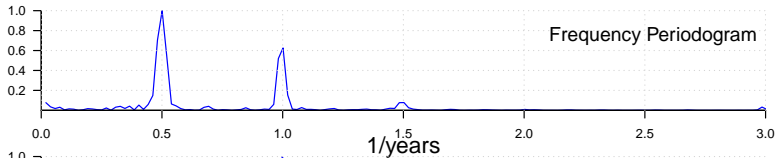
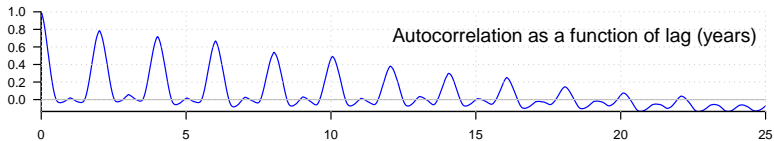
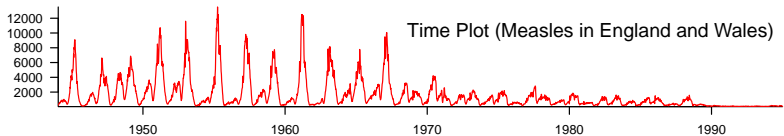
Spectral Density of Temporal Segments



Spectral Density Properties

- Periodogram is discrete Fourier transform of correlogram
- Same information in correlogram and periodogram
- Periodogram usually easier to interpret
- In \mathbb{R} , calculate power spectrum with `spectrum()`
- The power spectrum $I(\omega_p)$ partitions the variance in the time series with respect to frequency ω_p .
 - Parseval's theorem implies $\frac{1}{N} \sum_t (x_t - \bar{x})^2 = \frac{1}{2\pi N} \sum_{p>0} I(\omega_p)$.
But $\frac{1}{N} \sum_t (x_t - \bar{x})^2 = \text{Var}\{x_t\}$, hence $I(\omega_p)/(2\pi N)$ is the proportion of the variance in the time series associated with period $2\pi/\omega_p$.
[For details, see [Chatfield \(2004\)](#).]

Basic Time Series Analysis of Epidemic Data





Mathematics
and Statistics

$$\int_M d\omega = \int_{\partial M} \omega$$

Mathematics 4MB3/6MB3 Mathematical Biology

Instructor: David Earn

Lecture 4
Epidemic Data Tools
Monday 30 Sep 2019

Announcements

- **Assignment 2:**

Due Monday 7 October 2019 by e-mail before class.

- **Midterm test:**

- *Date:* Monday 4 November 2019
- *Time:* 11:30am–1:30pm
- *Location:* in class, ETB-237


Attendance

Who is here?

Spectral Density of Temporal Segments

- Pre-war measles
- Post-war pre-vaccination measles
- Vaccination era measles
- Vaccination era measles until 1990


Time series analysis functions

 has built-in tools for time series analysis:

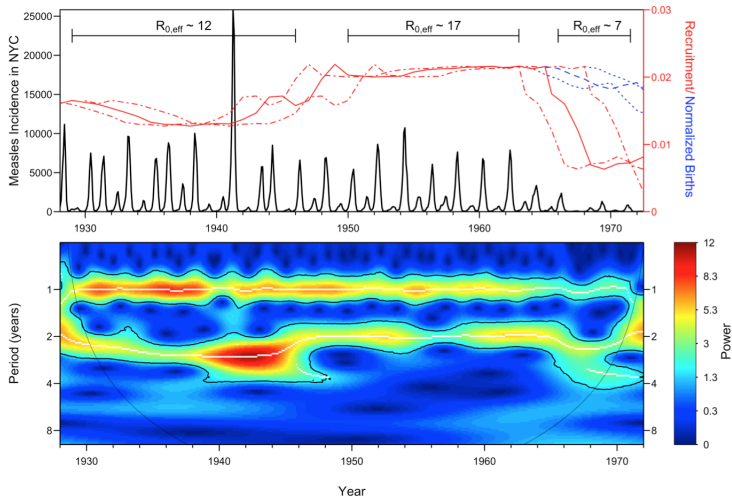
- Time plot: `plot()` *etc.*
- Linear filter (e.g., moving average): `filter()`
- Correlogram (auto-correlation function): `acf()`
- Periodogram (power spectrum): `spectrum()`

You will use all of these functions in **Assignment 4**.

More sophisticated spectral method

- Traditional power spectrum measures frequency content of entire time series.
- **Wavelet decomposition** is local in time.
 - Reveals changes in the spectrum over time without having to identify distinct temporal segments yourself.
 - Nice intro to wavelet analysis of time series: Torrence and Compo (1998) “A Practical Guide to Wavelet Analysis” *Bulletin of the American Meteorological Society* **79**, 61–78
 - \exists  packages for wavelet analysis of time series (e.g., [WaveletComp](#), [wavelets](#)), and at least one [book on wavelet methods in !\[\]\(9804e70d96ff9fe9899b264c06a33cd7_img.jpg\)](#)

Wavelet Spectrum of Monthly Measles in New York City



Krylova & Earn 2013, *J. R. Soc. Interface* **10**, 20130098

Wavelet Spectrum of Weekly Measles in New York City

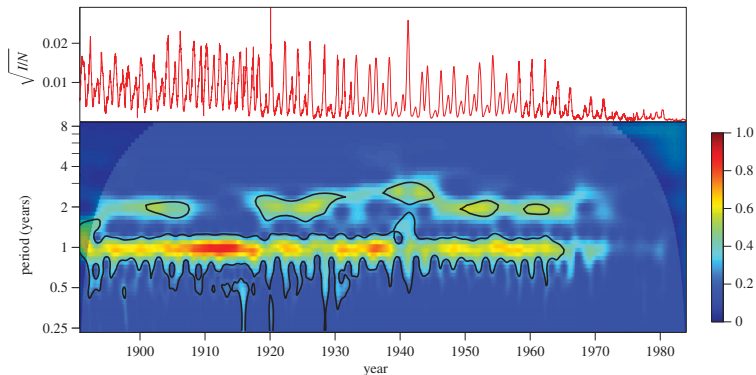
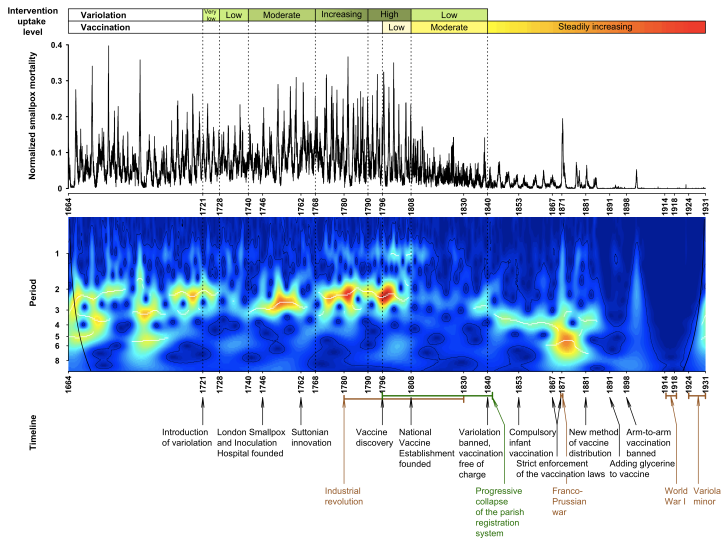


Figure 5. Observed measles dynamics in NYC from 1891 to 1984. (a) Square root of measles case reports, normalized by total concurrent population. (b) Colour depth plot of a continuous wavelet transform of the square root of normalized observed NYC measles cases (colour warmth scales with spectral power and 95% significance contours are shown in black). Shaded regions in the upper left and right indicate the cone of influence.

Hempel & Earn 2015, *J. R. Soc. Interface* **12**, 20150024

Wavelet Spectrum of Weekly Smallpox in London



Krylova & Earn 2019, *bioRxiv* doi: <https://doi.org/10.1101/771220>

Statistical Modelling of Time Series

Statistical Modelling of Time Series

- Imagine time series $\{X_t\}$ is generated by random processes.
- Simplest case: X_t (number of cases at time t) is simply a random variable with a known distribution,

$$X_t = \mu + Z_t \quad (*)$$

where μ = time average number of cases
and $\{Z_t\}$ = sequence of random variables with zero mean.

- Might be a reasonable model for importation of new, infectious individuals into a focal community.
- Bad model for epidemics: ignores transmission from one individual to another.
 - There must be a correlation between the number of individuals in the focal community who are infected now and the number who will be infected in the near future.

Statistical Modelling of Time Series: AR and MA

- So, imagine that that successive data points in $\{X_t\}$ are correlated.
- For example, perhaps the data are generated by an *autoregressive (AR) process*:

$$X_t - \mu = \alpha_1(X_{t-1} - \mu) + \alpha_2(X_{t-2} - \mu) + \cdots + \alpha_p(X_{t-p} - \mu) + Z_t,$$

where the α_i are constants that determine the degree of correlation along the time series.

- Alternatively, the data might be generated by a *moving average (MA) process*:

$$X_t - \mu = \beta_0 Z_t + \beta_1 Z_{t-1} + \cdots + \beta_q Z_{t-q},$$

where the β_i are constants that define a weighted average.

Statistical Modelling of Time Series: ARMA

- More generally, the data might be generated by an *autoregressive moving average* “ARMA(p, q)” process:

$$X_t - \mu = \alpha_1(X_{t-1} - \mu) + \alpha_2(X_{t-2} - \mu) + \cdots + \alpha_p(X_{t-p} - \mu) \\ + \beta_0 Z_t + \beta_1 Z_{t-1} + \cdots + \beta_q Z_{t-q}.$$

Statistical Modelling of Time Series: ARIMA

- Finally, an *autoregressive integrated moving average* “ARIMA(p, d, q)” model includes weighted differences of the time series:

$$\begin{aligned} X_t - \mu &= \alpha_1(X_{t-1} - \mu) + \alpha_2(X_{t-2} - \mu) + \cdots + \alpha_p(X_{t-p} - \mu) \\ &\quad + \gamma_1(X_{t-1} - X_{t-2}) + \gamma_2(X_{t-2} - X_{t-3}) + \cdots \\ &\quad + \beta_0 Z_t + \beta_1 Z_{t-1} + \cdots + \beta_q Z_{t-q}. \end{aligned}$$

- The “I” in ARIMA refers to the original time series X_t , which is an “integrated” version of the differenced time series.
- Technically, an ARIMA model is just an ARMA model with differently labelled coefficients, but explicit differences are often helpful conceptually (e.g., they can “stationarize” a time series).

What kind of process generated our data?

- *How can we tell if our data were generated by such a process?
Can we identify an $AR(p)$, $MA(q)$ or $ARMA(p, q)$ process?*
- Compare time plots of these processes with time plot of our data? (Comparison by eye often challenging/unreliable.)
- Compare autocorrelation functions (correlograms) of these processes with correlogram of our data? (Better.)
- Compare power spectra (periodograms) of these processes with periodogram of our data? (Even better.)
- Compare wavelet spectra of these processes with wavelet spectrum of our data? (Better yet.)

Statistical Modelling of Time Series: ARMA fitting

- Looking at the power spectra of ARMA models would be instructive.
- But is there a better approach to discovering if an ARMA model could explain our data?
- Find the *best fit* ARMA parameters by minimizing the residual sum of squares. *e.g.*, for an AR model, minimize:

$$S = \sum_{t=p+1}^N [(x_t - \mu) - \alpha_1(x_{t-1} - \mu) - \cdots - \alpha_p(x_{t-p} - \mu)]^2.$$

- More generally, we can find the best fit parameters of an ARIMA(p, d, q) model
 - Non-trivial, but there are standard methods
- Compare models with [Akaike Information Criterion \(AIC\)](#), which penalizes models that have more parameters
 - See [Earn \(2009\)](#) review article for more discussion of this.

Time series tools discussed so far...

- Statistical description of time series:
time plot, moving average, correlation coefficient,
autocorrelation, correlogram, power spectral density (PSD),
periodogram, wavelet spectrum
- Time series models:
AR, MA, ARMA, ARIMA

Statistical Modelling of Time Series

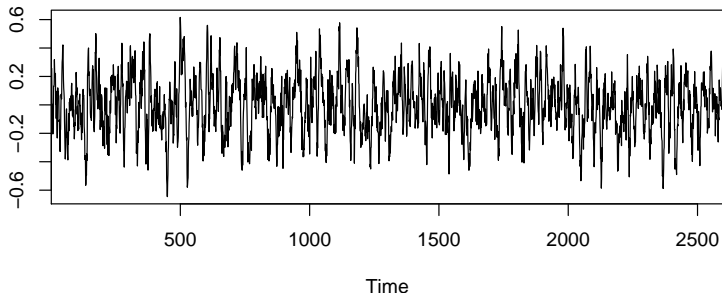
How to do it in ...

- Simulate any $ARIMA(p, d, q)$ model with `arima.sim()`
- Fit an AR model to a time series with `ar()`
- Fit an ARIMA model to a time series with `arima()`
- Alternatively, there are specialized time series modelling packages.

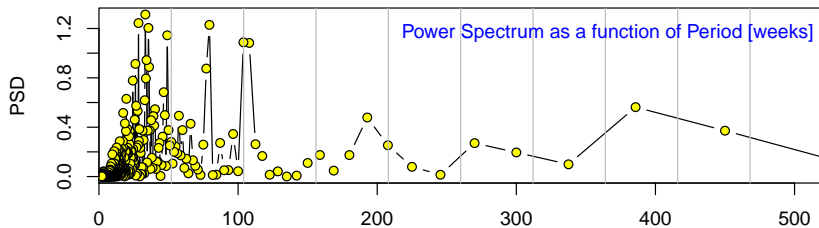
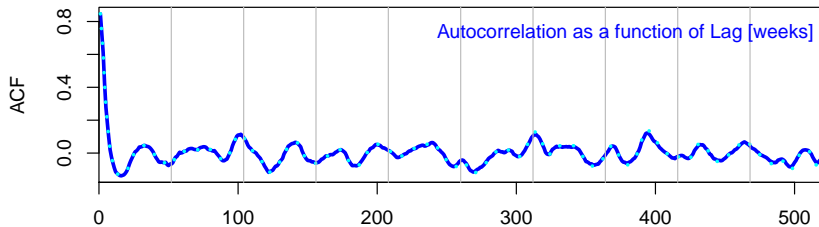
ARMA Example (50 years of weekly data)

```
my.model <- list(ar=c(1,-0.5,0.5,-0.25),ma=c(-0.25,0.5))  
my.sim <- arima.sim(n=52*50,model=my.model,sd=0.1)  
plot(my.sim,main="ARMA Example",ylab="",xaxs="i")
```

ARMA Example



ARMA Example (ACF and PSD up to 10 year lag)



Statistical Modelling of Time Series: Forecasting

- Once we have a fitted model, we can then use it to *forecast* future observations
- *Validate* this procedure by using part of the data to fit the model and then forecast the remainder of the data (*cf.* [cross-validation](#))
- How successful is this likely to be for an infectious disease time series?
 - Conceivably good for [chicken pox in NYC](#).
 - Less likely to be good for [measles](#). . . at least for the main patterns. . .
 - One of the project options is to look at this more carefully.

Statistical Modelling of Time Series: Limitations

- It might be best to remove mean, trend and seasonality before fitting an ARMA model
 - But this means we will remove the aspects of the data about which we care most!
- The fitted parameters of an ARMA model have no obvious biological meaning
 - The model completely ignores any understanding we have of infectious disease transmission
- Statistical models use the time series itself to parameterize an ARMA (or more general) process
 - It would be better to have a model that we can parameterize from independently collected data and then see if that model can explain the observed time series

Mechanistic Mathematical Modelling

- SIR and all that. . .
- Takes into account transmission process. . .
- So why did we just spend time talking about statistical modelling?
 - Important to be familiar with time series models that are in common use.
 - Helps us appreciate the value of mechanistic modelling.
 - Some processes that affect disease dynamics might be better modelled as ARMA or similar processes.
 - Weather (e.g., perhaps model $\beta = \beta(t)$ as an ARMA process)
 - Immigration
 - Ruling out an ARMA model (or at least one with a modest number of parameters) is a step towards finding a good model.
 - A combination of mechanistic and time series models could be useful.

THINKING ABOUT GRADUATE SCHOOL?

JOIN US TO FIND OUT MORE AT THE GRAD
INFO SESSION!

WHEN: THURSDAY OCTOBER 3, 2019

TIME: 5:30PM – 7:00PM

WHERE: HH/305 AND THE MATH CAFÉ

Matheus Grasselli will give general advice on applying to grad school.

Shui Feng will talk about graduate programs particular to statistics.

Tom Hurd will talk about graduate opportunities in financial math including PhiMac.

Miroslav Lovric will give tips about applying to teachers' college.

PIZZA will be served! See you there!

