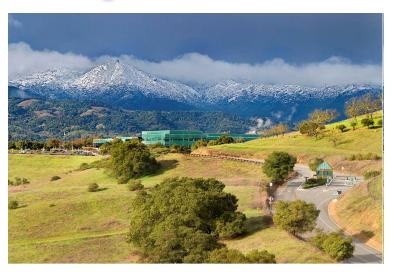


## **STEM:** The Spatiotemporal Epidemiological Modeler

#### http://www.eclipse.org/stem/

M. Davis, D. Doerr, S. Edlund, K. Hu, J. Kaufman, S. Renly

jhkauf@us.ibm.com



August 2012

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## Outline

- The STEM framework
- Research Examples
  - Seasonal Influenza with Israeli CDC
  - H1N1 with DGF Mexico
  - Vector borne diseases
    - Malaria
    - Dengue Fever
  - Oral Polio Vaccine (OPV)
  - Modeling food production and food borne disease in STEM
- Proactive modeling of food borne disease outbreaks

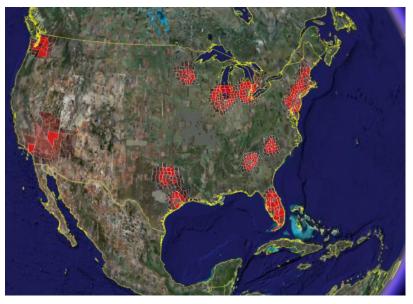


# STEM is an open source *framework* for Epidemiological Modeling

#### STEM Website: http://www.eclipse.org/stem/

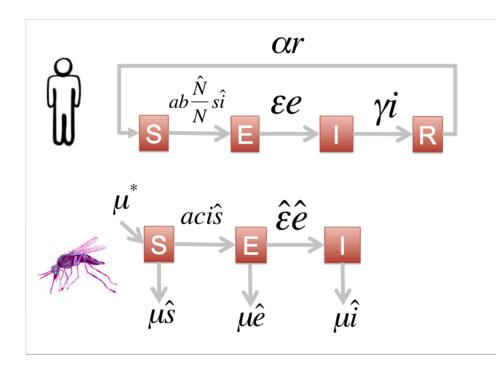
STEM Wiki (Documentation): http://wiki.eclipse.org/index.php/STEM STEM Newsgroup: http://www.eclipse.org/forums/index.php?t=thread&frm\_id=72 STEM on Wikipedia: http://en.wikipedia.org/wiki/Spatiotemporal Epidemiological Modeler

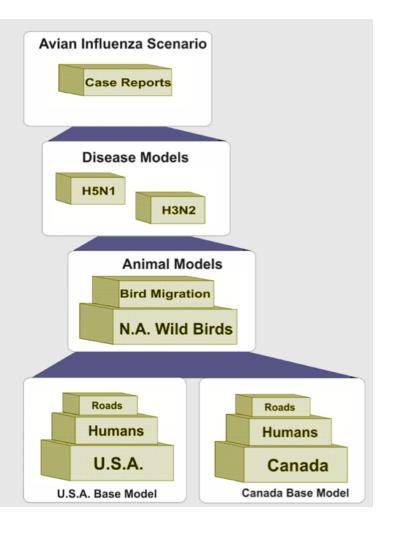
Video Tutorials on YouTube http://www.youtube.com/watch?v=LfiibQX4IFE English http://www.youtube.com/watch?v=3S5DbjCHsx4 Spanish



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#### Why a Framework? Modeling Disease involves building models on top of models





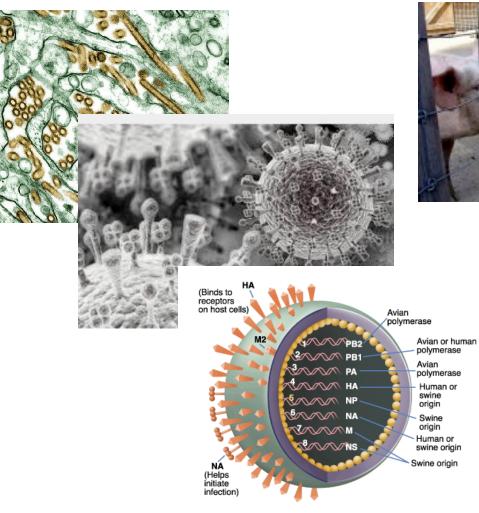
June 2012



## Why Open Source ?

The reservoir of emerging disease is the animal population

June 2012





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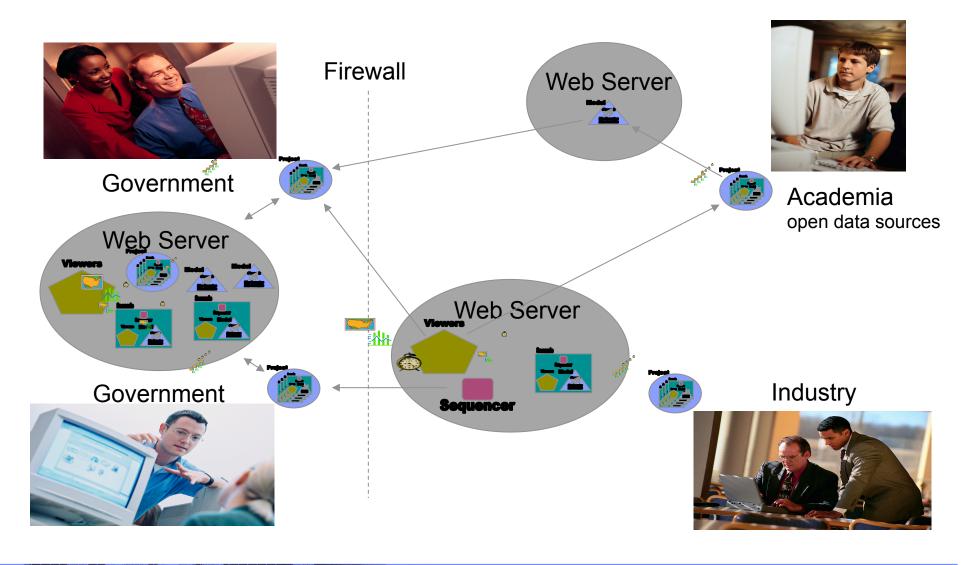
### It takes a Community!!



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#### Why Eclipse?

Community and Collaboration Supported by the Eclipse Foundation and the EPL



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## **STEM** uses an new *component* software technology

#### •OSGi

•All STEM components can be dynamically loaded as separate bundles or plug-ins:

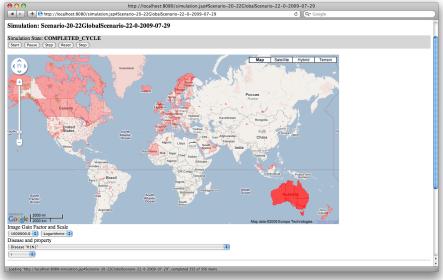
- •Disease Models are Plug-ins
- •Population Models are Plug-ins
- •Datasets are Plug-ins
- •Viewers are Plug-ins
  - •Map view
  - •Google Earth
  - •Google Maps
  - •NASA World Wind, etc.

•Each plug-in can be independently developed, deployed, and used with declarative software extension points

#### Users can

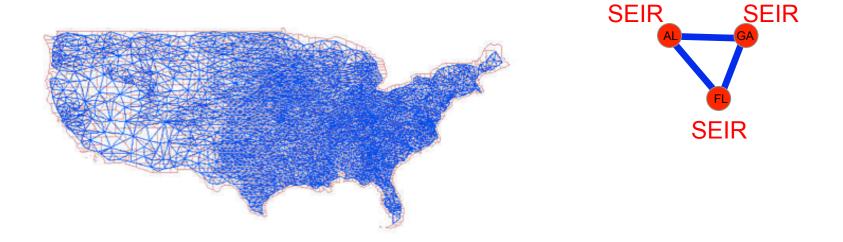
- •create their own scenarios for a country or region
- •Collaborate, exchange, models and scenarios
- •Easily combine, manage, and partition plug-ins across security domains
- •Build on existing models and create new ones, making STEM extensible, flexible, and re-usable
- •Today STEM is an Eclipse Application.
  - •In the future we wish to make STEM available also **as a service** using the new OSGi on Server Technology from Eclipse
  - •Also exploring ways to make STEM easy to use by any SME





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#### STEM treats the World as a "Graph" Any problem that can be described as a graph can be studied with STEM



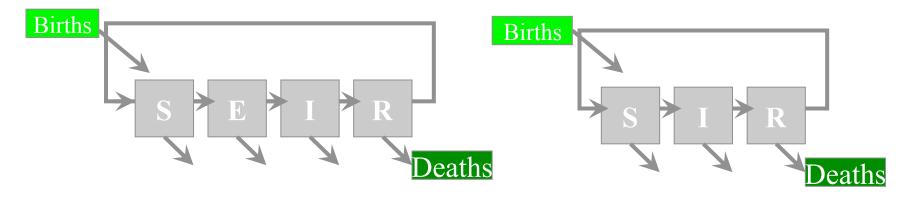
- "Graph"={Nodes, Edges; with labels & decorators}
- Graph Framework makes it easy to build one model on top of another
- Existing plugins define geography, transportation systems, populations, land area, etc. for the planet (244 countries and dependent areas)



## STEM solves differential equations Epidemiological Compartment Models

Standard SEIR model

Standard SIR model



- S: susceptible
- E: exposed but not yet infectious

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- I: infectious
- R: recovered

• 3	STEM	includes	many	compartment	models
-----	------	----------	------	-------------	--------

- Textbook models SI, SIR, SEIR and stochastic variants
- Advanced and state of the art models
  - Multiple population models (including demographics)
  - Zoonotic models
  - Vector models
  - Food production models
  - Foodborne disease models
- All models are spatiotemporal
  - Allows uses to run global models
  - Allows users to construct custom regional models
    - Farms
    - Feeding facilities
    - Slaughterhouses
  - Pluggable transportation models

$$\frac{dS_j(t)}{dt} = -\beta(t)S_j(t)\frac{\sum_{k=1}^{K}m_{jk}I_k(t)}{\sum_{k=1}^{K}m_{jk}P_k(t)} + \alpha R_j(t) + bP_j(t) - \mu S_j(t)$$

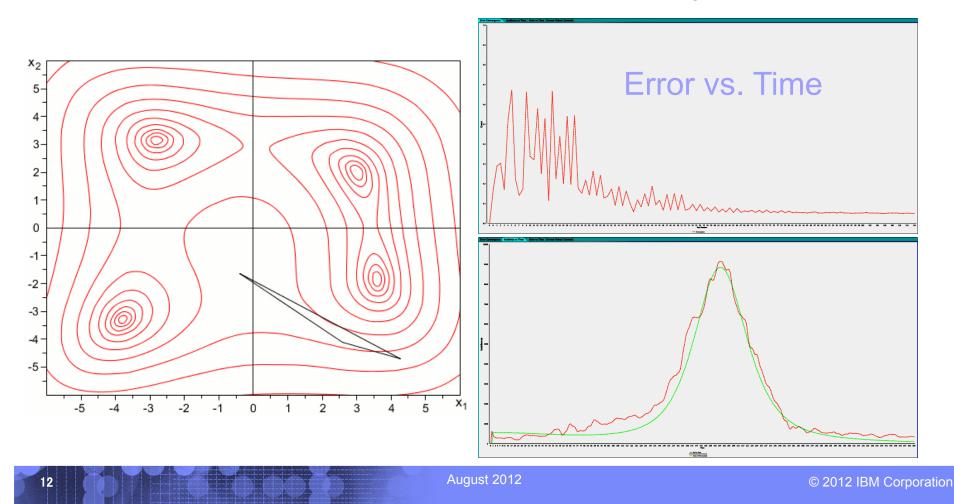
$$\frac{dI_{j}(t)}{dt} = \beta(t)S_{j}(t)\frac{\sum_{k=1}^{K}m_{jk}I_{k}(t)}{\sum_{k=1}^{K}m_{jk}P_{k}(t)} - \gamma I_{j}(t) - \mu I_{j}(t)$$

$$\frac{dR_j(t)}{dt} = \gamma I_j(t) - \alpha R_j(t) - \mu R_j(t)$$



#### Need to Explore a Large Phase Space of Parameters!! Nelder-Mead Simplex Algorithm

Automated Experiments run many simulations, automatically walking the space of models parameters to find an optimal set of parameters for a given model.



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## **STEM offers a choice of Integration Engines**

- 1. Finite Difference Solver (fast, good for demos)
- 2. Runge-Kutta-Feldberg (RKF45) adaptive integration
  - Adaptive step size
  - Very efficient
  - Synchronized across threads (multi-core engine)
  - Accurate
  - Computational error is estimated and controlled and an appropriate step size set automatically
- 3. DormandPrince54 (from *apache.math.commons*)
- 4. ... User Contributed Solvers



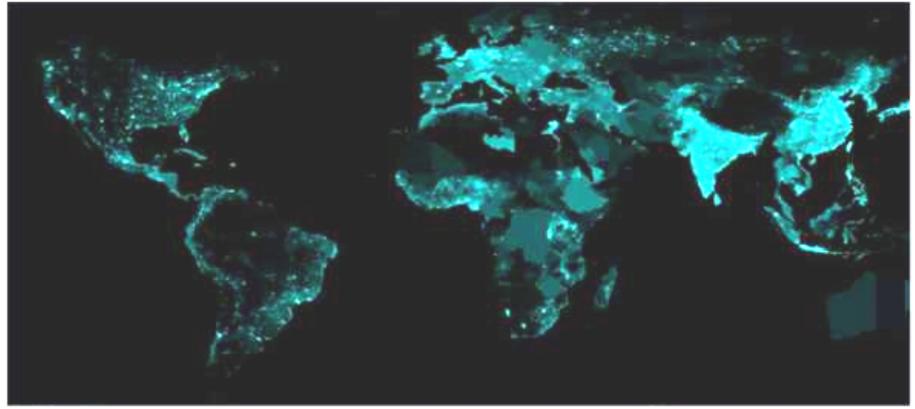
#### **STEM** supports global simulation

Global population data by admin region validated against LandScan 2007™

High Resolution Global Population Data Set © UT-Battelle, LLC, operator of Oak Ridge National Laboratory

O Map

Scenatro "wortdflu"





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#### **Transportation Models** Global Air Travel



- 100% U.S Commercial Airports
- ~80% WW airports

• Lessler J, Kaufman JH, Ford DA, Douglas JV. 2009. "The cost of simplifying air travel when modeling disease spread," PLoS ONE 4(2): e4403. doi: 10.1371

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## **Other Features**

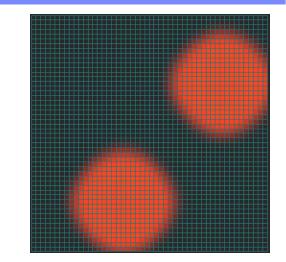
- Ability to Run Lattice Graphs
- Ability to Import Custom Graphs (Pajek)
- Support for Zoonotic Disease (Multiple Populations)

- Yellow Fever

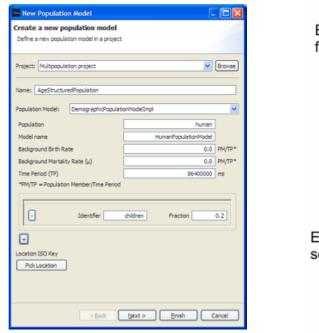
Malaria

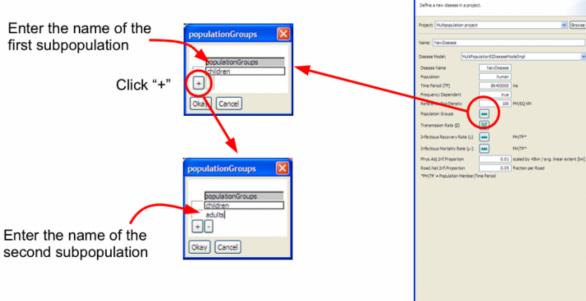
– Dengue

– etc.



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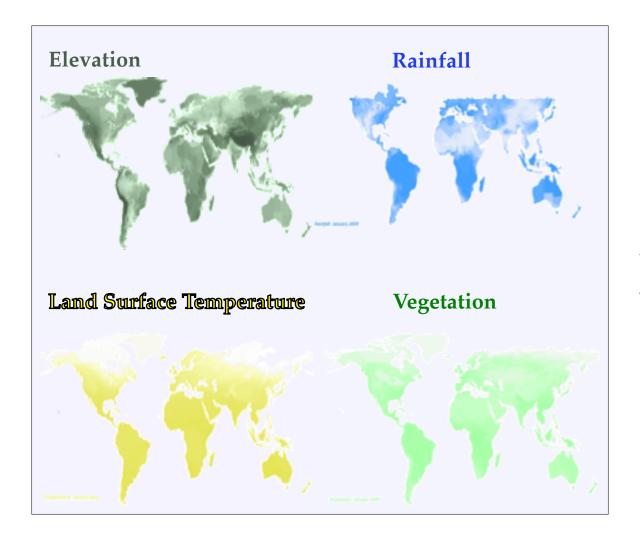




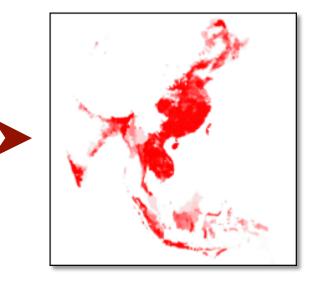
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#### **Global Earth Science Data**

(courtesy of NOAA GLOBE, NASA Earth Observatory)

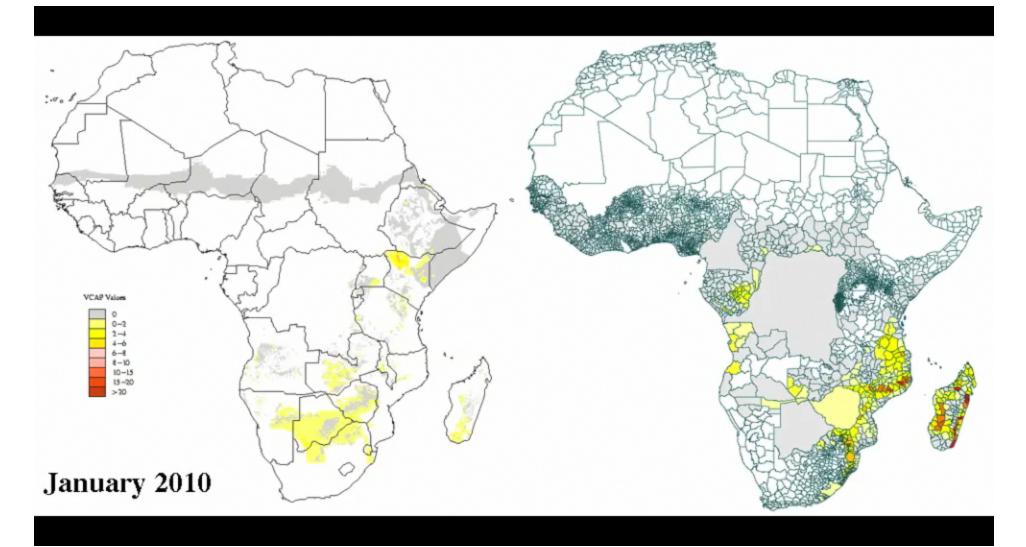


#### Anopheles Mosquito Density



#### TEM

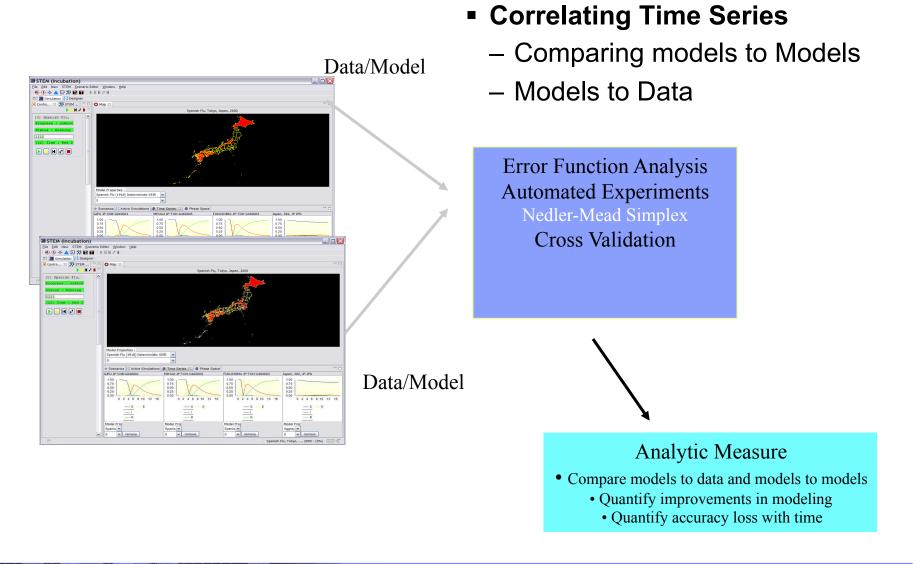
#### Comparing STEM Anopheles Probability Model to USGS VCAP model for Africa (2012)

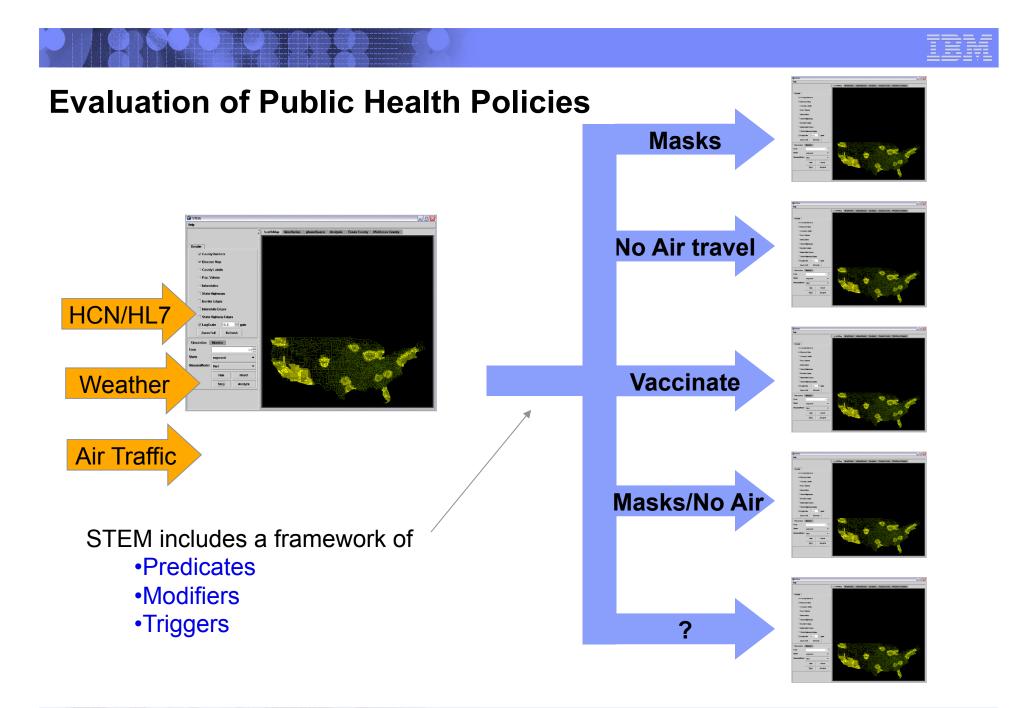


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#### Model Validation and Analysis:





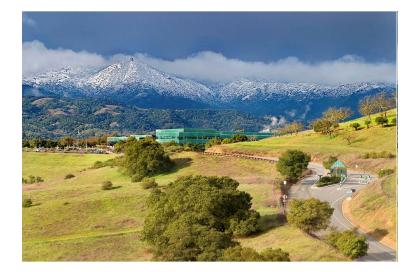




## Modeling Influenza

J. Kaufman<sup>1</sup>, S. Edlund<sup>1</sup>, M. Bromberg<sup>2</sup>, G. Chodick<sup>3</sup>, J. Lessler<sup>4</sup>, J. Douglas<sup>1</sup>, Z. Kaufman<sup>2</sup>, A. Leventhal<sup>6</sup>, R. Marom<sup>3</sup>, V. Shalev<sup>3</sup> <sup>1</sup>*IBM Almaden Research Center, USA,* <sup>2</sup>*Israel Center for Disease Control, Israel,* <sup>3</sup>*Maccabi Health Care Services, Israel,* <sup>4</sup>*Johns Hopkins School of Public Health, USA,* <sup>5</sup>*IBM Haifa Research Center, Israel;* <sup>6</sup>*Israel Ministry of Health, Israel* 

This project is being developed in part under Contract FA7014-07-C-0004, with the U.S. Air Force Surgeon General's Office (AF/SG) and administered by the Air Force District of Washington (AFDW).

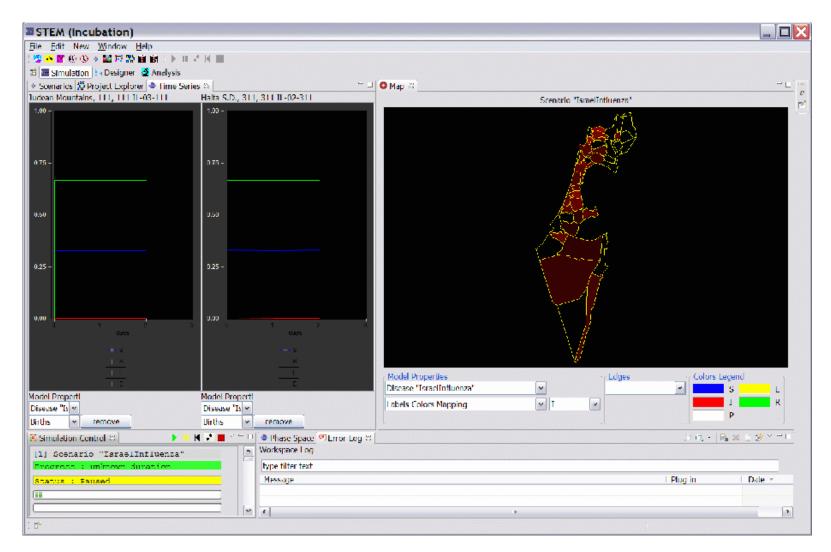




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## Simulations Based on ICDC Influenza Data as initial condition



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## The Data

- Data provided by the Israel Center for Disease Control (ICDC)
  - Originated from Maccabi Health Care Services, 2<sup>nd</sup>
     largest HMO in Israel serving approx. 25 % of population
  - 10 years of summarized daily case reports of "Influenza Like Illness" (ILI)
  - Mapped to 49 administrative regions of the 15 Israeli subdistricts

## **Testing Three Hypotheses about Influenza Transmission**

Using this new model, test three hypotheses in terms of  $\beta_{i}$ ,  $\rho_{i}$  and  $\sigma_{i}$ .

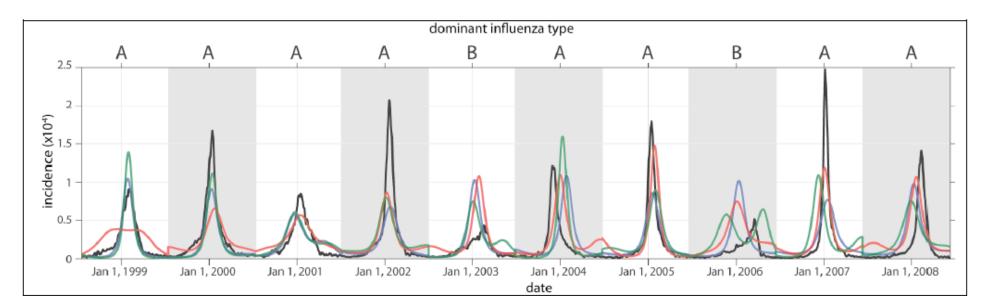
- Hypothesis 0: Transmission identical in both A and B dominant years  $(\beta_i = \beta_o, \sigma_i = \sigma_o, \rho_i = \rho_o \text{ for all years})$ . 7 parameters
- Hypothesis 1: Maximum rate of transmission varies between A and B dominant years.  $\beta_{i,} = \beta^{A}$  in A dominant seasons, and  $\beta_{i,} = \beta^{B}$  in B dominant seasons ( $\sigma_{i} = \sigma_{o}, \rho_{i} = \rho_{o}$  for all seasons). 8 parameters

• Hypothesis 2: The maximum rate of transmission and the effect of seasonal forcing vary between influenza A and influenza B. 10 parameters

 $\beta_{i,..} = \beta^A$ ,  $\sigma_{i,..} = \sigma^A$ ,  $\rho_{i,..} = \rho^A$  in A dominant years  $\beta_{i,..} = \beta^B$ ,  $\sigma_{i,..} = \sigma^B$ ,  $\rho_{i,..} = \rho^B$  in B dominant years.

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## Cross Validation as a Measure of Predictive Ability



Parameter	lowest	typical	upper	H0	H1(A,B)	H2(A,B)
Period of Infection [days]	1.0	2	4.8	1.1	1.1	1.1
Period of Immunity [years]	1	4-6	8	5.9	4.9	5.4
Reproductive Number	1.1	1.5-2.0	20	2.6	2.8,2.7	2.6,2.6
NRMSE	-	-	-	0.244	0.238	0.249

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#### H1N1: Work With the the Mexico Ministry of Health Gobierno del Distrito Federal (GDF)

IBM Research working with the IBM Foundation, the office of Corporate Responsibility, and IBM GBS, delivered new Servers with DB2, Websphere, PHIAD and STEM installed to the Mexican Ministry of I (GDF). Tutorials and workshops were held in Mexico for the GDF Dir General de Planeación y Coordinación and his colleagues and to Instituto Mexicano del Seguro Social (IMSS).

#### "...it is extremely pleasant to meet a Company that offers their help in these difficult times with a solution that perfectly fits our needs and that does not expect to take advantage of the situation we are living"

Lic Luis Guillot Duenas Lic Josune Arceluz de Diego Lic Irak Lopez Davila Lic. Alejandra Olguin Lic Luis Alfonso Caso Director Ejecutivo de Evaluación y Seguridad de las Tecnologías de la Información - Contraloria General Directora de Gestion Gubernamental para la Atención Ciudadana Coordinador General de Modernización Adminitrativa

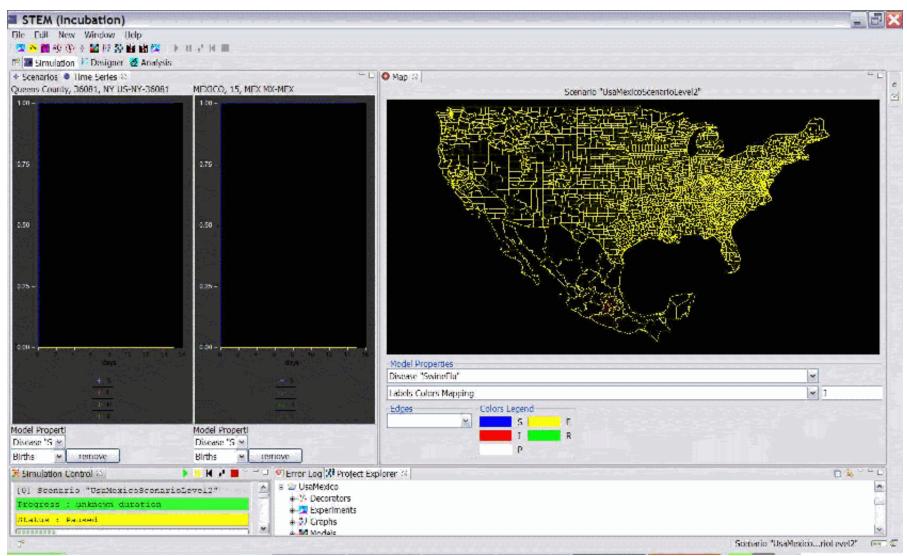
Director General de Planeación y Coordinación Sectorial



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### **Recent H1N1 Outbreak**



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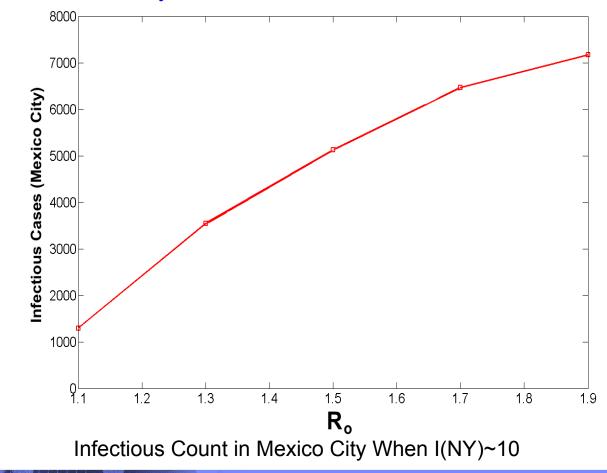
# H1N1

- What is the reproduction number Ro ?
- Case report data not complete
- What could we learn from public data
  - When first cases (~10) showed up in NY there were thousands in Mexico city
  - Flu in Mexico peaked shortly after spread to air transport system
- Can we use the spread by air transport as an indicator for Ro ?

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#### First Experiment (very little data available at the time)

- Run Simulation as a function of Ro
- Use STEM air travel plug-in to model connection between Mexico (GDF) and USA
- Plot Incidence in Mexico City at a function of Ro when I=10 in NYC

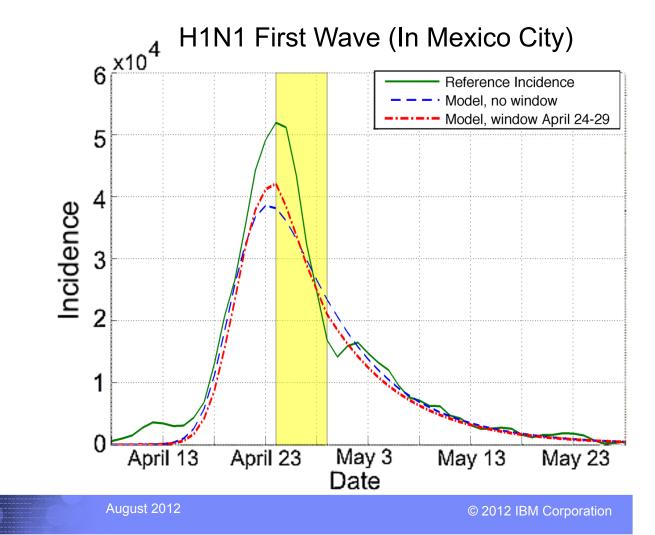




## **Hypothesis Testing**

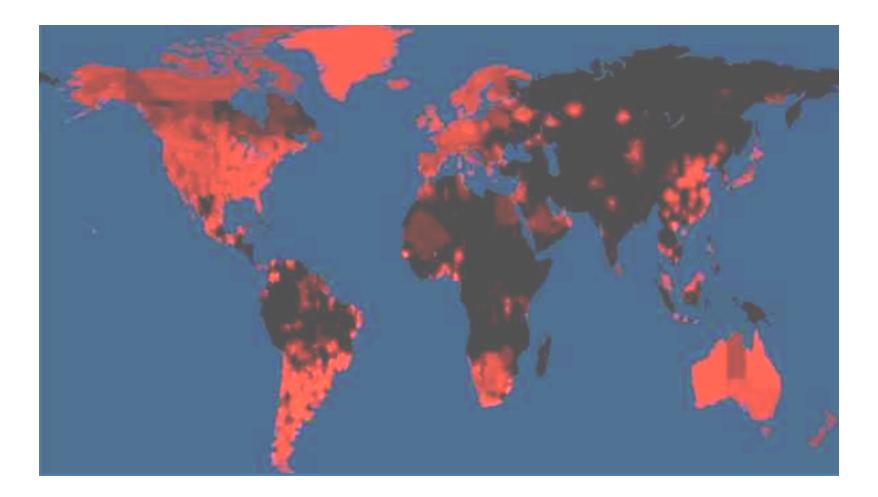
Nelder-Mead Experiment "discovers" 5 day window where schools were closed.

Transmission was reduced by 22%



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### Global scale influenza simulation (STEM on server)





#### Vector Disease Models





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## Malaria

#### MacDonald-Ross model extended by Aaron and May

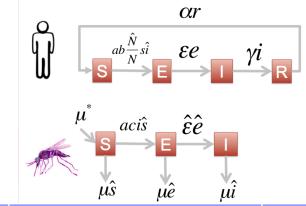
$$\frac{ds_{\vec{r}}(t)}{dt} = -ab\frac{\hat{N}(t,\vec{r})}{N(\vec{r})}\hat{i}(t,\vec{r})s(t,\vec{r}) + \alpha r(t,\vec{r})$$

$$\frac{de_{\vec{r}}(t)}{dt} = ab\frac{\hat{N}(t,\vec{r})}{N(\vec{r})}\hat{i}(t,\vec{r})s(t,\vec{r}) - \varepsilon e(t,\vec{r})$$

$$\frac{di_{\vec{r}}(t)}{dt} = \varepsilon e(t,\vec{r}) - \gamma i(t,\vec{r})$$

$$\frac{dr_{\vec{r}}(t)}{dt} = \gamma i(t,\vec{r}) - \alpha r(t,\vec{r})$$
humans

$$\frac{d\hat{s}_{\vec{r}}(t)}{dt} = -aci(t,\vec{r})\hat{s}(t,\vec{r}) + \mu^* - \mu\hat{s}(t,\vec{r})$$
$$\frac{d\hat{e}_{\vec{r}}(t)}{dt} = aci(t,\vec{r})\hat{s}(t,\vec{r}) - \hat{\varepsilon}\hat{e}_{\vec{r}}(t) - \mu\hat{e}(t,\vec{r})$$
$$\frac{d\hat{i}_{\vec{r}}(t)}{dt} = \hat{\varepsilon}\hat{e}_{\vec{r}}(t) - \mu\hat{i}(t,\vec{r})$$
Anopheles



Parameter	Description	Parameter Value
	Size of female mosquito population	Calculated <sup>1</sup>
Ν	Size of human population	From census data
а	Biting rate (bites/day)	0.008 <sup>1</sup>
b	Prop. inf. bites on human causing inf.	1.0
γ	Human recovery rate	0.00725
с	Prop. susc. bites on human causing inf.	1.0
$\mu^{\star}$	Mosquito birth rate	0.071² (1/days)
μ	Mosquito death rate	0.071 <sup>2</sup> (1/days)
1/E	Latent period human	12 days
α	Immunity loss rate (human)	0.00207 (483 days)
Λ 1/ε	Latent period mosquito	111/(T-16) ( <i>P. Falc.)</i>

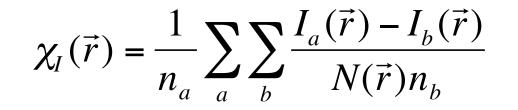
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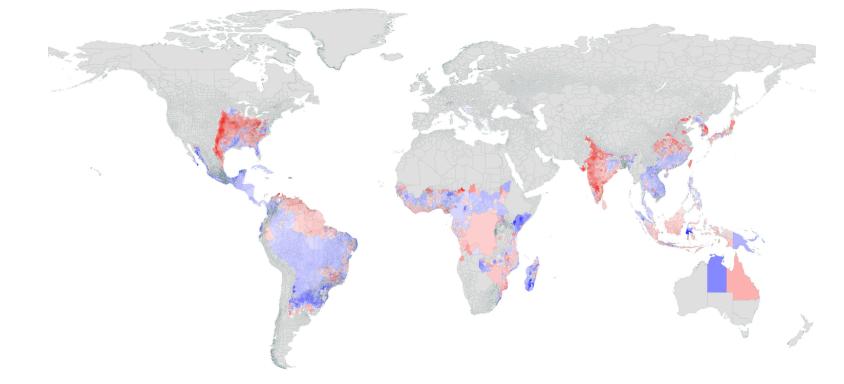
## The Importance of Fluctuations rather than absolute incidence

- •Reporting of malaria incidence has a high uncertainty.
- •Reporting rates vary by country.
- •WHO estimates and Malaria Atlas differ by a factor of 4 !!
- •Question 1: During years when <u>global</u> malaria burden is higher than average, which regions contribute most to the increase?
- Question 2: How does malaria burden fluctuate with <u>local</u> variations in temperature and precipitation?

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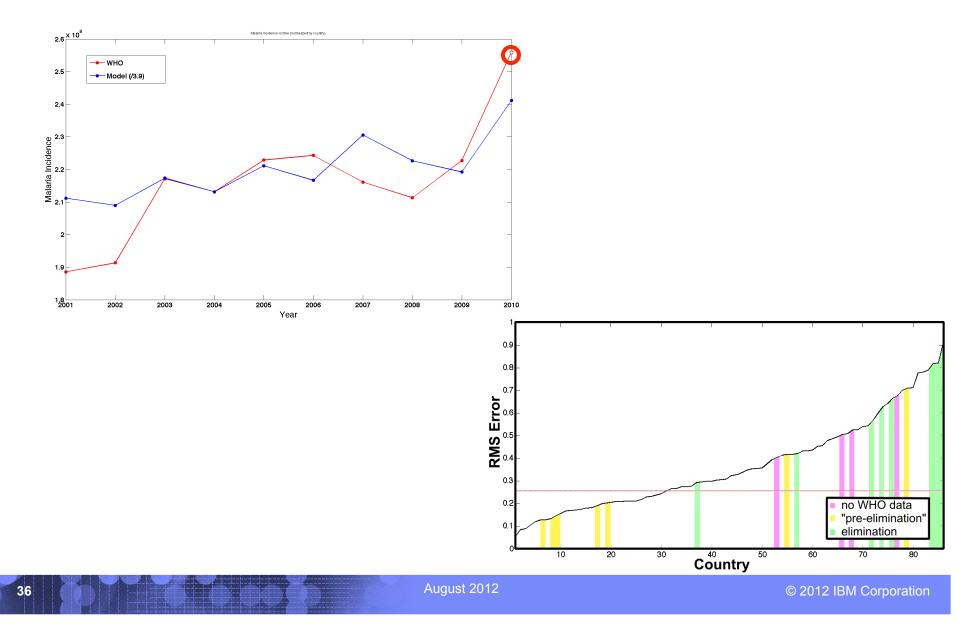
See animation....





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## Predicting changes in global incidence



		IBM
Malaria Response response function can be	to Precipitation an applied to model a	
	χ <sub>1</sub> [% / °C] 0.75	$\sigma_{T}(\vec{r}, a, b) = \frac{I_{a}(\vec{r}) - I_{b}(\vec{r})}{[T_{a}(\vec{r}) - T_{b}(\vec{r})]N(\vec{r})}$
	0.5 0.25 0.025 0.25 -0.25 -0.75 <1.0	$\sigma_p(\vec{r}, a, b) = \frac{I_a(\vec{r}) - I_b(\vec{r})}{[P_a(\vec{r}) - P_b(\vec{r})]N(\vec{r})}$
$S_{T}(\vec{r}) = \left\{ \sigma_{T}(\vec{r}, a, b) \middle  \forall a \in C, \forall b \in C, a > b \right\}$ $S_{P}(\vec{r}) = \left\{ \sigma_{P}(\vec{r}, a, b) \middle  \forall a \in C, \forall b \in C, a > b \right\}$		χ <sub>p</sub> [%/mm]
$\chi_T(\vec{r}) = \overline{S_T(\vec{r})}$ $\chi_P(\vec{r}) = \overline{S_P(\vec{r})}$		→ 0.1 0.075 0.05 0.025 0.025 0.025 0.025 0.025 0.025 0.025 0.025 0.05 0.025 0.05 0.025 0.075 0.075 0.075 0.075 0.075 0.075
$\chi_P(r) = S_P(r)$	June 2012	© 2012 IBM Corporation

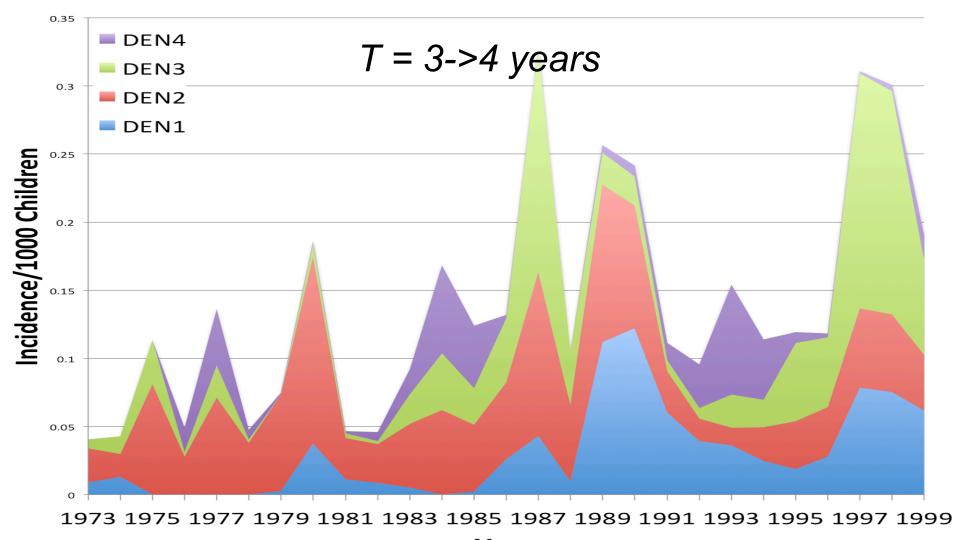
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# **Dengue Fever and Dengue Hemorrhagic Fever**

- Dengue is a mosquito-borne infection (vector disease)
- 2.5 billion people at risk
- A leading cause of death among *children* in Asia.

Source: WHO - http://www.who.int/mediacentre/factsheets/fs117/en/#, http://apps.who.int/tdr/svc/diseases/dengue

## **Quasi-periodic Dengue Outbreaks in Thailand**



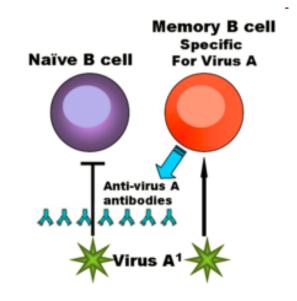
derived from: Nisalak, A., et al., 2003. Serotype-specific dengue virus circulation and dengue disease in Bangkok, Thailand from 1973 to 1999. American Journal of Tropical Medicine and Hygiene 68, 191-202.

Population growth rate ~ 2.6%/year



# Antibody Dependent Enhancement (ADE)

- Antibodies are normally a good thing.
- ADE => non-neutralizing antiviral antibodies lead to
  - enhanced viremia
  - enhanced entry into host cells
  - increased infectivity
  - in the host cells.
- Increases risk of
  - dengue shock syndrom
  - dengue hemorrhagic fever
  - Death
- Has now reached Florida, Texas
- Endemic in Australia



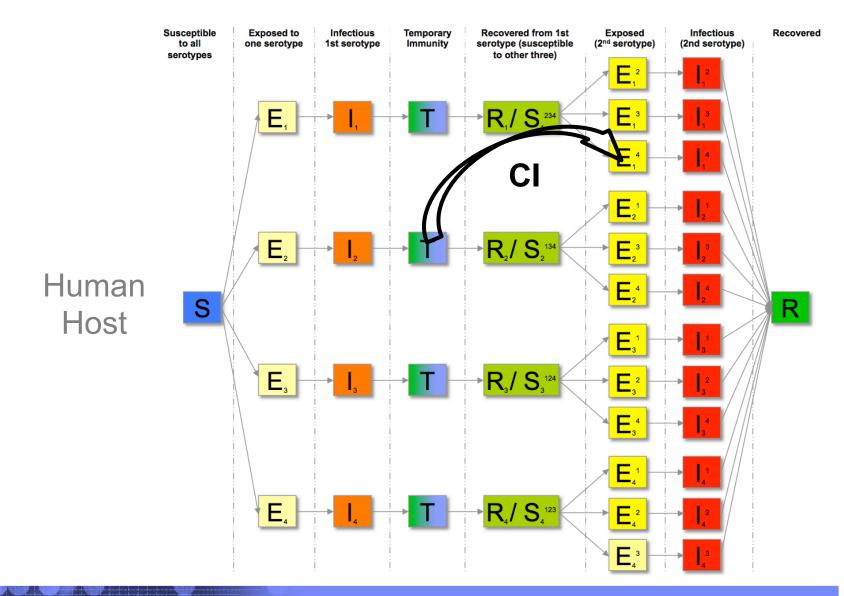
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# Comparing Three models of Dengue Fever

- Model 1: Literature: Bianco et al.
  - Leaves out the vector
  - Ignores host incubation
- Model 2: Add the Aedes vector
- Model 3: Add incubation (the "full model")

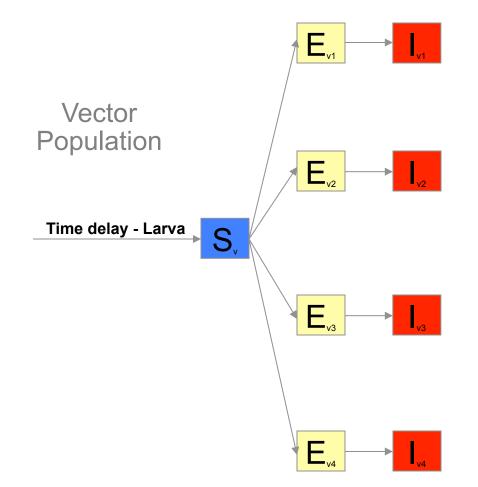
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### **Full Dengue Host/Vector Model require 51 Compartments**



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# **Vector Population Compartment Model**



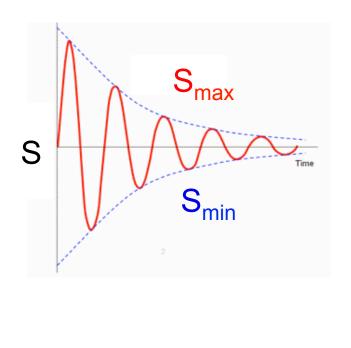
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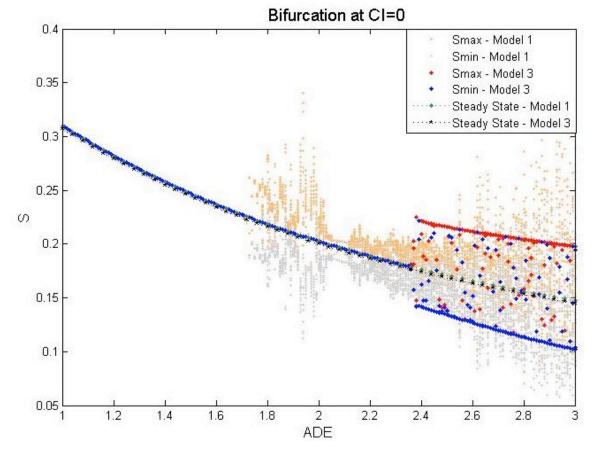
# **Epidemiological Parameters**

Model input / Parameter	Value	Range	Sources (ref.)	Unit
$R_0$ , basic reproductive number	2	2-4	(Billings et al., 2007; Chowell et al., 2007; Koopman et al., 1991)	dimension -less
$\mu^{h}$ , host birth and death rate	0.02	0.03-0.01	(Ferguson et al., 1999a)	yr <sup>-1</sup>
$\mu^{v}$ , vector birth and death rate	35	24-61	(Chowell et al., 2007; Muir and Kay, 1998)	yr <sup>-1</sup>
$\gamma^{h}$ , host incubation rate	65	52-91	(Chowell et al., 2007)	yr <sup>-1</sup>
$\gamma^{\nu}$ , vector incubation rate	30	23-33	(Chowell et al., 2007)	yr <sup>-1</sup>
$\beta^h$ , transmission rate from host to host (no vector in model)	200	100-300	(Ferguson et al., 1999b)	$yr^{-1}$
$\beta^{vh}$ , transmission rate (from vector) to host <sup>*</sup>	15	12-21	(Chowell et al., 2007)	$yr^{-1}$
$\beta^{hv}$ , transmission rate (from host) to vector <sup>*</sup>	530	136-1000	(Chowell et al., 2007)	$yr^{-1}$
$\sigma^{h}$ , host recovery rate	100	50-200	(Ferguson et al., 1999a; Gubler et al., 1981)	yr <sup>-1</sup>
$\theta^h$ , cross immunity loss rate of host population	2	2-9	(Wearing and Rohani, 2006)	yr <sup>-1</sup>
<i>m</i> , vector per host	1.9#	1-6	(Chowell et al., 2007, p.13)	dimension -less
$\phi$ , ADE factor	n.a.	1-3	Parameter range explored	dimension -less
$\varepsilon$ , strength of cross immunity	n.a.	0-1	Parameter range explored	dimension -less

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## **Onset of Dynamic Behavior (the Hopf Bifurcation)**





- Analyzing the power spectrum of S(t) we can simultaneously
  - Detect the hopf bifurcation
  - Measure dominant frequency (or period)

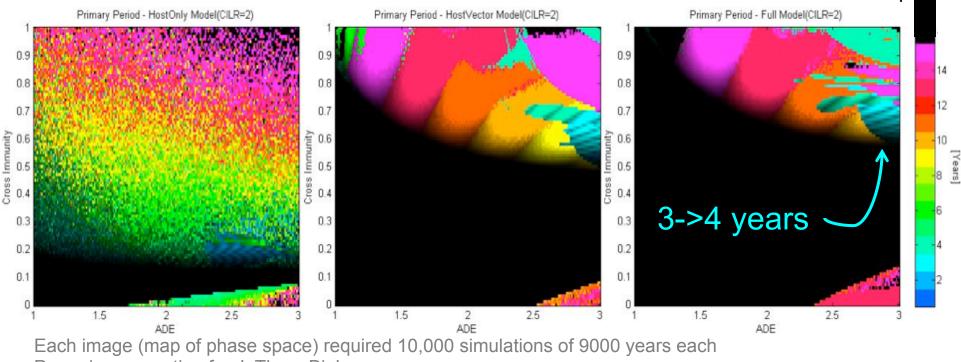


∞period

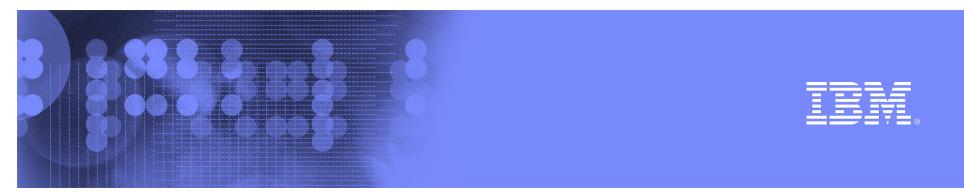
# **ADE vs Cross Immunity:**

Explaining the observed 3-4 year quasi-periodic outbreaks in Thailand

# A realistic period for dengue outbreaks (3-4 years) occurs at high levels of ADE (>2)



Paper in preparation for J. Theor Biology

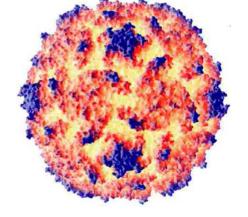


### Polio

Coordinating Oral Polio Vaccine (OPV) and Intravenous Polio Vaccine (IPV) strategies <a href="http://wiki.eclipse.org/Polio\_Disease\_Transmission\_Model">http://wiki.eclipse.org/Polio\_Disease\_Transmission\_Model</a>

### planned for STEM 1.4.0





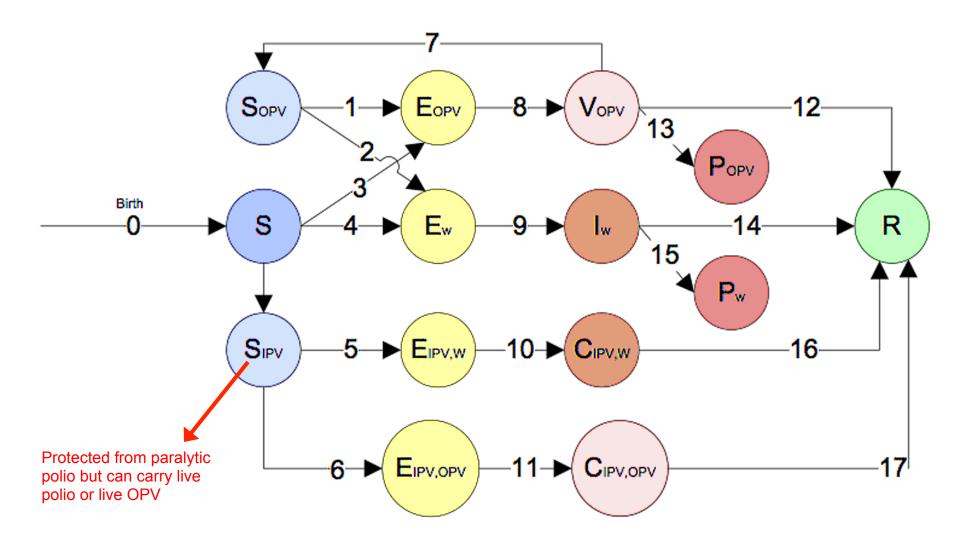




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## **Polio vaccination: OPV vs IPV**



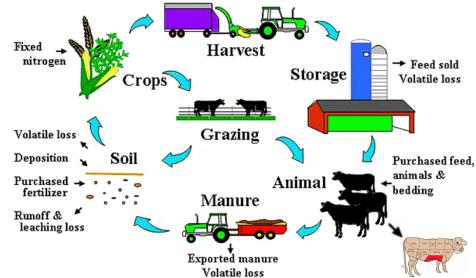


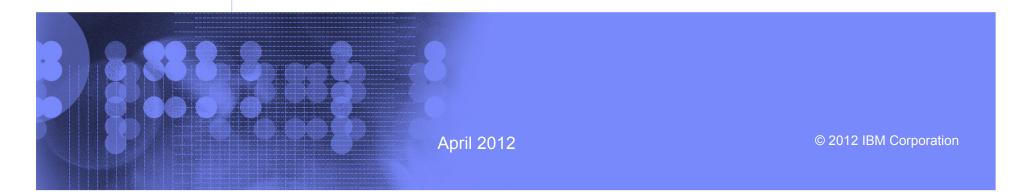
## Foodborne Disease and Food Production Modeling framework

with



Bundesinstitut für Risikobewertung





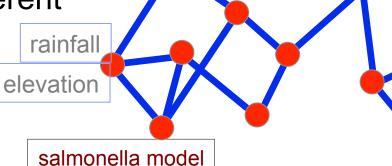


slaughterhouse

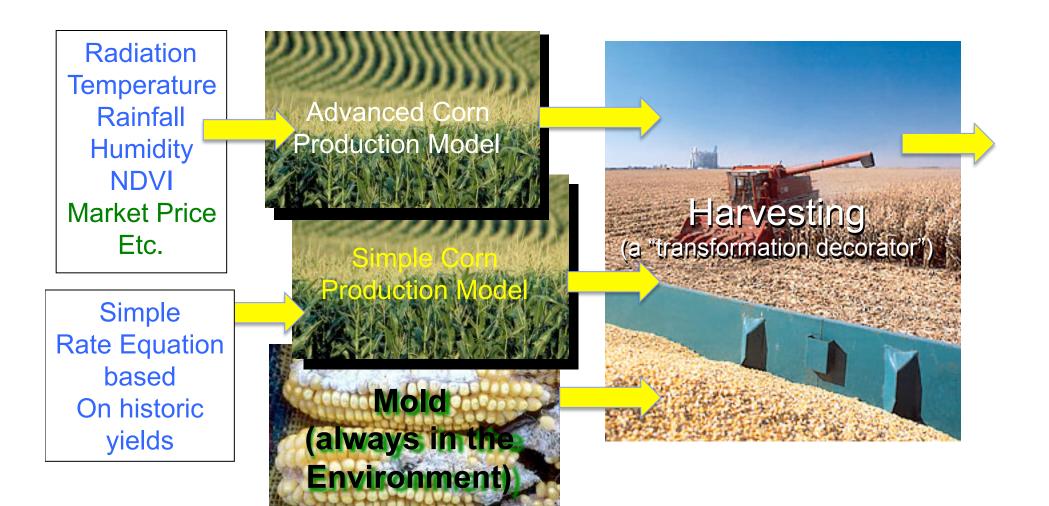
### Modeling food production requires a new kind of "graph decorator" Cattle population

Nodes and Edges within a graph can be "decorated" with many different types of data and operators

- Labels
  - Static data
  - Time varying data
- Integration Decorators
  - Differential equations that can be solved
  - Disease models
  - Population models
  - etc.
- Transformation Decorators
  - Operators that can convert or map one graph object to another
  - Transformations may be discontinuous
  - Slaughterhouse
  - Contaminated slaughterhouse
  - Grain processing facility
  - etc.

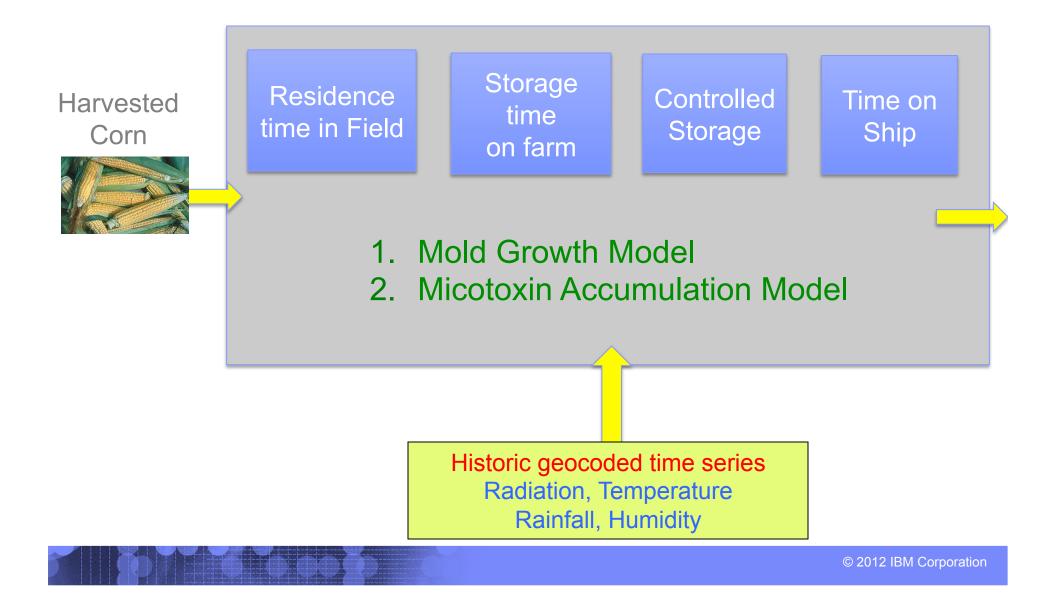


# Gedanken experiment: Risk of Micotoxin in Corn

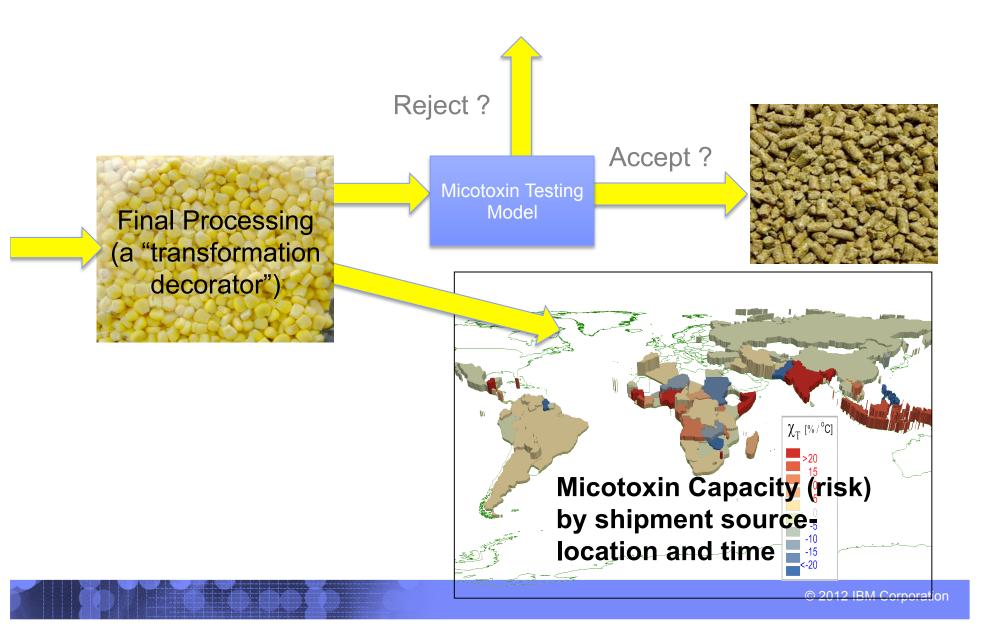


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# 2. Corn Processing

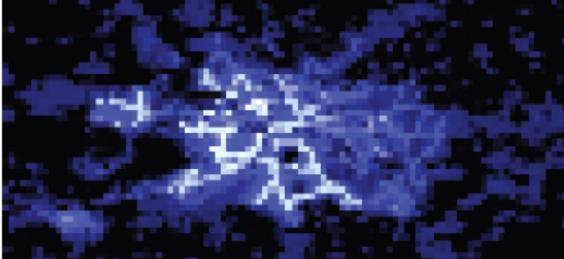


# 3. Receipt and Final Manufacturing





# Proactive modeling of food borne disease outbreaks

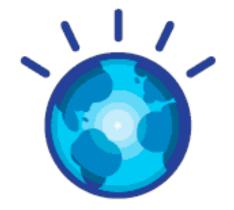


April 2012

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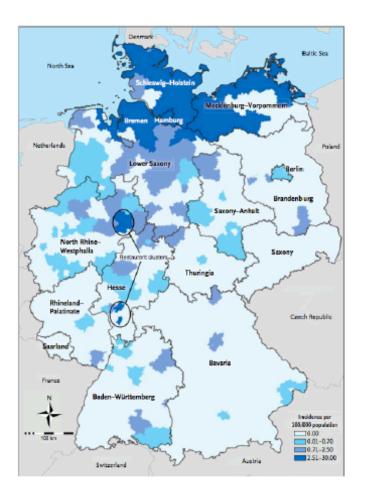
# Can we begin to investigate an outbreak before it even occurs ?



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### EHEC/STEC outbreak in Germany 2011

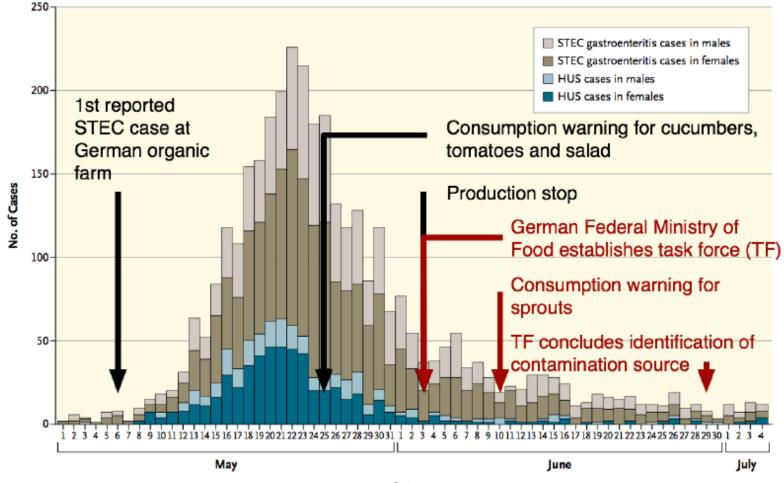
- Shiga-toxin producing *E. coli* bacteria
- Bacteria cause Hemolytic-uraemic syndrome (HUS)
- Symptoms: hypertension, bloody diarrhea, kidney failure
- investigation revealed that (fenugreek) sprout seeds were contaminated source
- 3091 reported cases in Germany, ca. 4000 in Europe
- 47 people died



(source: Frank et al., New Engl J Med, 2011; Ergebnisbericht der Task Force EHEC zur Aufklärung des EHEC O104:H4 Krankheitsausbruchs in Deutschland, 2011)

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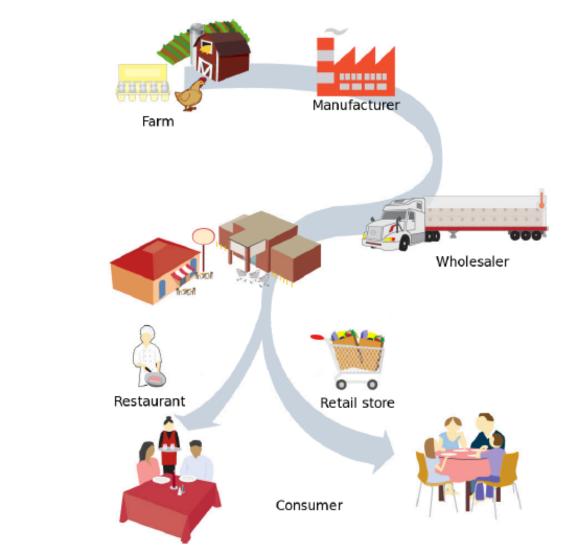
### Epidemic curve



#### Date of Disease Onset

(source: Frank et al., New Engl J Med, 2011; Ergebnisbericht der Task Force EHEC zur Aufklärung des EHEC O104:H4 Krankheitsausbruchs in Deutschland, 2011)


# From Farm to Ford: How do people get food?



### Food supply chain:

- 1. (Farms, Manufacturers)
- 2. Wholesalers
- 3. Supply chain network
- Retail/ grocery stores and restaurants
- 5. Consumers


# A Model World

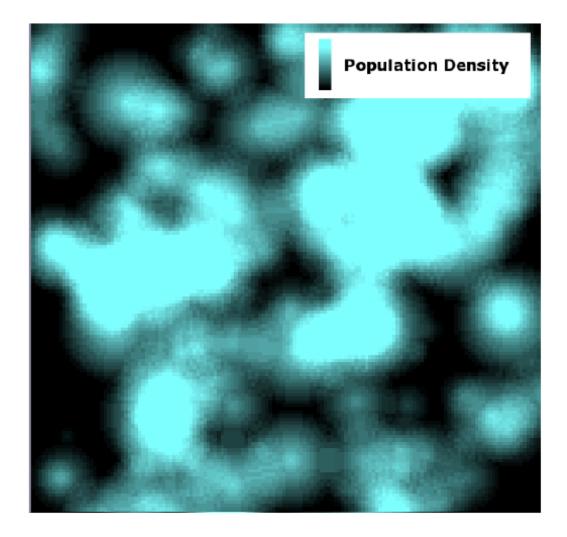
Food Distribution Network:

#### Wholesalers

- Trade 1 type of food
- 1::n relation with retailers
- Scale-free network (power law distribution of retail stores.
   Degree = k)

#### People

- Toy model is a 2d grid
- Random population centers
- Density falls off linearly



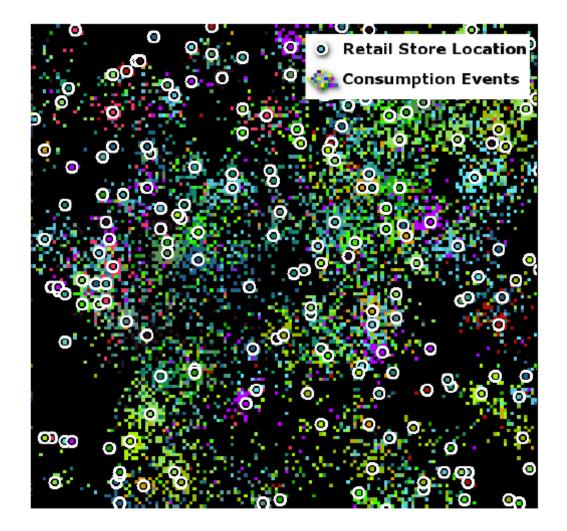
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### Retail stores and consumer behavior

#### Retail stores

- Uniformly distributed
- Huff's gravity model
  - A<sub>j</sub> attraction factor of retail store j
  - d<sub>ij</sub> distance between location *i* and retail store *j*
  - $\blacktriangleright$   $\gamma$  distance decay rate

$$p_{ij} = \frac{A_j \cdot d_{ij}^{-\gamma}}{\sum_j A_j \cdot d_{ij}^{-\gamma}}$$

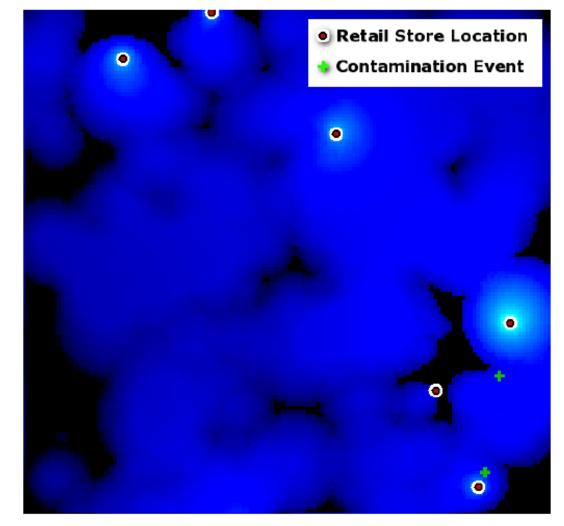


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### Food Distribution by wholesale source !!

# Contaminations: sampling food consumption events

- One wholesaler affected
- Small percentage of food contaminated



### IBM

### Which wholesaler distributed the contaminated food ?? Method: Maximum Likelihood Estimation (MLE)

Let  $\theta = \langle 0, \dots, 0, 1, 0, \dots, 0 \rangle$  be a vector where the  $j^{th}$  entry denotes the likelihood that a distributor j's food is contaminated:

$$L(\theta; i \text{ is infected and } i \text{ lives at } x_i, y_i) = \mathbb{P}(i \text{ is infected and } i \text{ lives at } x_i, y_i \mid \theta)$$
  
=  $\mathbb{P}(i \text{ lives at } x_i, y_i) \cdot \mathbb{P}(i \text{ is infected } \mid i \text{ lives at } x_i, y_i, \theta)$   
=  $\varphi_{x_i, y_i} \prod_j [\mathbb{P}(i \text{ bought from } j \mid i \text{ lives at } x_i, y_i)]^{\theta_j}$ 

 $\varphi_{x_i,y_i}$  denotes the population density of *i*'s location  $x_i, y_i$ .

Each distributor j is associated with a set of retail stores  $R_j$ :

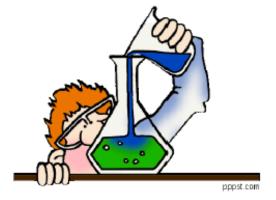
$$L(\theta; i \text{ is infected and } i \text{ lives at } x_i, y_i) = \varphi_{x_i, y_i} \prod_j \left[ \sum_{k \in R_j} P(i \text{ bought at } k \mid i \text{ lives at } x, y) \right]^{\theta_j}$$

Joint probability of a set of reported cases  $\mathcal{D}$ :

$$L(\underline{\theta}, \mathcal{D}) = \prod_{i \in \mathcal{D}} \varphi_{x_i, y_i} \prod_j \left[ \sum_{k \in R_j} P(i \text{ bought at } k \mid i \text{ lives at } x_i, y_i) \right]^{\theta_j}$$

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# Procedure



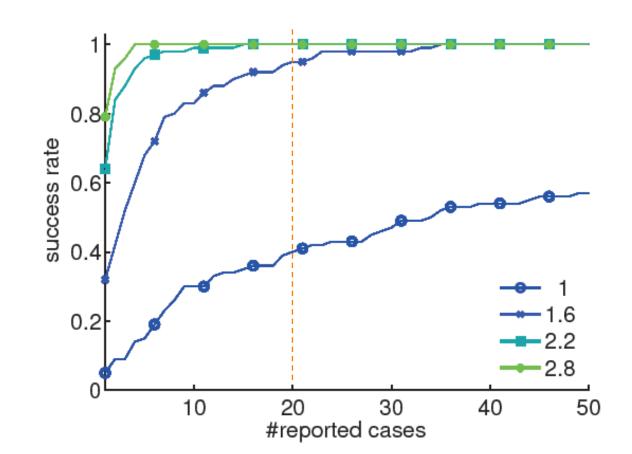
- Population grid size: 100 × 100
- 5 distributors
- 100 retail stores
- 100 experimental runs per data point, each time resampling
  - population
  - retail store locations
  - distributor/retailer network
- Contamination: sample consumption events according to the wholesaler's food distribution
- Every reported case is "correct"



# **Convergence of Method**

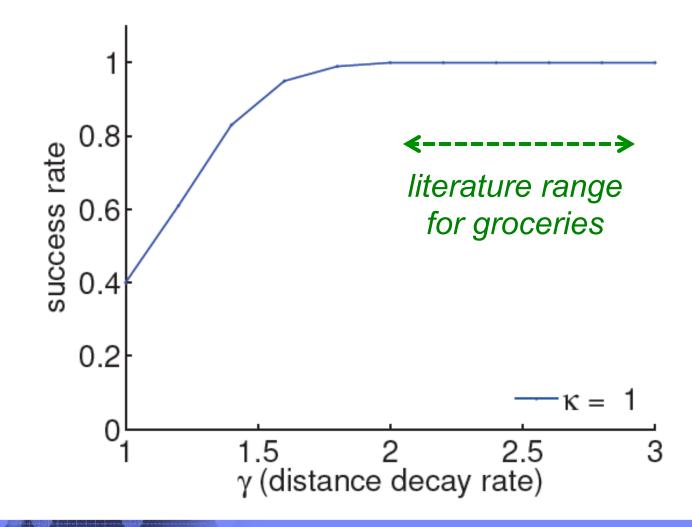
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distance decay exponent  $\gamma = \{1, 1.6, 2.2, 2.8\}$ *literature range 2.0<\gamma<2.8* 



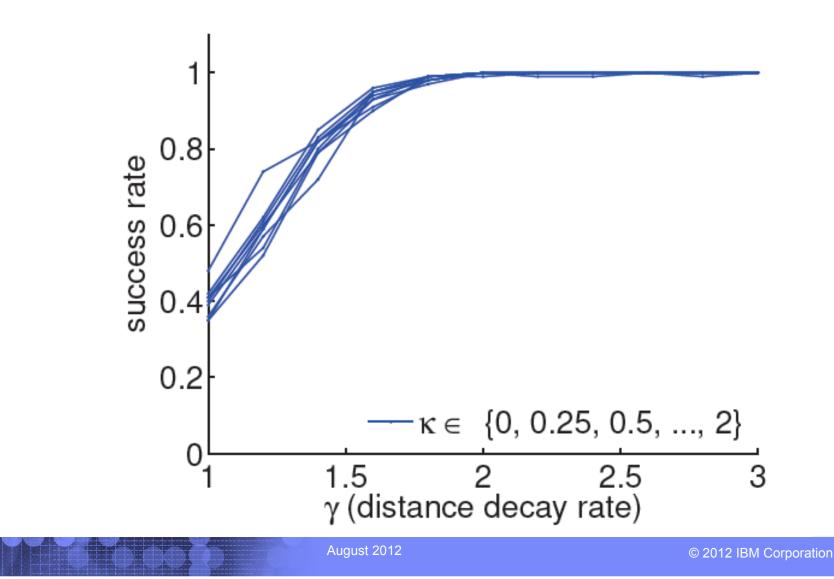
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### Dependence on Distance Decay Exponent Number of reported cases: 20



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No strong dependence on network degree !! Number of reported cases: 20

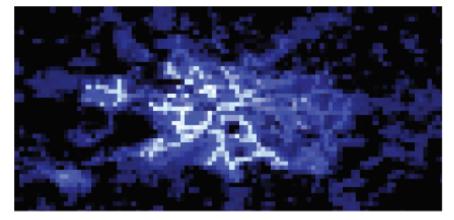




### *next*....

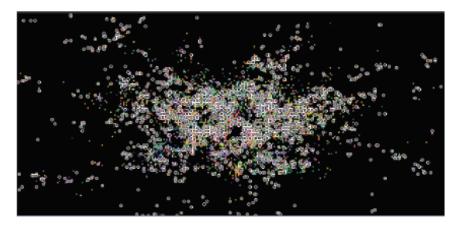
### Berlin

Landscan census data from 2007



- Cell size: ~ 0.463km
- Overall population size: 3,924,739

### Retail locations from Google Places



- 1822 grocery stores
- 158 Lidl's, 138 Aldi's, 87 REWE's

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### **Next Steps**

Enhancing the model:

- Extend model to several types of food
  - Incorporate pathogen-specific information
  - Outbreak characteristics
- Incorporate timely data
  - Harvesting periods of farmers
  - Production cycles of manufacturers
  - Delivery periods of wholesalers
- Study contamination during transport

Enhancing the prediction of affected wholesalers:

- Eliminate candidates (wholesalers) as contamination source
- Evaluate robustness of ML method against noise (false observations) Enhance experiments:
  - Incorporate empirical data from wholesaler distribution networks
  - Compare simulations with data from real outbreaks