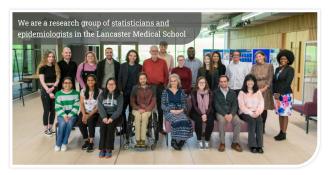
Model-based geostatistical inference with low prevalence data: a case study on lymphatic filariasis

Emanuele Giorgi



Centre for Health Informatics, Computing and Statistics





WHO Collaborating Centre



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Current NTD Projects

- Brazilian Leptospirosis Study : Ecoepidemiology of Leptospirosis in the Urban Slums of Brazil
- Geostat NTD Hub : A Geostatistical Web Framework for Prevalence Surveys for Neglected Tropical Diseases
- Loa-loa Mapping : Developing methods to combine prevalence data from multiple diagnostics
- National Snakebite Study in Sri Lanka : Developing a Risk Map for Snakebites
- Neglected Tropical Disease Modelling Consortium : Survey Design and Analysis for Disease Prevalence

- Part 1: Introduction to Neglected Tropical Diseases
- Part 2: Model-based geostatistics for disease mapping
- Part 3: Case studies on lymphatic filariasis

- Lucinda Hadely (Senior Research Associate)
- Funders: TaskForce for Global Health and USAID

Neglected tropical diseases

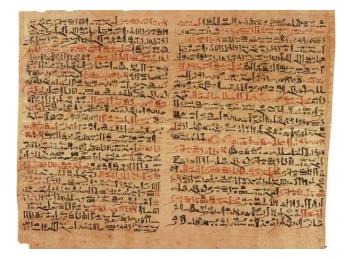
Disease	CDC	WHO
Buruli ulcer (Mycobacterium ulcerans infection)	+	+
Chikungunya ^a	-	+
Chagas disease	+	+
Cysticercosis	+	+
Dengue fever	+	+
Dracunculiosis (or guinea worm disease) ^b	+	+
Echinococcosis	+	+
Fascioliasis	+	+
Foodborne trematodiasis ^a	-	+
Human African trypanosomiasis (or sleeping sickness)	+	+
Leishmaniasis (or kala-azar)	+	+
Leprosy	+	+
Lymphatic filariasis ^b	+	+
Mycetoma	+	+
Onchocerciasis (or river blindness) b	+	+
Rabies	+	+
Schistosomiasis ^b	+	+
Soil-transmitted helminthiasis b	+	+
Trachoma ^b	+	+
Yaws	+	+

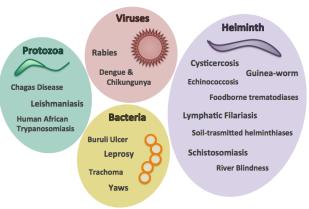
Data source: CDC, 2017 [10]; WHO, 2017 [3]; ^a Not mentioned under CDC list of neglected tropical diseases (NTDs); ^b Diseases that can be controlled or eliminated through mass drug administration (MDA), or other interventions.



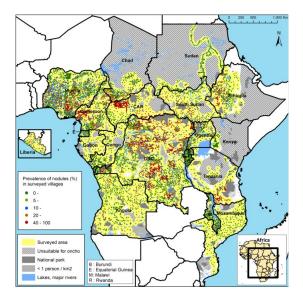


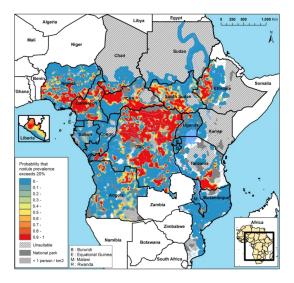






Neglected Tropical Diseases





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Problem

 $\bullet \quad \text{How can we predict } p(x) \text{ using } (x_i, n_i, y_i)?$

2 How can we use d(x) to improve our predictive inferences on p(x)?

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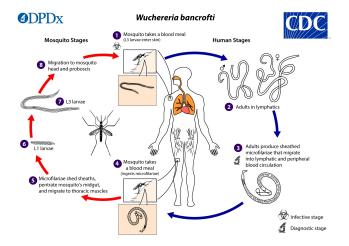
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- $Z_i = \text{unstructured random effects}$

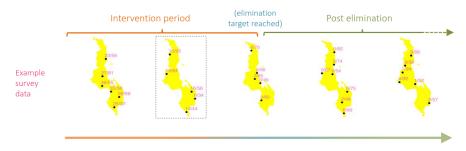
- Data: x_i = location of the cluster; n_i = number of sampled individuals at x_i; y_i=number of positively tested individuals at x_i
- $d(x_i) =$ vector covariates
- S(x) = spatial stochastic process
- $Z_i =$ unstructured random effects
- \bullet Assumption: $Y_i|S(x_i), Z_i \sim \mathsf{Bin}(n_i, p(x_i))$

$$\log\left\{\frac{p(x_i)}{(1-p(x_i)}\right\} = d(x_i)^\top \beta + S(x_i) + Z_i$$

- **Explanatory modelling:** emphasis is placed on understanding the relationships between the health outcome and risk factors
- **Predictive modelling:** maximize the predictive performance of the model

Lymphatic filariasis





- Elimination is declared when the district-wide is below 1%.
 - Questions: 1) How can we use these data to design a surveillance system in a post-elimination setting? 2) Where should we place the sentinel sites and how many?

Geostatistical modelling of repeated cross-sectional surveys

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- Assumption 1: $[Y_t | \mathcal{S}_t(X_t)]$ is Binomial with linear predictor

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 \bullet Problem: inferring γ and α_t from the data may not empirically feasible.

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- \bullet We maximize $L(Y_0,\ldots,Y_k;\theta_{-\gamma})$ with respect to $\theta_{-\gamma})$ using Monte Carlo maximum likelihood.

Proposed inferential methods

- Defining are suitable prior for γ (the temporal correlation parameter) and for α_t (the overall average prevalence).
 - Uniform discrete prior for γ over $\{0,1/10,2/10,\ldots,1\}.$
 - For $\alpha_t,$ we use a tight prior around $\log\{0.01/(1-0.01)\}\approx-4.6$

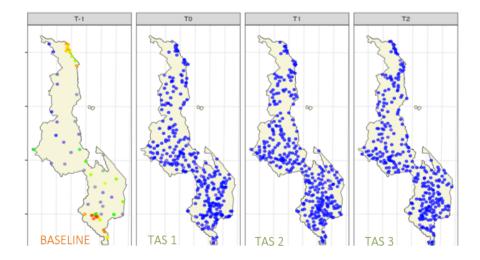
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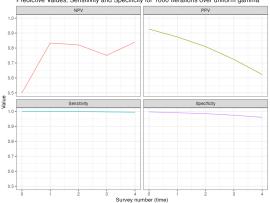
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- $\mathcal{Y}_t = \{Y_k: k=0,\ldots,t\}$ (data collected from time 0 to time t)
- At time t, we then sample from $[\mathcal{S}_t|\mathcal{Y}_t]$ to assess the likelihood of resurgence (prevalence above 1%)

- Objective of the simulation: assess if the modelling framework can detect LF resurgence.
- Parameters of the simulation:
 - where to place the sentinel sites
 - I how many sentinel sites per district
 - Ithe resurgence rate
 - If frequency of the sampling at sentinel sites.

LF in Malawi



Parameters of the simulation: 1) allocate sentinel sites to locations with highest prevalence; 2) 2 sentinel sites per district; 3) resurgence rate of 5% prevalence increase every year; 4) sampling once per year.



Predictive Values, Sensitivity and Specificity for 1000 Iterations over uniform gamma

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- We should also account for heterogeneous intervention coverage (TRANSFIL model)
- Computationally more efficient methods of inference (Kalman filter approximation for Binomial counts?)
- Generalizable to other NTDs.

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