

Estimating Epidemic Severity Rates

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Time-varying severity rates in epidemiology

- Severity rates express the probability that a primary event at time t will result in serious secondary event, e.g.
 - Case-fatality rate (CFR)
 - Hospitalization-fatality rate (HFR)
- Time-varying or stationary?
 - Most academic work on estimating severity rates assumes stationarity over time.
 - Severity rates constantly change due to new variants, therapeutics, etc.
 - Epidemiologists at the CDC use time-varying rates to analyze new risks.

Newsletters

The Atlantic

Saved

HEALTH

How Many Americans Are About to Die?

A new analysis shows that the country is on track to pass spring's grimmest record.

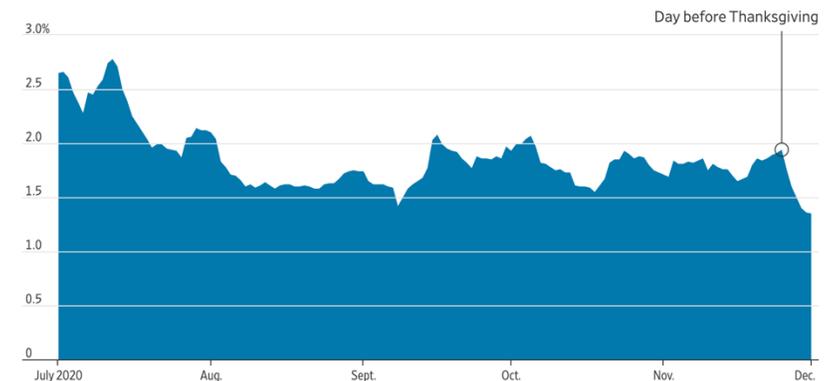
By Alexis C. Madrigal and Whet Moser

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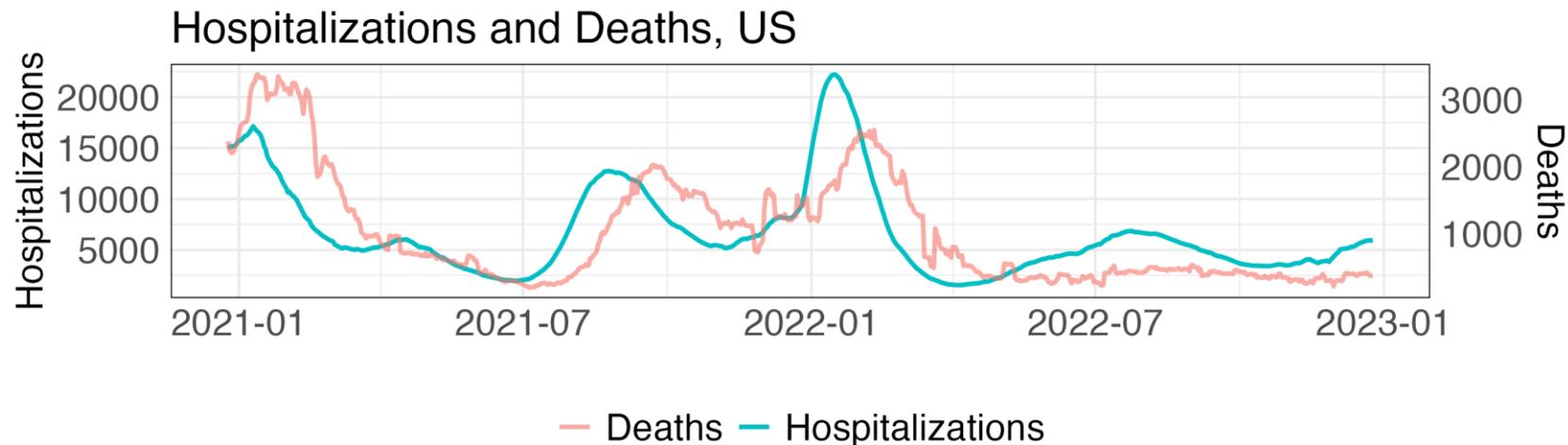
Winter Warning

The U.S. case fatality rate calculated with a 22-day lag between reported cases and deaths points to wave of new fatalities ahead



Often estimate severity from aggregate data

- Calculating severity rates is straightforward with a line list of patient outcomes.
 - CFR: Observe fraction of patients that tested positive at t who ultimately die.
- Maintaining such a line list may be unrealistic or impossible
 - In this case, severity rates must be estimated from aggregate count data.



Standard ratio estimators

- Most estimators for severity rates are simple ratios (“case fatality ratio”) between secondary events and at-risk primary events
- The standard time-varying approach is a lagged ratio of aggregate counts:

$$\widehat{\text{CFR}}_t = \frac{\text{Deaths at } t}{\text{Cases at } t - \ell}$$

- A more principled generalization uses the delay distribution:

$$\widehat{\text{CFR}}_t = \frac{\text{Deaths at } t}{\sum_k \{\text{Cases at } t - k\} \times \hat{\mathbb{P}}(\text{Death is at } k \text{ days})}$$

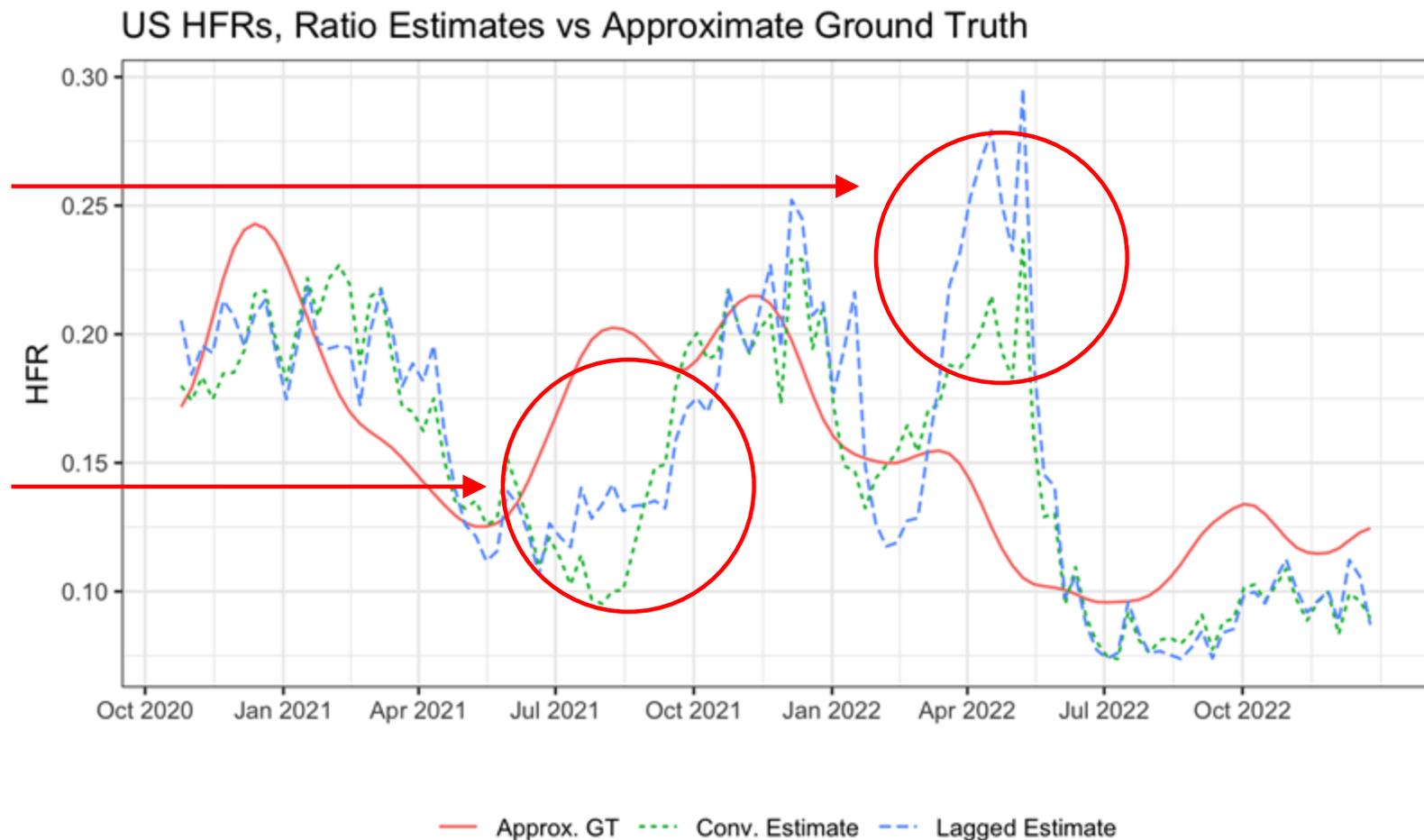
Our work: Understanding the bias of these ratios and proposing statistically sound alternatives.

Observed these ratios exhibit huge bias

Notable failures, HFR:

- Signaled enormous, nonexistent surge after Omicron peak – especially lagged ratio.
- Ignored higher risk as Delta took over

Findings robust across parameters, geography, etc.



Ingredients of Analysis: Data Streams

- Let X_t denote the primary incidence time series
- Let Y_t denote the secondary incidence time series.
 - We focus on HFR because there is decent ground truth data.
- In theory, they have the following relation:

$$Y_t | X_{s \leq t} = \sum_{k=0}^d \sum_{i=1}^{x_{t-k}} \mathbf{1}\{i^{\text{th}} \text{ case at } t - k \text{ died at } t\}$$

- In practice, real-world data may be messier due to e.g. day-of-week effects or data dumps.

Ingredients of Analysis: Statistical Model

- Given $Y_t | X_{s \leq t} = \sum_{k=0}^d \sum_{i=1}^{x_{t-k}} \mathbf{1}\{i^{\text{th}} \text{ case at } t - k \text{ died at } t\}$
- Taking expectation reveals convolution of hospitalizations with delay distribution π and HFRs p :

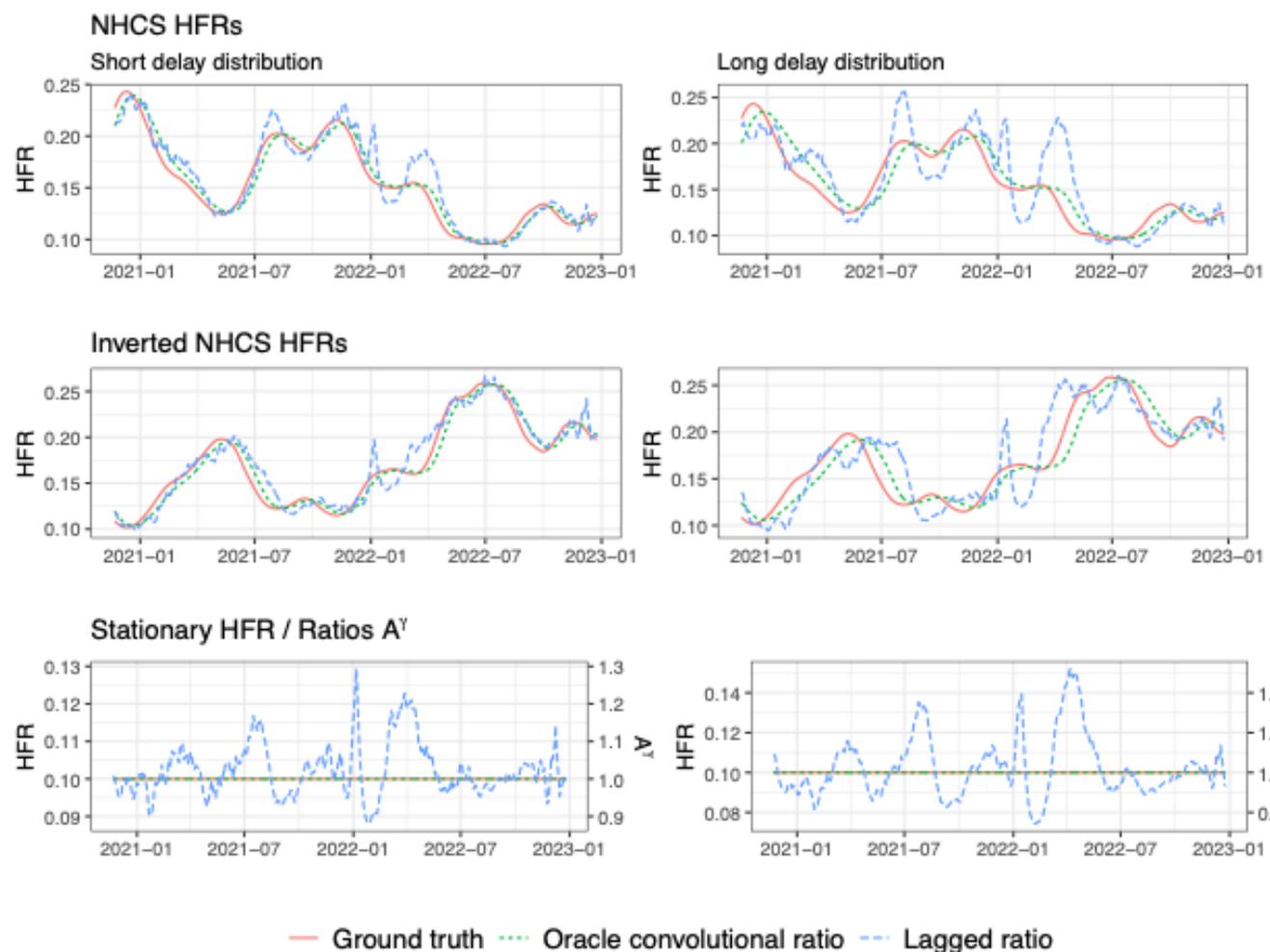
$$\begin{aligned} \{\text{Deaths at } t\} &:= \sum_k \{\text{Hospitalizations at } t - k\} \\ &\quad \times \mathbb{P}(\text{Die in } k \text{ days}) \\ &= \sum_k \{\text{Hospitalizations at } t - k\} \\ &\quad \times \mathbb{P}(\text{Die in } k \text{ days} \mid \text{Die}) \\ &\quad \times \mathbb{P}(\text{Die} \mid \text{Hospitalized at } t - k) \\ &= \sum_k X_{t-k} \pi_k p_{t-k} \end{aligned}$$

Recreate bias on simulated data

$$\hat{p}_t^{\text{Lagged}} = \frac{Y_t}{X_{t-\ell}}$$
$$\hat{p}_t^{\text{Conv}} = \frac{Y_t}{\sum_{k=0}^d X_{t-k} \pi_k}$$

- Noiseless simulation, so $Y_t = E[Y_t / X_{s \leq t}]$ from the previous slide
- Even when hospitalizations are flat, the estimated HFR is up to 50% too high!

HFRs, simulated deaths



Well-specified analysis

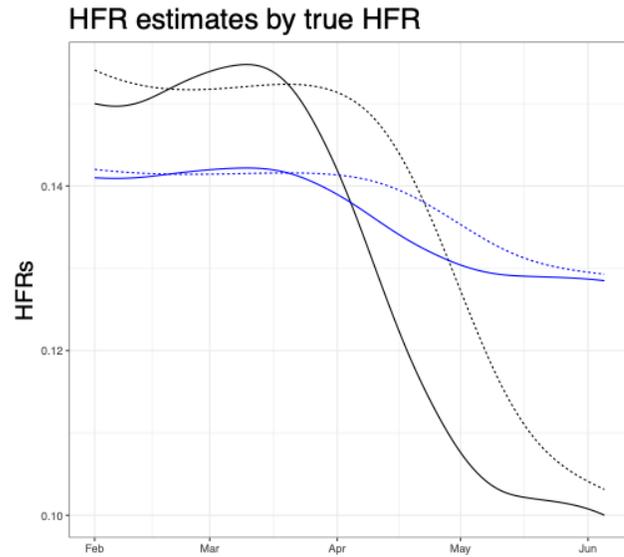
For a stationary oracle delay distribution π ,

$$\text{Bias}(\hat{p}_t^\pi) = \sum_{k=0}^d \frac{X_{t-k} \pi_k}{\sum_{j=0}^d X_{t-j} \pi_j} (p_{t-k} - p_t).$$

B C
A

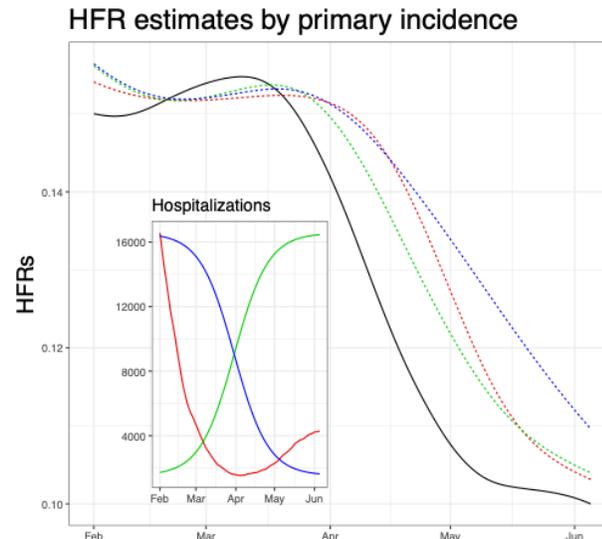
Bias of Convolutional Ratio with True Delay Distribution

- A. Arises due to changing severity rates p
- B. Affected by changing primary incidence X
 - a. Usually falling \rightarrow more bias
- C. Exacerbated by heavy-tailed delay distr. π



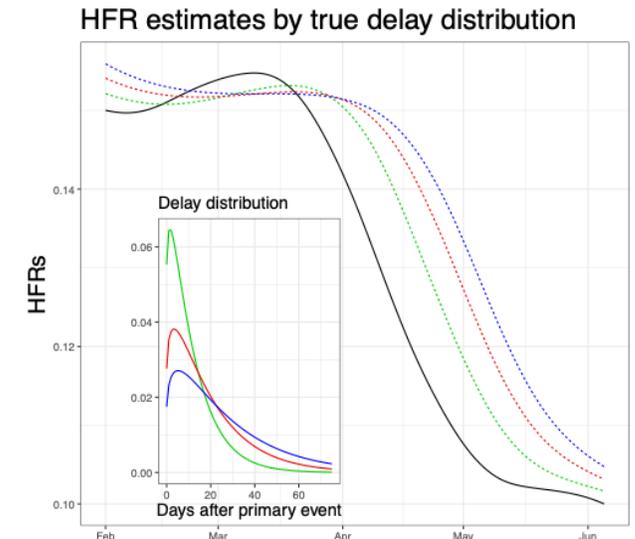
A

HFR - Ground truth \cdots Estimated
Curve - True (NHCS) - Flatter



B

HFR - Ground truth \cdots Estimated
Delay mean - True - Rising - Falling



C

HFR - Ground truth \cdots Estimated
Delay mean - 12 - 20 - 28

Misspecified analysis

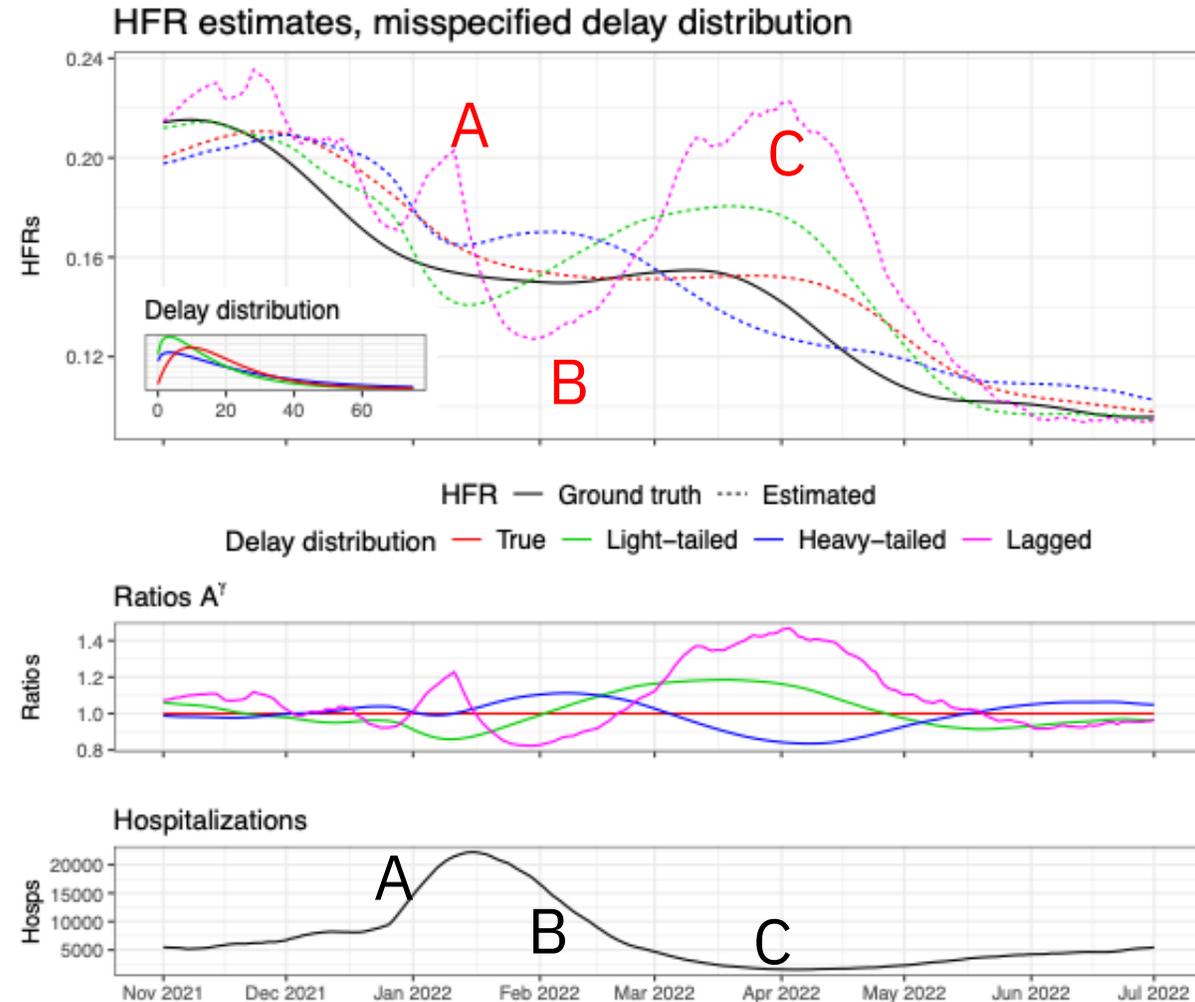
For oracle delay distribution π , misspecified estimate γ , and

$$A_t^\gamma = \frac{\sum_{j=0}^d X_{t-j} \pi_j}{\sum_{j=0}^d X_{t-j} \gamma_j},$$

$$\text{Bias}(\hat{p}_t^\gamma) = A_t^\gamma \text{Bias}(\hat{p}_t^\pi) + p_t(A_t^\gamma - 1)$$

Bias of Convolutional Ratio with Misspecified Delay Distribution γ

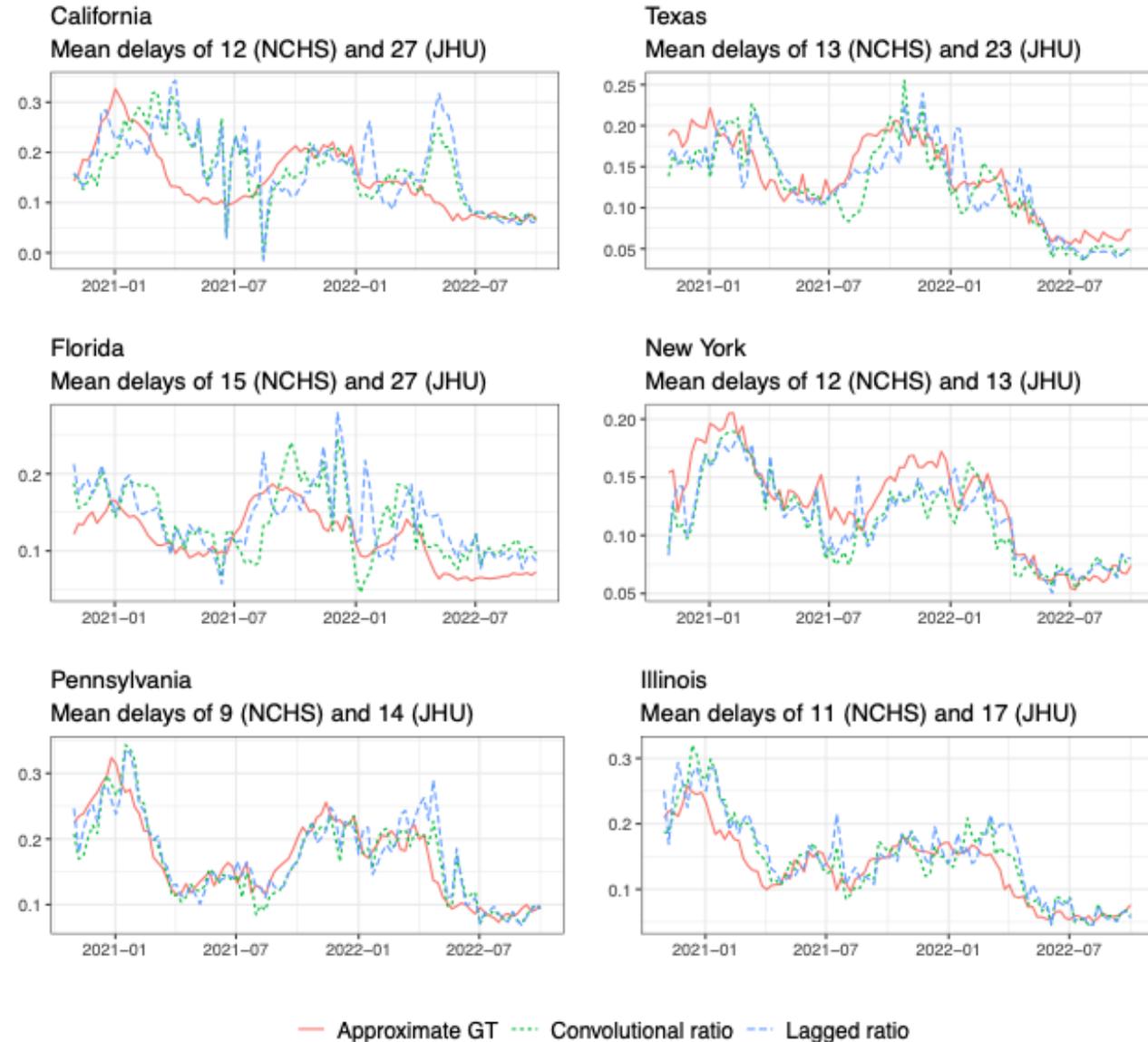
- Arises as a consequence of changing primary incidence.
- Heuristics for lagged ratio:
 - a. Too high during rise
 - b. Too low during fall
 - c. Too high after leveling out



State-level results

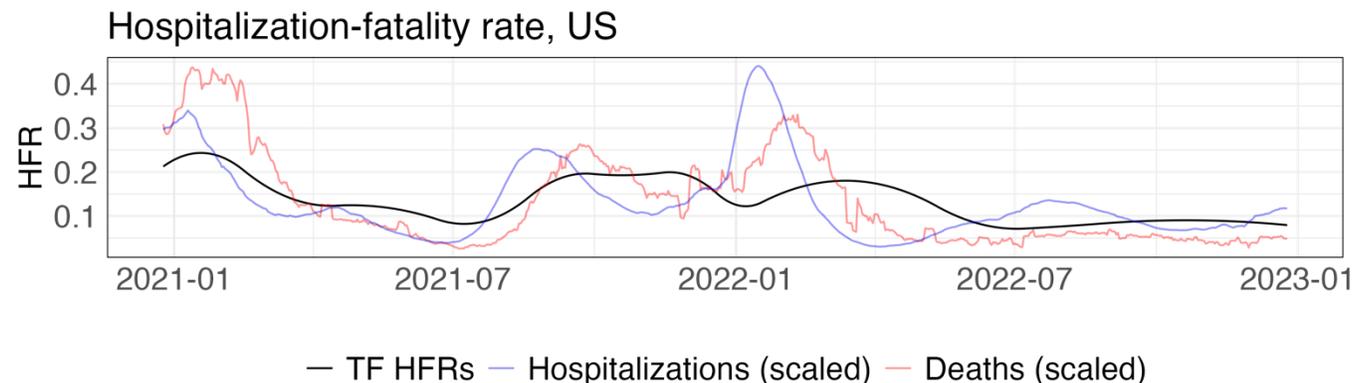
- We estimate HFRs on JHU, which uses deaths aligned by report date – not the date the actually occurred.
- Longer reporting delays \rightarrow heavier-tailed delay distribution \rightarrow more bias (well-specified)
- Convolutional ratio consistently outperforms lagged ratio, which again is
 - a. Too high during rise
 - b. Too low during fall
 - c. Too high after leveling out

Ratio estimates and approximate ground truth

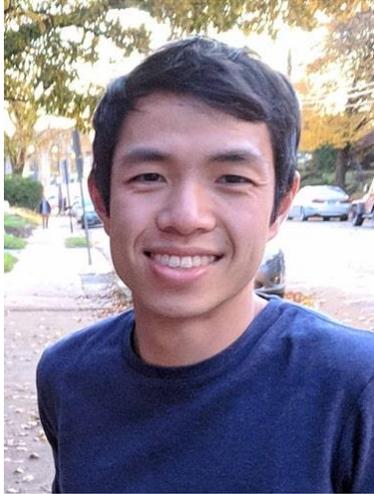


Follow-up work: Improving severity estimation

- Currently, we are developing a new method that avoids these biases.
- Instead of obtaining only the current severity rate, our approach estimates the curve *over all time*, then takes the most recent prediction.
 - We approximate maximum likelihood estimation on a faithful probabilistic model, using modern smoothing techniques for stability.
- Preliminary results demonstrate large improvements on retrospective analysis; we have yet to test its efficacy in the real-time setting.



Collaborators





*Thanks for
your attention!*