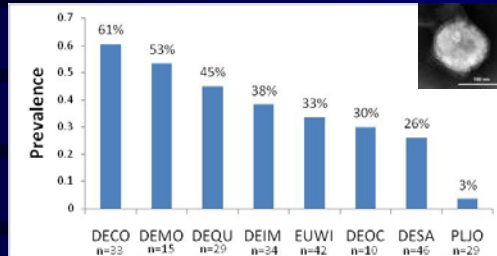
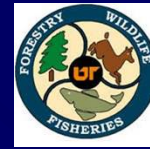


PATHOGEN SURVEILLANCE: Designs and Analyses



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Lecture Outline

- I. Uses of Surveillance Data
- II. Statistical Inference
- III. Sample Size and Sample Design
- IV. Confidence Intervals and Tests

Goal of Pathogen Surveillance

To obtain an unbiased estimate of pathogen or disease prevalence in a population

Pathogen Prevalence

An estimate of the proportion of individuals in a population that are infected with a pathogen

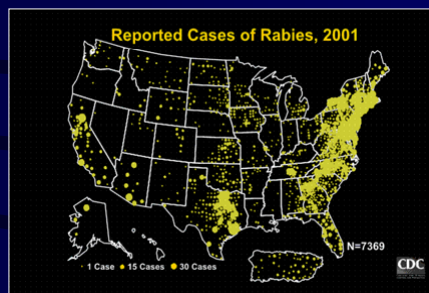
Infection



Disease

Uses of Surveillance Data

Occurrence and Distribution



Evidence of Emergence

Pathogen or disease that is increasing in distribution, prevalence, or host range

Uses of Surveillance Data

Evidence of Hotspots



Identification of Mechanisms of Emergence



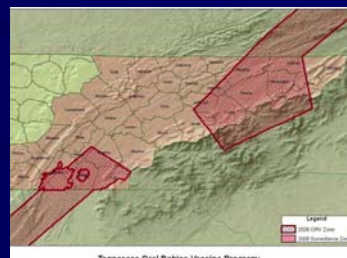
Uses of Surveillance Data

Disease Intervention Strategies

Interrupt Host-Pathogen Cycle

Reduce Stressors

1. High transmission
2. Distribution expansion
3. Stressors



Individual vs. Population



What conclusions can be made?

Uses and Benefits of Individual vs. Population Data?

Statistical Inference on Populations



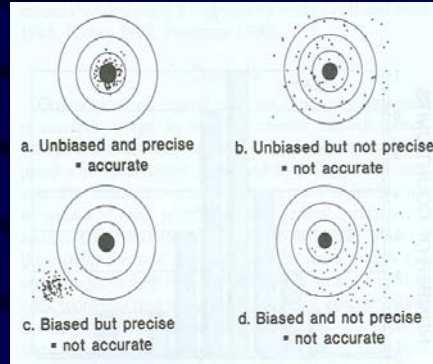
Is statistics necessary for reports on individual cases?

Measures of Reliability

How variable
is your
estimate?

S - - - -

\hat{p} - - - -



How close is
your estimate
a the true
prevalence?

- - - - σ

- - - - P

- **Precision:** numerical closeness of measurements to each other
- **Bias:** numerical closeness of measurements to a true population parameter (P)
- **Accuracy:** unbiased + precision

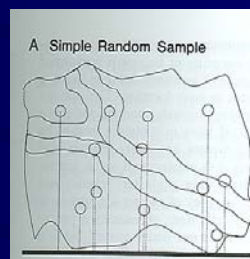
Surveillance Designs

Collecting Unbiased, Representative Sample

Random Sampling

All individuals or surveillance locations have an equal probability of being sampled

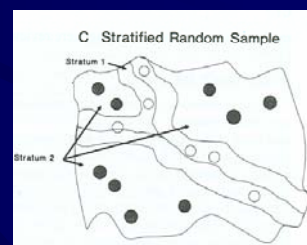
Random Numbers Table or Programs



Stratified Random Sampling

All individuals within a specified location or category have an equal probability of being sampled

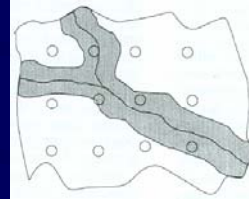
Habitat Type/Condition;
Gender; Age Class



Surveillance Designs

Systematic Sampling

Individuals or locations in specified intervals have an equal probability of being sampled



Biased if Not a Uniform Distribution

Other Designs: Cluster sampling, Multi-stage sampling, Adaptive Sampling

Haphazard Sampling

Individuals are selected based on ease of access or in a way that does not follow an unbiased random process.

Case Studies: Inferences Limited to the Sample

Estimating Required Sample Size

Detect a Pathogen

Information Needed

- Assumed Pathogen Prevalence Level (APPL)
- Estimated Host Population Size
- Confidence in detection (95%)



Population Size	10% APPL	5% APPL	2% APPL
50	20	35	50
100	23	45	75
250	25	50	110
500	26	55	130
2000	27	60	145
>100,000	30	60	150



(Amos 1985, Thoesen 1994)

Estimating Required Sample Size

Precise Estimate of Prevalence

$Z_{\alpha/2} = 1.96$
(95% confidence)

$$n = p(1-p) \left[\frac{1.96}{d} \right]^2$$

p = Prevalence from a previous study
 d = error in estimation

“**Error in Estimation**” is the amount of error you are willing to tolerate in your estimate of prevalence

Error = 5%
 $p = 85\%$

$$n = (0.85)(0.15) \left[\frac{(1.96)}{0.05} \right]^2 \approx 196$$

Error = 10%
 $p = 85\%$

$$n = (0.85)(0.15) \left[\frac{(1.96)}{0.10} \right]^2 \approx 49$$

Error = 10%
 $p = \text{unknown}$

$$n = (0.25) \left[\frac{(1.96)}{0.10} \right]^2 \approx 96$$

What happens if estimation error increases?
What happens if prevalence is near 0.5?

$$0.01 < P(1-p) < 0.25$$

Estimating Prevalence

$$\hat{p}_i = \frac{n_i}{N_i}$$

$$\hat{p}_1 = \frac{4}{40} = 10\%$$

Estimate of Precision

$$S = \sqrt{\frac{\hat{p}_i \hat{q}_i}{n}} \quad \text{where, } \hat{q}_i = 1 - \hat{p}_i$$

Standard Deviation, S : Expected Average Deviation in \hat{p} around P

For Large n , 95%
Confidence Interval:

$$CI(95\%) = \hat{p}_i \pm 1.96(S)$$

Estimating Prevalence and CI

$$\hat{p}_i = \frac{n_i}{N_i}$$

$$S = \sqrt{\frac{\hat{p}_i \hat{q}_i}{n}}$$

$$CI(95\%) = \hat{p}_i \pm 1.96(S)$$

Infection Data:

Age Class	Infected	Sampled	P_Hat	Q_Hat	S	EM	Lower	Upper
Juv	9	35	0.2571	0.7429	0.0739	0.145	0.112	0.402
Subadult	10	40	0.25	0.75	0.0685	0.134	0.116	0.384
Adult_F	5	15	0.3333	0.6667	0.1217	0.239	0.095	0.572
Adult_M	3	30	0.1	0.9	0.0548	0.107	-0.007	0.207

$$CI(Juv) = 0.112 < P < 0.402$$

$$CI(F) = 0.095 < P < 0.572$$

$$CI(SA) = 0.116 < P < 0.384$$

$$CI(M) = 0 < P < 0.207$$

Is Prevalence Different Among Age Classes?

Estimating Confidence Intervals

Small Sample Size or Prevalence = 0

Wilson Score Method

k =

n =

Proportion =



95% confidence interval: including continuity correction

Lower limit = Upper limit =

<http://faculty.vassar.edu/lowry/prop1.html>

Journal of the American Statistical Association 22:209-212

Hypothesis Testing

Two Proportions

Different if
 $Z > 1.96$

$$Z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{\hat{p}\hat{q}}\sqrt{\frac{1}{n_1} + \frac{1}{n_2}}}$$

$$\hat{p} = \frac{X + Y}{n_1 + n_2}$$

Age Class	Infected	Sampled	P i	P Hat	sq(P*Q)	SqRt	Den	Num	Z
Juv	9	35	0.2571	0.1846	0.388	0.249	0.097	0.157	1.6279
Adult_M	3	30	0.1						

$$\hat{p} = \left(\frac{9 + 3}{35 + 30} \right) = 0.185$$

$$Z = \frac{(0.257 - 0.10)}{\sqrt{0.185 \times 0.815} \sqrt{\frac{1}{35} + \frac{1}{30}}} = 1.63$$

$P = 0.104$

Hypothesis Testing Two Proportions Minitab

Summarized data

	Trials:	Events:
First:	35	9
Second:	30	3

Options...
OK Cancel

2 Proportions - Options

Confidence level: 95.0

Test difference: 0.0

Alternative: not equal

Use pooled estimate of p for test

Help OK Cancel

Test and CI for Two Proportions

Sample	X	N	Sample p
1	9	35	0.257143
2	3	30	0.100000

Difference = p (1) - p (2)
 Estimate for difference: 0.157143
 95% CI for difference: (-0.0231070, 0.337393)
 Test for difference = 0 (vs not = 0): Z = 1.63 P-Value = 0.104

* NOTE * The normal approximation may be inaccurate for small samples.
 Fisher's exact test: P-Value = 0.122

Hypothesis Testing

Multiple Proportions: One Hypothesis

Prevalence Different among 4 Age Classes?

Chi-square Test of Homogeneity SAS®

```

data one;
input age $ infect $ count;
cards;
juv yes 9
juv no 26
sub yes 10
sub no 30
AF yes 5
AF no 10
AM yes 3
AM no 27
;
proc freq;
weight count;
tables age*infect/nocol nopct chisq;
run;
    
```

age		infect		Total
Frequency	Row Pct	no	yes	
AF		10	5	15
		66.67	33.33	
AM		27	3	30
		90.00	10.00	
Juv		26	9	35
		74.29	25.71	
sub		30	10	40
		75.00	25.00	
Total		93	27	120

Statistics for Table of age by infect

Statistic	DF	Value	Prob
Chi-Square	3	4.0485	0.2563
Likelihood Ratio Chi-Square	3	4.4688	0.2151
Mantel-Haenszel Chi-Square	1	0.1010	0.7506

Hypothesis Testing

Multiple Proportions: Two Hypotheses

Prevalence Different among 2 Land Uses and 3 Seasons?

Logistic Regression SAS®

species=RACA
The LOGISTIC Procedure
Contrast Test Results

Contrast	DF	Wald Chi-Square	Pr > ChiSq
Overall--Are treatments different	1	0.0752	0.7839
June versus Oct	1	0.7997	0.3712
June versus Feb	1	14.2209	0.0002
Oct versus Feb	1	5.7014	0.0170
Overall--Are seasons different	2	15.9347	0.0003

Odds Ratio Estimates

Effect	Point Estimate	95% Wald Confidence Limits	
trt access vs noaccess	1.137	0.454	2.847
season B vs A	1.832	0.486	6.907
season C vs A	7.709	2.667	22.283

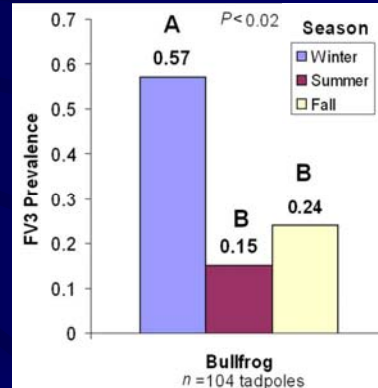
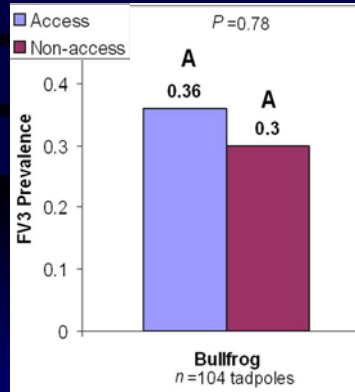


Results

Cattle Land Use and Season



7.7X More Likely!!



Bd Surveillance

Non-lethal Techniques: Brem et al. (2007)

Swabbing Preferred

Adults:

Swab 5 times in 5 locations

- Rear feet (webbing)
- Inner thighs
- Ventral Abdomen

Larvae:

Swab Oral Cavity 5 times

Store in 70% EtOH

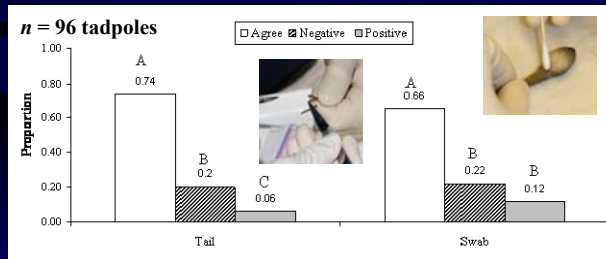


Ranavirus Surveillance

**Lethal Collection:
Liver Preferred**
St-Armour &
Lesbarrères (2007)



Non-lethal Techniques: Gray et al. (2012)



**Misclassification
Decreases as
Disease
Progresses**

Greer and Collins (2007)

Toe Clips

False negative = 7%

False positive = 3%

St-Armour &
Lesbarrères (2007)

Lethal followed by Tail

Questions??

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