# Day 3 Lecture 3: Assessing model uncertainty and calibration





#### Short course on modelling infectious disease dynamics in R

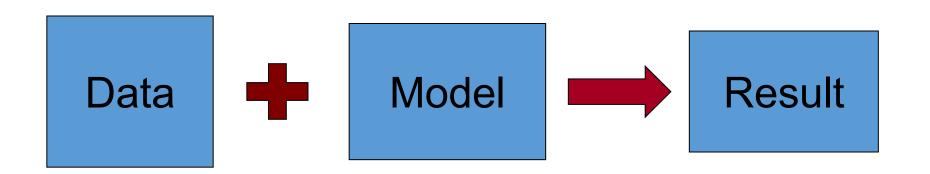
Ankara, Türkiye, September 2025

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#### Aims of the session

- Understand the sources of uncertainty
- Understand the importance of communicating uncertainty
- Learn main methods for addressing model uncertainty

# The nature of the problem

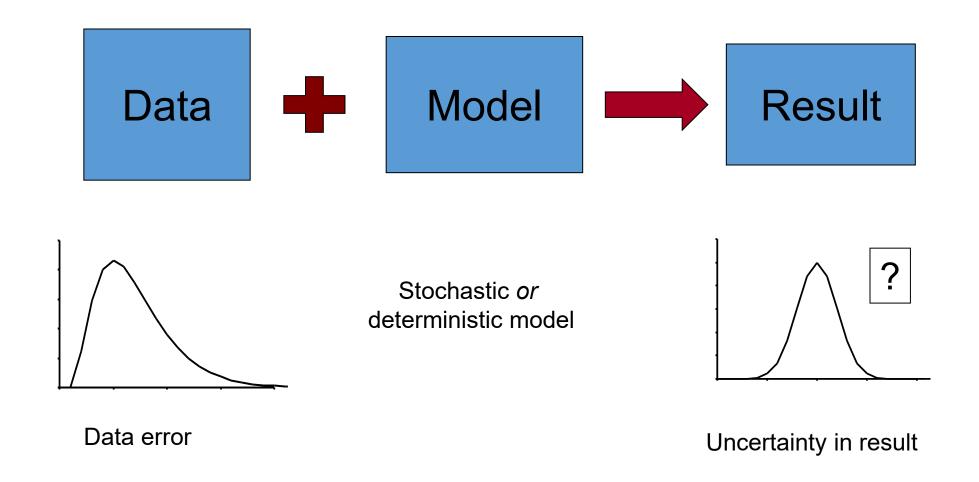


Raw data: incidence, serological data, etc. or parameter values from other studies.

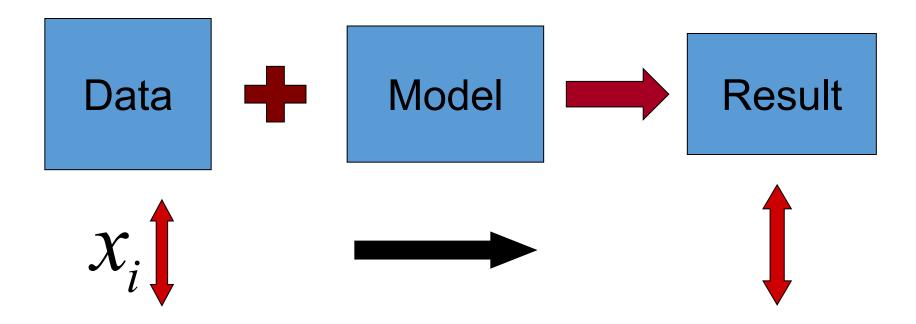
Deterministic or stochastic

Property or statistic of the system (Contact rate,  $R_0$ , etc.)

# Uncertainty



# Sensitivity



For a deterministic model, two types:

- •Local sensitivity: change in result for given change in parameter.
- •Global sensitivity: how uncertainty in result is related to that of any input parameter.

Outbreak of an SIR type in finite population, e.g. influenza, measles, Rubella, Hepatitis A.

Scenario: introduce  $I_0$  infectives into a population of  $N-I_0$  susceptibles.

$$S \to I$$
 : rate  $\lambda = \frac{\beta I}{N}$  /day,  $I \to R$  : rate  $\mu$  /day

$$R_0 = \beta / \mu$$

The model can be described by the following system of equations:

$$\frac{dS}{dt} = -\beta \frac{I}{N} S$$

$$\frac{dI}{dt} = \beta \frac{I}{N} S - \mu I$$

$$\frac{dR}{dt} = \mu I$$

$$R_0 = 2$$

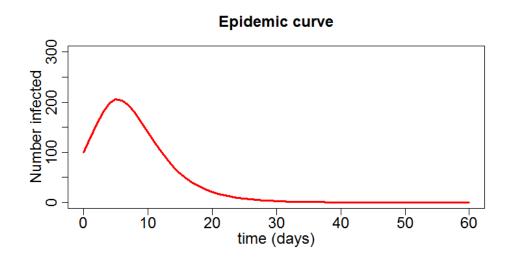
$$I_0 = 100$$

$$\frac{dS}{dt} = -\beta \frac{I}{N} S$$

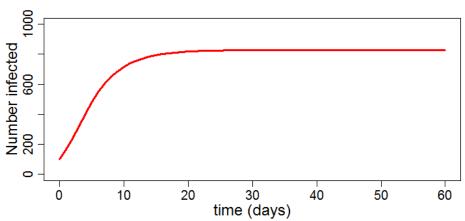
$$\frac{dI}{dt} = \beta \frac{I}{N} S - \mu I$$

$$\frac{dR}{dt} = \mu I$$

$$R_0 = 2$$
$$I_0 = 100$$





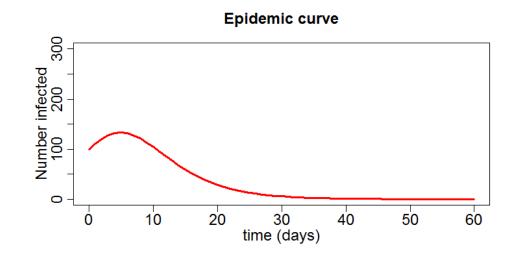


$$\frac{dS}{dt} = -\beta \frac{I}{N} S$$

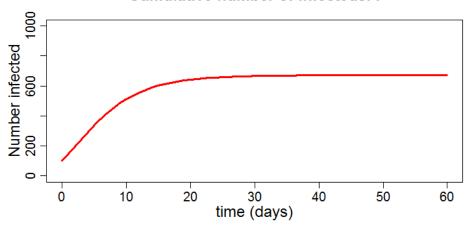
$$\frac{dI}{dt} = \beta \frac{I}{N} S - \mu I$$

$$\frac{dR}{dt} = \mu I$$

$$R_0 = 1.5$$
 $I_0 = 100$ 



#### Cumulative number of infecteds: f

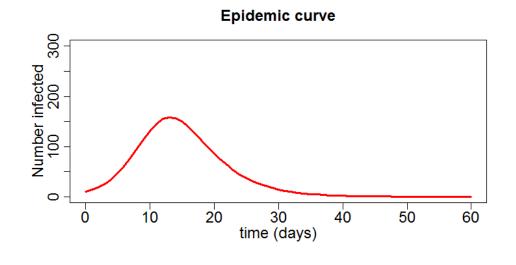


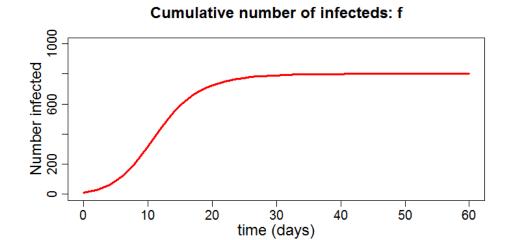
$$\frac{dS}{dt} = -\beta \frac{I}{N} S$$

$$\frac{dI}{dt} = \beta \frac{I}{N} S - \mu I$$

$$\frac{dR}{dt} = \mu I$$

$$R_0 = 2$$
  
 $I_0 = 10$ 





We are interested in the number of individuals infected over the course of the epidemic, a.k.a. the final size, f, or attack rate, as it depends on  $I_0$  and  $R_0$ .

For a deterministic model,

$$1-f = (1-I_0/N) \exp(-R_0 f)$$

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#### Sensitivity to variation in $R_o$ :

I <sub>0</sub>	$R_0$	f
100	1.25	544
100	1.5	671
100	2	828
100	3	948
100	4	982

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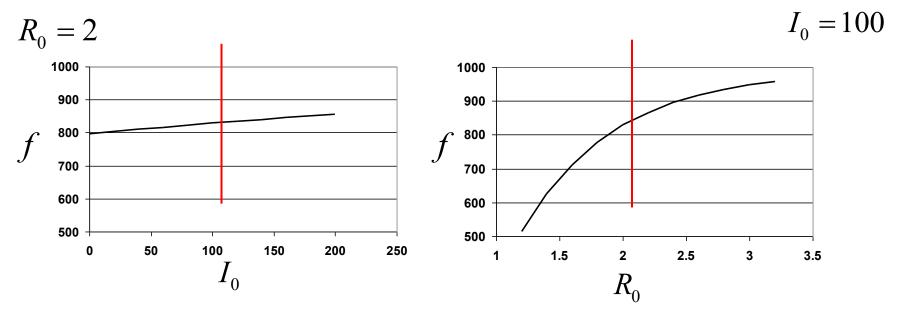
#### Sensitivity to variation in $I_0$ :

I <sub>0</sub>	$R_0$	f
1	2	797
10	2	800
100	2	828
200	2	855
300	2	879

#### Local uncertainty

- •Local sensitivity looks at the change in the outcome of interest as params are varied one at a time.
- •In our model, final size depends on reproduction number,  $R_0$ , and initial infectives,  $I_0$ .

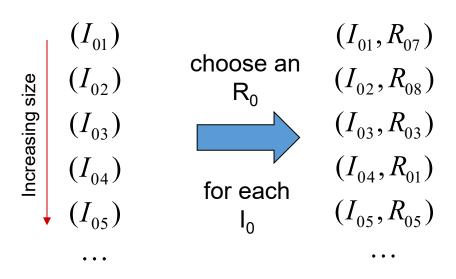
We can look at the sensitivity around  $R_0$ =2,  $I_0$ =100, say.

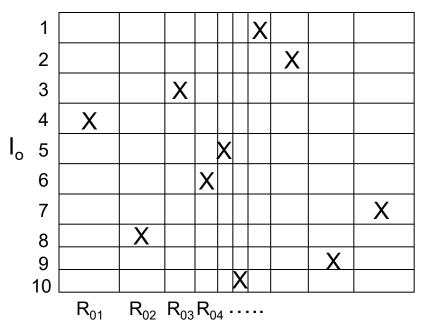


Doesn't tell us how different parameters combine to affect the result.

# Latin Hypercube Sampling

- •If evaluation expensive, don't want to go through all values.
- •LHC is a method of picking a subset of points that 'span' the region. From previous example:





 $R_0$ 

10X10 cube: mean = 780, s.d. = 86

- •Each parameter value appears once and only once.
- •Can repeat the process to get further sets.

#### Monte Carlo Markov Chain

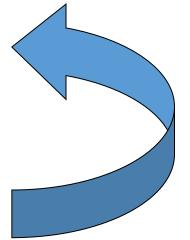
- •MCMC is a way of generating a sequence of parameter sets which appear to have come from distribution.
- •Each new set generated from previous one, hence 'chain', by a rule.

$$(x_1, x_2)_n \Longrightarrow (x_1, x_2)_{n+1}$$

#### Metropolis Algorithm

First, create a way of randomly picking a new set of params from the old. (must be symmetrical. E.g. Add normal deviate to each).

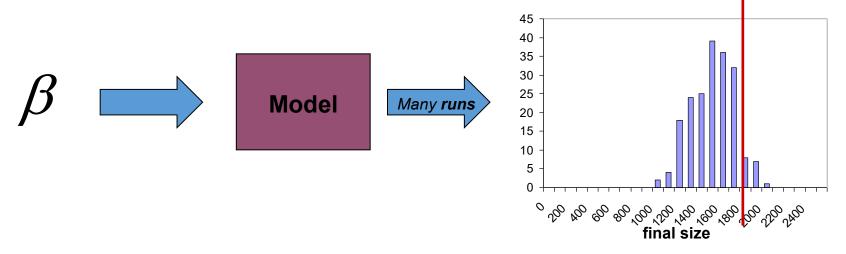
- •From last point,  $(x_1, x_2)$ , generate new point,  $(x_1^*, x_2^*)$
- •Calculate A, where  $A = p(x_1^*, x_2^*) / p(x_2, x_2)$
- •Get a random number, u, between [0,1].
- •If u<A, accept new point. Otherwise use old one again.



#### Stochastic and probabilistic models: likelihood

- •Stochastic models incorporate the randomness of the processes they represent, e.g. infection, recovery, death, etc.
- •Hence each run of the model will produce different results from the same parameters.

Consider an epidemic model: we want to know what values of  $\beta$  produce an observed final epidemic size.



#### **Questions:**

- •What is the 'best' value for β?
- •What range of values of β are acceptable?

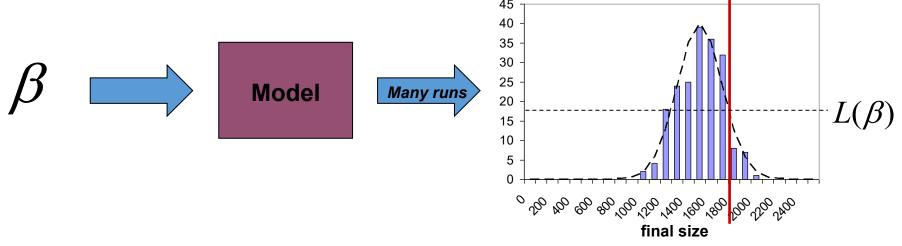
#### Likelihood

Likelihood of data, given parameters

Probability that the observed data is generated by the model,

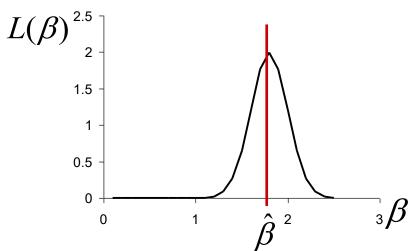
observed

given the parameters



By repeating for a range of  $\beta$ 's, we can generate a graph of likelihood against  $\beta$ .

The peak indicates the 'best' value, called the maximum likelihood estimator (MLE).



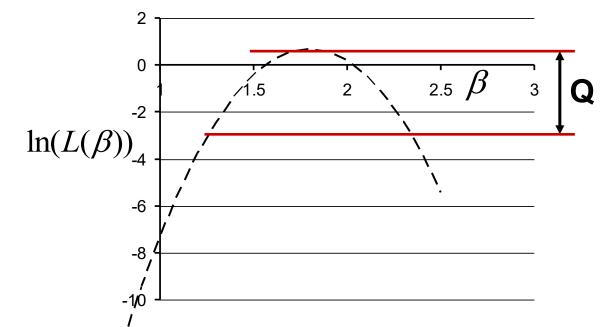
#### Log-Likelihood and confidence intervals

The shape of the log of the likelihood curve gives us the range of values of b that fit well.

If we measure down Q from top of the curve,

$$Q = \frac{1}{2} \chi_{0.05}^2(n)$$

This defines the 95% confidence for the parameter values.



Consider sampling a population to estimate the proportion seropositive for a malaria antigen. Assume that:

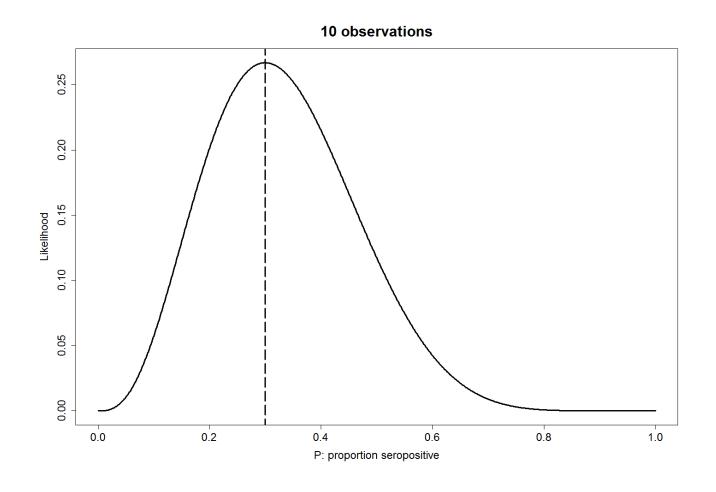
Individuals sampled = **N** 

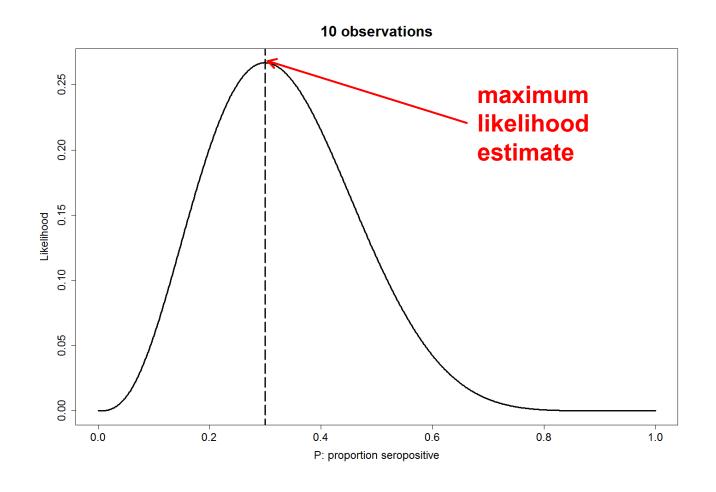
Individuals seropositive = **k** 

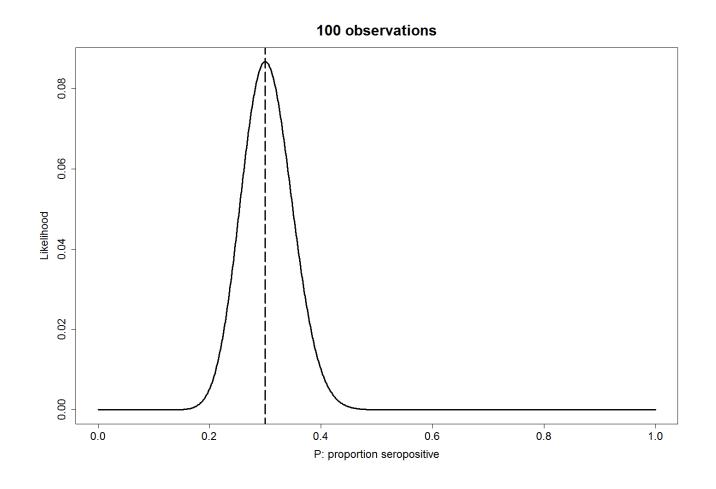
Need to estimate the proportion seropositive **p**.

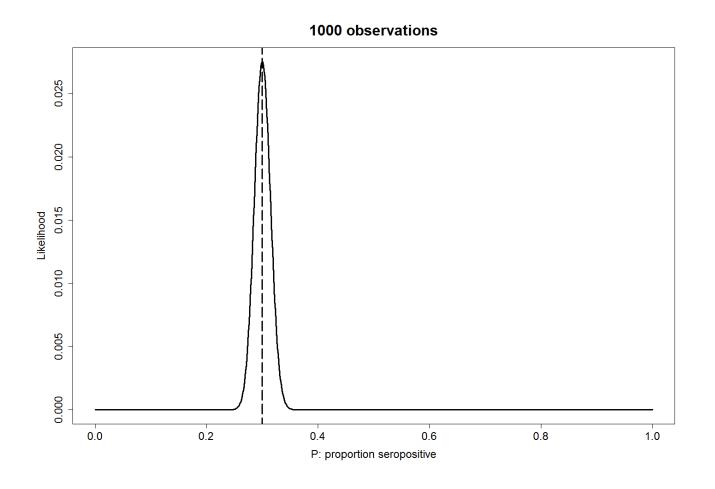
We use a binomial likelihood function:

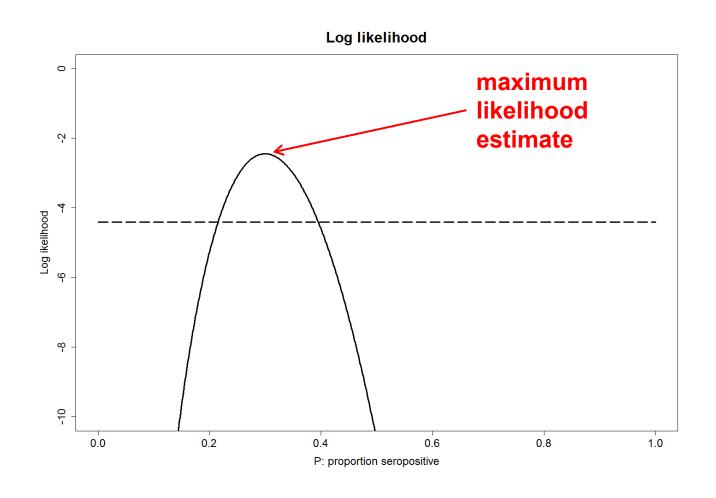
$$L = \binom{N}{k} p^k \left(1 - p\right)^{N - k}$$

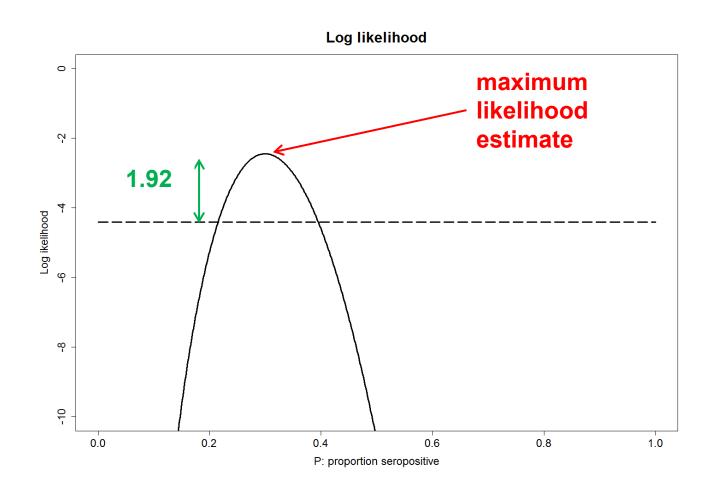


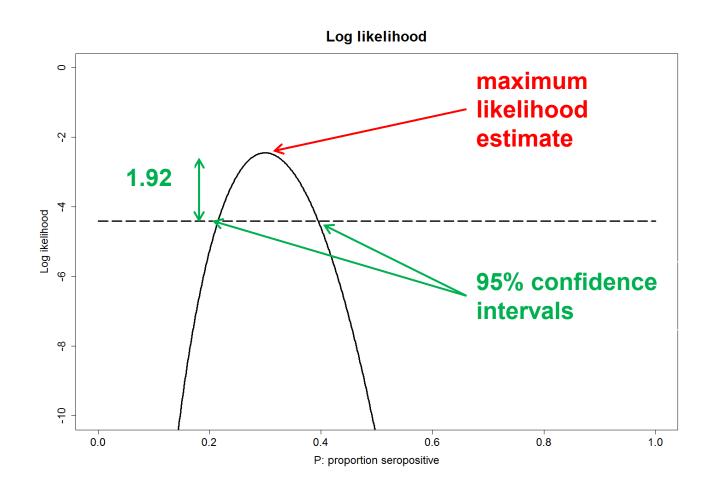












#### In general:

- more data => less uncertainty
- more data => narrower confidence intervals

Can depend on the choice of model, e.g. a badly chosen model will not be helped by more data.

#### Summary

- Looked at a number of ways to explore possible parameter values and
- Estimate the distribution and sensitivity of outcome variables.
- Another method for generating parameter set for analysis is through
- Monte Carlo Markov Chain algorithms. Very simple and robust algorithm in common use.
- Likelihood methods very powerful for finding parameter ranges corresponding to observed data.
- Calculating the likelihood becomes more difficult with more complicated data sets,
   e.g. incidence curves.
- The more data you have, the more accurate your parameter estimate.
- If the model's no good, you can still get a best fit, so check it's not nonsense.