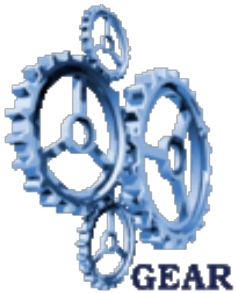


A Knowledge Extraction from Epidemic Control Simulation

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Profile: Takamasa KIKUCHI

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He received his B.A. degree in Engineering in 2007 from Yokohama National University.

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His research interests include Finance and Agent-based Modeling.

1 min. Summary

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- Purpose:
Extract knowledge from epidemic control simulation
- Background:
Large epidemics also affecting society and economy, other than public health.
- Approach:
Apply the data envelopment analysis (DEA) for simulation outcome classification.
Find which control policies are good or bad, under which kind of efficiency perspective?

Purpose

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To extract knowledge from an epidemic control simulation.

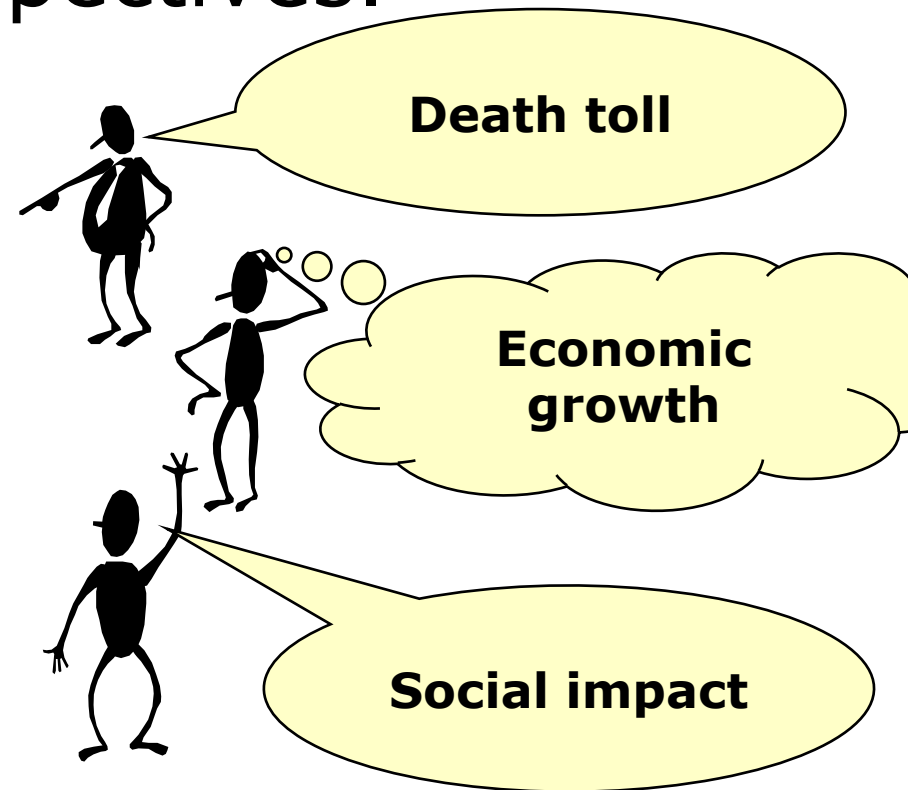
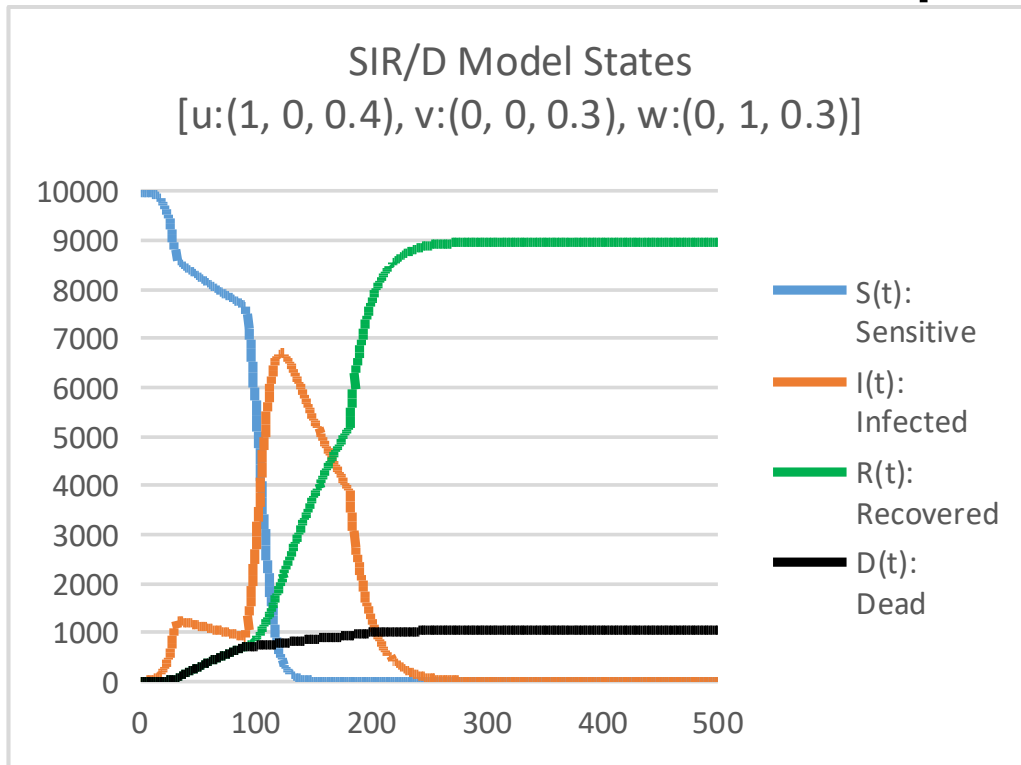
What knowledge?

- How simulation outcomes classified?
- What kind of cost-effective perspectives characterize those classification?
- Which outcomes are good or bad under what kind of cost-effective perspectives?

Background

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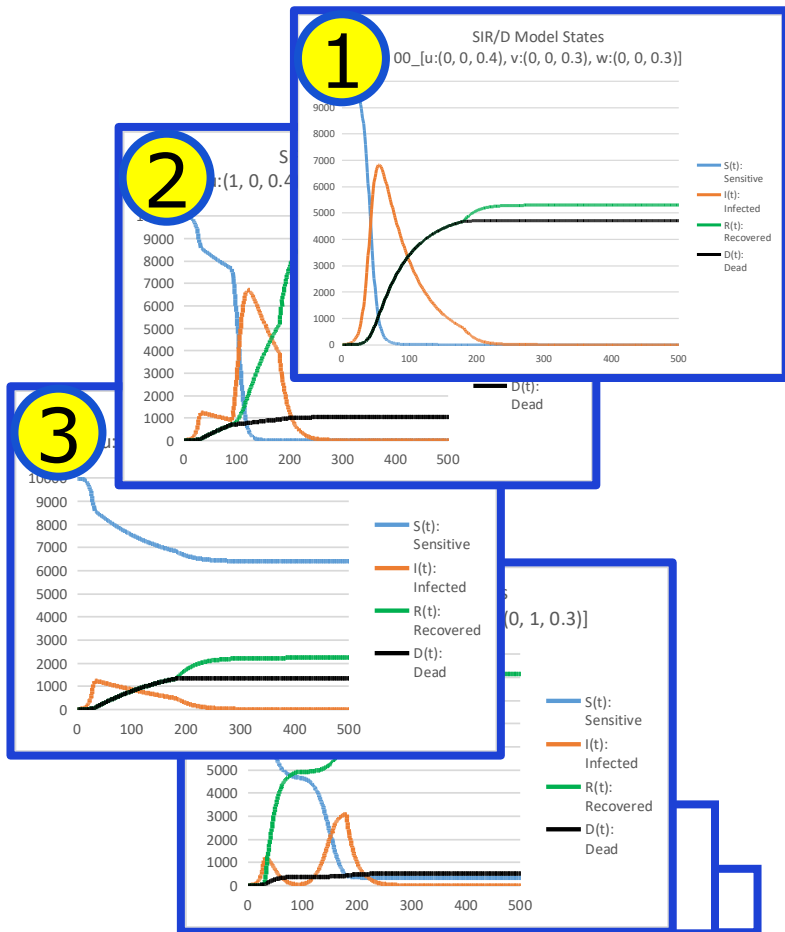
- Epidemics affect society & economy.
- Cost-effectiveness may include various social & economic perspectives.



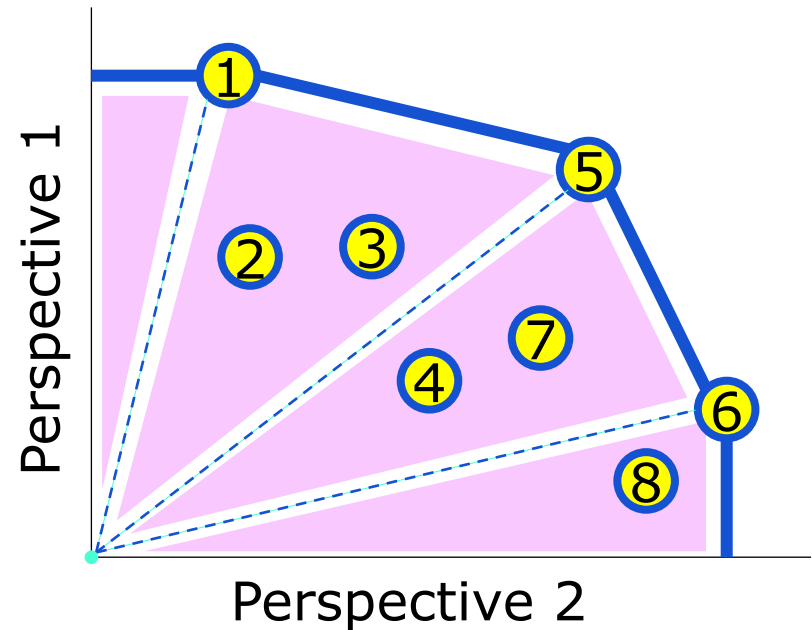
Approach

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Data envelopment analysis (DEA) for simulation outcome classification.



Classified groups by weighted perspectives



Data envelopment analysis (DEA)

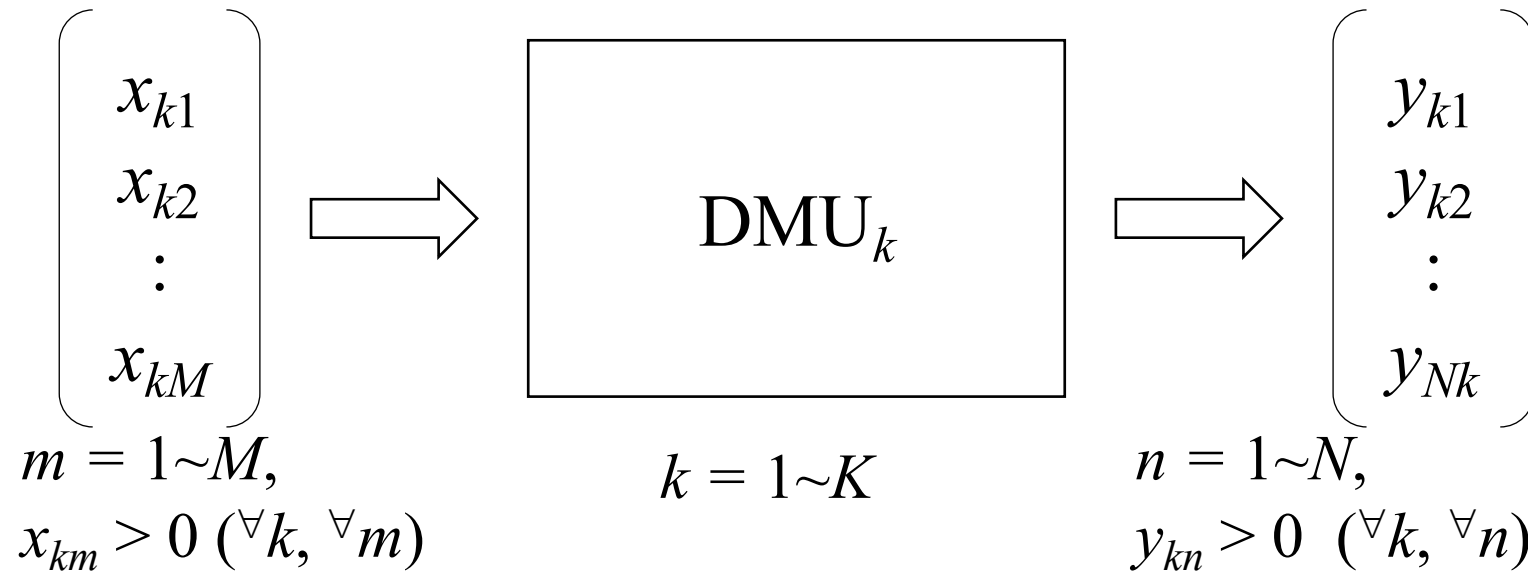
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- Comparing efficiency of Decision Making Unit (DMU) with multiple input & out put. [CCR 1978]
- DMU efficiency is characterized by a reference set consisting of DMUs with optimal efficiency.
- Envelop (connecting reference sets) enables us to comparison of relative positions of DMUs.

DMU (Decision Making Unit)

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DMU_k ($k = 1, \sim, K$): M input (\mathbf{x}), N output (\mathbf{y}) system



Efficiency Θ_k is given by weight vectors $\boldsymbol{\eta}_k, \boldsymbol{\xi}_k$

$$\theta_k = \frac{\sum_{n=1}^N \eta_{kn} y_{kn}}{\sum_{m=1}^M \xi_{km} x_{km}}$$

How to define $\boldsymbol{\eta},$
 $\boldsymbol{\xi}$?

How to define weight η, ξ ?

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- Optimize weight η_k, ξ_k each for each DMU_k.
- When optimizing η_k, ξ_k of DMU_k, weight η_k, ξ_k are not allowed other DMU_h's efficiency $\Theta_h > 1$.

$$\max_{\eta, \xi} \Theta_k = \frac{\sum_{n=1}^N \eta_n y_{kn}}{\sum_{m=1}^M \xi_m x_{km}}$$

Efficiency of DMU_k : Θ_k

$$\text{s.t.} \left(\begin{array}{l} \frac{\sum_{n=1}^N \eta_n y_{hn}}{\sum_{m=1}^M \xi_m x_{hm}} \leq 1 \quad (h = 1 \sim K) \\ \eta_n \geq 0 \quad (n = 1 \sim N) \\ \xi_m \geq 0 \quad (m = 1 \sim M) \end{array} \right)$$

Restrict η, ξ to $\Theta_h \leq 1$ for all other DMU_h

All weight not negative

$$\Rightarrow \xi_{kn} = \xi_n^*, \eta_{kn} = \eta_n^*$$

Reference set

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If optimal $\Theta_k^* < 1$, there exist DMU_{*h*} that obstacle $\Theta_k^* = 1$.

$$\max_{\eta_k, \xi_k} \theta_k = \frac{\sum_{n=1}^N \eta_{kn} y_{kn}}{\sum_{m=1}^M \xi_{km} x_{km}}$$

$$\text{s.t.} \begin{cases} \frac{\sum_{n=1}^N \eta_{kn} y_{hn}}{\sum_{m=1}^M \xi_{km} x_{hm}} \leq 1 \quad (h = 1 \sim K) \\ \eta_{kn} \geq 0 \quad (n = 1 \sim N) \\ \xi_{km} \geq 0 \quad (m = 1 \sim M) \end{cases}$$

Such the *h*th-DMU is efficient more than *k*th-DMU.

Reference set of DMU_{*k*} : E_k

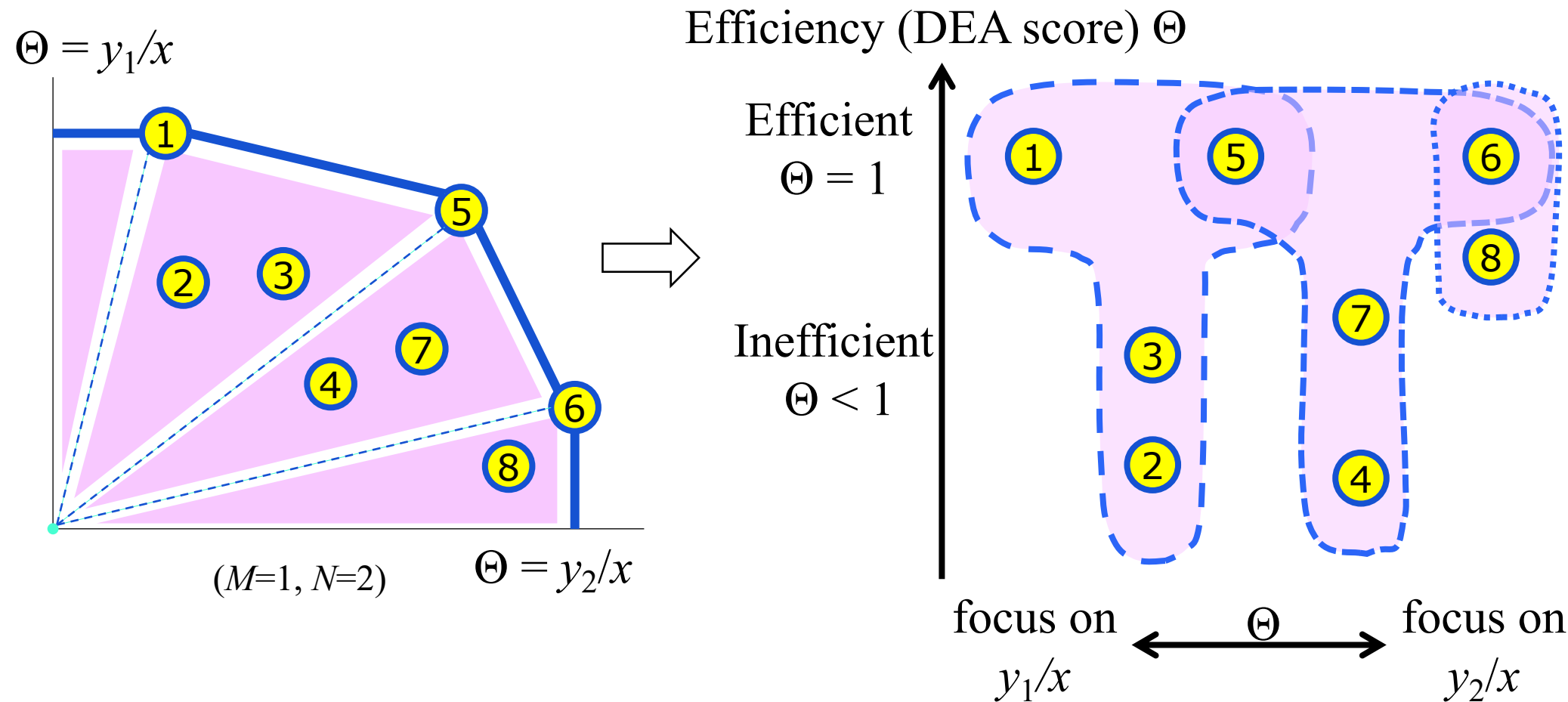
$$E_k = \left\{ h \left| \frac{\sum_{n=1}^N \eta_{kn} y_{hn}}{\sum_{m=1}^M \xi_{km} x_{hm}} = 1 \quad (h = 1 \sim K) \right. \right\}$$

E_k works as target of improvement for *k*.

Classified by DEA

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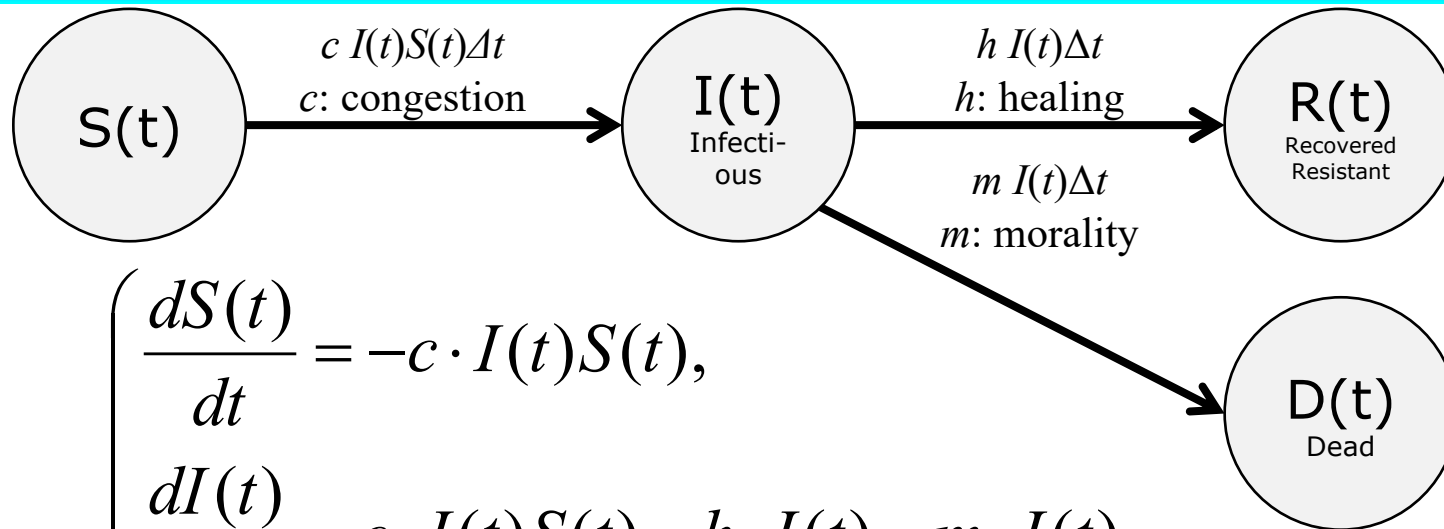
DMUs are divided into groups that has common reference set.



Epidemic Model

Kermack-McKendrick(1932)

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$$\left\{ \begin{array}{l} \frac{dS(t)}{dt} = -c \cdot I(t)S(t), \\ \frac{dI(t)}{dt} = c \cdot I(t)S(t) - h \cdot I(t) - m \cdot I(t), \\ \frac{dR(t)}{dt} = h \cdot I(t), \\ \frac{dD(t)}{dt} = m \cdot I(t). \end{array} \right.$$

$$S(0) = P_0 - I(0), \quad I(0) = \varepsilon, \quad R(0) = 0, \quad D(0) = 0.$$

c : contagion, h : heeling,, m : mortality,

Epidemic Control Model

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$$\left(\begin{array}{l} \frac{dS(t)}{dt} = -c(t)S(t)I(t), \quad S(0) = P_0 - \varepsilon, \quad c(t) : \text{contagion}, \\ \frac{dI(t)}{dt} = c(t)S(t)I(t) - h(t)I(t) - m(t)I(t), \quad I(0) = \varepsilon, \\ \frac{dR(t)}{dt} = h(t)I(t), \quad R(0) = 0, \quad h(t) : \text{healing}, \\ \frac{dD(t)}{dt} = m(t)I(t), \quad D(0) = 0, \quad m(t) : \text{mortality} \\ P(t) = S(t) + I(t) + R(t), \quad \text{population alive} \\ P(0) = P_0, \quad \text{initial population.} \end{array} \right.$$

$$\left(\begin{array}{l} c(t) = \frac{c_0}{1 + \alpha_u \cdot u(t)}, \\ h(t) = h_0 (1 + \alpha_v \cdot v(t)), \\ m(t) = \frac{m_0}{1 + \alpha_w \cdot w(t)}. \end{array} \right. \quad \left(\begin{array}{l} u(t), v(t), w(t) \geq 0 \\ u(t) + v(t) + w(t) \leq 1 \end{array} \right. \quad \begin{array}{l} u(t) : \text{Contagion Suppression} \\ v(t) : \text{Recovery Promotion} \\ w(t) : \text{Mortality Suppression} \end{array}$$

Coefficients and Initial Conditions

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Common Simulation Setting				
Initial Conditions	$S(0):$ Susceptibles	$I(0) = \varepsilon :$ Infectives	$R(0):$ Recovered	$D(0):$ Dead
	9990	10	0	0
	$P(0):$ Population Alive =10000			
Coefficients	c_0 Contagion	h_0 Healing	m_0 Mortality	
	0.00002	0.01	0.01	
Control Sensitivities	α_u	α_v	α_w	
	10	15	20	

Control Strategies for Simulation Run

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- $u(t)$: Contagion Suppression
- $v(t)$: Recovery Promotion
- $w(t)$: Mortality Suppression

	Stage-0			Stage-1			Stage-2			Stage-3		
	$t=0\sim 29$			$t=30\sim 89$			$t=90\sim 179$			$t=180\sim 500$		
RUN # (DMU #)	$u(t)$	$v(t)$	$w(t)$	$u(t)$	$v(t)$	$w(t)$	$u(t)$	$v(t)$	$w(t)$	$u(t)$	$v(t)$	$w(t)$
0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.4	0.3	0.3
1				1.0	0.0	0.0	1.0	0.0	0.0			
2				1.0	0.0	0.0	0.0	1.0	0.0			
3				1.0	0.0	0.0	0.0	0.0	1.0			
4				0.0	1.0	0.0	1.0	0.0	0.0			
5				0.0	1.0	0.0	0.0	1.0	0.0			
6				0.0	1.0	0.0	0.0	0.0	1.0			
7				0.0	0.0	1.0	1.0	0.0	0.0			
8				0.0	0.0	1.0	0.0	1.0	0.0			
9				0.0	0.0	1.0	0.0	0.0	1.0			

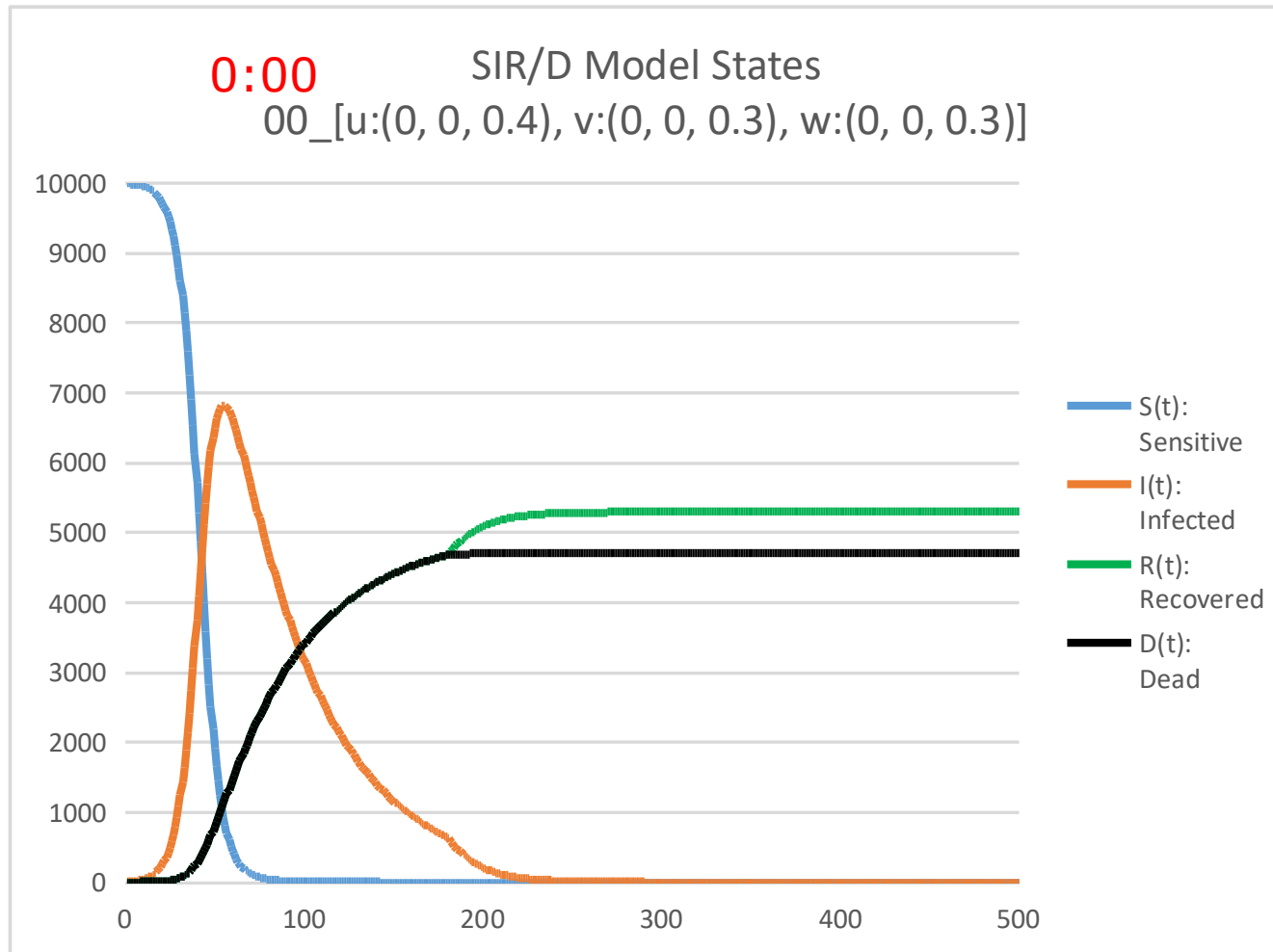
Baseline (minimum control) case

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Coeff.: $c_0=0.00002$, $h_0=0.01$, $m_0=0.01$,

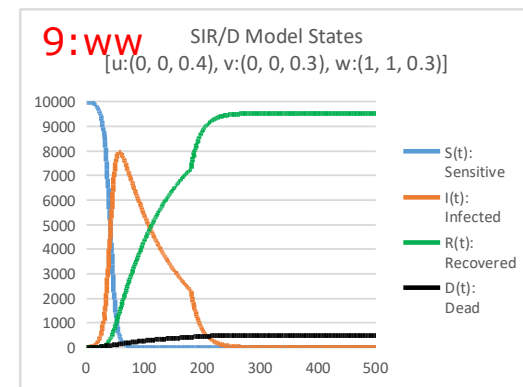
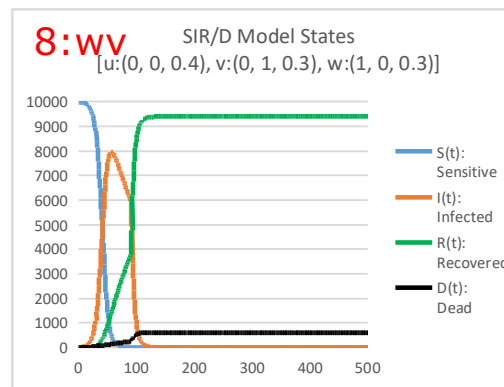
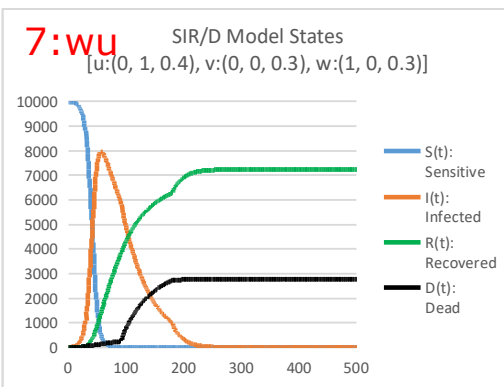
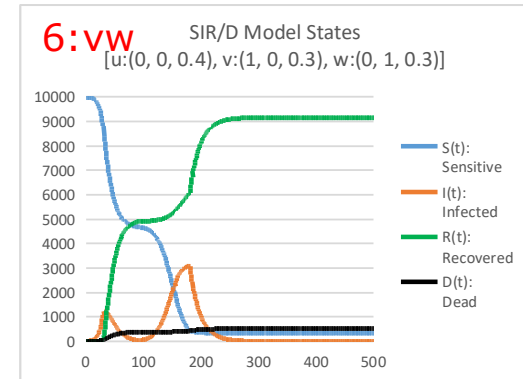
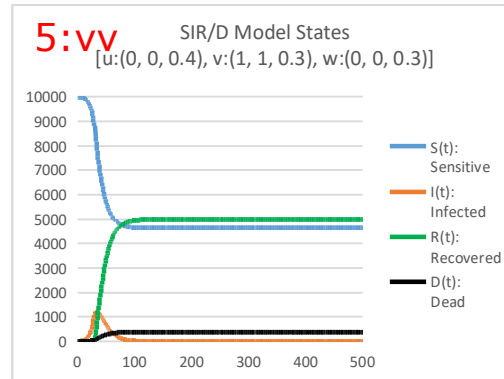
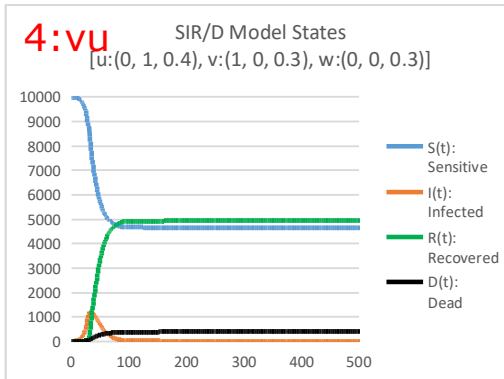
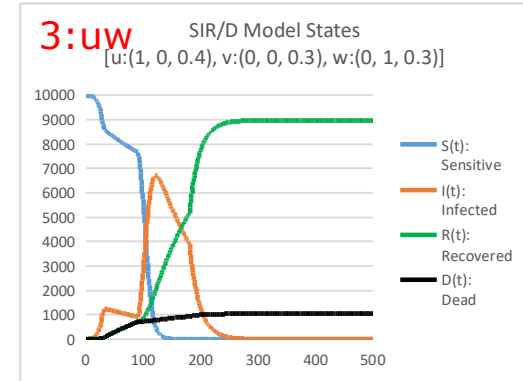
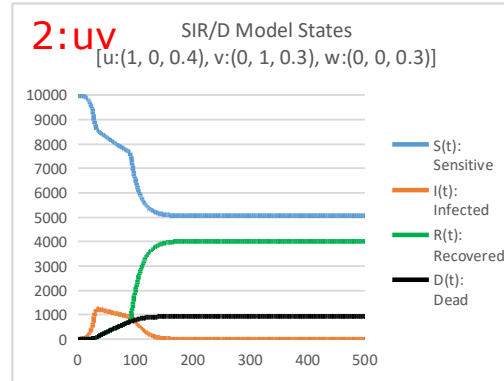
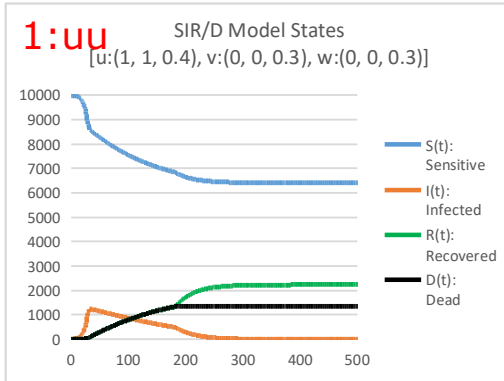
Initial Conditions: $S(0)=9990$, $I(0)=10$, $R(0)=0$, $D(0)=0$, Sensitivities: $a_u=10$, $a_v=15$, $a_w=20$,

Control Stages: 0th:0-29, 1st:30-89, 2nd:90-179, 3d:180-



Other Simulation Runs

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Perspectives for evaluation

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Input (x)	Time average of total cost for contagion suppression $C_s = \text{Average}[P(t) \cdot \alpha_u \cdot u(t)]$
	Time average of total remedial cost $C_m = \text{Average}[I(t) \cdot \{\alpha_v \cdot v(t) + \alpha_w \cdot w(t)\}]$
Output (y)	Bottom of uninfected or recovered population (Impact to social & economic activities) $BtmActP = \text{Min}[P(t) - I(t)]$
	Time average of uninfected or recovered population (Accumulated influence to social & economic activities) $AvgActP = \text{Average}[P(t) - I(t)]$
	Survived population (Avoided number of death) $AlvPE = \text{Min } P(t)$

Summary of input(x) and output(y)

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		Simulation Result (Summary Values)				
		Input (x):		Output (y):		
		Cs	Cm	BtmActP	AvgActP	AlvPE
		Social Cost:	Medical Cost:	Bottom Active Population:	Average Active Population:	Alive Population at the end:
		$Avg[P(t) \cdot \alpha_u \cdot u(t)]$	$Avg[I(t) \{ \alpha_v \cdot v(t) + \alpha_w \cdot w(t) \}]$	$Min[P(t) - I(t)]$	$Avg[P(t) - I(t)]$	$Min[P(t)]$
Run # (DMU #)	0	13,574	231	1,915	5,112	5,296
	1	49,693	340	8,176	8,590	8,638
	2	34,737	617	8,371	9,011	9,072
	3	34,481	19,220	2,514	7,974	8,967
	4	41,879	912	8,650	9,560	9,603
	5	24,652	919	8,650	9,575	9,619
	6	24,328	6,776	6,505	9,147	9,488
	7	33,203	15,244	1,906	6,589	7,235
	8	24,088	15,932	1,906	8,663	9,399
	9	24,418	29,615	1,906	8,082	9,524

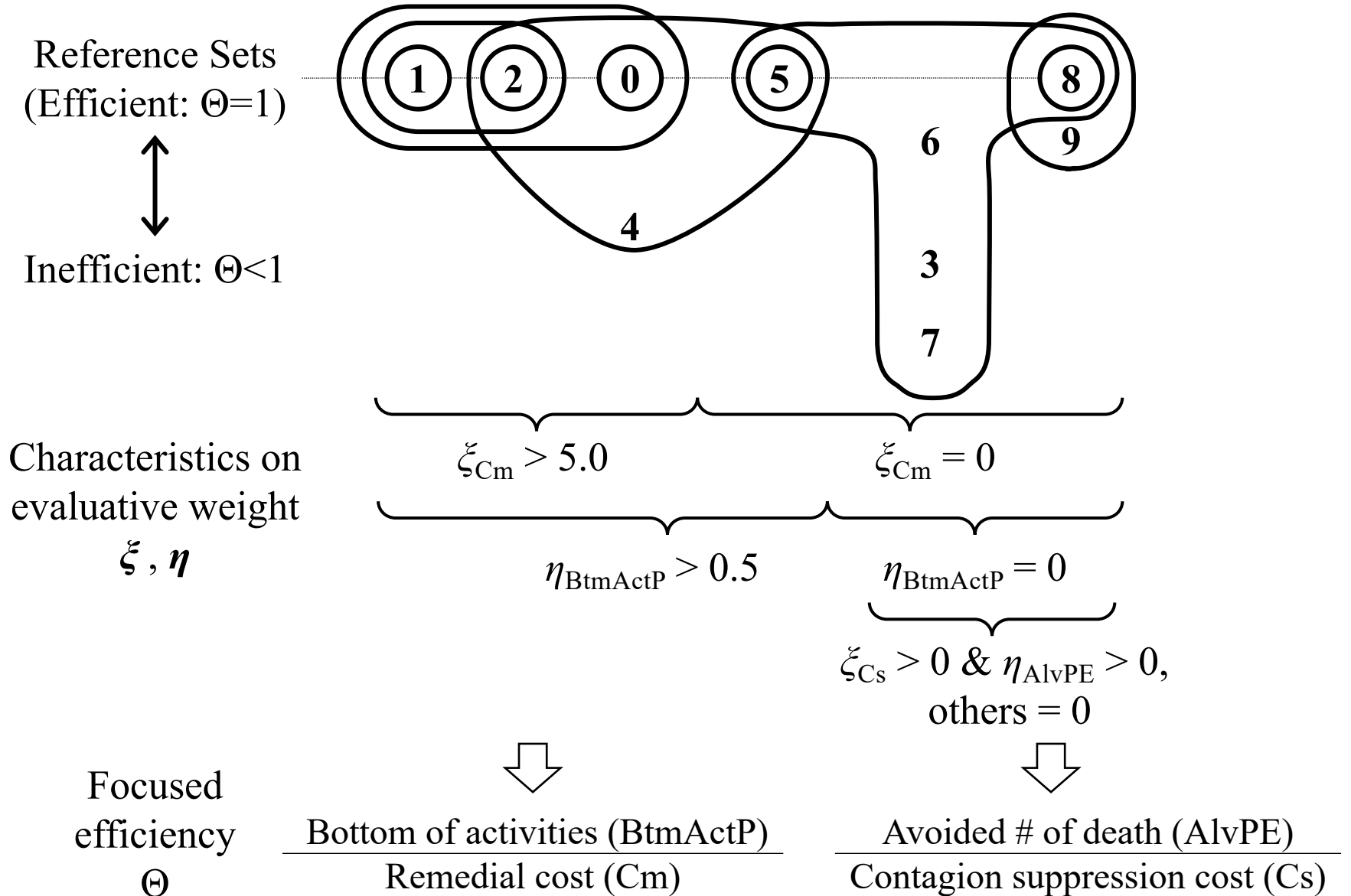
DEA Outcome

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DEA_CCR		DEA Score Θ	Reference Set	Input Weights ξ		Output Weights η		
				ξ_{Cs}	ξ_{Cm}	$\eta_{BtmActP}$	$\eta_{AvgActP}$	η_{AlvPE}
Run # (DMU #)	0	1.0	{0, 1, 2}	0.4	22.4	1.8	0	1.2
	1	1.0	{1}	0	29.4	1.2	0	0
	2	1.0	{1, 2}	0.1	8.4	1.2	0	0
	3	0.6665	{8, 5}	0.3	0	0	0	0.7
	4	0.7903	{0, 2, 5}	0.1	5.3	0.5	0.4	0
	5	1.0	{5}	0.4	0	1.2	0	0
	6	0.9995	{8, 5}	0.4	0	0	0	1.1
	7	0.5584	{8, 5}	0.3	0	0	0	0.8
	8	1.0	{8}	0.4	0	0	0	1.1
	9	0.9997	{8}	0.4	0	0	0	1.0

DEA classification

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Knowledge extraction

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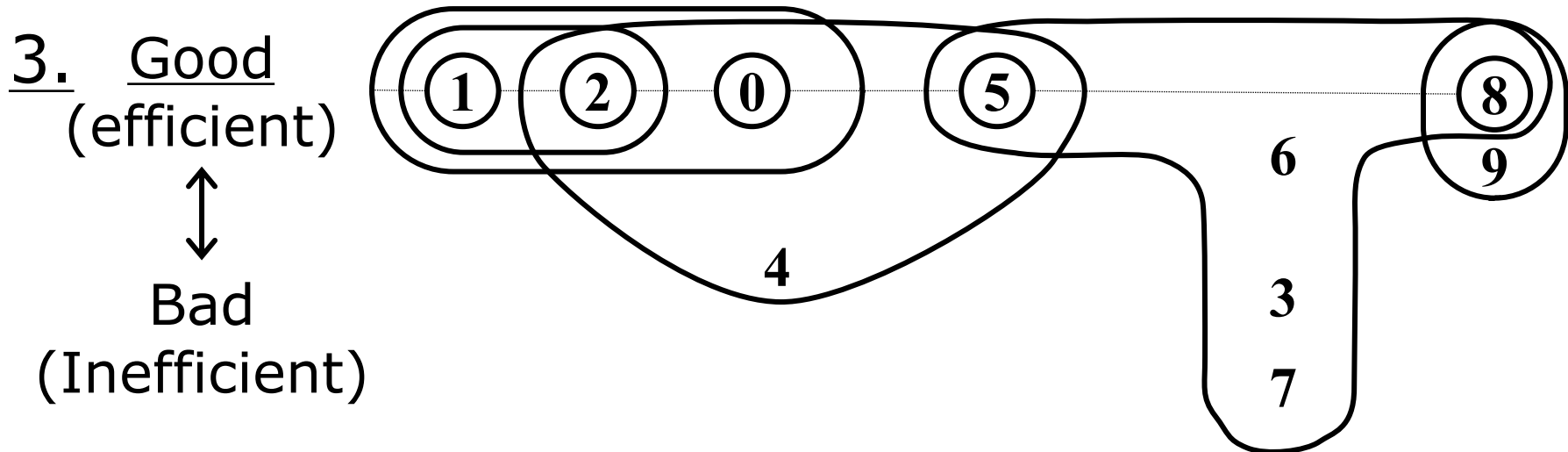
What knowledge we wanted?

1. How simulation outcomes classified?
2. What kind of cost-effective perspectives characterize those classification?
3. Which outcomes are good or bad under what kind of cost-effective perspectives?

Extracted knowledge by DEA

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1. Classification of epidemic control policies 0 ~ 9



2. Cost-effective perspectives characterizing the groups

Focused
efficiency

Bottom of activities
Remedial cost

Avoided # of death
Contagion suppression cost

Summary

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- Purpose:
Extract knowledge from epidemic control simulation
- Results:
 - Classified epidemic control policies outcome,
 - Found perspectives of cost-effectiveness characterize those classification,
 - Found which control policies are good or bad under those perspective.