#### **RODS and Multiple Data Streams**

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RODS: <u>http://www.health.pitt.edu/rods</u> Auton Lab: <u>http://www.autonlab.org</u>

An interesting feature of large Biosurveillance Programs:

Multiple, rich, new streams of data

















### Other New Algorithmic Developments



# WSARE v2.0

 Inputs:
1. Date/time-indexed biosurveillancerelevant data stream
2. Time Window Length
3. Which attributes to use?
3. And here's

• Outputs: 1. Here are the records that most surprise me

2. Here's why

3. And here's how seriously you should take it

Primary Key	Date	Time	Hospital	ICD9	Prodrome	Gender	Age	Home			Work			Recent	Recent	(Many
								Large Scale	Medium Scale	Fine Scale	Large Scale	Medium Scale	Fine Scale	Flu Levels	Weather	more)
h6r32	6/2/2	14:12	Down- town	781	Fever	М	20s	NE	15217	A5	NW	15213	B8	2%	70R	
t3q15	6/2/2	14:15	River- side	717	Respirat ory	Μ	60s	NE	15222	J3	NE	15222	J3	2%	70R	
t5hh5	6/2/2	14:15	Smith- field	622	Respirat ory	F	80s	SE	15210	К9	SE	15210	K9	2%	70R	
:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:

# WSARE v2.0



- "Taking into account recent flu levels..."
- "Taking into account that today is a public holday..."
- "Taking into account that this is Spring..."
- "Taking into account recent heatwave..."
- "Taking into account that there's a known natural Food-borne outbreak in progress..."

Bonus: More efficient use of historical data

## Idea: Bayesian Networks



















#### **Results on Simulation**

## Conclusion

- One approach to biosurveillance: one algorithm monitoring millions of signals derived from multivariate data instead of Hundreds of univariate detectors
- Modeling historical data with Bayesian Networks to allow conditioning on unique features of today
- Computationally intense unless we're tricksy!

## Other New Algorithmic Developments













 Theoretical complexity of fast squares: O(N<sup>2</sup>) (as opposed to naïve N<sup>3</sup>), if maximum density region sufficiently dense.

If not, we can use several other speedup tricks.

• In practice: 10-200x speedups on real and artificially generated datasets.

*Emergency Dept. dataset (600K records): 20 minutes, versus 66 hours with naïve approach.* 



 Theoretical complexity of fast rectangles: 18N<sup>2</sup>log N (as opposed to naïve 18N<sup>4</sup>)

(Angles discretized to 5 degree buckets)

#### Why the Scan Statistic speed obsession?

- Traditional Scan Statistics very expensive, especially with Randomization tests
- "Historical Model" Scan Statistics
- Proposed new WSARE/Scan Statistic hybrid



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This is the strangest region because the age distribution of respiratory cases has changed dramatically for no reason that can be explained by known background changes

#### PANDA: A Few Details about Its Current Status

- Data consists of census information about a population, plus emergency department (ED) information about patients
- The *population* currently being modeled consists of all ~1.4M people in Allegheny County
- The outbreak being modeled is roughly based on an airborne anthrax release – it requires (and will receive) significant refinement and extension.

### Other New Algorithmic Developments



#### Example Model for "Anthrax-like" Airborne Release



#### Calculating Probability of a Release





$$P(\mathbf{E} | \mathbf{I}) = P(\mathbf{E}_1^1, \mathbf{E}_2^1, \mathbf{E}_2^2, \mathbf{E}_2^2 | \mathbf{I})$$
  
=  $P(\mathbf{E}_1^1 | \mathbf{I}) \cdot P(\mathbf{E}_2^1 | \mathbf{I}) \cdot P(\mathbf{E}_1^2 | \mathbf{I}) \cdot P(\mathbf{E}_2^2 | \mathbf{I})$  (Assumption 3)  
=  $P(\mathbf{E}^1 | \mathbf{I})^2 \cdot P(\mathbf{E}^2 | \mathbf{I})^2$ 

#### **Equivalence Classes**



Millions of people in a population can be partitioned into 48,000 or fewer equivalence classes

## Conclusions

- The easy way to combine data streams is to insert them into one relational table.
- Can do spatial scans that evaluate multiple sources per region.
- Can use a huge probabilistic model to rationally combine multiple data streams.



**E.G. WSARE** 

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Challenge: Managing complexity Challenge: Computational tractability

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