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# Capacity of a Bayesian model to detect infected herds using disease dynamics and risk factor information from surveillance programmes: A simulation study

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- 15 infection, freedom from infection, longitudinal data, repeated testing.
- 16

#### 17 1 Abstract-

18 Control programmes against non-regulated infectious diseases of farm animals are widely 19 implemented. Different control programmes have different definitions of "freedom from infection" 20 which can lead to difficulties when trading animals between countries. When a disease is still present, 21 in order to identify herds that are safe to trade with, estimating herd-level probabilities of being 22 infected when classified "free from infection" using field data is of major interest. Our objective was 23 to evaluate the capacity of a Bayesian Hidden Markov Model, which computes a herd-level 24 probability of being infected, to detect infected herds compared to using test results only. Herd-level 25 risk factors, infection dynamics and associated test results were simulated in a population of herds, 26 for a wide range of realistic infection contexts and test characteristics. The model was used to predict 27 the infection status of each herd from longitudinal data: a simulated risk factor and a simulated test 28 result. Two different indexes were used to categorize herds from the probability of being infected 29 into a herd predicted status. The model predictive performances were evaluated using the simulated 30 herd status as the gold standard. The model detected more infected herds than a single final test in 31 85% of the scenarios which converged. The proportion of infected herds additionally detected by the 32 model, compared to test results alone, varied depending on the context. It was higher in a context of a 33 low herd test sensitivity. On average, around 20%, for high test sensitivity scenarios, and 40%, for 34 low test sensitivity scenarios, of infected herds that were undetected by the test were accurately 35 classified as infected by the model. Model convergence did not occur for 39% of the scenarios, 36 mainly in association with low herd test sensitivity. Detection of additional newly infected herds was 37 always associated with an increased number of false positive herds (except for one scenario). The 38 number of false positive herds was lower for scenarios with low herd test sensitivity and moderate to high incidence and prevalence. These results highlight the benefit of the model, in particular for 39

40 control programmes with infection present at an endemic level in a population and reliance on test(s)41 of low sensitivity.

#### 42 2 Introduction

43 Various control programmes (CPs) against infectious diseases of farm animals are implemented in 44 Europe. In order to control or eradicate these diseases, CPs typically focus on the identification of infected units (animals or herds) using diagnostic tests performed at regular time intervals. CPs may 45 46 be deployed across a territory, from regional to national scale. Testing schemes can vary in terms of 47 type and performance of the test used, the cohorts and numbers of animals tested, and the time 48 interval between tests. These differences have been documented for some endemic cattle diseases, 49 including infections by bovine viral diarrhoea virus (van Roon et al., 2020b), Mycobacterium avium 50 subspecies *paratuberculosis* (Whittington et al., 2019), and bovine herpesvirus 1 (Raaperi et al., 51 2014).

52 Heterogeneity in CPs may lead to difficulties when trading animals between different regions or 53 countries, as each CP has its own definition of "freedom from infection" which cannot be directly 54 compared. These definitions of a "free status" are usually based on one, or a combination of several, 55 diagnostic test result(s). Limitations in test performance, and time interval between tests lead to 56 uncertainty around these statuses. Imperfections in the testing schemes lead to two types of error. 57 Firstly, a lack of specificity means that some uninfected herds are wrongly categorized as infected, 58 i.e. false positives. Secondly, a lack of sensitivity leads to some infected herds being wrongly 59 categorized as free from infection, i.e. false negatives. The time interval between tests may result in a delay between the times of infection and detection. For herds classified as "free from infection", 60 61 those that become infected between two consecutive tests will remain classified as "free from 62 infection" until a next test event. Hence, as each CP has its own surveillance strategy, the confidence

and associated uncertainty in the true status of a herd classified as "free from infection" may vary
depending on the CP. Currently when purchasing an animal from a herd classified as "free from
infection" under different CPs, it is not possible to assess the probability of infection for that animal.
As trade can be an opportunity for infectious diseases to spread, confidence in "free status" is a key
point to support international trade.

68 There is a need for the development of methods that enable a CP-level comparison of confidence of herd-level "freedom from infection". The traditional solution to obtain a comparable surveillance 69 70 output in different regions or countries is to use input-based surveillance. This type of surveillance 71 consists in prescribing how surveillance should be performed in terms sampling design, sample size 72 and tests used. However, input-based surveillance does not take into account the diversity of contexts 73 in which CPs are applied (van Roon et al., 2020b) and can be expensive to run, while not being 74 adapted to the specific context of each CP (Cameron, 2012). Alternatively, output-based surveillance 75 may be used, which is not prescriptive in terms of the elements of the programme, but rather in the 76 degree of confidence associated with a free status that must be achieved.

77 Imperfect testing regimes lead to misclassification errors, as highlighted above. To account for this, known risk factors (RFs) for the introduction of infection could be included in the calculation of 78 79 probability of freedom, as predictors of either current or new infection. Data on such disease-specific 80 RFs should be available for many CPs, given that action on these RFs is used as a way to prevent the 81 introduction of infection. Disease-specific RFs for introduction depend on the pathogen as well as the 82 route of transmission (direct or indirect transmission). For many diseases, animal purchase is a 83 common RF for introduction of infection into herds (Rangel et al., 2015; van Roon et al., 2020a). In 84 the European Union, where cattle identification and the recording of cattle movements between 85 holdings are mandatory, these data could be used to predict (new) infections through purchase, thus 86 contributing to improved estimation of the infection-free status of a herd.

87 In Madouasse et al. (2021), a modelling framework was described, called the STOC free 88 (Surveillance analysis Tool for Output based Comparison of the confidence of FREEdom from 89 infection) model, that estimates the herd-level probabilities of infection, using data from CP and 90 taking RF occurrence into account. The model estimates the probability of infection at the last time-91 step for each herd (in a series of sequential test results). Model inputs include repeated test results 92 and the presence of RFs for each herd as measured regularly within the surveillance programme. The 93 framework incorporates knowledge at the population level on infection dynamics, test characteristics 94 and the effect of RFs when estimating probability of infection.

In order to evaluate the capacity of the STOC free model to detect infected herds, a gold standard is required. Gold standard is the true herd status. In the context of the STOC free model, an infected herd is defined as the presence of at least one infected animal. To measure the true status of the herd, it would be necessary to test all the animals within a herd using a perfect test. However, no such data exist in the real-world. Up to now, the STOC free model has only been applied to a single French dataset, which included test results and RFs but no gold standard (Madouasse et al., 2020). An

101 evaluation of the performance of this model under different circumstances is therefore lacking.

102 The use of simulated data is an effective way to evaluate the predictive accuracy of the STOC free 103 model given the absence of gold standard information in real-world surveillance data. This approach 104 has been used for the evaluation of latent-class models for the estimation of infection prevalence in 105 dairy herds(McAloon et al., 2019). Data simulation allows a simplified system to be created where 106 the true herd status is known. Simulated surveillance data, i.e. test results and RF information 107 collected at regular intervals, can be used as input for the STOC free model as an alternative to real-108 world surveillance data. The performance of the model can be then evaluated by looking at errors in 109 herd status classification, by comparing true herd status to the status predicted by the model. 110 Furthermore, compared to real data, using simulated data enables a wide range of epidemiological

situations and surveillance modalities to be evaluated. It makes it possible to investigate the potentialof the model to be used for different diseases where performance of CPs differs.

113 The objective of this work was to evaluate the capacity of the STOC free model, which takes account 114 of both dynamics of testing and risk factor information, to improve the detection of infected and 115 newly infected herds compared to test results alone (i.e. the added value of the model in sensitivity). 116 Among infected herds, newly infected are the ones which were not infected at the previous test event. 117 We assumed that the added value of the model in terms of the detection of newly and previously 118 infected herds could be different depending on the epidemiological context (impact of relative risk 119 associated and frequency of risk factor and disease dynamics) and test performances (sensitivity and 120 specificity). Simulated data were used to generate a wide range of realistic CPs (different CP 121 corresponding either to different diseases or to the results of different testing strategies for a disease 122 in different contexts). We quantified the number of additional infected herds detected by the STOC 123 free model compared to test results.

- 124 **3** Material and methods
- 125 **3.1 Overall design strategy**

Firstly, a dynamic model was developed to simulate herd-level infection and surveillance data under a wide variety of CP scenarios corresponding either to different diseases or to the results of different testing strategies for a disease in different contexts. The simulated surveillance data were then used as input for the STOC free Bayesian Hidden Markov Model, which was run to generate outputs on model parameters estimates and predicted herd status for probability of infection at the last time-step. Finally, model and test performance were compared. The overall design strategy is presented in Figure 1.

#### 133 **3.2** Simulation of herd infection and surveillance data model

134 We simulated the dynamics of herd infection status depending on the presence of a single RF 135 associated with an increased probability of becoming infected, generating data on herd status and test 136 results at each time-step. Initially, RF presence/absence was simulated. Herd infection status at the 137 first time-step was based on the chosen simulated prevalence of infection. Then, at a given time-step, 138 non-infected herds could become infected according to a probability of new infection between time-139 steps, which varied depending on RF occurrence. The probability that an infected herd would remain 140 infected between two sequential time-steps was determined by a simulation parameter that 141 represented this probability (of infection not being resolved between two different time-steps). 142 Infection status for a given herd at a given time-step determined the result of a test, assuming a given 143 herd-level test sensitivity and specificity.

#### 144 **3.2.1** Simulation of herd status at each time-step

145 Infection dynamics were simulated by herd status change. Herd status was simulated as a binary 146 event, with 0 and 1 denoting absence and presence of infection, respectively. Herd status was 147 assumed to undergo Markovian dynamics with status at time t depending on status at time t-1 and RF 148 occurrence. In each scenario, the overall herd infection prevalence was held constant over the time-149 steps to evaluate the STOC free model in different situations over a short period. Keeping the 150 prevalence constant prevents the infection of either dying out or rapidly increasing over the number 151 of time-steps and allows a comparable number of infected herds to be detected. For consistency, the 152 probability of new infection between time-steps was a function of both overall herd infection 153 prevalence and the probability of a herd remaining infected between time-steps to allow overall 154 prevalence to remain constant over time.

155 Status simulation can be described by the following set of equations. In herd *h* at time *t*, the infection 156 status  $S_{h,t}$ , was sampled from a Bernoulli distribution:

157 
$$S_{h,t} \sim \text{Bernoulli}(\pi_{h,t})$$
,

158 with  $\pi_{h,t}$  being the probability of being infected at time-step *t* for herd *h*. For a given herd at time 159 t=1, the probability of infection was:

160 
$$\pi_{h,t=1} = P ,$$

161 with *P* being the herd infection prevalence for that scenario. For a given herd *h* at time t > 1,  $\pi_{h,t}$ 

162 depended on previous status and infection dynamics parameters:

163 
$$\pi_{h,t} = (1 - S_{h,t-1})\tau_1^{h,t} + S_{h,t-1}\tau_2,$$

164 with  $S_{h,t-1}$  being the status of herd *h* at the previous time-step,  $\tau_2$  being the probability of remaining 165 infected between time-steps (fixed variable in each scenario), and  $\tau_1^{h,t}$  the probability of new 166 infection between time-steps which was defined as a function of herd-level risk factor exposure and 167 defined as:

168 
$$\tau_1^{h,t} = (1 - X_{h,t-1})\beta + X_{h,t-1}\beta\gamma$$

169 where  $\beta$  was the probability of new infection when the risk factor was absent, i.e.  $X_{h,t-1} = 0$  and  $\beta\gamma$ 170 was the probability of new infection when the RF was present, i.e.  $X_{h,t-1} = 1$ . Thus,  $\gamma$  was the 171 relative risk of new infection in herds exposed to the RF. Exposure to the RF (*X*) was considered a 172 random dichotomous variable simulated as:

173 
$$X_{h,t} \sim \text{Bernoulli}(F)$$
,

174 with F being the RF frequency in the data set.

175 Assuming an endemic situation with a constant prevalence over time-steps, at each time-step in each

176 scenario the average number of newly infected herds was constrained to be equal to the average

177 number of herds eliminating the infection. Therefore, the following condition had to be met:

178 
$$E(\tau_1^{h,t})(1-P) = (1-\tau_2)P,$$

179 where  $E(\tau_{h,t}^1)$  was the expectation for the probability of new infection. This amounts to applying the 180 following constraint on the overall probability of new infection:

181 
$$E(\tau_1^{h,t}) = \frac{(1-\tau_2)P}{1-P} \; .$$

From the definition of  $\tau_1^{h,t}$  and the frequency of the RF, *F*, at a given time-step, the expected probability of new infection was:

184 
$$E(\tau_1^{h,t}) = (1-F)\beta + F\beta\gamma$$

185 where  $\gamma$  was the relative risk of new infection in herds exposed to the RF and  $\beta$  the probability of 186 new infection in herds that were not exposed to the RF. The frequency of the RF (*F*) and the relative 187 risk of new infection in herds exposed to the RF ( $\gamma$ ) are inputs in the simulation. The probability of 188 new infection in herds that were not exposed to the RF ( $\beta$ ) can be computed as:

189 
$$\beta = \frac{E(\tau_1^{h,t})}{1+F(\gamma-1)}$$

### 190 **3.2.2 Simulation of test results**

A test result was simulated for each herd at each time-step as a function of the simulated herd status,
the herd-level test sensitivity and specificity. Test result in herd *h* at time *t* was sampled from a
Bernoulli distribution:

194 
$$T_{h,t} \sim \text{Bernoulli}(p(T_{h,t}^+))$$
,

195 with  $p(T_{h,t}^+)$  being the probability of being tested positive defined by:

196 
$$p(T_{h,t}^+) = S_{h,t}Se + (1 - S_{h,t})(1 - Sp),$$

with Se and Sp being respectively herd-level test sensitivity (probability for an infected herd to be
tested positive) and specificity (probability for an uninfected herd to be tested negative).

# 199 **3.3** Input scenario: differing infection and epidemiological situation

200 We simulated various scenarios to represent different diseases in different contexts and different tests 201 performances for which STOC free model could be used. Different range of values for the 10 202 different parameters of the data simulation are presented in Table 1. For all scenarios, the number of 203 simulated herds was set at 5,000 and the number of simulated time-steps to 6. At each time-step, test 204 results and RF information were available. The choice of parameter values was based on knowledge 205 and discussion with a group of infectious disease experts, from different countries involved in the 206 STOC free consortium, to represent variation in context for different endemic situations. 207 Various epidemiological situations were simulated to represent various endemic infections and

208 contexts. We simulated two prevalence values, 0.3 and 0.1, representing territories in the beginning

209 of their CP and territories already in an advanced stage of control, respectively. The probability of

210 remaining infected depends on the effectiveness of herd-level eradication measures in the CP. We

consider high values, from 0.75 to 0.9, consistent with endemic infection dynamics. For consistency with a constant prevalence of infection, the probability of becoming infected ( $\tau_1$ ) was calculated for all combinations of *P* and  $\tau_2$  values (4 values).

Various effect of RFs on infection dynamics have been simulated to account for variability between CP. We simulated low to high RF frequency setting a maximum frequency of 0.5 considering that a more frequent risk factor would not be discriminatory between herds. In contrast, we have set a minimum frequency at 0.1 because a very rare RF (below 0.1) will only bring information for a small number of herds. The relative risk of new infection in herds exposed to the RF ( $\gamma$ ) ranged from 1.5 to 5, given that RF association may be variable depending on the infection and territory (van Roon et al., 2020a).

221 The test sensitivities and specificities considered in this paper measure test performance for the 222 detection of infection at the herd-level. These parameters depend on test characteristics at the animal 223 level, the number of animals tested and within-herd prevalence (Christensen and Gardner, 2000). 224 Therefore, herd-level sensitivity and specificity can differ from specific test characteristics and 225 context (Duncan and Humphry, 2016; Nielsen and Toft, 2008). We simulated herd-level sensitivity 226 from 0.4 to 0.9 and herd-level specificity from 0.8 to 0.95. Low herd-level sensitivity values 227 represent infections for which highly sensitive tests are not available, e.g. paratuberculosis (Nielsen 228 and Toft, 2008). We considered a sensitivity of 0.9 as the maximum value. In case of higher 229 sensitivity, we hypothesized that there would be limited added value from the STOC free model. 230 After taking into account the complete testing process, which often includes retesting of positive 231 herds, high values of specificity were considered appropriate. Low diagnostic specificity is less 232 common in CPs.

Combinations of parameters values represented the simulation of 216 different scenarios. Simulation
of herd infection and surveillance data model were implemented in R software (R Core Team, 2017).

# 235 **3.4** Description and use of the STOC free model

236 The model described by Madouasse et al., 2020, represents infection presence at herd level as a 237 latent status over time-steps. The latent status is evaluated at regular time intervals through testing. 238 Tests may be imperfect, i.e. with a sensitivity and a specificity less than 1. The variable of interest 239 (the latent status) has a Markovian dynamic: the latent status at a given time-step depends on both the 240 latent status at the previous time-step and actions taken or RF occurrence since the previous time-241 step. Risk factors are incorporated as predictors for new infection. The model predicts the probability 242 of infection in the final time-step for each herd in the CP. Data collected before the final time-step are 243 used as historical data for the estimation of the different model parameters, including previous latent 244 statuses. Parameters estimation and prediction are performed in a Bayesian framework.

#### 245 **3.4.1 Model Structure**

To describe the STOC free model and explain how predictions were performed, we use the following notation:  $\hat{\beta}$  is the estimated value of  $\beta$  and  $\tilde{y}$  is the predicted value of y.

Latent state. We consider two latent states: 0 for uninfected herds and 1 for infected herds. For a given herd *h* at a given time *t*, status  $\hat{S}_{h,t}$  follows a Bernoulli distribution:

250 
$$\hat{S}_{h,t} \sim \text{Bernoulli}(\hat{\pi}_{h,t})$$
,

with  $\hat{\pi}_{h,t}$  being the probability of being infected. At t=1, a beta prior is used for  $\hat{\pi}_{h,t=1}$ , representing initial prevalence:

253 
$$\hat{\pi}_{h,t=1} \sim \text{Beta}(\alpha_{\pi},\beta_{\pi})$$
).

**Infection dynamics.** From the second time-step on, the probability of being infected at t depends on the latent state at t - 1. Herds that were uninfected at t - 1 (i.e.  $\hat{S}_{h,(t-1)} = 0$ ) can become infected with probability of new infection  $\hat{\tau}_1^{h,t}$ . Infected herds remain infected with a probability of remaining infected  $\hat{\tau}_2$ :

258 
$$\hat{\pi}_{h,t} = (1 - \hat{S}_{h,(t-1)})\hat{\tau}_1^{h,t} + \hat{S}_{h,(t-1)}\hat{\tau}_2 .$$

259 A beta prior is used for the probability of remaining infected, which is constant over time and herds:

260 
$$\widehat{\tau}_2 \sim \text{Beta}(\alpha_{\tau_2}, \beta_{\tau_2}).$$

261 **Probability of new infection.** The probability of new infection  $\tau_{i,t}^1$  is modelled as a function of the 262 presence or absence of the RF  $X_{h,t-1}$  using a logistic regression:

263 
$$\operatorname{logit}(\hat{\tau}_1^{h,t}) = \hat{\theta}_1 + \hat{\theta}_2 X_{h,t-1}$$

264 Normal priors are used for logistic regression parameters  $(\hat{\theta}_1, \hat{\theta}_2)$ :

265 
$$\hat{\theta}_1 \sim \operatorname{Normal}(\mu_1, \sigma_1)$$
,

266 
$$\hat{\theta}_2 \sim \text{Normal}(\mu_2, \sigma_2)$$

Test results. Test results are considered as an imperfect measure of the latent status. We consider two herd-level test results: positive or negative (discrete). Each result follows a Bernoulli distribution with a probability  $p(T^+)_{h,t}$  of being positive:

270 
$$T_{h,t} \sim Bernoulli\left(p(T_{h,t}^+)\right),$$

with  $p(T_{h,t}^+)$  depending on estimate latent status at *t* and test characteristics: herd-level sensitivity ( $\widehat{Se}$ ) and specificity ( $\widehat{Sp}$ ):

273 
$$p(T_{h,t}^+) = \widehat{Se}\widehat{S}_{h,t} + (1 - \widehat{Sp})(1 - \widehat{S}_{h,t}).$$

274 Beta priors are used for test characteristics parameters:

275 
$$\widehat{Se} \sim \operatorname{Beta}(\alpha_{Se}, \beta_{Se}),$$

276 
$$\widehat{Sp} \sim \operatorname{Beta}(\alpha_{Sp}, \beta_{Sp}).$$

# 277 **3.4.2 Predicting the probability of infection**

The model predicts the herd-level probability of being infected at the last time-step using status prediction from the previous month, estimated infection dynamic parameters, and estimated test specificity and sensitivity.

- First, the model predicts the probability of being herd status positive (noted  $p(\tilde{S}_{h,t}^{+*})$ ) depending on
- 282 previous predicted status  $(\hat{S}_{h,t-1}^+)$  and estimated infection dynamics parameter  $(\tilde{\tau}_{h,t}^1, \hat{\tau}_2)$ :

283 
$$p(\tilde{S}_{h,t}^{+*}) = p(\tilde{S}_{h,t}^{+*}|p(\hat{S}_{h,t-1}^{+}, \tilde{\tau}_{1}^{h,t}, \hat{\tau}_{2})),$$

284 with

285 
$$\tilde{\tau}_1^{h,t} = logit^{-1}(\hat{\theta}_1 + \hat{\theta}_2 X_{h,t-1}) .$$

286 Then, it combines this prediction to test results to compute the final predicted probability of being 287 infected (noted  $p(\tilde{S}_{h,t}^+)$ ):

$$288 \qquad p\left(\tilde{S}_{h,t}^{+} \middle| T_{h,t}^{+}, \tilde{S}_{h,t}^{+*}\right) = T_{h,t}^{+} \cdot \frac{\widehat{se.p}(\tilde{s}_{h,t-1}^{+})}{\widehat{se.p}(\tilde{s}_{h,t-1}^{+}) + (1-\widehat{sp}) \cdot (1-p(\tilde{s}_{h,t-1}^{+}))} + (1-T_{h,t}^{+}) \cdot \frac{(1-\widehat{se}).p(\tilde{s}_{h,t-1}^{+})}{(1-\widehat{se}).p(\tilde{s}_{h,t-1}^{+}) + \widehat{sp} \cdot (1-p(\tilde{s}_{h,t-1}^{+}))} + (1-T_{h,t}^{+}) \cdot \frac{(1-\widehat{se}).p(\tilde{s}_{h,t-1}^{+})}{(1-\widehat{se}).p(\tilde{s}_{h,t-1}^{+})} + (1-T_{h,t}^{+}) \cdot \frac{(1-\widehat{se}).p(\tilde{s}_{h,t-1}^{+})}{(1-\widehat{se}).p(\tilde{s}_{h,t$$

with  $T_{h,t}^+$  being test results at final step time, and  $\widehat{Se}$  and  $\widehat{Sp}$  being test characteristics parameters estimated by the model. The way to estimate these predicted probability and test results is presented in supplementary materials.

292 **3.4.3 Choice of prior distribution** 

The STOC free model requires prior distributions for six different parameters:  $\widehat{Se}$ ,  $\widehat{Sp}$ ,  $\widehat{\tau}_2$ ,  $\widehat{\pi}_{h,t=1}$ , 293  $\hat{\theta}_1$  and  $\hat{\theta}_2$ . The distributions and distribution parameters used are summarized in Table 2. We used 294 295 Beta distributions for parameters bounded between 0 and 1. The Beta distribution requires two 296 parameters. The  $\alpha$  and  $\beta$  parameters were estimated using the mean and variance. In our model, a Beta prior was used for the probability of being infected at time-step 1  $\hat{\pi}_{h,t=1}$ , test characteristics  $\hat{Se}$ 297 and  $\widehat{Sp}$  or the probability of remaining negative  $\widehat{\tau}_2$ . We used true input simulated parameter values as 298 299 the means. The mean value was associated with low variance to build informative priors. We 300 consider that in the case of using real data accurate information would be available to construct such prior. We used a Normal prior for the logistic regression parameter ( $\hat{\theta}_1$  and  $\hat{\theta}_2$ ) centred on the true 301 302 value. Types of priors and distribution parameters used are summarized in Table 2. Example of the 303 95% credibility intervals are displayed in the supplementary material.

304 **3.5** Evaluation of STOC free model output

For each scenario, the STOC free model produced different outputs. The model returns Markov
Chain Monte Carlo (MCMC) samples from the posterior distributions model parameters and
probabilities of being infected at the last time-step. Model parameters include parameters related to
infection dynamics, association between RF and probability of new infection and test characteristics.
Estimations of these model parameters are performed from historical data on test results and RFs (in
our case, data from the first five time-steps) as well as from the prior distributions for the different
model parameters. First, we evaluated the convergence of the MCMC chains as well as the

312 consistency between estimated model parameters and the parameters used for simulating the data.

313 Then, from the posterior distributions of the herd-level probabilities of infections, rules were defined

314 to categorize herds as infected or uninfected. Error rates of the STOC free model were computed and

315 compared to simulated test results to enable computation of model performance.

# 316 **3.5.1 Evaluation of model parameter estimation**

# 317 3.5.1.1 Assessing MCMC convergence

318 The STOC free model were implemented in the JAGS computer programme (Plummer, 2003). The 319 model was applied to each scenario, running 4 chains in parallel. We removed the first 1,000 320 iterations as burn-in. Then 5,000 more iterations were run, of which one in five iterations was stored 321 for analysis, to reduce the size of the output file. For each parameter, the posterior distribution was 322 built with 4000 iterations (1000 for each chain). We used the Gelman-Rubin statistics ( $\hat{r}$ ) to assess 323 convergence of the chains (Gelman and Rubin, 1992). This statistic was computed for the five parameters estimated by the model ( $\widehat{Se}$ ,  $\widehat{Sp}$ ,  $\widehat{\tau}_2$ ,  $\widehat{\theta}_1$  and  $\widehat{\theta}_2$ ). We considered that scenarios with  $\hat{r}$ 324 325 values less than 1.05 had converged. Scenarios that did not reach convergence using 1,000 iterations 326 of burn-in were run again using 5,000 iterations of burn-in. Scenarios that did not reach convergence 327 after this second step were excluded for the rest of the analysis. To again run these scenarios with 328 more iterations would have been too time consuming.

# 329 **3.5.1.2** Verification of parameter estimation

Parameter estimation was verified by comparing the posterior distributions to the empirical parameter values within the simulated populations. In the data simulation process the value of a parameter can differ between the chosen value for simulating a scenario and the resulting simulated population value. For example, because of the stochasticity in the simulations, for a chosen sensitivity of 0.7 as a simulation parameter there could have been 695 simulated test positives out of 1000 simulated

infections. In this case, the empirical sensitivity of 0.695 was used as the reference to evaluate theposterior distribution for sensitivity.

# 337 **3.5.2** Evaluation of model prediction performances

338 The STOC free model returns distributions of the predicted posterior probability of being infected for 339 the 5000 herds at the last time-step (Figure 1). In order to evaluate the performance of the model for 340 the prediction of true infection status, these probability distributions were discretised into *predicted* 341 infected or predicted uninfected status. First, each herd posterior probability of being infected was 342 summarised. The median probability per herd was used as the summary value as it was the variable 343 that best discriminated between uninfected and infected herds (results not shown). Then, a cut-off 344 value was applied to the summary values to classify herds as predicted infected or uninfected. The 345 general framework of the prediction performances analysis is presented in Figure 2.

346 Two different indices were used to select the cut-off value, corresponding to two different objectives 347 and are described below. Those two methods are based on knowledge of true herd status. In our 348 study, we used the simulated herd status as the gold standard, which allowed the number of true 349 positive (TP), false positive (FP), false negative (FN), and true negative (TN) to be calculated. TP 350 herds are infected herds classified infected, FN are infected herds classified uninfected, FP are 351 uninfected herds classified infected and TN are uninfected herds classified uninfected. We computed 352 them using the STOC free model or the test, represented by corresponding subscript (e.g. TPstoCfree 353 and TP<sub>test</sub>).

#### 354 **3.5.2.1 Identification of cut-off value using Youden's index**

355 Firstly, we used all herd predictions at the last time-step to estimate the cut-off value which

356 minimized classification error (i.e. false positive and false negative). The cut-off choice was

determined using the criterion below (Youden, 1950), noting that it is a trade-off between sensitivityand specificity:

359 
$$Youden's index = max(Se + Sp)$$
,

360 with

$$361 Se = \frac{TP_{STOCfree}}{TP_{STOCfree} + FP_{STOCfree}}$$

362 and

$$Sp = \frac{TN_{STOCfree}}{TN_{STOCfree} + FN_{STOCfree}}$$

364 We ran this analysis using pROC packages in R software.

365 We compared STOC free model performances to test performances. We firstly compared the number

366 of accurately classified herds (TN+TP) by the STOC free model and by the test. Then, we explored

367 the impact of the simulation parameter values on the additional number of infected herds (TP)

368 detected by the STOC free model compared to test results.

369 We applied this cut-off value to a sub-group of the population, specifically only herds that were not

370 infected at the step before prediction (i.e. candidate herds for new infection), using true simulated

herd status, to allow us to distinguish between herds remaining uninfected and newly infected herds.

372 We compared STOC free model performances to test performances by doing the same analysis as

described above.

### 374 **3.5.2.2** Alternative cut-off optimizing detection of newly infected herds

375 We explored an alternative method to choose a cut-off value designed to evaluate the performances

376 of the model for detection of newly infected herds compared to testing. We selected herds that were

377 candidates to be newly infected. With this approach, we firstly constrained the cut-off value to detect378 at least one more newly infected herd compare to test results:

379 Number of additional 
$$TP = TP_{STOCfree} - TP_{test} > 0$$

For cut-off values that verified this condition, we computed the associated additional number of falsepositive (FP):

382 Number of additional 
$$FP = FP_{STOCfree} - FP_{test}$$
.

Finally, we computed the NewI cost index. This index was based on a trade-off between the additional numbers of true positive herds and of false positive herds in the STOC free model compared to test results:

$$386 \qquad NewI \ cost \ index = \frac{Number \ of \ additional \ FP}{Number \ of \ additional \ TP}$$

387 We chose the cut-off value with the lowest value of NewI cost index. This NewI cost index 388 represents the additional number of false positive for each additional true positive detected by the model compared to the test results. When the NewI cost index is negative, the STOC free model 389 390 classifies less herds as FP and more herds as TP compared to the test results. A NewI cost index of 1 391 implies that using the STOC free model we had one additional FP for each additional TP. When the 392 NewI cost index is positive (and more than one), there is more than one additional FP for each 393 additional TP using the STOC free model. 394 In addition, cut-off values selected with both methods (Youden index and NewI cost index) were

395 compared.

396 4 Results

#### **397 4.1** Evaluation of model parameter estimation

#### 398 4.1.1.1 Assessing MCMC convergence

399 Of the 216 scenarios, 131 had a  $\hat{r} < 1.05$  for all parameters (Se, Sp,  $\hat{\tau}_2$ ,  $\hat{\theta}_1$  and  $\hat{\theta}_2$ ) which confirmed 400 convergence. For the 85 other scenarios, at least one of the five estimated parameters had a  $\hat{r} > 1.05$ . 401 For most of these scenarios (71/85),  $\theta_1$  chains did not converge. There were fewer scenarios where 402 Se, Sp,  $\tau_2$  and  $\theta_2$  chains did not converge (21, 28, 43 and 37 of 85 scenarios, respectively). These 403 scenarios were re-run using a greater number of iterations during burn-in. From those 85 scenarios, 404 41 subsequently converged.

405 The proportion of scenarios that finally converged (with either 1,000 or 5,000 iterations) varied 406 between values of the simulation parameters (Figure 3). About half of the scenarios (38/72) with a 407 test sensitivity of 0.4 did not converge, and about a third of the scenarios (34/108) with a test 408 specificity of 0.8 did not converge. The values of these two simulation parameters (Se and Sp) had 409 the biggest impact on convergence (Figure 3). Considering both parameters, it appears that higher 410 specificity values helped the model to converge for lower and medium, but to a lesser extent with 411 sensitivity values of 0.4 and 0.7. However, it did not make any difference for scenarios with higher 412 sensitivity values (Figure 4).

### 413 **4.1.1.2 Checking parameters estimation**

Of the 172 scenarios for which model convergence was validated, the simulated parameter value was not within the 95% credibility interval of the posterior distribution, for at least one of the simulation parameters, in 13 scenarios. For each of these 13 scenarios, the parameter for which this was the case varied. This corresponds to 14 parameters i.e. 1.6% of the cases (14/860) for which the true value is outside the 95% credibility interval. The gap between the 95% confidence interval of the posterior 419 distribution and the simulated population value was low for each of the 14 parameters

420 (supplementary material).

# 421 **4.2** Evaluation of model prediction performances

422 Performances of the model were analysed for the 172 scenarios that did converge. Table 3

423 summarizes the number of scenarios for each simulation parameter value remaining at this step.

# 424 **4.2.1** Ability to detect infected herds in the whole population

With the cut-off based on the Youden index to select the "best" cut-off to classify the whole
population, the model accurately classified more infected herds in 152 of the 172 scenarios compared
to test results alone (Figure 5). The difference between the model and test results varied from 125
fewer to 509 additional infected herds detected. On average the model detected an additional 105
truly infected herds. This represented a proportion of infected herds additionally detected by the
STOC free model from -0.085 to 0.358, with a mean value of 0.110, corresponding to the added

431 value in sensitivity of the surveillance scheme provided by the model (Figure 6).

432 For all scenarios with herd test sensitivity (Se) of 0.4 and 0.7, the STOC free model detected more 433 infected herds than the test results (Figure 6). For 12 out of 34 scenarios with low sensitivity, the 434 STOC free model detected an additional 0.3 proportion of infected herds than the test, with a mean 435 value of 0.258. Conversely, when sensitivity was high (0.9) the mean value of additional proportion 436 of infected herds was 0.022. Additionally, for all but two scenario with a herd test specificity (Sp) of 437 0.95, the STOC free model detected more infected herds than the test (Figure 6). The proportion of 438 herds additionally detected was similar whatever the values of the infection dynamics parameters 439 (prevalence (P), incidence rate  $(\tau_1)$ , and probability to remain infected  $(\tau_2)$ ) and RF link parameters 440 (frequency (*F*) and relative associated risk ( $\gamma$ )) (Figure 6).

#### 441 **4.2.2** Classification of uninfected herds

442 With the cut-off based on the Youden index, the number of herds classified as false positives

- 443 increased in 126 scenarios with the model (Figure 5). Only 27 of the 172 scenarios had a higher
- 444 number of both infected and uninfected herds that were accurately classified. They were mainly
- 445 associated with medium and high values of sensitivity (0.7, 0.9), the lowest value of specificity (0.8)
- 446 and the highest value of probability of remaining infected  $(\tau^2)$  (0.9).

# 447 **4.2.3** Ability to detect newly infected herds among candidates to new infection

#### 448 **4.2.3.1 Using Youden index**

449 With the cut-off based on the Youden index, the STOC free model accurately classified more newly

450 infected herds in 65 scenarios compared to the test results (Figure 7). The difference between the

451 model and test results varied from 82 fewer to 88 more newly infected herds detected. On average,

452 the model detected 5 fewer herds than the test. This corresponded to a proportion of newly infected

453 herds additionally detected by the STOC free model from -0.603 to 0.370, with a mean value of -

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454 0.046 (Figure 8).
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Interestingly, for all scenarios with herd test sensitivity of 0.4, the STOC free model detected more newly infected herds than the test results, with the additional proportion of newly infected herds detected ranging from 0.008 to 0.370 (Figure 8). For 48 of the 98 simulated scenarios with a herd test specificity of 0.95, the model detected more truly newly infected herds than the test alone.

459 **4.2.3.2** Using NewI cost index

We developed a new index to select cut-off values, with the constraint to detect at least one more newly infected herd compared to the test. For 13 of the 172 scenarios, no cut-off value allowed the detection of at least one additional newly infected herd. For all the 159 remaining scenarios, using this index allowed the detection of an additional proportion of newly infected herds, ranging from 464 0.003 to 0.429, with a mean value of 0.071 (Figure 9). This corresponded to the detection of 1 to 156 465 additional newly infected herds with a mean value of 14 herds. In 24 scenarios, the proportion of 466 additional newly infected herds that were detected was higher than 0.15 (Figure 9). By construction, 467 the test sensitivity value limits the potential number of additional newly infected herds that can be 468 detected by the model (e.g. with a sensitivity of 0.9, the maximum potential proportion of newly 469 infected herds additionally detected is 0.1). On average, the model captured proportions increased by 470 0.125, 0.076, and 0.034 for sensitivity values of 0.4, 0.7 and 0.9, respectively (Figure 9).

471 Using the NewI cost index, the cut-off value allows systematically for a better detection of newly 472 infected herds compared to test results but is associated with a cost in false positives. Only 3 473 scenarios had a negative cost index, whereby it was able to detect more newly infected herds while 474 having less false positives (Figure 10). For all the other scenarios, the additional detection of newly 475 infected herds was always associated with a positive NewI cost index, i.e. a number of additional 476 false positives for each additional true positive detected (Figure 10). This NewI cost index ranged 477 from - 266 to 1055. On average, the cost index value was 98 meaning that for each additional newly 478 infected herd detected, there were an additional 98 false positive herds compared to test results. NewI 479 cost index was <100 for 73% of the scenarios (116/159) (Figure 10). Extremely high values of the 480 cost index (above 500) were associated with a sensitivity of 0.9 for 5 scenarios (Figure 10). These 481 extreme values were also associated with lower proportions of additionally detected newly infected 482 herds (Figure 11.A)). When the proportion of herds additionally detected was above 0.1, the cost 483 index was <100 except in three (Figure 11.A). All scenarios (43) with a high number of newly 484 infected herds (corresponding to  $\tau_1$ =0.107) had a NewI cost index below 100 (Figure 10 and Figure 485 11.B).

#### 486 **4.2.4 Comparison of cut-off values**

The cut-off values varied substantially between scenarios for both indexes (Figure 12). Use of the
Youden index resulted in higher cut-off values (mean cut-off equal0.14 against 0.05 for cost index)
(Figure 12). No association between input parameter values (test characteristics, disease dynamics
and risk factors parameters) and selection of a cut-off value was found (supplementary material).

#### 491 **5 Discussion**

492 Our simulation study illustrates the added value of a Bayesian Hidden Markov model, the STOC free 493 model, compared to test results alone to detect infected herds in many different contexts. This model 494 was able to predict herd-level probabilities of infection in about 80% of the investigated scenarios. 495 Situations in which the model did not converge and therefore could not provide estimates of the 496 probabilities of infection were mainly related to low sensitivity values. When it converged, the model 497 detected more infected herds compared to test alone in 152 of the 172 scenarios and detected more 498 newly infected herds in only 65 of 172 scenarios. In these scenarios, the STOC free model sensitivity 499 was higher than the herd-level test sensitivity.

500 Test sensitivity had a great impact on the added value of the STOC free model. Indeed, following a 501 test, the total number of infected and newly infected herds still to be detected (false negatives) 502 increases as test sensitivity decreases. The STOC free model was able to detect an important 503 proportion of these undetected infected herds. On average, the model detected around 25% more 504 infected herds when sensitivity was low (0.4) and around 2% more infected herds when the 505 sensitivity was high (0.9), i.e. around 40% and 20% of the herds still to be detected in our simulations 506 (as assumed for the given levels of sensitivity). The range of herd-level test sensitivities evaluated in 507 this study covers the known range of sensitivities for endemic diseases for which control programmes 508 are in place.

509 An increase in the number of newly infected herds detected by the STOC free model was associated 510 with an increase in the number of false positive herds detected in all but one scenario. We quantified 511 the proportion of additional false positives for each additional newly infected herd detected using a 512 cost index. This cost index increased with high test sensitivity and low prevalence corresponding to 513 small numbers of false test negatives. In five scenarios with a high herd-level test sensitivity, the cost 514 index was substantial (above 500, i.e. 500 false positives for each additional true positive herd 515 detected by the model). This tends to advise against using the STOC free model when test sensitivity 516 is high. On the other hand, the cost index was lower (below 100) with low test sensitivity and high 517 incidence, i.e. when the number of newly infected herds still to be detected was high. For decision 518 support, the level of acceptability in terms of extra false positives would differ according to the 519 consequences in a given control programme, and to the possibilities and resources necessary to 520 confirm a herd status with complementary testing.

521 Different reasons could explain the fact that the STOC free model did not reach convergence in a 522 number of scenarios. In this study, we limited the number of burn-in and sampling iterations to 523 reduce computing time (around 3.5 hours per scenario). For scenarios that did not meet our 524 convergence criterion, re-running the model with more burn-in iterations allowed convergence in 525 around 50% of cases. Adding more iterations could address the remaining convergence issues. A 526 larger population (number of herds) would increase available data (especially in terms of numbers of 527 infected herds) to estimate parameters values. We did not further investigate these hypotheses due to 528 computing time constraint for both simulation and analysis. Low test performance also led to 529 convergence issues. Indeed, as test sensitivity and specificity decrease, the contribution of test results 530 to defining the latent status decreases whereas the contribution of model parameters accounting for 531 new infection and elimination of infection increases. In our study, given the relatively wide prior 532 distributions put on the association between the risk factor and the probability of new infection, this

533 association was estimated from the data. This means that in the scenarios in which test performance 534 was poor, the contribution of surveillance data to estimation and prediction could be expected to be 535 small, which could have made it more difficult for the model to converge. Such estimation issues 536 have already been described in state-space models, when measurement error is high (Auger-Méthé et 537 al., 2016). In such cases, increase the sample size (e.g. the number of herds) or adding prior 538 information could reduce this issue. In our study, informative priors were used for measurement error 539 parameters (sensitivity and specificity) assuming that relevant epidemiological quantities would be 540 known beforehand. To decrease convergence issue, it could be hypothesised that a good knowledge 541 of the strength of association between risk factors and the probability of new infection facilitates 542 convergence by reducing uncertainty around latent statuses. This knowledge would need to be 543 translated into narrow prior distributions.

The frequency and strength of the risk factor did not influence the STOC free model performances, 544 545 contrary to our assumptions. The inclusion of RFs was expected to improve the detection of newly 546 infected herds when they strongly contribute to the risk of new infections (high strength of 547 association). This added value was especially expected to be important when test sensitivity is poor, 548 because knowing that a RF is present could compensate for the lack of sensitivity. In our study, only 549 one RF was included to establish its influence on model performance. More RFs can easily be added 550 to the logistic regression if necessary. The choice of RFs to be included must be based on specific 551 knowledge of infection dynamics within the CP.

A cut-off value is needed to classify herds as infected or uninfected from the distributions of probabilities of infection predicted by the STOC free model. The cut-off value varied depending on the method of selection and the simulated context. In the field, the "best" cut-off value would also depend on the objective of the CP. The Youden index equally values sensitivity and specificity without other constraint (i.e. separates at best infected versus non infected herds), while our NewI

557 cost index ensures the detection of a higher number of newly infected herds than the test alone. For 558 most scenarios, the cut-off value identified with the cost index was lower than the cut-off value 559 identified with the Youden index. Indeed, given an endemic situation, the probability of becoming 560 infected is lower than the probability of remaining infected. The specific detection of newly infected 561 herds, that have not been detected by the test, requires a lower cut-off value compared to the cut-off 562 value selected without this constraint. To compute our cost index associated with the detection of a 563 higher number of newly infected herds we gave the same weight to false positives and false 564 negatives. These two types of misclassification have different consequences: in the context of cattle 565 trade, introducing a false negative into a disease free herd is more damaging than not allowing a false 566 positive to be introduced. Whatever the method of selection used, cut-off values were highly variable 567 between the simulated contexts. According to our study, it does not seem possible to determine a cut-568 off value directly from CP characteristics. However, we can argue that low cut-off values should be 569 favoured where the objective is safe trade, i.e. limiting false negative herds. In real data where no 570 gold standard is available, the choice of the cut-off value has to rely on another method. This point is 571 an important question when this framework is applied to real data and it needs more exploration.

572 Applying the STOC free model to real CPs also requires previous knowledge about the distributions 573 of the model parameters. The choice of prior distributions will be crucial because when the prior 574 distributions deviate too much from the true parameter values, this may lead to convergence issues or 575 bias in the posterior distributions. In this simulation study, true parameter values were known, 576 allowing prior distributions to be centred on the true parameter values. In the context of real CPs, test 577 characteristics are almost always assessed before designing the CP. However, even if information is 578 often available, its interpretation must be made in relation to the targeted latent status which may 579 differ from the definition used in the literature and can be challenging (Duncan et al., 2016). Test 580 characteristics may change depending on the latent status of interest. Information on risk factor of

introduction is often available as controlling them is a key measure in CPs to reduce the spread of infection between herds (Lindberg and Houe, 2005). Quantitative data can be derived from the literature (e.g. risk factor study, meta-analysis) but are highly variable between territories and not always available for a specific territory (van Roon et al., 2020a). The model makes it possible to use more or less precise priors according to the available information in the population of interest.

586 Within a CP, the dynamics of the infection (incidence and clearance of infection) as well as the 587 contribution of risk factors are expected to change over time given that the majority of CPs generally 588 act on both preventing new infections and eliminating the pathogen from infected herds. Depending 589 on the CP, these changes may be observed over different periods of time. Example of CPs against 590 BVDV have shown that the decrease in prevalence and incidence in European countries occurred 591 over different time lapses (Houe et al., 2014; Joly et al., 2001; Presi et al., 2011). Risk factor 592 contribution (frequency and strength) may also change during a CP. For example, neighbourhood 593 risk of introduction is linked to infection prevalence in the area. When the prevalence decreases in the 594 territory, the strength of association between having contact with neighbouring herds and becoming 595 infected will decrease, while the frequency of contacts between herds remains the same. In our study, 596 infection dynamics and the contribution of the risk factors remained stable over time to simplify 597 parameter estimations. The changes in infection dynamics and contribution of RFs to new infections 598 could be accommodated by running the model over short time periods (e.g. 1 to 3 years), using the 599 parameter posterior distributions for one period as the prior distributions for the next one.

The decrease of infection prevalence and incidence with time during a CP can influence performances of the STOC free model. Here, the cost index was higher when incidence and prevalence were low, reflecting a lower positive predictive value, when the number of true positive herds decreases in a population (similarly to surveillance based on tests only). Therefore, we speculate that the use of the STOC free model will be more interesting with disease present at an endemic level in a population rather than when CP results in decreased prevalence close toeradication.

607 6 Conclusion

608 This simulation study demonstrated the capacity of a Hidden Markov Model using disease dynamics 609 and risk factor information from surveillance programmes to detect more infected herds and newly 610 infected herd than test results alone. The added value of the model depends on the context in which a 611 control programme is conducted. It was greatest in situations with low sensitivity tests. However, 612 these situations were also the ones in which the convergence of the model was the most difficult. The 613 added value of the model did not depend on the strength and frequency of the risk factor. The use of 614 the model is likely to be beneficial especially in the early stages of a control programme (when 615 prevalence and incidence are at moderate level) rather than close to eradication.

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Parameter	Description	Value	Condition <sup>1</sup>
nherds	Number of herds	5000	-
nTests	Number of test times per herd	6	-
Se	Herd-level sensitivity	0.4, 0.7, 0.9	-
Sp	Herd-level specificity	0.8, 0.95	-
Р	Prevalence of infection	0.1, 0.3	-
$ au_2$	Probability of remaining infected	0.75, 0.9	-
τ <sub>1</sub>	Probability of becoming infected	0.011, 0.028, 0.043, 0.107	Depends on $ au_2$ and $P$ values
γ	Relative risk associated with <i>X</i>	1.5, 2, 5	-
F	Frequency of X	0.1, 0.25, 0.5	-
β	Probability of new infection for an uninfected herd without X	0.004, 0.005, 0.007, 0.008, 0.009, 0.010, 0.014, 0.019, 0.020, 0.021, 0.022, 0.025, 0.027, 0.029, 0.031 0.034, 0.036, 0.038, 0.039, 0.041, 0.054, 0.071, 0.076, 0.086, 0.086, 0.095, 0.097, 0.102	Depends on $ au_1$ , $\gamma$ and $F$ value

# 699 Table 1: Parameter values for scenario simulation.

- <sup>1</sup> The condition column details the dependencies between parameters, for parameters whose values are derived from the combination of values of other parameters.
- 702 Table 2: Prior distribution for the model parameters.

Parameter	Description	Distribution	Mean	Variance
Se	Herd-level test sensitivity	Beta	True value	0.0025
Sp	Herd-level test specificity	Beta	True value	0.0025
$\widehat{t_2}$	Probability for an infected herd not to eliminate the infection	Beta	True value	0.0025
$\widehat{ heta_1}$	Intercept (risk factor)	Normal	True value	1
$\widehat{\theta_2}$	Coefficient (risk factor)	Normal	True value	1
$\widehat{\pi_{l,1}}$	Probability of being infected at time 1	Beta	Prevalence true value	0.0225

Parameter Value Initial number of Number of scenarios that converged scenarios 0.4 0.7 Se 0.9 Sp 0.8 0.95 Ρ 0.1 0.3 0.0111 0.0278 τ1 0.0429 0.1071 0.75 τ2 0.9 0.1 F 0.25 0.5 1.5 Y 

Table 3: Number of scenarios that converged depending on each value of the simulated parameters.

Figure captions

Figure 1: Representation of the design strategy. Variables in rectangles represent observational data (risk factor and test results). Variables in circles represent herd infection statuses: true simulated status in solid line and latent estimated/predicted status in dashed line. Observational data simulated using the simulation model are used as input for the STOC free model. Herd statuses predicted by the STOC free model on the 6th time-step are compared to the corresponding simulated statuses, considered as the gold standard.

Figure 2: Representation of the STOC free model prediction performance analysis. At first stage posterior herd probability of being infected are summarized using the median value. Then, categorization of herds is done by applying a cut-off to the distribution of posterior median. Cut-off determination is based on two different indexes. Finally, the performance of the STOC free model is obtained by comparing the number of true positives using the STOC free model and the number of true positives obtained using test information alone.

Figure 3: Proportion of scenarios that converged for each simulation parameter value. Six of the seven simulated parameters are represented : *Se* (test sensitivity), *Sp* (test specificity), *P* (prevalence),  $\tau_2$  (probability of remaining infected), *F* (frequency of the risk factor) and  $\gamma$  (relative risk associated with the risk factor).

Figure 4 : Proportion of scenarios that converged for all combinations of Se (test sensitivity) and Sp (test specificity) values.

Figure 5: Difference between the number of herds accurately classified by the STOC free model and the number of herds accurately classified using test results for infected herds only, for uninfected herds and for all herds. Dark blue diamond represents the mean of each

distribution. At the dashed grey line, the STOC free model and test results accurately classified the same numbers of herds.

Figure 6: Additional proportion of infected herds accurately classified by the STOC free model relative to test results, among the total number of infected herds, depending on simulated parameter values, using cut-off found applying Youden index. The seven simulated parameters are represented : *Se* (test sensitivity), *Sp* (test specificity), *F* (frequency of the risk factor),  $\gamma$  (relative risk associated with the risk factor), *P* (prevalence),  $\tau_1$  (probability of being newly infected) and  $\tau_2$  (probability of remaining infected). Dark blue diamond represents the mean of each distribution. At the dashed grey line, the STOC free model and test results accurately classified the same numbers of herds.

Figure 7: Difference between the number of herds accurately classified by the STOC free model and the number of herds accurately classified using test results only for herds which were candidates for new infection at the final time-step (i.e. herds that were uninfected at the previous step time) for newly infected herds, uninfected herds and all herds, using cut-off found applying Youden index. Dark blue diamond represents the mean of each distribution. At the dashed grey line, the STOC free model and test results accurately classified the same numbers of herds.

Figure 8: Additional proportion of newly infected herds detected by the STOC free model relative to test results, among the total number of newly infected herds, depending on simulated parameter values, using cut-off found applying Youden index. The seven simulated parameters are represented : *Se* (test sensitivity), *Sp* (test specificity), *F* (frequency of the risk factor),  $\gamma$  (relative risk associated with the risk factor), *P* (prevalence),  $\tau_1$  (probability of being newly infected) and  $\tau_2$  (probability of remaining infected). Dark blue diamond represents the mean of each distribution. At the dashed grey line, the STOC free model and test results accurately classified the same numbers of herds.

Figure 9: Additional proportion of newly infected herds detected by STOC free model relative to test results, among the total number of newly infected herds, depending on simulated parameter values, using cut-off found applying NewI cost index. The seven simulated parameters are represented : *Se* (test sensitivity), *Sp* (test specificity), *F* (frequency of the risk factor),  $\gamma$  (relative risk associated with the risk factor), *P* (prevalence),  $\tau_1$  (probability of being newly infected) and  $\tau_2$  (probability of remaining infected). Dark blue diamond represents the mean of distribution. At the dashed grey line, the STOC free model and test results accurately classified the same numbers of herds.

Figure 10: Cost index value, i.e. the number of additional false positive herds for each additional true positive herds by the STOC free model relative to test results, depending on simulated parameter values, using cut-off found applying NewI cost index. The seven simulated parameters are represented : *Se* (test sensitivity), *Sp* (test specificity), *F* (frequency of the risk factor),  $\gamma$  (relative risk associated with the risk factor), *P* (prevalence),  $\tau_1$  (probability of being newly infected) and  $\tau_2$  (probability of remaining infected). Dark blue diamond represents the mean of distribution. Under the dashed grey line cost is negative meaning that STOC free model do detect more newly infected for less false positive herds compared to test results.

Figure 11: Cost index value, i.e. the ratio of additional false positive herds on the additional true positive herds, using cut-off found applying NewI cost index, depending on the proportion of additional newly infected herds detected (A) and the number of newly infected herds which depend on the four possible values of the probability of become infected ( $\tau_1$ ).

Figure 12: Distribution of cut-off values for herd status classification depending on the index used. "NewI" criterion is based on a trade-off between the additional number of true positive herds and the additional number of false positive herds. "Youden" criterion is based on maximizing sensitivity and specificity based on classification of all herds. Dark blue diamond represents the mean of the distribution.



Herd level posterior probability of being infected Distribution of median probability of being infected STOC free model performances



















# Additional proportion of infected herds detected























τı

 $\tau_2$ 

Cost index



