

FFD: R-softwaretool for the design of risk based sampling schemes to substantiate freedom from disease

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Software package FFD

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File Help								
FFD: Freedom From Disease								
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Set risk group parameters								
Close								

- Package for the open source software **R**
- Design and analysis of surveys to substantiate freedom from disease
- Two-stage sampling
- Finite populations
- Imperfect diagnostic test
- Risk-based sampling
- Graphical user interface (GUI), S4 classes, functions



- Disease freedom
- Exact alpha-error
- Risk-based sampling



Freedom from disease



Motivation: Brucella melitensis

EU-requirement:

Member states must show with a probability exceeding **95 %** that no more than $\pi_0 = 0.2$ % of the herds are infected.



\Rightarrow Statistical test:

 H_0 : prevalence $\pi = \pi_0$, $H_A: \pi < \pi_0$ $\alpha = 0.05$.

Two sampling stages:

- Sample herds (*n_{herds}* =?)
- Sample animals from the selected herds (*n_{animals}* =?)



Test setup:

 T^+ ...number of test-positive individuals in the sample.

 $T^+ = 0 \Rightarrow \text{reject } H_0$ $T^+ > 0 \Rightarrow \text{do not reject } H_0$

Diagnostic test might be imperfect.

Definition:

The **sensitivity** of a diagnostic test is defined as the probability of obtaining a positive test result, given the individual is diseased.



One-stage sampling [2]

Parameters: N...population size

n...sample size

Se...sensitivity of the diagnostic test

H₀: *d*...number of diseased in population ($d \approx N \cdot \pi_0$)



 \Rightarrow choose smallest *n* with $P(T^+ = 0 | n, \text{Se}) \leq \alpha$.



Two-stage sampling



Diagnostic test on herd level = separate sampling scheme.

Sensitivity on top-level = confidence on lower level (assume constant).

	herd level	animal level		
N	no. of herds in pop.	no. of animals in herd		
Se	herd sensitivity	sensitivity of diag. test		
π	design prevalence	intra-herd prevalence		
α	overall significance	1-herd sensitivity		
n	no. of herds to test	no. of animals to test per herd		



Sampling strategies [Ziller et al., 2002]



Individual Sampling:

Constant herd sensitivity (lower bound), *n_{animals}* depends on herd size.



Limited Sampling:

 $n_{animals}$ fixed, Herd sensitivity varies (\Rightarrow use mean value).



Sampling strategies [Ziller et al., 2002]



Individual Sampling:

- Choose herd sens.
- Compute *n_{herds}*
- Compute *n_{animals}(N)*



Limited Sampling:

- Choose nanimals
- Compute mean herd sens.
- Compute n_{herds}



Exact alpha error



The computed herd sensitivity is an approximation:

- Individual sampling: Herd sensitivity is systematically under-estimated. Conservative and resource consuming.
- Limited sampling: Herd sensitivity is averaged. Depends on realization of sample:
 - "Too many" small herds: herd sensitivity under-estimated.
 - "Too many" large herds: herd sensitivity over-estimated.

 \Rightarrow Computed significance α is also an approximation, the true value depends on the chosen sample.



Let $Se_{H}^{(1)}, \ldots, Se_{H}^{(n)}$ be the herd sensitivities of a specific sample:

$$\alpha_{ex} = \sum_{y=\max(0,d-(N-n))}^{\min(d,n)} \frac{\binom{d}{y}\binom{N-d}{n-y}}{\binom{N}{n}} \frac{1}{\binom{n}{y}} \sum_{\substack{I \subset \{1,\dots,n\} \land |I|=y}} \prod_{j \in I} (1 - \mathsf{Se}_{H}^{(j)}).$$

- How many diseased herds are there in the sample?
- Which y of the n herds in the sample are diseased?
- What is the probability falsely classifying all diseased herds as being healthy?



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The exact alpha can be used for:

- A-posteriori validation of the sampling plan
- *Dynamic sampling*: Compute alpha-error inline during sampling and increase sample until alpha-error falls below threshold.



Data/parameters:

15287 sheep herds in Austria, α = 0.05, π = 0.002, $\pi_{I\!H}$ = 0.13, Se = 0.9, 1000 iterations:





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Strategy	n _{fix}	n _{dyn}		
		q 0.025	$q_{0.5}$	q 0.975
Itd, $k = 5$	2332	2305	2333	2360
ltd, $k = 7$	1965	1951	1965	1980
ind, $Se_H = 0.5$	2882	2245	2259	2274
ind, $Se_H = 0.7$	2058	1811	1818	1825
ind, $Se_H = 0.9$	1601	1574	1576	1577



Risk-based sampling



Not all herds have the same risk of being infected.

Possible risk factors are:

- lively trade
- import from abroad
- high herd density
- proximity to the border
- . . .

Goal:

Reduction of sample size through targeted sampling of high-risk groups.



Assumption: Population is divided into 2 risk groups RG_1 , RG_2 with risks R_1 , R_2 of contracting the disease.



If d_1 , d_2 is known \Rightarrow multiply the alpha-errors. BUT: only the disease risks are known, d_1 , d_2 are random variables.



Number of diseased d_i

Setup: We pick a diseased individual from the population. What is the probability of it originating from risk group RG_1 ?

$$P(RG_1|D) = \frac{P(D|RG_1)P(RG_1)}{P(D)} = \frac{R_1 \cdot \frac{N_1}{N}}{P(D)}.$$

With

$$P(D) = P(D \cap RG_1) + P(D \cap RG_2)$$

= $P(D|RG_1) \cdot P(RG_1) + P(D|RG_2) \cdot P(RG_2)$
= $R_1 \cdot \frac{N_1}{N} + R_2 \cdot \frac{N_2}{N}$

we find

$$p_1 := P(RG_1|D) = rac{R_1N_1}{R_1N_1 + R_2N_2}.$$



 \Rightarrow *d_i* are binomially distributed:

$$d_i \sim B(d, p_i), \quad \text{ for } i = 1, 2$$

with $p_i = \frac{R_i N_i}{R_1 N_1 + R_2 N_2}$.

Note: Only relative values for R_i are necessary.

Alpha error:

$$P(T^{+} = 0 | N_{1}, N_{2}, n_{1}, n_{2}, R_{1}, R_{2}, d) =$$

$$= \sum_{y_{1} = \max(0, d - N_{2})}^{\min(d, N_{1})} {d \choose y_{1}} p_{1}^{y_{1}} \cdot (1 - p_{1})^{d - y_{1}} \cdot \cdot P_{h}(T^{+} = 0 | N_{1}, n_{1}, d_{1} = y_{1}) \cdot P_{h}(T^{+} = 0 | N_{2}, n_{2}, d_{2} = d - y_{1}).$$



R-package FFD:

http://ffd.r-forge.r-project.org/
http://cran.r-project.org/web/packages/FFD

Literature:

A. G. Cameron and F. C. Baldock, *Two-stage sampling in surveys to substantiate freedom from disease*, Prev. Vet. Med. 34 (1998), pp. 18-30.

I. Kopacka and J. Hofrichter, *A-posteriori alpha-error determination for two-stage sampling strategies to substantiate freedom from disease*, Technical-Report No. 008 (07/2011), AGES-DSR/EPI,Graz.

M. Ziller, T. Selhorst, J. Teuffert, M. Kramer and H. Schlüter, *Analysis of sampling strategies to substantiate freedom from disease in large areas*, Prev. Vet. Med. 52 (2002), pp. 333-343.

