

# A Bayesian Hierarchical Model for COVID-19 Related Cause-of-death Assignment Using Verbal Autopsies

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## Introduction

- The global COVID-19 pandemic has been associated with burden of mortality.
- Verbal Autopsy (VA) is used to assess cause-of-death and estimate cause-specific mortality fraction (CSMF) when medically certified causes are not available [1].
- Bayesian hierarchical models with latent class are developed to infer the prevalence related to COVID-19.

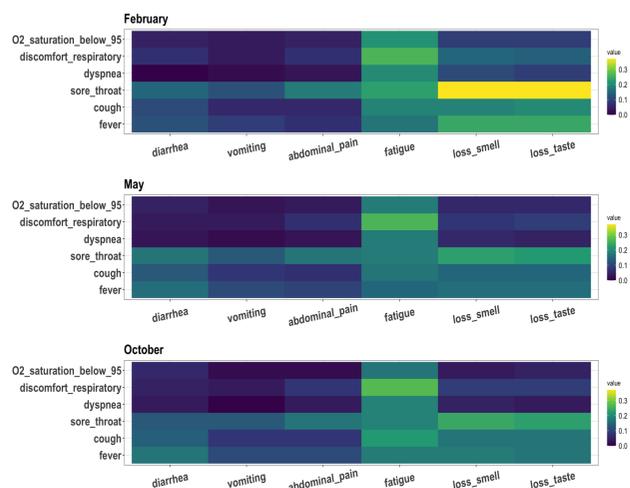


Figure 1: The subset of correlation matrix between symptoms in Brazil VA given the cause-of-death is COVID-19 under different months

## Structured Priors

Structured priors are helpful to borrow information from other cells when the sub-population cell becomes more refined and contains less information [2]:

### Motivations

- Real-world system variables may be helpfully categorized into classes that foretell the types of probabilistic dependencies they take part in.[3].
- Mechanisms to verify cause-of-death changing over time.

### Baseline Form

$$Pr(Y_i = 1) = \text{logit}^{-1}(X_i\beta + \sum_{k=1}^K \alpha_{j[i]}^k)$$

$$\alpha_j^k | \sigma_k \stackrel{\text{ind.}}{\sim} \text{Normal}(0, (\sigma_k)^2)$$

$$\sigma_k \sim \text{Normal}_+(0, 1)$$

$$\beta \sim \text{Normal}(0, 1)$$

## Model

- **Idea:** Quantify uncertainties for all sub-populations.
- **Goals of inference:** For death  $i = 1, \dots, n$ , we have:
  - $Y_i \in \{0, 1\}$ : binary indicator for cause-of-death  $i$  being COVID-19 related;
  - $\vec{\pi} = \{\pi_1, \dots, \pi_T\}$ : sub-population CSMF;
  - $H_i \in \{1, \dots, K\}$ : latent class for death  $i$ .
- **Data:**
  - $X_i \in \{0, 1\}^p$ : binary vector of COVID-related symptoms for death  $i$ ;
  - $T_i \in \{1, \dots, T\}$ : discrete time period.

### Model specification

- Population CSMFs:

$$\pi_t = \text{expit}(m_t)$$

- **Independent (Model I):**

$$m_t \stackrel{\text{i.i.d.}}{\sim} \text{Normal}(\mu_\pi, \sigma_\pi^2), t = 1, \dots, T$$

$$\mu_\pi \sim \text{Normal}(a_\mu, b_\mu)$$

$$\sigma_\pi^2 \sim \text{Inverse-Gamma}(a_\sigma, b_\sigma)$$

- **Random Walk (Model II):**

$$m_1 \sim \text{Normal}(\mu_\pi, \sigma_{\pi_{\text{init}}}^2)$$

$$m_t | m_{t-1} \sim \text{Normal}(m_{t-1}, \sigma_\pi^2), t = 2, \dots, T$$

$$\mu_\pi \sim \text{Normal}(a_\mu, b_\mu)$$

$$\sigma_{\pi_{\text{init}}}^2 \sim \text{Inverse-Gamma}(a_{\sigma_{\text{init}}}, b_{\sigma_{\text{init}}})$$

$$\sigma_\pi^2 \sim \text{Inverse-Gamma}(a_\sigma, b_\sigma)$$

- Individual symptoms given causes and latent class:

$$X_{il} | Y_i = y, H_i = k \sim \text{Bernoulli}(\phi_{ykl})$$

$$\phi_{ykl} \sim \text{Beta}(a_\phi, b_\phi)$$

- Latent class given causes and time:

$$H_i | Y_i = y, T_i = t \sim \text{Multinomial}(\lambda_{yt1}, \dots, \lambda_{ytK})$$

$$\lambda_{yt} \sim \text{Stick-breaking}(V_{yt})$$

$$V_{yt} \sim \text{Beta}(1, \omega_y)$$

$$\omega_y \sim \text{Gamma}(a_\omega, b_\omega)$$

- Individual causes of death given time:

$$Y_i | T_i = t \sim \text{Bernoulli}(\pi_t)$$

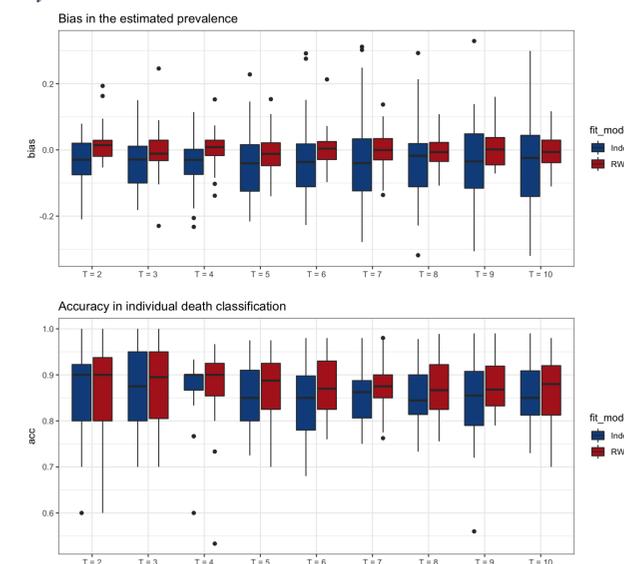
- **Computation**

Apply posterior sampling with Gibbs algorithm. Joint update  $m_t$  with Polya-Gamma augmentation.

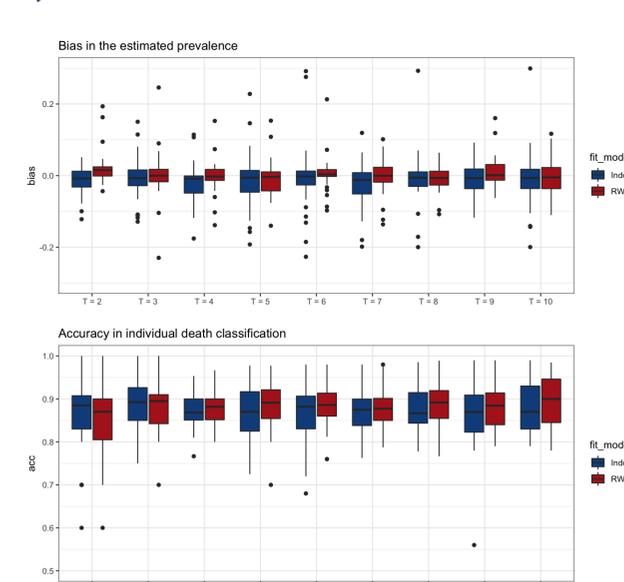
## Simulation Study

- Establish  $T = 10$  with first sub-population ( $T = 1$ ) fully observed, connected with 7 sub-populations that  $Y_i$ s are partially observed with missing proportions increasing, and 2 followings fully unknown.
- Compare two different sample size settings: small ( $n_i = 100$ ) and large ( $n_i = 1000$ ).
- Simulate the data set under the Random Walk structure and fit Model I and Model II separately. Repeat for 30 times.

$n_i = 100$



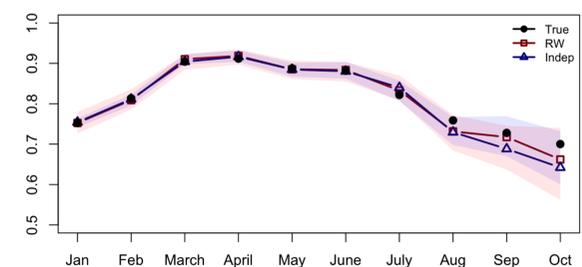
$n_i = 1000$



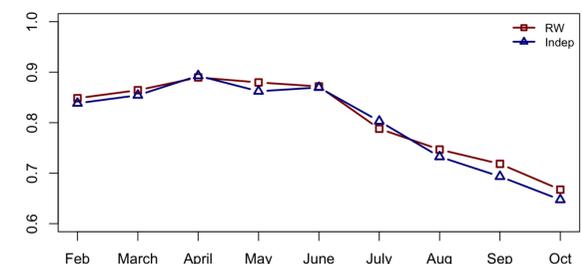
## Brazil VA 2021

- Model Brazil VA data partitioned into 10 time periods from January to October with each sub-population size equal to 1000.
- The cause-of-death for the first month are fully observed, while the rest of months contain missingness with proportions in order from 10% to 90%.

Posterior Mean and 95% CI for Prevalence



Accuracy of Cause-of-Death



- Bias and variance reduction for the inference of prevalence and prediction accuracy improvement with RW.
- The prediction accuracy is influenced by true prevalence and missing proportion.

## Future Work

- Introduce the structure prior to  $\phi$  as well for more flexibility.
- Extension to non-parametric, hierarchical Bayesian models that discover and characterize dependence structures.

## References

- [1] Tyler H. McCormick, Zehang Richard Li, Clara Calvert, Amelia C. Crampin, Kathleen Kahn, and Samuel J. Clark. Probabilistic cause-of-death assignment using verbal autopsies. *Journal of the American Statistical Association*, 111(515):1036–1049, 2016. PMID: 27990036.
- [2] Yuxiang Gao, Lauren Kennedy, Daniel Simpson, and Andrew Gelman. Improving Multi-level Regression and Poststratification with Structured Priors. *Bayesian Analysis*, 16(3):719–744, 2021.
- [3] Vikash Mansinghka, Charles Kemp, Thomas Griffiths, and Joshua Tenenbaum. Structured priors for structure learning, 2012.