

MILIND TAMBE



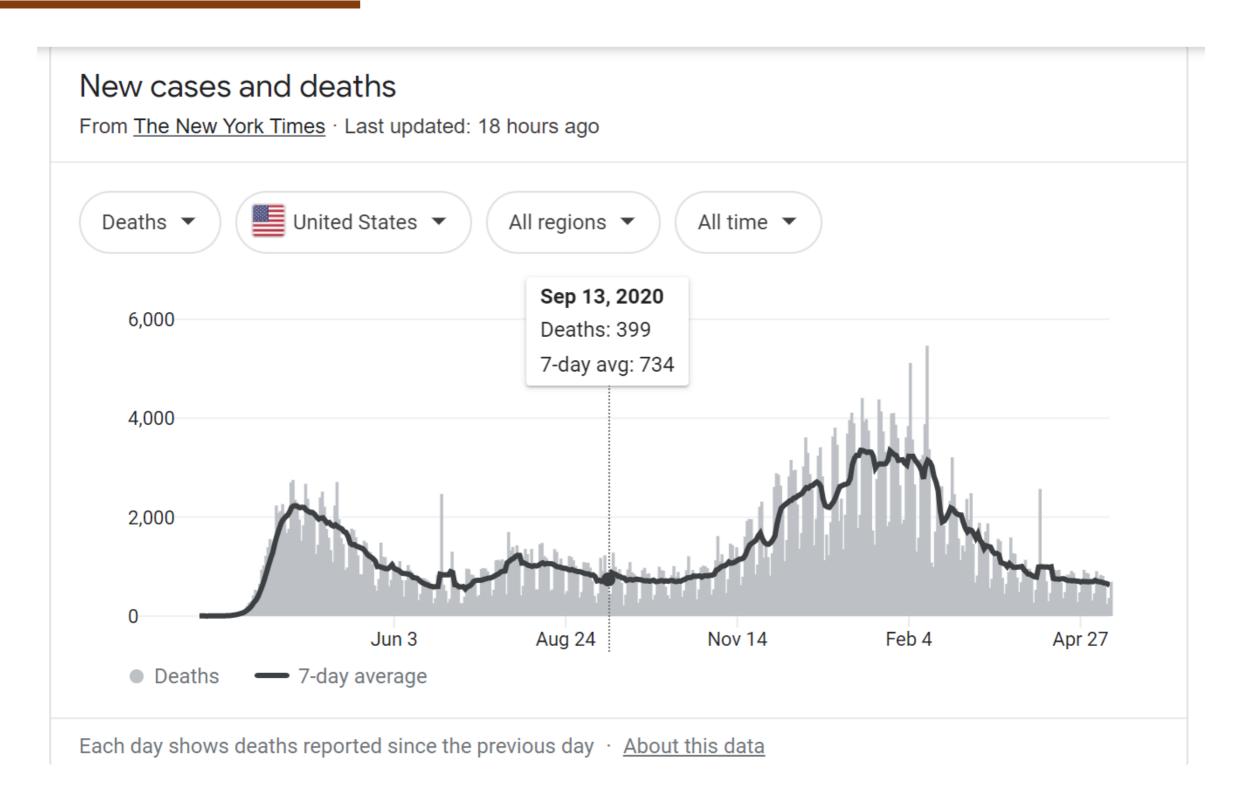
Director, Ctr for Research on Computation & Society, Harvard University



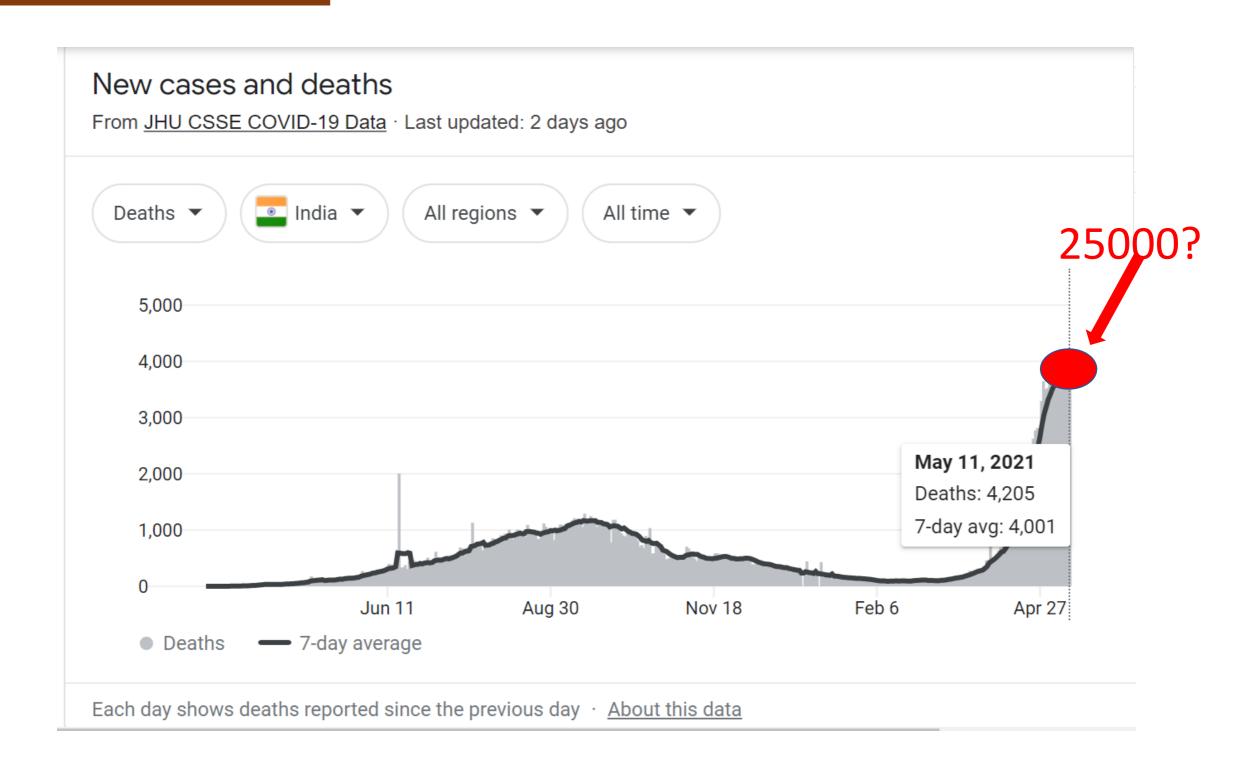
Director "Al for Social Good", Google Research India



Acknowledging COVID-19 context (US)

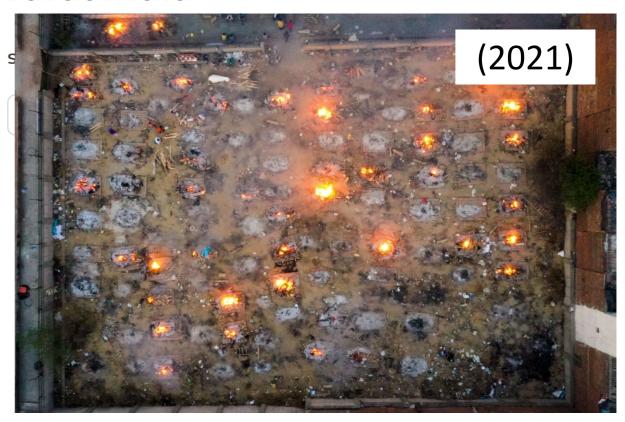


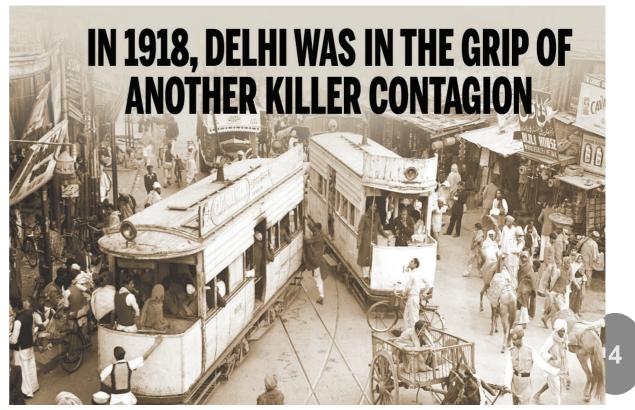
Acknowledging COVID-19 context (India)



Acknowledging COVID-19 context (India)

'A hell out here': COVID-19 ravages rural India





Outline



- Agent-based modeling for COVID
 - Modeling COVID-19 dynamics [PNAS, 2020]
 - Population-level testing [Science Advances, 2020]
 - Outbreak detection [AAAI 2021]
 - Cohort modeling [AAMAS 2021]
 - Mobility for forecasting [AI4SG workshop 2021]
 - Decentralized policy modeling [Under submission]
 - Contact tracing [Under submission]

Lessons learned

Key group members:

Bryan Wilder (PhD student) Andrew Perrault (postdoc)

Key collaborators:

Prof. Maia Majumder (Harvard Medical School)

Prof. Michael Mina (Harvard Chan School of Public Health)

Al & Multiagent Systems Research for Social Impact



Public Health



Conservation



Public Safety and Security

Optimize Our Limited Intervention Resources

Previous work in Agent-based Modeling



Public Health







Public Safety & Security

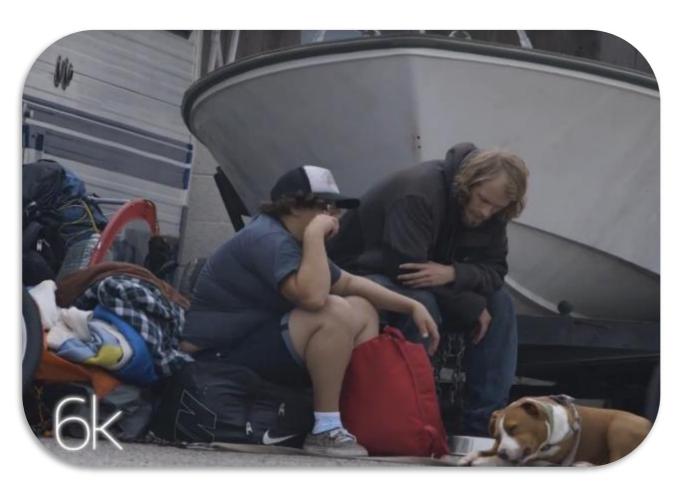


Stackelberg security games

Information dissemination & behavior change Optimizing Limited Intervention (Social Worker) Resources

Prevent HIV in youth experiencing homelessness: HIV 10x housed population

- > Shelters: Limited number of peer leaders to spread HIV information in social networks
- "Real" face-to-face interactions; not Facebook etc





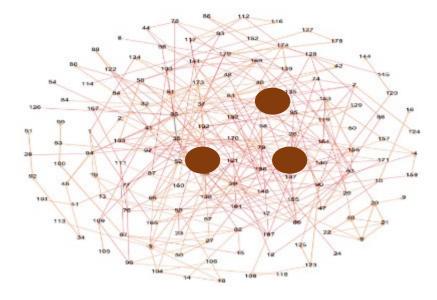
Influence Maximization in Social Networks

Given:

- Social network Graph G
- Choose K "peer leader" nodes



- Objective:
 - Maximize expected number of influenced nodes
- New algorithm: SAMPLING-HEALER



Results of 750 Youth Study [with Prof. Eric Rice] Actual Change in Behavior?

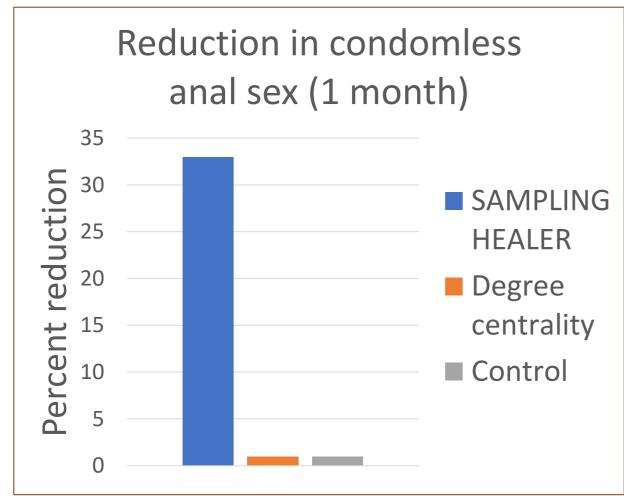
(AAAI 2021)

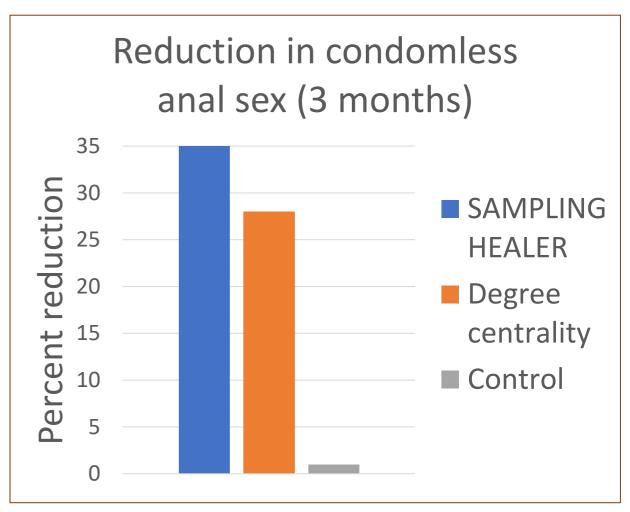
First large-scale application of influence maximization for public health











Key observation: Pace of AI research vs Field study

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Background: Agents

Computer programs simulate individual people

Agent A

Age: 47

Diabetes: Yes Hypertension: No

Household: Agents B, C

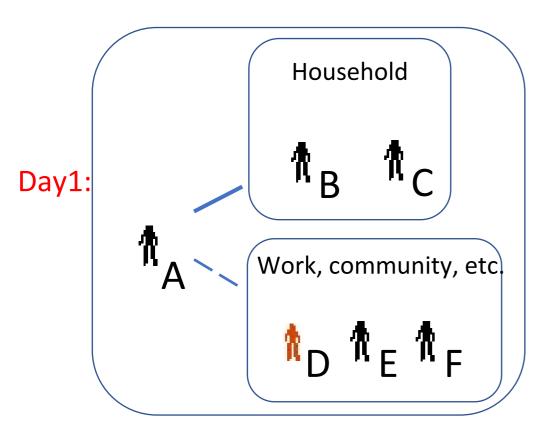
Agent H

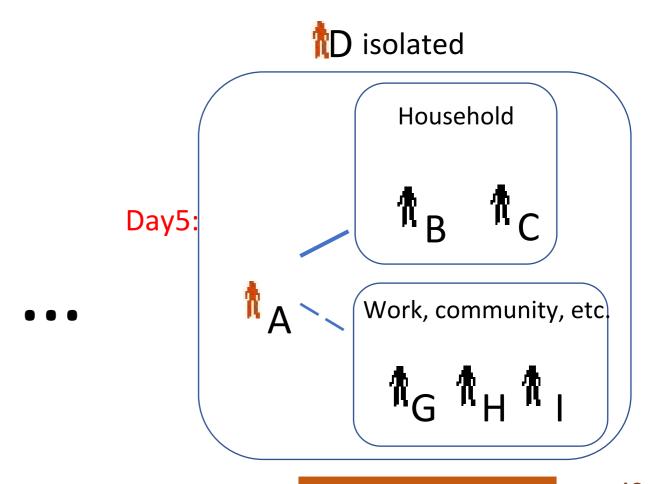
Age: 35

Diabetes: No Hypertension: No

Household: Agent K

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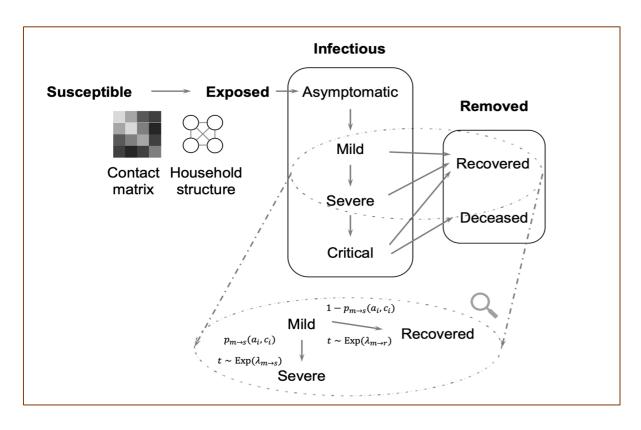




COVID-19: Agent-based Simulation Model

Agent-based model:

- > Families
- Co-morbidities
- Age distributions
- Contact patterns
- Bayesian inference over unknowns



Key collaborators:

Prof. Maia Majumder (Harvard Medical School)



RESEARCH ARTICLE

Modeling between-population variation in COVID-19 dynamics in Hubei, Lombardy, and New York City

Bryan Wilder, Marie Charpignon, Alexandre A. Killian, Han-Ching Ou, Aditya Mate, Shahin Jabbari, Andrew Perrault, Angel N. Desai, Milind Tambe, and Maimuna S. Majumder

PNAS October 13, 2020 117 (41) 25904-25910; first published September 24, 2020; https://doi.org/10.1073/pnas.2010651117

Fig. 1. We use a modified SEIR model, where the infectious states are subdivided into levels of disease severity. The transitions are probabilistic and there is a time lag for transitioning between states. For example, the magnified section shows the details of transitions between mild, recovered, and severe states. Each arrow consists of the probability of transition [e.g.,

Parameter inferences

Use model to understand variation in dynamics & progression of epidemic

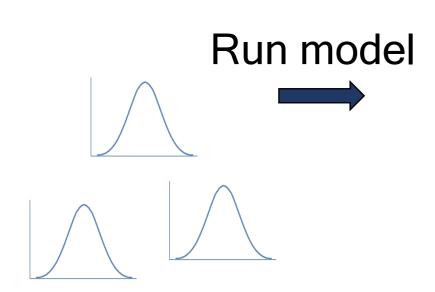
Two main targets:

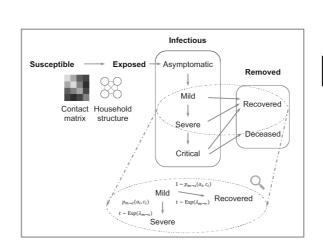
 r_0 : average infections caused by a single infected person (in a susceptible population with no interventions)

What fraction of each population was infected in the first wave?

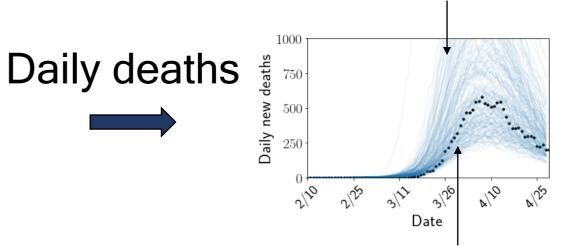
Bayesian generative model

Sample priors for p_{inf} , t_0 , d_{mult}



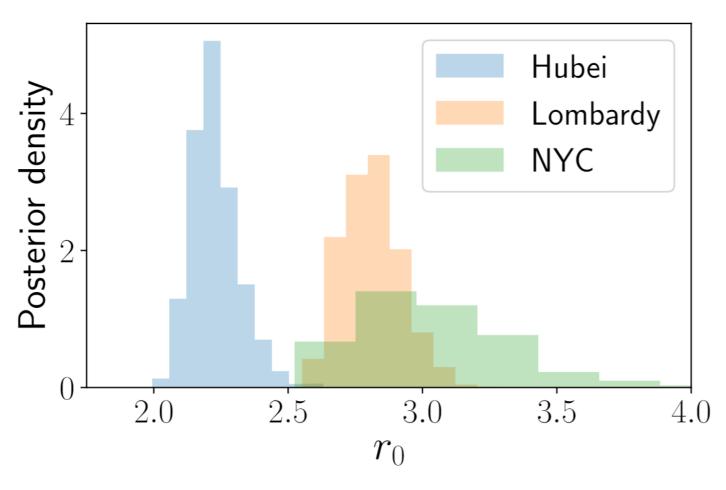


Samples from model



Reported deaths

Results: r_0



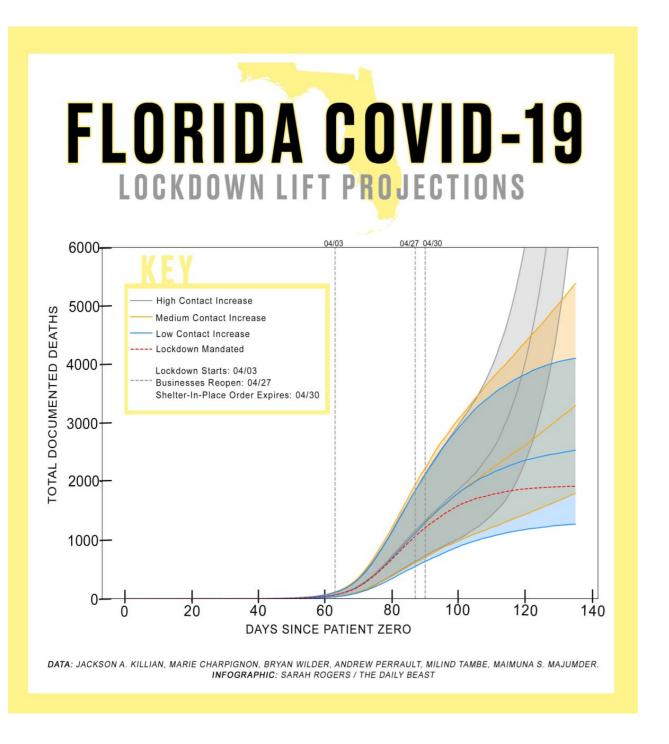
Hubei: 2.21(2.10 - 2.41)

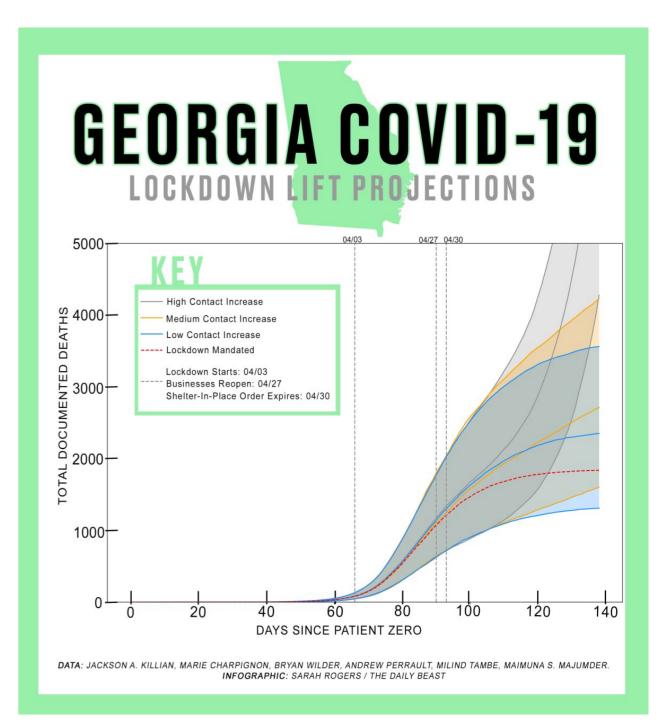
Lombardy: 2.80 (2.66 - 3.01)

NYC: 3.06 (2.65 - 3.59)

See paper: policy implications for controlling second wave

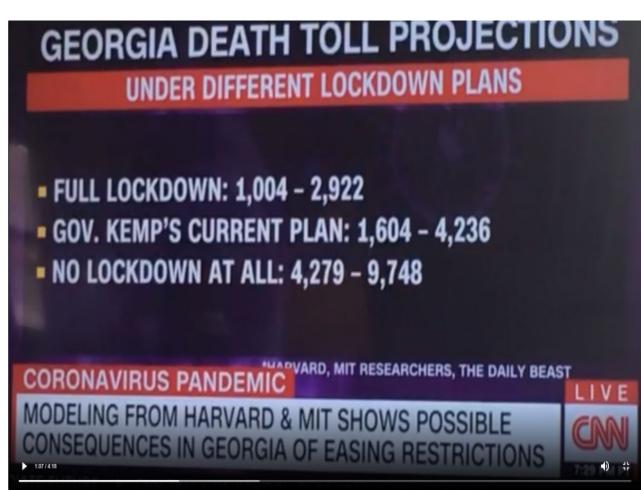
COVID-19: Agent-based Simulation Model





COVID-19: Agent-based Simulation Model Impact





- Prof. Maia Majumder knew what question to ask
- Even if we in AI had the tools to help collaboratively answer that

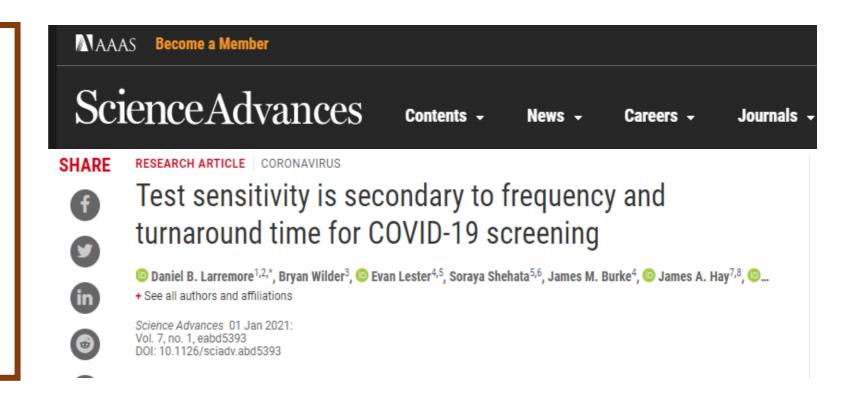
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COVID Testing Policy: Accuracy vs Ease

Range of tests entering market, varying sensitivity/cost:

Quantity vs Quality?



- qRT-PCR (More sensitive): Detect viral concentration 10³/mL, \$50-100, Slow turnaround
- Antigen strip (Less sensitive): Detect viral concentration 10⁶/mL, \$3-5, Quick turnaround

For campuses like Harvard or others, what is the right testing strategy?

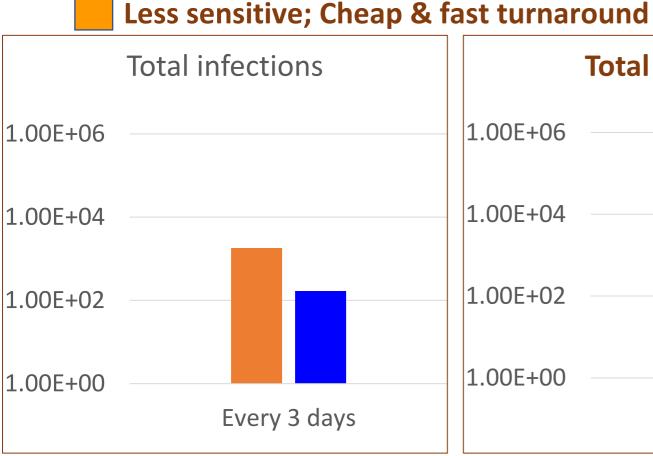
Key collaborators:

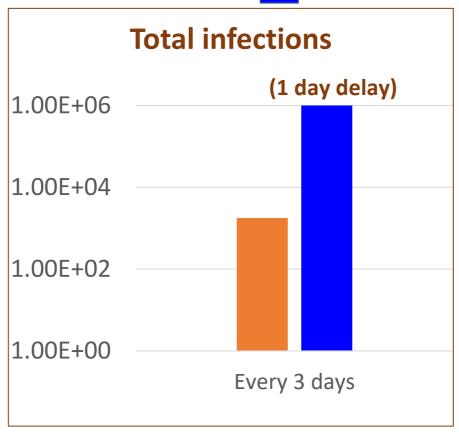
Prof. Michael Mina (Harvard Chan School of Public Health)

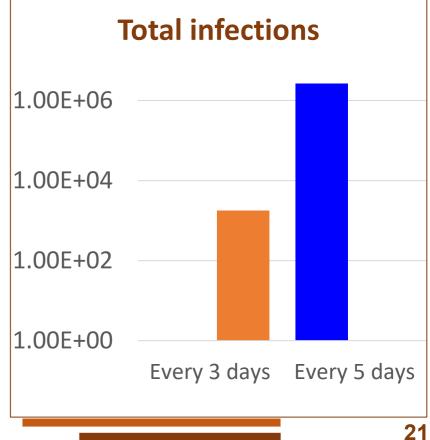
COVID Testing Policy: Accuracy vs Ease

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Rapid turnaround time & frequency more critical than sensitivity for COVID-19 surveillance







More sensitive; Costly & slow turnaround

Impact: WHO Guidance Reference

Diagnostic testing for SARS-CoV-2

Interim guidance 11 September 2020



A rapid turnaround time of test results can, in turn, have a positive impact on the outbreak [187, 188]. More studies are needed to fine tune the maximum acceptable time from symptom onset to sample result to have impact on clinical management and outbreak control; currently a maximum of 24 hours is considered reasonable in most settings. As laboratories often have control only over the time between sample arrival and the test result, it is critical to ensure that samples arrive in the laboratory without delay.

COVID Testing Policy: Impact

- Covered in NYT, WaPo, Time, The Atlantic, The Hill, etc.
- Allowed epi collaborators to advocate to FDA/CDC



LIVE Latest Updates Maps and Cases The Latest Vaccine Information The Thanksgiving Effect



The Coronavirus Outbreak >







COVID Testing Policy: Impact



The Abbott BinaxNOW COVID-19 at-home test was one of two to receive FDA approval this week. The over-the-counter test does not need a prescription.

Courtesy of Abbot

Approval of at-home tests

HEALTH & MEDICINE

releases a powerful pandemic-fighting weapon



Chan School's Mina says despite vaccination campaign success, diagnostic tools still important

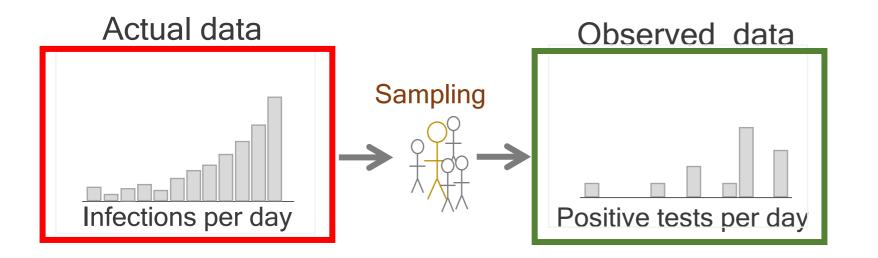
One of them is Michael Mina, assistant professor of epidemiology, who has called on federal regulators for much of the past year to clear the rapid antigen tests, arguing that widespread, frequent use of the diagnostic has the potential to stop outbreaks early and keep case numbers down.

- Prof. Michael Mina knew what question to ask
- Even if we had agent-based models to help collaboratively answer that

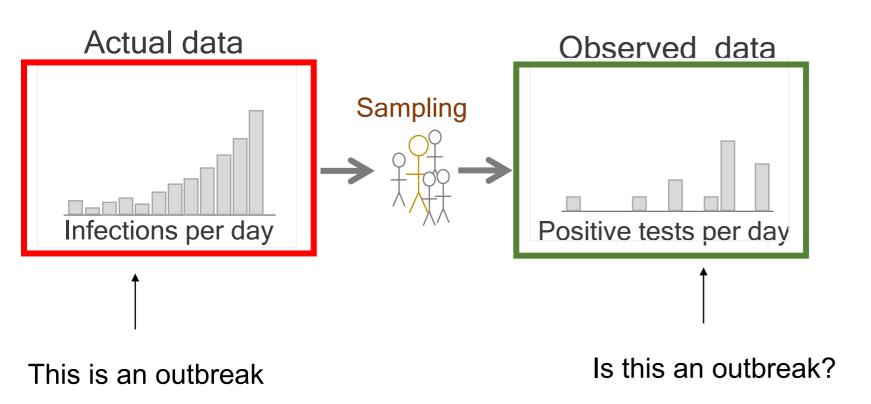
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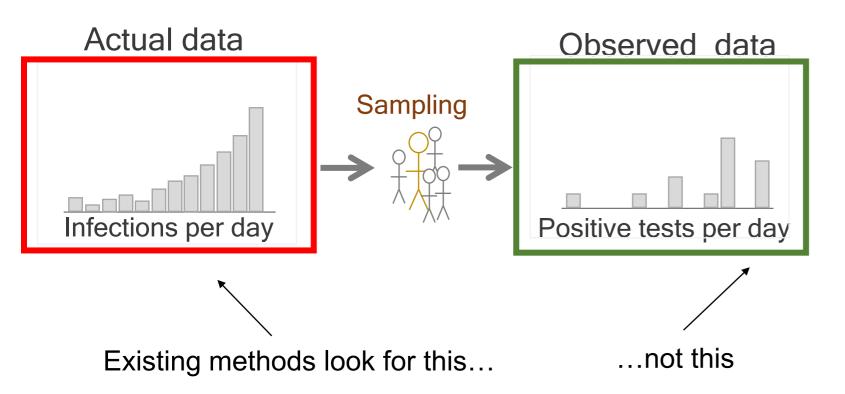
Testing at individual colleges or workplaces will yield noisy data



Testing at individual colleges or workplaces will yield noisy data

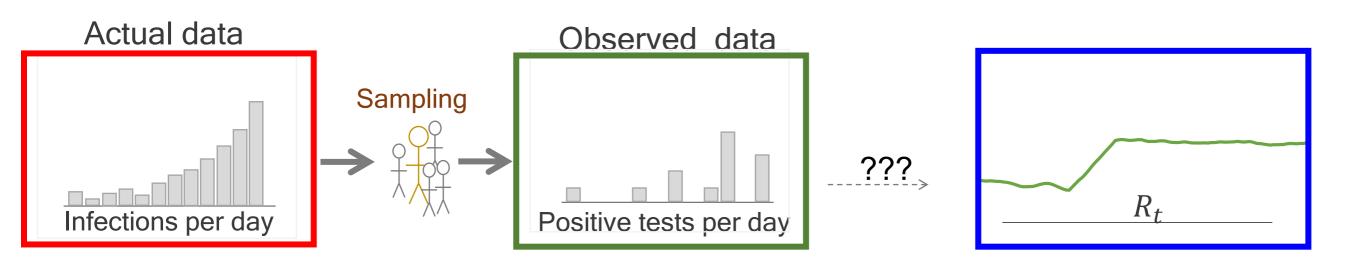


Testing at individual colleges or workplaces will yield noisy data



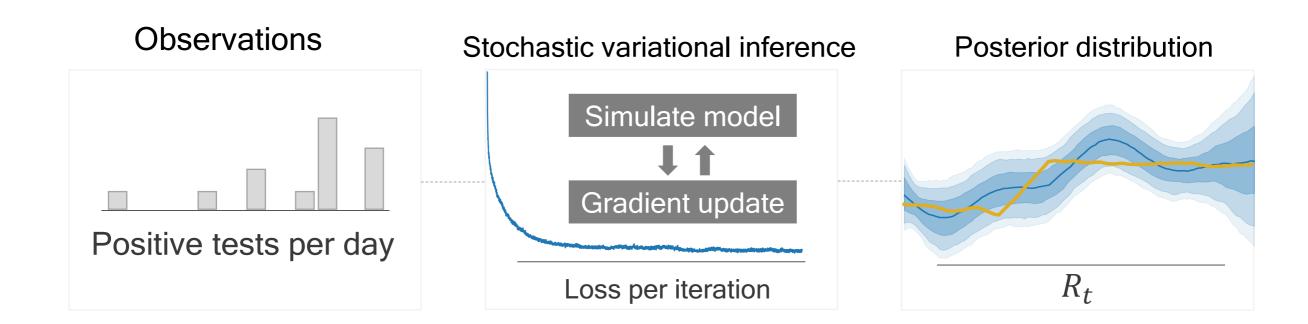
How do we detect outbreaks from sparse, noisy test results?

Testing at individual colleges or workplaces will yield noisy data

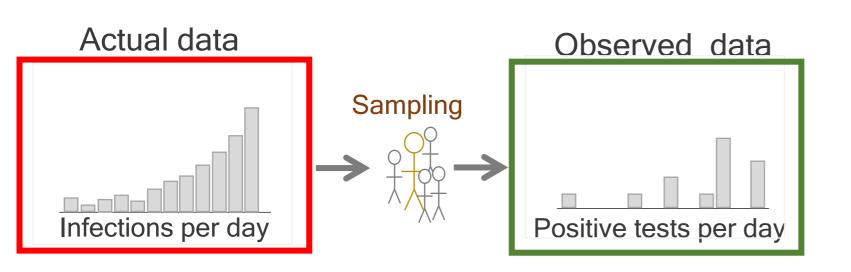


How do we recover the rate at which the epidemic is growing from noisy observations?

Approach: inference



- Many, many latent variables in between the case counts and R
- Number of daily infections, when each individual is test-positive, who was selected for testing...
- Adds up to 10s-100s of thousands, all discrete!

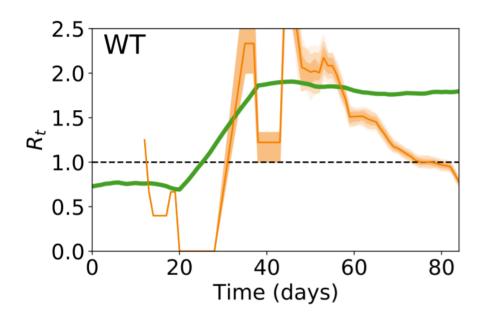




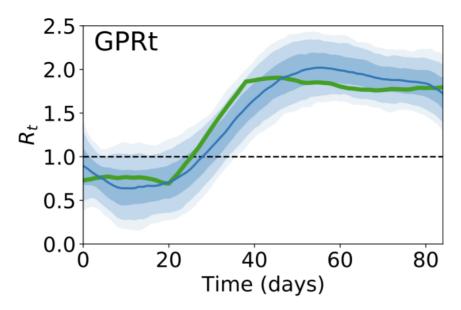
Tracking disease outbreaks from sparse data with Bayesian inference

Bryan Wilder, Michael Mina2, Milind Tambe1

John A. Paulson School of Engineering and Applied Sciences, Harvard University T.H. Chan School of Public Health, Harvard University bwilder@g.harvard.edu, mmina@hsph.harvard.edu, milind_tambe@harvard.edu



Previous methods return incorrect estimates



Our probabilistic tools detect increased transmission from noisy data

- Tracking and responding to epidemics requires new AI methods
- Partial observability is computationally and statistically difficult
- New method: GPRt, for R_t with partial observations
- Greatly improved performance vs standard epidemiological methods

Opens up new research directions for AI: Anticipate follow on here

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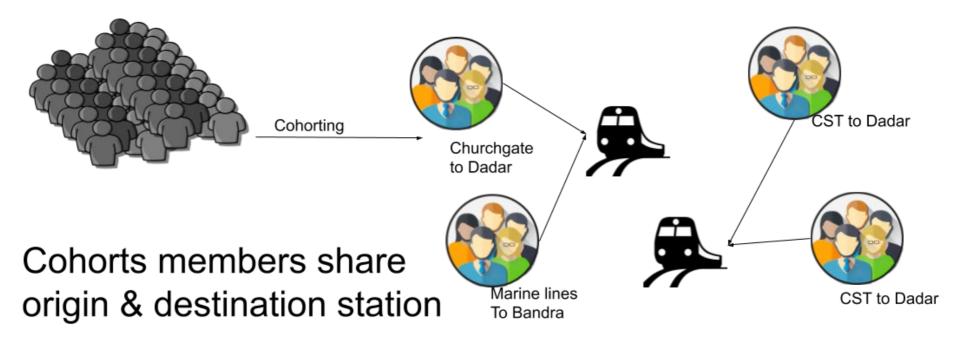


Cohorting to isolate asymptomatic spreaders: An agent-based simulation study on the Mumbai Suburban Railway

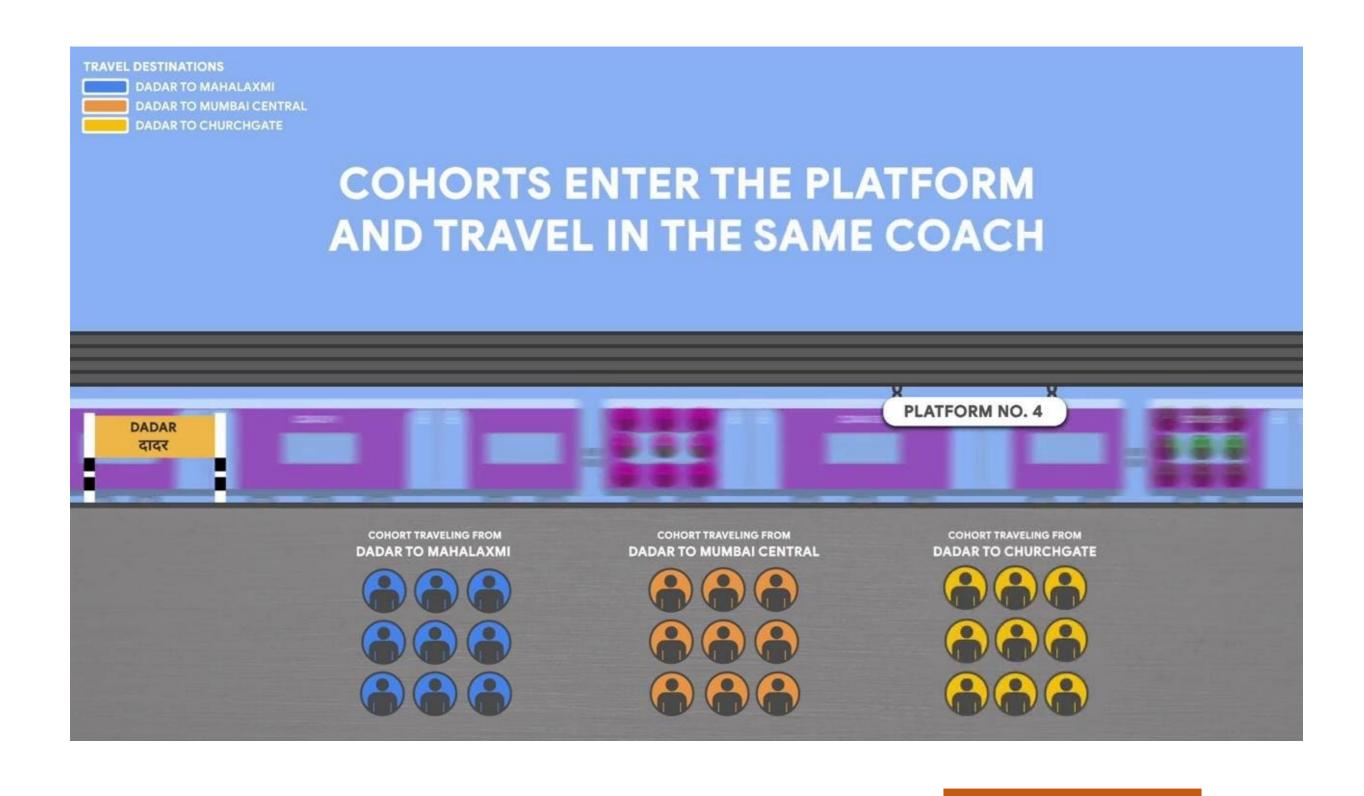
Extended Abstract

Alok Talekar¹, Sharad Shriram², Nidhin Vaidhiyan², Gaurav Aggarwal¹, Jiangzhuo Chen³, Srini Venkatramanan³, Lijing Wang³, Aniruddha Adiga³, Adam Sadilek¹, Ashish Tendulkar¹, Madhav Marathe³, Rajesh Sundaresan^{2,4} and Milind Tambe¹

¹ Google Inc., ² Indian Institute of Science, Bangalore ³ University of Virginia , ⁴ Strand Life Sciences

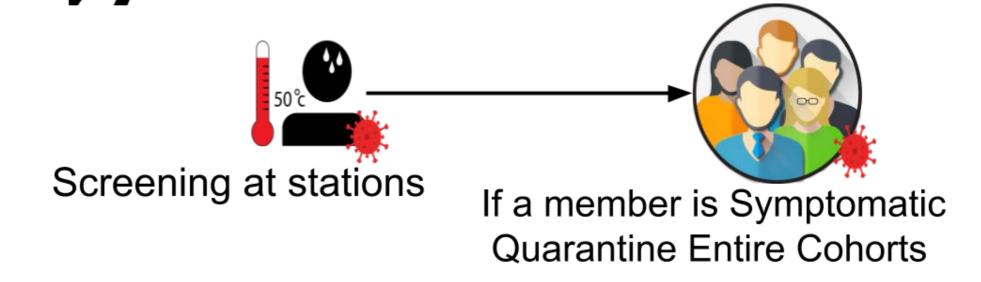


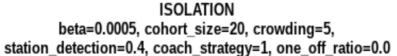
Cohorts members travel together (stay in the same train coach)

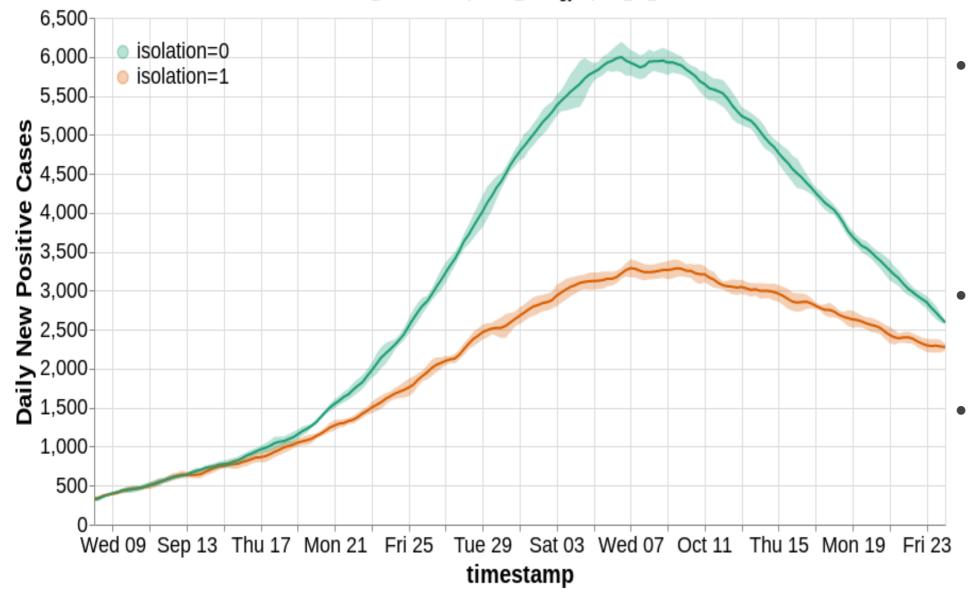




COVID spreads in coaches based on overlap time between travelers.





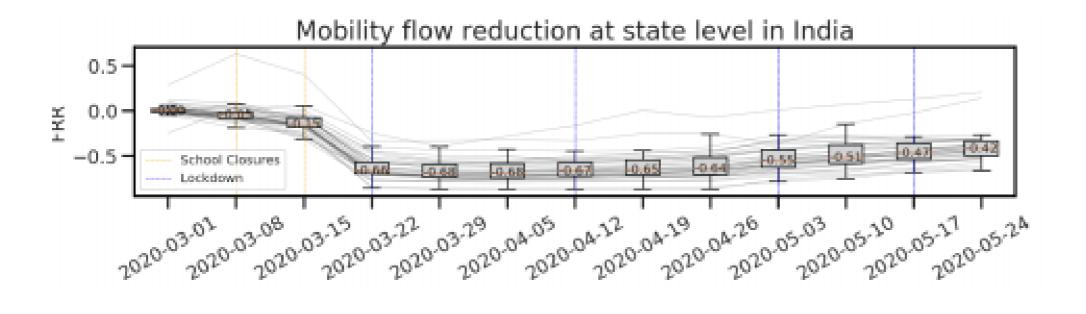


- Isolation ⇒ Require cohort members to quarantine if any member is detected to be infected.
- Better isolation leads to better results.
- No isolation is similar to business as usual.

COVID-19: Mobility Study

Interplay of global multi-scale human mobility, social distancing, government interventions, and COVID-19 dynamics

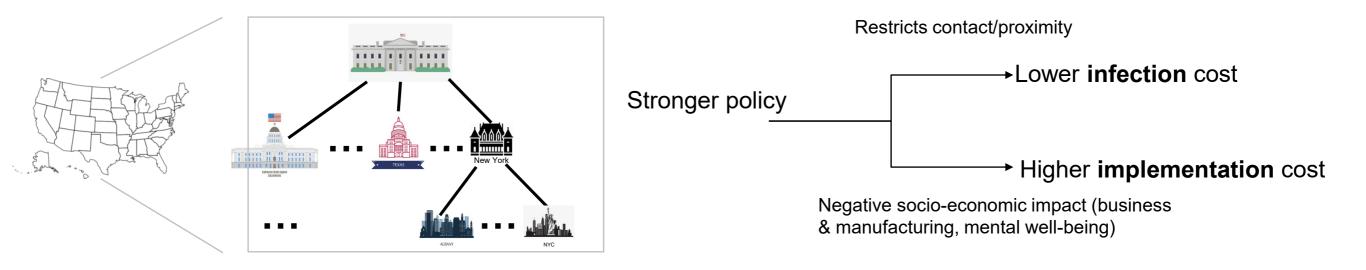
Aniruddha Adiga*, Lijing Wang*, Adam Sadilek*, Ashish Tendulkar; Srinivasan Venkatramanan, Anil Vullikanti, Gaurav Aggarwal, Alok Talekar, Xue Ben, Jiangzhuo Chen, Bryan Lewis, Samarth Swarup, Milind Tambe, Madhav Marathe[†]

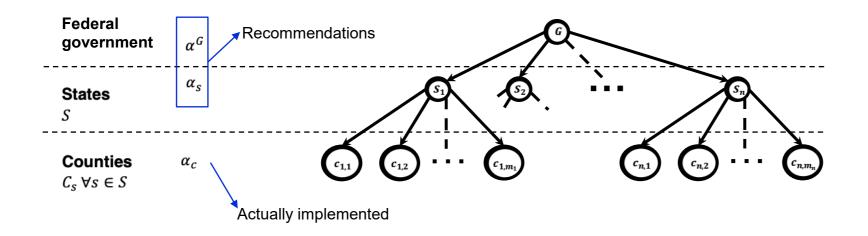


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Decentralized Policy Modeling: A Hierarchical Game





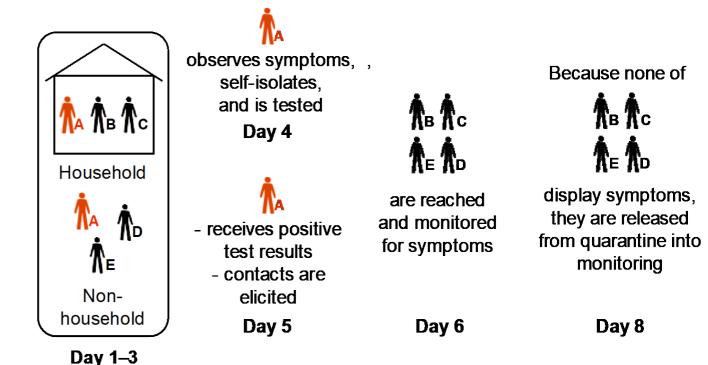
Overall cost = Infection cost + Implementation Cost + Non-compliance cost

Decentralization: mismatched priorities at different scales

Surveillance-based release reduces quarantine

 Risk-based quarantine: quarantine clusters whose index case is highly infectious

 Contrast with normal 10-14 day quarantine



Under submission

Costs 40% fewer quarantine days

Agent-based Modeling & COVID-19

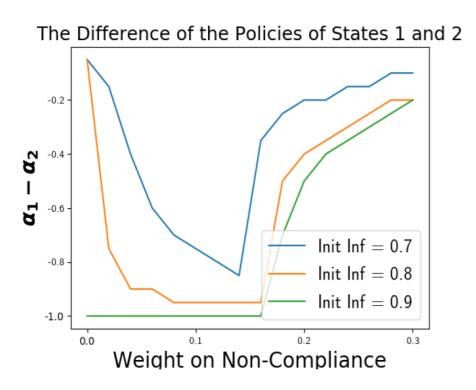
Key Research Lessons from our collaborations re: COVID-19:

- Interdisciplinary research: Al researcher have tools to help but not the right questions
- Provided new AI research challenges, e.g., with detection of outbreaks
- Al research at a slower pace vs fast turn around in public health as pandemic progressed
- Not every question asked succeeded in a publication or policy impact (some remain in progress)
- Seed new set of interdisciplinary collaborations between AI & public health in the future
- Lack of data is the norm, should be part of project strategy

@MilindTambe_Al

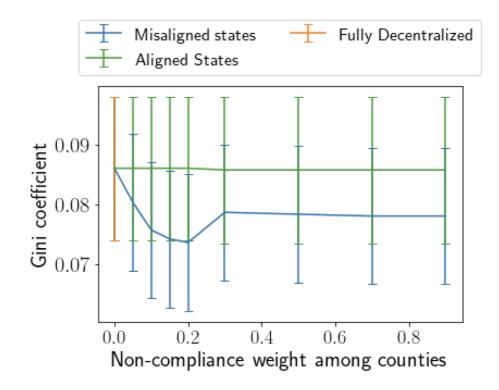
Decentralized Policy Modeling: A Hierarchical Game

A tool for analyzing the consequences of mismatched priorities and different degrees of decentralization



(a) Counties constrained to comply.

Free-riding



Fairness