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# Predicting Dengue Incidence Leveraging Internet-Based Data Sources. A Case Study in 20 cities in Brazil.

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## Abstract

The dengue virus affects millions of people every year worldwide, causing large epidemic outbreaks that disrupt people's lives and severely strain healthcare systems. In the absence of a reliable vaccine against it or an effective treatment to manage the illness in humans, most efforts to combat dengue infections have focused on preventing its vectors, mainly the *Aedes aegypti* mosquito, from flourishing across the world. These mosquito-control strategies need reliable disease activity surveillance systems to be deployed. Despite significant efforts to estimate dengue incidence using a variety of data sources and methods, little work has been done to understand the relative contribution of the different data sources to improved prediction. Additionally, scholarship on the topic had initially focused on prediction systems at the national- and state-levels, and much remains to be done at the finer spatial resolutions at which health policy interventions often occur. We develop a methodological framework to assess and compare dengue incidence estimates at the city level, and evaluate the performance of a collection of models on 20 different cities in Brazil. The data sources we use towards this end are weekly incidence counts from prior years (seasonal autoregressive terms), weekly-aggregated weather variables, and real-time internet search data. We find that both random forest-based models and LASSO regression-based models effectively leverage these multiple data sources to produce accurate predictions, and that while the performance between them is comparable on average, the former method produces fewer extreme outliers, and can thus be considered more robust. For real-time predictions that assume long delays (6-8 weeks) in the availability of epidemiological data, we find that real-time internet search data are the strongest predictors of dengue incidence, whereas for predictions that assume short delays (1-3 weeks), in which the error rate is halved (as measured by relative RMSE), short-term and seasonal autocorrelation are the dominant predictors. Despite the difficulties inherent to city-level prediction, our framework achieves meaningful and actionable estimates across cities with different demographic, geographic and epidemic characteristics.

## Author Summary

As the incidence of infectious diseases like dengue continues to increase throughout the world, tracking their spread in real time poses a significant challenge to local and national health authorities. Accurate incidence data are often difficult to obtain as outbreaks emerge and unfold, both due the partial reach of serological surveillance (especially in rural areas), and due to delays in reporting, which result in post-hoc adjustments to what should have been real-time data. Thus, a range of 'nowcasting' tools have been developed to estimate disease trends, using different mathematical and statistical methodologies to fill the temporal data gap. Over the past several years, researchers have investigated how to best incorporate internet search data into predictive models, since

1 these can be obtained in real-time. Still, most such models have been regression-based, and have tended to  
2 underperform in cases when epidemiological data are only available after long reporting delays. Moreover, in  
3 tropical countries, attention has increasingly turned from testing and applying models at the national level to  
4 models at higher spatial resolutions, such as states and cities. Here, we develop machine learning models based  
5 on both LASSO regression and on random forest ensembles, and proceed to apply and compare them across 20  
6 cities in Brazil. We find that our methodology produces meaningful and actionable disease estimates at the city  
7 level with both underlying model classes, and that the two perform comparably across most metrics, although the  
8 ensemble method produces fewer outliers. We also compare model performance and the relative contribution of  
9 different data sources across diverse geographic, demographic and epidemic conditions.

## 13 Introduction

15 The incidence of dengue has risen dramatically over the past few decades. With an estimated 100-400 million  
16 infections each year, dengue threatens roughly 3.9 billion people in 128 countries and poses a growing health and  
17 economic problem throughout the tropical and sub-tropical world.<sup>1</sup> As climate change and urbanization intensify,  
18 the geographic range of dengue is expected to spread even further.<sup>2</sup> Though the disease often manifests  
19 asymptotically, severe cases can lead to hemorrhage, shock and death.<sup>3</sup> In Brazil, which we examine in this  
20 paper, dengue has been endemic since 1986, and is today considered to be experiencing a “hyperendemic  
21 scenario,” in which both fatalities and severe cases are rising.<sup>4,5</sup> In the decades since 1986 over 40% of all  
22 dengue deaths in the country have been taken place in the Southeast region, but mortality from the disease has  
23 been reported in all but two of Brazil’s states.

25 Health services have strained to address the burden of dengue morbidity and mortality, in the regions where it is  
26 endemic, through a variety of means. Without a reliable vaccine or an effective treatment to manage the illness in  
27 humans, one effort, promoted by the World Health Organization (WHO), has aimed to achieve better early case  
28 detection. By focusing on improving epidemiological surveillance and attaining more timely identification of  
29 outbreaks, public health officials hope that preventive measures to reduce the spread of the disease can be used  
30 more effectively (vector control methods include, for example, the distribution of mosquito nets). However,  
31 effective real-time tracking of the spread of dengue – let alone prediction – has proven difficult. This is  
32 particularly evident in sprawling countries like Brazil, in which health resources are spread thin over a vast range  
33 of localities in which dengue is endemic. Governments typically rely on clinic-based reporting for case counts,  
34 but in Brazil (as in other countries) this information is often lagged in time and subject to post-hoc revisions, thus  
35 limiting the potential effectiveness of interventions.<sup>6,7</sup> Thus, the development of data-informed tools for dengue  
36 surveillance which provide accurate case counts in real-time has increasingly become a priority.

38 The transmission dynamics of dengue and the time scales at which they occur lend themselves to tracking  
39 patterns of infection. In tropical environments, *Aedes aegypti* and *Ae. albopictus* mosquitoes can transmit dengue  
40 viruses within a week of infection. Once infected by a mosquito, a person can become ill within a week, and  
41 show symptoms for up to 10 days (other mosquitos can subsequently pick up dengue from an infected person  
42 within a 5-day window).<sup>8,9</sup> A range of external conditions have also been shown to affect dengue transmission.  
43 Among these are precipitation, temperature and other seasonal weather patterns, which influence the spread of  
44 the disease by affecting the development and lifespan of the dengue-carrying mosquitos.<sup>10, 11,12, 13, 14</sup> Additional  
45 factors include the human population density in a given town or region, as well as the degree to which various  
46 mosquito control efforts have been implemented by local health authorities.<sup>15, 16</sup>

1 Harnessing these various factors, a large number of models have been developed over the years in the attempt to  
2 forecast or nowcast dengue incidence (that is, to either predict future case counts or to accurately estimate current  
3 counts in real time). These range from compartmental mechanistic models, based on a set of differential  
4 equations, to statistical autoregressive models such as Seasonal Autoregressive Integrated Moving Average  
5 (SARIMA), which leverage both seasonal patterns and recent trends to produce disease estimates, to models  
6 based on various machine learning techniques.<sup>17, 18, 19, 20, 21</sup> Over the past few years, search activity on internet  
7 search engines has increasingly been explored as a potential data source for these models. As internet access in  
8 the developing world increased, researchers have shown the potential of applying user activity data from search  
9 engines and social media to make predictive estimates of dengue incidence levels.<sup>29,34</sup>

10  
11 However, much of the work in this field has been done at the national or state levels, with models estimating  
12 disease incidence over vast geographical swaths with highly varying local conditions and rates of disease.<sup>22</sup> At  
13 the city level, smaller population sizes and fewer reliable data sources makes modelling disease rates more  
14 technically challenging, as previous work at this resolution has shown.<sup>23</sup> Still, while national- and state-level  
15 estimates are no doubt helpful, estimating incidence at the city-level can be uniquely useful to local and national  
16 health administrators (as well as to international health organizations) – for example, in guiding a more granular  
17 distribution of resources such as mosquito nets. In recent years, more attempts have been made to fill this gap  
18 and models for estimating disease incidence at the city level in a number of tropical countries have been  
19 developed.<sup>21, 23</sup> In Brazil, a joint effort by academics and health officials has produced “InfoDengue,” a system  
20 for dengue surveillance at the city level which has been running since 2015.<sup>24</sup> Using weather time-series data,  
21 case reports and information from social networks, InfoDengue produces a risk map and dengue incidence  
22 estimates.

23  
24 Delays and inaccuracies in reported disease surveillance data are some of the key difficulties in detecting and  
25 monitoring epidemics, and a number of approaches, such as Bayesian hierarchical modelling and constrained P-  
26 spline smoothing, have been used by researchers in the attempt to account for these delays and the uncertainty  
27 they introduce.<sup>25, 26, 27</sup> Other efforts to mitigate the effect of delays in reporting have sought to incorporate novel  
28 real-time data sources, such as Twitter activity, in order to improve nowcasting model performance.<sup>22</sup> More  
29 recently, a comparative study has found that dengue incidence forecasts tended to do well in situational  
30 awareness late in the season, whereas early season forecasts needed improvement, and suggested the use of  
31 multiple-model ensemble approaches to improve accuracy, an approach that had previously shown promise.<sup>28, 29</sup>  
32 When recently applied to data from Vietnam, this “superensemble” approach to probabilistic seasonal dengue  
33 forecasting was indeed shown to be more accurate, on average, than the models that comprised it.<sup>30</sup> Another  
34 approach shown to improve forecasting performance in urban areas, in both mechanistic models and artificial  
35 neural networks, has been to incorporate human mobility data as features.<sup>31</sup>

36  
37  
38 **Our contribution.** We seek to estimate dengue activity at the city level up to 8 weeks ahead of the publication  
39 of epidemiological reports, and to identify the degree to which different sources of data contribute to the  
40 performance of these models. In examining cities with a range of demographic and geographic characteristics, as  
41 well as varying epidemic histories, we hope to point to the specific circumstances in which different data sources  
42 and the underlying models leveraging them perform best – and thus to suggest which model set-ups be used in  
43 practice in the future, in different epidemic scenarios. In order to achieve those goals, we extend methodological  
44 frameworks previously used for flu surveillance. We assess the predictive performance of a collection of models  
45 by comparing their estimates, produced in a strictly out-of-sample fashion (only using information that would  
46 have been available at the time of prediction), with the subsequently observed dengue incidence. The underlying

1 statistical methods we compare are both regression-based (LASSO) and non-parametric ensembles (Random  
2 Forest), and the data sources we leverage for these estimates are: (a) weekly incidence counts from prior years  
3 (seasonal autoregressive terms), (b) weather measurements, and (c) real-time dengue-related Google Search  
4 Trends data. We evaluate the performance in tracking dengue in 20 cities in Brazil and highlight the conditions in  
5 which this framework achieves more accurate predictions. Our results show that despite the difficulties inherent  
6 to predictions at the city level, our framework achieves meaningful, actionable estimates, and highlights the  
7 conditions in which our models perform most accurately. Finally, we find that our approach is capable of  
8 identifying whether or not an upcoming season will experience an epidemic with accuracies above 75%, up to 8  
9 weeks ahead of available reports.

## 12 **Materials and Methods:**

### 14 **Data**

16 We used three distinct sources of information for our study: (a) historical dengue incidence from Brazil's  
17 Ministry of Health, (b) Google search frequencies of dengue-related queries, aggregated at the state-level, for the  
18 states in which the 20 chosen cities are located, and (c) Weather data, obtained from the Modern-Era  
19 Retrospective analysis for Research and Applications, Version 2 (MERRA-2).<sup>32</sup>

21 We analyzed weekly dengue activity in 20 cities in Brazil: Aracaju, Barra Mansa, Barretos, Barueri, Belo  
22 Horizonte, Eunápolis, Guarujá, Ji Paraná, Juazeiro do Norte, Manaus, Maranguape, Parnaíba, Rio de Janeiro,  
23 Rondonópolis, Salvador, Santa Cruz do Capibaribe, São Gonçalo, São Luís, São Vicente, Sertãozinho, and Três  
24 Lagoas. We chose these Brazilian cities based on several criteria. First, they all had populations over 100,000 by  
25 July 2016 (the end of the time range we examined) and varied widely in population size above that threshold.  
26 Second, the cities were all chosen to be “dengue endemic” locations, experiencing between 7 and 10 epidemic  
27 years between 2001 and mid-2016 (following the definition of the Brazilian Ministry of Health, an epidemic year  
28 is one in which the number of confirmed cases of dengue fever exceeds 100 per 100,000 persons<sup>33</sup>). Finally, they  
29 were chosen from a wide geographic range of 13 different states in Brazil and have a wide range of population  
30 densities, both of which are epidemiological factors known to influence disease dynamics. For the full summary  
31 of the demographic and geographic characteristics of the different cities, see **Table B in the S1 text**.

33 **Epidemiological data.** Weekly dengue case counts from January 2010 to July 2016 were obtained from the  
34 Ministry of Health of Brazil directly. We confirmed that the ministry-reported annual totals, which are based on a  
35 combination of PCR testing and syndromic diagnosis by local physicians and other health practitioners, match  
36 the sum of case counts over each year at the state level (as can be found on [the DataSUS service](https://datasus.gov.br/)). Nevertheless,  
37 this observable data from reported cases likely underestimates the total number of cases, due to non-  
38 comprehensive testing, as well as cases that were diagnosed but ultimately not reported. This effect might vary  
39 through time and across different geographies.

41 **Online search volume data.** Weekly Google search frequencies for dengue-related queries were obtained from  
42 Google Trends ([www.google.com/trends](https://www.google.com/trends)) using the Google Health Trends API. The Google Trends API was  
43 accessed using the gtrends-tools interface (<https://github.com/fl16180/gtrends-tools>). The search terms were  
44 downloaded at the state-level, for the states in which each of the 20 cities is located (Google Trends data at the  
45 city-level are not currently available in Brazil).



1 For online search term selection, we initially sought to use Google Correlate ([www.google.com/correlate](http://www.google.com/correlate)), which  
2 is designed to identify search terms correlating highly with a given time series. This method has been used in the  
3 past with success.<sup>34</sup> However, since most of the search terms returned by Google Correlate for our time series of  
4 dengue incidence were unrelated to dengue, and since it was discontinued in the course of our work (in  
5 December of 2019), we instead used the Google Trends ([www.google.com/trends](http://www.google.com/trends)) tool to identify queries which  
6 are highly correlated with the term ‘dengue’ (a feature enabled by the Google Trends interface). In order to  
7 ensure the model was robust and generalizable, we ignored terms unrelated to dengue, and verified the terms  
8 with a native Portuguese speaker. The weekly aggregated search frequencies of these terms were then  
9 downloaded within the time period of interest. Importantly, since we intended the method to generalize to states  
10 and cities across Brazil, we used the same terms for the 20 cities. The query terms are presented in Table A in S1  
11 text.

12  
13 **Weather data.** Weather data were collected from MERRA-2 (Modern Era Retrospective-analysis for Research  
14 and Applications). The MERRA-2 data are publicly available through the Global Modeling and Assimilation  
15 Office (GMAO) at NASA Goddard Space Flight Center. For each of the 20 cities, daily weather indicators from  
16 Jan 1 2000 to Dec 31 2016 were created, with the following features: mean daily 2-meter air temperature (K),  
17 precipitation (mm), mean daily wind speed (m/s), and 2-meter specific humidity (kg/kg, dimensionless). We  
18 calculated the total accumulated rainfall in a day (mm) as the sum of hourly precipitation (kg/m<sup>2</sup>/hr, which is  
19 equivalent to mm/hr) over the 24-hour period. These data were then aggregated into weekly reports, in the range  
20 of dates between January 2010 and July 2016, to align with the epidemiological dengue incidence data.

21  
22 The weather data were produced at a naive resolution of 0.5 x 0.625 degrees, which works approximately to a  
23 ~50 square km grid cell. Attributing these data to a specific city, then, involved overlaying the rectangular grid of  
24 weather data onto a spatial file outlining city boundaries, and taking the weighted average of grid cells covering  
25 the city boundary. Given the modelled nature of the MERRA-2 data, the data are never missing (there is full  
26 temporal coverage in the range of dates studied).

## 27 28 29 **Methods**

30 Our model draws on a range of data sources that have been used in the multivariate linear regression modeling  
31 framework ARGO (AutoRegressive model with GOogle search queries as exogenous variables), previously used  
32 to track flu incidence using flu-related Google searches.<sup>35</sup> But the underlying machine learning methodology in  
33 our model differs fundamentally, and we extend other aspects of previous models significantly. We introduce  
34 Random Forest-based prediction in addition to previously tested L1-based (LASSO) regularized regression  
35 models. This new model was used to combine information from historical dengue case counts and dengue-related  
36 Google search frequencies, as well as weather data, with the goal of estimating dengue activity at different time  
37 ranges ahead of the publication of official health reports.

38  
39 At a high level, our models are re-trained each week on data available at the time of prediction in order to  
40 estimate an out-of-sample nowcast of dengue incidence for that week. The weekly generated training sets  
41 consisted of a growing time-window which contained incidence data from time points up to 8, 6, 3 or 1 weeks  
42 prior to the time of estimation. The minimal time-window used for a single point prediction contained 52 weekly  
43 data points (a full year), and the maximal time-window contained over 300, when estimating some of the final  
44 points in our range (in mid-2016). This growing window approach allowed the model to constantly improve its  
45 predictive ability by taking into account an ever-larger sample of the relationship between internet search  
46 behavior, weather, and dengue activity. An alternative approach, using a moving window of a constant size,

1 proved to perform less well in most cases in our preliminary analyses. The initial target training data thus  
2 consisted of the 80 weekly case counts between January 1 2011 (the first point at which we had a full year of  
3 historical data) and June 30 2012, and this gradually expanding window of training data was used for point  
4 predictions 1, 3, 6 and 8 weeks in the future (see **figure 3** for an illustration of this). For completeness in our  
5 modeling approaches, we also incorporated information on dengue activity from one, two and three years before  
6 the time-to-prediction, to test if long-term seasonal activity would improve performance as the literature has  
7 suggested.<sup>15, 29</sup>

8  
9 **Model formulation and assessment.** Our models were based on the assumption that when there are more  
10 dengue cases, more dengue-related searches will be observed. This is formalized mathematically via a hidden  
11 Markov model, as explained in Yang et al, 2015.<sup>29</sup>

12  
13 Assuming that epidemiological reports were available with different time delays ranging from 1 to 8 weeks, we  
14 constructed models that would only have access to the most recent information available at the time of  
15 prediction. Thus, our models incorporated historical information in the form of autoregressive features from the  
16 prior 52 weeks, if available, or from a reduced set depending on the assumed delay in the availability of  
17 epidemiological information. In other words, taking  $J$  to be the number of weeks for which we incorporate  
18 incidence data as autoregressive features, we defined four different set-ups:  $J_8 = \{8, 9, \dots, 52\}$ ,  $J_6 = \{6, 7, \dots,$   
19  $52\}$ ,  $J_3 = \{3, 4, \dots, 52\}$ ,  $J_1 = \{1, 2, \dots, 52\}$ . For  $J_8$  the assumed delay in the receipt of epidemiological reports  
20 is 8 weeks, for  $J_6$  the assumed delay is 6 weeks, and so on. These choices of  $J$  capture the influence of short-term  
21 fluctuations, which has been shown to be strongly predictive for dengue case counts.<sup>29</sup>

22  
23 The effect of long-term seasonality is also considered, implicitly and explicitly, by the inclusion of our  
24 expanding training window strategy, which incorporates new training samples as more data is collected every  
25 week, and by explicitly including as predictors weeks 78, 104, and 156 whenever they were available (the case  
26 counts 1.5, 2 and 3 years before the point in time being estimated). Finally, we define  $K$  as the set of non-  
27 autoregressive features being used in a given model set-up, which includes Google Trends data and weather data.

## 32 Model parameter estimation

33  
34 **LASSO Regression.** The Least Absolute Shrinkage and Selection Operator (LASSO) is a linear regression  
35 technique that minimizes the residual sum of squares subject to a L1 norm.

36  
37 At a given time  $t$ , we estimate the log-transformed case counts  $y_t$ ,  $y_t = \log(c_t + 1)$ , to be

$$39 \quad y_t = \beta_0 + \sum_{j \in J} \alpha_j y_{t-j} + \sum_{k \in K} \gamma_k x_{k,t} + \epsilon_t, \quad \epsilon_t \sim \mathcal{N}(0, \sigma^2)$$

40  
41 where  $\alpha_j$  and  $\gamma_k$  are the estimation coefficients for  $y_{t-j}$ , the observed dengue counts  $j$  weeks before the time  $t$  for  
42 which counts are being estimated, and  $x_{k,t}$ , a given non-autoregressive feature  $x_k$  (such as a weather  
43 measurement or google trends search term) being used at time  $t$  in a given model set-up.  $\mu_y$  is an intercept term  
44 and  $\epsilon_t$  is the normally distributed error term. The L1 norm is a regularization technique that imposes a constraint

1 over  $\alpha_j$  and  $\gamma_k$ , making the sum of the absolute value of the linear coefficients to not exceed a specific value (this  
2 value is a hyper-parameter, and is found via 5-fold cross validation). As a linear model, the coefficients  
3 associated with each feature are highly interpretable. L1 regularization also performs feature selection, zeroing  
4 out coefficients of features that contribute little to the predictions for each time window.

## 6 **Random Forests**

7 Random Forests are a classification and regression method based on decision trees, models which can be used to  
8 approximate complex non-linear functions via simple partitions of the feature space. However, large and  
9 complex decision trees are prone to overfitting and high variance. This can be amended by using Random  
10 Forests, a form of bagging (“bootstrap aggregating”) in which multiple trees are trained on random samples of  
11 the training data – and then for a given input, the output is the averaged output of those trees.<sup>36, 37</sup> To ensure the  
12 ensemble of decision trees is independent, for each split of each tree a random subset of predictors  $P'$  is selected  
13 from the full set of predictors  $P$ . Finally, Random Forests have the advantage of being relatively interpretable, as  
14 widely accepted methods exist for calculating the relative importance of predictors in a “trained” forest (see [v],  
15 as well as<sup>38</sup>). Still, they are not as intuitively interpretable as simple decision trees or linear models, in which one  
16 can more explicitly infer how the response variable changes in response to specific changes in features  $X$ .

17  
18  
19 All statistical analyses were performed with Python version 3.6.4 using Jupyter notebooks, using the statistical  
20 and machine learning libraries NumPy, Pandas, and Scikit-Learn. For both the LASSO regression and random  
21 forest-based models, the hyperparameters (such as the alpha constant for LASSO or the maximum depth of the  
22 random forest) were set to the default values in the Scikit-Learn libraries, which were found to perform most  
23 consistently across our experiments.

## 27 **Benchmark Models and Feature Sets**

28 To our knowledge, few previous attempts were made to forecast or “nowcast” dengue incidence at the city level  
29 in Brazil. One such instance, which harnessed data from twitter to make estimates at both the country and city  
30 levels, found that tweets were useful for both forecasting and nowcasting dengue cases at the city level, though  
31 the association between the two was not as strong as at the country level.<sup>25, 39</sup> Another such study focused on  
32 applying time-series analysis comparatively between two particular cities, Recife and Goiania, which have  
33 populations of a similar size.<sup>40</sup> The Brazilian health authorities themselves typically release case counts 2-4  
34 weeks after the fact, and frequently correct these figures substantially weeks after the initial publication. Thus,  
35 there was no clear external baseline with which to compare our results.

36  
37 To evaluate performance with different assumptions about the availability of data and the relative contributions  
38 of various features, we constructed a number of internal benchmarks. First, we compared four different feature  
39 sets from our data sources: one solely with Google Trends data (which we label GT), a second solely with  
40 autoregressive data (AR), a third which included both (AR + GT), and a fourth that also took into account the  
41 weather data of each week and the week prior to it (AR + GT + W). In this way, we could assess the impact of  
42 each of the data sources at predictions with different models from different time horizons.

43  
44 Second, we compared our two statistical methodologies, regression-based (LASSO) and non-parametric  
45 ensemble (Random Forest), and assessed how they performed relative to one another across the different feature



1 sets and from different time horizons. In particular, we assessed the Random Forest model against the regression  
2 methodologies, which have been much better studied in the context of disease incidence nowcasting applications.

3  
4 More generally, we evaluated which models and which data sources perform best at each time point with each  
5 methodology, while also summarizing performance across these in order to determine which methodology and  
6 feature set were most robust, and which led to the strongest performance across the board.

## 7 8 **Model assessment**

9 We generated model estimates over the period between January 2011 and July 2016 with all of our models for  
10 each of the 20 cities, as selected following the previously described procedure. We used the following metrics to  
11 assess the performance of our models: root mean square error (RMSE), relative RMSE (R-RMSE), the R-squared  
12 coefficient of determination ( $R^2$ ) and the Pearson correlation coefficient. These were computed for the entire  
13 prediction period, over weekly intervals.

14  
15 For each model, we also tested four variants based on simulating how recently the last official dengue case count  
16 report was received (denoted as 1, 3, 6, and 8-weeks before the “current,” predicted dengue report). Since the  
17 time delay between official case count reports is variable, it is important to assess how robust the models are to  
18 varying availability of autoregressive information.

19  
20 Finally, to analyze more fully the long-term influence that historical dengue activity has on the future dynamics  
21 of outbreaks, we compared our selected AR model with an enhanced AR model, which included additional  
22 seasonal autoregressive features characterizing historical dengue activity (occurring up to 3 years in the past).  
23 Our results, which can be seen in **Figure A** and **Table C** of the **S1 text**, were effective in some cities but not in  
24 others, and so were not incorporated into the final model.

## 25 26 **Utilizing dengue activity point estimates to predict an incoming epidemic in Brazil**

27  
28 Building on the primary model for nowcasting real-time dengue incidence, we also tested our ability to predict,  
29 as a *binary* task, whether or not an epidemic would occur as a dengue season unfolds. More specifically, for each  
30 of the 20 cities, we assessed whether the cumulative number of dengue cases (that is, both the available reported  
31 epidemic observations and the disease estimates produced by our models) crossed a specified threshold value,  
32 referred to as the epidemic threshold, on a weekly basis. As the assumed delay in the availability of “observed”  
33 epidemiological information is up to 8 weeks, we substituted the 8 most recent weekly “missing” reports using  
34 our dengue point-estimates, and aggregated them along with the current “observed” available information as to  
35 increase our ability to predict a potential epidemic every week. Specifically, if the cumulative number of cases  
36 for a given time interval  $t_e$  exceeded the epidemic threshold value, we labelled the interval as epidemic. If it did  
37 not, we labelled it as non-epidemic. If our model using our substituted point estimates successfully predicted an  
38 epidemic within a dengue season as defined by the cumulative official case counts, we considered that season as  
39 a true positive. If the model did not predict an epidemic during all its weekly assessments and this remained  
40 consistent with the official epidemiological data, we considered that case a true negative. We generated the  
41 binary classification dataset by dividing the historical dengue activity time-series of each city into 52-week time  
42 intervals. These time intervals empirically center the high dengue activity periods, and keep the inter-outbreak  
43 activity (seasons with low dengue activity) at the start and the end of each interval. For each time interval, the  
44 cumulative dengue activity was calculated: from 0 in the first week,  $t_0$ , to the total number of cases at week 52,  
45 or  $t_{52}$ .

1 Given that the distribution of epidemic and non-epidemic intervals depends on the selection of the epidemic  
2 threshold – we tested and repeated our task using a range of values consistent with the standard thresholds  
3 reported in the literature, from 100/100,000 to 300/100,000.  
4  
5

## 6 **Results**

7 When assuming short delays in the receipt of real dengue case count reports, we found that our models accurately  
8 estimated dengue incidence in 19 out of the 20 cities, across varying population sizes and local conditions. In the  
9 models in which the autoregressive case counts were included as features, a delay of one week in the receipt of  
10 real data resulted in an average error rate of under 0.5 relative RMSE. In this scenario, the model based only on  
11 Google Trends (GT) features underperforms relative to the ones in which autoregressive data were included, with  
12 performance around 0.85 in relative RMSE (see **Fig 1** and **Fig 2**).  
13

14 When longer delays in the availability of epidemiological data are assumed, the LASSO-based model slightly  
15 outperforms the Random Forest-based models, and the best-performing feature set is GT. This advantage  
16 narrows in scenarios which assume shorter delays, of 1-3 weeks in advance, in which cases the two underlying  
17 methodologies tend to perform comparably. The Random Forest-Based model, however, is more robust to  
18 changes in features and assumptions about the availability of real-time epidemiological data. It also tends to  
19 produce fewer outlying, extreme values (see **Fig 1** and **Fig 2**).  
20

21 As assumed delays in the availability of epidemiological data grow smaller, performance improves across the  
22 board, with lower RMSE and higher Pearson correlation observed in all models. For predictions that assume very  
23 short delays in the availability of epidemiological data, short-term and seasonal autocorrelation were key to  
24 improving estimates and captured a substantial amount of dengue variability. For predictions that assume longer  
25 delays, the real-time Google search trends data captured the most substantial amount of dengue variability. To  
26 highlight these effects, we examine a number of cities in the figures below, and focus on the model that tended to  
27 be most robust across different feature sets: the underlying RF methodology, with AR + GT feature set. In **Fig 3**,  
28 we show nowcasts in four cities using this model: Sao Luis, Belo Horizonte, Barra Mansa and Maranguape.  
29 These cities were chosen based on their different population sizes, peak epidemic rates, and weather patterns, and  
30 so demonstrate the comparative behaviour of the model across this range of demographic and geographic  
31 characteristics, as well as their epidemic histories (see **Table B** in S1 text for specific demographic and  
32 geographic statistics in each of the 20 cities).  
33

34 To highlight performance at a more granular level and to allow comparisons between the different metrics,  
35 feature sets and the availability of epidemiological data, we focus on one of these, the city of Barra Mansa in the  
36 State of Rio de Janeiro. Barra Mansa was chosen because its density, area and population size are all close to the  
37 median of the 20 cities, and because its performance metrics and changes in the relative importance across model  
38 set-ups demonstrate some of the trends observed elsewhere (see **Table 1**). Data from all 20 cities are available at  
39 this resolution in **S2 spreadsheet**.  
40

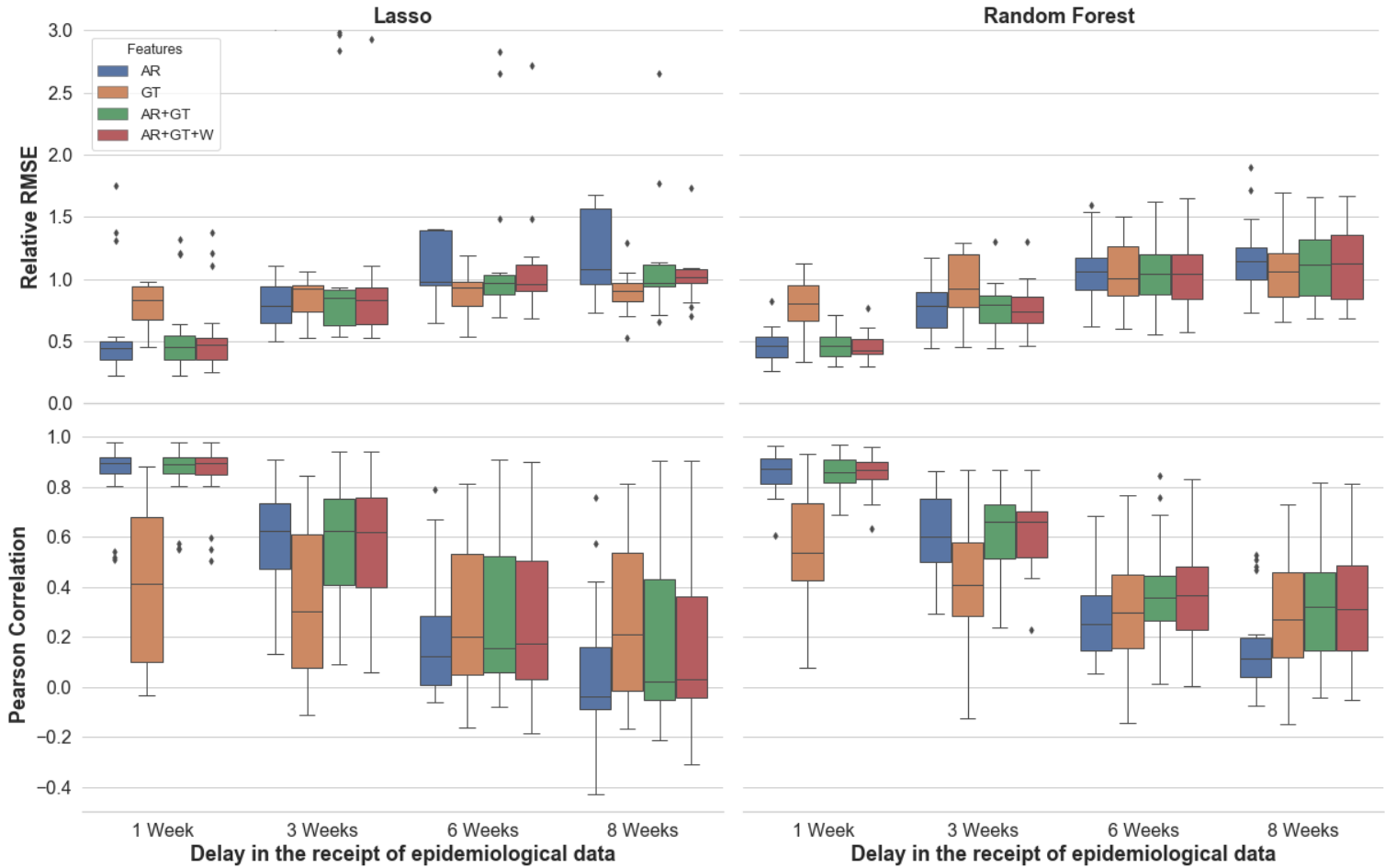
41 We also use the Barra Mansa to show the change in the relative importance of different predictors over time (see  
42 **Fig 4**). We observe that with an assumed delay of 8 weeks in the receipt of epidemiological data, Google search  
43 trends data tended to capture the greatest amount of variability, with some small amount also captured by some  
44 of the weather and autoregressive terms (**Fig 4**, left). With an assumed delay of 1 week in the availability of  
45 epidemiological data, however, the vast majority of the variability is captured by the first few autoregressive  
46 terms (**Fig 4**, right).

1 In our analysis of the determinants of success of nowcasting at the city level, we find that long-term estimates  
2 tend to be more accurate when a city’s population is larger and when past dengue incidence has been relatively  
3 regular (see **Fig 5**, top right). We also plot success against the size and location of the city in Brazil (**Fig 5**, top  
4 left), and show that the decrease in prediction error, as the assumed delay in real-time information grows smaller,  
5 is consistent across the 20 cities (**Fig 5**, bottom).

6 Finally, in the binary prediction task, in which we tried to predict in advance whether or not an epidemic would  
7 occur as a dengue season unfolds, we generated retrospective out-of-sample predictions using both the LASSO  
8 and the Random Forest methodologies, between October 5 of 2012 and July 31 of 2017, for the 20 cities in  
9 Brazil. The total number of time intervals generated were 60 (3 per city). To measure our model’s ability to  
10 predict an epidemic year, we utilized the standard definition of accuracy. We also measured the time difference  
11  $\Delta_t$  (in number of weeks) between  $t_p$ , the week when our models nowcasted a dengue epidemic, and  $t_e$ , the week  
12 in which the cumulative cases cross the epidemic threshold value.  $\Delta_t$  is only measured for true positives (that is,  
13 in cases where  $t_p$  occurred earlier than  $t_e$ ). These metrics are summarized in **Figure B in the S1 Text**. **Figure C**  
14 **in the S1 Text** shows the distribution of epidemic and non-epidemic time intervals as a function of the epidemic  
15 threshold value. As the value of the epidemic threshold rises, the number of intervals classified as epidemic  
16 reduces, given the number of cumulative cases does not cross the threshold anymore.

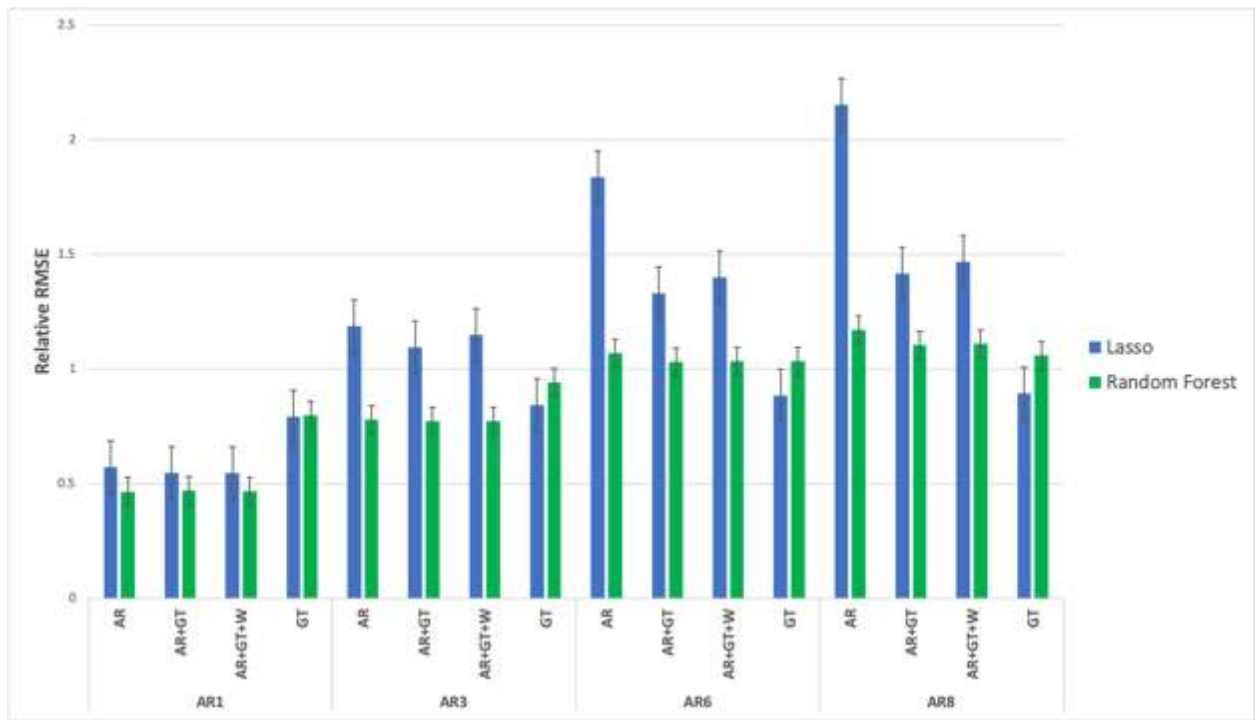
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18 Our results for the binary task show that our models are capable of successfully predicting epidemics, reaching  
19 accuracy values between .75 and .90, depending on the methodology and the type of information incorporated in  
20 the model. Lasso models achieve this with assumed delays in availability of “observed” epidemiological  
21 information of 5 to 7 weeks, whereas Random Forest-based models perform well with an assumed delay of up to  
22 9 weeks. The choice of epidemic threshold does not affect these results.

**Figure 1.** Performance across cities, as measured by Pearson Correlation and Relative RMSE. The colour of each box indicates the feature set used, and the x-axis notes the assumed delays in the receipt of epidemiological information. Each box shows the interquartile range of the metric for a given set-up (of feature set, assumed delay, and underlying model), while the whiskers show the rest of the distribution. Points beyond the whiskers in either direction are determined to be outliers

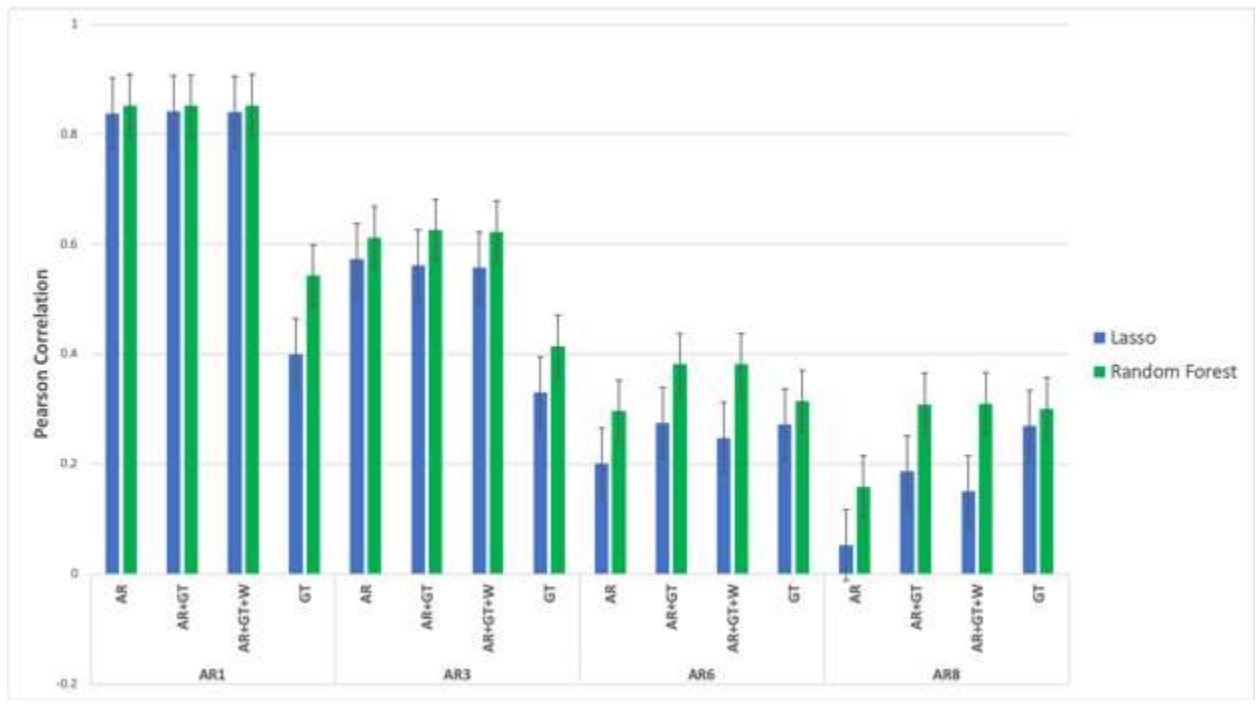


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**Figure 2:** A comparison of Random Forest- and Lasso-based model performance. The mean is taken across the different cities, with the full range of delays in availability of epidemiological information (from eight weeks, AR8, to one week, AR1) and the different feature sets (AR, GT AR+GT, AR+GT+W) shown.



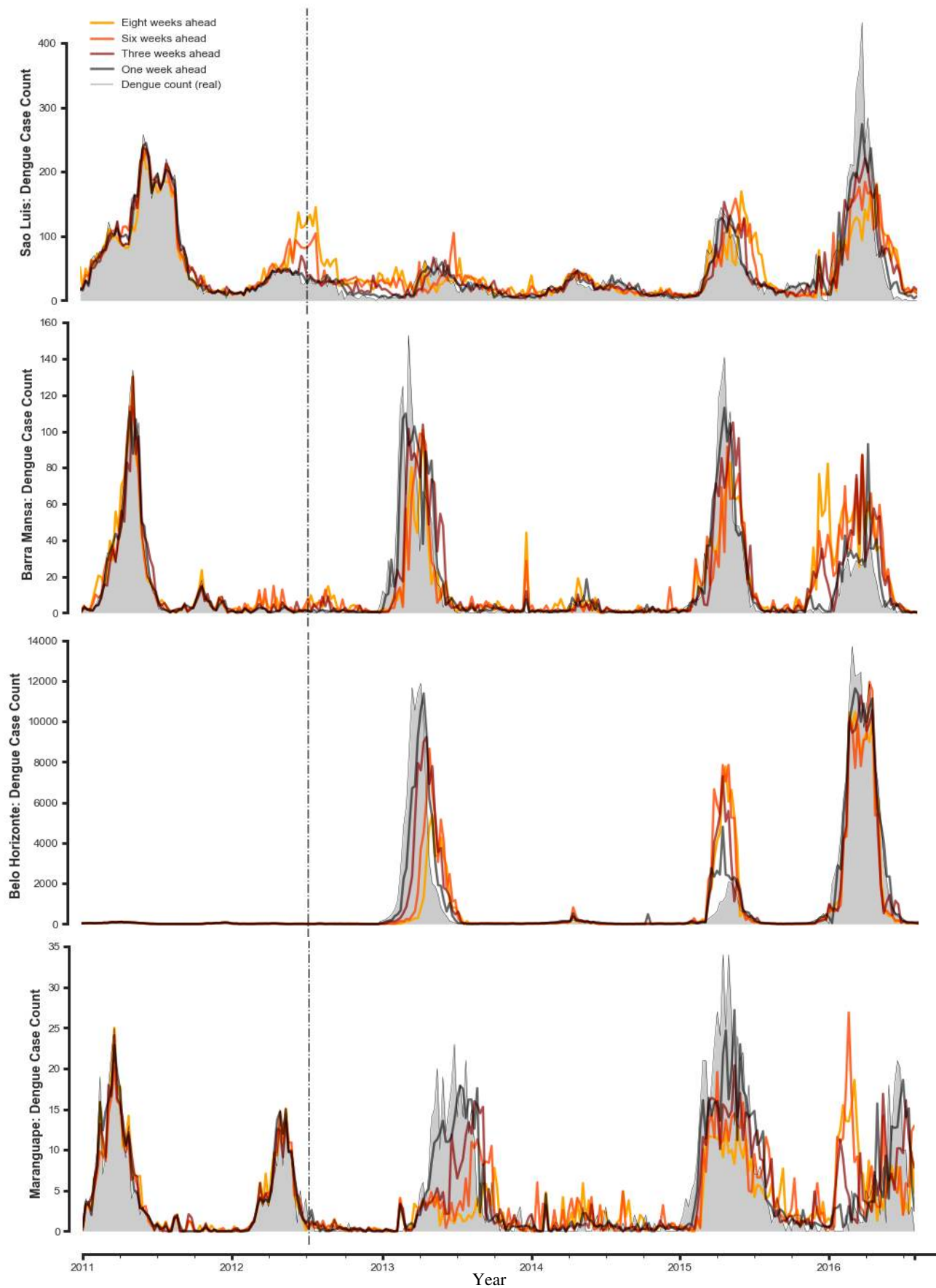
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**Figure 3.** Dengue case estimates for 4 cities with different characteristics, as the delay in receipt of epidemiological data grows shorter.





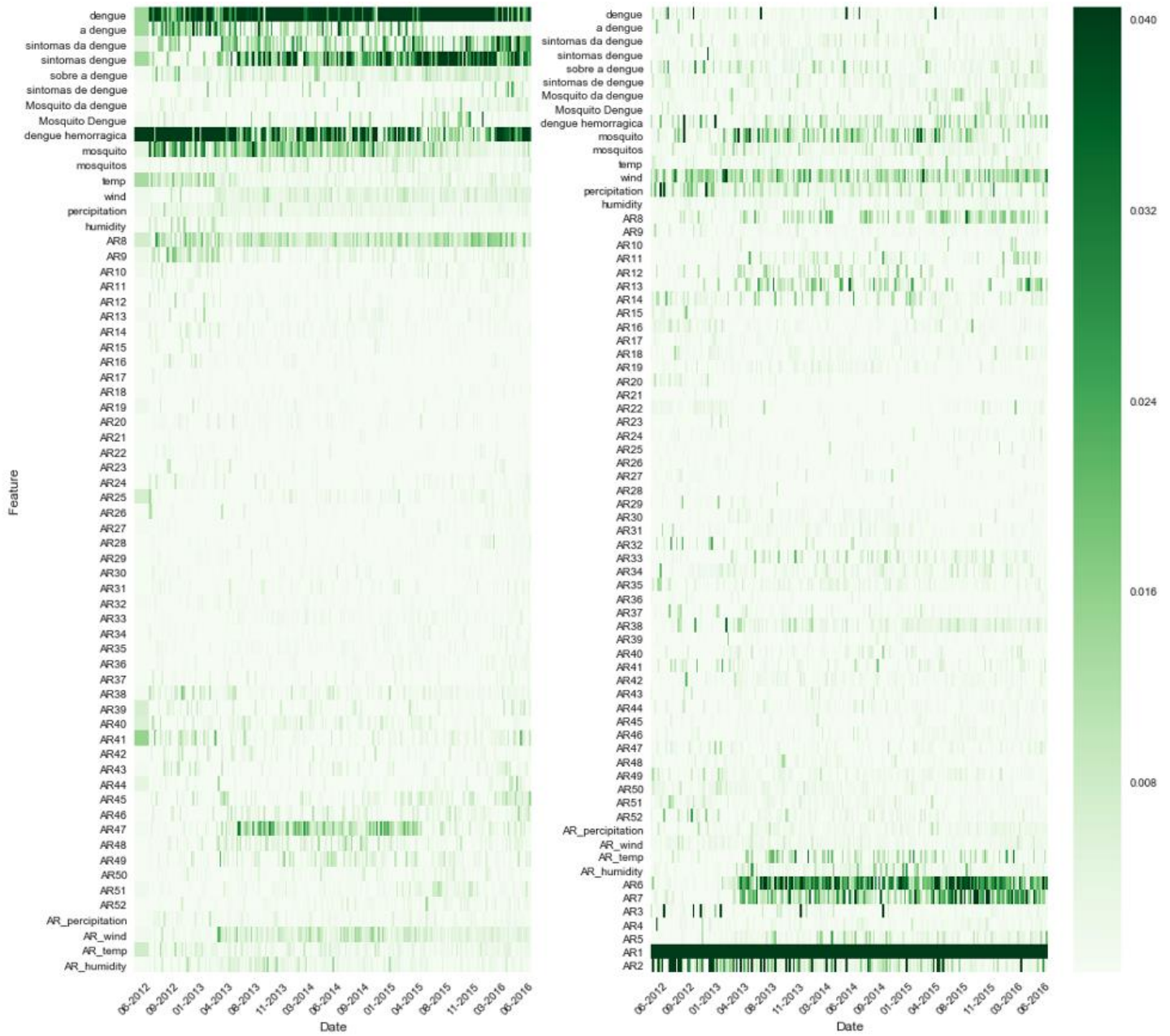
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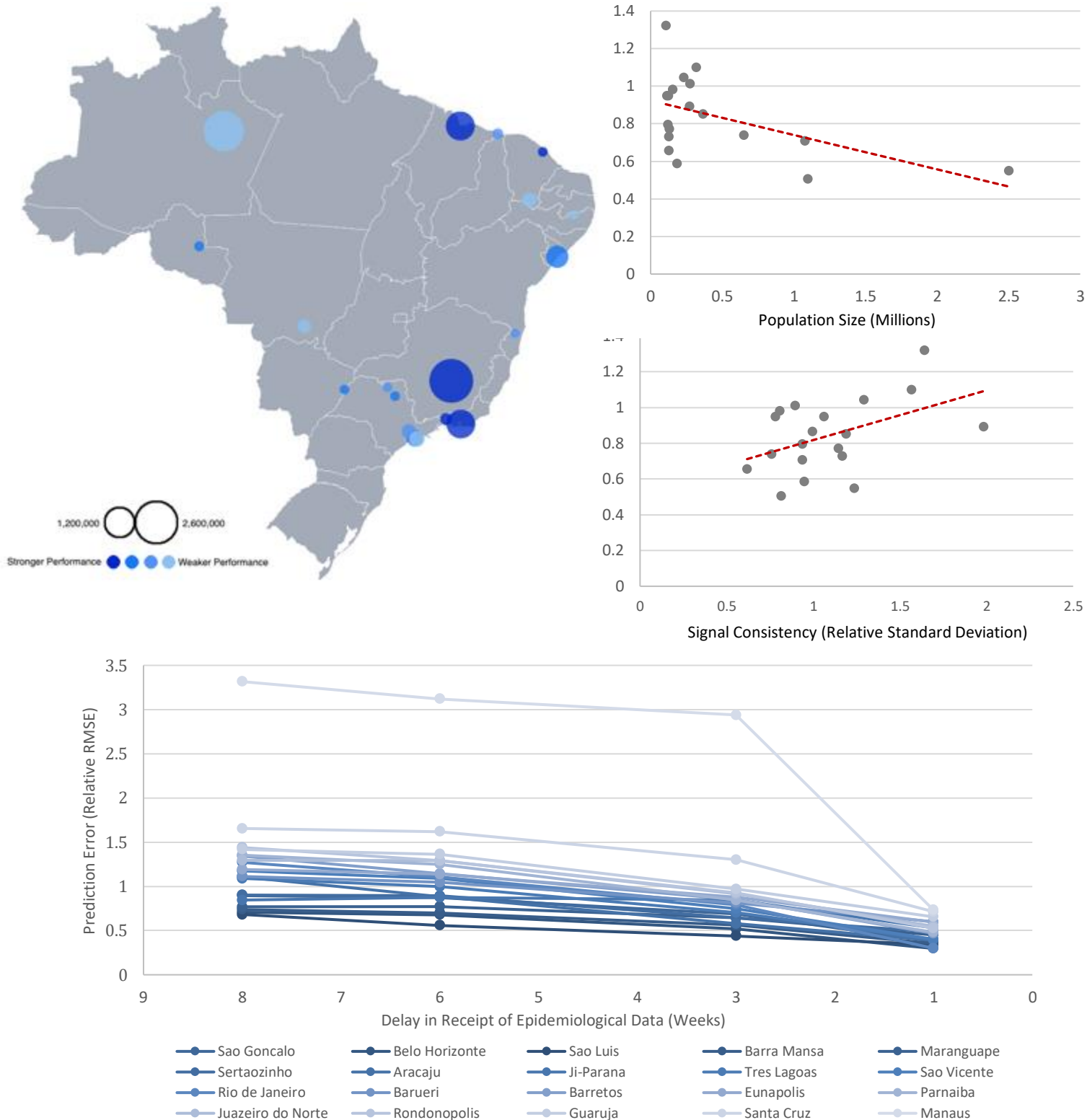
**Table 1** Performance of dengue incidence prediction models from different time horizons, for the time period between January 2011 and July 2016, in the city of Barra Mansa, State of Rio de Janeiro, Brazil. Each time horizon is examined across all four possible features sets: autoregressive terms alone (AR), autoregressive terms together with Google Trends data (AR+GT) and with weather data (AR+GT+W), as well as google trends data alone (GT). Numbers in bold represent the best performance for a given model and autoregressive lag across each of the metrics. This corresponds to the **lowest** value for the **RMSE**, **relative RMSE** and **R<sup>2</sup>** metrics, and the **highest** value for the **Pearson correlation** metric.

Model	AR Lag	Features	RMSE	Relative RMSE	R <sup>2</sup>	Pearson Correlation
Lasso Regression	8 weeks	AR	28.425	0.897	0.009	0.188
		GT	<b>23.606</b>	<b>0.745</b>	<b>0.317</b>	<b>0.563</b>
		AR+GT	23.828	0.752	0.304	0.555
		AR+GT+W	24.67	0.778	0.254	0.505
	6 weeks	AR	26.65	0.845	0.122	0.355
		GT	23.546	0.746	0.315	0.562
		AR+GT	<b>22.615</b>	<b>0.717</b>	<b>0.368</b>	<b>0.608</b>
		AR+GT+W	23.039	0.73	0.344	0.587
	3 weeks	AR	19.264	0.615	0.536	0.733
		GT	21.581	0.689	0.418	0.649
		AR+GT	18.859	0.602	0.556	0.752
		AR+GT+W	<b>18.789</b>	<b>0.6</b>	<b>0.559</b>	<b>0.753</b>
	1 week	AR	12.485	0.4	0.804	0.897
		GT	20.229	0.649	0.485	0.703
		AR+GT	12.259	0.393	0.811	<b>0.901</b>
		AR+GT+W	<b>12.222</b>	<b>0.392</b>	<b>0.812</b>	<b>0.901</b>
Random Forest	8 weeks	AR	26.382	0.832	0.146	0.508
		GT	<b>21.061</b>	<b>0.664</b>	<b>0.456</b>	<b>0.68</b>
		AR+GT	23.355	0.737	0.331	0.596
		AR+GT+W	22.514	0.71	0.378	0.631
	6 weeks	AR	24.625	0.781	0.251	0.591
		GT	22.203	0.704	0.391	0.642
		AR+GT	22.055	0.699	0.399	0.664
		AR+GT+W	<b>21.154</b>	<b>0.671</b>	<b>0.447</b>	<b>0.678</b>
	3 weeks	AR	18.332	0.585	0.58	0.776
		GT	21.07	0.673	0.445	0.676
		AR+GT	<b>17.613</b>	<b>0.562</b>	<b>0.612</b>	<b>0.793</b>
		AR+GT+W	19.354	0.618	0.532	0.749
	1 week	AR	11.047	<b>0.354</b>	0.846	0.92
		GT	19.408	0.622	0.526	0.729
		AR+GT	<b>11.027</b>	<b>0.354</b>	<b>0.847</b>	<b>0.924</b>
		AR+GT+W	11.844	0.38	0.823	0.91

**Figure 4:** Change in the relative importance of different predictors over time. Barra Mansa, Random Forest model with full feature set (autoregressive epidemiological data, google trends data, and weather data). Left: An assumed delay of 8 weeks in the availability of epidemiological data. Right: An assumed delay of 1 week in the availability of epidemiological data.



**Figure 5:** The determinants of success of nowcasting at the city level (random forest model, AR+GT feature set). **Top left.** City success, plotted on spatial map. The diameter of the circles reflects the size of the population, and a darker shade of blue indicates greater accuracy. **Top Right.** The effect of population size and dengue signal consistency on accuracy of predictions (averaged across the 20 cities). **Bottom.** Change in prediction accuracy (relative RMSE) as the delay in the receipt of epidemiological data grows shorter.



## 1 Discussion

2  
3 Despite the difficulties inherent to predictions at finer spatial resolutions, our results show that our models and  
4 methodological framework for nowcasting dengue succeed at the city level and achieve accurate estimates. The  
5 conditions in which a given model set-up and chosen set of data sources perform best varies. While the LASSO-  
6 based model has a slight edge at predictions that assume a longer delay in the availability of epidemiological  
7 information, the random forest-based model produces fewer estimates with extremely high or low values, and  
8 can thus be considered more consistent and robust than the LASSO-based model (see and compare relative  
9 RMSE scores in **Fig 1** and in **Fig 2**). One possible reason for this is that tree-based models like random forests  
10 can capture non-linear relationships, which likely exist between at least a few of our features and dengue  
11 incidence counts. In the binary task, our outbreak detection addresses the concern that a simple majority-class  
12 predictor could achieve very high accuracy, by strongly outperforming the baseline, and see **Fig B in the S1 text**  
13 (in which the baseline is plotted as the grey line).

14  
15 The predictive power of the different sources of information (epidemiological data, Google search data, and  
16 weather) used in this study varied depending on the expected delays of epidemiological data reports. For  
17 predictions that assume very short delays in the availability of epidemiological data, short-term and seasonal  
18 autocorrelation were key to improving estimates and captured a substantial amount of dengue variability while  
19 reducing the error rates, as measured by the  $R^2$  and relative RMSE metrics, respectively. For predictions that  
20 assume longer delays, the real-time Google search trends data captured the most substantial amount of dengue  
21 variability (see **Fig 4**). This is intuitively to be expected: the longer the span of time that has elapsed since  
22 observed data was available, the more useful the real-time proxy of Google Search Trends data becomes. Google  
23 Search Trends data also proved to be extremely effective in cases of sudden outbreaks, particularly when the  
24 scale was large enough. Such was the case with Barueri, a city in the state of São Paulo, in which there was a  
25 sharp spike in the number of dengue cases in 2015, well above peak incidence in previous years. In this instance,  
26 the feature set containing Google Search Trends data alone (GT) led to the most accurate performance at all time  
27 horizons, even when the assumed delay of epidemiological data was just a single week (see **S1 text, appendix**).

28  
29 Weather data did not appear to have contributed significantly to the performance of the models (in the  
30 AR+GT+W set-up). This accords with previous work conducted on dengue case estimation, at the state level in  
31 Mexico, in which there was no significant uplift when temperature, relative humidity and precipitation were  
32 included in addition to the autoregressive terms.<sup>15</sup> It seems, then, that for productionized autoregressive models  
33 deployed in real-time, the inclusion of weather data in addition to the case data and Google Trends data might  
34 not warrant the additional investment, if obtaining that data is in some circumstances is complex or expensive  
35 (this does not hold, of course, for models that are primarily dependent on climatic variables).

36  
37 As noted above, we found that long-term estimates tend to be more accurate when a city's population is larger  
38 and when past dengue incidence has been relatively regular (See **Fig 5, top right**). As Google Search Trends  
39 data can only be collected at the state level in Brazil, it is reasonable that its relevance to nowcasts made at the  
40 city level is higher in cases where the examined city's population makes up a significant proportion of the state's  
41 population, as in Rio de Janeiro, for example (or in cases where different cities in the state exhibit similar dengue  
42 incidence patterns). We also note that performance varies within a given city and model set-up, as the training  
43 window grows larger. As we can observe in figure 2, when predicting the first outbreak in a city's epidemic, the  
44 estimates sometimes appear to lag the real counts by a week or so. Generally speaking, as the training window  
45 grows longer performance accuracy improves – but if outbreaks later in a city's epidemic history are



1 significantly weaker, the estimates sometimes overshoot, appearing to have “overlearned” the association  
2 between features and target from the previous outbreaks. In both the predictive and bi  
3

4 Finally, though in some cities with certain characteristics the models perform better than in others, they tend to  
5 adapt quite well to the specific patterns of each city (lags, peak size of outbreak, etc.) after a period of training on  
6 a city’s past incidence data. Our framework contributes to the sparse but growing literature of infectious disease  
7 prediction models. Our results indicate that the lessons learned from dengue nowcasting in data-rich  
8 environments and at the country level can be generalized and tailored to track dengue in environments with  
9 significantly smaller populations, poorer data and a weaker disease signal. These insights can be leveraged  
10 towards future improvements in city-level nowcasting of infectious disease incidence.  
11

12 On the whole, then, by accurately assessing suspected disease trends ahead of traditional disease surveillance  
13 systems – both in estimating case counts and in the binary task, in which performance significantly outstripped  
14 the baseline – this work can enable decision-makers to better plan for and implement dengue mitigation policies.  
15 These include scheduling education and mosquito control programs, informing supply chain efforts for medical  
16 supplies, and warning of outbreaks that are expected to be particularly severe. In particular, we hope the insights  
17 into the varying importance of features and the relative performance of model classes will be useful, as these  
18 vary in different circumstances – from the temporal offset at which real data is received by health professionals,  
19 to the variance in the geographic and demographic characteristics of the location being estimated.  
20  
21

## 22 **Further Work**

23 One epidemiological feature to be included as input in future models is dengue incidence in proximate cities.  
24 Recent work has shown that certain geographical regions of Brazil have become increasingly vulnerable to  
25 dengue as transport infrastructure and other means of transportation to them has improved.<sup>4</sup> Modelling this effect  
26 – for example, with cellular data, estimated volume of transportation, or simply with distance metrics – could  
27 improve estimates further, particularly for regions in which past observed case counts are less accurate or entirely  
28 unavailable. With the regression-based LASSO model, one naïve assumption that the relationship between the  
29 features and outcome variables is linear. This assumption is unlikely to be accurate (certainly across *all*  
30 variables), thus hampering model performance. But it could be that adding interaction and polynomial terms  
31 (which could then be narrowed down with a method like PCA) would improve LASSO performance, making it  
32 as robust as the Random Forest-based model, which does not assume linearity.  
33

34 An additional promising direction is to design a composite model. This would take into account the finding that  
35 different feature sets, as well as the different underlying methodologies (LASSO and RF), led to the best  
36 performances in different cities and from different time lags. A composite model would incorporate these  
37 different sub-models and feature sets, and make use of them at the most fitting instances based on findings from  
38 the training data (for example, Google Search Trends data could be used as the feature set when making  
39 estimates that assume longer delays in the availability of observed case data). This could be constructed either  
40 explicitly based on rules or implicitly, and see the previously cited work on superensembles. To our knowledge,  
41 while superensembles have been used to estimate dengue incidence at the province level (in Vietnam), they have  
42 yet to be applied at the city level.<sup>29, 30</sup>  
43

44 Finally, more refined hyperparameter tuning can lead to significant increases in performance for any one of the  
45 models and features sets set out above. There is a growing literature on efficient hyperparameter tuning

1 techniques with ever-lower runtimes, and code libraries in which they are implemented could be easily deployed  
2 to increase the above models' accuracy and reduce their error rates (including on custom metrics).  
3

## 4 **Limitations**

5 The weather data were produced at a naive resolution of 0.5 x 0.625 degrees, which works approximately to a  
6 ~50 square km grid cell. Attributing these data to a specific city, then, involved overlaying the rectangular grid of  
7 weather data onto a spatial file outlining city boundaries, and taking the weighted average of grid cells covering  
8 the city boundary. Thus, there are some data fluctuations that come from grid cells that partially cover the ocean,  
9 or different altitudes/mountains. More generally, the approximations in data modelled and assimilated from  
10 MERRA tend to lead to less noise than weather station data (precisely because it is modelled) – so there are  
11 tighter but potentially less accurate oscillations in the time series.  
12

13 Google Search Trends data are only currently available at the state level in Brazil. Were they to be made  
14 available at finer spatial resolutions, such as the city level (as they currently are in the United States) it is  
15 expected that performance would improve. This effect is likely to be particularly significant when making  
16 predictions that assume greater delays in the availability of epidemiological data, in which the Google Search  
17 Trends data were the most important features driving the forecast. Additionally, the process of selecting the  
18 Google search terms being tracked can be fine-tuned in the future, resulting in features that account for more of  
19 the variability in Dengue incidence.  
20

21 It is likely that across the different cities we examined, different data collection methods are practiced, and that  
22 local public health officials have also introduced various health policy interventions. Both of these will have  
23 affected the consistency of the data across the 20 cities we examined, and will have introduced a degree of  
24 uncertainty. More generally, given that many cases are asymptomatic and that many symptomatic cases never get  
25 officially reported means that the “true” data are limited in scope to begin with. Thus, a central assumption of  
26 nowcasting studies such as this is that the reported, official dengue case counts (whether at the city level or at  
27 other resolutions) are at least a useful approximation of the underlying “true” incidence – and thus that estimating  
28 these reported counts is worthwhile.  
29

30 Finally, it should be noted that the data we use have been subjected to “backfill.” That is, the dengue counts for a  
31 given week on which we trained our models are likely to have been subjected to post-hoc adjustments after they  
32 were initially reported in real-time. As such, this is a retrospective analysis, in which we use the finalized data,  
33 due to lack of availability of the original. In our experience, though, machine learning methods tend to learn  
34 patterns of missingness (for example, in flu forecasts), and so we expect it is likely that will be able to adapt to  
35 real-time predictions based on non-final data which has not been back-filled.<sup>41</sup>  
36  
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38  
39

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45 A. Johansson of the U.S. Centers for Disease Control and Prevention (CDC) for his insightful comments and  
46 contributions to this paper.

## Supporting Information

**S1 Text.** Supporting information text. This file includes: (1) Query terms used for Google Trends as Table A; (2) Demographic and geographic properties of chosen 20 Brazilian cities in Table B; (3) Dengue activity estimation using historical seasonality as Figure A, Figure B, Figure C, Table C and Table D. (4) Model performance across feature sets, cities and lags in the receipt of epidemiological information.

**S2 Text.** Measures of nowcasting performance across all models, features sets, and cities.

## Author Contributions

**Conceptualization:** GK MS CB.

**Data curation:** GK SM CLC.

**Formal analysis:** GK MS CLC.

**Funding acquisition:** MS.

**Investigation:** GK MS.

**Methodology:** GK FL CLC MS.

**Project administration:** MS.

**Software:**

**Supervision:** MS.

**Validation:** GK FL CLC MS.

**Visualization:** GK.

**Writing – original draft:** GK FL MS.

**All authors contributed and approved of the final version of the manuscript.**

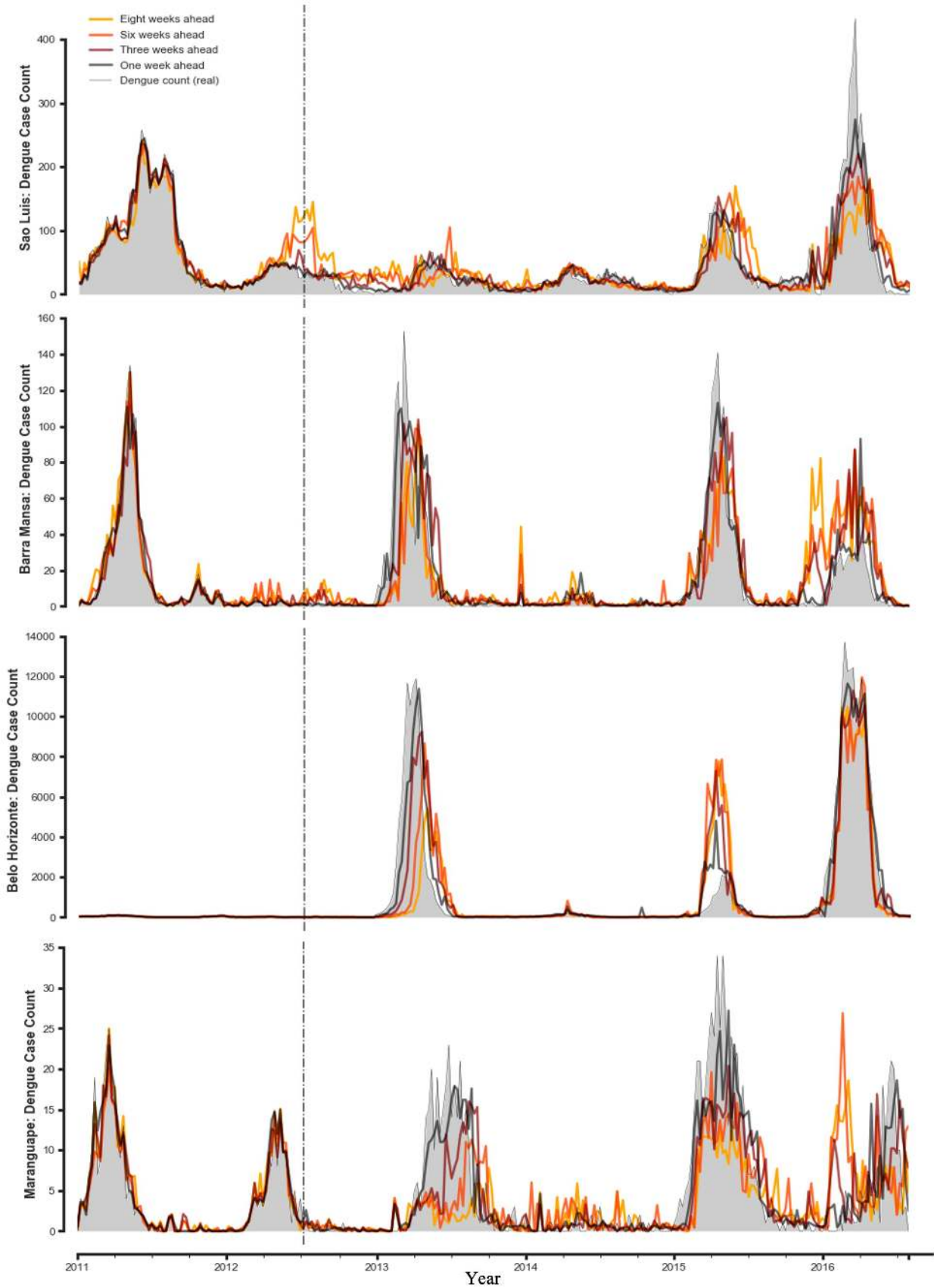
## References

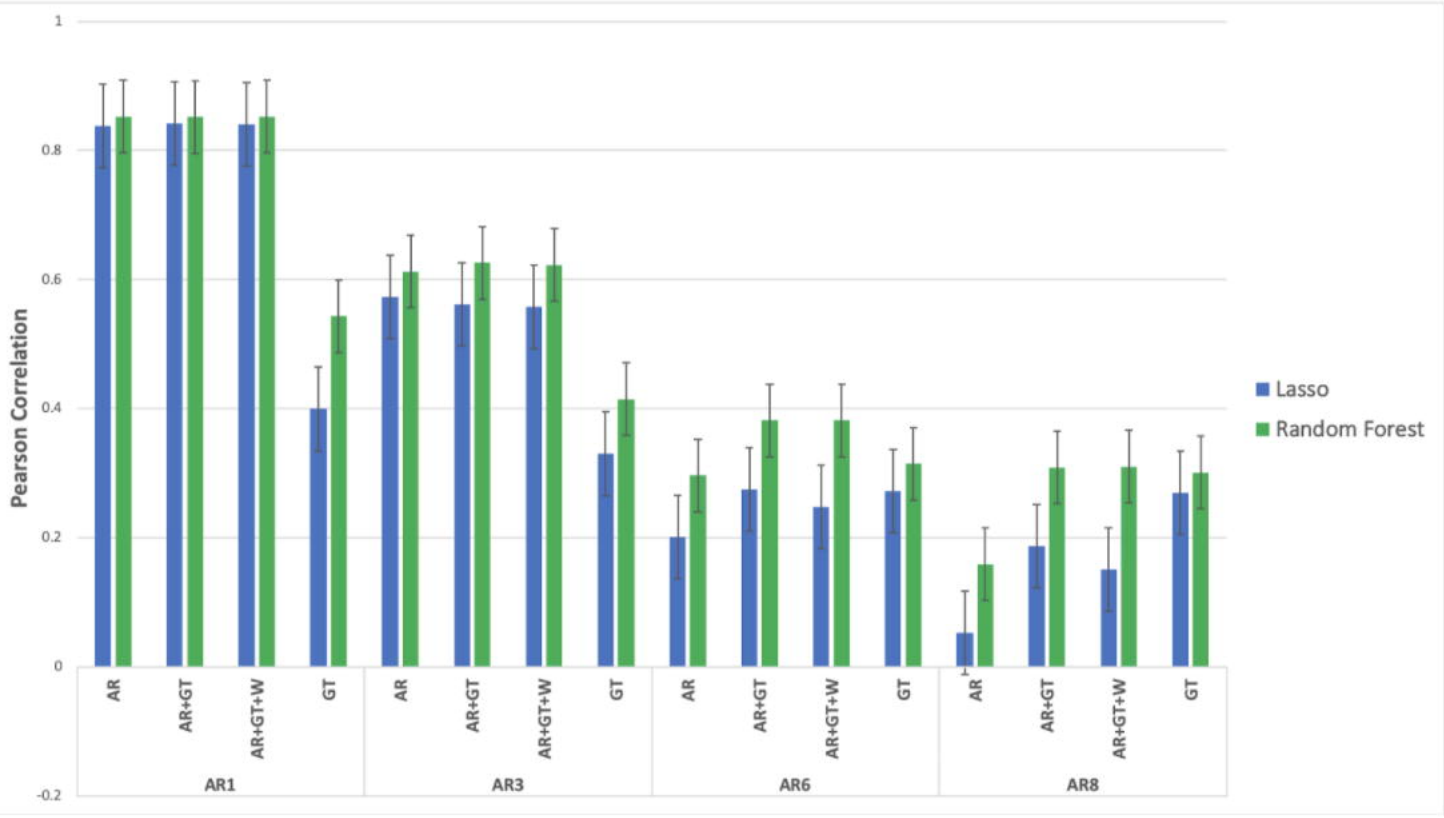
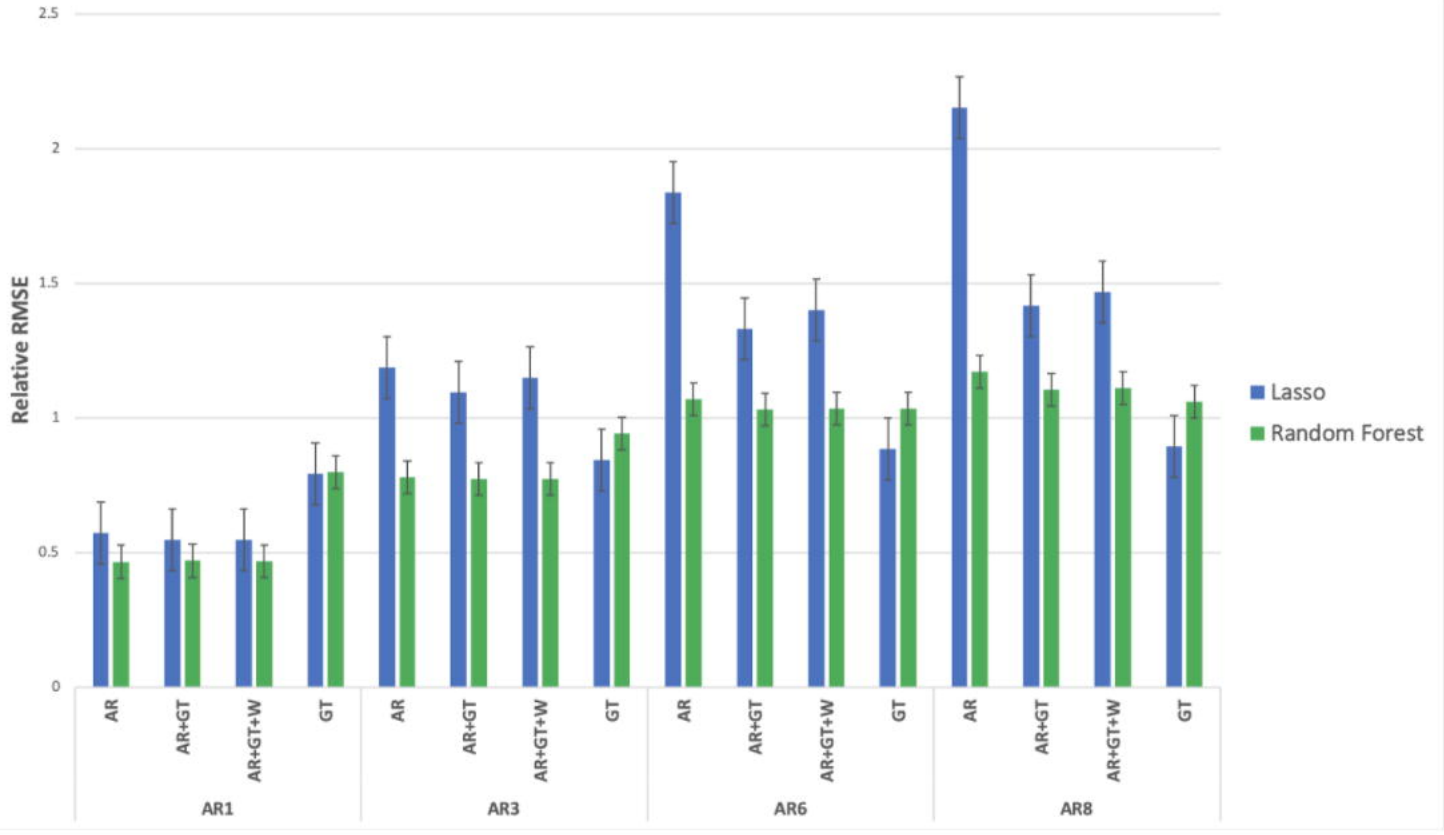
- <sup>1</sup> World Health Organization. Dengue and severe dengue; 2021. <http://www.who.int/mediacentre/factsheets/fs117/en/>.
- <sup>2</sup> Jane P. Messina, Simon I. Hay et al. "The current and future global distribution and population at risk of dengue." *Nature microbiology* (2019).
- <sup>3</sup> World Health Organization and Special Programme for Research and Training in Tropical Diseases, World Health Organization E Department of Control of Neglected Tropical Diseases, World Health Organization. Dengue: guidelines for diagnosis, treatment, prevention and control. World Health Organization; 2009.
- <sup>4</sup> Lana, Raquel Martins, Marcelo Ferreira da Costa Gomes, Tiago Franca Melo de Lima, Nildimar Alves Honorio, and Cláudia Torres Codeço. "The introduction of dengue follows transportation infrastructure changes in the state of Acre, Brazil: a network-based analysis." *PLoS neglected tropical diseases* 11, no. 11 (2017): e0006070.
- <sup>5</sup> Nunes PC, Daumas RP, Sánchez-Arcila JC, Nogueira RM, Horta MA, Dos Santos FB. 30 years of fatal dengue cases in Brazil: a review. *BMC public health*. 2019 Dec;19(1):1-1.
- <sup>6</sup> Runge-Ranzinger S, Horstick O, Marx M, Kroeger A. What does dengue disease surveillance contribute to predicting and detecting outbreaks and describing trends? *Tropical Medicine & International Health*. 2008; 13(8):1022–1041. <https://doi.org/10.1111/j.1365-3156.2008.02112.x>
- <sup>7</sup> Madoff LC, Fisman DN, Kass-Hout T. A new approach to monitoring dengue activity. *PLoS neglected tropical diseases*. 2011; 5(5). <https://doi.org/10.1371/journal.pntd.0001215> PMID: 21647309
- <sup>8</sup> Chan M, Johansson MA. The incubation periods of dengue viruses. *PloS one*. 2012; 7(11):e50972. <https://doi.org/10.1371/journal.pone.0050972> PMID: 23226436
- <sup>9</sup> Centers for Disease Control and Prevention. Dengue; 2016. <http://www.cdc.gov/dengue/>.
- <sup>10</sup> Ibarra AMS, Ryan SJ, Beltrán E, Mejía R, Silva M, Muñoz A. Dengue vector dynamics (*Aedes aegypti*) influenced by climate and social factors in Ecuador: implications for targeted control. *PloS one*. 2013; 8 (11):e78263. <https://doi.org/10.1371/journal.pone.0078263>
- <sup>11</sup> Hii YL, Zhu H, Ng N, Ng LC, Rocklöv J. Forecast of dengue incidence using temperature and rainfall. *PLoS Negl Trop Dis*. 2012; 6(11):e1908. <https://doi.org/10.1371/journal.pntd.0001908> PMID: 23209852
- <sup>12</sup> Wongkoon S, Jaroensutasinee M, Jaroensutasinee K, et al. Distribution, seasonal variation & dengue transmission prediction in Sisaket, Thailand. *Indian Journal of Medical Research*. 2013; 138(3):347. PMID: 24135179
- <sup>13</sup> Thai KTD, Anders KL. The role of climate variability and change in the transmission dynamics and geographic distribution of dengue. *Experimental Biology and Medicine*. 2011; 236(8):944–954. <https://doi.org/10.1258/ebm.2011.010402> PMID: 21737578
- <sup>14</sup> Yang HM, Macoris MLG, Galvani KC, Andrighetti MTM, Wanderley DMV. Assessing the effects of temperature on the population of *Aedes aegypti*, the vector of dengue. *Epidemiology and Infection*. 2009; 137(08):1188–1202. <https://doi.org/10.1017/S0950268809002052> PMID: 19192322

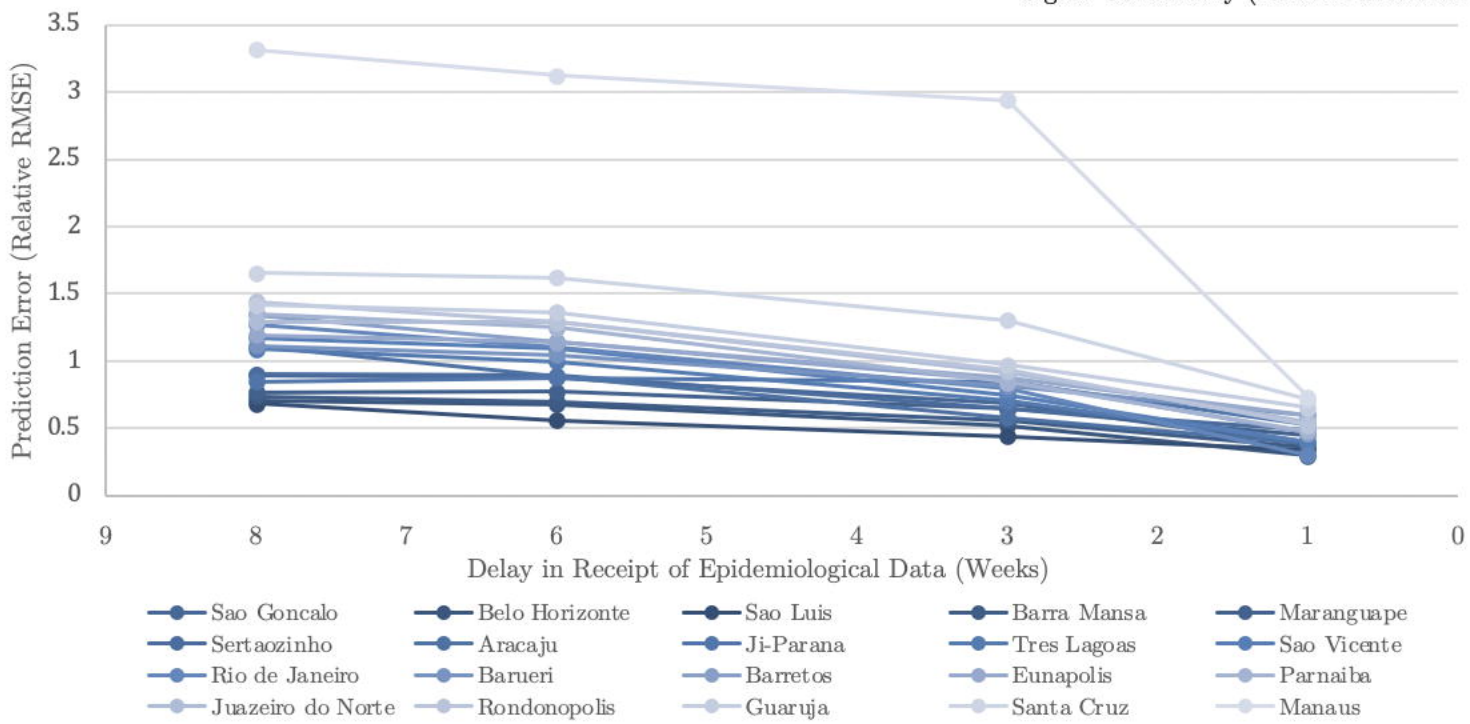
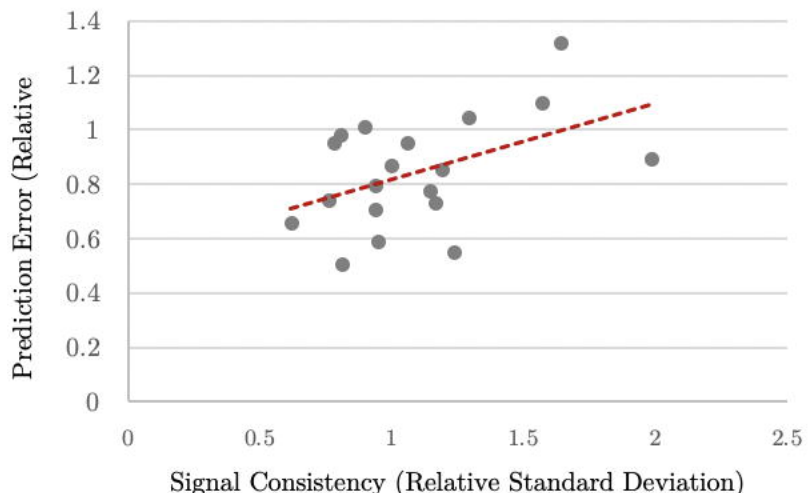
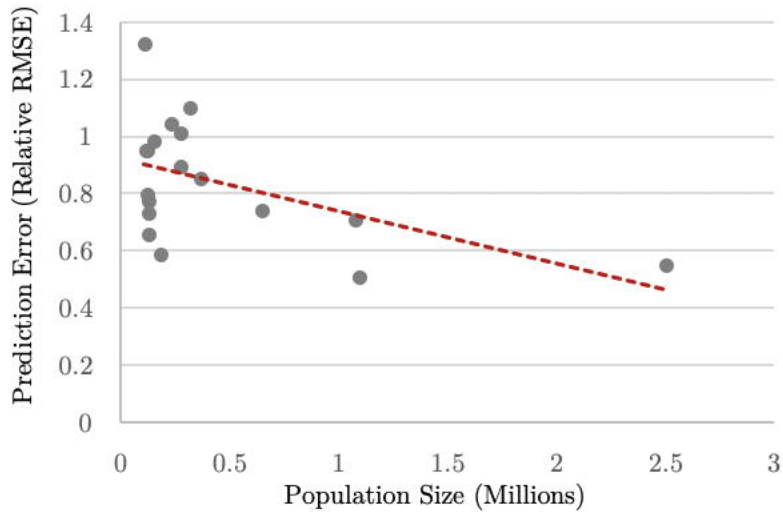
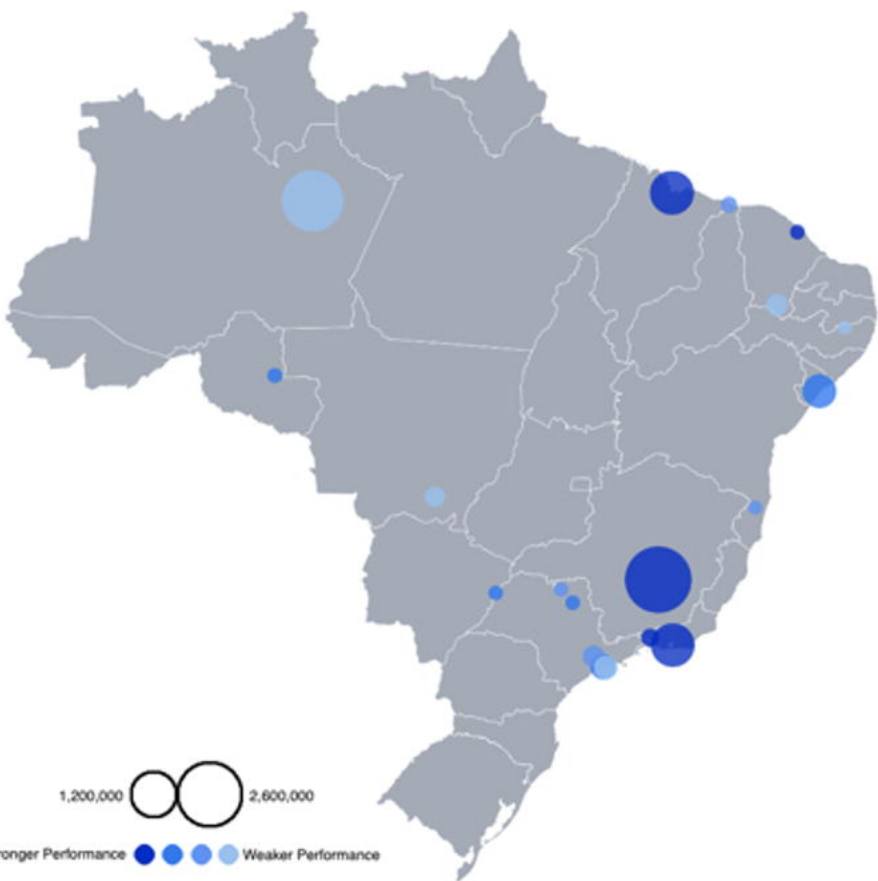
- 
- <sup>15</sup> Padmanabha H, Durham D, Correa F, Diuk-Wasser M, Galvani A. The interactive roles of *Aedes aegypti* super-production and human density in dengue transmission. *PLoS Negl Trop Dis*. 2012; 6(8): e1799. <https://doi.org/10.1371/journal.pntd.0001799> PMID: 22953017
- <sup>16</sup> Thammapalo S, Chongsuvivatwong V, Geater A, Dueravee M. Environmental factors and incidence of dengue fever and dengue haemorrhagic fever in an urban area, Southern Thailand. *Epidemiology and Infection*. 2008; 136(01):135–143. <https://doi.org/10.1017/S0950268807008126> PMID: 17359563
- <sup>17</sup> Johansson MA, Reich NG, Hota A, Brownstein JS, Santillana M. Evaluating the performance of infectious disease forecasts: A comparison of climate-driven and seasonal dengue forecasts for Mexico. *Scientific Reports*. 2016; 6. <https://doi.org/10.1038/srep33707>
- <sup>18</sup> Promprou S, Jaroensutasinee M, Jaroensutasinee K. Forecasting dengue haemorrhagic fever cases in Southern Thailand using ARIMA Models. *Dengue Bulletin*. 2006; 30:99.
- Luz PM, Mendes BVM, Codecó CT, Struchiner CJ, Galvani AP. Time series analysis of dengue incidence in Rio de Janeiro, Brazil. *The American journal of tropical medicine and hygiene*. 2008; 79 (6):933–939. PMID: 19052308
- <sup>19</sup> Choudhury ZM, Banu S, Islam AM. Forecasting dengue incidence in Dhaka, Bangladesh: A time series analysis. 2008;.
- <sup>20</sup> Eastin MD, Delmelle E, Casas I, Wexler J, Self C. Intra-and interseasonal autoregressive prediction of dengue outbreaks using local weather and regional climate for a tropical environment in Colombia. *The American journal of tropical medicine and hygiene*. 2014; 91(3):598–610. <https://doi.org/10.4269/ajtmh.13-0303> PMID: 24957546
- <sup>21</sup> Shi Y, Liu X, Kok SY, Rajarethinam J, Liang S, Yap G, Chong CS, Lee KS, Tan SS, Chin CK, Lo A. Three-month real-time dengue forecast models: an early warning system for outbreak alerts and policy decision support in Singapore. *Environmental health perspectives*. 2016 Sep;124(9):1369-75.
- <sup>22</sup> For work done at the state level, see for example Kempfert, Katherine, Kaitlyn Martinez, Amir Siraj, Jessica Conrad, Geoffrey Fairchild, Amanda Ziemann, Nidhi Parikh et al. "Time Series Methods and Ensemble Models to Nowcast Dengue at the State Level in Brazil." *arXiv preprint arXiv:2006.02483* (2020).
- <sup>23</sup> See for example de Almeida Marques-Toledo, Cecilia, Carolin Marlen Degener, Livia Vinhal, Giovanini Coelho, Wagner Meira, Claudia Torres Codeço, and Mauro Martins Teixeira. "Dengue prediction by the web: tweets are a useful tool for estimating and forecasting dengue at country and city level." *PLoS neglected tropical diseases* 11, no. 7 (2017): e0005729.
- <sup>24</sup> Codeço, C., F. Coelho, O. Cruz, S. Oliveira, T. Castro, and L. Bastos. "Infodengue: A nowcasting system for the surveillance of arboviruses in Brazil." *Revue d'Épidémiologie et de Santé Publique* 66 (2018): S386.
- <sup>25</sup> Bastos, Leonardo S., Theodoros Economou, Marcelo FC Gomes, Daniel AM Villela, Flavio C. Coelho, Oswaldo G. Cruz, Oliver Stoner, Trevor Bailey, and Claudia T. Codeço. "A modelling approach for correcting reporting delays in disease surveillance data." *Statistics in medicine* 38, no. 22 (2019): 4363-4377.
- <sup>26</sup> Salmon, Maëlle, Dirk Schumacher, Klaus Stark, and Michael Höhle. "Bayesian outbreak detection in the presence of reporting delays." *Biometrical Journal* 57, no. 6 (2015): 1051-1067.
- <sup>27</sup> van de Kastele, Jan, Paul HC Eilers, and Jacco Wallinga. "Nowcasting the number of new symptomatic cases during infectious disease outbreaks using constrained P-spline smoothing." *Epidemiology (Cambridge, Mass.)* 30, no. 5 (2019): 737.



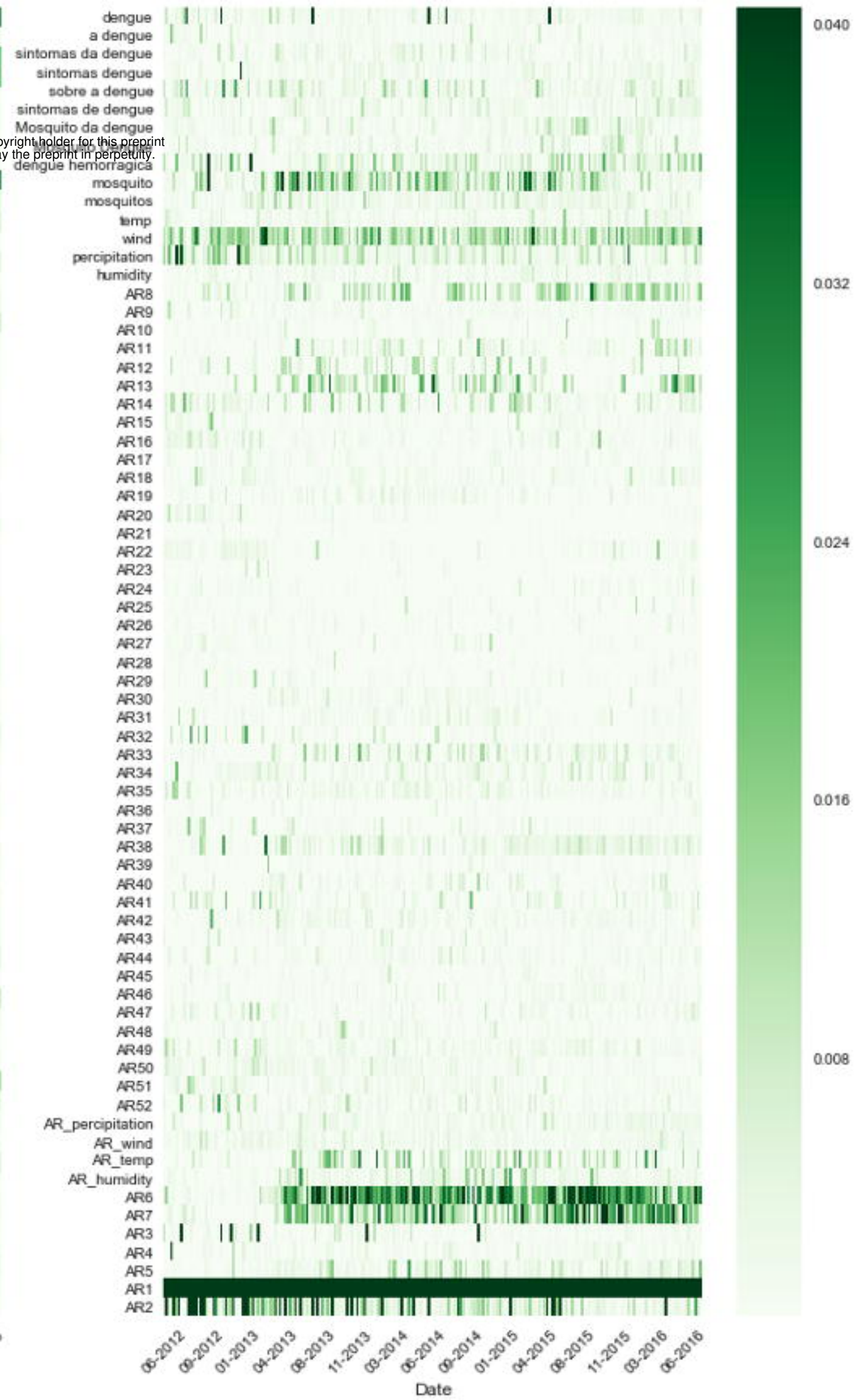
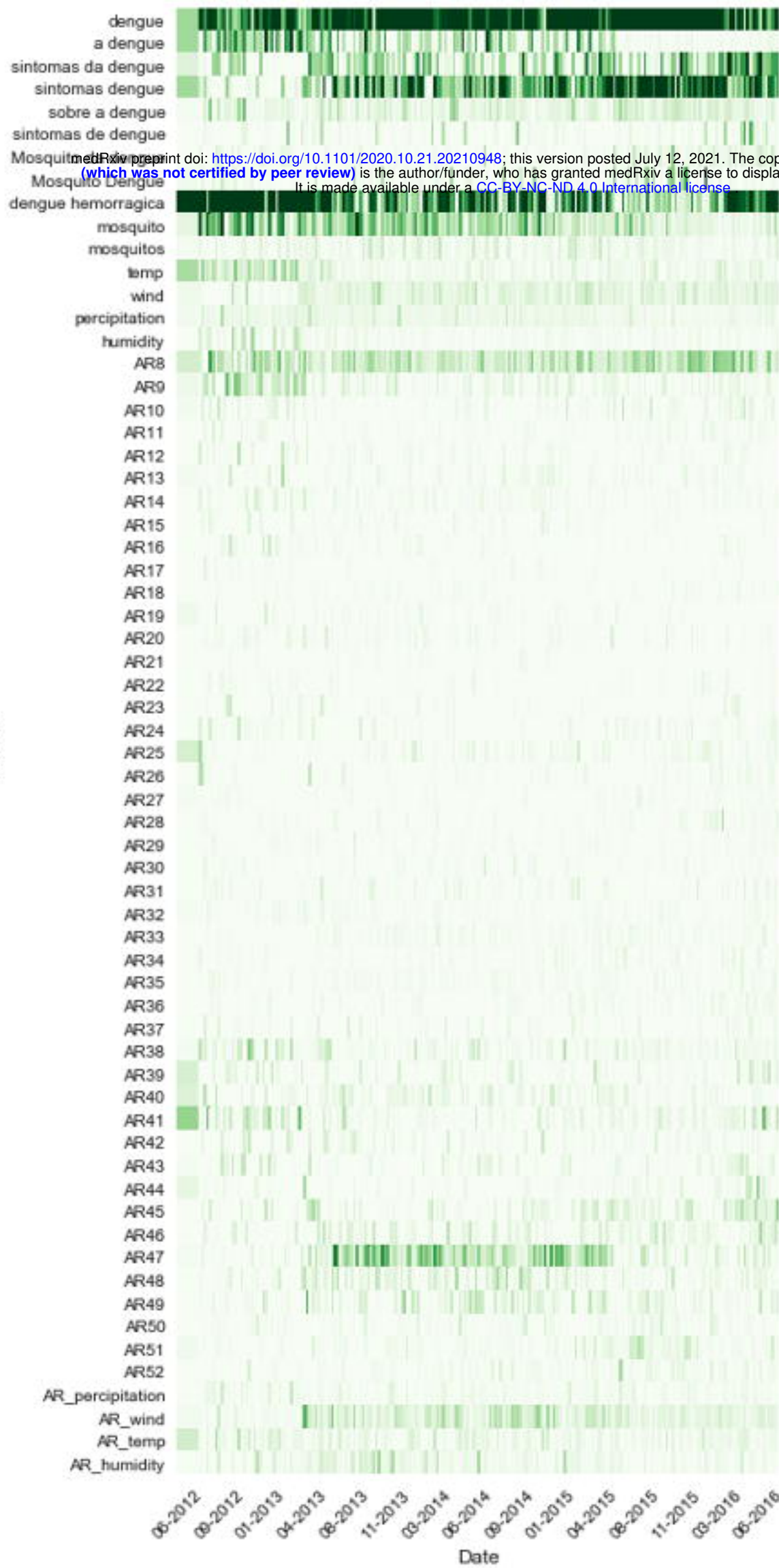
- 
- <sup>28</sup> Johansson, Michael A., Apfeldorf, Karyn M., Dobson, Scott, Devita, Jason, Buczak, Anna L., Baugher, Benjamin, Moniz, Linda J., Bagley, Thomas, Babin, Steven M., Guven, Erhan and Yamana, Teresa K., et al. "An open challenge to advance probabilistic forecasting for dengue epidemics." *Proceedings of the National Academy of Sciences* 116, no. 48 (2019): 24268-24274.
- <sup>29</sup> Yamana, Teresa K., Sasikiran Kandula, and Jeffrey Shaman. "Superensemble forecasts of dengue outbreaks." *Journal of The Royal Society Interface* 13, no. 123 (2016): 20160410.
- <sup>30</sup> Colón-González FJ, Soares Bastos L, Hofmann B, Hopkin A, Harpham Q, Crocker T, Amato R, Ferrario I, Moschini F, James S, Malde S. Probabilistic seasonal dengue forecasting in Vietnam: A modelling study using superensembles. *PLoS medicine*. 2021 Mar 4;18(3):e1003542.
- <sup>31</sup> Bomfim, Rafael, Sen Pei, Jeffrey Shaman, Teresa Yamana, Hernán A. Makse, José S. Andrade Jr, Antonio S. Lima Neto, and Vasco Furtado. "Predicting dengue outbreaks at neighbourhood level using human mobility in urban areas." *Journal of the Royal Society Interface* 17, no. 171 (2020): 20200691.
- <sup>32</sup> Gelaro R, McCarty W, Suárez MJ, et al. The Modern-Era Retrospective Analysis for Research and Applications, Version 2 (MERRA-2). *J Clim* 2017; 30: 5419–54.
- <sup>33</sup> Ministry of Health, Epidemiological Report—dengue Fever (January to June, 2008). Available from (website in Portuguese): [http://bvsms.saude.gov.br/bvs/publicacoes/informe\\_epidemiologico\\_dengue\\_janeiro\\_junho\\_2008.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/informe_epidemiologico_dengue_janeiro_junho_2008.pdf)
- <sup>34</sup> Clemente, Leonardo, Fred Lu, and Mauricio Santillana. "Improved real-time influenza surveillance: using internet search data in eight Latin American countries." *JMIR public health and surveillance* 5, no. 2 (2019): e12214.
- <sup>35</sup> Yang S, Santillana M, Kou SC. Accurate estimation of influenza epidemics using Google search data via ARGO. *Proceedings of the National Academy of Sciences*. 2015; 112(47):14473–14478. <https://doi.org/10.1073/pnas.1515373112>
- <sup>36</sup> Ho TK. Random decision forests. In *Proceedings of 3rd international conference on document analysis and recognition 1995 Aug 14* (Vol. 1, pp. 278-282). IEEE.
- <sup>37</sup> Breiman L. Random forests. *Machine learning*. 2001 Oct 1;45(1):5-32.
- <sup>38</sup> Zhu R, Zeng D, Kosorok MR. Reinforcement learning trees. *Journal of the American Statistical Association*. 2015 Oct 2;110(512):1770-84.
- <sup>39</sup> Yang, S., Kou, S.C., Lu, F., Brownstein, J.S., Brooke, N. and Santillana, M., 2017. Advances in using Internet searches to track dengue. *PLoS computational biology*, 13(7), p.e1005607.
- <sup>40</sup> Cortes, Fanny, Celina Maria Turchi Martelli, Ricardo Arraes de Alencar Ximenes, Ulisses Ramos Montarroyos, João Bosco Siqueira Junior, Oswaldo Gonçalves Cruz, Neal Alexander, and Wayner Vieira de Souza. "Time series analysis of dengue surveillance data in two Brazilian cities." *Acta tropica* 182 (2018): 190-197.
- <sup>41</sup> Yang S, Santillana M, Kou SC. Accurate estimation of influenza epidemics using Google search data via ARGO. *Proceedings of the National Academy of Sciences*. 2015 Nov 24;112(47):14473-8.











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