



**BAYESIALAB**

**Reasoning Under Uncertainty: Differential Diagnosis of Diseases**

**March 20, 2020**

# Introduction



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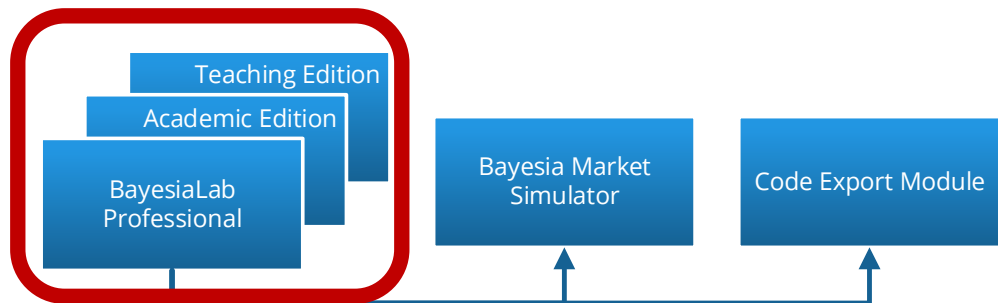
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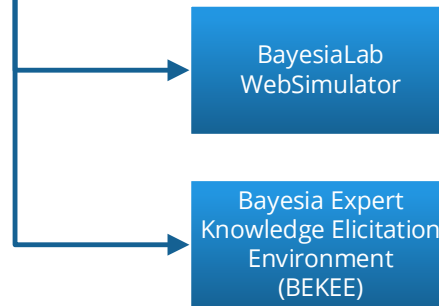
# BAYESIALAB



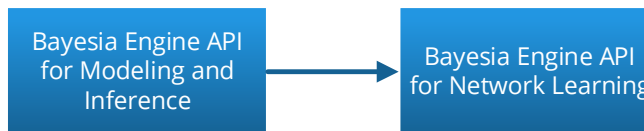
Desktop  
Software



Web  
Application



API



# Today's Agenda

## Introduction

### Webinar Series: Reasoning Under Uncertainty

- Part 1: Differential Diagnosis of Diseases
- Part 2: Temporal Modeling of an Epidemic
- Part 3: “Test and Treat” vs. Presumptive Treatment

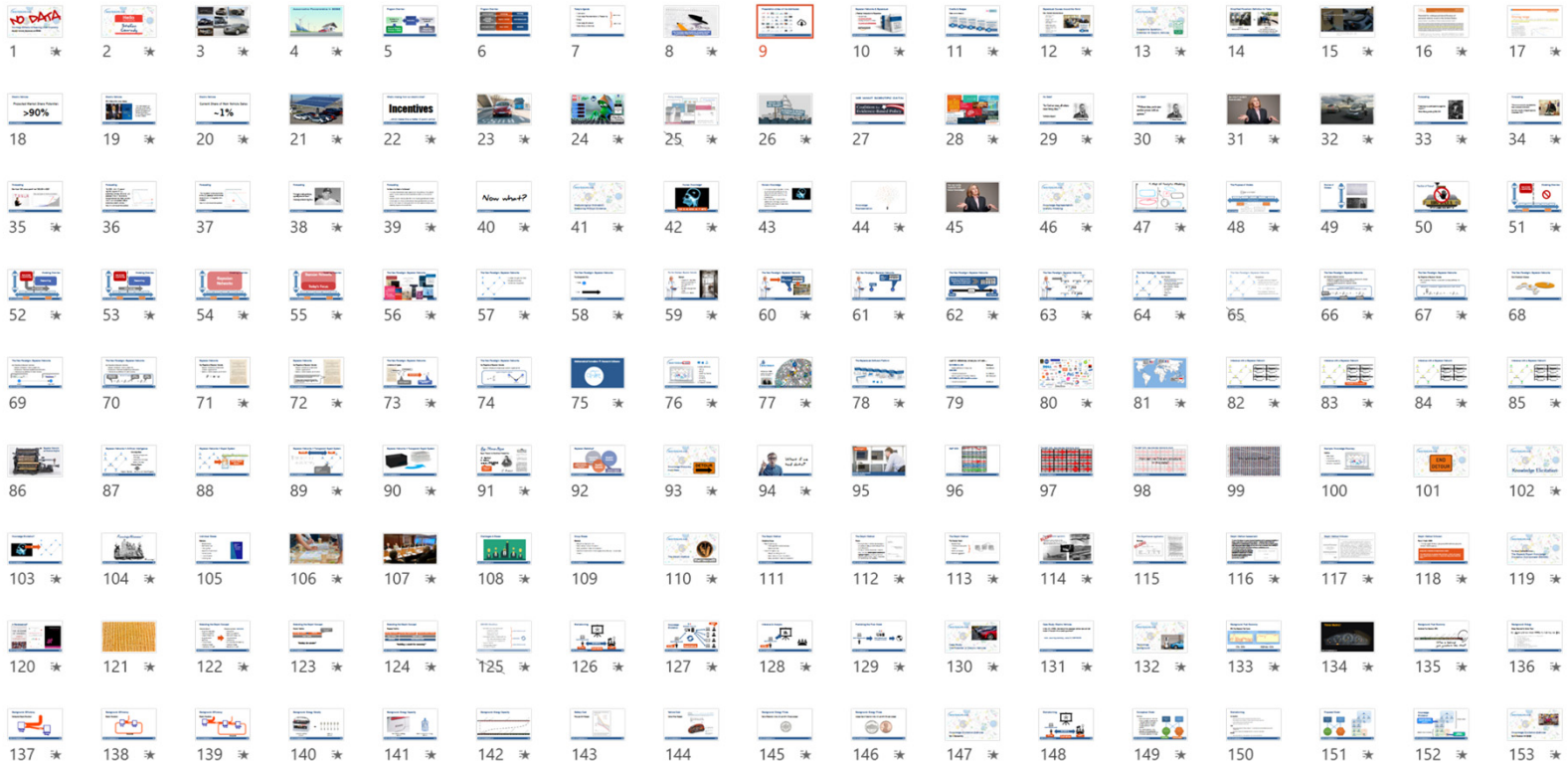
## Motivation

### Probabilistic Reasoning with Bayesian Networks

- Diagnostic Reasoning
- Differential Diagnosis of Lung Diseases



# Slides and Screen Recording: [forum.bayesia.us](http://forum.bayesia.us)



### Blog



BayesiaLab Course in Boston Cancelled

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### UPCOMING EVENTS

 **3-Day Introductory Course (Lives...**  
Wed May 6 - Fri May 8  
Online

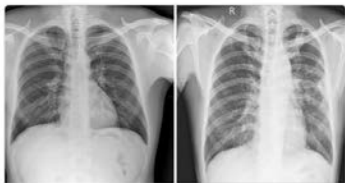
 **3-Day Introductory Course in Sea...**  
Wed May 6 - Fri May 8

### Upcoming Events



# The BayesiaLab Community

## Videos



Webinar Series — Reasoning Under Uncertainty (Part 1): Differential Diagnosis of Diseases

[Read More](#)



Beyond Effect Sizes — Using BayesiaLab's Target Dynamic Profile

[Read More](#)



Ripple Effect Model  
Supplier Disruption  
Integrated Markov  
and Dynamic Bayesian  
Network Approach

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[forum.bayesia.us](http://forum.bayesia.us)

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### Webinar Series — Reasoning Under Uncertainty Differential Diagnosis of Diseases

Updated now

Following 1

SHARE

f t in

Moderate topic ...

This is a placeholder post. The webinar recording plus all presentation materials will be posted here by the end of March 20, 2020.

#### Webinar Overview

With the outbreak of the COVID-19 pandemic, reasoning about diseases has gone mainstream. No longer is it just healthcare professionals that perform differential diagnoses. Newspapers and social media have been publishing charts that compare symptoms of COVID-19, the "regular" flu, and the common cold so individuals can potentially self-diagnose and reduce the burden on healthcare providers.

While a chart can list symptoms, it is not an "inference engine." Deliberate reasoning still has to happen in the mind of the self-diagnosing individual to reach a conclusion. The difficult part, as humans are ill-equipped to handle probabilistic reasoning, is to determine the cause, i.e., from symptom to disease.

In this webinar, we present Bayesian networks as a framework for reasoning about diseases and symptoms. Given this knowledge base, we then use Bayesian algorithms to update the probabilities of the potential conditions given the observed symptoms. A very similar model, the so-called "Visit Asia" network, was one of the models that illustrated the reasoning capabilities of Bayesian networks.

Please note that this webinar does not constitute medical advice. Although the content is based on current events, we focus solely on the reasoning process. Thus, all numerical probabilities shown in the presentation should be considered fictional.

Please post all your questions and comments below.

LIKE UNFOLLOW

Reply to topic



# Warning

- The medical, healthcare, and health policy topics presented in this webinar are strictly for methodological illustration purposes.
- No medical advice is provided.
- No part of this seminar should be interpreted as a research finding or policy recommendation.
- All numerical values shown throughout the presentation should be considered fictional.



THE

BE DATA-DRIVEN

MAKING DATA-DRIVEN DECISIONS

DATA-DRIVEN HEALTHCARE

How Analytics and BI are Transforming the Industry

FIRST OPINION

# A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data

By JOHN P.A. IOANNIDIS / MARCH 17, 2020



A nurse holds swabs and a test tube to test people for Covid-19 at a drive-through station set up in the parking lot of the Beaumont Hospital in Royal Oak, Mich.

PAUL SANCYA/AP

Driven Decision-Making



DATA-DRIVEN decisions in a FORTUNE 500

CONTENTS

view

## Driven Care

a flood of molecular, oral patient information. medicine better?

- The Big Question
- More Phones, Fewer Doctors
- IBM Aims to Make Medical Expertise a Commodity
- 23andMe Tries to Woo the FDA
- Mobile Health Monitoring Devices
- Mobile Health's Growing Pains
- Plus: CB's Crash, Data in Action at Mayo, Pharma's new transparency, and more

The Big Question

### Can Technology Fix Medicine?

Medical data is a hot spot for venture investing and product innovation. The goal: better care.



# COVID-19 Symptoms

## FEVER

## COUGH

## SHORTNESS OF BREATH

Symptoms may appear 2-14 days after exposure

### Symptoms of COVID-19 (2019 Novel Coronavirus)



Fever



Cough



Shortness of Breath

## COVID-19 vs Influenza vs Allergies

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Shortness of breath</li> <li>• Symptoms 2-14 days after exposure</li> </ul> | <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Sore throat</li> <li>• Head/body aches</li> <li>• Runny/stuffy nose</li> <li>• Fatigue</li> </ul> | <ul style="list-style-type: none"> <li>• Sneezing</li> <li>• Coughing</li> <li>• Runny nose</li> <li>• Scratchy throat</li> <li>• Itchy, red, or watery eyes</li> </ul> |
|--|--|---|

UNSURE? CONTACT YOUR HEALTH PROVIDER BY PHONE OR ONLINE

### COVID-19 SYMPTOMS & WARNING SIGNS

- FEVER
  - COUGH
  - SHORTNESS OF BREATH
  - PERSISTENT PAIN OR CHEST PRESSURE\*
  - BLUISH LIPS OR FACE\*
- \*SEE A HEALTH CARE PROVIDER IMMEDIATELY
- IF YOU DEVELOP SYMPTOMS AND HAVE BEEN IN CONTACT WITH SOMEONE WITH COVID-19, OR TRAVELED TO AN AREA WITH ONGOING SPREAD, CALL YOUR DOCTOR

### FIVE SYMPTOMS OF COVID 19



### COVID-19 compared to other common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Fatigue	Sometimes	Sometimes	Common	Sometimes
Diarrhea	Rare	No	Sometimes*	No
Runny nose	Rare	Common	Sometimes	Common
Sneezing	No	Common	No	Common

\*Sometimes for children  
Source: CDC, WHO, American College of Allergy, Asthma and Immunology

### Going Viral: What to Watch For

Viruses can be contagious during the incubation period, before symptoms start.

Incubation period	COVID-19	FLU	COMMON COLD	MONONUCLEOSIS	COVID-19*
Symptom onset	2-14 days	1-4 days	1-3 days	4-6 weeks	2-14 days
Typical disease duration	2-3 weeks	1-2 weeks	1-2 weeks	4-6 weeks	2-3 weeks

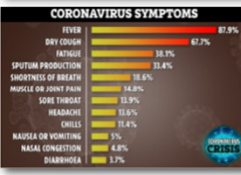
### Do I have COVID-19, the flu or a cold?

Symptoms	Coronavirus	Cold	Flu
Fever	Common	Rare	Common
Fatigue	Sometimes	Sometimes	Common
Cough	Common	Common	Common
Sneezing	Unusually dry	Mild	Common
Loss of taste/smell	Unusually dry	No	Common
Headaches	Unusually dry	No	Common
Runny/stuffy nose	Unusually dry	No	Common
Shortness of breath	Unusually dry	No	Common

### Wuhan virus symptoms

ADVICE FROM THE CDC:

- Avoid contact with sick people, animals, and their environments.
- Wash hands often with soap and water for at least 20 seconds.
- If you feel sick, stay home, cough or sneeze into an elbow or a tissue, and avoid public places.
- Do not travel unless you have a fever, cough, or shortness of breath.



### SYMPTOMS OF COVID-19, COLD, INFLUENZA

SYMPTOMS	COVID-19	INFLUENZA	COLD
Dry Cough	+++	++	+
Fever	+++	+++	+++
Stuffy nose	+	++	+++
Sore Throat	++	++	+++
Shortness of breath	++	+	+
Headache	++	+++	+++
Body Aches	++	+++	+++
Sneezing	+	+	+++
Fatigue	++	+++	++
Diarrhea	+	+	+

### Flu vs Allergies vs COVID-19

SYMPTOMS OF DIFFERENT RESPIRATORY ILLNESSES

Symptoms	Flu	Allergies	COVID-19
Fever	Common	Rare	Common
Cough	Common	Common	Common
Shortness of breath	Common	Rare	Common
Fatigue	Common	Rare	Common
Headaches	Common	Common	Sometimes
Runny/stuffy nose	Common	Common	Rare
Sneezing	Rare	Common	Rare
Itchy eyes	Rare	Common	Rare
Diarrhea	Rare	Rare	Common

### What are the symptoms of COVID-19?

Symptoms can include:

- Fever
- Cough
- Shortness of breath

### DAY 1 DAY 5 DAY 7 DAY 8 DAY 10 DAY 12

Day 1: Patients experience fever and possibly also fatigue, muscle pain and a dry cough. A fever may last for 2-3 days before.

Day 5: Patients who are older or have pre-existing conditions have difficulty breathing.

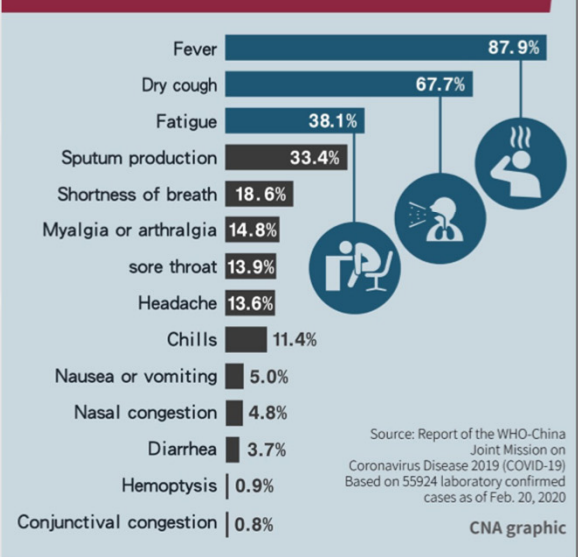
Day 7: Patients with breathing difficulties are admitted to hospital, but most patients start to get better.

Day 8: Severe cases develop signs of more respiratory distress. Breathing problems often improve.

Day 10: Patients with increasing breathing problems often may linger on.

Day 12: Fever usually ends but cough may last for 2-3 weeks. In survivors, difficulty breathing ceases after about 12 days, while the average time to reach to 80% is 4 days.

## Typical symptoms of COVID-19



Source: Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) Based on 55924 laboratory confirmed cases as of Feb. 20, 2020

CNA graphic



Testing to the Rescue



## Diagnostic Reasoning



Fictional Example

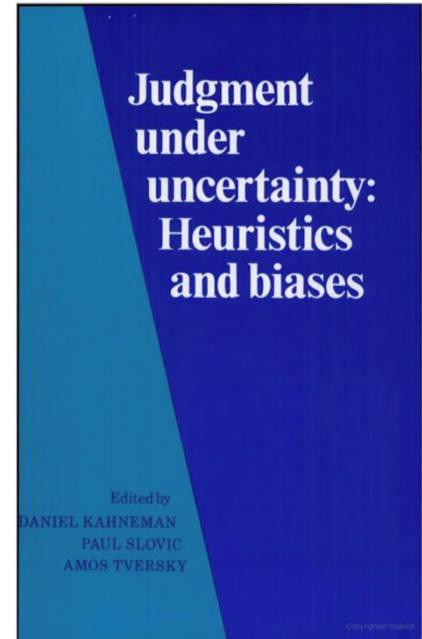
# Diagnostic Reasoning



Fictional Scenario

## Human Reasoning Experiment\*

- A new and serious infectious disease appears in a population.
- At this time, the prevalence of infection is believed to be 0.1%.
- A test is available to detect the infection long before any symptoms appear. This test has a
  - sensitivity of 99.9% and a
  - specificity of 99.9%.
- As a disease control measure, you are tested for the disease.



\*adapted from Kahneman & Tversky, 1980



# Diagnostic Reasoning



## Are you infected?

- Prevalence of infection in population: 0.1%
- Test Performance:
  - Sensitivity: 99.9%
  - Specificity: 99.9%
- The test results come back, and you are positive.





# Diagnostic Reasoning

## Are you infected?

- More specifically, what is your probability of being infected?
  - $P(\text{Infection}=\text{true} \mid \text{Test}=\text{positive})=99.9\%$
  - $P(\text{Infection}=\text{false} \mid \text{Test}=\text{negative})=99.9\%$
  - $P(\text{Infection}=\text{true} \mid \text{Test}=\text{negative})=0.1\%$
  - $P(\text{Infection}=\text{false} \mid \text{Test}=\text{positive})=0.1\%$

**SO, WHY DO YOU EVEN ASK?**



# Diagnostic Reasoning

Your probability of being infected is...

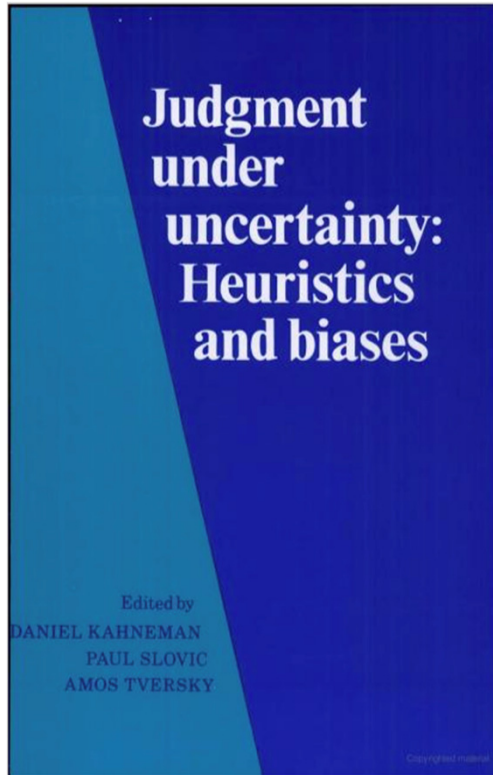
**50/50**



# The Prosecutor's Fallacy



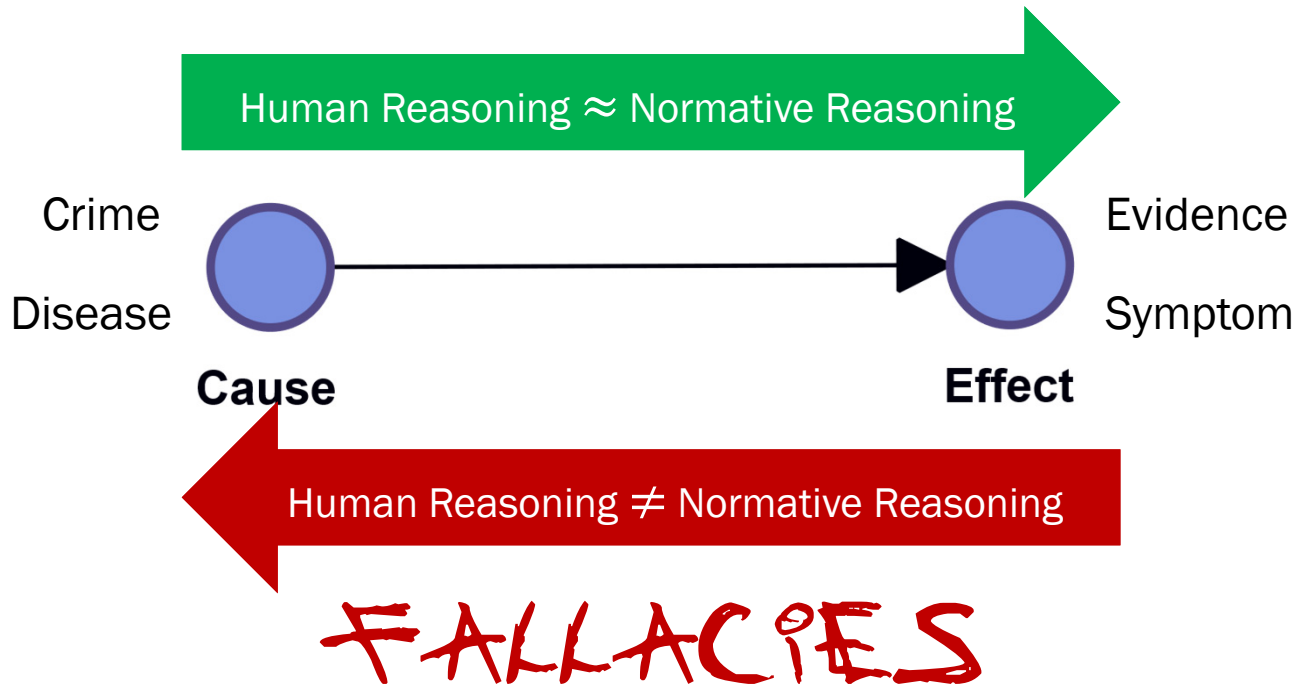
# Diagnostic Reasoning



**H**U**M**a**N** **R**e**A**s**O****N**i**N**G  
**i**S **F****L**A**W**e**d**

# Diagnostic Reasoning

## Human Cognitive Limitations and Biases Under Uncertainty



# Rev. Thomas Bayes

## Bayes' Theorem for Conditional Probabilities

H: Hypothesis

E: Evidence

$$P(H | E) = \frac{P(E | H)P(H)}{P(E)}$$

“Probability of the Hypothesis given the Evidence”



T. Bayes.

1763

## PHILOSOPHICAL TRANSACTIONS

[ 370 ]

quodque solum, certa nitri signa præbere, sed plura concurrere debere, ut de vero nitro producto dubium non relinquatur.

LII. *An Essay towards solving a Problem in the Doctrine of Chances. By the late Rev. Mr. Bayes, F. R. S. communicated by Mr. Price, in a Letter to John Canton, A. M. F. R. S.*

Dear Sir,

Read Dec. 25, 1763. I Now send you an essay which I have found among the papers of our deceased friend Mr. Bayes, and which, in my opinion, has great merit, and well deserves to be preserved. Experimental philosophy, you will find, is nearly interested in the subject of it; and on this account there seems to be particular reason for thinking that a communication of it to the Royal Society cannot be improper.

He had, you know, the honour of being a member of that illustrious Society, and was much esteemed by many in it as a very able mathematician. In an introduction which he has writ to this Essay, he says, that his design at first in thinking on the subject of it was, to find out a method by which we might judge concerning the probability that an event has to happen, in given circumstances, upon supposition that we know nothing concerning it but that, under the same circum-

# Diagnostic Reasoning

- Bayes' Rule allows us to compute the probability  $P(\text{Infection}=\text{true} \mid \text{Test}=\text{positive})$

$$P(H \mid E) = \frac{P(E \mid H)P(H)}{P(E)}$$



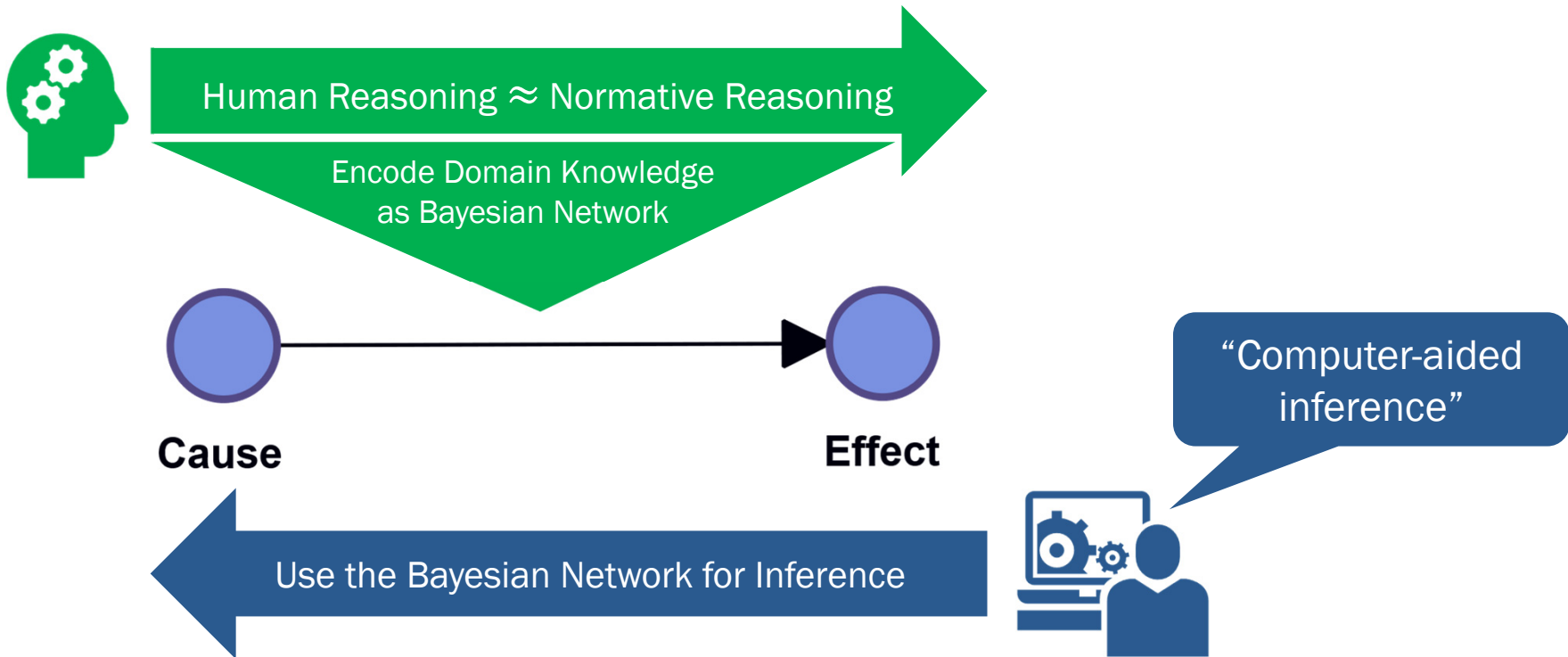
*T. Bayes.*

$$P(\text{Infection} = \text{true} \mid \text{Test} = \text{positive}) = \frac{P(\text{Test} = \text{positive} \mid \text{Infection} = \text{true})P(\text{Infection} = \text{true})}{P(\text{Test} = \text{positive})} =$$
$$\frac{P(\text{Test} = \text{positive} \mid \text{Infection} = \text{true})P(\text{Infection} = \text{true})}{P(\text{Test} = \text{positive} \mid \text{Infection} = \text{true})P(\text{Infection} = \text{true}) + P(\text{Test} = \text{positive} \mid \text{Infection} = \text{false})P(\text{Infection} = \text{false})}$$

**correct, but cumbersome, even in trivial cases.**

# Bayesian Networks to the Rescue!

## Overcoming our Limitations



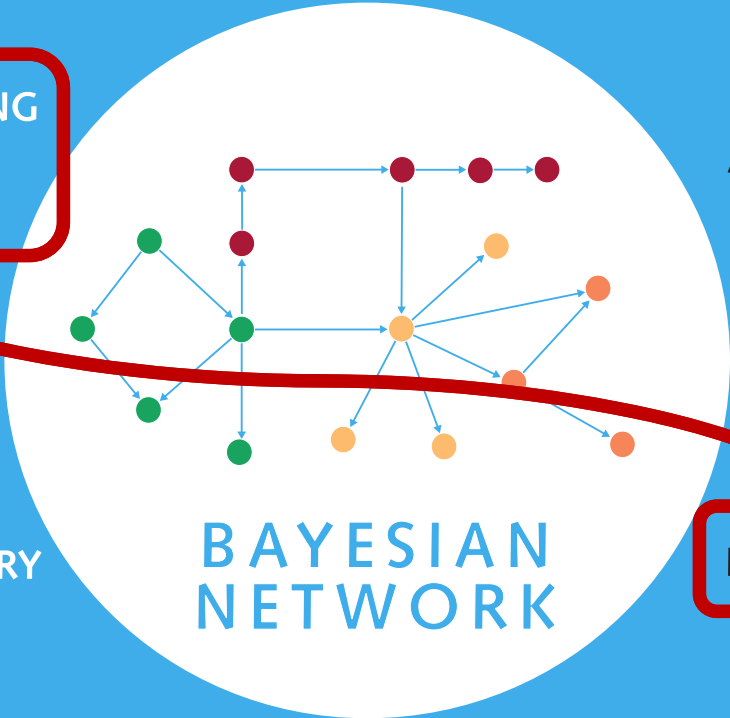




We need an  
inference engine!

# Bayesian Networks

**KNOWLEDGE MODELING**  
EXPERT  
KNOWLEDGE



DATA  
KNOWLEDGE DISCOVERY

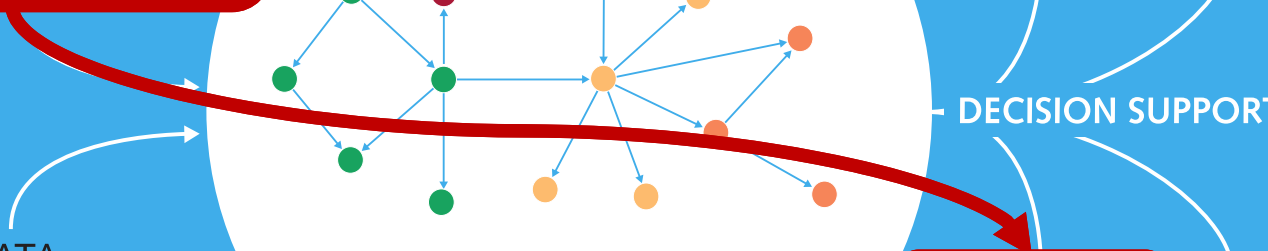
ANALYTICS SIMULATION

DECISION SUPPORT

RISK  
MANAGEMENT

**DIAGNOSIS**

OPTIMIZATION



# Diagnostic Reasoning

We encode our knowledge regarding the problem domain

Prevalence=Marginal  
Probability of Disease

False	True
99.900	0.100



**Disease**

# Diagnostic Reasoning

We encode our knowledge regarding the problem domain

Conditional Probability Table

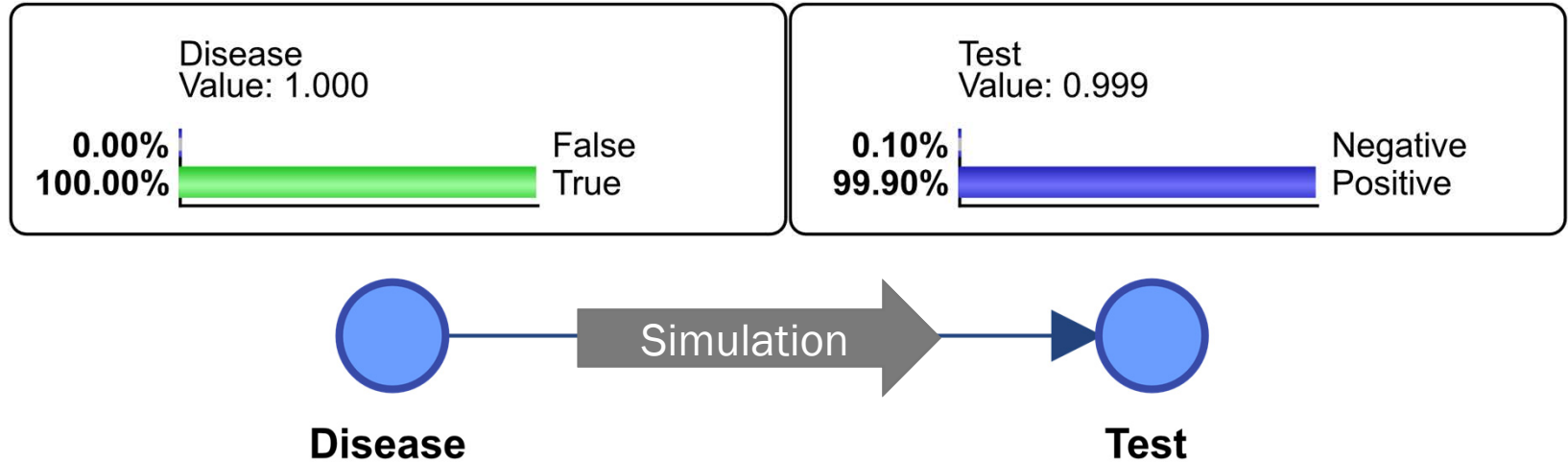
False	True
99.900	0.100

Disease	Negative	Positive
False	99.900	0.100
True	0.100	99.900



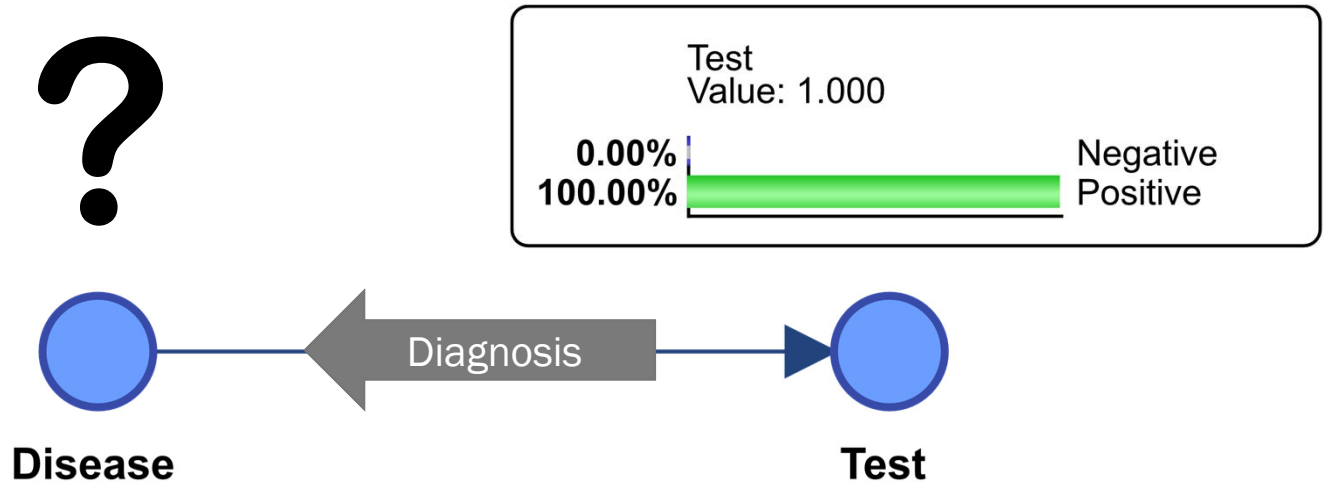
# Diagnostic Reasoning

We use this Bayesian network to perform inference



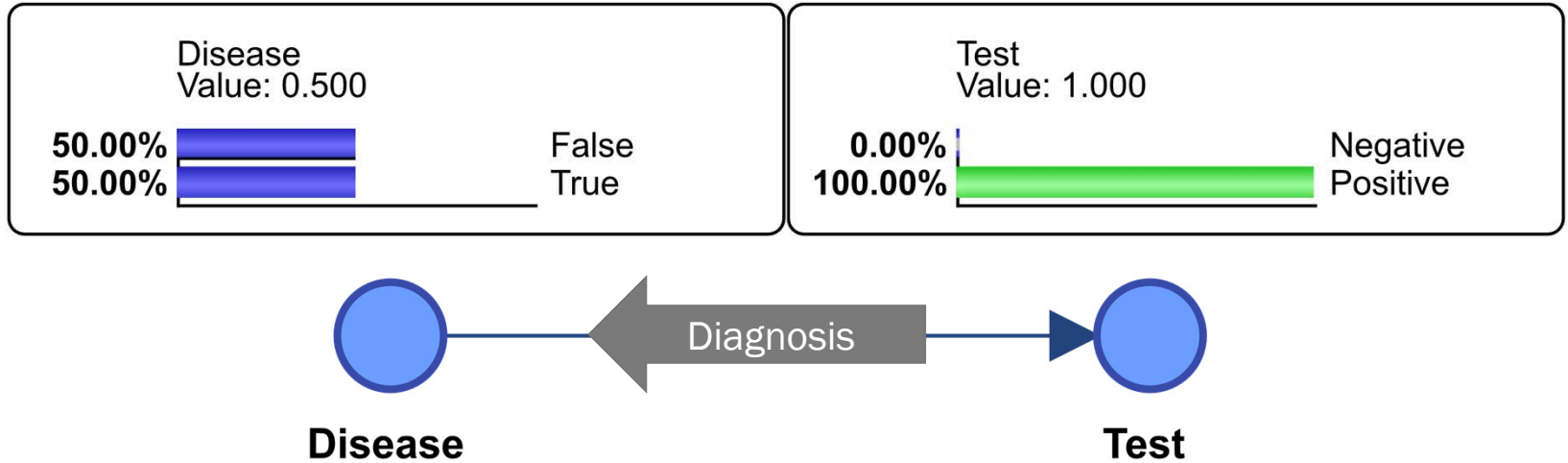
# Diagnostic Reasoning

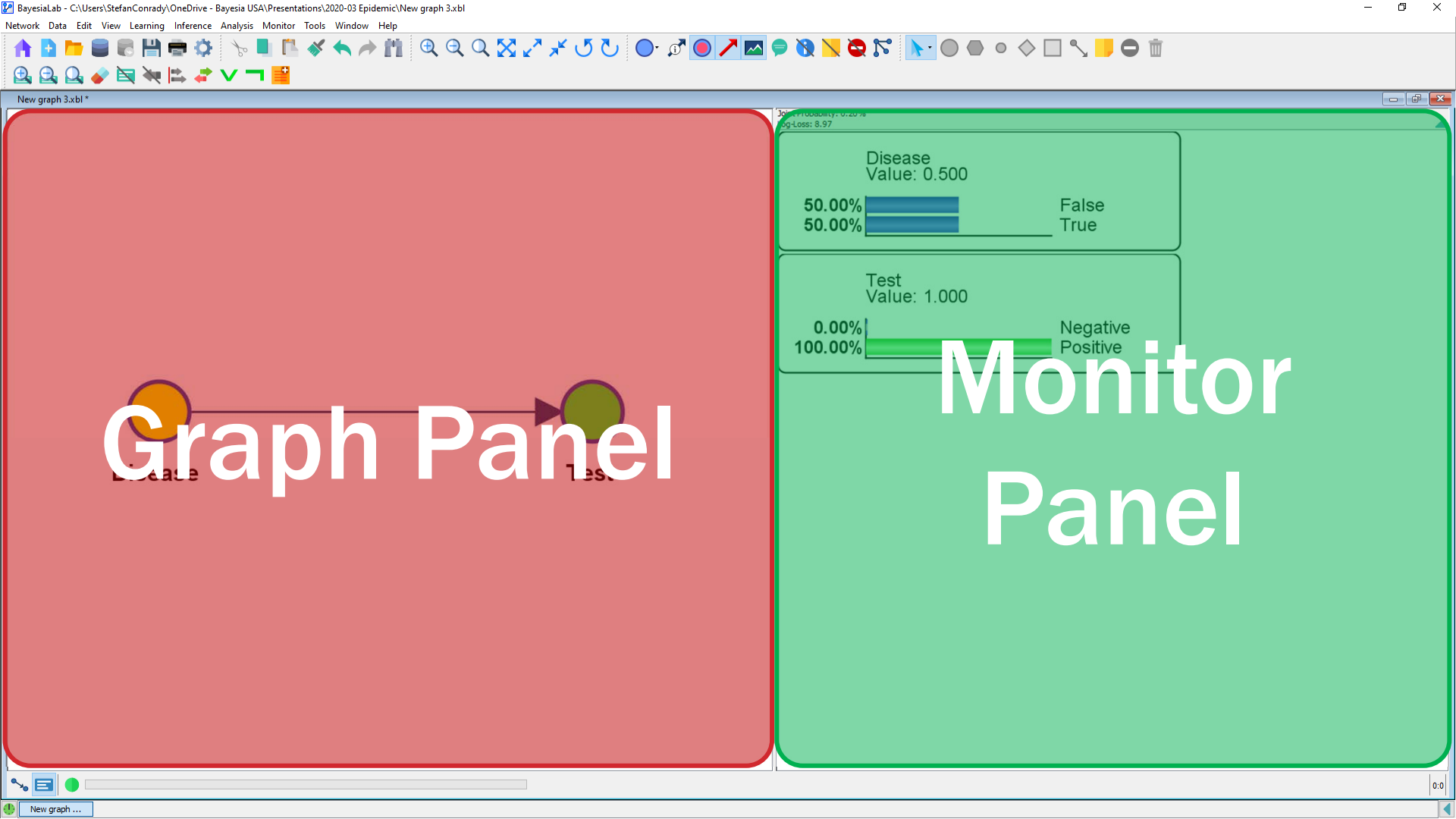
We use this Bayesian network to perform inference



# Diagnostic Reasoning

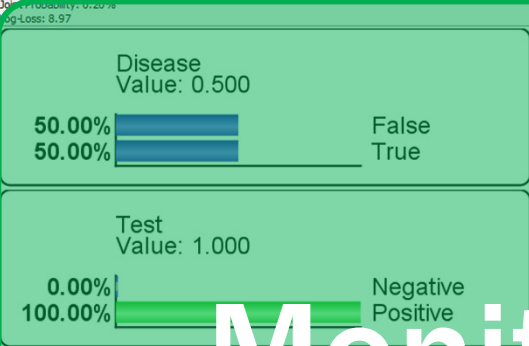
We use this Bayesian network to perform inference





Graph Panel

Monitor Panel

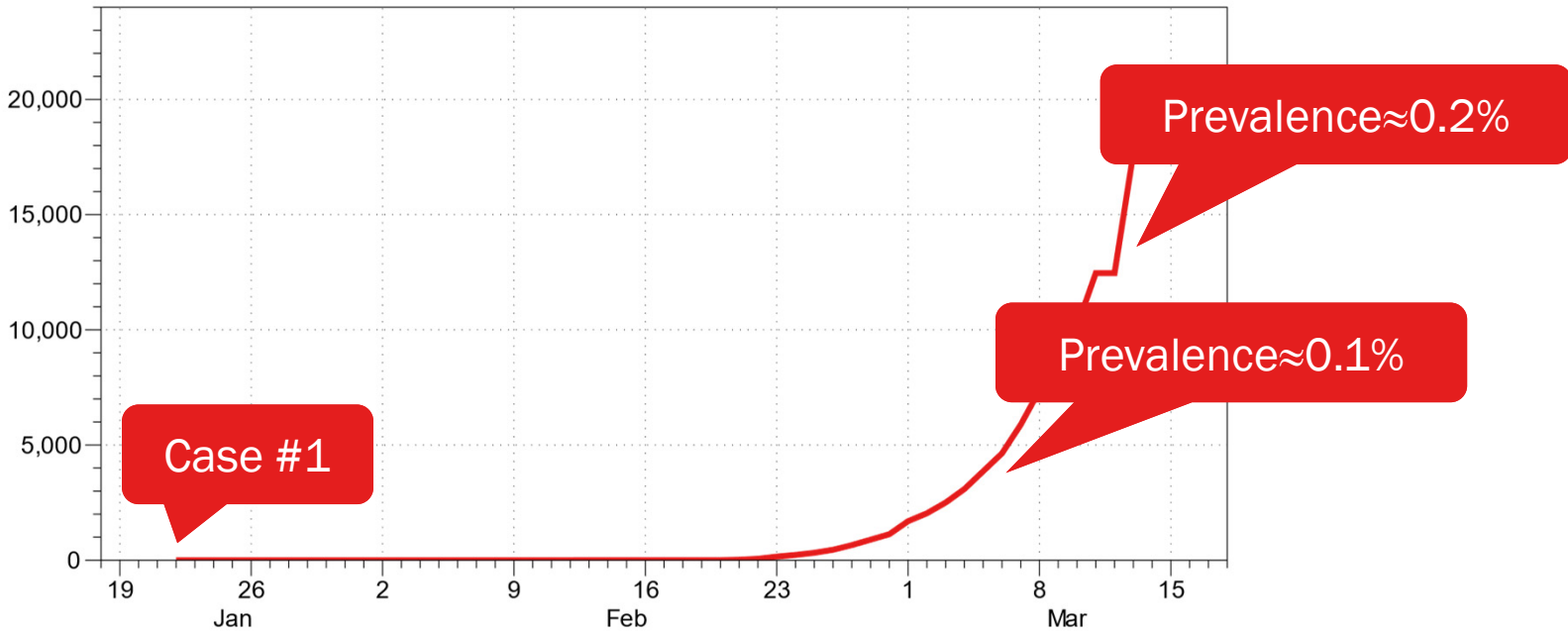


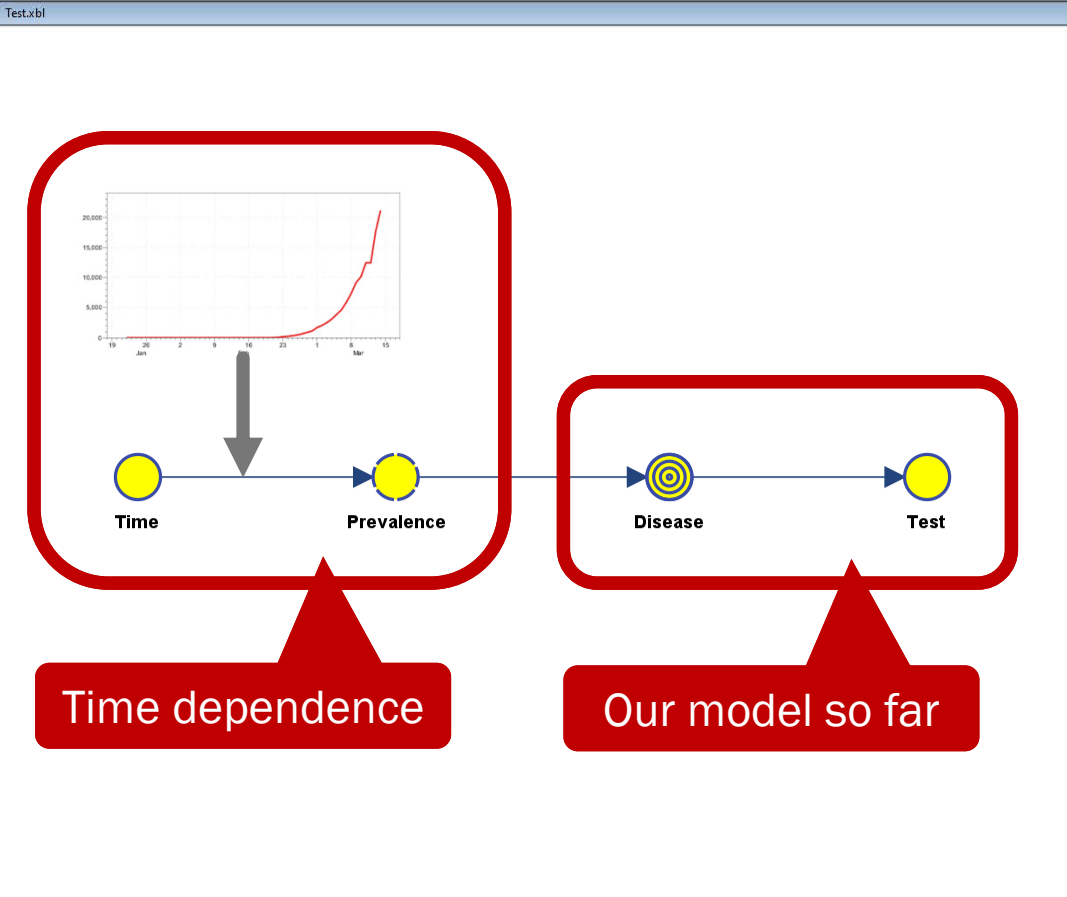


# Diagnostic Reasoning

 **Fictional Values**

## Infections Over Time

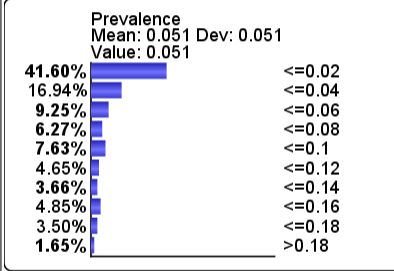
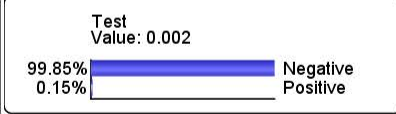
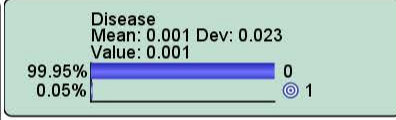
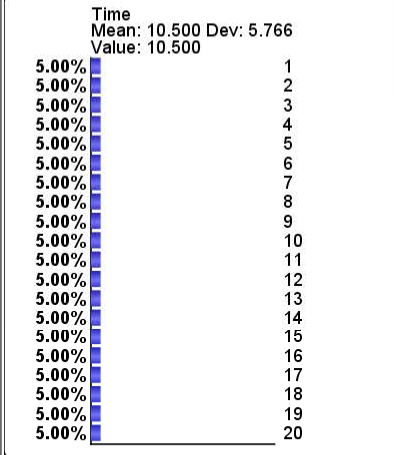


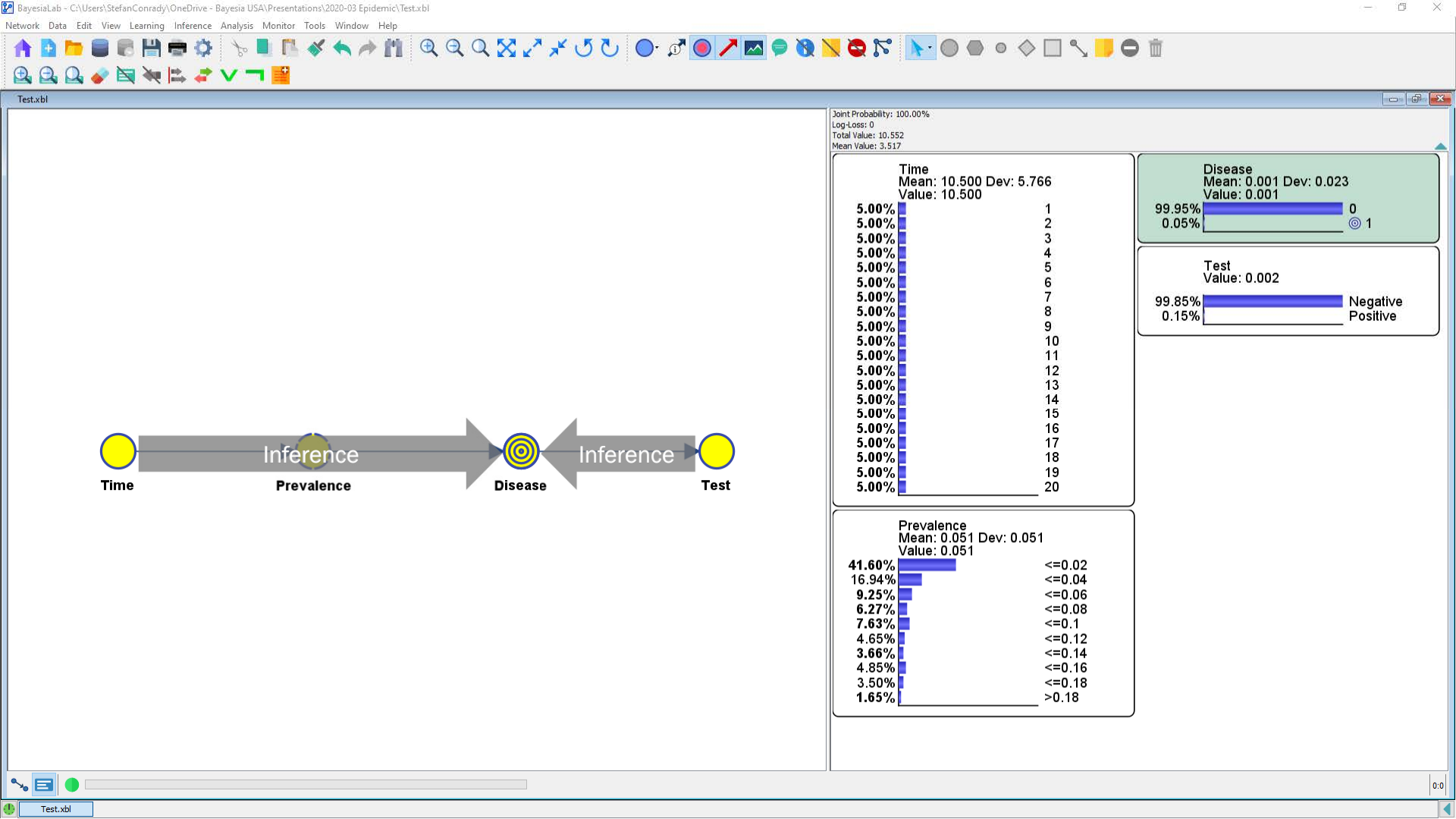


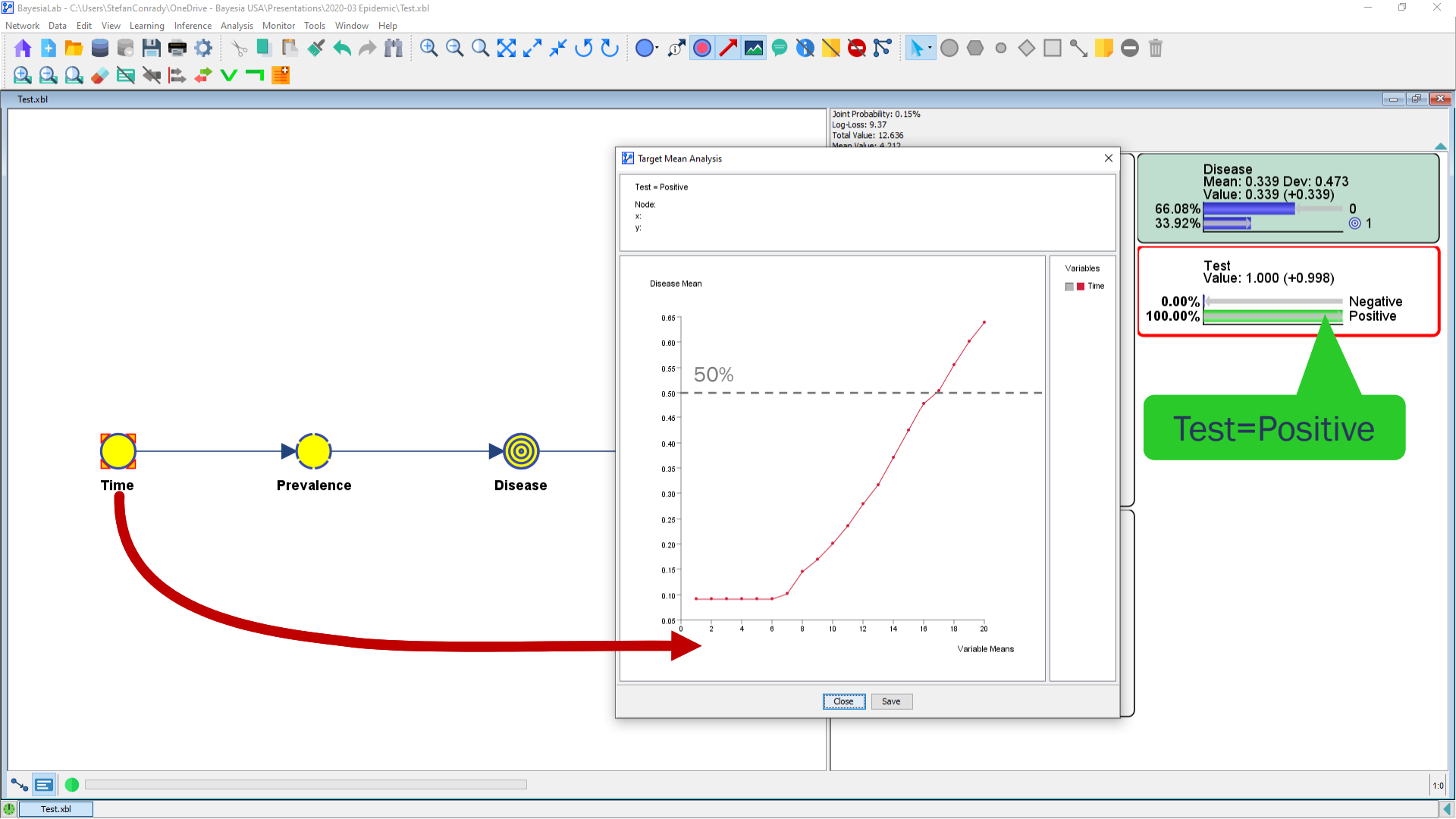
Time dependence

Our model so far

Joint Probability: 100.00%  
 Log-Loss: 0  
 Total Value: 10.552  
 Mean Value: 3.517





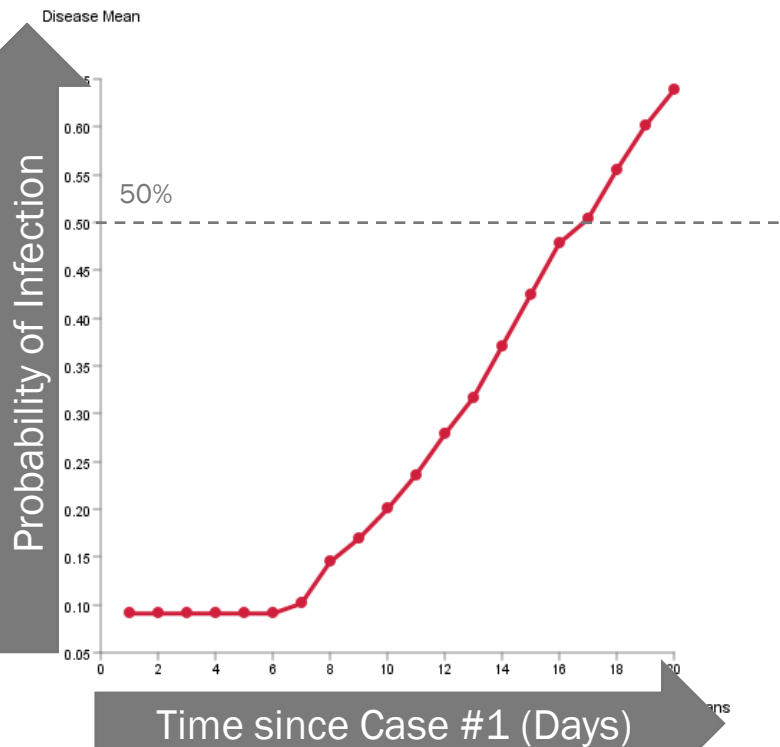


Test = Positive

Node: Time

x: 16

y: 0.47839



Variables

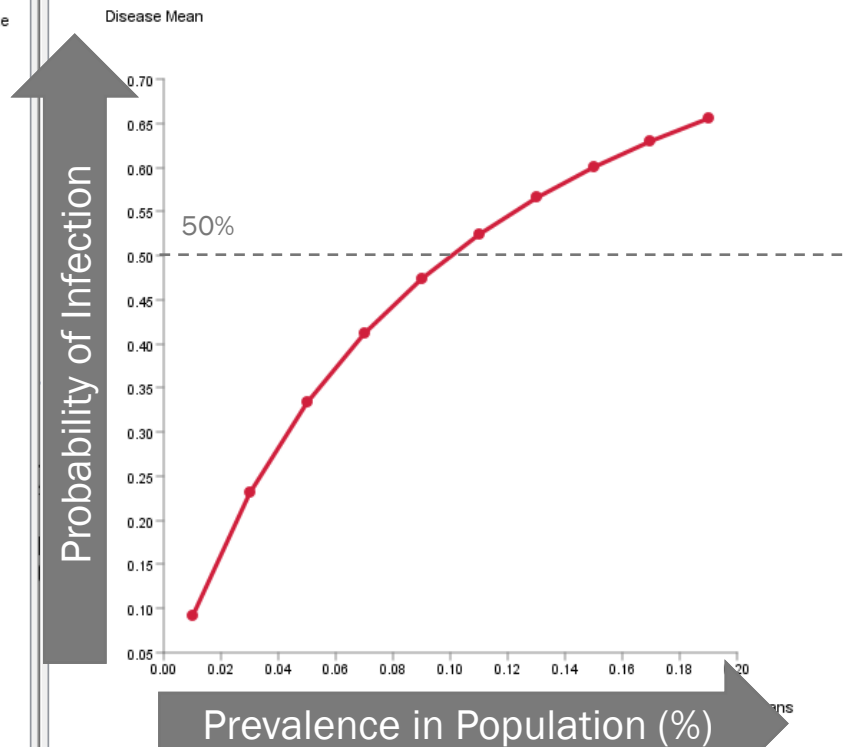
 Time

Test = Positive

Node: Prevalence

x: 0.11

y: 0.52383



Variables

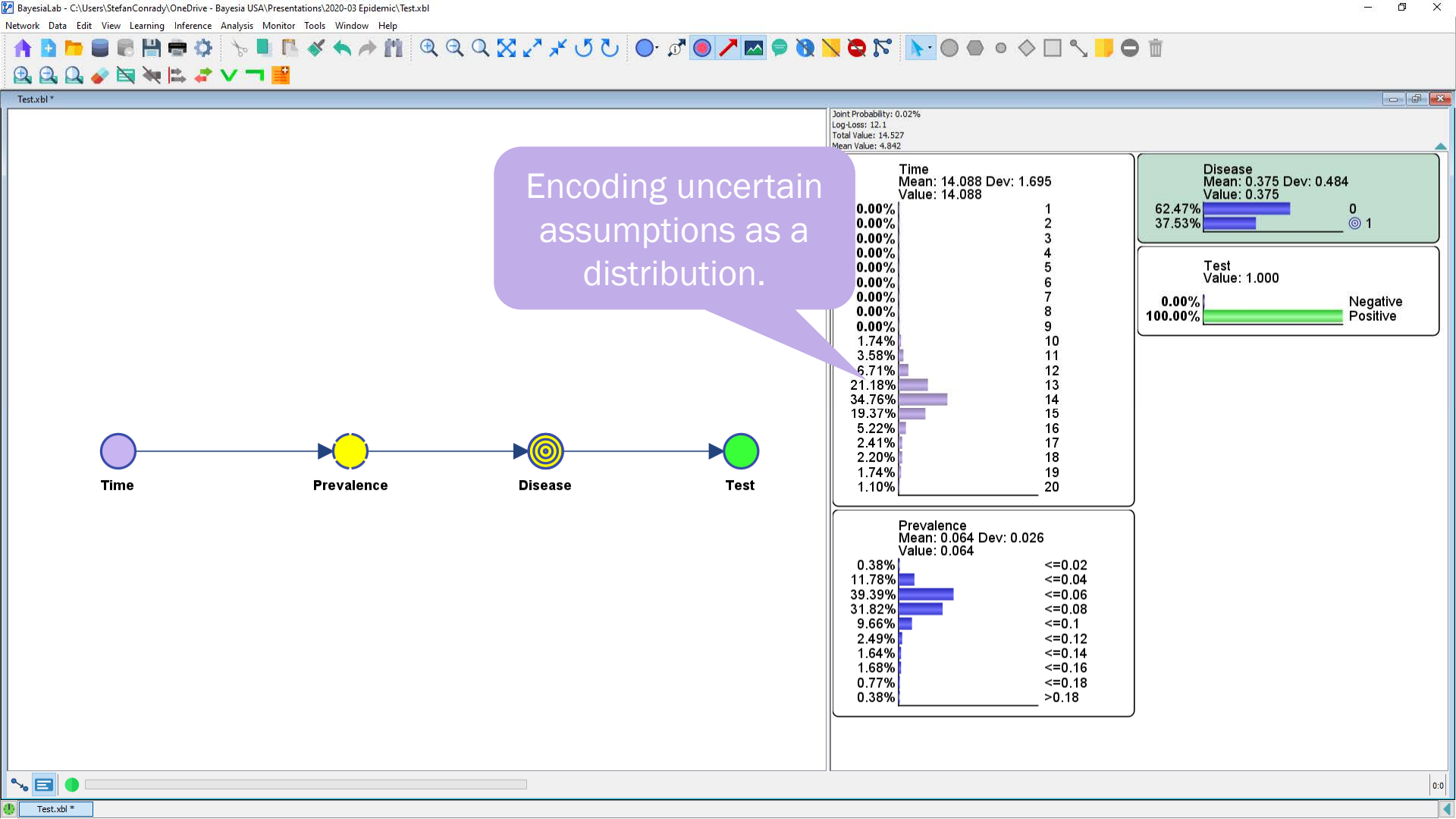
 Prevalence

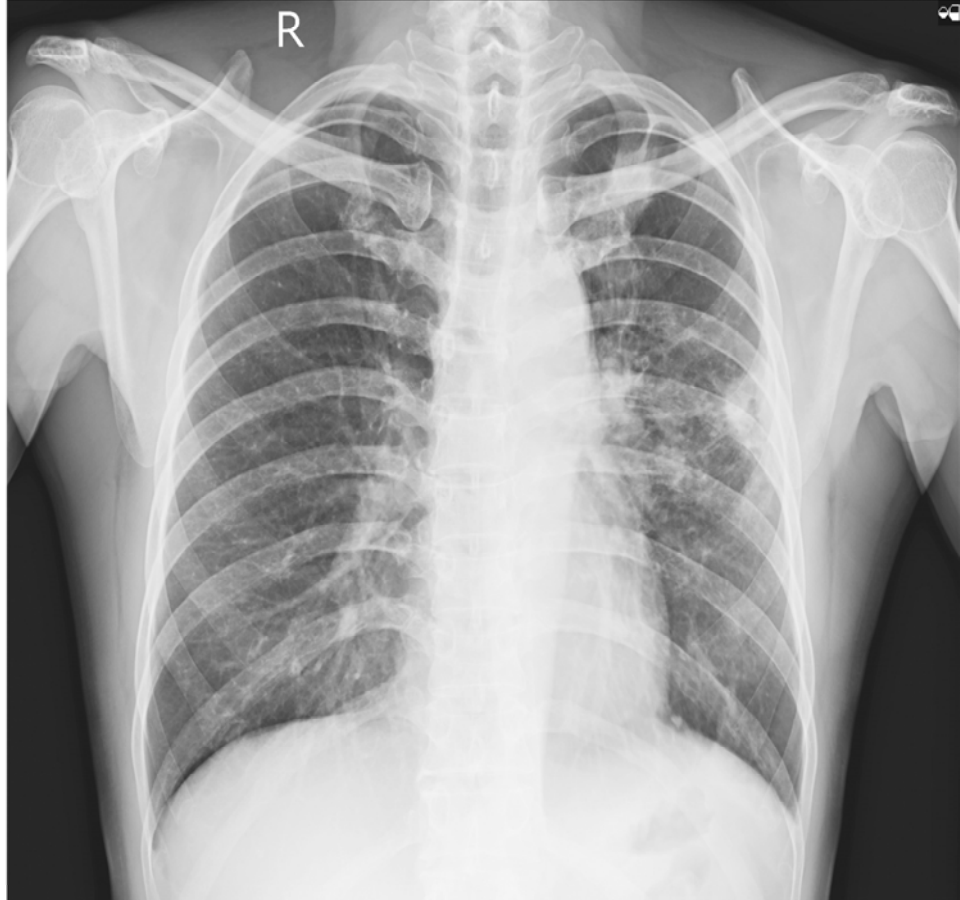
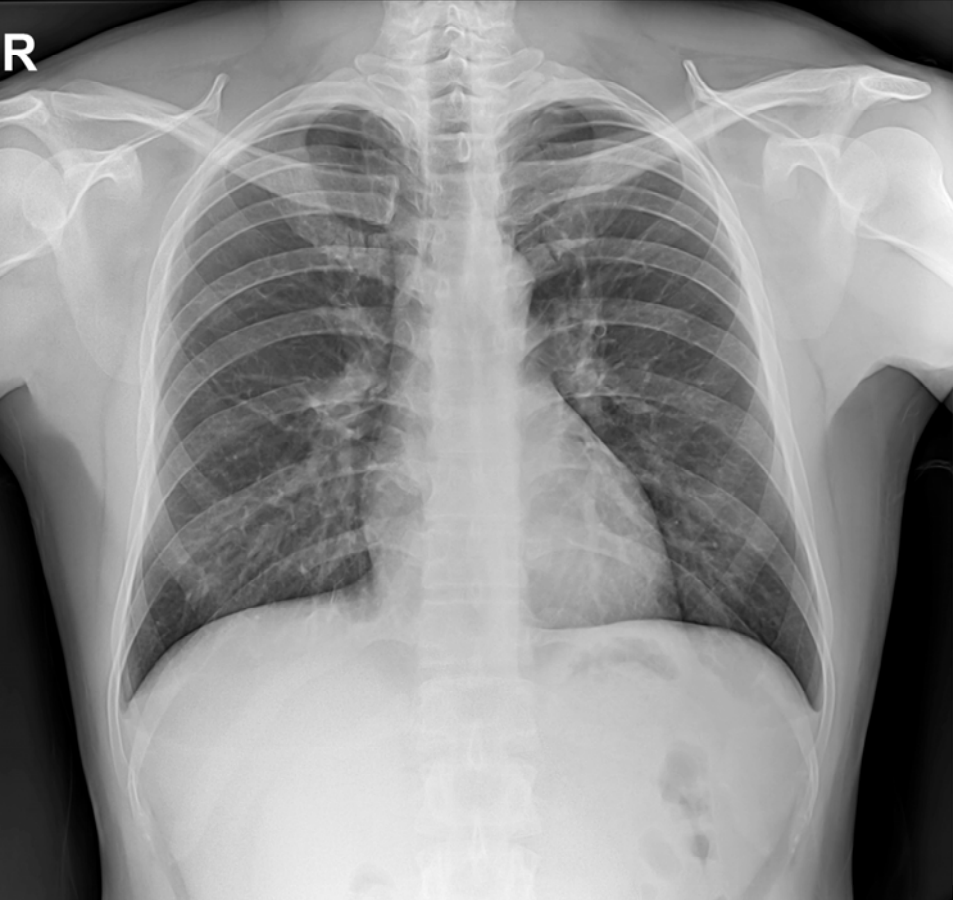
Close

Save

Close

Save





## Differential Diagnosis of Lung Diseases

# Differential Diagnosis



Fictional Scenario

## Example

- Decision support for the differential diagnosis of lung diseases that have common symptoms:
  - Bronchitis
  - Pneumonia
  - Tuberculosis
  - Lung Cancer



Case courtesy of Radswiki, Radiopaedia.org, rID: 12040



# Differential Diagnosis



## This is an inference task!

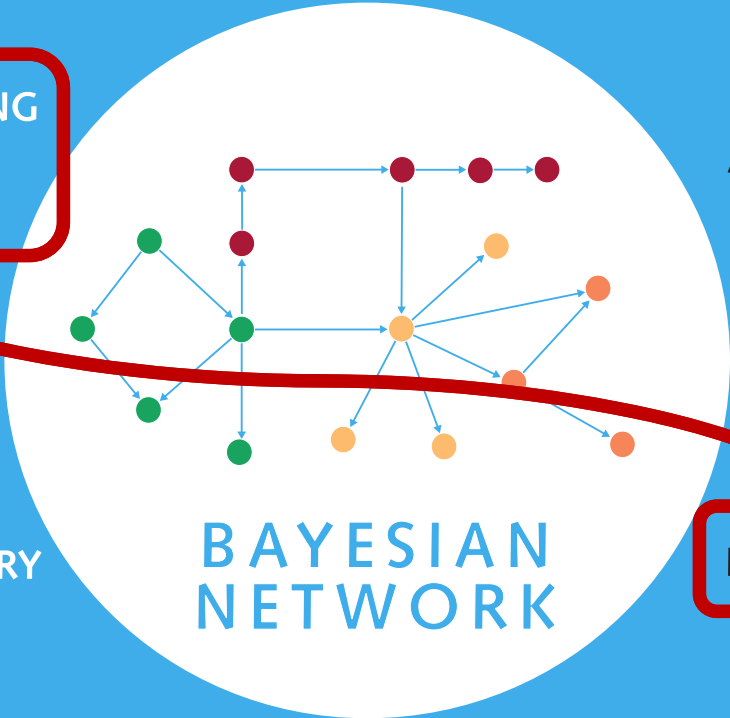
- $P(\text{Bronchitis} \mid \text{Symptom}_1, \dots, \text{Symptom}_n, \text{Risk Factor}_1, \dots, \text{Risk Factor}_n) = ?$
- $P(\text{Pneumonia} \mid \text{Symptom}_1, \dots, \text{Symptom}_n, \text{Risk Factor}_1, \dots, \text{Risk Factor}_n) = ?$
- $P(\text{Lung Cancer} \mid \text{Symptom}_1, \dots, \text{Symptom}_n, \text{Risk Factor}_1, \dots, \text{Risk Factor}_n) = ?$

Probability of  $s \mid \text{Symptom}_1, \dots, \text{Symptom}_n, \text{Risk Factor}_1, \dots, \text{Risk Factor}_n) = ?$

given

# Bayesian Networks

**KNOWLEDGE MODELING**  
EXPERT  
KNOWLEDGE



DATA  
KNOWLEDGE DISCOVERY

ANALYTICS SIMULATION

DECISION SUPPORT

RISK  
MANAGEMENT

**DIAGNOSIS**

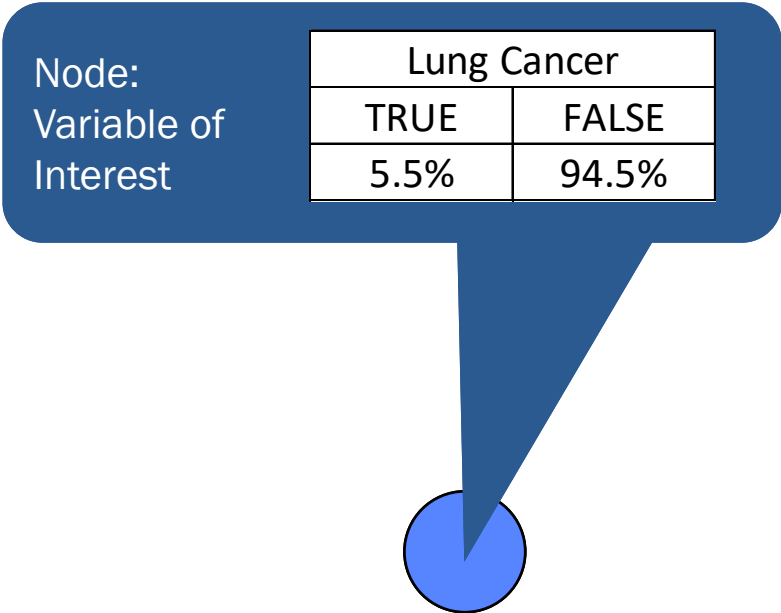
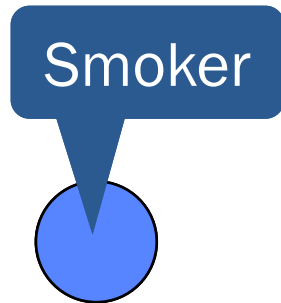
OPTIMIZATION

# Differential Diagnosis

 **Fictional Values**



# Differential Diagnosis



# Differential Diagnosis



Fictional Values

Conditional Probability Table

Discrete & Nonparametric  
Probabilistic Relationship  
 $P(\text{Lung Cancer}|\text{Smoker})$



	Lung Cancer	
Smoker	FALSE	TRUE
FALSE	99%	1%
TRUE	90%	10%



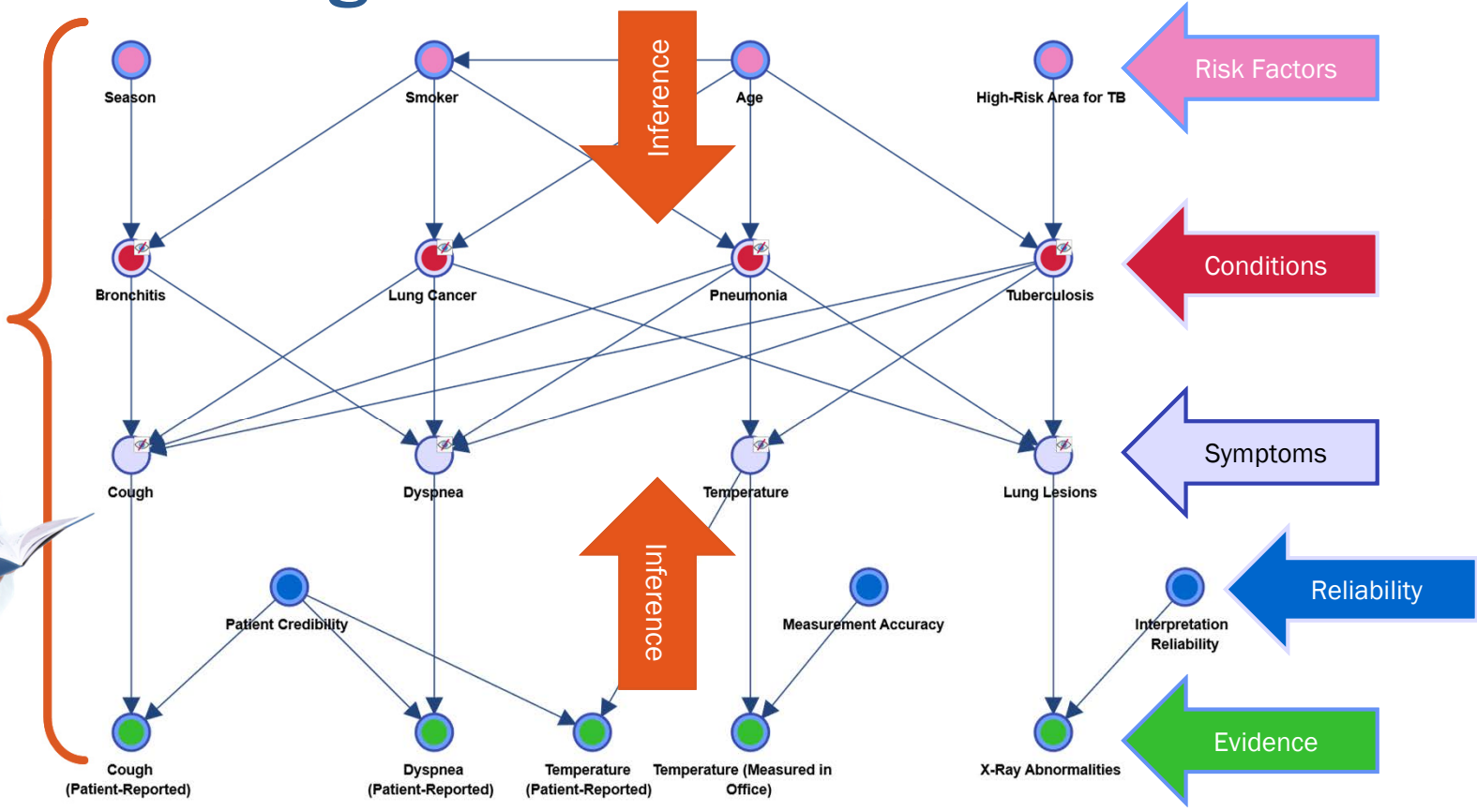
Smoker

Arc



Lung Cancer

# Differential Diagnosis



# Differential Diagnosis



Fictional Scenario

## Example of a Patient

- 19-year-old smoker
- No known comorbidities
- 1. Visit to general practitioner:
  - Reports cough
  - Diagnosis: bronchitis
- 2. Visit to general practitioner, one week later:
  - Reports cough, fever, chest pain, and shortness of breath
  - X-Ray is positive for lung lesions
  - Diagnosis: pneumonia
  - Treatment: antibiotics



# Differential Diagnosis



Fictional Scenario

- Patient dies one week later
- Autopsy reveals cause of death: tuberculosis





# Differential Diagnosis



Fictional Scenario

- Parents of deceased file lawsuit against treating physician claiming wrongful death as a result of negligence.
- The plaintiff states that all common symptoms of tuberculosis were present in the patient, which the physician should have recognized.



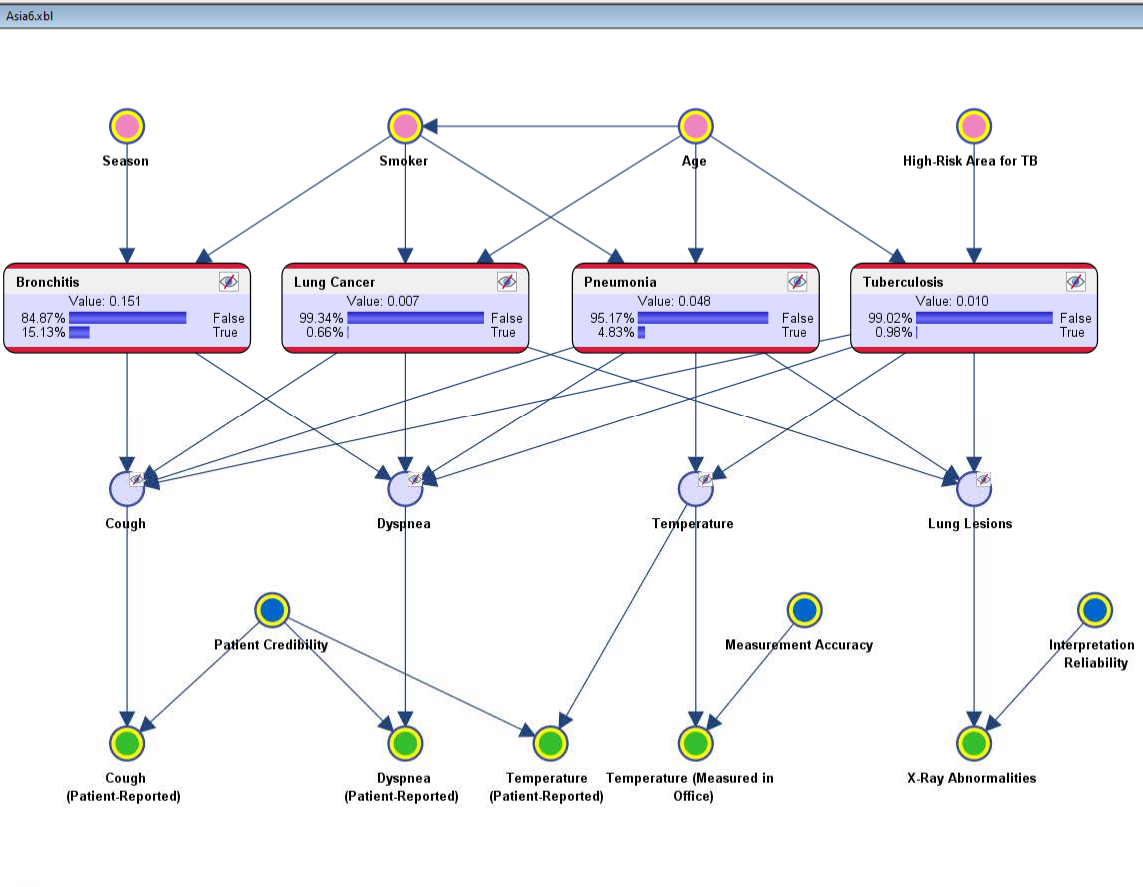
# Differential Diagnosis



Fictional Scenario

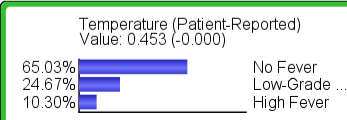
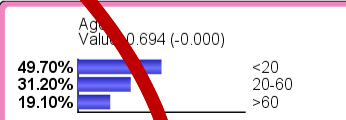
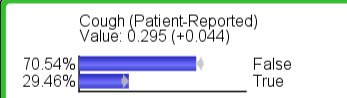
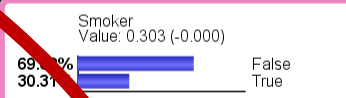
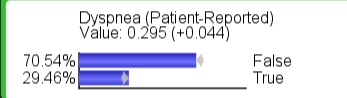
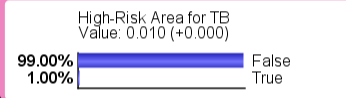
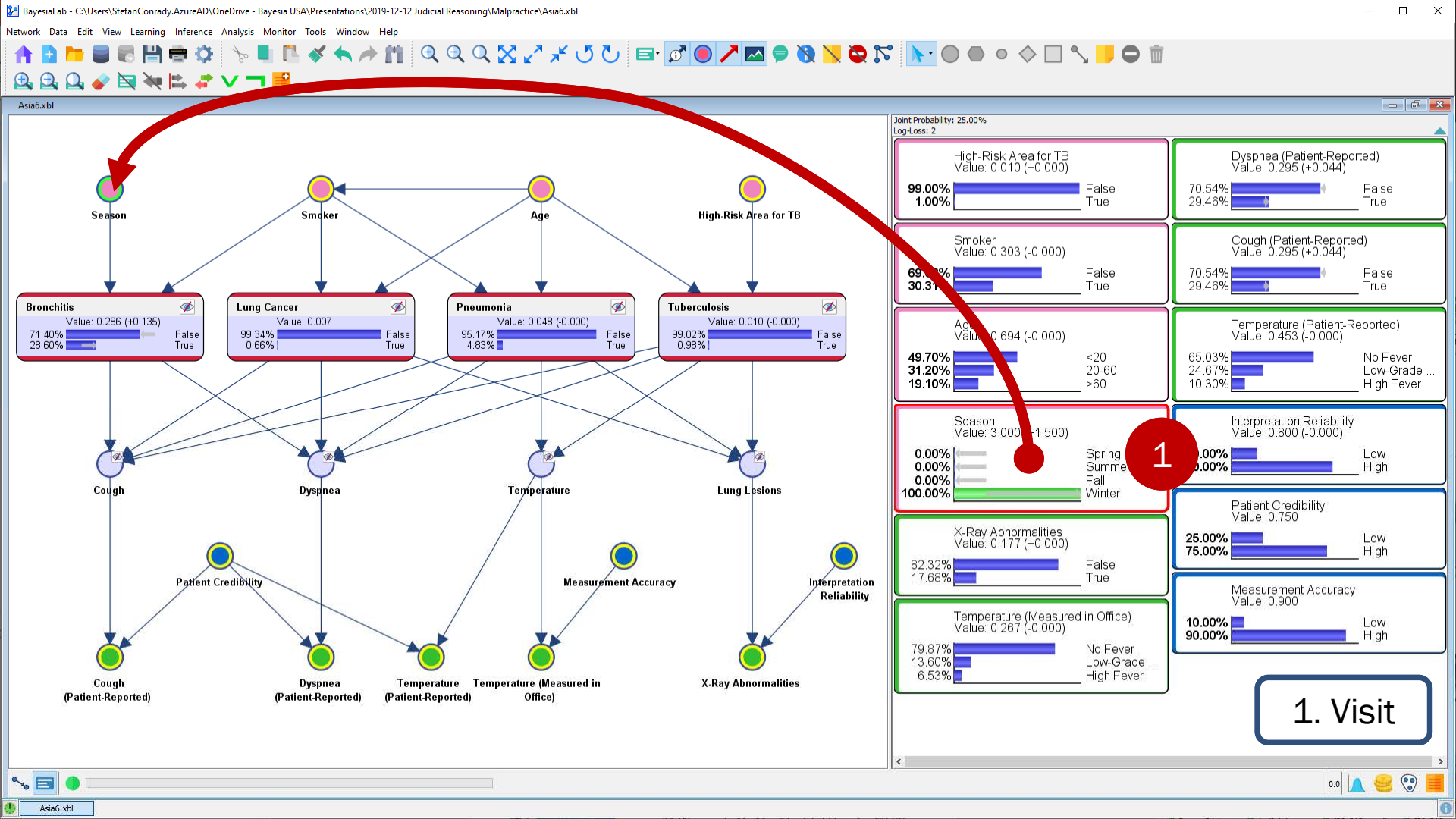
## Replicating the Diagnosis Steps of First Visit

- Season=Winter
- Age<20
- Smoker=True
- Cough (Patient Report)=True
- Temperature (Patient Report)=Low-Grade Fever
- Temperature (Measured in Office)=No Fever
- Patient Credibility=Low

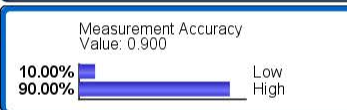
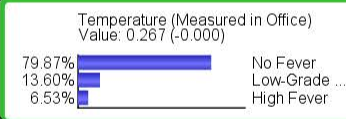
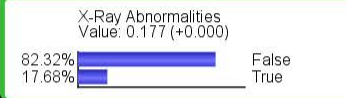
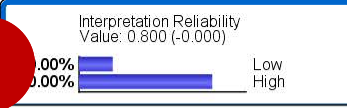


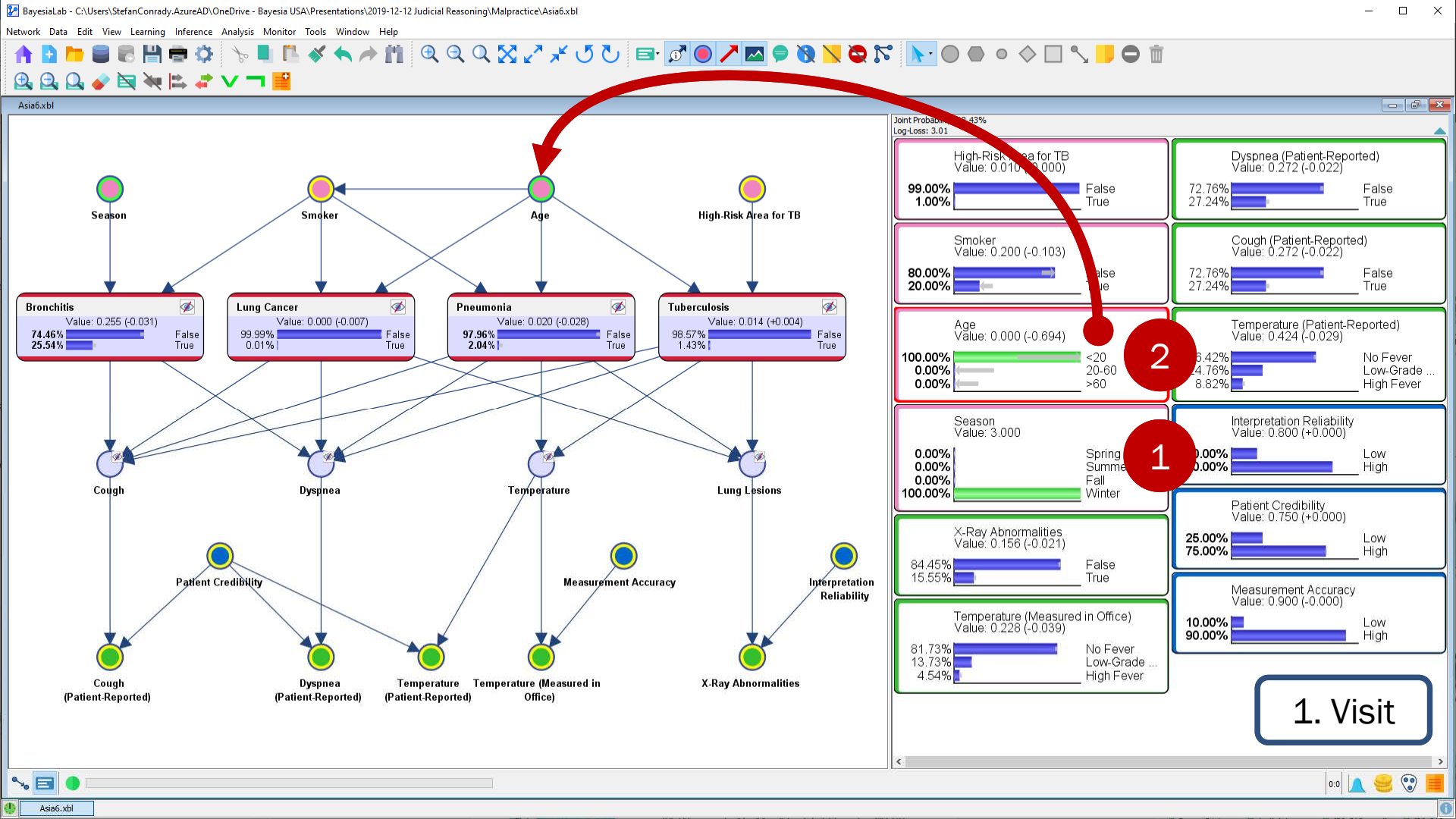
Joint Probability: 100.00%  
Log-Loss: 0

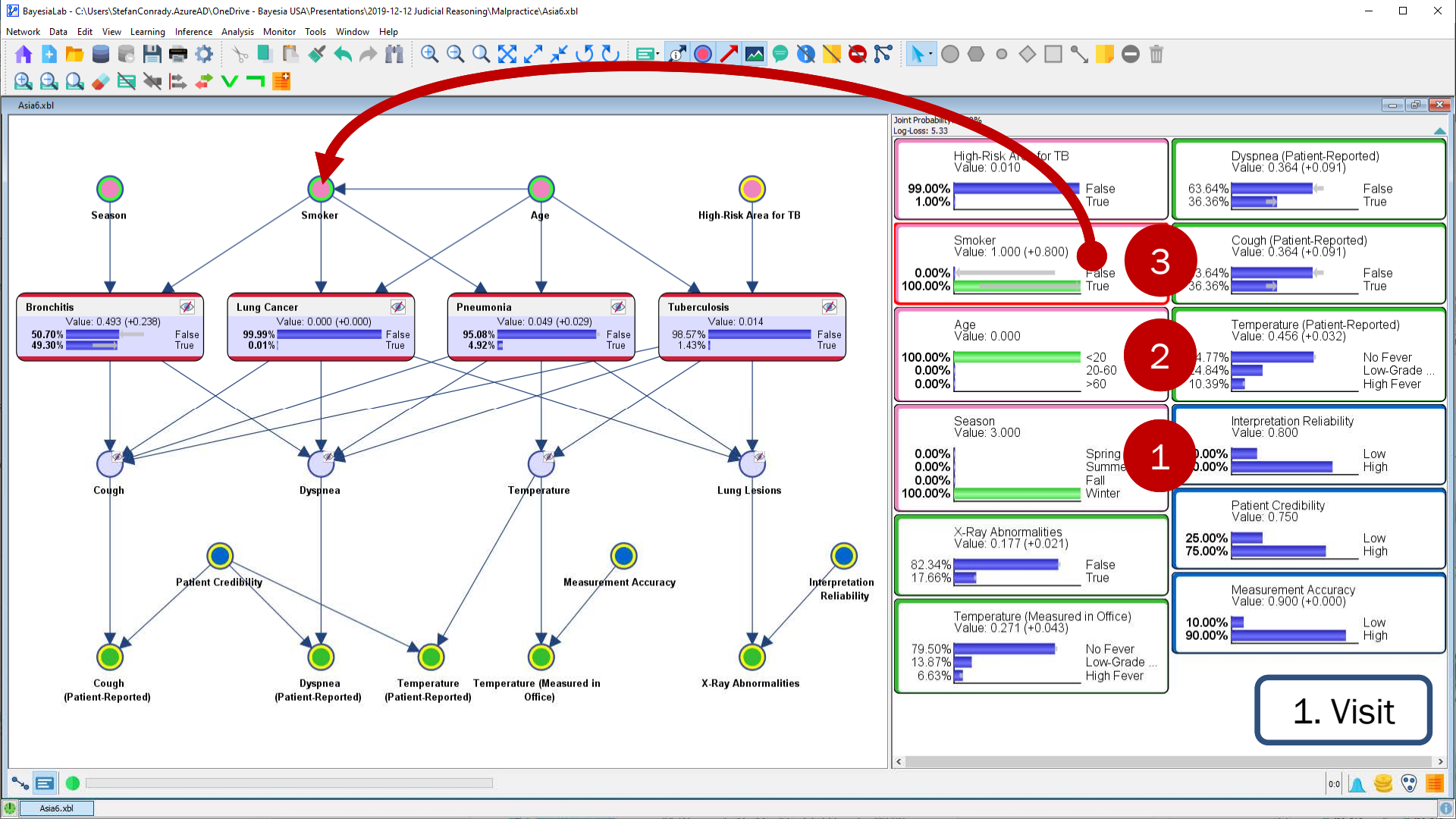
<b>High-Risk Area for TB</b> Value: 0.010 99.00%  False 1.00%  True	<b>Dyspnea (Patient-Reported)</b> Value: 0.250 74.97%  False 25.03%  True
<b>Smoker</b> Value: 0.303 69.68%  False 30.32%  True	<b>Cough (Patient-Reported)</b> Value: 0.250 74.97%  False 25.03%  True
<b>Age</b> Value: 0.694 49.70%  <20 31.20%  20-60 19.10%  >60	<b>Temperature (Patient-Reported)</b> Value: 0.453 65.03%  No Fever 24.67%  Low-Grade ... 10.30%  High Fever
<b>Season</b> Value: 1.500 25.00%  Spring 25.00%  Summer 25.00%  Fall 25.00%  Winter	<b>Interpretation Reliability</b> Value: 0.800 20.00%  Low 80.00%  High
<b>X-Ray Abnormalities</b> Value: 0.177 82.32%  False 17.68%  True	<b>Patient Credibility</b> Value: 0.750 25.00%  Low 75.00%  High
<b>Temperature (Measured in Office)</b> Value: 0.267 79.87%  No Fever 13.60%  Low-Grade ... 6.53%  High Fever	<b>Measurement Accuracy</b> Value: 0.900 10.00%  Low 90.00%  High

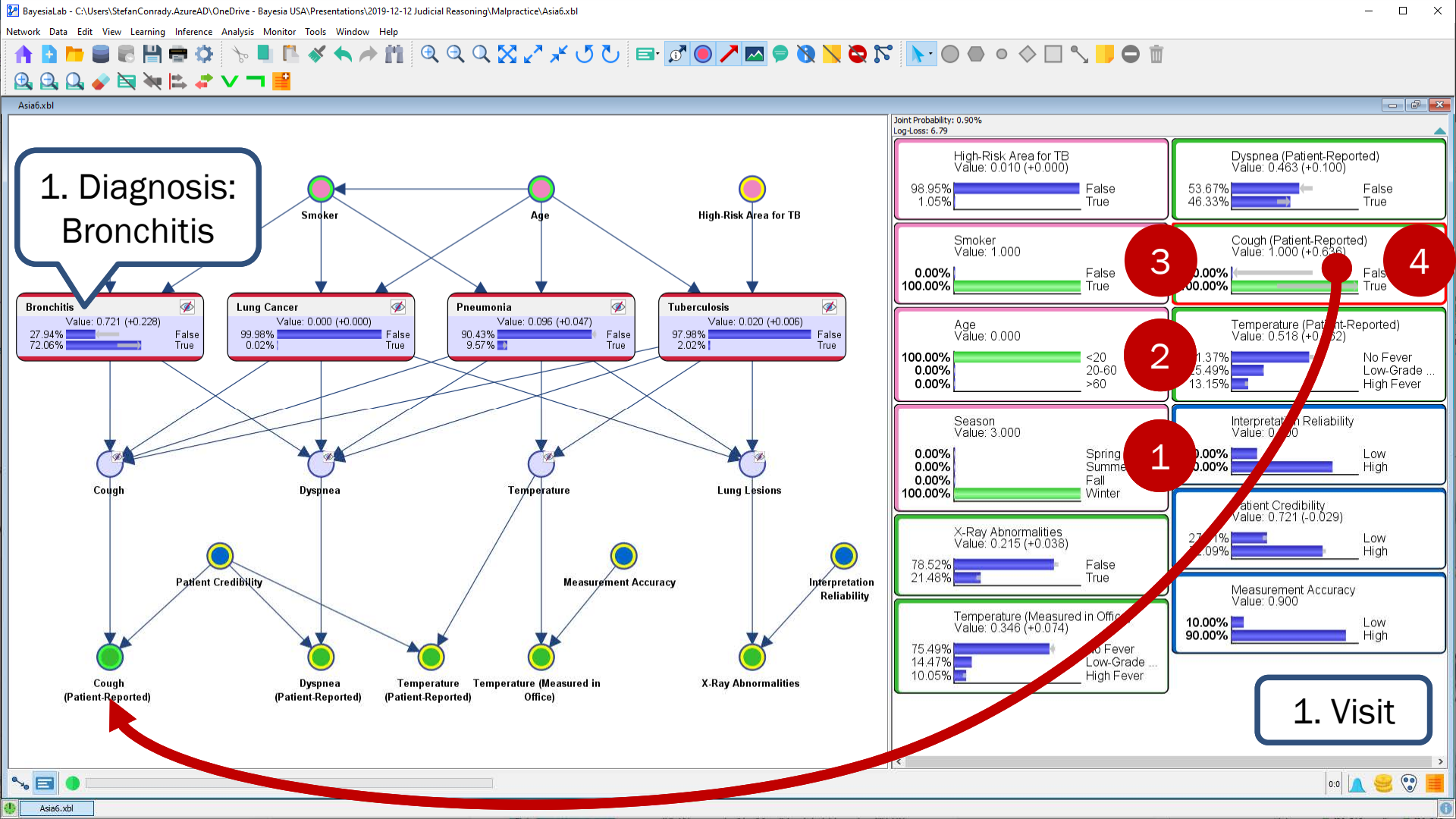


**1**



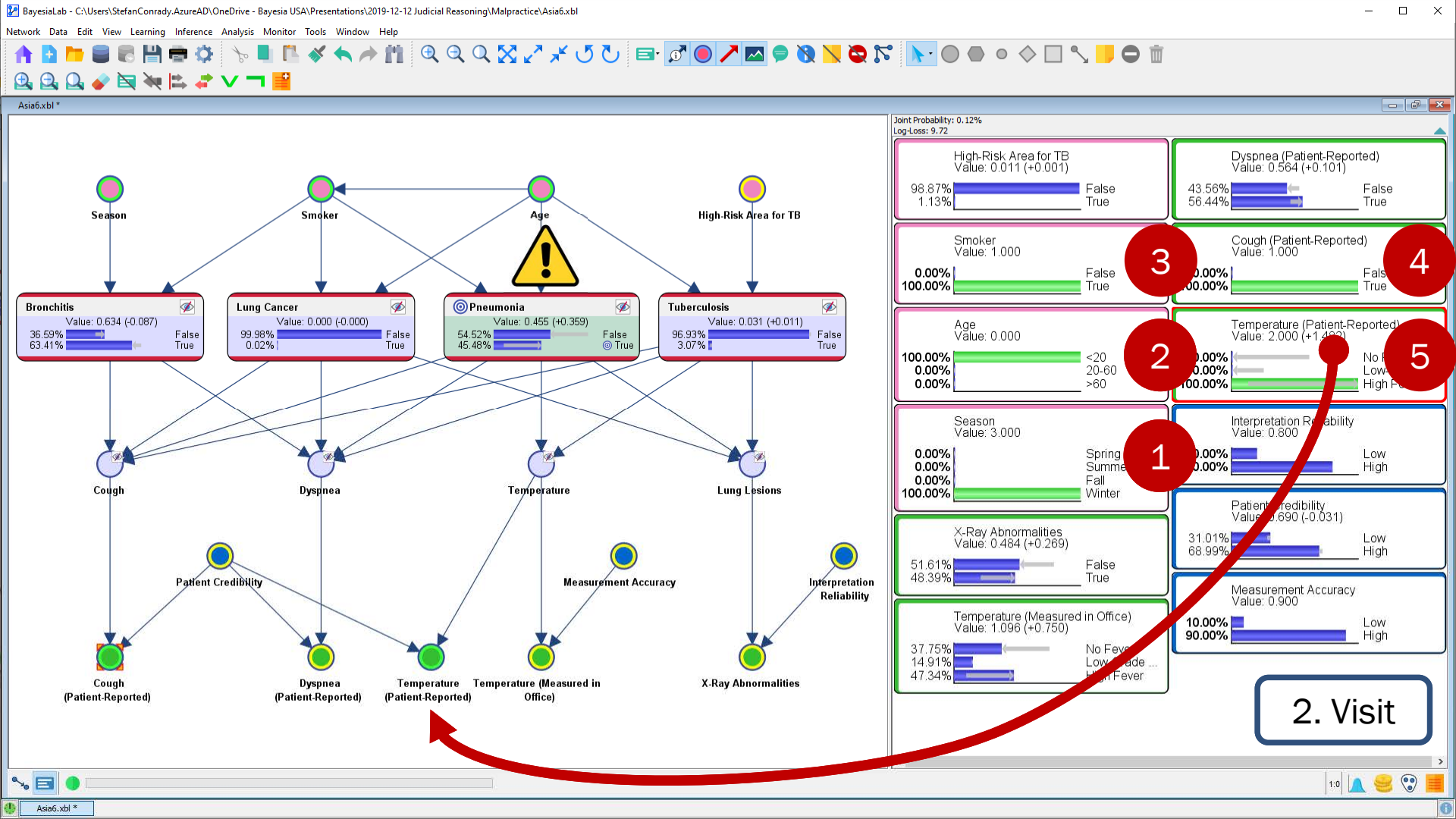


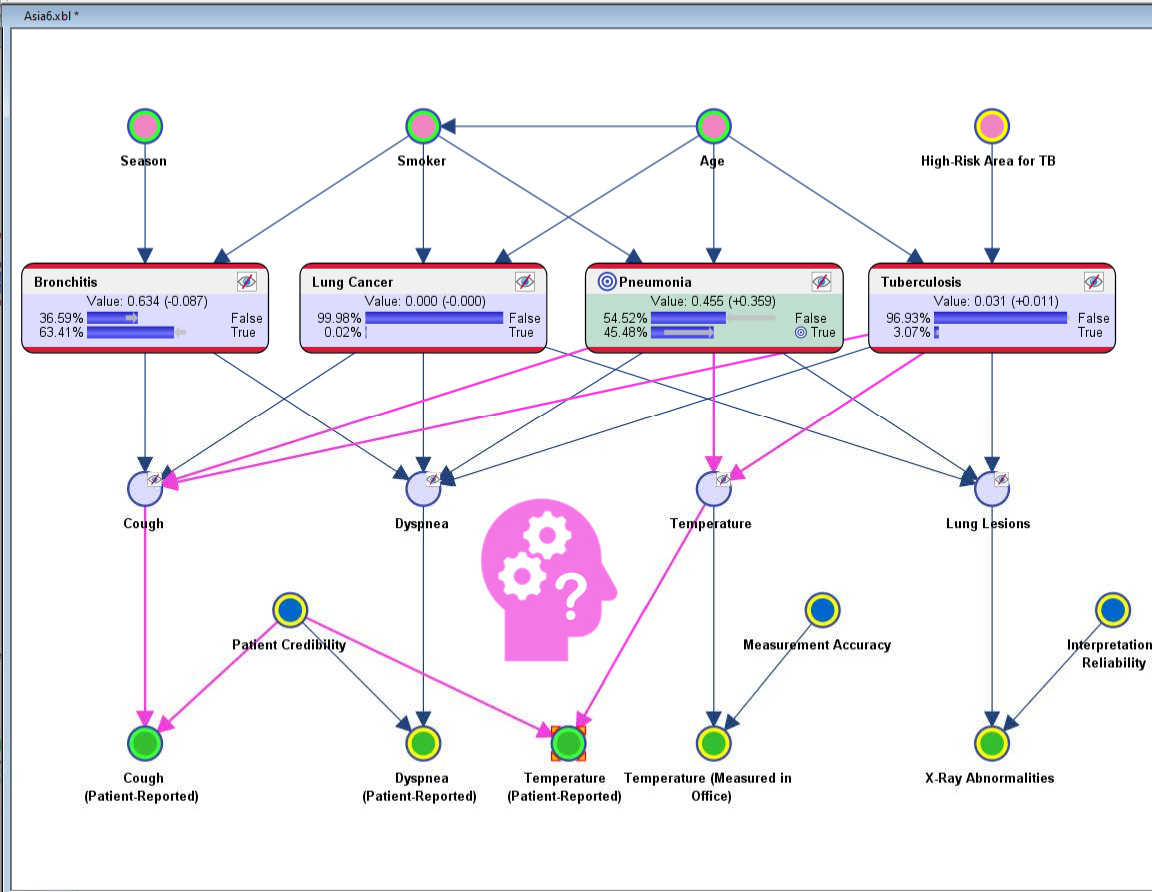












Joint Probability: 0.12%  
Log-Loss: 9.72

**High-Risk Area for TB**  
Value: 0.011 (+0.001)  
98.87% False  
1.13% True

**Dyspnea (Patient-Reported)**  
Value: 0.564 (+0.101)  
43.56% False  
56.44% True

**Smoker**  
Value: 1.000  
0.00% False  
100.00% True

**Cough (Patient-Reported)**  
Value: 1.000  
0.00% False  
100.00% True

**Age**  
Value: 0.000  
100.00% <20  
0.00% 20-60  
0.00% >60

**Temperature (Patient-Reported)**  
Value: 2.000 (+1.482)  
0.00% No fever  
0.00% Low  
100.00% High

**Season**  
Value: 3.000  
0.00% Spring  
0.00% Summer  
0.00% Fall  
100.00% Winter

**Interpretation Reliability**  
Value: 0.800  
0.00% Low  
100.00% High

**X-Ray Abnormalities**  
Value: 0.484 (+0.269)  
51.61% False  
48.39% True

**Temperature (Measured in Office)**  
Value: 1.096 (+0.750)  
37.75% No  
14.91% Low  
47.34% High

**Influence Paths**

Influence Path: Influence Paths Between Temperature (Patient-Reported) and Pneumonia

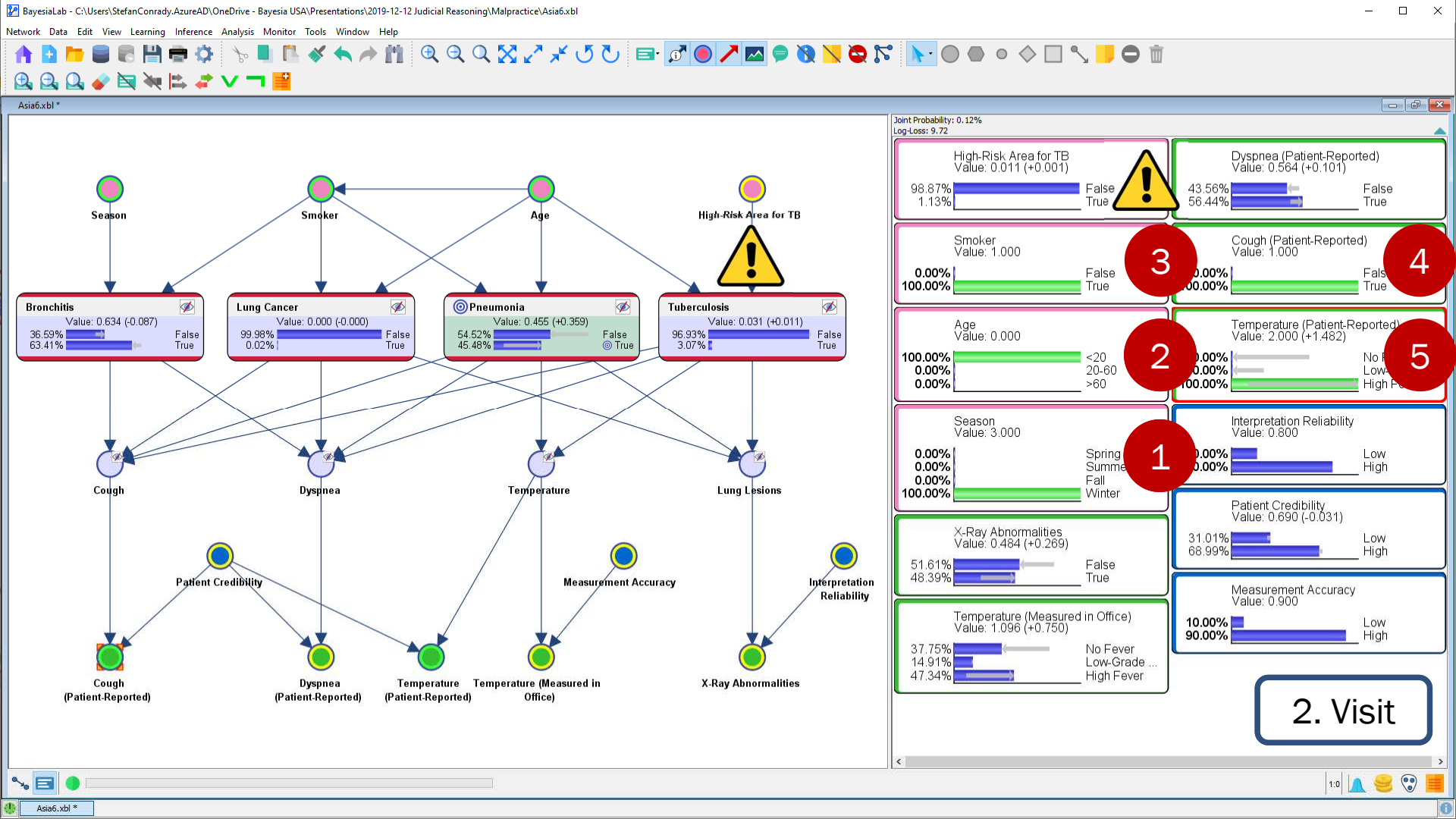
Path	Causal	Length	Score	Description
Path 0	<input type="checkbox"/>	4	17.7359393	Temperature...
Path 1	<input type="checkbox"/>	6	25.3972466	Temperature...
Path 2	<input type="checkbox"/>	2	3.5665869	Temperature...
Path 3	<input type="checkbox"/>	4	14.3104981	Temperature...

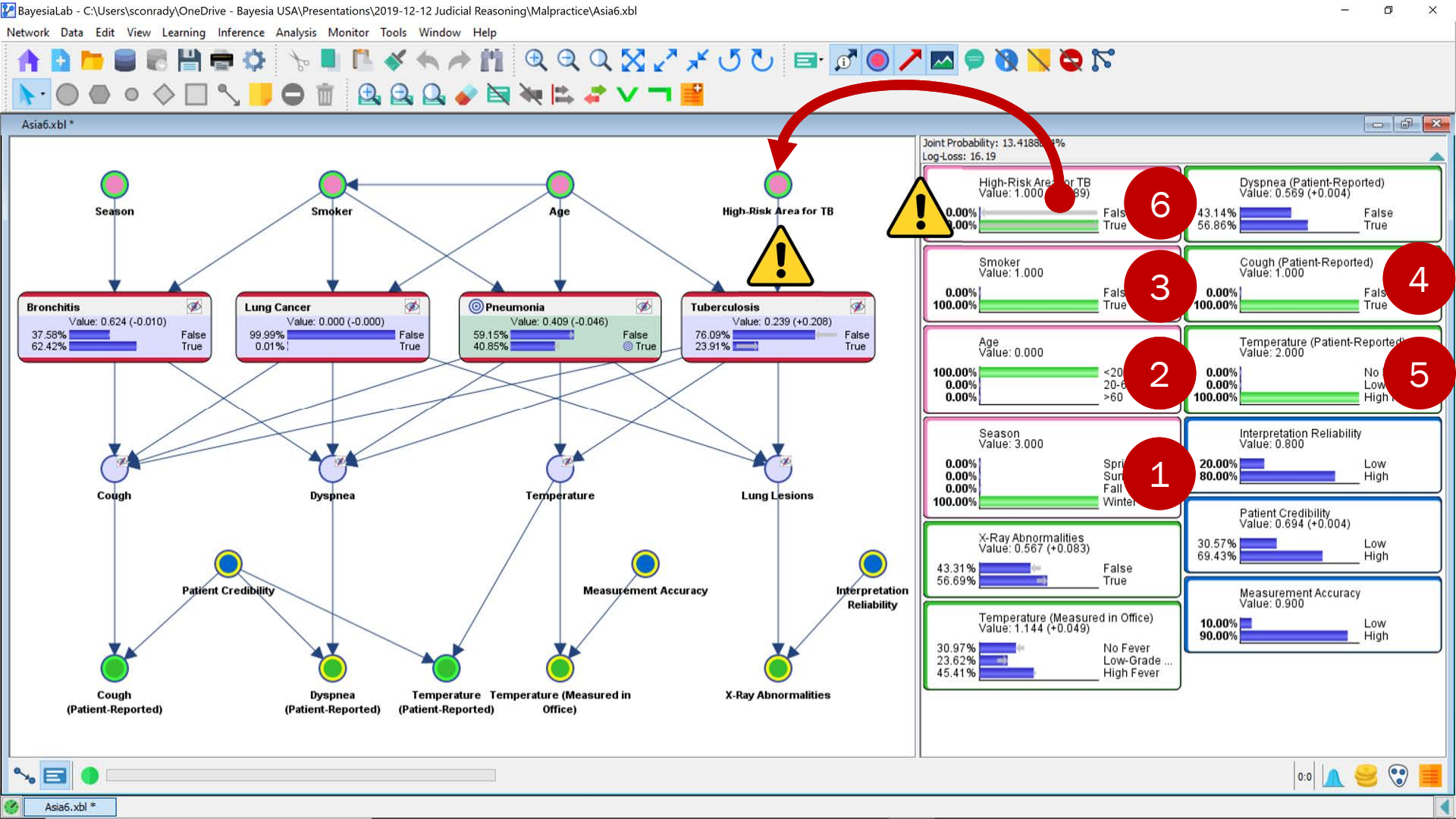
Number of Paths Found: 4 (Terminated)

Keep Arc Color and Thickness

OK

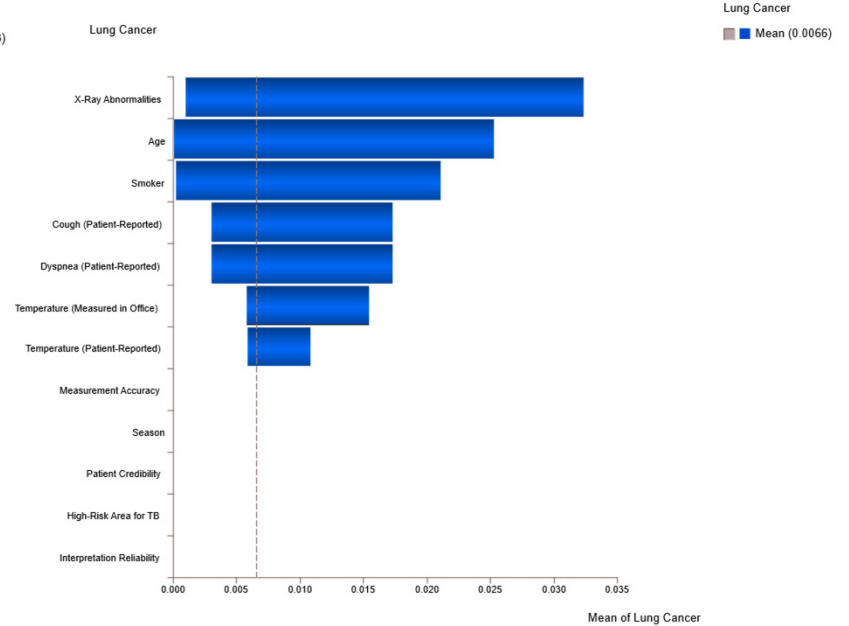
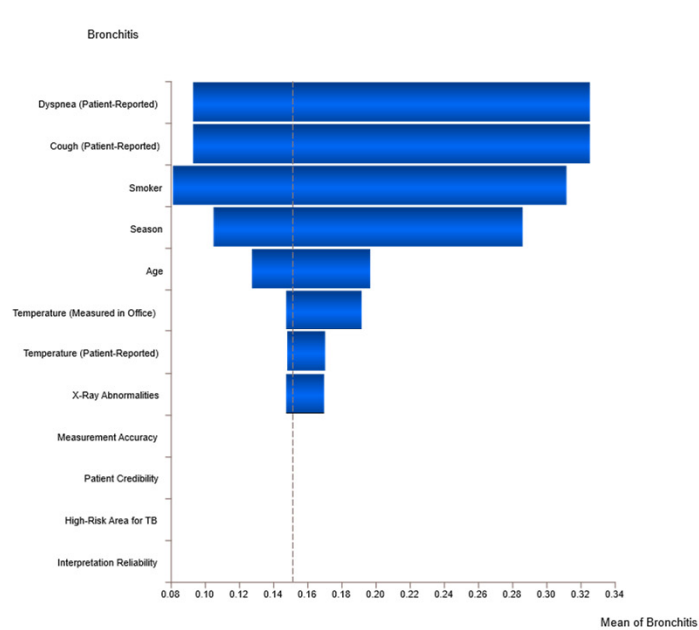
2. Visit





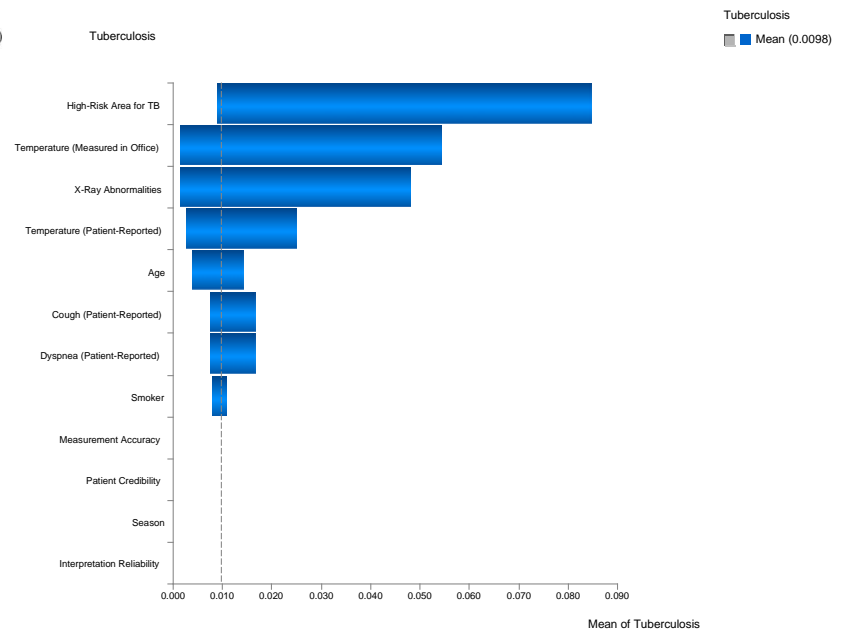
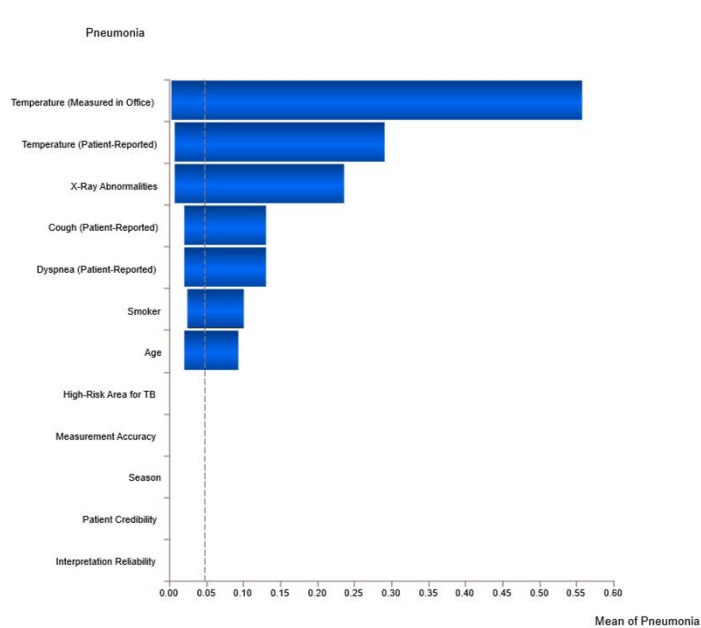
# Differential Diagnosis

## Tornado Diagrams

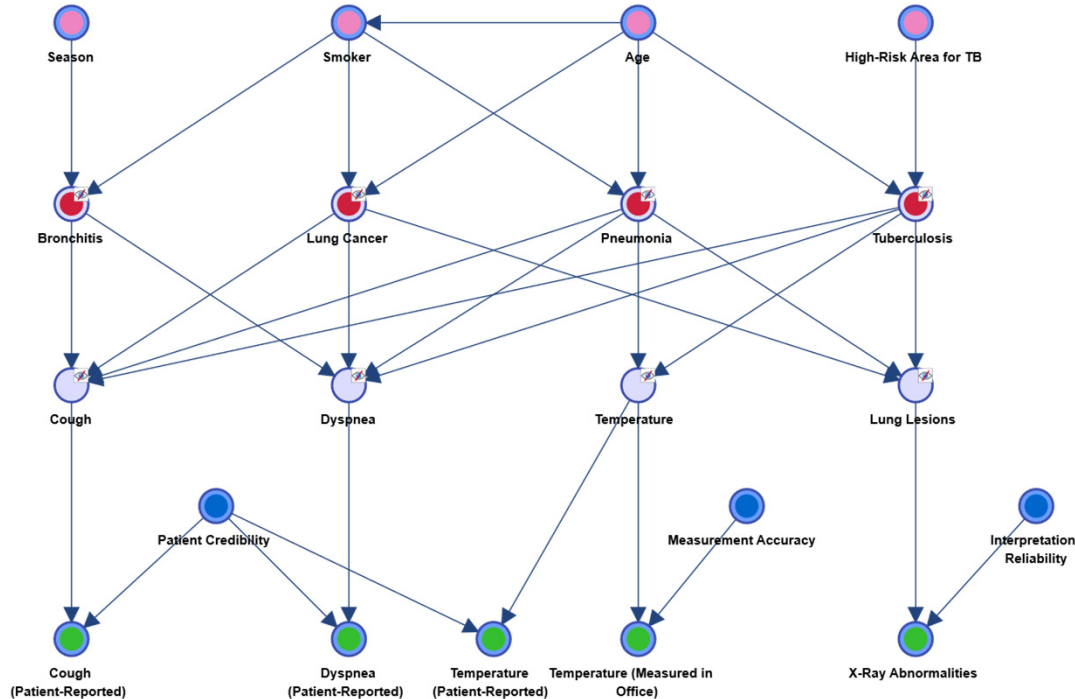


# Differential Diagnosis

## Tornado Diagrams



# Bayesian Networks = Artificial Intelligence



## Knowledge Base

- Declarative/Propositional Knowledge
- Associational Knowledge
- Causal Knowledge

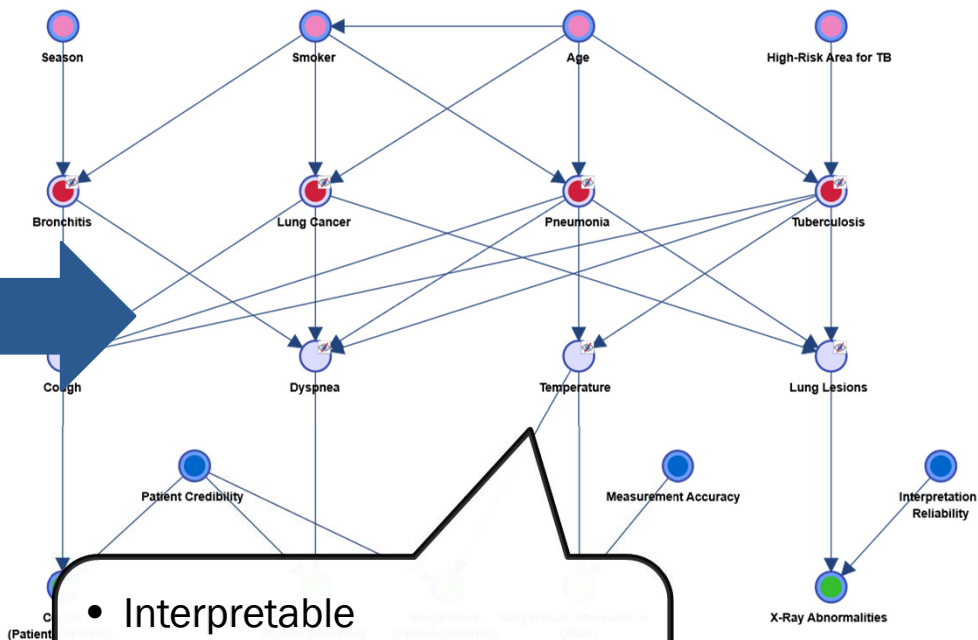
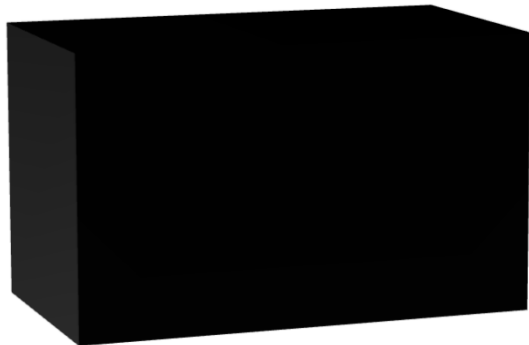
## Inference Engine



Expert System  
→ Artificial Intelligence

# Bayesian Networks = Transparent Expert System

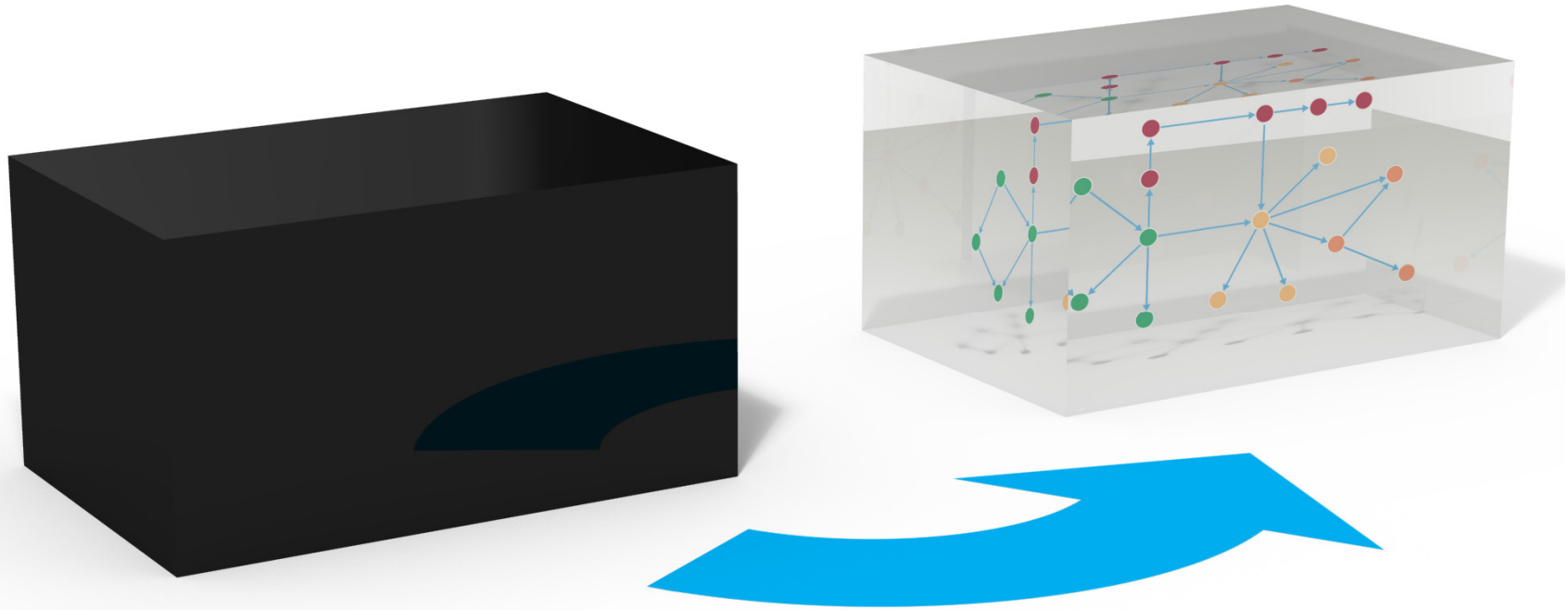
$$\frac{dI_{F3}^{MT}}{dt} = \underbrace{\tau_{F2}^{MT} I_{F2}^{MT}}_{\text{Progress from F2 during treatment}} + \underbrace{\eta_{F3}^M I_{F3}^M}_{\text{Commenced treatment (F3)}} - \left( \underbrace{\mu}_{\text{Background death}} + \underbrace{\mu_D}_{\text{Drug-related death}} + \underbrace{\zeta}_{\text{Exit rate}} \right) + \underbrace{\lambda_{HIV}}_{\text{Force of HIV infection}} + \underbrace{(1 - \gamma_{F3}^M) V_F^M}_{\text{Cease treatment (F3)}} + \underbrace{\gamma_{F3}^M V_F^M}_{\text{Viral clearance on treatment (F3)}} + \underbrace{\tau_{F3}^{MT}}_{\text{Progress to F4 during treatment}}$$



- Interpretable
- Transparent
- Intuitive
- Less “cognitive overhead”



# Bayesian Networks = Transparent Expert System





**BAYESIALAB**

**In Conclusion...**



BayesiaLab - C:\Users\StefanConrad\OneDrive - Bayesia USA\Presentations\2020-03 Epidemic\SIR Model 4.xbl

Network Data Edit View Learning Inference Analysis Monitor Tools Window Help

Joint Probability: 100.00%  
 Log-Loss: 0  
 Total Value: 14.973  
 Mean Value: 1.070

S(t1) Mean: -0.350 Dev: 3.908  
 Value: -0.350

D(t1) Mean: 1.983 Dev: 1.182  
 Value: 1.983

Temporal Graph

Node:  
 x:  
 y:

Means

Variables

- All Curves
- S(t1) (2.946885)
- I(t1) (-5.393625)
- R(t1) (5.005646)
- D(t1) (1.313839)

S(t1) Mean: 0.089 Dev: 0.108  
 Value: 0.089

R'(t1) Mean: 0.224 Dev: 0.959  
 Value: 0.224

Close Save Save Points

SIR Model 4.xbl

Epidemic Modeling with Temporal Bayesian Networks  
 Webinar on March 26, 2020, 10 a.m. (CDT -5)

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300-Page Training Manual



# Bayesian Networks & BayesiaLab

## A Practical Introduction for Researchers

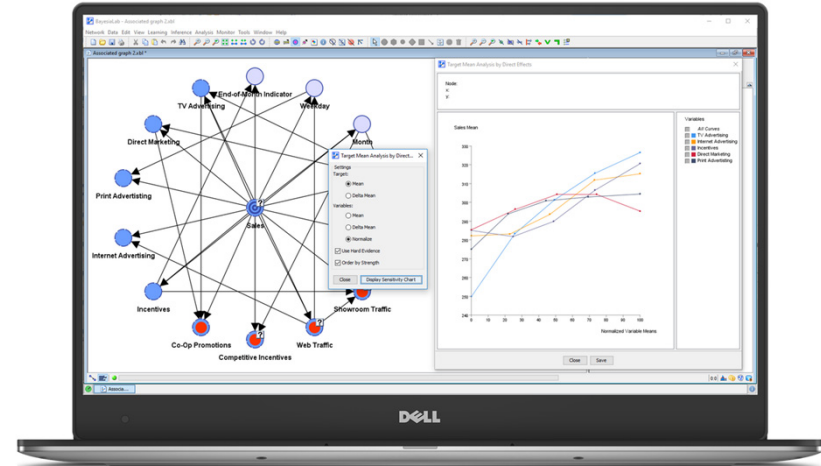
- Free download:  
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- Hardcopy available on Amazon:  
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# 8th Annual BayesiaLab Conference

ON SCHEDULE





# 8<sup>th</sup> Annual BayesiaLab Conference

**October 8–9, 2020**

The Exchange Tower  
Ivey Donald K. Johnson Centre  
130 King Street West  
Toronto, ON M5X 1K6, Canada

Registration is now open:

[bayesia.com/bayesialab-conference-2020](https://bayesia.com/bayesialab-conference-2020)



Thank you and be safe!



[stefan.conrady@bayesia.us](mailto:stefan.conrady@bayesia.us)



[BayesianNetwork](#)



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