

RESEARCH

Open Access



The research on TBATS and ELM models for prediction of human brucellosis cases in mainland China: a time series study

Daren Zhao* and Huiwu Zhang

Abstract

Background: Human brucellosis is a serious public health concern in China. The objective of this study is to develop a suitable model for forecasting human brucellosis cases in mainland China.

Methods: Data on monthly human brucellosis cases from January 2012 to December 2021 in 31 provinces and municipalities in mainland China were obtained from the National Health Commission of the People's Republic of China website. The TBATS and ELM models were constructed. The MAE, MSE, MAPE, and RMSE were calculated to evaluate the prediction performance of the two models.

Results: The optimal TBATS model was TBATS (1, {0,0}, -, {< 12,4 >}) and the lowest AIC value was 1854.703. In the optimal TBATS model, {0,0} represents the ARIMA (0,0) model, {< 12,4 >} are the parameters of the seasonal periods and the corresponding number of Fourier terms, respectively, and the parameters of the Box-Cox transformation ω are 1. The optimal ELM model hidden layer number was 33 and the R-squared value was 0.89. The ELM model provided lower values of MAE, MSE, MAPE, and RMSE for both the fitting and forecasting performance.

Conclusions: The results suggest that the forecasting performance of ELM model outperforms the TBATS model in predicting human brucellosis between January 2012 and December 2021 in mainland China. Forecasts of the ELM model can help provide early warnings and more effective prevention and control measures for human brucellosis in mainland China.

Keywords: Human brucellosis, ELM model, TBATS model, Time series, Prediction

Background

Brucellosis is a globally important endemic zoonotic disease [1]. The disease is transmitted to people by direct or indirect contact with infected animals or their excrement, and by eating contaminated food or dairy products [2, 3]. The major clinical manifestations of brucellosis are fever, weakness, arthralgia, and sweating [4]. Brucellosis remains a major public health problem and poses a significant threat to human health and economic

consequences [5]. Globally, brucellosis epidemics are mainly found in the Asian and European regions of low- and middle-income countries across the Mediterranean region [6, 7], Arabian Peninsula, Africa, Asia, and Central and South America, including approximately 170 countries and regions [8]. Moreover, human brucellosis affects 1/6 to 1/5 of the global population [8], leading to serious health consequences and depression in livestock development worldwide.

Human brucellosis remains a serious public health issue in China [9]. It is estimated that approximately 350 million people in China are affected by human brucellosis [8]. Although great progress in the prevention and

*Correspondence: cdzhaodaren@yeah.net

Department of Medical Administration, Sichuan Provincial Orthopedics Hospital, Chengdu, Sichuan, China



© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

control of human brucellosis has been achieved in China, the prevalence of this infectious disease remains relatively high level in China [10]. Therefore, prevention and control of human brucellosis remains one of the most important public health issues in China. Scientific prediction and analysis of human brucellosis can help provide proper policy and public health planning by governments and relevant departments. Early warning of brucellosis is crucial for the prevention and control of this infectious disease and can serve as a foundation for the allocation of healthcare resources in advance. Therefore, there is an urgent need to develop scientific and reliable forecasting techniques for brucellosis epidemic trend prediction.

Previous human brucellosis incidence predictive modeling studies can be mainly classified into three categories: traditional time series prediction models, machine learning models, and hybrid models. One category is the traditional time series prediction models, such as the ARIMA model [11], SARIMA model [12], ARIMAX model [13], exponential smoothing(ES) model [14], and Markov switching model [15], which are the most widely used to forecast the incidence of human brucellosis. These traditional time series prediction models are based on a linear problem hypothesis [16] and have the advantages of easy modeling and simple calculations [17]. However, these models also have the disadvantage that they can only capture the linear relationship information in the time series, rather than dealing with nonlinear relationship information [18], resulting in some bias in making long-term forecasts for infectious disease prediction. The other category is machine learning models, represented by the XGBoost model [4], support vector machine (SVM) [19], multivariate adaptive regression splines (MARS) [19], random forest (RF) [20], and Elman and Jordan neural networks [21], Adaptive Neuro-Fuzzy Inference System (ANFIS) [22] have also been applied to forecast the incidence of human brucellosis. These models have the advantage of being proficient in addressing nonlinear problems. Nevertheless, these models also have some limitations. For example, the XGBoost algorithm is good at dealing with nonlinear data but has poor interpretability [18]. SVM is not excellent at handling a problem with several samples and variables, and while the Bayesian network can be trained quickly and efficiently, it lacks sufficient complexity [23]. The RF model cannot account for the specific nonlinear relationships between meteorological factors and diseases [20]. The last category is hybrid models, which include the ARIMA-BPNN [8], ARIMA-ERNN [8], and ARIMA-ETS [24] models, and are less commonly applied to human brucellosis incidence. The most advantageous feature of hybrid models is that they can fully exploit linear and nonlinear information in the time series to achieve better prediction

results [8]. However, these models have special requirements for data samples and features, and whether they are suitable for other regions requires further study [25].

In 1944, Robert G. Brown proposed the exponential smoothing (ES) model, which is one of the most typical time series forecasting models for infectious diseases [26]. The TBATS model is a modification of the traditional ES model, and uses an exponential smoothing approach to solve complex periodic time series problems [27]. As a result, the TBATS model has the advantage of processing a wider variety of complex seasonal pattern time series [27] than the ES and ARIMA models. The structural components of the TBATS model mainly consist of trigonometric seasonality, Box-Cox transformation, ARMA errors, and trend and seasonal components [28]. The extreme learning machine (ELM), a new type of machine learning algorithm [29], was first proposed by Professor Guangbin Huang. The ELM model is a fast learning algorithm for a single hidden layer neural network [30]. The ELM model has been more widely used in other fields, such as industry [29], agriculture [31], the environment [32], geohazards [33], and medical care [34], but there are few reports on infectious disease prediction.

To date, there have been no reports on the use of TBATS and ELM models to predict cases of human brucellosis in China or worldwide. Therefore, in this study, the TBATS and ELM models were constructed based on monthly human brucellosis cases from January 2012 to December 2021 in 31 provinces and municipalities in mainland China and then compared with their prediction performance using MAE, MSE, MAPE, and RMSE indices. The most suitable model was chosen to forecast monthly human brucellosis cases from January to December 2022 in 31 provinces and municipalities in mainland China. To the best of our knowledge, this is the first study to develop TBATS and ELM models to forecast human brucellosis cases in mainland China. We hope that our research provides early warnings for effective prevention and control measures for human brucellosis and timely allocation of sufficient medical resources before this infectious outbreak in mainland China.

Methods

Data source

Data on monthly human brucellosis cases from January 2012 to December 2021 in 31 provinces and municipalities in mainland China were obtained from the National Health Commission of the People's Republic of China website (<http://www.nhc.gov.cn/>) (Additional file 1). In China, the Law of the People's Republic of China on the Prevention and Treatment of Infectious Diseases stipulates that infectious diseases are classified as Class A, Class B, and Class C with 40 types, and all medical

institutions, Centers for Disease Control and Prevention (CDC), and blood collection and supply institutions are in charge of infectious disease reporting and management. Human brucellosis is classified as a Class B infectious disease under the Law of the People's Republic of China on the Prevention and Treatment of Infectious Diseases. If a patient is diagnosed, the doctor must immediately report to the local health administration within 24 h. In this study, all human brucellosis cases were confirmed using laboratory tests and clinical diagnosis. Data on monthly human brucellosis cases were uninvolved with patients' personal information; therefore, ethical approval was not required.

In our study, data from January 2012 to December 2021 with 120 observations spanning 10 years were collected, which met the requirements of the sample size and characteristics for TBTAS and ELM models construction. In addition, 120 observations were divided into the training and test sets. Data from January 2012 to December 2020 were used as the training set to construct the TBATS and ELM models, and data from January to December 2021 were used as the test set to evaluate the simulation prediction performance of each model.

TBATS model

Traditional seasonal exponentially smooth models are limited in their ability to handle multi-seasonal, non-integer seasonal, and dual-calendar time series [27]. In this context, several researchers have studied the problem of processing complex seasonal time series, and the traditional exponentially smooth model was modified to resolve this problem [27].

The BATS model was introduced to address complex time series, such as multi-seasonal, non-integer seasonal, and dual-calendar time series [28]. The basic model form is expressed as BATS(p, q, m1, m2,..., mT), where B is the Box-Cox transformation, A is the ARMA error, and T and S are the trend and seasonal components of the time series, respectively [27]. In addition, parameters p and q of the BATS model are the ARIMA model orders p and q, and m1, m2,..., and mT are the seasonal periods of the ARIMA model. The mathematical formula for the BATS model is as follows [35].

$$y_t^{(\omega)} = \begin{cases} \frac{y_t^\omega - 1}{\omega} & \omega \neq 0 \\ \log y_t & \omega = 0 \end{cases} \quad (1)$$

TBATS is a method for predicting time series data with the main goal of applying exponential smoothing to forecast complicated seasonal trends. The TBATS model, a modified time series approach based on the BATS model, was obtained by replacing the seasonal components with

trigonometric seasonal functions [27, 28]. Therefore, the structure of this model's initial T signifies the "trigonometric" [36]. This is expressed as TBATS(ω , p, q, φ , {m1, k1}, {m2, k2},..., {mT, kT}) [27]. The mathematical formula for the TBATS model is as follows [35].

$$y_t^{(\omega)} = \ell_{t-1} + \varphi b_{t-1} + \sum_{i=1}^T s_{t-m_i}^{(i)} + d_t \quad (2)$$

$$\ell_t = \ell_{t-1} + \varphi b_{t-1} + \alpha d_t \quad (3)$$

$$b_t = \varphi b_{t-1} + \beta d_t \quad (4)$$

$$d_t = \sum_{i=1}^p \phi_i d_{t-1} + \sum_{i=1}^q \theta_i e_{t-1} + e_t \quad (5)$$

Seasonal part can be written as:

$$s_t^{(i)} = \sum_{j=1}^{(k_i)} s_{j,t}^{(i)} \quad (6)$$

$$s_{j,t}^{(i)} = s_{j,t-1}^{(i)} \cos(\omega_i) + s_{j,t-1}^{*(i)} \sin(\omega_i) + \gamma_1^{(i)} d_t \quad (7)$$

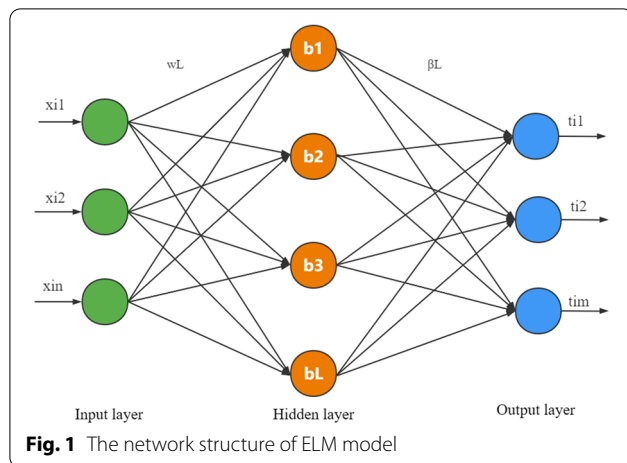
$$s_{j,t}^{*(i)} = -s_{j,t-1}^{(i)} \sin(\omega_i) + s_{j,t-1}^{(i)} \cos(\omega_i) + \gamma_2^{(i)} d_t \quad (8)$$

$$\omega = 2\pi j/m_i \quad (9)$$

where ω represents the Box-Cox transformation, y_t is the observation at time t , ℓ_t is the local level in period t , b_t is the short-run trend in period t , $s_t^{(i)}$ is the seasonal component at time t , d_t is an ARMA(p,q) process, m and T are seasonal periods and T seasonal patterns, φ is the dampening parameter value, m_i is the length of the i th seasonal period, k is the number of harmonics for the i th seasonal period, α and β are smoothing parameters, ϕ_i and θ_i are ARMA(p,q) coefficients, e_t is Gaussian white noise, γ_1 , and γ_2 are seasonal smoothing (two for each period) [35].

ELM model

An extreme learning machine (ELM) was proposed by Guangbin Huang to solve regression and classification issues [37]. ELM is a single hidden layer feedforward neural network (SLFNs) algorithm [30], and its model structure consists of three layers: input layer, hidden layer, and output layer (Fig. 1). Compared with traditional machine learning models, the ELM model has two prominent characteristics [30]: (1) the connection weights between the input layer and the hidden layer, and the threshold value of the hidden layer can be set randomly and no adjustment is required after setting; (2) the output layer weight can be



solved as the least squares problem. Therefore, the ELM model has a faster learning speed and better generalization performance than traditional machine learning algorithms under the premise of ensuring learning accuracy.

The ELM model learning principles and the main algorithm steps are as follows:

Assume that there is an arbitrary sample $N(x_i, t_i)$, x_i is the input vector, $x_i = [x_{i1}, x_{i2}, \dots, x_{in}] \in \mathbb{R}^n$, t_i is the target, $t_i = [t_{i1}, t_{i2}, \dots, t_{im}] \in \mathbb{R}^m$, and for an ELM network with L hidden layer nodes can be expressed as [29]:

$$O_i = \sum_{k=1}^L \beta_k g(x_i \cdot w_k + b_k); \quad i = 1, 2, \dots, N; \quad (10)$$

where O_i is the output value, $g(x)$ is the activation function, w_i is the input weight ($w_i = [w_{i1}, w_{i2}, \dots, w_{in}]$), b is the bias vector ($b = [b_1, b_2, \dots, b_L]$), β is the output weight ($\beta = [\beta_1, \beta_2, \dots, \beta_L]$), and $x_i \cdot w_k$ is the inner product.

Equation (3) can be rewritten as $O = H\beta$, where O is the expected output and H is the output of the hidden layer matrix, which can be expressed as [38]:

$$H = \begin{bmatrix} g(x_1 \cdot w_1 + b_1) & \dots & g(x_1 \cdot w_L + b_L) \\ \vdots & & \vdots \\ g(x_N \cdot w_1 + b_1) & \dots & g(x_N \cdot w_L + b_L) \end{bmatrix}_{N \times L} \quad (11)$$

The goal of training is to obtain the training error and output weights with the smallest norm, which can be expressed as

$$\min \|O - T\|^2 = \sum_{i=1}^N \|o_i - t_i\|^2 \quad (12)$$

where T denotes the target matrix. The least-squares method for the solution was then applied to calculate, as follows:

$$\beta = H^+ T \quad (13)$$

where β is the output weight and H^+ is the generalized inverse matrix of H , which can be calculated as $H^+ = (H^T H)^{-1} H^T$ [38].

Evaluation of prediction performance

The mean absolute error (MAE), mean squared error (MSE), mean absolute percentage error (MAPE), and root mean square error (RMSE) were calculated to evaluate the prediction accuracies of the TBATS and ELM models. The smaller the values of MAE, MSE, MAPE, and RMSE, the better is the prediction performance of the model [8]. Generally, a fitted model with a MAPE value lower than 0.2 [39] indicates that this model has superior predictive performance. The indicators are expressed as follows:

$$MAE = \frac{\sum_{t=1}^n |X_t - \hat{X}_t|}{n} \quad (14)$$

$$MSE = \frac{1}{n} \sqrt{\sum_{t=1}^n (X_t - \hat{X}_t)^2} \quad (15)$$

$$MAPE = \frac{\sum_{t=1}^n \left| \frac{X_t - \hat{X}_t}{X_t} \right| \times 100\%}{n} \quad (16)$$

$$RMSE = \sqrt{\frac{\sum_{t=1}^n (X_t - \hat{X}_t)^2}{n}} \quad (17)$$

where \hat{X}_t is the predicted value, X_t is the observed value of monthly human brucellosis cases, and n is the sequence sample size.

Data analysis

The R software version 4.1.1 was applied to construct the TBATS model, and the “forecast,” “zoo,” and “tseries” packages were used in the construction of the TBATS model. The MATLAB software (Version R2020b, MathWorks, Natick, MA, USA) was used to construct the ELM model. The level of significance was set at $p < 0.05$.

Results

General description

A total of 511,826 human brucellosis cases were reported from January 2012 to December 2021 in 31 provinces and municipalities in mainland China. As shown in Figs. 2, 3, human brucellosis cases exhibit obvious seasonality, cyclicity, trends, and randomness, with the highest peak from April to May and the lowest peak from September to October of each year.

TBATS model

The accuracy prediction performance of the TBATS model depends to a high degree on the number of harmonics, k , for the seasonal component. The optimal TBATS model not only requires adjustment of the number of harmonics k values and keeping all other harmonics constant for each seasonal component with the lowest AIC value but also requires suitable parameters p and q of the ARMA model [27].

The `tbats()` function of R software was applied to automatically build the TBATS model. The optimal model was TBATS(1, {0,0}, -, {<12,4>}), and the parameters ω , p , q , k , and the Fourier terms were 1, 0, 0, 12, and 4, respectively. Furthermore, the parameters of this model are that the smoothing parameter α is 0.6909, the seasonal smoothing parameters γ_1 and γ_2 are -0.010 and 0.005 , σ^2 is 461.4664, and the lowest value of AIC is 1854.703. Therefore, the optimal TBATS(1, {0,0}, -, {<12,4>}) model was used to forecast monthly human brucellosis cases from January to December 2021 in 31

provinces and municipalities of mainland China. The results are presented in Tables 1 and Fig. 4, respectively.

ELM model

We used an ELM model, which included an input layer, a single hidden layer, and an output layer, and applied it to solve regression issues. First, we used a sliding window algorithm approach to determine the input and output variables, and the window was set to 12; therefore, 12 input variables and 1 output variable were determined. The input and output data were normalized before modeling. Second, through repeated experiments, the suitable number of hidden layers was found to be 33, the R-squared was 0.89, the activation function used the sigmoid function, and the optimal ELM model was constructed. Finally, the optimal ELM model was applied to forecast monthly human brucellosis cases from January to December 2021 in 31 provinces and municipalities in mainland China. The results are shown in Table 1 and Fig. 5.

Prediction performance

During the ELM modeling process, a sliding window algorithm approach was used to identify the input and output variables; therefore, 12 predicted values were lost in the modeling process, resulting in 108 predicted values for the evaluation of the prediction performance. Measure indices, including MAE, MSE, MAPE, and RMSE, were used to evaluate the prediction performances of the TBATS and ELM models. The results showed that the MAPE values of the ELM and TBATS

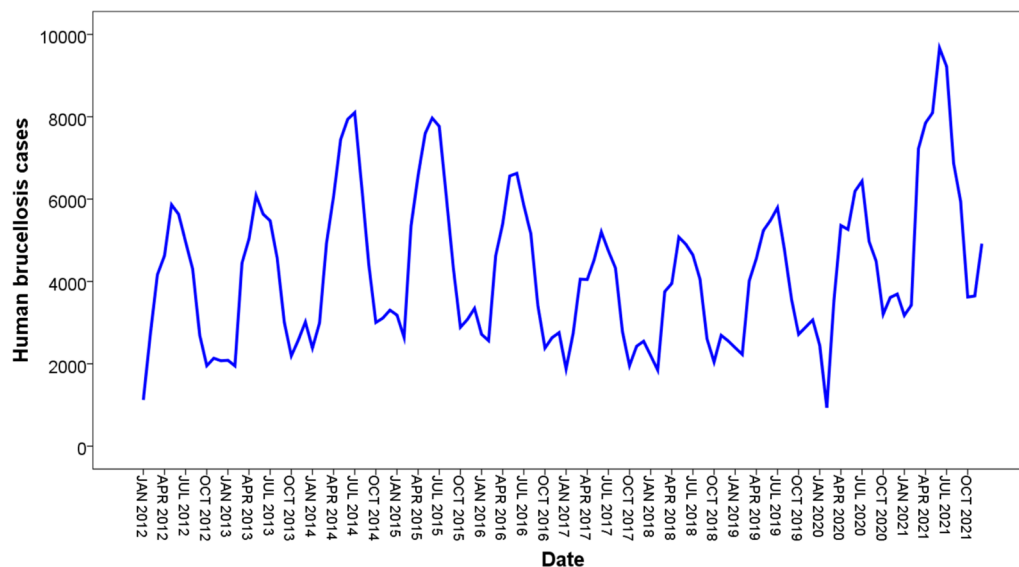


Fig. 2 The diagram of original time series from human brucellosis cases from January 2012 to December 2021

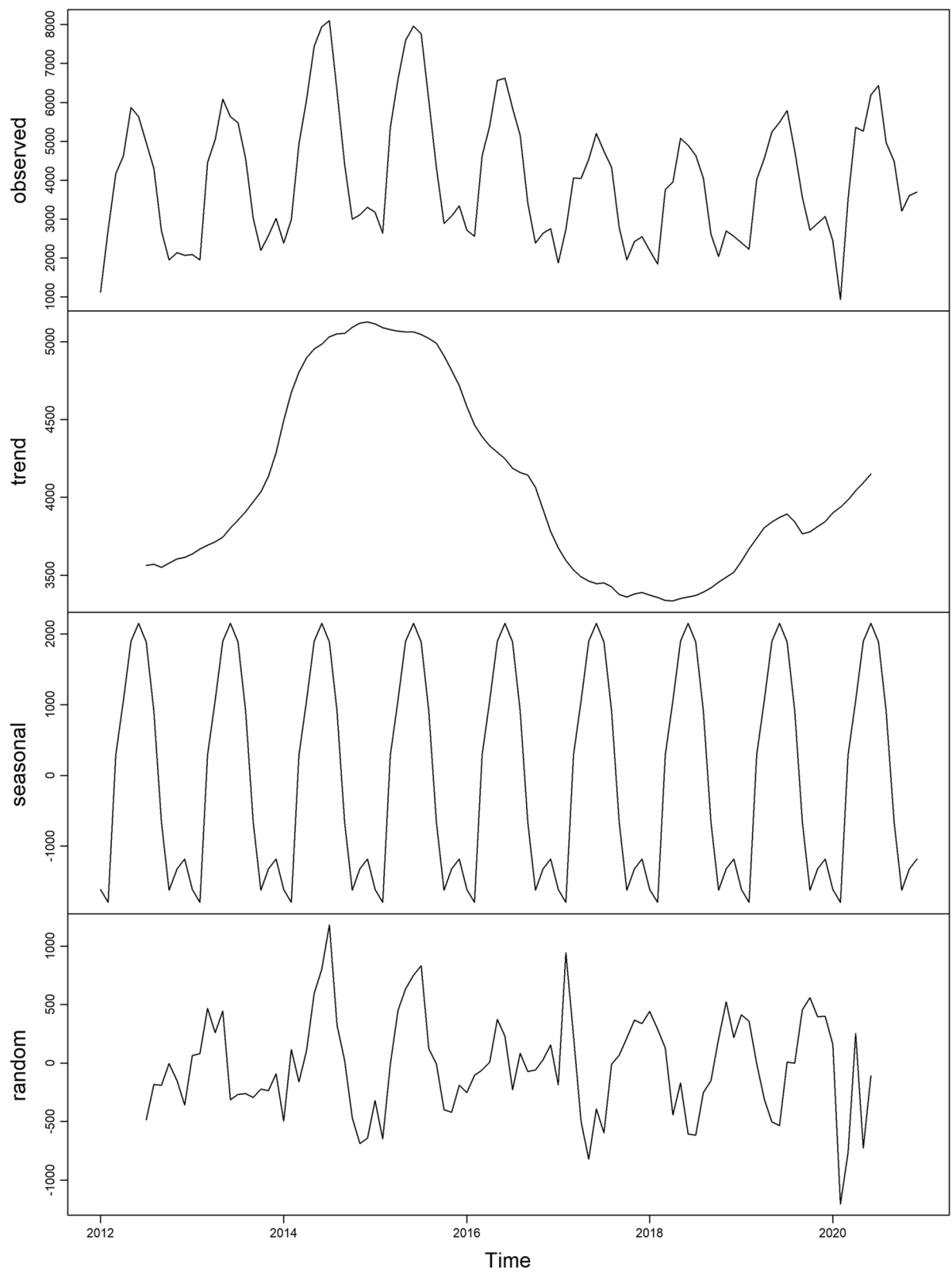


Fig. 3 Seasonal decomposition of the monthly human brucellosis cases from January 2012 to December 2021 in mainland China. From top to bottom, in the following order observed, trend, seasonal, and random of the human brucellosis cases time-series

Table 1 Forecasts of the monthly human brucellosis cases from January to December 2021

Date	Actual values	TBATS	ELM
21-Jan	67,682	3175	3477
21-Feb	44,933	3425	2659
21-Mar	73,427	7220	4440
21-Apr	85,684	7848	7398
21-May	83,385	8096	8827
21-Jun	84,952	9670	8569
21-Jul	83,101	9222	9334
21-Aug	76,423	6867	6844
21-Sep	75,409	5932	3737
21-Oct	67,843	3622	3408
21-Nov	69,640	3649	3147
21-Dec	64,097	4919	2441

models were both lower than 0.2, suggesting that they have superior predictive performance and can be used to forecast monthly human brucellosis cases. However, the ELM model is the optimal model because it has the lowest MAE, MSE, MAPE, and RMSE values for both fitting and forecasting performance (Table 2). As shown in Fig. 6, the predictive values fitted by the ELM model better simulated the trend of the actual situation changes in monthly human brucellosis cases

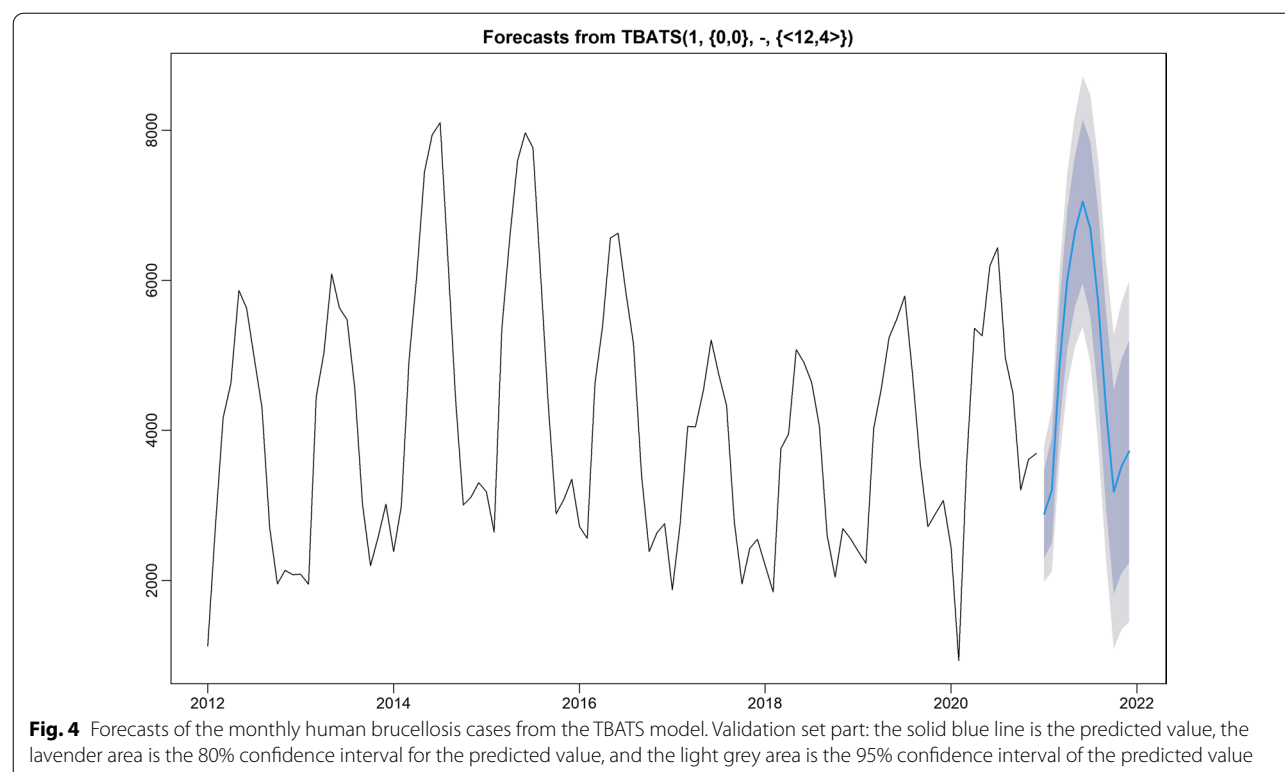
in mainland China. In particular, in terms of forecasting performance, the values of MAE, MSE, and MAPE were significantly lower than those of the TBATS model, indicating that ELM has a stronger generalization ability.

Simulation prediction results

The trained ELM model was applied to forecast monthly human brucellosis cases from January to December 2022 in 31 provinces and municipalities of mainland China. Table 3 presents the results.

Discussion

Human brucellosis has re-emerged in China since the early twenty-first century [40]. In the past few decades, peasants and herders have been prone to brucellosis in northern, northeastern, and western China [2, 40]. However, human brucellosis cases were found in urban workers and food service workers in southern China because of their eating habits or travel to or from endemic areas [41]. Currently, the prevalence and transmission of human brucellosis continues to outbreak in both the south and north of mainland China among peasants, herdsmen, and urban workers; therefore, human brucellosis prevention and control remains an important task for public health prioritization in mainland China.



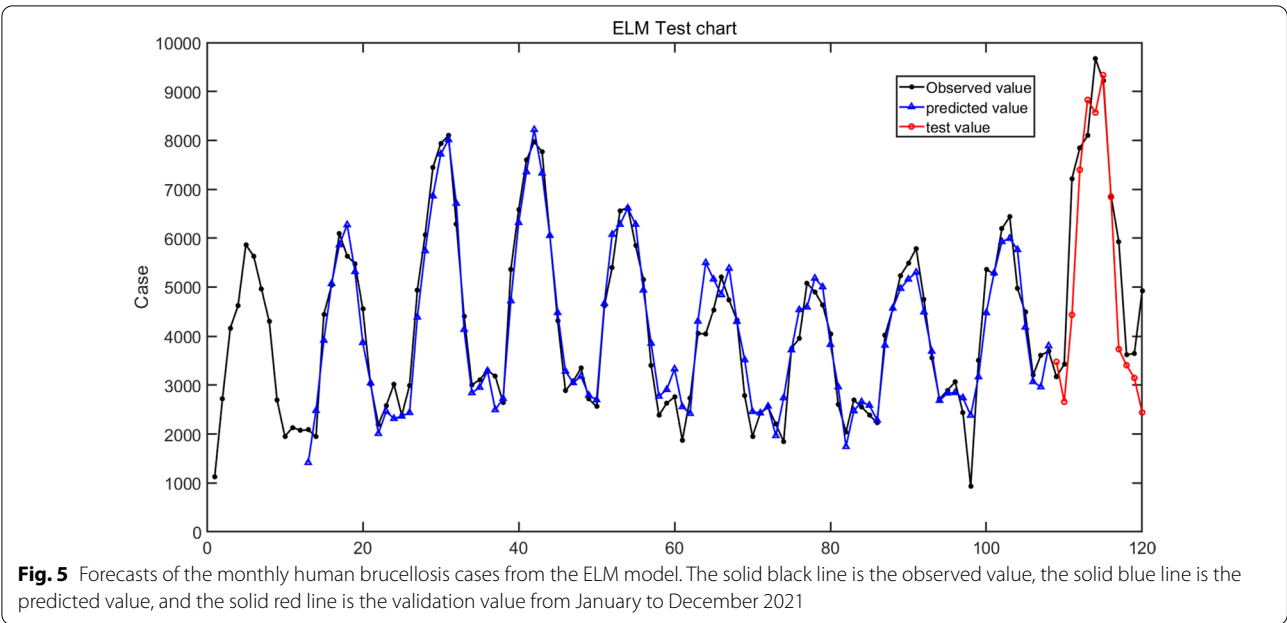


Table 2 Comparison of forecasts of ELM and TBTAS models in fitting performance and forecasting performance

Evaluating indices	Fitting performance		Forecasting performance	
	ELM	TBTAS	ELM	TBTAS
MAE	337.51	355.85	971.17	1322.92
MSE	2151.85	2241.68	2325.12	2745.05
MAPE(%)	10.60	10.80	17.10	19.10
RMSE	3043.17	3170.21	3288.22	3882.08

Our findings showed that the incidence of human brucellosis has increased from January 2012 to December 2021 in mainland China. This may be because of several reasons. First, with rapid economic development in China, both in urban and rural areas, residents' demand for meat is gradually increasing, especially for mutton and beef [41]. Research has shown that sheep are a major factor in the spread of human brucellosis [42]. As a result, the increased demand for mutton and beef by residents has led to the rapid development of animal husbandry and increased demand for meat importation in China [42], thus leading to an increased risk of exposure to live or slaughtered meat. Second, occupation is also an important factor affecting the incidence of brucellosis [43]. Studies have also shown that slaughterhouse workers, meat-packing employees, veterinarians, and herds-men comprise the majority of brucellosis patients [42]. Li et al. [44] investigated the understanding of brucellosis prevention and control among peasants and herders in

Mubi County, Xinjiang, China. Their study showed that the general knowledge of brucellosis among peasants and herders in a township in Mubi County was 71.9%, and the knowledge of brucellosis prevention and control was only 48.3%. The results of this study showed that peasants and herdsmen in western China still lack knowledge of brucellosis prevention and control, which not only makes brucellosis prevention difficult but also increases the risk of developing brucellosis.

The results also showed that the incidence of brucellosis displayed significant seasonal characteristics between 2012 and 2021, with the highest peak in early spring to early summer, and the lowest peak in winter, consistent with previous studies [8–10, 14, 24, 40, 42]. This might be related to meteorological and economic factors in animal husbandry [8]. Peng et al. [42] found that mid-temperate and warm-temperate climates strongly affect the emergence of brucellosis. Moreover, mid-temperate and warm-temperate climates are characterized by high temperatures in summer and cold, dry winters. Relatively low temperatures and humidity in autumn and winter reduce the survival rate of pathogenic bacteria, thereby reducing the chance of infection in humans [8, 45]. Therefore, the incidence of brucellosis was higher in spring and summer than in fall and winter. Animal husbandry is also an important factor in the occurrence of brucellosis [8]. The increasing number of sheep has led to a high incidence of brucellosis in China [42]. In spring, as herders engage in more farming activities, there is closer contact with sheep, such as shearing sheep and cleaning up sheep manure, increasing the risk of transmission of brucellosis

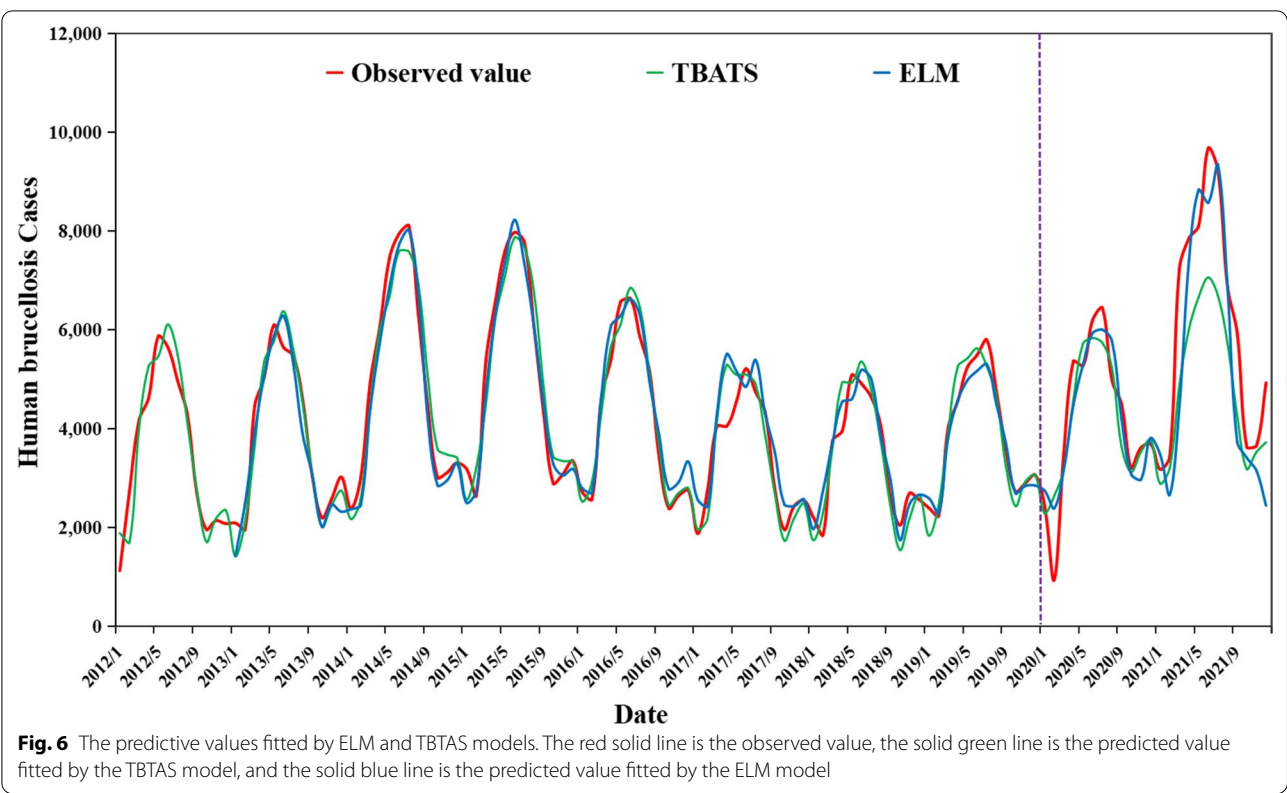


Table 3 The forecasts of the monthly human brucellosis cases in mainland China 2022

Date	Predicted values	Date	Predicted values
22-Jan	2686	22-Jul	4230
22-Feb	2489	22-Aug	3048
22-Mar	3504	22-Sep	3334
22-Apr	6407	22-Oct	2611
22-May	5907	22-Nov	3157
22-Jun	5575	22-Dec	5627

[8, 42]. Summer is the peak delivery season for livestock, such as cattle and sheep, which greatly increases the chances of exposure to pathogenic factors during this process [46]. Furthermore, because lambs are born in winter or early spring, peasants and herders are at an increased risk of brucellosis infection from contact with amniotic fluid or infected young animals [40].

In real-world disease surveillance scenarios, the data of infectious disease time series generally display non-stationary and complex characteristics [4]. Therefore, appropriate models should be selected to predict infectious diseases based on the distribution and characteristics of data. In this study, we established ELM and

TBATS models based on sample size and data characteristics. Our results also showed that both ELM and TBATS models could be used to predict the incidence of human brucellosis; however, the prediction performance of the ELM model outperformed that of the TBATS model. There are several possible reasons for this finding. First, although the TBATS model can handle complex periodic time series [27, 28], it is based on a mixture of multiple time series forecasting methods. The computation is more complicated, and if the model is not updated in time, the accuracy of the prediction may be reduced [27]. Second, in recent years, machine learning predictive models have been increasingly applied to infectious disease prediction and have achieved satisfactory prediction performance. ELM is a type of machine learning model [30] that has several advantages over traditional machine learning models [30]. By randomly generating the weight and bias of the hidden layer [30, 47], the ELM model exhibits excellent generalization and faster learning speed [33]. Moreover, the ELM model is easy to develop and achieves the smallest training error and smallest norm of weights [38]. Third, the optimal ELM model requires repeated trials and constant adjustment of model parameters to achieve better prediction results. In our study, through repeated experiments, the optimal ELM model was

determined by obtaining the maximum R-squared value and the minimum MAPE and RMSE values under continuous adjustment of the number of hidden layers. When the hidden layer is adjusted to 33, the R-squared value is at a maximum, whereas the MAE and MAPE values are at a minimum, and then the optimal ELM model is obtained.

Our study demonstrated that the ELM model is more suitable for predicting human brucellosis cases in mainland China; that is, the prediction performance of machine learning models is better than that of time series models, which is in agreement with previous research [4, 19, 21]. Alim et al. [4] compared the ARIMA and XGBoost models for the prediction of human brucellosis in mainland China, and their study indicated that the prediction performance of the XGBoost model outperformed the ARIMA model. Bagheri et al. [19] used a support vector machine (SVM), multivariate adaptive regression splines (MARS), random forest (RF), and ARIMA models to predict monthly brucellosis cases in Iran. Their study showed that the MARS model was more appropriate than other models. Wu et al. [21] constructed a seasonal ARIMA model and Elman and Jordan recurrent neural networks to forecast the incidence of human brucellosis in mainland China, and the result showed that the Elman and Jordan recurrent neural networks achieved better prediction performance than ARIMA model. However, some studies have reported the opposite. For example, Zheng et al. [12] indicated that the forecasting performance of the SARIMA model was better than that of the NARNN model for predicting the incidence of human brucellosis in Xinjiang, China. This contradictory conclusion may be caused by the different sample sizes, data characteristics of the time series, and research at different study sites.

Our study had some limitations. First, although the ELM model has achieved superior predictive performance compared to TBATS models in forecasting monthly human brucellosis cases in mainland China, it can also be significantly influenced by the random selection of input weights and SLFN biases [30]. Second, the occurrence and prevalence of brucellosis are influenced by multiple factors [4], for example, meteorological, environmental, and medical factors. However, factors that influenced the occurrence and prevalence of brucellosis were excluded from the forecasting models. Consequently, there was some bias in the prediction results of our study.

Conclusions

Our study showed that the ELM model had a better prediction performance than the TBATS model in predicting human brucellosis cases. These prediction results

can provide information for the prevention, control, and monitoring of human brucellosis in mainland China. Furthermore, the incidence of human brucellosis exhibited seasonal characteristics, the government and relevant departments should develop appropriate preventive measures in early spring and early summer, establish a joint prevention and control mechanism for major zoonotic diseases, and at the same time, increase investment funds to train peasants and herdsmen and other relevant personnel on brucellosis epidemic prevention.

Abbreviations

TBATS: Trigonometric seasonality, Box-Cox transformation, ARMA errors, trend, and seasonal components; ELM: Extreme learning machine; ARIMA: Autoregressive integrated moving average; SARIMA: Seasonal autoregressive integrated moving average; ES: Exponential smoothing; XGBoost: Extreme gradient boosting; SVM: Support vector machine; SVR: Support vector regression; MARS: Multivariate adaptive regression splines; RF: Random forest; BPNN: Back propagation neural network; ERNN: Efficient recurrent neural networks; ETS: Error, trend, seasonality; LSTM: Short-term memory; ANNs: Artificial neural networks; ANFIS: Adaptive Neuro-Fuzzy Inference System; MAE: Mean absolute error; MSE: Mean square error; MAPE: Mean absolute percentage error; RMSE: Root mean square error; AIC: Akaike information criterion.

Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12879-022-07919-w>.

Additional file 1. Data on monthly human brucellosis cases from January 2012 to December 2021 in 31 provinces and municipalities in mainland China.

Acknowledgements

We thank the Sichuan Provincial Primary Health Service Development Research Center (Grant No. SWFZ21-Q-59), and Sichuan Provincial Orthopedics Hospital (Grant No. 2021GL01) for funding this study.

Author contributions

Conceptualization, formal analysis, writing-original draft, and writing-review: DZ and HZ. Both authors read and approved the final manuscript.

Funding

This study was supported by the Sichuan Provincial Primary Health Service Development Research Center (Grant no. SWFZ21-Q-59), and Sichuan Provincial Orthopedics Hospital (Grant No. 2021GL01).

Availability of data and materials

Data supporting the findings of this study are available from the National Health Commission of the People's Republic of China website (<http://www.nhc.gov.cn/>) without restrictions.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not Applicable.

Competing interests

The authors declare no conflict of interest.

Received: 31 May 2022 Accepted: 5 December 2022
Published online: 12 December 2022

References

1. Bagheri Nejad R, Krecek RC, Khalaf OH, Hailat N, Arenas-Gamboa AM. Brucellosis in the Middle East: current situation and a pathway forward. *PLoS Negl Trop Dis*. 2020;14(5): e0008071. <https://doi.org/10.1371/journal.pntd.0008071>.
2. Zheng R, Xie S, Lu X, Sun L, Zhou Y, Zhang Y, Wang K. A systematic review and meta-analysis of epidemiology and clinical manifestations of human brucellosis in China. *Biomed Res Int*. 2018;2018:5712920. <https://doi.org/10.1155/2018/5712920>.
3. Jamil T, Khan AU, Saqib M, Hussain MH, Melzer F, Rehman A, Shabbir MZ, Khan MA, Ali S, Shahzad A, Khan I, Iqbal M, Ullah Q, Ahmad W, Mansoor MK, Neubauer H, Schwarz S. Animal and human brucellosis in Pakistan. *Front Public Health*. 2021;9: 660508. <https://doi.org/10.3389/fpubh.2021.660508>.
4. Alim M, Ye GH, Guan P, Huang DS, Zhou BS, Wu W. Comparison of ARIMA model and XGBoost model for prediction of human brucellosis in mainland China: a time-series study. *BMJ Open*. 2020;10(12): e039676. <https://doi.org/10.1136/bmjopen-2020-039676>.
5. Rafiemanesh H, Alimohamadi Y, Hashemi Aghdam SR, Safarzadeh A, Shokri A, Zemestani A. Time series and trend analysis of brucellosis in Oskou county, East Azerbaijan: 2007–2016. *Health Promot Perspect*. 2019;9(4):285–90. <https://doi.org/10.15171/hpp.2019.39>.
6. Sun GQ, Li MT, Zhang J, Zhang W, Pei X, Jin Z. Transmission dynamics of brucellosis: Mathematical modelling and applications in China. *Comput Struct Biotechnol J*. 2020;18:3843–60. <https://doi.org/10.1016/j.csbj.2020.11.014>.
7. Lai S, Chen Q, Li Z. Human brucellosis: an ongoing global health challenge. *China CDC Wkly*. 2021;3(6):120–3. <https://doi.org/10.46234/ccdcw.2021.031>.
8. Zhai M, Li W, Tie P, Wang X, Xie T, Ren H, Zhang Z, Song W, Quan D, Li M, Chen L, Qiu L. Research on the predictive effect of a combined model of ARIMA and neural networks on human brucellosis in Shanxi Province, China: a time series predictive analysis. *BMC Infect Dis*. 2021;21(1):280. <https://doi.org/10.1186/s12879-021-05973-4>.
9. Liang PF, Zhao Y, Zhao JH, Pan DF, Guo ZQ. Human distribution and spatial-temporal clustering analysis of human brucellosis in China from 2012 to 2016. *Infect Dis Poverty*. 2020;9(1):142. <https://doi.org/10.1186/s40249-020-00754-8>.
10. Liang P, Zhao Y, Zhao J, Pan D, Guo Z. The spatiotemporal distribution of human brucellosis in mainland China from 2007–2016. *BMC Infect Dis*. 2020;20(1):249. <https://doi.org/10.1186/s12879-020-4946-7>.
11. Yang L, Bi ZW, Kou ZQ, Li XJ, Zhang M, Wang M, Zhang LY, Zhao ZT. Time-series analysis on human brucellosis during 2004–2013 in Shandong Province. *China Zoonoses Public Health*. 2015;62(3):228–35. <https://doi.org/10.1111/zph.12145>.
12. Zheng Y, Zhang L, Wang C, Wang K, Guo G, Zhang X, Wang J. Predictive analysis of the number of human brucellosis cases in Xinjiang, China. *Sci Rep*. 2021;11(1):11513. <https://doi.org/10.1038/s41598-021-91176-5>.
13. Zhao C, Yang Y, Wu S, Wu W, Xue H, An K, Zhen Q. Search trends and prediction of human brucellosis using Baidu index data from 2011 to 2018 in China. *Sci Rep*. 2020;10(1):5896. <https://doi.org/10.1038/s41598-020-62517-7>.
14. Guan P, Wu W, Huang D. Trends of reported human brucellosis cases in mainland China from 2007 to 2017: an exponential smoothing time series analysis. *Environ Health Prev Med*. 2018;23(1):23. <https://doi.org/10.1186/s12199-018-0712-5>.
15. Mohammadian-Khoshnoud M, Sadeghifar M, Cheraghi Z, Hosseinkhani Z. Predicting the incidence of brucellosis in Western Iran using Markov switching model. *BMC Res Notes*. 2021;14(1):79. <https://doi.org/10.1186/s13104-020-05415-5>.
16. Liu W, Bao C, Zhou Y, Ji H, Wu Y, Shi Y, Shen W, Bao J, Li J, Hu J, Huo X. Forecasting incidence of hand, foot and mouth disease using BP neural networks in Jiangsu province, China. *BMC Infect Dis*. 2019;19(1):828. <https://doi.org/10.1186/s12879-019-4457-6>.
17. Fang X, Liu W, Ai J, He M, Wu Y, Shi Y, Shen W, Bao C. Forecasting incidence of infectious diarrhea using random forest in Jiangsu Province, China. *BMC Infect Dis*. 2020;20(1):222. <https://doi.org/10.1186/s12879-020-4930-2>.
18. Lv CX, An SY, Qiao BJ, Wu W. Time series analysis of hemorrhagic fever with renal syndrome in mainland China by using an XGBoost forecasting model. *BMC Infect Dis*. 2021;21(1):839. <https://doi.org/10.1186/s12879-021-06503-y>.
19. Bagheri H, Tapak L, Karami M, Amiri B, Cheraghi Z. Epidemiological features of human brucellosis in Iran (2011–2018) and prediction of brucellosis with data-mining models. *J Res Health Sci*. 2019;19(4): e00462.
20. Shirmohammadi-Khorram N, Tapak L, Hamidi O, Maryanaji Z. A comparison of three data mining time series models in prediction of monthly brucellosis surveillance data. *Zoonoses Public Health*. 2019;66(7):759–72. <https://doi.org/10.1111/zph.12622>.
21. Wu W, An SY, Guan P, Huang DS, Zhou BS. Time series analysis of human brucellosis in mainland China by using Elman and Jordan recurrent neural networks. *BMC Infect Dis*. 2019;19(1):414. <https://doi.org/10.1186/s12879-019-4028-x>.
22. Babaie E, Alesheikh AA, Tabasi M. Spatial prediction of human brucellosis (HB) using a GIS-based adaptive neuro-fuzzy inference system (ANFIS). *Acta Trop*. 2021;220: 105951. <https://doi.org/10.1016/j.actatropica.2021.105951>.
23. Jiang J, Pan H, Li M, Qian B, Lin X, Fan S. Predictive model for the 5-year survival status of osteosarcoma patients based on the SEER database and XGBoost algorithm. *Sci Rep*. 2021;11(1):5542. <https://doi.org/10.1038/s41598-021-85223-4>.
24. Wang Y, Xu C, Zhang S, Wang Z, Zhu Y, Yuan J. Temporal trends analysis of human brucellosis incidence in mainland China from 2004 to 2018. *Sci Rep*. 2018;8(1):15901. <https://doi.org/10.1038/s41598-018-33165-9>.
25. Deqiu S, Donglou X, Jiming Y. Epidemiology and control of brucellosis in China. *Vet Microbiol*. 2002;90(1–4):165–82. [https://doi.org/10.1016/S0378-1135\(02\)00252-3](https://doi.org/10.1016/S0378-1135(02)00252-3).
26. Guleryuz D. Forecasting outbreak of COVID-19 in Turkey; Comparison of Box-Jenkins, Brown's exponential smoothing and long short-term memory models. *Process Saf Environ Prot*. 2021;149:927–35. <https://doi.org/10.1016/j.psep.2021.03.032>.
27. Xiao Y, Li Y, Li Y, Yu C, Bai Y, Wang L, Wang Y. Estimating the long-term epidemiological trends and seasonality of hemorrhagic fever with renal syndrome in China. *Infect Drug Resist*. 2021;14:3849–62. <https://doi.org/10.2147/IDR.S325787>.
28. Yu C, Xu C, Li Y, Yao S, Bai Y, Li J, Wang L, Wu W, Wang Y. Time series analysis and forecasting of the hand-foot-mouth disease morbidity in China using an advanced exponential smoothing state space TBATS Model. *Infect Drug Resist*. 2021;14:2809–21. <https://doi.org/10.2147/IDR.S304652>.
29. Wang SH, Li HF, Zhang YJ, Zou ZS. A hybrid ensemble model based on ELM and improved AdaBoost RT algorithm for predicting the iron ore sintering characters. *Comput Intell Neurosci*. 2019;2019:4164296. <https://doi.org/10.1155/2019/4164296>.
30. Zang S, Cheng Y, Wang X, Yan Y. Transfer extreme learning machine with output weight alignment. *Comput Intell Neurosci*. 2021;2021:6627765. <https://doi.org/10.1155/2021/6627765>.
31. Liu Y, Wang LH, Yang LB, Liu XM. Drought prediction based on an improved VMD-OS-QR-ELM model. *PLoS ONE*. 2022;17(1): e0262329. <https://doi.org/10.1371/journal.pone.0262329>.
32. Anmala J, Turuganti V. Comparison of the performance of decision tree (DT) algorithms and extreme learning machine (ELM) model in the prediction of water quality of the Upper Green River watershed. *Water Environ Res*. 2021;93(11):2360–73. <https://doi.org/10.1002/wer.1642>.
33. Huang X, Luo M, Jin H. Application of improved ELM algorithm in the prediction of earthquake casualties. *PLoS ONE*. 2020;15(6): e0235236. <https://doi.org/10.1371/journal.pone>.
34. Dhillon A, Singh A. eBreCaP: extreme learning-based model for breast cancer survival prediction. *IET Syst Biol*. 2020;14(3):160–9. <https://doi.org/10.1049/iet-syb.2019.0087>.
35. Livera AMD, Hyndman RJ. Forecasting time series with complex seasonal patterns using exponential smoothing. *J Am Stat Assoc*. 2011;106(496):1513–27. <https://doi.org/10.1198/jasa.2011.tm09771>.
36. Perone G. Comparison of ARIMA, ETS, NNAR, TBATS and hybrid models to forecast the second wave of COVID-19 hospitalizations in Italy. *Eur J Health Econ*. 2021. <https://doi.org/10.1007/s10198-021-01347-4>.
37. Elveny M, Akhmadeev R, Dinari M, Abdelbasset WK, Bokov DO, Jafari MMM. Implementing PSO-ELM model to approximate Trolox equivalent

antioxidant capacity as one of the most important biological properties of food. *Biomed Res Int.* 2021;2021:3805748. <https://doi.org/10.1155/2021/3805748>.

38. Ouyang T, Wang C, Yu Z, Stach R, Mizaikoff B, Liedberg B, Huang GB, Wang QJ. Quantitative analysis of gas phase IR spectra based on extreme learning machine regression model. *Sensors (Basel).* 2019;19(24):5535. <https://doi.org/10.3390/s19245535>.
39. Ke G, Hu Y, Huang X, Peng X, Lei M, Huang C, Gu L, Xian P, Yang D. Epidemiological analysis of hemorrhagic fever with renal syndrome in China with the seasonal-trend decomposition method and the exponential smoothing model. *Sci Rep.* 2016;6:39350. <https://doi.org/10.1038/srep39350>.
40. Li YJ, Li XL, Liang S, Fang LQ, Cao WC. Epidemiological features and risk factors associated with the spatial and temporal distribution of human brucellosis in China. *BMC Infect Dis.* 2013;13:547. <https://doi.org/10.1186/1471-2334-13-547>.
41. Yang H, Zhang S, Wang T, Zhao C, Zhang X, Hu J, Han C, Hu F, Luo J, Li B, Zhao W, Li K, Wang Y, Zhen Q. Epidemiological characteristics and spatiotemporal trend analysis of human brucellosis in China, 1950–2018. *Int J Environ Res Public Health.* 2020;17(7):2382. <https://doi.org/10.3390/ijerph17072382>.
42. Peng C, Li YJ, Huang DS, Guan P. Spatial-temporal distribution of human brucellosis in mainland China from 2004 to 2017 and an analysis of social and environmental factors. *Environ Health Prev Med.* 2020;25(1):1. <https://doi.org/10.1186/s12199-019-0839-z>.
43. Tao Z, Chen Q, Chen Y, Li Y, Mu D, Yang H, Yin W. Epidemiological characteristics of human brucellosis - China, 2016–2019. *China CDC Wkly.* 2021;3(6):114–9. <https://doi.org/10.46234/ccdcw2021.030>.
44. Li JZ, Bo L, Li H. Wooden base farmers and herdsmen in Xinjiang brucellosis of the status of the cognition study. *World's latest medical information Abstract.* 2018;18(39):199–200 (in Chinese).
45. Lee HS, Her M, Levine M, Moore GE. Time series analysis of human and bovine brucellosis in South Korea from 2005 to 2010. *Prev Vet Med.* 2013;110(2):190–7. <https://doi.org/10.1016/j.prevetmed.2012.12.003>.
46. Cui BY. Epidemic surveillance and control of brucellosis in China. *Dis Surveil.* 2007;22(10):649–51 (in Chinese).
47. Elveny M, Hosseini M, Chen TC, Lawal AI, Alizadeh SM. Estimation of isentropic compressibility of biodiesel using ELM strategy: application in biofuel production processes. *Biomed Res Int.* 2021;2021:7332776. <https://doi.org/10.1155/2021/7332776>.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

