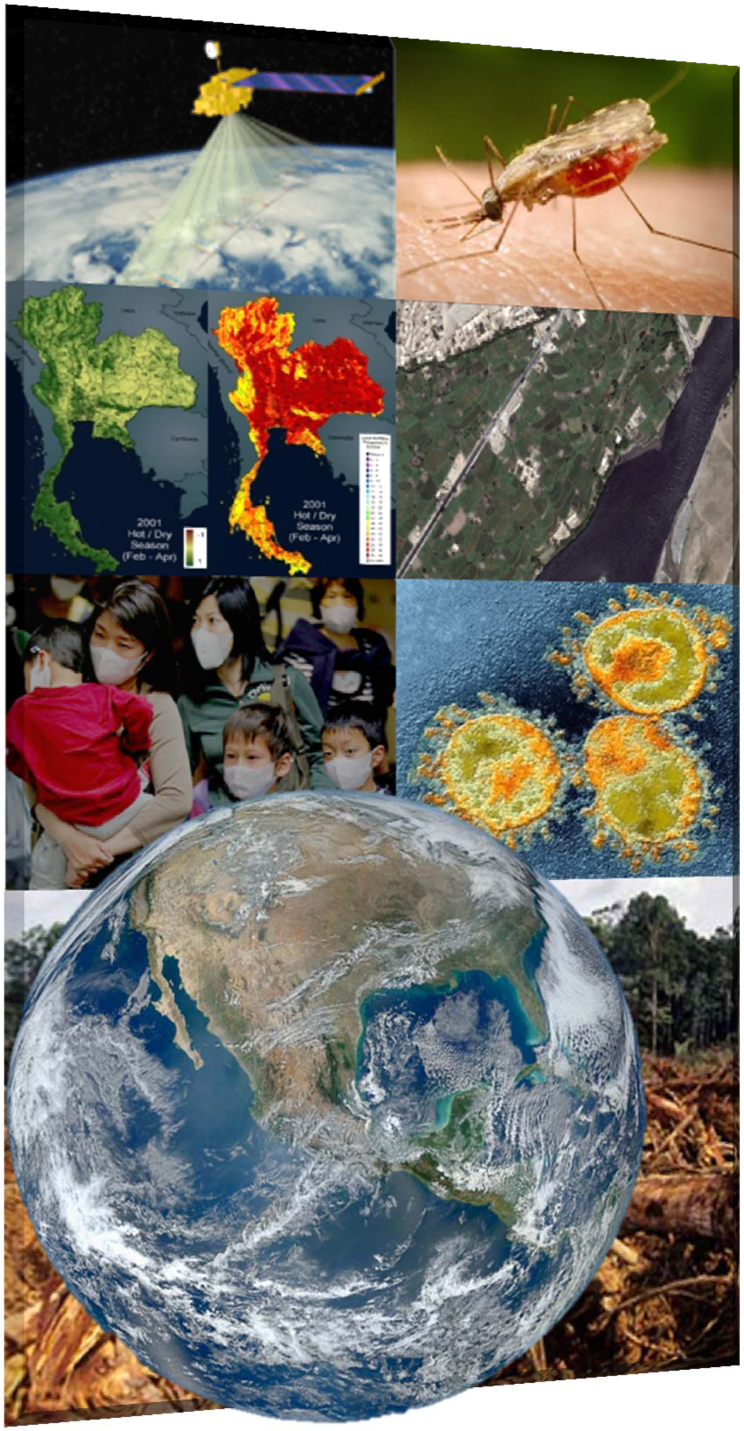

USE OF GIOVANNI SYSTEM IN PUBLIC HEALTH APPLICATION

2012 GREGORY G. LEPTOUKH ONLINE GIOVANNI WORKSHOP

SEPTEMBER 25, 2012

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AGENDA

- **Malaria** in Thailand and Afghanistan
- **Dengue** in Indonesia
- **Avian Influenza** in Indonesia
- **Seasonal Influenza** in New York, Arizona and Hong Kong

MALARIA

- **Cause:**
  - *Plasmodium* spp (protozoan)
  - Carried by *Anopheles* mosquito

- **Burden:**
  - 250 million cases each year
  - 1 million deaths annually
  - Every 30 seconds a child dies from malaria in Africa
  - Cost ~ 1.3% of annual economic growth in high prevalence countries

- **High Risk Group**: Pregnant women, children and HIV/AIDS co-infection

Plasmodium infecting red blood cell

Image: Nat'l Geographic

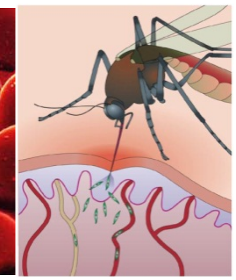


Image: Nature

Transmission through female *Anopheles* bite

- **Treatment and Prevention**:

Bed nets

Indoor spraying

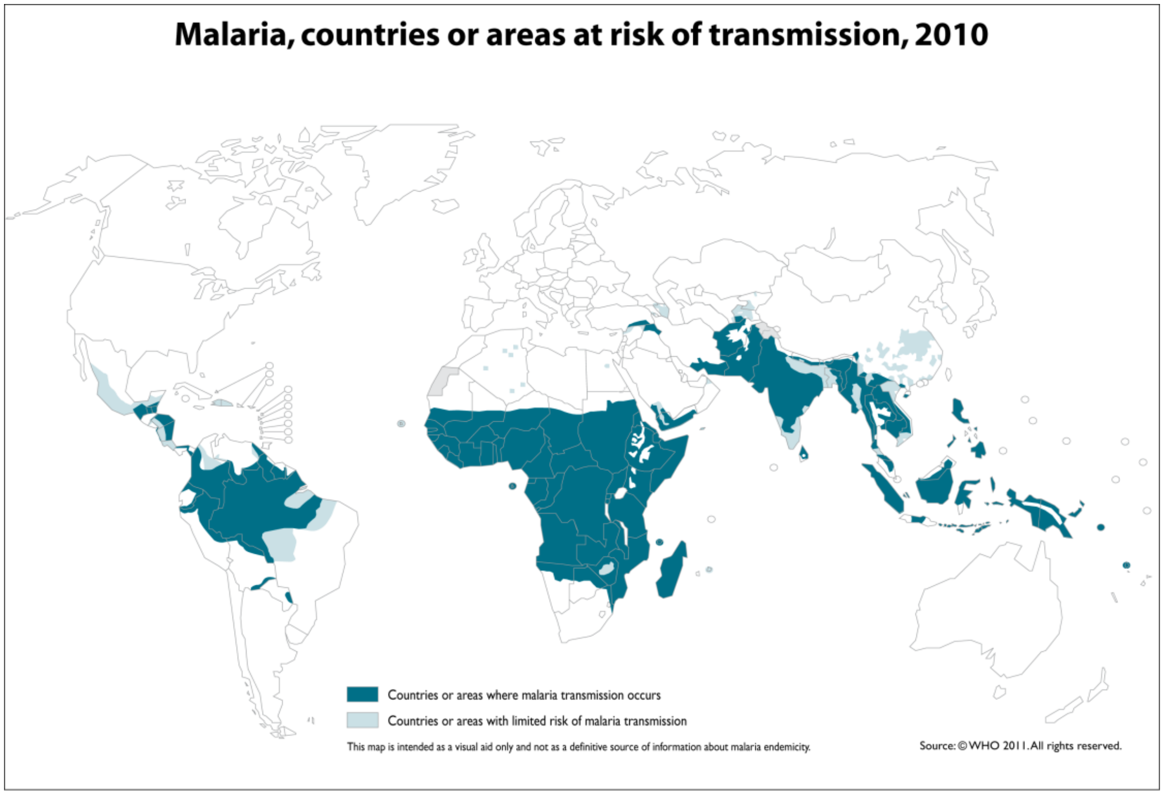
Vector Control

Images: WHO

Artemisin-based Combination Therapy

MALARIA

Malaria Distribution

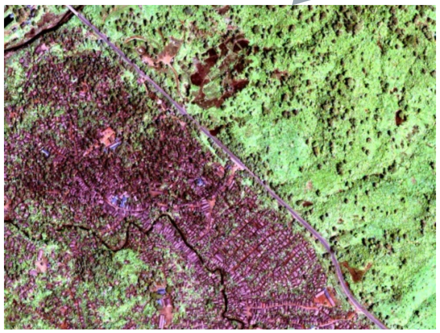


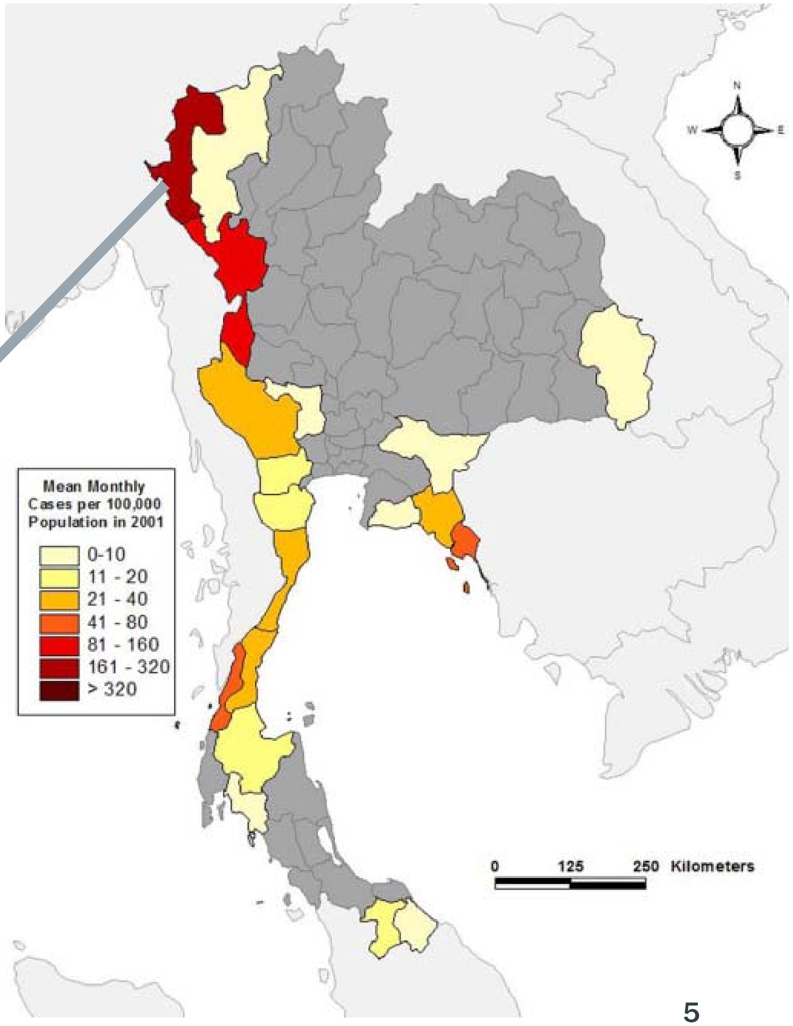
Role of climatic and environmental determinants

Determinants	Effect
Temperature	Parasite + Vector: development and survival
Rainfall	Vector breeding habitat
Land-use, NDVI	Vector breeding habitat
Altitude	Vector survival
ENSO	Vector development, survival and breeding habitat

MALARIA IN THAILAND

- Leading cause of morbidity and mortality in Thailand
- ~50% of population live in malarious area
- Most endemic provinces are bordering Myanmar & Cambodia
  - Significant immigrant population
  - Mae La Camp
    - Largest refugee camp
    - >30,000 population

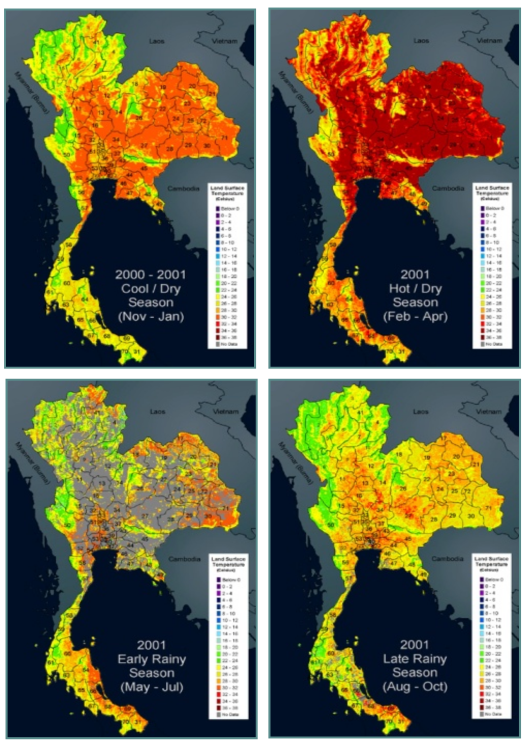




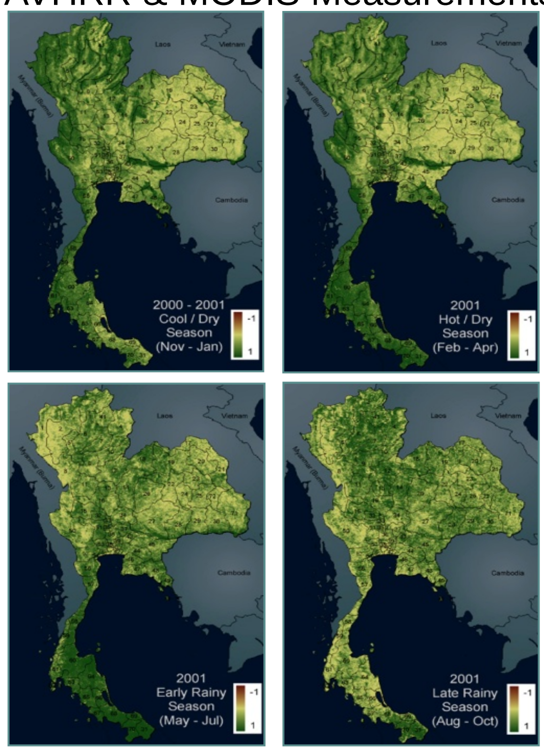
MALARIA IN THAILAND

- **Satellite-observed meteorological & Environmental Parameters for 4 Thailand seasons**

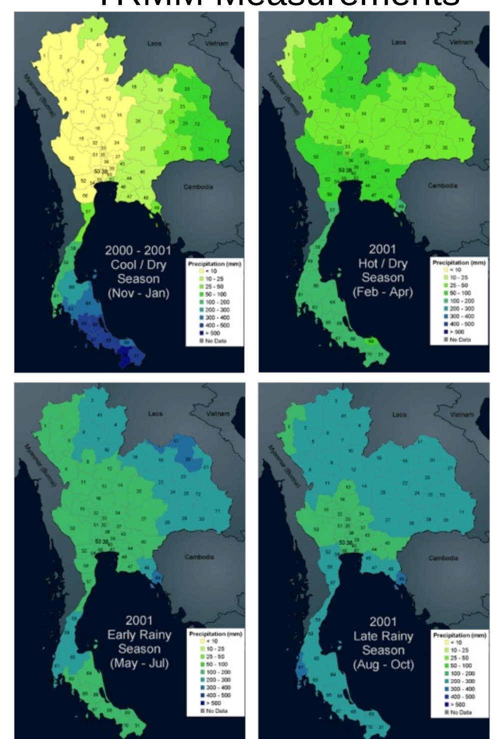
Surface Temperature
MODIS Measurements



Vegetation Index
AVHRR & MODIS Measurements



Rainfall
TRMM Measurements

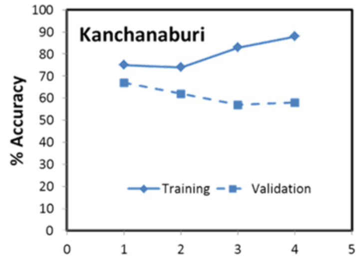


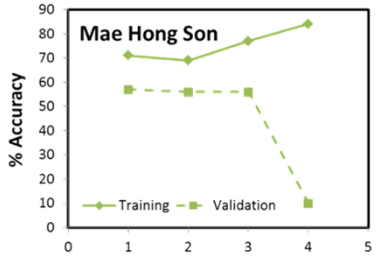
MALARIA IN THAILAND

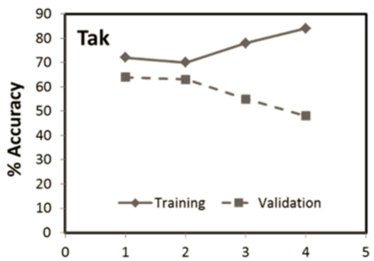
- Neural Network training and validation accuracy

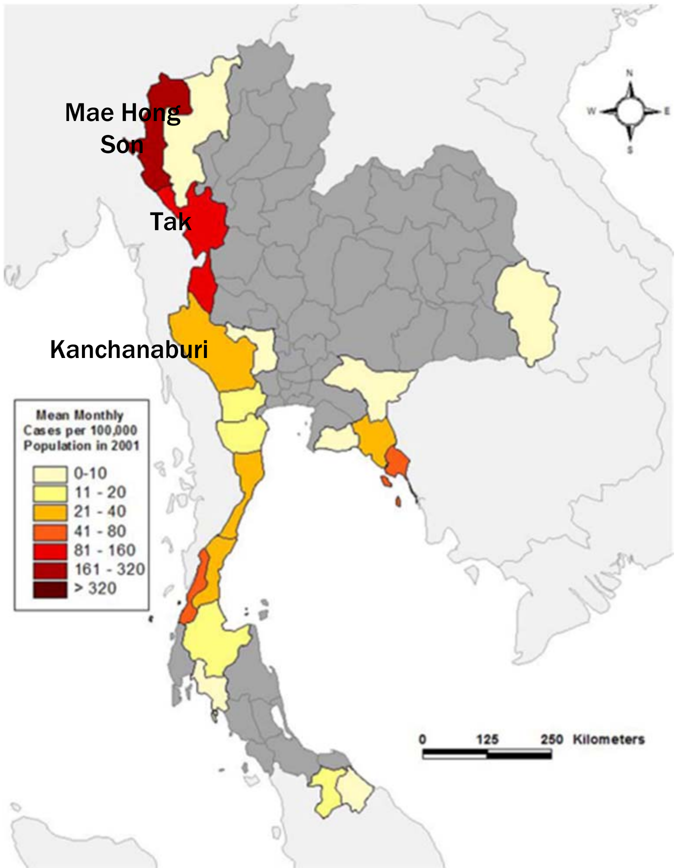
	Input	Hidden Layer	Hidden Node
Model 1	t, T, P, P (lag 1), H, V	1	1
Model 2	t, P, P (lag 1), H, V	1	1
Model 3	t, T, P, P (lag 1), H, V	1	2
Model 4	t, T, P, P (lag 1), H, V	1	3

t = time, T = temperature, P = precipitation, H = humidity, V = NDVI



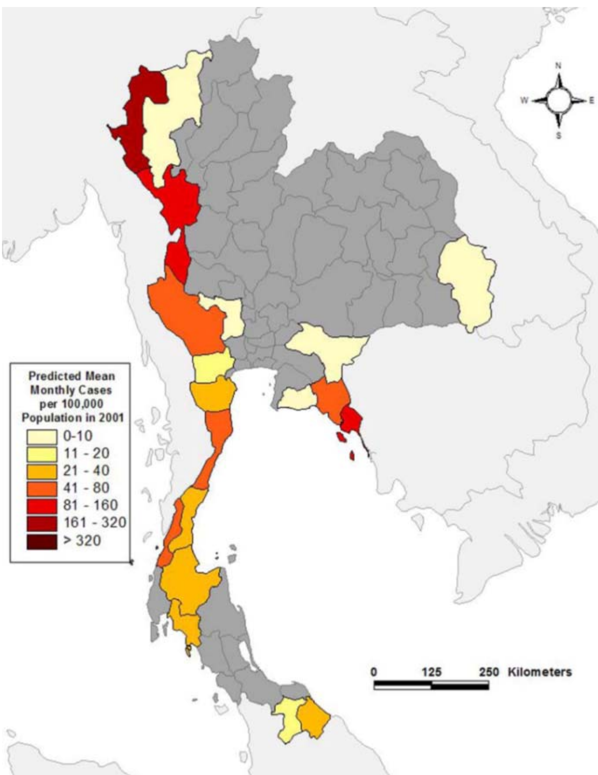




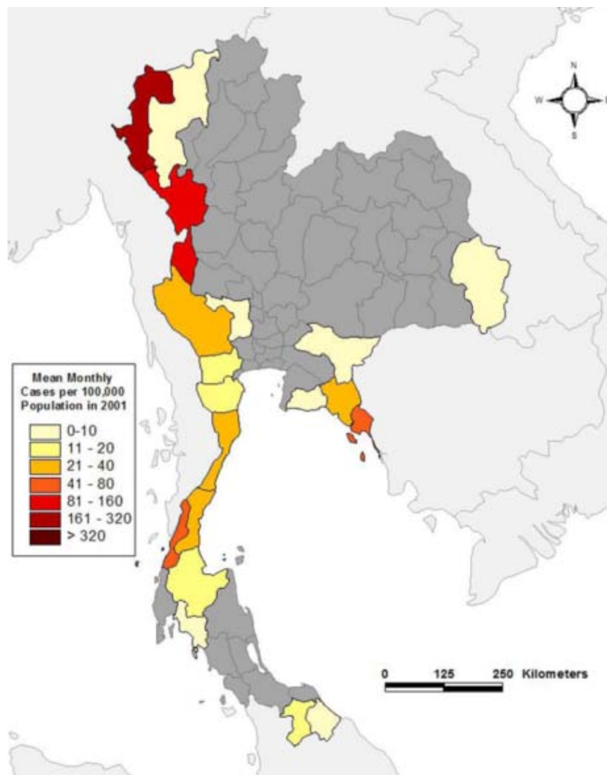


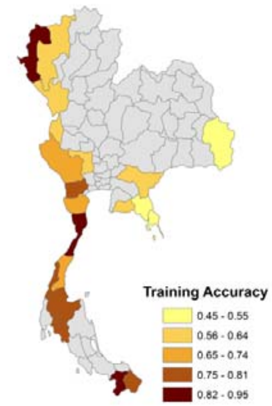
MALARIA IN THAILAND

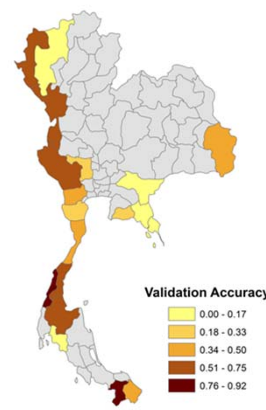
Hindcast Incidence



Actual Malaria Incidence

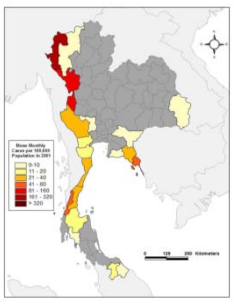


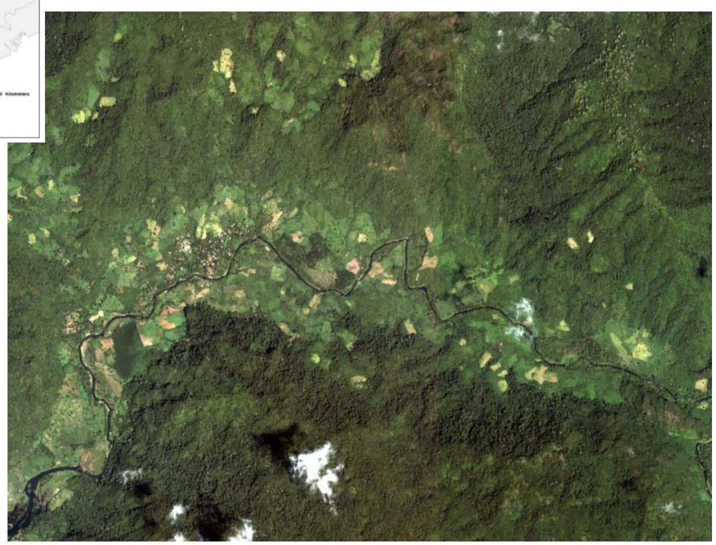




MALARIA IN THAILAND AGENT-BASED SIMULATION

- Kong Mo Tha (KMT) village, Kanchanaburi
- In Collaboration with AFRIMS and WRAIR
- Malaria surveillance study (1999 – 2004)
  - Blood films from ~450 people per month
  - Larval and adult mosquito collection





A. barbirostris, A. campestris

A. sawadwongpori, A. maculatus

A. minimus, A. maculatus

A. dirus

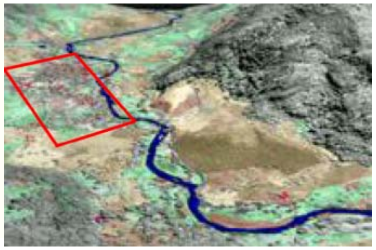
MALARIA IN THAILAND
AGENT-BASED SIMULATION

- **A small hamlet example**

23 houses
2 cattle sheds
24 clusters of larval habitats

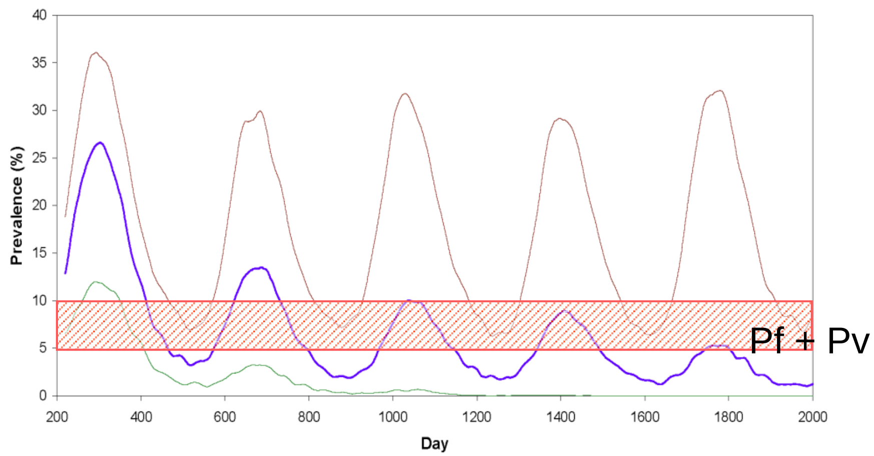
69 adults
23 children
8 cows

1/7 of KMT

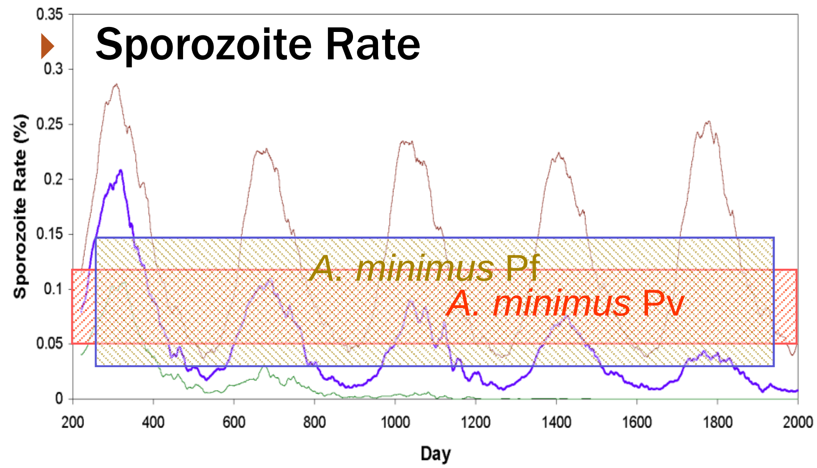


MALARIA IN THAILAND AGENT-BASED SIMULATION

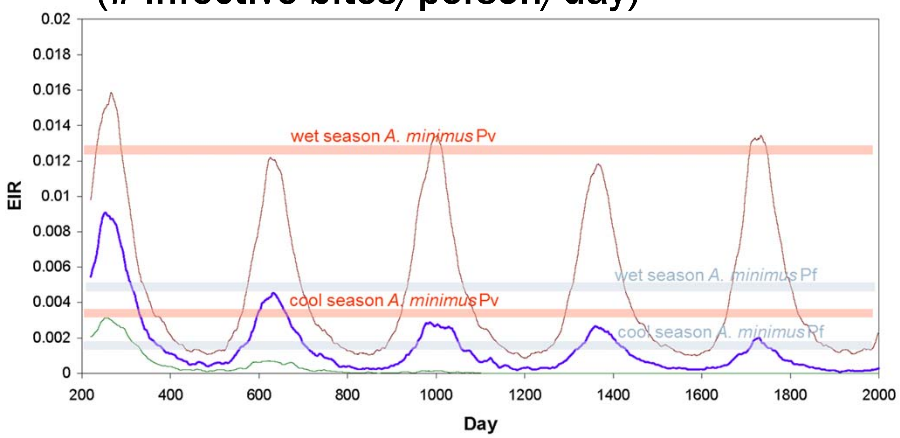
- Prevalence



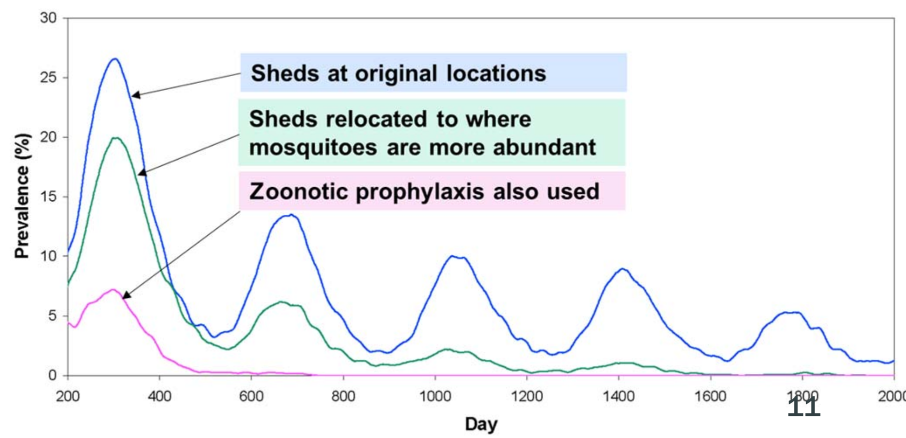
- Sporozoite Rate



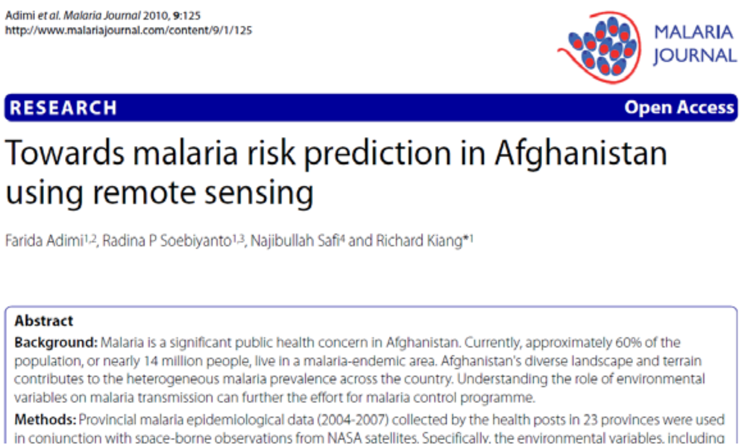
- Entomological Inoculation Rate (# infective bites/person/day)



- Scenario analysis



MALARIA IN AFGHANISTAN



Adimi *et al. Malaria Journal* 2010, **9**:125
http://www.malariajournal.com/content/9/1/125

MALARIA JOURNAL

RESEARCH **Open Access**

Towards malaria risk prediction in Afghanistan using remote sensing

Farida Adimi[1,2], Radina P Soebiyanto[1,3], Najibullah Safi[4] and Richard Kiang*[1]

Abstract

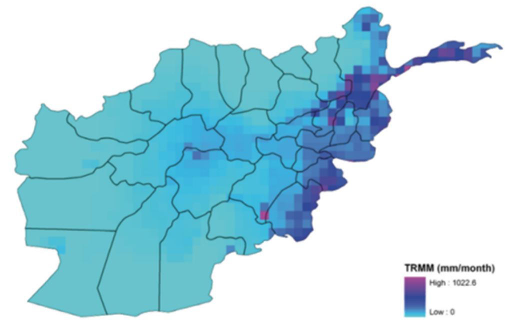
Background: Malaria is a significant public health concern in Afghanistan. Currently, approximately 60% of the population, or nearly 14 million people, live in a malaria-endemic area. Afghanistan's diverse landscape and terrain contributes to the heterogeneous malaria prevalence across the country. Understanding the role of environmental variables on malaria transmission can further the effort for malaria control programme.

Methods: Provincial malaria epidemiological data (2004-2007) collected by the health posts in 23 provinces were used in conjunction with space-borne observations from NASA satellites. Specifically, the environmental variables, including

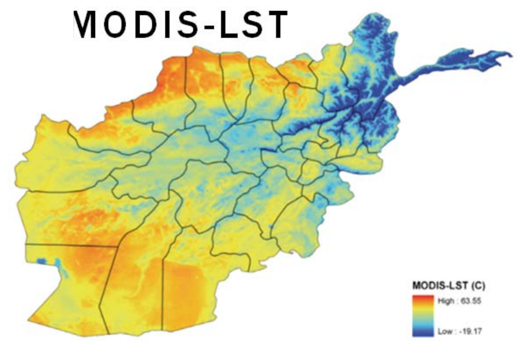
Adimi *et al. Malaria Journal* 2010, 9: 125

Provinces included in the study

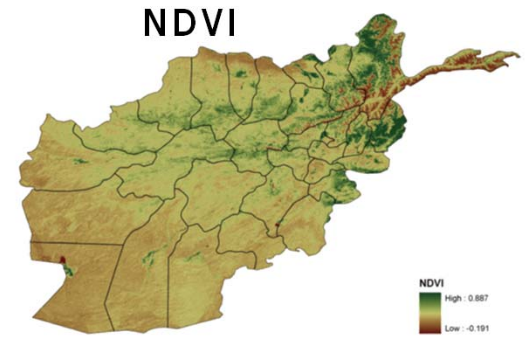
TRMM



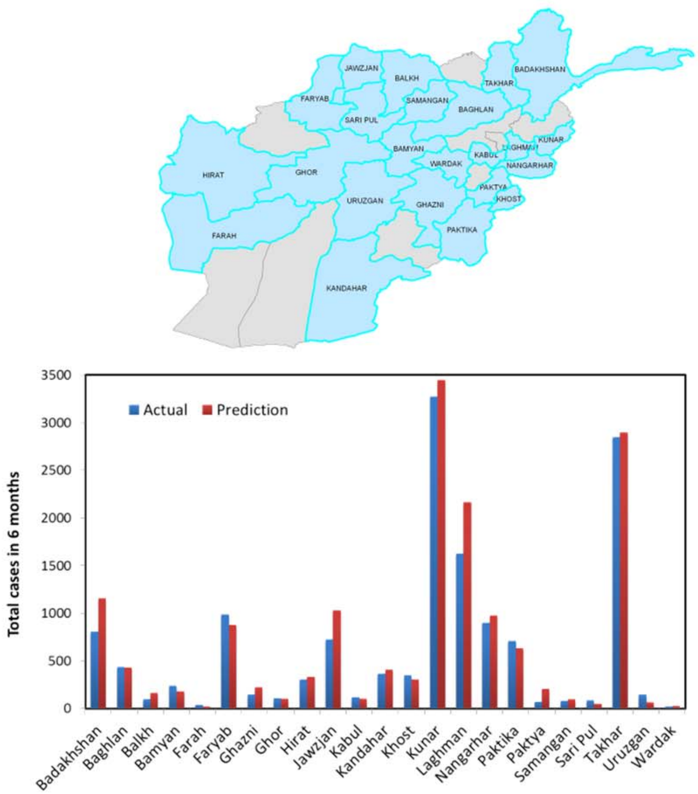
MODIS-LST

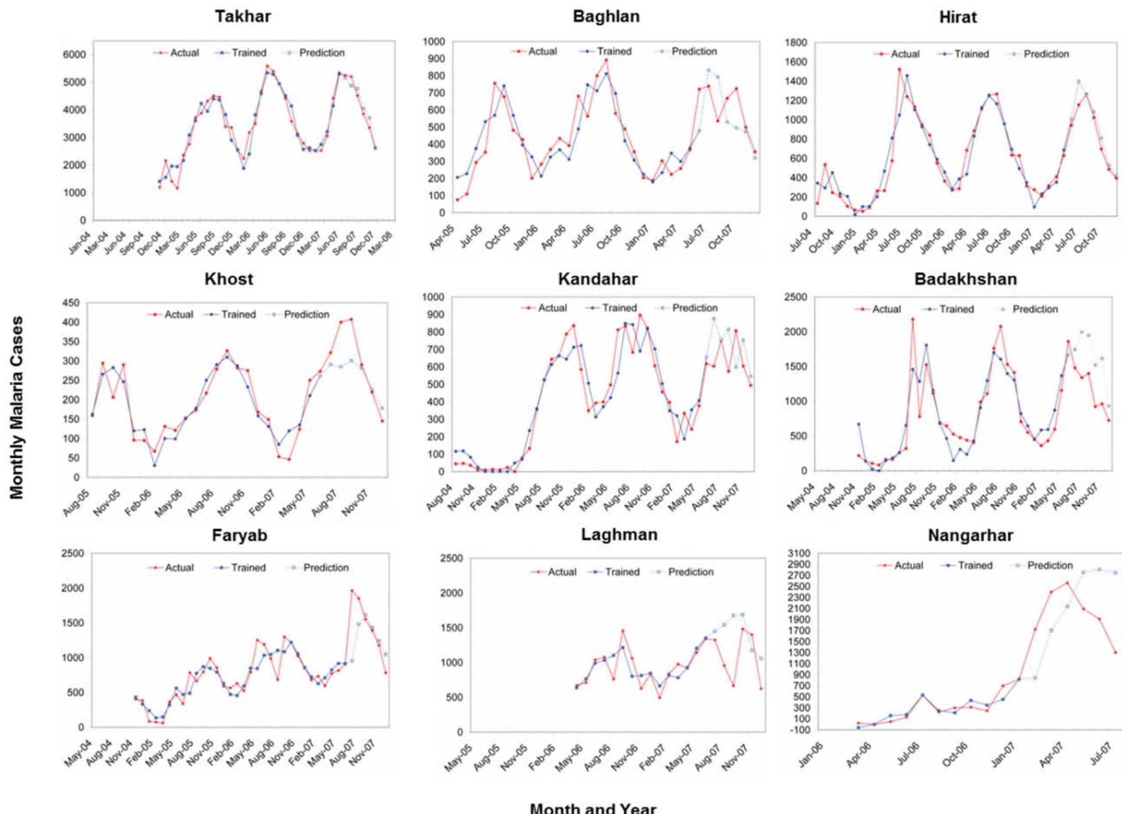


NDVI



MALARIA IN AFGHANISTAN

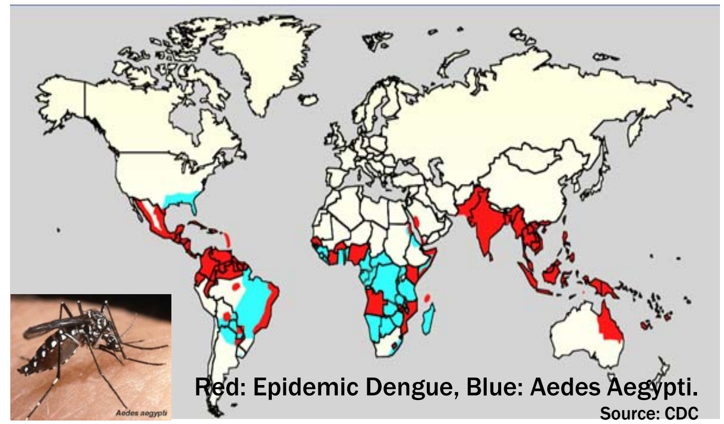




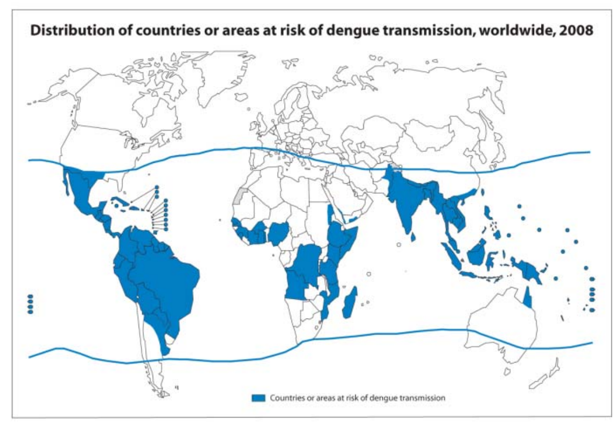
- NDVI and temperature were a strong indicator for malaria risk
- Precipitation is not a significant factor → Malaria risk is mainly due to irrigation as implied from the significant contribution from NDVI
- Average R^2 is 0.845
- Short malaria time series (<2 years) pose a challenge for modeling and prediction

DENGUE

- Endemic in more than 110 countries
  - Tropical, subtropical, urban, peri-urban areas
- Annually infects 50 – 100 million people worldwide
- 12,500 – 25,000 deaths annually
- Symptoms: fever, headache, muscle and joint pains, and characteristic skin rash (similar to measles)
- Primarily transmitted by *Aedes* mosquitoes
  - Live between 35°N - 35°S latitude, >1000m elevation
- Four serotypes exist
  - Infection from one serotype may give lifelong immunity to that serotype, but only short-term to others
  - Secondary infection increases the severity risk



Red: Epidemic Dengue, Blue: Aedes Aegypti.
Source: CDC

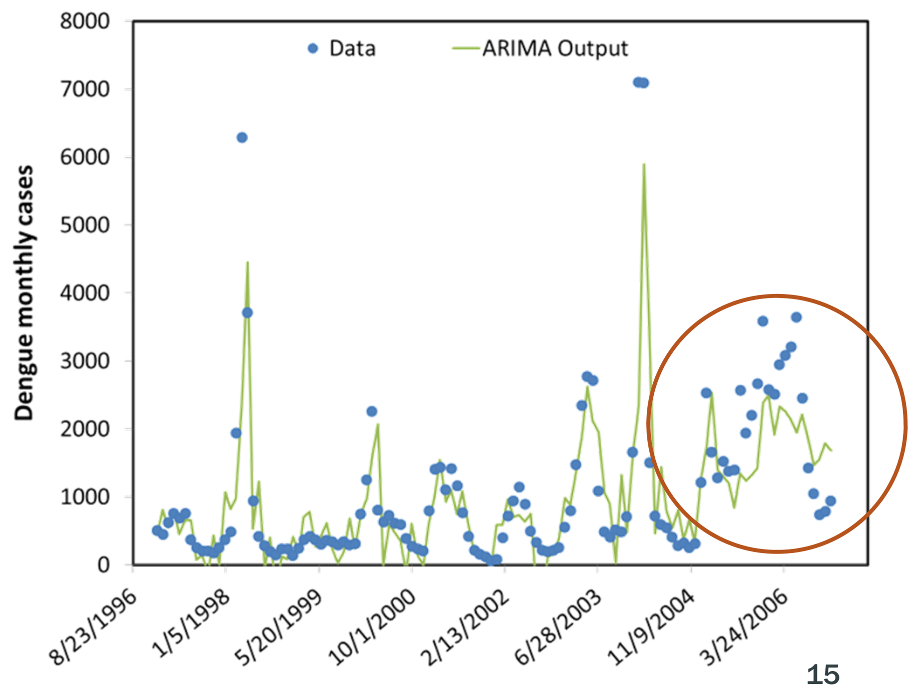


Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (NTD)
World Health Organization

World Health Organization

DENGUE IN INDONESIA

- Environmental variables used
  - Temperature, dew point, wind speed, TRMM, NDVI
- Modeling method
  - ARIMA – Auto Regressive Integrated Moving Average
  - Classical time series regression
  - Accounts for seasonality
- Result
  - Best-fit model uses TRMM and Dew Point as inputs
  - Peak timing can be modeled accurately up to year 2004
  - Vector control effort by the local government started in the early 2005

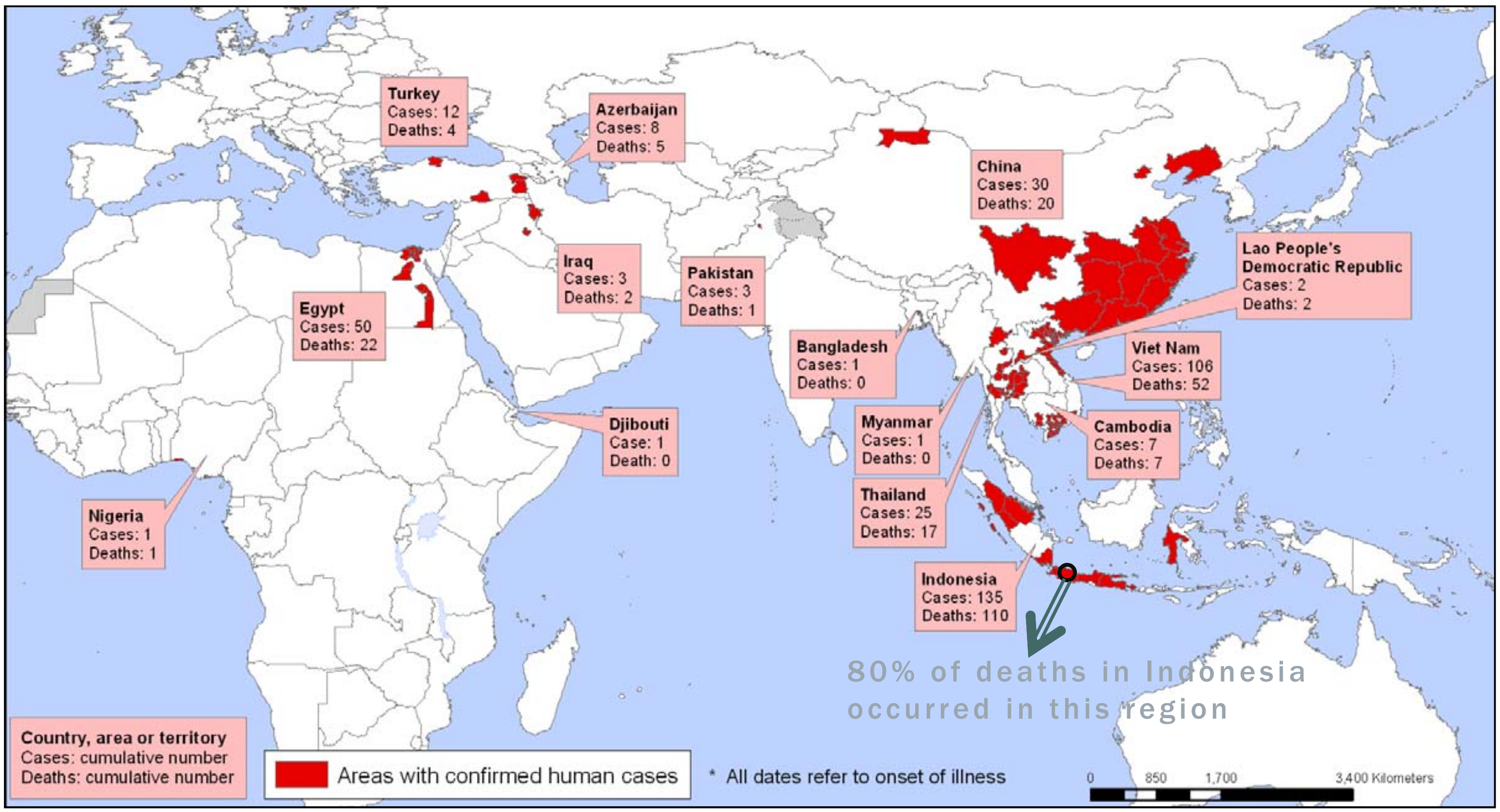


AVIAN INFLUENZA

- <u>The problem</u>
  - First appeared in Hong Kong in 1996-1997, HPAI has spread to approximately 60 countries. More than 250 million poultry were lost.
  - 35% of the human cases are in Indonesia. Worldwide the mortality rate is 53%, but 81% in Indonesia. In Indonesia, 80% of all fatal cases occurred in 3 adjacent provinces.
  - Co-infection of human and avian influenza in humans may produce deadly strains of viruses through genetic reassortment.
  - HPAI H5N1 was found in Delaware in 2004.
  - The risk of an H5, H7 or H9 pandemic is not reduced or replaced by the 2009 H1N1 pandemic.

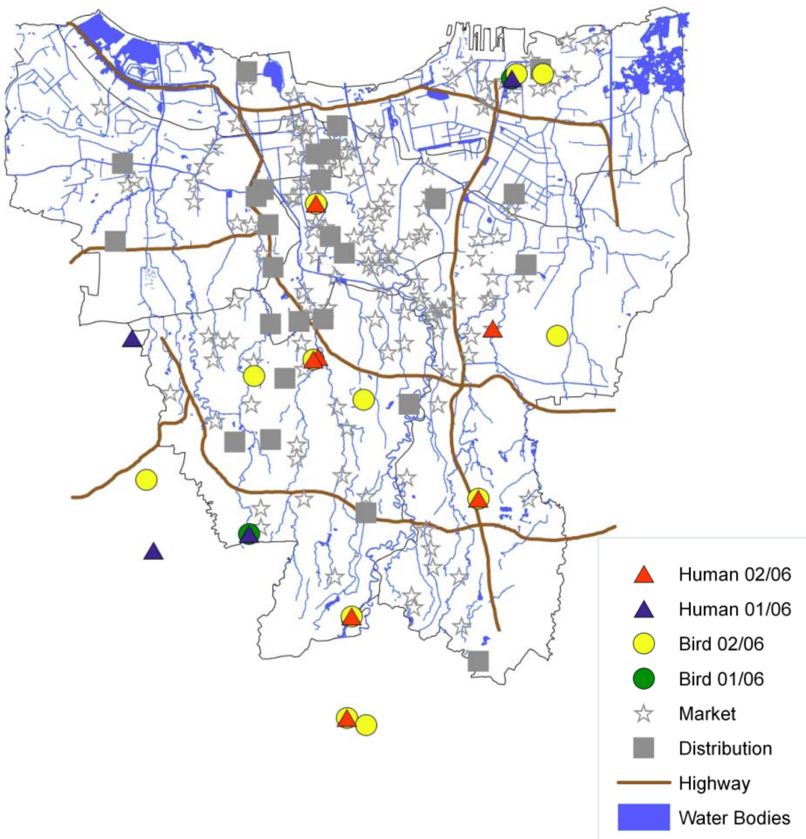
AVIAN INFLUENZA

Indonesia has 35% of the world's human cases with 81% mortality. For the rest of the world, mortality is 53%

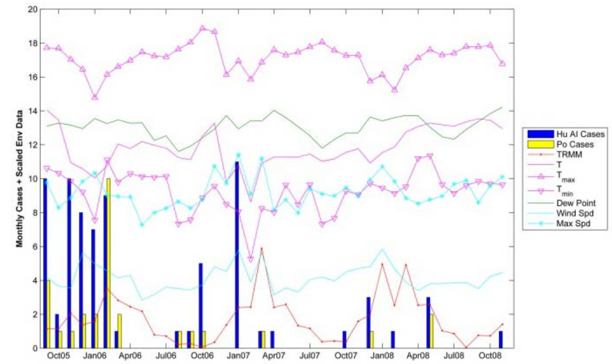


AVIAN INFLUENZA

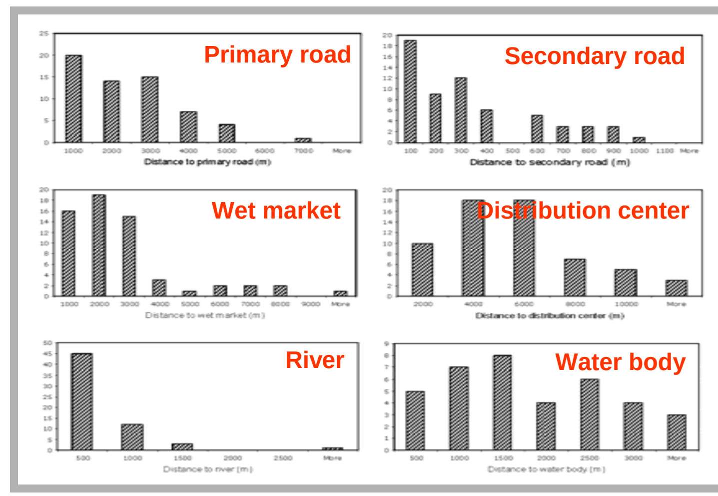
- Poultry and human outbreaks in Greater Jakarta



- Cases vs Meteorological factors

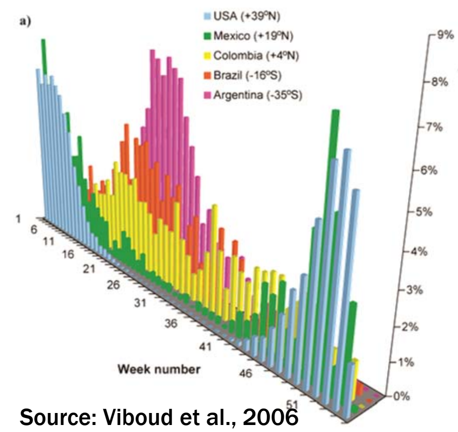


- Distance from outbreaks

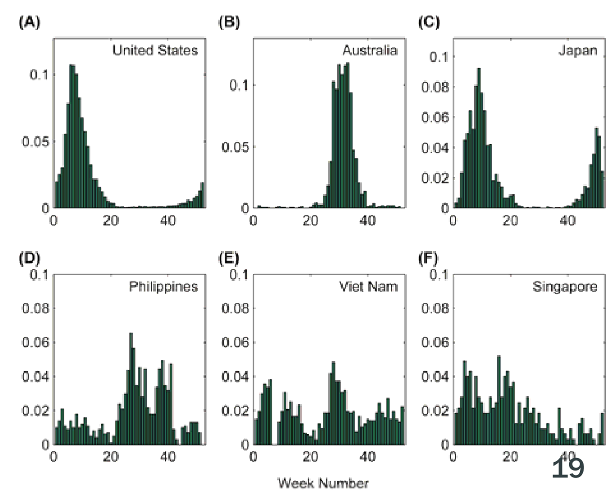


SEASONAL INFLUENZA

- Worldwide annual epidemic
  - Infects 5 – 20% of population with 500,000 deaths
- Economic burden in the US ~US$87.1billion
- Spatio-temporal pattern of epidemics vary with latitude
  - Role of environmental and climatic factors
- Temperate regions: distinct annual oscillation with winter peak
- Tropics: less distinct seasonality and often peak more than once a year



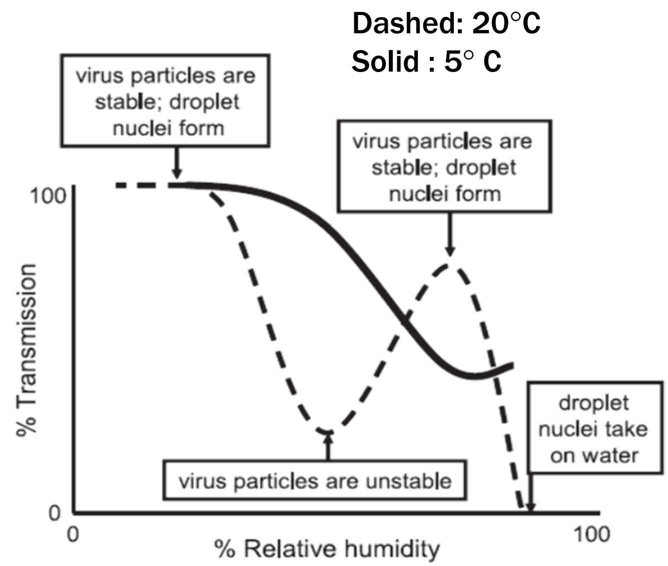
Source: Viboud et al., 2006



SEASONAL INFLUENZA

- **Factors implicated in influenza**

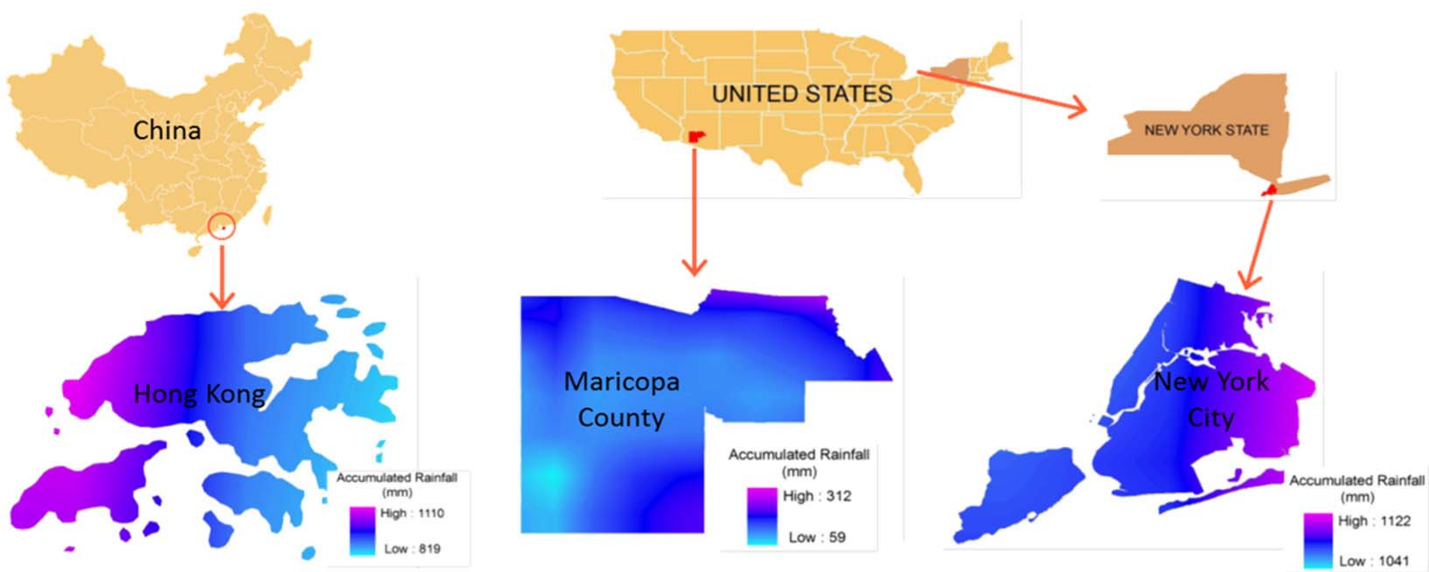
Influenza Process	Factors	Relationship
Virus Survivorship	Temperature	Inverse
	Humidity	Inverse
	Solar irradiance	Inverse
Transmission Efficiency	Temperature	Inverse
	Humidity	Inverse
	Vapor pressure	Inverse
	Rainfall	Proportional
	ENSO	Proportional
	Air travels and holidays	Proportional
Host susceptibility	Sunlight	Inverse
	Nutrition	Varies

- ***Ex Vivo* study showing efficient transmission at dry and cold condition *[Lowens et al., 2007]***
- 

- **High temperature (30°C) blocks aerosol transmission *but not contact transmission***

SEASONAL INFLUENZA

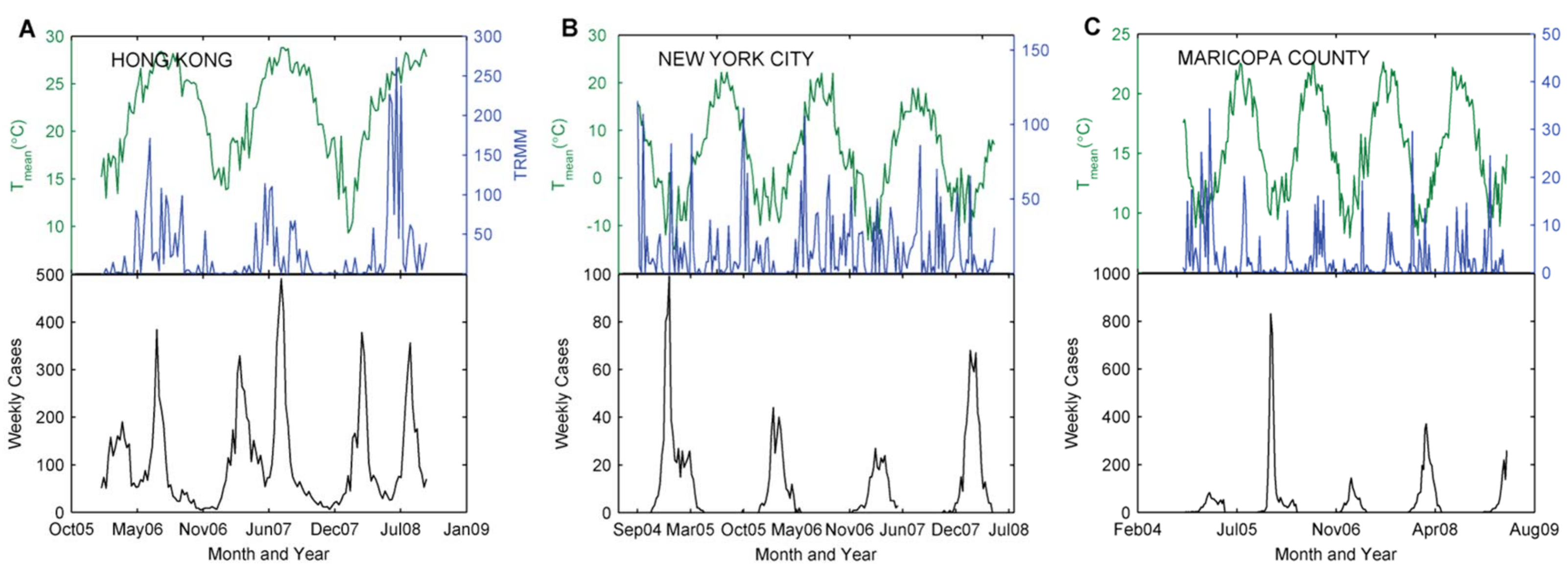
	Hong Kong, China	Maricopa County, AZ	New York City, NY
Center Lat.	22° N	33° N	40° N
Climate	Sub-Tropical	Sub-Tropical	Temperate
General Condition	Hot & humid during summer. Mild winter, average low of 6°C	Dry condition. Mean winter low is 5°C, and summer high is 41°C	Cold winter, average low of -2°C. Mean summer high is 29°C



SEASONAL INFLUENZA

DATA

- Weekly lab-confirmed influenza positive
- Daily meteorological data were aggregated into weekly
- Satellite-derived data
  - TRMM 3B42
  - LST - MODIS
- Ground station data



SEASONAL INFLUENZA

- Several techniques were employed, including:

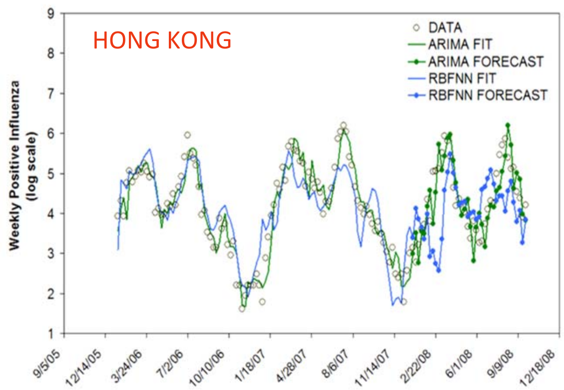
***ARIMA* (AutoRegressive Integrated Moving Average)**

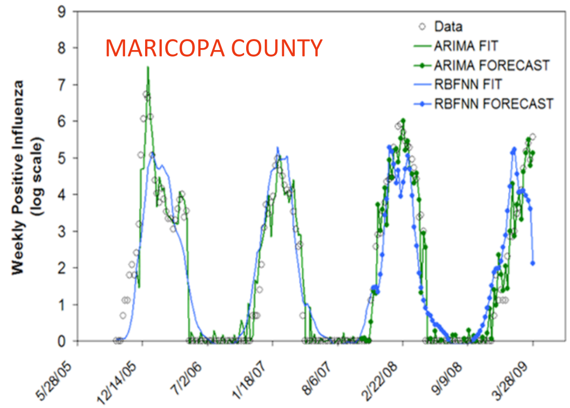
- Classical time series regression Accounts for autocorrelation and seasonality properties
- Climatic variables as covariates
- Previous week(s) count of influenza is included in the inputs
- Results published in PLoS ONE 5(3): 9450, 2010

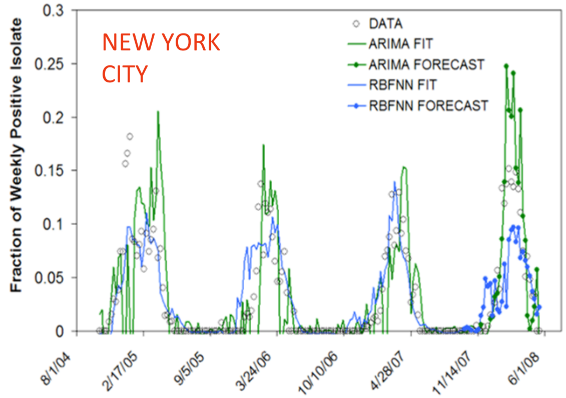
***Neural Network* (NN)**

- Artificial intelligence technique
- Widely applied for
  - approximating functions,
  - Classification, and
  - pattern recognition
- Takes into account nonlinear relationship
- Radial Basis Function NN with 3 nodes in the hidden layer
- Only climatic variables and their lags as inputs/predictors

SEASONAL INFLUENZA







- NN models show that ~60% of influenza variability in the US regions can be accounted by meteorological factors
- ARIMA model performs better for Hong Kong and Maricopa
  - Previous cases are needed
  - Suggests the role of contact transmission
- Temperature seems to be the common determinants for influenza in all regions

ACKNOWLEDGMENT

- NAMRU-2
- Wetlands International Indonesia Programme
- Cobbs Indonesia
- USDA APHIS
- WHO SEARO
- WRAIR
- AFRIMS
- Thailand Ministry of Public Health
- NDVECC
- Mahidol University, Faculty of Tropical Medicine
- Safi Najibullah – Formerly at National Malaria and Leishmaniasis Control Programme, Afghan Ministry of Public Health
- CDC Influenza Division

THANK YOU