

# **Predictive Aid for Seasonal, Avian & Pandemic Influenza & Acute Respiratory Infections Using Remote Sensing Data**

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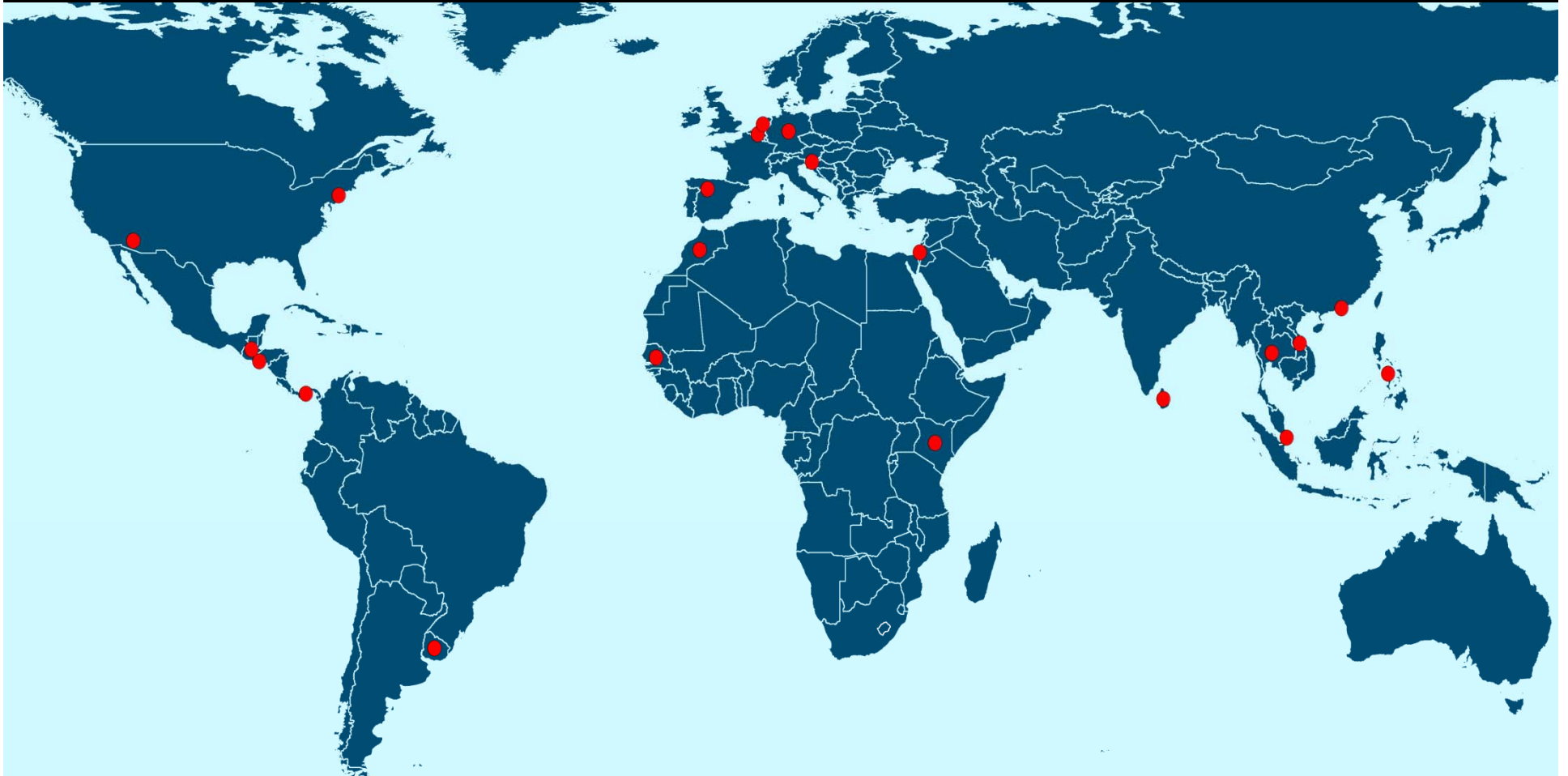
## GOALS

- Reduce human morbidity and mortality
- Reduce economic loss

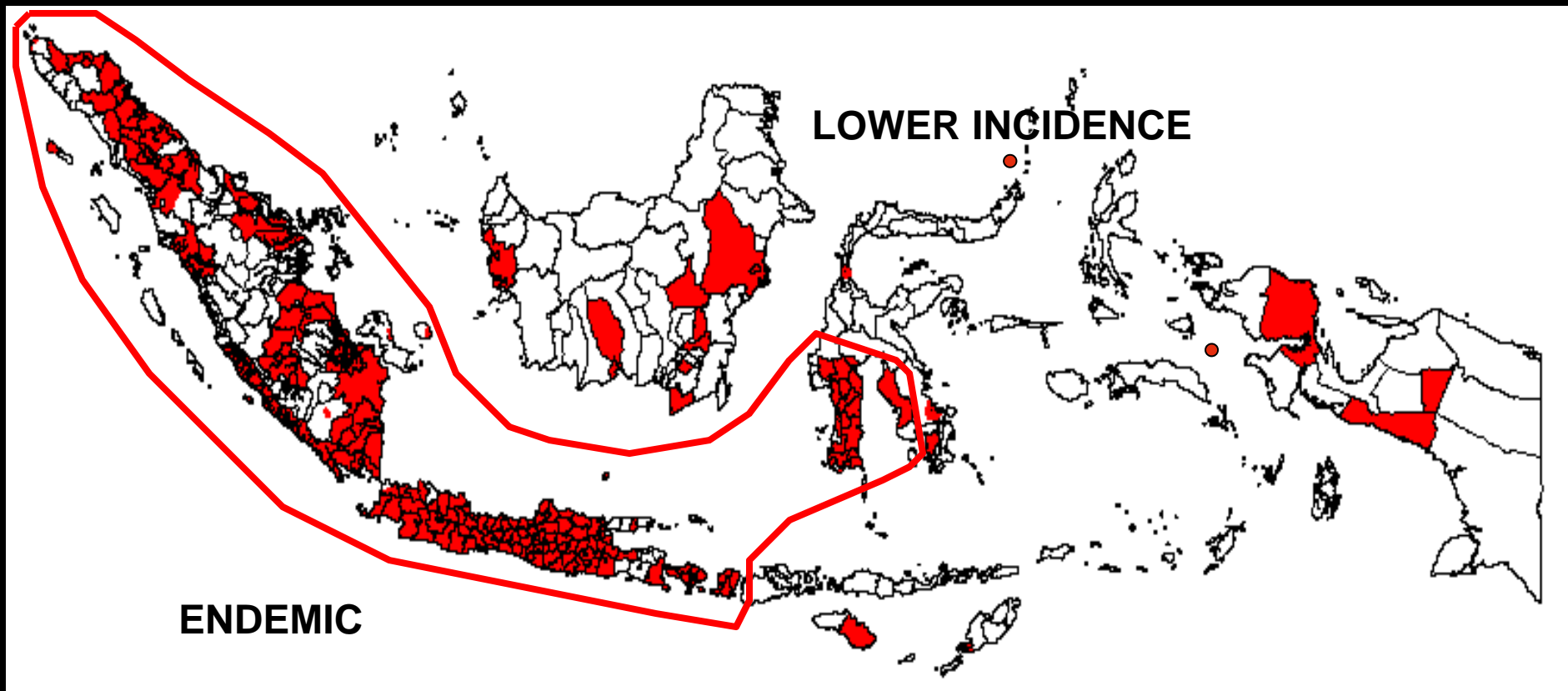
## OBJECTIVES

- Model seasonality of influenza transmission at major population centers
- Predict short-term influenza activities
- Provide pandemic early warning
- Identify risk factors in HPAI transmission
- Model within- and between-farm avian influenza transmissions

**Influenza data from regions in 20 countries covering temperate, subtropical and tropical zones have been analyzed and modeled.**



# Highly Pathogenic Avian Influenza A(H5N1) Endemic Regions in Indonesia



Source: E. Sawitri/Indonesian MoA

# COLLABORATORS

- CDC
- NAMRU2
- USDA APHIS
- WHO EURO
- Public health agencies in collaborating countries

# Earth Observing Data

## ■ Satellites

TRMM — precipitation

MODIS — land surface temperature

ASTER — radiance

## ■ Climate Model

GLDAS — precipitation, temperature, specific humidity

## ■ Ground Stations

min/max/mean temperature, relative humidity, dew point , solar irradiance, etc.

Epidemic-prone acute respiratory diseases have no borders, and can be spread rapidly around the world. Global, coordinated surveillance & control efforts are essential.

### **2003 SARS**

Spread to 37 countries in weeks

### **2004 Avian Influenza – A(H5N1)v**

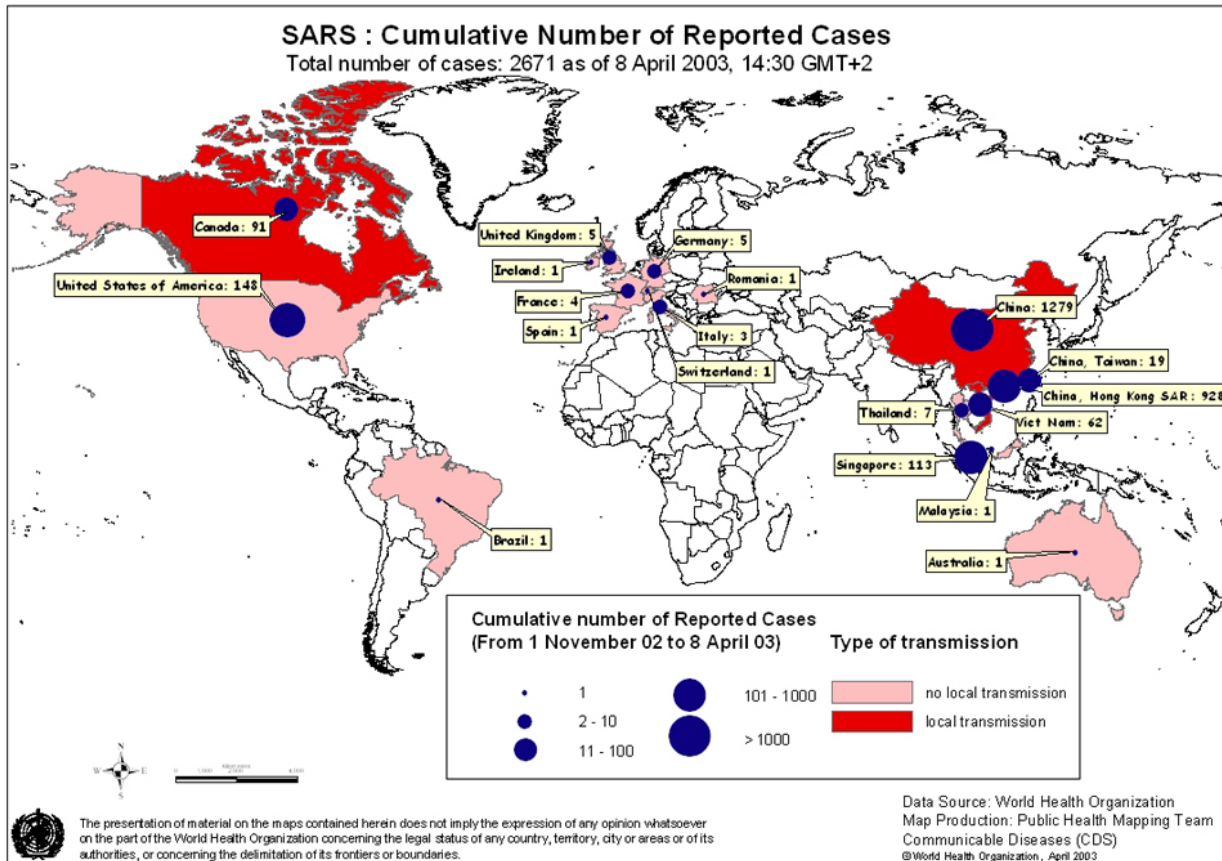
Spread to 62 countries since 2004. There are still frequent outbreaks in Indonesia, Egypt, and some Southeast Asian countries.

### **2009 Pandemic – A(H1N1)pdm09**

Spread to 48 countries in a month despite heightened public awareness and substantial preventive and control efforts



# The 2003 SARS Outbreaks



horseshoe bat



masked palm civet



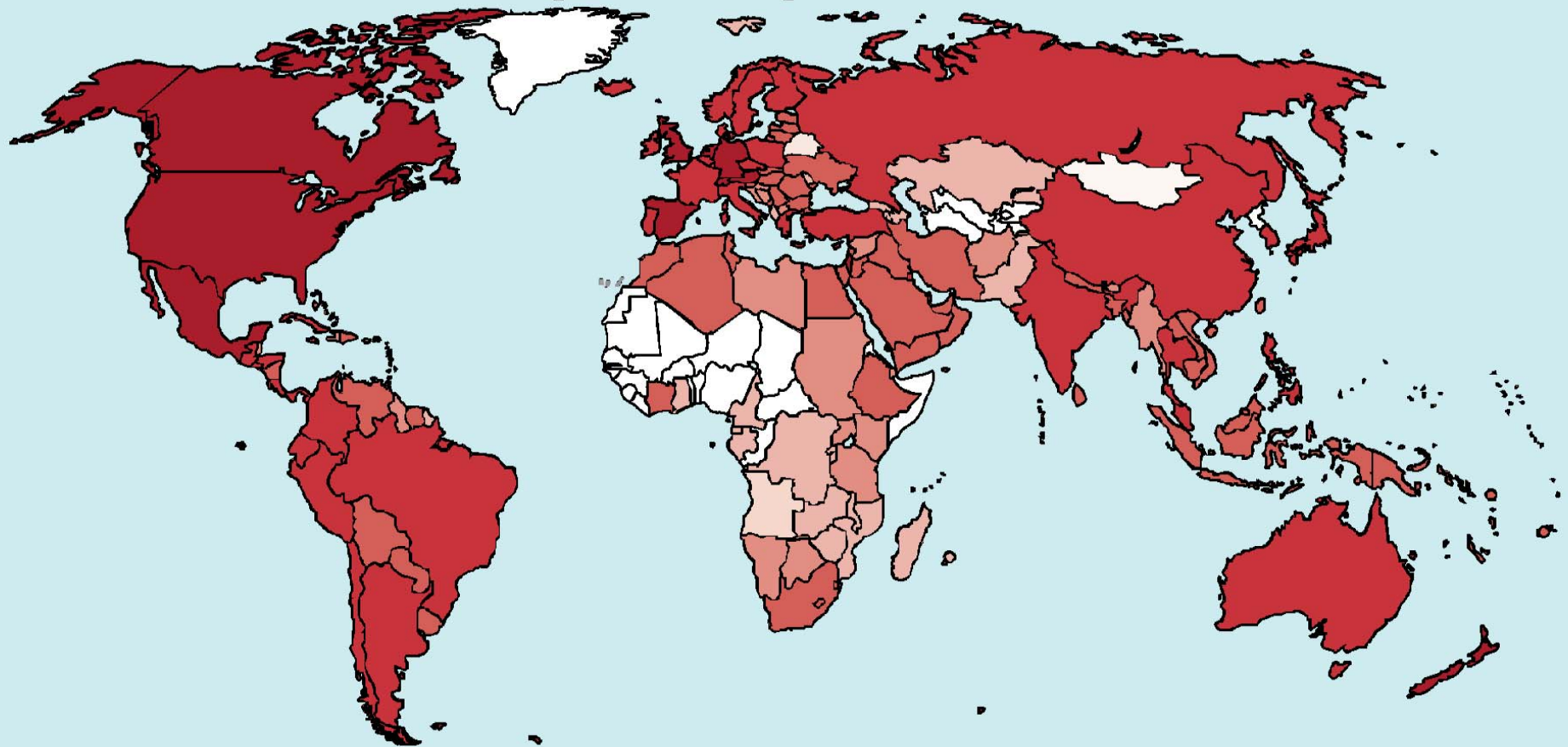
human coronavirus

SARS increased public health as well as the general public's awareness of the seriousness of pandemic, and provided a real test ground for preventing and controlling respiratory disease.



# Global Spread of A(H1N1)pdm09

## April-September



Month of first reported H1N1 case

■ April   ■ May   ■ June   ■ July   ■ August   ■ September



# Burden of Influenza

## US

- 0.2 M hospitalizations and 36,000 deaths annually
- Hospitalization rate highest in children
- 90% of deaths are older than 65 years
- 75% of deaths are not coded pneumonia or influenza

## World

- 3-5 M severe cases annually
- 0.25-0.5 M deaths annually

## Economic Burden

- Direct health care?
- Societal costs?
- Nearly \$10 B annual economic loss for US alone

# 170 Subtypes and Innumerable Strains

## NA

### Neuraminidase

An enzyme for splitting mucoprotein in order to release progeny

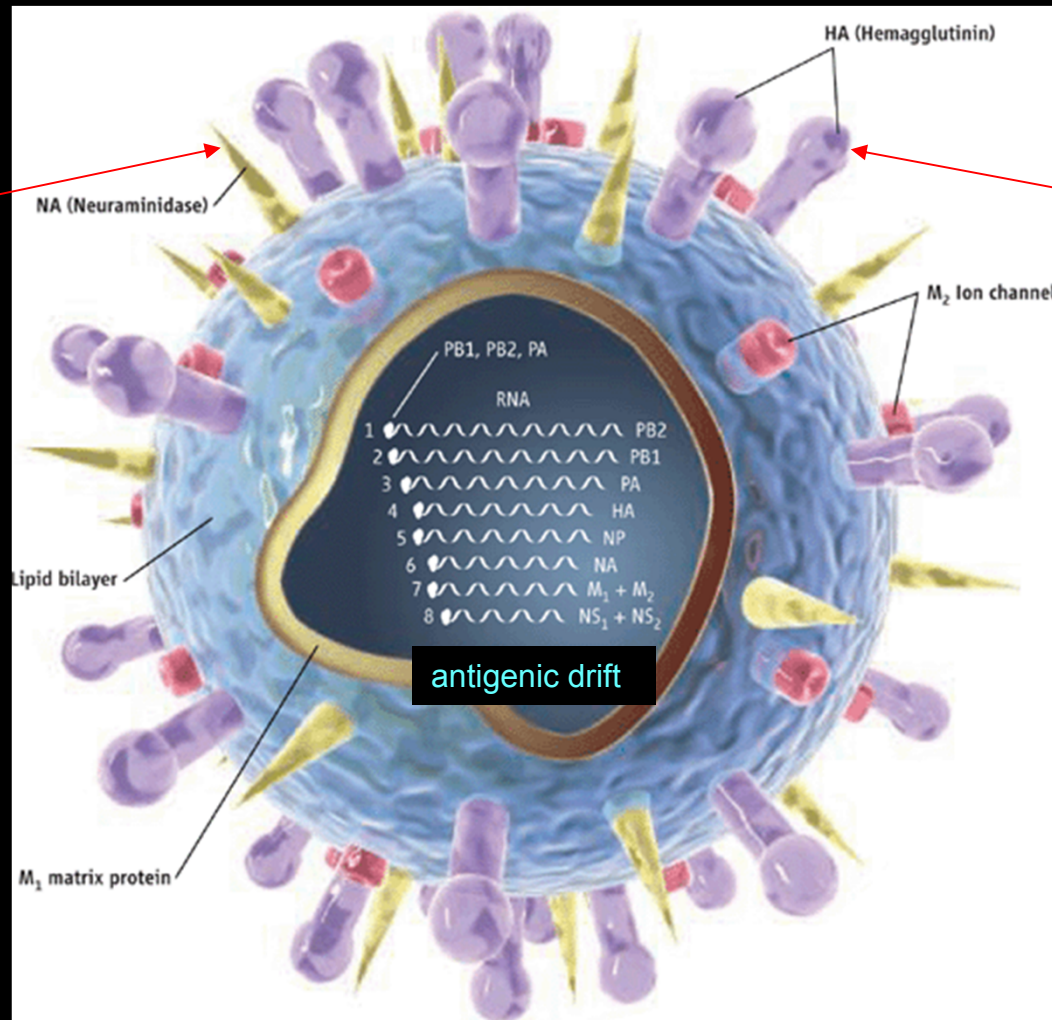
10 subtypes

## HA

### Hemagglutinin

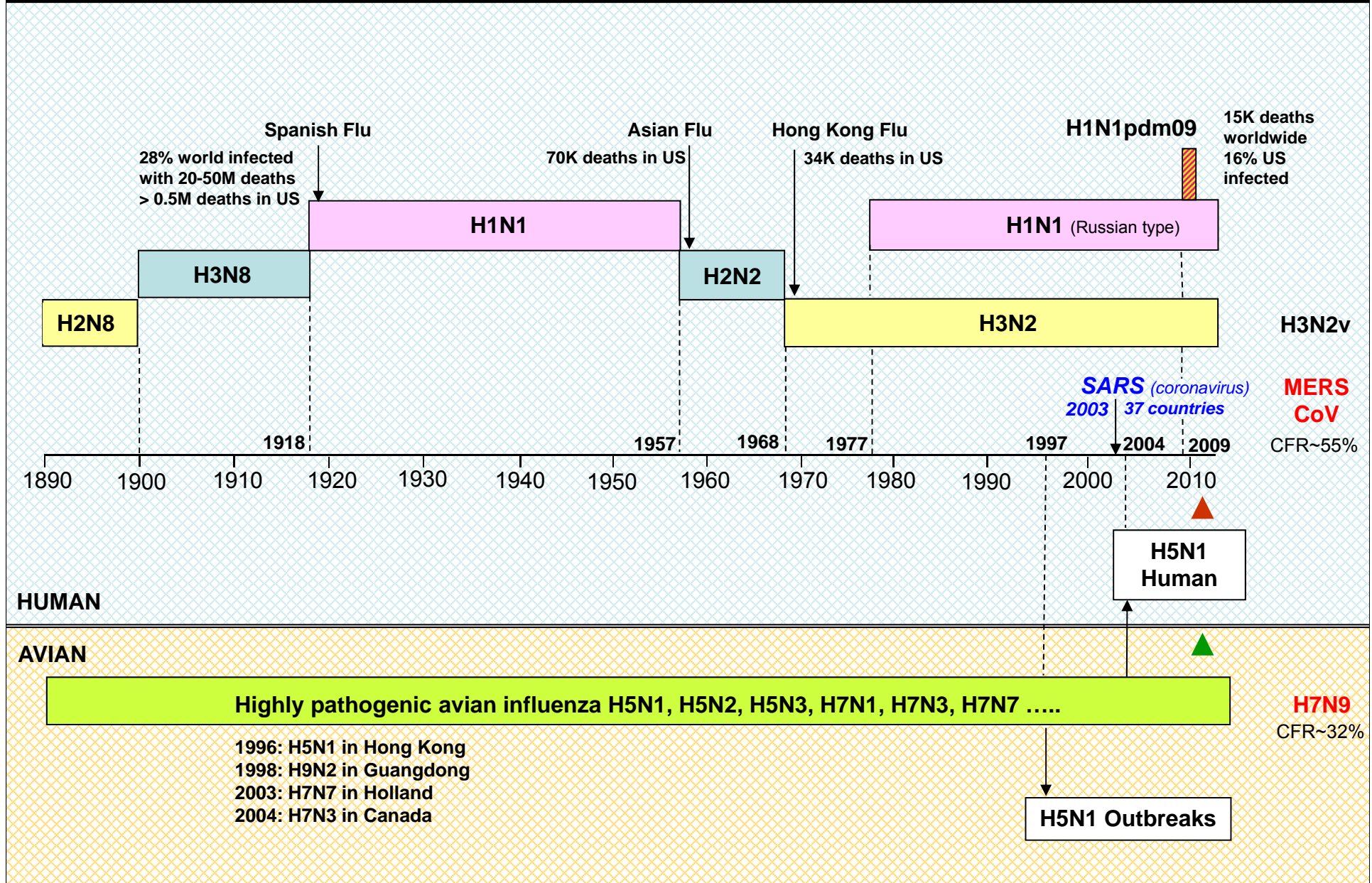
A glycoprotein for binding to the host cell

17 subtypes

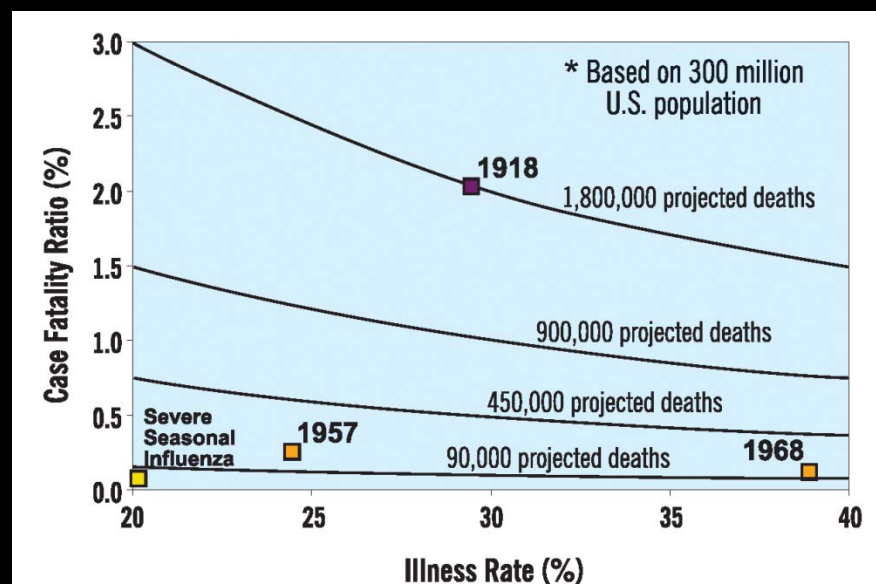
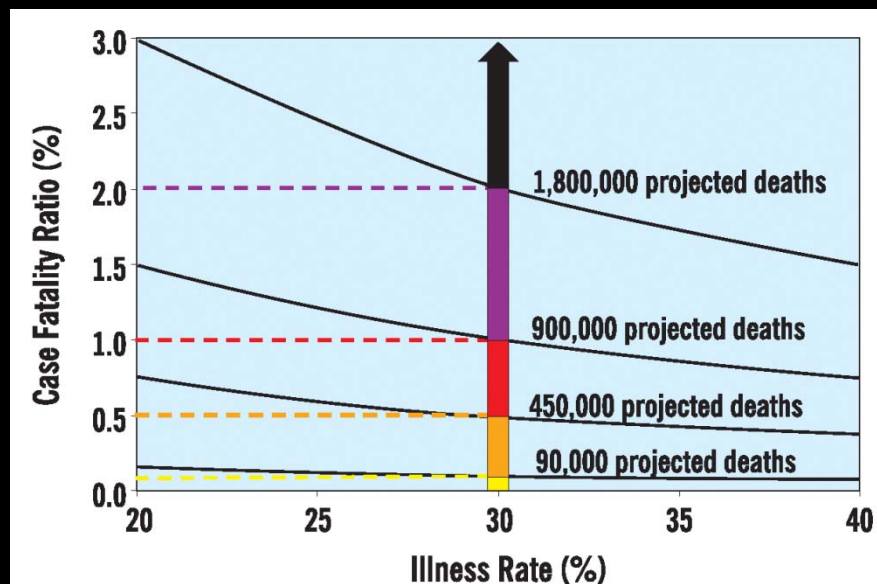


antigenic shift:  $H1N1 + H2N2 \rightarrow H1N1, H2N2, H1N2, H2N1$

# Human & Avian Influenza Epidemics & Pandemics



# Projected Deaths in US For Pandemics With Severity 1–5



## Category

## CFR

1	< 0.1 %
2	0.1 – 0.5 %
3	0.5 – 1.0 %
4	1.0 – 2.0 %
5	> 2.0 %

## Pandemic

## Deaths in US

1918 Spanish Flu	500-675 K
1957 Asian Flu	70 K
1968 HK Flu	34 K

Source: USG Prepandemic Planning Guidance

# Environmental & Sociological Factors Affecting Human Influenza Transmissions

*Change in Transmission with Increase in Factor*

## Virus Survivorship

Temperature	↓
Humidity	↓
Vapor pressure	↓
Solar irradiance	↓

## Host Susceptibility

Sunlight exposure	↓ ↓
Nutrition	varies
Previous infections	↓ ↓

## Transmission Efficiency

Temperature	↓ ↓
Humidity	varies
Vapor pressure	↓ ↓
Precipitation	↑
ENSO	↑
Air travel	↑
Holidays	↑

Biological Evidence

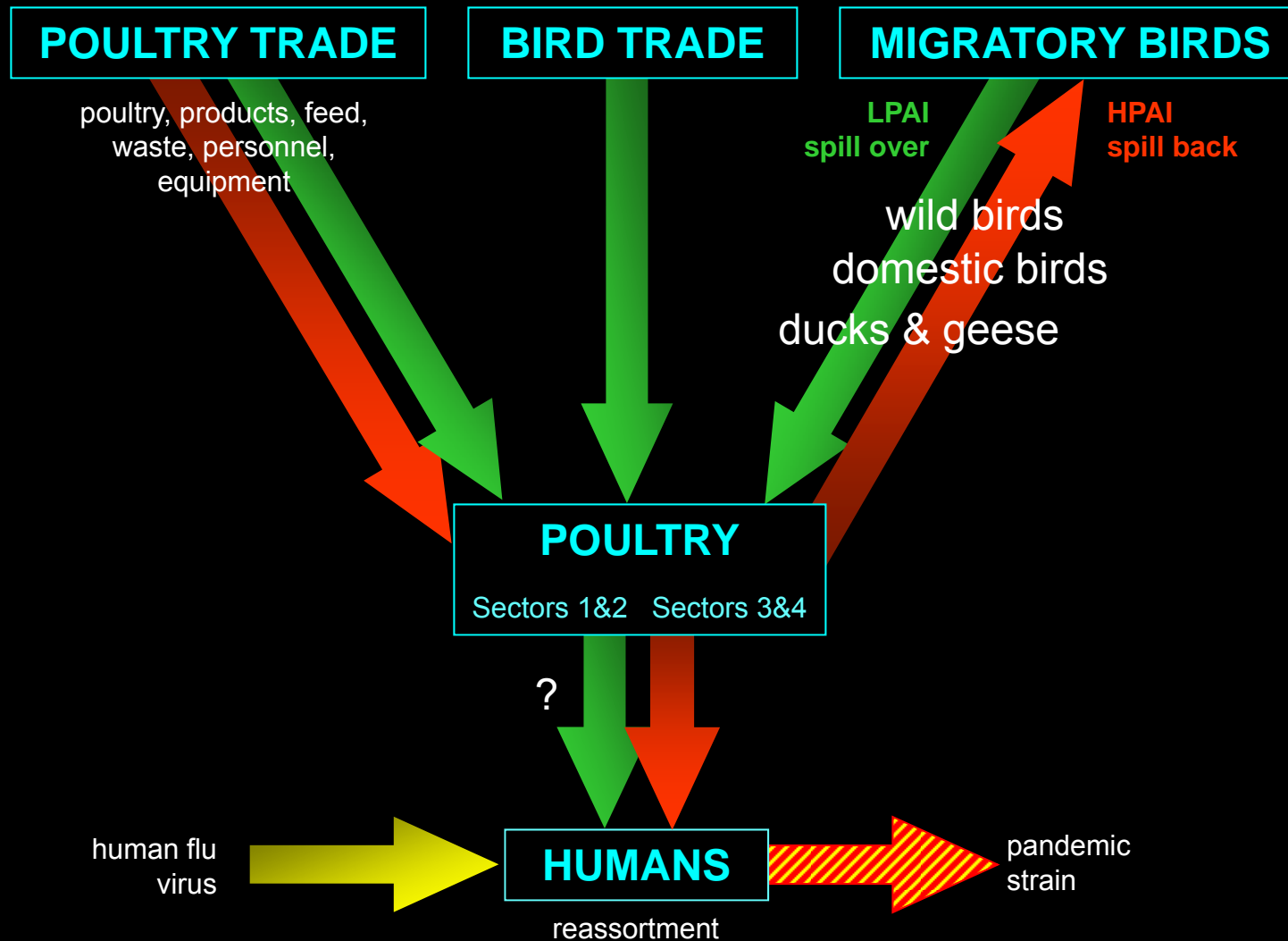
Empirical Evidence



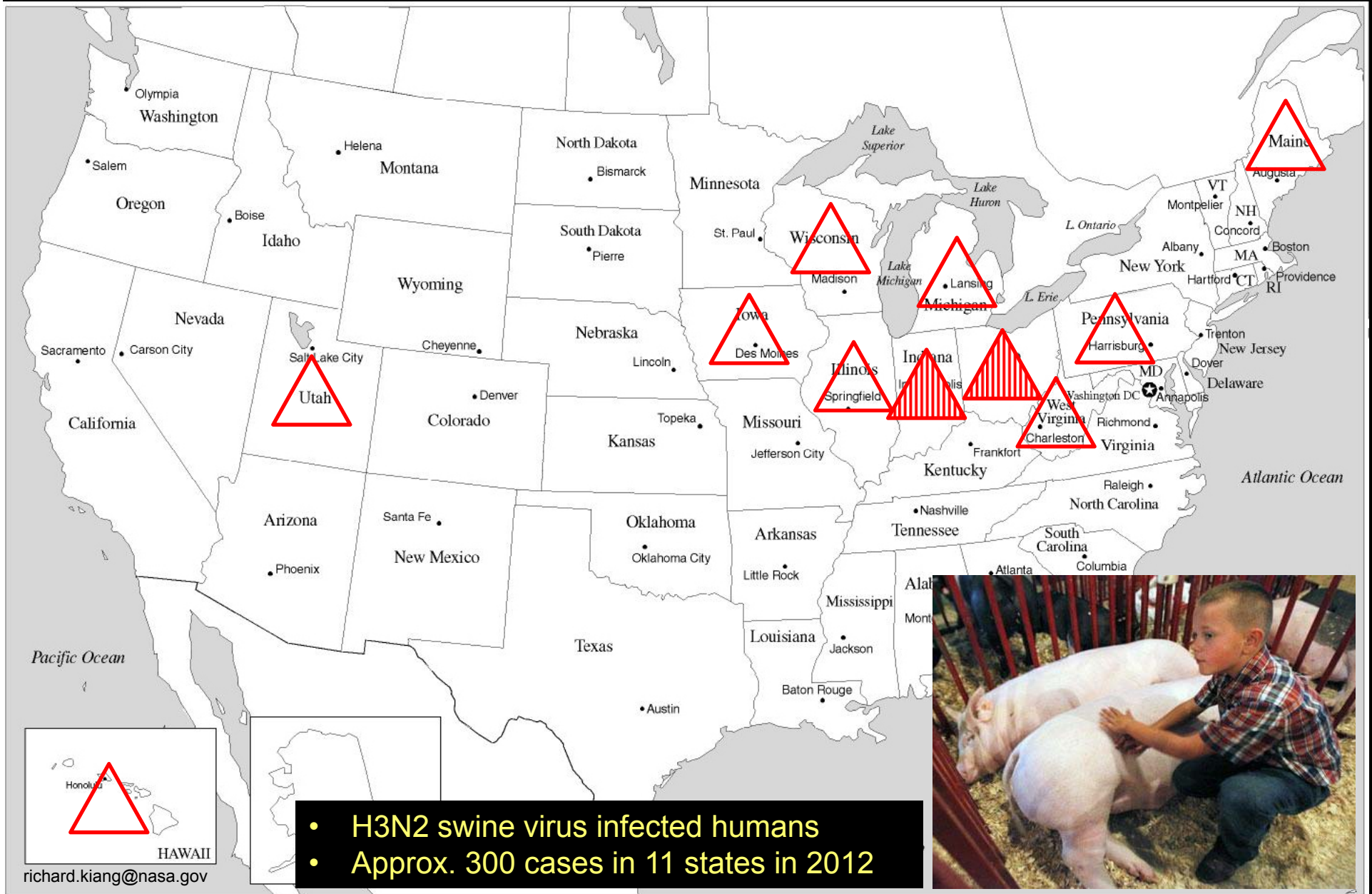
# Modeling Techniques Used

- ARIMA (Autoregressive integrated moving average)
- Binomial regression
- Hilbert Huang empirical mode decomposition
- Neural network
- Poisson regression
- Wavelet transform
- SEIR
- Markov Chain Monte Carlo

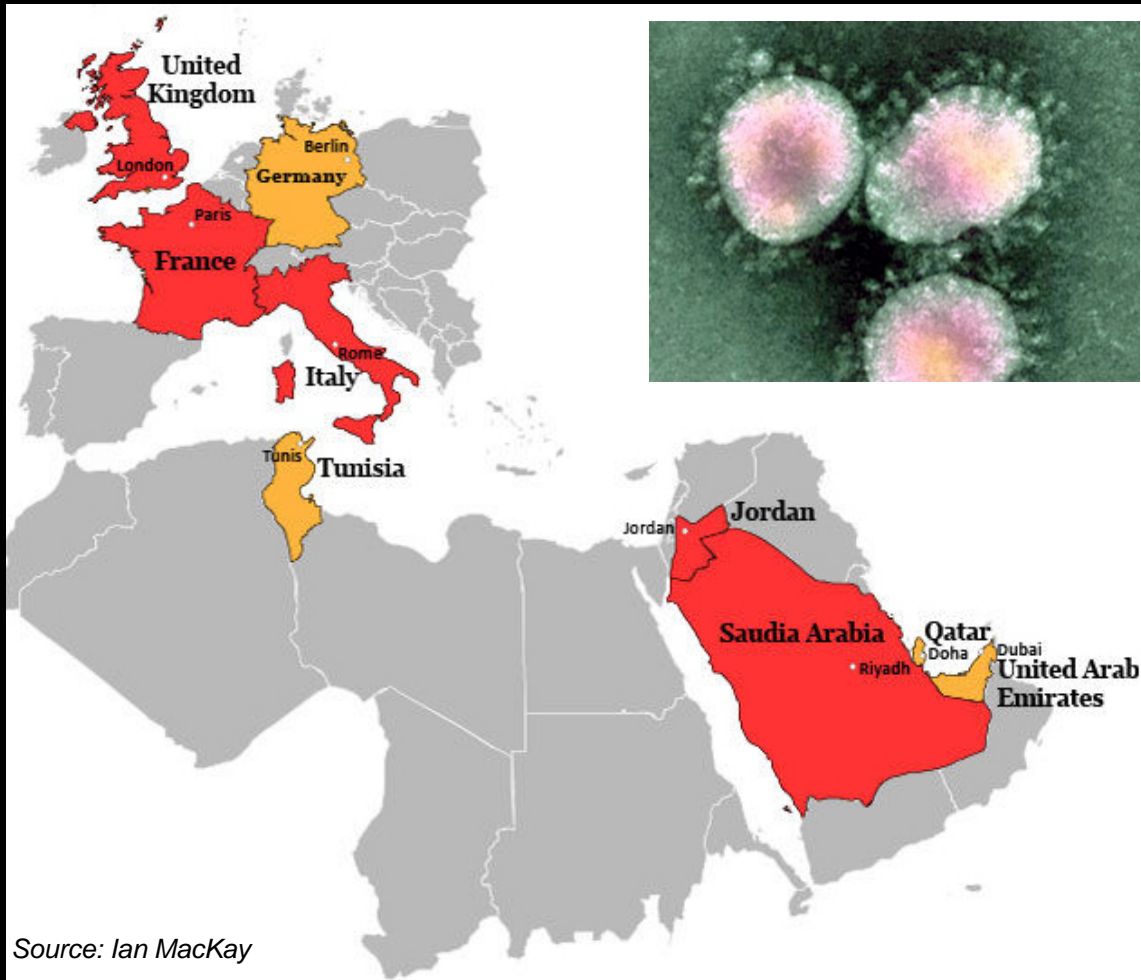
# H5N1 TRANSMISSION PATHWAYS



# A(H3N2)v Swine Influenza Virus



# MERS-CoV / nCoV Middle East Respiratory Syndrome Coronavirus



*Pipistrellus pipistrellus*



*Tapozous perforatus*



- First detected in Saudi Arabia in Sept. 2012
- As of mid-July, 82 cases worldwide with ~55% case mortality
- Possible reservoir & hosts: *Pipistrellus* bat, Egyptian tomb bat, and dromedary camel

## A(H7N9) Avian Influenza Virus

- First reported in China on March 31, 2013
- As of August 10, 2013, 134 cases with ~32% case fatality
- One case spread to Taiwan
- Situation stabilized due to containment efforts or seasonal decrease of avian influenza circulation
- Human infection due to contact with infected poultry or contaminated environment
- No evidence for sustained human-to-human transmission
- 0.08% of samples from farms and markets tested positive
- Less pathogenic in poultry, asymptomatic human case discovered
- A(H7N7) was discovered and may pose more threats



# Three Criteria for a Pandemic

- Novel virus
- Lack of population immunity
- Human-to-human transmission



A photograph of a group of people, primarily women and children, all wearing white face masks. The scene is dimly lit, with a dark background. In the foreground, a woman in a beige long-sleeved shirt holds a young child in a red shirt. To her right, another woman in a green jacket looks on. In the lower right, two young boys in blue and dark clothing also wear masks. The overall mood is somber and protective.

**THANK YOU**