

UNDERSTANDING GLOBAL SEASONAL SYNCHRONIZATION OF INFECTIOUS DISEASES USING REMOTE SENSING

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Now let us consider the seasons and the way we can predict whether it is going to be a healthy or an unhealthy year.

Hippocrates. *Air, Waters, Places*, 10

Objective

To provide an overview for
rationale,
methods,
caveats,
applications
of **seasonality synchronization** in
environmental epidemiology with the
emphasis on **waterborne infection**.

Why waterborne diseases?

Diarrheal and waterborne diseases including dysentery and hepatitis are causing

4 billion cases of diarrhea annually,

2.2 million deaths:

80% of them in the first 2 years of their life

18% of deaths in children under 5 years of age

42,000 a week

6,000 a day

4 every minute

1 every fourteen seconds

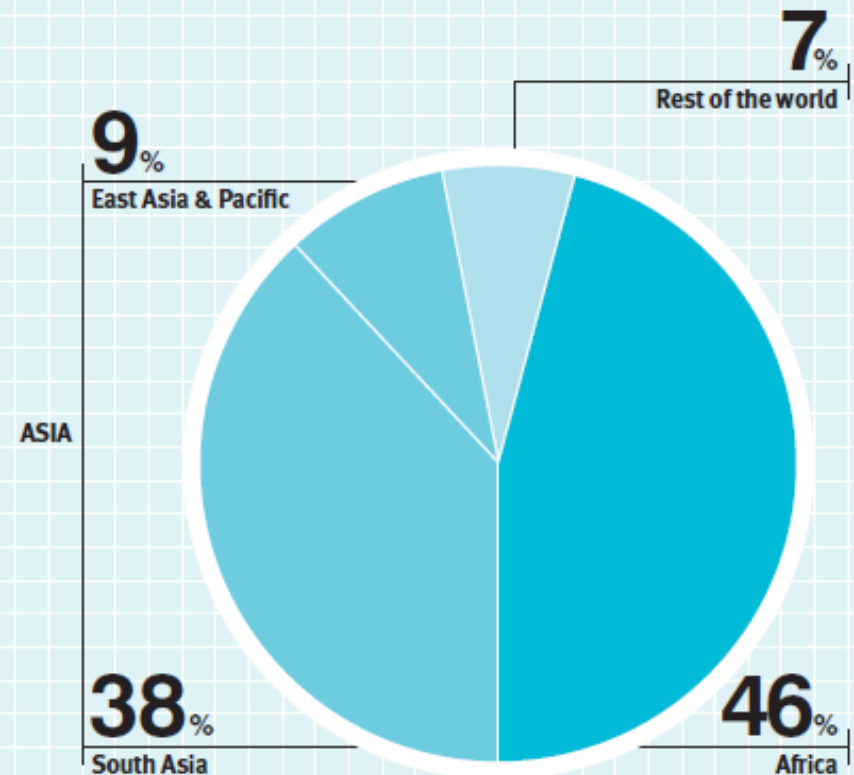
In resource-poor settings

88% of diarrhea cases thought to be due to unsafe water, inadequate sanitation, and poor hygiene

WHO 2004

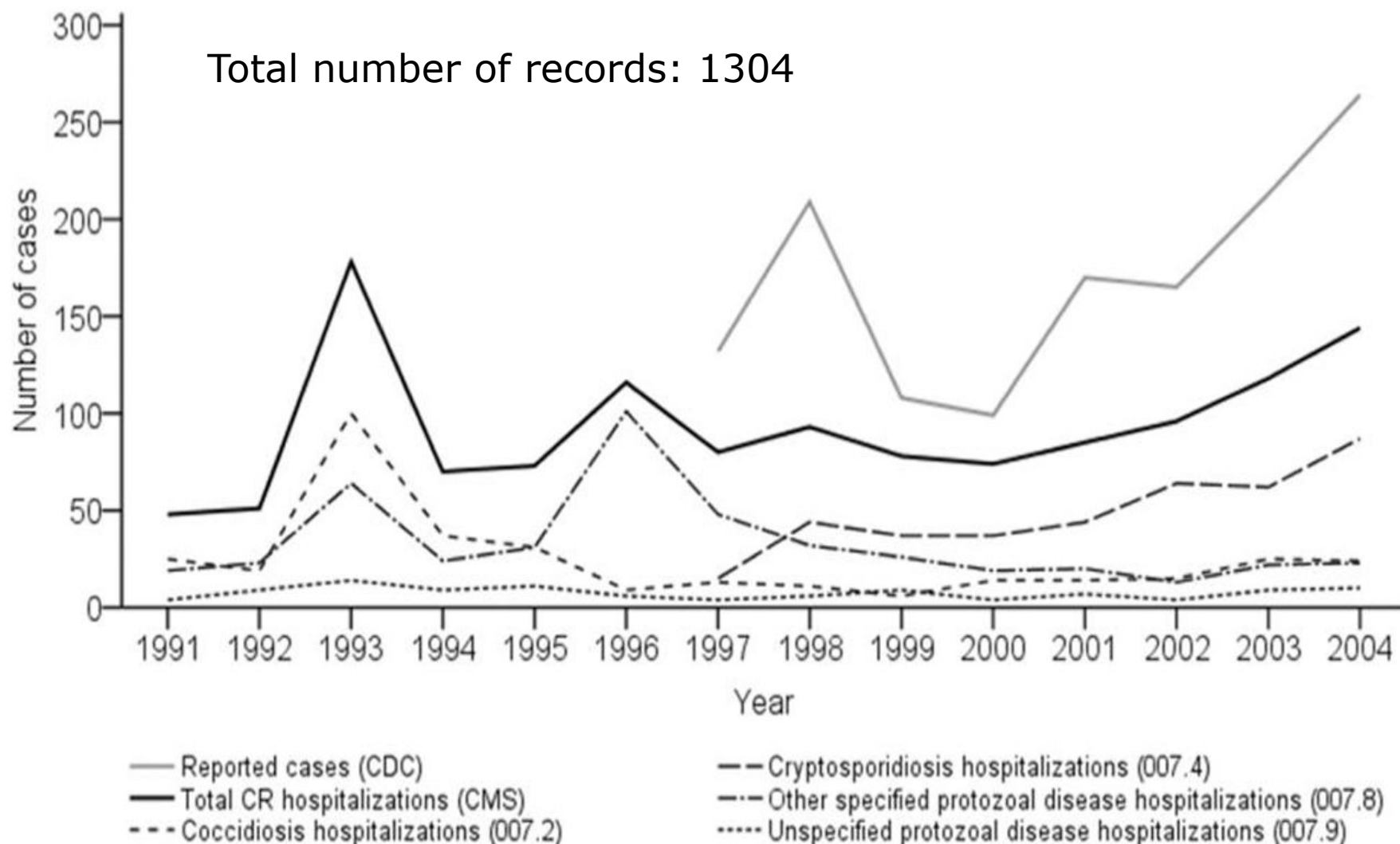
FIGURE 3 More than 80 per cent of child deaths due to diarrhoea occur in Africa and South Asia

Proportional distribution of deaths due to diarrhoeal diseases among children under five years of age, by region, 2004



Source: World Health Organization, Global Burden of Disease estimates, 2004 update, with additional analyses to calculate UNICEF regions.

Cryptosporidiosis in the US elderly



Why Seasonality?

Practically all waterborne diseases exhibit strong seasonal patterns distinct for a specific pathogen in a given population and locality.





Notion of seasonality

Definition

Seasonality is a systematic (or repetitive) periodic fluctuation in a parameter of interest (e.g. the disease incidence) that occurs within a course of a year.

Seasonality can be described by **peak timing, amplitude and duration**.

Person, time and space concept

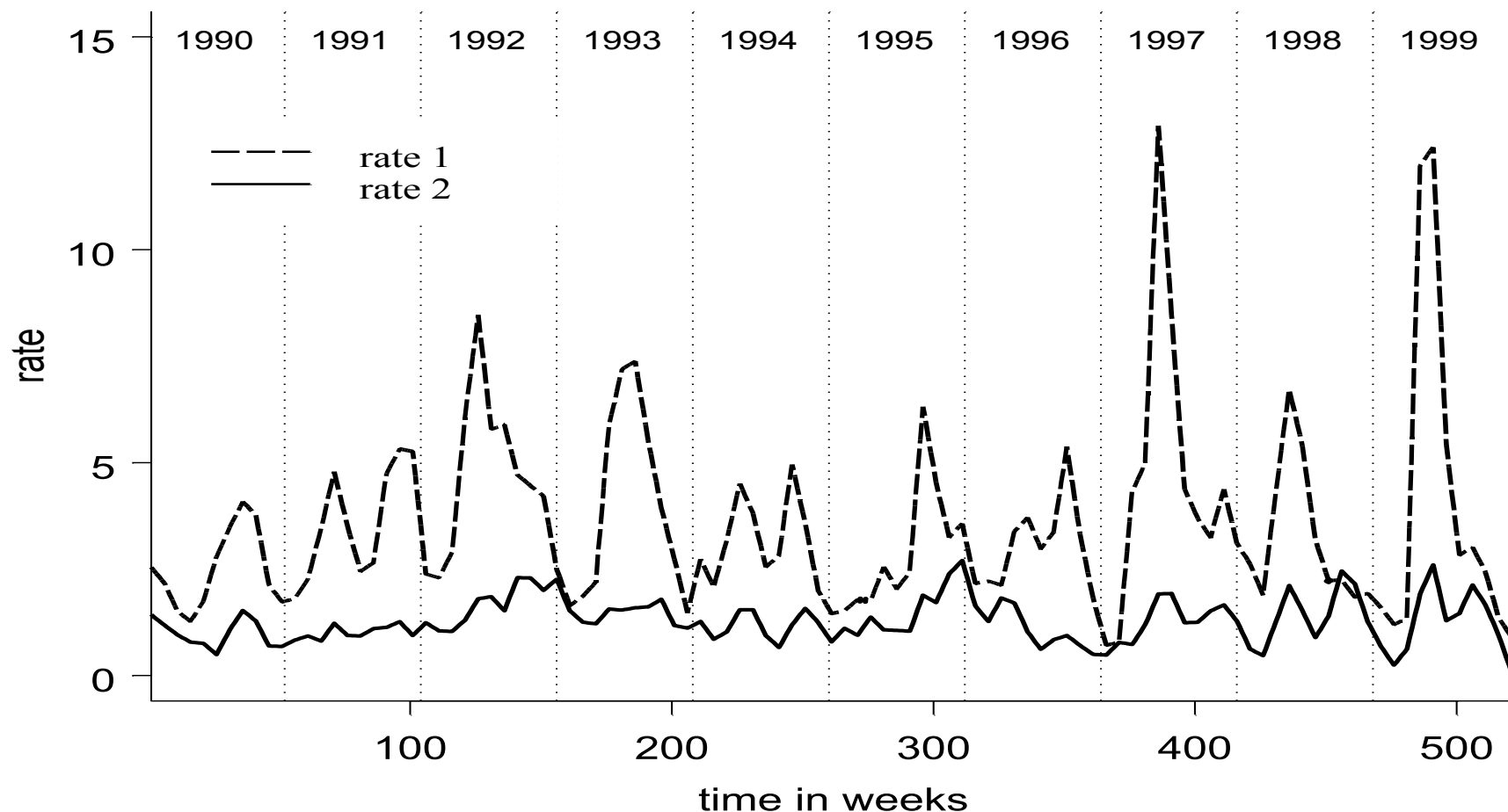
A seasonal pattern of a disease may differ:
in different subpopulations and by age
from year to year and geographically

Model Interpretability

Variability in the seasonal characteristics can provide clues on important factors influencing a disease occurrence, exposure, spread, and manifestations.

Seasonality of Cryptosporidiosis in UK

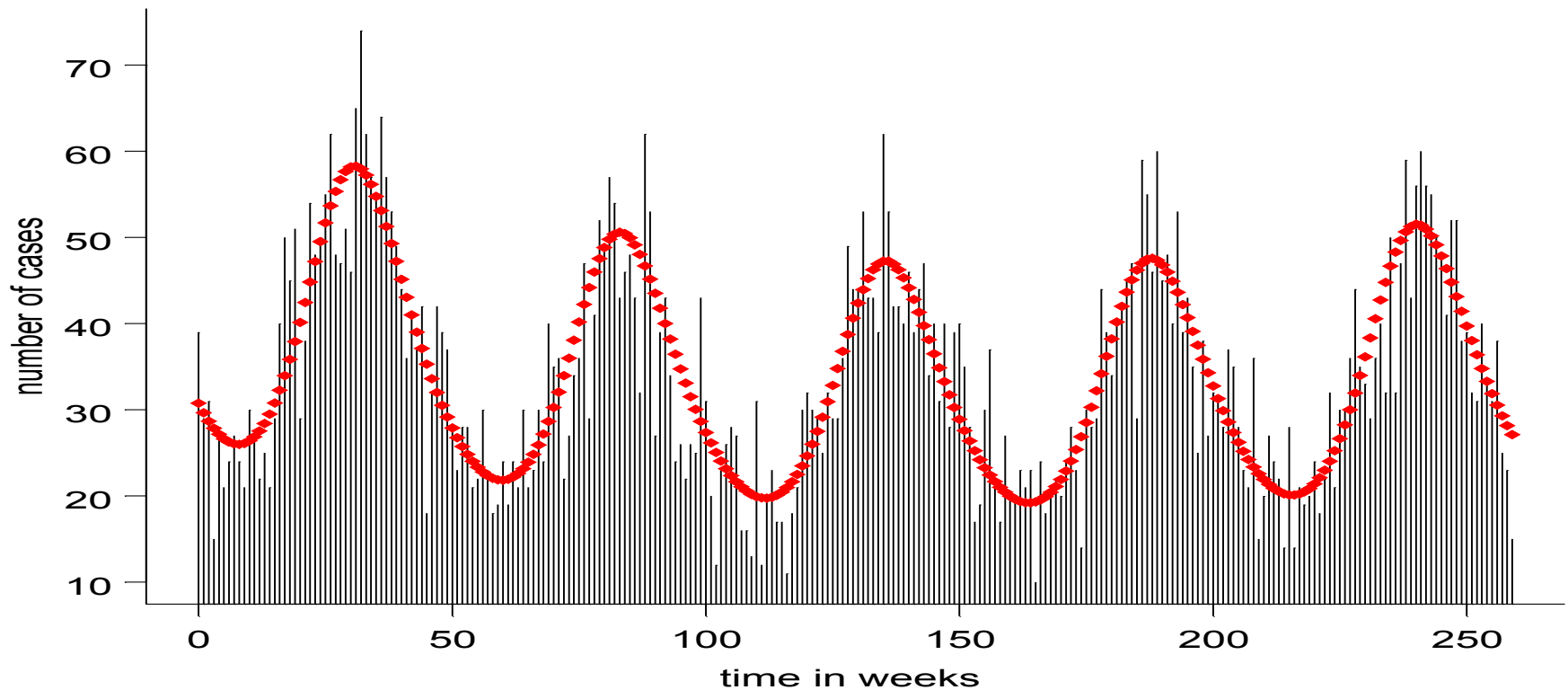
up to 80% of temporal variability is explained by semi-annual seasonality



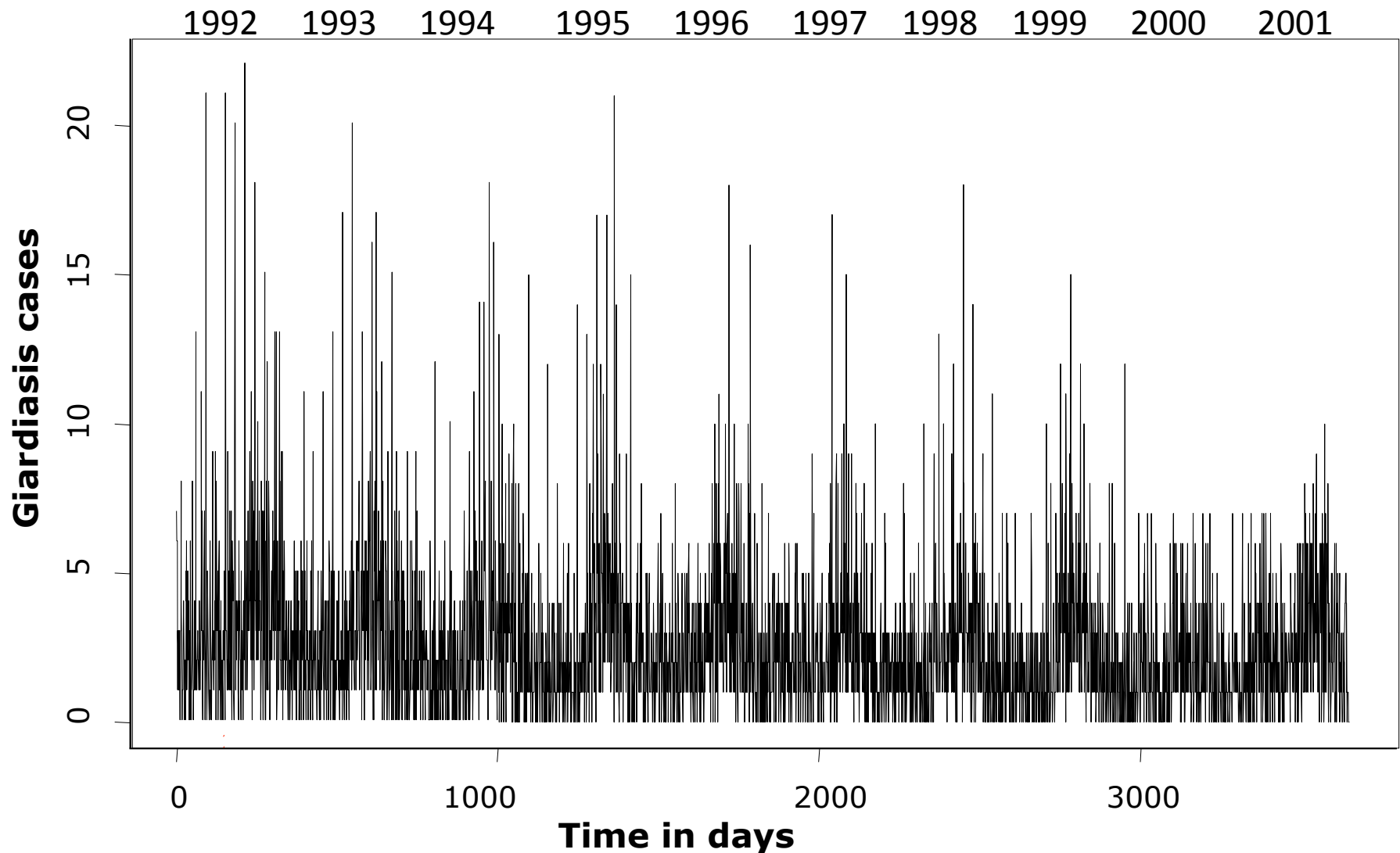
Hospitalizations due to Salmonellosis, USA

- *Salmonella* Infection: 72% variability is explained by seasonal and trend components*

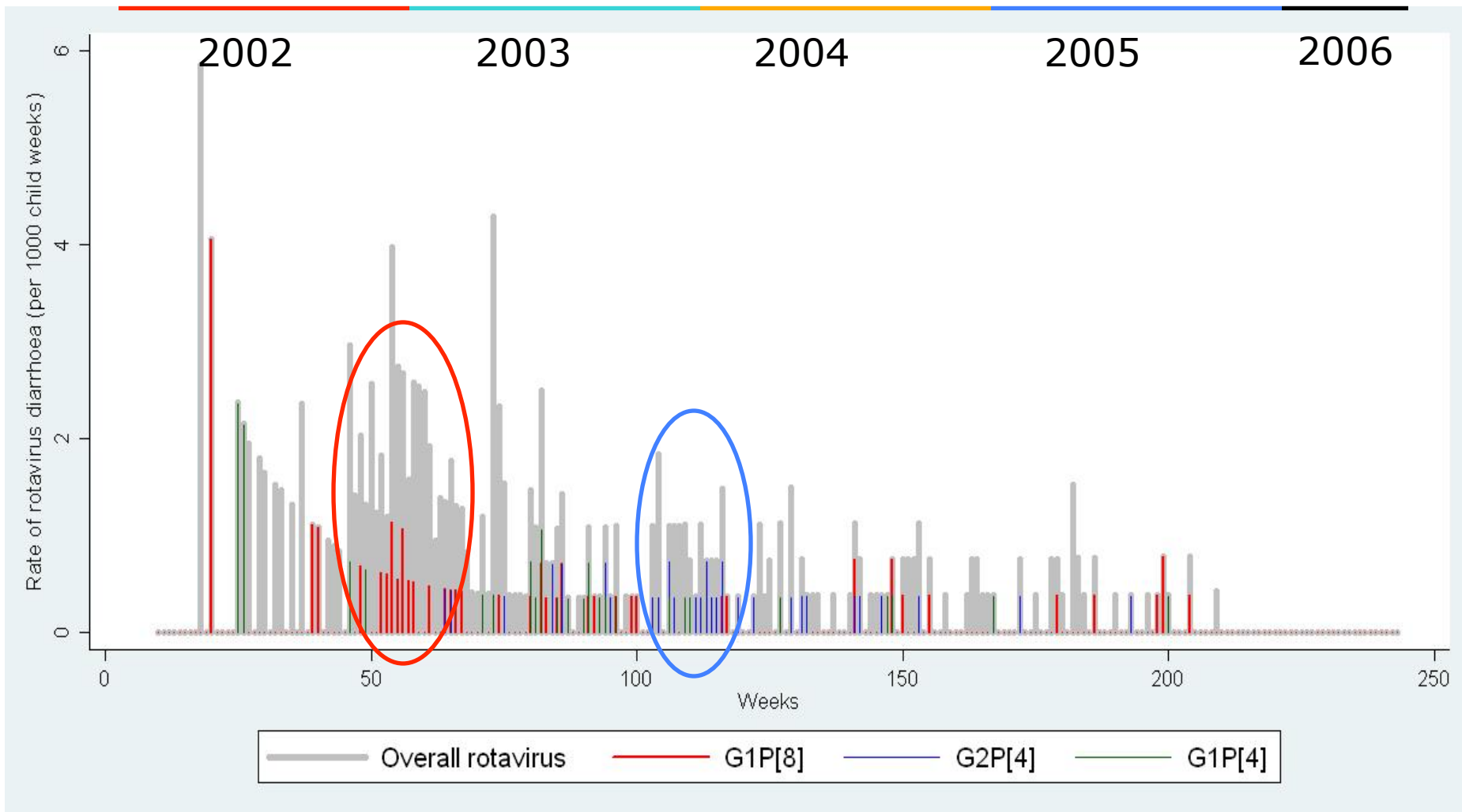
Summer time: 1998 1999 2000 2001 2002



Reported Giardiasis in MA, 1992-2001



Seasonality of Rotavirus in India



What is in Seasonality?

- Explanations for self-sustained oscillations in waterborne infections remain elusive
- Reliance on the ability to establish the link with drinking or recreational water is difficult
- Complexities of governing principles and changing dominant routes of transmission are immense



Innate Immunity
Vaccination

Emerging strains
Transmission
Animal health

Immunity

**Pathogen
Ecology**

**Nutrition
Development**

**Seasonality of
Waterborne
Infections**

Seasonality of
Caloric Intake
Hygiene

Seasonality of
water quality
availability
Water source
usage and
consumption

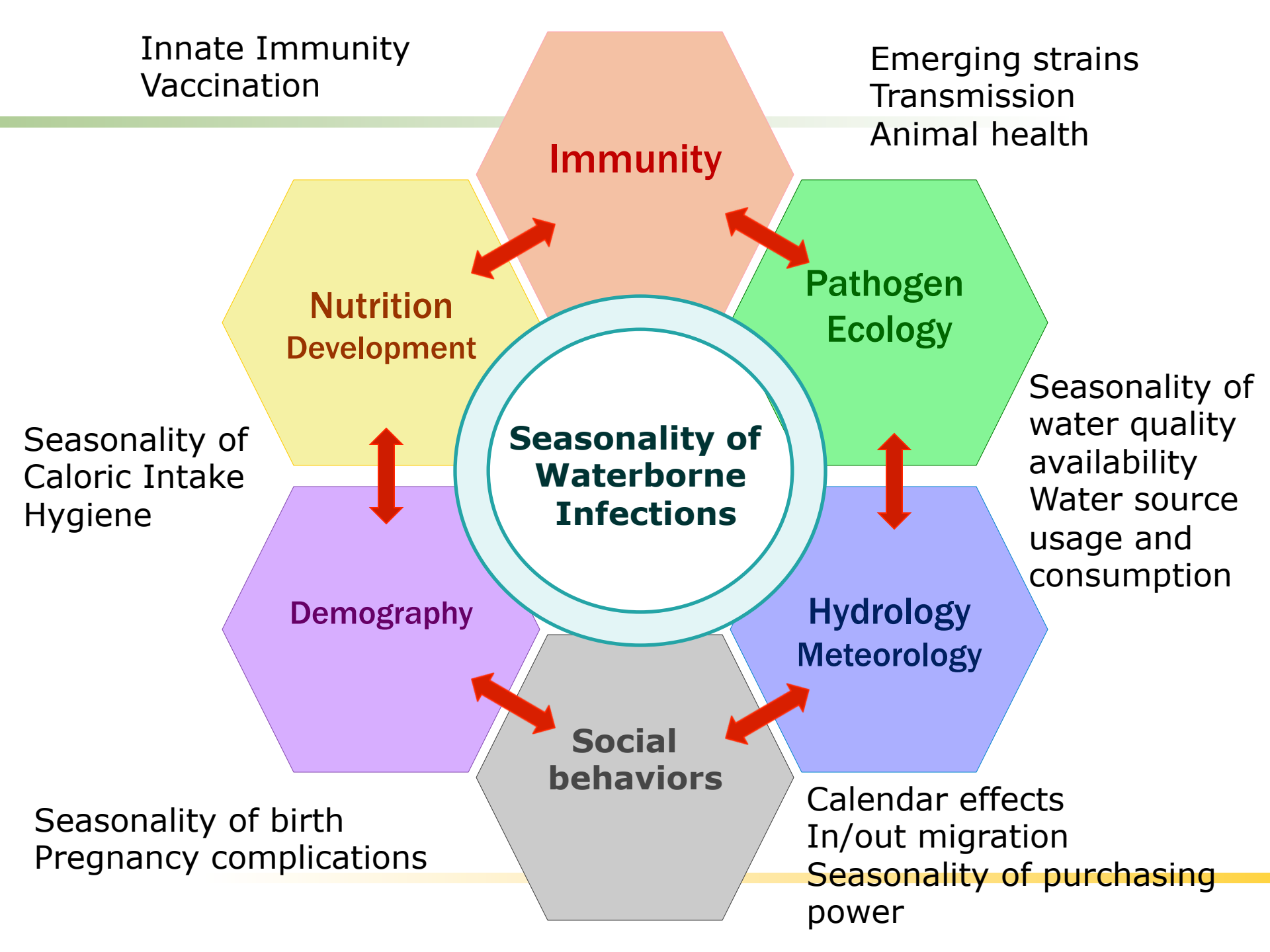
Demography

**Hydrology
Meteorology**

**Social
behaviors**

Seasonality of birth
Pregnancy complications

Calendar effects
In/out migration
Seasonality of purchasing
power

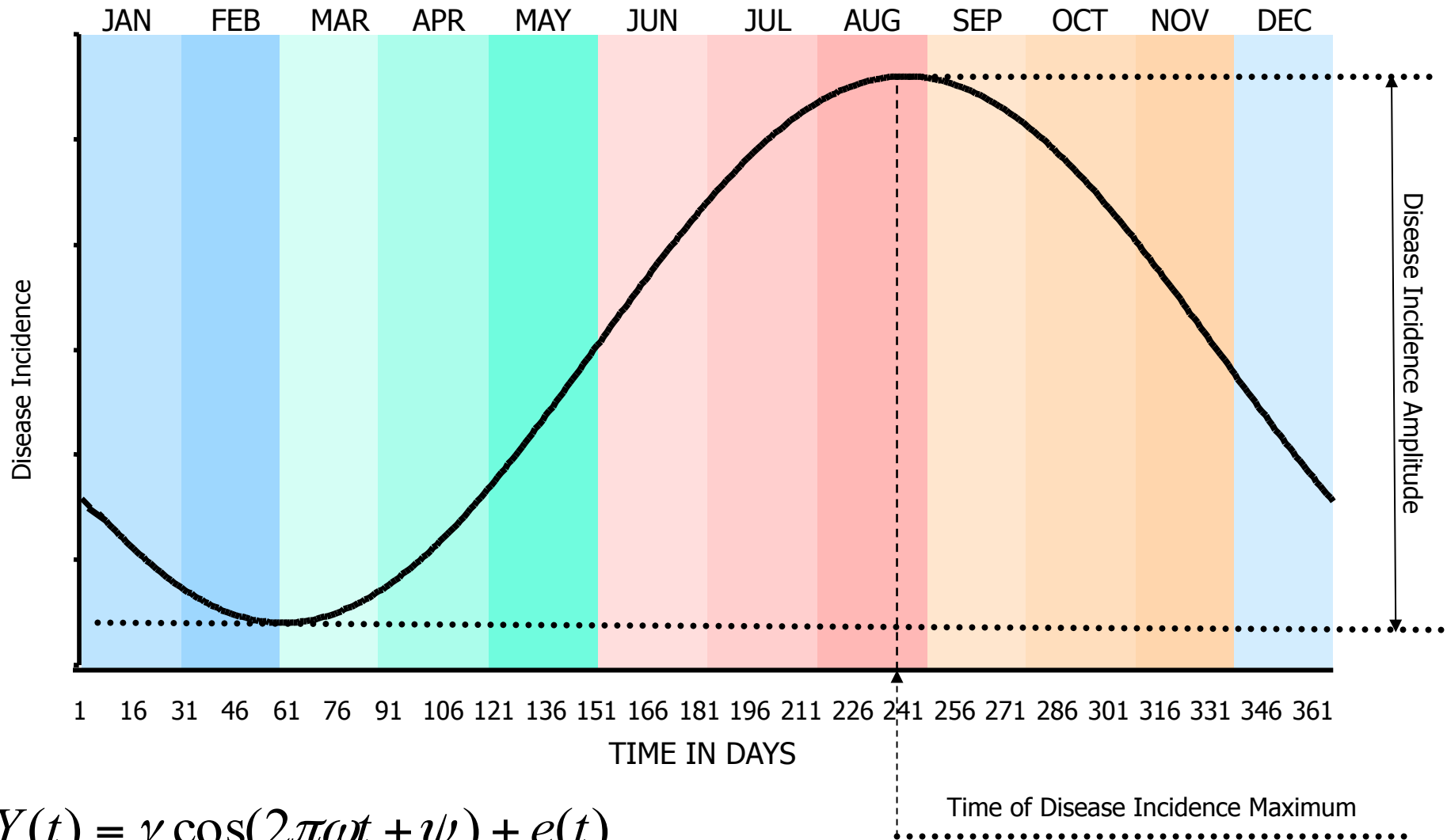


Changing Seasonal Patterns

Man-made catastrophic events and natural disasters that cause deaths, population displacement, contamination of source water, infrastructural damages affecting availability of potable water and pathogen ecology, might trigger long-term alterations in seasonal profiles of waterborne diseases.

The timing and intensity of waterborne outbreak can be affected by disturbances in human-environment interactions due to emergence of novel pathogens, viral mutations and drug resistance.

Simple Seasonal Pattern



$$Y(t) = \gamma \cos(2\pi\omega t + \psi) + e(t)$$

Seasonality Model and δ -method

$$Y(t) = \gamma \cos(2\pi\omega t + \psi) + e(t)$$

$$Y(t) = \beta_1 \sin(2\pi\omega t) + \beta_2 \cos(2\pi\omega t) + e(t)$$

For the amplitude, the estimates are:

$$\hat{\gamma} = f(\hat{\beta}_1, \hat{\beta}_2) = (\hat{\beta}_1^2 + \hat{\beta}_2^2)^{1/2}$$

$$\text{Var}(\hat{\gamma}) = (\hat{\sigma}_{\beta_1}^2 \hat{\beta}_1^2 + \hat{\sigma}_{\beta_2}^2 \hat{\beta}_2^2 + 2\hat{\sigma}_{\beta_1\beta_2} \hat{\beta}_1 \hat{\beta}_2) / (\hat{\beta}_1^2 + \hat{\beta}_2^2)$$

For the phase angle, the estimates are:

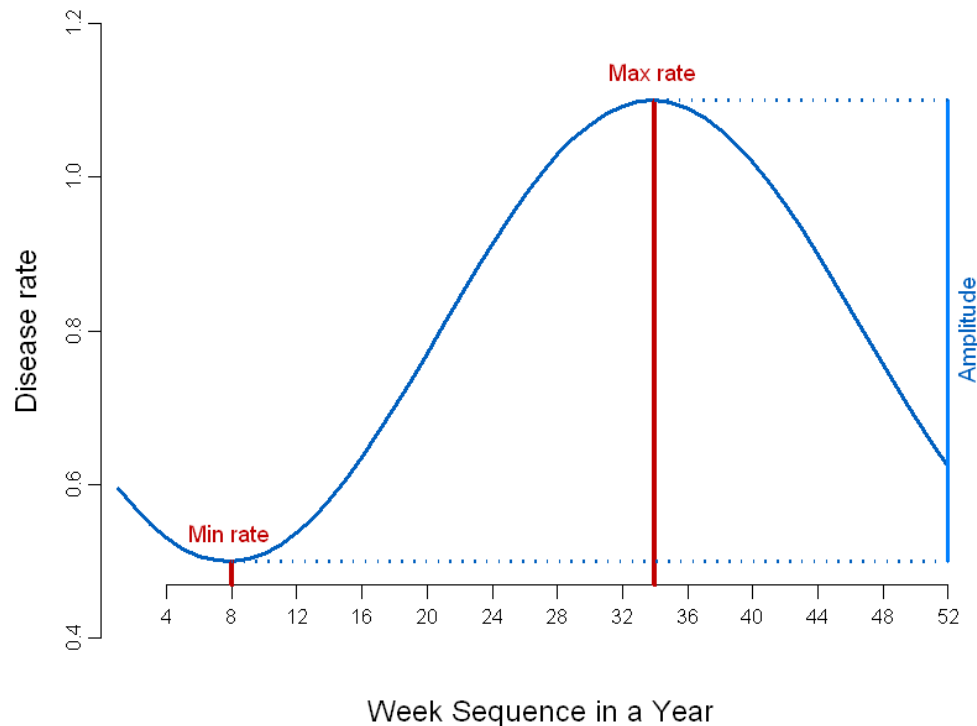
$$\hat{\psi} = -\arctan(\hat{\beta}_1 / \hat{\beta}_2)$$

$$\text{Var}(\hat{\psi}) = (\hat{\sigma}_{\beta_1}^2 \hat{\beta}_2^2 + \hat{\sigma}_{\beta_2}^2 \hat{\beta}_1^2 - 2\hat{\sigma}_{\beta_1\beta_2} \hat{\beta}_1 \hat{\beta}_2) / (\hat{\beta}_1^2 + \hat{\beta}_2^2)^2$$

Harmonic Poisson Regression

Adapted for count data, suitable for health outcomes:

$$\log[E(Y_t)] = \beta_0 + \beta_1 \sin(2\pi\omega t) + \beta_2 \cos(2\pi\omega t) + \epsilon_t$$



Gamma (γ)	$\sqrt{\beta_1^2 + \beta_2^2}$
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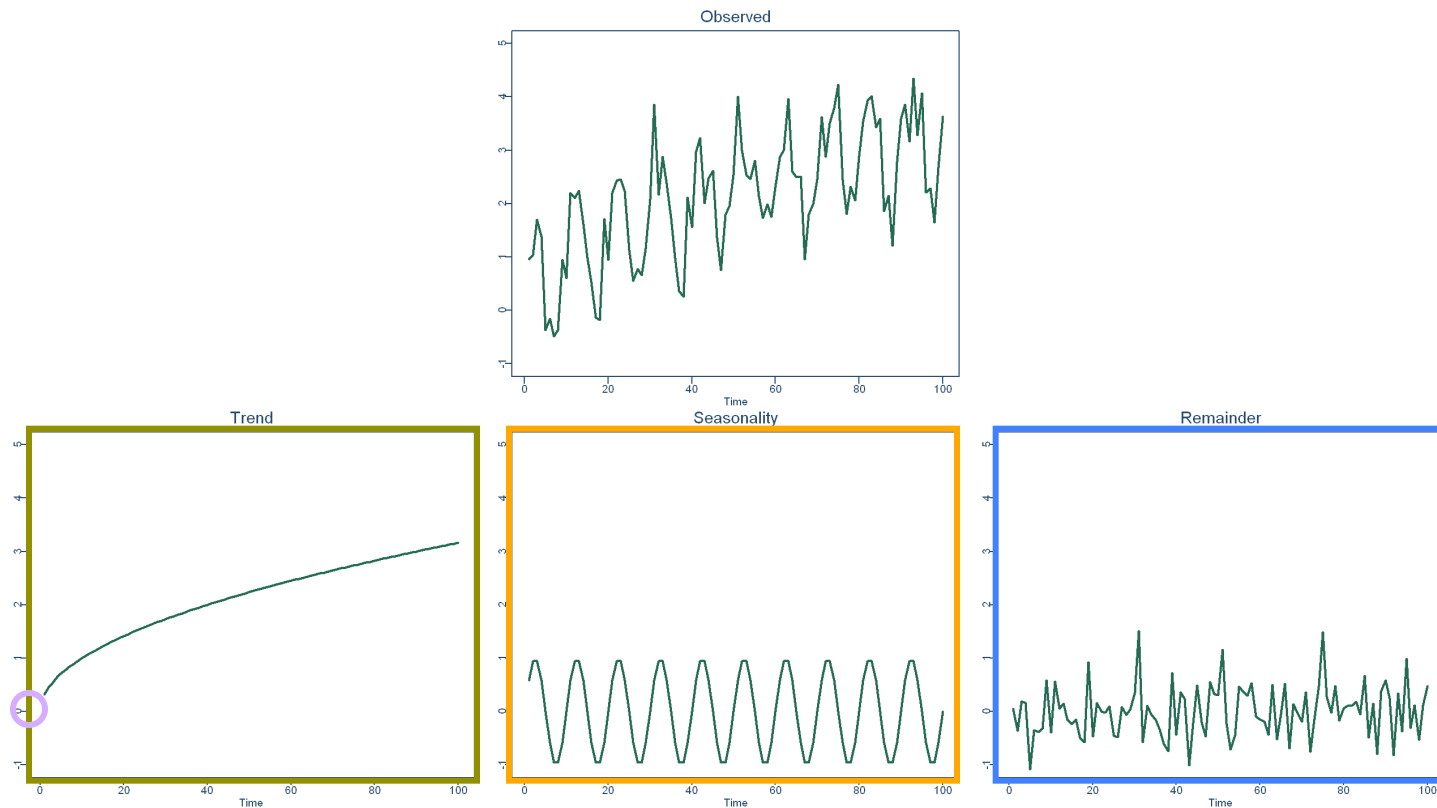
Seasonal Peak	$e^{\beta_0 + \gamma}$
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Seasonal Nadir	$e^{\beta_0 - \gamma}$
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Intensity	$e^{2\gamma}$
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Peak timing	$Mf(.)$
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Time Series Decomposition



$$\log[E(Y)] = \beta_0 + \beta_1(t) + \beta_2(t^2) + \beta_3(t^3) + \beta_4 \sin(2\pi\omega t) + \beta_5 \cos(2\pi\omega t) + \beta_6(u_t) + \epsilon$$

Decomposition of Time Series

$$Y_t = \beta_0 + \beta_1(T_t) + \beta_2(S_t) + \beta_3(C_t) + \beta_4(H_t) + \beta_5(I_t) + \beta_6(X_t) + \varepsilon$$

T: Trend component

S: Seasonal component

C: Day-of-the-week effect

H: Holiday effect

I: Irregular component

X: Exposure

Te: Trend component

Se: Seasonal component

Ce: Day-of-the-week effect

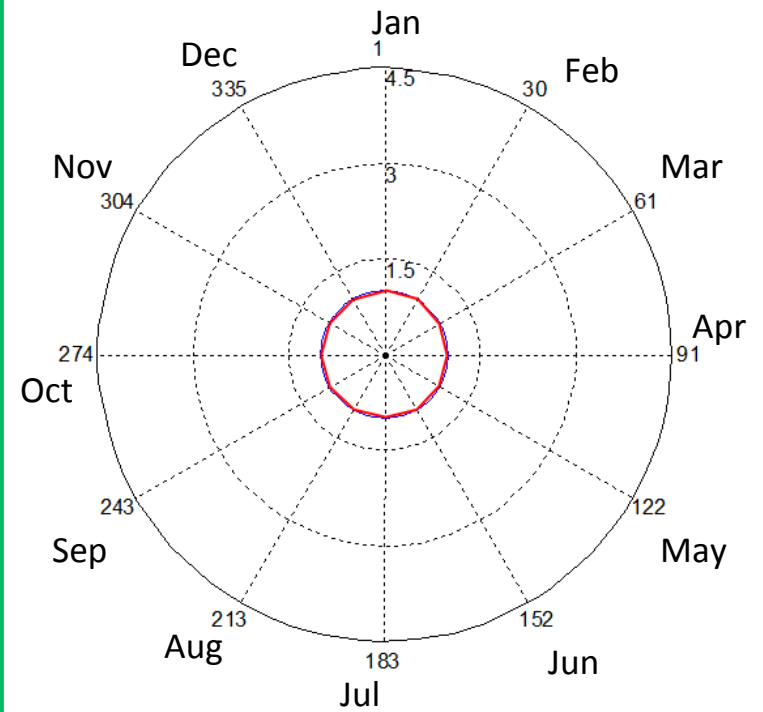
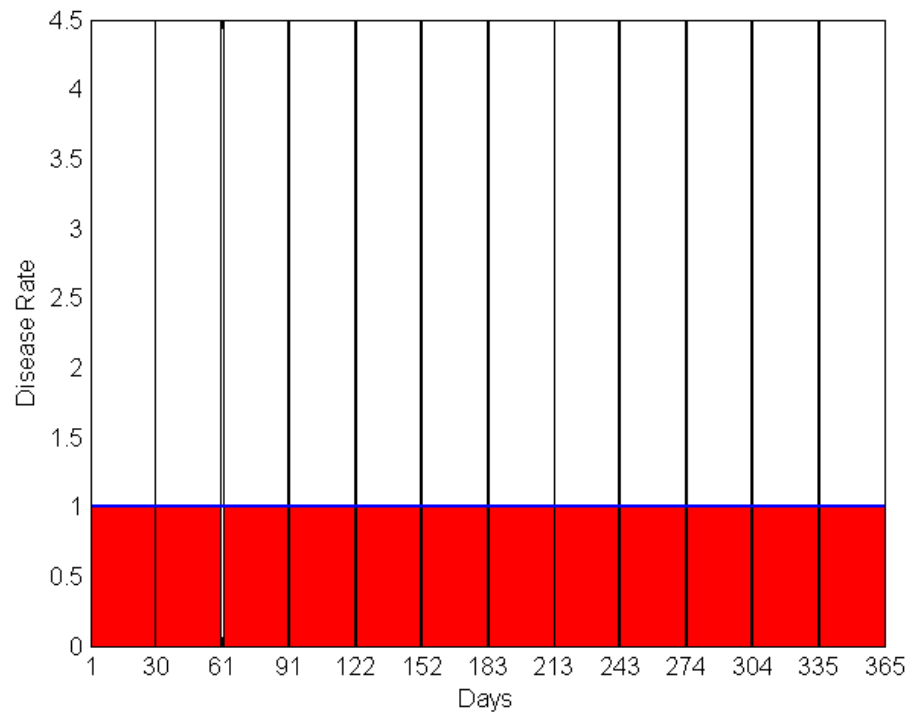
He: Holiday effect

Ie: Irregular component

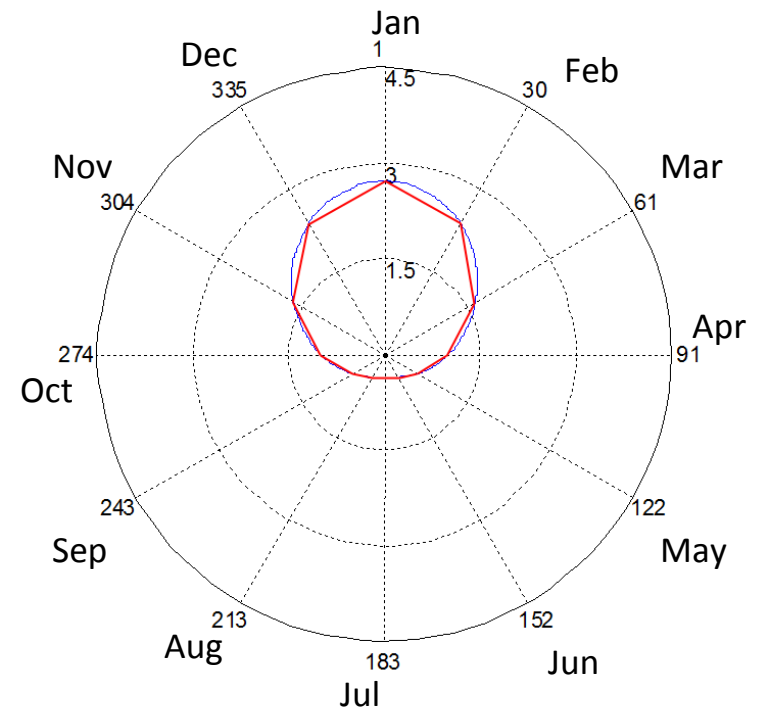
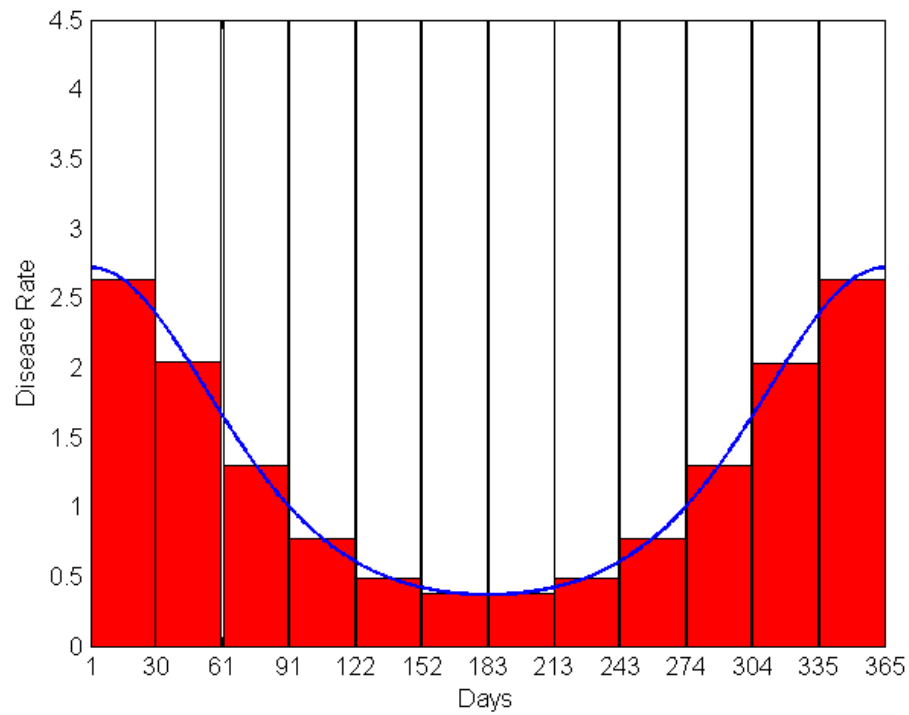
SINGLE ANNUAL PEAK

The progression of peaks throughout the year
in Cartesian and Polar coordinates plots

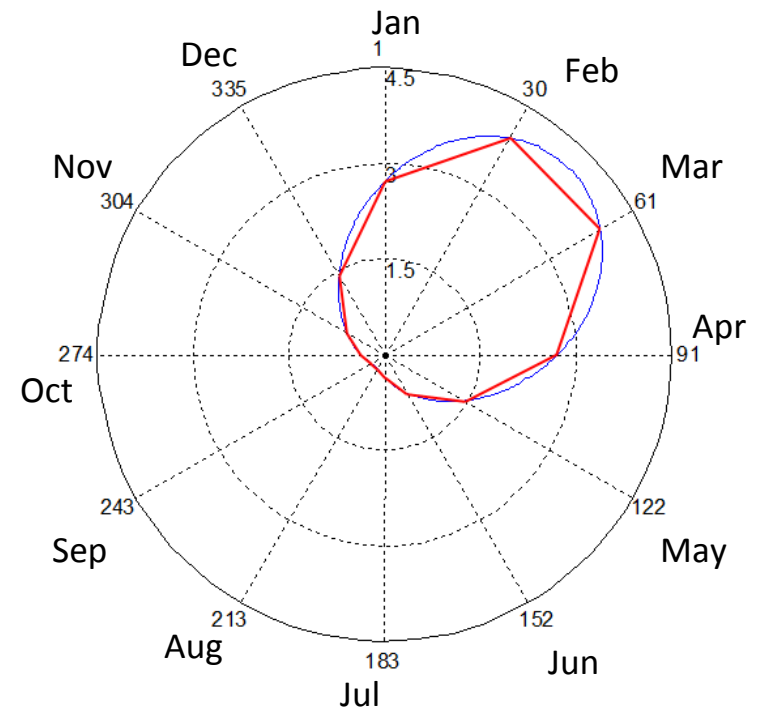
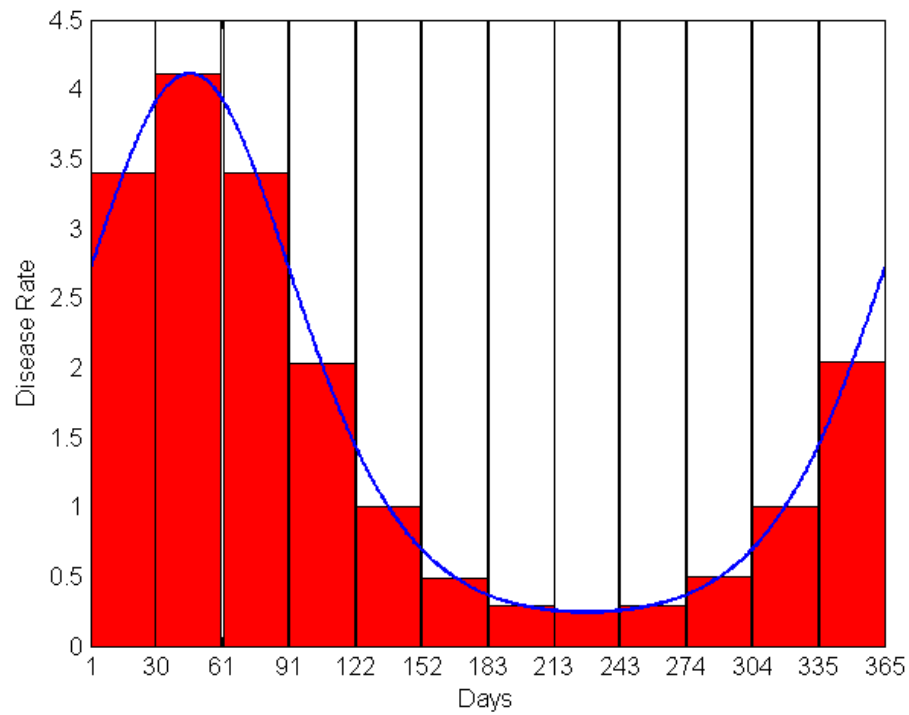
$$\beta_1 = 0, \beta_2 = 0$$



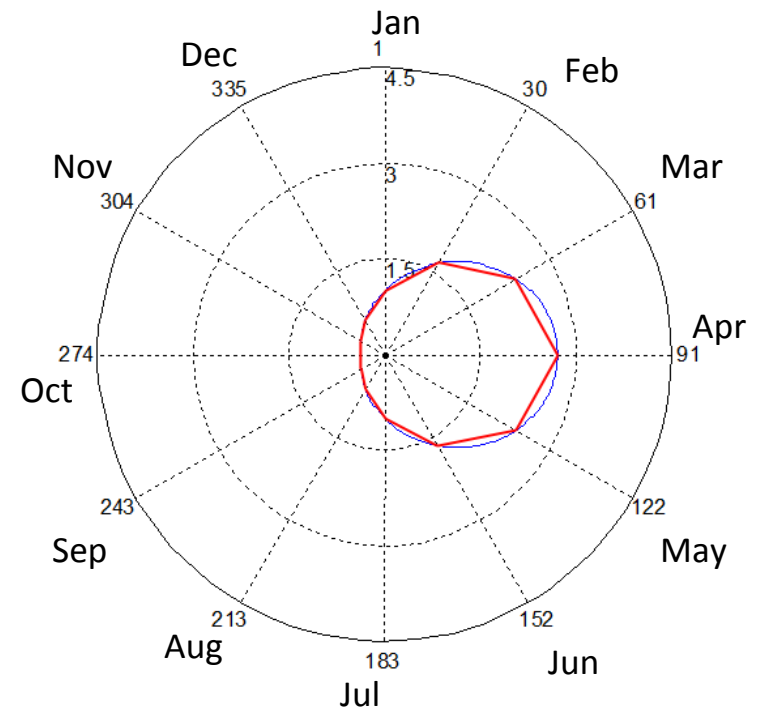
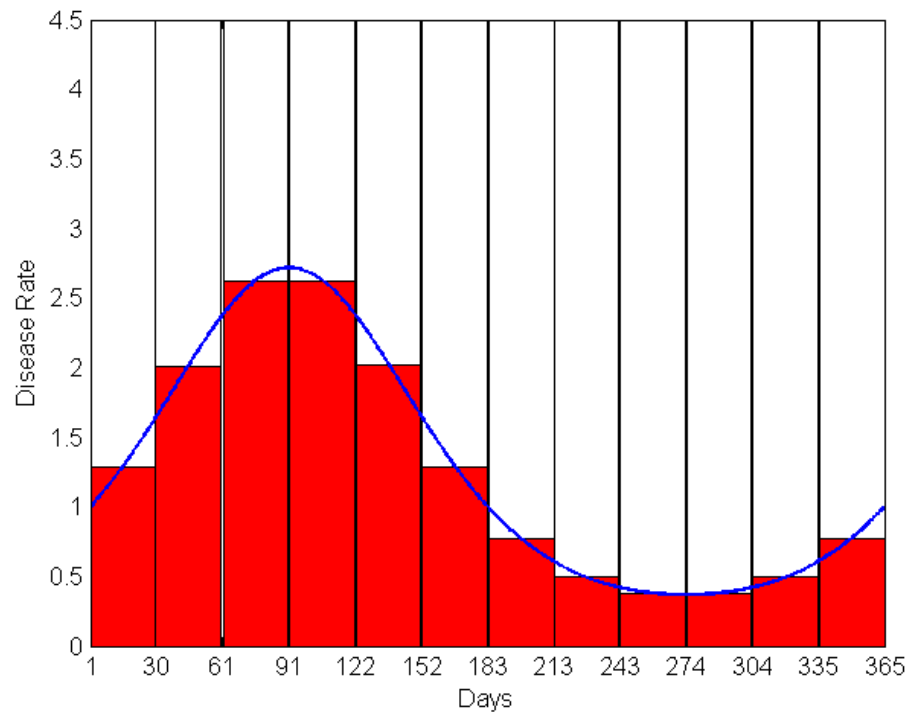
$$\beta_1 = 0, \beta_2 = 1$$



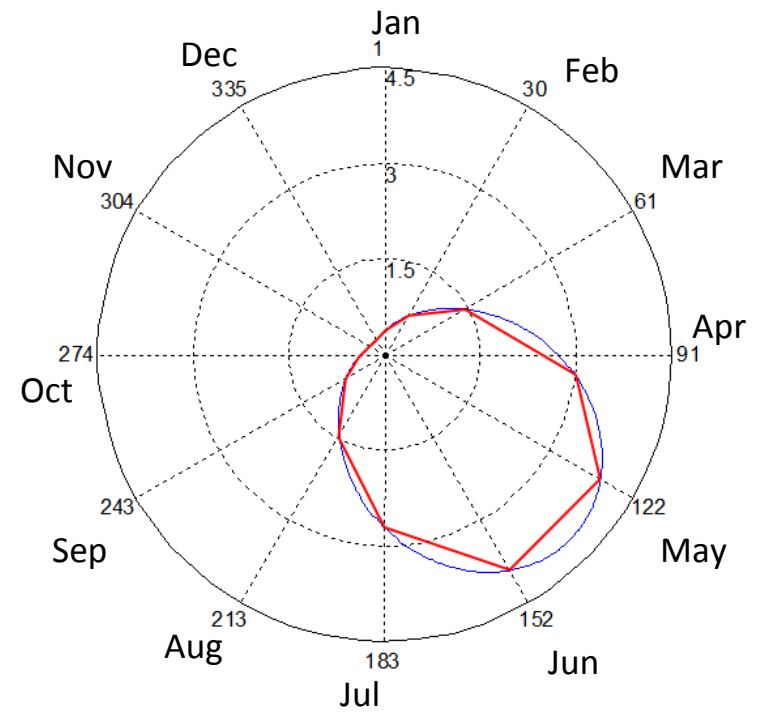
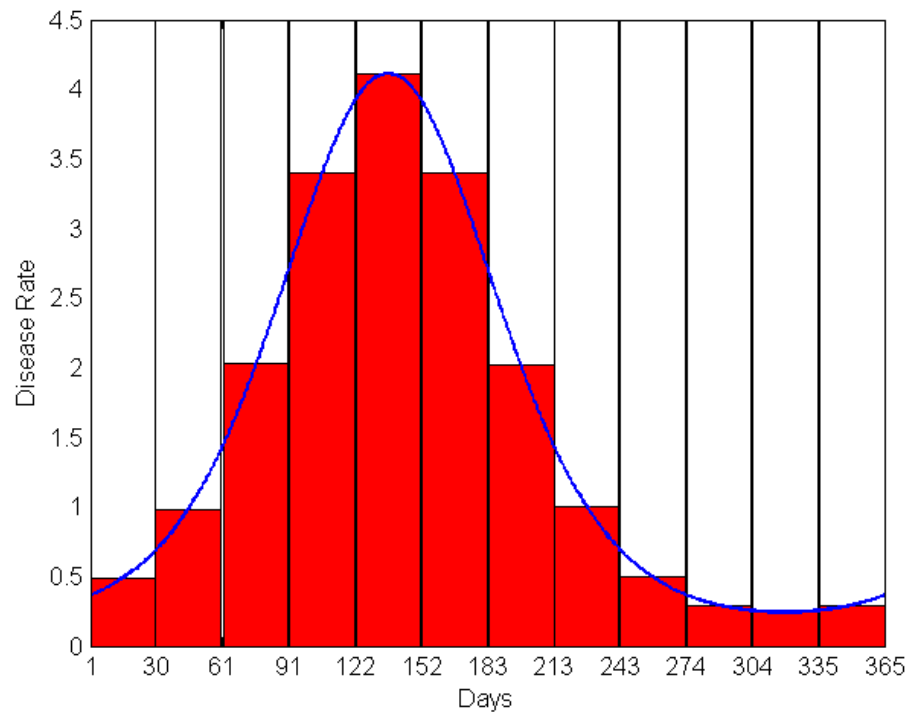
$$\beta_1 = 1, \beta_2 = 1$$



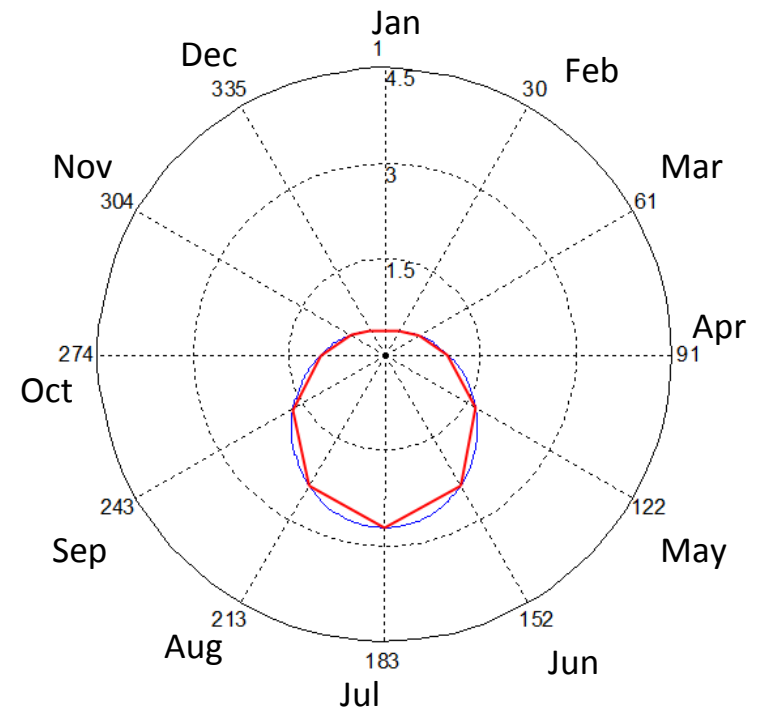
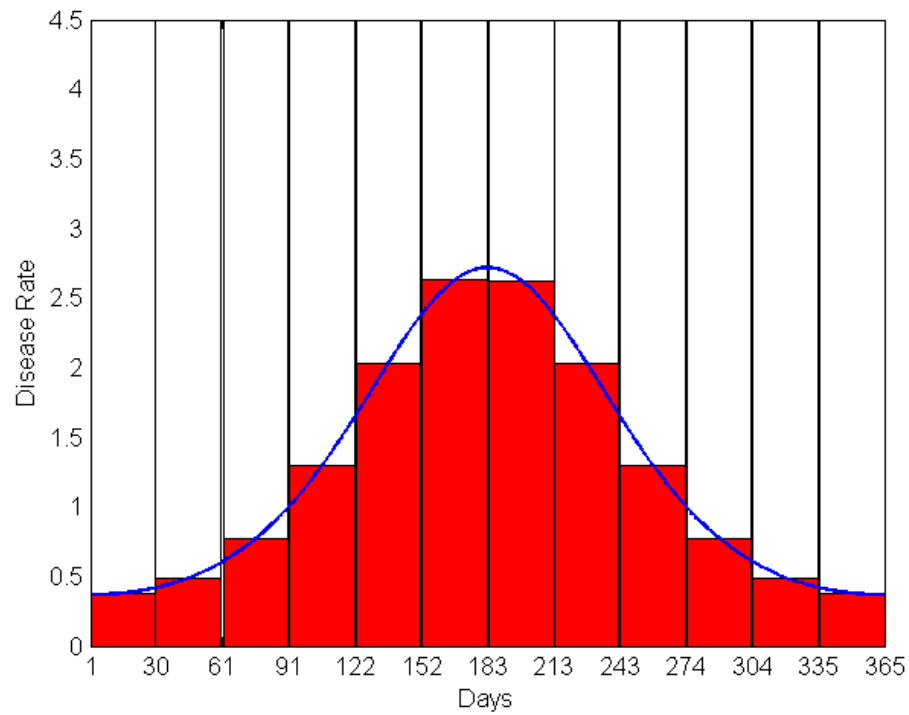
$$\beta_1 = 1, \beta_2 = 0$$



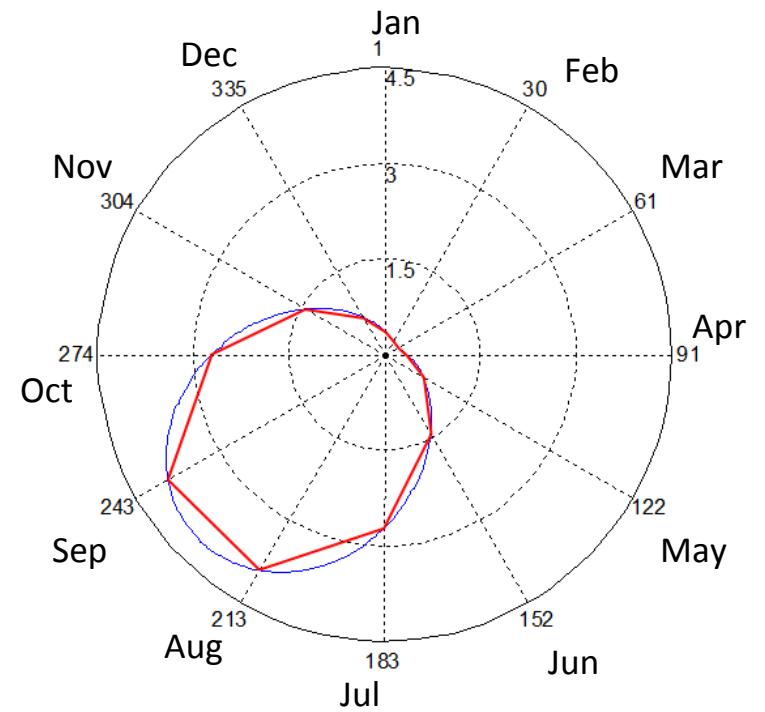
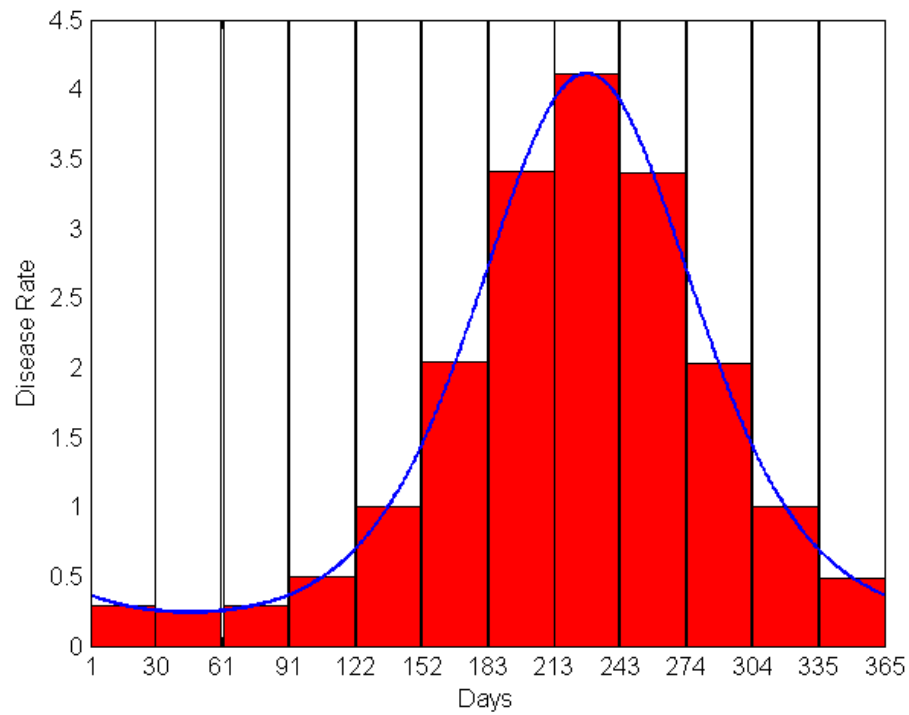
$$\beta_1 = 1, \beta_2 = -1$$



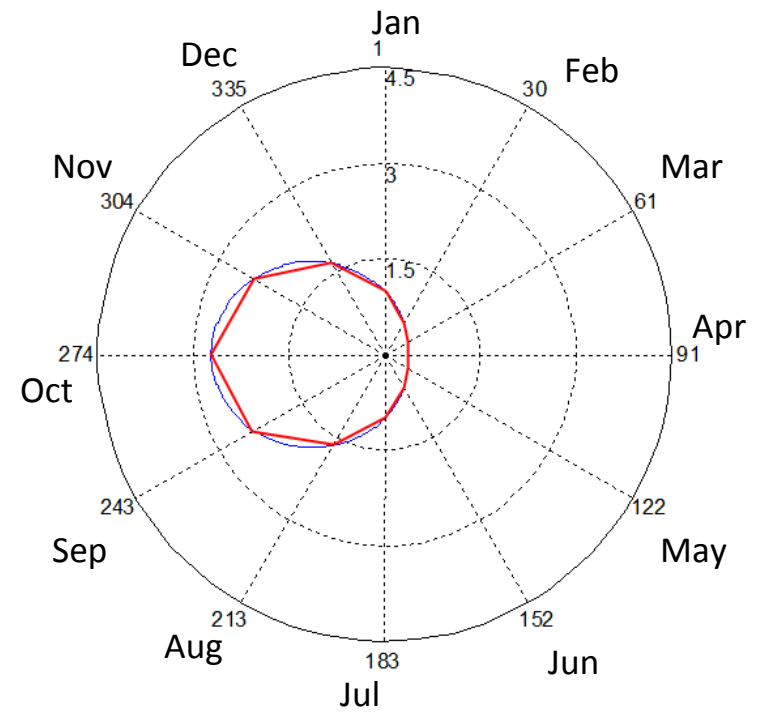
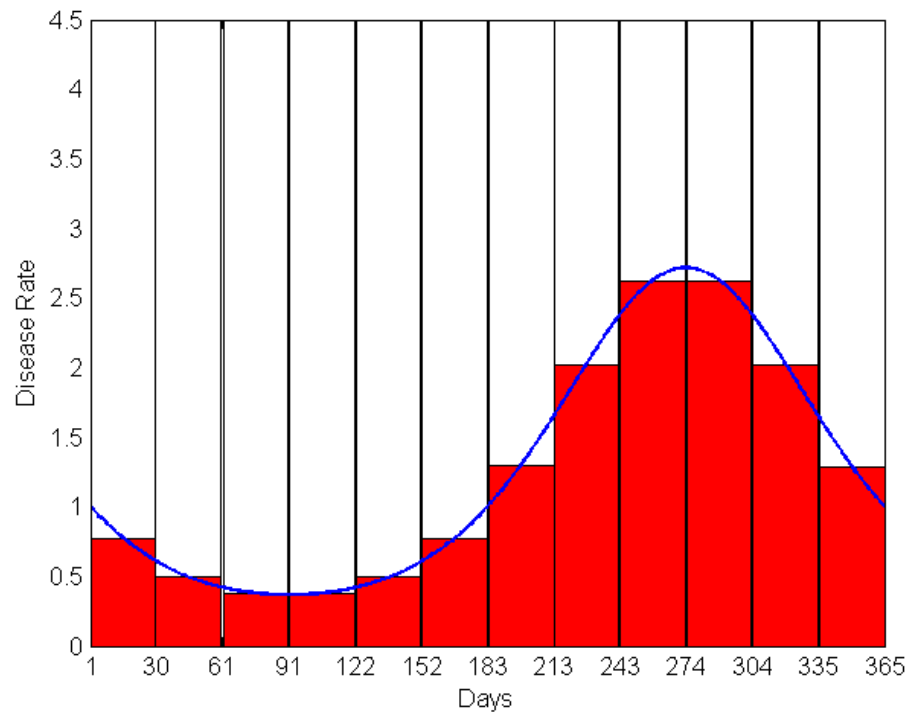
$$\beta_1 = 0, \beta_2 = -1$$



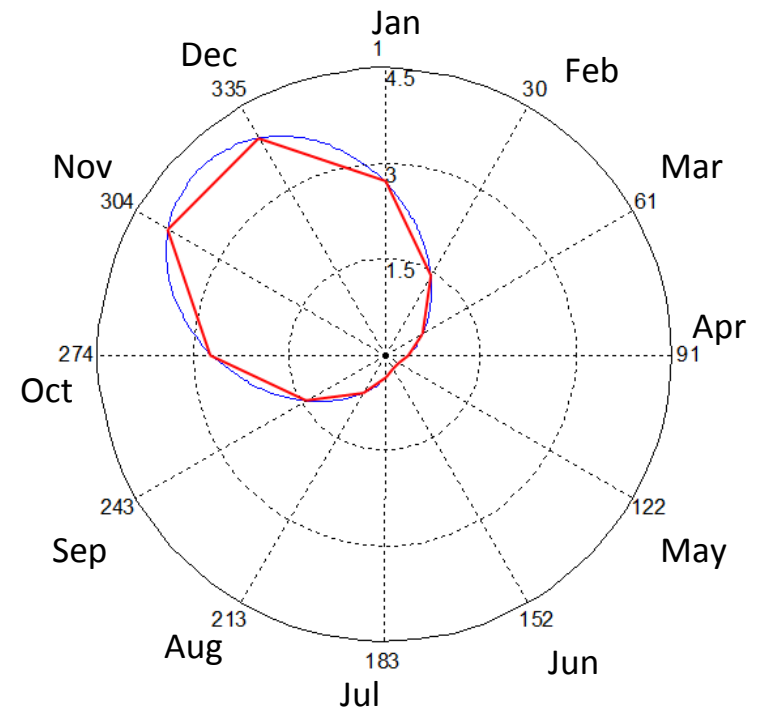
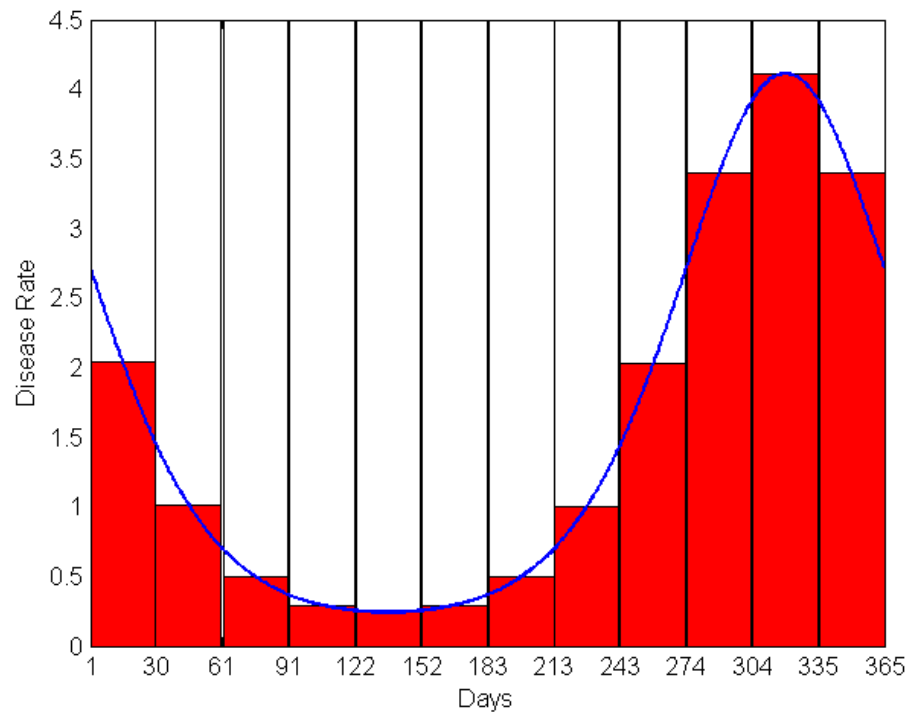
$$\beta_1 = -1, \beta_2 = -1$$



$$\beta_1 = -1, \beta_2 = 0$$



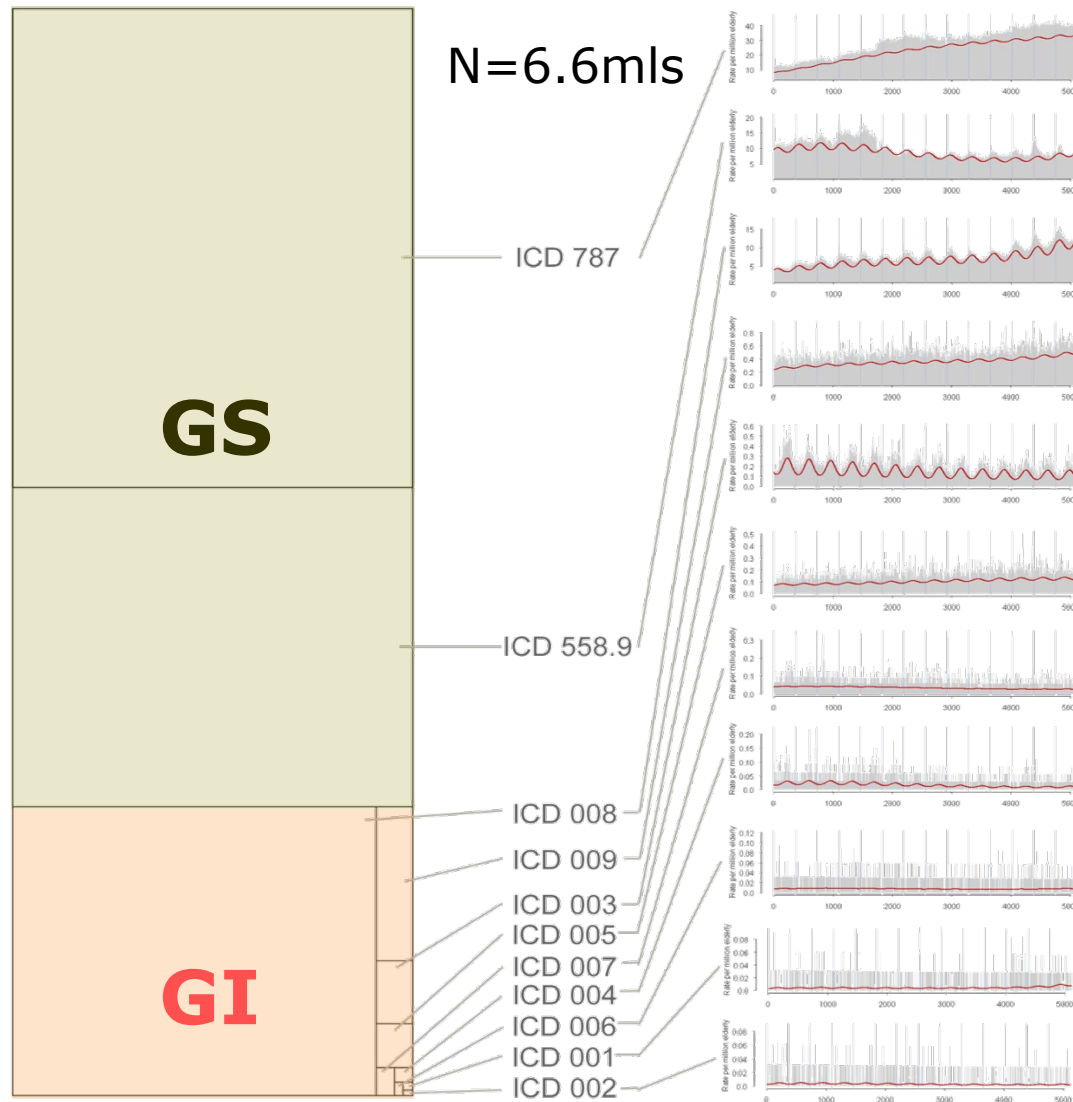
$$\beta_1 = -1, \beta_2 = 1$$



EXAMPLE 1

A search for etiological clues in seasonality of hospitalizations due to non-specific gastrointestinal diseases

Hospitalizations due to GI Infections



787: Symptoms of digestive system

558.9: Unspecified/noninfectious

008: GI due to other organisms

009: Ill-defined intestinal infections

003: *Salmonella* infections

005: Other food poisoning

007: Protozoal intestinal diseases

004: Shigellosis

006: Amebiasis

001: Cholera

002: Typhoid & paratyphoid fevers

EXAMPLE 2

An evidence for potential synchronization by a common environmental factor in a given location

Seasonality of Waterborne Diseases

Giardia and *Cryptosporidium* spp.

Demonstrate seasonal patterns in environment¹

Present in drinking water supplies and surface waters^{2,3}

Increase concentrations associated with increased precipitation⁴

Giardiasis and cryptosporidiosis

Outbreaks associated with increased precipitation⁵

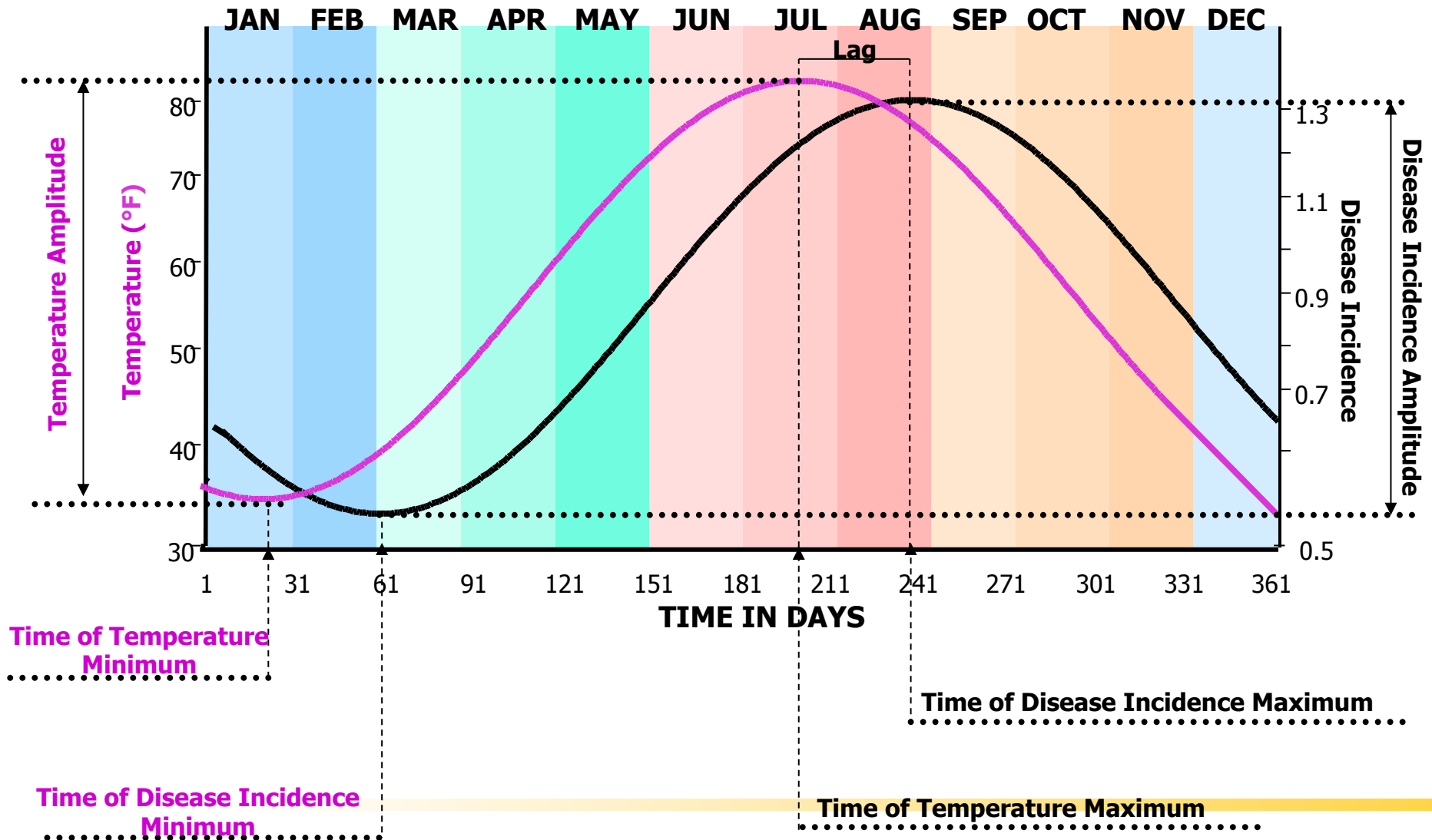
Increased rates associated with water quality parameters

Increased turbidity⁶

Changes in riverflow⁷

1. Robertson, L. J. and B. Gjerde Scandinavian Journal of Public Health 29(3): 200-7.
2. LeChevallier, M. W., W. D. Norton, et al. Applied & Environmental Microbiology 57(9): 2617-21.
3. LeChevallier, M. W., W. D. Norton, et al. Applied & Environmental Microbiology 57(9): 2610-6.
4. Atherholt, T. B., M. W. LeChevallier, et al. Journal AWWA 90(9): 66-80.
5. Curriero, F. C., J. A. Patz, et al. American Journal of Public Health 91(8): 1194-9.
6. Egorov, A., E. N. Naumova, et al. The International Journal of Environmental Health Research 13: 81-94.
7. Lake, I. R., G. Bentham, et al. Journal of Water & Health 3(4): 469-74.

Seasonal Oscillations: Synchronization



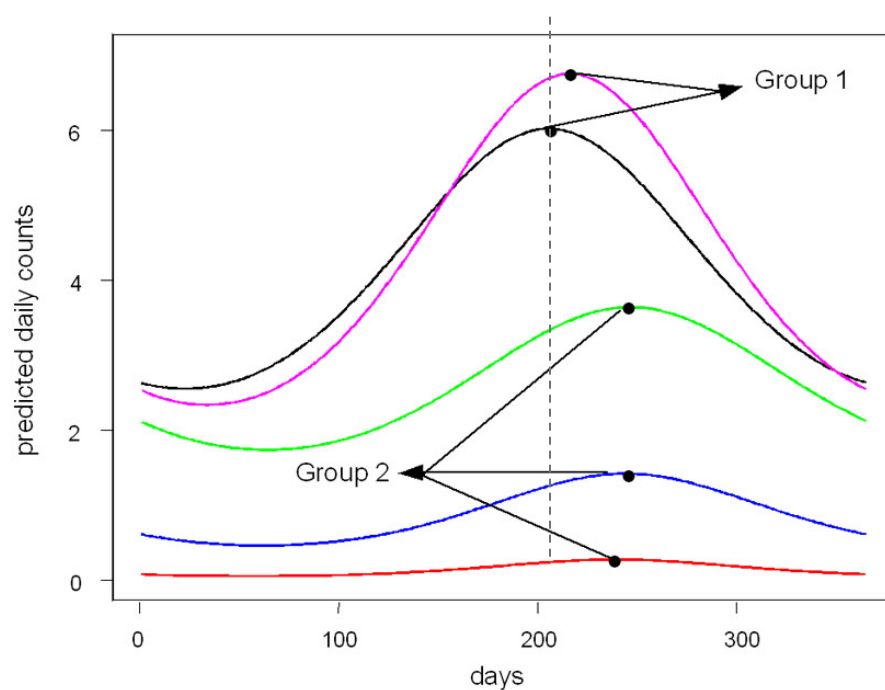
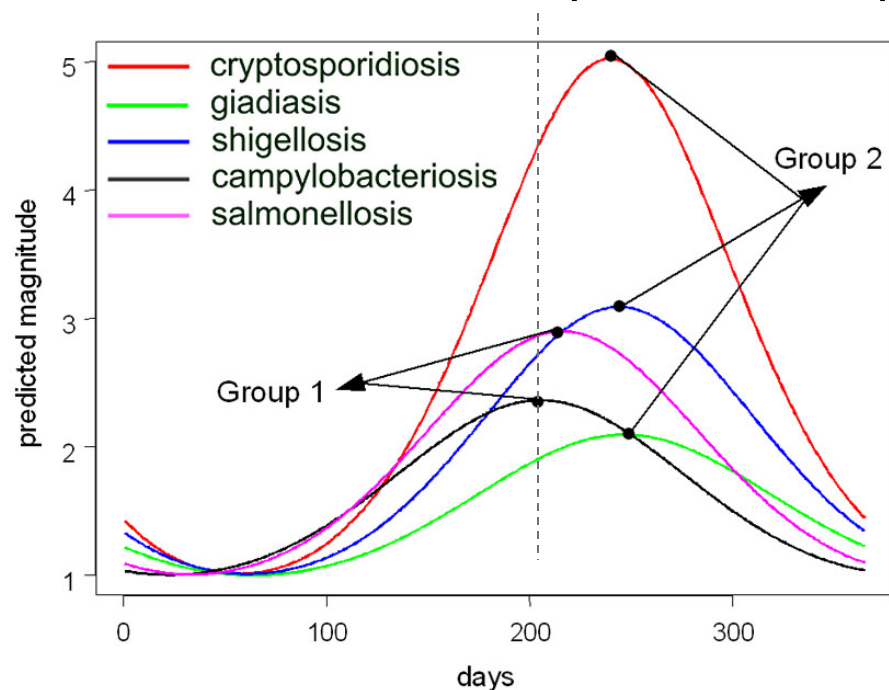
Synchronization of Peak Timing in WBIs in MA

Seasonal peak of six enteric infections with respect to peak in temperature (1992-2001)

Temperature peak – 206th (± 0.2) day of the year (typically 24 or 25 July, week 29)

Group 1 – *Campylobacter* & *Salmonella* infections peaked near temperature peak

Group 2 – Cryptosporidiosis, Shigellosis and Giardiasis peaked ~ 40 days after temperature

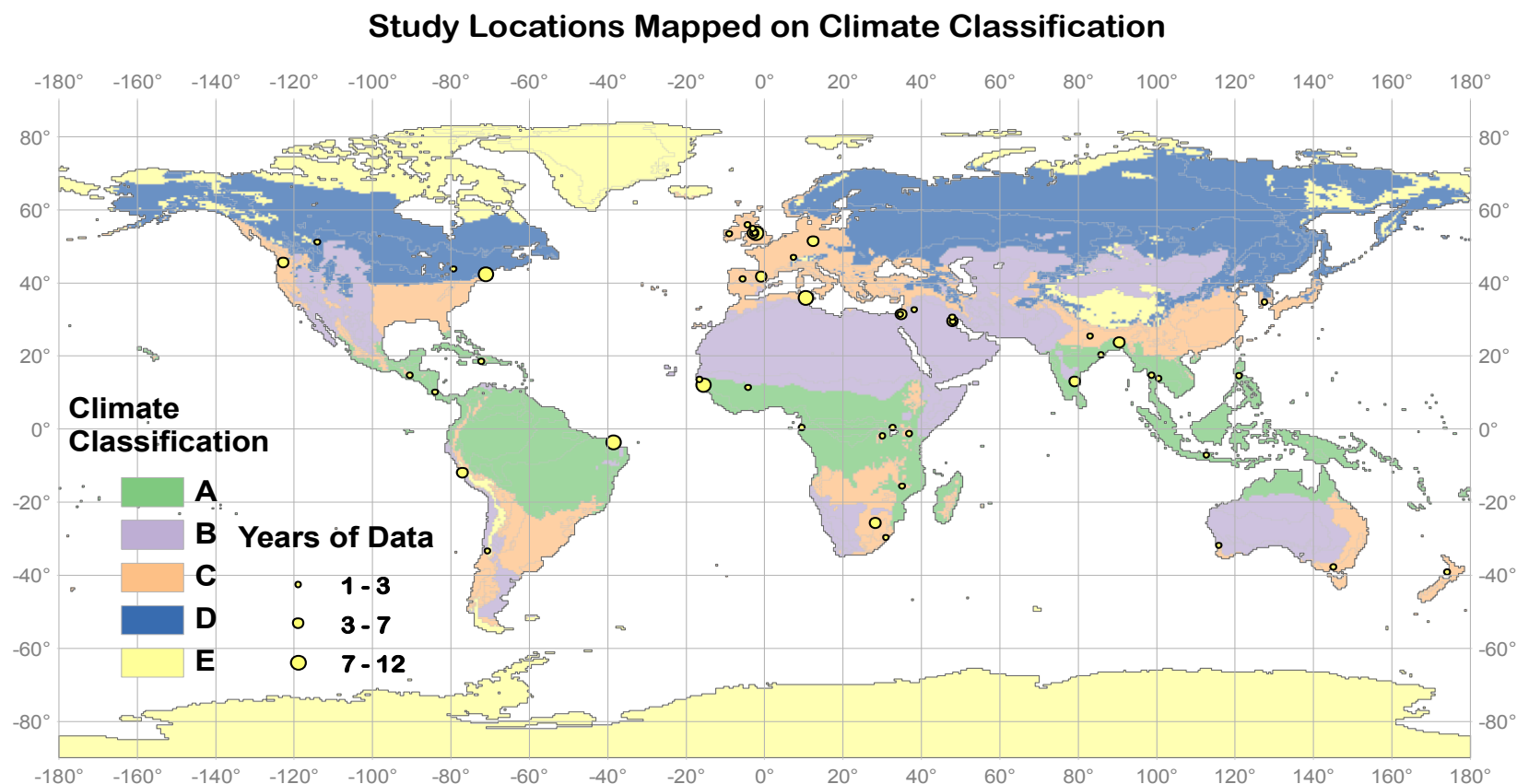


EXAMPLE 3

An evidence for potential synchronization of cryptosporidiosis by common environmental factors across multiple locations

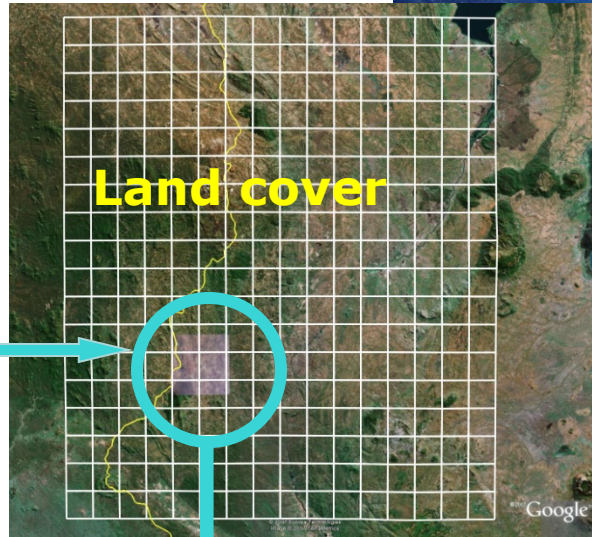
Meta-analysis approach

Seasonality on Global Scale

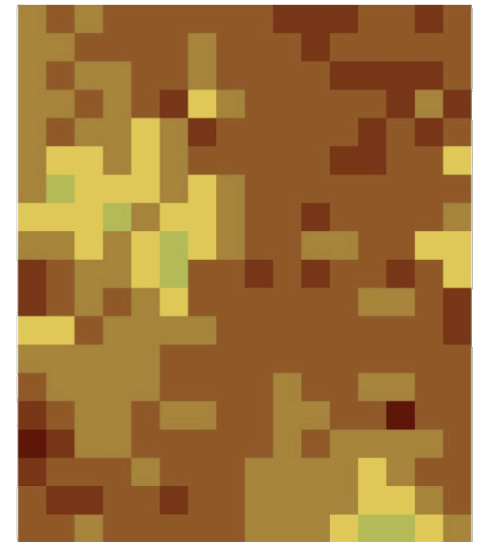
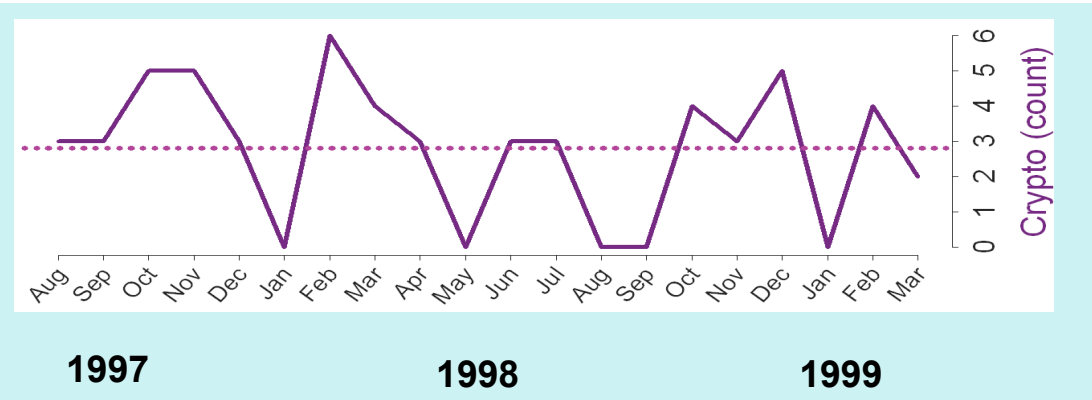


Link published cryptosporidiosis outcome data with temperature and precipitation and normalized vegetation index

61 studies with for 1-12 years of data analyzed (22 studies had NDVI)

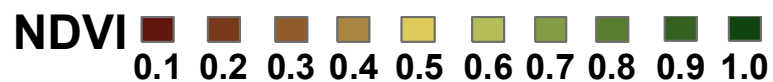


Blantyre, Malawi



NDVI – 8 km resolution

NDVI



September



NDVI

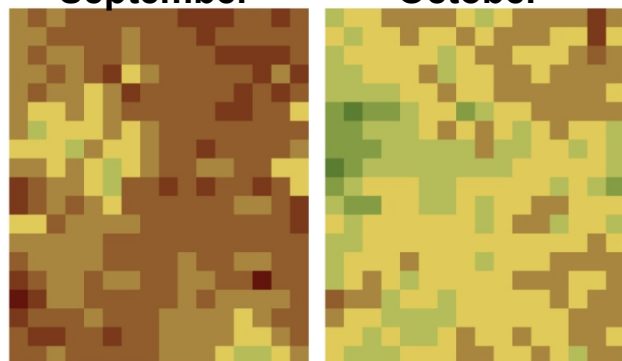


NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October



NDVI



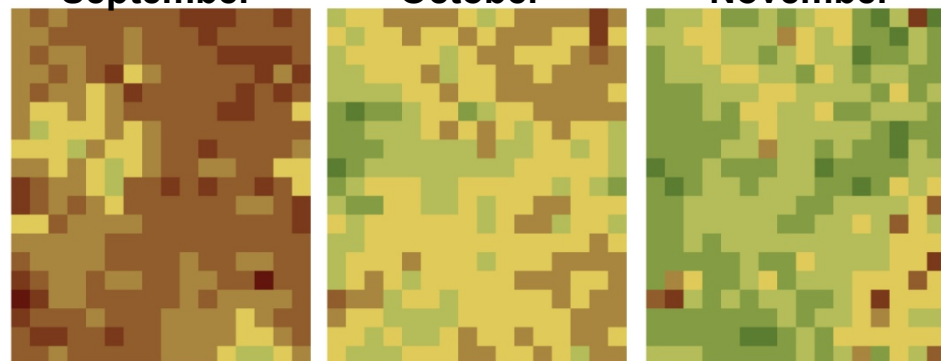
NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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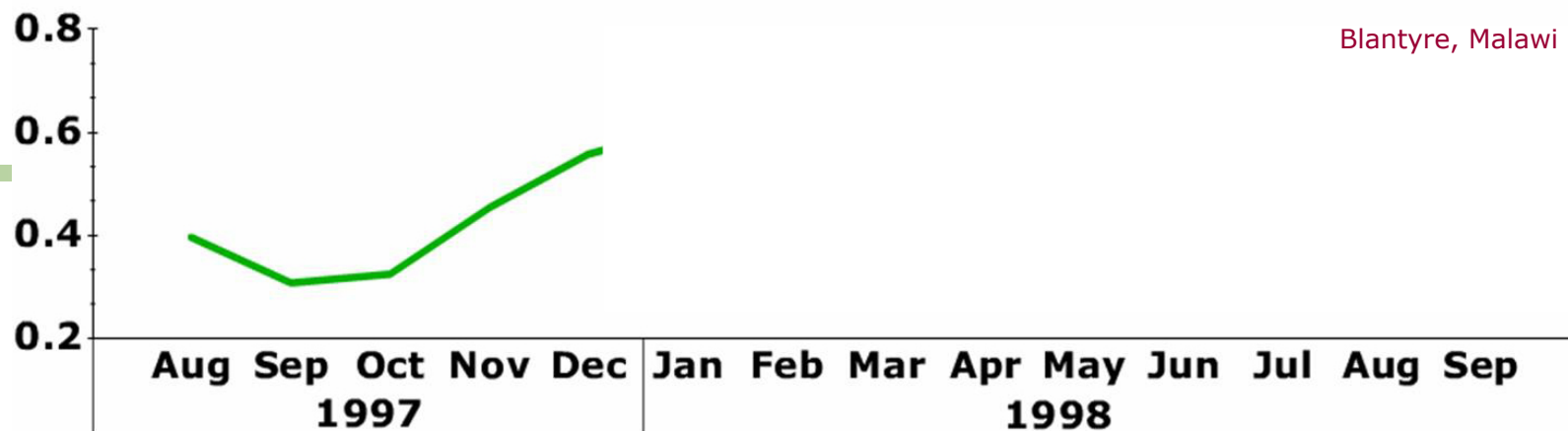
September

October

November



NDVI



NDVI

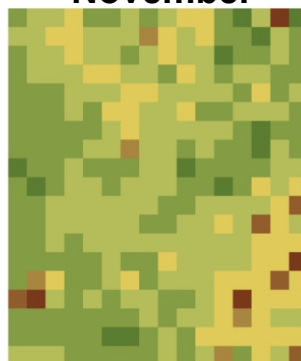
0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

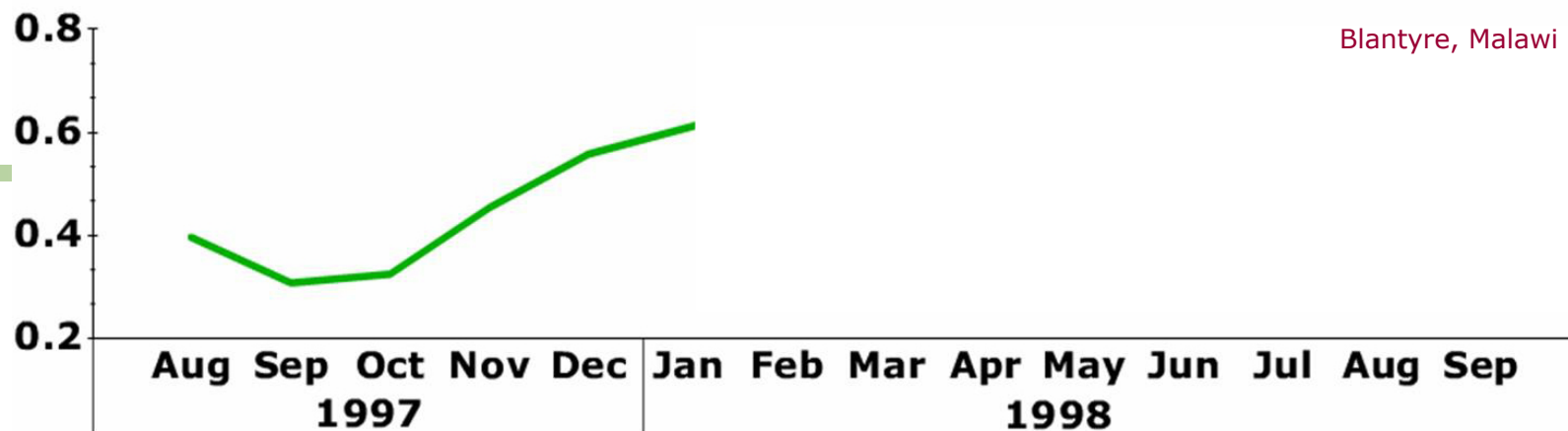
October

November

December



NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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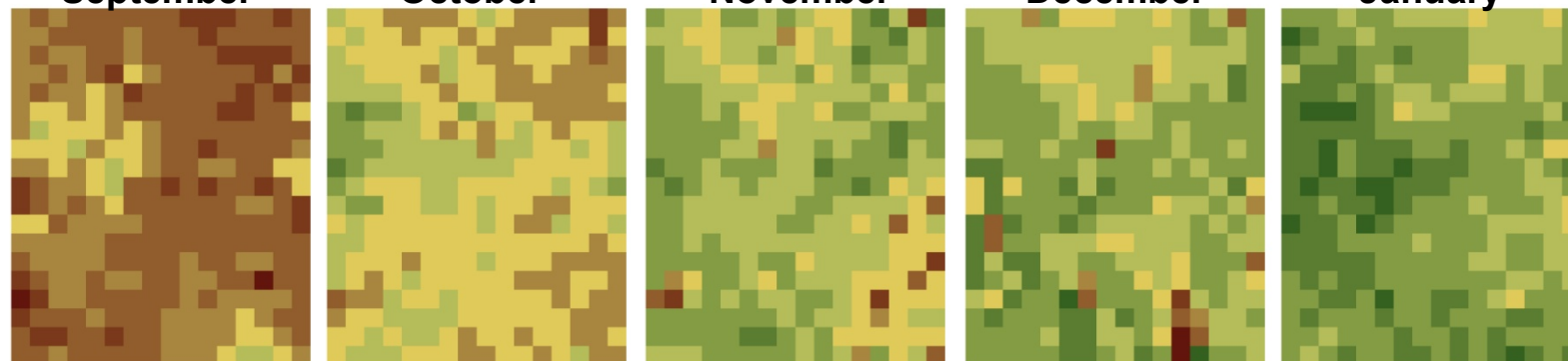
September

October

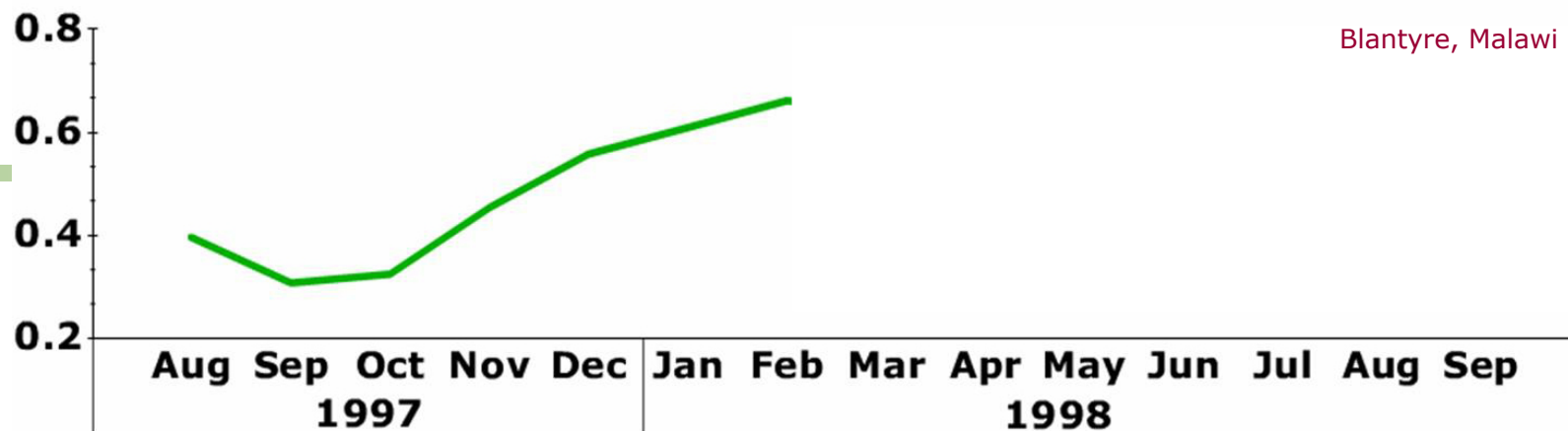
November

December

January



NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

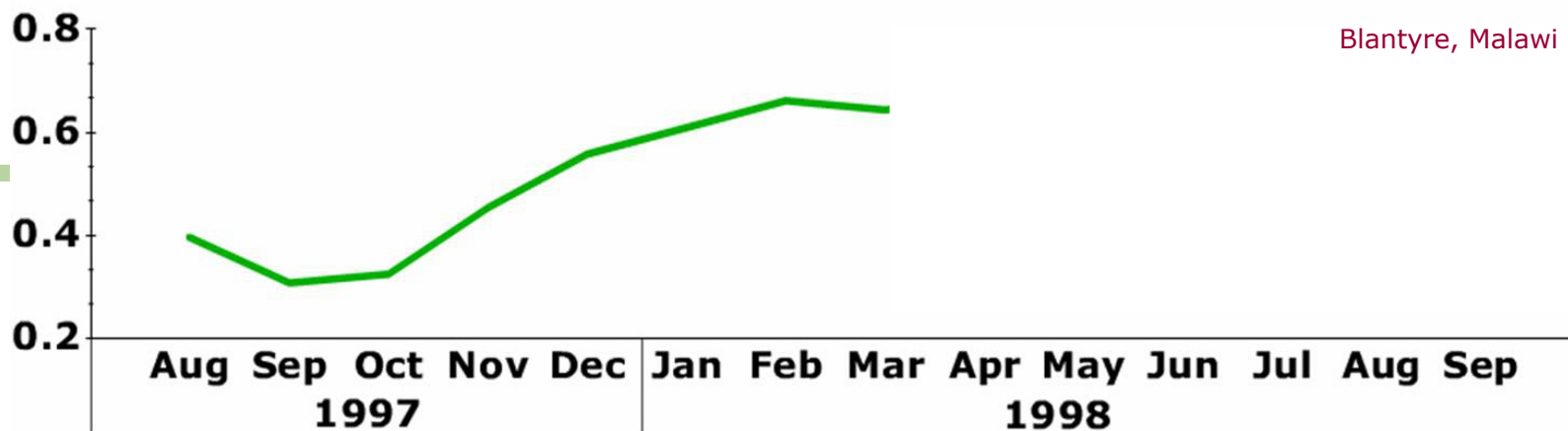
December

January

February



NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

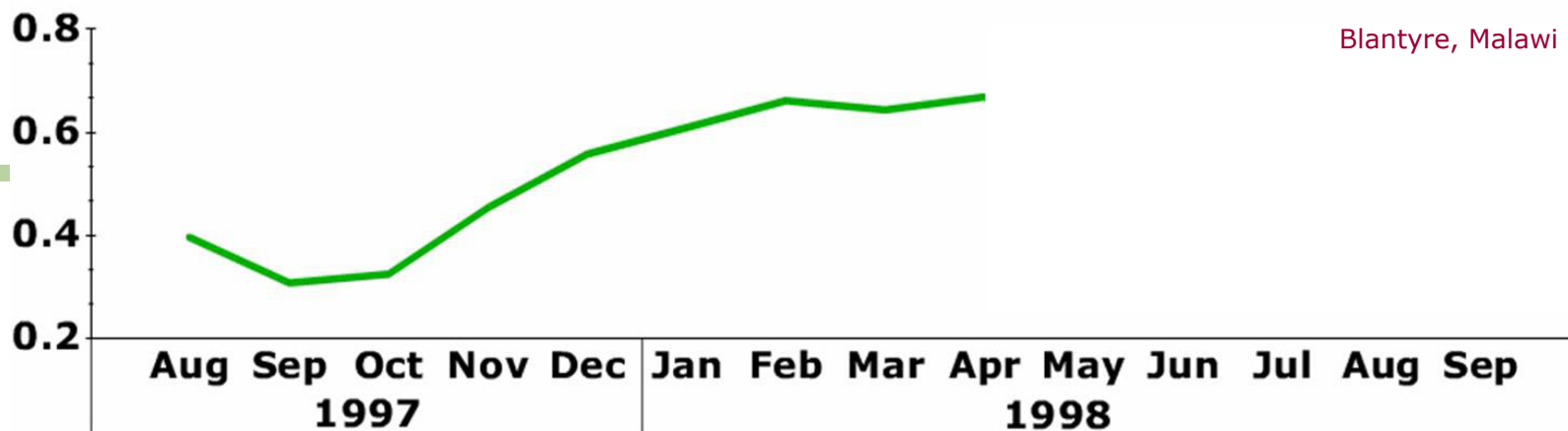
December

January

February

March

NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

December

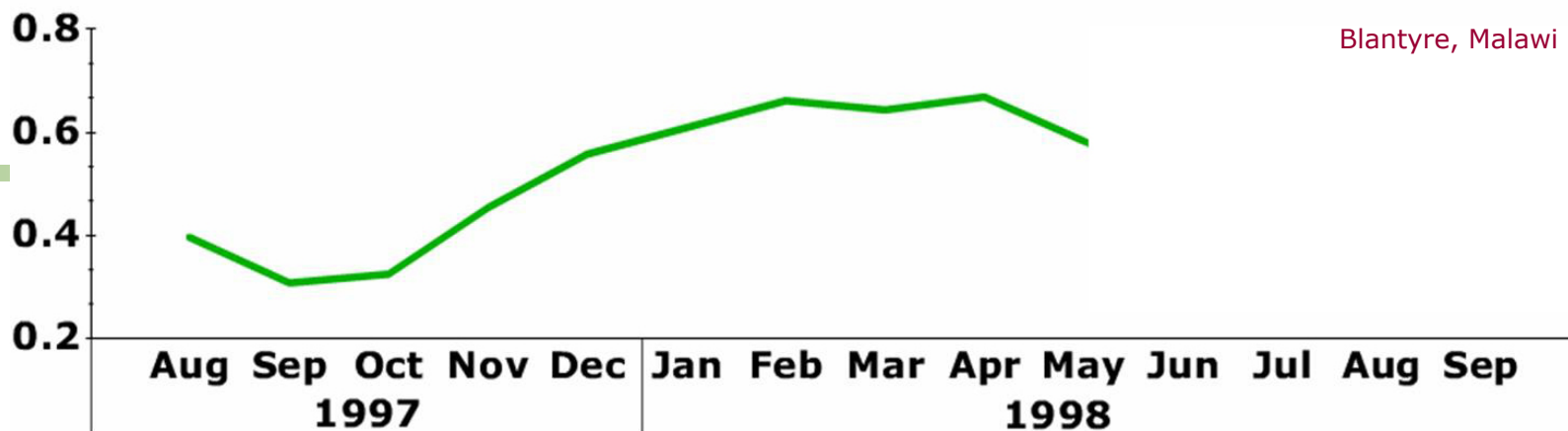
January

February

March

April

NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

December

January

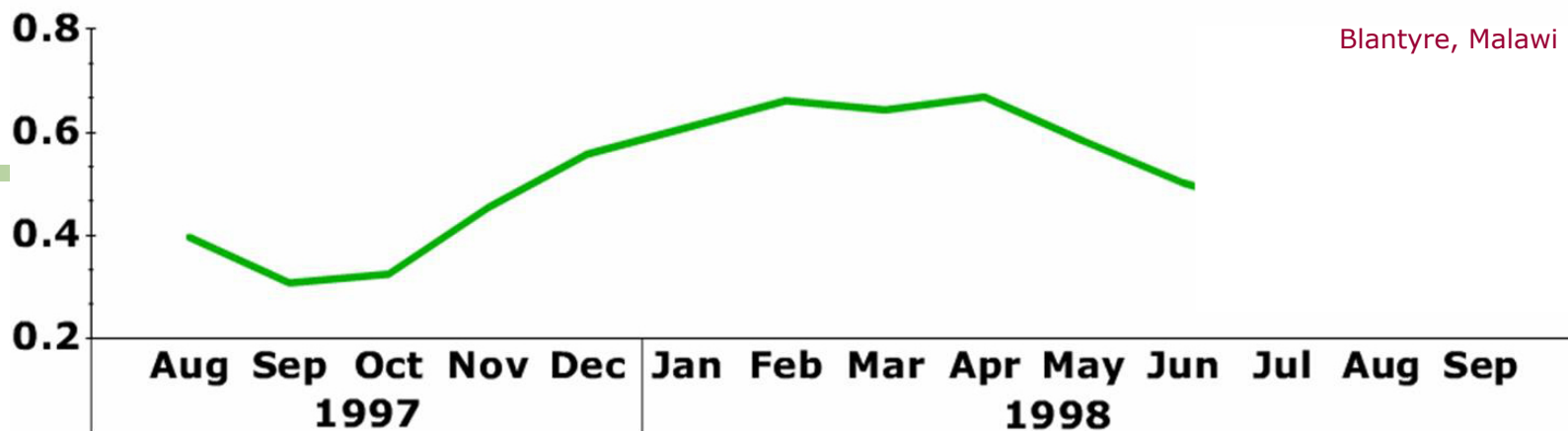
February

March

April

May

NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

December

January

February

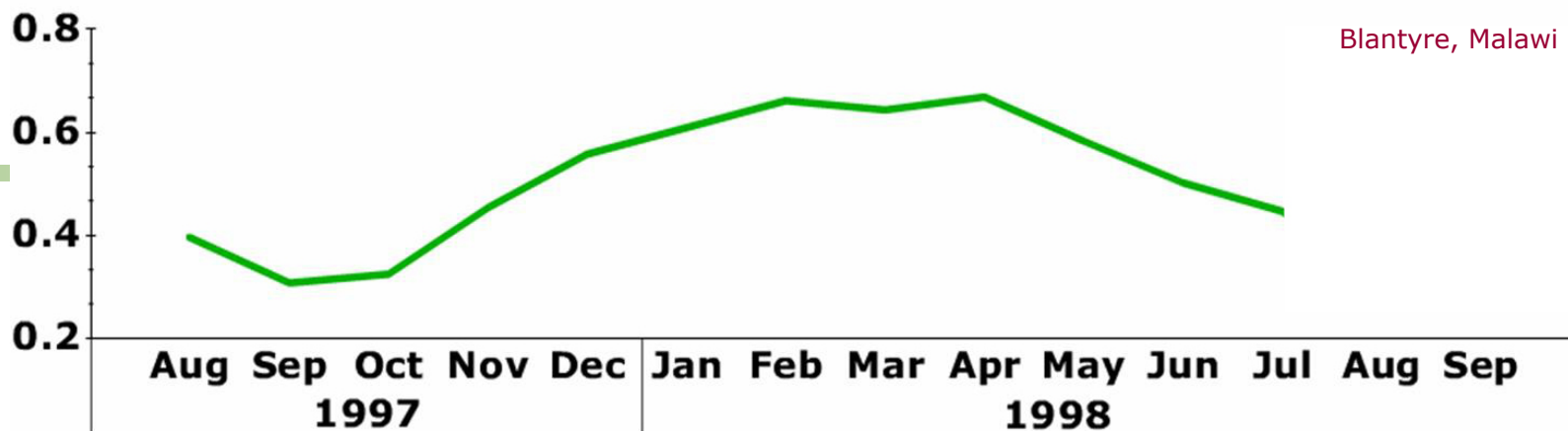
March

April

May

June

NDVI



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

December

January

February

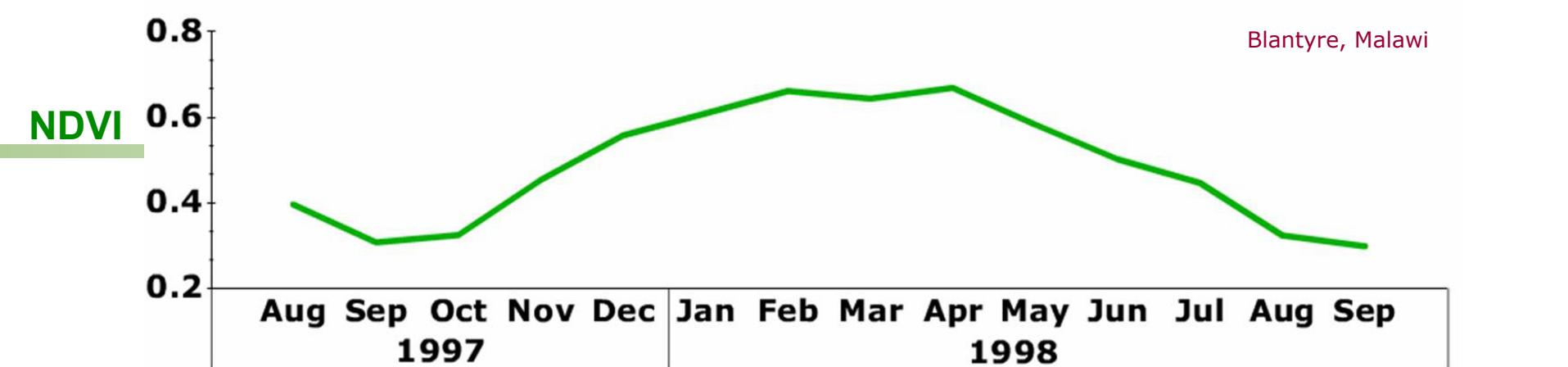
March

April

May

June

July



NDVI

0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0
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September

October

November

December

January

February

March

April

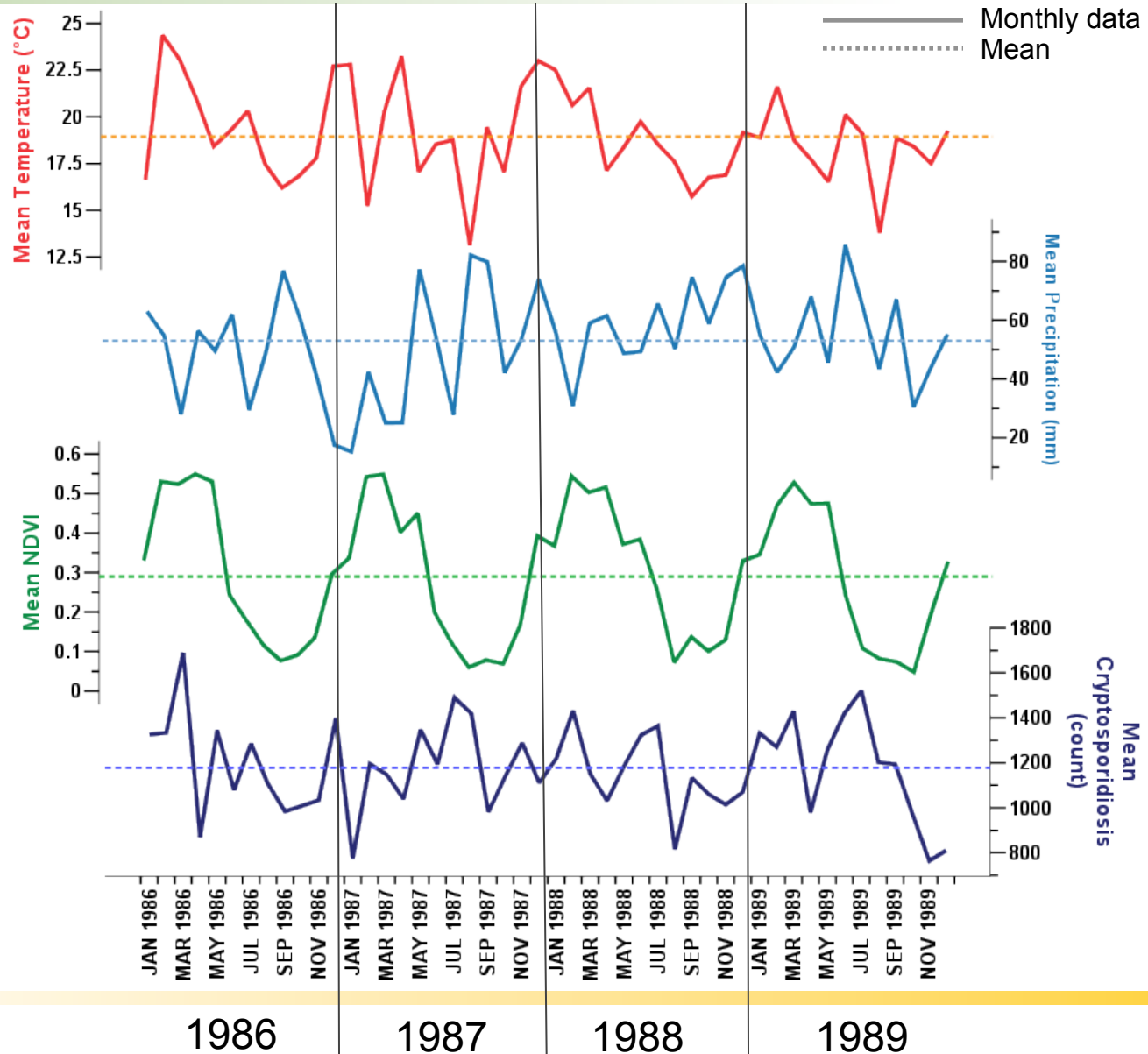
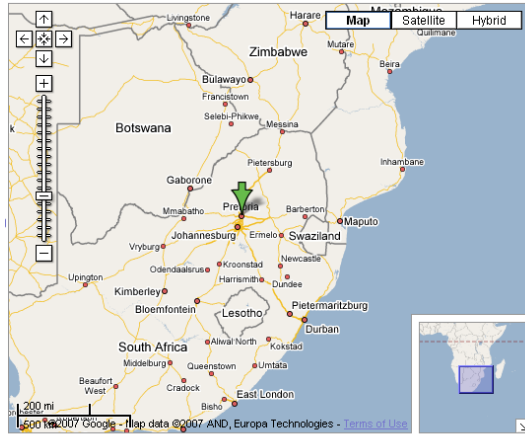
May

June

July

August

Data Normalization: Pretoria, South Africa



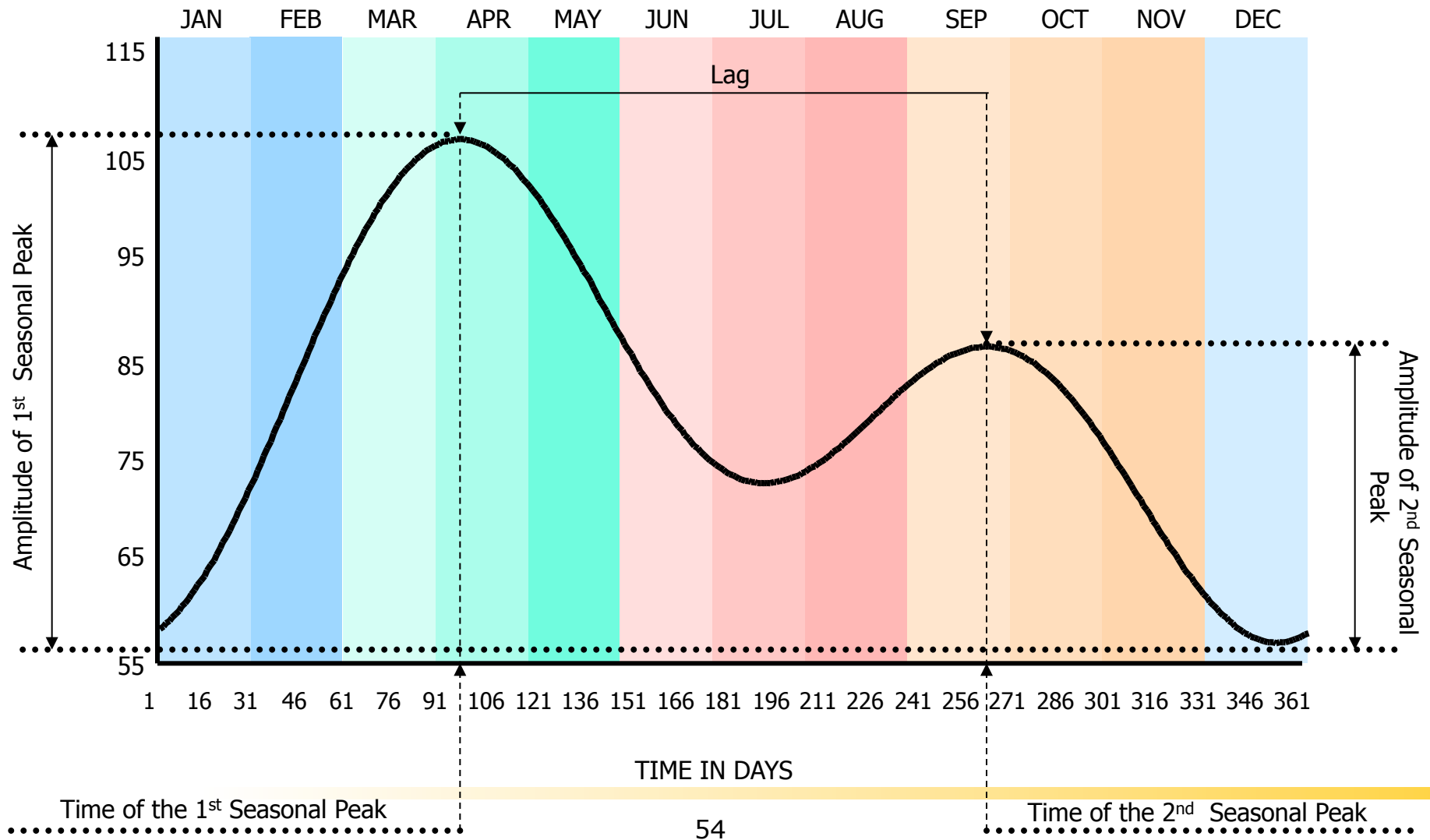
Results

- Temperature and precipitation are significant predictors of CP z-score
- Results vary by climate subgroup, sensitive to distance from equator, and stable with a lag of 1 month

EXPOSURE VARIABLES	OVERALL	PARAMETER BY CLIMATE SUBGROUP			
		A	B	C	D
Temperature	0.272	0.248	0.082	0.360	0.346
Precipitation	0.322	0.422	0.256	0.231	0.214
Mean NDVI	0.361	-0.830	-1.645	2.140	0.945

Table 3: Regression parameters of the effect of exposure on health outcomes for all studies and by climate subcategory. Bold indicates significance ($p < 0.05$).

Seasonal pattern with two peaks

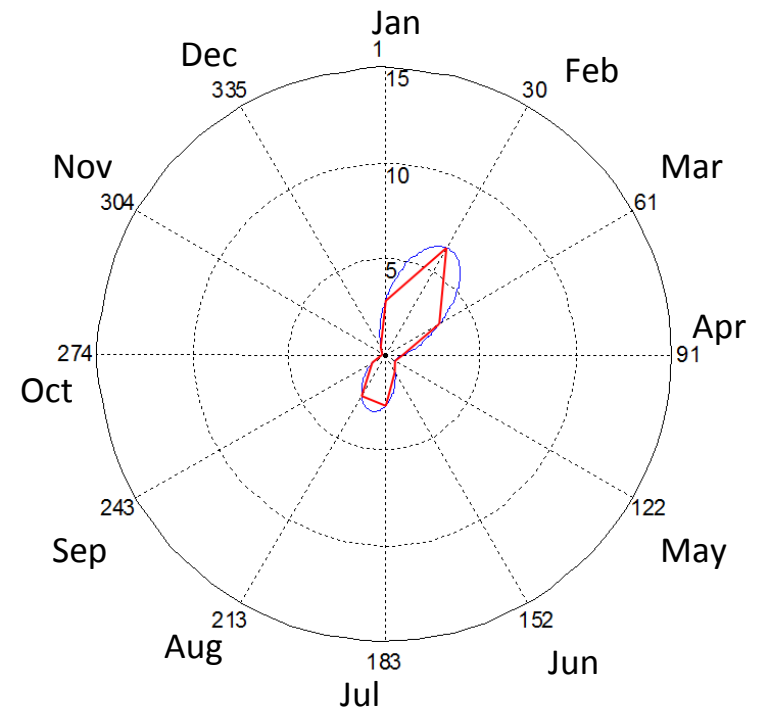
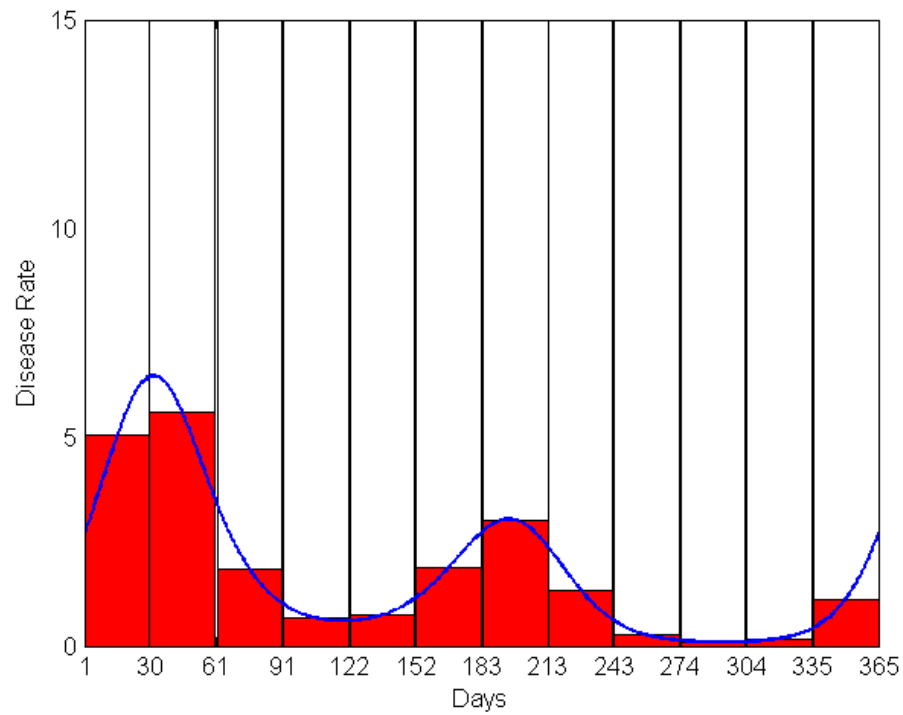




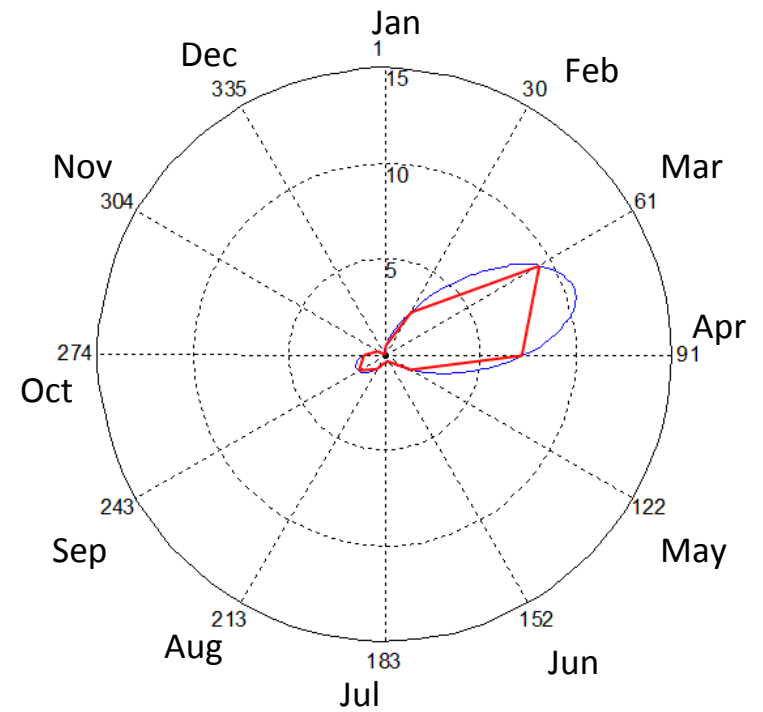
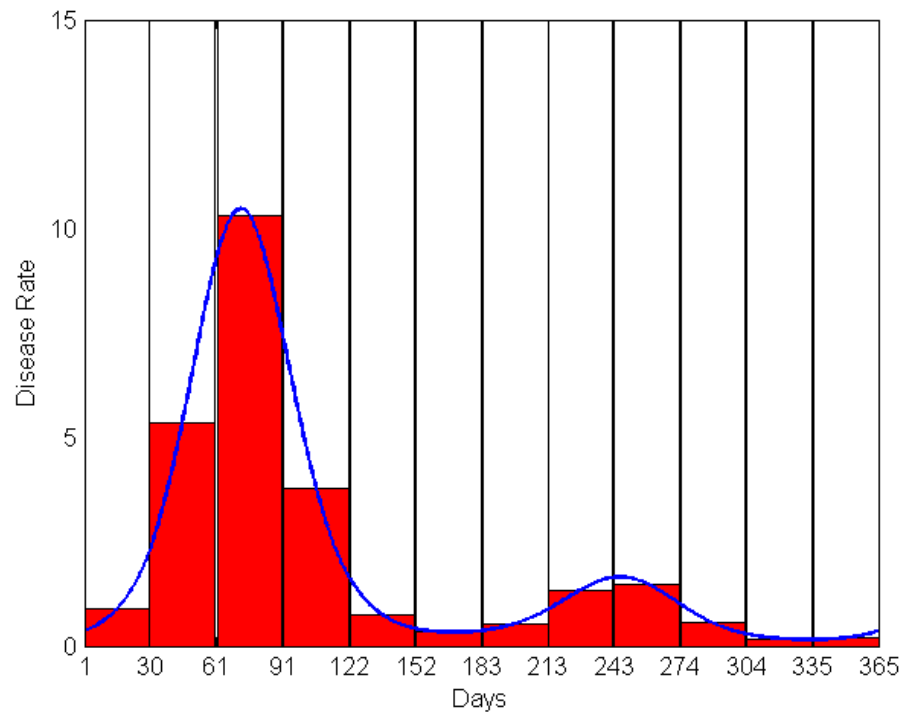
UNEQUAL DOUBLE ANNUAL PEAK

The progression of two **unequal** peaks throughout the year

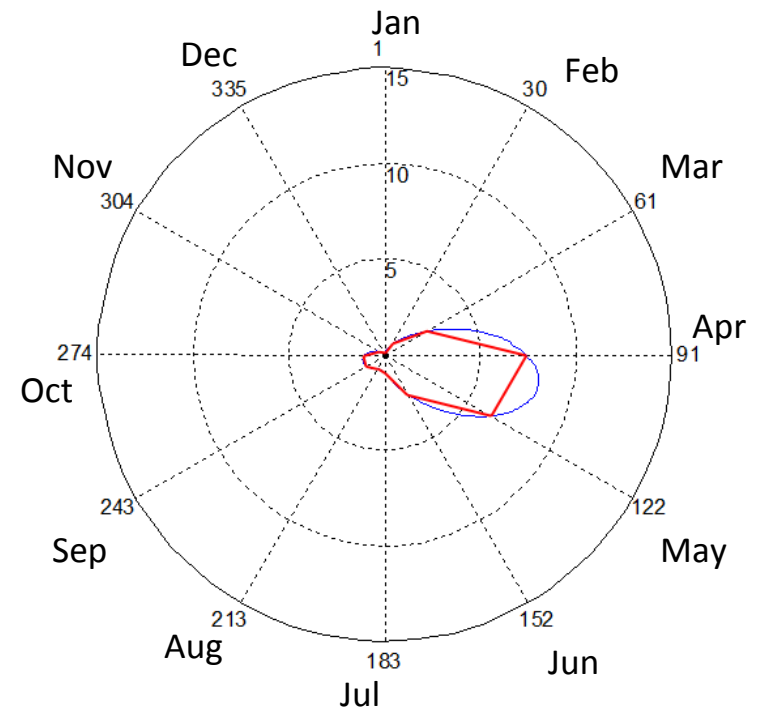
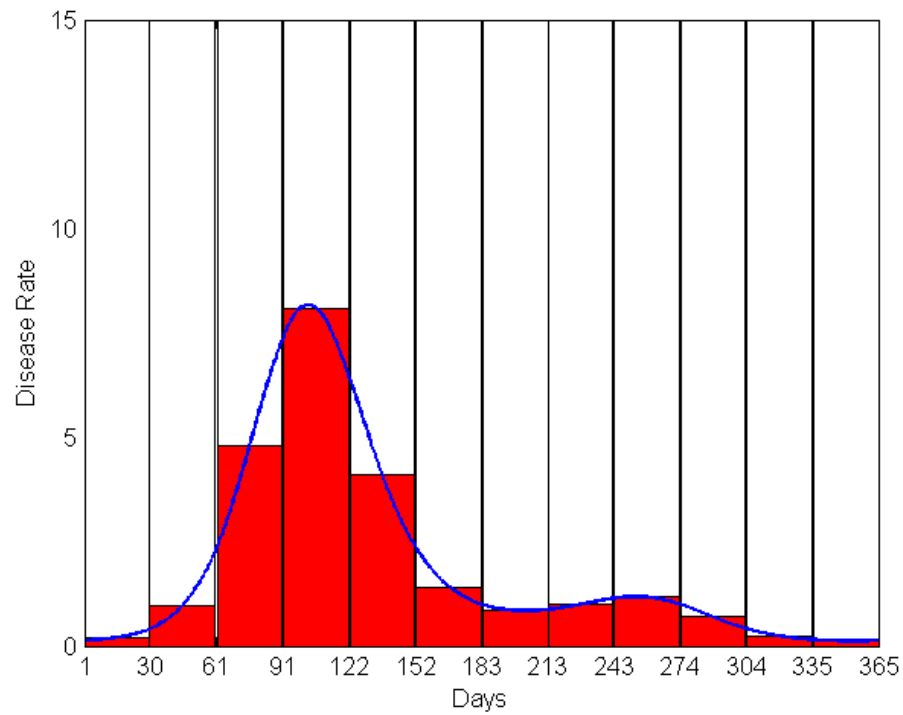
$$\beta_1 = 1, \beta_2 = 0, \beta_3 = 1, \beta_4 = 1$$



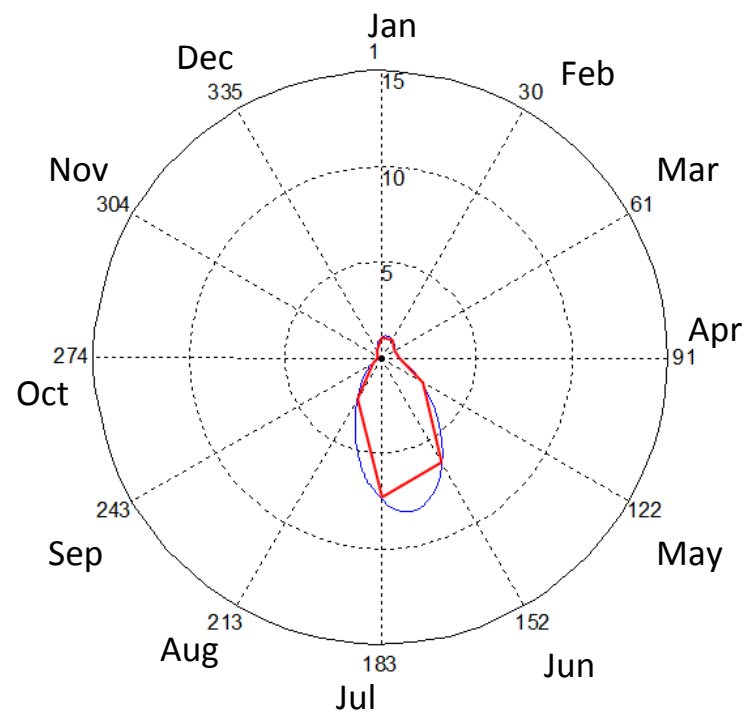
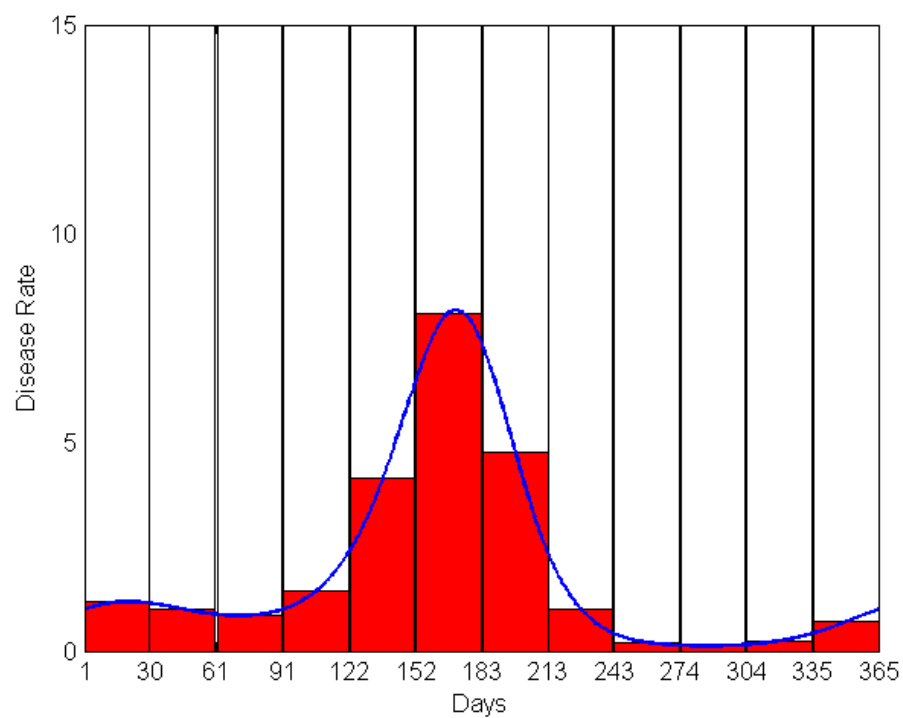
$$\beta_1 = 1, \beta_2 = 0, \beta_3 = 1, \beta_4 = -1$$



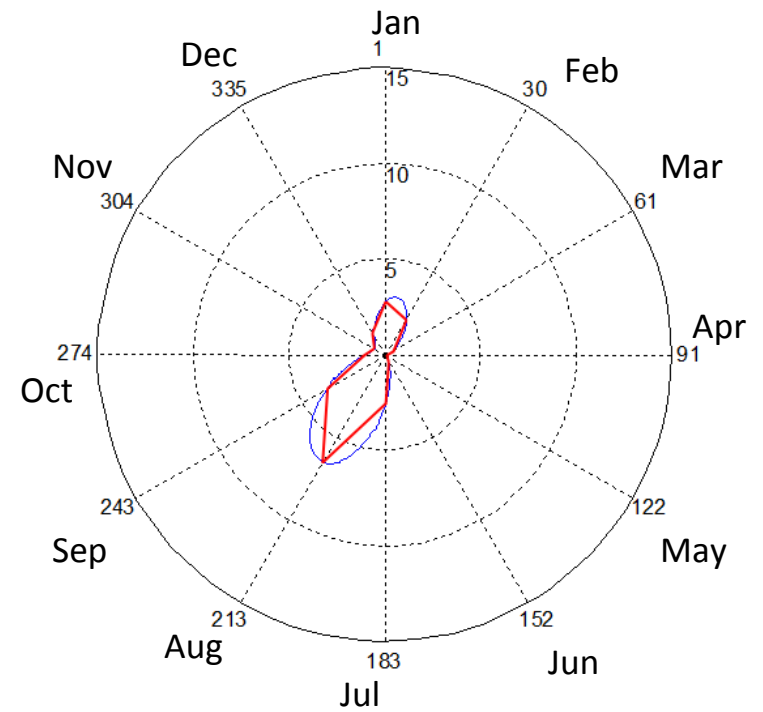
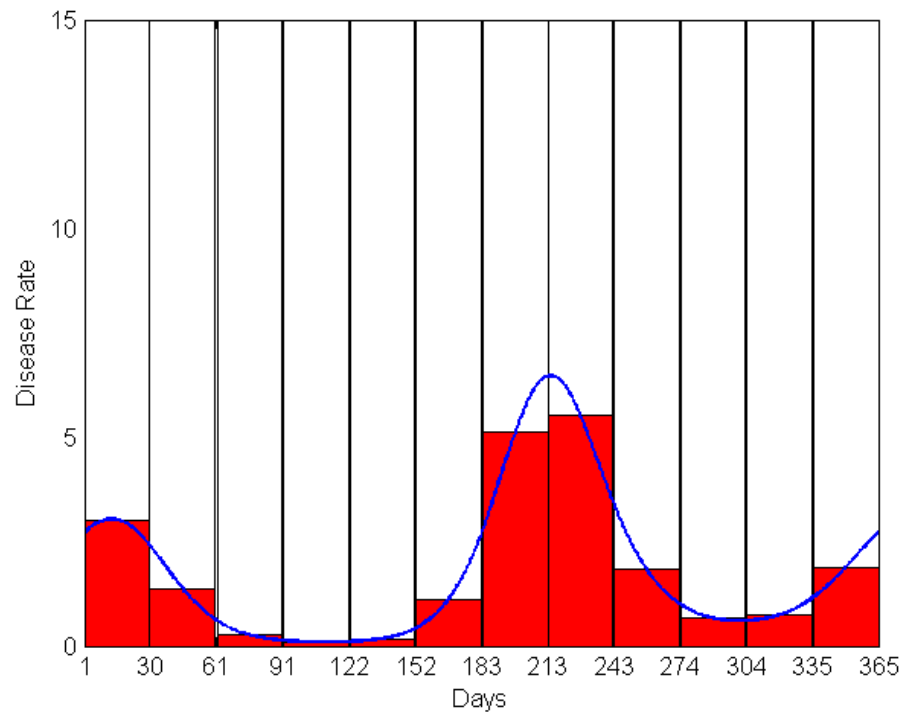
$$\beta_1 = 1, \beta_2 = -1, \beta_3 = 0, \beta_4 = -1$$



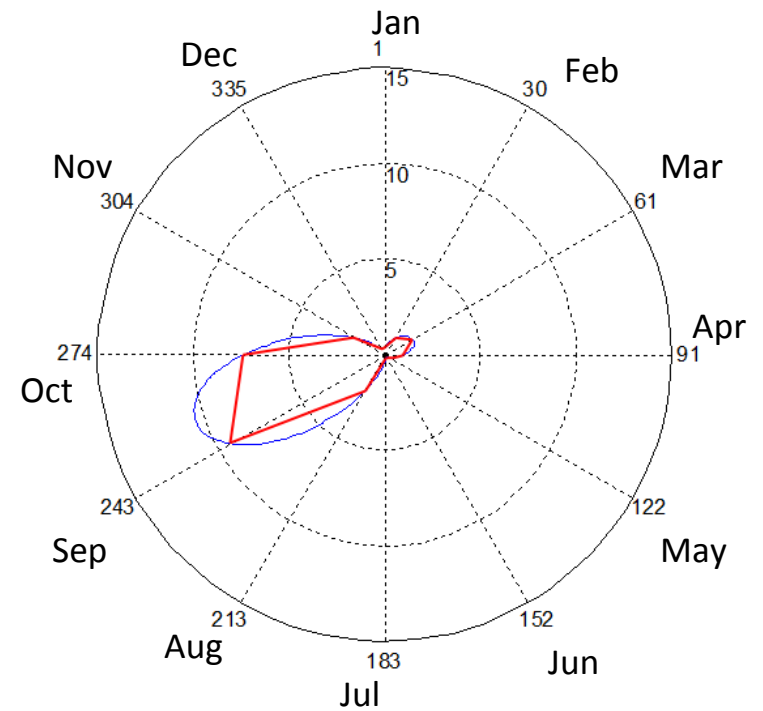
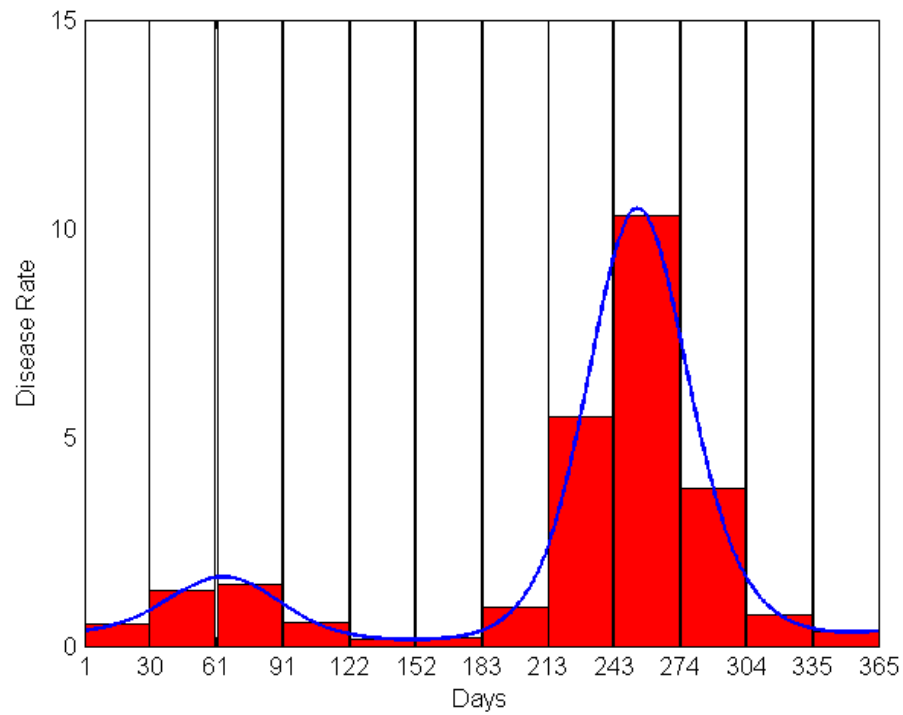
$$\beta_1 = 1, \beta_2 = -1, \beta_3 = 0, \beta_4 = 1$$



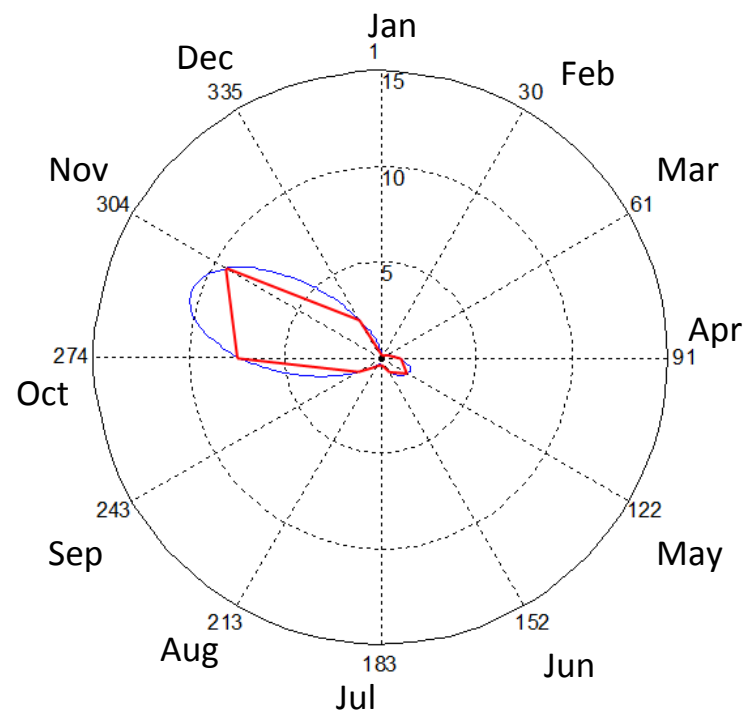
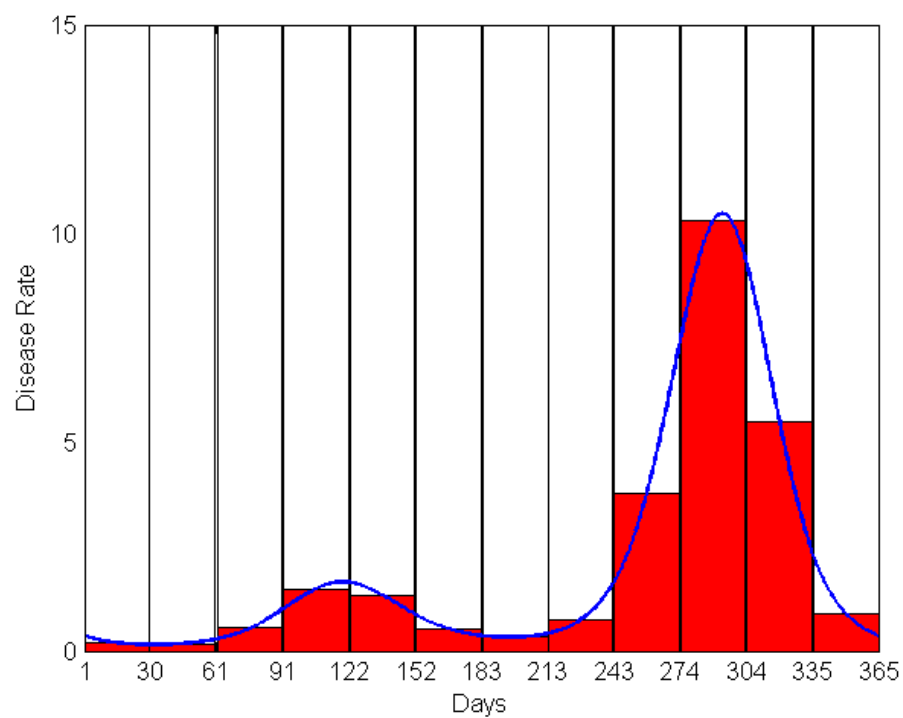
$$\beta_1 = -1, \beta_2 = 0, \beta_3 = 1, \beta_4 = 1$$



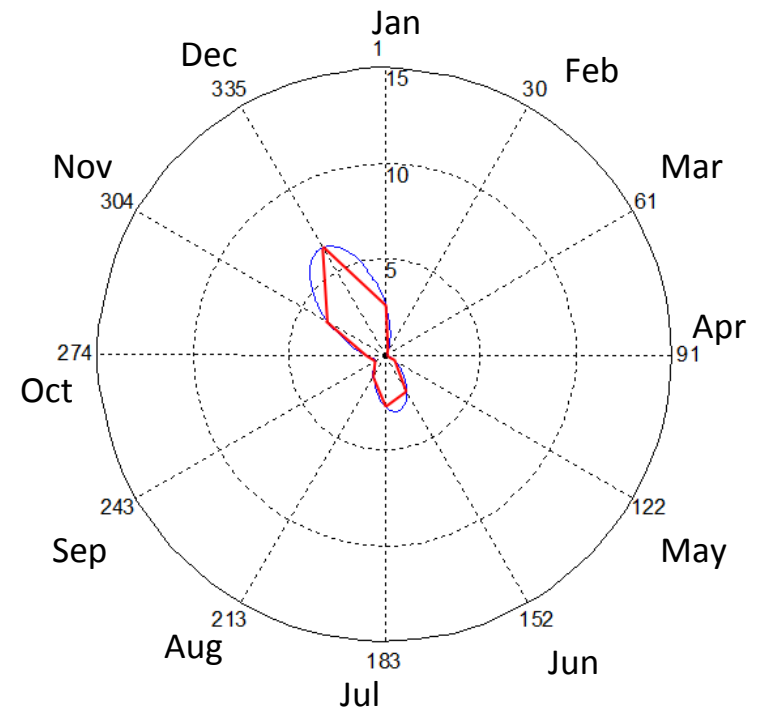
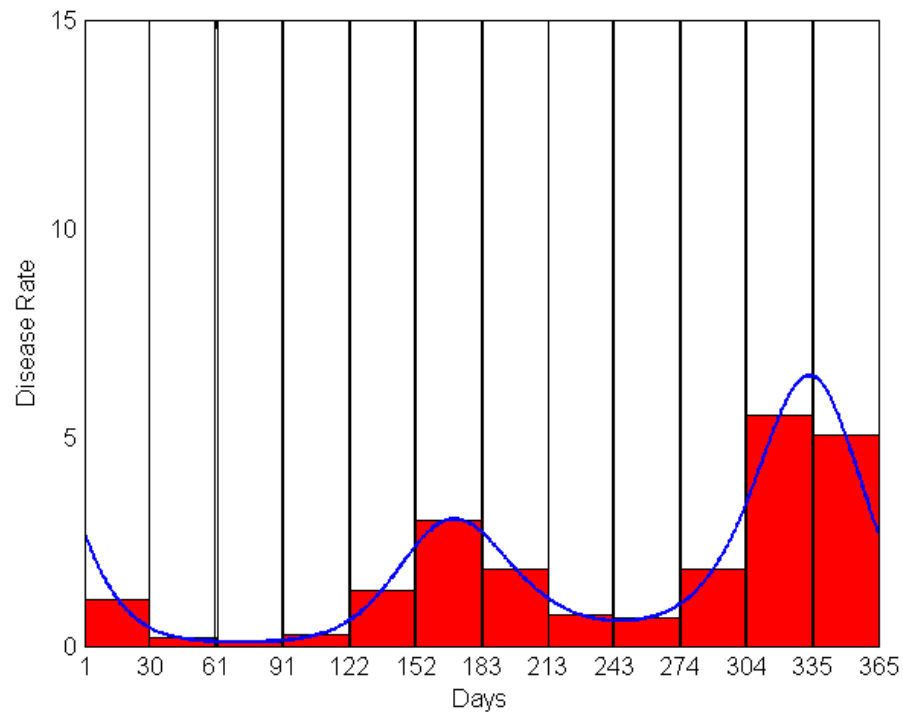
$$\beta_1 = -1, \beta_2 = 0, \beta_3 = 1, \beta_4 = -1$$



$$\beta_1 = -1, \beta_2 = 0, \beta_3 = -1, \beta_4 = -1$$

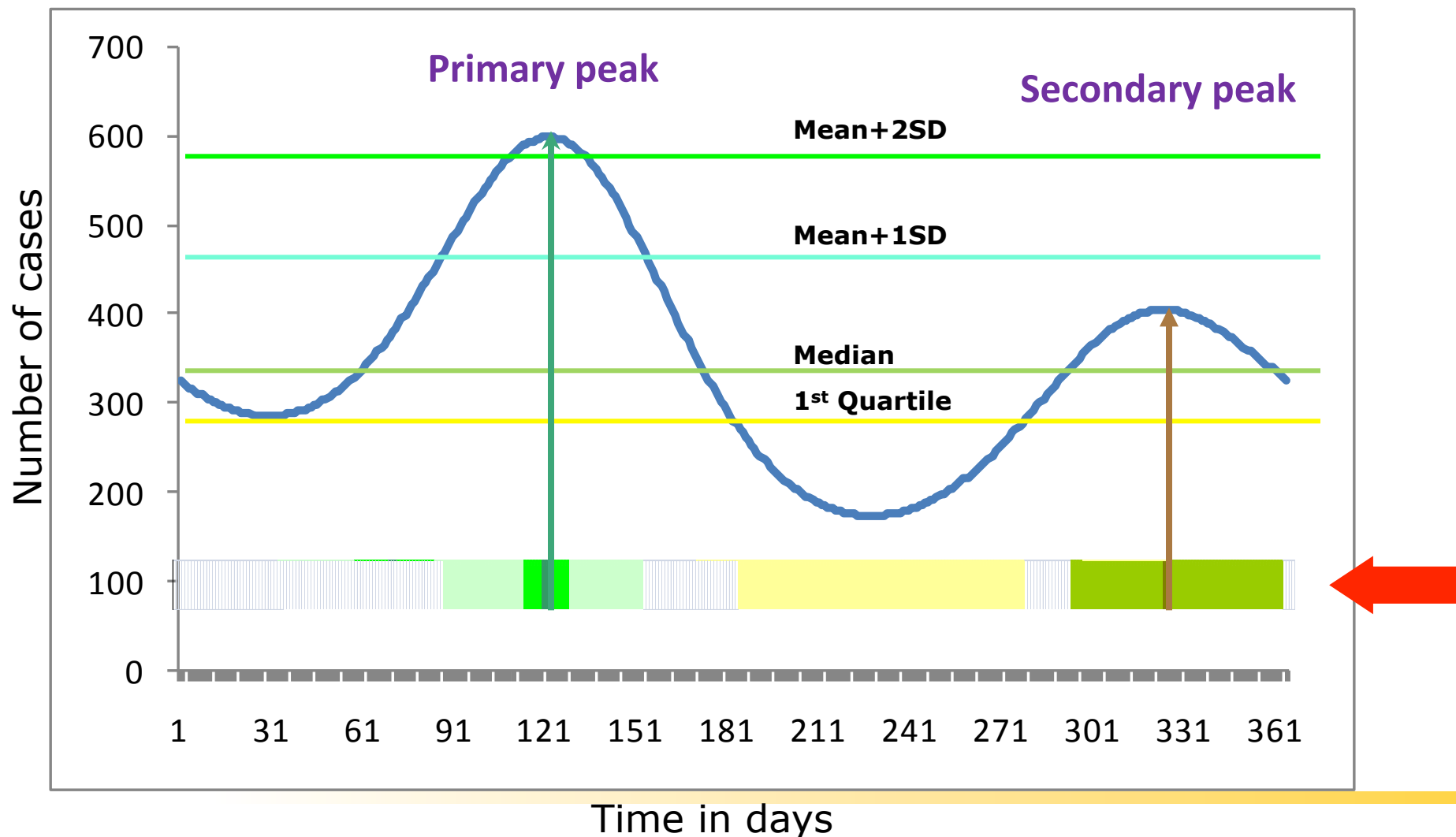


$$\beta_1 = 1, \beta_2 = 0, \beta_3 = 1, \beta_4 = 1$$



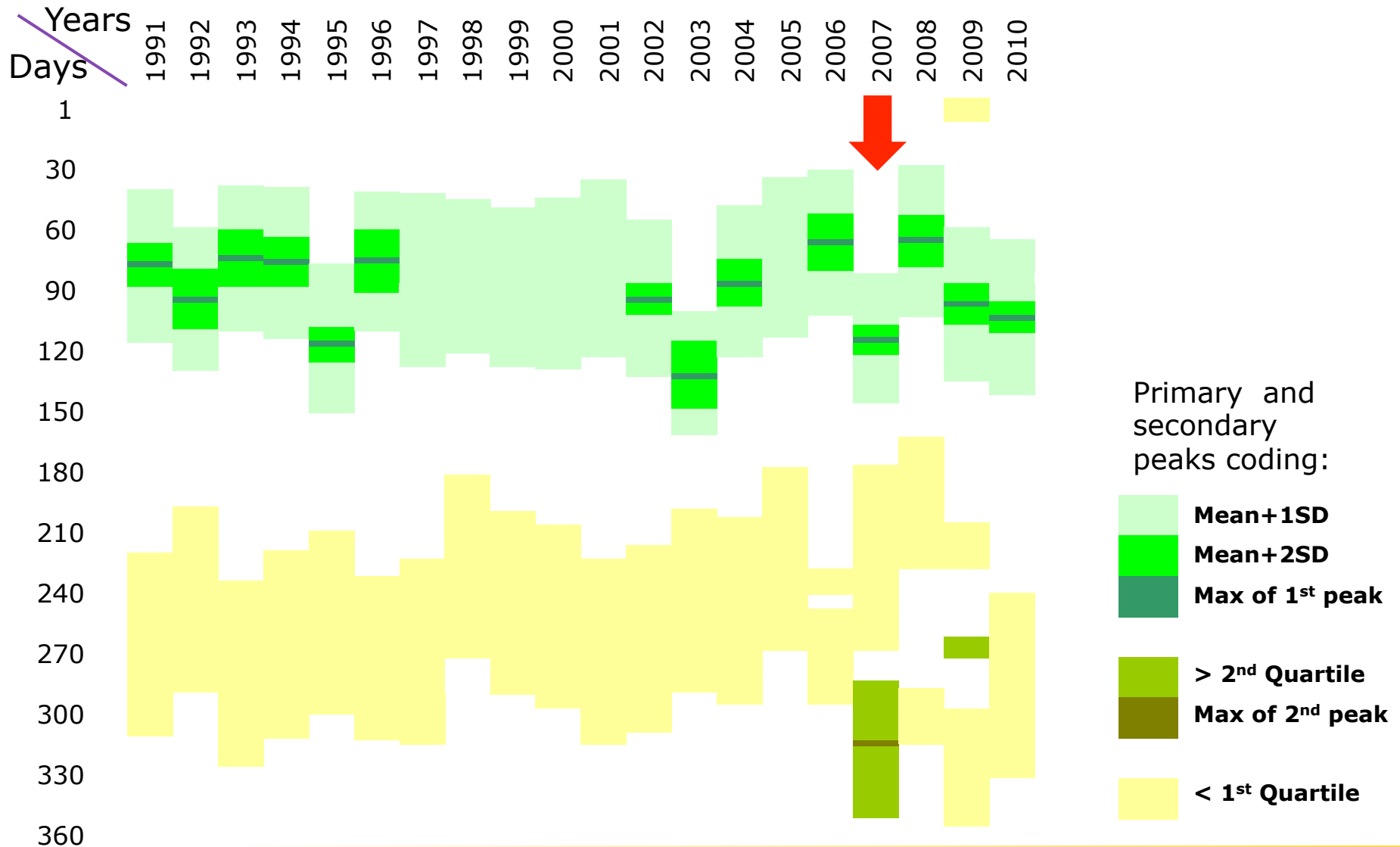
Peak Timing for Semi-Annual Seasonality

$$\log [Y(t)] = \beta_0 + \beta_1 \sin(2\pi\omega t) + \beta_2 \cos(2\pi\omega t) + \beta_3 \sin(4\pi\omega t) + \beta_4 \cos(4\pi\omega t) + e(t)$$



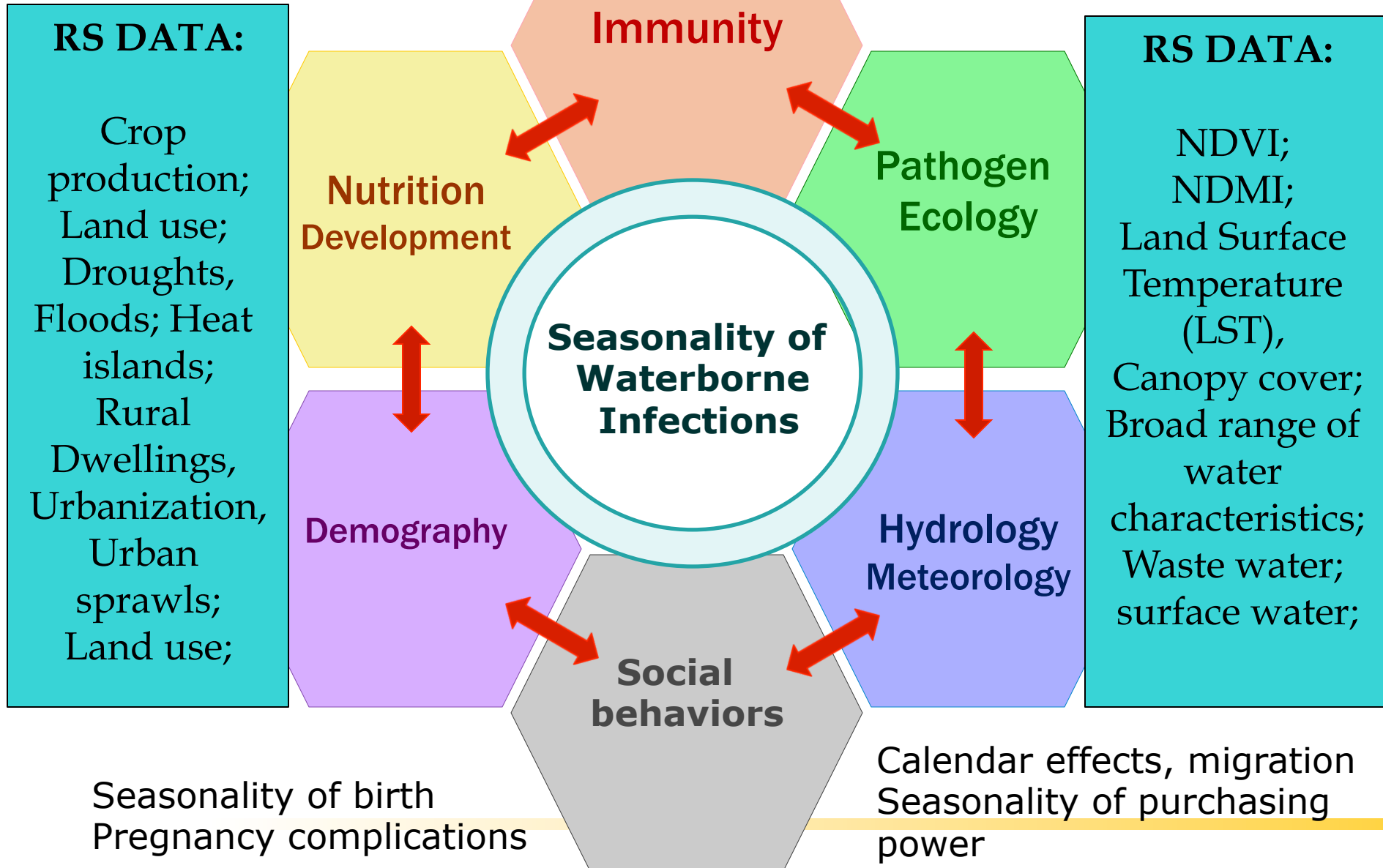
Ross River Fever, 2007

Seasonality of Ross River Fever in Australia



Innate Immunity
Vaccination

Emerging strains
Transmission
Animal health



Seasonality Research

- determine factors governing seasonality
 - design cross-sectional and prospective studies geared to estimate the burden of waterborne diseases considering seasonality
 - prioritize allocation of resources
 - improve primary data collection with refined temporal resolution
 - assess the effect of interventions
 - assess the effect of environmental factors
 - consider social calendars in modeling seasonality
 - enhance the validity of near-term and short-term forecasts
-

Several essential aspects of seasonality are outlined:
the need for preservation of information relevant to
episodes of waterborne infections at the finest
temporal resolution,
the importance of considering social calendars in
modeling seasonality,
the rationales why seasonality has to be taken into
account in designing cross-sectional and
prospective studies geared to estimate the burden
of waterborne diseases.

Mentioned and Relevant Publications

1. Naumova EN, MacNeill IB. **Seasonality assessment for biosurveillance systems**. In: Advances in Statistical Methods for the Health Sciences: Applications to Cancer and AIDS Studies, Genome Sequence Analysis, and Survival Analysis. Edited by N. Balakrishnan, Jean-Louis Auget, M. Mesbah, Geert Molenberg. Birkhauser, Boston. 2006; (pp. 437-450)
2. Wenger JB, Naumova EN. **Seasonal synchronization of influenza in the United States older adult population**. *PLoS ONE*. 2010 (on-line)
3. Lofgren E, Fefferman NH, Naumov YN, Gorski J, Naumova EN. **Influenza seasonality: underlying causes and modeling theories review**. *Journal of Virology*. 2007; 81(11): 5429-36.
4. Naumova EN, Jagai J, Matyas B, DeMaria A, MacNeill IB, Griffiths JK. **Seasonality in six enterically transmitted diseases and ambient temperature**. *Epidemiology & Infections*. 2007. 135(2):281-92.
5. Lofgren E, Fefferman NH, Doshi M, Naumova EN. **Assessing seasonal variations in multisource surveillance data: annual harmonic regression**. D. Zeng et al. (eds.): BioSurveillance 2007. Lectures Notes in Computer Science (LNCS) 4506, Springer. 2007; pp. 114-123.
6. Lofgren ET, Wenger JB, Fefferman NH, Bina D, Gradis S, Bhattacharyya S, Naumov YN, Gorski J, Naumova EN. **Disproportional effects in populations of concern for pandemic influenza: insights from seasonal epidemics in Wisconsin, 1967-2004**. *Influenza and Other Respiratory Viruses*. 2010; 4(4): 205-12 [Epub ahead of print]
7. O'Neill EA, Naumova EN. **Defining Outbreak: Breaking out of the confusion**. *JPHP*. 2007, Dec; 28(4):442-55.
8. Muchiri JM, Ascolillo L, Mugambi M, Mutwiri T, Ward H, Naumova EN, Egorov A, Cohen S, Else JG, Griffiths JK. **Seasonality of Cryptosporidium oocyst detection in surface waters of Meru, Kenya as determined by two isolation methods followed by PCR**. *Water & Health*. 2009; 7(1):67-75.
9. Fefferman NH, Naumova EN. **Innovation in Observation: A Vision for Early Outbreak Detection**. *Emerging Health Threats*. 2010. [Epub ahead of print]
10. Naumova EN, Christodouleas J, Hunter PR, Sued Q. **Temporal and spatial variability in cryptosporidiosis recorded by the surveillance system in North West England in 1990 - 1999**. *Water and Health*. 2005; 3(2):185-96.
11. Naumova EN. **Mystery of seasonality: getting the rhythm of nature**. *Journal of Public Health Policy*. 2006; 27(1): 2-12.
12. Lofgren E, Fefferman NH, Naumov YN, Gorski J, Naumova EN. **Influenza seasonality: underlying causes and modeling theories review**. *Journal of Virology*. 2007; 81(11): 5429-36.
13. Jagai JS, Castronovo DA, Monchak J, Naumova EN. **Seasonality of cryptosporidiosis: a meta-analysis approach**. *Environmental Research*. 2009 May; 109(4):465-78.

Acknowledgements

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(PI - Dr. Elena N. Naumova, Tufts University, Boston USA)
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National Institute of Child Health and Development
and NIH Fogarty International Center Grant, R01 HD38327
(PIs – Kang and Ward)

CDC/IMRC: Environmental Indicators of Enteric Infection
(PI – Naumova[USA] and Balraj [India])

Drs. Sempertegue, Estrella (Baca Ortiz Children Hospital, Quito Ecuador)

Denise Castronovo, Jim Monchak (Mapping Sustainability, Inc. USA)

Tufts Institute of the Environment (TIE)

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Siobhan Mor, Steve Cohen, Julia Wenger, Alex Liss