

# Using models to link surveillance and global air transportation data

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## Diseases have been moving around for a while

It first began, it is said, in the parts of Ethiopia above Egypt, and thence descended into Egypt and Libya and into most of the [Persian] King's country. Suddenly falling upon Athens, it first attacked the population in Piraeus [...] and afterwards appeared in the upper city, when the deaths became much more frequent.

Thucydides (c. 460 BC - c. 395 BC)  
History of the Peloponnesian War  
(plague of Athens of 430 BC)



- 1 Mobility and pathogens
- 2 Internet (trawling) disease surveillance
- 3 Global air transportation network
- 4 Connection through metapopulation modelling

## Several types of mobilities

- Long term ( $> 6$  months): relocation, immigration, refugees  
Typically change of place of main residence
- Middle range (1–6 months): migrant workers (domestic and foreign)  
Typically maintain two places of residence (or strong attachment to one of the two)
- Short term ( $< 1$  month): travel (work or leisure).  
Travel away from the main place of residence. **Focus here**

# Spatio-temporal spread of SARS in 2003

SARS gets onto the GATN in March 2003

- propagation to 27 countries in Asia, North and South America, Europe, in a matter of months

36 cities imported SARS cases

- 24 had direct nonstop flights from Hong Kong (HKG)
- 12 were 1 stop away from HKG

137 cases showed to have crossed national boundaries while infected

- 129 travelled by air
- 8 people went China → Mongolia by ground transportation

## Spatial spread of nH1N1 in 2009

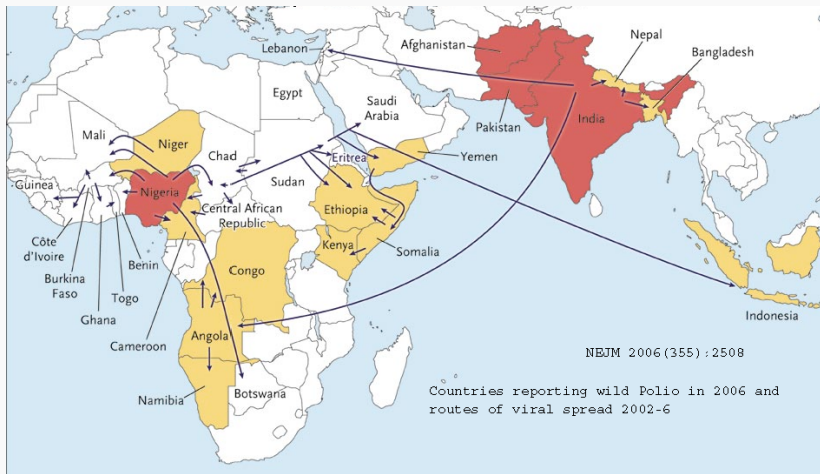
March and April 2008 (surrogate for 2009 data):

- 2.35M PAX flew from MX to 1018 cities in 164 countries
  - 80.7% to USA and Canada
  - 8.8% to South and Central America
  - 8.7% to Europe
- countries receiving more than 1400 passengers from MX at significantly elevated risk for importation (ROC curve). Using this passenger threshold, international air-traffic volume alone was a
  - more than 92% sensitive
  - more than 92% specific

predictor of importation (area under the ROC curve of 0.97)

Khan, Arino, Hu et al, New England J Med, July 2009

# Polio after 2002



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# Internet (trawling) disease surveillance

## Principle

Internet (trawling) surveillance uses automatic processing of internet sources (news, blogs, etc.) to monitor and provide early warning about the emergence or re-emergence of diseases

- HealthMap
- Global Public Health Information Network (GPHIN, Public Health Agency of Canada)

Another example, specific to influenza: Google Flu Trends, uses google searches about influenza to guesstimate flu activity

## It works!

Health officials outside of Mexico were potentially aware of what was eventually determined to be the 2009 H1N1 pandemic as early as April 1, when HealthMap first disseminated local media reports about a “mysterious” influenza-like illness in La Gloria.

April 6: Veratect

On April 10, GPHIN notified WHO of acute respiratory illness in La Gloria, and on the following day the PAHO IHR focal point (the point of contact with the WHO under the IHR) requested verification.

Y. Zhang et al, PLoS One, 8(4), April 2013

## However..

Because they trawl the internet, these systems generate a lot of noise

⇒ Human analysts go through the alerts to eliminate the irrelevant ones and help rank the alerts

RÉSEAU  
MONDIAL  
D'  
INFORMATION  
EN  
SANTÉ  
PUBLIQUE

GLOBAL  
PUBLIC  
HEALTH  
INTELLIGENCE  
NETWORK

English  default language

System Queries							
All - 48 hours							
Queries							
2013/11/03 06:03 GMT	Heicoba	O Globo		PT	50	X	HNBAECOP
2013/11/03 06:03 GMT	Tolerance zero with AIDS epidemic	O Globo		PT	50	X	HNBAECOP
2013/11/03 06:02 GMT	Non-lethal weapon prevents death in protests, says colonel	O Globo		PT	50	X	HNBAECOP
2013/11/03 06:02 GMT	Are so many emotions	O Globo		PT	50	X	HNBAECOP
2013/11/03 06:02 GMT	Lukashenko has appointed new head Gosprogrankombeta of Belarus	IA REGNUM		RU	33	X	HNBAECOP
2013/11/03 06:02 GMT	Japan's NHK public broadcaster says an earthquake with a preliminary magnitude...	Radio New Zealand News		EN	66	X	E
2013/11/03 06:02 GMT	An earthquake shakes is it of Japan, no alert in the tsunami	Reuters - Les actualités en français		FR	66	X	E
2013/11/03 06:02 GMT	UK endorses resolution on nuclear disarmament proposed by Iran	Organisation of Asia-Pacific News Agencies		EN	50	X	HNBAECOP
2013/11/03 06:02 GMT	Sagar takes stock of Muharram arrangements	Kashmir Images		EN	75	X	HNBAECOP

- Add Query
- Edit Query
- Delete Query
- Set as Default



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### Filters

#### System Queries

All - 48 hours

#### Queries

- Add Query
- Edit Query
- Delete Query
- Set as Default



Items 1101 to 1109  Page  / 56



Radio New Zealand News	EN	66	X	E
Reuters - Les actualités en français	FR	66	X	E
Organisation of Asia-Pacific News Agencies	EN	50	X	HNBACOP
Kashmir Images	EN	75	X	HNBACOP

# Situation awareness and information overload

A lot of alerts

Geographically located


If alerts concern somewhere close, local PHA will be made aware soon

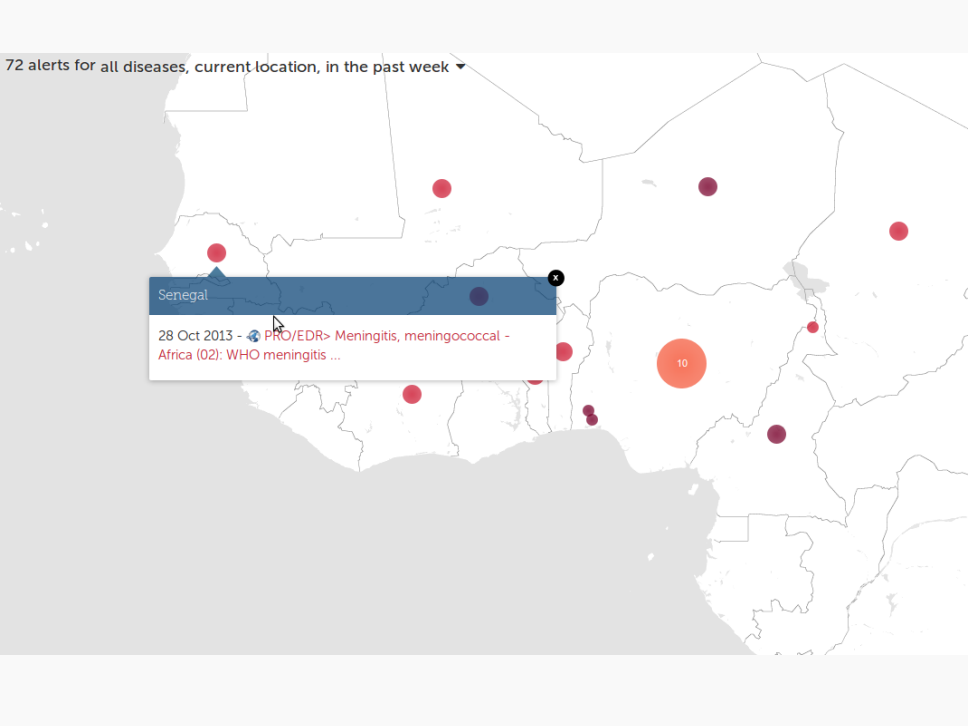
If alerts are far away, do they really all represent the same risk to a given PHA?


(Following figures from HealthMap)

72 alerts for all diseases, current location, in the past week ▾

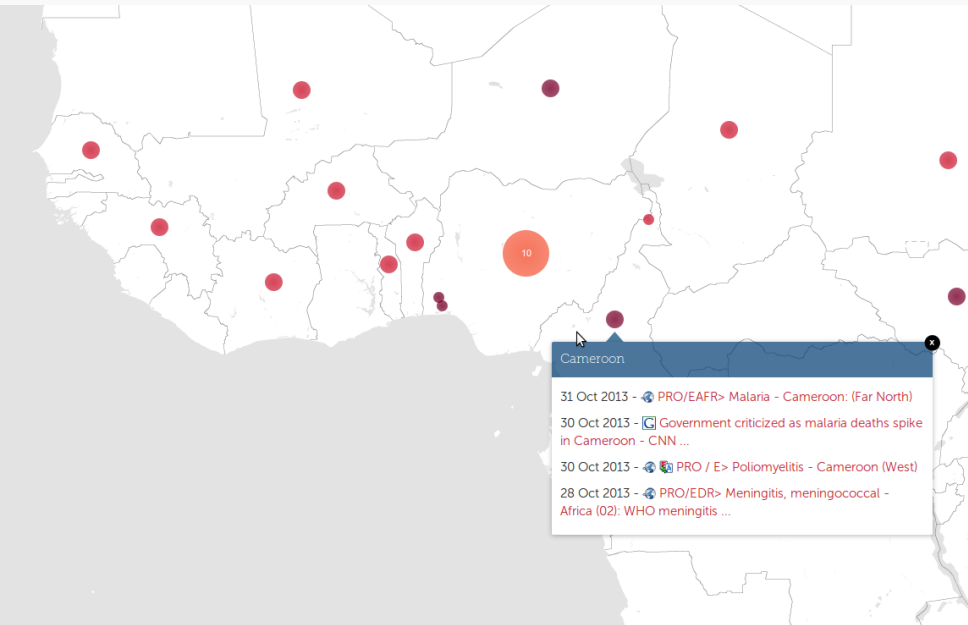
Senegal

28 Oct 2013 -  PRO/EDR> Meningitis, meningococcal - Africa (02): WHO meningitis ...



The map shows the continent of Africa with several colored circular markers indicating disease alerts. A large orange circle with the number '10' is prominent in the eastern part of the continent. Other markers in red, dark red, and dark blue are scattered across the continent. A mouse cursor is hovering over a blue marker in the west, which has triggered a tooltip. The tooltip has a blue header with the text 'Senegal' and a white body containing the alert details: '28 Oct 2013 -  PRO/EDR> Meningitis, meningococcal - Africa (02): WHO meningitis ...'. A small black circle with an 'x' is also visible on the map near the tooltip.





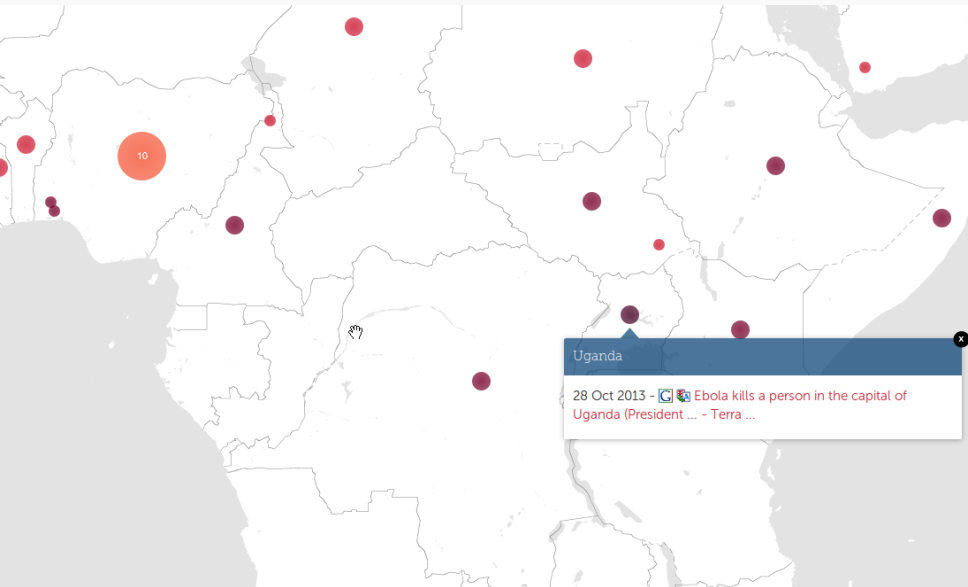
Cameroon

31 Oct 2013 - [PRO/EAFR](#)> Malaria - Cameroon: (Far North)

30 Oct 2013 - [G](#) Government criticized as malaria deaths spike in Cameroon - CNN ...

30 Oct 2013 - [E](#) PRO / E> Poliomyelitis - Cameroon (West)

28 Oct 2013 - [E](#) PRO/EDR> Meningitis, meningococcal - Africa (02): WHO meningitis ...



Do these alerts represent the same risk?

If not, which to monitor in priority?

⇒ Use our knowledge of the GATN and modelling to “rank” alerts

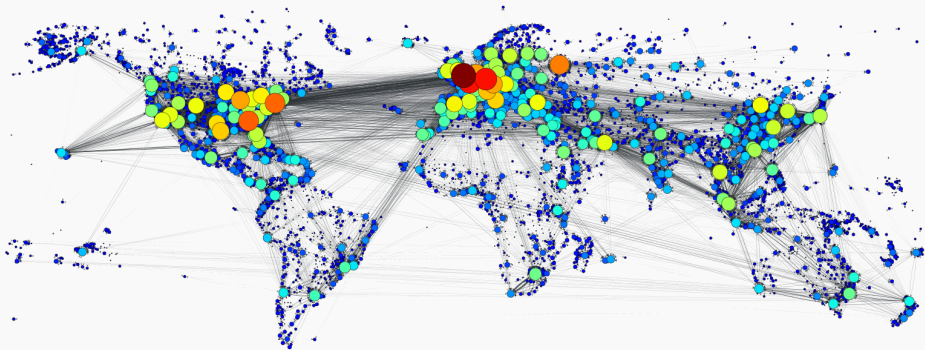
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# BioDiaspora Project – SMH (Toronto)

## Objective

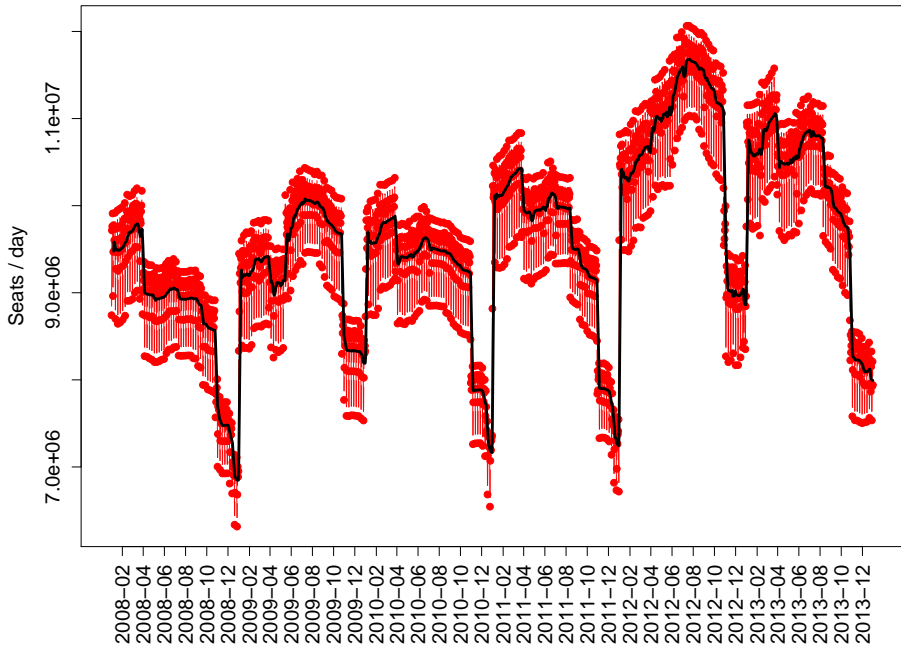
Suppose an infectious agent is introduced naturally or artificially somewhere on earth. Can we

- provide information about the capacity of the Global Air Transportation Network (GATN) to facilitate the global spread of this infectious agent?
- provide public health authorities with an evaluation of the risk they run of importing this agent into their system?



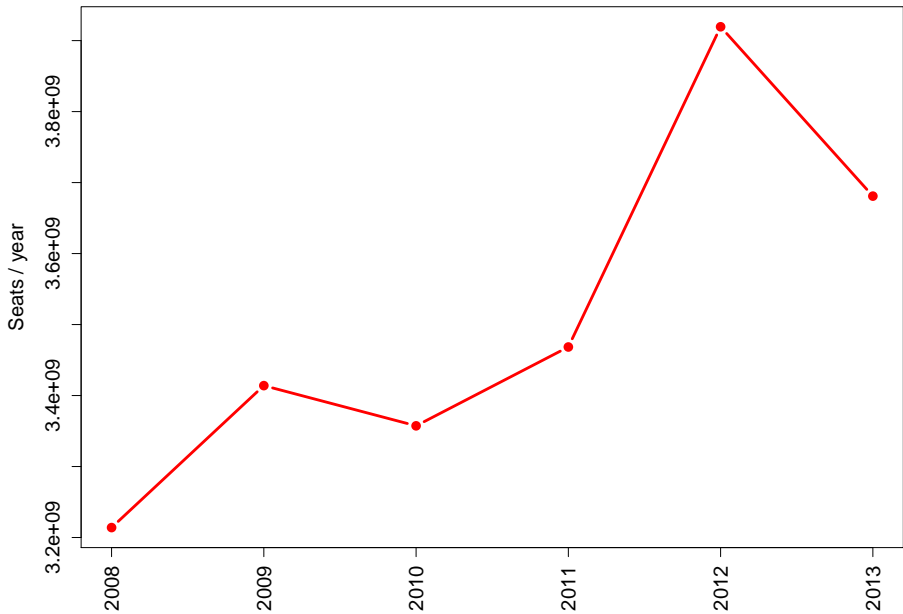
The volumes are variable

# Total number of seats available (OAG)

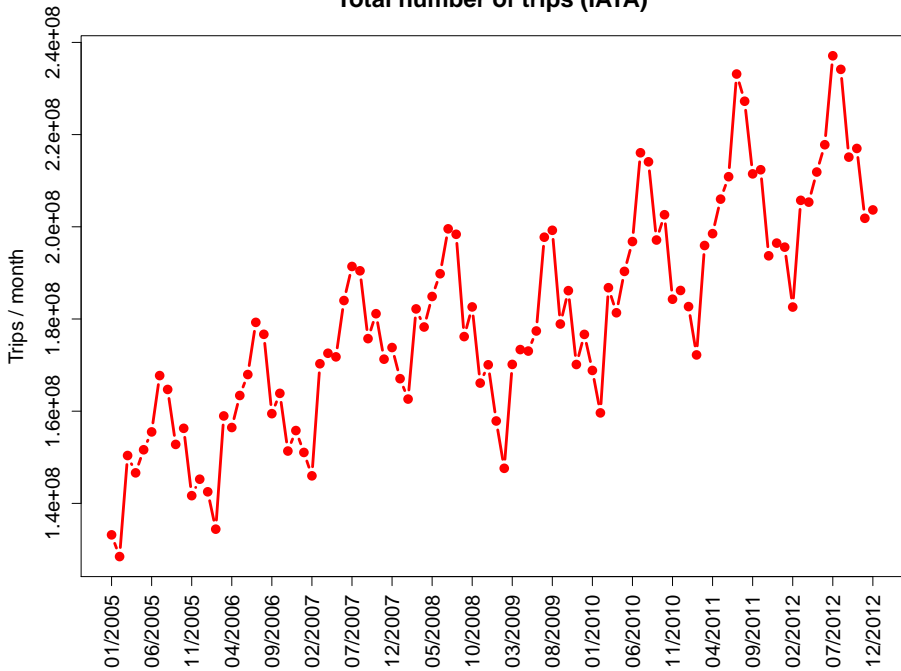




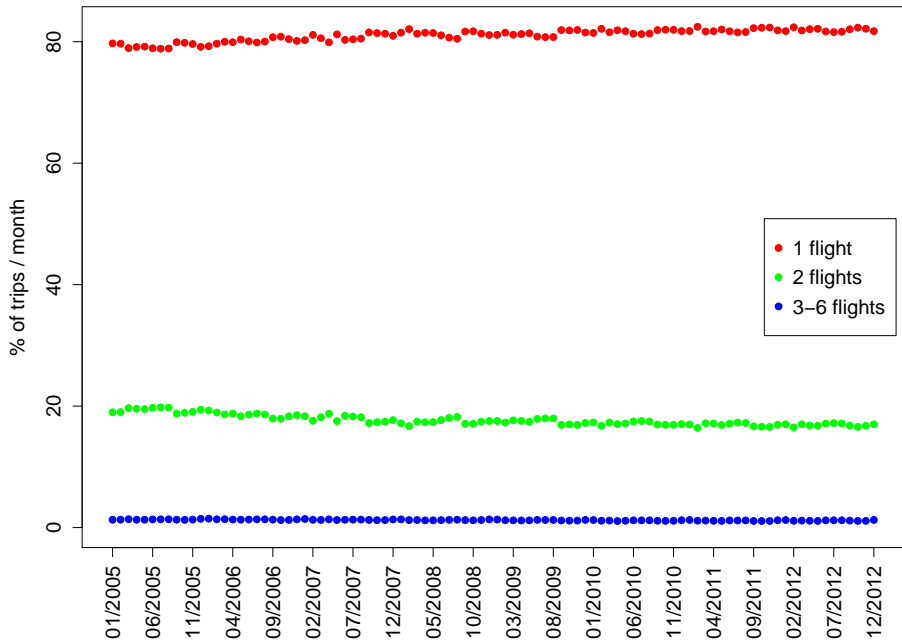
**Total number of seats (OAG)**



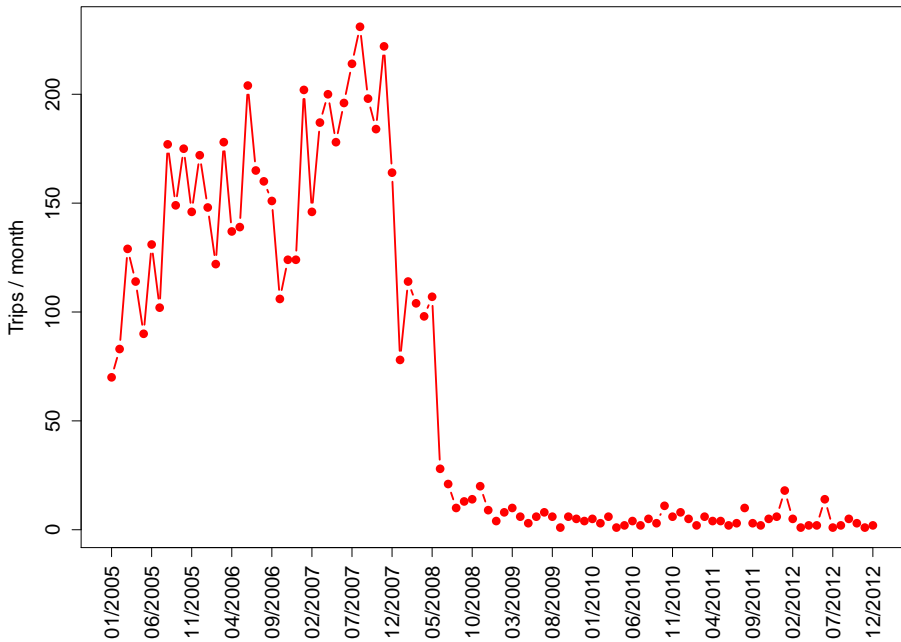
## Total number of trips (IATA)



## Number of flights in a trip (IATA)

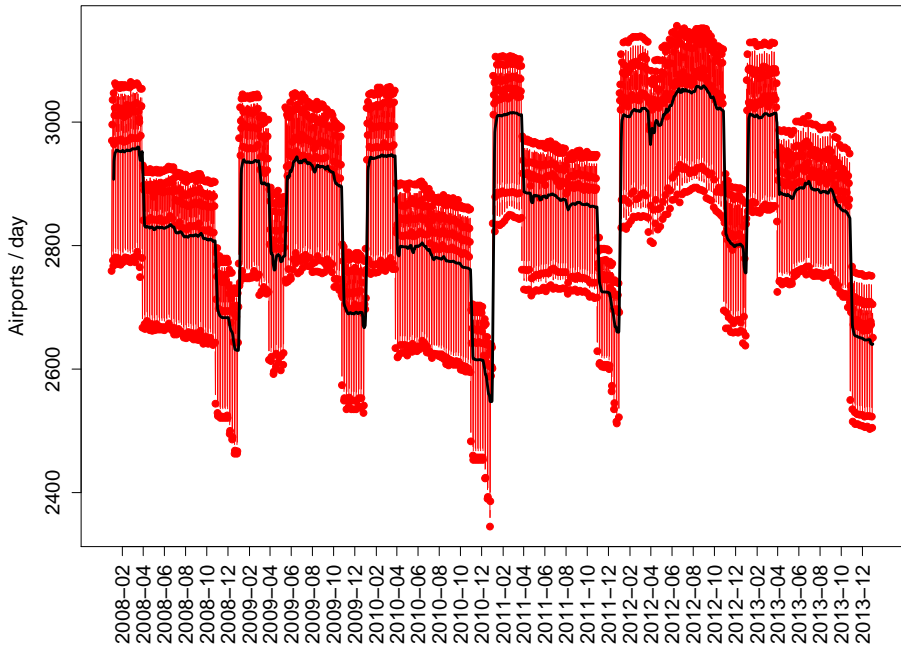


## Trips with 5 connections (IATA)

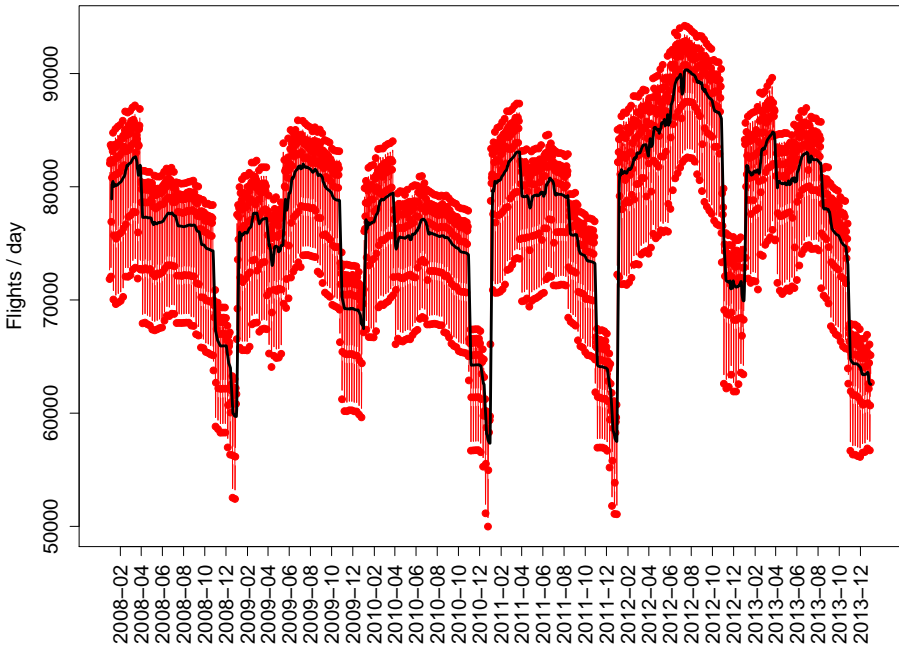


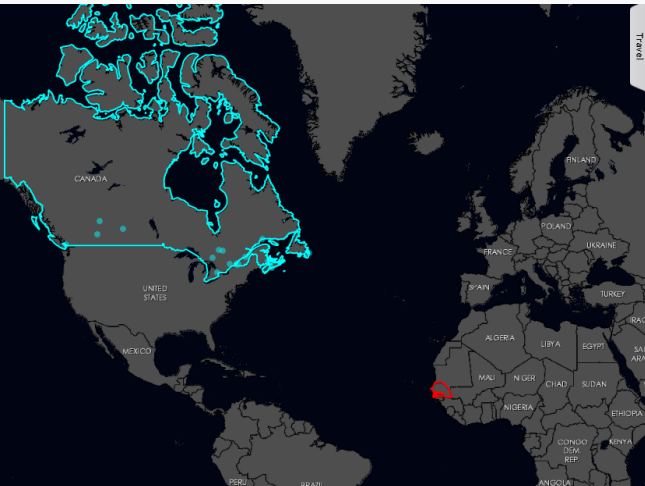
The graph itself is variable

## Number of active OB airports (OAG)



# Number of flights (OAG)





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City  Country

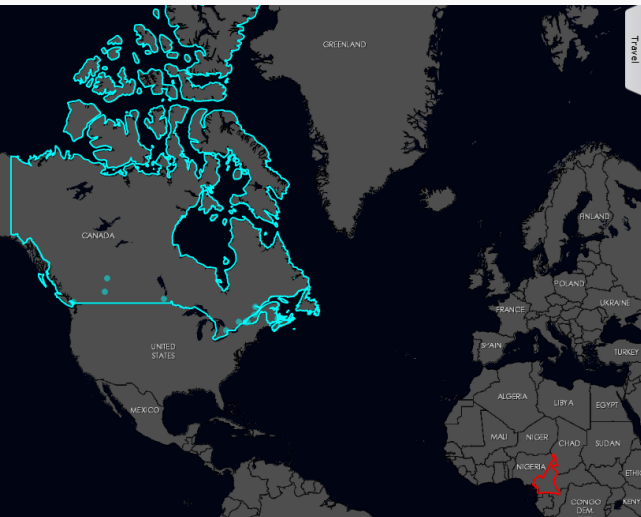
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Country	Volume	Percentage	Rank
Canada	593	100.00	1

**Total: 593**

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2005 2006 2007 2008 2009 2010 2011 2012

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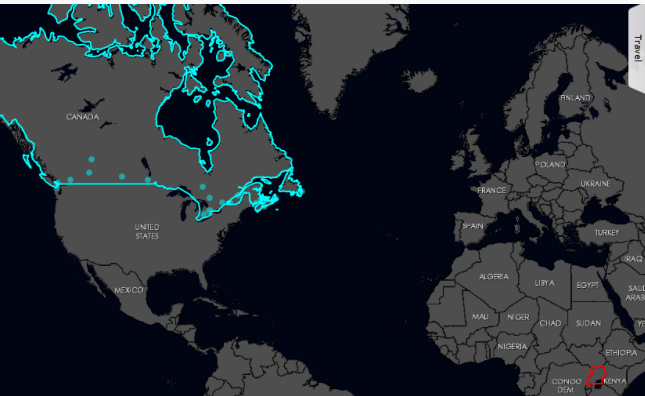
City  Country

[Filter](#)

Country	Volume	Percentage	Rank
Canada	337	100.00	1

Total: 337

[◀](#) [▶](#) Page 1 of 1



Travel

Passengers Flights Routes Help

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 To   Aggregated

Clear all Clear selected

2005  2006  2007  2008  2009  2010  2011  2012

City  Country

Country	Volume	Percentage	Rank
Canada	372	100.00	1

Total: 372

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# Metapopulations in 20 seconds

$\bar{p}$  geographical locations (*patches*)

Compartments *may* move between patches and

$$m_{cqp}$$

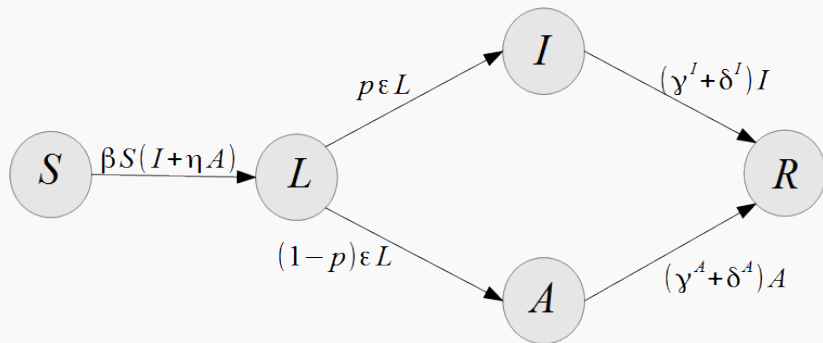
is rate of movement of individuals from compartment  $c \in \mathcal{C}$  from patch  $p \in \mathcal{P}$  to patch  $q \in \mathcal{P}$

Assume **infected** ( $i$ ) and **uninfected** ( $s$ ) compartments  $\mathcal{I}$  and  $\mathcal{U}$  ( $\mathcal{I} \cup \mathcal{U} = \mathcal{C}$ ). For all  $k \in \mathcal{U}$ ,  $\ell \in \mathcal{I}$  and  $p \in \mathcal{P}$

$$s'_{kp} = f_{kp}(S_p, I_p) + \sum_{q=1}^{\bar{p}} m_{kqp} s_{kq}$$

$$i'_{\ell p} = g_{\ell p}(S_p, I_p) + \sum_{q=1}^{\bar{p}} m_{\ell pq} i_{\ell q}$$

## Base model in each patch



## Getting rates of movement between ACAs

Consider Winnipeg (Manitoba, Canada, IATA code YWG) and Toronto (Ontario, Canada, aggregate IATA code YTO)

Want actual number of trips between the two ACAs

For short time interval (eg., 1 day), can neglect other sources of variation of population in origin ACA as well as other flows, so

$$N'_{\text{YWG}}(t) = -m_{\text{YTO,YWG}}(t)N_{\text{YWG}}(t)$$

where  $m_{\text{YTO,YWG}}(t)$  rate of movement of individuals from Winnipeg to Toronto at time  $t$

After one day, population in Winnipeg has changed according to

$$N_{\text{YWG}}(1) = e^{-m_{\text{YTO},\text{YWG}}} N_{\text{YWG}}(0)$$

$N_{\text{YWG}}(1) - N_{\text{YWG}}(0)$ : loss of population in Winnipeg from trips to Toronto (in one day)

Example: November 2012, average of 865 people per day, so

$$m_{\text{YTO},\text{YWG}} = -\ln\left(1 - \frac{865}{N_{\text{YWG}}(0)}\right),$$

where  $N_{\text{YWG}}(0)$  population of Winnipeg obtained from catchment area computation

## Getting ACAs: Dirichlet tessellation

$\mathcal{P}$  finite set of points on a sphere (*sources*). For each  $P, Q \in \mathcal{P}$ , define

$$H_{PQ} = \left\{ X : \frac{|X - P|}{\sigma(P)} \leq \frac{|X - Q|}{\sigma(Q)} \right\}$$

where  $\sigma(P) > 0$ , and

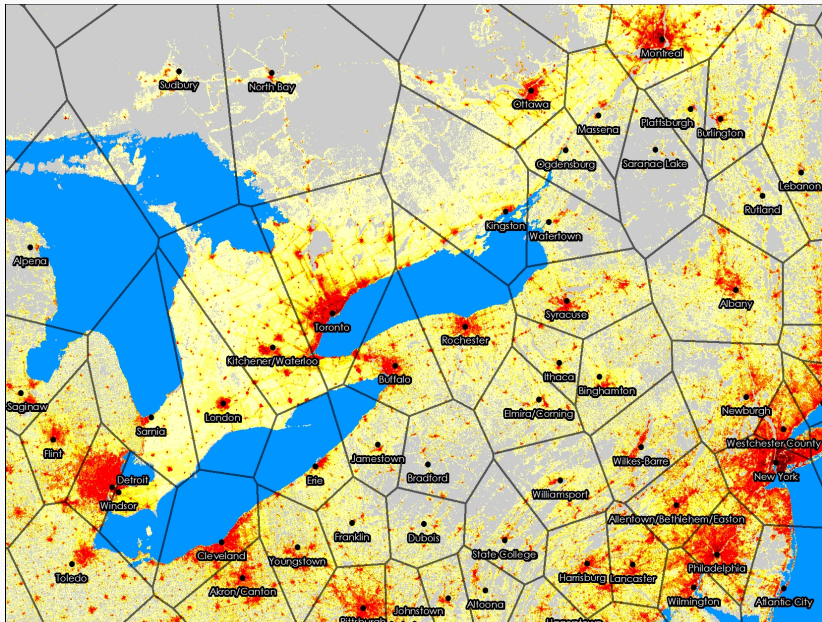
$$K_{PQ} := H_{PQ} \cap H_{QP} = \left\{ X : \frac{|X - P|}{\sigma(P)} = \frac{|X - Q|}{\sigma(Q)} \right\}$$

For each  $P \in \mathcal{P}$ , let  $R_P = \bigcap_{Q \neq P} H_{PQ}$  and  $R = \{R_P, P \in \mathcal{P}\}$

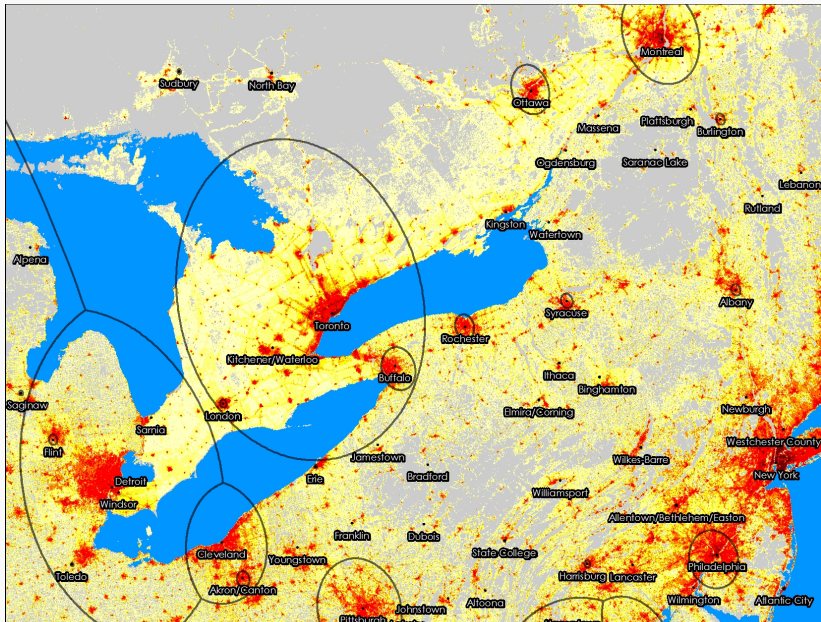
Then  $R(\mathcal{P})$  is the Dirichlet (or weighted Voronoi) tessellation of the sphere



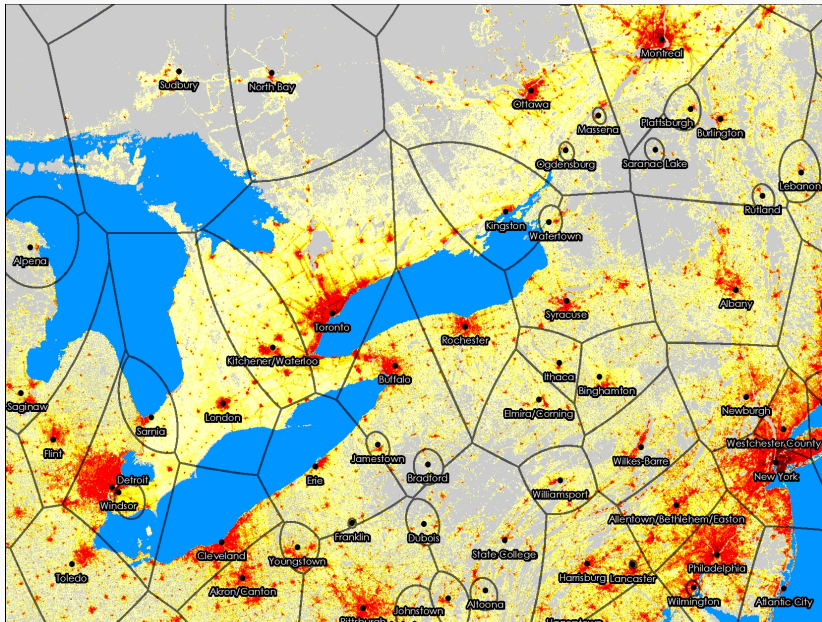
Case  $\sigma(P) = 1$  for all  $P$



$$\sigma(P) = v_i(t)$$



$$\sigma(P) = v_{max}(t)v_i(t)/(v_i(t) + v_{med}(t))$$



So what happens when we get something like this..

**From:** GPHIN Alert <[GPHIN-ALERT@opentext.com](mailto:GPHIN-ALERT@opentext.com)>  
**Date:** November 6, 2013 at 2:10:34 PM EST  
**To:** <[Khank@smh.ca](mailto:Khank@smh.ca)>  
**Subject:** EN / Spain reports first case of deadly MERS coronavirus

This is an automated alert from the GPHIN System, please do not reply to this e-mail.

The following article is brought to your attention and may require action on your part:

Publication Language: English

Unique ID: 10844193

Received Date: 2013/11/06 19:06:00 GMT

Publication Date: 2013/11/06 19:06:00 GMT

Place Name: Spain

SPAIN

40°23' N

3°65' W

News Provider:

News Source: Expatica

Title: Spain reports first case of deadly MERS coronavirus

Article Text: Spain reports first case of deadly MERS coronavirus

Spain said Wednesday that a woman who just returned from Saudi Arabia has been infected by the MERS coronavirus in the country's first case of the deadly disease.

The patient, who was born in Morocco but lives in Spain, is receiving treatment at a Madrid hospital and is in a "stable" condition, the health ministry said in a statement.

# Mechanism of the simulation system

**Initial alert.** Given alert  $a_{t_0} = (\text{lat}_{t_0}, \text{lon}_{t_0}, \text{event type}_{t_0})$

- ① Select  $ACA_{XYZ}$  of airport XYZ closest to  $(\text{lat}_{t_0}, \text{lon}_{t_0})$
- ② Initiate CTMC simulations in  $ACA_{XYZ}$  with parameters compatible with event type  $t_0$  (if known, otherwise use several sets of parameters for comparable diseases), going forward 3 weeks

## Subsequent alerts

- ③ Track alerts for event type  $t_0$ , giving  $a_{t_1}, a_{t_2}$ , etc.
- ④ Incorporate these alerts (with space/time) into the data
- ⑤ Mix of ODE/CTMC at the local level to establish prevalence at time  $t$  of start of simulation,  $t > t_n > \dots > t_1 > t_0$  in ACAs with alerts
- ⑥ Initiate CTMC simulations in ACAs with alerts, IC as given by previous step

# Ongoing work

$\tau$ -leaping and other speedups

Mixing models (deterministic and stochastic)

Criterion for including non-detected ACAs

Time from location to airport in ACA as function of local transportation network

## For more information – Methodology

- Khan et al. *An analysis of Canada's vulnerability to emerging infectious disease threats via the global airline transportation network*. Report to PHAC, 2009
- Arino et al. *Some methodological aspects involved in the study by the Bio.Diaspora Project of the spread of infectious diseases along the global air transportation network*. CAMQ, 2011
- Arino et al. *Using mathematical modelling to integrate disease surveillance and global air transportation data*. To appear in "Spatial and Temporal Dynamics of Infectious Diseases", Chen, Moulin & Wu, Eds.



## For more information – Work using and about GATN

- Khan et al. *Spread of a novel influenza A (H1N1) virus via global airline transportation*. New England Journal of Medicine, 2009
- Khan et al. *Global public health implications of a mass gathering in Mecca, Saudi Arabia during the midst of an influenza pandemic*. Journal of Travel Medicine, 2010
- Khan et al. *Infectious disease surveillance and modelling across geographic frontiers and scientific specialties*. Lancet Infectious Diseases, 2012
- Khan et al. *Entry and exit screening of airline travellers during the A(H1N1) 2009 pandemic: a retrospective evaluation*. Bulletin of the World Health Organization, 2013

# Thank you!

Funding: Collaborative Health Research Program (CIHR & NSERC)

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