Challenges and Opportunities for Modeling Dengue and Chikungunya

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The findings and conclusions are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Mosquito-borne disease models



Reiner, Perkins, et al. J. R. Soc. Interface 2013

Modeling for decisions: chikungunya & dengue

Michael Johansson



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EVERY decision is based on a model.









EVERY public health decision is based on a model.

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Public health decisions CAN be informed by quantitative models.

EVERY public health decision is based on a model. How? Public health decisions CAN be informed by quantitative models.

A pathway for informing decisions

- 1. Establish objectives and targets
- 2. Identify, acquire, and/or simulate data
- 3. Formulate models
- 4. Evaluate predictions





Key characteristics

Common language

Decision-oriented

Measurable



What is the probability of an infected traveler arriving and initiating local transmission in _____



Key characteristics

Outcome-oriented Training & testing Future availability

Public

Data

1. Incidence Asymptomatic Unreported

Pan American Health Organization World Health Organization	Pan American Health Organization Number of Reported Cases of Chikungunya Fever in the Americas, by Country or Territory 2013-2014 (to week noted) Cumulative cases World Health Organization Americas Cumulative cases Epidemiological Week / EW 14 2014 (Updated 4 April 2014)							
Country/Territory	Week ^a	Suspe	cted Cases ^b	Confi	med Cases ^b	Deaths	Population ^d	
Latin Caribbean		Number	incluence rate	Number	Incidence rate		X 1000	
Cuba		1				0	11 266	
Dominican Republic						0	10 404	
French Guiana (*)	Week 13	0	0	36	14.5	0	249	
Guadaloupe (**)	Week 13	2737	587	802	172.1	1	466	
Haiti				502		0	10.317	
Martinique	Week 13	11400	2 822	1 284	317.8	2#	404	
Puerto Rico	TTOOR TO	11400	2,022	1,204	0.0		3 688	
Saint Barthelemy	Week 13	432	4 854	135	1 516 9	0	9,000	
Saint Martin (French part) (***)	Week 12	2940	7 957	700	2 242 5	2#	26	
Samt wartin (French part) ()	WEEK 13	17409	47	3.047	2,213.3	5	36 839	
Non-Latin Caribbean				,			,	
Anguilla ^{\$}	Week 13		0	33	206.3	0	16	
Antigua & Barbuda			0	0	0.0	0	90	
Aruba ^{\$}	Week 6		0	1	0.9	0	109	
Bahamas	HOCK U		0	0	0.0	0	377	
Barbados			0	0	0.0	0	289	
Cavman Islands			0	0	0.0	0	54	
Curacao			0	0	0.0	0	147	
Dominica (****)	Week 13	558	764	81	111.0	0	73	
Grenada			0	0	0.0	0	110	
Guyana			0	0	0.0	0	800	
Jamaica			0	0	0.0	0	2,784	
Montserrat			0	0	0.0	0	5	
Saint Kitts & Nevis	Week 8		0	1	2.0	0	51	
Saint Lucia^	Week 13		0	1	0.6	0	163	
Saint Vincent & the Grenadines			0	0	0.0	0	103	
Sint Maarten (Dutch part) [≞]	Week 12		0	123	307.5	0	40	
Suriname			0	0	0.0	0	539	
Trinidad & Tobago			0	0	0.0	0	1,341	
Turks & Caicos Islands			0	0	0.0	0	48	
Virgin Islands (UK)	Week 10		0	7	21.9	0	32	
Virgin Jelande (US)			0	0	0.0	0	105	
virgin islands (00)								
Subtotal		<u>558</u>	8	247	3.4	0	7,276	

Data

- 1. Incidence
- 2. Movement

Long-term change Differences for cases Response to epidemic



Data

1. Incidence 2. Movement 3. Transmissibility Infectious period Mosquito spp./strain Mosquito abundance Vector competence





Probability of local transmission

$$p_{AUTO}(i,m) = 1 - \prod_{s \in S} \left(1 - p_{i,s,m} + p_{i,s,m} e^{R_{0i,m}^{HM}(e^{-R_{0i,m}^{MH}} - 1)} \right)^{I_{s,m}^{J}}$$

Johansson et al., PLOS One, 2014

Model



Johansson et al., PLOS One, 2014



Johansson et al., PLOS One, 2014

Evaluation

Key characteristics

Make predictions public

Use a baseline

Evaluate on external data

Estimate accuracy

Compare uncertainty



Russia

OPEN OACCESS Freely available online

PLOS ONE

Nowcasting the Spread of Chikungunya Virus in the Americas

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Abstract

Background: In December 2013, the first locally-acquired chikungunya virus (CHIKV) infections in the Americas were reported in the Caribbean. As of May 16, 55,992 cases had been reported and the outbreak was still spreading. Identification of newly affected locations is paramount to intervention activities, but challenging due to limitations of current data on the outbreak and on CHIKV transmission. We developed models to make probabilistic predictions of spread based on current data considering these limitations.

Methods and Findings: Branching process models capturing travel patterns, local infection prevalence, climate dependent transmission factors, and associated uncertainty estimates were developed to predict probable locations for the arrival of CHIKV-infected travelers and for the initiation of local transmission. Many international cities and areas close to where transmission has already occurred were likely to have received infected travelers. Of the ten locations predicted to be the most likely locations for introduced CHIKV transmission in the first four months of the outbreak, eight had reported local cases by the end of April. Eight additional locations were likely to have had introduction leading to local transmission in April, but with substantial uncertainty.

Conclusions: Branching process models can characterize the risk of CHIKV introduction and spread during the ongoing outbreak. Local transmission of CHIKV is currently likely in several Caribbean locations and possible, though uncertain, for other locations in the continental United States, Central America, and South America. This modeling framework may also be useful for other outbreaks where the risk of pathogen spread over heterogeneous transportation networks must be rapidly assessed on the basis of limited information.

Citation: Johansson MA, Powers AM, Pesik N, Cohen NJ, Staples JE (2014) Nowcasting the Spread of Chikungunya Virus in the Americas. PLoS ONE 9(8): e104915. doi:10.1371/journal.pone.0104915

Editor: Lisa F.P. Ng, Singapore Immunology Network, Agency for Science, Technology and Research (A*STAR), Singapore

Received May 20, 2014; Accepted July 3, 2014; Published August 11, 2014

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Data Availability: The authors confirm that, for approved reasons, some access restrictions apply to the data underlying the findings. Case data are available from the the Pan American Health Organization (http://www.paho.org) and the French Institute for Public Health Surveillance (http://www.inscinte// Actualities/Points-epidemiologiques). Climate data are available from NCAR/NOAA (www.est.noaa.gov/psd/data/reanalysis), Flight data are available from Data In, Intelligence Out (www.clio.net).

Funding: The authors have no support or funding to report.

Competing Interests: The authors have declared that no competing interests exist.

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www.cdc.gov/chikungunya/modeling/

Evaluation



Evaluation



Uncertainties



Estimated suitability for Aedes aegypti



Kraemer et al, eLife, 2015

Complex interactions

Nuevo Laredo Mexico

> Recent Infection 16%

Past Infection 48%

Ae. aegypti index 25%



Laredo USA

Recent Infection

Past Infection 23%

Ae. aegypti index 37%

Reiter et al., EID, 2003

Dengue in Puerto Rico





What will the peak incidence be?











Mosquito-borne disease models



Reiner, Perkins, et al. J. R. Soc. Interface 2013

Dengue Forecasting Project

Targets: Peak incidence, peak timing, and total cases
Data: Public data release: San Juan and Iquitos (inc. serotype + environmental)
Evaluation: Testing/training, quantitative metrics
Models: Any

> predict.phiresearchlab.org dengueforecasting.noaa.gov





→ 36 Hour Forecast → 72 Hour Forecast



www.nco.ncep.noaa.gov

Acknowledgements

Luis Mier-y-Teran Matt Biggerstaff Ann Powers Nicki Pesik Nicole Cohen Erin Staples





