# Combining Data Across Spatial Scales to Inform Policy

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## Provide fine scale maps of cholera incidence

- identify hotspots
- Combine datasets across spatial scales
- "Share strength" between places with more precise information with coarse or missing data.
- Correct for under reporting
- Map other aspects of cholera epidemiology (e.g., CFR)
- Make tools to translate all of the above to timely and policy relevant conclusions



## Not "Forgoing...shoe leather epidemiology in favour of big data..."





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...but using statistics to combine the results of shoe leather epidemiology and local information to get more out of our collective knowledge.



#### Data 2010-2016



Fig. S2. Map of data on reported cholera cases from 2010-2016 included in generating the maps of cholera incidence. Color represents the lowest administrative level available for a given area. CHOLERA DYNAMICS



Points



#### Sub-district



#### District



#### Country



3 observations

24 observations

2 observations

1 observation

 $N_A \sim Poisson\left(\sum_{i \in A} rate_i \cdot population_i\right)$ 

#### Maps of Reported Incidence









#### Why does it matter?







#### Availability of data layers for use in GIS software

- iddynamics.jhsph.edu/cholera
- Availability of data from a standardized interface
  - improved web interface for access and entering data in process
- Pipeline "real time" update of maps
  - regular updates
  - maps at a variety of spatial scales
  - on demand maps

R package for access, manipulation and analysis of data





- Increased focus on tools and access
- Going global
- Going beyond reported incidence
  - CFR
  - over/under reporting
    - incorporate lab data (need negatives!)
  - endemic/epidemic spectrum
  - seasonality and timing
- 'Forecasting' and integrated analysis
  - OCV investment case
  - climatic change
  - "cholera sensitivity"
  - more tomorrow...



#### Collaborators and Data Contributors

- Médecins Sans Frontières/Epicentre
- Global Task Force for Cholera Control
- World Health Organization
- US Centers for Disease Control and Prevention
- Agence de Médecine Préventive

UNICEF

- International Vaccine Institute
- ProMED

- MoH DRC
- WHO-EMRO (Abdinasar Abubakar)
- MoH Malawi
- MoH and WHO South Sudan
- ...many more MoHs and local WHO offices

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