## Big data and the rise and spread of infectious disease



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#### Climates have changed, are changing & will continue to change .....



IPCC A5(2013) Summary for Policy Makers – WG1 report

Can expect distribution and epidemic potential of climate sensitive infectious diseases to shift ....

Dengue ~ climatically-sensitive vector-borne virus



Dengue distribution (2013) From WHO

#### E.g. Dengue ...

- transmitted by Aedes mosquitoes (Ae. aegypti and Ae. Albopictus)
- Highly anthrophyllic vectors
- Same vectors transmit chikungunya, yellow fever and zika (and Rift Valley fever virus in Africa!)
- Vectors and diseases are expanding range & severity of infections is increasing
- Not everyone infected shows symptoms!

## Recent spread of dengue to higher altitude parts of Asia (e.g. Nepal) suggests that climate change may be a factor



#### Spread of dengue from late 1970s suggests more than climate change



From Messina et al. (2014) Global spread of dengue virus types: mapping the 70 year history, *Trends in Microbiology* 22: 138-146

Rate of spread of new and existing infectious diseases raises questions about conventional disease surveillance and containment techniques ...

*Quarantine* – the first public health initiative? First mentioned in 12<sup>th</sup> century, the reemergence of plague around Bari in the 1690s led to soldiers being used to enforce restrictions on movement ....







# Other factors behind the rapid spread of some infectious diseases include land cover change, travel & trade, pollution etc



Just as modern technologies have facilitated the rapid spread of infectious diseases, we can also use modern technologies to monitor and anticipate their effects



Timeline of technological advances in animal movement and human mobility.

From Meekan et al. (2017) The ecology of human mobility. *Trends in Ecology & Evolution* 32: 198-210

## No agreed definition of Big Data

Generally (e.g. Kitchin 2013) large datasets that are characterised by the *three vs* ++:

- Huge in *volume*
- High in *velocity*
- Diverse in *variety*

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And a 4<sup>th</sup> "v": veracity (?)
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#### And

- Exhaustive in scope capture entire populations of data
- Fine-grained in **resolution**
- **Relational –** different datasets can be linked
- Flexible easy to add to and to vary the scale

#### Also includes the technologies to analyse big data

Different sources of big data:

- 1) Directed generated by digital forms of surveillance
- 2) Automated generated by an inherent, automatic function, e.g. credit card transactions, use of travel cards, tweets, interactions with the internet (clickstream data etc) etc
- 3) Volunteered gifted by users, e.g. crowdsourcing of data, social media posts etc

#### The total amount of data produced and consumed is rapidly increasing



We all contribute to the production of data (create "data shadows"), much of it with spatial attributes ("geotags")

### Big data comes in different forms, and generally needs "cleaning"



Need to separate signal from noise, identify misinformation ("fake news") and determine how representative the information is

Big data creates new opportunities (e.g. new sub-disciplines of *infodemiology* and *macroecology*) and brings new insights (e.g. link between travel & spread of infectious disease)

VBD-AIR tool is used to determine the disease importation risk at airports around the world – e.g. dengue for Miami airport, US

STINE DISEASE AIRLINE IMPORTATION RISK TOO

election VED Metrice



Huang, Z. et al. (2012) Web-based GIS: the vector-borne disease airline importation risk (VBD-AIR) tool. *International Journal of Health Geographies* 11: 33



Air network data (a) airports, (b) flight routes for 2011

Information on risk of chikungunya infection (a) and suitability for *Aedes alopictus* vector (b)

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## (Mobile) Cellular phone data provide up-to-date information on locations on individuals and their movements



Cellular network comprises a network of Base Transceiver Stations (BTS)

Each cell in the network has a Cell Identifier (ID)

During movement between cells, the network commands the mobile unit to switch to the next cell

The cellular handover records all of the cells through which the mobile unit passes

Cellular network is divided into larger, geoadministrative zones (Location Areas, LA)

Cellular network must know the position of all mobile units at all times to facilitate high connection speeds

#### Mobile phone data collected either actively or passively

Active data collection involves provoking production of localisation information for a specific mobile device (e.g. through software or a GPS device included in the phone)

Can be complemented with semantic information

Generally requires agreement of mobile unit owner to participate



Data collection & decoding using cell tracing on a mobile phone (dotted line real trajectory, solid line = cell change based trajectory **Passive data collection** utilises billing data, or Call Detail Records

Mobile phone operators collect a large mass of data for billing purposes/system management

Mass of data available

Main draw-back is the lack of semantic information and the need for validation

Also questions re privacy



Location information using Call Detail Records (dotted line = real trajectory, solid line = route based on CDR (2 SMSs and one call)

#### e.g. malaria in Zanzibar

Malaria infections in Zanzibar largely result from malaria imported from parts of mainland Tanzania where malaria is endemic and subsequent transmission.



From Le Menach et al. (2011) Travel risk, malaria importation and malaria transmission in Zanzibar *Scientific Reports 1:93* 



Mobile phone usage data used to refine models of importation of *Plasmodium falciparum* malaria to Unguja – help quantify risk from infectious visitors and returnees.

Most malaria on Unguja is from returning islanders, rather than visitors to the island.

Improved malaria control measures based as a result contribute towards elimination of malaria Big data have the potential to:

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## Early warning of disease outbreaks through tracking consumer behaviour

Simple idea = human behaviour as reflected in our data shadows can be used as an early warning of disease outbreak and to track the spread of illness



Figure depicts the timelines of pharmacy, clinical and laboratory data relative to the estimated onset of illness and the availability of the information for the purpose of respiratory surveillance. From Muchaal et al. (2015) Evaluation of a national pharmacybased syndromic surveillance system CCDR online 41 (9)

Data on the purchasing of drugs from pharmacies available several days/weeks before hospital data on positive disease tests available

Simple idea – but fraught with difficulties (e.g. agreement over definition of terms such as fever, malaria, dengue, uncertainties in self-diagnosing etc)

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## Infodemiology in an age of Twitter

Social media platforms (SMPs) mean that the public is no longer a passive recipient of information

Public now play a larger role in knowledge translation, including information generation, filtering and amplification

Public health authorities can use information from SMPs to monitor public perceptions of and responses to health risks, and the effectiveness/ penetration of health campaigns

E.g, public health researchers use Twitter – established in 2006 – to interact with the public and to mine the platform for data

#### Taxonomy of use of twitter generated data in health articles, 2010-2015\*

Taxonomy	Description	Articles, No. (%)	Examples
Use of Twitter			
data			
Content analysis	Assessment of body of tweets for themes in relation to a specific subject	77 (56)	Smoking, diabetes, obesity, concussion
Sentiment analysis	Assessment of body of tweets for positive or negative discussion of a specific subject	21 (15)	Schizophrenia, vaccination, trans health
lmage analysis	Assessment of images within body of tweets for themes in relation to a specific subject	1 (1)	#thinspo
Surveillance	Monitoring of Twitter traffic for mentions of a particular topic above the normal background level of discussion	36 (26)	Influenza, Ebola, adverse drug reactions
Prediction	Using Twitter to estimate prevalence of disease or behavior	7 (5)	Heart disease mortality, influenza infection, Affordable Care Act enrollment, asthma emergency department visits
Engagement	Assessing impact of discussion on Twitter by analyzing presence of an account, number of retweets, favorites, followers, etc.	19 (14)	Nutrition public health marketing campaign, social media impact of local health departments, social media adoption by pharmaceutical companies
Network analysis	Assessing the relationship and interactions between Twitter users about a certain topic	5 (4)	Communities of cancer patients, sharing of health information by health organizations

#### \*See Sinneberg et al. (2017) Twitter as a tool for health research: A systematic review. AJPH 107, e1-8.



https://birdiq.net/twitter-search

Application Programme Interface (API)s such as BirdIQ provide a means of downloading information on tweets that can then be analysed (location, content etc).

BirdIQ allows information to be exported as an EXCEL file

NCapture exports social media information to Nvivo http://www.gsrinternational.com/support/fags/what-is-ncapture

Other online tools – such as the One Million Tweet Map – maps the tweets for a particular hashtag or keyword



http://onemilliontweetmap.com/

#### e.g. Ebola Virus Disease outbreak, 2014





Daily geographic spread of tweets mentioning Ebola Virus Disease (EVD).

Following July 29 2014 health advisory announcement by CNC, US – awareness of EVD spread, but possibly at expense of attention to Chikungunya outbreak in Caribbean everywhere but in Caribbean

#### From Odium & Yoon (2015) What can we learn about the Ebola outbreak from tweets? AJIC 563-571

#### e.g. H1N1 pandemic, 2009



Tweets containing H1N1, swine flu, or both from May to December 2009. Lines = absolute number. Bars = relative percentage. Blue = "swine flu" or swineflu. Red = H1N1. Green = ("swine flu" or swineflu) AND H1N1

From: Chew & Eysenbach (2010) Pandemics in the age of twitter: content analysis of tweets during the 2009 H1N1 outbreak *PLoS ONE* 5, e14118



Relative proportion of tweets sharing personal experiences, 1 May-31 December, 2009. Figure was scaled to the highest peak on Oct. 20. Red = indirect (family/friend) experience. Yellow = personal/ direct experience. Blue = vaccination experience. **A** = June 11: WHO pandemic level 6 announcement. **1** = Oct 6: H1N1 vaccinations arrive in the US.



Relative proportion of tweets expressing misinformation, 1 May-31 December, 2009. Figure was scaled to the highest peak on Sept. 20. **A** = June 11: WHO pandemic level 6 announcement. **1** = Aug 2: CBS reports on parental concerns about H1N1. **2** = Sept 18–21: Ten swine flu lies told by the mainstream media. **3** = Nov 27: WHO and drug companies in collusion. **4** = Dec 25: Carbon monoxide poisoning can create same symptoms as H1N1

#### **Quick summary**

(Re)-emergence & spread of (existing and) new infectious diseases occur at a high rate

facilitated by human activity, including climate change impacts

Rate means that conventional surveillance methods – where they exist – are not fit for purpose

Big data offer opportunities to health researchers/practitioners

But not straightforward, as big data

are not the same as total data

may not be representative

require new forms of analysis – current statistical techniques not designed to handle the variety, volume and velocity of big data?