

# The African Cholera Risk Early Warning System (ACREWS)

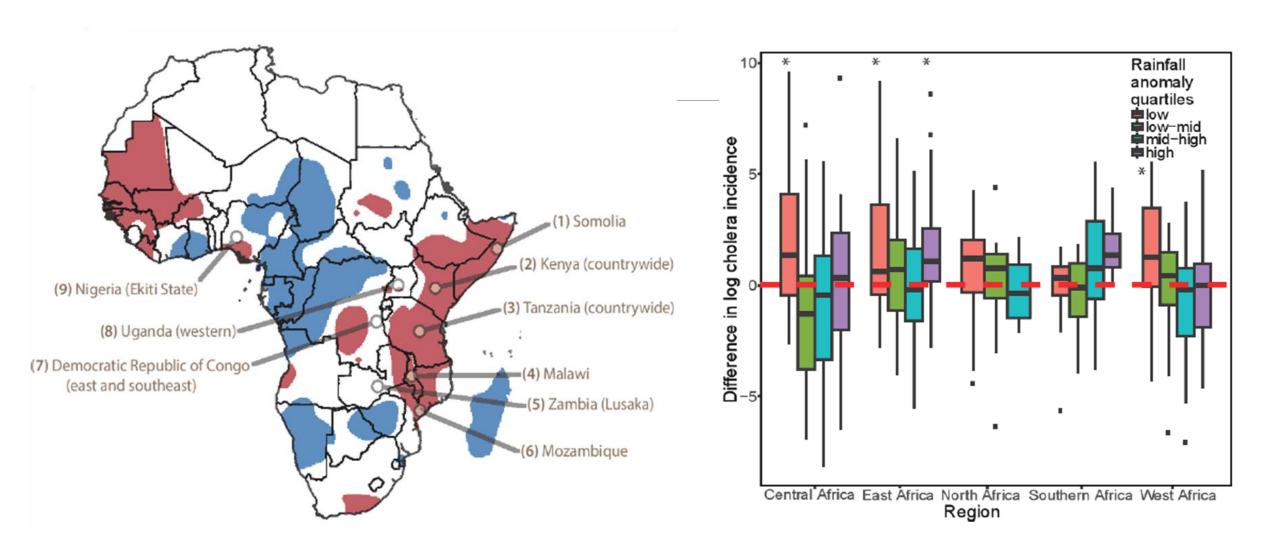
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COLLABORATOR: EMMA DIGGLE, SAVE THE CHILDREN



#### Alarming spike in cholera as famine grips East Africa



The Disasters Emergency Committee says it is worried by the rapid increase in the number of waterborne diseases as famine begins to grip



22nd March 2017 by Paul Cardwell Comments

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The Disasters Emergency Committee (DEC) has warned of an alarming surge in the transmission of waterborne diseases such as cholera across East Africa.

Prolonged drought, conflict and food and water shortages have left 16 million people on the brink of starvation and resulted in a spike in the number of cases of Acute Watery Diarrhoea (AWD) - a key symptom of cholera.

The DEC, which is made up of 13 of the UK's biggest aid charities, launched its East Africa Crisis Appeal last week and has since raised £26 million to fund work on the ground.

In Somalia alone, the UN recorded almost 12,700 cases of AWD and cholera in the first three months of 2017.

In South Sudan, the World Health Organisation has recorded 5,640 cases. One in five are children under five.

#### **GLOBAL HEALTH**

#### Cholera Is Spreading in Mozambique, and It's Far From the Only Health Threat

About two million people are displaced, cholera has broken out, and malaria is expected. But doses of cholera vaccine have arrived, and the humanitarian crisis may yet be contained, aid agencies say.

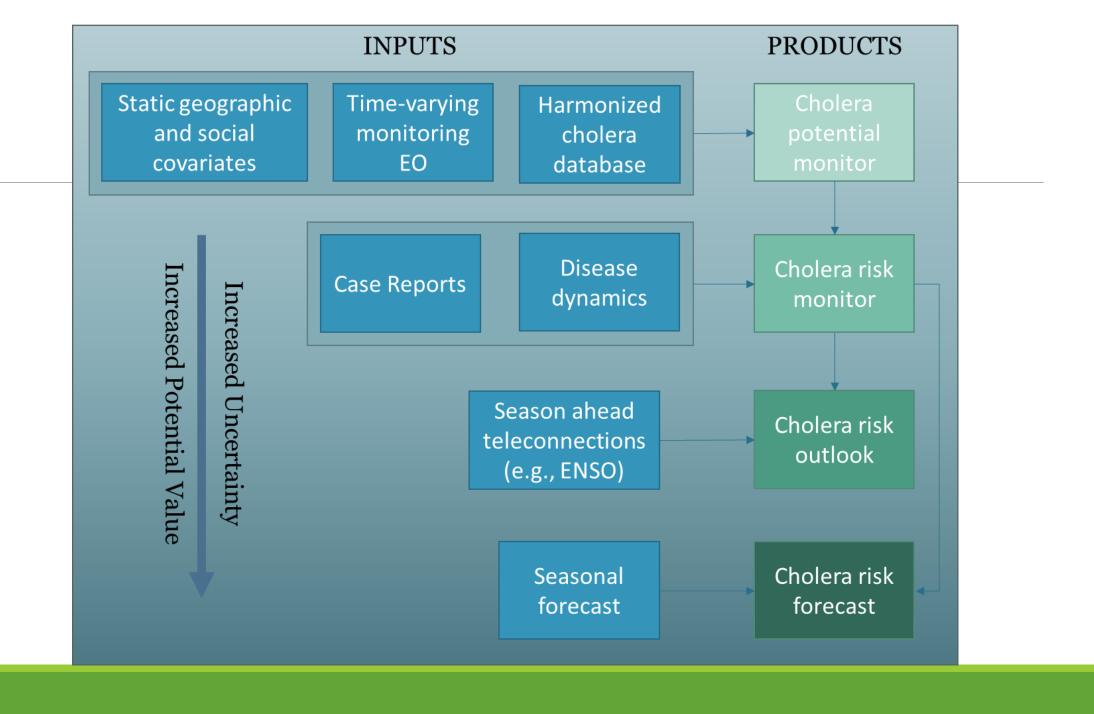


A doctor examined a girl with cholera on Saturday at a treatment center in Beira, Mozambique. Tsvangirayi Mukwazhi/Associated Press

## Project Goal

Develop and operationalize an Earth Observation-informed African Cholera Risk Early Warning System (ACREWS) to support rapid response interventions

End users: UN Taskforce on Cholera Control, Save the Children, MSF



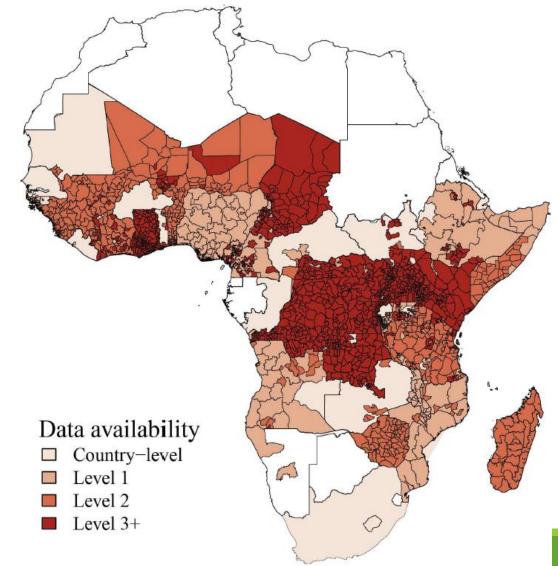
## Objectives

- 1. Deliver a database of spatial and temporal variability in cholera burden across the continent.
- 2. Align our cholera database with a matching EO database of potential cholera predictors.
- 3. Collaboratively design a baseline system that generates weekly maps of <u>environmental cholera</u> <u>potential</u> based on historical correlations between ENSO, rainfall, and local cholera response.
- 4. Enhance the system to monitor actual cholera risk using EO-informed predictive models that account for the roles of population susceptibility, spatial correlation, and introduction probability
- 5. Apply two seasonal prediction techniques to extend the ACREWS time horizon: an ENSO analog-based cholera risk outlook and a dynamically-based cholera risk forecast.
- 6. Operationalize the system for decision support through partnership with the GTFCC.

## Objectives

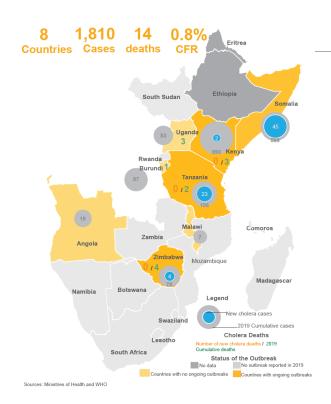
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1. Database of spatial and temporal cholera variability



#### Role of the Database dashboards incidence data maps serological and Cholera and Lab **Analytics** burden molecular data Database projections impact of risk factors control

## Data come in many shapes and sizes





In this update: Africa

[1] Cholera - Somalia: WHO [2] Cholera - Zimbabwe

[3] Cholera - Mozambique (northern)
[4] Cholera - Kenya (Mandera County)

[5] Cholera - Kenya (Embu County)
Asia

[6] Cholera - Nepal (Kathmandu)

Africa

[1] Cholera - Somalia: WHO

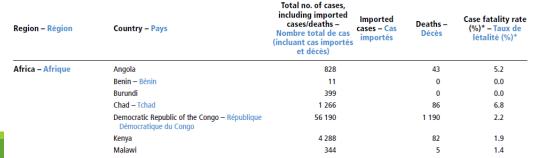
Source: WHO Emergencies preparedness, response, Disease Outbreak News (DONs) [edited]

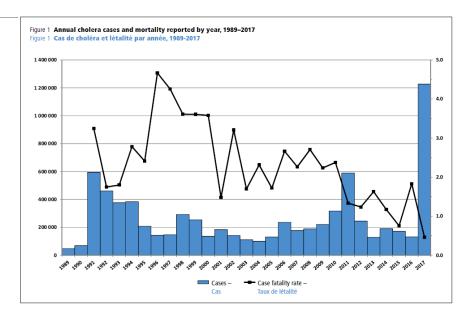
Outbreak update - Cholera in Somalia, 28 Apr 2019

The Ministry of Health (MoH) of Somalia has announced 36 new suspected cases of cholera, with no deaths, for epidemiological w reported between epidemiological weeks 1 and 7 due to closure of the main cholera treatment center, from which data is collected the beginning of this outbrack in December 2017.

During the reporting period, cases occurred in 11 out of 17 districts in Banadir region, the worst affected district are Hodan (728) the cases (24) are children below 5 years of age.

WHO, MoH, and partners have contained the cholera outbreak in the districts of Jubaland, Hirshabelle, and South West states folio (OCV) campaigns and other health interventions. However, active transmission is ongoing in 11 districts in Banadir -- Darkenly, D Bondere, Kahda, Kasaran, Wabel, and Warta habada).

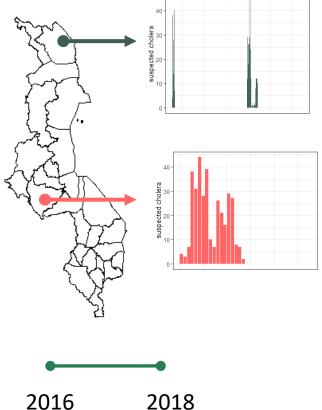




E6 ▼ : X ✓ f <sub>x</sub> 0									
4	Α	В	С	D	E				
1	Country	Wee	k 1	Week 2					
2		Cases	Deaths	Cases	Deaths				
3	Mozambique	0	0	0	0				
4	Kenya			115	2				
5	Somalia	87	0	87	0				

## Data are linked to locations and time periods

Locations Time Periods 2010 2018 2016



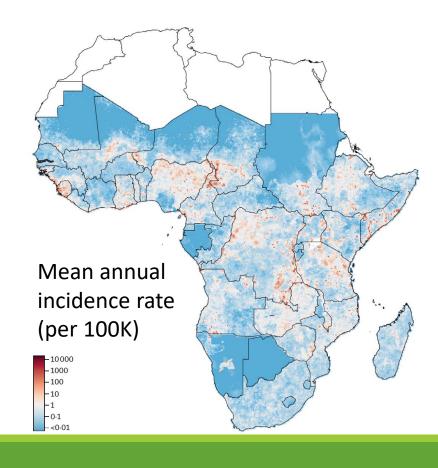
## Standardized descriptions of cholera epidemiology

#### Temporal patterns



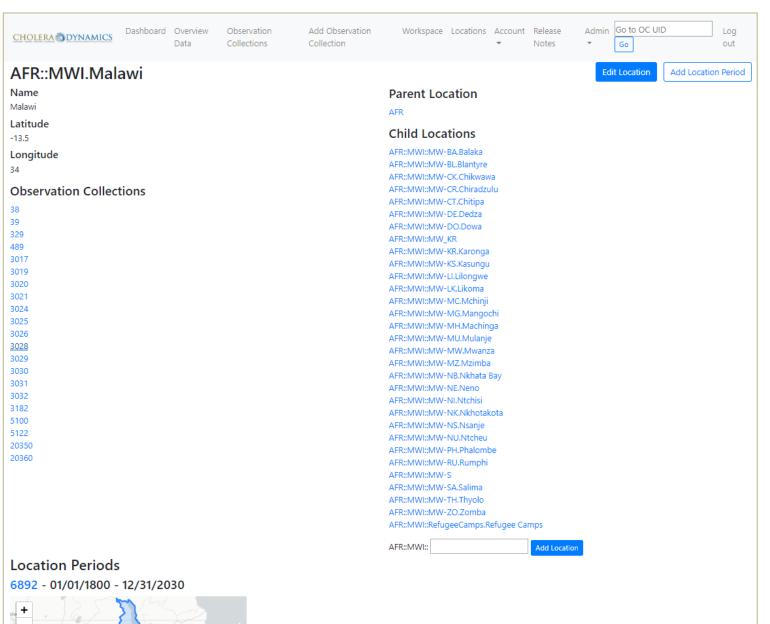
Week of year

#### Spatial patterns

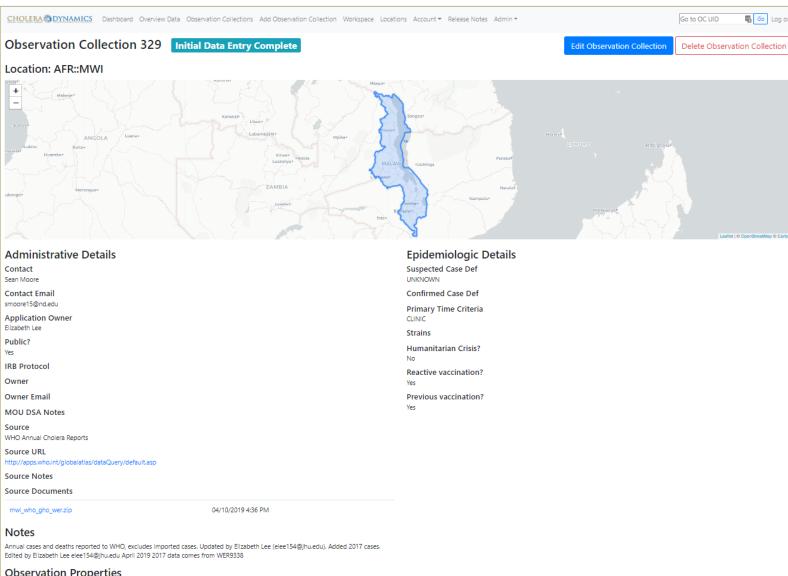


A look at the current state of the database

# View information about a single location



#### View information about a single source document



Go Log out

Edited by Elizabeth Lee elee154@jhu.edu April 2019 2017 data comes from WER9338

#### **Observation Properties**

1973-01-01

2017-12-31

Deaths 3469

Suspected Cases

143279

# View data from a single source document



#### Observation Fields

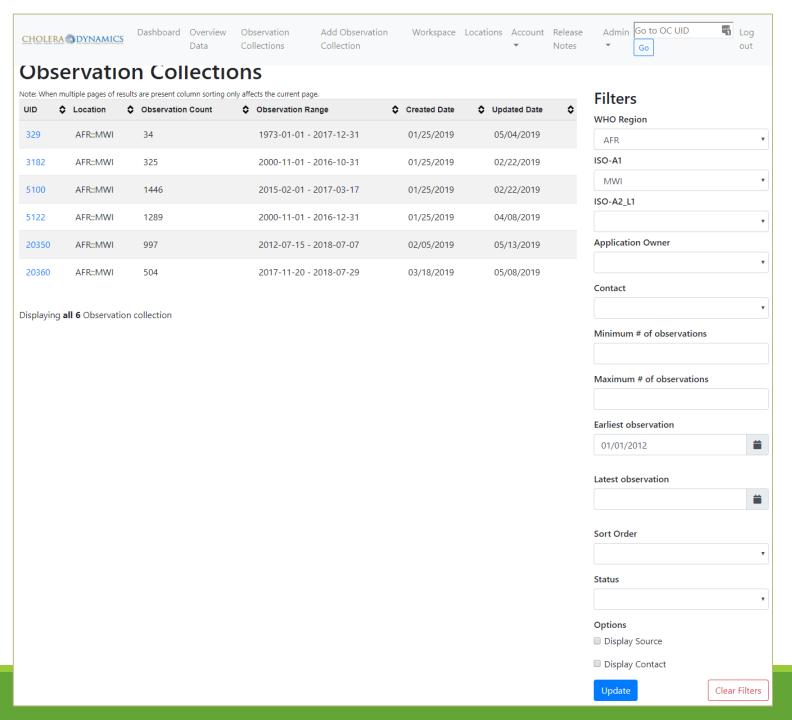
TL TR Primary Phantom deaths sCh

> Uploaded Observation Files

Observations			Upload Ob	eservations Edit Observations	Download Observations	Delete All Observations
Location	<b>♦</b> TL	<b>♦</b> TR	Primary	Phantom	deaths	♦ sCh
AFR::MWI.Malawi	2016-01-01	2016-12-31	<b>~</b>		46	1792
AFR::MWI.Malawi	2015-01-01	2015-12-31	~		11	693
AFR::MWI.Malawi	2012-01-01	2012-12-31	~		2	187
AFR::MWI.Malawi	2011-01-01	2011-12-31	~		4	120
AFR::MWI.Malawi	2010-01-01	2010-12-31	~		17	1155
AFR::MWI.Malawi	2009-01-01	2009-12-31	~		125	5751
AFR::MWI.Malawi	2008-01-01	2008-12-31	~		26	831
AFR::MWI.Malawi	2007-01-01	2007-12-31	~		5	475
AFR::MWI.Malawi	2006-01-01	2006-12-31	~		55	4148
AFR::MWI.Malawi	2005-01-01	2005-12-31	~		11	1105
AFR::MWI.Malawi	2004-01-01	2004-12-31	~		4	675
AFR::MWI.Malawi	2003-01-01	2003-12-31	~		34	2736
AFR::MWI.Malawi	2002-01-01	2002-12-31	~		911	32618
AFR::MWI.Malawi	2001-01-01	2001-12-31	~		42	2395
AFR::MWI.Malawi	2000-01-01	2000-12-31	~		56	2391
AFR::MWI.Malawi	1999-01-01	1999-12-31	~		648	26508
AFR::MWI.Malawi	1998-01-01	1998-12-31	~		74	1745
AFR::MWI.Malawi	1997-01-01	1997-12-31	~		15	130
AFR::MWI.Malawi	1996-01-01	1996-12-31	~		0	1
AFR::MWI.Malawi	1995-01-01	1995-12-31	~		0	1
AFR::MWI.Malawi	1994-01-01	1994-12-31	~		11	107
AFR::MWI.Malawi	1993-01-01	1993-12-31	~		524	25193
AFR::MWI.Malawi	1992-01-01	1992-12-31	~		8	298
AFR::MWI.Malawi	1991-01-01	1991-12-31	~		245	8088
AFR::MWI.Malawi	1990-01-01	1990-12-31	~		481	13457

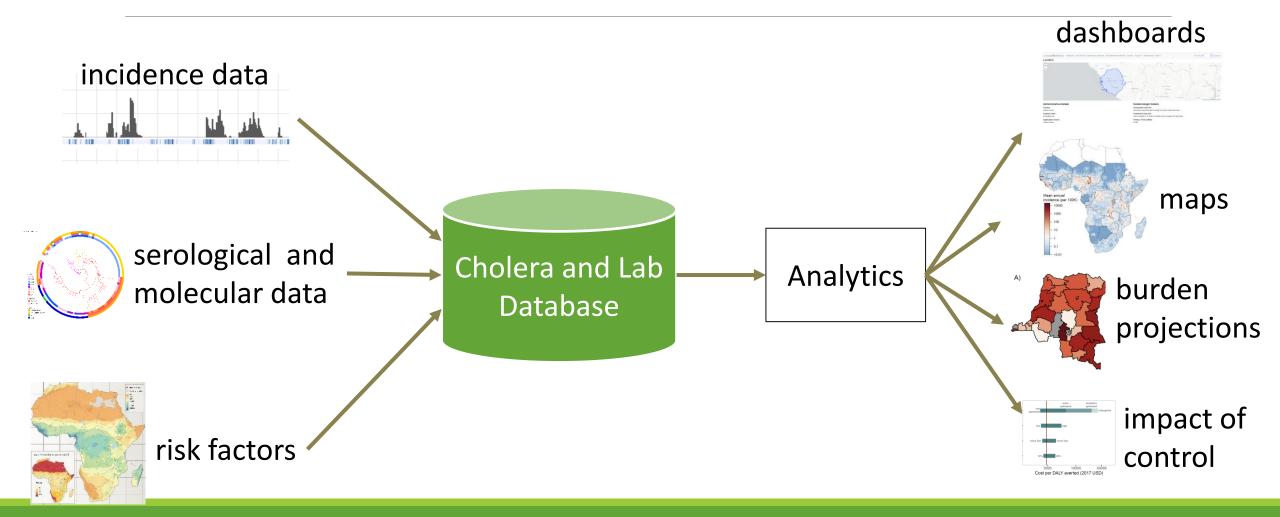


View information about all data available for a specific location and time period





#### 2. Earth Observation database



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Satellite-derived rainfall: **GPM/TRMM** and **CHIRPS** 

Satellite-derived surface temperature and near-surface air temperature: **MODIS/VIIRS and CHIRTS** 

Surface water extent and quality: MODIS/VIIRS; Aquarius/SMAP for salinity

Vegetation status: MODIS/VIIRS

Soil moisture and water flow from a Land Data Assimilation System (LDAS)

Subseasonal to Seasonal hydrological forecast: NMME forecasts + LDAS

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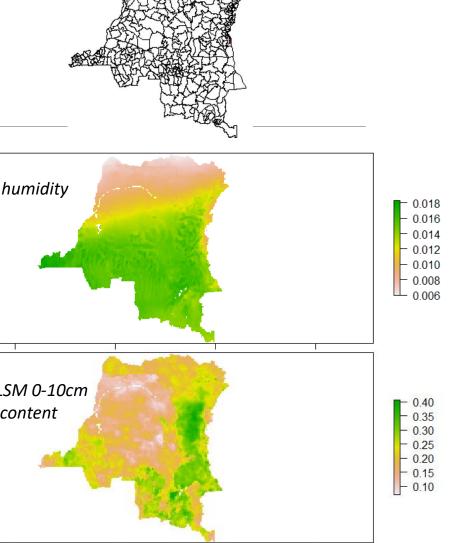
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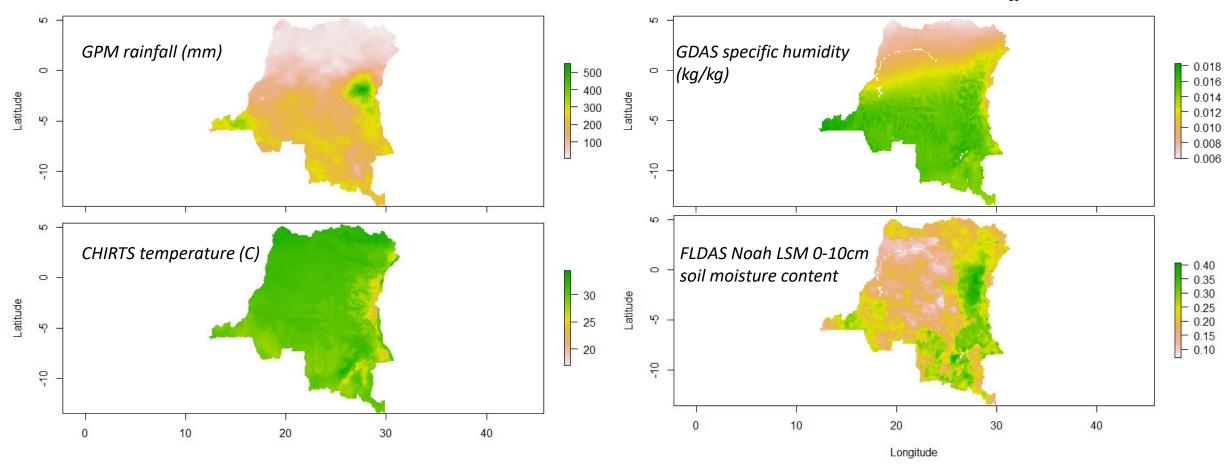
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### EO for the DRC





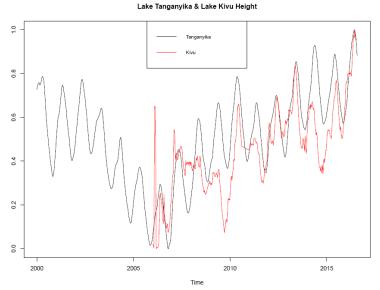
## 3. Weekly maps of environmental cholera potential

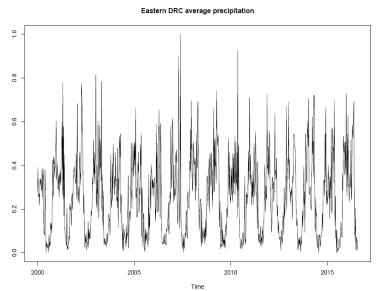
Based primarily on **established relationships** between environment and cholera risk.

These relationships will vary geographically and by season.

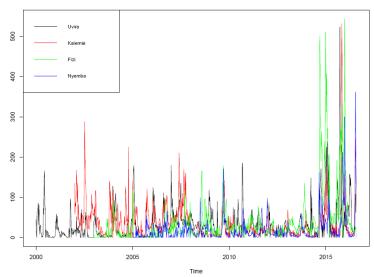
Goal is a **20km gridded resolution monitoring product**, updated monthly or more frequently

## Exploratory Analysis: Eastern DRC

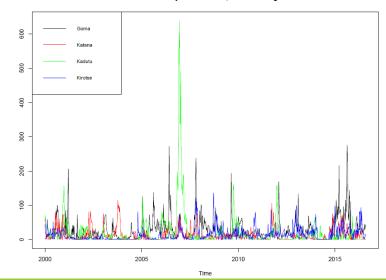




#### Cholera cases by health district, Lake Tanganyika Region



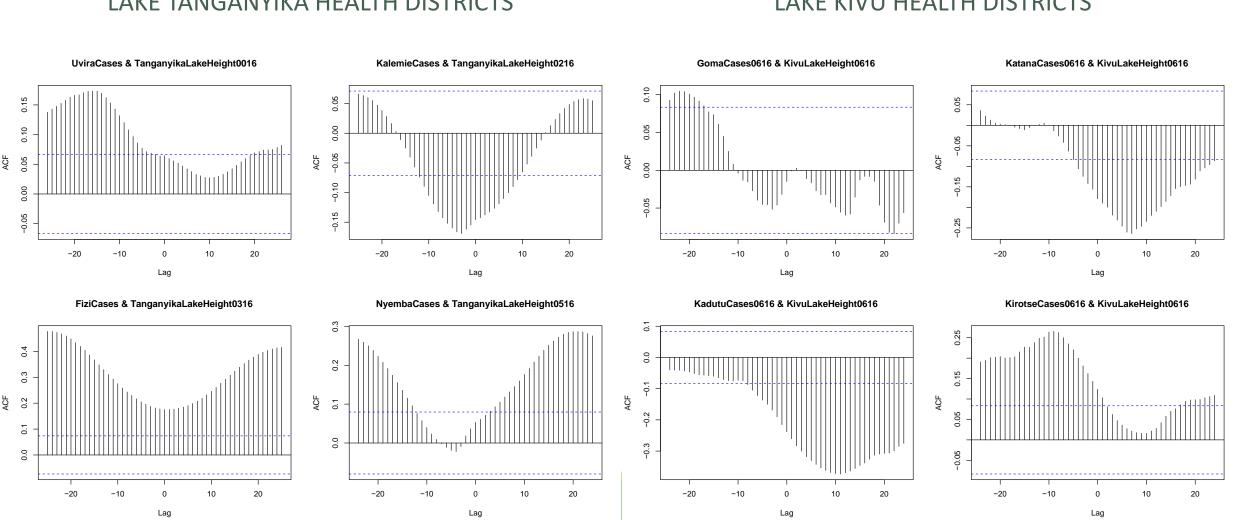
Cholera cases by health district, Lake Kivu Region



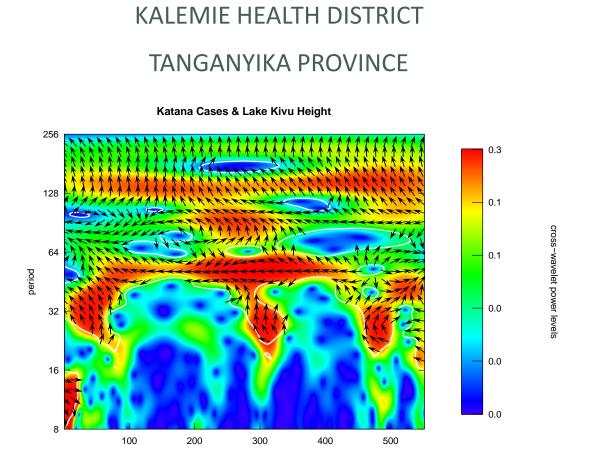
### Lake height correlations to cholera for highincidence health districts in Eastern DRC.

#### LAKE TANGANYIKA HEALTH DISTRICTS

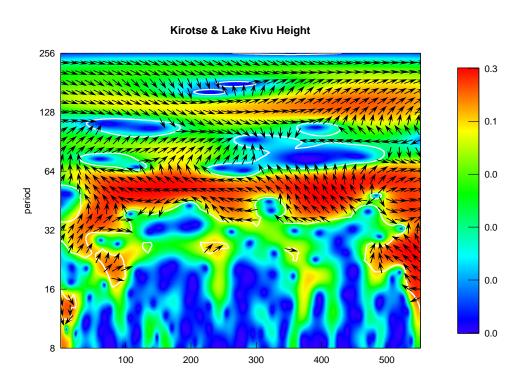
#### LAKE KIVU HEALTH DISTRICTS



## Lake Kivu height data shows annual and biennial relationships to cholera incidence.



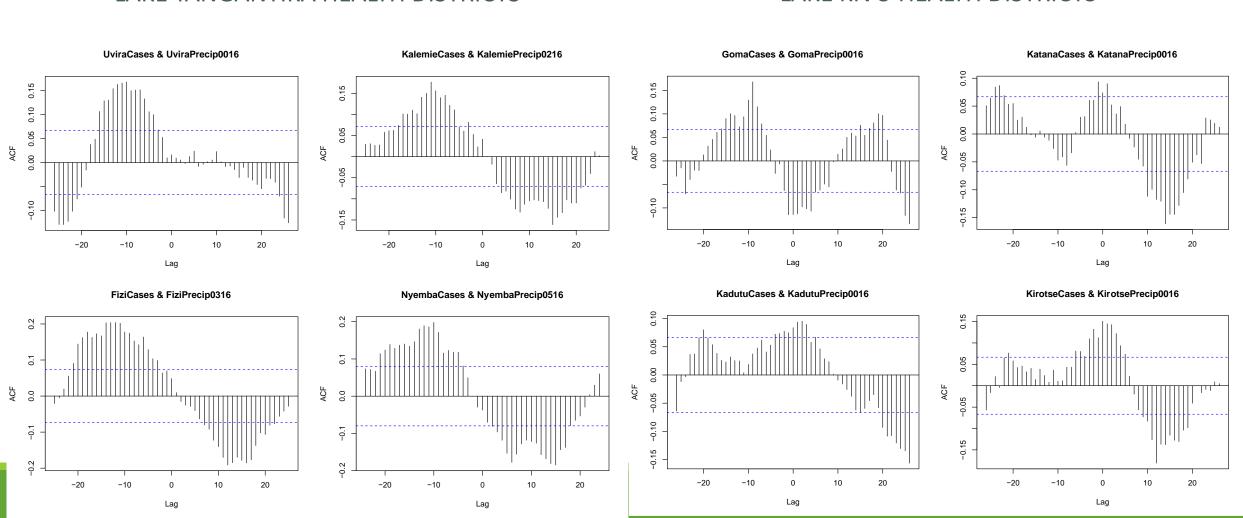
## KIROTSE HEALTH DISTRICT NORD-KIVU PROVINCE



### Precipitation correlations to cholera for highincidence health districts in Eastern DRC.

#### LAKE TANGANYIKA HEALTH DISTRICTS

#### LAKE KIVU HEALTH DISTRICTS

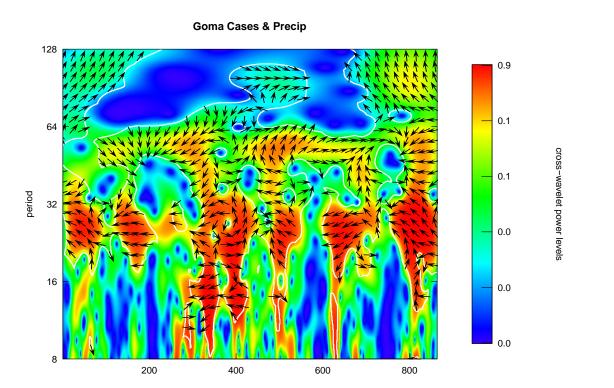


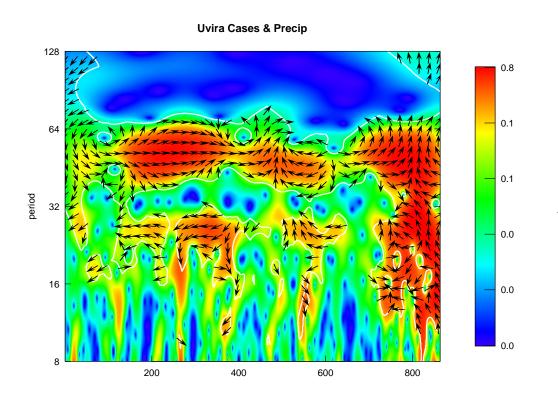
## Precipitation data shows annual and semiannual/biennial relationships to cholera incidence in most lake-adjacent health districts.

**GOMA HEALTH DISTRICT** 

NORD-KIVU PROVINCE

UVIRA HEALTH DISTRICT
SUD-KIVU PROVINCE





### Next Steps

Project postdoc Javier Perez-Saez started this month!

Implement cholera potential monitor for DRC, then move on to other case studies

Begin cholera risk monitor development for DRC

#### Risks:

How far can we go with the cholera and population data we have?

### ARL

Current: ARL 3, almost 4

Expectation: ARL 6 this PY

Goal: ARL 8

## Thank You

