## Measurement of Disease Frequency Occurrence and Trends

Module 1

Measurement of Disease for Outbreaks and Trends

- Measurement of disease burden
  - Prevalence, Proportion, % etc
- Measurement of <u>disease occurrence</u>
  - Incidence, death rate,
- Measurement of <u>association (risk vs outcome)</u>
  - Odds Ratio, RR
- Measurement of <u>Trends and Distributions\*\*</u>
  - Dose response, Trends over time cohort (APC)
  - Time Series etc.

### Measurement of disease burden

- <u>Count</u> (number) and unit of count (such as aggregate number group, cluster, flock etc)
- <u>Count and proportion</u> (number of case per survey population, %, ratio – m:f)
- <u>Prevalence</u> (magnitude)

### Prevalence

Prevalence =	Number of existing cases at a point of time
(point)	Size of the population at a point of time
Prevalence =	No. of existing cases + new cases during a period of time Average size of the population at the period of time

## Prevalence (point)

Prevalence =	Number of DM cases in the survey of a village					
(point)	Size of the population of the village					
=	36					
	3200 village					
=	0.01125	Or	1.12 person in 100 people			

### Prevalence

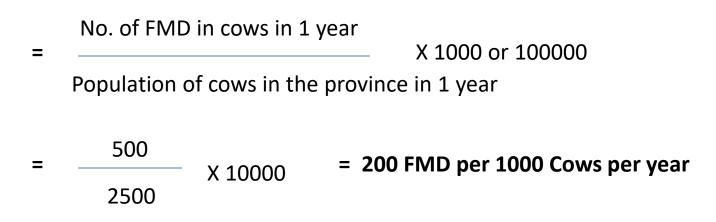
Prevalence =	No. of existing cases + new cases during a period of time				
period	Average size of the population at the period of time				
_	36 + 12 In 6 months period				
=	= 3200 villager + 200 (birth and move in, minus died)				
=	48				
	3400				
=	0.0141 Or 1.4 in 100 villager				

### Measurement of disease occurrence

(incidence rate, death rate etc.



Size of population at risk who stay in the area in 1 year



Incidence is rate of change : unit of calculation is per time (t minus 1)

#### **Common measurement in descriptive epidemiology**

#### Count

- Ratio (A:B) such as M:F
- Proportion (of Total, of school attendant)
- Percentage %
- Prevalence
- Rate (of change) incidence
- Case Fatality Rate : CFR) proportion
- Summary of data variable (Mean, Median, Mode)

# Number of patients with "D" disease reported from all hospitals in Province/Division 'M' by **Week**, in 201X

Hospita I	Tot a											1	1	1		1	1		1	1	2
Area	l	1	2	3	4	5	6	7	8	9	10	1		2 3	14	5		5 17	8		
Provine ial H	177 8	11	1 2	1 1 2	010 1	11 1	11 2	1 6	010 0	12 1	12 7	8 3	8 9	8 5	10 7	6 3	8 3	675	6	87	
Hosp A	163					28	31	2	628	13	12	9	5	1	1						
Hosp B	5	1	1	1		1							1								
Hosp C	169	24	1	1 6	422	25	23	2	04	1		2			16						
Hosp D	656	44	3	4 7	844	27	21	4	324	24	19	1	3 4	2 9	843	4	4 1	534	3	2 9	8
Hosp E	466	19	3	3 3	638	28	20	4	023	16	21	2	1 7	2 6	121	1	2 4	718	2	2 4	2
Hosp F	226	17	1	2 7	623	47	26	4	122	2											
Hosp G	242	27	1	2 8	533	21	20	3	318	28	17	1									

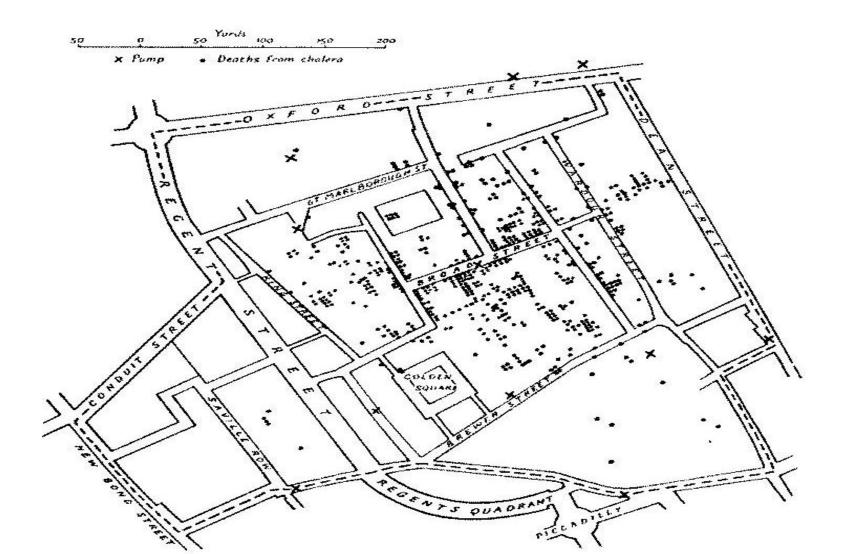
Understand sources of data and how data collected

- Definition of case required for notification
- Surveillance and reporting system (and requirement – such as priority/urgent etc)
- Reporting Persons, organization
- Timeliness
- Completion
- Evaluation and supervision
- Technology

## Previous slide content show

- Count per week
- Count of cases among different hospital/area
- No report and missing data
- Incomplete information in some data
- No information, no data difficult to analyze or interpretation
- No population in each area make it hard to compare the problem
- Can we say something about the trends of disease?

### John Snow : Observation and study of Cholera Outbreak, London 1854



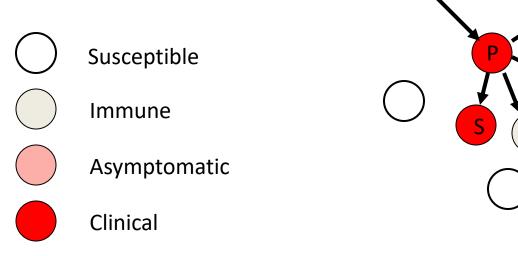
### Cholera cases, rate per HH By water supplied company, London 1854.

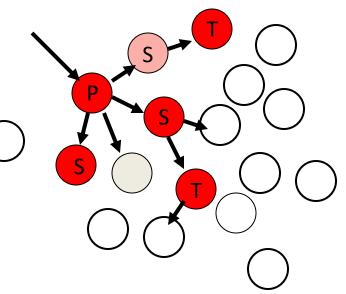
Tap water Supplied company	No. HH	cases	Case per 10000 HH
Southwark & Vauxhall Company	40,046	1,263	315
Lamberth Company	26,107	98	37
Rest of London	256,423	1,422	59

### Measure of disease transmission

# การถ่ายทอดโรค (Disease Index – first case identified **Transmission**)

- Primary case that brings the infection into a population
- Secondary infected by a primary case
- Tertiary infected by a secondary case





#### Transmission: Reproductive Number

**Basic Reproductive Number (R zero)** 

Secondary cases occurred as a result of exposure (contact) to indexed cases or previous case

Ro = between 1-2 from this example

#### After an ILI index case ill in families no. of new cases sick in 1 incubation period

Size of families	New case occur	Index to new case ratio
5	2	1:2
4	2	1:2
3	1	1:1
6	3	1:3

### **Estimated Ro**

in selected infectious disease

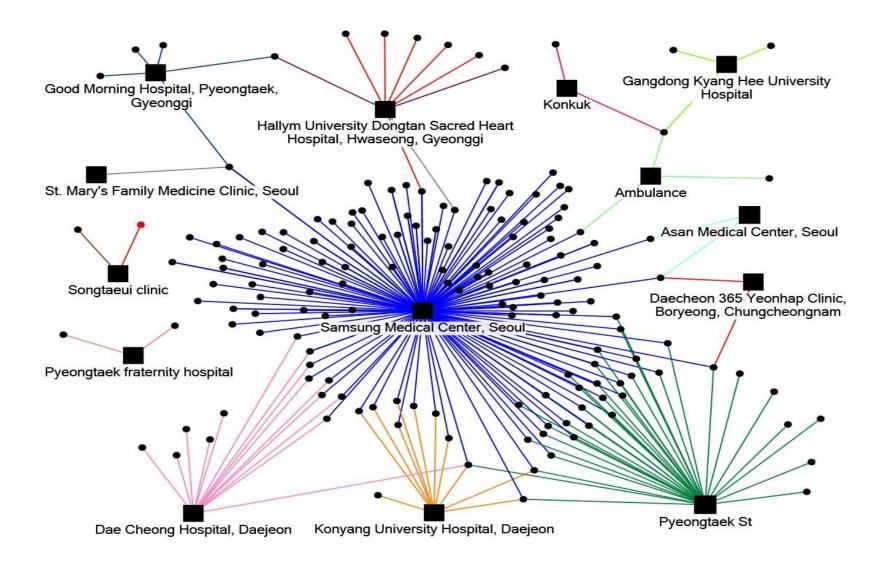
- Seasonal Influenza (2-4)
- Pandemic A/H1N1 (2-5)
- H5N1 (0.5-2)
- SARs (3-7\*\*\*)
- Tuberculosis (1-2)\*\*\*
- MERS (0.7-4\*\*)
- Ebola (1-5\*\*)
- HFMD (1-6\*\*)

\*\* depend on settings, family size, contact methods, procedure

#### First MERS in Korea and transmission



### **Transmission Relationships**



Measurement of <u>association (risk vs outcome)</u> Odds Ratio, RR

#### Terminology

- <u>Variable</u> (things with information of interest : Sex, age, Blood sugar, Infection (Y/N), eat food A, bite by rabid dog, vaccination) (y/n).....etc)
- <u>Association</u> (possible relationship of x and y)
- <u>Correlation</u> (how x and y go together) (+/-)
- Some association can be <u>cause-effect</u> <u>relationship</u>

#### Measurement of <u>association (risk vs outcome)</u> Odds Ratio, RR

#### Association

- What is Odd and Odds Ration
  - a:b is Odd of X ( c:d is another odd of Y)
  - X:Y is Odds Ratio
- What is Relative Risk (similar concept

"Studies showed "Drink alcohol" associated with increase in road accident by 3 times"

### Calculation format Odd, Odds Ratio

	Accident	No accident	
Drinking "alcohol" Over 75 mg%	а	b	a+b
No alcohol	С	d	c+d
	a+c	b+d	N = a+b+c+d

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#### Odd of accident in drinking = a/b

#### Odd of accident in No drinking = c/d

Odd Ratio of Alcohol in accident = (a/b)/(c/d) = a\*d/b\*c

+ Calculate 95% Confident Intervals

ORs = number

	Accident	No accident	
Drinking "alcohol" Over 75 mg%	50	500	550
No alcohol	5	1200	1205
	55	1700	1755

Odd of accident in drinking = a/b = 50/500 = 0.1

Odd of accident in No drinking = c/d = 5/1200 = 0.00416

Odd Ratio of Alcohol in accident = (0.1)/(0.00416) = 24.04 times + Calculate 95% Confident Intervals

#### Calculation format RR, RRs Ratio

	Case Measles	Normal (child) no illness	
MMR vaccination	а	b	a+b
No MMR vaccination	С	d	c+d
	a+c	b+d	N = a+b+c+d

	Case Measles	Normal (child) no illness	
MMR vaccination	а	b	a+b
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	a+c	b+d	N = a+b+c+d

RR of disease in vaccination = a/a+bRR of disease in non-vaccination = c/c+d

RRs Ratio is = a(a+b)/(c /(c+d))

	Case Measles	Normal (child) no illness	
MMR vaccination	5	400	405
No MMR vaccination	28	300	328
	33	730	763

RR of disease in vaccination = a/a+b = 5/405 = 0.012

RR of disease in non-vaccination = c/c+d = 28/328 = 0.0853

RRs Ratio is = a(a+b)/(c /(c+d)) = 0.012/0.0853 = 0.14

MMR vaccination has 7.1 time protective effect or approximately 76 % efficacy

### **Cause-effect Association**

- Strength of association (high RRs, Ors)
- Consistency
- Specificity
- Temporal relation (A happened before disease)
- Biological Plausibility
- Dose-response relationship
- Coherence
- Experiment support
- Analogy \*\*



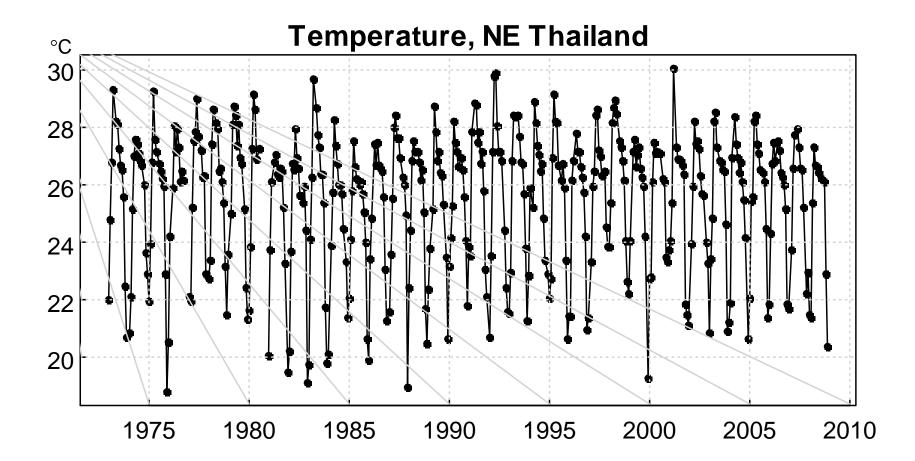
Thank you

For use in future

### Trends Analysis (advance)

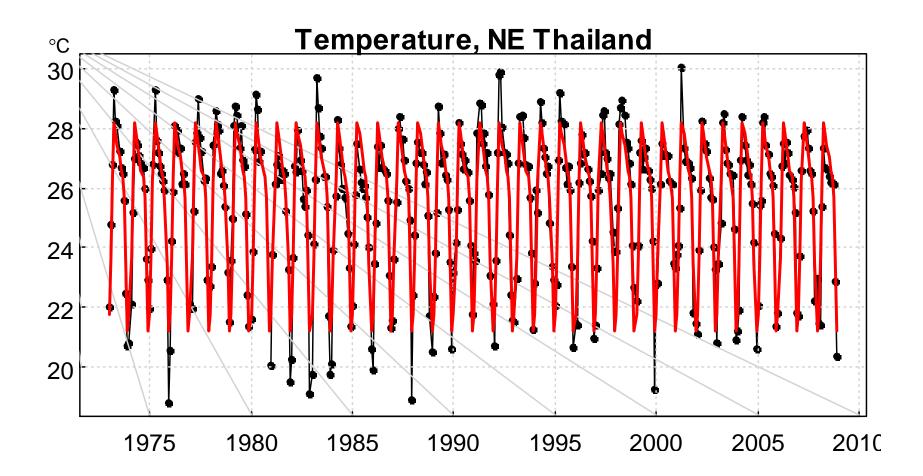
For your interest only

### Time series analysis

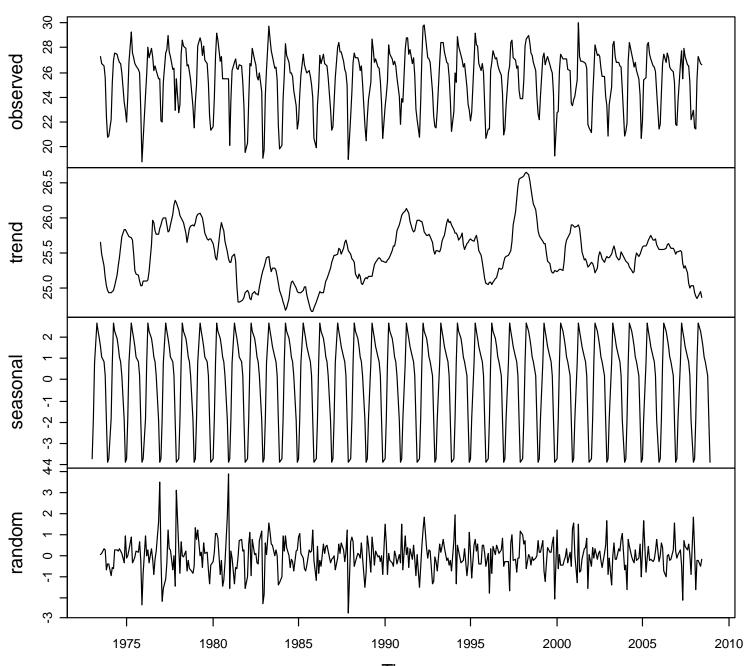


### Main composition of determinants of a Time Series

- <u>Trend:</u> linear, curvinear, moving average
- **Oscillation** (cosine function)
  - Harmonic terms e.g. cos(a), cos(2a)
  - Starting points e.g. cos(m+a), cos(n+2a)
- <u>Autoregressive effect</u>
  - Preceding status has effects on the current one.
- Optionally other explanatory independent terms e.g. temperature, rainfalls, which are beyond the trend and cyclical effects
- <u>Random errors</u>



Analysis : Output from R program - red line show trend of temperature with seasonal (time) variation

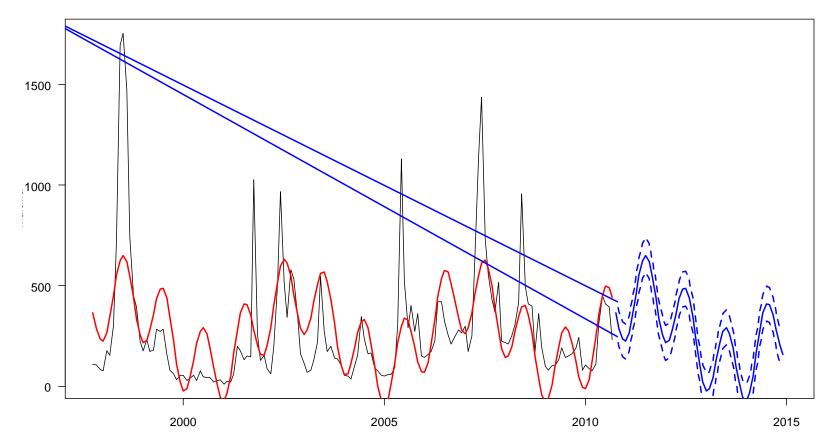


#### Decomposition of additive time series

Time

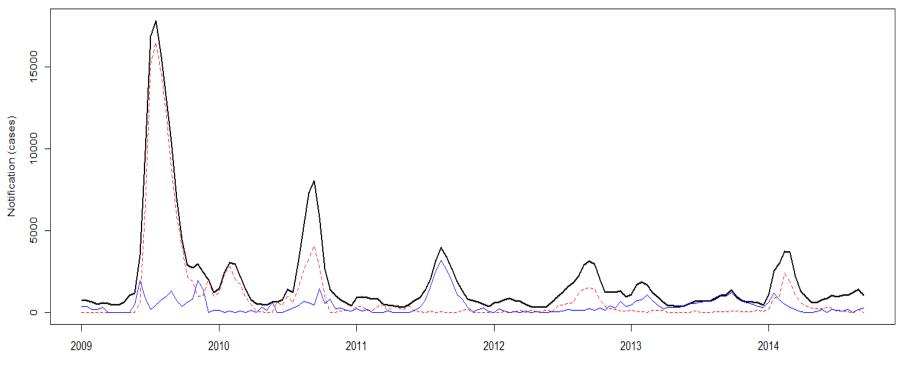
### Forecasting malaria in Yala

 $x_t = 277.21 + 94.42 \cos(2\pi t \times 0.08) - 167.64 \sin(2\pi t \times 0.08) + 69.52 \cos(2\pi t \times 0.02) + 167.04 \sin(2\pi t \times 0.02)$ 



#### ารเปลี่ยนแปลงหลังการระบาดใหญ่ ๕ ปี ของไข้หวัดใหญ่สายพันธ์ใหม่ 20

Two week period graph of Reporting Total Influenza, A/H1N1/2009, A/H3, Thailand 2009-2014

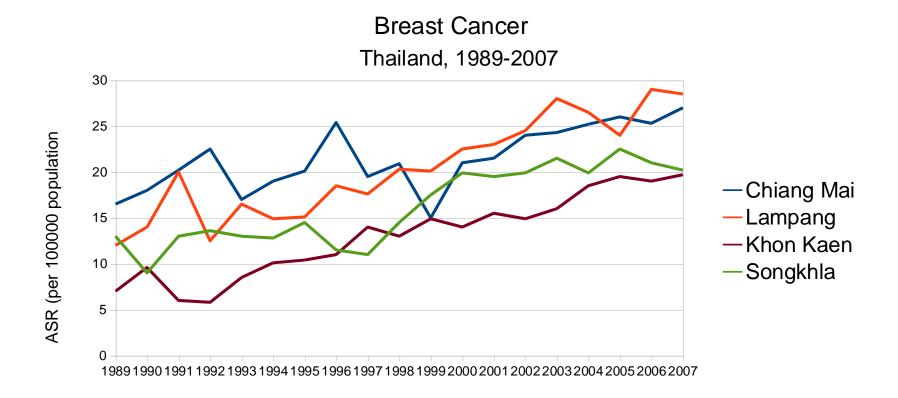


Time

### Age-Period-Cohort (APC)

- <u>Age</u> risk of disease depend on age such as
  - Low immunity in children
  - Exposure to chemical, hormone change
  - Age related disease, elderly less immunity etc
- <u>Period</u>: certain period living aspect change (60s, 80s, 90s, 2000s, 2010....)
- <u>Cohort</u>: Birth cohort experienced different era/period
- Interaction for risk factors

### Female breast cancer in Thailand

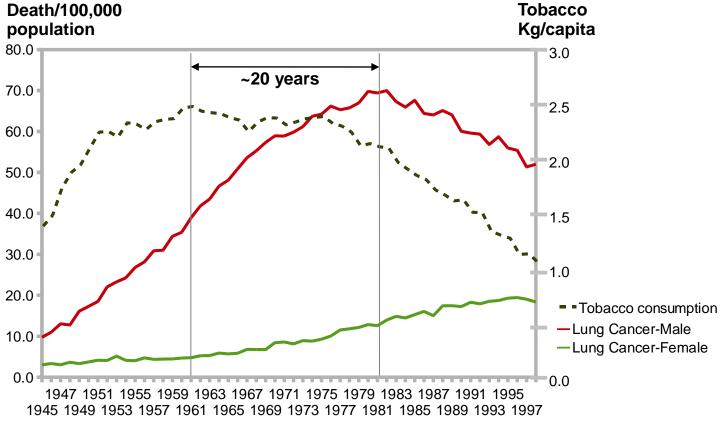




### Male colo-rectal cancer in Thailand

ASR /100,000 population 25 20 15 -Chiang Mai Lampang 10 Khon Kaen Songkhla 5 0 89 90 91 92 93 94 95 96 97 98 99 00 Year

#### Tobacco consumption and lung cancer in Australia



#### Year

AIHW: deloop M & Bhatia K 2001: Australian Health Trends 2001. AIHW Cat. No. PHE 24. Canberra: AIHW; the National Mortality Database ha Sriplung Thai Network of Cancer Registries

### The End – Thank you