Descriptive Spatial Analysis of the Cholera Epidemic in Harare



HARVARD School of Public Health

Miguel Angel Luque Fernandez,
Department of Epidemiology,
Harvard School of Public Health, Boston,MA, USA

June 14, 2013





Table of Contents

- Context
 - Harare in 2008
 - Socioeconomic chaos
 - Environmental Risk Factors
- 2 Hypothesis and Objectives
 - hypothesis and Objectives
- Methods
 - Data and Methods
- Results
 - Person
 - Time
 - Place
- Conclusion
 - conclusion
 - Aknowledgements HSPH-Miguel Ángel Luque Fernández, PhD





Zimbabwe







Crisis 2008, Hyperinflation





Cholera Epidemic in Zimbabwe

100,000 cases

4,000 deaths

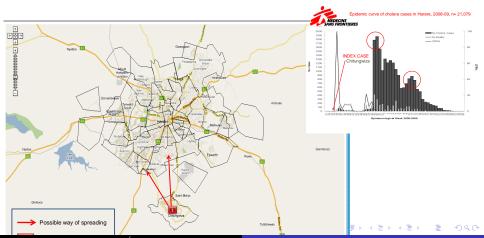




Source: The Guardian and The Nytimes



Chitungwiza: Index Case





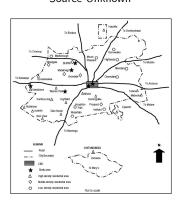
Environmental Risk Factors



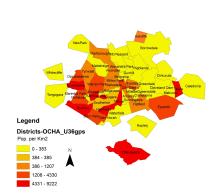


Harare Pop Density by Suburbs: Triangulation

Source Unknown



OCHA DATA 2008





Environment Risk Factors: Housing

Mbare House

Mount Pleasant House





Environment Risk Factors: Population mobility and Sanitation



Hypothesis

The distribution of cholera cases by suburb in Harare during the epidemic of 2008-2009 followed an identifiable spatial pattern related to the topographical elevation, the active population movements and high density population areas as markets and bus stations.

Objectives

To describe the spatial distribution of the cholera epidemic in Harare and Chitungwiza and identify factors that influenced the spatial pattern of the outbreak spread that may explain mechanism of transmission and, to analyze the association between topographic elevation and the distribution of cholera cases.

Cholera data and Population Figures

- Cholera data were drawn from the registry of cholera treatment centers and oral rehydration points functioning during the cholera epidemic in Harare and Chitungwiza implemented and managed by MSF in collaboration with the Department of City Health of the Ministry of Health & Child Welfare.
- Population figures by suburb were calculated from the 2008 official census of Harare and Chitungwiza.



Cholera Treatment Center



An emergency, makeshift cholera treatment centre in Kadoma, Zimbabwe.

Picture courtesy of MSF

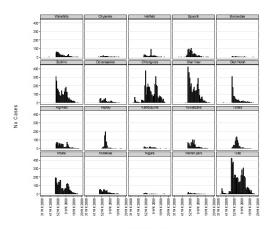


Spatial Data

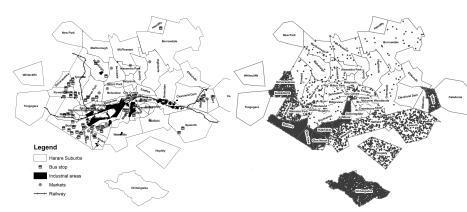
- A high resolution satellite image of Harare (2008) was geometrically corrected to fit a set of control points surveyed in the field with a GPS.
- Information from Harare's topographic map (Produced by the Surveyor General of Zimbabwe), was digitalized on top of the satellite image using ArcMap software.
- Vector polygon information about Harare suburbs was obtained from OCHA, Harare.
- Average ground elevation and the distance between each suburb centroid to Chitungwiza were measured for each polygon.

Distribution of Cholera cases by sex and age in the CTCs in Harara, 2008-2009, (n= 19,422).

Variable	es n(%)	
Sex		_
Males	10071(51.9)	
Female	9272(47.7)	
Age in years		
≤ 5	3542(18.2)	
6-14	1932(9.9)	
15-24	3811(19.6)	Children ≤2 years old and active population were the most affected
25-34	4828(24.9)	
35-44	2682(13.8)	
≥ 45	2627(13.5)	
Children ≤ 5 years		
0-2	2356(66.5)	
3-5	1186(33.5)	



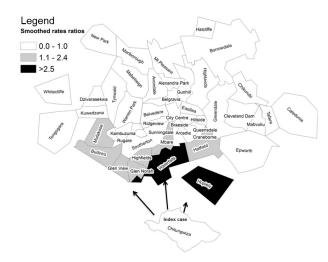
Epidemilogical weeks



Pearsons Coefficient of Correlation =0.31

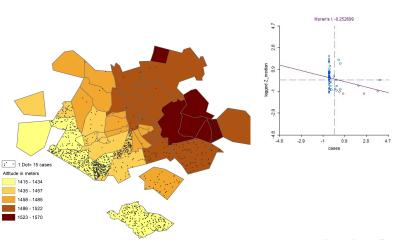
Source: Luque Fernndez M,et al. Descriptive spatial analysis of the cholera epidemic 20082009 in Harare, Zimbabwe: a secondary data analysis. Trans R Soc Trop Med Hyg (2010)

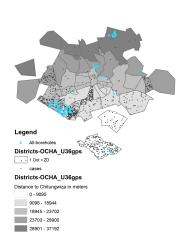


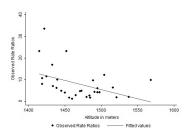




Elevation and Cholera







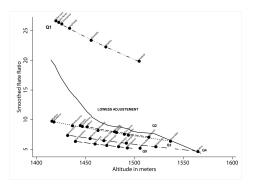


Suburbs Smoothed Rates Ratios of cholera risk by elevation

 $\textit{In}(\mathsf{cases}_{ij}) = \textit{In}(\mathsf{population}_{ij}) + \beta_0 + \beta_1 \times (\mathsf{elevation} \ \mathsf{in} \ \mathsf{meters}_{ij}) + Q_j \ (\mathsf{Random} \ \mathsf{effect:}(\mathsf{five} \ \mathsf{clusters}))$

$$ln(cases_{ij}) - ln(population_{ij}) = ln(\frac{Cases}{Population}) = \beta_0 + \beta_1 \times (elevation_{ij}) + Q_j$$

An increase in 100 meters in elevation yields 30% lower cholera risk with a Rate Ratio of 0.70; (95%CI=0.66-0.76)







Conclusion

- The distribution of cholera cases by suburb in Harare followed an identifiable spatial pattern.
- The pattern in the spread of cholera cases was related with the active population movements and high density population areas.
- The pattern in the spread of cholera cases was characterized by low risk in low density residential housing, and higher risk in high density south west suburbs and Mbare.
- The pattern in the spread of cholera cases was characterized by a lower cholera risk when the average elevation in meters increases by 100 meters.



Thanks

Thanks for your attention and time mluquefe@hsph.harvard.edu