# Spatial Analysis of Pertussis Outbreaks and Herd Immunity in the USA

May 6, 2014 GEOG 596A Ryan Warne

Advisor: Dr. Justine Blanford

# Agenda

- Pertussis Overview
- Herd Immunity
- Objectives
- Data
- Other Health GIS Examples
- Methodology
- Limitations
- Timeline

# **Pertussis (Whooping Cough)**

Respiratory disease caused by *Bordetella pertussis* bacteria Transmitted via airborne droplets (coughing/sneezing) Vaccine-preventable

Whooping cough is on the rise

- ~16 million cases & 195,000 deaths world-wide per year
- ~10k-40k cases & 10-20 deaths in USA per year

Approximately 50% of children <1 y are hospitalized

Source: Centers for Disease Control and Prevention, http://www.cdc.gov/pertussis



# Why Are We Seeing Increases?

- Improved diagnostic testing and better reporting (CDC 2012)
- Waning effectiveness of the vaccine itself (CDC 2012)
- Cyclical Outbreaks (CDC 2012)
- Decreased perception of disease danger and severity (Kennedy 2011)

- Increase of parents delaying or fore-going vaccination due to personal beliefs or apathy about vaccinations (Lundquist 2010)

Exemptions due to religious, philosophical and medical reasons 1991-2004

- Nonmedical exemptions rose from 0.98% to 1.48 in USA
- Religious exemptions remained around 1%
- Philosophical or personal belief exemptions increased from 0.99% to 2.54% in states allowing personal belief exemptions

(Omer et al., 2009)

#### **Reported NNDSS pertussis cases: 1922-2013\***



\*2013 data are provisional.

SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System and 1922-1949, passive reports to the Public Health Service

## Reported pertussis incidence by age group: 1990-2013\*



SOURCE: CDC, National Notifiable Diseases Surveillance System and Supplemental Pertussis Surveillance System



Source: The National Institute of Allergy and Infectious Diseases (NIAID)

## Herd Immunity



- Protect the population from disease
- Minimize outbreaks through high levels of immunity
- Different diseases have varying thresholds of herd immunity



# Herd Immunity Thresholds for Vaccine Preventable Diseases

 $R_{\scriptscriptstyle 0}$  is the basic reproduction number, or the average number of secondary infectious cases that are produced by a single index case in a completely susceptible population.

Disease	Transmission	R	Herd immunity threshold
Mumps	Airborne droplet	4–7	75–86%
Polio	Fecal-oral route	5–7	80–86%
Rubella	Airborne droplet	5–7	83–85%
Smallpox	Social contact	6–7	83-85%
Diphtheria	Saliva	6–7	85.00%
Measles	Airborne	12_18	83_94%
Pertussis	Airborne droplet	12-17	92–94%

## **Anti-Vaccination & Disease Rebound**

#### Anti-vaccine movement is giving diseases a 2nd life

Apr. 8, 2014 | 0 Comments

Similar to smallpox (now eliminated) in the 19<sup>th</sup> century, reduction in vaccinations led to resurgence of smallpox

Smallpox fell between 1802 and 1840 through vaccination Resurgence of smallpox in 1850's vaccination decreased leading to disease outbreaks throughout 1870's

1905 – Jacobson v. Massachusetts



#### Smallpox % deaths in Berlin

http://www.ewi-ssl.pitt.edu/econ/files/courses/110908\_misc\_smallpoxgraphs.pdf

(Omer et al 2009)

## **Objectives**

(1) Explore the spatial distribution of pertussis cases and exemptions throughout the USA

- Areas with positive or negative trends

(2) Compare and contrast pertussis incidence over the past 5-10 years in 2 states.

- Investigate the relationship between vaccination rates (i.e. herd immunity) and pertussis

- Characterize demographic composition in these areas

#### Cases of Pertussis in the USA 1993-2012





#### PBEs:

# WA, CA, ID, UT, CO, AZ, ND, MN, WI, MI, OH, TX, OK, AR LA, VT, ME

#### **Vaccination Exemptions**

- All states allow medical exemptions for schoolchildren
- 48 states allow religious exemptions
- 17 states allow philosophical or person belief exemptions (PBE)

Varying degrees of difficulty to receive PBEs



http://www.nvic.org/Vaccine-Laws/state-vaccine-requirements.aspx



### Pertussis Incidence Over the Past 20 Years California & Florida

#### California - Averaged1,960 cases / year

- highest annual number of cases in the USA
- Cyclical outbreaks in last 20 years with 1.5 19.3 cases/100,000 population
- Current outbreaks in 2014

Florida

- Averaged 290 cases / year
- Average number of cases annually in the USA
- Stable number of cases in last 20 years with < 3 cases/100,000 population

### Pertussis Cases in California (1947 – 2013) and Florida (1963 – 2012)



\*Includes cases reported to CDPH as of 2/4/2014





Source: Florida CHARTS, Florida Department of Health & California Department of Public Health

### Pertussis Incidence by County – California & Florida



Source: FloridaCHARTS.com provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management California Department of Public Health





Source: FloridaCHARTS.com provided by the Florida Department of Health, Division of Public Health Statistics & Performance Management, California Department of Public Health



Variation exist across the states, within counties, and within school districts and communities

**Nevada County** 

Sonoma County

#### Measles Outbreak San Diego, 2008

1 infected child exposed 839 people to measles and caused 11 new cases (all in unvaccinated children)

Variables statistically evaluated using chi-square and regression testing

Higher exemption rates correlated to higher median income (\$88k vs. \$53k)



Source: Sugerman, 2010

#### Rotavirus in Berlin, Germany 2007-09

Spatial Bayesian regression models for statistics

Link found between hospitalization rates from Rotavirus and 1) Percent unemployment in the neighborhood & 2) Percentage of children attending day care



## Methodology

#### Data:

- Number pertussis cases available at county level in Florida (2009-2012) and California (2010-2013)
- Number kindergarteners immunized and exempted by school district/city/county
- Number of kindergarteners by school district/city/county
- US Census Bureau demographic information from 2010 census

Ideally like to perform analysis at address level but may be unlikely. Instead analyze data at smallest scale possible.

#### Analysis:

Examine the correlation between immunization coverage and pertussis incidence.

Explore relationship between socioeconomic factors: unemployment, income, median age, population density WITH pertussis cases AND PBEs (simple & multivariate regression analysis). Test for significance using Chi-Square.

## Limitations

#### Data:

Range of years available for data between FL and CA

Level of geographic detail for ideal analysis

Exemption and immunization data is for kindergarteners but pertussis cases by county/state is for the entire population

#### Analysis:

Cyclical nature of disease may cause statistically significant results one year but not another

#### **Expected Outcomes**

Identify critical areas with high pertussis numbers both by volume and cases per 100k population

Identify critical areas with little to no herd immunity

- Find a correlation between exemption areas and pertussis outbreaks
- Find a correlations between socioeconomic factors (education/income/ethnicity, etc.) and pertussis outbreaks

Suspect the rates are too low in Florida to drawn statistically significant results, but not the case in California

## Timeline

May – July : Data collection and analysis
Aug – Oct : Analysis of data
Oct – Dec : Writing of capstone project

Presentation Venue: ESRI Health GIS Conference, Nov. 3-5 Colorado Springs, CO Deadline to submit abstract is August 1, 2014

Paper outlet: International Journal of Health Geographics

### Acknowledgments

Dr. Justine Blanford - PSU Laura Rutledge, RN, BSN – FI. Dept. of Health Valerie Warne, MD

## Sources

California Department of Public Health

Centers for Disease Control and Prevention

U.S. Census Bureau

Florida Department of Health

- Kennedy, A., LaVail, K., Nowak, G., Basket, M., Landry, S., (2011). *Confidence About Vaccines In The United States: Understanding Parents' Perceptions.* Health Affairs 30(6):1151-1159.
- Lundquist, L. (2010). Whooping cough risingin vaccine-averse idaho. *McClatchy Tribune Business News*. Retrieved from http://search.proquest.com/docview/731783684?accountid=13158

The National Institute of Allergy and Infectious Diseases

National Vaccine Information Center

- Omer, S., Salmon, D., Orenstein, W., deHart, P., Halsey, N. (2009). Vaccine Refusal, Mandatory Immunizations, and the Risks of Vaccine-Preventable Diseases. The New England Journal of Medicine. 360:1981-8
- Sugerman, D., Barskey, A., Delea, M., Ortega-Sanchez, I., Bi, D., Ralston, K., Rota, P., Waters-Montijo, K., LeBaron, C. (2010). *Measles Outbreak in a Highly Vaccinated Population, San Diego, 2008: Role of the Intentionally Undervaccinated.* Pediatrics. 125(4):747-755.

The University of Pittsburgh, http://www.ewi-ssl.pitt.edu/econ/files/courses/110908\_misc\_smallpoxgraphs.pdf

Wilking, H., H"hle, M., Velasco, E., Suckau, M., Eckmanns, T., (2012). *Ecological analysis of social risk factors for Rotavirus infection in Berlin, German, 2007-2009. International* Journal of Health Geographics 11(1):37-48.

# **Thank You! Question?** IMMUNIZE FOR A HEALTHY FUTURE **PROTECT** Protect yourself: get the vaccines you need, when you need them. World Health Organization