# How Spatial Epidemiology Helps Understand Infectious Human Disease Transmission

## Introduction

- Infectious diseases can be transmitted:
  - **Directly** (e.g., influenza)
  - Indirectly (e.g., through water, soil)
- Spatial dimensions are crucial for understanding and managing diseases.
- Advancements in **computing and statistical methods** enhance disease visualization and analysis.



Figure 1: Visualization

of spatial dimensions in disease spread.

## **Spatial Data Types**

- Point Data:
  - Raw data such as incidences, deaths, physical locations (e.g., hospitals)
- Aggregate Data:
  - Summaries of individual points like incidence rates by area
- Point Data provides detailed and precise information, allowing for pinpointing specific outbreak locations.
- Aggregate Data helps in understanding broader trends but can obscure local variations.

## **Disease Mapping Techniques**

#### **Location Mapping**

- Historical examples:
  - Yellow fever in New York (1798)
  - Cholera in London (1854)
- Advantages: Quick observation of disease spread.
- Limitations: Privacy issues, difficulty in reflecting population distributions.

#### **Surface Mapping**

- Choropleth Maps:
  - Example: Filariasis in India, Q fever in the Netherlands.
- Advantages: Visualize incidence rates clearly.
- Limitations: May hide demographic factors, sensitive to spatial scales.



Figure 2: Example of a

choropleth map showing disease incidence.

# **Advanced Mapping Techniques**

# **Bayesian Smoothing**

- Reduces bias in local risk estimation.
- Example: Applied in studies of dengue, influenza, and tuberculosis.

# **Kernel Density Estimation (KDE)**

- Identifies dense points and visualizes as smooth surfaces.
- Example: Dengue cases in Delhi.



Figure 3: Illustration

 $of\ Bayesian\ Smoothing\ applied\ to\ disease\ data.$ 



ing the density of dengue cases.

Figure 4: KDE show-

### **Overall Spatial Patterns**

### **Clustering Methods**

- Nearest Neighbour Ratio:
  - Assesses clustering degree (e.g., rabies in China).
- Ripley's K Function:
  - Measures spatial clustering over distance (e.g., leishmaniasis in Brazil).



Figure 5: Visualization

 $of\ clustering\ methods.$ 

• Clustering methods help identify hotspots and inform targeted interventions.

# **Statistical Tests for Clustering**

#### Point Data

- Nearest Neighbour Ratio
- Cuzick and Edwards' test
- Ripley's K function

### **Aggregate Data**

- Spatial autocorrelation statistics (e.g., Moran's I)
- These tests are crucial for confirming whether observed patterns are statistically significant.

# **Hot Spot Detection**

### Local Indicators of Spatial Association (LISA)

• Identifies clusters of high or low values.

### **Spatial Scan Statistics**

• Detects clusters in space and time (e.g., leishmaniasis in Brazil).



Figure 6: Example of

hot spot detection using LISA and spatial scan statistics.

# **Identifying Risk Factors**

#### **Neighbourhood Effect**

• Disease risk influenced by nearby cases.

## **Spatial Heterogeneity**

• Variation in disease risk across different areas.

## **Spatial Regression Methods**

• Adjust for neighbourhood effects and spatial heterogeneity.



Figure 7: Illustration

of neighbourhood effect and spatial heterogeneity.

#### **Conclusion**

- Spatial epidemiology provides insights into the spread and control of infectious diseases.
- Future Directions: Enhancing GPS methods, optimizing Bayesian estimations.

• **Key Impact**: Improved disease surveillance, hypothesis generation, and strategic control measures.



Figure 8: The impact

 $of\ spatial\ epidemiology\ on\ disease\ control.$ 

# References

• Lin, C.-H., & Wen, T.-H. (2022). How spatial epidemiology helps understand infectious human disease transmission.