

Monitoring Health Impacts of Climate Change:

A GIS Application to Display *Real-Time Surveillance* (Environment, Demographics, Health)

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Knowledge Management

NCCEH April Webinar

26 April 2018

Agenda

- introduce Kingston team and what we do
- climate change and public health
- **health outcomes:** traditional and syndromic surveillance
- real-time tool for:
 - ✓ 1. situational awareness
 - ✓ 2. emergency preparation

Opioid and Toxicological Emergency Department Visits in Ontario

Ontario Acute Care Surge Monitor

Influenza-Like Illness (ILI) Mapper

Asthma Mapper
A tool to help manage asthma

KFL&A
Public Health

SDOH
Mapper

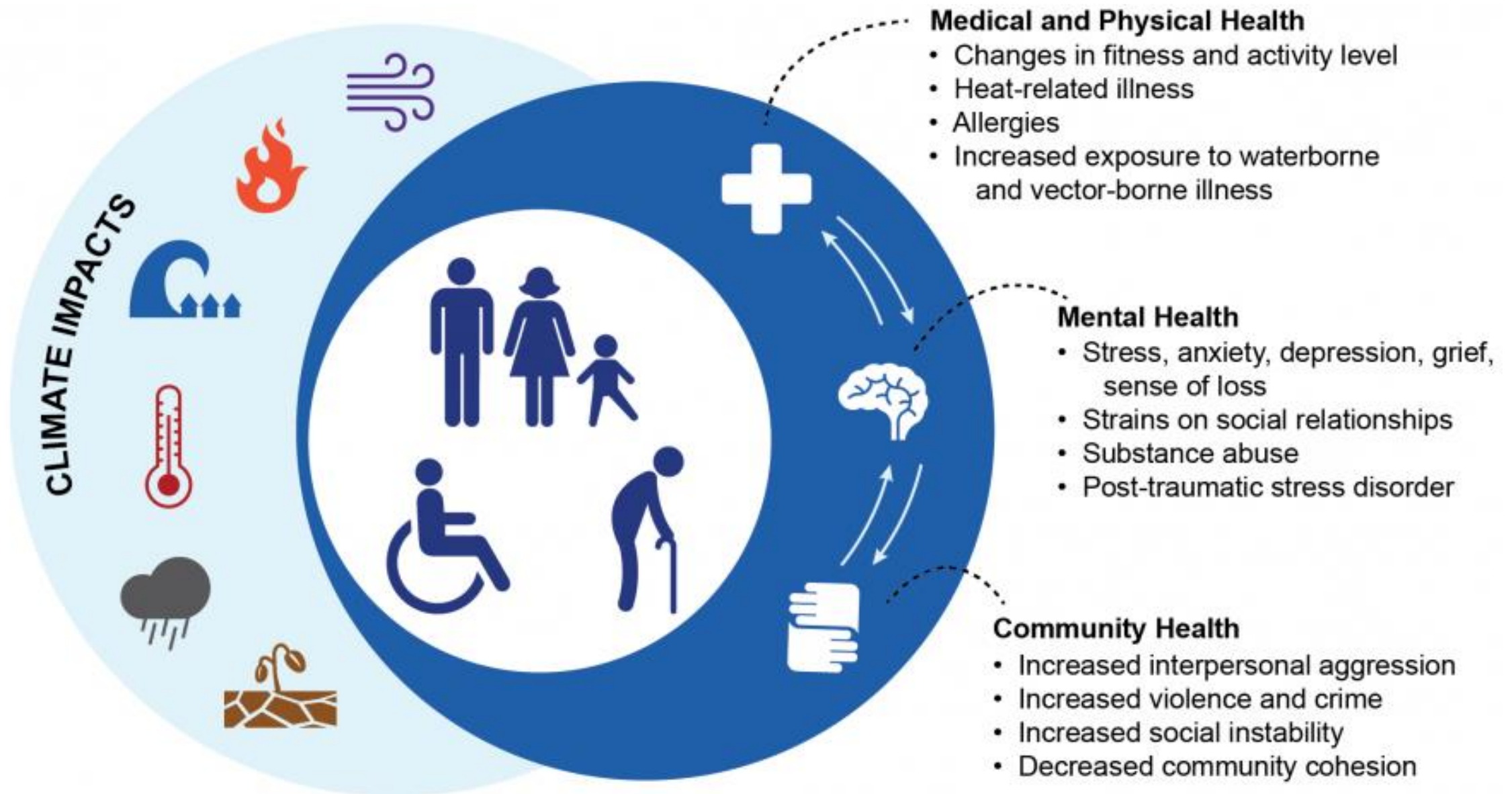
CommunityHubsOntario.ca

Ottawa Syndromic
Surveillance for Extreme Heat

PHIMS

Portal for
Ontario Public
Health Alerts

SHIP
SOUTH EAST HEALTH INTEGRATED
INFORMATION PORTAL



Public Health Approach

1. healthy behaviours
 2. healthy communities
 3. population health assessment
 4. social determinants of health
- **Assessment and Surveillance**
 - **Promotion, Protection, Prevention**
 - **Emergency Management**

Climate Change and Health

KFL&A PH Surveillance Initiatives:

- health outcomes: syndromic surveillance, traditional surveillance
- climate change health indicators
 - ✓ extreme temperature
 - ✓ air quality
 - ✓ flood risk
- real-time situational awareness
- emergency preparedness

ENVIRONMENTAL IMPACTS ON HEALTH

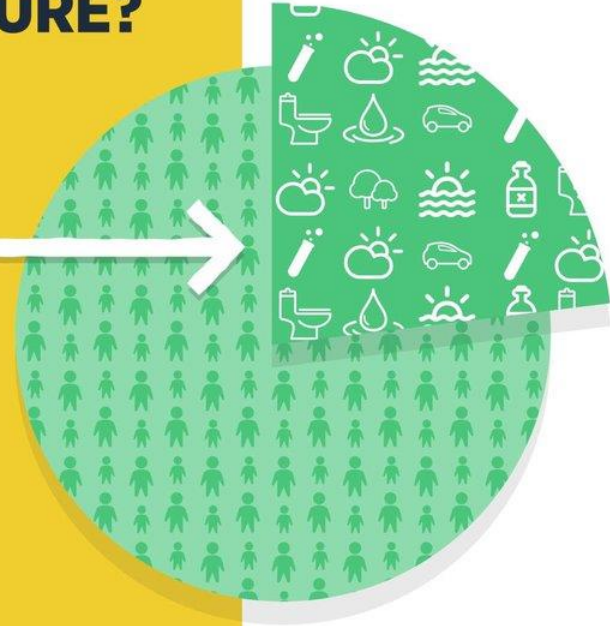
WHAT IS THE BIG PICTURE?

FACT:

23%

of all global deaths are linked to the environment.

That's roughly **12.6 million deaths** a year.



WHERE IS IT HAPPENING?



Public Health Surveillance

Public Health Surveillance: ongoing and systematic collection, analysis and dissemination of health-related data with the goal to reduce morbidity and mortality by informing public health action

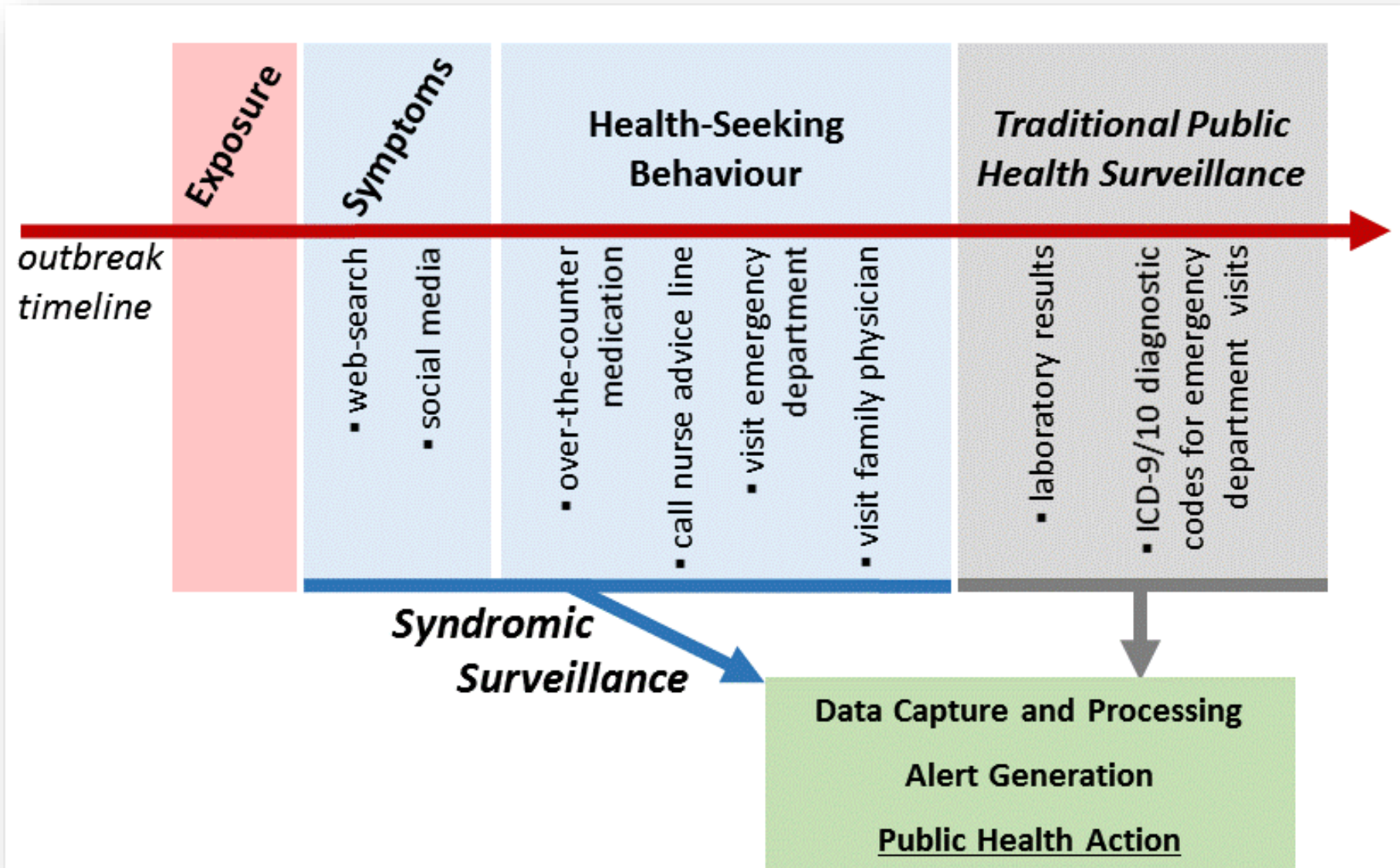
Syndromic Surveillance: surveillance that uses real (or near-real) time pre-diagnostic data and statistical tools to detect unusual health patterns or signals with the goal of **reducing the time to detect and respond** to outbreaks that will be a public health concern

Syndrome: a predefined grouping of symptoms (or health indicators) that may indicate a clinical diagnosis or specific health outcome, but **do not require** laboratory **diagnoses** for confirmation

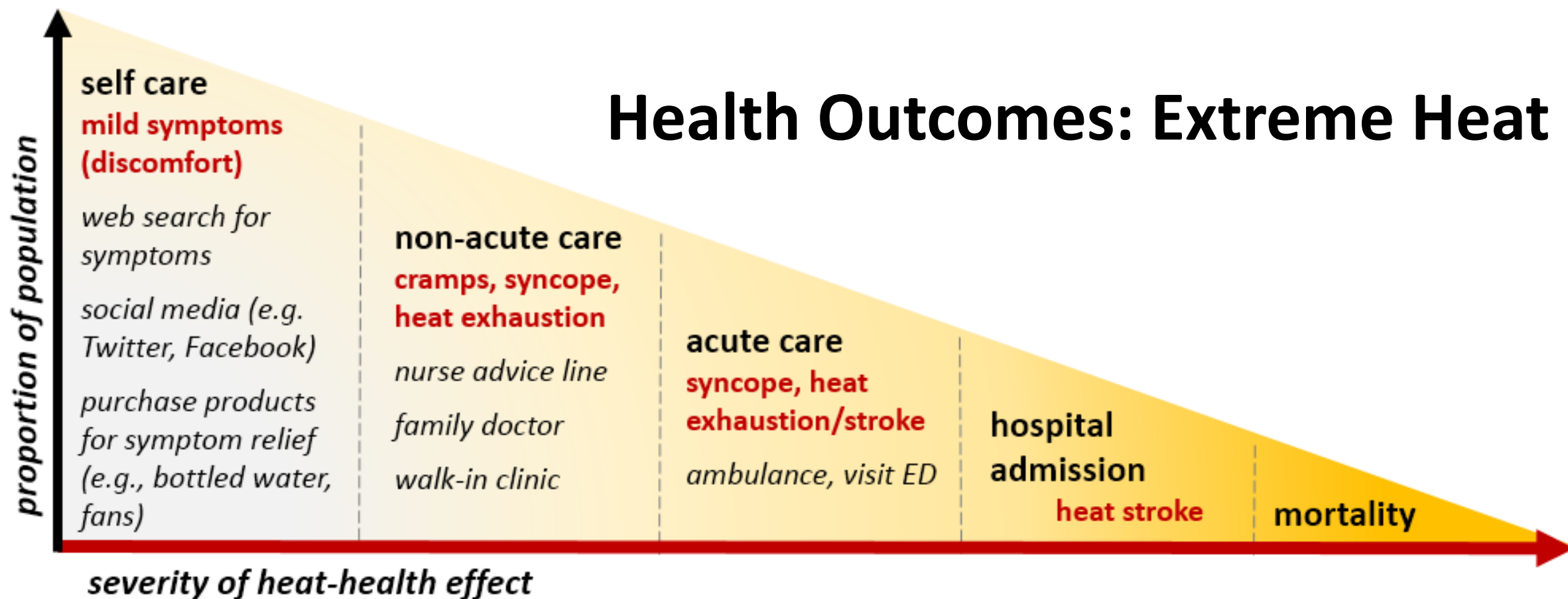
Public Health Surveillance

	Traditional Surveillance	Syndromic Surveillance
data sources	diagnostic data from case reports, laboratory reports	pre-diagnostic data (e.g., triage, drug sales, school records)
timing	days to weeks	immediate (real time) to hourly or daily (near-real time)
goal	individual cases or clusters of cases, monitor reportable diseases	excess or unusual case counts; bioterrorism; influenza; asthma
data transfer	telephone/fax transfer of records, paper files	automated electronic data transfer

Timeline of Disease Outbreak

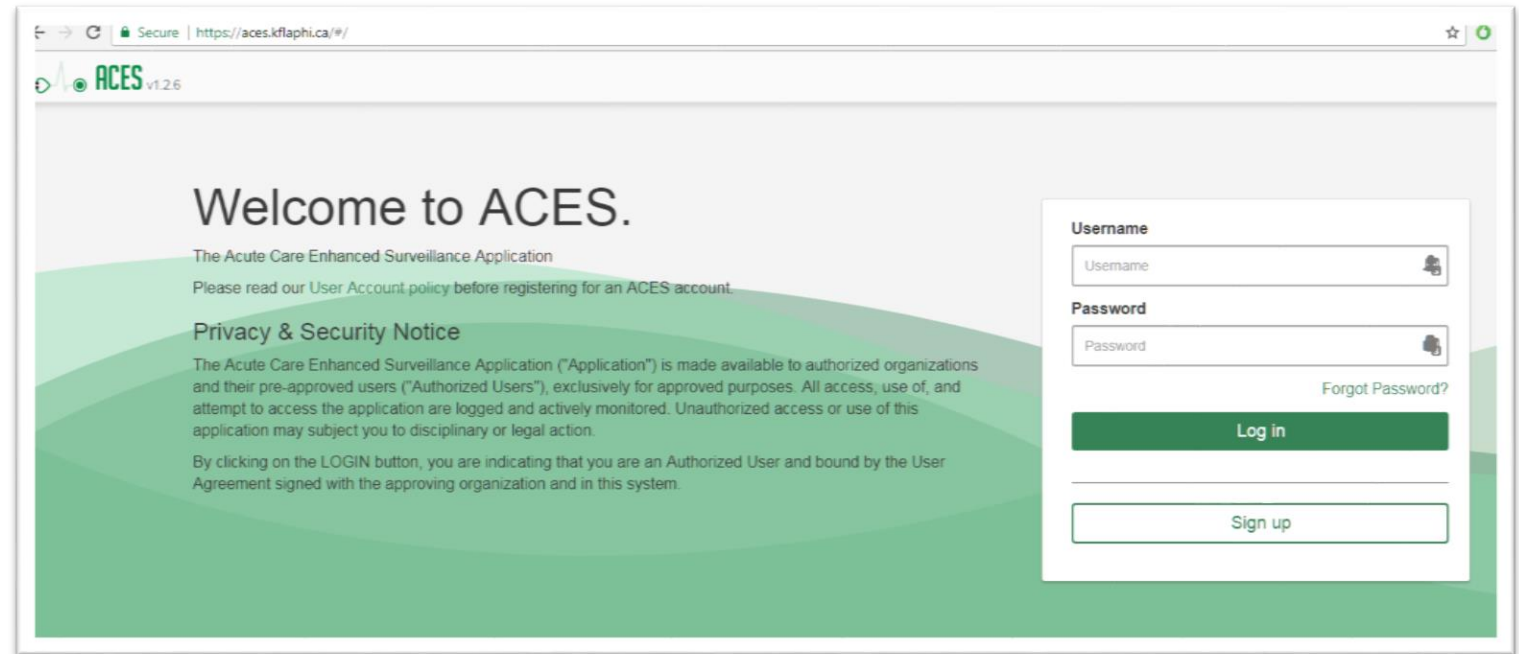


Health Outcomes: Extreme Heat



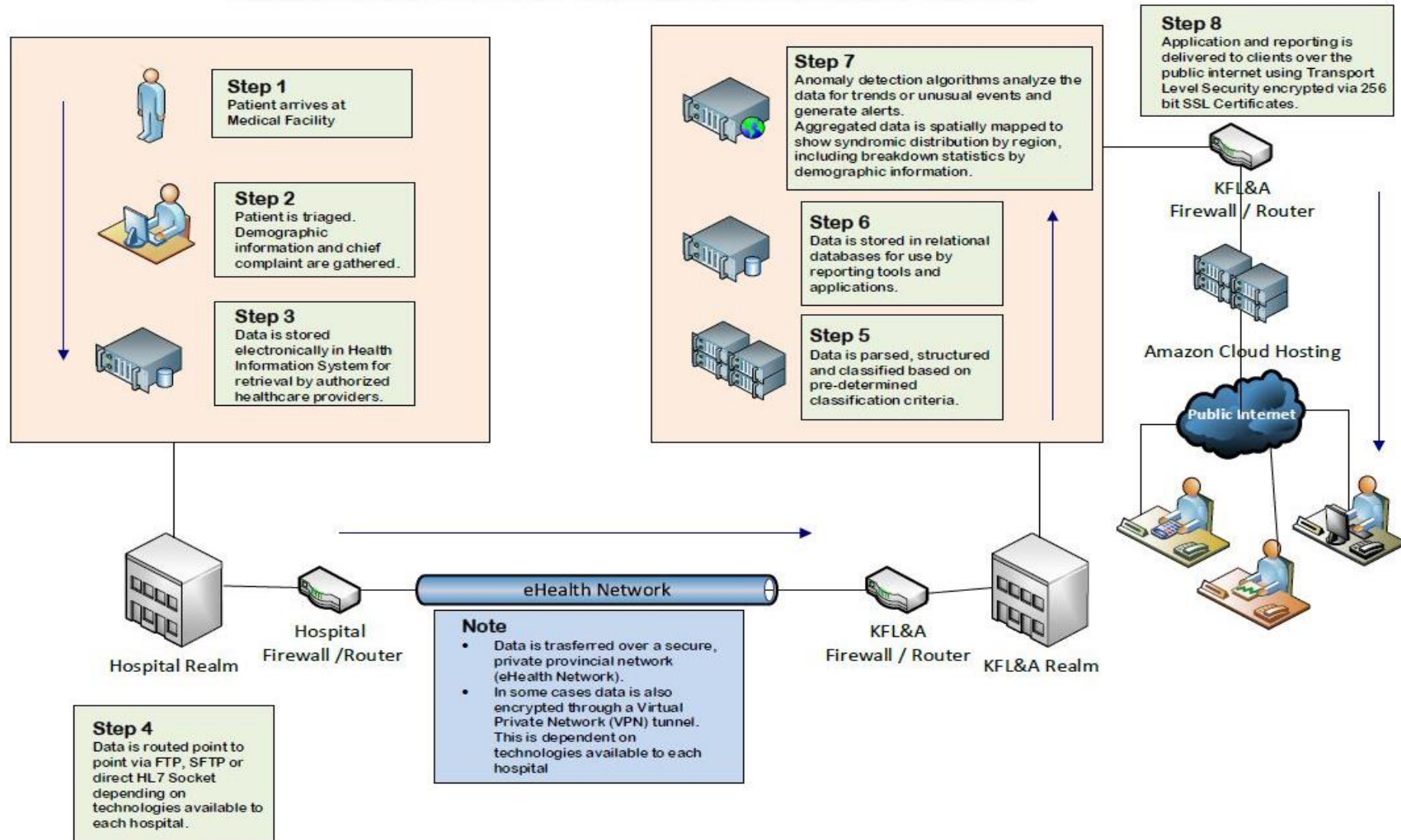
Acute Care Enhanced Surveillance (ACES)

- 161 hospitals participating in Ontario
- collection and analysis of patient data based on disease symptoms (chief complaints), *not* disease diagnosis
- monitor 18,000 ED visits and 3,000 admissions daily
- chief complaints assigned to one of 84 syndromes using natural language processing
- provides real-time surveillance with built-in analytics: volume, demographics, acuity, mapping

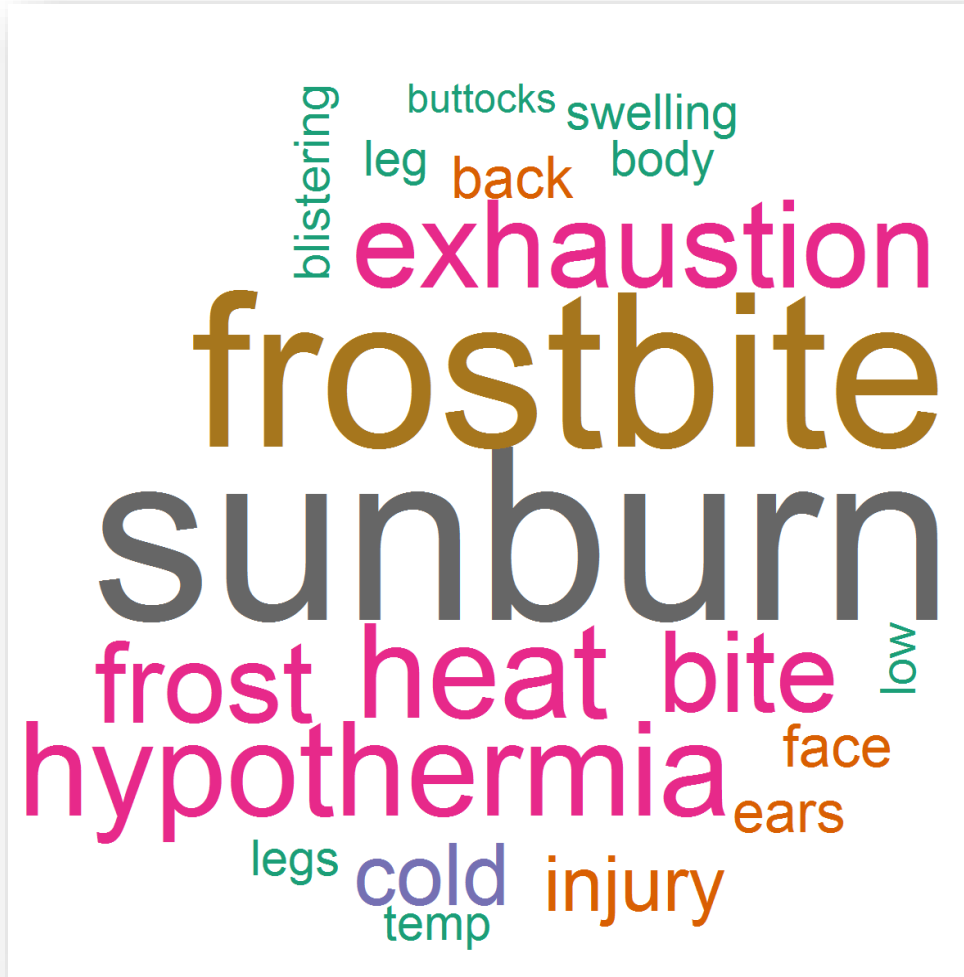


ACES Data Flow

Data Flow Cycle for Acute Care Enhanced Surveillance (ACES)



Syndrome Classification



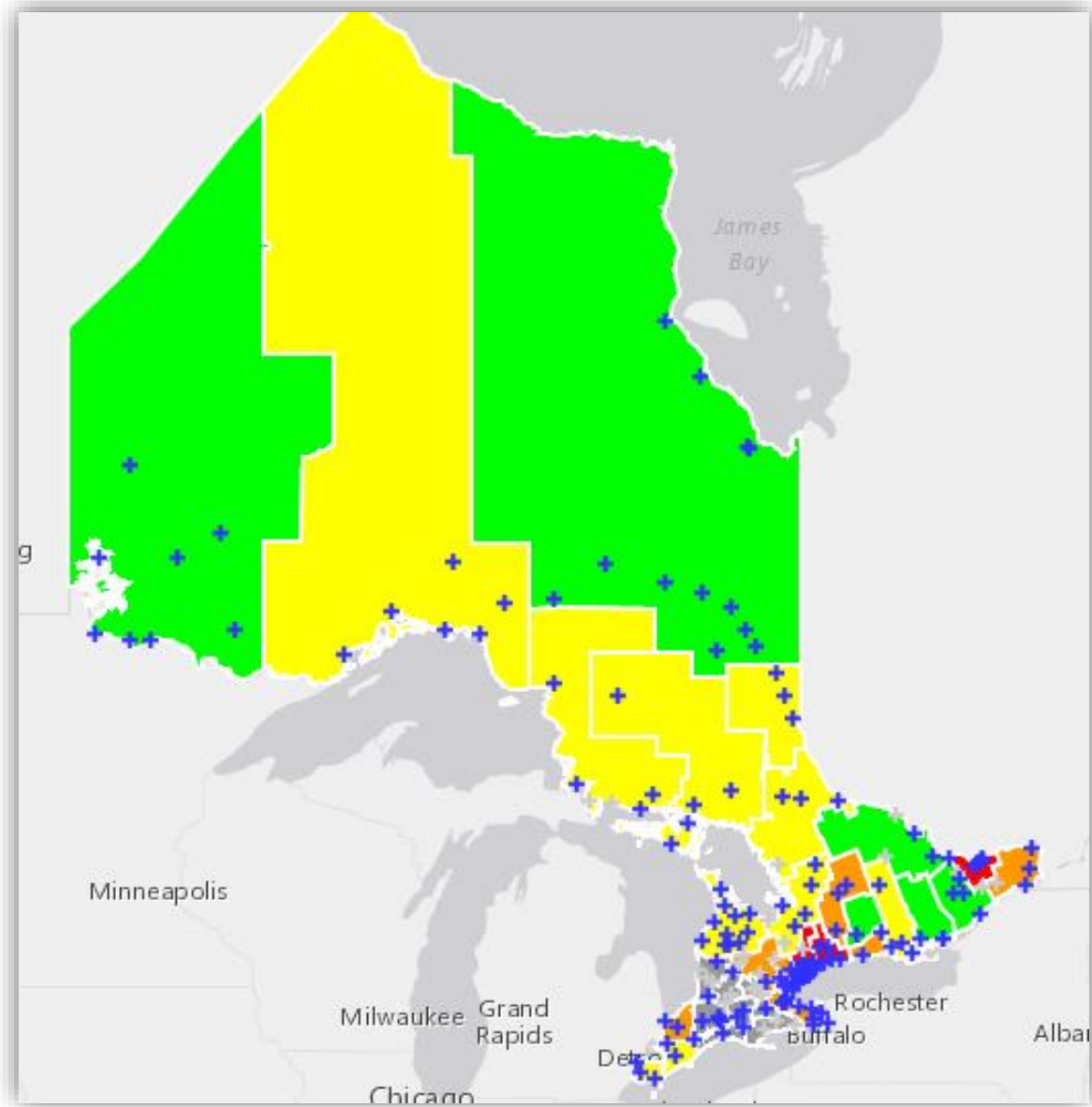
- categorize ED visits into 80+ syndromes
- train sorting algorithms with expert-classified data sets—machine learning techniques, natural language processing
- validate classification with NACRS diagnostic data

Syndromes

ACES Code	Syndrome Description	ACES Code	Syndrome Description	ACES Code	Syndrome Description
ALLERG	allergic reaction, angioedema	GASTRO	gastroenteritis	OPI	opioid intoxication, addiction overdose, withdrawal
AST	asthma, wheeze, difficulty breathing	GB	Guillain Barre syndrome	OPHTH	general ophthalmological condition
BITE	human, animal, bug (not insect)	GI	GI bleed-upper and lower	ORTHF	fracture, non hip
BRONCH	bronchiolitis, RSV	GMED	general medical admission	ORTHH	fracture of the femur or hip
BURN	burns –chemical and thermal	GNSURG	general surgical admission	ORTHO	orthopedic elective surgery, cast change or assessment
CAD	coronary artery disease	GYN	gynecological, bleed, hysterectomy	OTHER	null, missing, other
CARD	pericarditis, effusion, myocardial infarction	HEAD	undifferentiated headache	PAIN	pain, undifferentiated, non cancer, radiculopathy, back pain, sciatica
CDIFF	C. difficile	HEM	hematological condition	PE	pulmonary embolism, DVT, VTE
CELL	cellulitis, non wound infection	HEP	hepatitis, undifferentiated	PHYSC	physician consultation
CHF	congestive heart failure	ILI	fever, myalgia, undifferentiated	PN	pneumonia
CO	carbon monoxide exposure	INF	non specific infections-general	PO	post op infection or complication
CONC	concussion, head injury	INJ	sprain, strain, laceration	REN	renal failure, dialysis, renal disease and its complications
COPD	chronic obstructive lung disease	INS	insomnia, sleep disorder	REPORT	reportable diseases
CROUP	croup-PIV	INT	intussusception	RESP	respiratory infection non croup, non bronchiolitis
CV	cardiovascular (exclude cardiac)	LAC	lacerations	SEP	bacteremia, SEPSIS
DEHY	dehydration	MEDREN	medication renewal, refills	SI	smoke inhalation, chemical, gases
DENT	dental pain, infection, trauma	MEDSE	medication side effect-reaction	SOC	social admission
DERM	rash, undifferentiated, skin condition	MEN	meningitis and encephalitis	TEST	test results, blood or diagnostic imaging, xray, US, biopsy,transfusion, tube change
DM	diabetes and its complications	MH	mental health	THOR	thoracic, pneumothorax
ELECT	electrolyte imbalance, electrolyte panel	MHS	suicidal ideation, attempt	TICKS	ticks
ENT	related to ears nose throat	MIGR	migraine	TOX	toxicology-not alcohol or opioids, withdrawal, substance abuse, chemical exposure
ENVIRO	heat stroke, heat syncope	NEC	necrotizing fasciitis, severe	TRMVC	trauma from a MVC/ATV
EOH	alcohol and complications, liver damage	NEURO	dementia, Alzheimer's, Parkinson's	TRO	trauma from another means, fall etc.
FALL	falls undifferentiated	NEUS	neurosurgery-aneurysm	TRW	gunshot or stab, violence, assault
FBI	foreign body ingestion-nose to anus	NEWB	newborn	TRS	sexual assault, rape
FEB	febrile neutropenia	OBS	related to obstetrics	URO	urological -stones, prostate, UTI
		ONC	oncology	VOM	vomiting-alone-NORO like illness, not secondary to chemo or with other symptoms

ACES (admissions)

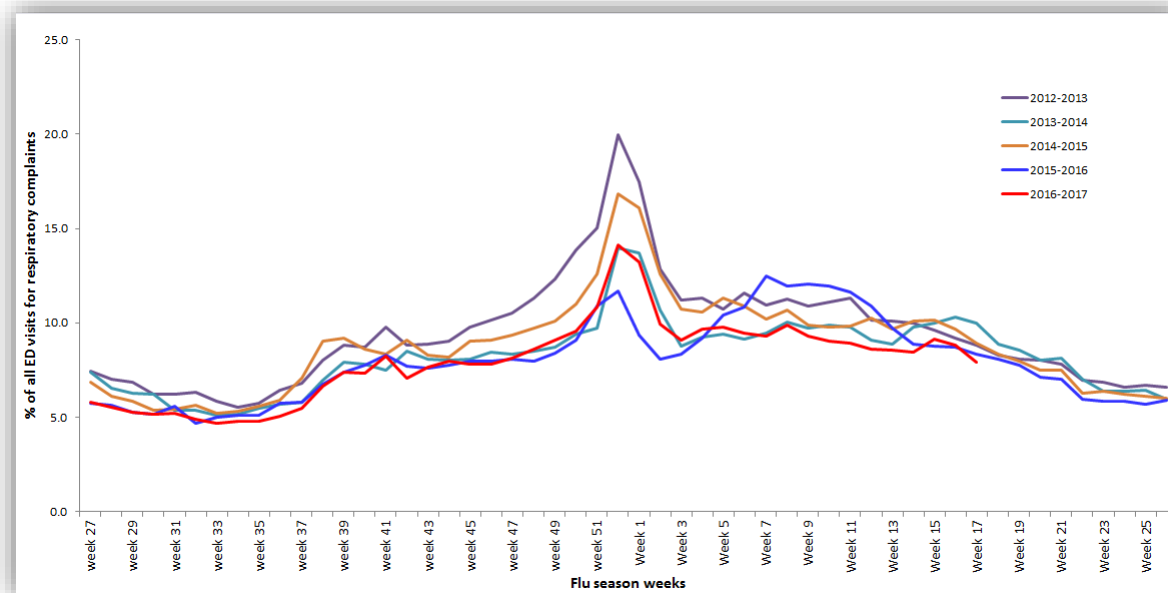




<http://mapper.kflaphi.ca/ilimapper/>

Overall Activity Levels for ILI in Ontario

Ontario	Date	Status	Activity Level in ACES
2 Weeks Ago	Dec. 18 to Dec. 24		Seasonal/Expected
This Past Week	Dec. 25 to Dec. 31		Elevated
Next Week (Projection)	Jan. 01 to Jan. 07		Elevated



Ontario Acute Care Surge Monitor

Last updated: 2017-11-17 10:00

Number of visits / admissions, Last hour

Number of hospitals

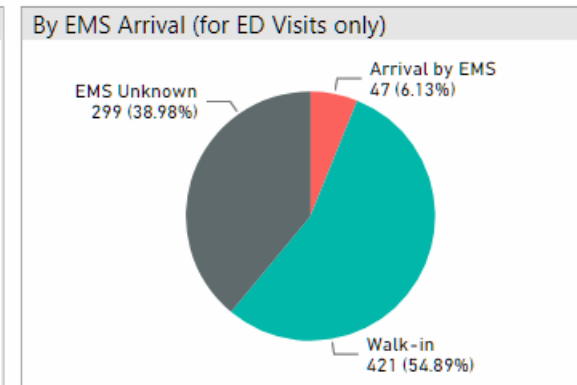
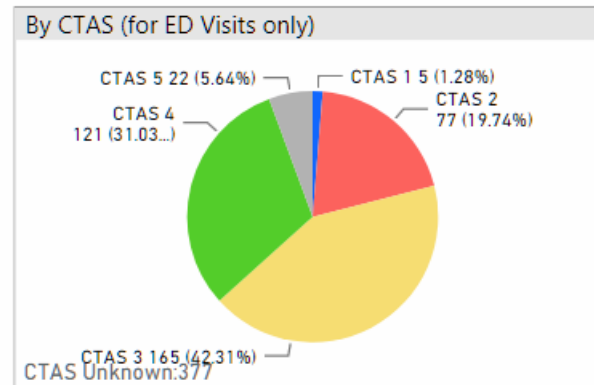
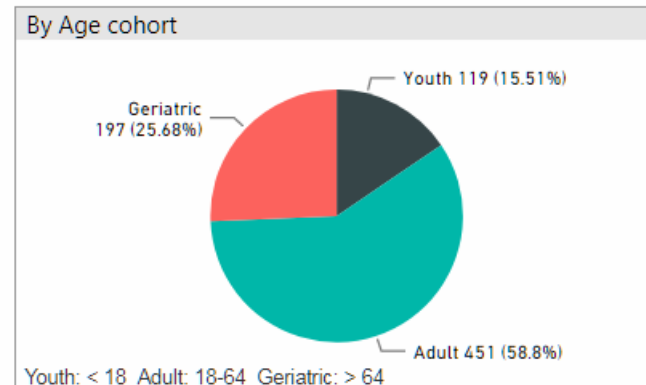
141

Number of Patients in Last hour

767

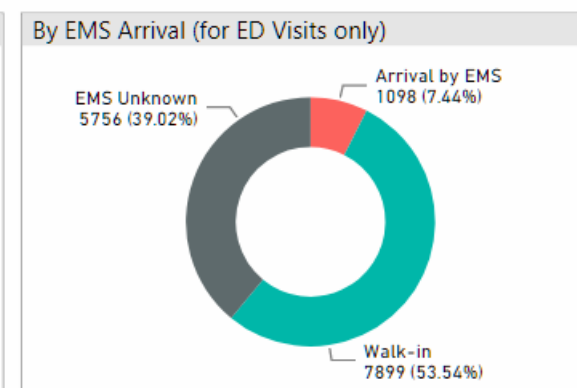
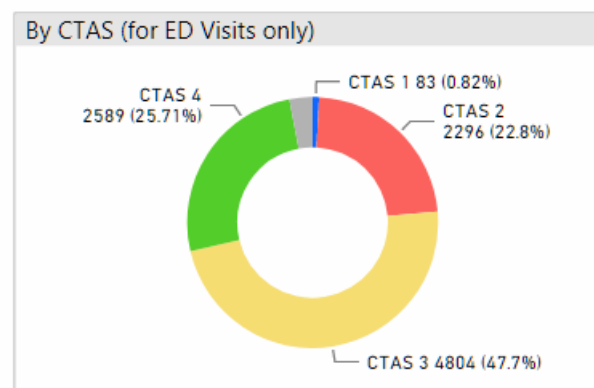
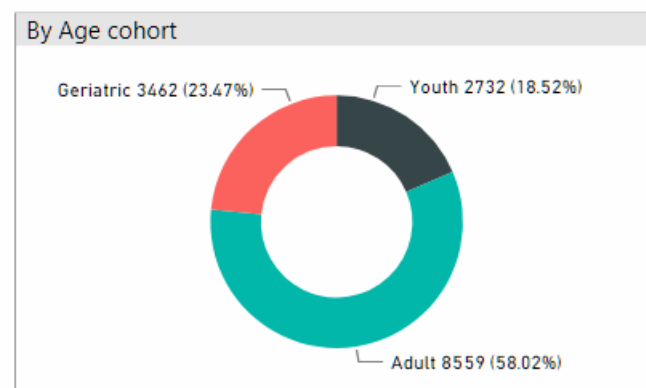
Number of Patients in Last 24 Hours

14753

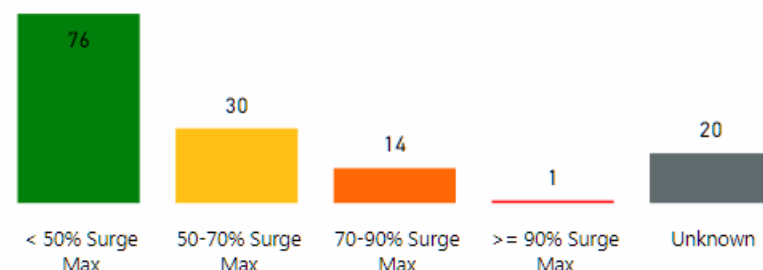


- ED Visits
- All Admissions
- Emergent Admissions
- Elective Admissions

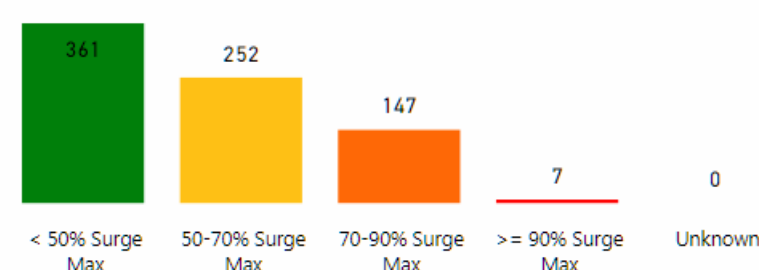
Number of visits / admissions, Last 24 hours



Number of hospitals by surge status, Last Hour



Number of visits / admissions in hospitals by surge status, Last Hour



Hospital

- (AAA 3511) Arnprior and District Memorial Hospital
- (AGH 3513) Anson General Hospital
- (AH 3502) Alexandra Hospital (LHSC)
- (APG 3509) Rouge Valley Ajax and Pickering
- (ATGH 3514) Atikokan General Hospital
- (BCH 3505) William Osler Health System – Brampton Civic Hospital
- (BCHS 3504) Brantford General Hospital
- (BGH 3510) Quinte Health Care – Belleville General Hospital
- (BMH 3513) Bingham Memorial Hospital
- (BRGH 3510) Brockville General Hospital
- (BRH 3513) Blind River Hospital
- (BRSH 3512) Muskoka Algonquin Healthcare – South Muskoka Campus
- (BWH 3501) Bluewater Health – Sarnia Campus
- (BWHP 3501) Bluewater Health – Petrolia Campus
- (CAMH 3503) Cambridge Memorial Hospital
- (CCC 3511) Carleton Place and District Memorial Hospital
- (CCH 3511) Cornwall Community Hospital
- (CGMH 3512) Collingwood General and Marine Hospital
- (CHEO 3511) Children's Hospital of Eastern Ontario
- (CHS 3513) Chapleau General Hospital
- (CKHA 3501) Chatham-Kent Health Alliance Chatham Campus
- (CKHAW 3501) Chatham-Kent Health Alliance Sydenham Campus

* Status unknown: Data not available in real time

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Opioid and Toxicological Emergency Department Visits in Ontario

Last updated: 2017-10-12 00:06

ACES

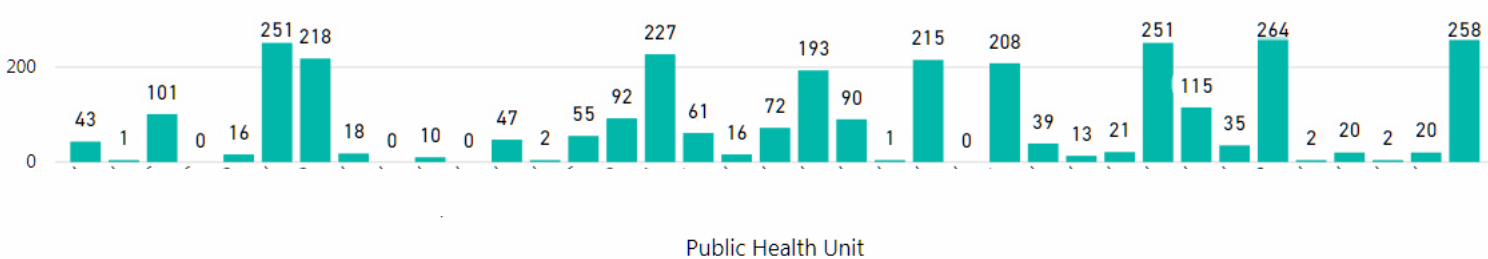
NACRS

Opioid

Toxicology

Number of Visits
2977

Number of Visits by Patient PHU



Note: Click box to select a filter (hold CTRL while clicking to select multiple boxes). Click again to deselect a filter. If no filter is selected, charts display all historic data available.

Year

- ☐ 2010
- ☐ 2011
- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015

Gender

- ☐ Female
- ☐ Male
- ☐ Other

Age Group

- ☐ 0-14
- ☐ 15-24
- ☐ 25-44
- ☐ 45-64
- ☐ 65+
- ☐ Unknown

Public Health Unit

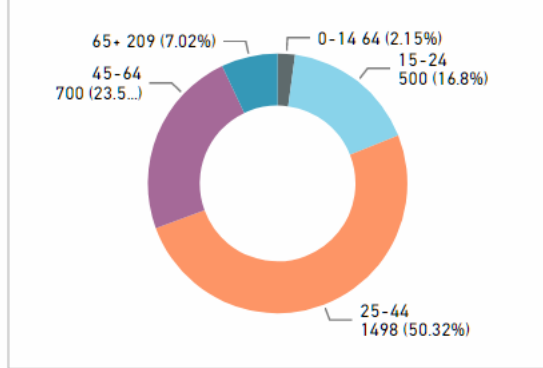
All

LHIN

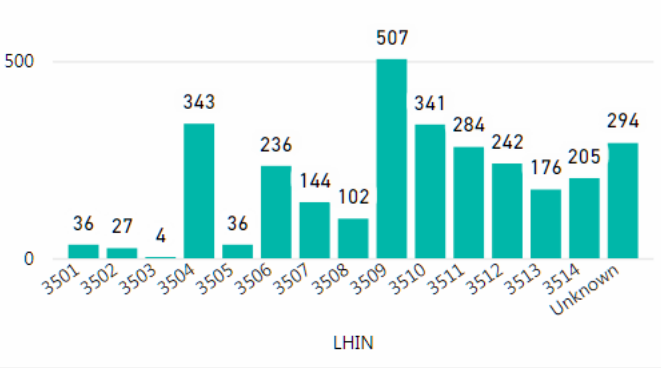
All

Click arrows at top left corner of each epi-curve to toggle between Day, Month, Quarter, and Year groupings

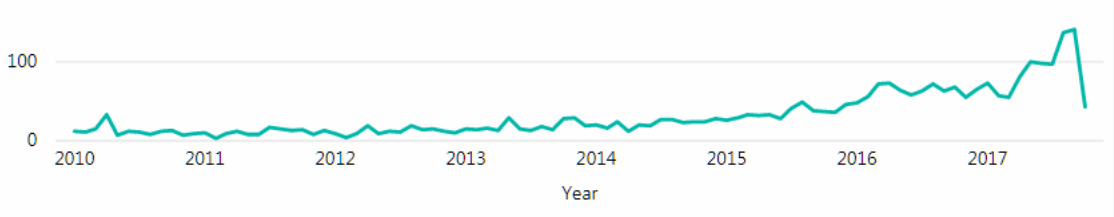
Number of Visits by Age Group



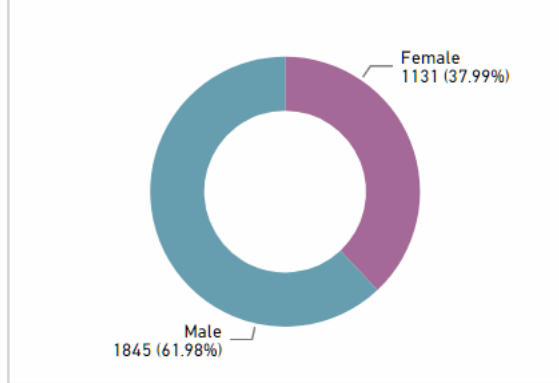
Number of Visits by Patient LHIN



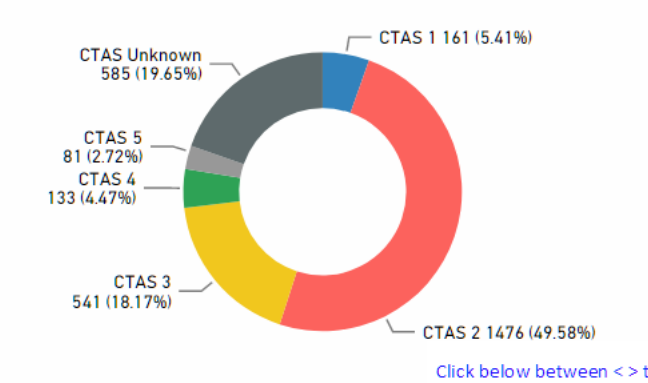
Number of Visits by Year, Quarter and Month



Number of Visits by Gender



Number of Visits by CTAS

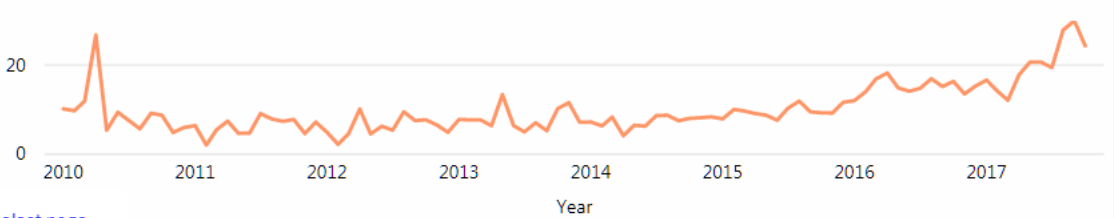


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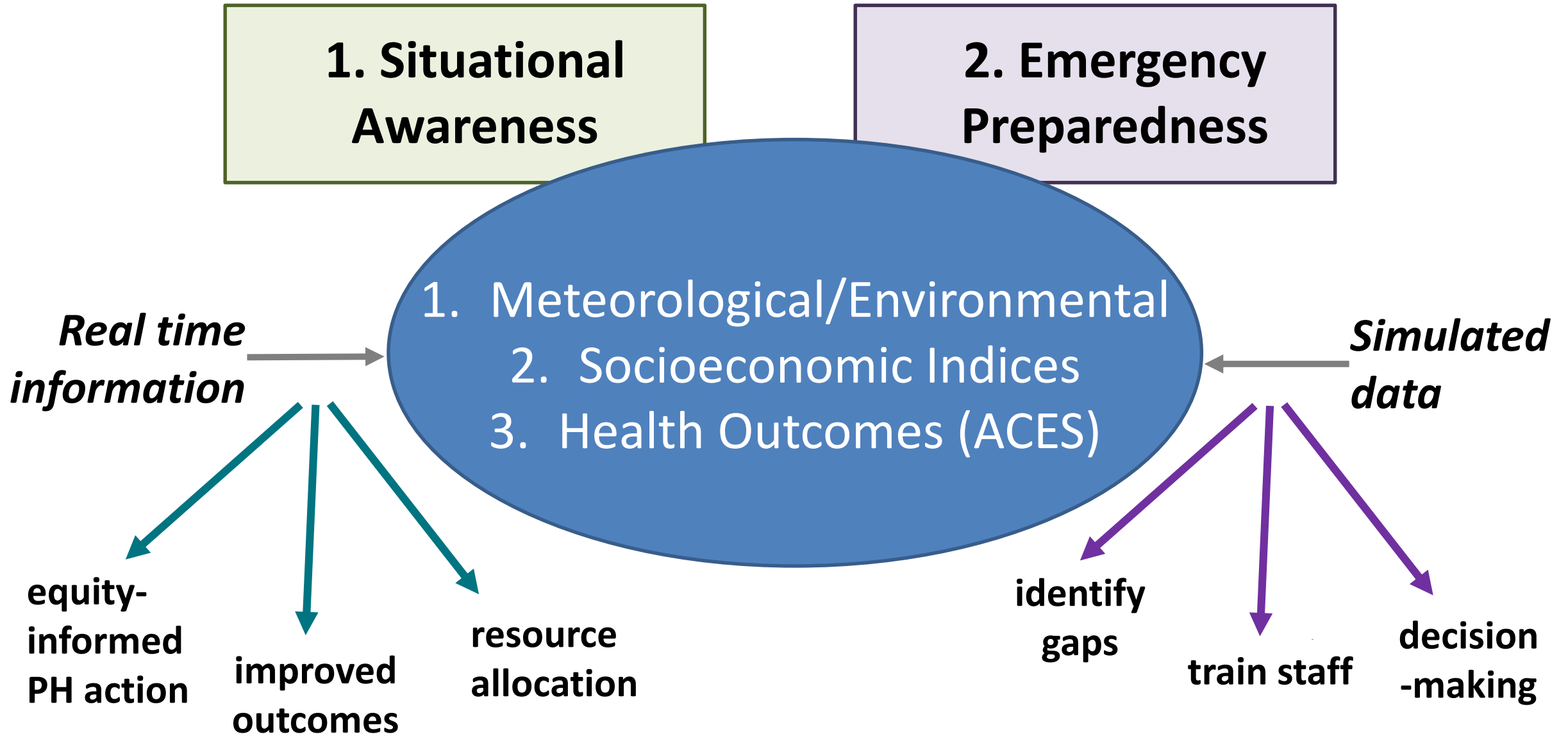
Rate per 100,000 Population and Population by Year, Quarter and Month



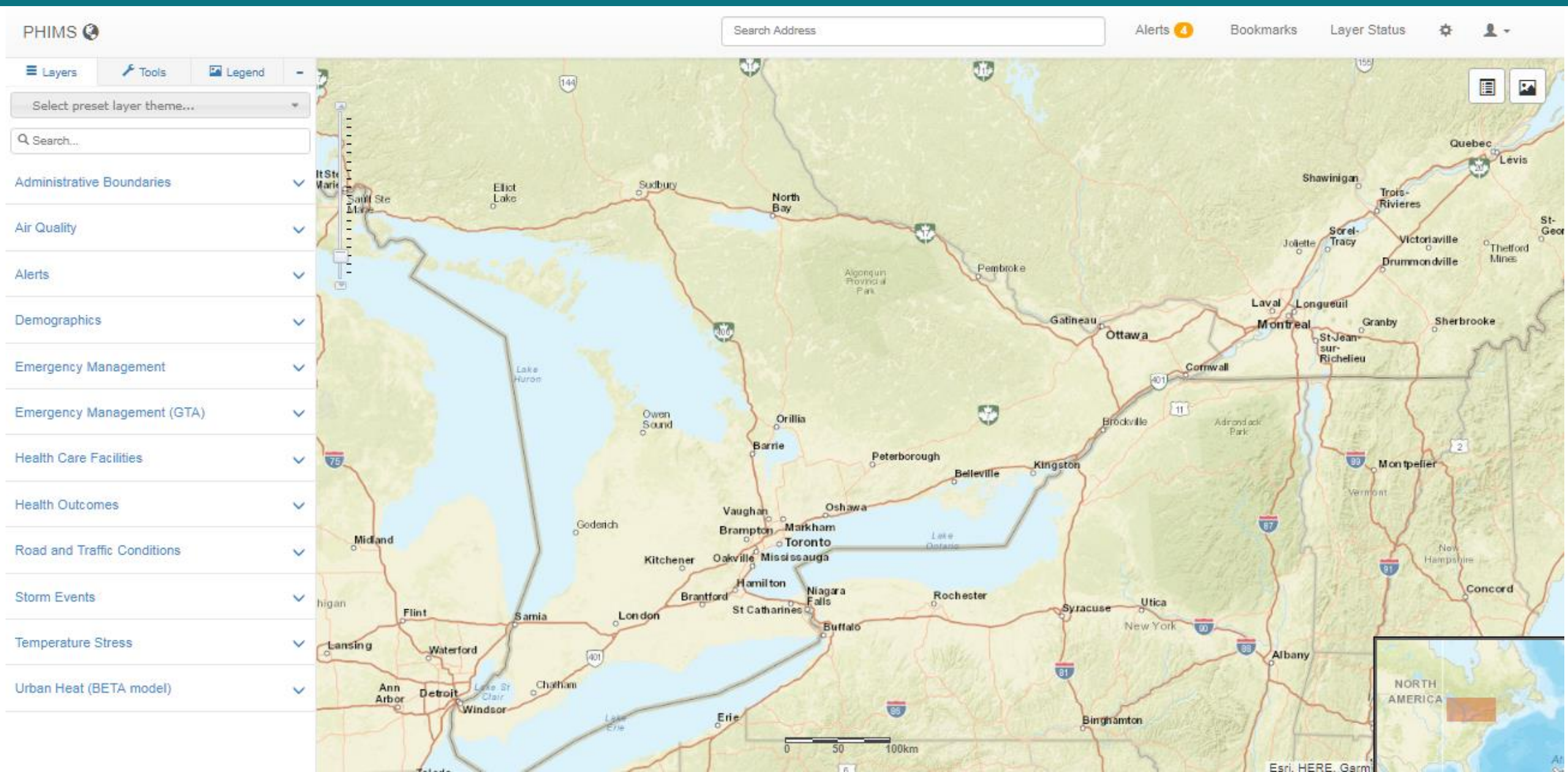
Rate per 100,000 all Visits and AllVisits by Year, Quarter and Month



Surveillance of Climate Change Health Impacts



Public Health Information Management System (PHIMS)



Environment Canada Alerts

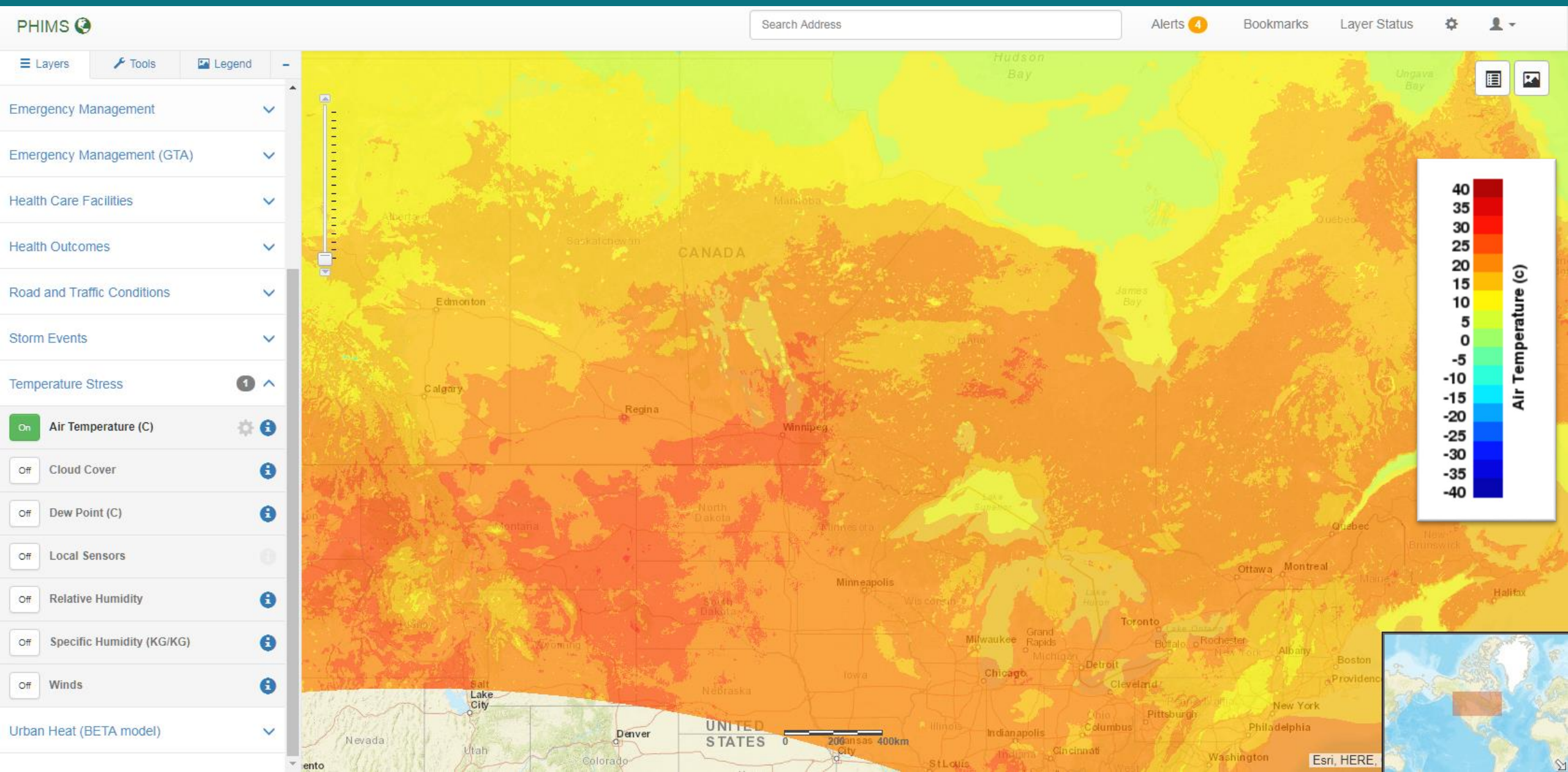
The screenshot displays the PHIMS web application interface. At the top, there is a search bar labeled "Search Address" and navigation links for "Alerts" (with a notification icon), "Bookmarks", "Layer Status", and a user profile icon. The left sidebar contains a "Layers" panel with a search bar and a list of categories: Administrative Boundaries, Air Quality, Alerts, Demographics, Emergency Management, Emergency Management (GTA), Health Care Facilities, Health Outcomes, Road and Traffic Conditions, Storm Events, Temperature Stress, and Urban Heat (BETA model). The "Alerts" category is selected, showing a toggle switch for "Southern Ontario Alerts" which is currently "On".

The main map area shows a map of Southern Ontario and surrounding regions, including parts of Minnesota, Wisconsin, Illinois, Indiana, Ohio, Pennsylvania, New York, and New Jersey. A yellow highlight is visible on the map, indicating a severe thunderstorm watch area. The right sidebar displays a summary of alerts: "Warnings: 0 | Watches: 4 | Special: 0". Below this, a table lists the active watches:

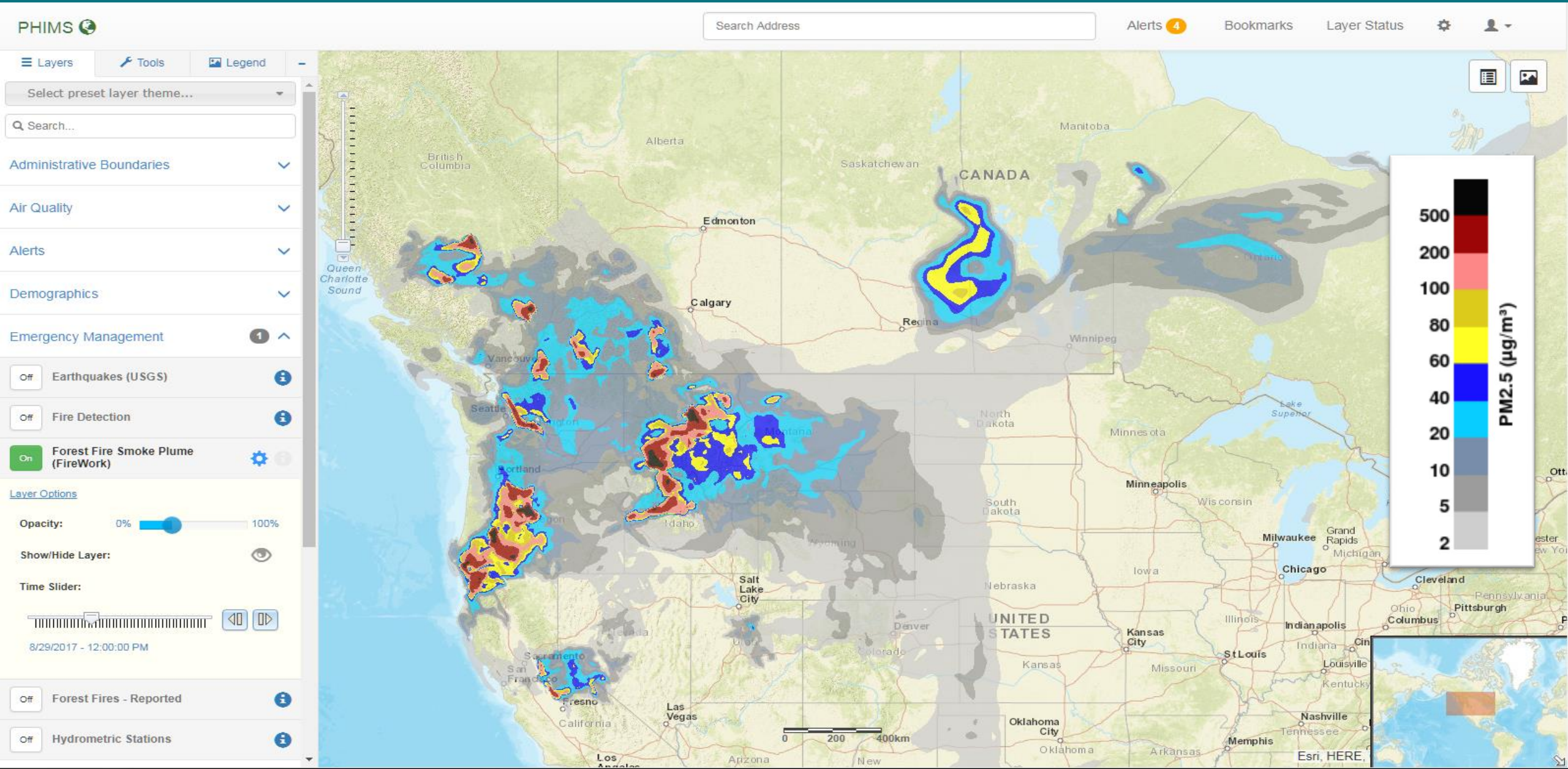
Name	Time
SEVERE THUNDERSTORM WATCH IN EFFECT, Chatham-Kent - Rondeau Park	11:52 AM
SEVERE THUNDERSTORM WATCH IN EFFECT, Windsor - Leamington - Essex County	11:52 AM
SEVERE THUNDERSTORM WATCH IN EFFECT, Simla - Petrolia - Western Lambton County	11:52 AM
SEVERE THUNDERSTORM WATCH IN EFFECT, Watford - Pinery Park - Eastern Lambton County	11:52 AM

At the bottom right of the alert table, it states "Retrieved at 12:31:42 PM".

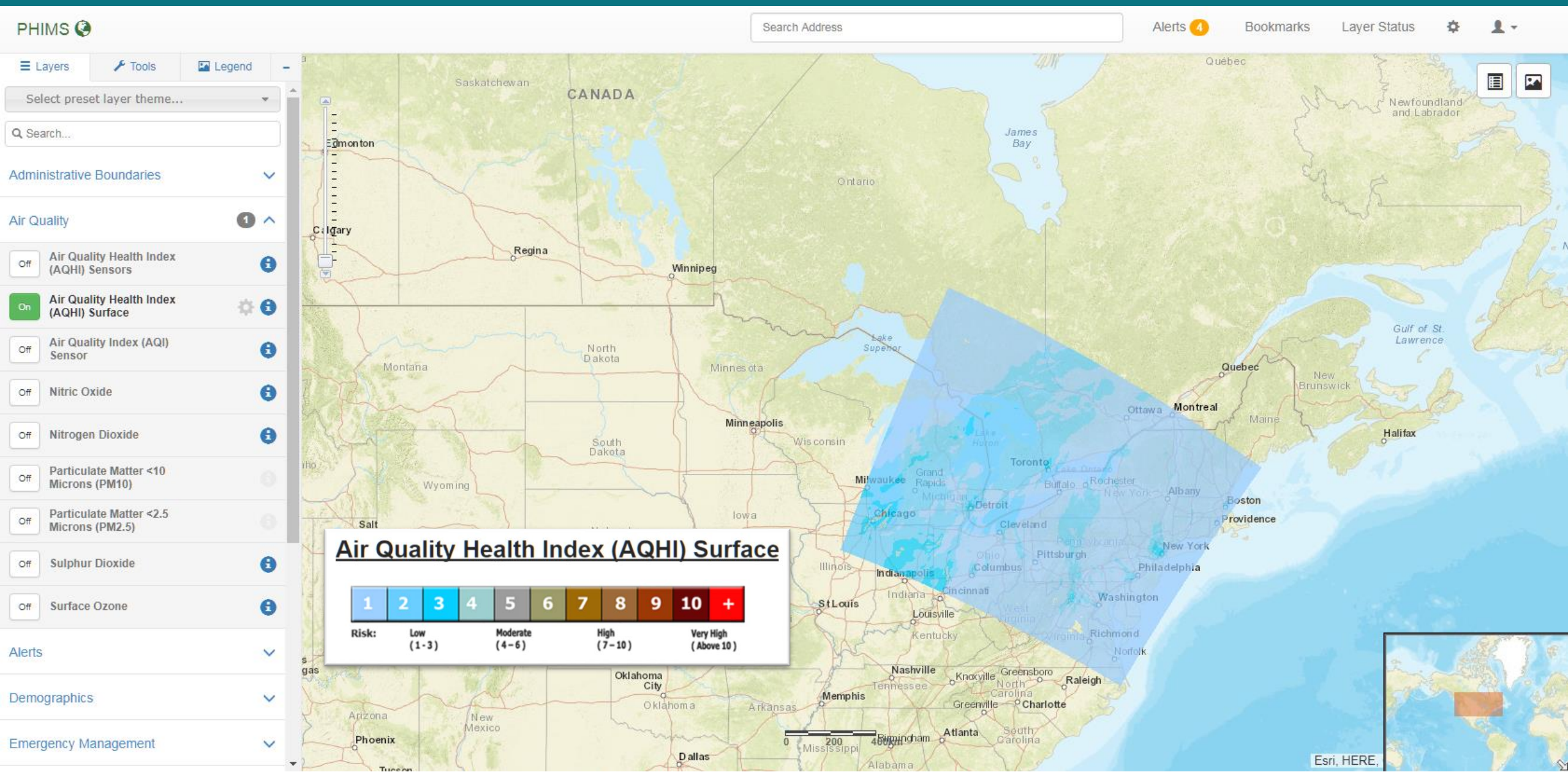
Air Temperature



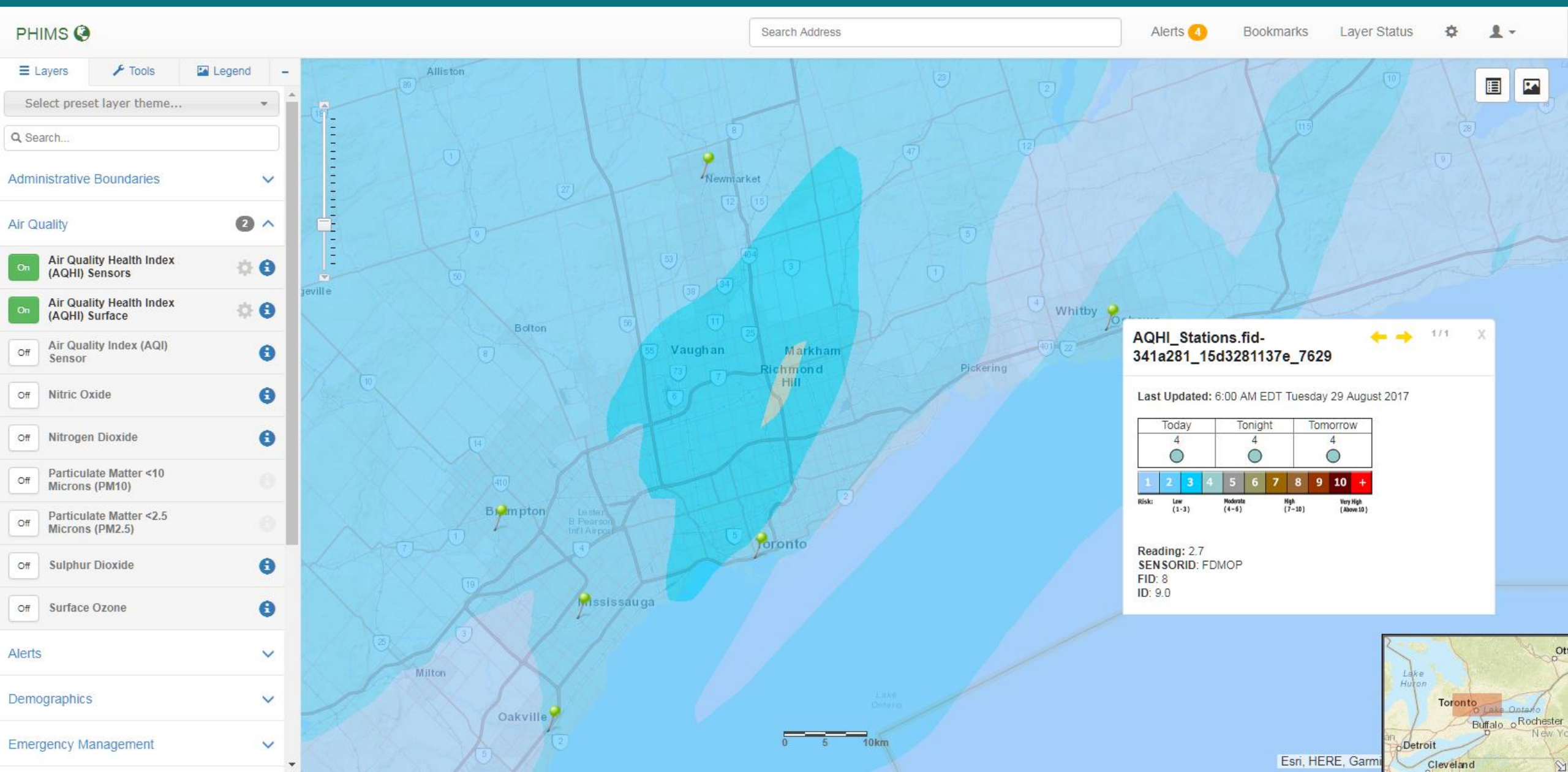
Fire Detection (FireWork)



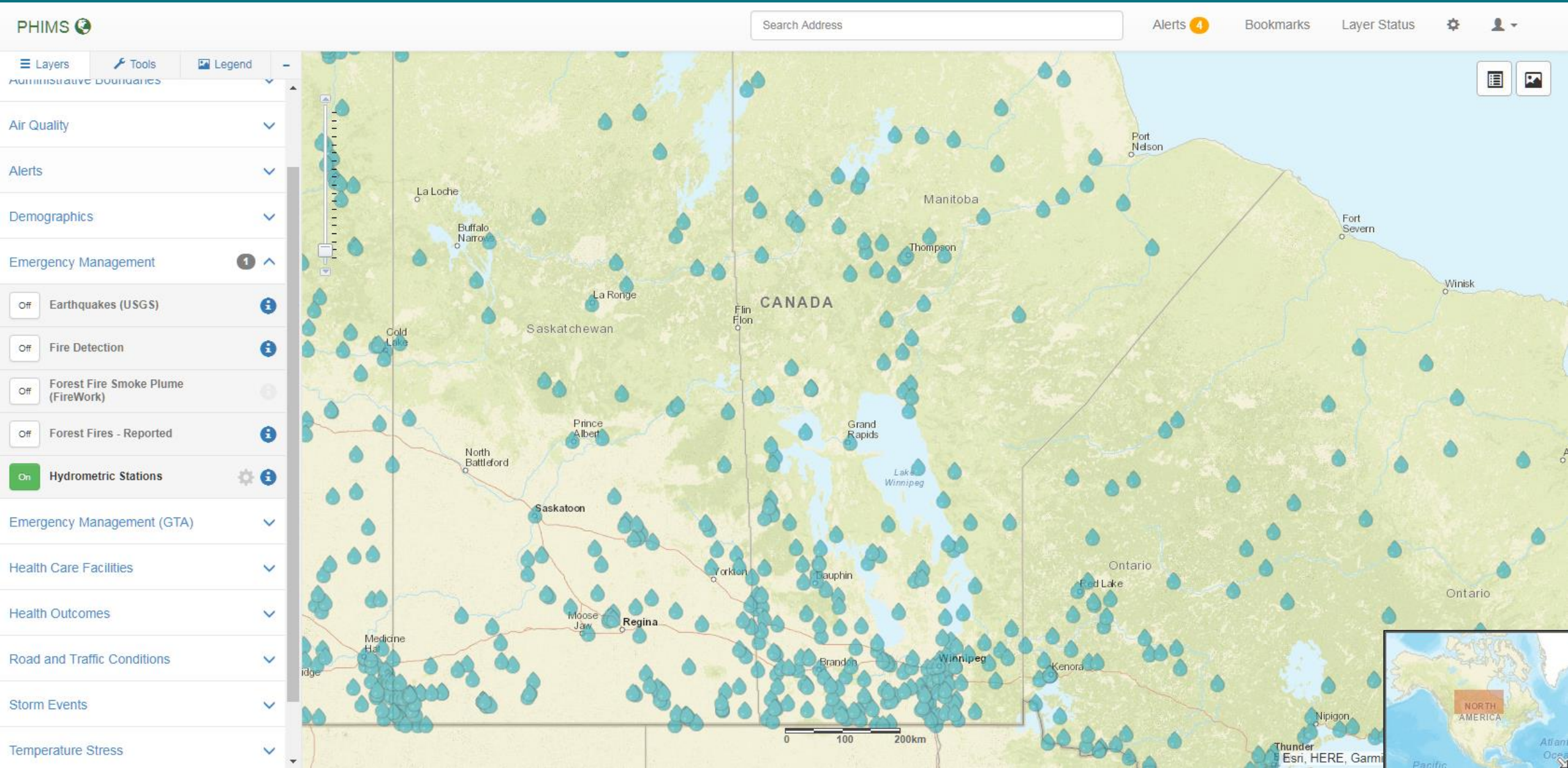
AQHI



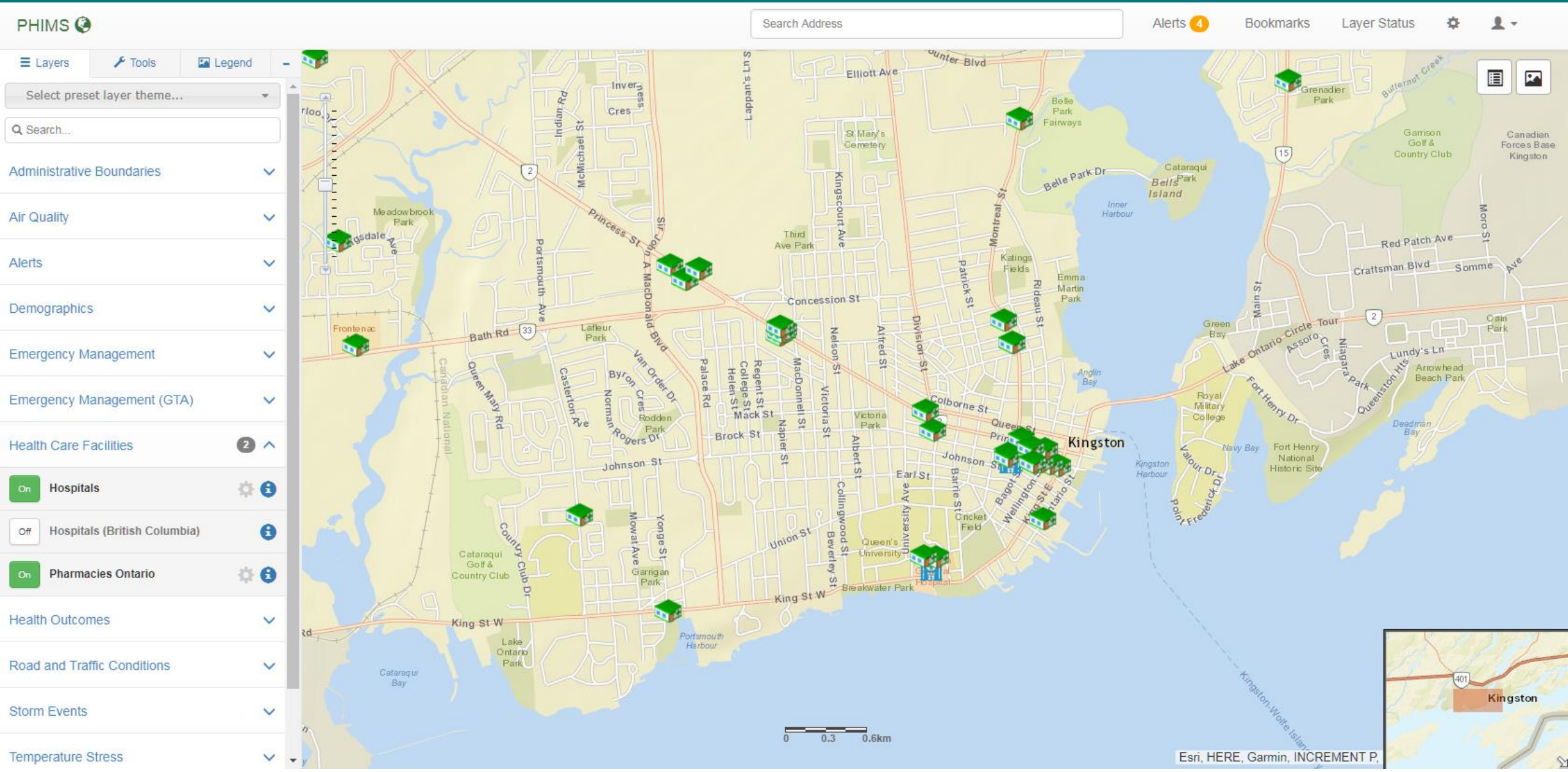
AQHI and Sensors



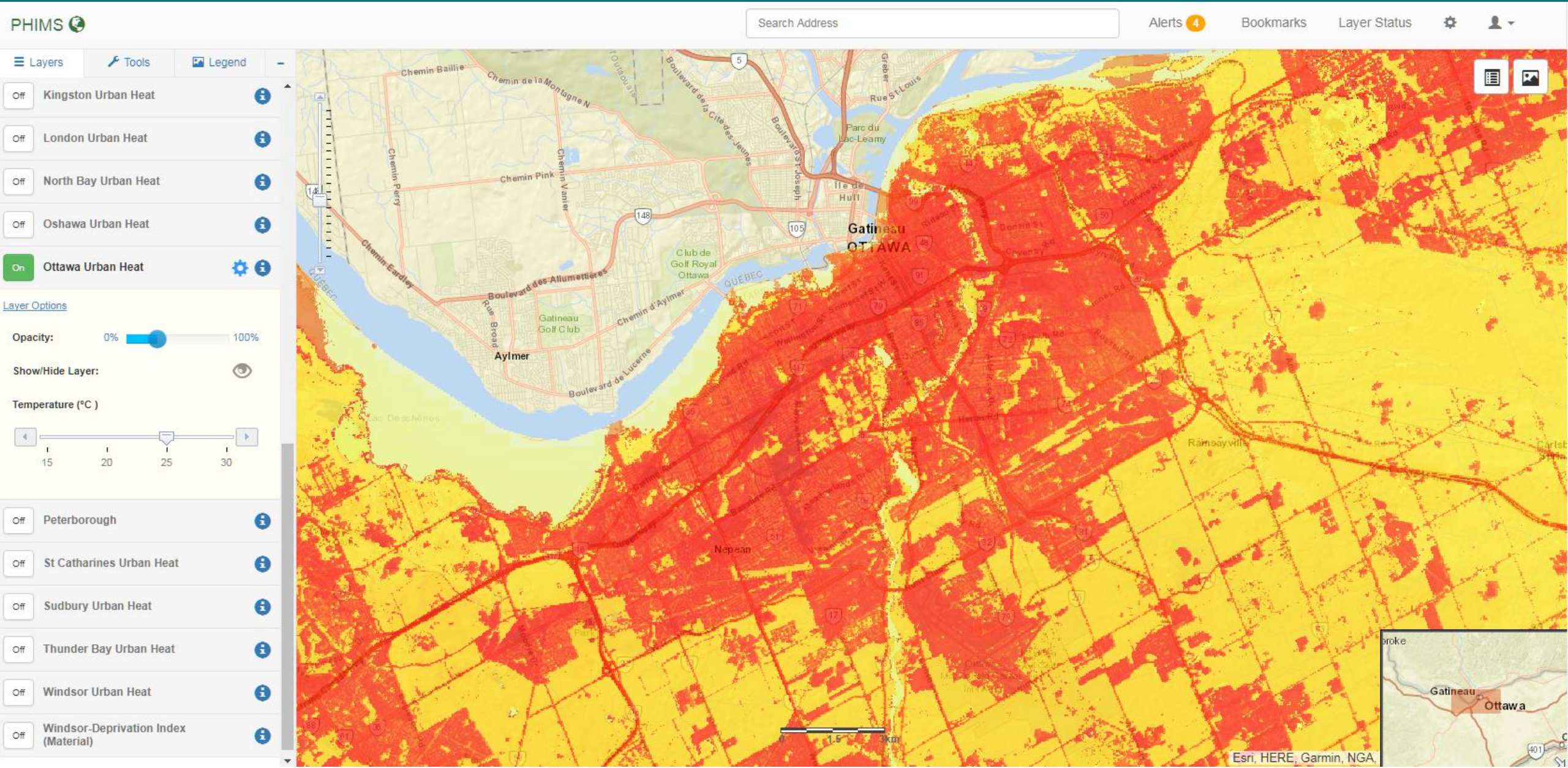
Hydrometric Stations



Hospitals and Pharmacies

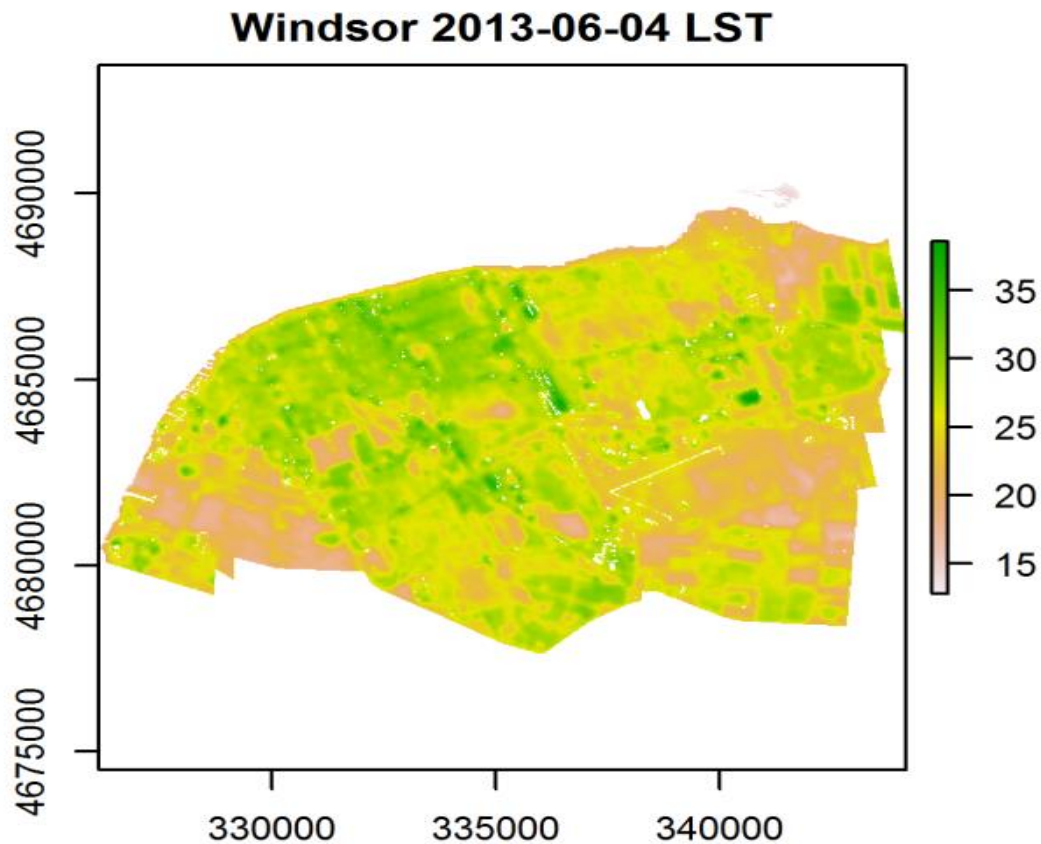


(Surface) Urban Heat Island



LST Model



Land Surface Temperature (LST)



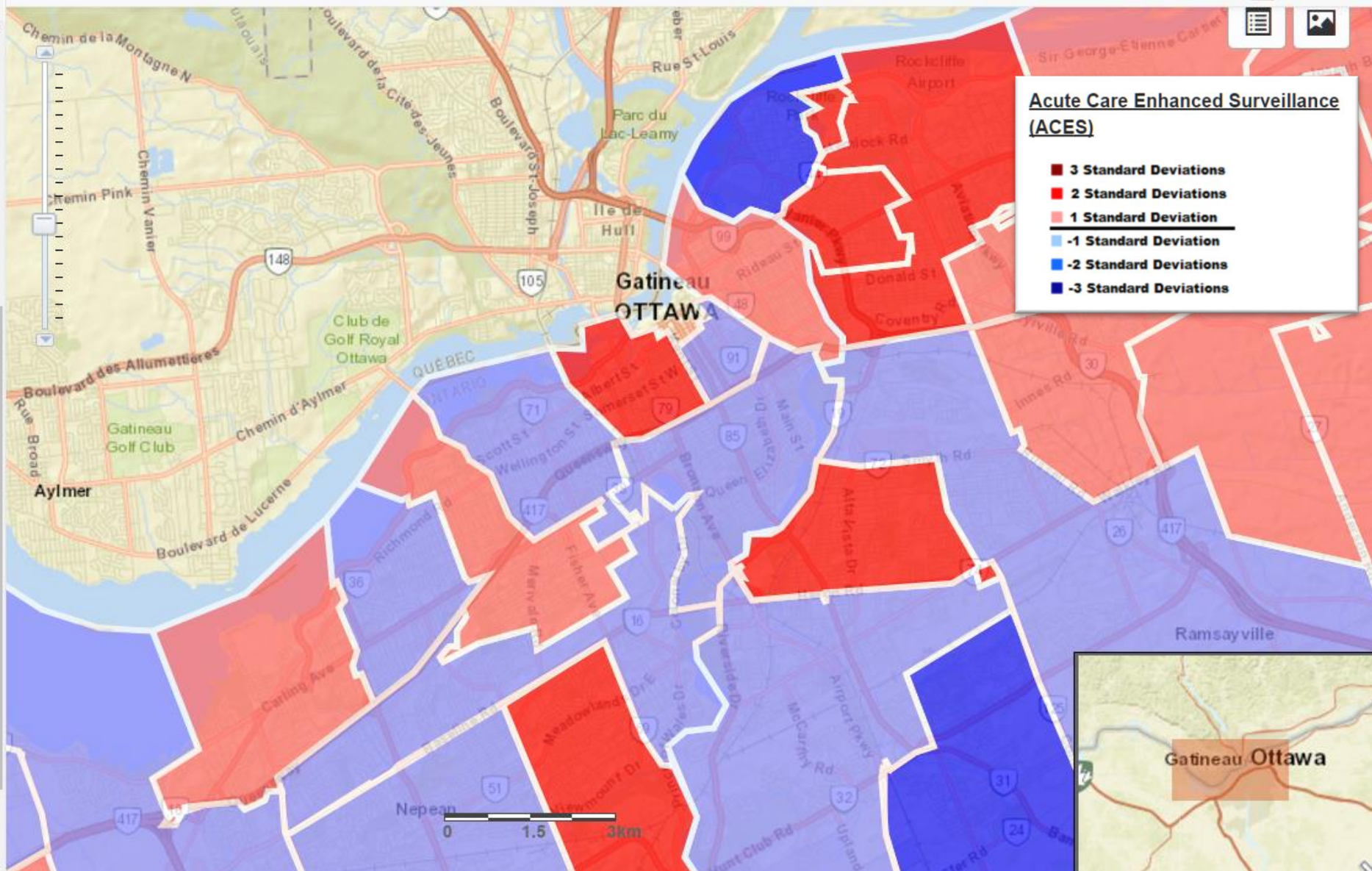
**LST ~ ambient temperature +
3-day ave. temperature +
wind speed + land cover class
+ extent of vegetation +
distance to water + week # +
region**

Transparency: 0%  100%Show/Hide Layer: 

Syndrome: Environmental

Level of Geography: FSA Time Period: 7 Day 

Update



Demographic Analyses

1



Off

Combined Deprivation
(Deprivation Index)

On

Deprivation Index (Material)



Off

Deprivation Index (Social)



Off

Ontario Marginalization
Index (Dependency)

Off

Ontario Marginalization
Index (Ethnic Concentration)

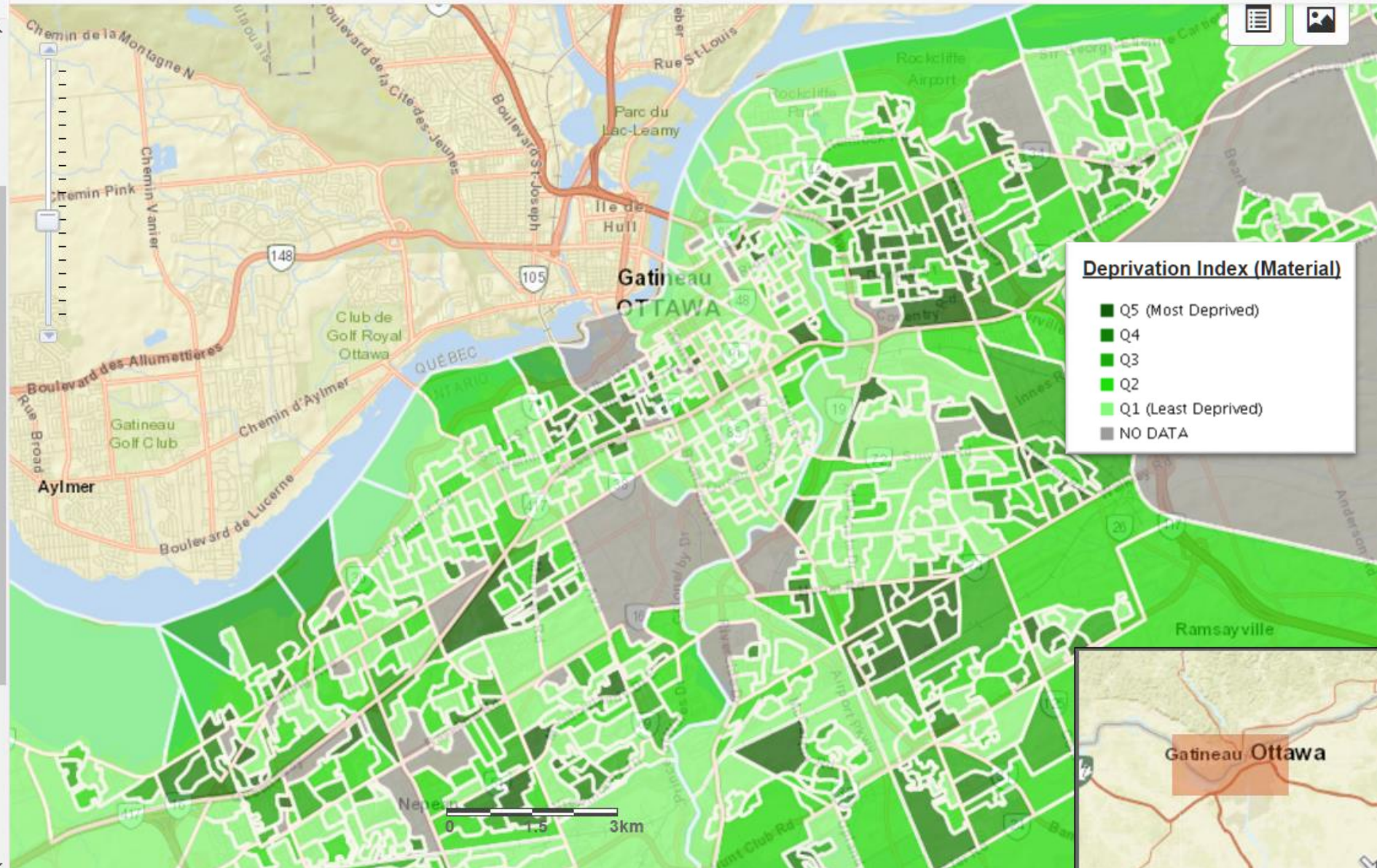
Off

Ontario Marginalization
Index (Residential Instability)

Off


Percent of the Population
Age 4 and Under

Off

Percent of the Population
Age 65+

Situational Awareness

*Real time
information*

- 
1. Meteorological/Environmental
 2. Socioeconomic Indices
 3. Health Outcomes (ACES)


1. equity-informed PH action
2. resource allocation
3. improved health outcomes

Register for an account:

www.phims.ca

Emergency Preparedness

*Simulated
Data*

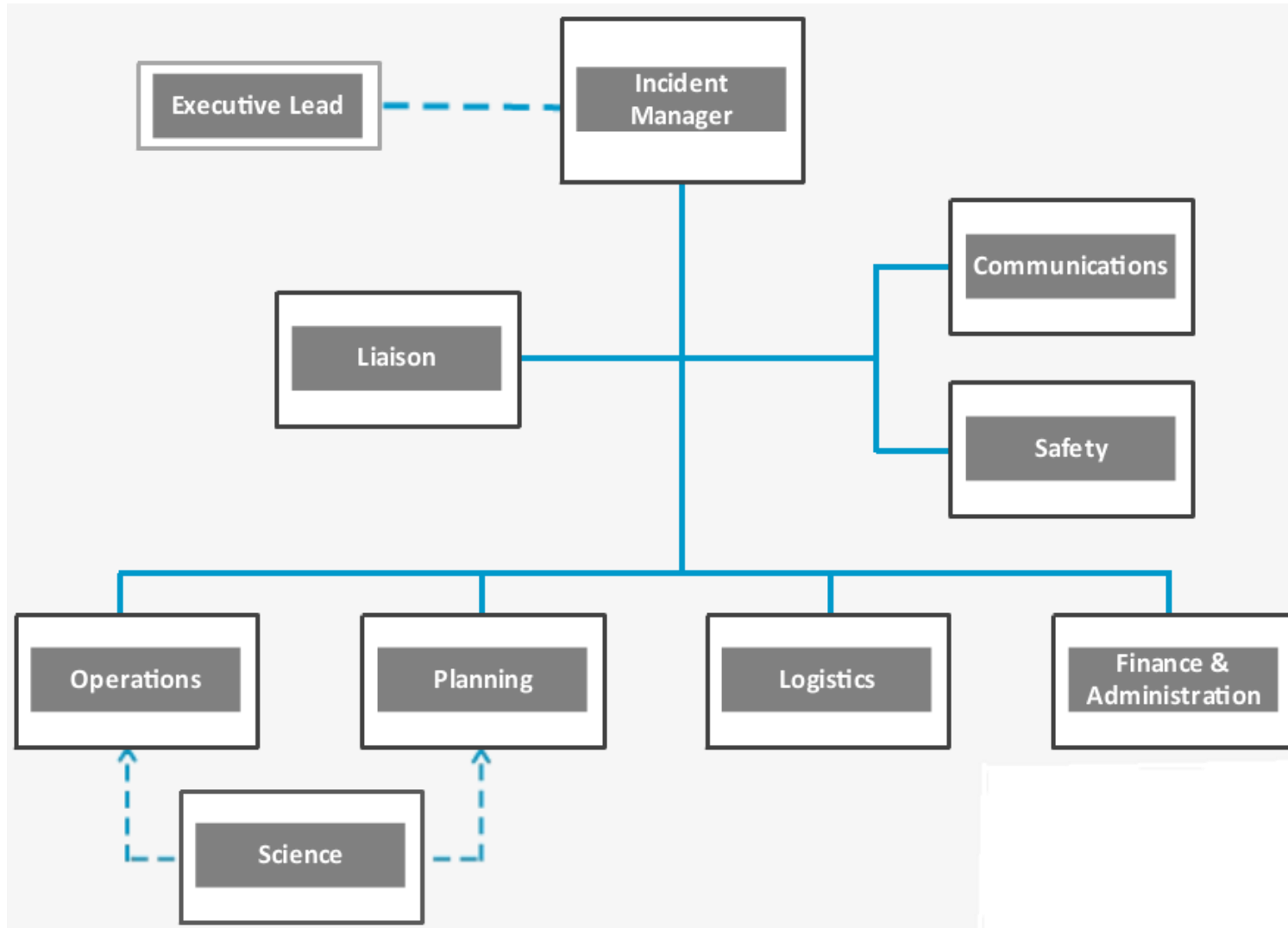
- 
1. Meteorological/Environmental
 2. Socioeconomic Indices
 3. Health Outcomes (ACES)

Train public health residents:

- infectious disease pandemics
- natural disasters
- mass casualty attacks

- 1. train staff**
- 2. identify gaps**
- 3. decision-making**

Incident Management System



Source: PHO's Intro to PH Emergency Management System

A Harmonized Heat Warning and Information System for Ontario (HWIS)

Standard Operating Practice

June 2016

Ministry of Health and Long-Term Care

Population and Public Health Division
Public Health Policy and Programs Branch










Day 1: Tuesday July 5, 2016

Emergency Simulation Slide 1

This morning at 9:00 AM you receive a heat warning for South-Central Ontario from Environment Canada.

The 7-day forecast from Environment Canada for the City of Barrie shows that temperatures are expected to stay above 30 °C and humidex values above 40°C for the rest of the week.

Forecast						
Wednesday July 6	Thursday July 7	Friday July 8	Saturday July 9	Sunday July 10	Monday July 11	Tuesday July 12
						
32°C	35°C	36°C	39°C	35°C	30°C	28°C
Feels like: 38	Feels like: 43	Feels like: 45	Feels like: 43	Feels like: 42	Feels like: 35	Feels like: 32

Day 1: Preparation

Emergency Simulation Slide 2

What action do you take in response to this heat warning and to prepare for the continuing high temperatures throughout the week?

Group 1: What is the role of local public health? Who are your partners?

Group 2: What hazards are associated with extreme heat?

What information should be monitored?

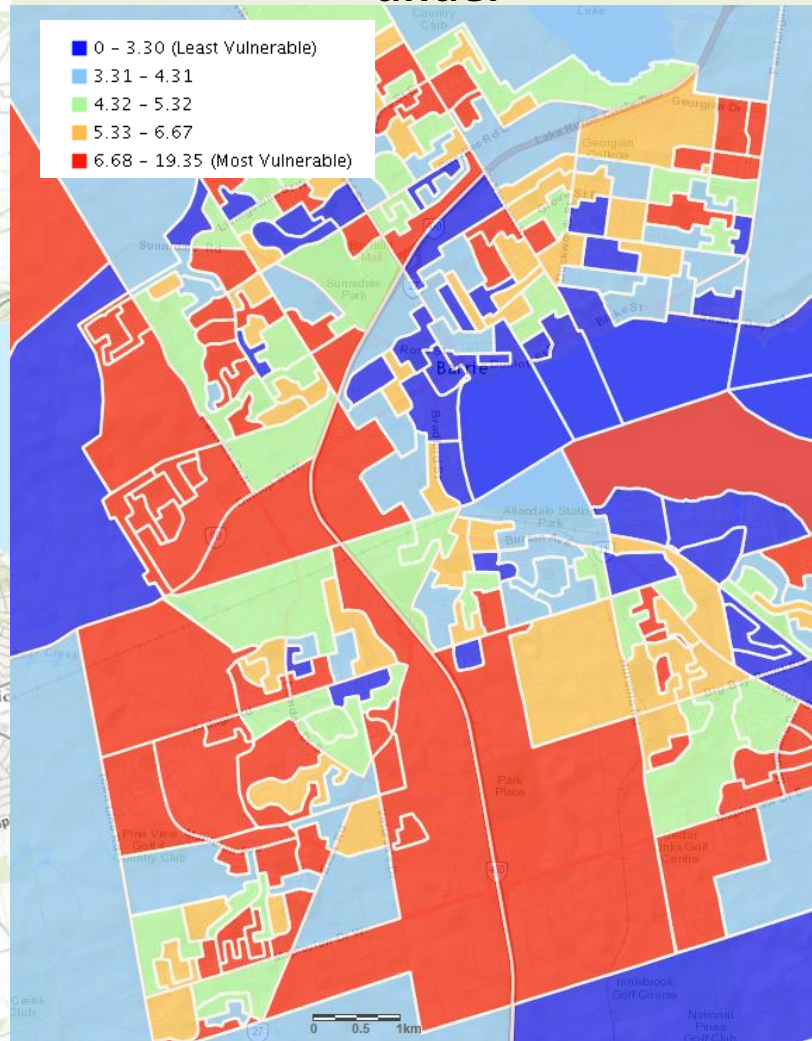
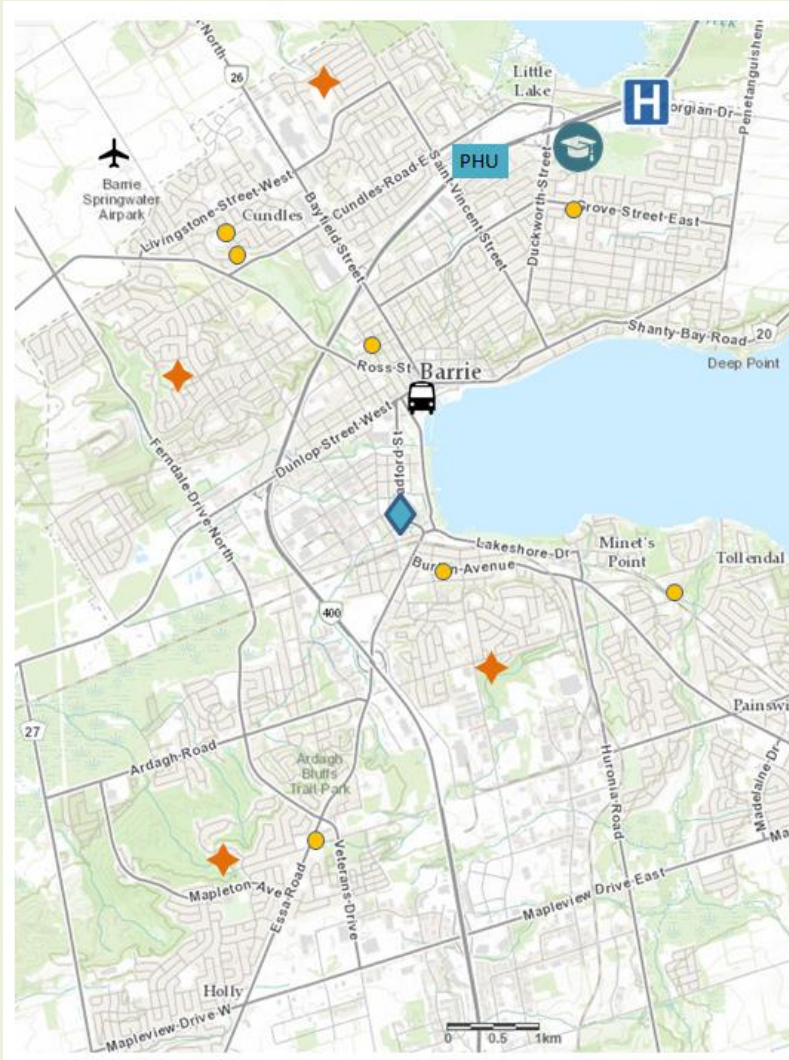
Group 3: What are the health effects of extreme heat? Who is at risk?

What information should be monitored?

Group 4: How do you communicate the heat warning?

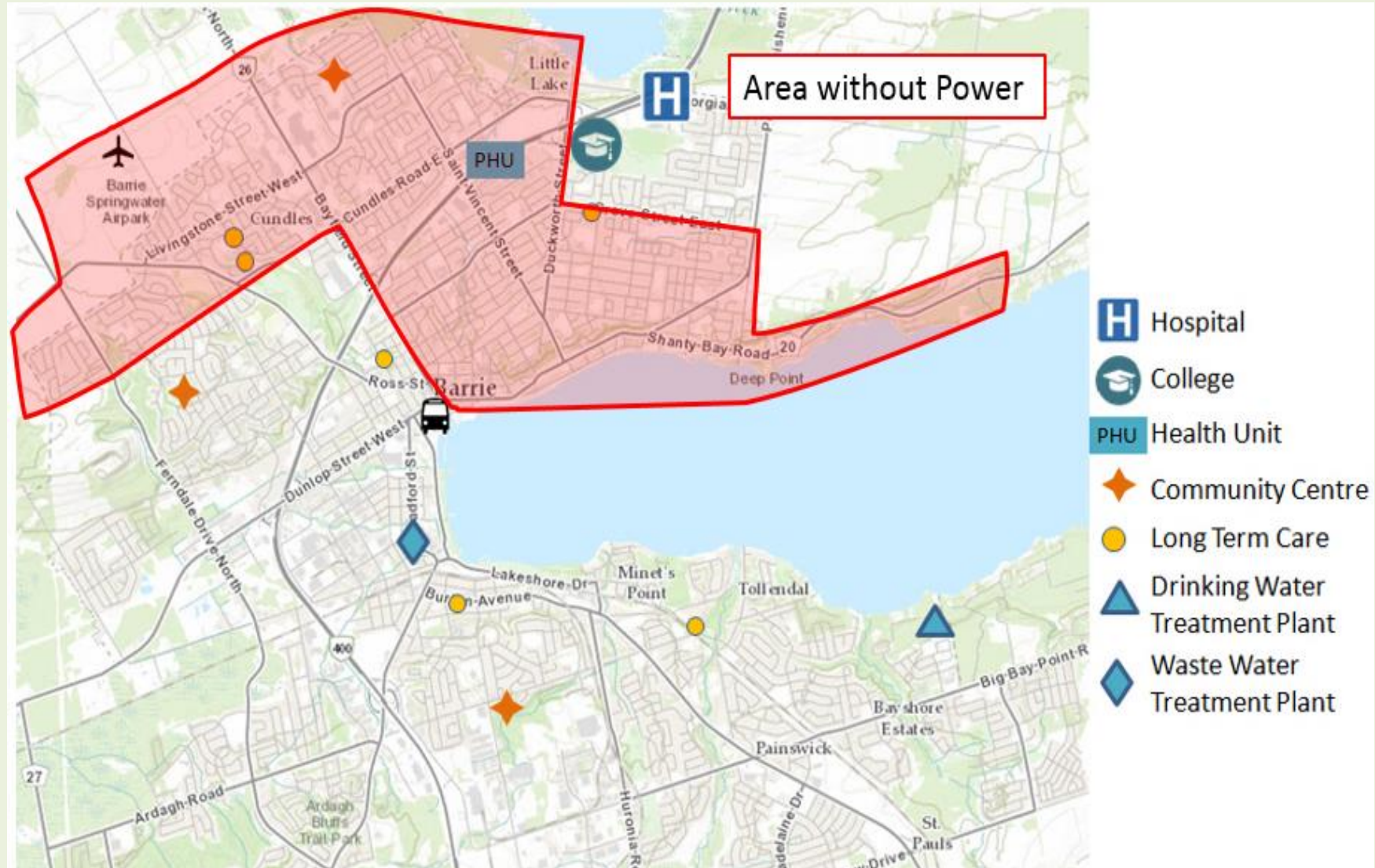
Percent of the population age 4 and under

Percent of the population age 65+



Day 4: Friday July 8, 2016

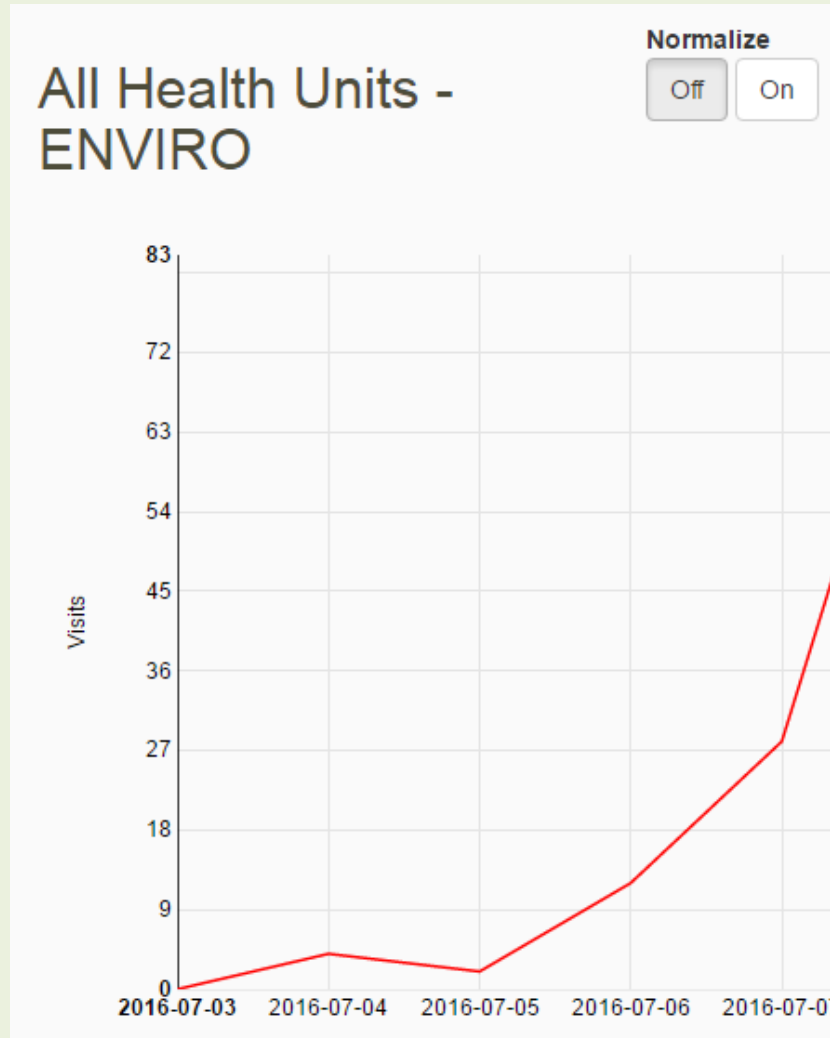
Emergency Simulation Slide 4



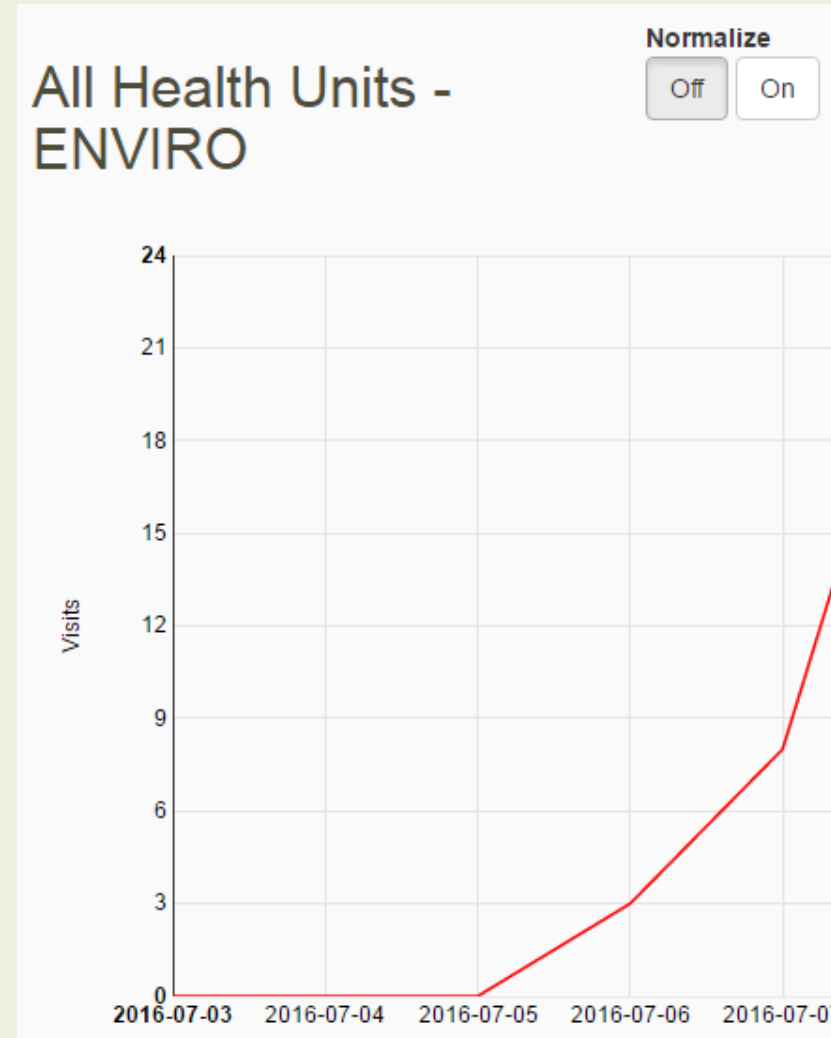
Heat related emergency room visits July 3 – July 7

Emergency Simulation Slide 5

Adults aged 65+



Children aged 0-4



KFL&A PH Climate Change Surveillance Initiatives

- health outcomes: **syndromic surveillance**, traditional surveillance in development
- developing products to build capacity for Ontario and beyond
- **PHIMS and ACES**
 1. real-time situational awareness
 2. emergency preparedness

Contact:

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www.phims.ca

