

Development of An Early Warning and Automated Response System (EWARS) For Epidemic Prevention: A Case Study of Chikungunya In Kerala

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UNOOSA AT 6

- “Improving Public Health through Space-based Technologies”
- Bangkok, August 2007
- Focus on HPAI
- Delegates were encouraged to collaborate on projects of mutual interest

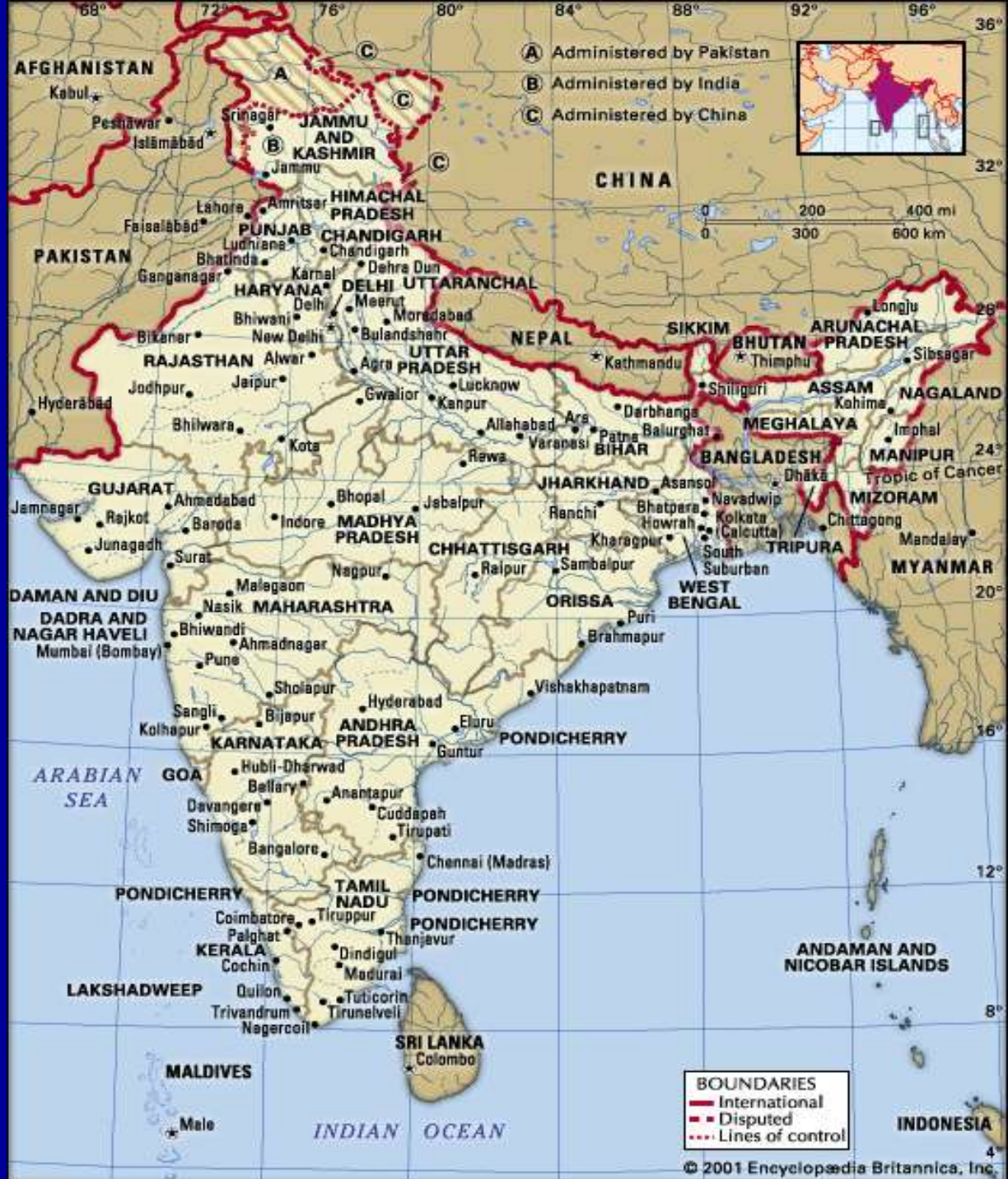
Origins of the EWARS Project

- Desire for an action plan
- EWARS idea expanding on work being done by ReGlaN health logistics group led by Dr. Engelbert Niehaus, German delgate
- Decided to focus on Chikungunya infection in Kerala State, India
- Later addition of Malaria in SA

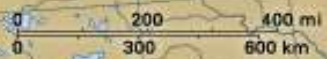
Chikungunya Facts

- Mosquito-borne alphavirus
- Transmitted by *Aedes* mosquito
- Incubation period of 2-4 days
- Fever, joint pains, rash
- Mortality rare
- Persistent joint pain and decreased level of function common
- Disease activity greatest June - October





- (A) Administered by Pakistan
- (B) Administered by India
- (C) Administered by China



AFGHANISTAN
Kabul, Peshawar, Islamabad

PAKISTAN
Lahore, Faisalabad, Bhatinda, Ganganagar, Bikaner, Jodhpur, Hyderabad

CHINA

JAMMU AND KASHMIR
Srinagar, Jammu

HIMACHAL PRADESH
Lahore, Amritsar, Chandigarh

PUNJAB
Ludhiana, Mohali

HARYANA
Karnal, Gurgaon, Bhiwani, New Delhi

DELHI
Delhi

UTTARANCHAL
Dehra Dun, Meerut, Moradabad, Bulandshahr

UTTAR PRADESH
Lucknow, Kanpur, Gwalior, Allahabad, Varanasi, Patna

BIHAR
Patna, Darbhanga, Balurghat

NEPAL
Kathmandu

SIKKIM
Gangtok

BHUTAN
Thimphu

ARUNACHAL PRADESH
Itanagar, Longju, Sibsagar

ASSAM
Dispur, Kohima

NAGALAND
Imphal

MANIPUR
Dispur

MIZORAM
Aizawl

TRIPURA
Agartala

WEST BENGAL
Kolkata (Calcutta), South Suburban, Brahmapur

JHARKHAND
Ranchi, Bhatpara, Howrah

CHHATTISGARH
Raipur, Sambalpur

ORISSA
Bhubaneswar, Puri, Vishakhapatnam

GUJARAT
Jamnagar, Rajkot, Ahmedabad, Baroda, Junagadh, Surat

MADHYA PRADESH
Bhopal, Indore, Jabalpur, Nagpur

MAHARASHTRA
Mumbai (Bombay), Pune, Nashik, Solapur, Sholapur, Kolhapur

KARNATAKA
Bangalore, Hubli-Dharwad, Bellary, Anantapur, Cuddapah, Tirupati

GOA
Panaji, Margao

ANDHRA PRADESH
Hyderabad, Eluru, Guntur

PONDICHERRY

TAMIL NADU
Chennai (Madras), Coimbatore, Tiruppur, Thanjavur

KERALA
Thiruvananthapuram, Trivandrum, Nagercoil, Dindigul, Madurai, Tuticorin, Tirunelveli

LAKSHADWEEP
Kavaratti

ANDAMAN AND NICOBAR ISLANDS

INDONESIA

SRI LANKA
Colombo

MALDIVES
Male

ARABIAN SEA

INDIAN OCEAN

Tropic of Cancer

a  map of
KERALA AND LAKSHADWEEP

LEGEND

	Country Capital		International Boundary
	State Capital		State Boundary
	District Headquarters		District Boundary
	Taluk Headquarters		National Highways
	Other Town		Other Roads
			Railway Line

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LAKSHADWEEP

The inset map shows the Lakshadweep islands in the Arabian Sea. Key features include:
 - **Cheraman Reef**
 - **Barrington Reef**
 - **AMINDY ISLANDS**: Bithra I., Chetlat I., Etilon I., Eulamatt I.
 - **KAVARATTI**
 - **CANNIAUR ISLANDS**: Minich I., Chirappin I., Eelapin I.
 - **NINE DEGREE CHANNEL**
 - **Abney I.**

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BMJ 2004;328:777-778 (3 April), doi:10.1136/bmj.328.7443.777

Editorial

Is there hope for South Asia?

Yes, if we can replicate the models of Kerala and Sri Lanka

Two years turned the Indian subcontinent into South Asia. Between 14 August 1947 and 4 February 1948, India, Pakistan (its eastern part would later become Bangladesh), and Sri Lanka all gained independence from the

What's new

- Last 7 days
- Past weeks
- Current print issue
- Rapid responses

Latest blogs

- Pharma talking to patients
- Who'd be a psychiatrist?

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Kerala Indices

- Life expectancy – 73+
- Infant mortality - 13
- More females than males
- Highest suicide rate in the country
- Highest morbidity rates in the country

Why is Kerala better?

- Enlightened leadership (particularly pre-independence) with an interest in public health
- Attention to immunization
- Higher levels of education
- Matriarchal society
- Greater hygiene
- More expectations from the public so generally elevated levels of healthcare









Current status

- Declining civic sense
- Increasing materialism
- Worsening pollution, congestion, sanitation
- “Lifestyle” diseases like DM, CAD on the rise
- Febrile illnesses rampant

The Team

- **Germany:** Engelbert Niehaus (MATH), Ruth Niehaus (MEDICINE), Gerhard Ackerman (LOGISTICS), David Niehaus (GRAPHICS), [Diana Schmidt (SOFTWARE)]
- **India:** Ajit Babu (MEDICINE, TELEHEALTH), [S. Sabesan (ENTOMOLOGY, GIS/REMOTE SENSING), P.G. Diwakar (REMOTE SENSING)]
- **South Africa:** Marlien Herselman (RURAL IT), [Maurice Mars (MEDICINE, TELEHEALTH), Chris Smith (E-HEALTH), Lynn Hammer (E-HEALTH)]
- **United States:** [Steven Kymes (COST-EFFECTIVENESS), James Stahl (OPERATIONS RESEARCH, T. Kesavadas (VISUAL REPRESENTATION OF DATA)]



RS + GIS

- Gives near real-time information on:
 - temperature
 - soil
 - elevation
 - patterns of land use
 - phases of vegetation
 - precise geographic location of water bodies, population centers, buildings, roads, and other infrastructure

Chikungunya EWARS

- Use RS and GIS data for Kerala
- Validation with ground truth
- Examine correlation of RS/GIS to ground truth
- Identify RS predictors for early warning
- Fuzzy logic system to facilitate resource allocation matched to database of existing resources
- Use RS/GIS to evaluate adequacy of response

Advantages of EWARS

- Minimal additional investments or changes to existing public health structure
- Real-time information
- Potential for substantial improvements in public health
- Expandable to other diseases

Challenges

- Support from the government
- Buy-in from local stakeholders
- Funding for sustainability
- Building wider collaborations
- Maintaining data integrity

Progress to Date

- Three meetings – Nov 07 (India), April 08 (Germany), August 08 (SA)
- Kerala government has agreed to pilot
- Pilot sites identified in SA
- Detailed project plan in progress
- Programming commenced

bed

line - Funds
0-12-4

Prototyping dept | Impl
0-6 mths
Refined 6-12

strategy/
holders

Learning

SA
C&A
MR
T&T

Other

Open MRS
Ground jobs

proprietary
MRS



Funding → N90? ?
 → KISC ?
 → Ind/SA - DST
 → **IBSA** ?

Travel

Dupl

Implement Pilot

Full Implementation

Prototype

Test bed

Timeline - Funds
 0 - 12 mths

Prototype dupl
 0 - 6 mths

Impl

12 - 24 mths?

→ Kerala
 → SA

Regiment - 6-12

Collaborators/
 Stakeholders

Meeting dates

India

Germany

SA

Other

- Kerala DST + Govt

- ICMR

- ISRO

- Ajit + CDH

? FP7

- Diana

- Gerhard

- David

- Ruth

- Bert + Reg/Land

CSR - Chris

MRC - Lynn + Chris Seebregts

TUT - M.D. study

Murlien

NRF

DST

Dept of Health(?)

Rural Communities

UKZN - Mars

? Kesh - US

Jan 09₁₀₋₂₀

Feb₂₀ 09

Jun 09
 1-7

Oct 09
 1-10

INDIA

AUSTRIA

GERMANY

SA

- ALL

- - AJIT

- ALL

- ALL

How?

Cleaning

Immunisation

Spraying/Eradication

Training -

Locals - Education

Maintenance

Horticultural/Fisheries?

Sanitation

ISRO?
CSIR?

Satellite -
Images

Ground -
data Simulated x 6 (?)

Open MRS
Ground data

Proprietary
MRS
AMBITA

Interface
design

GIS
GRASS

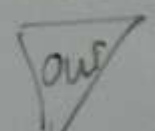
R
stats

Web -
interface

Excel/00
Excel/00

Risk map

Resource man
service deliv



Next Steps

- Meeting with Kerala government (Nov)
- Development of prototype (Ongoing)
- Next group meeting in India (Jan 09)
- Coalition building (Ongoing)
- Commencement of pilot (? July 09)

Conclusion

- EWARS offers the possibility of a common-sense approach to epidemic prevention that can be generalized to a variety of diseases and settings
- Pilot data from a real-world setting will be critical for further progress
- Collaborations are highly welcome