


Development and Application of Syndromic Surveillance for Severe Weather Events in New Jersey Following Hurricane Sandy


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Outline

- Introduction
- Syndromic surveillance during Sandy
- Syndromic surveillance enhancement
- Concluding thoughts



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Syndromic Surveillance - October 2012

- EpiCenter – a syndromic surveillance system used in NJ and other states
 - 68 of 80 (85%) of facilities participating at time of storm (at least one in each county)
 - Real-time data
 - Built-in tools for classification, mapping and analysis of data were very helpful
 - Custom classifier capability
 - Useful in emerging threat situation like a storm or large event

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Storm Warnings → Planning

- Surveillance planning
 - Conference calls and emails
 - Partners: Local Epidemiologists & Hospital Emergency Departments (EDs)
 - Requested facilities use “Sandy” or “storm” as a keyword in chief complaint for ED visits related to storm
 - Syndromic surveillance system
 - Established a “Hurricane” classifier including related keywords

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Disaster strikes

- Early hours October 29, 2012, Sandy came ashore near Atlantic City, NJ
 - All 21 counties impacted; nine heavily
 - Storm surge flooding (9 ft)
 - Wind damage along coast & also far inland
 - Sustained power outages in many areas

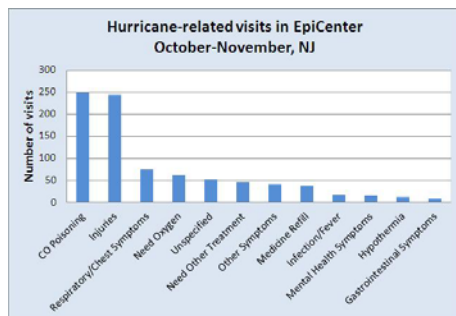
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During and After Sandy

- Daily emergency department summary report
 - "Hurricane" classification increased efficiency
 - Keyword examples: CO, flood, storm, power outage, hurricane
 - Shared with local epidemiologist/surveillance staff by email
 - Shared with emergency preparedness staff, posting on Hippocrates gallery

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Hurricane Sandy Related ED Visits



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EpiCenter Enhancements

- Create a severe weather classifier
 - Focus on weather-related events
 - Use ED chief complaints/reasons of visit
 - Remove the need for communication to facilities about using a specific keyword
 - Established and validated ahead of an event

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Severe Weather Classifier

- Existing classifications
 - CO poisoning, GI, respiratory, MVA
- Newly evaluated classifications
 - Disrupted medical care (oxygen, dialysis, medication refills)
 - Mental health related
 - Tree related injury
 - Hypothermia
 - Cardiovascular disease

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Keyword Validation

- Identify ICD codes for health/mental health conditions
 - Review/evaluate keywords in chief complaints for each health condition to be included
 - Review cases with keywords of interest but not containing ICD codes meeting case definition
- Prepare a list of keywords for each classification
 - Export data from EpiCenter for a defined study period to calculate the sensitivity and positive predictive value

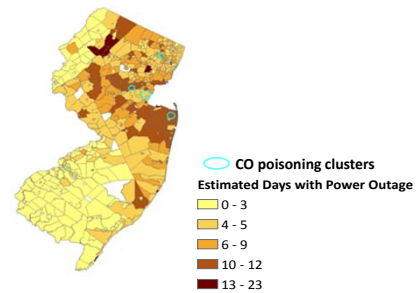
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Results

- Carbon monoxide poisoning
- Disrupted outpatient medical care
 - Dialysis
 - Medication refills
 - Oxygen needs
- Mental health
 - Anxiety and adjusted disorders
 - Substance use (methadone/opiate)

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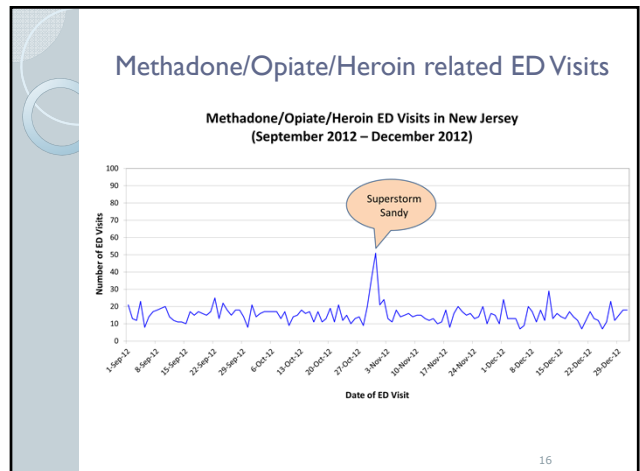
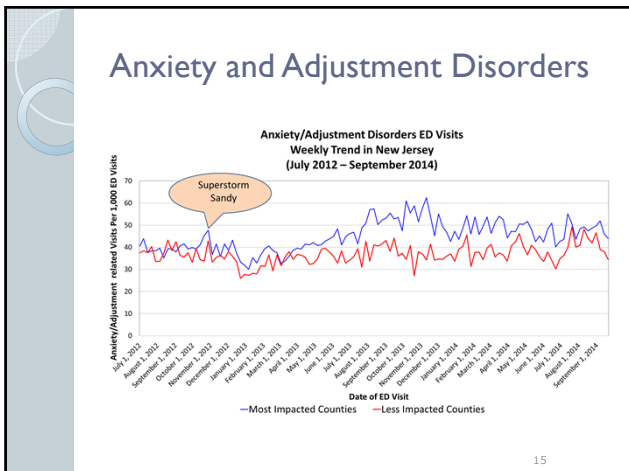
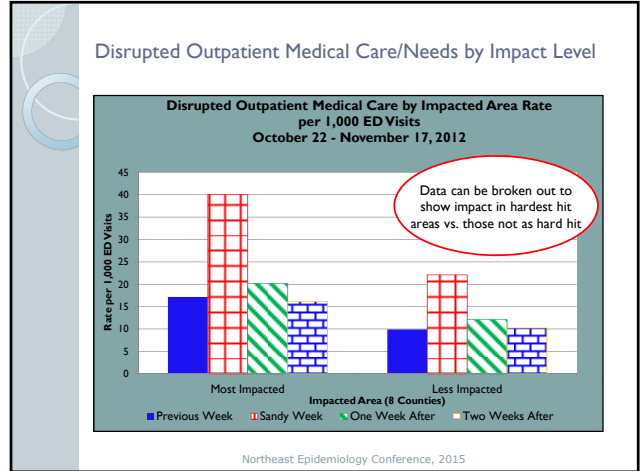
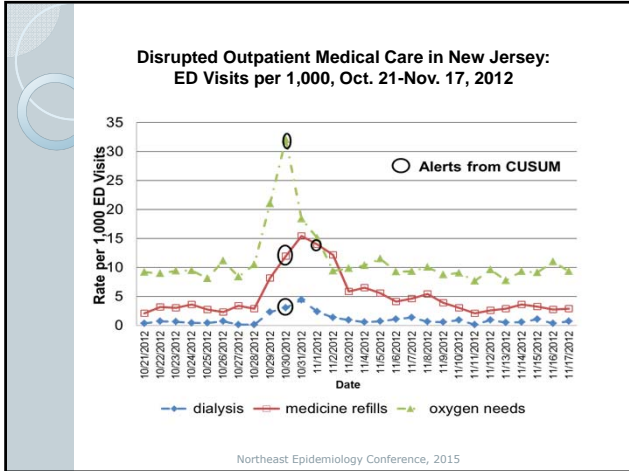
Cluster of Carbon Monoxide Poisoning



Data source for estimated days with power outage after Sandy:
Rutgers University, School of Public Affairs and Administration,
Stephanie Hoopes Halpin, PhD

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Biosurveillance Using EpiCenter in New Jersey, 2015



Keyword Validation Results

- Disrupted Outpatient Medical Care Classifications

Classification	Sensitivity	Positive Predictive Value
Dialysis	80.0%	53.3%
Medicine Refills	82.6%	65.0%
Oxygen Needs	61.6%	16.6%

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Keyword Validation Results

- Mental Health Related/ Substance Use Classifications

Classification	Sensitivity	Positive Predictive Value
Anxiety/Adjustment Disorders	58.60%	77.60%
Mood Disorders	57.10%	88.60%
Psychotic Disorders	63.20%	52.60%
Alcohol Use	93.70%	66.60%
Suicide/Self-Inflicted Injury	37.60%	51.20%
Methadone/Opiate/Heroin Use	64.70%	14.40%

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Concluding thoughts

- Syndromic surveillance has proven utility for NJDOH in severe weather event
- While not precise, gives a good overview of ED activity statewide during event
- Ongoing evaluation to add additional classification (e.g. occupational injury)

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Questions & Comments

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Severe Weather Classifier Validation Results

Classification	Sensitivity	Positive Predictive Value	
Carbon Monoxide Poisoning	98.4%	73.5%	High Sensitivity/PPV (N=10)
Hypothermia/Other Cold Related Injuries	87.5%	77.8%	
Disrupted Outpatient Medical Care - Medicine Refills	82.6%	65.0%	
Disrupted Outpatient Medical Care - Dialysis	80.0%	53.3%	
Respiratory Illness - URI	76.2%	77.4%	
Respiratory Illness - Asthma	73.6%	60.4%	
Cardiovascular Disease	66.0%	62.7%	
Mental Health Related Illness - Psychotic Disorders	63.2%	52.6%	
Mental Health Related Illness - Anxiety/Adjustment Disorders	58.6%	77.6%	
Mental Health Related Illness - Mood Disorders	57.1%	88.6%	
Gastrointestinal Illness	40.4%	25.0%	Moderate Sensitivity/PPV
Mental Health Related Illness - Suicide/Self-inflicted Injury	37.6%	51.2%	
Disrupted Outpatient Medical Care - Oxygen Needs	64.1%	16.6%	Low Sensitivity or PPV
Substance Use - Methadone/Opioid/Heroin	65.9%	17.7%	
Mental Health Related Illness - Post-Traumatic Stress Disorder (PTSD)	18.2%	80.0%	
Tree Related Injury	Can not be computed due to lack of specific diagnostic codes		Not Validated - Using current exiting classifications in the EpiCenter
Heat Related Illness			
Motor Vehicle Accident			
Substance Use - Alcohol Use			