

Maps & Macroscopes: Gaining Insights from BIG Data

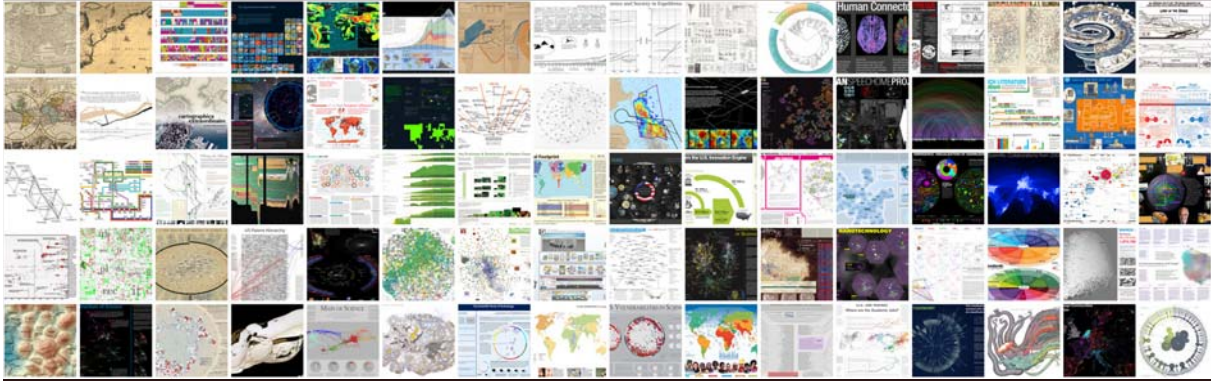


Local
Short-term
Decisions

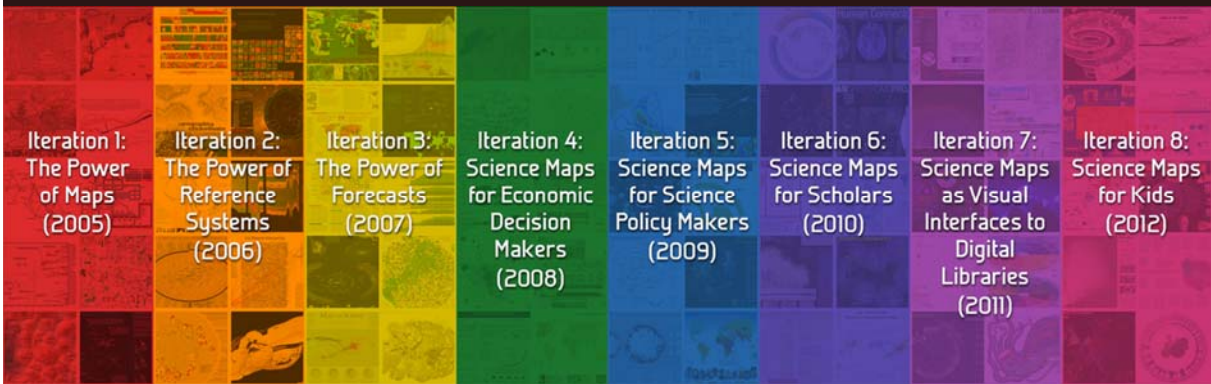
vs.

Global
Long-term
Decisions

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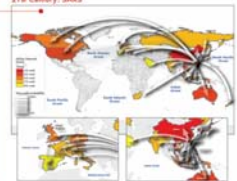
Impact of Air Travel ON Global Spread OF Infectious Diseases



14th Century: Black Death
Epidemic spreading pattern changed dramatically after the development of modern transportation systems.

In pre-industrial times disease spread was mainly a spatial diffusion phenomenon. During the spread of Black Death in the 14th century Europe, only few traveling means were available and typical trips were limited to relatively short distances on the time scale of one day. Historical studies confirm that the disease diffused smoothly generating an epidemic front traveling as a continuous wave through the continent at an approximate velocity of 200-400 miles per year.

The SARS outbreak on the other hand was characterized by a patchy and heterogeneous spatiotemporal pattern mostly due to the air transportation network identified as the major channel of epidemic diffusion and ability to connect far apart regions in a short time period. The SARS maps are obtained with a deterministic stochastic computational model aimed at the study of the SARS epidemic pattern and analysis of the accuracy of the model's predictions. Simulation results describe a spatiotemporal evolution of the disease (color coded countries) in agreement with the historical data. Analysis on the robustness of the model's forecasts leads to the emergence and identification of epidemic pathways as the most probable routes of propagation of the disease. Only few preferential channels are selected (arrows), which indicate the probability of propagation along that path) out of the large number of possible paths; the selection could take by following the complex nature of airline connections (light grey, source: IATA).



Forecasts OF THE Next Pandemic Influenza

Seasonal



Forecasts are obtained with a stochastic compartmental model which explicitly incorporates data on worldwide air travel and detailed census data to analyze the global spread of an influenza pandemic. The modeling approach considers stochastic dynamics (i.e., virus transmission, onset of symptoms, infectiousness, recovery, etc.) among individuals living in urban areas around the world, and assumes that individuals are allowed to travel from one city to another by means of the airline transportation network.

Geographical



Numerical simulations provide results for the temporal and geographic evolution of the pandemic influenza in 220 urban areas located in 220 different countries. The model allows to study different spreading scenarios, characterized by different initial outbreak conditions, both geographical and seasonal.

The central map represents the cumulative number of cases in the world after the first year from the start of a pandemic influenza with $R_0 = 1.9$ originating in Hanoi (Vietnam) in the Spring. The US maps focus on the situation in the US after one year, and show the effect of changes in the original scenario analyzed. Different color coding is used for the sake of visualization.



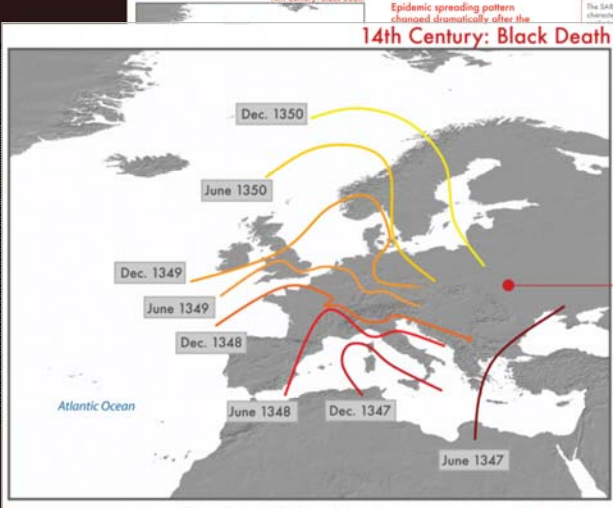
Reproductive Number (R0)



Intervention



Impact of Air Travel ON Global Spread OF Infectious Diseases



14th Century: Black Death
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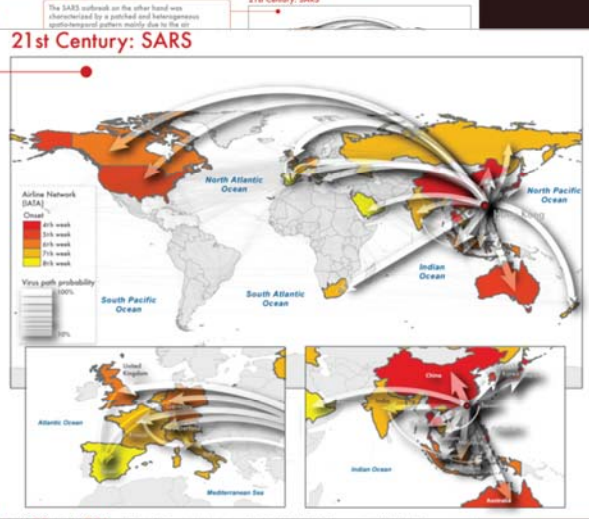
Numerical simulations provide results for the temporal and geographic evolution of the pandemic influenza in 220 urban areas located in 220 different countries.



Intervention strategies resulting in the use of control drugs can be considered. Two scenarios are compared: an uncooperative strategy in which countries only use their own supplies, and a cooperative intervention which assumes a limited worldwide sharing of the resources.

Impact of Air Travel ON Global Spread OF Infectious Diseases

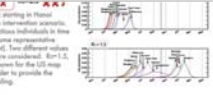
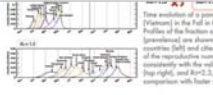
The SARS outbreak on the other hand was characterized by a patched and heterogeneous spatio-temporal pattern mainly due to the air transportation network identified as the major channel of epidemic diffusion and ability to connect far apart regions in a short time period. The SARS maps are obtained with a data-driven stochastic computational model aimed at the study of the SARS epidemic pattern and analysis of the accuracy of the model's predictions. Simulation results describe a spatio-temporal evolution of the disease (color coded countries) in agreement with the historical data. Analysis on the robustness of the model's forecasts leads to the emergence and identification of epidemic pathways as the most probable routes of propagation of the disease. Only few preferential channels are selected (arrows; width indicates the probability of propagation along that path) out of the huge number of possible paths the infection could take by following the complex nature of airline connections (light grey, source: IATA).



14th Century: Black Death

Epidemic spreading pattern changed dramatically after the development of modern transportation systems.

21st Century: SARS



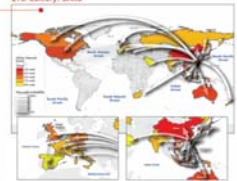
Impact of Air Travel ON Global Spread OF Infectious Diseases



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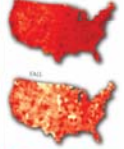
In pre-industrial times disease spread was mainly a gradual diffusion phenomenon. During the spread of Black Death in the 14th century Europe, only few traveling means were available and spread rates were limited to relatively short distances on the time scale of one day. Historical studies confirm that the disease diffused unassisted generating an epidemic front moving at a distinctive wave through the continent at an approximate velocity of 200-400 miles per year.

The SARS outbreak on the other hand was characterized by a patched and heterogeneous spatio-temporal pattern mainly due to the air transportation network identified as the major channel of epidemic diffusion and ability to connect far apart regions in a short time period. The SARS maps are obtained with a data-driven stochastic computational model aimed at the study of the SARS epidemic pattern and analysis of the accuracy of the model's predictions. Simulation results describe a spatio-temporal evolution of the disease (color coded countries) in agreement with the historical data. Analysis on the robustness of the model's forecasts leads to the emergence and identification of epidemic pathways as the most probable routes of propagation of the disease. Only few preferential channels are selected (arrows; width indicates the probability of propagation along that path) out of the huge number of possible paths the infection could take by following the complex nature of airline connections (light grey, source: IATA).



Forecasts OF THE Next Pandemic Influenza

Seasonal



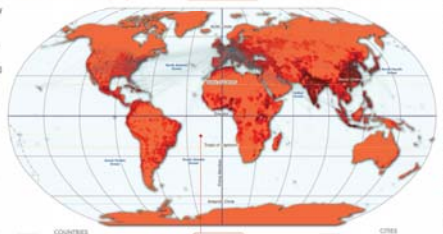
Forecasts are obtained with a stochastic computational model which explicitly incorporates data on worldwide air travel and detailed census data to simulate the global spread of an influenza pandemic. The modeling approach considers infection dynamics (i.e., virus transmission, onset of symptoms, infectiousness, recovery, etc.) among individuals, living in urban areas around the world, and assumes that individuals are allowed to travel from one city to another by means of the airline transportation network.

Geographical



Numerical simulations provide results for the temporal and geographic evolution of the pandemic influenza in 220 urban areas located in 220 different countries. The model allows to study different quarantine scenarios, characterized by different initial outbreak conditions, both geographical and seasonal.

The central map represents the cumulative number of cases in the world after the first year from the start of a pandemic influenza with $R_0 = 1.9$ originating in Hanoi (Vietnam) in the Spring.



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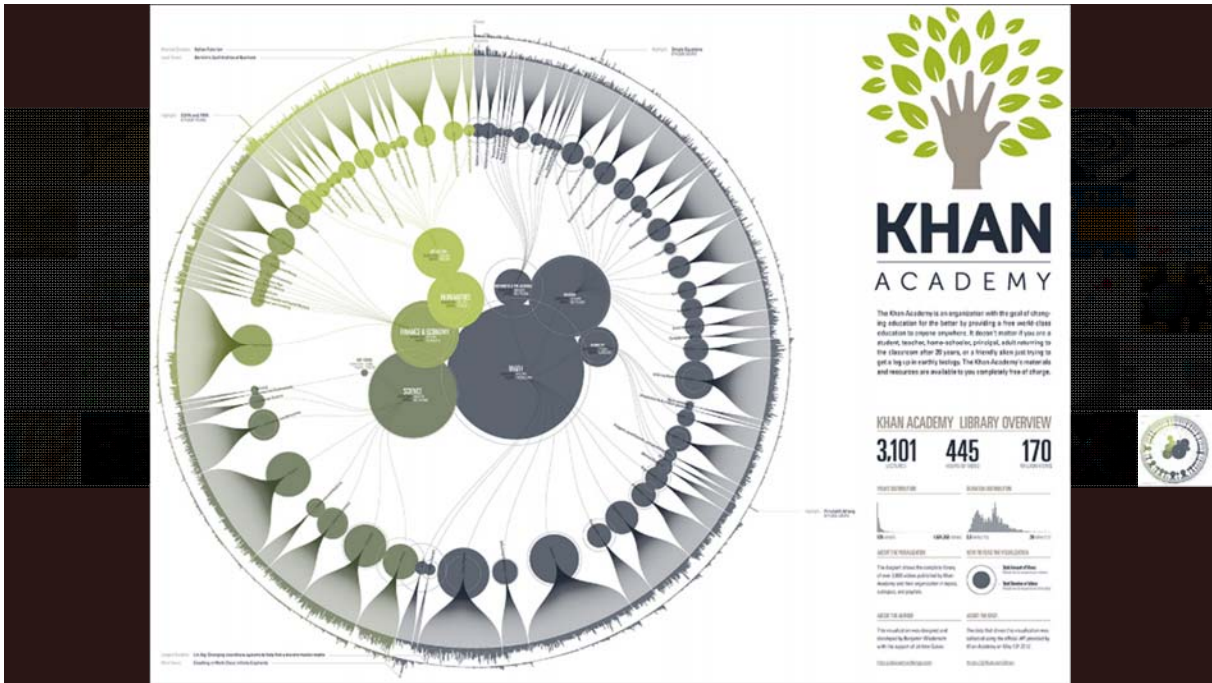
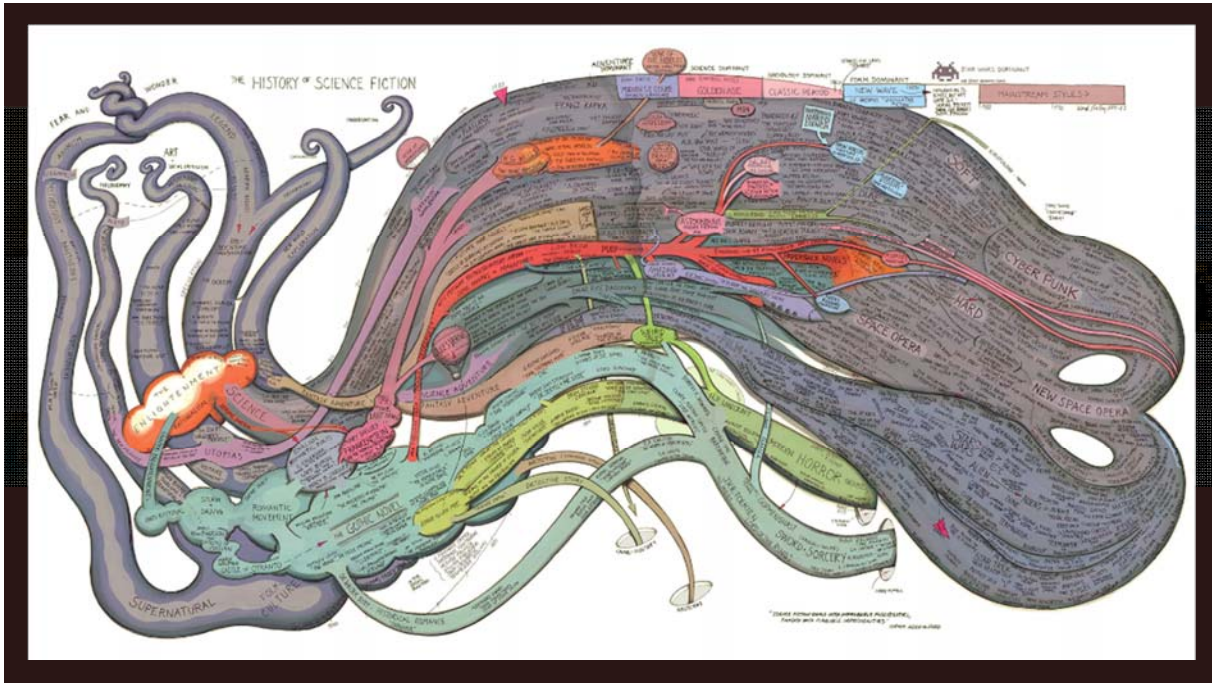
Reproductive Number (R_0)



Intervention



The model includes the worldwide air transportation network (IATA) composed of 3,100 airports in 220 countries and 61,17,182 direct connections, most of them associated to the corresponding passenger flow. The dataset accounts for 99% of the worldwide traffic and is complemented by the census data of each large metropolitan area served by the corresponding airport. Additional spreading mechanisms can be obtained by modeling different levels of infectiousness of the virus, represented in terms of the reproductive number R_0 , representing the average number of infections generated by a sick person in a fully susceptible population. Intervention strategies modeling the use of antiviral drugs can be considered. Two scenarios are compared: an uncooperative strategy in which countries only use their own available, and a cooperative intervention which assumes a limited worldwide sharing of the resources.



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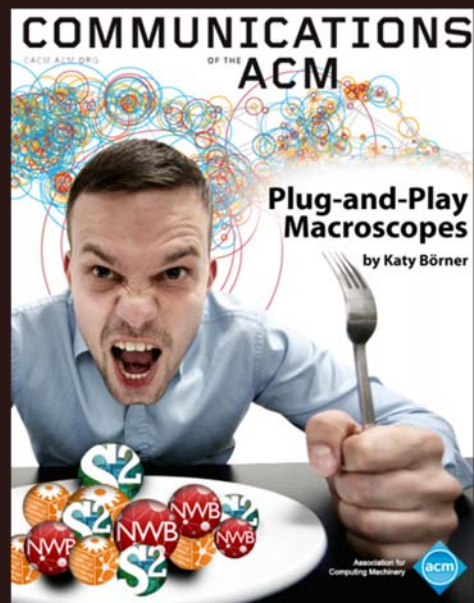
Interactive Elements



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Anyone Can Cook & Anyone Can Map

Plug-and-Play Macroscopes
cishell.org



When?
Temporal

Where?
Geospatial

What?
Topical

With Whom?
Network Analysis

The Information Visualization MOOC

ivmooc.cns.iu.edu

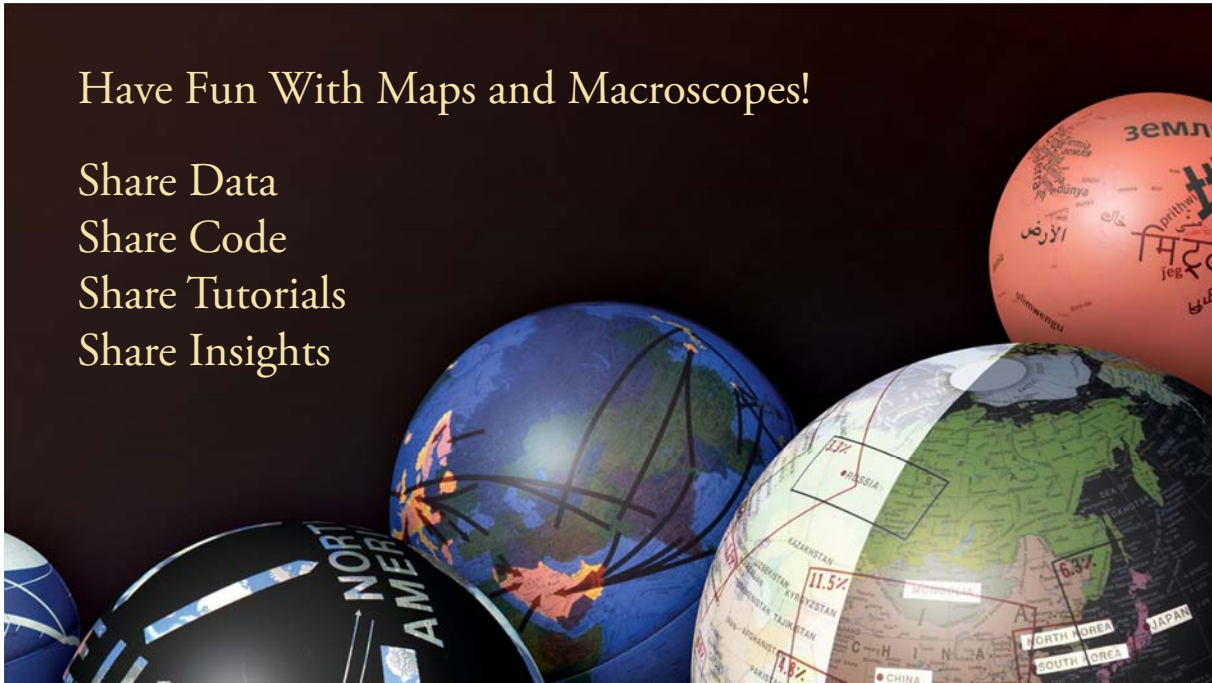


Students come from
93 countries
300+ faculty members

#ivmooc

Have Fun With Maps and Macroscopes!

Share Data
Share Code
Share Tutorials
Share Insights



Acknowledgments:

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Photo of Carlo Ratti by Lars Krüger www.lumivere.com