

### **Characterization of Morbidity and Mortality**

**Project Leader:** Judith Mitrani-Reiser, PhD, NIST **Project Team:** Thomas D. Kirsch, MD, MPH *Director and Professor, National Center for Disaster Medicine and Public Health, Uniformed Services University* 

**Objective:** To complete a quantitative morbidity and mortality assessment of Puerto Rico, to better understand how damaged buildings and supporting infrastructure played a role in the injuries and deaths associated with Hurricane Maria. The study results will provide guidance to improve codes, standards and inform future approaches to accurately attribute and predict life loss due to building failure(s) caused by windstorms.



# **Updates on Mortality Contract**

**Contract Award:** Contract awarded to the George Washington University Milken Institute School of Public Health on July 27, 2020; subawards to University of Puerto Rico-Graduate School of Public Health and independent external consultants.

#### George Washington University:

Carlos Santos-Burgoa, MD, MPH, PhD Project Manager

Ann Goldman, MPH, PhD Project Coordinator

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Valerie Donohue Biostatistics Center

#### **University of Puerto Rico-Medical Sciences:**

Pablo Méndez-Lázaro, PhD Local Project Coordinator

### **External consultants:**

Bernardo Hernandez-Prado, ScD Lead Verbal Autopsy, IHME, University of Washington

Abraham D. Flaxman, PhD SmartVA, IHME, University of Washington

Aurelio Castro, MS Geographic Mapping Technologies, Corp., San Juan, PR: *GIS and Remote Sensing* 



# **Updates on Mortality Contract**

- **Contract Award:** Contract awarded to the George Washington University on July 27, 2020; subawards to University of Puerto Rico-Graduate School of Public Health and the Institute for Health Metrics and Evaluation at the University of Washington.
- □ Kick-Off Meeting: Held on Aug 6-7; thank you to NIST colleagues for attending, presenting, and contributing so thoughtfully throughout!
- □ Work Plan: Draft plan submitted to NIST on Aug 27; some updates since kickoff meeting include plans to address COVID-19; expansion of database to cover entire island; clear descriptions of what part of the data will and will not be delivered in Spanish and English; strategy for including next-of-kin and key informants outside the island as well; training and emotional support for interviewers; and secondary data requests to NIST.
- Input on Work Plan: NIST provided feedback on Sept 11; plan finalized on Sept 23.
- Monthly Meetings: Project meetings will be held 4<sup>th</sup> Wed of each month.

## **Project Plans: Integrated Database**

### **Develop Integrated Database of Deaths in Puerto Rico**

- Collect and merge geocoded data on the deaths occurring up to six months after Hurricane Maria made landfall in Puerto Rico.
- Data sources include the Puerto Rico Vital Registration System with available datasets from the Bureau of Forensic Sciences, including DMORT E-Cases records, pathology registry records, case identification, case review, and cremation and institutional death databases.
- Additional data to consider are 911 emergency calls obtained from the Bureau of Police, and funeral and burial assistance data from FEMA and the American Red Cross.



### **Project Plans: Integrated Database**



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## **Project Plans: Spatial & Temporal Analysis**

### **Spatial and Temporal Clustering of Deaths**

- Analyze the integrated database to calculate cause-specific mortality rates adjusted for age and gender and compare these to the prior years.
- Examine each broad cause of death (i.e. ICD-10 codes) and specific causes of death typically attributed to hurricanes (e.g., drowning, death from a fallen object, etc.) and compare them to previous years. Identify significant increases in death rates from particular causes between the period after the storm and years prior; flag all deaths from those causes in the first two weeks after the storm.
- Identify spatial and temporal clusters of deaths occurring up to six months after the storm (entire island), with a separate analysis for the first 14 days after the event (4 study regions).



Figure 3: Percentage increase in crude mortality by municipality in Puerto Rico Estimated increase in crude mortality from September, 2017, to February, 2018, relative to mean mortality in the same period in 2015–16 and 2016–17 under the displacement scenario. Source: Santos-Burgoa et al., 2018 (with permission)

## **Project Plans: Spatial & Temporal Analysis**



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## Project Plans: Verbal Autopsy (VA) + Social Environmental (S'E)

# Foundation for survey with Next of Kin and Key Informants

- SmartVA is an application developed by Institute for Health Metrics and Evaluation (IHME), University of Washington).
- SmartVA includes a VA questionnaire, and a module of analysis to ascertain of cause of death.
- Spanish verbal autopsy instruments are also available.
- SmartVA-Analyze uses the Tariff method to ascertain cause of death from a list of 34 causes for adults, 21 for children and 6 for newborns, excluding stillbirths.
- SmartVA-Analyze uses the Tariff method to provide most likely underlying cause of death, and the next two or three most likely ones.
- Suggested mode is face-to-face but exploring other options due to COVID-19.
- This VA+ S'E will mark the beginning of the development of disaster centric verbal autopsy.

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Open-ended response w	ords of interest
	Mentioned
Chronic Kidney Disease	
Dialysis	
Fever	
Heart Attack (AMI)	
Heart Problems	
Jaundice	
Liver Failure	
Malaria	
Pneumonia	
Renal (Kidney) Failure	
Suicide	

Source: Bernardo Hernández Prado (with permission)



# Project Plans: Verbal Autopsy (VA) + Social Environmental (S'E)

"What is the optimal recall period for verbal autopsies? Validation study based on repeat interviews in three populations" (*Population Health Metrics* 14:40)



### Key Points from Recall Bias Study

- Study dataset included 2113 deaths interviewed twice and with recall periods ranging from 0 to 52 months.
- Probability of a correct diagnosis in VAs collected 3-11 months after death will, on average, be 95.9 % of that in VAs collected within 3 months of death.
- Probability of a correct diagnosis of cause of death decreased by 0.55 % per month in the period after death.

### **Key Next Steps: Contract Dashboard**

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## **NCST Technical Investigation of Hurricane Maria (Puerto Rico)**

### **Characterization of Morbidity and Mortality**

**Project Leader:** Judith Mitrani-Reiser, PhD, NIST **Project Team:** Thomas D. Kirsch, MD, MPH Director and Professor, National Center for Disaster Medicine and Public Health, Uniformed Services University \*A special thanks to Captain Rebecca Noe (CDC) for sharing her time and expertise so graciously with the Hurricane Maria NCST investigation, and specifically, with this project!!

### **Questions?**