

## Ontario Burden of INFECTIOUS DISEASES

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# The Impact of Infection on Population Health: Results of the Ontario Burden of Infectious Diseases Study

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### **Objectives of ONBOIDS**

- To determine the relative contributions of various IDs to the overall burden of IDs in Ontario
- Inform priority setting, planning, and decision-making within IDs
- Establish baseline for future evaluations of public health interventions
- Identify strengths/weaknesses of existing data on IDs in Ontario and define areas requiring improvement

#### Creating the Disease List

- Adapted from latest GBD list
- Syndromes (pneumonia, septicemia) vs. Agents (*Streptococcus pneumoniae*, influenza)
- Criteria for inclusion:
  - Severe (HIV) and/or common (cystitis)
  - Reportable (measles)
  - High profile (WNV)

#### Diseases and syndromes considered

- 10 disease groups
- 51 distinct infectious agents
- 16 syndromes
- Notable exclusions: *Helicobacter pylori*, non-tuberculous mycobacteria, norovirus, rotavirus, Epstein-Barr virus, Lyme disease, surgical site infections

### Unit of Measurement: HALY

### HALY: Health-Adjusted Life Year

- Used in the PHI study
- Conceptually similar to DALYs (GBD study) and QALYs (health economics)

### HALY = YLL + YERF

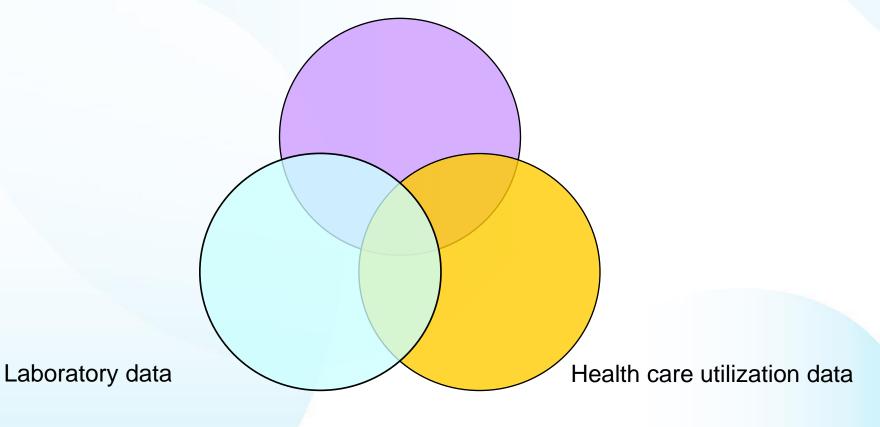
- YLL: Years of life lost due to premature mortality
- YERF: Year-equivalents of reduced functioning from living with disease (i.e., time spent in less than perfect health)

# Data Sources for YLL

- Ontario life expectancy table for 2001
- Deaths by cause, 2005-2007, disaggregated by age and sex
  - Vital statistics data
  - Single underlying cause of death (ICD-10)

# **YERF: Data Sources for Incidence**

Reportable disease data

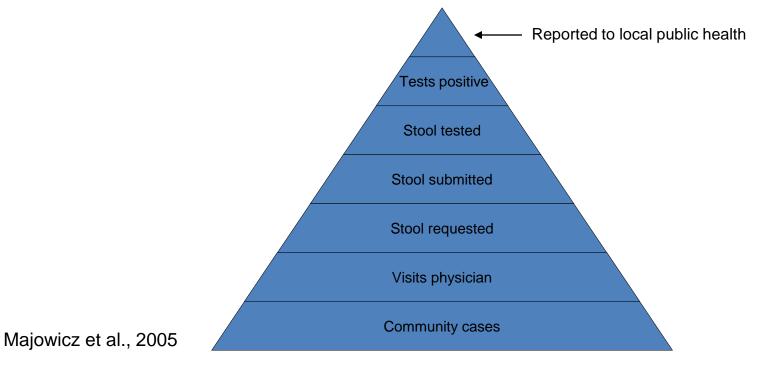


# Data Sources for YERF

- Disease incidence, 2005-2007, by age and sex
  - Reportable disease data (iPHIS)
  - Health care utilization data
    - Visits to doctors' offices (OHIP)
    - Visits to emergency departments (NACRS)
    - Hospitalizations and same day surgery (CIHI-DAD and SDS)
  - Cancer registry data (OCR)
  - Mathematical models
  - Epidemiologic studies (i.e., literature)
- Distribution of disease by health state (literature)
- Health state duration (literature and expert opinion)
- Severity weights (SW subcommittee)

#### Underreporting

- Significant issue for enteric illnesses
- Majowicz et al.: For each case of enteric illness reported in province of Ontario, estimated number of IGI cases in community range from 105 to 1,389



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#### Severity weights

- Previous studies (GBD, Dutch) have developed disability weights (DWs) in various settings
- Incomplete alignment between diseases/health states included in current study and previous DWs
- Validity of combining DWs from different studies (and different settings) uncertain
- Chose to develop Ontario-specific set of severity weights using CLAMES methodology developed by Statistics Canada

### CLAMES

#### 11 attributes (scale of 1 to 4/5)

- Pain/discomfort
- Physical functioning
- Emotional state
- Fatigue
- Memory and thinking
- Social relationships
- Anxiety
- Speech
- Hearing
- Vision
- Use of hands and fingers

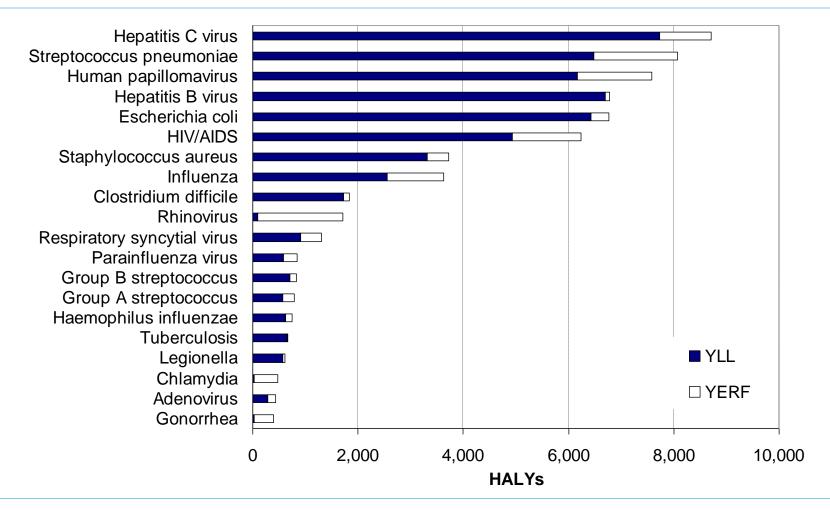
#### CLAMES

- Combination of health professionals and lay panels assessed a set of hypothetical health states
- Algorithm produces severity weight
- Focus on functional limitations

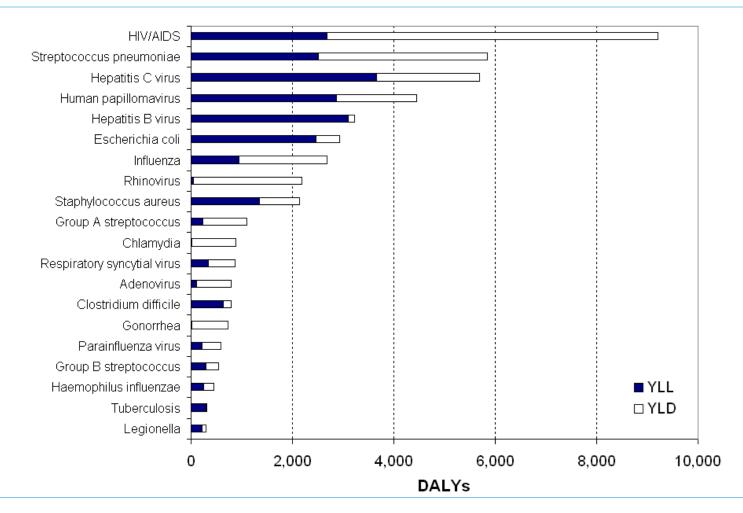
# ONBOIDS (HALYs) vs. GBD (DALYs)

	ONBOIDS HALY	GBD DALY	
Life expectancy	Ontario	GBD standard	
table	F: 82.0 yrs	F: 82.5 yrs	
	M: 77.4 yrs	M: 80.0 yrs	
Age-weighting	Uniform	Differential	
	age weights	age weights	
	(i.e., no age-weighting)	(more weight for working age adults)	
Discounting	scounting No discounting Disco		
Health state valuation			

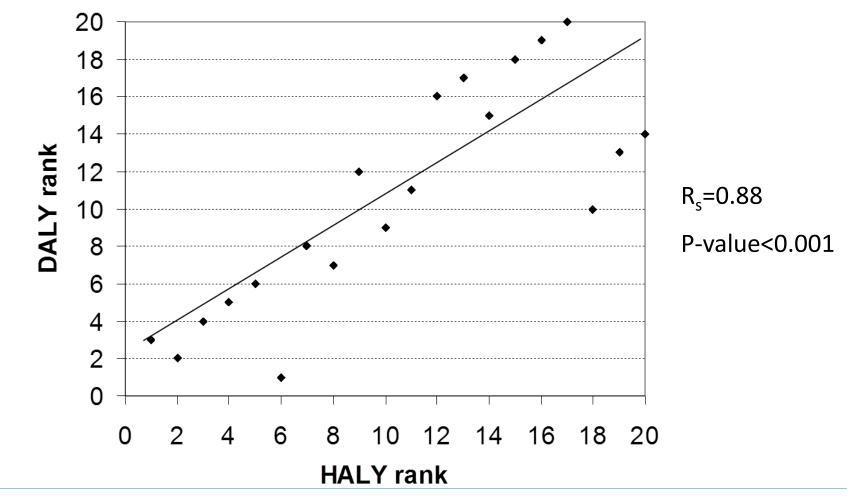
#### HALYs for Top 20 pathogens



#### DALYs for Top 20 pathogens



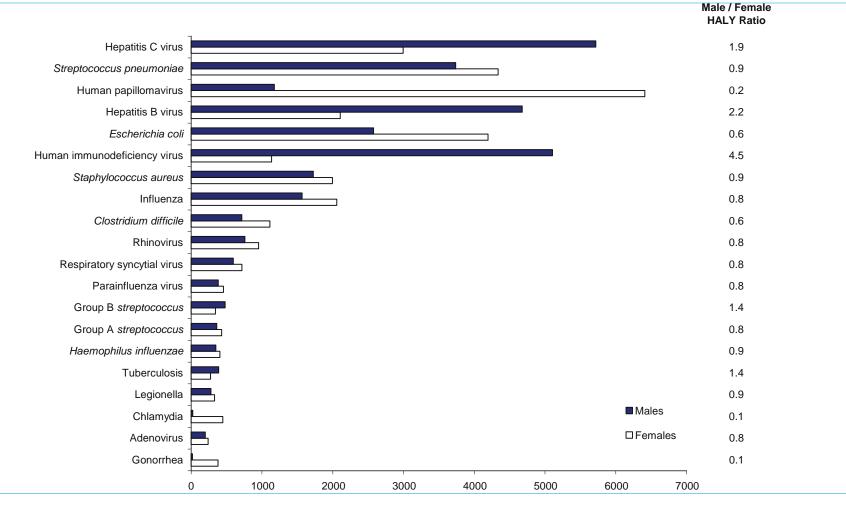
# Ranking using HALYs vs. DALYs



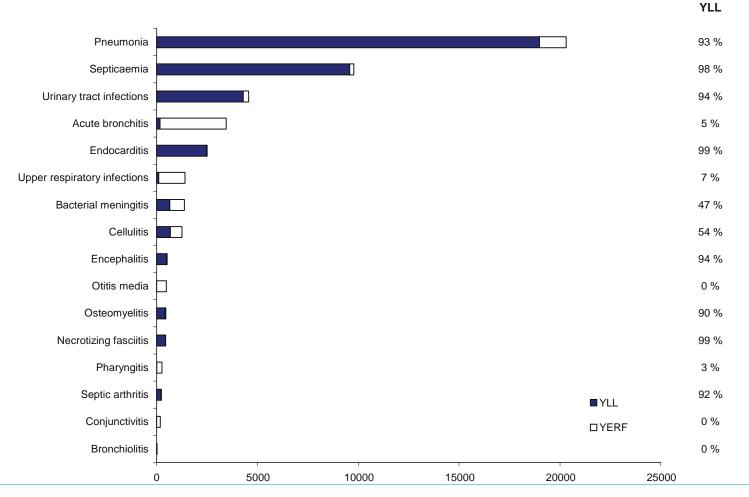
# ONBOIDS (HALYs) vs. GBD (DALYs)

- Proportion attributable to premature mortality differs (82% using HALYs vs. 48% using DALYs)
  - YLL reduced for DALYs due to age-weighting and discounting
  - YLD increased for DALYs due to higher values for disability weights (compared to severity weights)
- Overall ranking of pathogens mostly consistent
- No established gold standard since differences are value judgments

# HALYs for Top 20 by sex



# HALYs for selected syndromes



# Top 10 by different measures

#	HALYs	Number of Deaths	Number of Cases
1	Hepatitis C	E. coli	Rhinovirus
2	S. pneumoniae	S. pneumoniae	Influenza
3	E. coli	Hepatitis C	S. pneumoniae
4	HPV	Hepatitis B	Coronavirus
5	Hepatitis B	C. difficile	E. coli
6	HIV	S. aureus	RS∨
7	S. aureus	HPV	Parainfluenza
8	Influenza	Influenza	Adenovirus
9	C. difficile	HIV	S. aureus
10	Rhinovirus	RS∨	Group A strep

# **Questions?**



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