

1 Methodology

2 1. Global Moran's I

3 Moran's I Index statistic was used for the measurement of spatial autocorrelation¹. Significance
4 of the index is assessed using both the z-score and P-value. The values of Moran's I range from
5 -1 to +1, and Moran's I > 0, = 0, and < 0 indicate positive spatial autocorrelation, random
6 distribution, and negative spatial autocorrelation, respectively². The z-score was used to
7 decide whether to reject the null hypothesis, and the probability of a false rejection was tested
8 by the p-value³. Moran's I has been widely used in epidemiology, including in studies on
9 haemorrhagic fever⁵, human brucellosis⁶, and the under-five mortality rate⁷. Moran's I adopts
10 a covariance term between each point and its neighbours as follows:

$$11 \quad I = \frac{N}{S_0} \times \frac{\sum_{i=1}^n \sum_{j=1, j \neq i}^n w_{ij} (x_i - \bar{x})(x_j - \bar{x})}{\sum_{i=1}^n (x_i - \bar{x})^2} \quad (1)$$

$$12 \quad S_0 = \sum_{i=1}^n \sum_{j=1}^n w_{ij} \quad (2)$$

13 where n is the total number of cases; $W_{i,j}$ is the spatial weight between the cases i and j ; x_i and x_j
14 are the numbers of A(H7N9) cases in the i^{th} and j^{th} points, respectively; and W_{ij} is the spatial
15 neighbourhood weight for points i and j . The weight is defined based on adjacent neighbours
16 as shown in the following equation⁵,

$$17 \quad w_{ij} = \begin{cases} 1 & \text{If } i, j \text{ are adjacent neighbours} \\ 0 & \text{otherwise} \end{cases} \quad (3)$$

18 afterwards, the weight matrix is standardized by row, i.e., every neighbour weight for a point
19 is divided by the sum of all neighbour weights.

20 2. Hotspot Detection and Analysis

21 Global indices do not specify the location of cluster(s). To test for statistically significant local
22 A(H7N9) clusters and to determine the general spatial extent of those clusters, we used the
23 Getis-Ord G_i^* statistical tool⁸. The Getis-Ord G_i^* statistic was used to identify A(H7N9) clusters
24 of high values from clusters of low values. Moreover, clusters of cases that occur randomly can
25 also have an influence on the spread of an infectious disease². The G_i^* statistic is written as
26 follows⁹:

$$27 \quad G_i^* = \frac{\sum_{j=1}^n w_{i,j} x_j - \bar{X} \sum_{j=1}^n w_{i,j}}{S \sqrt{\frac{n \sum_{j=1}^n w_{i,j}^2 - \left(\sum_{j=1}^n w_{i,j} \right)^2}{n-1}}} \quad (4)$$

$$28 \quad \bar{X} = \frac{\sum_{j=1}^n x_j}{n} \quad (5)$$

$$29 \quad S = \sqrt{\frac{\sum_{j=1}^n x_j^2}{n} - (\bar{X})^2} \quad (6)$$

30 where x_j is the number of A(H7N9) cases in the area j , $w_{i,j}$ is the spatial weight between points i
31 and j , and n is the total number of points.

32 The G_i^* statistic is a z-score, and therefore, no further calculations are required. The
33 output from the G_i^* statistic identifies spatial clusters of high values (hot spots) and spatial
34 clusters of low values (cold spots) and provides confidence level bins (G_i _Bin) with features in
35 the +/-3; +/-2; and +/-1 bins statistically significant at the 99%, 95%, and 90% confidence levels,
36 respectively. Spatial aggregation for features with 0 for the G_i _Bin field was not statistically
37 significant¹⁰.

38 **3. Spatiotemporal Permutation Scan Statistics**

39 In this research, the spatiotemporal permutation scan statistic was used in the SaTScan
40 software version 9.5, which is freely available from www.satscan.org¹². The spatiotemporal
41 permutation model introduced by Kulldorff was applied to analyse a space-time featured
42 variable¹³. This model does not require population-at-risk data and can be used for the early
43 detection of disease outbreaks when only the number of cases is available. Scan statistics are
44 used in a retrospective way to detect past clusters using retrospective data and in a
45 prospective way to detect clusters at the present time ¹¹. Scan statistics are explained by a
46 cylindrical window with a circular geographical basis and the height indicating time. The
47 window moves in space and time and therefore covers each potential time span for each
48 geographical location resulting in defining an infinite number of overlapping cylinders of
49 different forms and sizes that finally cover the entire study area.

50 The Poisson generalized likelihood ratio was used to estimate the likelihood of a cluster in
51 a given spatiotemporal cylinder. Finally, Monte Carlo permutation was used to test for the
52 significance level of clusters. In the model, a cylindrical window corresponding to space at the
53 base and to time in the vertical direction is moved in space and time. The cylinder is centred at
54 a county with various spatial radii to search for clusters and expands in height with different
55 temporal values¹². The cylinder modifies its shape to fit the increasing number of cases and the
56 changing period of unit centre. The method is based on dynamic programming of the cylinder
57 windows over scanning area and time. Finally, the method identifies significant clusters in
58 both the spatial and temporal dimensions. In our study, space-time permutation was selected
59 to run both in both purely spatial and purely temporal clusters. The number of replications
60 was set to 9 999 times to search the high-rate areas. The maximum cluster size was set to 10%
61 of the population at risk. The time aggregation length was set to 7 days, as was the maximum
62 time aggregation.

63 **References**

- 64 1. Anselin L, Getis A. Spatial statistical analysis and geographic information systems.
65 *Annals of Regional Science* 1992;26(1):19-33.
- 66 2. Bhunia GS, Kesari S, Chatterjee N, et al. Spatial and temporal variation and hotspot
67 detection of kala-azar disease in Vaishali district (Bihar), India. *Bmc Infectious Diseases*
68 2013;13(1):64.
- 69 3. Ahmadvkhani M, Alesheikh AA, Khakifirouz S, et al. Space-time epidemiology of
70 Crimean-Congo hemorrhagic fever (CCHF) in Iran. *Ticks Tick Borne Dis* 2017;9(2)

- 71 4. Abbas T, Younus M, Muhammad SA. Spatial cluster analysis of human cases of
72 Crimean Congo hemorrhagic fever reported in Pakistan. *Infect Dis Poverty* 2015;4(1):9.
- 73 5. Mollalo A, Alimohammadi A, Khoshabi M. Spatial and spatio-temporal analysis of
74 human brucellosis in Iran. *Trans R Soc Trop Med Hyg* 2014;108(11):721-28.
- 75 6. Li Z, Fu J, Jiang D, et al. Spatiotemporal Distribution of U5MR and Their Relationship
76 with Geographic and Socioeconomic Factors in China. *International Journal of Environmental*
77 *Research & Public Health* 2017;14(11):1428.
- 78 7. Ord JK, Getis A. Local Spatial Autocorrelation Statistics: Distributional Issues and an
79 Application. *Geographical Analysis* 1995;27(4):286-306.
- 80 8. Ma LG, Chen QH, Wang YY, et al. Spatial pattern and variations in the prevalence of
81 congenital heart disease in children aged 4-18 years in the Qinghai-Tibetan Plateau. *Science of*
82 *the Total Environment* 2018;627:158-65.
- 83 9. ESRI. Hot Spot Analysis (Getis-Ord G_i^*)—Help | ArcGIS for Desktop [Internet] ArcGis
84 for desktop2018 [updated Consulted May 2018. Available from:
85 <http://resources.arcgis.com/zh-cn/help/main/10.2/index.html#/na/005p00000011000000/>
86 accessed Consulted May 2018.
- 87 10. Blanco-Guillot F, Castañeda-Cediel ML, Cruz-Hervert P, et al. Genotyping and spatial
88 analysis of pulmonary tuberculosis and diabetes cases in the state of Veracruz, Mexico. *PLoS*
89 *one* 2018;13(3):e0193911.
- 90 11. Kulldorff M, Heffernan R, Hartman J, et al. A space-time permutation scan statistic for
91 disease outbreak detection. *PLoS medicine* 2005;2(3):e59.
- 92 12. Kulldorff M. SaTScan-Software for the spatial, temporal, and space-time scan statistics.
93 Boston: Harvard Medical School and Harvard Pilgrim Health Care 2010.