

1 A heat-health watch and warning system  
2 with extended season and evolving  
3 thresholds  
4

5 Mahamat Abdelkerim Issa<sup>1\*</sup>, Fateh Chebana<sup>1</sup>, Pierre Masselot<sup>1</sup>, Céline  
6 Campagna<sup>1,2</sup>, Éric Lavigne<sup>3</sup>, Pierre Gosselin<sup>1,2</sup>, Taha B.M.J. Ouarda<sup>1</sup>

7 <sup>1</sup>*Instit National de la Recherche Scientifique, Centre Eau-Terre-Environnement, Québec, Canada ;*

8 <sup>2</sup>*Institut National de Santé Publique du Québec, Québec, Canada ;*

9 <sup>3</sup>*School of Epidemiology and Public Health, University of Ottawa, Ottawa, Canada;*

10 \*Corresponding Author: [Mahamat\\_Abdelkerim.Issa@ete.inrs.ca](mailto:Mahamat_Abdelkerim.Issa@ete.inrs.ca)

11  
12  
13  
14 July 2020

15        **Abstract**

16        **Background**

17        Many countries have developed heat-health watch and warning systems (HHWWS) or early-  
18        warning systems in an attempt to mitigate the health consequences of extreme heat events.  
19        HHWWS usually focus on the four hottest months of the year and impose the same threshold  
20        over these months. However, according to climate projections, hot season is expected to extend  
21        and/or shift. Some studies demonstrated that health impacts of heat waves are more severe when  
22        the human body is not acclimatized to heat. In order to adapt those systems to potential heat  
23        waves occurring outside the hottest months of the season, this study proposes specific health-  
24        based monthly heat indicators and thresholds over an extended season from April to October in  
25        the northern hemisphere.

26        **Methods**

27        The proposed approach, an extension of the HHWWS methodology currently adopted in the  
28        province of Quebec, Canada, was developed in the Greater Montreal area (current population 4.3  
29        million) based on historical health and meteorological data over the years. This approach  
30        consists of determining excess mortality episodes and then choosing indicators and thresholds  
31        that may involve excess mortality.

32        **Results**

33        We obtain thresholds for the maximum and minimum temperature couple (in °C) that range from  
34        (23 and 12, respectively) in April, to (32 and 21) in July and back to (25 and 13) in October. The  
35        resulting HHWWS is flexible, with health-related thresholds taking into account the seasonality  
36        as well as the monthly variability of temperatures in the threshold definition process for an  
37        extended summer season.

## 38 **Conclusions**

39 This adaptive system has the potential to prevent, by data-driven health alerts, heat-related  
40 mortality outside the typical July-August months of heat waves. The proposed methodology is  
41 general and can be applied or adapted to other regions and situations.

42 **Keywords:** Warning systems, heat wave, seasonality, health, climate, thresholds, methods,  
43 mortality.

## 44 **1 Background**

45 Heat waves are considered among the deadliest extreme weather events around the world (e.g.  
46 Mora, Dousset [1]). A significant number of deadly heat waves has been observed over the last  
47 three decades. The ones of Chicago and Pakistan in July 1995 generated a mortality toll  
48 estimated respectively at 670 and 523 deaths [2]. One of the most famed heat waves touched  
49 several European countries in August 2003, causing an excess close to 45,000 deaths in 12  
50 European countries [4]. The one of Russia in July 2010 resulted in an increase of 11,000 deaths  
51 more than the previous year [5, 6]. In Quebec, during the five-day heat wave of July 2010, the  
52 excess daily mortality reached around 33% in the Greater Montreal area and four other public  
53 health regions [7]. In early July 2018, a six-day heat wave caused 30% excess mortality in the  
54 same geographical region, and 23% excess ambulance transportation [8].

55 The increase in the number and severity of heat wave events led several countries to establish  
56 their own heat-health watch and warning systems (HHWWS) or early warning systems [9].  
57 These systems are usually based on meteorological indicators (generally maximum, minimum or  
58 mean temperatures, and in some cases the humidity level) or on air masses (in case of the  
59 synoptic systems), and a threshold above which a significant increase in mortality is expected [2,  
60 10, 11]. As it is the case for the definition of heat waves, there is no universal threshold for

61 warning systems, since they reflect local weather/climate conditions, as well as specificities of  
62 the local population [2]. Moreover, many of these thresholds are still not evidence-based on  
63 human heat-related health mortality or morbidity data [2].

64 In most developed countries, the existing HHWWSs are established with a single threshold for  
65 the whole summer season, usually the four or five hottest months [9, 11-16]. Spain is an  
66 exception with thresholds that vary in time throughout the year [9]. On the other hand, according  
67 to climate projections and due to climate change, the probability of heat waves occurring early or  
68 late in the season should increase [17, 18]). Ouarda and Charron [19] studied over 50 years of  
69 heat waves in six stations distributed across the Province of Québec and found a non-negligible  
70 trend of the intensity, magnitude, and duration of these events. Another study reported that the  
71 number of heat-wave days could increase by up to 13 days in the period 2021 to 2050 and even  
72 by up to 40 days in the period 2071 to 2100 in the Iberian Peninsula and the Mediterranean  
73 region [20]. Acclimatization is an essential element of the human adaptation mechanism to  
74 variations in environmental heat exposure. Several studies have shown that the degree of human  
75 heat acclimatization varies throughout the season, explaining why deadlier heat waves are often  
76 detected in June or July [21, 22, 24]. For instance, Lee et al., 2014 have demonstrated that, over  
77 148 cities in the U.S., heat effects of increased temperatures were larger in the spring and early  
78 summer.

79 It is thus of public health importance to take into account human acclimatization through seasons  
80 and develop an early warning system where health-based thresholds could evolve over time, with  
81 a monthly resolution for instance.

82 The objective of the present study is to establish an extended data-driven HHWWS that evolves  
83 over the season, based on the meteorological and health data of each month (April to October in

84 the studied case). To pursue this objective, the proposed methodology is an extension and  
85 generalisation of the HHWWS system currently in use in the province of Quebec, Canada [11].  
86 The methodology consists in determining historical excess mortality episodes, then temperature  
87 thresholds are chosen by based on sensitivity and false alert criteria. Therefore, the proposed  
88 methodology is to adapt the method of Chebana et al. (2013) over each month of the extend  
89 period of the period considered, in order to take into account intra-season variability human  
90 acclimatization in the system. As result we obtained one system with different thresholds.

91 The paper is organized into five sections. Section 2 describes the data and the proposed method  
92 to establish the novel adaptive HHWWS. The obtained results are presented in Section 3 whereas  
93 the outcomes of the study are discussed in Section 4. Section 5 concludes the paper.

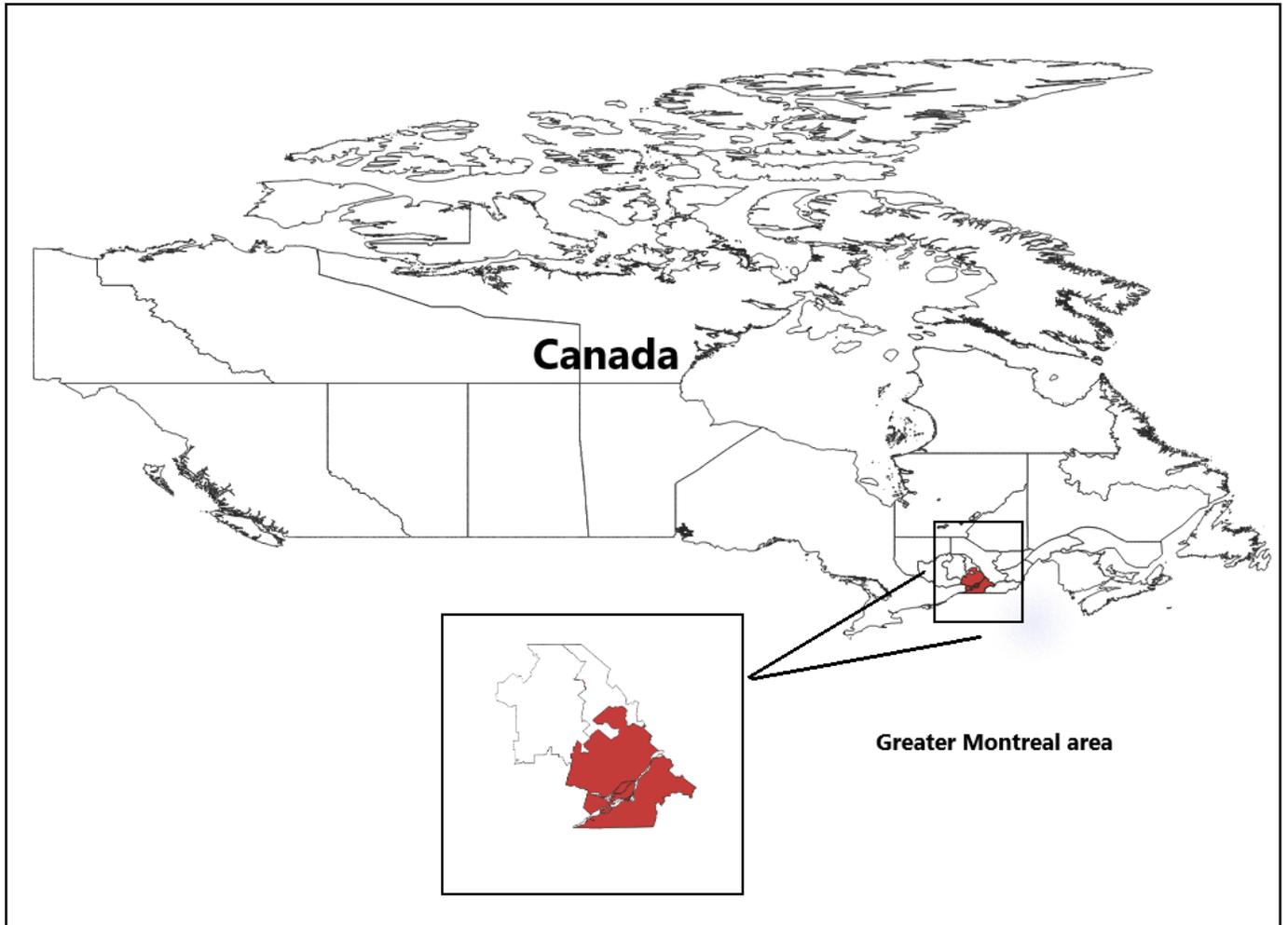
## 94 **2 Methods**

### 95 **2.1 Data**

96 The data used to establish indicators and thresholds include all-cause daily deaths and  
97 meteorological data from the Greater Montreal area (including public health regions of Montréal,  
98 Laval, Lanaudière, Laurentides and Montérégie; Figure 1). Health data are available from 1981  
99 to 2015, for a total of 35 years of observations, and are provided by the National Institute of  
100 Public Health of Quebec (*Institut national de santé publique du Québec* INSPQ). The study  
101 period is restricted to the months of April to October included.

102 The meteorological data were available for the same period as per health data. Daily maximum  
103 and minimum temperatures (noted respectively Tmax and Tmin) are used and are collected from  
104 the DayMet database supported by the National Aeronautics and Space Administration (NASA)  
105 [25]. It produces estimates of several daily weather variables on a 1 km x 1 km gridded surface.

106 The final temperature series are thus daily averages of all grid points inside the Greater Montreal  
107 area.



108 **Figure 1: Study Area, Greater Montreal area, the area is identified with the color**  
109 **red**

110

111

112

## 113 2.2 Methodology

114 Briefly, the purpose of this method is to estimate two indicators  $I_{m,t}^{(Tmax)}$  and  $I_{m,t}^{(Tmin)}$  for given  
115 months  $m$  and day  $t$ , as weighted averages of the associated variable over a number of days (lag),  
116 as well as their associated thresholds ( $S^{Tmax}$  and  $S^{Tmin}$ ) such that  $I_{m,t}^{(Tmax)} > S^{Tmax}$  &  $I_{m,t}^{(Tmin)} >$   
117  $S^{Tmin}$ . The proposed methodology to establish the warning system is a generalisation of the one  
118 defined by Chebana, Martel [11]. Lagged indicators are selected to take into account the possible  
119 delay (in days) between the heat wave and the impact on mortality. The basic method includes  
120 four steps as detailed below:

- 121 a) Compute excess mortality (EM) relatively to a baseline;
- 122 b) Identify heat-related excess mortality episodes;
- 123 c) Select the maximum lags for the indicators;
- 124 d) Choose the optimal thresholds and associated indicators.

125 First, we proceed to the division of the database into a monthly basis. Then, the previous  
126 steps are applied to each month considered independently. Note that each month is  
127 treated partially alone in particular to obtain its own threshold. However, the final  
128 proposed system is a unique system for the whole period, i.e. includes all the months. The  
129 performance evaluation of the entire system which makes the connection between the  
130 months. More precisely, it is about the evaluation of the system as a whole (with criteria  
131 given below) and not each month separately.

132

133

134 **a) Excess Mortality Computation**

135 Excess mortality is defined as the relative difference between observed deaths and baseline of  
136 expected deaths over a period of time. Formally, it is calculated as [26, 27]:

$$EM_t = \frac{OD_t - ED_t}{ED_t} * 100 \quad (1)$$

137 where  $OD_t$  is the number of observed deaths and  $ED_t$  is the estimated number of expected deaths  
138 on day  $t$ . The approach used here is the same as in Masselot, Chebana [27], the expected death is  
139 calculated by natural cubic splines with eight degrees of freedom per year for a total of 35 years.  
140 Note that the degree of freedom value is for the whole year, in order to account for the trend  
141 before the computation of EM for each month. Considering splines allow for a more flexible  
142 representation of seasonal variations and the long-term trend of mortality [27, 28].

143 **b) Identification of Heat-related Excess Mortality Episodes**

144 Once  $EM_t$  is computed, the following step is to determine EM episodes, i.e. successive days that  
145 should be detected by the warning system. These days are those for which the EM value exceeds  
146 a predefined mortality threshold (noted  $S_{EM}$ ).  $S_{EM}$  is chosen through careful examination of the  
147 curve of extreme values of  $EM_t$  compared to that of total values of  $EM_t$  as in Masselot et al.  
148 (2019). In addition, Tmax and Tmin of the same day have to be above preliminary temperature  
149 thresholds. This last condition ensures that the identified episode is likely heat-related (since the  
150 EM episode corresponds to the T episode). In the present study, preliminarily temperatures  
151 considered were: the 90<sup>th</sup> percentile for April, 95<sup>th</sup> for May, 92.5<sup>th</sup> for June-August, 95<sup>th</sup> for  
152 September, and 92.5<sup>th</sup> for October, corresponding the range of percentiles in the literature for the  
153 definition of a heat wave [29, 30]. The selection of these percentiles is obtained by computing

154 the associated number of heat waves that should have occurred. By choosing the value of the  
155 different percentiles cited above as thresholds in the application of the heat wave definition.

156 As Chiu, Chebana [31] indicated that the extreme peaks tend to occur in clusters, we combine  
157 consecutive EM exceedance days into one episode. In the present study, two EM peaks or  
158 “episodes” separated by less than 3 days are considered as a single episode (here, a heat wave).

### 159 c) Selection of the Maximum Lags for Temperature Indicators

160 The indicator used in the HHWWS consists of a weighted mean of lagged temperature. Using  
161 lagged temperature allows to take into account the effect that could occur after the hot day. It is  
162 denoted by  $I_t^{(k)}$  for all  $k \in \{Tmax, Tmin\}$ , and is defined as follows

$$I_{m,t}^{(k)} = \sum_{j=0}^l \alpha_{j,k} X_{m,t-j}^{(k)} \quad (2)$$

163 where  $X_t^{(k)}$  is the daily temperature (Tmax or Tmin) and  $\alpha_{j,k}$  are weights such that  $\alpha_{0,k} \geq \alpha_{1,k} \geq$   
164  $\dots \geq \alpha_{l,k}$  (condition 1) and  $\sum_j \alpha_{j,k} = 1$  (condition 2). The first condition ensures that the weighting  
165 assigned to each day decreases with the horizon, ensuring that the system, once implemented,  
166 will account for the decreasing accuracy of temperature forecasts with the horizon. The second  
167 condition defines a weighted average for the indicators to be on the same scale as their respective  
168 temperature variables.

169 The purpose of the present step consists in determining the maximum lag  $l$  of indicators in  
170 equation (2). This is chosen by examining the lag response relationship between extreme  
171 temperature and mortality estimated using a distributed lag non-linear model (DLNM [32]. The  
172 temperature dimensions of the DLNM surface is modelled through a penalized spline (Gasparri  
173 et al. 2017) and the lag dimension through a natural spline with three knots. Unmeasured

174 confounders are included as a natural spline of time with four degrees of freedom for the day of  
175 the season and one degree of freedom per decade for interannual trend as in Gasparrini, Guo  
176 [34]. A quasi-Poisson family is used to account for over-dispersion as in Gasparrini, Armstrong  
177 [32].

#### 178 **d) Selection of the best health-based temperature thresholds and associated** 179 **indicators**

180 The objective of this final step is to determine the optimal thresholds  $S^{Tmax}$  and  $S^{Tmin}$ , as well as  
181 indicator weights  $\alpha_{j_k}$ . They are chosen based on the comparison between detected alerts  
182 (modeled episodes) and actual EM episodes. Thus, for given weighting and threshold values, the  
183 estimated heat waves episodes are such that  $I_t^{(Tmax)} > S^{Tmax}$  &  $I_t^{(Tmin)} > S^{Tmin}$ .

184 As in Chebana, Martel [11], the quality of each weighting and thresholds combination is  
185 assessed using the following criteria: i) sensitivity, which is the probability of detections being  
186 actual EM episodes; ii) number of false alerts (FA) which are estimated EM that are not actual  
187 EM episodes. The best modelled system is the one with high sensitivity, the minimum number of  
188 false alerts.

### 189 **3 Results**

190 In this section, we present the obtained results of the data of Greater Montreal area and  
191 then we consider a sensitivity analysis.

#### 192 **3.1 Results of the proposed methodology**

193 The following results are obtained by following the above four steps of the presented  
194 methodology.

195

196

197 **a) Excess mortality**

198 Step 1 of the methodology seeks to estimate EM as a function of the expected deaths through  
199 equation (1). Descriptive statistics of the estimated daily excess mortality are presented in  
200 Table 1 (all the EM series are presented as figures in the next steps). The results of Table 1  
201 indicate that months not belonging to the warmest period (April, May, September and October)  
202 have roughly the same standard deviation of EM (with a difference of the standard deviation  
203 intra-season around 0.4), while the standard deviations of summer months are slightly higher  
204 (with an average difference around 0.8). This more important standard deviation of the summer  
205 months is probably related to the important EM maxima witnessed during this period (e.g.,  
206 historical deadly heat waves). As for the summer season, June recorded the highest EM value  
207 (111.2%), it even exceeded that of the heat wave period of July 2010 (88.3%, which corresponds  
208 to the maximum value of the excess mortality compared to July).

209 **Table 1. Descriptive statistics and standard deviation of the estimated daily excess mortality for the different**  
210 **months throughout the study period (%)**

<b>Month</b>	<b>Minimum</b>	<b>Mean</b>	<b>Maximum</b>	<b>Standard deviation</b>
<b>April</b>	-38.1	0.4	44.8	11.7
<b>May</b>	-35.1	-0.1	40.3	12.2
<b>June</b>	-33.8	0.2	111.2	13.4
<b>July</b>	-35.7	0.6	88.3	14.2
<b>August</b>	-36.3	-1.0	40.9	12.3
<b>September</b>	-35.1	-0.5	40.9	12.1
<b>October</b>	-34.3	2.2	48.9	11.8

211

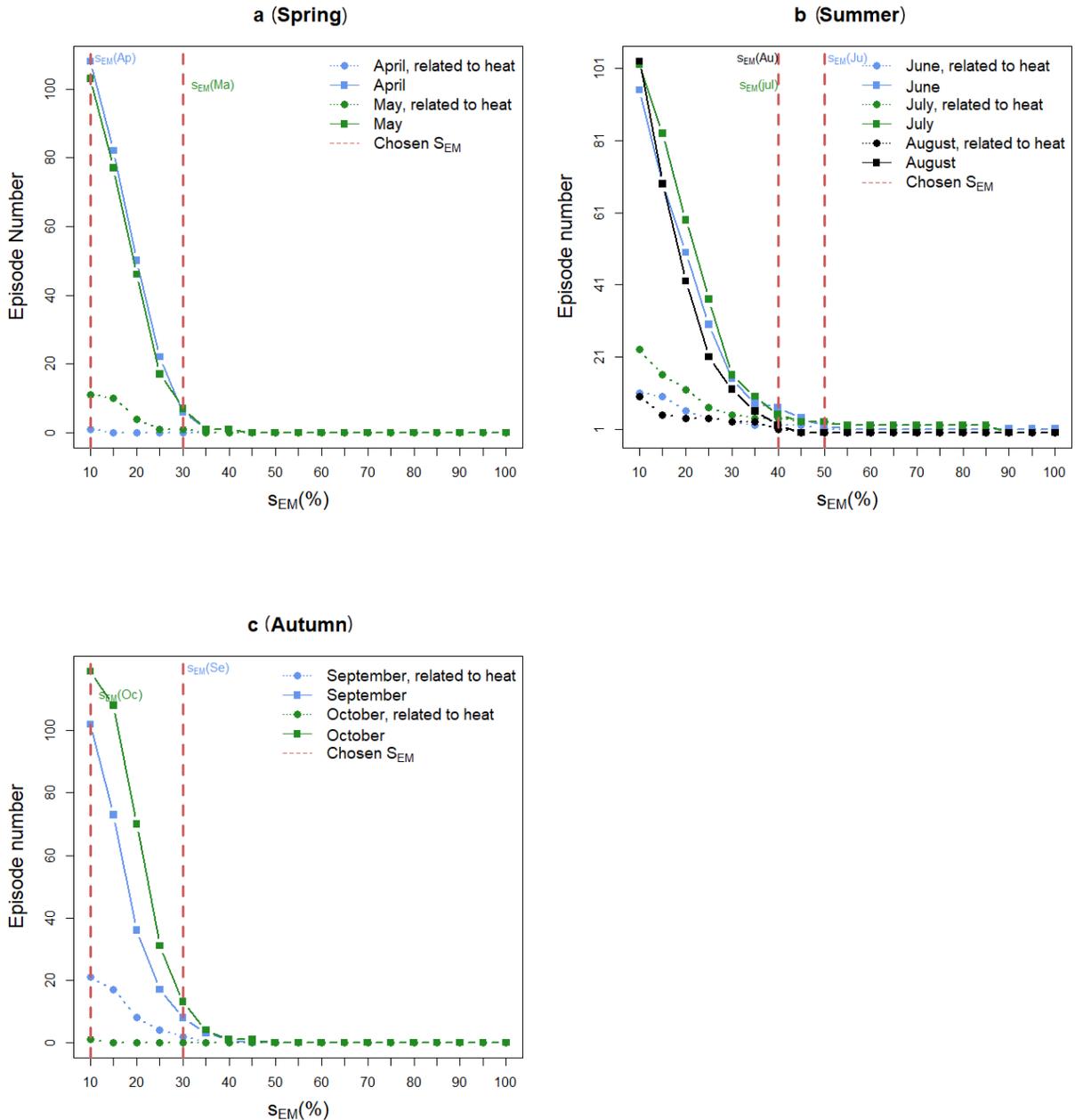
212

213 **b) Heat-related excess mortality episodes**

214 Before identification of the episodes, the present sub-step aims at choosing the EM threshold  
215 above which a day is included within an episode. Figure 2 shows the number of EM episodes  
216 obtained for different  $S_{EM}$  values for each month. Note that for the sake of clarity, from there all  
217 results are presented in three seasons (spring: April and May, summer: June, July and August,  
218 autumn: September and October). Regarding April and May, Figure 2a shows that for values of  
219  $S_{EM}$  higher than 35%, the number of heat-related EM episodes and the total number  
220 (unconstrained) of episodes are equal to zero for both months. Thus, we consider respectively the  
221  $S_{EM}$  equal to 10% and 30% as EM thresholds of April and May, which corresponds to one  
222 episode for each one.

223 Figure 2b indicates that the EM episodes associated with threshold values above 45% are almost  
224 all related to heat for July. We therefore choose  $S_{EM}$  equal to 50% for June, and 40% for July and  
225 August with one, four and one episode respectively.

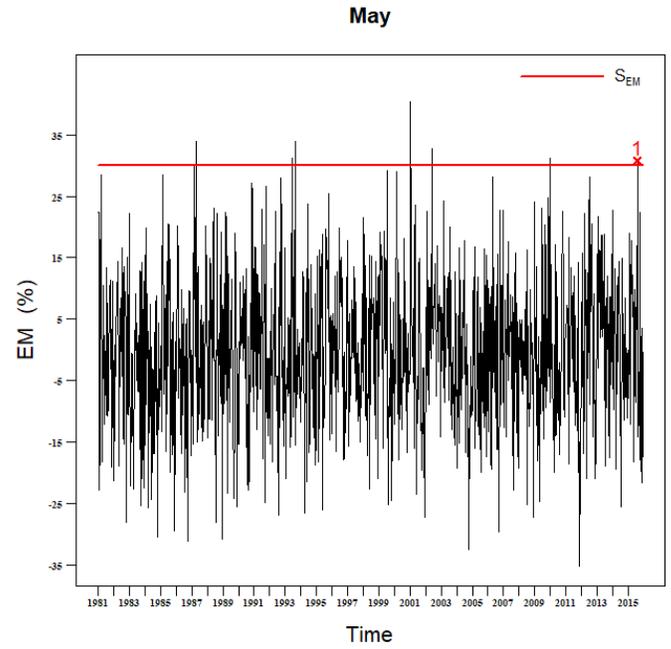
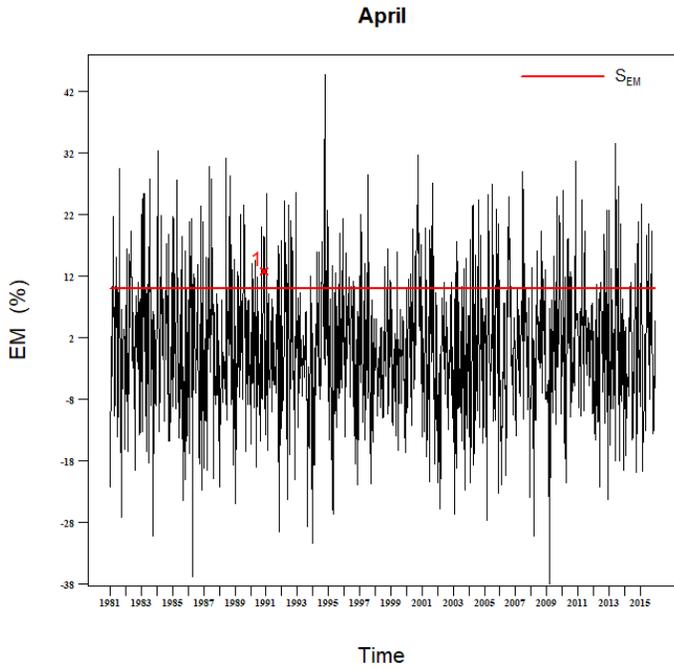
226 For the autumn months, Figure 2c, the outcomes are similar to the results of the spring months.  
227 We then choose the values of 30% and 10% as preliminary thresholds for September and  
228 October, which corresponds to two and one episode respectively.



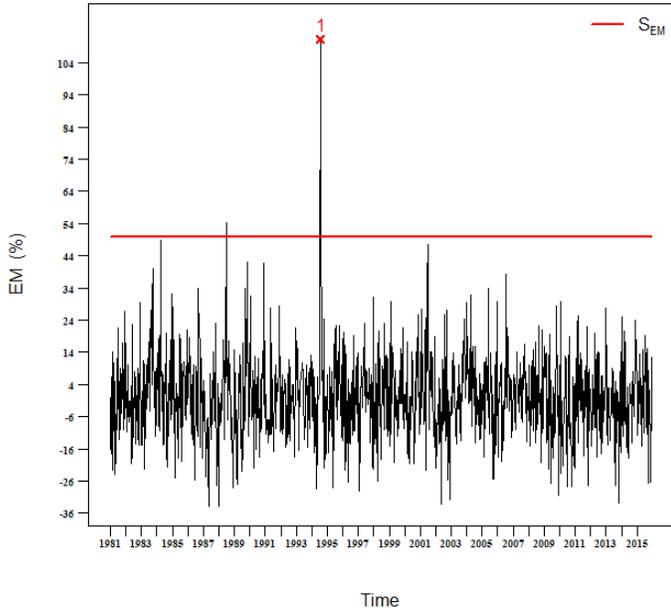
229 **Figure 2: Number of excess mortality (EM) episodes related to heat (dotted lines) and total**  
 230 **number of EM episodes (full lines) according to threshold values of EM ( $S_{EM}$ ) between 10 and**  
 231 **100%, for each month combined in season, with the chosen  $S_{EM}$  for the different months.**

232 Figure 3 shows the computed EM series along with the EM episodes identified through the  $S_{EM}$   
 233 thresholds obtained in the previous step. The highest number of EM episodes observed is in the

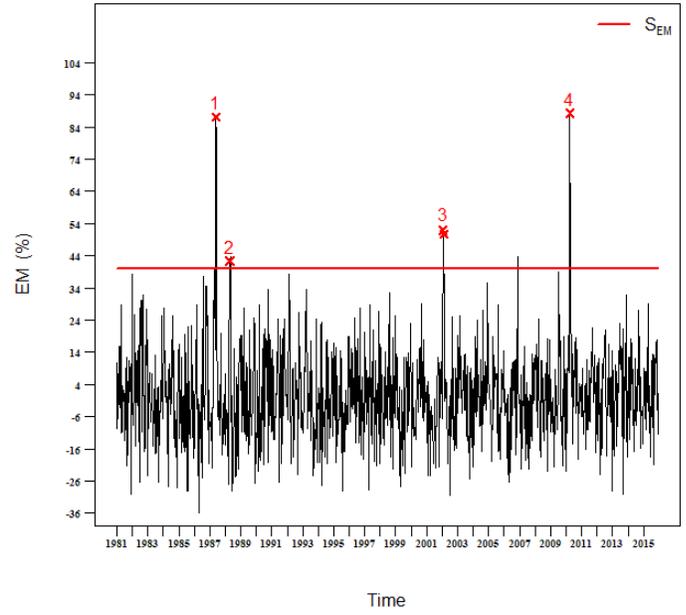
234 months of July (4 EM episodes) and the lowest is recorded during all other months with 1  
235 episode, except September which counts 2.



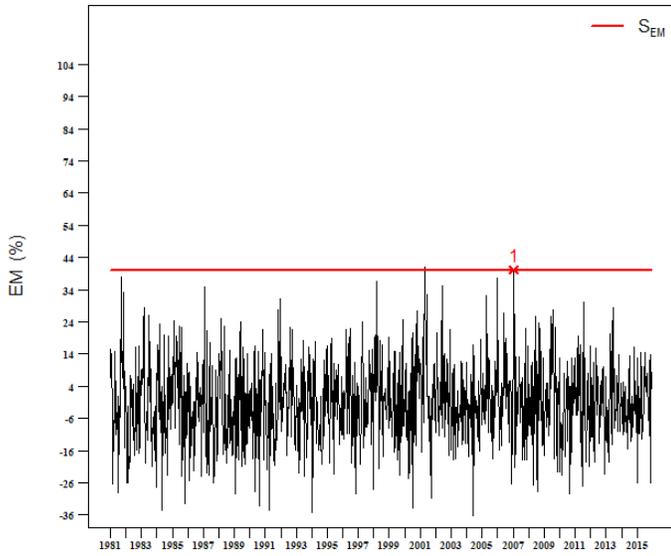
June

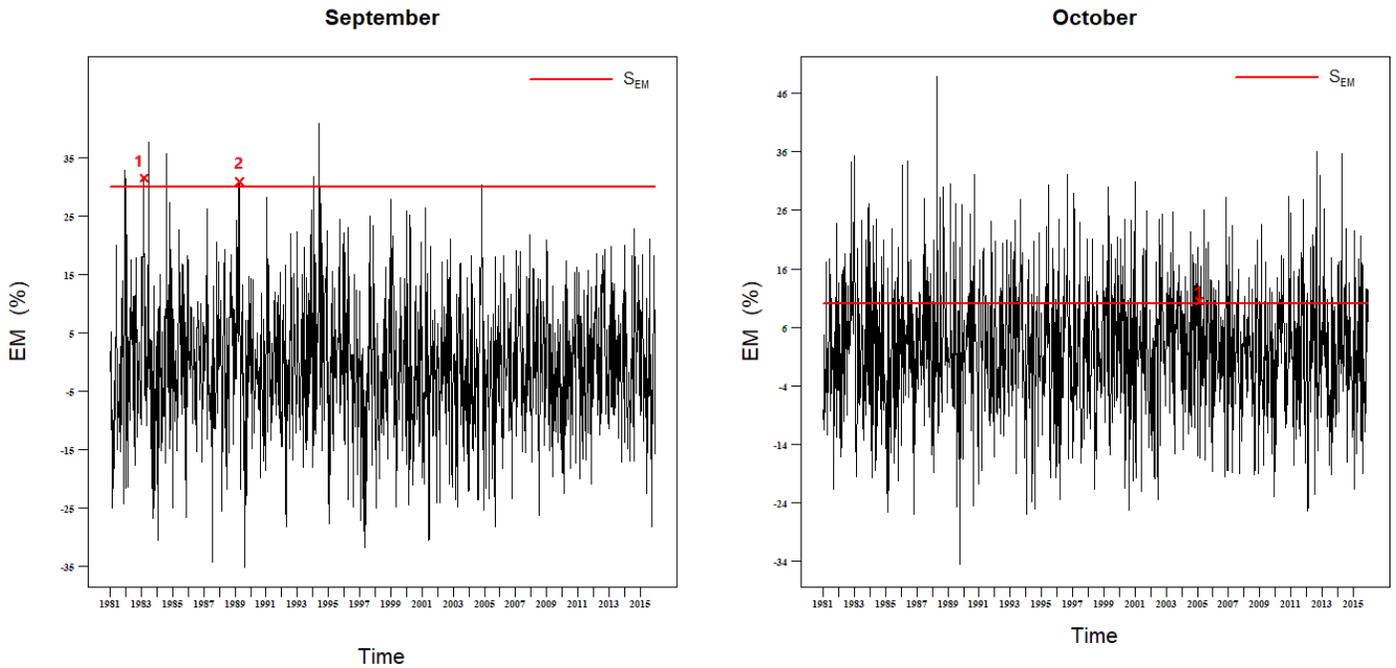


July



August





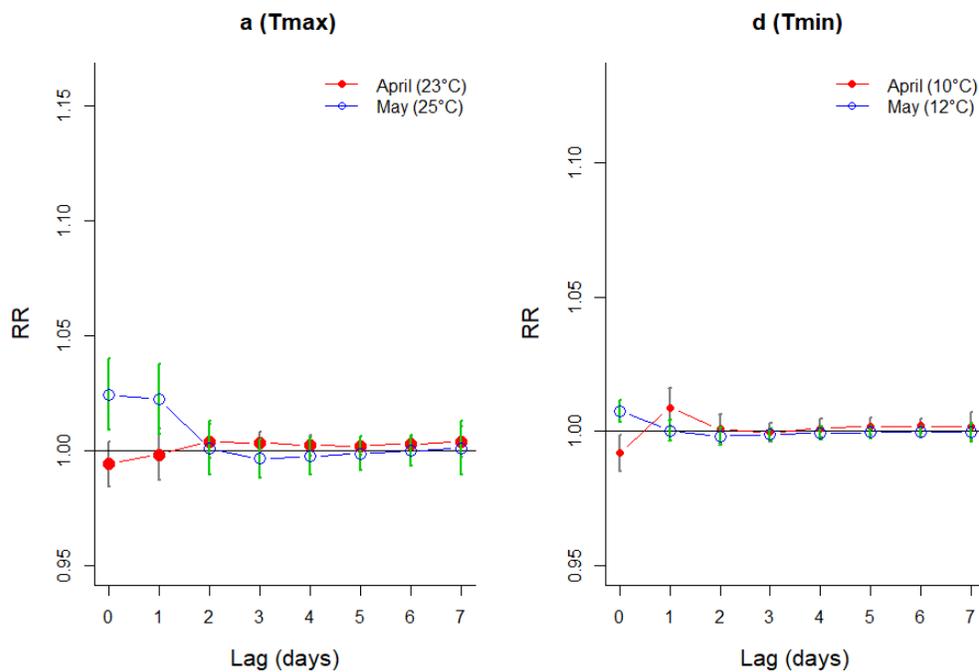
236 **Figure 3: Daily excess mortality (EM) estimation with the identification of EM episodes**  
 237 **(numbering) and  $S_{EM}$  threshold indicator (horizontal segments) according to each period of the**  
 238 **month.**

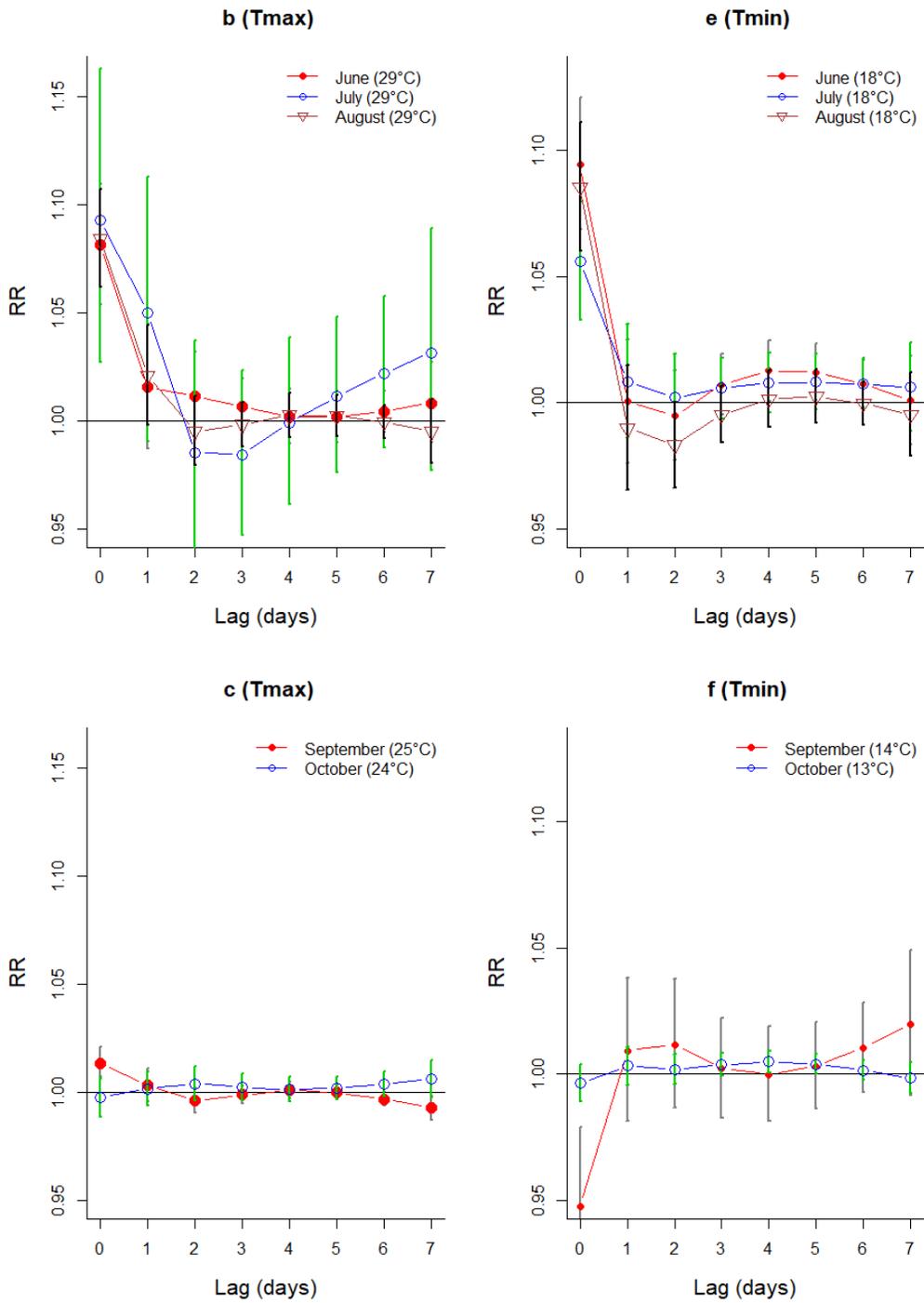
239 **c) Selection of lags for the indicators**

240 Figure 4 shows slices of the DLNM surface at each preliminary temperature threshold  
 241 determined in section 2.2. For spring months, Figure 4a shows that RR are significantly higher  
 242 than 1 only for lags 0 and 1 for May. In April, the RR trend is different with a negative  
 243 association for the smallest lags, probably due to late cold days. We therefore choose  $l=1$  for the  
 244  $T_{max}$  indicator in April and May. Regarding  $T_{min}$ , Figure 4b illustrates that the lag-response  
 245 relationship for May reaches its highest RR for lag 0 and then remains stable around RR values  
 246 not significantly different from 1. In April it is at lag 1. The maximum lag for the  $T_{min}$  indicator  
 247 is then chosen at  $l=1$  for both May and April.

248 For Tmax, Figure 4c shows that the RRs for all summer months are strongly significant with a  
249 lag 0, but remains significant at lag 1. We observe the same thing at lag 0 and at lag 1 the RR  
250 stays around 1 for Tmin (Figure 4d). Thus, we choose an indicator based on lag 1 for Tmax and  
251 Tmin of all summer months.

252 For Autumn months, Figure 4e suggests for Tmax a lag 0 with RR values significantly higher  
253 than 1 for September and then decreases to 1, but it is non-negligible at lag 1. October RR for  
254 Tmax is consistently around 1 for all lags. Although the RR of Tmin (Figure 4f) for the two  
255 months are close to 1 for lags 1, we choose a lag value equal to 1 for the Tmax and Tmin.





256 **Figure 4: Lag-response relationship between mortality and Tmax (a, b, c) and Tmin (d, e, f)**  
 257 **at preliminary temperature values. Vertical bars represent the 95% confidence interval.**

258

259 **d) Thresholds and Indicators of the System**

260 Table 2 summarizes the results of the chosen temperature threshold values and indicator weights  
 261 related to the different months. It shows that the Tmax indicator weights are mainly assigned to  
 262 the first day of all months except for May, June, and August. For Tmin, weights found are based  
 263 on two days. As expected, temperature thresholds increase up to July and decrease afterward.  
 264 The criterion of performance indicates that the resulting system has a sensitivity of 100% and  
 265 less than one false alert per year. These performance results are almost similar to those of the  
 266 current system for which corresponds to class 1 in Chebana, Martel [11]. Note that as indicated  
 267 in methodology, the corresponding values of performance evaluation (sensitivity and false alert)  
 268 are not for the month, but for all the system.

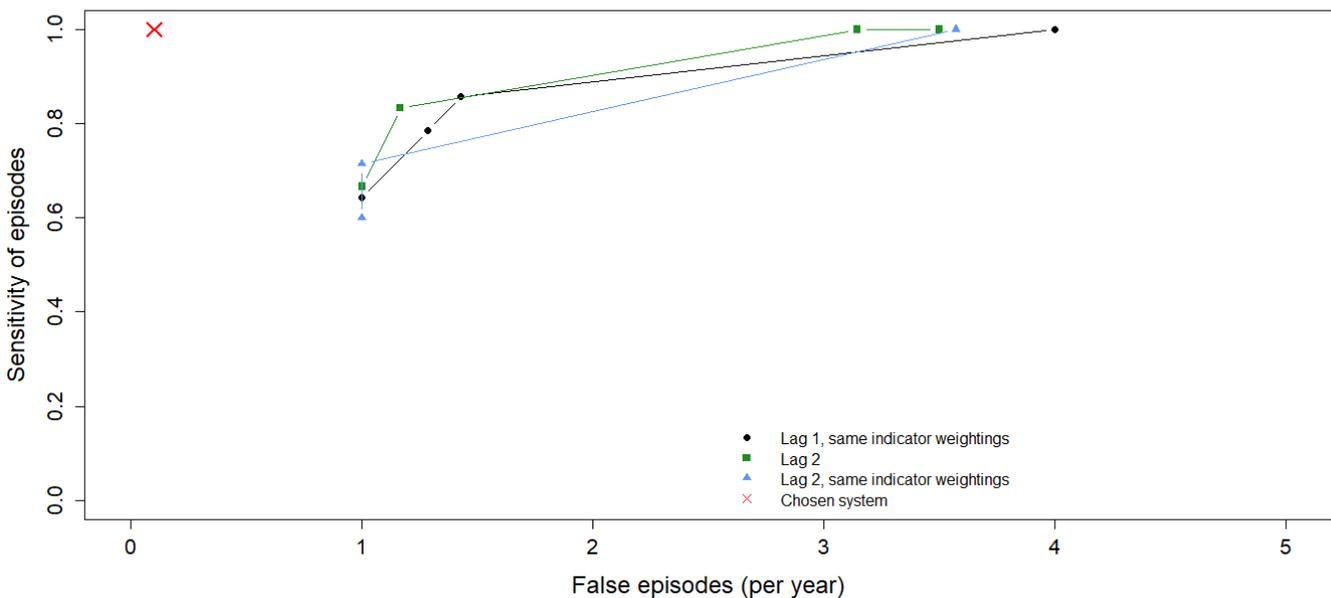
269 **Table 2: Indicator weights, thresholds, sensitivity and number of false alert (FA) per year**  
 270 **for the various months**

Month	Indicator weights				Thresholds (°C)		Sensitivity(%)	FA/year
	$\alpha_{0\_Tmax}$	$\alpha_{1\_Tmax}$	$\alpha_{0\_Tmin}$	$\alpha_{1\_Tmin}$	$S^{Tmax}$	$S^{Tmin}$		
<b>April</b>	1.0	0.0	0.8	0.2	23	12		
<b>May</b>	0.5	0.5	1.0	0.0	27	13		
<b>June</b>	0.8	0.2	0.6	0.4	32	20		
<b>July</b>	1.0	0.0	0.7	0.3	32	21		
<b>August</b>	0.6	0.4	0.5	0.5	31	19	100.0	0.1
<b>September</b>	1.0	0.0	0.6	0.4	28	19		
<b>October</b>	1.0	0.0	1.0	0.0	25	13		

### 271 3.2 Sensitivity Analysis

272 The selected lag to identify the final temperature thresholds are mainly based on estimated lag-  
 273 response relationship of the DLNM. In addition, the constraint imposed on the weights (same or  
 274 different weights for the construction of each indicator). Even though these choices lead to 100%

275 of sensitivity and 0.1 of FA, a sensitivity analysis is hereby performed to evaluate the sensitivity  
 276 of model performances to the choice of two parameters: the maximum lag of the equation (2)  
 277 and same/different weights for the two indicators (Tmax and Tmin). In particular, sensitivity to  
 278 the choice of lag is evaluated by running the methodology using lag 2 (three days) as was the  
 279 case in previous studies [11, 35]. Figure 5 shows the receiver operating characteristic (ROC)  
 280 curve that relates sensitivity of the HHWWS to its number of false episodes per year, for each of  
 281 the following designs. The first case is the system with lag equal to 1 and with the weighting  
 282 constrained to be the same for both indicators. The second case uses a lag 2 and the weighting of  
 283 indicators that differs. Finally, the third case also uses a lag 2, but with the same weighting of  
 284 indicators. Note that the ideal ROC curve is the one that passes through the upper left corner of  
 285 sensitivity =1 and false episode = 0.



286 **Figure 5: Receiver operating characteristic (ROC) curves for different lag values**  
 287 **used to develop the HHWWS, with the red cross represents the resulting system.**

288 Figure 5 indicates that the performance of the HHWWS is lower using  $l = 1$  (case 1) with equal  
289 weights for both indicators compared to the cases with  $l = 2$  (cases 2 and 3). Case 2 HHWWS  
290 shows a ROC curve close to the upper left corner. However, it remains less performant when  
291 compared to the obtained system in terms of the number of false episodes. This is consistent with  
292 the results show in Figure 4 that  $l = 1$  is the lag that is somewhat significant compared to  $l = 2$ .  
293 Therefore, the choice of a system with  $l = 1$  and different indicator weights is optimal.

## 294 **4 Discussion**

295 This study proposes for the first time a data-based heat-health watch and warning systems  
296 (HHWWS) that can adapt the mortality-related temperature thresholds to the months of the  
297 seasons and heat waves detection over an extended season based on the characteristics of each  
298 month, especially with adaptive and evolving threshold. The scientific literature on this aspect  
299 has focused on the summer season and often more specifically on the hottest four months of the  
300 year [29]. Most authors use a single threshold for the whole summer season and with an excess  
301 mortality threshold at 60% [9, 11-13]).

302 The proposed approach for the definition of these thresholds is an extension and a generalization  
303 of the approach currently used in Quebec [11], especially the evolving aspect of the threshold.  
304 These improvements include the determination of a rule to filter out potential deaths related to  
305 heat, the formulation of the indicator, as well as the determination of lags to be considered in the  
306 construction of the indicators.

307 It should be noted that among the 4 EM episodes in July, we found two that were detected in the  
308 study of Giroux, Chebana [36]. One among the EM episodes is related to the 2010 heat wave that  
309 occurred in Quebec. This could confirm that the choice of monthly resolution also allows for a

310 good characterization of the heat wave following each specific period. As a result, the model is  
 311 able to distinguish between true positive and false positive. Previously published health-related  
 312 heat thresholds [11, 36] for the same geographical area (Greater Montreal area) is shown in  
 313 Table 3 in order to compare them with the present results (Table 2). Having split the system in  
 314 monthly intervals did not shown aberrant results compared to a system taking into account the  
 315 hole extended summer.

316 The threshold values of Tmax and Tmin obtained in the present study applied to months April-  
 317 October vary from 23 to 32 for Tmax and from 12 to 21 for Tmin. The average Tmin threshold  
 318 for the summer months is similar to those currently used by the national HHWWS in the same  
 319 area of interest (Table 3). The one of Tmax has a difference of 1 °C. Even if we look at the  
 320 monthly thresholds for June, July and August this proximity stay ranges from minus 1 to 2 °C for  
 321 the threshold of Tmax and minus or plus 1 the threshold of Tmin. Nevertheless, they have the  
 322 same performance, therefore the median threshold of May-September of present study could be  
 323 more anticipatory with a threshold of (32,21) versus (33,20).

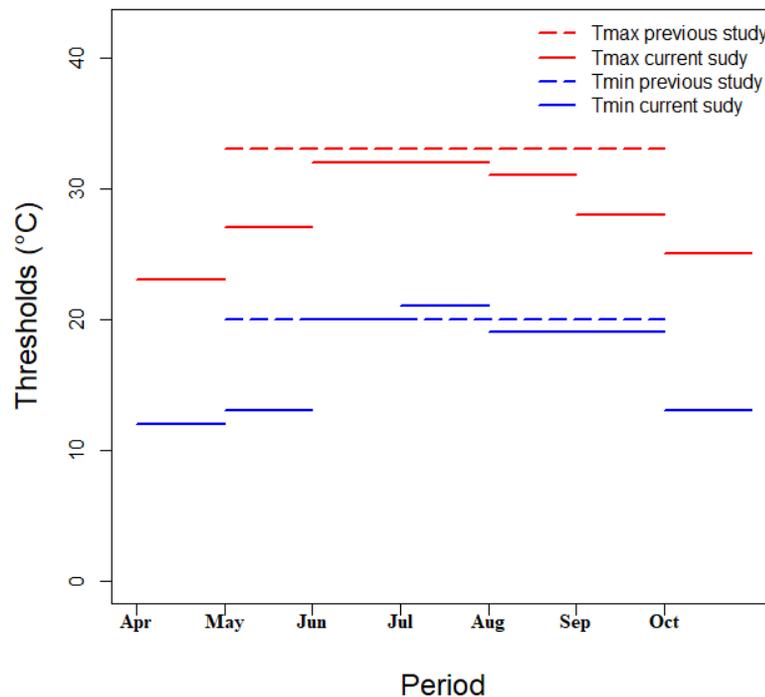
324 **Table 3: Indicator weights, thresholds currently in use and the present study in the Greater**

Geographical area	Season	Lag	Indicator weights					Thresholds (°C)		Performance results	
			$\alpha_0$	$\alpha_1$		$\alpha_2$		$S^{Tmax}$	$S^{Tmin}$	Sensitivit (%)	FA/year
Greater Montreal area <sup>2</sup> [11]	May-September	2	0.4	0.4		0.2	n.a	33	20	100	0.12
The present study (median result)	May-September	1	0.8	0.7*	0.2	0.3*	n.a	32	21	100	0.10

325 Montreal area.

<sup>2</sup>: Excludes Laurentides, \*: represents  $\alpha_0$  and  $\alpha_1$  of Tmin, n.a: there is no  $\alpha_2$  in the case of the present study

326 Figure 6 presents the thresholds of the current and previous studies. This one illustrates well the  
 327 staggered form of the thresholds for the coolest months at the most. We note that the Tmax  
 328 threshold of June coincides with that of July and idem between August and September for the  
 329 Tmin thresholds. This can be explained by the border effect between the different in question.



330 **Figure 6: Thresholds of previous study for the study Area from May to September and the**  
 331 **thresholds of present study following months April-October**

332 The present system has some limits. The proposed approach to establishing an HHWWS with an  
 333 evolving threshold is still subjective concerning the criterion of determining a threshold for  
 334 excess mortality, since it is graphically-based. However, the foundation of this step is based on  
 335 the characteristics of the phenomenon to be studied (heat wave) and its link with the health  
 336 outcome (mortality). Other points of improvement could concern meteorological indicators

337 (Tmax and Tmin) to be used, it could be interesting to test other indicators such as Wet-Bulb/  
338 WBGT, Excess Heat Indices, UTCI, diurnal temperature range [37-39]. Another point could also  
339 be the edge effect, leading to a smooth threshold. This model ought to be updated frequently to  
340 insure the inclusion of take into account the changing climate variables. We can also see from  
341 figure 3 with the data available on the months of April and October that it is not obvious to  
342 determine the EM threshold. However, this does not have too much influence on the statistical  
343 power of the final meteorological thresholds to identify excess mortality for the medium and  
344 long term.

## 345 **5 Conclusions**

346 In this paper, we developed a HHWWS that has adjusted thresholds for each month, taking into  
347 account the human acclimatization through seasons. This novel system covers an extended  
348 season over the year and can help public health authorities in preparing for heat waves,  
349 especially in the context of climate change. The proposed methodology is general and can be applied  
350 or adapted to other regions.

351 The proposed methodology is inspired by that of the current system, consists to determine  
352 meteorological threshold values (maximum and minimum temperatures) that could significantly  
353 increase mortality through the evaluation of the heat-mortality relation. The thresholds obtained  
354 start in April with 23°C for Tmax and 12°C for Tmin, to reach 32°C and 21°C in July, then back  
355 down to 25°C and 13°C in October. The system could also be improved by considering other  
356 health outcomes such as hospital admissions.

## 357 **List of abbreviations**

358 DLNM: Distributed lag non-linear model

359 EM: Excess mortality  
360 FA: False alerts  
361 HHWS: Heat-health watch and warning systems  
362 RR: Relative risk  
363  $S_{EM}$ : Predefined exceeds mortality threshold  
364  $T_{max}$ : Maximum temperature  
365  $T_{min}$ : Minimum temperature  
366 UTCI : Indice universel du climat thermique  
367 WBGT: Wet-bulb globe temperature

## 368 **Declarations**

### 369 **Ethics approval and consent to participate**

370 Spatially and temporally aggregated data (number per day over an entire region) are used, so no  
371 ethical considerations are needed.

### 372 **Consent for publication**

373 Not applicable.

### 374 **Availability of data and materials**

375 The meteorological data generated and/or analysed during the current study are available in the  
376 DayMet database repository, [<https://daymet.ornl.gov/getdata>]. The health data are available from  
377 the authors on reasonable request.

### 378 **Competing interests**

379 There are no competing interests to declare.

380

## 381 **Funding**

382 The present study was funded by the *Fonds Vert* (Green fund) of the 2013-2020 Climate Change  
383 Action Plan of the Québec government, in collaboration with the *Institut National de Santé*  
384 *Publique du Québec* (INSPQ), the Ouranos consortium and MITACS. The funding organization  
385 did not play any role in study.

## 386 **Authors' Contributions**

387 MAI: conclusive analysis, methodology, software, writing—original draft, visualization; FC:  
388 conceptualization, methodology, writing—review and editing, supervision, funding acquisition;  
389 PM.: validation, software, writing—review and editing; CC: conceptualization, validation,  
390 writing—review and editing, funding acquisition; ÉL: validation, writing—review and editing;  
391 PG: validation, writing—review and editing; TO: writing—review and editing. All authors have  
392 read and approved the manuscript.

## 393 **Acknowledgments**

394 The authors would like to thank M. Christian Filteau and Jean-Xavier Giroux for their  
395 support in the extraction of the data used in the study. All analyses are performed in the  
396 open source R software environment.

## 397 **References**

- 398 1. Mora, C., et al., *Global risk of deadly heat*. *Nature climate change*, 2017. **7**(7): p.  
399 501-506.
- 400 2. WMO, W., *Heat waves and health: guidance on warning-system development*.  
401 World Meteorological Organization and World Health Organization. [http://www.](http://www.who.int/globalchange/publications/heatwaveshealth-guidance/en)  
402 [who. int/globalchange/publications/heatwaveshealth-guidance/en](http://www.who.int/globalchange/publications/heatwaveshealth-guidance/en). Accessed,  
403 2015. **12**.
- 404 3. Semenza, J.C., et al., *Excess hospital admissions during the July 1995 heat wave*  
405 *in Chicago*. *American journal of preventive medicine*, 1999. **16**(4): p. 269-277.

- 406 4. Robine, J.-M., et al., *Death toll exceeded 70,000 in Europe during the summer of*  
407 *2003*. *Comptes rendus biologiques*, 2008. **331**(2): p. 171-178.
- 408 5. Rahmstorf, S. and D. Coumou, *Increase of extreme events in a warming world*.  
409 *Proceedings of the National Academy of Sciences*, 2011. **108**(44): p. 17905-  
410 17909.
- 411 6. Otto, F.E., et al., *Reconciling two approaches to attribution of the 2010 Russian*  
412 *heat wave*. *Geophysical Research Letters*, 2012. **39**(4).
- 413 7. Bustinza, R., et al., *Health impacts of the July 2010 heat wave in Quebec,*  
414 *Canada*. *BMC public health*, 2013. **13**(1): p. 56.
- 415 8. Germain, L., D. Marjolaine, and B. Ray. *Surveillance des impacts des vagues de*  
416 *chaleur extrême sur la santé au Québec à l'été 2018*. 2019; Available from:  
417 [https://www.inspq.qc.ca/bise/surveillance-des-impacts-des-vagues-de-chaleur-](https://www.inspq.qc.ca/bise/surveillance-des-impacts-des-vagues-de-chaleur-extreme-sur-la-sante-au-quebec-l-ete-2018)  
418 [extreme-sur-la-sante-au-quebec-l-ete-2018](https://www.inspq.qc.ca/bise/surveillance-des-impacts-des-vagues-de-chaleur-extreme-sur-la-sante-au-quebec-l-ete-2018).
- 419 9. Casanueva, A., et al., *Overview of existing heat-health warning systems in*  
420 *Europe*. *International journal of environmental research and public health*, 2019.  
421 **16**(15): p. 2657.
- 422 10. World Health Organization 2009, *Improving public health responses to extreme*  
423 *weather/heat-waves– EuroHEAT. Technical summary, 2009*.
- 424 11. Chebana, F., et al., *A general and flexible methodology to define thresholds for*  
425 *heat health watch and warning systems, applied to the province of Québec*  
426 *(Canada)*. *International journal of biometeorology*, 2013. **57**(4): p. 631-644.
- 427 12. Pascal, M., et al., *France's heat health watch warning system*. *International*  
428 *journal of biometeorology*, 2006. **50**(3): p. 144-153.
- 429 13. McLean, K.E., et al., *Establishing heat alert thresholds for the varied climatic*  
430 *regions of British Columbia, Canada*. *International journal of environmental*  
431 *research and public health*, 2018. **15**(9): p. 2048.
- 432 14. Nicholls, N., et al., *A simple heat alert system for Melbourne, Australia*.  
433 *International Journal of Biometeorology*, 2008. **52**(5): p. 375-384.
- 434 15. Lowe, D., K.L. Ebi, and B. Forsberg, *Heatwave early warning systems and*  
435 *adaptation advice to reduce human health consequences of heatwaves*.  
436 *International journal of environmental research and public health*, 2011. **8**(12): p.  
437 4623-4648.
- 438 16. McGregor, G.R., et al., *Heatwaves and health: guidance on warning-system*  
439 *development*. 2015: WMOP.
- 440 17. Perkins, S., L. Alexander, and J. Nairn, *Increasing frequency, intensity and*  
441 *duration of observed global heatwaves and warm spells*. *Geophysical Research*  
442 *Letters*, 2012. **39**(20).
- 443 18. IPCC, *Managing the risks of extreme events and disasters to advance climate*  
444 *change adaptation: special report of the intergovernmental panel on climate*  
445 *change*. 2012: Cambridge University Press.
- 446 19. Ouarda, T.B. and C. Charron, *Nonstationary Temperature-Duration-Frequency*  
447 *curves*. *Scientific reports*, 2018. **8**(1): p. 1-8.
- 448 20. Fischer, E.M. and C. Schär, *Consistent geographical patterns of changes in high-*  
449 *impact European heatwaves*. *Nature Geoscience*, 2010. **3**(6): p. 398-403.
- 450 21. Basu, R. and J.M. Samet, *Relation between elevated ambient temperature and*  
451 *mortality: a review of the epidemiologic evidence*. *Epidemiologic reviews*, 2002.  
452 **24**(2): p. 190-202.

- 453 22. Lee, M., et al., *Acclimatization across space and time in the effects of temperature*  
454 *on mortality: a time-series analysis*. Environmental Health, 2014. **13**(1): p. 89.
- 455 23. Dessai, S., *Heat stress and mortality in Lisbon part I. model construction and*  
456 *validation*. International Journal of Biometeorology, 2002. **47**(1): p. 6-12.
- 457 24. Gasparrini, A., et al., *Changes in susceptibility to heat during the summer: a*  
458 *multicountry analysis*. American journal of epidemiology, 2016. **183**(11): p.  
459 1027-1036.
- 460 25. Thornton, P.E., S.W. Running, and M.A. White, *Generating surfaces of daily*  
461 *meteorological variables over large regions of complex terrain*. Journal of  
462 Hydrology, 1997. **190**(3-4): p. 214-251.
- 463 26. Litvak, E., et al., *Programme de vigie et de prévention des effets de la chaleur*  
464 *accablante à Montréal*. Direction de santé publique Montréal, 2005.
- 465 27. Masselot, P., et al., *Toward an Improved Air Pollution Warning System in*  
466 *Quebec*. International journal of environmental research and public health, 2019.  
467 **16**(12): p. 2095.
- 468 28. Bhaskaran, K., et al., *Time series regression studies in environmental*  
469 *epidemiology*. International journal of epidemiology, 2013. **42**(4): p. 1187-1195.
- 470 29. Guo, Y., et al., *Heat wave and mortality: a multicountry, multicomunity study*.  
471 Environmental health perspectives, 2017. **125**(8): p. 087006.
- 472 30. Smith, T., B. Zaitchik, and J. Gohlke, *Heat waves in the United States:*  
473 *definitions, patterns and trends*. Climatic change, 2013. **118**(3-4): p. 811-825.
- 474 31. Chiu, Y., et al., *Mortality and morbidity peaks modeling: An extreme value theory*  
475 *approach*. Statistical methods in medical research, 2018. **27**(5): p. 1498-1512.
- 476 32. Gasparrini, A., B. Armstrong, and M.G. Kenward, *Distributed lag non-linear*  
477 *models*. Statistics in medicine, 2010. **29**(21): p. 2224-2234.
- 478 33. Gasparrini, A., et al., *Mortality risk attributable to high and low ambient*  
479 *temperature: a multicountry observational study*. The Lancet, 2015. **386**(9991): p.  
480 369-375.
- 481 34. Gasparrini, A., et al., *Temporal variation in heat–mortality associations: a*  
482 *multicountry study*. Environmental health perspectives, 2015. **123**(11): p. 1200-  
483 1207.
- 484 35. Pascal, M., et al., *Definition of temperature thresholds: the example of the French*  
485 *heat wave warning system*. International journal of biometeorology, 2013. **57**(1):  
486 p. 21-29.
- 487 36. Giroux, J.-X., et al., *Indicateurs et valeurs-seuils météorologiques pour les*  
488 *systèmes de veille-avertissement canicule pour le Québec. Mise à jour de l'étude*  
489 *de 2010 et développement d'un logiciel de calcul pour les systèmes d'alerte*.  
490 2017, INRS, Centre Eau Terre Environnement.
- 491 37. Willett, K.M. and S. Sherwood, *Exceedance of heat index thresholds for 15*  
492 *regions under a warming climate using the wet-bulb globe temperature*.  
493 International Journal of Climatology, 2012. **32**(2): p. 161-177.
- 494 38. Nairn, J.R. and R.J. Fawcett, *The excess heat factor: a metric for heatwave*  
495 *intensity and its use in classifying heatwave severity*. International journal of  
496 environmental research and public health, 2015. **12**(1): p. 227-253.
- 497 39. Jendritzky, G., R. de Dear, and G. Havenith, *UTCI—why another thermal index?*  
498 International journal of biometeorology, 2012. **56**(3): p. 421-428.

- 499 40. Barnett, A.G., S. Tong, and A.C. Clements, *What measure of temperature is the*  
500 *best predictor of mortality?* Environmental research, 2010. **110**(6): p. 604-611.
- 501 41. Höppe, P., *The physiological equivalent temperature—a universal index for the*  
502 *biometeorological assessment of the thermal environment.* International journal of  
503 Biometeorology, 1999. **43**(2): p. 71-75.
- 504 42. Oleson, K., et al., *Interactions between urbanization, heat stress, and climate*  
505 *change.* Climatic Change, 2015. **129**(3-4): p. 525-541.
- 506 43. Spagnolo, J. and R. De Dear, *A field study of thermal comfort in outdoor and*  
507 *semi-outdoor environments in subtropical Sydney Australia.* Building and  
508 environment, 2003. **38**(5): p. 721-738.
- 509 44. Vaneckova, P., et al., *Do biometeorological indices improve modeling outcomes*  
510 *of heat-related mortality?* Journal of Applied Meteorology and Climatology,  
511 2011. **50**(6): p. 1165-1176.
- 512 45. Besancenot, J.-P., *Vagues de chaleur et mortalité dans les grandes*  
513 *agglomérations urbaines.* Environnement, risques & santé, 2002. **1**(4): p. 229-40.
- 514 46. Bustinza, R., G. Lebel, and M. Dubé, *Surveillance des impacts sanitaires des*  
515 *vagues de chaleur extrême au Québec: bilan de la saison estivale 2013.* 2014.
- 516 47. Dousset, B., et al., *Evolution climatique et canicule en milieu urbain: apport de la*  
517 *téledétection à l'anticipation et à la gestion de l'impact sanitaire.* 2011.
- 518 48. Goddard, L., et al., *Current approaches to seasonal to interannual climate*  
519 *predictions.* International Journal of Climatology: A Journal of the Royal  
520 Meteorological Society, 2001. **21**(9): p. 1111-1152.
- 521 49. Gosselin, P. and D. Bélanger, *Recherche, impacts et adaptations de santé*  
522 *publique au nouveau climat du Québec.* Santé publique, 2010. **22**(3): p. 291-302.
- 523 50. Hajat, S., et al., *Impact of hot temperatures on death in London: a time series*  
524 *approach.* Journal of Epidemiology & Community Health, 2002. **56**(5): p. 367-  
525 372.
- 526 51. Hajat, S., et al., *Heat–health warning systems: a comparison of the predictive*  
527 *capacity of different approaches to identifying dangerously hot days.* American  
528 journal of public health, 2010. **100**(6): p. 1137-1144.
- 529 52. Hémon, D. and E. Jouglà, *Surmortalité liée à la canicule d'août 2003: rapport*  
530 *d'étape.* 2003.
- 531 53. Honda, Y., et al., *Heat-related mortality risk model for climate change impact*  
532 *projection.* Environmental health and preventive medicine, 2014. **19**(1): p. 56-63.
- 533 54. Lee, J.Y. and H. Kim, *Projection of future temperature-related mortality due to*  
534 *climate and demographic changes.* Environment international, 2016. **94**: p. 489-  
535 494.
- 536 55. Li, T., R.M. Horton, and P.L. Kinney, *Projections of seasonal patterns in*  
537 *temperature-related deaths for Manhattan, New York.* Nature Climate Change,  
538 2013. **3**(8): p. 717-721.
- 539 56. Lin, Y.-K., et al., *High-temperature indices associated with mortality and*  
540 *outpatient visits: characterizing the association with elevated temperature.*  
541 Science of the total environment, 2012. **427**: p. 41-49.
- 542 57. Masato, G., et al., *Improving the health forecasting alert system for cold weather*  
543 *and heat-waves in England: a proof-of-concept using temperature-mortality*  
544 *relationships.* PLoS One, 2015. **10**(10).

- 545 58. Masterton, J.M. and F. Richardson, *Humidex: a method of quantifying human*  
546 *discomfort due to excessive heat and humidity*. 1979: Environment Canada,  
547 Atmospheric Environment.
- 548 59. McMichael, A.J., et al., *International study of temperature, heat and urban*  
549 *mortality: the 'ISOTHURM' project*. International journal of epidemiology, 2008.  
550 **37**(5): p. 1121-1131.
- 551 60. Medina-Ramon, M. and J. Schwartz, *Temperature, temperature extremes, and*  
552 *mortality: a study of acclimatisation and effect modification in 50 US cities*.  
553 Occupational and environmental medicine, 2007. **64**(12): p. 827-833.
- 554 61. Naumann, G. and W.M. Vargas, *A study of intraseasonal temperature variability*  
555 *in southeastern South America*. Journal of climate, 2012. **25**(17): p. 5892-5903.
- 556 62. Patz, J., et al., *Health impact assessment of global climate change: expanding on*  
557 *comparative risk assessment approaches for policy making*. Annu. Rev. Public  
558 Health, 2008. **29**: p. 27-39.
- 559 63. Price, K., S. Perron, and N. King, *Implementation of the Montreal heat response*  
560 *plan during the 2010 heat wave*. Canadian Journal of Public Health, 2013. **104**(2):  
561 p. e96-e100.
- 562 64. Sheridan, S.C., C.C. Lee, and M.J. Allen, *The mortality response to absolute and*  
563 *relative temperature extremes*. International journal of environmental research  
564 and public health, 2019. **16**(9): p. 1493.
- 565 65. Sheridan, S.C. and L.S. Kalkstein, *Progress in heat watch–warning system*  
566 *technology*. Bulletin of the American Meteorological Society, 2004. **85**(12): p.  
567 1931-1942.
- 568 66. Stocker, T.F., et al., *Climate change 2013: The physical science basis*.  
569 Contribution of working group I to the fifth assessment report of the  
570 intergovernmental panel on climate change, 2013. **1535**.
- 571 67. Sung, T.-I., et al., *Relationship between heat index and mortality of 6 major cities*  
572 *in Taiwan*. Science of the total environment, 2013. **442**: p. 275-281.
- 573 68. Toloo, G., et al., *Evaluating the effectiveness of heat warning systems: systematic*  
574 *review of epidemiological evidence*. International journal of public health, 2013.  
575 **58**(5): p. 667-681.
- 576 69. Toutant, S., et al., *An open source web application for the surveillance and*  
577 *prevention of the impacts on public health of extreme meteorological events: the*  
578 *SUPREME system*. International journal of health geographics, 2011. **10**(1): p. 39.
- 579 70. Valois, P., et al., *Développement d'un indice d'adaptation à la chaleur chez les*  
580 *personnes habitant dans les 10 villes les plus peuplées du Québec*. Québec:  
581 Université Laval, 2016.
- 582 71. Xu, Z., et al., *Heatwave and health events: A systematic evaluation of different*  
583 *temperature indicators, heatwave intensities and durations*. Science of The Total  
584 Environment, 2018. **630**: p. 679-689.
- 585 72. Yang, J., et al., *Heatwave and mortality in 31 major Chinese cities: definition,*  
586 *vulnerability and implications*. Science of The Total Environment, 2019. **649**: p.  
587 695-702.

## 588 **Figure titles**

589 Figure 1: Study Area, Greater Montreal area, the area is identified with the color red

590 Figure 2: Number of excess mortality (EM) episodes related to heat (dotted lines) and  
591 total number of EM episodes (full lines) according to threshold values of EM ( $S_{EM}$ )  
592 between 10 and 100%, for each month combined in season, with the chosen  $S_{EM}$  for  
593 the different months.

594 Figure 3: Daily excess mortality (EM) estimation with the identification of EM episodes  
595 (numbering) and  $S_{EM}$  threshold indicator (horizontal segments) according to each  
596 period of the month.

597 Figure 4: Lag-response relationship between mortality and Tmax (a, b, c) and Tmin (d, e,  
598 f) at preliminary temperature values. Vertical bars represent the 95% confidence  
599 interval.

600 Figure 5: Receiver operating characteristic (ROC) curves for different lag values used to  
601 develop the HHWWS, with the red cross represents the resulting system.

602 Figure 6: Thresholds of previous study for the study Area from May to September and  
603 the thresholds of present study following months April-October

604

605

606