0:0:0.0 --> 0:0:1.190  
NDUMBI NGAMALA, Patricia  
Uh, thanks a lot.

0:0:1.240 --> 0:0:11.670  
NDUMBI NGAMALA, Patricia  
So uh, I will not go uh in details through the agenda which you have received in the meeting invitation and has been made available in the chat as well.

0:0:12.100 --> 0:0:21.990  
NDUMBI NGAMALA, Patricia  
And so the objective of this meeting really is to seek consensus on the data model for the extraction and the presentation of essential epidemiological parameters.

0:0:22.910 --> 0:0:27.60  
NDUMBI NGAMALA, Patricia  
And we aim to achieve this by uh, engaging participants in uh.

0:0:27.70 --> 0:0:39.870  
NDUMBI NGAMALA, Patricia  
Collaborative and interactive consultation, so we really encourage you to actively participate by providing feedback verbally or in the chat, and also by contributing to the exercises we have planned.

0:0:41.990 --> 0:0:48.640  
NDUMBI NGAMALA, Patricia  
So now for those of you who are not familiar with this project yet, maybe it's the first time you hear of it.

0:0:48.650 --> 0:0:55.920  
NDUMBI NGAMALA, Patricia  
I will just give a very quick overview of the project and I invite you to refer to the concept notes that we previously shared for more details.

0:1:0.800 --> 0:1:1.110  
James McCaw  
You know.

0:0:56.610 --> 0:1:14.860  
NDUMBI NGAMALA, Patricia  
So essentially the problem statement for this project is that as many of you know, although epidemiological parameters are used in predictive modelling to inform public health decision making, there is currently no public repository where these estimates can be easily and rapidly accessed.

0:1:15.640 --> 0:1:20.470  
NDUMBI NGAMALA, Patricia  
So the future state where envisioning right now is that through the W 2 collaboratory initiative.

0:1:20.480 --> 0:1:31.440  
NDUMBI NGAMALA, Patricia  
We want to catalyze the creation of a global repository of parameters which will enable faster and more transparent insight generation at the beginning of, but also during the course of an outbreak.

0:1:32.500 --> 0:1:37.310  
NDUMBI NGAMALA, Patricia  
So in order to achieve this future state, we have identified 5 work streams.

0:1:37.320 --> 0:1:49.310  
NDUMBI NGAMALA, Patricia  
Uh, the first one will focus on defining key parameters and the required contextual data in order to develop a standardized data model and taxonomy for the repository.

0:1:49.900 --> 0:2:23.400  
NDUMBI NGAMALA, Patricia  
The second work stream will focus on protocols and methodologies for the extraction of parameters, and this can be done either through retrospective review of published estimates 4 through live extraction of parameters from primary outbreak data, and uh third work stream is about how we store and use these parameters in analytical pipeline and the 4th WORKSTREAM will explore sustainable mechanisms for the update, maintenance and quality assurance of the parameters database.

0:2:23.490 --> 0:2:31.470  
NDUMBI NGAMALA, Patricia  
And finally, the last work stream is about identifying frameworks for scientific recognition and contribution incentives.

0:2:32.320 --> 0:2:34.640  
NDUMBI NGAMALA, Patricia  
And so today's workshop, you've guessed it.

0:2:35.70 --> 0:2:40.860  
NDUMBI NGAMALA, Patricia  
It will be focusing on the first work stream, but first I would like to hand over to my colleague.

0:2:40.870 --> 0:3:2.620  
NDUMBI NGAMALA, Patricia  
Megan uh for a quick summary of the outcomes from our previous workshop, which took place in April of this year, and some of you may have participated to it already and we will soon share shortly after this workshop, we will share the meeting report from the first workshop and the meeting report for this workshop will follow.

0:3:3.170 --> 0:3:8.300  
NDUMBI NGAMALA, Patricia  
I will now hand over to make and you can tell me next when you're ready for me to go to the next slide.

0:3:10.320 --> 0:3:11.330  
EVANS, Megan Sarah  
Thanks, Patricia.

0:3:11.680 --> 0:3:12.540  
EVANS, Megan Sarah  
Hello everybody.

0:3:12.800 --> 0:3:13.440  
EVANS, Megan Sarah  
My name's Megan.

0:3:13.450 --> 0:3:15.810  
EVANS, Megan Sarah  
I'm a public health doctor from the UK, uh.

0:3:15.820 --> 0:3:17.670  
EVANS, Megan Sarah  
Working with The Who hub in Berlin.

0:3:17.960 --> 0:3:26.790  
EVANS, Megan Sarah  
So I'm going to very briefly summarize some of the key outputs from our first workshop in order to highlight some of the key findings before we start today's discussions.

0:3:27.260 --> 0:3:30.190  
EVANS, Megan Sarah  
So the workshop was held in late April this year.

0:3:30.240 --> 0:3:47.80  
EVANS, Megan Sarah  
The April aims were to bring together experts in the EPI parameters community to share updates on work relating to the development of an online repository and also to identify interest in supporting the five core work streams that Patricia's just talked through going forwards.

0:3:47.910 --> 0:3:58.610  
EVANS, Megan Sarah  
Further aim was to explore the topic of quality control within the project and more specifically we aim to discover the principal anticipated challenges to quality control and how these could be mitigated.

0:3:59.570 --> 0:4:11.630  
EVANS, Megan Sarah  
More than 30 attendees from various academic public health backgrounds, including specialists in epidemiology, surveillance modelers, and knowledge synthesis experts joined.

0:4:12.460 --> 0:4:18.790  
EVANS, Megan Sarah  
Overall, we received very positive feedback, including suggestions for a number of additional collaborators, Umm.

0:4:18.800 --> 0:4:26.760  
EVANS, Megan Sarah  
And it was clear that many of you are already working in areas relating to all five of the work streams, and also that there's a lot of interest in drive to support this work moving forward.

0:4:27.700 --> 0:4:28.400  
EVANS, Megan Sarah  
Next slide please.

0:4:31.750 --> 0:4:45.980  
EVANS, Megan Sarah  
Umm, in terms of the key discussion points, the group highlighted the values and opportunities offered by an EPI parameters repository as demonstrated by the word cloud on the right hand side of the screen with increased speed, accuracy, and robustness.

0:4:45.990 --> 0:4:54.620  
EVANS, Megan Sarah  
The top three potential outcomes, the ideal characteristics of the repository, were file to include Open Access, transparent and contextualized data.

0:4:55.450 --> 0:5:13.130  
EVANS, Megan Sarah  
Quality control was felt to be a challenge, with issues such as poor methodologies and differing statistical approaches, as well as incomplete reporting all highlighted and a number of mitigation strategies were suggested, including the use of quality control, checklists, and standardization of extraction and reporting.

0:5:13.360 --> 0:5:33.450  
EVANS, Megan Sarah  
And we will be building on these conversations in our workshop today, exploring use cases and defining a standardized data model for the extraction of parameters, strategies for maintaining and updating the repository were also discussed, including the potential inclusion of preprints and the integration of AI technologies for article screening.

0:5:34.750 --> 0:5:42.920  
EVANS, Megan Sarah  
It was also noted that it would be important to highlight where there is lacking data as this will help to focus future research and resource allocation.

0:5:43.630 --> 0:5:54.700  
EVANS, Megan Sarah  
So in summary, the workshop emphasized the need for standardized reporting and updating of parameters, effective quality control measures, collaboration with the research community, and exploration of AI to support their repository.

0:5:55.410 --> 0:6:2.680  
EVANS, Megan Sarah  
I'm now going to hand over to Lisa, who will be giving a presentation about extracting data from the future to set the context for discussions today.

0:6:4.680 --> 0:6:5.750  
Waddell, Lisa (PHAC/ASPC)  
Good morning, everyone.

0:6:5.760 --> 0:6:6.330  
Waddell, Lisa (PHAC/ASPC)  
Can you hear me?

0:6:7.640 --> 0:6:7.860  
NDUMBI NGAMALA, Patricia  
Yep.

0:6:7.570 --> 0:6:8.80  
Waddell, Lisa (PHAC/ASPC)  
Yeah.

0:6:8.530 --> 0:6:9.420  
Waddell, Lisa (PHAC/ASPC)  
OK, perfect.

0:6:9.590 --> 0:6:21.760  
Waddell, Lisa (PHAC/ASPC)  
So my name is Lisa Waddell and I'm with the public health Agency of Canada, and my expertise is more on the side of knowledge synthesis methodologies and their application to zoonotic diseases.

0:6:22.620 --> 0:6:29.80  
Waddell, Lisa (PHAC/ASPC)  
And I'm just starting us off today with thinking about how disease parameters are reported in the literature.

0:6:29.90 --> 0:6:32.880  
Waddell, Lisa (PHAC/ASPC)  
So, just that consideration that from one paper to the next.

0:6:32.890 --> 0:6:48.720  
Waddell, Lisa (PHAC/ASPC)  
We have a variety of different ways that parameters are reported and the information is gonna range from super descriptive crude summaries to models that might have accounted for a number of different reporting by at least for example umm.

0:6:49.310 --> 0:7:0.310  
Waddell, Lisa (PHAC/ASPC)  
So the challenge with the data model is we think about it moving through the workshop today is that we have to be able to accommodate the range of information that we want to include in the database.

0:7:1.310 --> 0:7:11.180  
Waddell, Lisa (PHAC/ASPC)  
And we have to have enough context to with that data so that we don't have to go back to every single paper when we want to use the information.

0:7:11.550 --> 0:7:18.560  
Waddell, Lisa (PHAC/ASPC)  
And so I'm going to kind of get our juices flowing, if you will, by stepping through a few examples.

0:7:19.90 --> 0:7:19.460  
Waddell, Lisa (PHAC/ASPC)  
Next slide.

0:7:23.40 --> 0:7:40.90  
Waddell, Lisa (PHAC/ASPC)  
OK, so from the monkey pox outbreak last year we had an ongoing database and I pulled four studies out of that four different types of studies, really on incubation period just to kind of show a little bit of free examples of what I'm talking about here.

0:7:40.700 --> 0:7:41.720  
Waddell, Lisa (PHAC/ASPC)  
Can I get a click?

0:7:43.940 --> 0:7:44.550  
Waddell, Lisa (PHAC/ASPC)  
OK.

0:7:44.860 --> 0:7:45.510  
Waddell, Lisa (PHAC/ASPC)  
Thank you.

0:7:46.170 --> 0:7:59.430  
Waddell, Lisa (PHAC/ASPC)  
The first report here, her study here is a case report and in this case report is a single observation and it has incubation period data in it about that single observation.

0:7:59.640 --> 0:8:9.450  
Waddell, Lisa (PHAC/ASPC)  
And so one of the things that we might want to think about as we move through this process is what is the minimum type of data that we would want to include in the database.

0:8:9.460 --> 0:8:19.120  
Waddell, Lisa (PHAC/ASPC)  
For example, perhaps one observation or studies with just one observation are just gonna add clutter to the database and we don't really want to be including those.

0:8:19.270 --> 0:8:27.880  
Waddell, Lisa (PHAC/ASPC)  
So where they're like minimum number of observations and do we want to have only estimates with measures of variability, things like that.

0:8:27.890 --> 0:8:35.600  
Waddell, Lisa (PHAC/ASPC)  
So things to think about as we move through, can I get it click the next two studies here are?

0:8:36.760 --> 0:8:40.230  
Waddell, Lisa (PHAC/ASPC)  
Estimates from the empire's outbreak at last summer.

0:8:40.400 --> 0:8:43.870  
Waddell, Lisa (PHAC/ASPC)  
The first one is kind of an early estimate of the first few cases.

0:8:43.880 --> 0:9:0.790  
Waddell, Lisa (PHAC/ASPC)  
The second one is looking at data over the most of the summer in one region and what I want you to see here is that these parameter estimates are all incubation period, but they're all reported in different ways.

0:9:0.800 --> 0:9:3.170  
Waddell, Lisa (PHAC/ASPC)  
So we have means and credible intervals.

0:9:3.180 --> 0:9:15.310  
Waddell, Lisa (PHAC/ASPC)  
We have medians and credible intervals along with standard deviations that also have credible intervals, and so the database has to be able to flex to capture all of this information.

0:9:15.600 --> 0:9:19.610  
Waddell, Lisa (PHAC/ASPC)  
We also have things like 95 percentiles and ranges.

0:9:20.690 --> 0:9:31.260  
Waddell, Lisa (PHAC/ASPC)  
Umm, the other thing to point out here is that for example, in study #2 we have it incubation period estimated from two different points.

0:9:31.590 --> 0:9:37.640  
Waddell, Lisa (PHAC/ASPC)  
One is exposure to symptom onset and the other one is exposure to rash onset.

0:9:38.70 --> 0:9:54.810  
Waddell, Lisa (PHAC/ASPC)  
So we need to be able to capture that data and that context behind each of these estimates so that we know what each estimate is actually estimating UM in this third study, we have a different situation, but we have two different estimates.

0:9:54.820 --> 0:9:58.0  
Waddell, Lisa (PHAC/ASPC)  
One is all the cases that.

0:9:58.70 --> 0:10:4.830  
Waddell, Lisa (PHAC/ASPC)  
That they could estimate incubation period for and then the other one is a subset of that.

0:10:4.840 --> 0:10:9.510  
Waddell, Lisa (PHAC/ASPC)  
So it only confirmed cases and you can see that the estimate is slightly different.

0:10:9.720 --> 0:10:21.190  
Waddell, Lisa (PHAC/ASPC)  
So again, we need to be able to capture that particular type of context and we need to think through, you know, are we extracting both sets of data in the?

0:10:22.800 --> 0:10:27.620  
Waddell, Lisa (PHAC/ASPC)  
Case that we have exposure to symptom onset or exposure to rash onset.

0:10:27.670 --> 0:10:35.800  
Waddell, Lisa (PHAC/ASPC)  
Or might we at some point think through tightening that up a little bit so that we only go with one definition for incubation period?

0:10:36.430 --> 0:10:42.410  
Waddell, Lisa (PHAC/ASPC)  
Umm, so these are all things that we can think about and talk or discuss through as we move through the workshop.

0:10:44.300 --> 0:10:45.190  
Waddell, Lisa (PHAC/ASPC)  
Can I get a click please?

0:10:47.730 --> 0:10:50.600  
Waddell, Lisa (PHAC/ASPC)  
That the last study here is slightly different.

0:10:50.610 --> 0:10:59.240  
Waddell, Lisa (PHAC/ASPC)  
It is a study from the Congo and it actually summarizes cases over many, many years and across 16 different outbreaks.

0:10:59.250 --> 0:11:6.970  
Waddell, Lisa (PHAC/ASPC)  
And there's 300 and some odd cases, but within that data set, only 29 people had some incubation period data.

0:11:6.980 --> 0:11:14.580  
Waddell, Lisa (PHAC/ASPC)  
And so in this paper, we're only given a median and arrange IQR for that particular data.

0:11:14.750 --> 0:11:24.670  
Waddell, Lisa (PHAC/ASPC)  
And so that might come in to questions like, does it meet the minimum requirement for entry into the database and is this information useful for what we want?

0:11:24.680 --> 0:11:26.660  
Waddell, Lisa (PHAC/ASPC)  
Would like to use it for moving forward.

0:11:28.230 --> 0:11:29.240  
Waddell, Lisa (PHAC/ASPC)  
Can I get a click please?

0:11:32.430 --> 0:11:52.640  
Waddell, Lisa (PHAC/ASPC)  
OK, so now thinking through how the data is reported in the literature, we just need to think through how we can structure the data model so that it can accommodate this variability and data so that it it is easy to pull up information and kind of assess a few things right off the bat.

0:11:52.650 --> 0:12:11.220  
Waddell, Lisa (PHAC/ASPC)  
So ideally we can assess you know, how many studies estimate this parameter, how much agreement is there across studies and easily see why maybe there isn't agreement, perhaps because they're estimating things with slightly different definitions and how good or generalizable some of these estimates are.

0:12:12.210 --> 0:12:14.950  
Waddell, Lisa (PHAC/ASPC)  
And we wanted to do this without.

0:12:16.250 --> 0:12:20.280  
Waddell, Lisa (PHAC/ASPC)  
Making the database so large that it is unmanageable.

0:12:20.290 --> 0:12:28.520  
Waddell, Lisa (PHAC/ASPC)  
So what is the minimum information that we need for each parameter so that we know what it's about?

0:12:28.630 --> 0:12:45.190  
Waddell, Lisa (PHAC/ASPC)  
It's contextualized appropriately, so we don't have to go back to the study every time, but we're not collecting a whole lot of information that we don't necessarily need that will just clutter the information that's actually in the database.

0:12:45.740 --> 0:12:48.350  
Waddell, Lisa (PHAC/ASPC)  
And so that's all I had to say today.

0:12:48.360 --> 0:12:58.930  
Waddell, Lisa (PHAC/ASPC)  
I just wanted to get people thinking along the lines of the complexity of extracting data from the literature and how we're going to use this database on the back end.

0:12:59.260 --> 0:13:1.730  
Waddell, Lisa (PHAC/ASPC)  
Now I think it's over to Kerman.

0:13:5.200 --> 0:13:5.600  
Carmen Tamayo Cuartero  
Yeah.

0:13:5.660 --> 0:13:20.340  
Carmen Tamayo Cuartero  
Hi all I'm going to be doing this mentimeter ice breaker so you please feel free to either scan the QR code or visit medical com and use the code that you see on the screen and I'll be introducing myself.

0:13:20.350 --> 0:13:21.30  
Carmen Tamayo Cuartero  
Well, you do that.

0:13:21.260 --> 0:13:24.820  
Carmen Tamayo Cuartero  
So my name is Carmen Tamayo, and I'm a research fellow.

0:13:24.830 --> 0:13:36.610  
Carmen Tamayo Cuartero  
You know Rick Analytics based at Lshtm with the Epiverse Trace project that I'm sure some of you have heard about that is currently involved with them.

0:13:36.810 --> 0:13:39.190  
Carmen Tamayo Cuartero  
WHO parameters initiative?

0:13:40.290 --> 0:13:46.800  
Carmen Tamayo Cuartero  
Umm, so now I'll be sharing my screen so that we can see the some of your results in real time.

0:13:49.750 --> 0:13:50.130  
Carmen Tamayo Cuartero  
Yeah.

0:13:50.140 --> 0:14:3.920  
Carmen Tamayo Cuartero  
So these first question is just to see do have an idea of the participants in our call today and this is you can choose multiple areas of expertise if you want to just focus on one or if you think that you have.

0:14:3.730 --> 0:14:6.380  
NDUMBI NGAMALA, Patricia  
Umm can you do you want me to share your?

0:14:6.420 --> 0:14:10.180  
NDUMBI NGAMALA, Patricia  
You want me to let you share your screen comment because right now I think my screen still showing.

0:14:10.280 --> 0:14:11.370  
NDUMBI NGAMALA, Patricia  
How can people see your screen?

0:14:11.380 --> 0:14:13.240  
NDUMBI NGAMALA, Patricia  
Now are no.

0:14:13.250 --> 0:14:14.300  
NDUMBI NGAMALA, Patricia  
OK, sorry, that was me.

0:14:14.820 --> 0:14:15.220  
EVANS, Megan Sarah  
We can see.

0:14:14.370 --> 0:14:15.500  
NDUMBI NGAMALA, Patricia  
Yeah, I can see your screen.

0:14:16.50 --> 0:14:16.460  
Carmen Tamayo Cuartero  
Is OK.

0:14:15.570 --> 0:14:16.720  
NDUMBI NGAMALA, Patricia  
OK. Sorry.

0:14:16.980 --> 0:14:17.970  
NDUMBI NGAMALA, Patricia  
Yeah, that's perfect.

0:14:17.710 --> 0:14:18.10  
Carmen Tamayo Cuartero  
OK.

0:14:18.420 --> 0:14:19.30  
Carmen Tamayo Cuartero  
OK, nice.

0:14:19.780 --> 0:14:20.250  
Carmen Tamayo Cuartero  
Yeah.

0:14:20.260 --> 0:14:30.480  
Carmen Tamayo Cuartero  
So, OK, so most people would say that their area of expertise are victimology mathematical modelling as well.

0:14:30.490 --> 0:14:33.160  
Carmen Tamayo Cuartero  
They design so for development five.

0:14:33.170 --> 0:14:33.920  
Carmen Tamayo Cuartero  
OK, that's good.

0:14:33.970 --> 0:14:35.160  
Carmen Tamayo Cuartero  
I was expecting less.

0:14:35.170 --> 0:14:36.0  
Carmen Tamayo Cuartero  
That's really good.

0:14:36.830 --> 0:14:49.890  
Carmen Tamayo Cuartero  
Still mostly bilogy and well, it's good to see that there's a representation from many different backgrounds, which is really what we want in making this sort of decision that we're taking today.

0:14:50.760 --> 0:14:52.730  
Carmen Tamayo Cuartero  
Um, now I'm gonna move into.

0:14:52.740 --> 0:15:0.450  
Carmen Tamayo Cuartero  
Move on to the next question, which is about, yeah, hopefully you can see it now.

0:15:0.760 --> 0:15:27.770  
Carmen Tamayo Cuartero  
This question is the same that appeared in the survey that some of you filled in, but please feel free to to do so again, which is about finding out which public health objectives are you most involved in as a person who is going to be used in this um parameter database, epidemiological parameter database that you think that would benefit from having access to such database.

0:15:30.240 --> 0:15:30.880  
Carmen Tamayo Cuartero  
Umm.

0:15:31.340 --> 0:15:31.760  
Carmen Tamayo Cuartero  
Let's see.

0:15:40.870 --> 0:16:1.930  
Carmen Tamayo Cuartero  
OK, so I just included it top five that appear in the survey and there's a tie between modelling, but also evaluating the impact of interventions, which is the top one in the survey which which was evaluating the impact of interventions and control measures closely followed by modeling.

0:16:2.310 --> 0:16:4.920  
Carmen Tamayo Cuartero  
Then we also have conduct in surveillance and forecasting.

0:16:4.930 --> 0:16:7.500  
Carmen Tamayo Cuartero  
Disease outbreaks on.

0:16:7.560 --> 0:16:10.680  
Carmen Tamayo Cuartero  
Yeah, a little bit of of all of them.

0:16:10.750 --> 0:16:11.540  
Carmen Tamayo Cuartero  
OK, that's really good.

0:16:11.550 --> 0:16:15.30  
Carmen Tamayo Cuartero  
So mostly, let's say modeling and evaluating the impact of interventions.

0:16:17.20 --> 0:16:25.570  
Carmen Tamayo Cuartero  
And then lastly, this is a more specific question that we're asking you to reply using a word cloud.

0:16:25.580 --> 0:16:33.0  
Carmen Tamayo Cuartero  
So just please answer as with as short and answer as possible with only a couple of words.

0:16:33.760 --> 0:16:44.480  
Carmen Tamayo Cuartero  
Uh, and here we're talking about specific use cases or applications that you think that you will be accessing the parameter database for.

0:16:45.680 --> 0:16:59.850  
Carmen Tamayo Cuartero  
That would be the most useful for you, and we're looking for specific stuff like contact tracing, estimating the hospital bed capacity, warranting times, timidness, severity of diseases on that type of answers.

0:16:59.860 --> 0:17:2.640  
Carmen Tamayo Cuartero  
I'll give you a few seconds to think about it.

0:17:15.90 --> 0:17:15.570  
Carmen Tamayo Cuartero  
OK.

0:17:30.710 --> 0:17:32.400  
Carmen Tamayo Cuartero  
OK, so now we have a lot of answers.

0:17:32.990 --> 0:17:38.960  
Carmen Tamayo Cuartero  
I guess that forecasting and projections seem to be I'm contact.

0:17:39.130 --> 0:17:39.810  
Carmen Tamayo Cuartero  
OK, maybe I'll stop.

0:17:45.0 --> 0:17:48.510  
Carmen Tamayo Cuartero  
Everything someone said OK, that's very good.

0:17:49.240 --> 0:17:50.560  
Carmen Tamayo Cuartero  
I'll bring this assessment.

0:17:52.10 --> 0:17:52.810  
Carmen Tamayo Cuartero  
Let's see how it changes.

0:17:57.150 --> 0:17:59.620  
Carmen Tamayo Cuartero  
OK, maybe I'll leave this if it's.

0:18:2.720 --> 0:18:2.910  
NDUMBI NGAMALA, Patricia  
Umm.

0:17:59.810 --> 0:18:3.860  
Carmen Tamayo Cuartero  
Uh, OK, with Patricia, I'll maybe leave this open in the background.

0:18:3.870 --> 0:18:9.700  
Carmen Tamayo Cuartero  
So if people want to add more things to it, we can have a look at the OR share it after the workshop.

0:18:10.690 --> 0:18:16.780  
Carmen Tamayo Cuartero  
But it seems like it's mostly forecasting contact tracing as well projections.

0:18:17.450 --> 0:18:22.670  
Carmen Tamayo Cuartero  
Ohm and there's many other things like birdnests debates, those little bit capacity.

0:18:24.10 --> 0:18:28.10  
Carmen Tamayo Cuartero  
OK, so there's multiple multiple uses, which is good.

0:18:29.430 --> 0:18:43.780  
Carmen Tamayo Cuartero  
And I guess that this is a good uh segue into the next presentation by George that is going to be talking about these use cases in in more detail and hopefully you're gonna see some of your suggestions represented.

0:18:44.110 --> 0:18:46.160  
Carmen Tamayo Cuartero  
So thank you so much for your responses.

0:18:47.460 --> 0:18:48.380  
NDUMBI NGAMALA, Patricia  
Thank you, Carmen.

0:18:48.640 --> 0:18:50.410  
NDUMBI NGAMALA, Patricia  
This was great and great to see you.

0:18:51.530 --> 0:18:52.0  
NDUMBI NGAMALA, Patricia  
Umm.

0:18:52.390 --> 0:18:55.840  
NDUMBI NGAMALA, Patricia  
Well, everybody's coming from, so I'm going to reshare my screen now.

0:18:56.310 --> 0:18:58.620  
NDUMBI NGAMALA, Patricia  
Uh, please let me know if you can see it.

0:18:58.970 --> 0:18:59.110  
NDUMBI NGAMALA, Patricia  
Yeah.

0:19:1.100 --> 0:19:2.850  
NDUMBI NGAMALA, Patricia  
Is it uh incrementation mode?

0:19:3.540 --> 0:19:3.780  
FASS, John Patrick  
Yep.

0:19:4.330 --> 0:19:5.30  
Waddell, Lisa (PHAC/ASPC)  
Yes, it is now.

0:19:4.380 --> 0:19:5.60  
NDUMBI NGAMALA, Patricia  
OK, great.

0:19:5.400 --> 0:19:6.840  
NDUMBI NGAMALA, Patricia  
So over to you, Joshua.

0:19:8.460 --> 0:19:9.250  
Joshua Lambert  
Thanks pricia.

0:19:9.420 --> 0:19:11.650  
Joshua Lambert  
Hi everyone so I am Josh Lambert.

0:19:11.700 --> 0:19:30.230  
Joshua Lambert  
I also work at LSHTM as part of the Epiverse Trace initiative, and today I'm just going to give a very few brief slides on sort of looking at what we just did with with the MENTIMETER with Carmen and also with what Lisa described as these sort of use cases and what we should be pragmatic about when we're compiling the database.

0:19:30.970 --> 0:19:36.380  
Joshua Lambert  
So the slides I'm going to present have an overall public health objective, which is the here in bold.

0:19:37.290 --> 0:19:40.980  
Joshua Lambert  
And this is sort of the theme in which use cases can often fall.

0:19:40.990 --> 0:19:45.160  
Joshua Lambert  
So for example, here we have modelling disease, transmission dynamics and estimating reproduction number.

0:19:45.470 --> 0:19:48.200  
Joshua Lambert  
And within this you may get a variety of use cases.

0:19:48.210 --> 0:19:58.960  
Joshua Lambert  
For example, here one is transmission speed and epidemic potential and the examples given in the brackets are the exact parameters that you may require to be estimated or to be stored in the parameter database in this scenario.

0:19:59.190 --> 0:20:8.240  
Joshua Lambert  
So I won't go through each of these individually just because we're a bit tight on time, but it's really to provoke some thoughts around your own work and what you would require the epidemiological parameters for.

0:20:8.290 --> 0:20:9.220  
Joshua Lambert  
Or so.

0:20:9.230 --> 0:20:22.570  
Joshua Lambert  
Then maybe some areas here that may you may think, oh, I've I've worked in that before and that's where there's real utility in having this database or there may be others that you're left more unfamiliar with, but you may think, yeah, there's really a case for having things in there.

0:20:23.360 --> 0:20:24.340  
Joshua Lambert  
So yeah, next slide please.

0:20:25.260 --> 0:20:25.470  
NDUMBI NGAMALA, Patricia  
Umm.

0:20:27.220 --> 0:20:31.740  
Joshua Lambert  
So here again we have our theme of evaluating the impact of interventions and control measures.

0:20:31.750 --> 0:20:37.0  
Joshua Lambert  
So as we saw from the mentimeter, I think it's a really sort of pertinent topic within which people are working.

0:20:37.10 --> 0:20:40.20  
Joshua Lambert  
And again, we have some areas within which use cases can fall.

0:20:40.30 --> 0:20:44.980  
Joshua Lambert  
So hospital capacity, stereological analysis, population immunity.

0:20:45.230 --> 0:20:58.660  
Joshua Lambert  
So again, thinking about going back to Lisa's point, how can we realistically extract parameters and form the database in such a way that it really gives you utility to these use cases and areas around and around this next slide please.

0:21:1.390 --> 0:21:1.690  
Joshua Lambert  
OK.

0:21:1.700 --> 0:21:4.720  
Joshua Lambert  
So lastly, we have assessing the effectiveness of vaccination campaign.

0:21:4.730 --> 0:21:10.220  
Joshua Lambert  
So I'm sure something that we've all been very exposed to recently with its importance.

0:21:10.230 --> 0:21:14.640  
Joshua Lambert  
So again, use cases for epidemiological parameters fall into a variety of.

0:21:16.10 --> 0:21:20.960  
Joshua Lambert  
Themes within this so would it be again, vaccine effectiveness, transmission dynamics, hospital capacity.

0:21:21.50 --> 0:21:23.240  
Joshua Lambert  
So again, it's really to provoke you to think.

0:21:23.250 --> 0:21:35.320  
Joshua Lambert  
And this leads then on to the next the next activity we've got coming up, which is centered around a single theme, but it's really to help to engage with what you think is a useful parameter.

0:21:35.330 --> 0:21:36.430  
Joshua Lambert  
And then what is required?

0:21:36.900 --> 0:21:40.190  
Joshua Lambert  
As Lisa mentioned, the contextual information and the potential limitations.

0:21:40.400 --> 0:21:44.770  
Joshua Lambert  
So here, before we go into the exercise, I've just got a brief slide on an example.

0:21:44.780 --> 0:21:51.50  
Joshua Lambert  
So here we have an example use case which in this case is understand the transmission in the first two weeks of the outbreak in region X.

0:21:51.220 --> 0:21:55.30  
Joshua Lambert  
So for this, what is the minimum viable parameters we require?

0:21:55.40 --> 0:22:14.640  
Joshua Lambert  
Well, in this case it would likely be a mean and a range for the generation time or serial interval which we can use often as a proxy for the generation time, which is often hard to measure in a more ideal world would often have distribution parameters which we will have estimated from from data on for example, contact tracing data and then linking it back to our use case.

0:22:14.650 --> 0:22:17.0  
Joshua Lambert  
What is the contextual information that is required or desired?

0:22:17.10 --> 0:22:20.920  
Joshua Lambert  
Well, here we have the first two weeks of an outbreak, and in a certain region.

0:22:20.930 --> 0:22:31.350  
Joshua Lambert  
So when where the data was collected that was then used to estimate our parameters is really important because we want to know is it a realistic or is it a relevant case study to link back to our current outbreak?

0:22:32.500 --> 0:22:36.310  
Joshua Lambert  
And then yeah, just building on leases, points raised previously about the potential limitation.

0:22:36.320 --> 0:22:39.610  
Joshua Lambert  
So we know that in the literatures a variety of reporting styles.

0:22:39.680 --> 0:22:45.950  
Joshua Lambert  
Often people aren't comprehensive in their reporting of contextual information, and this can then lead to potential limitations.

0:22:45.960 --> 0:22:48.30  
Joshua Lambert  
Then in the reporting instructions information.

0:22:48.480 --> 0:22:51.160  
Joshua Lambert  
So this then leads into our next size.

0:22:51.170 --> 0:22:52.620  
Joshua Lambert  
So Patricia next slide.

0:22:53.520 --> 0:22:53.910  
NDUMBI NGAMALA, Patricia  
Yeah.

0:22:57.220 --> 0:22:57.380  
Joshua Lambert  
Yeah.

0:22:53.920 --> 0:22:57.890  
NDUMBI NGAMALA, Patricia  
So the next slide is actually John is going to share the mirror link.

0:22:57.950 --> 0:23:4.390  
NDUMBI NGAMALA, Patricia  
And so we're gonna get out of the PowerPoint and get you to do some practical work and bit of interaction.

0:23:4.400 --> 0:23:10.360  
NDUMBI NGAMALA, Patricia  
So maybe turn over to you if you can post the mirror link on the chat and I'll stop sharing my screen for now.

0:23:12.690 --> 0:23:13.850  
FASS, John Patrick  
I I show can.

0:23:13.860 --> 0:23:14.540  
FASS, John Patrick  
Hi everyone.

0:23:14.690 --> 0:23:15.410  
FASS, John Patrick  
I'm John.

0:23:15.420 --> 0:23:17.200  
FASS, John Patrick  
I'm a user experience designer.

0:23:17.450 --> 0:23:23.880  
FASS, John Patrick  
And I work in the team with Patricia and the wider insights analytics and Collaboratory team with Julia and Megan.

0:23:23.890 --> 0:23:37.890  
FASS, John Patrick  
I'm not an epidemiologist, but I'm going to be driving the next part of what we're going to be doing, which is when, when, when you, when you wake up and start contributing to to Miro board, I'm gonna put the link in the chat view.

0:23:37.900 --> 0:23:43.250  
FASS, John Patrick  
Right now I'm also gonna share my screen so that you can see what I can see.

0:23:43.810 --> 0:23:50.860  
FASS, John Patrick  
So that's the link you should be able to have full access to that and I will also show you what I'm looking at.

0:23:58.410 --> 0:24:0.310  
FASS, John Patrick  
Is that visible on my screen?

0:24:1.230 --> 0:24:1.350  
NDUMBI NGAMALA, Patricia  
Yes.

0:24:2.120 --> 0:24:2.890  
FASS, John Patrick  
Excellent.

0:24:3.230 --> 0:24:3.540  
FASS, John Patrick  
Uh.

0:24:3.550 --> 0:24:9.180  
FASS, John Patrick  
And if folks have any difficulty, please just say out loud and and we can resolve that.

0:24:9.190 --> 0:24:13.630  
FASS, John Patrick  
I see some people already arriving also in the right spot, which is good news.

0:24:20.500 --> 0:24:21.940  
FASS, John Patrick  
OK, everyone could get on here.

0:24:31.730 --> 0:24:33.110  
FASS, John Patrick  
I see some folks arriving.

0:24:33.120 --> 0:24:38.110  
FASS, John Patrick  
I'm gonna bring you to where I am, which is over here.

0:24:38.400 --> 0:24:40.710  
FASS, John Patrick  
Um, so why are we doing this?

0:24:40.780 --> 0:24:44.430  
FASS, John Patrick  
UM, thanks so much Joshua for framing this exercise.

0:24:44.440 --> 0:24:55.350  
FASS, John Patrick  
That was that was really helpful of you really to encourage, encourage thoughts about the epidemic, epidemiological parameters needed for specific use cases ruined 3 sections.

0:24:55.360 --> 0:24:57.310  
FASS, John Patrick  
So what other required parameters?

0:24:57.590 --> 0:25:0.490  
FASS, John Patrick  
What other contextual information might?

0:25:0.500 --> 0:25:1.910  
FASS, John Patrick  
Don't worry about moving things around.

0:25:1.920 --> 0:25:3.90  
FASS, John Patrick  
I can put them back, by the way.

0:25:3.380 --> 0:25:30.320  
FASS, John Patrick  
What other contextual information might be required and what potential limitations related to the parameter collection and database implementation we have about 20 to 25 minutes for this, and we're also working in a specific scenario that is quantifying the spread of a disease in a specific population or geographic area and assessing the impact of public health interventions.

0:25:30.530 --> 0:25:35.790  
FASS, John Patrick  
And we're going to ask you to create a note if folks don't know how to do that, I'm just going to do this right now.

0:25:36.220 --> 0:25:37.730  
FASS, John Patrick  
So we're we're clicking over here.

0:25:37.740 --> 0:25:41.930  
FASS, John Patrick  
Where it says sticky note and don't worry about the colors too much.

0:25:41.940 --> 0:25:48.800  
FASS, John Patrick  
You can always change them afterwards, so it's one Click to select one, one Click to put one down and then you can type inside it.

0:25:51.100 --> 0:25:56.810  
NDUMBI NGAMALA, Patricia  
And if I may just ask, we're doing the May just add, sorry, we're doing this sequentially.

0:25:56.820 --> 0:26:0.410  
NDUMBI NGAMALA, Patricia  
So we starting first by focusing just on the required parameters.

0:26:0.420 --> 0:26:3.350  
NDUMBI NGAMALA, Patricia  
Maybe you have like 5 minutes to put some ideas down there.

0:26:3.400 --> 0:26:9.30  
NDUMBI NGAMALA, Patricia  
Debrief on this and then we move to the contextual information and then finally to the limitations.

0:26:9.100 --> 0:26:11.220  
NDUMBI NGAMALA, Patricia  
So now we're on the yellow part.

0:26:12.290 --> 0:26:12.700  
FASS, John Patrick  
So.

0:26:12.770 --> 0:26:19.800  
FASS, John Patrick  
So we'll we'll spend 5 minutes here on on required parameters and we'll let you know when times up and and we'll move you on.

0:26:19.930 --> 0:26:21.940  
FASS, John Patrick  
Is it OK if I stop sharing my screen?

0:26:21.950 --> 0:26:23.400  
FASS, John Patrick  
Is everyone on the mirror OK?

0:26:23.410 --> 0:26:24.260  
FASS, John Patrick  
Does that sound alright?

0:26:24.270 --> 0:26:25.390  
FASS, John Patrick  
Or shall I keep that visible?

0:26:27.60 --> 0:26:34.700  
NDUMBI NGAMALA, Patricia  
And maybe if you if you don't on the mirror and you like to, some people might be on their phones and just watching the screen.

0:26:34.710 --> 0:26:36.820  
NDUMBI NGAMALA, Patricia  
So just let us know or raise your hand.

0:26:36.830 --> 0:26:40.100  
NDUMBI NGAMALA, Patricia  
But I think it's OK to to keep it visible for those people.

0:26:39.530 --> 0:26:41.760  
FASS, John Patrick  
Dot no problem on my side, dear.

0:26:40.730 --> 0:26:42.870  
NDUMBI NGAMALA, Patricia  
Maybe. OK.

0:28:46.870 --> 0:28:53.260  
FASS, John Patrick  
So we're going to move on in a couple of minutes, folks to the to the blue part, which is the contextual information.

0:28:53.270 --> 0:28:54.520  
FASS, John Patrick  
SO22 more minutes here.

0:30:4.880 --> 0:30:6.590  
NDUMBI NGAMALA, Patricia  
And can I just add also one thing?

0:30:6.600 --> 0:30:21.270  
NDUMBI NGAMALA, Patricia  
So if you're when you're putting the type of required parameters, and if you could maybe add a a note or in bracket into the the format in which you think you would be useful to have that.

0:30:21.330 --> 0:30:24.640  
NDUMBI NGAMALA, Patricia  
I think like a list I was referring to before.

0:30:25.10 --> 0:30:34.810  
NDUMBI NGAMALA, Patricia  
Do you want the central tendency and uncertainty around it distribution and it could be helpful for us than to inform.

0:30:34.820 --> 0:30:39.590  
NDUMBI NGAMALA, Patricia  
Like what kind of formats the database needs to accommodate for some of these parameters.

0:30:43.550 --> 0:30:44.80  
FASS, John Patrick  
Good point.

0:30:44.90 --> 0:30:44.480  
FASS, John Patrick  
Thanks.

0:30:44.490 --> 0:30:45.300  
FASS, John Patrick  
Thanks, Patricia.

0:30:45.340 --> 0:30:49.320  
FASS, John Patrick  
So a bit of augmentation that would help us know know something about formats.

0:30:49.870 --> 0:30:52.380  
FASS, John Patrick  
I see some folks now moving on to contextual information.

0:30:52.390 --> 0:31:0.300  
FASS, John Patrick  
It is now time to do that, so if you have got more things to put on the required parameters that that's fine.

0:31:0.310 --> 0:31:3.390  
FASS, John Patrick  
But perhaps in general, moving over to the next section now.

0:31:3.500 --> 0:31:3.920  
FASS, John Patrick  
Thank you.

0:33:40.720 --> 0:33:45.310  
FASS, John Patrick  
Double more minutes here in contextual factors.

0:33:45.380 --> 0:33:47.80  
FASS, John Patrick  
Everyone, a couple more minutes here.

0:33:55.780 --> 0:34:11.970  
Waddell, Lisa (PHAC/ASPC)  
To Sir, a question actually within the contextual information and there's mobility and I saw things like hospital capacity and that and that would be very context specific to the study itself.

0:34:12.60 --> 0:34:22.550  
Waddell, Lisa (PHAC/ASPC)  
Would that be something we would be extracting from the literature or that would be just something that we would want and it but it would be external from the database?

0:34:22.560 --> 0:34:23.10  
Waddell, Lisa (PHAC/ASPC)  
Probably.

0:34:24.170 --> 0:34:37.390  
Waddell, Lisa (PHAC/ASPC)  
So I'm thinking if in country X we have an outbreak going on and we would want to know in that country information about contact matrices, mobility, things like that.

0:34:37.560 --> 0:34:38.760  
Waddell, Lisa (PHAC/ASPC)  
But it would be.

0:34:41.270 --> 0:34:49.900  
Waddell, Lisa (PHAC/ASPC)  
Not necessarily something we would be getting from the parameter database or am I thinking about that incorrectly?

0:34:50.350 --> 0:34:50.590  
NDUMBI NGAMALA, Patricia  
Umm.

0:34:57.360 --> 0:34:57.550  
NDUMBI NGAMALA, Patricia  
Yeah.

0:34:50.250 --> 0:35:3.460  
Waddell, Lisa (PHAC/ASPC)  
I'm just wondering if people who stuck though those on there could maybe specify a little bit more that would be information we'd need in this scenario, but it wouldn't be coming out of the database itself.

0:35:3.510 --> 0:35:4.180  
Waddell, Lisa (PHAC/ASPC)  
Is that right?

0:35:3.680 --> 0:35:5.710  
NDUMBI NGAMALA, Patricia  
Umm yeah.

0:35:5.760 --> 0:35:17.310  
NDUMBI NGAMALA, Patricia  
And I think maybe we can specify the person can specify on the post it, but I think during once people finish, we can go section by section and then just not to like disturb the the flow.

0:35:16.610 --> 0:35:17.950  
Waddell, Lisa (PHAC/ASPC)  
The flow OK.

0:35:17.480 --> 0:35:23.100  
NDUMBI NGAMALA, Patricia  
We can note that question and then when we go question by question, I'm sorry section by section.

0:35:23.590 --> 0:35:24.470  
NDUMBI NGAMALA, Patricia  
Uh.

0:35:24.480 --> 0:35:27.860  
NDUMBI NGAMALA, Patricia  
And as we debrief, we can pick up on those things that need clarification.

0:35:29.160 --> 0:35:29.630  
Waddell, Lisa (PHAC/ASPC)  
Sounds good.

0:35:28.750 --> 0:35:32.60  
NDUMBI NGAMALA, Patricia  
Umm, just so we don't distract the fault.

0:35:32.70 --> 0:35:32.990  
NDUMBI NGAMALA, Patricia  
But that's the point.

0:35:33.40 --> 0:35:33.700  
NDUMBI NGAMALA, Patricia  
So we're not that.

0:35:35.510 --> 0:35:38.890  
NDUMBI NGAMALA, Patricia  
And if I may ask, I think maybe it's time to move to the third one more.

0:35:38.900 --> 0:35:41.490  
NDUMBI NGAMALA, Patricia  
John, I don't know. Thing.

0:35:41.320 --> 0:35:42.490  
FASS, John Patrick  
We've got about that.

0:35:44.150 --> 0:35:44.490  
NDUMBI NGAMALA, Patricia  
OK.

0:35:42.500 --> 0:35:45.230  
FASS, John Patrick  
We've got about 30 seconds, but you know, let's hurry.

0:35:45.240 --> 0:35:46.500  
FASS, John Patrick  
People along I agree.

0:35:46.300 --> 0:35:46.660  
NDUMBI NGAMALA, Patricia  
No, no.

0:35:46.660 --> 0:35:47.450  
FASS, John Patrick  
Uh, some.

0:35:47.460 --> 0:35:51.430  
FASS, John Patrick  
Some some folks are already over there must say this is an extremely productive group.

0:35:51.660 --> 0:35:51.840  
NDUMBI NGAMALA, Patricia  
Yeah.

0:35:51.500 --> 0:35:56.170  
FASS, John Patrick  
I've I've rarely seen such busy Miro activity and so.

0:35:56.180 --> 0:36:0.370  
FASS, John Patrick  
So maybe when you're ready, everyone we can come over to the last section.

0:36:0.890 --> 0:36:1.320  
NDUMBI NGAMALA, Patricia  
Yeah.

0:36:1.370 --> 0:36:5.580  
NDUMBI NGAMALA, Patricia  
So I was just uh asking cause then for the last section.

0:36:5.590 --> 0:36:12.610  
NDUMBI NGAMALA, Patricia  
Really, the limitations we when you put your limitations there, please keep in mind Lisa's presentations.

0:36:12.730 --> 0:36:36.0  
NDUMBI NGAMALA, Patricia  
And Joshua's presentations around it's it's great to have those required parameters that you suggested and this contextual information will what are the challenges in terms of capturing those from the literature and representing them in a database structure in a way that's practical and robust and uh and scalable, UM moving forward.

0:36:36.100 --> 0:36:41.340  
NDUMBI NGAMALA, Patricia  
So think about like reporting formats and things like that so.

0:38:4.80 --> 0:38:6.350  
FASS, John Patrick  
So to too 2 more minutes on this.

0:38:6.420 --> 0:38:10.180  
FASS, John Patrick  
Uh, and then we'll try and summarize 2 more minutes.

0:39:1.470 --> 0:39:7.160  
FASS, John Patrick  
Last minute on this, uh, if you if you can think of some limitations, now is your chance last minute.

0:40:11.590 --> 0:40:23.820  
FASS, John Patrick  
So let's wind down on this one, everyone, and I think I'm going to hand over some folks to do a quick kind of quick and rough synthesis and summary of what we've got on here.

0:40:23.880 --> 0:40:35.640  
FASS, John Patrick  
Now obviously that will be relatively improvised and ad hoc, or more detailed synthesis perhaps coming later, but I'm we'll try and capture some of what's on there very briefly.

0:40:40.940 --> 0:40:41.590  
NDUMBI NGAMALA, Patricia  
Yeah.

0:40:41.700 --> 0:40:42.140  
NDUMBI NGAMALA, Patricia  
I think so.

0:40:42.160 --> 0:40:54.370  
NDUMBI NGAMALA, Patricia  
Maybe like I'll we handle virtual like Lisa and Joshua and Phinney, 15 puts as well comment on let's go section by section, maybe kind of three minutes degree for each.

0:41:0.570 --> 0:41:1.110  
Waddell, Lisa (PHAC/ASPC)  
Sure.

0:41:1.690 --> 0:41:9.790  
Waddell, Lisa (PHAC/ASPC)  
I guess I can start I I think I within the parameter section we're seeing a lot of the same parameters coming up.

0:41:9.800 --> 0:41:12.270  
Waddell, Lisa (PHAC/ASPC)  
So just the the are knots.

0:41:12.280 --> 0:41:16.850  
Waddell, Lisa (PHAC/ASPC)  
The idea of like who's symptomatic when are they infectious?

0:41:16.940 --> 0:41:20.190  
Waddell, Lisa (PHAC/ASPC)  
And is there super spreading going on?

0:41:20.200 --> 0:41:29.730  
Waddell, Lisa (PHAC/ASPC)  
So some of those attributes that allow us to kind of forecast and understand like what, what does the transmission of this disease look like?

0:41:29.740 --> 0:41:37.530  
Waddell, Lisa (PHAC/ASPC)  
And the parameters that we need to kind of forecast how how big is it going to get, how fast is it going to get big kind of thing.

0:41:40.170 --> 0:41:42.470  
Waddell, Lisa (PHAC/ASPC)  
Josh, do you want to add into that?

0:41:43.640 --> 0:41:57.120  
Waddell, Lisa (PHAC/ASPC)  
I think set like in terms of the initial information of spread into a geographic area, we might not initially have some of this information, but depends on the disease and how much research has been done on it in the past.

0:41:58.10 --> 0:42:3.350  
Waddell, Lisa (PHAC/ASPC)  
So things like risk factors and who's most at risk of severe disease, things like that.

0:42:6.670 --> 0:42:11.320  
Waddell, Lisa (PHAC/ASPC)  
Immunity also seems to be coming up population immunity.

0:42:14.190 --> 0:42:14.440  
Waddell, Lisa (PHAC/ASPC)  
Yep.

0:42:13.270 --> 0:42:16.550  
NDUMBI NGAMALA, Patricia  
You know OK.

0:42:17.360 --> 0:42:26.610  
NDUMBI NGAMALA, Patricia  
And was there may be from the, from the participant, anything that stood out didn't wanted to elaborate on one or two person.

0:42:26.620 --> 0:42:32.90  
NDUMBI NGAMALA, Patricia  
If there is, feel free to umm, raise your hand if you have a comment.

0:42:32.140 --> 0:42:33.50  
NDUMBI NGAMALA, Patricia  
Otherwise, we can also.

0:42:34.660 --> 0:42:44.800  
NDUMBI NGAMALA, Patricia  
Debrief on the contextual information that's there if you wanna good for that, either Finlay, go ahead.

0:42:45.680 --> 0:42:46.910  
CAMPBELL, Finlay  
Yeah, just, I mean I'm.

0:42:46.920 --> 0:42:47.350  
CAMPBELL, Finlay  
I'm Finlay.

0:42:47.360 --> 0:42:48.660  
CAMPBELL, Finlay  
And also one of the facilitators.

0:42:48.930 --> 0:42:51.100  
CAMPBELL, Finlay  
And yeah, I'm just.

0:42:51.110 --> 0:43:5.60  
CAMPBELL, Finlay  
I'm just thinking in the context of how we link this to some kind of database which which of these parameters, UM, you know, might be consistent across different contexts in which are highly specific to the specific analysis under consideration.

0:43:5.230 --> 0:43:9.360  
CAMPBELL, Finlay  
So things like a serial interval delay to symptom onset.

0:43:9.370 --> 0:43:23.390  
CAMPBELL, Finlay  
I think that's something that could quite robustly fit into a database and be useful to the wider community, whereas things like interventions in place and when they're planned for, and even the effectiveness of these interventions that strikes me as highly context specific.

0:43:23.400 --> 0:43:32.900  
CAMPBELL, Finlay  
And I think it would be interesting to discuss maybe in the, umm, further sections of this workshop and which one of these belong in some kind of centralized database, which was done that's.

0:43:35.940 --> 0:43:36.650  
NDUMBI NGAMALA, Patricia  
Thank you, Finlay.

0:43:39.290 --> 0:43:45.290  
NDUMBI NGAMALA, Patricia  
And maybe that some debrief on the limitations and I've.

0:43:49.490 --> 0:43:49.800  
NDUMBI NGAMALA, Patricia  
Uh.

0:43:49.810 --> 0:43:51.60  
NDUMBI NGAMALA, Patricia  
Christoph offered to you.

0:43:51.750 --> 0:43:54.30  
Christophe Fraser  
Yeah, just responding.

0:43:54.40 --> 0:44:10.410  
Christophe Fraser  
I think to Finlay's comment, which I am, so I agree that things like the capacity, you know how many vaccines each countries have, what their timelines for purchasing and running trials and so on may be very context specific.

0:44:10.520 --> 0:44:17.770  
Christophe Fraser  
On the other hand, things like what diagnostics are available now, what they're sensitivity and specificity are well.

0:44:17.920 --> 0:44:19.660  
Christophe Fraser  
Vaccines are available now.

0:44:19.770 --> 0:44:29.650  
Christophe Fraser  
What they're sort of known efficacy is and those are sort of broad and cut across countries.

0:44:29.660 --> 0:44:32.420  
Christophe Fraser  
And I I do think it's yeah.

0:44:32.640 --> 0:44:40.520  
Christophe Fraser  
So important, even in in very early assessments to to, to be thinking as to how how what we're estimated relates to.

0:44:41.130 --> 0:44:42.690  
Christophe Fraser  
Yeah, interventions.

0:44:44.500 --> 0:44:44.740  
NDUMBI NGAMALA, Patricia  
Umm.

0:44:46.860 --> 0:44:49.100  
Waddell, Lisa (PHAC/ASPC)  
Yeah, and that is a good point.

0:44:49.110 --> 0:45:7.170  
Waddell, Lisa (PHAC/ASPC)  
Some of those are like the effectiveness and efficacy of a vaccine is one of those things that we could estimate and it's more generalizable, but then say level of popular population immunity it at any given moment might be something that is much more context specific.

0:45:7.180 --> 0:45:7.510  
Waddell, Lisa (PHAC/ASPC)  
Right.

0:45:7.520 --> 0:45:17.230  
Waddell, Lisa (PHAC/ASPC)  
So umm, I think there there is like like we said some estimates that are much more generalizable than others.

0:45:18.390 --> 0:45:18.650  
NDUMBI NGAMALA, Patricia  
You.

0:45:19.220 --> 0:45:27.970  
Waddell, Lisa (PHAC/ASPC)  
I'm also looking through some of the context information and it's some of this will be very challenging to capture.

0:45:27.980 --> 0:45:42.610  
Waddell, Lisa (PHAC/ASPC)  
I think even when we're extracting information out of papers that have been done and some of this, I think as I was mentioning before, seems to be information that you would get outside of the database from a country.

0:45:42.620 --> 0:46:7.900  
Waddell, Lisa (PHAC/ASPC)  
So things like hospital capacity for example, and correct me if I'm wrong, but I I see that more of a in country X, the hospital capacity as this and we're going to model the see if we exceed that or not versus in this paper where we've estimated a some sort of parameter UM or that we would.

0:46:10.490 --> 0:46:15.200  
Waddell, Lisa (PHAC/ASPC)  
The hospital capacity wouldn't necessarily be part of the context of the parameter.

0:46:18.970 --> 0:46:19.280  
NDUMBI NGAMALA, Patricia  
Umm.

0:46:15.270 --> 0:46:20.120  
Waddell, Lisa (PHAC/ASPC)  
Is that or am I thinking about that in a different way than other people?

0:46:20.130 --> 0:46:22.580  
Waddell, Lisa (PHAC/ASPC)  
I think in Hazard name her hand up.

0:46:24.440 --> 0:46:25.250  
Cori, Anne  
Yeah.

0:46:25.300 --> 0:46:34.350  
Cori, Anne  
I just wanted to say in terms of like the you know, distinguishing between things that are sort of core and centralized and things that are country specific.

0:46:34.580 --> 0:46:48.430  
Cori, Anne  
I you know, I think in terms of use, it's going to be different, but having for example a similar format for how even country specific information is stored that then can be used, you know in kind of like analysis would be really useful I think.

0:46:48.440 --> 0:46:49.280  
Cori, Anne  
So I'm not sure.

0:46:49.290 --> 0:46:55.0  
Cori, Anne  
I mean, you know, even if it's not part of the cool thing, I don't think we should completely and discard this.

0:46:55.10 --> 0:47:9.100  
Cori, Anne  
And you know, we could work on maybe, like, example case, you know, case studies and examples of specific countries to try and start even the discussion, because the risk is, in my experience that then there's data is nowhere.

0:47:9.690 --> 0:47:14.780  
Cori, Anne  
There is no formats for storing it, and therefore you're kind of like back to square one.

0:47:14.790 --> 0:47:17.80  
Cori, Anne  
You have some of the information you need, but not the rest.

0:47:19.810 --> 0:47:31.680  
NDUMBI NGAMALA, Patricia  
And just like in the interest of time, maybe if Lisa you want also debrief also really quickly on the limitations and then we're gonna wrap up this session because I think a lot of these conversations are going to come up in the section that's coming.

0:47:32.190 --> 0:47:36.540  
NDUMBI NGAMALA, Patricia  
We have specific deep dive on on those and so yeah.

0:47:36.830 --> 0:47:41.520  
NDUMBI NGAMALA, Patricia  
So maybe quick debrief from the what we see on the limitations and then we wrap up the mirror.

0:47:42.400 --> 0:47:42.770  
Waddell, Lisa (PHAC/ASPC)  
Sure.

0:47:42.780 --> 0:47:55.170  
Waddell, Lisa (PHAC/ASPC)  
I think a lot of these limitations have to do with things like we don't have access to the original data and so, you know, can you trust the summary estimates that are presented in the literature, that kind of thing?

0:47:55.970 --> 0:48:0.250  
Waddell, Lisa (PHAC/ASPC)  
Inconsistencies, which we've already brought up is a huge challenge.

0:48:0.260 --> 0:48:8.680  
Waddell, Lisa (PHAC/ASPC)  
So when you start to look across different studies or sets of data, how do you know you're comparing apples to apples and not apples to oranges?

0:48:10.950 --> 0:48:15.410  
Waddell, Lisa (PHAC/ASPC)  
And then some of the other stuff here is kind of I lost it.

0:48:18.150 --> 0:48:18.440  
Waddell, Lisa (PHAC/ASPC)  
Let's see.

0:48:20.940 --> 0:48:29.820  
Waddell, Lisa (PHAC/ASPC)  
A lot of this is about data quality issues and how we kind of maintain some rigor behind the data that we're.

0:48:31.890 --> 0:48:36.750  
Waddell, Lisa (PHAC/ASPC)  
And and then predicting future behaviors.

0:48:36.760 --> 0:48:36.990  
Waddell, Lisa (PHAC/ASPC)  
Sorry.

0:48:37.0 --> 0:48:37.400  
Waddell, Lisa (PHAC/ASPC)  
Yeah.

0:48:37.410 --> 0:48:44.570  
Waddell, Lisa (PHAC/ASPC)  
So I mean, clearly if we're collecting information, it's always historical information, it's not forward looking.

0:48:44.580 --> 0:48:48.250  
Waddell, Lisa (PHAC/ASPC)  
But I think that is always a challenge.

0:48:48.440 --> 0:48:52.830  
Waddell, Lisa (PHAC/ASPC)  
Whenever we end up in a new situation, umm.

0:49:5.820 --> 0:49:6.150  
NDUMBI NGAMALA, Patricia  
Umm.

0:48:53.130 --> 0:49:12.950  
Waddell, Lisa (PHAC/ASPC)  
And then just clarity, just trying to be a lot more clear about the data and the estimates and what's being represented and that might be like part of where we're drawing the box around this is the type of data we're pulling in and this is the type of data we're not pulling in or various reasons.

0:49:12.960 --> 0:49:18.990  
Waddell, Lisa (PHAC/ASPC)  
So that will be as we progress through this things that will have to be discussed and decided.

0:49:20.330 --> 0:49:20.750  
NDUMBI NGAMALA, Patricia  
Great.

0:49:21.190 --> 0:49:22.90  
NDUMBI NGAMALA, Patricia  
Thanks so much.

0:49:22.950 --> 0:49:30.290  
NDUMBI NGAMALA, Patricia  
So I think we need to to wrap up the exercise and maybe John over to you, I can share my screen for the key messages.

0:49:32.970 --> 0:49:33.980  
NDUMBI NGAMALA, Patricia  
If you let me.

0:49:36.740 --> 0:49:38.370  
FASS, John Patrick  
Joe Khan not sharing anymore.

0:49:38.380 --> 0:49:39.30  
FASS, John Patrick  
Thanks everyone.

0:49:39.40 --> 0:49:42.10  
FASS, John Patrick  
Everyone's very generous with the thoughts and time on that exercise.

0:49:42.20 --> 0:49:42.740  
FASS, John Patrick  
Thanks very much.

0:49:43.320 --> 0:49:43.520  
NDUMBI NGAMALA, Patricia  
Now.

0:49:44.50 --> 0:49:54.560  
FASS, John Patrick  
And little bit of a summary on here that uh, perhaps teams been thinking about thinking about a bit the diversities important and the and the model.

0:49:54.570 --> 0:50:2.180  
FASS, John Patrick  
All data structure needs to accommodate a diverse range of epidemiological parameters that are relevant to these various use cases.

0:50:2.610 --> 0:50:29.420  
FASS, John Patrick  
As we as we saw on that Miro contextual information is really crucial, but also perhaps more difficult to gather in quite the same format and important for accurate accuracy and how to represent these parameters and and finally recognizing these limitations and and challenges is is essential for something that's gonna be robust and valid and useful to this process.

0:50:29.490 --> 0:50:35.710  
FASS, John Patrick  
So I know, I know you can read those, but for those perhaps looking on a tiny screen and a little bit of a summary there.

0:50:37.80 --> 0:50:40.710  
NDUMBI NGAMALA, Patricia  
Thank you so much, Sean, and thanks for leading us through the mirror exercise.

0:50:41.140 --> 0:50:45.460  
NDUMBI NGAMALA, Patricia  
So great to know that you cannot have some contacts setting and practical.

0:50:46.610 --> 0:50:57.790  
NDUMBI NGAMALA, Patricia  
Applications of how we should think about this problem, I'll move on to the next session, which is gonna be a debrief of the survey that many of you have responded to.

0:50:57.800 --> 0:50:58.490  
NDUMBI NGAMALA, Patricia  
Thank you.

0:50:58.720 --> 0:51:3.640  
NDUMBI NGAMALA, Patricia  
And so I'll hand over to the Finlay Finlay you want to share your screen.

0:51:3.740 --> 0:51:10.580  
NDUMBI NGAMALA, Patricia  
So it's probably more since there's a lot of slides, so you can decide how to move through it.

0:51:12.850 --> 0:51:13.30  
NDUMBI NGAMALA, Patricia  
Yeah.

0:51:11.780 --> 0:51:13.770  
CAMPBELL, Finlay  
So I can do that, um, time everyone.

0:51:13.820 --> 0:51:23.910  
CAMPBELL, Finlay  
My name's Finlay Campbell, so I'm a I'm a modeler and that has been at The Who Berlin hub for a couple months now and let me share this.

0:51:25.620 --> 0:51:26.260  
CAMPBELL, Finlay  
Can you see this?

0:51:27.450 --> 0:51:27.950  
NDUMBI NGAMALA, Patricia  
Yep.

0:51:28.30 --> 0:51:30.180  
NDUMBI NGAMALA, Patricia  
Uh, it's not in presentation mode yet, but we can see.

0:51:32.550 --> 0:51:32.950  
CAMPBELL, Finlay  
How about now?

0:51:33.690 --> 0:51:34.290  
NDUMBI NGAMALA, Patricia  
Yeah. Perfect.

0:51:34.600 --> 0:51:36.750  
CAMPBELL, Finlay  
My fair, lovely right?

0:51:36.760 --> 0:51:52.590  
CAMPBELL, Finlay  
So yeah, the the purpose of this section of the workshop really is to kind of debrief you all on the the survey that you many of you very kindly and responded to and then basically use that as a starting point for some discussions around around this database that we're trying to set up.

0:51:53.400 --> 0:51:56.680  
CAMPBELL, Finlay  
Umm, so the aim has kind of been mentioned before.

0:51:56.690 --> 0:52:0.230  
CAMPBELL, Finlay  
We're really trying to consolidate some kind of data based structure.

0:52:0.460 --> 0:52:5.370  
CAMPBELL, Finlay  
That's kind of in accordance with the perspectives and the needs of of this Community that's gonna be using it.

0:52:5.940 --> 0:52:8.650  
CAMPBELL, Finlay  
The structure of this presentation is as follows.

0:52:8.660 --> 0:52:11.990  
CAMPBELL, Finlay  
So we'll start off with a brief overview of the survey.

0:52:12.0 --> 0:52:21.790  
CAMPBELL, Finlay  
Participants are who they are, where we all come from, who is community and but then the main section really is gonna be going through the survey results will go section by section.

0:52:22.140 --> 0:52:31.220  
CAMPBELL, Finlay  
I'll give a brief summary of the results and the kind of more written feedback we received, but then what do you want to use that to drive some discussion of key questions and issues that arise?

0:52:31.370 --> 0:52:34.640  
CAMPBELL, Finlay  
So we're kind of, I'll open the floor at the end of every slide.

0:52:34.710 --> 0:52:37.940  
CAMPBELL, Finlay  
Just to let people kind of voice their different opinions.

0:52:38.350 --> 0:52:45.870  
CAMPBELL, Finlay  
And then we'll end on a brief more kind of concluding general discussions and then potentially end on a some future perspectives.

0:52:47.620 --> 0:52:58.70  
CAMPBELL, Finlay  
So starting off with the survey participants, we received A6 responses, which was really amazing from 25 different countries and 53 institutions.

0:52:58.80 --> 0:53:3.230  
CAMPBELL, Finlay  
So you can see a a word cloud of the institutions there on the right and a bit of a map.

0:53:3.570 --> 0:53:4.50  
CAMPBELL, Finlay  
Umm.

0:53:4.590 --> 0:53:8.480  
CAMPBELL, Finlay  
Of where people are currently based on the left.

0:53:8.950 --> 0:53:22.760  
CAMPBELL, Finlay  
As we can see, there's it's quite strong over reference overrepresentation of respondents from Northern America and Western Europe, and quite a strong underrepresentation of from the Asian and African continent and potentially also South America.

0:53:22.770 --> 0:53:27.880  
CAMPBELL, Finlay  
So that's something to keep in mind when kind of interpreting these responses.

0:53:31.170 --> 0:53:37.450  
CAMPBELL, Finlay  
You have just kind of listed what people indicated as their various sectors and their and their expertise.

0:53:38.320 --> 0:53:54.890  
CAMPBELL, Finlay  
Generally, I would about half of participants listed themselves as being either an academia or in a Research Institute, and generally those people also listed their expertise as being more in the the modelling, statistics, data science field.

0:53:55.750 --> 0:54:5.860  
CAMPBELL, Finlay  
Um, But then also a large number of respondents that were in government or international organizations, or NGO's, and those tended to come from more of an RFP or public health background.

0:54:5.870 --> 0:54:12.200  
CAMPBELL, Finlay  
So those are the kind of two major groups that I feel like I could at least identify, even though obviously there's a lot of overlap.

0:54:12.410 --> 0:54:17.770  
CAMPBELL, Finlay  
And really, the point of this workshop is to bring the perspectives from these different communities together.

0:54:19.600 --> 0:54:22.350  
CAMPBELL, Finlay  
So now I'll I'll walk through these survey results.

0:54:22.920 --> 0:54:30.290  
CAMPBELL, Finlay  
Um, as I said, I'll go section by section the the first section really was about designating what pathogen.

0:54:30.870 --> 0:54:36.800  
CAMPBELL, Finlay  
I'm where is under consideration for a given parameter estimate that's being submitted to this database.

0:54:37.390 --> 0:55:7.870  
CAMPBELL, Finlay  
UM, the figures I have here on the right, they kind of just summarize the UM the the responses from the different respondents that just showing the the proportion of respondents that thought a given field is a required and required meaning really that it has to be submitted as part of every database submissions of that field has to be filled out for submission to a database to be accepted in orange we have fields that are listed as optional and then in powerful those that people thought should be removed.

0:55:9.90 --> 0:55:13.220  
CAMPBELL, Finlay  
Generally, UM quite a large number of respondents.

0:55:13.530 --> 0:55:16.140  
CAMPBELL, Finlay  
Ticket required for nearly every field.

0:55:16.520 --> 0:55:27.0  
CAMPBELL, Finlay  
UM, so this might not necessarily be feasible for every kind of database submission, because we're not really sure that all of these pieces of information would be available for every submission.

0:55:27.250 --> 0:55:35.210  
CAMPBELL, Finlay  
But we do think, you know, visualizing the results in this way, you can kind of give a sense of what the Community thinks about which fields are important and which ones are less important.

0:55:36.700 --> 0:55:46.850  
CAMPBELL, Finlay  
So having said that, relating to umm, you know the the pathogen specification, there's quite strong agreement on the fact that we want to specify the pathogen species.

0:55:46.860 --> 0:55:49.410  
CAMPBELL, Finlay  
Nearly everybody thought that should be a required submission.

0:55:49.920 --> 0:56:3.330  
CAMPBELL, Finlay  
Generally, pathogen subtypes and pattern variants were thought to be less important, and there are some great feedback which mentioned really that the importance of subtypes and variants are kind of dependent on the pathogen and the parameter of interest.

0:56:3.340 --> 0:56:15.20  
CAMPBELL, Finlay  
So for example, if we're interested in vaccine efficacy for influenza, sometimes will be much more important than it for looking at a pathogen like measles, where subtypes and variants play us more role.

0:56:15.290 --> 0:56:20.990  
CAMPBELL, Finlay  
So generally this might be a bit of a pathogen or context specific field that would be filled out in some cases.

0:56:22.440 --> 0:56:26.570  
CAMPBELL, Finlay  
That also applies to the the the disease name and the and the vector.

0:56:26.840 --> 0:56:29.930  
CAMPBELL, Finlay  
Obviously, not all pathogens are vector borne.

0:56:29.940 --> 0:56:41.90  
CAMPBELL, Finlay  
So in that case a vector field would be irrelevant and only for some pathogens are, you know, directly associated with a single disease where some pathogens are associated with multiple diseases.

0:56:41.200 --> 0:56:44.200  
CAMPBELL, Finlay  
So only really in some cases with this disease, it will be our interest.

0:56:46.620 --> 0:56:52.250  
CAMPBELL, Finlay  
Some of the feedback that we received, I'll just kind of inform you guys of that.

0:56:52.260 --> 0:56:56.790  
CAMPBELL, Finlay  
We some people mention that some high level classifications like the pathogen family could be useful.

0:56:57.940 --> 0:57:7.850  
CAMPBELL, Finlay  
This is especially for for viral pathogens and some people also suggested whether there could be some automated field completion if the pathogen species is provided.

0:57:7.860 --> 0:57:13.710  
CAMPBELL, Finlay  
So something like the pathogen family could be automatically filled out if the pathogen species is provided.

0:57:14.240 --> 0:57:31.390  
CAMPBELL, Finlay  
So at this point I just wanted to open the floor to any discussions, anything that is kind of vaguely relevant to this specific database field would be really happy to hear about U M1 discussion point that I think could be interesting is whether we think this path.

0:57:31.650 --> 0:57:37.720  
CAMPBELL, Finlay  
Species should be selected from a pre specified list or should be left as a free text field.

0:57:37.890 --> 0:57:50.430  
CAMPBELL, Finlay  
The advantages of specifying a prespecified list is obviously that we've much more consistency within the database, but this does require somebody generating this list of pathogens that can be submitted to the database.

0:57:50.920 --> 0:57:56.170  
CAMPBELL, Finlay  
So that's just one discussion point, but please at this point, I think it's probably best that people raise their hands.

0:57:56.180 --> 0:58:0.70  
CAMPBELL, Finlay  
UM, Patricia, maybe you could moderate that, because I can't see people's hands.

0:58:0.480 --> 0:58:1.770  
NDUMBI NGAMALA, Patricia  
Yeah, no problem.

0:58:1.120 --> 0:58:2.800  
CAMPBELL, Finlay  
But yeah, we all try.

0:58:2.810 --> 0:58:7.110  
CAMPBELL, Finlay  
I think we can also keep it fairly brief because there's a lot of other discussion points to come in future science.

0:58:7.510 --> 0:58:10.320  
NDUMBI NGAMALA, Patricia  
Yeah, the this, this is the light question.

0:58:10.330 --> 0:58:13.270  
NDUMBI NGAMALA, Patricia  
So hope that's the most complex one.

0:58:13.280 --> 0:58:14.330  
NDUMBI NGAMALA, Patricia  
This is the appetizer.

0:58:14.860 --> 0:58:19.950  
NDUMBI NGAMALA, Patricia  
And so is there any input from the crowd?

0:58:19.960 --> 0:58:27.770  
NDUMBI NGAMALA, Patricia  
You can also use the chat if you're not able to use your microphone for some reason, but please go ahead.

0:58:27.820 --> 0:58:29.430  
NDUMBI NGAMALA, Patricia  
OK, there's a couple of hands.

0:58:29.700 --> 0:58:32.980  
NDUMBI NGAMALA, Patricia  
One from Lisa 1st and then and Lisa over to you.

0:58:33.970 --> 0:58:52.920  
Waddell, Lisa (PHAC/ASPC)  
I was just going to say, having dealt with many databases that have multiple pathogens having at least one of these categories being prespecified dropped down, check a box saves a lot of headache from, you know, just even spelling errors and that from one person to the next.