

Methods

Modeling excess mortality

Overview

Modeling excess mortality

Overview

“Excess” vs “baseline”

Modeling excess mortality

Overview

“Excess” vs “baseline”

- Excess: actual events – baseline

Modeling excess mortality

Overview

“**Excess**” vs “**baseline**”

- Excess: actual events – baseline
- Baseline: expected number of events

Modeling excess mortality

Overview

“**Excess**” vs “**baseline**”

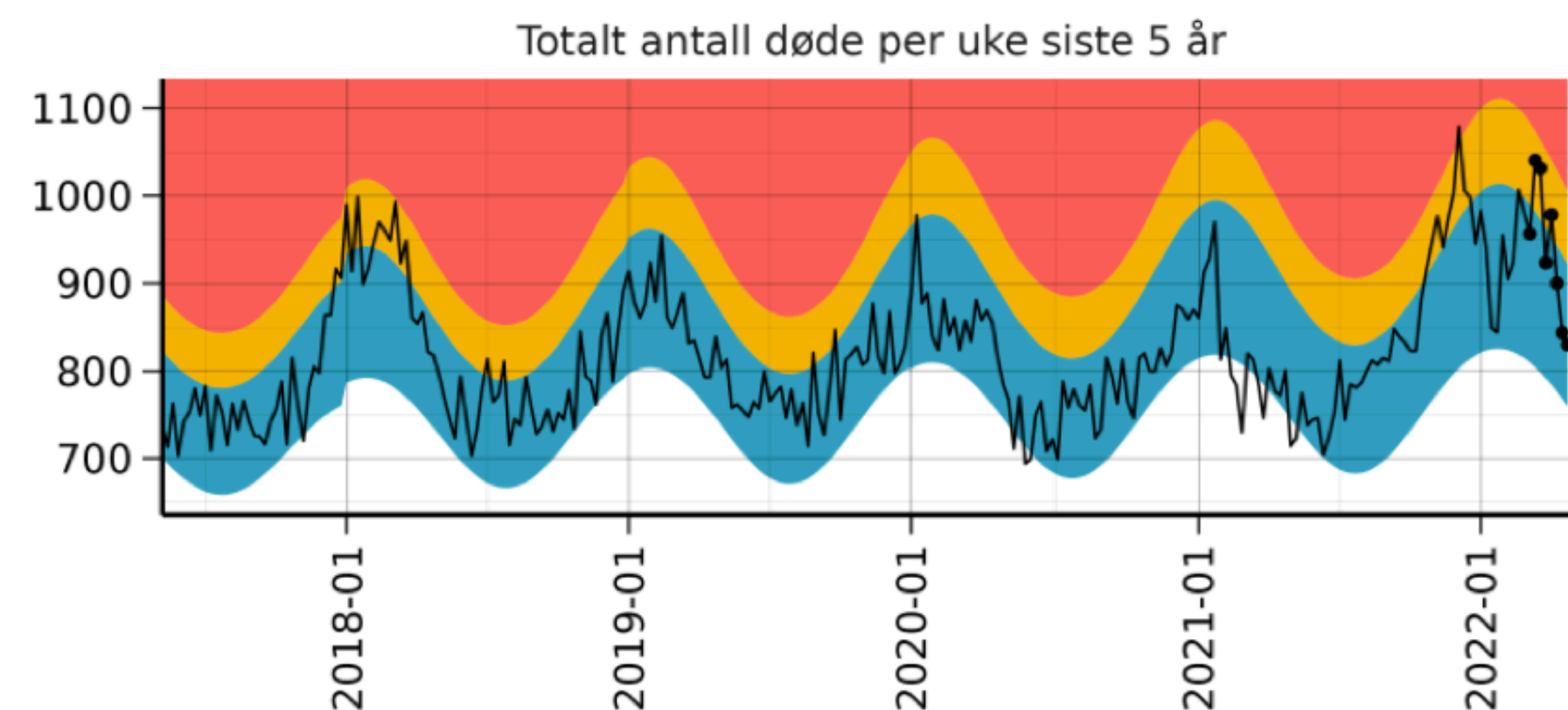
- Excess: actual events – baseline
- Baseline: expected number of events
 - Seasonal variation

Modeling excess mortality

Overview

“Excess” vs “baseline”

- Excess: actual events – baseline
- Baseline: expected number of events
 - Seasonal variation



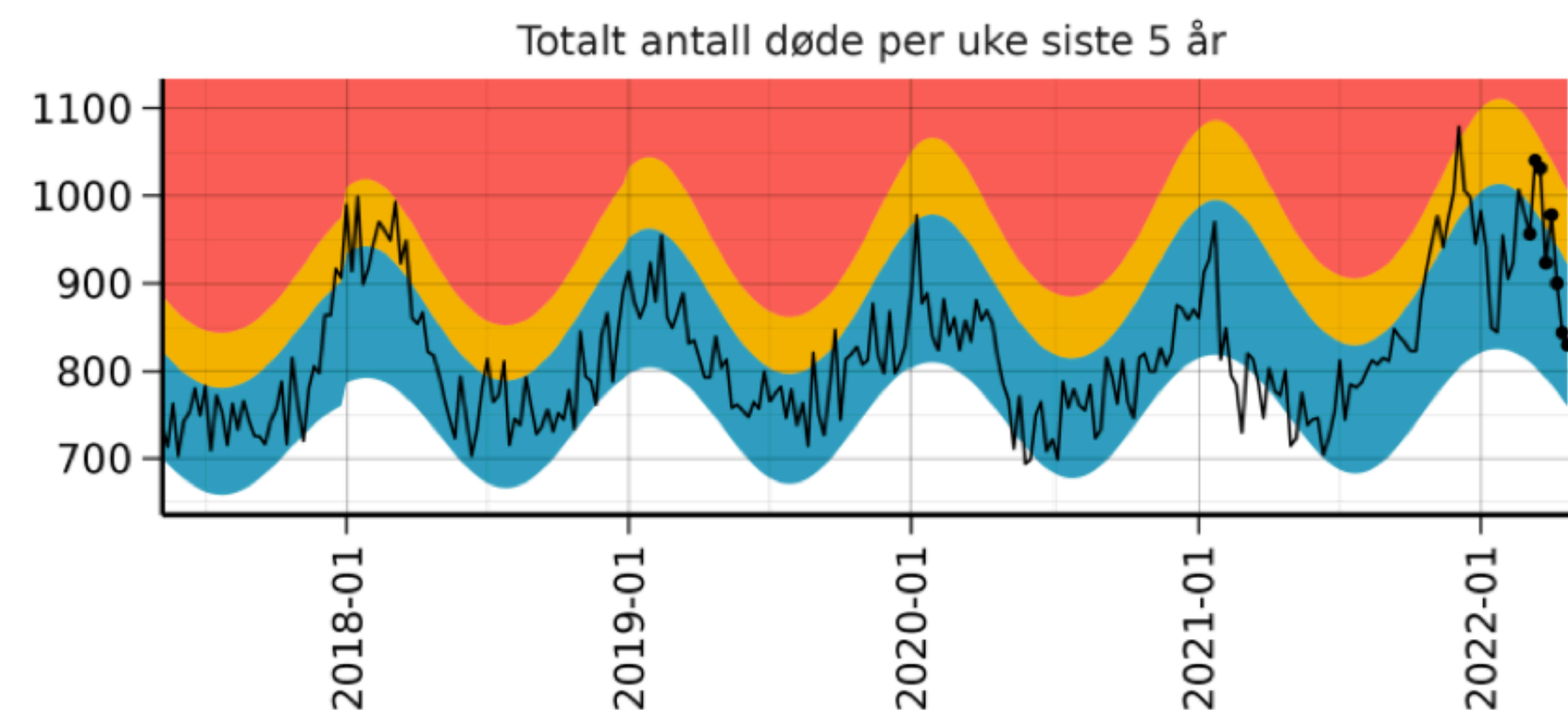
Modeling excess mortality

Overview

“Excess” vs “baseline”

- Excess: actual events – baseline
- Baseline: expected number of events
 - Seasonal variation

“Actual deaths” vs “reported/registered deaths”



Modeling excess mortality

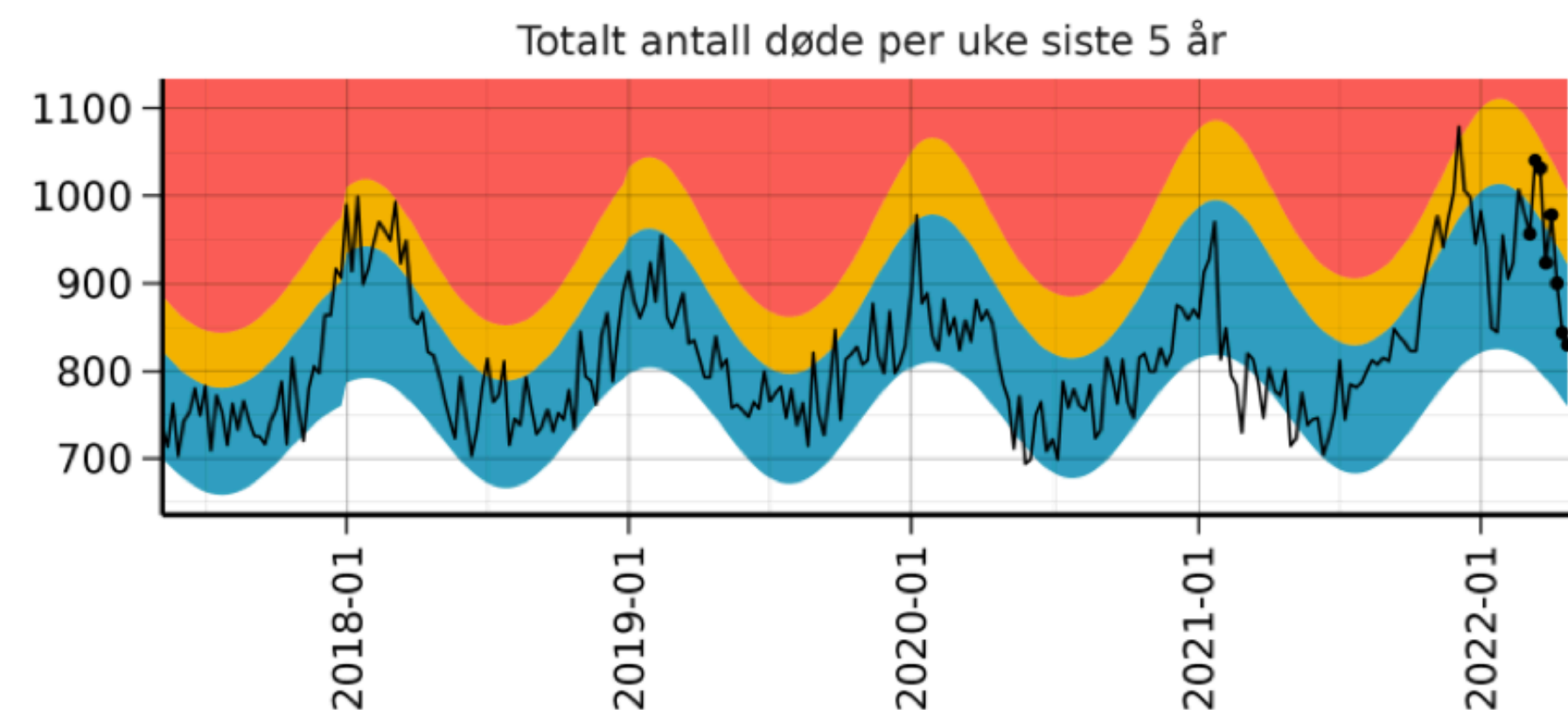
Overview

“Excess” vs “baseline”

- Excess: actual events – baseline
- Baseline: expected number of events
 - Seasonal variation

“Actual deaths” vs “reported/registered deaths”

- Reporting coverage
 - Rich countries, almost 100%
 - Only 2/3 countries register at least 90% deaths

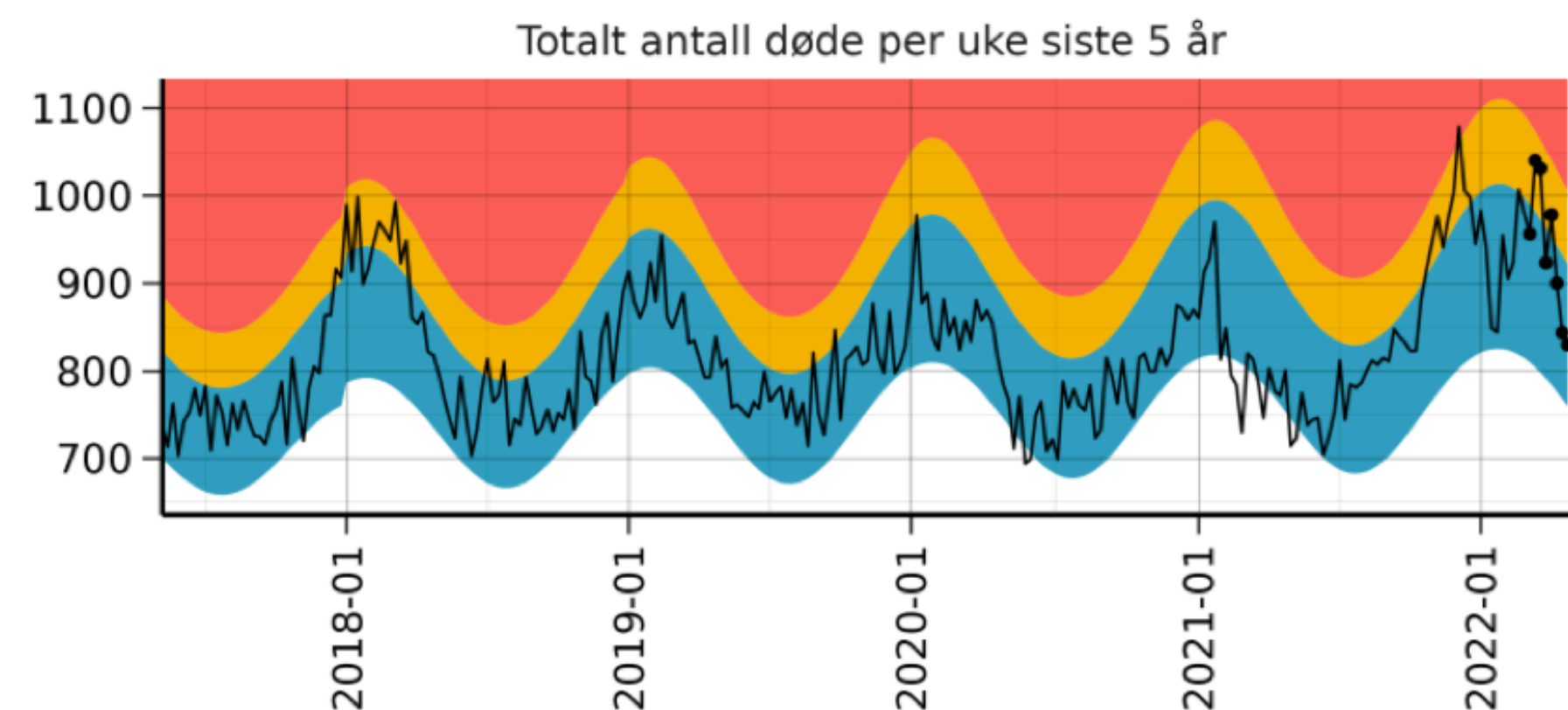


Modeling excess mortality

Overview

“Excess” vs “baseline”

- Excess: actual events – baseline
- Baseline: expected number of events
 - Seasonal variation



“Actual deaths” vs “reported/registered deaths”

- Reporting coverage
 - Rich countries, almost 100%
 - Only 2/3 countries register at least 90% deaths
- Reporting delay
 - paper based / electronic reporting
 - cause of death examination

Modeling excess mortality

Reporting delay and correction

Modeling excess mortality

Reporting delay and correction

A common problem

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
- **Correct** for delays using statistical models (prediction, nowcast)

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
 - **Correct** for delays using statistical models (prediction, nowcast)
 - Regression model based on **historical** reporting delays

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
- **Correct** for delays using statistical models (prediction, nowcast)
- Regression model based on **historical** reporting delays
 - e.g. real number = 100

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
- **Correct** for delays using statistical models (prediction, nowcast)
- Regression model based on **historical** reporting delays
 - e.g. real number = 100
 - 60 are reported within 7 days (1 week)

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
- **Correct** for delays using statistical models (prediction, nowcast)
- Regression model based on **historical** reporting delays
 - e.g. real number = 100
 - 60 are reported within 7 days (1 week)
 - 25 are reported in 8–14 days (2nd week)

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
- **Correct** for delays using statistical models (prediction, nowcast)
- Regression model based on **historical** reporting delays
 - e.g. real number = 100
 - 60 are reported within 7 days (1 week)
 - 25 are reported in 8–14 days (2nd week)
 - ...

Modeling excess mortality

Reporting delay and correction

A common problem

- e.g. Norway all cause mortality,
 - Before 2020, median (50%) delay 10 days
 - 2020–2021, median delay within a few days; 5% deaths still un-registered after 4 weeks
- Regional differences within the same country
- Strategies:
 - Use complete data only, exclude data from recent weeks (Wang2022)
 - Delay adjustment / correction
- **Correct** for delays using statistical models (prediction, nowcast)
- Regression model based on **historical** reporting delays
 - e.g. real number = 100
 - 60 are reported within 7 days (1 week)
 - 25 are reported in 8–14 days (2nd week)
 - ...
- Need to **train** and **validate** model on different parts of data

Modeling excess mortality

Baseline estimation, excess reporting

Modeling excess mortality

Baseline estimation, excess reporting

- Training: 5 years historical weekly data, selected weeks (15–26, 36–25 in Euromomo)

Modeling excess mortality

Baseline estimation, excess reporting

- Training: 5 years historical weekly data, selected weeks (15–26, 36–25 in Euromomo)
- Models
 - Simple model: 5 year weekly average (Bernard 2021)
 - Regression model for counts: quasi-poisson
 - Trend (demographic shift), seasonality (winter)

Modeling excess mortality

Baseline estimation, excess reporting

- Training: 5 years historical weekly data, selected weeks (15–26, 36–25 in Euromomo)
- Models
 - Simple model: 5 year weekly average (Bernard 2021)
 - Regression model for counts: quasi-poisson
 - Trend (demographic shift), seasonality (winter)
- Prediction
 - Estimates with intervals for risk levels
 - $Z \leq 2$, no excess
 - 2–4: low excess; 4–7 moderate excess; 7–10 high excess

Modeling excess mortality

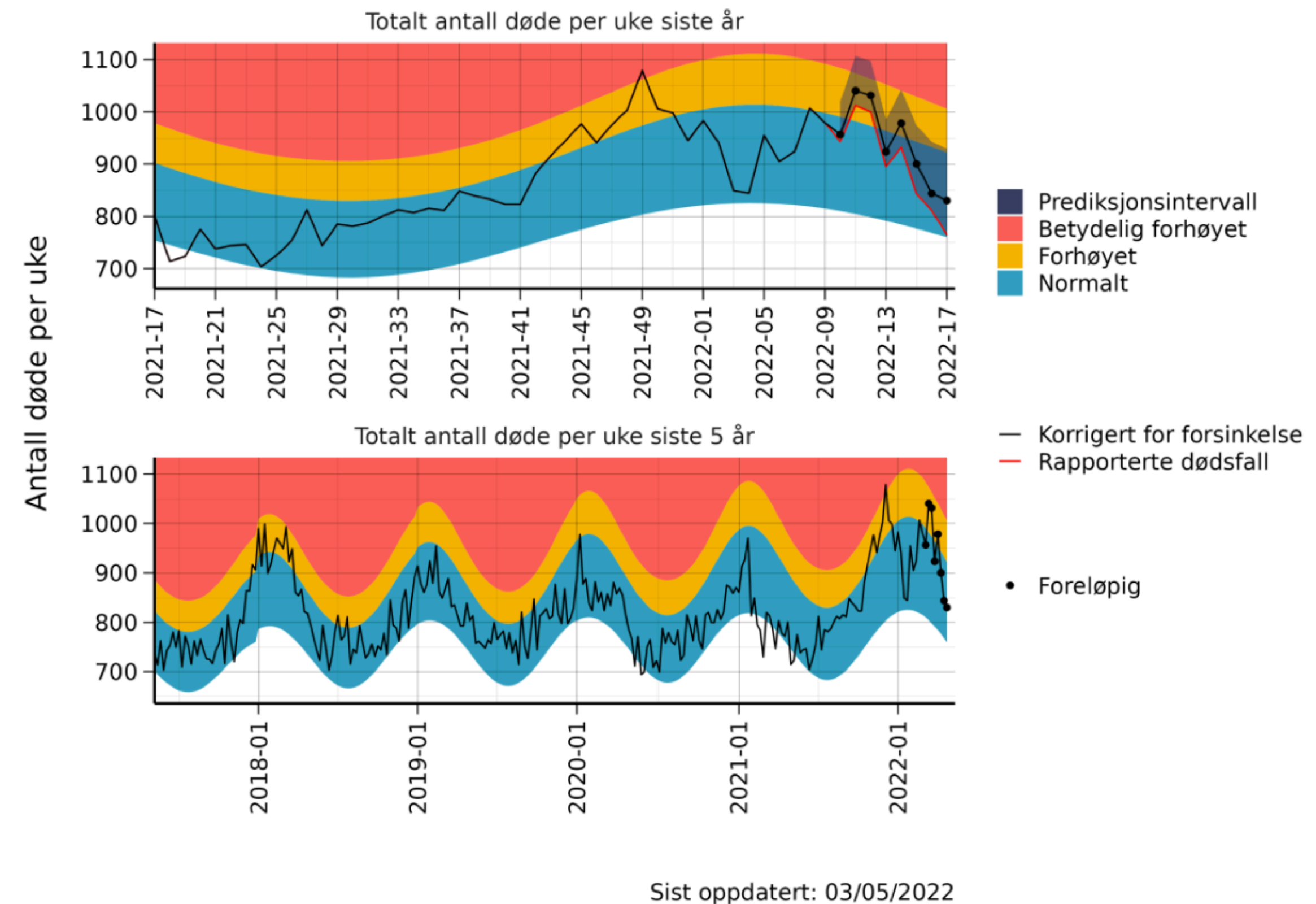
Baseline estimation, excess reporting

- Training: 5 years historical weekly data, selected weeks (15–26, 36–25 in Euromomo)
- Models
 - Simple model: 5 year weekly average (Bernard 2021)
 - Regression model for counts: quasi-poisson
 - Trend (demographic shift), seasonality (winter)
- Prediction
 - Estimates with intervals for risk levels
 - $Z \leq 2$, no excess
 - 2–4: low excess; 4–7 moderate excess; 7–10 high excess
- Excess reporting: absolute counts, z-score (Euromomo), others: e.g. P-score (Karlinsky2021)

Modeling excess mortality

Baseline estimation, excess reporting

- Training: 5 years historical weekly data, selected weeks (15–26, 36–25 in Euromomo)
- Models
 - Simple model: 5 year weekly average (Bernard 2021)
 - Regression model for counts: quasi-poisson
 - Trend (demographic shift), seasonality (winter)
- Prediction
 - Estimates with intervals for risk levels
 - $Z \leq 2$, no excess
 - 2–4: low excess; 4–7 moderate excess; 7–10 high excess
- Excess reporting: absolute counts, z-score (Euromomo), others: e.g. P-score (Karlinsky2021)



Modeling excess mortality

Existing implementations

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county

Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment

Modeling excess mortality

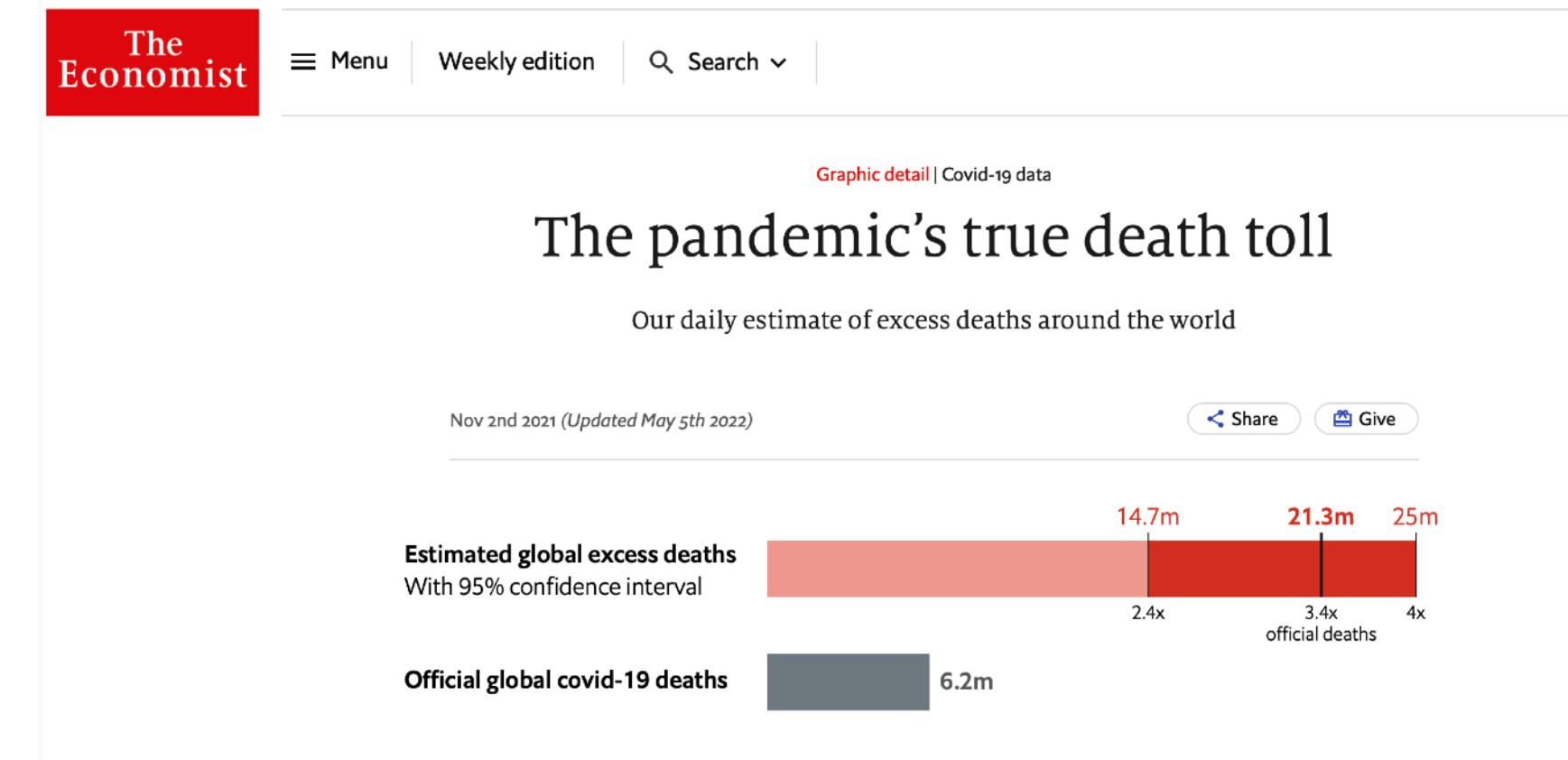
Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment
- **Economist** excess mortality (gradient boosting)

Modeling excess mortality

Existing implementations

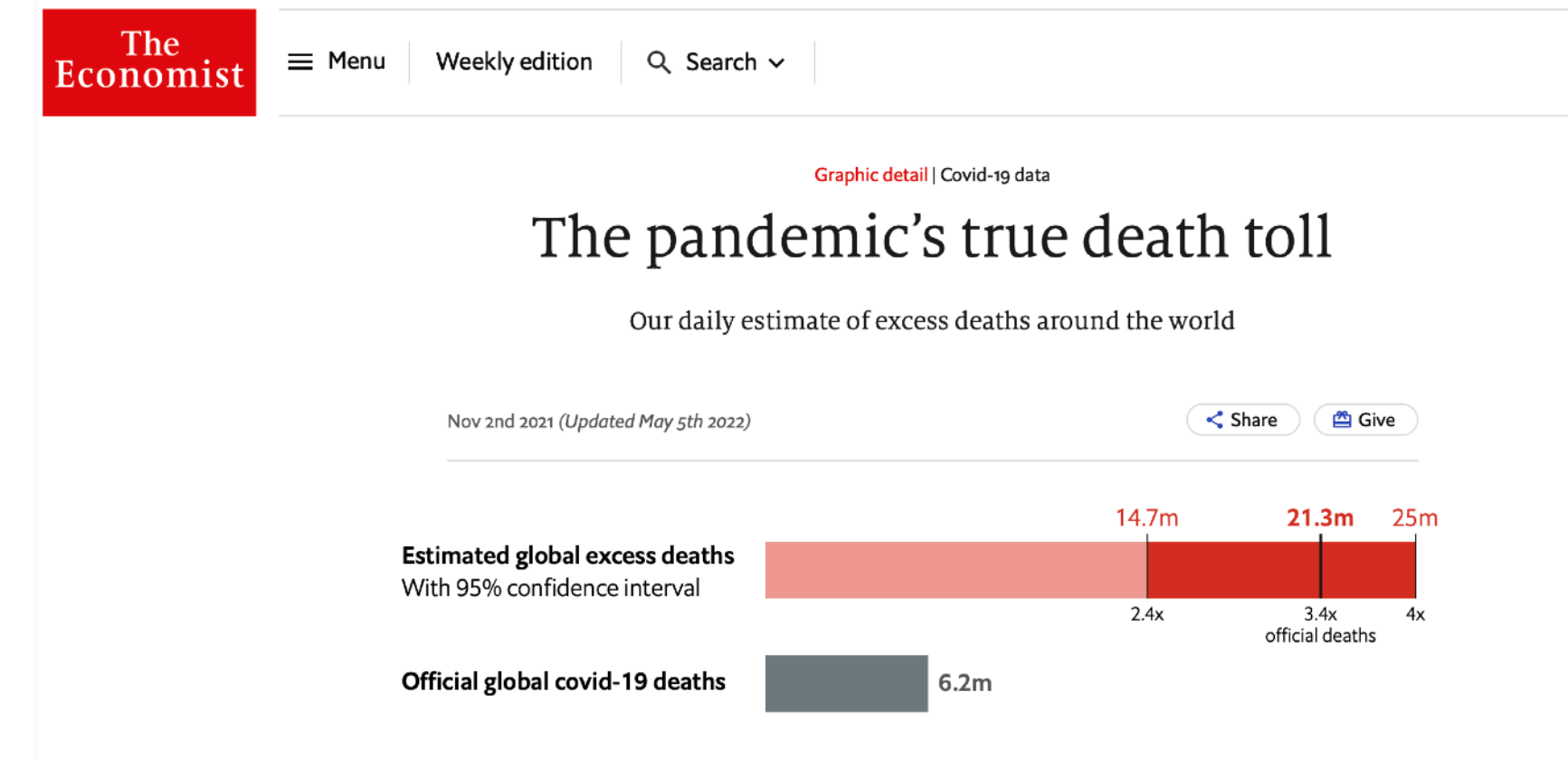
- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment
- **Economist** excess mortality (gradient boosting)



Modeling excess mortality

Existing implementations

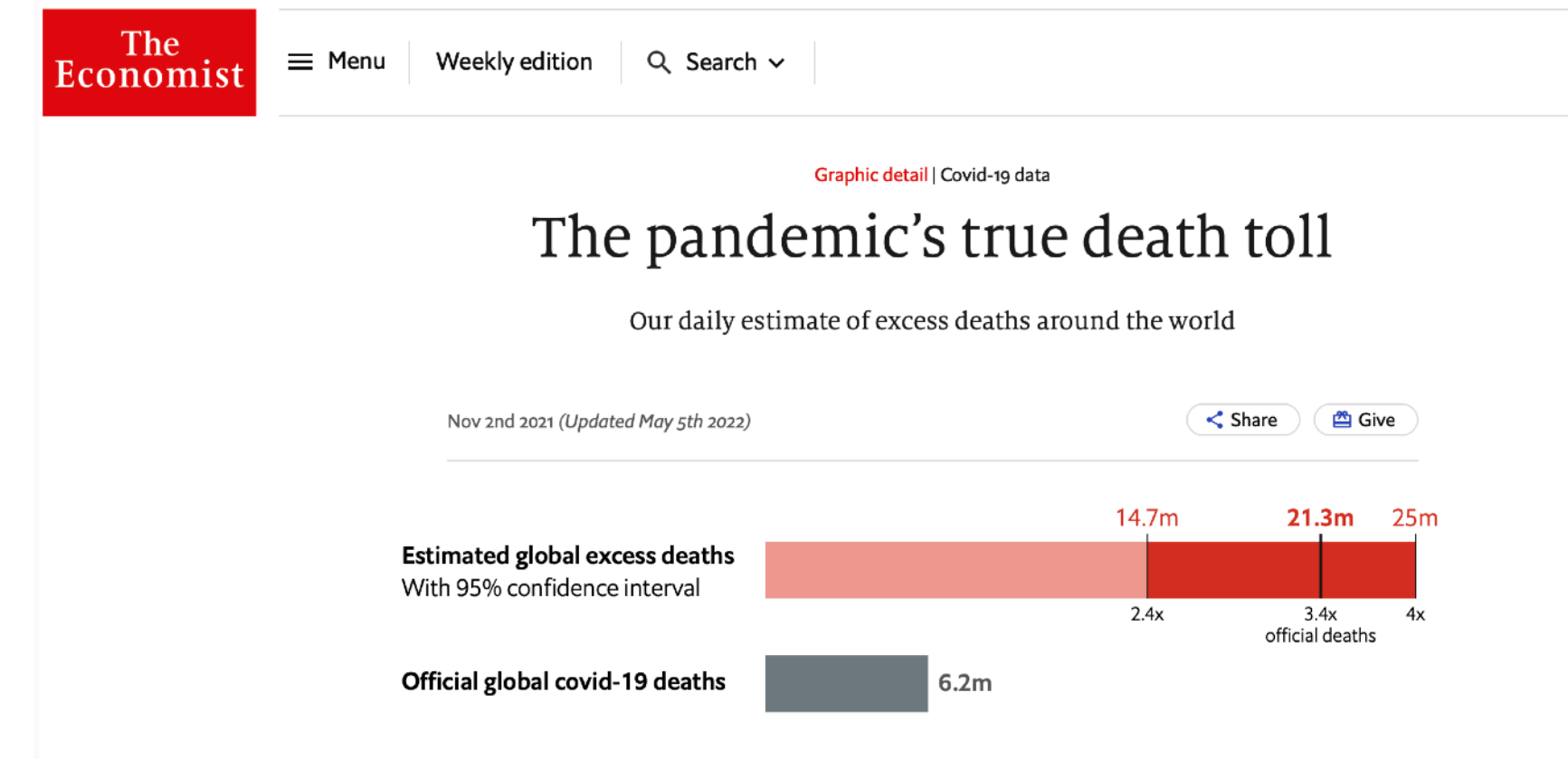
- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment
- **Economist** excess mortality (gradient boosting)
- World Mortality Dataset (Kalinsky et. al. 2021)



Modeling excess mortality

Existing implementations

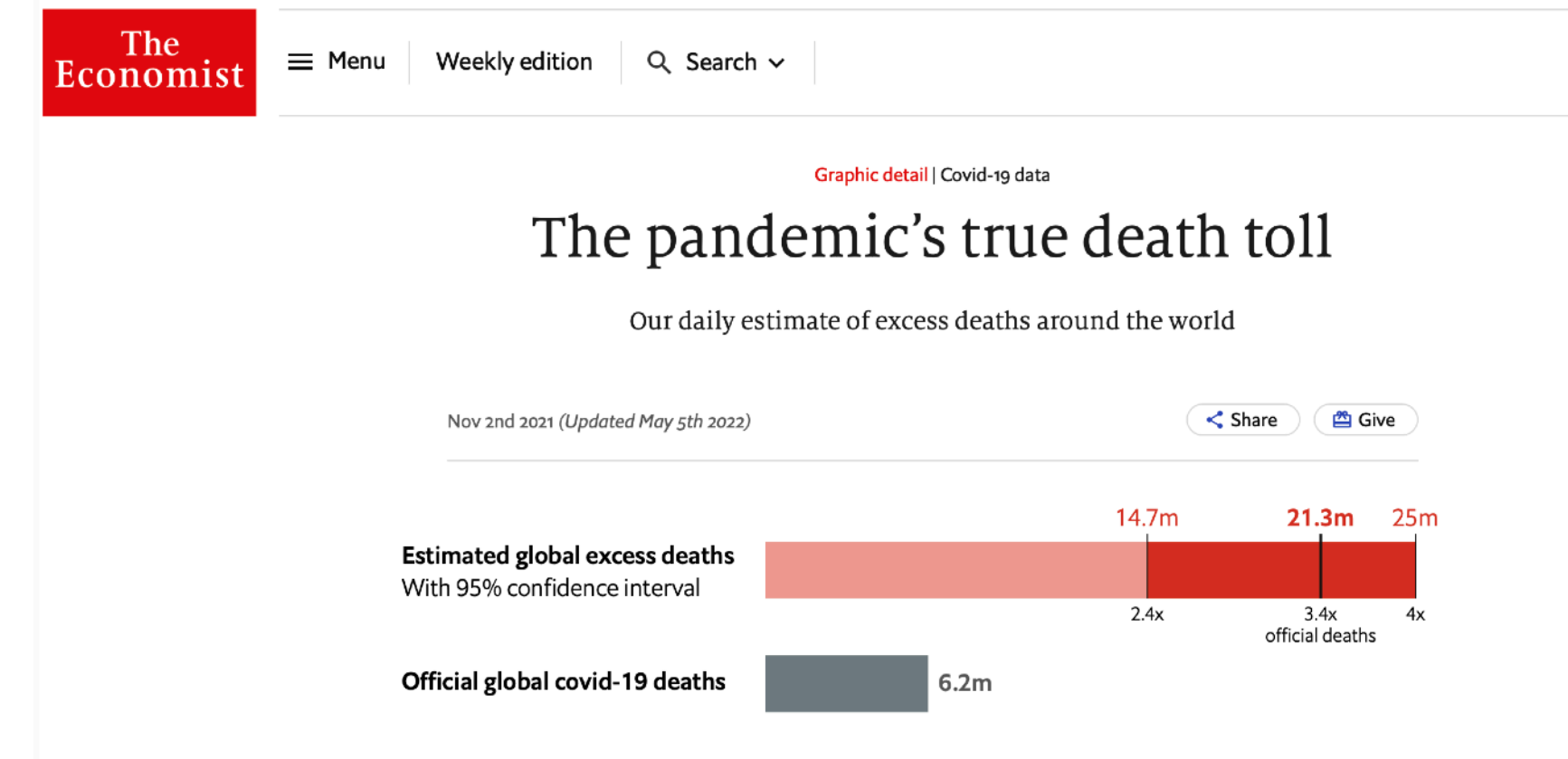
- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment
- **Economist** excess mortality (gradient boosting)
- World Mortality Dataset (Kalinsky et. al. 2021)



Modeling excess mortality

Existing implementations

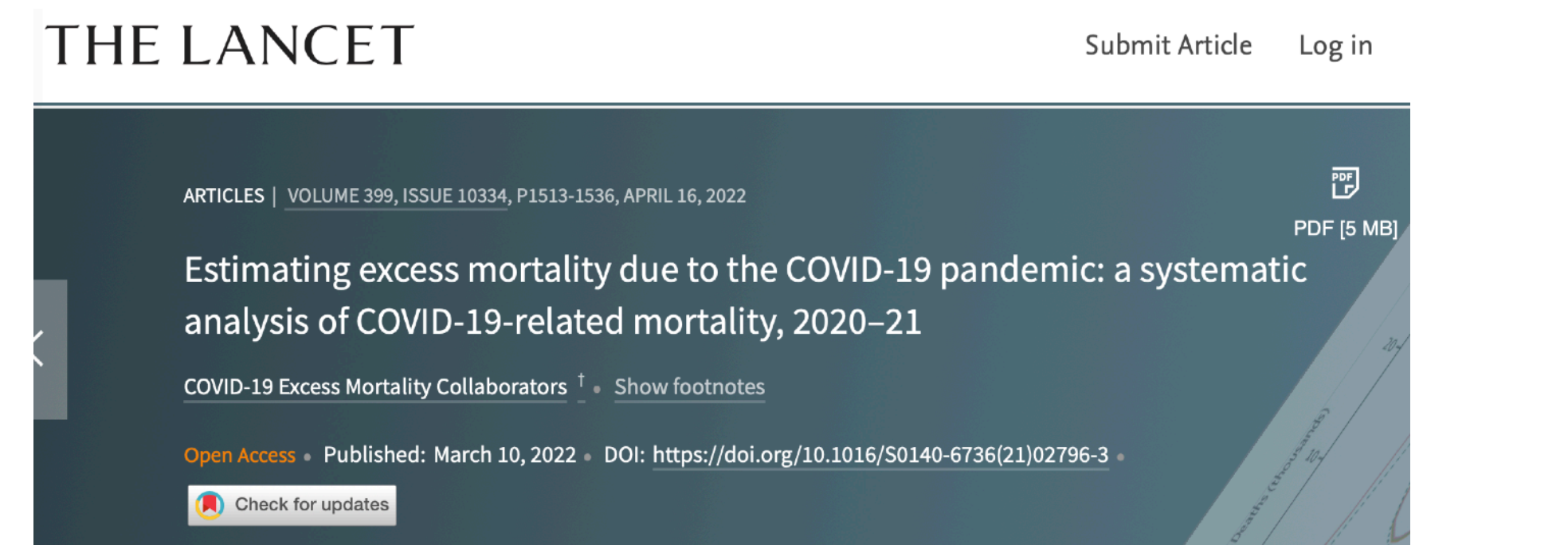
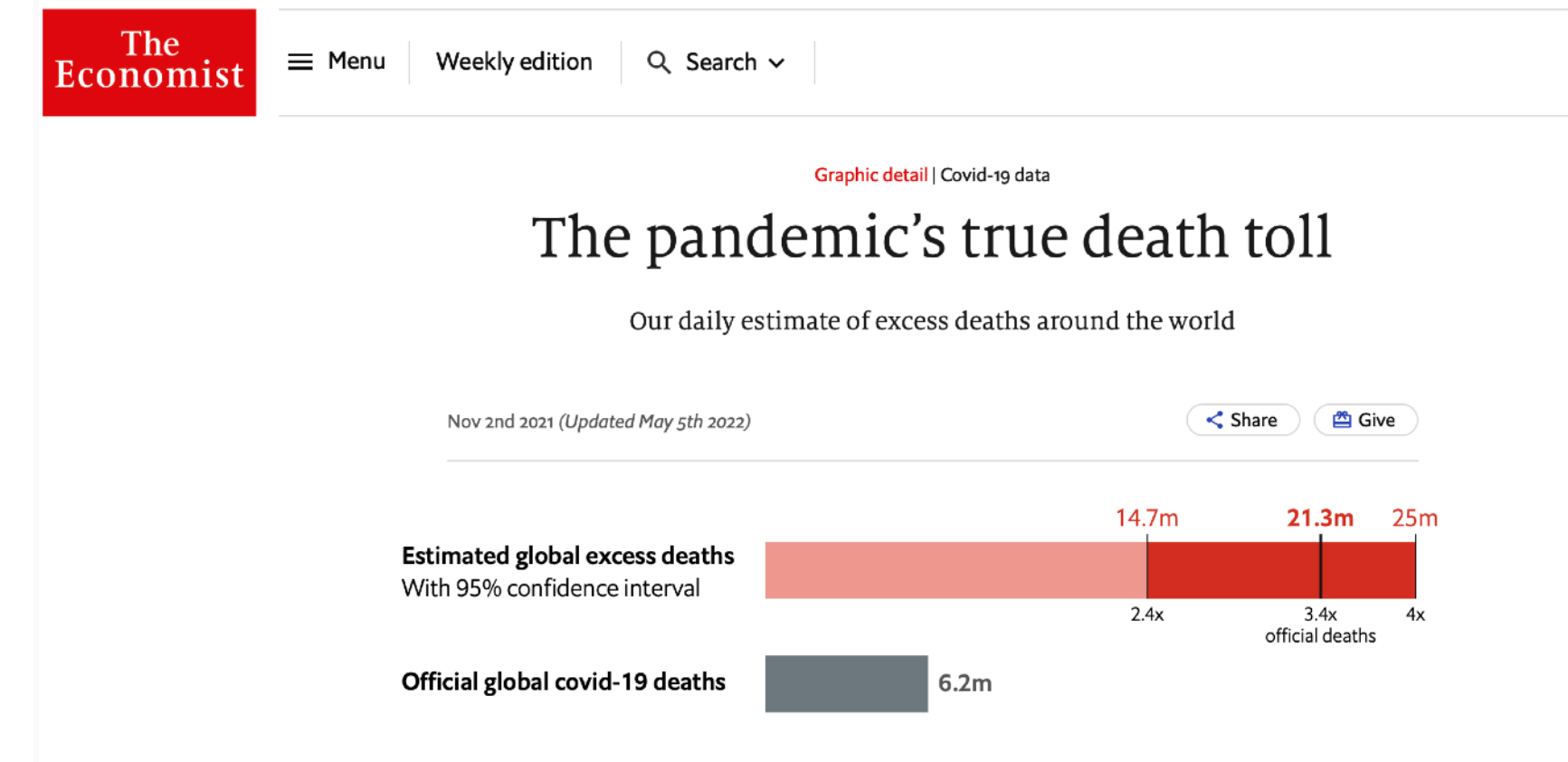
- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment
- **Economist** excess mortality (gradient boosting)
- World Mortality Dataset (Kalinsky et. al. 2021)
- Wang 2022 paper on Lancet (model ensembles)



Modeling excess mortality

Existing implementations

- **Euromomo** (SSI Denmark)
 - Age groups: 0–14, 15–44, 45–64, 65–74, 75–84 (and 65+, 85+)
 - Removed spring 2020 (covid), only train on spring and autumn data
 - Only national level results sent to Euromomo, no county level
- **Sykdomspulsen** (our own method, under development)
 - Aims to produce consistent estimates for national and county
 - Flexibility to include different methods of delay adjustment
- **Economist** excess mortality (gradient boosting)
- World Mortality Dataset (Kalinsky et. al. 2021)
- Wang 2022 paper on Lancet (model ensembles)



Modeling excess mortality

Discussion

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)
- **Data processing** is key

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)
- **Data processing** is key
 - How much delay to correct for? Should it be corrected?

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)
- **Data processing** is key
 - How much delay to correct for? Should it be corrected?
 - Should heatwave and influenza season be removed?

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)
- **Data processing** is key
 - How much delay to correct for? Should it be corrected?
 - Should heatwave and influenza season be removed?
- Results **presentation**, public **communication**

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)
- **Data processing** is key
 - How much delay to correct for? Should it be corrected?
 - Should heatwave and influenza season be removed?
- Results **presentation**, public **communication**
 - How much is excess, how to set threshold for alerts?

Modeling excess mortality

Discussion

- Very different **country profile** in terms of delay structure and mortality pattern, affects choice of methods
- **Different methods** produce different results, can be misleading (complex ML vs regression)
- **Input data** from different sources (SSB vs Freg)
- **Data processing** is key
 - How much delay to correct for? Should it be corrected?
 - Should heatwave and influenza season be removed?
- Results **presentation**, public **communication**
 - How much is excess, how to set threshold for alerts?
 - e.g. 1 excess deaths in one week, vs high level of ‘normal’ deaths in one month

Normomo with Sykdomspulsen

Workflow at Sykdomspulsen

Data and processing

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))
 - 11 counties → national

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))
 - 11 counties → national
 - Daily → weekly

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))
 - 11 counties → national
 - Daily → weekly
- Registration delay

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))
 - 11 counties → national
 - Daily → weekly
- Registration delay
 - Death <→ registered: possible underreporting

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))
 - 11 counties → national
 - Daily → weekly
- Registration delay
 - Death <→ registered: possible underreporting
 - Delay correction: **nowcasting** (prediction of current situation)

Workflow at Sykdomspulsen

Data and processing

- **Folkeregisteret** via Evry (platform)
 - Receive on every Tuesday
 - Individual level data: **date of death**, **date of registration**, age, gender, county ([not sensitive](#))
 - 11 counties → national
 - Daily → weekly
- Registration delay
 - Death <→ registered: possible underreporting
 - Delay correction: **nowcasting** (prediction of current situation)
 - EuroMOMO (MOMO pkg), ours (nowcast pkg), ...

NorMOMO with Sykdomspulsen

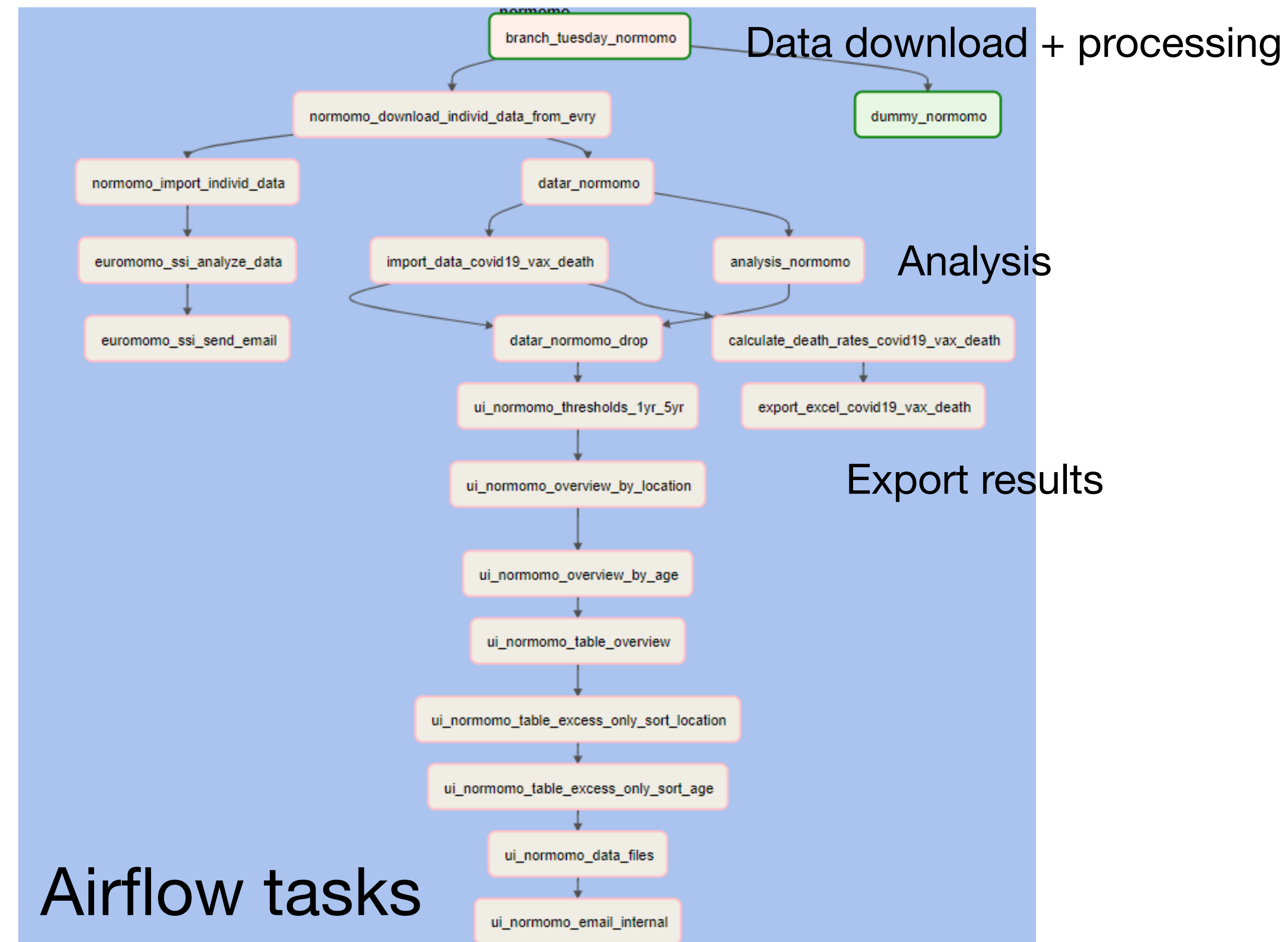
From data to reports



Airflow tasks

NorMOMO with Sykdomspulsen

From data to reports



NorMOMO with Sykdomspulsen

From data to reports

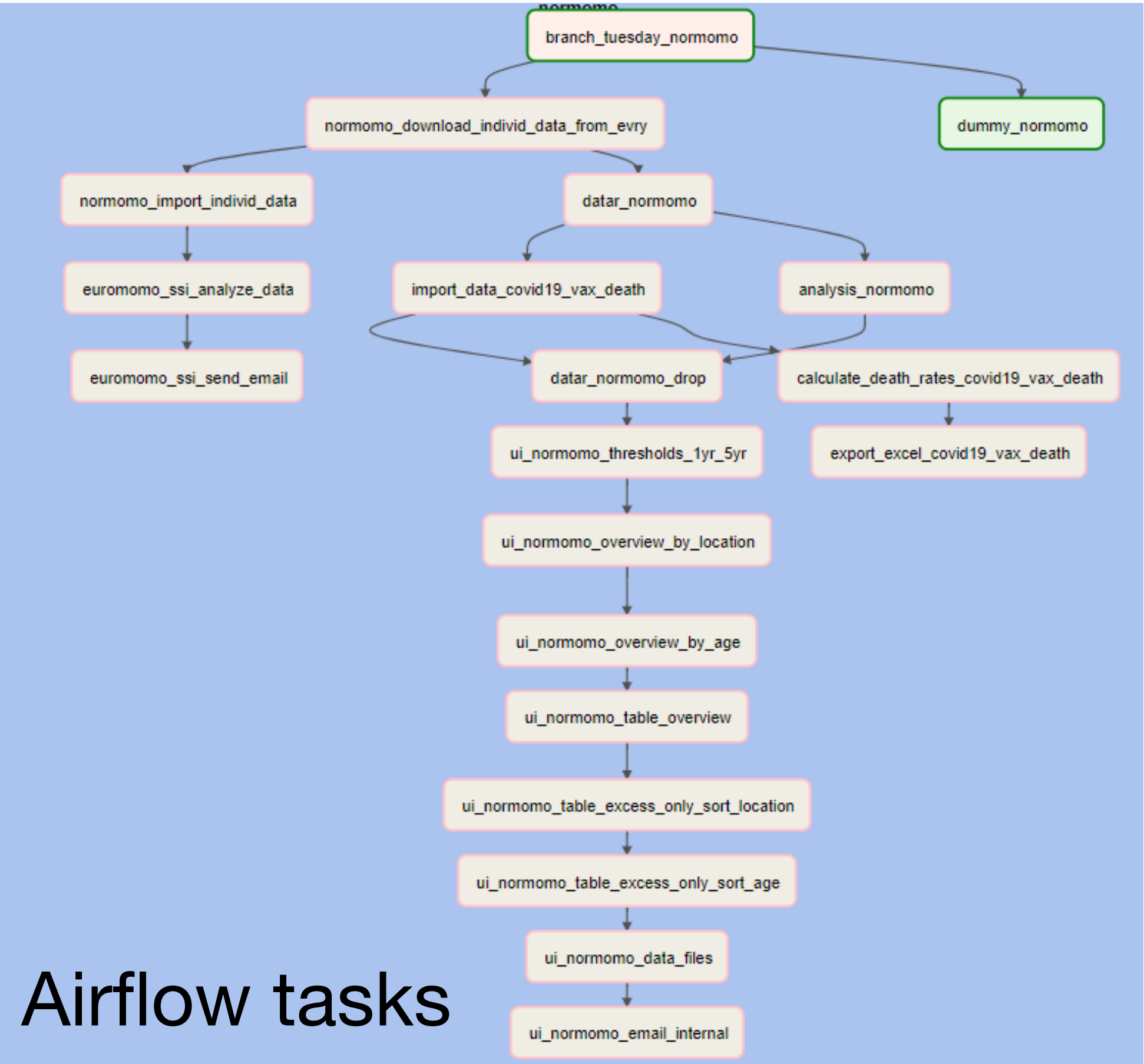


Airflow tasks

NorMOMO with Sykdomspulsen

From data to reports

Email (internal)



Airflow tasks

Resultater fra NorMOMO 2022-01-11

S

sykdomspulsen

To

White, Richard Aubrey;

Valcarcel Salamanca, Beatriz;

Grøneng, Gry Marysol;

Zhang, Chi;

Chiang, Calvin Chen-Kai;

Berg-Hansen, Celine Victoria

Reply

Reply All

Forward

...

Tue 1/11/2022 1:29 AM

Resultater fra overvåkingssystemet for dødelighet (NorMOMO) er tilgjengelig på [N:/sykdomspulsen_normomo_restricted_output/2022-01-11](#) (tilgangsbegrenset)

Her er nye resultater fra overvåkingssystemet for generell dødelighet i Norge (NorMOMO).

NorMOMO er basert på ukentlig oppdaterte anonyme data fra Folkeregisteret og analyseres ved bruk av [EuroMOMO-modellen](#).

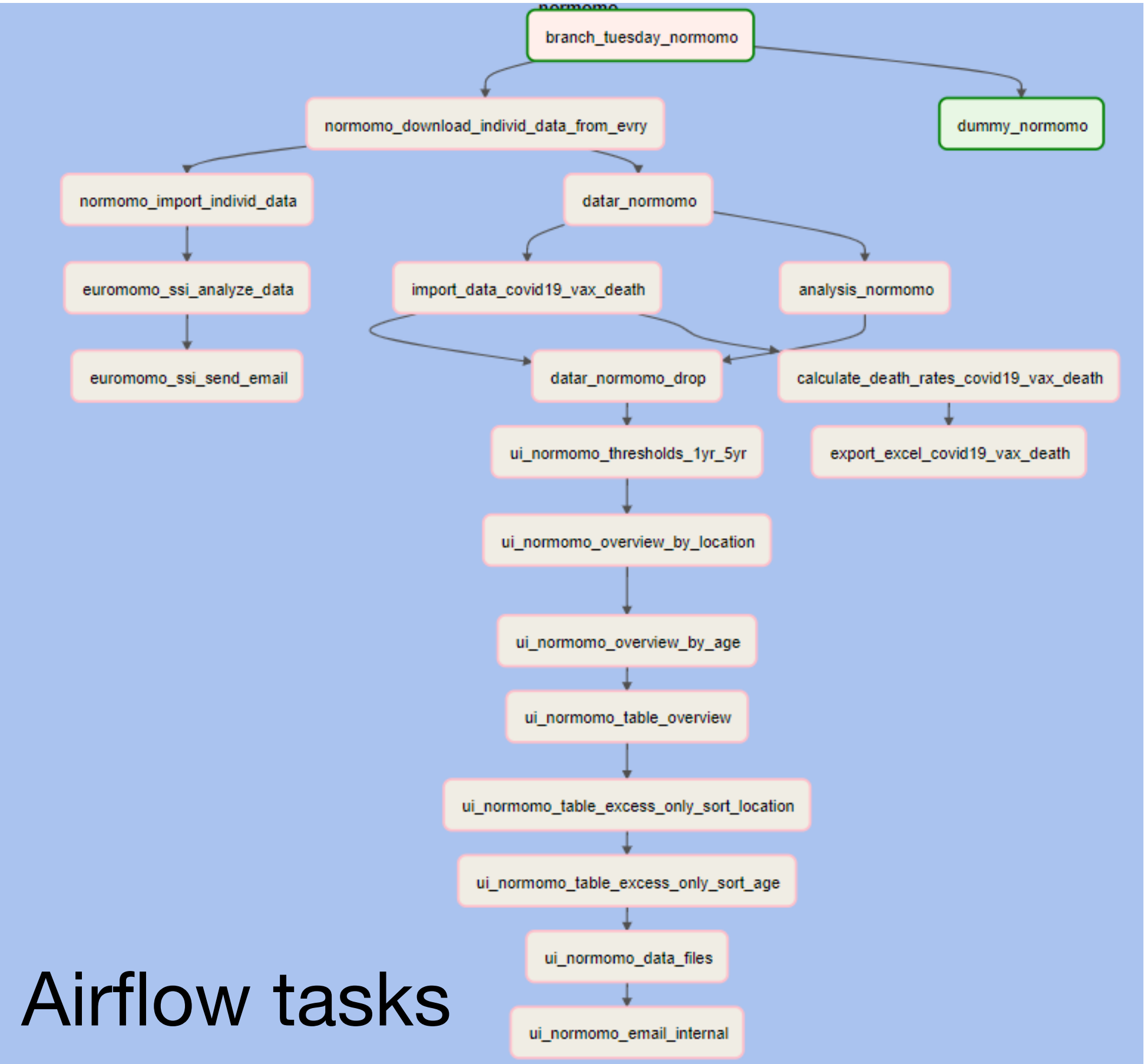
Under følger en oppsummering av forrige ukes resultater. Resultatene **er til intern bruk**, må tolkes med varsomhet og kan justeres noe grunnet forsinkelse i rapporteringen av dødsfall.

Tabell 1. Antall registrerte dødsfall de 8 og 4 siste ukene og nivå av dødelighet.

Alder	År-uke	Antall dødsfall			Overdødelighet ⁴	Dødelighetsnivå		
		Registrert ¹	Korrigert ²	Z-score ³		Normalt ⁵	Forhøyet	Betydelig forhøyet
Totalt	2022-01	827	892	-0,51	0	823 - 1006	1006 - 1101	>1101
	2021-52	883	888	-0,50	0	820 - 1000	1000 - 1093	>1093
	2021-51	936	957	1,19	0	815 - 993	993 - 1084	>1084
	2021-50	973	1.02e+03	2,82	37	810 - 984	984 - 1074	>1074
	2021-49	1043	1.1e+03	4,74	122	804 - 974	974 - 1062	>1062
	2021-48	969	998	2,82	35	797 - 964	964 - 1049	>1049
	2021-47	960	982	2,72	30	790 - 953	953 - 1036	>1036
	2021-46	921	934	1,82	0	782 - 941	941 - 1023	>1023

NorMOMO with Sykdomspulsen

From data to reports



Airflow tasks

Email (internal)

Resultater fra NorMOMO 2022-01-11

S

sykdomspulsen

To

White, Richard Aubrey;

Valcarcel Salamanca, Beatriz;

Grøneng, Gry Marysol;

Zhang, Chi;

Chiang, Calvin Chen-Kai;

Berg-Hansen, Celine Victoria

Reply

Reply All

Forward

...

Tue 1/11/2022 1:29 AM

Resultater fra overvåkingssystemet for dødelighet (NorMOMO) er tilgjengelig på [N:/sykdomspulsen_normomo_restricted_output/2022-01-11](#) (tilgangsbegrenset)

Her er nye resultater fra overvåkingssystemet for generell dødelighet i Norge (NorMOMO).

NorMOMO er basert på ukentlig oppdaterte anonyme data fra Folkeregisteret og analyseres ved bruk av [EuroMOMO-modellen](#).

Under følger en oppsummering av forrige ukes resultater. Resultatene **er til intern bruk**, må tolkes med varsomhet og kan justeres noe grunnet forsinkelse i rapporteringen av dødsfall.

Tabell 1. Antall registrerte dødsfall de 8 og 4 siste ukene og nivå av dødelighet.

Alder	År-uke	Antall dødsfall			Overdødelighet ⁴	Dødelighetsnivå		
		Registrert ¹	Korrigert ²	Z-score ³		Normalt ⁵	Forhøyet	Betydelig forhøyet
Totalt	2022-01	827	892	-0,51	0	823 - 1006	1006 - 1101	>1101
	2021-52	883	888	-0,50	0	820 - 1000	1000 - 1093	>1093
	2021-51	936	957	1,19	0	815 - 993	993 - 1084	>1084
	2021-50	973	1.02e+03	2,82	37	810 - 984	984 - 1074	>1074
	2021-49	1043	1.1e+03	4,74	122	804 - 974	974 - 1062	>1062
	2021-48	969	998	2,82	35	797 - 964	964 - 1049	>1049
	2021-47	960	982	2,72	30	790 - 953	953 - 1036	>1036
	2021-46	921	934	1,82	0	782 - 941	941 - 1023	>1023

[euromomo input] [Norway] [2022 1]

S

sykdomspulsen

To

White, Richard Aubrey;

Valcarcel Salamanca, Beatriz;

Grøneng, Gry Marysol;

Zhang, Chi;

Chiang, Calvin Chen-Kai;

Berg-Hansen, Celine Victoria;

euromomo@ssi.dk;

Tønnessen, Ragnhild;

Paulsen, Trine Hessevik;

influenza@fhi.no

Reply

Reply All

Forward

...

Tue 1/11/2022 1:11 AM

EUROMOMOV4-3-COMPLETE-Norway-2022-1.txt

591 KB

Dear EuroMOMO hub,

Please find attached the current week's results.

Sincerely,

Norway

Email (to Euromomo)

References and links



- **Normomo (FHI)** <https://www.fhi.no/sv/influenza/influensoovervaking/overvakingssystem-for-dodelighet-eu/>
- **Nowcast package** <https://github.com/sykdomspulsen-org/nowcast>
- **Euromomo** <https://www.euromomo.eu>
- **MOMO package** <https://github.com/EuroMOMOnetwork/MOMO>
- **Economist** <https://www.economist.com/graphic-detail/coronavirus-excess-deaths-estimates>
- **World Mortality Dataset** <https://ourworldindata.org/covid-excess-mortality>