What are the data points necessary to ensure that the model fits reality?

FE: Modeling, Hospital units -> have a basic repository of assumptions (Yay!)
Which parameters do we need assumptions for. Several models available so far (UPenn medicine model).
Modelled different scenarios -> few assumptions, combine them afterwards. Main focus on best/worst scenarions.

Compare the numbers calculated with the numbers seen

What would be a useful model? What do the countries/communities need?
In order to make informed choices / policies?

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There was new data from China. (4/5 of new cases are asymptomatic).
Could we make a predictive model for asymptomatic cases?
Noticed something similar in Finland. 4/5 of positive cases were unidentified. Don't know how many stayed asymptomatic -> difficult to model
Another problem is "how did you gather these data". Mostly from small communities -> hard to generalize
We need a very big area fully tested / randomized sample tested -> with a follow-up to identify whether they developed symptoms.
May be more relevant if we have the data after the "Munich" data.
Right now, focus on the simple model.

T1: Review existing models (SEIR). Evaluation reusability, extendability (technical task)

T2: Review of existing assumptions - usually based on studies on hospitalized cases (country-specific assumptions). Not so much literature so far on region. (literature-domain-specific task)

T3: First implementation of a give SEIR model -> focus on having the parameters as functions. (Janne has an existing model that implements some initial parameters). Implemented the DE directly -> stochastic modeling of underlyig networks. (technical -> T1)

T4: Design the ML-technique to test wether there is an underlying pattern on the change of SEIR parameters, given a particular "scenario" (different locations, different policies, different whether condiations, etc)

Follow-up call (30'?) - 15:00 CEST