

## Data, models and science

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# Outline

## Introduction

## Public health

- Maternal mortality

- Cholera

- Yellow fever and malaria

## Approaches to epidemiology

- Classical epidemiology

- Dynamical epidemiology

- Building knowledge from data

## Summary

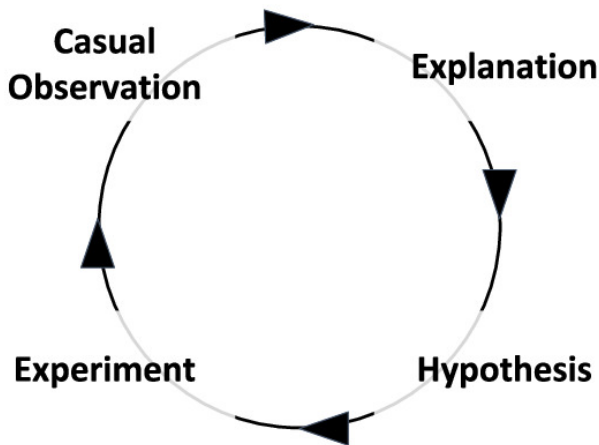
# Goals

- ▶ Process of science
- ▶ How science informs public health
  - ▶ Specific examples
- ▶ Approaches to epidemiology

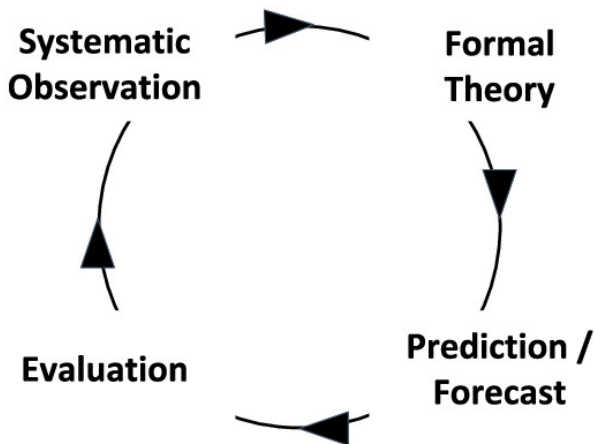
# Science is a *process*

- ▶ Observe and experiment with reality to *discover* and *challenge* ideas about how it works
- ▶ A key to science is that everything is open to question
  - ▶ Science is the belief in the ignorance of experts – *Feynman*

# The process of science



# Science without experiments



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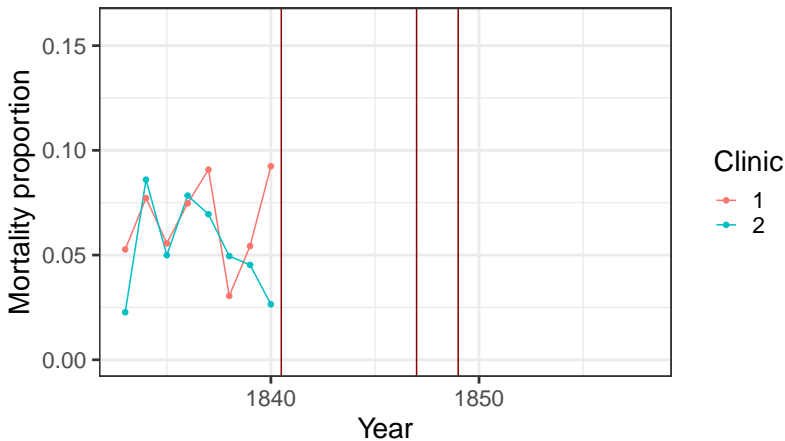
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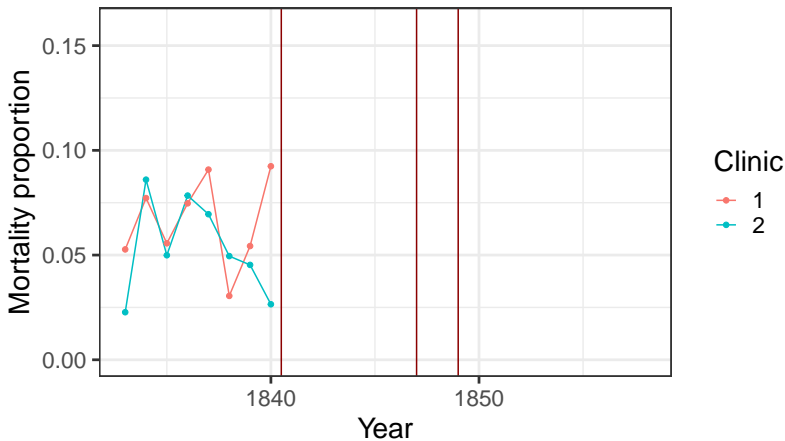
## Maternal death in two clinics



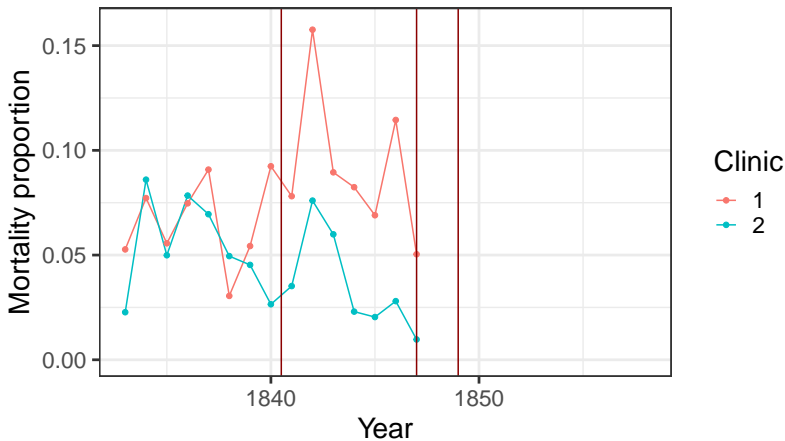
# Observation and action

- ▶ In 1840, medical students stopped visiting Clinic 1
- ▶ In 1847, a surgeon died from infection following a scalpel injury
  - ▶ Igor Semmelweiss made medical students wash their hands

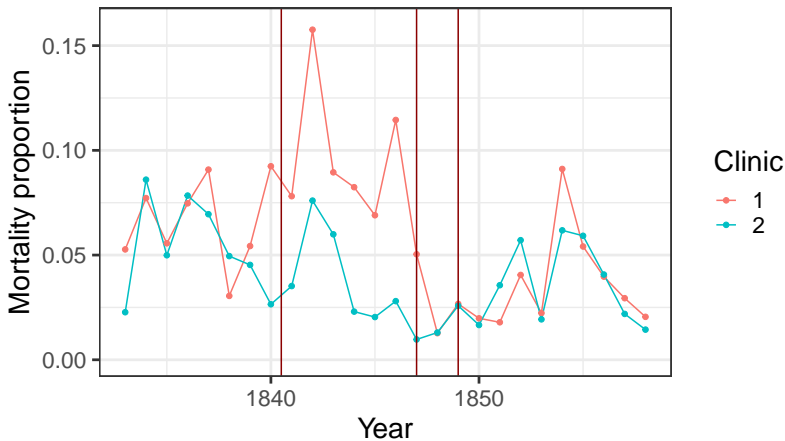
## Maternal death in two clinics



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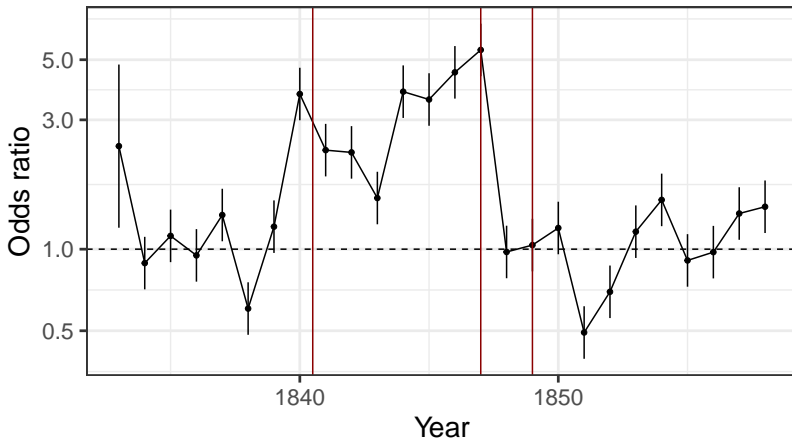
## Maternal death in two clinics



# Looking at the data

- ▶ \* Why was Clinic 1 so dangerous in the 40s?
- ▶ \* ...and so safe in 1851 and 1852?
- ▶ \* What can we learn from modern statistics?
- ▶ \* And what can't we learn without more data?

## Relative mortality risk in Clinic 1



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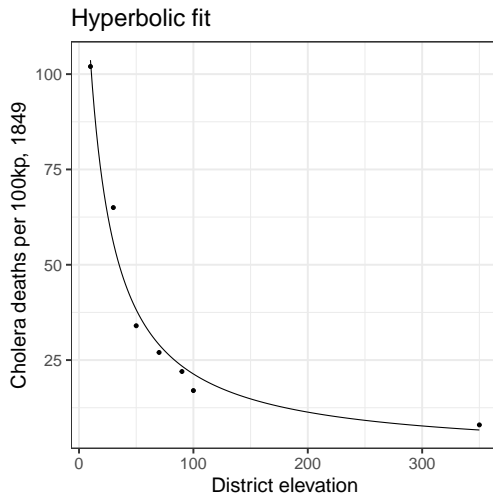
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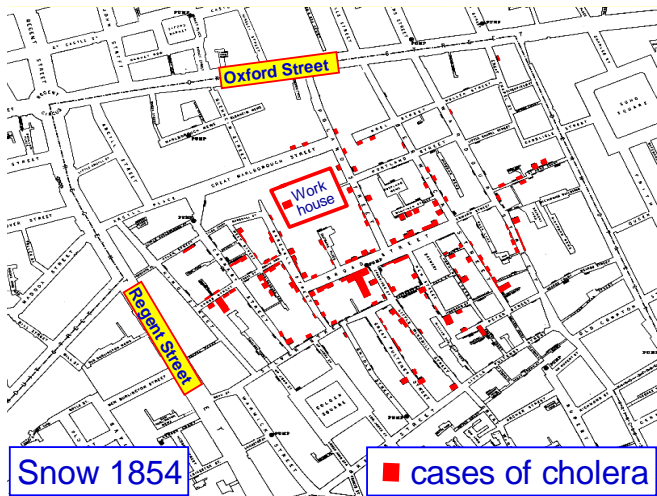


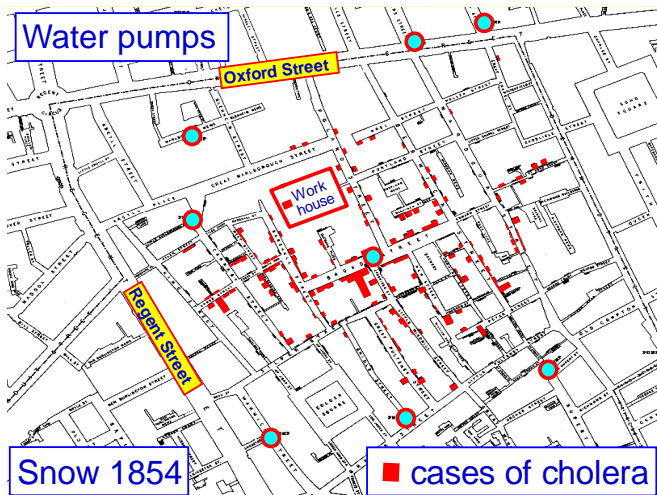
# Cholera

- ▶ Is it caused by bad air, or bad water?
- ▶ What's bad about it?

# Cholera and air







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# Yellow fever and malaria

- ▶ Ross determined the cause of malaria primarily by experiments on mosquitoes
- ▶ Reed determined the cause of yellow fever primarily by experiments on human volunteers

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# Data, models and science

- ▶ We're never finished, we compare models to data over and over again
- ▶ Data is what we use to develop and understand models
- ▶ Models are what we use to interpret data
  - ▶ and they can suggest what data we need to collect
- ▶ Complicated or hard-to-test theories may require *dynamical* models



## Classical epidemiology

- ▶ Avoid mechanism
- ▶ Control for non-independence of “units”

## Dynamical epidemiology

- ▶ Embrace mechanism
- ▶ Explicitly incorporate dependence between units
  - ▶ X is infected because Y infected them

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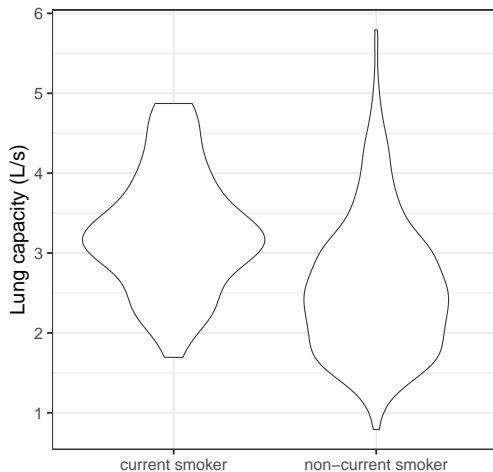
Classical epidemiology

Dynamical epidemiology

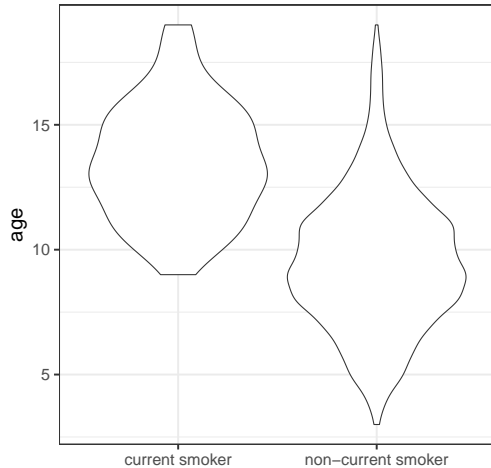
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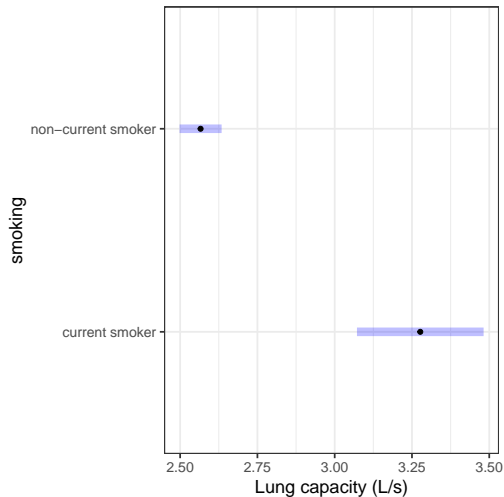
# Classical example



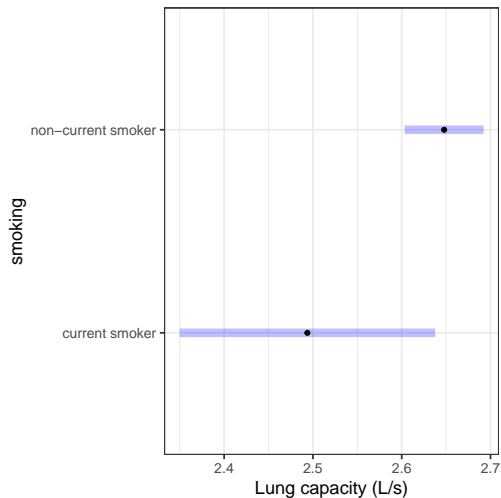
# Classical example



# Univariate means



# Multivariate means



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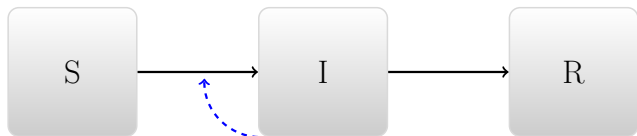
Classical epidemiology

**Dynamical epidemiology**

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# Dynamical epidemiology





# Bridging

- ▶ Classical epidemiology relies on statistics, avoids mechanism
- ▶ Mathematical epidemiology (the traditional approach to dynamical epidemiology) explores mechanism, avoids statistics
- ▶ Much modern dynamical epidemiology seeks ways to put dynamical mechanisms into a statistical framework
  - ▶ This is hard

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# Building knowledge from data

- ▶ We must have communication up and down the analysis pipeline
  - ▶ Data are collected in the field
  - ▶ Organized and documented
  - ▶ Protected (for confidentiality, and often for the rights of collectors)
  - ▶ Summarized
  - ▶ Modeled

## Example: COVID incidence

- ▶ Positive test results but no negative test results
  - ▶ Can't correct for testing intensity
- ▶ Positive and negative test results, but no individual identifiers
  - ▶ Can't correct for multiple testing of the same people
- ▶ Test results, but not reason for testing
  - ▶ Can't correct for testing focus

## Example: COVID variants

- ▶ Mutational screens not linked to individuals
  - ▶ We can estimate mutations, but not variants
- ▶ Reasons for screening or sequencing not provided
  - ▶ Can't correct for selection bias
- ▶ Personal information not provided
  - ▶ Can't look for geographical patterns, vaccine effectiveness,  
...

## Example: West Africa Ebola Outbreak

- ▶ Medical vs. public-health priorities
  - ▶ Am I responsible if my data request increases the pressure on a front-line responder?
- ▶ Individual-level vs. population considerations
  - ▶ When it is OK to randomize people to receive a placebo vaccine or treatment?

## Example: Microbiome studies

- ▶ In some fields, the amount of apparently high-quality data is far outstripping the ability to understand it
- ▶ Lots of reasonably intelligent experiments (or observational designs)
- ▶ Huge lists of taxonomic (or metagenomic) communities

[nature](#) > [scientific reports](#) > [articles](#) > [article](#)

Article | [Open Access](#) | [Published: 21 June 2021](#)

## SARS-CoV-2 viral load in nasopharyngeal swabs is not an independent predictor of unfavorable outcome

Sonsoles Salto-Alejandre, Judith Berastegui-Cabrera, Pedro Camacho-Martínez, Carmen Infante-Domínguez, Marta Carretero-Ledesma, Juan Carlos Crespo-Rivas, Eduardo Márquez, José Manuel Lomas, Claudio Bueno, Rosario Amaya, José Antonio Lepe, José Miguel Cisneros, Jerónimo Pachón  
✉, Elisa Cordero, Javier Sánchez-Céspedes & The Virgen del Rocío Hospital COVID-19 Working Team

*Scientific Reports* **11**, Article number: 12931 (2021) | [Cite this article](#)

**256** Accesses | **1** Altmetric | [Metrics](#)

<https://www.nature.com/articles/s41598-021-92400-y>



# Data vs. models

- ▶ Models can teach us a lot, but good data with a simplistic model is usually better than poor (or poorly contextualized) data with a good model
- ▶ Sometimes, the most valuable thing about the model is that it helps us figure out what data we need
  - ▶ \* Value-of-information models

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- ▶ Science is an ongoing process
- ▶ Models are the way that we bridge between theory and reality
- ▶ We can only bridge to reality if we can measure reality
  - ▶ Collect and curate good data
- ▶ Dynamical models have a key role
  - ▶ When we can't do experiments
  - ▶ When mechanisms are complex
- ▶ We should work to combine dynamics with statistical approaches



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