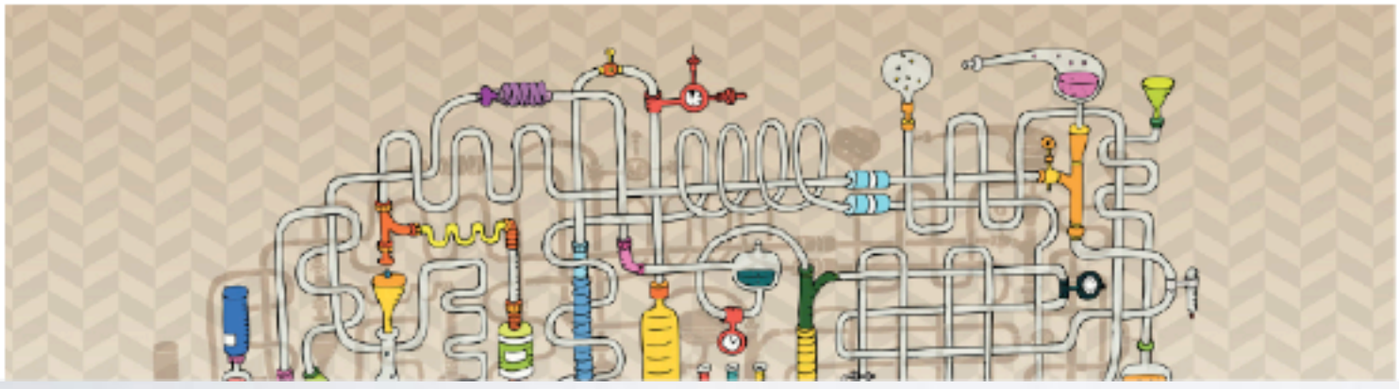
Reproducible Research, Just Not Reproducible By You

By DAVID CROTTY | MAY 24, 2017 | 22 COMMENTS

DATA PUBLISHING | RESEARCH | TECHNOLOGY

We tend to think of research as either being reproducible and thus valid, or irreproducible, and questionable. This sort of binary thinking is problematic, because there's a large body of research that's entirely accurate but not easily reproduced. Do we need a new term for results fall into this in-between zone?

At the recent STM Annual Meeting in Washington, Moshe Pritsker, founder and CEO of the *Journal of Visualized Experiments* (*JOVE*) gave a talk about the gaping hole present in efforts to drive scientific reproducibility. Enormous amounts of effort, money, and regulation have been put toward opening up the data behind published experiments. But very little attention seems to have been directed toward the protocols and methodologies used to collect those data.



FluView

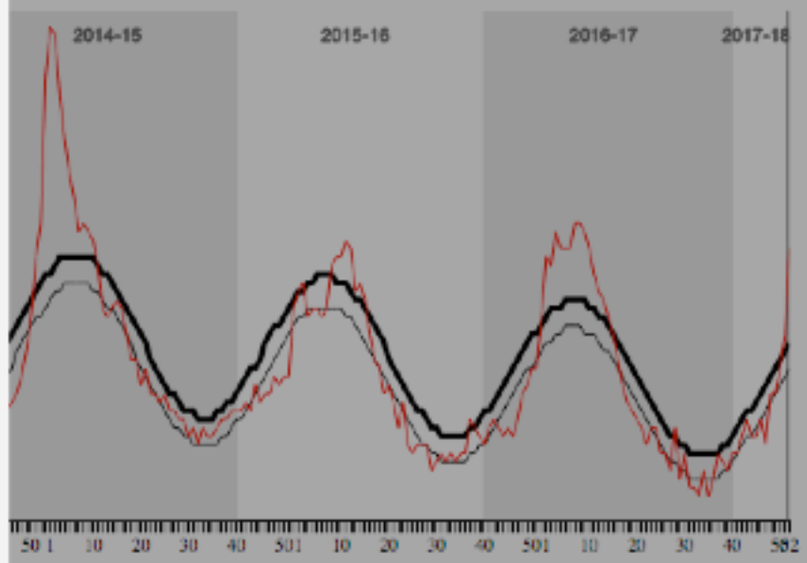
Pneumonia and Influenza Mortality Surveillance from the National Center for Health Statistics Mortality Surveillance System

Season: 2017-18 | << | 40 | 50 | 52 | >> | National | State | Region | Downloads | Help | Age: All

National Summary for week 52 (ending December 30, 2017)

Pneumonia and influenza, National Summary | Download Image

2013-18



Disclaimer

National Center for Health Statistics Mortality Surveillance System-

The National Center for Health Statistics (NCHS) collects and disseminates the Nation's official vital statistics. NCHS collects death certificate data from state vital statistics offices for virtually all deaths occurring in the United States. Pneumonia and influenza (P&I) deaths are identified based on ICD-10 multiple cause of death codes.

NCHS Mortality Surveillance System data are presented by the week the death occurred at the national, state, and HHS Region levels. Data on the percentage of deaths due to P&I on a national level are released two weeks after the week of death to allow for collection of enough data to produce a stable percentage. States and HHS regions with less than 20% of the expected total deaths (average number of total deaths reported by week during 2008-2012) will be marked as insufficient data. Collection of complete data is not expected at the time of initial report, and a reliable percentage of deaths due to P&I is not anticipated at the U.S. Department of Health and Human Services region or state level within this two week period. The data for earlier weeks are continually revised and the proportion of deaths due to P&I may increase or decrease as new and updated death certificate data are received by NCHS.

The seasonal baseline of P&I deaths is calculated using a periodic regression model that incorporates a robust regression procedure

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Week	Number of Influe	otal Deaths	Percent Complete
Selected Week (week 52)	453	,037	86.2%
Week 51	269	,463	93.4%
Week 50	136	,337	97.4%