Dear Editorial Team,

Across the globe, predictions about whether we are “done with” COVID-19 have often proven disastrously wrong.  Overreliance on *infectious disease dynamics models*, which try to capture in an artificial mathematical or simulation environment all the relevant characteristics of COVID-19’s contact with a new population to make a projection about what comes next, has not been well rewarded during this pandemic.  Even sophisticated modeling efforts must confront the obvious fact that the world is not a controlled simulation environment, and therefore is not fully predictable in the same way as, say, the aerodynamical laws permitting airplane flight.

A different kind of modeling—the type that is more commonly associated with financial markets and business forecasting than the disease forecasting field--has been relatively underused in the response to COVID-19, but offers a potential path forward.  This *data modeling* approach does not make assumptions about, say, how many people will be infected in the next time period by a current patient, or what proportion of people in Pittsburgh or Paris adhere to mask-wearing.  Rather, it asks: “what story does the (actual) data tell?”  We believe this approach avoids the pitfalls of assuming that the world will act like our simulators (it won’t) and has the advantage of enabling cross-outbreak comparisons of geographically distant outbreaks if we can discern the relevant features of the data to highlight (we can).

Our most recent efforts at such data modeling is contained in this small submission, which presents a novel visualization of similar outbreaks across regional or country levels using available public data.  This new graphical method can provides medical and public health officials, political leaders, and the general public with an answer to the questions, “Where are we now and what lies ahead?”  Specifically, it shows where a specific locale “sits” at the intersection of current epidemic growth and potential time to waning of an outbreak compared to other outbreaks of similar COVID-19 variants.

                This manuscript represents original work and has not been previously published in peer review or pre-print form.  The authors have no competing interests that would preclude publication in The Lancet.  We welcome your consideration of this work at this critical time in the global fight against COVID-19.

Sincerely,

Alex Washburne & colleagues