For paper 2 it seems that I have settled on writing about the two measles outbreaks, in 2017 and 2018. What I have been working on in the last section of the discussion is the role that the geopolitical landscape has played in creating the vulnerability to these epidemics, namely the fact that it was under Daesh control for 3 years and under heavy conflict from all parties. That is what I’ve got so far. I do not know how to measure the heaviness of the conflict yet, although we do have that attack on healthcare facilities data that I could use. Also, I do not know what Daesh’s policies were in the area: did they allow measles vaccinations? Other vaccinations? We got data out of there, but were people more afraid to go to clinics? Was there other possible outbreaks that were suppressed? Unlikely, because 1) we did get data out of there throughout the whole time, and even if it was suppressed something have been detected if there was a true outbreak 2) these things spread, so difficult to suppress over many districts. Unless there was a particular district or subdistrict that did actually introduce the epidemic of measles in 2016 that we only caught in 2017.

Also, we need to identify strain of this virus. Were both epidemics one strain? Multiple strain? How were they geographically spread out? This could help us identify if there is a common source or vulnerability in the population.

Aside from speculating at the etiology of these outbreaks, the discussion really should try to lift up the story of those affected somehow. How would I do that? I don’t know, especially in a quantitative academic paper such as this.

I need to practice proper typing form, my right pinky and ring finger are weak sauce.

What are the main takeaways from this paper? I suppose it is that there were two outbreaks in a country that had eliminated measles, that these outbreaks happened in areas that were especially susceptible due to geopolitical realities, and that despite all of that the response has been either a) effective because we have no outbreaks in 2019 b) too slow because we burned through all of the susceptible

What is also interesting is that there are a substantial number of adult cases. I’d expect there to be less, since adults are more likely to have been immunized prior to the war. Why are the adults susceptible? Kids <5 makes sense, because they were born during the war for 2017 and 2018. Should also talk about the percent needed to immunize to provide herd immunity.

WOAH, that’s interesting actually… war started in 2011, and 5 years later the kids <5 are all born during the war. 2017 is the first year where that is true for all kids <5. Should find out when things got serious in Raqqa, my hunch is early 2013 at the latest. That makes a ton of sense. Nice. Outbreak in the first gen that is born completely during the war.

Why does any of that matter? Well it shows the power of collecting data in the middle of a crisis, it shows the effects that the crisis has on population health can be assessed in relatively quickly, it shows that data driven responses are more effective than those without. How do I prove that last point? That seems pretty crucial… I guess it is because of the two polio outbreaks that we can compare.