



# Data Management for Epidemiology

Borchert, Dr. Schapranow  
Data Management for Digital Health  
Winter 2023

# Agenda

## Pillars of the Lecture

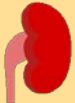
### Medical Use Cases



Biology Recap



Oncology



Nephrology



Infectious  
Diseases

### Technology Foundation



Data  
Sources



Data  
Formats



Processing and  
Analysis



Software  
Architectures

### Machine Learning

Data



Refine



Evaluate



Prediction +  
Probability

**Data Management for  
Epidemiology**

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Digital Health, Winter  
2023  
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# Agenda

## Pillars of the Lecture

### Medical Use Cases



Biology Recap



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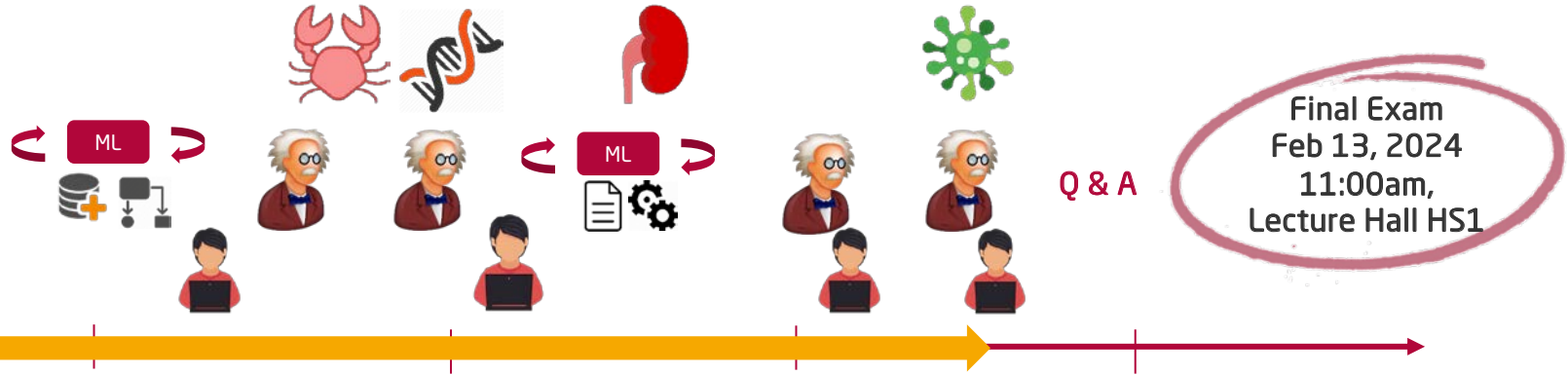
Prediction +  
Probability

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# Lecture Schedule



Nov

Dec

Jan

Feb

- Lecture Kickoff
- Actors in Healthcare
- Digital Health Data

- Machine Learning (ML) Foundations
- Use Case Oncology
- Biology Recap

- Natural Language Processing
- Use Case Nephrology & Intensive Care
- Supervised ML & Deep Learning

- Use Case Infectious Diseases
- Unsupervised ML

Q & A

Final Exam  
Feb 13, 2024  
11:00am,  
Lecture Hall HS1

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# Agenda

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- Epidemiology and Disease Modeling
- Contact Tracing
- Epidemiological Surveillance and Situational Reports
- Variant Surveillance

# Epidemiology

## Definitions You Should Know

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- **Epidemiology** := Study of risk factors, occurrences, distributions, causes and consequences of diseases in a defined population
- Makes use of statistical methods / models to describe spread of diseases and identify cause-effect relationships

# Prevalence and Incidence

## For a specific medical condition in a given population...

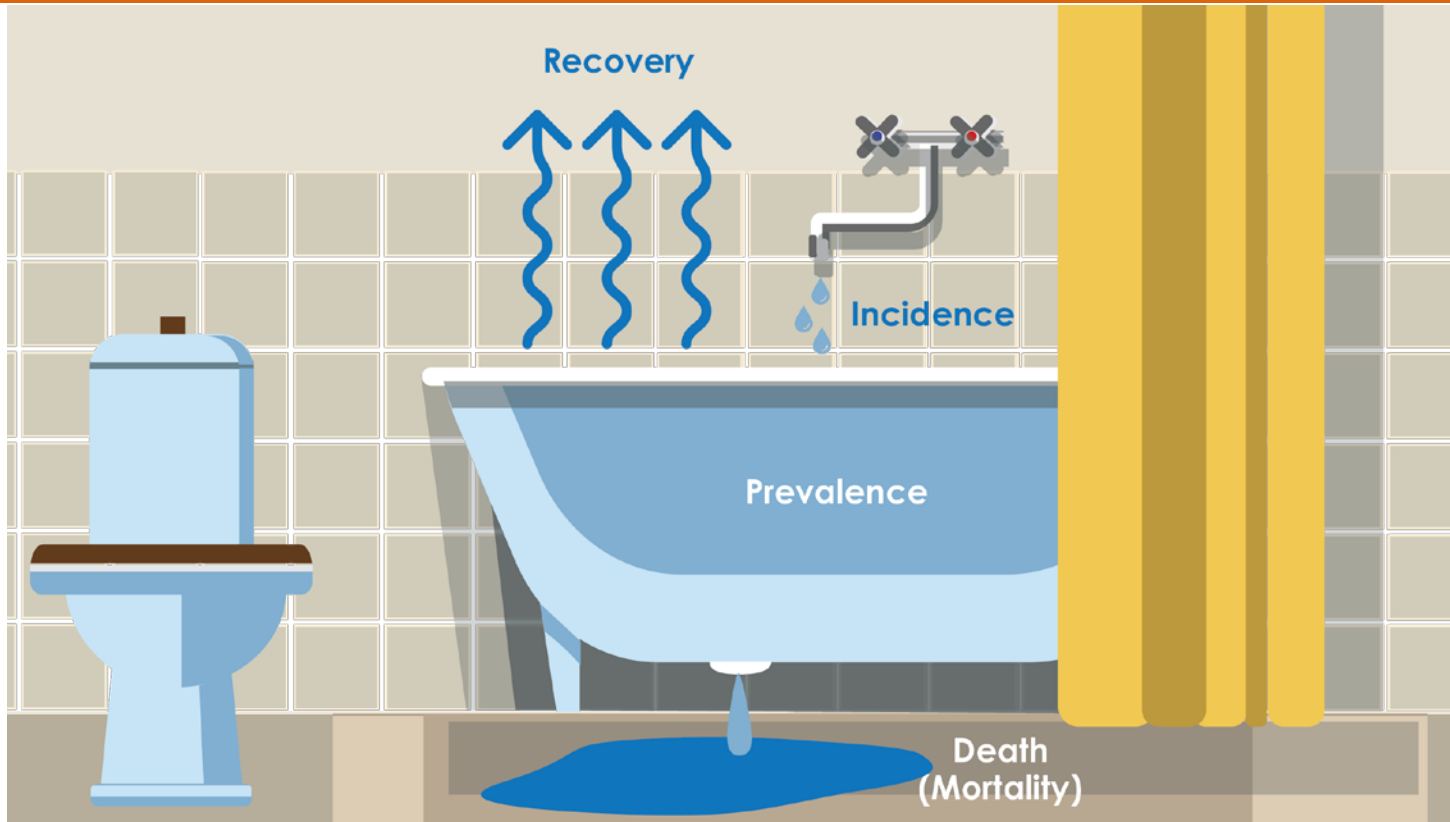
- **(Period, Point) Prevalence:**  $Pr = \frac{n_{diseased}}{n_{pop}} \rightarrow [0,1]$ 
  - Ratio of all cases and the complete population for a given timespan or at a given point while event of interest have happened before
- **Risk, Cumulative Incidence, Incidence Proportion:**  $IP_{\Delta t} = \frac{n_{diseased} \text{ during } \Delta t}{n_{risk} \text{ at } t_0} \rightarrow [0,1]$ 
  - "Probability to catch the disease"
  - Ratio of new cases during a given timespan  $\Delta t$  and persons at risk at  $t_0$  (excl. infected person at  $t_0$ ).
- **Incidence Rate:**  $IR = \frac{n_{diseased} \text{ during } \Delta t}{\sum t \cdot nrisk} \rightarrow [0, \infty[$  (per normalized pop) per timespan
  - Ratio of new cases during a given timespan  $\Delta t$  and person years at risk during the same period of time, i.e. total amount of time (in years) each person of the population is at risk of the disease during the period of interest

# Prevalence and Incidence Summary

	Prevalence	Incidence Proportion	Incidence Rate
Numerator	# <u>all</u> cases (new and pre-existing)	# <u>new</u> cases	# <u>new</u> cases
Denominator	Population at point in time / period of time	#population at risk	Total person years of observation



# Prevalence and Incidence Epidemiologist's Bathtub



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# Example

- Scenario: As an epidemiologist, you conducted a survey amongst your fellow students. You ask whether people are currently infected with COVID-19.

Students / Years	2020	2021	2022	2023	2024
A	-	-	-	n/a	n/a
B	-	-	+	-	-
C	-	-	+	-	-
D	-	+	+	-	-
E	-	+	+	+	-

- Period prevalence for 2020-2024: ?
- Incidence proportion in 2021: ?
- Incidence proportion in 2022: ?
- Incidence rate: ?

## Example (cont'd)

- Scenario: As an epidemiologist, you conducted a survey amongst your fellow students. You ask whether people are currently infected with COVID-19.

Students / Years	2020	2021	2022	2023	2024
A	-	-	-	n/a	n/a
B	-	-	+	-	-
C	-	-	+	-	-
D	-	+	+	-	-
E	-	+	+	+	-

- Period prevalence for 2020-2024: 4 total cases / 5 size of population = 80%
- Incidence proportion in 2021: 2 new case / 5 people at risk at  $t_0$  = 40%
- Incidence proportion in 2022: 4 new case / 5 people at risk at  $t_0$  = 80%
- Incidence rate: 7 new cases / 16 person years = 437,5 new cases per 1k person years

- Susceptible individuals
- (Exposed individuals)
- Infected individuals
- Recovered individuals
- S(E)IR model : =  $S \rightarrow (E \rightarrow) I \rightarrow R$
  
- Carrier individuals
- Deceased individuals
- Vaccinated individuals
- Maternally-derived immunity
- Further models: SECIR, SEIRD, MSIR, SIRV, etc.

# Reproduction number R

- **Basic reproduction  $R_0$  (typically estimated)** := Expected number of new cases caused by a single case at  $t_0$  when all individuals were in compartment S
- **Effective reproduction  $R_t$  (observed)** := Avg. number of new cases caused by a single case at time point t (this is what you find in situational reports)
- Linking  $R_t$  and  $R_0$ : Let  $s$  be the proportion of people in compartment S, who can get infected (e.g. no immunity):  $R_t = R_0 * s$
- **Herd immunity** := Indirect protection against infectious diseases once a specific percentage  $p_{immune}$  of the population has become immune so that  $R_t < 1$ .
  - $R_t < 1 \Leftrightarrow R_0 * s < 1$
  - $R_0 * (1 - p_{immune}) < 1$
  - $p_{immune} > 1 - R_0^{-1}$

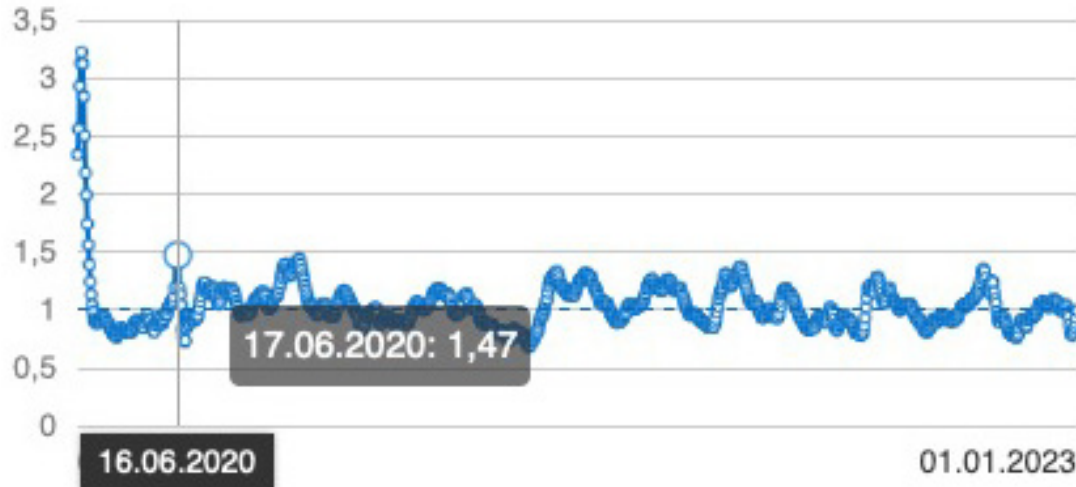
# Reproduction number $R_t$ COVID-19 in Germany Mar 2020 - Dec 2022

## R-Wert

Meldesystem gemäß IfSG

0,99

+0,18



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# Reproduction number R

## Examples

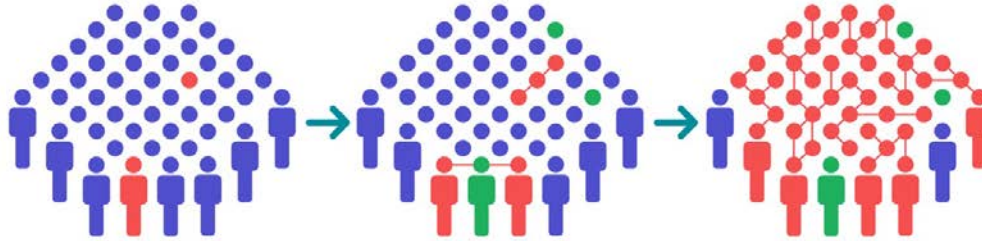
Disease	Transmission way	$R_0$	Herd immunity ( $1-R_0^{-1}$ )
Chickenpox, mumps	Aerosol, Respiratory droplets	10-12	90-92%
AIDS	Body fluids	2-5	50-80%
COVID-19, SARS	Respiratory droplets, aerosols	2-4	50-75%
Ebola (2014)	Body fluids	1.8	44%
Influenza (seasonal strains)	Respiratory droplets	1.3	23%

# Reproduction number R

## Impact of $p_{\text{immune}}$ / Vaccinations

No vaccinations

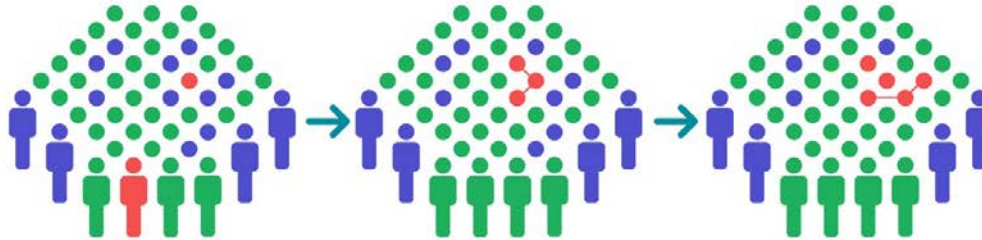
$R_0 = 2$



● Susceptible ● Infectious ● Immune

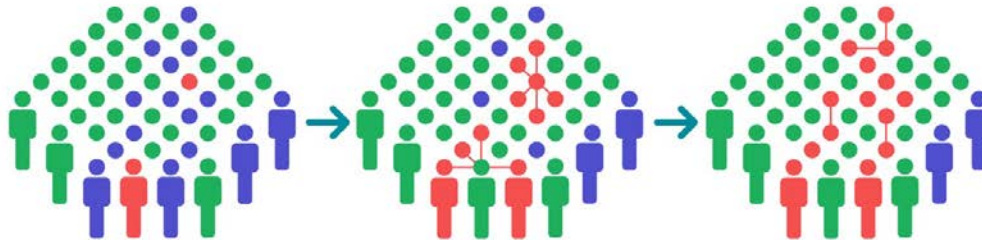
75% vaccinated

$R_0 = 2$



75% vaccinated

$R_0 = 5$



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# Epidemiological Surveillance and Situational Reports

## << Brainstorming Sessions >>

- **Epidemiological surveillance** := On-going, systematic collection, analysis, evaluation and dissemination of health data for the purpose of planning, implementation and evaluation of disease control measures (RKI)
- What could be sources of health data?
- What could be measures?



Photo by Jason Blackeye

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OXFORD STREET

REGENT STREET

PRINCES STREET

HANOVER STREET

GEORGE STREET

MADDOX STREET

NEW BURLINGTON STREET

GREAT MARLBOROUGH STREET

WORK HOUSE

GOLDEN SQUARE

NOEL STREET

PORTLAND STREET

BROAD STREET

GREAT PUTNEY STREET

POLLEN STREET

WICK STREET

EDWARD STREET

BERRY STREET

PETER STREET

LITTLE POLYANNA STREET

ARCHER STREET

SOHO SQUARE

QUEEN STREET

OLD COMPTON STREET

CHURCH STREET

WATSFIELD STREET

GERRARD STREET

PUMP

PUMP

PUMP

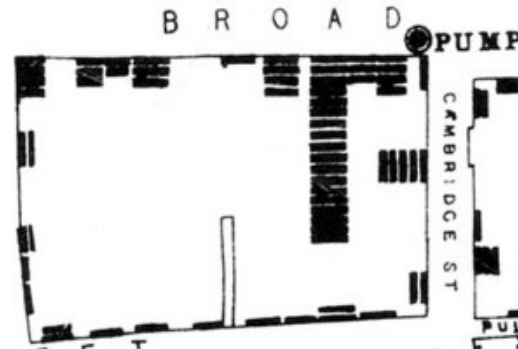
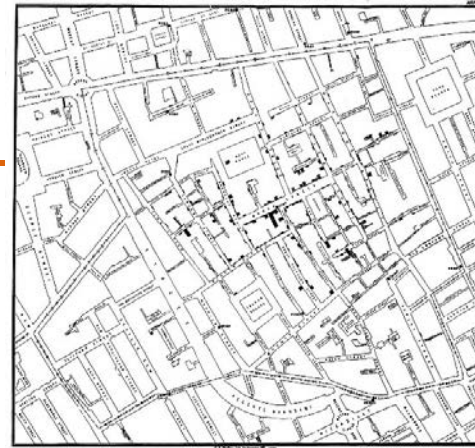
PUMP

PUMP

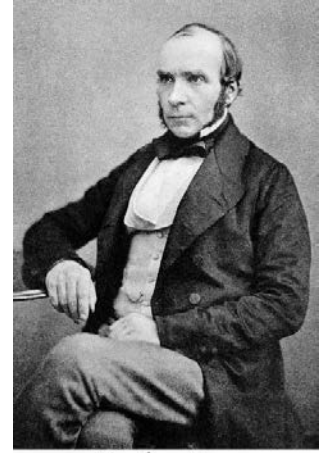
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# Real-world Data™ Saving Lives 1854

- Until the 19<sup>th</sup> century, it was not understood how disease transmission works (according to miasma theory, “bad air” was made responsible)
- During 1846-1860 cholera outbreak, physician **John Snow** hypothesized germ-contaminated water might be the actual cause of the disease
- Using a dot map of incidents, he found evidence that cholera cases are related to the public water pump on Broad Street
- 1<sup>st</sup> epidemiological study
- Germ theory was still rejected, until confirmed by more formal experiments (Louis Pasteur)



[https://www.ph.ucla.edu/epi/snow/graphics/broadblock\\_original.jpg](https://www.ph.ucla.edu/epi/snow/graphics/broadblock_original.jpg)  
[https://en.wikipedia.org/wiki/John\\_Snow](https://en.wikipedia.org/wiki/John_Snow)



*John Snow*

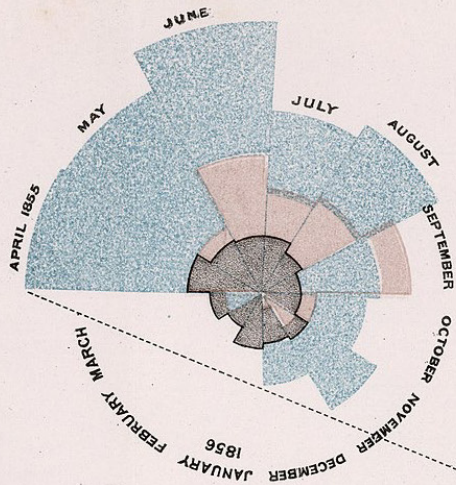
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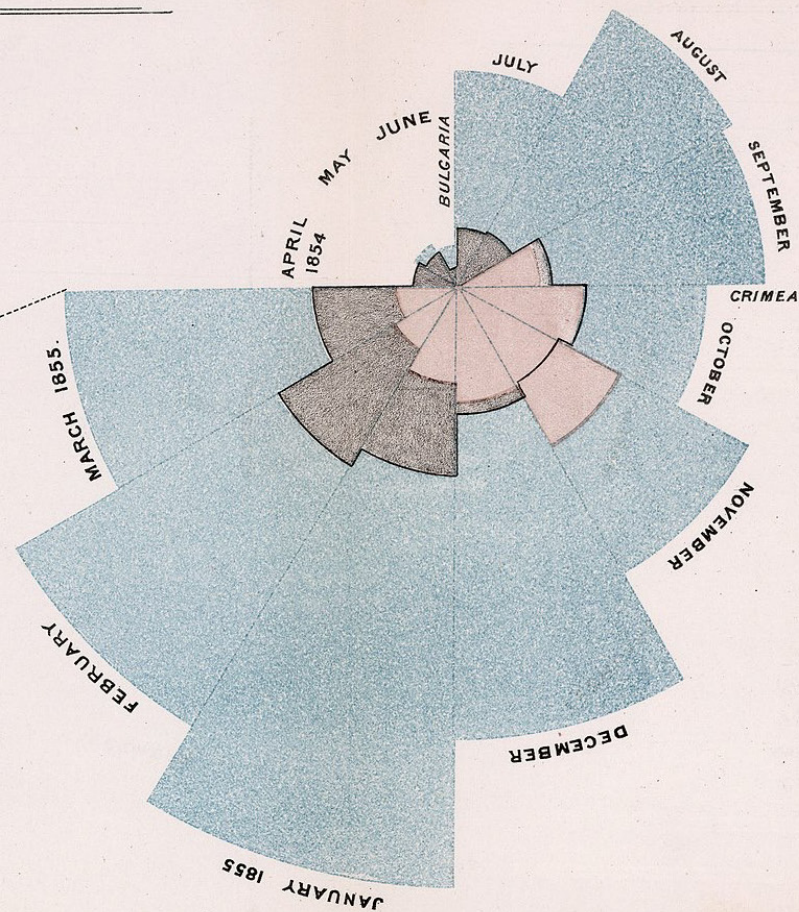
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# DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST.

2.  
APRIL 1855 TO MARCH 1856.



1.  
APRIL 1854 TO MARCH 1855.



*The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.*

*The blue wedges measured from the centre of the circle represent area for area the deaths from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.*

*The black line across the red triangle in Nov: 1854 marks the boundary of the deaths from all other causes during the month.*

*In October 1854, & April 1855, the black area coincides with the red; in January & February 1855, the blue coincides with the black.*

*The entire areas may be compared by following the blue, the red & the black lines enclosing them.*

# Real-world Data™ Saving Lives 1858

- Florence Nightingale (1820-1910)
- Served as nursing administrator of British Army hospital in Scutari, Turkey during Crimean War (1853-1856)
- Rose / coxcomb / polar-area diagram designed by Florence Nightingale and William Farr, 1858
- Visualizes army deaths by reason
  - Blue: Preventable infectious diseases
  - Red: Wounds
  - Black: Other reasons



H. Lenthall, London

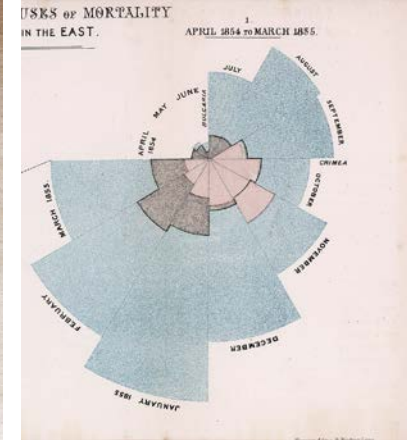
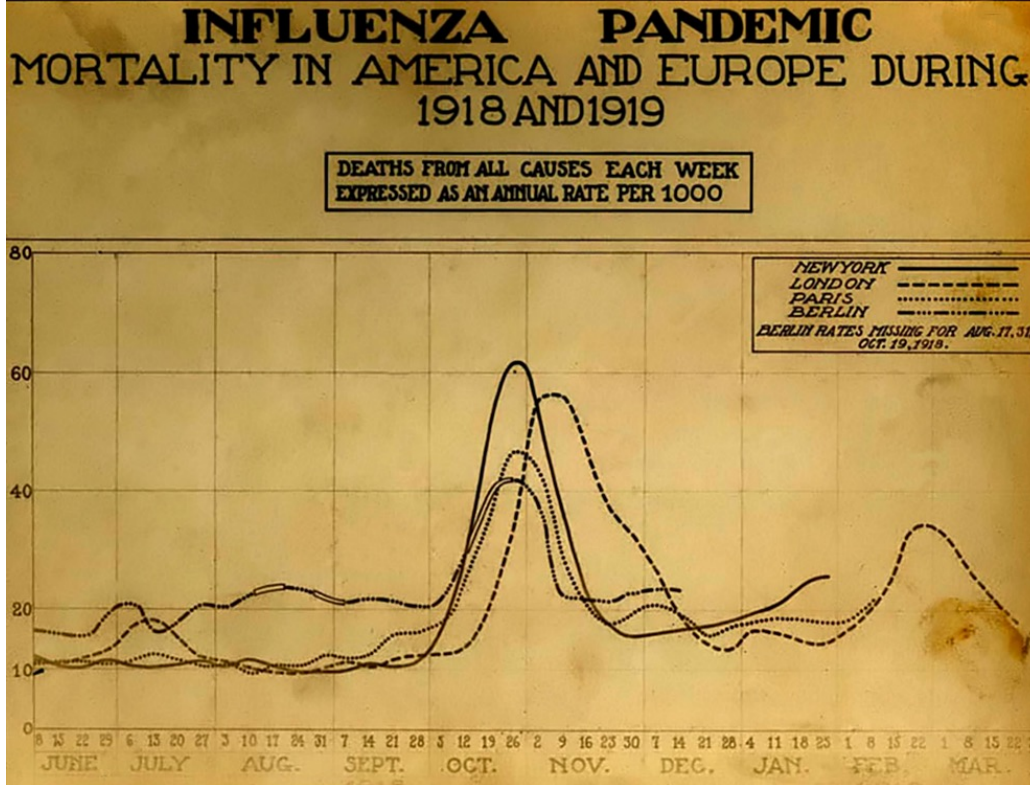


Diagram from 'Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army' by Florence Nightingale. Florence Nightingale Museum Collection

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# Influenza Pandemic (Spanish flu)



<https://www.samerbergernachrichten.de/spanische-grippe-und-corona-werbepakat/>

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# 2022 Situational Reports

- Official organizations create daily/weekly situational reports
- Most of the reports are static, e.g. HTML, Excel, PDF

## COVID-19: Fallzahlen in Deutschland und weltweit

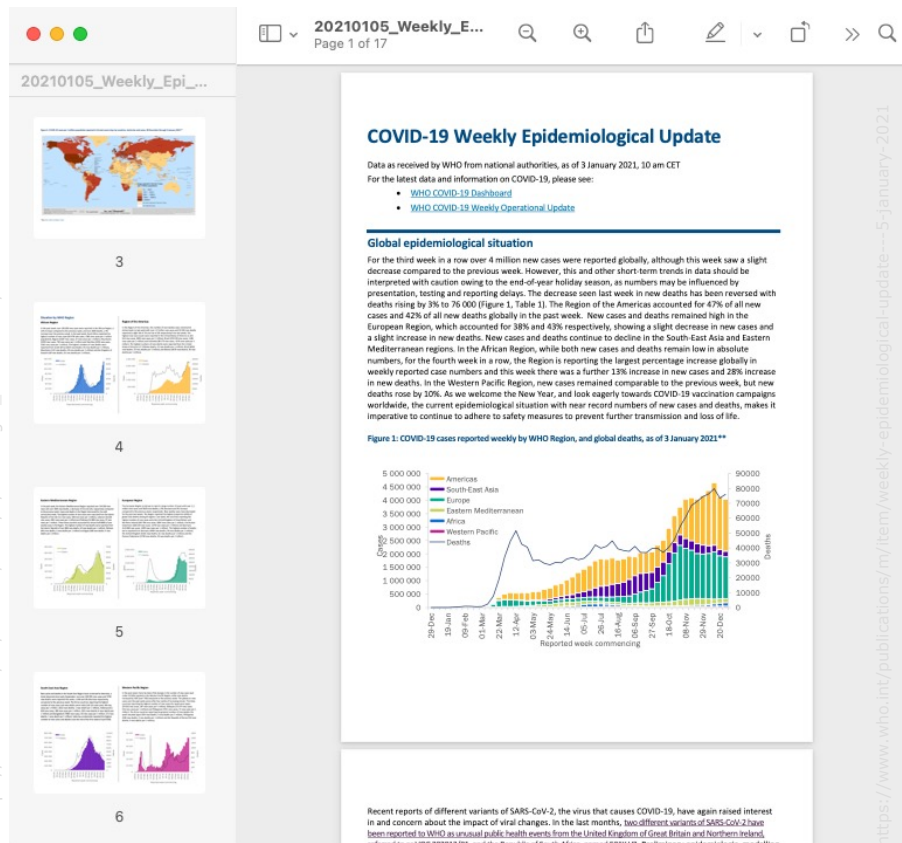
### Fallzahlen in Deutschland

Stand: 6.1.2021, 00:00 Uhr (online aktualisiert um 08:25 Uhr)

Während der Weihnachtsfeiertage, zum Jahreswechsel und an den umgebenden Tagen ist bei der Interpretation der Fallzahlen zu beachten, dass zum einen meist weniger Personen einen Arzt aufsuchen, dadurch werden weniger Proben genommen und weniger Laboruntersuchungen durchgeführt. Dies führt dazu, dass weniger Erregernachweise an die zuständigen Gesundheitsämter gemeldet werden. Zum anderen kann es sein, dass nicht alle Gesundheitsämter und zuständigen Landesbehörden an allen Tagen an das RKI übermitteln.

Die Anzahl der Fälle - und deren Differenz zum Vortag - und die Anzahl der Todesfälle beziehen sich auf Fälle, die dem RKI täglich übermittelt werden. Dies beinhaltet Fälle, die am gleichen Tag oder bereits an früheren Tagen an das Gesundheitsamt gemeldet worden sind. Bei den Fällen in den letzten 7 Tagen und der 7-Tage-Inzidenz liegt das Meldedatum beim Gesundheitsamt zugrunde, also das Datum, an dem das lokale Gesundheitsamt Kenntnis über den Fall erlangt und ihn elektronisch erfasst hat.

Bundesland	Elektronisch übermittelte Fälle				
	Anzahl	Differenz zum Vortag	Fälle in den letzten 7 Tagen	7-Tage-Inzidenz	Todesfälle
Baden-Württemberg	249.397	2.957	13.769	124	5.180
Bayern	338.786	1.691	18.224	139	7.260
Berlin	100.760	1.235	4.287	117	1.390
Brandenburg	44.556	1.393	3.626	144	1.083
Bremen	13.915	112	502	74	209
Hamburg	38.575	696	2.085	113	695
Hessen	142.925	1.913	8.161	130	3.211
Meck-	13.225	487	1.551	96	200



20210105\_Weekly\_Epi...

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### COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 3 January 2021, 10 am CET  
For the latest data and information on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

#### Global epidemiological situation

For the third week in a row over 4 million new cases were reported globally, although this week saw a slight decrease compared to the previous week. However, this and other short-term trends in data should be interpreted with caution owing to the end-of-year holiday season, as numbers may be influenced by presentation, testing and reporting delays. The decrease seen last week in new deaths has been reversed with deaths rising by 3% to 76 000 (Figure 1, Table 1). The Region of the Americas accounted for 47% of all new cases and 42% of all new deaths globally in the past week. New cases and deaths remained high in the European Region, which accounted for 38% and 43% respectively, showing a slight decrease in new cases and a slight increase in new deaths. New cases and deaths continue to decline in the South East Asia and Eastern Mediterranean regions. In the African Region, while both new cases and deaths remain low in absolute numbers, for the fourth week in a row, the Region is reporting the largest percentage increase globally in weekly reported case numbers and this week there was a further 13% increase in new cases and 28% increase in new deaths. In the Western Pacific Region, new cases remained comparable to the previous week, but new deaths rose by 10%. As we welcome the New Year, and look eagerly towards COVID-19 vaccination campaigns worldwide, the current epidemiological situation with near record numbers of new cases and deaths, makes it imperative to continue to adhere to safety measures to prevent further transmission and loss of life.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 3 January 2021\*\*

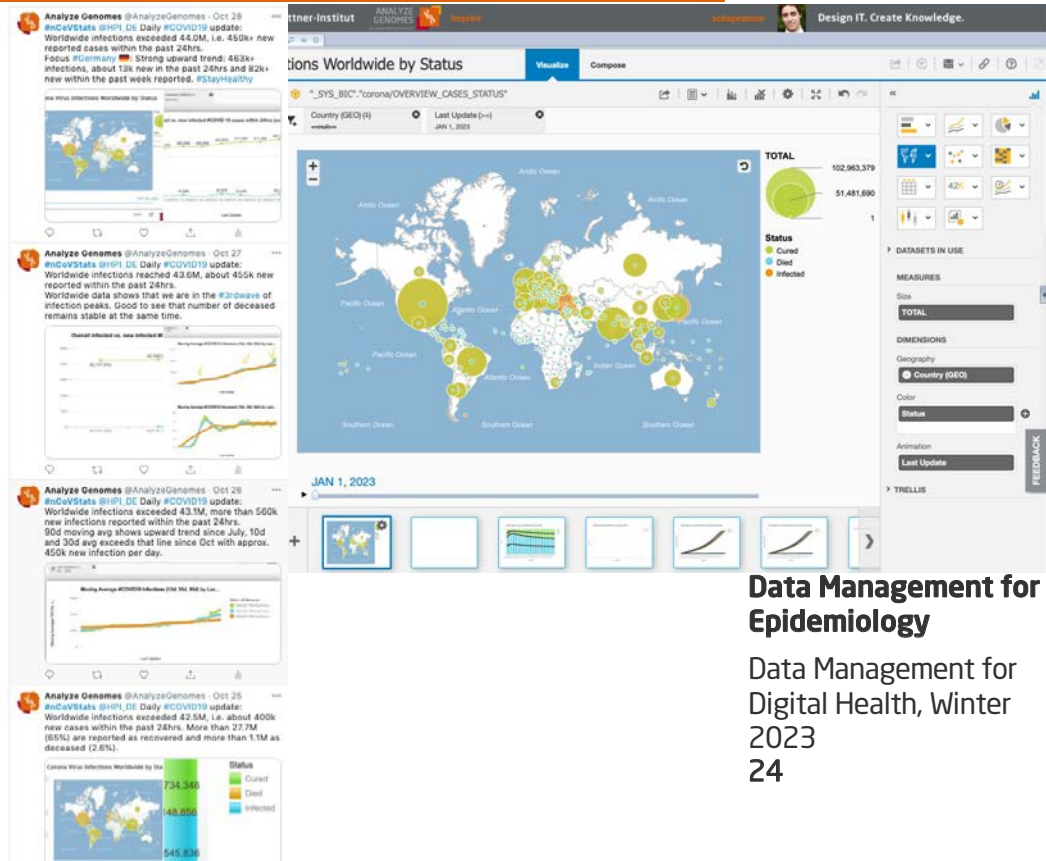
Recent reports of different variants of SARS-CoV-2, the virus that causes COVID-19, have again raised interest and concern about the impact of viral changes. In the last months, two different variants of SARS-CoV-2 have been reported to WHO as unusual public health events from the United Kingdom of Great Britain and Northern Ireland, referred to as VOC 202012/01, and the Republic of South Africa, named 501Y.V2. Preliminary epidemiological modelling

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\_Coronavirus/Fallzahlen.html

https://www.who.int/publications/m/item/weekly-epidemiological-update--5-january-2021

# How we have started #nCoVStats

- Kickstarted in Jan, launched Feb 1, 2020
- Incorporates in-memory database to enable real-time analytics
- Longitudinal pandemic database with 220k+ entries for 680+ regions
- Worldwide open access to latest data
- Interactive graphical data analysis tool
- Daily #nCoVStats update on Twitter
- Link: <https://we.analyzegenomes.com/apps/nCoVStats/>

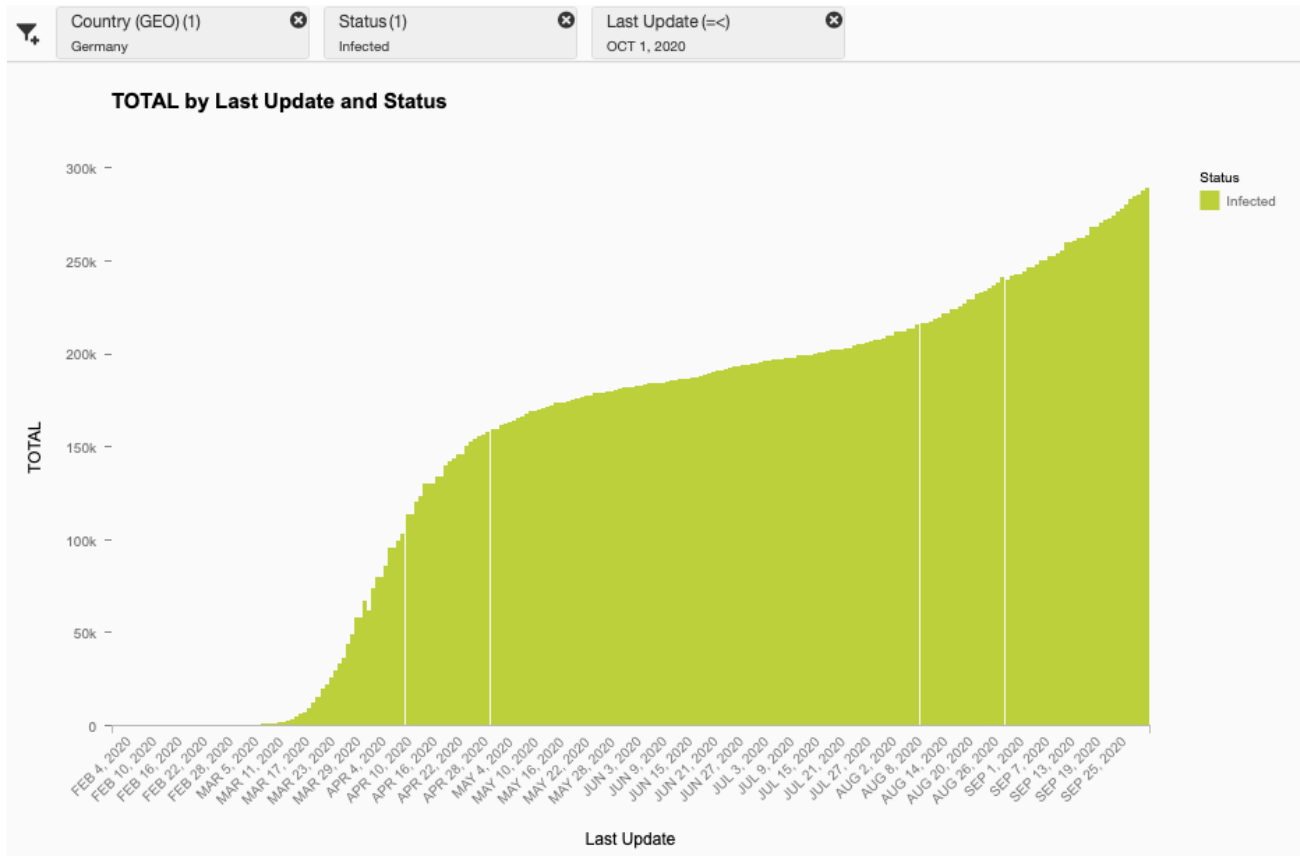


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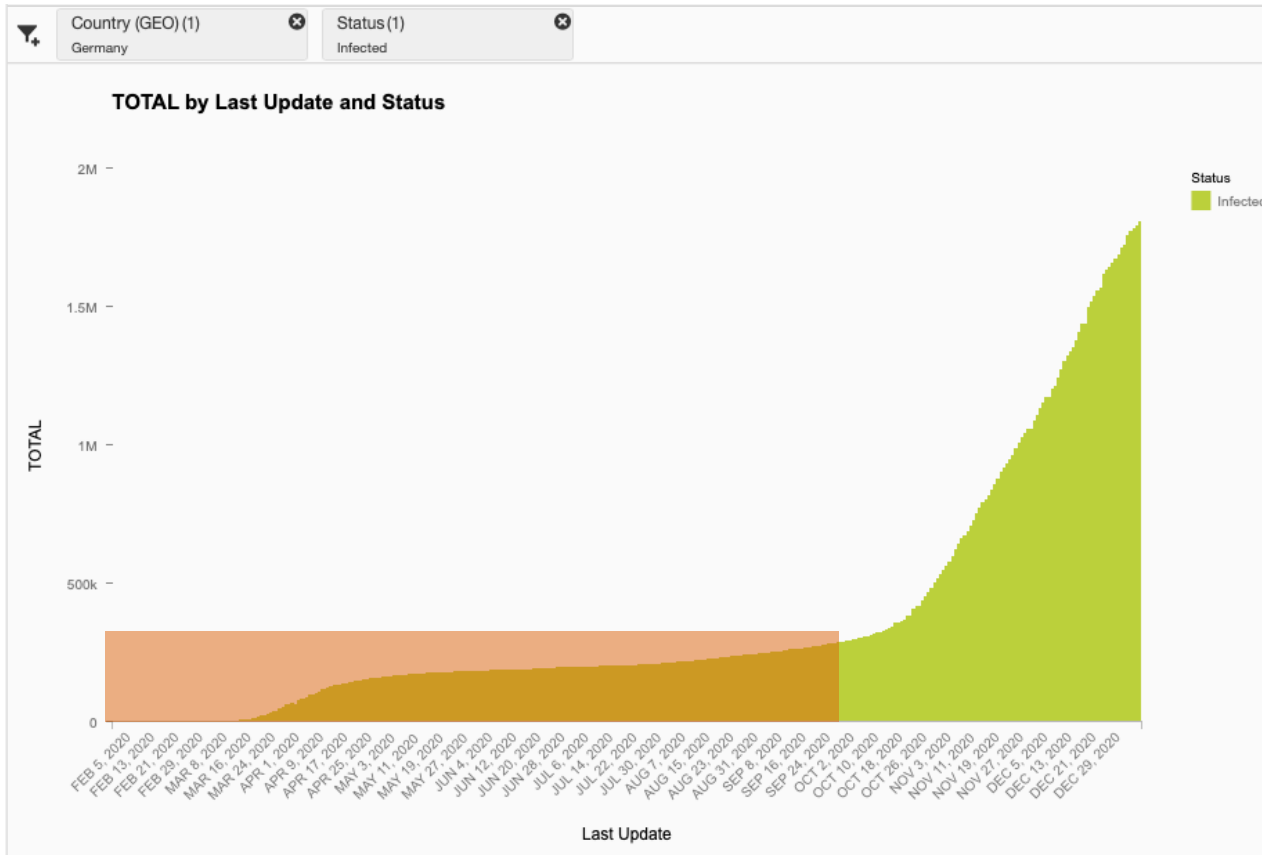
# What is Crucial for Informed Decision Making?



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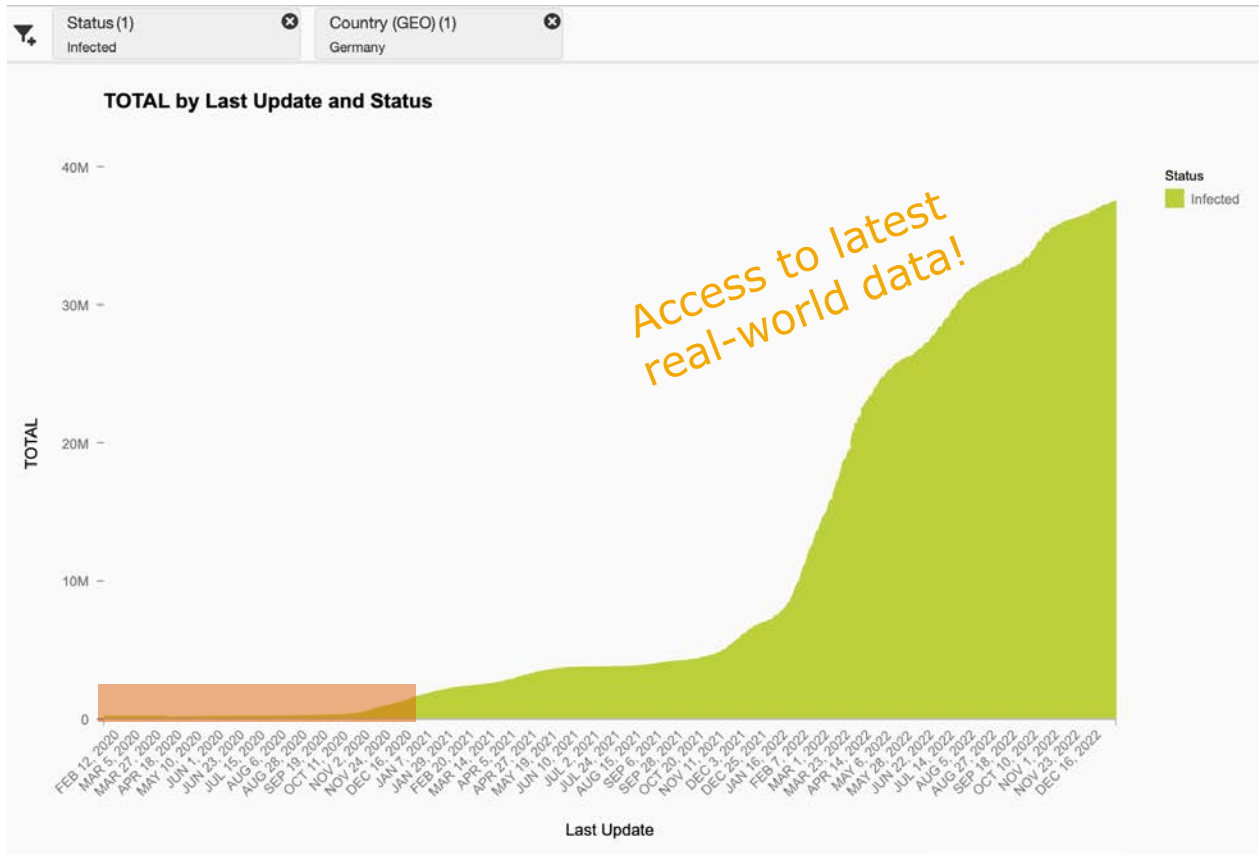
# What is Crucial for Informed Decision Making? (cont'd)



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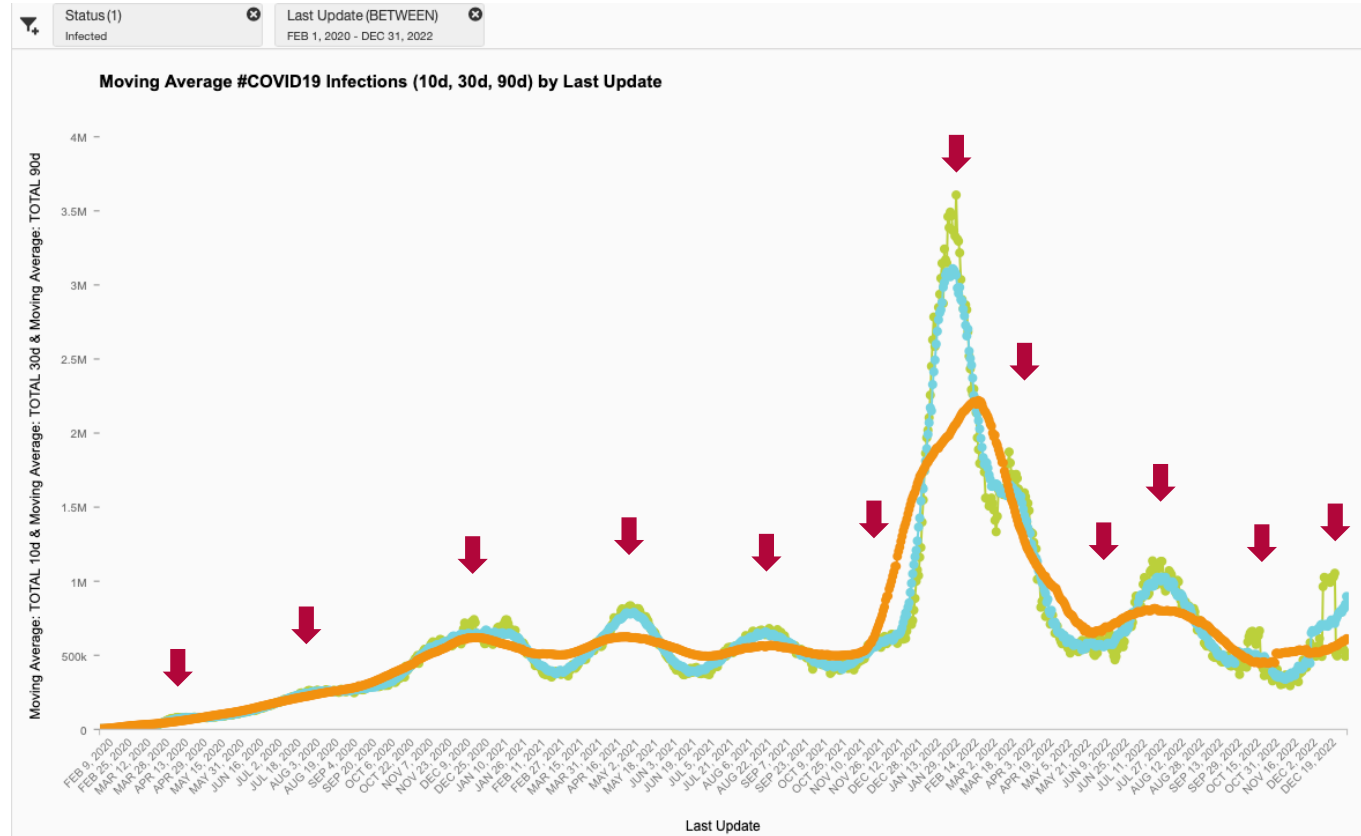
# What is Crucial for Informed Decision Making? (cont'd)



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# New Infections (Worldwide) over Time (Feb 2020-Dec 2022)

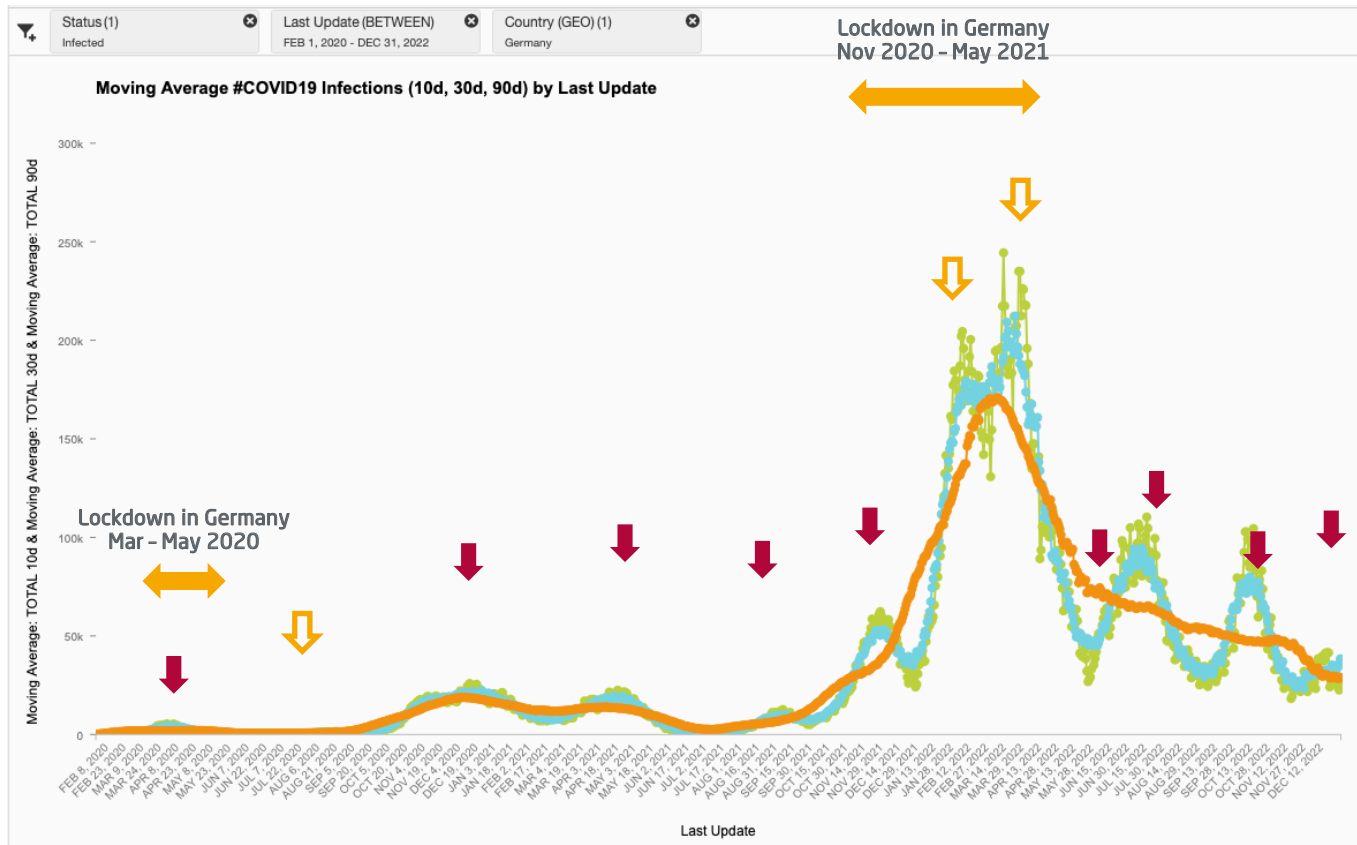


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# New Infections (Germany) over Time (Feb 2020-Dec 2022)

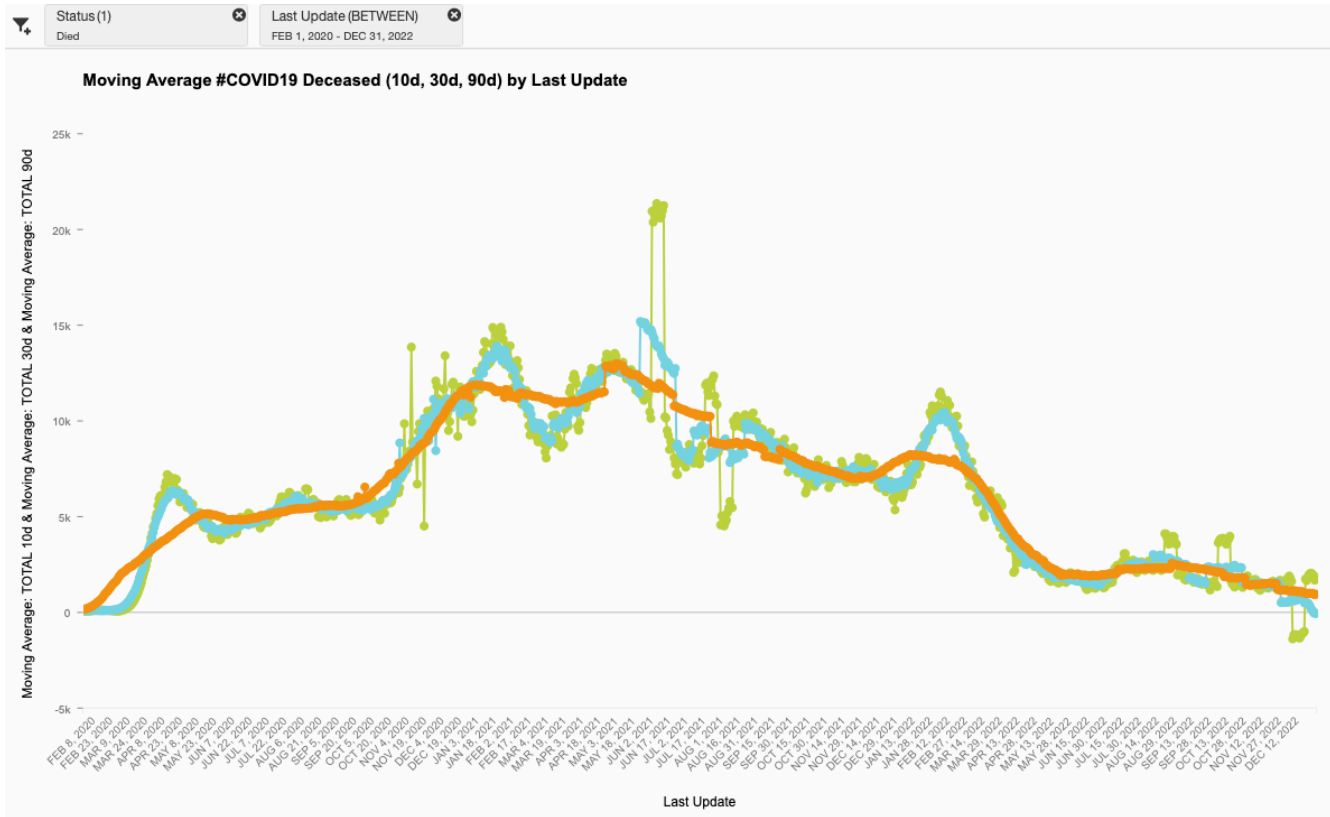


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# New Deceased (Worldwide) over Time (Feb 2020-Dec 2022)

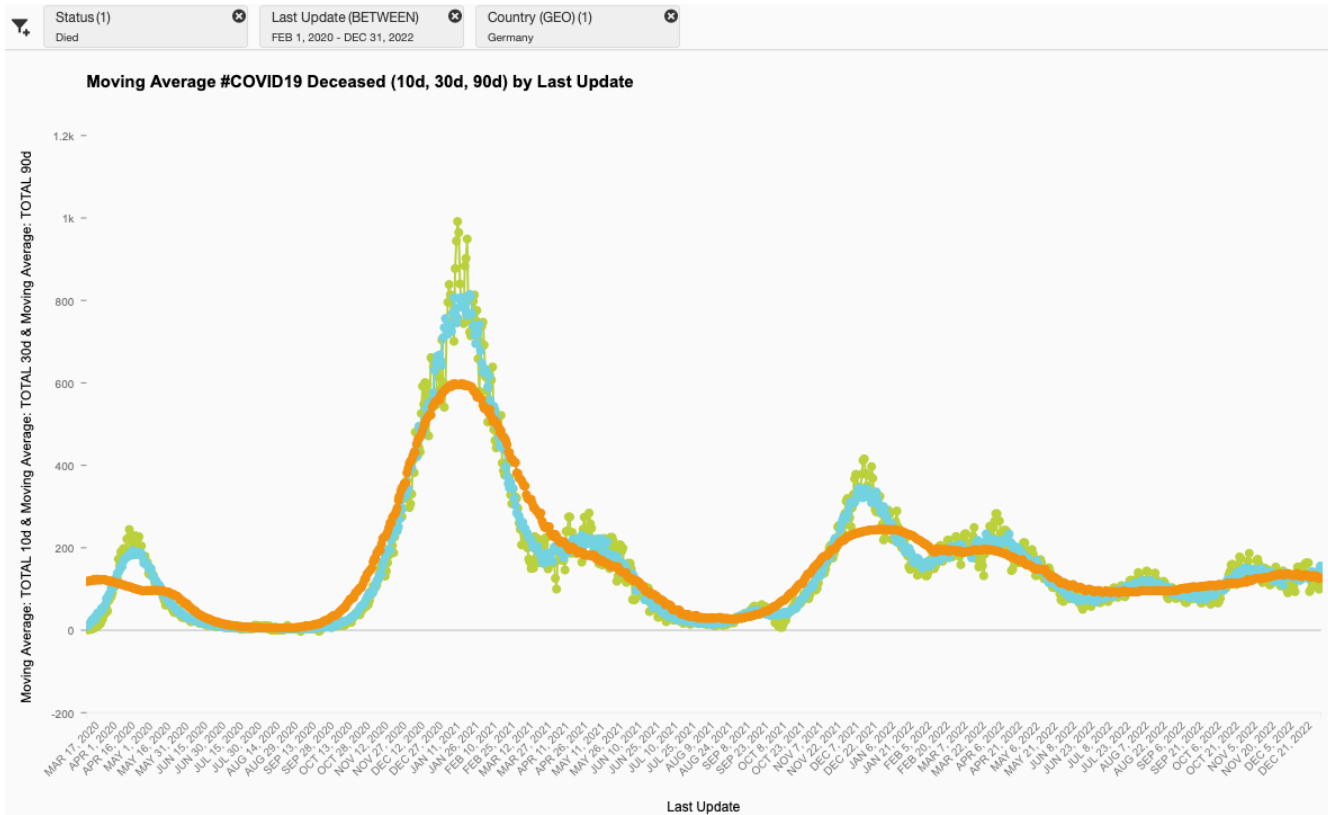


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# New Deceased (Germany) over Time (Feb 2020-Dec 2022)

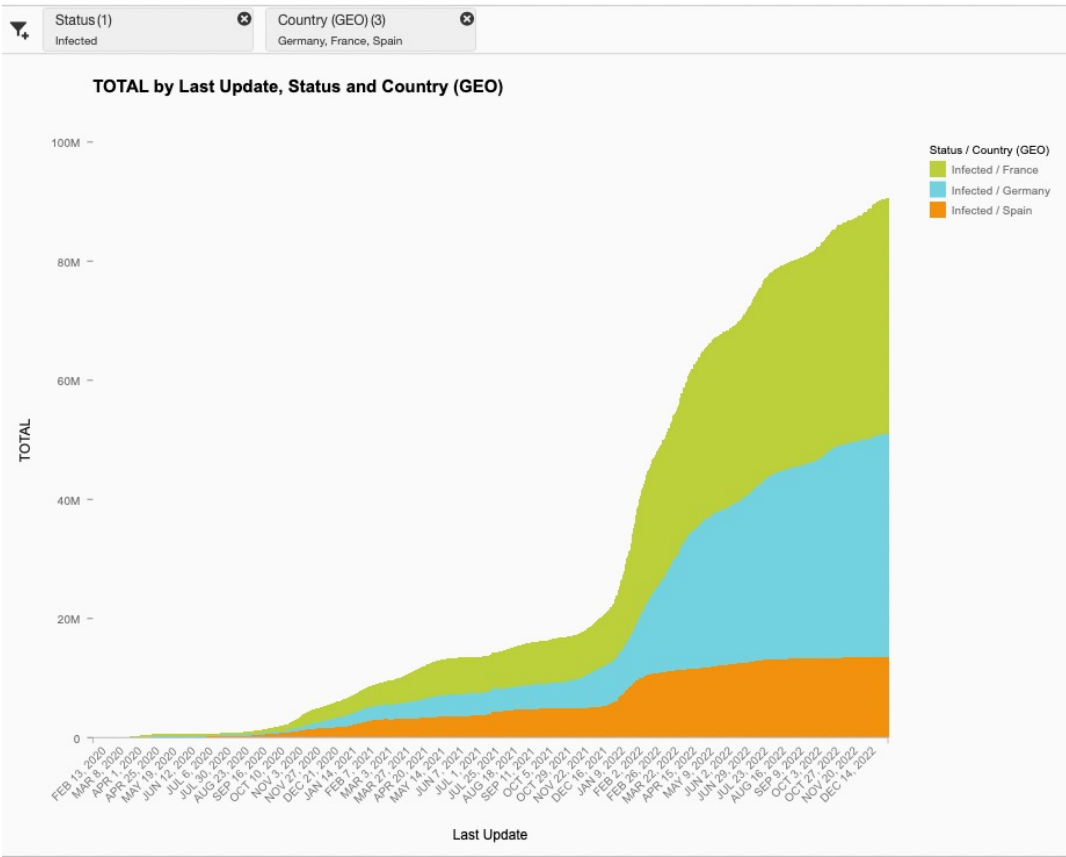


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# Aggregated Infections (France, Germany, Spain) over Time (Feb 2020-Dec 2022)

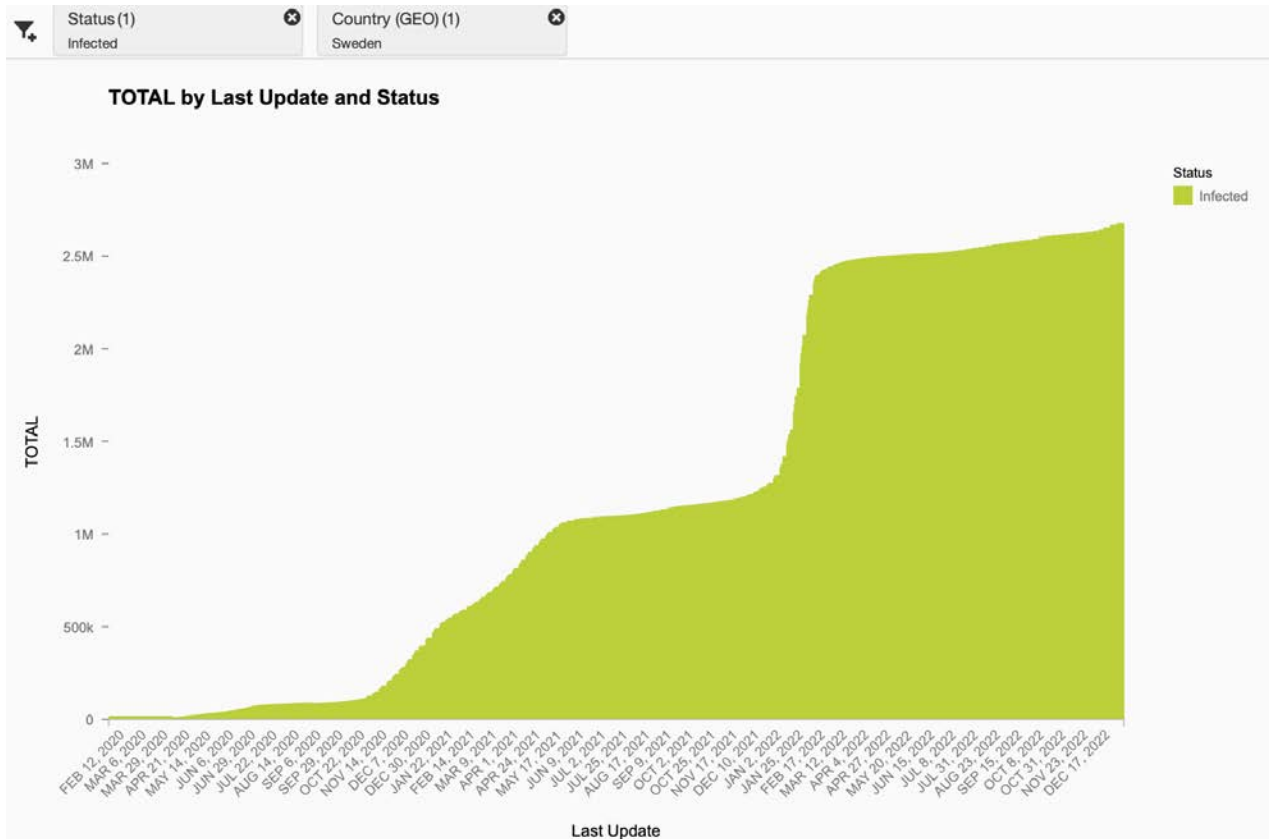


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# Aggregated Infections (Sweden) over Time (Feb 2020-Dec 2022)

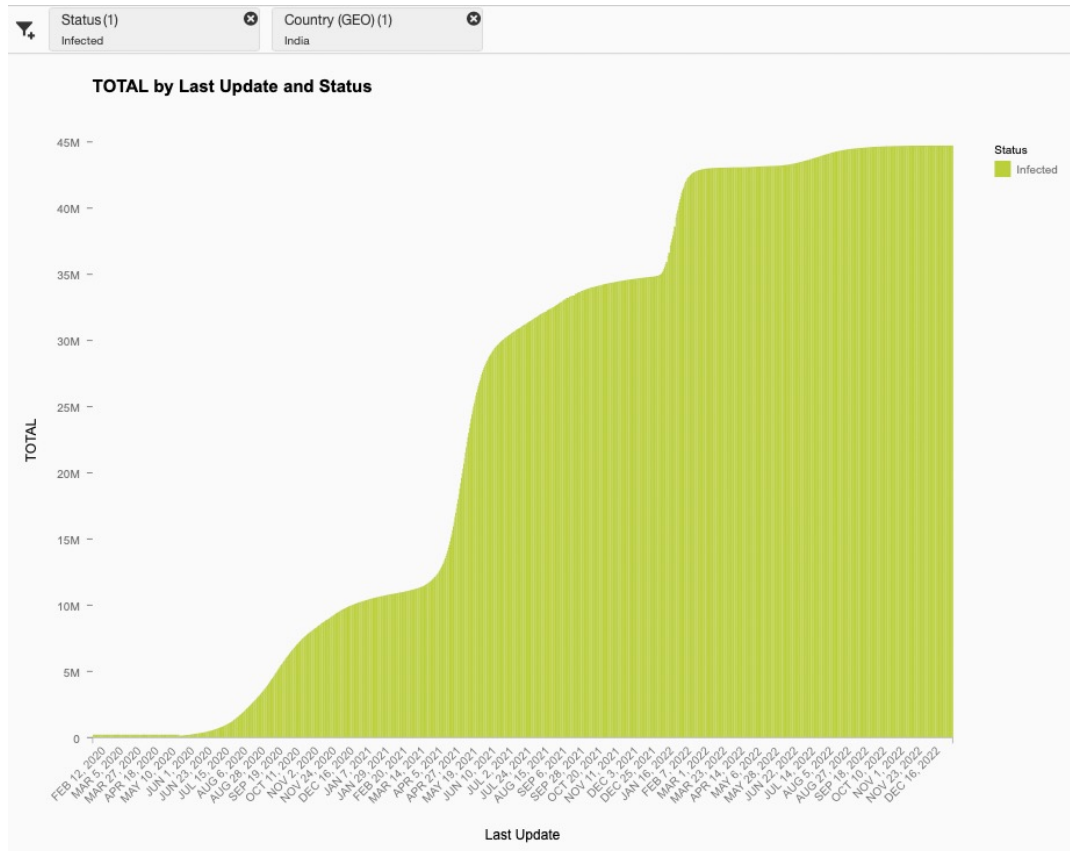


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# Aggregated Infections (India) over Time (Feb 2020-Dec 2022)



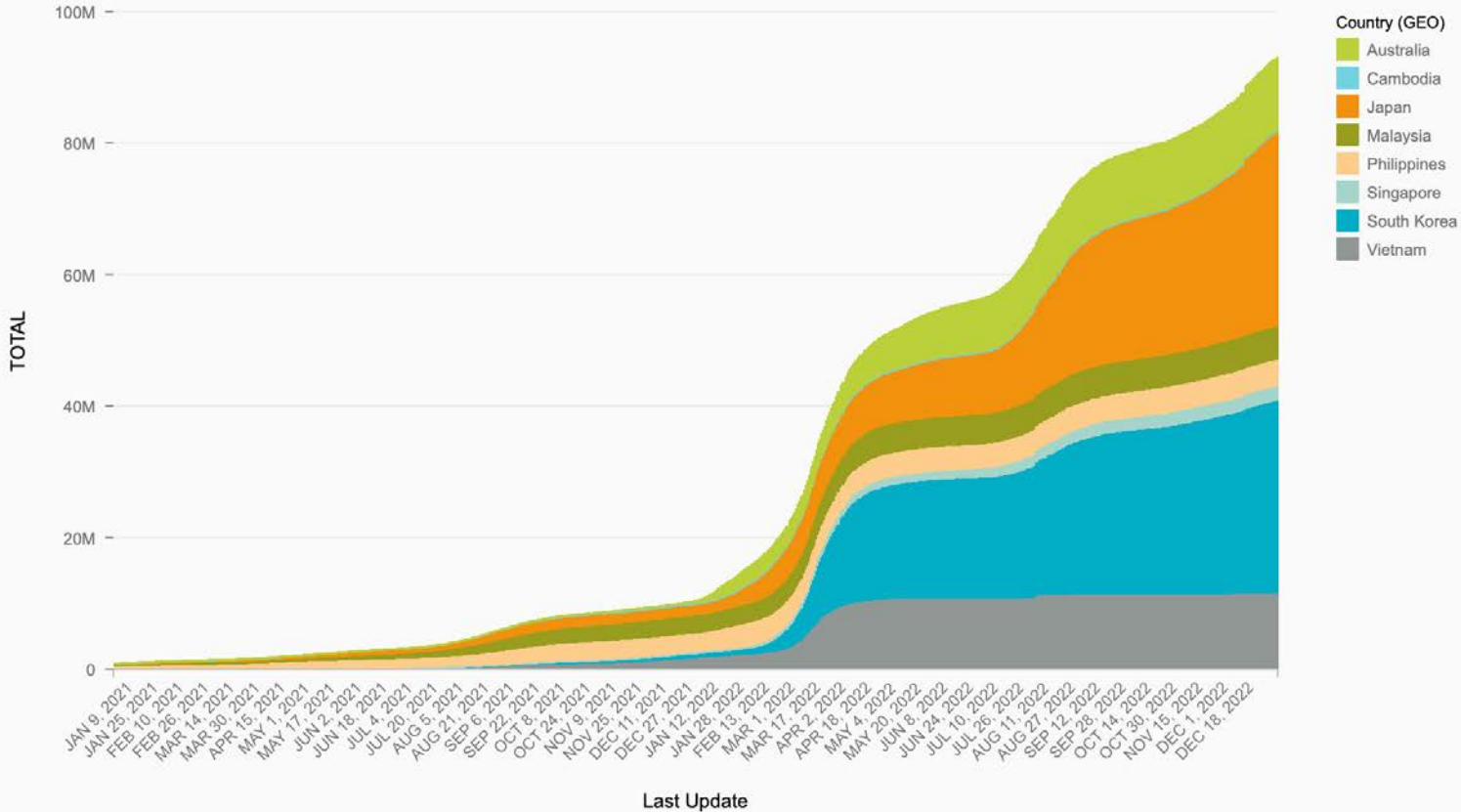
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Country (GEO) (8)  Status (1)  Last Update (>=)   
 Australia, Cambodia, Japan, Malay... Infected JAN 1, 2021

### Development of infected #COVID-19 cases (Western Pacific Region without China)



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Country (GEO) (4)

India, Nepal, Sri Lanka, Thailand



Status (1)

Infected

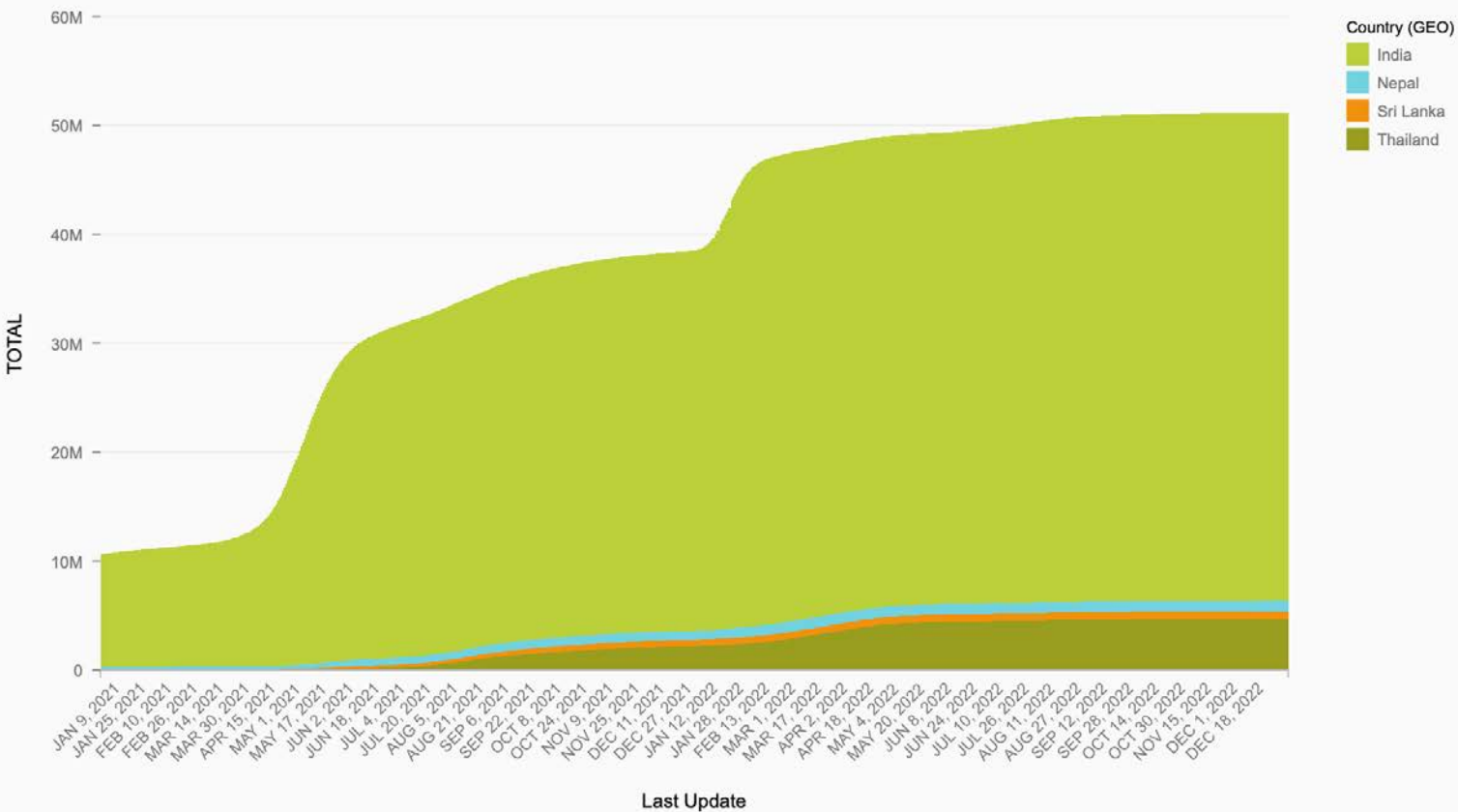


Last Update (>=)

JAN 1, 2021



### Development of infected #COVID-19 cases (South-East Asia only)



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# #nCoVStats: Data Sources

- Primary data source for international reports
- Real-time updated case numbers
- Human-readable, but also crawlable



地区	确诊	死亡	治愈
▶ 湖北	31728	974	2277
▶ 广东	1177	1	211
▶ 浙江	1117		267
▶ 河南	1105	7	215
▶ 湖南	912	1	244
▶ 安徽	860	4	105
▶ 江西	804	1	127
▶ 江苏	515		93
▶ 重庆	489	2	72
▶ 山东	487	1	80
▶ 四川	417	1	85
▶ 黑龙江	360	8	28
▶ 北京	342	3	48
▶ 上海	303	1	52
▶ 福建	267		43

<https://ncov.dxy.cn/ncovh5/view/pneumonia>

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# #nCoVStats: Data Ingestion

```
for i in 1 2
do
    ID="getListByCountryTypeService$i"
    echo $CONTENT | grep 'script id=\"'$ID'[a-z]*\"' | sed -E 's/^.*/script id=\"'$ID'[a-z]*\">([>]+)<\/script>.*$/\1/g' | sed -E 's/try \{(.*)\}\catch\{e\}\{\}/\1/g' | sed -E 's/^[^{}]+(.*)$/\1/g' | jq -r '.[] | .modifyTime |= ((. // no w*1000) / 1000 | strftime("%Y-%m-%d")) | [.provinceName, .confirmedCount, .deadCount, .modifyTime, .curedCount] | @csv' >> $TMP_FILE
done
```

- Crawler checks regularly data sources for updated numbers
- Downloads web page and filters numbers
- Creates CSV for database import
- Triggers IMDB import of updated case numbers
- Data quality?

```
echo "IMPORT FROM CSV FILE '$TMP_FILE' INTO \"CORONA2020\".\"CASES\" WITH RECORD DELIMITED BY '\n' FIELD DELIMITED BY ',' OPTIONALLY ENCLOSED BY '\"' ERROR LOG '$TMP_FILE.err';" | hdbsql
```

```
"美国",2510323,125539,"2020-06-28",679308
"巴西",1315941,57103,"2020-06-28",715905
"英国",310250,43514,"2020-06-28",539
"俄罗斯",627646,8969,"2020-06-28",393352
"智利",267766,5347,"2020-06-28",44946
"印度",528859,16095,"2020-06-28",309712
"巴基斯坦",200832,4073,"2020-06-28",86906
"秘鲁",275989,9135,"2020-06-28",164024
"孟加拉国",133978,1695,"2020-06-28",54318
"西班牙",248469,28341,"2020-06-28",150376
"南非",131800,2413,"2020-06-28",67094
"法国",162936,29778,"2020-06-28",75649
"瑞典",65484,5304,"2020-06-28",4971
"沙特阿拉伯",178504,1511,"2020-06-28",122127
"哥伦比亚",88591,2939,"2020-06-28",36273
"厄瓜多尔",53856,4406,"2020-06-28",5040
"埃及",63923,2708,"2020-06-28",17140
"阿根廷",57744,1207,"2020-06-28",13576
"墨西哥",212802,26381,"2020-06-28",149318
"比利时",61209,9732,"2020-06-28",16858
"荷兰",50074,6105,"2020-06-28",11868
"伊朗",220180,10364,"2020-06-28",180661
"加拿大",103032,8516,"2020-06-28",65973
"/tmp/cases.csv" 215L, 8435C
```

## Data Management for Epidemiology

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# #nCoVStats: Defining Analysis Reports

■ Jan 6, 2021

184 rows retrieved - 116 ms

Chart Table Grid HTML

RB	NAME_EN	12 Population_2020	12 INFECT	12 INFECTED_BY_POP	12 CURED	12 CURED_BY_POP
	United States	331.002.651	21.044.020	0,064	9.550.165	0,029
	India	1.380.004.385	10.356.844	0,008	9.975.958	0,007
	Brazil	212.559.417	7.812.007	0,037	6.963.407	0,033
	Russia	145.934.462	3.284.384	0,023	2.662.668	0,018
	United Kingdom	67.886.011	2.774.479	0,041	2.473	0
	France	65.273.511	2.680.239	0,041	197.503	0,003
	Turkey	84.339.067	2.270.101	0,027	2.155.338	0,026
	Italy	60.461.826	2.181.619	0,036	1.536.129	0,025
	Spain	46.754.778	1.982.544	0,042	151.294	0,003
	<b>Germany</b>	<b>83.783.942</b>	<b>1.804.286</b>	<b>0,022</b>	<b>1.424.259</b>	<b>0,017</b>
	Colombia	50.882.891	1.702.966	0,033	1.559.010	0,031
	Argentina	45.195.774	1.662.713	0,037	1.466.601	0,032
	Mexico	128.932.753	1.455.219	0,011	1.105.834	0,009
	Poland	37.846.611	1.330.543	0,035	1.078.892	0,029
	Iran	83.992.949	1.255.620	0,015	8.123.231	0,097
	South Africa	59.308.690	1.127.759	0,019	980.879	0,017
	Ukraine	43.733.769	1.092.595	0,025	747.499	0,017

<https://we-analyze-genomes.com/apps/nCoVstats/>

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Digital Health, Winter  
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# #nCoVStats: Defining Analysis Reports

■ Jan 1, 2023

200 rows retrieved - 127 ms

Chart Table Grid HTML

RB	NAME_EN	12 Population_2	12 INFECTED	12 INFECTED_BY_POF	12 CURED	12 CURED_BY_POP	12 DIED	12 DIED_BY_POP
	United States	331.002.651	102.513.690	0,31	99.513.507	0,301	1.117.983	0,003
	India	1.380.004.385	44.679.564	0,032	44.144.029	0,032	530.702	0
	France	65.273.511	39.316.017	0,602	38.342.881	0,587	161.962	0,002
	<b>Germany</b>	<b>83.783.942</b>	<b>37.369.865</b>	<b>0,446</b>	<b>36.615.400</b>	<b>0,437</b>	<b>161.465</b>	<b>0,002</b>
	Brazil	212.559.417	36.354.255	0,171	34.938.186	0,164	693.941	0,003
	Japan	126.476.461	29.212.535	0,231	21.105.754	0,167	57.266	0
	South Korea	51.269.185	29.116.800	0,568	27.893.416	0,544	32.219	0,001
	Italy	60.461.826	25.143.705	0,416	24.541.402	0,406	184.642	0,003
	United Kingdom	67.886.011	24.135.084	0,356	23.844.243	0,351	198.937	0,003
	Russia	145.934.462	21.798.509	0,149	21.207.802	0,145	393.712	0,003
	Turkey	84.339.067	17.042.722	0,202	<Null>	<Null>	101.492	0,001
	Spain	46.754.778	13.684.258	0,293	13.486.683	0,288	117.095	0,003
	Australia	25.499.884	11.131.707	0,437	10.979.282	0,431	17.052	0,001
	Argentina	45.195.774	9.891.139	0,219	9.609.732	0,213	130.124	0,003
	China	1.439.323.776	8.847.360	0,006	8.454.934	0,006	15.253	0
	Netherlands	17.134.872	8.569.228	0,5	8.520.849	0,497	22.989	0,001
	Iran	83.992.949	7.561.140	0,09	7.336.146	0,087	144.685	0,002
	Mexico	128.932.753	7.234.467	0,056	6.468.257	0,05	331.099	0,003
	Indonesia	273.523.615	6.719.815	0,025	6.549.332	0,024	160.612	0,001
	Poland	37.846.611	6.368.479	0,168	5.335.940	0,141	118.533	0,003

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https://www.hasso-plattner-institut.com/epidemiology



# #nCoVStats: Defining Analysis Reports

↑↓ Last Update

Search

FEB 7, 2020

FEB 17, 2020

FEB 27, 2020

↑↓ Status

Cured

Died

Infected

↑↓ Country (EN)

Search

Afghanistan

Albania

Algeria

Andorra

Angola



FEB 7, 2020

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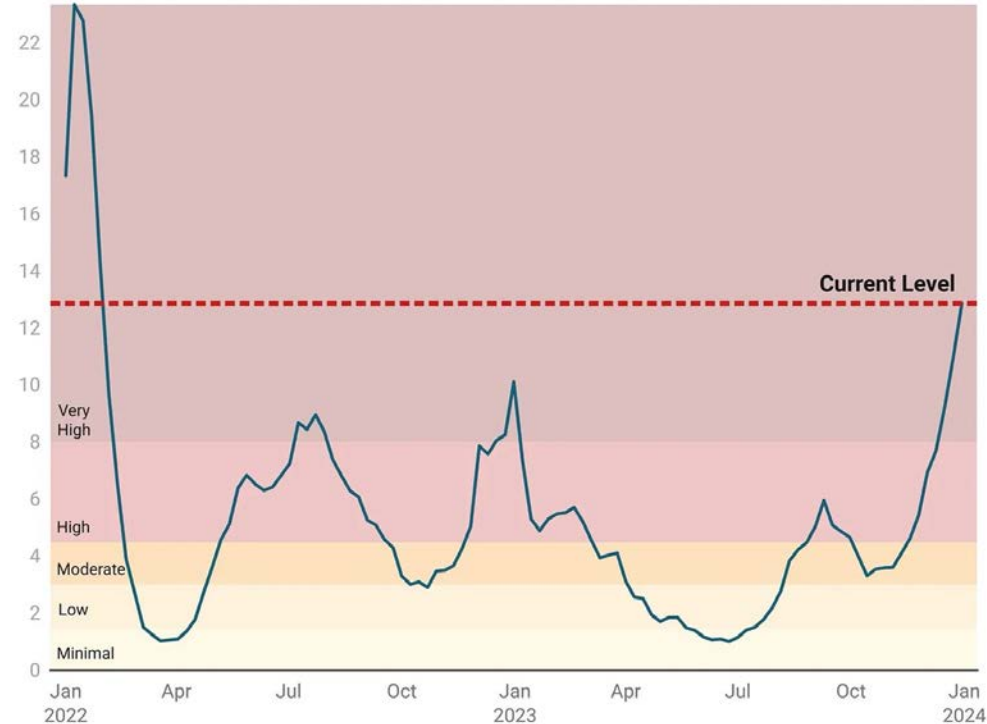
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# Excuse: COVID-19 Wastewater Levels in the U.S. (2024)

## COVID-19 Wastewater Levels in the U.S. (Jan 4, 2024)

Chart shows national trends of SARS-CoV-2 viral activity levels in U.S. wastewater. The vertical axis shows the Wastewater Viral Activity Level, which indicates changes in SARS-CoV-2 virus levels in wastewater compared to the baseline level (in standard deviations).



Data last updated 2024-01-04

Chart: @luckytran • Source: CDC • Created with Datawrapper

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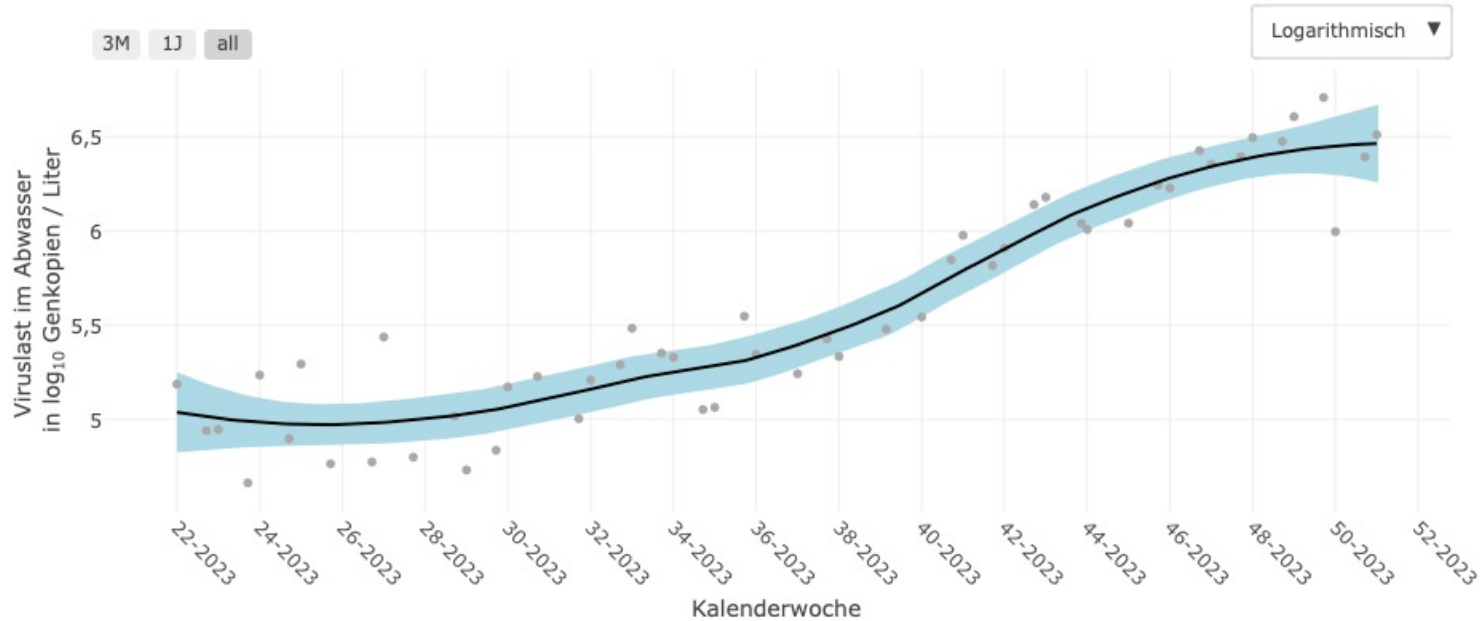
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# Excuse: COVID-19 Wastewater Levels in Potsdam (2024)

Standort:

Potsdam



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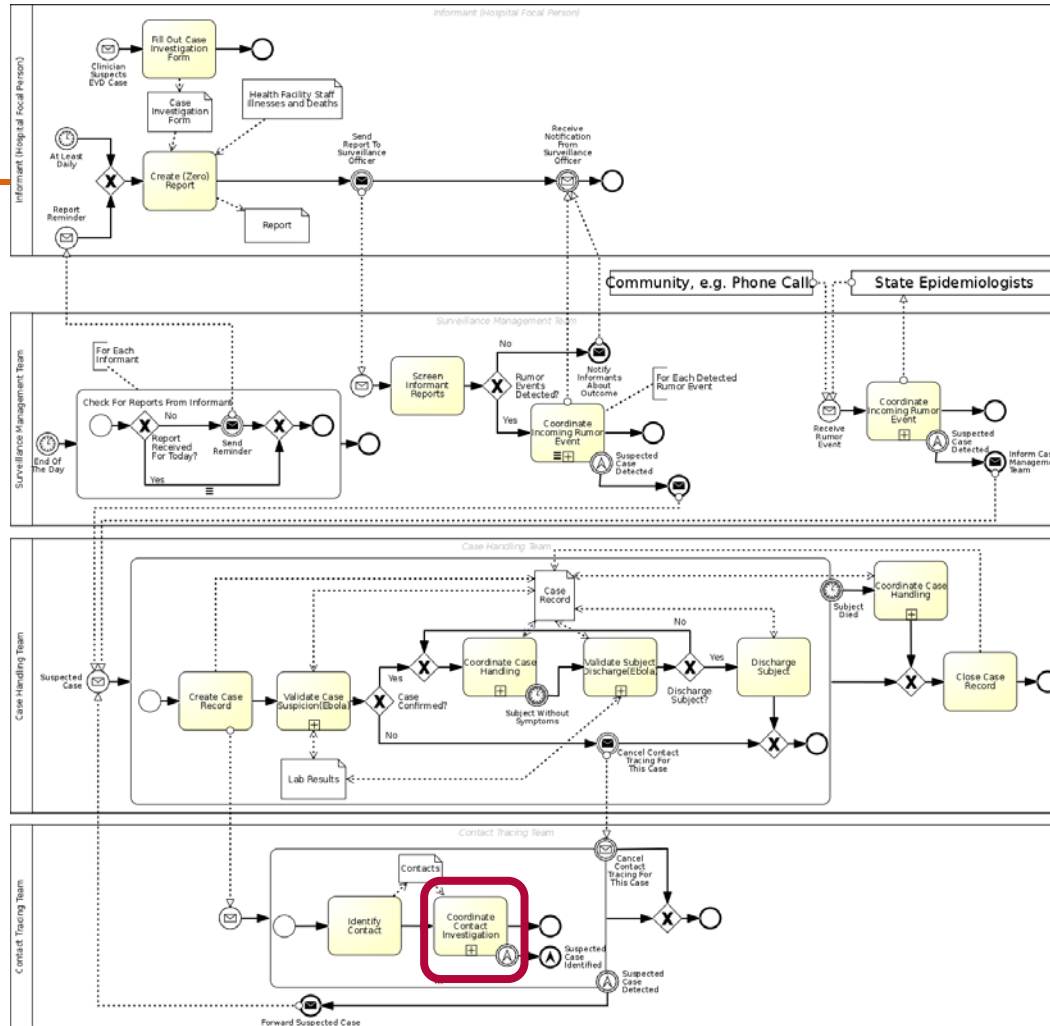
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# SORMAS App for Contact Tracing by HPI: Field Test in Nigeria during Ebola Epidemic 2014/15

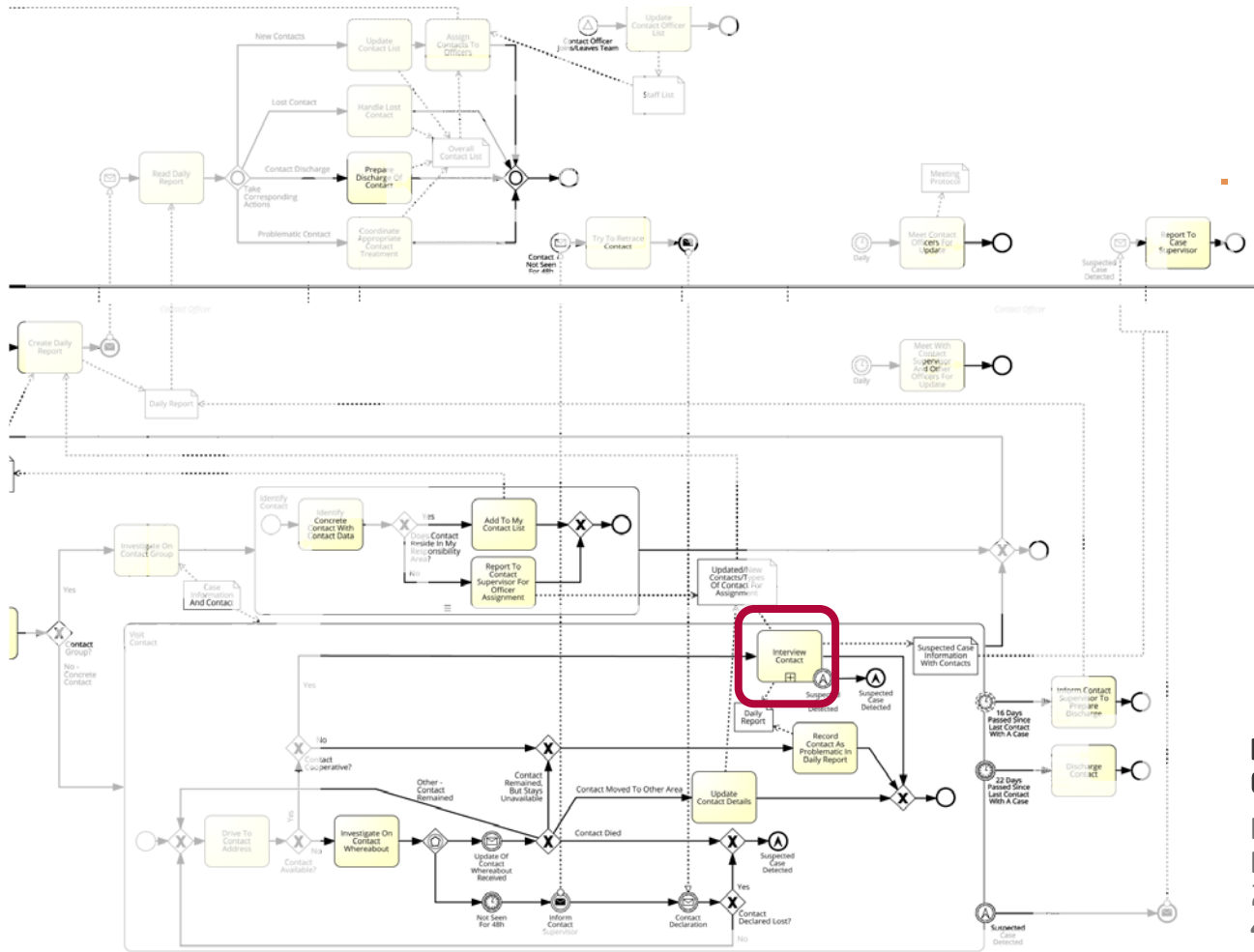
- Contact tracing app developed by HPI students together with leading experts.
- Requirements:
  - Fast training of contact tracers, ease of use
  - Work with commodity Android smartphones
  - Support real-time response in case of reported infection





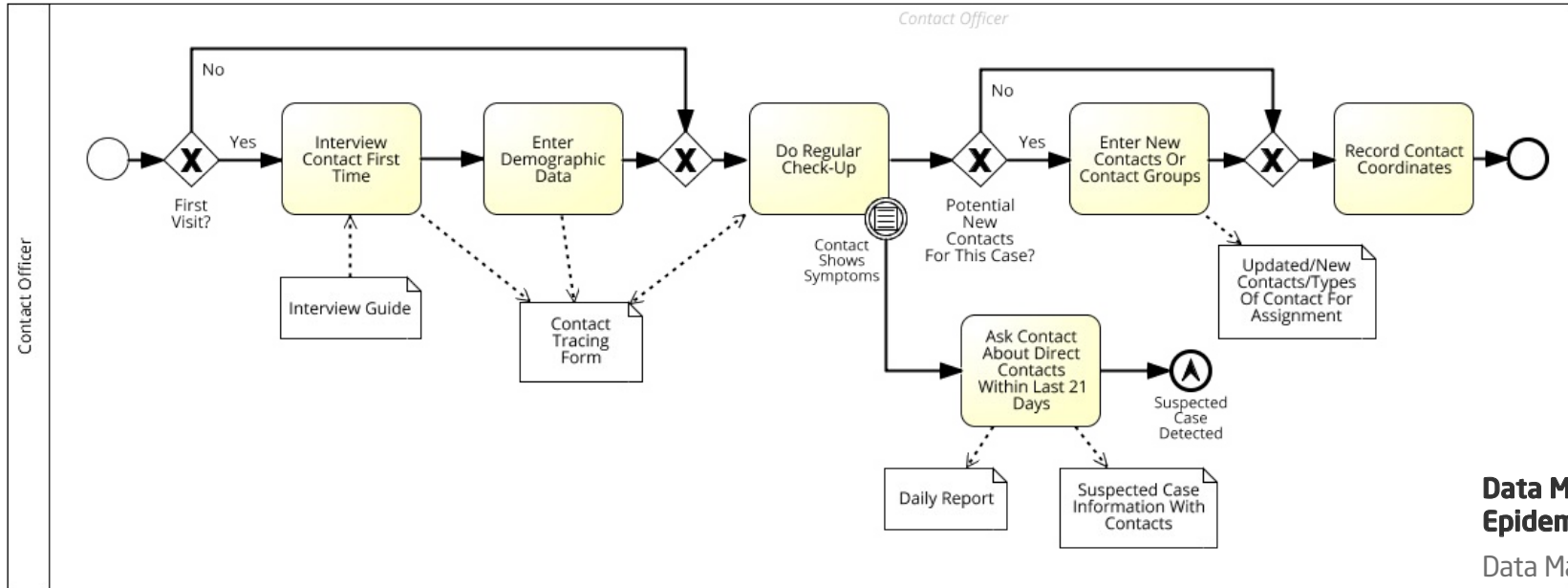
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## Data Management for Epidemiology

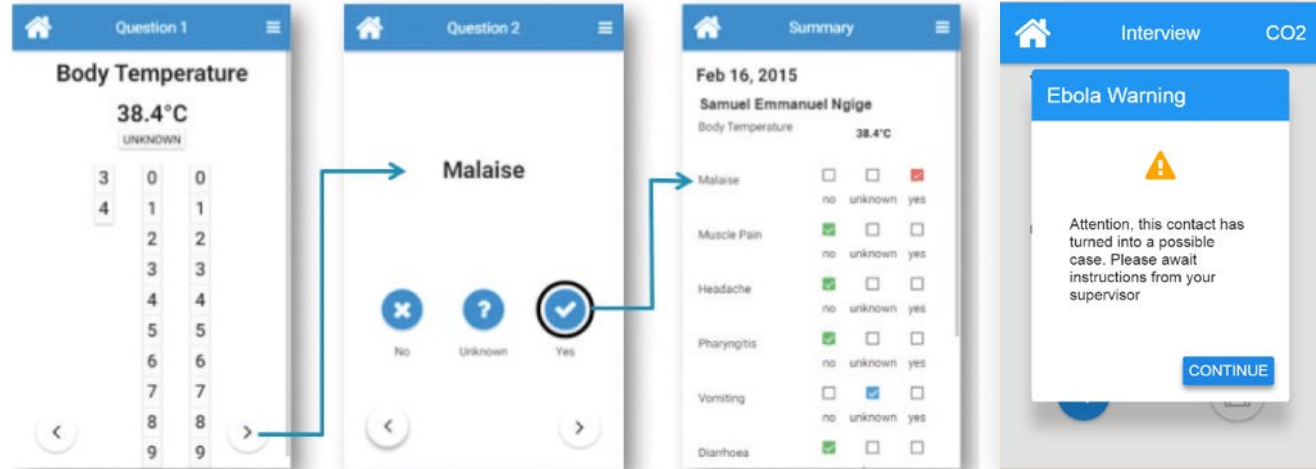
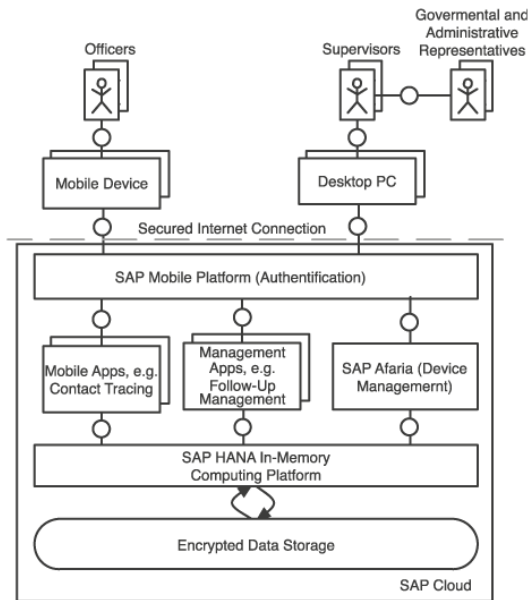
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# SORMAS App for Contact Tracing by HPI: Software Architecture and Contact Tracing App

**FIGURE 2**  
SORMAS software architecture



SORMAS: Surveillance and Outbreak Response Management System; VM: virtual machine.

Fähnrich, C, Denecke, K, Adeoye, O O, Benzler, J, Claus, H, Kirchner, G, Mall, S, Richter, R, Schapranow, M-P, Schwarz, NG, Tom-Aba, D, Uflacker, M, Poggensee, G, Krause, G: Surveillance and Outbreak Response Management System (SORMAS) to support the control of the Ebola virus disease outbreak in West Africa, *Eurosurveillance*, 20, 21071 (2015)

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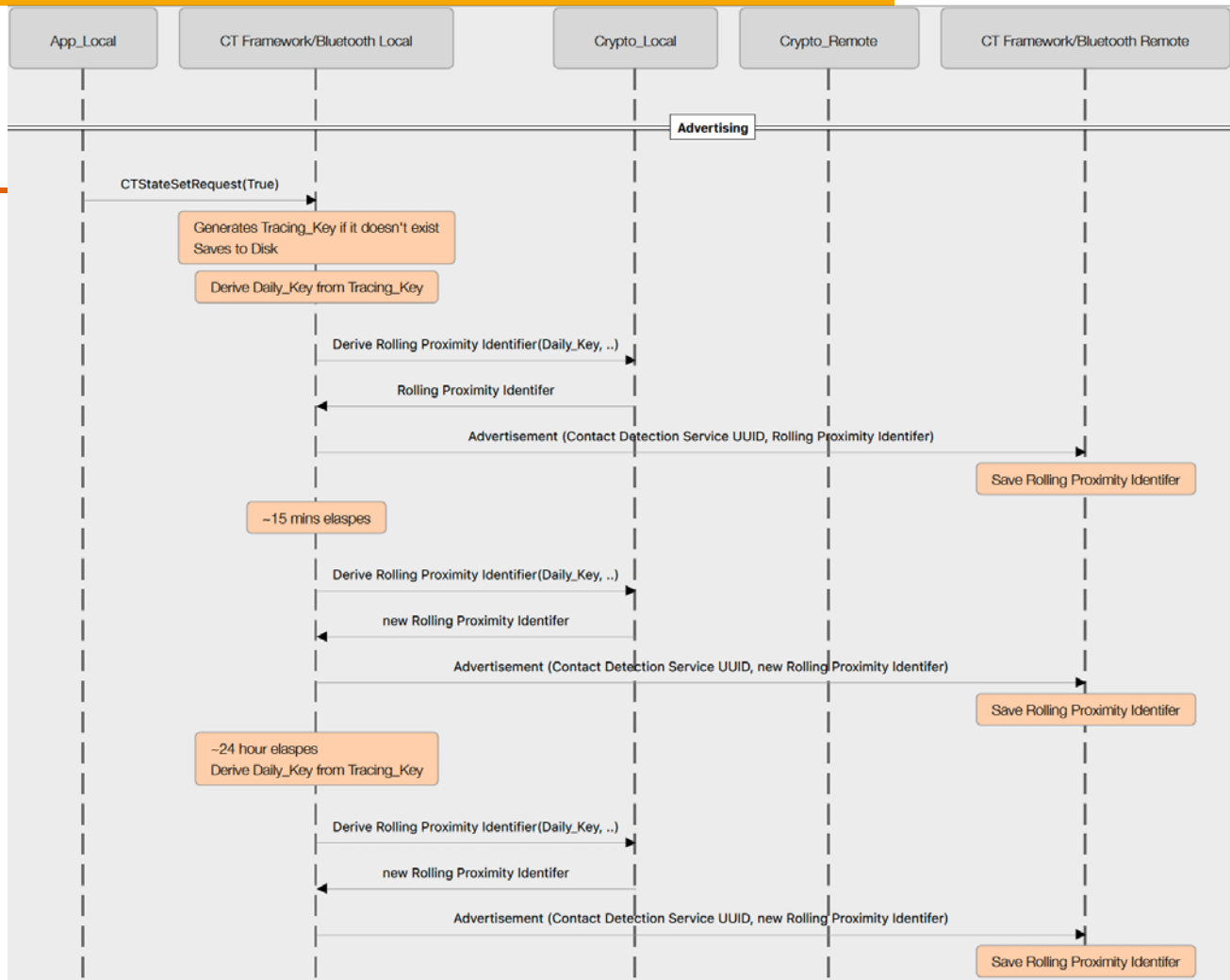
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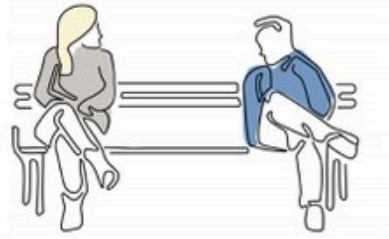
# Contact Tracing 2020: GAEN

- Google/Apple Exposure Notification (GAEN) API implemented by OS vendors
- Privacy preserving, decentralized contact tracing
- Builds on near-field communication via Bluetooth
- GAEN implemented by 30+ countries apps (in 2022)



# Contact Tracing 2020: GAEN

Alice and Bob meet each other for the first time and have a 10-minute conversation.



Bob is positively diagnosed for COVID-19 and enters the test result in an app from a public health authority.



Their phones exchange anonymous identifier beacons (which change frequently).



A few days later...

With Bob's consent, his phone uploads the last 14 days of keys for his broadcast beacons to the cloud.

Apps can only get more information via user consent



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# Contact Tracing 2020: GAEN

Alice continues her day unaware she had been near a potentially contagious person.

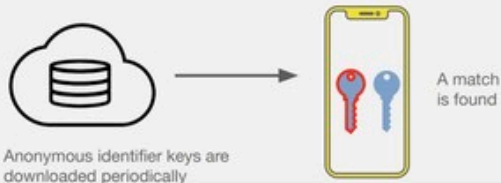


Alice sees a notification on her phone.

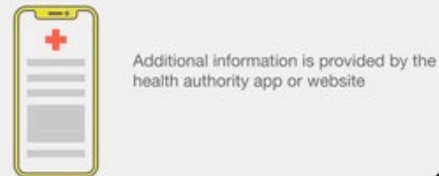


Sometime later...

Alice's phone periodically downloads the broadcast beacon keys of everyone who has tested positive for COVID-19 in her region. A match is found with the Bob's anonymous identifier beacons.



Alice's phone receives a notification with information about what to do next.



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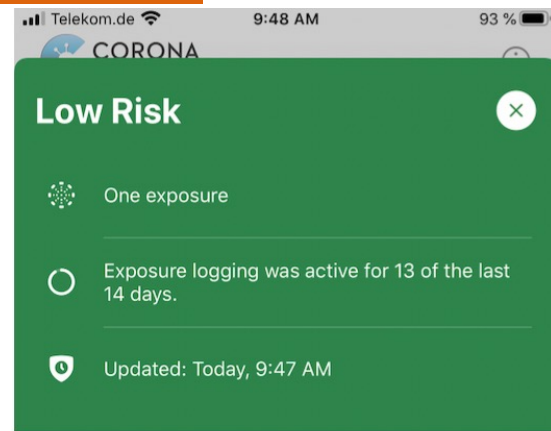
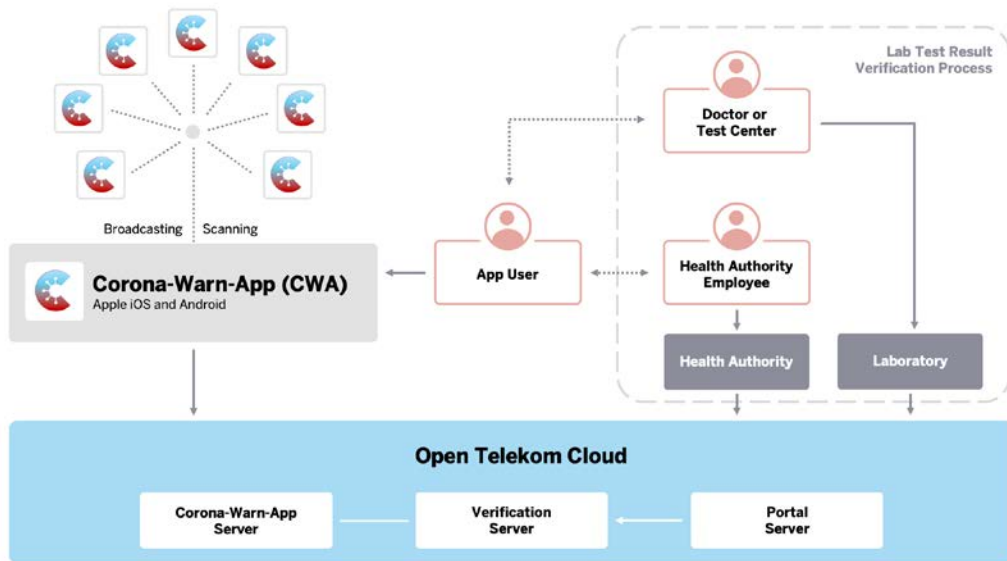
# Corona Warn App: A GAEN Frontend made in Germany



**CORONA**  
WARN-APP



- Freedom to use
- Exchange of device IDs only
- No need for registration of personal data



## Recommendations

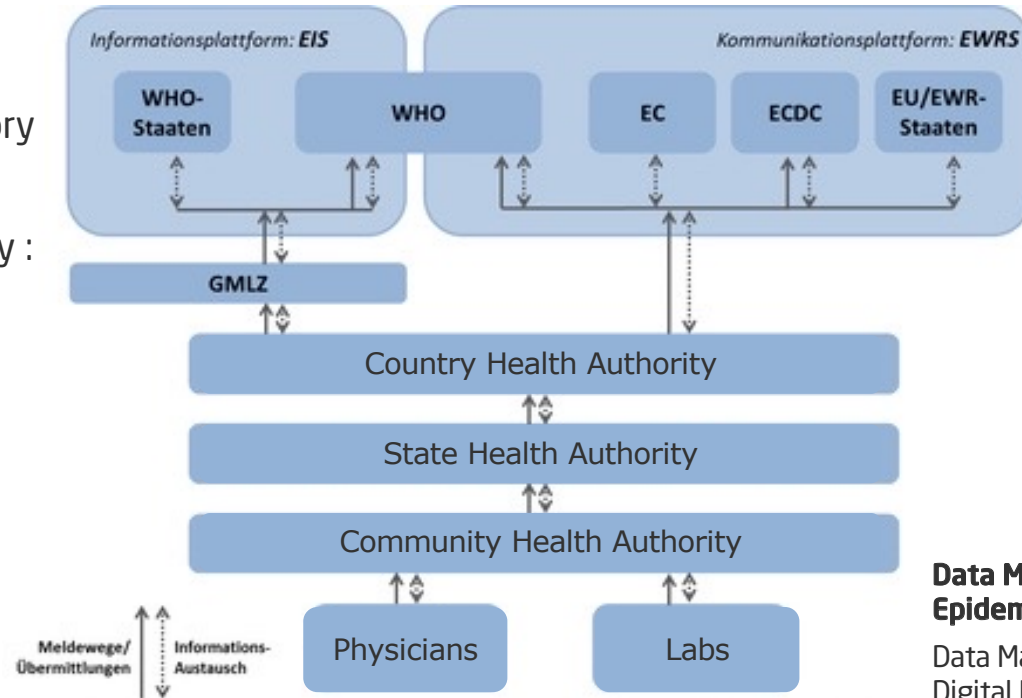
This is what you should do:

- Wash your hands regularly.
- Wear a face mask when you encounter other people.
- Keep at least 1.5 meters distance from other people.
- Sneeze or cough into your elbow or a tissue.

# Surveillance organized in EU (2020)

## ■ Case report forms:

- Prepared and sent by Laboratory Information System (LIS)
- Send by fax to health authority :
  - Form is printed from LIS and hand-made notes are added
  - Form is filled by hand
  - Full medical report is send

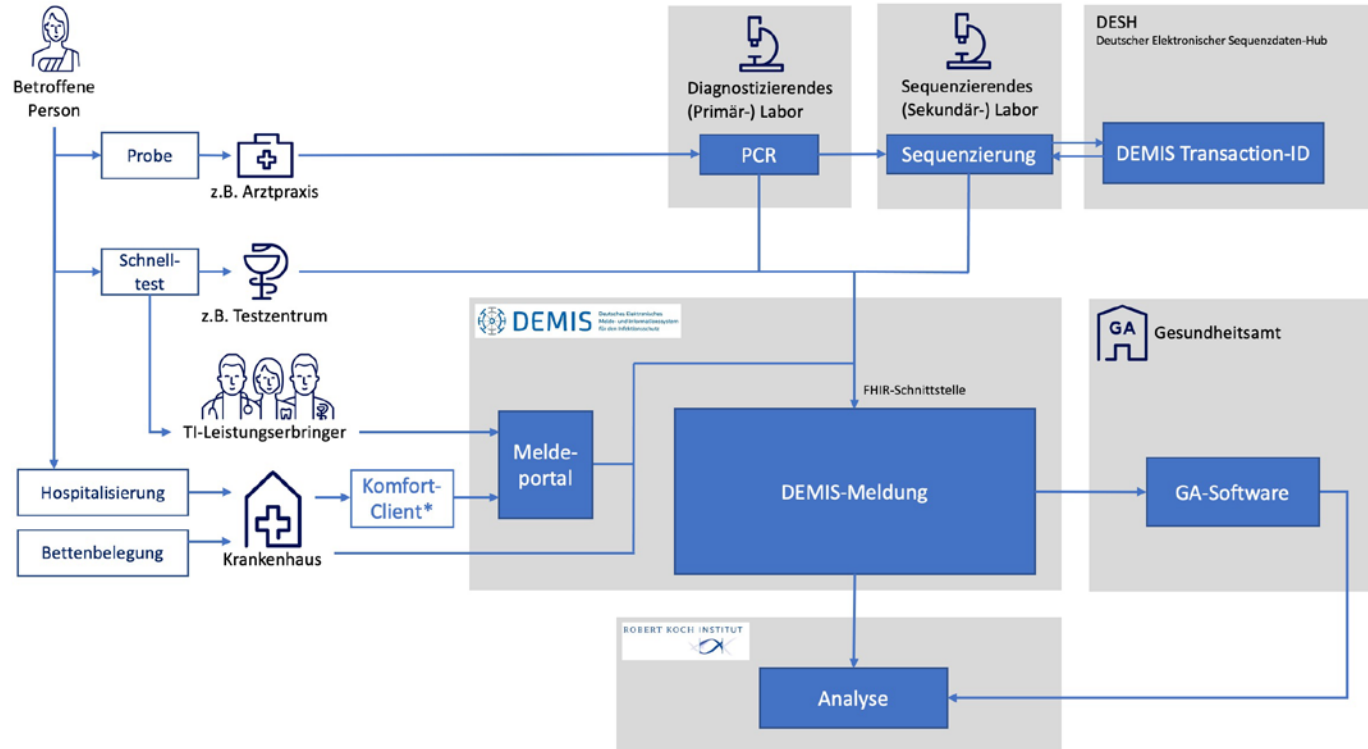


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# Surveillance in Germany (2024)

- Coordinated by RKI
- German Electronic Report and Information System for Infection Control
- Implemented as service of the German gematik
- Supported by Fraunhofer FOKUS
- Reports are exchange as FHIR/HL7 format



\*: Der Komfort-Client (für das DEMIS Meldeportal) ist notwendig zur Authentifikation als Krankenhaus angeschlossen an die TI. Er ist kein DEMIS Produkt.

# Virus Variant Surveillance: Variants under Monitoring (VUM)

---

- Genetic changes that are suspected to affect virus characteristics with some indication that it may pose a future risk
- Evidence of phenotypic or epidemiological impact is currently unclear
- Enhanced monitoring and repeat assessment pending new evidence is required

# Virus Variant Surveillance: Variants of Interest (VOI)

- Genetic changes that are predicted / known to affect virus characteristics, e.g. transmissibility, disease severity, immune, diagnostic or therapeutic escape and
- Identified to cause significant
  - Community transmission or multiple clusters,
  - Present in multiple countries with increasing relative prevalence alongside increasing number of cases over time, or
  - Other apparent epidemiological impacts to suggest an emerging risk to global public health
- Past COVID-19 examples: epsilon, zeta, eta, theta, iota, kappa, lambda, mu

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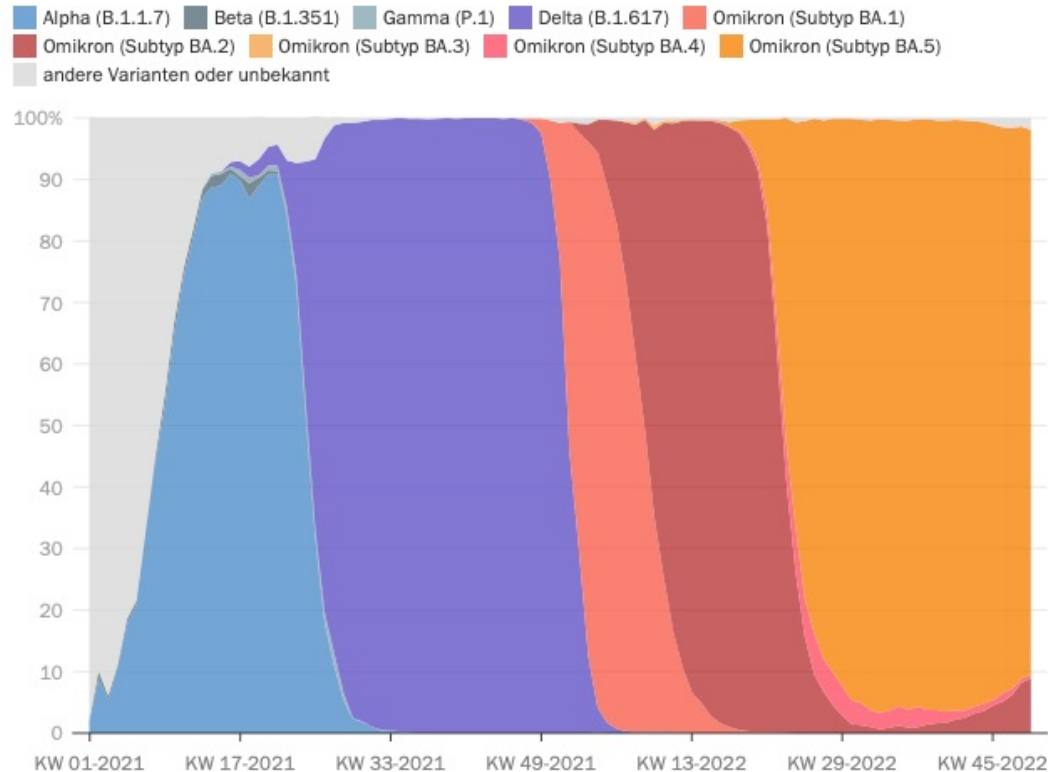
# Virus Variant Surveillance: Variants of Concern (VOC)

- Increase in transmissibility or detrimental change in COVID-19 epidemiology, or
  - Increase in virulence or change in clinical disease presentation, or
  - Decrease in effectiveness of public health and social measures or available diagnostics, vaccines, therapeutics.
- 
- COVID-19 examples
    - VOC as of Jan 2023: Omicron (B.1.1.259), VUM (Nov 24), VOC (Nov 26, 2021)
    - Past VOCs: alpha, beta, gamma, delta

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# SARS-CoV-2 Variants over Time Germany (Jan 2021- Dec 2022)



Grafik: Tagesspiegel Innovation Lab • Quelle: RKI (Stand: 22.12.2022)

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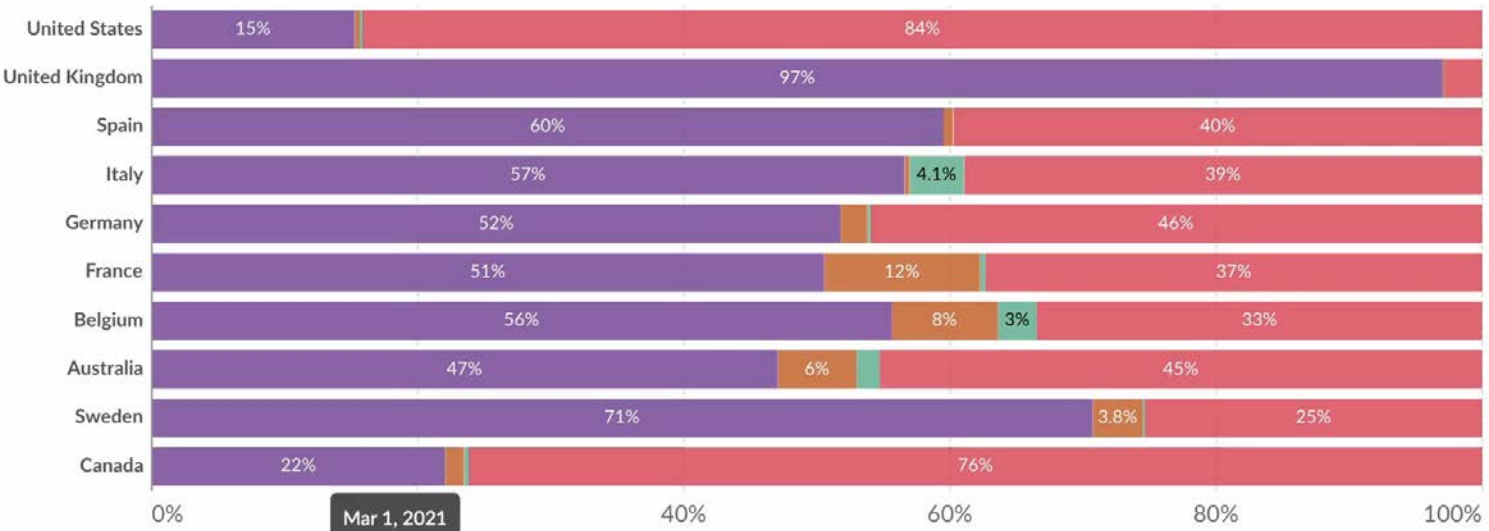
# SARS-CoV-2 sequences by variant, Mar 1, 2021

The share of analyzed sequences in the preceding two weeks that correspond to each variant group. This share may not reflect the complete breakdown of cases since only a fraction of all cases are sequenced.

Table Chart

Edit countries and regions Settings

- Alpha
- Beta
- Gamma
- Delta
- Omicron (BA.1)
- Omicron (BA.2)
- Omicron (BA.2.12.1)
- Omicron (BA.2.75)
- Omicron (BA.4)
- Omicron (BA.5)
- Omicron (BQ.1)
- Omicron (XBB)
- Omicron (XBB.1.5)
- Omicron (XBB.1.16)
- Omicron (CH.1.1)
- Omicron (XBB.1.9)
- Omicron (XBB.2.3)
- Omicron (EG.5.1)
- Recombinant
- Other



Play time-lapse Mar 1, 2021 Dec 18, 2023

Data source: GISAID, via CoVariants.org - Last updated 18 December 2023 - Learn more about this data

Note: Recently-discovered or actively-monitored variants may be overrepresented, as suspected cases of these variants are likely to be sequenced preferentially or faster than other cases.

OurWorldInData.org/coronavirus | CC BY

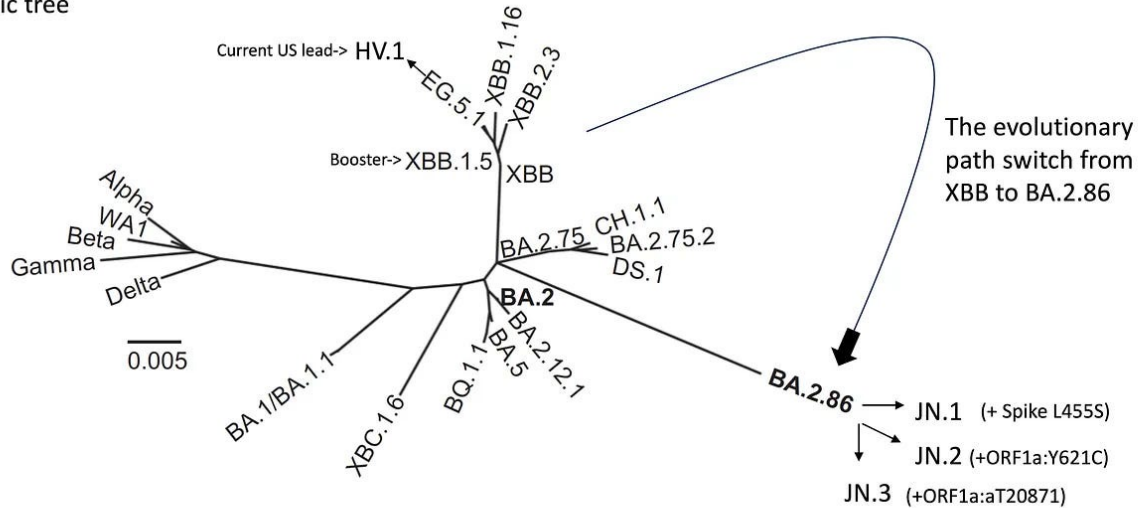


https://ourworldindata.org/grapher/covid-variants-bar

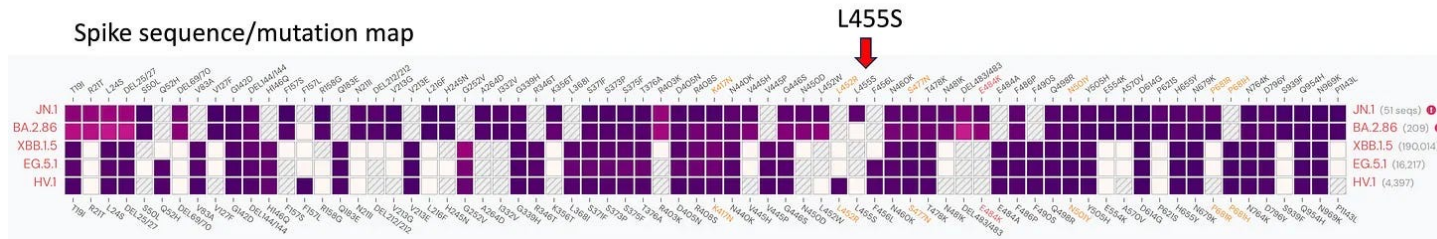
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# Latest SARS-CoV-2 Subtypes From XBB to BA.2.86

Phylogenetic tree



Spike sequence/mutation map

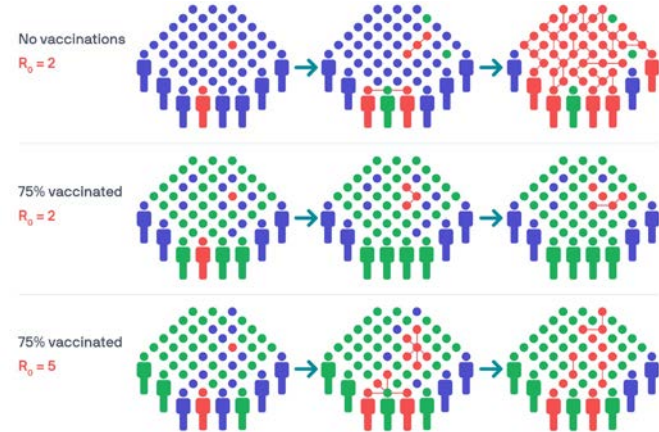


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# What To Take Home?

- Epidemiological modeling can help to estimate disease spread
- Epidemiological surveillance is key for management of countermeasures to contain infectious diseases
- Visualization helps to understand numbers and might help to discover cause-effect relationships
- Contact tracing and quarantine help to reduce spreading speed and to provide reaction time



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