Context	Plant Health	COVID-19 in England	Epidemics in Refugee Camps	Summary
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### Data, Models, and Reality

#### Frank Krauss

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#### Victoria University, Wellington, 7.12.2023







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# disclaimer: my background

• many aspects of this talk outside my "core" competence

(theoretical particle physicist by training)

• background in high-precision modelling for Large Hadron Collider



- relatively simple simulation task: first-principles theory, data-rich environment, high-quality data
- code: SHERPA (250,000 lines in public release, about 20,000 CPU years per year of simulation run by users)
- used to analyse data (by comparison with theory)

(the work by our experimental colleagues)

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• used to suggest new analyses/analysis strategies

(routinely using ML techniques)

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# Outline

- 1 Data Science: Context
- **2** Monitoring Plant Health
- **3** Modelling Reality: Epidemics
- Modelling Reality: COVID-19 in Cox's Bazar
- Summary & Outlook

# Data Science in Context

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# two (extreme) views of data science: goal-driven

("how to extract knowledge from data")

- data science = statistical data analysis + computational methods
- self-contained field of study and research: "all data are created equal"



- relatively "blind" to domain knowledge
- challenge: select/create best suited method for data type and range:

e.g. training vs. validation



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Theoretical, practical, ethical, and legal questions along the way

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### example applications of data science: bird's eye view

• purist (particle theory): near perfect, well-understood data mainly statistical interpretation and parameter fitting

(e.g. discovery of new particle according to pre-defined statistical threshold  $\ldots$  )

• opportunist (amazon): good data, not particularly well understood mainly pattern detection and optimisation of choices

(important factor here: cost-benefit of storage, analysis, ...)

Image: A math a math

• pragmatist (public health): messy data, often badly understood mainly understanding reality and models for decision support

(challenges: provenance, quality, and context of data; complex, hard-to-model reality)

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# Monitoring Plant Health

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# coffee in Thailand

• valuable traded good: coffee

(total value about \$36B)

- stable cash-crop for many LMICs
- threatened by coffee-leaf-rust (CLR): not curable, highly contagious
- infected plants must be quickly identified and destroyed
- plantations often on steep hills: impediment to inspection

 $\implies$  UAVs (drones)

(work by my Durham colleague Anthony Brown)



Epidemics in Refugee Camp 000000

# coffee in Thailand: bespoke solution

(work by my Durham colleague Anthony Brown)



- "different greens" that will do
- quantitative identification through spectral analysis of reflected light
- database with 100's of labelled/identified reference spectra

(this data acquisition is the "manual" part of the project)

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- $PCA + ML \longrightarrow 4$  critical wavebands
- lovely, BUT ...

Wavelength (nm)

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(work by my Durham colleague Anthony Brown)

## coffee in Thailand: bespoke solution



20%

10%

• typical pass bands of commercial multi-spectral cameras

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60%

40%

20%

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# coffee in Thailand: bespoke solution

800 850 900

Wavelength (pm)



- not covering critical regions
- need to build bespoke camera: mobile-phone cameras plus filters

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• tests in the field as next step

100%

80%

60%

209

400 450 500 550 600 651

# mangrove surveying and identification in Suriname

(work by my Durham colleagues Anthony Brown and Isabella Bovolo)

- protecting and stabilising coastlines
- contributor to biodiversity
- but: threatened by climate change  $\implies$  need to monitor
- three species with subtle differences in Suriname: black, red, white





multi-spectral, encore?

Image: Image:

(tested tool-chain)

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# mangrove surveying and identification in Suriname

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multi-spectral, encore?

Image: A matrix and a matrix

(tested tool-chain)

- insufficient discriminatory power
   3-D point cloud ↔ shapes?
- tests underway

# Modelling Reality:

# JUNE & COVID-19 in England

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#### motivation: why granularity matters

impact of COVID=19 highly age-dependent

#### $\rightarrow$ need geographical granularity for regional planning

(coincidence: Durham hosts & maintains England & Wales census data of past decades)

Image: A matrix and a matrix



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# example data inputs: demographics

• last census (2011)

(data freely available from Office for National Statistics)

hierarchical data structure



North East => 26,000 output areas

area (OA)

• OA's with  $\sim 250$  residents, with similar characteristics

- build virtual population in OA: age, gender, ethnicity, deprivation index
- example: Durham



Image: A matrix and a matrix



#### example data inputs: daily activities

time spent on activities known from ONS surveys

(this changes under lock-down)

translate into age-dependent probabilities for activities



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# Context Plant Health COVID-19 in England Epidemics in Refugee Camps Summary 0000 0000 0000 00000 00000 00000

## example data inputs: social mixing matrices

- social mixing matrices from POLYMOD and BBC Pandemics project
   J.Mossong et al., PLoS Med 5(3) e74, https://doi.org/10.1371/journal.pmed.0050074;
   P.Klepac et al., https://www.medrxiv.org/content/10.1101/2020.02.16.20023754v2
- denote number of contacts of person with age *i* with person of age *j*
- tricky: averages over full population (good for compartment models)
- broad agreement with input from surveys: important closure test

(in JUNE contacts also depend on composition of environment)

• example: household interactions vs. BBC pandemics project

(census has 4 categories of residents: kids, young adults, adults, old adults)





#### example data inputs: outcomes of infection

- tiring data-mining exercise with inconsistent and often contradictory data
- extra difficulty: include care homes (CH) vs. general population (GP)



Image: A match the second s

#### JUNE simulation content - summary



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# Results for $1^{st}$ wave: fatalities

• 1<sup>st</sup> wave: deaths in hospitals - regional distribution





### Results for $1^{st}$ wave: fatalities

•  $1^{st}$  wave: deaths in hospitals - age distribution



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# Results for $1^{st}$ wave: fatalities

• 1<sup>st</sup> wave: all deaths - distribution of location



Breakdown of location of death in England

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## Results for $1^{st}$ wave: social imbalances

- look at cumulative infection rates until July 2020 in dependence on
  - household size
  - ethnicity
- nota bene: all imbalances only due to differences encoded in census data







#### A spin-off: measles in New Zealand

(from a collaboration with ESR New Zealand)

ESR team adapted JUNE to measles in New Zealand

(population & disease characteristics)

- validated model
- projected results from different vaccination regimes



IUNE-NZ validation. Manukau DHB

# Modelling Reality:

# Epidemics & JUNE in Cox's Bazar

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COVID-19 in England

Epidemics in Refugee Camps

# background: Cox's Bazar

- largest settlement in the world
- in some areas, the settlement is denser than New York City
- high risk of COVID transmission





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#### input data: demographics

- high-quality data thanks to WHO census
- need to adapt demography & distribute over households (=shelters)



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#### input data: social interactions

 no data available => mixed method approach: questionnaire in simplest categories + digital twin of population

(this is the first attempt ever in a refugee/IDP camp setting! important input for compartment models)

• different places for interactions: shelters (see below), distribution centres, communal kitchens, pump & latrines, mosques, etc.





#### input data: infer health impacts

- no data available  $\implies$  infer from UK data
- need to account for difference in life expectancy (model!)

$$A_{P} = \begin{cases} A, & \text{if } A \leq A_{\text{cut-off}} \\ (A - A_{\text{cut-off}}) \left[ \frac{LE(\text{sex}) - A_{\text{cut-off}}}{LE_{\text{uk}}(\text{sex}) - A_{\text{cut-off}}} \right], & \text{if } A > A_{\text{cut-off}} \end{cases}$$

with A = age and LE = life expectancy.

• need to account for co-morbidities in Cox' Bazar (CB):

 $P_{CB}(\text{severe} \mid \boldsymbol{c}, \text{ age, sex}) = \gamma \lambda_{\boldsymbol{c}} P_{UK}(\text{severe} \mid \text{age, sex})$ 

with  $\gamma$  overall scaling and  $\lambda_c$  risk multiplier

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## example results for wild-type (until March 2021)

- identify deaths in various ways: excess deaths (when camp was closed down) or "certified" by trained health visitors/workers
- wild-type was slowly replaced by Delta variant at about week 60



# Summary & Outlook

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#### summary

- data science
  - important addition in the scientific canon: permeating all fields of research: (nearly) everything is data
  - we live in the era of data: data science is here to stay
  - important to treat it with professional respect
- showed  $2\frac{1}{2}$  applications of data science modelling:
  - monitoring of plant health and early warning of pathogens
  - large-scale modelling for public health

(direct ramifications as decision support for governments etc.)

# some final thoughts on (data) science

language: parametrizations vs. models of reality

(black box vs. grey box or description vs. understanding)

• intellectual ownership: provenance, quality, meaning of data

(added value of results without context/interpretation)

uncertainties: how to have robust estimates

(importance for decision support: necessity to estimate risk vs. reward)

accuracy vs. precision

(they are not the same! you can be precisely wrong ...)

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COVID-19 in England

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# final-final thought

