

An Academic Medical Center's Data Science Response to a Pandemic

This is a team effort across 60+ colleagues and multiple departments at Stanford

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Example information needs

Operational planning

- How many patients do we expect in our region?
- How many floor beds, ICU beds do we need to have ready?
- How long will our PPE supply last?

Clinical care decisions

- Given limited testing, who do we test?
- Can presenting symptoms help us screen better?
- Do patients with other viral co-infections need more aggressive care?

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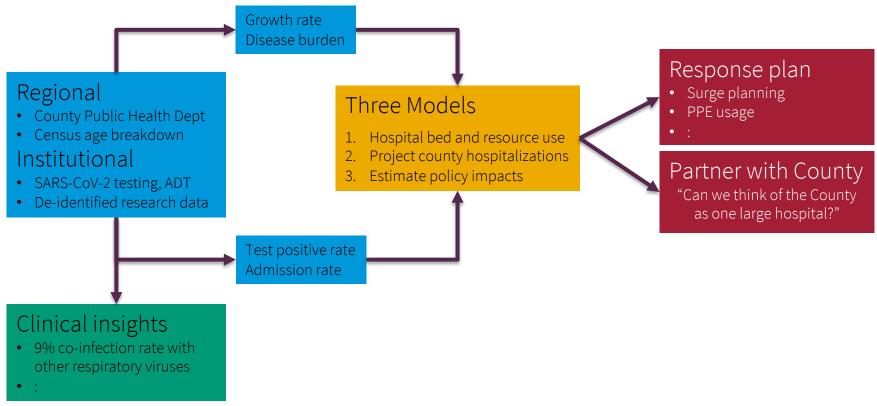
Broader research questions

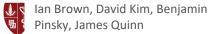
- What are the effects of ACE2-altering drugs on clinical outcomes for COVD19 patients?
- What are the characteristics of COVID-19 patients nationwide?

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Responding to the information needs



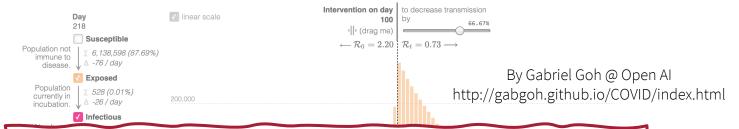


There are two kinds of models

- SEIR simulations that capture the dynamics of an epidemic
 - These models tell us the impact of policy interventions
 - These need 10-12 diverse inputs, which are all guesses at moment
- Simple calculators that tell us about the next few days
 - These take very few inputs: cases, hospitalizations, bed capacity
 - It hard to get reliable counts of these simple inputs



There are many SEIR simulators: we need accurate inputs



Quote from fivethirtyeight.com

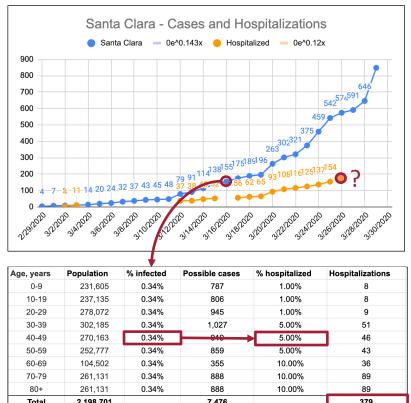
Think of it like making a pie. If you have a normal recipe, you can do it pretty easily and expect a predictable result that makes sense. But if the recipe contains instructions like "add three to 15 chopped apples, or steaks, or brussels sprouts, depending on what you have on hand" ... well, that's going to affect how tasty this pie is, isn't it?

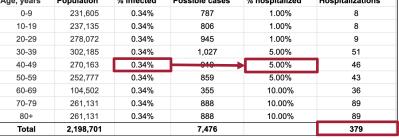




Focus on getting the right inputs

- Growth rate
- Disease burden





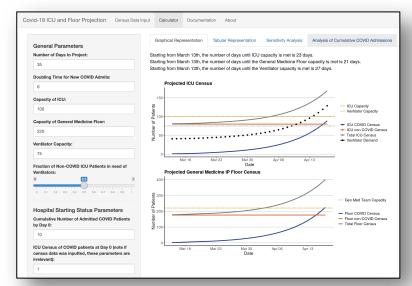


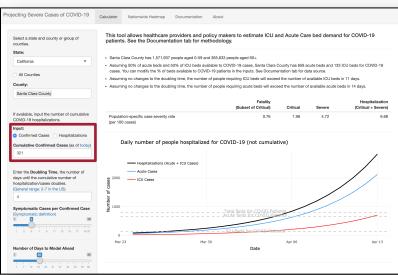
Our suggestion: Use hospitalization data

- Use hospitalization data from your local region for Health system capacity planning
- Remember the 12-14 days lag between interventions and "peak demand" for hospitalization
 - Day-to-day variation in case rates can mislead
 - At a growth rate of 15%, peak demand will be 5x-6x times higher than it is when you intervened



Stanford Medicine Calculators





Hospital bed and resource use projections

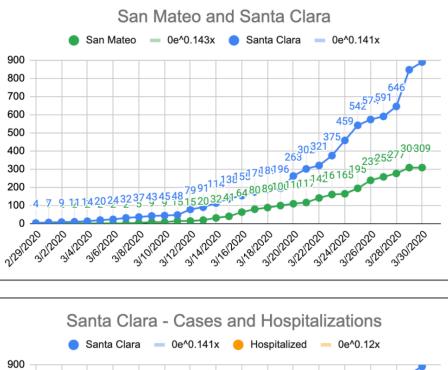
Teng Zhang, Kelly McFarlane, Jacqueline Vallon, Linying Yang, Jin Xie, Jose Blanchet, Peter Glynn, Kristan Staudenmayer, Kevin Schulman, David Scheinker

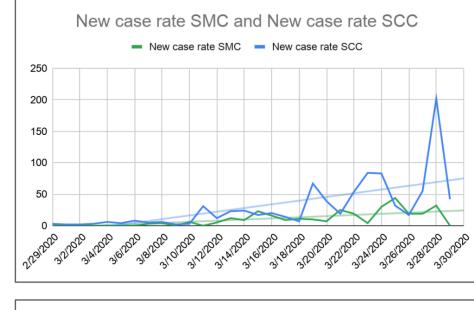
County hospitalization projections

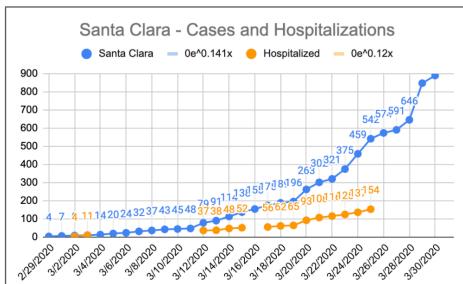
Johannes Ferstad, Angela Gu, Raymond Lee, Isha Thapa, Alejandro Martinez, Andy Shin, Joshua Salomon, Peter Glynn, Nigam Shah, Arnold Milstein, Kevin Schulman, David Scheinker

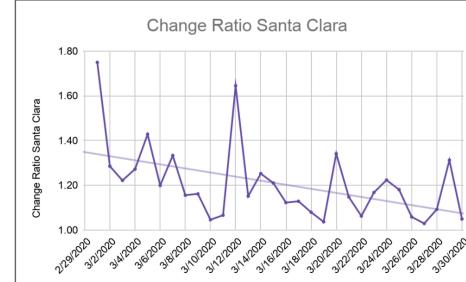
https://surf.stanford.edu/covid-19-tools/



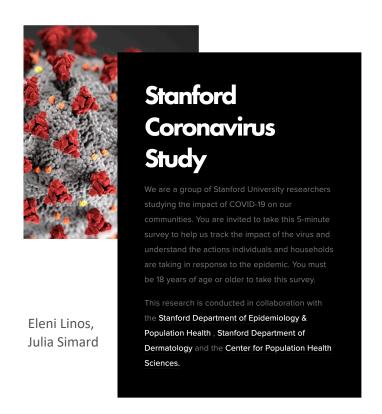








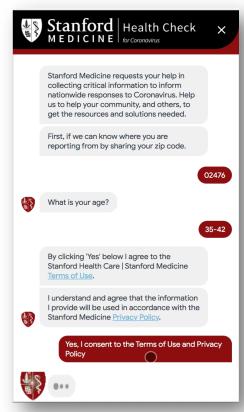
Population insights



https://pcrt.stanford.edu/covid



Rusty Hofmann, Steve Goodman



COVID Counter

www.tinyurl.com/sm-covid-query

Stanford Data Science researchers *may* be able to help answer them.



