

Realities of Disease Forecasting and Analytics: A View from Academia

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June 21, 2023

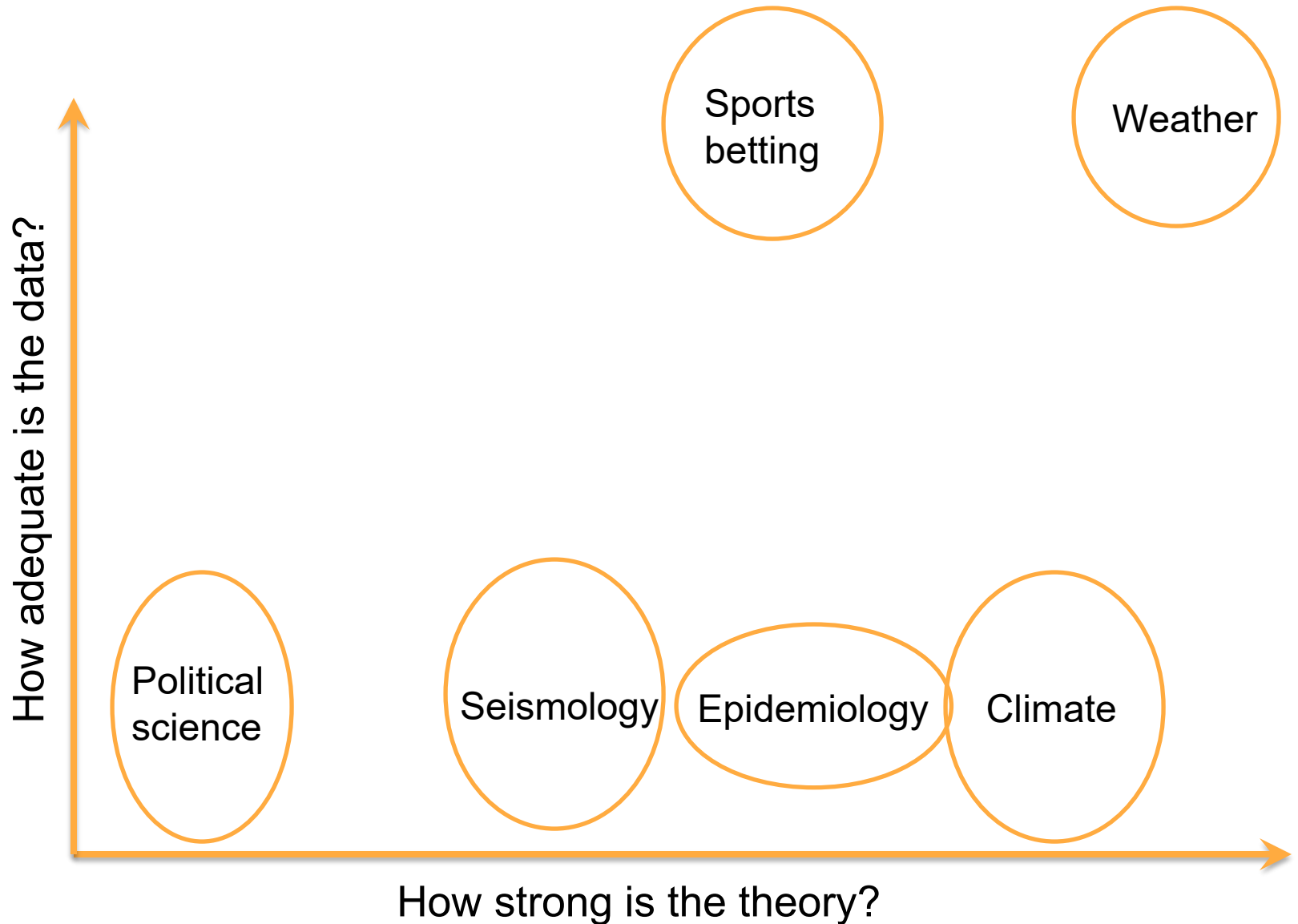


- **Predicting:** asserting that a particular event *will* happen
 - e.g. “It *will* rain tomorrow in Portland”
 - will be proven either right or wrong
- **Forecasting:** listing all possible outcomes, and how *likely* each one is
 - e.g. “There is 20% chance of rain tomorrow in Portland” (and 80% chance of no rain)
 - will *not* be proven right or wrong. Instead, it has a *skill* level.

For decision making and policy setting, *forecasting* is more useful than *Predicting*.

- Before we try to reduce our uncertainty about the *future* via forecasting, we must first reduce our uncertainty about the *present*, via nowcasting (a.k.a situational awareness).
- Situational awareness (nowcasting) is technologically easier to accomplish than forecasting, and is a bigger “bang for the buck”.

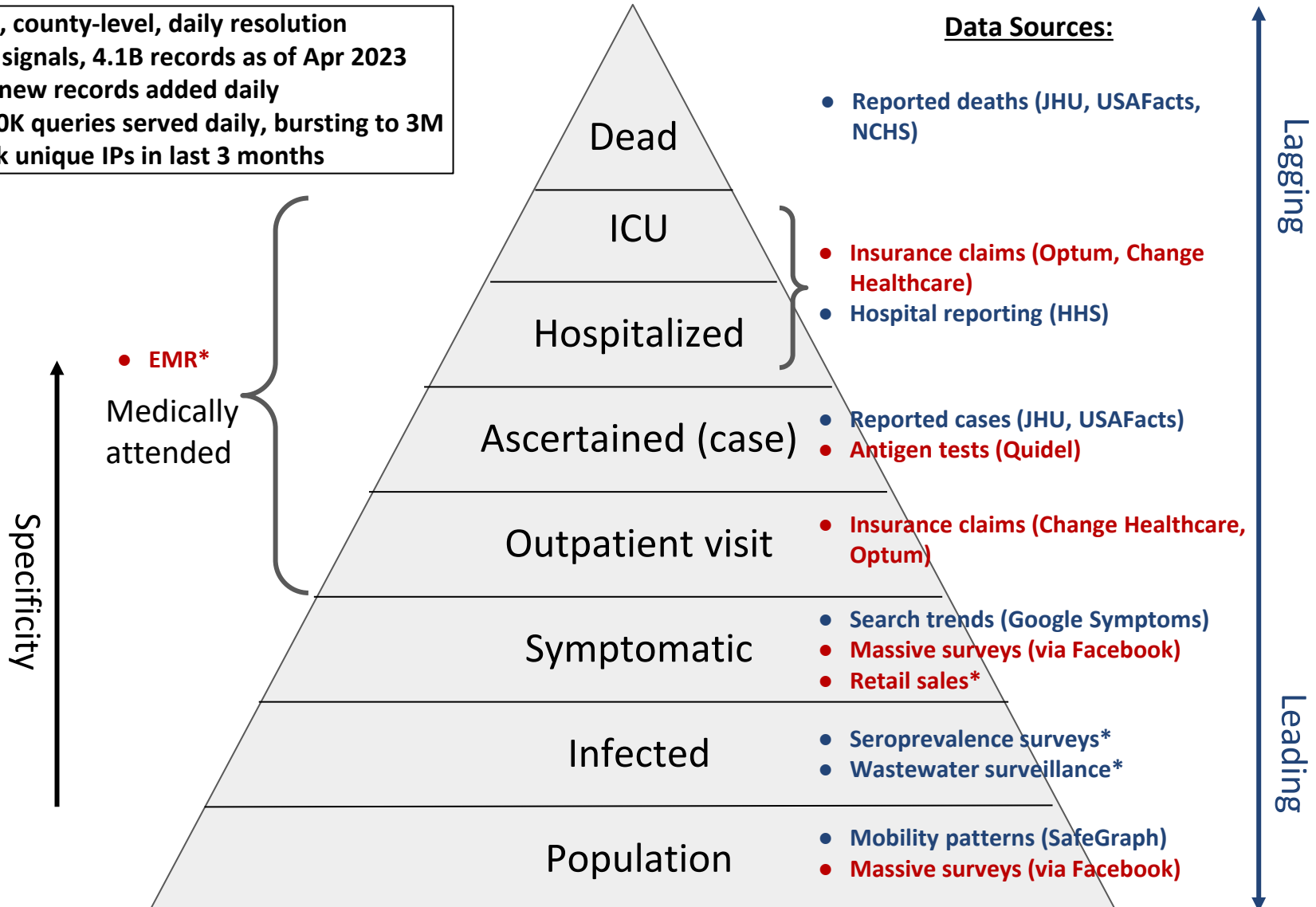
Forecasting Needs Both Theory and Data



Situational Awareness Across the Severity Pyramid

- U.S., county-level, daily resolution
- 511 signals, 4.1B records as of Apr 2023
- 3M new records added daily
- ~100K queries served daily, bursting to 3M
- >50k unique IPs in last 3 months

Data Sources:



Red: Delphi unique sources. Blue: mirroring, versioning, and archiving. *Planned.

- The only tools that will be useful in an emergency are those that have already been working before it, because:
 - The needs of public health change fast in an emergency
 - There is no time to build relationships
 - There is no time to negotiate legal agreements
 - There is no time to test, iterate and improve

What Will It Take to Get There?

