

PANDEM-2 – Breakout Sessions relating to Lessons Learned from COVID-19

Thursday March 11th, 2021

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What do you think is the best publicly available dashboard for COVID-19?

- John Hopkins (5/6 groups)

<https://coronavirus.jhu.edu/data>

- FoHM dashboard (1/6 groups)

<https://experience.arcgis.com/experience/09f821667ce64bf7be6f9f87457ed9aa>

- RKI dashboard (2/6 groups)

<https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4>

- Portuguese dashboard (1/6 groups)

- Finnish/THL (2/6 groups)

<https://experience.arcgis.com/experience/92e9bb33fac744c9a084381fc35aa3c7>

- France Public Health (1/6 groups)

<https://dashboard.covid19.data.gouv.fr/vue-d-ensemble?location=FRA>

- Austrian dashboard (1/6 groups)

<https://bmi.gv.at/news.aspx?id=4A7171477A51625143334D3D>

- Worldometer (2/6 groups)

<https://www.worldometers.info/coronavirus/country/austria/>

- Regular updates, divided into regions, age groups, configurable and data downloadable.

- Regular updates, maps, divided into regions, age groups, configurable and data downloadable

- General directory of health. Daily visualisations

- Corona-map dashboard for cases; municipality level, daily updates. Multilingual

- Interactive system, clear and easy to interpret, detailed information on specific demographics and locations, info on symptoms presented and covid-19 test results

<ul style="list-style-type: none">- UK government dashboard (1/6 groups) https://coronavirus.data.gov.uk/ - Nextstrain (2/6 groups) https://nextstrain.org/ncov/global - Zeit Dashboard (Germany) (1/6 groups) - Dutch National Corona Dashboard (to see the national information) (1/6 groups) https://coronadashboard.rijksoverheid.nl/ - Irish COVID tracker app (1/6 groups) - Belgian dashboard (1/6 groups) https://epistat.wiv-isp.be/covid/covid-19.html - WHO/ECDC (2/6 groups) https://covid19.who.int/ - AGES dashboard (1/6 groups) https://covid19-dashboard.ages.at/?!=en - Japanese dashboard (1/6 groups)- Icelandic dashboard (1/6 groups)	<ul style="list-style-type: none">- Open source data, shows behavioural data from behavioural COVID unit, based on surveys. - Good uptake, Also now adding vaccine information
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What has been the most significant information gap during COVID-19?

Modelling/technology

- Importance of chronological perspective
- Forecast of infection rates (next few days)
- Dashboard need to respond to the one who sees it
- More local regional info is important
- Needs and Resources planning very important
- Global view on how many patients are contaminated vs. infected (clinical consequences)
- Delays in setting up COVID tracker app
- Contact tracing data
- Mobility information: e.g. tracking flights, tracking people
- How to track variants
- Requirement for data and indicators changed quickly as the pandemic scenario evolved - requiring different sources of data; It was hard to keep up
- Role of the children in transmission of the virus
- The way the information is made available/extraction publicly available (csv. files to use data in another way)
- information should be easy to read, clear and consistent for general population, different dashboards for different members of the population

Testing

- Delays in testing systems, diagnostics etc.
- More information need on testing capacity in different region and nations, number of tests, number of people, fluctuations of testing and reasons for these fluctuations

Information transfer

- Early on - information that was available but not shared, sequencing data.
- Lack of information (testing info (positivity rate), daily report limited - distribution between age groups, health professionals),
- Information on availability of PPE
- Information flow e.g. re: ICU beds
- Knowledge what is effective and what is not fight the infection rate
- Information on how infection rates are calculated (Romania)
- Information on long term care health facilities
- Lack of thresholds/goals set for what success could or should look like (i.e. restrictions being lifted or eased)
- National repository of expertise required e.g. in Ire we have the ability and expertise to produce PPE however; there was no list of what was needed, where it was needed and contacts to facilitate interaction between wants/abilities.
- Nursing homes- major problem getting data from them (France)
- Inaccurate reporting of deaths (distinguishing between deaths from COVID, deaths with COVID)
- Vaccination: questions around vaccination coverage, procurement, lack of clarity
- Collection of Hospitalisation data not automated in some countries (e.g. Finland). Current method involves one contact person per district - reporting not happening daily, discrepancies
- misinformation/disinformation around school opening/closure within government and between public health agencies

Health/social/clinical considerations

- Mental health impact
- Impact on other health conditions
- Socio-economic impact, including education

Can you think of examples where different countries have had to collaborate during COVID-19, and what was the nature of the collaboration?

Collaboration Examples:

- Repatriation
- Sharing of ICU ventilators (Germany and Italy)
- Netherlands and Germany in terms of Diagnostics and distribution of patients
- Patients transferred from France and Italy to Germany
- Ambulances sent from Ireland to Northern Ireland
- Donating vaccines across border, Romania - Moldova example
- Vaccinations – all agreed to be under the EMA and the joint procurement arrangements
- Transportation corridors
- Capacity building (e.g. Italy, Greece, Mali, Nigeria).

Missed Opportunities:

- No common policy
- Tended to be viewed from a national perspective
- Lack of EU-wide information sharing e.g. incidence in other countries to help decide travel restrictions
- EU level rollout of vaccination vs individual country rollout proving challenging
- Sequencing of data, could have had better collaboration relating to the spread of the different strains
- Better collaboration between regional hospitals required
- A benchmarking dashboard across countries (what worked/didn't work) would have been very useful
- Help with vaccination and mask protection

- Cross-border collaboration & coordination of public health protocols (e.g. Border closure in relation to ports, airports -- Travel across country borders: mask not required on train in Czech republic; but required on entering Germany - - Northern Ireland /Southern Ireland - lack of coordination on public health protocols. Politicisation of the cooperation process).

What is the most important information hospitals/responders need from public health agencies, and, what is the most important information public health agencies need from hospitals/responders?

Modelling/forecasting

- Reliable and fast data on hospitalisations; Current issues with delay, quality and detail (e.g. regions). Needed for modelling/forecasting calculations
 - backtrack analysis
- Forecasts - projections of cases, admissions, ICU admissions in 1 to 3 months for planning purposes (1-3 months, 2-4-6 weeks)
- Forecasts – workforce, supplies

Real-time information

- Hospital and ICU admission rates
- Specifications for ICU per region, ICU Numbers, Number of patients, indicator of severity (broken down by cohort) length of stay, deaths,
- Robust integration of data.
- Interoperability of data in real time
- Reliability and standardisation of data
- Real time mortality numbers (at local level also)
- Recommended treatment options
- Available supplies in logistic chain
- Information on patients arriving at hospitals to identify risk factors
- Guidelines available, National Guidelines
- Contact tracing information
- Public health agencies advising hospitals of trajectory of pandemic to plan
- First responder orgs supporting collection of tests from patient home

What lessons have been learned from COVID-19 that could be useful for PANDEM-2?

Communications

- Communication of restrictions - so that there is clarity.
- Family without native language skills - need more support - home schooling - communication of current public health protocols
- Communication of basic public health/hygiene measures. People did not sufficiently understand why there were closures (Portugal).
- Dashboards should be available for the public, to see that data that is used to make decisions
- Better communication to the public (no irritating messages, so media takes over)
- Make as much information/data publicly available to be transparent

Ethics

- There are ethical issues with sharing data

Collaboration

- Overview of what measures are being applied across different regions and countries
- Collaboration across hospitals
- Relationship between politicians/government and scientific side
- Upkeep of trust and building understanding between public and government. Projects from people.

Technology

- Predictive options would be NB for decision makers
- Models that predict longer timeframes

Workforce

- Dedicated crisis management unit or crisis manager
- Work force capacity in terms of contact tracing. High pandemic situation ++

Autonomy

- Ability to produce essential materials (mask, treatments, vaccine)

Support structures

- Work from home plan/backup plan

Overall

- Get a more accurate assessment of the impact of the pandemic