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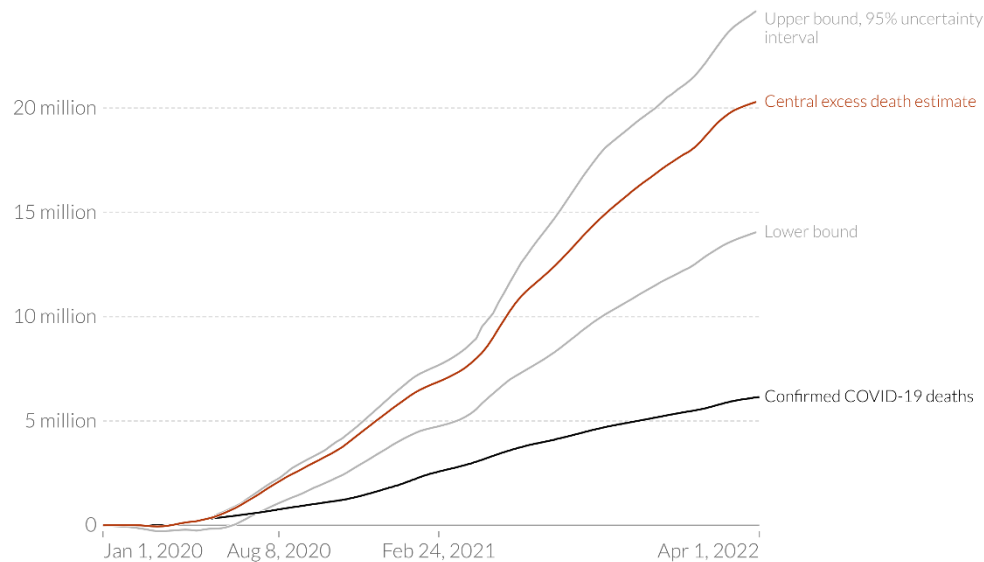
On Covid-19 severity and its relation to the pre pandemic health care system: a country comparison

April 6, 2022

A pandemic. How to learn from it?

Estimated cumulative excess deaths during COVID-19, World

For countries that have not reported all-cause mortality data for a given week, an estimate is shown, with uncertainty interval. If reported data is available, that value only is shown. For comparison, cumulative confirmed COVID-19 deaths are shown.



Source: The Economist (2022), Johns Hopkins University (2022)


OurWorldInData.org/coronavirus • CC BY

could be highly underestimated (x4)

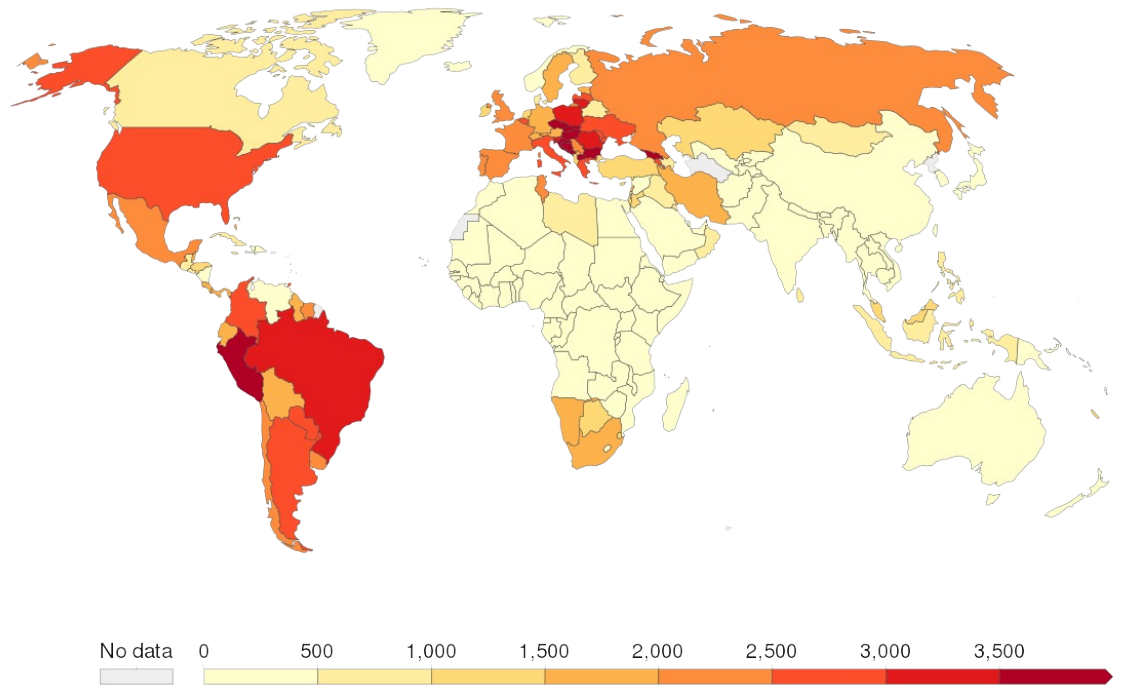
5 mio reported Covid-19 related deaths

To answer any questions (e.g. what worked, what didn't) one first needs to objectify/quantify. Because any answer starts with analysing differences.

Are countries hit “in the same way” by Covid-19?

Cumulative confirmed COVID-19 deaths per million people, Mar 19, 

For some countries the number of confirmed deaths is much lower than the true number of deaths. This is because of limited testing and challenges in the attribution of the cause of death.



A way of comparison

The only one?

The best one?

Source: Johns Hopkins University CSSE COVID-19 Data

Research questions

- ▶ How to measure/define Covid-19 severity?
- ▶ Can Covid-19 severity be explained by the state of the pre pandemic health care system?

Limitations

- ▶ It is a first attempt at measuring Covid-19 severity
 - ▶ Focus on reported deaths and cases
- ▶ We didn't (yet) include
 - ▶ Long covid effects
 - ▶ Psychological distress
 - ▶ Social and economical effects
 - ▶ Postponed medical treatment
 - ▶ ...

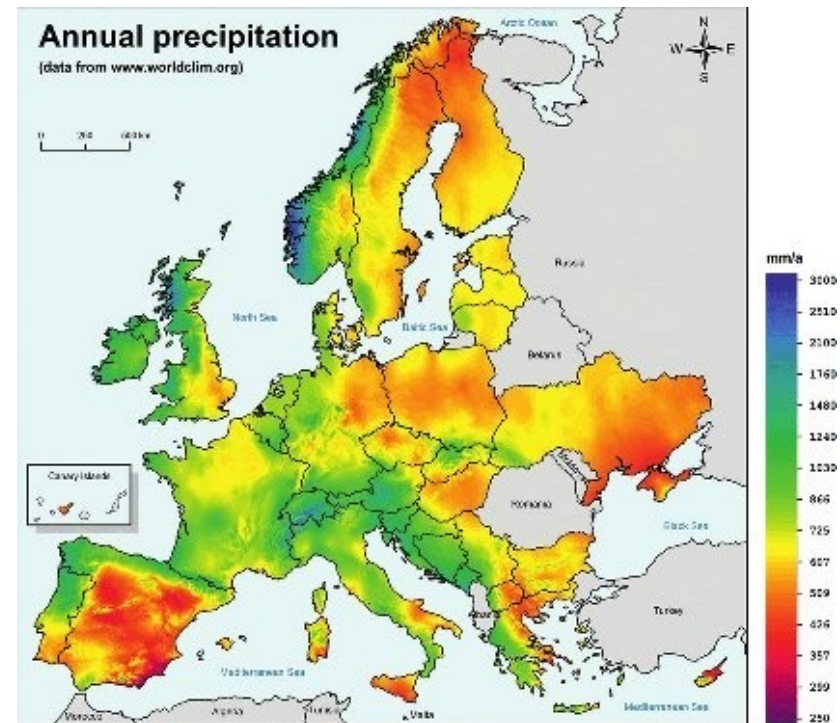
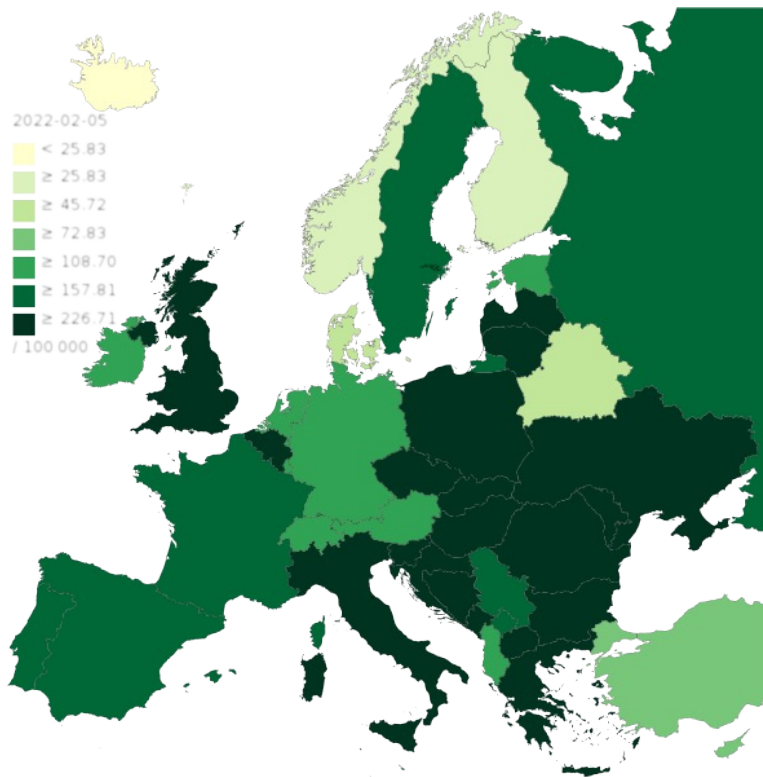


Covid-19 severity



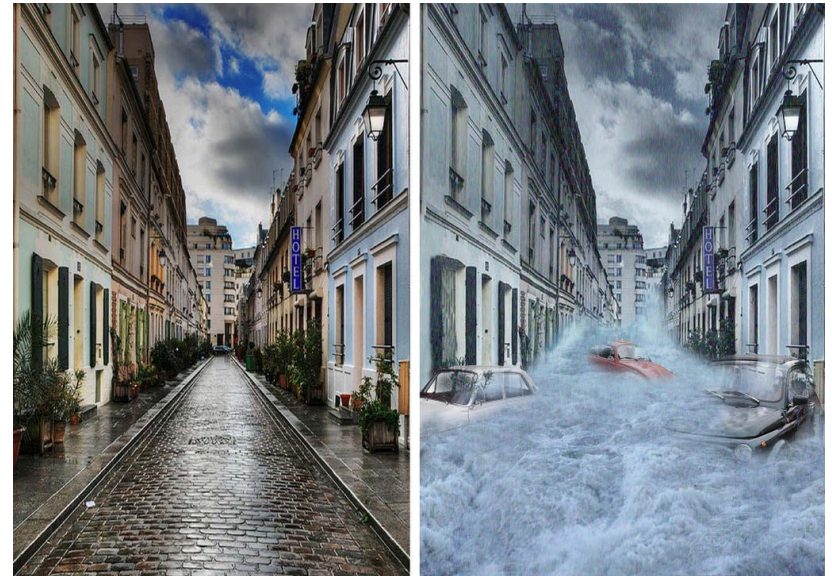
What do “totals” tell us?

- ▶ Totals are just a total... A lot of information is lost

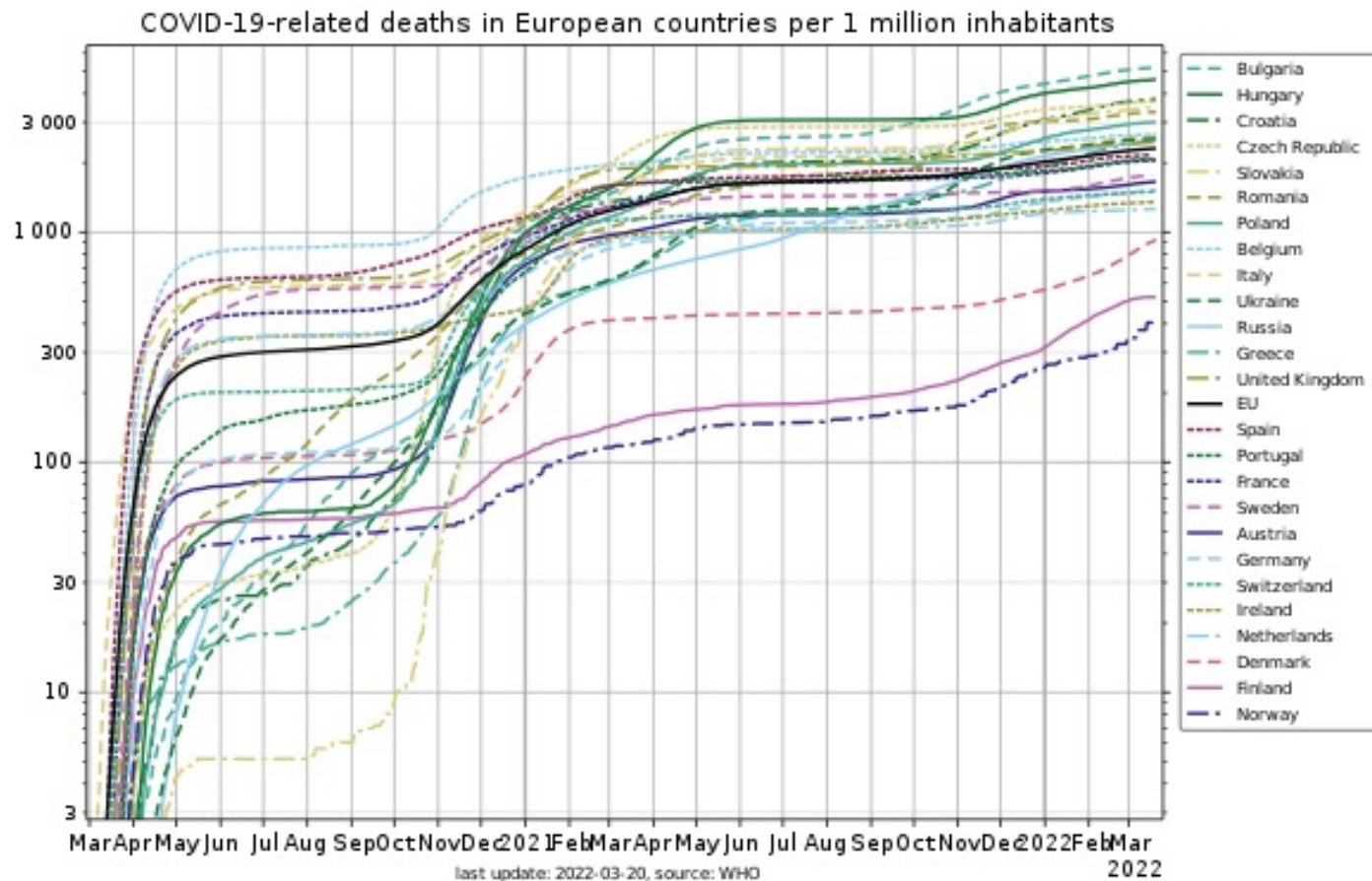


Same total, completely different outcome

- ▶ 20mm rain every day vs. 7300mm on a single day



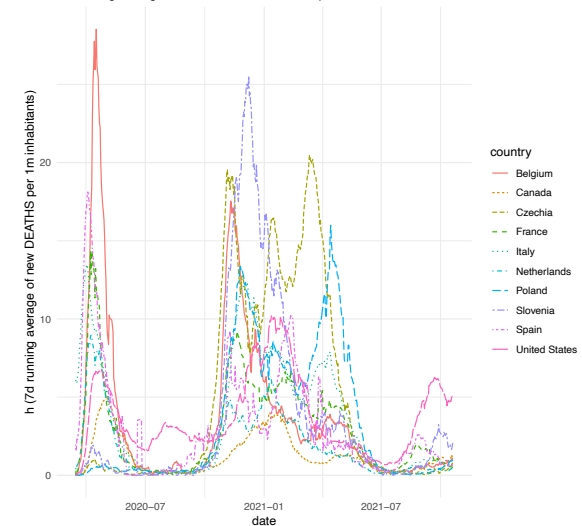
Is every country hit “in the same way” by Covid-19?



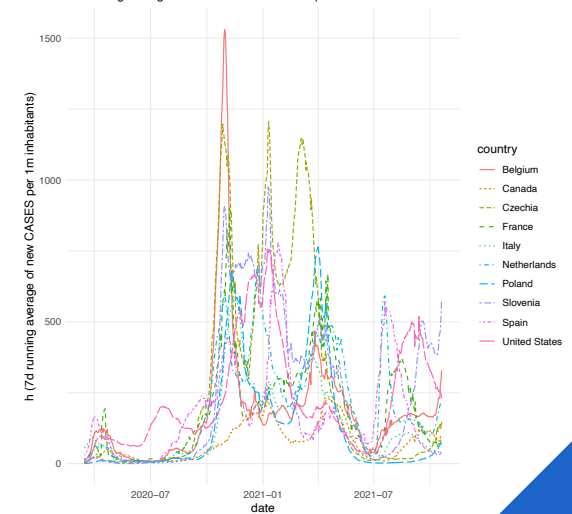
JHU CSSE COVID-19 Data

- ▶ Raw data
 - ▶ Center for Systems Science and Engineering
 - ▶ Johns Hopkins University
 - ▶ <https://github.com/CSSEGISandData/COVID-19>
- ▶ Time frame under investigation
 - ▶ 15 March 2020 (start pandemic)
 - ▶ 20 October 2021 (decline/end third wave)
- ▶ Focus on deaths and cases
- ▶ 32 countries

Covid-19 new DEATHS 7d running average
7d running average of number of new DEATHS per 1m at date



Covid-19 new CASES 7d running average
7d running average of number of new CASES per 1m at date



Severity measure taking into account excess persistence

- ▶ Severity measure requirements
 - ▶ the higher the indicator gets over a certain period, the higher the severity;
 - ▶ the longer the indicator remains at a certain level, the higher the severity.
- ▶ Suppose we have a time series $T = \{(t_i, v_i) \mid 1 \leq i \leq d\}$ for a certain indicator with values v_i at time points t_i

runs over all the levels of indicator

$$\text{SEV} = \int_0^{+\infty} h \cdot p(h) dh$$

the proportion of the observation period that indicator is above level

$$p(h) = \frac{\#\{t_i \mid v_i \geq h\}}{d}$$

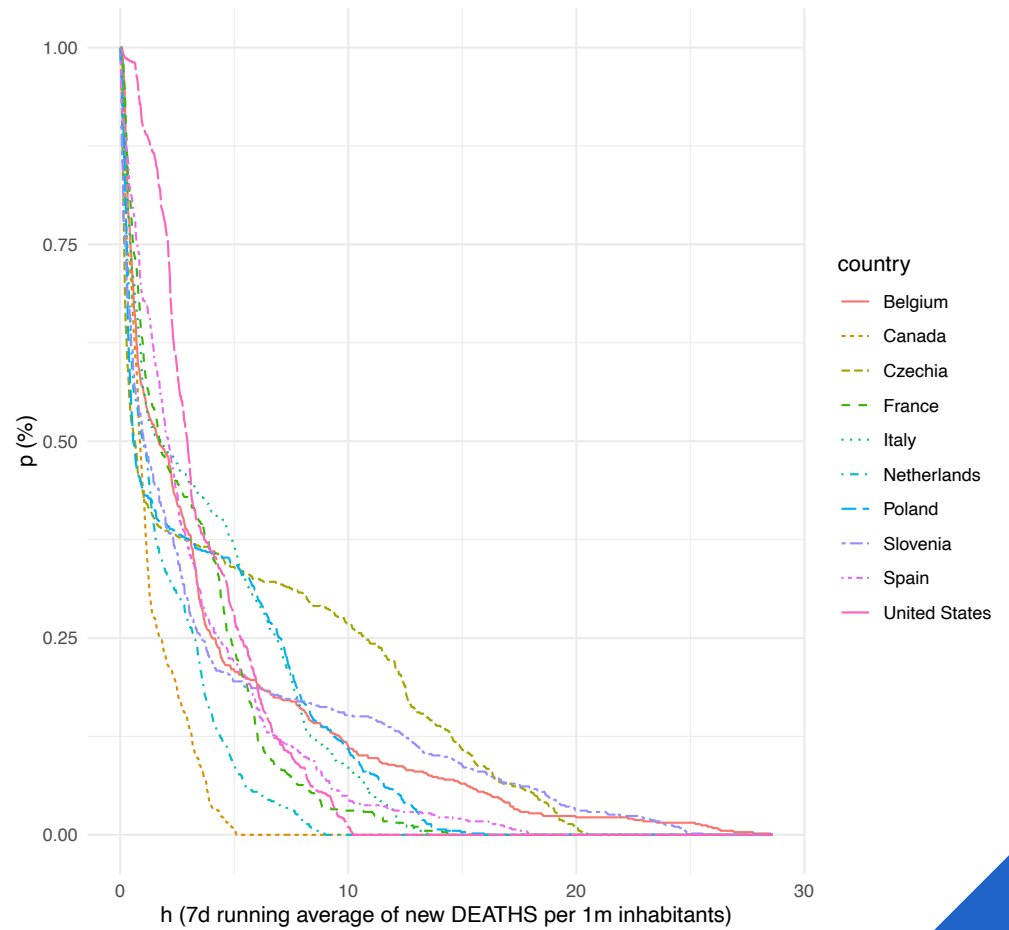
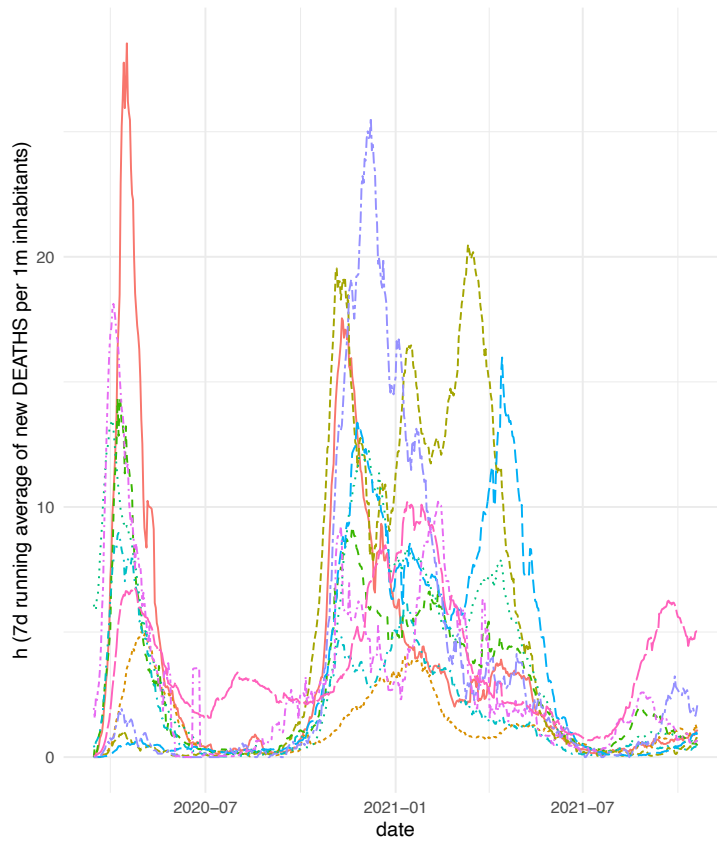
note: $p(0) = 1$ and $p(+\infty) = 0$

D-severity

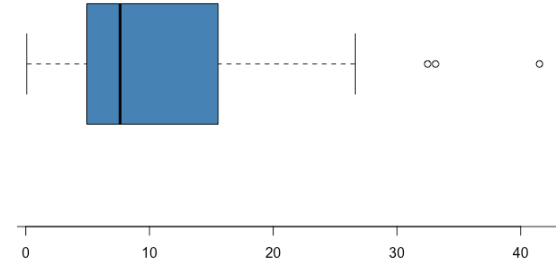
Covid-19 severity – DEATHS

part of obs. period p that 7d run. average new DEATHS per 1m inhab. is above h

Covid-19 new DEATHS 7d running average
7d running average of number of new DEATHS per 1m at date



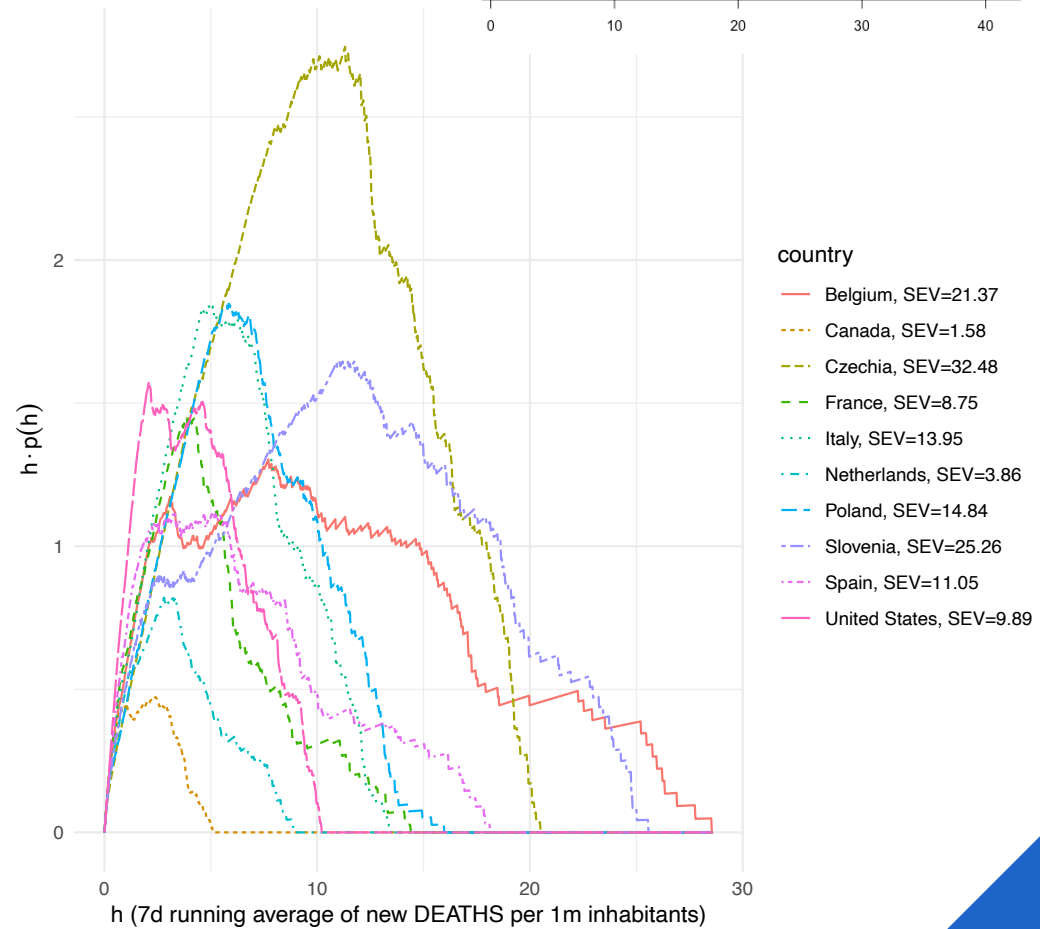
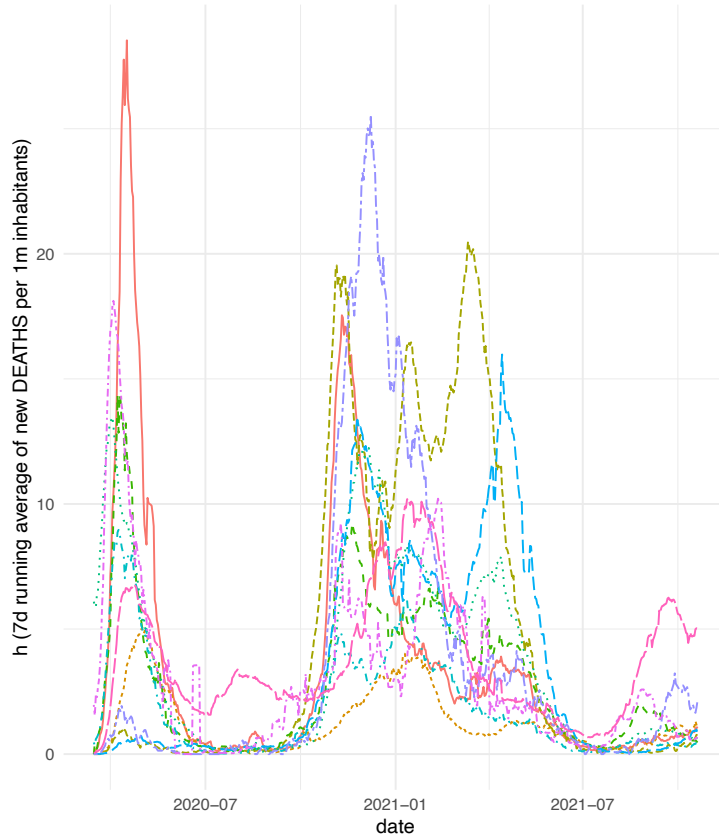
D-severity



Covid-19 severity – DEATHS

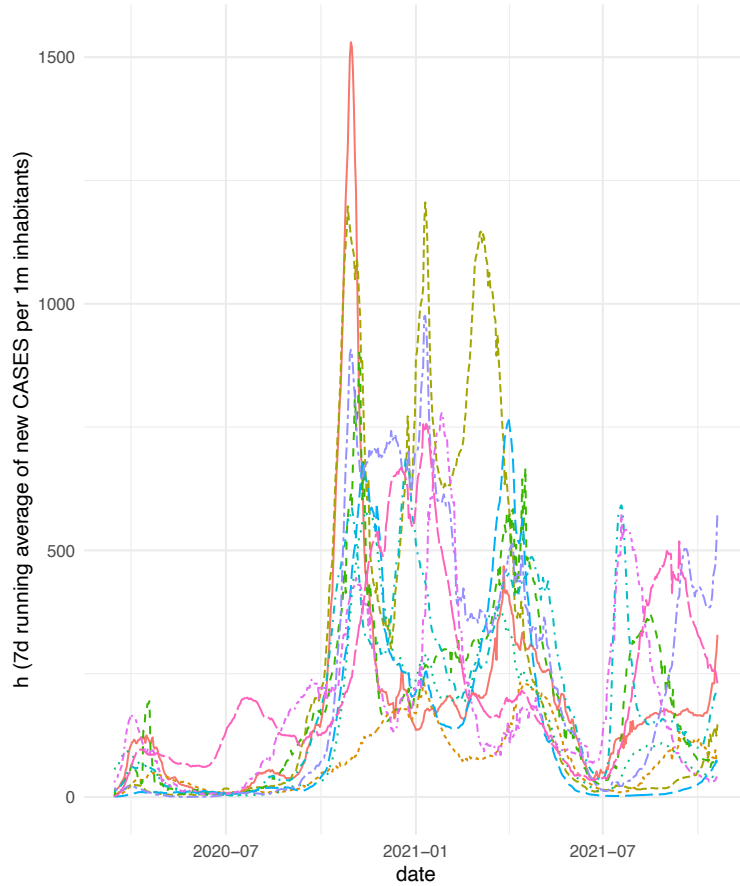
$$\text{integrand of SEV} = \int_0^{\infty} h \cdot p(h) dh$$

Covid-19 new DEATHS 7d running average
7d running average of number of new DEATHS per 1m at date



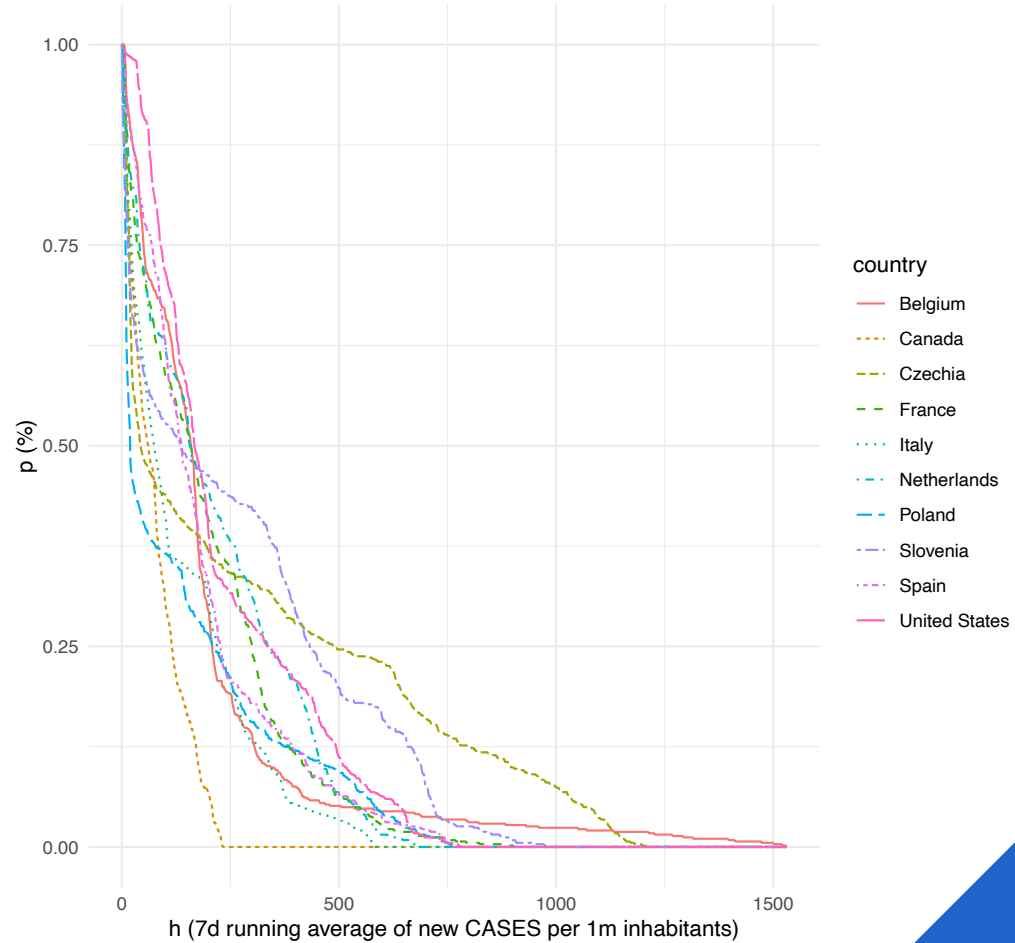
C-severity

Covid-19 new CASES 7d running average
7d running average of number of new CASES per 1m at date



Covid-19 severity – CASES

part of obs. period p that 7d run. average new CASES per 1m inhab. is above h

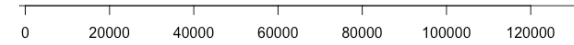


C-severity



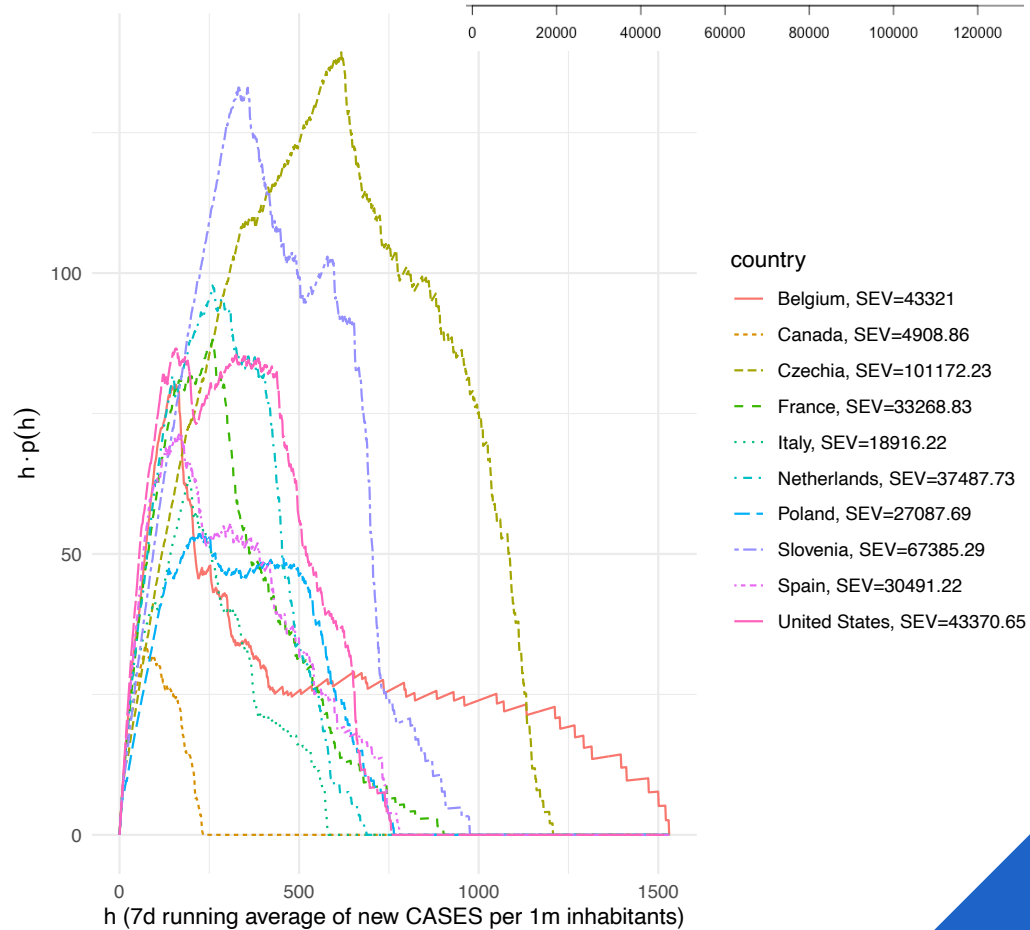
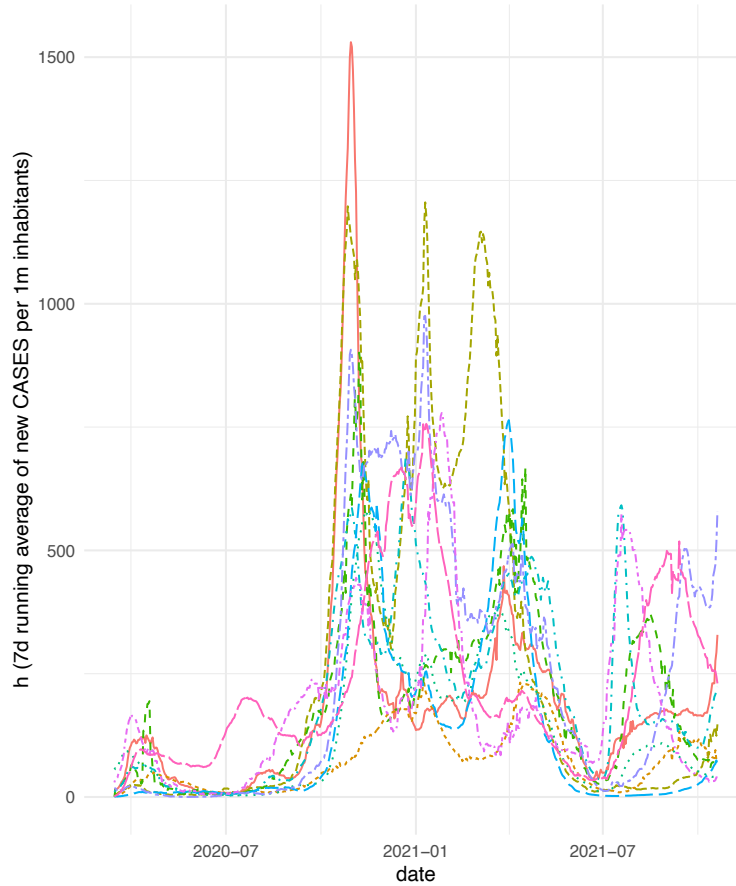
Covid-19 severity – CASES

$$\text{integrand of SEV} = \int_0^{\infty} h \cdot p(h) dh$$

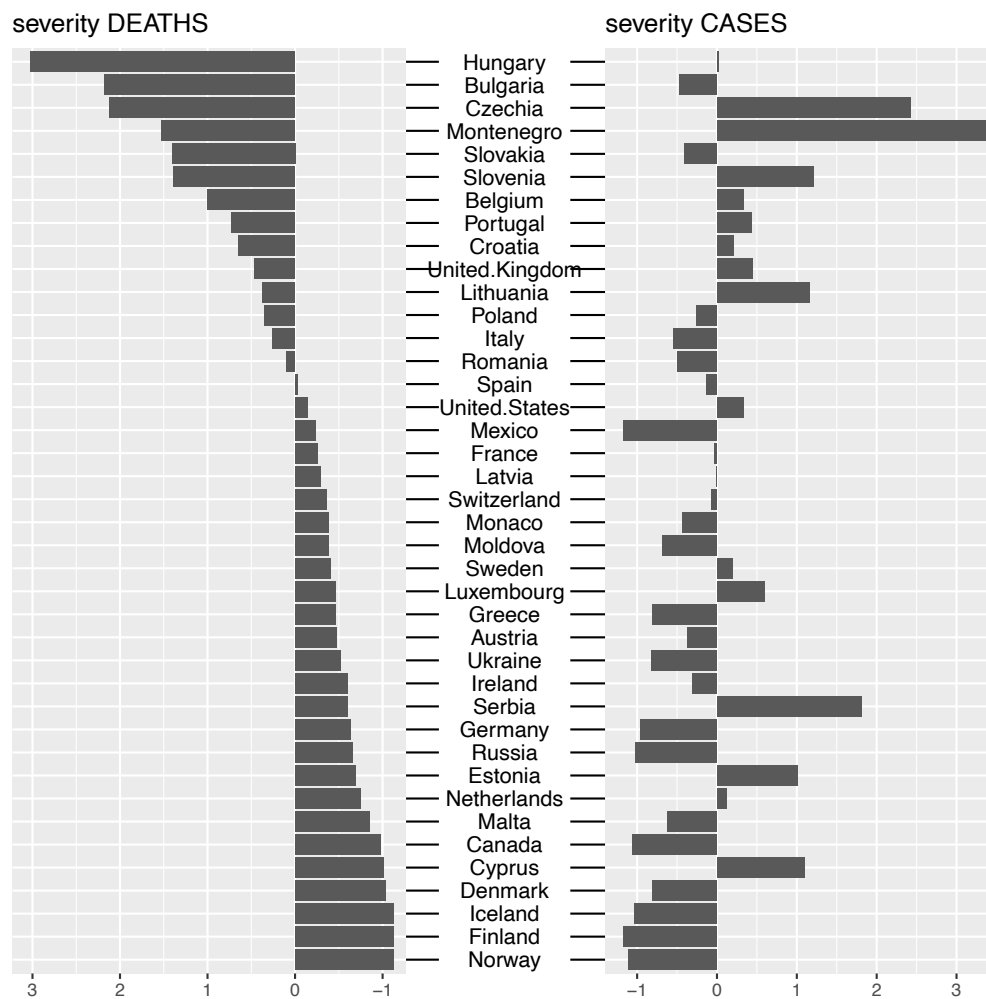


Covid-19 new CASES 7d running average

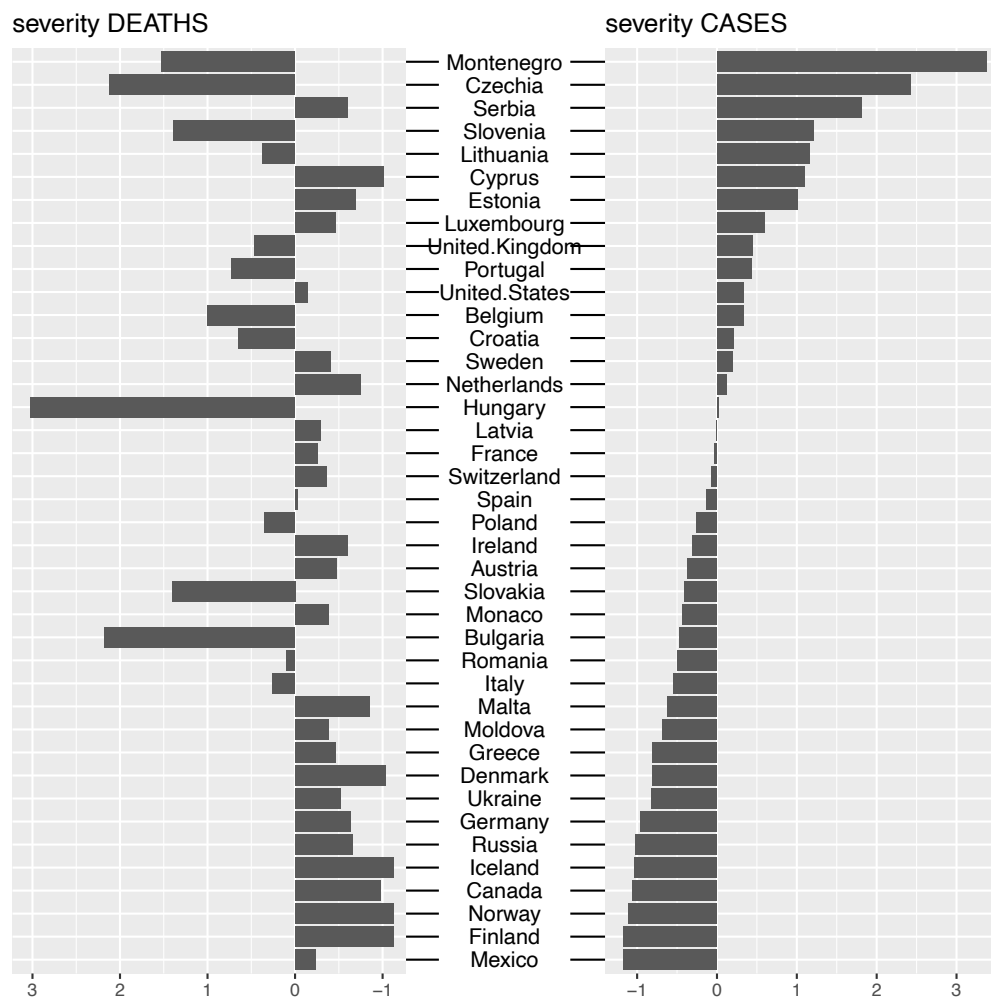
7d running average of number of new CASES per 1m at date

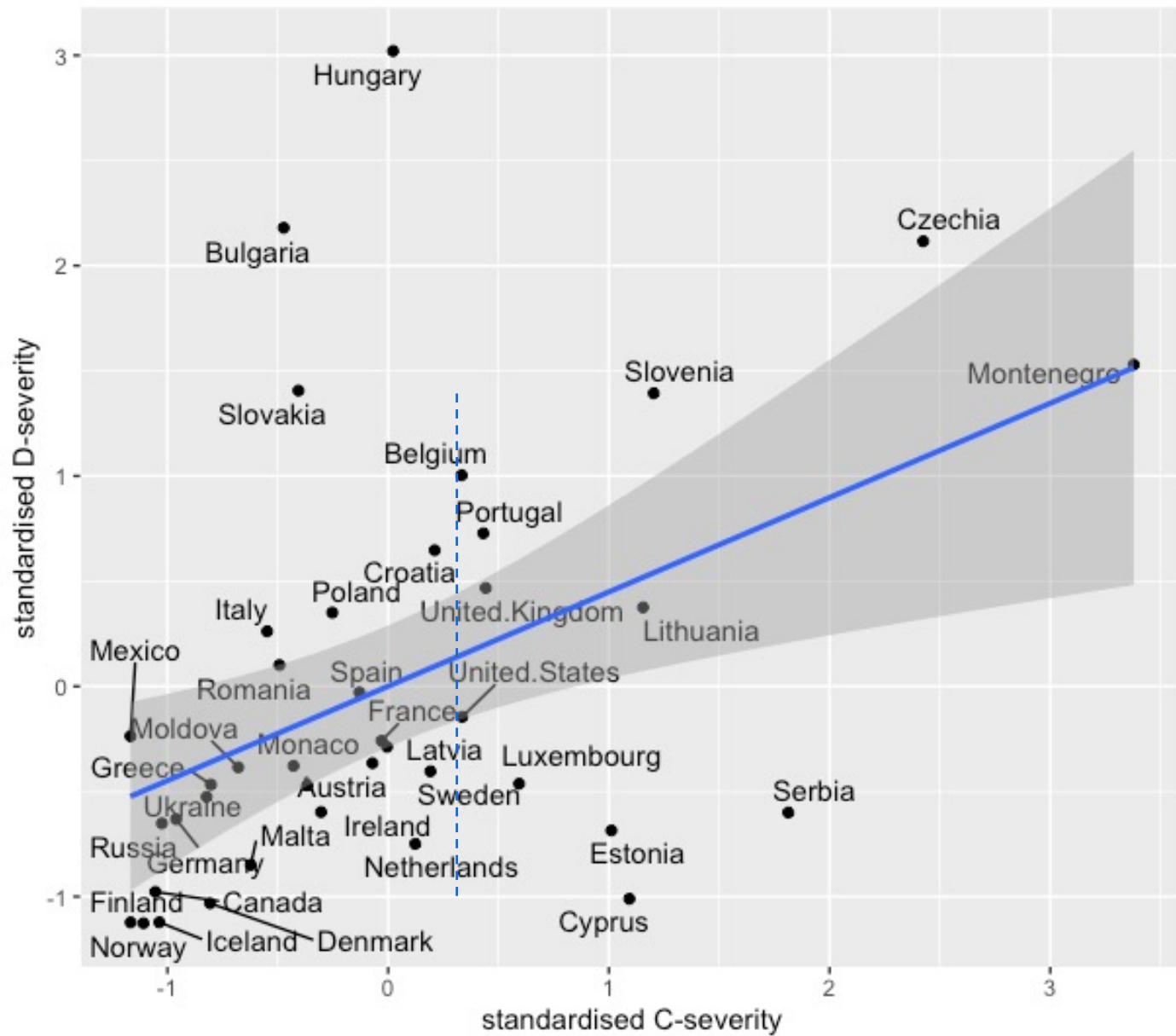


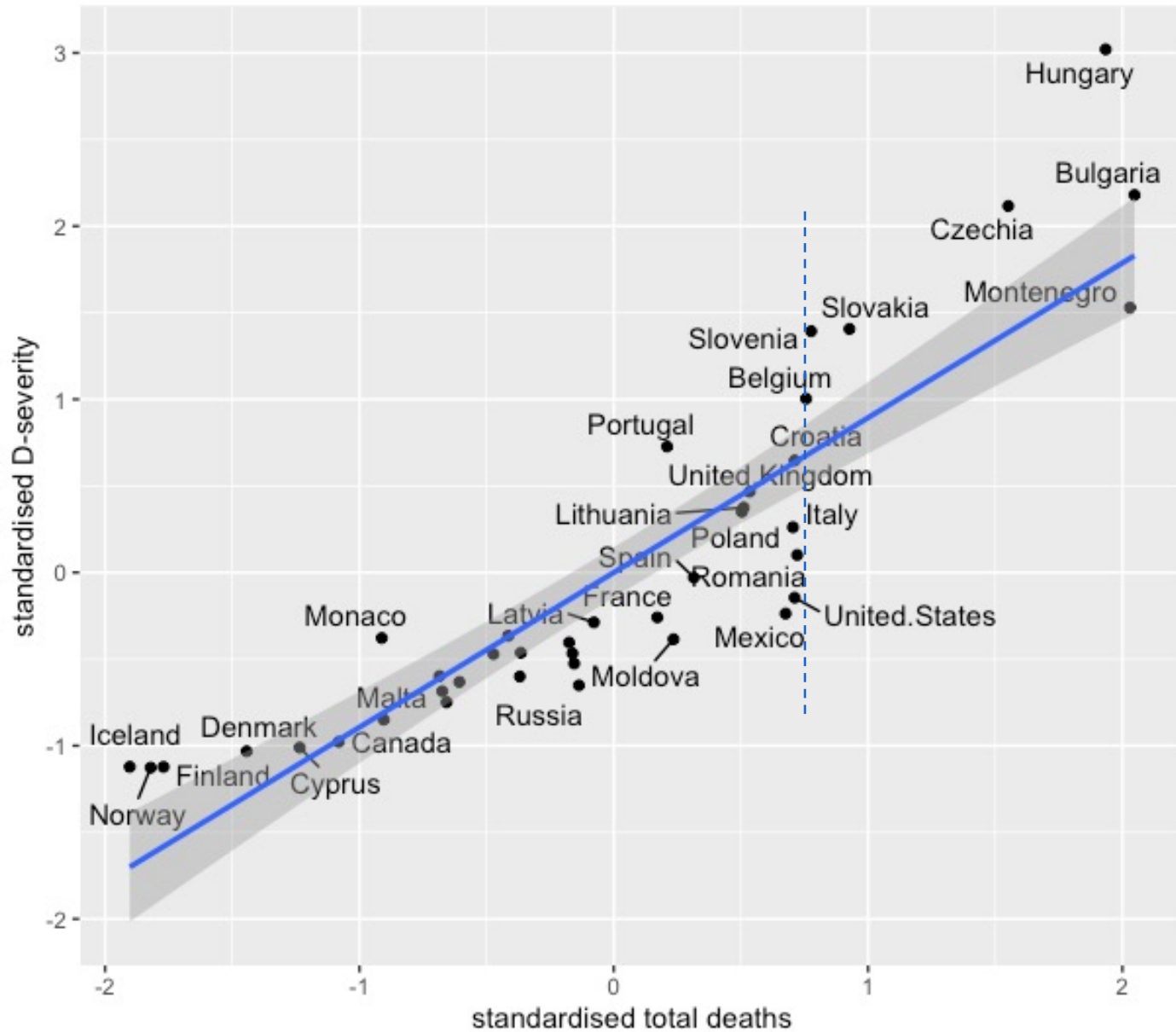
Standardized severity, D-ranked

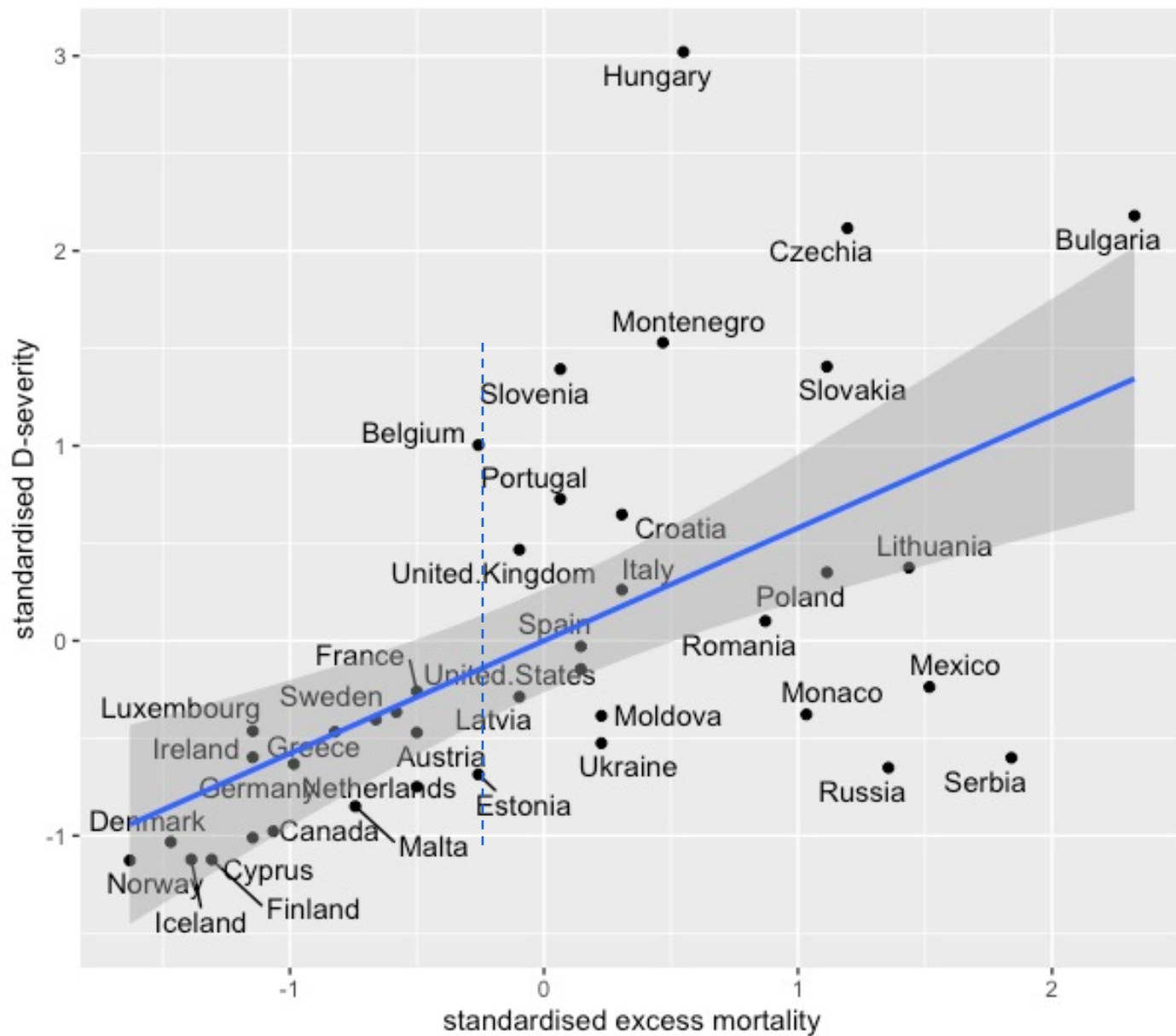


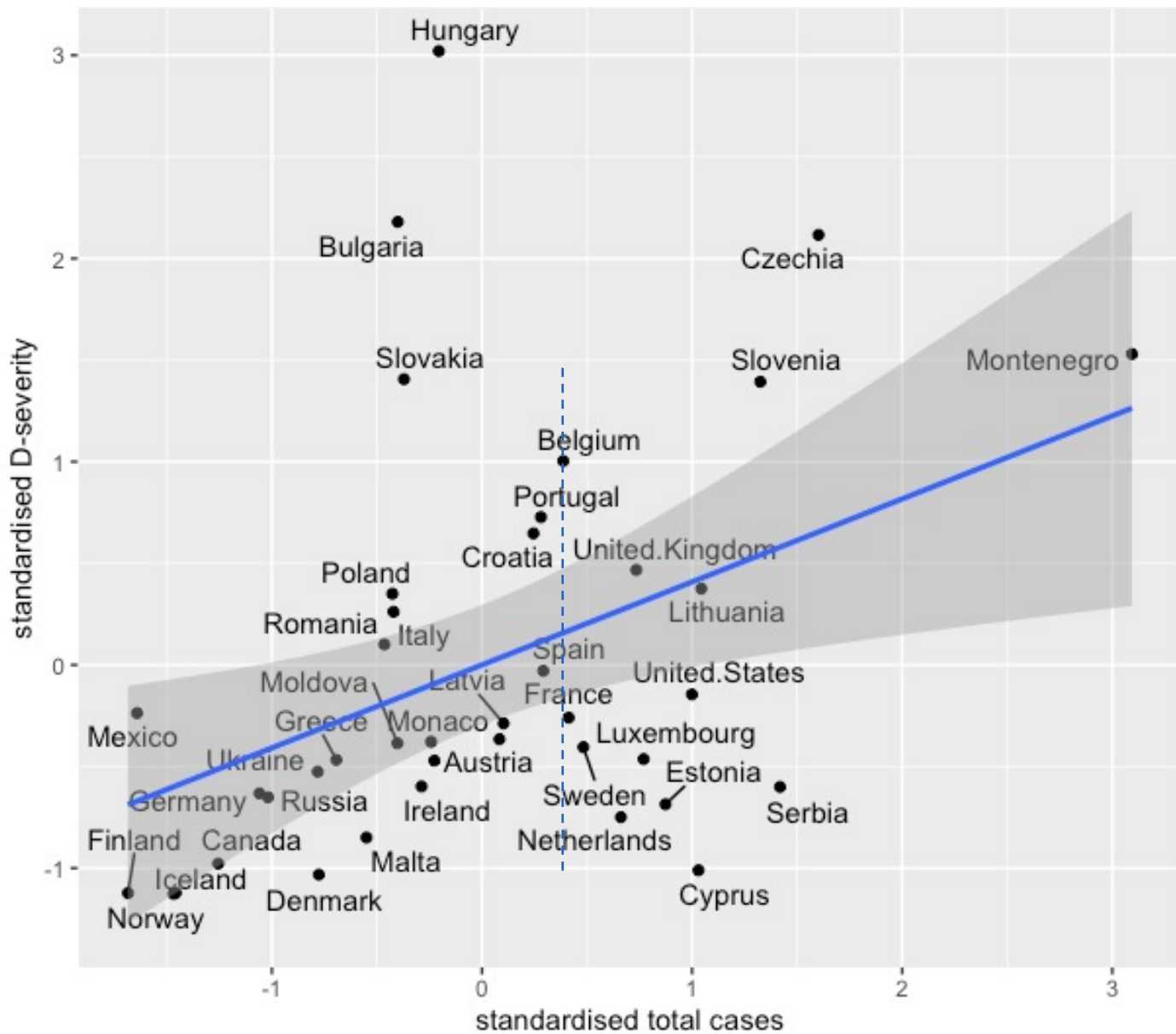
Standardized severity, C-ranked











Conclusions

- ▶ There is no standard way to assessing severity
 - ▶ We combined *exposure* with *excess persistence*
- ▶ Clear evidence that countries were hit differently
- ▶ No evidence that the number of cases alone is a/the main driver in assessing D-severity
- ▶ COVID-19 casualties (D-severity)
 - ▶ Scandinavian countries (except Sweden) least hit
 - ▶ Portugal, Belgium, Slovenia, Slovakia, Czechia and Hungary dramatically hit



Relation to the pre pandemic health care system



Health at a Glance: Europe 2020

State of the health (care) system

▶ OECD Indicators

- ▶ key indicators for population health and health system performance
- ▶ 19 November 2020 (data relates to pre pandemic state)
- ▶ <https://doi.org/10.1787/82129230-en>

▶ Domains – 53 indicators

- ▶ Health status (hsR) – 13 indicators
- ▶ Risk factors (Rf) – 7 indicators
- ▶ Health expenditure and financing (exp) – 10 indicators
- ▶ Effectiveness (effect) – 9 indicators
- ▶ Accessibility (access) – 14 indicators

Ranking procedure

- ▶ 53 indicators (grouped in 5 domains) over 32 countries

- ▶ Step 1
 - ▶ For each of the 53 indicators
 - ▶ Replace indicator value with its rank (1 till 32)

- ▶ Step 2
 - ▶ Aggregate ranks within each of the 5 domains
 - Unweighted (each indicator in a domain counts the same)
 - Weighted (each indicator in domain gets the weight of its subcategory)

- ▶ Step 3
 - ▶ Add a 6th domain (total)
 - Average of the unweighted ranks
 - Average of the weighted ranks

- ▶ Step 4
 - ▶ Grouping countries according to domain quantiles

Ranking result (step 1-3)

unweighted						
	hsR	Rf	exp	effect	access	tot
Austria	18,23	19,43	21,80	19,11	12,36	17,66
Belgium	17,00	17,57	21,00	14,56	13,86	16,58
Bulgaria	11,08	14,71	22,40	19,00	14,00	15,81
Croatia	9,85	18,86	8,10	12,78	17,71	13,28
Cyprus	17,85	11,14	16,10	16,22	15,14	15,64
Czechia	11,23	15,14	12,70	15,33	16,79	14,19
Denmark	17,00	9,71	13,70	12,89	15,64	14,36
...						

weighted						
	hsR	Rf	exp	effect	access	tot
Austria	17,93	18,00	23,00	18,86	15,27	18,47
Belgium	18,67	17,75	22,07	13,71	14,16	16,99
Bulgaria	9,90	12,92	23,48	19,14	14,16	16,26
Croatia	10,73	17,33	7,57	14,07	17,51	13,73
Cyprus	15,00	10,50	16,45	14,21	12,13	13,58
Czechia	11,33	14,50	12,26	15,93	17,23	14,59
Denmark	15,13	10,92	12,43	13,71	13,89	13,21
...						

Ranking result (step 4)

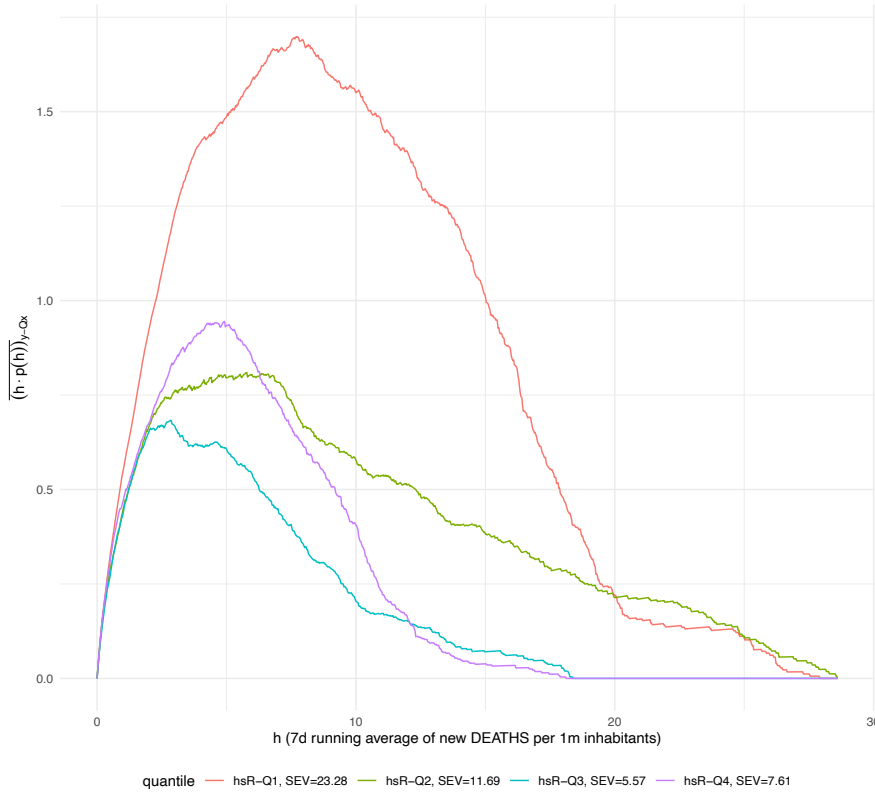
unweighted						
	hsR	Rf	exp	effect	access	tot
Austria	hsR-Q3	Rf-Q4	exp-Q4	effect-Q4	access-Q1	tot-Q3
Belgium	hsR-Q2	Rf-Q3	exp-Q4	effect-Q2	access-Q1	tot-Q3
Bulgaria	hsR-Q1	Rf-Q2	exp-Q4	effect-Q3	access-Q1	tot-Q2
Croatia	hsR-Q1	Rf-Q3	exp-Q1	effect-Q1	access-Q3	tot-Q1
Cyprus	hsR-Q3	Rf-Q1	exp-Q3	effect-Q2	access-Q2	tot-Q2
Czechia	hsR-Q1	Rf-Q2	exp-Q1	effect-Q2	access-Q3	tot-Q1
Denmark	hsR-Q2	Rf-Q1	exp-Q1	effect-Q1	access-Q2	tot-Q1
...						

weighted						
	hsR	Rf	exp	effect	access	tot
Austria	hsR-Q3	Rf-Q3	exp-Q4	effect-Q4	access-Q2	tot-Q4
Belgium	hsR-Q3	Rf-Q3	exp-Q4	effect-Q1	access-Q2	tot-Q3
Bulgaria	hsR-Q1	Rf-Q1	exp-Q4	effect-Q4	access-Q2	tot-Q3
Croatia	hsR-Q1	Rf-Q3	exp-Q1	effect-Q1	access-Q4	tot-Q1
Cyprus	hsR-Q2	Rf-Q1	exp-Q3	effect-Q1	access-Q1	tot-Q1
Czechia	hsR-Q1	Rf-Q2	exp-Q1	effect-Q2	access-Q4	tot-Q2
Denmark	hsR-Q2	Rf-Q1	exp-Q1	effect-Q1	access-Q1	tot-Q1
...						

D-severity, health status domain (hsR), unweighted

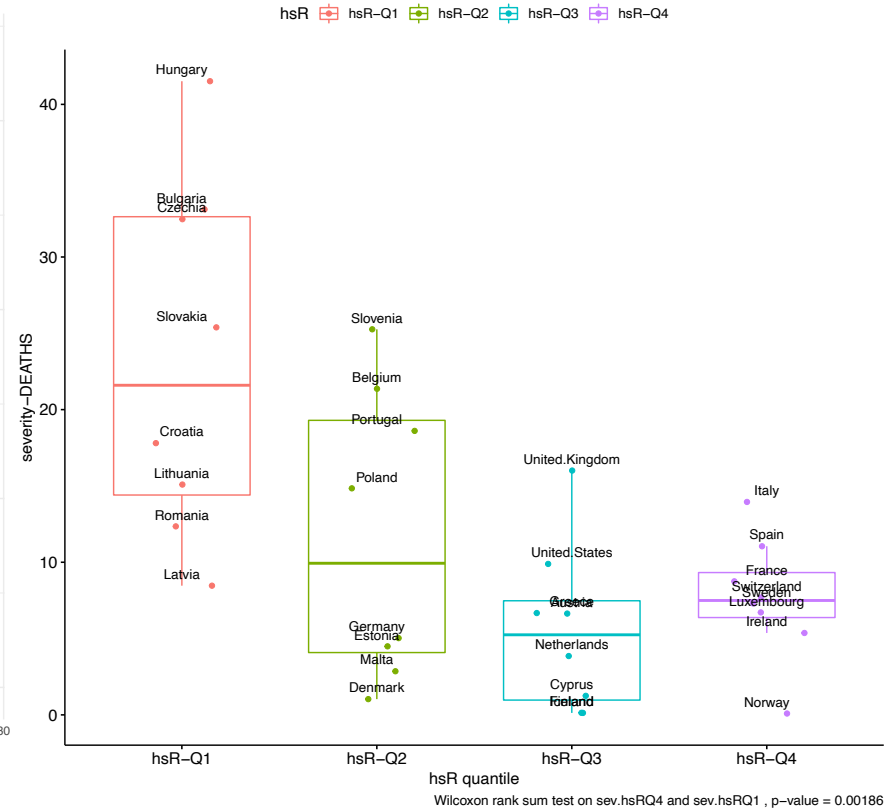
Covid-19 severity – DEATHS, health status (y=hsR)

integrand of $SEV = \int_0^{\infty} (\overline{h \cdot p(h)})_{y-\alpha x} dh$ where the average $(\overline{h \cdot p(h)})_{y-\alpha x}$ runs over the countries in $y-Qx$ ($x=1,2,3,4$)

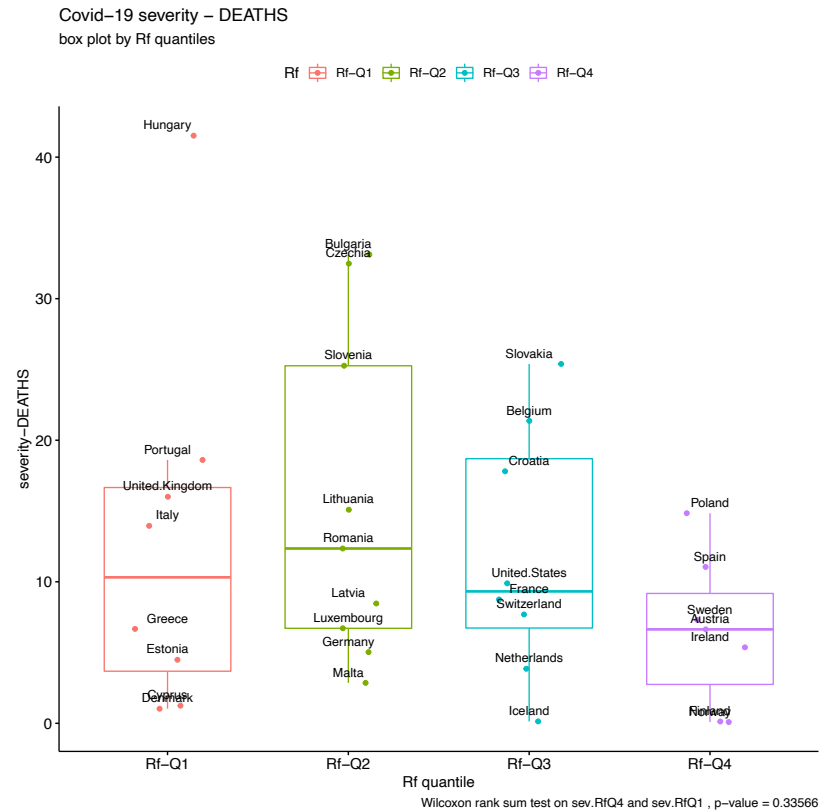
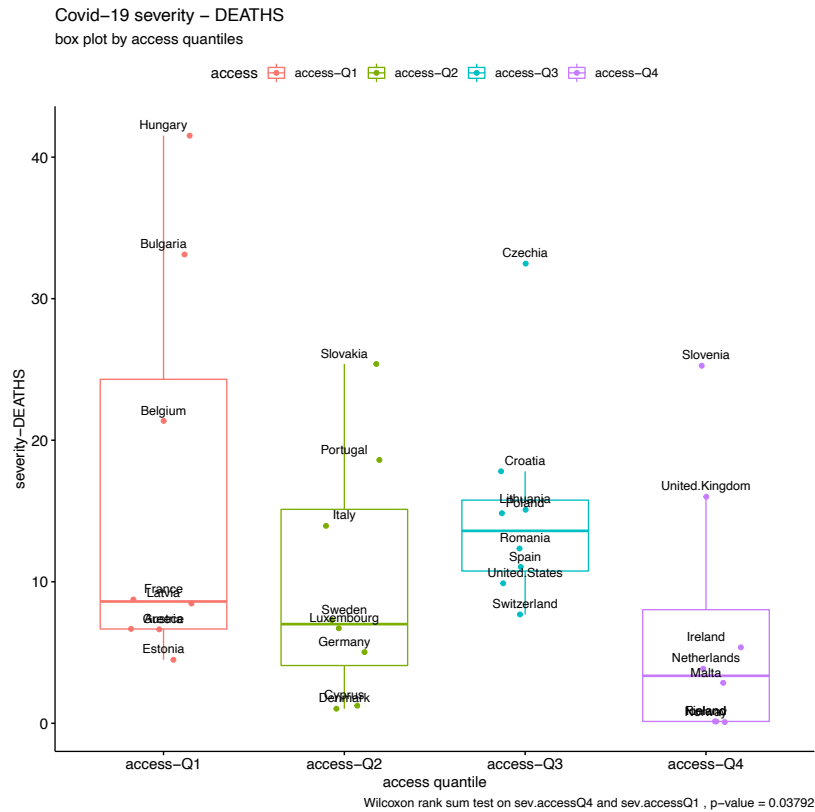


Covid-19 severity – DEATHS

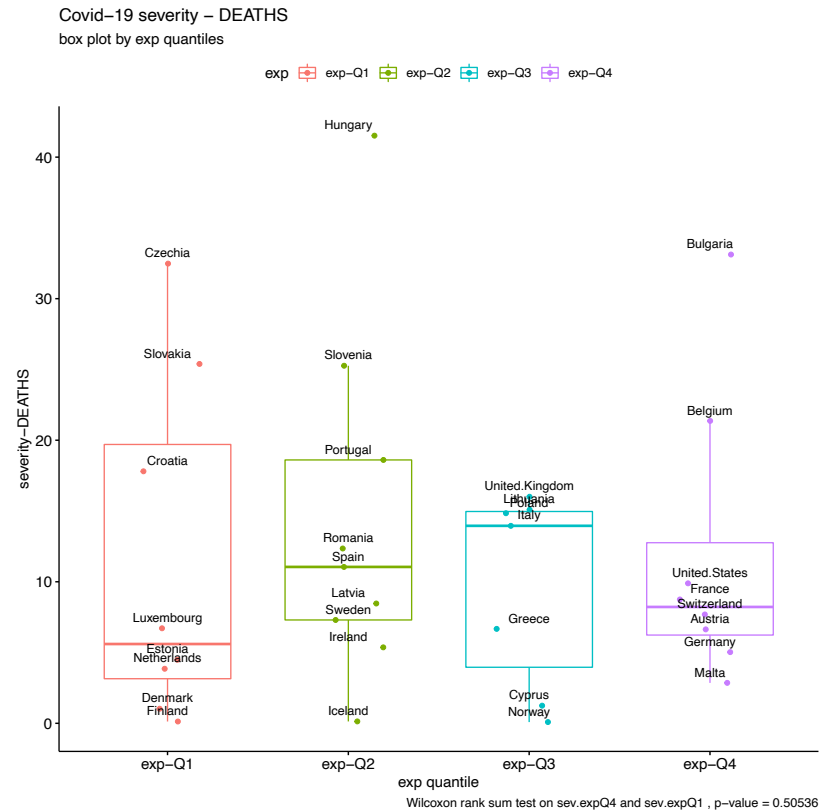
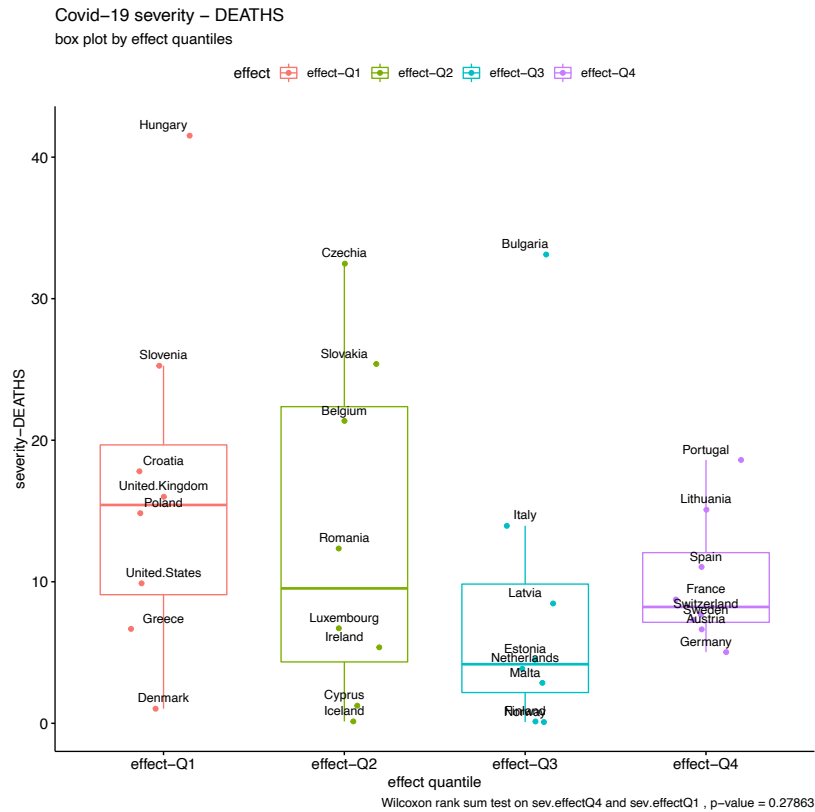
box plot by hsR quantiles



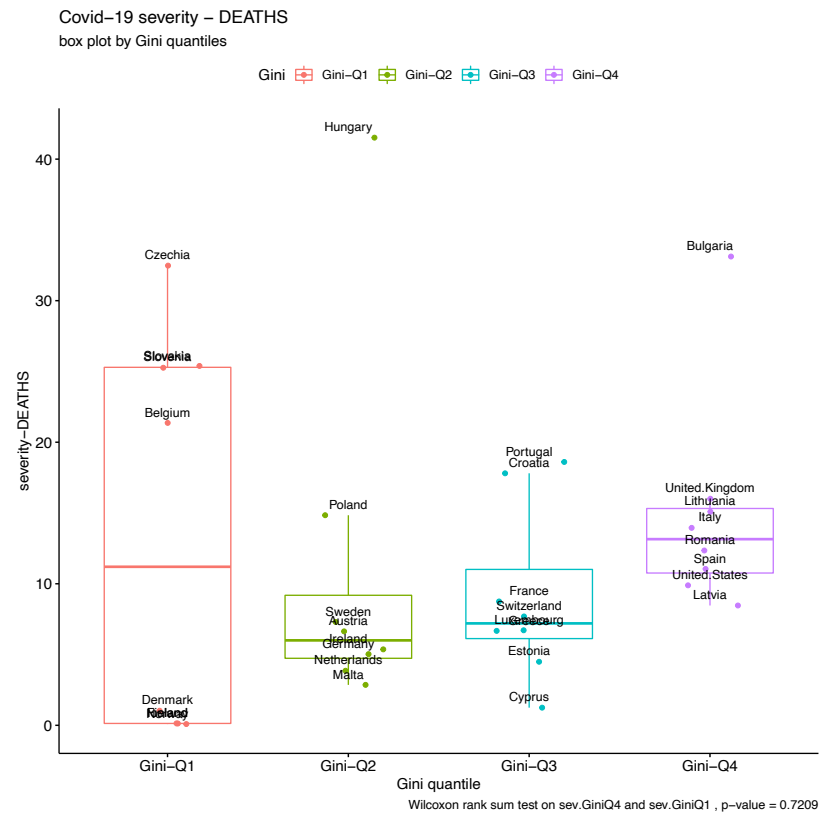
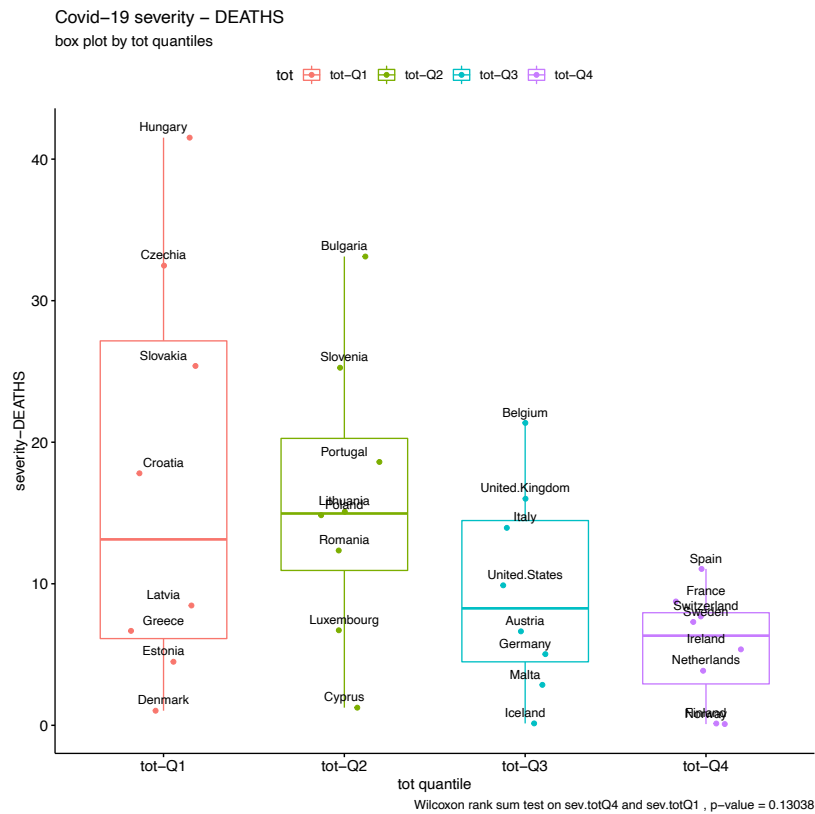
D-severity, other domains, unweighted



D-severity, other domains, unweighted



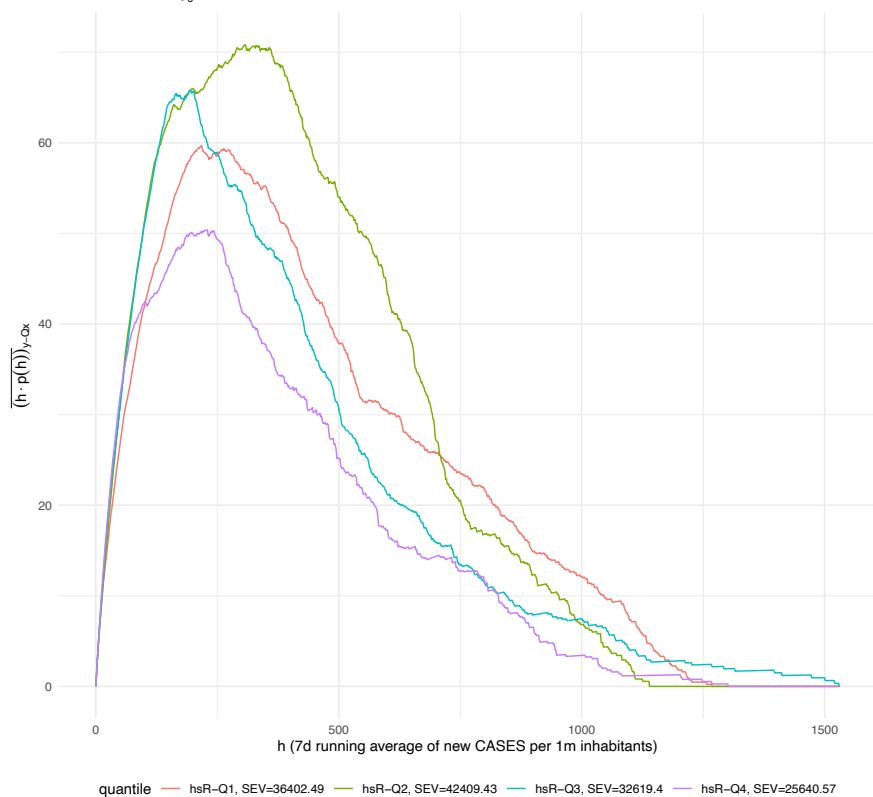
D-severity, tot domain unweighted & Gini



C-severity, domain hsR, weighted

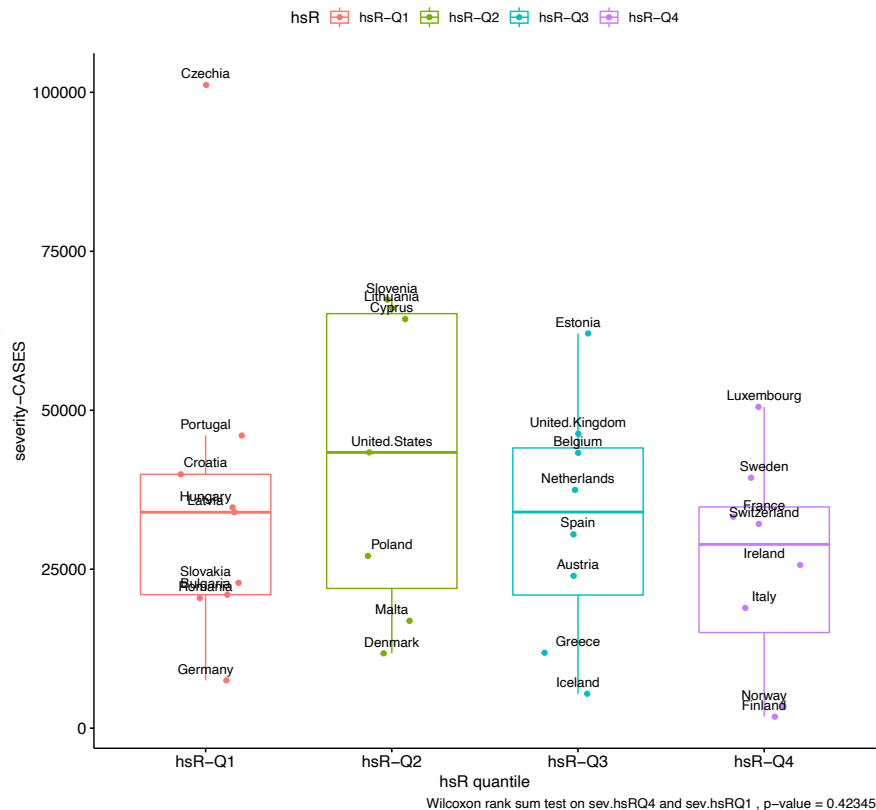
Covid-19 severity – CASES, health status (y=hsR)

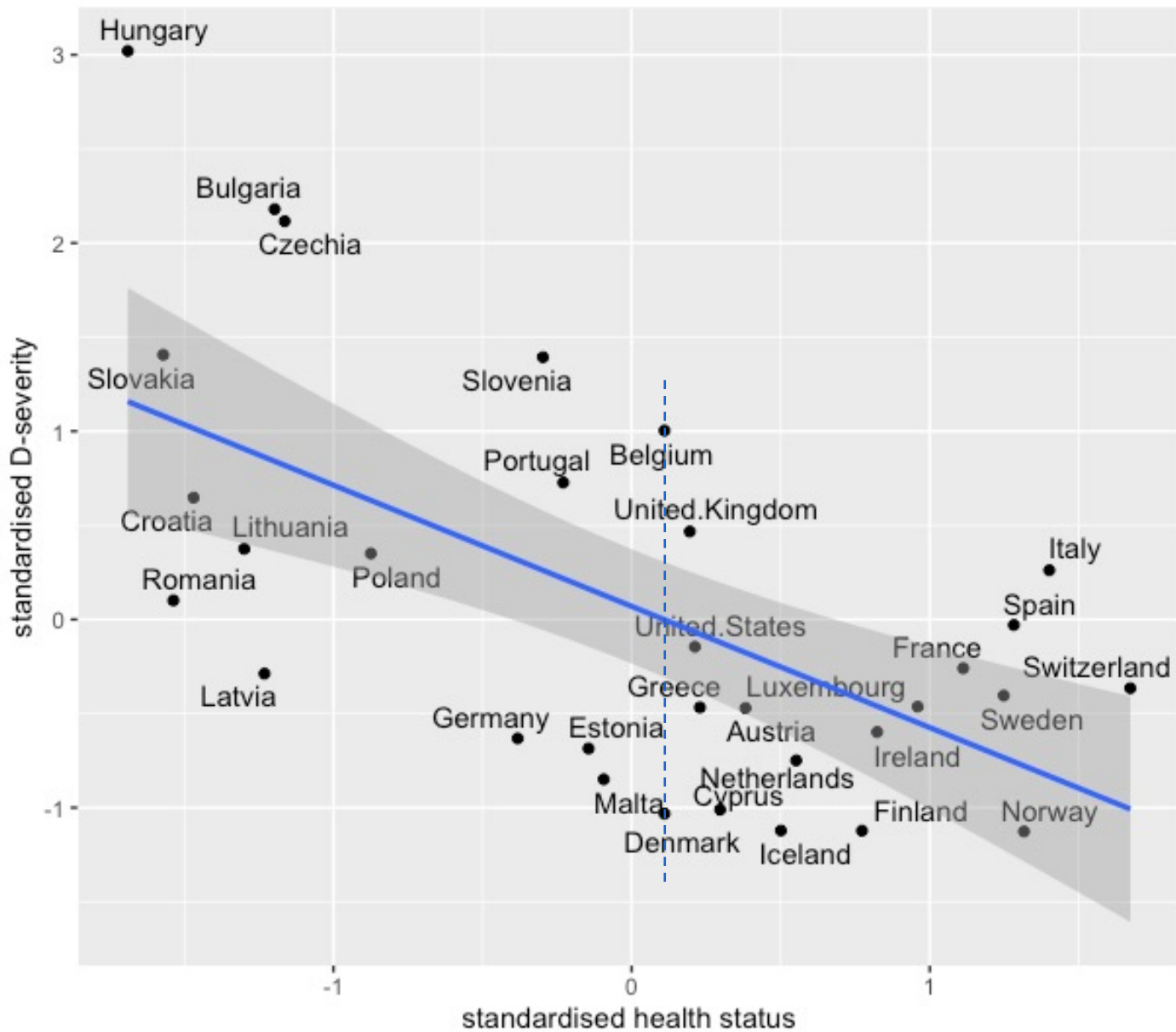
integrand of $SEV = \int_0^{\infty} (\overline{h \cdot p(h)})_{y-\alpha_x} dh$ where the average $(\overline{h \cdot p(h)})_{y-\alpha_x}$ runs over the countries in $y-Q_x$ ($x=1,2,3,4$)



Covid-19 severity – CASES

box plot by hsR quantiles





Conclusions

- ▶ There is no standard way to assessing severity
 - ▶ We combined *exposure* with *excess persistence*
- ▶ Of the pre pandemic HaaG domain rank quantiles:
 - ▶ Only health status significantly loads on D-severity
 - ▶ None load on C-severity
- ▶ Further investigation
 - ▶ GLM
 - on indicator values (instead of ranks)
 - use e.g. total deaths as offset or weights
 - ▶ Include more countries and other country characteristics
 - given: urbanisation, geography, population density, climate
 - taken: sanitary measures, adherence

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