



Data Analytics to Predict COVID-19 Survival Rate

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Abstract

The episode of the 2019 novel Covid sickness (COVID-19) has unfavourably impacted numerous nations on the planet. The surprising huge number of COVID-19 cases has disturbed the medical services framework in numerous nations and brought about a deficiency of bed spaces in the emergency clinics.

Thus, predicting the quantity of COVID-19 cases is basic for state run administrations to make suitable moves. The quantity of COVID-19 cases can be precisely predicted by thinking about verifiable data of reported cases close by a few outside factors that influence the spread of the infection. In the writing, a large portion of the current expectation techniques centre just around the verifiable data and disregard the greater part of the outside factors.

Thus, the quantity of COVID-19 cases is erroneously anticipated. Thusly, the fundamental goal of this study is to consider authentic data and the outer factors at the same time. The reasonability and predominance of the created calculation are shown by leading analyses utilizing data gathered for United States. The outcomes show a superior precision when contrasted and existing strategies. In addition, the analyses are reached out to make future prediction for the quantity of patients burdened with COVID-19 during the period from August 2022 until 2023. By utilizing such forecasts, both the public authority and individuals in the USA can take adequate measures to continue pre-pandemic exercises.

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1. Introduction

Coronaviruses are a group of infections that can cause respiratory sickness in people. They are classified "corona" because the surface of the virus has spikes like crowns. Severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and the normal virus are instances of Covid that cause ailment in people.

The new type of Covid — SARS-CoV-2 — has appeared first in Wuhan, China in December 2019. Since then it has spread to each country all over the planet.

This disease had a big impact on the planet with millions of sick and deaths people. It is very important to keep this virus away and try to decrease the number of sicknesses.

In those times, in 2019 when the Covid appeared for the first time, everyone was in panic, even the doctors and the medical staff. People tried to fight with this disease and hoped that everything will disappear shortly, but did not.

Most people contaminated with the infection will encounter gentle to direct respiratory sickness and recuperate without requiring exceptional therapy. Notwithstanding, some will turn out to be truly sick and require clinical consideration. More established individuals and those with fundamental ailments like cardiovascular infection, diabetes, ongoing respiratory sickness, or disease are bound to foster difficult ailment. Anybody can become ill with COVID-19 and become genuinely sick or kick the bucket at whatever stage in life.

The infection can spread from a contaminated individual's mouth or nose in little fluid particles when they hack, wheeze, talk, sing or relax. These particles range from bigger respiratory beads to more modest sprayers.

Moving forward, because USA is the most infected country in the world, is a good subject to develop. For this, is needed to find answer for the following questions:

- ✚ What did they do wrong?
- ✚ Why the number of cases increased so much and fast?
- ✚ What can be done in order to stop spreading the disease?

Also, it is a good idea to compare USA with the other countries and to find out

- ✚ What the others did in plus to stop the spreading?

- ✚ How many of them are vaccinated?
- ✚ Is the vaccine the reason of decrease?

1.1. Project Background

The rise of COVID-19 has made it the main irresistible illness pandemic in the twenty-first hundred years. As of twentieth July 2020, a sum of 14,348,858 individuals got tainted, and 603,691 were affirmed dead in 213 nations, territories, and regions universally. While in excess of 30 nations had given the most significant level of reaction, the SARS-CoV-2 (microorganism of COVID-19) keeps on spreading in various areas all over the planet. Nonetheless, the critical data on the infection study of disease transmission, clinical range, and on the microorganism was deferred accordingly during the early episodes in numerous nations.

The subject of this research is very important to debate because since the virus appeared is a very discussed subject. From the normal people to the scientists, everyone questioned themselves and try to find out an answer and a cure for this disease. Unfortunately, until now nobody found a treatment in order to make this virus disappear.

Even if the scientist and the doctors, have found a vaccine which has been used on millions of people to stop the spreading, is not 100% sure that those people who are vaccinated are not going to get sick because of the virus. The solution for this would be to improve the vaccine or to come with more non-pharmaceutical methods to keep as much as it is possible the virus away until will disappear forever from our lives.

To fill the examination holes, this project efficiently sums up worldwide discoveries, clinical range, transmission patterns, laboratory findings, and hazard variables of the COVID-19

1.2. Objectives

The objective of this research is to gather data about Covid-19, especially about USA, to analyse them and to put everything together in graphics and tables. To search deep why USA is on the first place when we talking about number of cases and what can be done in order to decrease the number of cases.

Nevertheless, is needed to be made a visualization of what studies have been done until now and also a prediction about the future of Covid-19 in USA.

This research will also investigate how the field of data analytics has changed during the COVID-19 pandemic, too as what can be generally anticipated in the years to come in this field.

2. Literature Review

Studying and reading different articles about this virus, the different opinions can be seen easily and they are not always the same when the subject is “Corona Virus”.

Everyone sees the Corona as a virus, but not everyone thinks that the cure is the vaccine.

COVID-19, short for the coronavirus 2019, has spread to pretty much every nation and region all over the planet, contaminating great many individuals and pulverizing the worldwide economy. As of August 5, 2022, the quantity of COVID-19 cases overall had arrived at right around 587 million. Likewise, the quantity of passings from COVID-19 was around 6.4 million. The United States is the country with the largest number of affirmed cases and passings. The U.S. government's general reaction to the pandemic has been criticized, and state legislatures have additionally experienced harsh criticism for upholding decides that were not sufficiently extreme and lifting limitations too soon. In any case, the country's immunization rollout has been a triumph, with the U.S. one of the nations with the biggest number of immunizations regulated around the world. Nevertheless, specialists keep on advance notice against lack of concern and stress the significance of observing rules and staying watchful to keep away from one more ascent in new cases. This is especially significant considering the rising number of cases caused by new COVID-19 variations.

The U.S. government's response to COVID-19

As of August 4, 2022, the all out number of COVID-19 cases in the United States had reached right around 92 million, as per the Centres for Disease Control and Prevention (CDC). Testing for the infection ran into a few early issues when starting symptomatic packs from the CDC were viewed as inadequate. Nonetheless, the quantity of COVID-19 tests acted in the United States has arrived at more than one billion, which is the vast majority of any country. Responding to the rising number of cases toward the beginning of 2020, many states supported self-separation and telecommuting. To additionally forestall the spread of the infection, most states likewise shut bars and cafés, dropped public occasions, and prohibited huge social events. Toward the finish of March 2020,

it was assessed that more than 90% of the U.S. populace was under a stay-at-home request of some sort.

To resuscitate neighbourhood economies, many states started lifting lockdown limitations and returning toward the finish of May 2020, notwithstanding alerts that it was still too soon. The second flood of contamination was managed in the late spring, yet the quantity of new everyday COVID-19 cases flooded in the last part of the year. The public authority has confronted analysis, particularly in the principal year of the pandemic, with many highlighting disconnected proclamations from the White House in regards to the seriousness of the episode and a general absence of initiative and direction. A Statista review that ran from March to May 2020 tracked down that U.S. grown-ups were reliably less happy with their administration's reaction to COVID-19 than their partners in Germany and the United Kingdom.

The COVID-19 vaccination

The COVID-19 immunization crusade that started in December 2020 can so far be considered a triumph. There are at present three immunizations endorsed for circulation and organization in the United States. These are the immunizations from Pfizer/BioNTech, Moderna, and Johnson and Johnson/Janssen. As per the CDC, the quantity of COVID-19 immunization portions directed in the United States had arrived at 604 million as of August 3, 2022. The states that have managed the largest number of immunizations are California, Texas, and New York. The portion of the U.S. populace completely immunized against COVID-19 has arrived at 66%. Be that as it may, the quantity of individuals receiving an immunization shot has eased back extensively with the spread of falsehood and paranoid ideas probably assuming a significant part in many individuals' choice not to receive an immunization shot. In a study from January 2021, the extent of grown-up Americans who wouldn't get a COVID-19 immunization was a little more than 20%.

Deaths caused by COVID-19

The quantity of COVID-19 passings in the United States had arrived at more than 1,000,000 as of August 5, 2022. In the main year of the pandemic, the sickness killed more individuals in the U.S. than flu, strokes, suicides, and vehicle crashes do in a common year, consolidated, making COVID-19 the third driving reason for death in 2020, behind coronary illness and disease. The illness is far more regrettable than many originally suspected: According to a review from March 2020, U.S. general assessment on the normal number of COVID-19

fatalities was off track the imprint, with just 12% of grown-ups accepting in excess of 10,000 individuals would bite the dust in the U.S. over the course of the following year. Toward the finish of that month, the White House's Covid team assessed somewhere in the range of 100,000 and 200,000 Americans could kick the bucket - the real loss of life has been far more prominent. The older and those with previous ailments are more powerless against the sickness, which is plainly apparent while checking out at the dispersion of COVID-19 passings in the U.S. by age.

Which states have been most affected by COVID-19?

States have revealed huge contrasts in rates of cases and passings. The effect of COVID-19 on New York has been significant, especially during the early months of the pandemic. Nonetheless, California, Texas, and Florida have now revealed the biggest number of cases in the United States. In addition, COVID-19 case rates in the U.S. by state show that Rhode Island, Alaska, and North Dakota have been hit hardest. Demise rates are most elevated in Mississippi and Arizona, in spite of the fact that California has announced the biggest number of absolute passings.

The monetary effect of COVID-19 in the U.S.

The effect of COVID-19 on the worldwide economy has been critical, and the United States has not gotten away from the harm caused. The joblessness rate arrived at very nearly 15% in April 2020, in spite of the fact that by mid-2022 it had dropped to nearly pre-pandemic levels. To alleviate the effect of COVID-19 on the U.S. economy, the public authority has established six significant bills, totalling around 5.7 trillion U.S. dollars. The most recent bill was endorsed into regulation by President Biden on March 11, 2021. The American Rescue Plan Act gave 1.9 trillion U.S. dollars in alleviation in different structures, including direct instalments to people, direct guide to neighbourhood and state legislatures, and an augmentation to joblessness benefits.

Using electronic prosperity records from Johns Hopkins crisis facilities in Maryland and Washington D.C., Dr. Klein saw that there were higher speeds of outrageous Covid affliction and passing among men. Regardless, biostatistical exhibiting showed the way that this divergence could be fundamentally addressed by additional unmistakable fiery reactions among men, proposing a natural differentiation.

2.1. Collecting and evaluating sources

From a study which can be found on “Zoho.com” made on 100 people in US, not everyone is willing to take the vaccine and the reason are different. As can be seen in Fig. 2, some of them thinks that the vaccine is not safe, another do not want to do it because of the financial constraints, cultural/moral restrictions, political reasons, pre-existing medical conditions, they have doubts about efficacy, concern over whether the testing was through enough or the approval process was rigorous enough.

If a COVID-19 vaccine is available, how willing are you to take it?

Answered: 100 Skipped: 0

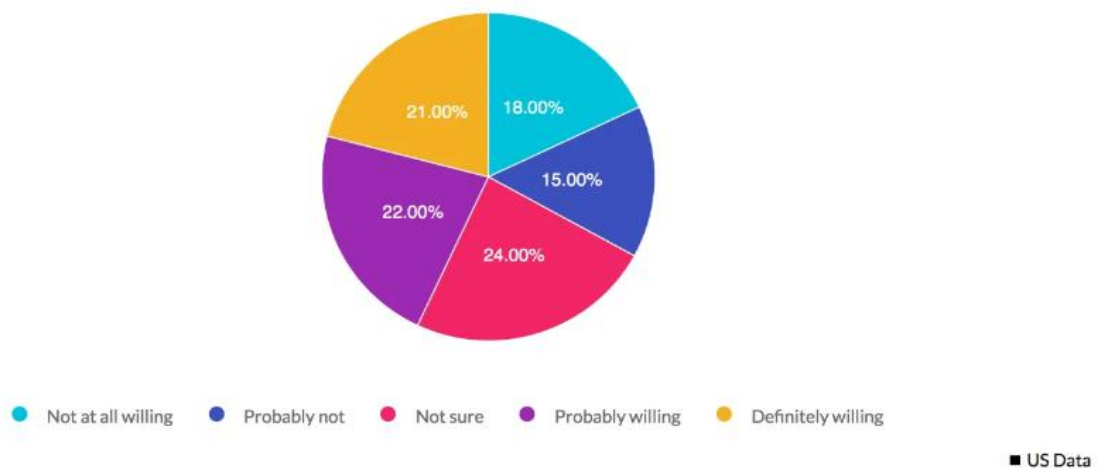


Fig 2. People’s willingness to take the vaccine

As can be seen in this Fig 2.1, the percentage of people who want to take the vaccine and those who does not is almost the same with a difference of 1%. Some of the people do not trust the vaccine because they have doubts about the efficiency of it. Nevertheless, all the other reason for not taking it are shown in the next graphics.

How safe do you think the COVID-19 vaccine is?

Answered: 100 Skipped: 0

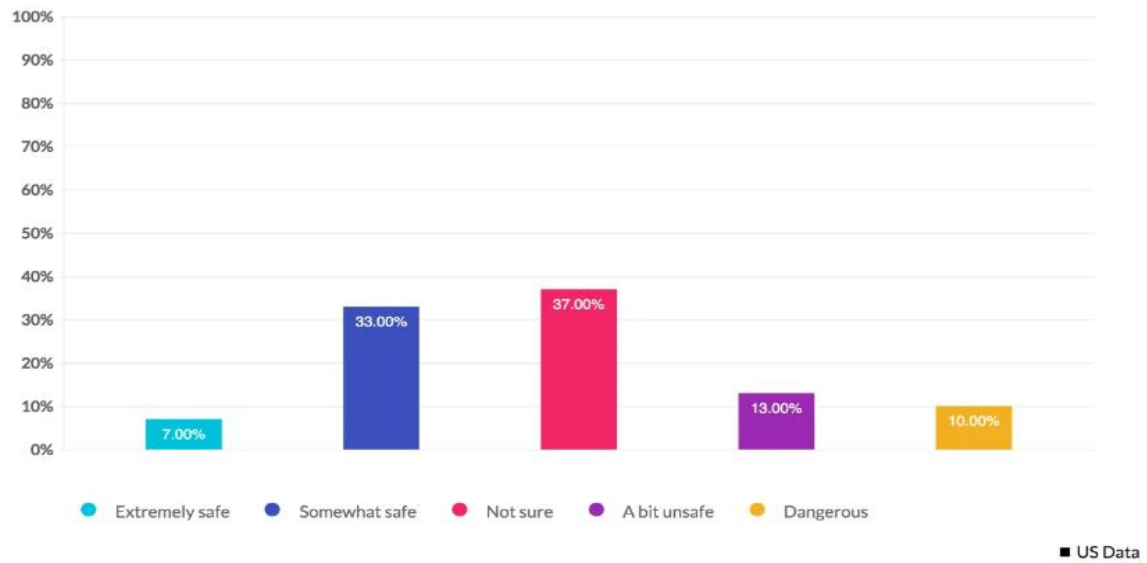


Fig 2.1. The opinion of the people about vaccine safety

As can be seen in the Fig 2.2, not to many people think that this vaccine is safe, just 7% think that is extremely safe, the rest of them whether think that is dangerous or they are confused. Probably, they made their opinion from mass media or from different persons which got sick even if they took the vaccine.

Why aren't you willing to take the vaccine?

Answered: 57 Skipped: 43

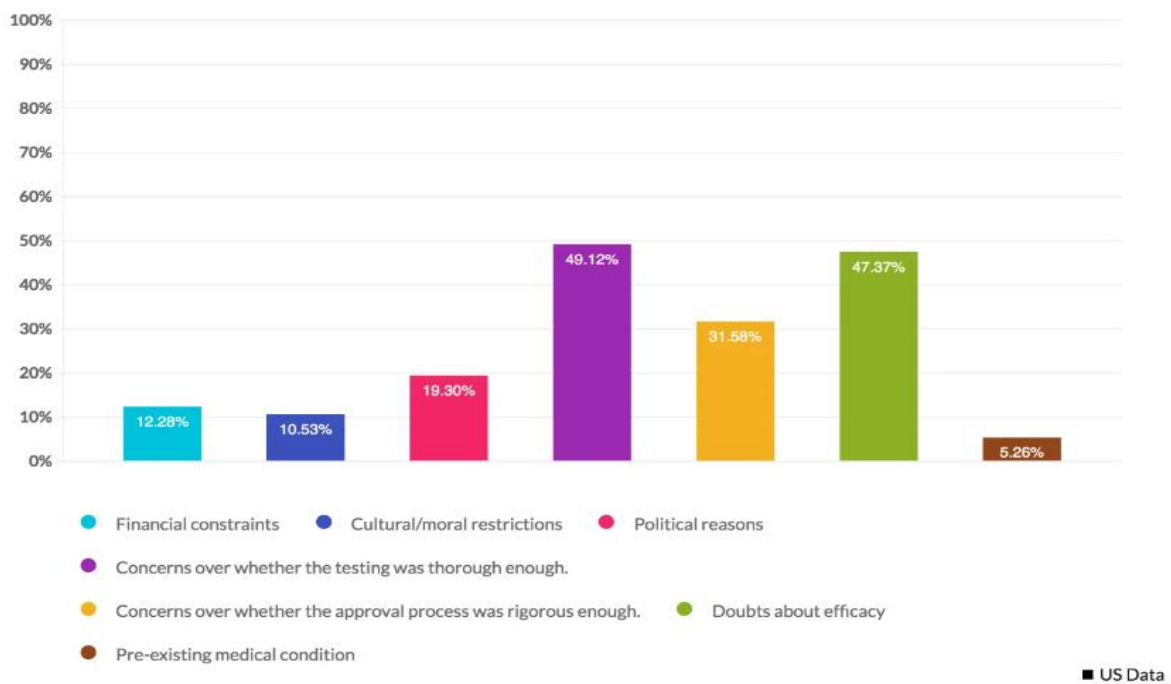


Fig 2.2. The reasons why people are not taking the vaccine

The reason why people does not want to take this vaccine are numerous, but most of them think that was not tested enough or is not efficiency, as it shown in the Fig 2.3. And less of them have concern over whether the approval process was rigorous enough, or have political reason, financial constraints, cultural reason and the fewest have a pre-existing medical condition and this make them think that the vaccine can aggravate their health condition.

Are you willing to receive the vaccine if your government has administered shots to its employees first?

Answered: 100 Skipped: 0

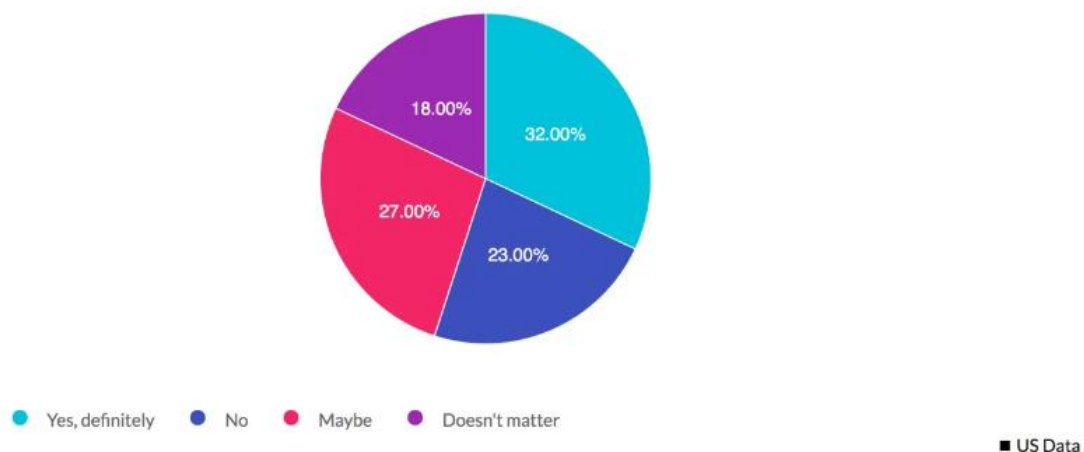


Fig 2.3. The chart showing if the people would be able to take the vaccine after the employee of the government does

The Fig 2.3. express how people are scared about the government. All off us heard the rumours about the intention of government to vaccine and control us and probably this idea made people think that if they will take the vaccine, they will be controlled. Probably, if the government employees would be vaccinated first and people would see that is not a good think and is not affecting the human live, they will have more trust in the vaccine and also in the government.

Do you think COVID-19 vaccines are expensive?

Answered: 100 Skipped: 0

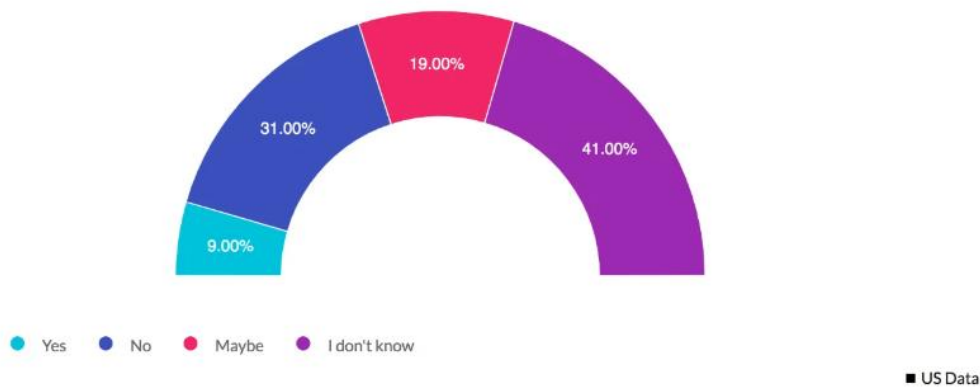
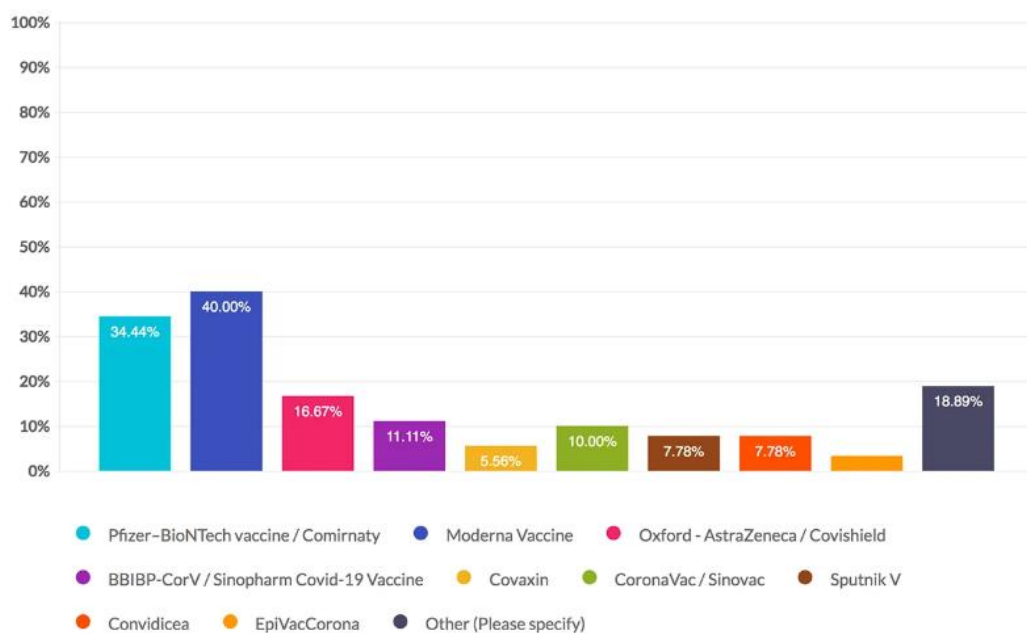


Fig 2.4. The people's opinion about vaccine cost

Another debated problem is that people are not informed. If they would know that the vaccine can be taken for free, maybe the number of the people vaccinated will be increased considerably. As can be seen 41% does not even now nothing about the costs.

Which of the following vaccines, if available to you, will you be most willing to take:

Answered: 90 Skipped: 10



■ US Data Fig

2.5. The chart showing which vaccine is more preferred by people

Is known that the scientists from different companies tried to make the most efficient vaccine in order to protect people from getting the virus. As can be seen in the Fig. 2.5., Moderna and Pfizer is preferred by most of the people because they have seen the best results on people who took it already and the ratio of taking Covid again for the vaccinated persons decreased.

People who are at high risk are those who has a immune system wick, certain types of cancer, Down's syndrome, a condition affecting the immune system. The most affected of this virus have been the old people because usually they do have a certain condition, a wick immune system which is more likely to be like that on a elderly people then young people.

Another way to decrease the number of cases has been found by Ferguson in 2020. He discovered different non-pharmaceutical interventions to combat the spreading of Covid-19 which are described in the next table.

Table 2. "Summary of NPI Interventions. Based on Ferguson et. al. March 16."

| Label | Policy | Description |
|-------|---|---|
| CI | Case isolation in the home | Symptomatic cases stay at home for 7 days, reducing nonhousehold contacts by 75% for this period. Household contacts remain unchanged. Assume 70% of household comply with the policy |
| HQ | Voluntary home quarantine | Voluntary home quarantine Following identification of a symptomatic case in the household, all household members remain at home for 14 days. Household contact rates double during this quarantine period, contacts in the community reduce by 75%. Assume 50% of household comply with the policy. |
| SDO | Social distancing of those over 70 years of age | Reduce contacts by 50% in workplaces, increase household contacts by 25% and reduce other contacts by 75%. Assume 75% compliance with policy. |
| SD | Social distancing of entire population | All households reduce contact outside household, school or workplace by 75%. School contact rates unchanged, workplace contact rates reduced by 25%. Household contact rates assumed to increase by 25%. |
| PC | Closure of schools and universities | Closure of schools and universities Closure of all schools, 25% of universities remain open. Household contact rates for student families increase by 50% during closure. Contacts in the community increase by 25% during closure. |

After studying different articles, websites, graphics and tables the results are terrible. Basically, this disease has infected the globe and even if the years past, we still have the virus in and around us. The vaccine is a good treatment but he could not make the virus disappear.

As can be seen in the next column the number of cases is huge, but also can be seen that a lot of people has been recovered. The number of recovered it is almost the same to the number of Covid cases which can be seen as a hope in a good direction. This numbers of cases, deaths and recovered people are provided on 14th of July 2022 by “Worldometer” website.

Coronavirus Cases:

564,259,862

Deaths:

6,379,702

Recovered:

536,311,225

Forward, in the table 5 can be seen the most 10 countries affected by Covid. On the first place is USA which has almost doubled the number of cases in comparison with India from the second place. Even if population of India is four times bigger then USA, seems that in America the disease is spreading much faster and wider.

| # | Country, Other | Total Cases | New Cases | Total Deaths | New Deaths | Total Recovered | New Recovered | Active Cases | Serious, Critical | Tot Cases/ 1M pop | Deaths/ 1M pop | Total Tests | Tests/ 1M pop | Population |
|----|----------------|-------------|-----------|--------------|------------|-----------------|---------------|--------------|-------------------|-------------------|----------------|---------------|---------------|---------------|
| | World | 564,259,862 | +267,846 | 6,379,702 | +342 | 536,311,225 | +141,083 | 21,568,935 | 38,773 | 72,389 | 818.5 | | | |
| 1 | USA | 90,909,760 | | 1,047,794 | | 86,250,325 | | 3,611,641 | 4,182 | | | 1,059,096,860 | | |
| 2 | India | 43,689,989 | | 525,557 | | 43,028,356 | | 136,076 | 698 | 31,041 | 373 | 867,769,574 | 616,535 | 1,407,495,451 |
| 3 | Brazil | 33,076,779 | | 674,554 | | 31,414,937 | | 987,288 | 8,318 | 153,403 | 3,128 | 63,776,166 | 295,779 | 215,620,823 |
| 4 | France | 32,676,589 | | 150,414 | | 30,284,037 | | 2,242,138 | 869 | 498,376 | 2,294 | 271,490,188 | 4,140,709 | 65,566,112 |
| 5 | Germany | 29,460,249 | | 142,284 | | 27,548,900 | | 1,769,065 | 1,212 | 349,359 | 1,687 | 122,332,384 | 1,450,696 | 84,326,684 |
| 6 | UK | 22,883,995 | | 180,718 | | 22,308,442 | +14,144 | 394,835 | 146 | 333,545 | 2,634 | 522,526,476 | 7,616,060 | 68,608,507 |
| 7 | Italy | 19,778,911 | | 169,496 | | 18,217,525 | | 1,391,890 | 388 | 328,108 | 2,812 | 231,368,532 | 3,838,119 | 60,281,748 |
| 8 | S. Korea | 18,641,278 | +39,169 | 24,696 | +16 | 18,301,339 | +6,234 | 315,243 | 69 | 362,963 | 481 | 15,804,065 | 307,720 | 51,358,565 |
| 9 | Russia | 18,472,239 | | 381,711 | | 17,897,428 | | 193,100 | 2,300 | 126,469 | 2,613 | 273,400,000 | 1,871,818 | 146,061,220 |
| 10 | Turkey | 15,180,444 | | 99,057 | | 15,035,727 | | 45,660 | 975 | 176,152 | 1,149 | 162,743,369 | 1,888,457 | 86,177,943 |

Table 2.1. The most 10 countries affected by Covid-19

While researching, because everyone is trying to make this virus disappear, can be found information about a clinic from UK which went forward and did a campaign for recruiting people to help find effective early treatment for Covid-19 and each country should do the same in order to decrease the number of cases. They do have already 65 sites and 26,160 participants for finding the treatment. The name of the clinic which start this is

“ The Panoramic”, a UK-Wide clinical study sponsored by The University of Oxford and funded by the National Institute for Health and Care. More exactly they are doing a research to find out in which people the new antiviral treatment for Covid-19 reduce the need for hospital admission and get better sooner. They are recruiting volunteers, whether they have been vaccinated or not, to join PANORAMIC to participate for GP practices and other NHS sites across the UK. The clinic is open to everyone which presents symptoms of COVID-19 and a PCR or Lateral Flow test, regardless of vaccination status.

Everyone can participate from their own home from anywhere in the UK for the first treatment being tested in panoramic. They do not request a face-to face visit. Everything can be done by answering to a number of questions on the phone to the study team which will be there to support everyone to get through the study.

Epidemiologic elements of COVID-19

Predominance of COVID-19 According to the World Health Organization, a sum of 88,387,352 affirmed instances of COVID-19 had been distinguished all over the planet by January 12, 2021, out of which 1,919,204 passings have happened. The United States with 21,761,186 contaminated patients (365,886 passings), India with 10,450,284 cases (150,999 passings), and Brazil with 8,013,708 cases (201,460 passings), were among the nations announcing the biggest quantities of cases and mortality.

Clinical and epidemiologic elements

Although it has been accounted for that one-fifth of people with COVID-19 stay asymptomatic, patients with gentle diseases might have vague appearances, like fever, exhaustion, hack (regardless of fever), anorexia, shortcoming, myalgia, sore throat, windedness, nasal blockage, and migraine. Other extraordinary side effects like sickness, regurgitating, anosmia, dysgeusia, and looseness of the bowels have additionally been accounted for. In a new meta-examination, fever (78.8%), hack (53.9%), disquietude (37.9%), and weakness (32.2%) were recorded as the most well-known clinical signs in patients with SARS-Cov2. The mean brooding time of the sickness is accounted for to be 5.3 days. Familiarity with the hatching time frame plays a helpful part to play in screening and powerful epidemiological control strategies for Covid-19.

Methods of Disease transmission

The fundamental course of transmission of the infection is respiratory drops. The SARS-CoV-2 is delivered in the respiratory plot when a contaminated individual hacks, snuffles, or talks. Regularly, the drops don't go past 26 feet and don't stay in the air. The most noteworthy risk of transmission happens when a patient is indicative, albeit asymptomatic transmission has been affirmed. Epidemiological investigations have shown that the infection is sent from one individual to another through private contact or by contacting a tainted surface and afterward contacting the nose, mouth, and eyes. At first, the transmission of the illness through vapor sprayers' delivery was problematic, however right now, there is an adequate number of information to affirm the chance of SARS_Cov2 being delivered by spray creating methods. Albeit the oral-waste technique is not the essential strategy for transmission, it can't be disregarded on the grounds that the presence of SARS-CoV-2 in the defecation has been affirmed. Covid's have better survivability at stickiness above 30% and 25°C temperature. SARS-CoV-2 stays alive on surfaces like metal, glass, or plastic cell phones and entryway handles for as long as 9 days. In any case, these surfaces can be sanitized for brief utilizing sanitization techniques with 62-71% ethanol, 0.5% hydrogen peroxide, or 0.1% sodium hypochlorite. The utilization of hand sanitizers and the sterilization of the climate and patient consideration gear are fundamental contamination avoidance and control methodologies, both inside the emergency clinic and in local area settings.

Age-subordinate impacts of COVID-19

The age circulation of impacted hospitalized patients is for the most part moderately aged individuals (individuals more seasoned than 30 years) and more seasoned grown-ups. Bleakness and death rates are most elevated among more seasoned grown-up patients hospitalized in the emergency unit. The clinical signs in these patients progress all the more quickly and frequently lead to extreme respiratory disappointment. Additionally, it has been accounted for that up to 50.9% of COVID-19 patients had hidden illnesses. Proof proposes that disease is uncommon in youngsters and is typically gentle, and when kids are tainted, around 18% of cases stay asymptomatic. The most widely recognized side effects of COVID-19 in youngsters have been accounted for as fever (51.2%) and hack (37%).

Risk Factors for COVID-19 prompted ARDS (Acute Respiratory Distress Syndrome) and Progression to Death. As the commonness and spread of COVID-

19 increments around the world, a lot more passings are probably going to be recorded. More seasoned grown-ups and individuals with basic sicknesses, like respiratory and cardiovascular infections, are at higher risk. Smoking and stoutness are related with an expanded risk of death. In Italy, the risk of death and illness seriousness was higher in smokers and men than in ladies. A Recently distributed meta-examination uncovers that persistent respiratory sicknesses, hypertension, cardiovascular illness, ongoing kidney infection, cerebrovascular infection, harm, diabetes, and stoutness are most regular risk factors COVID-19 seriousness. The most normal complexity in patients with COVID-19, which causes high mortality, is intense respiratory trouble disorder (ARDS). In one review, 45% of individuals who kicked the bucket from COVID-19 were because of ARDS advancement. The most widely recognized side effect of COVID-19 patients with ARDS is windedness. The risk factors related with the advancement of ARDS and movement from ARDS to death incorporate more established age (>65 years), neutrophilia, organ and coagulation brokenness, and higher lactate dehydrogenase and D-dimer. Lack of vitamin D has been proposed as a risk calculate for ARDS improvement COVID-19 patients. Lack of vitamin D causes more cell aggravation and cytokine discharge in somewhere around 48 hours of the improvement of ARDS. Likewise, a lack of thiamine and selenium builds the risk of creating ARDS. Notwithstanding every one of the dangers factors referenced over, the Italian medical services framework's experience uncovered that the expansion in the attendants' responsibility and the lack of beds during the COVID-19 pandemic expanded the death pace of the illness decisively, highlighting the need to prepare more HCW (Health Care Workers) and give satisfactory consideration foundation to lessen dreariness and mortality of COVID-19.

Disease avoidance estimates in the emergency clinic setting Today, a huge number of HCW, particularly nurture, are in the forefront of the worldwide fight to treat COVID-19 patients and straighten everything out of transmission. Reports from China show that around 3,300 HCW were tainted by February 2020, with no less than 22 of them passing on toward the finish of March. The consequences of an as of late distributed methodical survey with respect to the worldwide commonness of disease and mortality from COVID-19 among HCW showed that a sum of 152 888 contaminations and 1413 passings were accounted for among HCWs during the beginning stages of the pandemic. The large number of cases and passings among HCW brought about a serious deficiency of staff, and outrageous exhaustion and stress among medical caretakers, with the probability of debilitating the resistant framework and resulting expansion in contamination rates. With the rising predominance of this sickness, the absence of individual

defensive gear (PPE – Personal Protection Equipment) had turned into a critical worry for medical services suppliers, as it is the first move toward quite a while. The accessibility and utilization of proper individual defensive hardware (PPE, for example, facial coverings, eye defenders, defensive attire, and body covers, including shoes and security goggles, are viable techniques used to forestall the spread of diseases among HCW. To wear defensive cover, attendants need to tie their hair, hold it set up, and eliminate watches and adornments during patient consideration to forestall pollution. To forestall parchedness, it is fundamental for medical caretakers to hydrate prior to wearing PPE and utilize the restroom as the need might arise. In case of any defilement, harm, or break of full-body clothing, the PPE should be supplanted. Medical attendants ought to likewise supplant gloves when they get wet.

It is ideal to utilize N95 veils or careful covers during patient consideration systems. It has been recently shown that the occurrence pace of respiratory contaminations in HCW who wore a careful cover was two times as high as the people who wore N95 veils. Relatively, clinical veils and N95 covers didn't contrast in that frame of mind during non-spray care. Nonetheless, N95 ought to be utilized during momentary spray producing methodology and high-risk care.

Considering that assurance against vapor sprayers' bigger than 0.3 microns section into N95 veils is obscure, research information recommends that N95 covers are more powerful than careful veils in forestalling the spread of diseases, however this has not been absolutely explained. Patients whose care expands spray age's chance ought to be set in segregation units, with all precautionary measures required to forestall tainting the people who care for them, particularly nurture. Medical caretakers ought to try not to be tainted by defiled emissions of patients during intercessions, for example, helping patients with a nebulizer, chest physiotherapy, bronchoscopy, tracheostomy, intubation, orotracheal pull, manual ventilation before intubation, painless ventilation, cardiopulmonary revival, gastroscopy, and assortment of research centre examples. Medical attendants ought to utilize PPE while gathering tests from COVID-19 patients or thought patients, and afterward the examples ought to be sent independently in non-punctured packs, alongside the lab demand structures. Ideally, following the finish of every day, all hardware, floors, nursing stations, and different areas of medical clinic wards should be sanitized with 2 or 3% hydrogen peroxide.

2.2. Data Analytics

Data analytics is the science of analysing raw data to make conclusions about that information. Many of the techniques and processes of data analytics have been automated into mechanical processes and algorithms that work over raw data for human consumption.

2.2.1. How The Field of Data Analytics has Changed During the Pandemic

The field of data analytics is going through a quick development in the midst of the COVID-19 pandemic. Here are only a couple of the progressions in progress:

Data Analytics is a higher priority than any time in recent memory. During the COVID-19 pandemic, it's become progressively considered normal to see dashboards that represent the spread of the infection, as well as the quantity of immunized people in a particular geological area. Information examination likewise turned out to be more unmistakable in the public eye to give prescient models relating to major problems, for example, how much defensive gear a medical services association ought to buy, as well as what estimates a striving business ought to take to guarantee its endurance.

There's an expanded dependence on outside information. During the pandemic, outside factors have prompted disturbances inside organizations. Interior data about past practices is at this point not adequate to figure future patterns. Consequently, numerous associations are depending on outer information to more deeply study such points as how clients are acting.

Data analytics has become more adaptable than any other time. The significance of ongoing data during the pandemic has caused data examination to be substantially more adaptable than it was previously. The requirement for this adaptability has made the relating need for more nimble investigation innovation. During the pandemic, Data Scientists and Data Analysts must rapidly make prescient models. In contrast to before the pandemic, when examination apparatuses were intended for their steadiness, they are presently being made considering adaptability with the goal that they can be customized to rapidly evolving conditions.

Associations are starting to integrate situation investigations into their forecast models. The pandemic has caused associations to understand that having an arrangement for a scope of situations, not only one prediction is significant. Various elements should be thought about while seeing results like the useful

finish of the pandemic, like immunization conveyance, levels of infection resistance, and the expected effects of restorative intercessions. These factors influence how individuals live and function, and frequently are comparative with their topographical area. By demonstrating a scope of potential situations, a business can more readily plan for a scope of conceivable future occasions.

Deceitful movement is on the ascent. The COVID-19 pandemic has prompted a sharp expansion in the quantity of cyberattacks. As the quantity of in-person cooperations has diminished, the occasions of individuals taking information, spreading malware, and mimicking others has risen fundamentally. The utilization of extended examination permits a business to ensure its clients that they are as a matter of fact who they guarantee to be.

The remote working scene has turned into an ordinary event. Perhaps of the best test a business can confront when its representatives are telecommuting is to monitor the way that they are performing. HR examination permits associations to screen the presentation as well as the soundness of its representatives. By consolidating measures, for example, commitment overviews and onboarding agendas that can be finished namelessly and afterward be investigated, organizations can detect regions for development as well as observe patterns while as yet regarding the security of their representatives.

There's a shift from on-premises work to cloud-based tasks. During the pandemic, it's become progressively famous for associations to permit representatives to work at home. This has prompted more organizations moving their responsibilities to the cloud and enhancing SaaS models, as well as overseeing information altogether off-premises. It's a higher priority than ever to understand the client. Since additional clients are shopping on the web, more internet informing is being utilized to target them. To stay cutthroat, a business should comprehend who their clients are so they can devise fitting messages to best interface with them. On the off chance that they don't focus on their clients sooner rather than later on a suitable stage, income will be lost. For this reason the individuals who perform social investigation on information enjoy an unmistakable upper hand over the opposition.

There's a more prominent spotlight on AI and AI innovations for prescient investigation. Before the COVID-19 pandemic, it was common for an association to focus in generally to existing data while gathering information. In any case, a large part of the data gathered from the year 2020 has made difficulties for associations expecting to acquire bits of knowledge. To this end numerous organizations are currently moving past the data gathered inside about previous occasions. Like never before, there's an accentuation on prescient investigation, which can be advanced by integrating AI and AI innovations.

2.3. *The main 5 steps in data analysis*



Fig 2.6. Steps of data analysis process taken from reference 11.

2.3.1. *The need of data analysis*

First step is about defining why is necessary to do data analysis for the chosen subject. The Covid data need to be analysed because coronavirus has uncovered steady imbalances by pay, age, race, sex and geographic area. In spite of ongoing worldwide wellbeing gains, across the world individuals keep on confronting complicated, interconnected dangers to their wellbeing and prosperity established in friendly, financial, political and ecological determinants of wellbeing.

The pandemic has likewise uncovered critical holes in country wellbeing data frameworks. While high-asset settings have confronted difficulties connected with overextended limit and discontinuity, more vulnerable wellbeing frameworks risk endangering hard-won wellbeing and advancement acquires made in ongoing many years.

Information from the COVID-19 World Symptoms study shows a decrease in preventive ways of behaving, for example, physical separating, veil wearing and

hand washing as family stuffing increments. Among individuals residing in uncrowded families, 79% announced attempting to actually remove themselves contrasted and 71% in modestly stuffed and 65% in very packed families. Comparable patterns were noticed for hand washing and veil wearing, highlighting weaknesses because of financial status.

The COVID-19 pandemic has shown the significance of data and science to work back stronger wellbeing frameworks and impartially advance towards our common worldwide objectives.

2.3.2. Collecting the data

Second step in Data Analyses is to collect the data from different sources. To analyse Covid data, has been chosen a datasheet (Table 6) which includes the number of Covid deaths by sex and age in USA and which has been created by NCHS.

Table 2.2. Initial datasets downloaded from reference 8.

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|----|------------|------------|------------|----------|------|-------|---------------|-----------|------------|-----------|------------|----------|----------|-------------|-----------|
| 1 | Data As Of | Start Date | End Date | Group | Year | Month | State | Sex | Age Group | COVID-19 | Total Deat | Pneumoni | Pneumoni | Influenza C | Pneumoni |
| 2 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | All Ages | 1,031,144 | 8,737,477 | 938,826 | 528,222 | 12,210 | 1,452,172 |
| 3 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | Under 1 ye | 323 | 49,439 | 633 | 45 | 34 | 943 |
| 4 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 0-17 years | 1,201 | 87,979 | 1,813 | 307 | 247 | 2,941 |
| 5 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 1-4 years | 173 | 9,437 | 379 | 39 | 81 | 590 |
| 6 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 5-14 years | 380 | 14,806 | 516 | 114 | 104 | 880 |
| 7 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 15-24 year | 2,757 | 92,742 | 2,492 | 1,195 | 115 | 4,161 |
| 8 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 18-29 year | 6,480 | 163,269 | 5,709 | 3,036 | 196 | 9,330 |
| 9 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 25-34 year | 11,506 | 196,192 | 9,657 | 5,637 | 284 | 15,781 |
| 10 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 30-39 year | 18,648 | 243,710 | 15,250 | 9,413 | 394 | 24,842 |
| 11 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 35-44 year | 28,385 | 291,485 | 22,930 | 14,736 | 469 | 36,991 |
| 12 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 40-49 year | 43,877 | 363,462 | 35,092 | 23,370 | 619 | 56,121 |
| 13 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 45-54 year | 67,847 | 512,562 | 55,663 | 37,000 | 923 | 87,277 |
| 14 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 50-64 year | 191,282 | 1,470,697 | 170,527 | 106,120 | 2,652 | 257,889 |
| 15 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 55-64 year | 150,117 | 1,162,454 | 136,121 | 83,480 | 2,098 | 204,500 |
| 16 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 65-74 year | 235,649 | 1,787,254 | 222,734 | 131,124 | 2,621 | 329,434 |
| 17 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 75-84 year | 266,395 | 2,128,084 | 252,231 | 139,435 | 2,771 | 381,577 |
| 18 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | All Sexes | 85 years a | 267,612 | 2,493,022 | 235,470 | 115,417 | 2,710 | 390,038 |
| 19 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | All Ages | 569,934 | 4,600,474 | 524,958 | 303,452 | 6,165 | 796,554 |
| 20 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | Under 1 ye | 183 | 27,316 | 369 | 32 | 17 | 536 |
| 21 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 0-17 years | 644 | 51,441 | 1,006 | 178 | 129 | 1,595 |
| 22 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 1-4 years | 89 | 5,352 | 188 | 22 | 48 | 302 |
| 23 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 5-14 years | 193 | 8,711 | 286 | 66 | 49 | 458 |
| 24 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 15-24 year | 1,636 | 67,929 | 1,487 | 692 | 53 | 2,478 |
| 25 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 18-29 year | 3,962 | 118,888 | 3,445 | 1,812 | 100 | 5,683 |
| 26 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 25-34 year | 7,058 | 138,143 | 5,852 | 3,457 | 142 | 9,577 |
| 27 | 08/10/2022 | 01/01/2020 | 08/06/2022 | By Total | | | United States | Male | 35-44 year | 11,506 | 196,192 | 9,657 | 5,637 | 284 | 15,781 |

2.3.3. Cleaning the data

In the first place, the file had studies about pneumonia as well as it shows in the Table 6 and is needed to clean the datasets by deleting those data because for this study is no need of pneumonia deaths as it shown in the Table 6.1.

Table 2.3. Datasets cleaned

| A | B | C | D | E | F | G | |
|---------------------------------|--------------|----------|---------------|-----------|-------------------|-----------------|--|
| Start Date | End Date | Group | State | Sex | Age Group | COVID-19 Deaths | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | All Ages | 1,031,144 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | Under 1 year | 323 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 0-17 years | 1,201 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 1-4 years | 173 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 5-14 years | 380 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 15-24 years | 2,757 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 18-29 years | 6,480 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 25-34 years | 11,506 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 30-39 years | 18,648 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 35-44 years | 28,385 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 40-49 years | 43,877 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 45-54 years | 67,847 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 50-64 years | 191,282 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 55-64 years | 150,117 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 65-74 years | 235,649 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 75-84 years | 266,395 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | All Sexes | 85 years and over | 267,612 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | All Ages | 569,934 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | Under 1 year | 183 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 0-17 years | 644 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 1-4 years | 89 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 5-14 years | 193 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 15-24 years | 1,636 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 18-29 years | 3,962 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 25-34 years | 7,058 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 30-39 years | 11,546 | |
| 01 January 2020 | 08 June 2022 | By Total | United States | Male | 35-44 years | 17,614 | |
| Provisional_COVID-19_Deaths_by_ | | | | | | | |

3. Methodology

To analyse the data is needed to create different graphics in order to illustrate the research for this topic and the best chose for this will be “Tableau” program which is an end-to-end data analytics platform. This platform allows the users to collaborate, analyse and share the big data perspectives.

To output this is needed to complete different excel files which has to contain Covid data sets in order to create different graphics about the number of conformed cases since the virus appeared in USA, cases by age and also the number of death in USA.

Nevertheless, in this project has been attached a table including information about a number of effective interventions which are not involving the pharmaceutical way (NPIs).

For the analysing have been used two datasets from the same source which includes data about Covid-19 deaths. I chose to use two because I have made data visualisation with one excel and I made a prediction for the future of Covid-19 deaths with the other.

Data visualization is the graphical portrayal of data and information. By utilizing visual components like diagrams, charts, and guides, data representation apparatuses give an available method for seeing and figure out patterns, exceptions, and examples in data.

In the realm of Big Data, data perception apparatuses and advances are fundamental to analyse enormous amount of data and settle on information driven choices.

The significance of data analysis is straightforward: it assists individuals with seeing, collaborate with, and better comprehend information. Whether straightforward or perplexing, the right perception can welcome everybody in total agreement, no matter what their degree of skill.

Perception is an undeniably key apparatus to get a handle on the trillions of lines of information created consistently. Information perception assists with recounting stories by organizing information into a structure more clear, featuring the patterns and exceptions. A decent perception recounts a story, eliminating the commotion from data and featuring helpful data.

In any case, it's not just as simple as sprucing up a chart to cause it to seem more appealing or slapping on the "data" part of an infographic. Compelling information representation is a sensitive difficult exercise among structure and capability.

For data visualization I have made different graphics and charts in order to illustrate the data sets as number of Covid-19 cases by age, by sex, by state and also different charts showing the combination between them. Also, I had to use

appropriate colour in order to make the visualization clear and easy to be visualized.

3.1. Analysing the data

The main step in this project is to analyse all the collected data from different sources as tables, charts, articles and to summarize a conclusion.

The importance of this analysis is that has to be a known fact about who is more likely to get the virus and which category of people has big chances to dye because of it.

In this case, the Covid-19 Deaths in USA has been analysed by sex based on the excel data that has been collected. As can be seen in the Fig 3, the males are more likely to get sick.

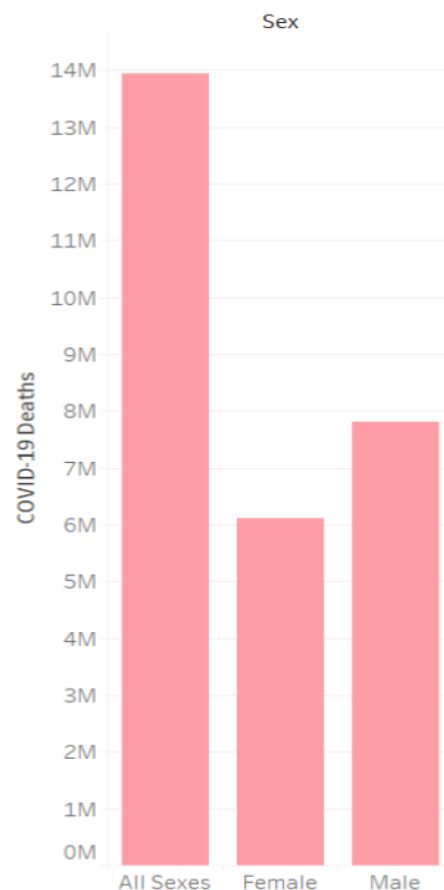


Fig 3. Covid-19 Deaths by Sex

Forward, has been created a graph (Fig 6.2.) where can be seen the cases of Covid-19 deaths by age. The elderly people are more likely to be infected with the virus and this is because of the immune system. As can be seen in the Fig 3.1. if the age is lower, the cases are decreasing significantly.

Covid deaths by age

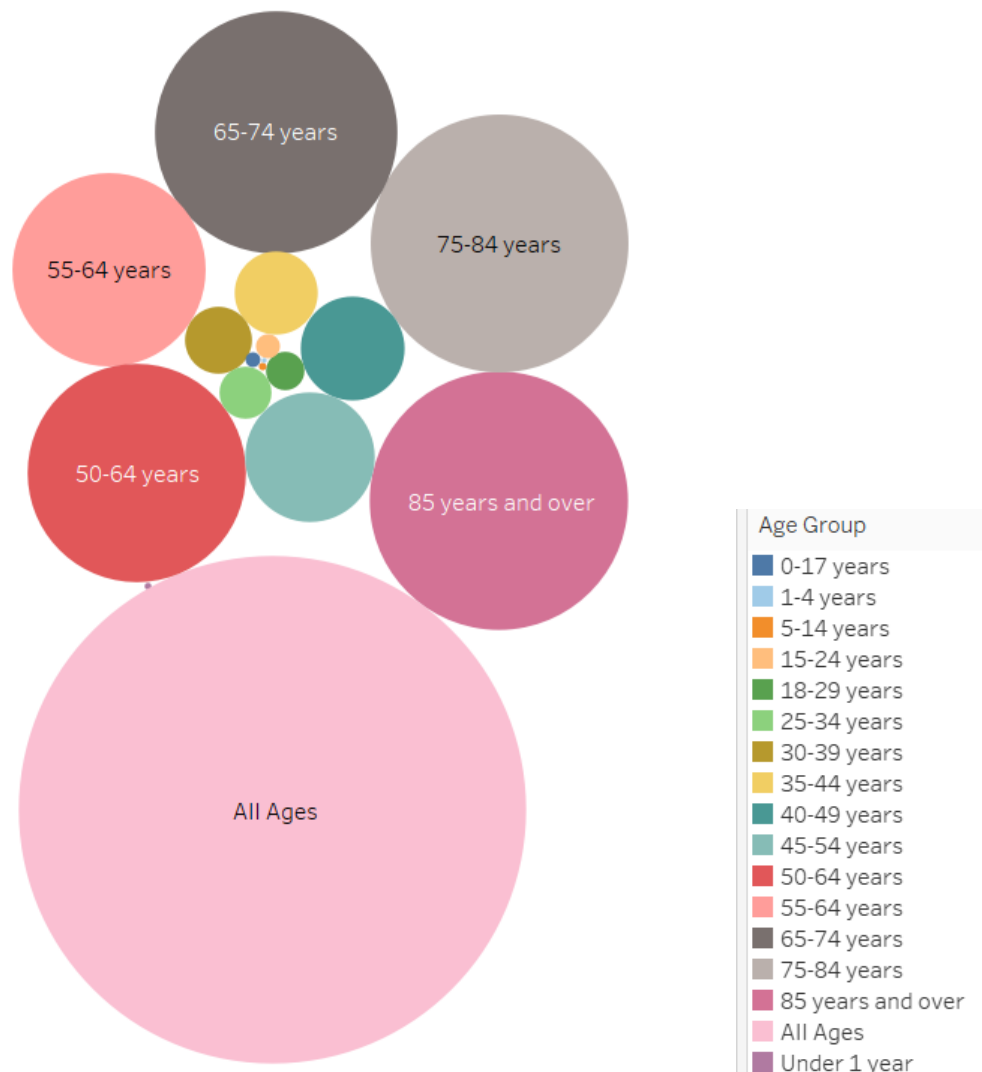


Fig 3.1. Covid Deaths by age

In the Fig 3.2. can be seen how the number of cases categorized by age are decreasing gradually each year.

The vast majority who contacted the infection have been experienced just gentle side effects, like a hack, a cold, or a high temperature. Notwithstanding, in additional serious cases, the disease can cause breathing troubles and even pneumonia. Those at higher risk incorporate more established people and individuals with prior ailments, including diabetes, coronary illness, and lung sickness. Individuals matured 85 years and more seasoned have represented very nearly 27% of all COVID-19 passings in the United States, although people at this age makes up only two percent of the U.S. populace.

Covid deaths by age

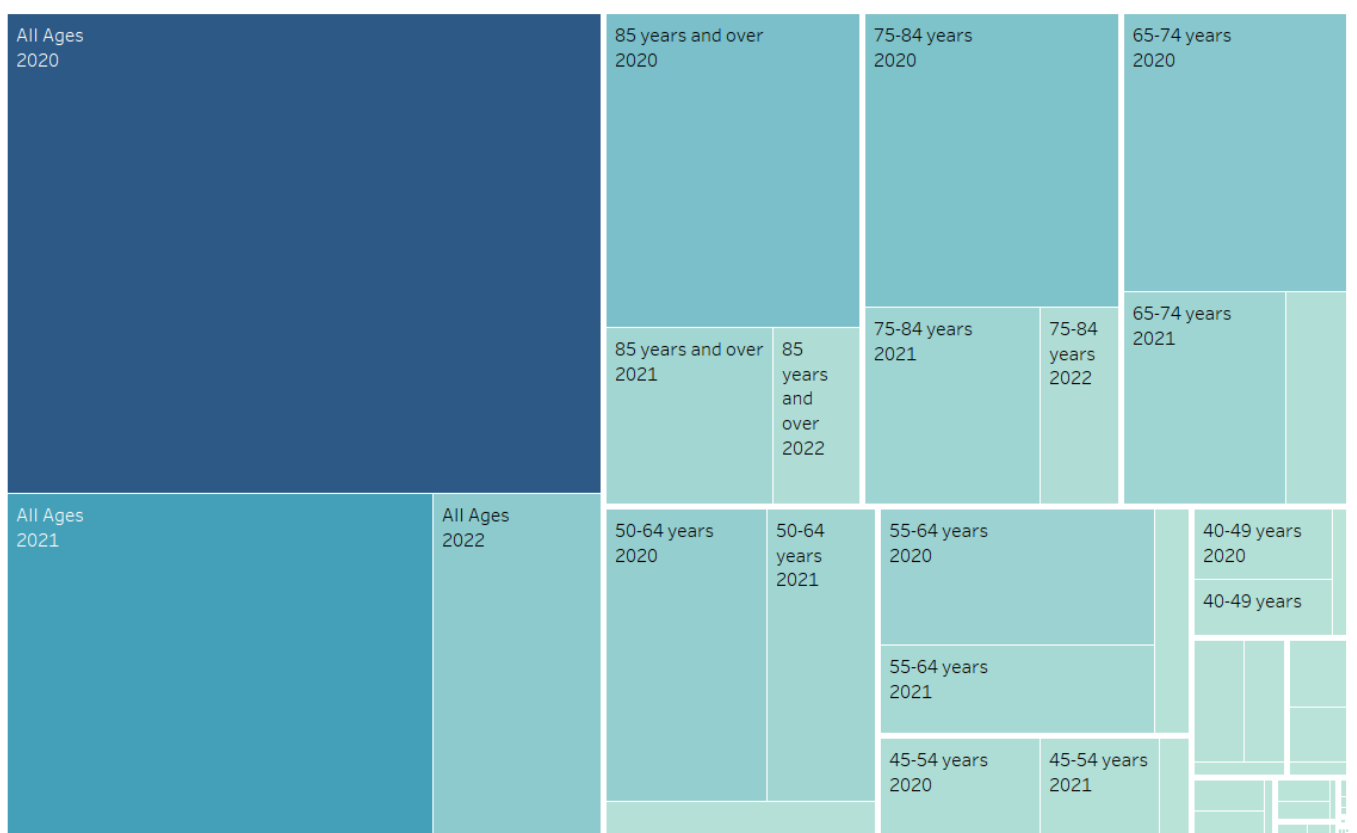


Fig 3.2. Covid deaths classified by age annually

Covid deaths by age and sex

Starting from the beginning of the COVID-19 pandemic, the SARS-CoV-2 infection has negatively affected men. Information gathered in China from as soon as January observed that men were being contaminated at higher rates. As the infection spread across Europe toward the beginning of March, passings were reliably higher among men. In March, men represented 70% of all COVID-19

passings in Italy. At the point when the infection advanced into the United States, the example continued.

Starting not long ago, COVID-19 has killed right around 17,000 additional American guys than ladies, as per ongoing information from the Centres for Disease Control and Prevention (CDC). In 41 of the 47 nations with affirmed cases, a bigger number of guys deid than females. As of June, in all states yet Massachusetts, passing rates are higher among males. Despite this obvious distinction, the job orientation plays in COVID-19 mortality has gotten less consideration than other risk factors, similar to progress in years and race.

Biological fats

As can be seen in Fig 3.3., the female has reached a lower number of cases than man and this is because the women have two X chromosomes which contains a high number of immune genes and in this way their immune system is better equipped to fight with the infection.

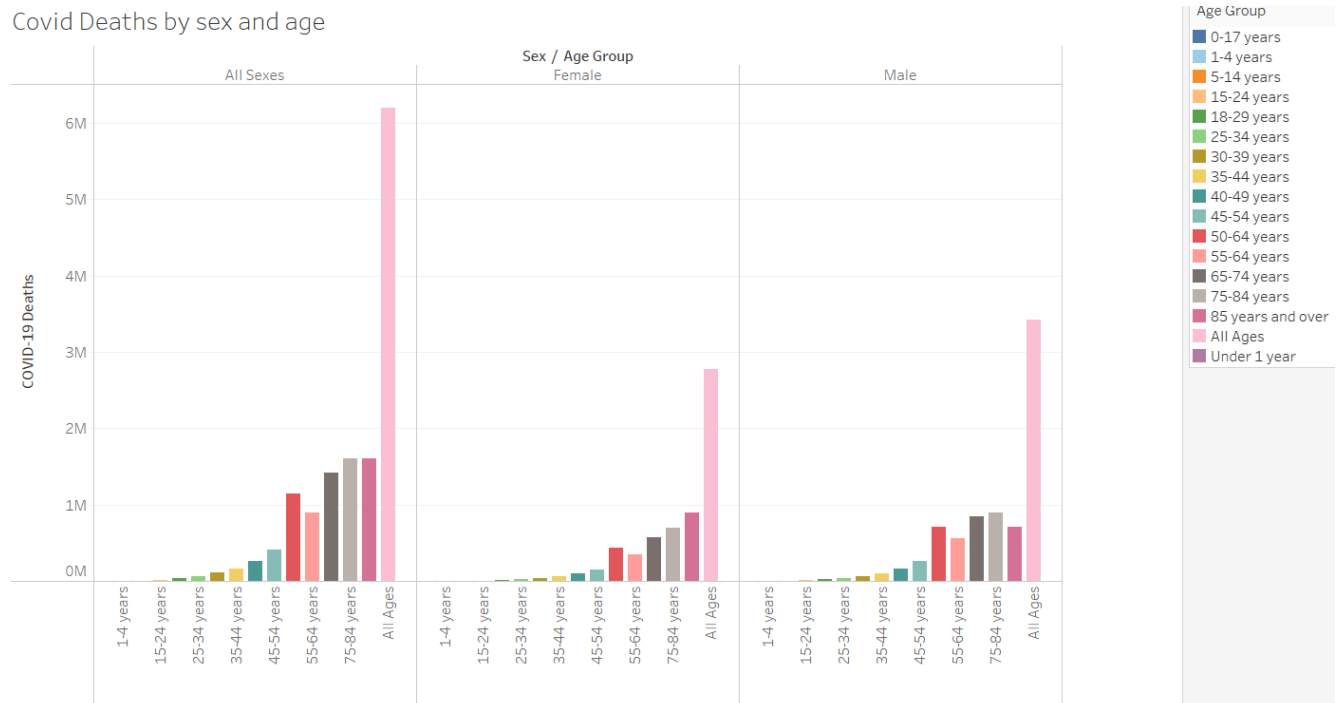


Fig 3.3. Covid deaths by sex and age

Gradually, each year, the number of deaths increased as can be seen in the Fig 3.5. Also, with a closer look at the Fig. 3.4., can be seen that California and

Florida are occupying the first places on number of deaths. A reason for this could be the number of people who leaves in this two states and lets not forget about Texas which is occupying second place as population and the same place as number of Covid-19 deaths.

Covid Deaths by State

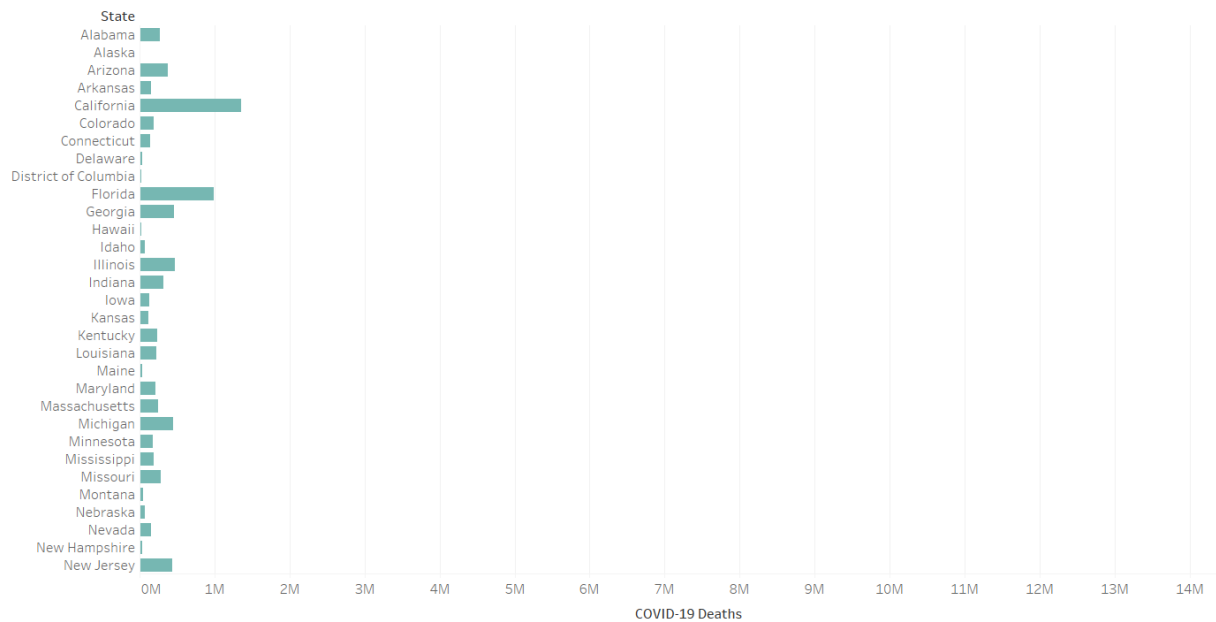


Fig 3.4. Covid deaths by state

Covid Deaths by state and date

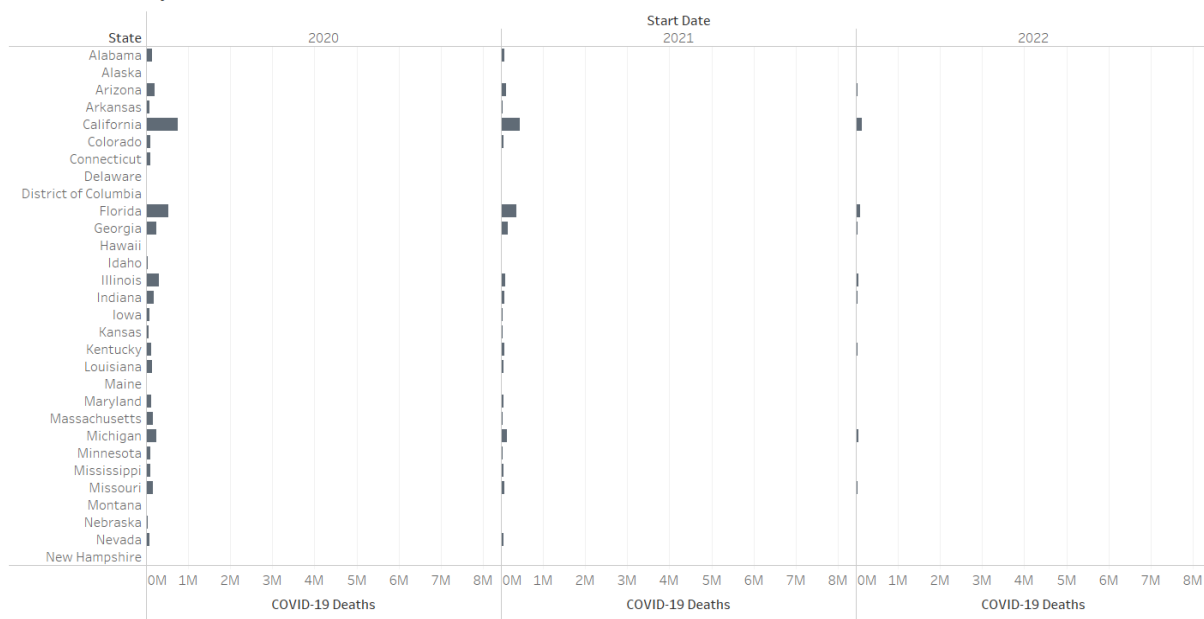


Fig 3.5. Covid deaths by state and date

Through the pandemic, authorities across the United States have carried out an interwoven of limitations on friendly separating, veiling and different parts of public life. The orders differ by state, region and even city. At the level of limitations in late March and early April 2020, a larger number of than 310 million Americans were under mandates going from "cover set up" to "remain at home." Restrictions are currently sloping down in many spots, as most states have completely resumed their economies.

From all 42 States of America none of them has steady cases, but all has growing and shrinking number of new cases as can be seen in the Fig. 3.6. Even though the situation is bad and the cases are growing, they have eased the restrictions in DC and lifted them in all the other states.

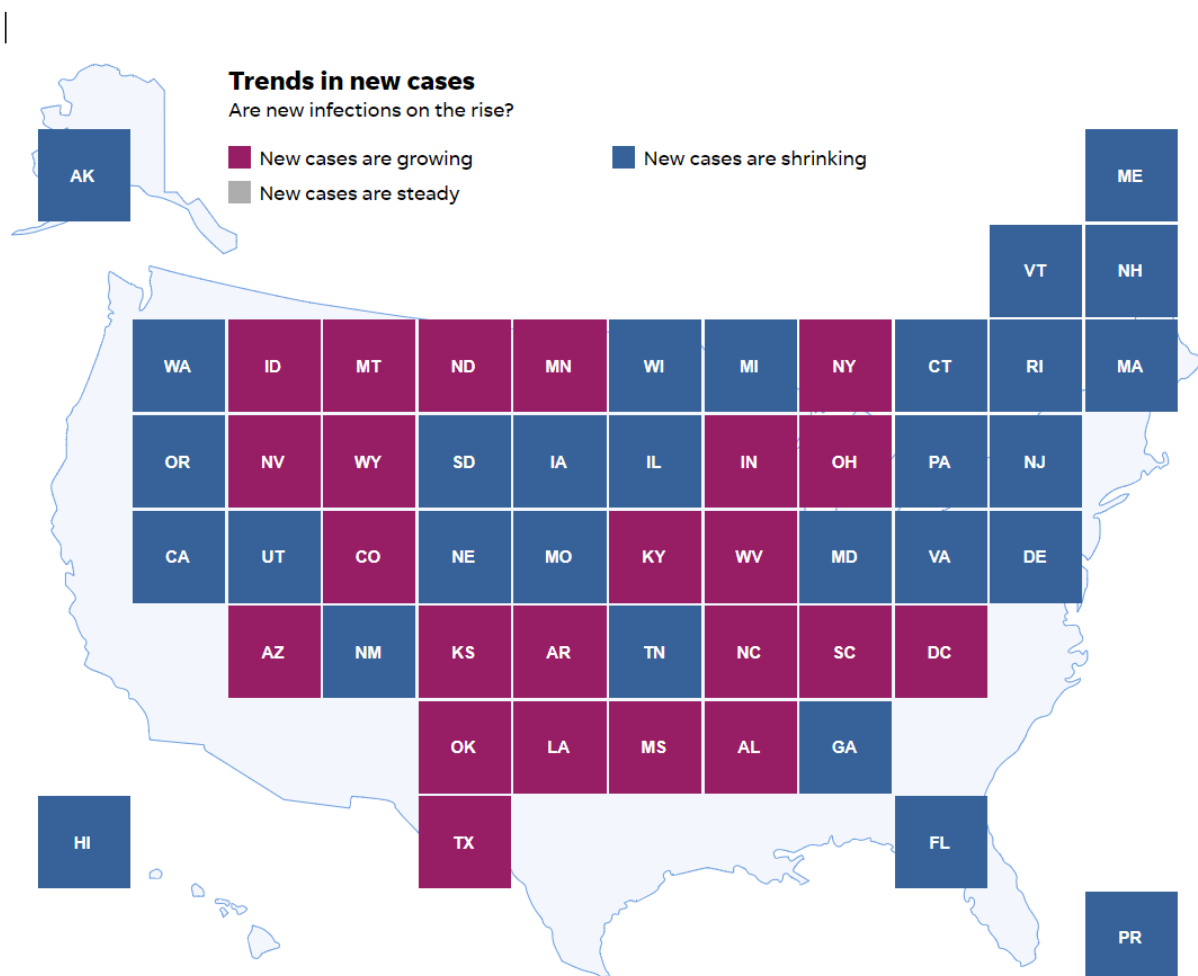


Fig 3.6. Trends in new cases for each state of America

People from USA should get the vaccine in a bigger number. This could decrease the number of cases. Receiving any available immunization shots could save their life. Coronavirus antibodies give solid assurance against difficult

disease, hospitalization and passing. Additionally some proof that is being immunized will make it doubtful that they will give the infection to other people, and that implies their choice to get the immunization likewise safeguards everyone around them.

Indeed, even in the wake of receiving any available immunization shots, they should continue to avoid potential risk to safeguard yourself, family, companions and any other person they might come into contact with.

Coronavirus immunizations are exceptionally successful, yet certain individuals will in any case get sick from COVID-19 after inoculation. There is likewise still an opportunity that they could likewise give the infection to other people who are not inoculated.

Also, because they are on the first place in the world , they should implement and respect more rules as:

- ✚ remaining at least 1 meter away from others,
- ✚ wear an appropriately fitted veil over their nose and mouth when you can't maintain this separation,
- ✚ keep away from inadequately ventilated spots and settings,
- ✚ clean their hands as often as possible,
- ✚ remain at home if unwell
- ✚ remain informed about how much infection is flowing in the areas where they travel, live and work.

3.2. Interpreting and applying results

Forward, has been made a prediction for Covid-19 Deaths in the future in USA as can be seen in the Fig 3.7. Also, in the same figure can be seen the actual number of cases since 2020 together with the prediction for the year 2023 and also for the remaining of 2022.



Fig 3.7. Prediction for Covid-19 deaths in the future

Nevertheless, below can be seen Fig 3.8. which shows the average of deaths for each year since the disease appear, until 2023. As can be seen the average line of the prediction is going down which is a great thing. And also the statistic shows that the worst year has been 2021 how can be seen in the graph.

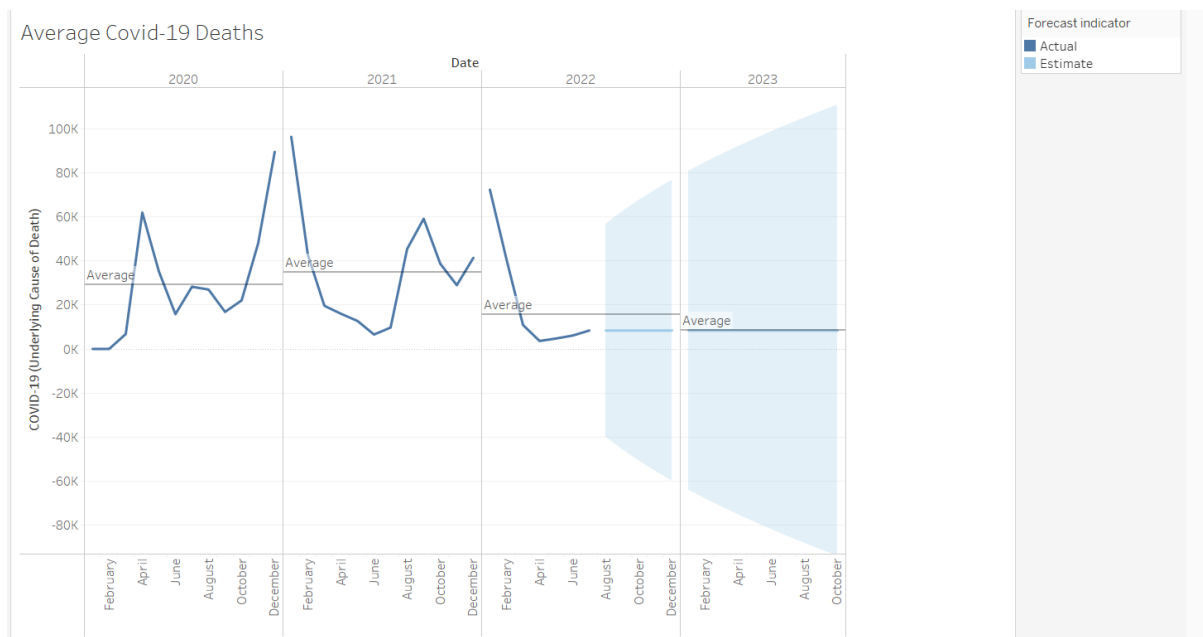


Fig 3.8. Average of Covid-19 deaths for each year

The prediction has been made in “Tableau” by using “Forecast” option which is a method for anticipating what will occur in the future. Simultaneously, figure is utilized to frame a thought regarding the outcomes we could have in the future, taking into account the information recorded up until this point. The figure in Tableau plays the part of recognizing the bearing to which the Covid-19 deaths in USA will go in a specific field and to feature its pattern.

First, a known fact is that in Tableau a prediction can be made just if the data analysed includes a date dimension and no less than one measure. Second, to state future patterns all the more precisely, Tableau utilizes a method called exponential smoothing. This strategy alludes to the way that the latest outcomes and information have a more noteworthy weight and significance than the old ones. Along these lines, Tableau distinguishes the pattern and irregularity of our outcomes, subsequently figuring out how to translate them into future.

The method by which Tableau creates the forecast is remarkable on the grounds because the qualities found in the forecast consider the genuine qualities from the examined informational collection, the new qualities continuously having a higher weight. Figure in Tableau is in many cases utilized is needed to have a forecast about future patterns or results in a given season.

To create the forecast that I need, I have used different formulas as: DATEPART('year', [Date]) to output the year, DATEPART('month', [Date]) to output the month and SUM([COVID-19 (Underlying Cause of Death)]) to make a sum of Covid-19 deaths.

Creating forecasting, I have encountered a problem regarding the data format. Because Tableau is very sensitive when is about format, when I have tried to make the prediction, the program could not take my data how it was and I had to modify it. Fist I had a column for the start and end date of Covid deaths. Is mandatory, that in Tableau to have a single column for the entire date and with the formulas mentioned upper, the program will automatically select the needed part of data and will illustrate it in the graph.

4. Discussion

During January-December 2020, the assessed 2020 age-changed passing rate expanded interestingly starting around 2017, with an increment of 15.9% contrasted and 2019, from 715.2 to 828.7 passings per 100,000 populace. Coronavirus was the hidden or a contributing reason for 377,883 passings (91.5 passings per 100,000). Coronavirus passing rates were most elevated among elderly people, males, and AI/AN (American, Indian or Alaska Native) and Hispanic people. The largest quantities of generally speaking passings and COVID-19 passings happened during April and December. Coronavirus was the third driving fundamental reason for death in 2020, supplanting self destruction as one of the main 10 driving reasons for death.

The discoveries in this project are dependent upon somewhere around three constraints. In the first place, information are temporary, and numbers and rates could change as extra data is gotten. Second, practicality of death endorsement accommodation can differ by ward. Accordingly, the public dispersion of passings may be impacted by the conveyance of passings from purviews revealing later, which could vary from those in the United States in general. At last, the reason for death for specific people could have been misclassified. Restricted accessibility of testing for SARS-CoV-2, the infection that causes COVID-19, toward the start of the COVID-19 pandemic could have brought about an error of COVID-19-related passings.

This project gives an outline of temporary U.S. mortality information for 2020. Temporary passing assessments can give specialists and policymakers an early sign of movements in mortality drifts and give noteworthy data sooner than the last mortality information that are delivered roughly 11 months after the finish of the information year. These information can direct general wellbeing approaches and intercessions pointed toward lessening quantities of passings that are straightforwardly or by implication related with the COVID-19 pandemic and among people generally impacted, including the individuals who are more seasoned, male, or from excessively impacted racial/ethnic minority gatherings.

5. Conclusion

The Coronavirus pandemic is obviously a global health problem. There have been fast advances in what we are familiar about this microbe, how it infects cells and causes sickness, and clinical attributes of illness. Every country around the world should increase their attention into surveillance systems of this virus because the transmission of it is very fast.

The Covid sickness keeps on spreading across the world following a direction that is challenging to foresee. The wellbeing, compassionate and financial strategies embraced by nations will decide the speed and strength of the recuperation.

The most effective way to forestall and dial back transmission is to be very much informed about the infection and how the infection spreads. Safeguard yourself as well as other people from disease by remaining no less than 1 meter from others, wearing an appropriately fitted veil, and cleaning up or utilizing a liquor based rub oftentimes. Get immunization when it's your move and follow local guide.

Everyone should work together in order to make this virus disappear and to protect ourselves from infection. Even if some of the people, as doctors or scientists will find different ways to combat the spreading or people which respect the rules of hygiene, any of this solution will help to stop and make this virus disappear forever from our lives.

In a time, people was scared and the pandemic closed people in their home back in 2020. Now it is obvious that people got used with the virus and they are not fighting enough to kill the virus. Because all the restriction are gone, most of people are not worried about the illness anymore. Even if the virus still exist, the people do not have to wear a mask anymore, to avoid busy places or to take the vaccine. All of this are presented as an advice and everyone can do what they think is better for them. If the world is not trying to make this virus disappear, he can explode and spread again, implementing scare and panic world wide.

The COVID-19 pandemic has significantly impacted the manner in which individuals all over the planet live, study, mingle, and work. The pandemic keeps on changing the everyday exercises of numerous Americans, a pattern that is probably going to proceed with even post-pandemic. In the beyond two years, numerous people have started to telecommute, which has prompted organizations directing quite a bit of their exercises carefully as opposed to face to face. Moreover, there has been a gigantic expansion in web-based deals, including shopping for food.

Furthermore, more individuals than any other time in recent memory have inclined toward online training, online amusement and gaming, and web based shopping. In the fourteen day time span between March 2 and March 16, 2020, for instance, there was an in excess of a 1,000% expansion in the quantity of instructive applications being downloaded.

As additional individuals depended on computerized stages for everyday errands, there has been a colossal spike in how much information being gathered by associations. This information is gathered so it can ultimately be examined and used to shed experiences into client buying inclinations, help deals, and further develop item contributions. Notwithstanding, with the surge of information comes difficulties, for example, how to change this tremendous accumulation of information into accommodating experiences that can prompt activity.

The COVID-19 pandemic showed the crucial part data plays in our regular routines. It's become clear that associations should have the option to respond rapidly to devastating circumstances, and have to have the fundamental instruments with which to do as such.

Data analytics assumes a more significant part than any time in recent memory in numerous associations, as well as in giving the public data about the impacts of handwashing, immunizations, and other wellbeing related data. Besides the fact that those in the public authority depend on this data to go with better-educated approach choices, yet the media additionally utilizes the experiences got from information to impart significant wellbeing data.

As could be seen in this research and after the prediction that has been made for the future of Covid-19, almost certainly, the monetary and wellbeing effects of the pandemic will be felt into the indefinite future. What's more, it is normal that data analytics will keep on assuming a urgent part in the manner we gather, comprehend, and share experiences from data. It will keep on being a significant tool to engage associations to rapidly adjust to changes and make acclimations to guarantee their business doesn't simply survive but can flourish in dubious times.

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Appendix

Ethical Approval Form

- This form must be completed, signed and submitted with the Project Proposal.
- No work may be carried out on the project until the form has been submitted.
- Late submission will result in a penalty.
- Failure to submit the form will result in an automatic fail for the module. You may also be subject to disciplinary action.

| Section 1 | | TO BE COMPLETED BY STUDENT | |
|--|--|----------------------------|------------|
| Name of Student: | Adelina-loana Bucataru | | |
| Student No: | 10103171 | | |
| Course: | BSc Computing | | |
| Module: | DISSERTATION PROJECT (QHO634) | | |
| Project Title: | Data Analytics to Predict Covid-19 Survival Rate | | |
| Summary of Proposed Project: | | | |
| <p>The sentences below show what needs to be written here, no more than 5 sentences here. The intention behind this work – The intension for this research is to predict Covid-19 in the future. This can help businesses, people, even the government to be prepared in the future if another wave is coming. How it was to be done – To predict Covid-19 deaths in the future I have made prediction using “Forecast” option from Tableau 2022.2.1 program. How it was to be implemented – The implementation of the prediction methods was the most important think in creating a visualization of future of Covid-19. How it was to be tested – I meet some difficulties in creating the prediction because of the data format, but after I have modify the data the outcome came correct, without errors.</p> | | | |
| Planned Start Date: | 13/06/2022 | Planned End Date: | 30/09/2022 |

DECLARATION BY STUDENT:

- I confirm that I have read and understood the Research Ethical Guidelines and agree to abide by them in conducting my project.
- I confirm that I understand the importance of adhering to the Research Ethical Guidelines and I am aware of the penalties for breaching them.
- I agree to notify my academic supervisor if there is a change to my project and/or further ethical approval is needed.

To the best of my knowledge, I confirm that:

- There is no risk to any participants
- There is no risk to me

- There is no risk to the institution or QA in terms of liability or reputation

X

I undertake to report all data and findings in a responsible way

| | | | | | |
|--------------|------------------------|-------------------|------------------------|--------------|------------|
| Name: | Adelina-Ioana Bucataru | Signature: | Adelina-Ioana Bucataru | Date: | 16.09.2022 |
|--------------|------------------------|-------------------|------------------------|--------------|------------|

Section 2**TO BE COMPLETED BY SUPERVISOR**

Name of Supervisor: Dr Roushanak Rahmat

DECLARATION BY SUPERVISOR:

- I undertake to review and approve any questions that the student intends to use for data collection, including interview questions and questionnaire items.


ON THE BASIS OF THE INFORMATION PROVIDED BY THE STUDENT, THE PROJECT:

X

DOES NOT need to be referred to the Faculty Research Ethics Committee for approval.**DOES** need to be referred to the Faculty Research Ethics Committee for approval.

If the project needs to be referred to the Faculty Research Ethics Committee for approval, please explain why briefly:


| | |
|--|--|
| | On the basis of the information provided by the student, I confirm that the project will contain sensitive or confidential information and should not be placed in the public domain. |
|--|--|

| | | | | | |
|--------------|------------------|-------------------|--|--------------|------------|
| Name: | Roushanak Rahmat | Signature: |  | Date: | 16.09.2022 |
|--------------|------------------|-------------------|--|--------------|------------|

Section 3**TO BE COMPLETED BY SUPERVISOR****CHANGES TO PROJECT – DECLARATION BY SUPERVISOR:**

- I have reviewed the proposed changes to the project.

ON THE BASIS OF THE INFORMATION PROVIDED BY THE STUDENT:

| | | | | | | |
|---|--|-------------------|--|--|--------------|------------|
| X | I APPROVE the revised project. | | | | | |
| | I DO NOT APPROVE the revised project. | | | | | |
| If the revised project is not approved, please explain why briefly: | | | | | | |
| | | | | | | |
| Name: | Roushanak Rahmat | Signature: | |  | Date: | 16.09.2022 |