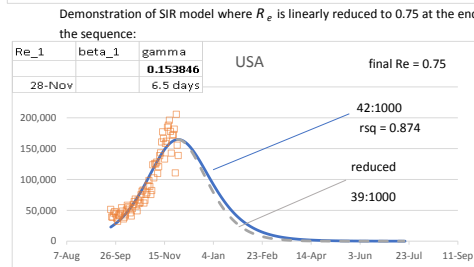
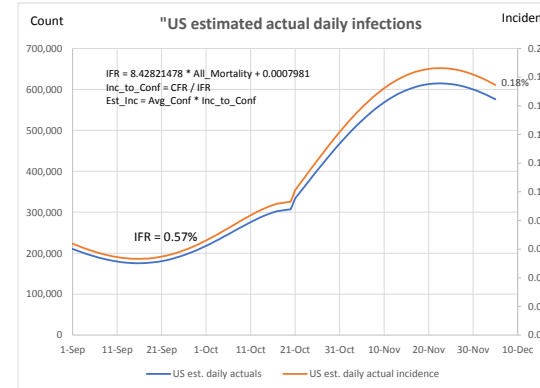
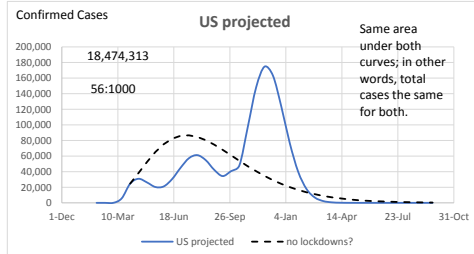
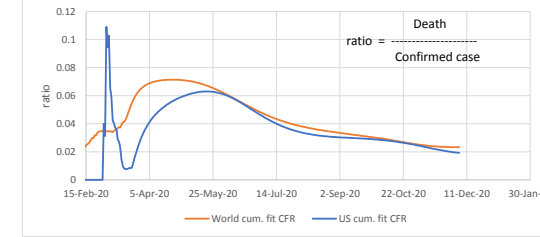
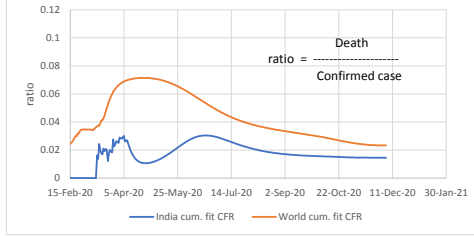
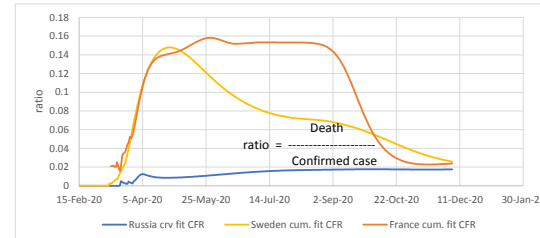
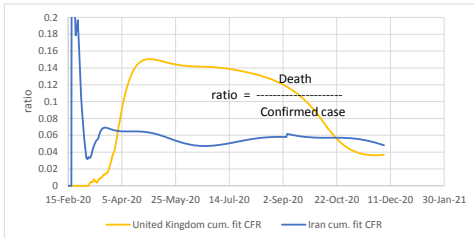
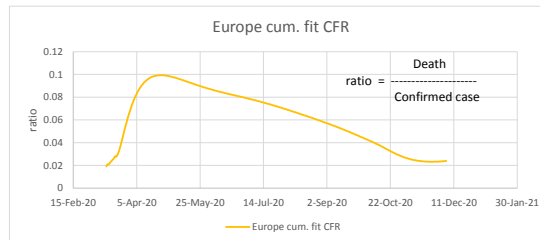
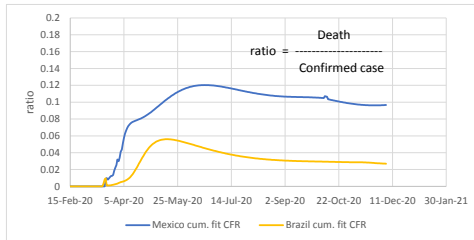
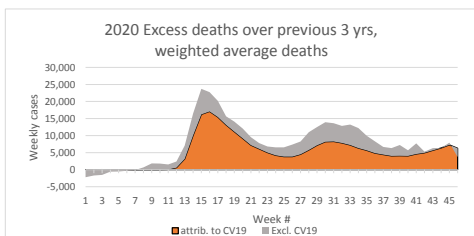


Experimental page : ratios of curve fit deaths to curve fit confirmed cases (CFR)



Reducing the R_e while keeping gamma constant is the same as reducing contact rate. Contact rate is reduced through isolation, lockdowns, and vaccinations. Doesn't make much difference in this case, though.



False Positives Demonstration

Use 0.18% from US est. incidence above as estimated daily incidence

Prevalence estimated as avg. infected period of 2 weeks X incidence

99% accuracy of test 0.18% X 14 = 2.520%

	Positive	Negative	
test pos	2.495%	0.975%	3.47%
test neg	0.025%	96.505%	96.53%
	2.520%	97.480%	100.00%

False pos. is nearly 1/3 of total positives!

TRUE +	2.495%/3.47%	71.9%
FALSE +	0.975%/3.47%	28.1%
Total		100.00%

Counter-act this tendency by increasing test sensitivity. However this may increase false negatives, the recipients of which may be positive, think they're negative, and go spread it around some more.

USA Excess Deaths (from CDC data):

Annualized on 46 weeks

	All Cause	All Cause, excl.	CV19
3 yr average before 2020	854:100,000	854:100,000	-
2020	977:100,000	893:100,000	-
Diff.	122:100,000	39:100,000	84:100,000

3 yr average weighted

859:100,000

32% of All-Cause excess deaths are non-CV19

Here are some demonstrations of SIR model, using R_e , gamma, and beta

