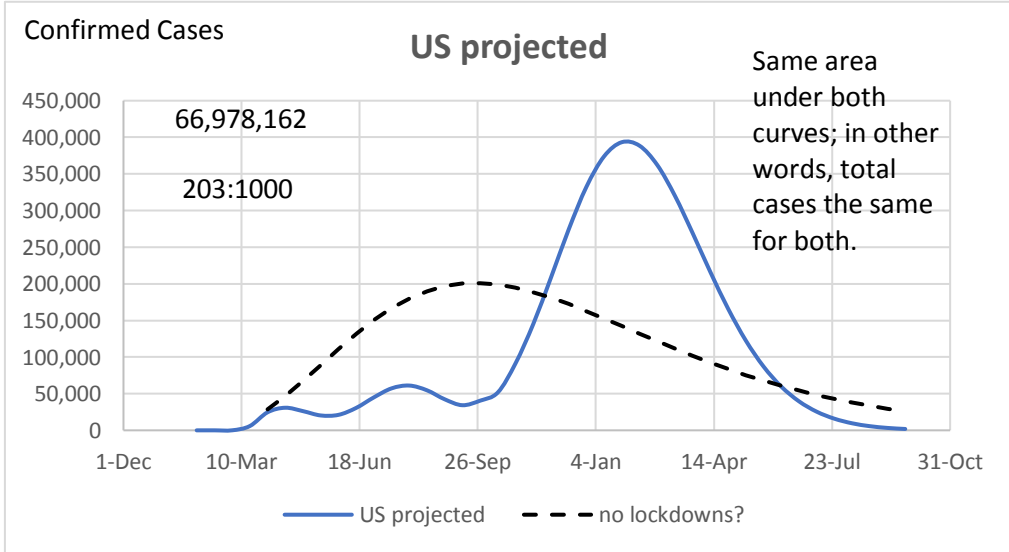
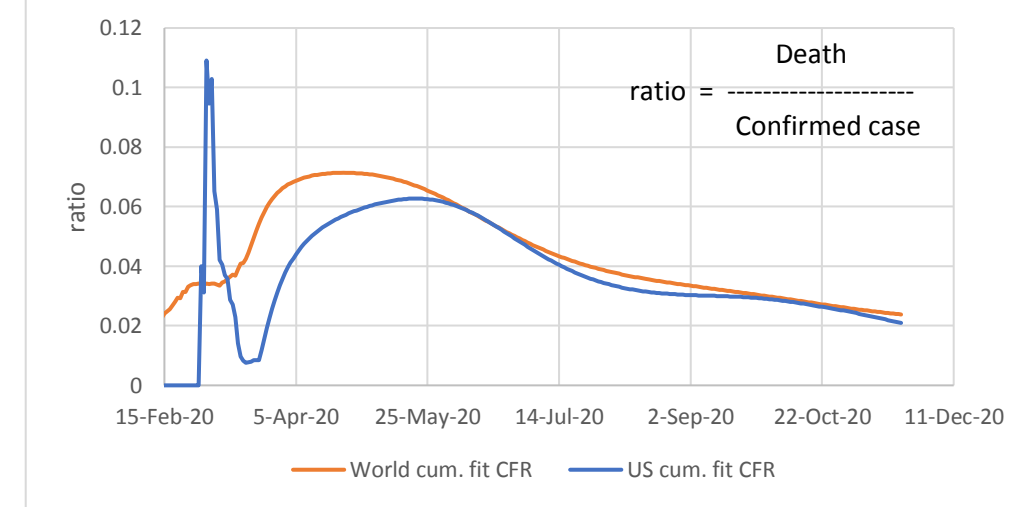
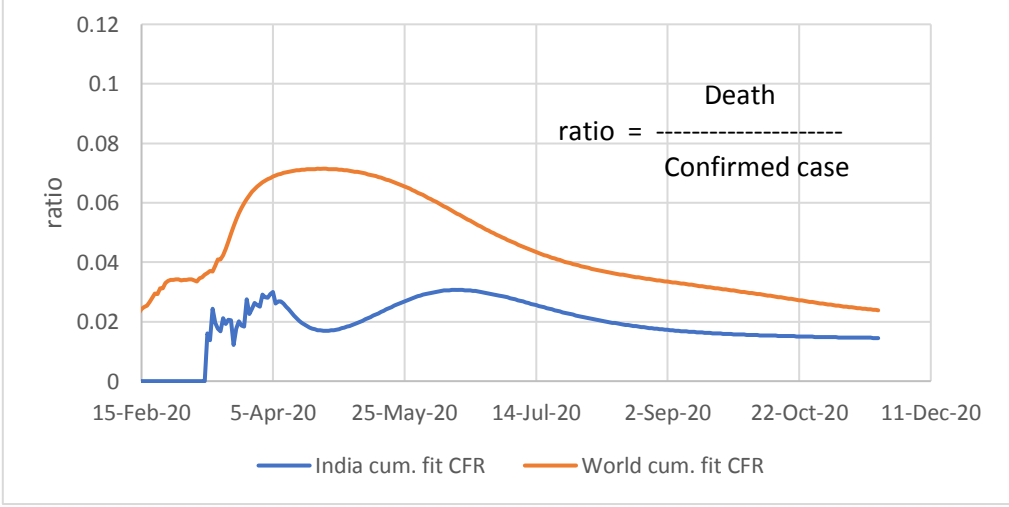
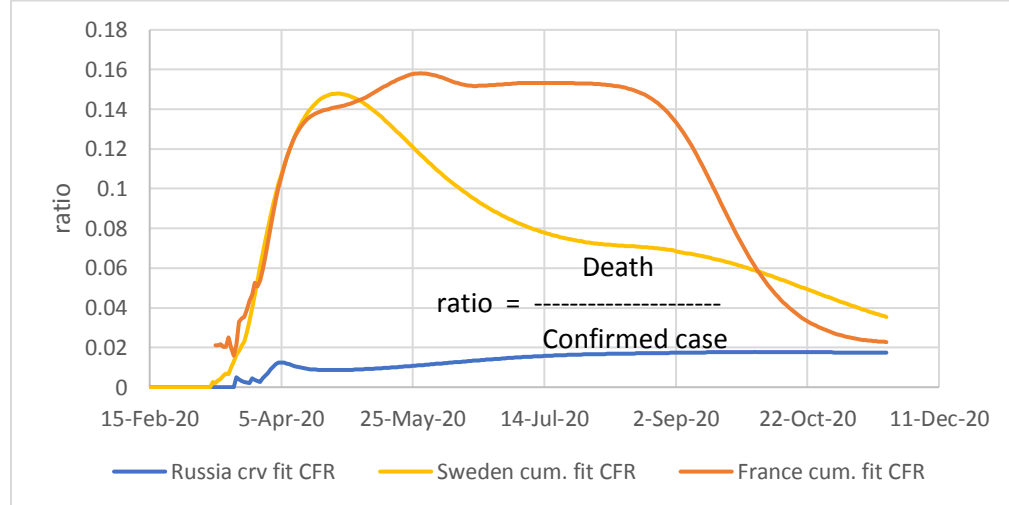
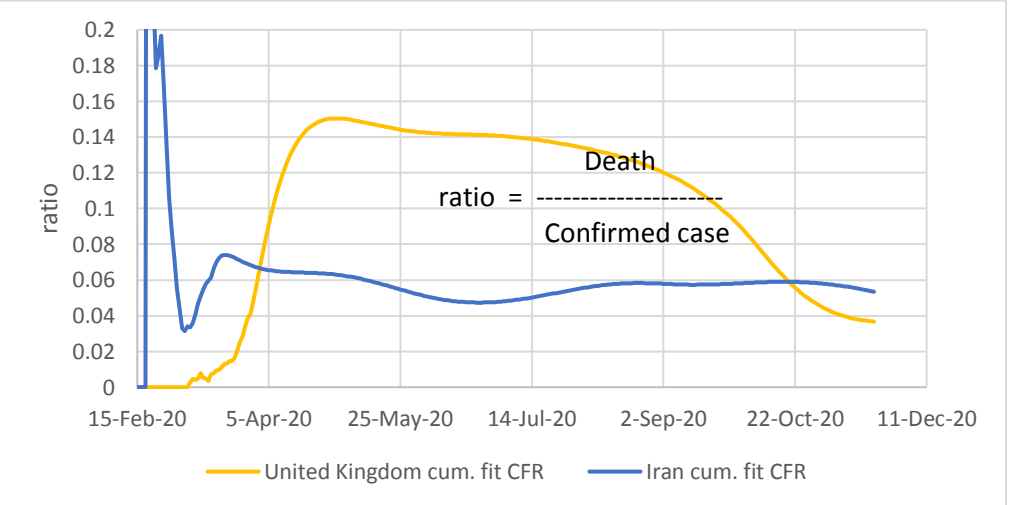
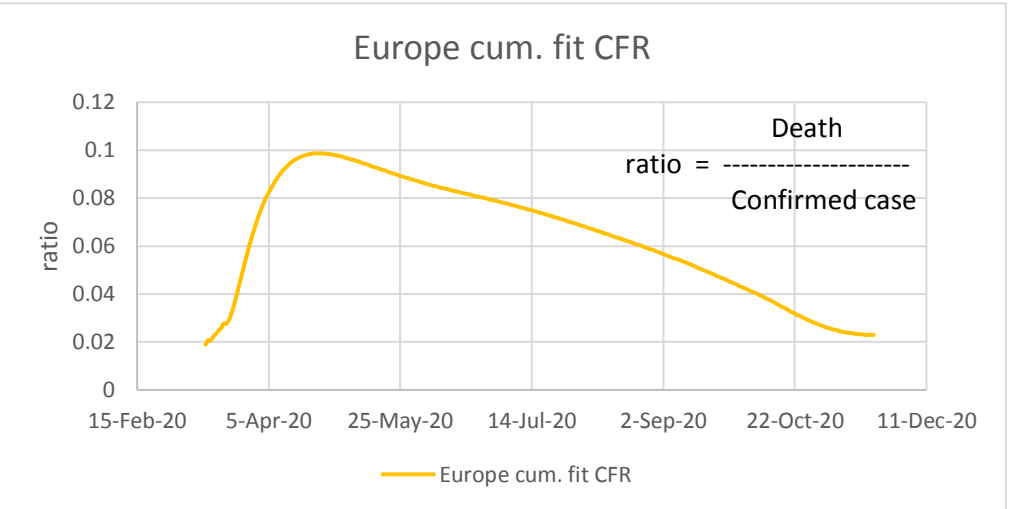
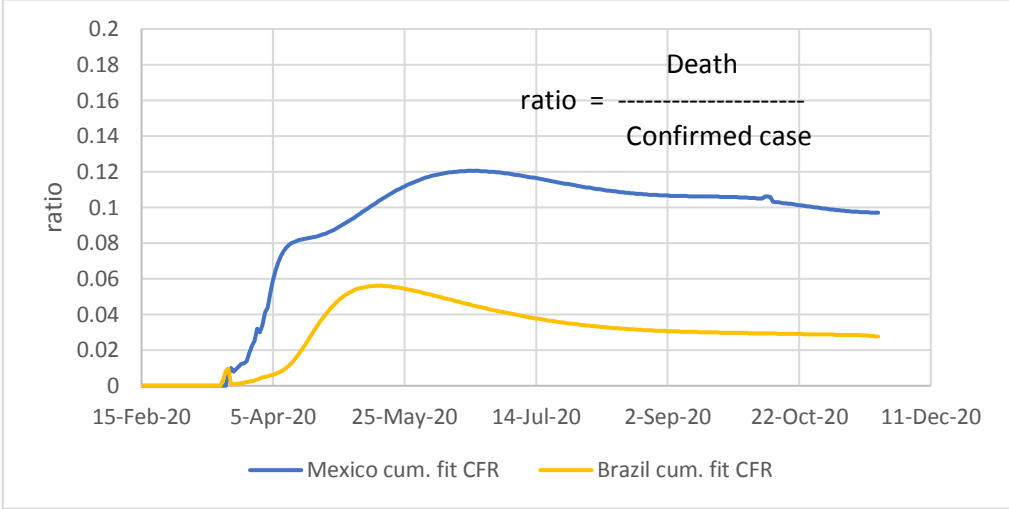
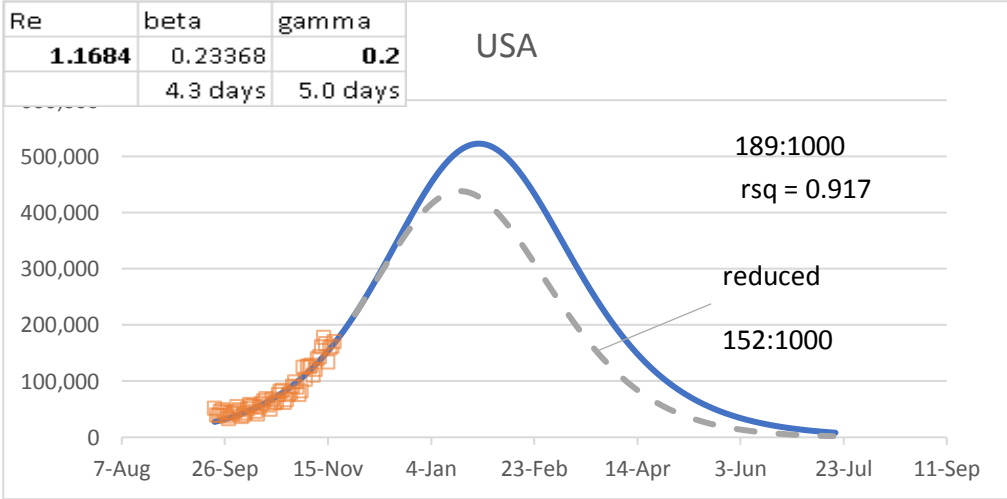


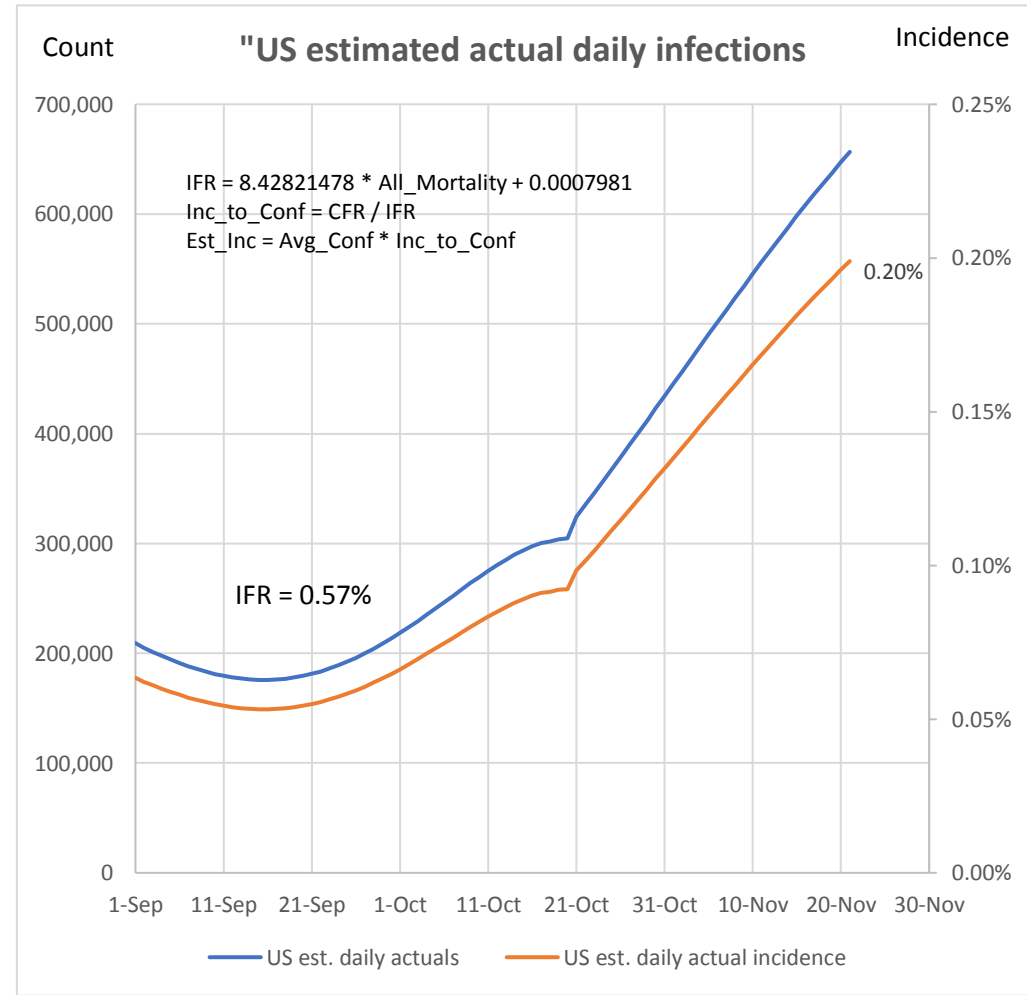
Experimental page : ratios of curve fit deaths to curve fit confirmed cases

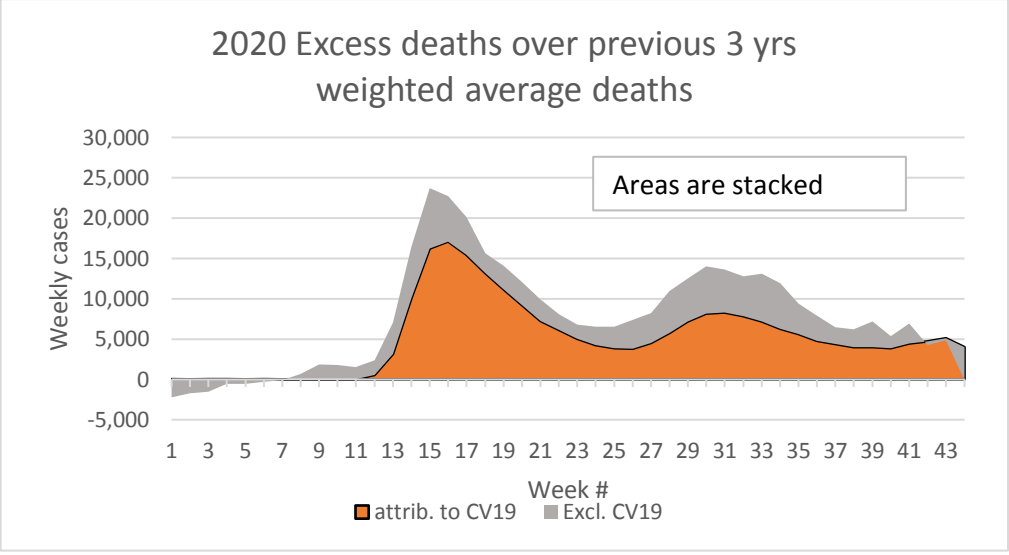


Demonstration of SIR model where  $R_e$  is linearly reduced to 1 at the end of the sequence:



Reducing the  $R_e$  while keeping gamma constant is the same as reducing contact rate. Contact rate is reduced through isolation, lockdowns, and vaccinations.





False Positives Demonstration

Use 0.20% from US est. incidence above as estimated daily incidence  
Prevalence estimated as avg. infected period of 2 weeks X incidence  
99% accuracy of test 0.20% X 14 = 2.800%

	Positive	Negative	
test pos	2.772%	0.972%	3.74%
test neg	0.028%	96.228%	96.26%
	2.800%	97.200%	100.00%

False pos. is nearly 1/4 of total positives!  
TRUE + 2.772%/3.74% 74.0%  
FALSE + 0.972%/3.74% 26.0%  
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 44 weeks

	All Cause	All Cause, excl.	CV19
3 yr average before 2020	854:100,000	854:100,000	-
2020	974:100,000	893:100,000	-
Diff.	120:100,000	38:100,000	81:100,000

3 yr average

859:100,000

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

Here are some demonstrations of SIR model (and a SEIR model), using  $R_e$ , gamma, and beta

