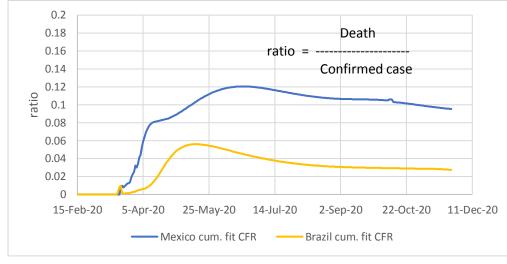
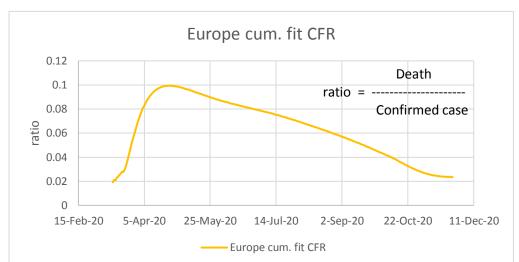
## Experimental page: ratios of curve fit deaths to curve fit confirmed cases

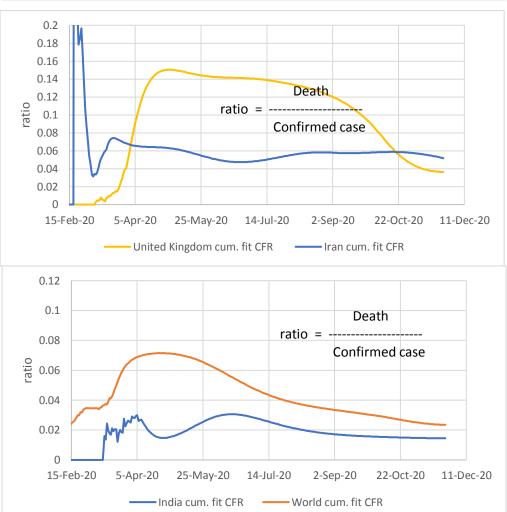


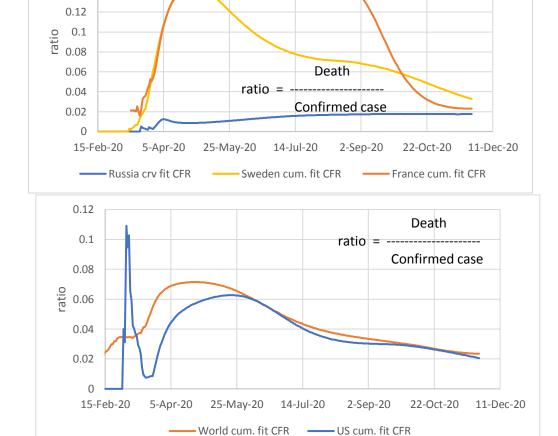


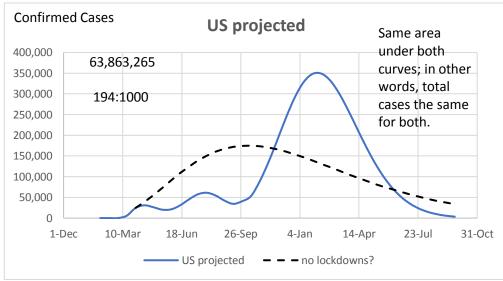
0.18

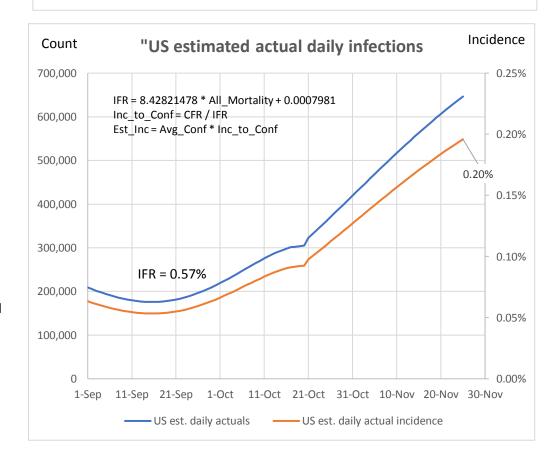
0.16

0.14

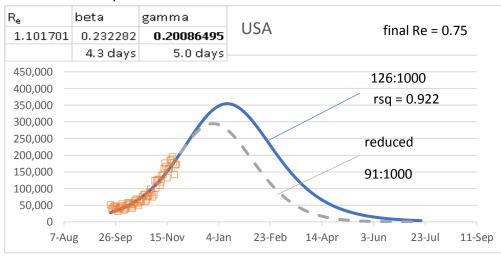








Demonstration of SIR model where  $R_{e}$  is linearly reduced to 0.75 at the end of the sequence:



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%

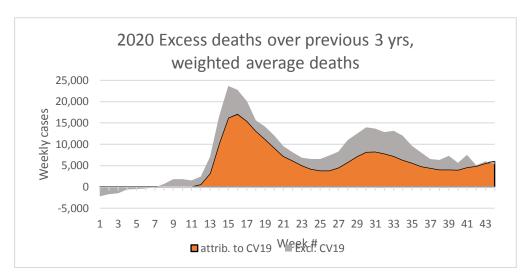
test neg 0.028% 96.228% 96.26%

2.800% 97.200% 100.00%

False pos	is nearly 1/4 of total p	ositives!
TRUE +	2.772%/3.74%	74.0%
FALSE +	0.972%/3.74%	26.0%
Total		100.00%

Reducing the  $R_{\,e}\,$  while keeping gamma constant is the same as reducing contact rate. Contact rate is reduced through isolation, lockdowns, and vaccinations.

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 45 weeks

	All Cause	All Cause, excl.	CV19
3 yr average before 2020	854:100,000	854:100,000	-
2020	975:100,000	893:100,000	-
Diff.	121:100,000	38:100,000	82:100,000

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<sub>e</sub>, gamma, and beta

