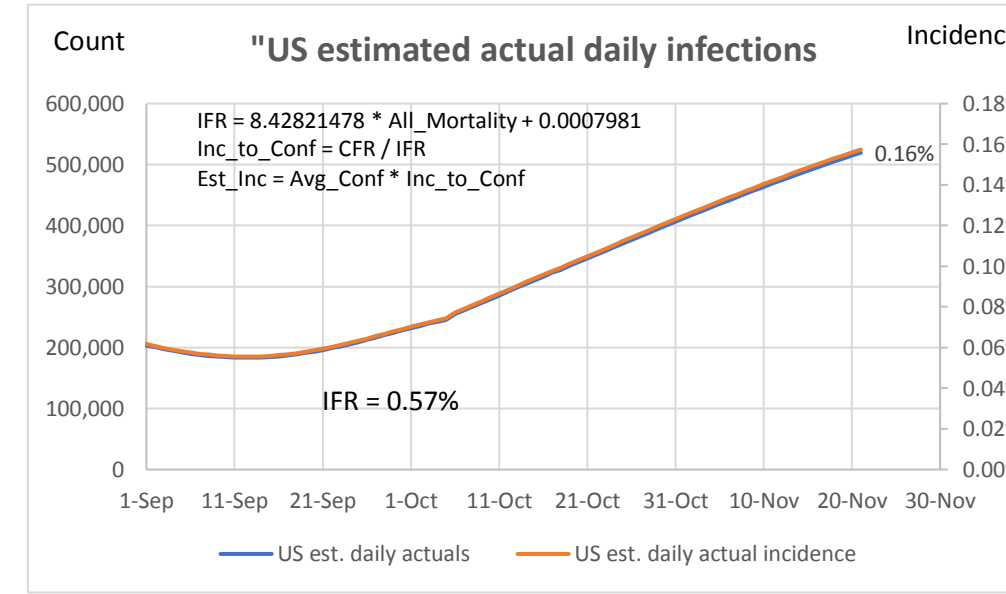
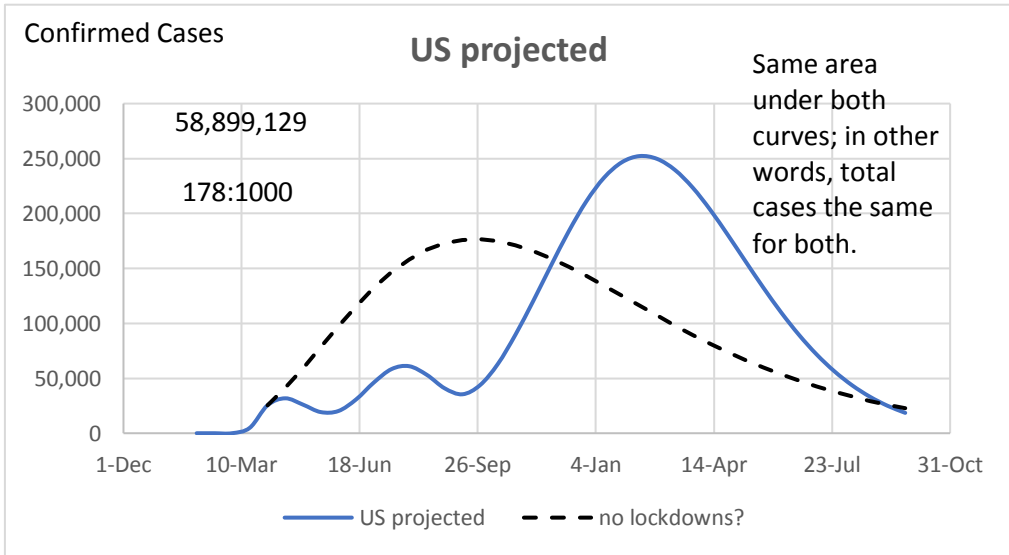
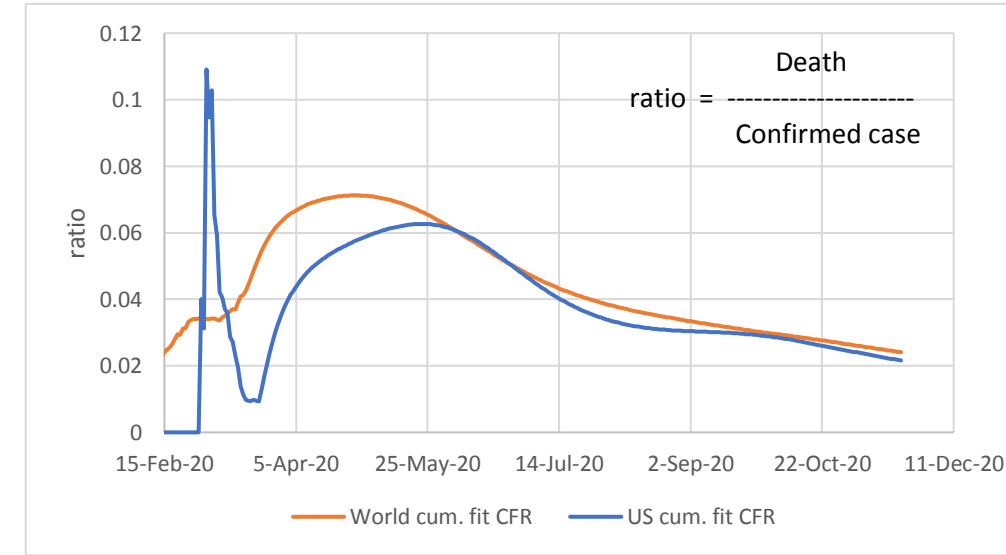
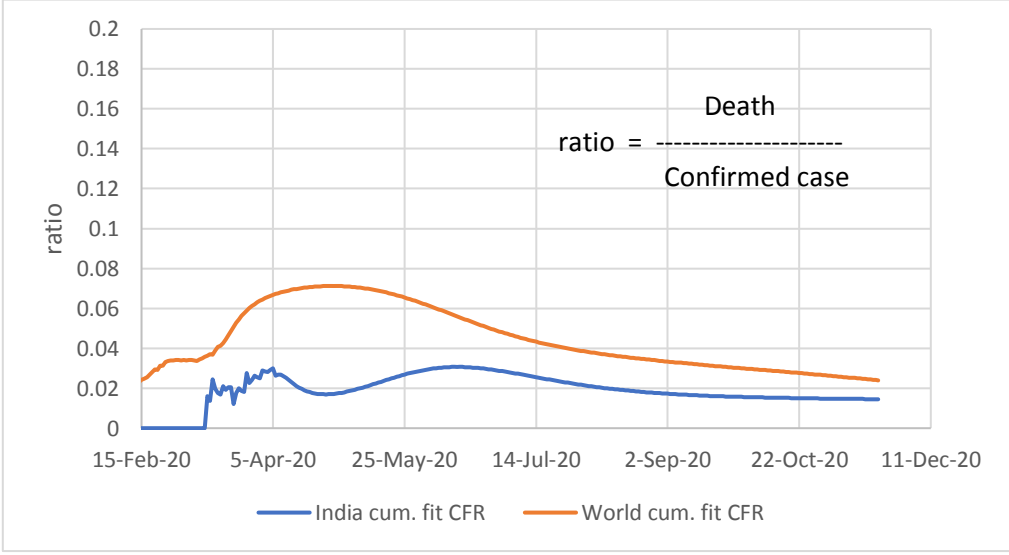
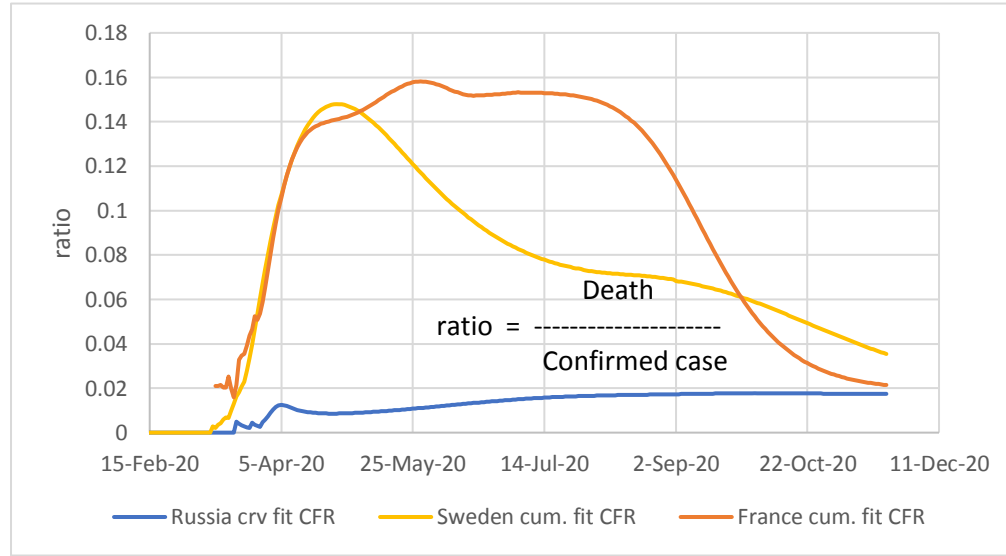
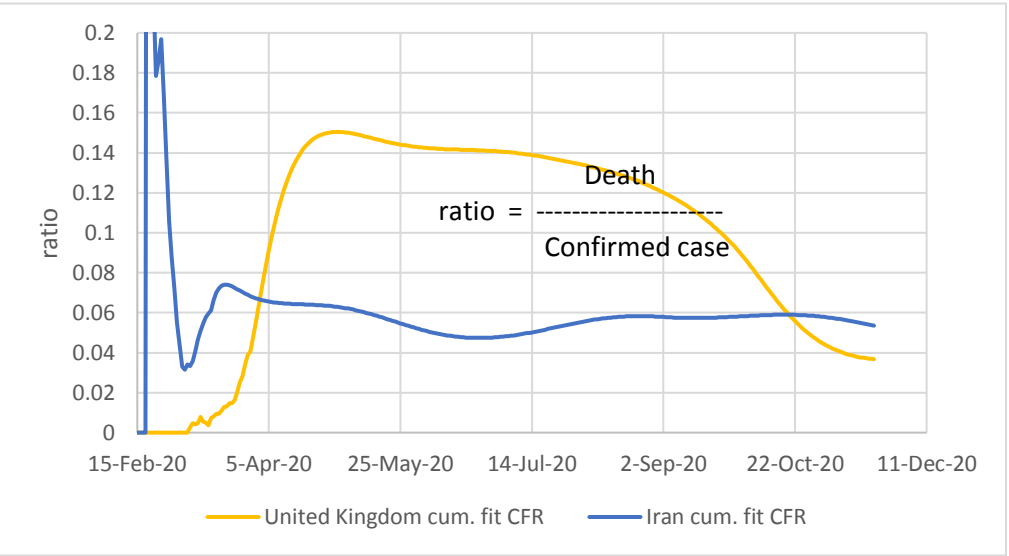
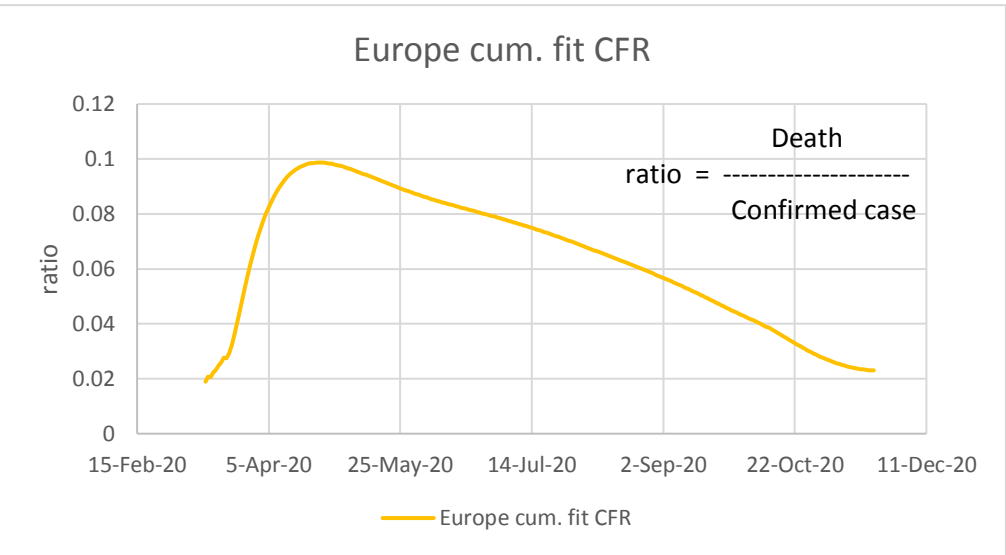
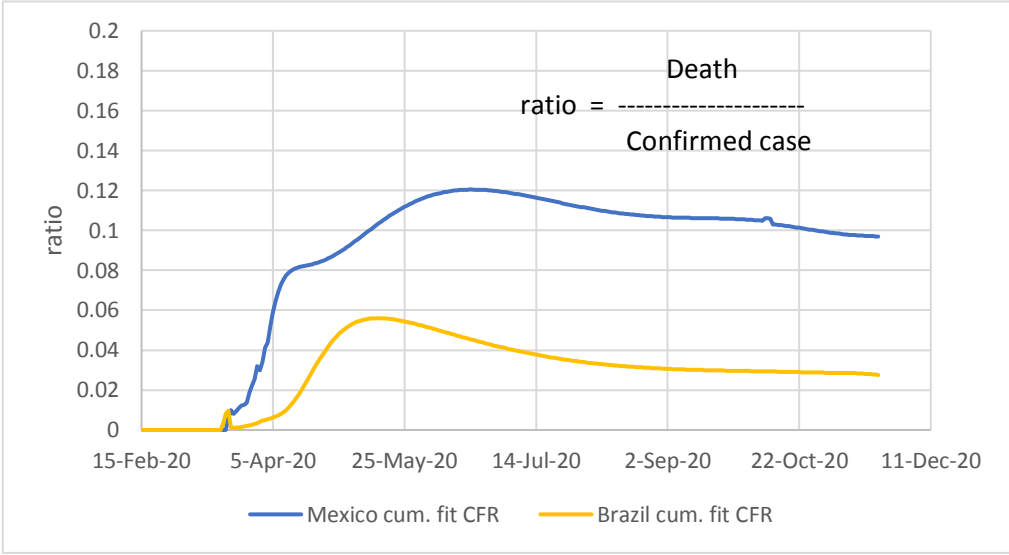
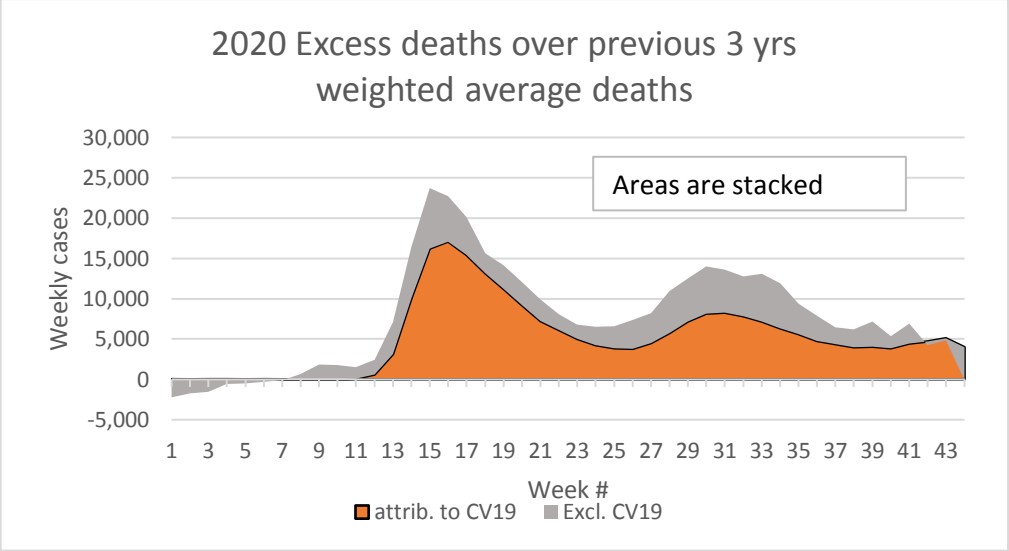


Experimental page : ratios of curve fit deaths to curve fit confirmed cases





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

False Positives Demonstration

Use 0.16% from US est. incidence above as estimated daily incidence

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

99% accuracy of test

0.16% X 14 = 2.240%

	Positive	Negative	
test pos	2.218%	0.978%	3.20%
test neg	0.022%	96.782%	96.80%
	2.240%	97.760%	100.00%

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

TRUE + 2.218%/3.2% 69.4%

FALSE + 0.978%/3.2% 30.6%

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.

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

