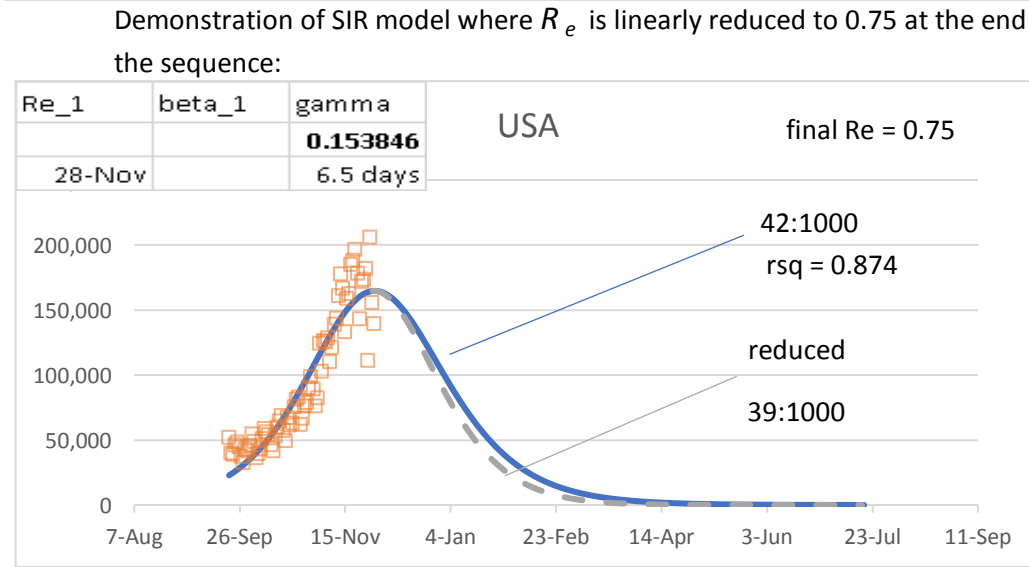
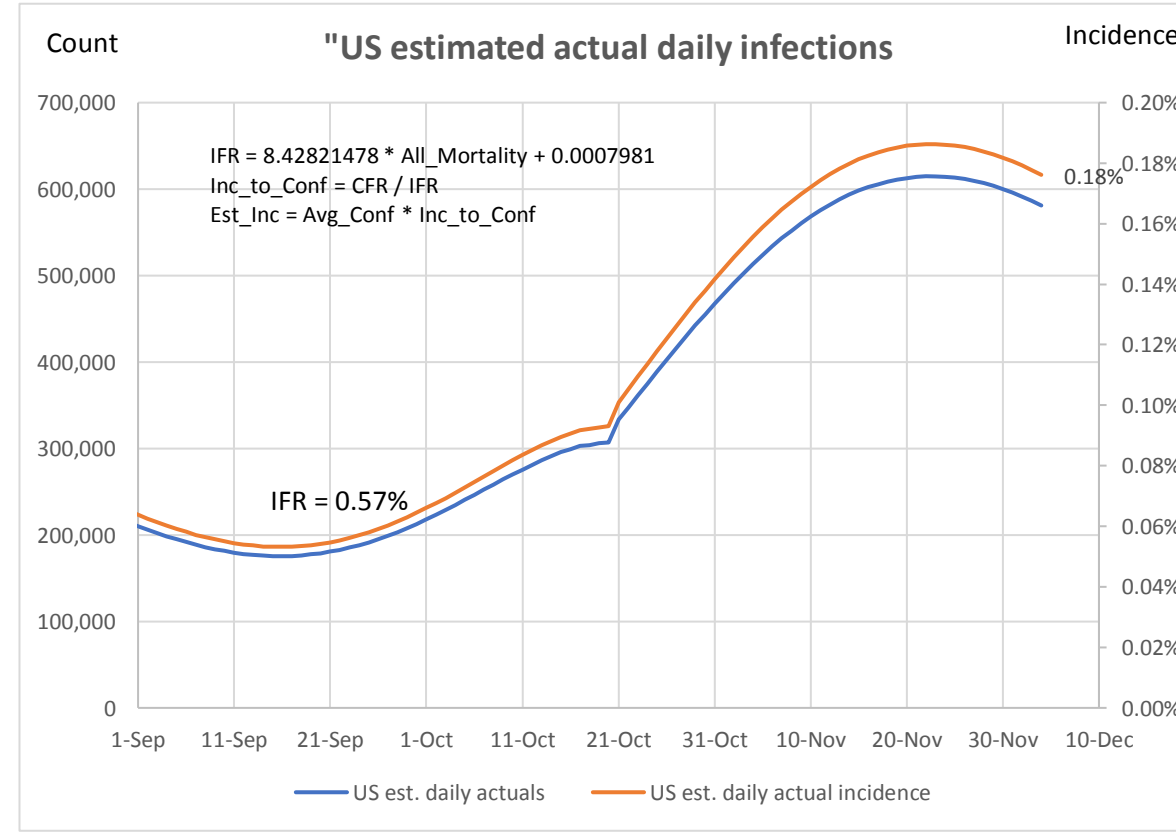
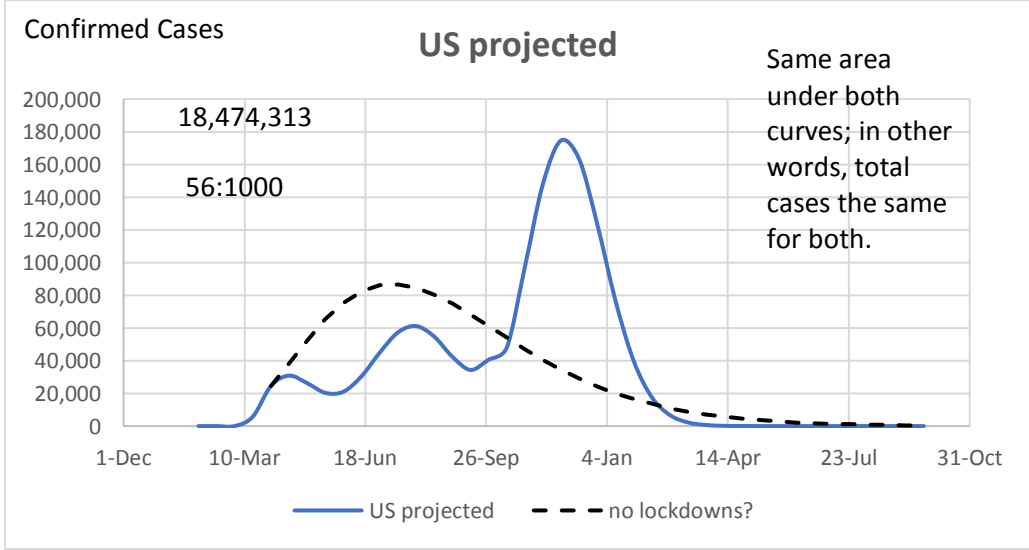
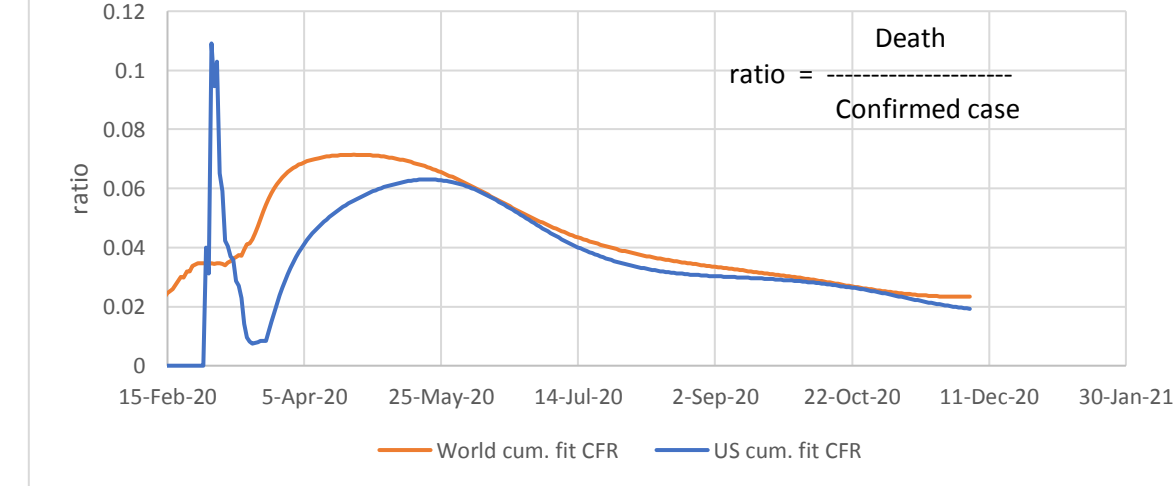
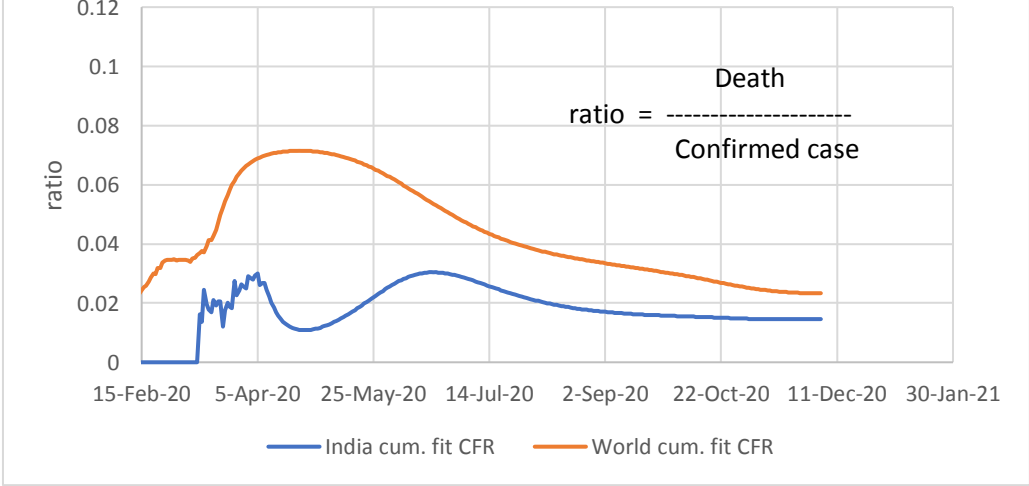
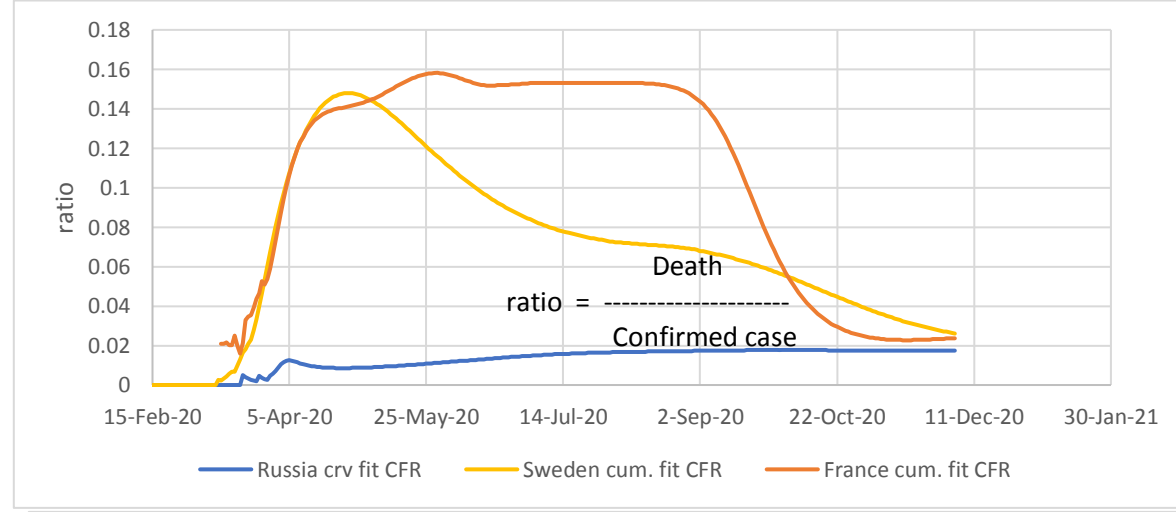
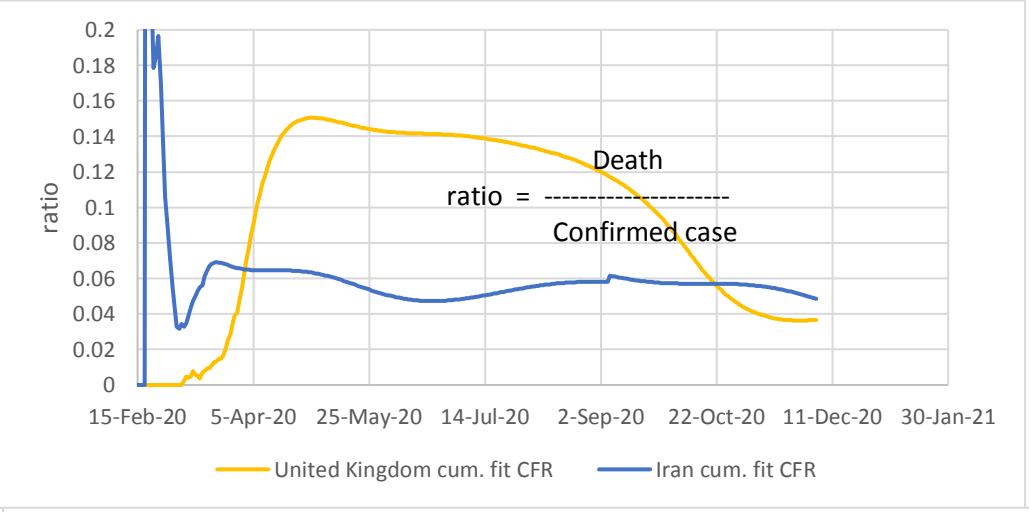
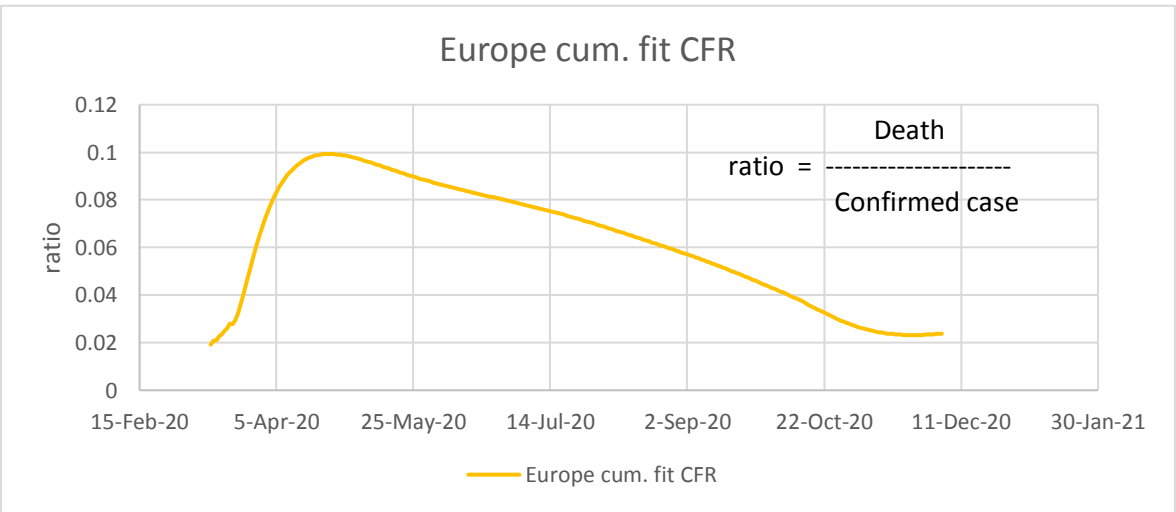
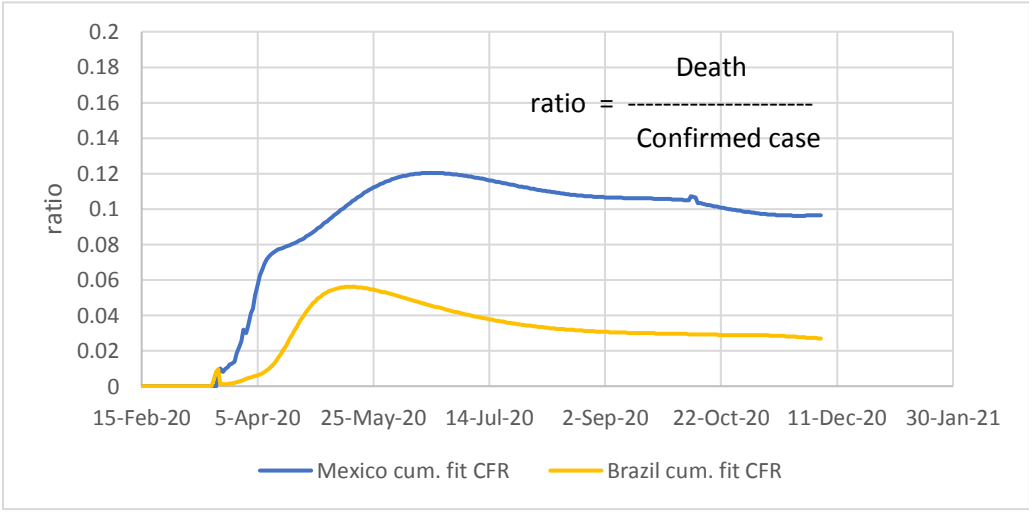
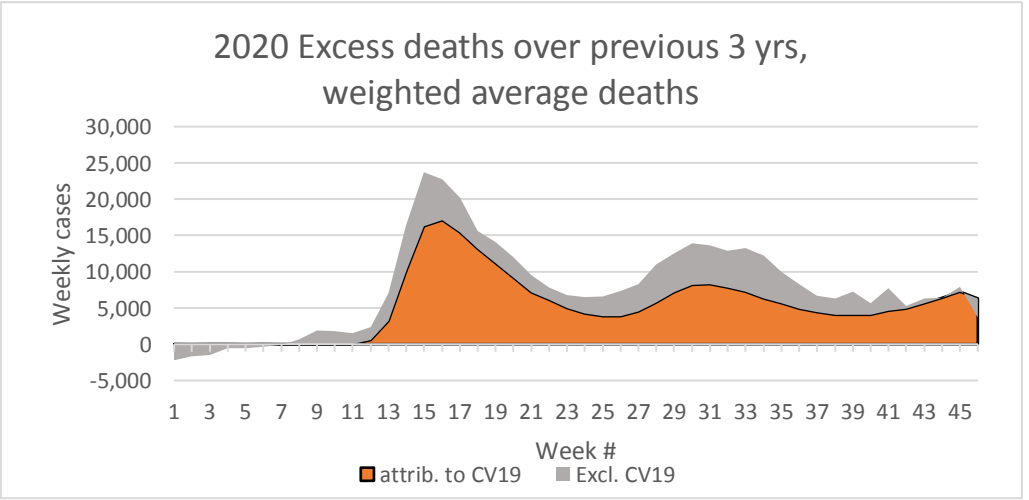


Experimental page : ratios of curve fit deaths to curve fit confirmed cases (CFR)



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



**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	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

