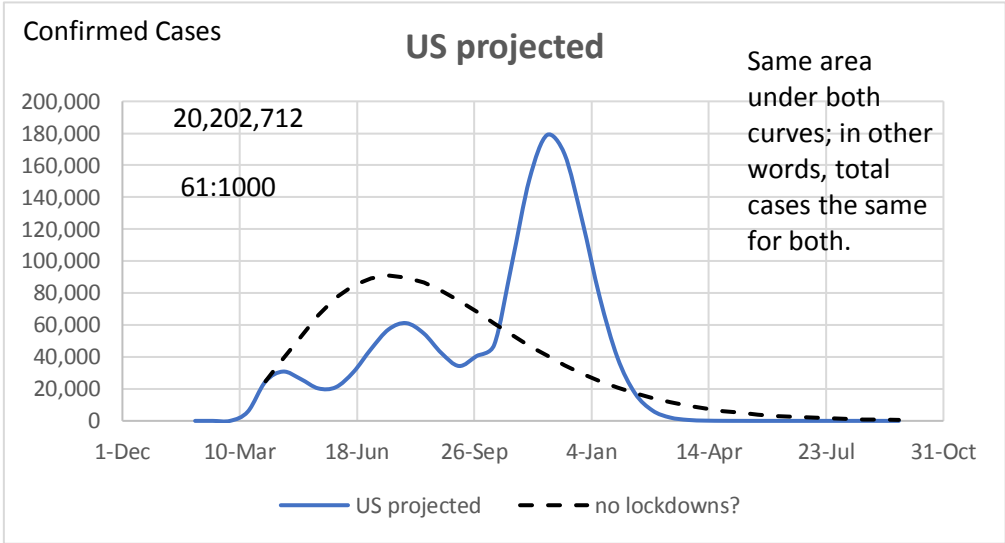
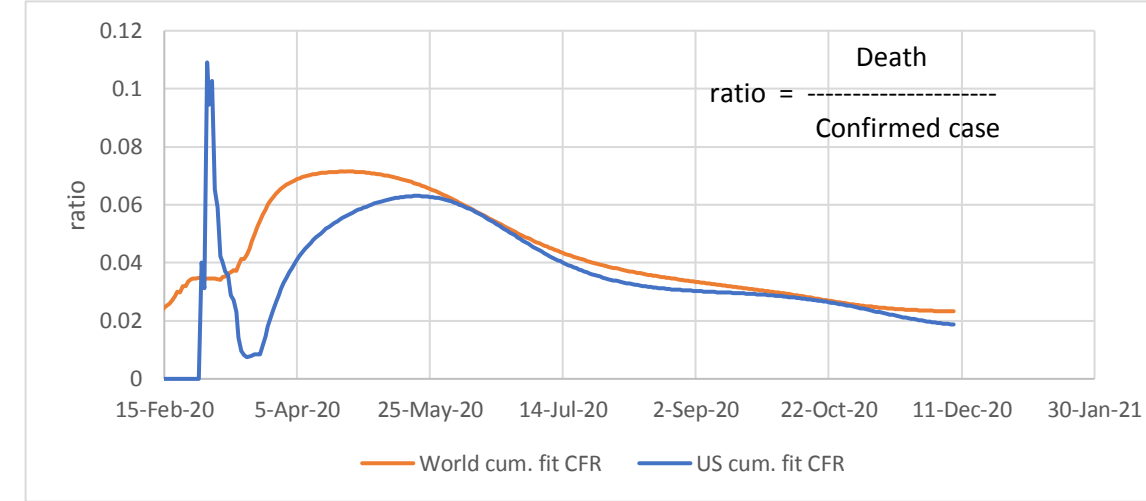
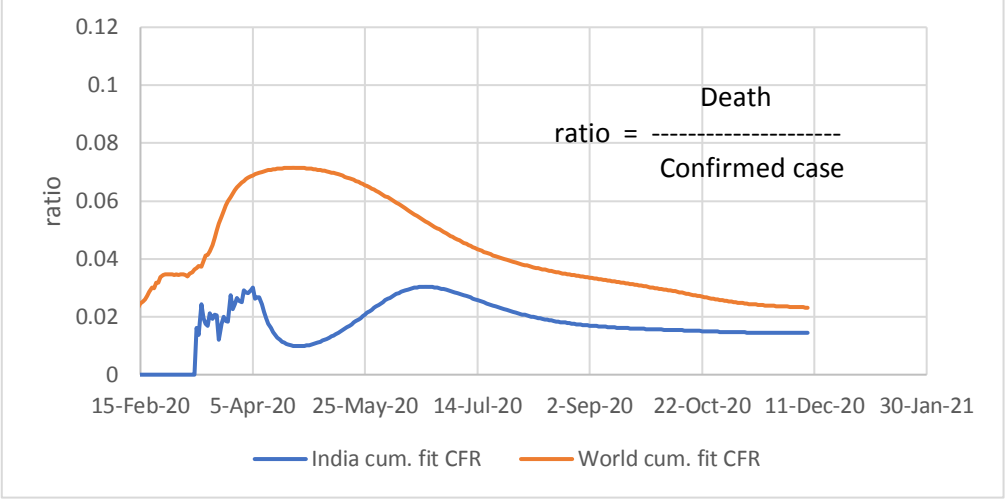
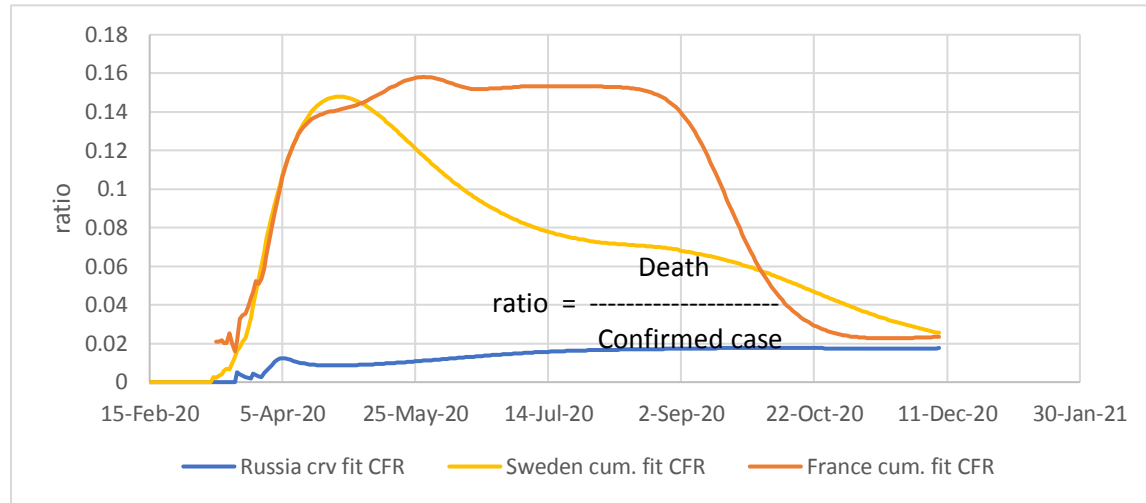
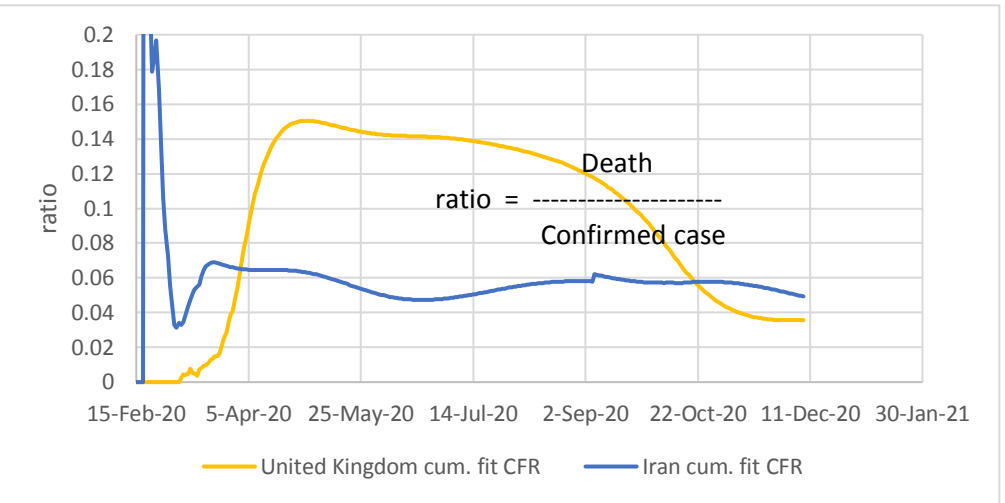
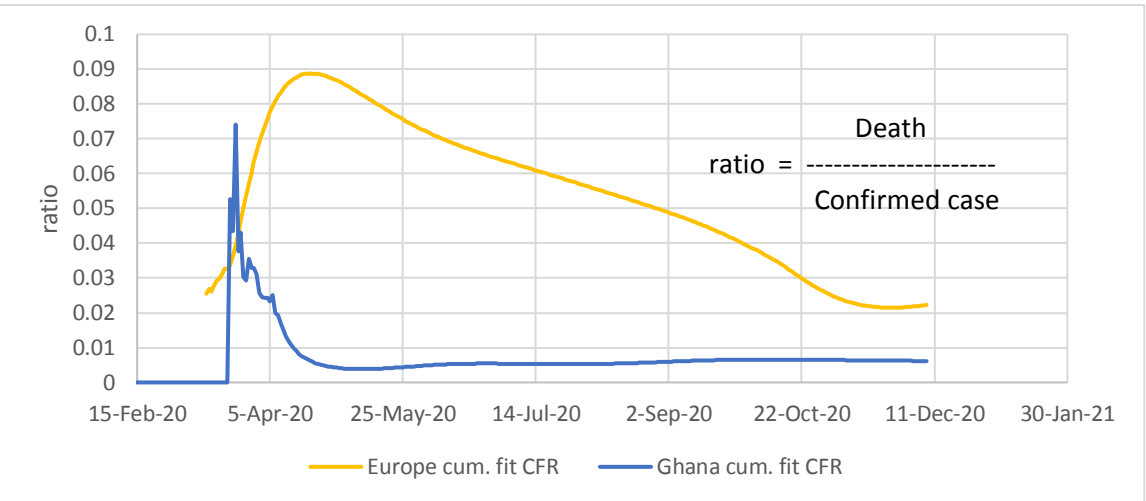
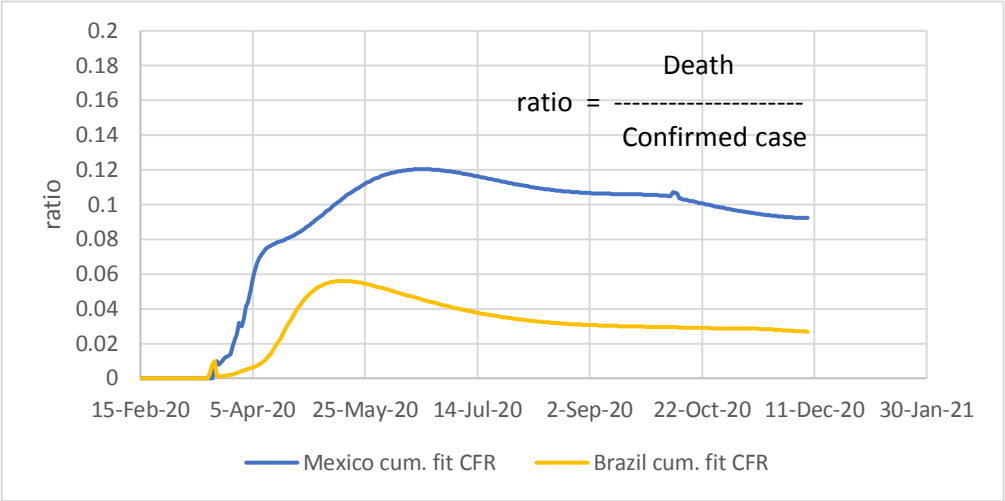
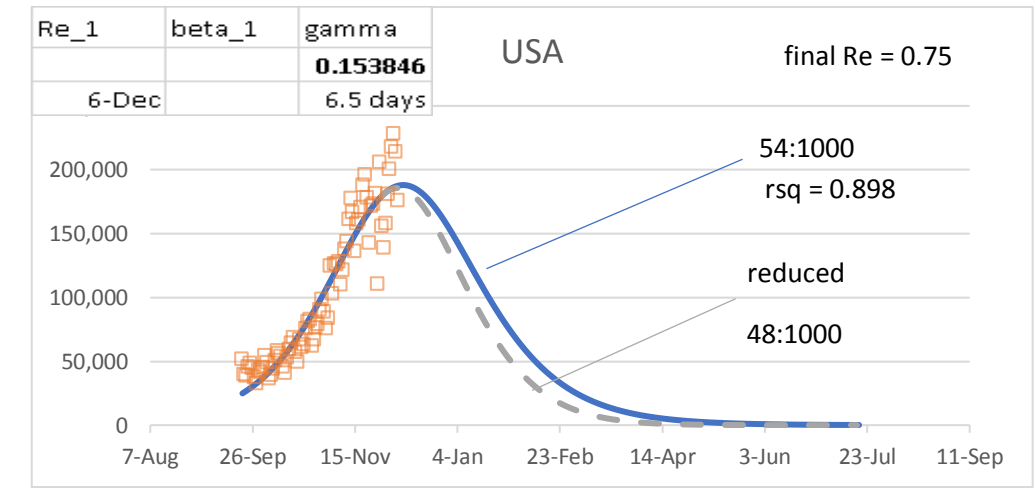


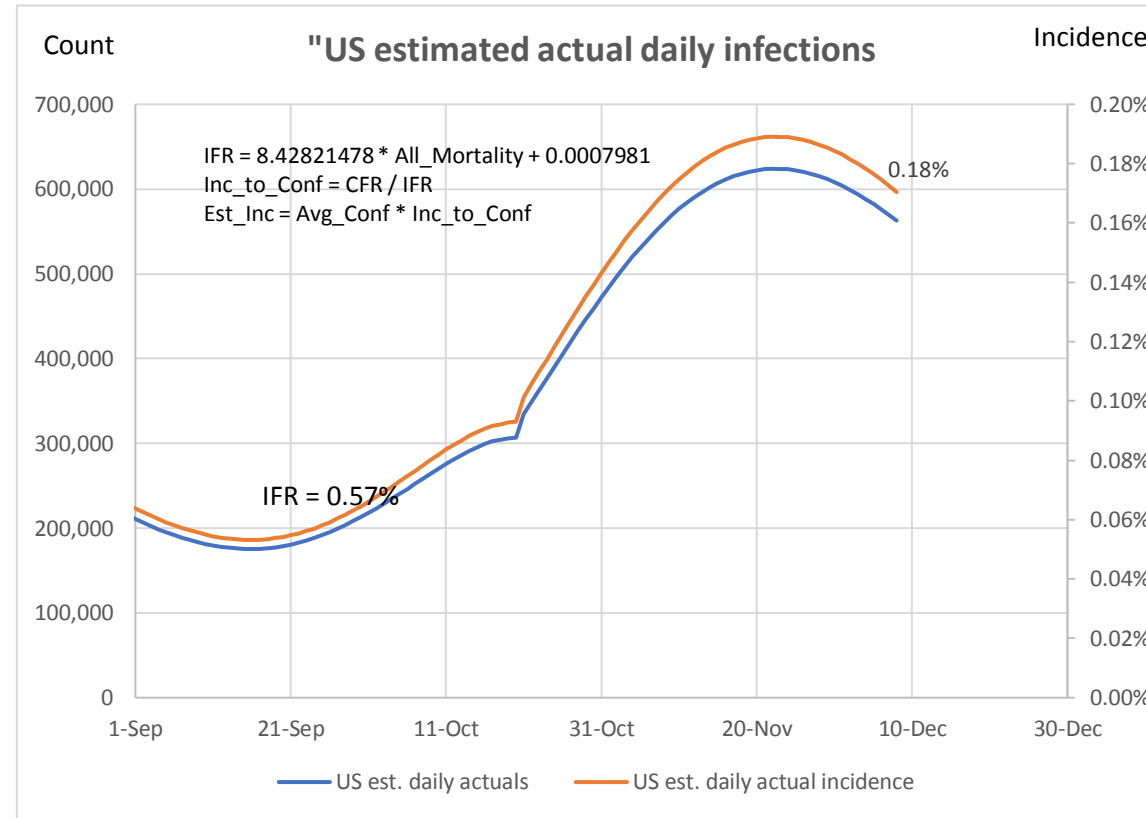
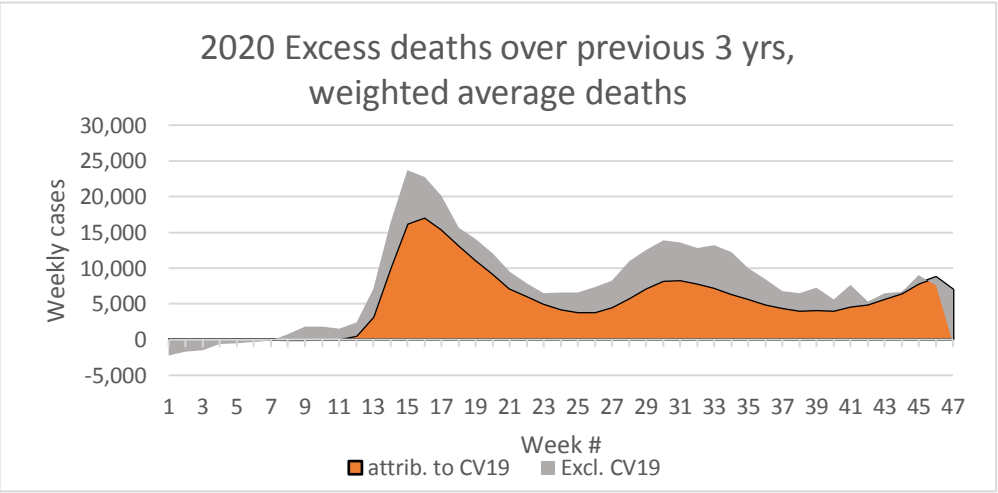
Experimental page : ratios of curve fit deaths to curve fit confirmed cases (CFR)



Demonstration of SIR model where R_e is linearly reduced to 0.75 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. 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 47 weeks			
	All Cause	All Cause, excl.	CV19
3 yr average before 2020	855:100,000	855:100,000	-
2020	976:100,000	891:100,000	-
Diff.	121:100,000	36:100,000	85:100,000
Diff.	+14.2%	+4.2%	+10.0%
3 yr average weighted			
859:100,000	30% of All-Cause excess deaths are non-CV19		

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

