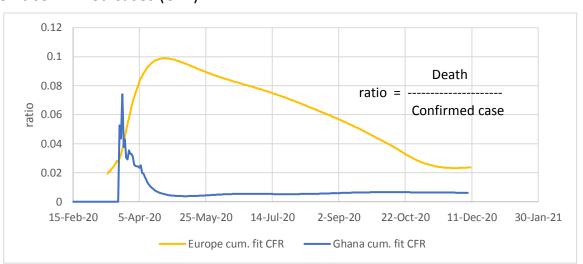
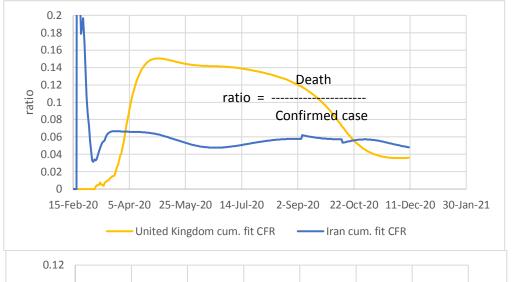
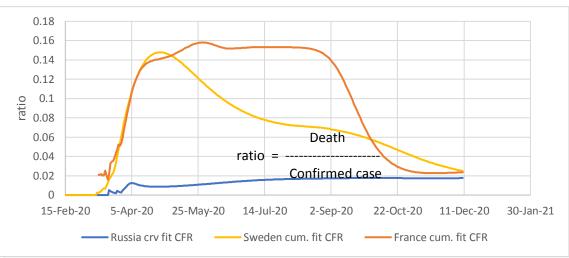
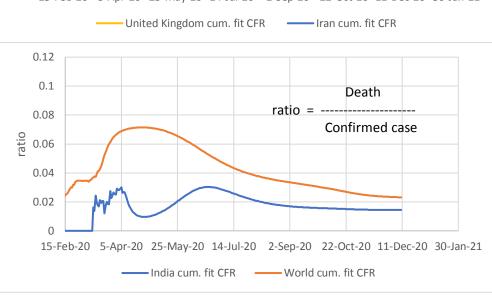
### Experimental page: ratios of curve fit deaths to curve fit confirmed cases (CFR)

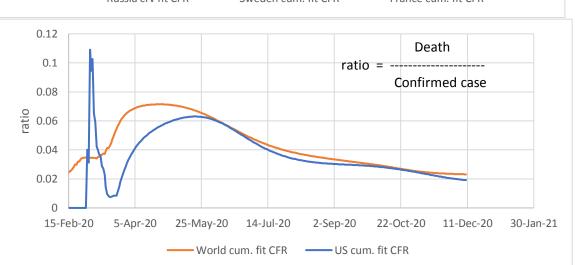


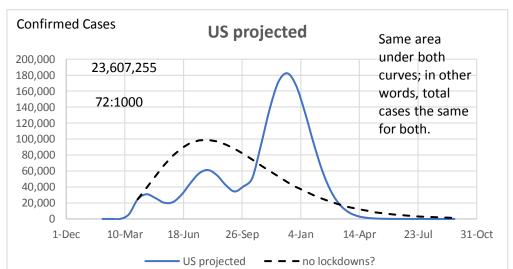


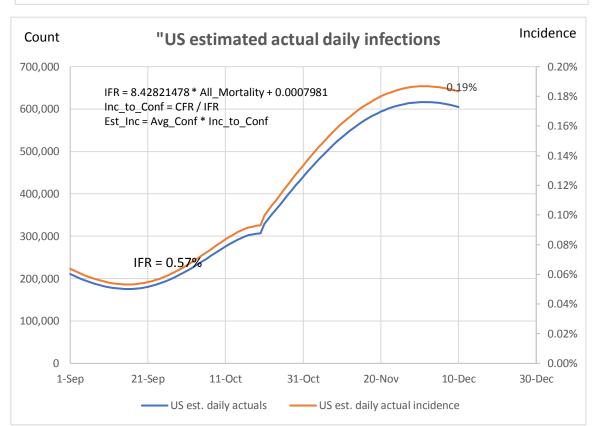






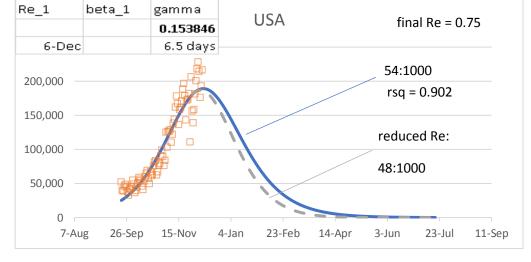






## Demonstration of SIR model where $R_{\,e}\,$ is linearly reduced to 0.75 at the end

of the sequence:

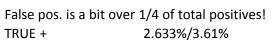


False Positives Demonstration

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 0.19% X 14 = 2.660%

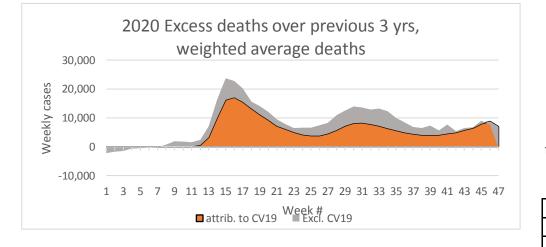
Positive	Negative		
test pos	2.633%	0.973%	3.61%
test neg	0.027%	96.367%	96.39%
2.660%	97.340%	100.00%	



TRUE + 2.633%/3.61% 73.0% FALSE + 0.973%/3.61% 27.0% 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.

# 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.



### **USA Excess Deaths (from CDC data):**

Annualized on 47 weeks

1 minumized on +7 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 $R_{\rm e}$ , gamma, and beta

