

COVID-19 ANALYSIS

Data Analytics

FINAL PROJECT

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Part One - Abstract and Introduction

Description

The main goal of my final project is to compare two sets of data: COVID19 up-to-date data within the United States and COVID19 up-to-date data in China. In the following part of my data analysis, I will use the mortality rate, confirmed case number, suspected case number to understand why the COVID19 mortality rate is different from different countries.

I will use my data model and the scholar paper abstraction to get a conclusion. The second goal of my analyses is to understand whether the testing rate has anything to do with America's geographic location. That being said, I want to understand whether the higher latitude has the higher testing rate, or vice versa.

For the first part of my analysis, since mid-march, COVID-19 has hit America hard. I wanted to use the latest COVID-19 data as an excel file and perform various analyses on the COVID data. Mainly, my main interest is to analyze the COVID-19 data points within the United States across different states. In my data analyses, I will perform basic reports such as the historical number of max death in the states and number of minimum deaths within each state; number of confirmed cases maximum; mean and minimum within each state; number of maximum; and minimum and average recovered people within each state.

Part Two - Data Description

According to the summary of the COVID data, the min confirmed case across the state is 0; the maximum confirmed case across the state is 295106 historically until 04/28/2020; the average confirmed case from January through April is 4575; and the mean for confirmed case is 17162. In terms of total number of deaths, the minimum number of deaths is 0; the maximum number of deaths within a day is 22912; the average number of deaths across the states is 192 and the mean number of deaths is 989. In terms of recovered rate, the minimum number of recovered cases within a day is 0; the average recovered cases historically is 1146; and the maximum recovered cases is 115936.

```
> summary(covid042820)
```

Province_State	Country_Region	Last_Update	Lat	Long_	Confirmed
Alabama	: 1	US:59	2020-04-29 02:32:33:59	Min. : -14.27	Min. : 0
Alaska	: 1		1st Qu.: 34.59	1st Qu.: -101.17	1st Qu.: 1248
American Samoa	: 1		Median : 39.06	Median : -87.94	Median : 4575
Arizona	: 1		Mean : 36.84	Mean : -85.21	Mean : 17162
Arkansas	: 1		3rd Qu.: 42.36	3rd Qu.: -76.97	3rd Qu.: 15464
California	: 1		Max. : 61.37	Max. : 145.67	Max. : 295106
(Other)	:53		NA's :3	NA's :3	

Deaths	Recovered	Active	FIPS	Incident_Rate	People_Tested
Min. : 0.0	Min. : 0	Min. : -115936	Min. : 1.00	Min. : 0.00	Min. : 3
1st Qu.: 44.0	1st Qu.: 466	1st Qu.: 1458	1st Qu.: 18.25	1st Qu.: 97.66	1st Qu.: 20921
Median : 192.0	Median : 1146	Median : 4520	Median : 32.50	Median : 150.71	Median : 59251
Mean : 989.1	Mean : 6898	Mean : 14453	Mean : 3288.09	Mean : 258.19	Mean : 103495
3rd Qu.: 761.0	3rd Qu.: 2260	3rd Qu.: 15227	3rd Qu.: 47.75	3rd Qu.: 252.84	3rd Qu.: 115240
Max. : 22912.0	Max. : 115936	Max. : 272194	Max. : 99999.00	Max. : 1750.23	Max. : 844994
	NA's :22	NA's :1	NA's :1	NA's :3	NA's :3

People_Hospitalized	Mortality_Rate	UID	IS03	Testing_Rate	Hospitalization_Rate
Min. : 56.0	Min. : 0.000	Min. : 16	ASM: 1	Min. : 5.392	Min. : 6.788
1st Qu.: 277.0	1st Qu.: 2.995	1st Qu.: 84000012	GUM: 1	1st Qu.: 1271.876	1st Qu.: 10.627
Median : 902.5	Median : 3.954	Median : 84000028	MNP: 1	Median : 1559.246	Median : 15.888
Mean : 3542.2	Mean : 4.249	Mean : 76885809	PRI: 1	Mean : 1902.382	Mean : 15.725
3rd Qu.: 2227.8	3rd Qu.: 5.143	3rd Qu.: 84000043	USA:54	3rd Qu.: 2401.672	3rd Qu.: 19.767
Max. : 64275.0	Max. : 14.286	Max. : 84099999	VIR: 1	Max. : 5446.019	Max. : 29.280
NA's :29	NA's :2			NA's :3	NA's :29

Data summary on the US data

In order to get precise table summaries, I listed *covid042820* command and R demonstrated a clear readable way of my COVID-19 latest data:

```
> covid042820
```

	Province_State	Country_Region	Last_Update	Lat	Long_	Confirmed	Deaths	Recovered
1	Alabama	US	2020-04-29 02:32:33	32.3182	-86.9023	6750	242	NA
2	Alaska	US	2020-04-29 02:32:33	61.3707	-152.4044	351	9	228
3	American Samoa	US	2020-04-29 02:32:33	-14.2710	-170.1320	0	0	NA
4	Arizona	US	2020-04-29 02:32:33	33.7298	-111.4312	6955	275	1450
5	Arkansas	US	2020-04-29 02:32:33	34.9697	-92.3731	3127	57	1146
6	California	US	2020-04-29 02:32:33	36.1162	-119.6816	46164	1864	NA
7	Colorado	US	2020-04-29 02:32:33	39.0598	-105.3111	14316	736	2275
8	Connecticut	US	2020-04-29 02:32:33	41.5978	-72.7554	26312	2087	NA
9	Delaware	US	2020-04-29 02:32:33	39.3185	-75.5071	4575	137	1096
10	Diamond Princess	US	2020-04-29 02:32:33	NA	NA	49	0	0
11	District of Columbia	US	2020-04-29 02:32:33	38.8974	-77.0268	3994	190	660
12	Florida	US	2020-04-29 02:32:33	27.7663	-81.6868	32848	1171	NA
13	Georgia	US	2020-04-29 02:32:33	33.0406	-83.6431	24922	1036	NA
14	Grand Princess	US	2020-04-29 02:32:33	NA	NA	103	3	0
15	Guam	US	2020-04-29 02:32:33	13.4443	144.7937	141	5	129
16	Hawaii	US	2020-04-29 02:32:33	21.0943	-157.4983	609	16	493
17	Idaho	US	2020-04-29 02:32:33	44.2405	-114.4788	1952	60	1039
18	Illinois	US	2020-04-29 02:32:33	40.3495	-88.9861	48102	2125	NA
19	Indiana	US	2020-04-29 02:32:33	39.8494	-86.2583	16588	901	NA

20	Iowa	US	2020-04-29 02:32:33	42.0115	-93.2105	6376	136	2164
21	Kansas	US	2020-04-29 02:32:33	38.5266	-96.7265	3652	127	NA
22	Kentucky	US	2020-04-29 02:32:33	37.6681	-84.6701	4375	225	1521
23	Louisiana	US	2020-04-29 02:32:33	31.1695	-91.8678	27286	1801	17303
24	Maine	US	2020-04-29 02:32:33	44.6939	-69.3819	1040	51	585
25	Maryland	US	2020-04-29 02:32:33	39.0639	-76.8021	20113	1016	1295
26	Massachusetts	US	2020-04-29 02:32:33	42.2302	-71.5301	58302	3153	NA
27	Michigan	US	2020-04-29 02:32:33	43.3266	-84.5361	39262	3568	8342
28	Minnesota	US	2020-04-29 02:32:33	45.6945	-93.9002	4181	301	1912
29	Mississippi	US	2020-04-29 02:32:33	32.7416	-89.6787	6342	239	NA
30	Missouri	US	2020-04-29 02:32:33	38.4561	-92.2884	7450	330	NA
31	Montana	US	2020-04-29 02:32:33	46.9219	-110.4544	451	15	356
32	Nebraska	US	2020-04-29 02:32:33	41.1254	-98.2681	3517	56	NA
33	Nevada	US	2020-04-29 02:32:33	38.3135	-117.0554	4821	219	NA
34	New Hampshire	US	2020-04-29 02:32:33	43.4525	-71.5639	2010	60	798
35	New Jersey	US	2020-04-29 02:32:33	40.2989	-74.5210	113856	6442	15642
36	New Mexico	US	2020-04-29 02:32:33	34.8405	-106.2485	2974	105	666
37	New York	US	2020-04-29 02:32:33	42.1657	-74.9481	295106	27917	51630
38	North Carolina	US	2020-04-29 02:32:33	35.6301	-79.8064	9755	363	NA
39	North Dakota	US	2020-04-29 02:32:33	47.5289	-99.7840	991	19	409
40	Northern Mariana Islands	US	2020-04-29 02:32:33	15.0979	145.6739	14	2	12
41	Ohio	US	2020-04-29 02:32:33	40.3888	-82.7649	16769	799	NA
42	Oklahoma	US	2020-04-29 02:32:33	35.5653	-96.9289	3410	207	2260
43	Oregon	US	2020-04-29 02:32:33	44.5720	-122.0709	2385	99	NA
44	Pennsylvania	US	2020-04-29 02:32:33	40.5908	-77.2098	45137	2046	NA
45	Puerto Rico	US	2020-04-29 02:32:33	18.2208	-66.5901	1400	86	NA
46	Rhode Island	US	2020-04-29 02:32:33	41.6809	-71.5118	7927	239	466
47	South Carolina	US	2020-04-29 02:32:33	33.8569	-80.9450	5735	192	2830
48	South Dakota	US	2020-04-29 02:32:33	44.2998	-99.4388	2313	11	1392
49	Tennessee	US	2020-04-29 02:32:33	35.7478	-86.6923	10052	188	4921
50	Texas	US	2020-04-29 02:32:33	31.0545	-97.5635	26357	719	11786
51	Utah	US	2020-04-29 02:32:33	40.1500	-111.8624	4345	41	1704
52	Vermont	US	2020-04-29 02:32:33	44.0459	-72.7107	862	47	NA
53	Virgin Islands	US	2020-04-29 02:32:33	18.3358	-64.8963	57	4	51
54	Virginia	US	2020-04-29 02:32:33	37.7693	-78.1700	14339	492	1914
55	Washington	US	2020-04-29 02:32:33	47.4009	-121.4905	13842	786	NA

```
> summary(covidata)
      provinceName provinceShortName      cityName confirmedCount suspectedCount
Chongqing      : 41 Chongqing: 41      境外输入      : 19 Min.      : 0.00 Min.      : 0.000
Guangdong Province: 22 Guangdong: 22      Luzhou      : 6 1st Qu.: 7.00 1st Qu.: 0.000
Sichuan Province : 22 Sichuan : 22      Area to be identified: 3 Median : 18.00 Median : 0.000
Henan Province   : 20 Henan : 20      Fuzhou      : 2 Mean : 349.84 Mean : 3.226
Beijing          : 19 Beijing : 19      Suzhou      : 2 3rd Qu.: 52.75 3rd Qu.: 0.000
Shanghai         : 19 Shanghai : 19      (Other)     : 412 Max. : 68128.00 Max. : 384.000
(Other)          : 335 (Other) : 335      NA's       : 34
curedCount      deadCount
Min.      : 0.0 Min.      : 0.00
1st Qu.: 6.0 1st Qu.: 0.00
Median : 16.0 Median : 0.00
Mean : 326.9 Mean : 19.41
3rd Qu.: 48.0 3rd Qu.: 0.00
Max. : 63616.0 Max. : 4512.00
```

Above is the summary on the China data

In addition to the U.S. data, I also obtained a China data set. I performed the summary of my China dataset. Up till April 28th, the total death toll is 9276 people. Total confirmed case is: 167223 people. Total cured case is: 156270.

One important question I want to estimate is to calculate the mortality rate within the United States. I used the linear model to predict the mortality rate based on the number of deaths, number of recovered people and number of people who are still being hospitalized together and ran my linear regression model.

My summary of the mortality rate within the United State is 0.2; meaning if there are 100 people who are tested for COVID-19, there will be around 2 people to encounter death within the United States.

```
Call:
lm(formula = data$Mortality_Rate ~ data$Deaths + data$Recovered +
    data$People_Hospitalized)

Residuals:
    Min       1Q   Median       3Q      Max
-2.6200 -0.8327  0.2027  0.9321  2.0522

Coefficients:
              Estimate Std. Error t value Pr(>|t|)
(Intercept)    2.3378824   0.5558322   4.206  0.00103 **
data$Deaths     0.0213010   0.0085718   2.485  0.02735 *
data$Recovered  -0.0003597   0.0003585  -1.003  0.33400
data$People_Hospitalized -0.0022215   0.0023340  -0.952  0.35857
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 1.347 on 13 degrees of freedom
Multiple R-squared:  0.5417,    Adjusted R-squared:  0.4359
F-statistic: 5.121 on 3 and 13 DF,  p-value: 0.01479
```

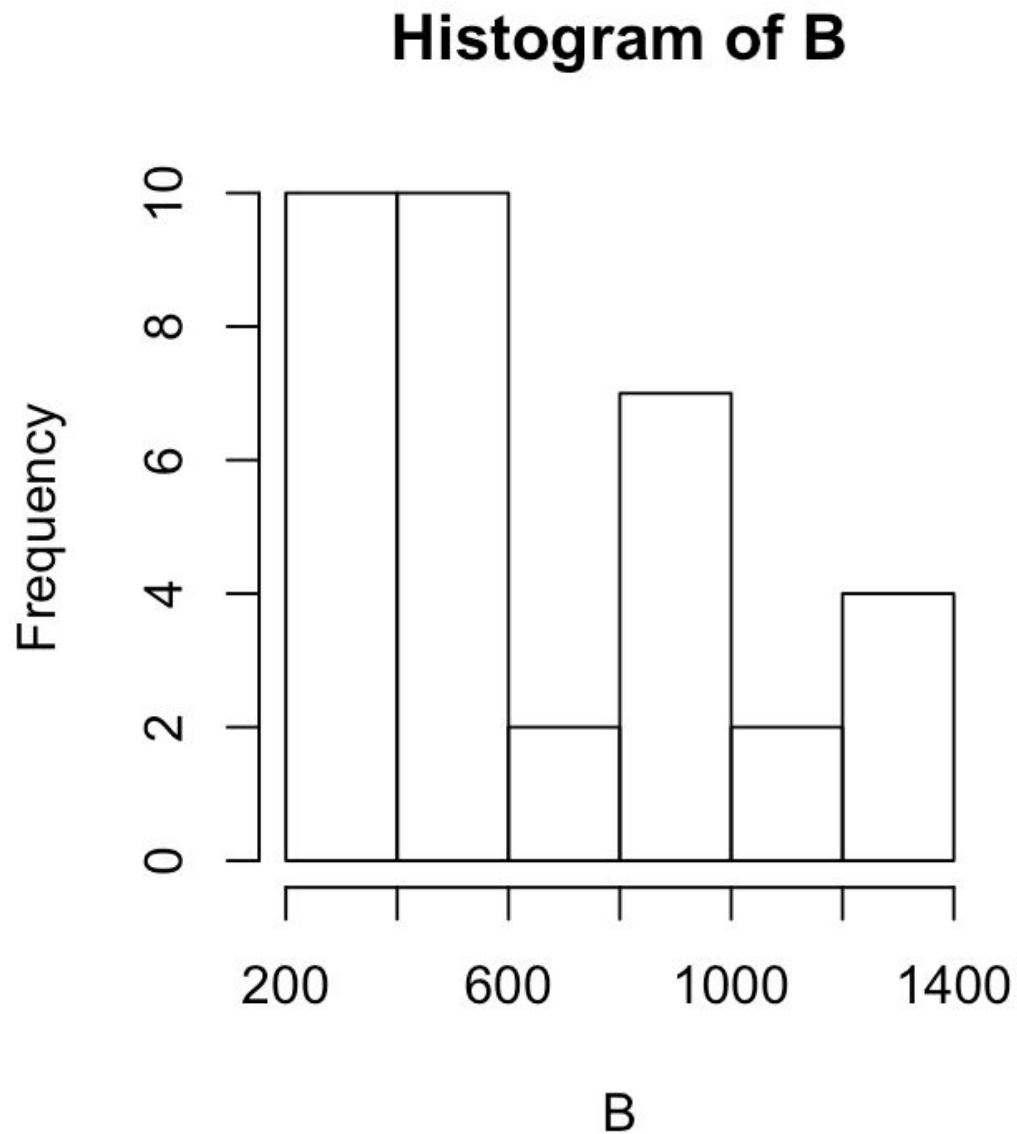
However, the mortality rate in China is only 0.011. My data shows me that for the same amount of people who have gotten COVID-19; people in the U.S are more likely to face death compared with the number in China.

I further analyze the COVID-19 data with a decision tree model. Decision tree is a supervised model for continuous input and output models. I want to use a decision tree to give me a visual analysis to see whether the testing rate within the United States has anything to do with America's geographic location.

Part Three: Data Analysis, Model Development and Application of model(s)

I performed some basic analyses on the covid 19 data in the United States up to Apr 28th. For the smoothing and cleaning process, I got rid of useless values from the data rows. I performed linear regression on both U.S data and on the Chinese data.

Below is the Chinese dataset on a histogram on confirmed cases cumulatively in a day:



Below is the summary of the linear regression mortality rate for the Chinese data. I realized after reading my summary that my variable's coefficients are very small. So my assumption is that a linear regression model might not be the best model to analyze the predicted mortality rate using my variables. Another suspicion that I have is that the linear regression model probably needs more variables than my current variables such as confirmed cases and suspected cases.

```
> summary(lmMortalityRate)
```

Call:

```
lm(formula = data$Morality ~ data$Confirmed + data$Suspected +  
    data$Current)
```

Residuals:

Min	1Q	Median	3Q	Max
-0.01648	-0.01105	-0.01103	-0.01093	0.32231

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)
(Intercept)	1.102e-02	1.678e-03	6.570	1.35e-10 ***
data\$Confirmed	-5.241e-06	5.422e-05	-0.097	0.923
data\$Suspected	-1.020e-06	7.495e-05	-0.014	0.989
data\$Current	6.740e-06	5.829e-05	0.116	0.908

Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 0.03588 on 465 degrees of freedom

Multiple R-squared: 0.01252, Adjusted R-squared: 0.006148

F-statistic: 1.965 on 3 and 465 DF, p-value: 0.1184

Linear regression model on China data.

For the Chinese data, my linear regression result showed below:


```
> na.omit(data)
```

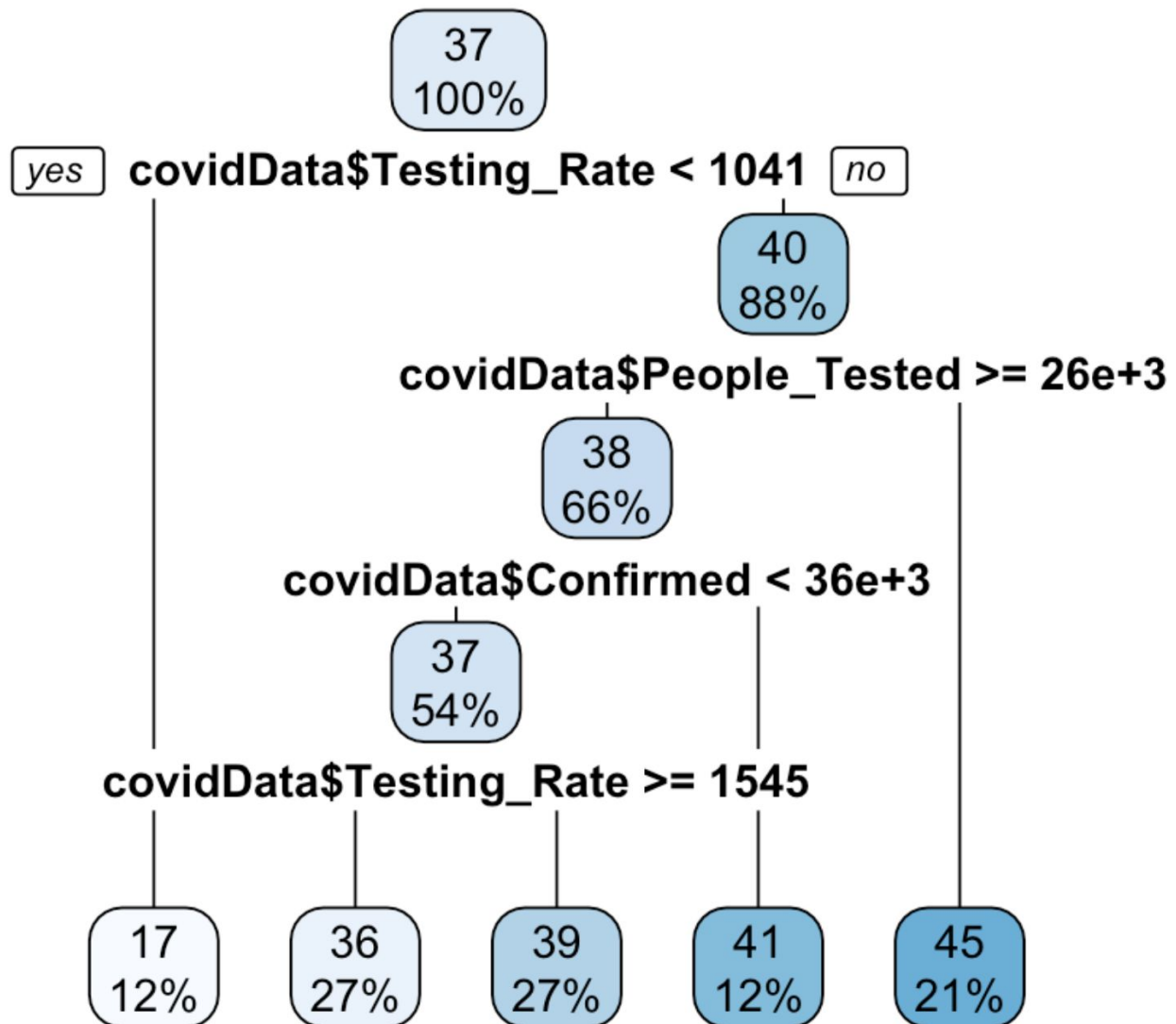
	Confirmed	Suspected	Current	Mortality
1	939	384	586	0.0138445154
2	386	34	116	0.0000000000
3	263	8	195	0.0152091255
4	20	0	15	0.0000000000
5	27	0	25	0.0370370370
6	52	0	49	0.0576923077
7	47	0	43	0.0851063830
8	46	0	46	0.0000000000
9	43	0	42	0.0232558140
10	17	0	17	0.0000000000
11	15	0	15	0.0000000000
12	14	0	14	0.0000000000
13	5	0	5	0.0000000000
14	3	0	3	0.0000000000
15	1	0	1	0.0000000000
16	1037	47	811	0.0038572806
18	644	300	584	0.0108695652

My two different datasets showed me that the mortality rate is different in between the United States and China. I consulted different sources for clear clarification. For example, Johns Hopkins analysis. The analysis showed that there are different ways to measure the COVID-19 mortality rate. Different countries throughout the world have reported very different mortality ratios are likely due to a variety of reasons. Such reasons are different in the number of people tested, so for example, with more testing numbers, we could get a clearer picture on the population who are identified as COVID-19 carriers. With more testing, it also enables doctors to get more accurate data. Second reason is the demographic reason. Mortality rate is also related to the population of citizens who are elderly. Thus, we should consider people's average age within the country before doing the analysis. Third, it is important to understand the health care system

in different countries. It is apparent that the better the health care system the country is, the lower mortality rate it should be. Thus, these factors are absolutely important to consider outside the mortality rate.

Second, different countries have different measurements toward the COVID-19 data. For example, within the United States, the country takes patients with pre-existing conditions as COVID-19 infected data. However, in China, if a patient has any pre-existing conditions, the patient does not count as COVID-19 patient.

The second model I used is the decision tree model. I want to understand whether the high latitude has anything to do with the testing rate. My decision tree graph demonstrated that the higher latitude is, the higher the testing rate is. For example, for latitude of around 40; the people who are tested is 88%; however, for latitude of around 38, only 66% of people who have been tested; for latitude of around 37, only 54% people who have tested.



In terms of the geographical differences for the COVID-19 mortality rate, there are also a number of different reasons. For example, we will find there are a range of states from Kentucky to Kansas are on the latitude of 38 lines. Thus, NY state, the state of Massachusetts are on the north of latitude 38; while California for example is on the latitude of 36. There are also a number of reasons for the mortality rate in terms of the latitude. For example, doing our analysis, NY state is more of a population dense state. Thus, since COVID-19 is an airborne disease, the number of people who are infected from COVID-19 might be higher than lower population dense states such as Utah.

Park IV: Conclusions and Discussion

My data told me two important things with COVID-19 in between the United States and China. First, the mortality rate of COVID-19 in China is 50% lower than the mortality rate within the United States. Second, within the United States, places with a higher latitude have a higher percentage to get tested.

With regards to the mortality rate differences in between the United States and China, there are a number of different reasons. Such reasons include the health care system, differences in terms of the COVID-19 measurements and differences in counting the COVID-19 data.

With regards to the mortality rate in relation with the latitude, there are also a number of different reasons to be considered. People need to count on the number of population density states and different health care facilities across different states . These factors are extremely important in terms of analyzing the mortality in our future analysis.