

# Analysis of COVID Data

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May 24, 2020

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## Introduction

On December 31st 2019 a report regarding a case of a noteworthy viral pneumonia was reported in Wuhan, China, this was later found to be a result of a new strain of virus named *Sars-CoV2*, the diseased caused by such an infection, usually resulting in viral pneumonia, is known as *Corona Virus Disease 2019 (COVID-19)*. The outbreak of this disease was declared a Public Health Emergency of International Concern on the 30th January 2020. [25]

A data set detailing the location, deaths, tests and cases related to the *COVID-19* pandemic has been made available through the website *Our World in Data* [14], documented in this report is a visual analysis performed entirely using the *Free Software*<sup>1</sup> *R* [19] primarily with the *ggplot2* package [21] (see listing ?? in the appendix).

## Chloropleth Map

A Chloropleth map of the number of deaths can offer an insight into the impact that the disease has had with respect to individual countries.

The Total deaths should be scaled relative to the population of the country, that way countries with a smaller and sparser population will still be represented by the visualisation (this is quite important given that many countries such as Italy have a small population compared to the US and much of Asia [6]).

A worldwide Chloropleth map visualising the total number of deaths attributed to *COVID-19* is shown in figure ?? and a Europe-centric visualisation is shown in figure ??.

## Technical Details

### Preliminary

1. Load Packages and Data

---

<sup>1</sup>Free as in Speech and beer

Before any analysis can be undertaken it is necessary to load the necessary libraries within **R**, this can be simplified by using a package manager as shown in listing ??.

```
1  if (require("pacman")) {  
2    library(pacman)  
3  }else{  
4    install.packages("pacman")  
5    library(pacman)  
6  }  
7  pacman::p_load(xts, sp, gstat, ggplot2, rmarkdown, reshape2, ggmap,  
8                parallel, dplyr, plotly, tidyverse, reticulate,  
9                ↪ UsingR, Rmpfr,  
10               swirl, corrplot, gridExtra, mise, latex2exp,  
11               ↪ tidyverse, xts, maptools, plyr, ggplot2, maps,  
12               ↪ viridis)  
13  mise()
```

Listing 1: Load the necessary libraries for analysis.

## 2. Load the Data

Next the data set must be loaded into **R**, this is shown in listing ??.

```
1  covid <- read.csv("/home/ryan/Notes/DataSci/Visual_Analytics/Assessment_1  
2  ↪ 2/owid-covid-data.csv")
```

Listing 2: Load the data into R

## Worldwide Map

In order to produce a choropleth map the data must be aggregated in order to retrieve the total number of deaths, this can be achieved by taking the maximum of the total deaths across countries (the total number of death rates will be a strictly positive and monotone trend, otherwise the outbreak would be an entirely different type of pandemic!), this can be performed by using the aggregate function as demonstrated in listing ??.

It is next necessary to rename location to region so map data will be consistent with the provided data set, this is shown in listing ??.

For a broad overview of the data, small regions such as San Marino and Belgium will not be visible and will skew the colour palette, so instead they should be removed and instead a separate plot of Europe will be created as shown in figure ??, this removal is performed in listing ??.

Next it is necessary to retrieve map data, this can be done using the map\_data function, this data may then be combined by region with the provided data set using the left\_join function, this is shown in listing ??.

```

1 fatalprop <- aggregate(total_deaths_per_million ~ location, covid, max)
2 ## Order the Values in Descending Order
3 fatalprop <- fatalprop[order(-fatalprop$total_deaths_per_million),]
4 ## Rename USA
5 covid$location[covid$location=="United States"] <- "USA"

```

Listing 3: Use Aggregate to aggregate total number of deaths

```

1 ## Rename to facilitate joining with map
2 names(fatalprop) <- c("region", "total_deaths_per_million")

```

Listing 4: Rename Features for consistency

```

1 ## San Marino will be shown by italy and this skews the results
2 ## Belgium and San Marino are very hard to visualise from above
3 ## They skew the results and so will be removed.
4 fatalprops <- fatalprop %>% filter(region!="San Marino")
5 fatalprops <- fatalprop %>% filter(region!="Belgium")

```

Listing 5: Filter out small dense regions to prevent scale issues

```

1 ## Retrieve the map data
2 some_maps <- map_data("world", region = fatalprops$location)
3
4 ## Join the Data Frames Together
5 fatalmap <- left_join(fatalprops, some_maps, by = "region")

```

Listing 6: Combine Map Data with Provided Data

Finally this data frame can be plotted by using `ggplot2` and the `geom_map` layer, modifying the theme layer will allow for a natural background to be implemented, this is demonstrated in listing ?? and the output is provided in figure ??.

```

1 wmp <- ggplot(fatalmap, aes(map_id = region)) +
2   geom_map(map = fatalmap, color = "grey", aes(fill =
   ↪ total_deaths_per_million), lwd = 0.1, alpha = 0.6)+
3   expand_limits(x = fatalmap$long, y = fatalmap$lat)+
4   scale_fill_gradient(high = "darkred", low = "white") +
5   guides(fill = guide_legend("Total Deaths \n per Million")) +
6   # Change the colors of background
7   # and the color of grid lines to white
8   theme(
9     panel.background = element_rect(fill = "lightblue",
10                                     colour = "lightblue",
11                                     size = 0.5, linetype = "solid"),
12     legend.position = c(0.6, 0.1),
13     legend.direction = "horizontal",
14     legend.background = element_rect(fill = "white", size = 0.1,
   ↪ colour = "darkblue", linetype = "solid")) +
15   labs(x = "Longitude", y = "Latitude", title = TeX("Total Deaths
   ↪ Attributed to \\textit{COVID-19}"))
16 #   geom_text(data = region_lab_df, aes(y = lat, x = long, label =
   ↪ region), size = 1)
17 wmp

```

Listing 7: use `ggplot2` to create a choropleth map from data, output in figure ??

A bubble overlay may also be implemented in order make clearer the spread of cases (see section ?? for a brief literature review), it is necessary however to adjust the *USA* location to represent the mainland population centre in order make the visualisation more effective. This is demonstrated in listing ?? and shown in figure ??

## Europe Centric

The choropleth map clearly shows that the disease has caused significantly more fatalities per capita in Europe and so the plot will be adjusted central to Europe.

As before it is necessary to rename the features of the dataset, however in this instance small European countries such as Belgium should be retained (San marino is a very small italian provide that isn't detectable in the visualisation and skews the pallette, for this reason it will be removed), this is demonstrated in listing ??

In this map it will be desirable to have labels for the European countries (whereas this would have made the worldwide map too busy), so this will be implemented by using `dyplr` to generate a second data set as shown in listing ?? which can then be used to generate a plot with the `ggrepel` add on as shown in listing ??, this produces the output shown in figure ??, bubbles were also implemented in order to help visualise the number of relative cases.

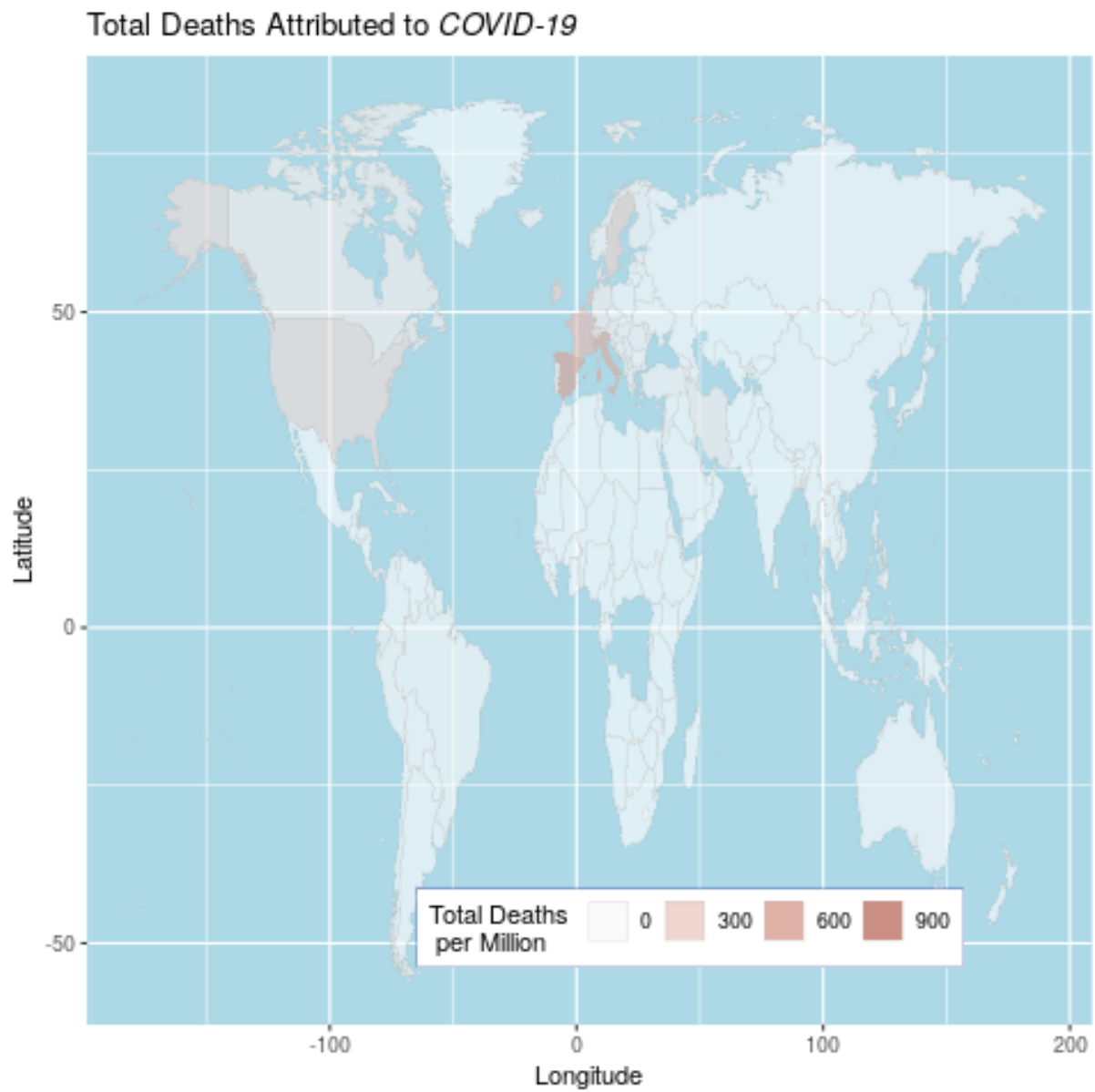


Figure 1: Choropleth map of total deaths attributed to *COVID-19* (per Million people)

```

1  # Compute the centroid as the mean longitude and latitude
2  # Used as label coordinate for country's names
3  region_lab_df <- some.eu.maps %>%
4    group_by(region) %>%
5    summarise(long = mean(long), lat = mean(lat)) %>%
6    full_join(aggregate(total_deaths_per_million ~ region, fatalmap,
7      ↪ mean))
7  # Manually Adjust US to be population Centre
8  region_lab_df[region_lab_df$region == "USA",]$long <- -92.47
9  region_lab_df[region_lab_df$region == "USA",]$lat <- 37.37
10
11
12  wmp +
13    scale_size_continuous(range = c(1, 9), name = "Total Number \n of
14      ↪ Deaths") +
15    guides(size = FALSE) +
16    geom_point(data = region_lab_df, aes(y = lat, x = long, size =
17      ↪ total_deaths_per_million), alpha = 0.5, col = "purple")

```

Listing 8: use ggplot2 to create a chloropleth map from data, output in figure ??

```

1  ## Rename to facilitate joining with map
2  names(fatalprop) <- c("region", "total_deaths_per_million")
3
4  ## San Marino will be shown by italy
5  fatalprop <- fatalprop %>% filter(region!="San Marino")

```

Listing 9: Rename the features of the data and remove San Marino

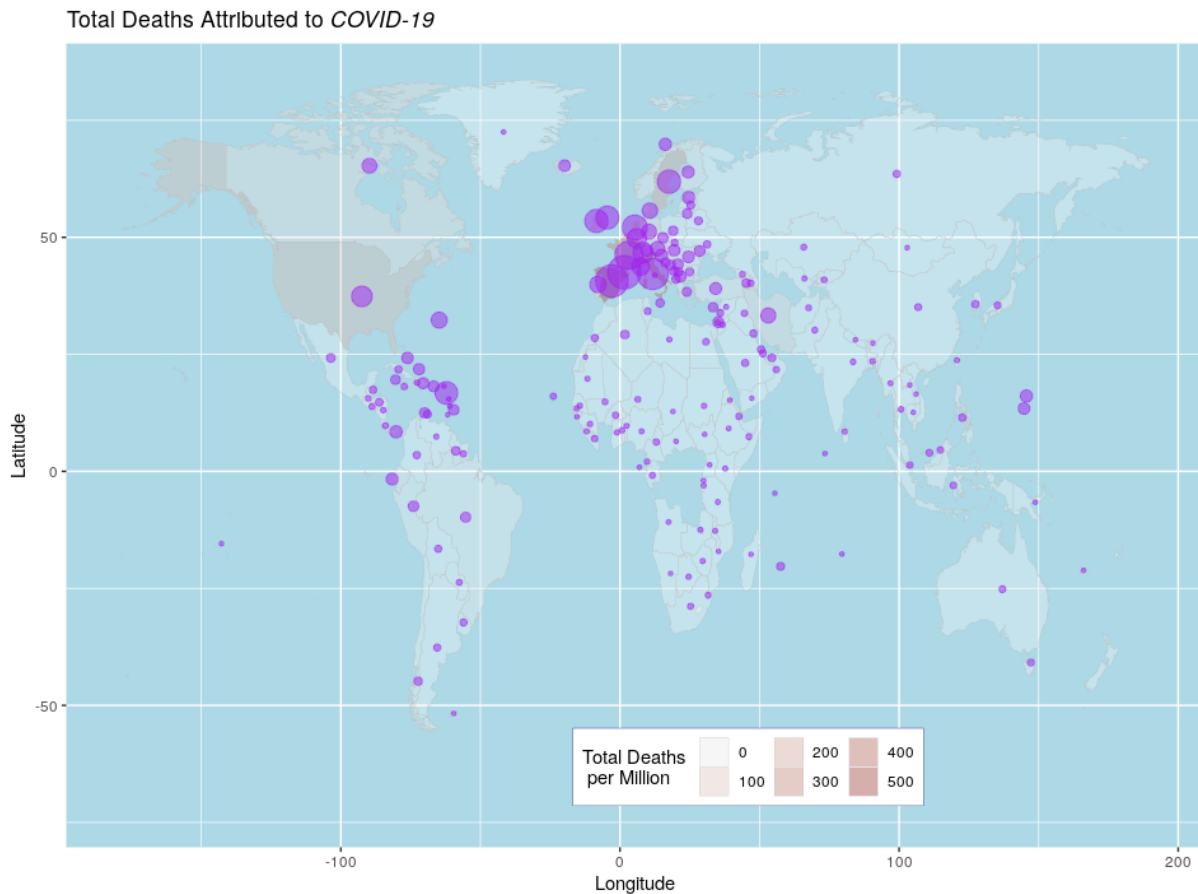


Figure 2: Chloropleth map with bubble overlay to aid in case visualisation

```

1 fatalmap <- left_join(fatalprop, some.eu.maps, by = "region")
2
3 ## Filter out only Europe
4 fatalmap <- fatalmap %>%
5   filter(30 < lat & lat < 65) %>%
6   filter(-30 < long & long < 35)
7
8 ## Create Label Data Frame
9 region_lab_df <- fatalmap %>%
10  dplyr::group_by(region) %>%
11  dplyr::summarise(long = mean(long), lat = mean(lat)) %>%
12  full_join(aggregate(total_deaths_per_million ~ region, fatalmap,
    ↪ mean))

```

Listing 10: use dplyr to reduce the plot size and create a data frame of country labels



```

1 library(ggrepel)
2 ggplot(fatalmap, aes(map_id = region, label = region)) +
3   geom_map(map = fatalmap,
4     aes(fill = total_deaths_per_million),
5     color = "white") +
6   geom_point(data = region_lab_df, aes(y = lat, x = long, size =
7     ↪ total_deaths_per_million), alpha = 0.45, colour = "blue", stroke
8     ↪ = 1, fill = "white", shape = 21) + scale_size_continuous(range =
9     ↪ c(1, 25), name = "Total Number \n of Deaths") +
10  guides(size = FALSE) +
11  expand_limits(x = fatalmap$long, y = fatalmap$lat) +
12  scale_fill_viridis_c(option = "C") +
13  scale_fill_gradient(high = "darkred", low = "white") +
14  guides(fill = guide_legend("Total Deaths \n per Million")) +
15  # Change the colors of plot panel background to lightblue
16  # and the color of grid lines to white
17  theme(
18    panel.background = element_rect(
19      fill = "lightblue",
20      colour = "lightblue",
21      size = 0.5,
22      linetype = "solid"
23    ),
24    legend.position = c(0.1, 0.6),
25    legend.direction = "vertical",
26    legend.background = element_rect(
27      fill = "white",
28      size =
29        1.1,
30        colour = "darkblue",
31        linetype = "solid"
32      )
33  ) +
34  labs(
35    x = "Longitude",
36    y = "Latitude",
37    title = TeX("Total Deaths Attributed to \\textit{COVID-19}")
38  ) +
39  geom_text_repel(
40    data = region_lab_df,
41    aes(y = lat, x = long, label = region),
42    size = 2,
43    col = "black",
44    nudge_y = 0.7,
45    nudge_x = -0.5,
46    min.segment.length = 0.6,
47    force = 2
48  )

```

Total Deaths Attributed to *COVID-19*

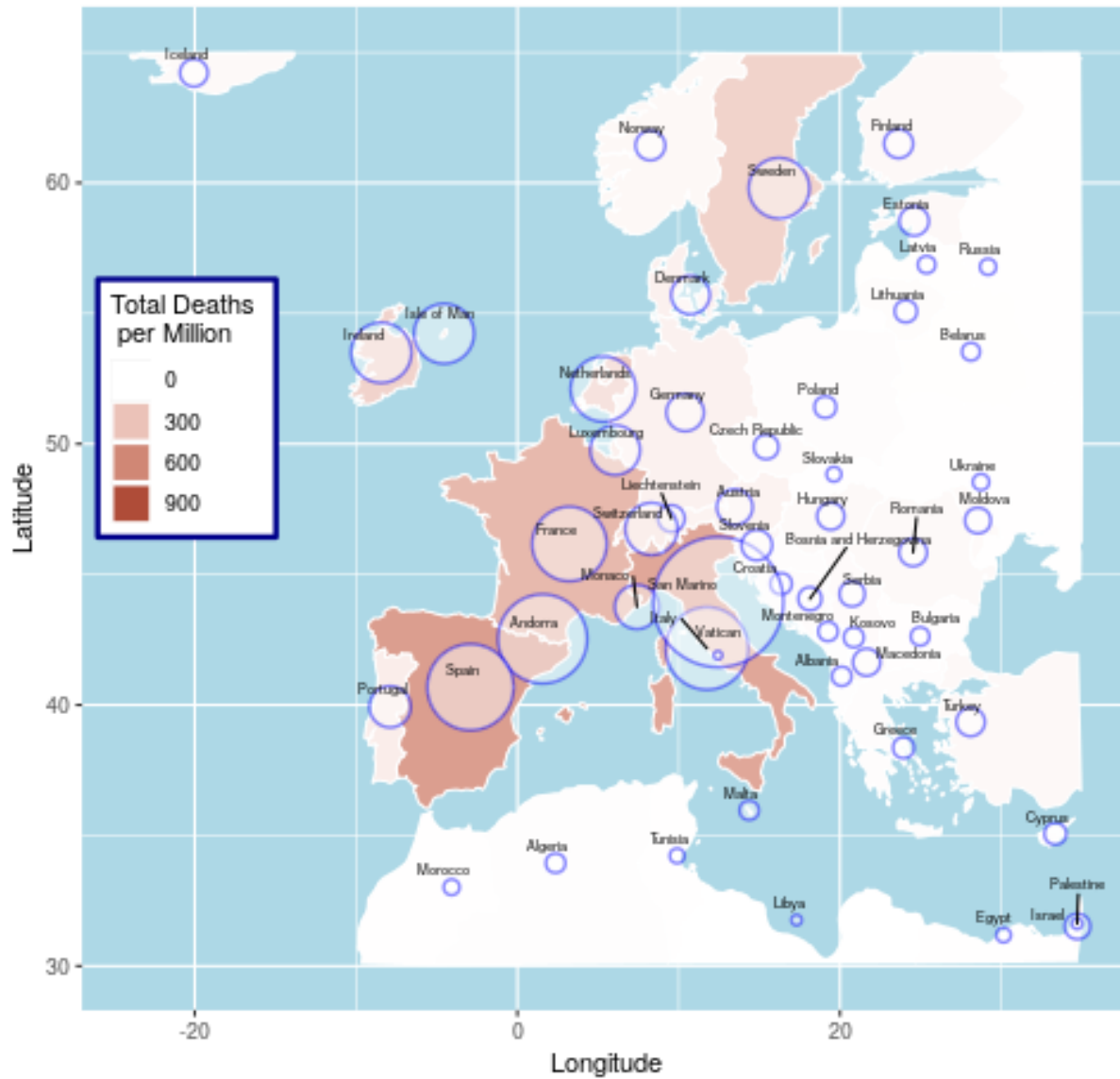


Figure 3: Europe Centred Chloropleth of Deaths Attributed to *COVID-19*

## Discussion

### Worldwide

The first plot appears to show a very limited amount of difference in deaths attributable to *COVID-19* across regions other than North America and Europe.

While first-world countries such as New Zealand and Australia are somewhat insulated from the disease by virtue of geography and population density, it's striking that much of Asia and Russia have such low levels of disease incidence.

This could be attributed to the fact that a more power-centric regime such as in China, Russia, North Korea, etc. may have more capacity to:

1. Diminish the spread of the disease by implementing policy decisions,
  - (a) whereas countries such as the US and Europe have a much higher expectation of civil liberties and hence much lower tolerance for government intervention.
2. Control the spread of information for want of international reputation.
  - (a) In saying that though research suggests that under-reporting has even occurred in countries such as the US [17] so such under-reporting could merely be incidental.

A similar disease, *MERS*, emerged in 2012 in Middle-Eastern Regions [24] and a Korean outbreak of the *MERS* disease occurred in 2015 [16], these outbreaks likely prepared Korea, the Middle East and other Asian regions for an outbreak which helps explain the dichotomous nature of the deaths attributable to *COVID-19* for those Countries.

### Europe

A closer look at Europe shows that Belgium and Italy have been the most affected by this disease, it isn't very clear why those regions have been impacted so significantly, particularly considering the comparatively permissive borders within the *EU*, but this could be indicative of policy decisions and warrants further research.

## Advantages compared to other methods

A Choropleth map provides a very clear way to visualise the occurrence of disease in a geographical sense, in contrast to other methods such as scatter plots, heatmaps and bar charts, the choropleth map provides a clear way to distinguish the impact of the disease on individual countries.

The discrete distinction between countries, a fundamental component of a choropleth map, is desirable because it is consistent with the independent legislatures across countries, this allows for a comparison of the impact that policy decisions may or may not have on a region.

Choropleth maps also allow trends across regions to be easily identified, e.g. figure ?? shows how severe the outbreak is in *Europe* relative to other regions, this might be lost in abstraction when using other visualization methods.

## Disasadvantages

When maps are projected into a 2D plane they are necessarily distorted, this distortion can impact how spread the data appears to be.

A chloropleth map can make it hard to compare metrics between to regions in any specific sense, for this a more appropriate visualization would be a bar chart.

## Literature review of related work

The *John Hopkins Coronavirus Dashboard* [2] implemented bubbles to visualise the number of cases, a screenshot of this is provided in the appendix at figure ??, this was a part of the motivation for implementing bubbles in the chloropleth map because the visualization was so much more *striking* and promoted pre-attentive processing of the information.

In his blog, Kenneth Field produced chloropleth and bubble-map charts detailing the spread of *COVID-19*, with however, a focus on China, [7] these plots were very similar to those produced in this report, however the legend for the bubble plot was very nicely implemented and can be seen in figure ?? of the appendix. He also produced an example illustrating why the use of a heatmap or contour map can make for a poor visualisation of cases due to the difficulty in interpreting the visualization compared to a bubble chart, for this reason a bubble chart was used in this report and a heatmap was not implemented.

A paper in the publication *Environment & Planning A* suggested using a cartogram to visualise the spread of disease, there example is provided in figure ?? of the appendix. [8] Although the cartogram is visually quite appealing and easy to read, it is difficult to interpret quickly, the visualisation does not promote pre-attentive processing, for this reason the visualisation strategy was not implemented.

## Time Series

### Implementation

Time series charts can be an effective way to visualise the behaviour of a value over time, for this dataset however, two modifications will be implemented in order to make the trends more distinct.

#### Log Scale

The spread of disease over time can often be described by an exponential model as demonstrated in equations (1) and (2), for this reason the use of a log -scale will linearise trends and so the use of a log -scale will make it easier to compare the rates of population change between different countries.

$$\frac{dp}{dt} \propto p \implies p = Ce^{kt} \quad \exists k, c \in \mathbb{R} \quad (1)$$

$$\frac{dp}{dt} \propto p \wedge \frac{dp}{dt} \propto (N - p) \implies p = \frac{ke^{Nt}}{1 - ke^{Nt}} \quad \exists k \in \mathbb{R}, N \in \mathbb{R}^+ \quad (2)$$

## Adjust Zero

In addition to a log – scale, *sliding* the data to be relative to the number of days since the first case can allow the trends of the data to be compared, this was implemented by *John Hopkins University* in a visualisation published in the *Guardian* [10].

## Technical Details

### Preliminary

In order to log scale the data the `mutate` function from the `dplyr` package was used on data transformed into *wide* format by using the `pivot_wider` function, this is shown in listing ??.

Sliding the date back to the number of cases however was a little more difficult and required the use of a `for` loop to iterate the `lead` function over each column (where each column, after transformation with `dplyr`, represented the value for a country), this is demonstrated in listing ?? with an example of the produced *tidy* data provided in table ??; the code to produce the plot is demonstrated in listing ??, the output of which is provided in figure ??.

Rather than using a line plot or a scatter plot, a `loess` model was placed ontop of semi-opaque points, this is to enhance the continuity of the visualisation. The *Gestalt Laws* provide that continuous shapes are easier for readers to interpret [18] and for this reason the the overlay was implemented, to aid the reader in delineating between the different countries in a plot.

Plots with many colours mapped to categorical variables can be difficult to interpret [23, 15], for this reason less than 10 countries were compared on the same plot.

Table 1: Top few rows of the *tidy* data set created from listing ??.

<i>Date</i>	<i>Location</i>	<i>Total Cases Per Million</i>
1	South Korea	0.193
1	Italy	0.116
1	Australia	0.00860
1	Germany	0.122
1	United Kingdom	0.0976
1	USA	0.00903
1	Russia	0.00303
2	South Korea	0.480
2	Italy	0.339
2	Australia	0.0558

### Facet Grid

This plot however does not show all the data made available, the data set also includes information on the number of tests,cases and deaths resulting from *COVID-19*, in order to visualise this the `fact_grid` layer can be used to create a multi-scatterplot. first it is necessary to create a data frame, this can be implemented by repeating the process in listing ?? for each different metric but it will also be necessary to add a feature corresponding to that metric's description, we will also create non-log scaled data as well, this is demonstrated in listings ?? through ??, finally the dataframes are merged in listing ??, the corresponding plot is shown in figure ??.

```

1  cv <- as_tibble(covid)
2  cv <- cv %>%
3    mutate(date = as.Date(date))
4  cv <- cv[order(cv$date),]
5
6  # interested_locations <- c("Australia", "USA", "Italy", "Germany",
7    ↪ "Belgium", "United Kingdom", "New Zealand", "Japan", "China")
8  interested_locations <- c("Australia", "USA", "Italy", "Germany",
9    ↪ "Russia", "South Korea", "United Kingdom")
10
11 cv <- cv %>%
12   filter(location %in% interested_locations) %>%
13   filter(total_cases_per_million > 1) %>%
14   mutate(total_cases_per_million = log10(total_cases_per_million)) %>%
15   dplyr::select(date, total_cases_per_million, location) %>%
16   pivot_wider(names_from = location, values_from =
17     ↪ total_cases_per_million)
18
19 for (i in 2:ncol(cv)) {
20   ## Slide the Columns up and put the NA at the end
21   cv[,i] <- pull(cv, i) %>%
22     lead(cv[,i] %>%
23       is.na() %>%
24       sum())
25   ## Replace the date with the number of days
26   cv$date <- seq_len(nrow(cv))
27 }
28
29 cv <- cv %>%
30   pivot_longer(names(cv)[-1], names_to = "location", values_to =
31     ↪ "total_cases_per_million")

```

Listing 12: Use dplyr to transform the data as shown in table ??, this can then be passed to ggplot as shown in listing ??

```

1 ggplot(cv , aes(y = total_cases_per_million, x = date, col = location,
  ↪ group = location)) +
2   geom_point(alpha = 0.3) +
3   geom_smooth() +
4   theme_bw() +
5   labs(y = "Total Number of Cases (Log-10 Scale)", title = "Log Scaled
  ↪ Total COVID-19 Cases per Million", x = TeX("Days since Case
  ↪ \\textit{#100}")) +
6   guides(col = guide_legend("Location"))
7 # geom_smooth()

```

Listing 13: Use dplyr to transform the data before plotting with ggplot

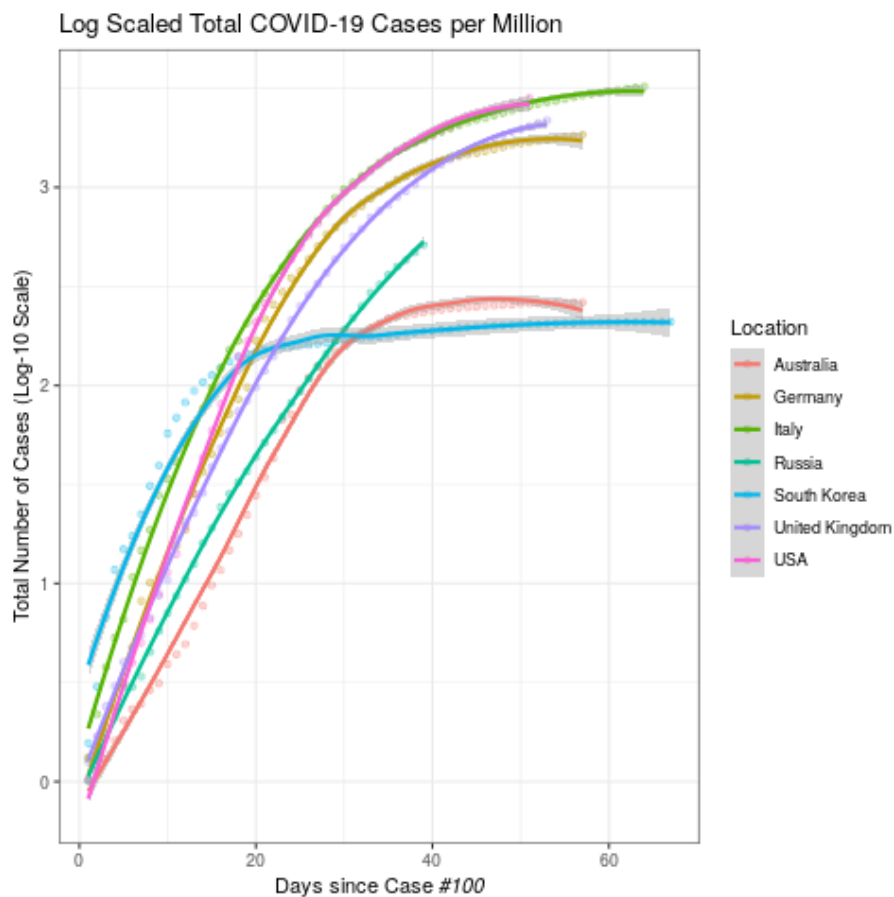


Figure 4: Chloropleth map of total deaths attributed to *COVID-19* (per Million people)

```

1 interested_locations <- c("Australia", "USA", "Italy", "Germany",
  ↪ "Russia", "South Korea", "United Kingdom")
2
3 ##### Number of Cases
4 cv <- as_tibble(covid)
5 cv <- cv %>%
6   mutate(date = as.Date(date))
7 cv <- cv[order(cv$date),]
8
9 cv <- cv %>%
10   filter(location %in% interested_locations) %>%
11   filter(total_cases > 1) %>%
12   mutate(total_cases_per_million = log10(total_cases_per_million)) %>%
13   dplyr::select(date, total_cases_per_million, location) %>%
14   pivot_wider(names_from = location, values_from =
  ↪ total_cases_per_million)
15
16 for (i in 2:ncol(cv)) {
17   ## Slide the Columns up and put the NA at the end
18   cv[,i] <- pull(cv, i) %>%
19     lead(cv[,i] %>%
20       is.na() %>%
21       sum())
22   ## Replace the date with the number of days
23   cv$date <- seq_len(nrow(cv))
24 }
25
26 cv_cases_log <- cv %>%
27   pivot_longer(names(cv)[-1], names_to = "location", values_to =
  ↪ "value") %>%
28   add_column(subject = "No. of Cases") %>%
29   add_column(scale = "Log-10 Scale")

```

Listing 14: Use dplyr to create a data frame of log scaled cases



```

1  ### Number of deaths
2
3  cv <- as_tibble(covid)
4  cv <- cv %>%
5    mutate(date = as.Date(date))
6  cv <- cv[order(cv$date),]
7
8  cv <- cv %>%
9    filter(location %in% interested_locations) %>%
10   filter(total_cases > 1) %>%
11   mutate(total_deaths_per_million = log10(total_deaths_per_million))
12   ↪ %>%
13   dplyr::select(date, total_deaths_per_million, location) %>%
14   pivot_wider(names_from = location, values_from =
15     ↪ total_deaths_per_million)
16
17 for (i in 2:ncol(cv)) {
18   ## Slide the Columns up and put the NA at the end
19   cv[,i] <- pull(cv, i) %>%
20     lead(cv[,i] %>%
21       is.na() %>%
22       sum())
23   ## Replace the date with the number of days
24   cv$date <- seq_len(nrow(cv))
25 }
26
27 cv_deaths_log <- cv %>%
28   pivot_longer(names(cv)[-1], names_to = "location", values_to =
29     ↪ "value") %>%
30   add_column(subject = "No. of Deaths") %>%
31   add_column(scale = "Log-10 Scale")

```

Listing 15: Use dplyr to create a data frame of log scaled deaths

```

1  ### Number of Tests
2  cv <- as_tibble(covid)
3  cv <- cv %>%
4    mutate(date = as.Date(date))
5  cv <- cv[order(cv$date),]
6  cv <- cv %>%
7    filter(location %in% interested_locations) %>%
8    filter(total_cases > 1) %>%
9    mutate(total_tests_per_thousand = log10(total_tests_per_thousand)-3)
10   ↪ %>%
11    dplyr::select(date, total_tests_per_thousand, location) %>%
12    pivot_wider(names_from = location, values_from =
13     ↪ total_tests_per_thousand)
14
15  for (i in 2:ncol(cv)) {
16    ## Slide the Columns up and put the NA at the end
17    cv[,i] <- pull(cv, i) %>%
18      lead(cv[,i] %>%
19        is.na() %>%
20        sum())
21    ## Replace the date with the number of days
22    cv$date <- seq_len(nrow(cv))
23  }
24  cv_tests_log <- cv %>%
25    pivot_longer(names(cv)[-1], names_to = "location", values_to =
26     ↪ "value") %>%
27    add_column(subject = "No. of Tests") %>%
28    add_column(scale = "Log-10")
29
30  cv <- rbind(cv_cases_log, cv_deaths_log, cv_tests_log)
31  cv %>%
32    filter(subject == "deaths")
33
34  p_per_cap <- ggplot(cv , aes(y = value, x = date)) +
35    geom_point(alpha = 0.3, aes(col = location)) +
36    geom_smooth(aes(col = location), size = 0.5) +
37    theme_bw() +
38    labs(y = TeX("Count (log_{10} Scale)"), title = TeX("log_{10} Scale;
39     ↪ Value of \\textit{COVID-19} Statistics over Time"), x = TeX("Days
40     ↪ since Case \\textit{#1}"), subtitle = "Counts Per Million of
41     ↪ population") +
42    guides(col = guide_legend("Location")) +
43    facet_grid(rows = vars(subject), scales = "free_y")
44  p_per_cap

```

Listing 16: Use dplyr to create a data frame of log scaled deaths, observe thousands is scaled to millions.

```

1 interested_locations <- c("Australia", "USA", "Italy", "Germany",
  ↪ "Russia", "South Korea", "United Kingdom")
2
3 ##### Number of Cases
4 cv <- as_tibble(covid)
5 cv <- cv %>%
6   mutate(date = as.Date(date))
7 cv <- cv[order(cv$date),]
8
9 cv <- cv %>%
10   filter(location %in% interested_locations) %>%
11   filter(total_cases > 1) %>%
12   # mutate(total_cases = log10(total_cases)) %>%
13   dplyr::select(date, total_cases_per_million, location) %>%
14   pivot_wider(names_from = location, values_from =
  ↪ total_cases_per_million)
15
16 for (i in 2:ncol(cv)) {
17   ## Slide the Columns up and put the NA at the end
18   cv[,i] <- pull(cv, i) %>%
19     lead(cv[,i] %>%
20       is.na() %>%
21       sum())
22   ## Replace the date with the number of days
23   cv$date <- seq_len(nrow(cv))
24 }
25
26 cv_cases_raw <- cv %>%
27   pivot_longer(names(cv)[-1], names_to = "location", values_to =
  ↪ "value") %>%
28   add_column(subject = "No. of Cases") %>%
29   add_column(scale = "Count")

```

Listing 17: use dplyr to create a data frame of non-log scaled cases

```

1  ### Number of deaths
2
3  cv <- as_tibble(covid)
4  cv <- cv %>%
5    mutate(date = as.Date(date))
6  cv <- cv[order(cv$date),]
7
8  cv <- cv %>%
9    filter(location %in% interested_locations) %>%
10   filter(total_cases > 1) %>%
11   # mutate(total_deaths_per_million = log10(total_deaths_per_million_))
12   ↪ %>%
13   dplyr::select(date, total_deaths_per_million, location) %>%
14   pivot_wider(names_from = location, values_from =
15     ↪ total_deaths_per_million)
16
17 for (i in 2:ncol(cv)) {
18   ## Slide the Columns up and put the NA at the end
19   cv[,i] <- pull(cv, i) %>%
20     lead(cv[,i] %>%
21       is.na() %>%
22       sum())
23   ## Replace the date with the number of days
24   cv$date <- seq_len(nrow(cv))
25 }
26
27 cv_deaths_raw <- cv %>%
28   pivot_longer(names(cv)[-1], names_to = "location", values_to =
29     ↪ "value") %>%
30   add_column(subject = "No. of Deaths") %>%
31   add_column(scale = "Count")

```

Listing 18: use dplyr to create a data frame of non-log scaled deaths

```

1  ### Number of Tests
2  cv <- as_tibble(covid)
3  cv <- cv %>%
4    mutate(date = as.Date(date))
5  cv <- cv[order(cv$date),]
6  cv <- cv %>%
7    filter(location %in% interested_locations) %>%
8    filter(total_cases > 1) %>%
9    # mutate(total_tests_per_thousandd = log10(total_tests_per_thousand))
   ↪ %>%
10   mutate(total_tests_per_thousandd = total_tests_per_thousand/1000) %>%
11   dplyr::select(date, total_tests_per_thousand, location) %>%
12   pivot_wider(names_from = location, values_from =
   ↪ total_tests_per_thousand)
13
14  for (i in 2:ncol(cv)) {
15    ## Slide the Columns up and put the NA at the end
16    cv[,i] <- pull(cv, i) %>%
17      lead(cv[,i] %>%
18        is.na() %>%
19        sum())
20    ## Replace the date with the number of days
21    cv$date <- seq_len(nrow(cv))
22  }
23  cv_tests_raw <- cv %>%
24    pivot_longer(names(cv)[-1], names_to = "location", values_to =
   ↪ "value") %>%
25    add_column(subject = "No. of Tests") %>%
26    add_column(scale = "Count")
27  cv <- rbind(cv_cases_raw, cv_deaths_raw, cv_tests_raw)
28  cv %>%
29    filter(subject == "deaths")
30
31  p_total <- ggplot(cv , aes(y = value, x = date)) +
32    geom_point(alpha = 0.3, aes(col = location)) +
33    geom_smooth(aes(col = location), size = 0.5) +
34    theme_bw() +
35    labs(y = TeX("Total Count"), title = TeX("Total Count of
   ↪ \\textit{COVID-19} Statistics over Time"), x = TeX("Days since
   ↪ Case \\textit{#1}")) +
36    guides(col = guide_legend("Location"), subtitle = "Per Million of
   ↪ Population") +
37    facet_grid(rows = vars(subject), scales = "free_y")
38  p_total

```

Listing 19: use dplyr to create a data frame of non-log scaled tests

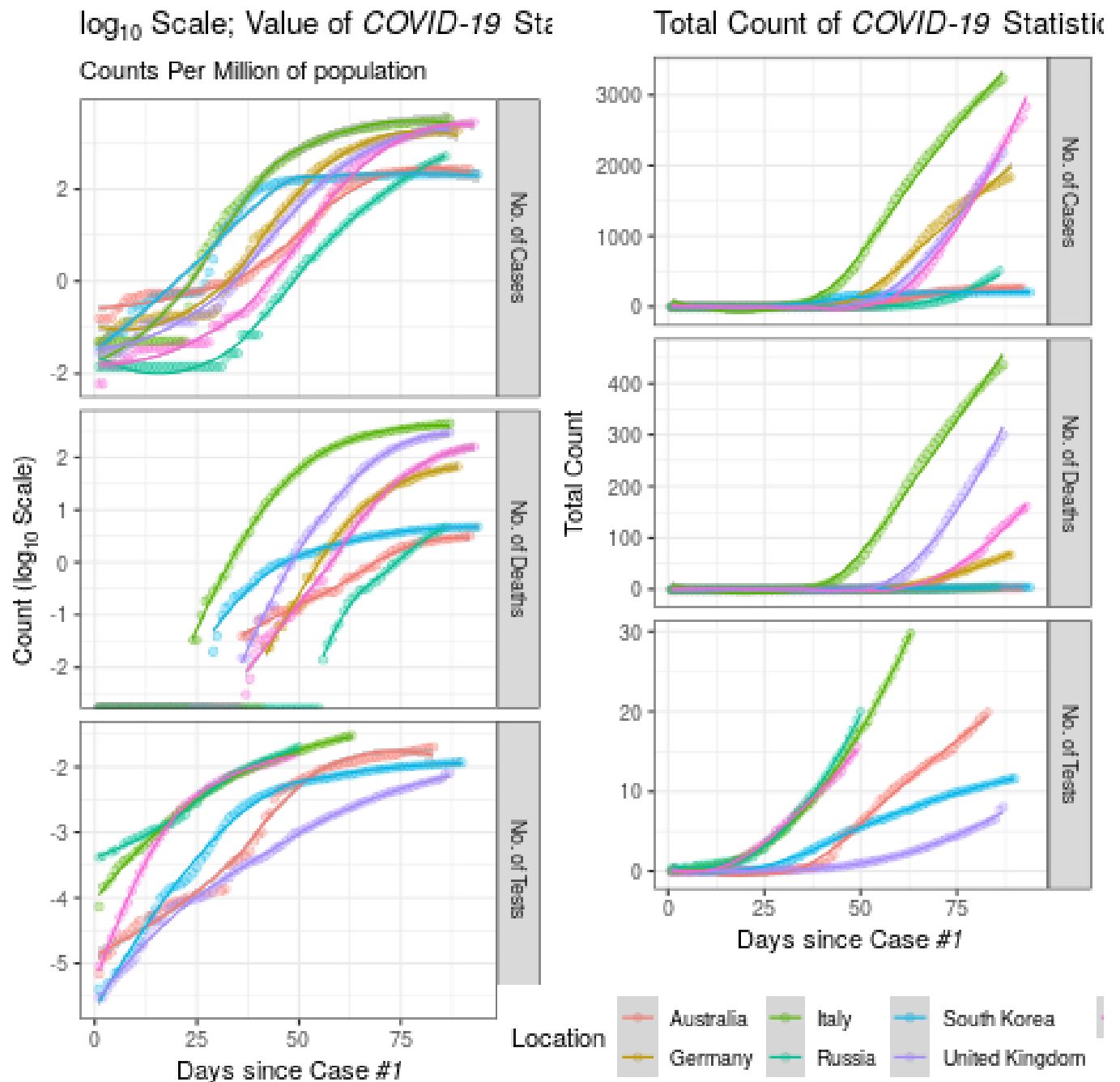


Figure 5: Multi Scatter Plot of *COVID-19* Metrics.

```

1 plots <- list(p_per_cap + guides(col = FALSE), p_total+
  ↳ theme(legend.position="bottom") )
2 # plots <- list(p_per_cap + theme(legend.position="bottom"), p_total+
  ↳ theme(legend.position="bottom") )
3 library(gridExtra)
4
5 gridExtra::grid.arrange(grobs = plots, layout_matrix = matrix(1:2, nrow
  ↳ = 1))

```

Listing 20: Merge the plots in order to create a single visualisation

## Advantages compared to other methods

- The advantage to a log-scaled plot is that it allows rates of change to be compared between countries
- Making the Data Relative to the day of the first infection allows individual countries to be compared in terms of there response

## Disasadvantages

- A log-scaled plot can be misleading if it is not made clear, his particularly true for readers who have limited mathematical training.
  - For this reason a plot without log-scaling was included and the axis were labelled accordingly
- Making Data relative to the day of the first infection may not make clear that certain countries had */forewarning* of the disease by virtue of the delay.

## Discussion on analysis results

Although the plots have been adjusted to reflect the date that the first cases were observed, it is possible that the disease began spreading before the first official case was reported, this is a belief held by some health officials in Italy.[9]

This plot demonstrates that general

Countries like south korea where testing 1000 times more than for example the US at the date when they had there first case. This is perhaps why the number of south korean cases and deaths flattend so sharply compared to other countries.

The plots have been adjusted to reflect the days from the first case, it is interesting to see that italy had such a large number of deaths beginning from the first day of infection compared to outhter countries, for example Australias number of deaths increased at a much lower rate.

to reflect the date of the first

## Number of Cases

This plot clearly suggests that the spread of the disease was the greatest both in rate and magnitude in Italy, some researchers believe that this is due simply to the fact that Italy has performed more tests. [9]

## Number of Deaths

Italy has had the highest amount of deaths despite its higher rates of testing, it is not clear why this is the case though. A study by *IQAir* found that 25% of the most air-polluted European countries were located within Italy [11] and such pollution has been found to be correlated with higher rates of death resulting from viral respiratory infection, [1, 3, 26] this could help explain some of the discrepancy but more research into the unique vulnerabilities of Italy is certainly warranted.

Russia has had the fewest number of deaths related to *COVID-19*, however Moscow's Mayor, Sergei Sobyenin suggested that the official number of infections is likely much lower than reality, a sentiment echoed by Russia's *Doctor's Alliance* (which is essentially a doctors union). [5]

Dispensing with the view that Russia's figures are reliable it is clear that Australia and South Korea have the lowest number of cases overall, while Australia's success can be attributed to its relative isolation and unique quarantine requirements, [4] combined with lockdowns implemented early in the pandemic (with respect to Australia's first case) [22] the success of South Korea appears to be related more appropriately with the aggressive action taken by the country to contact trace the spread of the disease. [20]

It appears that the number of deaths is more closely correlated with the number of cases than the number of tests, however it is not clear what the effect of testing is on the number of new cases.

## Number of Tests

Italy and the US have undertaken the highest rates of testing, per capita, this however does not appear to have influenced the rates of death or spread of cases significantly, indicating that measuring a country's response to the disease cannot be measured merely by considering the rate of testing.

## Discussion on other Aspects

- A potential improvement to this visualisation would be to plot many countries, say 30 but greyscale those countries and only apply colour to countries of interest, this would provide background information relative to those observations but not overwhelm the reader, this is a suggestion made by Andy Kirk in his *Visualising Data* blog [12].

## Literature review of related work

As mentioned in section ?? the use of the log-scaled and date-adjusted plot was implemented by *John Hopkins University* in a visualisation published in *The Guardian* newspaper [10].

NSW Health created a visualisation of cases acquired over time using a barchart in a way that resembles a histogram, [13] this plot is very easy to interpret and clearly demonstrates the success of NSW in *flattening the curve*, this visualisation could have been implemented for this data as demonstrated in listing ?? shown in figure ?? for different countries in a similar fashion, this however was not effective for comparing countries and so was not pursued.



```

1  ##begin_src
2  interested_locations <- c("Australia", "USA", "Italy", "Germany",
   ↪  "Russia", "South Korea", "United Kingdom")
3  cv <- covid %>%
4    dplyr::filter(location %in% interested_locations)
5
6  ggplot(fortify(cv), aes(x = as.Date(date), y = new_cases_per_million,
   ↪  fill = location)) +
7    geom_col(col = "grey") +
8    labs(x = "Date", y = "New Cases Per Million") +
9    theme(axis.text.x = element_text(angle = 90, hjust = 1)) +
10   theme_bw()

```

Listing 21: Use ggplot to create a bar chart

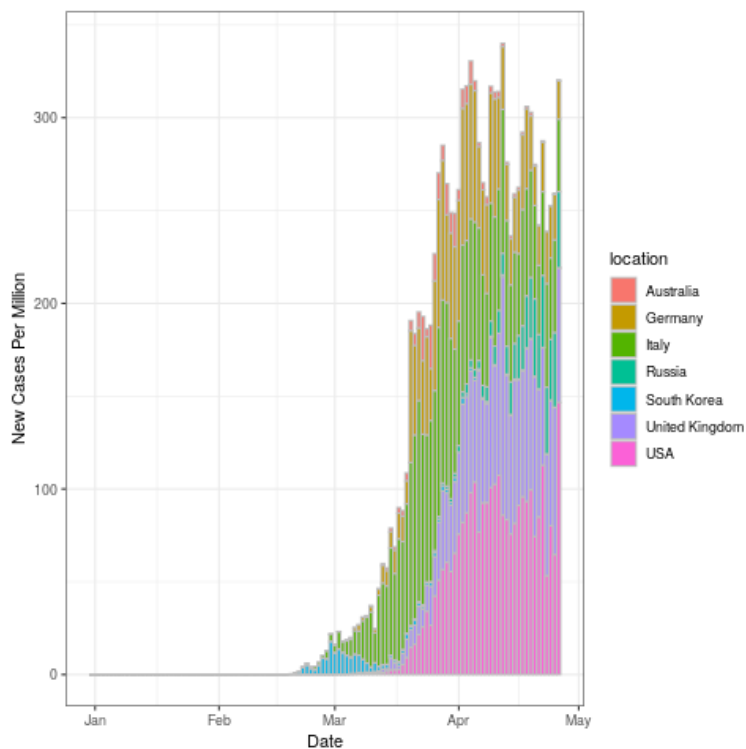


Figure 6: Bar Chart of cases over time for various locations

## TODO Parallell Co-ordinates

each line is a country each column is a feature like testing, death and cases.

[This Stack Post](#) shows how to make them curvy

Technical Details

Advantages compared to other methods

Disasadvantages

Discussion on analysis results

Discussion on other Aspects

Literature review of related work

## For Each Visualisation

Technical Details

Advantages compared to other methods

Disasadvantages

Discussion on analysis results

Discussion on other Aspects

Literature review of related work

PROPERTIES: :ID: 84c19d03-8ab7-4793-a86d-e861e1bffe2b



/home/ryan/Dropbox/Notes/DataSci/Visual\_Analytics/Assessment2/\_20200521\_1

Figure 7: John Hopkins Bubble Chart [2]

## References

## References

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- [3] Daniel P. Croft et al. "The Association between Respiratory Infection and Air Pollution in the Setting of Air Quality Policy and Economic Change". In: *Annals of the American Thoracic Society* 16.3 (Mar. 2019), pp. 321–330. ISSN: 2329-6933. DOI: [10.1513/AnnalsATS.201810-6910C](https://doi.org/10.1513/AnnalsATS.201810-6910C). URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6394122/> (visited on 05/24/2020) (cit. on p. 24).
- [4] Department of Agriculture, Water and the Environment, Australia. *Fact Sheet - Travelling or Returning to Australia - Department of Agriculture*. Aug. 2019. URL: <https://www.agriculture.gov.au/travelling/travel-agent-resources/factsheet-travelling-returning> (visited on 05/24/2020) (cit. on p. 24).
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```

1  citation()
2  citation("ggplot2")
3
4
5  ## To cite R in publications use:
6  ##
7  ## R Core Team (2020). R: A language and environment for statistical
8  ## computing. R Foundation for Statistical Computing, Vienna,
9  ## ↪ Austria.
10 ## URL https://www.R-project.org/.
11 ##
12 ## A BibTeX entry for LaTeX users is
13 ##
14 ## @Manual{,
15 ## title = {R: A Language and Environment for Statistical
16 ## ↪ Computing},
17 ## author = {{R Core Team}},
18 ## organization = {R Foundation for Statistical Computing},
19 ## address = {Vienna, Austria},
20 ## year = {2020},
21 ## url = {https://www.R-project.org/},
22 ## }
23 ##
24 ## We have invested a lot of time and effort in creating R, please
25 ## ↪ cite it
26 ## when using it for data analysis. See also 'citation("pkgname")' for
27 ## citing R packages.
28 ##
29 ## To cite ggplot2 in publications, please use:
30 ##
31 ## H. Wickham. ggplot2: Elegant Graphics for Data Analysis.
32 ## Springer-Verlag New York, 2016.
33 ##
34 ## A BibTeX entry for LaTeX users is
35 ##
36 ## @Book{,
37 ## author = {Hadley Wickham},
38 ## title = {ggplot2: Elegant Graphics for Data Analysis},
39 ## publisher = {Springer-Verlag New York},
40 ## year = {2016},
41 ## isbn = {978-3-319-24277-4},
42 ## url = {https://ggplot2.tidyverse.org},
43 ## }

```

Listing 22: Generate Citation for **R** programming Language

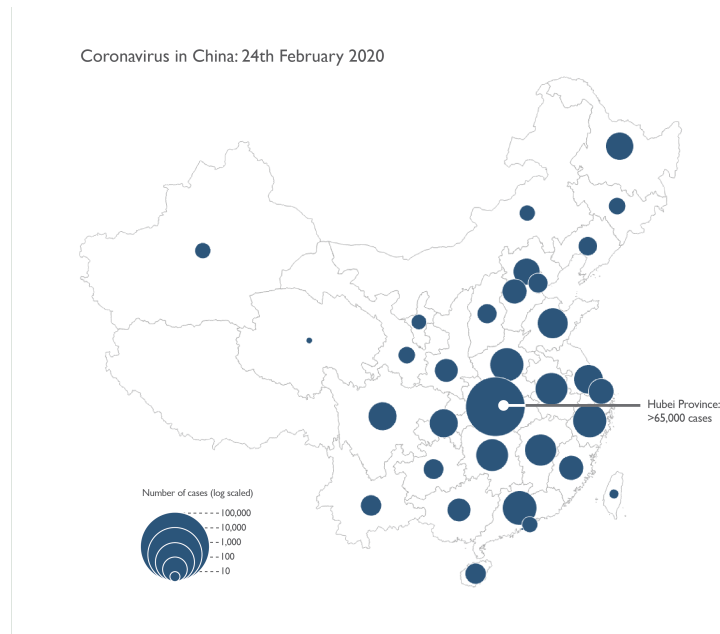
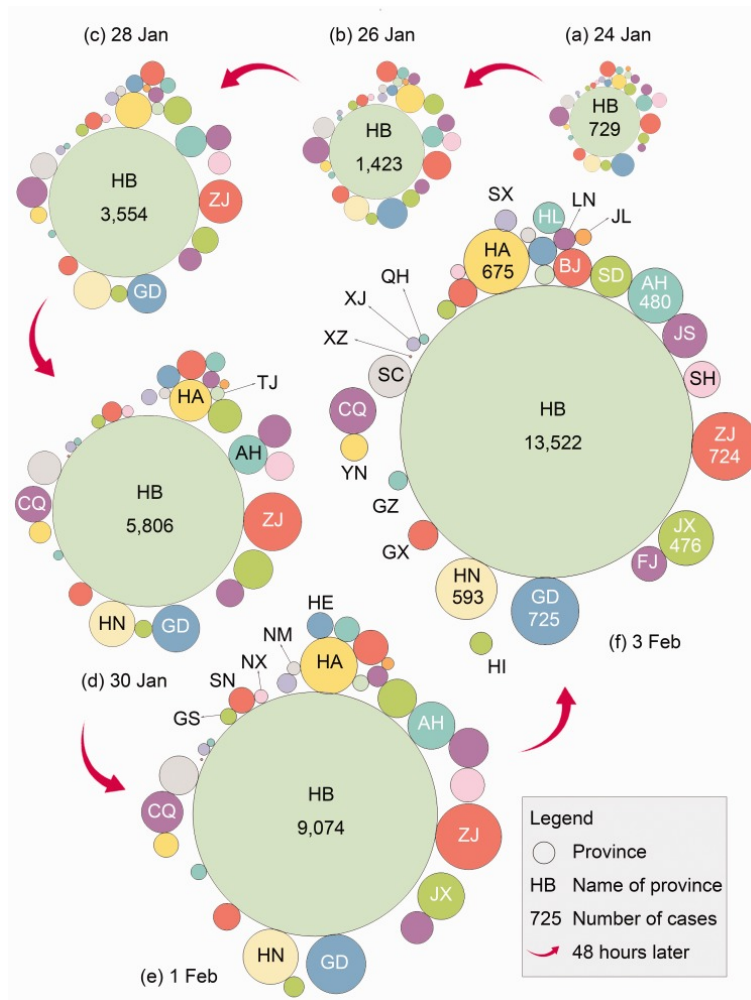


Figure 8: Bubble Plot Chart produced by Field in his blog [7]

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- [8] Peichao Gao et al. "Visualising the Expansion and Spread of Coronavirus Disease 2019 by Cartograms". In: *Environment & Planning a* (Feb. 2020). ISSN: 0308-518X. DOI: [10.1177/0308518X20910162](https://doi.org/10.1177/0308518X20910162). URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7140974/> (visited on 05/21/2020) (cit. on pp. 12, 30).
- [9] Mellissa Godin. *Why Is the Coronavirus Outbreak So Bad in Italy?* en. Mar. 2020. URL: <https://time.com/5799586/italy-coronavirus-outbreak/> (visited on 05/24/2020) (cit. on pp. 23, 24).
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- [15] Lisa Rost. *Choosing Colors for Data Visualization*. en-US. Aug. 2018. URL: <https://www.dataquest.io/blog/what-to-consider-when-choosing-colors-for-data-visualization/> (visited on 05/21/2020) (cit. on p. 13).
- [16] Ruel Serrano. *Intensified Public Health Measures Help Control MERS-CoV Outbreak in the Republic of Korea*. en. World Health Organization. July 2015. URL: <https://www.who.int/westernpacific/news/detail/28-07-2015-intensified-public-health-measures-help-control-mers-cov-outbreak-in-the-republic-of-korea> (visited on 05/18/2020) (cit. on p. 11).
- [17] Neeraj Sood et al. "Seroprevalence of SARS-CoV-2-Specific Antibodies Among Adults in Los Angeles County, California, on April 10-11, 2020". en. In: *JAMA* (May 2020). DOI: [10.1001/jama.2020.8279](https://doi.org/10.1001/jama.2020.8279). URL: <https://jamanetwork.com/journals/jama/fullarticle/2766367> (visited on 05/19/2020) (cit. on p. 11).
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