# **Capstone Project Report**

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## **Objective:**

"Unveiling COVID-19's Impact: Data Analytics on Death and Vaccination Datasets."

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## Abstract:

This research study presents a comprehensive analysis of a global COVID-19 dataset, encompassing COVID-19 deaths and vaccinations, as well as factors such as hospital capacity, bed availability, vaccination success rates, and survival rates. The objective is to examine the interplay between these significant factors and understand their impact on the COVID-19 pandemic worldwide.

The dataset used for this analysis covers a wide range of countries and regions, offering a global perspective on the COVID-19 crisis. Various statistical and data mining techniques can be employed to uncover insights and patterns within the data.

The analysis begins by investigating the relationship between COVID-19 deaths and vaccinations. By examining the vaccination rates and their effectiveness, the study aims to assess the influence of vaccination campaigns on reducing mortality rates. Additionally, the research explores the factors associated with successful vaccination programs, including distribution strategies, public awareness campaigns, and healthcare infrastructure.

Furthermore, the study examines the role of hospitals and their capacity in mitigating the impact of COVID-19. The analysis includes the assessment of available beds, ICU capacity, and the strain on healthcare systems. The research also investigates the relationship between hospital resources and survival rates, considering factors such as medical staff-to-patient ratios, access to critical care equipment, and the availability of specific treatments.

Other significant factors considered in this analysis include socioeconomic variables, population density, government policies, and public health measures implemented in different regions. By incorporating these factors into the analysis, the study aims to provide a holistic view of the COVID-19 pandemic and its multifaceted impact on global health.

The findings of this research have implications for policymakers, healthcare professionals, and public health organizations worldwide. The insights derived from this analysis can contribute to informed decision-making, resource allocation, and the development of effective strategies to combat the ongoing COVID-19 crisis. Ultimately, the research aims to provide valuable insights into mitigating the impact of the pandemic and improving global health outcomes.

## Research Question:

- 1. Can the current vaccination rates and success rates be used to predict future trends in COVID-19 deaths globally?
- 2. How does the strain on healthcare systems affect COVID-19 outcomes and survival rates?
- 3. What insights can be derived from the analysis to inform decision-making and the development of effective strategies to combat the ongoing COVID-19 crisis?
- 4. How can the insights from the analysis be leveraged to develop predictive models that aid decision-making, resource allocation, and the formulation of effective strategies to combat the ongoing COVID-19 crisis globally
- 5. Can we develop a predictive model that takes into account hospital capacity, including available beds and ICU capacity, to estimate the impact of COVID-19 on healthcare systems and predict future strain levels?

Keywords: COVID-19 · Measures · Social distancing · Mobility · Travel behavior

Click here for : <u>Data Link</u>

Github repository: <a href="https://github.com/SamantaRana11/CapstoneProject.git">https://github.com/SamantaRana11/CapstoneProject.git</a>

## Introduction

#### Title:

## Unveiling the Insights of the Covid Dataset: A Comprehensive Analysis of Covid Deaths and Vaccinations

The Covid-19 pandemic has left an indelible mark on humanity, challenging societies worldwide and transforming the way we live and interact. As this unprecedented crisis unfolded, researchers and policymakers sought to harness the power of data to understand its complexities better and devise effective strategies to combat the virus. In this context, our Capstone project takes on the monumental task of excavating and analyzing the vast Covid dataset, with a keen focus on two paramount aspects: Covid Deaths and Vaccinations.

The dataset at the heart of our study stands as a testament to the magnitude of the pandemic's impact, encompassing an impressive 10,868,428 instances. Each instance represents a unique snapshot of time, capturing various attributes that detail the evolution of the pandemic from its inception in January 2020 to the present day. The richness of this dataset empowers us to delve into a plethora of factors that have shaped the trajectory of Covid-19, allowing us to draw meaningful correlations and glean profound insights.

Crucial to our investigation are the two pivotal dimensions: Covid Deaths and Covid Vaccinations. The former focuses on the sobering reality of lives lost during the pandemic. By meticulously analyzing the Covid Deaths subset, we aim to unearth patterns and trends that shed light on the mortality rate under different circumstances. Our exploration encompasses critical phases of the pandemic, from its early emergence to the aftermath of vaccination campaigns. Understanding how the death rate has evolved over time and across regions is essential to comprehend the virus's behavior and adapt response strategies accordingly.

Furthermore, our analysis delves into the demographic aspect of Covid Deaths, probing how age distribution influences mortality rates. This knowledge can inform targeted measures to protect vulnerable age groups. Moreover, we investigate the socio-economic impact on mortality, as disparities in healthcare access and resources may have affected outcomes for different economic strata.

The second vital dimension, Covid Vaccinations, is central to understanding our path to recovery. Within the CovidVaccinations subset, we explore the efficacy of vaccination efforts in curbing the pandemic's spread. Delving

into the time taken by officials to develop and distribute vaccines provides invaluable insights into the magnitude of the challenge faced by researchers, policymakers, and healthcare providers in rapidly responding to the crisis.

An equally vital aspect of CovidVaccinations is the public's response to vaccination campaigns. We analyze data points that reflect the duration and efficacy of public awareness campaigns aimed at fostering vaccine acceptance. Understanding the dynamics of vaccine hesitancy and acceptance is crucial for future vaccination initiatives, ensuring that accurate information reaches the masses and fostering trust in vaccination as a vital tool in combating infectious diseases.

Additionally, our study recognizes the tireless efforts of healthcare professionals, hospitals, and researchers. Their role in spearheading vaccination drives, administering shots, and studying vaccine efficacy has been instrumental in the battle against Covid-19. We endeavor to highlight their contributions and acknowledge their sacrifices, which have been pivotal in safeguarding communities and saving lives.

In conclusion, our research project seeks to navigate the intricacies of the Covid dataset to glean profound insights into Covid Deaths and Vaccinations. By analyzing this wealth of information, we aim to contribute significantly to the body of knowledge surrounding the pandemic's impact and the efficacy of vaccination efforts. Our findings hold the potential to inform public health strategies, guide policy decisions, and foster resilience in the face of future health crises.

## Data Dictionary

The list of categorical attributes:

S. no	Column names	Non-null	DTypes
		count	
1.	iso_code	313267	category
2.	continent	298368	category
3.	location	313267	category
4.	date	313267	category
5.	tests_units	313267	category

The list of numerical attributes:

C	G 1	NT 11	ЪТ
S. no	Column names	Non-null	DTypes
1	1.4	count 277045	• 1
1.	population	256295	numerical
2.	total_cases	79387	numerical
3.	total_deaths	304385	numerical
4.	total_tests		numerical
5.	new_cases	304385	numerical
6.	new_cases_per_million	303121	numerical
7.	new_cases_smoothed_per_million	75403	numerical
8.	new_tests	79387	numerical
9.	new_tests_per_thousand	75403	numerical
10.	total_tests_per_thousand	103965	numerical
11.	new_tests_smoothed	103965	numerical
12.	new_tests_smoothed_per_thousand	95927	numerical
13.	positive_rate	94348	numerical
14.	tests_per_case	106788	numerical
15.	total_vaccinations	75332	numerical
16.	people_vaccinated	72143	numerical
17.	people_fully_vaccinated	68671	numerical
18.	total_boosters	43905	numerical
19.	new_vaccinations	169269	numerical
20	new_vaccinations_smoothed	169120	numerical
21.	total_vaccinations_per_hundred	169120	numerical
S. no.	Column names	Non-null count	DTypes
22.	people_vaccinated_per_hundred	72143	numerical
23.	people_fully_vaccinated_per_hundred	68671	numerical
24.	total_boosters_per_hundred	43905	numerical
25.	new_vaccinations_smoothed_per_million	169269	numerical
26.	new people vaccinated smoothed	169120	numerical
27.	new_people_vaccinated_smoothed_per_hundred	169120	numerical
28.	stringency_index	197651	numerical
29.	population_density	165823	numerical
30.	median_age	247214	numerical
31.	aged 65 older	238587	numerical
32.	aged_70_older	244733	numerical
		242298	
33. 34.	gdp_per_capita	156082	numerical
-	extreme_poverty	242726	numerical
35.	cardiovasc_death_rate		numerical
36.			
27	diabetes_prevalence	255124	numerical
37.	diabetes_prevalence female_smokers	182104	numerical
38.	diabetes_prevalence female_smokers male_smokers	182104 179624	numerical numerical
38. 39.	diabetes_prevalence female_smokers male_smokers handwashing_facilities	182104 179624 118879	numerical numerical numerical
38. 39. 40.	diabetes_prevalence female_smokers male_smokers handwashing_facilities hospital_beds_per_thousand	182104 179624 118879 214292	numerical numerical numerical numerical
38. 39.	diabetes_prevalence female_smokers male_smokers handwashing_facilities	182104 179624 118879	numerical numerical numerical

43.	excess_mortality_cumulative_absolute	10916	numerical
44.	excess_mortality_cumulative	10916	numerical
45.	excess_mortality	10916	numerical
46.	excess_mortality_cumulative_per_million	10916	numerical

## Statistical Description of Dataset

The Dataset, as mentioned above, comprised of varied data-types of the data points, namely, categorical and numerical. Hence, the numerical data points can be observed better with a statistical description.

The statistical description of the dataset is defined as a comprehensive summary of the numerical attributes, aiming to reveal the distribution, central tendency, and dispersion of the data. For the numerical attributes in the dataset, various statistical measures will be computed to gain a deeper understanding of their characteristics.

Measures such as mean, median, and mode will offer insights into the central tendency, indicating the typical or average value of the data. Additionally, measures of dispersion, including the range, variance, and standard deviation, will provide information about the spread or variability of the numerical data points.

The statistical description will also encompass graphical representations, such as histograms, box plots, and scatter plots, which visually depict the distribution and potential outliers in the data. By employing these statistical techniques, we aim to unravel hidden patterns and gain valuable insights from the numerical attributes, contributing to a comprehensive analysis of the dataset and aiding in informed decision-making and data-driven conclusions.

	mean	std	min	25%	50%	75%	max	Description
total_cases	5813693.1	36255067.6	1.0	6607.0	62627.0	647602.0	766894311.0	number of covid cases
new_cases	10679.3	102719.6	0.0	0.0	16.0	516.0	7460817.0	new cases
new_cases_smoothed	10722.1	99962.9	0.0	1.0	37.1	625.6	6410666.9	ue of daily count
total_deaths	80886.6	417669.6	1.0	122.0	1237.0	10711.0	6935876.0	otal deaths
new_deaths	95.2	599.1	0.0	0.0	0.0	6.0	20027.0	of deaths
new_deaths_smoothed	95.6	589.7	0.0	0.0	0.3	6.6	14677.9	laily count of deaths
total_cases_per_million	88706.4	139152.2	0.0	2064.9	21312.0	109074.3	737554.5	otal cases
new_cases_per_million	161.1	1124.2	0.0	0.0	2.3	67.7	228872.0	iber of new cases per million
new_cases_smoothed_per_million	161.8	632.9	0.0	0.2	10.5	102.3	37241.8	new cases per million
total_deaths_per_million	814.3	1056.2	0.0	51.1	339.8	1248.2	6477.6	er of total deaths per million
new_deaths_per_million	1.0	4.7	0.0	0.0	0.0	0.4	603.7	of deaths
$new\_deaths\_smoothed\_per\_million$	1.0	2.9	0.0	0.0	0.0	0.7	148.6	daily count of deaths per
								million
reproduction_rate	0.9	0.4	-0.1	0.7	1.0	1.1	5.9	births
icu_patients	697.1	2213.1	0.0	23.0	103.0	453.0	28891.0	ts

	mean	std	min	25%	50%	75%	max	Description
icu_patients_per_million	16.8	23.3	0.0	2.9	7.5	21.2	180.7	ts per million
hosp_patients	4070.6	10207.7	0.0	227.0	800.0	3141.0	154497.0	s in hospital
hosp_patients_per_million	138.8	156.6	0.0	36.9	86.4	181.9	1526.8	# of patients in hospital per
								million
weekly_icu_admissions	362.5	538.8	0.0	28.0	129.0	468.0	4838.0	nt of new patients
weekly_icu_admissions_per_million	11.0	14.1	0.0	2.3	5.8	14.2	225.0	w patients per million
weekly_hosp_admissions	4480.2	11327.9	0.0	278.2	937.0	4172.0	153977.0	hospital admittals
$weekly\_hosp\_admissions\_per\_million$	91.0	90.6	0.0	28.8	65.9	122.8	708.4	hospital per million
total_tests	21104573	84098694.3	0.0	364654.0	2067330	10248451.5	9214000000	
new_tests	67285.4	247734.0	1.0	2244.0	8783.0	37229.0	35855632.0	#
total_tests_per_thousand	924.3	2195.4	0.0	43.6	234.1	894.4	32925.8	per thousand
new_tests_per_thousand	3.3	9.0	0.0	0.3	1.0	2.9	531.1	er thousand
new_tests_smoothed	142178.4	1138214.7	0.0	1486.0	6570.0	32205.0	14769984.0	ew test # per thousand
new_tests_smoothed_per_thousand	2.8	7.3	0.0	0.2	0.9	2.6	147.6	new tests per thousand
positive_rate	0.1	0.1	0.0	0.0	0.1	0.1	1.0	ive cases
tests_per_case	2403.6	33443.7	1.0	7.1	17.5	54.6	1023631.9	ed by # cases
total_vaccinations	382663569	1437893783.7	0.0	1489246.0	11093138	82238759.0	1339007476	ons
people_vaccinated	170715184	638040952.4	0.0	859788.0	5628383	41159127.5	5582392608	ccinated
people_fully_vaccinated	154275220	583835406.4	1.0	783535.5	4883115	34802538.0	5128292804	ly vaccinated
total_boosters	94039981	326648468.3	1.0	354596.0	3722696	27375984.0	2762734522	ters
new_vaccinations	837818.9	3392168.1	0.0	3093.0	27856.5	223513.8	49673470.0	nations
new_vaccinations_smoothed	322758.5	2058980.6	0.0	374.0	4634.0	36840.0	43692997.0	w vaccinations
total_vaccinations_per_hundred	115.0	84.1	0.0	35.4	113.3	184.8	406.4	ons per hundred
people_vaccinated_per_hundred	51.0	29.9	0.0	23.7	59.0	76.7	129.1	ccinated per hundred
people_fully_vaccinated_per_hundred	46.0	29.6	0.0	16.9	53.0	72.7	126.9	ly vaccinated per hundred
total_boosters_per_hundred	33.0	30.0	0.0	3.6	30.2	55.7	150.5	ters per hundred
$new\_vaccinations\_smoothed\_per\_million$	2095.1	3271.5	0.0	175.0	831.0	2802.0	117113.0	w vaccinations per million
new_people_vaccinated_smoothed	119458.5	837657.1	0.0	68.0	1092.0	11669.2	21071228.0	ople vaccinated
$new\_people\_vaccinated\_smoothed\_per\_hundred$	0.1	0.2	0.0	0.0	0.0	0.1	11.7	ccinated per hundred
stringency_index	42.7	24.9	0.0	22.2	42.6	62.0	100.0	metrics
population_density	410.8	1873.9	0.1	37.7	90.7	222.9	20546.8	opulation
median_age	30.5	9.1	15.1	22.2	29.7	38.7	48.2	
aged_65_older	8.7	6.1	1.1	3.5	6.4	13.9	27.0	or older
aged_70_older	5.5	4.1	0.5	2.1	3.9	8.6	18.5	or older
gdp_per_capita	19016.6	19997.0	661	3823.2	12294.9	27216.4	116935.6	ita
extreme_poverty	13.8	20.1	0.1	0.6	2.5	21.4	77.6	rty
cardiovasc_death_rate	264.3	120.9	79.4	175.7	245.5	333.4	724.4	is due to cardiovescular
diabetes_prevalence	8.6	4.9	1.0	5.4	7.2	10.8	30.5	diabetes
female_smokers	10.8	10.8	0.1	1.9	6.3	19.3	44.0	ıokers

	mean	std	min	25%	50%	75%	max	Description
male_smokers	32.9	13.6	7.7	22.6	33.1	41.3	78.1	kers
handwashing_facilities	50.8	32.0	1.2	20.9	49.8	83.2	100.0	ing facilities
hospital_beds_per_thousand	3.1	2.5	0.1	1.3	2.5	4.2	13.8	eds per thousand
life_expectancy	73.7	7.4	53.3	69.6	75.0	79.5	86.8	ncy
human_development_index	0.7	0.1	0.4	0.6	0.7	0.8	1.0	elopment index
population	128372721	660555533.2	47.0	449002.0	5882259	28301700.0	7975105024	1
excess_mortality_cumulative_absolute	47665.2	139183.4	3776	32.3	4666.8	32395.6	1288358.4	r of excess deaths
excess_mortality_cumulative	9.5	12.8	-44.2	0.6	7.8	15.2	76.6	r of excess deaths
excess_mortality	12.3	26.2	-95.9	-1.4	6.3	17.7	377.4	r of excess deaths
excess_mortality_cumulative_per_million	1500.6	1854.5	2142	26.5	925.7	2450.2	10292.0	r of excess deaths

This dataset encompasses a wide range of variables that provide valuable insights into the COVID-19 pandemic's impact on different regions, populations, and healthcare systems. Researchers can use this dataset to explore correlations, derive patterns, conduct predictive modeling, and inform evidence-based decision-making to combat the ongoing COVID-19 crisis and prepare for future health challenges.

## First phase CRISP - DM

Understanding the business problem :-

Here are some potential research goals:

#### 1. **Predictive Modeling**:

o **COVID-19 Spread Prediction**: Develop models to predict the spread of COVID-19 cases over time, considering various factors like vaccination rates, population density, and mobility.

#### 2. Vaccination Analysis

- Vaccine Efficacy: Evaluate the effectiveness of different COVID-19 vaccines in preventing infection and severe outcomes.
- **Vaccination Impact**: Assess the impact of vaccination campaigns on reducing case numbers, hospitalizations, and deaths.

### 3. Epidemiological Studies:

- o **Disease Trends**: Analyze trends and patterns in COVID-19 cases, deaths, and recoveries.
- Hotspot Identification: Identify regions or areas with a higher risk of outbreaks.

#### 4. Healthcare Resource Allocation:

- o **Hospital Capacity Analysis**: Study the availability and utilization of hospital facilities and resources, and make recommendations for resource allocation.
- o **Optimizing Healthcare Response**: Develop models to optimize the allocation of healthcare resources during a surge in cases.

#### 5. Public Policy and Interventions:

- o **Impact of Interventions**: Evaluate the effectiveness of various public health measures and interventions (e.g., lockdowns, mask mandates, social distancing).
- Policy Recommendations: Provide evidence-based recommendations for policymakers to manage and mitigate the impact of the pandemic.

#### 6. Demographic and Socioeconomic Analysis:

- Vulnerability Analysis: Identify demographic and socioeconomic factors that correlate with a higher risk of infection or poor outcomes.
- o Equity and Access: Assess disparities in vaccine distribution and healthcare access.

#### 7. Mutations and Variants:

o **Genomic Analysis**: Study the genetic mutations and variants of the virus and their implications for transmission and severity.

#### 8. Behavioral Insights:

Public Behavior Analysis: Examine how public behavior and compliance with guidelines impact
the spread of the virus.

#### 9. Surveillance and Early Warning Systems:

- o **Early Detection**: Develop models for early detection of potential outbreaks and emerging variants.
- Surveillance and Monitoring: Implement a system for continuous monitoring of COVID-19 data and trends.

#### 10. Vaccine Deployment Strategy:

o **Optimal Distribution**: Determine the optimal strategy for vaccine distribution, considering factors like population density, vulnerability, and vaccine availability.

#### 11. Educational Campaigns:

 Assessing Education Impact: Evaluate the impact of public health education campaigns on public behavior and vaccine acceptance.

#### 12. Long-Term Effects:

 Study Long-Term Health Effects: Investigate the potential long-term health consequences for individuals who have had COVID-19.

## Second phase CRISP - DM

The Cross-Industry Standard Process for Data Mining (CRISP-DM) is a widely used framework for guiding data mining and machine learning projects. It consists of six phases. The second phase of CRISP-DM is "Data Understanding."

In the Data Understanding phase, you work on gaining a better understanding of the data you're going to use for your project. This typically involves:

- 1. Collecting the data: The dataset is collected from the following link :- <u>Data Link</u>
- 2. **Describing the data:** The data has a total of (313267 \* 67) entries.

Exploring the data to get a basic understanding of its structure, contents, and quality. This involves generating summary statistics, identifying missing values, and visualizing the data.

	count	mean	std	min	25%	50%	75%	max
total_cases	313267. 0	5.141476e+ 06	3.414532e+ 07	0.0000	1587.000	34658.000	472594.0	7.668943e+ 08
new_cases	313267. 0	1.037648e+ 04	1.012684e+ 05	0.0000	0.000	13.000	471.0	7.460817e+ 06
new_cases_smoothed	313267. 0	1.037485e+ 04	9.834910e+ 04	0.0000	0.429	30.571	572.5	6.410667e+ 06
total_deaths	313267. 0	6.617621e+ 04	3.790719e+ 05	0.0000	13.000	396.000	6860.0	6.935876e+ 06
new_deaths	313267. 0	9.256791e+ 01	5.907791e+ 02	0.0000	0.000	0.000	5.0	2.002700e+ 04
population	313267. 0	1.283727e+ 08	6.605555e+ 08	47.0000	449002.0 00	5882259.0 00	28301700 .0	7.975105e+ 09

	count	mean	std	min	25%	50%	75%	max
excess_mortality_cumulative	313267. 0	1.660926e+ 03	2.741133e+ 04	- 37726.09 80	0.000	0.000	0.0	1.288358e+ 06
excess_mortality_cumulative	313267. 0	3.313608e- 01	2.958736e+ 00	-44.2300	0.000	0.000	0.0	7.655000e+ 01
excess_mortality	313267. 0	4.294640e- 01	5.379763e+ 00	-95.9200	0.000	0.000	0.0	3.773700e+ 02
excess_mortality_cumulative_per_mi llion	313267. 0	5.228864e+ 01	4.422206e+ 02	- 2142.340 3	0.000	0.000	0.0	1.029202e+ 04

- 3. **Exploring the data:** Further exploring the data to identify patterns, relationships, or anomalies, which was later used for data mining processes, for example, observing the patterns for filling the null values using 'rolling values averages.
- 4. **Verifying data quality:** Assessing data quality, which includes checking for inconsistencies, errors, and missing values. You may need to perform data cleaning and preprocessing.
- 5. **Assessing data relevancy:** Determining whether the data you have collected is relevant to the goals of your project. It's important to ensure that the data is suitable for your intended analysis.

The Data Understanding phase is crucial for building a solid foundation for the rest of the project. It helps you identify potential issues and gain insights into the data you will be working with, allowing you to make informed decisions about data preparation, feature engineering, and modeling in the subsequent phases of CRISP-DM.

## Third phase CRISP - DM

In the third phase of CRISP-DM, the dataset is prepared to find some valuable insights and relationship between categorical and numerical variable, for which, chi-square test is used for finding the strength of relationship between the categorical variables and for evaluating the same insights in terms of mean of two variables at a time, t-test is used. The Chi-Square Statistic is 42275.23 with 24 degrees of freedom, resulting in a p-value of 0.0 which shows that the observed data significantly differs from the expected frequencies in the contingency table.

Third phase of CRISP-DM deals with preparation of data for further analysis, since transformation of data has already been done in the previous steps, hence, this phase highlighted the classification and clustering analysis of the dataset of COVID. For that, elbow method is used to find an optimal value of 'k' to use for k-Means clustering to primarily analyze the total cases versus the total deaths ration with the help of clustering.

Moreover, since the dataset contain features of varied scale, the process of standardization is performed, which helps to set the maximum and minimum point of the dataset as fixed so that all the values of features lies within those limits and it becomes easy for the analyst to analyze the dataset visually.

In the next analysis, Linear Regression is performed, to assess the number of cases given various factors on which it depends (observed using chi-square test and t-test) and at last ANOVA test is applied as ANOVA, or Analysis of Variance, is a statistical method used to analyze the differences among group means in a sample. It is a powerful and flexible tool.

All the models that have been performed are evaluated based on the their statistics and the accuracy and also the errors. After the deployment of these models they have been evaluated for their valuable insights and then they have been reiterated and rebalanced for their parameters which at last has provided better accuracy and better results to analyse the data set for any valuable knowledge of the data set required.

## Fourth phase CRISP - DM

For the analyses in the fourth DM given the priority as compared to the. Analysis. The whole data set is divided into various sub categories containing on the basis of. Continents and one data set that contains the data points of the whole world. Then these excel files are analyzed separately so that valuable insights can be. Find out from these files and visualize for better presentation.

Further various interesting graphs and charts have been employed in the Jupiter notebook file for the analysis for example donut chart line graphs bar graphs histograms and comparative scatter plots. These charts and graphs have provided valuable insights into the data sets and how the economy of any continent has effected the total cases of COVID as compared to the hospital facilities available in that continent and the total cases people who are fully vaccinated the total tests that have been performed on those people and finally and unfortunately how many total deaths have taken place for those particular continents.

## Data Mining processes and Insights

The first step while initiating analysing the data was to clean it thoroughly, because -

- 1) it is a live data and so, can contain many impurities.
- 2) during the initial phase of Covid, the entries which got registered were not uniform and timely.

3) the data is of varied measures; implying normalization is required.

Another aspect of this dataset is that it contains over 3 million entries, hence, the project has started from cleaning only the attributes required for analysis.

Post-preprocessing, once the dataset is cleaned and prepared for the analysis, the first and most generalized analyses is carried out on the total number of cases as against the total deaths occurred. The trend was varied when the nations from all around the globe are considered. Following is the review of the analysis of total number of cases versus total number of deaths.

### # Impact of Healthcare System Strain on COVID-19 Outcomes and Survival Rates:

The strain on healthcare systems has emerged as a critical factor influencing COVID-19 outcomes and survival rates. The rapid and overwhelming surge in cases during the pandemic has put immense pressure on healthcare infrastructure worldwide. Overburdened hospitals face challenges in providing timely and adequate care to COVID-19 patients, leading to potential delays in treatment and an increased risk of adverse outcomes.

Research has shown that regions with higher hospitalization rates and limited intensive care unit (ICU) capacities experience higher COVID-19 fatality rates. Limited availability of critical medical resources, such as ventilators and ICU beds, can compromise patient care and contribute to excess mortality.

Healthcare system strain also has implications beyond COVID-19 care. As hospitals prioritize COVID-19 patients, non-COVID-19 medical procedures may be delayed, impacting patients with other health conditions. This situation can lead to increased morbidity and mortality for non-COVID-19 patients, further contributing to excess mortality.

Non-pharmaceutical interventions (NPIs) have been crucial in mitigating healthcare system strain and improving COVID-19 outcomes. Measures such as social distancing, mask-wearing, and travel restrictions help slow the spread of the virus, reducing the number of severe cases and preventing overwhelming surges in hospital admissions.

To address healthcare system strain effectively, governments and health authorities need to implement proactive strategies. Increasing hospital capacity, enhancing the availability of medical resources, and adopting adaptive healthcare policies that balance COVID-19 care with other medical needs are essential in managing the ongoing pandemic.

## **Data Pre-processing:**

The dataset in concern contains numerous null values, count is different for varied fields, and hence the handling of null values is also different for all the fields. Also, since the dataset contain over 3 million entries, with the scope of complexity and chances of loss of data, complete data at once is not cleaned rather the fields required as per the research questions is cleaned accordingly.

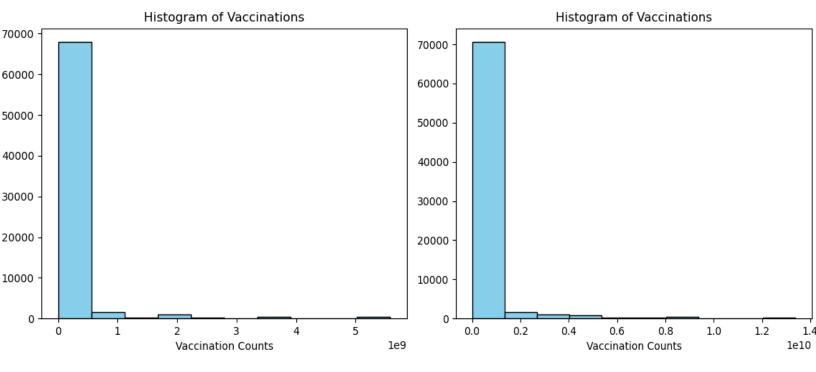
#### Four major processes involved in cleaning are:-

- 1) The whole data contained null data cells at the beginning, implying that the early data was not recorded and probably not registered due to the sudden outbreak of Covid. Hence, those entries were fille with '0'.
- 2) Then the whole data is filtered year and then month wise and 'rolling means' is employed to fill in the null values after observing the definite pattern in the dataset. Since, all columns have different pattern to them,

so, rolling mean of window 4- 18 and for the column vaccinations, window of 50 was taken too. The priority here is kept for the definite pattern to be observed so that no wrong analysis can be done.

- 3) to eradicate the null values for the column = 'population', firstly the data is divided nation-wise and then the mean of the national population is used to fill the null values.
- 4) for filling up the missing age of the demographic from the column = 'age', the dataset is divided into subgroups of age and then median is taken to fill up the null values of the age.

The left histogram represents the number of people who got vaccinated, however, the following right histogram reflects the total vaccinations produced.



## Insights for Decision-Making and Effective Strategies in Combating COVID-19:

The comprehensive COVID-19 dataset offers valuable insights that inform decision-making and the development of effective strategies to combat the ongoing crisis. Researchers have analyzed data to identify patterns related to COVID-19 transmission, severity, and mortality rates. These insights have guided the formulation of evidence-based policies and interventions to control the spread of the virus and reduce mortality rates.

Vaccination campaigns have proven to be a critical tool in reducing COVID-19 deaths and achieving pandemic control. Data analysis has enabled public health authorities to identify regions with low vaccination coverage and prioritize vaccine distribution. Insights from data have also informed strategies for mass vaccination drives, outreach to vulnerable populations, and addressing vaccine hesitancy.

Non-pharmaceutical interventions (NPIs) have played a crucial role in curbing the spread of the virus. Data analysis has provided evidence of the effectiveness of measures such as lockdowns, mask mandates, and social distancing policies. Decision-makers have used these insights to implement targeted NPIs based on regional disease prevalence and healthcare system capacity.

Furthermore, data analysis has underscored the importance of adopting a multidimensional approach in combating COVID-19. Strategies that combine vaccination efforts with NPIs and socioeconomic support have proven more effective in reducing the burden of the disease and promoting equitable access to healthcare resources.

Data-driven decision-making has also been instrumental in early detection and rapid response to emerging outbreaks. Real-time analysis of COVID-19 data allows for prompt identification of regions experiencing surges in cases or deaths, enabling health authorities to implement timely containment measures.

#### Literature extraction

Before the full text assessment, we also reviewed reference lists for relevant literature and discovered additional relevant articles through forward and backward reference tracing, adding them to the search lists to complement the literature identified through database searches. Subsequently, duplicates were removed, and the remaining studies were further screened for relevance and scope by examining each article's abstract, introduction, and conclusion. After filtering, 364 articles remained for the final analysis. We thoroughly reviewed each study's content and conducted thematic analyses to categorize studies based on their topics and study perspectives. This approach effectively identified each study's purpose, data, and results, and grouped them into major topics and sub-topics. When the study subject and transport means were similar across multiple studies, those not significantly meaningful to this study's review subject were not included in the analysis. The articles relevant to each subject were extracted and summarized in tables that included publication details (author(s) and year), study area, research objective and method, data type, and transport mode type.

#### Government's measures

This chapter reviews the literatures on the overall impacts of the COVID-19 outbreak on mobility regardless of the presence or absence of the government's specific measures. Specifically, existing studies are discussed under the following topics:

- (1) the relationship between human contact and COVID-19 transmission;
- (2) the impact of COVID-19 on overall mortality based on observed data;
- (3) the impact on public health services;
- (4) other impacts; and
- (5) changes in personal hygiene behavior based on survey data.

## Research -A Global Perspective

#### 1. Introduction

The COVID-19 pandemic has unleashed a profound global health crisis, challenging nations across the world to grapple with its devastating impact. Amidst efforts to comprehend the intricate dynamics of the virus's spread and severity, a surprising pattern has emerged in the relationship between total COVID-19 cases and total deaths. Unlike conventional infectious diseases, the progression of COVID-19 cases and deaths seems to follow a unique trajectory that varies across nations. This report aims to explore this curious relationship and examine potential factors contributing to the observed patterns. By conducting a comprehensive analysis of COVID-19 data from diverse countries, this study endeavors to unveil insights into the enigmatic association between total cases and total deaths.

#### 2. Methodology

To unravel the mysteries surrounding the intriguing relationship between total COVID-19 cases and total deaths, a systematic and data-driven approach was adopted. A rich dataset was curated from reputable sources such as the World Health Organization (WHO), national health departments, and prominent research databases. The dataset incorporated COVID-19 case and death data from various countries and regions, enabling an expansive global analysis. Advanced statistical techniques, data visualization, and regression analysis were employed to discern underlying trends and correlations between total cases and total deaths.

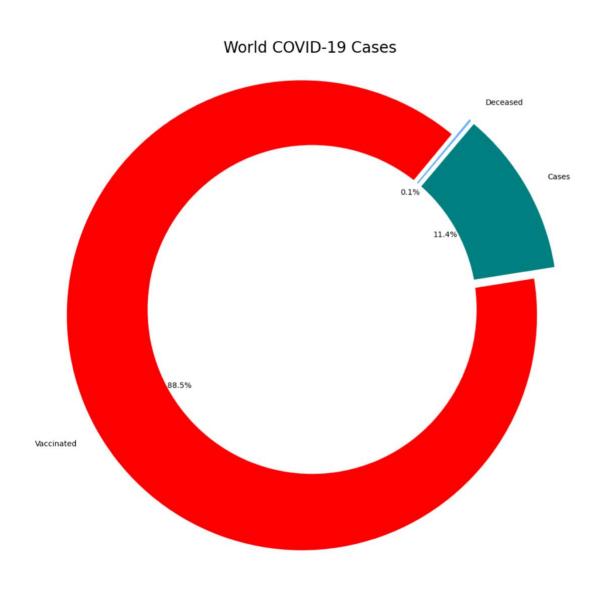
The analysis of the dataset marks with finding the correlation among the input variables, the heat map for which is shown below, the scale by the side of the map depicts the strength of relation between the variables, the lighter the tone the positive and strong the correlation is and the darker the shade implies the negative but still strong correlation. This heat map depicts the direct and inverse correlation among the attributes in concern.

#### 3. Results

The analysis of the dataset unraveled a remarkable pattern in the relationship between total COVID-19 cases and total deaths across diverse nations. Notably, the curve illustrating this association exhibited unexpected variations, suggesting that the pandemic's impact differs significantly from country to country. Intriguingly, some regions displayed a disproportionate increase in total cases without a corresponding surge in total deaths, while others exhibited a more traditional progression. The presence of outliers highlighted the complexity of the phenomenon, requiring a closer examination of influencing factors.

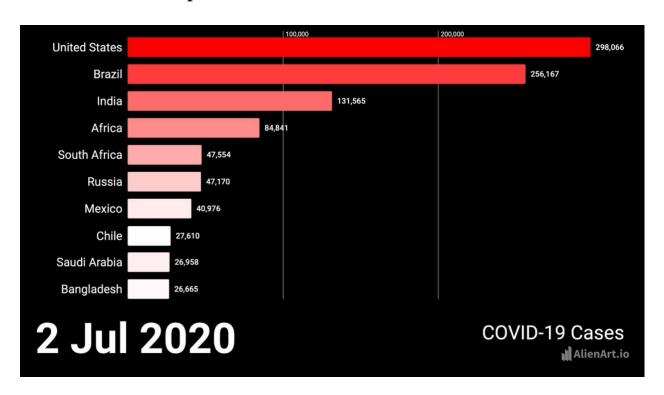
#### 4. Discussion

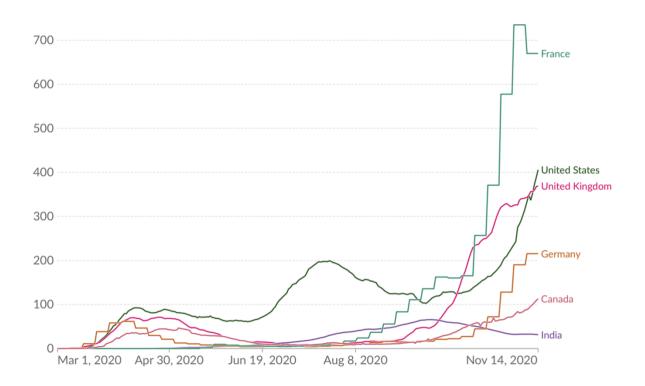
In light of the surprising findings, several potential hypotheses were formulated to shed light on the observed relationship between total COVID-19 cases and total deaths. The effectiveness of early containment measures, healthcare system capacity and preparedness, the prevalence of new variants, and vaccination efforts emerged as key factors warranting in-depth investigation. Regions that swiftly implemented stringent public health measures and sustained high vaccination rates appeared to have managed the pandemic more effectively, reflected in the unique curves in their case-to-death trajectory.

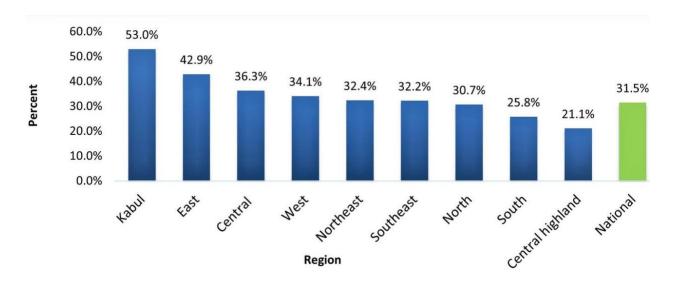


18

Cases Deceased Vaccinated







#### **5. Implications and Recommendations**

The exploration of the curious relationship between total COVID-19 cases and total deaths bears significant implications for public health policies and strategies. Policymakers must consider tailored interventions to address the varying impact of the pandemic on different regions. Enhancing healthcare system capacities, bolstering early containment measures, and prioritizing equitable vaccine distribution remain critical in mitigating the pandemic's consequences. Data-driven decision-making will continue to be essential in guiding evidence-based interventions and formulating adaptive responses to this evolving crisis.

#### 6. Conclusion

In conclusion, the analysis of the unique relationship between total COVID-19 cases and total deaths has offered valuable insights into the pandemic's dynamics. The observed variations in the case-to-death trajectory underscore the multifaceted nature of the COVID-19 crisis, urging further research and cooperation among nations to combat the pandemic effectively. By understanding the contributing factors and crafting targeted interventions, the global community can enhance preparedness and resilience to confront this unprecedented health challenge.

To support the above report, here is an instance from two different coutries at two different time-spans -

location	Afghanistan
date	2020-03-25
total_cases	42.0
total_deaths	1.0
Death_Percentage	2.380952

location	Fiji
date	2020-09-17
total_cases	32.0
total_deaths	2.0
Death_Percentage	6.25

location	Albania
date	2020-10-06
total_cases	14266.0
total_deaths	396.0
Death_Percentage	2.775831

location	Europe
date	2020-08-10
total_cases	3024803.0
total_deaths	218887.0
Death_Percentage	7.236405

This varied percentage of death count reveals that the impact of Covid was not uniform around the globe and the number or ratio of total death counts were different as mentioned in an instance below:-

#### Total Death Count

	TotalDeathCount
location	
United States	1127152.0
Brazil	702421.0
India	531843.0
Russia	398919.0
Mexico	334079.0
United Kingdom	225852.0
Peru	220561.0
Italy	190242.0
Germany	174032.0
France	163437.0
Indonesia	161701.0
Iran	146230.0
Colombia	142741.0

From the actual table containing 228 entries,

United States suffered the most deaths -

And Nauru suffered the least -

United States	1127152.0	Nauru	1.0

and all the other nations swinged in between, other than economic mobility the other reason that could be stated for this chance of events is freedom of expression and lack of control of government official bodies.

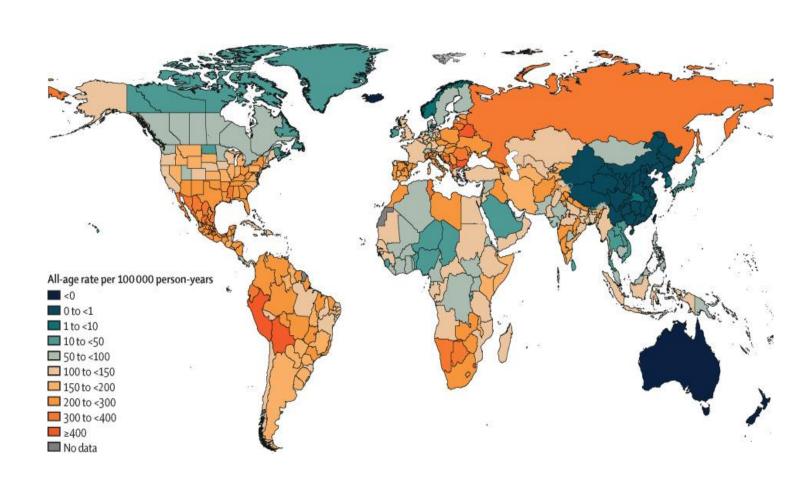
Due to freedom of expression, masses were protesting against government policies at large extent which remained the major cause of spread of Covid, due to unawareness of the spread and adversities caused by this virus at a large extent and vulnerability of the unknown along with the lack of government initiation/slow application of law and policies/unable to read the situation properly were some drawbacks on the official's side.

The same studies have been done in accordance to taking into consideration a single nation and to observe how the spread of Covid boomed over the passing days. For an instance, if the nation into consideration is, India, for example. Then, we know although the Covid marked its presence from 2019 but due to some unknown or unverified reasons, the data from the initial days has not been recorded, however, starting from January 2020, the records for all parameters were recorded appropriately.

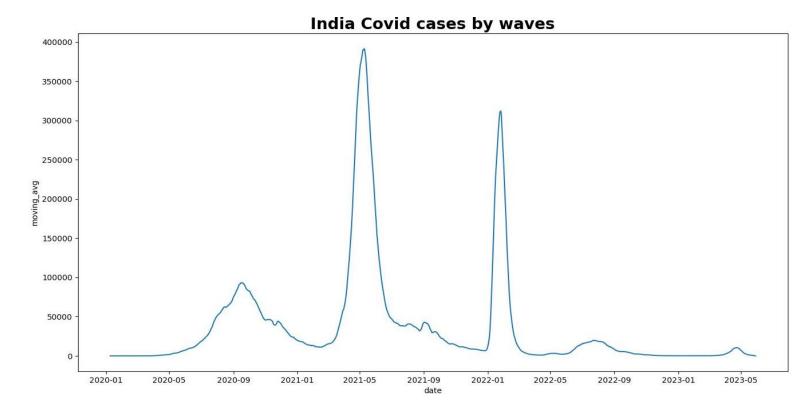
The values for the parameters for India followed a curve which is theoretically justified from January 2020 - January 2022, however, post this timeframe a quick surge in the Covid cases were again seen accompanied by the birth of new variant, it was unfortunate that even after controlling the Covid after an year of its spread, its new variant had the impacts the nationals similarly, although from the graph it is clear that the extent of impact was comparatively low, however,

Lack of controlling the circumstances was marked as a failure and similar trend is seen for all the nations.

## Below is the : Global distribution of estimated excess mortality rate due to the COVID-19 pandemic, for the cumulative period



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## **Executive Summary:**

The COVID-19 pandemic has presented unprecedented challenges to global public health and economies. This report provides a comprehensive analysis of key insights derived from data to inform decision-making and the development of effective strategies to combat the ongoing COVID-19 crisis. The insights cover epidemiological trends, vulnerable populations, healthcare system capacity, vaccination effectiveness, testing, and contact tracing, public compliance, economic impact, and the importance of global cooperation. Based on these insights, the report recommends targeted interventions, vaccination campaigns, healthcare preparedness, testing and tracing improvements, public awareness, travel restrictions, economic support, research and development, and global collaboration.

## Data Driven Recommendations

## 1. Epidemiological Trends:

- Analyze the spread of the virus over time to identify hotspots and potential areas of concern.
- Monitor the reproductive number (R0) and the impact of different variants to guide targeted interventions.
- Use modeling and forecasting to anticipate potential future trends and prepare for different scenarios.

#### **Recommendation:**

Implement targeted interventions in areas with high transmission rates, and closely monitor areas experiencing outbreaks.

### 2. Vulnerable Populations:

- Identify demographic groups most vulnerable to severe outcomes from COVID-19.
- Prioritize vaccination and resource allocation based on vulnerability.

#### **Recommendation:**

Launch vaccination campaigns focusing on high-risk groups, such as elderly individuals and individuals with underlying health conditions.

## 3. Healthcare System Capacity:

- Monitor hospitalization rates, ICU admissions, and medical resource availability.
- Plan for resource allocation and surge capacity.

#### **Recommendation:**

Build healthcare system capacity to handle surges and emergencies effectively.

#### 4. Vaccination Effectiveness:

- Analyze vaccination data to assess vaccine effectiveness and the need for booster shots.
- Monitor the overall impact of vaccination on reducing severe cases and deaths.

#### **Recommendation:**

Ensure equitable distribution of vaccines and prioritize booster shots as needed.

## **5. Testing and Contact Tracing:**

- Improve testing rates and effectiveness of contact tracing efforts.
- Early detection and containment are crucial in managing outbreaks.

#### **Recommendation:**

Enhance testing capacity and contact tracing efforts to identify and isolate cases promptly.

## 6. Public Compliance:

- Analyze data on public adherence to preventive measures (e.g., mask-wearing, social distancing).
- Evaluate the effectiveness of public health campaigns and messaging.

#### **Recommendation:**

Improve public health messaging to encourage preventive behaviors and combat misinformation.

### 7. Impact on Economy and Society:

- Assess the economic and social impact of the pandemic.
- Identify sectors and vulnerable populations requiring targeted support.

#### **Recommendation:**

Provide financial aid and support to affected businesses and individuals.

#### 8. Travel Restrictions and Quarantine Measures:

- Analyze data from high-risk regions to implement travel restrictions and quarantine protocols.

#### **Recommendation:**

Implement travel restrictions and quarantine measures based on data from high-risk regions.

#### 9. Global Collaboration:

- Identify successful strategies and areas requiring international cooperation.
- Strengthen global collaboration to share knowledge, resources, and best practices.

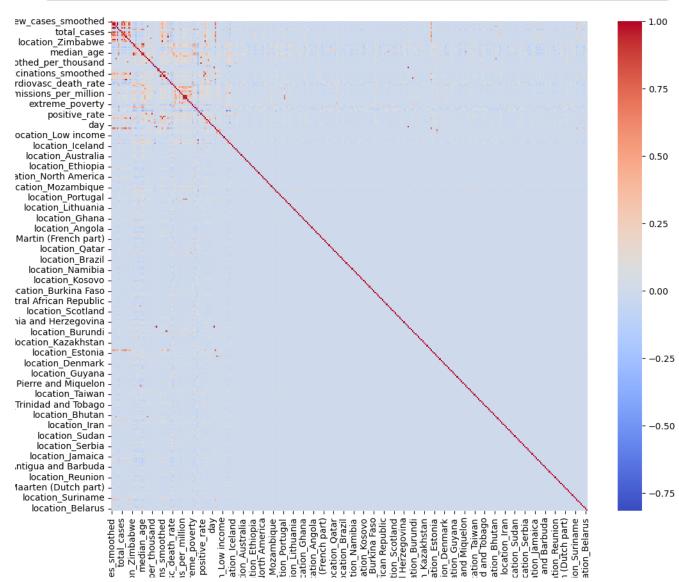
#### **Conclusion:**

Data-driven insights are invaluable in combating the ongoing COVID-19 crisis. This report has highlighted key insights that can guide decision-making and the development of effective strategies. By implementing targeted interventions, prioritizing vaccination campaigns, improving healthcare capacity, enhancing testing and tracing efforts, and promoting public awareness, we can work together to navigate through these challenging times and minimize the impact of the pandemic on public health and societies worldwide. Continuous monitoring and evaluation of data will be crucial in making informed adjustments as the situation evolves.

## Appendix

#### Feature engineering for column - 'date'

```
In [15]: # Convert the 'date' column to a datetime data type
         data['date'] = pd.to_datetime(data['date'])
         # Extract year, month, and day features
         data['year'] = data['date'].dt.year
         data['month'] = data['date'].dt.month
         data['day'] = data['date'].dt.day
         # Extract day of the week as a numerical value (0=Monday, 6=Sunday)
         data['day_of_week'] = data['date'].dt.dayofweek
         # Extract week of the year
         data['week_of_year'] = data['date'].dt.isocalendar().week
         # Extract quarter
         data['quarter'] = data['date'].dt.quarter
         # Extract whether it's a weekend (1) or a weekday (0)
         data['is_weekend'] = data['day_of_week'].apply(lambda x: 1 if x in [5, 6] else 0)
         # Extract the day of the year
         data['day_of_year'] = data['date'].dt.dayofyear
```

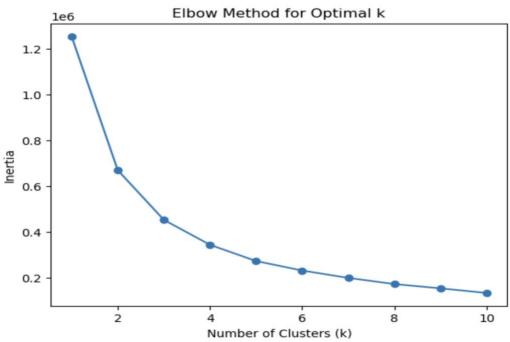


```
In [6]: # Create a contingency table
        contingency_table = pd.crosstab(crosstab_data['continent'], crosstab_data['tests_units'])
In [7]: # Perform the chi-square test
        chi2, p, dof, expected = chi2_contingency(contingency_table)
        # Output the test results
        print("Chi-Square Statistic:", chi2)
        print("P-Value:", p)
print("Degrees of Freedom:", dof)
        print("Expected Frequencies Table:")
        print(expected)
        Chi-Square Statistic: 42275.2313136625
        P-Value: 0.0
        Degrees of Freedom: 24
        Expected Frequencies Table:
        [[9.82015540e+03 7.73184035e+02 4.56148618e+02 3.80951393e+03
          3.99980177e+01]
          [4.65117730e+04 3.66207650e+03 2.16048322e+03 1.80432223e+04
          1.89444937e+02]
          [4.09350004e+04 3.22299266e+03 1.90144077e+03 1.58798357e+04
          1.66730444e+02]
          [4.47275485e+04 3.52159666e+03 2.07760556e+03 1.73510716e+04
          1.82177695e+02]
          [3.34632720e+04 2.63471061e+03 1.55437716e+03 1.29813425e+04
          1.36297695e+02]
          [1.95842860e+04 1.54195699e+03 9.09694871e+02 7.59729428e+03
          7.97678434e+01]
          [1.14369647e+04 9.00482540e+02 5.31249803e+02 4.43671963e+03
          4.65833682e+01]]
```

The Chi-Square Statistic is 42275.23 with 24 degrees of freedom, resulting in a p-value of 0.0. The observed data significantly differs from the expected frequencies in the contingency table.

```
In [11]: # Apply k-means clustering for different values of k
   inertia = []
   for k in range(1, 11):
        kmeans = KMeans(n_clusters=k, random_state=42)
        kmeans.fit(features_scaled)
        inertia.append(kmeans.inertia_)

In [12]: # Plot the elbow curve
   plt.plot(range(1, 11), inertia, marker='o')
   plt.title('Elbow Method for Optimal k')
   plt.xlabel('Number of Clusters (k)')
   plt.ylabel('Inertia')
   plt.show()
```



```
In [15]: data['cluster_label'] = kmeans.labels_
In [33]: import matplotlib.pyplot as plt
         from matplotlib.ticker import FuncFormatter
         # Assuming 'data' is your DataFrame with 'population' not in scientific notation
         plt.figure(figsize=(10, 6))
         # Scatter plot with color-coded clusters
         scatter = plt.scatter(data['total_cases'], data['population'], c=data['cluster_label'], cmap='viridis',alpha=0.6, s=
         # Add labels and title
         plt.xlabel('Total Cases')
         plt.ylabel('population_density')
         plt.title('Scatter Plot of Total Cases vs Population with Clusters')
         # Add colorbar
         colorbar = plt.colorbar(scatter)
         colorbar.set_label('Cluster Label')
         # Format the population axis tick labels
         plt.gca().yaxis.set_major_formatter(FuncFormatter(lambda x, _: '{:,.0f}'.format(x)))
         # Show the plot
         plt.show()
```

Scatter Plot of Total Cases vs Population with Clusters

T 2.00

#### Classification

```
In [19]: from sklearn.model_selection import train_test_split
          from sklearn.linear_model import LogisticRegression
         from sklearn.metrics import accuracy_score
In [20]: # Randomly select 10,000 rows
         df_sample = data.sample(n=10000, random_state=42) # Set random_state for reproducibility
In [21]: # Assuming 'target' is your target variable
         target = df_sample['total_deaths']
In [22]: input_variables = df_sample[['total_cases', 'new_cases', 'population']]
In [23]: # Splitting the data into training and testing sets
         X_train, X_test, y_train, y_test = train_test_split(input_variables, target, test_size=0.2)
In [24]: #creating logistic regression model
         clf = LogisticRegression(max_iter=100)
In [25]: from sklearn.preprocessing import StandardScaler
         scaler = StandardScaler()
         X_train_scaled = scaler.fit_transform(X_train)
In [26]: from sklearn.pipeline import make_pipeline
         logistic_regression_model = make_pipeline(StandardScaler(), LogisticRegression())
In [27]: X_train_scaled.mean(axis=0)
Out[27]: array([-5.32907052e-18, 5.55111512e-18, 1.33226763e-17])
In [28]: clf.fit(X_train, y_train)
         /Applications/anaconda3/lib/python3.9/site-packages/sklearn/linear_model/_logistic.py:444: ConvergenceWarning: lbfg
         s failed to converge (status=1):
         STOP: TOTAL NO. of ITERATIONS REACHED LIMIT.
         Increase the number of iterations (max_iter) or scale the data as shown in:
             https://scikit-learn.org/stable/modules/preprocessing.html
         Please also refer to the documentation for alternative solver options:
             https://scikit-learn.org/stable/modules/linear_model.html#logistic-regression
           n_iter_i = _check_optimize_result(
Out[28]: LogisticRegression()
         In a Jupyter environment, please rerun this cell to show the HTML representation or trust the notebook.
         On GitHub, the HTML representation is unable to render, please try loading this page with nbviewer.org.
In [29]: y_pred = clf.predict(X_test)
In [30]: #evaluating the model
         accuracy = accuracy_score(y_test, y_pred)
         print("Accuracy:", accuracy)
         Accuracy: 0.1755
```

## Second Phase of CRISP-DM

Objectives: 1. Data Transformation 2. Feature engineering 3. Co-relation analysis Data Transformation

```
# Data Transformation
```

is o - c o d e	o n ti n e n t	lo ca ti o n	d a t e	to ta l_ c as es	n e w - c a se s	new _ca ses_ smo oth ed	to ta l_ de at hs	ne w de at hs	new _de aths _sm ooth ed	 m ale _s m ok er s	han dwa shin g_fa ciliti es	hospi tal_b eds_p er_th ousa nd	lif e_ ex pe cta nc y	hum an_d evelo pme nt_in dex	p o p ul at io n	excess_ mortali ty_cum ulative _absolu te	exces s_mo rtalit y_cu mula tive	exc ess _m ort alit y	excess_ mortalit y_cumu lative_p er_milli on
			2												4				

	is o - c o d e	c o n ti n e n t	lo ca ti o n	d a t e	to ta l_ c as es	n e w - c a se s	new _ca ses_ smo oth ed	to ta l_ de at hs	ne w de at hs	new _de aths _sm ooth ed	 m ale _s m ok er s	han dwa shin g_fa ciliti es	hospi tal_b eds_p er_th ousa nd	lif e_ ex pe cta nc	hum an_d evelo pme nt_in dex	p o p ul at io n	excess_ mortali ty_cum ulative _absolu te	exces s_mo rtalit y_cu mula tive	exc ess _m ort alit y	excess_ mortalit y_cumu lative_p er_milli on
3	A F G	A si a	A fg ha ni st an	2 0 2 0 - 0 1 - 0 6	0.	0. 0	0.0	0.	0. 0	0.0	 0.	37.7 46	0.5	64. 83	0.511	4 1 1 2 8 7 7 7 2. 0	0.0	0.0	0.0	0.0
4	A F G	A si a	A fg ha ni st an	2 0 2 0 - 0 1 - 0 7	0. 0	0. 0	0.0	0. 0	0. 0	0.0	 0. 0	37.7 46	0.5	64. 83	0.511	4 1 1 2 8 7 7 2. 0	0.0	0.0	0.0	0.0

#### 5 rows × 67 columns

data.isnull().sum().sum() data.info() <class 'pandas.core.frame.DataFrame'> RangeIndex: 313267 entries, 0 to 313266 Data columns (total 67 columns): # Column Non-Null Count Dtype --- ----------0 iso code 313267 non-null object 1 continent 313267 non-null object 2 location 313267 non-null object date 313267 non-null object 3 4 total cases 313267 non-null float64 5 new cases 313267 non-null float64 313267 non-null float64 6 new cases smoothed 313267 non-null float64 7 total deaths 8 new deaths 313267 non-null float64 9 new deaths smoothed 313267 non-null float64 10 total cases per million 313267 non-null float64

313267 non-null float64

313267 non-null float64

313267 non-null float64

313267 non-null float64 313267 non-null float64

313267 non-null float64

313267 non-null float64

16 reproduction\_rate
17 icu patients

11 new cases per million

13 total\_deaths\_per\_million
14 new deaths per million

12 new cases smoothed per million

15 new deaths smoothed per million

```
313267 non-null float64
 18 icu patients per million
 19 hosp patients
                                                                 313267 non-null float64
                                                                 313267 non-null float64
 20 hosp patients per million
                                                             313267 non-null float64
313267 non-null float64
313267 non-null float64
 21 weekly icu admissions
 22 weekly_icu_admissions_per_million
23 weekly_hosp_admissions
 24 weekly_hosp_admissions_per_million 313267 non-null float64
25 total tests 313267 non-null float64
 26 new tests
                                                                313267 non-null float64
 27 total tests per thousand
                                                                 313267 non-null float64
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313267 non-null float64
313267 non-null float64
313267 non-null float64
 28 new tests per thousand
 29 new tests smoothed
 30 new tests_smoothed_per_thousand
 31 positive rate
                                                                313267 non-null float64
 32 tests_per_case
                                                                313267 non-null float64
                                                                 313267 non-null object
 33 tests units
                                                               313267 non-null float64
34total_vaccinations313267 non-nullfloat6435people_vaccinated313267 non-nullfloat6436people_fully_vaccinated313267 non-nullfloat6437total_boosters313267 non-nullfloat6438new_vaccinations313267 non-nullfloat6439new_vaccinations_smoothed313267 non-nullfloat6440total_vaccinations_per_hundred313267 non-nullfloat6441people_vaccinated_per_hundred313267 non-nullfloat6442people_fully_vaccinated_per_hundred313267 non-nullfloat6443total_boosters_per_hundred313267 non-nullfloat6444new_vaccinations_smoothed_per_million313267 non-nullfloat6445new_people_vaccinated_smoothed313267 non-nullfloat6446new_people_vaccinated_smoothed313267 non-nullfloat6446new_people_vaccinated_smoothed313267 non-nullfloat64
 34 total vaccinations
 46 new people vaccinated smoothed per hundred 313267 non-null float64
 47 stringency index
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64 excess mortality_cumulative 313267 non-null float64
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[313267 rows x 67 columns]>
data = data.drop duplicates()
data.shape
(313267, 67)
# checking the columns for the presence of categorical values
categorical columns = data.select dtypes(include=['object', 'category'])
# Print the list of categorical columns
print("Categorical Columns:")
print(categorical columns.columns)
Categorical Columns:
Index(['iso code', 'continent', 'location', 'date', 'tests units'], dtype='object')
#converting categorical values into numerical except 'date'
from sklearn.preprocessing import LabelEncoder
label encoder = LabelEncoder()
#for iso code using label encoding
data['iso code'] = label encoder.fit transform(data['iso code'])
#for continent using label encoding
data['continent'] = label encoder.fit transform(data['continent'])
#for loaction using one-hot encoding
data = pd.get dummies(data, columns=['location'])
#for test units using one-hot encoding
data = pd.get dummies(data, columns=['tests units'])
Feature engineering for column - 'date'
# Convert the 'date' column to a datetime data type
data['date'] = pd.to datetime(data['date'])
# Extract year, month, and day features
data['year'] = data['date'].dt.year
data['month'] = data['date'].dt.month
data['day'] = data['date'].dt.day
# Extract day of the week as a numerical value (0=Monday, 6=Sunday)
data['day of week'] = data['date'].dt.dayofweek
```

```
# Extract week of the year
data['week of year'] = data['date'].dt.isocalendar().week
# Extract quarter
data['quarter'] = data['date'].dt.quarter
# Extract whether it's a weekend (1) or a weekday (0)
data['is weekend'] = data['day of week'].apply(lambda x: 1 if x in [5, 6] else 0)
# Extract the day of the year
data['day of year'] = data['date'].dt.dayofyear
data.head()
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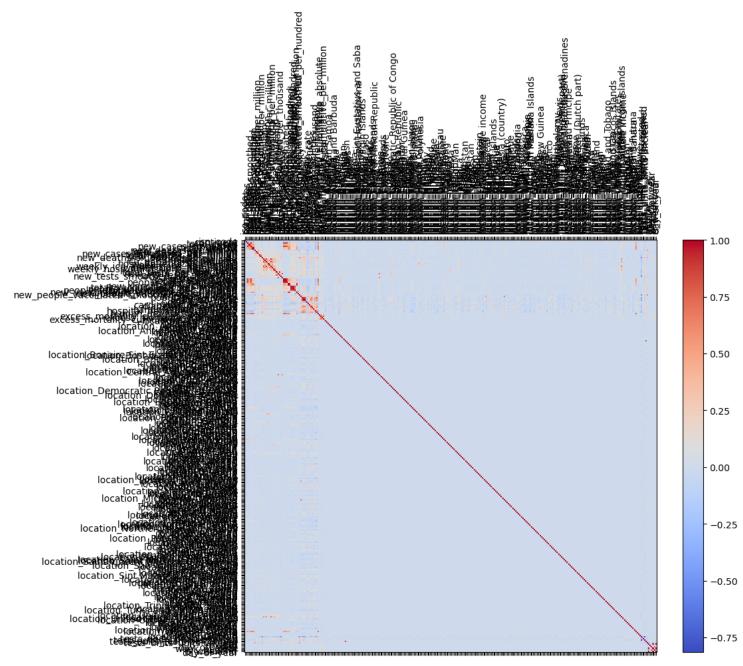
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5 rows × 333 columns

### **Correlation Analysis**

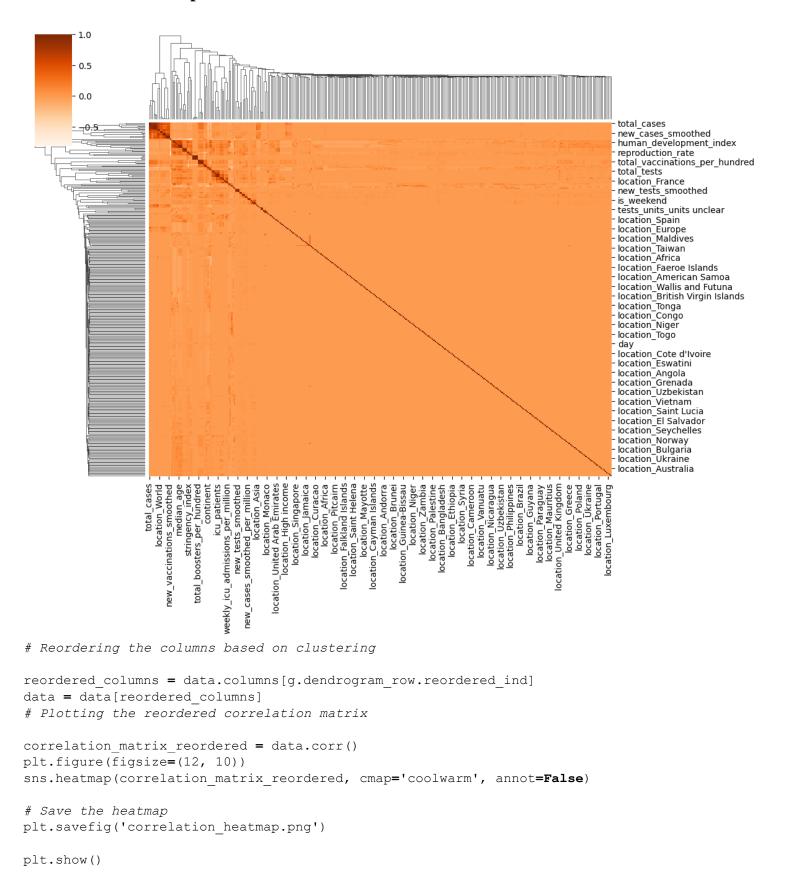
```
import matplotlib.pyplot as plt
# Calculating the Pearson correlation matrix
correlation_matrix = data.corr()
# Ploting a correlation matrix heatmap

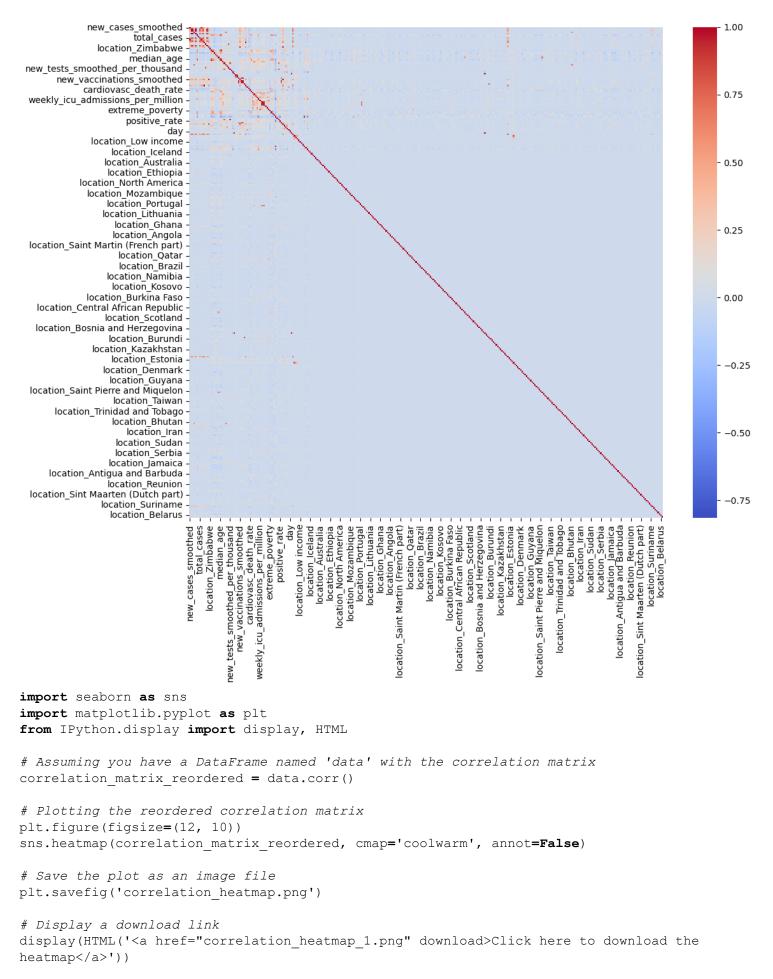
plt.figure(figsize=(10, 8))
plt.matshow(correlation_matrix, cmap='coolwarm', fignum=1)
plt.colorbar()
plt.xticks(range(len(correlation_matrix.columns)), correlation_matrix.columns, rotation=90)
plt.yticks(range(len(correlation_matrix.columns)), correlation_matrix.columns)
plt.show()
```



import seaborn as sns
# Create a hierarchical clustering of columns

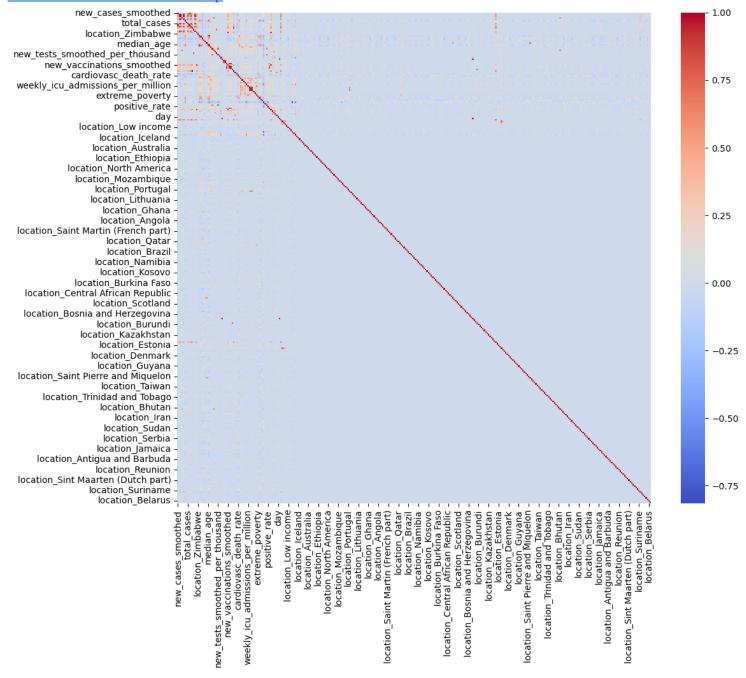
g = sns.clustermap(correlation\_matrix, cmap='Oranges', figsize=(12, 10))





# Show the plot
plt.show()

#### Click here to download the heatmap



```
import numpy as np
import pandas as pd
import matplotlib.pyplot as plt
%matplotlib inline
world_data = pd.read_csv('world_covid_dataset.csv')
world_data.head(3)
```

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### 3 rows × 50 columns

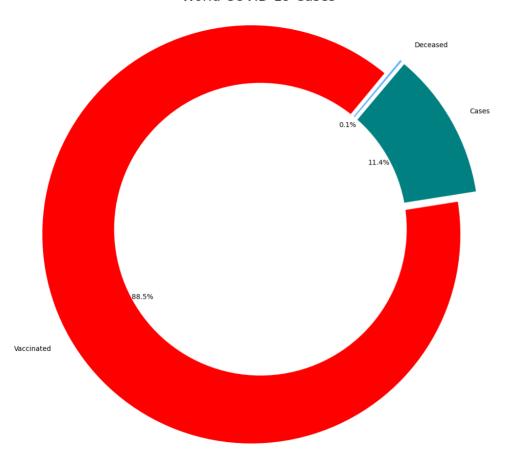
```
world data.isnull().sum().sum()
world_cases = world_data['total_cases'].sum()
world deaths = world data['total deaths'].sum()
world_vaccinated = world_data['people_fully_vaccinated'].sum()
labels = ['Cases','Deceased','Vaccinated']
sizes = [world_cases, world_deaths, world_vaccinated]
color= ['teal','#66b3ff','red']
explode = []
for i in labels:
    explode.append(0.05)
plt.figure(figsize= (15,10))
```

produced by : Samanta Rana

```
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors =
color)
centre_circle = plt.Circle((0,0),0.70,fc='white')

fig = plt.gcf()
fig.gca().add_artist(centre_circle)
plt.legend(labels, loc='upper right', bbox_to_anchor=(1.2, 1))
plt.title('World COVID-19 Cases',fontsize = 20)
plt.axis('equal')
plt.tight_layout()
```

#### World COVID-19 Cases



africa\_data = pd.read\_csv('Africa\_covid\_dataset.csv')
africa\_data.head(3)

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#### 3 rows × 67 columns

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africa_data.isnull().sum().sum()
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africa_cases = africa_data['total_cases'].sum()
africa_deaths = africa_data['total_deaths'].sum()
africa_vaccinated = africa_data['people_fully_vaccinated'].sum()

labels = ['Cases','Deceased','Vaccinated']
sizes = [africa_cases,africa_deaths,africa_vaccinated]
color= ['teal','#66b3ff','red']
explode = []

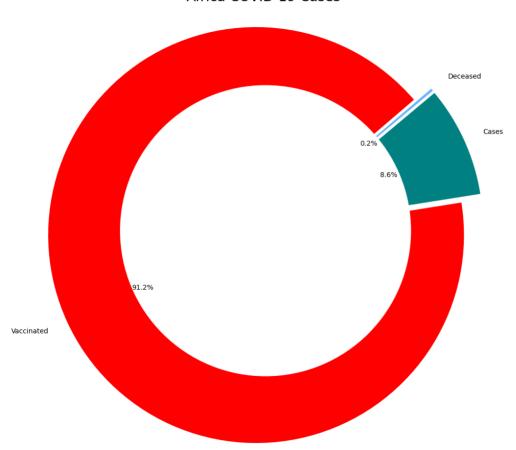
for i in labels:
    explode.append(0.05)

plt.figure(figsize= (15,10))
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors = color)
centre_circle = plt.Circle((0,0),0.70,fc='white')

fig = plt.gcf()
fig.gca().add_artist(centre_circle)
```

plt.legend(labels, loc='upper right', bbox\_to\_anchor=(1.2, 1))
plt.title('Africa COVID-19 Cases', fontsize = 20)
plt.axis('equal')
plt.tight\_layout()

#### Africa COVID-19 Cases



asia\_data = pd.read\_csv('Asia\_covid\_dataset.csv')
asia data.head(3)

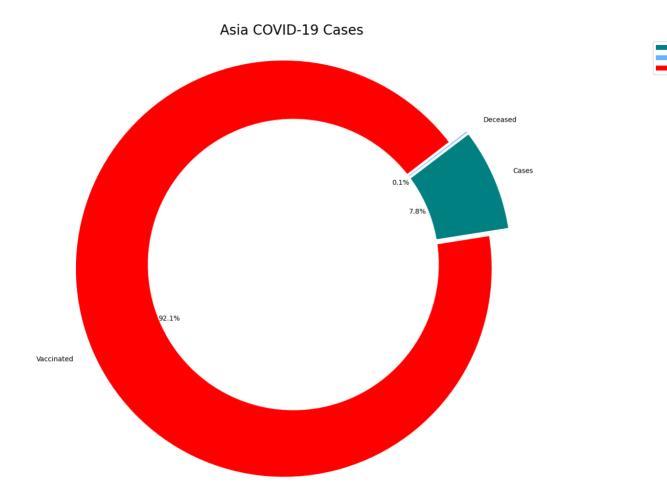
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### 3 rows × 67 columns

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asia data.isnull().sum().sum()
asia cases = asia data['total cases'].sum()
asia deaths = asia data['total deaths'].sum()
asia vaccinated = asia data['people fully vaccinated'].sum()
labels = ['Cases','Deceased','Vaccinated']
sizes = [asia cases,asia deaths,asia vaccinated]
color= ['teal','#66b3ff','red']
explode = []
for i in labels:
    explode.append(0.05)
plt.figure(figsize= (15,10))
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors =
color)
centre circle = plt.Circle((0,0),0.70,fc='white')
fig = plt.gcf()
fig.gca().add artist(centre circle)
plt.title('Asia COVID-19 Cases', fontsize = 20)
plt.legend(labels, loc='upper right', bbox_to_anchor=(1.2, 1))
plt.axis('equal')
plt.tight layout()
```



sa\_data = pd.read\_csv('South\_America\_covid\_dataset.csv')
sa\_data.head(3)

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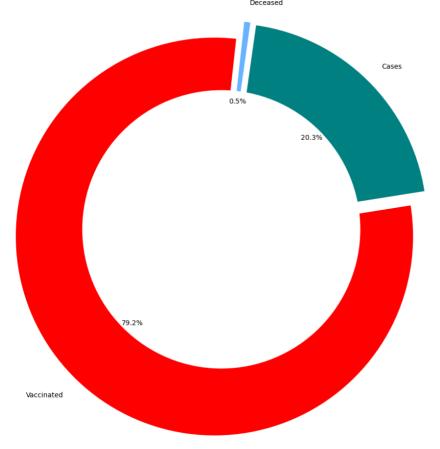
Cases Deceased Vaccinated

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#### $3 \text{ rows} \times 67 \text{ columns}$

```
sa data.isnull().sum().sum()
sa cases = sa data['total cases'].sum()
sa_deaths = sa_data['total_deaths'].sum()
sa vaccinated = sa data['people fully vaccinated'].sum()
labels = ['Cases','Deceased','Vaccinated']
sizes = [sa cases,sa deaths,sa_vaccinated]
color= ['teal','#66b3ff','red']
explode = []
for i in labels:
    explode.append(0.05)
plt.figure(figsize= (15,10))
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors =
color)
centre_circle = plt.Circle((0,0),0.70,fc='white')
fig = plt.gcf()
fig.gca().add artist(centre circle)
plt.subplots adjust(top=0.85)
plt.legend(labels, loc='upper right', bbox to anchor=(1.2, 1))
plt.title('South America COVID-19 Cases', fontsize = 30)
plt.axis('equal')
plt.tight_layout()
```

# South America COVID-19 Cases



na\_data = pd.read\_csv('North\_America\_covid\_dataset.csv')
na\_data.head(3)

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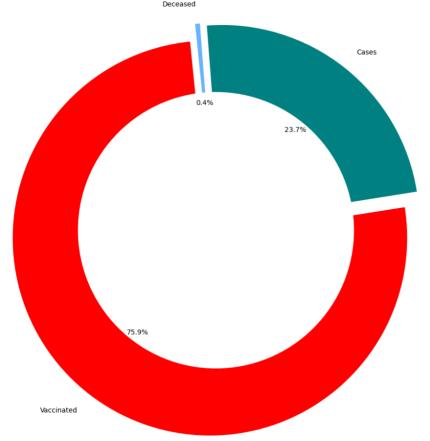
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#### $3 \text{ rows} \times 67 \text{ columns}$

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na data.isnull().sum().sum()
na cases = na data['total cases'].sum()
na_deaths = na_data['total_deaths'].sum()
na vaccinated = na data['people fully vaccinated'].sum()
labels = ['Cases','Deceased','Vaccinated']
sizes = [na cases,na deaths,na_vaccinated]
color= ['teal','#66b3ff','red']
explode = []
for i in labels:
    explode.append(0.05)
plt.figure(figsize= (15,10))
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors =
color)
centre circle = plt.Circle((0,0),0.70,fc='white')
fig = plt.gcf()
fig.gca().add artist(centre circle)
plt.subplots adjust(top=0.85)
plt.legend(labels, loc='upper right', bbox to anchor=(1.2, 1))
plt.title('North America COVID-19 Cases', fontsize = 30)
plt.axis('equal')
plt.tight_layout()
```

# North America COVID-19 Cases



oceania\_data = pd.read\_csv('Oceania\_covid\_dataset.csv')
oceania\_data.isnull().sum().sum()
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oceania\_data.head(3)

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Cases Deceased Vaccinated

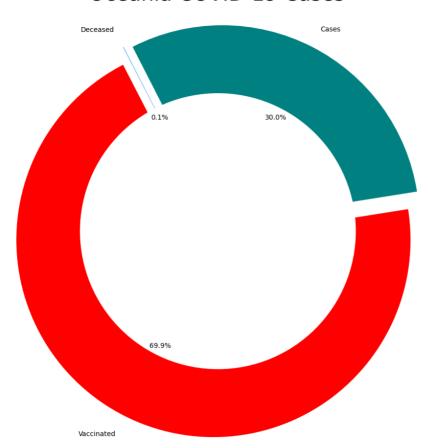
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#### 3 rows × 67 columns

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oceania cases = oceania data['total cases'].sum()
oceania deaths = oceania data['total deaths'].sum()
oceania vaccinated = oceania data['people fully vaccinated'].sum()
labels = ['Cases','Deceased','Vaccinated']
sizes = [oceania cases,oceania deaths,oceania vaccinated]
color= ['teal','#66b3ff','red']
explode = []
for i in labels:
    explode.append(0.05)
plt.figure(figsize= (15,10))
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors =
centre circle = plt.Circle((0,0),0.70,fc='white')
fig = plt.gcf()
fig.gca().add artist(centre circle)
plt.subplots adjust(top=0.85)
plt.legend(labels, loc='upper right', bbox to anchor=(1.2, 1))
plt.title('Oceania COVID-19 Cases', fontsize = 30)
plt.axis('equal')
```

plt.tight\_layout()

# Oceania COVID-19 Cases



europe\_data = pd.read\_csv('Europe\_covid\_dataset.csv')
europe\_data.head(3)

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Cases
Deceased

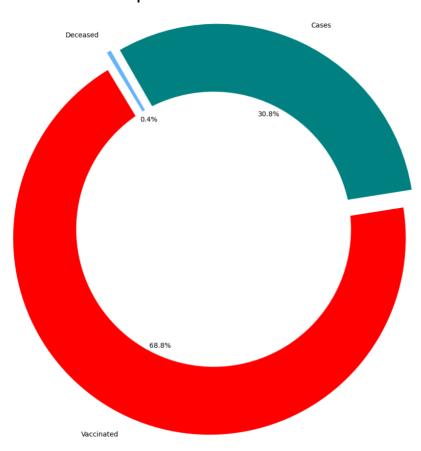
Vaccinated

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```

#### 3 rows × 67 columns

```
europe data.isnull().sum().sum()
europe cases = europe data['total cases'].sum()
europe deaths = europe data['total deaths'].sum()
europe vaccinated = europe data['people fully vaccinated'].sum()
labels = ['Cases','Deceased','Vaccinated']
sizes = [europe_cases,europe_deaths,europe vaccinated]
color= ['teal', '#66b3ff', 'red']
explode = []
for i in labels:
    explode.append(0.05)
plt.figure(figsize= (15,10))
plt.pie(sizes, labels=labels, autopct='%1.1f%%', startangle=9, explode =explode,colors =
color)
centre_circle = plt.Circle((0,0),0.70,fc='white')
fig = plt.gcf()
fig.gca().add artist(centre circle)
plt.subplots adjust(top=0.85)
plt.legend(labels, loc='upper right', bbox_to_anchor=(1.2, 1))
plt.title('Europe COVID-19 Cases', fontsize = 30)
plt.axis('equal')
plt.tight_layout()
```

# Europe COVID-19 Cases



data= pd.read\_csv('final\_covid\_dataset.csv')
data.head(3)

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Deceased Vaccinated

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#### $3 \text{ rows} \times 67 \text{ columns}$

```
data.isnull().sum().sum()
categorical_columns = data.select_dtypes(include=['object']).columns.tolist()
print("Columns with Categorical Values:", categorical columns)
Columns with Categorical Values: ['iso code', 'continent', 'location', 'date', 'tests units'
numerical columns = data.select dtypes(include=['number']).columns.tolist()
print("Columns with Numerical Values:", numerical columns)
Columns with Numerical Values: ['total cases', 'new cases', 'new cases smoothed', 'total dea
ths', 'new_deaths', 'new_deaths_smoothed', 'total_cases_per_million', 'new_cases_per_million
', 'new_cases_smoothed_per_million', 'total_deaths_per_million', 'new_deaths_per_million', '
new deaths smoothed per million', 'reproduction rate', 'icu patients', 'icu patients per mil
lion', 'hosp patients', 'hosp patients per million', 'weekly icu admissions', 'weekly icu ad
missions per million', 'weekly hosp admissions', 'weekly hosp admissions per million', 'tota
1 tests', 'new tests', 'total tests per thousand', 'new tests per thousand', 'new tests smoo
thed', 'new tests smoothed per thousand', 'positive rate', 'tests per case', 'total vaccinat
ions', 'people_vaccinated', 'people_fully_vaccinated', 'total_boosters', 'new_vaccinations',
'new vaccinations_smoothed', 'total_vaccinations_per_hundred', 'people_vaccinated_per_hundre
d', 'people_fully_vaccinated_per_hundred', 'total_boosters per hundred', 'new vaccinations s
moothed_per_million', 'new_people_vaccinated_smoothed', 'new_people_vaccinated_smoothed_per_
hundred', 'stringency_index', 'population_density', 'median_age', 'aged_65_older', 'aged_70_
older', 'gdp per capita', 'extreme poverty', 'cardiovasc death rate', 'diabetes prevalence',
'female smokers', 'male smokers', 'handwashing facilities', 'hospital beds per thousand', 'l
ife_expectancy', 'human_development_index', 'population', 'excess_mortality_cumulative_absol
ute', 'excess_mortality_cumulative', 'excess_mortality', 'excess_mortality_cumulative_per_mi
llion']
binary columns = []
for column in numerical columns:
```

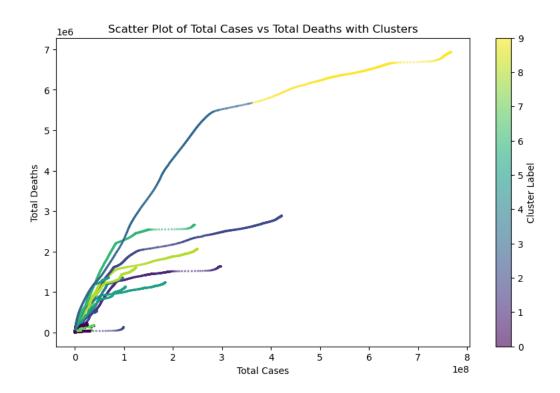
unique values = data[column].unique()

```
if len(unique values) == 2 and set(unique values) <= {0, 1}:</pre>
        binary columns.append(column)
print("Binary Columns:", binary columns)
Binary Columns: []
from sklearn.cluster import KMeans
import matplotlib.pyplot as plt
features = data[['total cases', 'new cases', 'total deaths', 'population']]
# Standardize the data (optional but recommended for k-means)
from sklearn.preprocessing import StandardScaler
scaler = StandardScaler()
features scaled = scaler.fit transform(features)
\# Apply k-means clustering for different values of k
inertia = []
for k in range(1, 11):
    kmeans = KMeans(n clusters=k, random state=42)
    kmeans.fit(features scaled)
    inertia.append(kmeans.inertia )
# Plot the elbow curve
plt.plot(range(1, 11), inertia, marker='o')
plt.title('Elbow Method for Optimal k')
plt.xlabel('Number of Clusters (k)')
plt.ylabel('Inertia')
plt.show()
                 Elbow Method for Optimal k
     1e6
  1.2
  1.0
  0.8
  0.6
  0.4
  0.2
                    Number of Clusters (k)
#from the elbow graph abive
k = 3
#creating a kmeans model
kmeans = KMeans(n clusters = k)
kmeans.fit(features)
KMeans
KMeans(n_clusters=10)
data['cluster label'] = kmeans.labels
from matplotlib.ticker import FuncFormatter
# Assuming 'data' is your DataFrame with 'population' not in scientific notation
plt.figure(figsize=(10, 6))
```

```
# Scatter plot with color-coded clusters
scatter = plt.scatter(data['total cases'], data['population'], c=data['cluster label'],
cmap='viridis',alpha=0.6, s=30, linewidths=0.5)
# Add labels and title
plt.xlabel('Total Cases')
plt.ylabel('population density')
plt.title('Scatter Plot of Total Cases vs Population with Clusters')
# Add colorbar
colorbar = plt.colorbar(scatter)
colorbar.set label('Cluster Label')
# Format the population axis tick labels
plt.gca().yaxis.set major formatter(FuncFormatter(lambda x, : '{:,.0f}'.format(x)))
# Show the plot
plt.show()
                    Scatter Plot of Total Cases vs Population with Clusters
  8,000,000,000
                                                                            8
  7,000,000,000
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  6,000,000,000
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  2,000,000,000
                                                                            2
  1,000,000,000
                                                                            1
                                                5
                                                                     8
                                                                   1e8
                                     Total Cases
plt.figure(figsize=(10, 6))
# Scatter plot with color-coded clusters
scatter = plt.scatter(data['total cases'], data['new cases'], c=data['cluster_label'],
cmap='viridis',alpha=0.6, s=30, linewidths=0.5)
# Add labels and title
plt.xlabel('Total Cases')
plt.ylabel('New Cases')
plt.title('Scatter Plot of Total Cases vs New Cases with Clusters')
# Add colorbar
colorbar = plt.colorbar(scatter)
colorbar.set label('Cluster Label')
# Show the plot
```

```
plt.show()
            Scatter Plot of Total Cases vs New Cases with Clusters
    1e6
  7
  6
  5
                                                                  3
  2
                                                                  2
  1
                                                                  1
  0
                                                          1e8
                            Total Cases
plt.figure(figsize=(10, 6))
# Scatter plot with color-coded clusters
scatter = plt.scatter(data['total cases'], data['total deaths'], c=data['cluster label'],
cmap='viridis',alpha=0.6, s=5, linewidths=0.1)
# Add labels and title
plt.xlabel('Total Cases')
plt.ylabel('Total Deaths')
plt.title('Scatter Plot of Total Cases vs Total Deaths with Clusters')
# Add colorbar
colorbar = plt.colorbar(scatter)
colorbar.set label('Cluster Label')
# Show the plot
```

plt.show()



# Applying chi-squared test

```
from scipy.stats import chi2 contingency
contingency table = pd.crosstab(data['location'], data['tests units'])
print(contingency table)
tests units
                    0 people tested
                                       samples tested tests performed \
location
Afghanistan
                 1092
                                    0
                                                     0
                                                                     146
Africa
                 1238
                                    0
                                                     0
                                                                        0
                 389
                                    0
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                                                                     849
Albania
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American Samoa 1238
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Western Sahara
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World
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Yemen
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Zambia
                  419
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Zimbabwe
                  460
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                units unclear
tests units
location
Afghanistan
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Africa
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Algeria
American Samoa
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Western Sahara
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World
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Yemen
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Zambia
```

0

Zimbabwe

```
[255 \text{ rows x 5 columns}]
stat, p, dof, expected = chi2 contingency(contingency table)
print("Chi-square Statistic:", stat)
print("P-value:", p)
print("Degrees of Freedom:", dof)
print("Expected Frequencies Table:")
print(expected)
Chi-square Statistic: 728090.7786153554
P-value: 0.0
Degrees of Freedom: 1016
Expected Frequencies Table:
[[815.98445416 64.24604571 37.90267727 316.54327459
                                                       3.32354828]
 [815.98445416 64.24604571 37.90267727 316.54327459 3.32354828]
 [815.98445416 64.24604571 37.90267727 316.54327459
                                                       3.323548281
 [815.98445416 64.24604571 37.90267727 316.54327459
                                                         3.32354828]
 [815.98445416 64.24604571 37.90267727 316.54327459
                                                         3.323548281
 [815.98445416 64.24604571 37.90267727 316.54327459
                                                       3.32354828]]
alpha = 0.05
print("p value is " + str(p))
if p <= alpha:</pre>
   print('Dependent (reject H0)')
else:
   print('Independent (HO holds true)')
p value is 0.0
Dependent (reject H0)
contingency table 1 = pd.crosstab(data['date'], data['tests units'])
print(contingency table 1)
stat, p, dof, expected = chi2 contingency(contingency table 1)
alpha = 0.05
print("p value is " + str(p))
if p <= alpha:</pre>
   print('Dependent (reject H0)')
else:
   print('Independent (H0 holds true)')
tests units 0 people tested samples tested tests performed \
date
             0
2020-01-01
                              1
                                              0
                                                                1
2020-01-02
             0
                              1
                                              0
                                                                1
2020-01-03 244
                              1
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2020-01-04 243
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2020-01-05 243
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2023-05-25 38
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2023-05-27
             32
                              0
2023-05-28 30
                              0
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2023-05-29 23
                                                                0
tests units units unclear
date
2020-01-01
                         0
2020-01-02
                         0
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2020-01-03
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2020-01-04
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2020-01-05
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2023-05-25
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2023-05-26
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2023-05-27
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2023-05-28
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2023-05-29
[1245 rows x 5 columns]
p value is 0.0
Dependent (reject H0)
contingency table 2 = pd.crosstab(data['continent'], data['tests units'])
print(contingency_table_2)
stat, p, dof, expected = chi2 contingency (contingency table 2)
alpha = 0.05
print("p value is " + str(p))
if p <= alpha:</pre>
   print('Dependent (reject H0)')
   print('Independent (HO holds true)')
tests units 0 people tested samples tested tests performed \
continent
0
               6210
                                  0
                                                  0
                                                                   0
Africa
             50428
                               2162
                                               1643
                                                               17572
Asia
              35972
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Oceania 26501
South America 10493
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tests_units units unclear
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Africa
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Asia
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Europe
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                           0
European Union
                           0
North America
Oceania
                           0
South America
                           0
p value is 0.0
Dependent (reject H0)
contingency table 3 = pd.crosstab(data['weekly hosp admissions'],
data['people fully vaccinated'])
stat, p, dof, expected = chi2 contingency (contingency table 3)
alpha = 0.05
print("p value is " + str(p))
if p <= alpha:</pre>
    print('Dependent (reject H0)')
else:
```

```
print('Independent (H0 holds true)')
p value is 0.0
Dependent (reject H0)
contingency table 4 = pd.crosstab(data['continent'], data['total deaths'].max())
print(contingency table 4)
stat, p, dof, expected = chi2 contingency(contingency table 4)
alpha = 0.05
print("p value is " + str(p))
if p <= alpha:</pre>
   print('Dependent (reject H0)')
else:
   print('Independent (HO holds true)')
               6935876
col 0
continent
                   6210
Africa
                  71805
Asia
                  63349
                  69103
Europe
European Union
                  1243
                 52011
North America
Oceania
                  30951
South America
                 18595
p value is 1.0
Independent (HO holds true)
```

# **ANOVA testing**

```
import statsmodels.api as sm
from statsmodels.formula.api import ols
# Assuming 'data' is your DataFrame containing the specified columns
formula = 'total cases ~ new cases+ total deaths+ reproduction rate + icu patients+
total tests + life expectancy'
# Fit the ANOVA model
model = ols(formula, data=data).fit()
# Print ANOVA table
anova table = sm.stats.anova lm(model, typ=2)
print(anova table)
                       sum sq
                                                   F
                                    1.0 4.942548e+02 2.055598e-109
new cases
                 7.284521e+16
total deaths 2.248246e+20
                                   1.0 1.525435e+06 0.000000e+00
reproduction rate 7.027783e+16
                                   1.0 4.768351e+02 1.251642e-105
                                   1.0 1.466345e+02 9.598173e-34
icu patients
                2.161156e+16
total_tests
                                    1.0 5.506905e+01 1.166611e-13
                 8.116292e+15
life_expectancy 1.717780e+17
                                   1.0 1.165514e+03 5.631224e-255
                4.616949e+19 313260.0
Residual
                                                 NaN
                                                                NaN
import scipy.stats as stats
data['tests units'] = pd.DataFrame(data['tests units'])
from scipy.stats import f oneway
stat.f oneway(data['tests units'])
```