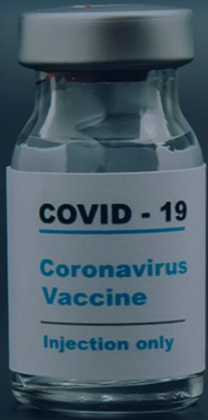


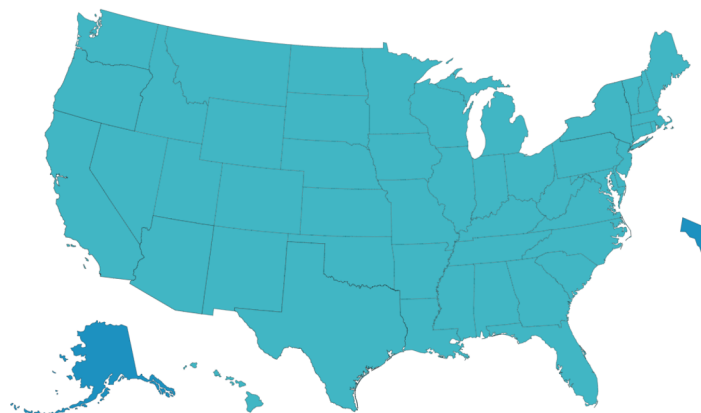
Project 5: COVID19 Vaccination

a race of injection vs. infection



Rahul Parab, Jesse Tao,
Letty Wu, Alyssia Oh

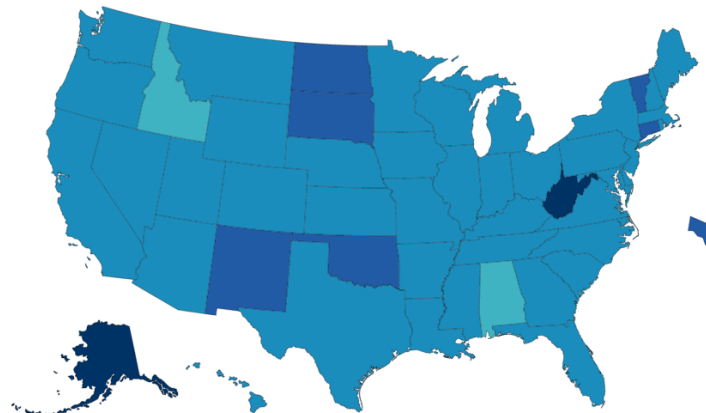
How are we doing on vaccine distribution?



Total Doses Distributed per 100,000

0 1-10,000 10,001 - 20,000

Federal Allocation
14,000-16,000 / 100K

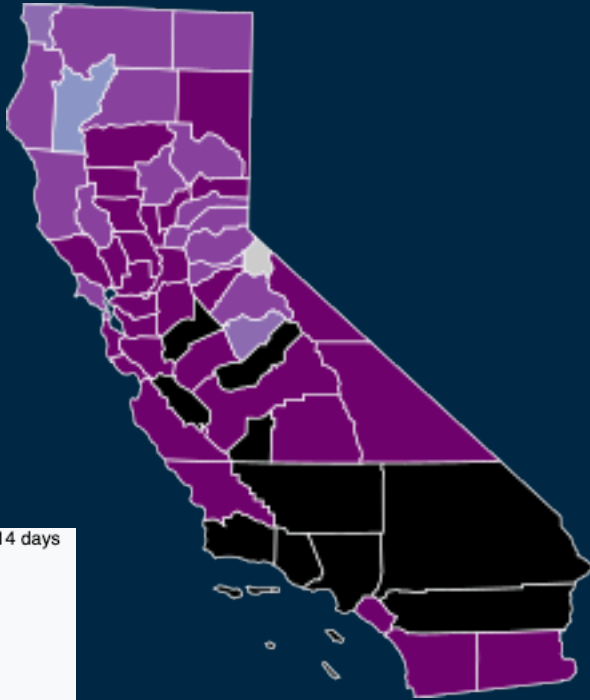


Total Doses Administered per 100,000

0 1 - 3,000 3,001 - 6,000 6,001 - 9,000 9,001 - 11,000 11,001+

State Distribution
3,000-11,000+ / 100K

Highly Impacted States like CA – Slow in Vaccine Distribution



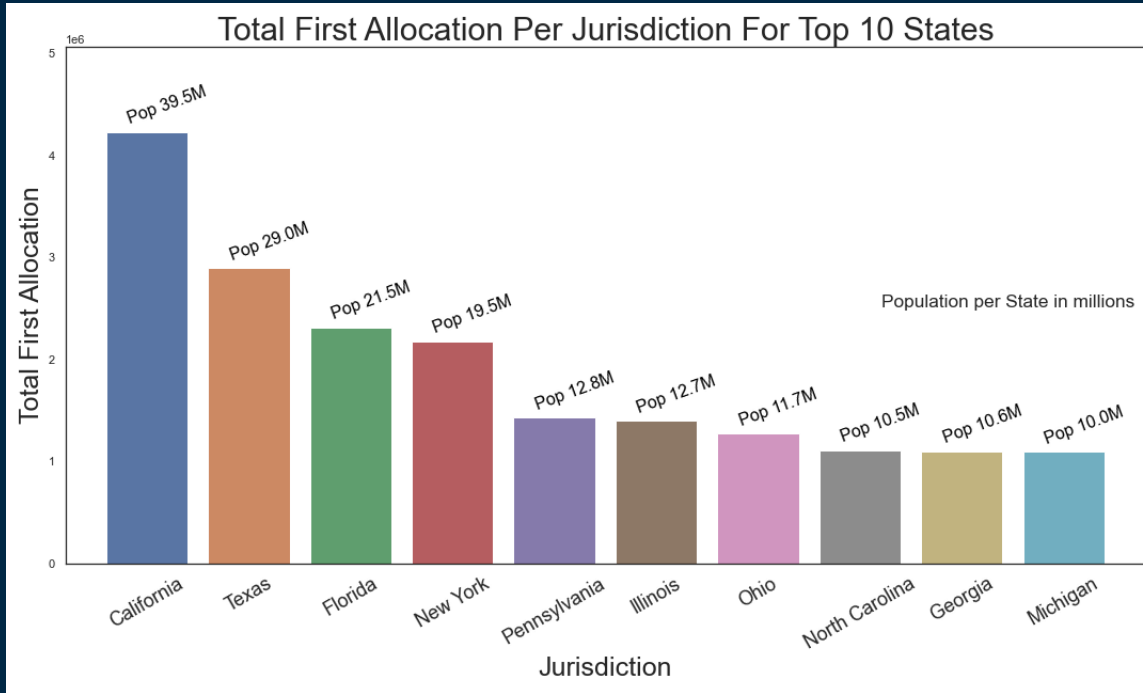
- ✓ Total vaccines administered = 5200 per 100k
- ✓ New cases = 1142.3 per 100k in the last 14 days
- ✓ *Speed matters*

1. Costs lives
2. Costs money
3. Virus mutates
 - new variants may spread faster
 - escape current vaccines

Problem Statement

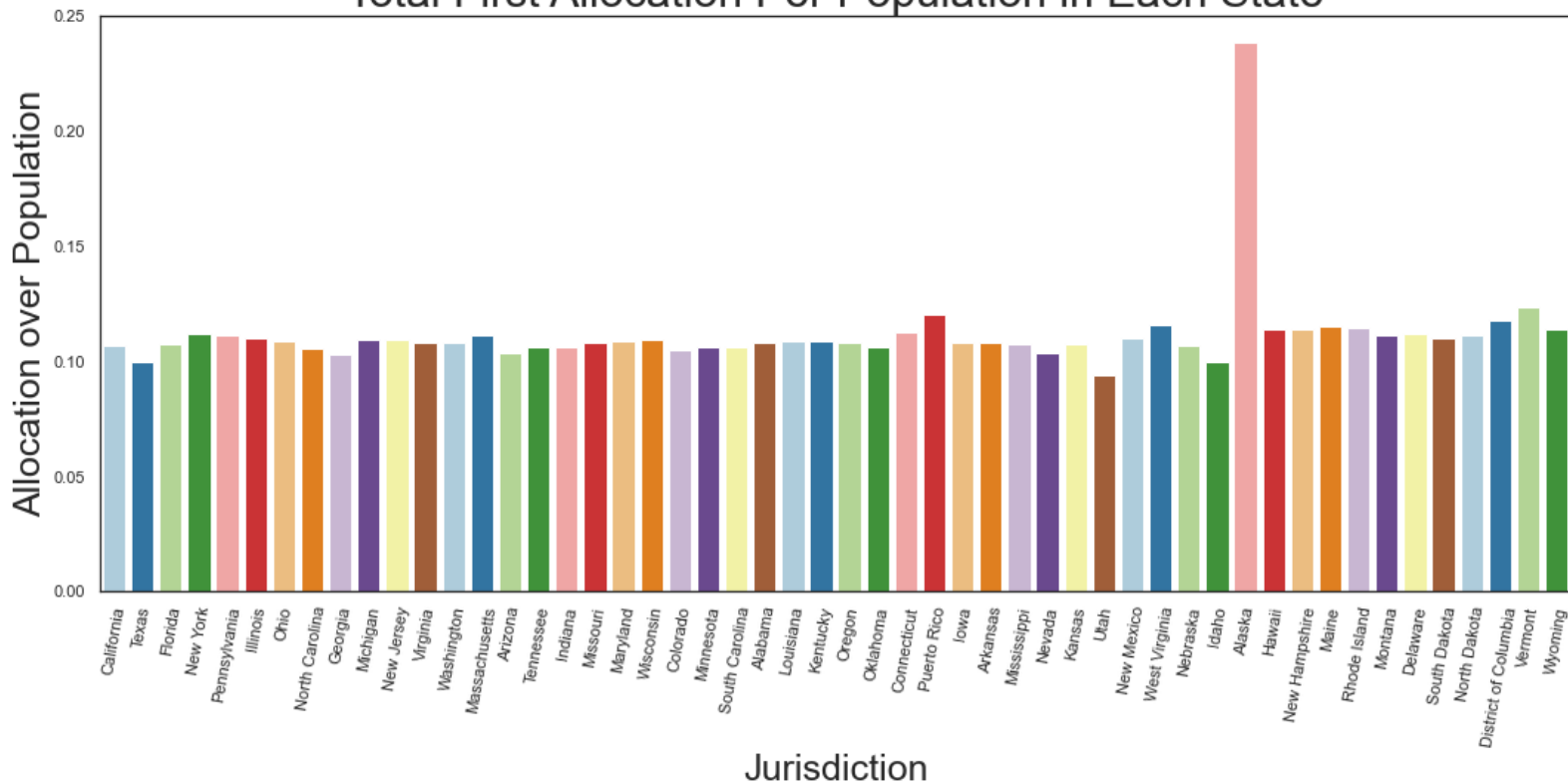
Can we optimize vaccine distribution by forecasting the next hot spots?

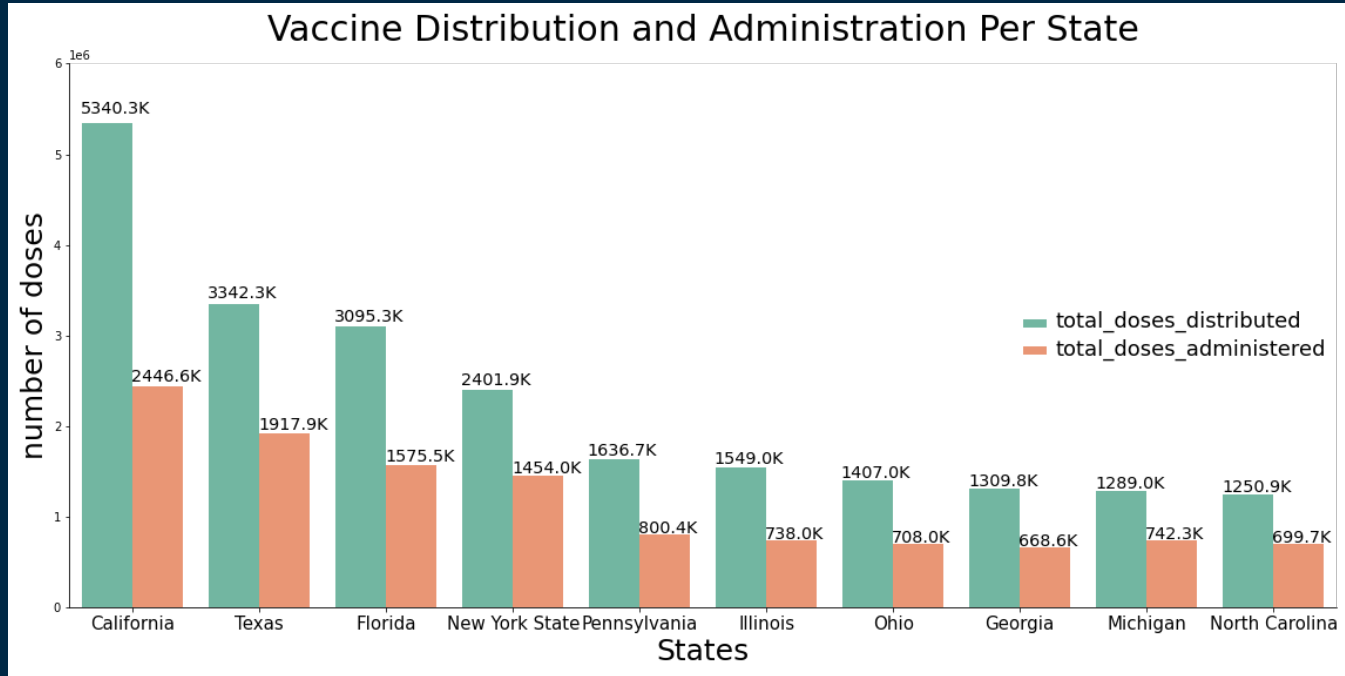
1. can we develop a model to forecast hot spots?
2. what is the current distribution protocol and how to modify it?
3. should we make the change?



- Pfizer and Moderna are vaccine suppliers
- From 12/14/2020 to 02/01/2021
- Vaccine Allocation: California: 4,226,100; Texas: 2,894,925; Florida: 2,313,050

Total First Allocation Per Population in Each State





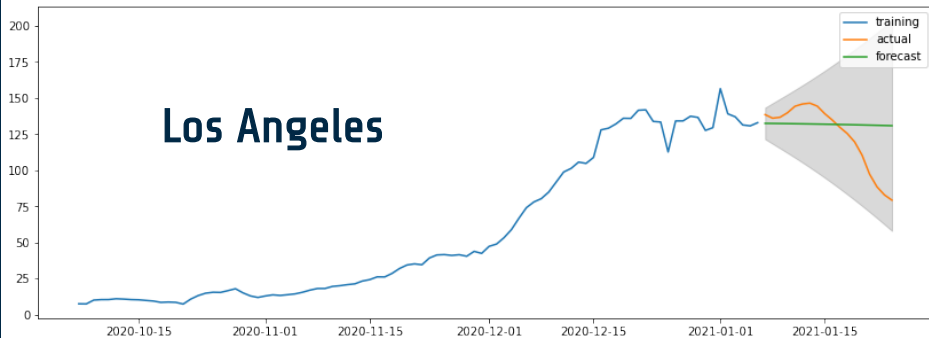
- From 1/16 to 1/27
- California got 5,340,275 distribution, but only 2,446,577 got administered

Modeling - RNN

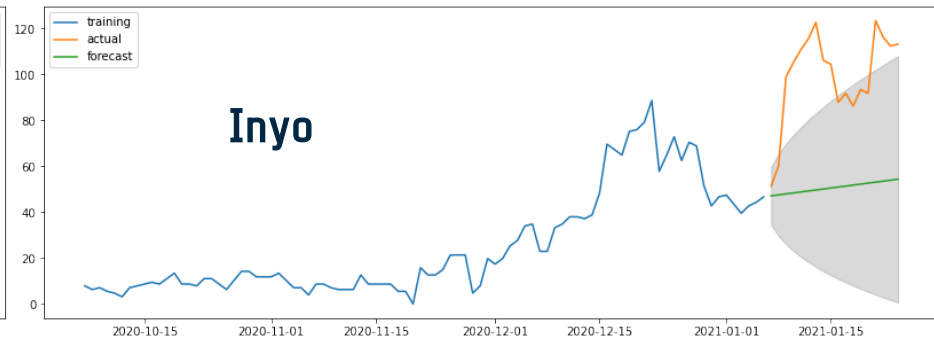
- As time series and geospatial data is hard to visualize in slides, we will be using an interactive web app to go through our modeling process
- Visit this link to follow along: <https://covid.jesseptao.com>

Modeling –ARIMA

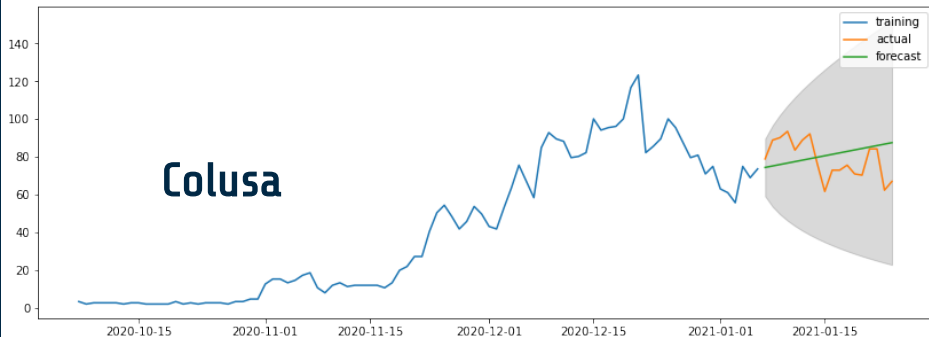
Forecast vs Actuals



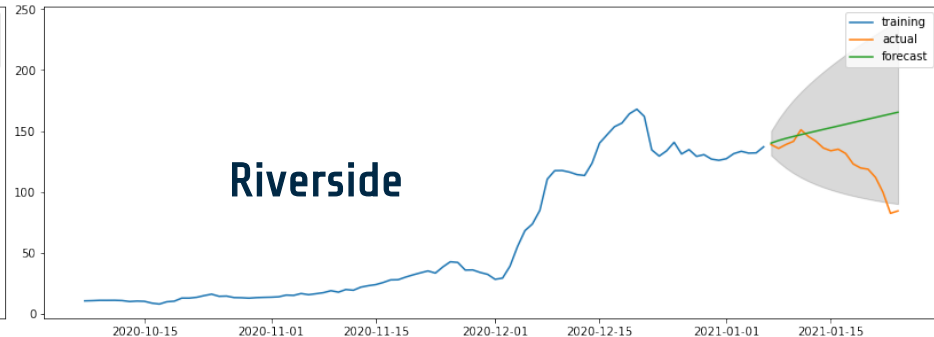
Forecast vs Actuals



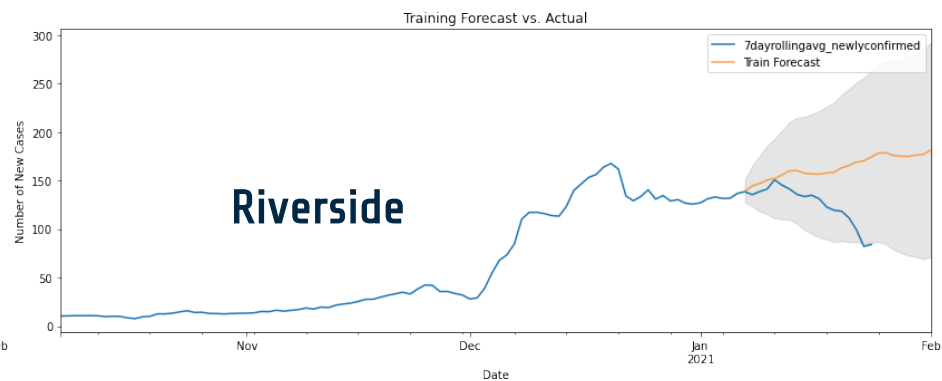
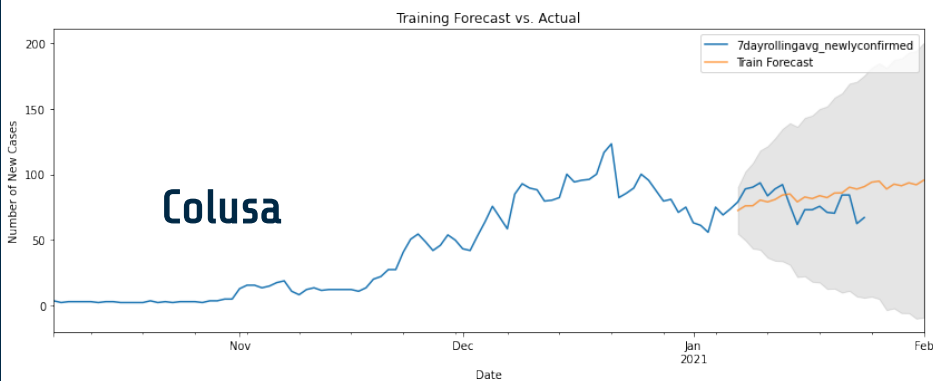
Forecast vs Actuals



Forecast vs Actuals

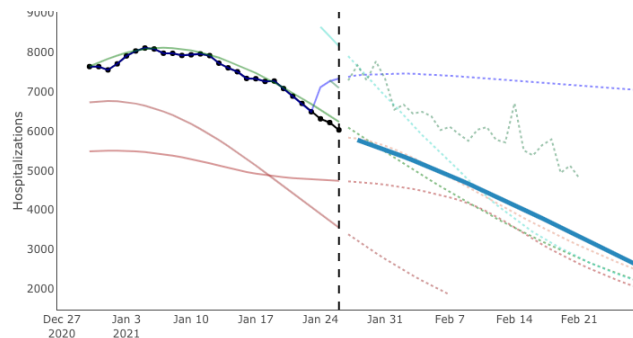


Modeling –SARIMAX

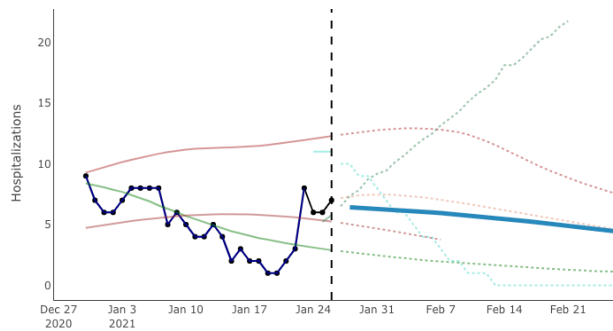


How does our model compare to existing models?

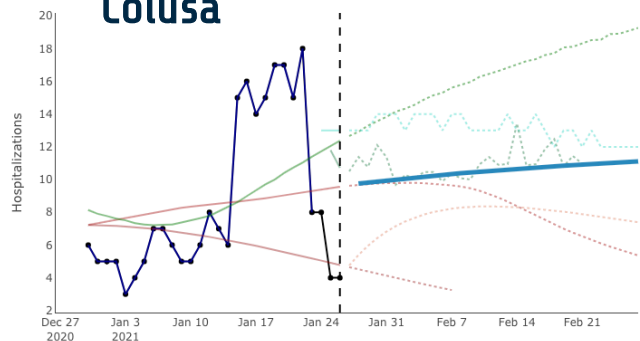
Los Angeles



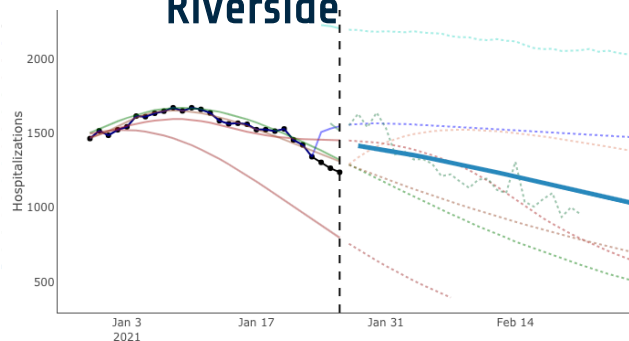
Inyo



Colusa



Riverside



- Actuals
- UCLA - Est.
- - - UCLA - Proj.
- Johns Hopkins U. - Est.
- - - Johns Hopkins U. - Proj.
- LEMMA - Est.
- - - LEMMA - Proj.
- Stanford Univ. - Est.
- - - Stanford Univ. - Proj.
- Columbia Univ. - Est.
- - - Columbia Univ. - Proj.
- UCSD COVIDReadi - Est.
- - - UCSD COVIDReadi - Proj.
- Simple Growth - Est.
- - - Simple Growth - Proj.
- UCSB - Est.
- - - UCSB - Proj.

CA's Vaccine Distribution Plan

Phase 1A (in progress)

- ~ 3 million
- healthcare workers
- long-term care residents

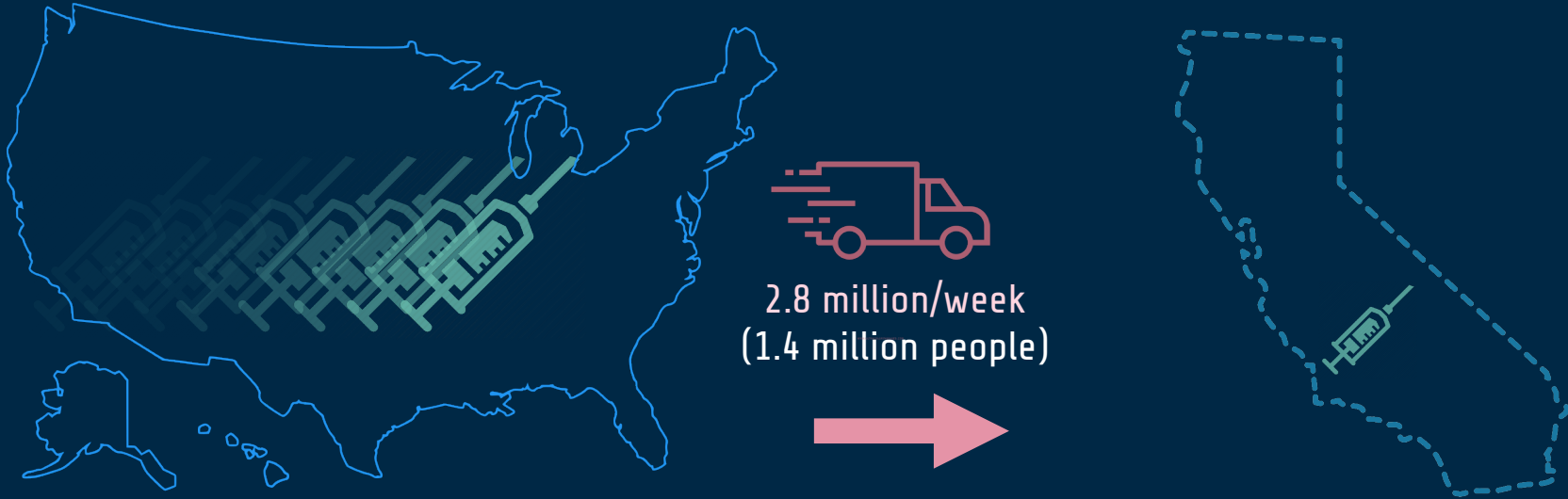
Phase 1B

- Tier 1 (we are here)
- Age 65+ yrs old
- Essential workers
 - (education, childcare, emergency services, food, agriculture)
- Tier 2
- Essential workers
 - (transportation, residential, and sheltering facilities, services, critical manufacturing)

Phase 1C

- Age 50-64 yrs old
- Age 16-49 yrs old with underlying health conditions

Federal Vaccine Allocation Plan



Total doses allocated (Jan 28th 2021) = 48 million
Total doses ordered (July 31st 2021) = 600 million

Total doses received (Jan 28th 2021) = 5.5 million
Total doses expected (July 31st 2021) = 69 million

Conclusion

- forecasting is extremely difficult
- currently, none of the existing models perform well
- many unexpected factors can change the trends
(govt policies, supply issues, distribution within the county, etc)
- mathematical models over ethics?
- can we justify “optimizing” for the state?
- should race/gender/age/wealth be used to decide who gets the vaccine first?