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Interpretation Analysis – COVID-19 Comorbidities by Age Group

This report aims to provide insights into the information provided by the program between age groups, comorbidities, and COVID-19 deaths. The provided data was given by the “covid\_comorbidities\_USsummary.csv” file, with information on the condition and grouping of the condition (such as influenza being a part of respiratory diseases or cardiac arrest being a part of circulatory diseases) for the deceased, the ICD10 Code (the classification list of diseases by the WHO organization), the age group of the deceased, the COVID-19 death count, and the total count of mentions for each of these entries. It is important to note the information may not be up to date, as this file was out of date to current information at time of writing.

The first chart made was showing the distribution of COVID-19 deaths across different age groups, namely: “0-24, 25-34, 35-44, 45-54, 55-64, 65-74, 85+”. The provided graph showed that the younger age groups consistently faced less deaths due to COVID-19 complications, while those who were in the older age brackets would rapidly and exponentially face more death. The strong correlation of COVID-19 affecting those who are older was shown clearly in the following chart.

A graph of age groups killed by covid-19

Description automatically generated

The second chart then showed the age groupings as a percentage for the total amount of deaths caused by COVID-19. The same information as mentioned before, but in a new format, it is again clear that older age has led to a higher percentage of deaths.

A pie chart with numbers and percentages

Description automatically generated

A correlation report was also attempted but was unable to be generated properly nor was the comorbidity with the highest number of deaths for the population of less than 35 years of age.

A graph of a number of comments

Description automatically generated with medium confidence

Further analysis can be made with external information such as information of geographical location or information on how often they exercised. The geographical information would be able to show conclusions such as if 1st world countries have better health/lower deaths in relation to COVID-19 or even trends of COVID-19 deaths per region. The information on how often they exercised could have interesting correlations because if someone has diabetes for example but is still muscular and generally healthy, it is fair to assume they would have a higher success rate of being COVID-19 compared to those who did not work out and had diabetes.