A tentative model for Covid-19 Mortality Age-pattern

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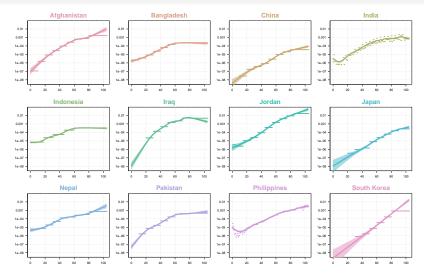
April 16th, 2021



Data and methods

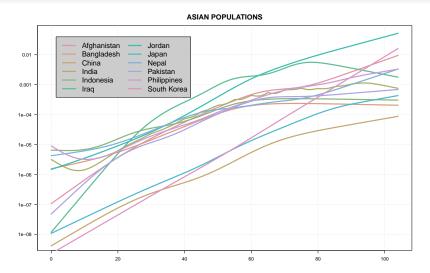
- Data:
 - a subset of COVerAGE-DB with 100+ deaths, both sexes
 - Europe (24), Africa (7), Asia (12), Latin America (13), North-America (3), Oceania (1)
 - scaled to JHU total on Dec 31, 2020
- Modelling options:
 - PCLM: Population-specific smooth age-pattern
 - + relatively good fit
 - useless for populations with no detailed data
 - PH-PCLM: Region-specific smooth age-pattern + population-specific scaling factor
 - inevitable mixture of different age-patterns
 - + applicable to populations with no detailed data
- General concerns:
 - Coarse and country-specific age-groups ✓
 - Data quality (coverage issues, age-heaping, ...)





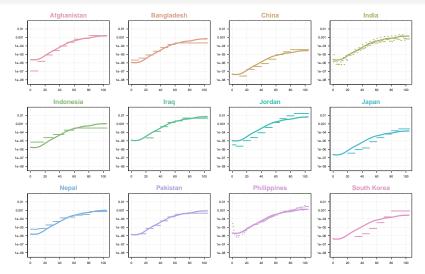
Treating each population independently





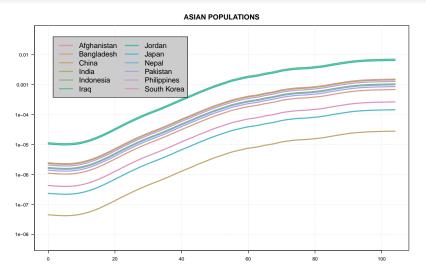
Treating each population independently





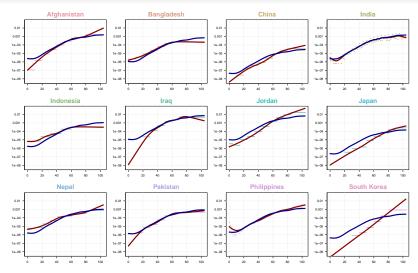
Region-specific pattern + population-specific scaling factor





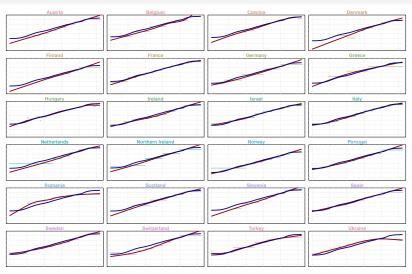
Region-specific pattern + population-specific scaling factor





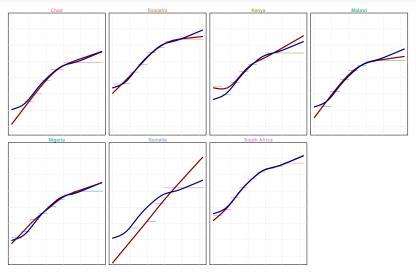


Other regions: Europe



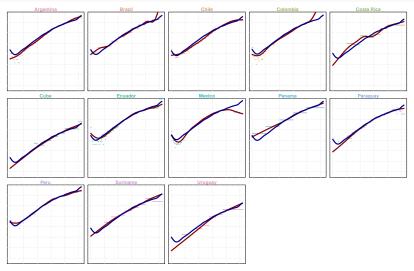


Other regions: Africa



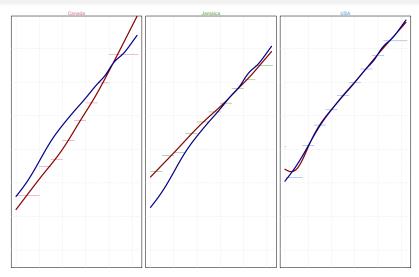


Other regions: Latin America

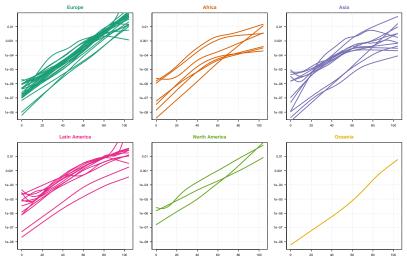




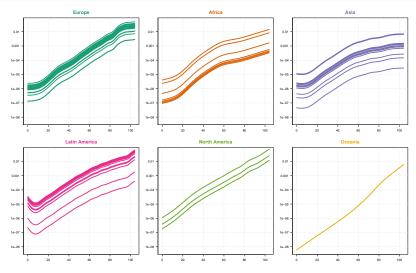
Other regions: North America





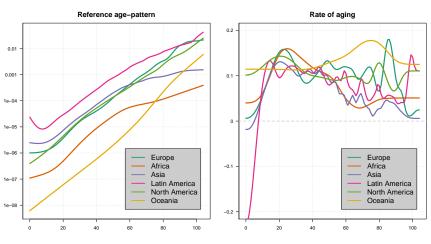






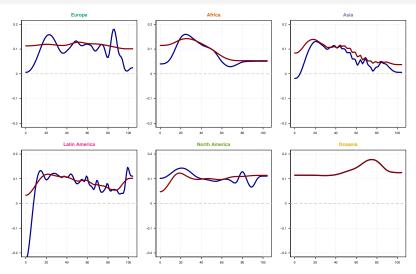
PH-PCLM





PH-PCLM





Rate of aging: PCLM (from regional mean) vs. PH-PCLM



Still to discuss/solve

- Main question: can we really characterize regional C-19 mortality age-patterns? Should we think about clustering?
- Other "minor" questions:
 - Some population have clear data issues. To be simply delete?
 - Should we add external variables? If so, how?
 - Should we treat sexes separately? Or an additional layer with region in the hierarchical framework?
 - Smoothing parameter is not optimized
 - Data show clear overdispersion: likely a quasi-Poisson approach would be more suitable
 - Something else from the discussion