# PREPARING FOR INFLUENZA SEASON IN THE U.S.

A medical staffing agency aims to allocate temporary workforces in the most impacted areas to mitigate the influenza outbreak for the coming season. With limited resources to hire new employees, they are determined to support the healthcare system across all 50 states.

#### **OBJECTIVE**

Analyze historical influenza trends in the U.S. to assist the medical staffing agency in the deployment of temporary healthcare personnel for the upcoming season.

#### **PROJECT & ALTERED DATA**

- Proiect Brief
- Influenza deaths | Source from CDC
- U.S. Population | Source from U.S. Census Bureau
- Influenza Visits & Influenza Lab Tests | Source from CDC (Fluview)
- Children's Flu shot rates | Source from CDC

#### **LIMITATIONS**

- Influenza deaths data comprises 82% of death counts below 10 that are suppressed for confidentiality.
- Death records identify a single underlying cause of deaths (influenza-initiated may not be counted).
- Data sets are dated from 2009 to 2017.
- Information on hospital sizes and staffing capacity is unknown.

### **TECHNIQUES APPLIED**

- Designing a Data Research Project
- Data Profiling and Integrity
- Data Cleaning
- Data Transformation and Integration
  - Excel: Pivot Tables and VLOOKUP
- Statistical Analysis and Hypothesis Testing
- Data Visualization and Storytelling (Tableau)

## **TOOLS**







# DATA METHODOLOGY





#### **DESIGNING DATA RESEARCH PROJECT**

Interpreting business requirements to data questions leads to a research hypothesis that serves as a guideline for the analysis. A project management plan is prepared to keep track of progress.



#### **DATA PREPARATION**

Exploring the datasets for information relevancy, integrity, completeness, etc. will help produce valuable insights. Then, transforming and integrating multiple data discloses the influenza case developments that will warrant the planning phase.



#### STATISTICAL ANALYSIS & HYPOTHESIS TESTING

Performing statistical methods that detect critical age populace targeted by influenza will model the next steps in preparation for the staff distribution. The relations of multiple variables are then confirmed through t-testing.



#### **DATA VISUALIZATION & STORYTELLING**

Data results are utilized for a compelling tableau presentation disclosing influenza trends and vulnerable age populations.

# STATISTICAL ANALYSIS & HYPOTHESIS TESTING



According to statistics influenza mortality rate is much higher in adults over 65 years old, hence susceptible to developing severe cases than in younger age groups.

If the mortality rate is high among adults over 65, there's an increased demand for medical workers. Research Hypothesis: Dependent Variable: Influenza death Independent Variable: **US** Population **Null Hypothesis:** H<sub>O</sub>: Influenza Mortality Rate < Adults over 65 years Alternative Hypothesis: H<sub>A</sub> Influenza Mortality Rate > Adults over 65 years 1 50984960014892F-130 P-Value:

FIG. 2a

	H <sub>o</sub> : Influenza Mortality Rate < Adults over 65 years	H <sub>A</sub> : Influenza Mortality Rate > Adults over 65 years
Mean	0.21%	0.63%
Mean Difference		0.42%
Standard Deviation	0.00219507	0.002149116
t-Test: Two-Sample Assuming Unequal Variances		
Mean	0.002145587	0.006296545
Variance	4.81833E-06	4.6187E-06
Observations	455	455
Hypothesized Mean Difference	0	)
df	908	<b>;</b>
t Stat	-28.82280638	<b>;</b>
P(T<=t) one-tail	1.53E-130	
t Critical one-tail	1.646533511	-
P(T<=t) two-tail	3.0583E-130	
t Critical two-tail	1.962580045	i e

The **normalized death rate** shows the correlation by age group and illustrates the magnitude of influenza deaths.

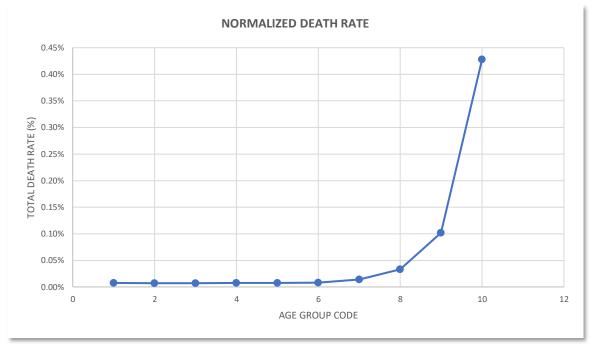


FIG. 2b FIG. 2c

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# TIME SERIES ANALYSIS



Influenza transpires all year round, however, it has penetrating effects in colder climates.

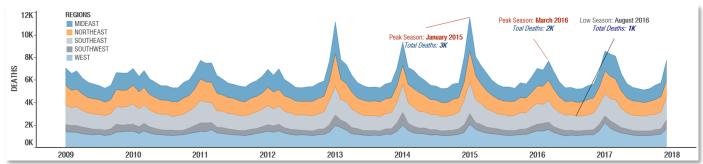
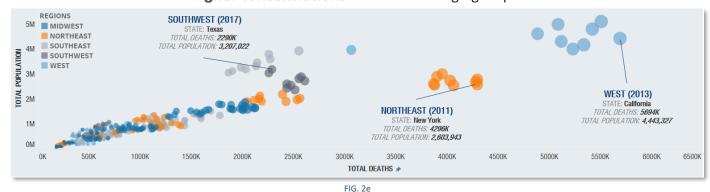


FIG. 2d

The **death ratio** is proportional to population size signifying a substantial impact on regions with higher concentrations of vulnerable age groups.



California, New York, Texas, and Florida are states with a strong density level of vulnerable populations with significant death rates.

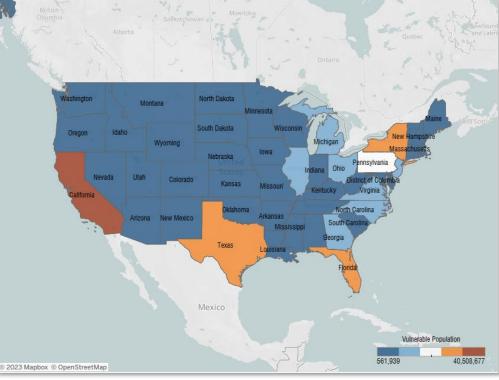


FIG. 2f

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# RECOMMENDATIONS

# NATIONAL MEDICAL STAFFING

## STAFFING DISTRIBUTION

Allocate 32% of medical personnel to high-priority level regions - California, New York, Texas, and Florida arranging the deployment close to the colder weather.



# MONITORING PROGRAM

Yearly surveillance of influenza cases should be carefully measured to aid in planning medical staffing for future events.

## **RESEARCH ANALYSIS**

Investigating the hospitals' and clinics' capacities can reinforce actionable numbers to efficiently designate temporary healthcare workers at state and county levels.

# **PUBLIC AWARENESS CAMPAIGN**

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