

gmena

April 29, 2025

[264]:

	Missing Values	Percent Missing
continent	26525	6.176721
total_cases	17631	4.105627
new_cases	19276	4.488689
new_cases_smoothed	20506	4.775111
total_deaths	17631	4.105627
new_deaths	18827	4.384133
new_deaths_smoothed	20057	4.670555
total_cases_per_million	17631	4.105627
new_cases_per_million	19276	4.488689
new_cases_smoothed_per_million	20506	4.775111
total_deaths_per_million	17631	4.105627
new_deaths_per_million	18827	4.384133
new_deaths_smoothed_per_million	20057	4.670555
reproduction_rate	244618	56.962753
icu_patients	390319	90.891287
icu_patients_per_million	390319	90.891287
hosp_patients	388779	90.532677
hosp_patients_per_million	388779	90.532677
weekly_icu_admissions	418442	97.440125
weekly_icu_admissions_per_million	418442	97.440125
weekly_hosp_admissions	404938	94.295528
weekly_hosp_admissions_per_million	404938	94.295528
total_tests	350048	81.513617
new_tests	354032	82.441347
total_tests_per_thousand	350048	81.513617
new_tests_per_thousand	354032	82.441347
new_tests_smoothed	325470	75.790283
new_tests_smoothed_per_thousand	325470	75.790283
positive_rate	333508	77.662044
tests_per_case	335087	78.029737
tests_units	322647	75.132907
total_vaccinations	344018	80.109446
people_vaccinated	348303	81.107269
people_fully_vaccinated	351374	81.822395
total_boosters	375835	87.518484
new_vaccinations	358464	83.473401
new_vaccinations_smoothed	234406	54.584745

total_vaccinations_per_hundred	344018	80.109446
people_vaccinated_per_hundred	348303	81.107269
people_fully_vaccinated_per_hundred	351374	81.822395
total_boosters_per_hundred	375835	87.518484
new_vaccinations_smoothed_per_million	234406	54.584745
new_people_vaccinated_smoothed	237258	55.248874
new_people_vaccinated_smoothed_per_hundred	237258	55.248874
stringency_index	233245	54.314390
population_density	68943	16.054350
median_age	94772	22.068998
aged_65_older	106165	24.722018
aged_70_older	98120	22.848627
gdp_per_capita	101143	23.552575
extreme_poverty	217439	50.633740
cardiovasc_death_rate	100570	23.419144
diabetes_prevalence	83524	19.449742
female_smokers	182270	42.444142
male_smokers	185618	43.223771
handwashing_facilities	267694	62.336326
hospital_beds_per_thousand	138746	32.308964
life_expectancy	39136	9.113370
human_development_index	110308	25.686774
excess_mortality_cumulative_absolute	416024	96.877059
excess_mortality_cumulative	416024	96.877059
excess_mortality	416024	96.877059
excess_mortality_cumulative_per_million	416024	96.877059

0.1 ##### Data Preprocessing

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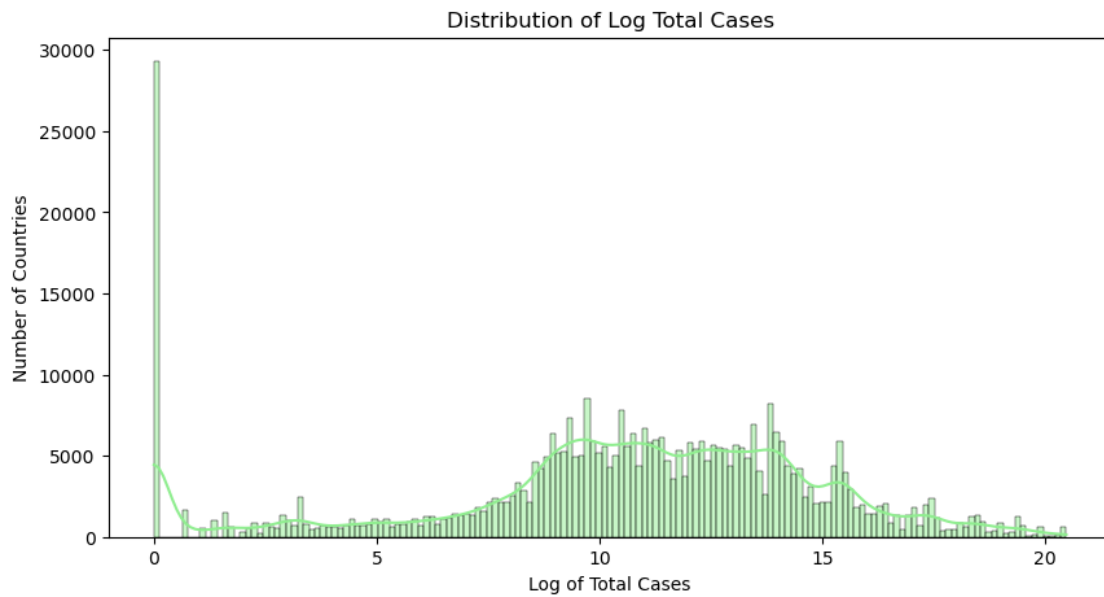
gdp_per_capita	101143	23.552575
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female_smokers	182270	42.444142
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human_development_index	110308	25.686774

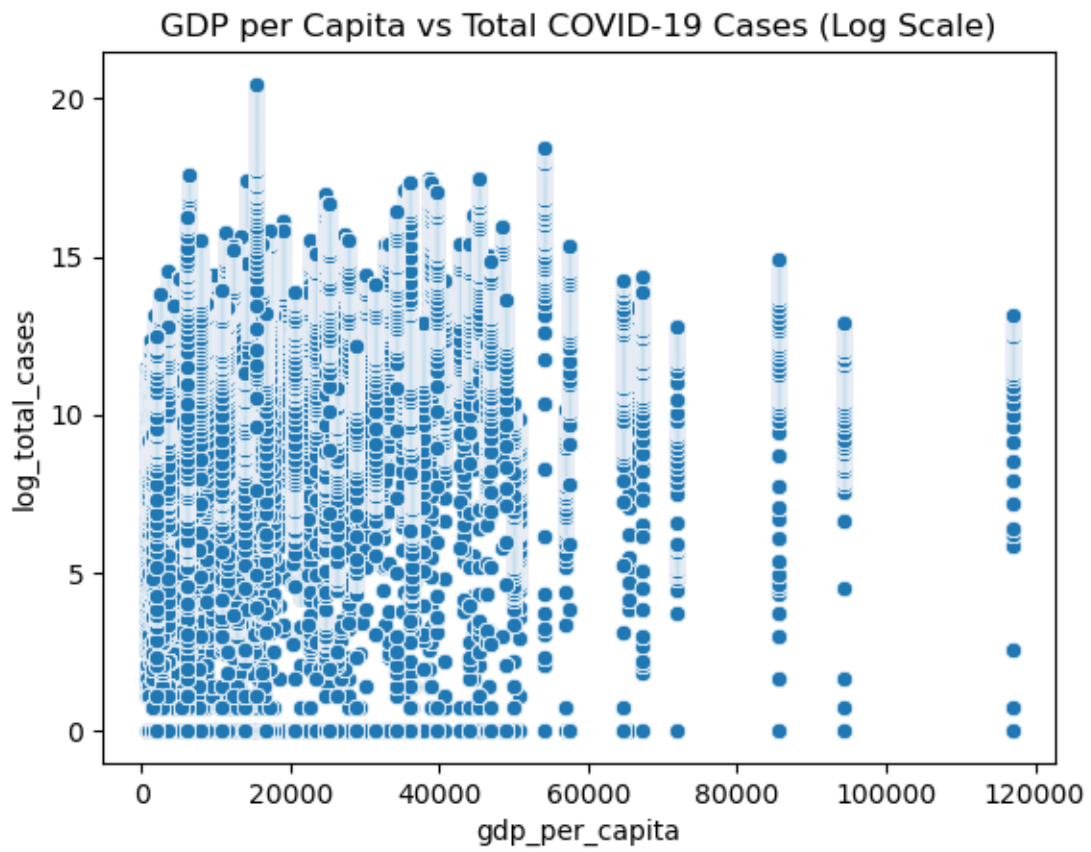
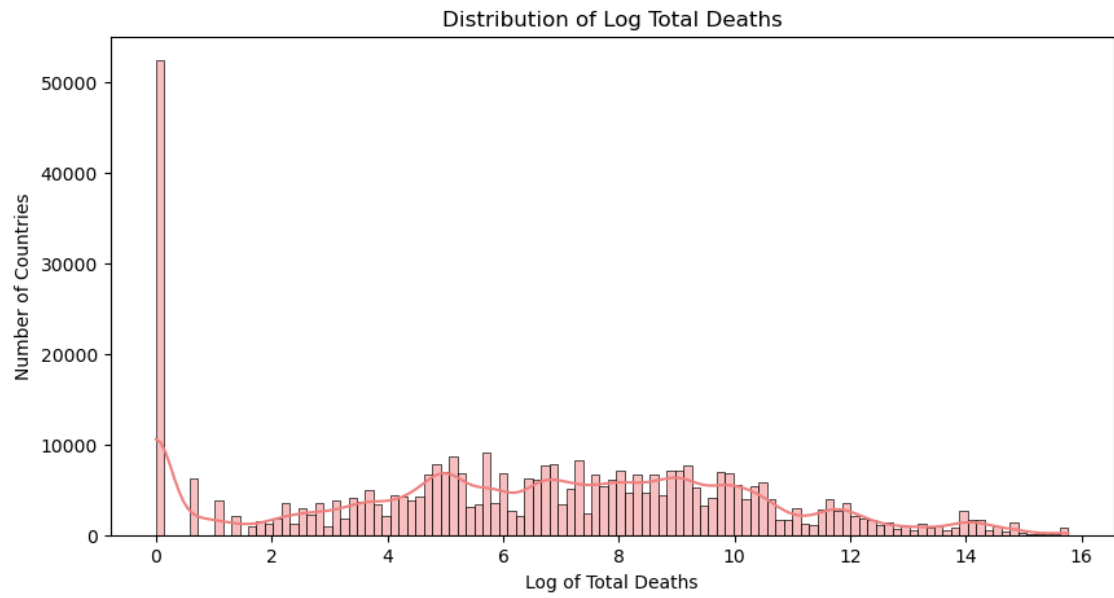
Feature Selection and Derivation

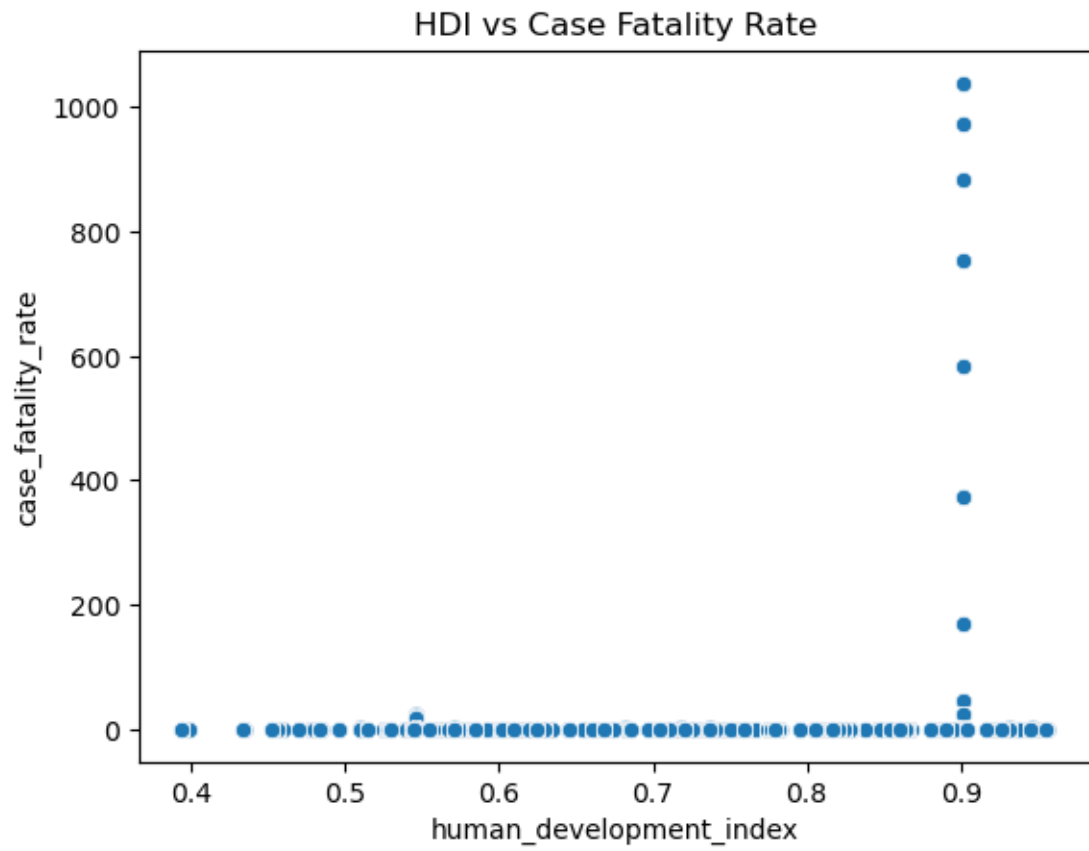
0.2 ### Exploratory Data Analysis

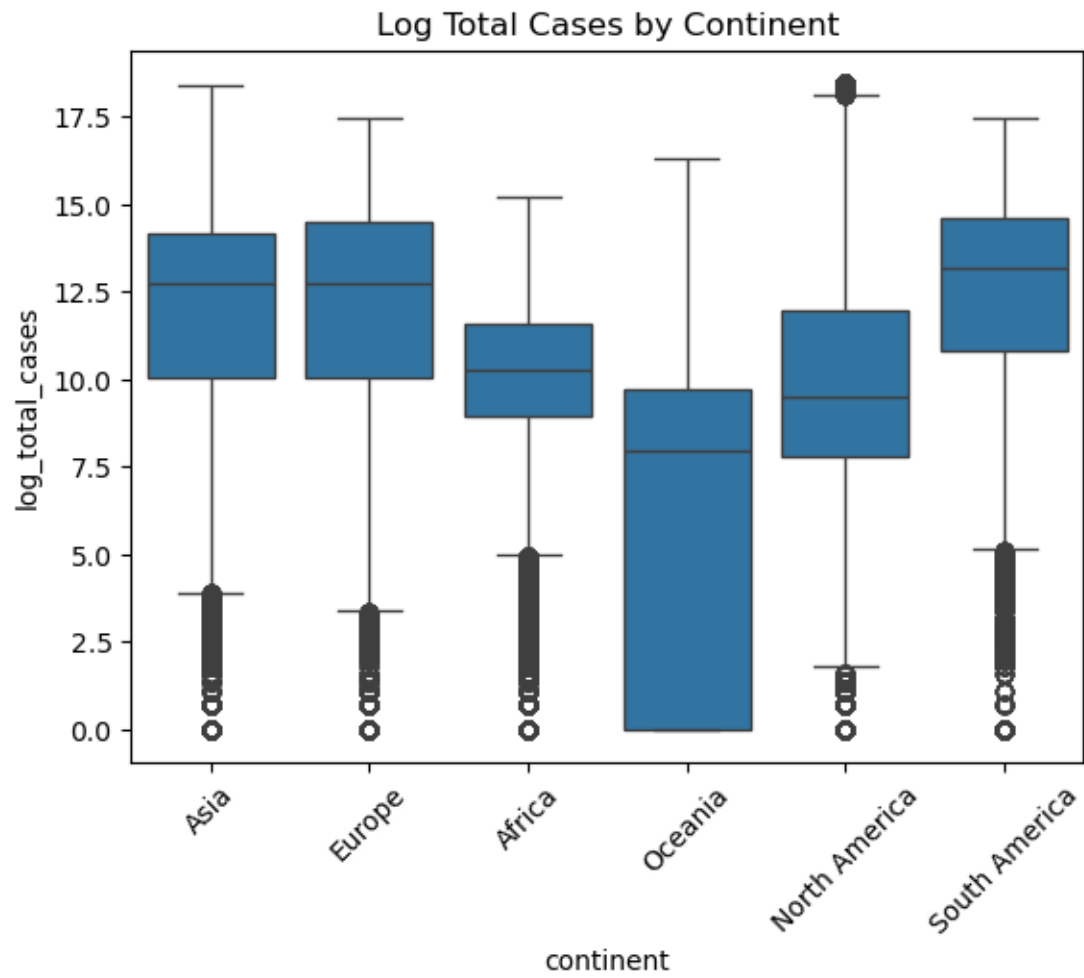
Visualizations

	total_cases	total_deaths	gdp_per_capita	life_expectancy
count	4.118040e+05	4.118040e+05	328292.000000	390299.000000
mean	7.365292e+06	8.125957e+04	18904.182986	73.702098
std	4.477582e+07	4.411901e+05	19829.578099	7.387914
min	0.000000e+00	0.000000e+00	661.240000	53.280000
25%	6.280750e+03	4.300000e+01	4227.630000	69.500000
50%	6.365300e+04	7.990000e+02	12294.876000	75.050000
75%	7.582720e+05	9.574000e+03	27216.445000	79.460000
max	7.758668e+08	7.057132e+06	116935.600000	86.750000

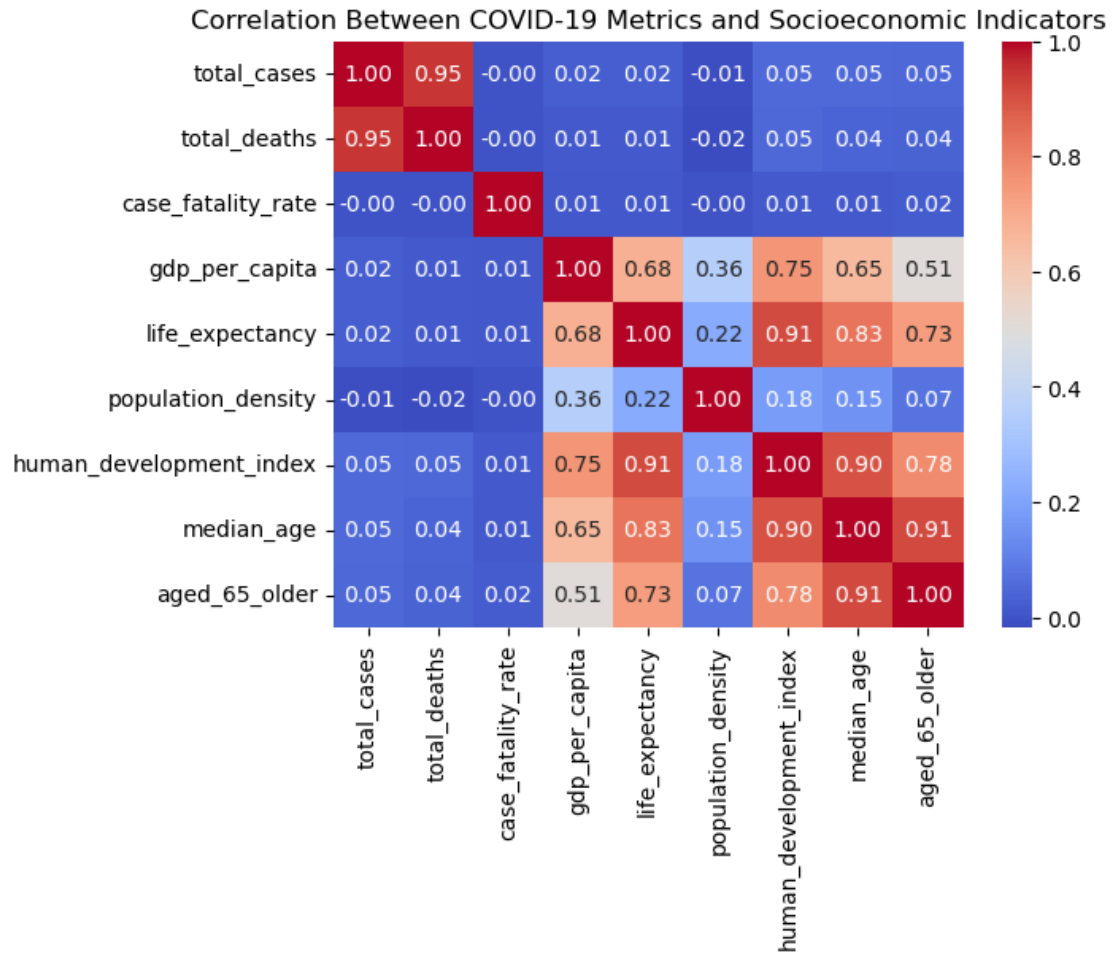


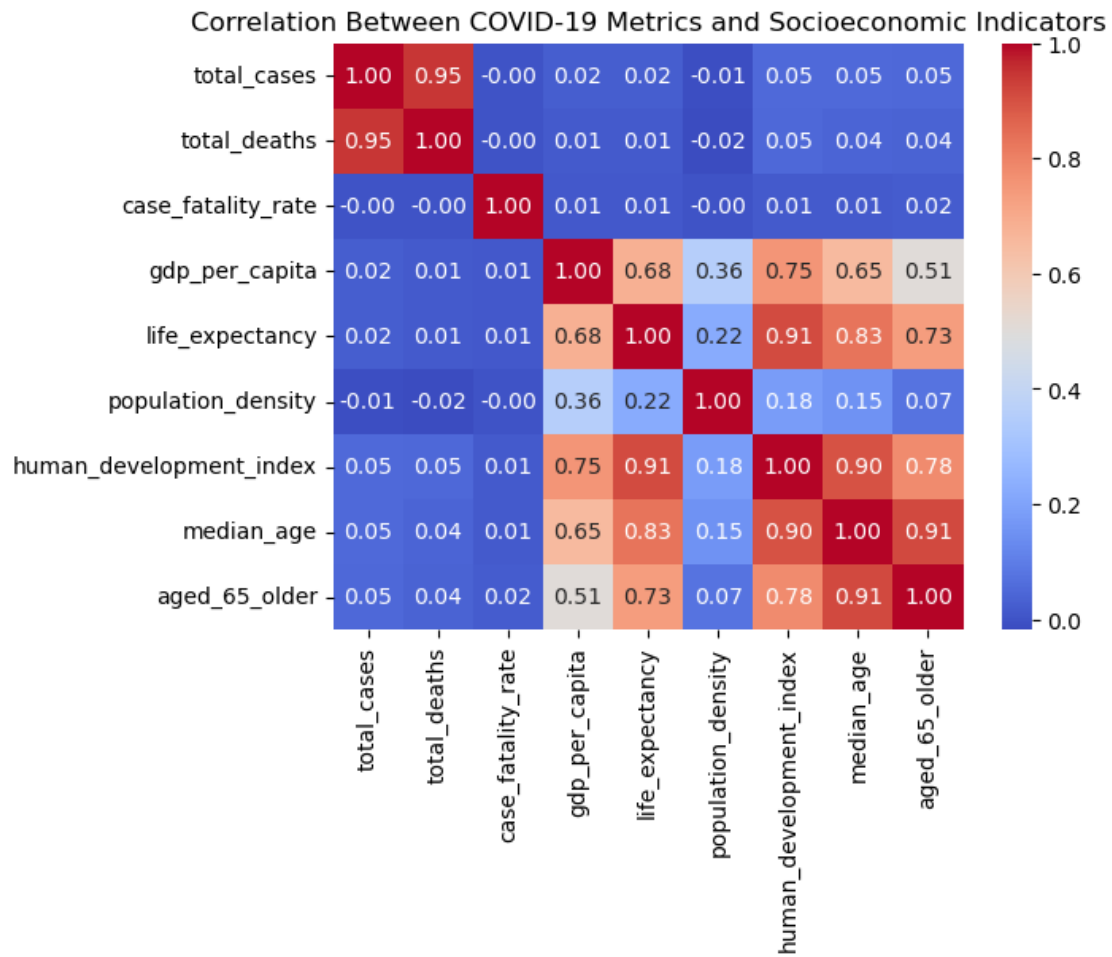






Correlation Analysis



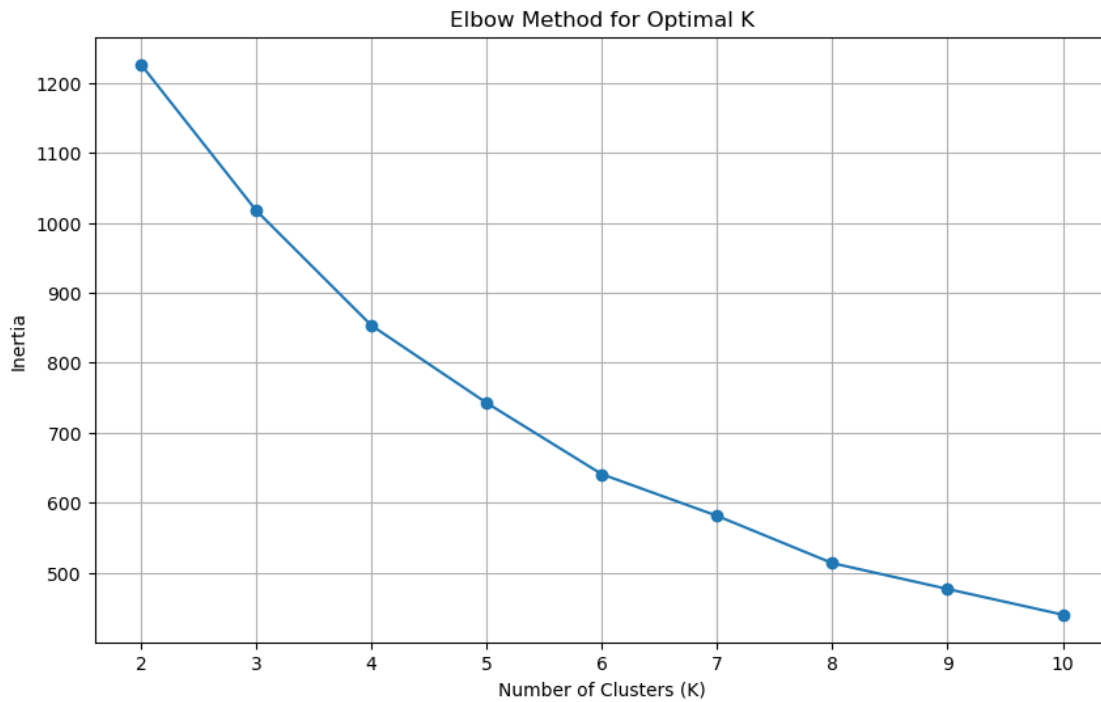


1 Uncovering Response Patterns: Clustering Analysis of Global COVID-19 Data

1.1 Clustering Methodology: K-means and Hierarchical Approaches

This section leverages two complementary clustering techniques: K-means and agglomerative hierarchical clustering to uncover groups of countries whose COVID-19 trajectories and outcomes share similar patterns. After normalizing key pandemic indicators alongside socioeconomic variables, K-means partitions nations into compact clusters; and hierarchical clustering builds a nested tree of country groupings without prespecifying the number of clusters. Together, these methods provide a robust foundation for revealing how underlying social and economic factors shaped the global progression of the pandemic.

K-means



Observing the elbow plot, a distinct bend occurs around $K = 3$ or $K = 4$. Prior to this point, there is a steep decline in inertia, suggesting that increasing the number of clusters significantly reduces inter-cluster variance. However, beyond $K = 4$, the decrease in inertia becomes less pronounced, indicating that adding more clusters provides diminishing returns in terms of reducing the overall dispersion within the clusters. Therefore, based on the Elbow method, the optimal number of clusters for this K-means analysis is likely 4.

K-means Cluster Analysis

Cluster 0:

- total_cases_per_million: 12823.23
- total_deaths_per_million: 195.96
- case_fatality_rate: 0.02
- gdp_per_capita: 4198.00
- hospital_beds_per_thousand: 1.63
- median_age: 20.62
- population_density: 132.94
- human_development_index: 0.55

Cluster 1:

- total_cases_per_million: 205142.18
- total_deaths_per_million: 1099.18
- case_fatality_rate: 0.01
- gdp_per_capita: 16884.35
- hospital_beds_per_thousand: 2.84
- median_age: 30.40
- population_density: 215.00
- human_development_index: 0.74

Cluster 2:

- total_cases_per_million: 392245.99
- total_deaths_per_million: 2628.22
- case_fatality_rate: 0.01
- gdp_per_capita: 35570.52
- hospital_beds_per_thousand: 4.50
- median_age: 39.54
- population_density: 418.67
- human_development_index: 0.86

Cluster 3:

- total_cases_per_million: 441115.30
- total_deaths_per_million: 1720.20
- case_fatality_rate: 0.00
- gdp_per_capita: 18211.36
- hospital_beds_per_thousand: 13.80
- median_age: 30.02
- population_density: 19347.50
- human_development_index: 0.72

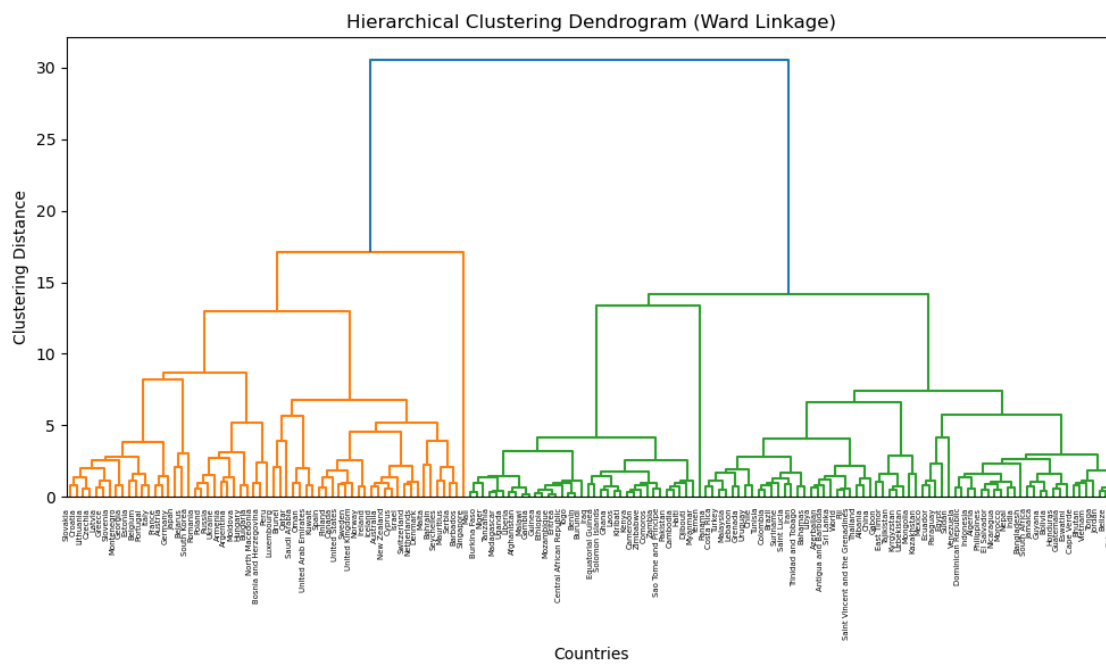
K-means Interpretation

Cluster 0 is characterized by very low case and death burdens alongside low income and young populations. On average, these countries have only about 12,800 cases and 196 deaths per million, a case–fatality rate around 2 percent, GDP per capita of roughly \$4,200, and fewer than two hospital beds per thousand people. With a median age of about 20 and an HDI near 0.55, this cluster likely captures lower resource, youthful nations that saw relatively limited spread or reporting of COVID. For Cluster 1, its countries average around 205,000 cases and 1,100 deaths per million, GDP per capita of \$16,900, about 2.8 beds per thousand, and a median age of 30. An HDI of ~0.74 places them solidly in the lower-middle to upper-middle development range. This cluster represents nations with moderate socioeconomic development and a correspondingly moderate impact from the pandemic.

Cluster 2 includes some of the wealthiest, most heavily affected and often most densely populated countries. They report the highest case counts and deaths but maintain a very low CFR, reflecting extensive testing and health system capacity. With GDP per capita around \$35,600, nearly five hospital beds per thousand people, median age near 40, and HDI of 0.86, these are high-income or advanced economy nations that experienced widespread, but ultimately well managed outbreaks. Cluster 3 is somewhat of an outlier: extremely high density paired with very high case counts, yet a moderate death toll and near-zero CFR. Their GDP per capita and HDI are similar to Cluster 1, but the large number of beds and young median age suggest small, city-state or specialized jurisdictions places like Singapore or Hong Kong where dense populations, abundant health infrastructure, and aggressive testing drive up case detection while keeping deaths comparatively in check.

Together, these four groups trace a spectrum from low-resource, low-impact countries, through mid-level economies with moderate outbreaks, to wealthy nations with heavy but contained spread, and finally to very high–density city-states or micro-jurisdictions with intense testing and capacity.

Hierarchical Clustering



Dendrogram Interpretation

The dendrogram reveals a two way division at the highest level: on one side a dense cluster of low income, young population countries with relatively few cases and deaths, and on the other all remaining nations, which themselves split into middle income, moderate impact countries and a group of wealthy, high density or micro jurisdictions experiencing very high case counts but low fatality rates. Closer to the leaves, tight clusters pairs or trios of nearly identical neighbors or microstates that merge at very low distances, reflecting almost indistinguishable COVID and socioeconomic profiles. At intermediate heights, broader groupings coalesce to distinguish emerging economy nations from both low resource settings and advanced economies, underscoring the gradations in infrastructure, age structure, and pandemic response. Overall, the dendrogram confirms not only confirms three natural tiers: low-impact, low-resource countries, through middle-income moderate-outbreak nations, to high-capacity, high-impact jurisdictions, but also highlights the pronounced gap between the lowest resource countries and the rest of the world.