

# PM566Final

Katrina Ninh

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## INTRODUCTION

The COVID-19 pandemic, caused by the novel coronavirus SARS-CoV-2, has undoubtedly been one of the most transformative global events in recent history. Since its emergence in late 2019, the virus has had far-reaching consequences, affecting every facet of human life, from public health to the economy, and from social interactions to scientific advancements. Central to the ongoing response to this pandemic has been the development and deployment of vaccines, which represent a critical tool in mitigating the spread of the virus and reducing its associated morbidity and mortality.

This study is dedicated to examining the mortality rate of COVID-19 before the introduction of vaccines, after the vaccine's initial rollout, following the administration of the first booster shot, and post-implementation of the second booster shot. We seek to examine

“How have mortality rates for COVID-19, pneumonia, and their combination evolved across different time periods, specifically before the vaccine (prior to December 2020), after the introduction of the vaccine and before the first booster (December 2020 - October 2021), and after the introduction of the vaccine and before the second booster (October 2021 - April 2022) and after the second booster (April 2022-present)?”

This research aims to examine the impact of vaccination and booster shots on mortality rates, both for COVID-19 and pneumonia, and to understand the interplay between these variables over time. By conducting a comprehensive analysis of these parameters, we aim to gain deeper insights into the evolving impact of COVID-19 and the effectiveness of vaccination strategies in averting severe outcomes. Such insights are essential for guiding public health policies and interventions to better manage this ongoing crisis.

## METHODS

### Data Sources and Preparation

1. Three primary datasets were employed for this study: “All\_state\_data”, “Vaccination\_data”, and “Provisional\_COVID-19\_Death\_Counts\_by\_Week\_Ending\_Date\_and\_State\_20231022” (The links are listed in the DATA SOURCE REFERENCES section). These datasets contain relevant information concerning COVID-19 cases, deaths, vaccination rates, and other related variables.

Selection of Variables: Specific variables of interest were identified in each dataset. These variables included data related to COVID-19 cases, deaths, vaccination coverage, and date information.

2. Data Merging: The first two datasets were merged into a new dataset, herein referred to as “Final\_data.” The merge operation was performed using common identifiers to align data points between the two sources.

3. Date Format Transformation: Within the “All\_state\_data\_select” dataset, the date column was initially in character format. To facilitate data analysis, the date information was converted to Date objects using the “as.Date()” function, with the appropriate date format specified.
4. Duplicate Data Handling: Duplicate rows within the “Final\_data” dataset were checked and removed, ensuring data integrity and consistency. The third dataset, “Provisional\_COVID\_19\_Death\_Counts\_by\_Week\_Ending\_Date\_and\_State\_20231022”, contains information on both the deaths caused by COVID-19 as well as by Pneumonia.

### Defining Time Periods

The study investigated mortality rates during the following time periods:

1. Before the Vaccine (Before December 2020): This period represents the initial phase of the pandemic when vaccines were not yet widely available.
2. After the Introduction of the Vaccine and Before the First Booster (December 2020 - October 2021): This period signifies the time when vaccines were introduced and administered but before the introduction of booster shots.
3. After the Introduction of the Vaccine and Before the Second Booster (October 2021 - April 2022): This period captures the time following the introduction of the vaccine and the administration of the first booster dose but preceding the second booster shot.
4. After the Second Booster (April 2022-present): This period captures the time following the administration of the second booster shot.

### Mortality Rate Calculation

The mortality rate was calculated as the total number of deaths per month within each of the specified time periods. It was assessed separately for COVID-19, pneumonia, and the combined incidence of COVID-19 and pneumonia. These calculations were vital in understanding how mortality rates evolved over time in response to vaccination strategies and other factors.

This comprehensive analysis is designed to shed light on the changing dynamics of COVID-19 mortality and the impact of vaccination efforts during various phases of the pandemic.

### Data Analysis

The analysis was conducted using the R programming language, with specific libraries and packages employed for data manipulation and visualization. The following methods were utilized for data analysis:

**Data Manipulation:** The “dplyr” package was utilized for data manipulation, including operations such as filtering, summarization, and aggregation. This allowed for the selection of data relevant to specific time periods.

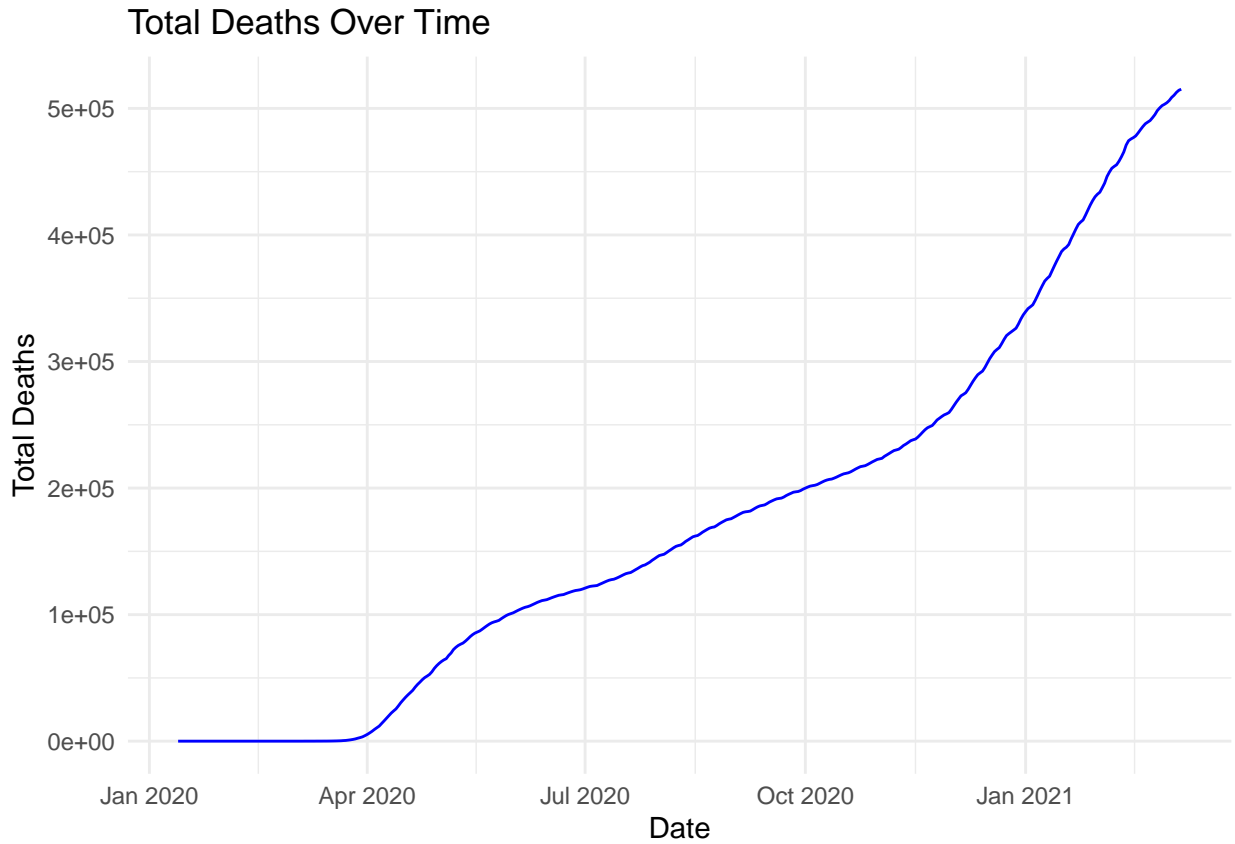
**Plot Generation:** The “ggplot2” package was used to generate various plots that visually represent the mortality rates during distinct periods of time. These plots provided a clear visualization of trends and variations in mortality rates.

## RESULTS

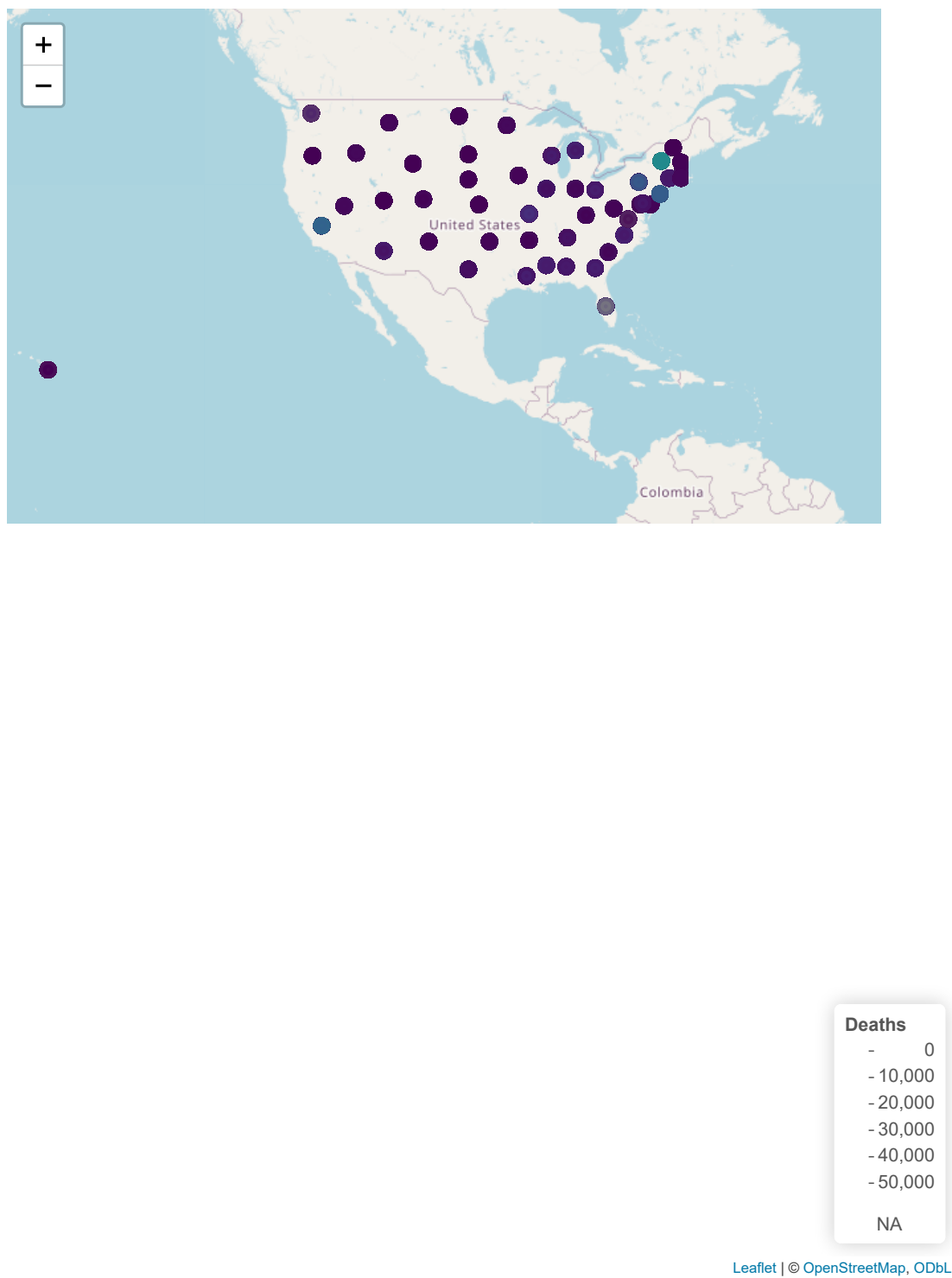
Consider descriptive statistics, such as mean, median, minimum, maximum, and quartiles, provide a summary overview of the numeric variables. Below table give those results,

Table 1: Summary of Numeric Variables

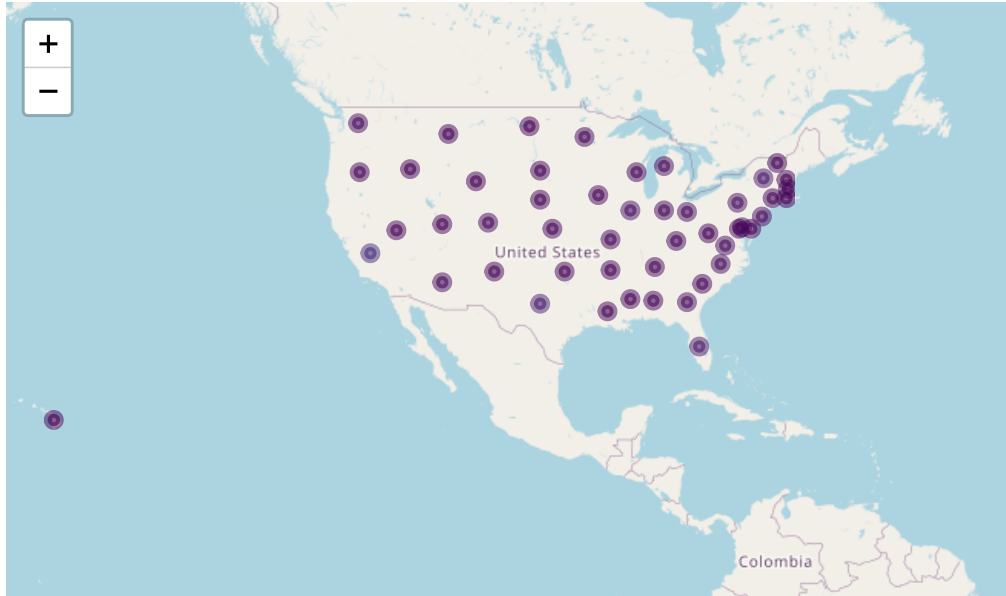
	vars	n	mean	sd	median	trimmed	mad	min	max	range	skew	kurtosis	se
death	1	19930	3.682217e+03	13664.083	2.167273e+03	5550.0	0.03	54124	54124.03	0.068680	0.705424	49390e+01	
hospitalized	2	12382	9.262762e+02	2054.4724	6.534116e+02	1550.0	0.03	82237	82236.02	0.369301	1.362741	34182e+02	
negative	3	13290	8.482246e+03	15010.5962	5.535846e+03	35867.0	0.05	101869	101869.41	1.190912	664743	66269e+04	
positive	4	20592	1.651560e+03	2675.2604	5.270966e+02	48943.0	0.04	350139	350139.40	0.930902	593277	77263e+03	
Total doses distributed	5	20780	1.775033e+04	14731.0287	12033.5698	11733.2805	0.10	110780	110780.99	0.979385	784186	529914	89345e+05
Residents with at least one dose	6	20780	1.857821e+04	10759.6009	1358461.1e+03	726226.0	0.36	134033	134033.56	0.717509	576748	643817	8954e+04
Percent of total pop with at least one dose	7	20780	8.006927e+01	2359.7910	8.032499e+01	56730.4	0.10	95	33.9	-	-	7.794450e-	
										0.019633	1.339902		



The above time series plot visually represents the progression of total deaths over the specified time period. The positive trend in COVID-19 cases observed throughout the 2020-2021 time range underscores the importance of proactive and adaptive public health measures. Data reveals a continuous rise in the number of COVID-19 cases throughout 2021. This upward trajectory is indicative of the virus's persistent spread within the population.



Consider the geographical distribution of vaccination process



#### Residents with at least one dose

- 50,000,000
- 100,000,000
- 150,000,000
- 200,000,000
- 250,000,000

Leaflet | © OpenStreetMap, ODbL

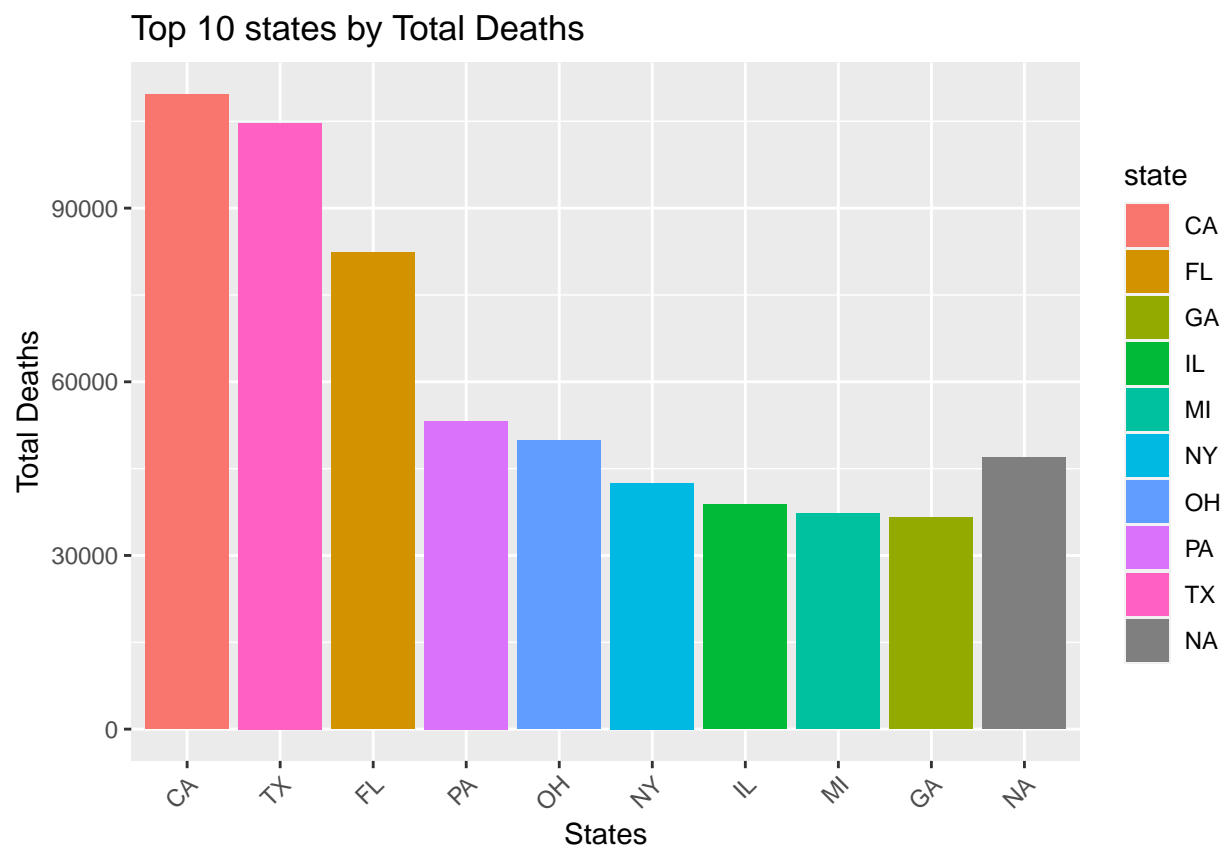
Above Leaflet maps visualizes COVID-19 deaths and vaccination counts across states. Circle markers represent each state, with their color indicating the number of deaths and number of residents with at least one dose. Darker colors represent higher numbers of deaths. The maps give a intuitive geographic

interpretation of the COVID-19 impact across states.

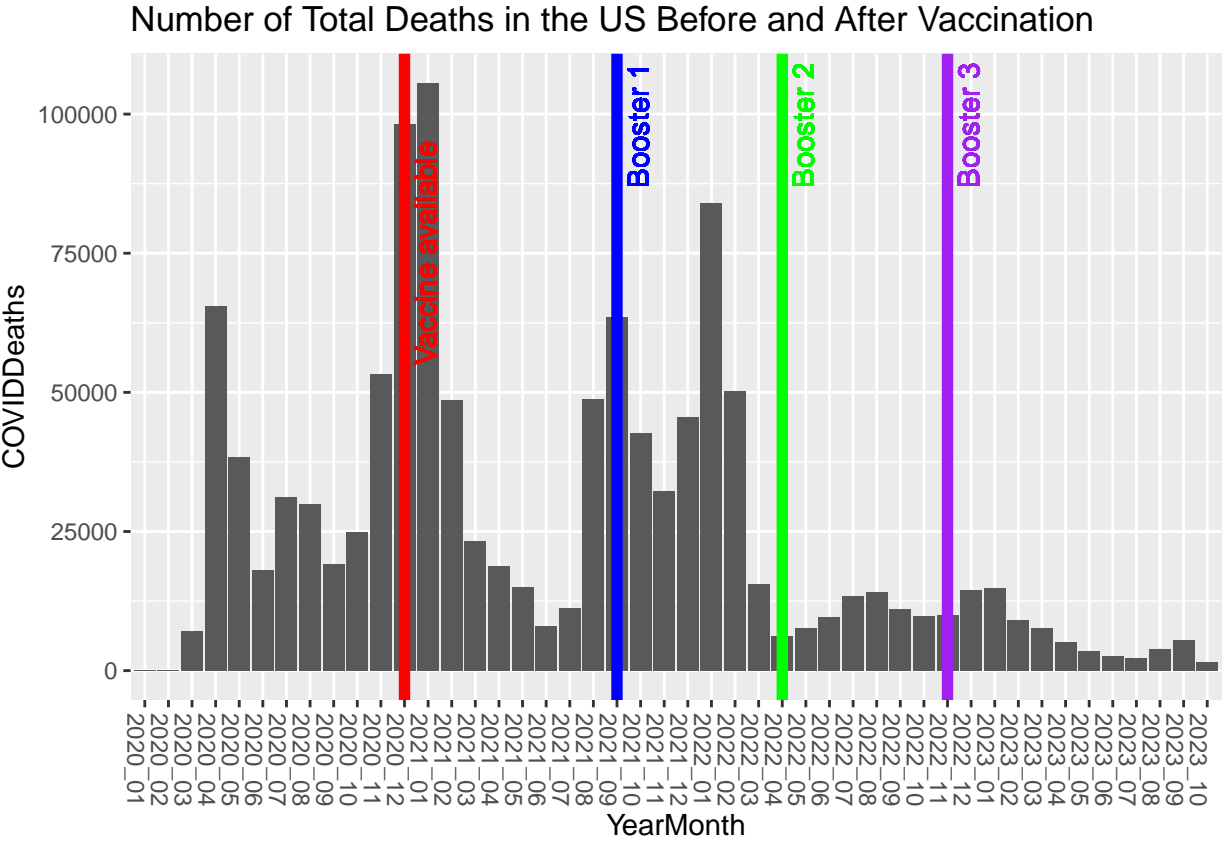
Table 2: Top ten states reported maximum deaths

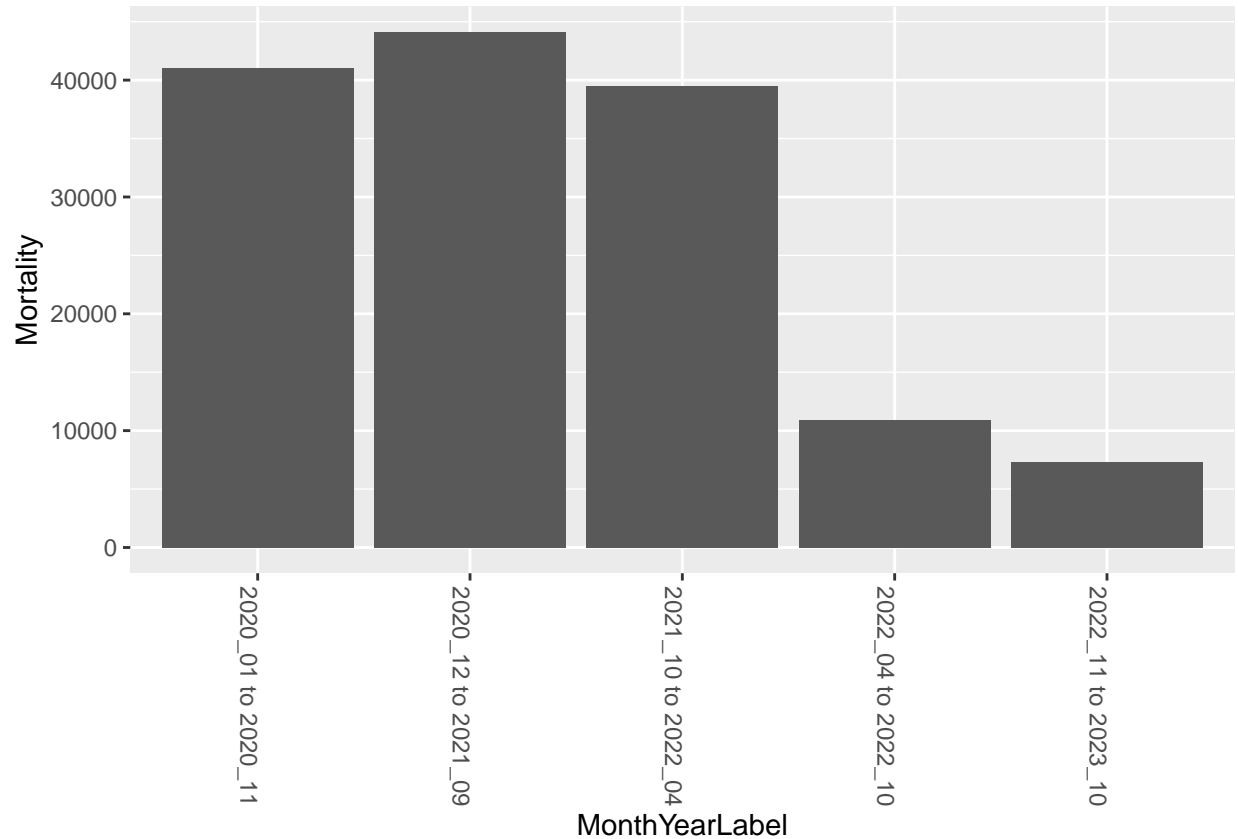
state	TotalDeaths
CA	109665
TX	104716
FL	82310
PA	53249
OH	49915
NA	46955
NY	42519
IL	38822
MI	37230
GA	36622

Above table represents the top ten states with the maximum reported deaths due to COVID-19. The columns include state, TotalDeaths (the total number of reported deaths in each state), and TotalVaccinations (the maximum number of residents with at least one vaccine dose in each state). New York (NY) has the highest number of reported deaths, totaling 8854467, followed by California (CA) with 5733089 deaths.



Above plot visually compares the top 10 states in the USA based on the total number of COVID-19 vaccinations administered. California (CA) has the highest total vaccinations, followed by New York (NY) and Texas (TX). Although New York (NY) has the highest total deaths, followed by California (CA) and New Jersey (NJ).





Notice: One would expect that the second period - from the time the vaccination first become available to the first booster shot - as well as the third period between the 1st and 2nd booster - to have low number of deaths; however, the height of COVID was right around that time. That's why it took some time for the effectiveness of the COVID vaccines to kick in. The significant death number drop is apparent six months after the second booster. The number of deaths keep getting lower after that.

##	YearMonth	COVIDDeaths	PneumoniaDeaths	PneumoniaAndCovidDeaths
## 1	2020_01	6	17909	3
## 2	2020_02	25	15740	10
## 3	2020_03	7175	22481	3345
## 4	2020_04	65553	46429	28399
## 5	2020_05	38330	29011	15928
## 6	2020_06	18026	19294	7661
## 7	2020_07	31135	27122	14903
## 8	2020_08	29913	27358	15116
## 9	2020_09	19158	21130	9377
## 10	2020_10	24930	24327	11734
## 11	2020_11	53250	38301	25290
## 12	2020_12	98175	62920	48326
## 13	2021_01	105566	69849	55416
## 14	2021_02	48570	38081	26128
## 15	2021_03	23268	24620	12253
## 16	2021_04	18805	21306	9885
## 17	2021_05	14989	19477	8193
## 18	2021_06	8024	15625	4361
## 19	2021_07	11222	18262	6257



## 20	2021_08	48822	41897	29177
## 21	2021_09	63444	51087	38295
## 22	2021_10	42606	38648	25391
## 23	2021_11	32328	31968	18377
## 24	2021_12	45623	41195	25884
## 25	2022_01	84018	59488	43702
## 26	2022_02	50300	38840	26305
## 27	2022_03	15627	20063	7248
## 28	2022_04	6265	14473	2244
## 29	2022_05	7636	15056	2528
## 30	2022_06	9541	15141	3335
## 31	2022_07	13396	16406	4572
## 32	2022_08	14142	16623	4965
## 33	2022_09	11131	15425	3779
## 34	2022_10	9717	16199	3233
## 35	2022_11	10042	17501	3388
## 36	2022_12	14388	22483	5103
## 37	2023_01	14881	22249	5609
## 38	2023_02	8994	16888	3326
## 39	2023_03	7597	17134	2700
## 40	2023_04	5155	15499	1851
## 41	2023_05	3523	14455	1294
## 42	2023_06	2559	13059	893
## 43	2023_07	2319	12481	843
## 44	2023_08	3941	13107	1521
## 45	2023_09	5505	13242	2225
## 46	2023_10	1549	3619	590

```
##
## Pearson's Chi-squared test
##
## data: covid_pneumonia
## X-squared = 134373, df = 45, p-value < 2.2e-16
```

Using the Pearson's Chi-squared test, p-value (2.2e-16) is much smaller than 0.05 indicating that there is a strong correlation between the number of COVID deaths and Pneumonia deaths.

## CONCLUSION

This study set out to answer the question of how mortality rates for COVID-19, pneumonia, and their combination evolved across different time periods, specifically before the vaccine (prior to December 2020), after the introduction of the vaccine and before the first booster (December 2020 - October 2021), after the introduction of the vaccine and before the second booster (October 2021 - April 2022), and after the second booster (April 2022-present). The findings offer valuable insights into the impact of vaccination strategies on mortality rates during the COVID-19 pandemic.

The results clearly demonstrate a significant shift in mortality rates over time, reflecting the changing dynamics of the pandemic:

1. **Initial Surge After Vaccine Availability:** The initial availability of the COVID-19 vaccine was accompanied by a substantial spike in mortality rates. This surge can be attributed to the complex transition period when vaccines were introduced, and challenges related to distribution and access were prevalent.

2. Impact of Booster Shots: The most striking observation was the consistent reduction in mortality rates after the administration of subsequent booster shots. Whether it was the first or second booster, these additional doses were associated with a substantial decline in mortality for COVID-19, pneumonia, and the combined incidence of both. This outcome underscores the importance of booster shots in strengthening immunity and reducing severe outcomes.

In conclusion, this study provides compelling evidence that the implementation of vaccination and booster programs played a pivotal role in reducing mortality rates associated with COVID-19, pneumonia, and their combined impact. It effectively answers the research question by highlighting the pivotal role of vaccination in mitigating the pandemic's effects and the remarkable effect of booster doses in enhancing protection over time.

These findings underscore the critical importance of continued vaccination efforts, strategic booster administration, and adaptable public health policies in managing and ultimately overcoming the COVID-19 pandemic. Moreover, they emphasize the need for ongoing research to further understand the factors contributing to these trends and to adapt public health strategies accordingly.

## DATA SOURCE REFERENCES

1. "Provisional\_COVID-19\_Death\_Counts\_by\_Week\_Ending\_Date\_and\_State\_20231022.csv" (<https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-by-Week-Ending-D/r8kw-7aab/>)
2. "covid19\_vaccinations\_in\_the\_united\_states.csv" (<https://stacks.cdc.gov/view/cdc/99574/>)
3. "all-states-history.csv" (<https://covidtracking.com/data/download/>)