

COVID-19 Counts in Washington State and Select Other Locations

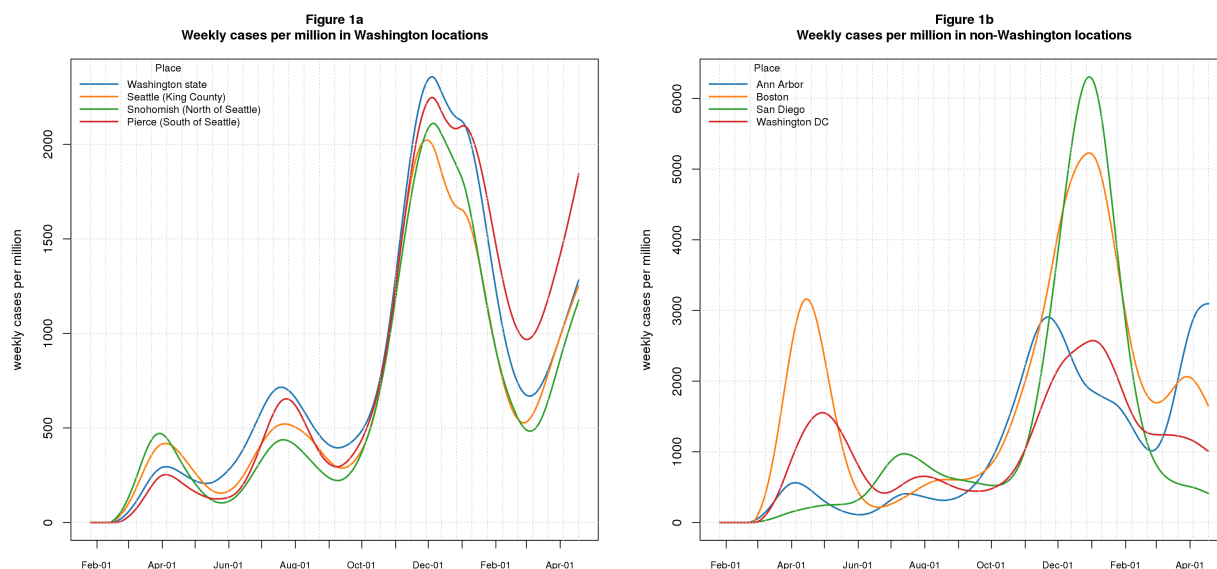
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Counts of cases, hospital admissions, and deaths are key metrics of COVID-19 prevalence and burden, and are the basis for model-based estimates and predictions of these statistics. I present here graphs showing these metrics over time in Washington state and a few other USA locations of interest to me. I update the graphs and this write-up weekly. Previous versions are [here](#). See below for [caveats](#) and [technical details](#).

Figures 1a-b show smoothed case counts per million for several Washington and non-Washington locations. The Washington locations are the entire state, the Seattle area where I live, and the adjacent counties to the north and south (Snohomish and Pierce, resp.). The non-Washington locations are Ann Arbor, Boston, San Diego, and Washington DC.

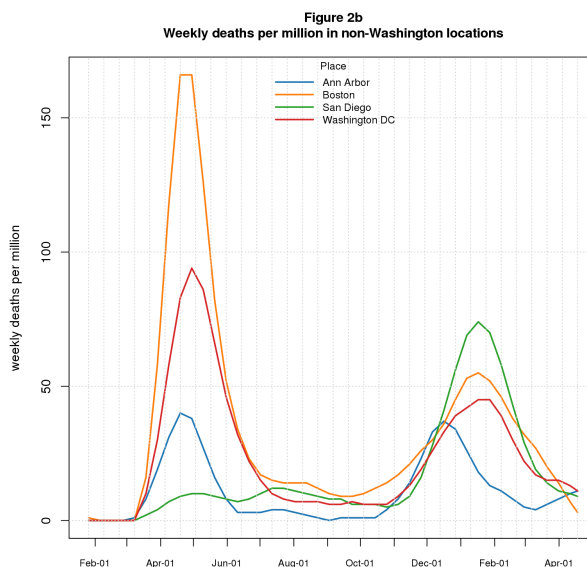
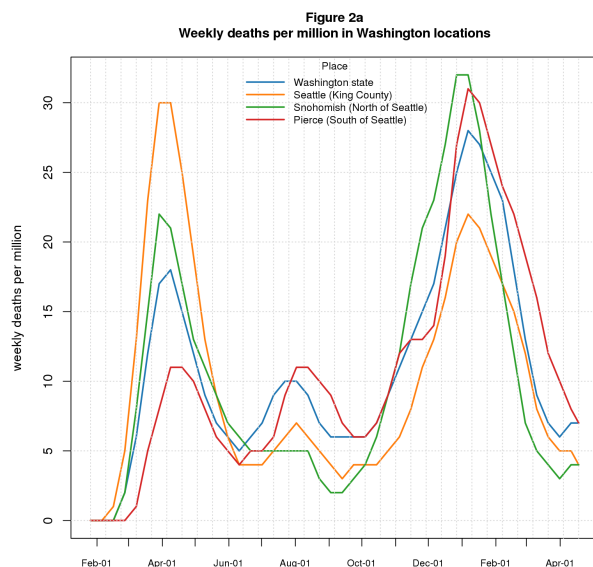
The figures use data from Johns Hopkins Center for Systems Science and Engineering (JHU), described [below](#). When comparing the Washington and non-Washington graphs, please note the difference in y-scale: the current Washington rates (about 1200-1950 per million) overlap the non-Washington rates (300-2150 per million).



The Washington graph (Figure 1a) shows that rates, though still below their recent peaks, are climbing again in all locations and now greatly exceed their summer peaks. The increase statewide is about 50% and is more than twofold for the individual counties. Going forward, we can only hope that vaccination of the most vulnerable people will prevent a large increase in deaths. Trend analysis confirms the continued increase.

The picture for non-Washington locations (Figure 1b) is more optimistic. Cases seem to have plateaued in Ann Arbor after a large increase and are declining everywhere else. Trend analysis concurs, although the Ann Arbor data is too variable to be confident in the trend.

Figures 2a-b show *deaths* per million for the same locations. When comparing the Washington and non-Washington graphs, again please note the difference in y-scale: the current Washington rates are 4-7 per million; the non-Washington rates are 4-11 per million.

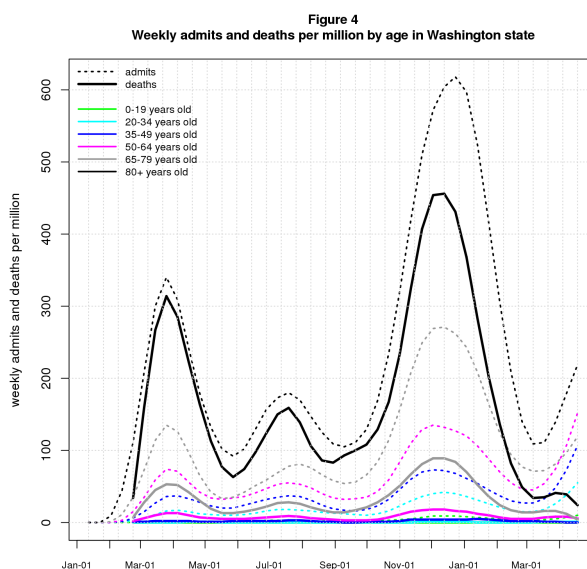
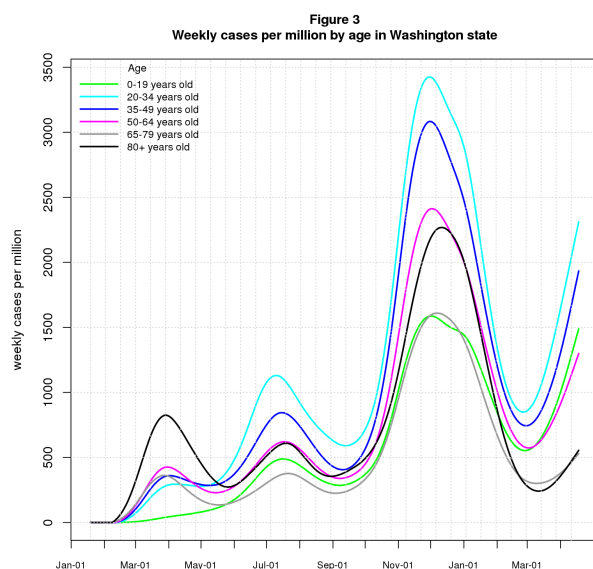


The Washington data (Figure 2a) shows three waves. The second peak was thankfully lower than the first; the third wave exceeded the first in all areas except Seattle (King County). The graphs are well down from the third peaks and finally below the first and second peaks but are flattening out. Trend analysis concurs.

The non-Washington data (Figure 2b) shows early peaks in most locations, followed by a long trough, followed by a second wave starting in November. The graphs are well down from their recent peaks. Deaths are continuing down in Boston, increasing slightly (or possibly flat) in Ann Arbor, and flat in San Diego and Washington DC. Trend analysis concurs.

The next graphs show the Washington results broken down by age. This data is from Washington State Department of Health (DOH) weekly downloads, described [below](#). An important caveat is that the DOH download systematically undercounts events in recent weeks due to manual curation. I extrapolate data for late time points as discussed [below](#).

Figure 3 is *cases*. Figure 4 shows hospital admissions (*admits*) and *deaths*.



Early on, the pandemic struck older age groups most heavily. Over time, *cases* spread into all age groups, even the young. During the second wave, older groups did better with young adults and middle aged adults (20-34 and 35-49 years) becoming the most affected groups. The third wave swept into all age groups. As the wave grew, the oldest people (80+) were again strongly affected. The curves are now heading back up in all age groups, but thankfully the oldest groups (65-79 and 80+) seem to be less affected.

The shocking death rate of the 80+ age group jumps off the page in Figure 4. The death rate in this age group shows three waves. The third wave reached its peak in December 2020 and is now flat at a level well below the peak. Throughout the pandemic, the death rate for the 80+ group has been much higher than for the 65-79 group; this discrepancy continues even as the rates flatten.

The admit rate shows the same three waves, but like cases and unlike deaths is heading up again. It remains to be seen if this will lead to increasing deaths in the coming weeks.

In previous versions, Figure 4 only showed *deaths*, but the growing impact on young people combined with the high vaccination rate of the old, make admissions a useful indicator of pandemic status. Previous versions aggregated 0-64 years into a single group, since the death rate in these ages is near 0. Now that the graph includes *admits*, it's useful to keep the age groups separate.

Caveats

1. The term *case* means a person with a detected COVID infection. In some data sources, this includes “confirmed cases”, meaning people with positive molecular COVID tests, as well as “probable cases”. I believe JHU only includes “confirmed cases” based on the name of the file I download.
2. Detected *cases* undercount actual cases by an unknown amount. When testing volume is higher, it's reasonable to expect the detected count to get closer to the actual count. Modelers attempt to correct for this. I don't include any such corrections here.
3. The same issues apply to *deaths* to a lesser extent, except perhaps early in the pandemic.
4. The geographic granularity in the underlying data is *state* or *county*. I refer to locations by city names reasoning that readers are more likely to know “Seattle” or “Ann Arbor” than “King” or “Washtenaw”.
5. The date granularity in the graphs is weekly. The underlying JHU data is daily; I sum the data by week before graphing.
6. I truncate the data to the last full week prior to the week reported here.

Technical Details

1. I smooth the graphs using a smoothing spline (R's `smooth.spline`) for visual appeal. This is especially important for the *deaths* graphs where the counts are so low that unsmoothed week-to-week variation makes the graphs hard to read.
2. The Washington DOH data (used in Figures 3 and 4 to show counts broken down by age) systematically undercounts events in recent weeks due to manual curation. I attempt to correct this undercount through a linear extrapolation function (using R's `lm`). I have tweaked the extrapolation repeatedly, even turning it off for a few weeks. The current version uses a model that combines date and recentness effects. In past, I created models for each Washington location and age group but had to change when DOH changed its age groups on March 14, 2021 (see [below](#)). I now create a single model for the state as a whole and all age groups summed together, then blithely apply that model to all locations and ages.
3. The trend analysis computes a linear regression (using R's `lm`) over the most recent four, six, or eight weeks of data and reports the computed slope and the p-value for the slope. In essence, this compares the trend to the null hypothesis that the true counts are constant and the observed points are randomly

selected from a normal distribution. After looking at trend results across the entire time series, I determined that p-values below 0.1 indicate convincing trends; this cutoff is arbitrary, of course.

4. In previous versions of the document, I've shown plots that overlay raw *case* and *death* counts onto the smoothed graphs in Figures 1 and 2. Recent data is much less variable than in past making these plots superfluous.
5. In most versions before March 17, 2021, I showed counts broken down by age (as in Figures 3 and 4) graphs for each Washington location. Now I only show the statewide graphs: the other locations are similar.
6. In past, DOH reported results in 20 year age groups starting with 0-19, with a final group for 80+. As of the March 14, 2021 data release (corresponding to document version March 17), DOH changed age groups. The new groups are 0-19, followed by 15 year ranges (20-34, 35-49, 50-64, 65-79) with a final group for 80+.

Data Sources

Washington State Department of Health (DOH)

DOH provides three COVID data streams.

1. [Washington Disease Reporting System \(WDRS\)](#) provides daily “hot off the presses” results for use by public health officials, health care providers, and qualified researchers. It is not available to the general public, including yours truly.
2. [COVID-19 Data Dashboard](#) provides a web graphical user interface to summary data from WDRS for the general public. (At least, I think the data is from WDRS - they don't actually say).
3. Weekly data downloads (available from the [Data Dashboard](#) web page) of data curated by DOH staff. The curation corrects errors in the daily feed, such as, duplicate reports, multiple test results for the same incident (e.g., initial and confirmation tests for the same individual), incorrect reporting dates, incorrect county assignments (e.g., when an individual crosses county lines to get tested).

The weekly DOH download reports data by age group. In past, the groups were 20-year ranges starting with 0-19, with a final group for 80+. As of March 14, 2021, they changed the groups to an initial 20-year range (0-19), then several 15-year ranges (20-34, 35-49, 50-64, 65-79), with a final group for 80+.

Johns Hopkins Center for Systems Science and Engineering (JHU)

[JHU CSSE](#) has created an impressive portal for COVID data and analysis. They provide their data to the public through a [GitHub repository](#). The data I use is from the [csse_covid_19_data/csse_covid_19_time_series](#) directory: [time_series_covid19_confirmed_US.csv](#) for *cases* and [time_series_covid19_deaths_US.csv](#) for *deaths*.

JHU updates the data daily. I download the data the same day as the DOH data (now Tuesdays) for operational convenience.

Other Data Sources

The population data used for the per capita calculations is from [Census Reporter](#). The file connecting Census Reporter *geoids* to counties is the [Census Bureau Gazetteer](#).

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