



Review and Analysis of the Impact of COVID-19 across the World

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Review and Analysis of the Impact of COVID-19 across the World

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Abstract—Since December 2019, there has been an epidemic of a new coronavirus-related respiratory illness. It has resulted in an epidemic outbreak with more than 625 million confirmed illnesses and more than 6.5 million documented deaths globally. Although the investigation of control measures and prediction is required for preventive therapy during this epidemic phase, reported cases of coronavirus illness have rapidly increased globally. Therefore, it becomes the need of the hour to perform the analysis that explores the global covid-19 epidemic statistics that this paper focuses on by looking at cases, mortality rates, and recovery rates in various countries.

Keywords—Jupyter notebook, JavaScript, cases, deaths, recoveries

I. Introduction

An acute respiratory illness with severe symptoms. Coronavirus. The Coronavirus brings on infectious disease. COVID-19 Coronavirus symptoms include a fever, cough, headache, breathing problems, loss of smell, and tastelessness. The first signs show up after 14 days. [1]At least one-fourth of those infected do not exhibit any symptoms at all. Most patients are those who experience mild to moderate symptoms (82%), followed by those who experience symptoms (13%) and those who experience acute symptoms (5%). Older age groups are most in danger from this virus since their immune systems are less developed than youth. In some cases, organ damage has also been seen, and some patients report feeling weak, having body aches, etc. Inhaling air contaminated with the virus's droplets and tiny airborne particles can cause people to become infected with COVID-19. [2]The likelihood of contracting this virus increases with proximity, although it can also spread inside and over large distances. Fluids in the mouth, nose, or eyes might cause the infection to spread. Even if symptom-free, the person can transfer the virus because it is contagious for 20 days. Numerous COVID-19 vaccines have been licensed for use and made available in various nations, resulting in the start of multiple immunization campaigns. Several

precautions have been adopted, including social or physical seclusion, confinement, opening indoor spaces, masking coughs and sneezes, washing your hands frequently throughout the day, and keeping them away from your face. In public spaces, wearing a face mask and carrying hand sanitizer is advised to lower the chance of infection.

Covid-19 is often tested using the NAT technique, which looks for ribonucleic acid fragments. These tests can only indicate how long a patient will be contagious because they only identify ribonucleic acid, not the virus that has been infected. However, Sputum or a nose swab sample might also be used. The WHO has released several testing guidelines for the illness.

Then, after some time, the government began providing financing to WHO and other private organizations to produce the COVID-19 vaccination.[3] Several types of vaccinations have been carried out in numerous countries, with the names of the vaccinations proposed in the manner described above. Pfizer-BioNTech, Moderna, AstraZeneca, J&J, Sinopharm, Sinovac, COVAXIN, Novavax, and Ease of Use CanSino Biologics Ad5-nCoV-S are some of the companies mentioned.

II. Literature review

Developed a prediction model after studying the COVID-19 spread in India to anticipate how it will behave going forward. To analyze COVID-19, time series data for India were employed. The Susceptible Infective Removed (SIR) model and the Fb Prophet model were then applied to forecast the peak infectious and peak infectious date for India and the three most impacted states. They concluded that the pandemic might affect 5% of Indians overall.

[5] The purpose of this study is to look at how the COVID-19 epidemic has affected various countries by using COVID-19 cases that have led to deaths and recoveries. This study quantifies the lethal effects of the pandemic by looking at infections, fatalities, and rescues in the 13 most afflicted COVID-19 nations as of June 1. A combined study for comparison and a separate analysis for the in-depth investigation was carried out for each country. All the graphs

in RStudio were made using the best computer language for statistical research, R. Several nations analyze COVID-19 figures based on information provided by their government, both qualitatively and quantitatively.

[6]. In the endeavors to pass the science behind Coronavirus on to the exceptionally different crowd of policymakers, researchers, medical services experts, and the overall population, representation approaches have become the dominant focal point. Describe how visualization may be used to comprehend various pandemic features in this article and provide examples.

[7] Utilizing the age-structured SEIR-type for pandemics, the efficiency of the COVID-19 lockdown is evaluated. The mathematical modeling of SEIR can be used to forecast COVID-19's spread. To construct the model, the SEIR model is used. The model study uses isolation and vaccination variables as model parameters to get the primary reproduction number and the global stability for the propagation of COVID-19.

[8]The Covid-19 model to forecast the analysis. Analytically calculated fundamental covid statistics and control reproduction statistics. A thorough overview and analysis of the model are conducted to observe the dynamic system. The dataset from across the world where the situation was frightening was calibrated. Our results imply that autonomous self-sustaining human-to-human dissemination exists ($R_0 > 1$, $R_c > 1$). The website does an excellent job of capturing the website's short-term purpose, which is to depict the declining trend in COVID-19 cases. Therefore, spending more on the people in quarantine will be wise if resources are scarce.

[9] This study utilizes the affirmed cases detailed by the day-to-day specialized report Coronavirus globally till May 8 to exhibit the demonstration and forecast of Coronavirus contamination cases overall utilizing numerical and PC models. With R_2 upsides of 0.9998, 0.9996, and 0.9999, separately, the outcomes showed areas of strength between the noticed informational collection and those determined by the worldwide site, strategic, and counterfeit brain network models. The number of Coronavirus diseases between May 9 and May 16 was anticipated utilizing similar numerical models and an opposite hypocritical brain organization to search for likenesses and extrapolate the expectation till the finish of the pandemic.

[10] Practical tools like mathematical models and computer simulations can help predict critical aspects of disease transmission and future developments in disease control. The outcomes of the computer simulations, in which several crucial model parameters have been changed, diverge significantly from the dynamics of the model. We demonstrate that model variables are particularly sensitive to transition rates between asymptomatic tainted with both announced and unreported suggestive contaminated patients in the transmission of this ailment.

[11] To address such pandemics later on in a systematic and informed way, the making of numerical models and calculations to predict the development of the transmission of the disorder is of fundamental worth. The writing has abundant data on applying Bayesian consecutive and

versatile robust gauges for the surveillance (following and expectation) of items like boats and rockets. The proposed technique can anticipate and follow the epidemiological bend with high exactness and assess the elements of contamination and recuperation. The mean outright rate blunder estimated after the lockdown is now and again under 5% for figure skylines of 7 days and the most part, under 10% for expectation skylines of 14 days.

[12] AI technology provides numerous advantages, such as enhanced approach, high-excellence healthcare, and improved exchange of ideas. AI. The employment of similar technologies has proven highly beneficial in dealing with the Covid-19 problem—a list of AI-based remedies created to combat the COVID-19 epidemic. Future COVID-19 researchers will investigate the objectives and features of current AI systems. By doing so, encouraging the scientific community to invest in AI. As the number of digitally driven healthcare solutions grows, technologies such as ML, VR, AR, AI, and others become more popular. During the difficult days of COVID-19, India had the highest utilization of artificial intelligence (AI) technology, with over 73% of the healthcare and pharmaceutical industries utilizing it.

III. Research gaps

Based on the literature review, the COVID-19 period ran from December 2019 through July 2022. Most people nowadays experience consequences from it. The epidemic is spreading globally as it began in China and has spread worldwide. After the global immunization push started in 2021 with the release of vaccines. Humans have immunity that allows them to combat several common illnesses. This statistic shows the severe worldwide condition of COVID patients now. The study shows that the current situations in various nations are covid-19. It is necessary to analyze the data to demonstrate the impacts via observations and to identify more effective COVID-19 prevention measures.

IV. Data and Assumptions

The analyzing tool is used to represent graphs in Tableau. For example, the use of analysis tools to show the graphs of death and active cases of Covid-19. For representation covid data on the website, use JavaScript to represent our code.

1. DATA

As of March 13, 2019, the data was analyzed to determine how various countries' instances, fatalities, and recoveries had changed.

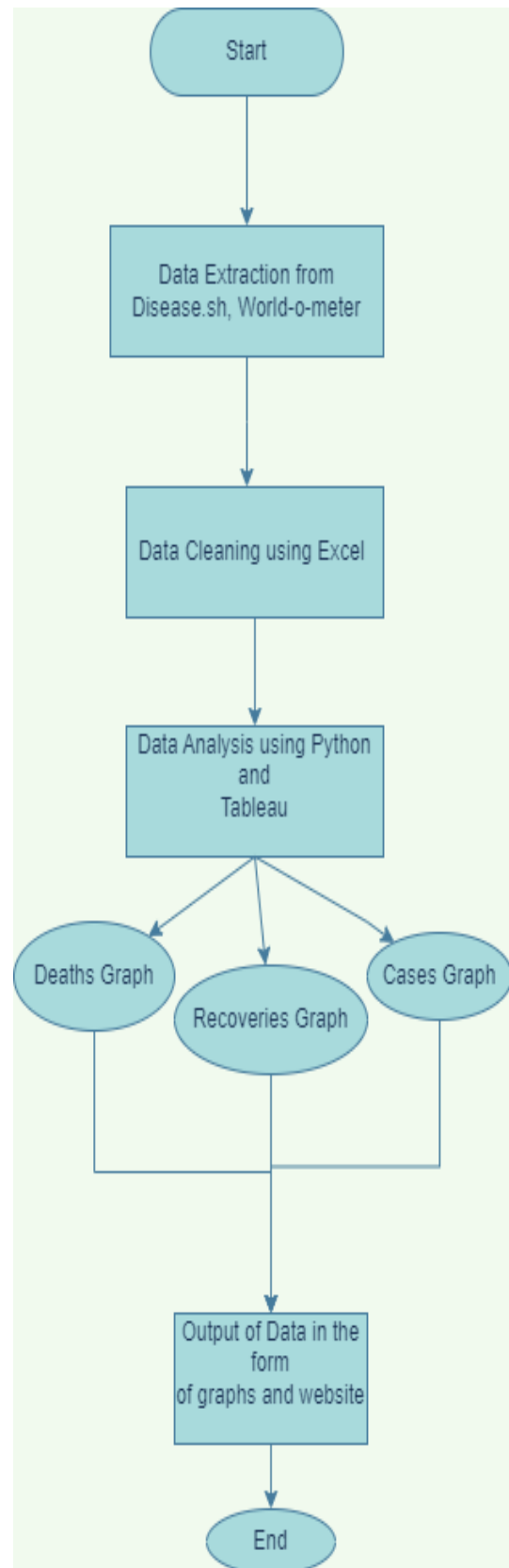
- <http://kaggle.com/>
- <https://www.worldometers.info/coronavirus/>
- <https://disease.sh/>

2. Based on the Assumption

Datasets accessible on the web have been utilized, accepting it to be accurate. However, we have ignored the mistake of the information given by a few nations, as each country follows its conventions in detailing information also dissecting the measurements connected with the Coronavirus pandemic.

V. Research Methodology

On the COVID-19 tracker website, we can view the analysis of COVID-19 data collected through different sources like world meter, diasease.ai, Kaggle, etc. Furthermore, the study is done through Python with various libraries. From it, we can analyze the data of COVID-19 in the form of bar charts using the method of qualitative and quantitative processes worldwide, which is represented on the website, which is made through the use of JavaScript, HTML, etc.; the user views the bar graph to understand how the COVID-19 increases and decreases.



VI. Implementation And Results

The map shows how seriously COVID patients are affected globally. When COVID-19 began in 2019, the number of cases fluctuated during the ensuing three years. In 2020 and 2021, there will be a significant increase in COVID cases and illnesses worldwide. The patient's grave condition will gradually improve in 2022 due to widespread vaccinations.

Brazil has the highest percentage of COVID patients in the world. The trend lines in Fig. (1) depict the number of total and active cases nationwide. This graph demonstrates the immediate rise in the number of active topics. Over 200 million people have COVID instances worldwide (23,43,95,266). The active cases of COVID around the world are above the 5 million (66,422) threshold.

As shown in Fig (2), the trend lines show the country's total cases and active cases. The analysis from this graph indicates the rapid increase in active topics. The total points of COVID worldwide are above 200 million (23,43,95,266). The active chances of COVID worldwide are above the 5 million (66,422) threshold.

As shown in Fig (3), the trend lines show the relationship between the total amount recovered and the amount newly recovered. As the disease started in China and spread worldwide, the recovery rate is meager and depends on the human body's immunity. After the vaccination, the covid recovery rate is medium. The total number of recovered patients from COVID worldwide is above 200 million. The new recovers from COVID around the world are above 200k per day.

As shown in Fig (4), The trend lines show the total deaths and new deaths from COVID-19. From the above observations, the death rate among the population has increased due to COVID-19 because most people haven't followed the government's prevention rules and regulations. After the

vaccination drive started, the death rate of the population gradually decreased. The total number of deaths from COVID worldwide is above 2,000,000. The new deaths from COVID around the world are above 474 per day.

The top 5 nations impacted globally, as shown in Fig. (5), based on cases, deaths, recovered, newly active cases, test cases, cases<1 million, deaths<1 million, and population. Because France is one of the top 5 nations afflicted by COVID, and there are 16,456 new instances, we may observe this. As a result, this chart provides additional details about the characteristics displayed.

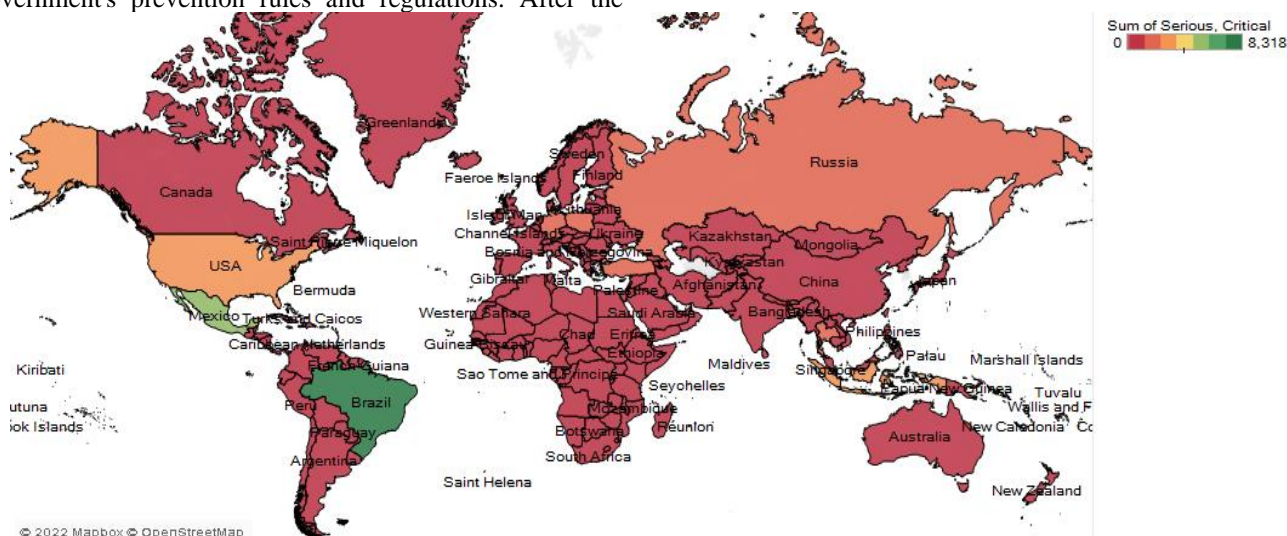


Fig (1): World Map with Serious Condition

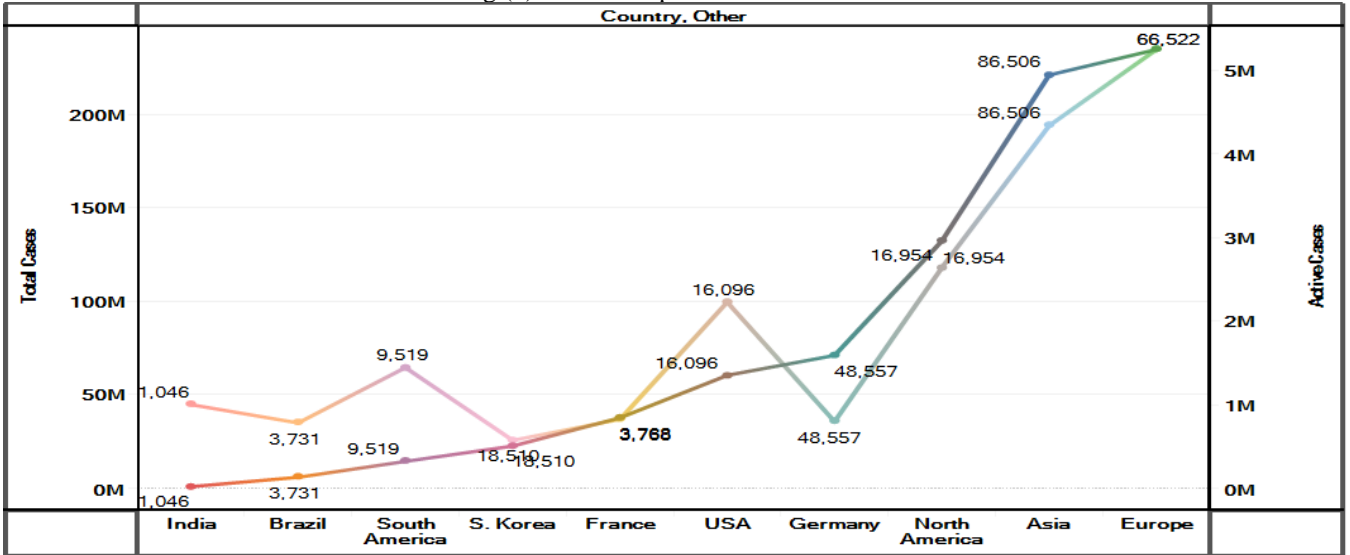


Fig (2): Total Cases Vs. Active cases

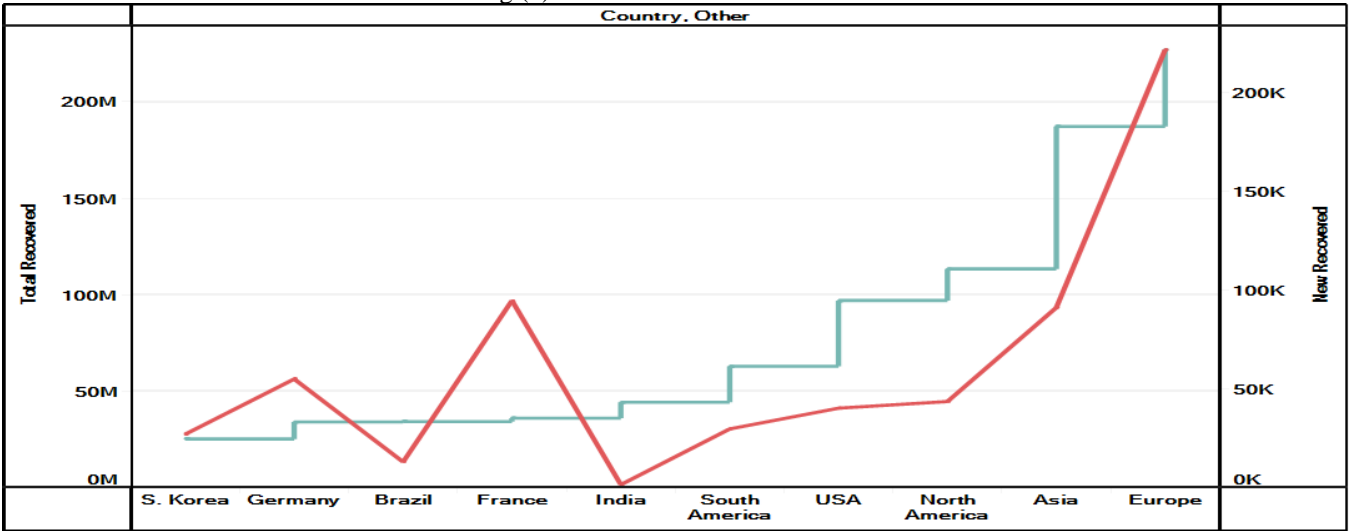


Fig (3): Total Recovered Vs. New Recovered

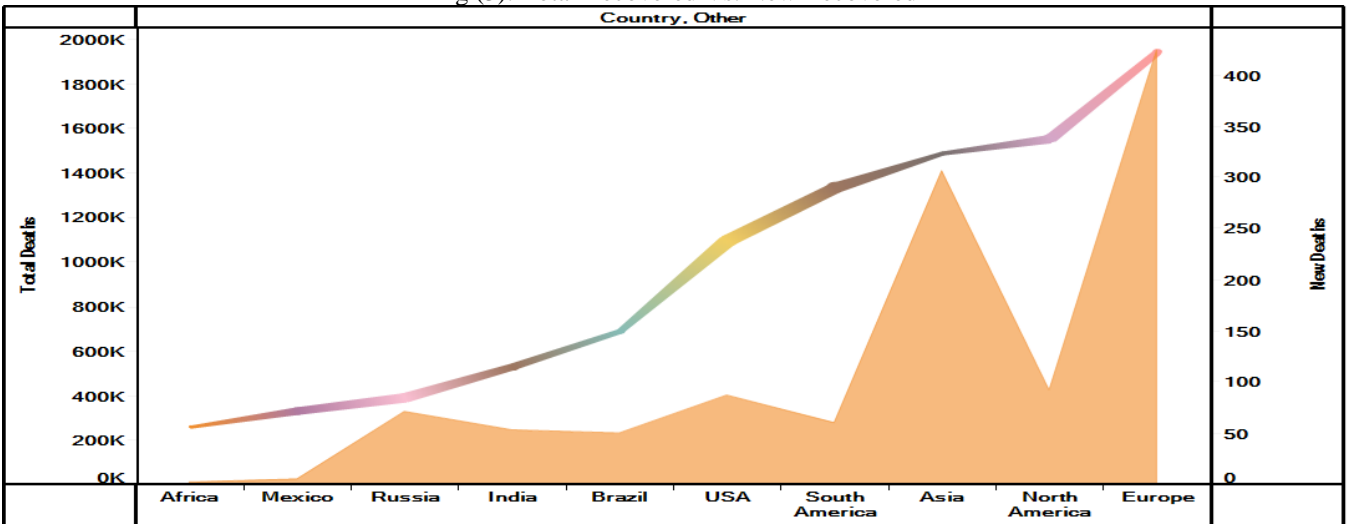


Fig (4): Total Deaths Vs. New Deaths

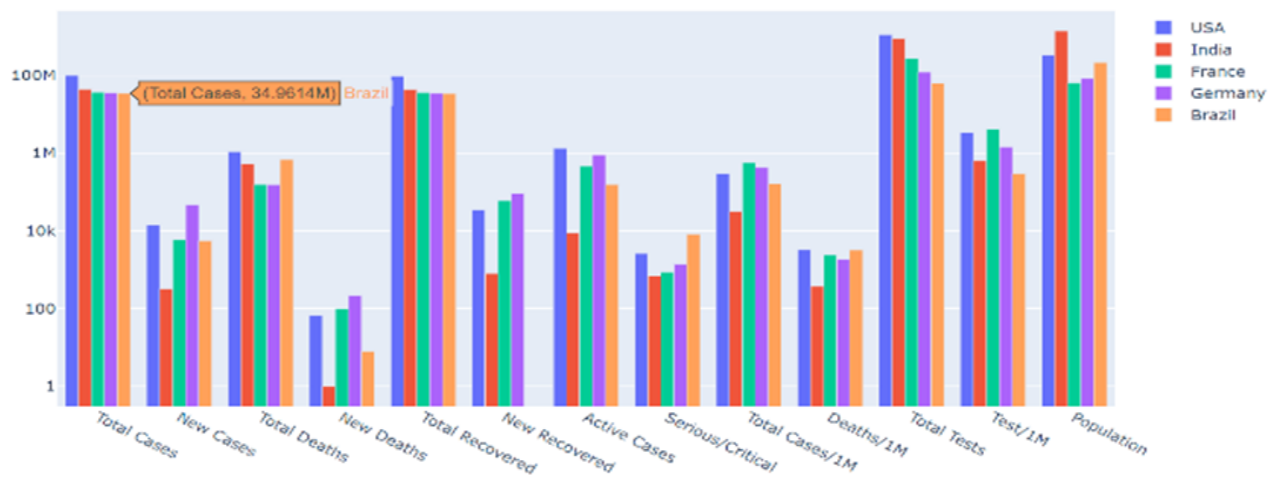


Fig (5): Top 5 Countries Affected

VII. Conclusion

Based on the analysis, this virus was deadly; many people are now safe because of taking too many safety measures; face masks and hand sanitizers were good gifts during that period, and now only there are no cases of Covid-19 are present, we need to sure about for the future ad try to make this hygiene continuous for a long period. According to the analysis of Covid-19, there are maximum chances that this time a more deadly one is waiting for us.

The challenges of the public health and healthcare sector crises are expected to persist as the COVID-19 pandemic spreads. The rapid rise in instances and flinching death cases brought about by the disease's emergence wreaked unimaginable havoc, first in most affected countries, including China, Italy, the United States, and Iran, then on the whole planet. Implement stringent guidelines for lockdowns and social events to stop community transmission. The main challenge is managing. We must avoid social meetings if we want to halt the spread of the virus. Improve the health of the population to lower death rates by supplying all vaccination types and healthcare facilities and giving the patient therapy.

References:

- [1] V. Moorthy, A. M. H. Restrepo, M. P. Preziosi, and S. Swaminathan, "Data sharing for novel coronavirus (COVID-19)," *Bulletin of the World Health Organization*, vol. 98, no. 3, World Health Organization, p. 150, Mar. 01, 2020. doi: 10.2471/BLT.20.251561.
- [2] G. Spagnuolo, D. de Vito, S. Rengo, and M. Tatullo, "COVID-19 outbreak: An overview on dentistry," *International Journal of Environmental Research and Public Health*, vol. 17, no. 6, MDPI AG, Mar. 02, 2020. doi: 10.3390/ijerph17062094.
- [3] G. B. Libotte, F. S. Lobato, G. M. Platt, and A. J. Silva Neto, "Determination of an optimal control strategy for vaccine administration in COVID-19 pandemic treatment," *Comput Methods Programs Biomed*, vol. 196, Nov. 2020. doi: 10.1016/j.cmpb.2020.105664.
- [4] N. Darapaneni, P. Jain, R. Khattar, M. Chawla, R. Vaish, and A. R. Paduri, "Analysis and Prediction of COVID-19 Pandemic in India," in *Proceedings - IEEE 2020 2nd International Conference on Advances in Computing, Communication Control and Networking, ICACCCN 2020*, Dec. 2020, pp. 291–296. doi: 10.1109/ICACCCN51052.2020.9362817.
- [5] I. Khan, A. Haleem, and M. Javaid, "Analysing COVID-19 pandemic through cases, deaths, and recoveries," *J Oral Biol Craniofac Res*, vol. 10, no. 4, pp. 450–469, Oct. 2020. doi: 10.1016/j.jobcr.2020.08.003.
- [6] J. L. D. Comba, "Data Visualization for the Understanding of COVID-19," *Comput Sci Eng*, vol. 22, no. 6, pp. 81–86, Nov. 2020. doi: 10.1109/MCSE.2020.3019834.
- [7] S. F. Ardabili *et al.*, "COVID-19 outbreak prediction with machine learning," *Algorithms*, vol. 13, no. 10, 2020. doi: 10.3390/a13100249.
- [8] S. S. Nadim, I. Ghosh, and J. Chattopadhyay, "Short-term predictions and prevention strategies for COVID-19: A model-based study," *Appl Math Comput*, vol. 404, Sep. 2021. doi: 10.1016/j.amc.2021.126251.
- [9] O. Torrealba-Rodriguez, R. A. Conde-Gutiérrez, and A. L. Hernández-Javier, "Modeling and prediction of COVID-19 in Mexico applying mathematical and computational models," *Chaos Solitons Fractals*, vol. 138, Sep. 2020. doi: 10.1016/j.chaos.2020.109946.
- [10] S. H. A. Khoshnaw, M. Shahzad, M. Ali, and F. Sultan, "A quantitative and qualitative analysis of the COVID-19 pandemic model," *Chaos Solitons Fractals*, vol. 138, Sep. 2020. doi: 10.1016/j.chaos.2020.109932.
- [11] D. Gaglione *et al.*, "Adaptive bayesian learning and forecasting of epidemic evolution-data analysis of the COVID-19 outbreak," *IEEE Access*, vol. 8, pp. 175244–175264, 2020. doi: 10.1109/ACCESS.2020.3019922.
- [12] K. Kansal and S. Maitrey, "Emergence of 30 AI Based Solutions to Tackle COVID-19 in India: Are These Tools Helpful or Not?," in *2021 5th International Conference on Information Systems and Computer Networks, ISCON 2021*, 2021. doi: 10.1109/ISCON52037.2021.9702383.