Forecasting Short-Term Future COVID-19 Cases Based on Historical Data

Introduction

- Aimed to utilize past data to predict the number of new, daily COVID cases per county using two time-series forecasting models
- The two models we evaluated were a Decision Tree Regressor and Support Vector Regressor
- This information can be used to estimate the number of resources needed to combat COVID-19 and determine the most influential features in the number of COVID cases

Data Collection

- Final Features:
 - Estimated percentage of outpatient doctor visits with confirmed COVID
 - Outpatient doctor visits about COVID-related symptoms
 - New hospital admissions with COVID-associated diagnoses
- Dates: May 1, 2020 to November 1, 2021
- Regions: 15 counties in California
- Missing values imputed using "forward fill" (filling the current value with previous available data)

Model Training/Evaluation

- Before training we created columns for the values of each feature on previous two days (t - 1) and (t - 2) to predict the number of new COVID cases at present time (t)
- Model 1 (Decision Tree Regressor):
 - Used cross-validation to tune the hyperparameters "max depth" and "splitter"
 - Max depth of 3 and splitter type of "best" produced the lowest validation RMSE
 - Evaluating tuned tree on testing data resulted in an RMSE of 908.86 and an R-squared value of 0.57
- Model 2 (Support Vector Regressor):
 - Tested three different SVR models to see if data reduction was necessary, and decided they were not
 - Used cross-validation to find best kernel
 - Evaluating final SVR with polynomial kernel produced RMSE of 1403.20 and an R-squared value of -0.025
 - Figure 3 shows extremely small differences between training and validation RMSEs

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- than the SVM model

Future Works

Conclusion

• The Decision Tree Regressor performed much better • This may be due to the fact that SVRs are not optimal for large datasets • Model 1 was able to capture the overall trend in the rise and fall of the ground truth number of COVID cases, despite suboptimal accuracy metrics (Figure 2) • Model 2 performed poorly and was not able to model

the general trend of COVID cases (Figure 4) • The most influential feature in Model 1 was outpatient doctor visits primarily about COVID-related symptoms at time (t-2) (**Figure 5**) • The next two most important features were new hospital admissions with COVID-associated diagnoses at time (t) and estimated percentage of outpatient

doctor visits with confirmed COVID at time (t - 1)

• Explore and add more features • Examine data across larger regions than counties, such

• Spend more time evaluating the dataset to choose a compatible model to prevent issues like our SVR performing poorly due to the size of our dataset • Include more time-series columns (t-3, t-4, ...) to look even further into historical data

References

Coordination

• Coordinated well across the team. Worked on various aspects of the project during collaborative meetings