

IEM's AI Modeling: Short-term COVID-19 Projections

Date: 11/10/20

Leveraging over 15 years of support to HHS for medical consequence modeling and our proprietary artificial intelligence (AI) models, IEM believes that our Coronavirus model outputs can be used to assist localities and their medical facilities to better prepare for an increase in hospitalizations, to better plan for and locate drive-through testing facilities, and to determine where increased levels of transmission may be occurring.

We have been refining our AI model over the past month and are confident in its ability to provide accurate 7-day projections that can be used for operational and logistical planning.

AI-based Model Background

IEM is currently using an AI model to fit data from various sources and project new cases of COVID-19. We do not assume the average number of secondary infections (R-value) stays the same over time. IEM's AI model finds the best R-value over time to evaluate how it changes over the course of the outbreak. The IEM modeling team is running ~11 million simulations to fit each state's data and using the best fit for the R-value to project new cases over the next 7 days. The AI models are executed on a daily basis to evaluate the changing dynamics of the COVID-19 pandemic. Our projections have typically been within 10%, and are often within 5%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 11/10/20 9 a.m.

Please provide any feedback or send any questions that you might have to us. We are continually updating and improving the model, so your feedback is critical.

Also, if you have more current or refined data for your State, Commonwealth or Territory that you would like IEM to factor in, please let us know.

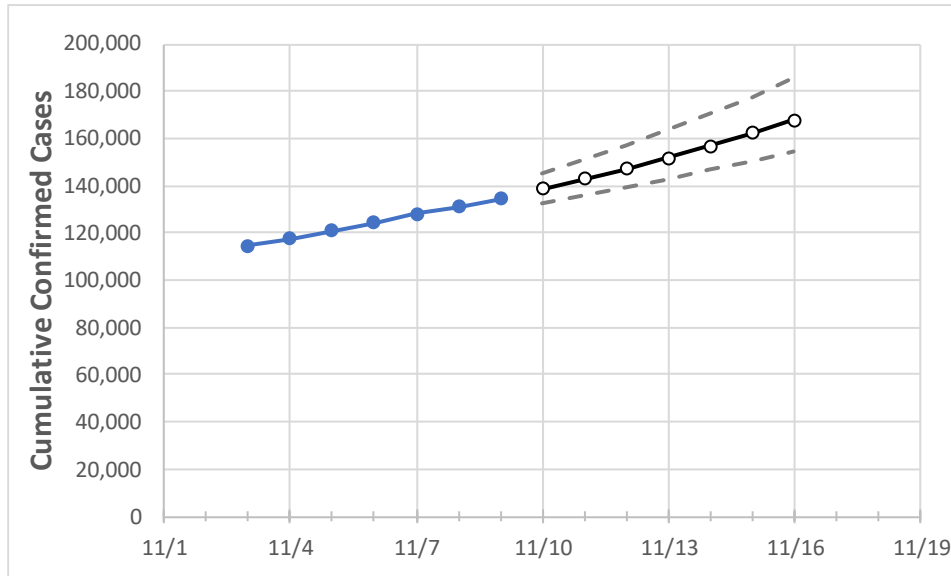
IEM's Modeling Lead

Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He develops key simulation models and decision support tools at IEM, specializing in public health, disaster response, and medical countermeasures (MCM) to enhance data-driven decision making and improve modeling assumptions.

Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at Iowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served as Task Lead in multiple public health projects have allowed him to develop expertise as a mathematical biologist and a leader on high-performance modeling and simulation teams.

He has worked with state and local public health officials as well as Federal agencies, including **HHS**, the Centers for Disease Control and Prevention (**CDC**), and the Department of Homeland Security (**DHS**). Dr. Baccam has published numerous papers on public health response models and implications on policy and has been invited to participate in workshops and symposiums held by the Institute of Medicine (now the National Academy of Health). His modeling results have been briefed to the **Executive Office of the President** and informed two presidential policy actions.

Colorado State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16
Colorado	124,469	127,967	130,984	134,537	138,531	142,762	147,243	151,988	157,013	162,332	167,963

Note: The State's projection shows a "best estimate" curve (the solid line with circles) and the dotted lines are the upper and lower estimates around that best estimate. Our projections have typically been within 20%, and are often within 10%, of actual confirmed cases.

Colorado Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16
Adams	17,503	17,894	18,226	18,690	19,168	19,665	20,184	20,724	21,286	21,871	22,481
Arapahoe	15,581	15,965	16,332	16,769	17,222	17,702	18,209	18,745	19,313	19,913	20,547
Boulder	6,593	6,754	6,863	6,999	7,154	7,320	7,497	7,687	7,890	8,107	8,339
Denver	22,103	22,637	23,218	23,816	24,455	25,132	25,850	26,609	27,413	28,264	29,165
Douglas	5,182	5,341	5,532	5,748	5,963	6,194	6,441	6,706	6,989	7,293	7,618
Eagle	1,626	1,659	1,675	1,699	1,727	1,757	1,789	1,825	1,863	1,905	1,951
El Paso	13,304	13,755	14,062	14,566	15,056	15,580	16,140	16,737	17,374	18,054	18,779
Gunnison	338	344	347	369	374	380	387	395	405	415	427
Jefferson	10,944	11,268	11,562	11,918	12,308	12,723	13,163	13,630	14,126	14,652	15,210
Larimer	5,142	5,294	5,425	5,571	5,728	5,894	6,070	6,256	6,453	6,661	6,882
Pueblo	2,964	3,081	3,160	3,283	3,419	3,563	3,716	3,878	4,049	4,230	4,422
Weld	7,544	7,790	7,961	8,095	8,326	8,573	8,838	9,120	9,422	9,745	10,090

Some recipients of our daily COVID-19 short-term (7 day) projections have requested projections of demand for: hospital bed, intensive care unit (ICU) beds, and mechanical ventilation. We realize that different states and localities will have different characteristics for hospital demand of COVID-19 cases, and we are presenting the best assumptions we could find for those medical demands based on scientific literature and health data reporting. Specifically:

- **Beds:** For hospitalization, we use a range of 10% and 20% of cases require hospitalization based on CDC's report ([MMWR, March 18, 2020](#)) and state reports of COVID-19 cases.
- **ICU:** The CDC report found that 24% of hospitalized cases require ICU care.
- **Ventilators:** Based on clinical data from China and state reports, we assume that 50% of ICU cases require a ventilator.

If you have other estimates for these assumptions, please share them with us as we work to refine our modeling, assumptions, and data on a daily basis.

The medical demands shown in the table assume 20% of **cumulative** confirmed cases require hospitalization. To get the medical demand for the assumption that 10% of confirmed cases require hospitalization, simply divide the demand by 2.

Colorado Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	11/6	11/7	11/8	11/9	11/11				11/13				11/15			
Adams	17,503	17,894	18,226	18,690	19,665	(3,933)	[944]	{472}	20,724	(4,145)	[995]	{497}	21,871	(4,374)	[1,050]	{525}
Arapahoe	15,581	15,965	16,332	16,769	17,702	(3,540)	[850]	{425}	18,745	(3,749)	[900]	{450}	19,913	(3,983)	[956]	{478}
Boulder	6,593	6,754	6,863	6,999	7,320	(1,464)	[351]	{176}	7,687	(1,537)	[369]	{184}	8,107	(1,621)	[389]	{195}
Denver	22,103	22,637	23,218	23,816	25,132	(5,026)	[1,206]	{603}	26,609	(5,322)	[1,277]	{639}	28,264	(5,653)	[1,357]	{678}
Douglas	5,182	5,341	5,532	5,748	6,194	(1,239)	[297]	{149}	6,706	(1,341)	[322]	{161}	7,293	(1,459)	[350]	{175}
Eagle	1,626	1,659	1,675	1,699	1,757	(351)	[84]	{42}	1,825	(365)	[88]	{44}	1,905	(381)	[91]	{46}
El Paso	13,304	13,755	14,062	14,566	15,580	(3,116)	[748]	{374}	16,737	(3,347)	[803]	{402}	18,054	(3,611)	[867]	{433}
Gunnison	338	344	347	369	380	(76)	[18]	{9}	395	(79)	[19]	{9}	415	(83)	[20]	{10}
Jefferson	10,944	11,268	11,562	11,918	12,723	(2,545)	[611]	{305}	13,630	(2,726)	[654]	{327}	14,652	(2,930)	[703]	{352}
Larimer	5,142	5,294	5,425	5,571	5,894	(1,179)	[283]	{141}	6,256	(1,251)	[300]	{150}	6,661	(1,332)	[320]	{160}
Pueblo	2,964	3,081	3,160	3,283	3,563	(713)	[171]	{86}	3,878	(776)	[186]	{93}	4,230	(846)	[203]	{102}
Weld	7,544	7,790	7,961	8,095	8,573	(1,715)	[412]	{206}	9,120	(1,824)	[438]	{219}	9,745	(1,949)	[468]	{234}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at bryan.koon@iem.com or 850-519-7966 or Stephanie Tennyson at stephanie.tennyson@iem.com or 202-309-4257.