

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

Date: 11/20/20

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 11/20/20 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.**

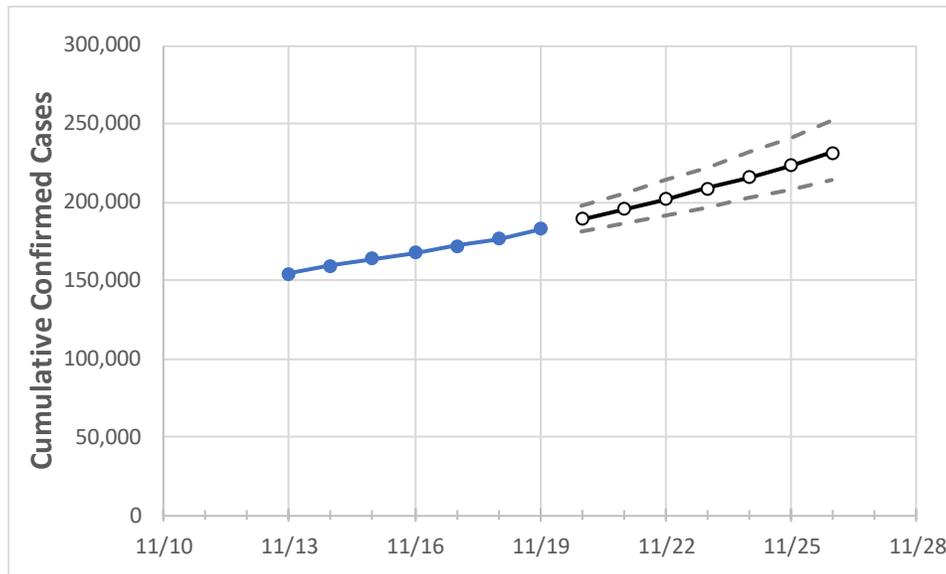
### IEM's Modeling Lead

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:						
	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26
Colorado	167,713	172,044	176,694	182,801	188,853	195,180	201,794	208,707	215,932	223,481	231,367

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:						
	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26
Adams	22,905	23,339	23,832	24,504	25,169	25,857	26,569	27,306	28,069	28,859	29,676
Arapahoe	20,549	20,970	21,540	22,200	22,888	23,607	24,360	25,147	25,970	26,830	27,730
Boulder	8,583	8,791	8,982	9,231	9,520	9,826	10,150	10,492	10,854	11,236	11,641
Denver	28,201	28,834	29,423	30,321	31,116	31,939	32,793	33,676	34,591	35,539	36,520
Douglas	7,382	7,603	7,835	8,199	8,523	8,863	9,221	9,598	9,994	10,410	10,847
Eagle	1,894	1,930	1,968	1,987	2,020	2,054	2,089	2,125	2,163	2,202	2,243
El Paso	18,693	19,218	19,849	20,401	21,103	21,837	22,602	23,401	24,235	25,105	26,012
Gunnison	422	426	427	428	431	435	439	442	446	450	454
Jefferson	14,876	15,287	15,717	16,299	16,828	17,377	17,947	18,538	19,151	19,788	20,448
Larimer	7,115	7,415	7,662	7,937	8,255	8,592	8,949	9,329	9,732	10,159	10,612
Pueblo	5,061	5,275	5,516	5,736	6,076	6,441	6,833	7,255	7,708	8,194	8,716
Weld	10,055	10,402	10,669	11,009	11,379	11,768	12,178	12,608	13,061	13,538	14,038

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:											
	11/16	11/17	11/18	11/19	11/21				11/23				11/25			
Adams	22,905	23,339	23,832	24,504	25,857	(5,171)	[1,241]	{621}	27,306	(5,461)	[1,311]	{655}	28,859	(5,772)	[1,385]	{693}
Arapahoe	20,549	20,970	21,540	22,200	23,607	(4,721)	[1,133]	{567}	25,147	(5,029)	[1,207]	{604}	26,830	(5,366)	[1,288]	{644}
Boulder	8,583	8,791	8,982	9,231	9,826	(1,965)	[472]	{236}	10,492	(2,098)	[504]	{252}	11,236	(2,247)	[539]	{270}
Denver	28,201	28,834	29,423	30,321	31,939	(6,388)	[1,533]	{767}	33,676	(6,735)	[1,616]	{808}	35,539	(7,108)	[1,706]	{853}
Douglas	7,382	7,603	7,835	8,199	8,863	(1,773)	[425]	{213}	9,598	(1,920)	[461]	{230}	10,410	(2,082)	[500]	{250}
Eagle	1,894	1,930	1,968	1,987	2,054	(411)	[99]	{49}	2,125	(425)	[102]	{51}	2,202	(440)	[106]	{53}
El Paso	18,693	19,218	19,849	20,401	21,837	(4,367)	[1,048]	{524}	23,401	(4,680)	[1,123]	{562}	25,105	(5,021)	[1,205]	{603}
Gunnison	422	426	427	428	435	(87)	[21]	{10}	442	(88)	[21]	{11}	450	(90)	[22]	{11}
Jefferson	14,876	15,287	15,717	16,299	17,377	(3,475)	[834]	{417}	18,538	(3,708)	[890]	{445}	19,788	(3,958)	[950]	{475}
Larimer	7,115	7,415	7,662	7,937	8,592	(1,718)	[412]	{206}	9,329	(1,866)	[448]	{224}	10,159	(2,032)	[488]	{244}
Pueblo	5,061	5,275	5,516	5,736	6,441	(1,288)	[309]	{155}	7,255	(1,451)	[348]	{174}	8,194	(1,639)	[393]	{197}
Weld	10,055	10,402	10,669	11,009	11,768	(2,354)	[565]	{282}	12,608	(2,522)	[605]	{303}	13,538	(2,708)	[650]	{325}

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