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

Date: 3/26/21

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 3/26/21 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.

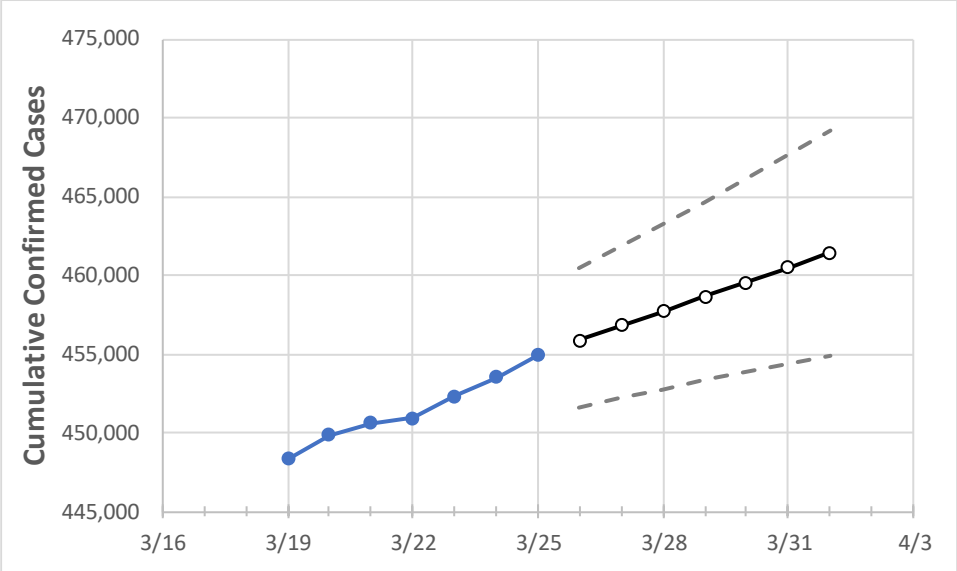
IEM's Modeling Lead

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:						
	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1
Colorado	450,934	452,304	453,520	454,893	455,847	456,787	457,722	458,650	459,566	460,502	461,438

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 10%, and are often within 5%, of actual confirmed cases.

Colorado Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1
Adams	50,477	50,596	50,694	50,812	50,895	50,981	51,066	51,147	51,232	51,314	51,394
Arapahoe	50,814	50,963	51,090	51,234	51,344	51,451	51,559	51,670	51,776	51,886	51,989
Boulder	19,978	20,038	20,097	20,150	20,204	20,256	20,310	20,363	20,418	20,474	20,528
Denver	62,647	62,796	63,031	63,306	63,463	63,625	63,785	63,946	64,108	64,275	64,440
Douglas	22,930	23,096	23,178	23,275	23,343	23,410	23,475	23,540	23,604	23,671	23,736
Eagle	5,536	5,566	5,585	5,612	5,632	5,652	5,671	5,690	5,709	5,729	5,747
El Paso	55,015	55,241	55,384	55,561	55,701	55,842	55,980	56,121	56,259	56,393	56,531
Gunnison	1,226	1,227	1,227	1,230	1,231	1,232	1,233	1,234	1,235	1,235	1,236
Jefferson	39,417	39,560	39,665	39,806	39,904	40,003	40,105	40,206	40,307	40,410	40,513
Larimer	21,465	21,554	21,636	21,729	21,792	21,854	21,915	21,981	22,043	22,103	22,167
Pueblo	15,498	15,518	15,552	15,578	15,599	15,620	15,641	15,662	15,683	15,704	15,726
Weld	26,864	26,936	26,995	27,064	27,114	27,164	27,216	27,267	27,320	27,369	27,417

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:		
	3/22	3/23	3/24	3/25	3/27	3/29	3/31
Adams	50,477	50,596	50,694	50,812	50,981 (10,196) [2,447] {1,224}	51,147 (10,229) [2,455] {1,228}	51,314 (10,263) [2,463] {1,232}
Arapahoe	50,814	50,963	51,090	51,234	51,451 (10,290) [2,470] {1,235}	51,670 (10,334) [2,480] {1,240}	51,886 (10,377) [2,491] {1,245}
Boulder	19,978	20,038	20,097	20,150	20,256 (4,051) [972] {486}	20,363 (4,073) [977] {489}	20,474 (4,095) [983] {491}
Denver	62,647	62,796	63,031	63,306	63,625 (12,725) [3,054] {1,527}	63,946 (12,789) [3,069] {1,535}	64,275 (12,855) [3,085] {1,543}
Douglas	22,930	23,096	23,178	23,275	23,410 (4,682) [1,124] {562}	23,540 (4,708) [1,130] {565}	23,671 (4,734) [1,136] {568}
Eagle	5,536	5,566	5,585	5,612	5,652 (1,130) [271] {136}	5,690 (1,138) [273] {137}	5,729 (1,146) [275] {137}
El Paso	55,015	55,241	55,384	55,561	55,842 (11,168) [2,680] {1,340}	56,121 (11,224) [2,694] {1,347}	56,393 (11,279) [2,707] {1,353}
Gunnison	1,226	1,227	1,227	1,230	1,232 (246) [59] {30}	1,234 (247) [59] {30}	1,235 (247) [59] {30}
Jefferson	39,417	39,560	39,665	39,806	40,003 (8,001) [1,920] {960}	40,206 (8,041) [1,930] {965}	40,410 (8,082) [1,940] {970}
Larimer	21,465	21,554	21,636	21,729	21,854 (4,371) [1,049] {524}	21,981 (4,396) [1,055] {528}	22,103 (4,421) [1,061] {530}
Pueblo	15,498	15,518	15,552	15,578	15,620 (3,124) [750] {375}	15,662 (3,132) [752] {376}	15,704 (3,141) [754] {377}
Weld	26,864	26,936	26,995	27,064	27,164 (5,433) [1,304] {652}	27,267 (5,453) [1,309] {654}	27,369 (5,474) [1,314] {657}

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.