

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

Date: 4/15/21

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 <u>not</u> 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 4/15/21 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**

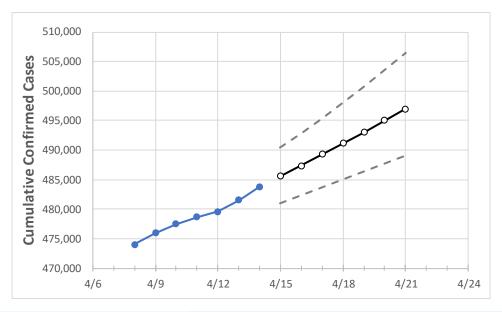
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:						
	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18	4/19	4/20	4/21
Colorado	478,678	479,590	481,494	483,820	485,572	487,386	489,258	491,121	493,053	495,022	496,978

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:						
	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18	4/19	4/20	4/21
Adams	52,901	52,997	53,153	53,338	53,500	53,664	53,835	54,013	54,192	54,376	54,565
Arapahoe	53,770	53,861	54,078	54,357	54,562	54,777	54,996	55,220	55,452	55,690	55,934
Boulder	21,477	21,518	21,643	21,723	21,814	21,906	21,999	22,096	22,193	22,291	22,392
Denver	66,509	66,592	66,826	67,387	67,628	67,887	68,148	68,421	68,710	68,999	69,297
Douglas	25,116	25,205	25,355	25,673	25,856	26,042	26,237	26,437	26,650	26,869	27,095
Eagle	5,955	5,961	5,988	6,009	6,028	6,047	6,066	6,084	6,102	6,121	6,140
El Paso	59,003	59,168	59,499	59,784	60,039	60,299	60,563	60,831	61,108	61,386	61,665
Gunnison	1,275	1,276	1,276	1,285	1,288	1,290	1,293	1,296	1,298	1,301	1,304
Jefferson	41,917	41,987	42,136	42,314	42,465	42,623	42,780	42,938	43,101	43,263	43,433
Larimer	23,576	23,647	23,757	23,863	23,994	24,126	24,262	24,397	24,539	24,678	24,827
Pueblo	16,399	16,449	16,540	16,607	16,684	16,765	16,849	16,938	17,032	17,130	17,230
Weld	28,478	28,538	28,656	28,742	28,843	28,948	29,055	29,164	29,277	29,388	29,504



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:			On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:					
	4/11	4/12	4/13	4/14	4/16	4/18	4/20			
Adams	52,901	52,997	53,153	53,338	53,664 (10,733) [2,576] {1,288}	54,013 (10,803) [2,593] {1,296}	54,376 (10,875) [2,610] {1,305}			
Arapahoe	53,770	53,861	54,078	54,357	54,777 (10,955) [2,629] {1,315}	55,220 (11,044) [2,651] {1,325}	55,690 (11,138) [2,673] {1,337}			
Boulder	21,477	21,518	21,643	21,723	21,906 (4,381) [1,052] {526}	22,096 (4,419) [1,061] {530}	22,291 (4,458) [1,070] {535}			
Denver	66,509	66,592	66,826	67,387	67,887 (13,577) [3,259] {1,629}	68,421 (13,684) [3,284] {1,642}	68,999 (13,800) [3,312] {1,656}			
Douglas	25,116	25,205	25,355	25,673	26,042 (5,208) [1,250] {625}	26,437 (5,287) [1,269] {634}	26,869 (5,374) [1,290] {645}			
Eagle	5,955	5,961	5,988	6,009	6,047 (1,209) [290] {145}	6,084 (1,217) [292] {146}	6,121 (1,224) [294] {147}			
El Paso	59,003	59,168	59,499	59,784	60,299 (12,060) [2,894] {1,447}	60,831 (12,166) [2,920] {1,460}	61,386 (12,277) [2,947] {1,473}			
Gunnison	1,275	1,276	1,276	1,285	1,290 (258) [62] {31}	1,296 (259) [62] {31}	1,301 (260) [62] {31}			
Jefferson	41,917	41,987	42,136	42,314	42,623 (8,525) [2,046] {1,023}	42,938 (8,588) [2,061] {1,031}	43,263 (8,653) [2,077] {1,038}			
Larimer	23,576	23,647	23,757	23,863	24,126 (4,825) [1,158] {579}	24,397 (4,879) [1,171] {586}	24,678 (4,936) [1,185] {592}			
Pueblo	16,399	16,449	16,540	16,607	16,765 (3,353) [805] {402}	16,938 (3,388) [813] {407}	17,130 (3,426) [822] {411}			
Weld	28,478	28,538	28,656	28,742	28,948 (5,790) [1,390] {695}	29,164 (5,833) [1,400] {700}	29,388 (5,878) [1,411] {705}			

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

