IEM's AI Modeling: Short-term COVID-19 Projections
Date: 4/22/21

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 4/22/21 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.
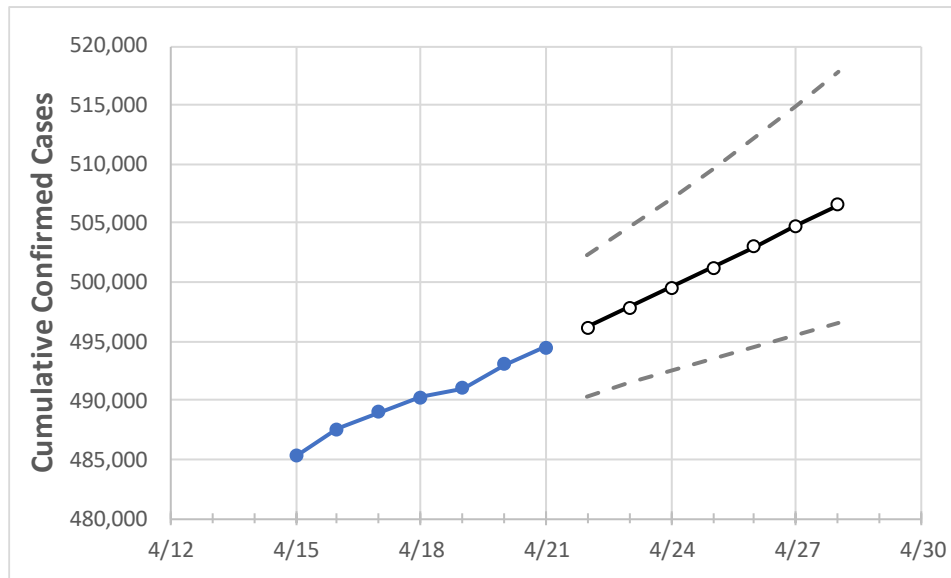
IEM's Modeling Lead

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:						
	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26	4/27	4/28
Colorado	490,289	491,066	493,029	494,521	496,180	497,849	499,554	501,260	502,997	504,772	506,553

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:						
	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26	4/27	4/28
Adams	54,024	54,131	54,321	54,450	54,622	54,797	54,973	55,155	55,338	55,523	55,715
Arapahoe	55,108	55,192	55,432	55,595	55,793	55,993	56,201	56,413	56,625	56,838	57,063
Boulder	22,007	22,041	22,128	22,191	22,257	22,322	22,389	22,455	22,519	22,584	22,646
Denver	68,188	68,255	68,518	68,682	68,898	69,111	69,327	69,547	69,766	69,982	70,201
Douglas	26,223	26,271	26,379	26,472	26,606	26,744	26,880	27,024	27,166	27,311	27,457
Eagle	6,055	6,064	6,089	6,107	6,123	6,139	6,154	6,170	6,185	6,200	6,215
El Paso	60,646	60,762	61,137	61,361	61,598	61,836	62,080	62,327	62,575	62,829	63,091
Gunnison	1,298	1,299	1,303	1,303	1,306	1,309	1,313	1,316	1,320	1,323	1,327
Jefferson	43,044	43,107	43,304	43,431	43,596	43,761	43,929	44,103	44,275	44,447	44,630
Larimer	24,239	24,304	24,409	24,546	24,651	24,757	24,862	24,968	25,074	25,179	25,286
Pueblo	16,825	16,867	16,921	16,978	17,040	17,102	17,164	17,228	17,293	17,358	17,422
Weld	29,172	29,233	29,344	29,467	29,576	29,687	29,799	29,910	30,024	30,142	30,258

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:		
	4/18	4/19	4/20	4/21	4/23	4/25	4/27
Adams	54,024	54,131	54,321	54,450	54,797 (10,959) [2,630] {1,315}	55,155 (11,031) [2,647] {1,324}	55,523 (11,105) [2,665] {1,333}
Arapahoe	55,108	55,192	55,432	55,595	55,993 (11,199) [2,688] {1,344}	56,413 (11,283) [2,708] {1,354}	56,838 (11,368) [2,728] {1,364}
Boulder	22,007	22,041	22,128	22,191	22,322 (4,464) [1,071] {536}	22,455 (4,491) [1,078] {539}	22,584 (4,517) [1,084] {542}
Denver	68,188	68,255	68,518	68,682	69,111 (13,822) [3,317] {1,659}	69,547 (13,909) [3,338] {1,669}	69,982 (13,996) [3,359] {1,680}
Douglas	26,223	26,271	26,379	26,472	26,744 (5,349) [1,284] {642}	27,024 (5,405) [1,297] {649}	27,311 (5,462) [1,311] {655}
Eagle	6,055	6,064	6,089	6,107	6,139 (1,228) [295] {147}	6,170 (1,234) [296] {148}	6,200 (1,240) [298] {149}
El Paso	60,646	60,762	61,137	61,361	61,836 (12,367) [2,968] {1,484}	62,327 (12,465) [2,992] {1,496}	62,829 (12,566) [3,016] {1,508}
Gunnison	1,298	1,299	1,303	1,303	1,309 (262) [63] {31}	1,316 (263) [63] {32}	1,323 (265) [64] {32}
Jefferson	43,044	43,107	43,304	43,431	43,761 (8,752) [2,101] {1,050}	44,103 (8,821) [2,117] {1,058}	44,447 (8,889) [2,133] {1,067}
Larimer	24,239	24,304	24,409	24,546	24,757 (4,951) [1,188] {594}	24,968 (4,994) [1,198] {599}	25,179 (5,036) [1,209] {604}
Pueblo	16,825	16,867	16,921	16,978	17,102 (3,420) [821] {410}	17,228 (3,446) [827] {413}	17,358 (3,472) [833] {417}
Weld	29,172	29,233	29,344	29,467	29,687 (5,937) [1,425] {712}	29,910 (5,982) [1,436] {718}	30,142 (6,028) [1,447] {723}

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.