

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

Date: 5/26/21

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 <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 5/26/21 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**

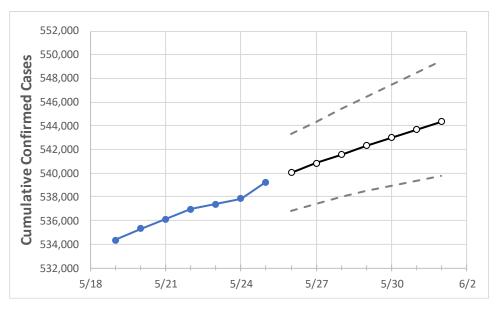
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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



	Act	tual Confirr	ned Cases (	On:	Projected Cases For:						
	5/22	5/23	5/24	5/25	5/26	5/27	5/28	5/29	5/30	5/31	6/1
Colorado	536.969	537.401	537.858	539.261	540.050	540.829	541.582	542.315	543.013	543.680	544.334

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**

	Act	ual Confirr	ned Cases	On:	Projected Cases For:						
	5/22	5/23	5/24	5/25	5/26	5/27	5/28	5/29	5/30	5/31	6/1
Adams	59,264	59,317	59,366	59,466	59,553	59,637	59,718	59,798	59,872	59,945	60,014
Arapahoe	60,848	60,886	60,933	61,065	61,163	61,257	61,349	61,436	61,521	61,607	61,689
Boulder	23,496	23,500	23,506	23,568	23,583	23,598	23,613	23,626	23,640	23,653	23,665
Denver	72,655	72,688	72,734	72,799	72,849	72,896	72,942	72,987	73,027	73,067	73,104
Douglas	29,210	29,231	29,244	29,349	29,386	29,422	29,457	29,489	29,521	29,553	29,583
Eagle	6,315	6,314	6,313	6,311	6,313	6,315	6,317	6,319	6,321	6,323	6,325
El Paso	68,836	68,937	69,031	69,507	69,692	69,878	70,061	70,245	70,423	70,599	70,775
Gunnison	1,349	1,349	1,350	1,350	1,351	1,352	1,353	1,354	1,355	1,356	1,357
Jefferson	47,571	47,614	47,649	47,717	47,779	47,839	47,895	47,951	48,004	48,055	48,102
Larimer	26,740	26,757	26,775	26,812	26,845	26,876	26,905	26,933	26,961	26,988	27,012
Pueblo	18,884	18,894	18,908	18,963	18,982	18,999	19,015	19,030	19,046	19,060	19,073
Weld	32,174	32,215	32,258	32,322	32,374	32,423	32,472	32,520	32,567	32,610	32,654



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:						
	5/22	5/23	5/24	5/25	5/27	5/29	5/31				
Adams	59,264	59,317	59,366	59,466	59,637 (11,927) [2,863] {1,431}	59,798 (11,960) [2,870] {1,435}	59,945 (11,989) [2,877] {1,439}				
Arapahoe	60,848	60,886	60,933	61,065	61,257 (12,251) [2,940] {1,470}	61,436 (12,287) [2,949] {1,474}	61,607 (12,321) [2,957] {1,479}				
Boulder	23,496	23,500	23,506	23,568	23,598 (4,720) [1,133] {566}	23,626 (4,725) [1,134] {567}	23,653 (4,731) [1,135] {568}				
Denver	72,655	72,688	72,734	72,799	72,896 (14,579) [3,499] {1,750}	72,987 (14,597) [3,503] {1,752}	73,067 (14,613) [3,507] {1,754}				
Douglas	29,210	29,231	29,244	29,349	29,422 (5,884) [1,412] {706}	29,489 (5,898) [1,415] {708}	29,553 (5,911) [1,419] {709}				
Eagle	6,315	6,314	6,313	6,311	6,315 (1,263) [303] {152}	6,319 (1,264) [303] {152}	6,323 (1,265) [304] {152}				
El Paso	68,836	68,937	69,031	69,507	69,878 (13,976) [3,354] {1,677}	70,245 (14,049) [3,372] {1,686}	70,599 (14,120) [3,389] {1,694}				
Gunnison	1,349	1,349	1,350	1,350	1,352 (270) [65] {32}	1,354 (271) [65] {32}	1,356 (271) [65] {33}				
Jefferson	47,571	47,614	47,649	47,717	47,839 (9,568) [2,296] {1,148}	47,951 (9,590) [2,302] {1,151}	48,055 (9,611) [2,307] {1,153}				
Larimer	26,740	26,757	26,775	26,812	26,876 (5,375) [1,290] {645}	26,933 (5,387) [1,293] {646}	26,988 (5,398) [1,295] {648}				
Pueblo	18,884	18,894	18,908	18,963	18,999 (3,800) [912] {456}	19,030 (3,806) [913] {457}	19,060 (3,812) [915] {457}				
Weld	32,174	32,215	32,258	32,322	32,423 (6,485) [1,556] {778}	32,520 (6,504) [1,561] {780}	32,610 (6,522) [1,565] {783}				

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.

