

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 7/21/21**

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 7/21/21 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.**

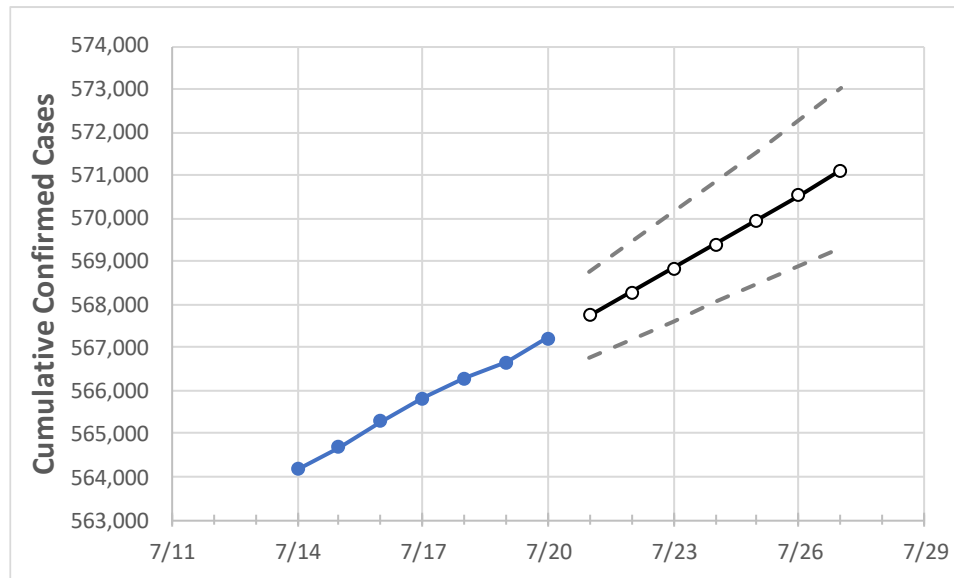
**IEM's Modeling Lead**

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:						
	7/17	7/18	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/26	7/27
Colorado	565,829	566,289	566,670	567,215	567,754	568,295	568,840	569,390	569,960	570,528	571,108

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:						
	7/17	7/18	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/26	7/27
Adams	61,610	61,646	61,674	61,739	61,792	61,845	61,901	61,959	62,016	62,075	62,136
Arapahoe	63,545	63,589	63,620	63,669	63,720	63,772	63,824	63,876	63,930	63,985	64,040
Boulder	24,305	24,318	24,332	24,353	24,379	24,405	24,432	24,460	24,489	24,518	24,549
Denver	75,068	75,146	75,170	75,203	75,255	75,308	75,363	75,420	75,477	75,536	75,598
Douglas	30,926	30,937	30,958	30,992	31,018	31,043	31,069	31,095	31,120	31,146	31,172
Eagle	6,429	6,433	6,434	6,445	6,451	6,458	6,465	6,472	6,481	6,489	6,498
El Paso	74,677	74,732	74,816	74,927	75,017	75,109	75,203	75,295	75,390	75,485	75,583
Gunnison	1,408	1,408	1,408	1,408	1,409	1,411	1,412	1,414	1,415	1,417	1,419
Jefferson	49,435	49,454	49,480	49,514	49,550	49,586	49,623	49,661	49,699	49,738	49,777
Larimer	28,145	28,209	28,263	28,292	28,331	28,371	28,411	28,453	28,496	28,540	28,586
Pueblo	19,737	19,747	19,753	19,768	19,777	19,787	19,797	19,806	19,816	19,826	19,836
Weld	33,903	33,946	33,967	34,002	34,036	34,071	34,107	34,143	34,181	34,219	34,258

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:							
	7/17	7/18	7/19	7/20	7/22		7/24		7/26			
Adams	61,610	61,646	61,674	61,739	61,845	{12,369} [2,969] {1,484}	61,959	{12,392} [2,974] {1,487}	62,075	{12,415} [2,980] {1,490}		
Arapahoe	63,545	63,589	63,620	63,669	63,772	{12,754} [3,061] {1,531}	63,876	{12,775} [3,066] {1,533}	63,985	{12,797} [3,071] {1,536}		
Boulder	24,305	24,318	24,332	24,353	24,405	{4,881} [1,171] {586}	24,460	{4,892} [1,174] {587}	24,518	{4,904} [1,177] {588}		
Denver	75,068	75,146	75,170	75,203	75,308	{15,062} [3,615] {1,807}	75,420	{15,084} [3,620] {1,810}	75,536	{15,107} [3,626] {1,813}		
Douglas	30,926	30,937	30,958	30,992	31,043	{6,209} [1,490] {745}	31,095	{6,219} [1,493] {746}	31,146	{6,229} [1,495] {747}		
Eagle	6,429	6,433	6,434	6,445	6,458	{1,292} [310] {155}	6,472	{1,294} [311] {155}	6,489	{1,298} [311] {156}		
El Paso	74,677	74,732	74,816	74,927	75,109	{15,022} [3,605] {1,803}	75,295	{15,059} [3,614] {1,807}	75,485	{15,097} [3,623] {1,812}		
Gunnison	1,408	1,408	1,408	1,408	1,411	{282} [68] {34}	1,414	{283} [68] {34}	1,417	{283} [68] {34}		
Jefferson	49,435	49,454	49,480	49,514	49,586	{9,917} [2,380] {1,190}	49,661	{9,932} [2,384] {1,192}	49,738	{9,948} [2,387] {1,194}		
Larimer	28,145	28,209	28,263	28,292	28,371	{5,674} [1,362] {681}	28,453	{5,691} [1,366] {683}	28,540	{5,708} [1,370] {685}		
Pueblo	19,737	19,747	19,753	19,768	19,787	{3,957} [950] {475}	19,806	{3,961} [951] {475}	19,826	{3,965} [952] {476}		
Weld	33,903	33,946	33,967	34,002	34,071	{6,814} [1,635] {818}	34,143	{6,829} [1,639] {819}	34,219	{6,844} [1,643] {821}		

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.