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

Date: 11/8/21

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 11/8/21 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.

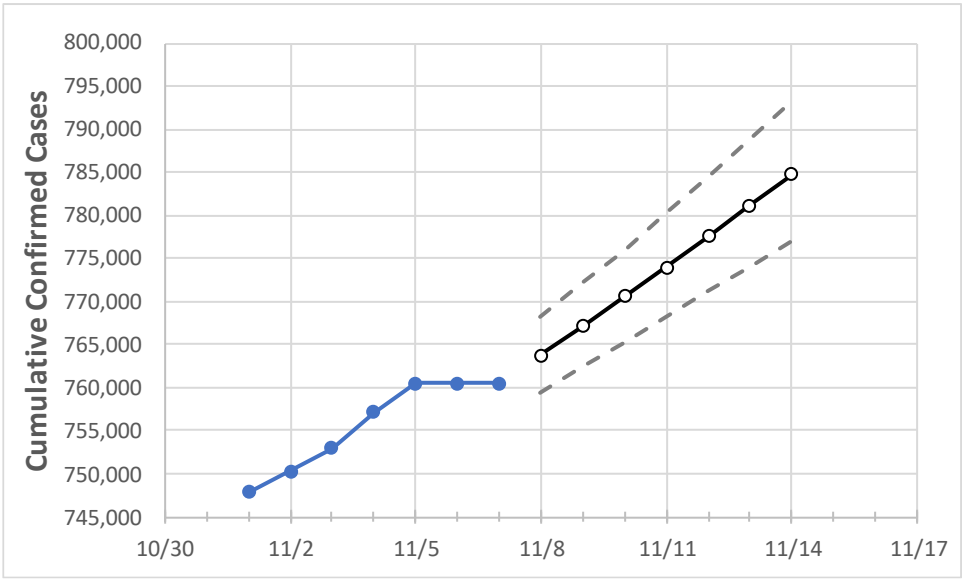
IEM's Modeling Lead

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:						
	11/4	11/5	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14
Colorado	757,147	760,455	760,453	760,453	763,781	767,131	770,582	774,007	777,532	781,114	784,709

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:						
	11/4	11/5	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14
Adams	77,711	77,961	77,961	77,961	78,229	78,504	78,782	79,064	79,345	79,635	79,934
Arapahoe	81,682	82,003	82,003	82,003	82,291	82,578	82,873	83,173	83,480	83,786	84,097
Boulder	31,715	31,861	31,861	31,861	31,999	32,144	32,293	32,441	32,596	32,758	32,917
Denver	93,866	94,189	94,189	94,189	94,533	94,870	95,218	95,573	95,929	96,306	96,669
Douglas	41,618	41,778	41,778	41,778	41,944	42,111	42,283	42,455	42,630	42,813	42,990
Eagle	8,590	8,614	8,614	8,614	8,643	8,675	8,708	8,740	8,772	8,809	8,842
El Paso	104,902	105,341	105,341	105,341	105,816	106,308	106,810	107,298	107,811	108,315	108,839
Gunnison	1,858	1,863	1,863	1,863	1,867	1,871	1,875	1,879	1,883	1,887	1,891
Jefferson	65,440	65,802	65,802	65,802	66,117	66,440	66,766	67,100	67,441	67,791	68,143
Larimer	40,935	41,147	41,147	41,147	41,385	41,629	41,880	42,129	42,391	42,650	42,934
Pueblo	26,555	26,736	26,736	26,736	26,916	27,101	27,291	27,482	27,683	27,883	28,091
Weld	48,307	48,514	48,514	48,514	48,739	48,961	49,183	49,413	49,643	49,873	50,103

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:		
	11/4	11/5	11/6	11/7	11/9	11/11	11/13
Adams	77,711	77,961	77,961	77,961	78,504 (15,701) [3,768] {1,884}	79,064 (15,813) [3,795] {1,898}	79,635 (15,927) [3,822] {1,911}
Arapahoe	81,682	82,003	82,003	82,003	82,578 (16,516) [3,964] {1,982}	83,173 (16,635) [3,992] {1,996}	83,786 (16,757) [4,022] {2,011}
Boulder	31,715	31,861	31,861	31,861	32,144 (6,429) [1,543] {771}	32,441 (6,488) [1,557] {779}	32,758 (6,552) [1,572] {786}
Denver	93,866	94,189	94,189	94,189	94,870 (18,974) [4,554] {2,277}	95,573 (19,115) [4,588] {2,294}	96,306 (19,261) [4,623] {2,311}
Douglas	41,618	41,778	41,778	41,778	42,111 (8,422) [2,021] {1,011}	42,455 (8,491) [2,038] {1,019}	42,813 (8,563) [2,055] {1,028}
Eagle	8,590	8,614	8,614	8,614	8,675 (1,735) [416] {208}	8,740 (1,748) [420] {210}	8,809 (1,762) [423] {211}
El Paso	104,902	105,341	105,341	105,341	106,308 (21,262) [5,103] {2,551}	107,298 (21,460) [5,150] {2,575}	108,315 (21,663) [5,199] {2,600}
Gunnison	1,858	1,863	1,863	1,863	1,871 (374) [90] {45}	1,879 (376) [90] {45}	1,887 (377) [91] {45}
Jefferson	65,440	65,802	65,802	65,802	66,440 (13,288) [3,189] {1,595}	67,100 (13,420) [3,221] {1,610}	67,791 (13,558) [3,254] {1,627}
Larimer	40,935	41,147	41,147	41,147	41,629 (8,326) [1,998] {999}	42,129 (8,426) [2,022] {1,011}	42,650 (8,530) [2,047] {1,024}
Pueblo	26,555	26,736	26,736	26,736	27,101 (5,420) [1,301] {650}	27,482 (5,496) [1,319] {660}	27,883 (5,577) [1,338] {669}
Weld	48,307	48,514	48,514	48,514	48,961 (9,792) [2,350] {1,175}	49,413 (9,883) [2,372] {1,186}	49,873 (9,975) [2,394] {1,197}

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.