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

Date: 1/31/22

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 1/31/22 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.

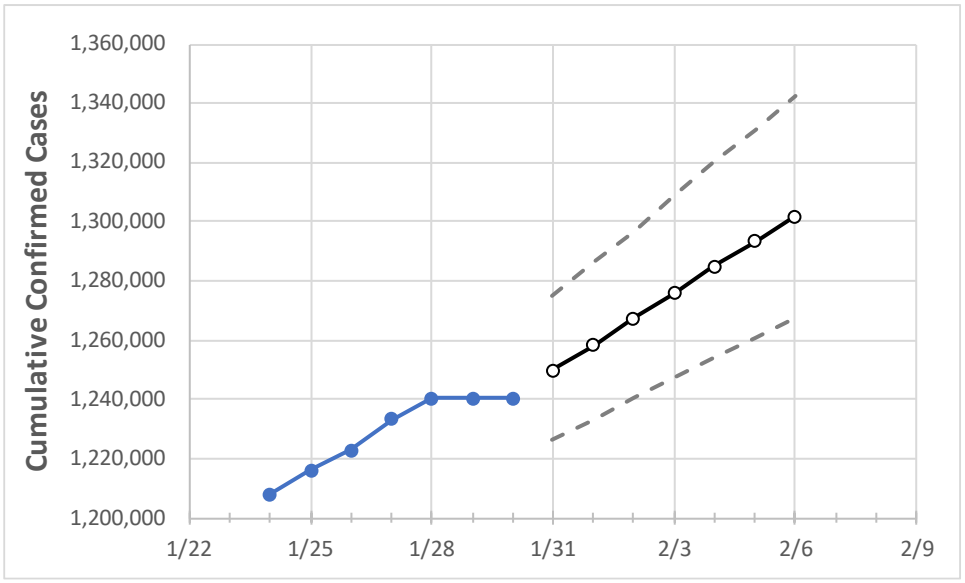
IEM's Modeling Lead

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:						
	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6
Colorado	1,233,278	1,240,361	1,240,361	1,240,361	1,249,683	1,258,267	1,267,246	1,275,872	1,284,993	1,293,416	1,301,852

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:						
	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6
Adams	122,767	123,308	123,308	123,308	123,997	124,665	125,296	125,923	126,533	127,158	127,732
Arapahoe	139,678	140,292	140,292	140,292	141,129	141,925	142,696	143,428	144,184	144,872	145,574
Boulder	56,450	56,857	56,857	56,857	57,396	57,927	58,445	58,934	59,455	59,973	60,469
Denver	156,772	157,363	157,363	157,363	158,206	158,982	159,749	160,514	161,274	161,983	162,679
Douglas	71,288	71,634	71,634	71,634	72,145	72,650	73,129	73,608	74,073	74,523	74,961
Eagle	14,935	14,986	14,986	14,986	15,043	15,097	15,149	15,200	15,250	15,298	15,346
El Paso	167,130	168,318	168,318	168,318	169,744	171,088	172,416	173,799	175,137	176,492	177,772
Gunnison	3,038	3,051	3,051	3,051	3,067	3,083	3,098	3,112	3,126	3,140	3,153
Jefferson	111,049	111,673	111,673	111,673	112,423	113,170	113,902	114,624	115,343	116,053	116,701
Larimer	67,741	68,337	68,337	68,337	68,965	69,579	70,182	70,823	71,413	72,030	72,634
Pueblo	40,989	41,282	41,282	41,282	41,660	42,035	42,415	42,784	43,165	43,547	43,919
Weld	75,145	75,642	75,642	75,642	76,240	76,858	77,448	78,040	78,619	79,211	79,785

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:		
	1/27	1/28	1/29	1/30	2/1	2/3	2/5
Adams	122,767	123,308	123,308	123,308	124,665 (24,933) [5,984] {2,992}	125,923 (25,185) [6,044] {3,022}	127,158 (25,432) [6,104] {3,052}
Arapahoe	139,678	140,292	140,292	140,292	141,925 (28,385) [6,812] {3,406}	143,428 (28,686) [6,885] {3,442}	144,872 (28,974) [6,954] {3,477}
Boulder	56,450	56,857	56,857	56,857	57,927 (11,585) [2,780] {1,390}	58,934 (11,787) [2,829] {1,414}	59,973 (11,995) [2,879] {1,439}
Denver	156,772	157,363	157,363	157,363	158,982 (31,796) [7,631] {3,816}	160,514 (32,103) [7,705] {3,852}	161,983 (32,397) [7,775] {3,888}
Douglas	71,288	71,634	71,634	71,634	72,650 (14,530) [3,487] {1,744}	73,608 (14,722) [3,533] {1,767}	74,523 (14,905) [3,577] {1,789}
Eagle	14,935	14,986	14,986	14,986	15,097 (3,019) [725] {362}	15,200 (3,040) [730] {365}	15,298 (3,060) [734] {367}
El Paso	167,130	168,318	168,318	168,318	171,088 (34,218) [8,212] {4,106}	173,799 (34,760) [8,342] {4,171}	176,492 (35,298) [8,472] {4,236}
Gunnison	3,038	3,051	3,051	3,051	3,083 (617) [148] {74}	3,112 (622) [149] {75}	3,140 (628) [151] {75}
Jefferson	111,049	111,673	111,673	111,673	113,170 (22,634) [5,432] {2,716}	114,624 (22,925) [5,502] {2,751}	116,053 (23,211) [5,571] {2,785}
Larimer	67,741	68,337	68,337	68,337	69,579 (13,916) [3,340] {1,670}	70,823 (14,165) [3,399] {1,700}	72,030 (14,406) [3,457] {1,729}
Pueblo	40,989	41,282	41,282	41,282	42,035 (8,407) [2,018] {1,009}	42,784 (8,557) [2,054] {1,027}	43,547 (8,709) [2,090] {1,045}
Weld	75,145	75,642	75,642	75,642	76,858 (15,372) [3,689] {1,845}	78,040 (15,608) [3,746] {1,873}	79,211 (15,842) [3,802] {1,901}

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.