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

Date: 2/23/22

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 2/23/22 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.

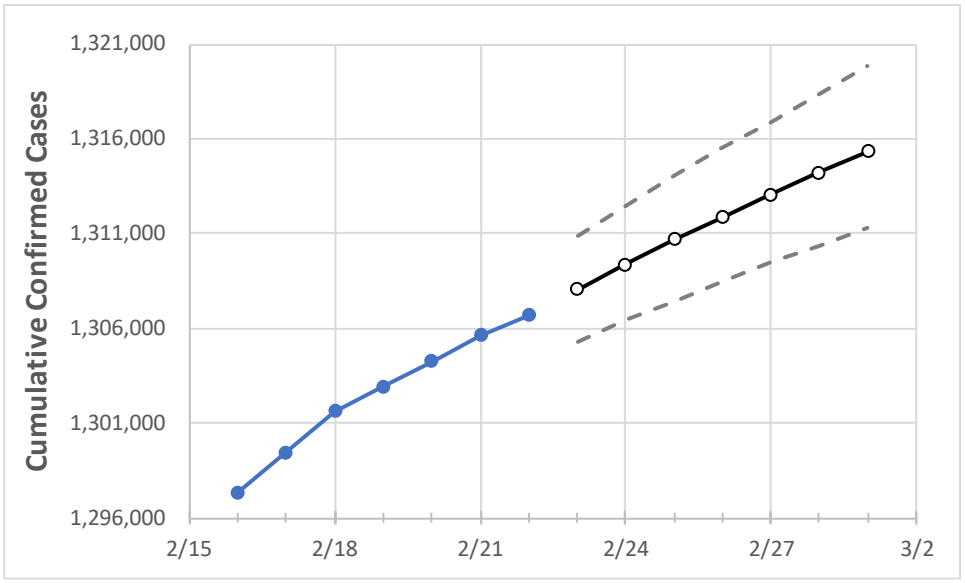
IEM's Modeling Lead

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:						
	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1
Colorado	1,302,948	1,304,286	1,305,623	1,306,684	1,308,036	1,309,365	1,310,679	1,311,886	1,313,087	1,314,222	1,315,323

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:						
	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1
Adams	128,004	128,081	128,159	128,222	128,321	128,411	128,499	128,584	128,667	128,746	128,824
Arapahoe	145,648	145,788	145,929	146,058	146,183	146,306	146,423	146,538	146,648	146,757	146,857
Boulder	60,197	60,249	60,300	60,363	60,438	60,505	60,571	60,634	60,700	60,761	60,819
Denver	163,416	163,570	163,725	163,872	164,017	164,154	164,290	164,417	164,546	164,668	164,787
Douglas	74,693	74,809	74,926	74,994	75,071	75,143	75,214	75,285	75,352	75,418	75,480
Eagle	15,542	15,548	15,554	15,567	15,580	15,591	15,601	15,612	15,623	15,633	15,643
El Paso	177,237	177,432	177,626	177,738	177,932	178,114	178,288	178,457	178,616	178,772	178,920
Gunnison	3,182	3,184	3,186	3,185	3,188	3,191	3,194	3,197	3,199	3,202	3,204
Jefferson	117,007	117,199	117,392	117,533	117,672	117,803	117,939	118,069	118,192	118,320	118,432
Larimer	72,905	72,998	73,090	73,164	73,273	73,376	73,477	73,575	73,672	73,760	73,848
Pueblo	43,658	43,688	43,719	43,732	43,782	43,830	43,875	43,919	43,963	44,002	44,044
Weld	79,819	79,879	79,940	79,995	80,072	80,148	80,216	80,283	80,346	80,409	80,464

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:		
	2/19	2/20	2/21	2/22	2/24	2/26	2/28
Adams	128,004	128,081	128,159	128,222	128,411 (25,682) [6,164] {3,082}	128,584 (25,717) [6,172] {3,086}	128,746 (25,749) [6,180] {3,090}
Arapahoe	145,648	145,788	145,929	146,058	146,306 (29,261) [7,023] {3,511}	146,538 (29,308) [7,034] {3,517}	146,757 (29,351) [7,044] {3,522}
Boulder	60,197	60,249	60,300	60,363	60,505 (12,101) [2,904] {1,452}	60,634 (12,127) [2,910] {1,455}	60,761 (12,152) [2,917] {1,458}
Denver	163,416	163,570	163,725	163,872	164,154 (32,831) [7,879] {3,940}	164,417 (32,883) [7,892] {3,946}	164,668 (32,934) [7,904] {3,952}
Douglas	74,693	74,809	74,926	74,994	75,143 (15,029) [3,607] {1,803}	75,285 (15,057) [3,614] {1,807}	75,418 (15,084) [3,620] {1,810}
Eagle	15,542	15,548	15,554	15,567	15,591 (3,118) [748] {374}	15,612 (3,122) [749] {375}	15,633 (3,127) [750] {375}
El Paso	177,237	177,432	177,626	177,738	178,114 (35,623) [8,549] {4,275}	178,457 (35,691) [8,566] {4,283}	178,772 (35,754) [8,581] {4,291}
Gunnison	3,182	3,184	3,186	3,185	3,191 (638) [153] {77}	3,197 (639) [153] {77}	3,202 (640) [154] {77}
Jefferson	117,007	117,199	117,392	117,533	117,803 (23,561) [5,655] {2,827}	118,069 (23,614) [5,667] {2,834}	118,320 (23,664) [5,679] {2,840}
Larimer	72,905	72,998	73,090	73,164	73,376 (14,675) [3,522] {1,761}	73,575 (14,715) [3,532] {1,766}	73,760 (14,752) [3,540] {1,770}
Pueblo	43,658	43,688	43,719	43,732	43,830 (8,766) [2,104] {1,052}	43,919 (8,784) [2,108] {1,054}	44,002 (8,800) [2,112] {1,056}
Weld	79,819	79,879	79,940	79,995	80,148 (16,030) [3,847] {1,924}	80,283 (16,057) [3,854] {1,927}	80,409 (16,082) [3,860] {1,930}

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.