

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

**Date: 3/22/22**

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 3/22/22 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.**

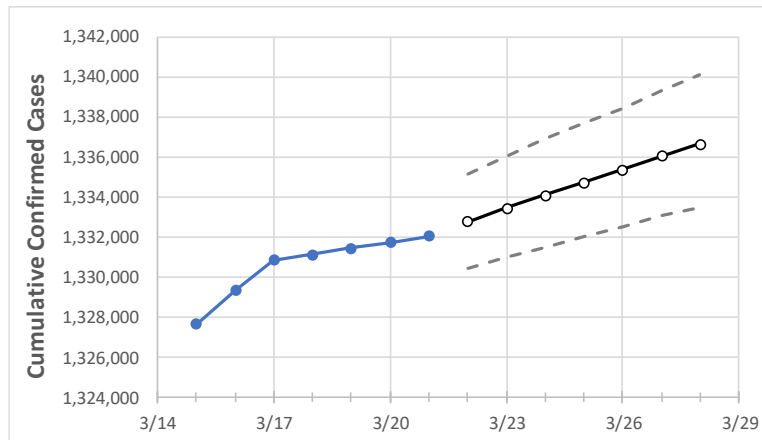
### **IEM's Modeling Lead**

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:							
	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	
Colorado	1,331,152	1,331,453	1,331,754	1,332,055	1,332,772	1,333,464	1,334,098	1,334,747	1,335,397	1,336,063	1,336,675	

*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:							
	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	
Adams	129,941	129,998	130,054	130,110	130,177	130,243	130,310	130,374	130,438	130,505	130,570	
Arapahoe	148,159	148,159	148,159	148,159	148,245	148,331	148,412	148,498	148,582	148,668	148,755	
Boulder	61,675	61,675	61,675	61,675	61,738	61,797	61,857	61,917	61,980	62,046	62,105	
Denver	166,275	166,275	166,275	166,275	166,374	166,476	166,572	166,672	166,773	166,874	166,973	
Douglas	76,104	76,104	76,104	76,104	76,146	76,188	76,231	76,273	76,316	76,357	76,399	
Eagle	15,745	15,751	15,756	15,762	15,767	15,771	15,776	15,780	15,784	15,788	15,793	
El Paso	181,324	181,411	181,499	181,586	181,697	181,807	181,912	182,013	182,118	182,227	182,324	
Gunnison	3,314	3,314	3,314	3,314	3,316	3,318	3,320	3,322	3,323	3,325	3,327	
Jefferson	119,671	119,671	119,671	119,671	119,764	119,851	119,941	120,027	120,117	120,208	120,301	
Larimer	75,107	75,107	75,107	75,107	75,185	75,264	75,337	75,411	75,488	75,571	75,643	
Pueblo	45,058	45,114	45,170	45,226	45,289	45,352	45,416	45,479	45,543	45,608	45,675	
Weld	81,452	81,452	81,452	81,452	81,508	81,564	81,620	81,676	81,734	81,788	81,846	

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:											
	3/18	3/19	3/20	3/21	3/23				3/25				3/27			
Adams	129,941	129,998	130,054	130,110	130,243	(26,049)	[6,252]	{3,126}	130,374	(26,075)	[6,258]	{3,129}	130,505	(26,101)	[6,264]	{3,132}
Arapahoe	148,159	148,159	148,159	148,159	148,331	(29,666)	[7,120]	{3,560}	148,498	(29,700)	[7,128]	{3,564}	148,668	(29,734)	[7,136]	{3,568}
Boulder	61,675	61,675	61,675	61,675	61,797	(12,359)	[2,966]	{1,483}	61,917	(12,383)	[2,972]	{1,486}	62,046	(12,409)	[2,978]	{1,489}
Denver	166,275	166,275	166,275	166,275	166,476	(33,295)	[7,991]	{3,995}	166,672	(33,334)	[8,000]	{4,000}	166,874	(33,375)	[8,010]	{4,005}
Douglas	76,104	76,104	76,104	76,104	76,188	(15,238)	[3,657]	{1,829}	76,273	(15,255)	[3,661]	{1,831}	76,357	(15,271)	[3,665]	{1,833}
Eagle	15,745	15,751	15,756	15,762	15,771	(3,154)	[757]	{379}	15,780	(3,156)	[757]	{379}	15,788	(3,158)	[758]	{379}
El Paso	181,324	181,411	181,499	181,586	181,807	(36,361)	[8,727]	{4,363}	182,013	(36,403)	[8,737]	{4,368}	182,227	(36,445)	[8,747]	{4,373}
Gunnison	3,314	3,314	3,314	3,314	3,318	(664)	[159]	{80}	3,322	(664)	[159]	{80}	3,325	(665)	[160]	{80}
Jefferson	119,671	119,671	119,671	119,671	119,851	(23,970)	[5,753]	{2,876}	120,027	(24,005)	[5,761]	{2,881}	120,208	(24,042)	[5,770]	{2,885}
Larimer	75,107	75,107	75,107	75,107	75,264	(15,053)	[3,613]	{1,806}	75,411	(15,082)	[3,620]	{1,810}	75,571	(15,114)	[3,627]	{1,814}
Pueblo	45,058	45,114	45,170	45,226	45,352	(9,070)	[2,177]	{1,088}	45,479	(9,096)	[2,183]	{1,092}	45,608	(9,122)	[2,189]	{1,095}
Weld	81,452	81,452	81,452	81,452	81,564	(16,313)	[3,915]	{1,958}	81,676	(16,335)	[3,920]	{1,960}	81,788	(16,358)	[3,926]	{1,963}

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.