UNCLASSIFIED

# Modeling & Forecasting COVID-19 in NM

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February 23, 2021

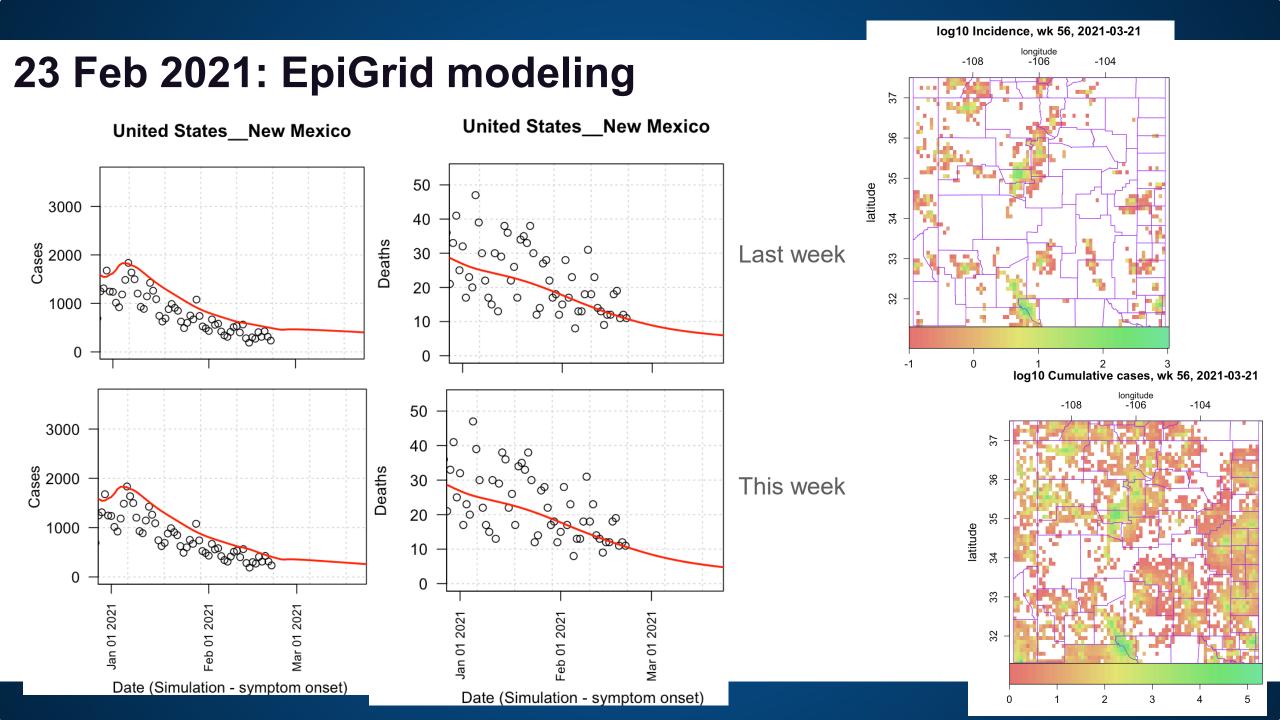
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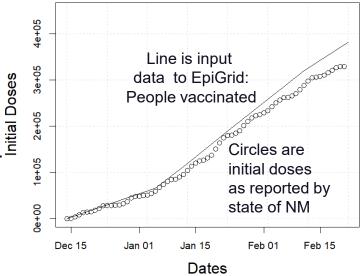
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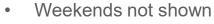
### 16 February 2021 Model (EpiGrid) – more details and information

- See Figure for historical prime-dose vaccinations.
  - Federal doses are partly accounted for (reflected by line above dots for NM data)
  - State vaccination rate decreased recently.
- Public health orders (PHO) and public behavior similar to previous models. Human choices.
  Assumes most counties are yellow or green starting Feb. 24<sup>th</sup>. Human choices
  Aily reported cases in FLPace • Transmission is based on mobility with modifications due to PHO's and the red/yellow/green framework.
- Daily reported cases in El Paso are approximately constant, slight decrease.
- Death rates include some of the inhomogeneity by-county.
  - Counties with larger at-risk populations have higher death rates. Not a human choice.
  - Starting to model the expected change in death rate due to vaccination of older population. Partly a human choice.
- Isolation and quarantine rates are assumed to be stable based on state-reported quarantine times. •Base isolation rates mostly modeled as 50% Dec. 8<sup>th</sup>-22<sup>nd</sup>,45% until Jan 10<sup>th</sup> then are increased to 55%. Mostly human choice.
- Baseline results reflect novel variants of SARS-CoV-2. The effect is numerically small at this time.
  - Potential for a 50% increase in contagion/force of infection in the future. Not a human choice per se, this is biology.
  - No epidemiological evidence yet for strain replacement in New Mexico. Good infection control helps change the biology.
  - Without vaccination, an increased daily incidence in March would have been a distinct possibility (with red/yellow/green) changes, and increasing mobility in some counties).
  - Properties of novel viral variants are not fully characterized.

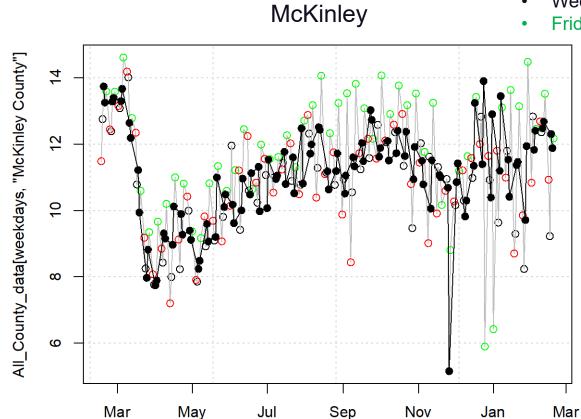


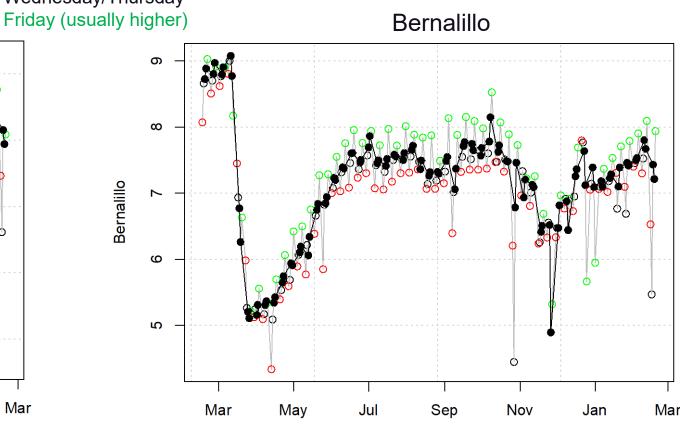
### **T-80 Mobility – northern counties (Data only)**

- Cold weather and precipitation decreased mobility in the last week.
- Bernalillo, Los Alamos, Taos, Sandoval, Santa Fe had decreased mobility last week.
- McKinley, Rio Arriba, Valencia had slightly decreased mobility last week.
- San Juan was stable.



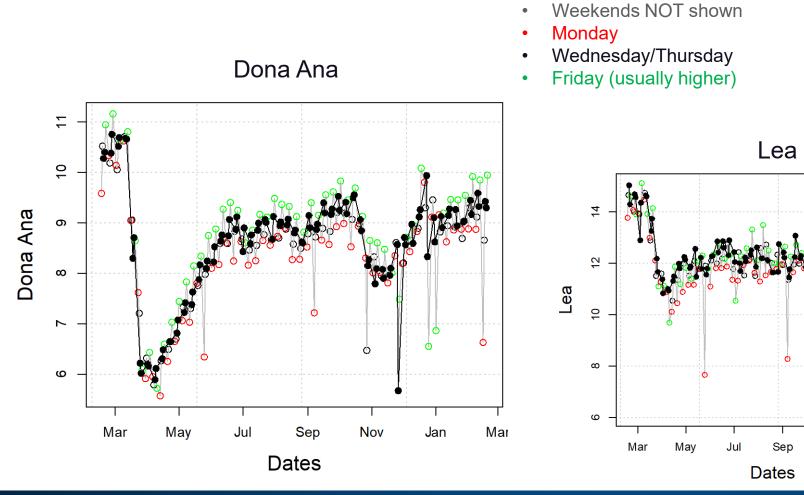
- Monday
- Wednesday/Thursday

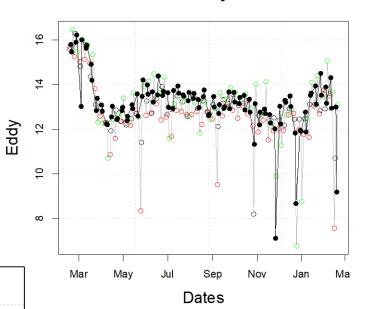




### T-80 Mobility – southern counties and Curry (Data only)

- Weather decreased mobility.
- Chaves, Curry, Eddy, Lea, Lincoln, and Roosevelt decreased.
- Dona Ana, Grant, Luna, Otero, Socorro were stable or decreased slightly.





Nov

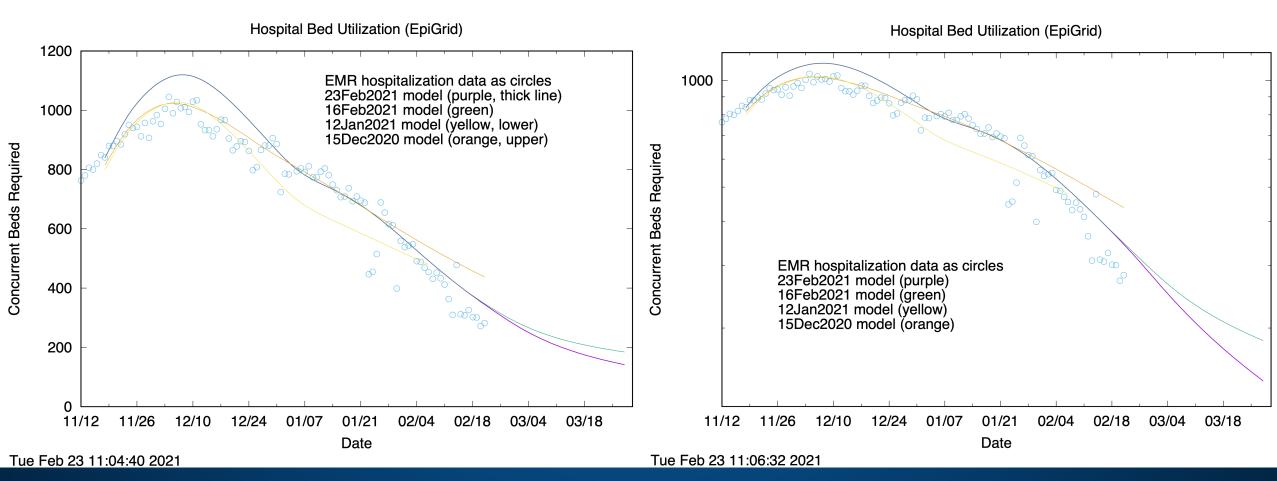
Jan

Mar

Eddy

### Hospital bed concurrent usage by COVID-19 patients (Statewide)

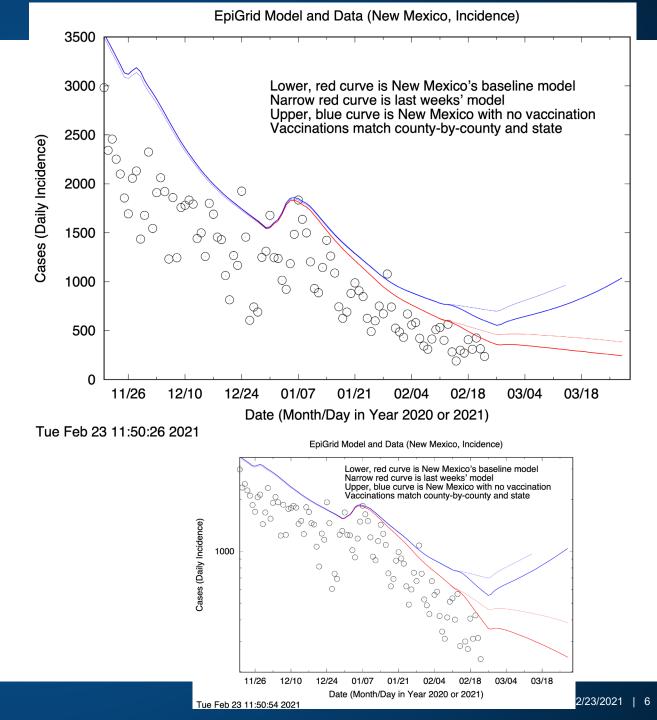
- Left panel: Linear vs. time (y-scale=0:1200) shows hospital beds.
- Right panel: Log vs. time, same data and models (y-scale = 120:1200, 10x).
- Divergence between 15Dec2020 model, subsequent EMR data, and later EG models reflects the impact of vaccination.



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### **Effect of Vaccination on Incidence**

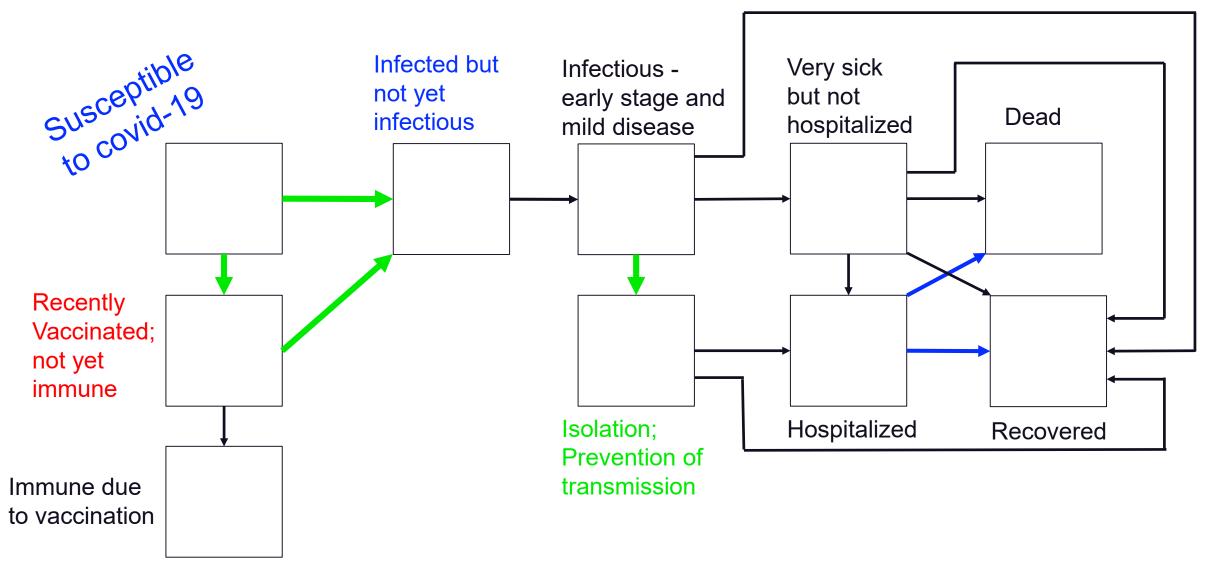
- Vaccination is lowering daily incidence >20%.
- Quarantine *currently* plays a larger roles in epidemic control than vaccination.
- Infection control appears to be comparable to vaccination.
- Currently modeling 90% vaccine effectiveness.
- Feb 23<sup>rd</sup> model: 381,630 people vaccinated (1 or 2 doses).
- NM reports 329,054 people vaccinated. Additional Federal doses contribute too.
- By-county matching to vaccination.
- Flat red curve in March does not account for additional vaccine that may be available.
- Flattening of daily incidence is a consequence of red to green counties and increased mobility.
- NM is currently trading relaxed infection control for vaccination. This sets a "speed limit" to relaxation.
- Unchanged quarantine effectiveness assumed in all cases.



### **Situational Awareness:**

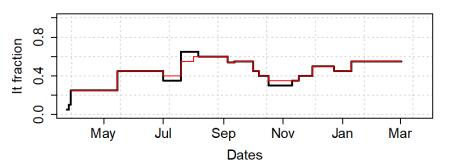
- Cases appear to no longer be decreasing in some of the more populace counties:
  - Bernalillo, Dona Ana, Santa Fe and Valencia
- Statewide there is no evidence of cases continuing to decrease in the last week.

### Healthy and disease states in EpiGrid: How we capture the effects of mitigations



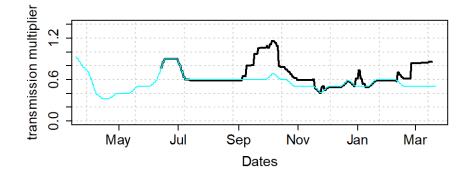
### Separating mechanistic effects: Captured effects of mitigations

New Mexico\_Bernalillo

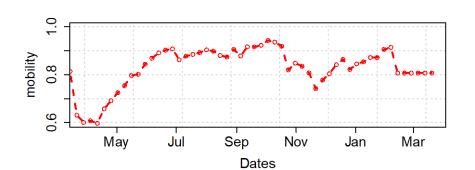


#### Quarantine

Red is base value Black is values used for Bernalillo ~50% relative to unmitigated



Fractional change in person-to-person transmission Cyan - mobility based value without PHO modifications Black – modified for PHO's, values used for Bernalillo ~20% improvement relative to unmitigated Has been as large as ~60% in the past (rel. to unmitigated)

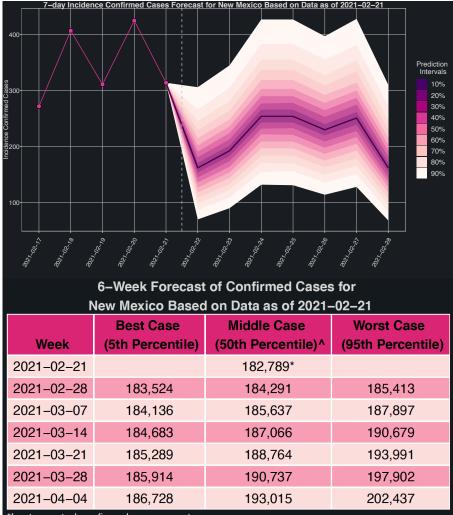


Mobility data: an input Currently low because of snow storms last week ...

### **Conclusions and Discussion**

- New Mexico's daily incidence is not increasing, possibly declining. Daily incidence could stop declining by March.
- Increased vaccine supply and administration and/or improved effective quarantine rates likely needed to see continued epidemic improvement in the context of great activity/mobility, opening, and contact.
- COVID-19 vaccination reported by the State is responsible for an >20% reduction in daily incidence.
- Infection control and quarantine continue to play larger roles than vaccination in epidemic control.
- Multiple viral variants continue to pose a risk to epidemic control. National and State monitoring for strain emergence is likely improving. Model is assuming about 1:1000 variant cases in late January, assumed <10:1000 currently.</li>
- El Paso's daily incidence consistent with a slight decline.
- Nationwide geographical dispersion is seeding some local transmission and variants.
- Testing suggests that situational awareness is fair to good.
- Targeting vaccine to high-mortality areas and populations will have the largest immediate effect on this model.
- Change to contagion control in weeks of months?
- Discussion:
  - Vaccinating high risk-of-mortality populations will lower the mortality rate and further lower hospital loading.
  - Good infection control in schools appears to be well-correlated with improved outcomes. Improved PPE may be required in response to viral variant emergence. Meal times, busses, and passing periods are likely the riskiest school-related activities.
  - There is not yet clear *epidemiological* evidence for a more contagious variant of SARS-CoV-2 in New Mexico. This is not a warning system.
  - Qualitatively higher testing rates (i.e. 10x) can substantially offset local epidemics (i.e. South Korea) by facilitating tracing and quarantine.
    Sequencing can provide diagnostics, and provides variant-level information that is likely to become important in the near future, and is compatible with high testing rates.
  - Elimination of COVID-19 removes or reduces the risk of novel variant emergence.

# Short- & Long-Term Forecast for NM: Cases



Last reported confirmed cases count

^Closest-matching scenario

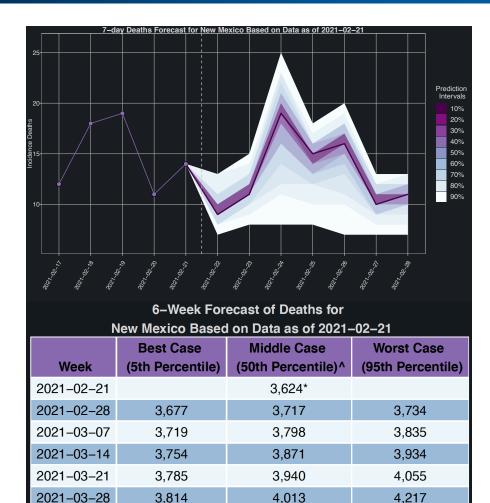
| 6–Week Forecast of Daily Average of Confirmed Cases |   |                    |                   |  |  |  |
|---|---|--------------------|-------------------|--|--|--|
| for   | for New Mexico Based on Data as of 2021–02–21 |                    |                   |  |  |  |
|   | Best Case Middle Case Worst Case              |                    |                   |  |  |  |
| Week  | (5th Percentile)                              | (50th Percentile)^ | (95th Percentile) |  |  |  |
| 2021-02-21  |   | 317*               |                   |  |  |  |
| 2021-02-28  | 105   | 215                | 375               |  |  |  |
| 2021-03-07  | 87  | 192                | 355               |  |  |  |
| 2021-03-14  | 78  | 204                | 397               |  |  |  |
| 2021-03-21  | 87  | 243                | 473               |  |  |  |
| 2021-03-28  | 89  | 282                | 559               |  |  |  |
| 2021-04-04  | 116   | 325                | 648               |  |  |  |
| *Last reported cor                                  | nfirmed cases count                           |                    |                   |  |  |  |

^Closest-matching scenario

#### So what?

The <u>daily</u> number of cases are expected to range between 78 and 397 in the next few weeks

# Short- & Long-Term Forecast for NM: Deaths



4.095

4.441

| 6–Week Forecast of Daily Average of Deaths<br>for New Mexico Based on Data as of 2021–02–21 |   |     |    |  |  |  |
|---|---|-----|----|--|--|--|
| Week  | Best CaseMiddle CaseWorst Case(5th Percentile)(50th Percentile)^(95th Percentile) |     |    |  |  |  |
| 2021-02-21  |   | 14* |    |  |  |  |
| 2021-02-28  | 8   | 13  | 16 |  |  |  |
| 2021-03-07  | 6   | 12  | 14 |  |  |  |
| 2021-03-14  | 5   | 10  | 14 |  |  |  |
| 2021-03-21  | 4   | 10  | 17 |  |  |  |
| 2021-03-28  | 4   | 10  | 23 |  |  |  |
| 2021-04-04  | 4   | 12  | 32 |  |  |  |
| *Last reported confirmed deaths<br>^Closest-matching scenario                               |   |     |    |  |  |  |

#### So what?

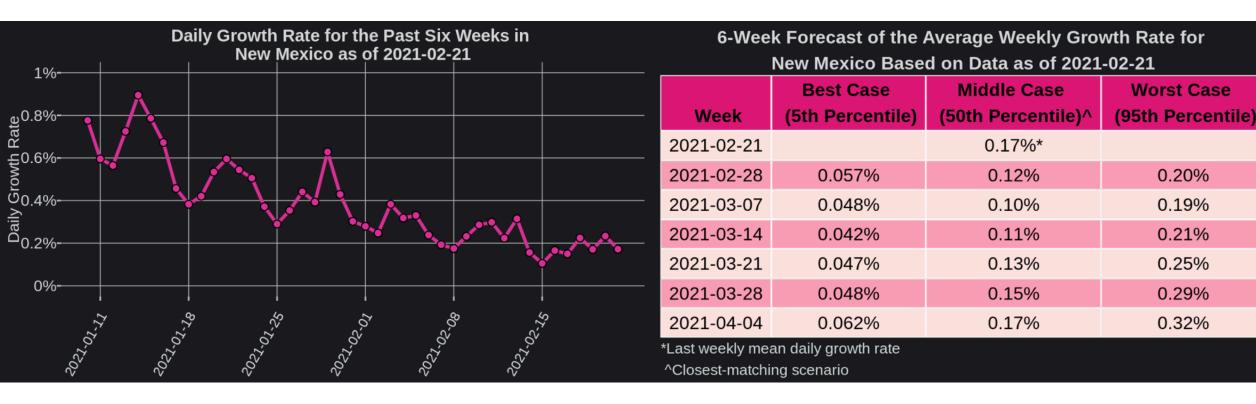
The <u>daily</u> number of deaths are expected to range between 5 and 16 in the next few weeks

2021-04-04

Last reported deaths count ^Closest-matching scenario

3.843

# **Growth Rate for NM**

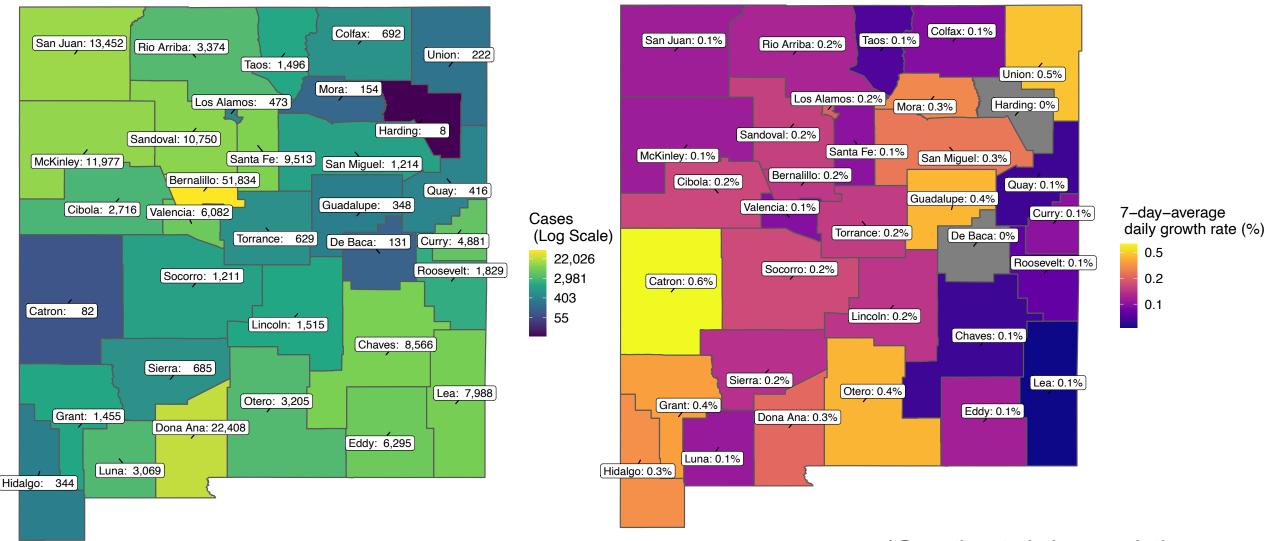


### So what?

As of February 21<sup>st</sup>, the average growth rate in NM is at 0.17% (down from 0.23%)

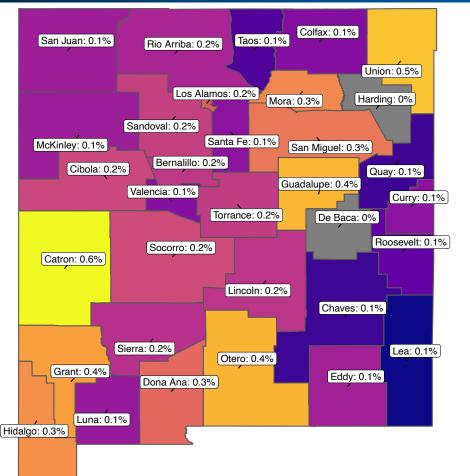
## > Regional Growth Rates, Hospitalization & Shelter Forecasts

# Cumulative Cases & Daily Growth Rate for NM: Feb 22



\*Growth rate is in cumulative cases





\*arrows indicate more than 0.5% difference in growth rate from last week's analysis; growth rate is in cumulative cases 7-day-average daily growth rate (%)

0.5 0.2

0.1

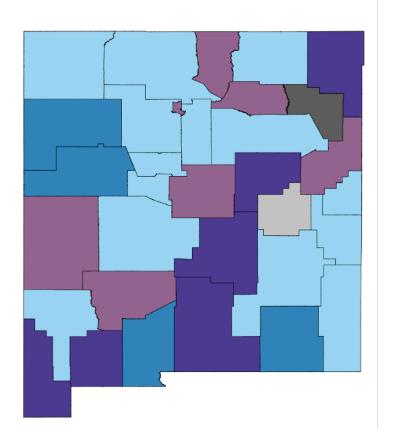
Socorro 0.2% =Mora 0.3% =Roosevelt 0.1% =DeBaca 0.0% =Los Alamos 0.2% =Quay 0.1% =Colfax 0.1% =Harding 0.0% =Hidalgo 0.3% =Guadalupe 0.4% =Catron 0.6% =

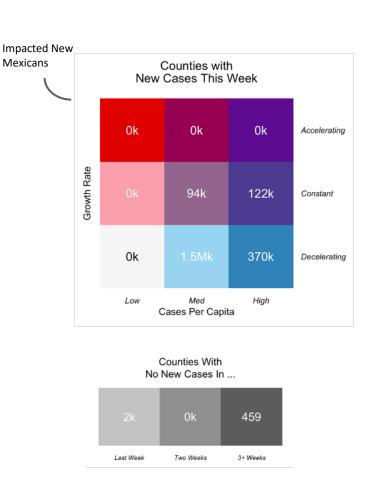
| County     | Daily Growth Rate | Change |
|------------|-------------------|--------|
| San Juan   | 0.1%              | =      |
| Rio Arriba | 0.2%              | =      |
| Sierra     | 0.2%              | =      |
| McKinley   | 0.1%              | =      |
| Sandoval   | 0.2%              | =      |
| Santa Fe   | 0.1%              | =      |
| Cibola     | 0.2%              | =      |
| Bernalillo | 0.2%              | =      |
| Valencia   | 0.1%              | =      |
| Torrance   | 0.2%              | =      |
| Lincoln    | 0.2%              | =      |
| San Miguel | 0.3%              | =      |
| Chaves     | 0.1%              | =      |
| Dona Ana   | 0.3%              | =      |
| Otero      | 0.4%              | =      |
| Lea        | 0.1%              | =      |
| Eddy       | 0.1%              | =      |
| Curry      | 0.1%              | =      |
| Grant      | 0.4%              | =      |
| Luna       | 0.1%              | =      |
| Taos       | 0.1%              | =      |

# Weekly Growth Rate for NM: Another View (Feb 22)

#### **COVID-19 across New Mexico**

A 7-day moving window comparison February 22, 2020





### So what?

•

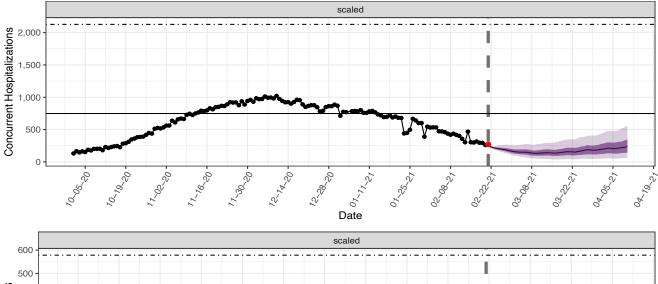
- Most people in New Mexico are living in a county that is decelerating with high percapita case counts
- Counties with high per capita case counts: Cibola, Dona Ana, Eddy, Guadalupe, Hidalgo, Lincoln, Luna, McKinley, Otero, Union
- There are no accelerating counties from last week

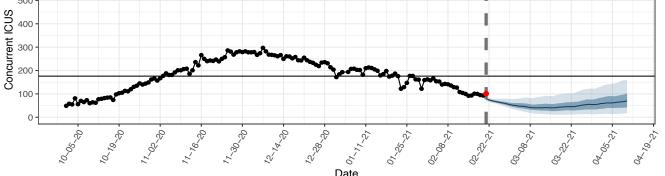
Number of New Mexicans living in regions with particular combinations of per capita case counts and 7-day growth rates

Low <10 cases/100k per week Med 10-99 cases/100k per week High >100 cases/100k per week

## Concurrent Hosp & ICU Beds Based on Forecasts – Average Stay of 8 Hosp, 15 Days for ICU/vent & 25% ICU rate

**†?** 





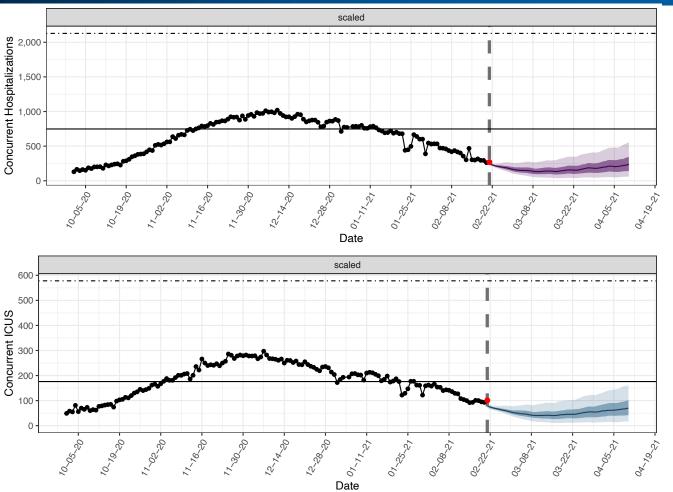
#### Concurrent COVID-19 ICU beds

| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median)  | Qu. 95%<br>(worst case) |
|------|-----------------------|----------------------|-------------------------|
| 2/28 | 44                    | 58                   | 79                      |
| 3/7  | 21                    | 44                   | 84                      |
| 3/14 | 13                    | 41                   | 91                      |
| 3/21 | 11                    | 45                   | 101                     |
| 3/28 | 13                    | 55                   | 122                     |
| 4/4  | 15                    | 61                   | 142                     |
| 4/4  |                       | 61<br>Viad'' Seonari |                         |

"Scaled" Scenario

ent COVID-19 patients. Model is predicting a ne next 3 weeks

## Concurrent Hosp & ICU Beds Based on Forecasts – Average Stay of 8 Hosp, 15 Days for ICU/vent & 25% ICU rate



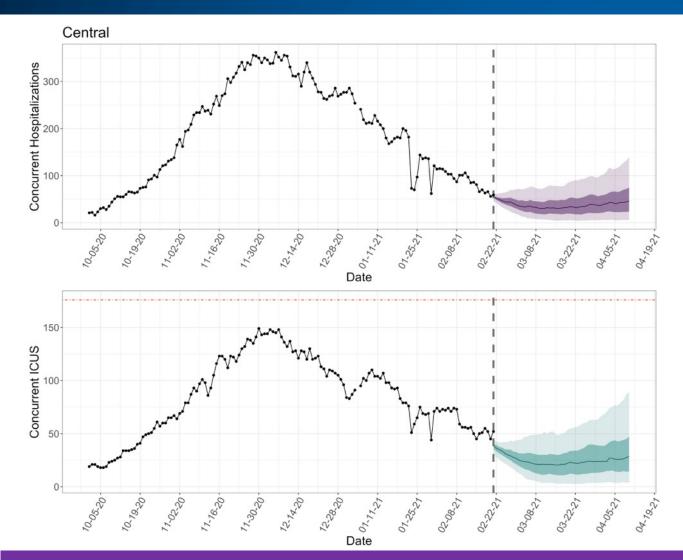
Concurrent COVID-19 non-ICU "med-surge" beds

| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median) | Qu. 95%<br>(worst case) |
|------|-----------------------|---------------------|-------------------------|
| 2/28 | 76                    | 118                 | 184                     |
| 3/7  | 42                    | 101                 | 191                     |
| 3/14 | 31                    | 100                 | 201                     |
| 3/21 | 30                    | 111                 | 246                     |
| 3/28 | 34                    | 129                 | 285                     |
| 4/4  | 39                    | 150                 | 337                     |

"Scaled" Scenario

Los A \_\_\_\_\_\_ at?

## **Regional Hospitalization Forecasts: Central**



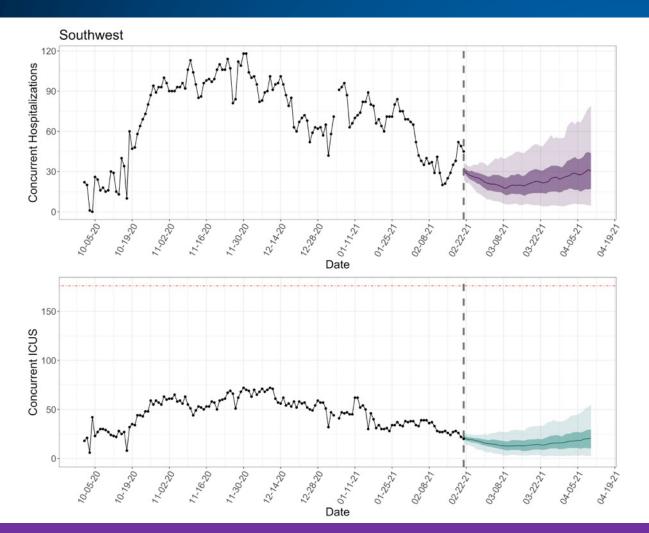
#### Concurrent COVID-19 ICUs beds: Central

| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median) | Qu. 95%<br>(worst case) |
|------|-----------------------|---------------------|-------------------------|
| 2/28 | 17                    | 28                  | 43                      |
| 3/7  | 6                     | 22                  | 49                      |
| 3/14 | 4                     | 21                  | 52                      |
| 3/21 | 3                     | 22                  | 55                      |
| 3/28 | 4                     | 24                  | 63                      |
| 4/4  | 4                     | 27                  | 75                      |

#### So what?

ICU bed usage is expected to decrease and level off

## **Regional Hospitalization Forecasts: Southwest**



#### **Concurrent COVID-19 ICUs beds: Southwest**

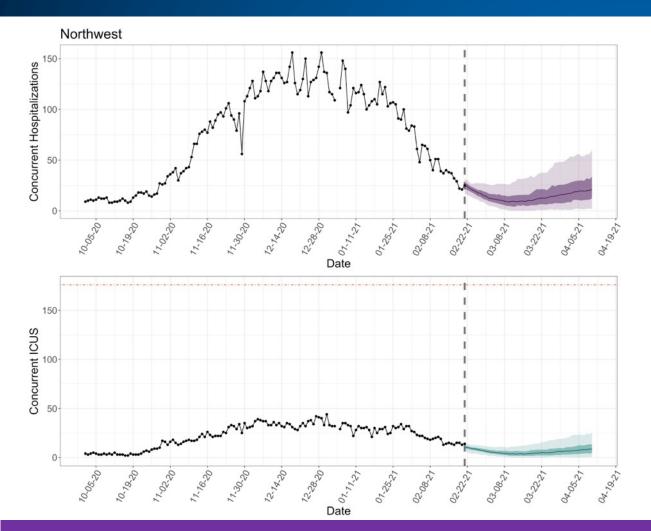
| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median) | Qu. 95%<br>(worst case) |
|------|-----------------------|---------------------|-------------------------|
| 2/28 | 8                     | 17                  | 24                      |
| 3/7  | 4                     | 13                  | 27                      |
| 3/14 | 3                     | 13                  | 29                      |
| 3/21 | 4                     | 14                  | 33                      |
| 3/28 | 3                     | 16                  | 38                      |
| 4/4  | 3                     | 18                  | 44                      |

#### So what?

#### ICU bed usage is expected to <u>decline and level off</u> in the Southwest region.

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## **Regional Hospitalization Forecasts: Northwest**



#### **Concurrent COVID-19 ICUs beds: Northwest**

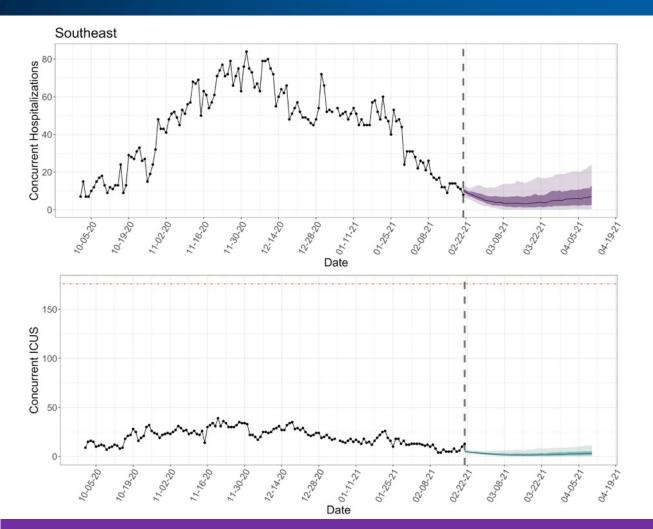
| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median) | Qu. 95%<br>(worst case) |
|------|-----------------------|---------------------|-------------------------|
| 2/28 | 3                     | 7                   | 12                      |
| 3/7  | 1                     | 4                   | 11                      |
| 3/14 | 0                     | 4                   | 12                      |
| 3/21 | 0                     | 5                   | 15                      |
| 3/28 | 0                     | 6                   | 19                      |
| 4/4  | 0                     | 7                   | 23                      |

#### So what?

#### ICU bed usage is expected to decrease in the Northwest region

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## **Regional Hospitalization Forecasts: Southeast**



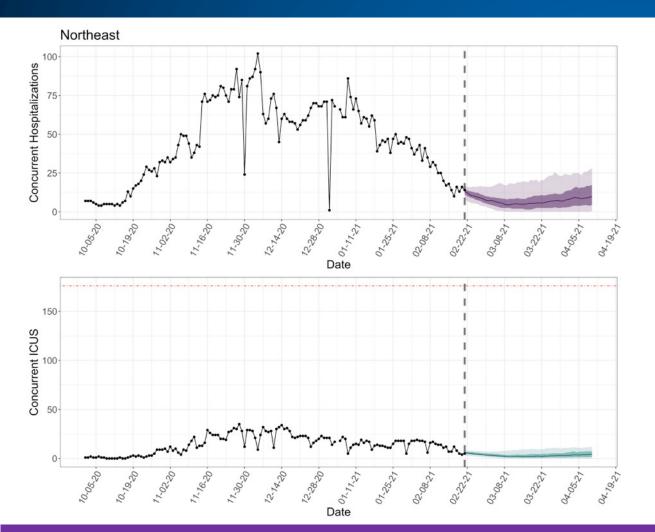
#### Concurrent COVID-19 ICUs beds: Southeast

| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median) | Qu. 95%<br>(worst case) |
|------|-----------------------|---------------------|-------------------------|
| 2/28 | 1                     | 3                   | 6                       |
| 3/7  | 0                     | 2                   | 6                       |
| 3/14 | 0                     | 2                   | 7                       |
| 3/21 | 0                     | 2                   | 8                       |
| 3/28 | 0                     | 2                   | 9                       |
| 4/4  | 0                     | 3                   | 10                      |

#### So what?

#### ICU bed usage is expected to <u>be low</u> in the Southeast region

## **Regional Hospitalization Forecasts: Northeast**



#### Concurrent COVID-19 ICUs beds: Northeast

| Week | Qu. 5%<br>(best case) | Qu. 50%<br>(median) | Qu. 95%<br>(worst case) |
|------|-----------------------|---------------------|-------------------------|
| 2/28 | 0                     | 2                   | 8                       |
| 3/7  | 0                     | 2                   | 9                       |
| 3/14 | 0                     | 2                   | 9                       |
| 3/21 | 0                     | 3                   | 11                      |
| 3/28 | 0                     | 4                   | 11                      |
| 4/4  | 0                     | 2                   | 8                       |

#### So what?

#### ICU bed usage is expected to <u>be low</u> in the Northeast region

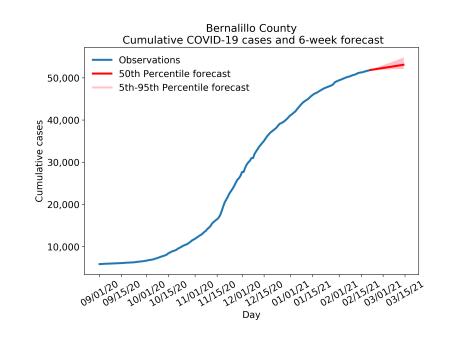
## > Non-Congregational Shelter Forecast

# Non-Congregate Shelter Forecast

- Our goal is to inform the capacity of shelters for forecasting the need of additional rooms
- We calculate a ratio between the mean number of daily new cases over the previous two weeks to current occupied rooms
  - We apply this ratio to the forecast of COVID-19 cases from the LANL COFFEE model to estimate the number of rooms needed
- We use the spread in the case forecast to report a subsequent spread in the shelter forecast
- We calculate the number of new rooms need by applying the ratio of occupied rooms:new cases to the number of cases forecasted in each county
- NEW AS OF 2/7/21: We added a second forecast method for comparison by averaging the shelter forecast with current shelters in use to smooth the forecast

# Non-Congregate Shelter Forecast: Bernalillo

Number of cases as of 2/21/21: **51,834** Number of shelter rooms available: Total number of patients/medical workers (including specialty): Number of patients: Number of medical workers: Occupied rooms:new cases ratio: **0.40** 2-week avg. new cases per day:



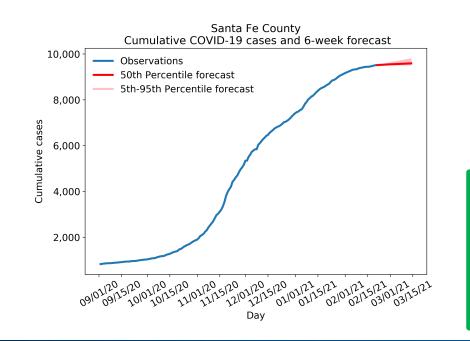
|   | 2/21/21                   | 2/28/21                   | 3/7/21                    |
|---|---------------------------|---------------------------|---------------------------|
| Total cases                             | 52,254<br>(51,972-52,783) | 52,651<br>(52,086-53,724) | 53,077<br>(52,194-54,725) |
| # of rooms needed                       | 24<br>(8-55)              | 23<br>(7-54)              | 25<br>(6-58)              |
| Deficit (-) or surplus<br>of rooms      | 197                       | 198                       | 196                       |
| # of rooms needed (new forecast method) | 35                        | 31                        | 29                        |

2-week avg. new cases per day decreased from 140 last week to 114 this week

Last week we forecasted 19 (7-40) rooms in use, 27 rooms with the adjustment; there are 46 actually in use, so we are highly under forecasting.

# Non-Congregate Shelter Forecast: Santa Fe

Number of cases as of 2/21/21: 9,513 Number of shelter rooms available: 52 Total number of patients/medical workers (including specialty): 17 Number of patients: 17 Number of medical workers: 0 Occupied rooms:new cases ratio: 1.26 2-week avg. new cases per day: 13



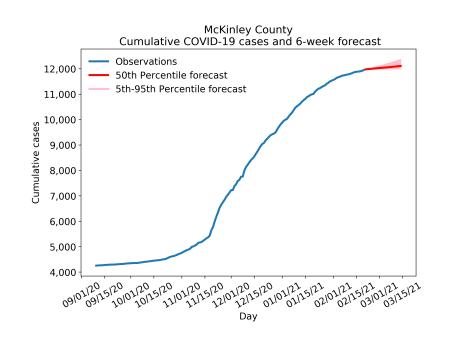
|   | 2/21/21                | 2/28/21                | 3/7/21                 |
|---|------------------------|------------------------|------------------------|
| Total cases                             | 9,543<br>(9,515-9,613) | 9,565<br>(9,515-9,703) | 9,588<br>(9,516-9,802) |
| # of rooms needed                       | 5<br>(0-18)            | 4<br>(0-16)            | 4<br>(0-18)            |
| Deficit (-) or surplus<br>of rooms      | 47                     | 48                     | 48                     |
| # of rooms needed (new forecast method) | 11                     | 9                      | 8                      |

2-week avg. new cases per day decreased from 22 last week to 13 this week

Last week we forecasted 6 (1-15) rooms in use, 9 rooms with the adjustment; there are 17 actually in use, so we are under forecasting

# Non-Congregate Shelter Forecast: McKinley

Number of cases as of 2/21/21: **11,977** Number of shelter rooms available: Total number of patients/medical workers (including specialty): Number of patients: Number of medical workers: Occupied rooms:new cases ratio: **0.81** 2-week avg. new cases per day:



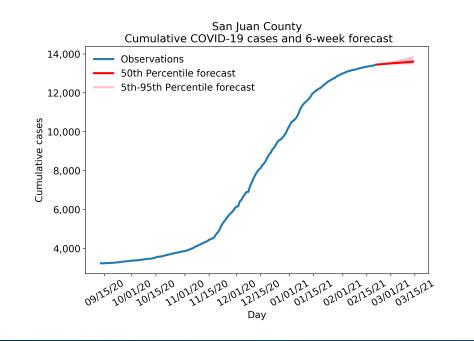
|   | 2/21/21                   | 2/28/21                   | 3/7/21                    |
|---|---------------------------|---------------------------|---------------------------|
| Total cases                             | 12,022<br>(11,984-12,102) | 12,062<br>(11,989-12,226) | 12,111<br>(11,994-12,372) |
| # of rooms needed                       | 5<br>(0-15)               | 5<br>(1-14)               | 6<br>(1-17)               |
| Deficit (-) or surplus<br>of rooms      | 150                       | 150                       | 149                       |
| # of rooms needed (new forecast method) | 10                        | 8                         | 7                         |

2-week avg. new cases per day decreased from 24 last week to 17 this week

Last week we forecasted 9 (2-25) rooms in use, 16 rooms with the adjustment; there are 14 actually in use, so the adjustment may be a more accurate forecast

# Non-Congregate Shelter Forecast: San Juan

Number of cases as of 2/21/21: **13,452** Number of shelter rooms available: Total number of patients/medical workers (including specialty): Number of patients: Number of medical workers: Occupied rooms:new cases ratio: **0.05** 2-week avg. new cases per day:



|   | 2/21/21                   | 2/28/21                   | 3/7/21                    |
|---|---------------------------|---------------------------|---------------------------|
| Total cases                             | 13,505<br>(13,467-13,573) | 13,552<br>(13,475-13,698) | 13,605<br>(13,485-13,858) |
| # of rooms needed                       | 0<br>(0-1)                | 0<br>(0-1)                | 0<br>(0-1)                |
| Deficit (-) or surplus<br>of rooms      | 21                        | 21                        | 21                        |
| # of rooms needed (new forecast method) | 1                         | 1                         | 1                         |

2-week avg. new cases per day decreased from 26 last week to 20 this week.

Last week we forecasted 0 (0-1) rooms in use, 1 room with the adjustment; there is 1 actually in use