# Model Projections of COVID-19 Healthcare Demands in NYC: An Overview of Model Settings and Outputs

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## Methods/Models

#### Data (model input & validation, weekly)

- Cases: by age group, by neighborhood (from DOHMH)
- Deaths: by age group, by neighborhood (from DOHMH)
- Mobility: by neighborhood (from Safegraph.com)

#### Model-inference systems

- Model V1: simple SEIR model trained on city-wide case data
- Model V2: SEIR by age-group trained on age-grouped case data
- Model V3/V4: network SEIR by age group, trained on age-grouped, neighborhood-level case (+ mortality) data
- Model V5 (current): network SEIRS by age group, trained on agegrouped, neighborhood-level case data & mortality data
- Account for: infection-detection rate, seasonality, intervention, agespecific rates, time-lag from infection to detection/diff. health outcomes
- Inference method: ensemble adjustment Kalman filter (EAKF)
- For details: <a href="https://www.medrxiv.org/content/10.1101/2020.06.27.20141689v1">https://www.medrxiv.org/content/10.1101/2020.06.27.20141689v1</a>

#### Key model assumptions and potential discrepancies

Parameter	Value (spring 20 wave)*	Potential changes (see updates)
Infection-detection rate	Estimated in the model	Age specific
Pr (Hospitalized   infection)	2.25 – 7.5%	Adjust by age
Time from infection to hospitalization	6 (SD=3) days	
Duration of hospitalization	24 (SD=5.2) days	Could change over time due to e.g. availability**
Pr (ICU adm   infection)	0.45 – 1.9%	Adjust by age
Time from infection to ICU adm	12 (SD=5) days	
Duration in ICU	21 (SD=5.9) days	Could change over time**
Pr (Incubated   ICU adm)	90 – 100%	Adjust by age
Duration of ventilator use	18 (SD=3) days	Could change over time**
Pr (Death   infection)	Estimated in the model	Age specific
Time from infection to death	9.36 (SD=9.76) days	NYC data; assume 2 days shorter for 65+ y/o

<sup>\*</sup>these are distributions to account for uncertainty (i.e. not exact numbers);

<sup>\*\*</sup>affect projected census count of in-patients, ICU patients, and intubated patients

## **Model Outputs**

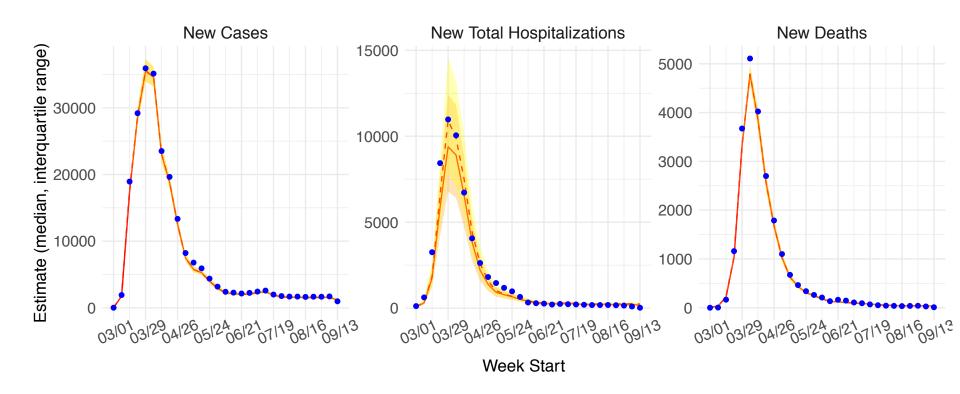
- Key epidemiological parameter estimates (not included on Github)
  - Rt: the effective reproductive number
  - Infection-detection rate, etc.
- ▶ Key population/epidemiologic variable estimates (not included on Github)
  - Susceptibility by age group, neighborhood
  - Cumulative infection rate (seroprevalence) by age group, neighborhood
  - Number of exposed, infectious individuals
- Newly added numbers per week/day, under different scenarios
  - Infections, cases, hospitalizations, ICU admissions, intubations, deaths
- Demands to healthcare systems per week/day, under different scenarios
  - Total hospital beds, non-ICU beds, ICU beds, ventilators

#### Uncertainty is Large

- Model simplification/misspecification
- Delay in observations
  - From exposure/infection to symptom onset
  - From symptom onset to seek treatment
  - From admission to testing and reporting
  - Total lag: ~2 weeks
- Under-detection and variation over time and space
- Spatial heterogeneity
- Data revision/backfill
- Changing interventions & behavior over time changing epidemic outcomes
- All results/projections are preliminary and will be updated continuously as the epidemic unfolds

#### Model Validation: Weekly cases/deaths/hospitalizations

Ex: compared with observed # cases, # deaths, and # hospitalizations (out-of-fit, not used for model training)



blue dots: observed; red lines: modeled

#### Model Validation: Weekly cases/deaths/hospitalizations

- Compared with hospitalization, ICU, intubation census data from HERDS
- Potential discrepancies
  - HERDS tends to undercount
  - The sojourn time in the hospital/ICU/on ventilator could change over time (eg, shorter if at capacity)
  - Please adjust accordingly

FIGURES NOT SHOWN DUE TO DATA SHARING RESTRICTIONS

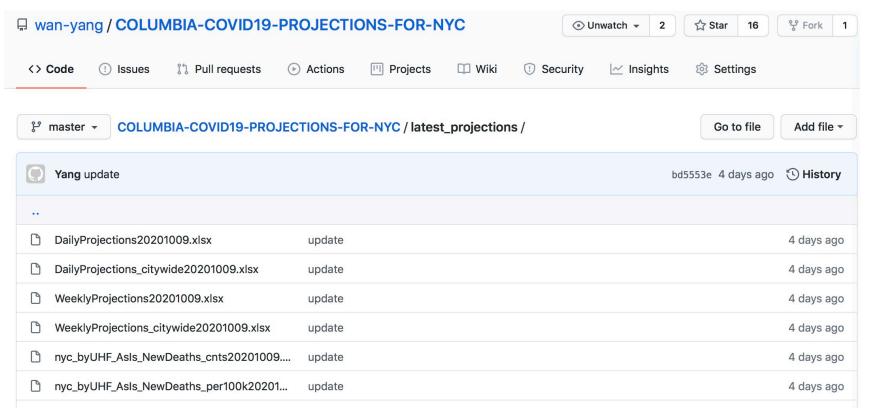
blue dots: observed; blue lines: modeled; red lines: projections

## Real time projections

- Projections under different scenarios:
  - Worst case: back to no interventions at all
  - As Is: status quo
  - Ctrl 1–5: further transmission reduction
  - Rebound 1–2: relaxed social distancing some increase in transmission
- ▶ Seasonality assumptions: Seasonality assumed v. no seasonality
- ▶ Most likely: As Is, Ctrl 1, Rebound 1, all with seasonality assumed
- ▶ Time resolution: daily for the next 2 weeks; weekly for the next 8 weeks
- Spatial granularity:
  - Citywide and United Hospital Fund (UHF) neighborhood level
  - Note: UHF based on resident address (not hospital locations)
- Generated in real time
  - since 3/16/20; updated ~twice per week (Fri/Sat, Wed/Thur)
  - Fri/Sat projections based on incomplete data and may underestimate
- ▶ Make publicly available
  - https://github.com/wan-yang/COLUMBIA-COVID19-PROJECTIONS-FOR-NYC

# Projection format

- Github folder for the most recent projection: latest\_projections
  - Projected numbers are in the excel files
  - DailyProjections\*: projections by day for the coming 14 days
  - WeeklyProjection\*: projections by week for the coming 8 weeks
  - \*citywide\*: combining all locations; otherwise by UHF

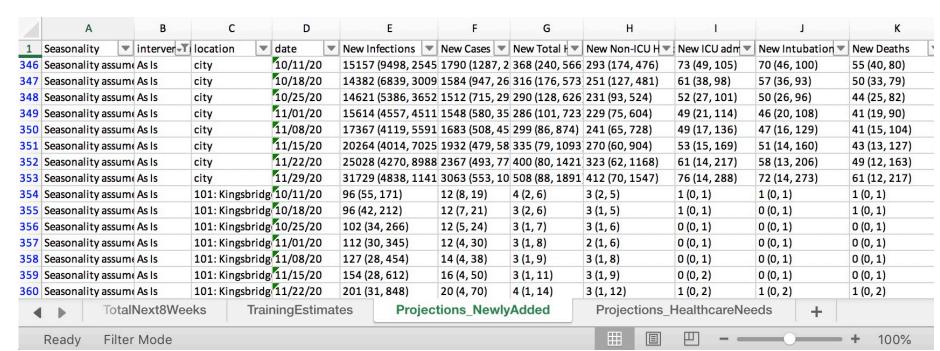


https://github.com/wan-yang/COLUMBIA-COVID19-PROJECTIONS-FOR-NYC

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#### Projection format - Projected epid/health outcomes

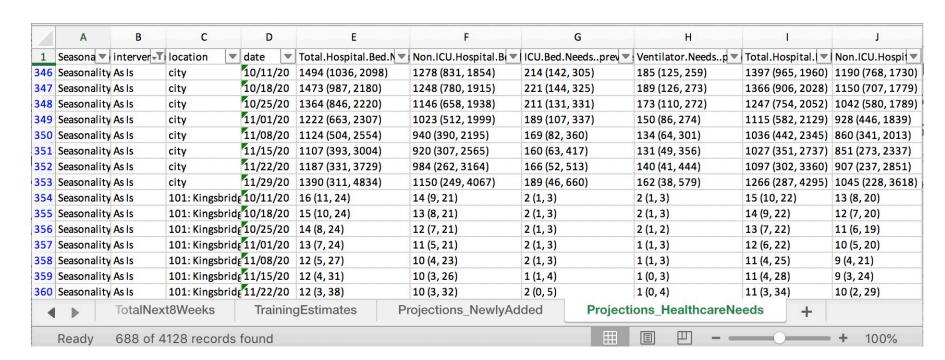
- ► Tab: Projections\_NewlyAdded (new infections/cases/ICU admissions etc for each week or day)
  - Multiple scenarios for seasonality and changes in transmission rate
  - Our default: seasonality assumed, intervention = 'As Is'
  - Round 1 and Ctrl 1 is also possible
  - Numbers are median (interquartile range)



https://github.com/wan-yang/COLUMBIA-COVID19-PROJECTIONS-FOR-NYC

#### Projection format: Projected healthcare demands

- ▶ Tab: Projections\_HealthcareNeeds (projected census counts, ICU beds etc)
  - Our default: seasonality assumed, intervention = 'As Is'
  - Round 1 and Ctrl 1 is also possible
  - \*\*\*mean: average count over the 7 days of the week
  - \*\*\*max: maximal count over the 7 days of the week



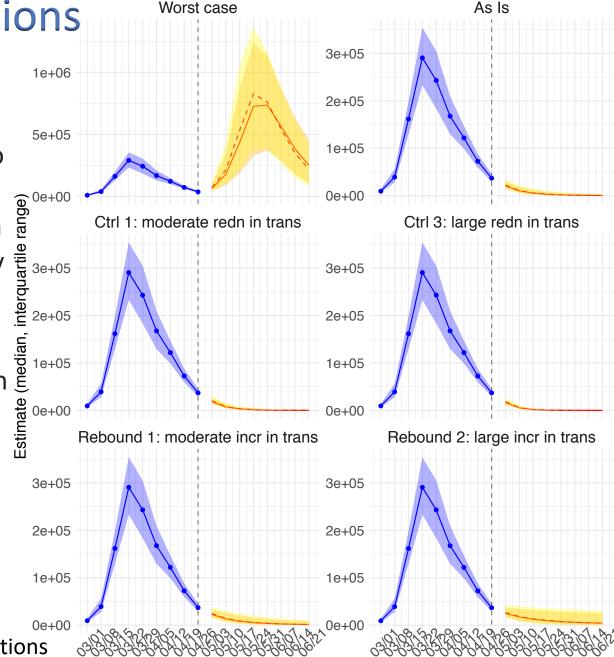
Worst case

Example projections

New Infections: under different ctrl scenarios

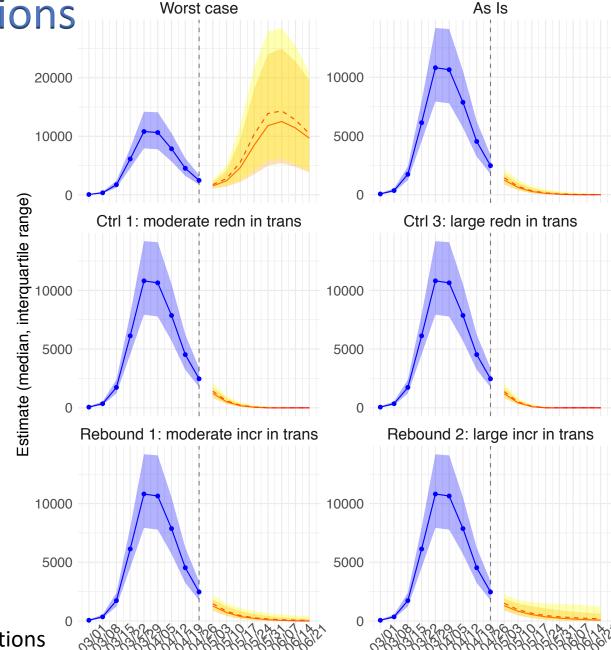
Worst case: back to no interventions at all – transmission/infection would increase quickly

- As Is: status quo
- Ctrl 1–5: further transmission reduction
- Rebound 1–2: relaxed social distancing – some increase in transmission

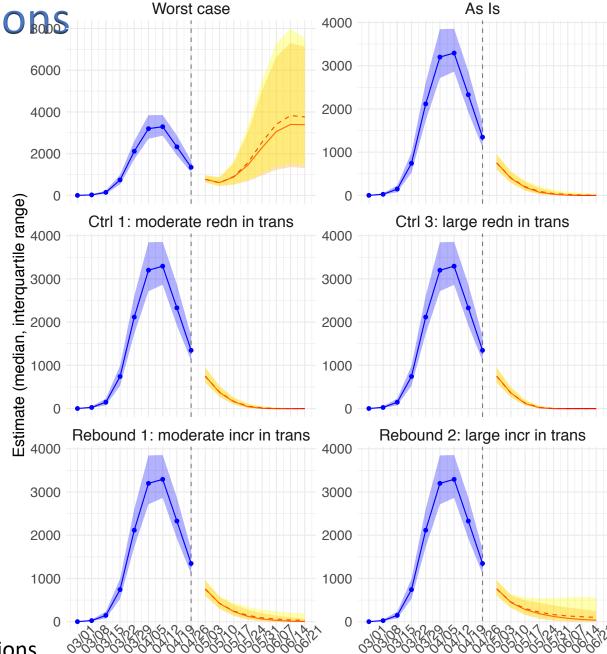


Hospitalization: under different ctrl scenarios

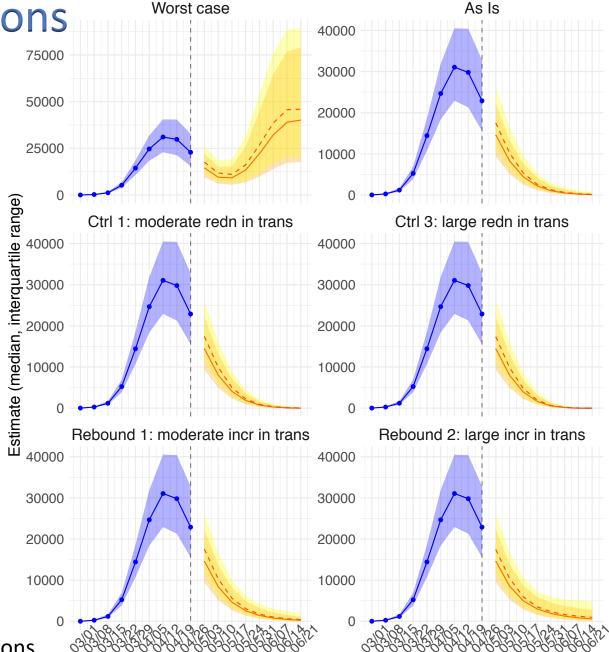
- Dynamics similar to infections
- With some delay
- Spatial granularity:
  - Citywide
  - Neighborhood



- Deaths: under different ctrl scenarios
  - Dynamics similar to infections
  - With more delay
- Spatial granularity:
  - Citywide
  - Neighborhood



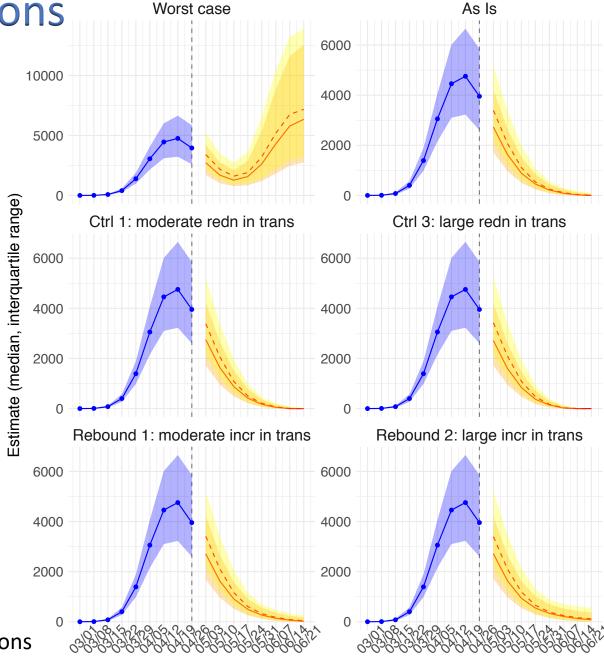
- Hospital bed needs: under different ctrl scenarios
  - Accounted for severity, admissions, length of stay, and discharges over time
- Spatial granularity:
  - Citywide
  - Neighborhood



ICU bed needs: under different ctrl scenarios

 Accounted for severity, admissions, length of stay, and discharges over time

- Spatial granularity:
  - Citywide
  - Neighborhood

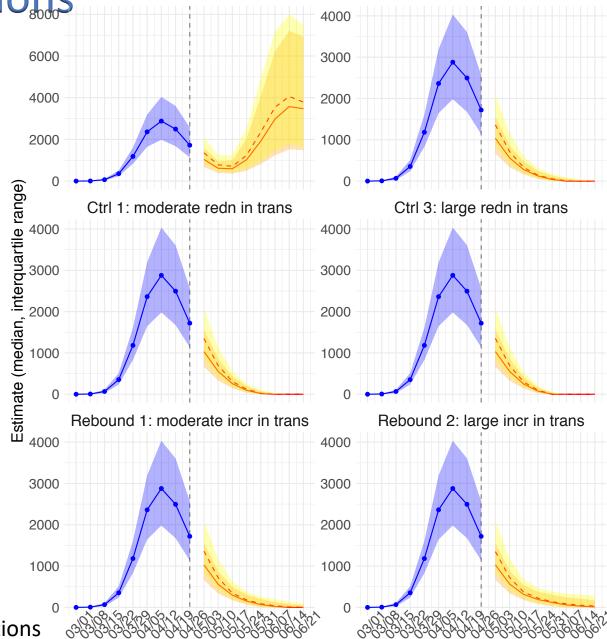


ICU Bed Needs (prevalence, mean) (city)

Worst case

# Example projections

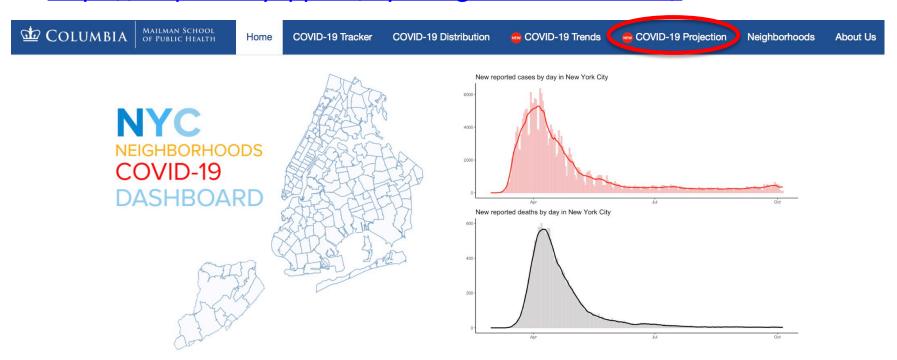
- Ventilator needs: under different ctrl scenarios
  - Accounted for severity, intubations, length of use, and extubations over time
- Spatial granularity:
  - Citywide
  - Neighborhood



As Is

#### For more visualization:

- COVID-19 Dashboard by Chen et al. at Columbia
  - https://msph.shinyapps.io/nyc-neighborhoods-covid/



The NYC Neighborhoods COVID-19 Dashboard is a tracker and data visualization tool to provide continuously updated sources of COVID-19 data in NYC for lay public, essential workers, policymakers, and researchers.

There are five tools available (located at the top navigation menu):

- COVID-19 Tracker provides daily tracking of the local development for COVID-19 cases, deaths, and tests in 177 NYC ZIP Code Tabulation Areas (ZCTAs).
- COVID-19 Distribution provides a data visualization of COVID-19 cases, hospitalizations, and deaths in NYC ZCTAs and by age, gender, and race/ethnicity.
- COVID-19 Trends shows the time trends for COVID-19 cases, hospitalizations, and deaths by NYC boroughs, ZCTAs, and demographics.
- COVID-19 Projection provides projection of COVID-19 new cases, new hospitalizations, and new deaths in the next 8 weeks by NYC United Hospital Fund neighborhood.

# Key takeaways

- Large uncertainties take multiple scenarios into account & be prepared
  - Most likely: As Is, Ctrl 1, Rebound 1, all with seasonality assumed
- ► Errors grow over time projections farther in the future are less accurate
- Projected census counts may not match with HERDS data
  - Could vary due to changing sojourn time in each category (e.g. duration of the ICU), which may not be updated timely
  - Adjust based on newly admitted in-patients/etc., sojourn times in your hospital, and your market share
- UHF-level projections are based on patient resident location (i.e., not hospital location)
  - Adjust based on your catchment population if needed
- Projections are updated continuously and posted here:
  - https://github.com/wan-yang/COLUMBIA-COVID19-PROJECTIONS-FOR-NYC
- Visualization by Chen et al:
  <a href="https://msph.shinyapps.io/nyc-neighborhoods-covid/">https://msph.shinyapps.io/nyc-neighborhoods-covid/</a>

# Acknowledgements

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