# **Eight-Week COVID19 Projections for New York City**

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Note: Projections from 4/3/20 onwards included age-specific data and as such the model was likely better constrained and would better reflect the transmission dynamics, compared to our previous model projections. Additional model update for this week's projections: the model was trained on both incidence and mortality data (combining covid-19 confirmed and probable deaths).

For more details on Methods, see README.pdf

Results – see tables (Projected Epidemic Outcomes and Healthcare Demands etc.) in WeeklyProjections.xlsx and DailyProjections.xlsx; see figures below.

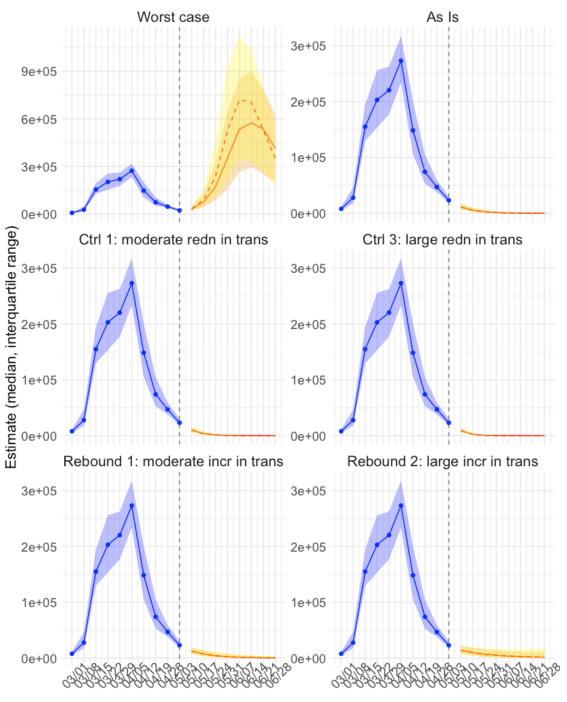
## Some observations based on confirmed COVID19 case data up to 5/8/2020:

- 1) Estimated Rt, the real-time reproductive number, for the week of 5/3/20 was 0.51 (IQR: 0.35 0.63), which accounted for the depletion of susceptibles (i.e., seroprevalence—assuming people are immune after recovery). Estimated Rt for the week was 0.62 (IQR: 0.43 0.76) if seroprevalence is ignored. Note both estimates indicate strong reductions in transmissibility over the last few weeks.
- 2) For this week's projections, we trained the model system using both incidence and mortality data (combining covid-19 confirmed and probable deaths). With this change, inferred peak infection rate thus far was 1-2 weeks later than previously inferred. This may be due to a number of factors including large uncertainty surrounding the new estimates. First, it appeared that Rt (without accounting for seroprevalence) was near 1 in the week of 3/22 and dropped further below 1 in the week of 3/29, largely due to substantial reduction in transmission in younger age groups (those <45 years). However, Rt increased to slightly above 1 again in the week of 4/5, due to increasing infections in older age groups (those >45 years). Second, the distribution of time-to-death may have changed during the course of the pandemic, which was not accounted for in our current model system. Third, both incidence data and mortality data are revised from time to time, and revision may be more substantial for mortality data; as such, the use of mortality data may not necessarily improve the accuracy of model-inference.
- 3) Of note, compared with data from HERDS, our model estimates for ventilator needs in recent weeks tend to be *underestimates* (overall relative error = -20%). Please scale accordingly if you are using our projections for logistics planning.

Acknowledgement: We thank the NYC Department of Health and Mental Hygiene (DOHMH) for sharing of data and allowing this public posting. And we thank Columbia Mailman School of Public Health for high performance computing.

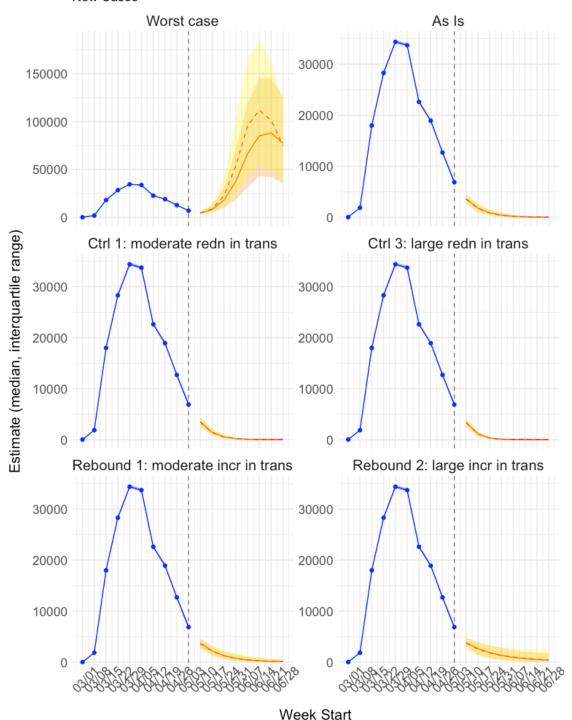
Caution: Please note that there are large uncertainties in our model projections due to unknown disease transmission dynamics (model misspecification), changing behavior and policies, delay in reporting, and under-reporting. In particular, the data our projections are based on reflect situations  $\sim$ 2 weeks ago due to time lags from interventions implemented to transmission events (a couple days to weeks), from infection to symptom onset ( $\sim$ 2-6 days), from symptom onset to seeking treatment ( $\sim$ 2-7 days), from seeking treatment to getting tested and then reported in the surveillance system ( $\sim$ 2-7 days). In addition, how the epidemic would unfold also depend largely on behavior changes over time.

#### **New Infections**

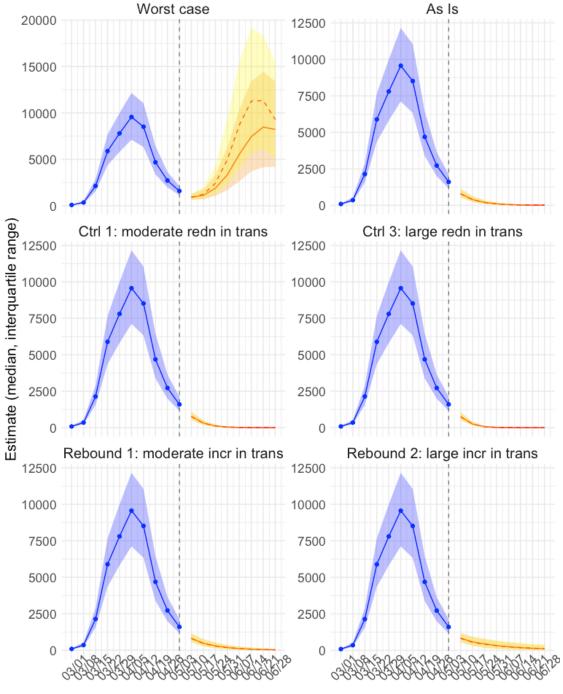


## Week Start



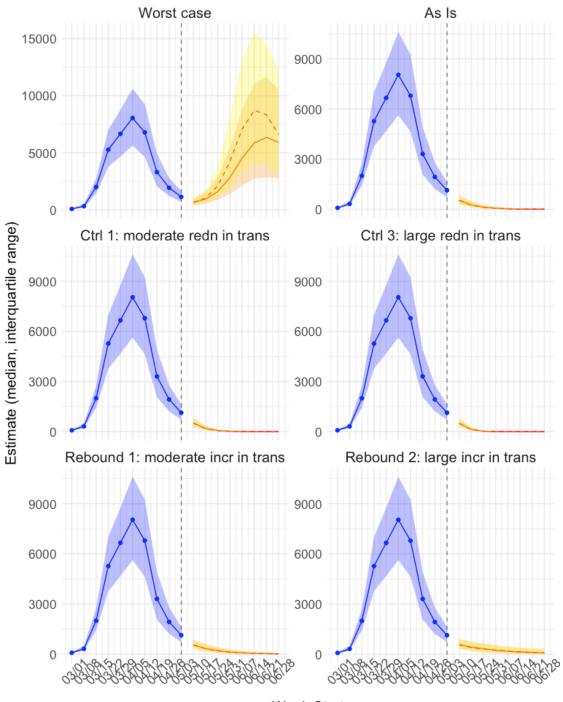


## New Total Hospitalizations



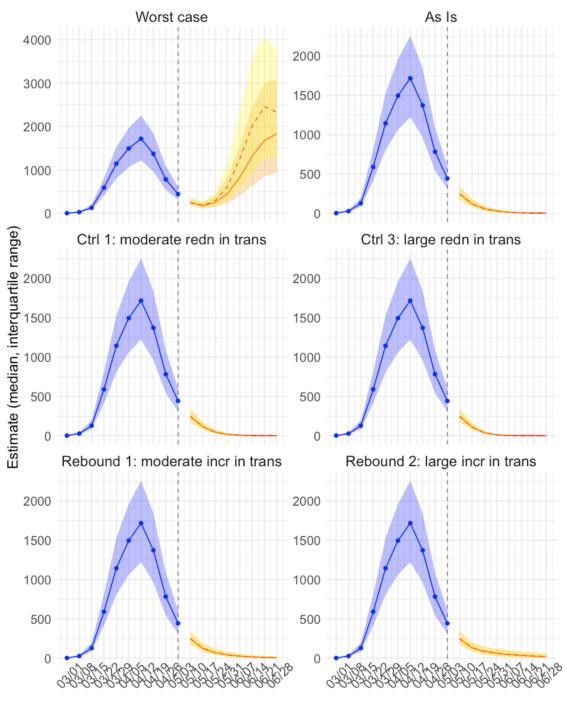
## Week Start

## New Non-ICU Hospitalizations



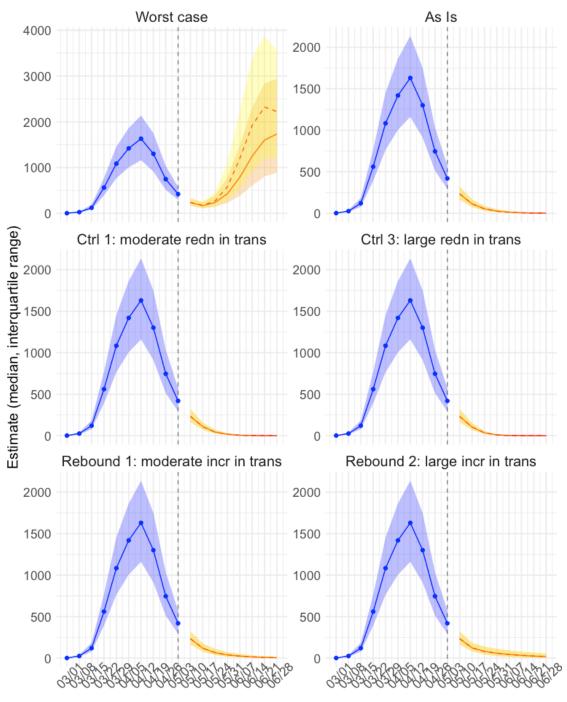
# Week Start

#### New ICU admissions



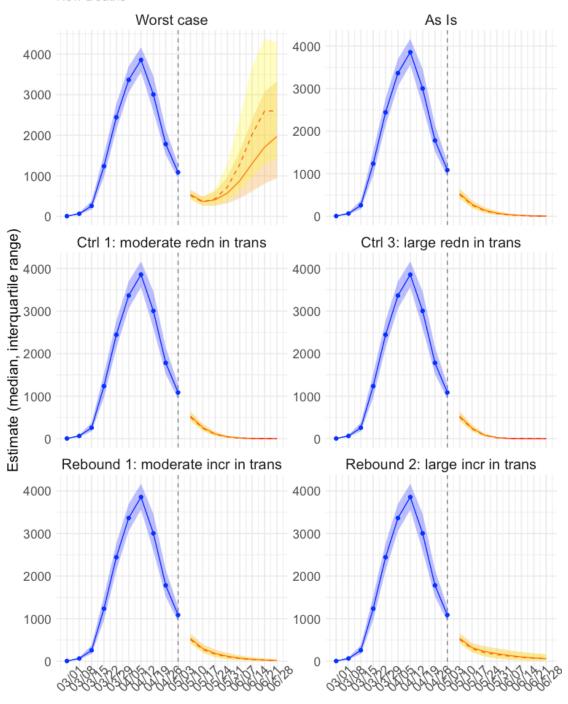
## Week Start

#### **New Intubations**



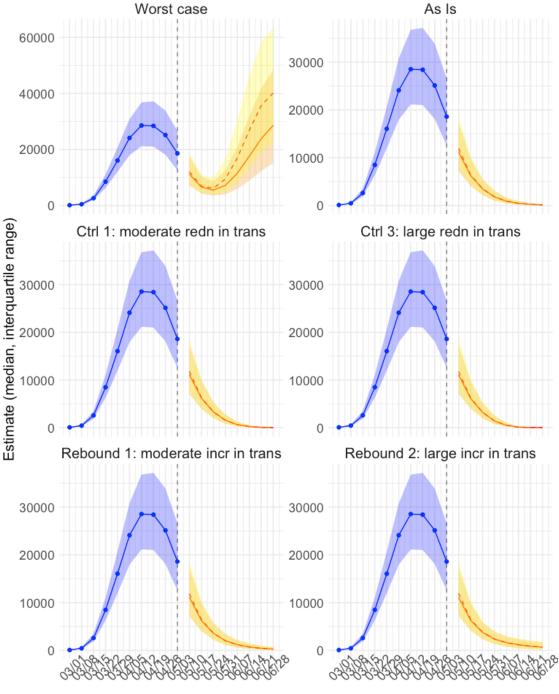
## Week Start

#### **New Deaths**



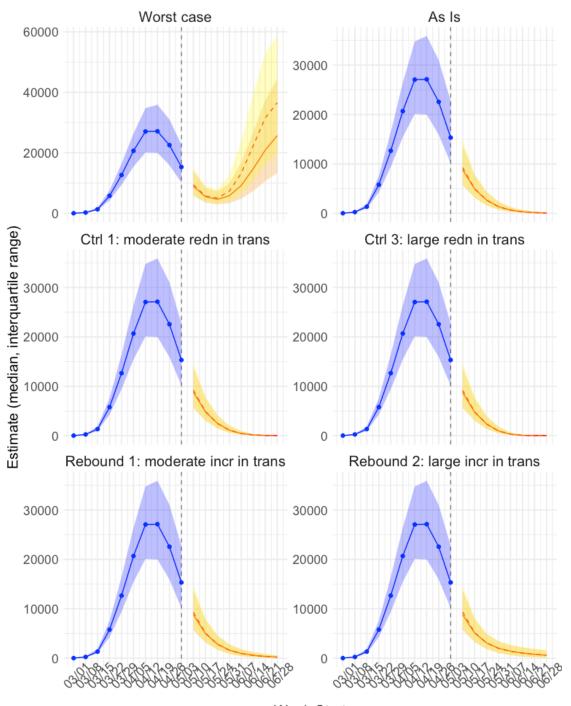
## Week Start

## Total Hospital Bed Needs (prevalence, max)



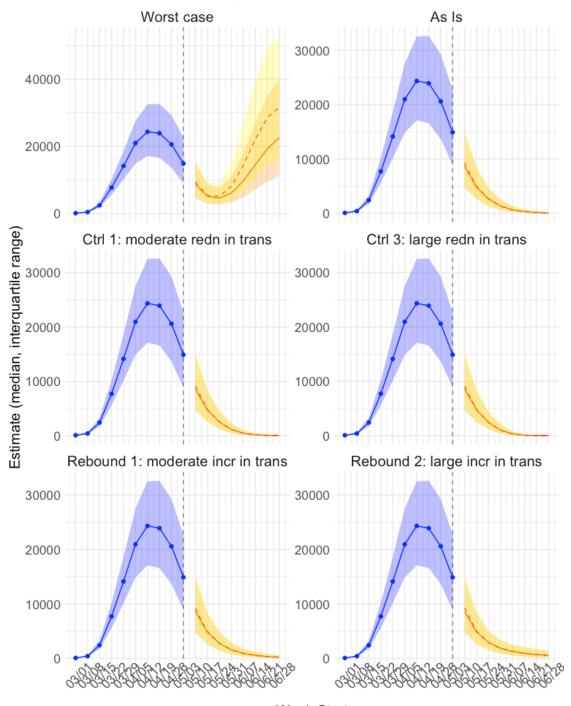
## Week Start

## Total Hospital Bed Needs (prevalence, mean)



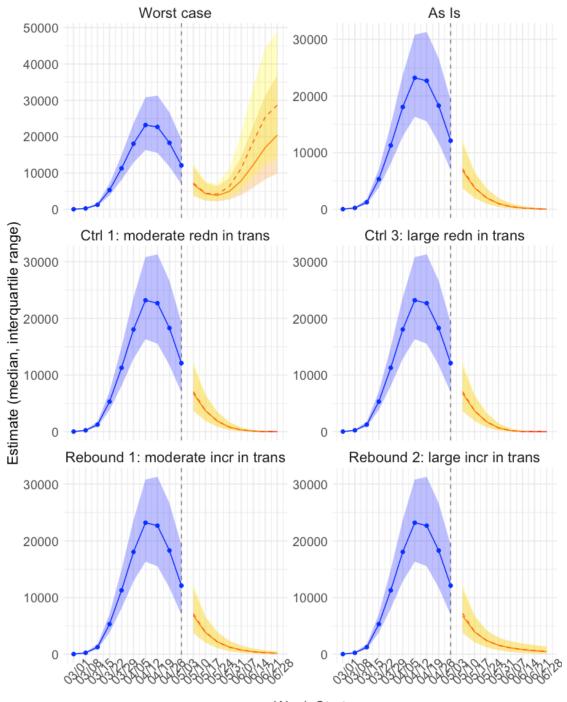
# Week Start

## Non-ICU Hospital Bed Needs (prevalence, max)



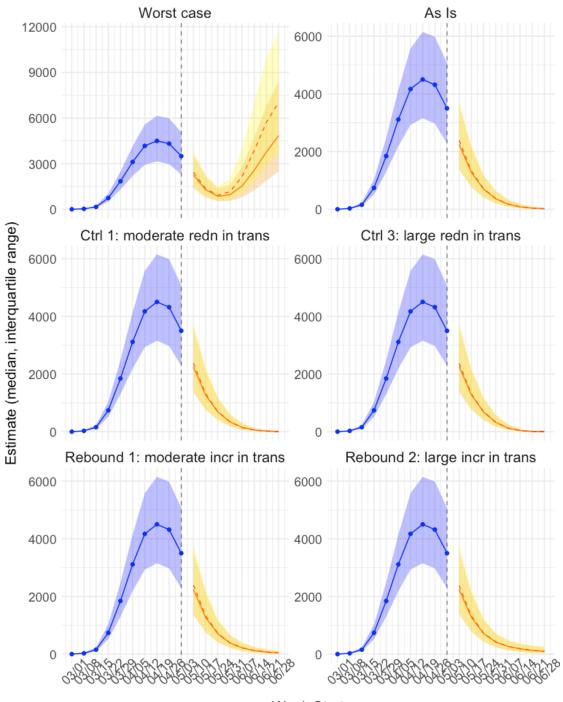
# Week Start

## Non-ICU Hospital Bed Needs (prevalence, mean)



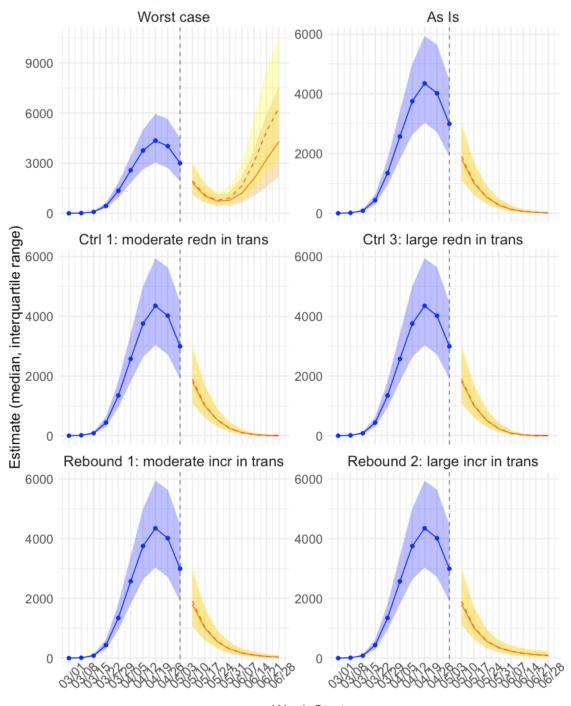
# Week Start

## ICU Bed Needs (prevalence, max)



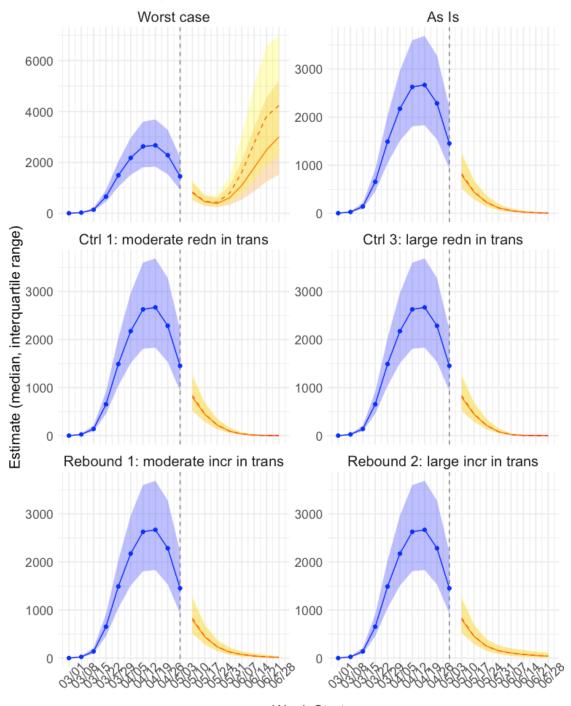
# Week Start

## ICU Bed Needs (prevalence, mean)



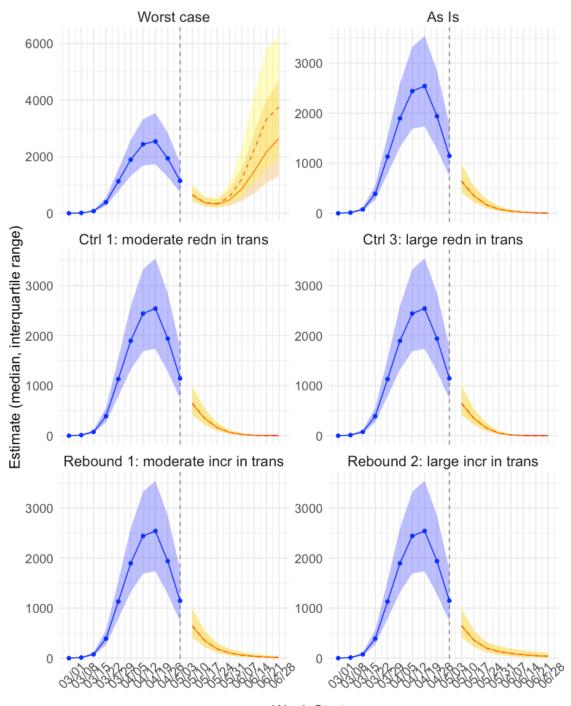
# Week Start

## Ventilator Needs (prevalence, max)



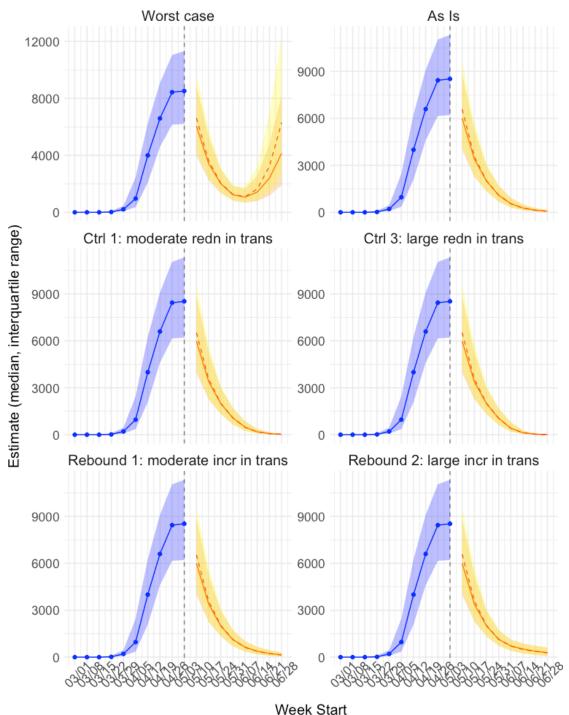
# Week Start

## Ventilator Needs (prevalence, mean)



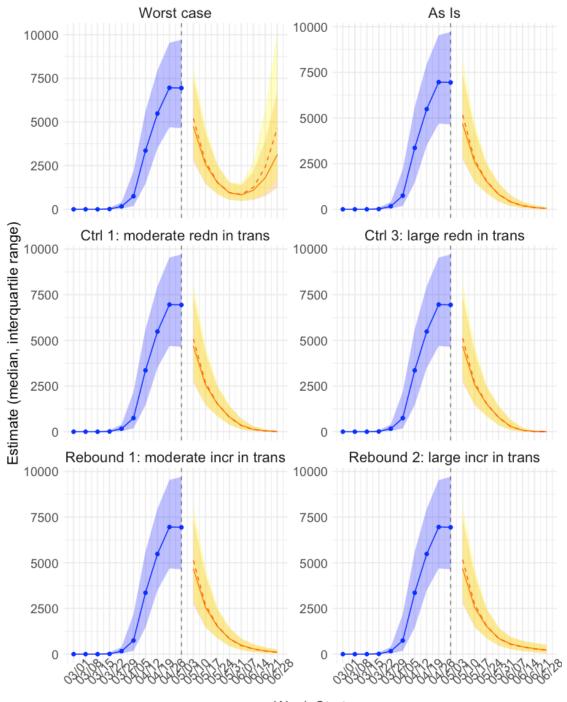
# Week Start

## Total Hospitalization Dischange



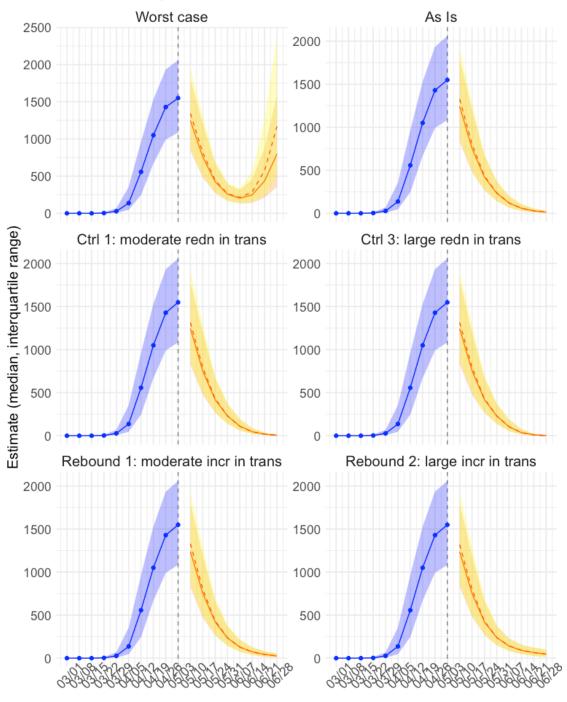
#### week Start

## Non-ICU Hospitalization Dischange



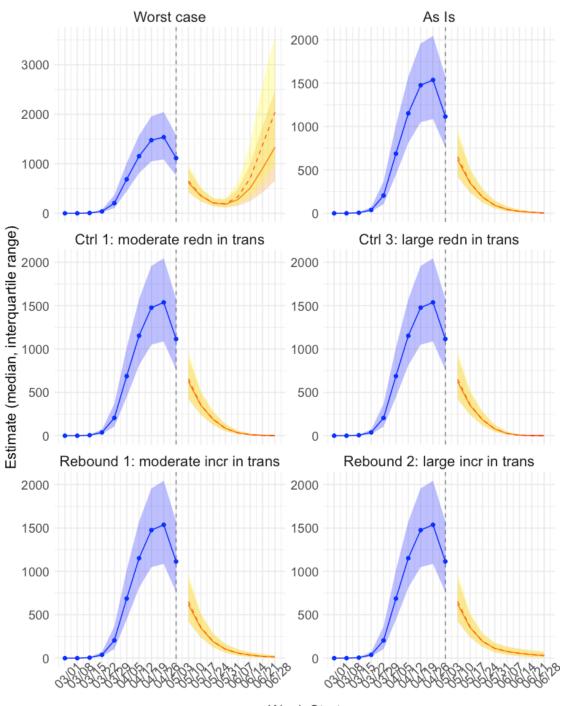
# Week Start





## Week Start

#### New Extubation



# Week Start