Show Me Strong RECOVERY PLAN

What You Should Know COVID-19

State of Missouri regional COVID-19 hospitalized cases model

August 19, 2020

Multiple data points inform Missouri's COVID-19 response

- Syndromic surveillance
- Healthcare system capacity (bed, PPE, and staff availability)
- Testing
- COVID-19 cases and deaths
- Economic and social impact
- Insights from U.S. states, nationally, and other countries
- Evidence from scientific literature
- Mathematical disease modelling

Our model estimates possible outcomes based on currently available information

What does the model tell us	What does it not tell us
Range of plausible outcomes based on our current knowledge of COVID-19 in Missouri	What will happen in the future
Approximate date and magnitude of peak/s based on current understanding of policy interventions and human behavior and assumptions about future interventions	Date and magnitude of peak/s if there are major changes in planned policy interventions and human behavior
Approximate estimate of effective transmission rate across a region	Exact transmission rate in all parts of a region – there may be areas of higher and lower transmission within the region
Projected hospitalizations for regions in MO with sufficient data, i.e. Kansas City Area, Central, St. Louis Area, Southeast and Southwest	Projected hospitalizations in regions where daily COVID-19 hospitalizations are fewer than 15 because insufficient cases

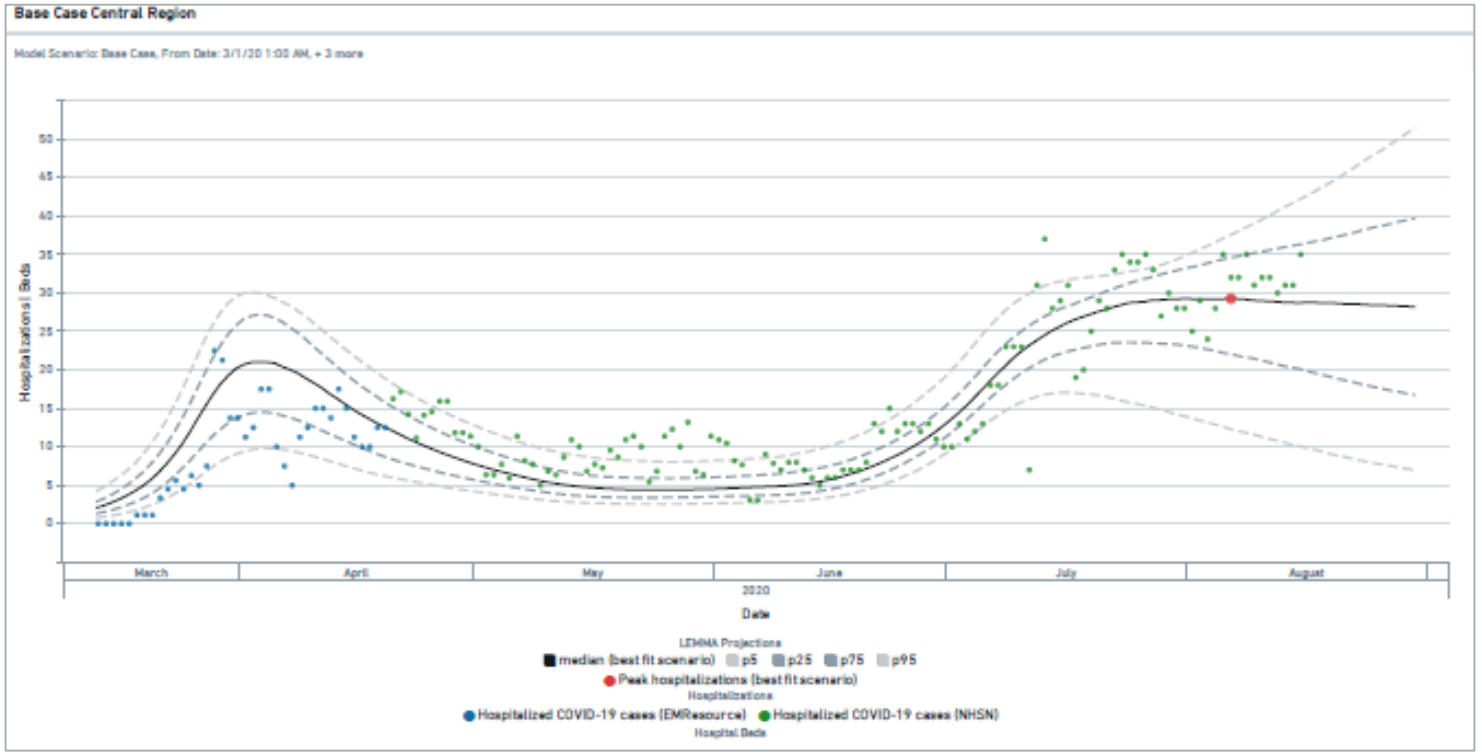
The ability to forecast depends on the quality and availability of data. For a new disease such as COVID-19, much remains uncertain.

Central (Region F)

Central

Overview		
Population	502,486	
Cumulative Cases	3,846	
Cumulative Deaths	19	
7-day New Cases	643	
Wow % Case Increase	40.6%	

Reproductive Rate			
Pre-intervention	2.30		
Last Week	1.28		
This Week	0.99	↓	(+/- 0.085)
Change from LW	-22.8%	↓	

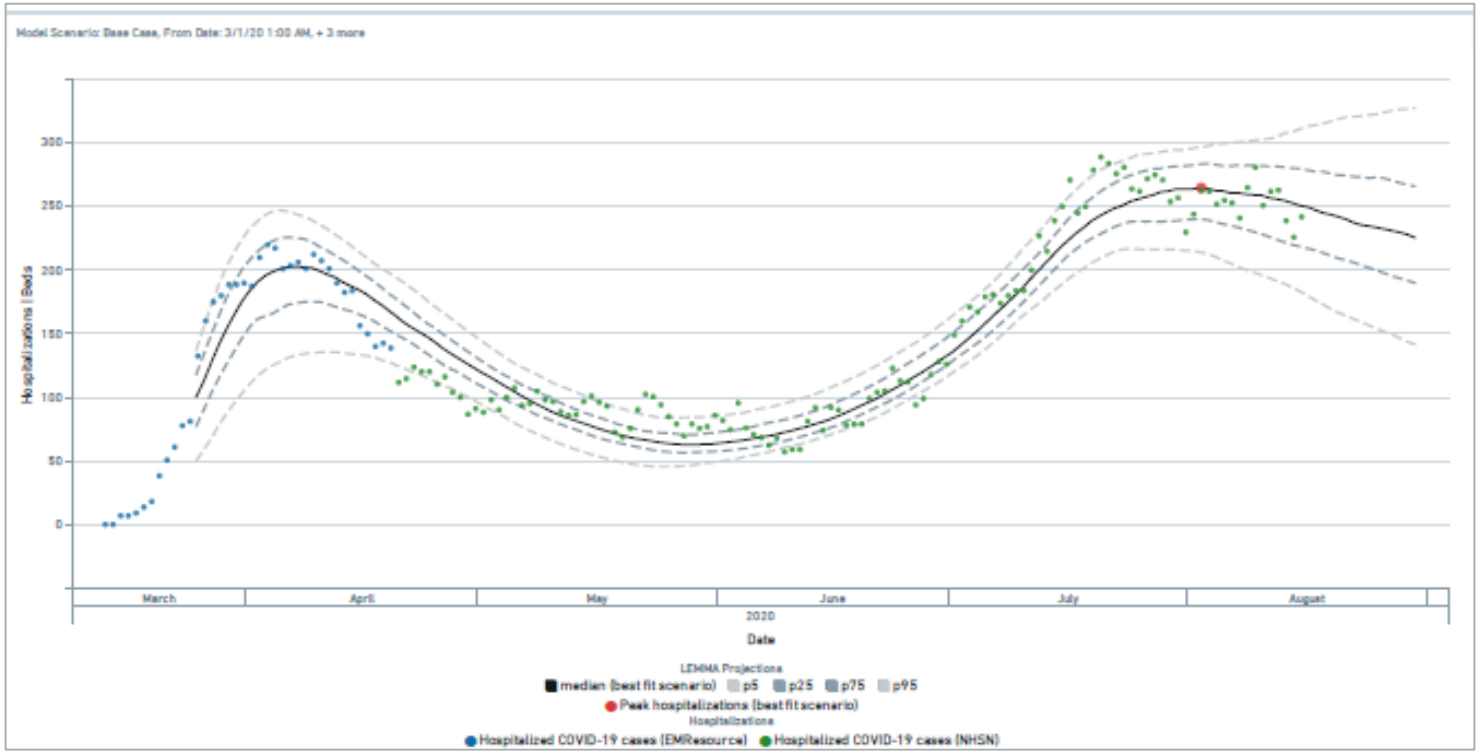


Greater Kansas City Area (Region A)

Kansas City Region

Overview		
Population	1,395,314	
Cumulative Cases	17,211	
Cumulative Deaths	190	
7-day New Cases	2,061	
Wow % Case Increase	29.3%	

Reproductive Rate			
Pre-intervention	2.80		
Last Week	0.91		
This Week	0.99	↑	(+/- 0.049)
Change from LW	9.0%	↑	

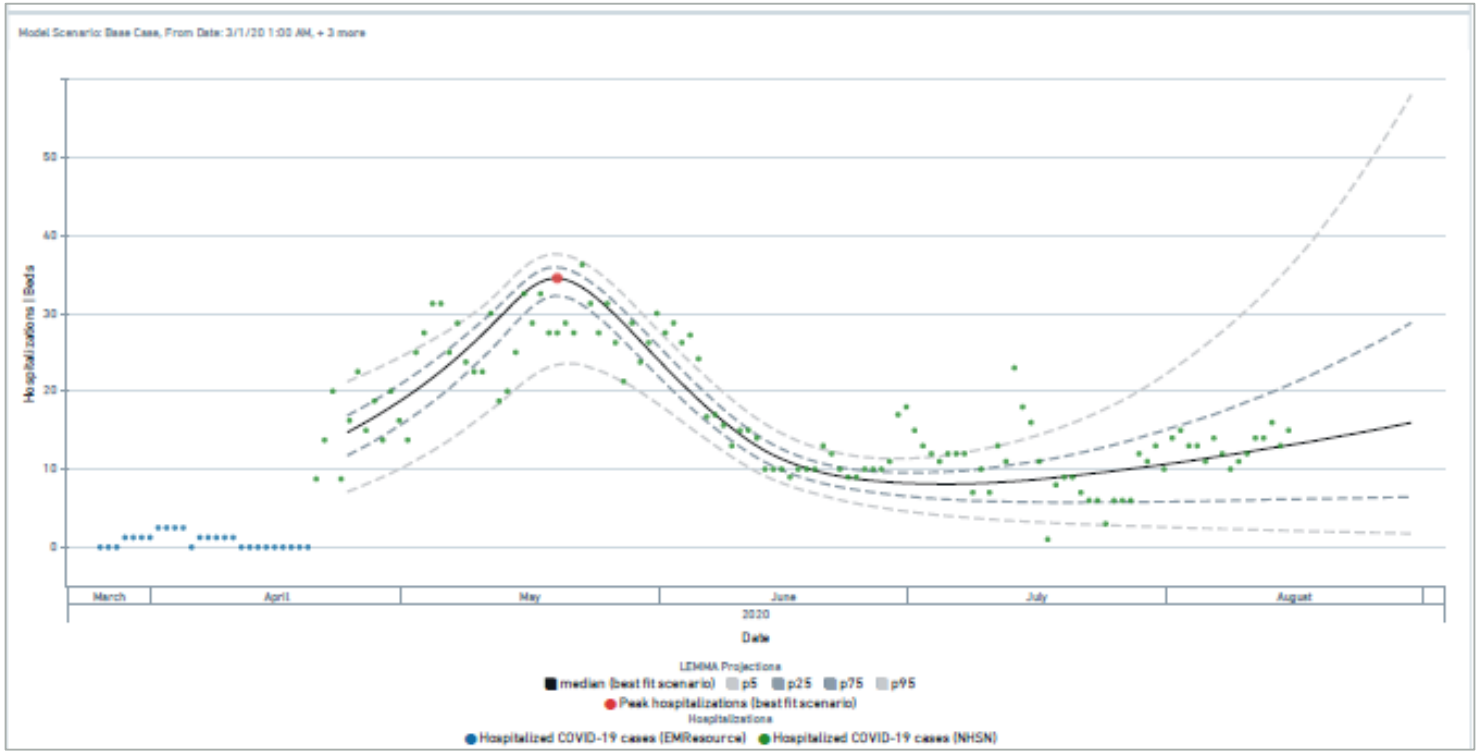


Northwest (Region H)

Northwest

Overview		
Population	234,361	
Cumulative Cases	2,009	
Cumulative Deaths	24	
7-day New Cases	189	
Wow % Case Increase	17.3%	

Reproductive Rate			
Pre-intervention	1.24		
Last Week	1.102		
This Week	1.098	↓	(+/- 0.093)
Change from LW	-0.4%	↓	

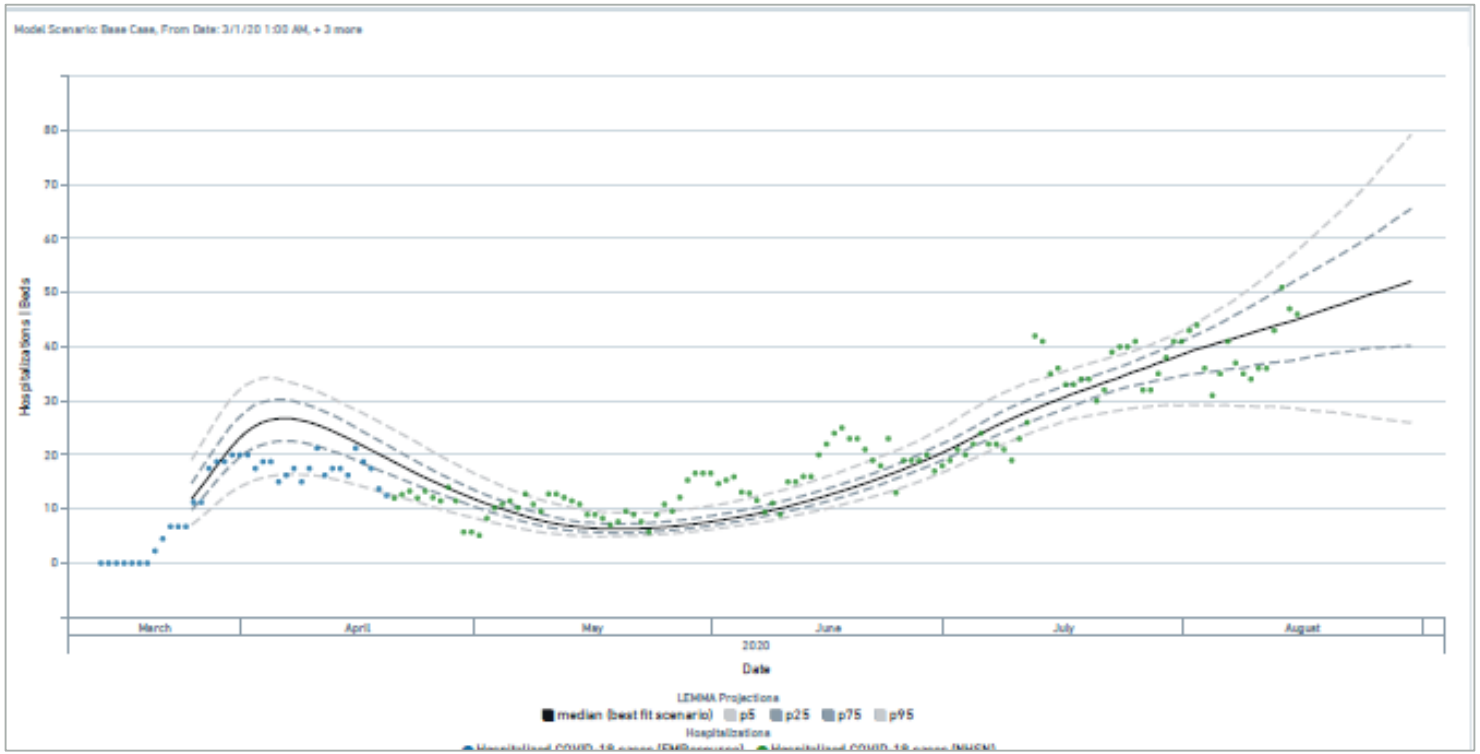


Southeast / Cape Girardeau (Region E)

Southeast

Overview		
Population	363,478	
Cumulative Cases	3,595	
Cumulative Deaths	52	
7-day New Cases	558	
Wow % Case Increase	36.4%	

Reproductive Rate			
Pre-intervention	2.61		
Last Week	1.22		
This Week	1.09	↓	(+/- 0.066)
Change from LW	-10.8%	↓	

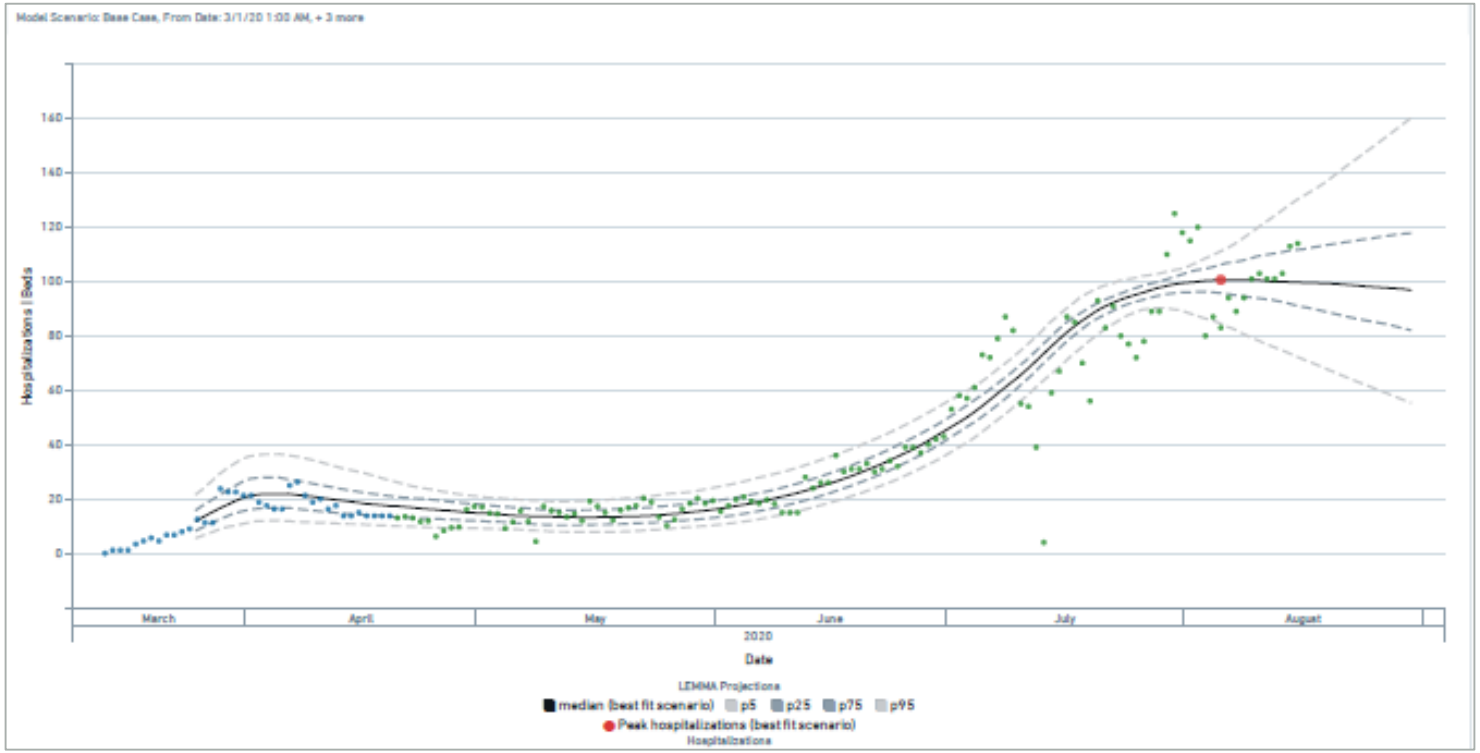


Southwest / Springfield (Regions D,G, I)

Southwest

Overview		
Population	1,221,847	
Cumulative Cases	9,899	
Cumulative Deaths	78	
7-day New Cases	1,380	
Wow % Case Increase	33.3%	

Reproductive Rate			
Pre-intervention	2.36		
Last Week	1.27		
This Week	1.04	↓	(+/- 0.076)
Change from LW	-18.0%	↓	

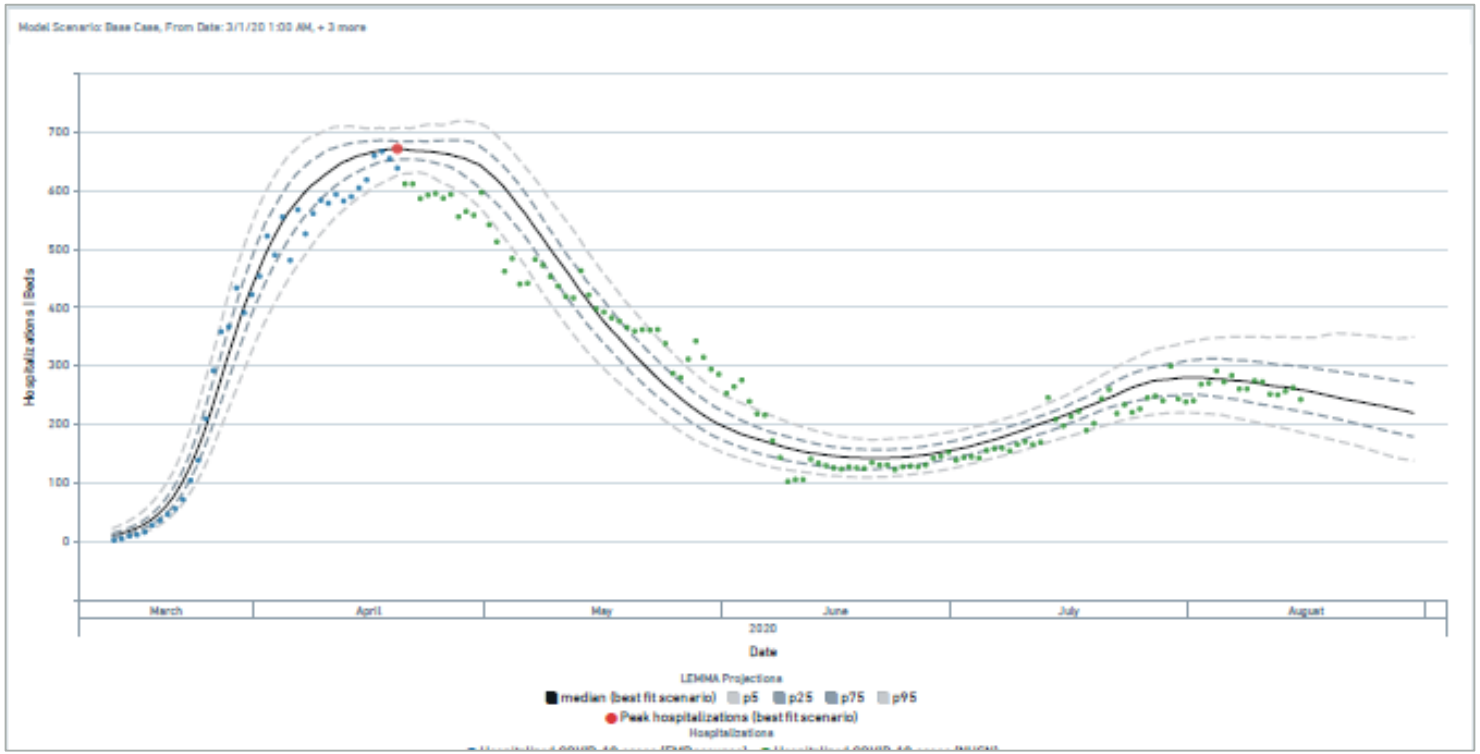


Greater St. Louis (Region C)

St. Louis Region

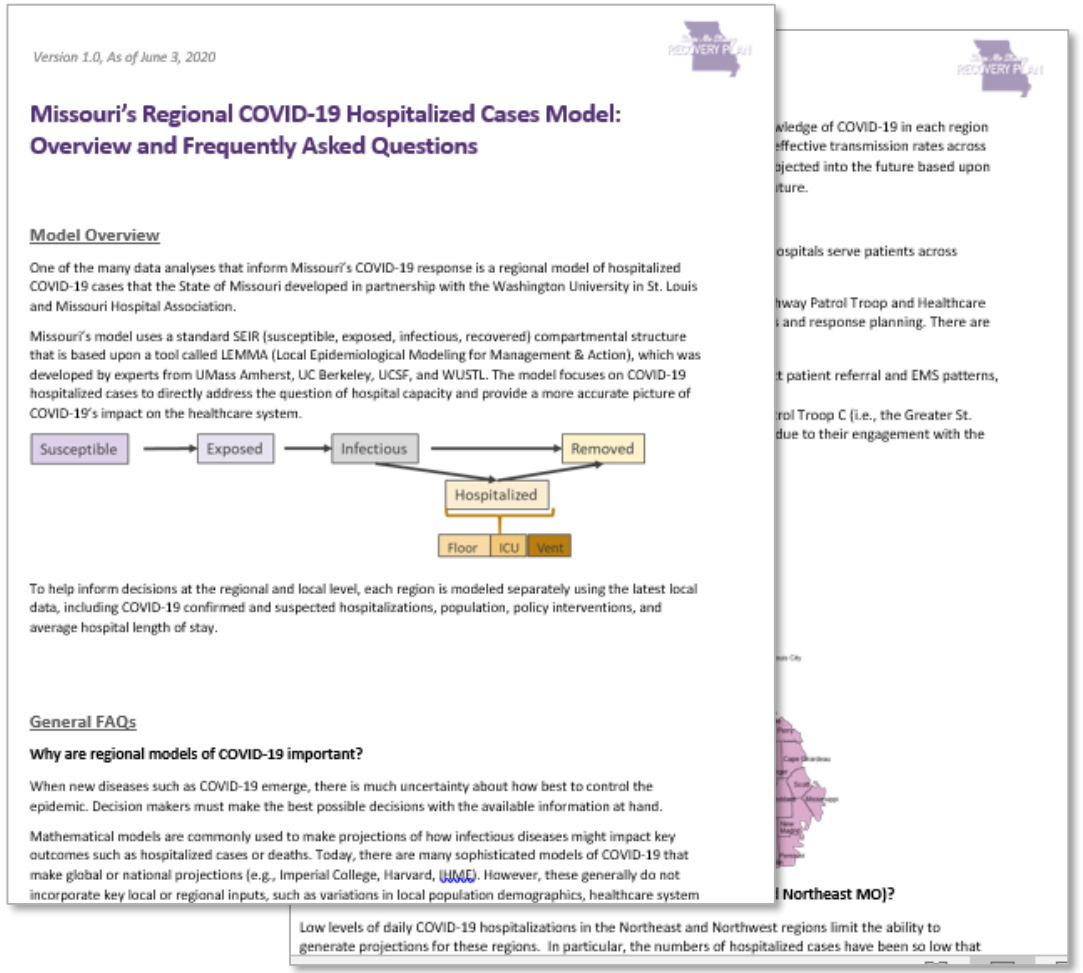
Overview		
Population	2,229,518	
Cumulative Cases	30,924	
Cumulative Deaths	1,027	
7-day New Cases	3,638	
Wow % Case Increase	27.2%	

Reproductive Rate			
Pre-intervention	3.39		
Last Week	1.61		
This Week	0.82	↓	(+/- 0.104)
Change from LW	-49.2%	↓	



See FAQs for additional details

Link here: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/modeling-faqs06032020.pdf



Version 1.0, As of June 3, 2020

Missouri's Regional COVID-19 Hospitalized Cases Model: Overview and Frequently Asked Questions

Model Overview

One of the many data analyses that inform Missouri's COVID-19 response is a regional model of hospitalized COVID-19 cases that the State of Missouri developed in partnership with the Washington University in St. Louis and Missouri Hospital Association.

Missouri's model uses a standard SEIR (susceptible, exposed, infectious, recovered) compartmental structure that is based upon a tool called LEMMA (Local Epidemiological Modeling for Management & Action), which was developed by experts from UMass Amherst, UC Berkeley, UCSF, and WUSTL. The model focuses on COVID-19 hospitalized cases to directly address the question of hospital capacity and provide a more accurate picture of COVID-19's impact on the healthcare system.

To help inform decisions at the regional and local level, each region is modeled separately using the latest local data, including COVID-19 confirmed and suspected hospitalizations, population, policy interventions, and average hospital length of stay.

General FAQs

Why are regional models of COVID-19 important?

When new diseases such as COVID-19 emerge, there is much uncertainty about how best to control the epidemic. Decision makers must make the best possible decisions with the available information at hand.

Mathematical models are commonly used to make projections of how infectious diseases might impact key outcomes such as hospitalized cases or deaths. Today, there are many sophisticated models of COVID-19 that make global or national projections (e.g., Imperial College, Harvard, IHME). However, these generally do not incorporate key local or regional inputs, such as variations in local population demographics, healthcare system

wledge of COVID-19 in each region
effective transmission rates across
jected into the future based upon
ture.

ospitals serve patients across

hway Patrol Troop and Healthcare
and response planning. There are

t patient referral and EMS patterns,

rol Troop C (i.e., the Greater St.
due to their engagement with the

Northeast MO)?

Low levels of daily COVID-19 hospitalizations in the Northeast and Northwest regions limit the ability to generate projections for these regions. In particular, the numbers of hospitalized cases have been so low that

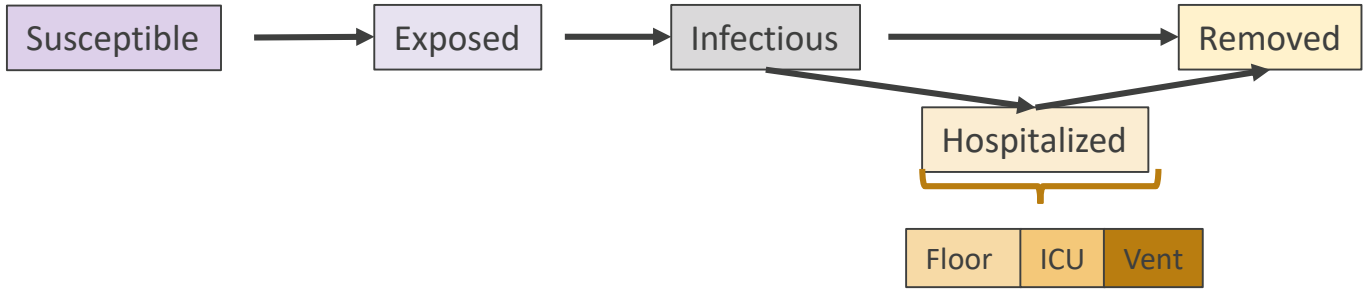
Regional COVID-19 transmission models help inform local policy, public health, and business decisions

- Mathematical models are commonly used to make projections of infectious disease epidemics (e.g., tuberculosis, HIV)
- Many sophisticated models on COVID-19 make global or national projections (e.g., Imperial College, Harvard, IHME)
- However, these generally do not incorporate critical local or regional inputs, such as:
  - Variations in local population size and age structure
  - Date and nature of social distancing and other policies
- Regional projections are important because:
  - Regional epidemics may differ markedly from the national average
  - Policy response occurs at state, county, and municipal levels

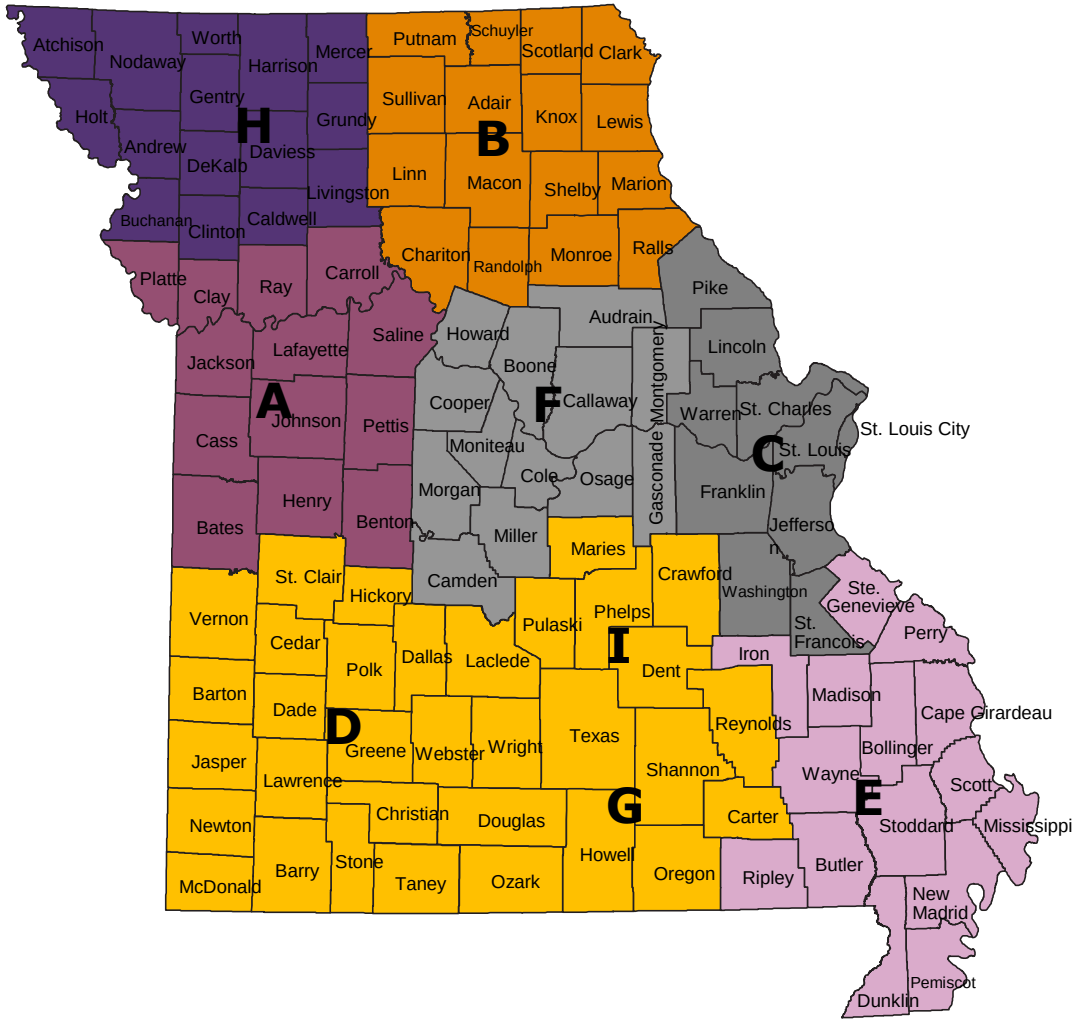
State of MO, WUSTL, and MHA have developed a regional model of hospitalized COVID-19 cases

- **Standard SEIR model that combines universal characteristics of COVID-19 infection (e.g., transmission parameters) with local inputs to support regional decision making**
  - Mathematical model developed by experts from UMass Amherst, UC Berkeley, UCSF, and WUSTL
  - Uses a statistical approach that adjusts underlying parameters as new data are observed
- **Customized using the latest local data from Missouri's emergency response regions, including:**
  - COVID-19 positives and PUIs
  - Population and age structure
  - Policy interventions
  - Avg. hospital length of stay
- **Projects COVID-19 hospitalized cases** to directly address the question of hospital capacity and provide a more accurate picture on COVID-19's impact on the healthcare system

Model Structure (SEIR)



Projections are made for each Emergency Response region with sufficient data



- **Low levels of daily COVID-19 hospitalizations in the Northeast and Northwest regions** limit the ability to generate projections for these regions
  - Northeast: Average of 4 daily confirmed or suspected COVID hospitalizations from 3/26 to 6/1
  - Northwest: Average of 17 daily confirmed or suspected COVID hospitalizations from 3/26 to 6/1
- **Projections are available for all other regions**