

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 10/8/20**

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 10/8/20 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.**

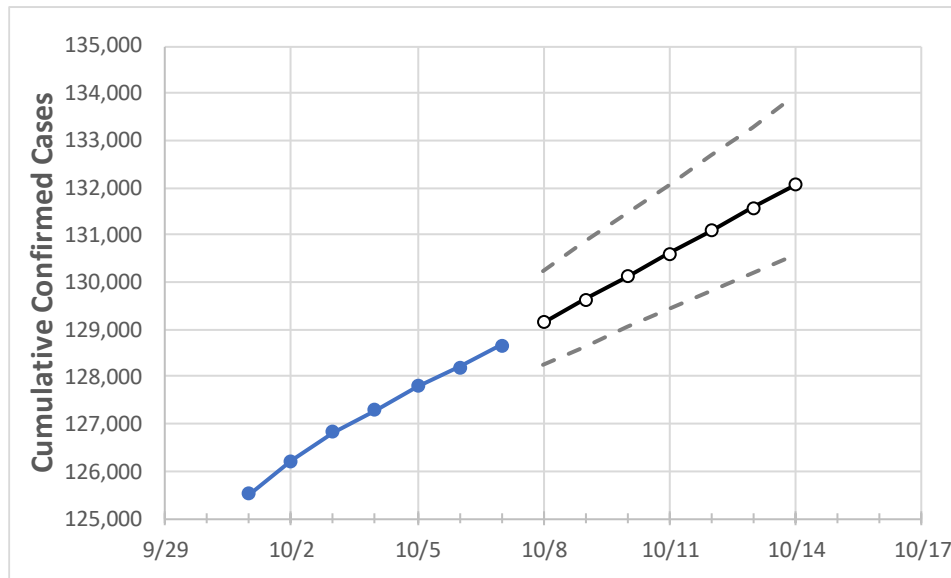
**IEM's Modeling Lead**

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.

## Maryland State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14
Maryland	127,290	127,791	128,204	128,664	129,154	129,643	130,129	130,614	131,098	131,580	132,060

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 20%, and are often within 10%, of actual confirmed cases.

## Maryland Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12	10/13	10/14
Anne Arundel	10,376	10,429	10,473	10,527	10,578	10,630	10,681	10,732	10,783	10,833	10,884
Baltimore City	15,954	16,023	16,056	16,100	16,151	16,203	16,255	16,308	16,361	16,415	16,469
Baltimore County	18,354	18,409	18,455	18,522	18,582	18,641	18,700	18,759	18,818	18,876	18,933
Charles	2,860	2,869	2,878	2,888	2,897	2,905	2,914	2,922	2,930	2,938	2,946
Frederick	4,219	4,225	4,249	4,279	4,300	4,322	4,344	4,366	4,388	4,410	4,433
Harford	3,141	3,148	3,167	3,191	3,205	3,219	3,233	3,247	3,261	3,275	3,290
Howard	5,234	5,262	5,276	5,292	5,312	5,332	5,352	5,372	5,392	5,412	5,431
Montgomery	23,079	23,135	23,194	23,293	23,375	23,458	23,540	23,623	23,705	23,788	23,870
Prince George's	30,378	30,453	30,519	30,599	30,691	30,782	30,872	30,961	31,050	31,138	31,226

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.

### Maryland Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/4	10/5	10/6	10/7	10/9				10/11				10/13			
Anne Arundel	10,376	10,429	10,473	10,527	10,630	(2,126)	[510]	{255}	10,732	(2,146)	[515]	{258}	10,833	(2,167)	[520]	{260}
Baltimore City	15,954	16,023	16,056	16,100	16,203	(3,241)	[778]	{389}	16,308	(3,262)	[783]	{391}	16,415	(3,283)	[788]	{394}
Baltimore County	18,354	18,409	18,455	18,522	18,641	(3,728)	[895]	{447}	18,759	(3,752)	[900]	{450}	18,876	(3,775)	[906]	{453}
Charles	2,860	2,869	2,878	2,888	2,905	(581)	[139]	{70}	2,922	(584)	[140]	{70}	2,938	(588)	[141]	{71}
Frederick	4,219	4,225	4,249	4,279	4,322	(864)	[207]	{104}	4,366	(873)	[210]	{105}	4,410	(882)	[212]	{106}
Harford	3,141	3,148	3,167	3,191	3,219	(644)	[155]	{77}	3,247	(649)	[156]	{78}	3,275	(655)	[157]	{79}
Howard	5,234	5,262	5,276	5,292	5,332	(1,066)	[256]	{128}	5,372	(1,074)	[258]	{129}	5,412	(1,082)	[260]	{130}
Montgomery	23,079	23,135	23,194	23,293	23,458	(4,692)	[1,126]	{563}	23,623	(4,725)	[1,134]	{567}	23,788	(4,758)	[1,142]	{571}
Prince George's	30,378	30,453	30,519	30,599	30,782	(6,156)	[1,478]	{739}	30,961	(6,192)	[1,486]	{743}	31,138	(6,228)	[1,495]	{747}

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.