

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 10/13/20**

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 10/13/20 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.**

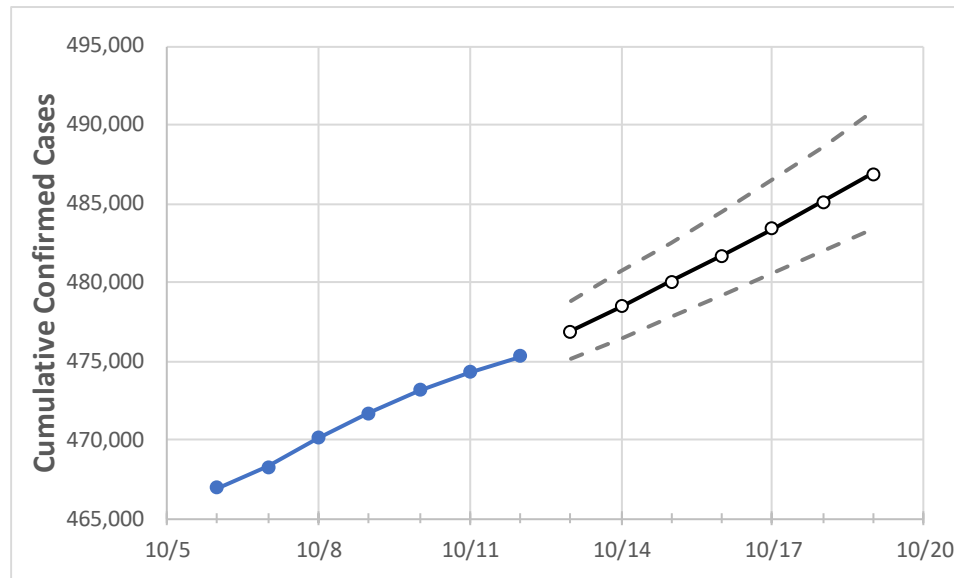
**IEM's Modeling Lead**

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.

## New York State Projections



	Actual Confirmed Cases On:						Projected Cases For:				
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
New York	471,696	473,143	474,286	475,315	476,857	478,434	480,045	481,692	483,375	485,097	486,856

*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.*

## New York Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Albany	3,268	3,280	3,293	3,304	3,319	3,335	3,351	3,367	3,384	3,401	3,418
Bronx	53,691	53,762	53,836	53,894	53,967	54,042	54,117	54,194	54,272	54,351	54,432
Dutchess	5,233	5,245	5,252	5,259	5,269	5,279	5,290	5,300	5,311	5,322	5,334
Erie	11,998	12,055	12,107	12,154	12,206	12,258	12,310	12,363	12,416	12,469	12,523
Kings	71,199	71,435	71,635	71,756	72,026	72,301	72,582	72,868	73,160	73,458	73,762
Monroe	6,349	6,387	6,421	6,453	6,485	6,517	6,550	6,585	6,620	6,656	6,694
Nassau	47,736	47,841	47,933	47,998	48,100	48,203	48,308	48,416	48,525	48,636	48,749
New York	34,217	34,296	34,342	34,408	34,486	34,565	34,646	34,728	34,813	34,898	34,986
Niagara	1,872	1,882	1,895	1,902	1,911	1,920	1,929	1,939	1,949	1,960	1,970
Onondaga	4,693	4,747	4,779	4,807	4,842	4,878	4,915	4,953	4,993	5,034	5,076
Orange	12,748	12,798	12,842	12,869	12,936	13,005	13,077	13,153	13,231	13,313	13,397
Putnam	1,673	1,675	1,683	1,689	1,695	1,701	1,707	1,714	1,720	1,727	1,734
Queens	73,889	74,029	74,150	74,265	74,441	74,622	74,810	75,004	75,204	75,412	75,626
Rensselaer	964	970	980	985	990	996	1,001	1,007	1,014	1,020	1,027
Richmond	16,324	16,373	16,401	16,434	16,477	16,522	16,568	16,615	16,664	16,714	16,766
Rockland	16,599	16,690	16,717	16,760	16,858	16,960	17,064	17,172	17,283	17,397	17,515
Saratoga	1,139	1,141	1,149	1,158	1,164	1,170	1,176	1,182	1,188	1,194	1,200
Schenectady	1,445	1,451	1,454	1,459	1,462	1,464	1,467	1,470	1,473	1,476	1,478
Suffolk	47,285	47,357	47,431	47,493	47,585	47,679	47,777	47,878	47,983	48,091	48,202
Sullivan	1,643	1,645	1,649	1,650	1,653	1,657	1,660	1,664	1,667	1,671	1,675
Tompkins	473	476	479	481	486	491	497	503	508	514	520
Ulster	2,349	2,355	2,358	2,366	2,375	2,383	2,393	2,403	2,413	2,424	2,435
Westchester	38,771	38,847	38,894	39,001	39,073	39,147	39,223	39,301	39,381	39,464	39,549

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.

### New York Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/9	10/10	10/11	10/12	10/14				10/16				10/18			
Albany	3,268	3,280	3,293	3,304	3,335	(667)	[160]	{80}	3,367	(673)	[162]	{81}	3,401	(680)	[163]	{82}
Bronx	53,691	53,762	53,836	53,894	54,042	(10,808)	[2,594]	{1,297}	54,194	(10,839)	[2,601]	{1,301}	54,351	(10,870)	[2,609]	{1,304}
Dutchess	5,233	5,245	5,252	5,259	5,279	(1,056)	[253]	{127}	5,300	(1,060)	[254]	{127}	5,322	(1,064)	[255]	{128}
Erie	11,998	12,055	12,107	12,154	12,258	(2,452)	[588]	{294}	12,363	(2,473)	[593]	{297}	12,469	(2,494)	[599]	{299}
Kings	71,199	71,435	71,635	71,756	72,301	(14,460)	[3,470]	{1,735}	72,868	(14,574)	[3,498]	{1,749}	73,458	(14,692)	[3,526]	{1,763}
Monroe	6,349	6,387	6,421	6,453	6,517	(1,303)	[313]	{156}	6,585	(1,317)	[316]	{158}	6,656	(1,331)	[320]	{160}
Nassau	47,736	47,841	47,933	47,998	48,203	(9,641)	[2,314]	{1,157}	48,416	(9,683)	[2,324]	{1,162}	48,636	(9,727)	[2,335]	{1,167}
New York	34,217	34,296	34,342	34,408	34,565	(6,913)	[1,659]	{830}	34,728	(6,946)	[1,667]	{833}	34,898	(6,980)	[1,675]	{838}
Niagara	1,872	1,882	1,895	1,902	1,920	(384)	[92]	{46}	1,939	(388)	[93]	{47}	1,960	(392)	[94]	{47}
Onondaga	4,693	4,747	4,779	4,807	4,878	(976)	[234]	{117}	4,953	(991)	[238]	{119}	5,034	(1,007)	[242]	{121}
Orange	12,748	12,798	12,842	12,869	13,005	(2,601)	[624]	{312}	13,153	(2,631)	[631]	{316}	13,313	(2,663)	[639]	{320}
Putnam	1,673	1,675	1,683	1,689	1,701	(340)	[82]	{41}	1,714	(343)	[82]	{41}	1,727	(345)	[83]	{41}
Queens	73,889	74,029	74,150	74,265	74,622	(14,924)	[3,582]	{1,791}	75,004	(15,001)	[3,600]	{1,800}	75,412	(15,082)	[3,620]	{1,810}
Rensselaer	964	970	980	985	996	(199)	[48]	{24}	1,007	(201)	[48]	{24}	1,020	(204)	[49]	{24}
Richmond	16,324	16,373	16,401	16,434	16,522	(3,304)	[793]	{397}	16,615	(3,323)	[798]	{399}	16,714	(3,343)	[802]	{401}
Rockland	16,599	16,690	16,717	16,760	16,960	(3,392)	[814]	{407}	17,172	(3,434)	[824]	{412}	17,397	(3,479)	[835]	{418}
Saratoga	1,139	1,141	1,149	1,158	1,170	(234)	[56]	{28}	1,182	(236)	[57]	{28}	1,194	(239)	[57]	{29}
Schenectady	1,445	1,451	1,454	1,459	1,464	(293)	[70]	{35}	1,470	(294)	[71]	{35}	1,476	(295)	[71]	{35}
Suffolk	47,285	47,357	47,431	47,493	47,679	(9,536)	[2,289]	{1,144}	47,878	(9,576)	[2,298]	{1,149}	48,091	(9,618)	[2,308]	{1,154}
Sullivan	1,643	1,645	1,649	1,650	1,657	(331)	[80]	{40}	1,664	(333)	[80]	{40}	1,671	(334)	[80]	{40}
Tompkins	473	476	479	481	491	(98)	[24]	{12}	503	(101)	[24]	{12}	514	(103)	[25]	{12}
Ulster	2,349	2,355	2,358	2,366	2,383	(477)	[114]	{57}	2,403	(481)	[115]	{58}	2,424	(485)	[116]	{58}
Westchester	38,771	38,847	38,894	39,001	39,147	(7,829)	[1,879]	{940}	39,301	(7,860)	[1,886]	{943}	39,464	(7,893)	[1,894]	{947}

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.