

**IEM's AI Modeling: Short-term COVID-19 Projections** 

Date: 10/30/20

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 <u>not</u> 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 10/30/20 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.

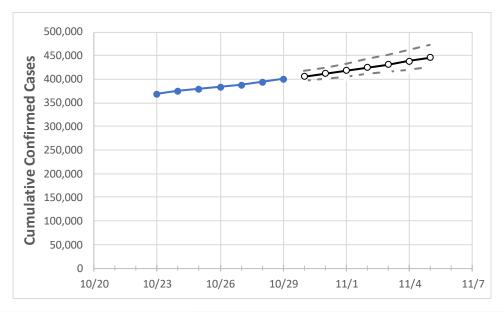
Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at Iowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served 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.





## **Illinois State Projections**



Actua	l Confirm	ned Case	s On:	Projected Cases For:									
10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5			
383,687	387,687	393,797	400,159	405,995	412,036	418,290	424,763	431,463	438,397	445,573			

Illinois

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.

## **Illinois Counties**

	Actua	al Confirn	ned Case	s On:	Projected Cases For:								
	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5		
Cook	177,465	178,832	181,108	183,649	185,857	188,148	190,525	192,991	195,550	198,206	200,960		
DuPage	23,099	23,408	23,780	24,240	24,649	25,078	25,525	25,993	26,483	26,995	27,530		
Kane	16,903	17,098	17,421	17,738	18,030	18,336	18,657	18,993	19,345	19,713	20,099		
Lake	20,815	21,010	21,373	21,608	21,840	22,079	22,326	22,582	22,846	23,118	23,399		
McHenry	6,452	6,545	6,671	6,815	6,969	7,133	7,306	7,489	7,683	7,888	8,105		
Will	18,621	18,807	19,141	19,516	19,828	20,152	20,490	20,841	21,206	21,587	21,983		



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.

### Illinois Medical Demands by County

	Actua	al Confirm	ned Case	s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/26	10/27	10/28	10/29	10/31			11/2				11/4				
Cook	177,465	178,832	181,108	183,649	188,148	(37,630)	[9,031]	{4,516}	192,991	(38,598)	[9,264]	{4,632}	198,206	(39,641)	[9,514]	{4,757}
DuPage	23,099	23,408	23,780	24,240	25,078	(5,016)	[1,204]	{602}	25,993	(5,199)	[1,248]	{624}	26,995	(5,399)	[1,296]	{648}
Kane	16,903	17,098	17,421	17,738	18,336	(3,667)	[880]	{440}	18,993	(3,799)	[912]	{456}	19,713	(3,943)	[946]	{473}
Lake	20,815	21,010	21,373	21,608	22,079	(4,416)	[1,060]	{530}	22,582	(4,516)	[1,084]	{542}	23,118	(4,624)	[1,110]	{555}
McHenry	6,452	6,545	6,671	6,815	7,133	(1,427)	[342]	{171}	7,489	(1,498)	[359] {	180}	7,888	(1,578)	[379] {	[189]
Will	18,621	18,807	19,141	19,516	20,152	(4,030)	[967]	{484}	20,841	(4,168)	[1,000]	{500}	21,587	(4,317)	[1,036]	{518}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

