

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

Date: 11/19/20

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 11/19/20 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.**

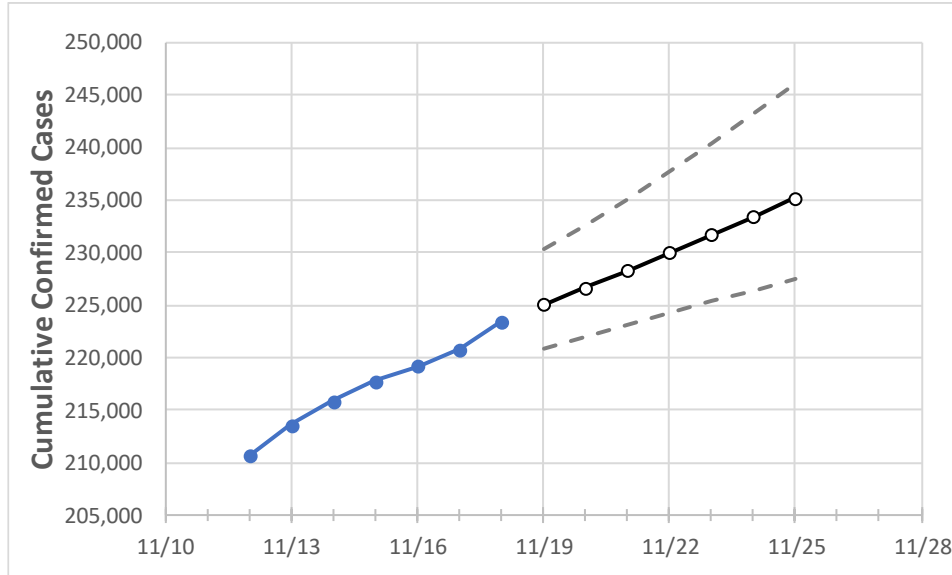
### IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	11/15	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25
Alabama	217,822	219,232	220,848	223,486	225,066	226,678	228,322	229,999	231,710	233,454	235,232

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.

Alabama Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	11/15	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25
Jefferson	27,884	28,140	28,420	28,781	29,003	29,230	29,465	29,705	29,952	30,206	30,467
Lee	7,212	7,240	7,278	7,331	7,370	7,411	7,454	7,498	7,545	7,594	7,645
Madison	11,305	11,438	11,523	11,693	11,801	11,913	12,029	12,149	12,273	12,401	12,534
Marshall	5,330	5,355	5,384	5,516	5,564	5,614	5,666	5,720	5,777	5,836	5,898
Mobile	18,524	18,565	18,696	18,834	18,910	18,989	19,069	19,151	19,236	19,322	19,411
Montgomery	11,596	11,644	11,709	11,789	11,838	11,887	11,936	11,985	12,035	12,085	12,135
Shelby	9,011	9,086	9,160	9,317	9,400	9,486	9,574	9,665	9,759	9,855	9,954
Tuscaloosa	11,810	11,886	11,949	12,052	12,135	12,220	12,308	12,398	12,491	12,586	12,684

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.

### Alabama Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	11/15	11/16	11/17	11/18	11/20				11/22				11/24			
Jefferson	27,884	28,140	28,420	28,781	29,230	(5,846)	[1,403]	{702}	29,705	(5,941)	[1,426]	{713}	30,206	(6,041)	[1,450]	{725}
Lee	7,212	7,240	7,278	7,331	7,411	(1,482)	[356]	{178}	7,498	(1,500)	[360]	{180}	7,594	(1,519)	[365]	{182}
Madison	11,305	11,438	11,523	11,693	11,913	(2,383)	[572]	{286}	12,149	(2,430)	[583]	{292}	12,401	(2,480)	[595]	{298}
Marshall	5,330	5,355	5,384	5,516	5,614	(1,123)	[269]	{135}	5,720	(1,144)	[275]	{137}	5,836	(1,167)	[280]	{140}
Mobile	18,524	18,565	18,696	18,834	18,989	(3,798)	[911]	{456}	19,151	(3,830)	[919]	{460}	19,322	(3,864)	[927]	{464}
Montgomery	11,596	11,644	11,709	11,789	11,887	(2,377)	[571]	{285}	11,985	(2,397)	[575]	{288}	12,085	(2,417)	[580]	{290}
Shelby	9,011	9,086	9,160	9,317	9,486	(1,897)	[455]	{228}	9,665	(1,933)	[464]	{232}	9,855	(1,971)	[473]	{237}
Tuscaloosa	11,810	11,886	11,949	12,052	12,220	(2,444)	[587]	{293}	12,398	(2,480)	[595]	{298}	12,586	(2,517)	[604]	{302}

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.