

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

Date: 11/30/20

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 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 11/30/20 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.

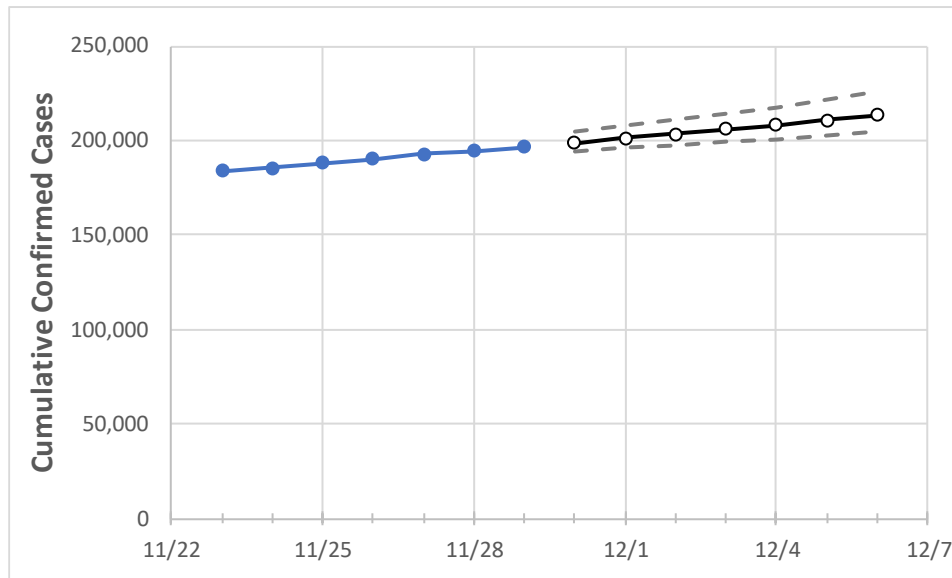
IEM's Modeling Lead

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.

Maryland State Projections



	Actual Confirmed Cases On:					Projected Cases For:					
	11/26	11/27	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6
Maryland	190,480	192,858	194,448	196,447	198,779	201,143	203,539	205,968	208,431	210,928	213,459

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:					
	11/26	11/27	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6
Anne Arundel	16,114	16,297	16,404	16,585	16,758	16,931	17,105	17,280	17,456	17,632	17,809
Baltimore City	23,682	23,955	24,120	24,309	24,559	24,810	25,062	25,316	25,571	25,828	26,086
Baltimore County	28,146	28,504	28,752	29,008	29,354	29,703	30,056	30,412	30,771	31,134	31,500
Charles	4,254	4,276	4,317	4,391	4,436	4,482	4,529	4,576	4,624	4,672	4,721
Frederick	6,575	6,660	6,773	6,871	6,980	7,093	7,209	7,329	7,453	7,581	7,713
Harford	5,805	5,875	5,940	6,026	6,113	6,200	6,285	6,370	6,453	6,536	6,618
Howard	7,803	7,917	7,961	8,066	8,168	8,272	8,380	8,490	8,604	8,720	8,840
Montgomery	32,601	32,790	33,103	33,400	33,704	34,010	34,320	34,633	34,950	35,269	35,592
Prince George's	40,352	40,696	40,957	41,218	41,652	42,099	42,558	43,031	43,516	44,016	44,529

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:											
	11/26	11/27	11/28	11/29	12/1				12/3				12/5			
Anne Arundel	16,114	16,297	16,404	16,585	16,931	(3,386)	[813]	{406}	17,280	(3,456)	[829]	{415}	17,632	(3,526)	[846]	{423}
Baltimore City	23,682	23,955	24,120	24,309	24,810	(4,962)	[1,191]	{595}	25,316	(5,063)	[1,215]	{608}	25,828	(5,166)	[1,240]	{620}
Baltimore County	28,146	28,504	28,752	29,008	29,703	(5,941)	[1,426]	{713}	30,412	(6,082)	[1,460]	{730}	31,134	(6,227)	[1,494]	{747}
Charles	4,254	4,276	4,317	4,391	4,482	(896)	[215]	{108}	4,576	(915)	[220]	{110}	4,672	(934)	[224]	{112}
Frederick	6,575	6,660	6,773	6,871	7,093	(1,419)	[340]	{170}	7,329	(1,466)	[352]	{176}	7,581	(1,516)	[364]	{182}
Harford	5,805	5,875	5,940	6,026	6,200	(1,240)	[298]	{149}	6,370	(1,274)	[306]	{153}	6,536	(1,307)	[314]	{157}
Howard	7,803	7,917	7,961	8,066	8,272	(1,654)	[397]	{199}	8,490	(1,698)	[408]	{204}	8,720	(1,744)	[419]	{209}
Montgomery	32,601	32,790	33,103	33,400	34,010	(6,802)	[1,632]	{816}	34,633	(6,927)	[1,662]	{831}	35,269	(7,054)	[1,693]	{846}
Prince George's	40,352	40,696	40,957	41,218	42,099	(8,420)	[2,021]	{1,010}	43,031	(8,606)	[2,065]	{1,033}	44,016	(8,803)	[2,113]	{1,056}

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