IEM's AI Modeling: Short-term COVID-19 Projections
Date: 12/2/20

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 12/2/20 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.

Ohio State Projections
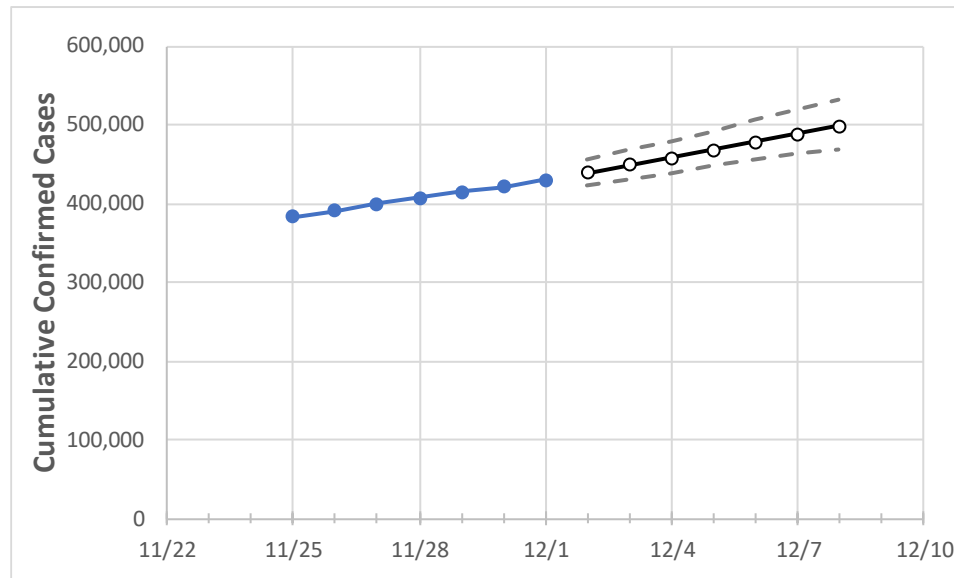
	Actual Confirmed Cases On:				Projected Cases For:						
	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7	12/8
Ohio	406,703	414,432	421,063	430,093	439,375	448,793	458,348	468,043	477,879	487,856	497,978

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.

Ohio Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7	12/8
Athens	2,029	2,044	2,094	2,129	2,171	2,215	2,261	2,309	2,359	2,411	2,466
Cuyahoga	39,654	40,823	41,446	42,270	43,210	44,172	45,156	46,163	47,193	48,247	49,324
Franklin	53,293	53,887	54,467	55,382	56,162	56,940	57,718	58,494	59,269	60,043	60,816
Hamilton	32,049	32,557	33,221	33,874	34,459	35,050	35,646	36,249	36,857	37,471	38,091
Lake	7,706	7,890	7,994	8,212	8,419	8,627	8,836	9,046	9,256	9,467	9,679
Lorain	7,265	7,475	7,654	7,854	8,087	8,327	8,574	8,829	9,091	9,361	9,638
Lucas	15,640	15,874	16,137	16,462	16,804	17,155	17,516	17,886	18,267	18,659	19,061
Mahoning	8,123	8,282	8,405	8,647	8,884	9,128	9,380	9,639	9,907	10,182	10,466
Medina	5,064	5,180	5,266	5,433	5,584	5,739	5,898	6,062	6,231	6,404	6,581
Miami	4,655	4,756	4,851	4,926	5,037	5,150	5,264	5,381	5,500	5,621	5,744
Summit	14,905	15,205	15,417	15,936	16,332	16,740	17,160	17,592	18,037	18,494	18,965

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.*

Ohio Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	11/28	11/29	11/30	12/1	12/3	12/5	12/7
Athens	2,029	2,044	2,094	2,129	2,215 (443) [106] {53}	2,309 (462) [111] {55}	2,411 (482) [116] {58}
Cuyahoga	39,654	40,823	41,446	42,270	44,172 (8,834) [2,120] {1,060}	46,163 (9,233) [2,216] {1,108}	48,247 (9,649) [2,316] {1,158}
Franklin	53,293	53,887	54,467	55,382	56,940 (11,388) [2,733] {1,367}	58,494 (11,699) [2,808] {1,404}	60,043 (12,009) [2,882] {1,441}
Hamilton	32,049	32,557	33,221	33,874	35,050 (7,010) [1,682] {841}	36,249 (7,250) [1,740] {870}	37,471 (7,494) [1,799] {899}
Lake	7,706	7,890	7,994	8,212	8,627 (1,725) [414] {207}	9,046 (1,809) [434] {217}	9,467 (1,893) [454] {227}
Lorain	7,265	7,475	7,654	7,854	8,327 (1,665) [400] {200}	8,829 (1,766) [424] {212}	9,361 (1,872) [449] {225}
Lucas	15,640	15,874	16,137	16,462	17,155 (3,431) [823] {412}	17,886 (3,577) [859] {429}	18,659 (3,732) [896] {448}
Mahoning	8,123	8,282	8,405	8,647	9,128 (1,826) [438] {219}	9,639 (1,928) [463] {231}	10,182 (2,036) [489] {244}
Medina	5,064	5,180	5,266	5,433	5,739 (1,148) [275] {138}	6,062 (1,212) [291] {145}	6,404 (1,281) [307] {154}
Miami	4,655	4,756	4,851	4,926	5,150 (1,030) [247] {124}	5,381 (1,076) [258] {129}	5,621 (1,124) [270] {135}
Summit	14,905	15,205	15,417	15,936	16,740 (3,348) [804] {402}	17,592 (3,518) [844] {422}	18,494 (3,699) [888] {444}

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.