

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

Date: 12/8/20

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 12/8/20 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.

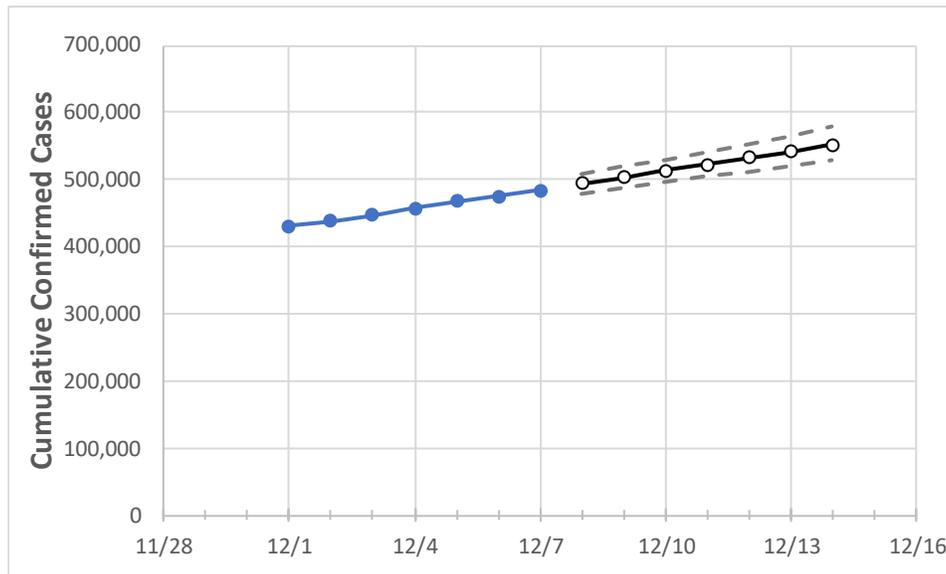
IEM's Modeling Lead

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:							
	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	
Ohio	456,963	467,432	475,024	484,297	493,690	503,180	512,767	522,450	532,232	542,112	552,090	

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:							
	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	
Athens	2,256	2,301	2,334	2,370	2,415	2,462	2,510	2,560	2,611	2,663	2,718	
Cuyahoga	44,501	45,412	46,333	47,701	48,680	49,676	50,691	51,724	52,776	53,846	54,936	
Franklin	58,099	59,137	60,093	60,938	61,850	62,773	63,708	64,655	65,614	66,585	67,568	
Hamilton	35,572	36,289	36,846	37,528	38,159	38,798	39,445	40,102	40,766	41,439	42,121	
Lake	8,558	8,699	8,803	8,953	9,091	9,226	9,359	9,489	9,617	9,743	9,867	
Lorain	8,368	8,592	8,778	9,145	9,377	9,614	9,856	10,103	10,356	10,613	10,876	
Lucas	17,277	17,731	17,920	18,222	18,549	18,881	19,218	19,561	19,908	20,260	20,618	
Mahoning	9,296	9,489	9,630	9,854	10,081	10,312	10,548	10,789	11,035	11,285	11,540	
Medina	5,830	5,952	6,049	6,165	6,300	6,436	6,574	6,713	6,853	6,995	7,139	
Miami	5,258	5,358	5,444	5,524	5,627	5,732	5,836	5,942	6,049	6,156	6,264	
Summit	17,017	17,470	17,736	18,131	18,539	18,955	19,378	19,809	20,249	20,696	21,152	

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:											
	12/4	12/5	12/6	12/7	12/9				12/11				12/13			
Athens	2,256	2,301	2,334	2,370	2,462	(492)	[118]	{59}	2,560	(512)	[123]	{61}	2,663	(533)	[128]	{64}
Cuyahoga	44,501	45,412	46,333	47,701	49,676	(9,935)	[2,384]	{1,192}	51,724	(10,345)	[2,483]	{1,241}	53,846	(10,769)	[2,585]	{1,292}
Franklin	58,099	59,137	60,093	60,938	62,773	(12,555)	[3,013]	{1,507}	64,655	(12,931)	[3,103]	{1,552}	66,585	(13,317)	[3,196]	{1,598}
Hamilton	35,572	36,289	36,846	37,528	38,798	(7,760)	[1,862]	{931}	40,102	(8,020)	[1,925]	{962}	41,439	(8,288)	[1,989]	{995}
Lake	8,558	8,699	8,803	8,953	9,226	(1,845)	[443]	{221}	9,489	(1,898)	[455]	{228}	9,743	(1,949)	[468]	{234}
Lorain	8,368	8,592	8,778	9,145	9,614	(1,923)	[461]	{231}	10,103	(2,021)	[485]	{242}	10,613	(2,123)	[509]	{255}
Lucas	17,277	17,731	17,920	18,222	18,881	(3,776)	[906]	{453}	19,561	(3,912)	[939]	{469}	20,260	(4,052)	[973]	{486}
Mahoning	9,296	9,489	9,630	9,854	10,312	(2,062)	[495]	{247}	10,789	(2,158)	[518]	{259}	11,285	(2,257)	[542]	{271}
Medina	5,830	5,952	6,049	6,165	6,436	(1,287)	[309]	{154}	6,713	(1,343)	[322]	{161}	6,995	(1,399)	[336]	{168}
Miami	5,258	5,358	5,444	5,524	5,732	(1,146)	[275]	{138}	5,942	(1,188)	[285]	{143}	6,156	(1,231)	[295]	{148}
Summit	17,017	17,470	17,736	18,131	18,955	(3,791)	[910]	{455}	19,809	(3,962)	[951]	{475}	20,696	(4,139)	[993]	{497}

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.