

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 12/9/20**

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 12/9/20 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.

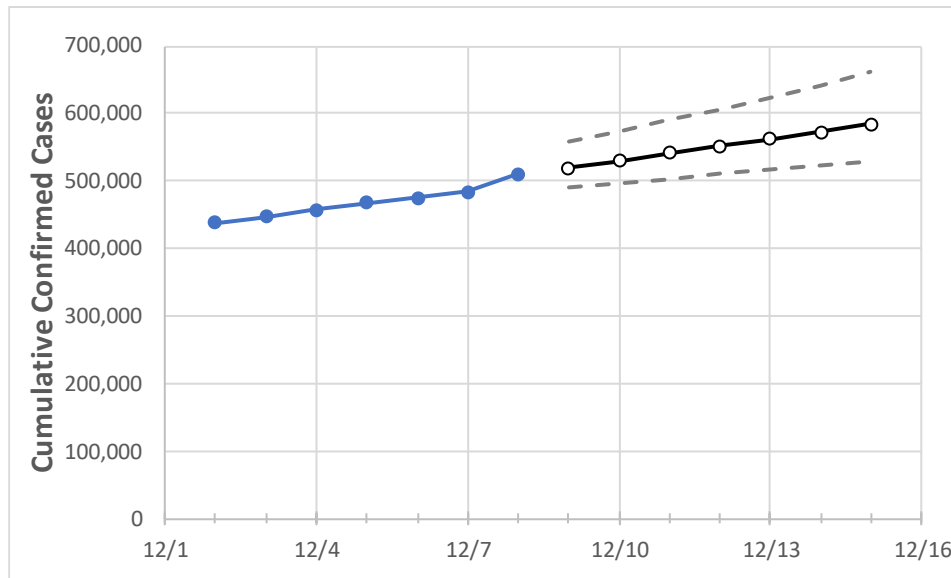
IEM's Modeling Lead

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:						
	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15
Ohio	467,432	475,024	484,297	510,018	520,139	530,413	540,841	551,424	562,162	573,057	584,109

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:						
	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15
Athens	2,301	2,334	2,370	2,433	2,480	2,528	2,578	2,630	2,683	2,738	2,794
Cuyahoga	45,412	46,333	47,701	50,412	51,514	52,646	53,808	55,000	56,224	57,479	58,766
Franklin	59,137	60,093	60,938	64,130	65,116	66,118	67,138	68,174	69,228	70,300	71,389
Hamilton	36,289	36,846	37,528	39,256	40,090	40,956	41,853	42,783	43,746	44,745	45,779
Lake	8,699	8,803	8,953	9,338	9,457	9,573	9,686	9,795	9,901	10,004	10,104
Lorain	8,592	8,778	9,145	10,195	10,482	10,779	11,087	11,405	11,735	12,075	12,428
Lucas	17,731	17,920	18,222	19,084	19,452	19,828	20,213	20,607	21,009	21,419	21,839
Mahoning	9,489	9,630	9,854	10,636	10,870	11,108	11,350	11,597	11,848	12,104	12,364
Medina	5,952	6,049	6,165	6,506	6,647	6,791	6,936	7,084	7,233	7,385	7,538
Miami	5,358	5,444	5,524	5,722	5,830	5,939	6,050	6,161	6,274	6,388	6,503
Summit	17,470	17,736	18,131	19,312	19,742	20,182	20,632	21,091	21,561	22,041	22,532

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:											
	12/5	12/6	12/7	12/8	12/10				12/12				12/14			
Athens	2,301	2,334	2,370	2,433	2,528	(506)	[121]	{61}	2,630	(526)	[126]	{63}	2,738	(548)	[131]	{66}
Cuyahoga	45,412	46,333	47,701	50,412	52,646	(10,529)	[2,527]	{1,264}	55,000	(11,000)	[2,640]	{1,320}	57,479	(11,496)	[2,759]	{1,379}
Franklin	59,137	60,093	60,938	64,130	66,118	(13,224)	[3,174]	{1,587}	68,174	(13,635)	[3,272]	{1,636}	70,300	(14,060)	[3,374]	{1,687}
Hamilton	36,289	36,846	37,528	39,256	40,956	(8,191)	[1,966]	{983}	42,783	(8,557)	[2,054]	{1,027}	44,745	(8,949)	[2,148]	{1,074}
Lake	8,699	8,803	8,953	9,338	9,573	(1,915)	[460]	{230}	9,795	(1,959)	[470]	{235}	10,004	(2,001)	[480]	{240}
Lorain	8,592	8,778	9,145	10,195	10,779	(2,156)	[517]	{259}	11,405	(2,281)	[547]	{274}	12,075	(2,415)	[580]	{290}
Lucas	17,731	17,920	18,222	19,084	19,828	(3,966)	[952]	{476}	20,607	(4,121)	[989]	{495}	21,419	(4,284)	[1,028]	{514}
Mahoning	9,489	9,630	9,854	10,636	11,108	(2,222)	[533]	{267}	11,597	(2,319)	[557]	{278}	12,104	(2,421)	[581]	{291}
Medina	5,952	6,049	6,165	6,506	6,791	(1,358)	[326]	{163}	7,084	(1,417)	[340]	{170}	7,385	(1,477)	[354]	{177}
Miami	5,358	5,444	5,524	5,722	5,939	(1,188)	[285]	{143}	6,161	(1,232)	[296]	{148}	6,388	(1,278)	[307]	{153}
Summit	17,470	17,736	18,131	19,312	20,182	(4,036)	[969]	{484}	21,091	(4,218)	[1,012]	{506}	22,041	(4,408)	[1,058]	{529}

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.