

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 12/11/20**

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 12/11/20 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.**

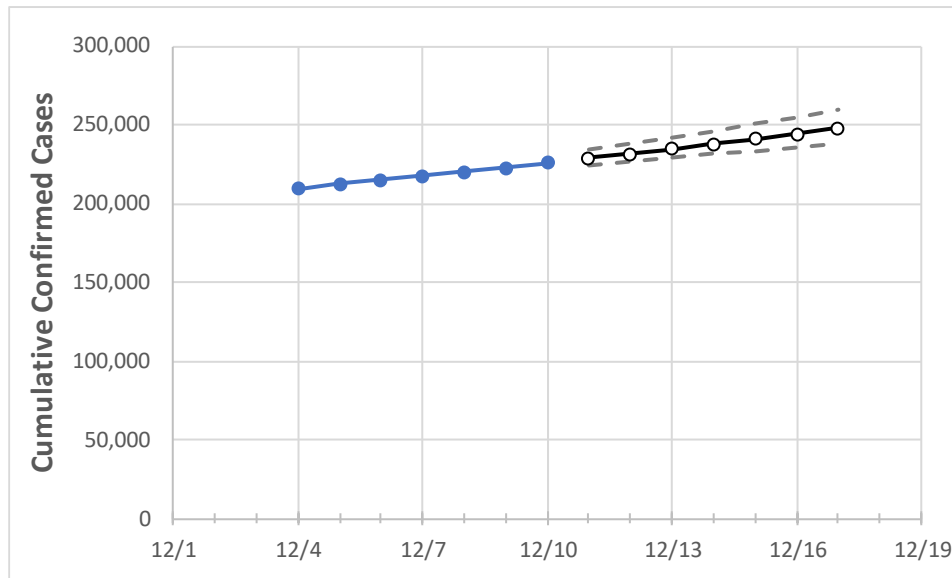
**IEM's Modeling Lead**

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:						
	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17
Maryland	217,329	219,961	222,653	225,855	228,774	231,758	234,807	237,922	241,104	244,356	247,677

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:						
	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17
Anne Arundel	18,429	18,646	18,914	19,255	19,532	19,818	20,114	20,420	20,736	21,063	21,401
Baltimore City	26,419	26,593	26,897	27,197	27,451	27,706	27,964	28,223	28,483	28,746	29,010
Baltimore County	31,708	32,014	32,387	32,853	33,221	33,594	33,972	34,355	34,744	35,138	35,538
Charles	4,804	4,886	4,945	4,994	5,048	5,103	5,159	5,216	5,274	5,334	5,395
Frederick	7,952	8,074	8,226	8,363	8,518	8,678	8,843	9,012	9,188	9,368	9,554
Harford	6,634	6,704	6,769	6,904	6,973	7,042	7,110	7,177	7,244	7,309	7,375
Howard	8,912	9,004	9,124	9,280	9,403	9,529	9,658	9,791	9,928	10,068	10,212
Montgomery	36,851	37,194	37,738	38,190	38,668	39,162	39,671	40,196	40,738	41,296	41,872
Prince George's	44,894	45,345	45,871	46,335	46,853	47,387	47,936	48,501	49,082	49,680	50,296

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:											
	12/7	12/8	12/9	12/10	12/12				12/14				12/16			
Anne Arundel	18,429	18,646	18,914	19,255	19,818	(3,964)	[951]	{476}	20,420	(4,084)	[980]	{490}	21,063	(4,213)	[1,011]	{506}
Baltimore City	26,419	26,593	26,897	27,197	27,706	(5,541)	[1,330]	{665}	28,223	(5,645)	[1,355]	{677}	28,746	(5,749)	[1,380]	{690}
Baltimore County	31,708	32,014	32,387	32,853	33,594	(6,719)	[1,612]	{806}	34,355	(6,871)	[1,649]	{825}	35,138	(7,028)	[1,687]	{843}
Charles	4,804	4,886	4,945	4,994	5,103	(1,021)	[245]	{122}	5,216	(1,043)	[250]	{125}	5,334	(1,067)	[256]	{128}
Frederick	7,952	8,074	8,226	8,363	8,678	(1,736)	[417]	{208}	9,012	(1,802)	[433]	{216}	9,368	(1,874)	[450]	{225}
Harford	6,634	6,704	6,769	6,904	7,042	(1,408)	[338]	{169}	7,177	(1,435)	[344]	{172}	7,309	(1,462)	[351]	{175}
Howard	8,912	9,004	9,124	9,280	9,529	(1,906)	[457]	{229}	9,791	(1,958)	[470]	{235}	10,068	(2,014)	[483]	{242}
Montgomery	36,851	37,194	37,738	38,190	39,162	(7,832)	[1,880]	{940}	40,196	(8,039)	[1,929]	{965}	41,296	(8,259)	[1,982]	{991}
Prince George's	44,894	45,345	45,871	46,335	47,387	(9,477)	[2,275]	{1,137}	48,501	(9,700)	[2,328]	{1,164}	49,680	(9,936)	[2,385]	{1,192}

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.