

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 12/14/20**

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 12/14/20 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.

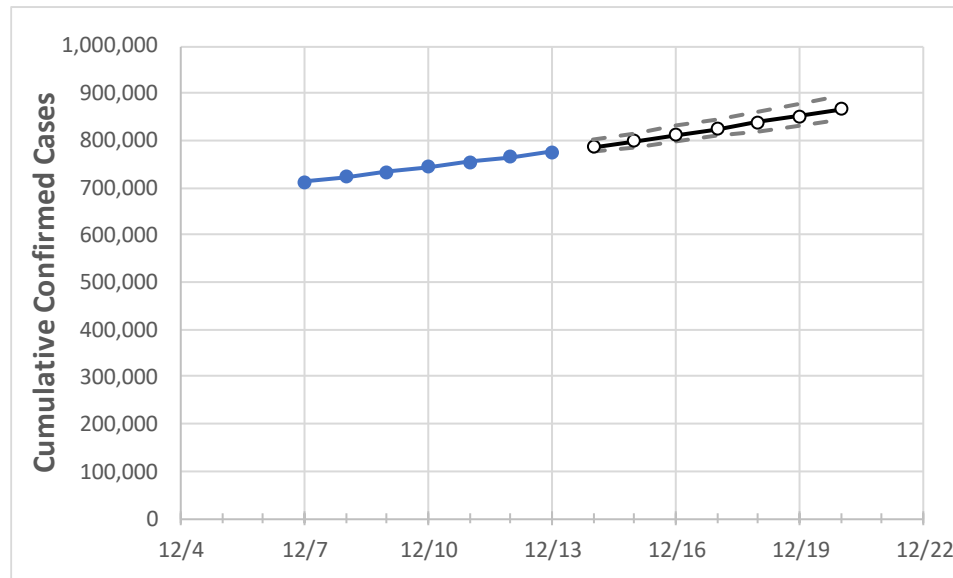
IEM's Modeling Lead

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.

New York State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20
New York	743,242	753,837	764,966	775,160	787,047	799,295	811,919	824,929	838,338	852,156	866,395

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.

New York Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20
Albany	7,392	7,555	7,718	7,888	8,093	8,306	8,528	8,760	9,001	9,252	9,513
Bronx	69,540	70,085	70,667	71,263	71,935	72,625	73,333	74,060	74,807	75,573	76,360
Dutchess	8,629	8,794	8,976	9,146	9,334	9,531	9,738	9,955	10,182	10,420	10,670
Erie	31,282	32,015	32,489	33,009	33,598	34,193	34,792	35,396	36,006	36,620	37,239
Kings	98,045	98,914	100,141	101,002	102,162	103,366	104,616	105,912	107,256	108,652	110,099
Monroe	21,267	21,833	22,553	23,203	23,943	24,710	25,506	26,330	27,185	28,071	28,989
Nassau	67,978	68,737	69,636	70,475	71,415	72,390	73,401	74,448	75,534	76,659	77,824
New York	50,419	50,979	51,664	52,203	52,807	53,425	54,059	54,708	55,373	56,054	56,752
Niagara	5,378	5,537	5,722	5,906	6,107	6,317	6,535	6,763	6,999	7,246	7,503
Onondaga	13,945	14,397	14,772	15,182	15,597	16,030	16,481	16,951	17,441	17,951	18,483
Orange	18,923	19,146	19,330	19,536	19,773	20,017	20,270	20,530	20,799	21,077	21,364
Putnam	3,560	3,608	3,677	3,743	3,824	3,908	3,995	4,085	4,178	4,274	4,374
Queens	99,316	100,265	101,449	102,510	103,711	104,958	106,252	107,595	108,988	110,434	111,933
Rensselaer	2,351	2,411	2,477	2,569	2,657	2,750	2,849	2,953	3,064	3,180	3,304
Richmond	27,024	27,448	27,753	28,074	28,536	29,011	29,499	30,002	30,519	31,051	31,598
Rockland	23,505	23,680	23,849	23,991	24,190	24,392	24,597	24,807	25,020	25,237	25,457
Saratoga	3,065	3,183	3,298	3,366	3,479	3,598	3,723	3,855	3,995	4,141	4,295
Schenectady	3,371	3,490	3,587	3,668	3,790	3,919	4,054	4,197	4,348	4,506	4,674
Suffolk	71,043	72,118	73,281	74,367	75,708	77,106	78,563	80,082	81,665	83,316	85,035
Sullivan	2,376	2,407	2,435	2,455	2,477	2,499	2,522	2,546	2,571	2,597	2,623
Tompkins	1,451	1,477	1,529	1,556	1,595	1,636	1,679	1,724	1,770	1,818	1,868
Ulster	4,103	4,176	4,251	4,327	4,418	4,514	4,613	4,715	4,823	4,934	5,050
Westchester	56,995	57,606	58,244	58,837	59,532	60,238	60,954	61,682	62,420	63,170	63,932

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.

New York Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	12/10	12/11	12/12	12/13	12/15				12/17				12/19			
Albany	7,392	7,555	7,718	7,888	8,306	(1,661)	[399]	{199}	8,760	(1,752)	[420]	{210}	9,252	(1,850)	[444]	{222}
Bronx	69,540	70,085	70,667	71,263	72,625	(14,525)	[3,486]	{1,743}	74,060	(14,812)	[3,555]	{1,777}	75,573	(15,115)	[3,628]	{1,814}
Dutchess	8,629	8,794	8,976	9,146	9,531	(1,906)	[458]	{229}	9,955	(1,991)	[478]	{239}	10,420	(2,084)	[500]	{250}
Erie	31,282	32,015	32,489	33,009	34,193	(6,839)	[1,641]	{821}	35,396	(7,079)	[1,699]	{850}	36,620	(7,324)	[1,758]	{879}
Kings	98,045	98,914	100,141	101,002	103,366	(20,673)	[4,962]	{2,481}	105,912	(21,182)	[5,084]	{2,542}	108,652	(21,730)	[5,215]	{2,608}
Monroe	21,267	21,833	22,553	23,203	24,710	(4,942)	[1,186]	{593}	26,330	(5,266)	[1,264]	{632}	28,071	(5,614)	[1,347]	{674}
Nassau	67,978	68,737	69,636	70,475	72,390	(14,478)	[3,475]	{1,737}	74,448	(14,890)	[3,574]	{1,787}	76,659	(15,332)	[3,680]	{1,840}
New York	50,419	50,979	51,664	52,203	53,425	(10,685)	[2,564]	{1,282}	54,708	(10,942)	[2,626]	{1,313}	56,054	(11,211)	[2,691]	{1,345}
Niagara	5,378	5,537	5,722	5,906	6,317	(1,263)	[303]	{152}	6,763	(1,353)	[325]	{162}	7,246	(1,449)	[348]	{174}
Onondaga	13,945	14,397	14,772	15,182	16,030	(3,206)	[769]	{385}	16,951	(3,390)	[814]	{407}	17,951	(3,590)	[862]	{431}
Orange	18,923	19,146	19,330	19,536	20,017	(4,003)	[961]	{480}	20,530	(4,106)	[985]	{493}	21,077	(4,215)	[1,012]	{506}
Putnam	3,560	3,608	3,677	3,743	3,908	(782)	[188]	{94}	4,085	(817)	[196]	{98}	4,274	(855)	[205]	{103}
Queens	99,316	100,265	101,449	102,510	104,958	(20,992)	[5,038]	{2,519}	107,595	(21,519)	[5,165]	{2,582}	110,434	(22,087)	[5,301]	{2,650}
Rensselaer	2,351	2,411	2,477	2,569	2,750	(550)	[132]	{66}	2,953	(591)	[142]	{71}	3,180	(636)	[153]	{76}
Richmond	27,024	27,448	27,753	28,074	29,011	(5,802)	[1,393]	{696}	30,002	(6,000)	[1,440]	{720}	31,051	(6,210)	[1,490]	{745}
Rockland	23,505	23,680	23,849	23,991	24,392	(4,878)	[1,171]	{585}	24,807	(4,961)	[1,191]	{595}	25,237	(5,047)	[1,211]	{606}
Saratoga	3,065	3,183	3,298	3,366	3,598	(720)	[173]	{86}	3,855	(771)	[185]	{93}	4,141	(828)	[199]	{99}
Schenectady	3,371	3,490	3,587	3,668	3,919	(784)	[188]	{94}	4,197	(839)	[201]	{101}	4,506	(901)	[216]	{108}
Suffolk	71,043	72,118	73,281	74,367	77,106	(15,421)	[3,701]	{1,851}	80,082	(16,016)	[3,844]	{1,922}	83,316	(16,663)	[3,999]	{2,000}
Sullivan	2,376	2,407	2,435	2,455	2,499	(500)	[120]	{60}	2,546	(509)	[122]	{61}	2,597	(519)	[125]	{62}
Tompkins	1,451	1,477	1,529	1,556	1,636	(327)	[79]	{39}	1,724	(345)	[83]	{41}	1,818	(364)	[87]	{44}
Ulster	4,103	4,176	4,251	4,327	4,514	(903)	[217]	{108}	4,715	(943)	[226]	{113}	4,934	(987)	[237]	{118}
Westchester	56,995	57,606	58,244	58,837	60,238	(12,048)	[2,891]	{1,446}	61,682	(12,336)	[2,961]	{1,480}	63,170	(12,634)	[3,032]	{1,516}

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.