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

Date: 12/31/20

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 12/31/20 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.

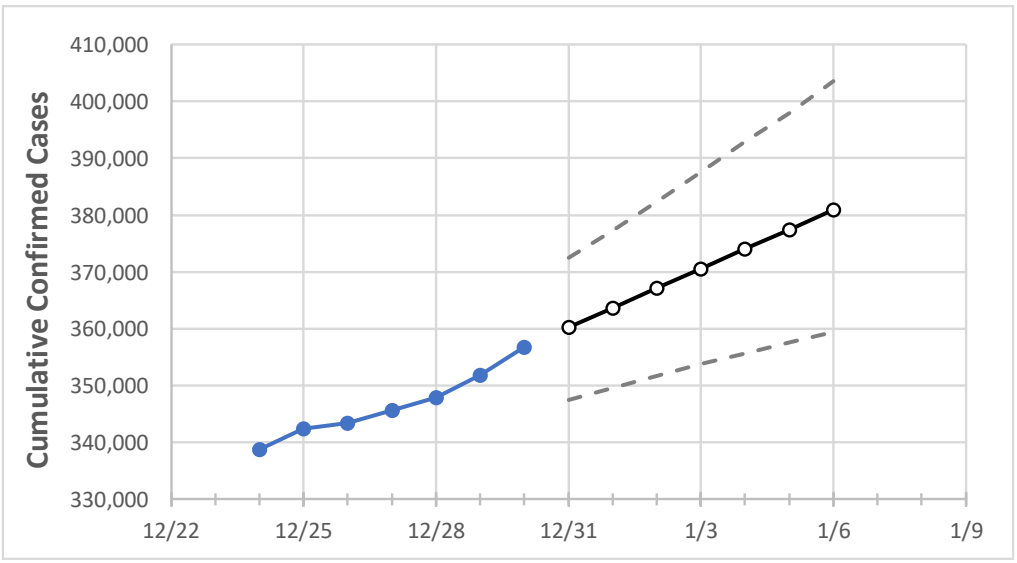
IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4	1/5	1/6
Alabama	345,628	347,897	351,804	356,820	360,279	363,700	367,143	370,543	374,018	377,439	380,917

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.

Alabama Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4	1/5	1/6
Jefferson	49,645	49,981	50,686	51,676	52,308	52,940	53,584	54,216	54,855	55,498	56,125
Lee	9,856	9,928	10,047	10,159	10,248	10,335	10,423	10,517	10,610	10,701	10,797
Madison	21,206	21,385	21,621	21,884	22,149	22,413	22,676	22,931	23,194	23,449	23,699
Marshall	8,854	8,865	8,915	8,996	9,042	9,087	9,130	9,173	9,212	9,253	9,292
Mobile	24,933	25,171	25,353	25,635	25,880	26,127	26,389	26,652	26,916	27,187	27,461
Montgomery	15,558	15,678	15,796	15,986	16,115	16,242	16,369	16,495	16,625	16,751	16,880
Shelby	15,020	15,159	15,304	15,501	15,664	15,826	15,987	16,149	16,312	16,474	16,637
Tuscaloosa	17,772	17,859	18,086	18,341	18,509	18,683	18,853	19,027	19,198	19,368	19,531

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.*

Alabama Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	12/27	12/28	12/29	12/30	1/1	1/3	1/5
Jefferson	49,645	49,981	50,686	51,676	52,940 (10,588) [2,541] {1,271}	54,216 (10,843) [2,602] {1,301}	55,498 (11,100) [2,664] {1,332}
Lee	9,856	9,928	10,047	10,159	10,335 (2,067) [496] {248}	10,517 (2,103) [505] {252}	10,701 (2,140) [514] {257}
Madison	21,206	21,385	21,621	21,884	22,413 (4,483) [1,076] {538}	22,931 (4,586) [1,101] {550}	23,449 (4,690) [1,126] {563}
Marshall	8,854	8,865	8,915	8,996	9,087 (1,817) [436] {218}	9,173 (1,835) [440] {220}	9,253 (1,851) [444] {222}
Mobile	24,933	25,171	25,353	25,635	26,127 (5,225) [1,254] {627}	26,652 (5,330) [1,279] {640}	27,187 (5,437) [1,305] {652}
Montgomery	15,558	15,678	15,796	15,986	16,242 (3,248) [780] {390}	16,495 (3,299) [792] {396}	16,751 (3,350) [804] {402}
Shelby	15,020	15,159	15,304	15,501	15,826 (3,165) [760] {380}	16,149 (3,230) [775] {388}	16,474 (3,295) [791] {395}
Tuscaloosa	17,772	17,859	18,086	18,341	18,683 (3,737) [897] {448}	19,027 (3,805) [913] {457}	19,368 (3,874) [930] {465}

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.