

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

Date: 1/4/21

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 1/4/21 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.**

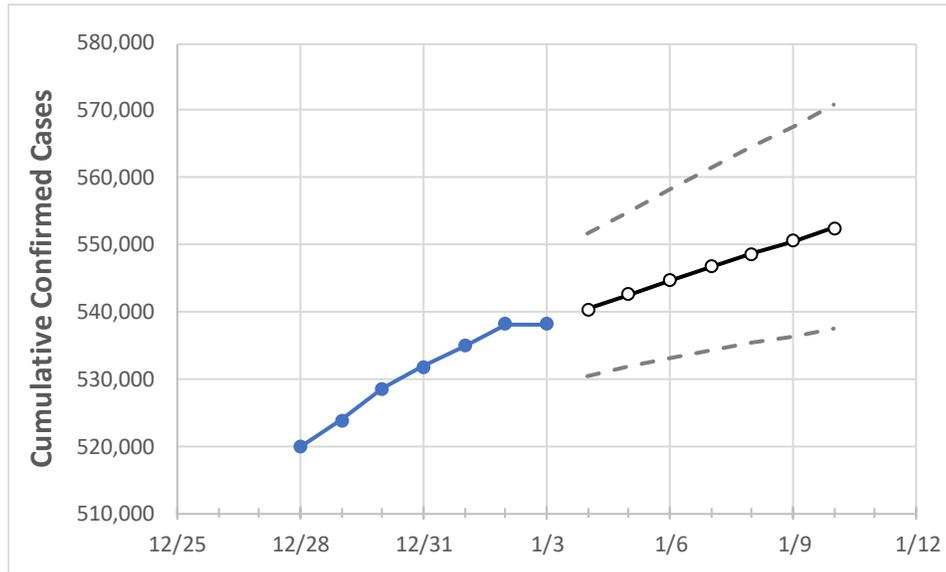
### IEM's Modeling Lead

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.

Michigan State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	
Michigan	531,788	534,954	538,121	538,121	540,317	542,551	544,667	546,754	548,654	550,590	552,451	

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 10%, and are often within 5%, of actual confirmed cases.

Michigan Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	
Genesee	21,686	21,754	21,821	21,821	21,892	21,956	22,016	22,072	22,126	22,176	22,223	
Ingham	12,717	12,798	12,880	12,880	12,946	13,012	13,076	13,138	13,201	13,261	13,321	
Kent	43,534	43,794	44,054	44,054	44,229	44,402	44,578	44,741	44,910	45,078	45,239	
Livingston	7,883	7,940	7,998	7,998	8,033	8,068	8,103	8,134	8,166	8,197	8,227	
Macomb	49,690	49,907	50,124	50,124	50,261	50,388	50,509	50,627	50,732	50,843	50,942	
Monroe	7,666	7,737	7,808	7,808	7,850	7,892	7,932	7,973	8,013	8,052	8,091	
Oakland	61,495	61,794	62,094	62,094	62,343	62,591	62,821	63,051	63,271	63,489	63,700	
Washtenaw	13,788	13,873	13,959	13,959	14,024	14,086	14,147	14,207	14,265	14,323	14,377	
Wayne	85,293	85,644	85,996	85,996	86,281	86,557	86,824	87,075	87,322	87,554	87,791	

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.

### Michigan Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	12/31	1/1	1/2	1/3	1/5			1/7			1/9					
Genesee	21,686	21,754	21,821	21,821	21,956	(4,391)	[1,054]	{527}	22,072	(4,414)	[1,059]	{530}	22,176	(4,435)	[1,064]	{532}
Ingham	12,717	12,798	12,880	12,880	13,012	(2,602)	[625]	{312}	13,138	(2,628)	[631]	{315}	13,261	(2,652)	[637]	{318}
Kent	43,534	43,794	44,054	44,054	44,402	(8,880)	[2,131]	{1,066}	44,741	(8,948)	[2,148]	{1,074}	45,078	(9,016)	[2,164]	{1,082}
Livingston	7,883	7,940	7,998	7,998	8,068	(1,614)	[387]	{194}	8,134	(1,627)	[390]	{195}	8,197	(1,639)	[393]	{197}
Macomb	49,690	49,907	50,124	50,124	50,388	(10,078)	[2,419]	{1,209}	50,627	(10,125)	[2,430]	{1,215}	50,843	(10,169)	[2,440]	{1,220}
Monroe	7,666	7,737	7,808	7,808	7,892	(1,578)	[379]	{189}	7,973	(1,595)	[383]	{191}	8,052	(1,610)	[387]	{193}
Oakland	61,495	61,794	62,094	62,094	62,591	(12,518)	[3,004]	{1,502}	63,051	(12,610)	[3,026]	{1,513}	63,489	(12,698)	[3,047]	{1,524}
Washtenaw	13,788	13,873	13,959	13,959	14,086	(2,817)	[676]	{338}	14,207	(2,841)	[682]	{341}	14,323	(2,865)	[687]	{344}
Wayne	85,293	85,644	85,996	85,996	86,557	(17,311)	[4,155]	{2,077}	87,075	(17,415)	[4,180]	{2,090}	87,554	(17,511)	[4,203]	{2,101}

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.