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

Date: 1/7/21

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 1/7/21 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.

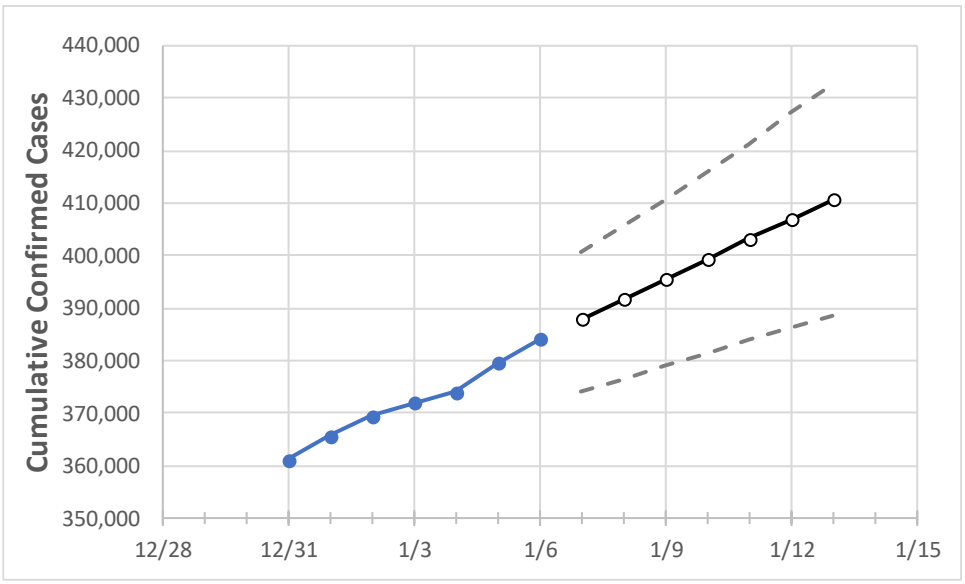
IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13
Alabama	371,934	374,095	379,593	384,184	387,932	391,717	395,527	399,291	403,204	406,977	410,778

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.

Alabama Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13
Jefferson	54,012	54,349	55,344	56,031	56,639	57,241	57,847	58,445	59,047	59,636	60,238
Lee	10,560	10,656	10,765	10,964	11,074	11,187	11,304	11,421	11,543	11,668	11,794
Madison	23,364	23,563	23,840	24,111	24,380	24,652	24,920	25,191	25,456	25,721	25,990
Marshall	9,314	9,340	9,401	9,497	9,552	9,604	9,658	9,711	9,764	9,814	9,865
Mobile	26,677	26,854	27,099	27,343	27,605	27,869	28,141	28,412	28,687	28,959	29,237
Montgomery	16,446	16,615	17,061	17,281	17,462	17,650	17,839	18,035	18,240	18,449	18,668
Shelby	16,186	16,323	16,622	16,824	17,009	17,190	17,373	17,555	17,741	17,928	18,118
Tuscaloosa	19,043	19,161	19,288	19,485	19,644	19,804	19,963	20,120	20,278	20,440	20,599

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:		
	1/3	1/4	1/5	1/6	1/8	1/10	1/12
Jefferson	54,012	54,349	55,344	56,031	57,241 (11,448) [2,748] {1,374}	58,445 (11,689) [2,805] {1,403}	59,636 (11,927) [2,863] {1,431}
Lee	10,560	10,656	10,765	10,964	11,187 (2,237) [537] {268}	11,421 (2,284) [548] {274}	11,668 (2,334) [560] {280}
Madison	23,364	23,563	23,840	24,111	24,652 (4,930) [1,183] {592}	25,191 (5,038) [1,209] {605}	25,721 (5,144) [1,235] {617}
Marshall	9,314	9,340	9,401	9,497	9,604 (1,921) [461] {230}	9,711 (1,942) [466] {233}	9,814 (1,963) [471] {236}
Mobile	26,677	26,854	27,099	27,343	27,869 (5,574) [1,338] {669}	28,412 (5,682) [1,364] {682}	28,959 (5,792) [1,390] {695}
Montgomery	16,446	16,615	17,061	17,281	17,650 (3,530) [847] {424}	18,035 (3,607) [866] {433}	18,449 (3,690) [886] {443}
Shelby	16,186	16,323	16,622	16,824	17,190 (3,438) [825] {413}	17,555 (3,511) [843] {421}	17,928 (3,586) [861] {430}
Tuscaloosa	19,043	19,161	19,288	19,485	19,804 (3,961) [951] {475}	20,120 (4,024) [966] {483}	20,440 (4,088) [981] {491}

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.