

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 1/12/21**

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 1/12/21 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.

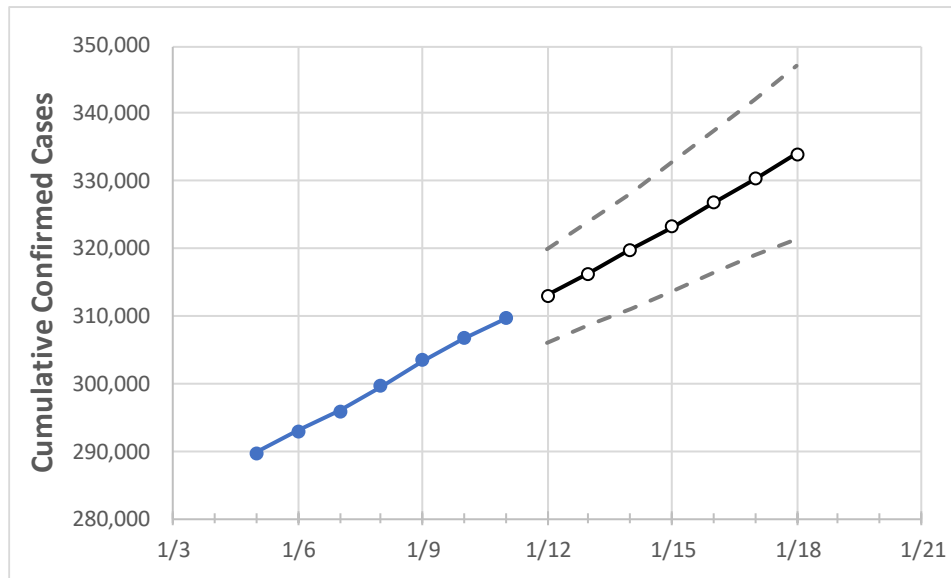
IEM's Modeling Lead

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.

Maryland State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	
Maryland	299,606	303,364	306,674	309,686	312,978	316,313	319,761	323,234	326,781	330,359	334,003	

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.

Maryland Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	
Anne Arundel	26,916	27,345	27,770	28,202	28,588	28,992	29,407	29,827	30,266	30,713	31,162	
Baltimore City	33,528	33,848	34,121	34,400	34,694	34,993	35,301	35,616	35,946	36,276	36,614	
Baltimore County	41,229	41,602	41,972	42,307	42,666	43,035	43,407	43,786	44,177	44,573	44,980	
Charles	6,624	6,695	6,771	6,818	6,888	6,959	7,032	7,106	7,181	7,258	7,337	
Frederick	12,730	12,818	12,937	13,501	13,726	13,952	14,189	14,433	14,684	14,939	15,204	
Harford	9,349	9,444	9,563	9,682	9,793	9,908	10,022	10,139	10,259	10,377	10,501	
Howard	12,249	12,459	12,612	12,734	12,891	13,056	13,225	13,395	13,570	13,750	13,936	
Montgomery	50,428	51,067	51,527	52,015	52,554	53,101	53,659	54,217	54,791	55,369	55,959	
Prince George's	58,954	59,540	60,023	60,505	61,052	61,603	62,160	62,739	63,315	63,914	64,512	

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:											
	1/8	1/9	1/10	1/11	1/13			1/15			1/17					
Anne Arundel	26,916	27,345	27,770	28,202	28,992	(5,798)	[1,392]	{696}	29,827	(5,965)	[1,432]	{716}	30,713	(6,143)	[1,474]	{737}
Baltimore City	33,528	33,848	34,121	34,400	34,993	(6,999)	[1,680]	{840}	35,616	(7,123)	[1,710]	{855}	36,276	(7,255)	[1,741]	{871}
Baltimore County	41,229	41,602	41,972	42,307	43,035	(8,607)	[2,066]	{1,033}	43,786	(8,757)	[2,102]	{1,051}	44,573	(8,915)	[2,140]	{1,070}
Charles	6,624	6,695	6,771	6,818	6,959	(1,392)	[334]	{167}	7,106	(1,421)	[341]	{171}	7,258	(1,452)	[348]	{174}
Frederick	12,730	12,818	12,937	13,501	13,952	(2,790)	[670]	{335}	14,433	(2,887)	[693]	{346}	14,939	(2,988)	[717]	{359}
Harford	9,349	9,444	9,563	9,682	9,908	(1,982)	[476]	{238}	10,139	(2,028)	[487]	{243}	10,377	(2,075)	[498]	{249}
Howard	12,249	12,459	12,612	12,734	13,056	(2,611)	[627]	{313}	13,395	(2,679)	[643]	{321}	13,750	(2,750)	[660]	{330}
Montgomery	50,428	51,067	51,527	52,015	53,101	(10,620)	[2,549]	{1,274}	54,217	(10,843)	[2,602]	{1,301}	55,369	(11,074)	[2,658]	{1,329}
Prince George's	58,954	59,540	60,023	60,505	61,603	(12,321)	[2,957]	{1,478}	62,739	(12,548)	[3,011]	{1,506}	63,914	(12,783)	[3,068]	{1,534}

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.