

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.

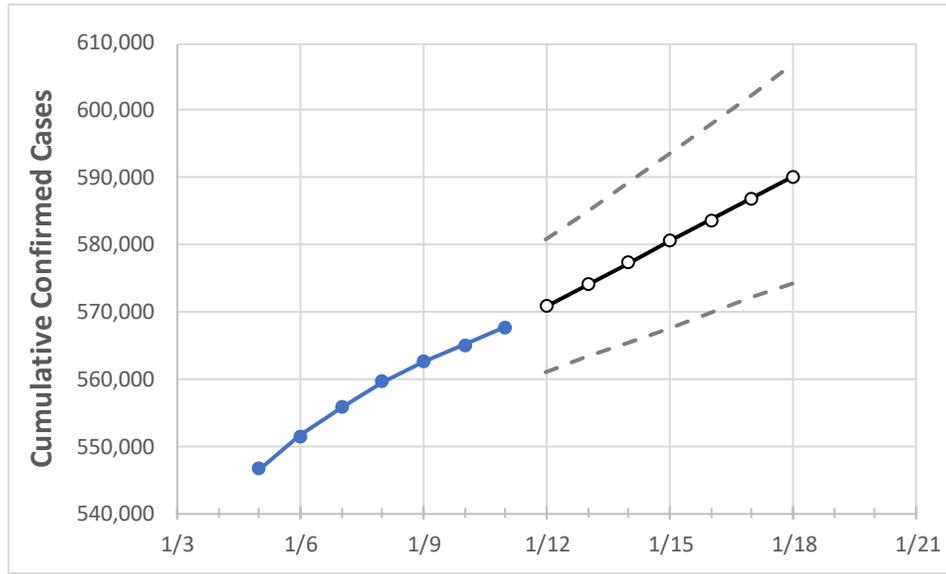
IEM's Modeling Lead

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.

Michigan 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	
Michigan	559,655	562,553	565,118	567,682	570,880	574,099	577,364	580,535	583,734	586,898	590,097	

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:							
	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	
Genesee	22,511	22,643	22,770	22,896	22,985	23,070	23,154	23,234	23,313	23,394	23,472	
Ingham	13,324	13,434	13,506	13,577	13,649	13,722	13,796	13,868	13,938	14,007	14,075	
Kent	45,622	45,835	46,029	46,222	46,469	46,715	46,962	47,208	47,464	47,710	47,969	
Livingston	8,478	8,535	8,600	8,665	8,743	8,824	8,907	8,991	9,075	9,163	9,248	
Macomb	51,779	51,967	52,167	52,367	52,591	52,815	53,036	53,260	53,485	53,702	53,911	
Monroe	8,195	8,249	8,287	8,325	8,384	8,442	8,501	8,558	8,617	8,676	8,733	
Oakland	64,666	64,880	65,213	65,546	65,921	66,306	66,681	67,062	67,443	67,816	68,202	
Washtenaw	14,712	14,781	14,863	14,945	15,056	15,167	15,281	15,396	15,509	15,627	15,743	
Wayne	89,136	89,516	89,934	90,351	90,787	91,224	91,665	92,109	92,538	92,976	93,408	

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:											
	1/8	1/9	1/10	1/11	1/13			1/15			1/17					
Genesee	22,511	22,643	22,770	22,896	23,070	(4,614)	[1,107]	{554}	23,234	(4,647)	[1,115]	{558}	23,394	(4,679)	[1,123]	{561}
Ingham	13,324	13,434	13,506	13,577	13,722	(2,744)	[659]	{329}	13,868	(2,774)	[666]	{333}	14,007	(2,801)	[672]	{336}
Kent	45,622	45,835	46,029	46,222	46,715	(9,343)	[2,242]	{1,121}	47,208	(9,442)	[2,266]	{1,133}	47,710	(9,542)	[2,290]	{1,145}
Livingston	8,478	8,535	8,600	8,665	8,824	(1,765)	[424]	{212}	8,991	(1,798)	[432]	{216}	9,163	(1,833)	[440]	{220}
Macomb	51,779	51,967	52,167	52,367	52,815	(10,563)	[2,535]	{1,268}	53,260	(10,652)	[2,556]	{1,278}	53,702	(10,740)	[2,578]	{1,289}
Monroe	8,195	8,249	8,287	8,325	8,442	(1,688)	[405]	{203}	8,558	(1,712)	[411]	{205}	8,676	(1,735)	[416]	{208}
Oakland	64,666	64,880	65,213	65,546	66,306	(13,261)	[3,183]	{1,591}	67,062	(13,412)	[3,219]	{1,609}	67,816	(13,563)	[3,255]	{1,628}
Washtenaw	14,712	14,781	14,863	14,945	15,167	(3,033)	[728]	{364}	15,396	(3,079)	[739]	{369}	15,627	(3,125)	[750]	{375}
Wayne	89,136	89,516	89,934	90,351	91,224	(18,245)	[4,379]	{2,189}	92,109	(18,422)	[4,421]	{2,211}	92,976	(18,595)	[4,463]	{2,231}

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.