

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

Date: 1/13/21

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 1/13/21 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.**

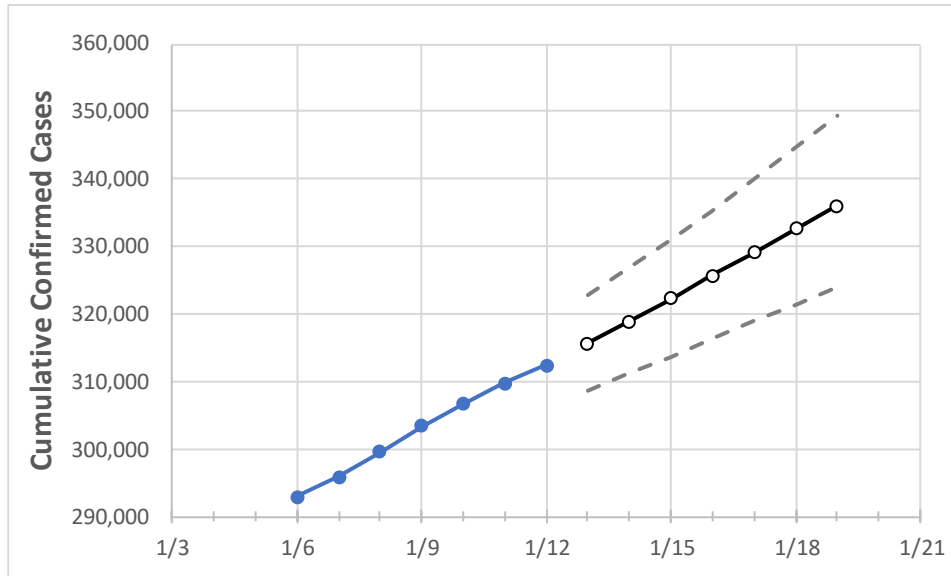
### IEM's Modeling Lead

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:							
	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	
Maryland	303,364	306,674	309,686	312,351	315,604	318,887	322,266	325,668	329,090	332,602	336,102	

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:							
	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	
Anne Arundel	27,345	27,770	28,202	28,416	28,801	29,194	29,591	30,005	30,429	30,849	31,280	
Baltimore City	33,848	34,121	34,400	34,443	34,689	34,931	35,183	35,428	35,675	35,933	36,183	
Baltimore County	41,602	41,972	42,307	42,505	42,848	43,189	43,542	43,896	44,257	44,619	44,984	
Charles	6,695	6,771	6,818	6,890	6,962	7,032	7,104	7,178	7,252	7,329	7,406	
Frederick	12,818	12,937	13,501	13,676	13,892	14,115	14,343	14,577	14,813	15,057	15,313	
Harford	9,444	9,563	9,682	9,739	9,846	9,953	10,062	10,174	10,290	10,405	10,521	
Howard	12,459	12,612	12,734	12,863	13,024	13,190	13,357	13,531	13,709	13,895	14,085	
Montgomery	51,067	51,527	52,015	52,368	52,886	53,405	53,934	54,462	55,011	55,560	56,114	
Prince George’s	59,540	60,023	60,505	60,972	61,513	62,068	62,621	63,190	63,765	64,344	64,927	

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:											
	1/9	1/10	1/11	1/12	1/14				1/16				1/18			
Anne Arundel	27,345	27,770	28,202	28,416	29,194	(5,839)	[1,401]	{701}	30,005	(6,001)	[1,440]	{720}	30,849	(6,170)	[1,481]	{740}
Baltimore City	33,848	34,121	34,400	34,443	34,931	(6,986)	[1,677]	{838}	35,428	(7,086)	[1,701]	{850}	35,933	(7,187)	[1,725]	{862}
Baltimore County	41,602	41,972	42,307	42,505	43,189	(8,638)	[2,073]	{1,037}	43,896	(8,779)	[2,107]	{1,053}	44,619	(8,924)	[2,142]	{1,071}
Charles	6,695	6,771	6,818	6,890	7,032	(1,406)	[338]	{169}	7,178	(1,436)	[345]	{172}	7,329	(1,466)	[352]	{176}
Frederick	12,818	12,937	13,501	13,676	14,115	(2,823)	[678]	{339}	14,577	(2,915)	[700]	{350}	15,057	(3,011)	[723]	{361}
Harford	9,444	9,563	9,682	9,739	9,953	(1,991)	[478]	{239}	10,174	(2,035)	[488]	{244}	10,405	(2,081)	[499]	{250}
Howard	12,459	12,612	12,734	12,863	13,190	(2,638)	[633]	{317}	13,531	(2,706)	[649]	{325}	13,895	(2,779)	[667]	{333}
Montgomery	51,067	51,527	52,015	52,368	53,405	(10,681)	[2,563]	{1,282}	54,462	(10,892)	[2,614]	{1,307}	55,560	(11,112)	[2,667]	{1,333}
Prince George's	59,540	60,023	60,505	60,972	62,068	(12,414)	[2,979]	{1,490}	63,190	(12,638)	[3,033]	{1,517}	64,344	(12,869)	[3,088]	{1,544}

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.