

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 1/26/21**

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 1/26/21 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.**

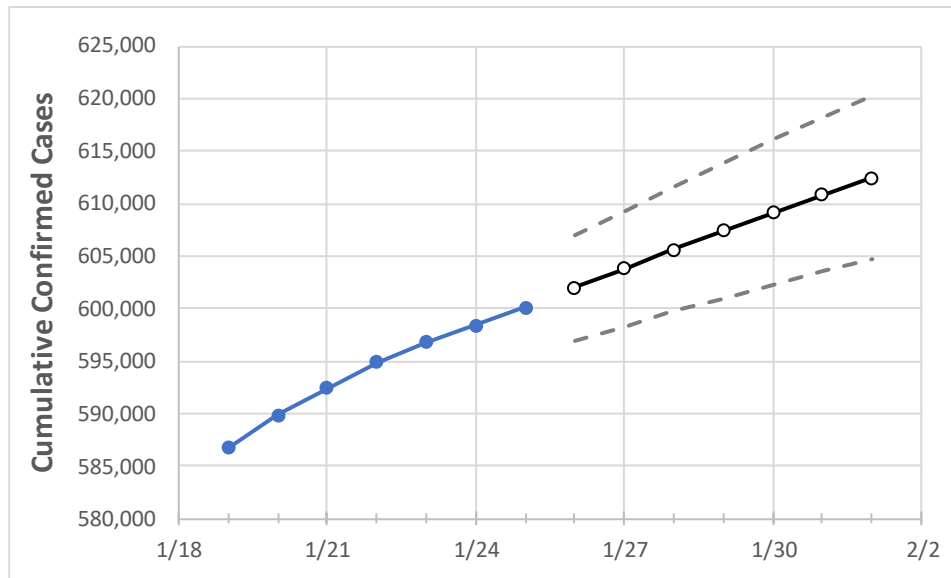
**IEM's Modeling Lead**

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:						
	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1
Michigan	594,920	596,746	598,420	600,093	601,991	603,801	605,628	607,428	609,152	610,867	612,439

*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:						
	1/22	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1
Genesee	23,916	23,981	24,038	24,094	24,161	24,225	24,287	24,345	24,403	24,459	24,511
Ingham	14,493	14,534	14,581	14,628	14,694	14,759	14,826	14,891	14,955	15,015	15,076
Kent	48,198	48,320	48,450	48,579	48,719	48,860	48,995	49,126	49,254	49,379	49,504
Livingston	9,250	9,291	9,329	9,366	9,408	9,449	9,489	9,528	9,566	9,603	9,639
Macomb	54,565	54,764	54,877	54,990	55,155	55,317	55,472	55,632	55,787	55,937	56,083
Monroe	8,876	8,909	8,934	8,959	8,996	9,033	9,070	9,106	9,139	9,172	9,205
Oakland	68,795	68,958	69,122	69,285	69,499	69,710	69,907	70,106	70,303	70,493	70,671
Washtenaw	15,854	15,933	15,992	16,051	16,119	16,188	16,255	16,323	16,388	16,452	16,515
Wayne	94,453	94,689	94,935	95,180	95,469	95,747	96,021	96,288	96,550	96,807	97,055

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:											
	1/22	1/23	1/24	1/25	1/27				1/29				1/31			
Genesee	23,916	23,981	24,038	24,094	24,225	(4,845)	[1,163]	{581}	24,345	(4,869)	[1,169]	{584}	24,459	(4,892)	[1,174]	{587}
Ingham	14,493	14,534	14,581	14,628	14,759	(2,952)	[708]	{354}	14,891	(2,978)	[715]	{357}	15,015	(3,003)	[721]	{360}
Kent	48,198	48,320	48,450	48,579	48,860	(9,772)	[2,345]	{1,173}	49,126	(9,825)	[2,358]	{1,179}	49,379	(9,876)	[2,370]	{1,185}
Livingston	9,250	9,291	9,329	9,366	9,449	(1,890)	[454]	{227}	9,528	(1,906)	[457]	{229}	9,603	(1,921)	[461]	{230}
Macomb	54,565	54,764	54,877	54,990	55,317	(11,063)	[2,655]	{1,328}	55,632	(11,126)	[2,670]	{1,335}	55,937	(11,187)	[2,685]	{1,342}
Monroe	8,876	8,909	8,934	8,959	9,033	(1,807)	[434]	{217}	9,106	(1,821)	[437]	{219}	9,172	(1,834)	[440]	{220}
Oakland	68,795	68,958	69,122	69,285	69,710	(13,942)	[3,346]	{1,673}	70,106	(14,021)	[3,365]	{1,683}	70,493	(14,099)	[3,384]	{1,692}
Washtenaw	15,854	15,933	15,992	16,051	16,188	(3,238)	[777]	{389}	16,323	(3,265)	[784]	{392}	16,452	(3,290)	[790]	{395}
Wayne	94,453	94,689	94,935	95,180	95,747	(19,149)	[4,596]	{2,298}	96,288	(19,258)	[4,622]	{2,311}	96,807	(19,361)	[4,647]	{2,323}

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.