

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

Date: 1/27/21

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 <u>not</u> 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 1/27/21 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

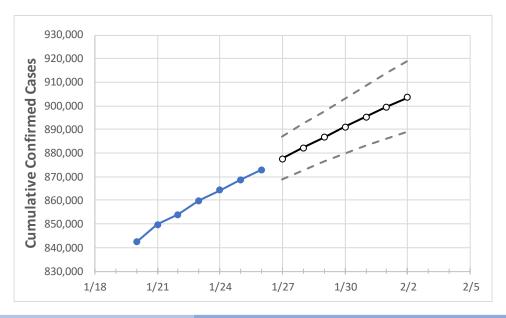
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



Ohio State Projections



	Ac	tual Confirr	ned Cases (On:	Projected Cases For:									
	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1	2/2			
Ohio	859,841	864,322	868,656	872,918	877,611	882,229	886,757	891,094	895,296	899,470	903,468			

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.

Ohio Counties

	Act	ual Confirn	ned Cases	On:	Projected Cases For:								
	1/23	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1	2/2		
Athens	3,800	3,812	3,838	3,861	3,886	3,912	3,937	3,962	3,987	4,011	4,036		
Cuyahoga	85,571	86,066	86,520	86,893	87,390	87,875	88,355	88,828	89,291	89,731	90,172		
Franklin	101,171	101,705	102,154	102,616	103,143	103,655	104,157	104,650	105,124	105,596	106,053		
Hamilton	64,017	64,392	64,744	65,148	65,593	66,031	66,461	66,890	67,317	67,729	68,150		
Lake	16,080	16,178	16,250	16,350	16,449	16,545	16,638	16,729	16,817	16,901	16,983		
Lorain	19,017	19,165	19,296	19,378	19,518	19,654	19,786	19,918	20,044	20,172	20,292		
Lucas	31,350	31,500	31,663	31,794	31,970	32,146	32,314	32,481	32,643	32,805	32,966		
Mahoning	17,321	17,383	17,471	17,561	17,645	17,728	17,809	17,889	17,966	18,042	18,117		
Medina	11,591	11,666	11,732	11,798	11,867	11,933	11,997	12,062	12,124	12,184	12,242		
Miami	9,168	9,210	9,244	9,272	9,316	9,358	9,400	9,440	9,479	9,518	9,558		
Summit	34,836	35,063	35,250	35,411	35,615	35,811	36,001	36,190	36,369	36,544	36,715		



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.

Ohio Medical Demands by County

	Actua	al Confirm	ned Case	s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:									
	1/23	1/24	1/25	1/26	1/28			1/30			2/1			
Athens	3,800	3,812	3,838	3,861	3,912 (782)	[188] {94	1}	3,962 (792)	[190] {	95}	4,01	l1 (802)	[193]	[96]
Cuyahoga	85,571	86,066	86,520	86,893	87,875 (17,575)	[4,218] {2	2,109}	88,828 (17,766)	[4,264]	{2,132}	89,731	(17,946)	[4,307]	{2,154}
Franklin	101,171	101,705	102,154	102,616	103,655 (20,731)	[4,975] {	[2,488]	104,650 (20,930)	[5,023]	{2,512}	105,596	(21,119)	[5,069]	{2,534}
Hamilton	64,017	64,392	64,744	65,148	66,031 (13,206)	[3,169] {1	1,585}	66,890 (13,378)	[3,211]	{1,605}	67,729	(13,546)	[3,251]	{1,626}
Lake	16,080	16,178	16,250	16,350	16,545 (3,309)	[794] {3	397}	16,729 (3,346	(803)	{402}	16,90	1 (3,380)	[811]	{406}
Lorain	19,017	19,165	19,296	19,378	19,654 (3,931)	[943] {4	172}	19,918 (3,984) [956]	{478}	20,17	2 (4,034)	[968]	{484}
Lucas	31,350	31,500	31,663	31,794	32,146 (6,429)	[1,543] {	772}	32,481 (6,496)	[1,559]	{780}	32,805	(6,561)	[1,575]	{787}
Mahoning	17,321	17,383	17,471	17,561	17,728 (3,546)	[851] {4	125}	17,889 (3,578	(859)	{429}	18,04	2 (3,608)	[866]	{433}
Medina	11,591	11,666	11,732	11,798	11,933 (2,387)	[573] {2	286}	12,062 (2,412) [579]	{289}	12,18	4 (2,437)	[585]	{292}
Miami	9,168	9,210	9,244	9,272	9,358 (1,872)	[449] {22	25}	9,440 (1,888)	[453] {	[227]	9,518	(1,904)	[457]	{228}
Summit	34,836	35,063	35,250	35,411	35,811 (7,162)	[1,719] {8	859}	36,190 (7,238)	[1,737]	{869}	36,544	(7,309)	[1,754]	{877}

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.

