

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

Date: 2/8/21

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 2/8/21 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.**

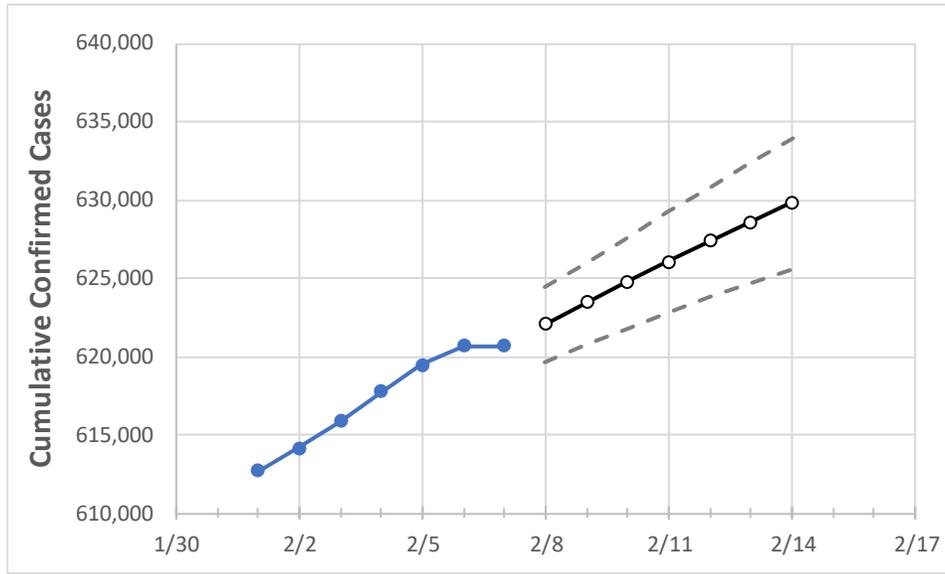
### IEM's Modeling Lead

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:							
	2/4	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	
Michigan	617,745	619,499	620,685	620,685	622,082	623,452	624,776	626,087	627,364	628,610	629,827	

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:							
	2/4	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	
Genesee	24,565	24,621	24,651	24,651	24,683	24,715	24,745	24,774	24,802	24,829	24,855	
Ingham	15,339	15,435	15,476	15,476	15,540	15,604	15,668	15,732	15,798	15,862	15,926	
Kent	49,759	49,871	49,976	49,976	50,071	50,161	50,250	50,336	50,424	50,508	50,590	
Livingston	9,785	9,807	9,827	9,827	9,858	9,886	9,914	9,941	9,967	9,992	10,018	
Macomb	56,481	56,615	56,708	56,708	56,813	56,915	57,016	57,116	57,210	57,305	57,392	
Monroe	9,305	9,328	9,345	9,345	9,369	9,392	9,414	9,434	9,455	9,474	9,494	
Oakland	71,441	71,677	71,810	71,810	71,989	72,166	72,336	72,507	72,668	72,834	72,991	
Washtenaw	17,180	17,261	17,342	17,342	17,454	17,564	17,674	17,782	17,895	18,008	18,122	
Wayne	97,698	97,916	98,130	98,130	98,323	98,506	98,687	98,858	99,026	99,195	99,357	

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:											
	2/4	2/5	2/6	2/7	2/9				2/11				2/13			
Genesee	24,565	24,621	24,651	24,651	24,715	(4,943)	[1,186]	{593}	24,774	(4,955)	[1,189]	{595}	24,829	(4,966)	[1,192]	{596}
Ingham	15,339	15,435	15,476	15,476	15,604	(3,121)	[749]	{374}	15,732	(3,146)	[755]	{378}	15,862	(3,172)	[761]	{381}
Kent	49,759	49,871	49,976	49,976	50,161	(10,032)	[2,408]	{1,204}	50,336	(10,067)	[2,416]	{1,208}	50,508	(10,102)	[2,424]	{1,212}
Livingston	9,785	9,807	9,827	9,827	9,886	(1,977)	[475]	{237}	9,941	(1,988)	[477]	{239}	9,992	(1,998)	[480]	{240}
Macomb	56,481	56,615	56,708	56,708	56,915	(11,383)	[2,732]	{1,366}	57,116	(11,423)	[2,742]	{1,371}	57,305	(11,461)	[2,751]	{1,375}
Monroe	9,305	9,328	9,345	9,345	9,392	(1,878)	[451]	{225}	9,434	(1,887)	[453]	{226}	9,474	(1,895)	[455]	{227}
Oakland	71,441	71,677	71,810	71,810	72,166	(14,433)	[3,464]	{1,732}	72,507	(14,501)	[3,480]	{1,740}	72,834	(14,567)	[3,496]	{1,748}
Washtenaw	17,180	17,261	17,342	17,342	17,564	(3,513)	[843]	{422}	17,782	(3,556)	[854]	{427}	18,008	(3,602)	[864]	{432}
Wayne	97,698	97,916	98,130	98,130	98,506	(19,701)	[4,728]	{2,364}	98,858	(19,772)	[4,745]	{2,373}	99,195	(19,839)	[4,761]	{2,381}

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.