

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

Date: 2/12/21

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 2/12/21 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.

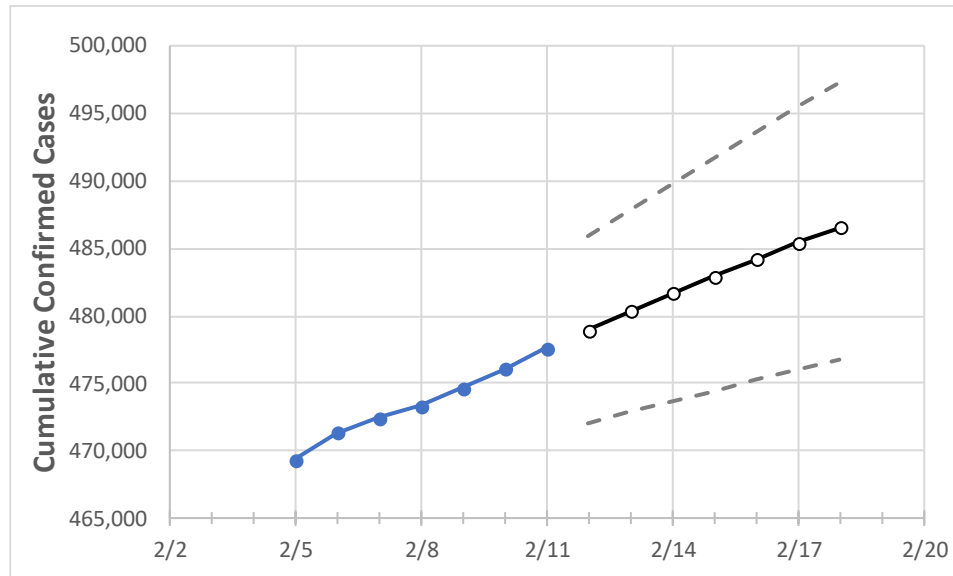
IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18
Alabama	473,348	474,666	476,067	477,570	478,952	480,300	481,641	482,923	484,166	485,401	486,543

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.

Alabama Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18
Jefferson	68,577	68,747	68,930	69,117	69,279	69,438	69,590	69,738	69,879	70,011	70,147
Lee	14,361	14,391	14,443	14,491	14,539	14,586	14,632	14,675	14,718	14,759	14,799
Madison	30,840	30,919	31,076	31,219	31,346	31,471	31,593	31,710	31,826	31,941	32,056
Marshall	10,989	11,014	11,032	11,057	11,079	11,101	11,121	11,140	11,159	11,178	11,196
Mobile	34,219	34,329	34,431	34,555	34,671	34,784	34,892	35,001	35,105	35,209	35,309
Montgomery	21,514	21,634	21,703	21,788	21,859	21,924	21,987	22,055	22,119	22,177	22,234
Shelby	20,907	20,992	21,049	21,098	21,164	21,228	21,292	21,355	21,416	21,475	21,533
Tuscaloosa	23,123	23,127	23,230	23,291	23,364	23,435	23,504	23,569	23,636	23,700	23,759

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.

Alabama Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	2/8	2/9	2/10	2/11	2/13				2/15				2/17			
Jefferson	68,577	68,747	68,930	69,117	69,438	(13,888)	[3,333]	{1,667}	69,738	(13,948)	[3,347]	{1,674}	70,011	(14,002)	[3,361]	{1,680}
Lee	14,361	14,391	14,443	14,491	14,586	(2,917)	[700]	{350}	14,675	(2,935)	[704]	{352}	14,759	(2,952)	[708]	{354}
Madison	30,840	30,919	31,076	31,219	31,471	(6,294)	[1,511]	{755}	31,710	(6,342)	[1,522]	{761}	31,941	(6,388)	[1,533]	{767}
Marshall	10,989	11,014	11,032	11,057	11,101	(2,220)	[533]	{266}	11,140	(2,228)	[535]	{267}	11,178	(2,236)	[537]	{268}
Mobile	34,219	34,329	34,431	34,555	34,784	(6,957)	[1,670]	{835}	35,001	(7,000)	[1,680]	{840}	35,209	(7,042)	[1,690]	{845}
Montgomery	21,514	21,634	21,703	21,788	21,924	(4,385)	[1,052]	{526}	22,055	(4,411)	[1,059]	{529}	22,177	(4,435)	[1,065]	{532}
Shelby	20,907	20,992	21,049	21,098	21,228	(4,246)	[1,019]	{509}	21,355	(4,271)	[1,025]	{513}	21,475	(4,295)	[1,031]	{515}
Tuscaloosa	23,123	23,127	23,230	23,291	23,435	(4,687)	[1,125]	{562}	23,569	(4,714)	[1,131]	{566}	23,700	(4,740)	[1,138]	{569}

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.