

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 2/23/21**

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 2/23/21 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.**

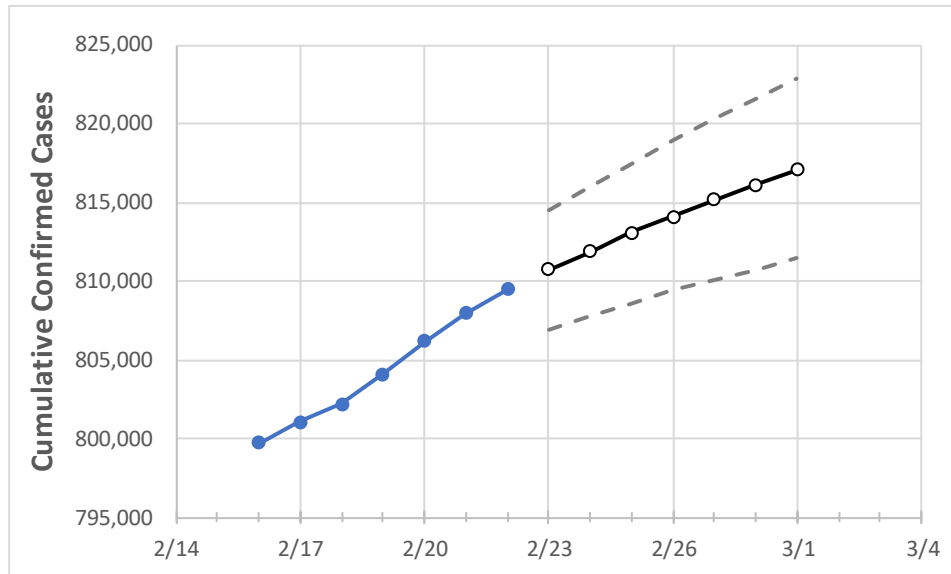
**IEM's Modeling Lead**

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.

## Arizona State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1
Arizona	804,116	806,163	807,967	809,474	810,730	811,911	813,052	814,120	815,172	816,140	817,065

*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.*

## Arizona Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1
Coconino	16,185	16,209	16,256	16,281	16,310	16,338	16,365	16,392	16,417	16,442	16,466
Maricopa	502,454	503,686	504,992	506,046	506,842	507,620	508,356	509,057	509,727	510,380	510,990
Navajo	15,376	15,448	15,453	15,477	15,505	15,533	15,560	15,586	15,613	15,639	15,662
Pima	107,793	108,094	108,341	108,479	108,637	108,786	108,936	109,078	109,210	109,335	109,461
Pinal	45,267	45,434	45,439	45,535	45,605	45,668	45,726	45,785	45,841	45,894	45,947

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.

#### Arizona Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	2/19	2/20	2/21	2/22	2/24				2/26				2/28			
Coconino	16,185	16,209	16,256	16,281	16,338	(3,268)	[784]	{392}	16,392	(3,278)	[787]	{393}	16,442	(3,288)	[789]	{395}
Maricopa	502,454	503,686	504,992	506,046	507,620	(101,524)	[24,366]	{12,183}	509,057	(101,811)	[24,435]	{12,217}	510,380	(102,076)	[24,498]	{12,249}
Navajo	15,376	15,448	15,453	15,477	15,533	(3,107)	[746]	{373}	15,586	(3,117)	[748]	{374}	15,639	(3,128)	[751]	{375}
Pima	107,793	108,094	108,341	108,479	108,786	(21,757)	[5,222]	{2,611}	109,078	(21,816)	[5,236]	{2,618}	109,335	(21,867)	[5,248]	{2,624}
Pinal	45,267	45,434	45,439	45,535	45,668	(9,134)	[2,192]	{1,096}	45,785	(9,157)	[2,198]	{1,099}	45,894	(9,179)	[2,203]	{1,101}

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.