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

Date: 3/3/21

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 3/3/21 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.

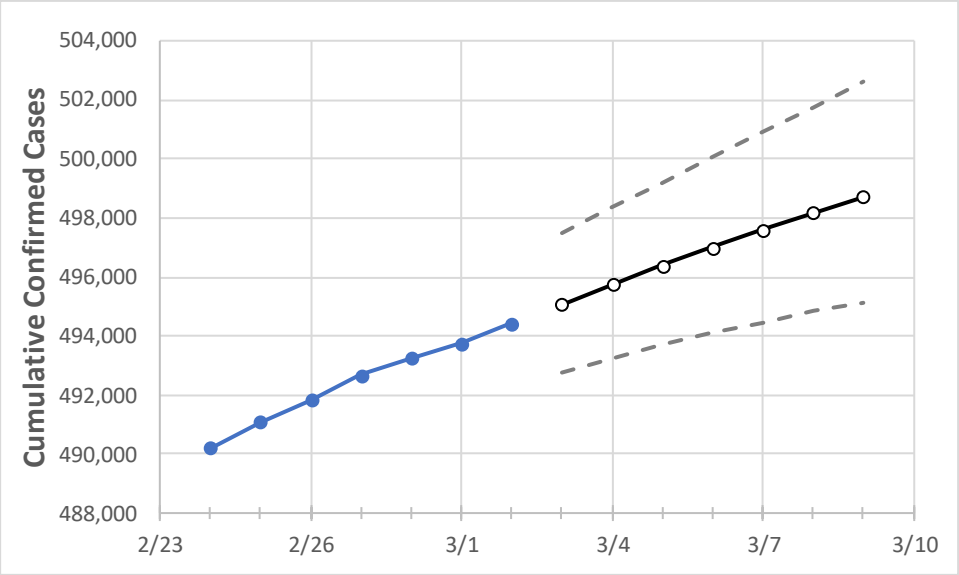
IEM's Modeling Lead

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:						
	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	3/8	3/9
Alabama	492,683	493,252	493,769	494,421	495,092	495,748	496,387	497,000	497,604	498,185	498,737

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:						
	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	3/8	3/9
Jefferson	70,906	70,986	71,073	71,145	71,225	71,305	71,383	71,459	71,534	71,606	71,674
Lee	14,950	14,961	14,967	14,980	14,995	15,010	15,023	15,036	15,048	15,060	15,071
Madison	32,355	32,405	32,425	32,457	32,495	32,533	32,570	32,604	32,638	32,668	32,698
Marshall	11,250	11,261	11,262	11,269	11,277	11,285	11,292	11,299	11,306	11,313	11,319
Mobile	36,044	36,108	36,139	36,184	36,257	36,326	36,394	36,461	36,528	36,594	36,659
Montgomery	22,536	22,565	22,586	22,636	22,666	22,695	22,722	22,750	22,776	22,801	22,825
Shelby	21,892	21,929	21,968	22,020	22,059	22,097	22,135	22,172	22,209	22,243	22,278
Tuscaloosa	24,093	24,110	24,184	24,213	24,254	24,295	24,337	24,376	24,416	24,454	24,492

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:		
	2/27	2/28	3/1	3/2	3/4	3/6	3/8
Jefferson	70,906	70,986	71,073	71,145	71,305 (14,261) [3,423] {1,711}	71,459 (14,292) [3,430] {1,715}	71,606 (14,321) [3,437] {1,719}
Lee	14,950	14,961	14,967	14,980	15,010 (3,002) [720] {360}	15,036 (3,007) [722] {361}	15,060 (3,012) [723] {361}
Madison	32,355	32,405	32,425	32,457	32,533 (6,507) [1,562] {781}	32,604 (6,521) [1,565] {782}	32,668 (6,534) [1,568] {784}
Marshall	11,250	11,261	11,262	11,269	11,285 (2,257) [542] {271}	11,299 (2,260) [542] {271}	11,313 (2,263) [543] {272}
Mobile	36,044	36,108	36,139	36,184	36,326 (7,265) [1,744] {872}	36,461 (7,292) [1,750] {875}	36,594 (7,319) [1,757] {878}
Montgomery	22,536	22,565	22,586	22,636	22,695 (4,539) [1,089] {545}	22,750 (4,550) [1,092] {546}	22,801 (4,560) [1,094] {547}
Shelby	21,892	21,929	21,968	22,020	22,097 (4,419) [1,061] {530}	22,172 (4,434) [1,064] {532}	22,243 (4,449) [1,068] {534}
Tuscaloosa	24,093	24,110	24,184	24,213	24,295 (4,859) [1,166] {583}	24,376 (4,875) [1,170] {585}	24,454 (4,891) [1,174] {587}

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.