

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

Date: 3/8/21

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 3/8/21 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.

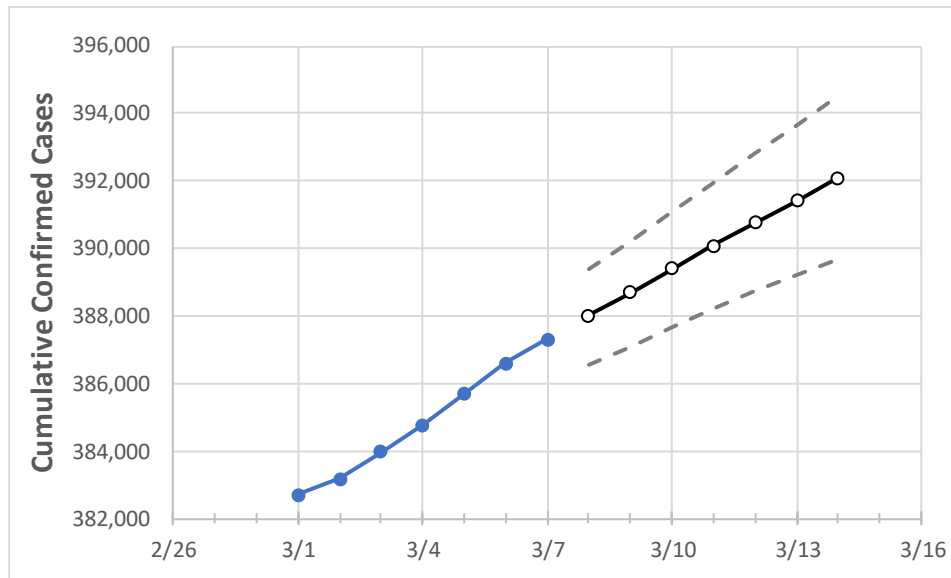
IEM's Modeling Lead

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.

Maryland State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14
Maryland	384,765	385,678	386,610	387,319	388,018	388,709	389,407	390,076	390,757	391,424	392,099

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.

Maryland Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14
Anne Arundel	36,084	36,149	36,241	36,331	36,409	36,489	36,567	36,646	36,725	36,802	36,879
Baltimore City	40,608	40,728	40,817	40,892	40,962	41,032	41,100	41,172	41,239	41,305	41,370
Baltimore County	51,318	51,492	51,639	51,730	51,843	51,957	52,071	52,184	52,299	52,407	52,522
Charles	9,033	9,057	9,074	9,104	9,126	9,148	9,169	9,191	9,212	9,233	9,253
Frederick	17,141	17,166	17,196	17,219	17,251	17,283	17,313	17,343	17,373	17,402	17,430
Harford	12,592	12,635	12,679	12,700	12,726	12,752	12,777	12,802	12,827	12,851	12,876
Howard	15,893	15,934	16,057	16,088	16,126	16,163	16,199	16,237	16,275	16,312	16,350
Montgomery	63,796	63,898	63,987	64,081	64,173	64,261	64,349	64,433	64,515	64,599	64,679
Prince George's	73,994	74,165	74,327	74,452	74,589	74,723	74,857	74,984	75,117	75,247	75,368

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.

Maryland Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	3/4	3/5	3/6	3/7	3/9			3/11			3/13					
Anne Arundel	36,084	36,149	36,241	36,331	36,489	(7,298)	[1,751]	{876}	36,646	(7,329)	[1,759]	{880}	36,802	(7,360)	[1,766]	{883}
Baltimore City	40,608	40,728	40,817	40,892	41,032	(8,206)	[1,970]	{985}	41,172	(8,234)	[1,976]	{988}	41,305	(8,261)	[1,983]	{991}
Baltimore County	51,318	51,492	51,639	51,730	51,957	(10,391)	[2,494]	{1,247}	52,184	(10,437)	[2,505]	{1,252}	52,407	(10,481)	[2,516]	{1,258}
Charles	9,033	9,057	9,074	9,104	9,148	(1,830)	[439]	{220}	9,191	(1,838)	[441]	{221}	9,233	(1,847)	[443]	{222}
Frederick	17,141	17,166	17,196	17,219	17,283	(3,457)	[830]	{415}	17,343	(3,469)	[832]	{416}	17,402	(3,480)	[835]	{418}
Harford	12,592	12,635	12,679	12,700	12,752	(2,550)	[612]	{306}	12,802	(2,560)	[615]	{307}	12,851	(2,570)	[617]	{308}
Howard	15,893	15,934	16,057	16,088	16,163	(3,233)	[776]	{388}	16,237	(3,247)	[779]	{390}	16,312	(3,262)	[783]	{391}
Montgomery	63,796	63,898	63,987	64,081	64,261	(12,852)	[3,085]	{1,542}	64,433	(12,887)	[3,093]	{1,546}	64,599	(12,920)	[3,101]	{1,550}
Prince George's	73,994	74,165	74,327	74,452	74,723	(14,945)	[3,587]	{1,793}	74,984	(14,997)	[3,599]	{1,800}	75,247	(15,049)	[3,612]	{1,806}

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.