

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 3/11/21**

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 3/11/21 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.

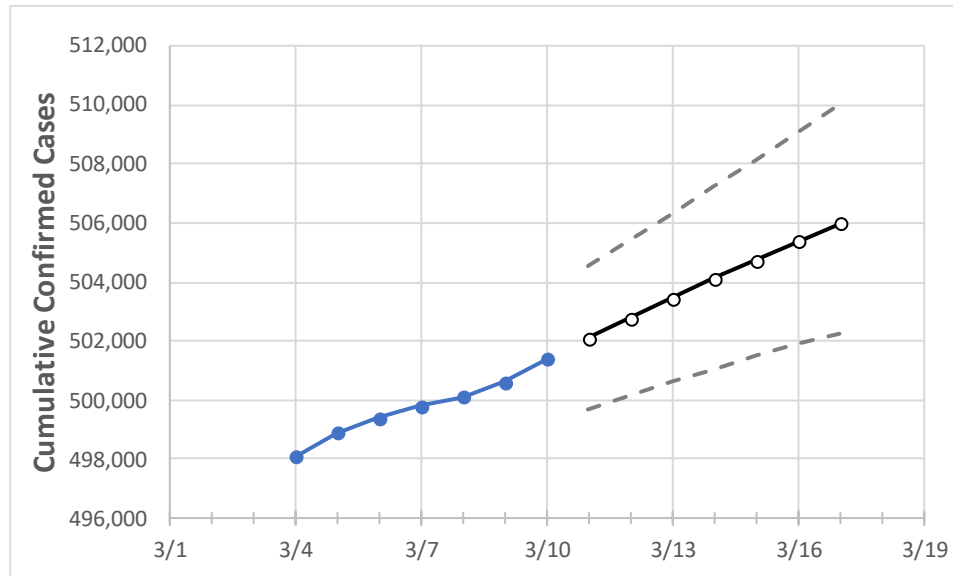
IEM's Modeling Lead

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
Alabama	499,819	500,092	500,616	501,398	502,092	502,784	503,448	504,108	504,733	505,371	505,975

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
Jefferson	72,033	72,082	72,170	72,293	72,419	72,544	72,670	72,797	72,925	73,051	73,181
Lee	15,083	15,084	15,087	15,108	15,118	15,128	15,138	15,147	15,156	15,164	15,171
Madison	32,708	32,722	32,754	32,786	32,814	32,840	32,865	32,891	32,916	32,939	32,962
Marshall	11,460	11,463	11,465	11,475	11,494	11,513	11,532	11,551	11,570	11,589	11,608
Mobile	36,423	36,436	36,473	36,525	36,559	36,590	36,620	36,648	36,676	36,701	36,725
Montgomery	22,805	22,826	22,860	22,891	22,918	22,945	22,971	22,997	23,022	23,046	23,069
Shelby	22,276	22,301	22,337	22,377	22,417	22,456	22,494	22,532	22,570	22,607	22,643
Tuscaloosa	24,457	24,465	24,485	24,513	24,544	24,575	24,606	24,635	24,663	24,691	24,718

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:											
	3/7	3/8	3/9	3/10	3/12				3/14				3/16			
Jefferson	72,033	72,082	72,170	72,293	72,544	(14,509)	[3,482]	{1,741}	72,797	(14,559)	[3,494]	{1,747}	73,051	(14,610)	[3,506]	{1,753}
Lee	15,083	15,084	15,087	15,108	15,128	(3,026)	[726]	{363}	15,147	(3,029)	[727]	{364}	15,164	(3,033)	[728]	{364}
Madison	32,708	32,722	32,754	32,786	32,840	(6,568)	[1,576]	{788}	32,891	(6,578)	[1,579]	{789}	32,939	(6,588)	[1,581]	{791}
Marshall	11,460	11,463	11,465	11,475	11,513	(2,303)	[553]	{276}	11,551	(2,310)	[554]	{277}	11,589	(2,318)	[556]	{278}
Mobile	36,423	36,436	36,473	36,525	36,590	(7,318)	[1,756]	{878}	36,648	(7,330)	[1,759]	{880}	36,701	(7,340)	[1,762]	{881}
Montgomery	22,805	22,826	22,860	22,891	22,945	(4,589)	[1,101]	{551}	22,997	(4,599)	[1,104]	{552}	23,046	(4,609)	[1,106]	{553}
Shelby	22,276	22,301	22,337	22,377	22,456	(4,491)	[1,078]	{539}	22,532	(4,506)	[1,082]	{541}	22,607	(4,521)	[1,085]	{543}
Tuscaloosa	24,457	24,465	24,485	24,513	24,575	(4,915)	[1,180]	{590}	24,635	(4,927)	[1,182]	{591}	24,691	(4,938)	[1,185]	{593}

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.