

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 3/12/21**

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 3/12/21 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.**

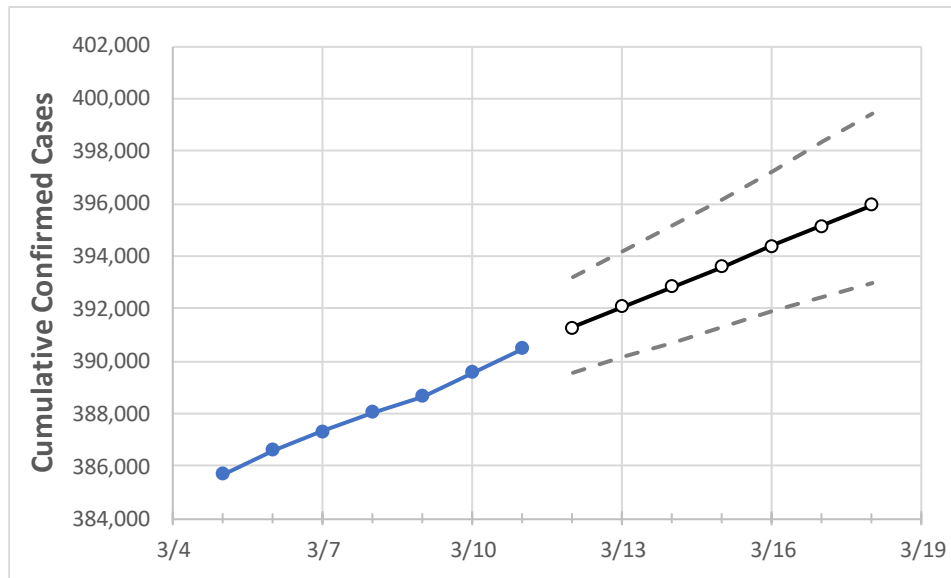
**IEM's Modeling Lead**

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.

## Maryland State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17	3/18
Maryland	388,035	388,666	389,566	390,490	391,275	392,058	392,830	393,601	394,379	395,159	395,936

*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:						
	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17	3/18
Anne Arundel	36,385	36,440	36,543	36,655	36,742	36,830	36,918	37,006	37,094	37,184	37,272
Baltimore City	41,000	41,047	41,193	41,282	41,369	41,454	41,545	41,632	41,721	41,817	41,906
Baltimore County	51,862	51,966	52,096	52,271	52,409	52,551	52,694	52,836	52,982	53,128	53,277
Charles	9,116	9,132	9,158	9,199	9,222	9,246	9,269	9,293	9,317	9,340	9,363
Frederick	17,247	17,282	17,324	17,360	17,393	17,427	17,459	17,493	17,525	17,557	17,589
Harford	12,750	12,771	12,823	12,864	12,898	12,933	12,967	13,002	13,036	13,071	13,105
Howard	16,114	16,202	16,283	16,326	16,379	16,432	16,484	16,539	16,595	16,650	16,707
Montgomery	64,166	64,273	64,399	64,514	64,614	64,714	64,812	64,910	65,007	65,104	65,200
Prince George's	74,571	74,704	74,851	74,991	75,121	75,253	75,385	75,510	75,635	75,755	75,878

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:											
	3/8	3/9	3/10	3/11	3/13				3/15				3/17			
Anne Arundel	36,385	36,440	36,543	36,655	36,830	(7,366)	[1,768]	{884}	37,006	(7,401)	[1,776]	{888}	37,184	(7,437)	[1,785]	{892}
Baltimore City	41,000	41,047	41,193	41,282	41,454	(8,291)	[1,990]	{995}	41,632	(8,326)	[1,998]	{999}	41,817	(8,363)	[2,007]	{1,004}
Baltimore County	51,862	51,966	52,096	52,271	52,551	(10,510)	[2,522]	{1,261}	52,836	(10,567)	[2,536]	{1,268}	53,128	(10,626)	[2,550]	{1,275}
Charles	9,116	9,132	9,158	9,199	9,246	(1,849)	[444]	{222}	9,293	(1,859)	[446]	{223}	9,340	(1,868)	[448]	{224}
Frederick	17,247	17,282	17,324	17,360	17,427	(3,485)	[836]	{418}	17,493	(3,499)	[840]	{420}	17,557	(3,511)	[843]	{421}
Harford	12,750	12,771	12,823	12,864	12,933	(2,587)	[621]	{310}	13,002	(2,600)	[624]	{312}	13,071	(2,614)	[627]	{314}
Howard	16,114	16,202	16,283	16,326	16,432	(3,286)	[789]	{394}	16,539	(3,308)	[794]	{397}	16,650	(3,330)	[799]	{400}
Montgomery	64,166	64,273	64,399	64,514	64,714	(12,943)	[3,106]	{1,553}	64,910	(12,982)	[3,116]	{1,558}	65,104	(13,021)	[3,125]	{1,563}
Prince George's	74,571	74,704	74,851	74,991	75,253	(15,051)	[3,612]	{1,806}	75,510	(15,102)	[3,624]	{1,812}	75,755	(15,151)	[3,636]	{1,818}

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.