

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

Date: 3/17/21

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 3/17/21 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.

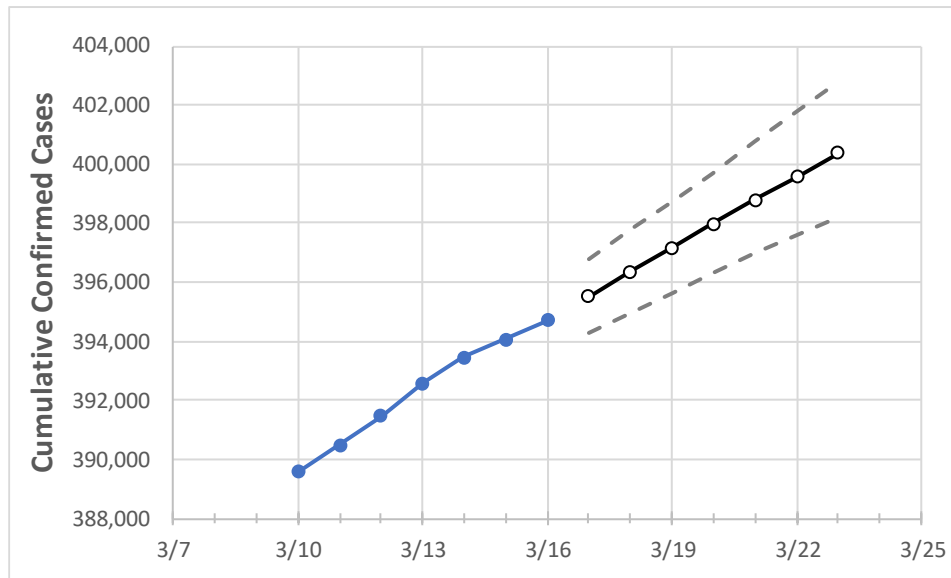
IEM's Modeling Lead

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:						
	3/13	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23
Maryland	392,581	393,441	394,058	394,716	395,533	396,353	397,166	397,977	398,775	399,581	400,379

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:						
	3/13	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23
Anne Arundel	36,870	36,965	37,012	37,074	37,160	37,247	37,330	37,415	37,504	37,588	37,672
Baltimore City	41,588	41,722	41,814	41,906	42,023	42,145	42,269	42,395	42,526	42,660	42,798
Baltimore County	52,606	52,740	52,828	52,936	53,075	53,214	53,356	53,495	53,639	53,783	53,928
Charles	9,253	9,275	9,296	9,334	9,360	9,387	9,414	9,441	9,467	9,494	9,521
Frederick	17,451	17,484	17,524	17,545	17,580	17,615	17,648	17,681	17,715	17,749	17,781
Harford	12,966	13,006	13,042	13,075	13,114	13,154	13,195	13,236	13,277	13,318	13,360
Howard	16,459	16,480	16,501	16,544	16,595	16,647	16,702	16,754	16,808	16,861	16,919
Montgomery	64,773	64,857	64,934	65,053	65,154	65,254	65,353	65,452	65,552	65,649	65,745
Prince George's	75,325	75,427	75,541	75,719	75,854	75,990	76,122	76,252	76,384	76,514	76,643

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:											
	3/13	3/14	3/15	3/16	3/18			3/20			3/22					
Anne Arundel	36,870	36,965	37,012	37,074	37,247	(7,449)	[1,788]	{894}	37,415	(7,483)	[1,796]	{898}	37,588	(7,518)	[1,804]	{902}
Baltimore City	41,588	41,722	41,814	41,906	42,145	(8,429)	[2,023]	{1,011}	42,395	(8,479)	[2,035]	{1,017}	42,660	(8,532)	[2,048]	{1,024}
Baltimore County	52,606	52,740	52,828	52,936	53,214	(10,643)	[2,554]	{1,277}	53,495	(10,699)	[2,568]	{1,284}	53,783	(10,757)	[2,582]	{1,291}
Charles	9,253	9,275	9,296	9,334	9,387	(1,877)	[451]	{225}	9,441	(1,888)	[453]	{227}	9,494	(1,899)	[456]	{228}
Frederick	17,451	17,484	17,524	17,545	17,615	(3,523)	[846]	{423}	17,681	(3,536)	[849]	{424}	17,749	(3,550)	[852]	{426}
Harford	12,966	13,006	13,042	13,075	13,154	(2,631)	[631]	{316}	13,236	(2,647)	[635]	{318}	13,318	(2,664)	[639]	{320}
Howard	16,459	16,480	16,501	16,544	16,647	(3,329)	[799]	{400}	16,754	(3,351)	[804]	{402}	16,861	(3,372)	[809]	{405}
Montgomery	64,773	64,857	64,934	65,053	65,254	(13,051)	[3,132]	{1,566}	65,452	(13,090)	[3,142]	{1,571}	65,649	(13,130)	[3,151]	{1,576}
Prince George's	75,325	75,427	75,541	75,719	75,990	(15,198)	[3,648]	{1,824}	76,252	(15,250)	[3,660]	{1,830}	76,514	(15,303)	[3,673]	{1,836}

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.