

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

Date: 3/31/21

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 3/31/21 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.

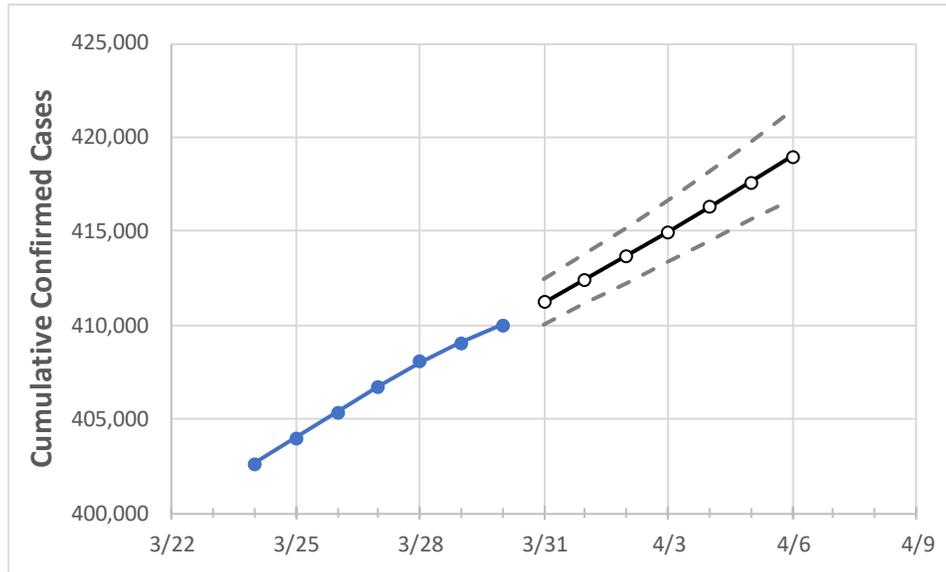
IEM's Modeling Lead

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:							
	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	
Maryland	406,709	408,044	409,075	409,978	411,196	412,443	413,699	414,963	416,273	417,608	418,951	

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:							
	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	
Anne Arundel	38,446	38,572	38,671	38,776	38,911	39,050	39,192	39,335	39,483	39,629	39,781	
Baltimore City	43,782	44,016	44,237	44,390	44,614	44,849	45,089	45,342	45,601	45,868	46,144	
Baltimore County	55,000	55,245	55,451	55,611	55,838	56,068	56,303	56,548	56,799	57,056	57,314	
Charles	9,648	9,676	9,695	9,724	9,753	9,781	9,811	9,840	9,870	9,901	9,931	
Frederick	18,053	18,097	18,133	18,183	18,233	18,283	18,334	18,385	18,437	18,492	18,548	
Harford	13,742	13,826	13,898	13,944	14,019	14,097	14,178	14,261	14,347	14,437	14,526	
Howard	17,044	17,106	17,148	17,212	17,270	17,328	17,389	17,448	17,513	17,579	17,646	
Montgomery	66,392	66,491	66,589	66,704	66,830	66,958	67,086	67,217	67,348	67,481	67,613	
Prince George's	77,573	77,701	77,820	78,011	78,190	78,372	78,555	78,743	78,930	79,116	79,304	

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:											
	3/27	3/28	3/29	3/30	4/1			4/3			4/5					
Anne Arundel	38,446	38,572	38,671	38,776	39,050	(7,810)	[1,874]	{937}	39,335	(7,867)	[1,888]	{944}	39,629	(7,926)	[1,902]	{951}
Baltimore City	43,782	44,016	44,237	44,390	44,849	(8,970)	[2,153]	{1,076}	45,342	(9,068)	[2,176]	{1,088}	45,868	(9,174)	[2,202]	{1,101}
Baltimore County	55,000	55,245	55,451	55,611	56,068	(11,214)	[2,691]	{1,346}	56,548	(11,310)	[2,714]	{1,357}	57,056	(11,411)	[2,739]	{1,369}
Charles	9,648	9,676	9,695	9,724	9,781	(1,956)	[470]	{235}	9,840	(1,968)	[472]	{236}	9,901	(1,980)	[475]	{238}
Frederick	18,053	18,097	18,133	18,183	18,283	(3,657)	[878]	{439}	18,385	(3,677)	[882]	{441}	18,492	(3,698)	[888]	{444}
Harford	13,742	13,826	13,898	13,944	14,097	(2,819)	[677]	{338}	14,261	(2,852)	[685]	{342}	14,437	(2,887)	[693]	{346}
Howard	17,044	17,106	17,148	17,212	17,328	(3,466)	[832]	{416}	17,448	(3,490)	[838]	{419}	17,579	(3,516)	[844]	{422}
Montgomery	66,392	66,491	66,589	66,704	66,958	(13,392)	[3,214]	{1,607}	67,217	(13,443)	[3,226]	{1,613}	67,481	(13,496)	[3,239]	{1,620}
Prince George's	77,573	77,701	77,820	78,011	78,372	(15,674)	[3,762]	{1,881}	78,743	(15,749)	[3,780]	{1,890}	79,116	(15,823)	[3,798]	{1,899}

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.