

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

Date: 4/1/21

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 4/1/21 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.

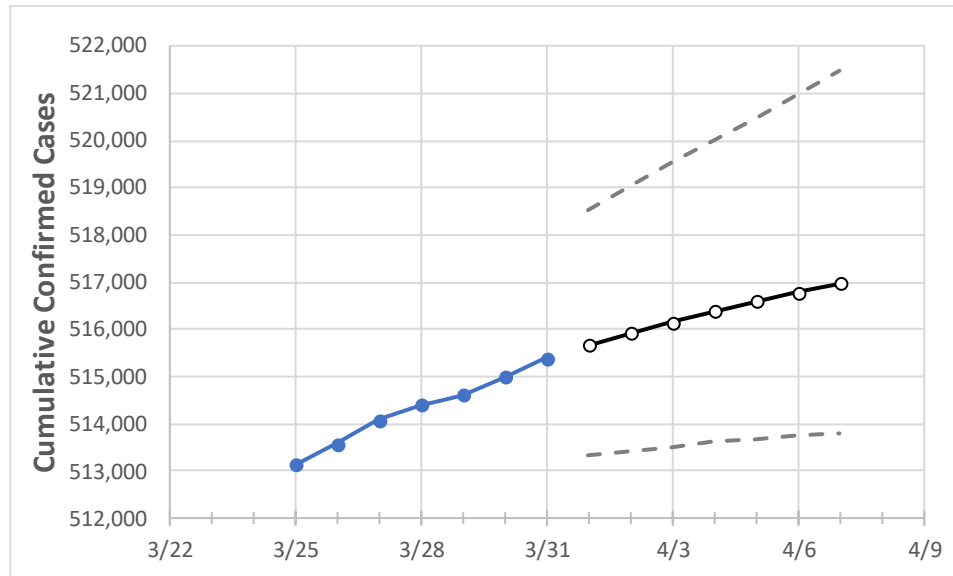
IEM's Modeling Lead

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:						
	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	4/7
Alabama	514,391	514,619	514,980	515,388	515,663	515,910	516,150	516,373	516,587	516,779	516,964

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:						
	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4	4/5	4/6	4/7
Jefferson	74,521	74,571	74,631	74,710	74,761	74,810	74,855	74,897	74,939	74,981	75,017
Lee	15,389	15,394	15,397	15,417	15,430	15,442	15,454	15,465	15,477	15,489	15,502
Madison	33,463	33,480	33,508	33,533	33,561	33,587	33,613	33,639	33,664	33,689	33,713
Marshall	11,841	11,842	11,851	11,854	11,857	11,859	11,862	11,864	11,865	11,867	11,868
Mobile	37,449	37,458	37,473	37,492	37,512	37,532	37,551	37,570	37,588	37,604	37,621
Montgomery	23,661	23,687	23,717	23,743	23,770	23,795	23,820	23,845	23,869	23,893	23,916
Shelby	22,976	22,994	23,025	23,048	23,067	23,086	23,104	23,121	23,138	23,153	23,170
Tuscaloosa	25,011	25,015	25,021	25,059	25,081	25,102	25,123	25,144	25,165	25,185	25,203

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:											
	3/28	3/29	3/30	3/31	4/2			4/4			4/6					
Jefferson	74,521	74,571	74,631	74,710	74,810	(14,962)	[3,591]	{1,795}	74,897	(14,979)	[3,595]	{1,798}	74,981	(14,996)	[3,599]	{1,800}
Lee	15,389	15,394	15,397	15,417	15,442	(3,088)	[741]	{371}	15,465	(3,093)	[742]	{371}	15,489	(3,098)	[743]	{372}
Madison	33,463	33,480	33,508	33,533	33,587	(6,717)	[1,612]	{806}	33,639	(6,728)	[1,615]	{807}	33,689	(6,738)	[1,617]	{809}
Marshall	11,841	11,842	11,851	11,854	11,859	(2,372)	[569]	{285}	11,864	(2,373)	[569]	{285}	11,867	(2,373)	[570]	{285}
Mobile	37,449	37,458	37,473	37,492	37,532	(7,506)	[1,802]	{901}	37,570	(7,514)	[1,803]	{902}	37,604	(7,521)	[1,805]	{903}
Montgomery	23,661	23,687	23,717	23,743	23,795	(4,759)	[1,142]	{571}	23,845	(4,769)	[1,145]	{572}	23,893	(4,779)	[1,147]	{573}
Shelby	22,976	22,994	23,025	23,048	23,086	(4,617)	[1,108]	{554}	23,121	(4,624)	[1,110]	{555}	23,153	(4,631)	[1,111]	{556}
Tuscaloosa	25,011	25,015	25,021	25,059	25,102	(5,020)	[1,205]	{602}	25,144	(5,029)	[1,207]	{603}	25,185	(5,037)	[1,209]	{604}

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.