

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 4/26/21**

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 4/26/21 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.**

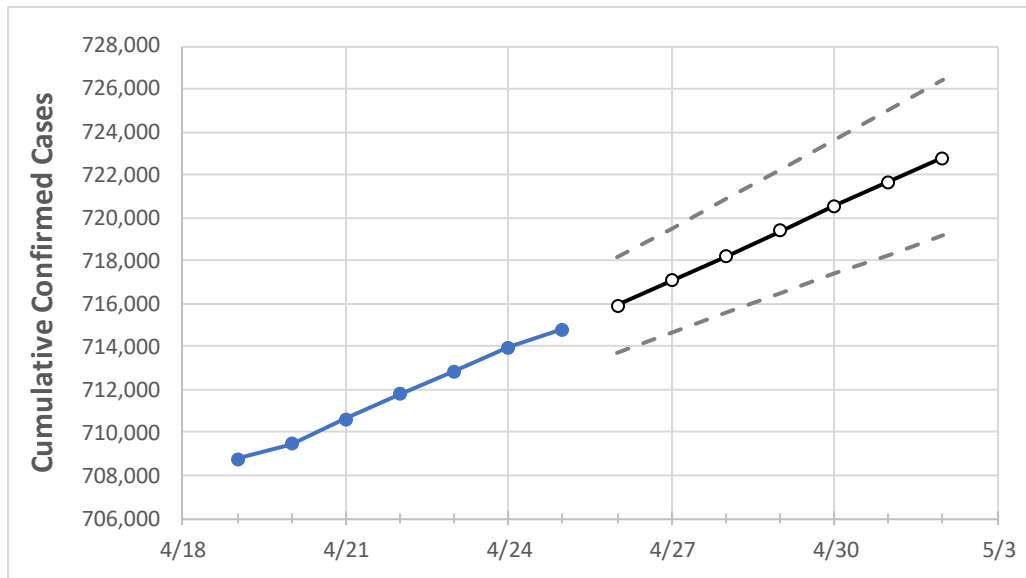
**IEM's Modeling Lead**

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.

## Indiana State Projections



	Actual Confirmed Cases On:					Projected Cases For:						
	4/22	4/23	4/24	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	
Indiana	711,787	712,858	713,959	714,786	715,934	717,069	718,212	719,382	720,540	721,661	722,796	

*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.*

## Indiana Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	4/22	4/23	4/24	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	
Decatur	2,797	2,799	2,805	2,810	2,812	2,815	2,818	2,820	2,823	2,826	2,829	
Hamilton	34,709	34,774	34,832	34,891	34,955	35,019	35,083	35,147	35,214	35,278	35,344	
Hendricks	16,873	16,889	16,907	16,913	16,930	16,946	16,962	16,978	16,993	17,009	17,024	
Johnson	17,600	17,617	17,635	17,648	17,668	17,687	17,705	17,724	17,743	17,760	17,778	
Lake	52,028	52,121	52,217	52,313	52,431	52,550	52,670	52,792	52,916	53,045	53,173	
Madison	12,379	12,389	12,394	12,401	12,411	12,421	12,431	12,440	12,450	12,459	12,468	
Marion	97,018	97,182	97,339	97,442	97,596	97,750	97,906	98,059	98,213	98,366	98,519	
St. Joseph	34,386	34,485	34,576	34,642	34,728	34,813	34,899	34,982	35,069	35,150	35,232	

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.

### Indiana Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	4/22	4/23	4/24	4/25	4/27				4/29				5/1			
Decatur	2,797	2,799	2,805	2,810	2,815	(563)	[135]	{68}	2,820	(564)	[135]	{68}	2,826	(565)	[136]	{68}
Hamilton	34,709	34,774	34,832	34,891	35,019	(7,004)	[1,681]	{840}	35,147	(7,029)	[1,687]	{844}	35,278	(7,056)	[1,693]	{847}
Hendricks	16,873	16,889	16,907	16,913	16,946	(3,389)	[813]	{407}	16,978	(3,396)	[815]	{407}	17,009	(3,402)	[816]	{408}
Johnson	17,600	17,617	17,635	17,648	17,687	(3,537)	[849]	{424}	17,724	(3,545)	[851]	{425}	17,760	(3,552)	[852]	{426}
Lake	52,028	52,121	52,217	52,313	52,550	(10,510)	[2,522]	{1,261}	52,792	(10,558)	[2,534]	{1,267}	53,045	(10,609)	[2,546]	{1,273}
Madison	12,379	12,389	12,394	12,401	12,421	(2,484)	[596]	{298}	12,440	(2,488)	[597]	{299}	12,459	(2,492)	[598]	{299}
Marion	97,018	97,182	97,339	97,442	97,750	(19,550)	[4,692]	{2,346}	98,059	(19,612)	[4,707]	{2,353}	98,366	(19,673)	[4,722]	{2,361}
St. Joseph	34,386	34,485	34,576	34,642	34,813	(6,963)	[1,671]	{836}	34,982	(6,996)	[1,679]	{840}	35,150	(7,030)	[1,687]	{844}

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.