

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.

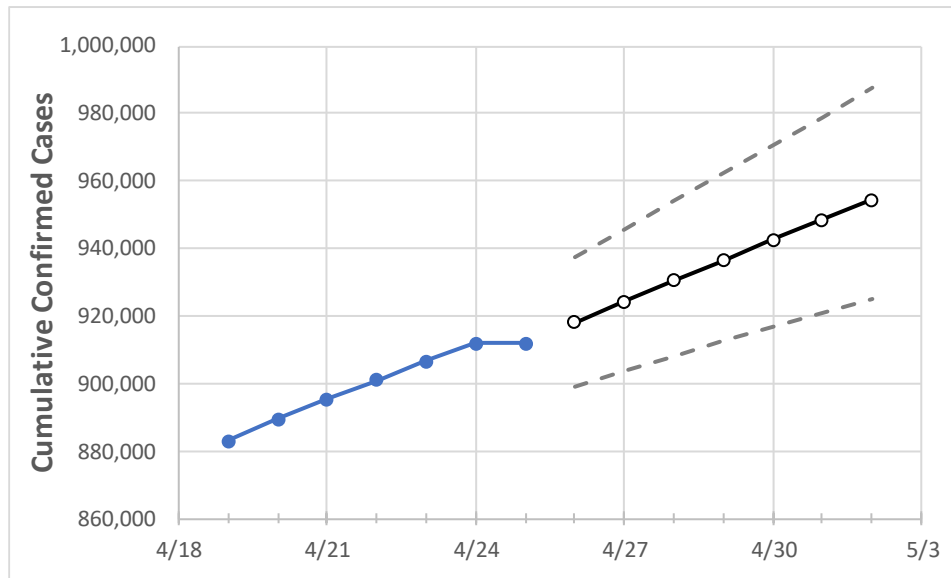
IEM's Modeling Lead

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.

Michigan 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
Michigan	900,956	906,596	911,800	911,800	917,983	924,262	930,366	936,483	942,584	948,446	954,407

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.

Michigan 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
Genesee	37,926	38,209	38,385	38,385	38,693	38,998	39,295	39,592	39,882	40,175	40,454
Ingham	22,955	23,057	23,164	23,164	23,280	23,395	23,503	23,613	23,717	23,818	23,920
Kent	65,600	65,948	66,323	66,323	66,770	67,228	67,680	68,153	68,622	69,102	69,562
Livingston	15,153	15,249	15,321	15,321	15,428	15,532	15,637	15,741	15,842	15,942	16,039
Macomb	91,150	91,649	92,204	92,204	92,851	93,466	94,084	94,692	95,273	95,858	96,416
Monroe	14,025	14,094	14,175	14,175	14,267	14,358	14,447	14,540	14,628	14,713	14,802
Oakland	106,756	107,428	108,109	108,109	108,859	109,596	110,309	111,015	111,722	112,433	113,129
Washtenaw	24,718	24,808	24,931	24,931	25,074	25,211	25,351	25,483	25,613	25,747	25,880
Wayne	148,223	149,218	150,249	150,249	151,407	152,564	153,722	154,854	155,983	157,101	158,268

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.

Michigan 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			
Genesee	37,926	38,209	38,385	38,385	38,998	(7,800)	[1,872]	{936}	39,592	(7,918)	[1,900]	{950}	40,175	(8,035)	[1,928]	{964}
Ingham	22,955	23,057	23,164	23,164	23,395	(4,679)	[1,123]	{561}	23,613	(4,723)	[1,133]	{567}	23,818	(4,764)	[1,143]	{572}
Kent	65,600	65,948	66,323	66,323	67,228	(13,446)	[3,227]	{1,613}	68,153	(13,631)	[3,271]	{1,636}	69,102	(13,820)	[3,317]	{1,658}
Livingston	15,153	15,249	15,321	15,321	15,532	(3,106)	[746]	{373}	15,741	(3,148)	[756]	{378}	15,942	(3,188)	[765]	{383}
Macomb	91,150	91,649	92,204	92,204	93,466	(18,693)	[4,486]	{2,243}	94,692	(18,938)	[4,545]	{2,273}	95,858	(19,172)	[4,601]	{2,301}
Monroe	14,025	14,094	14,175	14,175	14,358	(2,872)	[689]	{345}	14,540	(2,908)	[698]	{349}	14,713	(2,943)	[706]	{353}
Oakland	106,756	107,428	108,109	108,109	109,596	(21,919)	[5,261]	{2,630}	111,015	(22,203)	[5,329]	{2,664}	112,433	(22,487)	[5,397]	{2,698}
Washtenaw	24,718	24,808	24,931	24,931	25,211	(5,042)	[1,210]	{605}	25,483	(5,097)	[1,223]	{612}	25,747	(5,149)	[1,236]	{618}
Wayne	148,223	149,218	150,249	150,249	152,564	(30,513)	[7,323]	{3,662}	154,854	(30,971)	[7,433]	{3,716}	157,101	(31,420)	[7,541]	{3,770}

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.