

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

Date: 4/28/21

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 4/28/21 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.

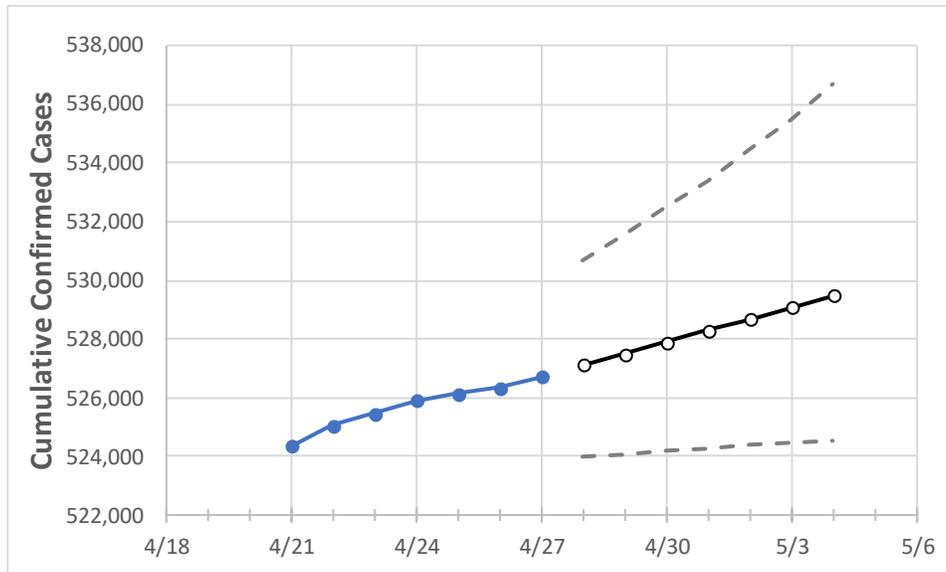
IEM's Modeling Lead

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:						
	4/24	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4
Alabama	525,898	526,131	526,348	526,707	527,107	527,491	527,895	528,295	528,680	529,064	529,476

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:						
	4/24	4/25	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4
Jefferson	75,882	75,909	75,948	75,991	76,041	76,094	76,144	76,197	76,249	76,301	76,352
Lee	15,722	15,723	15,731	15,742	15,754	15,767	15,779	15,792	15,805	15,817	15,831
Madison	34,321	34,348	34,367	34,392	34,426	34,460	34,493	34,527	34,562	34,597	34,631
Marshall	12,077	12,082	12,085	12,094	12,102	12,111	12,120	12,129	12,138	12,146	12,155
Mobile	40,582	40,605	40,621	40,641	40,694	40,751	40,809	40,868	40,933	40,999	41,067
Montgomery	24,135	24,139	24,151	24,164	24,174	24,185	24,195	24,205	24,215	24,225	24,234
Shelby	23,255	23,261	23,278	23,296	23,306	23,316	23,327	23,336	23,346	23,356	23,365
Tuscaloosa	25,506	25,532	25,533	25,544	25,559	25,575	25,590	25,604	25,618	25,633	25,647

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:											
	4/24	4/25	4/26	4/27	4/29			5/1			5/3					
Jefferson	75,882	75,909	75,948	75,991	76,094	(15,219)	[3,653]	{1,826}	76,197	(15,239)	[3,657]	{1,829}	76,301	(15,260)	[3,662]	{1,831}
Lee	15,722	15,723	15,731	15,742	15,767	(3,153)	[757]	{378}	15,792	(3,158)	[758]	{379}	15,817	(3,163)	[759]	{380}
Madison	34,321	34,348	34,367	34,392	34,460	(6,892)	[1,654]	{827}	34,527	(6,905)	[1,657]	{829}	34,597	(6,919)	[1,661]	{830}
Marshall	12,077	12,082	12,085	12,094	12,111	(2,422)	[581]	{291}	12,129	(2,426)	[582]	{291}	12,146	(2,429)	[583]	{292}
Mobile	40,582	40,605	40,621	40,641	40,751	(8,150)	[1,956]	{978}	40,868	(8,174)	[1,962]	{981}	40,999	(8,200)	[1,968]	{984}
Montgomery	24,135	24,139	24,151	24,164	24,185	(4,837)	[1,161]	{580}	24,205	(4,841)	[1,162]	{581}	24,225	(4,845)	[1,163]	{581}
Shelby	23,255	23,261	23,278	23,296	23,316	(4,663)	[1,119]	{560}	23,336	(4,667)	[1,120]	{560}	23,356	(4,671)	[1,121]	{561}
Tuscaloosa	25,506	25,532	25,533	25,544	25,575	(5,115)	[1,228]	{614}	25,604	(5,121)	[1,229]	{614}	25,633	(5,127)	[1,230]	{615}

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.