

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

Date: 4/30/21

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 4/30/21 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.

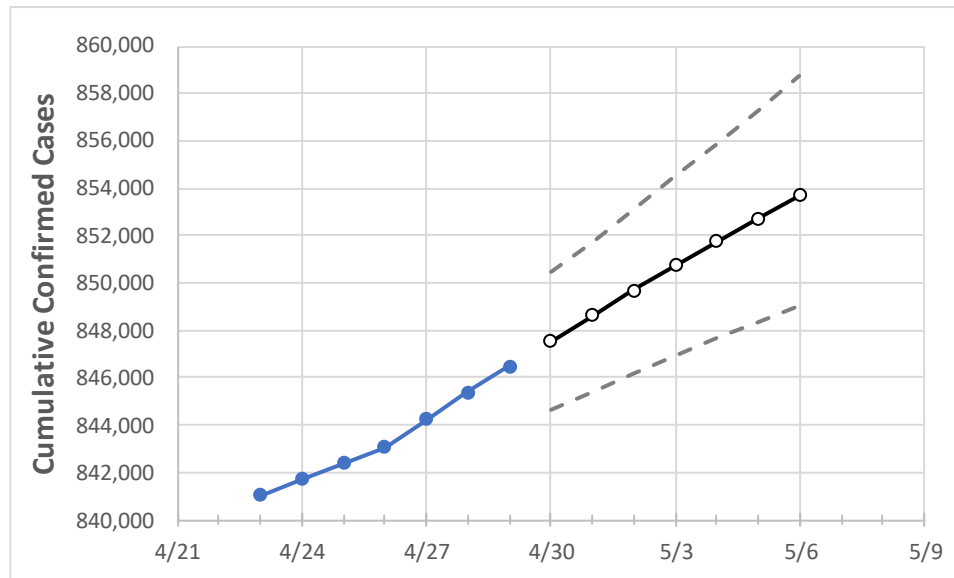
IEM's Modeling Lead

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.

Tennessee State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6
Tennessee	843,059	844,246	845,380	846,472	847,544	848,618	849,671	850,734	851,741	852,737	853,718

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.

Tennessee Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	4/26	4/27	4/28	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6
Blount	15,292	15,319	15,341	15,362	15,387	15,411	15,436	15,461	15,487	15,510	15,535
Davidson	88,643	88,773	88,839	88,914	89,015	89,118	89,217	89,317	89,414	89,511	89,605
Hamilton	43,732	43,783	43,826	43,908	43,954	44,001	44,047	44,091	44,135	44,178	44,221
Knox	50,161	50,227	50,272	50,320	50,375	50,430	50,481	50,532	50,583	50,632	50,681
Rutherford	42,631	42,701	42,746	42,776	42,830	42,882	42,937	42,989	43,040	43,092	43,142
Shelby	94,112	94,240	94,421	94,600	94,751	94,901	95,048	95,200	95,353	95,504	95,655
Sumner	23,692	23,754	23,790	23,814	23,854	23,894	23,935	23,973	24,012	24,049	24,086
Williamson	27,730	27,756	27,807	27,833	27,870	27,903	27,939	27,974	28,008	28,042	28,075

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.

Tennessee Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	4/26	4/27	4/28	4/29	5/1				5/3				5/5			
Blount	15,292	15,319	15,341	15,362	15,411	(3,082)	[740]	{370}	15,461	(3,092)	[742]	{371}	15,510	(3,102)	[744]	{372}
Davidson	88,643	88,773	88,839	88,914	89,118	(17,824)	[4,278]	{2,139}	89,317	(17,863)	[4,287]	{2,144}	89,511	(17,902)	[4,297]	{2,148}
Hamilton	43,732	43,783	43,826	43,908	44,001	(8,800)	[2,112]	{1,056}	44,091	(8,818)	[2,116]	{1,058}	44,178	(8,836)	[2,121]	{1,060}
Knox	50,161	50,227	50,272	50,320	50,430	(10,086)	[2,421]	{1,210}	50,532	(10,106)	[2,426]	{1,213}	50,632	(10,126)	[2,430]	{1,215}
Rutherford	42,631	42,701	42,746	42,776	42,882	(8,576)	[2,058]	{1,029}	42,989	(8,598)	[2,063]	{1,032}	43,092	(8,618)	[2,068]	{1,034}
Shelby	94,112	94,240	94,421	94,600	94,901	(18,980)	[4,555]	{2,278}	95,200	(19,040)	[4,570]	{2,285}	95,504	(19,101)	[4,584]	{2,292}
Sumner	23,692	23,754	23,790	23,814	23,894	(4,779)	[1,147]	{573}	23,973	(4,795)	[1,151]	{575}	24,049	(4,810)	[1,154]	{577}
Williamson	27,730	27,756	27,807	27,833	27,903	(5,581)	[1,339]	{670}	27,974	(5,595)	[1,343]	{671}	28,042	(5,608)	[1,346]	{673}

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.