

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

Date: 5/3/21

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 5/3/21 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.**

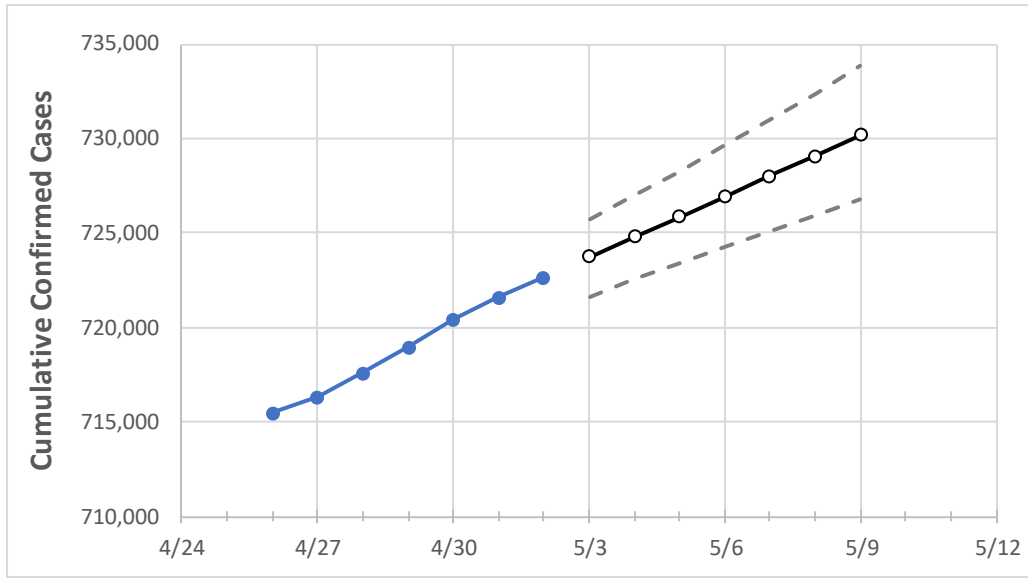
### IEM's Modeling Lead

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:							
	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	
Indiana	718,948	720,425	721,577	722,646	723,734	724,799	725,862	726,930	728,026	729,101	730,183	

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:							
	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	
Decatur	2,818	2,820	2,823	2,825	2,828	2,832	2,835	2,839	2,843	2,847	2,852	
Hamilton	35,095	35,172	35,229	35,288	35,345	35,403	35,462	35,520	35,579	35,638	35,698	
Hendricks	16,995	17,030	17,054	17,072	17,091	17,110	17,129	17,148	17,167	17,187	17,206	
Johnson	17,729	17,757	17,787	17,808	17,829	17,850	17,871	17,893	17,914	17,935	17,956	
Lake	52,697	52,833	52,935	53,031	53,135	53,238	53,343	53,448	53,554	53,659	53,767	
Madison	12,454	12,480	12,485	12,501	12,512	12,524	12,535	12,547	12,558	12,570	12,581	
Marion	98,059	98,285	98,455	98,637	98,798	98,957	99,122	99,286	99,451	99,618	99,782	
St. Joseph	34,907	35,008	35,086	35,148	35,215	35,283	35,352	35,418	35,484	35,549	35,612	

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:											
	4/29	4/30	5/1	5/2	5/4				5/6				5/8			
Decatur	2,818	2,820	2,823	2,825	2,832	(566)	[136]	{68}	2,839	(568)	[136]	{68}	2,847	(569)	[137]	{68}
Hamilton	35,095	35,172	35,229	35,288	35,403	(7,081)	[1,699]	{850}	35,520	(7,104)	[1,705]	{852}	35,638	(7,128)	[1,711]	{855}
Hendricks	16,995	17,030	17,054	17,072	17,110	(3,422)	[821]	{411}	17,148	(3,430)	[823]	{412}	17,187	(3,437)	[825]	{412}
Johnson	17,729	17,757	17,787	17,808	17,850	(3,570)	[857]	{428}	17,893	(3,579)	[859]	{429}	17,935	(3,587)	[861]	{430}
Lake	52,697	52,833	52,935	53,031	53,238	(10,648)	[2,555]	{1,278}	53,448	(10,690)	[2,566]	{1,283}	53,659	(10,732)	[2,576]	{1,288}
Madison	12,454	12,480	12,485	12,501	12,524	(2,505)	[601]	{301}	12,547	(2,509)	[602]	{301}	12,570	(2,514)	[603]	{302}
Marion	98,059	98,285	98,455	98,637	98,957	(19,791)	[4,750]	{2,375}	99,286	(19,857)	[4,766]	{2,383}	99,618	(19,924)	[4,782]	{2,391}
St. Joseph	34,907	35,008	35,086	35,148	35,283	(7,057)	[1,694]	{847}	35,418	(7,084)	[1,700]	{850}	35,549	(7,110)	[1,706]	{853}

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.