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 <u>not</u> 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.

Ohio State Projections
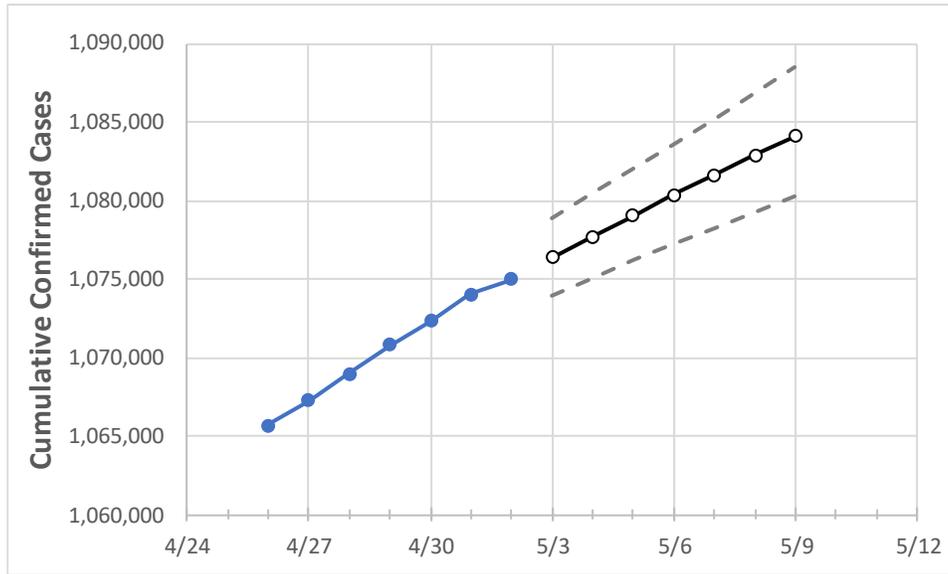
	Actual Confirmed Cases On:				Projected Cases For:						
	4/29	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9
Ohio	1,070,771	1,072,312	1,074,019	1,075,004	1,076,370	1,077,710	1,079,021	1,080,332	1,081,619	1,082,892	1,084,103

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.

Ohio 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
Athens	5,154	5,156	5,163	5,167	5,175	5,183	5,190	5,198	5,205	5,212	5,219
Cuyahoga	110,048	110,285	110,568	110,740	110,972	111,200	111,431	111,656	111,880	112,102	112,320
Franklin	124,449	124,615	124,806	124,919	125,074	125,223	125,368	125,508	125,645	125,781	125,912
Hamilton	79,322	79,413	79,492	79,544	79,633	79,720	79,806	79,891	79,977	80,062	80,148
Lake	20,387	20,411	20,447	20,473	20,499	20,524	20,549	20,574	20,598	20,622	20,645
Lorain	24,632	24,685	24,723	24,757	24,789	24,821	24,853	24,884	24,914	24,942	24,971
Lucas	41,355	41,471	41,582	41,645	41,735	41,823	41,911	41,996	42,078	42,162	42,247
Mahoning	21,250	21,276	21,315	21,353	21,380	21,408	21,435	21,462	21,488	21,513	21,540
Medina	15,115	15,137	15,161	15,170	15,186	15,202	15,216	15,232	15,246	15,261	15,274
Miami	10,621	10,629	10,637	10,638	10,644	10,649	10,654	10,659	10,663	10,668	10,672
Summit	46,438	46,527	46,637	46,703	46,781	46,858	46,930	47,004	47,078	47,146	47,213

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.*

Ohio 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
Athens	5,154	5,156	5,163	5,167	5,183 (1,037) [249] {124}	5,198 (1,040) [250] {125}	5,212 (1,042) [250] {125}
Cuyahoga	110,048	110,285	110,568	110,740	111,200 (22,240) [5,338] {2,669}	111,656 (22,331) [5,359] {2,680}	112,102 (22,420) [5,381] {2,690}
Franklin	124,449	124,615	124,806	124,919	125,223 (25,045) [6,011] {3,005}	125,508 (25,102) [6,024] {3,012}	125,781 (25,156) [6,037] {3,019}
Hamilton	79,322	79,413	79,492	79,544	79,720 (15,944) [3,827] {1,913}	79,891 (15,978) [3,835] {1,917}	80,062 (16,012) [3,843] {1,921}
Lake	20,387	20,411	20,447	20,473	20,524 (4,105) [985] {493}	20,574 (4,115) [988] {494}	20,622 (4,124) [990] {495}
Lorain	24,632	24,685	24,723	24,757	24,821 (4,964) [1,191] {596}	24,884 (4,977) [1,194] {597}	24,942 (4,988) [1,197] {599}
Lucas	41,355	41,471	41,582	41,645	41,823 (8,365) [2,008] {1,004}	41,996 (8,399) [2,016] {1,008}	42,162 (8,432) [2,024] {1,012}
Mahoning	21,250	21,276	21,315	21,353	21,408 (4,282) [1,028] {514}	21,462 (4,292) [1,030] {515}	21,513 (4,303) [1,033] {516}
Medina	15,115	15,137	15,161	15,170	15,202 (3,040) [730] {365}	15,232 (3,046) [731] {366}	15,261 (3,052) [733] {366}
Miami	10,621	10,629	10,637	10,638	10,649 (2,130) [511] {256}	10,659 (2,132) [512] {256}	10,668 (2,134) [512] {256}
Summit	46,438	46,527	46,637	46,703	46,858 (9,372) [2,249] {1,125}	47,004 (9,401) [2,256] {1,128}	47,146 (9,429) [2,263] {1,132}

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.