

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

Date: 5/4/21

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 5/4/21 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.

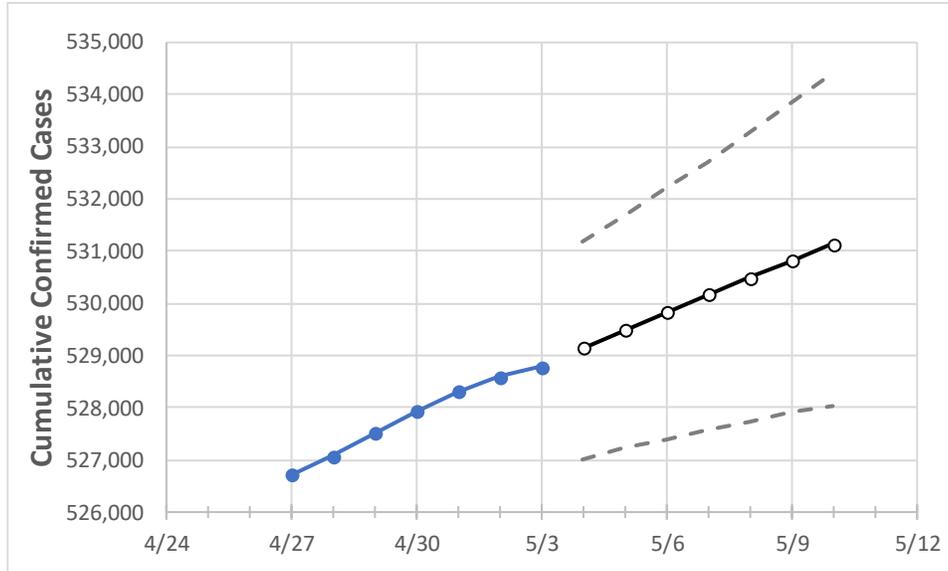
IEM's Modeling Lead

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:							
	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10	
Alabama	527,922	528,309	528,597	528,784	529,136	529,482	529,834	530,168	530,495	530,818	531,132	

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:							
	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10	
Jefferson	76,128	76,175	76,199	76,225	76,269	76,312	76,356	76,398	76,440	76,483	76,525	
Lee	15,784	15,792	15,796	15,800	15,810	15,820	15,830	15,840	15,850	15,860	15,870	
Madison	34,485	34,520	34,555	34,569	34,600	34,631	34,662	34,693	34,724	34,756	34,786	
Marshall	12,147	12,158	12,164	12,166	12,177	12,187	12,198	12,210	12,221	12,232	12,244	
Mobile	40,747	40,767	40,832	40,864	40,910	40,957	41,007	41,056	41,106	41,158	41,208	
Montgomery	24,232	24,249	24,252	24,264	24,276	24,288	24,299	24,311	24,322	24,334	24,345	
Shelby	23,325	23,341	23,350	23,355	23,364	23,373	23,382	23,390	23,399	23,407	23,415	
Tuscaloosa	25,603	25,622	25,633	25,646	25,662	25,678	25,694	25,710	25,726	25,742	25,759	

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:											
	4/30	5/1	5/2	5/3	5/5			5/7			5/9					
Jefferson	76,128	76,175	76,199	76,225	76,312	(15,262)	[3,663]	{1,831}	76,398	(15,280)	[3,667]	{1,834}	76,483	(15,297)	[3,671]	{1,836}
Lee	15,784	15,792	15,796	15,800	15,820	(3,164)	[759]	{380}	15,840	(3,168)	[760]	{380}	15,860	(3,172)	[761]	{381}
Madison	34,485	34,520	34,555	34,569	34,631	(6,926)	[1,662]	{831}	34,693	(6,939)	[1,665]	{833}	34,756	(6,951)	[1,668]	{834}
Marshall	12,147	12,158	12,164	12,166	12,187	(2,437)	[585]	{292}	12,210	(2,442)	[586]	{293}	12,232	(2,446)	[587]	{294}
Mobile	40,747	40,767	40,832	40,864	40,957	(8,191)	[1,966]	{983}	41,056	(8,211)	[1,971]	{985}	41,158	(8,232)	[1,976]	{988}
Montgomery	24,232	24,249	24,252	24,264	24,288	(4,858)	[1,166]	{583}	24,311	(4,862)	[1,167]	{583}	24,334	(4,867)	[1,168]	{584}
Shelby	23,325	23,341	23,350	23,355	23,373	(4,675)	[1,122]	{561}	23,390	(4,678)	[1,123]	{561}	23,407	(4,681)	[1,124]	{562}
Tuscaloosa	25,603	25,622	25,633	25,646	25,678	(5,136)	[1,233]	{616}	25,710	(5,142)	[1,234]	{617}	25,742	(5,148)	[1,236]	{618}

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.