

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

Date: 5/6/21

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 5/6/21 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**

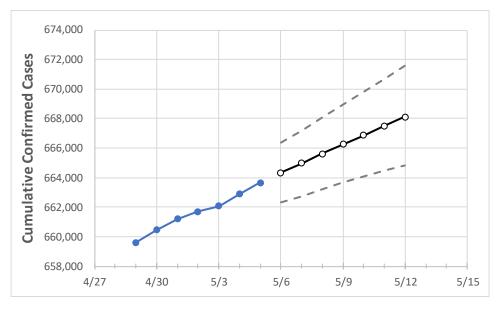
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



# Wisconsin State Projections



	Act	tual Confirn	ned Cases (	On:	Projected Cases For:								
	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10	5/11	5/12		
Wisconsin	661,685	662,069	662,893	663,668	664,322	664,967	665,612	666,270	666,882	667,509	668,119		

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.

## **Wisconsin Counties**

	Act	ual Confirr	ned Cases	On:	Projected Cases For:									
	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10	5/11	5/12			
Dane	45,789	45,817	45,838	45,888	45,931	45,973	46,013	46,054	46,094	46,132	46,170			
Milwaukee	115,093	115,175	115,266	115,400	115,520	115,638	115,752	115,864	115,978	116,087	116,195			
Ozaukee	9,124	9,128	9,132	9,144	9,150	9,156	9,162	9,167	9,173	9,178	9,184			
Washington	16,616	16,627	16,638	16,655	16,671	16,687	16,702	16,717	16,732	16,746	16,760			
Waukesha	48.463	48.508	48.552	48.593	48.629	48.667	48.702	48.739	48.773	48.807	48.841			



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.

### Wisconsin Medical Demands by County

	Actua	al Confirm	ned Case	s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	5/2	5/3	5/4	5/5	5/7				5/9				5/11			
Dane	45,789	45,817	45,838	45,888	45,973	(9,195)	[2,207]	{1,103}	46,054	(9,211)	[2,211]	{1,105}	46,132	(9,226)	[2,214]	{1,107}
Milwaukee	115,093	115,175	115,266	115,400	115,638	(23,128)	[5,551]	[ 2,775]	115,864	(23,173)	[5,561	] {2,781}	116,087	(23,217)	[5,572]	[ 2,786]
Ozaukee	9,124	9,128	9,132	9,144	9,156	(1,831)	[439]	{220}	9,167	(1,833)	[440]	{220}	9,178	(1,836)	[441]	{220}
Washington	16,616	16,627	16,638	16,655	16,68	7 (3,337	) [801]	{400}	16,717	7 (3,343	8) [802]	{401}	16,74	6 (3,349	) [804]	{402}
Waukesha	48,463	48,508	48,552	48,593	48,667	(9,733)	[2,336]	{1,168}	48,739	(9,748)	[2,339]	{1,170}	48,807	(9,761)	[2,343]	{1,171}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

