IEM's AI Modeling: Short-term COVID-19 Projections
Date: 5/10/21

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 5/10/21 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
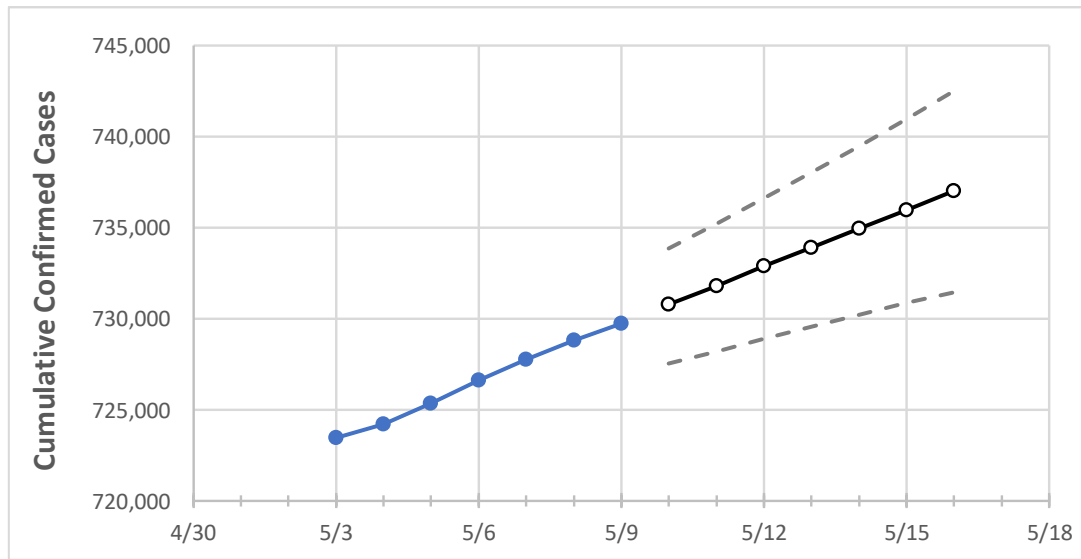
	Actual Confirmed Cases On:				Projected Cases For:						
	5/6	5/7	5/8	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16
Indiana	726,600	727,764	728,811	729,716	730,773	731,817	732,879	733,908	734,945	735,976	737,007

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:						
	5/6	5/7	5/8	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16
Decatur	2,835	2,842	2,847	2,848	2,852	2,855	2,859	2,862	2,866	2,870	2,874
Hamilton	35,440	35,489	35,536	35,569	35,611	35,652	35,694	35,734	35,774	35,814	35,852
Hendricks	17,154	17,180	17,199	17,209	17,232	17,254	17,275	17,298	17,321	17,344	17,367
Johnson	17,876	17,905	17,923	17,933	17,953	17,973	17,993	18,013	18,032	18,051	18,071
Lake	53,359	53,461	53,548	53,638	53,727	53,814	53,901	53,989	54,077	54,163	54,250
Madison	12,574	12,592	12,612	12,649	12,673	12,699	12,726	12,754	12,783	12,815	12,848
Marion	99,278	99,521	99,691	99,833	100,020	100,206	100,398	100,596	100,792	100,998	101,207
St. Joseph	35,449	35,506	35,596	35,651	35,719	35,787	35,855	35,921	35,988	36,052	36,119

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:		
	5/6	5/7	5/8	5/9	5/11	5/13	5/15
Decatur	2,835	2,842	2,847	2,848	2,855 (571) [137] {69}	2,862 (572) [137] {69}	2,870 (574) [138] {69}
Hamilton	35,440	35,489	35,536	35,569	35,652 (7,130) [1,711] {856}	35,734 (7,147) [1,715] {858}	35,814 (7,163) [1,719] {860}
Hendricks	17,154	17,180	17,199	17,209	17,254 (3,451) [828] {414}	17,298 (3,460) [830] {415}	17,344 (3,469) [833] {416}
Johnson	17,876	17,905	17,923	17,933	17,973 (3,595) [863] {431}	18,013 (3,603) [865] {432}	18,051 (3,610) [866] {433}
Lake	53,359	53,461	53,548	53,638	53,814 (10,763) [2,583] {1,292}	53,989 (10,798) [2,591] {1,296}	54,163 (10,833) [2,600] {1,300}
Madison	12,574	12,592	12,612	12,649	12,699 (2,540) [610] {305}	12,754 (2,551) [612] {306}	12,815 (2,563) [615] {308}
Marion	99,278	99,521	99,691	99,833	100,206 (20,041) [4,810] {2,405}	100,596 (20,119) [4,829] {2,414}	100,998 (20,200) [4,848] {2,424}
St. Joseph	35,449	35,506	35,596	35,651	35,787 (7,157) [1,718] {859}	35,921 (7,184) [1,724] {862}	36,052 (7,210) [1,731] {865}

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.