

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 5/13/21**

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 5/13/21 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.**

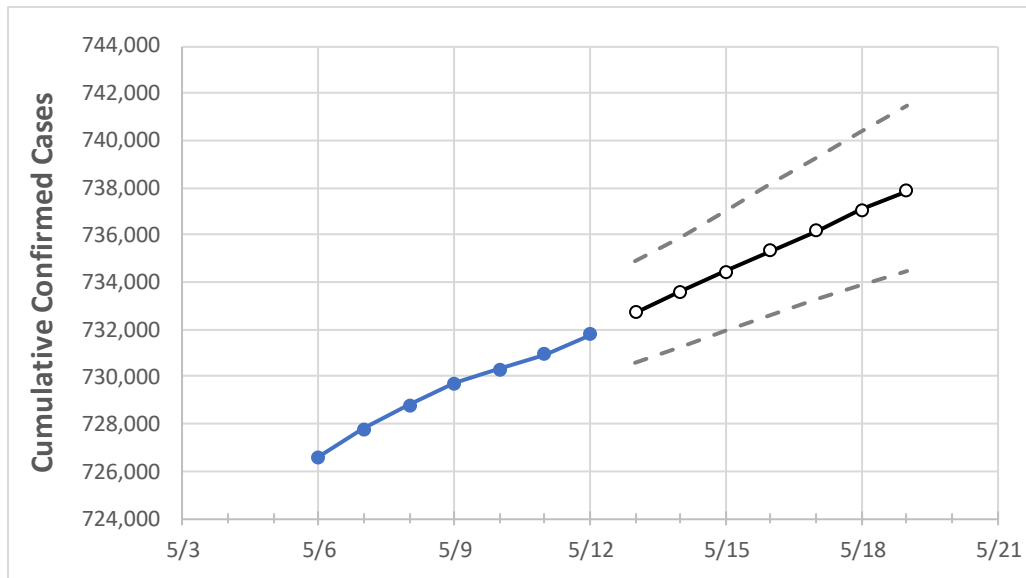
**IEM's Modeling Lead**

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:						
	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19
Indiana	729,716	730,306	730,969	731,810	732,708	733,599	734,471	735,339	736,193	737,059	737,884

*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:						
	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19
Decatur	2,848	2,852	2,854	2,854	2,858	2,861	2,865	2,869	2,873	2,877	2,881
Hamilton	35,569	35,597	35,629	35,659	35,695	35,731	35,766	35,801	35,834	35,866	35,897
Hendricks	17,209	17,227	17,244	17,255	17,274	17,293	17,312	17,332	17,350	17,370	17,389
Johnson	17,933	17,952	17,970	17,989	18,008	18,027	18,045	18,064	18,083	18,102	18,120
Lake	53,638	53,712	53,771	53,835	53,912	53,989	54,062	54,137	54,207	54,278	54,345
Madison	12,649	12,655	12,673	12,688	12,709	12,729	12,750	12,772	12,795	12,817	12,842
Marion	99,833	99,910	100,003	100,126	100,288	100,447	100,607	100,776	100,939	101,095	101,258
St. Joseph	35,651	35,694	35,733	35,782	35,840	35,898	35,953	36,007	36,060	36,111	36,162

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:											
	5/9	5/10	5/11	5/12	5/14				5/16				5/18			
Decatur	2,848	2,852	2,854	2,854	2,861	(572)	[137]	{69}	2,869	(574)	[138]	{69}	2,877	(575)	[138]	{69}
Hamilton	35,569	35,597	35,629	35,659	35,731	(7,146)	[1,715]	{858}	35,801	(7,160)	[1,718]	{859}	35,866	(7,173)	[1,722]	{861}
Hendricks	17,209	17,227	17,244	17,255	17,293	(3,459)	[830]	{415}	17,332	(3,466)	[832]	{416}	17,370	(3,474)	[834]	{417}
Johnson	17,933	17,952	17,970	17,989	18,027	(3,605)	[865]	{433}	18,064	(3,613)	[867]	{434}	18,102	(3,620)	[869]	{434}
Lake	53,638	53,712	53,771	53,835	53,989	(10,798)	[2,591]	{1,296}	54,137	(10,827)	[2,599]	{1,299}	54,278	(10,856)	[2,605]	{1,303}
Madison	12,649	12,655	12,673	12,688	12,729	(2,546)	[611]	{305}	12,772	(2,554)	[613]	{307}	12,817	(2,563)	[615]	{308}
Marion	99,833	99,910	100,003	100,126	100,447	(20,089)	[4,821]	{2,411}	100,776	(20,155)	[4,837]	{2,419}	101,095	(20,219)	[4,853]	{2,426}
St. Joseph	35,651	35,694	35,733	35,782	35,898	(7,180)	[1,723]	{862}	36,007	(7,201)	[1,728]	{864}	36,111	(7,222)	[1,733]	{867}

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.