

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

Date: 5/19/21

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 5/19/21 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.

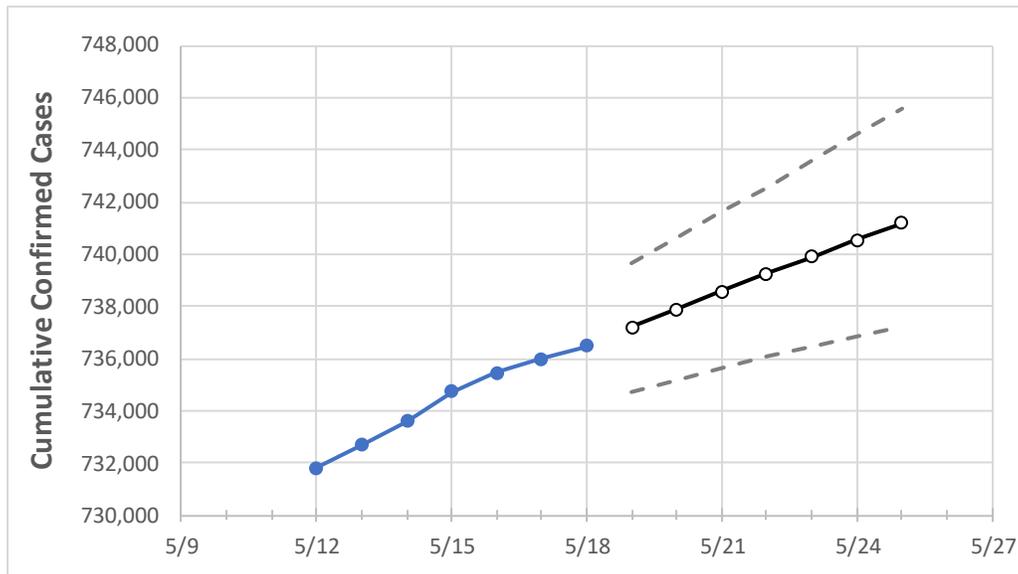
IEM's Modeling Lead

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:						
	5/15	5/16	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25
Indiana	734,736	735,462	735,999	736,480	737,200	737,905	738,585	739,241	739,904	740,550	741,186

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:						
	5/15	5/16	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25
Decatur	2,857	2,859	2,859	2,859	2,861	2,862	2,864	2,866	2,867	2,869	2,870
Hamilton	35,783	35,807	35,829	35,859	35,888	35,915	35,943	35,969	35,995	36,020	36,044
Hendricks	17,298	17,310	17,317	17,325	17,338	17,350	17,362	17,374	17,386	17,396	17,407
Johnson	18,053	18,063	18,067	18,076	18,091	18,105	18,118	18,131	18,144	18,157	18,170
Lake	54,085	54,169	54,249	54,304	54,375	54,445	54,516	54,585	54,653	54,720	54,786
Madison	12,740	12,754	12,762	12,768	12,783	12,798	12,812	12,828	12,843	12,858	12,872
Marion	100,526	100,616	100,715	100,785	100,890	100,995	101,096	101,193	101,284	101,376	101,464
St. Joseph	36,249	36,301	36,335	36,352	36,392	36,432	36,470	36,506	36,542	36,576	36,609

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:											
	5/15	5/16	5/17	5/18	5/20				5/22				5/24			
Decatur	2,857	2,859	2,859	2,859	2,862	(572)	[137]	{69}	2,866	(573)	[138]	{69}	2,869	(574)	[138]	{69}
Hamilton	35,783	35,807	35,829	35,859	35,915	(7,183)	[1,724]	{862}	35,969	(7,194)	[1,727]	{863}	36,020	(7,204)	[1,729]	{864}
Hendricks	17,298	17,310	17,317	17,325	17,350	(3,470)	[833]	{416}	17,374	(3,475)	[834]	{417}	17,396	(3,479)	[835]	{418}
Johnson	18,053	18,063	18,067	18,076	18,105	(3,621)	[869]	{435}	18,131	(3,626)	[870]	{435}	18,157	(3,631)	[872]	{436}
Lake	54,085	54,169	54,249	54,304	54,445	(10,889)	[2,613]	{1,307}	54,585	(10,917)	[2,620]	{1,310}	54,720	(10,944)	[2,627]	{1,313}
Madison	12,740	12,754	12,762	12,768	12,798	(2,560)	[614]	{307}	12,828	(2,566)	[616]	{308}	12,858	(2,572)	[617]	{309}
Marion	100,526	100,616	100,715	100,785	100,995	(20,199)	[4,848]	{2,424}	101,193	(20,239)	[4,857]	{2,429}	101,376	(20,275)	[4,866]	{2,433}
St. Joseph	36,249	36,301	36,335	36,352	36,432	(7,286)	[1,749]	{874}	36,506	(7,301)	[1,752]	{876}	36,576	(7,315)	[1,756]	{878}

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.