

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

Date: 6/3/21

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 6/3/21 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.

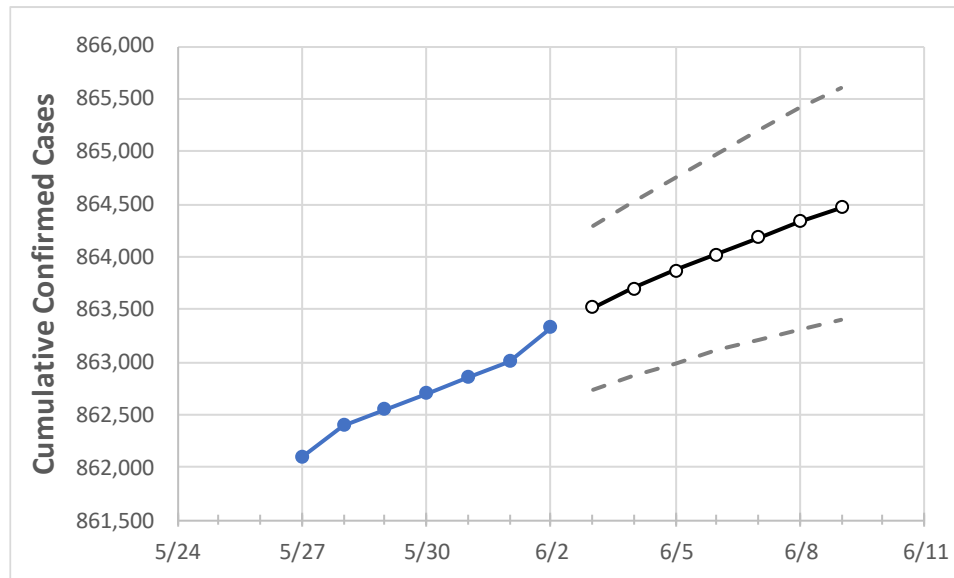
IEM's Modeling Lead

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.

Tennessee State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	6/9
Tennessee	862,703	862,853	863,004	863,328	863,523	863,698	863,866	864,024	864,184	864,331	864,468

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.

Tennessee Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	6/9
Blount	15,626	15,630	15,634	15,632	15,635	15,638	15,640	15,643	15,645	15,647	15,650
Davidson	90,122	90,136	90,150	90,184	90,199	90,214	90,228	90,242	90,255	90,267	90,278
Hamilton	45,004	45,018	45,032	45,058	45,078	45,096	45,114	45,132	45,150	45,167	45,182
Knox	51,661	51,653	51,645	51,688	51,736	51,787	51,838	51,888	51,939	51,992	52,044
Rutherford	43,466	43,475	43,484	43,497	43,506	43,515	43,524	43,532	43,540	43,547	43,554
Shelby	97,645	97,679	97,713	97,747	97,787	97,825	97,862	97,896	97,928	97,959	97,989
Sumner	24,308	24,309	24,310	24,312	24,317	24,321	24,325	24,330	24,333	24,337	24,340
Williamson	28,274	28,281	28,288	28,294	28,300	28,305	28,311	28,316	28,321	28,326	28,330

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.

Tennessee Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	5/30	5/31	6/1	6/2	6/4				6/6				6/8			
Blount	15,626	15,630	15,634	15,632	15,638	(3,128)	[751]	{375}	15,643	(3,129)	[751]	{375}	15,647	(3,129)	[751]	{376}
Davidson	90,122	90,136	90,150	90,184	90,214	(18,043)	[4,330]	{2,165}	90,242	(18,048)	[4,332]	{2,166}	90,267	(18,053)	[4,333]	{2,166}
Hamilton	45,004	45,018	45,032	45,058	45,096	(9,019)	[2,165]	{1,082}	45,132	(9,026)	[2,166]	{1,083}	45,167	(9,033)	[2,168]	{1,084}
Knox	51,661	51,653	51,645	51,688	51,787	(10,357)	[2,486]	{1,243}	51,888	(10,378)	[2,491]	{1,245}	51,992	(10,398)	[2,496]	{1,248}
Rutherford	43,466	43,475	43,484	43,497	43,515	(8,703)	[2,089]	{1,044}	43,532	(8,706)	[2,090]	{1,045}	43,547	(8,709)	[2,090]	{1,045}
Shelby	97,645	97,679	97,713	97,747	97,825	(19,565)	[4,696]	{2,348}	97,896	(19,579)	[4,699]	{2,350}	97,959	(19,592)	[4,702]	{2,351}
Sumner	24,308	24,309	24,310	24,312	24,321	(4,864)	[1,167]	{584}	24,330	(4,866)	[1,168]	{584}	24,337	(4,867)	[1,168]	{584}
Williamson	28,274	28,281	28,288	28,294	28,305	(5,661)	[1,359]	{679}	28,316	(5,663)	[1,359]	{680}	28,326	(5,665)	[1,360]	{680}

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.