

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

Date: 6/4/21

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 6/4/21 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.

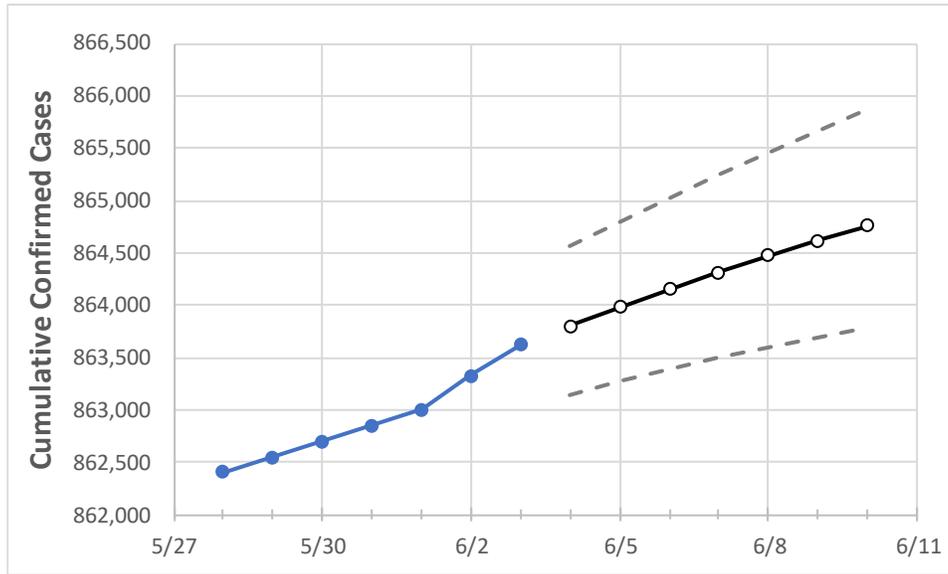
IEM's Modeling Lead

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:					
	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	6/9	6/10
Tennessee	862,853	863,004	863,328	863,620	863,804	863,981	864,155	864,317	864,474	864,621	864,761

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:						
	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	6/9	6/10
Blount	15,630	15,634	15,632	15,628	15,631	15,634	15,637	15,639	15,642	15,644	15,646
Davidson	90,136	90,150	90,184	90,204	90,219	90,235	90,249	90,262	90,275	90,287	90,299
Hamilton	45,018	45,032	45,058	45,068	45,086	45,102	45,119	45,135	45,151	45,165	45,180
Knox	51,653	51,645	51,688	51,757	51,813	51,865	51,921	51,979	52,037	52,095	52,155
Rutherford	43,475	43,484	43,497	43,507	43,515	43,524	43,532	43,539	43,546	43,553	43,560
Shelby	97,679	97,713	97,747	97,786	97,824	97,860	97,894	97,927	97,958	97,988	98,015
Sumner	24,309	24,310	24,312	24,318	24,322	24,327	24,331	24,334	24,338	24,341	24,344
Williamson	28,281	28,288	28,294	28,299	28,304	28,310	28,315	28,319	28,324	28,328	28,333

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:											
	5/31	6/1	6/2	6/3	6/5			6/7			6/9					
Blount	15,630	15,634	15,632	15,628	15,634	(3,127)	[750]	{375}	15,639	(3,128)	[751]	{375}	15,644	(3,129)	[751]	{375}
Davidson	90,136	90,150	90,184	90,204	90,235	(18,047)	[4,331]	{2,166}	90,262	(18,052)	[4,333]	{2,166}	90,287	(18,057)	[4,334]	{2,167}
Hamilton	45,018	45,032	45,058	45,068	45,102	(9,020)	[2,165]	{1,082}	45,135	(9,027)	[2,166]	{1,083}	45,165	(9,033)	[2,168]	{1,084}
Knox	51,653	51,645	51,688	51,757	51,865	(10,373)	[2,490]	{1,245}	51,979	(10,396)	[2,495]	{1,248}	52,095	(10,419)	[2,501]	{1,250}
Rutherford	43,475	43,484	43,497	43,507	43,524	(8,705)	[2,089]	{1,045}	43,539	(8,708)	[2,090]	{1,045}	43,553	(8,711)	[2,091]	{1,045}
Shelby	97,679	97,713	97,747	97,786	97,860	(19,572)	[4,697]	{2,349}	97,927	(19,585)	[4,700]	{2,350}	97,988	(19,598)	[4,703]	{2,352}
Sumner	24,309	24,310	24,312	24,318	24,327	(4,865)	[1,168]	{584}	24,334	(4,867)	[1,168]	{584}	24,341	(4,868)	[1,168]	{584}
Williamson	28,281	28,288	28,294	28,299	28,310	(5,662)	[1,359]	{679}	28,319	(5,664)	[1,359]	{680}	28,328	(5,666)	[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.