

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

Date: 6/7/21

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 6/7/21 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

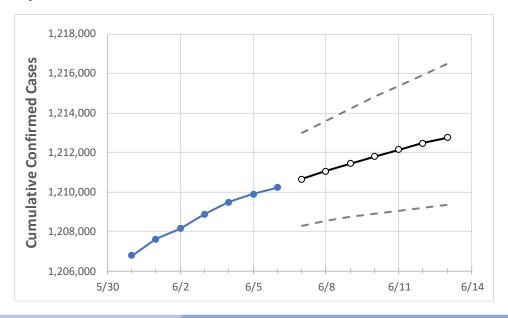
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



# Pennsylvania State Projections



 Actual Confirmed Cases On:
 Projected Cases For:

 6/3
 6/4
 6/5
 6/6
 6/7
 6/8
 6/9
 6/10
 6/11
 6/12
 6/13

 Pennsylvania
 1,208,879
 1,209,492
 1,209,894
 1,210,224
 1,210,659
 1,211,059
 1,211,440
 1,211,791
 1,212,136
 1,212,461
 1,212,754

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.

### **Pennsylvania Counties**

	Actual Confirmed Cases On:				Projected Cases For:						
	6/3	6/4	6/5	6/6	6/7	6/8	6/9	6/10	6/11	6/12	6/13
Allegheny	101,411	101,446	101,471	101,492	101,518	101,542	101,565	101,587	101,606	101,626	101,643
Berks	48,080	48,101	48,118	48,135	48,154	48,173	48,190	48,206	48,221	48,236	48,249
Bucks	60,627	60,640	60,652	60,667	60,677	60,686	60,694	60,702	60,709	60,716	60,722
Butler	17,503	17,515	17,518	17,523	17,532	17,540	17,549	17,557	17,565	17,572	17,579
Chester	40,682	40,698	40,698	40,698	40,707	40,716	40,723	40,729	40,736	40,741	40,747
Delaware	52,194	52,210	52,247	52,255	52,269	52,281	52,293	52,305	52,316	52,326	52,336
Lackawanna	18,458	18,461	18,465	18,472	18,478	18,483	18,488	18,493	18,497	18,502	18,506
Lancaster	55,181	55,206	55,216	55,236	55,251	55,265	55,278	55,290	55,302	55,312	55,323
Lehigh	39,663	39,674	39,689	39,699	39,710	39,720	39,729	39,738	39,746	39,755	39,762
Luzerne	31,857	31,886	31,900	31,908	31,920	31,931	31,941	31,952	31,961	31,969	31,978
Monroe	14,714	14,718	14,723	14,729	14,732	14,736	14,739	14,742	14,744	14,747	14,749
Montgomery	70,131	70,163	70,189	70,201	70,221	70,239	70,257	70,274	70,290	70,305	70,320
Northampton	35,714	35,722	35,728	35,734	35,739	35,744	35,749	35,753	35,757	35,761	35,764
Philadelphia	153,521	153,521	153,521	153,521	153,578	153,632	153,684	153,734	153,782	153,825	153,868
Westmoreland	34,164	34,191	34,204	34,221	34,234	34,247	34,259	34,271	34,282	34,293	34,304
York	46,465	46,516	46,537	46,554	46,580	46,604	46,627	46,650	46,672	46,694	46,714



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.

#### Pennsylvania Medical Demands by County

	Actual Confirmed Cases On:			On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:					
	6/3	6/4	6/5	6/6	6/8	6/10	6/12			
Allegheny	101,411	101,446	101,471	101,492	101,542 (20,308) [4,874] {2,437}	101,587 (20,317) [4,876] {2,438}	101,626 (20,325) [4,878] {2,439}			
Berks	48,080	48,101	48,118	48,135	48,173 (9,635) [2,312] {1,156}	48,206 (9,641) [2,314] {1,157}	48,236 (9,647) [2,315] {1,158}			
Bucks	60,627	60,640	60,652	60,667	60,686 (12,137) [2,913] {1,456}	60,702 (12,140) [2,914] {1,457}	60,716 (12,143) [2,914] {1,457}			
Butler	17,503	17,515	17,518	17,523	17,540 (3,508) [842] {421}	17,557 (3,511) [843] {421}	17,572 (3,514) [843] {422}			
Chester	40,682	40,698	40,698	40,698	40,716 (8,143) [1,954] {977}	40,729 (8,146) [1,955] {977}	40,741 (8,148) [1,956] {978}			
Delaware	52,194	52,210	52,247	52,255	52,281 (10,456) [2,510] {1,255}	52,305 (10,461) [2,511] {1,255}	52,326 (10,465) [2,512] {1,256}			
Lackawanna	18,458	18,461	18,465	18,472	18,483 (3,697) [887] {444}	18,493 (3,699) [888] {444}	18,502 (3,700) [888] {444}			
Lancaster	55,181	55,206	55,216	55,236	55,265 (11,053) [2,653] {1,326}	55,290 (11,058) [2,654] {1,327}	55,312 (11,062) [2,655] {1,327}			
Lehigh	39,663	39,674	39,689	39,699	39,720 (7,944) [1,907] {953}	39,738 (7,948) [1,907] {954}	39,755 (7,951) [1,908] {954}			
Luzerne	31,857	31,886	31,900	31,908	31,931 (6,386) [1,533] {766}	31,952 (6,390) [1,534] {767}	31,969 (6,394) [1,535] {767}			
Monroe	14,714	14,718	14,723	14,729	14,736 (2,947) [707] {354}	14,742 (2,948) [708] {354}	14,747 (2,949) [708] {354}			
Montgomery	70,131	70,163	70,189	70,201	70,239 (14,048) [3,371] {1,686}	70,274 (14,055) [3,373] {1,687}	70,305 (14,061) [3,375] {1,687}			
Northampton	35,714	35,722	35,728	35,734	35,744 (7,149) [1,716] {858}	35,753 (7,151) [1,716] {858}	35,761 (7,152) [1,717] {858}			
Philadelphia	153,521	153,521	153,521	153,521	153,632 (30,726) [7,374] {3,687}	153,734 (30,747) [7,379] {3,690}	153,825 (30,765) [7,384] {3,692}			
Westmoreland	34,164	34,191	34,204	34,221	34,247 (6,849) [1,644] {822}	34,271 (6,854) [1,645] {823}	34,293 (6,859) [1,646] {823}			
York	46,465	46,516	46,537	46,554	46,604 (9,321) [2,237] {1,118}	46,650 (9,330) [2,239] {1,120}	46,694 (9,339) [2,241] {1,121}			

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

