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

Date: 6/9/21

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 6/9/21 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.

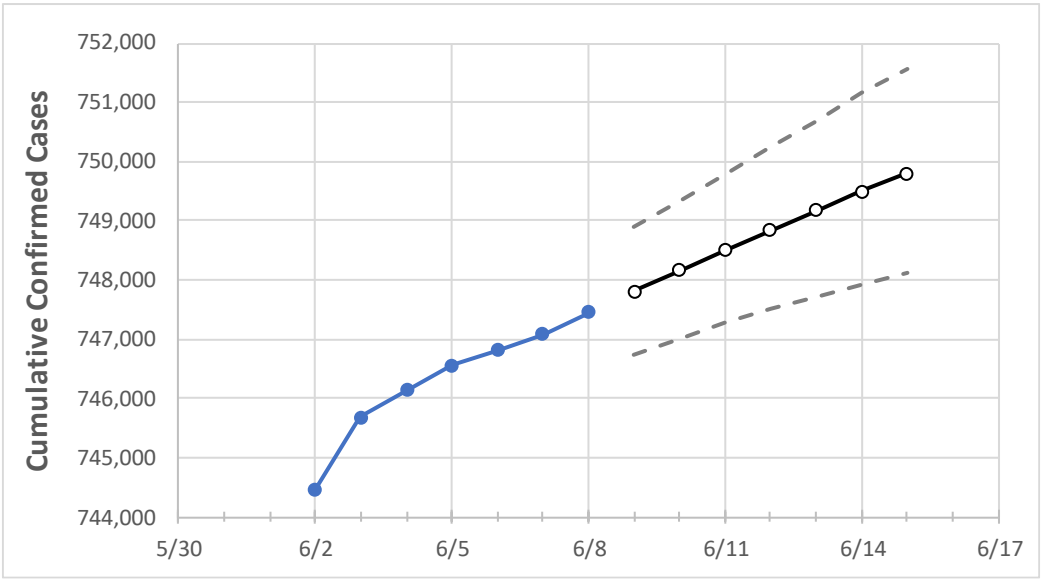
IEM's Modeling Lead

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:						
	6/5	6/6	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/15
Indiana	746,554	746,819	747,083	747,447	747,811	748,161	748,508	748,845	749,176	749,493	749,802

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:						
	6/5	6/6	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/15
Decatur	2,897	2,897	2,897	2,897	2,899	2,901	2,904	2,906	2,908	2,911	2,914
Hamilton	36,386	36,399	36,411	36,429	36,442	36,454	36,465	36,476	36,488	36,499	36,509
Hendricks	17,526	17,531	17,535	17,551	17,557	17,563	17,569	17,575	17,581	17,586	17,591
Johnson	18,335	18,339	18,342	18,346	18,352	18,357	18,363	18,368	18,373	18,377	18,382
Lake	55,116	55,139	55,161	55,181	55,200	55,217	55,233	55,248	55,262	55,276	55,289
Madison	13,073	13,081	13,089	13,095	13,103	13,111	13,119	13,127	13,134	13,142	13,149
Marion	102,638	102,677	102,715	102,781	102,823	102,864	102,904	102,941	102,978	103,013	103,046
St. Joseph	36,848	36,859	36,870	36,881	36,892	36,903	36,913	36,923	36,931	36,940	36,947

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:		
	6/5	6/6	6/7	6/8	6/10	6/12	6/14
Decatur	2,897	2,897	2,897	2,897	2,901 (580) [139] {70}	2,906 (581) [139] {70}	2,911 (582) [140] {70}
Hamilton	36,386	36,399	36,411	36,429	36,454 (7,291) [1,750] {875}	36,476 (7,295) [1,751] {875}	36,499 (7,300) [1,752] {876}
Hendricks	17,526	17,531	17,535	17,551	17,563 (3,513) [843] {422}	17,575 (3,515) [844] {422}	17,586 (3,517) [844] {422}
Johnson	18,335	18,339	18,342	18,346	18,357 (3,671) [881] {441}	18,368 (3,674) [882] {441}	18,377 (3,675) [882] {441}
Lake	55,116	55,139	55,161	55,181	55,217 (11,043) [2,650] {1,325}	55,248 (11,050) [2,652] {1,326}	55,276 (11,055) [2,653] {1,327}
Madison	13,073	13,081	13,089	13,095	13,111 (2,622) [629] {315}	13,127 (2,625) [630] {315}	13,142 (2,628) [631] {315}
Marion	102,638	102,677	102,715	102,781	102,864 (20,573) [4,937] {2,469}	102,941 (20,588) [4,941] {2,471}	103,013 (20,603) [4,945] {2,472}
St. Joseph	36,848	36,859	36,870	36,881	36,903 (7,381) [1,771] {886}	36,923 (7,385) [1,772] {886}	36,940 (7,388) [1,773] {887}

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.