

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

Date: 6/15/21

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 6/15/21 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.

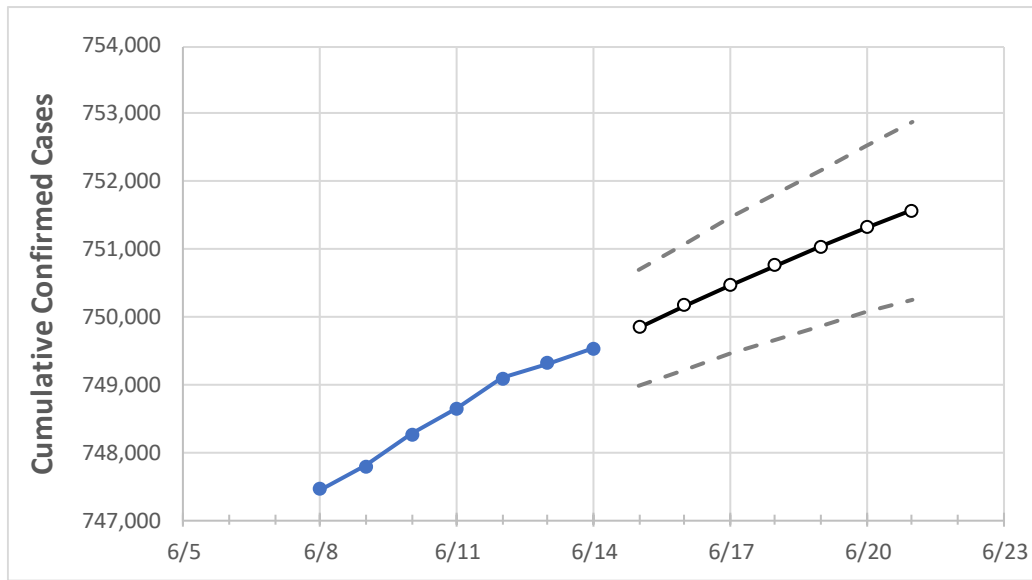
IEM's Modeling Lead

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:						
	6/11	6/12	6/13	6/14	6/15	6/16	6/17	6/18	6/19	6/20	6/21
Indiana	748,654	749,097	749,315	749,532	749,850	750,165	750,470	750,758	751,043	751,317	751,574

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:						
	6/11	6/12	6/13	6/14	6/15	6/16	6/17	6/18	6/19	6/20	6/21
Decatur	2,899	2,899	2,899	2,899	2,900	2,901	2,902	2,903	2,904	2,905	2,906
Hamilton	36,487	36,505	36,516	36,527	36,540	36,552	36,565	36,577	36,589	36,600	36,610
Hendricks	17,578	17,583	17,586	17,588	17,594	17,599	17,604	17,610	17,615	17,619	17,624
Johnson	18,377	18,386	18,396	18,405	18,412	18,419	18,425	18,431	18,438	18,444	18,450
Lake	55,330	55,421	55,445	55,468	55,497	55,525	55,553	55,581	55,608	55,635	55,661
Madison	13,105	13,111	13,116	13,120	13,125	13,130	13,135	13,140	13,144	13,148	13,152
Marion	102,980	103,027	103,059	103,091	103,131	103,171	103,209	103,246	103,282	103,316	103,348
St. Joseph	36,919	36,933	36,940	36,947	36,955	36,963	36,971	36,978	36,985	36,991	36,997

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:											
	6/11	6/12	6/13	6/14	6/16				6/18				6/20			
Decatur	2,899	2,899	2,899	2,899	2,901	(580)	[139]	{70}	2,903	(581)	[139]	{70}	2,905	(581)	[139]	{70}
Hamilton	36,487	36,505	36,516	36,527	36,552	(7,310)	[1,755]	{877}	36,577	(7,315)	[1,756]	{878}	36,600	(7,320)	[1,757]	{878}
Hendricks	17,578	17,583	17,586	17,588	17,599	(3,520)	[845]	{422}	17,610	(3,522)	[845]	{423}	17,619	(3,524)	[846]	{423}
Johnson	18,377	18,386	18,396	18,405	18,419	(3,684)	[884]	{442}	18,431	(3,686)	[885]	{442}	18,444	(3,689)	[885]	{443}
Lake	55,330	55,421	55,445	55,468	55,525	(11,105)	[2,665]	{1,333}	55,581	(11,116)	[2,668]	{1,334}	55,635	(11,127)	[2,670]	{1,335}
Madison	13,105	13,111	13,116	13,120	13,130	(2,626)	[630]	{315}	13,140	(2,628)	[631]	{315}	13,148	(2,630)	[631]	{316}
Marion	102,980	103,027	103,059	103,091	103,171	(20,634)	[4,952]	{2,476}	103,246	(20,649)	[4,956]	{2,478}	103,316	(20,663)	[4,959]	{2,480}
St. Joseph	36,919	36,933	36,940	36,947	36,963	(7,393)	[1,774]	{887}	36,978	(7,396)	[1,775]	{887}	36,991	(7,398)	[1,776]	{888}

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.