

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 6/16/21**

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 6/16/21 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.**

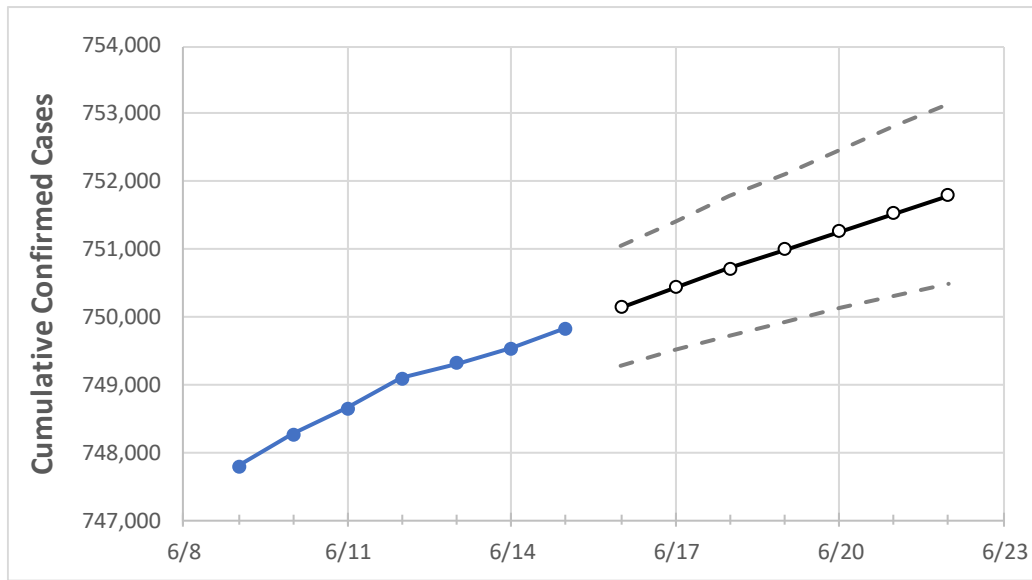
**IEM's Modeling Lead**

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:						
	6/12	6/13	6/14	6/15	6/16	6/17	6/18	6/19	6/20	6/21	6/22
Indiana	749,097	749,315	749,532	749,835	750,144	750,436	750,720	750,996	751,267	751,528	751,790

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:						
	6/12	6/13	6/14	6/15	6/16	6/17	6/18	6/19	6/20	6/21	6/22
Decatur	2,899	2,899	2,899	2,899	2,900	2,901	2,902	2,903	2,904	2,905	2,905
Hamilton	36,505	36,516	36,527	36,537	36,549	36,561	36,573	36,585	36,596	36,606	36,617
Hendricks	17,583	17,586	17,588	17,594	17,600	17,605	17,610	17,615	17,620	17,625	17,630
Johnson	18,386	18,396	18,405	18,412	18,419	18,425	18,432	18,438	18,444	18,450	18,456
Lake	55,421	55,445	55,468	55,518	55,551	55,585	55,617	55,649	55,680	55,713	55,745
Madison	13,111	13,116	13,120	13,128	13,133	13,138	13,143	13,148	13,153	13,157	13,162
Marion	103,027	103,059	103,091	103,128	103,168	103,207	103,243	103,280	103,315	103,348	103,381
St. Joseph	36,933	36,940	36,947	36,959	36,967	36,975	36,983	36,990	36,997	37,003	37,009

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:											
	6/12	6/13	6/14	6/15	6/17				6/19				6/21			
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	36,505	36,516	36,527	36,537	36,561	(7,312)	[1,755]	{877}	36,585	(7,317)	[1,756]	{878}	36,606	(7,321)	[1,757]	{879}
Hendricks	17,583	17,586	17,588	17,594	17,605	(3,521)	[845]	{423}	17,615	(3,523)	[846]	{423}	17,625	(3,525)	[846]	{423}
Johnson	18,386	18,396	18,405	18,412	18,425	(3,685)	[884]	{442}	18,438	(3,688)	[885]	{443}	18,450	(3,690)	[886]	{443}
Lake	55,421	55,445	55,468	55,518	55,585	(11,117)	[2,668]	{1,334}	55,649	(11,130)	[2,671]	{1,336}	55,713	(11,143)	[2,674]	{1,337}
Madison	13,111	13,116	13,120	13,128	13,138	(2,628)	[631]	{315}	13,148	(2,630)	[631]	{316}	13,157	(2,631)	[632]	{316}
Marion	103,027	103,059	103,091	103,128	103,207	(20,641)	[4,954]	{2,477}	103,280	(20,656)	[4,957]	{2,479}	103,348	(20,670)	[4,961]	{2,480}
St. Joseph	36,933	36,940	36,947	36,959	36,975	(7,395)	[1,775]	{887}	36,990	(7,398)	[1,776]	{888}	37,003	(7,401)	[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](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.