

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

Date: 6/22/21

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 6/22/21 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.

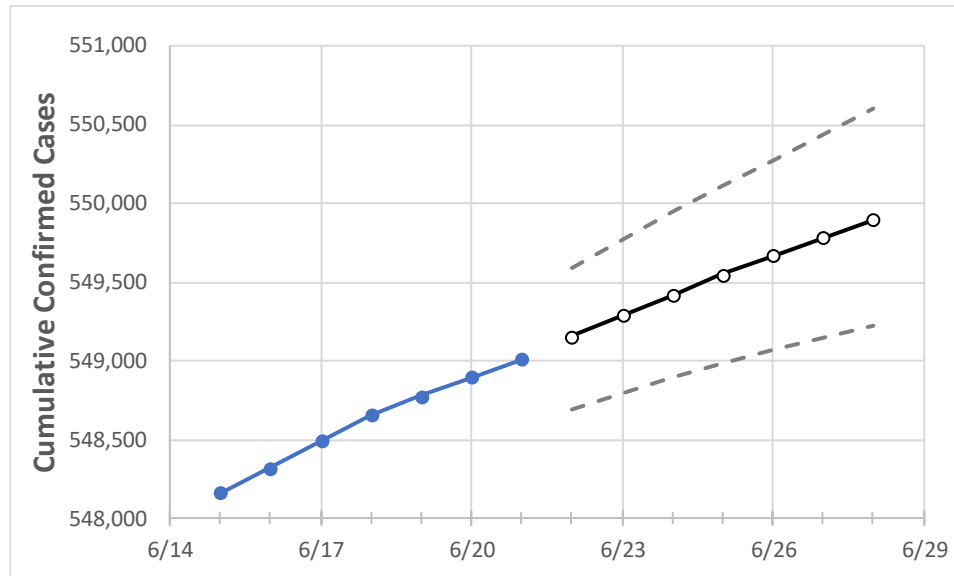
IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28
Alabama	548,657	548,776	548,894	549,013	549,154	549,288	549,419	549,546	549,667	549,784	549,894

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.

Alabama Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28
Jefferson	81,003	81,017	81,032	81,046	81,068	81,089	81,111	81,132	81,153	81,174	81,195
Lee	16,278	16,281	16,284	16,287	16,292	16,297	16,301	16,306	16,310	16,314	16,319
Madison	35,690	35,699	35,709	35,718	35,731	35,743	35,756	35,768	35,780	35,792	35,803
Marshall	12,453	12,453	12,454	12,454	12,456	12,459	12,461	12,463	12,465	12,467	12,468
Mobile	42,105	42,118	42,132	42,145	42,165	42,185	42,205	42,226	42,246	42,266	42,286
Montgomery	25,084	25,086	25,087	25,089	25,091	25,093	25,095	25,096	25,098	25,099	25,101
Shelby	25,607	25,613	25,620	25,626	25,632	25,637	25,642	25,647	25,653	25,657	25,662
Tuscaloosa	26,173	26,175	26,177	26,179	26,183	26,188	26,192	26,196	26,199	26,203	26,207

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.

Alabama Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	6/18	6/19	6/20	6/21	6/23			6/25			6/27					
Jefferson	81,003	81,017	81,032	81,046	81,089	(16,218)	[3,892]	{1,946}	81,132	(16,226)	[3,894]	{1,947}	81,174	(16,235)	[3,896]	{1,948}
Lee	16,278	16,281	16,284	16,287	16,297	(3,259)	[782]	{391}	16,306	(3,261)	[783]	{391}	16,314	(3,263)	[783]	{392}
Madison	35,690	35,699	35,709	35,718	35,743	(7,149)	[1,716]	{858}	35,768	(7,154)	[1,717]	{858}	35,792	(7,158)	[1,718]	{859}
Marshall	12,453	12,453	12,454	12,454	12,459	(2,492)	[598]	{299}	12,463	(2,493)	[598]	{299}	12,467	(2,493)	[598]	{299}
Mobile	42,105	42,118	42,132	42,145	42,185	(8,437)	[2,025]	{1,012}	42,226	(8,445)	[2,027]	{1,013}	42,266	(8,453)	[2,029]	{1,014}
Montgomery	25,084	25,086	25,087	25,089	25,093	(5,019)	[1,204]	{602}	25,096	(5,019)	[1,205]	{602}	25,099	(5,020)	[1,205]	{602}
Shelby	25,607	25,613	25,620	25,626	25,637	(5,127)	[1,231]	{615}	25,647	(5,129)	[1,231]	{616}	25,657	(5,131)	[1,232]	{616}
Tuscaloosa	26,173	26,175	26,177	26,179	26,188	(5,238)	[1,257]	{629}	26,196	(5,239)	[1,257]	{629}	26,203	(5,241)	[1,258]	{629}

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.