

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.

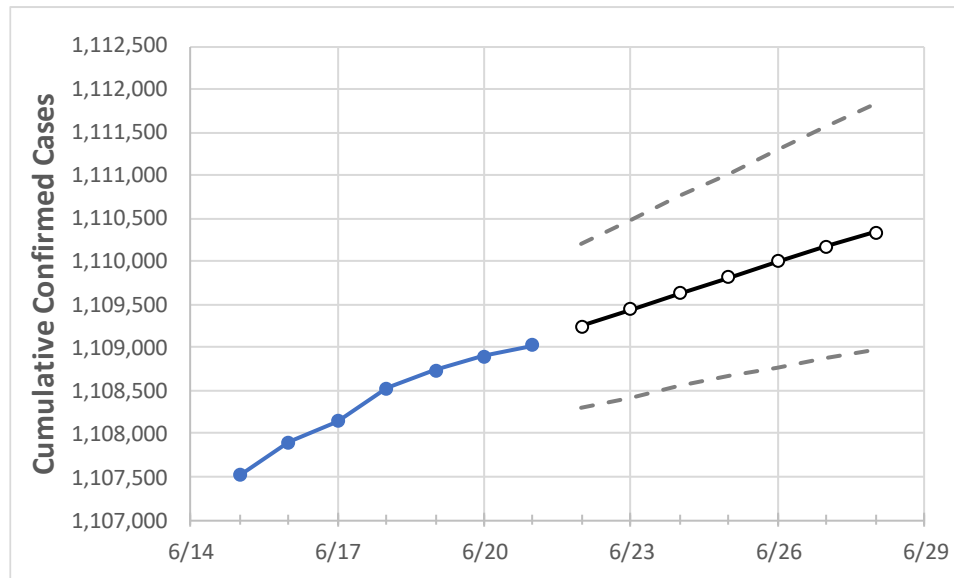
IEM's Modeling Lead

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.

Ohio 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
Ohio	1,108,528	1,108,736	1,108,902	1,109,025	1,109,242	1,109,443	1,109,635	1,109,819	1,109,996	1,110,171	1,110,338

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.

Ohio 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
Athens	5,239	5,240	5,242	5,243	5,244	5,245	5,246	5,247	5,248	5,249	5,250
Cuyahoga	115,774	115,792	115,808	115,829	115,850	115,869	115,888	115,905	115,921	115,938	115,952
Franklin	128,697	128,720	128,749	128,765	128,794	128,824	128,851	128,877	128,904	128,930	128,955
Hamilton	81,373	81,397	81,409	81,413	81,432	81,450	81,468	81,486	81,504	81,520	81,537
Lake	21,187	21,207	21,211	21,213	21,220	21,226	21,232	21,238	21,245	21,251	21,257
Lorain	25,671	25,672	25,675	25,679	25,684	25,689	25,694	25,699	25,703	25,707	25,711
Lucas	43,351	43,353	43,359	43,364	43,371	43,378	43,385	43,391	43,397	43,403	43,409
Mahoning	22,362	22,370	22,376	22,378	22,383	22,387	22,391	22,395	22,399	22,402	22,406
Medina	15,610	15,611	15,612	15,613	15,615	15,617	15,619	15,621	15,623	15,625	15,626
Miami	10,847	10,849	10,850	10,850	10,852	10,853	10,855	10,857	10,858	10,860	10,861
Summit	48,415	48,427	48,435	48,440	48,449	48,457	48,465	48,473	48,481	48,488	48,495

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.

Ohio 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			
Athens	5,239	5,240	5,242	5,243	5,245	(1,049)	[252]	{126}	5,247	(1,049)	[252]	{126}	5,249	(1,050)	[252]	{126}
Cuyahoga	115,774	115,792	115,808	115,829	115,869	(23,174)	[5,562]	{2,781}	115,905	(23,181)	[5,563]	{2,782}	115,938	(23,188)	[5,565]	{2,783}
Franklin	128,697	128,720	128,749	128,765	128,824	(25,765)	[6,184]	{3,092}	128,877	(25,775)	[6,186]	{3,093}	128,930	(25,786)	[6,189]	{3,094}
Hamilton	81,373	81,397	81,409	81,413	81,450	(16,290)	[3,910]	{1,955}	81,486	(16,297)	[3,911]	{1,956}	81,520	(16,304)	[3,913]	{1,956}
Lake	21,187	21,207	21,211	21,213	21,226	(4,245)	[1,019]	{509}	21,238	(4,248)	[1,019]	{510}	21,251	(4,250)	[1,020]	{510}
Lorain	25,671	25,672	25,675	25,679	25,689	(5,138)	[1,233]	{617}	25,699	(5,140)	[1,234]	{617}	25,707	(5,141)	[1,234]	{617}
Lucas	43,351	43,353	43,359	43,364	43,378	(8,676)	[2,082]	{1,041}	43,391	(8,678)	[2,083]	{1,041}	43,403	(8,681)	[2,083]	{1,042}
Mahoning	22,362	22,370	22,376	22,378	22,387	(4,477)	[1,075]	{537}	22,395	(4,479)	[1,075]	{537}	22,402	(4,480)	[1,075]	{538}
Medina	15,610	15,611	15,612	15,613	15,617	(3,123)	[750]	{375}	15,621	(3,124)	[750]	{375}	15,625	(3,125)	[750]	{375}
Miami	10,847	10,849	10,850	10,850	10,853	(2,171)	[521]	{260}	10,857	(2,171)	[521]	{261}	10,860	(2,172)	[521]	{261}
Summit	48,415	48,427	48,435	48,440	48,457	(9,691)	[2,326]	{1,163}	48,473	(9,695)	[2,327]	{1,163}	48,488	(9,698)	[2,327]	{1,164}

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.