

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

Date: 6/28/21

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 6/28/21 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.**

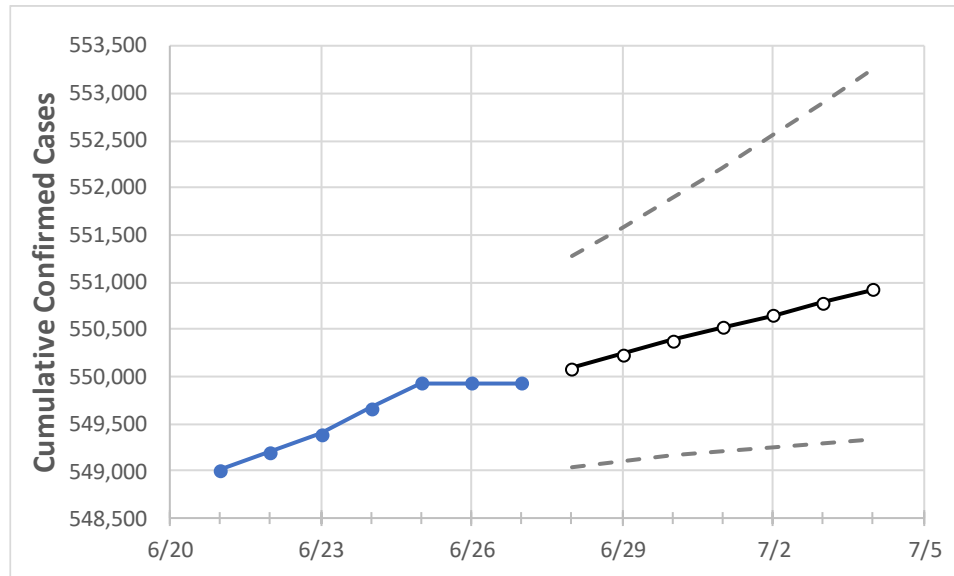
### IEM's Modeling Lead

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:						
	6/24	6/25	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4
Alabama	549,664	549,934	549,934	549,934	550,084	550,237	550,383	550,521	550,652	550,783	550,919

*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:						
	6/24	6/25	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4
Jefferson	81,118	81,151	81,151	81,151	81,167	81,182	81,197	81,211	81,226	81,240	81,254
Lee	16,309	16,317	16,317	16,317	16,322	16,328	16,333	16,339	16,345	16,350	16,356
Madison	35,756	35,779	35,779	35,779	35,789	35,800	35,812	35,822	35,832	35,842	35,853
Marshall	12,471	12,476	12,476	12,476	12,479	12,481	12,484	12,486	12,489	12,491	12,494
Mobile	42,211	42,241	42,241	42,241	42,260	42,280	42,299	42,316	42,333	42,350	42,368
Montgomery	25,102	25,101	25,101	25,101	25,103	25,105	25,107	25,109	25,111	25,113	25,115
Shelby	25,656	25,674	25,674	25,674	25,682	25,689	25,697	25,704	25,712	25,720	25,728
Tuscaloosa	26,201	26,216	26,216	26,216	26,221	26,226	26,232	26,237	26,243	26,248	26,254

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:											
	6/24	6/25	6/26	6/27	6/29				7/1				7/3			
Jefferson	81,118	81,151	81,151	81,151	81,182	(16,236)	[3,897]	{1,948}	81,211	(16,242)	[3,898]	{1,949}	81,240	(16,248)	[3,900]	{1,950}
Lee	16,309	16,317	16,317	16,317	16,328	(3,266)	[784]	{392}	16,339	(3,268)	[784]	{392}	16,350	(3,270)	[785]	{392}
Madison	35,756	35,779	35,779	35,779	35,800	(7,160)	[1,718]	{859}	35,822	(7,164)	[1,719]	{860}	35,842	(7,168)	[1,720]	{860}
Marshall	12,471	12,476	12,476	12,476	12,481	(2,496)	[599]	{300}	12,486	(2,497)	[599]	{300}	12,491	(2,498)	[600]	{300}
Mobile	42,211	42,241	42,241	42,241	42,280	(8,456)	[2,029]	{1,015}	42,316	(8,463)	[2,031]	{1,016}	42,350	(8,470)	[2,033]	{1,016}
Montgomery	25,102	25,101	25,101	25,101	25,105	(5,021)	[1,205]	{603}	25,109	(5,022)	[1,205]	{603}	25,113	(5,023)	[1,205]	{603}
Shelby	25,656	25,674	25,674	25,674	25,689	(5,138)	[1,233]	{617}	25,704	(5,141)	[1,234]	{617}	25,720	(5,144)	[1,235]	{617}
Tuscaloosa	26,201	26,216	26,216	26,216	26,226	(5,245)	[1,259]	{629}	26,237	(5,247)	[1,259]	{630}	26,248	(5,250)	[1,260]	{630}

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.