

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

Date: 6/30/21

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 6/30/21 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.

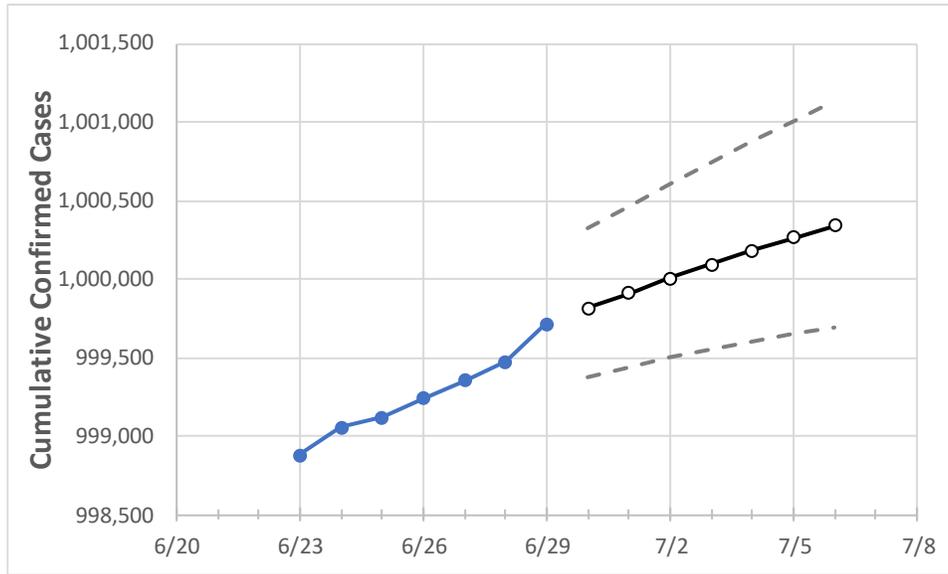
IEM's Modeling Lead

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.

Michigan State Projections



	Actual Confirmed Cases On:						Projected Cases For:					
	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6	
Michigan	999,236	999,354	999,471	999,711	999,814	999,911	1,000,003	1,000,095	1,000,180	1,000,262	1,000,342	

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.

Michigan Counties

	Actual Confirmed Cases On:						Projected Cases For:					
	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6	
Genesee	41,741	41,742	41,744	41,749	41,751	41,753	41,755	41,757	41,759	41,760	41,762	
Ingham	24,892	24,896	24,899	24,904	24,906	24,908	24,909	24,911	24,913	24,914	24,915	
Kent	73,500	73,517	73,533	73,599	73,623	73,646	73,668	73,692	73,715	73,738	73,761	
Livingston	16,741	16,746	16,750	16,750	16,752	16,754	16,756	16,757	16,759	16,761	16,762	
Macomb	100,170	100,180	100,189	100,203	100,210	100,216	100,223	100,229	100,234	100,240	100,245	
Monroe	15,411	15,413	15,414	15,414	15,415	15,416	15,417	15,418	15,419	15,420	15,421	
Oakland	118,684	118,699	118,714	118,725	118,738	118,750	118,762	118,773	118,785	118,795	118,805	
Washtenaw	26,495	26,498	26,501	26,504	26,507	26,510	26,513	26,516	26,519	26,521	26,524	
Wayne	165,727	165,755	165,784	165,838	165,863	165,887	165,910	165,932	165,954	165,975	165,995	

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.

Michigan Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	6/26	6/27	6/28	6/29	7/1			7/3			7/5					
Genesee	41,741	41,742	41,744	41,749	41,753	(8,351)	[2,004]	{1,002}	41,757	(8,351)	[2,004]	{1,002}	41,760	(8,352)	[2,004]	{1,002}
Ingham	24,892	24,896	24,899	24,904	24,908	(4,982)	[1,196]	{598}	24,911	(4,982)	[1,196]	{598}	24,914	(4,983)	[1,196]	{598}
Kent	73,500	73,517	73,533	73,599	73,646	(14,729)	[3,535]	{1,767}	73,692	(14,738)	[3,537]	{1,769}	73,738	(14,748)	[3,539]	{1,770}
Livingston	16,741	16,746	16,750	16,750	16,754	(3,351)	[804]	{402}	16,757	(3,351)	[804]	{402}	16,761	(3,352)	[805]	{402}
Macomb	100,170	100,180	100,189	100,203	100,216	(20,043)	[4,810]	{2,405}	100,229	(20,046)	[4,811]	{2,405}	100,240	(20,048)	[4,811]	{2,406}
Monroe	15,411	15,413	15,414	15,414	15,416	(3,083)	[740]	{370}	15,418	(3,084)	[740]	{370}	15,420	(3,084)	[740]	{370}
Oakland	118,684	118,699	118,714	118,725	118,750	(23,750)	[5,700]	{2,850}	118,773	(23,755)	[5,701]	{2,851}	118,795	(23,759)	[5,702]	{2,851}
Washtenaw	26,495	26,498	26,501	26,504	26,510	(5,302)	[1,272]	{636}	26,516	(5,303)	[1,273]	{636}	26,521	(5,304)	[1,273]	{637}
Wayne	165,727	165,755	165,784	165,838	165,887	(33,177)	[7,963]	{3,981}	165,932	(33,186)	[7,965]	{3,982}	165,975	(33,195)	[7,967]	{3,983}

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.