

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

**Date: 7/9/21**

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 7/9/21 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.**

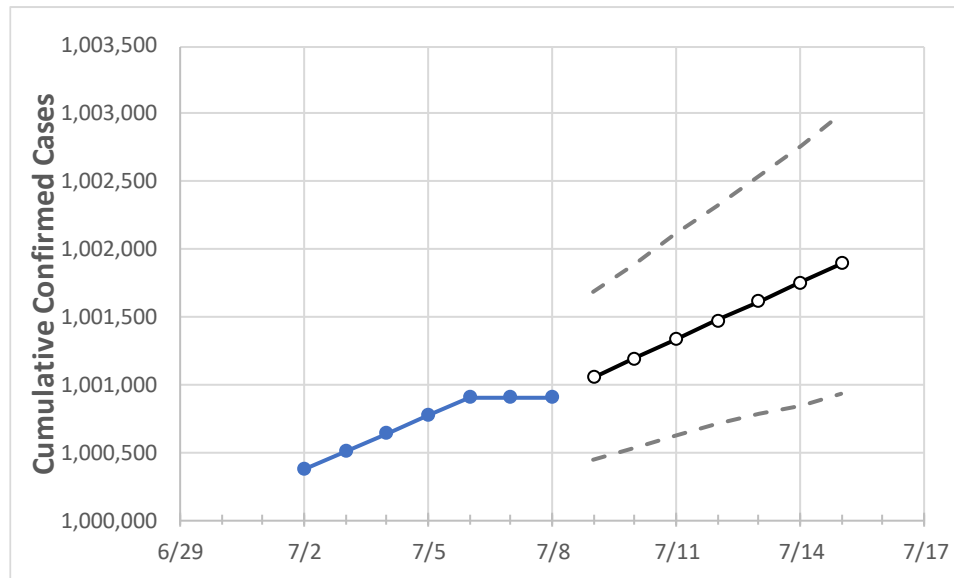
### **IEM's Modeling Lead**

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:						
	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14	7/15
Michigan	1,000,775	1,000,908	1,000,908	1,000,908	1,001,053	1,001,196	1,001,338	1,001,477	1,001,614	1,001,756	1,001,895

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:						
	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14	7/15
Genesee	41,772	41,776	41,776	41,776	41,779	41,781	41,784	41,787	41,789	41,792	41,794
Ingham	24,924	24,927	24,927	24,927	24,930	24,932	24,935	24,938	24,940	24,943	24,946
Kent	73,760	73,770	73,770	73,770	73,797	73,827	73,855	73,884	73,910	73,939	73,966
Livingston	16,766	16,769	16,769	16,769	16,771	16,773	16,775	16,777	16,779	16,782	16,784
Macomb	100,264	100,274	100,274	100,274	100,282	100,290	100,298	100,306	100,313	100,321	100,328
Monroe	15,441	15,442	15,442	15,442	15,444	15,447	15,449	15,451	15,454	15,456	15,459
Oakland	118,838	118,859	118,859	118,859	118,875	118,892	118,908	118,923	118,939	118,954	118,970
Washtenaw	26,525	26,528	26,528	26,528	26,531	26,533	26,535	26,538	26,540	26,542	26,545
Wayne	166,162	166,192	166,192	166,192	166,238	166,284	166,330	166,377	166,423	166,470	166,518

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:											
	7/5	7/6	7/7	7/8	7/10				7/12				7/14			
Genesee	41,772	41,776	41,776	41,776	41,781	(8,356)	[2,006]	{1,003}	41,787	(8,357)	[2,006]	{1,003}	41,792	(8,358)	[2,006]	{1,003}
Ingham	24,924	24,927	24,927	24,927	24,932	(4,986)	[1,197]	{598}	24,938	(4,988)	[1,197]	{599}	24,943	(4,989)	[1,197]	{599}
Kent	73,760	73,770	73,770	73,770	73,827	(14,765)	[3,544]	{1,772}	73,884	(14,777)	[3,546]	{1,773}	73,939	(14,788)	[3,549]	{1,775}
Livingston	16,766	16,769	16,769	16,769	16,773	(3,355)	[805]	{403}	16,777	(3,355)	[805]	{403}	16,782	(3,356)	[806]	{403}
Macomb	100,264	100,274	100,274	100,274	100,290	(20,058)	[4,814]	{2,407}	100,306	(20,061)	[4,815]	{2,407}	100,321	(20,064)	[4,815]	{2,408}
Monroe	15,441	15,442	15,442	15,442	15,447	(3,089)	[741]	{371}	15,451	(3,090)	[742]	{371}	15,456	(3,091)	[742]	{371}
Oakland	118,838	118,859	118,859	118,859	118,892	(23,778)	[5,707]	{2,853}	118,923	(23,785)	[5,708]	{2,854}	118,954	(23,791)	[5,710]	{2,855}
Washtenaw	26,525	26,528	26,528	26,528	26,533	(5,307)	[1,274]	{637}	26,538	(5,308)	[1,274]	{637}	26,542	(5,308)	[1,274]	{637}
Wayne	166,162	166,192	166,192	166,192	166,284	(33,257)	[7,982]	{3,991}	166,377	(33,275)	[7,986]	{3,993}	166,470	(33,294)	[7,991]	{3,995}

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.