

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 7/14/21**

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 7/14/21 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.**

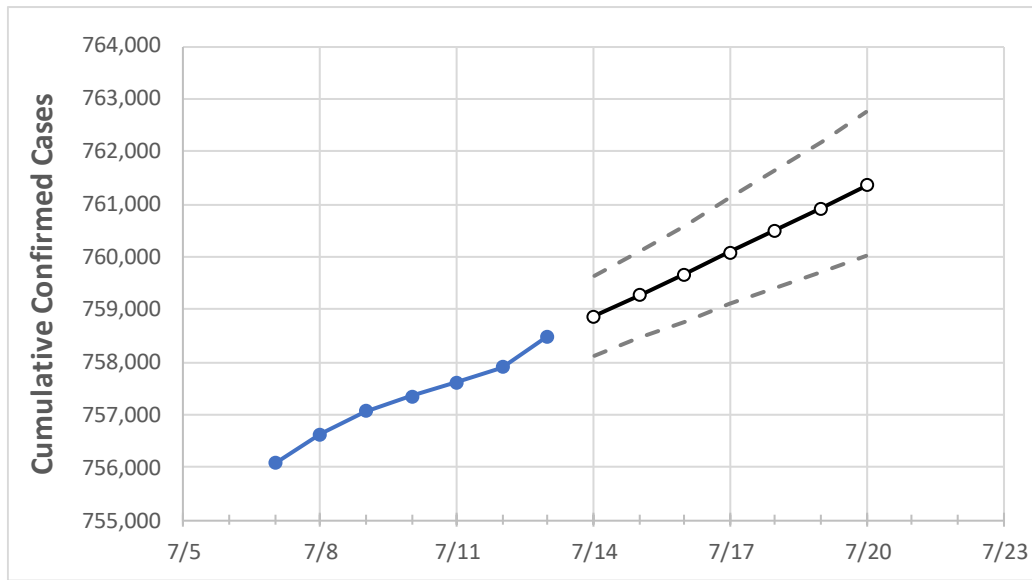
**IEM's Modeling Lead**

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.

## Indiana State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	7/10	7/11	7/12	7/13	7/14	7/15	7/16	7/17	7/18	7/19	7/20
Indiana	757,343	757,623	757,904	758,479	758,862	759,257	759,659	760,079	760,500	760,924	761,347

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.

## Indiana Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	7/10	7/11	7/12	7/13	7/14	7/15	7/16	7/17	7/18	7/19	7/20
Decatur	2,904	2,904	2,904	2,906	2,907	2,907	2,908	2,909	2,909	2,910	2,911
Hamilton	36,821	36,833	36,844	36,863	36,875	36,889	36,901	36,915	36,928	36,941	36,954
Hendricks	17,824	17,831	17,839	17,851	17,860	17,870	17,879	17,889	17,899	17,909	17,919
Johnson	18,572	18,578	18,584	18,595	18,601	18,607	18,613	18,619	18,625	18,631	18,638
Lake	56,545	56,556	56,567	56,596	56,629	56,661	56,692	56,723	56,754	56,782	56,812
Madison	13,281	13,289	13,297	13,336	13,349	13,363	13,377	13,393	13,409	13,425	13,443
Marion	103,938	103,978	104,019	104,107	104,154	104,203	104,251	104,302	104,353	104,406	104,462
St. Joseph	37,102	37,112	37,121	37,140	37,148	37,157	37,166	37,175	37,185	37,194	37,205

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.

### Indiana Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	7/10	7/11	7/12	7/13	7/15				7/17				7/19			
Decatur	2,904	2,904	2,904	2,906	2,907	(581)	[140]	{70}	2,909	(582)	[140]	{70}	2,910	(582)	[140]	{70}
Hamilton	36,821	36,833	36,844	36,863	36,889	(7,378)	[1,771]	{885}	36,915	(7,383)	[1,772]	{886}	36,941	(7,388)	[1,773]	{887}
Hendricks	17,824	17,831	17,839	17,851	17,870	(3,574)	[858]	{429}	17,889	(3,578)	[859]	{429}	17,909	(3,582)	[860]	{430}
Johnson	18,572	18,578	18,584	18,595	18,607	(3,721)	[893]	{447}	18,619	(3,724)	[894]	{447}	18,631	(3,726)	[894]	{447}
Lake	56,545	56,556	56,567	56,596	56,661	(11,332)	[2,720]	{1,360}	56,723	(11,345)	[2,723]	{1,361}	56,782	(11,356)	[2,726]	{1,363}
Madison	13,281	13,289	13,297	13,336	13,363	(2,673)	[641]	{321}	13,393	(2,679)	[643]	{321}	13,425	(2,685)	[644]	{322}
Marion	103,938	103,978	104,019	104,107	104,203	(20,841)	[5,002]	{2,501}	104,302	(20,860)	[5,006]	{2,503}	104,406	(20,881)	[5,011]	{2,506}
St. Joseph	37,102	37,112	37,121	37,140	37,157	(7,431)	[1,784]	{892}	37,175	(7,435)	[1,784]	{892}	37,194	(7,439)	[1,785]	{893}

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.