

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

Date: 7/26/21

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 <u>not</u> 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 7/26/21 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

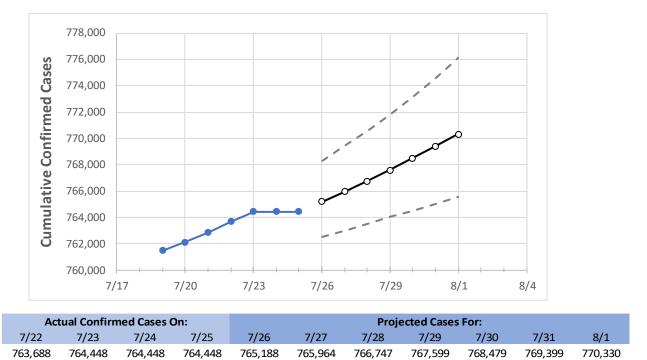
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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



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

Indiana

	Actual Confirmed Cases On:				Projected Cases For:						
	7/22	7/23	7/24	7/25	7/26	7/27	7/28	7/29	7/30	7/31	8/1
Decatur	2,914	2,914	2,914	2,914	2,915	2,917	2,918	2,919	2,921	2,922	2,924
Hamilton	37,098	37,131	37,131	37,131	37,167	37,206	37,248	37,291	37,337	37,386	37,438
Hendricks	17,994	18,012	18,012	18,012	18,031	18,051	18,072	18,095	18,119	18,144	18,169
Johnson	18,734	18,755	18,755	18,755	18,779	18,803	18,829	18,857	18,887	18,918	18,951
Lake	56,761	56,798	56,798	56,798	56,816	56,833	56,851	56,868	56,885	56,901	56,917
Madison	13,446	13,463	13,463	13,463	13,483	13,502	13,524	13,546	13,570	13,596	13,622
Marion	104,859	104,970	104,970	104,970	105,092	105,224	105,364	105,512	105,671	105,837	106,011
St. Joseph	37,234	37,253	37,253	37,253	37,269	37,286	37,305	37,323	37,343	37,363	37,385



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:			On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:					
	7/22	7/23	7/24	7/25	7/27	7/29	7/31			
Decatur	2,914	2,914	2,914	2,914	2,917 (583) [140] {70}	2,919 (584) [140] {70}	2,922 (584) [140] {70}			
Hamilton	37,098	37,131	37,131	37,131	37,206 (7,441) [1,786] {893}	37,291 (7,458) [1,790] {895}	37,386 (7,477) [1,795] {897}			
Hendricks	17,994	18,012	18,012	18,012	18,051 (3,610) [866] {433}	18,095 (3,619) [869] {434}	18,144 (3,629) [871] {435}			
Johnson	18,734	18,755	18,755	18,755	18,803 (3,761) [903] {451}	18,857 (3,771) [905] {453}	18,918 (3,784) [908] {454}			
Lake	56,761	56,798	56,798	56,798	56,833 (11,367) [2,728] {1,364}	56,868 (11,374) [2,730] {1,365}	56,901 (11,380) [2,731] {1,366}			
Madison	13,446	13,463	13,463	13,463	13,502 (2,700) [648] {324}	13,546 (2,709) [650] {325}	13,596 (2,719) [653] {326}			
Marion	104,859	104,970	104,970	104,970	105,224 (21,045) [5,051] {2,525}	105,512 (21,102) [5,065] {2,532}	105,837 (21,167) [5,080] {2,540}			
St. Joseph	37,234	37,253	37,253	37,253	37,286 (7,457) [1,790] {895}	37,323 (7,465) [1,792] {896}	37,363 (7,473) [1,793] {897}			

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.

