

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

Date: 8/23/21

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 8/23/21 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.

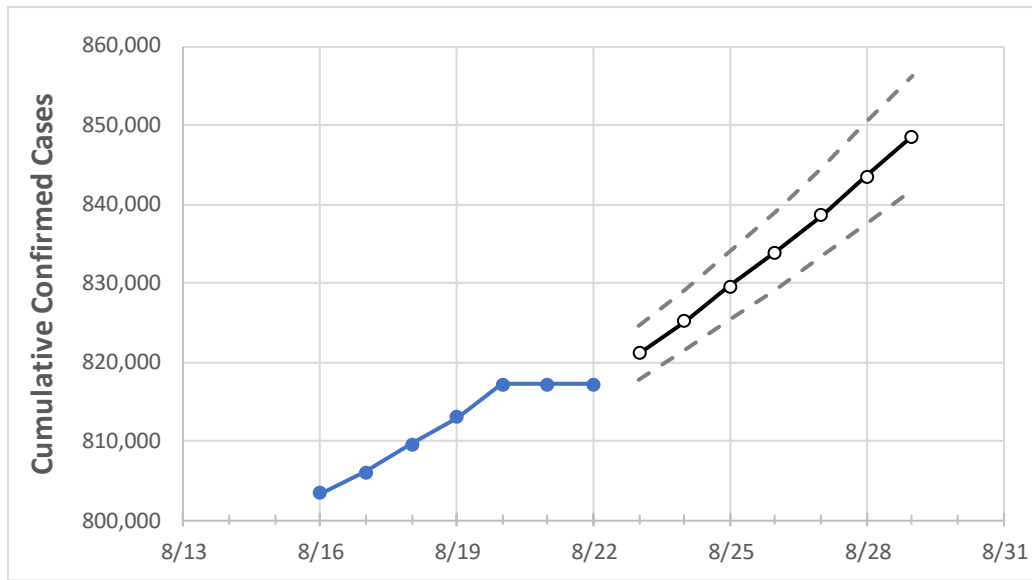
IEM's Modeling Lead

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:						
	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27	8/28	8/29
Indiana	813,046	817,149	817,149	817,149	821,085	825,184	829,526	833,905	838,628	843,477	848,575

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:						
	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27	8/28	8/29
Decatur	3,136	3,157	3,157	3,157	3,183	3,211	3,240	3,272	3,306	3,342	3,380
Hamilton	39,109	39,274	39,274	39,274	39,426	39,587	39,751	39,925	40,108	40,289	40,488
Hendricks	19,202	19,295	19,295	19,295	19,397	19,507	19,620	19,736	19,859	19,990	20,126
Johnson	20,093	20,260	20,260	20,260	20,385	20,517	20,653	20,798	20,953	21,109	21,277
Lake	58,476	58,602	58,602	58,602	58,721	58,845	58,973	59,107	59,245	59,388	59,537
Madison	14,584	14,679	14,679	14,679	14,765	14,854	14,946	15,042	15,142	15,248	15,357
Marion	111,605	112,134	112,134	112,134	112,613	113,112	113,630	114,164	114,716	115,289	115,873
St. Joseph	38,294	38,374	38,374	38,374	38,453	38,534	38,619	38,706	38,798	38,893	38,991

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:											
	8/19	8/20	8/21	8/22	8/24				8/26				8/28			
Decatur	3,136	3,157	3,157	3,157	3,211	(642)	[154]	{77}	3,272	(654)	[157]	{79}	3,342	(668)	[160]	{80}
Hamilton	39,109	39,274	39,274	39,274	39,587	(7,917)	[1,900]	{950}	39,925	(7,985)	[1,916]	{958}	40,289	(8,058)	[1,934]	{967}
Hendricks	19,202	19,295	19,295	19,295	19,507	(3,901)	[936]	{468}	19,736	(3,947)	[947]	{474}	19,990	(3,998)	[960]	{480}
Johnson	20,093	20,260	20,260	20,260	20,517	(4,103)	[985]	{492}	20,798	(4,160)	[998]	{499}	21,109	(4,222)	[1,013]	{507}
Lake	58,476	58,602	58,602	58,602	58,845	(11,769)	[2,825]	{1,412}	59,107	(11,821)	[2,837]	{1,419}	59,388	(11,878)	[2,851]	{1,425}
Madison	14,584	14,679	14,679	14,679	14,854	(2,971)	[713]	{356}	15,042	(3,008)	[722]	{361}	15,248	(3,050)	[732]	{366}
Marion	111,605	112,134	112,134	112,134	113,112	(22,622)	[5,429]	{2,715}	114,164	(22,833)	[5,480]	{2,740}	115,289	(23,058)	[5,534]	{2,767}
St. Joseph	38,294	38,374	38,374	38,374	38,534	(7,707)	[1,850]	{925}	38,706	(7,741)	[1,858]	{929}	38,893	(7,779)	[1,867]	{933}

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.