

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 9/10/21**

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 9/10/21 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.

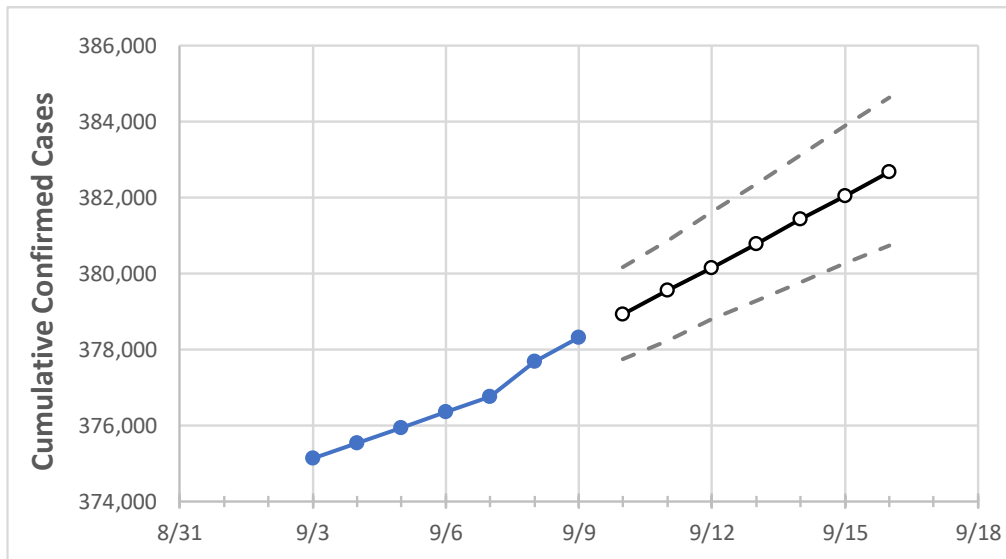
IEM's Modeling Lead

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.

Connecticut State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16
Connecticut	376,344	376,747	377,682	378,308	378,924	379,555	380,158	380,787	381,435	382,053	382,682

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.

Connecticut Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16
Fairfield	106,840	106,924	107,113	107,273	107,398	107,522	107,645	107,775	107,894	108,017	108,144
Hartford	91,860	91,956	92,175	92,311	92,475	92,644	92,810	92,978	93,149	93,313	93,485
Litchfield	15,815	15,836	15,896	15,932	15,966	16,000	16,035	16,071	16,106	16,143	16,181
Middlesex	13,927	13,941	13,976	13,995	14,014	14,034	14,053	14,072	14,091	14,111	14,130
New Haven	99,523	99,629	99,852	100,014	100,160	100,314	100,464	100,614	100,761	100,910	101,060
Tolland	10,476	10,488	10,518	10,541	10,562	10,583	10,605	10,626	10,649	10,672	10,694

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.

Connecticut Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	9/6	9/7	9/8	9/9	9/11				9/13				9/15			
Fairfield	106,840	106,924	107,113	107,273	107,522	(21,504)	[5,161]	{2,581}	107,775	(21,555)	[5,173]	{2,587}	108,017	(21,603)	[5,185]	{2,592}
Hartford	91,860	91,956	92,175	92,311	92,644	(18,529)	[4,447]	{2,223}	92,978	(18,596)	[4,463]	{2,231}	93,313	(18,663)	[4,479]	{2,240}
Litchfield	15,815	15,836	15,896	15,932	16,000	(3,200)	[768]	{384}	16,071	(3,214)	[771]	{386}	16,143	(3,229)	[775]	{387}
Middlesex	13,927	13,941	13,976	13,995	14,034	(2,807)	[674]	{337}	14,072	(2,814)	[675]	{338}	14,111	(2,822)	[677]	{339}
New Haven	99,523	99,629	99,852	100,014	100,314	(20,063)	[4,815]	{2,408}	100,614	(20,123)	[4,829]	{2,415}	100,910	(20,182)	[4,844]	{2,422}
Tolland	10,476	10,488	10,518	10,541	10,583	(2,117)	[508]	{254}	10,626	(2,125)	[510]	{255}	10,672	(2,134)	[512]	{256}

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.