

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

Date: 9/15/21

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 9/15/21 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.

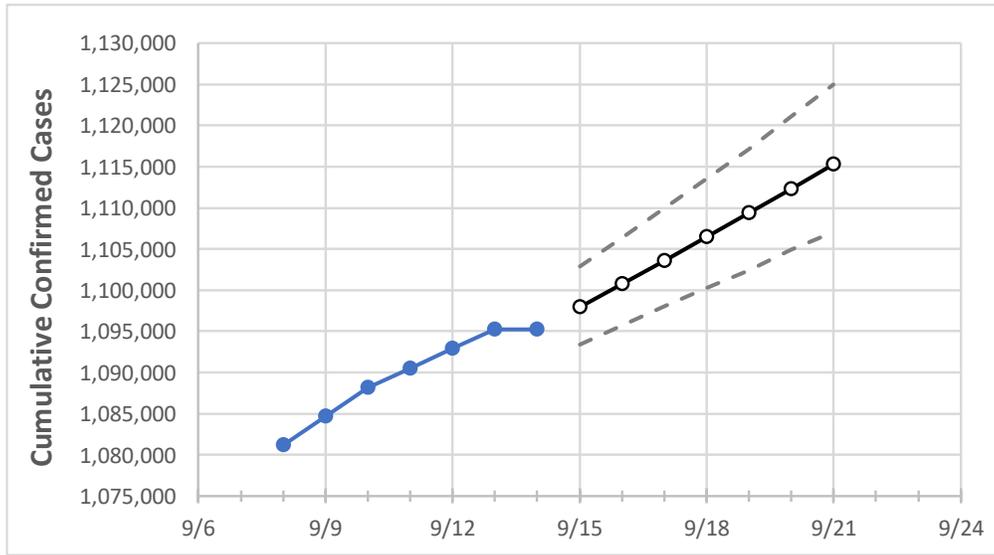
IEM's Modeling Lead

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:						
	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21
Michigan	1,090,534	1,092,867	1,095,200	1,095,200	1,097,949	1,100,746	1,103,613	1,106,447	1,109,360	1,112,312	1,115,281

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:						
	9/11	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21
Genesee	45,354	45,432	45,509	45,509	45,608	45,714	45,816	45,922	46,029	46,138	46,243
Ingham	27,108	27,183	27,259	27,259	27,338	27,419	27,500	27,585	27,673	27,763	27,855
Kent	80,384	80,561	80,737	80,737	80,973	81,203	81,439	81,684	81,928	82,183	82,436
Livingston	18,944	19,001	19,058	19,058	19,114	19,172	19,228	19,285	19,343	19,398	19,459
Macomb	107,790	107,965	108,140	108,140	108,345	108,553	108,762	108,972	109,186	109,403	109,613
Monroe	16,882	16,921	16,960	16,960	17,009	17,061	17,114	17,166	17,220	17,278	17,334
Oakland	129,782	130,020	130,259	130,259	130,538	130,811	131,090	131,368	131,646	131,932	132,217
Washtenaw	29,222	29,290	29,357	29,357	29,437	29,517	29,597	29,677	29,761	29,847	29,929
Wayne	179,634	179,926	180,217	180,217	180,557	180,903	181,248	181,593	181,962	182,315	182,686

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:											
	9/11	9/12	9/13	9/14	9/16			9/18			9/20					
Genesee	45,354	45,432	45,509	45,509	45,714	(9,143)	[2,194]	{1,097}	45,922	(9,184)	[2,204]	{1,102}	46,138	(9,228)	[2,215]	{1,107}
Ingham	27,108	27,183	27,259	27,259	27,419	(5,484)	[1,316]	{658}	27,585	(5,517)	[1,324]	{662}	27,763	(5,553)	[1,333]	{666}
Kent	80,384	80,561	80,737	80,737	81,203	(16,241)	[3,898]	{1,949}	81,684	(16,337)	[3,921]	{1,960}	82,183	(16,437)	[3,945]	{1,972}
Livingston	18,944	19,001	19,058	19,058	19,172	(3,834)	[920]	{460}	19,285	(3,857)	[926]	{463}	19,398	(3,880)	[931]	{466}
Macomb	107,790	107,965	108,140	108,140	108,553	(21,711)	[5,211]	{2,605}	108,972	(21,794)	[5,231]	{2,615}	109,403	(21,881)	[5,251]	{2,626}
Monroe	16,882	16,921	16,960	16,960	17,061	(3,412)	[819]	{409}	17,166	(3,433)	[824]	{412}	17,278	(3,456)	[829]	{415}
Oakland	129,782	130,020	130,259	130,259	130,811	(26,162)	[6,279]	{3,139}	131,368	(26,274)	[6,306]	{3,153}	131,932	(26,386)	[6,333]	{3,166}
Washtenaw	29,222	29,290	29,357	29,357	29,517	(5,903)	[1,417]	{708}	29,677	(5,935)	[1,424]	{712}	29,847	(5,969)	[1,433]	{716}
Wayne	179,634	179,926	180,217	180,217	180,903	(36,181)	[8,683]	{4,342}	181,593	(36,319)	[8,716]	{4,358}	182,315	(36,463)	[8,751]	{4,376}

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.