

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

Date: 9/17/21

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 9/17/21 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**

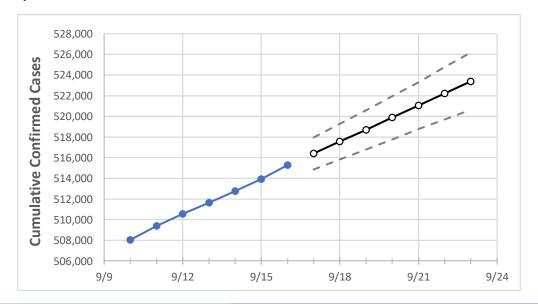
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He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



## **Maryland State Projections**



	A	ctual Confirr	ned Cases O	n:	Projected Cases For:						
	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23
Maryland	511,646	512,740	513,929	515,259	516,401	517,558	518,699	519,884	521,059	522,232	523,382

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.

# **Maryland Counties**

	Ac	tual Confirr	ned Cases	On:	Projected Cases For:						
	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23
Anne Arundel	48,651	48,733	48,844	48,966	49,073	49,178	49,284	49,389	49,499	49,607	49,713
Baltimore City	57,211	57,295	57,329	57,444	57,531	57,617	57,705	57,795	57,885	57,972	58,064
<b>Baltimore County</b>	71,366	71,444	71,597	71,744	71,857	71,973	72,080	72,197	72,311	72,428	72,544
Charles	13,082	13,123	13,192	13,241	13,286	13,331	13,377	13,424	13,468	13,516	13,561
Frederick	22,247	22,309	22,374	22,432	22,490	22,547	22,605	22,665	22,725	22,785	22,845
Harford	18,587	18,621	18,658	18,706	18,752	18,799	18,843	18,891	18,937	18,983	19,030
Howard	21,198	21,236	21,270	21,312	21,352	21,392	21,431	21,473	21,514	21,555	21,596
Montgomery	77,870	77,967	78,130	78,288	78,429	78,570	78,715	78,859	79,007	79,153	79,301
Prince George's	94,179	94,379	94,535	94,706	94,874	95,043	95,209	95,378	95,543	95,714	95,884



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.

#### Maryland Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:					
	9/13	9/14	9/15	9/16	9/18	9/20	9/22			
Anne Arundel	48,651	48,733	48,844	48,966	49,178 (9,836) [2,361] {1,180}	49,389 (9,878) [2,371] {1,185}	49,607 (9,921) [2,381] {1,191}			
Baltimore City	57,211	57,295	57,329	57,444	57,617 (11,523) [2,766] {1,383}	57,795 (11,559) [2,774] {1,387}	57,972 (11,594) [2,783] {1,391}			
<b>Baltimore County</b>	71,366	71,444	71,597	71,744	71,973 (14,395) [3,455] {1,727}	72,197 (14,439) [3,465] {1,733}	72,428 (14,486) [3,477] {1,738}			
Charles	13,082	13,123	13,192	13,241	13,331 (2,666) [640] {320}	13,424 (2,685) [644] {322}	13,516 (2,703) [649] {324}			
Frederick	22,247	22,309	22,374	22,432	22,547 (4,509) [1,082] {541}	22,665 (4,533) [1,088] {544}	22,785 (4,557) [1,094] {547}			
Harford	18,587	18,621	18,658	18,706	18,799 (3,760) [902] {451}	18,891 (3,778) [907] {453}	18,983 (3,797) [911] {456}			
Howard	21,198	21,236	21,270	21,312	21,392 (4,278) [1,027] {513}	21,473 (4,295) [1,031] {515}	21,555 (4,311) [1,035] {517}			
Montgomery	77,870	77,967	78,130	78,288	78,570 (15,714) [3,771] {1,886}	78,859 (15,772) [3,785] {1,893}	79,153 (15,831) [3,799] {1,900}			
Prince George's	94,179	94,379	94,535	94,706	95,043 (19,009) [4,562] {2,281}	95,378 (19,076) [4,578] {2,289}	95,714 (19,143) [4,594] {2,297}			

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

