

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 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 9/17/21 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.

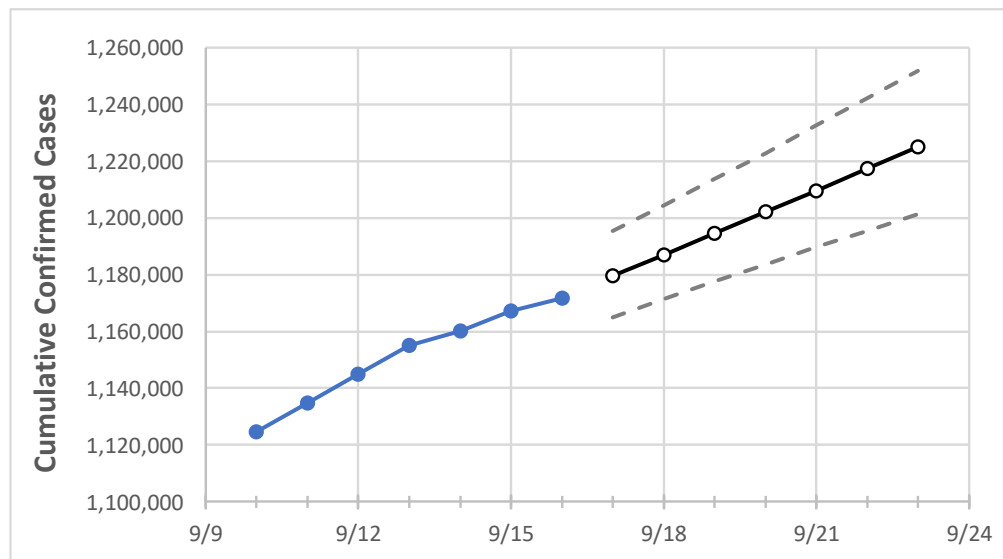
IEM's Modeling Lead

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.

Tennessee State Projections



	Actual Confirmed 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
Tennessee	1,154,966	1,160,055	1,167,290	1,171,722	1,179,636	1,187,037	1,194,519	1,202,135	1,209,582	1,217,381	1,225,019

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.

Tennessee Counties

	Actual Confirmed 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
Blount	20,969	21,051	21,155	21,322	21,487	21,654	21,828	21,997	22,177	22,352	22,533
Davidson	111,232	111,527	112,106	112,529	113,078	113,657	114,224	114,804	115,361	115,950	116,532
Hamilton	58,066	58,272	58,580	58,825	59,125	59,431	59,729	60,025	60,331	60,637	60,928
Knox	69,083	69,460	69,961	70,308	70,885	71,485	72,088	72,697	73,290	73,911	74,547
Rutherford	56,648	56,834	57,271	57,465	57,837	58,243	58,616	58,997	59,390	59,790	60,174
Shelby	133,884	134,199	134,669	134,984	135,589	136,199	136,787	137,398	138,008	138,627	139,206
Sumner	31,688	31,788	31,992	32,103	32,251	32,397	32,546	32,693	32,837	32,985	33,124
Williamson	36,500	36,620	36,824	36,959	37,153	37,340	37,530	37,721	37,914	38,110	38,303

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.

Tennessee 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			
Blount	20,969	21,051	21,155	21,322	21,654	(4,331)	[1,039]	{520}	21,997	(4,399)	[1,056]	{528}	22,352	(4,470)	[1,073]	{536}
Davidson	111,232	111,527	112,106	112,529	113,657	(22,731)	[5,456]	{2,728}	114,804	(22,961)	[5,511]	{2,755}	115,950	(23,190)	[5,566]	{2,783}
Hamilton	58,066	58,272	58,580	58,825	59,431	(11,886)	[2,853]	{1,426}	60,025	(12,005)	[2,881]	{1,441}	60,637	(12,127)	[2,911]	{1,455}
Knox	69,083	69,460	69,961	70,308	71,485	(14,297)	[3,431]	{1,716}	72,697	(14,539)	[3,489]	{1,745}	73,911	(14,782)	[3,548]	{1,774}
Rutherford	56,648	56,834	57,271	57,465	58,243	(11,649)	[2,796]	{1,398}	58,997	(11,799)	[2,832]	{1,416}	59,790	(11,958)	[2,870]	{1,435}
Shelby	133,884	134,199	134,669	134,984	136,199	(27,240)	[6,538]	{3,269}	137,398	(27,480)	[6,595]	{3,298}	138,627	(27,725)	[6,654]	{3,327}
Sumner	31,688	31,788	31,992	32,103	32,397	(6,479)	[1,555]	{778}	32,693	(6,539)	[1,569]	{785}	32,985	(6,597)	[1,583]	{792}
Williamson	36,500	36,620	36,824	36,959	37,340	(7,468)	[1,792]	{896}	37,721	(7,544)	[1,811]	{905}	38,110	(7,622)	[1,829]	{915}

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.