

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 9/20/21**

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 9/20/21 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.**

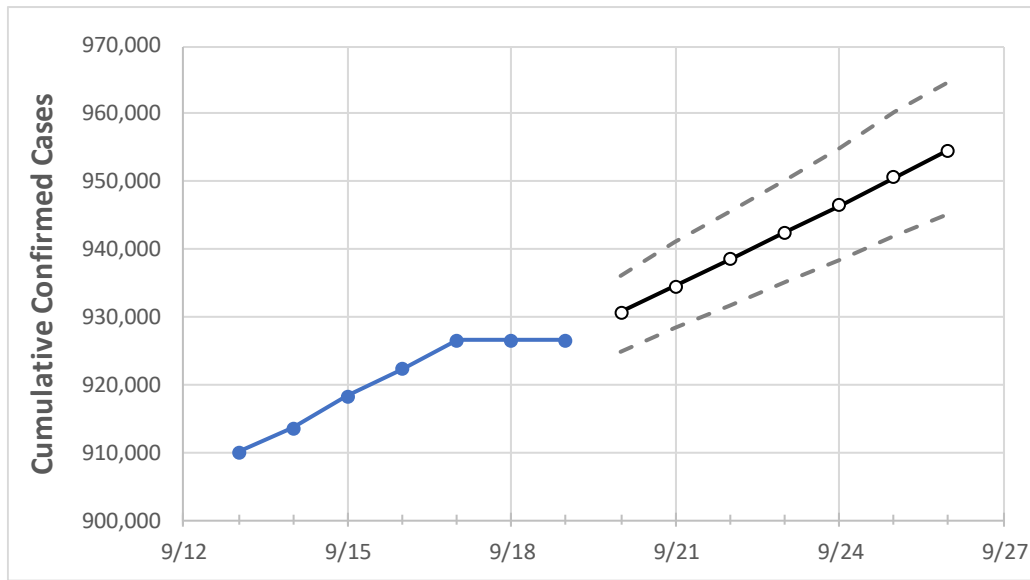
**IEM's Modeling Lead**

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:					
	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26
Indiana	922,320	926,604	926,604	926,604	930,611	934,551	938,512	942,450	946,504	950,597	954,624

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:						
	9/16	9/17	9/18	9/19	9/20	9/21	9/22	9/23	9/24	9/25	9/26
Decatur	3,778	3,795	3,795	3,795	3,815	3,835	3,854	3,873	3,892	3,913	3,932
Hamilton	43,160	43,283	43,283	43,283	43,430	43,576	43,721	43,868	44,017	44,163	44,312
Hendricks	21,821	21,902	21,902	21,902	22,000	22,100	22,202	22,299	22,401	22,502	22,604
Johnson	23,192	23,267	23,267	23,267	23,348	23,428	23,507	23,588	23,667	23,744	23,823
Lake	62,499	62,690	62,690	62,690	62,857	63,026	63,195	63,364	63,536	63,711	63,884
Madison	16,978	17,065	17,065	17,065	17,146	17,228	17,309	17,392	17,474	17,557	17,638
Marion	125,741	126,220	126,220	126,220	126,737	127,254	127,758	128,278	128,785	129,312	129,833
St. Joseph	41,310	41,475	41,475	41,475	41,607	41,739	41,875	42,009	42,146	42,286	42,428

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:											
	9/16	9/17	9/18	9/19	9/21				9/23				9/25			
Decatur	3,778	3,795	3,795	3,795	3,835	(767)	[184]	{92}	3,873	(775)	[186]	{93}	3,913	(783)	[188]	{94}
Hamilton	43,160	43,283	43,283	43,283	43,576	(8,715)	[2,092]	{1,046}	43,868	(8,774)	[2,106]	{1,053}	44,163	(8,833)	[2,120]	{1,060}
Hendricks	21,821	21,902	21,902	21,902	22,100	(4,420)	[1,061]	{530}	22,299	(4,460)	[1,070]	{535}	22,502	(4,500)	[1,080]	{540}
Johnson	23,192	23,267	23,267	23,267	23,428	(4,686)	[1,125]	{562}	23,588	(4,718)	[1,132]	{566}	23,744	(4,749)	[1,140]	{570}
Lake	62,499	62,690	62,690	62,690	63,026	(12,605)	[3,025]	{1,513}	63,364	(12,673)	[3,041]	{1,521}	63,711	(12,742)	[3,058]	{1,529}
Madison	16,978	17,065	17,065	17,065	17,228	(3,446)	[827]	{413}	17,392	(3,478)	[835]	{417}	17,557	(3,511)	[843]	{421}
Marion	125,741	126,220	126,220	126,220	127,254	(25,451)	[6,108]	{3,054}	128,278	(25,656)	[6,157]	{3,079}	129,312	(25,862)	[6,207]	{3,103}
St. Joseph	41,310	41,475	41,475	41,475	41,739	(8,348)	[2,003]	{1,002}	42,009	(8,402)	[2,016]	{1,008}	42,286	(8,457)	[2,030]	{1,015}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.