

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 9/24/21**

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 9/24/21 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.

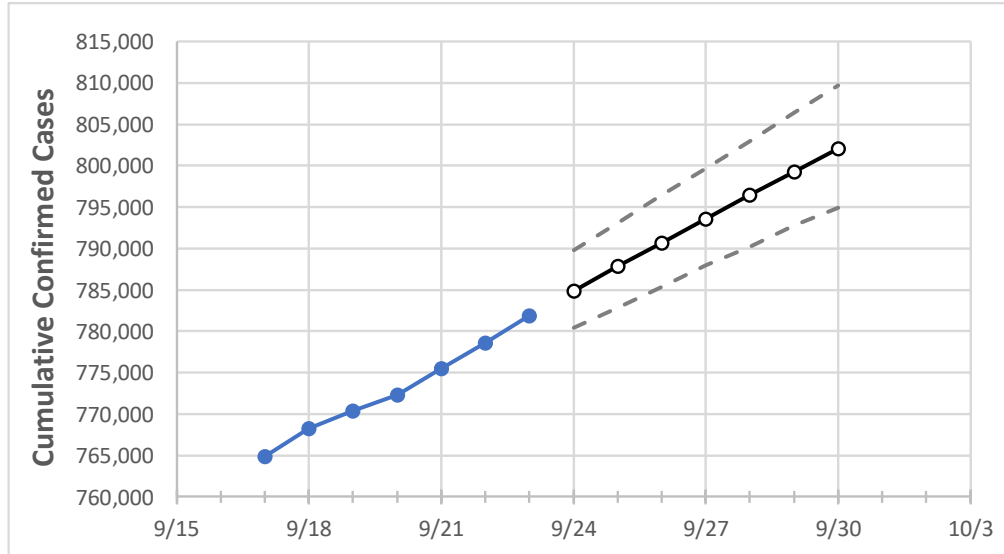
IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30
Alabama	772,311	775,531	778,549	781,915	784,882	787,863	790,704	793,580	796,481	799,255	802,094

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.

Alabama Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30
Jefferson	109,837	110,107	110,587	110,962	111,279	111,583	111,895	112,195	112,495	112,779	113,075
Lee	22,054	22,147	22,231	22,337	22,428	22,522	22,614	22,706	22,797	22,892	22,982
Madison	48,752	48,949	49,152	49,359	49,563	49,767	49,969	50,168	50,368	50,564	50,764
Marshall	17,349	17,414	17,465	17,575	17,645	17,709	17,777	17,843	17,908	17,971	18,037
Mobile	70,135	70,288	70,465	70,607	70,804	70,996	71,177	71,360	71,549	71,723	71,897
Montgomery	32,702	32,812	32,906	32,996	33,085	33,170	33,254	33,337	33,420	33,502	33,580
Shelby	35,392	35,560	35,796	35,933	36,069	36,215	36,349	36,486	36,622	36,761	36,894
Tuscaloosa	33,187	33,308	33,410	33,540	33,669	33,797	33,926	34,053	34,174	34,303	34,427

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.

Alabama Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	9/20	9/21	9/22	9/23	9/25			9/27			9/29					
Jefferson	109,837	110,107	110,587	110,962	111,583	(22,317)	[5,356]	{2,678}	112,195	(22,439)	[5,385]	{2,693}	112,779	(22,556)	[5,413]	{2,707}
Lee	22,054	22,147	22,231	22,337	22,522	(4,504)	[1,081]	{541}	22,706	(4,541)	[1,090]	{545}	22,892	(4,578)	[1,099]	{549}
Madison	48,752	48,949	49,152	49,359	49,767	(9,953)	[2,389]	{1,194}	50,168	(10,034)	[2,408]	{1,204}	50,564	(10,113)	[2,427]	{1,214}
Marshall	17,349	17,414	17,465	17,575	17,709	(3,542)	[850]	{425}	17,843	(3,569)	[856]	{428}	17,971	(3,594)	[863]	{431}
Mobile	70,135	70,288	70,465	70,607	70,996	(14,199)	[3,408]	{1,704}	71,360	(14,272)	[3,425]	{1,713}	71,723	(14,345)	[3,443]	{1,721}
Montgomery	32,702	32,812	32,906	32,996	33,170	(6,634)	[1,592]	{796}	33,337	(6,667)	[1,600]	{800}	33,502	(6,700)	[1,608]	{804}
Shelby	35,392	35,560	35,796	35,933	36,215	(7,243)	[1,738]	{869}	36,486	(7,297)	[1,751]	{876}	36,761	(7,352)	[1,765]	{882}
Tuscaloosa	33,187	33,308	33,410	33,540	33,797	(6,759)	[1,622]	{811}	34,053	(6,811)	[1,635]	{817}	34,303	(6,861)	[1,647]	{823}

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.