IEM's AI Modeling: Short-term COVID-19 Projections
Date: 9/29/21

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 9/29/21 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.

Connecticut State Projections
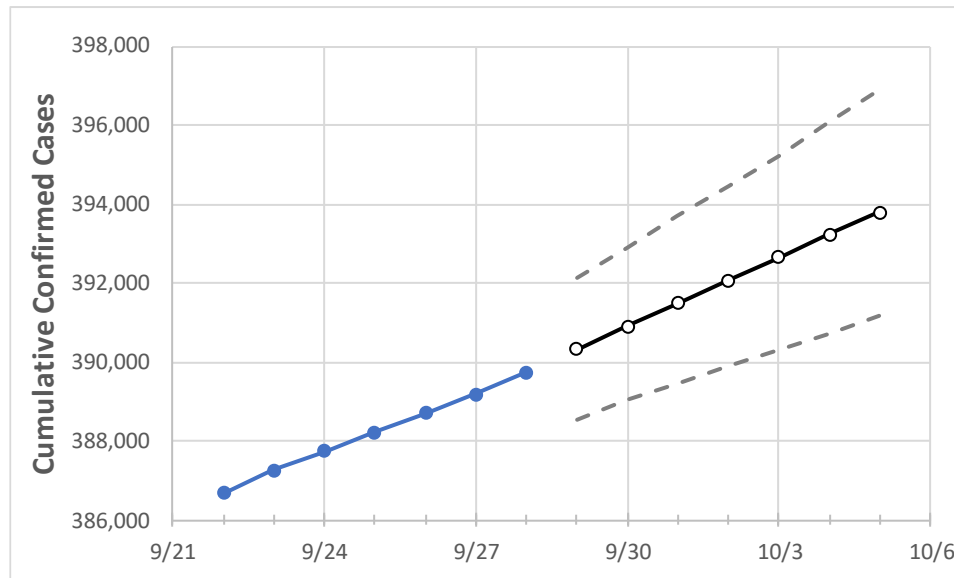
	Actual Confirmed Cases On:				Projected Cases For:						
	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5
Connecticut	388,214	388,696	389,177	389,730	390,311	390,901	391,484	392,065	392,652	393,239	393,802

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.

Connecticut Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5
Fairfield	109,783	109,891	109,999	110,105	110,224	110,329	110,439	110,549	110,661	110,769	110,883
Hartford	94,897	95,029	95,162	95,301	95,457	95,608	95,763	95,918	96,070	96,227	96,384
Litchfield	16,385	16,405	16,424	16,446	16,469	16,491	16,513	16,535	16,557	16,579	16,600
Middlesex	14,357	14,371	14,386	14,417	14,436	14,456	14,476	14,495	14,515	14,534	14,554
New Haven	102,098	102,203	102,307	102,458	102,576	102,694	102,815	102,929	103,044	103,168	103,287
Tolland	10,884	10,897	10,911	10,929	10,949	10,968	10,987	11,006	11,025	11,045	11,064

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.*

Connecticut Medical Demands by County

| | Actual Confirmed Cases On: | | | | Projected Cases (Hospitalized) [ICU] {Ventilator} For: | | |
	9/25	9/26	9/27	9/28	9/30	10/2	10/4
Fairfield	109,783	109,891	109,999	110,105	110,329 (22,066) [5,296] {2,648}	110,549 (22,110) [5,306] {2,653}	110,769 (22,154) [5,317] {2,658}
Hartford	94,897	95,029	95,162	95,301	95,608 (19,122) [4,589] {2,295}	95,918 (19,184) [4,604] {2,302}	96,227 (19,245) [4,619] {2,309}
Litchfield	16,385	16,405	16,424	16,446	16,491 (3,298) [792] {396}	16,535 (3,307) [794] {397}	16,579 (3,316) [796] {398}
Middlesex	14,357	14,371	14,386	14,417	14,456 (2,891) [694] {347}	14,495 (2,899) [696] {348}	14,534 (2,907) [698] {349}
New Haven	102,098	102,203	102,307	102,458	102,694 (20,539) [4,929] {2,465}	102,929 (20,586) [4,941] {2,470}	103,168 (20,634) [4,952] {2,476}
Tolland	10,884	10,897	10,911	10,929	10,968 (2,194) [526] {263}	11,006 (2,201) [528] {264}	11,045 (2,209) [530] {265}

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.