

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

Date: 10/6/21

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 10/6/21 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.

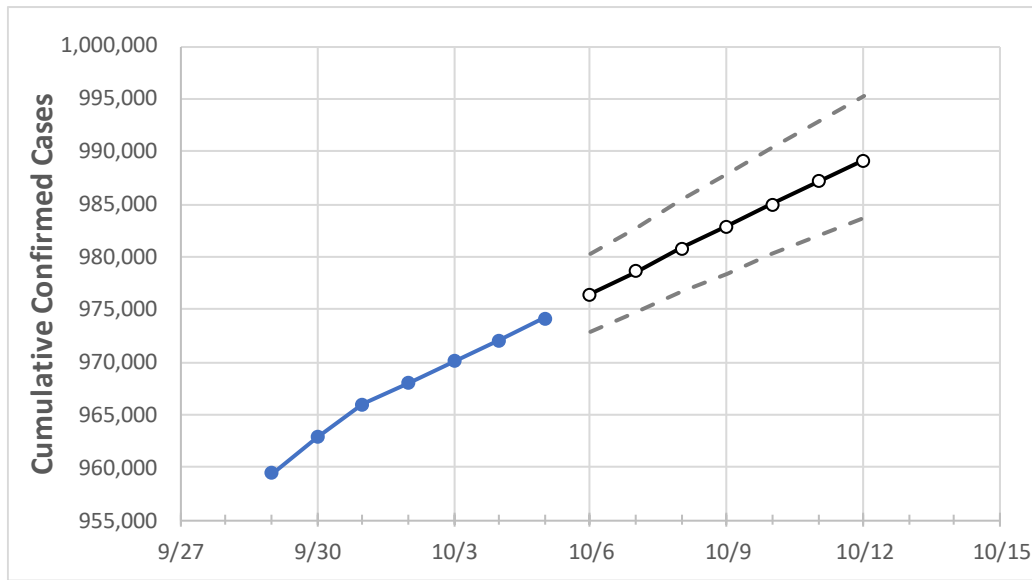
IEM's Modeling Lead

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:						
	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12
Indiana	968,010	970,039	972,067	974,169	976,384	978,614	980,786	982,903	984,989	987,176	989,166

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:						
	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	10/11	10/12
Decatur	3,979	3,993	4,008	4,021	4,034	4,046	4,058	4,070	4,083	4,095	4,106
Hamilton	44,901	44,982	45,064	45,154	45,248	45,339	45,429	45,518	45,605	45,697	45,783
Hendricks	22,933	22,994	23,054	23,100	23,161	23,219	23,279	23,339	23,395	23,452	23,509
Johnson	24,197	24,241	24,285	24,330	24,380	24,430	24,478	24,526	24,575	24,622	24,669
Lake	64,497	64,595	64,692	64,802	64,909	65,014	65,118	65,221	65,324	65,425	65,526
Madison	17,913	17,954	17,994	18,042	18,089	18,136	18,180	18,226	18,269	18,314	18,355
Marion	131,468	131,734	132,000	132,228	132,506	132,766	133,016	133,269	133,517	133,771	134,003
St. Joseph	42,845	42,918	42,992	43,063	43,145	43,224	43,305	43,384	43,463	43,541	43,617

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:											
	10/2	10/3	10/4	10/5	10/7				10/9				10/11			
Decatur	3,979	3,993	4,008	4,021	4,046	(809)	[194]	{97}	4,070	(814)	[195]	{98}	4,095	(819)	[197]	{98}
Hamilton	44,901	44,982	45,064	45,154	45,339	(9,068)	[2,176]	{1,088}	45,518	(9,104)	[2,185]	{1,092}	45,697	(9,139)	[2,193]	{1,097}
Hendricks	22,933	22,994	23,054	23,100	23,219	(4,644)	[1,115]	{557}	23,339	(4,668)	[1,120]	{560}	23,452	(4,690)	[1,126]	{563}
Johnson	24,197	24,241	24,285	24,330	24,430	(4,886)	[1,173]	{586}	24,526	(4,905)	[1,177]	{589}	24,622	(4,924)	[1,182]	{591}
Lake	64,497	64,595	64,692	64,802	65,014	(13,003)	[3,121]	{1,560}	65,221	(13,044)	[3,131]	{1,565}	65,425	(13,085)	[3,140]	{1,570}
Madison	17,913	17,954	17,994	18,042	18,136	(3,627)	[871]	{435}	18,226	(3,645)	[875]	{437}	18,314	(3,663)	[879]	{440}
Marion	131,468	131,734	132,000	132,228	132,766	(26,553)	[6,373]	{3,186}	133,269	(26,654)	[6,397]	{3,198}	133,771	(26,754)	[6,421]	{3,210}
St. Joseph	42,845	42,918	42,992	43,063	43,224	(8,645)	[2,075]	{1,037}	43,384	(8,677)	[2,082]	{1,041}	43,541	(8,708)	[2,090]	{1,045}

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.