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

Date: 10/13/21

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 10/13/21 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.

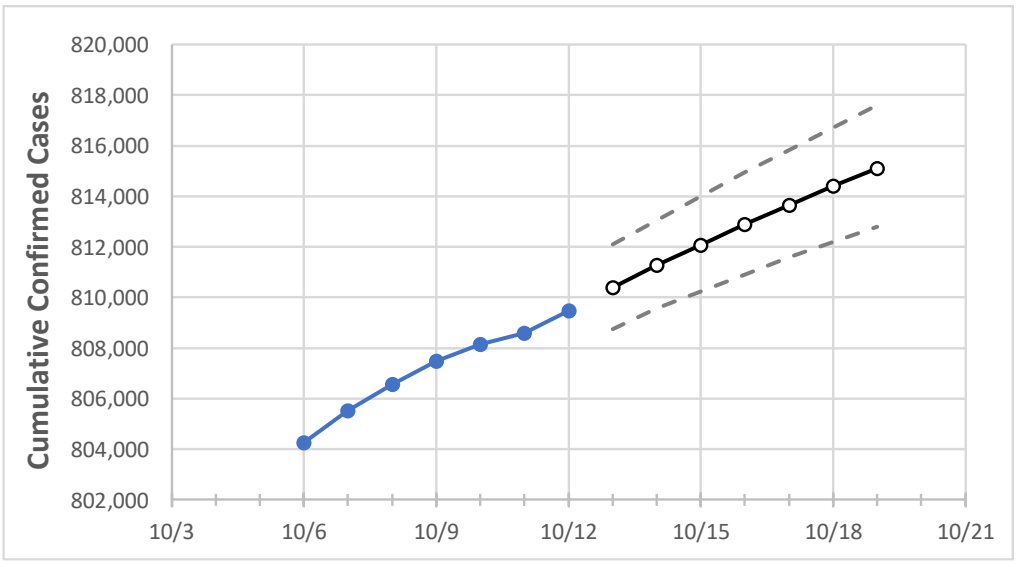
IEM's Modeling Lead

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:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Alabama	807,479	808,132	808,599	809,485	810,391	811,275	812,064	812,875	813,639	814,396	815,104

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:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Jefferson	113,597	113,637	113,717	113,810	113,912	114,006	114,097	114,186	114,271	114,357	114,435
Lee	23,005	23,026	23,035	23,056	23,072	23,087	23,102	23,116	23,130	23,143	23,154
Madison	51,509	51,569	51,605	51,655	51,748	51,838	51,921	52,006	52,088	52,172	52,256
Marshall	18,165	18,174	18,185	18,198	18,221	18,245	18,266	18,290	18,311	18,333	18,354
Mobile	71,773	71,816	71,849	71,907	71,954	72,000	72,044	72,086	72,128	72,168	72,208
Montgomery	33,743	33,758	33,771	33,815	33,843	33,874	33,900	33,927	33,952	33,978	34,002
Shelby	37,034	37,060	37,076	37,130	37,165	37,199	37,232	37,261	37,292	37,322	37,349
Tuscaloosa	34,677	34,709	34,742	34,766	34,801	34,835	34,865	34,896	34,925	34,953	34,981

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:		
	10/9	10/10	10/11	10/12	10/14	10/16	10/18
Jefferson	113,597	113,637	113,717	113,810	114,006 (22,801) [5,472] {2,736}	114,186 (22,837) [5,481] {2,740}	114,357 (22,871) [5,489] {2,745}
Lee	23,005	23,026	23,035	23,056	23,087 (4,617) [1,108] {554}	23,116 (4,623) [1,110] {555}	23,143 (4,629) [1,111] {555}
Madison	51,509	51,569	51,605	51,655	51,838 (10,368) [2,488] {1,244}	52,006 (10,401) [2,496] {1,248}	52,172 (10,434) [2,504] {1,252}
Marshall	18,165	18,174	18,185	18,198	18,245 (3,649) [876] {438}	18,290 (3,658) [878] {439}	18,333 (3,667) [880] {440}
Mobile	71,773	71,816	71,849	71,907	72,000 (14,400) [3,456] {1,728}	72,086 (14,417) [3,460] {1,730}	72,168 (14,434) [3,464] {1,732}
Montgomery	33,743	33,758	33,771	33,815	33,874 (6,775) [1,626] {813}	33,927 (6,785) [1,628] {814}	33,978 (6,796) [1,631] {815}
Shelby	37,034	37,060	37,076	37,130	37,199 (7,440) [1,786] {893}	37,261 (7,452) [1,789] {894}	37,322 (7,464) [1,791] {896}
Tuscaloosa	34,677	34,709	34,742	34,766	34,835 (6,967) [1,672] {836}	34,896 (6,979) [1,675] {837}	34,953 (6,991) [1,678] {839}

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.