

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

Date: 10/29/21

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 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 10/29/21 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.

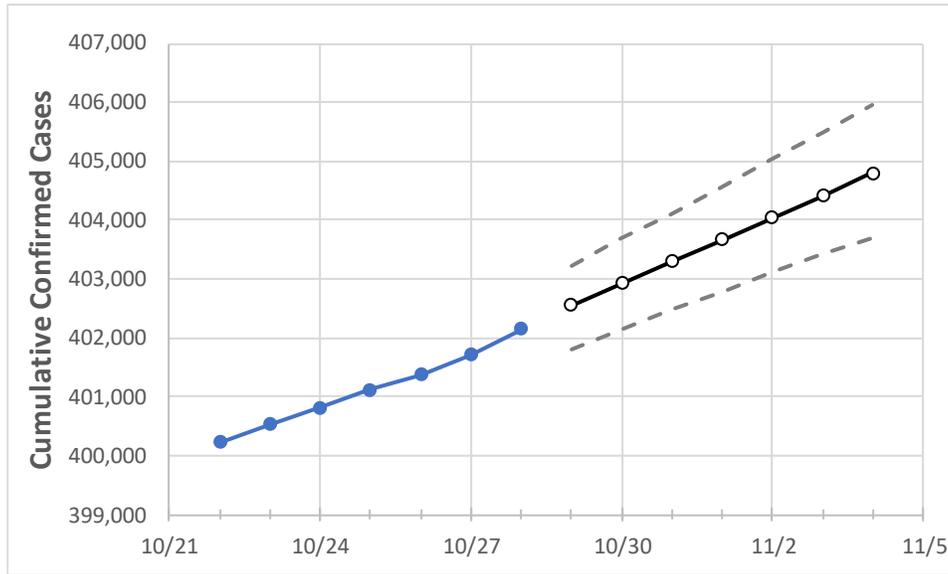
IEM's Modeling Lead

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:						
	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4
Connecticut	401,125	401,379	401,716	402,159	402,549	402,919	403,299	403,668	404,034	404,418	404,795

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:						
	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4
Fairfield	112,283	112,345	112,387	112,494	112,558	112,622	112,688	112,751	112,816	112,879	112,939
Hartford	98,308	98,384	98,496	98,608	98,729	98,849	98,967	99,094	99,219	99,349	99,464
Litchfield	17,083	17,087	17,103	17,132	17,153	17,172	17,193	17,213	17,232	17,253	17,272
Middlesex	14,876	14,887	14,901	14,914	14,928	14,940	14,953	14,965	14,979	14,991	15,004
New Haven	105,228	105,271	105,357	105,441	105,525	105,604	105,684	105,765	105,845	105,923	106,001
Tolland	11,335	11,339	11,344	11,356	11,372	11,388	11,406	11,422	11,438	11,455	11,474

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:											
	10/25	10/26	10/27	10/28	10/30				11/1				11/3			
Fairfield	112,283	112,345	112,387	112,494	112,622	(22,524)	[5,406]	{2,703}	112,751	(22,550)	[5,412]	{2,706}	112,879	(22,576)	[5,418]	{2,709}
Hartford	98,308	98,384	98,496	98,608	98,849	(19,770)	[4,745]	{2,372}	99,094	(19,819)	[4,757]	{2,378}	99,349	(19,870)	[4,769]	{2,384}
Litchfield	17,083	17,087	17,103	17,132	17,172	(3,434)	[824]	{412}	17,213	(3,443)	[826]	{413}	17,253	(3,451)	[828]	{414}
Middlesex	14,876	14,887	14,901	14,914	14,940	(2,988)	[717]	{359}	14,965	(2,993)	[718]	{359}	14,991	(2,998)	[720]	{360}
New Haven	105,228	105,271	105,357	105,441	105,604	(21,121)	[5,069]	{2,535}	105,765	(21,153)	[5,077]	{2,538}	105,923	(21,185)	[5,084]	{2,542}
Tolland	11,335	11,339	11,344	11,356	11,388	(2,278)	[547]	{273}	11,422	(2,284)	[548]	{274}	11,455	(2,291)	[550]	{275}

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.