

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 11/12/21**

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 11/12/21 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.

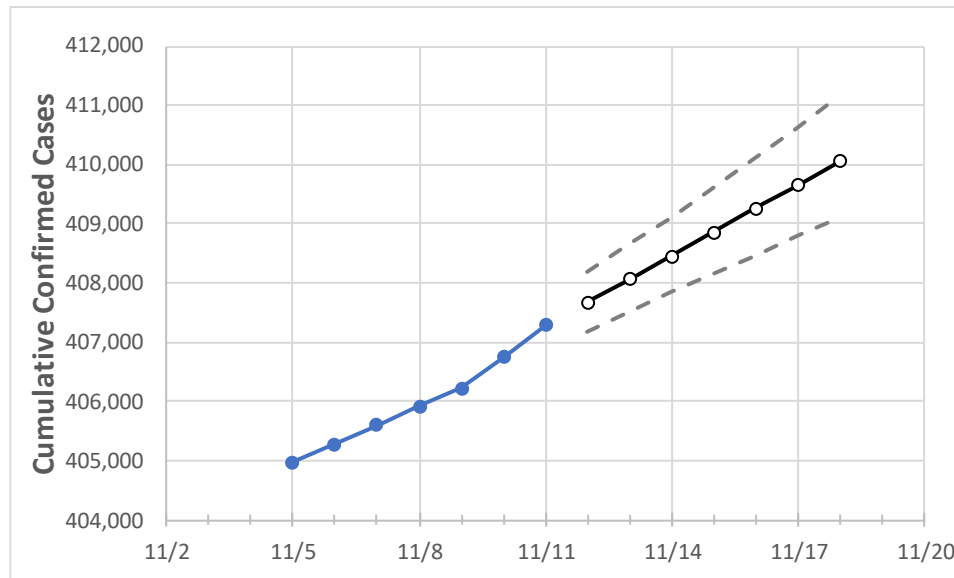
IEM's Modeling Lead

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:						
	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18
Connecticut	405,910	406,219	406,752	407,292	407,676	408,065	408,457	408,848	409,253	409,650	410,049

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:						
	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18
Fairfield	113,081	113,125	113,222	113,337	113,396	113,454	113,515	113,572	113,635	113,696	113,757
Hartford	99,623	99,721	99,831	99,967	100,065	100,166	100,266	100,367	100,468	100,571	100,672
Litchfield	17,392	17,413	17,446	17,504	17,534	17,565	17,595	17,628	17,661	17,694	17,728
Middlesex	15,079	15,101	15,124	15,140	15,156	15,172	15,189	15,206	15,223	15,239	15,256
New Haven	106,330	106,385	106,526	106,641	106,726	106,810	106,894	106,981	107,064	107,152	107,236
Tolland	11,492	11,515	11,528	11,542	11,556	11,570	11,584	11,599	11,613	11,628	11,643

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:											
	11/8	11/9	11/10	11/11	11/13				11/15				11/17			
Fairfield	113,081	113,125	113,222	113,337	113,454	(22,691)	[5,446]	{2,723}	113,572	(22,714)	[5,451]	{2,726}	113,696	(22,739)	[5,457]	{2,729}
Hartford	99,623	99,721	99,831	99,967	100,166	(20,033)	[4,808]	{2,404}	100,367	(20,073)	[4,818]	{2,409}	100,571	(20,114)	[4,827]	{2,414}
Litchfield	17,392	17,413	17,446	17,504	17,565	(3,513)	[843]	{422}	17,628	(3,526)	[846]	{423}	17,694	(3,539)	[849]	{425}
Middlesex	15,079	15,101	15,124	15,140	15,172	(3,034)	[728]	{364}	15,206	(3,041)	[730]	{365}	15,239	(3,048)	[731]	{366}
New Haven	106,330	106,385	106,526	106,641	106,810	(21,362)	[5,127]	{2,563}	106,981	(21,396)	[5,135]	{2,568}	107,152	(21,430)	[5,143]	{2,572}
Tolland	11,492	11,515	11,528	11,542	11,570	(2,314)	[555]	{278}	11,599	(2,320)	[557]	{278}	11,628	(2,326)	[558]	{279}

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.