

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

Date: 11/15/21

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 11/15/21 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.

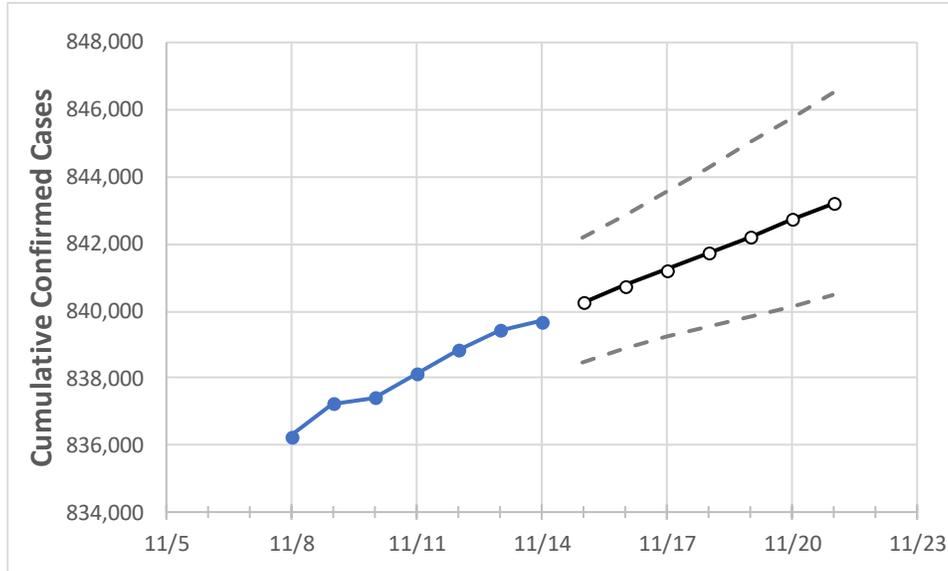
IEM's Modeling Lead

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:						
	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	11/21
Alabama	838,114	838,836	839,436	839,695	840,244	840,741	841,241	841,720	842,215	842,720	843,210

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:						
	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	11/21
Jefferson	115,849	115,918	115,899	115,936	115,968	115,997	116,026	116,058	116,088	116,115	116,146
Lee	25,382	25,403	25,414	25,425	25,435	25,443	25,452	25,460	25,469	25,477	25,485
Madison	52,886	52,943	52,942	52,969	53,005	53,041	53,073	53,106	53,141	53,175	53,210
Marshall	18,685	18,699	18,715	18,717	18,726	18,735	18,744	18,753	18,762	18,772	18,781
Mobile	73,659	73,689	73,723	73,731	73,767	73,809	73,846	73,877	73,910	73,949	73,988
Montgomery	34,337	34,356	34,367	34,374	34,381	34,387	34,392	34,399	34,404	34,410	34,415
Shelby	38,050	38,084	38,082	38,094	38,112	38,128	38,145	38,161	38,178	38,195	38,211
Tuscaloosa	35,611	35,641	35,709	35,714	35,741	35,766	35,794	35,820	35,845	35,870	35,899

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:											
	11/11	11/12	11/13	11/14	11/16			11/18			11/20					
Jefferson	115,849	115,918	115,899	115,936	115,997	(23,199)	{5,568}	{2,784}	116,058	(23,212)	{5,571}	{2,785}	116,115	(23,223)	{5,574}	{2,787}
Lee	25,382	25,403	25,414	25,425	25,443	(5,089)	{1,221}	{611}	25,460	(5,092)	{1,222}	{611}	25,477	(5,095)	{1,223}	{611}
Madison	52,886	52,943	52,942	52,969	53,041	(10,608)	{2,546}	{1,273}	53,106	(10,621)	{2,549}	{1,275}	53,175	(10,635)	{2,552}	{1,276}
Marshall	18,685	18,699	18,715	18,717	18,735	(3,747)	{899}	{450}	18,753	(3,751)	{900}	{450}	18,772	(3,754)	{901}	{451}
Mobile	73,659	73,689	73,723	73,731	73,809	(14,762)	{3,543}	{1,771}	73,877	(14,775)	{3,546}	{1,773}	73,949	(14,790)	{3,550}	{1,775}
Montgomery	34,337	34,356	34,367	34,374	34,387	(6,877)	{1,651}	{825}	34,399	(6,880)	{1,651}	{826}	34,410	(6,882)	{1,652}	{826}
Shelby	38,050	38,084	38,082	38,094	38,128	(7,626)	{1,830}	{915}	38,161	(7,632)	{1,832}	{916}	38,195	(7,639)	{1,833}	{917}
Tuscaloosa	35,611	35,641	35,709	35,714	35,766	(7,153)	{1,717}	{858}	35,820	(7,164)	{1,719}	{860}	35,870	(7,174)	{1,722}	{861}

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.