

**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.**

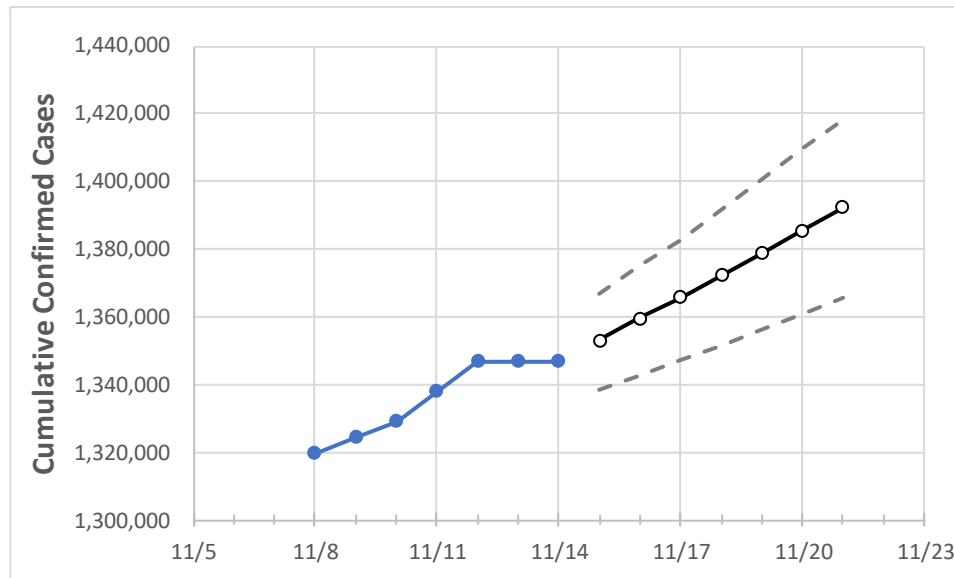
**IEM's Modeling Lead**

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.

## Michigan 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
Michigan	1,337,979	1,346,868	1,346,868	1,346,868	1,353,092	1,359,445	1,365,808	1,372,300	1,378,895	1,385,660	1,392,495

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.

## Michigan 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
Genesee	55,323	55,652	55,652	55,652	55,909	56,173	56,434	56,706	56,980	57,259	57,540
Ingham	32,972	33,188	33,188	33,188	33,378	33,570	33,766	33,969	34,182	34,400	34,615
Kent	98,693	99,489	99,489	99,489	99,921	100,362	100,798	101,260	101,734	102,216	102,713
Livingston	25,070	25,305	25,305	25,305	25,496	25,692	25,893	26,097	26,315	26,536	26,768
Macomb	127,481	128,312	128,312	128,312	128,793	129,282	129,771	130,243	130,767	131,266	131,792
Monroe	21,827	21,952	21,952	21,952	22,064	22,177	22,293	22,410	22,530	22,652	22,778
Oakland	153,271	154,178	154,178	154,178	154,819	155,515	156,176	156,895	157,624	158,399	159,142
Washtenaw	35,140	35,347	35,347	35,347	35,518	35,696	35,881	36,066	36,267	36,468	36,672
Wayne	208,393	209,535	209,535	209,535	210,349	211,160	211,978	212,841	213,695	214,612	215,540

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.

### Michigan 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					
Genesee	55,323	55,652	55,652	55,652	56,173	(11,235)	[2,696]	{1,348}	56,706	(11,341)	[2,722]	{1,361}	57,259	(11,452)	[2,748]	{1,374}
Ingham	32,972	33,188	33,188	33,188	33,570	(6,714)	[1,611]	{806}	33,969	(6,794)	[1,631]	{815}	34,400	(6,880)	[1,651]	{826}
Kent	98,693	99,489	99,489	99,489	100,362	(20,072)	[4,817]	{2,409}	101,260	(20,252)	[4,861]	{2,430}	102,216	(20,443)	[4,906]	{2,453}
Livingston	25,070	25,305	25,305	25,305	25,692	(5,138)	[1,233]	{617}	26,097	(5,219)	[1,253]	{626}	26,536	(5,307)	[1,274]	{637}
Macomb	127,481	128,312	128,312	128,312	129,282	(25,856)	[6,206]	{3,103}	130,243	(26,049)	[6,252]	{3,126}	131,266	(26,253)	[6,301]	{3,150}
Monroe	21,827	21,952	21,952	21,952	22,177	(4,435)	[1,064]	{532}	22,410	(4,482)	[1,076]	{538}	22,652	(4,530)	[1,087]	{544}
Oakland	153,271	154,178	154,178	154,178	155,515	(31,103)	[7,465]	{3,732}	156,895	(31,379)	[7,531]	{3,765}	158,399	(31,680)	[7,603]	{3,802}
Washtenaw	35,140	35,347	35,347	35,347	35,696	(7,139)	[1,713]	{857}	36,066	(7,213)	[1,731]	{866}	36,468	(7,294)	[1,750]	{875}
Wayne	208,393	209,535	209,535	209,535	211,160	(42,232)	[10,136]	{5,068}	212,841	(42,568)	[10,216]	{5,108}	214,612	(42,922)	[10,301]	{5,151}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.