

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 11/24/21**

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 11/24/21 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.

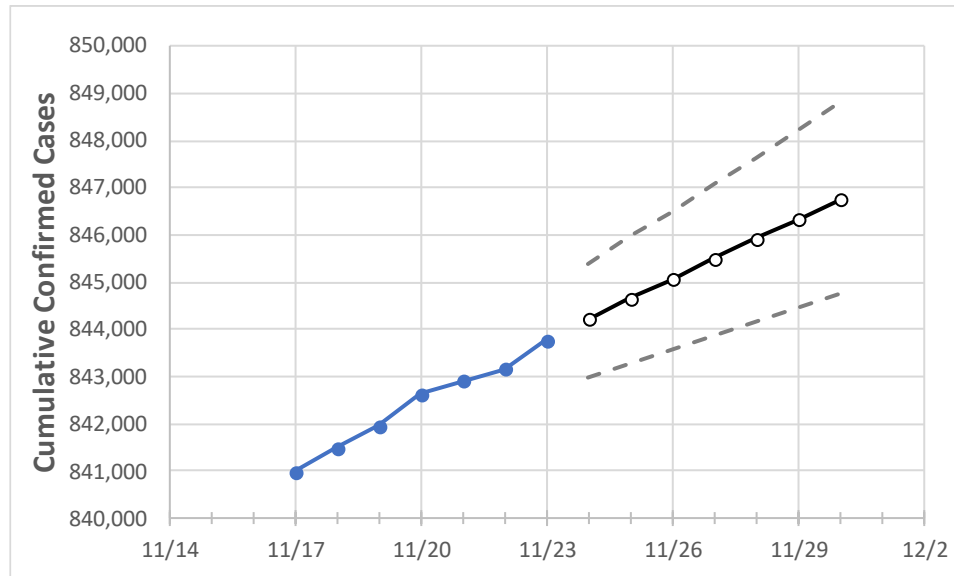
IEM's Modeling Lead

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:						
	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30
Alabama	842,636	842,908	843,161	843,780	844,205	844,660	845,066	845,490	845,912	846,330	846,754

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:						
	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30
Jefferson	116,023	116,056	116,084	116,087	116,115	116,142	116,168	116,195	116,219	116,248	116,272
Lee	25,482	25,486	25,492	25,527	25,538	25,549	25,560	25,571	25,583	25,594	25,605
Madison	53,131	53,154	53,162	53,214	53,243	53,271	53,295	53,322	53,350	53,375	53,402
Marshall	18,743	18,745	18,753	18,760	18,765	18,771	18,775	18,780	18,785	18,789	18,794
Mobile	74,049	74,077	74,090	74,117	74,158	74,199	74,240	74,279	74,320	74,363	74,406
Montgomery	34,449	34,457	34,467	34,462	34,474	34,488	34,500	34,513	34,526	34,539	34,552
Shelby	38,242	38,255	38,275	38,281	38,301	38,321	38,341	38,361	38,381	38,401	38,421
Tuscaloosa	35,870	35,875	35,889	35,915	35,938	35,961	35,983	36,006	36,029	36,052	36,073

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:											
	11/20	11/21	11/22	11/23	11/25				11/27				11/29			
Jefferson	116,023	116,056	116,084	116,087	116,142	(23,228)	[5,575]	{2,787}	116,195	(23,239)	[5,577]	{2,789}	116,248	(23,250)	[5,580]	{2,790}
Lee	25,482	25,486	25,492	25,527	25,549	(5,110)	[1,226]	{613}	25,571	(5,114)	[1,227]	{614}	25,594	(5,119)	[1,229]	{614}
Madison	53,131	53,154	53,162	53,214	53,271	(10,654)	[2,557]	{1,279}	53,322	(10,664)	[2,559]	{1,280}	53,375	(10,675)	[2,562]	{1,281}
Marshall	18,743	18,745	18,753	18,760	18,771	(3,754)	[901]	{450}	18,780	(3,756)	[901]	{451}	18,789	(3,758)	[902]	{451}
Mobile	74,049	74,077	74,090	74,117	74,199	(14,840)	[3,562]	{1,781}	74,279	(14,856)	[3,565]	{1,783}	74,363	(14,873)	[3,569]	{1,785}
Montgomery	34,449	34,457	34,467	34,462	34,488	(6,898)	[1,655]	{828}	34,513	(6,903)	[1,657]	{828}	34,539	(6,908)	[1,658]	{829}
Shelby	38,242	38,255	38,275	38,281	38,321	(7,664)	[1,839]	{920}	38,361	(7,672)	[1,841]	{921}	38,401	(7,680)	[1,843]	{922}
Tuscaloosa	35,870	35,875	35,889	35,915	35,961	(7,192)	[1,726]	{863}	36,006	(7,201)	[1,728]	{864}	36,052	(7,210)	[1,731]	{865}

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.