

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 12/1/21**

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 12/1/21 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.

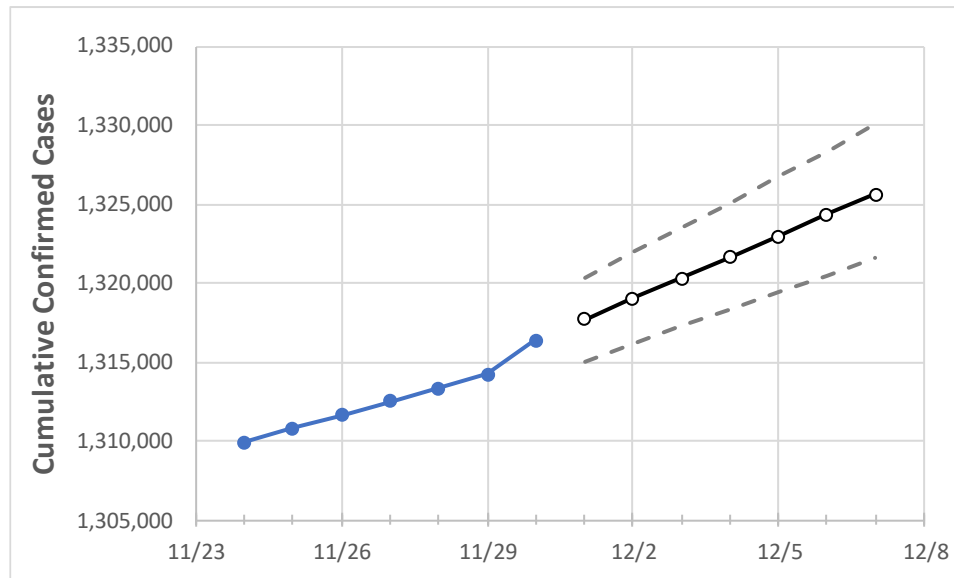
IEM's Modeling Lead

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.

Tennessee State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	11/27	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7
Tennessee	1,312,485	1,313,337	1,314,188	1,316,384	1,317,671	1,319,012	1,320,312	1,321,620	1,322,940	1,324,339	1,325,621

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.

Tennessee Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	11/27	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7
Blount	24,414	24,442	24,470	24,511	24,541	24,573	24,605	24,637	24,669	24,703	24,736
Davidson	123,962	124,045	124,128	124,244	124,343	124,438	124,537	124,634	124,731	124,830	124,930
Hamilton	65,012	65,047	65,082	65,195	65,247	65,301	65,354	65,409	65,464	65,520	65,574
Knox	80,637	80,707	80,776	80,929	81,013	81,099	81,183	81,269	81,357	81,446	81,534
Rutherford	63,637	63,710	63,782	63,851	63,928	64,006	64,082	64,163	64,243	64,326	64,408
Shelby	147,431	147,537	147,642	147,776	147,894	148,006	148,122	148,239	148,354	148,473	148,587
Sumner	35,126	35,159	35,193	35,244	35,278	35,314	35,349	35,383	35,421	35,457	35,494
Williamson	40,828	40,869	40,909	40,991	41,047	41,102	41,158	41,215	41,274	41,334	41,395

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.

Tennessee Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	11/27	11/28	11/29	11/30	12/2			12/4			12/6					
Blount	24,414	24,442	24,470	24,511	24,573	(4,915)	[1,180]	{590}	24,637	(4,927)	[1,183]	{591}	24,703	(4,941)	[1,186]	{593}
Davidson	123,962	124,045	124,128	124,244	124,438	(24,888)	[5,973]	{2,987}	124,634	(24,927)	[5,982]	{2,991}	124,830	(24,966)	[5,992]	{2,996}
Hamilton	65,012	65,047	65,082	65,195	65,301	(13,060)	[3,134]	{1,567}	65,409	(13,082)	[3,140]	{1,570}	65,520	(13,104)	[3,145]	{1,572}
Knox	80,637	80,707	80,776	80,929	81,099	(16,220)	[3,893]	{1,946}	81,269	(16,254)	[3,901]	{1,950}	81,446	(16,289)	[3,909]	{1,955}
Rutherford	63,637	63,710	63,782	63,851	64,006	(12,801)	[3,072]	{1,536}	64,163	(12,833)	[3,080]	{1,540}	64,326	(12,865)	[3,088]	{1,544}
Shelby	147,431	147,537	147,642	147,776	148,006	(29,601)	[7,104]	{3,552}	148,239	(29,648)	[7,115]	{3,558}	148,473	(29,695)	[7,127]	{3,563}
Sumner	35,126	35,159	35,193	35,244	35,314	(7,063)	[1,695]	{848}	35,383	(7,077)	[1,698]	{849}	35,457	(7,091)	[1,702]	{851}
Williamson	40,828	40,869	40,909	40,991	41,102	(8,220)	[1,973]	{986}	41,215	(8,243)	[1,978]	{989}	41,334	(8,267)	[1,984]	{992}

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.