

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 12/8/21**

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 12/8/21 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.

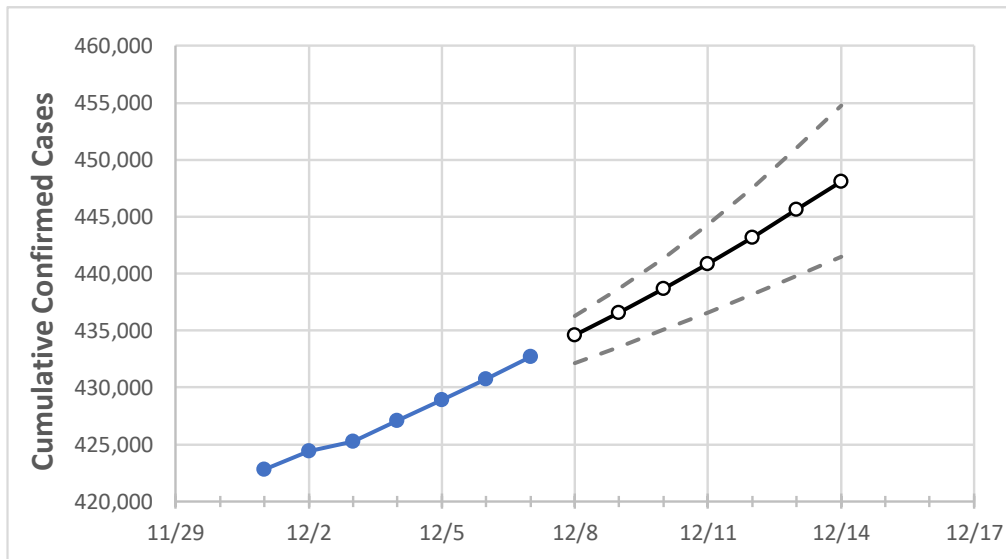
IEM's Modeling Lead

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:						
	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14
Connecticut	427,102	428,929	430,756	432,675	434,559	436,560	438,660	440,855	443,174	445,597	448,052

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:						
	12/4	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14
Fairfield	117,368	117,759	118,151	118,422	118,745	119,082	119,426	119,792	120,173	120,561	120,966
Hartford	104,466	104,845	105,225	105,837	106,264	106,710	107,165	107,644	108,152	108,683	109,221
Litchfield	18,829	18,911	18,993	19,086	19,173	19,262	19,352	19,446	19,540	19,639	19,738
Middlesex	16,008	16,083	16,159	16,223	16,291	16,362	16,434	16,509	16,586	16,666	16,750
New Haven	111,374	111,899	112,425	112,969	113,363	113,779	114,190	114,636	115,086	115,573	116,064
Tolland	12,238	12,302	12,366	12,449	12,524	12,605	12,689	12,781	12,877	12,978	13,085

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:											
	12/4	12/5	12/6	12/7	12/9				12/11				12/13			
Fairfield	117,368	117,759	118,151	118,422	119,082	(23,816)	[5,716]	{2,858}	119,792	(23,958)	[5,750]	{2,875}	120,561	(24,112)	[5,787]	{2,893}
Hartford	104,466	104,845	105,225	105,837	106,710	(21,342)	[5,122]	{2,561}	107,644	(21,529)	[5,167]	{2,583}	108,683	(21,737)	[5,217]	{2,608}
Litchfield	18,829	18,911	18,993	19,086	19,262	(3,852)	[925]	{462}	19,446	(3,889)	[933]	{467}	19,639	(3,928)	[943]	{471}
Middlesex	16,008	16,083	16,159	16,223	16,362	(3,272)	[785]	{393}	16,509	(3,302)	[792]	{396}	16,666	(3,333)	[800]	{400}
New Haven	111,374	111,899	112,425	112,969	113,779	(22,756)	[5,461]	{2,731}	114,636	(22,927)	[5,503]	{2,751}	115,573	(23,115)	[5,547]	{2,774}
Tolland	12,238	12,302	12,366	12,449	12,605	(2,521)	[605]	{303}	12,781	(2,556)	[614]	{307}	12,978	(2,596)	[623]	{311}

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.