

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

Date: 12/15/21

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 12/15/21 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.

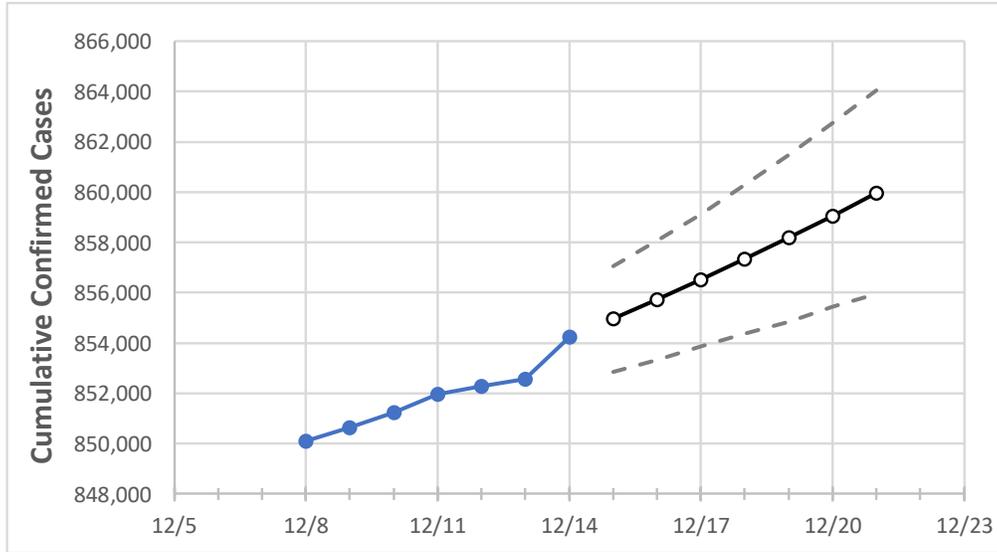
IEM's Modeling Lead

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:						
	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20	12/21
Alabama	851,950	852,280	852,574	854,229	854,984	855,740	856,526	857,351	858,204	859,033	859,955

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:						
	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20	12/21
Jefferson	116,616	116,659	116,718	116,986	117,078	117,183	117,285	117,398	117,514	117,646	117,774
Lee	25,761	25,770	25,783	25,820	25,844	25,869	25,894	25,919	25,945	25,972	26,000
Madison	53,880	53,917	53,951	54,077	54,156	54,237	54,323	54,411	54,505	54,605	54,707
Marshall	18,938	18,941	18,942	18,969	18,985	19,001	19,017	19,035	19,052	19,072	19,091
Mobile	74,617	74,629	74,641	74,711	74,748	74,785	74,821	74,860	74,898	74,937	74,976
Montgomery	34,669	34,683	34,691	34,806	34,852	34,901	34,951	35,002	35,066	35,128	35,194
Shelby	38,593	38,615	38,637	38,733	38,773	38,815	38,859	38,906	38,955	39,007	39,060
Tuscaloosa	36,351	36,368	36,371	36,442	36,474	36,507	36,542	36,578	36,615	36,652	36,691

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:											
	12/11	12/12	12/13	12/14	12/16			12/18			12/20					
Jefferson	116,616	116,659	116,718	116,986	117,183	(23,437)	[5,625]	{2,812}	117,398	(23,480)	[5,635]	{2,818}	117,646	(23,529)	[5,647]	{2,823}
Lee	25,761	25,770	25,783	25,820	25,869	(5,174)	[1,242]	{621}	25,919	(5,184)	[1,244]	{622}	25,972	(5,194)	[1,247]	{623}
Madison	53,880	53,917	53,951	54,077	54,237	(10,847)	[2,603]	{1,302}	54,411	(10,882)	[2,612]	{1,306}	54,605	(10,921)	[2,621]	{1,311}
Marshall	18,938	18,941	18,942	18,969	19,001	(3,800)	[912]	{456}	19,035	(3,807)	[914]	{457}	19,072	(3,814)	[915]	{458}
Mobile	74,617	74,629	74,641	74,711	74,785	(14,957)	[3,590]	{1,795}	74,860	(14,972)	[3,593]	{1,797}	74,937	(14,987)	[3,597]	{1,798}
Montgomery	34,669	34,683	34,691	34,806	34,901	(6,980)	[1,675]	{838}	35,002	(7,000)	[1,680]	{840}	35,128	(7,026)	[1,686]	{843}
Shelby	38,593	38,615	38,637	38,733	38,815	(7,763)	[1,863]	{932}	38,906	(7,781)	[1,867]	{934}	39,007	(7,801)	[1,872]	{936}
Tuscaloosa	36,351	36,368	36,371	36,442	36,507	(7,301)	[1,752]	{876}	36,578	(7,316)	[1,756]	{878}	36,652	(7,330)	[1,759]	{880}

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.