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

Date: 1/7/22

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 1/7/22 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.

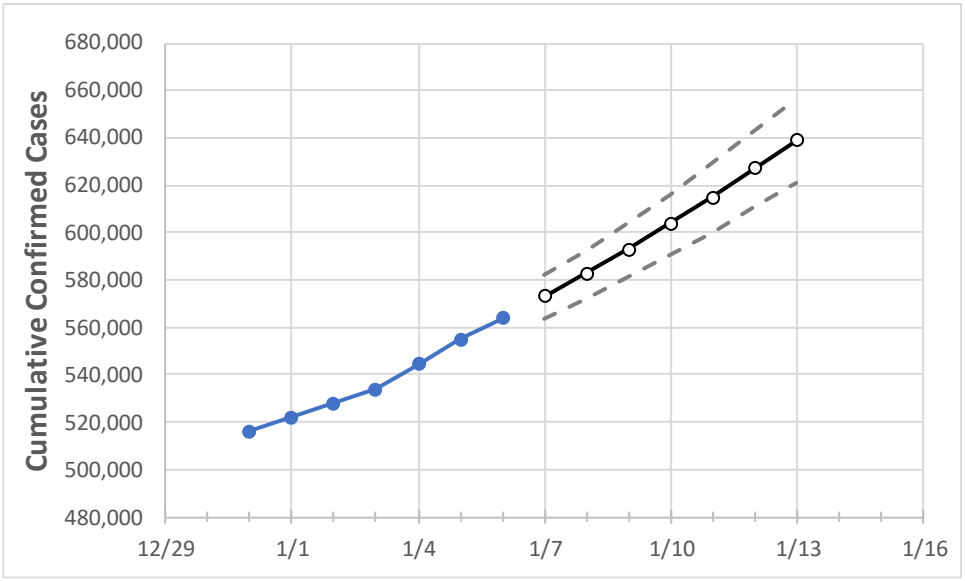
IEM's Modeling Lead

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:						
	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13
Connecticut	533,866	544,468	554,812	563,635	572,980	582,882	593,138	603,770	615,084	627,019	639,093

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:						
	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13
Fairfield	148,249	150,957	153,836	156,761	159,755	162,886	166,167	169,608	173,204	177,041	181,034
Hartford	129,374	132,644	135,790	138,236	140,636	143,173	145,844	148,680	151,574	154,755	157,957
Litchfield	23,232	23,634	24,121	24,566	24,890	25,234	25,582	25,946	26,340	26,734	27,142
Middlesex	19,664	19,945	20,276	20,537	20,809	21,097	21,391	21,700	22,019	22,358	22,701
New Haven	140,745	143,548	145,539	147,192	149,466	151,885	154,347	156,956	159,669	162,537	165,474
Tolland	15,002	15,268	15,561	15,816	16,006	16,204	16,404	16,620	16,836	17,060	17,297

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:			
	1/3	1/4	1/5	1/6	1/8	1/10	1/12	
Fairfield	148,249	150,957	153,836	156,761	162,886 (32,577) [7,819] {3,909}	169,608 (33,922) [8,141] {4,071}	177,041 (35,408) [8,498] {4,249}	
Hartford	129,374	132,644	135,790	138,236	143,173 (28,635) [6,872] {3,436}	148,680 (29,736) [7,137] {3,568}	154,755 (30,951) [7,428] {3,714}	
Litchfield	23,232	23,634	24,121	24,566	25,234 (5,047) [1,211] {606}	25,946 (5,189) [1,245] {623}	26,734 (5,347) [1,283] {642}	
Middlesex	19,664	19,945	20,276	20,537	21,097 (4,219) [1,013] {506}	21,700 (4,340) [1,042] {521}	22,358 (4,472) [1,073] {537}	
New Haven	140,745	143,548	145,539	147,192	151,885 (30,377) [7,290] {3,645}	156,956 (31,391) [7,534] {3,767}	162,537 (32,507) [7,802] {3,901}	
Tolland	15,002	15,268	15,561	15,816	16,204 (3,241) [778] {389}	16,620 (3,324) [798] {399}	17,060 (3,412) [819] {409}	

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.