

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 1/10/22**

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 1/10/22 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.

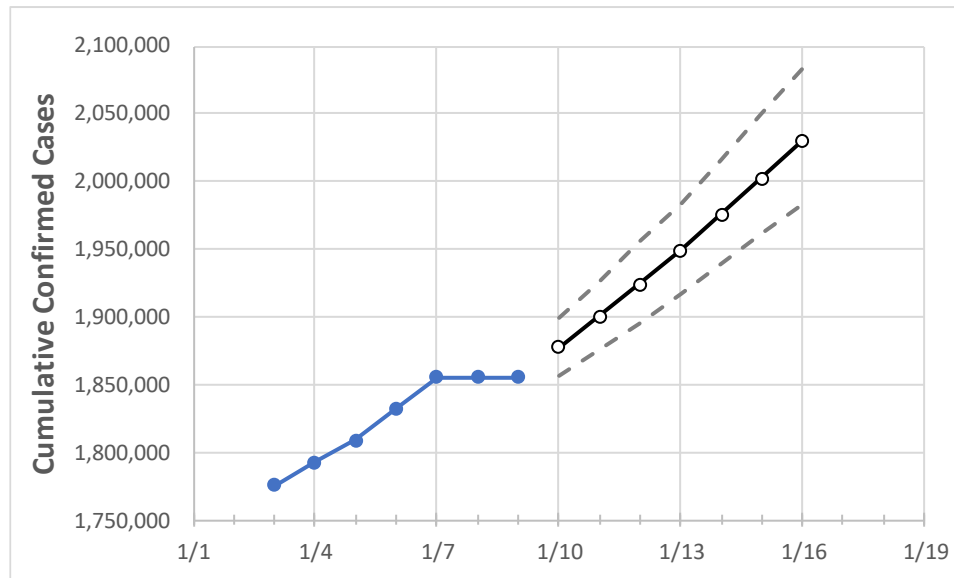
IEM's Modeling Lead

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.

Michigan State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16
Michigan	1,832,198	1,855,658	1,855,658	1,855,658	1,877,559	1,900,365	1,924,275	1,949,454	1,975,421	2,002,479	2,030,190

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.

Michigan Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	1/6	1/7	1/8	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	
Genesee	77,245	78,529	78,529	78,529	79,388	80,271	81,149	82,095	83,084	84,088	85,124	
Ingham	45,593	46,240	46,240	46,240	46,869	47,512	48,206	48,913	49,656	50,456	51,269	
Kent	131,082	132,562	132,562	132,562	134,068	135,632	137,290	139,049	140,854	142,767	144,810	
Livingston	35,418	35,862	35,862	35,862	36,268	36,699	37,144	37,616	38,103	38,620	39,151	
Macomb	178,981	181,544	181,544	181,544	183,846	186,203	188,658	191,180	193,807	196,535	199,334	
Monroe	29,180	29,675	29,675	29,675	30,035	30,404	30,791	31,191	31,604	32,047	32,501	
Oakland	217,325	220,919	220,919	220,919	224,255	227,705	231,334	235,093	238,926	243,033	247,316	
Washtenaw	51,747	52,895	52,895	52,895	54,074	55,327	56,646	58,040	59,532	61,099	62,738	
Wayne	306,296	310,887	310,887	310,887	315,905	321,118	326,530	332,092	337,972	343,939	350,094	

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.

Michigan Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	1/6	1/7	1/8	1/9	1/11				1/13				1/15			
Genesee	77,245	78,529	78,529	78,529	80,271	(16,054)	[3,853]	{1,926}	82,095	(16,419)	[3,941]	{1,970}	84,088	(16,818)	[4,036]	{2,018}
Ingham	45,593	46,240	46,240	46,240	47,512	(9,502)	[2,281]	{1,140}	48,913	(9,783)	[2,348]	{1,174}	50,456	(10,091)	[2,422]	{1,211}
Kent	131,082	132,562	132,562	132,562	135,632	(27,126)	[6,510]	{3,255}	139,049	(27,810)	[6,674]	{3,337}	142,767	(28,553)	[6,853]	{3,426}
Livingston	35,418	35,862	35,862	35,862	36,699	(7,340)	[1,762]	{881}	37,616	(7,523)	[1,806]	{903}	38,620	(7,724)	[1,854]	{927}
Macomb	178,981	181,544	181,544	181,544	186,203	(37,241)	[8,938]	{4,469}	191,180	(38,236)	[9,177]	{4,588}	196,535	(39,307)	[9,434]	{4,717}
Monroe	29,180	29,675	29,675	29,675	30,404	(6,081)	[1,459]	{730}	31,191	(6,238)	[1,497]	{749}	32,047	(6,409)	[1,538]	{769}
Oakland	217,325	220,919	220,919	220,919	227,705	(45,541)	[10,930]	{5,465}	235,093	(47,019)	[11,284]	{5,642}	243,033	(48,607)	[11,666]	{5,833}
Washtenaw	51,747	52,895	52,895	52,895	55,327	(11,065)	[2,656]	{1,328}	58,040	(11,608)	[2,786]	{1,393}	61,099	(12,220)	[2,933]	{1,466}
Wayne	306,296	310,887	310,887	310,887	321,118	(64,224)	[15,414]	{7,707}	332,092	(66,418)	[15,940]	{7,970}	343,939	(68,788)	[16,509]	{8,255}

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.