

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

Date: 1/14/22

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 1/14/22 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.**

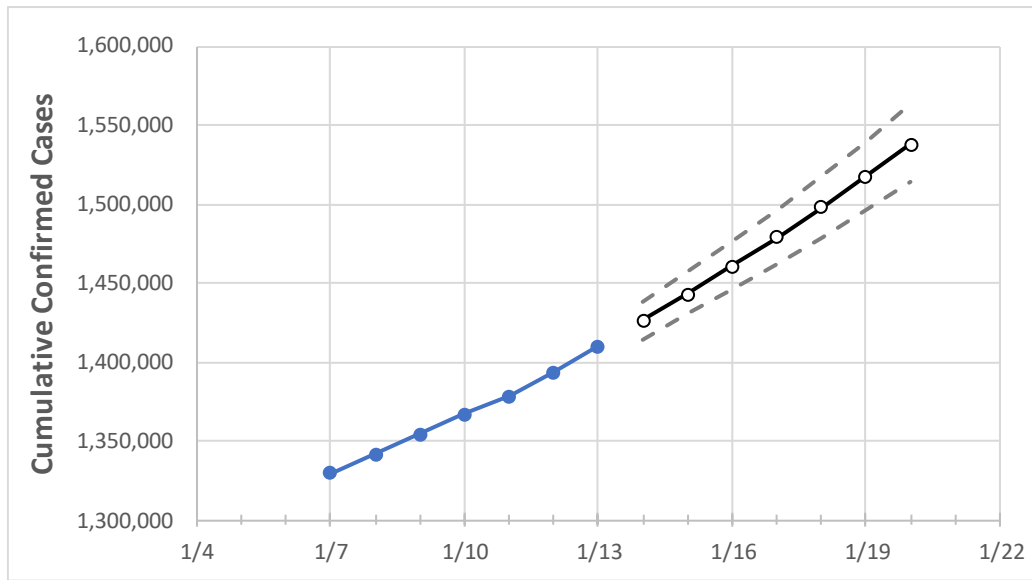
### IEM's Modeling Lead

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.

## Indiana State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Indiana	1,366,754	1,378,562	1,393,574	1,410,021	1,426,205	1,442,934	1,460,330	1,478,637	1,497,619	1,517,473	1,537,692

*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.*

## Indiana Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Decatur	5,474	5,495	5,544	5,587	5,632	5,678	5,725	5,775	5,828	5,882	5,938
Hamilton	65,268	66,150	67,017	67,890	68,831	69,788	70,801	71,840	72,931	74,050	75,196
Hendricks	32,295	32,642	33,030	33,466	33,906	34,360	34,836	35,335	35,861	36,399	36,977
Johnson	34,132	34,464	35,037	35,555	36,050	36,566	37,105	37,670	38,261	38,875	39,516
Lake	94,834	95,466	96,207	96,905	97,781	98,660	99,541	100,411	101,296	102,190	103,092
Madison	26,162	26,437	26,767	27,146	27,485	27,834	28,203	28,577	28,975	29,393	29,818
Marion	186,221	188,205	190,394	192,629	195,332	198,117	200,985	203,952	207,033	210,233	213,548
St. Joseph	59,892	60,310	60,759	61,404	61,985	62,572	63,182	63,828	64,478	65,161	65,868

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.

### Indiana Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	1/10	1/11	1/12	1/13	1/15			1/17			1/19					
Decatur	5,474	5,495	5,544	5,587	5,678	(1,136)	[273]	{136}	5,775	(1,155)	[277]	{139}	5,882	(1,176)	[282]	{141}
Hamilton	65,268	66,150	67,017	67,890	69,788	(13,958)	[3,350]	{1,675}	71,840	(14,368)	[3,448]	{1,724}	74,050	(14,810)	[3,554]	{1,777}
Hendricks	32,295	32,642	33,030	33,466	34,360	(6,872)	[1,649]	{825}	35,335	(7,067)	[1,696]	{848}	36,399	(7,280)	[1,747]	{874}
Johnson	34,132	34,464	35,037	35,555	36,566	(7,313)	[1,755]	{878}	37,670	(7,534)	[1,808]	{904}	38,875	(7,775)	[1,866]	{933}
Lake	94,834	95,466	96,207	96,905	98,660	(19,732)	[4,736]	{2,368}	100,411	(20,082)	[4,820]	{2,410}	102,190	(20,438)	[4,905]	{2,453}
Madison	26,162	26,437	26,767	27,146	27,834	(5,567)	[1,336]	{668}	28,577	(5,715)	[1,372]	{686}	29,393	(5,879)	[1,411]	{705}
Marion	186,221	188,205	190,394	192,629	198,117	(39,623)	[9,510]	{4,755}	203,952	(40,790)	[9,790]	{4,895}	210,233	(42,047)	[10,091]	{5,046}
St. Joseph	59,892	60,310	60,759	61,404	62,572	(12,514)	[3,003]	{1,502}	63,828	(12,766)	[3,064]	{1,532}	65,161	(13,032)	[3,128]	{1,564}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.