

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.

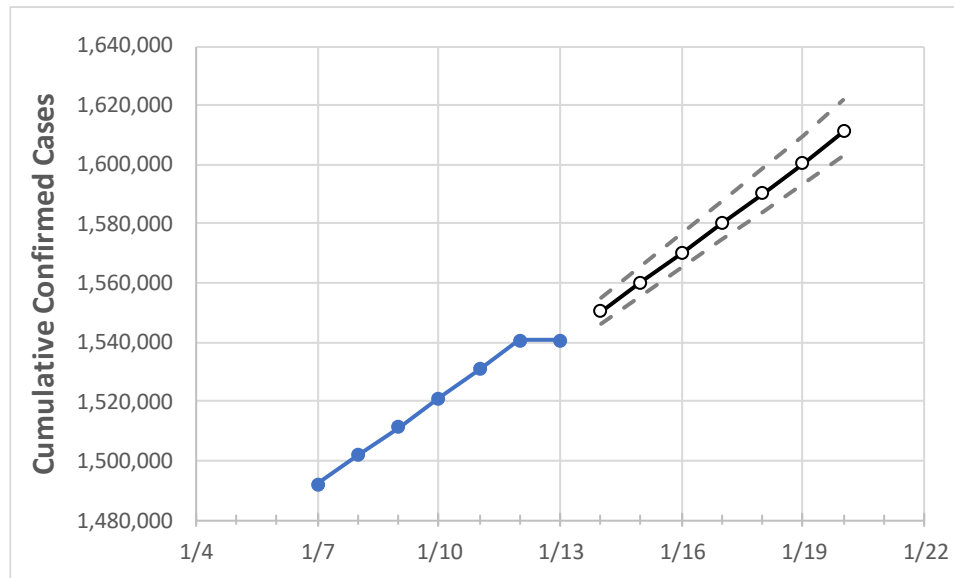
IEM's Modeling Lead

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.

Tennessee 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
Tennessee	1,521,135	1,530,825	1,540,515	1,540,515	1,550,386	1,560,166	1,570,078	1,580,123	1,590,270	1,600,554	1,611,068

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.

Tennessee 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
Blount	27,128	27,259	27,391	27,391	27,540	27,691	27,848	28,008	28,173	28,345	28,519
Davidson	150,581	151,818	153,055	153,055	154,406	155,779	157,125	158,519	159,915	161,331	162,743
Hamilton	75,380	75,887	76,393	76,393	76,940	77,493	78,051	78,625	79,212	79,821	80,449
Knox	91,643	92,254	92,864	92,864	93,603	94,383	95,176	95,998	96,857	97,761	98,685
Rutherford	73,342	73,779	74,216	74,216	74,692	75,167	75,654	76,135	76,624	77,128	77,624
Shelby	189,096	190,925	192,753	192,753	194,885	196,990	199,103	201,196	203,341	205,543	207,678
Sumner	41,043	41,299	41,555	41,555	41,827	42,101	42,371	42,650	42,925	43,205	43,490
Williamson	48,034	48,313	48,593	48,593	48,870	49,143	49,413	49,685	49,956	50,228	50,500

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.

Tennessee 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			
Blount	27,128	27,259	27,391	27,391	27,691	(5,538)	[1,329]	{665}	28,008	(5,602)	[1,344]	{672}	28,345	(5,669)	[1,361]	{680}
Davidson	150,581	151,818	153,055	153,055	155,779	(31,156)	[7,477]	{3,739}	158,519	(31,704)	[7,609]	{3,804}	161,331	(32,266)	[7,744]	{3,872}
Hamilton	75,380	75,887	76,393	76,393	77,493	(15,499)	[3,720]	{1,860}	78,625	(15,725)	[3,774]	{1,887}	79,821	(15,964)	[3,831]	{1,916}
Knox	91,643	92,254	92,864	92,864	94,383	(18,877)	[4,530]	{2,265}	95,998	(19,200)	[4,608]	{2,304}	97,761	(19,552)	[4,693]	{2,346}
Rutherford	73,342	73,779	74,216	74,216	75,167	(15,033)	[3,608]	{1,804}	76,135	(15,227)	[3,654]	{1,827}	77,128	(15,426)	[3,702]	{1,851}
Shelby	189,096	190,925	192,753	192,753	196,990	(39,398)	[9,456]	{4,728}	201,196	(40,239)	[9,657]	{4,829}	205,543	(41,109)	[9,866]	{4,933}
Sumner	41,043	41,299	41,555	41,555	42,101	(8,420)	[2,021]	{1,010}	42,650	(8,530)	[2,047]	{1,024}	43,205	(8,641)	[2,074]	{1,037}
Williamson	48,034	48,313	48,593	48,593	49,143	(9,829)	[2,359]	{1,179}	49,685	(9,937)	[2,385]	{1,192}	50,228	(10,046)	[2,411]	{1,205}

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.