

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

Date: 1/31/22

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 1/31/22 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.

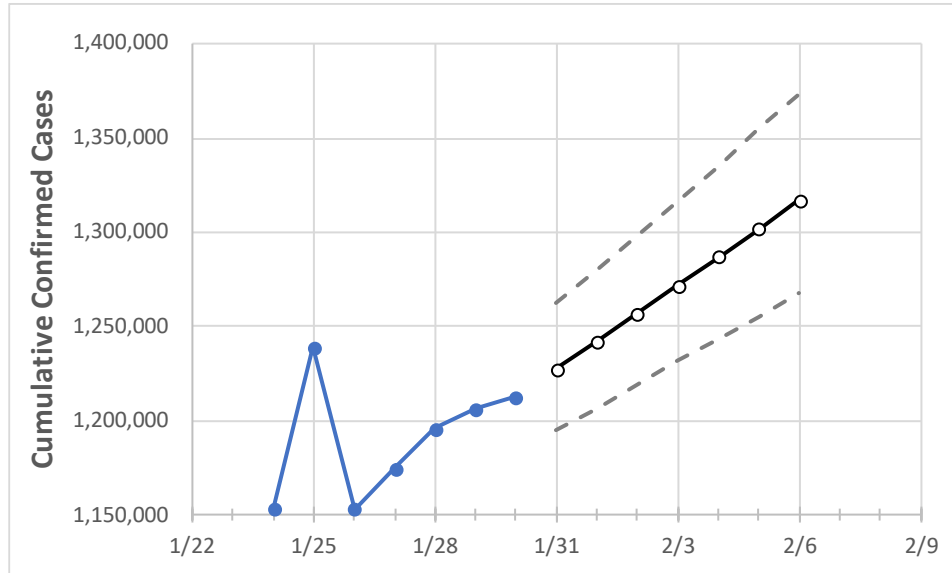
IEM's Modeling Lead

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.

Alabama State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	
Alabama	1,174,353	1,195,557	1,206,308	1,212,798	1,227,602	1,242,154	1,256,894	1,271,801	1,286,719	1,301,661	1,316,948	

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:							
	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	
Jefferson	169,408	172,345	173,425	174,260	175,990	177,714	179,348	181,122	182,808	184,501	186,172	
Lee	35,170	35,708	35,923	36,028	36,372	36,693	37,021	37,342	37,667	38,003	38,318	
Madison	79,193	80,996	81,622	82,168	83,253	84,369	85,462	86,645	87,730	88,928	90,096	
Marshall	24,729	25,300	25,600	25,777	26,199	26,597	27,030	27,466	27,928	28,392	28,863	
Mobile	104,459	105,796	106,465	106,905	107,826	108,699	109,581	110,449	111,312	112,209	113,029	
Montgomery	49,374	50,025	51,189	51,697	52,080	52,477	52,870	53,229	53,646	54,038	54,432	
Shelby	54,271	55,313	55,747	56,043	56,726	57,390	58,066	58,731	59,450	60,099	60,798	
Tuscaloosa	50,305	51,077	51,382	51,590	52,236	52,897	53,553	54,203	54,900	55,599	56,267	

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:											
	1/27	1/28	1/29	1/30	2/1			2/3			2/5					
Jefferson	169,408	172,345	173,425	174,260	177,714	(35,543)	[8,530]	{4,265}	181,122	(36,224)	[8,694]	{4,347}	184,501	(36,900)	[8,856]	{4,428}
Lee	35,170	35,708	35,923	36,028	36,693	(7,339)	[1,761]	{881}	37,342	(7,468)	[1,792]	{896}	38,003	(7,601)	[1,824]	{912}
Madison	79,193	80,996	81,622	82,168	84,369	(16,874)	[4,050]	{2,025}	86,645	(17,329)	[4,159]	{2,079}	88,928	(17,786)	[4,269]	{2,134}
Marshall	24,729	25,300	25,600	25,777	26,597	(5,319)	[1,277]	{638}	27,466	(5,493)	[1,318]	{659}	28,392	(5,678)	[1,363]	{681}
Mobile	104,459	105,796	106,465	106,905	108,699	(21,740)	[5,218]	{2,609}	110,449	(22,090)	[5,302]	{2,651}	112,209	(22,442)	[5,386]	{2,693}
Montgomery	49,374	50,025	51,189	51,697	52,477	(10,495)	[2,519]	{1,259}	53,229	(10,646)	[2,555]	{1,278}	54,038	(10,808)	[2,594]	{1,297}
Shelby	54,271	55,313	55,747	56,043	57,390	(11,478)	[2,755]	{1,377}	58,731	(11,746)	[2,819]	{1,410}	60,099	(12,020)	[2,885]	{1,442}
Tuscaloosa	50,305	51,077	51,382	51,590	52,897	(10,579)	[2,539]	{1,270}	54,203	(10,841)	[2,602]	{1,301}	55,599	(11,120)	[2,669]	{1,334}

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.