

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.

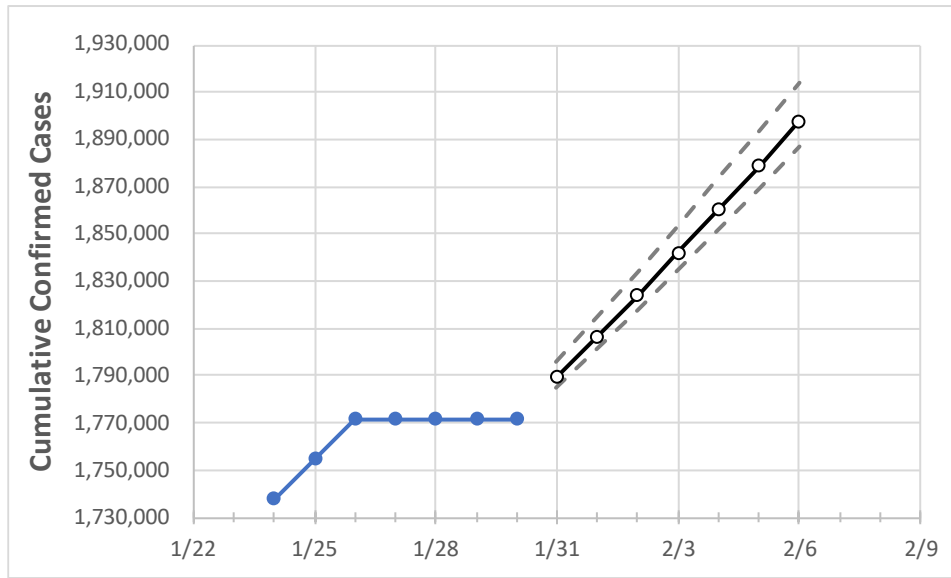
IEM's Modeling Lead

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.

Tennessee 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	

Tennessee 1,771,783 1,771,783 1,771,783 1,771,783 1,789,150 1,806,554 1,824,145 1,841,934 1,860,099 1,878,696 1,897,671

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:							
	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	
Blount	33,274	33,274	33,274	33,274	33,822	34,382	34,950	35,535	36,135	36,756	37,387	
Davidson	172,608	172,608	172,608	172,608	173,853	175,089	176,290	177,495	178,717	179,908	181,102	
Hamilton	87,645	87,645	87,645	87,645	88,470	89,297	90,124	90,961	91,815	92,662	93,526	
Knox	109,058	109,058	109,058	109,058	110,417	111,793	113,185	114,606	116,060	117,566	119,115	
Rutherford	85,516	85,516	85,516	85,516	86,454	87,406	88,365	89,334	90,323	91,334	92,364	
Shelby	217,582	217,582	217,582	217,582	219,034	220,419	221,808	223,154	224,481	225,840	227,139	
Sumner	47,376	47,376	47,376	47,376	47,796	48,215	48,634	49,058	49,486	49,926	50,368	
Williamson	55,076	55,076	55,076	55,076	55,560	56,047	56,535	57,028	57,530	58,041	58,565	

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:											
	1/27	1/28	1/29	1/30	2/1			2/3			2/5					
Blount	33,274	33,274	33,274	33,274	34,382	(6,876)	[1,650]	{825}	35,535	(7,107)	[1,706]	{853}	36,756	(7,351)	[1,764]	{882}
Davidson	172,608	172,608	172,608	172,608	175,089	(35,018)	[8,404]	{4,202}	177,495	(35,499)	[8,520]	{4,260}	179,908	(35,982)	[8,636]	{4,318}
Hamilton	87,645	87,645	87,645	87,645	89,297	(17,859)	[4,286]	{2,143}	90,961	(18,192)	[4,366]	{2,183}	92,662	(18,532)	[4,448]	{2,224}
Knox	109,058	109,058	109,058	109,058	111,793	(22,359)	[5,366]	{2,683}	114,606	(22,921)	[5,501]	{2,751}	117,566	(23,513)	[5,643]	{2,822}
Rutherford	85,516	85,516	85,516	85,516	87,406	(17,481)	[4,195]	{2,098}	89,334	(17,867)	[4,288]	{2,144}	91,334	(18,267)	[4,384]	{2,192}
Shelby	217,582	217,582	217,582	217,582	220,419	(44,084)	[10,580]	{5,290}	223,154	(44,631)	[10,711]	{5,356}	225,840	(45,168)	[10,840]	{5,420}
Sumner	47,376	47,376	47,376	47,376	48,215	(9,643)	[2,314]	{1,157}	49,058	(9,812)	[2,355]	{1,177}	49,926	(9,985)	[2,396]	{1,198}
Williamson	55,076	55,076	55,076	55,076	56,047	(11,209)	[2,690]	{1,345}	57,028	(11,406)	[2,737]	{1,369}	58,041	(11,608)	[2,786]	{1,393}

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.