

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

Date: 2/11/22

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 2/11/22 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.

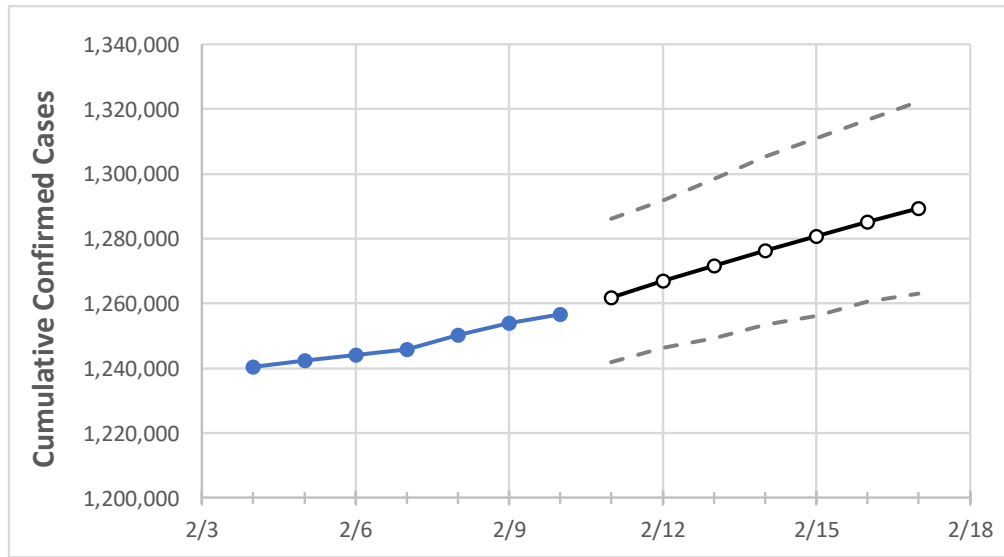
IEM's Modeling Lead

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:							
	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	
Alabama	1,245,876	1,250,383	1,254,032	1,256,745	1,261,901	1,266,921	1,271,721	1,276,341	1,280,844	1,285,257	1,289,258	

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:							
	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	
Jefferson	178,525	178,979	179,326	179,625	180,271	180,870	181,437	181,995	182,605	183,122	183,643	
Lee	36,871	36,955	37,018	37,059	37,182	37,290	37,410	37,503	37,617	37,719	37,809	
Madison	85,233	85,559	85,863	86,106	86,562	86,993	87,415	87,835	88,275	88,685	89,092	
Marshall	26,601	26,703	26,789	26,824	26,955	27,098	27,234	27,355	27,496	27,608	27,738	
Mobile	109,295	109,753	110,014	110,188	110,518	110,820	111,112	111,400	111,688	111,961	112,227	
Montgomery	53,283	53,418	53,528	53,623	53,930	54,192	54,430	54,716	54,996	55,263	55,523	
Shelby	57,479	57,649	57,763	57,900	58,137	58,355	58,580	58,801	58,991	59,226	59,407	
Tuscaloosa	52,640	52,817	53,002	53,101	53,270	53,426	53,568	53,710	53,854	53,989	54,121	

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:											
	2/7	2/8	2/9	2/10	2/12				2/14				2/16			
Jefferson	178,525	178,979	179,326	179,625	180,870	(36,174)	[8,682]	{4,341}	181,995	(36,399)	[8,736]	{4,368}	183,122	(36,624)	[8,790]	{4,395}
Lee	36,871	36,955	37,018	37,059	37,290	(7,458)	[1,790]	{895}	37,503	(7,501)	[1,800]	{900}	37,719	(7,544)	[1,811]	{905}
Madison	85,233	85,559	85,863	86,106	86,993	(17,399)	[4,176]	{2,088}	87,835	(17,567)	[4,216]	{2,108}	88,685	(17,737)	[4,257]	{2,128}
Marshall	26,601	26,703	26,789	26,824	27,098	(5,420)	[1,301]	{650}	27,355	(5,471)	[1,313]	{657}	27,608	(5,522)	[1,325]	{663}
Mobile	109,295	109,753	110,014	110,188	110,820	(22,164)	[5,319]	{2,660}	111,400	(22,280)	[5,347]	{2,674}	111,961	(22,392)	[5,374]	{2,687}
Montgomery	53,283	53,418	53,528	53,623	54,192	(10,838)	[2,601]	{1,301}	54,716	(10,943)	[2,626]	{1,313}	55,263	(11,053)	[2,653]	{1,326}
Shelby	57,479	57,649	57,763	57,900	58,355	(11,671)	[2,801]	{1,401}	58,801	(11,760)	[2,822]	{1,411}	59,226	(11,845)	[2,843]	{1,421}
Tuscaloosa	52,640	52,817	53,002	53,101	53,426	(10,685)	[2,564]	{1,282}	53,710	(10,742)	[2,578]	{1,289}	53,989	(10,798)	[2,591]	{1,296}

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.