

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

Date: 214/22

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 <u>not</u> 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 2/14/22 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

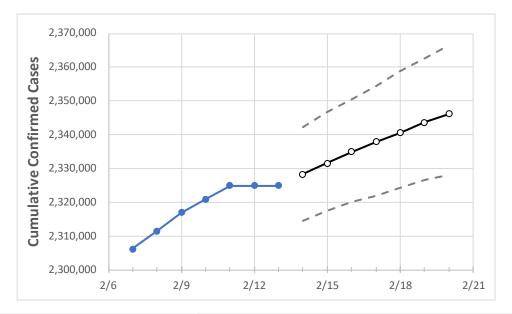
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



Michigan State Projections



 Actual Confirmed Cases On:
 Projected Cases For:

 2/10
 2/11
 2/12
 2/13
 2/14
 2/15
 2/16
 2/17
 2/18
 2/19
 2/20

Michigan

2,320,863 2,324,854 2,324,854 2,324,854 2,328,330 2,331,626 2,334,922 2,337,861 2,340,610 2,343,600 2,346,158

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.

Michigan Counties

	Actua	l Confirn	ned Case	s On:	Projected Cases For:								
	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20		
Genesee	98,501	98,664	98,664	98,664	98,821	98,955	99,107	99,241	99,372	99,497	99,621		
Ingham	61,863	61,993	61,993	61,993	62,095	62,189	62,281	62,367	62,453	62,532	62,602		
Kent	162,210	162,432	162,432	162,432	162,633	162,837	163,027	163,215	163,394	163,558	163,699		
Livingston	44,575	44,615	44,615	44,615	44,654	44,692	44,728	44,762	44,795	44,826	44,855		
Macomb	221,418	221,601	221,601	221,601	221,884	222,165	222,409	222,659	222,893	223,118	223,301		
Monroe	37,061	37,117	37,117	37,117	37,163	37,207	37,249	37,287	37,326	37,361	37,391		
Oakland	277,308	277,833	277,833	277,833	278,231	278,605	278,956	279,300	279,625	279,943	280,231		
Washtenaw	70,797	70,970	70,970	70,970	71,094	71,215	71,321	71,430	71,534	71,640	71,725		
Wayne	387,600	388,052	388,052	388,052	388,566	389,045	389,508	389,900	390,334	390,727	391,093		



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.

Michigan Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	2/10	2/11	2/12	2/13	2/15				2/17				2/19			
Genesee	98,501	98,664	98,664	98,664	98,955	(19,791)	[4,750]	{2,375}	99,241	(19,848)	[4,764]	{2,382}	99,497	(19,899)	[4,776]	{2,388}
Ingham	61,863	61,993	61,993	61,993	62,189	(12,438)	[2,985]	{1,493}	62,367	(12,473)	[2,994]	{1,497}	62,532	(12,506)	[3,002]	{1,501}
Kent	162,210	162,432	162,432	162,432	162,837	(32,567)	[7,816]	{3,908}	163,215	(32,643)	[7,834]	{3,917}	163,558	(32,712)	[7,851]	{3,925}
Livingston	44,575	44,615	44,615	44,615	44,692	(8,938)	[2,145]	{1,073}	44,762	(8,952)	[2,149]	{1,074}	44,826	(8,965)	[2,152]	{1,076}
Macomb	221,418	221,601	221,601	221,601	222,165	(44,433)	[10,664	[5,332]	222,659	(44,532)	[10,688]	{5,344}	223,118	(44,624)	[10,710]	{5,355}
Monroe	37,061	37,117	37,117	37,117	37,207	7 (7,441)	[1,786]	{893}	37,287	7 (7,457)	[1,790]	{895}	37,361	(7,472)	[1,793]	{897}
Oakland	277,308	277,833	277,833	277,833	278,605	(55,721)	[13,373	[6,687]	279,300	(55,860)	[13,406]	{6,703}	279,943	(55,989)	[13,437]	{6,719}
Washtenaw	70,797	70,970	70,970	70,970	71,215	(14,243)	[3,418]	{1,709}	71,430	(14,286)	[3,429]	{1,714}	71,640	(14,328)	[3,439]	{1,719}
Wayne	387,600	388,052	388,052	388,052	389,045	(77,809)	[18,674	[9,337]	389,900	(77,980)	[18,715]	{9,358}	390,727	(78,145)	[18,755]	{9,377}

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.

