

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

Date: 3/11/22

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 3/11/22 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.

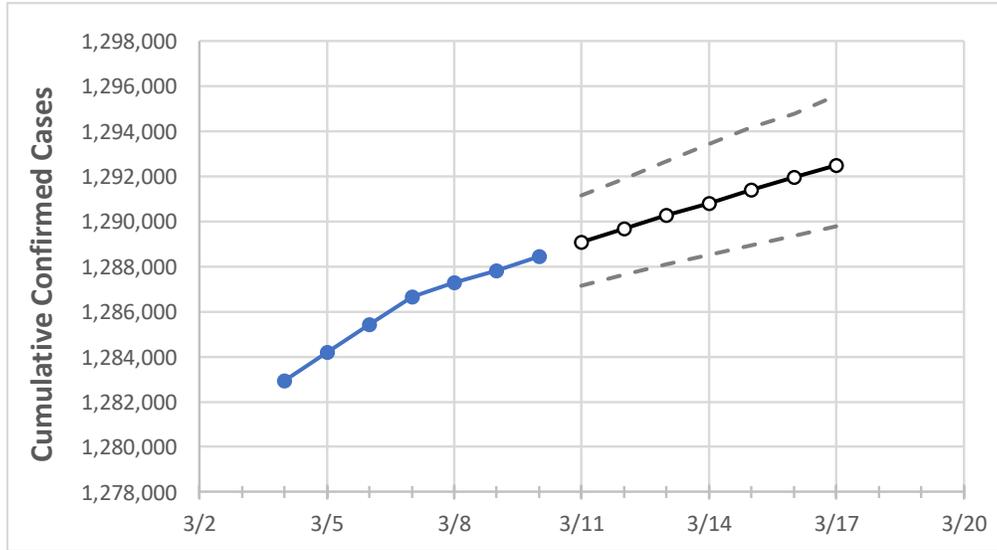
IEM's Modeling Lead

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
Alabama	1,286,655	1,287,286	1,287,822	1,288,454	1,289,075	1,289,689	1,290,283	1,290,794	1,291,405	1,291,946	1,292,485

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
Jefferson	183,611	183,655	183,690	183,735	183,847	183,964	184,074	184,190	184,281	184,401	184,507
Lee	37,554	37,555	37,559	37,563	37,566	37,569	37,572	37,575	37,577	37,580	37,582
Madison	88,501	88,518	88,558	88,666	88,701	88,736	88,767	88,800	88,830	88,859	88,891
Marshall	27,138	27,145	27,149	27,191	27,196	27,202	27,207	27,211	27,217	27,222	27,226
Mobile	112,817	112,836	112,855	112,876	112,937	112,997	113,058	113,117	113,166	113,225	113,275
Montgomery	54,482	54,499	54,517	54,527	54,540	54,552	54,564	54,575	54,586	54,596	54,606
Shelby	59,978	60,006	60,025	60,040	60,136	60,226	60,315	60,412	60,509	60,609	60,703
Tuscaloosa	55,038	55,222	55,307	55,415	55,480	55,541	55,599	55,658	55,715	55,777	55,834

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:											
	3/7	3/8	3/9	3/10	3/12			3/14			3/16					
Jefferson	183,611	183,655	183,690	183,735	183,964	(36,793)	[8,830]	{4,415}	184,190	(36,838)	[8,841]	{4,421}	184,401	(36,880)	[8,851]	{4,426}
Lee	37,554	37,555	37,559	37,563	37,569	(7,514)	[1,803]	{902}	37,575	(7,515)	[1,804]	{902}	37,580	(7,516)	[1,804]	{902}
Madison	88,501	88,518	88,558	88,666	88,736	(17,747)	[4,259]	{2,130}	88,800	(17,760)	[4,262]	{2,131}	88,859	(17,772)	[4,265]	{2,133}
Marshall	27,138	27,145	27,149	27,191	27,202	(5,440)	[1,306]	{653}	27,211	(5,442)	[1,306]	{653}	27,222	(5,444)	[1,307]	{653}
Mobile	112,817	112,836	112,855	112,876	112,997	(22,599)	[5,424]	{2,712}	113,117	(22,623)	[5,430]	{2,715}	113,225	(22,645)	[5,435]	{2,717}
Montgomery	54,482	54,499	54,517	54,527	54,552	(10,910)	[2,618]	{1,309}	54,575	(10,915)	[2,620]	{1,310}	54,596	(10,919)	[2,621]	{1,310}
Shelby	59,978	60,006	60,025	60,040	60,226	(12,045)	[2,891]	{1,445}	60,412	(12,082)	[2,900]	{1,450}	60,609	(12,122)	[2,909]	{1,455}
Tuscaloosa	55,038	55,222	55,307	55,415	55,541	(11,108)	[2,666]	{1,333}	55,658	(11,132)	[2,672]	{1,336}	55,777	(11,155)	[2,677]	{1,339}

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.