

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.

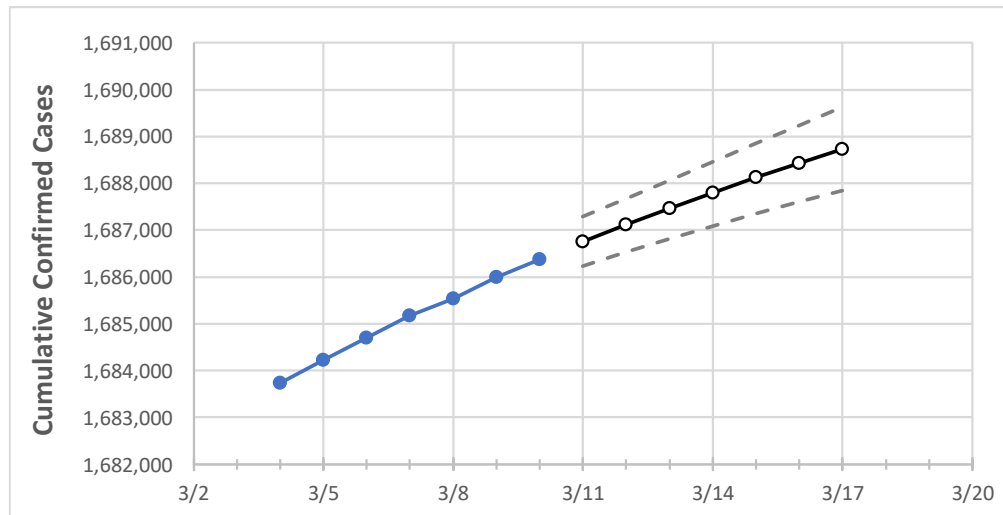
IEM's Modeling Lead

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.

Indiana 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
Indiana	1,685,176	1,685,532	1,685,997	1,686,379	1,686,752	1,687,114	1,687,466	1,687,790	1,688,124	1,688,436	1,688,732

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.

Indiana 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
Decatur	6,979	6,980	6,981	6,982	6,983	6,984	6,985	6,985	6,986	6,987	6,987
Hamilton	81,363	81,377	81,431	81,451	81,470	81,486	81,503	81,520	81,535	81,550	81,564
Hendricks	40,605	40,611	40,618	40,625	40,631	40,637	40,643	40,649	40,654	40,659	40,664
Johnson	42,139	42,150	42,153	42,160	42,166	42,171	42,177	42,182	42,187	42,192	42,196
Lake	105,579	105,597	105,618	105,637	105,658	105,677	105,696	105,715	105,734	105,752	105,770
Madison	32,516	32,518	32,534	32,544	32,550	32,555	32,560	32,565	32,569	32,574	32,578
Marion	223,989	224,030	224,077	224,120	224,177	224,236	224,288	224,344	224,399	224,452	224,503
St. Joseph	70,257	70,271	70,290	70,304	70,316	70,327	70,337	70,347	70,357	70,366	70,375

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.

Indiana 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			
Decatur	6,979	6,980	6,981	6,982	6,984	(1,397)	[335]	{168}	6,985	(1,397)	[335]	{168}	6,987	(1,397)	[335]	{168}
Hamilton	81,363	81,377	81,431	81,451	81,486	(16,297)	[3,911]	{1,956}	81,520	(16,304)	[3,913]	{1,956}	81,550	(16,310)	[3,914]	{1,957}
Hendricks	40,605	40,611	40,618	40,625	40,637	(8,127)	[1,951]	{975}	40,649	(8,130)	[1,951]	{976}	40,659	(8,132)	[1,952]	{976}
Johnson	42,139	42,150	42,153	42,160	42,171	(8,434)	[2,024]	{1,012}	42,182	(8,436)	[2,025]	{1,012}	42,192	(8,438)	[2,025]	{1,013}
Lake	105,579	105,597	105,618	105,637	105,677	(21,135)	[5,073]	{2,536}	105,715	(21,143)	[5,074]	{2,537}	105,752	(21,150)	[5,076]	{2,538}
Madison	32,516	32,518	32,534	32,544	32,555	(6,511)	[1,563]	{781}	32,565	(6,513)	[1,563]	{782}	32,574	(6,515)	[1,564]	{782}
Marion	223,989	224,030	224,077	224,120	224,236	(44,847)	[10,763]	{5,382}	224,344	(44,869)	[10,769]	{5,384}	224,452	(44,890)	[10,774]	{5,387}
St. Joseph	70,257	70,271	70,290	70,304	70,327	(14,065)	[3,376]	{1,688}	70,347	(14,069)	[3,377]	{1,688}	70,366	(14,073)	[3,378]	{1,689}

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.