

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 3/18/22**

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 3/18/22 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.**

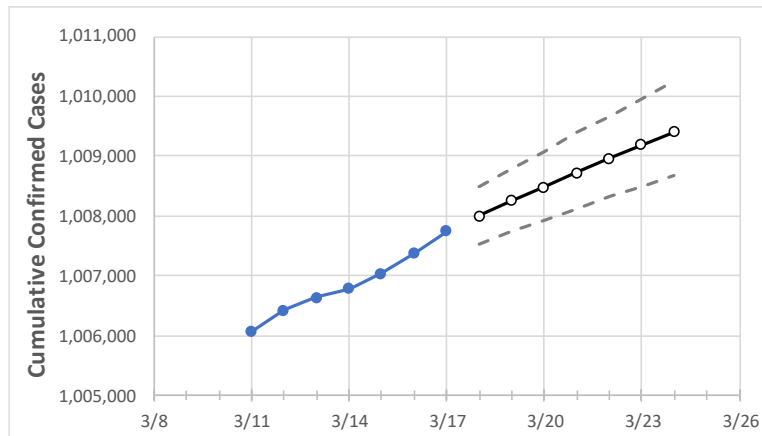
**IEM's Modeling Lead**

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.

## Maryland State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23	3/24
Maryland	1,006,782	1,007,040	1,007,372	1,007,748	1,008,003	1,008,251	1,008,490	1,008,728	1,008,961	1,009,187	1,009,411

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.

## Maryland Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23	3/24
Anne Arundel	88,661	88,702	88,734	88,772	88,799	88,826	88,853	88,878	88,904	88,929	88,953
Baltimore City	110,877	110,904	110,948	111,010	111,037	111,065	111,091	111,118	111,145	111,172	111,197
Baltimore County	131,002	131,044	131,085	131,134	131,164	131,192	131,220	131,248	131,275	131,302	131,329
Charles	27,721	27,724	27,729	27,729	27,736	27,743	27,750	27,757	27,763	27,770	27,776
Frederick	45,290	45,306	45,325	45,325	45,335	45,345	45,354	45,363	45,371	45,380	45,388
Harford	37,948	37,961	37,971	37,986	37,999	38,011	38,024	38,036	38,049	38,060	38,072
Howard	43,287	43,301	43,322	43,341	43,358	43,375	43,391	43,407	43,423	43,439	43,454
Montgomery	166,045	166,106	166,166	166,166	166,212	166,257	166,299	166,343	166,386	166,428	166,469
Prince George's	169,402	169,444	169,472	169,472	169,501	169,529	169,557	169,584	169,613	169,639	169,665

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.

### Maryland Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	3/14	3/15	3/16	3/17	3/19			3/21			3/23					
Anne Arundel	88,661	88,702	88,734	88,772	88,826	(17,765)	[4,264]	{2,132}	88,878	(17,776)	[4,266]	{2,133}	88,929	(17,786)	[4,269]	{2,134}
Baltimore City	110,877	110,904	110,948	111,010	111,065	(22,213)	[5,331]	{2,666}	111,118	(22,224)	[5,334]	{2,667}	111,172	(22,234)	[5,336]	{2,668}
Baltimore County	131,002	131,044	131,085	131,134	131,192	(26,238)	[6,297]	{3,149}	131,248	(26,250)	[6,300]	{3,150}	131,302	(26,260)	[6,303]	{3,151}
Charles	27,721	27,724	27,729	27,729	27,743	(5,549)	[1,332]	{666}	27,757	(5,551)	[1,332]	{666}	27,770	(5,554)	[1,333]	{666}
Frederick	45,290	45,306	45,325	45,325	45,345	(9,069)	[2,177]	{1,088}	45,363	(9,073)	[2,177]	{1,089}	45,380	(9,076)	[2,178]	{1,089}
Harford	37,948	37,961	37,971	37,986	38,011	(7,602)	[1,825]	{912}	38,036	(7,607)	[1,826]	{913}	38,060	(7,612)	[1,827]	{913}
Howard	43,287	43,301	43,322	43,341	43,375	(8,675)	[2,082]	{1,041}	43,407	(8,681)	[2,084]	{1,042}	43,439	(8,688)	[2,085]	{1,043}
Montgomery	166,045	166,106	166,166	166,166	166,257	(33,251)	[7,980]	{3,990}	166,343	(33,269)	[7,984]	{3,992}	166,428	(33,286)	[7,989]	{3,994}
Prince George's	169,402	169,444	169,472	169,472	169,529	(33,906)	[8,137]	{4,069}	169,584	(33,917)	[8,140]	{4,070}	169,639	(33,928)	[8,143]	{4,071}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.