

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

Date: 3/22/22

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 3/22/22 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.

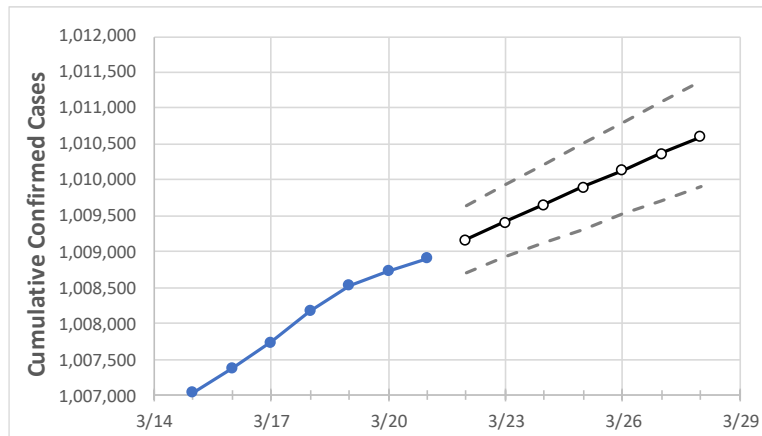
IEM's Modeling Lead

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:							
	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	
Maryland	1,008,178	1,008,536	1,008,740	1,008,915	1,009,168	1,009,413	1,009,658	1,009,899	1,010,134	1,010,375	1,010,601	

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:							
	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	
Anne Arundel	88,814	88,847	88,859	88,879	88,905	88,931	88,956	88,981	89,006	89,030	89,054	
Baltimore City	111,050	111,096	111,118	111,139	111,169	111,198	111,227	111,256	111,285	111,314	111,343	
Baltimore County	131,189	131,238	131,255	131,274	131,303	131,332	131,360	131,389	131,417	131,445	131,472	
Charles	27,762	27,772	27,777	27,777	27,785	27,794	27,801	27,808	27,816	27,824	27,831	
Frederick	45,368	45,374	45,386	45,386	45,396	45,407	45,417	45,427	45,437	45,447	45,457	
Harford	38,009	38,021	38,026	38,030	38,042	38,054	38,065	38,076	38,088	38,099	38,110	
Howard	43,371	43,392	43,422	43,431	43,449	43,469	43,487	43,505	43,523	43,541	43,559	
Montgomery	166,309	166,354	166,398	166,398	166,445	166,491	166,536	166,583	166,627	166,672	166,717	
Prince George's	169,551	169,574	169,587	169,587	169,614	169,641	169,667	169,692	169,718	169,744	169,768	

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:											
	3/18	3/19	3/20	3/21	3/23			3/25			3/27					
Anne Arundel	88,814	88,847	88,859	88,879	88,931	(17,786)	[4,269]	{2,134}	88,981	(17,796)	[4,271]	{2,136}	89,030	(17,806)	[4,273]	{2,137}
Baltimore City	111,050	111,096	111,118	111,139	111,198	(22,240)	[5,338]	{2,669}	111,256	(22,251)	[5,340]	{2,670}	111,314	(22,263)	[5,343]	{2,672}
Baltimore County	131,189	131,238	131,255	131,274	131,332	(26,266)	[6,304]	{3,152}	131,389	(26,278)	[6,307]	{3,153}	131,445	(26,289)	[6,309]	{3,155}
Charles	27,762	27,772	27,777	27,777	27,794	(5,559)	[1,334]	{667}	27,808	(5,562)	[1,335]	{667}	27,824	(5,565)	[1,336]	{668}
Frederick	45,368	45,374	45,386	45,386	45,407	(9,081)	[2,180]	{1,090}	45,427	(9,085)	[2,181]	{1,090}	45,447	(9,089)	[2,181]	{1,091}
Harford	38,009	38,021	38,026	38,030	38,054	(7,611)	[1,827]	{913}	38,076	(7,615)	[1,828]	{914}	38,099	(7,620)	[1,829]	{914}
Howard	43,371	43,392	43,422	43,431	43,469	(8,694)	[2,087]	{1,043}	43,505	(8,701)	[2,088]	{1,044}	43,541	(8,708)	[2,090]	{1,045}
Montgomery	166,309	166,354	166,398	166,398	166,491	(33,298)	[7,992]	{3,996}	166,583	(33,317)	[7,996]	{3,998}	166,672	(33,334)	[8,000]	{4,000}
Prince George's	169,551	169,574	169,587	169,587	169,641	(33,928)	[8,143]	{4,071}	169,692	(33,938)	[8,145]	{4,073}	169,744	(33,949)	[8,148]	{4,074}

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.