

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

Date: 3/25/22

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 3/25/22 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.

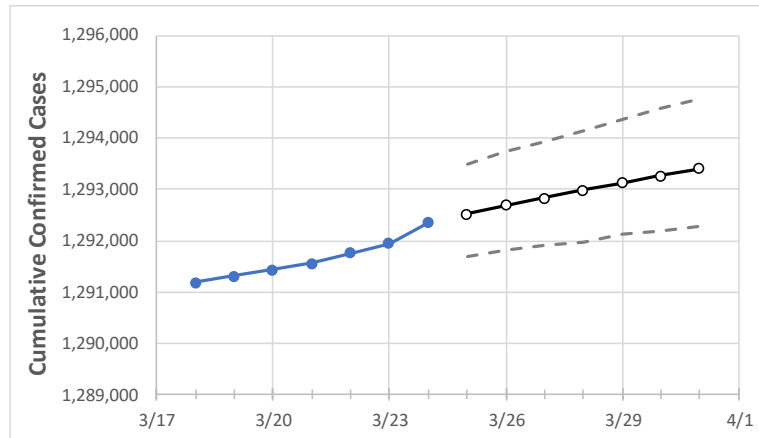
IEM's Modeling Lead

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:						
	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31
Alabama	1,291,561	1,291,761	1,291,946	1,292,344	1,292,516	1,292,685	1,292,839	1,292,985	1,293,124	1,293,269	1,293,403

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:						
	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31
Jefferson	184,208	184,225	184,247	184,298	184,330	184,358	184,384	184,414	184,440	184,467	184,493
Lee	37,597	37,604	37,608	37,609	37,612	37,614	37,617	37,619	37,622	37,624	37,626
Madison	88,911	88,930	88,948	88,955	88,968	88,979	88,991	89,003	89,014	89,024	89,034
Marshall	27,323	27,324	27,324	27,323	27,332	27,339	27,345	27,353	27,360	27,366	27,374
Mobile	113,020	113,033	113,034	113,042	113,049	113,056	113,062	113,068	113,074	113,080	113,084
Montgomery	54,625	54,633	54,641	54,651	54,658	54,665	54,671	54,678	54,684	54,691	54,696
Shelby	60,358	60,379	60,392	60,400	60,420	60,440	60,457	60,473	60,491	60,507	60,528
Tuscaloosa	55,653	55,657	55,687	55,709	55,725	55,738	55,752	55,766	55,779	55,793	55,805

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:											
	3/21	3/22	3/23	3/24	3/26			3/28			3/30					
Jefferson	184,208	184,225	184,247	184,298	184,358	(36,872)	[8,849]	{4,425}	184,414	(36,883)	[8,852]	{4,426}	184,467	(36,893)	[8,854]	{4,427}
Lee	37,597	37,604	37,608	37,609	37,614	(7,523)	[1,805]	{903}	37,619	(7,524)	[1,806]	{903}	37,624	(7,525)	[1,806]	{903}
Madison	88,911	88,930	88,948	88,955	88,979	(17,796)	[4,271]	{2,136}	89,003	(17,801)	[4,272]	{2,136}	89,024	(17,805)	[4,273]	{2,137}
Marshall	27,323	27,324	27,324	27,323	27,339	(5,468)	[1,312]	{656}	27,353	(5,471)	[1,313]	{656}	27,366	(5,473)	[1,314]	{657}
Mobile	113,020	113,033	113,034	113,042	113,056	(22,611)	[5,427]	{2,713}	113,068	(22,614)	[5,427]	{2,714}	113,080	(22,616)	[5,428]	{2,714}
Montgomery	54,625	54,633	54,641	54,651	54,665	(10,933)	[2,624]	{1,312}	54,678	(10,936)	[2,625]	{1,312}	54,691	(10,938)	[2,625]	{1,313}
Shelby	60,358	60,379	60,392	60,400	60,440	(12,088)	[2,901]	{1,451}	60,473	(12,095)	[2,903]	{1,451}	60,507	(12,101)	[2,904]	{1,452}
Tuscaloosa	55,653	55,657	55,687	55,709	55,738	(11,148)	[2,675]	{1,338}	55,766	(11,153)	[2,677]	{1,338}	55,793	(11,159)	[2,678]	{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.