

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

Date: 7/2/20

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 <u>not</u> 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 20%, and are often within 10%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 7/2/20 11 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**

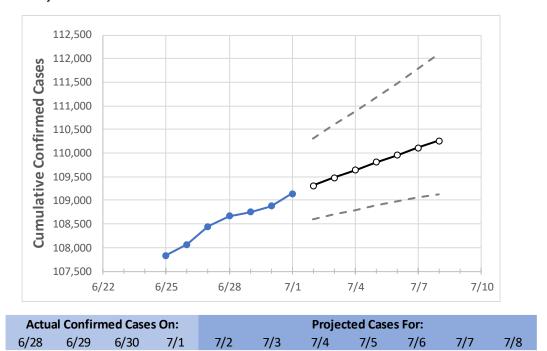
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



# **Massachusetts State Projections**



Massachusetts 108,667 108,750 108,882 109,143 109,313 109,479 109,642 109,802 109,959 110,112 110,262

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 20%, and are often within 10%, of actual confirmed cases.

## **Massachusetts Counties**

	Actual Confirmed Cases On:				Projected Cases For:						
	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8
Barnstable	1,532	1,535	1,538	1,542	1,544	1,546	1,548	1,550	1,552	1,554	1,556
Berkshire	595	596	596	597	598	598	599	599	600	601	601
Bristol	8,198	8,208	8,225	8,236	8,251	8,265	8,279	8,293	8,306	8,320	8,332
Essex	16,053	16,069	16,088	16,122	16,145	16,167	16,188	16,209	16,229	16,248	16,267
Franklin	367	368	369	370	371	372	373	374	376	377	378
Hampden	6,760	6,765	6,776	6,791	6,806	6,821	6,836	6,851	6,866	6,881	6,896
Hampshire	958	959	962	965	967	968	970	972	974	975	977
Middlesex	23,915	23,946	23,962	23,998	24,031	24,063	24,094	24,125	24,154	24,183	24,211
Norfolk	9,151	9,161	9,166	9,184	9,199	9,213	9,228	9,242	9,256	9,270	9,283
Plymouth	8,671	8,676	8,684	8,696	8,705	8,713	8,722	8,730	8,738	8,745	8,753
Suffolk	19,795	19,807	19,819	19,853	19,875	19,897	19,918	19,938	19,958	19,977	19,996
Worcester	12,324	12,337	12,350	12,376	12,392	12,408	12,423	12,438	12,453	12,467	12,481



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.

#### Massachusetts Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:				
	6/28	6/29	6/30	7/1	7/3	7/5	7/7		
Barnstable	1,532	1,535	1,538	1,542	1,546 (309) [74] {37}	1,550 (310) [74] {37}	1,554 (311) [75] {37}		
Berkshire	595	596	596	597	598 (120) [29] {14}	599 (120) [29] {14}	601 (120) [29] {14}		
Bristol	8,198	8,208	8,225	8,236	8,265 (1,653) [397] {198}	8,293 (1,659) [398] {199}	8,320 (1,664) [399] {200}		
Essex	16,053	16,069	16,088	16,122	16,167 (3,233) [776] {388}	16,209 (3,242) [778] {389}	16,248 (3,250) [780] {390}		
Franklin	367	368	369	370	372 (74) [18] {9}	374 (75) [18] {9}	377 (75) [18] {9}		
Hampden	6,760	6,765	6,776	6,791	6,821 (1,364) [327] {164}	6,851 (1,370) [329] {164}	6,881 (1,376) [330] {165}		
Hampshire	958	959	962	965	968 (194) [46] {23}	972 (194) [47] {23}	975 (195) [47] {23}		
Middlesex	23,915	23,946	23,962	23,998	24,063 (4,813) [1,155] {578}	24,125 (4,825) [1,158] {579}	24,183 (4,837) [1,161] {580}		
Norfolk	9,151	9,161	9,166	9,184	9,213 (1,843) [442] {221}	9,242 (1,848) [444] {222}	9,270 (1,854) [445] {222}		
Plymouth	8,671	8,676	8,684	8,696	8,713 (1,743) [418] {209}	8,730 (1,746) [419] {210}	8,745 (1,749) [420] {210}		
Suffolk	19,795	19,807	19,819	19,853	19,897 (3,979) [955] {478}	19,938 (3,988) [957] {479}	19,977 (3,995) [959] {479}		
Worcester	12,324	12,337	12,350	12,376	12,408 (2,482) [596] {298}	12,438 (2,488) [597] {299}	12,467 (2,493) [598] {299}		

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

