

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

Date: 8/7/20

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

The projections shown in this document are based on data pulled in as of 8/7/20 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.

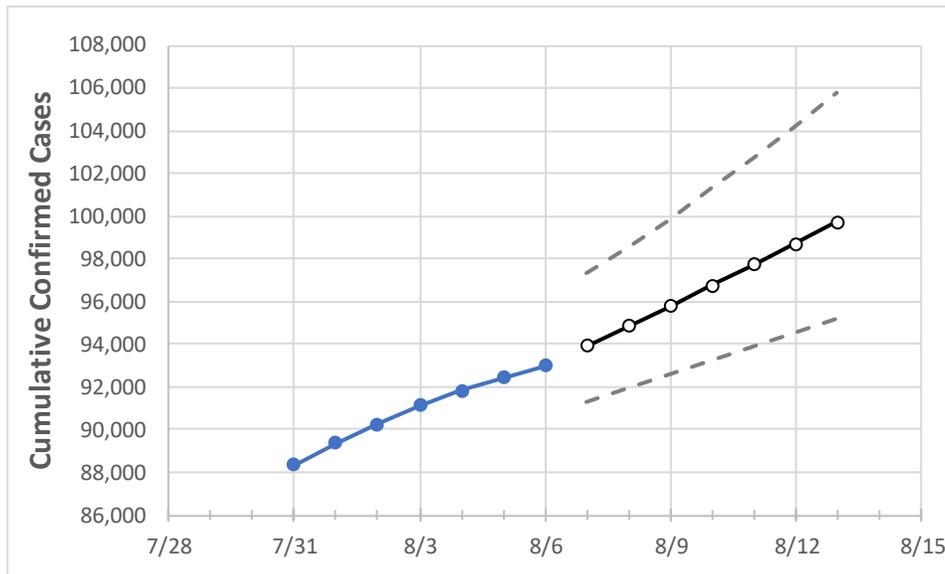
IEM's Modeling Lead

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.

Maryland State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13
Maryland	91,144	91,854	92,426	93,005	93,916	94,842	95,784	96,742	97,715	98,705	99,711

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.

Maryland Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13
Anne Arundel	7,007	7,071	7,114	7,200	7,277	7,357	7,438	7,522	7,609	7,698	7,789
Baltimore City	11,748	11,844	11,953	12,075	12,236	12,402	12,571	12,745	12,924	13,107	13,296
Baltimore County	12,401	12,525	12,666	12,777	12,955	13,137	13,323	13,513	13,707	13,904	14,106
Charles	1,932	1,947	1,961	1,983	2,006	2,029	2,054	2,079	2,105	2,131	2,159
Frederick	3,016	3,020	3,032	3,050	3,059	3,068	3,077	3,085	3,094	3,102	3,110
Harford	1,853	1,863	1,878	1,906	1,934	1,963	1,992	2,023	2,054	2,085	2,118
Howard	3,660	3,690	3,717	3,729	3,758	3,788	3,818	3,849	3,880	3,911	3,943
Montgomery	17,910	17,976	18,032	18,139	18,226	18,314	18,402	18,490	18,578	18,666	18,754
Prince George's	23,332	23,534	23,620	23,708	23,864	24,022	24,182	24,345	24,511	24,679	24,850

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:											
	8/3	8/4	8/5	8/6	8/8				8/10				8/12			
Anne Arundel	7,007	7,071	7,114	7,200	7,357	(1,471)	[353]	{177}	7,522	(1,504)	[361]	{181}	7,698	(1,540)	[369]	{185}
Baltimore City	11,748	11,844	11,953	12,075	12,402	(2,480)	[595]	{298}	12,745	(2,549)	[612]	{306}	13,107	(2,621)	[629]	{315}
Baltimore County	12,401	12,525	12,666	12,777	13,137	(2,627)	[631]	{315}	13,513	(2,703)	[649]	{324}	13,904	(2,781)	[667]	{334}
Charles	1,932	1,947	1,961	1,983	2,029	(406)	[97]	{49}	2,079	(416)	[100]	{50}	2,131	(426)	[102]	{51}
Frederick	3,016	3,020	3,032	3,050	3,068	(614)	[147]	{74}	3,085	(617)	[148]	{74}	3,102	(620)	[149]	{74}
Harford	1,853	1,863	1,878	1,906	1,963	(393)	[94]	{47}	2,023	(405)	[97]	{49}	2,085	(417)	[100]	{50}
Howard	3,660	3,690	3,717	3,729	3,788	(758)	[182]	{91}	3,849	(770)	[185]	{92}	3,911	(782)	[188]	{94}
Montgomery	17,910	17,976	18,032	18,139	18,314	(3,663)	[879]	{440}	18,490	(3,698)	[888]	{444}	18,666	(3,733)	[896]	{448}
Prince George's	23,332	23,534	23,620	23,708	24,022	(4,804)	[1,153]	{577}	24,345	(4,869)	[1,169]	{584}	24,679	(4,936)	[1,185]	{592}

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.