

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

**Date: 8/11/20**

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 8/11/20 12 p.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.**

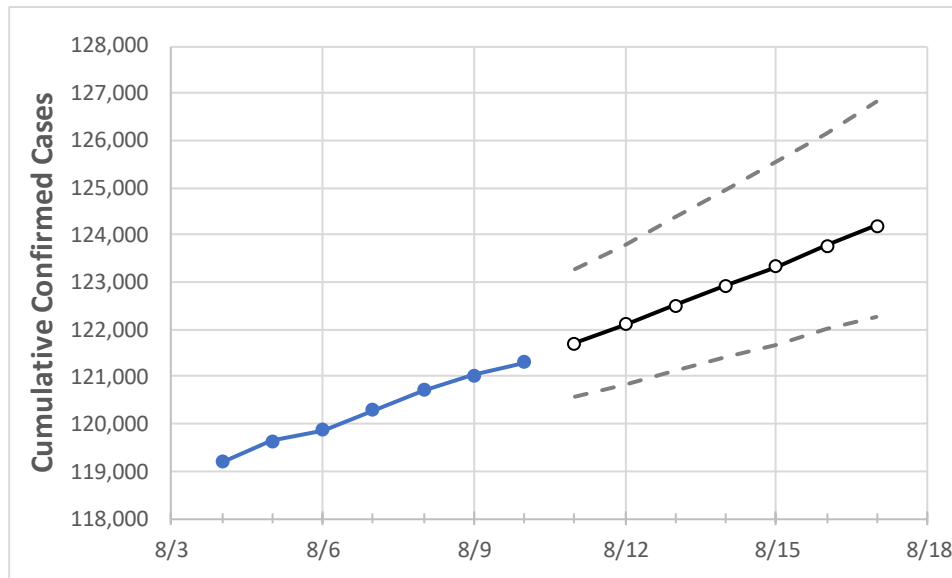
### **IEM's Modeling Lead**

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



	Actual Confirmed Cases On:				Projected Cases For:						
	8/7	8/8	8/9	8/10	8/11	8/12	8/13	8/14	8/15	8/16	8/17
Massachusetts	120,291	120,711	121,040	121,315	121,706	122,104	122,509	122,921	123,340	123,766	124,199

*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:						
	8/7	8/8	8/9	8/10	8/11	8/12	8/13	8/14	8/15	8/16	8/17
Barnstable	1,794	1,798	1,800	1,802	1,807	1,812	1,816	1,821	1,826	1,831	1,835
Berkshire	667	668	668	668	669	671	672	674	675	677	678
Bristol	9,295	9,324	9,355	9,371	9,399	9,427	9,455	9,484	9,513	9,542	9,571
Essex	17,699	17,789	17,846	17,883	17,953	18,026	18,101	18,180	18,261	18,344	18,431
Franklin	410	411	411	411	412	413	415	416	417	419	420
Hampden	7,556	7,582	7,600	7,619	7,640	7,661	7,683	7,705	7,728	7,751	7,774
Hampshire	1,162	1,170	1,174	1,179	1,185	1,190	1,196	1,202	1,208	1,214	1,221
Middlesex	26,254	26,345	26,420	26,470	26,548	26,628	26,709	26,791	26,875	26,960	27,046
Norfolk	10,554	10,601	10,614	10,639	10,677	10,715	10,753	10,792	10,832	10,871	10,912
Plymouth	9,212	9,226	9,245	9,258	9,276	9,295	9,314	9,334	9,354	9,375	9,397
Suffolk	21,717	21,778	21,849	21,929	22,008	22,089	22,173	22,260	22,350	22,443	22,539
Worcester	13,555	13,602	13,630	13,654	13,689	13,725	13,762	13,798	13,835	13,873	13,911

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:							
	8/7	8/8	8/9	8/10	8/12				8/14		8/16	
Barnstable	1,794	1,798	1,800	1,802	1,812	(362)	[87]	{43}	1,821	(364)	[87]	{44}
Berkshire	667	668	668	668	671	(134)	[32]	{16}	674	(135)	[32]	{16}
Bristol	9,295	9,324	9,355	9,371	9,427	(1,885)	[452]	{226}	9,484	(1,897)	[455]	{228}
Essex	17,699	17,789	17,846	17,883	18,026	(3,605)	[865]	{433}	18,180	(3,636)	[873]	{436}
Franklin	410	411	411	411	413	(83)	[20]	{10}	416	(83)	[20]	{10}
Hampden	7,556	7,582	7,600	7,619	7,661	(1,532)	[368]	{184}	7,705	(1,541)	[370]	{185}
Hampshire	1,162	1,170	1,174	1,179	1,190	(238)	[57]	{29}	1,202	(240)	[58]	{29}
Middlesex	26,254	26,345	26,420	26,470	26,628	(5,326)	[1,278]	{639}	26,791	(5,358)	[1,286]	{643}
Norfolk	10,554	10,601	10,614	10,639	10,715	(2,143)	[514]	{257}	10,792	(2,158)	[518]	{259}
Plymouth	9,212	9,226	9,245	9,258	9,295	(1,859)	[446]	{223}	9,334	(1,867)	[448]	{224}
Suffolk	21,717	21,778	21,849	21,929	22,089	(4,418)	[1,060]	{530}	22,260	(4,452)	[1,069]	{534}
Worcester	13,555	13,602	13,630	13,654	13,725	(2,745)	[659]	{329}	13,798	(2,760)	[662]	{331}

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.