

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 8/21/20**

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 8/21/20 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.**

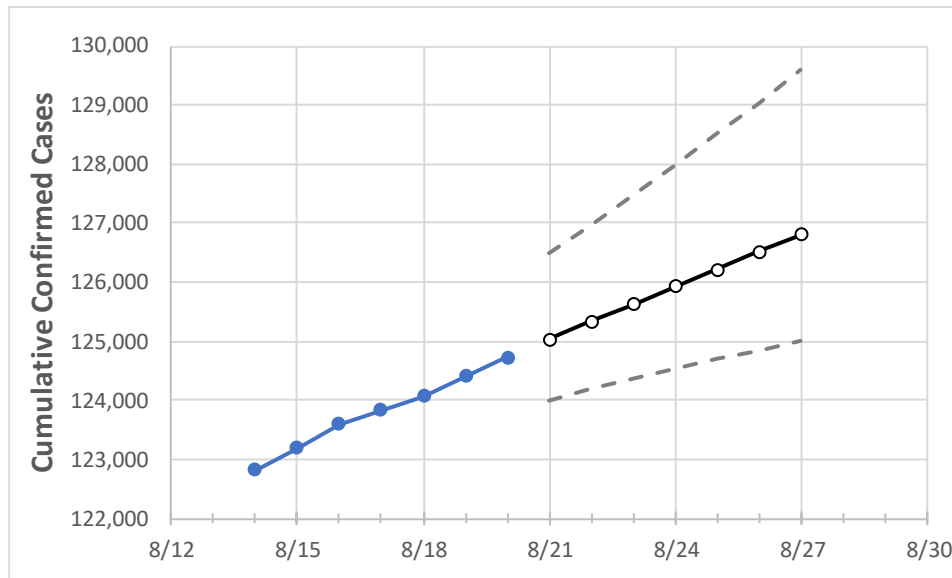
**IEM's Modeling Lead**

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.

## Massachusetts State Projections



Actual Confirmed Cases On:				Projected Cases For:							
8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27	
Massachusetts	123,841	124,063	124,415	124,728	125,030	125,330	125,628	125,926	126,221	126,516	126,808

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:						
	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26	8/27
Barnstable	1,803	1,803	1,803	1,803	1,808	1,813	1,818	1,824	1,829	1,835	1,840
Berkshire	667	667	667	667	825	1,028	1,289	1,621	2,039	2,563	3,207
Bristol	9,408	9,408	9,408	9,408	9,488	9,574	9,667	9,768	9,878	9,996	10,125
Essex	17,930	17,930	17,930	17,930	18,017	18,106	18,198	18,294	18,393	18,496	18,602
Franklin	411	411	411	411	455	510	580	667	776	912	1,081
Hampden	7,637	7,637	7,637	7,637	7,680	7,727	7,775	7,827	7,882	7,940	8,002
Hampshire	1,184	1,184	1,184	1,184	1,199	1,216	1,234	1,253	1,274	1,297	1,322
Middlesex	26,565	26,565	26,565	26,565	26,693	26,826	26,965	27,110	27,261	27,418	27,583
Norfolk	10,682	10,682	10,682	10,682	10,737	10,793	10,852	10,913	10,977	11,043	11,111
Plymouth	9,288	9,288	9,288	9,288	9,353	9,424	9,502	9,588	9,683	9,787	9,902
Suffolk	22,017	22,017	22,017	22,017	22,184	22,361	22,551	22,753	22,968	23,198	23,444
Worcester	13,686	13,686	13,686	13,686	13,730	13,775	13,821	13,869	13,917	13,967	14,019

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:							
	8/17	8/18	8/19	8/20	8/22		8/24		8/26			
Barnstable	1,803	1,803	1,803	1,803	1,813	(363) [87] {44}	1,824	(365) [88] {44}	1,835	(367) [88] {44}		
Berkshire	667	667	667	667	1,028	(206) [49] {25}	1,621	(324) [78] {39}	2,563	(513) [123] {62}		
Bristol	9,408	9,408	9,408	9,408	9,574	(1,915) [460] {230}	9,768	(1,954) [469] {234}	9,996	(1,999) [480] {240}		
Essex	17,930	17,930	17,930	17,930	18,106	(3,621) [869] {435}	18,294	(3,659) [878] {439}	18,496	(3,699) [888] {444}		
Franklin	411	411	411	411	510	(102) [24] {12}	667	(133) [32] {16}	912	(182) [44] {22}		
Hampden	7,637	7,637	7,637	7,637	7,727	(1,545) [371] {185}	7,827	(1,565) [376] {188}	7,940	(1,588) [381] {191}		
Hampshire	1,184	1,184	1,184	1,184	1,216	(243) [58] {29}	1,253	(251) [60] {30}	1,297	(259) [62] {31}		
Middlesex	26,565	26,565	26,565	26,565	26,826	(5,365) [1,288] {644}	27,110	(5,422) [1,301] {651}	27,418	(5,484) [1,316] {658}		
Norfolk	10,682	10,682	10,682	10,682	10,793	(2,159) [518] {259}	10,913	(2,183) [524] {262}	11,043	(2,209) [530] {265}		
Plymouth	9,288	9,288	9,288	9,288	9,424	(1,885) [452] {226}	9,588	(1,918) [460] {230}	9,787	(1,957) [470] {235}		
Suffolk	22,017	22,017	22,017	22,017	22,361	(4,472) [1,073] {537}	22,753	(4,551) [1,092] {546}	23,198	(4,640) [1,114] {557}		
Worcester	13,686	13,686	13,686	13,686	13,775	(2,755) [661] {331}	13,869	(2,774) [666] {333}	13,967	(2,793) [670] {335}		

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.