

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 9/11/20**

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 9/11/20 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.**

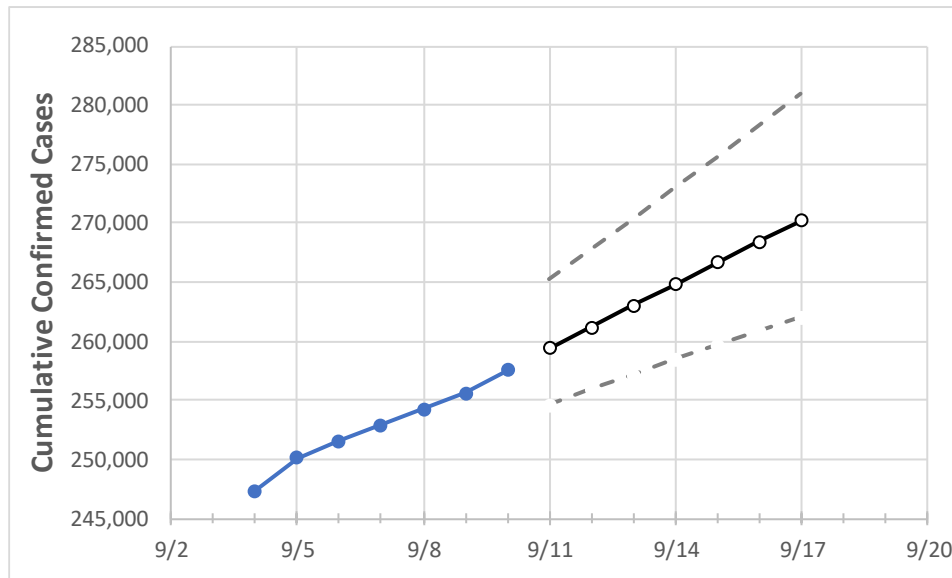
**IEM's Modeling Lead**

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.

## Illinois State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17
Illinois	252,884	254,276	255,613	257,566	259,388	261,205	263,017	264,824	266,626	268,423	270,215

*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.*

## Illinois Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17
Cook	131,622	132,072	132,401	132,963	133,485	134,000	134,507	135,007	135,500	135,986	136,465
DuPage	15,385	15,499	15,592	15,704	15,802	15,901	15,999	16,097	16,195	16,293	16,391
Kane	11,735	11,761	11,826	11,888	11,936	11,984	12,031	12,077	12,123	12,169	12,214
Lake	15,250	15,349	15,379	15,472	15,535	15,598	15,660	15,722	15,783	15,843	15,902
McHenry	4,109	4,139	4,161	4,176	4,201	4,226	4,251	4,275	4,300	4,324	4,348
Will	12,337	12,415	12,505	12,591	12,676	12,760	12,844	12,927	13,009	13,091	13,172

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.

### Illinois Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	9/7	9/8	9/9	9/10	9/12				9/14				9/16			
Cook	131,622	132,072	132,401	132,963	134,000	(26,800)	[6,432]	{3,216}	135,007	(27,001)	[6,480]	{3,240}	135,986	(27,197)	[6,527]	{3,264}
DuPage	15,385	15,499	15,592	15,704	15,901	(3,180)	[763]	{382}	16,097	(3,219)	[773]	{386}	16,293	(3,259)	[782]	{391}
Kane	11,735	11,761	11,826	11,888	11,984	(2,397)	[575]	{288}	12,077	(2,415)	[580]	{290}	12,169	(2,434)	[584]	{292}
Lake	15,250	15,349	15,379	15,472	15,598	(3,120)	[749]	{374}	15,722	(3,144)	[755]	{377}	15,843	(3,169)	[760]	{380}
McHenry	4,109	4,139	4,161	4,176	4,226	(845)	[203]	{101}	4,275	(855)	[205]	{103}	4,324	(865)	[208]	{104}
Will	12,337	12,415	12,505	12,591	12,760	(2,552)	[612]	{306}	12,927	(2,585)	[620]	{310}	13,091	(2,618)	[628]	{314}

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.