

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.

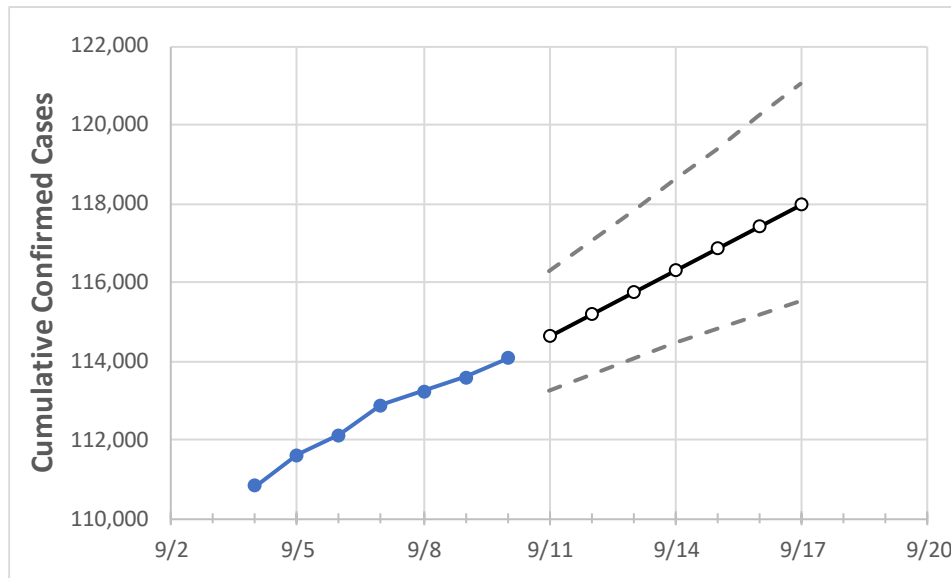
IEM's Modeling Lead

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.

Maryland 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
Maryland	112,883	113,239	113,575	114,078	114,631	115,185	115,739	116,293	116,849	117,404	117,960

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:						
	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	9/17
Anne Arundel	8,820	8,857	8,892	8,945	9,004	9,064	9,124	9,184	9,246	9,307	9,369
Baltimore City	14,962	14,994	15,037	15,092	15,142	15,192	15,241	15,289	15,337	15,383	15,429
Baltimore County	16,302	16,347	16,382	16,441	16,517	16,591	16,663	16,734	16,803	16,871	16,937
Charles	2,494	2,503	2,517	2,536	2,548	2,561	2,573	2,585	2,598	2,610	2,622
Frederick	3,638	3,642	3,664	3,684	3,699	3,714	3,729	3,744	3,759	3,774	3,789
Harford	2,665	2,676	2,686	2,725	2,747	2,769	2,791	2,814	2,836	2,859	2,881
Howard	4,605	4,627	4,652	4,683	4,713	4,744	4,776	4,808	4,841	4,876	4,911
Montgomery	20,766	20,838	20,893	20,993	21,082	21,173	21,265	21,359	21,453	21,549	21,647
Prince George's	27,401	27,476	27,537	27,619	27,710	27,800	27,890	27,980	28,069	28,158	28,247

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:											
	9/7	9/8	9/9	9/10	9/12				9/14				9/16			
Anne Arundel	8,820	8,857	8,892	8,945	9,064	(1,813)	[435]	{218}	9,184	(1,837)	[441]	{220}	9,307	(1,861)	[447]	{223}
Baltimore City	14,962	14,994	15,037	15,092	15,192	(3,038)	[729]	{365}	15,289	(3,058)	[734]	{367}	15,383	(3,077)	[738]	{369}
Baltimore County	16,302	16,347	16,382	16,441	16,591	(3,318)	[796]	{398}	16,734	(3,347)	[803]	{402}	16,871	(3,374)	[810]	{405}
Charles	2,494	2,503	2,517	2,536	2,561	(512)	[123]	{61}	2,585	(517)	[124]	{62}	2,610	(522)	[125]	{63}
Frederick	3,638	3,642	3,664	3,684	3,714	(743)	[178]	{89}	3,744	(749)	[180]	{90}	3,774	(755)	[181]	{91}
Harford	2,665	2,676	2,686	2,725	2,769	(554)	[133]	{66}	2,814	(563)	[135]	{68}	2,859	(572)	[137]	{69}
Howard	4,605	4,627	4,652	4,683	4,744	(949)	[228]	{114}	4,808	(962)	[231]	{115}	4,876	(975)	[234]	{117}
Montgomery	20,766	20,838	20,893	20,993	21,173	(4,235)	[1,016]	{508}	21,359	(4,272)	[1,025]	{513}	21,549	(4,310)	[1,034]	{517}
Prince George's	27,401	27,476	27,537	27,619	27,800	(5,560)	[1,334]	{667}	27,980	(5,596)	[1,343]	{672}	28,158	(5,632)	[1,352]	{676}

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.