

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

Date: 10/1/20

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 <u>not</u> 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 10%, and are often within 5%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 10/1/20 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.

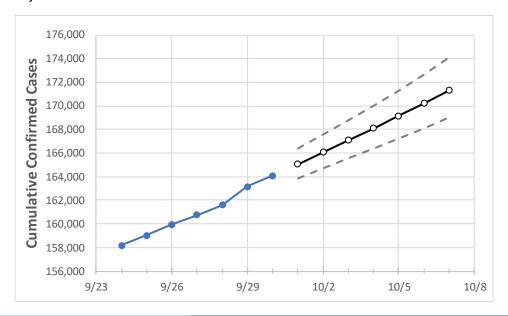
Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at lowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served 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.





Pennsylvania State Projections



 Actual Confirmed Cases On:
 Projected Cases For:

 9/27
 9/28
 9/29
 9/30
 10/1
 10/2
 10/3
 10/4
 10/5
 10/6
 10/7

Pennsylvania

160,744 161,594 163,180 164,099 165,071 166,061 167,069 168,095 169,139 170,202 171,284

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.

Pennsylvania Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7
Allegheny	12,162	12,234	12,305	12,348	12,408	12,467	12,526	12,585	12,643	12,702	12,760
Berks	7,069	7,091	7,141	7,186	7,216	7,246	7,276	7,306	7,335	7,364	7,393
Bucks	8,789	8,819	8,849	8,893	8,928	8,964	9,000	9,037	9,074	9,111	9,149
Butler	1,049	1,052	1,059	1,074	1,080	1,086	1,092	1,098	1,104	1,110	1,115
Chester	6,849	6,884	6,920	6,958	6,991	7,024	7,056	7,088	7,119	7,150	7,180
Delaware	11,401	11,422	11,482	11,536	11,573	11,611	11,649	11,687	11,726	11,764	11,803
Lackawanna	2,541	2,555	2,579	2,594	2,615	2,637	2,660	2,684	2,710	2,738	2,766
Lancaster	7,859	7,887	7,938	7,993	8,034	8,077	8,119	8,162	8,206	8,250	8,295
Lehigh	5,623	5,637	5,669	5,688	5,710	5,732	5,755	5,779	5,804	5,830	5,856
Luzerne	4,102	4,114	4,126	4,135	4,147	4,158	4,170	4,182	4,195	4,207	4,220
Monroe	1,792	1,797	1,801	1,804	1,807	1,809	1,812	1,815	1,818	1,821	1,824
Montgomery	12,180	12,209	12,258	12,285	12,318	12,351	12,383	12,415	12,447	12,479	12,510
Northampton	4,487	4,503	4,513	4,523	4,535	4,548	4,560	4,572	4,584	4,596	4,607
Philadelphia	36,364	36,452	37,067	37,226	37,351	37,480	37,613	37,751	37,893	38,040	38,191
Westmoreland	2,225	2,246	2,260	2,277	2,301	2,327	2,353	2,381	2,409	2,439	2,470
York	4,828	4,851	4,891	4,941	4,981	5,021	5,061	5,101	5,141	5,181	5,222



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.

Pennsylvania Medical Demands by County

	_							
onfirmed Cases		Projected Cases (Hospitalized) [ICU] {Ventilator} For:						
/28 9/29	9/30	10/2	10/4	10/6				
,234 12,305	12,348	12,467 (2,493) [598] {299}	12,585 (2,517) [604] {302}	12,702 (2,540) [610] {305}				
091 7,141	7,186	7,246 (1,449) [348] {174}	7,306 (1,461) [351] {175}	7,364 (1,473) [353] {177}				
819 8,849	8,893	8,964 (1,793) [430] {215}	9,037 (1,807) [434] {217}	9,111 (1,822) [437] {219}				
052 1,059	1,074	1,086 (217) [52] {26}	1,098 (220) [53] {26}	1,110 (222) [53] {27}				
884 6,920	6,958	7,024 (1,405) [337] {169}	7,088 (1,418) [340] {170}	7,150 (1,430) [343] {172}				
,422 11,482	11,536	11,611 (2,322) [557] {279}	11,687 (2,337) [561] {280}	11,764 (2,353) [565] {282}				
555 2,579	2,594	2,637 (527) [127] {63}	2,684 (537) [129] {64}	2,738 (548) [131] {66}				
887 7,938	7,993	8,077 (1,615) [388] {194}	8,162 (1,632) [392] {196}	8,250 (1,650) [396] {198}				
637 5,669	5,688	5,732 (1,146) [275] {138}	5,779 (1,156) [277] {139}	5,830 (1,166) [280] {140}				
114 4,126	4,135	4,158 (832) [200] {100}	4,182 (836) [201] {100}	4,207 (841) [202] {101}				
797 1,801	1,804	1,809 (362) [87] {43}	1,815 (363) [87] {44}	1,821 (364) [87] {44}				
,209 12,258	12,285	12,351 (2,470) [593] {296}	12,415 (2,483) [596] {298}	12,479 (2,496) [599] {299}				
503 4,513	4,523	4,548 (910) [218] {109}	4,572 (914) [219] {110}	4,596 (919) [221] {110}				
,452 37,067	37,226	37,480 (7,496) [1,799] {900}	37,751 (7,550) [1,812] {906}	38,040 (7,608) [1,826] {913}				
246 2,260	2,277	2,327 (465) [112] {56}	2,381 (476) [114] {57}	2,439 (488) [117] {59}				
851 4,891	4,941	5,021 (1,004) [241] {121}	5,101 (1,020) [245] {122}	5,181 (1,036) [249] {124}				
	091 7,141 819 8,849 052 1,059 884 6,920 ,422 11,482 555 2,579 887 7,938 637 5,669 114 4,126 797 1,801 ,209 12,258 503 4,513 ,452 37,067 246 2,260	,234 12,305 12,348 091 7,141 7,186 819 8,849 8,893 052 1,059 1,074 884 6,920 6,958 ,422 11,482 11,536 555 2,579 2,594 887 7,938 7,993 637 5,669 5,688 114 4,126 4,135 797 1,801 1,804 ,209 12,258 12,285 503 4,513 4,523 ,452 37,067 37,226 246 2,260 2,277	,234 12,305 12,348 12,467 (2,493) [598] {299} ,091 7,141 7,186 7,246 (1,449) [348] {174} ,819 8,849 8,893 8,964 (1,793) [430] {215} ,052 1,059 1,074 1,086 (217) [52] {26} ,884 6,920 6,958 7,024 (1,405) [337] {169} ,422 11,482 11,536 11,611 (2,322) [557] {279} ,555 2,579 2,594 2,637 (527) [127] {63} ,887 7,938 7,993 8,077 (1,615) [388] {194} ,637 5,669 5,688 5,732 (1,146) [275] {138} ,114 4,126 4,135 4,158 (832) [200] {100} ,209 12,258 12,285 12,351 (2,470) [593] {296} ,503 4,513 4,523 4,548 (910) [218] {109} ,452 37,067 37,226 37,480 (7,496) [1,799] {900} 246 2,260 2,277 2,327 (465) [112] {56}	,234 12,305 12,348 12,467 (2,493) [598] {299} 12,585 (2,517) [604] {302} ,091 7,141 7,186 7,246 (1,449) [348] {174} 7,306 (1,461) [351] {175} ,819 8,849 8,893 8,964 (1,793) [430] {215} 9,037 (1,807) [434] {217} ,052 1,059 1,074 1,086 (217) [52] {26} 1,098 (220) [53] {26} ,884 6,920 6,958 7,024 (1,405) [337] {169} 7,088 (1,418) [340] {170} ,422 11,482 11,536 11,611 (2,322) [557] {279} 11,687 (2,337) [561] {280} ,555 2,579 2,594 2,637 (527) [127] {63} 2,684 (537) [129] {64} ,887 7,938 7,993 8,077 (1,615) [388] {194} 8,162 (1,632) [392] {196} ,637 5,669 5,688 5,732 (1,146) [275] {138} 5,779 (1,156) [277] {139} ,114 4,126 4,135 4,158 (832) [200] {100} 4,182 (836) [201] {100} ,797 1,801 1,804 1,809 (362) [87] {43} 1,815 (363) [87] {44} ,209 12,258 12,351 (2,470) [593] {296} 12,415 (2,483) [596] {298} <t< td=""></t<>				

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.

