

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 10/13/20**

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 10%, and are often within 5%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 10/13/20 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.

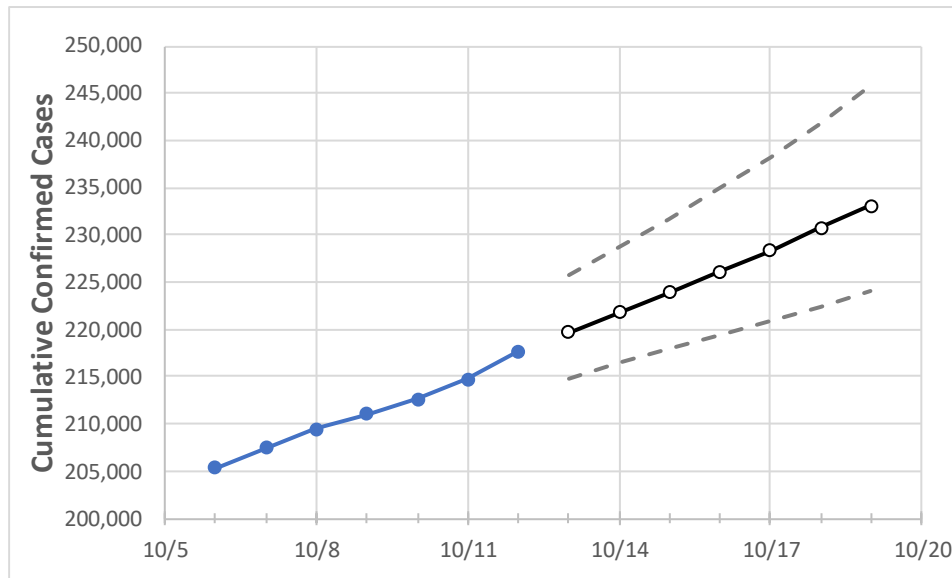
IEM's Modeling Lead

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.

Tennessee State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Tennessee	211,003	212,649	214,717	217,682	219,700	221,778	223,920	226,125	228,396	230,734	233,142

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.

Tennessee Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Blount	2,815	2,834	2,852	2,881	2,909	2,937	2,966	2,997	3,028	3,060	3,094
Davidson	27,964	28,120	28,294	28,507	28,662	28,823	28,991	29,167	29,350	29,540	29,739
Hamilton	10,334	10,421	10,483	10,608	10,692	10,778	10,866	10,956	11,049	11,144	11,241
Knox	10,540	10,730	10,862	11,017	11,143	11,274	11,409	11,549	11,694	11,843	11,998
Rutherford	10,147	10,242	10,312	10,448	10,537	10,628	10,723	10,822	10,923	11,029	11,138
Shelby	32,447	32,530	32,722	33,056	33,192	33,329	33,467	33,607	33,749	33,892	34,037
Sumner	5,200	5,222	5,243	5,311	5,343	5,375	5,409	5,443	5,478	5,513	5,550
Williamson	5,910	5,969	6,018	6,113	6,183	6,256	6,332	6,412	6,496	6,583	6,675

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.

Tennessee Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/9	10/10	10/11	10/12	10/14				10/16				10/18			
Blount	2,815	2,834	2,852	2,881	2,937	(587)	[141]	{70}	2,997	(599)	[144]	{72}	3,060	(612)	[147]	{73}
Davidson	27,964	28,120	28,294	28,507	28,823	(5,765)	[1,384]	{692}	29,167	(5,833)	[1,400]	{700}	29,540	(5,908)	[1,418]	{709}
Hamilton	10,334	10,421	10,483	10,608	10,778	(2,156)	[517]	{259}	10,956	(2,191)	[526]	{263}	11,144	(2,229)	[535]	{267}
Knox	10,540	10,730	10,862	11,017	11,274	(2,255)	[541]	{271}	11,549	(2,310)	[554]	{277}	11,843	(2,369)	[568]	{284}
Rutherford	10,147	10,242	10,312	10,448	10,628	(2,126)	[510]	{255}	10,822	(2,164)	[519]	{260}	11,029	(2,206)	[529]	{265}
Shelby	32,447	32,530	32,722	33,056	33,329	(6,666)	[1,600]	{800}	33,607	(6,721)	[1,613]	{807}	33,892	(6,778)	[1,627]	{813}
Sumner	5,200	5,222	5,243	5,311	5,375	(1,075)	[258]	{129}	5,443	(1,089)	[261]	{131}	5,513	(1,103)	[265]	{132}
Williamson	5,910	5,969	6,018	6,113	6,256	(1,251)	[300]	{150}	6,412	(1,282)	[308]	{154}	6,583	(1,317)	[316]	{158}

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.