

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

Date: 10/28/20

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 10/28/20 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.**

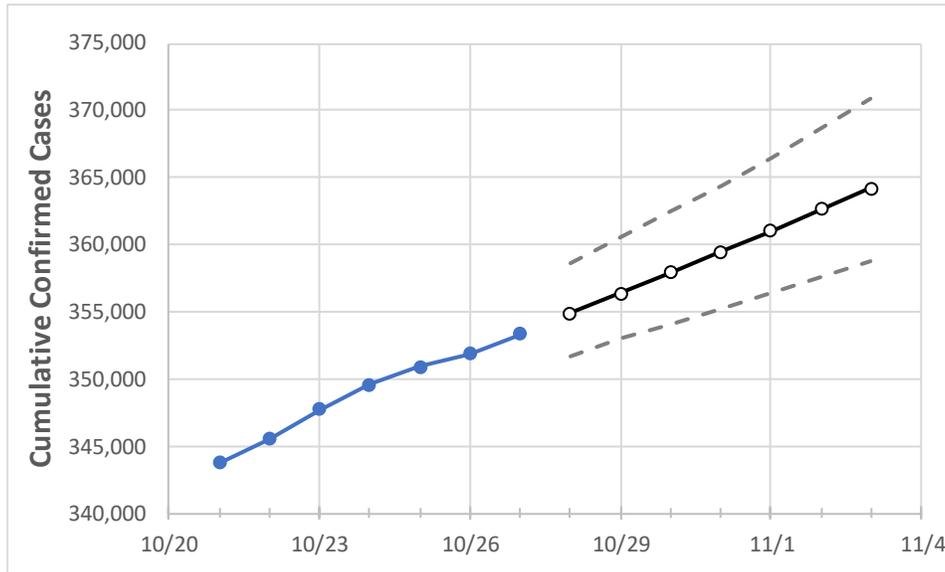
### IEM's Modeling Lead

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.

Georgia State Projections



	Actual Confirmed Cases On:						Projected Cases For:				
	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3
Georgia	349,605	350,923	351,881	353,372	354,868	356,383	357,915	359,466	361,035	362,623	364,230

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.

Georgia Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	
Bartow	3,538	3,571	3,580	3,614	3,647	3,681	3,716	3,751	3,788	3,825	3,864	
Carroll	3,310	3,332	3,353	3,337	3,361	3,386	3,411	3,437	3,463	3,490	3,517	
Cherokee	6,998	7,037	7,057	7,082	7,118	7,155	7,192	7,229	7,267	7,305	7,343	
Clarke	5,678	5,699	5,708	5,729	5,748	5,766	5,785	5,804	5,822	5,840	5,859	
Clayton	8,102	8,137	8,168	8,200	8,238	8,275	8,312	8,349	8,385	8,420	8,456	
Cobb	21,676	21,750	21,814	21,867	21,946	22,025	22,105	22,185	22,266	22,347	22,429	
DeKalb	20,883	20,977	21,049	21,101	21,192	21,284	21,377	21,471	21,566	21,663	21,760	
Dougherty	3,293	3,295	3,296	3,294	3,298	3,302	3,306	3,309	3,313	3,317	3,321	
Douglas	4,053	4,066	4,078	4,084	4,096	4,108	4,120	4,132	4,144	4,156	4,168	
Fulton	30,691	30,838	30,926	31,038	31,173	31,311	31,452	31,596	31,743	31,892	32,045	
Gwinnett	30,204	30,306	30,383	30,489	30,584	30,678	30,772	30,866	30,960	31,054	31,148	
Hall	10,574	10,595	10,605	10,658	10,693	10,729	10,764	10,799	10,834	10,869	10,903	
Henry	6,096	6,136	6,163	6,204	6,240	6,277	6,314	6,352	6,390	6,428	6,467	
Lee	746	747	747	746	747	748	748	749	750	751	751	

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.

### Georgia Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/24	10/25	10/26	10/27	10/29			10/31			11/2					
Bartow	3,538	3,571	3,580	3,614	3,681	(736)	[177]	{88}	3,751	(750)	[180]	{90}	3,825	(765)	[184]	{92}
Carroll	3,310	3,332	3,353	3,337	3,386	(677)	[163]	{81}	3,437	(687)	[165]	{82}	3,490	(698)	[168]	{84}
Cherokee	6,998	7,037	7,057	7,082	7,155	(1,431)	[343]	{172}	7,229	(1,446)	[347]	{174}	7,305	(1,461)	[351]	{175}
Clarke	5,678	5,699	5,708	5,729	5,766	(1,153)	[277]	{138}	5,804	(1,161)	[279]	{139}	5,840	(1,168)	[280]	{140}
Clayton	8,102	8,137	8,168	8,200	8,275	(1,655)	[397]	{199}	8,349	(1,670)	[401]	{200}	8,420	(1,684)	[404]	{202}
Cobb	21,676	21,750	21,814	21,867	22,025	(4,405)	[1,057]	{529}	22,185	(4,437)	[1,065]	{532}	22,347	(4,469)	[1,073]	{536}
DeKalb	20,883	20,977	21,049	21,101	21,284	(4,257)	[1,022]	{511}	21,471	(4,294)	[1,031]	{515}	21,663	(4,333)	[1,040]	{520}
Dougherty	3,293	3,295	3,296	3,294	3,302	(660)	[158]	{79}	3,309	(662)	[159]	{79}	3,317	(663)	[159]	{80}
Douglas	4,053	4,066	4,078	4,084	4,108	(822)	[197]	{99}	4,132	(826)	[198]	{99}	4,156	(831)	[199]	{100}
Fulton	30,691	30,838	30,926	31,038	31,311	(6,262)	[1,503]	{751}	31,596	(6,319)	[1,517]	{758}	31,892	(6,378)	[1,531]	{765}
Gwinnett	30,204	30,306	30,383	30,489	30,678	(6,136)	[1,473]	{736}	30,866	(6,173)	[1,482]	{741}	31,054	(6,211)	[1,491]	{745}
Hall	10,574	10,595	10,605	10,658	10,729	(2,146)	[515]	{257}	10,799	(2,160)	[518]	{259}	10,869	(2,174)	[522]	{261}
Henry	6,096	6,136	6,163	6,204	6,277	(1,255)	[301]	{151}	6,352	(1,270)	[305]	{152}	6,428	(1,286)	[309]	{154}
Lee	746	747	747	746	748	(150)	[36]	{18}	749	(150)	[36]	{18}	751	(150)	[36]	{18}

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.