

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 10/30/20**

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 10/30/20 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.

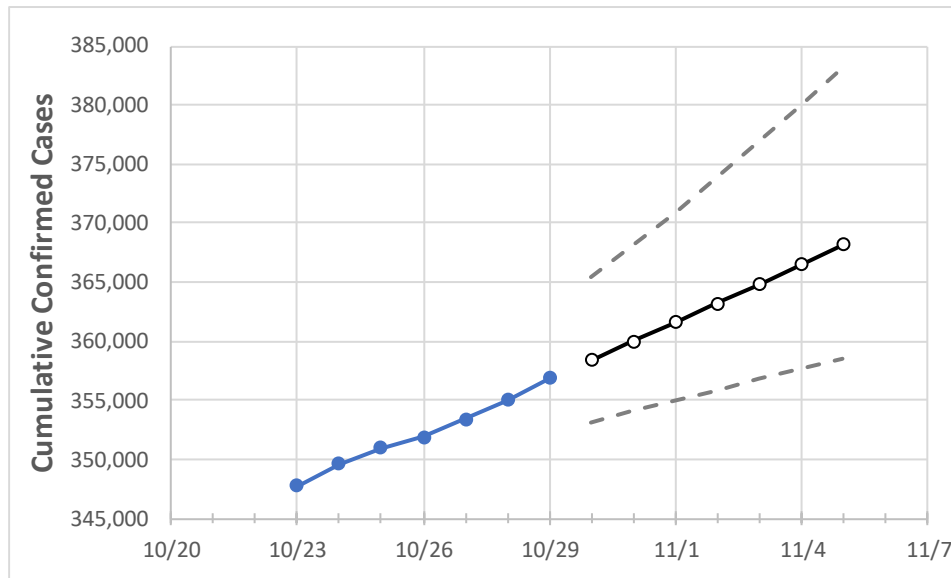
IEM's Modeling Lead

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:						
	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5
Georgia	351,881	353,372	355,025	356,848	358,398	359,971	361,566	363,185	364,827	366,493	368,182

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:						
	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5
Bartow	3,580	3,614	3,637	3,667	3,694	3,722	3,750	3,777	3,806	3,834	3,862
Carroll	3,353	3,337	3,341	3,360	3,374	3,387	3,400	3,413	3,425	3,437	3,449
Cherokee	7,057	7,082	7,161	7,219	7,261	7,303	7,347	7,391	7,436	7,481	7,528
Clarke	5,708	5,729	5,748	5,787	5,806	5,824	5,843	5,861	5,880	5,899	5,917
Clayton	8,168	8,200	8,253	8,298	8,337	8,375	8,413	8,451	8,489	8,527	8,564
Cobb	21,814	21,867	21,977	22,059	22,138	22,218	22,298	22,380	22,462	22,545	22,629
DeKalb	21,049	21,101	21,231	21,335	21,428	21,522	21,617	21,714	21,811	21,910	22,010
Dougherty	3,296	3,294	3,300	3,305	3,308	3,311	3,314	3,317	3,320	3,322	3,325
Douglas	4,078	4,084	4,114	4,135	4,146	4,157	4,168	4,178	4,188	4,199	4,209
Fulton	30,926	31,038	31,220	31,315	31,458	31,604	31,752	31,904	32,059	32,217	32,379
Gwinnett	30,383	30,489	30,596	30,746	30,837	30,927	31,018	31,108	31,198	31,288	31,377
Hall	10,605	10,658	10,694	10,740	10,766	10,792	10,817	10,841	10,865	10,889	10,912
Henry	6,163	6,204	6,223	6,269	6,300	6,332	6,363	6,394	6,425	6,456	6,487
Lee	747	746	748	748	749	750	750	751	752	752	753

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:											
	10/26	10/27	10/28	10/29	10/31				11/2				11/4			
Bartow	3,580	3,614	3,637	3,667	3,722	(744)	[179]	{89}	3,777	(755)	[181]	{91}	3,834	(767)	[184]	{92}
Carroll	3,353	3,337	3,341	3,360	3,387	(677)	[163]	{81}	3,413	(683)	[164]	{82}	3,437	(687)	[165]	{82}
Cherokee	7,057	7,082	7,161	7,219	7,303	(1,461)	[351]	{175}	7,391	(1,478)	[355]	{177}	7,481	(1,496)	[359]	{180}
Clarke	5,708	5,729	5,748	5,787	5,824	(1,165)	[280]	{140}	5,861	(1,172)	[281]	{141}	5,899	(1,180)	[283]	{142}
Clayton	8,168	8,200	8,253	8,298	8,375	(1,675)	[402]	{201}	8,451	(1,690)	[406]	{203}	8,527	(1,705)	[409]	{205}
Cobb	21,814	21,867	21,977	22,059	22,218	(4,444)	[1,066]	{533}	22,380	(4,476)	[1,074]	{537}	22,545	(4,509)	[1,082]	{541}
DeKalb	21,049	21,101	21,231	21,335	21,522	(4,304)	[1,033]	{517}	21,714	(4,343)	[1,042]	{521}	21,910	(4,382)	[1,052]	{526}
Dougherty	3,296	3,294	3,300	3,305	3,311	(662)	[159]	{79}	3,317	(663)	[159]	{80}	3,322	(664)	[159]	{80}
Douglas	4,078	4,084	4,114	4,135	4,157	(831)	[200]	{100}	4,178	(836)	[201]	{100}	4,199	(840)	[202]	{101}
Fulton	30,926	31,038	31,220	31,315	31,604	(6,321)	[1,517]	{758}	31,904	(6,381)	[1,531]	{766}	32,217	(6,443)	[1,546]	{773}
Gwinnett	30,383	30,489	30,596	30,746	30,927	(6,185)	[1,485]	{742}	31,108	(6,222)	[1,493]	{747}	31,288	(6,258)	[1,502]	{751}
Hall	10,605	10,658	10,694	10,740	10,792	(2,158)	[518]	{259}	10,841	(2,168)	[520]	{260}	10,889	(2,178)	[523]	{261}
Henry	6,163	6,204	6,223	6,269	6,332	(1,266)	[304]	{152}	6,394	(1,279)	[307]	{153}	6,456	(1,291)	[310]	{155}
Lee	747	746	748	748	750	(150)	[36]	{18}	751	(150)	[36]	{18}	752	(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 or 850-519-7966 or Stephanie Tennyson at stephanie.tennyson@iem.com or 202-309-4257.