

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 11/20/20**

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 11/20/20 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.

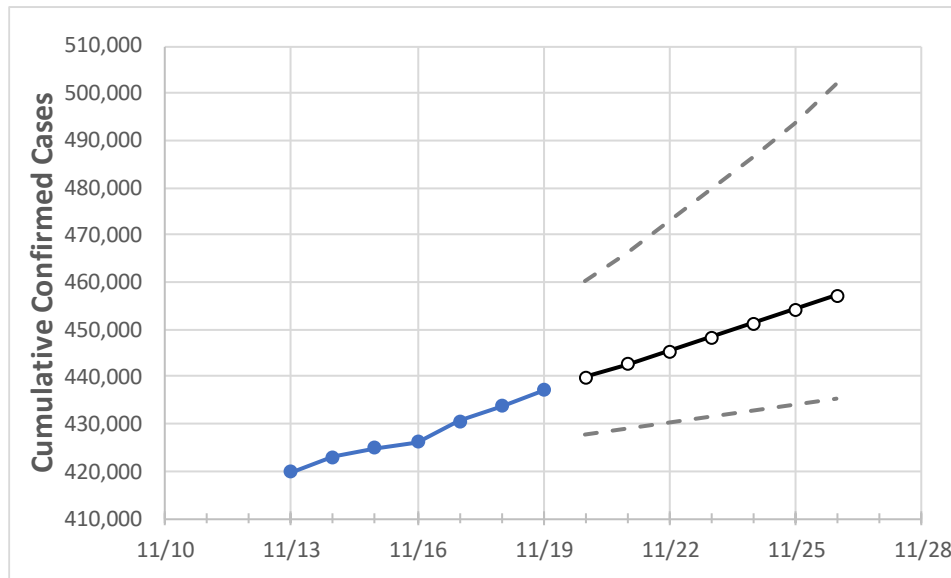
IEM's Modeling Lead

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:						
	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26
Georgia	426,236	430,571	433,732	437,156	439,853	442,604	445,410	448,271	451,190	454,166	457,202

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:						
	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26
Bartow	4,536	4,609	4,670	4,720	4,764	4,810	4,857	4,907	4,958	5,011	5,066
Carroll	4,921	4,976	5,014	5,080	5,133	5,187	5,243	5,300	5,360	5,421	5,485
Cherokee	9,144	9,303	9,401	9,515	9,619	9,728	9,840	9,956	10,077	10,201	10,330
Clarke	7,437	7,477	7,520	7,560	7,590	7,621	7,651	7,682	7,713	7,744	7,775
Clayton	9,675	9,741	9,819	9,895	9,948	10,001	10,055	10,109	10,164	10,219	10,275
Cobb	26,826	27,152	27,415	27,641	27,832	28,029	28,233	28,442	28,658	28,880	29,109
DeKalb	24,961	25,243	25,468	25,674	25,855	26,040	26,229	26,423	26,621	26,823	27,031
Dougherty	3,596	3,598	3,613	3,628	3,634	3,640	3,647	3,653	3,659	3,666	3,672
Douglas	5,061	5,100	5,158	5,195	5,227	5,260	5,293	5,328	5,363	5,399	5,436
Fulton	36,496	37,154	37,381	37,638	37,841	38,047	38,256	38,467	38,681	38,898	39,118
Gwinnett	36,087	36,485	36,713	36,973	37,191	37,413	37,639	37,869	38,103	38,342	38,585
Hall	11,720	11,834	11,913	11,974	12,024	12,076	12,128	12,181	12,235	12,290	12,346
Henry	7,756	7,847	7,908	7,972	8,018	8,064	8,110	8,156	8,203	8,249	8,296
Lee	872	873	888	893	896	899	902	906	909	912	916

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:											
	11/16	11/17	11/18	11/19	11/21				11/23				11/25			
Bartow	4,536	4,609	4,670	4,720	4,810	(962)	[231]	{115}	4,907	(981)	[236]	{118}	5,011	(1,002)	[241]	{120}
Carroll	4,921	4,976	5,014	5,080	5,187	(1,037)	[249]	{124}	5,300	(1,060)	[254]	{127}	5,421	(1,084)	[260]	{130}
Cherokee	9,144	9,303	9,401	9,515	9,728	(1,946)	[467]	{233}	9,956	(1,991)	[478]	{239}	10,201	(2,040)	[490]	{245}
Clarke	7,437	7,477	7,520	7,560	7,621	(1,524)	[366]	{183}	7,682	(1,536)	[369]	{184}	7,744	(1,549)	[372]	{186}
Clayton	9,675	9,741	9,819	9,895	10,001	(2,000)	[480]	{240}	10,109	(2,022)	[485]	{243}	10,219	(2,044)	[491]	{245}
Cobb	26,826	27,152	27,415	27,641	28,029	(5,606)	[1,345]	{673}	28,442	(5,688)	[1,365]	{683}	28,880	(5,776)	[1,386]	{693}
DeKalb	24,961	25,243	25,468	25,674	26,040	(5,208)	[1,250]	{625}	26,423	(5,285)	[1,268]	{634}	26,823	(5,365)	[1,288]	{644}
Dougherty	3,596	3,598	3,613	3,628	3,640	(728)	[175]	{87}	3,653	(731)	[175]	{88}	3,666	(733)	[176]	{88}
Douglas	5,061	5,100	5,158	5,195	5,260	(1,052)	[252]	{126}	5,328	(1,066)	[256]	{128}	5,399	(1,080)	[259]	{130}
Fulton	36,496	37,154	37,381	37,638	38,047	(7,609)	[1,826]	{913}	38,467	(7,693)	[1,846]	{923}	38,898	(7,780)	[1,867]	{934}
Gwinnett	36,087	36,485	36,713	36,973	37,413	(7,483)	[1,796]	{898}	37,869	(7,574)	[1,818]	{909}	38,342	(7,668)	[1,840]	{920}
Hall	11,720	11,834	11,913	11,974	12,076	(2,415)	[580]	{290}	12,181	(2,436)	[585]	{292}	12,290	(2,458)	[590]	{295}
Henry	7,756	7,847	7,908	7,972	8,064	(1,613)	[387]	{194}	8,156	(1,631)	[392]	{196}	8,249	(1,650)	[396]	{198}
Lee	872	873	888	893	899	(180)	[43]	{22}	906	(181)	[43]	{22}	912	(182)	[44]	{22}

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.