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

Date: 12/10/20

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 12/10/20 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.

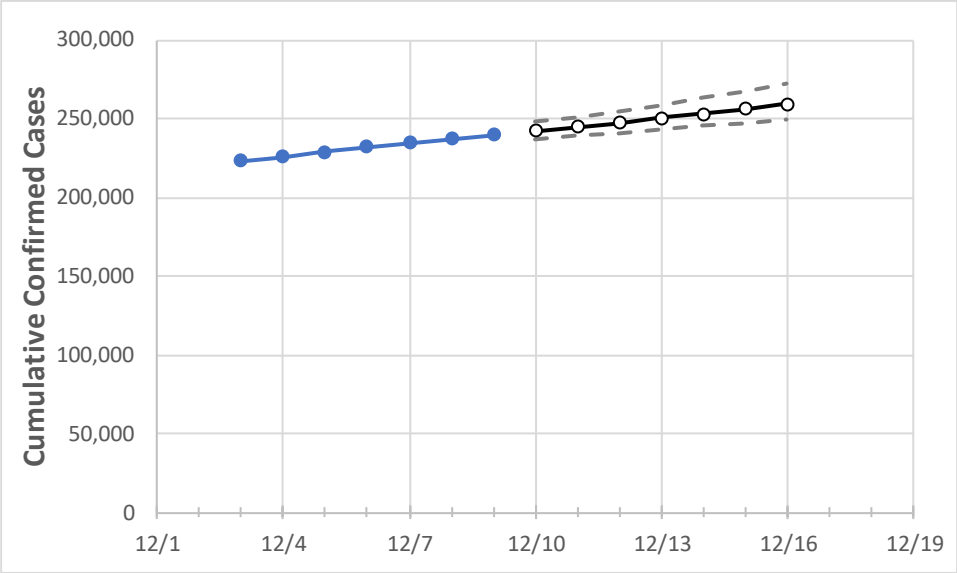
IEM's Modeling Lead

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.

South Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15	12/16
South Carolina	232,099	234,652	236,954	239,444	242,007	244,664	247,419	250,275	253,235	256,301	259,479

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.

South Carolina Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15	12/16
Beaufort	7,519	7,575	7,623	7,697	7,766	7,840	7,917	7,999	8,085	8,176	8,273
Charleston	20,783	20,918	21,009	21,102	21,213	21,326	21,440	21,556	21,674	21,794	21,915
Greenville	25,990	26,358	26,730	27,081	27,449	27,832	28,229	28,642	29,070	29,514	29,976
Kershaw	3,107	3,120	3,140	3,186	3,210	3,234	3,260	3,287	3,315	3,344	3,375
Lexington	12,199	12,312	12,408	12,554	12,694	12,841	12,994	13,154	13,321	13,495	13,677
Richland	21,507	21,648	21,805	22,004	22,178	22,359	22,547	22,742	22,945	23,156	23,374
Spartanburg	13,790	14,017	14,211	14,391	14,616	14,853	15,100	15,358	15,629	15,912	16,209
York	10,840	11,003	11,173	11,363	11,559	11,765	11,980	12,206	12,443	12,692	12,952

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.*

South Carolina Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	12/6	12/7	12/8	12/9	12/11	12/13	12/15
Beaufort	7,519	7,575	7,623	7,697	7,840 (1,568) [376] {188}	7,999 (1,600) [384] {192}	8,176 (1,635) [392] {196}
Charleston	20,783	20,918	21,009	21,102	21,326 (4,265) [1,024] {512}	21,556 (4,311) [1,035] {517}	21,794 (4,359) [1,046] {523}
Greenville	25,990	26,358	26,730	27,081	27,832 (5,566) [1,336] {668}	28,642 (5,728) [1,375] {687}	29,514 (5,903) [1,417] {708}
Kershaw	3,107	3,120	3,140	3,186	3,234 (647) [155] {78}	3,287 (657) [158] {79}	3,344 (669) [161] {80}
Lexington	12,199	12,312	12,408	12,554	12,841 (2,568) [616] {308}	13,154 (2,631) [631] {316}	13,495 (2,699) [648] {324}
Richland	21,507	21,648	21,805	22,004	22,359 (4,472) [1,073] {537}	22,742 (4,548) [1,092] {546}	23,156 (4,631) [1,111] {556}
Spartanburg	13,790	14,017	14,211	14,391	14,853 (2,971) [713] {356}	15,358 (3,072) [737] {369}	15,912 (3,182) [764] {382}
York	10,840	11,003	11,173	11,363	11,765 (2,353) [565] {282}	12,206 (2,441) [586] {293}	12,692 (2,538) [609] {305}

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.