

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

Date: 12/14/20

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 12/14/20 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.**

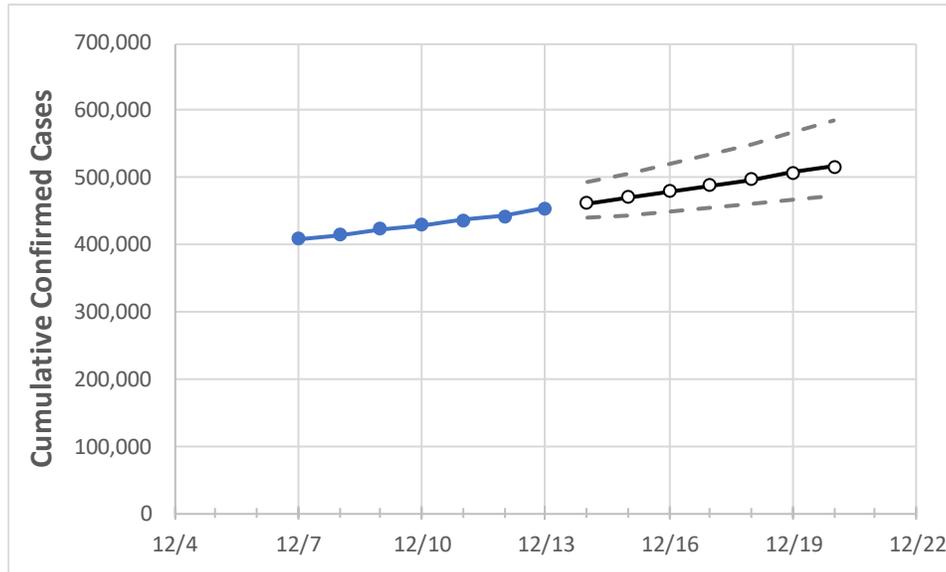
### IEM's Modeling Lead

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:						
	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20
Tennessee	428,973	436,262	442,953	454,305	462,199	470,425	478,994	487,917	497,206	506,873	516,932

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:						
	12/10	12/11	12/12	12/13	12/14	12/15	12/16	12/17	12/18	12/19	12/20
Blount	6,924	7,015	7,111	7,342	7,481	7,623	7,770	7,921	8,077	8,237	8,401
Davidson	48,146	48,599	49,076	50,108	50,737	51,393	52,078	52,793	53,539	54,317	55,129
Hamilton	20,052	20,322	20,664	21,119	21,486	21,866	22,261	22,670	23,095	23,535	23,992
Knox	22,903	23,316	23,858	24,409	24,918	25,450	26,006	26,587	27,194	27,827	28,489
Rutherford	21,014	21,504	21,809	22,336	22,746	23,177	23,629	24,105	24,603	25,126	25,675
Shelby	52,963	53,864	54,465	55,456	56,090	56,746	57,425	58,126	58,851	59,601	60,376
Sumner	11,785	11,986	12,156	12,456	12,666	12,883	13,106	13,337	13,575	13,821	14,075
Williamson	13,169	13,339	13,512	13,786	13,975	14,169	14,368	14,572	14,781	14,996	15,217

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:											
	12/10	12/11	12/12	12/13	12/15				12/17				12/19			
Blount	6,924	7,015	7,111	7,342	7,623	(1,525)	[366]	{183}	7,921	(1,584)	[380]	{190}	8,237	(1,647)	[395]	{198}
Davidson	48,146	48,599	49,076	50,108	51,393	(10,279)	[2,467]	{1,233}	52,793	(10,559)	[2,534]	{1,267}	54,317	(10,863)	[2,607]	{1,304}
Hamilton	20,052	20,322	20,664	21,119	21,866	(4,373)	[1,050]	{525}	22,670	(4,534)	[1,088]	{544}	23,535	(4,707)	[1,130]	{565}
Knox	22,903	23,316	23,858	24,409	25,450	(5,090)	[1,222]	{611}	26,587	(5,317)	[1,276]	{638}	27,827	(5,565)	[1,336]	{668}
Rutherford	21,014	21,504	21,809	22,336	23,177	(4,635)	[1,112]	{556}	24,105	(4,821)	[1,157]	{579}	25,126	(5,025)	[1,206]	{603}
Shelby	52,963	53,864	54,465	55,456	56,746	(11,349)	[2,724]	{1,362}	58,126	(11,625)	[2,790]	{1,395}	59,601	(11,920)	[2,861]	{1,430}
Sumner	11,785	11,986	12,156	12,456	12,883	(2,577)	[618]	{309}	13,337	(2,667)	[640]	{320}	13,821	(2,764)	[663]	{332}
Williamson	13,169	13,339	13,512	13,786	14,169	(2,834)	[680]	{340}	14,572	(2,914)	[699]	{350}	14,996	(2,999)	[720]	{360}

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.