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

Date: 12/22/20

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 12/22/20 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.

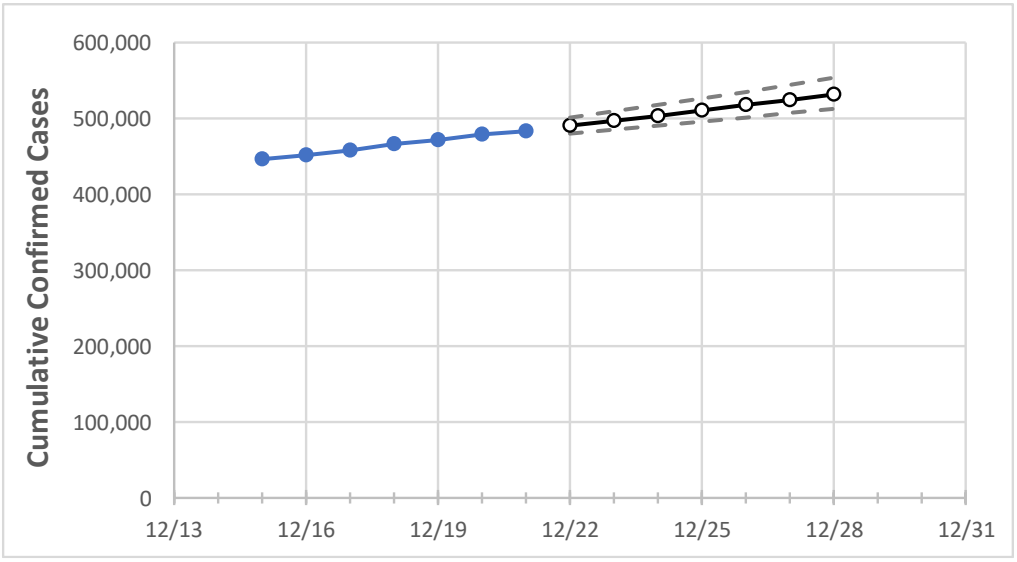
IEM's Modeling Lead

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.

North Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28
North Carolina	466,104	472,268	479,168	483,647	490,293	497,033	503,866	510,794	517,817	524,936	532,150

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.

North Carolina Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	12/27	12/28
Cumberland	12,050	12,308	12,509	12,589	12,798	13,014	13,238	13,470	13,710	13,958	14,214
Durham	13,323	13,441	13,543	13,635	13,773	13,914	14,058	14,205	14,355	14,508	14,665
Guilford	21,420	21,642	22,002	22,154	22,445	22,740	23,038	23,339	23,644	23,952	24,264
Mecklenburg	54,463	55,175	55,944	56,517	57,259	58,017	58,790	59,579	60,384	61,206	62,043
Orange	4,593	4,604	4,660	4,681	4,716	4,752	4,788	4,824	4,860	4,896	4,933
Union	10,401	10,541	10,711	10,852	11,021	11,194	11,370	11,549	11,731	11,917	12,106
Wake	37,328	37,903	38,605	39,019	39,610	40,216	40,837	41,473	42,124	42,790	43,472

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.*

North Carolina Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	12/18	12/19	12/20	12/21	12/23	12/25	12/27
Cumberland	12,050	12,308	12,509	12,589	13,014 (2,603) [625] {312}	13,470 (2,694) [647] {323}	13,958 (2,792) [670] {335}
Durham	13,323	13,441	13,543	13,635	13,914 (2,783) [668] {334}	14,205 (2,841) [682] {341}	14,508 (2,902) [696] {348}
Guilford	21,420	21,642	22,002	22,154	22,740 (4,548) [1,092] {546}	23,339 (4,668) [1,120] {560}	23,952 (4,790) [1,150] {575}
Mecklenburg	54,463	55,175	55,944	56,517	58,017 (11,603) [2,785] {1,392}	59,579 (11,916) [2,860] {1,430}	61,206 (12,241) [2,938] {1,469}
Orange	4,593	4,604	4,660	4,681	4,752 (950) [228] {114}	4,824 (965) [232] {116}	4,896 (979) [235] {118}
Union	10,401	10,541	10,711	10,852	11,194 (2,239) [537] {269}	11,549 (2,310) [554] {277}	11,917 (2,383) [572] {286}
Wake	37,328	37,903	38,605	39,019	40,216 (8,043) [1,930] {965}	41,473 (8,295) [1,991] {995}	42,790 (8,558) [2,054] {1,027}

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.