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

Date: 12/29/20

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 12/29/20 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.

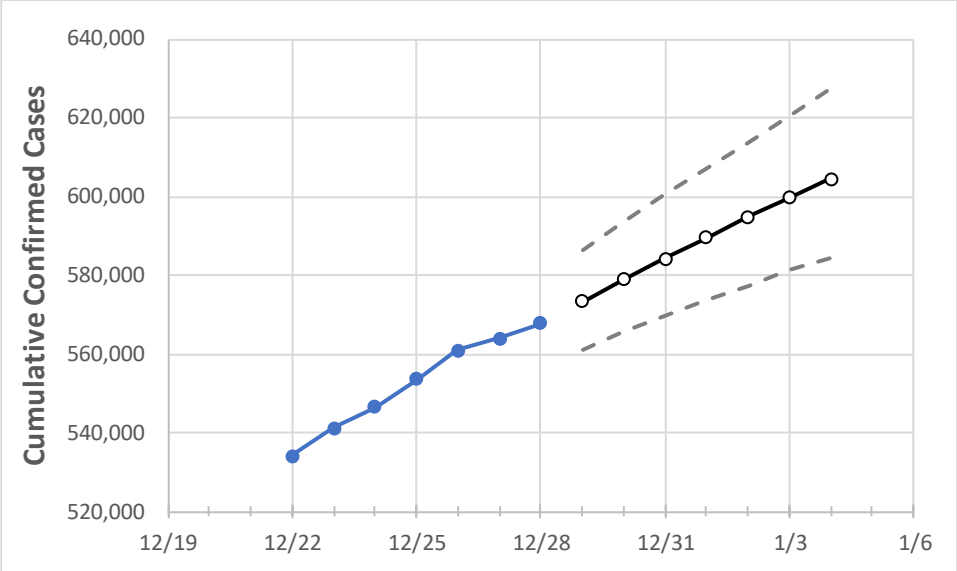
IEM's Modeling Lead

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:						
	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4
Tennessee	553,695	560,892	564,080	567,792	573,379	578,863	584,329	589,615	594,794	599,676	604,376

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:						
	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3	1/4
Blount	9,163	9,266	9,365	9,449	9,563	9,667	9,772	9,879	9,976	10,080	10,185
Davidson	58,365	58,897	59,048	59,345	59,810	60,266	60,706	61,144	61,556	61,964	62,340
Hamilton	26,375	26,702	26,825	27,156	27,492	27,819	28,141	28,459	28,779	29,086	29,386
Knox	30,529	30,942	31,186	31,414	31,790	32,153	32,514	32,863	33,207	33,533	33,864
Rutherford	27,044	27,407	27,519	27,679	27,920	28,157	28,393	28,619	28,830	29,039	29,245
Shelby	63,669	64,356	64,653	65,005	65,516	66,017	66,502	66,984	67,445	67,899	68,356
Sumner	14,918	15,076	15,132	15,219	15,341	15,455	15,564	15,670	15,778	15,874	15,976
Williamson	16,733	17,006	17,072	17,207	17,423	17,636	17,846	18,060	18,271	18,486	18,698

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:		
	12/25	12/26	12/27	12/28	12/30	1/1	1/3
Blount	9,163	9,266	9,365	9,449	9,667 (1,933) [464] {232}	9,879 (1,976) [474] {237}	10,080 (2,016) [484] {242}
Davidson	58,365	58,897	59,048	59,345	60,266 (12,053) [2,893] {1,446}	61,144 (12,229) [2,935] {1,467}	61,964 (12,393) [2,974] {1,487}
Hamilton	26,375	26,702	26,825	27,156	27,819 (5,564) [1,335] {668}	28,459 (5,692) [1,366] {683}	29,086 (5,817) [1,396] {698}
Knox	30,529	30,942	31,186	31,414	32,153 (6,431) [1,543] {772}	32,863 (6,573) [1,577] {789}	33,533 (6,707) [1,610] {805}
Rutherford	27,044	27,407	27,519	27,679	28,157 (5,631) [1,352] {676}	28,619 (5,724) [1,374] {687}	29,039 (5,808) [1,394] {697}
Shelby	63,669	64,356	64,653	65,005	66,017 (13,203) [3,169] {1,584}	66,984 (13,397) [3,215] {1,608}	67,899 (13,580) [3,259] {1,630}
Sumner	14,918	15,076	15,132	15,219	15,455 (3,091) [742] {371}	15,670 (3,134) [752] {376}	15,874 (3,175) [762] {381}
Williamson	16,733	17,006	17,072	17,207	17,636 (3,527) [847] {423}	18,060 (3,612) [867] {433}	18,486 (3,697) [887] {444}

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.