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

Date: 1/4/21

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 1/4/21 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.

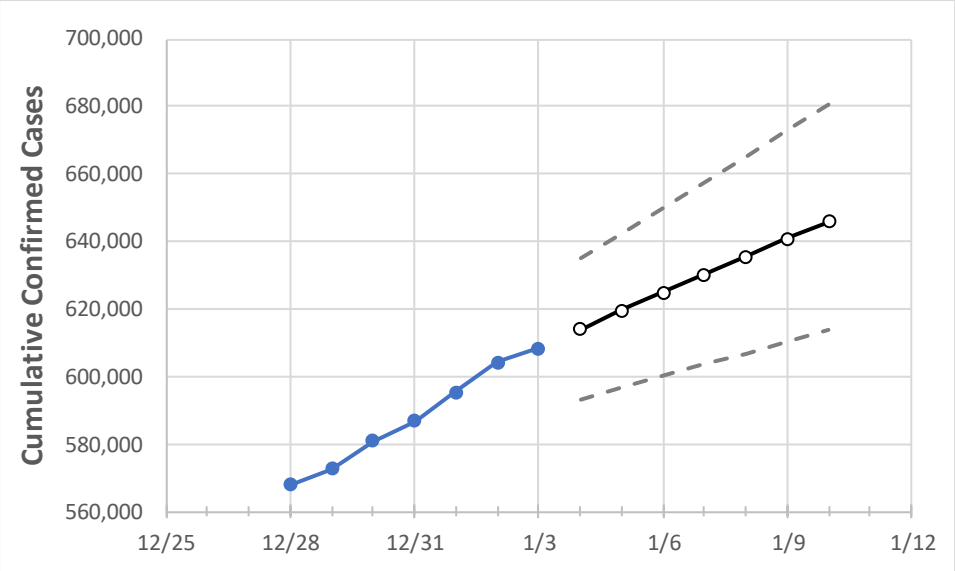
IEM's Modeling Lead

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:						
	12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10
Tennessee	586,802	595,467	604,132	608,297	613,927	619,440	624,969	630,229	635,528	640,884	645,875

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 10%, and are often within 5%, of actual confirmed cases.

Tennessee Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	12/31	1/1	1/2	1/3	1/4	1/5	1/6	1/7	1/8	1/9	1/10
Blount	9,976	10,150	10,324	10,379	10,506	10,631	10,757	10,884	11,013	11,135	11,259
Davidson	61,497	62,169	62,841	63,009	63,492	63,978	64,467	64,956	65,437	65,913	66,391
Hamilton	28,544	28,971	29,398	29,628	29,989	30,346	30,704	31,054	31,430	31,763	32,117
Knox	32,652	33,127	33,602	33,862	34,221	34,571	34,916	35,249	35,588	35,925	36,245
Rutherford	28,618	28,934	29,250	29,378	29,608	29,836	30,055	30,272	30,477	30,689	30,894
Shelby	66,562	67,494	68,426	68,753	69,296	69,834	70,365	70,887	71,404	71,944	72,476
Sumner	15,789	16,015	16,241	16,292	16,421	16,551	16,681	16,804	16,923	17,037	17,155
Williamson	17,903	18,218	18,533	18,641	18,855	19,078	19,297	19,521	19,739	19,955	20,171

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:		
	12/31	1/1	1/2	1/3	1/5	1/7	1/9
Blount	9,976	10,150	10,324	10,379	10,631 (2,126) [510] {255}	10,884 (2,177) [522] {261}	11,135 (2,227) [534] {267}
Davidson	61,497	62,169	62,841	63,009	63,978 (12,796) [3,071] {1,535}	64,956 (12,991) [3,118] {1,559}	65,913 (13,183) [3,164] {1,582}
Hamilton	28,544	28,971	29,398	29,628	30,346 (6,069) [1,457] {728}	31,054 (6,211) [1,491] {745}	31,763 (6,353) [1,525] {762}
Knox	32,652	33,127	33,602	33,862	34,571 (6,914) [1,659] {830}	35,249 (7,050) [1,692] {846}	35,925 (7,185) [1,724] {862}
Rutherford	28,618	28,934	29,250	29,378	29,836 (5,967) [1,432] {716}	30,272 (6,054) [1,453] {727}	30,689 (6,138) [1,473] {737}
Shelby	66,562	67,494	68,426	68,753	69,834 (13,967) [3,352] {1,676}	70,887 (14,177) [3,403] {1,701}	71,944 (14,389) [3,453] {1,727}
Sumner	15,789	16,015	16,241	16,292	16,551 (3,310) [794] {397}	16,804 (3,361) [807] {403}	17,037 (3,407) [818] {409}
Williamson	17,903	18,218	18,533	18,641	19,078 (3,816) [916] {458}	19,521 (3,904) [937] {468}	19,955 (3,991) [958] {479}

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.