

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

Date: 1/14/21

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 1/14/21 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.

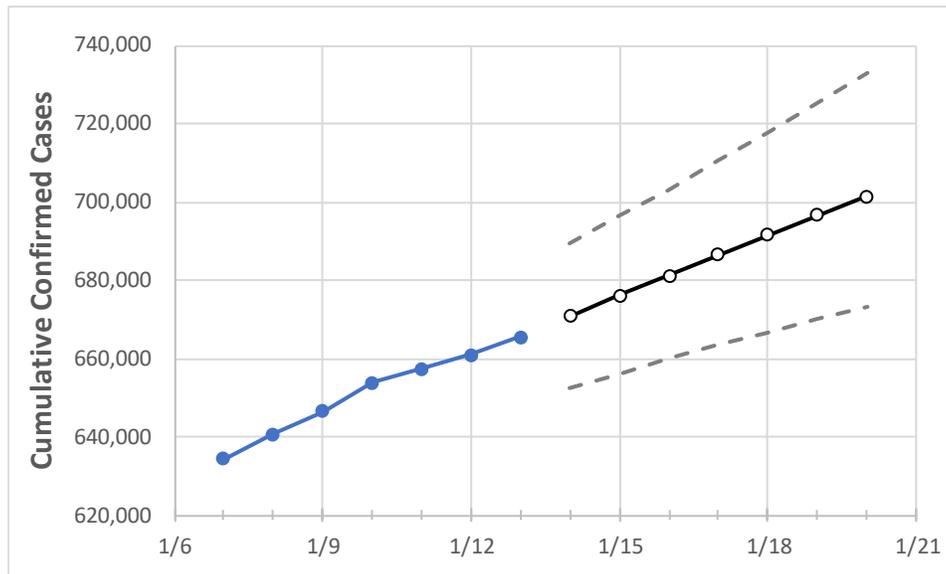
IEM's Modeling Lead

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:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Tennessee	653,869	657,396	660,874	665,499	670,813	676,087	681,261	686,387	691,515	696,611	701,536

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:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Blount	11,127	11,203	11,245	11,300	11,389	11,473	11,555	11,639	11,722	11,800	11,879
Davidson	67,645	67,992	68,292	68,646	69,129	69,630	70,100	70,583	71,078	71,535	72,011
Hamilton	32,446	32,715	33,011	33,436	33,808	34,178	34,558	34,924	35,305	35,673	36,050
Knox	36,717	36,973	37,197	37,548	37,895	38,241	38,579	38,920	39,253	39,588	39,919
Rutherford	31,563	31,744	31,972	32,214	32,461	32,707	32,951	33,193	33,438	33,676	33,918
Shelby	72,840	73,322	73,749	74,266	74,819	75,354	75,883	76,405	76,945	77,471	77,999
Sumner	17,405	17,473	17,584	17,710	17,841	17,970	18,095	18,222	18,347	18,470	18,591
Williamson	20,319	20,470	20,592	20,736	20,937	21,133	21,329	21,523	21,715	21,904	22,087

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:											
	1/10	1/11	1/12	1/13	1/15				1/17				1/19			
Blount	11,127	11,203	11,245	11,300	11,473	(2,295)	[551]	{275}	11,639	(2,328)	[559]	{279}	11,800	(2,360)	[566]	{283}
Davidson	67,645	67,992	68,292	68,646	69,630	(13,926)	[3,342]	{1,671}	70,583	(14,117)	[3,388]	{1,694}	71,535	(14,307)	[3,434]	{1,717}
Hamilton	32,446	32,715	33,011	33,436	34,178	(6,836)	[1,641]	{820}	34,924	(6,985)	[1,676]	{838}	35,673	(7,135)	[1,712]	{856}
Knox	36,717	36,973	37,197	37,548	38,241	(7,648)	[1,836]	{918}	38,920	(7,784)	[1,868]	{934}	39,588	(7,918)	[1,900]	{950}
Rutherford	31,563	31,744	31,972	32,214	32,707	(6,541)	[1,570]	{785}	33,193	(6,639)	[1,593]	{797}	33,676	(6,735)	[1,616]	{808}
Shelby	72,840	73,322	73,749	74,266	75,354	(15,071)	[3,617]	{1,809}	76,405	(15,281)	[3,667]	{1,834}	77,471	(15,494)	[3,719]	{1,859}
Sumner	17,405	17,473	17,584	17,710	17,970	(3,594)	[863]	{431}	18,222	(3,644)	[875]	{437}	18,470	(3,694)	[887]	{443}
Williamson	20,319	20,470	20,592	20,736	21,133	(4,227)	[1,014]	{507}	21,523	(4,305)	[1,033]	{517}	21,904	(4,381)	[1,051]	{526}

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.