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

Date: 1/15/21

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 1/15/21 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.

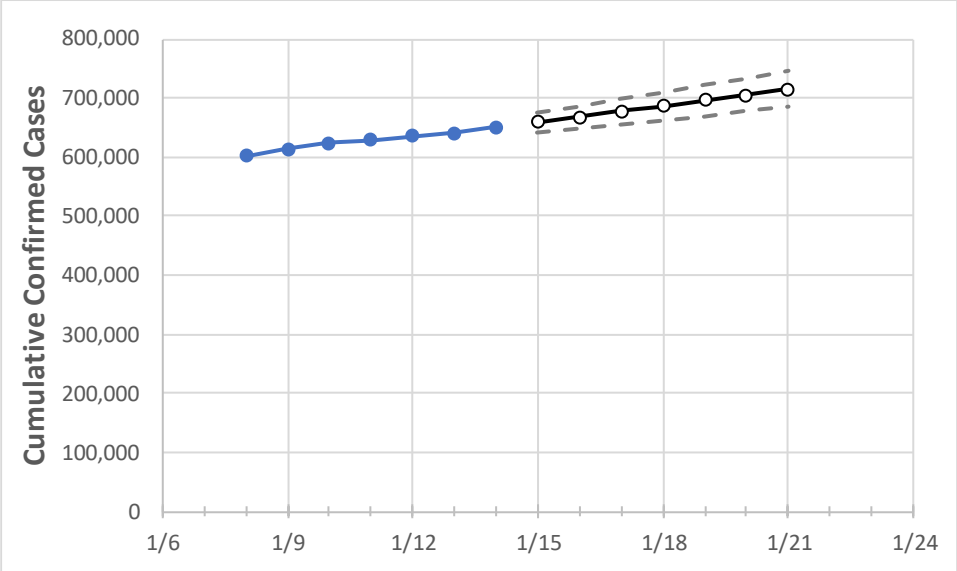
IEM's Modeling Lead

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.

North Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20	1/21
North Carolina	629,124	635,975	641,073	650,926	659,589	668,615	677,602	686,609	695,869	705,157	714,613

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.

North Carolina Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20	1/21
Cumberland	16,236	16,368	16,576	16,831	17,074	17,324	17,576	17,837	18,106	18,383	18,665
Durham	16,720	16,850	16,986	17,161	17,354	17,546	17,750	17,954	18,158	18,368	18,588
Guilford	28,775	29,125	29,347	29,702	30,101	30,500	30,909	31,328	31,751	32,175	32,609
Mecklenburg	72,177	72,968	73,477	74,470	75,418	76,392	77,370	78,356	79,373	80,393	81,426
Orange	5,744	5,792	5,839	5,883	5,951	6,023	6,096	6,168	6,241	6,318	6,394
Union	15,016	15,191	15,368	15,650	15,894	16,140	16,388	16,642	16,904	17,160	17,425
Wake	51,999	53,188	53,462	54,261	55,105	55,980	56,902	57,824	58,733	59,713	60,742

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:		
	1/11	1/12	1/13	1/14	1/16	1/18	1/20
Cumberland	16,236	16,368	16,576	16,831	17,324 (3,465) [832] {416}	17,837 (3,567) [856] {428}	18,383 (3,677) [882] {441}
Durham	16,720	16,850	16,986	17,161	17,546 (3,509) [842] {421}	17,954 (3,591) [862] {431}	18,368 (3,674) [882] {441}
Guilford	28,775	29,125	29,347	29,702	30,500 (6,100) [1,464] {732}	31,328 (6,266) [1,504] {752}	32,175 (6,435) [1,544] {772}
Mecklenburg	72,177	72,968	73,477	74,470	76,392 (15,278) [3,667] {1,833}	78,356 (15,671) [3,761] {1,881}	80,393 (16,079) [3,859] {1,929}
Orange	5,744	5,792	5,839	5,883	6,023 (1,205) [289] {145}	6,168 (1,234) [296] {148}	6,318 (1,264) [303] {152}
Union	15,016	15,191	15,368	15,650	16,140 (3,228) [775] {387}	16,642 (3,328) [799] {399}	17,160 (3,432) [824] {412}
Wake	51,999	53,188	53,462	54,261	55,980 (11,196) [2,687] {1,344}	57,824 (11,565) [2,776] {1,388}	59,713 (11,943) [2,866] {1,433}

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.