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

Date: 1/28/21

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 1/28/21 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.

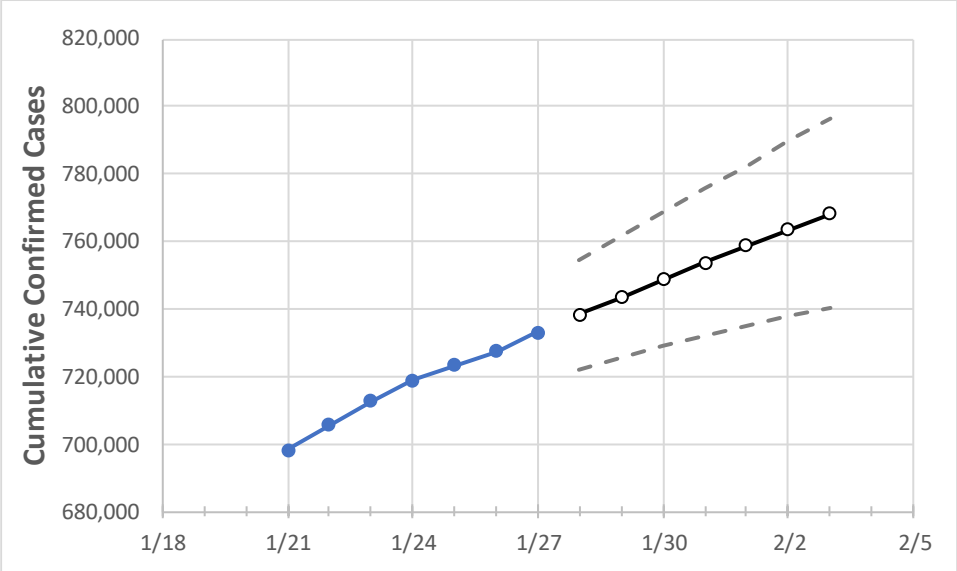
IEM's Modeling Lead

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:						
	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3
North Carolina	718,812	723,445	727,423	733,010	738,326	743,504	748,636	753,752	758,720	763,489	768,199

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:						
	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3
Cumberland	18,887	19,085	19,190	19,397	19,582	19,766	19,944	20,123	20,298	20,473	20,651
Durham	18,480	18,595	18,675	18,810	18,915	19,018	19,120	19,218	19,316	19,411	19,505
Guilford	33,119	33,373	33,578	33,799	34,067	34,341	34,603	34,862	35,119	35,367	35,620
Mecklenburg	81,875	82,572	83,157	83,816	84,496	85,166	85,810	86,459	87,093	87,719	88,351
Orange	6,380	6,420	6,440	6,501	6,541	6,582	6,622	6,662	6,700	6,741	6,781
Union	17,337	17,462	17,603	17,746	17,877	18,004	18,136	18,263	18,385	18,501	18,619
Wake	61,106	61,709	61,930	62,477	62,977	63,462	63,941	64,422	64,873	65,313	65,760

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:		
	1/24	1/25	1/26	1/27	1/29	1/31	2/2
Cumberland	18,887	19,085	19,190	19,397	19,766 (3,953) [949] {474}	20,123 (4,025) [966] {483}	20,473 (4,095) [983] {491}
Durham	18,480	18,595	18,675	18,810	19,018 (3,804) [913] {456}	19,218 (3,844) [922] {461}	19,411 (3,882) [932] {466}
Guilford	33,119	33,373	33,578	33,799	34,341 (6,868) [1,648] {824}	34,862 (6,972) [1,673] {837}	35,367 (7,073) [1,698] {849}
Mecklenburg	81,875	82,572	83,157	83,816	85,166 (17,033) [4,088] {2,044}	86,459 (17,292) [4,150] {2,075}	87,719 (17,544) [4,211] {2,105}
Orange	6,380	6,420	6,440	6,501	6,582 (1,316) [316] {158}	6,662 (1,332) [320] {160}	6,741 (1,348) [324] {162}
Union	17,337	17,462	17,603	17,746	18,004 (3,601) [864] {432}	18,263 (3,653) [877] {438}	18,501 (3,700) [888] {444}
Wake	61,106	61,709	61,930	62,477	63,462 (12,692) [3,046] {1,523}	64,422 (12,884) [3,092] {1,546}	65,313 (13,063) [3,135] {1,568}

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.