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

Date: 2/2/21

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 2/2/21 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.

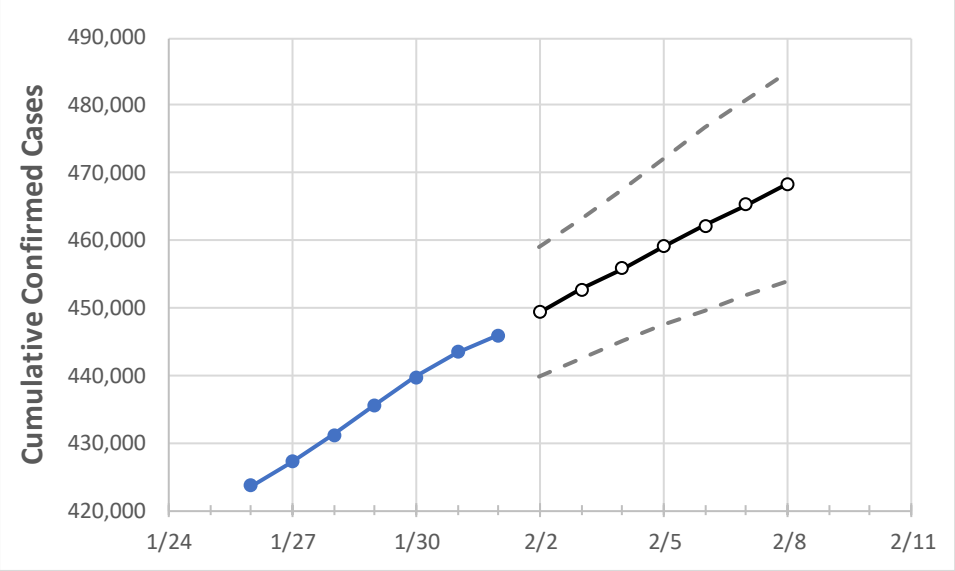
IEM's Modeling Lead

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.

South Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8
South Carolina	435,633	439,785	443,386	445,916	449,295	452,678	455,880	459,086	462,180	465,324	468,427

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.

South Carolina Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8
Beaufort	13,237	13,376	13,487	13,586	13,711	13,828	13,948	14,065	14,184	14,304	14,425
Charleston	32,182	32,531	32,837	33,059	33,333	33,607	33,880	34,151	34,429	34,705	34,979
Greenville	55,030	55,462	55,887	56,186	56,593	56,995	57,390	57,775	58,139	58,505	58,856
Kershaw	5,458	5,534	5,592	5,626	5,678	5,731	5,784	5,836	5,889	5,944	5,997
Lexington	24,212	24,469	24,661	24,773	24,939	25,098	25,257	25,415	25,558	25,704	25,847
Richland	35,205	35,551	35,846	36,015	36,280	36,550	36,826	37,094	37,374	37,652	37,922
Spartanburg	29,333	29,581	29,901	30,059	30,341	30,612	30,872	31,132	31,390	31,653	31,904
York	21,870	22,024	22,190	22,362	22,523	22,681	22,836	22,987	23,139	23,284	23,428

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.*

South Carolina Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:		
	1/29	1/30	1/31	2/1	2/3	2/5	2/7
Beaufort	13,237	13,376	13,487	13,586	13,828 (2,766) [664] {332}	14,065 (2,813) [675] {338}	14,304 (2,861) [687] {343}
Charleston	32,182	32,531	32,837	33,059	33,607 (6,721) [1,613] {807}	34,151 (6,830) [1,639] {820}	34,705 (6,941) [1,666] {833}
Greenville	55,030	55,462	55,887	56,186	56,995 (11,399) [2,736] {1,368}	57,775 (11,555) [2,773] {1,387}	58,505 (11,701) [2,808] {1,404}
Kershaw	5,458	5,534	5,592	5,626	5,731 (1,146) [275] {138}	5,836 (1,167) [280] {140}	5,944 (1,189) [285] {143}
Lexington	24,212	24,469	24,661	24,773	25,098 (5,020) [1,205] {602}	25,415 (5,083) [1,220] {610}	25,704 (5,141) [1,234] {617}
Richland	35,205	35,551	35,846	36,015	36,550 (7,310) [1,754] {877}	37,094 (7,419) [1,780] {890}	37,652 (7,530) [1,807] {904}
Spartanburg	29,333	29,581	29,901	30,059	30,612 (6,122) [1,469] {735}	31,132 (6,226) [1,494] {747}	31,653 (6,331) [1,519] {760}
York	21,870	22,024	22,190	22,362	22,681 (4,536) [1,089] {544}	22,987 (4,597) [1,103] {552}	23,284 (4,657) [1,118] {559}

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.