

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

Date: 3/1/21

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 3/1/21 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.

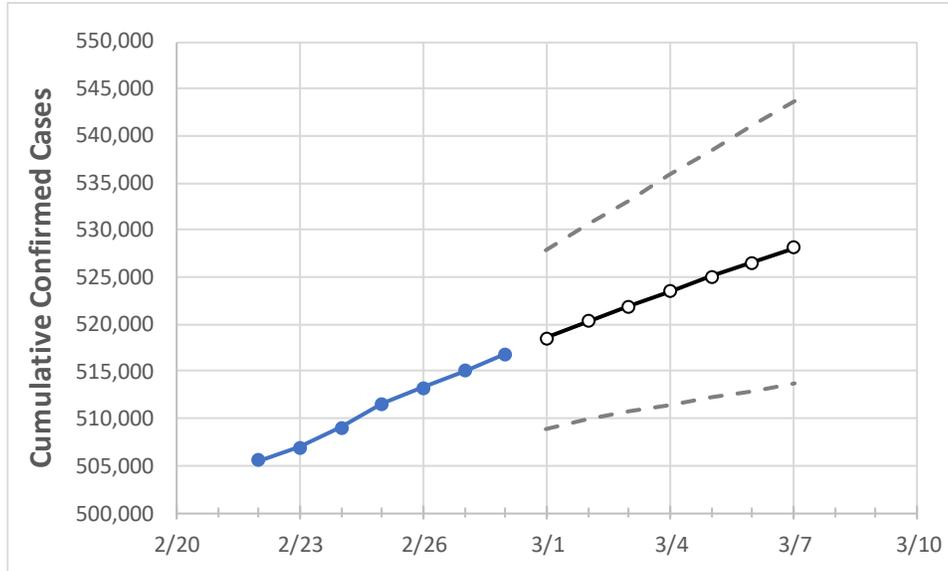
IEM's Modeling Lead

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:							
	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	

South Carolina	511,546	513,295	515,072	516,823	518,565	520,297	521,941	523,510	525,073	526,572	528,098
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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:							
	2/25	2/26	2/27	2/28	3/1	3/2	3/3	3/4	3/5	3/6	3/7	
Beaufort	15,263	15,334	15,378	15,436	15,486	15,535	15,584	15,633	15,680	15,727	15,773	
Charleston	37,773	37,889	37,980	38,134	38,231	38,327	38,416	38,505	38,590	38,672	38,751	
Greenville	63,241	63,464	63,643	63,837	63,993	64,143	64,285	64,424	64,562	64,692	64,821	
Kershaw	6,649	6,670	6,683	6,698	6,727	6,756	6,783	6,810	6,837	6,862	6,887	
Lexington	29,543	29,629	29,720	29,819	29,955	30,092	30,225	30,347	30,475	30,602	30,719	
Richland	40,962	41,071	41,212	41,361	41,521	41,683	41,839	41,995	42,146	42,302	42,454	
Spartanburg	35,456	35,612	35,723	35,812	35,922	36,026	36,126	36,223	36,317	36,408	36,498	
York	26,351	26,429	26,524	26,643	26,800	26,960	27,121	27,281	27,441	27,600	27,755	

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:											
	2/25	2/26	2/27	2/28	3/2			3/4			3/6					
Beaufort	15,263	15,334	15,378	15,436	15,535	(3,107)	[746]	{373}	15,633	(3,127)	[750]	{375}	15,727	(3,145)	[755]	{377}
Charleston	37,773	37,889	37,980	38,134	38,327	(7,665)	[1,840]	{920}	38,505	(7,701)	[1,848]	{924}	38,672	(7,734)	[1,856]	{928}
Greenville	63,241	63,464	63,643	63,837	64,143	(12,829)	[3,079]	{1,539}	64,424	(12,885)	[3,092]	{1,546}	64,692	(12,938)	[3,105]	{1,553}
Kershaw	6,649	6,670	6,683	6,698	6,756	(1,351)	[324]	{162}	6,810	(1,362)	[327]	{163}	6,862	(1,372)	[329]	{165}
Lexington	29,543	29,629	29,720	29,819	30,092	(6,018)	[1,444]	{722}	30,347	(6,069)	[1,457]	{728}	30,602	(6,120)	[1,469]	{734}
Richland	40,962	41,071	41,212	41,361	41,683	(8,337)	[2,001]	{1,000}	41,995	(8,399)	[2,016]	{1,008}	42,302	(8,460)	[2,030]	{1,015}
Spartanburg	35,456	35,612	35,723	35,812	36,026	(7,205)	[1,729]	{865}	36,223	(7,245)	[1,739]	{869}	36,408	(7,282)	[1,748]	{874}
York	26,351	26,429	26,524	26,643	26,960	(5,392)	[1,294]	{647}	27,281	(5,456)	[1,310]	{655}	27,600	(5,520)	[1,325]	{662}

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.