

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 3/11/21**

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 3/11/21 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.

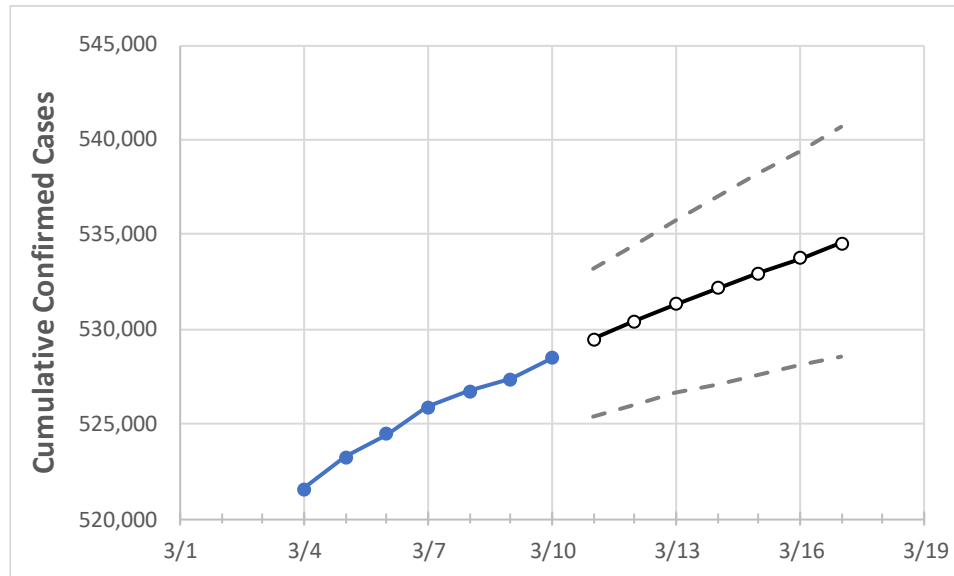
IEM's Modeling Lead

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
South Carolina	525,865	526,716	527,348	528,473	529,465	530,404	531,298	532,153	532,965	533,754	534,518

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
Beaufort	15,701	15,728	15,741	15,758	15,784	15,810	15,834	15,857	15,880	15,901	15,923
Charleston	38,724	38,794	38,857	38,914	38,978	39,038	39,097	39,151	39,205	39,257	39,307
Greenville	65,207	65,283	65,412	65,559	65,719	65,867	66,018	66,167	66,317	66,466	66,606
Kershaw	6,785	6,797	6,802	6,809	6,815	6,821	6,826	6,831	6,835	6,839	6,843
Lexington	30,293	30,344	30,365	30,416	30,457	30,496	30,532	30,563	30,593	30,620	30,649
Richland	41,947	42,019	42,057	42,136	42,194	42,250	42,300	42,352	42,398	42,442	42,484
Spartanburg	36,574	36,613	36,647	36,809	36,890	36,968	37,046	37,119	37,192	37,267	37,332
York	27,073	27,120	27,158	27,238	27,284	27,327	27,366	27,404	27,437	27,468	27,499

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:											
	3/7	3/8	3/9	3/10	3/12				3/14				3/16			
Beaufort	15,701	15,728	15,741	15,758	15,810	(3,162)	[759]	{379}	15,857	(3,171)	[761]	{381}	15,901	(3,180)	[763]	{382}
Charleston	38,724	38,794	38,857	38,914	39,038	(7,808)	[1,874]	{937}	39,151	(7,830)	[1,879]	{940}	39,257	(7,851)	[1,884]	{942}
Greenville	65,207	65,283	65,412	65,559	65,867	(13,173)	[3,162]	{1,581}	66,167	(13,233)	[3,176]	{1,588}	66,466	(13,293)	[3,190]	{1,595}
Kershaw	6,785	6,797	6,802	6,809	6,821	(1,364)	[327]	{164}	6,831	(1,366)	[328]	{164}	6,839	(1,368)	[328]	{164}
Lexington	30,293	30,344	30,365	30,416	30,496	(6,099)	[1,464]	{732}	30,563	(6,113)	[1,467]	{734}	30,620	(6,124)	[1,470]	{735}
Richland	41,947	42,019	42,057	42,136	42,250	(8,450)	[2,028]	{1,014}	42,352	(8,470)	[2,033]	{1,016}	42,442	(8,488)	[2,037]	{1,019}
Spartanburg	36,574	36,613	36,647	36,809	36,968	(7,394)	[1,774]	{887}	37,119	(7,424)	[1,782]	{891}	37,267	(7,453)	[1,789]	{894}
York	27,073	27,120	27,158	27,238	27,327	(5,465)	[1,312]	{656}	27,404	(5,481)	[1,315]	{658}	27,468	(5,494)	[1,318]	{659}

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.