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.

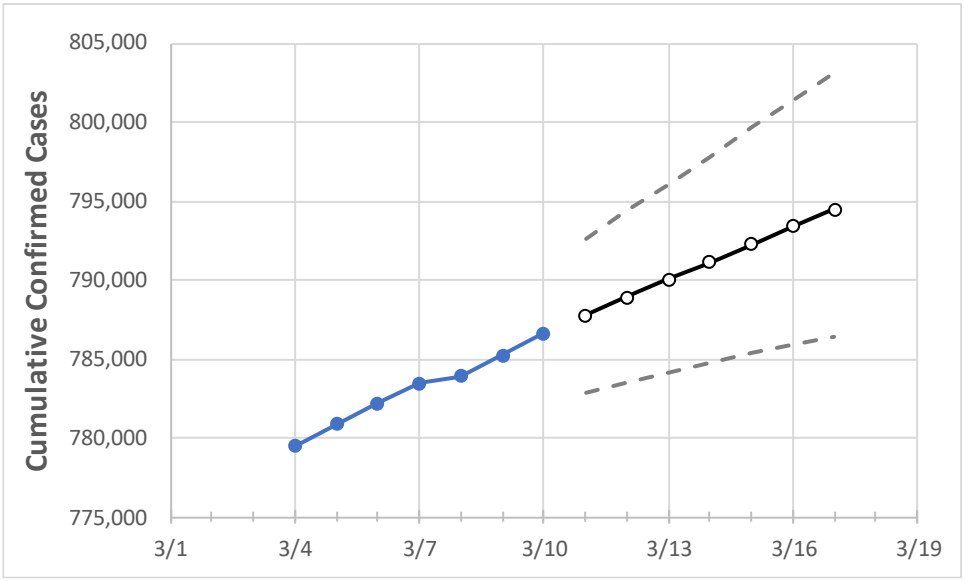
IEM's Modeling Lead

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.

Tennessee 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
Tennessee	783,484	783,904	785,242	786,597	787,737	788,893	790,014	791,144	792,283	793,393	794,488

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.

Tennessee 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
Blount	14,213	14,219	14,247	14,272	14,292	14,313	14,333	14,352	14,371	14,390	14,408
Davidson	82,248	82,300	82,477	82,614	82,716	82,818	82,918	83,016	83,109	83,200	83,289
Hamilton	40,761	40,802	40,888	40,983	41,041	41,098	41,153	41,206	41,259	41,311	41,359
Knox	46,569	46,583	46,676	46,754	46,841	46,925	47,009	47,089	47,168	47,243	47,318
Rutherford	38,847	38,878	38,972	39,067	39,144	39,216	39,289	39,361	39,433	39,506	39,575
Shelby	88,022	88,076	88,167	88,272	88,362	88,447	88,529	88,614	88,693	88,764	88,843
Sumner	21,597	21,607	21,638	21,668	21,698	21,727	21,755	21,783	21,811	21,838	21,863
Williamson	25,536	25,549	25,588	25,632	25,667	25,701	25,733	25,765	25,797	25,827	25,856

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.*

Tennessee 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
Blount	14,213	14,219	14,247	14,272	14,313 (2,863) [687] {344}	14,352 (2,870) [689] {344}	14,390 (2,878) [691] {345}
Davidson	82,248	82,300	82,477	82,614	82,818 (16,564) [3,975] {1,988}	83,016 (16,603) [3,985] {1,992}	83,200 (16,640) [3,994] {1,997}
Hamilton	40,761	40,802	40,888	40,983	41,098 (8,220) [1,973] {986}	41,206 (8,241) [1,978] {989}	41,311 (8,262) [1,983] {991}
Knox	46,569	46,583	46,676	46,754	46,925 (9,385) [2,252] {1,126}	47,089 (9,418) [2,260] {1,130}	47,243 (9,449) [2,268] {1,134}
Rutherford	38,847	38,878	38,972	39,067	39,216 (7,843) [1,882] {941}	39,361 (7,872) [1,889] {945}	39,506 (7,901) [1,896] {948}
Shelby	88,022	88,076	88,167	88,272	88,447 (17,689) [4,245] {2,123}	88,614 (17,723) [4,253] {2,127}	88,764 (17,753) [4,261] {2,130}
Sumner	21,597	21,607	21,638	21,668	21,727 (4,345) [1,043] {521}	21,783 (4,357) [1,046] {523}	21,838 (4,368) [1,048] {524}
Williamson	25,536	25,549	25,588	25,632	25,701 (5,140) [1,234] {617}	25,765 (5,153) [1,237] {618}	25,827 (5,165) [1,240] {620}

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.