IEM's AI Modeling: Short-term COVID-19 Projections
Date: 3/24/21

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 <u>not</u> 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 3/24/21 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
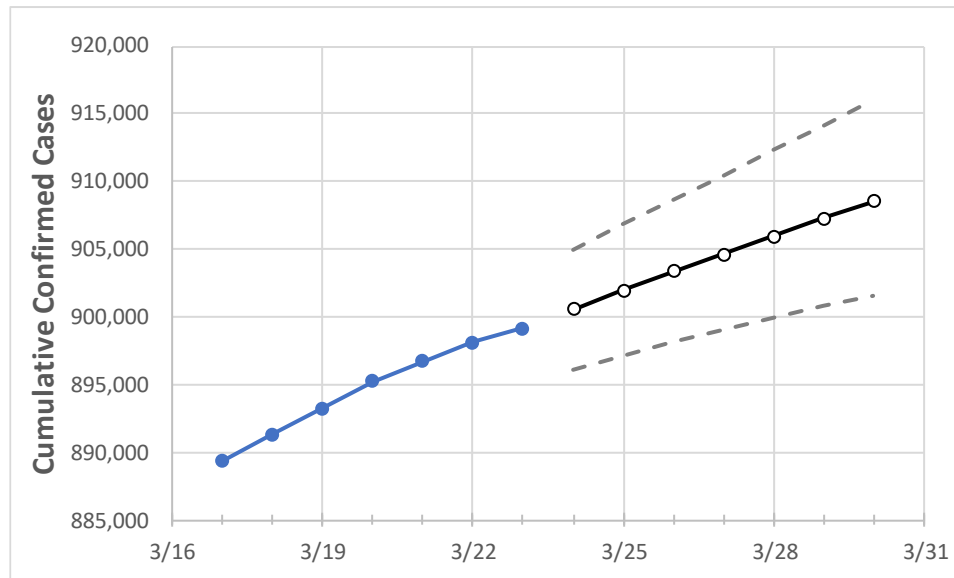
	Actual Confirmed Cases On:				Projected Cases For:						
	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30
North Carolina	895,263	896,683	898,102	899,164	900,577	901,976	903,337	904,645	905,951	907,255	908,540

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:						
	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30
Cumberland	25,242	25,289	25,336	25,372	25,421	25,467	25,514	25,561	25,606	25,650	25,692
Durham	22,517	22,581	22,644	22,659	22,722	22,785	22,850	22,915	22,979	23,046	23,113
Guilford	41,677	41,764	41,851	41,928	42,010	42,093	42,178	42,259	42,342	42,424	42,503
Mecklenburg	100,377	100,548	100,719	100,837	100,982	101,126	101,269	101,409	101,547	101,687	101,824
Orange	7,905	7,921	7,936	7,942	7,954	7,966	7,979	7,991	8,003	8,014	8,026
Union	21,727	21,765	21,802	21,854	21,903	21,952	22,000	22,048	22,095	22,143	22,190
Wake	78,227	78,438	78,649	78,745	78,937	79,130	79,327	79,510	79,705	79,892	80,084

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:		
	3/20	3/21	3/22	3/23	3/25	3/27	3/29
Cumberland	25,242	25,289	25,336	25,372	25,467 (5,093) [1,222] {611}	25,561 (5,112) [1,227] {613}	25,650 (5,130) [1,231] {616}
Durham	22,517	22,581	22,644	22,659	22,785 (4,557) [1,094] {547}	22,915 (4,583) [1,100] {550}	23,046 (4,609) [1,106] {553}
Guilford	41,677	41,764	41,851	41,928	42,093 (8,419) [2,020] {1,010}	42,259 (8,452) [2,028] {1,014}	42,424 (8,485) [2,036] {1,018}
Mecklenburg	100,377	100,548	100,719	100,837	101,126 (20,225) [4,854] {2,427}	101,409 (20,282) [4,868] {2,434}	101,687 (20,337) [4,881] {2,440}
Orange	7,905	7,921	7,936	7,942	7,966 (1,593) [382] {191}	7,991 (1,598) [384] {192}	8,014 (1,603) [385] {192}
Union	21,727	21,765	21,802	21,854	21,952 (4,390) [1,054] {527}	22,048 (4,410) [1,058] {529}	22,143 (4,429) [1,063] {531}
Wake	78,227	78,438	78,649	78,745	79,130 (15,826) [3,798] {1,899}	79,510 (15,902) [3,816] {1,908}	79,892 (15,978) [3,835] {1,917}

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.