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

Date: 4/9/21

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 4/9/21 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.

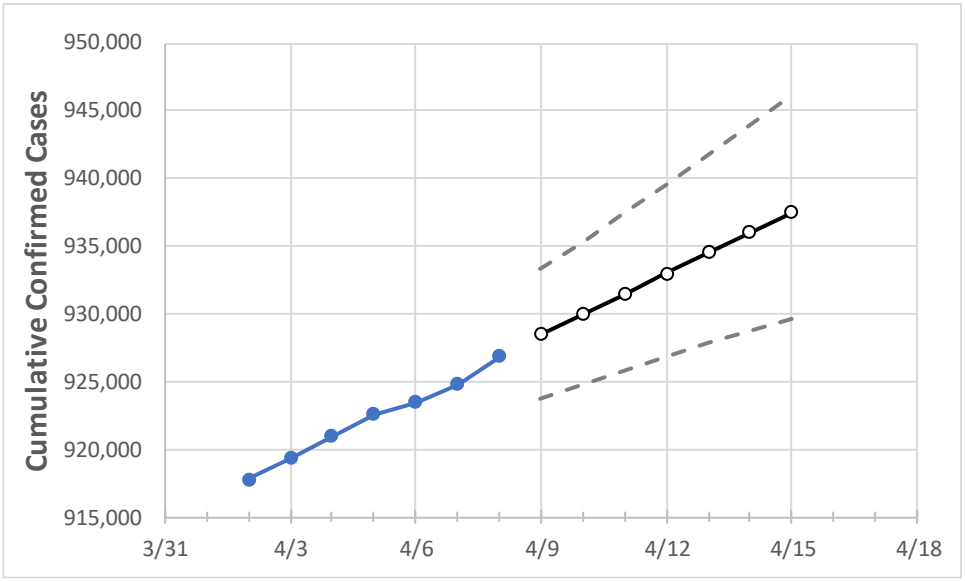
IEM's Modeling Lead

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:						
	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15
North Carolina	922,560	923,430	924,810	926,897	928,479	929,971	931,480	933,009	934,541	936,054	937,533

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:						
	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15
Cumberland	26,120	26,150	26,201	26,270	26,322	26,374	26,425	26,475	26,526	26,575	26,627
Durham	23,409	23,481	23,511	23,577	23,624	23,670	23,715	23,761	23,807	23,850	23,892
Guilford	43,431	43,477	43,555	43,703	43,803	43,904	44,005	44,104	44,202	44,298	44,394
Mecklenburg	103,967	104,118	104,259	104,510	104,729	104,951	105,169	105,387	105,605	105,821	106,038
Orange	8,132	8,142	8,157	8,172	8,182	8,192	8,201	8,210	8,219	8,227	8,235
Union	22,597	22,606	22,648	22,703	22,739	22,774	22,807	22,839	22,872	22,901	22,932
Wake	81,412	81,458	81,648	81,894	82,054	82,213	82,369	82,522	82,675	82,828	82,969

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:		
	4/5	4/6	4/7	4/8	4/10	4/12	4/14
Cumberland	26,120	26,150	26,201	26,270	26,374 (5,275) [1,266] {633}	26,475 (5,295) [1,271] {635}	26,575 (5,315) [1,276] {638}
Durham	23,409	23,481	23,511	23,577	23,670 (4,734) [1,136] {568}	23,761 (4,752) [1,141] {570}	23,850 (4,770) [1,145] {572}
Guilford	43,431	43,477	43,555	43,703	43,904 (8,781) [2,107] {1,054}	44,104 (8,821) [2,117] {1,059}	44,298 (8,860) [2,126] {1,063}
Mecklenburg	103,967	104,118	104,259	104,510	104,951 (20,990) [5,038] {2,519}	105,387 (21,077) [5,059] {2,529}	105,821 (21,164) [5,079] {2,540}
Orange	8,132	8,142	8,157	8,172	8,192 (1,638) [393] {197}	8,210 (1,642) [394] {197}	8,227 (1,645) [395] {197}
Union	22,597	22,606	22,648	22,703	22,774 (4,555) [1,093] {547}	22,839 (4,568) [1,096] {548}	22,901 (4,580) [1,099] {550}
Wake	81,412	81,458	81,648	81,894	82,213 (16,443) [3,946] {1,973}	82,522 (16,504) [3,961] {1,981}	82,828 (16,566) [3,976] {1,988}

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.