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

Date: 4/20/21

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 4/20/21 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.

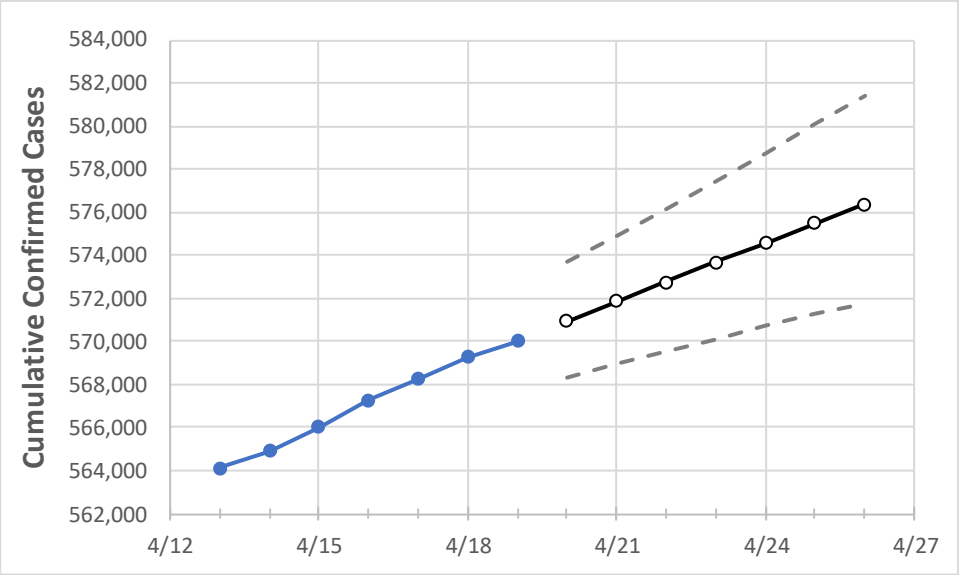
IEM's Modeling Lead

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:						
	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26
South Carolina	567,277	568,258	569,279	570,032	570,956	571,879	572,773	573,679	574,582	575,478	576,357

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:						
	4/16	4/17	4/18	4/19	4/20	4/21	4/22	4/23	4/24	4/25	4/26
Beaufort	16,507	16,521	16,534	16,545	16,558	16,571	16,583	16,596	16,608	16,620	16,631
Charleston	41,849	41,917	42,004	42,075	42,153	42,234	42,314	42,395	42,474	42,556	42,636
Greenville	72,072	72,210	72,343	72,458	72,570	72,682	72,786	72,887	72,988	73,085	73,179
Kershaw	7,214	7,247	7,253	7,272	7,284	7,295	7,307	7,320	7,332	7,344	7,356
Lexington	32,444	32,497	32,548	32,591	32,649	32,707	32,765	32,824	32,884	32,943	33,005
Richland	45,048	45,147	45,230	45,287	45,368	45,451	45,534	45,619	45,704	45,792	45,878
Spartanburg	40,123	40,154	40,224	40,270	40,316	40,359	40,401	40,442	40,480	40,518	40,554
York	29,678	29,769	29,827	29,879	29,950	30,022	30,094	30,167	30,240	30,314	30,389

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:		
	4/16	4/17	4/18	4/19	4/21	4/23	4/25
Beaufort	16,507	16,521	16,534	16,545	16,571 (3,314) [795] {398}	16,596 (3,319) [797] {398}	16,620 (3,324) [798] {399}
Charleston	41,849	41,917	42,004	42,075	42,234 (8,447) [2,027] {1,014}	42,395 (8,479) [2,035] {1,017}	42,556 (8,511) [2,043] {1,021}
Greenville	72,072	72,210	72,343	72,458	72,682 (14,536) [3,489] {1,744}	72,887 (14,577) [3,499] {1,749}	73,085 (14,617) [3,508] {1,754}
Kershaw	7,214	7,247	7,253	7,272	7,295 (1,459) [350] {175}	7,320 (1,464) [351] {176}	7,344 (1,469) [352] {176}
Lexington	32,444	32,497	32,548	32,591	32,707 (6,541) [1,570] {785}	32,824 (6,565) [1,576] {788}	32,943 (6,589) [1,581] {791}
Richland	45,048	45,147	45,230	45,287	45,451 (9,090) [2,182] {1,091}	45,619 (9,124) [2,190] {1,095}	45,792 (9,158) [2,198] {1,099}
Spartanburg	40,123	40,154	40,224	40,270	40,359 (8,072) [1,937] {969}	40,442 (8,088) [1,941] {971}	40,518 (8,104) [1,945] {972}
York	29,678	29,769	29,827	29,879	30,022 (6,004) [1,441] {721}	30,167 (6,033) [1,448] {724}	30,314 (6,063) [1,455] {728}

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.