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

Date: 5/4/21

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 5/4/21 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.

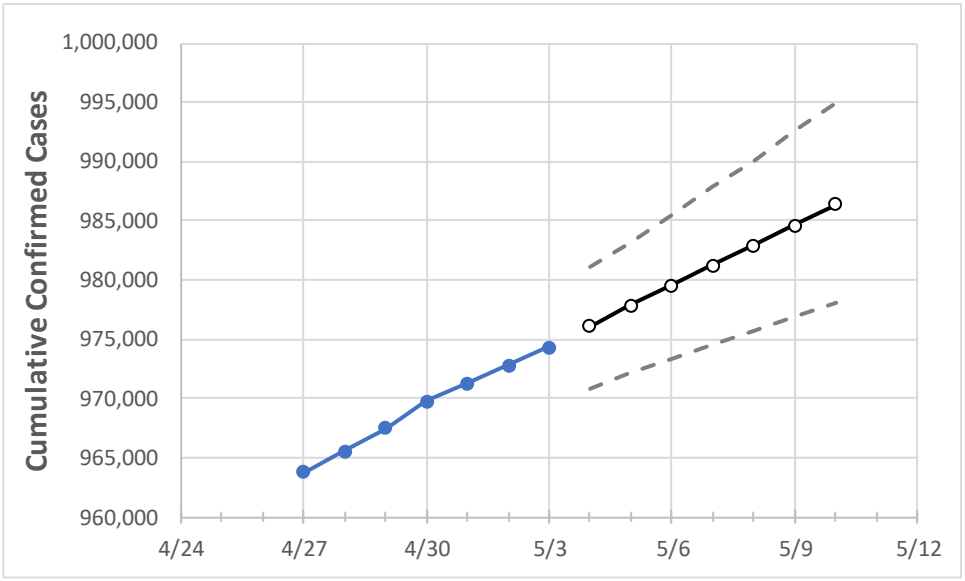
IEM's Modeling Lead

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:						
	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10
North Carolina	969,752	971,274	972,797	974,319	976,106	977,848	979,549	981,228	982,925	984,617	986,389

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:						
	4/30	5/1	5/2	5/3	5/4	5/5	5/6	5/7	5/8	5/9	5/10
Cumberland	27,907	27,987	28,066	28,146	28,239	28,333	28,430	28,527	28,626	28,726	28,828
Durham	24,774	24,812	24,849	24,887	24,930	24,972	25,013	25,055	25,095	25,136	25,179
Guilford	46,460	46,542	46,623	46,705	46,793	46,882	46,968	47,053	47,135	47,215	47,295
Mecklenburg	109,948	110,152	110,357	110,561	110,759	110,962	111,163	111,355	111,549	111,738	111,925
Orange	8,483	8,487	8,490	8,494	8,503	8,511	8,519	8,528	8,536	8,543	8,551
Union	23,975	24,007	24,039	24,071	24,112	24,154	24,193	24,232	24,270	24,305	24,341
Wake	85,911	86,034	86,156	86,279	86,412	86,540	86,670	86,795	86,916	87,041	87,160

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:		
	4/30	5/1	5/2	5/3	5/5	5/7	5/9
Cumberland	27,907	27,987	28,066	28,146	28,333 (5,667) [1,360] {680}	28,527 (5,705) [1,369] {685}	28,726 (5,745) [1,379] {689}
Durham	24,774	24,812	24,849	24,887	24,972 (4,994) [1,199] {599}	25,055 (5,011) [1,203] {601}	25,136 (5,027) [1,207] {603}
Guilford	46,460	46,542	46,623	46,705	46,882 (9,376) [2,250] {1,125}	47,053 (9,411) [2,259] {1,129}	47,215 (9,443) [2,266] {1,133}
Mecklenburg	109,948	110,152	110,357	110,561	110,962 (22,192) [5,326] {2,663}	111,355 (22,271) [5,345] {2,673}	111,738 (22,348) [5,363] {2,682}
Orange	8,483	8,487	8,490	8,494	8,511 (1,702) [409] {204}	8,528 (1,706) [409] {205}	8,543 (1,709) [410] {205}
Union	23,975	24,007	24,039	24,071	24,154 (4,831) [1,159] {580}	24,232 (4,846) [1,163] {582}	24,305 (4,861) [1,167] {583}
Wake	85,911	86,034	86,156	86,279	86,540 (17,308) [4,154] {2,077}	86,795 (17,359) [4,166] {2,083}	87,041 (17,408) [4,178] {2,089}

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.