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

Date: 5/11/21

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 5/11/21 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.

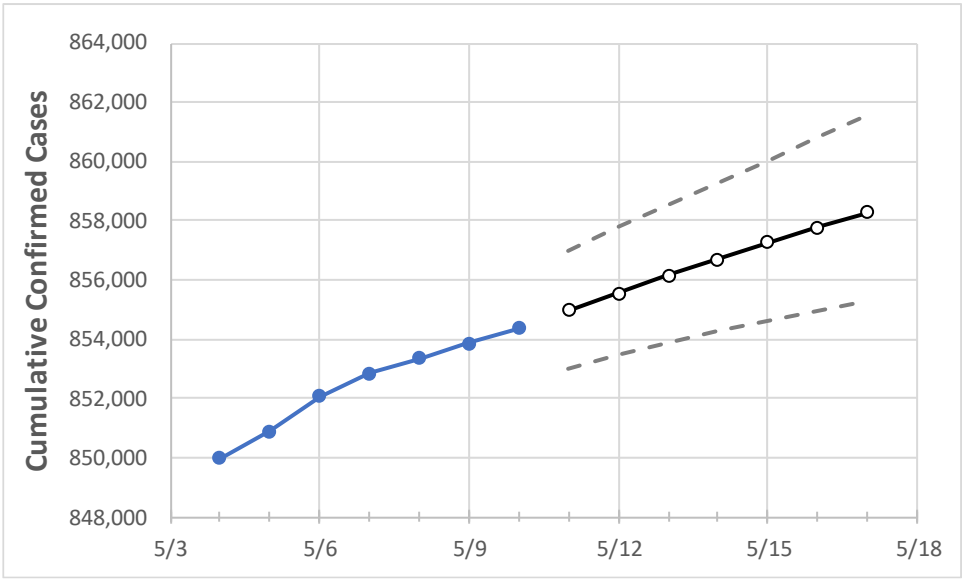
IEM's Modeling Lead

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:						
	5/7	5/8	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17
Tennessee	852,841	853,347	853,854	854,360	854,975	855,562	856,145	856,711	857,262	857,793	858,301

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:						
	5/7	5/8	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17
Blount	15,490	15,498	15,505	15,513	15,525	15,537	15,548	15,559	15,570	15,581	15,591
Davidson	89,355	89,392	89,428	89,465	89,505	89,543	89,578	89,615	89,647	89,677	89,706
Hamilton	44,280	44,313	44,345	44,378	44,418	44,458	44,498	44,536	44,575	44,612	44,648
Knox	50,675	50,715	50,756	50,796	50,834	50,869	50,906	50,941	50,975	51,008	51,041
Rutherford	43,046	43,064	43,082	43,100	43,121	43,141	43,159	43,176	43,193	43,208	43,223
Shelby	95,656	95,760	95,864	95,968	96,084	96,201	96,318	96,434	96,545	96,655	96,763
Sumner	24,012	24,025	24,039	24,052	24,071	24,089	24,106	24,123	24,140	24,156	24,171
Williamson	28,015	28,023	28,032	28,040	28,056	28,072	28,087	28,101	28,114	28,128	28,140

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:		
	5/7	5/8	5/9	5/10	5/12	5/14	5/16
Blount	15,490	15,498	15,505	15,513	15,537 (3,107) [746] {373}	15,559 (3,112) [747] {373}	15,581 (3,116) [748] {374}
Davidson	89,355	89,392	89,428	89,465	89,543 (17,909) [4,298] {2,149}	89,615 (17,923) [4,302] {2,151}	89,677 (17,935) [4,305] {2,152}
Hamilton	44,280	44,313	44,345	44,378	44,458 (8,892) [2,134] {1,067}	44,536 (8,907) [2,138] {1,069}	44,612 (8,922) [2,141] {1,071}
Knox	50,675	50,715	50,756	50,796	50,869 (10,174) [2,442] {1,221}	50,941 (10,188) [2,445] {1,223}	51,008 (10,202) [2,448] {1,224}
Rutherford	43,046	43,064	43,082	43,100	43,141 (8,628) [2,071] {1,035}	43,176 (8,635) [2,072] {1,036}	43,208 (8,642) [2,074] {1,037}
Shelby	95,656	95,760	95,864	95,968	96,201 (19,240) [4,618] {2,309}	96,434 (19,287) [4,629] {2,314}	96,655 (19,331) [4,639] {2,320}
Sumner	24,012	24,025	24,039	24,052	24,089 (4,818) [1,156] {578}	24,123 (4,825) [1,158] {579}	24,156 (4,831) [1,159] {580}
Williamson	28,015	28,023	28,032	28,040	28,072 (5,614) [1,347] {674}	28,101 (5,620) [1,349] {674}	28,128 (5,626) [1,350] {675}

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.