

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 5/13/21**

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 5/13/21 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.

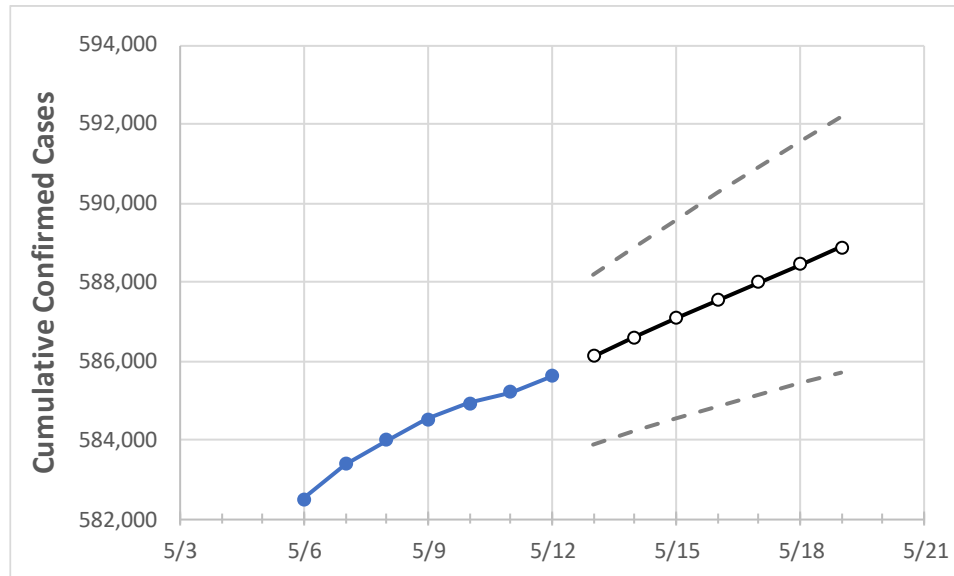
IEM's Modeling Lead

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:						
	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19
South Carolina	584,517	584,932	585,219	585,601	586,112	586,604	587,084	587,543	587,997	588,452	588,876

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:						
	5/9	5/10	5/11	5/12	5/13	5/14	5/15	5/16	5/17	5/18	5/19
Beaufort	16,773	16,781	16,787	16,799	16,810	16,821	16,832	16,843	16,854	16,865	16,877
Charleston	43,111	43,130	43,144	43,168	43,199	43,228	43,257	43,284	43,309	43,334	43,358
Greenville	74,253	74,312	74,346	74,376	74,436	74,494	74,552	74,607	74,662	74,716	74,768
Kershaw	7,471	7,475	7,478	7,481	7,486	7,490	7,495	7,499	7,503	7,506	7,510
Lexington	33,254	33,287	33,303	33,332	33,355	33,378	33,401	33,422	33,443	33,463	33,483
Richland	46,518	46,555	46,580	46,603	46,649	46,694	46,737	46,780	46,822	46,862	46,901
Spartanburg	41,249	41,279	41,292	41,315	41,355	41,394	41,433	41,472	41,509	41,545	41,582
York	31,141	31,166	31,197	31,219	31,261	31,302	31,340	31,378	31,417	31,453	31,489

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:											
	5/9	5/10	5/11	5/12	5/14				5/16				5/18			
Beaufort	16,773	16,781	16,787	16,799	16,821	(3,364)	[807]	{404}	16,843	(3,369)	[808]	{404}	16,865	(3,373)	[810]	{405}
Charleston	43,111	43,130	43,144	43,168	43,228	(8,646)	[2,075]	{1,037}	43,284	(8,657)	[2,078]	{1,039}	43,334	(8,667)	[2,080]	{1,040}
Greenville	74,253	74,312	74,346	74,376	74,494	(14,899)	[3,576]	{1,788}	74,607	(14,921)	[3,581]	{1,791}	74,716	(14,943)	[3,586]	{1,793}
Kershaw	7,471	7,475	7,478	7,481	7,490	(1,498)	[360]	{180}	7,499	(1,500)	[360]	{180}	7,506	(1,501)	[360]	{180}
Lexington	33,254	33,287	33,303	33,332	33,378	(6,676)	[1,602]	{801}	33,422	(6,684)	[1,604]	{802}	33,463	(6,693)	[1,606]	{803}
Richland	46,518	46,555	46,580	46,603	46,694	(9,339)	[2,241]	{1,121}	46,780	(9,356)	[2,245]	{1,123}	46,862	(9,372)	[2,249]	{1,125}
Spartanburg	41,249	41,279	41,292	41,315	41,394	(8,279)	[1,987]	{993}	41,472	(8,294)	[1,991]	{995}	41,545	(8,309)	[1,994]	{997}
York	31,141	31,166	31,197	31,219	31,302	(6,260)	[1,502]	{751}	31,378	(6,276)	[1,506]	{753}	31,453	(6,291)	[1,510]	{755}

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.