

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

Date: 5/21/21

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 <u>not</u> 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 5/21 /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**

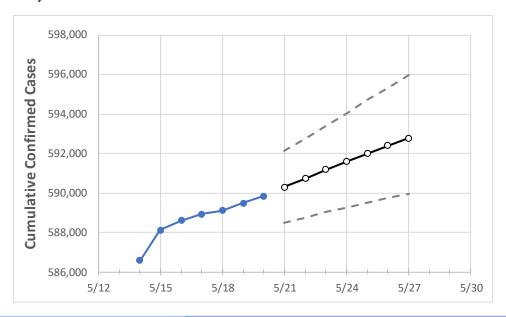
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:						
	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25	5/26	5/27
South Carolina	588.939	589.098	589.488	589.846	590.297	590.738	591.173	591.591	592.001	592.393	592.786

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:						
	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25	5/26	5/27
Beaufort	16,929	16,936	16,944	16,954	16,965	16,975	16,986	16,997	17,007	17,017	17,027
Charleston	43,525	43,532	43,561	43,583	43,599	43,615	43,630	43,645	43,659	43,672	43,684
Greenville	74,743	74,767	74,789	74,833	74,878	74,921	74,964	75,007	75,047	75,087	75,125
Kershaw	7,512	7,514	7,518	7,521	7,524	7,528	7,531	7,534	7,537	7,540	7,543
Lexington	33,472	33,477	33,491	33,514	33,535	33,556	33,576	33,596	33,615	33,635	33,654
Richland	46,855	46,868	46,885	46,922	46,952	46,982	47,011	47,038	47,064	47,089	47,115
Spartanburg	41,525	41,530	41,560	41,582	41,611	41,640	41,667	41,694	41,721	41,747	41,771
York	31,438	31,455	31,502	31,538	31,571	31,602	31,633	31,662	31,693	31,721	31,749



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:			s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:						
	5/17	5/18	5/19	5/20	5/22	5/24	5/26				
Beaufort	16,929	16,936	16,944	16,954	16,975 (3,395) [815] {407}	16,997 (3,399) [816] {408}	17,017 (3,403) [817] {408}				
Charleston	43,525	43,532	43,561	43,583	43,615 (8,723) [2,094] {1,047}	43,645 (8,729) [2,095] {1,047}	43,672 (8,734) [2,096] {1,048}				
Greenville	74,743	74,767	74,789	74,833	74,921 (14,984) [3,596] {1,798}	75,007 (15,001) [3,600] {1,800}	75,087 (15,017) [3,604] {1,802}				
Kershaw	7,512	7,514	7,518	7,521	7,528 (1,506) [361] {181}	7,534 (1,507) [362] {181}	7,540 (1,508) [362] {181}				
Lexington	33,472	33,477	33,491	33,514	33,556 (6,711) [1,611] {805}	33,596 (6,719) [1,613] {806}	33,635 (6,727) [1,614] {807}				
Richland	46,855	46,868	46,885	46,922	46,982 (9,396) [2,255] {1,128}	47,038 (9,408) [2,258] {1,129}	47,089 (9,418) [2,260] {1,130}				
Spartanburg	41,525	41,530	41,560	41,582	41,640 (8,328) [1,999] {999}	41,694 (8,339) [2,001] {1,001}	41,747 (8,349) [2,004] {1,002}				
York	31,438	31,455	31,502	31,538	31,602 (6,320) [1,517] {758}	31,662 (6,332) [1,520] {760}	31,721 (6,344) [1,523] {761}				

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

