

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

**Date: 6/2/21**

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 6/2/21 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.**

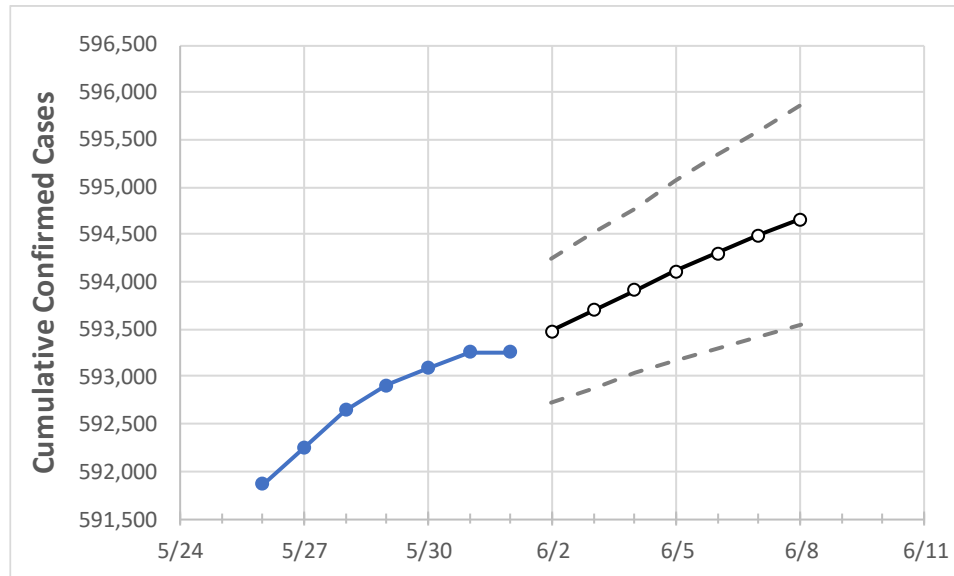
### **IEM's Modeling Lead**

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:							
	5/29	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	
South Carolina	592,912	593,092	593,262	593,262	593,481	593,705	593,912	594,114	594,301	594,488	594,664	

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:							
	5/29	5/30	5/31	6/1	6/2	6/3	6/4	6/5	6/6	6/7	6/8	
Beaufort	17,051	17,059	17,060	17,060	17,069	17,078	17,087	17,096	17,105	17,114	17,123	
Charleston	43,780	43,790	43,802	43,802	43,818	43,833	43,847	43,862	43,876	43,890	43,904	
Greenville	75,138	75,162	75,176	75,176	75,197	75,218	75,238	75,256	75,274	75,290	75,308	
Kershaw	7,545	7,546	7,547	7,547	7,549	7,552	7,554	7,556	7,558	7,560	7,562	
Lexington	33,670	33,676	33,681	33,681	33,693	33,704	33,715	33,726	33,736	33,746	33,755	
Richland	47,130	47,141	47,152	47,152	47,166	47,180	47,192	47,204	47,216	47,226	47,237	
Spartanburg	41,762	41,778	41,791	41,791	41,804	41,818	41,830	41,843	41,854	41,865	41,875	
York	31,844	31,858	31,880	31,880	31,905	31,931	31,956	31,981	32,004	32,027	32,050	

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:											
	5/29	5/30	5/31	6/1	6/3				6/5				6/7			
Beaufort	17,051	17,059	17,060	17,060	17,078	(3,416)	[820]	{410}	17,096	(3,419)	[821]	{410}	17,114	(3,423)	[821]	{411}
Charleston	43,780	43,790	43,802	43,802	43,833	(8,767)	[2,104]	{1,052}	43,862	(8,772)	[2,105]	{1,053}	43,890	(8,778)	[2,107]	{1,053}
Greenville	75,138	75,162	75,176	75,176	75,218	(15,044)	[3,610]	{1,805}	75,256	(15,051)	[3,612]	{1,806}	75,290	(15,058)	[3,614]	{1,807}
Kershaw	7,545	7,546	7,547	7,547	7,552	(1,510)	[362]	{181}	7,556	(1,511)	[363]	{181}	7,560	(1,512)	[363]	{181}
Lexington	33,670	33,676	33,681	33,681	33,704	(6,741)	[1,618]	{809}	33,726	(6,745)	[1,619]	{809}	33,746	(6,749)	[1,620]	{810}
Richland	47,130	47,141	47,152	47,152	47,180	(9,436)	[2,265]	{1,132}	47,204	(9,441)	[2,266]	{1,133}	47,226	(9,445)	[2,267]	{1,133}
Spartanburg	41,762	41,778	41,791	41,791	41,818	(8,364)	[2,007]	{1,004}	41,843	(8,369)	[2,008]	{1,004}	41,865	(8,373)	[2,010]	{1,005}
York	31,844	31,858	31,880	31,880	31,931	(6,386)	[1,533]	{766}	31,981	(6,396)	[1,535]	{768}	32,027	(6,405)	[1,537]	{769}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.