

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 7/23/21**

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 7/23/21 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.

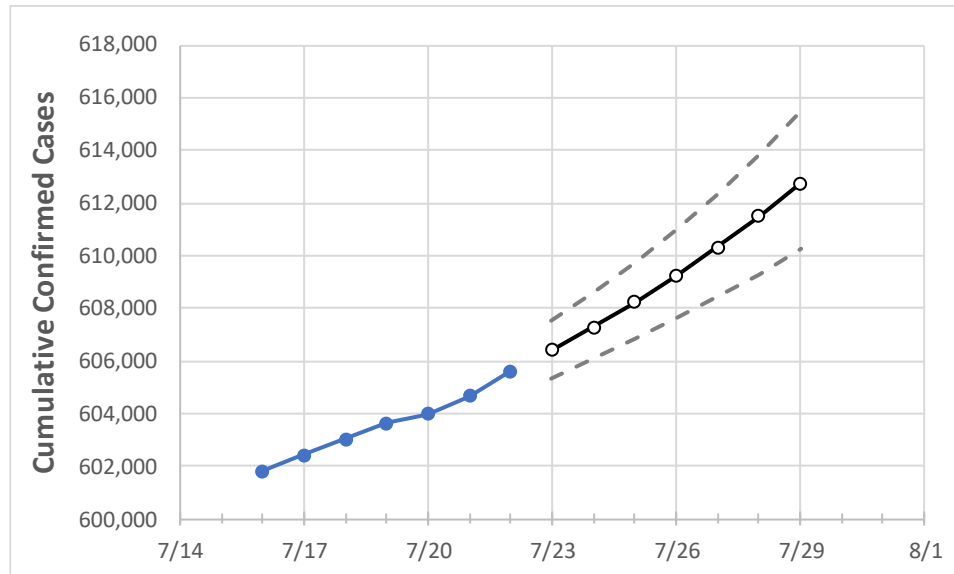
IEM's Modeling Lead

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:						
	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/26	7/27	7/28	7/29
South Carolina	603,641	603,973	604,650	605,590	606,395	607,264	608,210	609,225	610,314	611,495	612,746

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:						
	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/26	7/27	7/28	7/29
Beaufort	17,319	17,327	17,348	17,391	17,411	17,432	17,454	17,477	17,503	17,529	17,557
Charleston	44,523	44,532	44,582	44,659	44,723	44,793	44,868	44,947	45,032	45,123	45,218
Greenville	76,174	76,196	76,242	76,323	76,390	76,462	76,541	76,626	76,717	76,814	76,920
Kershaw	7,682	7,686	7,699	7,726	7,747	7,771	7,797	7,826	7,858	7,894	7,933
Lexington	34,322	34,341	34,393	34,465	34,530	34,599	34,675	34,755	34,841	34,935	35,034
Richland	48,383	48,416	48,477	48,557	48,624	48,695	48,770	48,848	48,931	49,017	49,107
Spartanburg	42,302	42,337	42,386	42,433	42,485	42,542	42,606	42,679	42,758	42,848	42,948
York	32,559	32,578	32,612	32,658	32,696	32,736	32,777	32,819	32,862	32,908	32,955

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:											
	7/19	7/20	7/21	7/22	7/24				7/26				7/28			
Beaufort	17,319	17,327	17,348	17,391	17,432	(3,486)	[837]	{418}	17,477	(3,495)	[839]	{419}	17,529	(3,506)	[841]	{421}
Charleston	44,523	44,532	44,582	44,659	44,793	(8,959)	[2,150]	{1,075}	44,947	(8,989)	[2,157]	{1,079}	45,123	(9,025)	[2,166]	{1,083}
Greenville	76,174	76,196	76,242	76,323	76,462	(15,292)	[3,670]	{1,835}	76,626	(15,325)	[3,678]	{1,839}	76,814	(15,363)	[3,687]	{1,844}
Kershaw	7,682	7,686	7,699	7,726	7,771	(1,554)	[373]	{187}	7,826	(1,565)	[376]	{188}	7,894	(1,579)	[379]	{189}
Lexington	34,322	34,341	34,393	34,465	34,599	(6,920)	[1,661]	{830}	34,755	(6,951)	[1,668]	{834}	34,935	(6,987)	[1,677]	{838}
Richland	48,383	48,416	48,477	48,557	48,695	(9,739)	[2,337]	{1,169}	48,848	(9,770)	[2,345]	{1,172}	49,017	(9,803)	[2,353]	{1,176}
Spartanburg	42,302	42,337	42,386	42,433	42,542	(8,508)	[2,042]	{1,021}	42,679	(8,536)	[2,049]	{1,024}	42,848	(8,570)	[2,057]	{1,028}
York	32,559	32,578	32,612	32,658	32,736	(6,547)	[1,571]	{786}	32,819	(6,564)	[1,575]	{788}	32,908	(6,582)	[1,580]	{790}

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.