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

Date: 8/6/21

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 8/6/21 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.

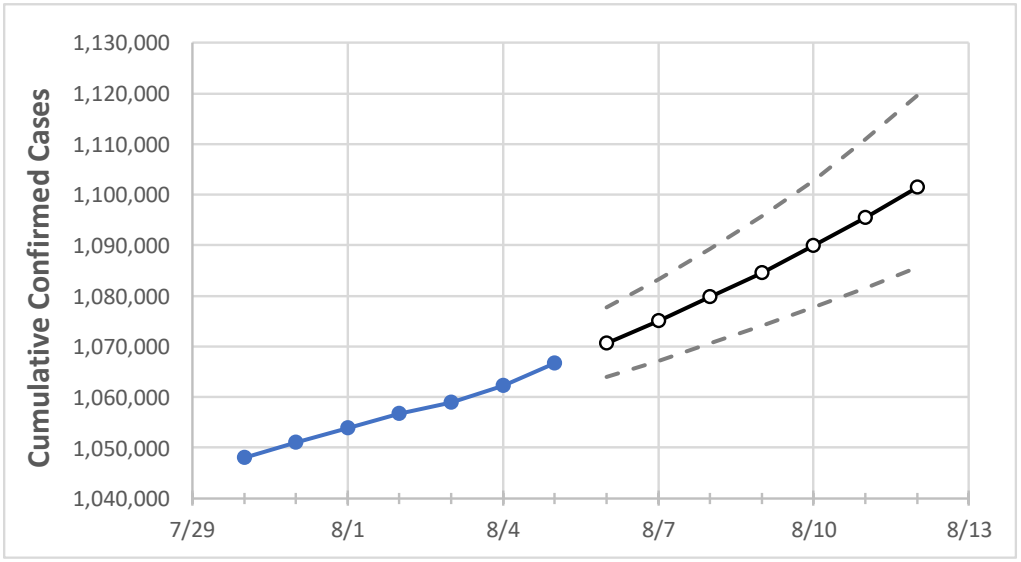
IEM's Modeling Lead

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.

North Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12
North Carolina	1,056,699	1,058,887	1,062,300	1,066,631	1,070,656	1,075,066	1,079,707	1,084,593	1,089,879	1,095,452	1,101,424

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.

North Carolina Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12
Cumberland	32,705	32,787	32,898	33,053	33,192	33,334	33,481	33,633	33,788	33,944	34,110
Durham	26,547	26,593	26,663	26,741	26,821	26,907	27,002	27,104	27,215	27,338	27,470
Guilford	50,152	50,236	50,335	50,472	50,615	50,771	50,937	51,116	51,309	51,517	51,738
Mecklenburg	120,200	120,493	120,955	121,457	121,954	122,487	123,050	123,649	124,289	124,956	125,661
Orange	8,845	8,863	8,879	8,914	8,942	8,972	9,005	9,040	9,078	9,121	9,167
Union	26,023	26,068	26,166	26,287	26,386	26,492	26,603	26,722	26,849	26,982	27,127
Wake	93,608	93,799	94,145	94,566	94,984	95,441	95,929	96,472	97,041	97,656	98,312

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.*

North Carolina Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:			
	8/2	8/3	8/4	8/5	8/7	8/9	8/11	
Cumberland	32,705	32,787	32,898	33,053	33,334 (6,667) [1,600] {800}	33,633 (6,727) [1,614] {807}	33,944 (6,789) [1,629] {815}	
Durham	26,547	26,593	26,663	26,741	26,907 (5,381) [1,292] {646}	27,104 (5,421) [1,301] {650}	27,338 (5,468) [1,312] {656}	
Guilford	50,152	50,236	50,335	50,472	50,771 (10,154) [2,437] {1,218}	51,116 (10,223) [2,454] {1,227}	51,517 (10,303) [2,473] {1,236}	
Mecklenburg	120,200	120,493	120,955	121,457	122,487 (24,497) [5,879] {2,940}	123,649 (24,730) [5,935] {2,968}	124,956 (24,991) [5,998] {2,999}	
Orange	8,845	8,863	8,879	8,914	8,972 (1,794) [431] {215}	9,040 (1,808) [434] {217}	9,121 (1,824) [438] {219}	
Union	26,023	26,068	26,166	26,287	26,492 (5,298) [1,272] {636}	26,722 (5,344) [1,283] {641}	26,982 (5,396) [1,295] {648}	
Wake	93,608	93,799	94,145	94,566	95,441 (19,088) [4,581] {2,291}	96,472 (19,294) [4,631] {2,315}	97,656 (19,531) [4,687] {2,344}	

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.