

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

Date: 9/3/21

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 9/3/21 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

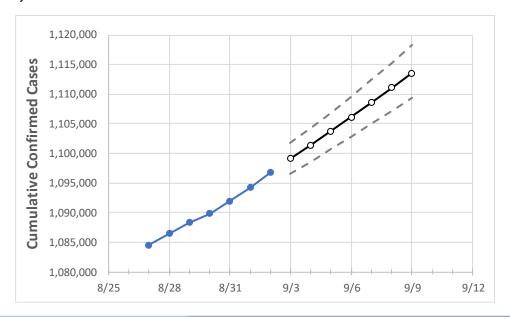
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



New Jersey State Projections



 Actual Confirmed Cases On:
 Projected Cases For:

 8/30
 8/31
 9/1
 9/2
 9/3
 9/4
 9/5
 9/6
 9/7
 9/8
 9/9

 New Jersey
 1,089,838
 1,091,966
 1,094,249
 1,096,791
 1,099,095
 1,101,405
 1,103,792
 1,106,162
 1,108,581
 1,111,079
 1,113,584

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.

New Jersey Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	8/30	8/31	9/1	9/2	9/3	9/4	9/5	9/6	9/7	9/8	9/9
Bergen	111,046	111,219	111,399	111,592	111,784	111,982	112,179	112,379	112,583	112,792	112,998
Burlington	48,326	48,430	48,534	48,737	48,885	49,036	49,187	49,340	49,499	49,666	49,830
Camden	60,135	60,258	60,398	60,611	60,777	60,942	61,112	61,285	61,464	61,646	61,829
Essex	99,854	100,067	100,197	100,377	100,528	100,693	100,848	101,006	101,170	101,328	101,502
Gloucester	33,252	33,363	33,436	33,562	33,671	33,788	33,905	34,025	34,145	34,279	34,402
Hudson	92,555	92,635	92,750	92,854	92,962	93,067	93,176	93,284	93,390	93,500	93,608
Hunterdon	10,679	10,708	10,738	10,773	10,801	10,830	10,858	10,888	10,918	10,947	10,978
Mercer	36,192	36,253	36,328	36,424	36,502	36,581	36,661	36,743	36,826	36,913	37,000
Middlesex	98,003	98,174	98,396	98,599	98,785	98,974	99,166	99,360	99,557	99,756	99,962
Monmouth	83,196	83,390	83,628	83,876	84,090	84,306	84,523	84,743	84,970	85,200	85,427
Morris	53,275	53,384	53,503	53,623	53,733	53,841	53,952	54,067	54,185	54,304	54,426
Ocean	82,682	82,893	83,167	83,431	83,673	83,918	84,171	84,429	84,697	84,967	85,245
Passaic	76,703	76,829	76,948	77,054	77,184	77,313	77,444	77,577	77,718	77,862	78,005
Somerset	32,167	32,238	32,309	32,375	32,436	32,495	32,555	32,616	32,677	32,741	32,804
Sussex	14,965	14,986	15,018	15,051	15,086	15,121	15,157	15,194	15,232	15,272	15,312
Union	75,426	75,548	75,633	75,737	75,848	75,960	76,074	76,190	76,304	76,421	76,536
Warren	10,642	10,662	10,686	10,732	10,766	10,799	10,834	10,869	10,906	10,945	10,984



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.

New Jersey Medical Demands by County

	Actual Confirmed Cases On:			s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:							
	8/30	8/31	9/1	9/2	9/4		9/	,	9/8			
Bergen	111,046	111,219	111,399	111,592	111,982 (22,396) [5,3	375] {2,688}	112,379 (22,476)	[5,394] {2,697}	112,792 (22,558) [5	5,414] {2,707}		
Burlington	48,326	48,430	48,534	48,737	49,036 (9,807) [2,35	54] {1,177}	49,340 (9,868)	[2,368] {1,184}	49,666 (9,933) [2,	384] {1,192}		
Camden	60,135	60,258	60,398	60,611	60,942 (12,188) [2,9	25] {1,463}	61,285 (12,257)	[2,942] {1,471}	61,646 (12,329) [2,	.959] {1,480}		
Essex	99,854	100,067	100,197	100,377	100,693 (20,139) [4,8	333] {2,417}	101,006 (20,201)	[4,848] {2,424}	101,328 (20,266) [4	1,864] {2,432}		
Gloucester	33,252	33,363	33,436	33,562	33,788 (6,758) [1,6	522] {811}	34,025 (6,805)	[1,633] {817}	34,279 (6,856) [1	,645] {823}		
Hudson	92,555	92,635	92,750	92,854	93,067 (18,613) [4,4	67] {2,234}	93,284 (18,657)	[4,478] {2,239}	93,500 (18,700) [4,	,488] {2,244}		
Hunterdon	10,679	10,708	10,738	10,773	10,830 (2,166) [52	20] {260}	10,888 (2,178)	[523] {261}	10,947 (2,189) [525] {263}		
Mercer	36,192	36,253	36,328	36,424	36,581 (7,316) [1,7	756] {878}	36,743 (7,349)	[1,764] {882}	36,913 (7,383) [1	,772] {886}		
Middlesex	98,003	98,174	98,396	98,599	98,974 (19,795) [4,7	51] {2,375}	99,360 (19,872)	[4,769] {2,385}	99,756 (19,951) [4,	788] {2,394}		
Monmouth	83,196	83,390	83,628	83,876	84,306 (16,861) [4,0	47] {2,023}	84,743 (16,949)	[4,068] {2,034}	85,200 (17,040) [4,	.090] {2,045}		
Morris	53,275	53,384	53,503	53,623	53,841 (10,768) [2,5	84] {1,292}	54,067 (10,813)	[2,595] {1,298}	54,304 (10,861) [2,	,607] {1,303}		
Ocean	82,682	82,893	83,167	83,431	83,918 (16,784) [4,0	28] {2,014}	84,429 (16,886)	[4,053] {2,026}	84,967 (16,993) [4,	,078] {2,039}		
Passaic	76,703	76,829	76,948	77,054	77,313 (15,463) [3,7	11] {1,856}	77,577 (15,515)	[3,724] {1,862}	77,862 (15,572) [3,	737] {1,869}		
Somerset	32,167	32,238	32,309	32,375	32,495 (6,499) [1,5	660] {780}	32,616 (6,523)	[1,566] {783}	32,741 (6,548) [1	,572] {786}		
Sussex	14,965	14,986	15,018	15,051	15,121 (3,024) [72	26] {363}	15,194 (3,039)	[729] {365}	15,272 (3,054) [733] {367}		
Union	75,426	75,548	75,633	75,737	75,960 (15,192) [3,6	46] {1,823}	76,190 (15,238)	[3,657] {1,829}	76,421 (15,284) [3,	,668] {1,834}		
Warren	10,642	10,662	10,686	10,732	10,799 (2,160) [53	L8] {259}	10,869 (2,174)	[522] {261}	10,945 (2,189) [525] {263}		

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.