

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

Date: 9/10/21

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 9/10/21 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

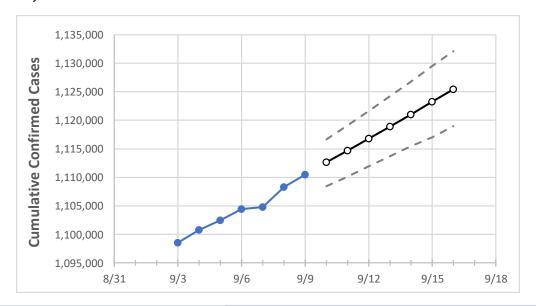
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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:							
	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16	
New Jersev	1.104.439	1.104.793	1.108.291	1.110.501	1.112.666	1.114.690	1.116.806	1.118.915	1.121.040	1.123.278	1.125.426	

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

	Actu	al Confirn	ned Cases	On:	Projected Cases For:						
	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14	9/15	9/16
Bergen	112,228	112,265	112,548	112,749	112,925	113,105	113,283	113,465	113,647	113,827	114,011
Burlington	49,164	49,175	49,412	49,529	49,661	49,791	49,924	50,061	50,190	50,330	50,467
Camden	61,189	61,195	61,425	61,587	61,744	61,903	62,065	62,226	62,392	62,561	62,729
Essex	100,884	100,911	101,162	101,323	101,461	101,596	101,734	101,869	102,004	102,144	102,284
Gloucester	33,857	33,862	34,048	34,148	34,244	34,337	34,432	34,530	34,624	34,723	34,825
Hudson	93,228	93,270	93,436	93,570	93,669	93,768	93,867	93,966	94,066	94,166	94,268
Hunterdon	10,856	10,869	10,895	10,921	10,945	10,969	10,993	11,017	11,042	11,067	11,092
Mercer	36,634	36,641	36,748	36,797	36,860	36,924	36,987	37,050	37,114	37,178	37,243
Middlesex	99,207	99,220	99,519	99,744	99,918	100,088	100,269	100,443	100,625	100,804	100,990
Monmouth	84,568	84,599	85,009	85,178	85,381	85,576	85,773	85,970	86,174	86,379	86,582
Morris	54,013	54,023	54,180	54,290	54,396	54,504	54,610	54,723	54,835	54,950	55,067
Ocean	84,322	84,370	84,733	84,921	85,160	85,398	85,643	85,882	86,141	86,387	86,654
Passaic	77,363	77,381	77,513	77,642	77,739	77,832	77,930	78,025	78,122	78,221	78,319
Somerset	32,583	32,592	32,683	32,758	32,817	32,872	32,929	32,986	33,047	33,105	33,162
Sussex	15,185	15,194	15,237	15,274	15,309	15,345	15,380	15,418	15,455	15,493	15,532
Union	76,096	76,120	76,284	76,390	76,484	76,572	76,666	76,762	76,853	76,944	77,034
Warren	10,837	10,843	10,883	10,924	10,954	10,984	11,016	11,046	11,078	11,111	11,143



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:					
	9/6	9/7	9/8	9/9	9/11		9/13	9/15		
Bergen	112,228	112,265	112,548	112,749	113,105 (22,621) [5,429]	{2,715}	113,465 (22,693) [5,446] {2,723}	113,827 (22,765) [5,464] {2,732}		
Burlington	49,164	49,175	49,412	49,529	49,791 (9,958) [2,390]	{1,195}	50,061 (10,012) [2,403] {1,201}	50,330 (10,066) [2,416] {1,208}		
Camden	61,189	61,195	61,425	61,587	61,903 (12,381) [2,971]	{1,486}	62,226 (12,445) [2,987] {1,493}	62,561 (12,512) [3,003] {1,501}		
Essex	100,884	100,911	101,162	101,323	101,596 (20,319) [4,877]	{2,438}	101,869 (20,374) [4,890] {2,445}	102,144 (20,429) [4,903] {2,451}		
Gloucester	33,857	33,862	34,048	34,148	34,337 (6,867) [1,648]	{824}	34,530 (6,906) [1,657] {829}	34,723 (6,945) [1,667] {833}		
Hudson	93,228	93,270	93,436	93,570	93,768 (18,754) [4,501]	{2,250}	93,966 (18,793) [4,510] {2,255}	94,166 (18,833) [4,520] {2,260}		
Hunterdon	10,856	10,869	10,895	10,921	10,969 (2,194) [527]	{263}	11,017 (2,203) [529] {264}	11,067 (2,213) [531] {266}		
Mercer	36,634	36,641	36,748	36,797	36,924 (7,385) [1,772]	{886}	37,050 (7,410) [1,778] {889}	37,178 (7,436) [1,785] {892}		
Middlesex	99,207	99,220	99,519	99,744	100,088 (20,018) [4,804]	{2,402}	100,443 (20,089) [4,821] {2,411}	100,804 (20,161) [4,839] {2,419}		
Monmouth	84,568	84,599	85,009	85,178	85,576 (17,115) [4,108]	{2,054}	85,970 (17,194) [4,127] {2,063}	86,379 (17,276) [4,146] {2,073}		
Morris	54,013	54,023	54,180	54,290	54,504 (10,901) [2,616]	{1,308}	54,723 (10,945) [2,627] {1,313}	54,950 (10,990) [2,638] {1,319}		
Ocean	84,322	84,370	84,733	84,921	85,398 (17,080) [4,099]	{2,050}	85,882 (17,176) [4,122] {2,061}	86,387 (17,277) [4,147] {2,073}		
Passaic	77,363	77,381	77,513	77,642	77,832 (15,566) [3,736]	{1,868}	78,025 (15,605) [3,745] {1,873}	78,221 (15,644) [3,755] {1,877}		
Somerset	32,583	32,592	32,683	32,758	32,872 (6,574) [1,578]	{789}	32,986 (6,597) [1,583] {792}	33,105 (6,621) [1,589] {795}		
Sussex	15,185	15,194	15,237	15,274	15,345 (3,069) [737]	{368}	15,418 (3,084) [740] {370}	15,493 (3,099) [744] {372}		
Union	76,096	76,120	76,284	76,390	76,572 (15,314) [3,675]	{1,838}	76,762 (15,352) [3,685] {1,842}	76,944 (15,389) [3,693] {1,847}		
Warren	10,837	10,843	10,883	10,924	10,984 (2,197) [527]	{264}	11,046 (2,209) [530] {265}	11,111 (2,222) [533] {267}		

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.