IEM's AI Modeling: Short-term COVID-19 Projections
Date: 9/27/21

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 9/27/21 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
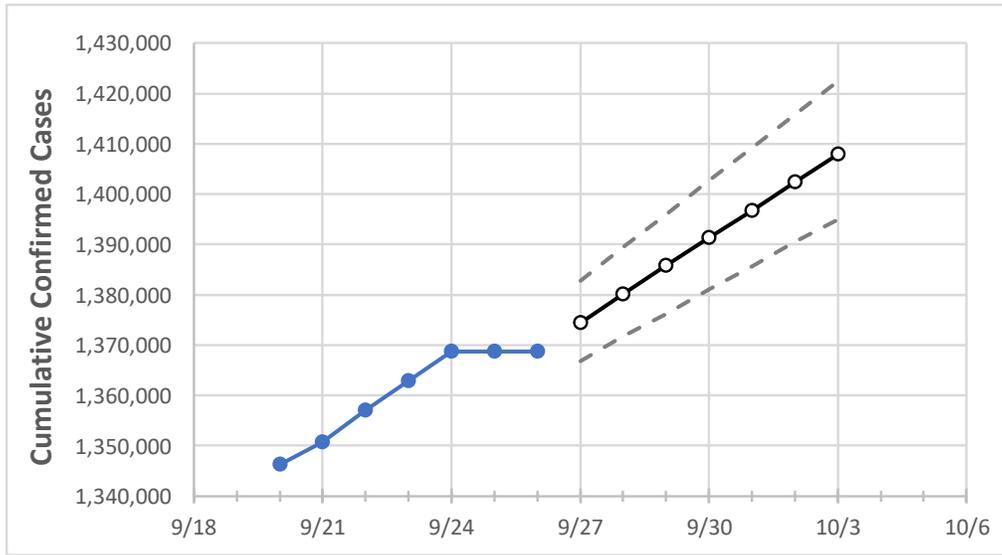
	Actual Confirmed Cases On:				Projected Cases For:						
	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3
North Carolina	1,362,938	1,368,743	1,368,743	1,368,743	1,374,456	1,380,145	1,385,730	1,391,320	1,396,778	1,402,448	1,407,847

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:						
	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3
Cumberland	41,123	41,275	41,275	41,275	41,401	41,527	41,650	41,772	41,889	42,014	42,135
Durham	32,469	32,563	32,563	32,563	32,647	32,729	32,813	32,896	32,976	33,058	33,138
Guilford	61,939	62,241	62,241	62,241	62,544	62,857	63,164	63,482	63,798	64,129	64,452
Mecklenburg	147,806	148,228	148,228	148,228	148,738	149,268	149,793	150,303	150,830	151,357	151,879
Orange	10,889	10,936	10,936	10,936	10,965	10,993	11,021	11,050	11,077	11,104	11,132
Union	33,712	33,802	33,802	33,802	33,940	34,077	34,209	34,344	34,472	34,607	34,734
Wake	120,704	121,112	121,112	121,112	121,495	121,863	122,224	122,599	122,962	123,329	123,686

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:		
	9/23	9/24	9/25	9/26	9/28	9/30	10/2
Cumberland	41,123	41,275	41,275	41,275	41,527 (8,305) [1,993] {997}	41,772 (8,354) [2,005] {1,003}	42,014 (8,403) [2,017] {1,008}
Durham	32,469	32,563	32,563	32,563	32,729 (6,546) [1,571] {786}	32,896 (6,579) [1,579] {790}	33,058 (6,612) [1,587] {793}
Guilford	61,939	62,241	62,241	62,241	62,857 (12,571) [3,017] {1,509}	63,482 (12,696) [3,047] {1,524}	64,129 (12,826) [3,078] {1,539}
Mecklenburg	147,806	148,228	148,228	148,228	149,268 (29,854) [7,165] {3,582}	150,303 (30,061) [7,215] {3,607}	151,357 (30,271) [7,265] {3,633}
Orange	10,889	10,936	10,936	10,936	10,993 (2,199) [528] {264}	11,050 (2,210) [530] {265}	11,104 (2,221) [533] {267}
Union	33,712	33,802	33,802	33,802	34,077 (6,815) [1,636] {818}	34,344 (6,869) [1,649] {824}	34,607 (6,921) [1,661] {831}
Wake	120,704	121,112	121,112	121,112	121,863 (24,373) [5,849] {2,925}	122,599 (24,520) [5,885] {2,942}	123,329 (24,666) [5,920] {2,960}

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.