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

Date: 10/4/21

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 10/4/21 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.

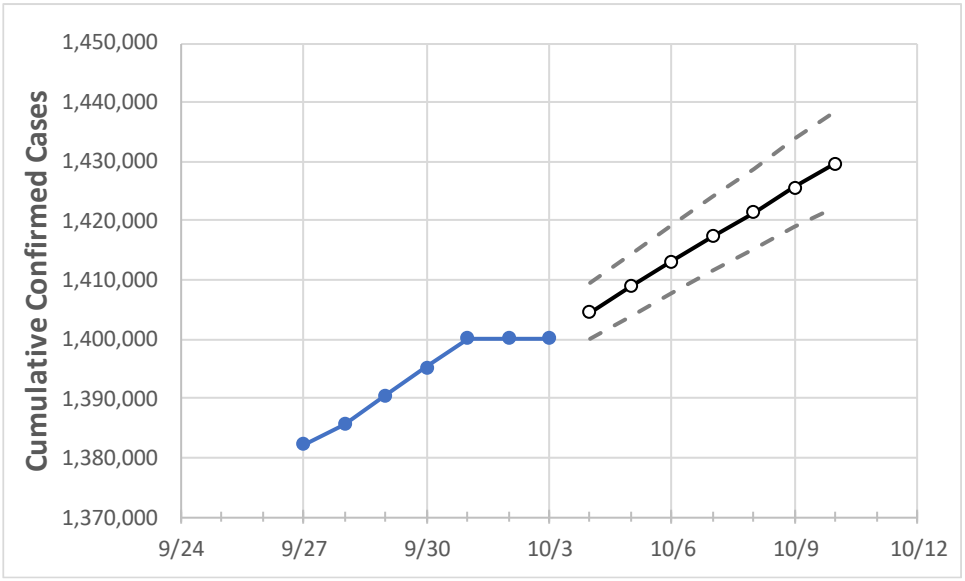
IEM's Modeling Lead

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:						
	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10
North Carolina	1,395,254	1,400,217	1,400,217	1,400,217	1,404,584	1,408,958	1,413,192	1,417,381	1,421,474	1,425,593	1,429,656

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:						
	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10
Cumberland	42,134	42,347	42,347	42,347	42,492	42,638	42,785	42,932	43,081	43,234	43,371
Durham	33,011	33,106	33,106	33,106	33,180	33,253	33,326	33,399	33,473	33,544	33,615
Guilford	63,716	63,969	63,969	63,969	64,228	64,491	64,745	65,005	65,263	65,523	65,789
Mecklenburg	150,490	150,845	150,845	150,845	151,241	151,628	152,008	152,379	152,757	153,133	153,502
Orange	11,182	11,229	11,229	11,229	11,266	11,304	11,341	11,380	11,417	11,455	11,495
Union	34,446	34,540	34,540	34,540	34,637	34,735	34,827	34,917	35,008	35,097	35,182
Wake	122,943	123,334	123,334	123,334	123,650	123,954	124,247	124,548	124,836	125,130	125,415

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:											
	9/30	10/1	10/2	10/3	10/5				10/7				10/9			
Cumberland	42,134	42,347	42,347	42,347	42,638	(8,528)	[2,047]	{1,023}	42,932	(8,586)	[2,061]	{1,030}	43,234	(8,647)	[2,075]	{1,038}
Durham	33,011	33,106	33,106	33,106	33,253	(6,651)	[1,596]	{798}	33,399	(6,680)	[1,603]	{802}	33,544	(6,709)	[1,610]	{805}
Guilford	63,716	63,969	63,969	63,969	64,491	(12,898)	[3,096]	{1,548}	65,005	(13,001)	[3,120]	{1,560}	65,523	(13,105)	[3,145]	{1,573}
Mecklenburg	150,490	150,845	150,845	150,845	151,628	(30,326)	[7,278]	{3,639}	152,379	(30,476)	[7,314]	{3,657}	153,133	(30,627)	[7,350]	{3,675}
Orange	11,182	11,229	11,229	11,229	11,304	(2,261)	[543]	{271}	11,380	(2,276)	[546]	{273}	11,455	(2,291)	[550]	{275}
Union	34,446	34,540	34,540	34,540	34,735	(6,947)	[1,667]	{834}	34,917	(6,983)	[1,676]	{838}	35,097	(7,019)	[1,685]	{842}
Wake	122,943	123,334	123,334	123,334	123,954	(24,791)	[5,950]	{2,975}	124,548	(24,910)	[5,978]	{2,989}	125,130	(25,026)	[6,006]	{3,003}

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.