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

Date: 10/22/21

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 10/22/21 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.

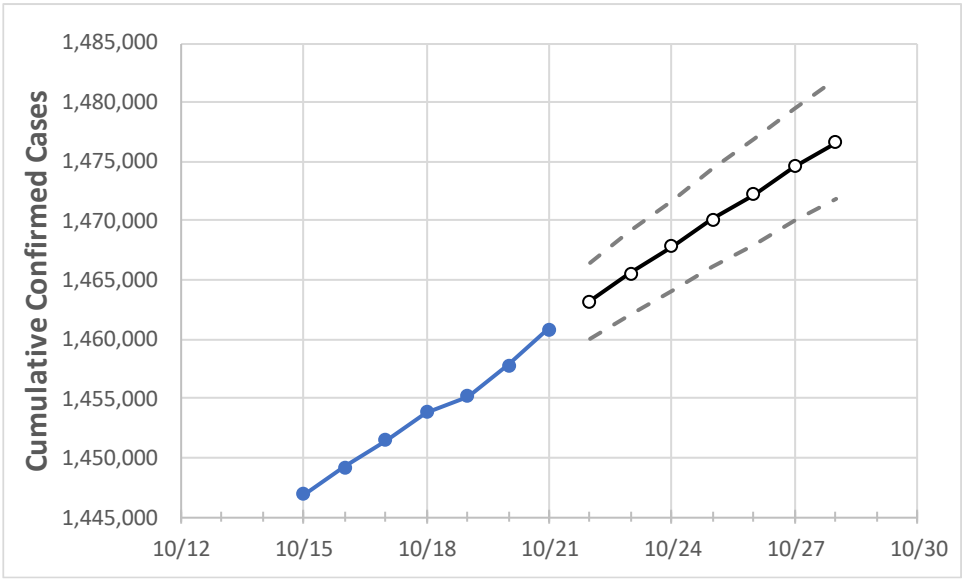
IEM's Modeling Lead

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:						
	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28
North Carolina	1,453,814	1,455,188	1,457,798	1,460,801	1,463,213	1,465,536	1,467,806	1,470,081	1,472,266	1,474,563	1,476,616

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:						
	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26	10/27	10/28
Cumberland	44,333	44,378	44,531	44,682	44,783	44,882	44,976	45,074	45,169	45,264	45,358
Durham	34,122	34,152	34,202	34,264	34,315	34,365	34,414	34,464	34,512	34,561	34,608
Guilford	66,809	66,883	66,978	67,150	67,266	67,378	67,488	67,595	67,706	67,809	67,910
Mecklenburg	155,299	155,457	155,663	155,881	156,074	156,262	156,445	156,630	156,802	156,976	157,149
Orange	11,675	11,679	11,701	11,716	11,736	11,755	11,774	11,792	11,810	11,829	11,846
Union	35,785	35,826	35,891	35,964	36,019	36,074	36,128	36,179	36,231	36,283	36,332
Wake	127,347	127,393	127,651	127,856	128,056	128,252	128,429	128,624	128,812	128,997	129,182

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:											
	10/18	10/19	10/20	10/21	10/23				10/25				10/27			
Cumberland	44,333	44,378	44,531	44,682	44,882	(8,976)	[2,154]	{1,077}	45,074	(9,015)	[2,164]	{1,082}	45,264	(9,053)	[2,173]	{1,086}
Durham	34,122	34,152	34,202	34,264	34,365	(6,873)	[1,650]	{825}	34,464	(6,893)	[1,654]	{827}	34,561	(6,912)	[1,659]	{829}
Guilford	66,809	66,883	66,978	67,150	67,378	(13,476)	[3,234]	{1,617}	67,595	(13,519)	[3,245]	{1,622}	67,809	(13,562)	[3,255]	{1,627}
Mecklenburg	155,299	155,457	155,663	155,881	156,262	(31,252)	[7,501]	{3,750}	156,630	(31,326)	[7,518]	{3,759}	156,976	(31,395)	[7,535]	{3,767}
Orange	11,675	11,679	11,701	11,716	11,755	(2,351)	[564]	{282}	11,792	(2,358)	[566]	{283}	11,829	(2,366)	[568]	{284}
Union	35,785	35,826	35,891	35,964	36,074	(7,215)	[1,732]	{866}	36,179	(7,236)	[1,737]	{868}	36,283	(7,257)	[1,742]	{871}
Wake	127,347	127,393	127,651	127,856	128,252	(25,650)	[6,156]	{3,078}	128,624	(25,725)	[6,174]	{3,087}	128,997	(25,799)	[6,192]	{3,096}

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.