

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

Date: 11/3/21

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 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 11/3/21 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.

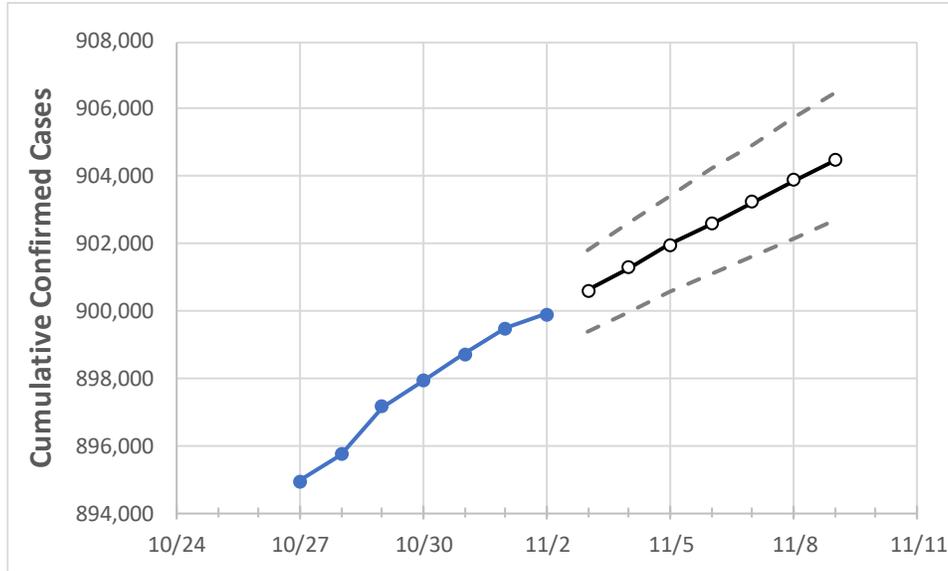
IEM's Modeling Lead

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.

South Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	11/8	11/9
South Carolina	897,928	898,705	899,481	899,912	900,602	901,296	901,957	902,598	903,238	903,885	904,479

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.

South Carolina Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	11/8	11/9
Beaufort	27,234	27,250	27,265	27,275	27,290	27,305	27,318	27,333	27,345	27,360	27,373
Charleston	65,283	65,332	65,382	65,408	65,453	65,499	65,542	65,587	65,629	65,671	65,713
Greenville	105,124	105,230	105,335	105,394	105,487	105,576	105,665	105,752	105,836	105,922	106,004
Kershaw	11,987	11,997	12,006	12,013	12,022	12,030	12,038	12,046	12,054	12,062	12,069
Lexington	54,330	54,372	54,415	54,429	54,463	54,498	54,530	54,564	54,595	54,627	54,658
Richland	69,014	69,058	69,101	69,134	69,181	69,225	69,268	69,311	69,355	69,396	69,437
Spartanburg	61,839	61,900	61,961	61,999	62,051	62,103	62,152	62,203	62,251	62,299	62,345
York	46,811	46,845	46,880	46,902	46,935	46,965	46,996	47,026	47,055	47,084	47,112

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.

South Carolina Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/30	10/31	11/1	11/2	11/4				11/6				11/8			
Beaufort	27,234	27,250	27,265	27,275	27,305	(5,461)	[1,311]	{655}	27,333	(5,467)	[1,312]	{656}	27,360	(5,472)	[1,313]	{657}
Charleston	65,283	65,332	65,382	65,408	65,499	(13,100)	[3,144]	{1,572}	65,587	(13,117)	[3,148]	{1,574}	65,671	(13,134)	[3,152]	{1,576}
Greenville	105,124	105,230	105,335	105,394	105,576	(21,115)	[5,068]	{2,534}	105,752	(21,150)	[5,076]	{2,538}	105,922	(21,184)	[5,084]	{2,542}
Kershaw	11,987	11,997	12,006	12,013	12,030	(2,406)	[577]	{289}	12,046	(2,409)	[578]	{289}	12,062	(2,412)	[579]	{289}
Lexington	54,330	54,372	54,415	54,429	54,498	(10,900)	[2,616]	{1,308}	54,564	(10,913)	[2,619]	{1,310}	54,627	(10,925)	[2,622]	{1,311}
Richland	69,014	69,058	69,101	69,134	69,225	(13,845)	[3,323]	{1,661}	69,311	(13,862)	[3,327]	{1,663}	69,396	(13,879)	[3,331]	{1,666}
Spartanburg	61,839	61,900	61,961	61,999	62,103	(12,421)	[2,981]	{1,490}	62,203	(12,441)	[2,986]	{1,493}	62,299	(12,460)	[2,990]	{1,495}
York	46,811	46,845	46,880	46,902	46,965	(9,393)	[2,254]	{1,127}	47,026	(9,405)	[2,257]	{1,129}	47,084	(9,417)	[2,260]	{1,130}

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.