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

Date: 11/17/21

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 11/17/21 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.

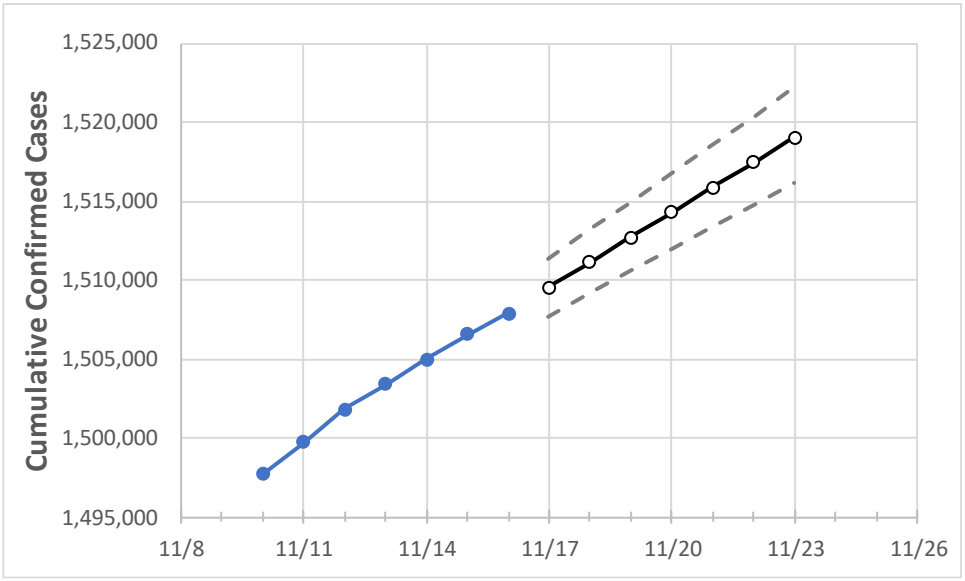
IEM's Modeling Lead

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:						
	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23
North Carolina	1,503,393	1,504,984	1,506,576	1,507,915	1,509,523	1,511,111	1,512,722	1,514,284	1,515,873	1,517,468	1,519,028

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:						
	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23
Cumberland	46,853	46,885	46,918	46,955	47,025	47,095	47,164	47,232	47,301	47,370	47,435
Durham	35,212	35,257	35,302	35,355	35,396	35,438	35,479	35,520	35,561	35,602	35,645
Guilford	69,201	69,296	69,391	69,475	69,563	69,650	69,737	69,826	69,913	70,002	70,089
Mecklenburg	159,588	159,750	159,913	160,063	160,223	160,385	160,546	160,705	160,870	161,029	161,194
Orange	12,021	12,037	12,053	12,066	12,080	12,094	12,109	12,124	12,138	12,154	12,169
Union	37,066	37,122	37,178	37,228	37,283	37,338	37,394	37,451	37,508	37,566	37,624
Wake	131,489	131,643	131,796	131,893	132,033	132,175	132,315	132,457	132,597	132,738	132,877

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:											
	11/13	11/14	11/15	11/16	11/18				11/20				11/22			
Cumberland	46,853	46,885	46,918	46,955	47,095	(9,419)	[2,261]	{1,130}	47,232	(9,446)	[2,267]	{1,134}	47,370	(9,474)	[2,274]	{1,137}
Durham	35,212	35,257	35,302	35,355	35,438	(7,088)	[1,701]	{851}	35,520	(7,104)	[1,705]	{852}	35,602	(7,120)	[1,709]	{854}
Guilford	69,201	69,296	69,391	69,475	69,650	(13,930)	[3,343]	{1,672}	69,826	(13,965)	[3,352]	{1,676}	70,002	(14,000)	[3,360]	{1,680}
Mecklenburg	159,588	159,750	159,913	160,063	160,385	(32,077)	[7,698]	{3,849}	160,705	(32,141)	[7,714]	{3,857}	161,029	(32,206)	[7,729]	{3,865}
Orange	12,021	12,037	12,053	12,066	12,094	(2,419)	[581]	{290}	12,124	(2,425)	[582]	{291}	12,154	(2,431)	[583]	{292}
Union	37,066	37,122	37,178	37,228	37,338	(7,468)	[1,792]	{896}	37,451	(7,490)	[1,798]	{899}	37,566	(7,513)	[1,803]	{902}
Wake	131,489	131,643	131,796	131,893	132,175	(26,435)	[6,344]	{3,172}	132,457	(26,491)	[6,358]	{3,179}	132,738	(26,548)	[6,371]	{3,186}

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.