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

Date: 11/24/21

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 11/24/21 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.

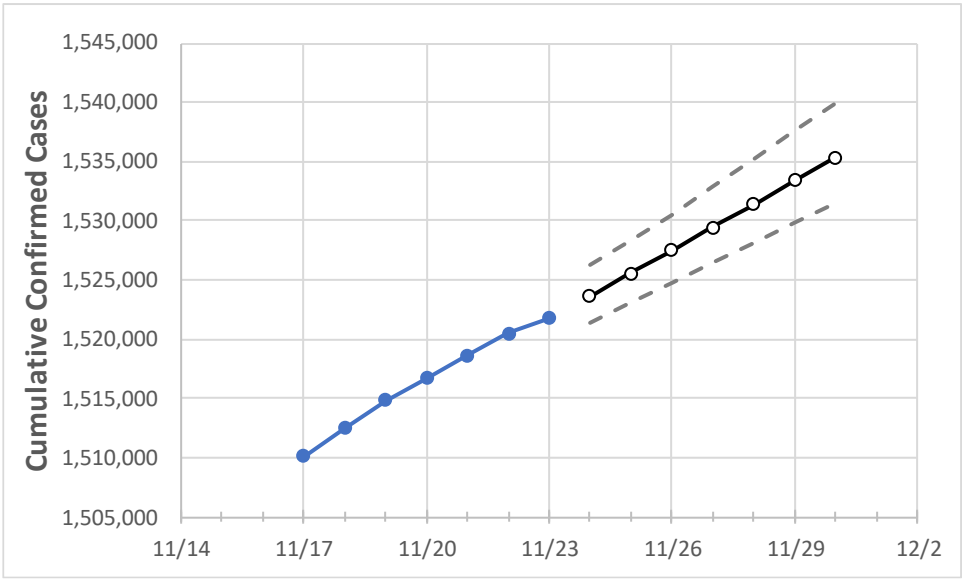
IEM's Modeling Lead

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:						
	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30
North Carolina	1,516,743	1,518,607	1,520,471	1,521,760	1,523,661	1,525,576	1,527,544	1,529,458	1,531,428	1,533,403	1,535,373

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:						
	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30
Cumberland	47,184	47,228	47,272	47,313	47,354	47,394	47,430	47,470	47,505	47,539	47,573
Durham	35,536	35,574	35,613	35,640	35,683	35,728	35,771	35,816	35,862	35,908	35,954
Guilford	69,831	69,918	70,005	70,072	70,160	70,247	70,334	70,421	70,508	70,598	70,687
Mecklenburg	160,858	161,038	161,218	161,399	161,592	161,787	161,984	162,183	162,380	162,585	162,790
Orange	12,134	12,148	12,163	12,162	12,179	12,197	12,214	12,232	12,251	12,269	12,288
Union	37,545	37,605	37,664	37,689	37,762	37,833	37,908	37,984	38,061	38,143	38,224
Wake	132,749	132,935	133,122	133,215	133,401	133,587	133,774	133,969	134,157	134,357	134,552

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:											
	11/20	11/21	11/22	11/23	11/25				11/27				11/29			
Cumberland	47,184	47,228	47,272	47,313	47,394	(9,479)	[2,275]	{1,137}	47,470	(9,494)	[2,279]	{1,139}	47,539	(9,508)	[2,282]	{1,141}
Durham	35,536	35,574	35,613	35,640	35,728	(7,146)	[1,715]	{857}	35,816	(7,163)	[1,719]	{860}	35,908	(7,182)	[1,724]	{862}
Guilford	69,831	69,918	70,005	70,072	70,247	(14,049)	[3,372]	{1,686}	70,421	(14,084)	[3,380]	{1,690}	70,598	(14,120)	[3,389]	{1,694}
Mecklenburg	160,858	161,038	161,218	161,399	161,787	(32,357)	[7,766]	{3,883}	162,183	(32,437)	[7,785]	{3,892}	162,585	(32,517)	[7,804]	{3,902}
Orange	12,134	12,148	12,163	12,162	12,197	(2,439)	[585]	{293}	12,232	(2,446)	[587]	{294}	12,269	(2,454)	[589]	{294}
Union	37,545	37,605	37,664	37,689	37,833	(7,567)	[1,816]	{908}	37,984	(7,597)	[1,823]	{912}	38,143	(7,629)	[1,831]	{915}
Wake	132,749	132,935	133,122	133,215	133,587	(26,717)	[6,412]	{3,206}	133,969	(26,794)	[6,431]	{3,215}	134,357	(26,871)	[6,449]	{3,225}

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.