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

Date: 12/27/21

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 12/27/21 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.

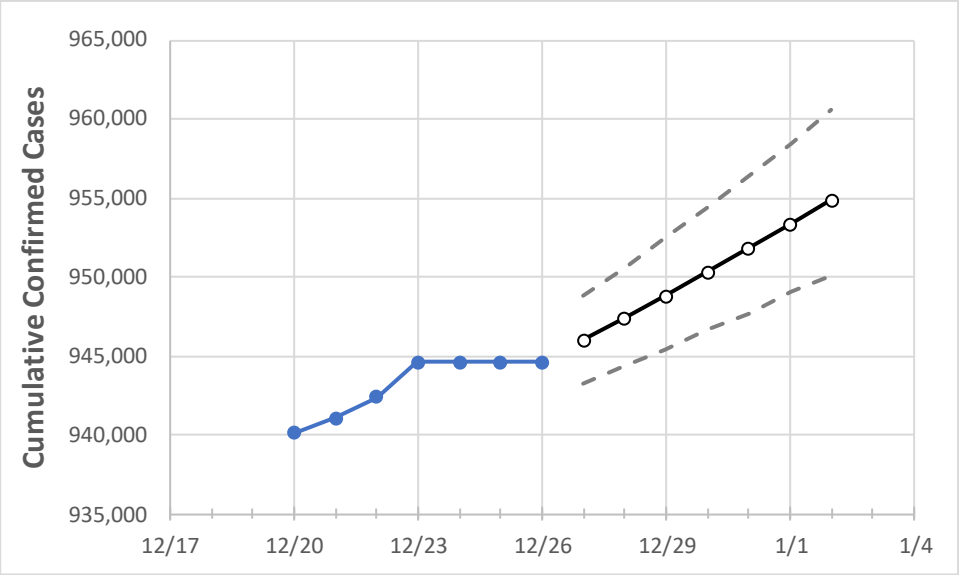
IEM's Modeling Lead

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:						
	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2
South Carolina	944,574	944,574	944,574	944,574	945,982	947,371	948,806	950,270	951,804	953,330	954,843

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:						
	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2
Beaufort	28,185	28,185	28,185	28,185	28,221	28,257	28,294	28,333	28,372	28,414	28,455
Charleston	68,566	68,566	68,566	68,566	68,690	68,815	68,947	69,072	69,217	69,355	69,502
Greenville	110,808	110,808	110,808	110,808	110,971	111,138	111,308	111,475	111,650	111,823	112,004
Kershaw	12,822	12,822	12,822	12,822	12,841	12,859	12,878	12,896	12,914	12,932	12,951
Lexington	57,092	57,092	57,092	57,092	57,184	57,279	57,375	57,471	57,570	57,672	57,777
Richland	72,050	72,050	72,050	72,050	72,210	72,381	72,554	72,737	72,936	73,138	73,346
Spartanburg	64,630	64,630	64,630	64,630	64,701	64,774	64,845	64,919	64,993	65,068	65,144
York	50,178	50,178	50,178	50,178	50,263	50,347	50,431	50,517	50,600	50,686	50,772

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:											
	12/23	12/24	12/25	12/26	12/28				12/30				1/1			
Beaufort	28,185	28,185	28,185	28,185	28,257	(5,651)	[1,356]	{678}	28,333	(5,667)	[1,360]	{680}	28,414	(5,683)	[1,364]	{682}
Charleston	68,566	68,566	68,566	68,566	68,815	(13,763)	[3,303]	{1,652}	69,072	(13,814)	[3,315]	{1,658}	69,355	(13,871)	[3,329]	{1,665}
Greenville	110,808	110,808	110,808	110,808	111,138	(22,228)	[5,335]	{2,667}	111,475	(22,295)	[5,351]	{2,675}	111,823	(22,365)	[5,367]	{2,684}
Kershaw	12,822	12,822	12,822	12,822	12,859	(2,572)	[617]	{309}	12,896	(2,579)	[619]	{310}	12,932	(2,586)	[621]	{310}
Lexington	57,092	57,092	57,092	57,092	57,279	(11,456)	[2,749]	{1,375}	57,471	(11,494)	[2,759]	{1,379}	57,672	(11,534)	[2,768]	{1,384}
Richland	72,050	72,050	72,050	72,050	72,381	(14,476)	[3,474]	{1,737}	72,737	(14,547)	[3,491]	{1,746}	73,138	(14,628)	[3,511]	{1,755}
Spartanburg	64,630	64,630	64,630	64,630	64,774	(12,955)	[3,109]	{1,555}	64,919	(12,984)	[3,116]	{1,558}	65,068	(13,014)	[3,123]	{1,562}
York	50,178	50,178	50,178	50,178	50,347	(10,069)	[2,417]	{1,208}	50,517	(10,103)	[2,425]	{1,212}	50,686	(10,137)	[2,433]	{1,216}

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.