

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

Date: 2/14/22

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 2/14/22 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.

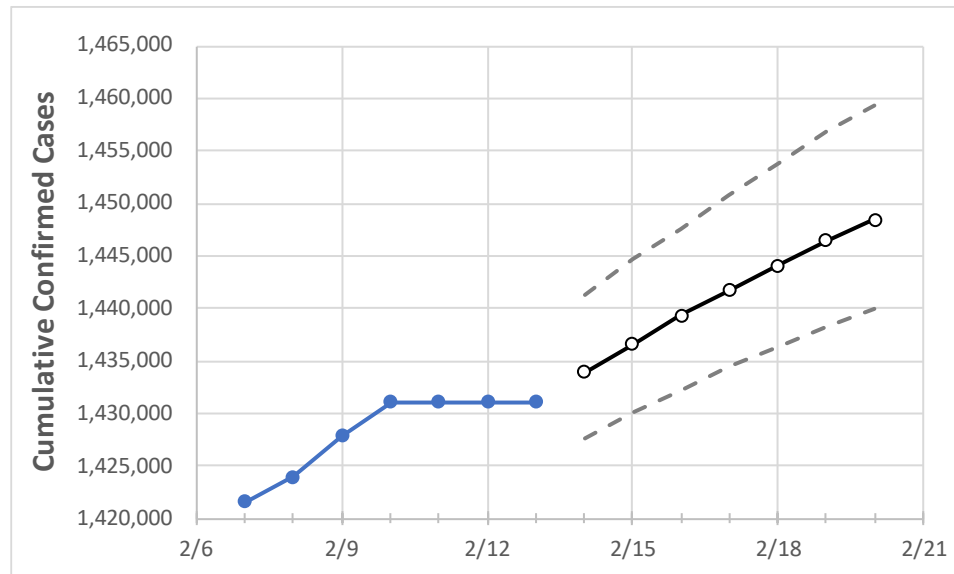
IEM's Modeling Lead

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:							
2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	

South Carolina 1,431,067 1,431,067 1,431,067 1,431,067 1,433,955 1,436,610 1,439,324 1,441,675 1,444,075 1,446,453 1,448,437

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:						
	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20
Beaufort	41,818	41,818	41,818	41,818	41,924	42,026	42,118	42,215	42,303	42,388	42,465
Charleston	109,173	109,173	109,173	109,173	109,376	109,571	109,751	109,919	110,083	110,233	110,385
Greenville	169,252	169,252	169,252	169,252	169,585	169,915	170,207	170,511	170,784	171,042	171,288
Kershaw	20,492	20,492	20,492	20,492	20,544	20,593	20,638	20,683	20,726	20,768	20,806
Lexington	93,077	93,077	93,077	93,077	93,276	93,472	93,644	93,821	93,994	94,144	94,288
Richland	117,759	117,759	117,759	117,759	118,030	118,281	118,528	118,764	118,989	119,213	119,406
Spartanburg	92,499	92,499	92,499	92,499	92,679	92,852	93,007	93,154	93,310	93,456	93,593
York	75,300	75,300	75,300	75,300	75,489	75,671	75,842	75,998	76,168	76,316	76,462

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:											
	2/10	2/11	2/12	2/13	2/15				2/17				2/19			
Beaufort	41,818	41,818	41,818	41,818	42,026	(8,405)	[2,017]	{1,009}	42,215	(8,443)	[2,026]	{1,013}	42,388	(8,478)	[2,035]	{1,017}
Charleston	109,173	109,173	109,173	109,173	109,571	(21,914)	[5,259]	{2,630}	109,919	(21,984)	[5,276]	{2,638}	110,233	(22,047)	[5,291]	{2,646}
Greenville	169,252	169,252	169,252	169,252	169,915	(33,983)	[8,156]	{4,078}	170,511	(34,102)	[8,185]	{4,092}	171,042	(34,208)	[8,210]	{4,105}
Kershaw	20,492	20,492	20,492	20,492	20,593	(4,119)	[988]	{494}	20,683	(4,137)	[993]	{496}	20,768	(4,154)	[997]	{498}
Lexington	93,077	93,077	93,077	93,077	93,472	(18,694)	[4,487]	{2,243}	93,821	(18,764)	[4,503]	{2,252}	94,144	(18,829)	[4,519]	{2,259}
Richland	117,759	117,759	117,759	117,759	118,281	(23,656)	[5,678]	{2,839}	118,764	(23,753)	[5,701]	{2,850}	119,213	(23,843)	[5,722]	{2,861}
Spartanburg	92,499	92,499	92,499	92,499	92,852	(18,570)	[4,457]	{2,228}	93,154	(18,631)	[4,471]	{2,236}	93,456	(18,691)	[4,486]	{2,243}
York	75,300	75,300	75,300	75,300	75,671	(15,134)	[3,632]	{1,816}	75,998	(15,200)	[3,648]	{1,824}	76,316	(15,263)	[3,663]	{1,832}

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.