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

Date: 2/25/22

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 2/25/22 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.

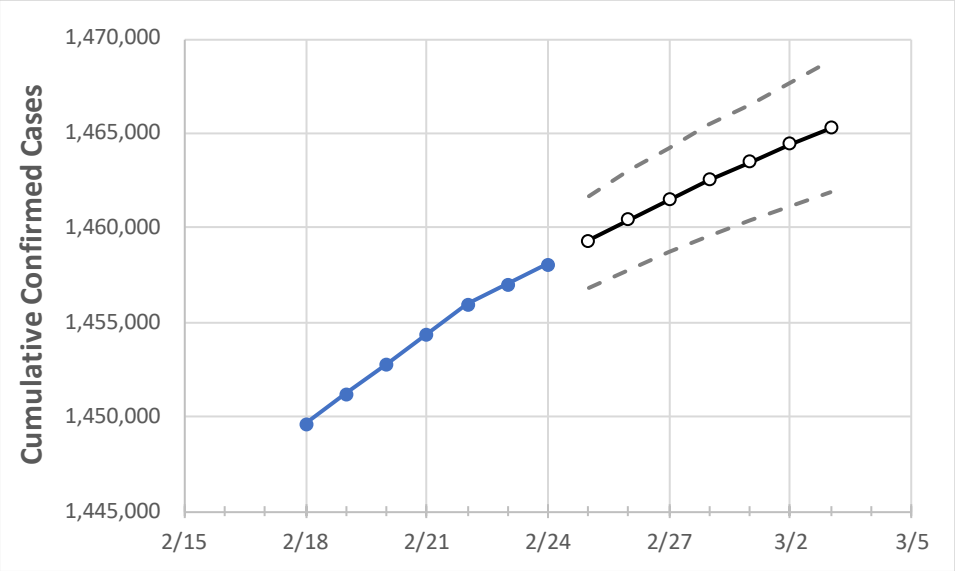
IEM's Modeling Lead

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:						
	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1	3/2	3/3
South Carolina	1,454,385	1,455,967	1,456,990	1,458,075	1,459,306	1,460,415	1,461,514	1,462,529	1,463,515	1,464,455	1,465,311

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:						
	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1	3/2	3/3
Beaufort	42,512	42,554	42,616	42,658	42,697	42,735	42,770	42,804	42,836	42,869	42,897
Charleston	110,512	110,596	110,685	110,754	110,820	110,883	110,939	110,995	111,045	111,095	111,140
Greenville	170,940	171,029	171,048	171,094	171,166	171,229	171,289	171,344	171,393	171,444	171,488
Kershaw	21,131	21,193	21,218	21,248	21,290	21,329	21,368	21,406	21,444	21,479	21,513
Lexington	94,686	94,786	94,850	94,943	95,022	95,101	95,172	95,241	95,305	95,370	95,427
Richland	120,700	121,134	121,191	121,291	121,492	121,677	121,843	122,023	122,216	122,376	122,540
Spartanburg	93,639	93,707	93,756	93,805	93,861	93,917	93,966	94,014	94,057	94,100	94,141
York	76,717	76,798	76,876	76,913	76,983	77,048	77,110	77,172	77,224	77,280	77,329

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:			
	2/21	2/22	2/23	2/24	2/26	2/28	3/2	
Beaufort	42,512	42,554	42,616	42,658	42,735 (8,547) [2,051] {1,026}	42,804 (8,561) [2,055] {1,027}	42,869 (8,574) [2,058] {1,029}	
Charleston	110,512	110,596	110,685	110,754	110,883 (22,177) [5,322] {2,661}	110,995 (22,199) [5,328] {2,664}	111,095 (22,219) [5,333] {2,666}	
Greenville	170,940	171,029	171,048	171,094	171,229 (34,246) [8,219] {4,110}	171,344 (34,269) [8,224] {4,112}	171,444 (34,289) [8,229] {4,115}	
Kershaw	21,131	21,193	21,218	21,248	21,329 (4,266) [1,024] {512}	21,406 (4,281) [1,027] {514}	21,479 (4,296) [1,031] {515}	
Lexington	94,686	94,786	94,850	94,943	95,101 (19,020) [4,565] {2,282}	95,241 (19,048) [4,572] {2,286}	95,370 (19,074) [4,578] {2,289}	
Richland	120,700	121,134	121,191	121,291	121,677 (24,335) [5,841] {2,920}	122,023 (24,405) [5,857] {2,929}	122,376 (24,475) [5,874] {2,937}	
Spartanburg	93,639	93,707	93,756	93,805	93,917 (18,783) [4,508] {2,254}	94,014 (18,803) [4,513] {2,256}	94,100 (18,820) [4,517] {2,258}	
York	76,717	76,798	76,876	76,913	77,048 (15,410) [3,698] {1,849}	77,172 (15,434) [3,704] {1,852}	77,280 (15,456) [3,709] {1,855}	

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.