

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

Date: 3/22/22

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 3/22/22 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.

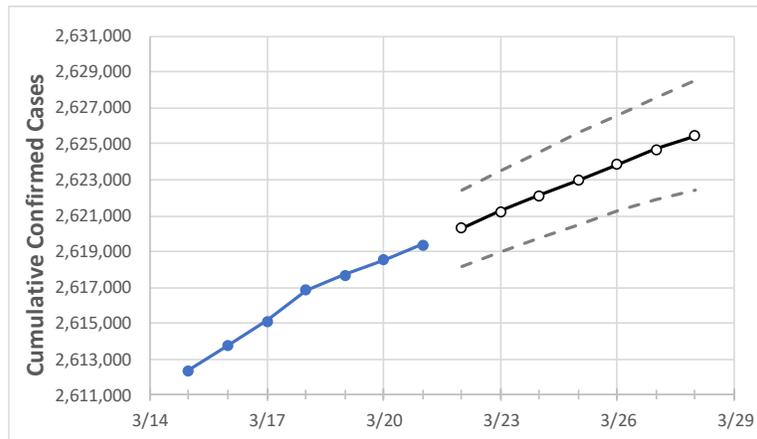
IEM's Modeling Lead

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.

North Carolina State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	
North Carolina	2,616,864	2,617,700	2,618,536	2,619,372	2,620,317	2,621,247	2,622,121	2,623,000	2,623,852	2,624,705	2,625,474	

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:							
	3/18	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	
Cumberland	82,936	82,984	83,033	83,081	83,147	83,211	83,272	83,336	83,394	83,456	83,517	
Durham	69,945	69,987	70,028	70,070	70,111	70,149	70,186	70,225	70,262	70,298	70,334	
Guilford	115,857	115,889	115,920	115,952	115,992	116,036	116,071	116,111	116,148	116,188	116,221	
Mecklenburg	276,741	276,814	276,887	276,960	277,033	277,103	277,169	277,234	277,299	277,365	277,427	
Orange	25,833	25,852	25,870	25,889	25,906	25,924	25,941	25,957	25,975	25,991	26,006	
Union	61,378	61,371	61,363	61,356	61,366	61,376	61,385	61,394	61,402	61,411	61,419	
Wake	288,697	288,821	288,944	289,068	289,182	289,292	289,395	289,502	289,600	289,701	289,797	

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:											
	3/18	3/19	3/20	3/21	3/23				3/25				3/27			
Cumberland	82,936	82,984	83,033	83,081	83,211	(16,642)	[3,994]	{1,997}	83,336	(16,667)	[4,000]	{2,000}	83,456	(16,691)	[4,006]	{2,003}
Durham	69,945	69,987	70,028	70,070	70,149	(14,030)	[3,367]	{1,684}	70,225	(14,045)	[3,371]	{1,685}	70,298	(14,060)	[3,374]	{1,687}
Guilford	115,857	115,889	115,920	115,952	116,036	(23,207)	[5,570]	{2,785}	116,111	(23,222)	[5,573]	{2,787}	116,188	(23,238)	[5,577]	{2,789}
Mecklenburg	276,741	276,814	276,887	276,960	277,103	(55,421)	[13,301]	{6,650}	277,234	(55,447)	[13,307]	{6,654}	277,365	(55,473)	[13,314]	{6,657}
Orange	25,833	25,852	25,870	25,889	25,924	(5,185)	[1,244]	{622}	25,957	(5,191)	[1,246]	{623}	25,991	(5,198)	[1,248]	{624}
Union	61,378	61,371	61,363	61,356	61,376	(12,275)	[2,946]	{1,473}	61,394	(12,279)	[2,947]	{1,473}	61,411	(12,282)	[2,948]	{1,474}
Wake	288,697	288,821	288,944	289,068	289,292	(57,858)	[13,886]	{6,943}	289,502	(57,900)	[13,896]	{6,948}	289,701	(57,940)	[13,906]	{6,953}

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.