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

Date: 3/25/22

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 3/25/22 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.

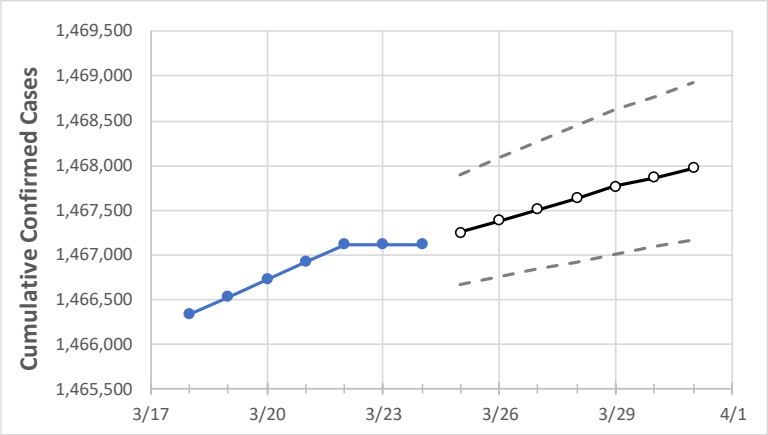
IEM's Modeling Lead

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:						
	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31
South Carolina	1,466,918	1,467,115	1,467,115	1,467,115	1,467,247	1,467,387	1,467,509	1,467,636	1,467,762	1,467,868	1,467,974

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:						
	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31
Beaufort	42,917	42,923	42,923	42,923	42,927	42,930	42,933	42,935	42,938	42,941	42,943
Charleston	111,386	111,409	111,409	111,409	111,427	111,444	111,461	111,478	111,494	111,511	111,525
Greenville	171,866	171,904	171,904	171,904	171,933	171,963	171,993	172,020	172,051	172,079	172,109
Kershaw	21,374	21,374	21,374	21,374	21,375	21,376	21,377	21,378	21,379	21,380	21,381
Lexington	95,514	95,522	95,522	95,522	95,528	95,534	95,540	95,545	95,549	95,554	95,559
Richland	122,098	122,105	122,105	122,105	122,113	122,121	122,127	122,134	122,139	122,145	122,152
Spartanburg	94,334	94,352	94,352	94,352	94,363	94,374	94,385	94,396	94,407	94,417	94,426
York	77,408	77,410	77,410	77,410	77,415	77,419	77,423	77,427	77,431	77,435	77,438

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:		
	3/21	3/22	3/23	3/24	3/26	3/28	3/30
Beaufort	42,917	42,923	42,923	42,923	42,930 (8,586) [2,061] {1,030}	42,935 (8,587) [2,061] {1,030}	42,941 (8,588) [2,061] {1,031}
Charleston	111,386	111,409	111,409	111,409	111,444 (22,289) [5,349] {2,675}	111,478 (22,296) [5,351] {2,675}	111,511 (22,302) [5,353] {2,676}
Greenville	171,866	171,904	171,904	171,904	171,963 (34,393) [8,254] {4,127}	172,020 (34,404) [8,257] {4,128}	172,079 (34,416) [8,260] {4,130}
Kershaw	21,374	21,374	21,374	21,374	21,376 (4,275) [1,026] {513}	21,378 (4,276) [1,026] {513}	21,380 (4,276) [1,026] {513}
Lexington	95,514	95,522	95,522	95,522	95,534 (19,107) [4,586] {2,293}	95,545 (19,109) [4,586] {2,293}	95,554 (19,111) [4,587] {2,293}
Richland	122,098	122,105	122,105	122,105	122,121 (24,424) [5,862] {2,931}	122,134 (24,427) [5,862] {2,931}	122,145 (24,429) [5,863] {2,931}
Spartanburg	94,334	94,352	94,352	94,352	94,374 (18,875) [4,530] {2,265}	94,396 (18,879) [4,531] {2,265}	94,417 (18,883) [4,532] {2,266}
York	77,408	77,410	77,410	77,410	77,419 (15,484) [3,716] {1,858}	77,427 (15,485) [3,717] {1,858}	77,435 (15,487) [3,717] {1,858}

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.