

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 7/13/20**

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 20%, and are often within 10%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 7/13/20 11 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.

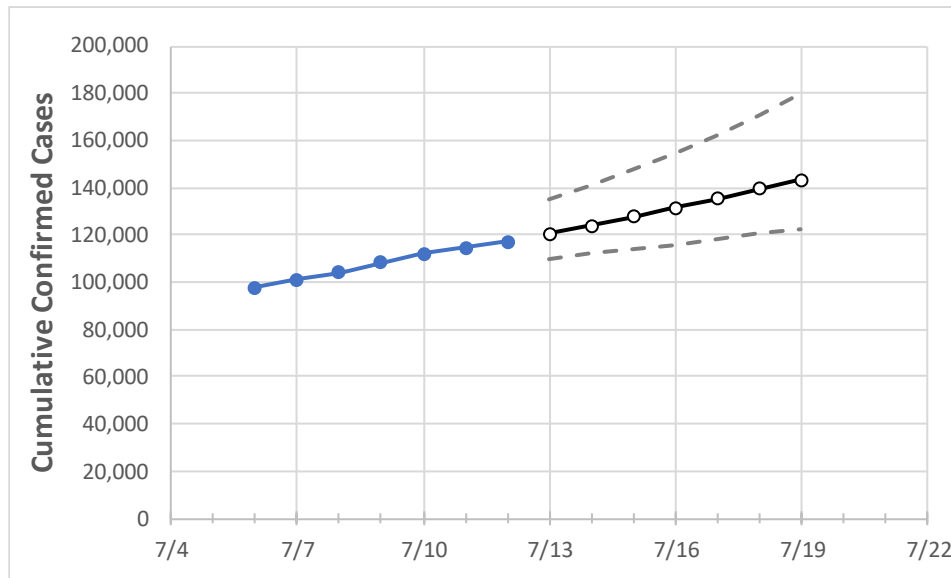
IEM's Modeling Lead

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.

Georgia State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	7/9	7/10	7/11	7/12	7/13	7/14	7/15	7/16	7/17	7/18	7/19	
Georgia	108,307	112,218	114,674	117,029	120,426	123,947	127,594	131,373	135,289	139,345	143,546	

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 20%, and are often within 10%, of actual confirmed cases.

Georgia Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	7/9	7/10	7/11	7/12	7/13	7/14	7/15	7/16	7/17	7/18	7/19
Bartow	864	893	950	962	989	1,018	1,049	1,082	1,118	1,156	1,197
Carroll	958	1,013	1,024	1,050	1,089	1,122	1,153	1,186	1,216	1,249	1,281
Cherokee	1,651	1,701	1,745	1,760	1,802	1,847	1,894	1,942	1,994	2,048	2,104
Clarke	871	913	924	939	970	1,002	1,036	1,071	1,107	1,145	1,184
Clayton	2,607	2,713	2,754	2,806	2,888	2,975	3,068	3,166	3,271	3,382	3,500
Cobb	6,460	6,809	6,952	7,061	7,249	7,445	7,650	7,863	8,084	8,316	8,556
DeKalb	7,555	8,024	8,146	8,255	8,458	8,669	8,889	9,118	9,357	9,605	9,864
Dougherty	2,060	2,141	2,155	2,158	2,176	2,196	2,217	2,240	2,264	2,290	2,318
Douglas	1,304	1,367	1,390	1,410	1,455	1,503	1,554	1,607	1,664	1,723	1,786
Fulton	9,784	10,141	10,381	10,611	10,955	11,317	11,699	12,101	12,524	12,971	13,441
Gwinnett	10,565	10,879	11,114	11,326	11,591	11,861	12,138	12,421	12,710	13,006	13,308
Hall	3,678	3,752	3,790	3,833	3,888	3,946	4,007	4,071	4,138	4,209	4,283
Henry	1,638	1,712	1,751	1,769	1,818	1,869	1,923	1,979	2,038	2,100	2,164
Lee	417	418	422	425	429	432	435	438	441	444	447

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.

Georgia Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	7/9	7/10	7/11	7/12	7/14				7/16				7/18			
Bartow	864	893	950	962	1,018	(204)	[49]	{24}	1,082	(216)	[52]	{26}	1,156	(231)	[55]	{28}
Carroll	958	1,013	1,024	1,050	1,122	(224)	[54]	{27}	1,186	(237)	[57]	{28}	1,249	(250)	[60]	{30}
Cherokee	1,651	1,701	1,745	1,760	1,847	(369)	[89]	{44}	1,942	(388)	[93]	{47}	2,048	(410)	[98]	{49}
Clarke	871	913	924	939	1,002	(200)	[48]	{24}	1,071	(214)	[51]	{26}	1,145	(229)	[55]	{27}
Clayton	2,607	2,713	2,754	2,806	2,975	(595)	[143]	{71}	3,166	(633)	[152]	{76}	3,382	(676)	[162]	{81}
Cobb	6,460	6,809	6,952	7,061	7,445	(1,489)	[357]	{179}	7,863	(1,573)	[377]	{189}	8,316	(1,663)	[399]	{200}
DeKalb	7,555	8,024	8,146	8,255	8,669	(1,734)	[416]	{208}	9,118	(1,824)	[438]	{219}	9,605	(1,921)	[461]	{231}
Dougherty	2,060	2,141	2,155	2,158	2,196	(439)	[105]	{53}	2,240	(448)	[108]	{54}	2,290	(458)	[110]	{55}
Douglas	1,304	1,367	1,390	1,410	1,503	(301)	[72]	{36}	1,607	(321)	[77]	{39}	1,723	(345)	[83]	{41}
Fulton	9,784	10,141	10,381	10,611	11,317	(2,263)	[543]	{272}	12,101	(2,420)	[581]	{290}	12,971	(2,594)	[623]	{311}
Gwinnett	10,565	10,879	11,114	11,326	11,861	(2,372)	[569]	{285}	12,421	(2,484)	[596]	{298}	13,006	(2,601)	[624]	{312}
Hall	3,678	3,752	3,790	3,833	3,946	(789)	[189]	{95}	4,071	(814)	[195]	{98}	4,209	(842)	[202]	{101}
Henry	1,638	1,712	1,751	1,769	1,869	(374)	[90]	{45}	1,979	(396)	[95]	{47}	2,100	(420)	[101]	{50}
Lee	417	418	422	425	432	(86)	[21]	{10}	438	(88)	[21]	{11}	444	(89)	[21]	{11}

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.