

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

Date: 7/31/20

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 <u>not</u> 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 7/31/20 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**

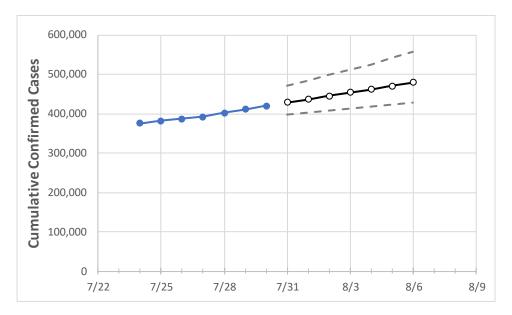
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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.



## **Texas State Projections**



Actua	al Confirr	ned Case	s On:	Projected Cases For:						
7/27	7/28	7/29	7/30	7/31	8/1	8/2	8/3	8/4	8/5	8/6

Texas 391,827 401,676 410,429 419,874 428,196 436,590 445,057 453,596 462,208 470,892 479,649

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.

# **Texas Counties**

	Actual Confirmed Cases On:				Projected Cases For:						
	7/27	7/28	7/29	7/30	7/31	8/1	8/2	8/3	8/4	8/5	8/6
Bexar	36,438	37,984	38,930	40,253	41,051	41,860	42,678	43,508	44,347	45,198	46,059
Brazoria	5,573	5,896	6,032	6,218	6,360	6,506	6,655	6,808	6,965	7,126	7,291
Brazos	3,724	3,747	3,781	3,813	3,843	3,873	3,902	3,931	3,959	3,987	4,014
Collin	5,789	5,938	6,147	6,177	6,227	6,276	6,324	6,371	6,416	6,460	6,503
Dallas	46,813	47,239	48,028	48,732	49,452	50,171	50,887	51,602	52,314	53,025	53,734
Denton	6,121	6,208	6,331	6,493	6,646	6,803	6,964	7,130	7,300	7,475	7,655
El Paso	13,396	13,552	13,807	13,939	14,140	14,341	14,540	14,739	14,937	15,134	15,330
Ellis	2,311	2,332	2,387	2,407	2,436	2,464	2,493	2,521	2,548	2,576	2,603
Fort Bend	6,605	6,679	6,772	6,852	6,929	7,006	7,086	7,167	7,249	7,332	7,417
Galveston	8,126	8,205	8,367	8,494	8,599	8,702	8,803	8,903	9,000	9,096	9,190
Harris	65,349	66,195	67,660	69,126	70,580	72,059	73,561	75,089	76,642	78,220	79,824
Hidalgo	15,557	15,759	16,088	16,375	16,840	17,323	17,824	18,345	18,886	19,448	20,031
Johnson	1,314	1,354	1,403	1,432	1,472	1,514	1,556	1,600	1,646	1,692	1,741
Lubbock	5,100	5,150	5,254	5,328	5,397	5,466	5,535	5,603	5,671	5,738	5,805
McLennan	3,986	4,042	4,108	4,192	4,263	4,335	4,408	4,482	4,557	4,632	4,709
Montgomery	5,719	5,780	5,852	5,990	6,103	6,218	6,335	6,455	6,578	6,703	6,830
Tarrant	25,499	25,739	26,315	27,151	27,651	28,158	28,673	29,196	29,727	30,266	30,813
Travis	19,480	19,720	19,952	20,187	20,367	20,543	20,716	20,884	21,049	21,211	21,369
Williamson	5,304	5,366	5,433	5,551	5,618	5,684	5,749	5,814	5,878	5,942	6,005



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.

#### Texas Medical Demands by County

	Actual Confirmed Cases On:			s On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:					
	7/27	7/28	7/29	7/30	8/1	8/3	8/5			
Bexar	36,438	37,984	38,930	40,253	41,860 (8,372) [2,009] {1,005}	43,508 (8,702) [2,088] {1,044}	45,198 (9,040) [2,169] {1,085}			
Brazoria	5,573	5,896	6,032	6,218	6,506 (1,301) [312] {156}	6,808 (1,362) [327] {163}	7,126 (1,425) [342] {171}			
Brazos	3,724	3,747	3,781	3,813	3,873 (775) [186] {93}	3,931 (786) [189] {94}	3,987 (797) [191] {96}			
Collin	5,789	5,938	6,147	6,177	6,276 (1,255) [301] {151}	6,371 (1,274) [306] {153}	6,460 (1,292) [310] {155}			
Dallas	46,813	47,239	48,028	48,732	50,171 (10,034) [2,408] {1,204}	51,602 (10,320) [2,477] {1,238}	53,025 (10,605) [2,545] {1,273}			
Denton	6,121	6,208	6,331	6,493	6,803 (1,361) [327] {163}	7,130 (1,426) [342] {171}	7,475 (1,495) [359] {179}			
El Paso	13,396	13,552	13,807	13,939	14,341 (2,868) [688] {344}	14,739 (2,948) [707] {354}	15,134 (3,027) [726] {363}			
Ellis	2,311	2,332	2,387	2,407	2,464 (493) [118] {59}	2,521 (504) [121] {60}	2,576 (515) [124] {62}			
Fort Bend	6,605	6,679	6,772	6,852	7,006 (1,401) [336] {168}	7,167 (1,433) [344] {172}	7,332 (1,466) [352] {176}			
Galveston	8,126	8,205	8,367	8,494	8,702 (1,740) [418] {209}	8,903 (1,781) [427] {214}	9,096 (1,819) [437] {218}			
Harris	65,349	66,195	67,660	69,126	72,059 (14,412) [3,459] {1,729}	75,089 (15,018) [3,604] {1,802}	78,220 (15,644) [3,755] {1,877}			
Hidalgo	15,557	15,759	16,088	16,375	17,323 (3,465) [831] {416}	18,345 (3,669) [881] {440}	19,448 (3,890) [933] {467}			
Johnson	1,314	1,354	1,403	1,432	1,514 (303) [73] {36}	1,600 (320) [77] {38}	1,692 (338) [81] {41}			
Lubbock	5,100	5,150	5,254	5,328	5,466 (1,093) [262] {131}	5,603 (1,121) [269] {134}	5,738 (1,148) [275] {138}			
McLennan	3,986	4,042	4,108	4,192	4,335 (867) [208] {104}	4,482 (896) [215] {108}	4,632 (926) [222] {111}			
Montgomery	5,719	5,780	5,852	5,990	6,218 (1,244) [298] {149}	6,455 (1,291) [310] {155}	6,703 (1,341) [322] {161}			
Tarrant	25,499	25,739	26,315	27,151	28,158 (5,632) [1,352] {676}	29,196 (5,839) [1,401] {701}	30,266 (6,053) [1,453] {726}			
Travis	19,480	19,720	19,952	20,187	20,543 (4,109) [986] {493}	20,884 (4,177) [1,002] {501}	21,211 (4,242) [1,018] {509}			
Williamson	5,304	5,366	5,433	5,551	5,684 (1,137) [273] {136}	5,814 (1,163) [279] {140}	5,942 (1,188) [285] {143}			

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966 or Stephanie Tennyson at <a href="mailto:stephanie.tennyson@iem.com">stephanie.tennyson@iem.com</a> or 202-309-4257.

