

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

Date: 8/5/20

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 8/5/20 12 p.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.

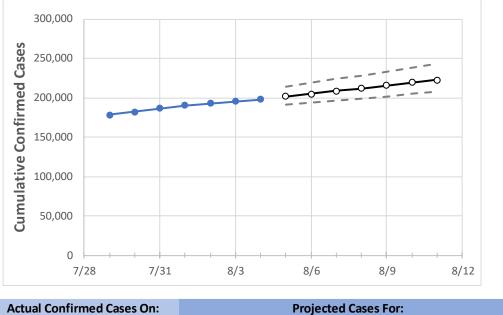
Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at lowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served 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:

8/1 8/2 8/3 8/4 8/5 8/6 8/7 8/8 8/9 8/10 8/11

Georgia

190,002 193,164 195,420 197,948 201,428 204,931 208,456 212,004 215,576 219,170 222,787

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:						
	8/1	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11
Bartow	1,583	1,607	1,618	1,675	1,711	1,749	1,788	1,829	1,870	1,913	1,958
Carroll	1,701	1,737	1,756	1,760	1,782	1,804	1,826	1,848	1,871	1,894	1,917
Cherokee	2,791	2,853	2,885	2,976	3,035	3,095	3,157	3,221	3,286	3,354	3,423
Clarke	1,694	1,717	1,741	1,794	1,829	1,865	1,902	1,939	1,978	2,017	2,057
Clayton	4,468	4,518	4,557	4,626	4,702	4,780	4,860	4,941	5,024	5,108	5,194
Cobb	11,436	11,690	11,844	12,135	12,382	12,635	12,894	13,158	13,428	13,703	13,985
DeKalb	12,348	12,476	12,604	12,760	12,944	13,131	13,320	13,512	13,705	13,901	14,100
Dougherty	2,589	2,602	2,621	2,631	2,650	2,670	2,690	2,710	2,731	2,753	2,775
Douglas	2,279	2,317	2,331	2,400	2,439	2,478	2,517	2,558	2,599	2,640	2,682
Fulton	17,858	18,079	18,224	18,566	18,877	19,191	19,510	19,834	20,161	20,493	20,829
Gwinnett	17,511	17,781	17,927	18,201	18,506	18,816	19,130	19,450	19,774	20,103	20,436
Hall	5,482	5,523	5,547	5,657	5,731	5,808	5,887	5,968	6,052	6,139	6,228
Henry	2,954	2,987	3,019	3,055	3,108	3,162	3,217	3,274	3,332	3,392	3,453
Lee	506	515	520	522	527	532	537	542	547	553	559



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:			c On:	Projected Cases (Hospitalized) [ICU] {Ventilator} For:						
	8/1						· ·				
	-,	8/2	8/3	8/4	8/6	8/8		8/10			
Bartow	1,583	1,607	1,618	1,675	1,749 (350) [84] {	1,829 (366)	[88] {44}	1,913 (383) [92] {46}			
Carroll	1,701	1,737	1,756	1,760	1,804 (361) [87] {	1,848 (370)	[89] {44}	1,894 (379) [91] {45}			
Cherokee	2,791	2,853	2,885	2,976	3,095 (619) [149] {	<b>(74) 3,221 (644)</b>	[155] {77}	3,354 (671) [161] {80}			
Clarke	1,694	1,717	1,741	1,794	1,865 (373) [90] {	45} 1,939 (388)	[93] {47}	2,017 (403) [97] {48}			
Clayton	4,468	4,518	4,557	4,626	4,780 (956) [229] {	115} 4,941 (988) [	237] {119}	5,108 (1,022) [245] {123}			
Cobb	11,436	11,690	11,844	12,135	12,635 (2,527) [606]	{303} 13,158 (2,632)	[632] {316}	13,703 (2,741) [658] {329}			
DeKalb	12,348	12,476	12,604	12,760	13,131 (2,626) [630]	{315} 13,512 (2,702)	[649] {324}	13,901 (2,780) [667] {334}			
Dougherty	2,589	2,602	2,621	2,631	2,670 (534) [128] {	{64}	[130] {65}	2,753 (551) [132] {66}			
Douglas	2,279	2,317	2,331	2,400	2,478 (496) [119] {	{59}         2,558  (512)	[123] {61}	2,640 (528) [127] {63}			
Fulton	17,858	18,079	18,224	18,566	19,191 (3,838) [921]	{461} 19,834 (3,967)	[952] {476}	20,493 (4,099) [984] {492}			
Gwinnett	17,511	17,781	17,927	18,201	18,816 (3,763) [903]	{452} 19,450 (3,890)	[934] {467}	20,103 (4,021) [965] {482}			
Hall	5,482	5,523	5,547	5,657	5,808 (1,162) [279]	{139} 5,968 (1,194)	[286] {143}	6,139 (1,228) [295] {147}			
Henry	2,954	2,987	3,019	3,055	3,162 (632) [152] {	<del>{76}</del> 3,274 (655)	[157] {79}	3,392 (678) [163] {81}			
Lee	506	515	520	522	532 (106) [26] {1	542 (108)	[26] {13}	553 (111) [27] {13}			

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