

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

Date: 8/7/20

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 8/7/20 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.**

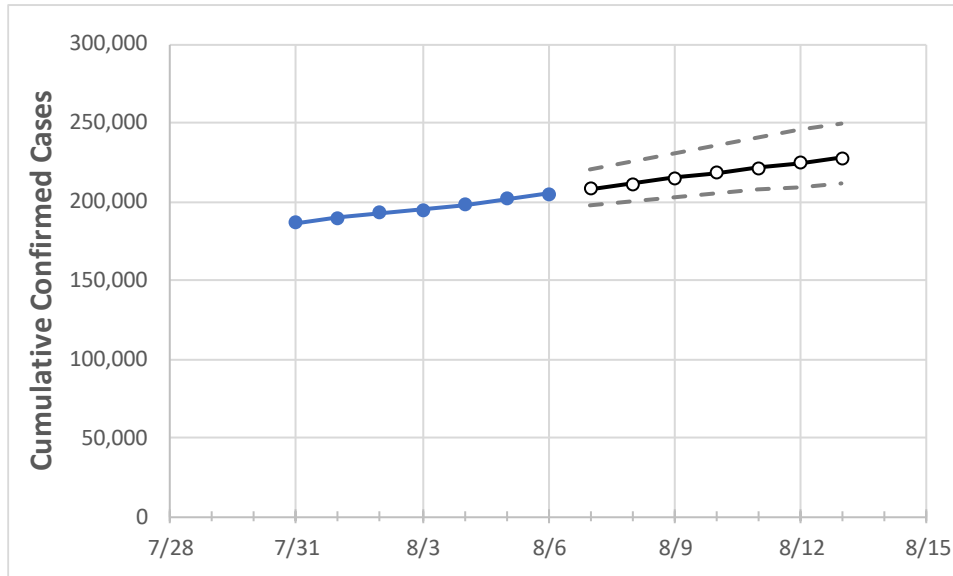
### IEM's Modeling Lead

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:						
	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13
Georgia	194,798	197,775	201,704	204,895	208,159	211,429	214,706	217,989	221,279	224,575	227,876

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:						
	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13
Bartow	1,618	1,675	1,735	1,772	1,809	1,847	1,886	1,928	1,970	2,015	2,061
Carroll	1,756	1,760	1,779	1,811	1,828	1,844	1,861	1,877	1,893	1,909	1,925
Cherokee	2,885	2,976	3,085	3,155	3,219	3,285	3,352	3,422	3,494	3,567	3,643
Clarke	1,741	1,794	1,863	1,894	1,928	1,964	2,000	2,036	2,073	2,112	2,150
Clayton	4,557	4,626	4,716	4,790	4,857	4,924	4,992	5,061	5,130	5,200	5,271
Cobb	11,844	12,135	12,489	12,718	12,961	13,209	13,461	13,719	13,982	14,250	14,524
DeKalb	12,604	12,760	12,998	13,237	13,421	13,608	13,797	13,989	14,183	14,379	14,579
Dougherty	2,621	2,631	2,652	2,661	2,676	2,691	2,706	2,722	2,737	2,753	2,769
Douglas	2,331	2,400	2,464	2,493	2,528	2,564	2,599	2,635	2,672	2,708	2,745
Fulton	18,224	18,566	18,996	19,230	19,501	19,772	20,044	20,316	20,589	20,862	21,136
Gwinnett	17,927	18,201	18,550	18,854	19,146	19,441	19,740	20,043	20,349	20,659	20,972
Hall	5,547	5,657	5,759	5,847	5,918	5,990	6,065	6,142	6,221	6,302	6,385
Henry	3,019	3,055	3,138	3,184	3,232	3,281	3,331	3,382	3,433	3,485	3,538
Lee	520	522	526	527	530	534	538	541	545	549	552

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:											
	8/3	8/4	8/5	8/6	8/8				8/10				8/12			
Bartow	1,618	1,675	1,735	1,772	1,847	(369)	[89]	{44}	1,928	(386)	[93]	{46}	2,015	(403)	[97]	{48}
Carroll	1,756	1,760	1,779	1,811	1,844	(369)	[89]	{44}	1,877	(375)	[90]	{45}	1,909	(382)	[92]	{46}
Cherokee	2,885	2,976	3,085	3,155	3,285	(657)	[158]	{79}	3,422	(684)	[164]	{82}	3,567	(713)	[171]	{86}
Clarke	1,741	1,794	1,863	1,894	1,964	(393)	[94]	{47}	2,036	(407)	[98]	{49}	2,112	(422)	[101]	{51}
Clayton	4,557	4,626	4,716	4,790	4,924	(985)	[236]	{118}	5,061	(1,012)	[243]	{121}	5,200	(1,040)	[250]	{125}
Cobb	11,844	12,135	12,489	12,718	13,209	(2,642)	[634]	{317}	13,719	(2,744)	[659]	{329}	14,250	(2,850)	[684]	{342}
DeKalb	12,604	12,760	12,998	13,237	13,608	(2,722)	[653]	{327}	13,989	(2,798)	[671]	{336}	14,379	(2,876)	[690]	{345}
Dougherty	2,621	2,631	2,652	2,661	2,691	(538)	[129]	{65}	2,722	(544)	[131]	{65}	2,753	(551)	[132]	{66}
Douglas	2,331	2,400	2,464	2,493	2,564	(513)	[123]	{62}	2,635	(527)	[126]	{63}	2,708	(542)	[130]	{65}
Fulton	18,224	18,566	18,996	19,230	19,772	(3,954)	[949]	{475}	20,316	(4,063)	[975]	{488}	20,862	(4,172)	[1,001]	{501}
Gwinnett	17,927	18,201	18,550	18,854	19,441	(3,888)	[933]	{467}	20,043	(4,009)	[962]	{481}	20,659	(4,132)	[992]	{496}
Hall	5,547	5,657	5,759	5,847	5,990	(1,198)	[288]	{144}	6,142	(1,228)	[295]	{147}	6,302	(1,260)	[302]	{151}
Henry	3,019	3,055	3,138	3,184	3,281	(656)	[157]	{79}	3,382	(676)	[162]	{81}	3,485	(697)	[167]	{84}
Lee	520	522	526	527	534	(107)	[26]	{13}	541	(108)	[26]	{13}	549	(110)	[26]	{13}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.