

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

Date: 8/10/20

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 8/10/20 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.

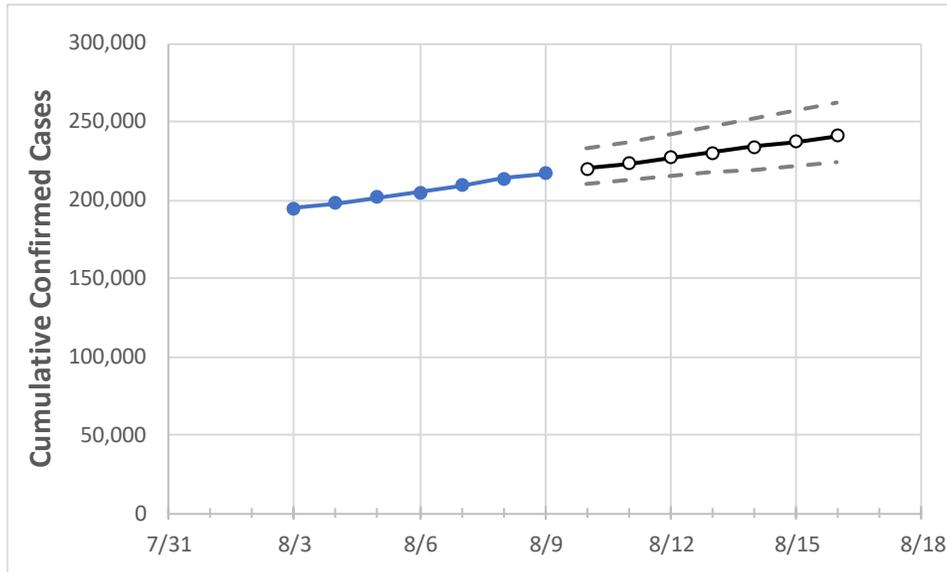
IEM's Modeling Lead

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 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:						
	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13	8/14	8/15	8/16
Georgia	204,894	209,004	213,427	216,596	220,017	223,458	226,918	230,398	233,896	237,412	240,947

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:						
	8/6	8/7	8/8	8/9	8/10	8/11	8/12	8/13	8/14	8/15	8/16
Bartow	1,772	1,816	1,853	1,868	1,903	1,939	1,977	2,016	2,056	2,097	2,140
Carroll	1,811	1,842	1,862	1,881	1,898	1,914	1,930	1,947	1,963	1,979	1,995
Cherokee	3,155	3,269	3,398	3,462	3,545	3,631	3,721	3,814	3,911	4,012	4,117
Clarke	1,894	1,968	2,027	2,047	2,087	2,128	2,170	2,212	2,256	2,301	2,347
Clayton	4,790	4,879	4,952	5,006	5,070	5,134	5,198	5,263	5,328	5,394	5,460
Cobb	12,718	13,049	13,336	13,564	13,834	14,110	14,394	14,684	14,982	15,287	15,599
DeKalb	13,237	13,509	13,752	13,923	14,118	14,317	14,518	14,722	14,930	15,141	15,355
Dougherty	2,661	2,673	2,684	2,694	2,707	2,721	2,734	2,747	2,761	2,774	2,788
Douglas	2,493	2,549	2,602	2,635	2,672	2,710	2,748	2,786	2,825	2,864	2,903
Fulton	19,230	19,647	20,049	20,276	20,566	20,858	21,152	21,450	21,749	22,051	22,356
Gwinnett	18,854	19,187	19,548	19,808	20,123	20,443	20,768	21,097	21,432	21,771	22,115
Hall	5,847	5,947	6,035	6,080	6,156	6,234	6,314	6,397	6,482	6,568	6,658
Henry	3,184	3,252	3,320	3,364	3,414	3,464	3,515	3,568	3,622	3,676	3,732
Lee	527	530	535	539	543	547	550	554	558	563	567

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:											
	8/6	8/7	8/8	8/9	8/11			8/13			8/15					
Bartow	1,772	1,816	1,853	1,868	1,939	(388)	[93]	{47}	2,016	(403)	[97]	{48}	2,097	(419)	[101]	{50}
Carroll	1,811	1,842	1,862	1,881	1,914	(383)	[92]	{46}	1,947	(389)	[93]	{47}	1,979	(396)	[95]	{47}
Cherokee	3,155	3,269	3,398	3,462	3,631	(726)	[174]	{87}	3,814	(763)	[183]	{92}	4,012	(802)	[193]	{96}
Clarke	1,894	1,968	2,027	2,047	2,128	(426)	[102]	{51}	2,212	(442)	[106]	{53}	2,301	(460)	[110]	{55}
Clayton	4,790	4,879	4,952	5,006	5,134	(1,027)	[246]	{123}	5,263	(1,053)	[253]	{126}	5,394	(1,079)	[259]	{129}
Cobb	12,718	13,049	13,336	13,564	14,110	(2,822)	[677]	{339}	14,684	(2,937)	[705]	{352}	15,287	(3,057)	[734]	{367}
DeKalb	13,237	13,509	13,752	13,923	14,317	(2,863)	[687]	{344}	14,722	(2,944)	[707]	{353}	15,141	(3,028)	[727]	{363}
Dougherty	2,661	2,673	2,684	2,694	2,721	(544)	[131]	{65}	2,747	(549)	[132]	{66}	2,774	(555)	[133]	{67}
Douglas	2,493	2,549	2,602	2,635	2,710	(542)	[130]	{65}	2,786	(557)	[134]	{67}	2,864	(573)	[137]	{69}
Fulton	19,230	19,647	20,049	20,276	20,858	(4,172)	[1,001]	{501}	21,450	(4,290)	[1,030]	{515}	22,051	(4,410)	[1,058]	{529}
Gwinnett	18,854	19,187	19,548	19,808	20,443	(4,089)	[981]	{491}	21,097	(4,219)	[1,013]	{506}	21,771	(4,354)	[1,045]	{522}
Hall	5,847	5,947	6,035	6,080	6,234	(1,247)	[299]	{150}	6,397	(1,279)	[307]	{154}	6,568	(1,314)	[315]	{158}
Henry	3,184	3,252	3,320	3,364	3,464	(693)	[166]	{83}	3,568	(714)	[171]	{86}	3,676	(735)	[176]	{88}
Lee	527	530	535	539	547	(109)	[26]	{13}	554	(111)	[27]	{13}	563	(113)	[27]	{14}

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.