

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 8/19/20**

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 8/19/20 1 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.**

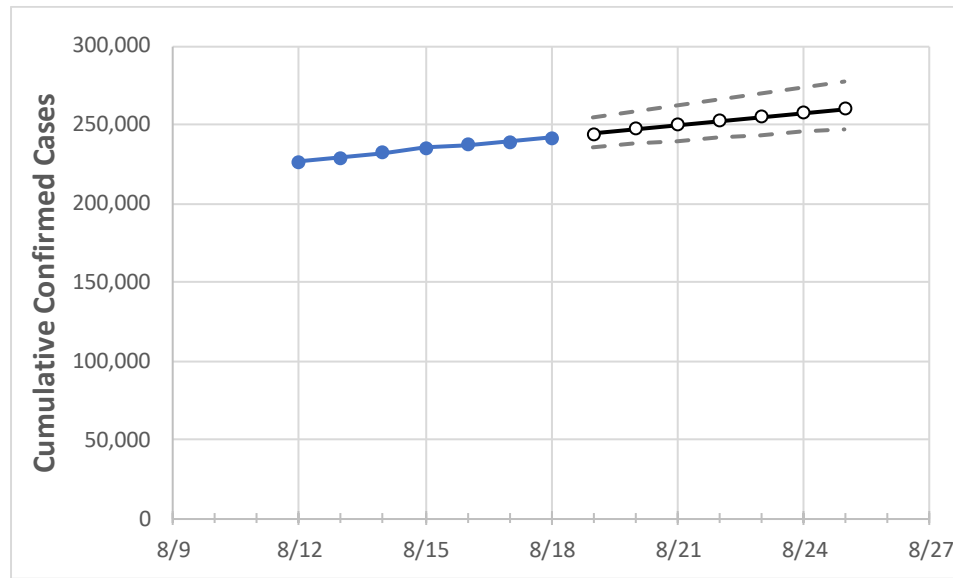
**IEM's Modeling Lead**

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:						
	8/15	8/16	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25
Georgia	235,167	237,030	238,860	241,677	244,390	247,079	249,745	252,388	255,009	257,606	260,182

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:						
	8/15	8/16	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25
Bartow	2,033	2,057	2,063	2,083	2,104	2,125	2,146	2,167	2,188	2,209	2,229
Carroll	2,035	2,043	2,052	2,082	2,097	2,112	2,127	2,142	2,157	2,172	2,187
Cherokee	3,939	3,981	4,005	4,065	4,139	4,214	4,290	4,368	4,447	4,528	4,610
Clarke	2,238	2,250	2,264	2,305	2,331	2,357	2,383	2,409	2,435	2,460	2,486
Clayton	5,450	5,522	5,570	5,640	5,706	5,772	5,838	5,906	5,973	6,042	6,110
Cobb	14,826	14,893	14,962	15,086	15,233	15,377	15,519	15,658	15,795	15,930	16,063
DeKalb	14,926	15,030	15,101	15,312	15,453	15,593	15,732	15,872	16,010	16,149	16,287
Dougherty	2,805	2,826	2,837	2,837	2,849	2,860	2,872	2,883	2,895	2,906	2,917
Douglas	2,859	2,874	2,892	2,911	2,936	2,960	2,984	3,008	3,031	3,055	3,078
Fulton	21,867	21,993	22,107	22,484	22,689	22,892	23,092	23,290	23,486	23,679	23,870
Gwinnett	21,411	21,534	21,655	21,936	22,144	22,351	22,556	22,758	22,960	23,159	23,356
Hall	6,512	6,552	6,581	6,687	6,744	6,802	6,859	6,918	6,976	7,035	7,094
Henry	3,694	3,735	3,786	3,819	3,862	3,906	3,950	3,994	4,039	4,084	4,129
Lee	603	607	611	616	622	628	635	641	648	656	663

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:											
	8/15	8/16	8/17	8/18	8/20				8/22				8/24			
Bartow	2,033	2,057	2,063	2,083	2,125	(425)	[102]	{51}	2,167	(433)	[104]	{52}	2,209	(442)	[106]	{53}
Carroll	2,035	2,043	2,052	2,082	2,112	(422)	[101]	{51}	2,142	(428)	[103]	{51}	2,172	(434)	[104]	{52}
Cherokee	3,939	3,981	4,005	4,065	4,214	(843)	[202]	{101}	4,368	(874)	[210]	{105}	4,528	(906)	[217]	{109}
Clarke	2,238	2,250	2,264	2,305	2,357	(471)	[113]	{57}	2,409	(482)	[116]	{58}	2,460	(492)	[118]	{59}
Clayton	5,450	5,522	5,570	5,640	5,772	(1,154)	[277]	{139}	5,906	(1,181)	[283]	{142}	6,042	(1,208)	[290]	{145}
Cobb	14,826	14,893	14,962	15,086	15,377	(3,075)	[738]	{369}	15,658	(3,132)	[752]	{376}	15,930	(3,186)	[765]	{382}
DeKalb	14,926	15,030	15,101	15,312	15,593	(3,119)	[748]	{374}	15,872	(3,174)	[762]	{381}	16,149	(3,230)	[775]	{388}
Dougherty	2,805	2,826	2,837	2,837	2,860	(572)	[137]	{69}	2,883	(577)	[138]	{69}	2,906	(581)	[139]	{70}
Douglas	2,859	2,874	2,892	2,911	2,960	(592)	[142]	{71}	3,008	(602)	[144]	{72}	3,055	(611)	[147]	{73}
Fulton	21,867	21,993	22,107	22,484	22,892	(4,578)	[1,099]	{549}	23,290	(4,658)	[1,118]	{559}	23,679	(4,736)	[1,137]	{568}
Gwinnett	21,411	21,534	21,655	21,936	22,351	(4,470)	[1,073]	{536}	22,758	(4,552)	[1,092]	{546}	23,159	(4,632)	[1,112]	{556}
Hall	6,512	6,552	6,581	6,687	6,802	(1,360)	[326]	{163}	6,918	(1,384)	[332]	{166}	7,035	(1,407)	[338]	{169}
Henry	3,694	3,735	3,786	3,819	3,906	(781)	[187]	{94}	3,994	(799)	[192]	{96}	4,084	(817)	[196]	{98}
Lee	603	607	611	616	628	(126)	[30]	{15}	641	(128)	[31]	{15}	656	(131)	[31]	{16}

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.