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

Date: 9/16/20

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 9/16/20 9 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.

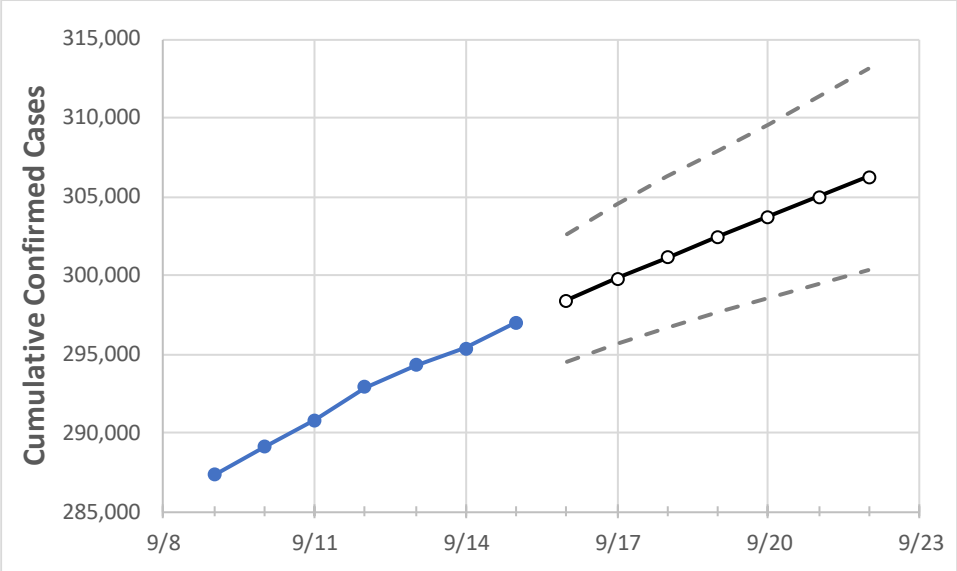
IEM's Modeling Lead

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:						
	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22
Georgia	292,905	294,314	295,337	296,994	298,396	299,771	301,120	302,442	303,740	305,012	306,261

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:						
	9/12	9/13	9/14	9/15	9/16	9/17	9/18	9/19	9/20	9/21	9/22
Bartow	2,666	2,677	2,685	2,713	2,726	2,739	2,751	2,763	2,776	2,787	2,799
Carroll	2,509	2,523	2,530	2,540	2,550	2,559	2,568	2,577	2,586	2,595	2,603
Cherokee	5,473	5,513	5,545	5,573	5,606	5,638	5,669	5,700	5,730	5,759	5,788
Clarke	4,430	4,503	4,540	4,639	4,764	4,895	5,030	5,171	5,318	5,471	5,630
Clayton	6,819	6,850	6,877	6,914	6,935	6,956	6,977	6,997	7,016	7,035	7,054
Cobb	18,433	18,495	18,550	18,601	18,675	18,748	18,818	18,887	18,955	19,020	19,084
DeKalb	17,477	17,536	17,610	17,698	17,759	17,819	17,878	17,937	17,995	18,052	18,109
Dougherty	3,064	3,067	3,074	3,076	3,080	3,084	3,088	3,091	3,095	3,098	3,101
Douglas	3,343	3,350	3,358	3,373	3,383	3,393	3,403	3,412	3,422	3,431	3,440
Fulton	26,108	26,225	26,289	26,360	26,421	26,479	26,535	26,589	26,640	26,690	26,737
Gwinnett	25,726	25,806	25,863	26,019	26,100	26,178	26,255	26,330	26,403	26,475	26,544
Hall	8,341	8,362	8,379	8,444	8,468	8,491	8,513	8,534	8,555	8,574	8,593
Henry	4,710	4,734	4,751	4,777	4,795	4,813	4,831	4,848	4,865	4,881	4,898
Lee	667	672	673	677	679	681	683	685	687	689	691

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:		
	9/12	9/13	9/14	9/15	9/17	9/19	9/21
Bartow	2,666	2,677	2,685	2,713	2,739 (548) [131] {66}	2,763 (553) [133] {66}	2,787 (557) [134] {67}
Carroll	2,509	2,523	2,530	2,540	2,559 (512) [123] {61}	2,577 (515) [124] {62}	2,595 (519) [125] {62}
Cherokee	5,473	5,513	5,545	5,573	5,638 (1,128) [271] {135}	5,700 (1,140) [274] {137}	5,759 (1,152) [276] {138}
Clarke	4,430	4,503	4,540	4,639	4,895 (979) [235] {117}	5,171 (1,034) [248] {124}	5,471 (1,094) [263] {131}
Clayton	6,819	6,850	6,877	6,914	6,956 (1,391) [334] {167}	6,997 (1,399) [336] {168}	7,035 (1,407) [338] {169}
Cobb	18,433	18,495	18,550	18,601	18,748 (3,750) [900] {450}	18,887 (3,777) [907] {453}	19,020 (3,804) [913] {456}
DeKalb	17,477	17,536	17,610	17,698	17,819 (3,564) [855] {428}	17,937 (3,587) [861] {430}	18,052 (3,610) [867] {433}
Dougherty	3,064	3,067	3,074	3,076	3,084 (617) [148] {74}	3,091 (618) [148] {74}	3,098 (620) [149] {74}
Douglas	3,343	3,350	3,358	3,373	3,393 (679) [163] {81}	3,412 (682) [164] {82}	3,431 (686) [165] {82}
Fulton	26,108	26,225	26,289	26,360	26,479 (5,296) [1,271] {636}	26,589 (5,318) [1,276] {638}	26,690 (5,338) [1,281] {641}
Gwinnett	25,726	25,806	25,863	26,019	26,178 (5,236) [1,257] {628}	26,330 (5,266) [1,264] {632}	26,475 (5,295) [1,271] {635}
Hall	8,341	8,362	8,379	8,444	8,491 (1,698) [408] {204}	8,534 (1,707) [410] {205}	8,574 (1,715) [412] {206}
Henry	4,710	4,734	4,751	4,777	4,813 (963) [231] {116}	4,848 (970) [233] {116}	4,881 (976) [234] {117}
Lee	667	672	673	677	681 (136) [33] {16}	685 (137) [33] {16}	689 (138) [33] {17}

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.