

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 11/2/20**

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 10%, and are often within 5%, of actual confirmed cases.

The projections shown in this document are based on data pulled in as of 11/2/20 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.**

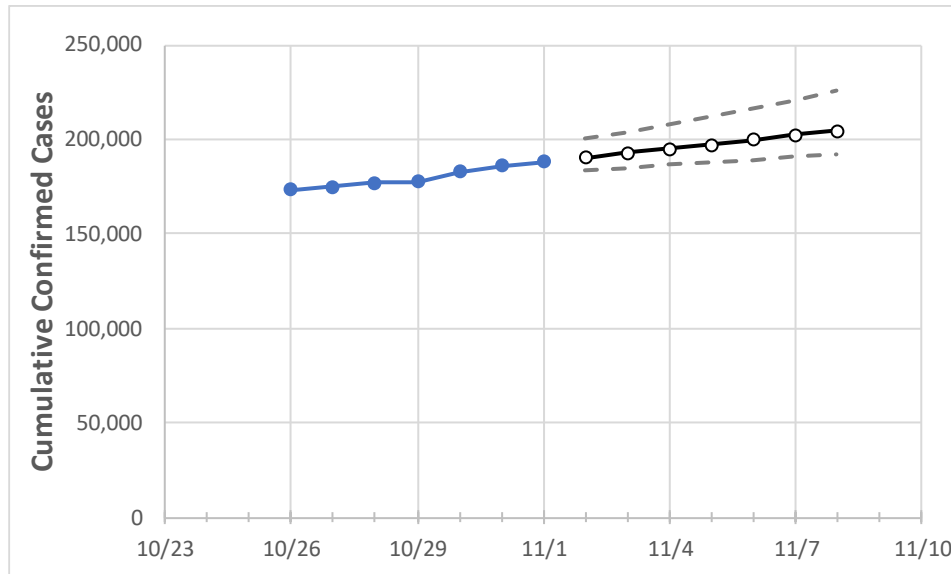
**IEM's Modeling Lead**

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.

## Missouri State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	11/8
Missouri	177,707	183,129	185,992	188,325	190,501	192,731	195,015	197,355	199,751	202,206	204,719

*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.*

## Missouri Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	10/29	10/30	10/31	11/1	11/2	11/3	11/4	11/5	11/6	11/7	11/8
Boone	6,174	6,256	6,364	6,443	6,497	6,551	6,608	6,665	6,724	6,785	6,847
City of St. Louis	8,538	8,619	8,746	8,746	8,825	8,906	8,990	9,077	9,166	9,259	9,354
Greene	9,259	9,419	9,574	9,668	9,774	9,883	9,993	10,106	10,222	10,340	10,460
Jackson (& KC)	25,039	25,351	25,725	25,954	26,246	26,549	26,863	27,188	27,526	27,877	28,240
St. Charles	11,109	11,269	11,501	11,681	11,849	12,021	12,198	12,380	12,566	12,758	12,954
St. Louis	30,852	31,357	31,585	31,992	32,324	32,666	33,019	33,383	33,758	34,145	34,543

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.

### Missouri Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	10/29	10/30	10/31	11/1	11/3			11/5			11/7					
Boone	6,174	6,256	6,364	6,443	6,551	(1,310)	[314]	{157}	6,665	(1,333)	[320]	{160}	6,785	(1,357)	[326]	{163}
City of St. Louis	8,538	8,619	8,746	8,746	8,906	(1,781)	[427]	{214}	9,077	(1,815)	[436]	{218}	9,259	(1,852)	[444]	{222}
Greene	9,259	9,419	9,574	9,668	9,883	(1,977)	[474]	{237}	10,106	(2,021)	[485]	{243}	10,340	(2,068)	[496]	{248}
Jackson (& KC)	25,039	25,351	25,725	25,954	26,549	(5,310)	[1,274]	{637}	27,188	(5,438)	[1,305]	{653}	27,877	(5,575)	[1,338]	{669}
St. Charles	11,109	11,269	11,501	11,681	12,021	(2,404)	[577]	{289}	12,380	(2,476)	[594]	{297}	12,758	(2,552)	[612]	{306}
St. Louis	30,852	31,357	31,585	31,992	32,666	(6,533)	[1,568]	{784}	33,383	(6,677)	[1,602]	{801}	34,145	(6,829)	[1,639]	{819}

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.