

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 12/9/20**

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 12/9/20 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.

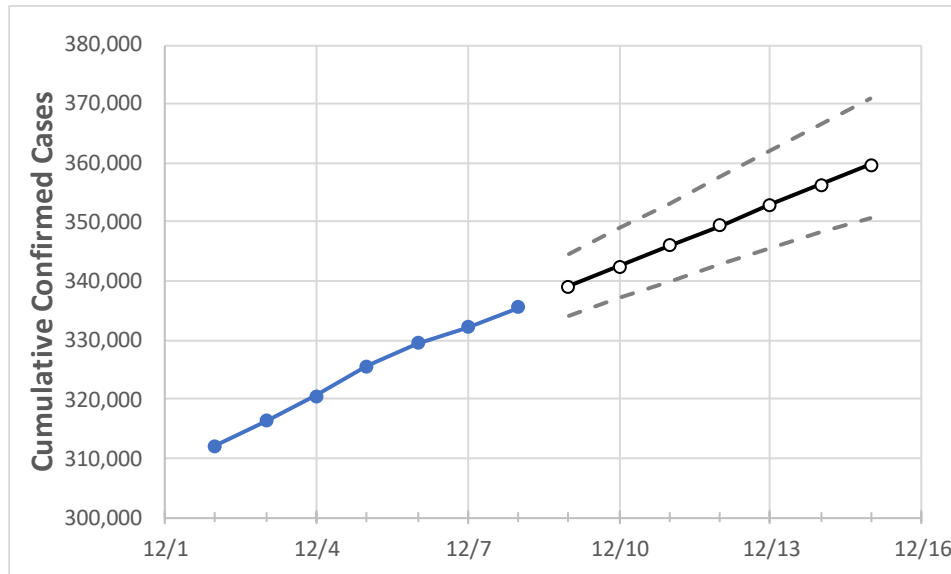
IEM's Modeling Lead

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:						
	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15
Missouri	325,588	329,420	332,227	335,556	339,032	342,502	345,966	349,423	352,872	356,315	359,749

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:						
	12/5	12/6	12/7	12/8	12/9	12/10	12/11	12/12	12/13	12/14	12/15
Boone	10,944	11,046	11,143	11,188	11,255	11,321	11,386	11,451	11,514	11,577	11,639
City of St. Louis	13,815	13,963	14,082	14,255	14,388	14,520	14,652	14,783	14,913	15,043	15,173
Greene	14,842	15,045	15,179	15,367	15,529	15,693	15,859	16,028	16,199	16,372	16,548
Jackson (& KC)	43,424	44,068	44,461	44,879	45,370	45,863	46,358	46,855	47,355	47,856	48,359
St. Charles	21,671	21,943	22,127	22,376	22,622	22,866	23,108	23,349	23,588	23,825	24,060
St. Louis	55,278	55,883	56,500	57,091	57,684	58,271	58,854	59,431	60,003	60,570	61,132

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:											
	12/5	12/6	12/7	12/8	12/10				12/12				12/14			
Boone	10,944	11,046	11,143	11,188	11,321	(2,264)	[543]	{272}	11,451	(2,290)	[550]	{275}	11,577	(2,315)	[556]	{278}
City of St. Louis	13,815	13,963	14,082	14,255	14,520	(2,904)	[697]	{348}	14,783	(2,957)	[710]	{355}	15,043	(3,009)	[722]	{361}
Greene	14,842	15,045	15,179	15,367	15,693	(3,139)	[753]	{377}	16,028	(3,206)	[769]	{385}	16,372	(3,274)	[786]	{393}
Jackson (& KC)	43,424	44,068	44,461	44,879	45,863	(9,173)	[2,201]	{1,101}	46,855	(9,371)	[2,249]	{1,125}	47,856	(9,571)	[2,297]	{1,149}
St. Charles	21,671	21,943	22,127	22,376	22,866	(4,573)	[1,098]	{549}	23,349	(4,670)	[1,121]	{560}	23,825	(4,765)	[1,144]	{572}
St. Louis	55,278	55,883	56,500	57,091	58,271	(11,654)	[2,797]	{1,399}	59,431	(11,886)	[2,853]	{1,426}	60,570	(12,114)	[2,907]	{1,454}

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.