

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

Date: 1/13/21

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 1/13/21 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.

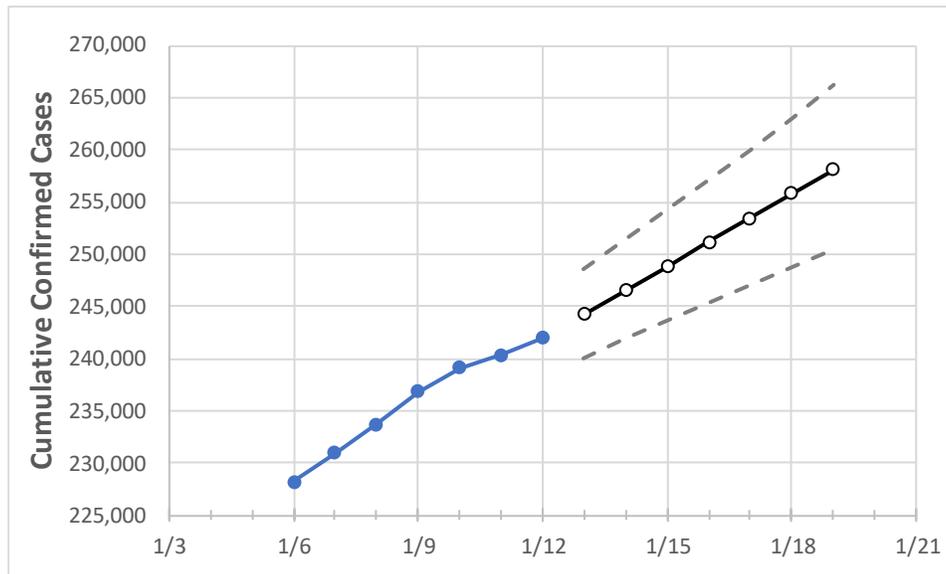
IEM's Modeling Lead

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.

Mississippi State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	
Mississippi	236,868	239,082	240,309	241,957	244,233	246,518	248,810	251,133	253,484	255,816	258,138	

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

Mississippi Counties

	Actual Confirmed Cases On:				Projected Cases For:							
	1/9	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	
DeSoto	16,090	16,277	16,358	16,475	16,622	16,771	16,919	17,065	17,209	17,353	17,495	
Harrison	12,085	12,252	12,347	12,447	12,607	12,770	12,935	13,104	13,274	13,450	13,629	
Hinds	15,180	15,381	15,477	15,559	15,703	15,848	15,993	16,143	16,297	16,450	16,606	
Jackson	9,522	9,625	9,717	9,800	9,899	10,002	10,109	10,216	10,328	10,440	10,554	
Lauderdale	5,428	5,490	5,510	5,541	5,595	5,648	5,702	5,755	5,808	5,862	5,916	
Madison	7,796	7,853	7,868	7,893	7,949	8,005	8,062	8,117	8,173	8,229	8,283	
Rankin	9,872	9,979	10,084	10,201	10,335	10,471	10,611	10,749	10,893	11,036	11,185	

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.

Mississippi Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	1/9	1/10	1/11	1/12	1/14				1/16				1/18			
DeSoto	16,090	16,277	16,358	16,475	16,771	(3,354)	[805]	{403}	17,065	(3,413)	[819]	{410}	17,353	(3,471)	[833]	{416}
Harrison	12,085	12,252	12,347	12,447	12,770	(2,554)	[613]	{306}	13,104	(2,621)	[629]	{314}	13,450	(2,690)	[646]	{323}
Hinds	15,180	15,381	15,477	15,559	15,848	(3,170)	[761]	{380}	16,143	(3,229)	[775]	{387}	16,450	(3,290)	[790]	{395}
Jackson	9,522	9,625	9,717	9,800	10,002	(2,000)	[480]	{240}	10,216	(2,043)	[490]	{245}	10,440	(2,088)	[501]	{251}
Lauderdale	5,428	5,490	5,510	5,541	5,648	(1,130)	[271]	{136}	5,755	(1,151)	[276]	{138}	5,862	(1,172)	[281]	{141}
Madison	7,796	7,853	7,868	7,893	8,005	(1,601)	[384]	{192}	8,117	(1,623)	[390]	{195}	8,229	(1,646)	[395]	{197}
Rankin	9,872	9,979	10,084	10,201	10,471	(2,094)	[503]	{251}	10,749	(2,150)	[516]	{258}	11,036	(2,207)	[530]	{265}

For additional information from IEM, please contact Jon Mabry, Vice President of Disaster Recovery at 601-953-4562 or jon.mabry@iem.com or Bryan Koon, Vice President of Emergency Management and Homeland Security at bryan.koon@iem.com or 850-519-7966.