IEM's AI Modeling: Short-term COVID-19 Projections
Date: 1/20/21

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 <u>not</u> 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 1/20/21 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.

Missouri State Projections
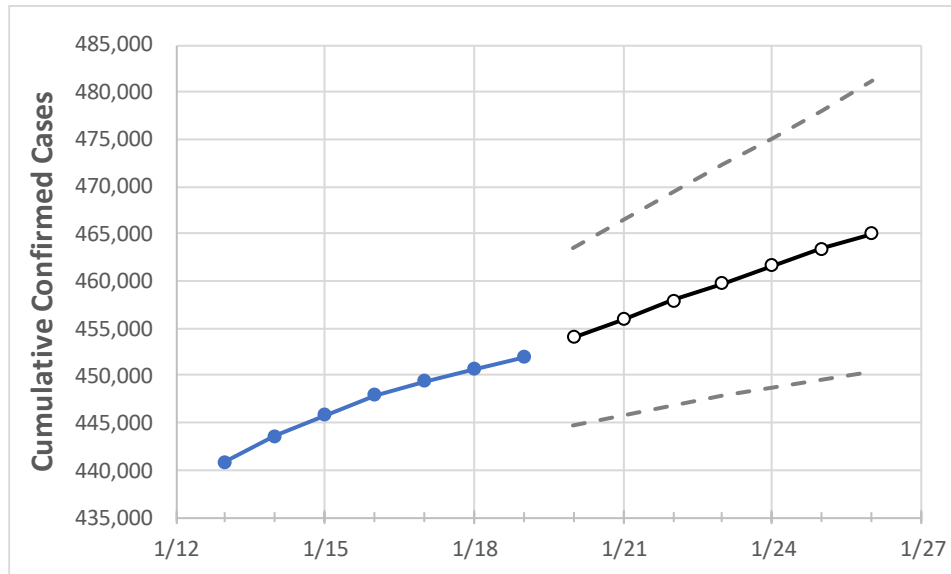
	Actual Confirmed Cases On:				Projected Cases For:						
	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26
Missouri	447,941	449,379	450,694	451,986	454,025	455,990	457,939	459,789	461,609	463,397	465,065

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.

Missouri Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/16	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26
Boone	14,606	14,652	14,678	14,698	14,752	14,807	14,858	14,910	14,959	15,007	15,054
City of St. Louis	17,464	17,476	17,487	17,569	17,577	17,586	17,593	17,600	17,607	17,613	17,618
Greene	21,232	21,276	21,363	21,443	21,542	21,640	21,733	21,825	21,913	22,000	22,085
Jackson (& KC)	60,064	60,284	60,466	60,660	60,969	61,269	61,565	61,856	62,141	62,421	62,705
St. Charles	30,094	30,200	30,273	30,391	30,529	30,660	30,794	30,924	31,053	31,182	31,305
St. Louis	78,024	78,438	78,781	79,030	79,468	79,891	80,306	80,710	81,115	81,508	81,906

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:		
	1/16	1/17	1/18	1/19	1/21	1/23	1/25
Boone	14,606	14,652	14,678	14,698	14,807 (2,961) [711] {355}	14,910 (2,982) [716] {358}	15,007 (3,001) [720] {360}
City of St. Louis	17,464	17,476	17,487	17,569	17,586 (3,517) [844] {422}	17,600 (3,520) [845] {422}	17,613 (3,523) [845] {423}
Greene	21,232	21,276	21,363	21,443	21,640 (4,328) [1,039] {519}	21,825 (4,365) [1,048] {524}	22,000 (4,400) [1,056] {528}
Jackson (& KC)	60,064	60,284	60,466	60,660	61,269 (12,254) [2,941] {1,470}	61,856 (12,371) [2,969] {1,485}	62,421 (12,484) [2,996] {1,498}
St. Charles	30,094	30,200	30,273	30,391	30,660 (6,132) [1,472] {736}	30,924 (6,185) [1,484] {742}	31,182 (6,236) [1,497] {748}
St. Louis	78,024	78,438	78,781	79,030	79,891 (15,978) [3,835] {1,917}	80,710 (16,142) [3,874] {1,937}	81,508 (16,302) [3,912] {1,956}

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.