

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

Date: 2/1/21

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 2/1/21 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.**

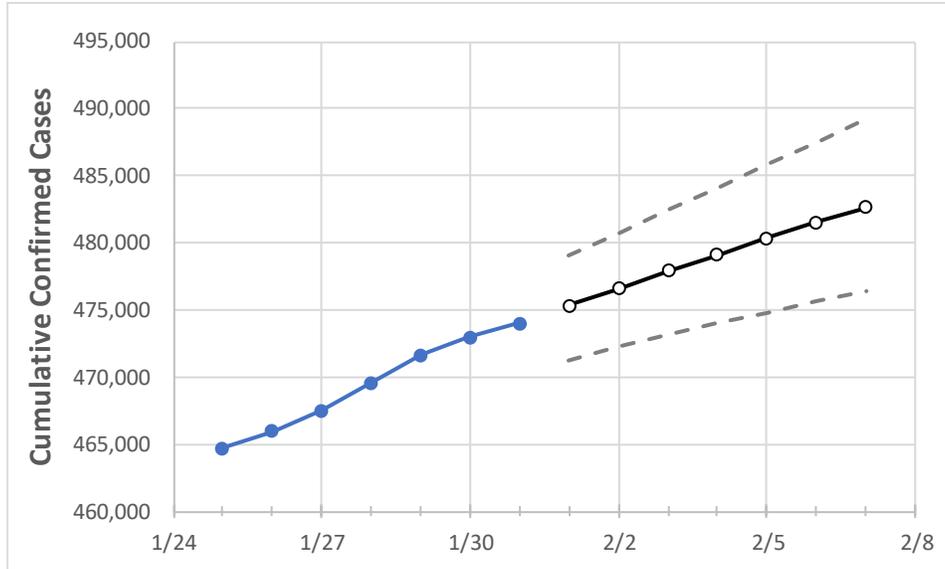
### IEM's Modeling Lead

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:						
	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7
Missouri	469,567	471,628	472,942	473,977	475,317	476,610	477,901	479,124	480,325	481,508	482,673

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:						
	1/28	1/29	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7
Boone	15,200	15,237	15,278	15,328	15,368	15,406	15,444	15,481	15,518	15,552	15,586
City of St. Louis	20,079	20,148	20,219	20,260	20,303	20,344	20,385	20,424	20,462	20,497	20,533
Greene	22,175	22,247	22,314	22,354	22,413	22,470	22,528	22,583	22,636	22,687	22,738
Jackson (& KC)	63,060	63,701	63,884	64,042	64,270	64,488	64,710	64,927	65,133	65,340	65,549
St. Charles	31,269	31,363	31,463	31,548	31,619	31,689	31,755	31,820	31,880	31,939	31,995
St. Louis	82,831	83,094	83,346	83,508	83,803	84,088	84,366	84,643	84,914	85,165	85,414

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:											
	1/28	1/29	1/30	1/31	2/2				2/4				2/6			
Boone	15,200	15,237	15,278	15,328	15,406	(3,081)	[739]	{370}	15,481	(3,096)	[743]	{372}	15,552	(3,110)	[747]	{373}
City of St. Louis	20,079	20,148	20,219	20,260	20,344	(4,069)	[977]	{488}	20,424	(4,085)	[980]	{490}	20,497	(4,099)	[984]	{492}
Greene	22,175	22,247	22,314	22,354	22,470	(4,494)	[1,079]	{539}	22,583	(4,517)	[1,084]	{542}	22,687	(4,537)	[1,089]	{544}
Jackson (& KC)	63,060	63,701	63,884	64,042	64,488	(12,898)	[3,095]	{1,548}	64,927	(12,985)	[3,117]	{1,558}	65,340	(13,068)	[3,136]	{1,568}
St. Charles	31,269	31,363	31,463	31,548	31,689	(6,338)	[1,521]	{761}	31,820	(6,364)	[1,527]	{764}	31,939	(6,388)	[1,533]	{767}
St. Louis	82,831	83,094	83,346	83,508	84,088	(16,818)	[4,036]	{2,018}	84,643	(16,929)	[4,063]	{2,031}	85,165	(17,033)	[4,088]	{2,044}

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.