

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

Date: 2/12/21

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 2/12/21 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.

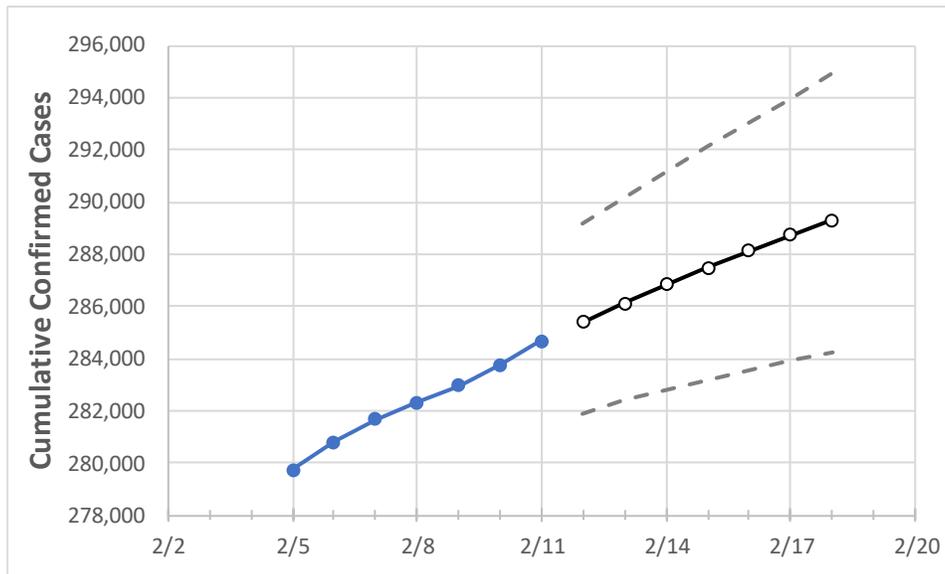
IEM's Modeling Lead

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:							
	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	
Mississippi	282,313	282,969	283,753	284,664	285,403	286,122	286,831	287,496	288,135	288,743	289,316	

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:							
	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	
DeSoto	18,838	18,881	18,904	18,991	19,039	19,085	19,130	19,173	19,215	19,253	19,290	
Harrison	15,747	15,783	15,846	15,904	15,954	16,004	16,051	16,097	16,142	16,183	16,223	
Hinds	18,086	18,128	18,191	18,246	18,297	18,347	18,394	18,440	18,485	18,529	18,571	
Jackson	11,838	11,874	12,030	12,060	12,106	12,151	12,196	12,239	12,281	12,322	12,361	
Lauderdale	6,541	6,552	6,563	6,592	6,610	6,628	6,645	6,661	6,677	6,692	6,707	
Madison	9,162	9,180	9,204	9,227	9,250	9,271	9,292	9,312	9,331	9,350	9,367	
Rankin	12,146	12,176	12,215	12,244	12,287	12,327	12,369	12,408	12,447	12,485	12,523	

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:											
	2/8	2/9	2/10	2/11	2/13				2/15				2/17			
DeSoto	18,838	18,881	18,904	18,991	19,085	(3,817)	[916]	{458}	19,173	(3,835)	[920]	{460}	19,253	(3,851)	[924]	{462}
Harrison	15,747	15,783	15,846	15,904	16,004	(3,201)	[768]	{384}	16,097	(3,219)	[773]	{386}	16,183	(3,237)	[777]	{388}
Hinds	18,086	18,128	18,191	18,246	18,347	(3,669)	[881]	{440}	18,440	(3,688)	[885]	{443}	18,529	(3,706)	[889]	{445}
Jackson	11,838	11,874	12,030	12,060	12,151	(2,430)	[583]	{292}	12,239	(2,448)	[587]	{294}	12,322	(2,464)	[591]	{296}
Lauderdale	6,541	6,552	6,563	6,592	6,628	(1,326)	[318]	{159}	6,661	(1,332)	[320]	{160}	6,692	(1,338)	[321]	{161}
Madison	9,162	9,180	9,204	9,227	9,271	(1,854)	[445]	{223}	9,312	(1,862)	[447]	{223}	9,350	(1,870)	[449]	{224}
Rankin	12,146	12,176	12,215	12,244	12,327	(2,465)	[592]	{296}	12,408	(2,482)	[596]	{298}	12,485	(2,497)	[599]	{300}

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.