

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

Date: 3/23/21

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 3/23/21 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.

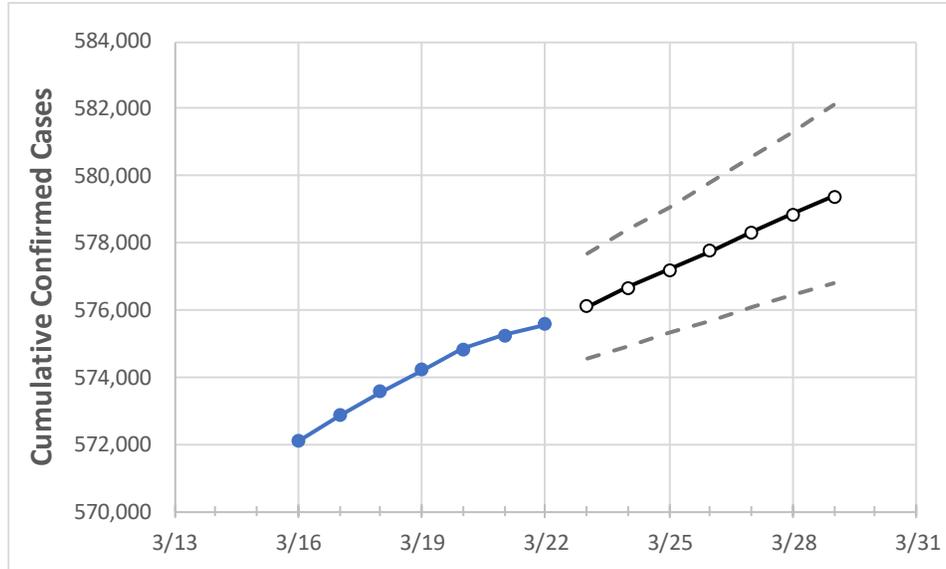
IEM's Modeling Lead

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:						
	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29
Missouri	574,201	574,847	575,253	575,562	576,111	576,655	577,207	577,762	578,309	578,844	579,384

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:						
	3/19	3/20	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29
Boone	17,425	17,439	17,444	17,447	17,463	17,478	17,495	17,511	17,528	17,544	17,562
City of St. Louis	22,147	22,178	22,217	22,237	22,275	22,314	22,353	22,393	22,433	22,473	22,515
Greene	27,479	27,492	27,511	27,522	27,540	27,559	27,577	27,595	27,613	27,631	27,649
Jackson (& KC)	78,980	79,062	79,110	79,141	79,227	79,316	79,404	79,496	79,588	79,684	79,780
St. Charles	40,528	40,594	40,645	40,669	40,729	40,791	40,854	40,919	40,986	41,055	41,127
St. Louis	91,086	91,224	91,314	91,426	91,560	91,692	91,825	91,958	92,089	92,220	92,349

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:											
	3/19	3/20	3/21	3/22	3/24				3/26				3/28			
Boone	17,425	17,439	17,444	17,447	17,478	(3,496)	[839]	{419}	17,511	(3,502)	[841]	{420}	17,544	(3,509)	[842]	{421}
City of St. Louis	22,147	22,178	22,217	22,237	22,314	(4,463)	[1,071]	{536}	22,393	(4,479)	[1,075]	{537}	22,473	(4,495)	[1,079]	{539}
Greene	27,479	27,492	27,511	27,522	27,559	(5,512)	[1,323]	{661}	27,595	(5,519)	[1,325]	{662}	27,631	(5,526)	[1,326]	{663}
Jackson (& KC)	78,980	79,062	79,110	79,141	79,316	(15,863)	[3,807]	{1,904}	79,496	(15,899)	[3,816]	{1,908}	79,684	(15,937)	[3,825]	{1,912}
St. Charles	40,528	40,594	40,645	40,669	40,791	(8,158)	[1,958]	{979}	40,919	(8,184)	[1,964]	{982}	41,055	(8,211)	[1,971]	{985}
St. Louis	91,086	91,224	91,314	91,426	91,692	(18,338)	[4,401]	{2,201}	91,958	(18,392)	[4,414]	{2,207}	92,220	(18,444)	[4,427]	{2,213}

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.