

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

Date: 3/25/21

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 3/25/21 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.

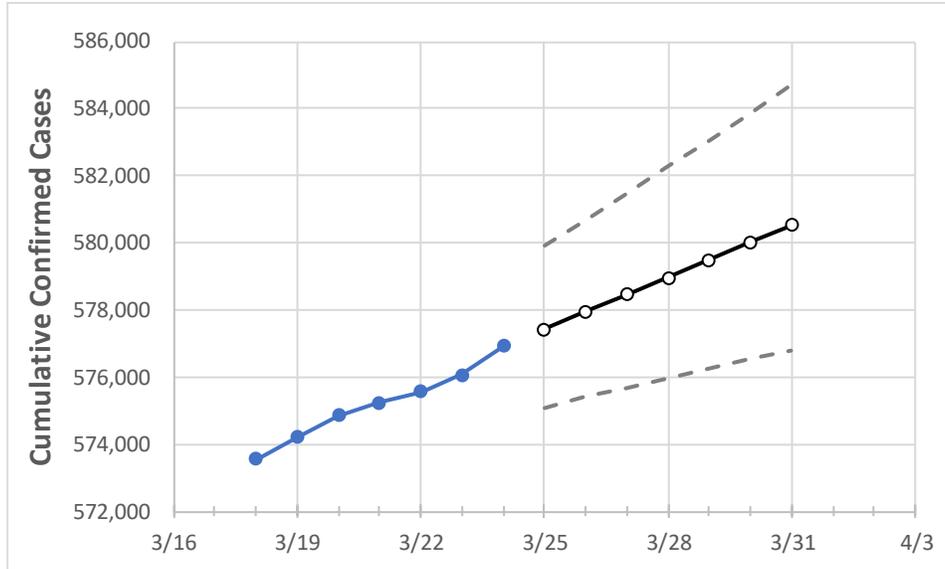
IEM's Modeling Lead

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:						
	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31
Missouri	575,253	575,562	576,071	576,914	577,432	577,951	578,466	578,974	579,495	580,015	580,524

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:						
	3/21	3/22	3/23	3/24	3/25	3/26	3/27	3/28	3/29	3/30	3/31
Boone	17,444	17,447	17,460	17,482	17,499	17,515	17,532	17,549	17,567	17,585	17,603
City of St. Louis	22,217	22,237	22,263	22,332	22,373	22,414	22,456	22,499	22,542	22,587	22,631
Greene	27,511	27,522	27,531	27,546	27,563	27,579	27,595	27,611	27,627	27,642	27,657
Jackson (& KC)	79,110	79,141	79,220	79,288	79,372	79,457	79,545	79,632	79,722	79,812	79,905
St. Charles	40,645	40,669	40,721	40,783	40,847	40,911	40,979	41,047	41,117	41,190	41,264
St. Louis	91,314	91,426	91,506	91,760	91,902	92,044	92,187	92,324	92,467	92,611	92,753

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:											
	3/21	3/22	3/23	3/24	3/26				3/28				3/30			
Boone	17,444	17,447	17,460	17,482	17,515	(3,503)	[841]	{420}	17,549	(3,510)	[842]	{421}	17,585	(3,517)	[844]	{422}
City of St. Louis	22,217	22,237	22,263	22,332	22,414	(4,483)	[1,076]	{538}	22,499	(4,500)	[1,080]	{540}	22,587	(4,517)	[1,084]	{542}
Greene	27,511	27,522	27,531	27,546	27,579	(5,516)	[1,324]	{662}	27,611	(5,522)	[1,325]	{663}	27,642	(5,528)	[1,327]	{663}
Jackson (& KC)	79,110	79,141	79,220	79,288	79,457	(15,891)	[3,814]	{1,907}	79,632	(15,926)	[3,822]	{1,911}	79,812	(15,962)	[3,831]	{1,915}
St. Charles	40,645	40,669	40,721	40,783	40,911	(8,182)	[1,964]	{982}	41,047	(8,209)	[1,970]	{985}	41,190	(8,238)	[1,977]	{989}
St. Louis	91,314	91,426	91,506	91,760	92,044	(18,409)	[4,418]	{2,209}	92,324	(18,465)	[4,432]	{2,216}	92,611	(18,522)	[4,445]	{2,223}

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.