

**IEM's AI Modeling: Short-term COVID-19 Projections****Date: 3/29/21**

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 3/29/21 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.**

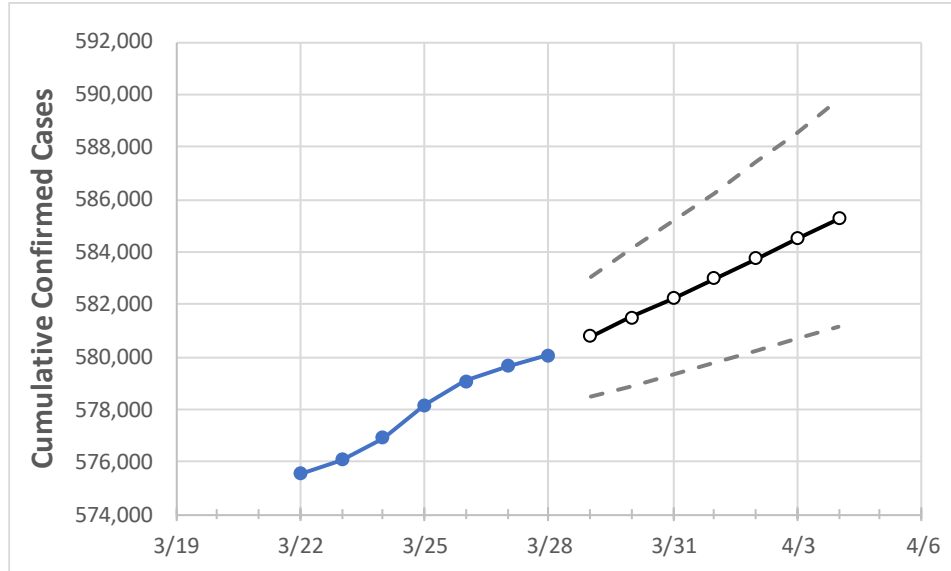
**IEM's Modeling Lead**

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:						
	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4
Missouri	578,148	579,058	579,654	580,080	580,800	581,521	582,243	582,995	583,761	584,523	585,269

*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:						
	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4
Boone	17,509	17,534	17,541	17,551	17,567	17,581	17,595	17,610	17,626	17,642	17,656
City of St. Louis	22,351	22,370	22,425	22,470	22,509	22,548	22,588	22,627	22,667	22,709	22,749
Greene	27,579	27,602	27,625	27,642	27,661	27,681	27,701	27,720	27,740	27,760	27,779
Jackson (& KC)	79,369	79,464	79,537	79,592	79,662	79,736	79,807	79,880	79,952	80,025	80,094
St. Charles	40,859	40,925	40,983	41,041	41,103	41,166	41,230	41,296	41,361	41,428	41,496
St. Louis	91,903	92,086	92,216	92,298	92,435	92,570	92,710	92,843	92,978	93,113	93,254

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:											
	3/25	3/26	3/27	3/28	3/30				4/1				4/3			
Boone	17,509	17,534	17,541	17,551	17,581	(3,516)	[844]	{422}	17,610	(3,522)	[845]	{423}	17,642	(3,528)	[847]	{423}
City of St. Louis	22,351	22,370	22,425	22,470	22,548	(4,510)	[1,082]	{541}	22,627	(4,525)	[1,086]	{543}	22,709	(4,542)	[1,090]	{545}
Greene	27,579	27,602	27,625	27,642	27,681	(5,536)	[1,329]	{664}	27,720	(5,544)	[1,331]	{665}	27,760	(5,552)	[1,332]	{666}
Jackson (& KC)	79,369	79,464	79,537	79,592	79,736	(15,947)	[3,827]	{1,914}	79,880	(15,976)	[3,834]	{1,917}	80,025	(16,005)	[3,841]	{1,921}
St. Charles	40,859	40,925	40,983	41,041	41,166	(8,233)	[1,976]	{988}	41,296	(8,259)	[1,982]	{991}	41,428	(8,286)	[1,989]	{994}
St. Louis	91,903	92,086	92,216	92,298	92,570	(18,514)	[4,443]	{2,222}	92,843	(18,569)	[4,456]	{2,228}	93,113	(18,623)	[4,469]	{2,235}

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.