

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

Date: 4/8/21

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 4/8/21 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.**

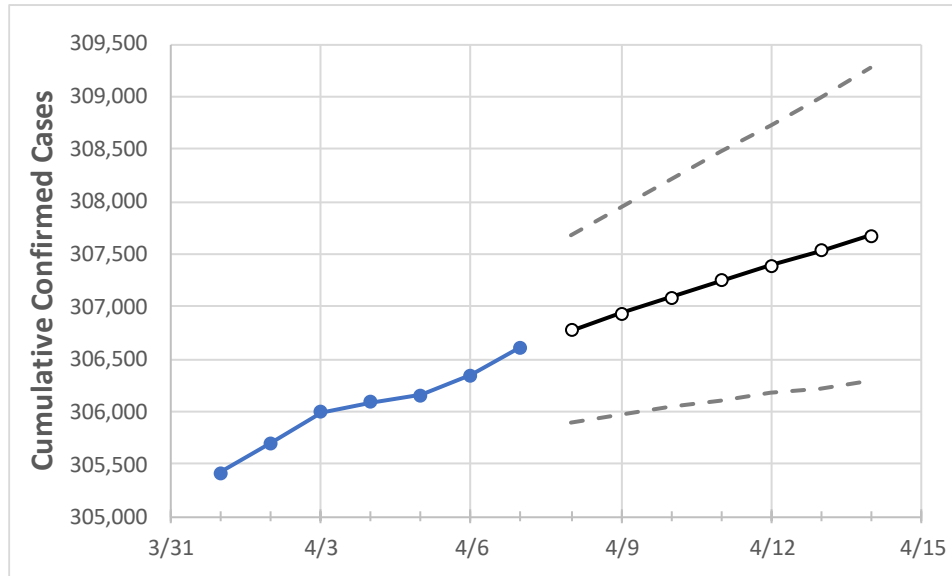
### IEM's Modeling Lead

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:					
	4/4	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	
Mississippi	306,088	306,158	306,341	306,611	306,774	306,934	307,088	307,243	307,387	307,530	307,672	

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:					
	4/4	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	
DeSoto	20,628	20,638	20,648	20,668	20,683	20,699	20,714	20,728	20,742	20,756	20,769	
Harrison	17,417	17,418	17,433	17,441	17,450	17,460	17,469	17,477	17,485	17,494	17,502	
Hinds	19,768	19,771	19,779	19,805	19,818	19,832	19,845	19,858	19,870	19,882	19,894	
Jackson	13,053	13,054	13,056	13,074	13,080	13,086	13,091	13,097	13,102	13,107	13,112	
Lauderdale	7,121	7,121	7,131	7,141	7,151	7,160	7,171	7,181	7,192	7,203	7,213	
Madison	9,855	9,856	9,859	9,864	9,869	9,874	9,879	9,884	9,889	9,893	9,898	
Rankin	13,259	13,260	13,270	13,279	13,286	13,293	13,299	13,305	13,311	13,317	13,322	

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:											
	4/4	4/5	4/6	4/7	4/9				4/11				4/13			
DeSoto	20,628	20,638	20,648	20,668	20,699	(4,140)	[994]	{497}	20,728	(4,146)	[995]	{497}	20,756	(4,151)	[996]	{498}
Harrison	17,417	17,418	17,433	17,441	17,460	(3,492)	[838]	{419}	17,477	(3,495)	[839]	{419}	17,494	(3,499)	[840]	{420}
Hinds	19,768	19,771	19,779	19,805	19,832	(3,966)	[952]	{476}	19,858	(3,972)	[953]	{477}	19,882	(3,976)	[954]	{477}
Jackson	13,053	13,054	13,056	13,074	13,086	(2,617)	[628]	{314}	13,097	(2,619)	[629]	{314}	13,107	(2,621)	[629]	{315}
Lauderdale	7,121	7,121	7,131	7,141	7,160	(1,432)	[344]	{172}	7,181	(1,436)	[345]	{172}	7,203	(1,441)	[346]	{173}
Madison	9,855	9,856	9,859	9,864	9,874	(1,975)	[474]	{237}	9,884	(1,977)	[474]	{237}	9,893	(1,979)	[475]	{237}
Rankin	13,259	13,260	13,270	13,279	13,293	(2,659)	[638]	{319}	13,305	(2,661)	[639]	{319}	13,317	(2,663)	[639]	{320}

For additional information from IEM, please contact Jon Mabry, Vice President of Disaster Recovery at 601-953-4562 or [jon.mabry@iem.com](mailto:jon.mabry@iem.com) or Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966.