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

Date: 5/20/21

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 5/20/21 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.

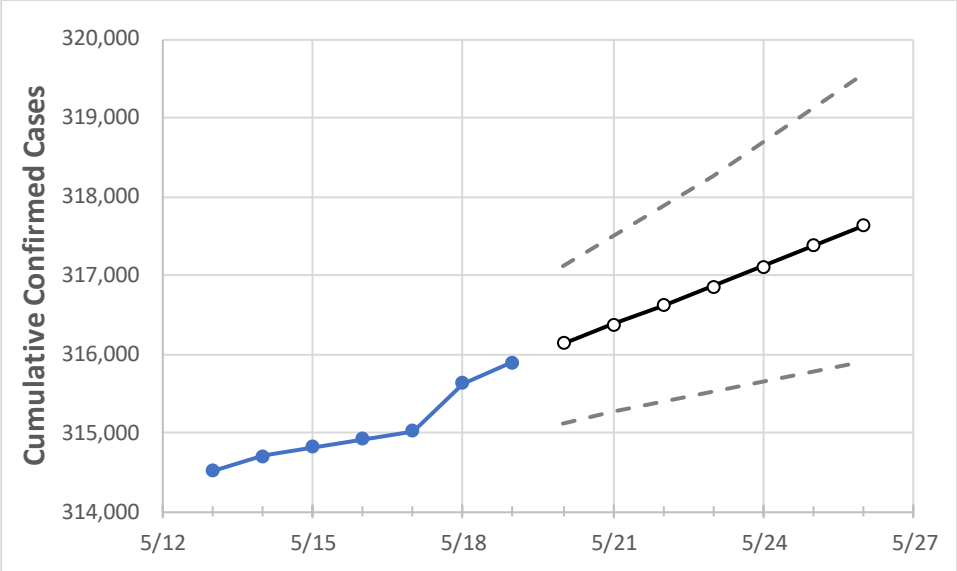
IEM's Modeling Lead

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:						
	5/16	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25	5/26
Mississippi	314,921	315,026	315,634	315,891	316,133	316,375	316,618	316,860	317,116	317,370	317,625

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:						
	5/16	5/17	5/18	5/19	5/20	5/21	5/22	5/23	5/24	5/25	5/26
DeSoto	21,671	21,684	21,906	21,941	21,990	22,043	22,097	22,154	22,214	22,278	22,344
Harrison	17,965	17,973	18,002	18,017	18,035	18,052	18,071	18,089	18,108	18,127	18,147
Hinds	20,380	20,385	20,389	20,403	20,410	20,418	20,425	20,433	20,439	20,446	20,453
Jackson	13,454	13,456	13,470	13,476	13,480	13,484	13,487	13,491	13,495	13,498	13,501
Lauderdale	7,199	7,200	7,200	7,205	7,207	7,209	7,210	7,212	7,214	7,215	7,217
Madison	10,124	10,130	10,135	10,141	10,148	10,154	10,161	10,168	10,175	10,182	10,190
Rankin	13,648	13,650	13,655	13,680	13,689	13,698	13,708	13,718	13,727	13,737	13,747

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:		
	5/16	5/17	5/18	5/19	5/21	5/23	5/25
DeSoto	21,671	21,684	21,906	21,941	22,043 (4,409) [1,058] {529}	22,154 (4,431) [1,063] {532}	22,278 (4,456) [1,069] {535}
Harrison	17,965	17,973	18,002	18,017	18,052 (3,610) [867] {433}	18,089 (3,618) [868] {434}	18,127 (3,625) [870] {435}
Hinds	20,380	20,385	20,389	20,403	20,418 (4,084) [980] {490}	20,433 (4,087) [981] {490}	20,446 (4,089) [981] {491}
Jackson	13,454	13,456	13,470	13,476	13,484 (2,697) [647] {324}	13,491 (2,698) [648] {324}	13,498 (2,700) [648] {324}
Lauderdale	7,199	7,200	7,200	7,205	7,209 (1,442) [346] {173}	7,212 (1,442) [346] {173}	7,215 (1,443) [346] {173}
Madison	10,124	10,130	10,135	10,141	10,154 (2,031) [487] {244}	10,168 (2,034) [488] {244}	10,182 (2,036) [489] {244}
Rankin	13,648	13,650	13,655	13,680	13,698 (2,740) [658] {329}	13,718 (2,744) [658] {329}	13,737 (2,747) [659] {330}

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.