

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

Date: 6/11/21

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 <u>not</u> 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 6/11/21 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.

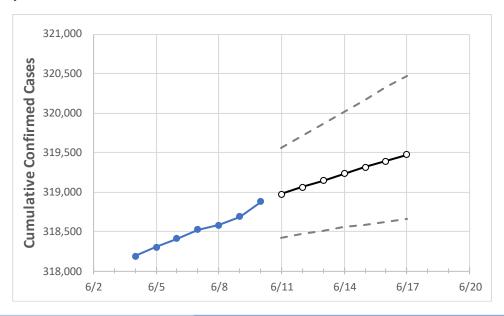
Upon receiving his **Ph.D. in Applied Mathematics and Immunobiology** at Iowa State University, Dr. Baccam worked as a Postdoctoral Research Associate at Los Alamos National Laboratory where he focused on researching viral and immunological modeling. After his stint at Los Alamos, Dr. Baccam has served 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



	Act	tual Confirn	ned Cases (	On:	Projected Cases For:							
	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/15	6/16	6/17	
Mississippi	318,521	318,578	318,685	318,879	318,970	319,059	319,144	319,230	319,314	319,392	319,472	

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**

	Act	ual Confirr	ned Cases	On:	Projected Cases For:						
	6/7	6/8	6/9	6/10	6/11	6/12	6/13	6/14	6/15	6/16	6/17
DeSoto	22,186	22,190	22,200	22,217	22,225	22,232	22,239	22,246	22,252	22,259	22,266
Harrison	18,269	18,271	18,281	18,296	18,306	18,316	18,326	18,336	18,346	18,355	18,364
Hinds	20,565	20,571	20,583	20,596	20,605	20,615	20,625	20,634	20,644	20,654	20,664
Jackson	13,616	13,619	13,627	13,649	13,657	13,666	13,674	13,683	13,692	13,701	13,711
Lauderdale	7,250	7,251	7,251	7,253	7,255	7,256	7,258	7,259	7,261	7,263	7,264
Madison	10,202	10,205	10,208	10,211	10,213	10,214	10,215	10,217	10,218	10,219	10,221
Rankin	13,819	13,823	13,825	13,837	13,840	13,842	13,845	13,847	13,850	13,852	13,854



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:						
	6/7	6/8	6/9	6/10	6/12	6/14	6/16				
DeSoto	22,186	22,190	22,200	22,217	22,232 (4,446) [1,067] {534}	22,246 (4,449) [1,068] {534}	22,259 (4,452) [1,068] {534}				
Harrison	18,269	18,271	18,281	18,296	18,316 (3,663) [879] {440}	18,336 (3,667) [880] {440}	18,355 (3,671) [881] {441}				
Hinds	20,565	20,571	20,583	20,596	20,615 (4,123) [990] {495}	20,634 (4,127) [990] {495}	20,654 (4,131) [991] {496}				
Jackson	13,616	13,619	13,627	13,649	13,666 (2,733) [656] {328}	13,683 (2,737) [657] {328}	13,701 (2,740) [658] {329}				
Lauderdale	7,250	7,251	7,251	7,253	7,256 (1,451) [348] {174}	7,259 (1,452) [348] {174}	7,263 (1,453) [349] {174}				
Madison	10,202	10,205	10,208	10,211	10,214 (2,043) [490] {245}	10,217 (2,043) [490] {245}	10,219 (2,044) [491] {245}				
Rankin	13,819	13,823	13,825	13,837	13,842 (2,768) [664] {332}	13,847 (2,769) [665] {332}	13,852 (2,770) [665] {332}				

For additional information from IEM, please contact Jon Mabry, Vice President of Disaster Recovery at 601-953-4562 or <a href="mailto:ion.mabry@iem.com">ion.mabry@iem.com</a> or Bryan Koon, Vice President of Emergency Management and Homeland Security at <a href="mailto:bryan.koon@iem.com">bryan.koon@iem.com</a> or 850-519-7966.

