

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

Date: 6/24/21

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 6/24/21 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.**

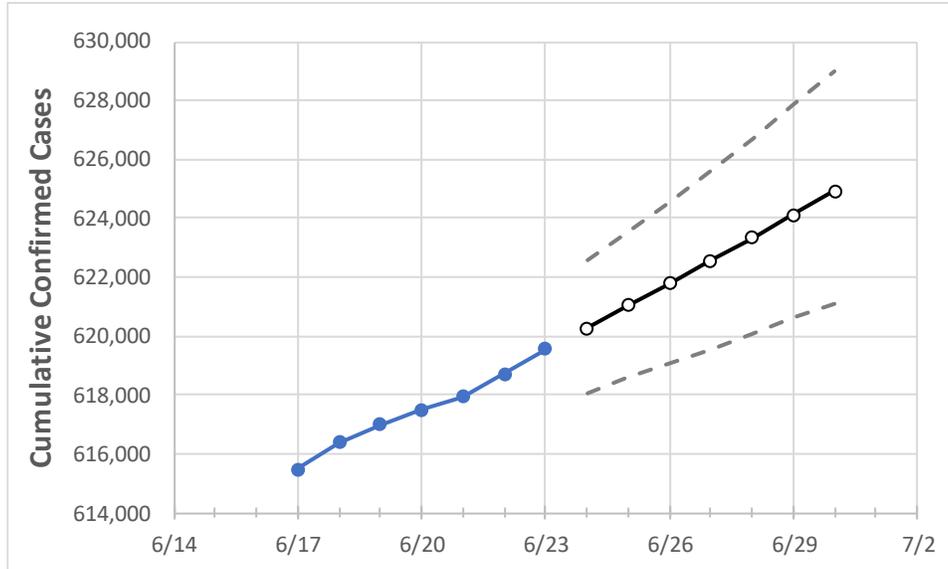
### IEM's Modeling Lead

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:							
	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30	
Missouri	617,498	617,928	618,713	619,554	620,281	621,036	621,793	622,553	623,338	624,108	624,917	

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:							
	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30	
Boone	18,250	18,279	18,290	18,310	18,327	18,345	18,364	18,383	18,404	18,426	18,450	
City of St. Louis	25,267	25,274	25,303	25,303	25,314	25,325	25,335	25,346	25,356	25,366	25,376	
Greene	30,176	30,239	30,311	30,407	30,510	30,619	30,731	30,850	30,972	31,096	31,224	
Jackson (& KC)	84,476	84,532	84,571	84,653	84,714	84,777	84,840	84,903	84,967	85,032	85,098	
St. Charles	43,389	43,397	43,410	43,431	43,447	43,463	43,480	43,495	43,511	43,527	43,543	
St. Louis	101,014	101,049	101,130	101,211	101,266	101,322	101,377	101,435	101,493	101,550	101,608	

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:											
	6/20	6/21	6/22	6/23	6/25				6/27				6/29			
Boone	18,250	18,279	18,290	18,310	18,345	(3,669)	[881]	{440}	18,383	(3,677)	[882]	{441}	18,426	(3,685)	[884]	{442}
City of St. Louis	25,267	25,274	25,303	25,303	25,325	(5,065)	[1,216]	{608}	25,346	(5,069)	[1,217]	{608}	25,366	(5,073)	[1,218]	{609}
Greene	30,176	30,239	30,311	30,407	30,619	(6,124)	[1,470]	{735}	30,850	(6,170)	[1,481]	{740}	31,096	(6,219)	[1,493]	{746}
Jackson (& KC)	84,476	84,532	84,571	84,653	84,777	(16,955)	[4,069]	{2,035}	84,903	(16,981)	[4,075]	{2,038}	85,032	(17,006)	[4,082]	{2,041}
St. Charles	43,389	43,397	43,410	43,431	43,463	(8,693)	[2,086]	{1,043}	43,495	(8,699)	[2,088]	{1,044}	43,527	(8,705)	[2,089]	{1,045}
St. Louis	101,014	101,049	101,130	101,211	101,322	(20,264)	[4,863]	{2,432}	101,435	(20,287)	[4,869]	{2,434}	101,550	(20,310)	[4,874]	{2,437}

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.