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 <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 6/24/21 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.

Mississippi State Projections
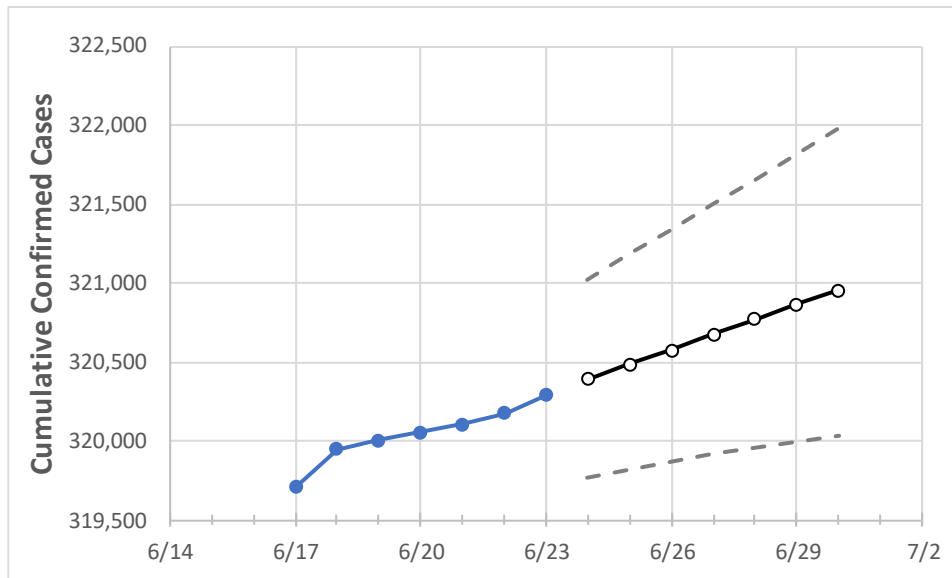
	Actual Confirmed Cases On:				Projected Cases For:						
	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30
Mississippi	320,054	320,107	320,174	320,292	320,387	320,483	320,575	320,673	320,769	320,866	320,955

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:						
	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30
DeSoto	22,289	22,291	22,294	22,299	22,304	22,309	22,313	22,318	22,322	22,326	22,330
Harrison	18,440	18,444	18,450	18,455	18,465	18,474	18,484	18,493	18,502	18,512	18,521
Hinds	20,734	20,741	20,755	20,782	20,796	20,810	20,824	20,839	20,854	20,869	20,885
Jackson	13,727	13,731	13,733	13,740	13,747	13,755	13,762	13,769	13,777	13,784	13,792
Lauderdale	7,262	7,263	7,263	7,263	7,264	7,265	7,266	7,267	7,268	7,269	7,270
Madison	10,268	10,270	10,273	10,276	10,281	10,286	10,292	10,297	10,303	10,308	10,314
Rankin	13,912	13,917	13,923	13,933	13,940	13,947	13,953	13,960	13,967	13,974	13,981

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:		
	6/20	6/21	6/22	6/23	6/25	6/27	6/29
DeSoto	22,289	22,291	22,294	22,299	22,309 (4,462) [1,071] {535}	22,318 (4,464) [1,071] {536}	22,326 (4,465) [1,072] {536}
Harrison	18,440	18,444	18,450	18,455	18,474 (3,695) [887] {443}	18,493 (3,699) [888] {444}	18,512 (3,702) [889] {444}
Hinds	20,734	20,741	20,755	20,782	20,810 (4,162) [999] {499}	20,839 (4,168) [1,000] {500}	20,869 (4,174) [1,002] {501}
Jackson	13,727	13,731	13,733	13,740	13,755 (2,751) [660] {330}	13,769 (2,754) [661] {330}	13,784 (2,757) [662] {331}
Lauderdale	7,262	7,263	7,263	7,263	7,265 (1,453) [349] {174}	7,267 (1,453) [349] {174}	7,269 (1,454) [349] {174}
Madison	10,268	10,270	10,273	10,276	10,286 (2,057) [494] {247}	10,297 (2,059) [494] {247}	10,308 (2,062) [495] {247}
Rankin	13,912	13,917	13,923	13,933	13,947 (2,789) [669] {335}	13,960 (2,792) [670] {335}	13,974 (2,795) [671] {335}

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.