

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

Date: 7/19/21

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 7/19/21 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.

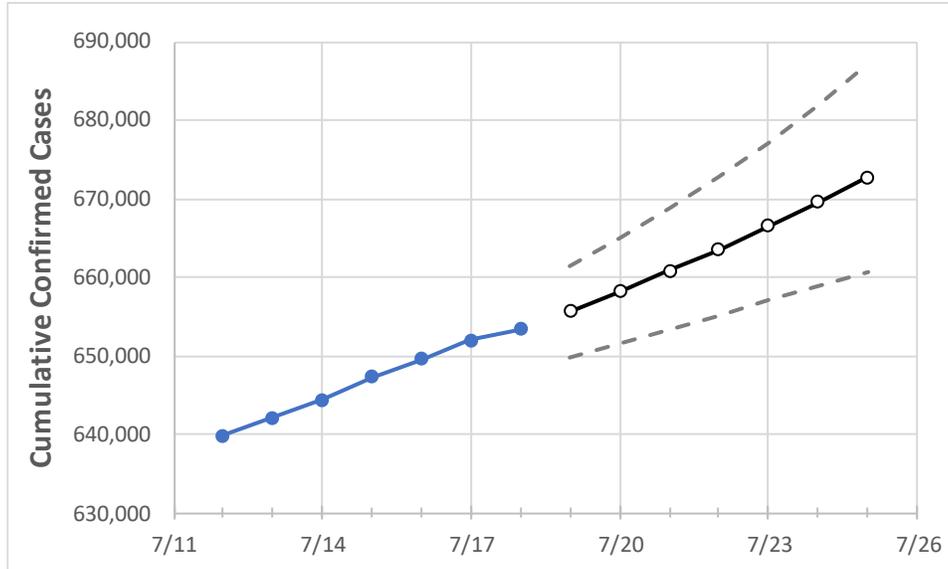
IEM's Modeling Lead

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:						
	7/15	7/16	7/17	7/18	7/19	7/20	7/21	7/22	7/23	7/24	7/25
Missouri	647,237	649,571	651,966	653,331	655,669	658,167	660,789	663,556	666,540	669,534	672,785

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:						
	7/15	7/16	7/17	7/18	7/19	7/20	7/21	7/22	7/23	7/24	7/25
Boone	19,225	19,308	19,363	19,432	19,516	19,603	19,695	19,791	19,892	19,999	20,110
City of St. Louis	25,931	25,963	26,022	26,088	26,142	26,198	26,259	26,322	26,390	26,460	26,534
Greene	34,005	34,239	34,410	34,555	34,792	35,046	35,296	35,564	35,839	36,114	36,405
Jackson (& KC)	87,509	87,776	88,021	88,229	88,523	88,841	89,172	89,527	89,905	90,307	90,733
St. Charles	44,325	44,404	44,468	44,529	44,613	44,700	44,792	44,889	44,990	45,097	45,207
St. Louis	103,776	104,043	104,281	104,382	104,601	104,827	105,065	105,316	105,578	105,849	106,140

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:											
	7/15	7/16	7/17	7/18	7/20				7/22				7/24			
Boone	19,225	19,308	19,363	19,432	19,603	(3,921)	[941]	{470}	19,791	(3,958)	[950]	{475}	19,999	(4,000)	[960]	{480}
City of St. Louis	25,931	25,963	26,022	26,088	26,198	(5,240)	[1,258]	{629}	26,322	(5,264)	[1,263]	{632}	26,460	(5,292)	[1,270]	{635}
Greene	34,005	34,239	34,410	34,555	35,046	(7,009)	[1,682]	{841}	35,564	(7,113)	[1,707]	{854}	36,114	(7,223)	[1,733]	{867}
Jackson (& KC)	87,509	87,776	88,021	88,229	88,841	(17,768)	[4,264]	{2,132}	89,527	(17,905)	[4,297]	{2,149}	90,307	(18,061)	[4,335]	{2,167}
St. Charles	44,325	44,404	44,468	44,529	44,700	(8,940)	[2,146]	{1,073}	44,889	(8,978)	[2,155]	{1,077}	45,097	(9,019)	[2,165]	{1,082}
St. Louis	103,776	104,043	104,281	104,382	104,827	(20,965)	[5,032]	{2,516}	105,316	(21,063)	[5,055]	{2,528}	105,849	(21,170)	[5,081]	{2,540}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at bryan.koon@iem.com or 850-519-7966 or Stephanie Tennyson at stephanie.tennyson@iem.com or 202-309-4257.