

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

Date: 8/6/21

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 8/6/21 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

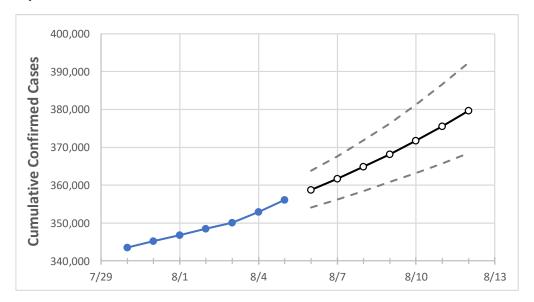
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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



	A	ctual Confirr	ned Cases O	n:	Projected Cases For:									
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12			
Mississippi	348,496	350,070	352,891	356,055	358,791	361,743	364,847	368,169	371,763	375,545	379,654			

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	tual Confirn	ned Cases (On:	Projected Cases For:									
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12			
DeSoto	23,439	23,513	23,619	23,762	23,872	23,990	24,118	24,254	24,401	24,561	24,735			
Harrison	21,066	21,172	21,395	21,667	21,908	22,162	22,433	22,718	23,025	23,350	23,692			
Hinds	24,427	24,512	24,704	24,906	25,085	25,265	25,447	25,633	25,823	26,012	26,204			
Jackson	15,597	15,735	15,984	16,183	16,405	16,644	16,901	17,177	17,475	17,789	18,129			
Lauderdale	8,008	8,087	8,211	8,350	8,469	8,595	8,736	8,893	9,073	9,262	9,473			
Madison	11,114	11,171	11,224	11,306	11,378	11,454	11,538	11,624	11,717	11,818	11,924			
Rankin	15,704	15,798	15,957	16,076	16,209	16,349	16,496	16,650	16,813	16,980	17,159			



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

	Actu	al Confirm	med Cases	/On:		Projected Cases (Hospitalized) [ICU] {Ventilator} For:									
	8/2	8/3	8/4	8/5	8/		8/9					8/11			
DeSoto	23,439	23,513	23,619	23,762	23,990 (4,798)	[1,152]	[576}	24,254	(4,851)	[1,164]	{582}	24,561	(4,912)	[1,179]	{589}
Harrison	21,066	21,172	21,395	21,667	22,162 (4,432)	[1,064]	{532}	22,718	(4,544)	[1,090]	{545}	23,350	(4,670)	[1,121]	{560}
Hinds	24,427	24,512	24,704	24,906	25,265 (5,053)	[1,213]	{606}	25,633	(5,127)	[1,230]	{615}	26,012	(5,202)	[1,249]	{624}
Jackson	15,597	15,735	15,984	16,183	16,644 (3,329)) [799]	{399}	17,177	(3,435)	[824]	{412}	17,789	(3,558)	[854]	{427}
Lauderdale	8,008	8,087	8,211	8,350	8,595 (1,719)	[413]	{206}	8,893	(1,779)	[427]	{213}	9,262	(1,852)	[445]	{222}
Madison	11,114	11,171	11,224	11,306	11,454 (2,291)) [550]	{275}	11,624	(2,325)	[558]	{279}	11,818	(2,364)) [567]	{284}
Rankin	15,704	15,798	15,957	16,076	16,349 (3,270)) [785]	{392}	16,650	(3,330)	[799]	{400}	16,980	(3,396)	, [815]	{408}

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.

