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

Date: 9/8/21

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 9/8/21 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.

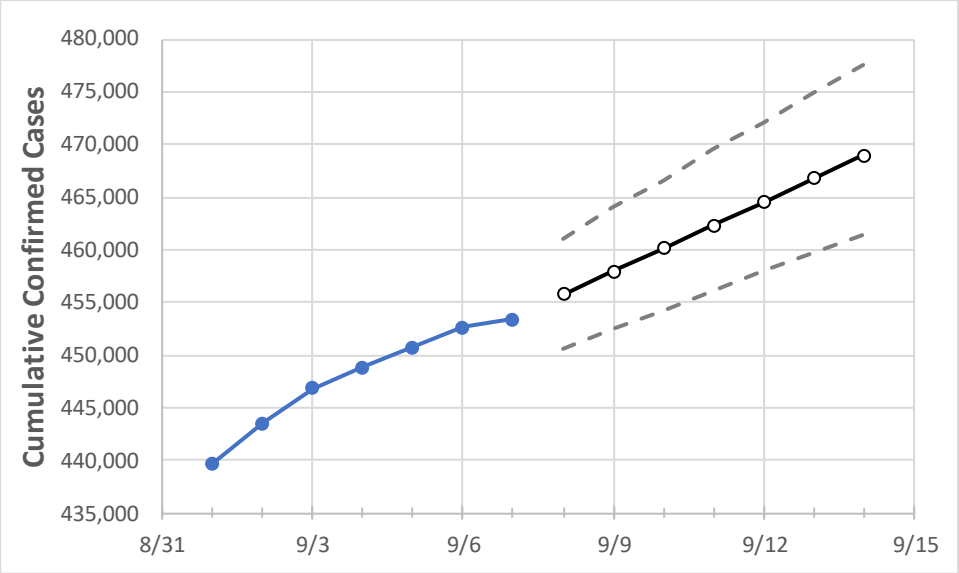
IEM's Modeling Lead

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:						
	9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14
Mississippi	448,790	450,717	452,644	453,348	455,733	457,954	460,161	462,334	464,470	466,752	468,938

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:						
	9/4	9/5	9/6	9/7	9/8	9/9	9/10	9/11	9/12	9/13	9/14
DeSoto	28,110	28,246	28,381	28,440	28,608	28,765	28,936	29,098	29,270	29,435	29,604
Harrison	30,351	30,508	30,666	30,728	30,892	31,054	31,212	31,369	31,515	31,666	31,803
Hinds	29,647	29,771	29,896	29,947	30,087	30,219	30,360	30,490	30,622	30,766	30,902
Jackson	21,783	21,857	21,932	21,996	22,106	22,221	22,337	22,438	22,544	22,654	22,755
Lauderdale	10,886	10,913	10,939	10,943	10,993	11,039	11,083	11,133	11,178	11,225	11,270
Madison	13,481	13,544	13,607	13,625	13,686	13,744	13,803	13,864	13,920	13,982	14,040
Rankin	20,303	20,415	20,526	20,547	20,649	20,745	20,849	20,941	21,040	21,137	21,234

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:		
	9/4	9/5	9/6	9/7	9/9	9/11	9/13
DeSoto	28,110	28,246	28,381	28,440	28,765 (5,753) [1,381] {690}	29,098 (5,820) [1,397] {698}	29,435 (5,887) [1,413] {706}
Harrison	30,351	30,508	30,666	30,728	31,054 (6,211) [1,491] {745}	31,369 (6,274) [1,506] {753}	31,666 (6,333) [1,520] {760}
Hinds	29,647	29,771	29,896	29,947	30,219 (6,044) [1,451] {725}	30,490 (6,098) [1,464] {732}	30,766 (6,153) [1,477] {738}
Jackson	21,783	21,857	21,932	21,996	22,221 (4,444) [1,067] {533}	22,438 (4,488) [1,077] {539}	22,654 (4,531) [1,087] {544}
Lauderdale	10,886	10,913	10,939	10,943	11,039 (2,208) [530] {265}	11,133 (2,227) [534] {267}	11,225 (2,245) [539] {269}
Madison	13,481	13,544	13,607	13,625	13,744 (2,749) [660] {330}	13,864 (2,773) [665] {333}	13,982 (2,796) [671] {336}
Rankin	20,303	20,415	20,526	20,547	20,745 (4,149) [996] {498}	20,941 (4,188) [1,005] {503}	21,137 (4,227) [1,015] {507}

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.