

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 10/13/21**

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 10/13/21 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.

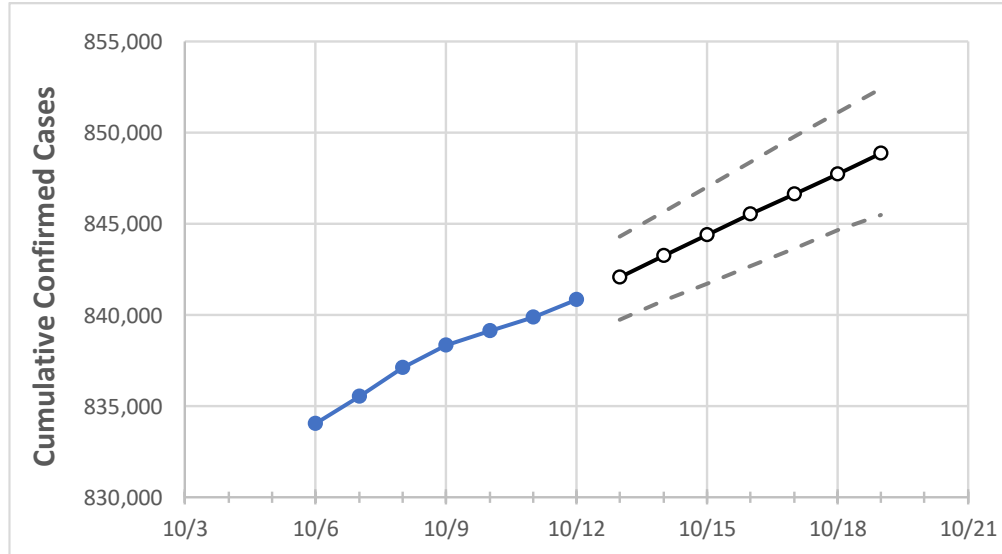
IEM's Modeling Lead

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:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Missouri	838,344	839,117	839,855	840,853	842,070	843,243	844,370	845,519	846,628	847,738	848,851

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:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
Boone	24,352	24,382	24,394	24,427	24,461	24,494	24,528	24,561	24,594	24,627	24,661
City of St. Louis	30,874	30,911	30,931	30,994	31,029	31,063	31,098	31,131	31,166	31,200	31,233
Greene	42,612	42,651	42,679	42,709	42,750	42,792	42,833	42,875	42,917	42,959	43,000
Jackson (& KC)	116,710	116,832	116,946	117,069	117,227	117,383	117,535	117,683	117,836	117,982	118,124
St. Charles	54,771	54,850	54,922	54,980	55,071	55,158	55,247	55,333	55,420	55,506	55,591
St. Louis	126,697	126,807	126,967	127,110	127,273	127,437	127,599	127,759	127,918	128,071	128,227

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:											
	10/9	10/10	10/11	10/12	10/14				10/16				10/18			
Boone	24,352	24,382	24,394	24,427	24,494	(4,899)	[1,176]	{588}	24,561	(4,912)	[1,179]	{589}	24,627	(4,925)	[1,182]	{591}
City of St. Louis	30,874	30,911	30,931	30,994	31,063	(6,213)	[1,491]	{746}	31,131	(6,226)	[1,494]	{747}	31,200	(6,240)	[1,498]	{749}
Greene	42,612	42,651	42,679	42,709	42,792	(8,558)	[2,054]	{1,027}	42,875	(8,575)	[2,058]	{1,029}	42,959	(8,592)	[2,062]	{1,031}
Jackson (& KC)	116,710	116,832	116,946	117,069	117,383	(23,477)	[5,634]	{2,817}	117,683	(23,537)	[5,649]	{2,824}	117,982	(23,596)	[5,663]	{2,832}
St. Charles	54,771	54,850	54,922	54,980	55,158	(11,032)	[2,648]	{1,324}	55,333	(11,067)	[2,656]	{1,328}	55,506	(11,101)	[2,664]	{1,332}
St. Louis	126,697	126,807	126,967	127,110	127,437	(25,487)	[6,117]	{3,058}	127,759	(25,552)	[6,132]	{3,066}	128,071	(25,614)	[6,147]	{3,074}

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.