

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.

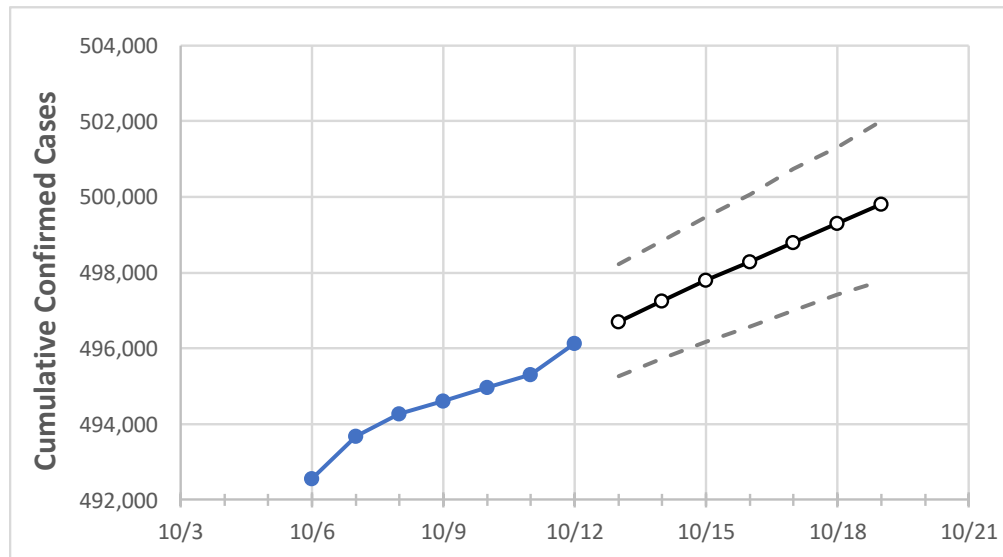
IEM's Modeling Lead

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.

Mississippi 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
Mississippi	494,618	494,965	495,312	496,132	496,701	497,255	497,800	498,295	498,801	499,311	499,809

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:						
	10/9	10/10	10/11	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19
DeSoto	31,598	31,634	31,670	31,721	31,769	31,815	31,859	31,903	31,944	31,987	32,028
Harrison	33,863	33,891	33,919	33,979	34,019	34,058	34,091	34,128	34,165	34,198	34,230
Hinds	31,642	31,661	31,680	31,762	31,791	31,822	31,851	31,878	31,907	31,932	31,959
Jackson	24,200	24,213	24,227	24,259	24,285	24,306	24,328	24,349	24,372	24,393	24,412
Lauderdale	11,847	11,856	11,866	11,900	11,916	11,930	11,945	11,959	11,974	11,988	12,001
Madison	14,468	14,473	14,478	14,497	14,509	14,522	14,533	14,545	14,557	14,569	14,580
Rankin	21,772	21,782	21,793	21,814	21,835	21,853	21,873	21,891	21,912	21,929	21,950

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:											
	10/9	10/10	10/11	10/12	10/14				10/16				10/18			
DeSoto	31,598	31,634	31,670	31,721	31,815	(6,363)	[1,527]	{764}	31,903	(6,381)	[1,531]	{766}	31,987	(6,397)	[1,535]	{768}
Harrison	33,863	33,891	33,919	33,979	34,058	(6,812)	[1,635]	{817}	34,128	(6,826)	[1,638]	{819}	34,198	(6,840)	[1,642]	{821}
Hinds	31,642	31,661	31,680	31,762	31,822	(6,364)	[1,527]	{764}	31,878	(6,376)	[1,530]	{765}	31,932	(6,386)	[1,533]	{766}
Jackson	24,200	24,213	24,227	24,259	24,306	(4,861)	[1,167]	{583}	24,349	(4,870)	[1,169]	{584}	24,393	(4,879)	[1,171]	{585}
Lauderdale	11,847	11,856	11,866	11,900	11,930	(2,386)	[573]	{286}	11,959	(2,392)	[574]	{287}	11,988	(2,398)	[575]	{288}
Madison	14,468	14,473	14,478	14,497	14,522	(2,904)	[697]	{349}	14,545	(2,909)	[698]	{349}	14,569	(2,914)	[699]	{350}
Rankin	21,772	21,782	21,793	21,814	21,853	(4,371)	[1,049]	{524}	21,891	(4,378)	[1,051]	{525}	21,929	(4,386)	[1,053]	{526}

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.