

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 10/27/21**

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 10/27/21 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.

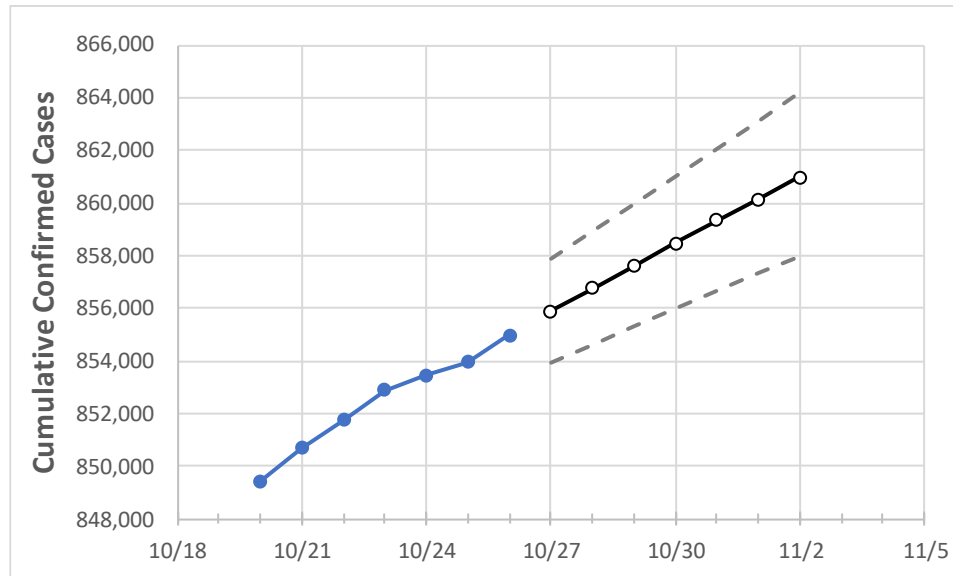
IEM's Modeling Lead

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:					
	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2
Missouri	852,895	853,451	853,966	854,982	855,892	856,744	857,611	858,458	859,340	860,152	860,978

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:						
	10/23	10/24	10/25	10/26	10/27	10/28	10/29	10/30	10/31	11/1	11/2
Boone	24,792	24,820	24,834	24,857	24,885	24,913	24,939	24,967	24,992	25,020	25,046
City of St. Louis	31,233	31,267	31,301	31,301	31,321	31,343	31,365	31,385	31,405	31,427	31,448
Greene	43,199	43,227	43,250	43,285	43,324	43,362	43,401	43,439	43,476	43,515	43,555
Jackson (& KC)	118,682	118,791	118,873	119,034	119,163	119,289	119,413	119,539	119,662	119,786	119,909
St. Charles	55,760	55,820	55,848	55,901	55,956	56,010	56,061	56,113	56,165	56,214	56,263
St. Louis	128,895	128,960	129,041	129,171	129,304	129,435	129,564	129,689	129,820	129,949	130,075

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:											
	10/23	10/24	10/25	10/26	10/28				10/30				11/1			
Boone	24,792	24,820	24,834	24,857	24,913	(4,983)	[1,196]	{598}	24,967	(4,993)	[1,198]	{599}	25,020	(5,004)	[1,201]	{600}
City of St. Louis	31,233	31,267	31,301	31,301	31,343	(6,269)	[1,504]	{752}	31,385	(6,277)	[1,506]	{753}	31,427	(6,285)	[1,508]	{754}
Greene	43,199	43,227	43,250	43,285	43,362	(8,672)	[2,081]	{1,041}	43,439	(8,688)	[2,085]	{1,043}	43,515	(8,703)	[2,089]	{1,044}
Jackson (& KC)	118,682	118,791	118,873	119,034	119,289	(23,858)	[5,726]	{2,863}	119,539	(23,908)	[5,738]	{2,869}	119,786	(23,957)	[5,750]	{2,875}
St. Charles	55,760	55,820	55,848	55,901	56,010	(11,202)	[2,688]	{1,344}	56,113	(11,223)	[2,693]	{1,347}	56,214	(11,243)	[2,698]	{1,349}
St. Louis	128,895	128,960	129,041	129,171	129,435	(25,887)	[6,213]	{3,106}	129,689	(25,938)	[6,225]	{3,113}	129,949	(25,990)	[6,238]	{3,119}

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.