

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 11/8/21**

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 11/8/21 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.

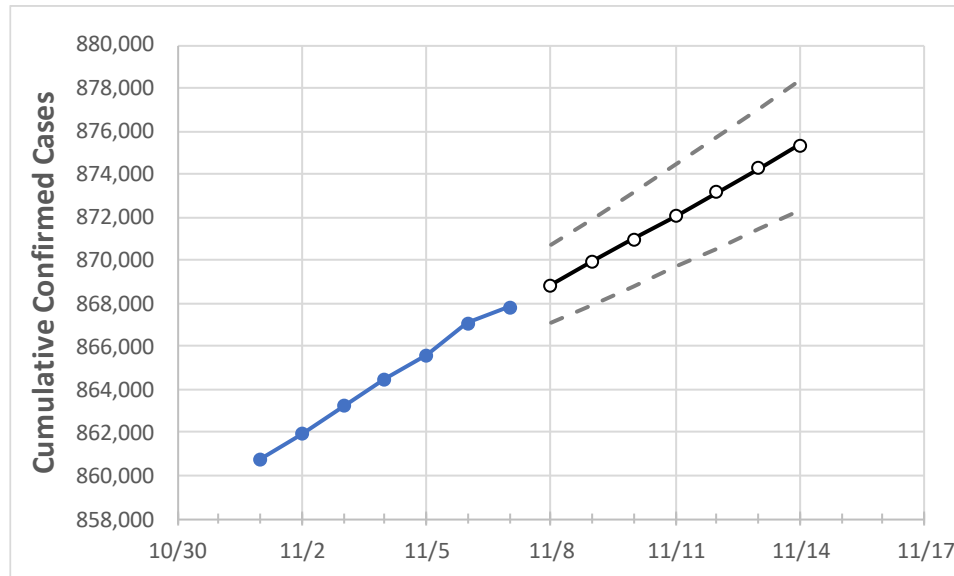
IEM's Modeling Lead

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.

Missouri State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	11/4	11/5	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14
Missouri	864,461	865,607	867,070	867,812	868,864	869,963	870,984	872,058	873,151	874,257	875,332

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:						
	11/4	11/5	11/6	11/7	11/8	11/9	11/10	11/11	11/12	11/13	11/14
Boone	25,078	25,120	25,148	25,162	25,186	25,209	25,233	25,255	25,279	25,303	25,325
City of St. Louis	31,612	31,642	31,672	31,701	31,735	31,770	31,803	31,837	31,874	31,910	31,945
Greene	43,601	43,633	43,679	43,715	43,751	43,785	43,818	43,854	43,887	43,923	43,957
Jackson (& KC)	120,382	120,539	120,736	120,870	121,025	121,182	121,331	121,490	121,647	121,812	121,965
St. Charles	56,499	56,596	56,688	56,753	56,823	56,893	56,962	57,035	57,105	57,177	57,249
St. Louis	130,399	130,539	130,726	130,838	130,973	131,112	131,247	131,386	131,525	131,665	131,806

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:											
	11/4	11/5	11/6	11/7	11/9				11/11				11/13			
Boone	25,078	25,120	25,148	25,162	25,209	(5,042)	[1,210]	{605}	25,255	(5,051)	[1,212]	{606}	25,303	(5,061)	[1,215]	{607}
City of St. Louis	31,612	31,642	31,672	31,701	31,770	(6,354)	[1,525]	{762}	31,837	(6,367)	[1,528]	{764}	31,910	(6,382)	[1,532]	{766}
Greene	43,601	43,633	43,679	43,715	43,785	(8,757)	[2,102]	{1,051}	43,854	(8,771)	[2,105]	{1,052}	43,923	(8,785)	[2,108]	{1,054}
Jackson (& KC)	120,382	120,539	120,736	120,870	121,182	(24,236)	[5,817]	{2,908}	121,490	(24,298)	[5,832]	{2,916}	121,812	(24,362)	[5,847]	{2,923}
St. Charles	56,499	56,596	56,688	56,753	56,893	(11,379)	[2,731]	{1,365}	57,035	(11,407)	[2,738]	{1,369}	57,177	(11,435)	[2,745]	{1,372}
St. Louis	130,399	130,539	130,726	130,838	131,112	(26,222)	[6,293]	{3,147}	131,386	(26,277)	[6,307]	{3,153}	131,665	(26,333)	[6,320]	{3,160}

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.