

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 11/12/21**

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 11/12/21 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.

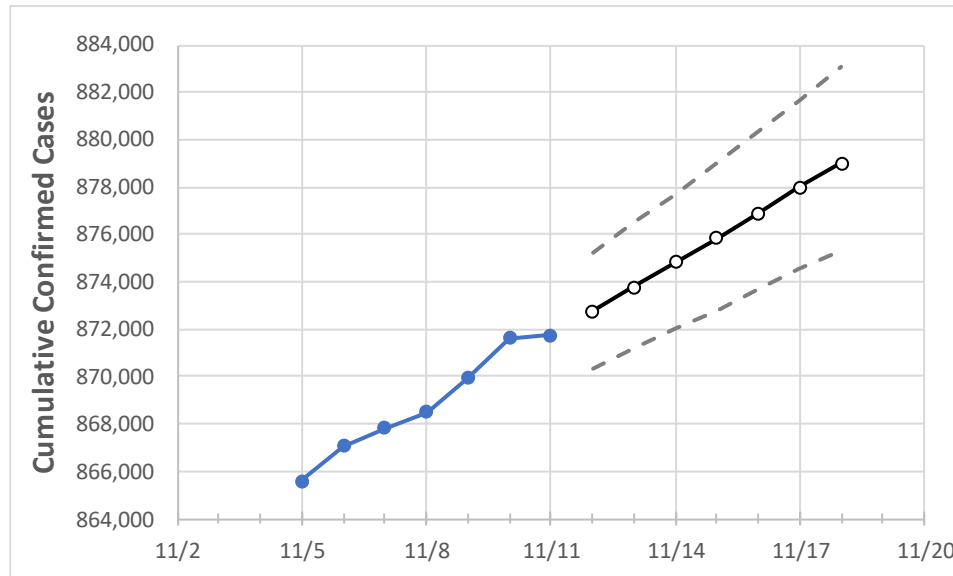
IEM's Modeling Lead

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:						
	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18
Missouri	868,480	869,952	871,631	871,730	872,755	873,790	874,818	875,855	876,904	877,999	878,989

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:						
	11/8	11/9	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18
Boone	25,172	25,198	25,236	25,236	25,260	25,283	25,307	25,330	25,354	25,378	25,401
City of St. Louis	31,743	31,819	31,869	31,918	31,962	32,007	32,053	32,101	32,150	32,199	32,249
Greene	43,746	43,777	43,835	43,835	43,872	43,911	43,948	43,985	44,024	44,062	44,100
Jackson (& KC)	121,015	121,175	121,386	121,386	121,552	121,722	121,890	122,058	122,230	122,404	122,577
St. Charles	56,796	56,878	57,002	57,002	57,079	57,156	57,234	57,314	57,391	57,475	57,555
St. Louis	130,946	131,214	131,492	131,492	131,658	131,824	131,989	132,164	132,332	132,512	132,687

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:											
	11/8	11/9	11/10	11/11	11/13				11/15				11/17			
Boone	25,172	25,198	25,236	25,236	25,283	(5,057)	[1,214]	{607}	25,330	(5,066)	[1,216]	{608}	25,378	(5,076)	[1,218]	{609}
City of St. Louis	31,743	31,819	31,869	31,918	32,007	(6,401)	[1,536]	{768}	32,101	(6,420)	[1,541]	{770}	32,199	(6,440)	[1,546]	{773}
Greene	43,746	43,777	43,835	43,835	43,911	(8,782)	[2,108]	{1,054}	43,985	(8,797)	[2,111]	{1,056}	44,062	(8,812)	[2,115]	{1,057}
Jackson (& KC)	121,015	121,175	121,386	121,386	121,722	(24,344)	[5,843]	{2,921}	122,058	(24,412)	[5,859]	{2,929}	122,404	(24,481)	[5,875]	{2,938}
St. Charles	56,796	56,878	57,002	57,002	57,156	(11,431)	[2,743]	{1,372}	57,314	(11,463)	[2,751]	{1,376}	57,475	(11,495)	[2,759]	{1,379}
St. Louis	130,946	131,214	131,492	131,492	131,824	(26,365)	[6,328]	{3,164}	132,164	(26,433)	[6,344]	{3,172}	132,512	(26,502)	[6,361]	{3,180}

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.