

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 12/20/21**

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 12/20/21 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.

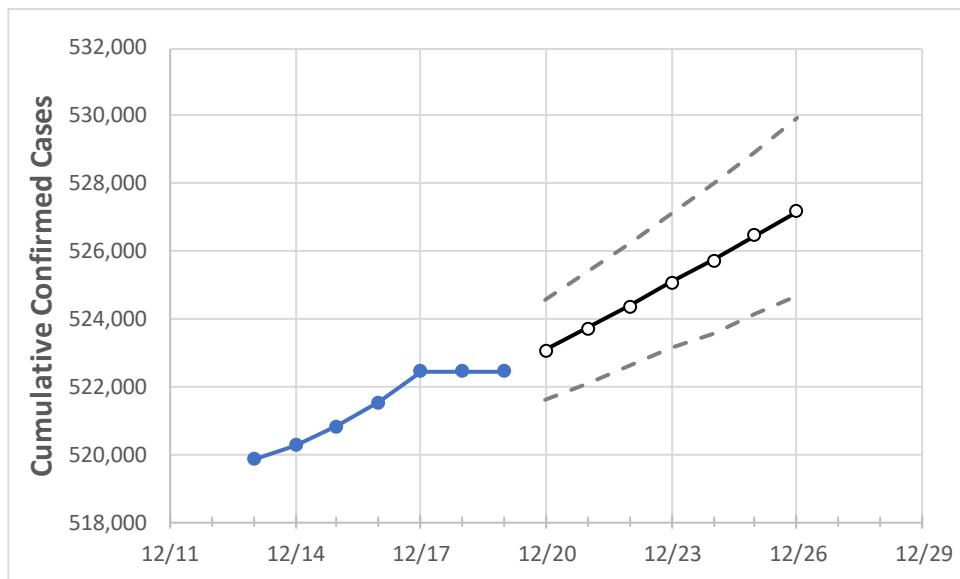
IEM's Modeling Lead

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:							
	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	
Mississippi	521,544	522,455	522,455	522,455	523,071	523,727	524,358	525,066	525,741	526,466	527,189	

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:							
	12/16	12/17	12/18	12/19	12/20	12/21	12/22	12/23	12/24	12/25	12/26	
DeSoto	33,870	33,920	33,920	33,920	33,968	34,017	34,066	34,115	34,168	34,219	34,274	
Harrison	35,236	35,254	35,254	35,254	35,272	35,291	35,310	35,330	35,350	35,368	35,389	
Hinds	33,100	33,208	33,208	33,208	33,260	33,314	33,365	33,418	33,480	33,541	33,605	
Jackson	25,034	25,056	25,056	25,056	25,069	25,082	25,094	25,108	25,121	25,135	25,149	
Lauderdale	12,419	12,430	12,430	12,430	12,439	12,447	12,456	12,464	12,473	12,482	12,491	
Madison	15,110	15,183	15,183	15,183	15,209	15,236	15,263	15,292	15,324	15,356	15,390	
Rankin	22,801	22,891	22,891	22,891	22,926	22,965	23,003	23,044	23,086	23,131	23,175	

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:			
	12/16	12/17	12/18	12/19	12/21	12/23	12/25	
DeSoto	33,870	33,920	33,920	33,920	34,017 (6,803) [1,633] {816}	34,115 (6,823) [1,638] {819}	34,219 (6,844) [1,643] {821}	
Harrison	35,236	35,254	35,254	35,254	35,291 (7,058) [1,694] {847}	35,330 (7,066) [1,696] {848}	35,368 (7,074) [1,698] {849}	
Hinds	33,100	33,208	33,208	33,208	33,314 (6,663) [1,599] {800}	33,418 (6,684) [1,604] {802}	33,541 (6,708) [1,610] {805}	
Jackson	25,034	25,056	25,056	25,056	25,082 (5,016) [1,204] {602}	25,108 (5,022) [1,205] {603}	25,135 (5,027) [1,206] {603}	
Lauderdale	12,419	12,430	12,430	12,430	12,447 (2,489) [597] {299}	12,464 (2,493) [598] {299}	12,482 (2,496) [599] {300}	
Madison	15,110	15,183	15,183	15,183	15,236 (3,047) [731] {366}	15,292 (3,058) [734] {367}	15,356 (3,071) [737] {369}	
Rankin	22,801	22,891	22,891	22,891	22,965 (4,593) [1,102] {551}	23,044 (4,609) [1,106] {553}	23,131 (4,626) [1,110] {555}	

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.