

IEM's AI Modeling: Short-term COVID-19 Projections

Date: 12/27/21

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 12/27/21 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.

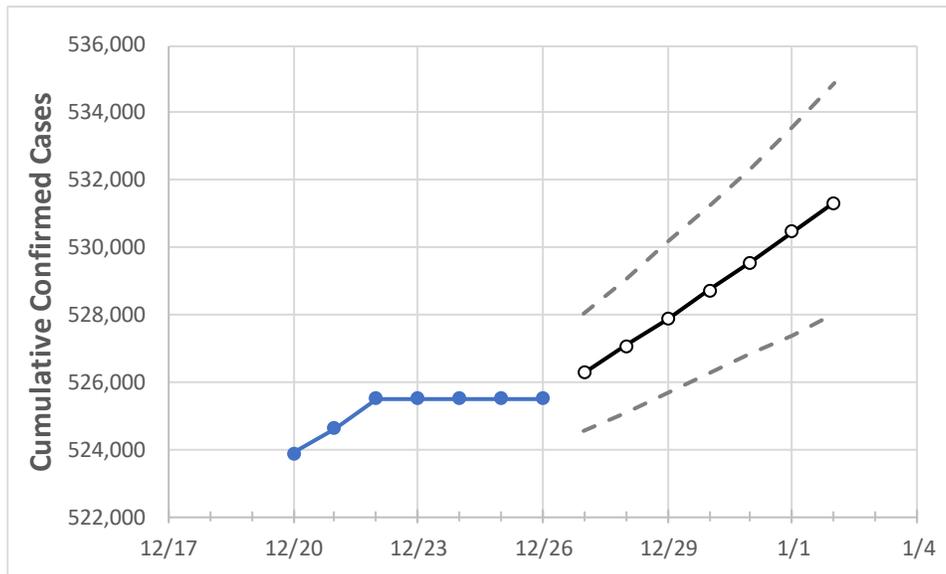
IEM's Modeling Lead

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.

Mississippi State Projections



	Actual Confirmed Cases On:				Projected Cases For:							
	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	
Mississippi	525,502	525,502	525,502	525,502	526,267	527,073	527,863	528,723	529,566	530,457	531,333	

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:							
	12/23	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	
DeSoto	34,175	34,175	34,175	34,175	34,231	34,290	34,348	34,409	34,471	34,533	34,596	
Harrison	35,351	35,351	35,351	35,351	35,372	35,392	35,413	35,434	35,455	35,477	35,499	
Hinds	33,686	33,686	33,686	33,686	33,846	34,019	34,205	34,403	34,619	34,852	35,100	
Jackson	25,110	25,110	25,110	25,110	25,121	25,133	25,144	25,156	25,168	25,180	25,191	
Lauderdale	12,473	12,473	12,473	12,473	12,480	12,488	12,495	12,502	12,510	12,517	12,525	
Madison	15,359	15,359	15,359	15,359	15,417	15,480	15,546	15,615	15,692	15,774	15,859	
Rankin	23,104	23,104	23,104	23,104	23,173	23,242	23,315	23,393	23,477	23,571	23,660	

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:											
	12/23	12/24	12/25	12/26	12/28				12/30				1/1			
DeSoto	34,175	34,175	34,175	34,175	34,290	(6,858)	[1,646]	{823}	34,409	(6,882)	[1,652]	{826}	34,533	(6,907)	[1,658]	{829}
Harrison	35,351	35,351	35,351	35,351	35,392	(7,078)	[1,699]	{849}	35,434	(7,087)	[1,701]	{850}	35,477	(7,095)	[1,703]	{851}
Hinds	33,686	33,686	33,686	33,686	34,019	(6,804)	[1,633]	{816}	34,403	(6,881)	[1,651]	{826}	34,852	(6,970)	[1,673]	{836}
Jackson	25,110	25,110	25,110	25,110	25,133	(5,027)	[1,206]	{603}	25,156	(5,031)	[1,207]	{604}	25,180	(5,036)	[1,209]	{604}
Lauderdale	12,473	12,473	12,473	12,473	12,488	(2,498)	[599]	{300}	12,502	(2,500)	[600]	{300}	12,517	(2,503)	[601]	{300}
Madison	15,359	15,359	15,359	15,359	15,480	(3,096)	[743]	{372}	15,615	(3,123)	[750]	{375}	15,774	(3,155)	[757]	{379}
Rankin	23,104	23,104	23,104	23,104	23,242	(4,648)	[1,116]	{558}	23,393	(4,679)	[1,123]	{561}	23,571	(4,714)	[1,131]	{566}

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.