

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

Date: 1/14/22

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 1/14/22 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.

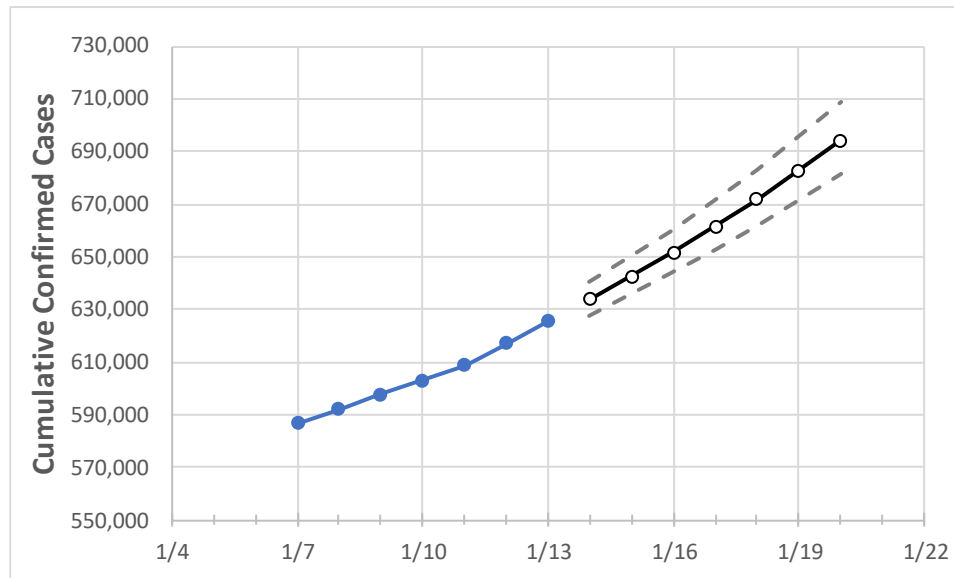
IEM's Modeling Lead

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:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Mississippi	603,213	608,768	617,048	625,328	633,849	642,570	651,829	661,572	671,797	682,736	694,091

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:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
DeSoto	39,889	40,219	40,607	40,994	41,450	41,911	42,393	42,891	43,399	43,927	44,481
Harrison	39,391	39,720	40,210	40,700	41,233	41,808	42,406	43,057	43,737	44,476	45,254
Hinds	42,455	42,974	43,435	43,895	44,490	45,077	45,679	46,282	46,897	47,548	48,172
Jackson	28,343	28,609	29,042	29,475	29,926	30,423	30,944	31,502	32,098	32,740	33,422
Lauderdale	14,060	14,212	14,450	14,687	14,925	15,175	15,448	15,740	16,053	16,392	16,748
Madison	18,596	18,846	19,042	19,238	19,499	19,761	20,035	20,315	20,602	20,902	21,213
Rankin	27,387	27,687	27,985	28,282	28,609	28,938	29,276	29,617	29,969	30,328	30,695

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:											
	1/10	1/11	1/12	1/13	1/15				1/17				1/19			
DeSoto	39,889	40,219	40,607	40,994	41,911	(8,382)	[2,012]	{1,006}	42,891	(8,578)	[2,059]	{1,029}	43,927	(8,785)	[2,108]	{1,054}
Harrison	39,391	39,720	40,210	40,700	41,808	(8,362)	[2,007]	{1,003}	43,057	(8,611)	[2,067]	{1,033}	44,476	(8,895)	[2,135]	{1,067}
Hinds	42,455	42,974	43,435	43,895	45,077	(9,015)	[2,164]	{1,082}	46,282	(9,256)	[2,222]	{1,111}	47,548	(9,510)	[2,282]	{1,141}
Jackson	28,343	28,609	29,042	29,475	30,423	(6,085)	[1,460]	{730}	31,502	(6,300)	[1,512]	{756}	32,740	(6,548)	[1,572]	{786}
Lauderdale	14,060	14,212	14,450	14,687	15,175	(3,035)	[728]	{364}	15,740	(3,148)	[756]	{378}	16,392	(3,278)	[787]	{393}
Madison	18,596	18,846	19,042	19,238	19,761	(3,952)	[949]	{474}	20,315	(4,063)	[975]	{488}	20,902	(4,180)	[1,003]	{502}
Rankin	27,387	27,687	27,985	28,282	28,938	(5,788)	[1,389]	{695}	29,617	(5,923)	[1,422]	{711}	30,328	(6,066)	[1,456]	{728}

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.