

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

**Date: 1/21/22**

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 1/21/22 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.**

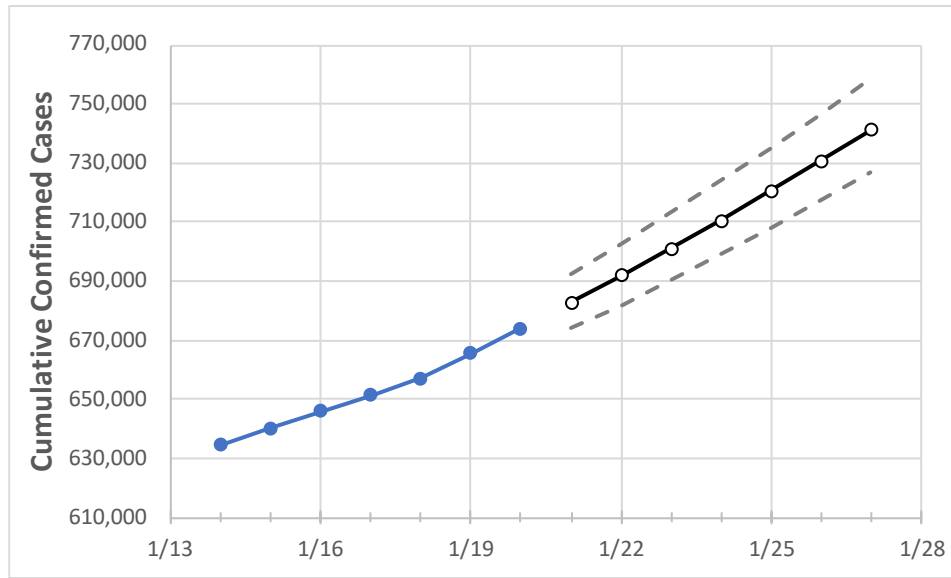
### **IEM's Modeling Lead**

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:						
	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27
Mississippi	651,470	657,084	665,544	673,873	682,721	691,767	700,937	710,575	720,538	730,805	741,377

*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:						
	1/17	1/18	1/19	1/20	1/21	1/22	1/23	1/24	1/25	1/26	1/27
DeSoto	42,161	42,397	42,900	43,429	43,838	44,243	44,665	45,091	45,526	45,955	46,394
Harrison	42,530	42,914	43,432	43,863	44,476	45,100	45,754	46,427	47,135	47,878	48,648
Hinds	45,548	45,953	46,338	46,821	47,252	47,688	48,113	48,536	48,964	49,388	49,813
Jackson	30,765	31,040	31,446	31,821	32,296	32,779	33,278	33,802	34,340	34,911	35,494
Lauderdale	15,319	15,455	15,732	15,980	16,233	16,500	16,777	17,071	17,376	17,701	18,035
Madison	20,056	20,261	20,476	20,688	20,924	21,157	21,396	21,638	21,879	22,127	22,381
Rankin	29,453	29,759	30,112	30,545	30,904	31,269	31,640	32,014	32,396	32,780	33,175

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:											
	1/17	1/18	1/19	1/20	1/22				1/24				1/26			
DeSoto	42,161	42,397	42,900	43,429	44,243	(8,849)	[2,124]	{1,062}	45,091	(9,018)	[2,164]	{1,082}	45,955	(9,191)	[2,206]	{1,103}
Harrison	42,530	42,914	43,432	43,863	45,100	(9,020)	[2,165]	{1,082}	46,427	(9,285)	[2,229]	{1,114}	47,878	(9,576)	[2,298]	{1,149}
Hinds	45,548	45,953	46,338	46,821	47,688	(9,538)	[2,289]	{1,145}	48,536	(9,707)	[2,330]	{1,165}	49,388	(9,878)	[2,371]	{1,185}
Jackson	30,765	31,040	31,446	31,821	32,779	(6,556)	[1,573]	{787}	33,802	(6,760)	[1,623]	{811}	34,911	(6,982)	[1,676]	{838}
Lauderdale	15,319	15,455	15,732	15,980	16,500	(3,300)	[792]	{396}	17,071	(3,414)	[819]	{410}	17,701	(3,540)	[850]	{425}
Madison	20,056	20,261	20,476	20,688	21,157	(4,231)	[1,016]	{508}	21,638	(4,328)	[1,039]	{519}	22,127	(4,425)	[1,062]	{531}
Rankin	29,453	29,759	30,112	30,545	31,269	(6,254)	[1,501]	{750}	32,014	(6,403)	[1,537]	{768}	32,780	(6,556)	[1,573]	{787}

For additional information from IEM, please contact Jon Mabry, Vice President of Disaster Recovery at 601-953-4562 or [jon.mabry@iem.com](mailto:jon.mabry@iem.com) or Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966.