IEM's AI Modeling: Short-term COVID-19 Projections
Date: 1/28/22

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 <u>not</u> 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 1/28/22 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
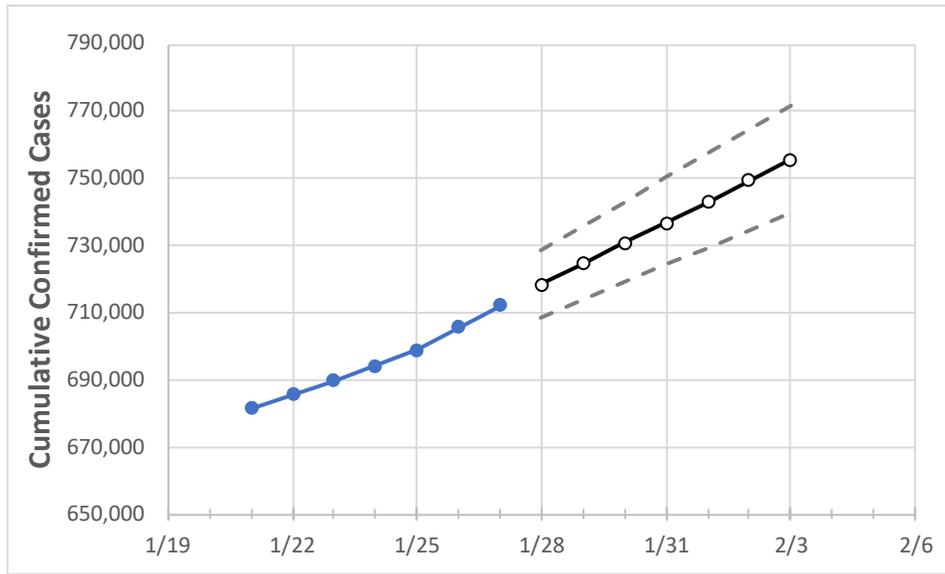
	Actual Confirmed Cases On:				Projected Cases For:						
	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3
Mississippi	694,093	699,002	705,598	712,133	718,356	724,585	730,729	736,872	743,093	749,413	755,522

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:						
	1/24	1/25	1/26	1/27	1/28	1/29	1/30	1/31	2/1	2/2	2/3
DeSoto	44,573	44,743	45,151	45,511	45,813	46,123	46,417	46,718	47,009	47,311	47,595
Harrison	44,973	45,287	45,720	46,214	46,615	47,021	47,409	47,831	48,229	48,656	49,061
Hinds	47,986	48,203	48,521	48,840	49,138	49,439	49,719	49,998	50,268	50,542	50,797
Jackson	32,741	33,026	33,259	33,567	33,862	34,150	34,443	34,731	35,018	35,308	35,591
Lauderdale	16,460	16,599	16,799	16,985	17,161	17,340	17,515	17,694	17,870	18,058	18,234
Madison	21,428	21,534	21,687	21,842	22,024	22,195	22,371	22,552	22,716	22,899	23,062
Rankin	31,648	31,866	32,216	32,530	32,838	33,157	33,454	33,774	34,083	34,403	34,714

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:		
	1/24	1/25	1/26	1/27	1/29	1/31	2/2
DeSoto	44,573	44,743	45,151	45,511	46,123 (9,225) [2,214] {1,107}	46,718 (9,344) [2,242] {1,121}	47,311 (9,462) [2,271] {1,135}
Harrison	44,973	45,287	45,720	46,214	47,021 (9,404) [2,257] {1,129}	47,831 (9,566) [2,296] {1,148}	48,656 (9,731) [2,335] {1,168}
Hinds	47,986	48,203	48,521	48,840	49,439 (9,888) [2,373] {1,187}	49,998 (10,000) [2,400] {1,200}	50,542 (10,108) [2,426] {1,213}
Jackson	32,741	33,026	33,259	33,567	34,150 (6,830) [1,639] {820}	34,731 (6,946) [1,667] {834}	35,308 (7,062) [1,695] {847}
Lauderdale	16,460	16,599	16,799	16,985	17,340 (3,468) [832] {416}	17,694 (3,539) [849] {425}	18,058 (3,612) [867] {433}
Madison	21,428	21,534	21,687	21,842	22,195 (4,439) [1,065] {533}	22,552 (4,510) [1,083] {541}	22,899 (4,580) [1,099] {550}
Rankin	31,648	31,866	32,216	32,530	33,157 (6,631) [1,592] {796}	33,774 (6,755) [1,621] {811}	34,403 (6,881) [1,651] {826}

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.