

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 2/18/22**

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 2/18/22 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.

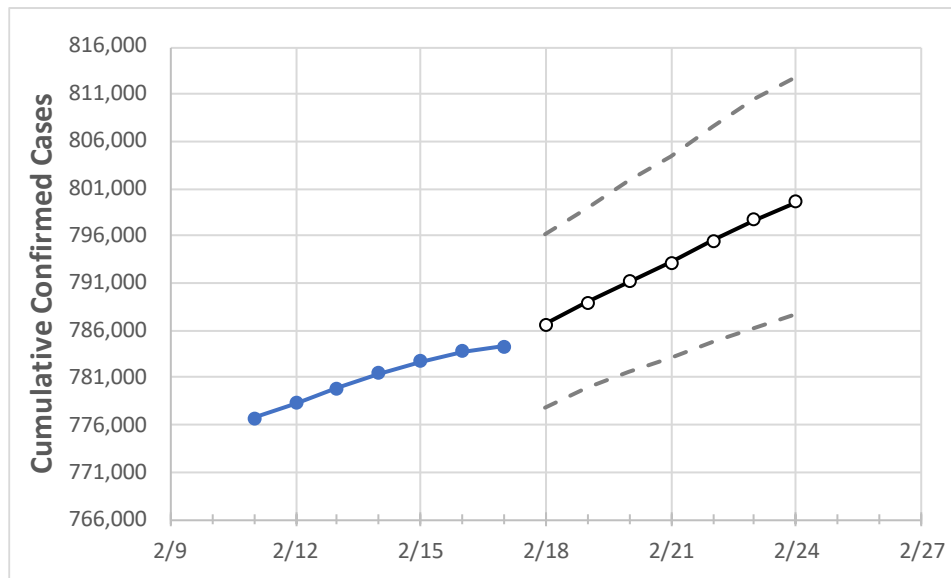
IEM's Modeling Lead

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:						
	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22	2/23	2/24
Mississippi	781,436	782,689	783,751	784,338	786,637	788,962	791,192	793,228	795,517	797,697	799,663

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:						
	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22	2/23	2/24
DeSoto	49,208	49,387	49,484	49,509	49,643	49,775	49,894	50,017	50,145	50,259	50,372
Harrison	52,519	52,643	52,717	52,763	53,037	53,305	53,564	53,816	54,082	54,347	54,591
Hinds	51,499	51,535	51,564	51,589	51,664	51,736	51,803	51,864	51,933	51,994	52,056
Jackson	36,381	36,457	36,494	36,506	36,600	36,694	36,784	36,865	36,951	37,031	37,112
Lauderdale	18,405	18,448	18,491	18,521	18,556	18,589	18,621	18,651	18,680	18,707	18,733
Madison	23,630	23,651	23,669	23,681	23,744	23,793	23,847	23,900	23,957	24,014	24,059
Rankin	35,882	35,923	35,961	35,990	36,101	36,194	36,302	36,391	36,486	36,576	36,659

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:											
	2/14	2/15	2/16	2/17	2/19				2/21				2/23			
DeSoto	49,208	49,387	49,484	49,509	49,775	(9,955)	[2,389]	{1,195}	50,017	(10,003)	[2,401]	{1,200}	50,259	(10,052)	[2,412]	{1,206}
Harrison	52,519	52,643	52,717	52,763	53,305	(10,661)	[2,559]	{1,279}	53,816	(10,763)	[2,583]	{1,292}	54,347	(10,869)	[2,609]	{1,304}
Hinds	51,499	51,535	51,564	51,589	51,736	(10,347)	[2,483]	{1,242}	51,864	(10,373)	[2,489]	{1,245}	51,994	(10,399)	[2,496]	{1,248}
Jackson	36,381	36,457	36,494	36,506	36,694	(7,339)	[1,761]	{881}	36,865	(7,373)	[1,769]	{885}	37,031	(7,406)	[1,778]	{889}
Lauderdale	18,405	18,448	18,491	18,521	18,589	(3,718)	[892]	{446}	18,651	(3,730)	[895]	{448}	18,707	(3,741)	[898]	{449}
Madison	23,630	23,651	23,669	23,681	23,793	(4,759)	[1,142]	{571}	23,900	(4,780)	[1,147]	{574}	24,014	(4,803)	[1,153]	{576}
Rankin	35,882	35,923	35,961	35,990	36,194	(7,239)	[1,737]	{869}	36,391	(7,278)	[1,747]	{873}	36,576	(7,315)	[1,756]	{878}

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.