

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

Date: 2/23/22

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 2/23/22 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.

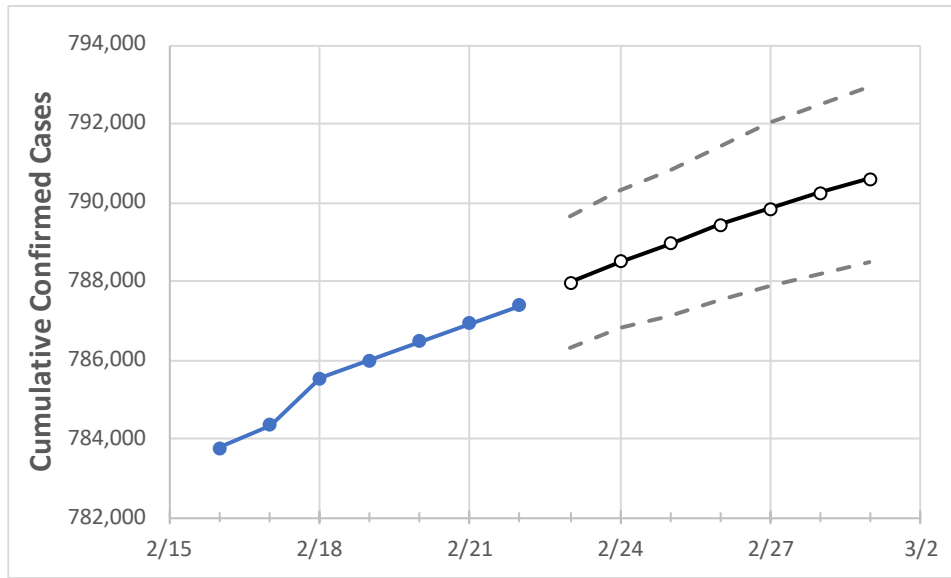
IEM's Modeling Lead

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:						
	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1
Mississippi	785,995	786,462	786,929	787,396	787,966	788,499	788,961	789,436	789,849	790,252	790,612

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:						
	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	2/27	2/28	3/1
DeSoto	49,579	49,609	49,638	49,668	49,713	49,752	49,787	49,825	49,854	49,892	49,918
Harrison	52,866	52,898	52,931	52,963	53,015	53,060	53,108	53,146	53,182	53,222	53,253
Hinds	51,718	51,736	51,753	51,771	51,798	51,826	51,849	51,874	51,896	51,919	51,937
Jackson	36,568	36,591	36,613	36,636	36,657	36,678	36,698	36,715	36,733	36,748	36,763
Lauderdale	18,571	18,593	18,614	18,635	18,657	18,678	18,698	18,717	18,735	18,753	18,769
Madison	23,768	23,777	23,787	23,796	23,818	23,837	23,856	23,874	23,892	23,907	23,922
Rankin	36,157	36,173	36,189	36,205	36,237	36,271	36,298	36,326	36,353	36,379	36,405

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:											
	2/19	2/20	2/21	2/22	2/24			2/26			2/28					
DeSoto	49,579	49,609	49,638	49,668	49,752	(9,950)	[2,388]	{1,194}	49,825	(9,965)	[2,392]	{1,196}	49,892	(9,978)	[2,395]	{1,197}
Harrison	52,866	52,898	52,931	52,963	53,060	(10,612)	[2,547]	{1,273}	53,146	(10,629)	[2,551]	{1,276}	53,222	(10,644)	[2,555]	{1,277}
Hinds	51,718	51,736	51,753	51,771	51,826	(10,365)	[2,488]	{1,244}	51,874	(10,375)	[2,490]	{1,245}	51,919	(10,384)	[2,492]	{1,246}
Jackson	36,568	36,591	36,613	36,636	36,678	(7,336)	[1,761]	{880}	36,715	(7,343)	[1,762]	{881}	36,748	(7,350)	[1,764]	{882}
Lauderdale	18,571	18,593	18,614	18,635	18,678	(3,736)	[897]	{448}	18,717	(3,743)	[898]	{449}	18,753	(3,751)	[900]	{450}
Madison	23,768	23,777	23,787	23,796	23,837	(4,767)	[1,144]	{572}	23,874	(4,775)	[1,146]	{573}	23,907	(4,781)	[1,148]	{574}
Rankin	36,157	36,173	36,189	36,205	36,271	(7,254)	[1,741]	{871}	36,326	(7,265)	[1,744]	{872}	36,379	(7,276)	[1,746]	{873}

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.