IEM's AI Modeling: Short-term COVID-19 Projections
Date: 3/11/22

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 3/11/22 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
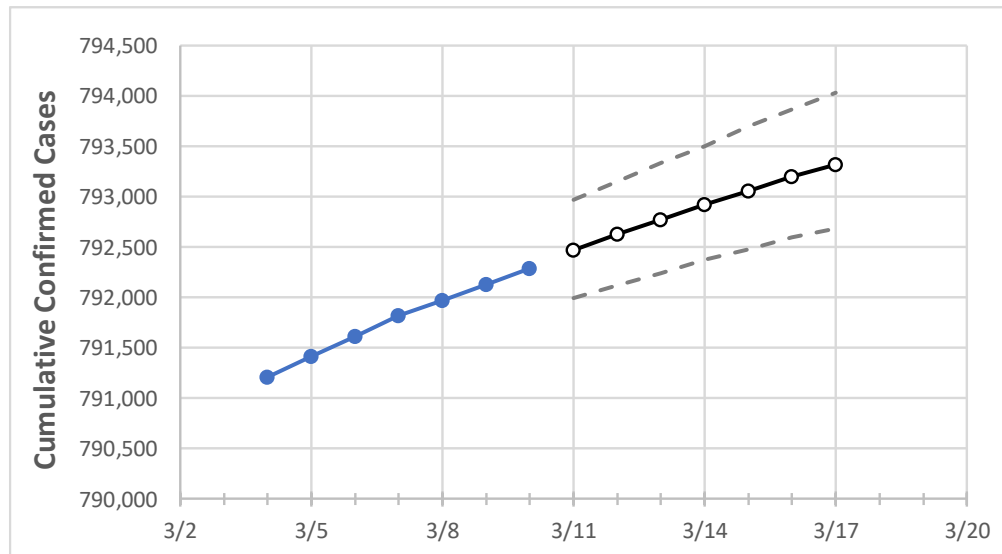
	Actual Confirmed Cases On:				Projected Cases For:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
Mississippi	791,817	791,966	792,129	792,289	792,464	792,628	792,773	792,921	793,056	793,195	793,313

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:						
	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17
DeSoto	49,909	49,914	49,914	49,914	49,924	49,933	49,941	49,948	49,957	49,964	49,970
Harrison	53,328	53,345	53,345	53,345	53,360	53,375	53,389	53,404	53,416	53,429	53,441
Hinds	51,976	51,981	51,981	51,981	51,990	51,999	52,007	52,015	52,022	52,030	52,036
Jackson	36,756	36,768	36,768	36,768	36,773	36,777	36,781	36,786	36,790	36,794	36,797
Lauderdale	18,717	18,719	18,719	18,719	18,721	18,724	18,726	18,728	18,730	18,731	18,733
Madison	23,905	23,911	23,911	23,911	23,916	23,920	23,925	23,928	23,932	23,936	23,940
Rankin	36,379	36,386	36,386	36,386	36,393	36,399	36,406	36,411	36,417	36,423	36,428

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:		
	3/7	3/8	3/9	3/10	3/12	3/14	3/16
DeSoto	49,909	49,914	49,914	49,914	49,933 (9,987) [2,397] {1,198}	49,948 (9,990) [2,398] {1,199}	49,964 (9,993) [2,398] {1,199}
Harrison	53,328	53,345	53,345	53,345	53,375 (10,675) [2,562] {1,281}	53,404 (10,681) [2,563] {1,282}	53,429 (10,686) [2,565] {1,282}
Hinds	51,976	51,981	51,981	51,981	51,999 (10,400) [2,496] {1,248}	52,015 (10,403) [2,497] {1,248}	52,030 (10,406) [2,497] {1,249}
Jackson	36,756	36,768	36,768	36,768	36,777 (7,355) [1,765] {883}	36,786 (7,357) [1,766] {883}	36,794 (7,359) [1,766] {883}
Lauderdale	18,717	18,719	18,719	18,719	18,724 (3,745) [899] {449}	18,728 (3,746) [899] {449}	18,731 (3,746) [899] {450}
Madison	23,905	23,911	23,911	23,911	23,920 (4,784) [1,148] {574}	23,928 (4,786) [1,149] {574}	23,936 (4,787) [1,149] {574}
Rankin	36,379	36,386	36,386	36,386	36,399 (7,280) [1,747] {874}	36,411 (7,282) [1,748] {874}	36,423 (7,285) [1,748] {874}

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.