

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

**Date: 12/28/20**

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 12/28/20 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.**

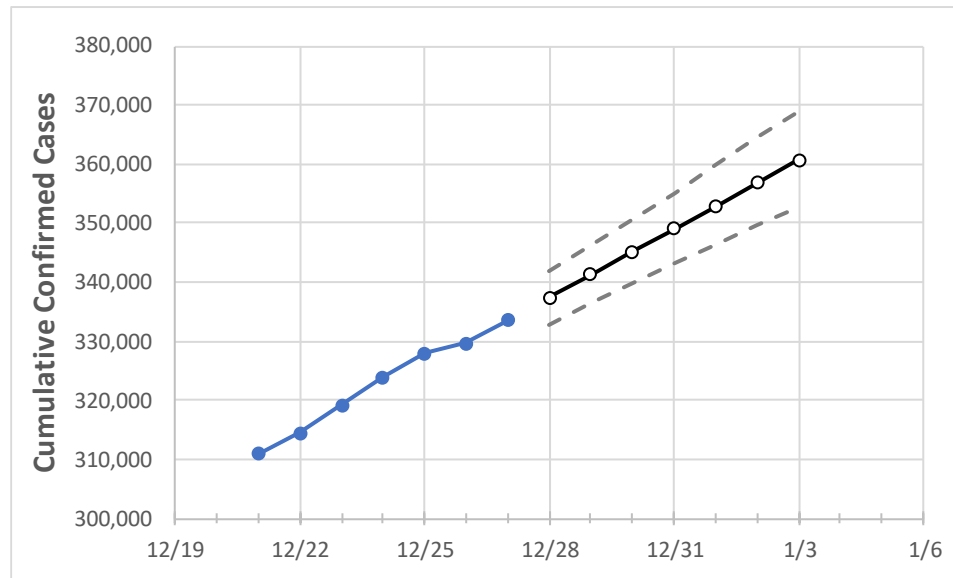
### **IEM's Modeling Lead**

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.

## Virginia State Projections



	Actual Confirmed Cases On:				Projected Cases For:						
	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3
Virginia	323,915	327,993	329,577	333,576	337,429	341,314	345,155	349,007	352,861	356,759	360,663

Note: The Commonwealth'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 20%, and are often within 10%, of actual confirmed cases.

## Virginia Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	12/24	12/25	12/26	12/27	12/28	12/29	12/30	12/31	1/1	1/2	1/3
Alexandria City	6,985	7,027	7,068	7,107	7,164	7,222	7,281	7,337	7,394	7,450	7,504
Arlington	8,414	8,475	8,568	8,631	8,715	8,800	8,887	8,973	9,060	9,148	9,236
Fairfax	42,206	42,217	42,921	43,251	43,655	44,050	44,470	44,895	45,330	45,762	46,188
Henrico	11,415	11,556	11,650	11,741	11,880	12,020	12,162	12,302	12,446	12,591	12,741
James City	1,689	1,704	1,708	1,718	1,749	1,782	1,817	1,852	1,890	1,928	1,968
Loudoun	13,280	13,441	13,600	13,683	13,811	13,940	14,072	14,201	14,332	14,461	14,589
Prince William	27,804	27,999	28,396	28,544	28,849	29,156	29,479	29,793	30,120	30,458	30,782
Virginia Beach City	15,128	15,368	15,392	15,667	15,885	16,105	16,330	16,558	16,790	17,025	17,271

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.

### Virginia Medical Demands by County

	Actual Confirmed Cases On:				Projected Cases (Hospitalized) [ICU] {Ventilator} For:											
	12/24	12/25	12/26	12/27	12/29				12/31				1/2			
Alexandria City	6,985	7,027	7,068	7,107	7,222	(1,444)	[347]	{173}	7,337	(1,467)	[352]	{176}	7,450	(1,490)	[358]	{179}
Arlington	8,414	8,475	8,568	8,631	8,800	(1,760)	[422]	{211}	8,973	(1,795)	[431]	{215}	9,148	(1,830)	[439]	{220}
Fairfax	42,206	42,217	42,921	43,251	44,050	(8,810)	[2,114]	{1,057}	44,895	(8,979)	[2,155]	{1,077}	45,762	(9,152)	[2,197]	{1,098}
Henrico	11,415	11,556	11,650	11,741	12,020	(2,404)	[577]	{288}	12,302	(2,460)	[591]	{295}	12,591	(2,518)	[604]	{302}
James City	1,689	1,704	1,708	1,718	1,782	(356)	[86]	{43}	1,852	(370)	[89]	{44}	1,928	(386)	[93]	{46}
Loudoun	13,280	13,441	13,600	13,683	13,940	(2,788)	[669]	{335}	14,201	(2,840)	[682]	{341}	14,461	(2,892)	[694]	{347}
Prince William	27,804	27,999	28,396	28,544	29,156	(5,831)	[1,399]	{700}	29,793	(5,959)	[1,430]	{715}	30,458	(6,092)	[1,462]	{731}
Virginia Beach City	15,128	15,368	15,392	15,667	16,105	(3,221)	[773]	{387}	16,558	(3,312)	[795]	{397}	17,025	(3,405)	[817]	{409}

For additional information from IEM, please contact Bryan Koon, Vice President of Emergency Management and Homeland Security at [bryan.koon@iem.com](mailto:bryan.koon@iem.com) or 850-519-7966 or Stephanie Tennyson at [stephanie.tennyson@iem.com](mailto:stephanie.tennyson@iem.com) or 202-309-4257.