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

Date: 1/14/21

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 1/14/21 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.

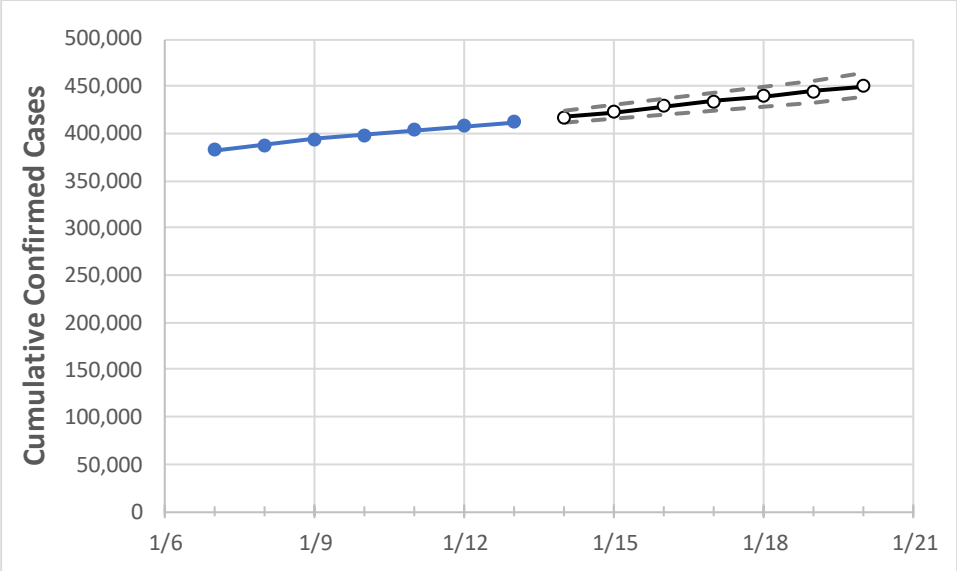
IEM's Modeling Lead

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:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Virginia	398,856	403,386	407,947	412,545	417,829	423,169	428,565	433,969	439,414	445,013	450,582

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 10%, and are often within 5%, of actual confirmed cases.

Virginia Counties

	Actual Confirmed Cases On:				Projected Cases For:						
	1/10	1/11	1/12	1/13	1/14	1/15	1/16	1/17	1/18	1/19	1/20
Alexandria City	8,156	8,248	8,307	8,307	8,396	8,490	8,585	8,677	8,775	8,876	8,979
Arlington	10,117	10,202	10,277	10,277	10,390	10,505	10,627	10,744	10,863	10,982	11,113
Fairfax	50,379	50,826	51,257	51,257	51,815	52,391	52,970	53,572	54,182	54,788	55,397
Henrico	14,379	14,567	14,738	14,900	15,109	15,321	15,534	15,748	15,965	16,183	16,404
James City	2,318	2,355	2,388	2,421	2,465	2,508	2,553	2,600	2,648	2,696	2,746
Loudoun	15,443	15,604	15,711	15,711	15,817	15,926	16,030	16,133	16,238	16,341	16,444
Prince William	32,676	32,962	33,175	33,175	33,453	33,740	34,030	34,324	34,600	34,872	35,158
Virginia Beach City	20,102	20,420	20,779	21,133	21,562	22,008	22,466	22,936	23,424	23,931	24,453

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:		
	1/10	1/11	1/12	1/13	1/15	1/17	1/19
Alexandria City	8,156	8,248	8,307	8,307	8,490 (1,698) [407] {204}	8,677 (1,735) [416] {208}	8,876 (1,775) [426] {213}
Arlington	10,117	10,202	10,277	10,277	10,505 (2,101) [504] {252}	10,744 (2,149) [516] {258}	10,982 (2,196) [527] {264}
Fairfax	50,379	50,826	51,257	51,257	52,391 (10,478) [2,515] {1,257}	53,572 (10,714) [2,571] {1,286}	54,788 (10,958) [2,630] {1,315}
Henrico	14,379	14,567	14,738	14,900	15,321 (3,064) [735] {368}	15,748 (3,150) [756] {378}	16,183 (3,237) [777] {388}
James City	2,318	2,355	2,388	2,421	2,508 (502) [120] {60}	2,600 (520) [125] {62}	2,696 (539) [129] {65}
Loudoun	15,443	15,604	15,711	15,711	15,926 (3,185) [764] {382}	16,133 (3,227) [774] {387}	16,341 (3,268) [784] {392}
Prince William	32,676	32,962	33,175	33,175	33,740 (6,748) [1,619] {810}	34,324 (6,865) [1,648] {824}	34,872 (6,974) [1,674] {837}
Virginia Beach City	20,102	20,420	20,779	21,133	22,008 (4,402) [1,056] {528}	22,936 (4,587) [1,101] {550}	23,931 (4,786) [1,149] {574}

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