

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

Date: 3/29/21

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 <u>not</u> 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 3/29/21 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

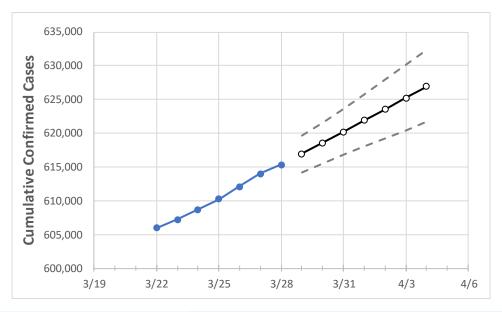
Dr. Prasith "Sid" Baccam is a **Computational Epidemiologist expert** at IEM with more than **20 years of experience in medical consequence modeling and simulation of disease outbreaks** and medical consequences following hypothetical attacks with biological agents or emerging infectious diseases. He 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



	Act	tual Confirn	ned Cases (On:	Projected Cases For:						
	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4
Virginia	610,263	612,062	613,974	615,366	616,980	618,604	620,242	621,904	623,563	625,217	626,895

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

	Act	ual Confirr	ned Cases	On:	Projected Cases For:						
	3/25	3/26	3/27	3/28	3/29	3/30	3/31	4/1	4/2	4/3	4/4
Alexandria City	10,850	10,875	10,894	10,912	10,933	10,955	10,976	10,997	11,017	11,038	11,058
Arlington	14,042	14,081	14,126	14,156	14,194	14,231	14,269	14,308	14,346	14,385	14,425
Fairfax	71,573	71,801	71,957	72,111	72,304	72,498	72,696	72,892	73,097	73,298	73,505
Henrico	22,745	22,843	22,946	22,987	23,057	23,131	23,205	23,284	23,363	23,444	23,529
James City	4,161	4,189	4,202	4,239	4,259	4,280	4,301	4,323	4,346	4,371	4,395
Loudoun	24,924	25,011	25,089	25,136	25,210	25,286	25,361	25,437	25,513	25,590	25,668
Prince William	46,812	46,932	47,029	47,100	47,199	47,299	47,406	47,514	47,620	47,727	47,836
Virginia Beach City	32,681	32,766	32,875	32,971	33,060	33,151	33,240	33,328	33,419	33,512	33,605



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:					
	3/25	3/26	3/27	3/28	3/30	4/1	4/3			
Alexandria City	10,850	10,875	10,894	10,912	10,955 (2,191) [526] {263}	10,997 (2,199) [528] {264}	11,038 (2,208) [530] {265}			
Arlington	14,042	14,081	14,126	14,156	14,231 (2,846) [683] {342}	14,308 (2,862) [687] {343}	14,385 (2,877) [690] {345}			
Fairfax	71,573	71,801	71,957	72,111	72,498 (14,500) [3,480] {1,740}	72,892 (14,578) [3,499] {1,749}	73,298 (14,660) [3,518] {1,759}			
Henrico	22,745	22,843	22,946	22,987	23,131 (4,626) [1,110] {555}	23,284 (4,657) [1,118] {559}	23,444 (4,689) [1,125] {563}			
James City	4,161	4,189	4,202	4,239	4,280 (856) [205] {103}	4,323 (865) [207] {104}	4,371 (874) [210] {105}			
Loudoun	24,924	25,011	25,089	25,136	25,286 (5,057) [1,214] {607}	25,437 (5,087) [1,221] {610}	25,590 (5,118) [1,228] {614}			
Prince William	46,812	46,932	47,029	47,100	47,299 (9,460) [2,270] {1,135}	47,514 (9,503) [2,281] {1,140}	47,727 (9,545) [2,291] {1,145}			
Virginia Beach City	32,681	32,766	32,875	32,971	33,151 (6,630) [1,591] {796}	33,328 (6,666) [1,600] {800}	33,512 (6,702) [1,609] {804}			

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.

