

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

Date: 4/9/21

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 4/9/21 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.

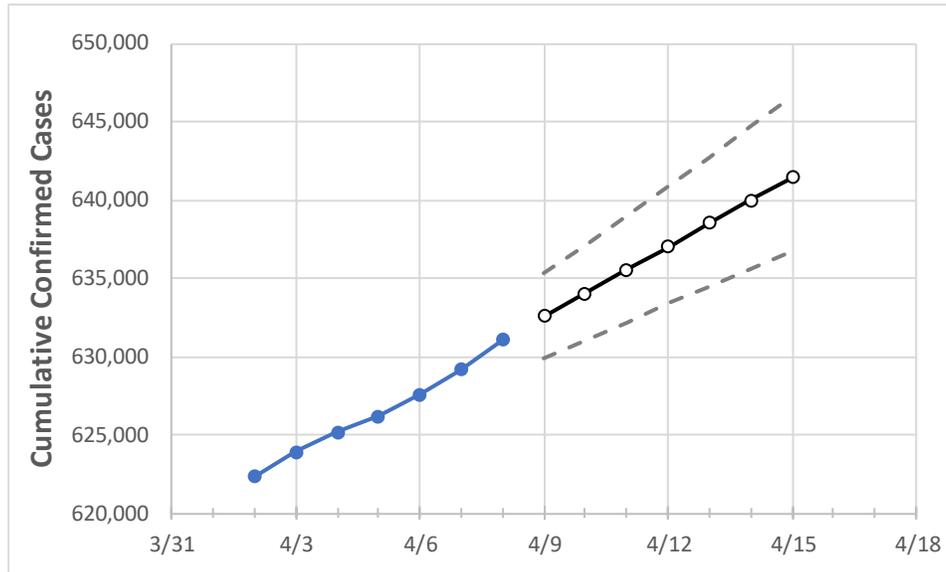
IEM's Modeling Lead

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:							
	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	
Virginia	626,171	627,605	629,155	631,083	632,562	634,058	635,535	637,024	638,506	639,996	641,466	

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:							
	4/5	4/6	4/7	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	
Alexandria City	11,100	11,136	11,172	11,172	11,202	11,234	11,266	11,299	11,334	11,369	11,405	
Arlington	14,464	14,490	14,536	14,536	14,575	14,613	14,652	14,691	14,730	14,768	14,808	
Fairfax	73,319	73,483	73,713	73,713	73,864	74,019	74,166	74,315	74,470	74,624	74,774	
Henrico	23,549	23,592	23,649	23,737	23,806	23,875	23,945	24,016	24,087	24,158	24,230	
James City	4,324	4,318	4,331	4,343	4,354	4,364	4,376	4,386	4,396	4,406	4,416	
Loudoun	25,693	25,794	25,897	25,897	25,965	26,032	26,099	26,164	26,232	26,297	26,365	
Prince William	47,928	48,038	48,224	48,224	48,337	48,452	48,562	48,680	48,795	48,912	49,028	
Virginia Beach City	33,538	33,615	33,705	33,801	33,878	33,955	34,032	34,108	34,185	34,261	34,337	

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:											
	4/5	4/6	4/7	4/8	4/10				4/12				4/14			
Alexandria City	11,100	11,136	11,172	11,172	11,234	(2,247)	[539]	{270}	11,299	(2,260)	[542]	{271}	11,369	(2,274)	[546]	{273}
Arlington	14,464	14,490	14,536	14,536	14,613	(2,923)	[701]	{351}	14,691	(2,938)	[705]	{353}	14,768	(2,954)	[709]	{354}
Fairfax	73,319	73,483	73,713	73,713	74,019	(14,804)	[3,553]	{1,776}	74,315	(14,863)	[3,567]	{1,784}	74,624	(14,925)	[3,582]	{1,791}
Henrico	23,549	23,592	23,649	23,737	23,875	(4,775)	[1,146]	{573}	24,016	(4,803)	[1,153]	{576}	24,158	(4,832)	[1,160]	{580}
James City	4,324	4,318	4,331	4,343	4,364	(873)	[209]	{105}	4,386	(877)	[211]	{105}	4,406	(881)	[211]	{106}
Loudoun	25,693	25,794	25,897	25,897	26,032	(5,206)	[1,250]	{625}	26,164	(5,233)	[1,256]	{628}	26,297	(5,259)	[1,262]	{631}
Prince William	47,928	48,038	48,224	48,224	48,452	(9,690)	[2,326]	{1,163}	48,680	(9,736)	[2,337]	{1,168}	48,912	(9,782)	[2,348]	{1,174}
Virginia Beach City	33,538	33,615	33,705	33,801	33,955	(6,791)	[1,630]	{815}	34,108	(6,822)	[1,637]	{819}	34,261	(6,852)	[1,645]	{822}

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.