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

Date: 4/12/21

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 4/12/21 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.

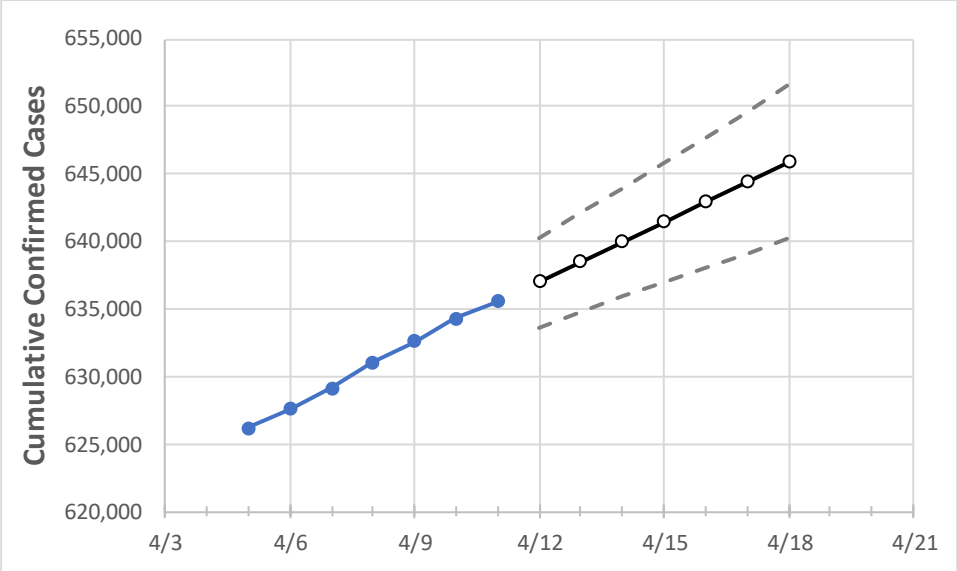
IEM's Modeling Lead

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:						
	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18
Virginia	631,083	632,625	634,325	635,552	637,034	638,514	639,996	641,450	642,926	644,399	645,873

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:						
	4/8	4/9	4/10	4/11	4/12	4/13	4/14	4/15	4/16	4/17	4/18
Alexandria City	11,216	11,253	11,277	11,325	11,363	11,402	11,443	11,485	11,529	11,574	11,620
Arlington	14,593	14,631	14,646	14,679	14,715	14,750	14,785	14,821	14,858	14,893	14,928
Fairfax	73,880	74,088	74,259	74,455	74,639	74,821	75,006	75,191	75,376	75,566	75,757
Henrico	23,737	23,793	23,856	23,923	23,990	24,058	24,124	24,189	24,257	24,323	24,391
James City	4,343	4,362	4,367	4,373	4,382	4,392	4,401	4,410	4,419	4,428	4,437
Loudoun	26,012	26,116	26,169	26,243	26,324	26,407	26,491	26,575	26,660	26,746	26,834
Prince William	48,309	48,435	48,519	48,654	48,767	48,879	48,995	49,113	49,234	49,351	49,473
Virginia Beach City	33,801	33,866	33,960	34,010	34,083	34,156	34,227	34,299	34,370	34,442	34,510

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:		
	4/8	4/9	4/10	4/11	4/13	4/15	4/17
Alexandria City	11,216	11,253	11,277	11,325	11,402 (2,280) [547] {274}	11,485 (2,297) [551] {276}	11,574 (2,315) [556] {278}
Arlington	14,593	14,631	14,646	14,679	14,750 (2,950) [708] {354}	14,821 (2,964) [711] {356}	14,893 (2,979) [715] {357}
Fairfax	73,880	74,088	74,259	74,455	74,821 (14,964) [3,591] {1,796}	75,191 (15,038) [3,609] {1,805}	75,566 (15,113) [3,627] {1,814}
Henrico	23,737	23,793	23,856	23,923	24,058 (4,812) [1,155] {577}	24,189 (4,838) [1,161] {581}	24,323 (4,865) [1,167] {584}
James City	4,343	4,362	4,367	4,373	4,392 (878) [211] {105}	4,410 (882) [212] {106}	4,428 (886) [213] {106}
Loudoun	26,012	26,116	26,169	26,243	26,407 (5,281) [1,268] {634}	26,575 (5,315) [1,276] {638}	26,746 (5,349) [1,284] {642}
Prince William	48,309	48,435	48,519	48,654	48,879 (9,776) [2,346] {1,173}	49,113 (9,823) [2,357] {1,179}	49,351 (9,870) [2,369] {1,184}
Virginia Beach City	33,801	33,866	33,960	34,010	34,156 (6,831) [1,639] {820}	34,299 (6,860) [1,646] {823}	34,442 (6,888) [1,653] {827}

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.