

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

Date: 6/30/21

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 6/30/21 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.

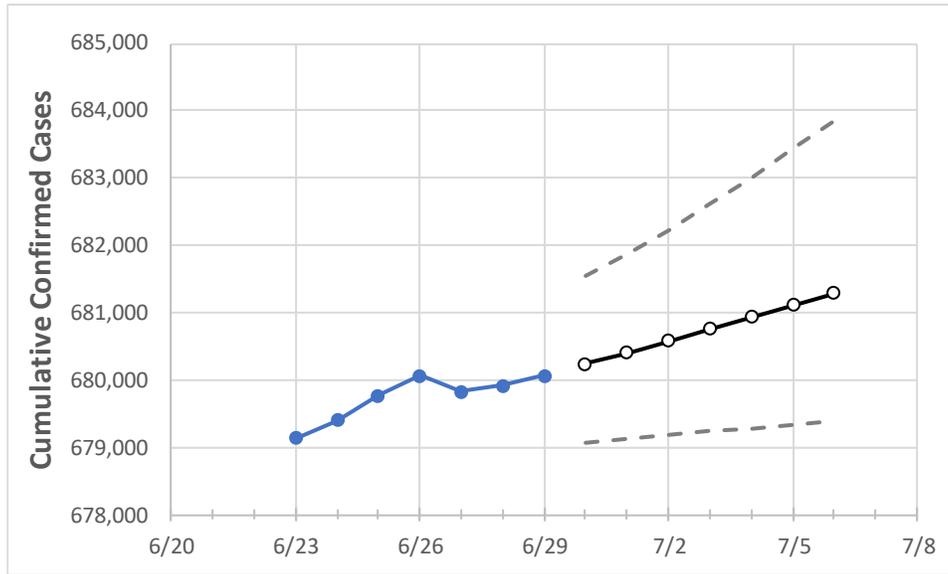
IEM's Modeling Lead

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:						
	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6
Virginia	680,060	679,828	679,917	680,065	680,234	680,408	680,584	680,757	680,930	681,111	681,286

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:						
	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6
Alexandria City	11,880	11,879	11,880	11,880	11,882	11,885	11,887	11,889	11,892	11,895	11,897
Arlington	15,303	15,305	15,298	15,298	15,300	15,303	15,305	15,308	15,310	15,313	15,315
Fairfax	78,101	78,104	78,109	78,109	78,117	78,124	78,132	78,140	78,148	78,156	78,164
Henrico	25,731	25,747	25,751	25,767	25,780	25,793	25,806	25,819	25,832	25,845	25,859
James City	4,667	4,667	4,668	4,669	4,670	4,671	4,671	4,672	4,673	4,674	4,674
Loudoun	28,093	28,097	28,102	28,102	28,108	28,114	28,120	28,125	28,131	28,137	28,143
Prince William	51,307	51,310	51,313	51,313	51,323	51,333	51,342	51,351	51,360	51,370	51,378
Virginia Beach City	36,397	36,402	36,408	36,417	36,426	36,436	36,446	36,457	36,467	36,477	36,488

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:											
	6/26	6/27	6/28	6/29	7/1			7/3			7/5					
Alexandria City	11,880	11,879	11,880	11,880	11,885	(2,377)	[570]	{285}	11,889	(2,378)	[571]	{285}	11,895	(2,379)	[571]	{285}
Arlington	15,303	15,305	15,298	15,298	15,303	(3,061)	[735]	{367}	15,308	(3,062)	[735]	{367}	15,313	(3,063)	[735]	{368}
Fairfax	78,101	78,104	78,109	78,109	78,124	(15,625)	[3,750]	{1,875}	78,140	(15,628)	[3,751]	{1,875}	78,156	(15,631)	[3,751]	{1,876}
Henrico	25,731	25,747	25,751	25,767	25,793	(5,159)	[1,238]	{619}	25,819	(5,164)	[1,239]	{620}	25,845	(5,169)	[1,241]	{620}
James City	4,667	4,667	4,668	4,669	4,671	(934)	[224]	{112}	4,672	(934)	[224]	{112}	4,674	(935)	[224]	{112}
Loudoun	28,093	28,097	28,102	28,102	28,114	(5,623)	[1,349]	{675}	28,125	(5,625)	[1,350]	{675}	28,137	(5,627)	[1,351]	{675}
Prince William	51,307	51,310	51,313	51,313	51,333	(10,267)	[2,464]	{1,232}	51,351	(10,270)	[2,465]	{1,232}	51,370	(10,274)	[2,466]	{1,233}
Virginia Beach City	36,397	36,402	36,408	36,417	36,436	(7,287)	[1,749]	{874}	36,457	(7,291)	[1,750]	{875}	36,477	(7,295)	[1,751]	{875}

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.