

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 7/16/21**

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 7/16/21 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.

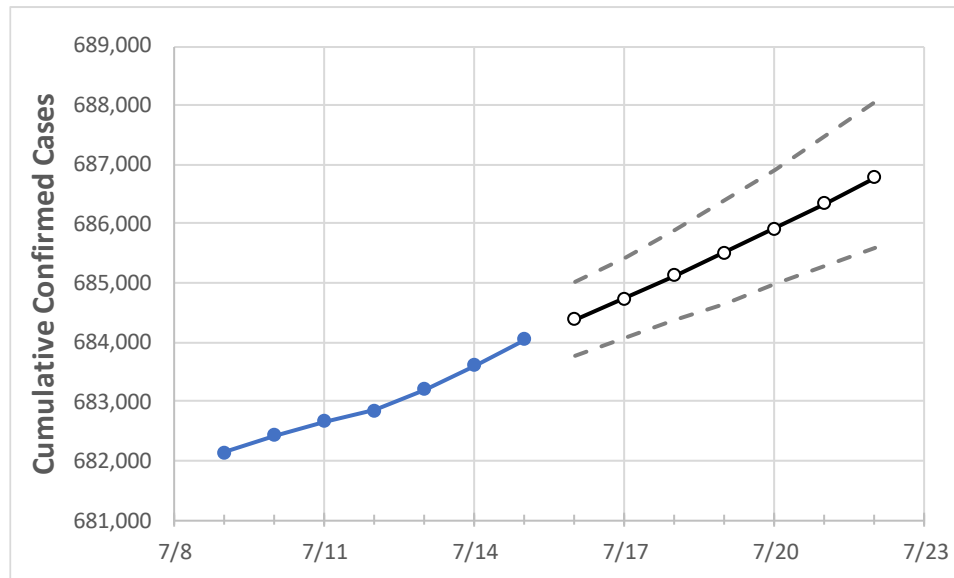
IEM's Modeling Lead

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:						
	7/12	7/13	7/14	7/15	7/16	7/17	7/18	7/19	7/20	7/21	7/22
Virginia	682,856	683,202	683,614	684,054	684,392	684,750	685,123	685,515	685,925	686,349	686,785

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:						
	7/12	7/13	7/14	7/15	7/16	7/17	7/18	7/19	7/20	7/21	7/22
Alexandria City	11,927	11,933	11,934	11,943	11,949	11,955	11,961	11,968	11,975	11,982	11,989
Arlington	15,361	15,363	15,366	15,372	15,378	15,384	15,389	15,396	15,403	15,410	15,418
Fairfax	78,347	78,372	78,416	78,462	78,497	78,534	78,574	78,618	78,664	78,713	78,768
Henrico	26,044	26,046	26,070	26,087	26,109	26,132	26,157	26,182	26,208	26,234	26,260
James City	4,700	4,701	4,706	4,706	4,708	4,710	4,713	4,715	4,717	4,720	4,722
Loudoun	28,151	28,168	28,188	28,207	28,221	28,237	28,253	28,270	28,289	28,309	28,331
Prince William	51,478	51,489	51,511	51,535	51,551	51,568	51,585	51,604	51,622	51,641	51,661
Virginia Beach City	36,598	36,623	36,648	36,676	36,700	36,725	36,751	36,778	36,808	36,838	36,870

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:											
	7/12	7/13	7/14	7/15	7/17				7/19				7/21			
Alexandria City	11,927	11,933	11,934	11,943	11,955	(2,391)	[574]	{287}	11,968	(2,394)	[574]	{287}	11,982	(2,396)	[575]	{288}
Arlington	15,361	15,363	15,366	15,372	15,384	(3,077)	[738]	{369}	15,396	(3,079)	[739]	{370}	15,410	(3,082)	[740]	{370}
Fairfax	78,347	78,372	78,416	78,462	78,534	(15,707)	[3,770]	{1,885}	78,618	(15,724)	[3,774]	{1,887}	78,713	(15,743)	[3,778]	{1,889}
Henrico	26,044	26,046	26,070	26,087	26,132	(5,226)	[1,254]	{627}	26,182	(5,236)	[1,257]	{628}	26,234	(5,247)	[1,259]	{630}
James City	4,700	4,701	4,706	4,706	4,710	(942)	[226]	{113}	4,715	(943)	[226]	{113}	4,720	(944)	[227]	{113}
Loudoun	28,151	28,168	28,188	28,207	28,237	(5,647)	[1,355]	{678}	28,270	(5,654)	[1,357]	{678}	28,309	(5,662)	[1,359]	{679}
Prince William	51,478	51,489	51,511	51,535	51,568	(10,314)	[2,475]	{1,238}	51,604	(10,321)	[2,477]	{1,238}	51,641	(10,328)	[2,479]	{1,239}
Virginia Beach City	36,598	36,623	36,648	36,676	36,725	(7,345)	[1,763]	{881}	36,778	(7,356)	[1,765]	{883}	36,838	(7,368)	[1,768]	{884}

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.