

IEM's AI Modeling: Short-term COVID-19 Projections**Date: 7/23/21**

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 7/23/21 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.

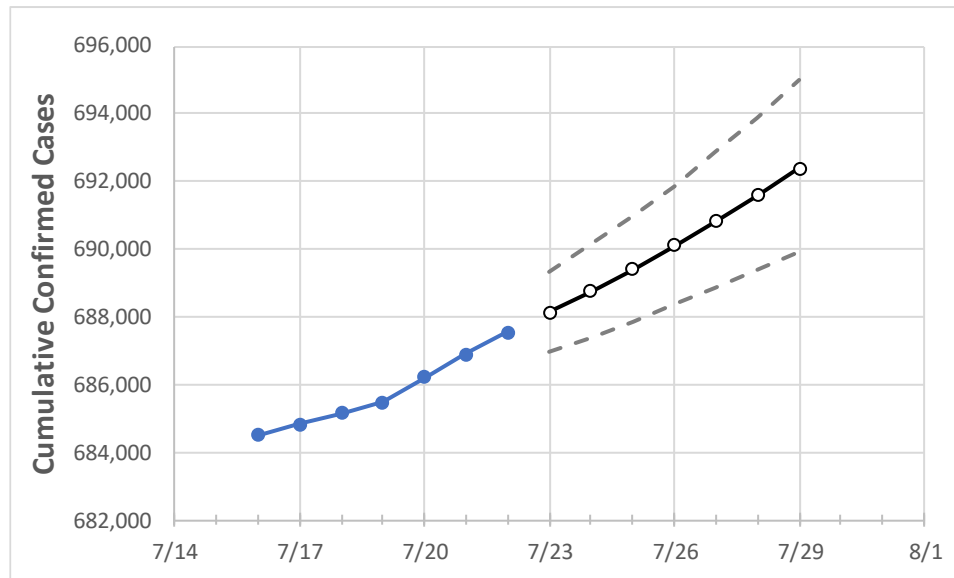
IEM's Modeling Lead

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:						
	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/26	7/27	7/28	7/29
Virginia	685,485	686,206	686,884	687,550	688,133	688,757	689,409	690,102	690,836	691,603	692,397

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:						
	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/26	7/27	7/28	7/29
Alexandria City	11,972	11,978	11,991	12,016	12,029	12,043	12,058	12,074	12,092	12,111	12,132
Arlington	15,404	15,410	15,422	15,435	15,445	15,457	15,469	15,482	15,495	15,510	15,525
Fairfax	78,610	78,679	78,749	78,833	78,912	79,000	79,096	79,204	79,322	79,451	79,595
Henrico	26,137	26,187	26,222	26,247	26,267	26,287	26,307	26,328	26,350	26,371	26,392
James City	4,717	4,720	4,734	4,739	4,745	4,750	4,757	4,763	4,771	4,779	4,787
Loudoun	28,292	28,315	28,337	28,376	28,409	28,445	28,485	28,529	28,575	28,627	28,684
Prince William	51,617	51,670	51,706	51,740	51,776	51,813	51,853	51,897	51,943	51,991	52,042
Virginia Beach City	36,796	36,846	36,881	36,927	36,973	37,022	37,074	37,130	37,189	37,254	37,323

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:											
	7/19	7/20	7/21	7/22	7/24				7/26				7/28			
Alexandria City	11,972	11,978	11,991	12,016	12,043	(2,409)	[578]	{289}	12,074	(2,415)	[580]	{290}	12,111	(2,422)	[581]	{291}
Arlington	15,404	15,410	15,422	15,435	15,457	(3,091)	[742]	{371}	15,482	(3,096)	[743]	{372}	15,510	(3,102)	[744]	{372}
Fairfax	78,610	78,679	78,749	78,833	79,000	(15,800)	[3,792]	{1,896}	79,204	(15,841)	[3,802]	{1,901}	79,451	(15,890)	[3,814]	{1,907}
Henrico	26,137	26,187	26,222	26,247	26,287	(5,257)	[1,262]	{631}	26,328	(5,266)	[1,264]	{632}	26,371	(5,274)	[1,266]	{633}
James City	4,717	4,720	4,734	4,739	4,750	(950)	[228]	{114}	4,763	(953)	[229]	{114}	4,779	(956)	[229]	{115}
Loudoun	28,292	28,315	28,337	28,376	28,445	(5,689)	[1,365]	{683}	28,529	(5,706)	[1,369]	{685}	28,627	(5,725)	[1,374]	{687}
Prince William	51,617	51,670	51,706	51,740	51,813	(10,363)	[2,487]	{1,244}	51,897	(10,379)	[2,491]	{1,246}	51,991	(10,398)	[2,496]	{1,248}
Virginia Beach City	36,796	36,846	36,881	36,927	37,022	(7,404)	[1,777]	{889}	37,130	(7,426)	[1,782]	{891}	37,254	(7,451)	[1,788]	{894}

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.