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

Date: 8/6/21

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 8/6/21 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.

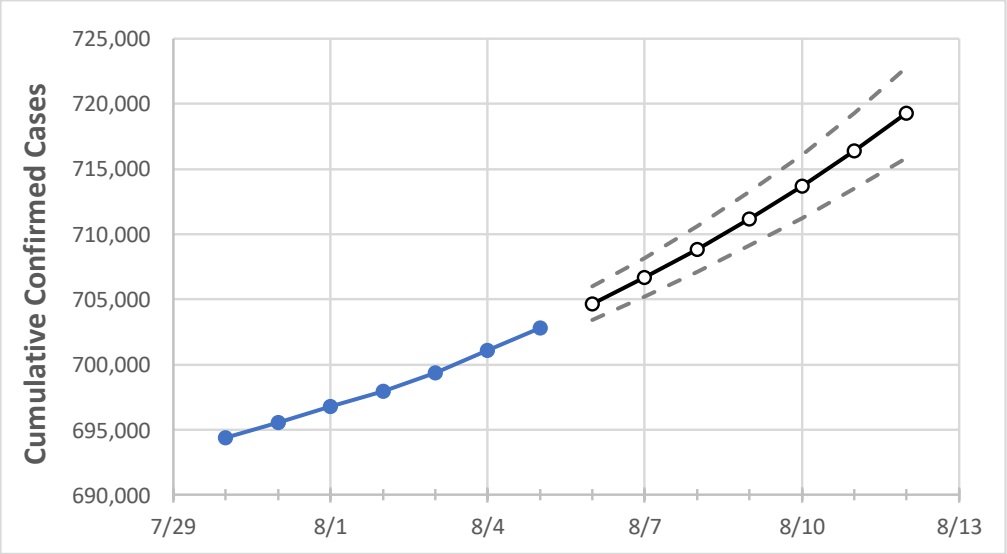
IEM's Modeling Lead

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:						
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12
Virginia	697,939	699,342	701,059	702,819	704,666	706,667	708,820	711,152	713,675	716,369	719,280

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:						
	8/2	8/3	8/4	8/5	8/6	8/7	8/8	8/9	8/10	8/11	8/12
Alexandria City	12,186	12,202	12,227	12,240	12,261	12,282	12,304	12,327	12,351	12,376	12,402
Arlington	15,674	15,700	15,727	15,769	15,806	15,847	15,890	15,936	15,986	16,039	16,097
Fairfax	79,735	79,846	79,961	80,110	80,251	80,401	80,560	80,730	80,909	81,099	81,301
Henrico	26,685	26,769	26,850	26,907	26,983	27,067	27,154	27,250	27,352	27,463	27,583
James City	4,816	4,838	4,851	4,864	4,880	4,899	4,918	4,940	4,963	4,990	5,018
Loudoun	28,757	28,814	28,859	28,909	28,965	29,025	29,090	29,158	29,229	29,306	29,387
Prince William	52,271	52,364	52,440	52,518	52,611	52,713	52,823	52,942	53,069	53,206	53,351
Virginia Beach City	37,605	37,693	37,788	37,939	38,062	38,194	38,336	38,489	38,653	38,830	39,019

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:		
	8/2	8/3	8/4	8/5	8/7	8/9	8/11
Alexandria City	12,186	12,202	12,227	12,240	12,282 (2,456) [590] {295}	12,327 (2,465) [592] {296}	12,376 (2,475) [594] {297}
Arlington	15,674	15,700	15,727	15,769	15,847 (3,169) [761] {380}	15,936 (3,187) [765] {382}	16,039 (3,208) [770] {385}
Fairfax	79,735	79,846	79,961	80,110	80,401 (16,080) [3,859] {1,930}	80,730 (16,146) [3,875] {1,938}	81,099 (16,220) [3,893] {1,946}
Henrico	26,685	26,769	26,850	26,907	27,067 (5,413) [1,299] {650}	27,250 (5,450) [1,308] {654}	27,463 (5,493) [1,318] {659}
James City	4,816	4,838	4,851	4,864	4,899 (980) [235] {118}	4,940 (988) [237] {119}	4,990 (998) [240] {120}
Loudoun	28,757	28,814	28,859	28,909	29,025 (5,805) [1,393] {697}	29,158 (5,832) [1,400] {700}	29,306 (5,861) [1,407] {703}
Prince William	52,271	52,364	52,440	52,518	52,713 (10,543) [2,530] {1,265}	52,942 (10,588) [2,541] {1,271}	53,206 (10,641) [2,554] {1,277}
Virginia Beach City	37,605	37,693	37,788	37,939	38,194 (7,639) [1,833] {917}	38,489 (7,698) [1,847] {924}	38,830 (7,766) [1,864] {932}

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.